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Massachusetts

Drug Threat Assessment

UPDATE

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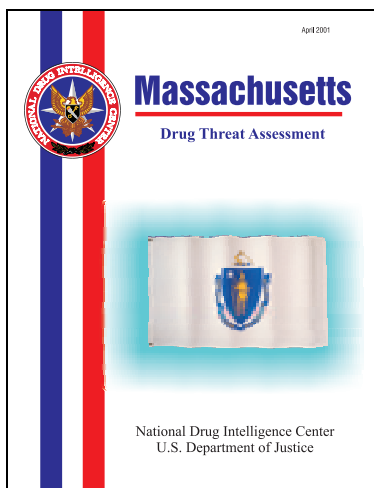
National Drug Intelligence Center
U.S. Department of Justice

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It has been made available to provide access to historical materials.

Preface

This report is a brief update to the *Massachusetts Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Massachusetts. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *Massachusetts Drug Threat Assessment* was produced in April 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.





Massachusetts Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs and the diversion and abuse of prescription drugs pose significant threats to the safety of Massachusetts residents. Colombian and Dominican criminal groups in New York City supply heroin and cocaine to criminal groups in Greater Boston, Holyoke, Springfield, and Worcester. The Greater Boston area—including the cities of Lawrence, Lowell, and Lynn—is the primary drug distribution center in Massachusetts. Holyoke, Springfield, and Worcester are secondary distribution centers. Criminal groups in these areas supply drugs to cities throughout Massachusetts as well as in New Hampshire and Vermont.

Heroin has emerged as the greatest drug threat to Massachusetts, especially in urban areas such as Boston, Holyoke, Springfield, and Worcester. Cocaine remains a serious drug threat, particularly in rural areas of the state. Marijuana is readily available and commonly abused but poses a lower threat than heroin or cocaine

because its effects are less debilitating and it is not commonly associated with violent crime. Other dangerous drugs such as MDMA, GHB, LSD, ketamine, and diverted pharmaceuticals are popular among adolescents and young adults. Methamphetamine, which is available in limited quantities in Massachusetts, is not considered a significant threat.

Heroin

While heroin and cocaine previously posed equally serious drug threats, heroin has emerged as the greatest drug threat to Massachusetts. Primarily South American heroin is available in Massachusetts. Heroin is widely abused in Massachusetts as evidenced by the high number of heroin-related treatment admissions and deaths in which heroin was a factor. Heroin-related treatment admissions to publicly funded facilities increased from 18,031 in 1994 to 28,768 in 1999, according to Treatment Episode Data Set (TEDS). (See Table 1 on page 2.) According to Drug Abuse Warning Network

**Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities
Massachusetts, 1994–1999**

	Heroin	Cocaine	Marijuana	Methamphetamine
1994	18,031	12,309	2,981	65
1995	21,098	11,977	3,716	63
1996	21,323	10,370	4,313	45
1997	25,117	8,401	4,424	67
1998	27,976	6,731	4,306	60
1999	28,768	5,992	4,263	53

Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

Table 2. Drug-Related Deaths, Boston, 1996–2000

	Heroin	Cocaine	Marijuana	Methamphetamine
1996	141	134	0	2
1997	171	107	1	2
1998	186	145	1	0
1999	168	117	0	10
2000	183	118	4	0

Source: Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network.

(DAWN) mortality data, in Boston heroin was a factor in more deaths than any other illicit drug in 2000. Heroin-related deaths increased from 168 in 1999 to 183 in 2000 in Boston. (See Table 2.)

Heroin is readily available throughout Massachusetts. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials seized 7.2 kilograms in fiscal year (FY) 2000, 3.7 in FY1998, 4.9 in FY1999, and 16.9 kilograms in FY2000. U.S. Sentencing Commission data indicate that 13.7 percent of all drug-related sentences in Massachusetts in fiscal year (FY) 1997 were heroin-related compared with 7.7 percent nationwide. According to the Drug Enforcement Administration (DEA), in the first quarter of FY2002, an ounce of heroin sold for \$3,000 to \$5,000, and a bag of heroin sold for

\$6 to \$20 in Boston and varied from \$2 to \$40 in other areas of the state. Heroin purity levels vary widely throughout the state, ranging from 20 percent to 90 percent.

Colombian and Dominican criminal groups transport heroin into Massachusetts from New York City using private vehicles. Heroin also is transported into Massachusetts via package delivery services, couriers aboard commercial aircraft, and in cargo aboard maritime vessels. Heroin is transported throughout the state and into New Hampshire and Vermont from the distribution centers of Holyoke, Springfield, Worcester, and the Greater Boston area—including the cities of Lawrence, Lowell, and Lynn.

Various criminal groups, gangs, and local independent dealers distribute heroin in Massachusetts. Colombian and Dominican criminal groups are the dominant wholesale distributors of heroin in the state. African American, Asian, Caucasian, and Hispanic criminal groups, gangs, and local independent dealers are the primary retail heroin distributors. Heroin is distributed at malls, shopping centers, from vehicles, and in open-air markets.

Cocaine

Cocaine poses the second greatest drug threat to Massachusetts. Cocaine is frequently abused and often associated with violent crime. According to the 1999 National Household Survey on Drug Abuse, 2.2 percent of Massachusetts residents report having abused cocaine at least once in the past year compared with 1.7 nationwide. Cocaine-related treatment admissions to publicly funded facilities decreased from 12,309 in 1994 to 5,992 in 1999, according to TEDS. (See Table 1 on page 2.) Despite this decrease, the number of cocaine-related treatment admissions per 100,000 population (116) in Massachusetts exceeded the national number per 100,000 (104) in 1999. According to DAWN mortality data, in Boston cocaine was a factor in 118 drug-related deaths in 2000, virtually the same as 1999 with 117 drug-related deaths. Only heroin was a factor in more drug-related deaths in Boston in 2000. (See Table 2 on page 2.)

Powdered cocaine and crack cocaine are readily available in Massachusetts. According to FDSS data, federal law enforcement officials seized 72.3 kilograms in FY1997, 88.0 in FY1998, 208.5 in FY1999, and 49.1 kilograms in FY2000. U.S. Sentencing Commission data indicate that 64.8 percent of all drug-related sentences in Massachusetts in FY2000 were cocaine-related compared with 44.2 percent nationwide. According to DEA, in the first quarter of FY2002, powdered cocaine sold for \$24,000 to \$32,000 per kilogram and \$50 to \$100 per gram. Powdered cocaine purity levels ranged from 30 percent to 90 percent at the wholesale level and 20 percent to 70 percent at the retail level.

Crack cocaine sold for \$900 to \$1,600 per ounce and \$10 to \$20 per rock. Crack cocaine purity levels ranged from 30 percent to 90 percent.

Colombian and Dominican criminal groups are the principal transporters of cocaine into Massachusetts. Colombian and Dominican criminal groups based in Massachusetts transport cocaine into the state from New York City in private or rental vehicles. The Greater Boston area, Holyoke, Springfield, and Worcester serve as distribution centers that supply cities throughout Massachusetts and in New Hampshire and Vermont.

Various criminal groups and gangs distribute cocaine throughout the state. Colombian and Dominican criminal groups and, to a lesser extent, Puerto Rican criminal groups are the dominant wholesale distributors of powdered cocaine in Massachusetts. African American, Asian, Caucasian, Dominican, Jamaican, Mexican, Puerto Rican, and other Hispanic criminal groups and gangs distribute cocaine at the retail level.

Marijuana

Law enforcement officials report that marijuana is the most readily available and frequently abused drug in Massachusetts. According to the 1999 National Household Survey on Drug Abuse, 7.5 percent of Massachusetts residents report having abused marijuana in the past month compared with 4.7 percent nationwide. The number of marijuana-related treatment admissions to publicly funded facilities in 1999 (4,263) was higher than the number in 1994 (2,981), according to TEDS. (See Table 1 on page 2.) According to DAWN mortality data, marijuana was a factor in four drug-related deaths in Boston in 2000. (See Table 2 on page 2.)

Marijuana is readily available in Massachusetts. According to FDSS data, federal law enforcement officials seized 27.0 kilograms in FY1997, 161.7 in FY1998, 1,169.1 in FY1999, and 884.9 kilograms in FY2000. In 2002 in north-eastern Massachusetts, marijuana produced in Mexico or in southern California, Arizona, or Texas sold for \$900 to \$1,400 per pound, and

higher potency, hydroponic marijuana produced in Canada sold for \$4,000 per pound. In western Massachusetts, marijuana produced in Mexico or in southern California, Arizona, or Texas sold for \$1,000 to \$1,200 per pound, and Canada-produced hydroponic marijuana sold for \$3,000 per pound. A marijuana joint sold for approximately \$5 throughout the state.

Mexican criminal groups based in Mexico or in southern California, Arizona, or Texas produce most of the marijuana that is available in Massachusetts. Marijuana produced in Canada also is available but to a much lesser extent. Local independent Caucasian dealers and abusers, Caucasian criminal groups, and outlaw motorcycle gangs (OMGs) produce small quantities of high quality marijuana for personal use and distribution within the state.

Mexican criminal groups transport most of the marijuana available in Massachusetts from Mexico or southern California, Arizona, or Texas. Canadian criminal groups transport smaller quantities of marijuana across the U.S.–Canada border. Mexican criminal groups typically transport marijuana in tractor-trailers and private vehicles via New York City into Massachusetts. Caucasian and Jamaican criminal groups transport marijuana throughout the state.

Various criminal groups, gangs, and local independent dealers distribute marijuana in Massachusetts. Caucasian, Jamaican and, to a lesser extent, Dominican criminal groups distribute marijuana at the wholesale level. African American, Asian, Caucasian, Dominican, Jamaican, and other Hispanic criminal groups, gangs, and independent dealers distribute marijuana at the retail level.

Other Dangerous Drugs

The abuse of other dangerous drugs (ODDs)—including the stimulant MDMA (3,4-methylenedioxymethamphetamine), the depressant GHB (gamma-hydroxybutyrate), the hallucinogens LSD (lysergic acid diethylamide) and ketamine, and diverted pharmaceuticals—is a serious concern in Massachusetts. Teenagers and young

adults frequently distribute and abuse ODDs at nightclubs, raves, and on college campuses, and abuse rates appear to be increasing.

MDMA

Law enforcement officials report that MDMA is commonly available throughout the state. Most of the MDMA available in Massachusetts is produced outside the United States, typically in laboratories in the Netherlands and Belgium, and transported into the United States via package delivery services and couriers aboard commercial aircraft arriving in New York City and Boston. MDMA destined for Massachusetts sometimes is transshipped through Mexico and the United Kingdom. New York City-based Israeli and Russian criminal groups control the transportation of MDMA into the state.

MDMA, also called Adam, ecstasy, XTC, E, and X, is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. Abuse of the drug may cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure.

MDMA taken in high doses is extremely dangerous, causing a marked increase in body temperature leading to muscle breakdown and kidney and cardiovascular system failure. MDMA abuse may lead to heart attack, stroke, and seizure as reported in some fatalities at raves. Recent research links MDMA to long-term, possibly permanent damage to parts of the brain that are used for thought and memory. Individuals who develop a rash after abusing MDMA may be at risk of severe liver damage or other serious side effects.

MDMA typically is sold and abused at nightclubs, raves, and on college campuses. Caucasian, Dominican, Israeli, and Russian criminal groups are the dominant wholesale distributors of

MDMA. Caucasian criminal groups and independent dealers are the dominant retail distributors. In the first quarter of FY2002, MDMA sold for \$5 to \$16 per tablet at the wholesale level and \$20 to \$25 per tablet at the retail level, according to DEA.

GHB

GHB is distributed and abused throughout Massachusetts. Caucasian independent dealers are the dominant retail distributors of GHB. The drug typically is abused by teenagers and young adults at nightclubs, raves, and on college campuses throughout the state. Because of its sedative properties, the drug has been used in the commission of drug-facilitated sexual assaults. According to DEA, GHB sold for \$5 per dosage unit at the retail level during the first quarter of FY2002.

LSD

Caucasian teenagers and young adults are the primary distributors and abusers of LSD in Massachusetts. Most of the LSD available in the state is produced in California and transported to the area via package delivery services. LSD usually is distributed and abused at nightclubs, raves, and on college campuses. It is often applied to candy and blotter paper or disguised as a breath freshener. DEA reports that in Springfield, liquid LSD is placed on sugar cubes. In Springfield during the first quarter of FY2002, LSD sold for \$100 to \$200 per 100 dosage units and \$5 to \$10 per dosage unit.

Ketamine

Ketamine is available in Massachusetts and abused by Caucasian teenagers and young adults at nightclubs, raves, and on college campuses. It is diverted from legitimate sources such as veterinary clinics and is available in powdered or liquid form. As a powder ketamine is smoked or snorted, and as a liquid it is injected or mixed into drinks. Caucasian local independent dealers are the primary distributors of ketamine in Massachusetts. In Springfield during the first quarter of FY2002, ketamine sold for \$20 per dosage unit, according to DEA.

Diverted Pharmaceuticals

The diversion and abuse of pharmaceuticals—such as hydromorphone hydrochloride (Dilaudid), clonazepam (Klonopin), oxycodone (OxyContin, Percocet, Percodan), hydrocodone (Vicodin), and alprazolam (Xanax)—pose a serious threat to Massachusetts. The most frequent means of diverting pharmaceuticals are prescription fraud, the sale of prescriptions by some unscrupulous medical professionals, theft, and doctor shopping—visiting numerous doctors to obtain multiple prescriptions. Distributors and abusers in the state also use the Internet to illegally purchase pharmaceuticals and sometimes obtain pharmaceuticals from suppliers in Mexico. When pharmaceuticals are obtained from out-of-state suppliers, package delivery services typically are used to transport the drugs.

African American, Asian, Caucasian, and Hispanic criminal groups and gangs as well as local independent dealers distribute diverted pharmaceuticals in Massachusetts. Pharmaceuticals commonly are distributed in bars and other public places. In the first quarter of FY2002, a 20-milligram OxyContin tablet sold for \$20, a 40-milligram Percocet tablet sold for \$20, a 20-milligram Xanax tablet sold for \$15, and a tablet of Vicodin sold for \$2 to \$5.

Methamphetamine

Methamphetamine seldom is produced, distributed, or abused in Massachusetts. According to TEDS, methamphetamine-related admissions to publicly funded facilities fluctuated at low levels from 1994 to 1999. (See Table 1 on page 2.) Only two incidents of methamphetamine production have been reported in Massachusetts since 1997. The limited methamphetamine activity that occurs in the state generally is attributed to OMGs.

Outlook

Because of its ready availability and high rate of abuse, heroin, primarily South American, will remain the greatest drug threat to Massachusetts. Colombian and Dominican criminal groups

operating in Massachusetts will continue to use their established supply networks in New York City to obtain wholesale quantities of heroin for subsequent distribution to heroin retailers in Massachusetts and other states. The greater Boston area, Holyoke, Springfield, and Worcester will remain distribution centers for cities in Massachusetts and in New Hampshire and Vermont.

Cocaine will remain an equally serious drug threat to Massachusetts because it is readily available, frequently abused, and commonly associated with violent crime. Colombian and Dominican criminal groups likely will remain the dominant wholesale cocaine distributors, and African American, Asian, Caucasian, Dominican, Jamaican, Mexican, Puerto Rican, and other Hispanic criminal groups and gangs will remain the dominant retail distributors.

Marijuana, primarily produced in Mexico and in southern California, Arizona, and Texas, will remain the most widely available and commonly abused drug in the state. Mexican criminal groups using traditional conveyances such as commercial

trucks and private vehicles will remain the primary transporters of marijuana into Massachusetts. The availability of marijuana produced locally as well as in Canada likely will remain stable and may increase if demand for higher potency marijuana increases.

ODDs such as MDMA, GHB, LSD, and ketamine likely will continue to gain in popularity among teenagers and young adults who perceive these drugs to be less harmful than other illicit drugs. Nightclubs, raves, and college campuses will remain popular venues for the distribution of ODDs. Caucasian criminal groups and independent dealers will continue to be the primary retail distributors of ODDs followed by African American, Asian, and Hispanic gangs. Pharmaceutical diversion and abuse will likely continue at current levels.

Methamphetamine production, distribution, and abuse are not likely to present a serious threat to Massachusetts. The drug rarely is produced, distributed, or abused in Massachusetts, and there are no indications that this trend will change.

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