



Methamphetamine Use by Adult and Juvenile Arrestees in 2010

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Methamphetamine Use by Adult and Juvenile Arrestees In 2010

INTRODUCTION

Interviews with adult and juvenile arrestees regarding drug use and other risky behaviors have been conducted by the San Diego Association of Governments (SANDAG) in San Diego since 1987. This CJ Bulletin is part of a series of four presenting Substance Abuse Monitoring (SAM) data collected in calendar year 2010. Information collected from the SAM project provides useful, objective indicators regarding meth use trends over time, as well as other information regarding treatment access, distribution, and other risky behaviors of concern.

As part of this effort, all arrestees who are randomly selected to participate in the SAM project and report methamphetamine (meth) use in the past 30 days are asked to complete a meth addendum. In 2010, 172 adults and 10 juveniles completed the addendum, which includes questions that pertain to how the arrestees obtain and use meth, their involvement in distribution, the effect it has on their lives, and their participation in treatment services. In 2010, this data collection effort was generously supported by the California Border Alliance Group (CBAG), County of San Diego Alcohol and Drug Services, the District Attorney's Office, and the Public Safety Group. Their support, as well as the cooperation of the San Diego County Sheriff's and Probation Departments, is gratefully acknowledged.

All addendum questions, along with aggregated responses by percent and raw numbers for 2006 through 2010, are available on the SANDAG Web site at www.sandag.org/cj, as well as more information about the SANDAG SAM project. For additional information or to ask questions, please contact the Criminal Justice Research Division at (619) 699-1900.

FAST FACTS

- **Use Trends:** As described in the adult and juvenile bulletins more males and juveniles tested positive for meth in 2010 compared to 2009, and fewer females were positive. While these percentages were all lower than in 2005 when use appeared at its peak, availability indicators suggest meth was not more difficult to obtain over the past year.
- **Risk Behaviors:** Over half of meth-using arrestees reported going to work under the influence of meth during the last year. In addition, arrestees who used meth were more likely to report driving a car while under the influence during the last year, compared to arrestees who reported drug use other than meth.
- **Use History:** The "typical" meth-using arrestee had been using the drug for about 12 years, on average, usually smokes it (but sometimes snorts or injects it), and typically uses it around three times a day, four days in a row.
- **Consequences:** The most commonly reported side effects of meth use included sleeplessness, weight loss, legal problems, and family problems.
- **Supply and Distribution:** About half of meth users reported having a main source for obtaining the drug. Half of those with a main source reported they would buy from someone else if their main source did not have meth available.
- **Treatment:** While slightly less than half of the arrestees reported trying to get drug treatment for meth in the past, most who had tried were able to get into a program.

WHY DO WE CARE ABOUT METH?

Meth use, distribution, and production pose a variety of risks to our communities. Meth is one of the most frequently abused drugs in the San Diego region, second only to marijuana (U.S. Department of Justice, 2009). It is important to consider the range of consequences of meth on the community in order to target resources effectively.

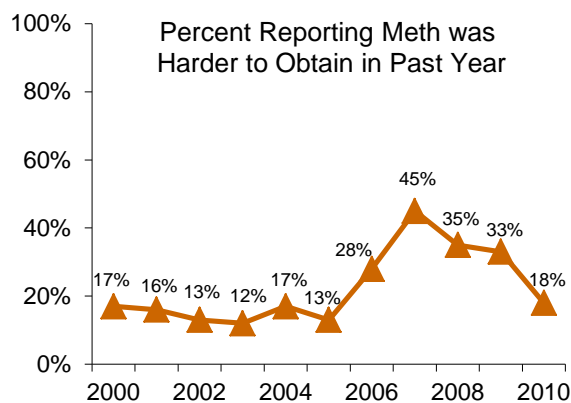
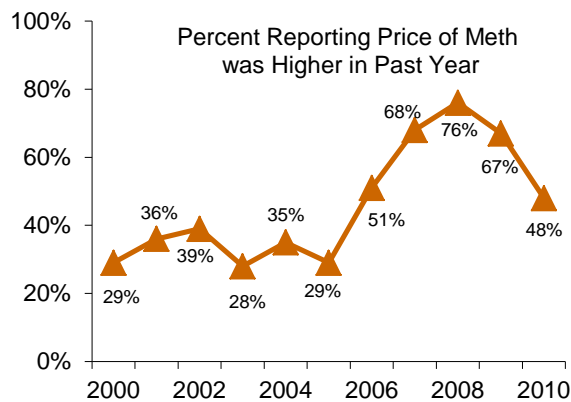
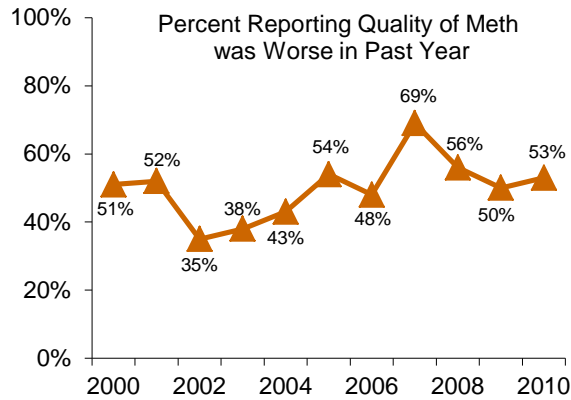
- Meth use results in long-term or permanent negative health consequences such as respiratory problems, irregular heartbeat, and damage to blood vessels in the brain for users (Parents: The Anti-Drug, 2011).
- Children of meth users are at higher risk for physical and emotional abuse and neglect, as well as the negative health effects of exposure to meth or meth production (Swetlow, 2003).
- Meth abusers often pose a public safety risk by engaging in drug-related crimes (U.S. DOJ, 2009).
- Meth production may result in severe environmental hazards. About 2.8 million pounds of toxic by-products from meth production have been dumped illegally throughout California (California Legislative Analysts Office, 2007).

Meth Availability: Then and Now

Though recent nationwide use of meth has decreased from 2006, this drug remains a significant issue for many communities (Substance Abuse and Mental Health Services Administration, 2010). For example, a recent case study conducted in San Diego showed the taxpayers' cost of one meth user who touched numerous public sectors totaled more than \$190,000 over an 8-year period (San Diego Association of Governments, 2011). Urinalysis results from the overall SAM sample show that meth use was down for adult female arrestees in 2010, compared to 2009 (from 38% to 33%) and up slightly for males (from 22% to 25%) and juveniles (from 6% to 8%) (described in the bulletins specific to adults and juveniles in this SAM series) (not shown). To supplement these urinalysis results, questions are included on the meth addendum regarding how available meth was in the past year. From a supply point of view, one would want to see that the price of meth has increased, while the quality and availability has decreased. The desired impact was seen with respect to the quality of meth, with slightly more individuals reporting that meth was worse in 2010 compared to one year earlier (53% versus 50%) (Figure 1). However, as Figures 2 and 3 show, the other two measures indicated that a greater percentage of arrestees reported increased availability during the past several years. That is, the fewest individuals since 2005 said the price of meth was higher in the past year (48%) and that it was harder to obtain (18%).

FIGURES 1, 2, AND 3

ARRESTEE’S PERCEIVE METH PRICE AND AVAILABILITY AS LESS OF AN OBSTACLE IN 2010, COMPARED TO PRIOR YEARS



TOTAL = 141 - 279

NOTE: Cases with missing information not included.
SOURCE: SANDAG SAM Program, 2010

Meth Use Among Arrestees

As part of the meth addendum, questions are posed to the arrestees about their reasons for first trying meth, why they still use, and how they currently use. As Table 1 shows, almost half of those interviewed (48%) reported they first tried meth because they were “just experimenting”. However, as time passed and their use continued, more individuals reported being addicted (37%) or wanting to escape from something in their lives (23%); about one-quarter (26%) reported they just wanted to “get high”.

Most arrestees reported that their most common method of using the drug was smoking (77%), but around half (52%) also reported they had snorted the drug and one-quarter (25%) said they had injected it in the past year. The median¹ number of times arrestees reported using meth per day was 3.0, with the “typical” user reporting s/he “binged” (number of days used consecutively) for 4.0 days in the past 30.

On average, the adults interviewed as part of this study reported using meth for a median of 12.0 years (range 0 to 36 years) and the juveniles reported a median of 2.0 years of use (range 0 to 3).

¹ The median is used as the measure of central tendency when a distribution is either positively or negatively skewed.

TABLE 1

METH-USING ARRESTEES SHARE A NUMBER OF CHARACTERISTICS

Top 3 Reasons for First Trying Meth	
Just experimenting	(48%)
Friends/peer use	(29%)
To get high	(15%)
Top 3 Reasons for Still Using Meth	
Addicted	(37%)
To get high	(26%)
To escape	(23%)
Most Common Mode of Use	
Smoking	(77%)
Snorting	(13%)
Injecting	(10%)
Eating	(1%)
Mode Used at All in Past Year	
Smoking	(93%)
Snorting	(52%)
Injecting	(25%)
Eating	(5%)
Median Number of Times Used Per Day	
	3.0 (range 1 to 24)
Median Number of Consecutive Days Used in Past Month	
	4.0 (range 1 to 30)
Mean Number of Grams Used per Day	
	.74 (range .06 to 7.0)
Median Number of Years of Use	
Adults	12.0 (range 0 to 36)
Juveniles	2.0 (range 0 to 3)

NOTE: Cases with missing information not included.

SOURCE: SANDAG SAM Program, 2010

Obtaining and Distributing Meth

HOW DO ARRESTEES OBTAIN METH?

To gather information about individuals involved in meth distribution, arrestees are asked a series of questions about the people who supply their meth.² More than two in every five (45%) arrestees reported having a main source for obtaining the drug. When asked to provide specific information about this source:

- 91 percent reported obtaining meth within San Diego County, as opposed to another county, state, or country;
- 44 percent each reported their main source was Hispanic or White; and 62 percent reported buying meth from someone who was the same ethnicity as they were;
- 82 percent reported their main source was male and 16 percent female;
- on average (median), the arrestees had been using their main source for 1.0 year (range 2 weeks to 20 years);
- 69 percent said the only drug they bought from this main source was meth;
- half (51%) reported that they would buy from someone else if their main source did not have meth available, though 36 percent said they would do without the drug; 46 percent said that they have previously bought meth from someone they did not know; and
- 24 percent reported carrying a gun, knife, or other weapon with them when obtaining meth (with those who had sold meth in the last 30 days more likely to do so) (not shown).

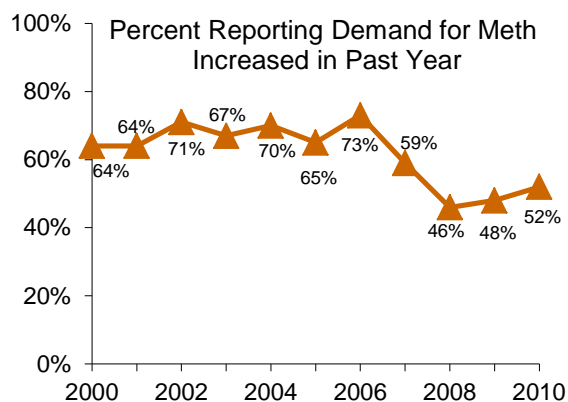
² Drug market information questions are also included in the adult SAM instrument, and similar information for a somewhat different sample is presented in the adult bulletin of this series.

HOW MANY ARRESTEES ARE INVOLVED IN DISTRIBUTING METH?

Slightly more than one-third (36%) of the arrestees reported that they had either sold meth or acted as a middleman in the past year. For most of these individuals, this involvement was limited to San Diego County (80%) and did not progress outside the region, state, or country. On average, those who reported they currently sold meth said they had sold to an average (median) of 10.0 people in the past week (range 0 to 100) and that they had made \$500 (range \$0 to \$26,000) in the past 30 days (not shown). When asked if they thought demand for the drug had increased, 52 percent responded affirmatively, the second consecutive increase since 2008 (Figure 4).

FIGURE 4

ARRESTEES WHO DISTRIBUTE METH MORE LIKELY TO REPORT DEMAND INCREASED SECOND YEAR IN A ROW



TOTAL = 61 - 132

NOTE: Cases with missing information not included.

SOURCE: SANDAG ADAM and SAM Programs, 2010

HOW MANY ARRESTEES ARE INVOLVED IN MAKING METH?

Only five percent of arrestees who completed the addendum reported being previously involved in the production of meth. Of these 10 individuals (all adults), 9 reported that they had found a location to make meth, 7 cut or packaged it, 6 obtained cooking equipment, 6 had obtained chemicals, and 6 cooked it. When asked how they learned to cook the drug, the most common response was from friends (3), information on the Internet or in a book (2), dealers (1), and a cell mate (1). When asked how often they made it, the most common response was less than once a month (7 of 8 respondents). Only 3 of the 10 reported participating in the production process in the past 12 months and none in the past 30 days (not shown).

When asked how they obtained the ingredients to make meth, eight said from a store or through a business transaction and one from family or friends. Three of six respondents said it was harder to obtain the ingredients to make meth in the past year (not shown).

In terms of the specifics on a "typical" batch of meth, these arrestees reported that it cost a median of \$1,600 to produce approximately 1.5 pounds, which resulted in a product that would sell on the street for about \$5,000 (not shown).

Effects of Meth Use

WHAT EFFECT DOES METH HAVE ON ARRESTEES' LIVES?

Meth can have a number of significant negative effects for those who use it. As Table 2 shows, the four most common effects

included sleeplessness (75%), weight loss (66%), legal problems (67%), and family problems (56%). In addition, a third or more also reported financial problems, dental problems, and work problems.

**"DON'T DO METH BECAUSE IT WILL KILL YOU INSIDE AND OUT."
– 24 YEAR-OLD METH USING ARRESTEE**

TABLE 2

METH ASSOCIATED WITH NEGATIVE EFFECTS FOR USERS

Sleeplessness	75%
Weight loss	66%
Legal problems	67%
Family problems	56%
Financial problems	50%
Dental problems	47%
Work problems	34%
Skin problems	31%
Paranoia	29%
Hallucinations	24%
Violent behavior	24%
TOTAL	181

NOTE: Percentages based on multiple responses.
SOURCE: SANDAG SAM Program, 2010

Arrestees were also asked if they had engaged in any sexual practices related to meth use that could increase their risk for contracting sexually transmitted diseases (STDs). Overall, most (88%) of the arrestees who had sex in the last six months reported they had engaged in sex while high at least once during that time. In addition, almost one in four (23%) said they had engaged in sexual practices while high on meth that they would not normally do and 26 percent said they had been somewhat worried that their behavior may be putting them at risk for getting HIV or a STD (not shown).

WHAT EFFECT DOES METH USE POTENTIALLY HAVE ON OTHERS?

When individuals in our communities use meth, they may also be putting others at risk with their erratic and unpredictable behavior. This impact is demonstrated by the fact that over half (54%) of the adult arrestees reported using meth before work. When asked what their current job was, responses included working in the construction industry, restaurants, offices, and other retail locations (not shown).

An additional potential effect on the community is the production of meth and how precursor chemicals are disposed of. When the individuals ever involved in the production of meth were asked where they had made it, 6 of the 10 said a private

**"PEOPLE NEED TREATMENT FOR IT. MOST PEOPLE WHO WANT TO STOP DON'T KNOW HOW."
– 29 YEAR-OLD METH USING ARRESTEE**

residence, possibly having health effects on other individuals who live in the home or nearby. When asked how they disposed of

the ingredients, the most common responses were dumping them in the trash or outside or flushing them down the toilet (4 and 3 out of 10 respondents, respectively) (not shown).

Treatment for Meth Use

According to statistics from the County of San Diego, 34 percent of local substance abuse treatment admissions in FY 2010-11 involved meth as the primary drug of choice, making it more common than alcohol, marijuana, cocaine, or heroin (not shown).

In 2010, 46 percent of arrestees who completed the meth addendum reported they had tried to get drug treatment for meth in the past. Those who had not tried to access treatment services most often reported they thought they could quit on their own (59%) or they did not want to quit (16%); and 15 percent reported they wanted to get treatment but had not yet done so (not shown).

Of the 83 arrestees who had sought treatment, most (86%) said they had been successful in getting into a program. For almost 59 percent of these individuals, treatment was in-patient, another 22 percent were involved in an out-patient program, 12 percent attended NA/AA, and 7 percent received another type which included detox or a jail/prison program. Just over half (54%) who reported entering treatment said that they completed the program. When those 32 individuals who did not complete treatment were asked why, the most common responses included they wanted to use again (35%) or they were kicked out (29%) and 13 percent were still in the specified treatment program (not shown).

When the 12 individuals who said they did not get into a program were asked why, they gave a number of reasons, including it was

too expensive, they changed their mind, they were placed on a waiting list, or they were arrested (not shown).

Comparison of Adult Meth Users to Other Arrestees

Of the 802 adult arrestees who completed a valid SAM interview and provided a testable urine sample, 607 did not report meth use in the past 30 days. Of those who did report meth use, 171 reported use and completed the addendum³ and 24 reported use but did not complete the addendum. Of the 607 individuals who reported no meth use, 64 tested positive for meth and were excluded from these analyses, leaving 543 individuals – 316 who reported not using any drug in the past 30 days and 227 who reported using marijuana, crack, cocaine, and/or heroin⁴ (but not meth) (in addition to the 195 who had used meth).

Table 3 shows how the 195 adult arrestees who reported recent meth use (whether they completed the addendum or not) significantly differed from those who did not use any drugs or used different types of drugs. With many of these individuals never having received treatment and meth being the most common primary substance of use reported in publicly-funded treatment programs in the county, this information may be useful in better understanding the background and needs of this population. Specifically, meth users were more likely to:

- be White, divorced, and be homeless at some point in their life;
- have tried other illicit drugs in the past;

³ An additional adult completed a meth addendum but was unable to provide a urine sample.

⁴ One hundred sixty-six individuals (73%) in the other drug use category had used only marijuana in the last 30 days, 47 (21%) used one or more of the other drugs not including marijuana, and 14 (6%) used marijuana in addition to crack, cocaine, and/or heroin.

- have prior justice system contact and to be arrested for a drug offense; and
- have gone to work while under the influence, have driven under the influence, and had health problems.

TABLE 3**ADULT METH USERS DIFFER FROM OTHER ARRESTEES IN NUMEROUS WAYS***

	No Drug Use	Other Drug Use	Meth Use
Demographics			
White	33%	33%	53%
Divorced	16%	8%	24%
Ever homeless	33%	49%	67%
Live in house or apartment	84%	83%	67%
Drug Use			
Ever tried crack	13%	26%	48%
Ever tried powder cocaine	26%	47%	67%
Ever tried heroin	9%	17%	42%
Justice System			
Ever arrested	63%	79%	94%
Ever in jail	56%	71%	89%
Ever prison	13%	20%	37%
Current drug offense	31%	40%	57%
Current violent offense	31%	29%	17%
Other Behavior in Last Year			
Went to work under the influence	9%	39%	58%
Drive under influence of drugs	4%	36%	46%
Health problems related to drug use	3%	8%	26%
TOTAL	314-316	159-227	115-195

*Significant at $p < .05$.

NOTE: Cases with missing information not included.

SOURCE: SANDAG SAM Program, 2010

Sample Description

In 2010, 195 adult arrestees admitted to using meth at least once in the past 30 days (of the 832 interviewed, which includes 30 individuals who did not provide a viable urine sample). Of these, 88 percent or 172 completed the additional meth addendum. One hundred seventy-one (171) of these individuals provided a urine sample and 1 could/did not. For the juveniles, seven admitted to meth use in the past 30 days and six of these youth completed an addendum and also provided a urine sample.

There were no differences for adults in their willingness to complete an addendum based on gender, age, race, highest educational level, work status, marital status, or current offense.

SUMMARY

As part of SANDAG's SAM program, arrestees who report meth use in the past 30 days are asked to participate in an additional interview to answer specific questions about their experiences with meth.

According to these data, the percent of local arrestees testing positive for meth remained near one-quarter for the third consecutive year. While this percent of users remains much lower than the peak in 2005 when about two in five arrestees tested positive for the drug, indicators suggest that the meth is readily available. Many users report trying meth just to experiment but continuing to use the drug because they are addicted. For the less than half of users who tried to get treatment, most were successful in getting into a program. Arrestees who used meth often reported participating in behaviors that put themselves and others in the community at risk including going to work or driving while under the influence. Other negative consequences users experienced as a result of

use included sleeplessness, weight loss, legal problems, and family problems.

Information about how arrestees who reported meth use differed from other arrestees may be helpful to service providers tasked with addressing the complex issues related to meth use. Specifically, meth users were more likely to be White, have an unstable living environment, have had past contact with the criminal justice system compared to arrestees who did not report drug use, as well as arrestees who reported drug use other than meth. Additionally, meth users appeared to have had a history of drug use that included more experimentation.

REFERENCES

California Legislative Analysts Office (2007). California's Methamphetamine Prevention Plan: A Collaborative Approach; Report to the Legislature April 2007. Retrieved (November 18, 2011) from http://www.lao.ca.gov/sections/health/agency_reports_06-07/meth.pdf.

Parents: The Anti-Drug. (2011). Retrieved (November 18, 2011) from <http://www.theantidrug.com/drug-information/commonly-abused-drugs/meth/default.aspx>.

San Diego Association of Governments (SANDAG) (2011). Criminal Justice Fax: Meth is Expensive for Users and Taxpayers. Retrieved (November 18, 2011) from <http://www.sandag.org/index.asp?subclassid=35&fuseaction=home.subclasshome>.

Substance Abuse and Mental Health Administration (SAMHSA) (2010). Results from the 2010 National Survey on Drug Use and Health: Volume I. Summary of National Findings. Retrieved (November 18, 2011) from <http://www.samhsa.gov/data/>.

Swetlow, K. (2003). Children at Clandestine Methamphetamine Labs: Helping Meth's

Youngest Victims. Washington, DC: U.S. Department of Justice.

U.S. Department of Justice (2009). California Border Alliance Group Drug Market Analysis 2009. Retrieved (November 18, 2011) from <http://www.justice.gov/ndic/>.