



Heroin in the Northeast

A Regional Drug Threat Assessment

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National Drug Intelligence Center
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Executive Summary

Heroin poses one of the most significant drug threats to the Northeast region of the United States. Distribution and abuse of the drug are widespread and increasing significantly, particularly in suburban and rural communities. Treatment data indicate that heroin-related admissions to publicly funded facilities in the Northeast increased by more than 28,000 between 1999 and 2001. High-purity South American heroin is the most prevalent type available; however, Southeast and Southwest Asian heroin and, to a much lesser extent, Mexican black tar heroin and brown powdered heroin also are available. New York City serves as a primary market area for heroin in the Northeast. Several other northeastern cities including the greater Boston area, Baltimore, Newark, Philadelphia, and Washington, D.C., also play prominent roles in regional heroin distribution. Colombian and Dominican drug trafficking organizations and criminal groups control most of the wholesale-level distribution of South American heroin in the Northeast. Asian and Nigerian criminal groups are the primary wholesale-level distributors of Southeast and Southwest Asian heroin. Dominican criminal groups are the primary retail distributors throughout the Northeast; however, numerous other retail heroin distributors also are active.

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Scope

This strategic assessment addresses the heroin situation in the Northeast region, which, for the purposes of this report, includes Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and the District of Columbia. It contains findings derived through detailed analysis of the most recently available reporting from law enforcement, intelligence, and public health agencies.

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Northeast region.

Note: This map displays features mentioned in the report.



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Overview

Heroin has posed a significant drug threat to most metropolitan areas in the Northeast for decades. In the past, Southeast Asian heroin dominated the market. At that time, most abusers injected heroin because purity levels were relatively low as a result of distributors' "cutting," or diluting, the drug several times before it was sold at the retail level. In the early 1990s South American heroin became available in the region. This low cost, high purity heroin eventually supplanted Southeast Asian heroin as the most prevalent type available. It attracted and continues to attract

many new and young abusers because it can effectively be snorted or smoked, eliminating the risk and stigma associated with injection. Further, many new abusers mistakenly believe that snorting or smoking the drug will not lead to addiction. These factors, combined with ready availability and low cost, have led to increased abuse and market expansion in most metropolitan as well as suburban and rural communities of the Northeast. Heroin distribution and abuse are more problematic in the Northeast than in any other region of the country.

Abuse

Treatment data indicate that heroin is abused at high and increasing levels in the Northeast, particularly in New York, New Jersey, and Massachusetts. According to the Treatment Episode Data Set (TEDs), there were 148,972 heroin-related treatment admissions to publicly funded facilities in the Northeast in 1999 and that number increased to 177,610 in 2001, the most recent year for which data from all states constituting the region are available. Further, there were more heroin-related treatment admissions than admissions for any other illicit drug each year during that period. Most individuals admitted for heroin abuse in the region were Caucasian, and a significant portion were

male. The predominant age categories varied among the states. For example, individuals admitted for heroin abuse in Vermont and some other New England states typically ranged from 18 to 30 years of age, while those in Washington, D.C., typically ranged from 36 to 50 years of age. Those in other states usually fell somewhere in between. At least 66 percent of all heroin-related treatment admissions in the region each year were recorded in New York, New Jersey, and Massachusetts.

Emergency department (ED) and mortality data affirm the significant threat posed by heroin to the Northeast. The total number of heroin-related ED mentions in the seven northeastern

cities¹ that participate in the Drug Abuse Warning Network (DAWN) increased from 30,275 in 1999 to 31,968 in 2000 before decreasing slightly to 31,058 in 2001. The number of ED mentions was higher than for any other illicit drug (except cocaine) each year during that period. Further, the rates of heroin-related ED mentions per 100,000 population in each of these seven metropolitan areas were higher than the rates nationwide every year from 1999 through 2001. The rates in Baltimore and Newark were significantly higher than in any other metropolitan area in the Northeast and at least four times higher than the rates nationwide. The rates in Washington, D.C., were lower than in any other area in the Northeast every year during that period. In addition, DAWN mortality data indicate that there were 1,346 heroin/morphine-related deaths in the Northeast² in 2001, the most recent year for which data are available. There were more heroin/morphine-related deaths in Philadelphia (391) than in any other metropolitan area in the Northeast that year; however, Baltimore (349), Boston (195), Newark (177), and Long Island (96) also had significant numbers of heroin/morphine-related deaths.

ED Mentions

A drug mention refers to a substance that was recorded (mentioned) during a drug-related emergency department visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug.

The level of heroin abuse has increased among some prescription drug abusers in the Northeast. Law enforcement and treatment reporting in several areas indicates that diverted pharmaceuticals, such as OxyContin and other synthetic opiates, are less available and more

expensive, causing some users to switch to heroin. In Calais, Maine, for example, law enforcement and legislative efforts were effective in decreasing the availability of diverted pharmaceuticals, particularly opiates. As a result, many users switched to heroin, which produces similar physiological effects, often at a significantly reduced price. This switch to heroin is alarming because prescription drug purities, which are federally regulated, are much more consistent than are those for heroin. As a result, these new heroin abusers may suffer serious health consequences (including death) because the purity level of the heroin they purchase may be several times greater than that of the prescription drugs they are accustomed to abusing.

Heroin Abuse in the Commercial Fishing Industry

Federal, state, and local law enforcement officials, particularly in Maine, Massachusetts, New Hampshire, and Rhode Island report that heroin and other opiate abuse by crew members aboard commercial fishing vessels is increasing. Federal and local law enforcement officials in Massachusetts report that approximately 175 of the 200 fishing vessels in the Gloucester fleet (approximately 36 miles northeast of Boston) are operated by captains or crews who abuse heroin. Injection is the primary method of administration for most of these abusers, and many had fathers and grandfathers who also worked aboard commercial fishing vessels and abused heroin. Law enforcement officials in these areas attribute the high number of accidents and injuries in this industry, at least in part, to individuals performing their duties while under the influence of heroin or other opiates.

1. The seven cities in the Northeast region that participated in DAWN ED mentions include Baltimore, Boston, Buffalo, New York, Newark, Philadelphia, and Washington, D.C.
2. The nine cities in the Northeast region that participated in DAWN mortality data include Baltimore, Boston, Buffalo, Long Island, Newark, Philadelphia, Providence, Washington, D.C. and Wilmington.

Availability

Heroin is readily available in the Northeast. According to Federal-wide Drug Seizure System (FDSS) data, the amount of heroin seized by federal law enforcement officials in the Northeast increased from 542.3 kilograms in 2000 to 1,321 kilograms in 2002. Further, 496 of the 678 law enforcement respondents (73.2%) to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2002 in the Northeast reported the availability of heroin as medium or high. In fact, more than 36 percent New England, 26.3 percent Mid-Atlantic, and 19.1 percent New York/New Jersey respondents identified heroin as the greatest drug threat.

NDIC National Drug Threat Survey 2002

The National Drug Threat Survey (NDTS) 2002 was administered by NDIC to a representative sample of state and local law enforcement agencies throughout the United States to assess the availability, abuse, and overall threat posed by all major drugs. NDIC received 2,906 survey responses from law enforcement agencies, an overall response rate of 80 percent. Survey respondents were asked to rank the greatest drug threats in their areas and to indicate the level of availability for each major drug type. They also were asked to provide information on specific groups involved in the transportation and distribution of illicit drugs. Responding agencies also provided narrative assessments of various aspects of the overall drug situation and the threat posed by specific drugs in their areas. Survey responses are used by NDIC to substantiate and augment drug threat information obtained from other federal, state, and local law enforcement agencies.

The price of heroin in the Northeast varies depending on a number of factors including the buyer's familiarity with the seller, the location of the sale, and the quantity sold. In general, the closer an area is to a primary distribution center, the cheaper the heroin. For example, in New York City—the primary market area for heroin in the Northeast—South American heroin sold for

\$60,000 to \$75,000 per kilogram in the fourth quarter of fiscal year (FY) 2002, according to the Drug Enforcement Administration (DEA) New York Division. In contrast, South American heroin sold for \$120,000 per kilogram in Boston, Massachusetts; for \$75,000 to \$100,000 in Providence, Rhode Island; and for \$90,000 to \$100,000 in Hartford, Connecticut, during that period. In general, heroin prices for smaller quantities also were lower in New York City than in other areas of the Northeast.

Heroin purity levels in the Northeast, particularly in Boston, New York City, Newark, and Philadelphia are the highest in the nation. For example, DEA reported that the purity of wholesale quantities of South American heroin averaged 95 percent in Boston and ranged from 85 to 96 percent pure in New York City in the fourth quarter of FY2002. Purity levels for wholesale quantities of Southeast Asian and Southwest Asian heroin in New York City have been as high as 90 percent. DEA also reported purities for retail quantities of heroin as high as 90 percent in Bridgeport, Connecticut (65 to 90%); New Bedford, Massachusetts (30 to 90%); and Portland, Maine (50 to 90%). According to the DEA Newark Division, all of the heroin purchased in Newark under the auspices of the Domestic Monitor Program—a retail-level heroin purchase program that monitors source of origin, price, and purity—was identified as South American heroin and had an average purity of 78.6 percent in the first half of FY2002. This is the first time that law enforcement officials reported higher purity levels in Newark than Philadelphia, which previously had the highest purity levels in the country.

In most of the northeastern states, the percentage of drug-related federal sentences that were heroin-related in FY2001—the most recent year for which data are available—was higher than the percentage nationwide. New Jersey, New York, and Maryland had the highest percentages of heroin-related sentences during that period.

According to U.S. Sentencing Commission data, 31.5 percent of all drug-related federal sentences in New Jersey, 26.3 percent in New York, and 24.7 in Maryland in FY2001 were heroin-related,

compared with 7.2 percent nationwide. In contrast, there were no heroin-related federal sentences in Delaware or New Hampshire that year.

Transportation

Most of the heroin available in the region is first smuggled or transported into New York City by couriers on commercial aircraft. The drug also is transported via private vehicles (over the U.S.–Mexico border and then across the United States), by commercial maritime vessels, and via package

delivery services. From New York, heroin is transported via private and public vehicles (buses, trains, limousines, and taxicabs), commercial aircraft, and package delivery services throughout the Northeast and to other regions of the country.

South American Heroin

Colombian drug trafficking organizations (DTOs) and criminal groups control the transportation of South American heroin into New York City and ultimately the northeastern United States. However, they increasingly rely on Dominican DTOs and criminal groups and occasionally Mexican criminal groups to transport South American heroin into the city. South American heroin typically is smuggled directly into New York via couriers aboard commercial

aircraft from Colombia or overland through the Mexico–Central America corridor and, occasionally, via maritime vessels. Some couriers smuggle heroin into the Miami International Airport and other locations and then take flights to New York City. However, some of the heroin that arrives by aircraft in Miami is transported into New York City via private and commercial vehicles. Heroin also is transported into the city and other areas of the Northeast using package delivery services.

Southeast Asian Heroin

U.S.- and Canada-based Chinese criminal groups typically control maritime shipments of Southeast Asian heroin to the United States and Canada. Shipments usually are smuggled via containerized cargo and destined for major ports of entry (POEs) on the West Coast of North America, including Los Angeles, San Francisco, Seattle, and Vancouver. Much of the heroin arriving at U.S. POEs is transshipped to drug markets

in the Northeast. An unknown percentage of the heroin smuggled into Canada is transported to markets in the northeastern United States, typically via the Buffalo, Blaine, and Detroit POEs. Nigerian criminal groups also smuggle Southeast Asian heroin into the United States for distribution in Northeast markets, primarily via couriers on commercial aircraft.

Southwest Asian Heroin

Southwest Asian, Middle Eastern, and Central Asian criminal groups, particularly those of Afghan, Pakistani, Indian, Lebanese, and Turkish descent, transport most of the Southwest Asian

heroin smuggled into the country, including New York and other areas in the Northeast. They primarily use couriers (“swallowers”) on commercial aircraft. Package delivery services also are used.

Distribution

New York serves as the primary market area for heroin available in the Northeast. However, the greater Boston area, Baltimore, Newark, Philadelphia, and Washington, D.C., also serve as significant regional distribution centers. More recently, Pittsburgh has emerged as a distribution center for heroin available and abused in the suburban and rural portions of southwestern Pennsylvania as well as in northwestern West Virginia and southeastern Ohio. Nonetheless, heroin abusers throughout the Northeast, including those from middle- to upper-class neighborhoods, can drive to any large metropolitan area, purchase heroin, and quickly leave. They often pool their money to fund large purchases.

Colombian DTOs and criminal groups, based primarily in the Jackson Heights section of Queens, New York, and Dominican DTOs and criminal groups, usually based in the Washington Heights

section of Upper Manhattan, New York, control most of the wholesale-level distribution of South American heroin in the Northeast. Heroin distributors from throughout the region often travel to one of these locations to purchase the drug for distribution in their areas. For example, most of the heroin available in Willimantic, Connecticut, is first smuggled from source and transit countries into New York City and then further transported overland, usually through Hartford, into Willimantic. Some heroin distributors from areas such as Danielson, Norwich, and New London (all in Connecticut) travel to Willimantic to purchase the drug. In addition, Asian and Nigerian criminal groups are the primary wholesale-level distributors of Southeast and Southwest Asian heroin. Dominican criminal groups are the primary retail heroin distributors throughout the Northeast; however, numerous other retail heroin distributors also are active.

Heroin in Key Cities

Baltimore

Heroin poses the greatest drug threat to Baltimore. Most drug-related treatment admissions to publicly funded facilities in the city from July 1, 2001, through June 30, 2002, were for heroin abuse. Baltimore had the third highest rate per 100,000 population of heroin-related ED mentions (after Newark and Chicago) among the 21 metropolitan areas reporting to DAWN in 2001. That rate (195) was significantly higher than the rate nationwide (37). Mortality data indicate that

there were 349 heroin/morphine-related deaths in the Baltimore metropolitan area in 2001, more than for any other illicit drug. Heroin abuse via injection has contributed significantly to the number of HIV (human immunodeficiency virus) cases in Baltimore.

Dominican criminal groups are the dominant South American heroin transporters. Various local African American gangs—such as Jugboys

and Old York Boys—and criminal groups, local independent dealers, and Dominican criminal

groups from outside the area distribute heroin at the wholesale and retail levels in Baltimore.

Boston

Heroin poses the greatest drug threat to Boston. During state fiscal year (SFY) 2002, 10,519 individuals were admitted to publicly funded treatment facilities in Boston for heroin abuse, according to the Bureau of Substance Abuse Services of the Massachusetts Department of Public Health. DAWN data indicate that the number of heroin-related ED mentions in Boston increased 13 percent from 3,867 in 2000 to 4,358 in 2001. The rate of heroin ED mentions per 100,000 population in Boston in 2001 (122) was significantly higher than the rate nationwide (37). DAWN mortality data

indicate that there were 195 heroin/morphine-related deaths in the Boston metropolitan area in 2001, more than for any other illicit drug.

Colombian and Dominican criminal groups are the primary transporters and wholesale-level distributors of South American heroin in Boston. African American, Asian, Caucasian, and Hispanic criminal groups, street gangs, and local independent dealers control most retail-level heroin distribution in Boston.

New York

Heroin poses one of the most significant drug threats to New York City. The total number of primary heroin admissions to state funded and nonfunded treatment programs in New York City increased from 20,879 in 1999 to 21,616 in 2000. These numbers were higher than for any other illicit drug during each of these years, according to New York State Office of Alcoholism and Substance Abuse Services (OASAS) data. There were 10,988 heroin admissions in the first half of 2001 (the most recent data available). DAWN data indicate that there were 10,644 heroin-related ED mentions in New York City in 2001. The rate per 100,000 population in New York City (127) was significantly higher than the rate per 100,000 population nationwide (37) that year. DAWN mortality

data indicate that there were 194 heroin/morphine-related deaths in the New York metropolitan area in 2000, the most recent data available for the city.

Colombian DTOs and criminal groups control the transportation of South American heroin into New York City; however, they increasingly rely on Dominican DTOs and criminal groups and occasionally Mexican criminal groups to transport South American heroin into the city. Colombian DTOs and criminal groups also are the primary wholesale-level distributors of heroin in New York City; however, Dominican DTOs and criminal groups sell wholesale quantities as well. Dominican criminal groups are the dominant retail-level distributors of heroin.

Philadelphia

Heroin poses the second greatest drug threat, after cocaine, to Philadelphia. During FY2001, 2,370 individuals residing in Philadelphia County were admitted to publicly funded treatment facilities

for heroin abuse, according to the Bureau of Drug and Alcohol Programs of the Pennsylvania Department of Health. The number of heroin-related ED mentions in the Philadelphia metropolitan area

increased 15 percent from 4,661 in 2000 to 5,362 in 2001, according to DAWN data. The rate of heroin ED mentions per 100,000 population in Philadelphia in 2001 (119) was significantly higher than the rate nationwide (37). DAWN mortality data indicate that there were 391 heroin/morphine-related deaths in the Philadelphia metropolitan area in 2001.

Colombian and Dominican DTOs and criminal groups as well as Puerto Rican criminal groups are dominant transporters of South American heroin to Philadelphia. Colombian and Dominican DTOs and criminal groups dominate the distribution of South American heroin at the wholesale level in the city, while local Hispanic and African American dealers control the retail-level distribution of heroin.

Pittsburgh

Heroin poses the most significant drug threat to Pittsburgh. During SFY2002, 675 individuals residing in Allegheny County were admitted to publicly funded treatment facilities for heroin abuse, according to the Bureau of Drug and Alcohol Programs of the Pennsylvania Department of Health. Allegheny County Coroner data indicate that heroin alone was involved in approximately 50 of the 180 drug overdose deaths (28%), and heroin in combination with other drugs was

involved in 81 of the 180 drug overdose deaths (45%) in 2001.

Loosely organized Hispanic (primarily Dominican) and African American criminal groups, as well as local street gangs, are the primary transporters and wholesale-level distributors of South American heroin in Pittsburgh. African American criminal groups and local street gangs are the primary retail-level distributors of South American heroin.

Washington, D.C.

Heroin poses the second greatest threat (after cocaine) to Washington, D.C. In 2001 there were 2,181 heroin-related admissions to publicly funded treatment facilities in D.C., according to TEDS data. DAWN ED data indicate that heroin-related ED mentions in Washington, D.C., decreased nearly 3 percent from 1,946 in 2000 to 1,888 in 2001. Nonetheless, the rate of heroin ED mentions per 100,000 population in Washington in 2001 (45) was higher than the rate nationwide

(37). DAWN mortality data indicate that there were 64 heroin/morphine-related deaths in the District of Columbia in 2001.

Colombian and Dominican DTOs and criminal groups are the primary transporters and wholesale-level distributors of South American heroin in the District. Local, neighborhood-based crews, typically African American or Hispanic gangs, are the primary retail-level distributors of heroin.

Outlook

Heroin distribution and abuse will continue to pose a significant threat to the Northeast. Abuse levels should continue to increase in many areas, at least for the near term—particularly among younger individuals from suburban and rural communities, those that abuse prescription opiates, and employees in the commercial fishing industry—as should the number of heroin-related treatment admissions, ED mentions, and deaths.

While many new heroin abusers prefer inhalation as the primary method of administration, prolonged use can lead to injection. An increase in the number of injection drug users will result in an increase in the attendant consequences, including HIV, hepatitis B and C, and other diseases transferred through needle sharing. In the long term, abuse rates should peak and stabilize but likely will remain at high levels.

Sources

State

Connecticut

Willimantic Police Department

District of Columbia

Washington Metropolitan Police Department

Maine

Calais Police Department

Lincoln County Sheriff's Office

Maine State Police

Washington County Sheriff's Office

York County Sheriff's Office

Maryland

Baltimore Police Department

Maryland Department of Health and Mental Hygiene

AIDS Administration

Massachusetts

Cape Ann Task Force

Department of Public Health

Bureau of Substance Abuse Services

Gloucester Police Department

Manchester Police Department

State Police

Bristol District Drug Task Force

New York

City of New York

New York Police Department

Intelligence Division

Major Narcotics Unit

Organized Crime Control Bureau

Drug Enforcement Task Forces

Narcotic Borough Queens Major Case Unit

Narcotics Investigation and Trafficking of Recidivist Offenders Unit

State of New York

Office of Alcoholism and Substance Abuse Services

Pennsylvania

Allegheny County Coroner's Office

Commonwealth of Pennsylvania

Department of Health

Bureau of Drug and Alcohol Programs

Pittsburgh Bureau of Police

National

Executive Office of the President

- Office of National Drug Control Policy
- High Intensity Drug Trafficking Areas
- New York/New Jersey
- Philadelphia/Camden

U.S. Department of Commerce

- National Oceanic and Atmospheric Administration
- Marine Fisheries Service
- Portsmouth Harbor Station

U.S. Department of Health and Human Services

- Substance Abuse and Mental Health Services Administration
- Office of Applied Studies
- Drug Abuse Warning Network
- Treatment Episode Data Set

U.S. Department of Homeland Security

- Transportation and Security Directorate
- Bureau of Immigration and Customs Enforcement
- Boston
- Newark
- New York
- Portsmouth
- Providence

U.S. Coast Guard

- Marine Safety Office
- Portland
- Providence

U.S. Department of Justice

- Drug Enforcement Administration
- Boston Division
- Burlington Resident Office
- Concord Resident Office
- Hartford Resident Office
- Portland Resident Office
- Domestic Monitoring Program
- Federal-wide Drug Seizure System
- New York Division
- Albany Resident Office
- Buffalo Resident Office
- Long Island Task Force
- New York Police Department/DEA Task Force
- Syracuse Resident Office

Newark Division
Atlantic City Resident Office
Camden Resident Office
Philadelphia Division
Pittsburgh District Office
Washington Division

U.S. Sentencing Commission

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