



# New Hampshire

Drug Threat Assessment

# UPDATE

May 2003



National Drug Intelligence Center  
U.S. Department of Justice

## Preface

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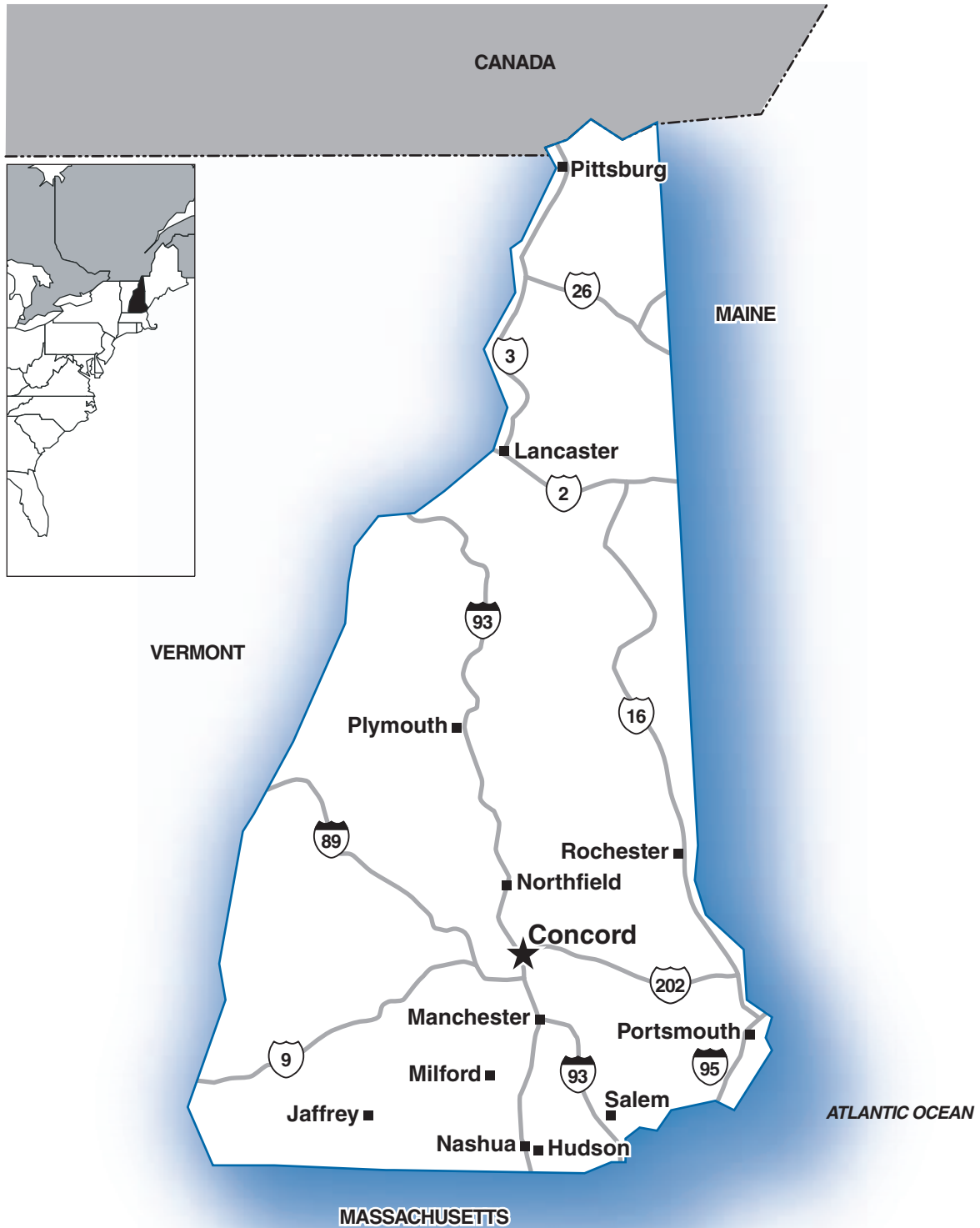
This report is a brief update to the *New Hampshire Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to New Hampshire. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative 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 April 2002 *New Hampshire Drug Threat Assessment Update* and the May 2001 *New Hampshire Drug Threat Assessment* are available on NDIC's web site [www.usdoj.gov/ndic](http://www.usdoj.gov/ndic) or by contacting the NDIC dissemination line at 814-532-4541.



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*New Hampshire.*



# New Hampshire Drug Threat Assessment Update

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## Overview

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The distribution and abuse of illicit drugs pose a serious threat to New Hampshire. Most illicit drugs available in the state are transported from Lowell and Lawrence, Massachusetts; however, illicit drugs also are transported from Boston, New York City, southwestern states, and Canada. Private vehicles are the primary conveyances used to transport drugs into New Hampshire. To a lesser extent, commercial vehicles, couriers aboard commercial aircraft, package delivery services, couriers on foot, snowmobiles, and all-terrain vehicles also are used to transport illicit drugs into the state. Most of the illicit drugs transported into New Hampshire are abused within the state and are not transshipped to other locations.

Heroin, primarily South American heroin, poses the most serious drug threat to New Hampshire. The number of heroin-related treatment admissions to publicly funded facilities in the state has increased substantially since 1997, and heroin was a factor in nearly half of the drug

deaths that were reported in the state in fiscal year (FY) 2001. Cocaine, both powdered and crack, also poses a significant threat to New Hampshire because it is readily available, frequently abused, and often associated with violent crime. Despite this, abuse of cocaine, particularly crack, appears to be declining in the state, according to treatment admission data. Marijuana is the most widely available and commonly abused illicit drug in New Hampshire. The availability and abuse of other dangerous drugs, particularly MDMA and some diverted pharmaceuticals, pose an increasing threat to the state. Methamphetamine production, distribution, and abuse pose a relatively low threat to New Hampshire.

## Heroin

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Treatment statistics and medical examiner data reflect the magnitude of the heroin threat to New Hampshire. According to the New Hampshire Department of Substance Abuse (NHDSA), the number of heroin-related treatment admissions to publicly funded facilities in the state

**Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities  
New Hampshire, 1997–2001**

	Heroin	Powdered Cocaine	Crack Cocaine	Marijuana	LSD	Oxycodone	Methamphetamine
<b>1997</b>	<b>426</b>	<b>321</b>	<b>280</b>	<b>1,026</b>	<b>25</b>	<b>27</b>	<b>28</b>
<b>1998</b>	<b>527</b>	<b>287</b>	<b>257</b>	<b>1,139</b>	<b>22</b>	<b>12</b>	<b>16</b>
<b>1999</b>	<b>571</b>	<b>285</b>	<b>228</b>	<b>1,017</b>	<b>34</b>	<b>19</b>	<b>25</b>
<b>2000</b>	<b>507</b>	<b>259</b>	<b>159</b>	<b>1,026</b>	<b>23</b>	<b>38</b>	<b>16</b>
<b>2001</b>	<b>780</b>	<b>294</b>	<b>160</b>	<b>1,006</b>	<b>22</b>	<b>82</b>	<b>11</b>
<b>Percent Change (1997-2001)</b>	<b>+83%</b>	<b>-8%</b>	<b>-43%</b>	<b>-2%</b>	<b>-12%</b>	<b>+204%</b>	<b>-61%</b>

Source: New Hampshire Department of Substance Abuse.

increased 83 percent from 426 in 1997 to 780 in 2001. (See Table 1.) NHDSA data indicate that 342 of the 780 individuals treated for heroin abuse in 2001 were 25 to 34 years of age. The Office of Chief Medical Examiner reported that heroin/morphine was a factor in 14 of the 31 drug deaths reported in the state in FY2001.

**NDIC National Drug Threat Survey**

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.

Seventeen of the 22 law enforcement respondents to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2002 in New Hampshire reported that the availability of heroin is high or medium in their jurisdictions. (See NDTS text box.) Retail quantities of heroin, primarily South American heroin, are most readily available in the Plymouth area, the Seacoast region, and the western part of the state, and are increasingly available in rural areas of New Hampshire. The Drug Enforcement Administration (DEA) Manchester Resident Office reported that heroin sold for \$7 to \$20 per bag at the retail level in the first quarter of FY2003.

Federal-wide Drug Seizure System (FDSS) data indicate that federal law enforcement officers in New Hampshire did not report any heroin seizures to FDSS in 2002. (See text box on page 3.) The New Hampshire Drug Task Force seized 0.8 kilograms of heroin in 2002. U.S. Sentencing Commission (USSC) data indicate that none of the drug-related federal sentences in New Hampshire in FY2001 resulted from heroin offenses. (See Table 2 on page 4.)

Caucasian local independent dealers and abusers are the principal transporters and retail distributors of heroin in New Hampshire—wholesale-level heroin distribution is extremely limited. These individuals typically travel to Lowell and Lawrence, Massachusetts, via private vehicles to

purchase ounce quantities of heroin, primarily from Dominican criminal groups, then transport it back to the state for distribution. Heroin also is transported from New York City to New Hampshire by local independent dealers and abusers via private vehicles and, to a lesser extent, via commercial vehicles and couriers aboard commercial aircraft.

Wholesale-level heroin distribution is extremely limited in New Hampshire. However, state and local law enforcement officials indicate that Dominican criminal groups from Massachusetts occasionally travel to New Hampshire to sell wholesale quantities of heroin to local distributors. Caucasian local independent dealers and abusers are the principal retail distributors of heroin in New Hampshire. Heroin typically is packaged in small glassine bags and is distributed from private residences, vehicles, and public areas such as parking lots.

#### **Limitations of Seizure and Sentencing Data**

Seizure and federal sentencing data most likely do not render an accurate portrayal of illicit drug availability in New Hampshire. Federal drug seizures in the state often fall below minimum FDSS reporting thresholds: 100 grams of heroin, 500 grams of cocaine, 25 kilograms of marijuana, and 250 grams of methamphetamine. In addition, there is no central repository to record drug seizures made by local law enforcement officials. Further, most drug violations in the state primarily involve retail-level quantities and, therefore, often do not rise to a level that warrants federal investigation or prosecution.

## **Cocaine**

Treatment data indicate that cocaine, both powdered and crack, poses a significant drug threat to New Hampshire. The percentage of New Hampshire residents aged 12 and older who reported having abused cocaine at least once in their lifetime (1.4%) was statistically comparable to the percentage nationwide (1.6%), according to

the 1999 and 2000 National Household Survey on Drug Abuse. Abuse of cocaine, particularly crack, appears to be declining, according to treatment data. Powdered cocaine-related treatment admissions to publicly funded facilities in New Hampshire decreased 8 percent from 321 in 1997 to 294 in 2001, while crack cocaine-related admissions decreased significantly (43%) from 280 in 1997 to 160 in 2001, according to NHDSA data. (See Table 1 on page 2.) Data regarding the number of deaths in which cocaine was a factor in New Hampshire were not available.

Powdered cocaine is readily available throughout New Hampshire, and crack cocaine is available primarily in the urban areas of Rochester, Manchester, and Portsmouth. Twelve of the 22 law enforcement respondents to the NDTs 2002 in New Hampshire reported that the availability of powdered cocaine is medium in their jurisdictions, and 8 of the 22 respondents reported that the availability of crack cocaine is medium. None reported a high level of powdered or crack cocaine availability in their jurisdictions. According to FDSS data, federal law enforcement officials in New Hampshire seized 12.1 kilograms of cocaine in 2002. In the same year the New Hampshire Drug Task Force seized 14.5 kilograms of powdered cocaine. USSC data indicate that in FY2001, 73.0 percent of drug-related federal sentences in New Hampshire were cocaine-related, compared with 42.5 percent nationwide. (See Table 2 on page 4.) The DEA Manchester Resident Office reports that in the first quarter of FY2003, powdered cocaine sold for \$60 to \$100 per gram (20% to 30% pure), while crack sold for \$20 to \$100 per rock.

Caucasian local independent dealers and abusers are the primary transporters and retail distributors of powdered cocaine in New Hampshire—wholesale-level powdered cocaine distribution is extremely limited. Local independent dealers and abusers usually travel to Lowell and Lawrence, Massachusetts, in private vehicles to purchase ounce quantities of powdered cocaine from Massachusetts-based Dominican criminal groups. Occasionally, local independent dealers and abusers travel to New York City in private

**Table 2. Percentage of Drug-Related Federal Sentences by Drug Type  
New Hampshire and United States, FY2001**

	All Drugs*	Heroin	Cocaine	Marijuana	Methamphetamine
<b>New Hampshire</b>	<b>46.7</b>	<b>0.0</b>	<b>73.0</b>	<b>17.5</b>	<b>7.9</b>
<b>United States</b>	<b>41.2</b>	<b>7.2</b>	<b>42.5</b>	<b>32.8</b>	<b>14.2</b>

Source: U.S. Sentencing Commission.

\*Represents the percentage of federal sentences that are drug-related.

vehicles to purchase cocaine for retail distribution in New Hampshire. Powdered cocaine sold at the retail level usually is packaged in small plastic bags and distributed from apartments, bars, and other public areas.

Crack cocaine typically is transported into New Hampshire by African American local independent dealers and New Hampshire-based Dominican criminal groups and independent dealers; these dealers and criminal groups also are the primary retail distributors of crack cocaine in New Hampshire. They typically travel to Lowell and Lawrence, Massachusetts, in private vehicles to purchase crack from Massachusetts-based Dominican criminal groups. Local independent dealers and abusers occasionally transport crack into the state from New York City via public transportation, primarily buses. Less frequently, crack is converted from powdered cocaine locally. Crack typically is packaged in vials or is sold as individual rocks. Crack is distributed from apartments, bars, and other public areas, as well as from abandoned buildings used as crack houses.

Cocaine, particularly crack, is the drug most often associated with violent crime in New Hampshire. According to the New Hampshire State Police, crack cocaine dealers in Manchester frequently commit drive-by shootings to protect their territory.

## **Marijuana**

Marijuana is the most widely abused illicit drug in New Hampshire. The percentage of New Hampshire residents aged 12 or older who reported having abused marijuana in the past month (6.0%) was higher than the percentage nationwide (4.8%), according to the 1999 and 2000 National Household Survey on Drug Abuse. Marijuana-related treatment admissions to publicly funded facilities in New Hampshire remained relatively high but stable from 1997 to 2001. In each of those years there were more treatment admissions for the abuse of marijuana than for any other illicit drug. (See Table 1 on page 2.)

Marijuana is the most readily available illicit drug in New Hampshire. Twenty of the 22 law enforcement respondents to the NDTs 2002 in New Hampshire reported that the availability of marijuana is high or medium in their jurisdictions. Despite this, FDSS data indicate that federal law enforcement officers in New Hampshire did not report any marijuana seizures to FDSS in 2002. However, in that year the New Hampshire Drug Task Force seized 244 kilograms of marijuana. USSC data indicate that in FY2001, 17.5 percent of the drug-related federal sentences in New Hampshire were marijuana-related, compared with 32.8 percent nationwide. (See Table 2.)



Most of the marijuana available in New Hampshire is produced in Mexico; however, high quality BC Bud from Canada and locally produced marijuana also are available. The DEA Manchester Resident Office reported that commercial-grade marijuana, mostly from Mexico, sold for \$900 to \$2,200 per pound and \$5 per joint in the first quarter of FY2003. High quality, Canada-produced marijuana sold for \$3,000 to \$4,000 per pound and \$10 per joint during that same period.

Cannabis is cultivated both outdoors and indoors in New Hampshire. Caucasian local independent dealers and abusers are the primary cannabis cultivators in the state. According to DEA Domestic Eradication/Suppression Program data, law enforcement officials eradicated 555 cannabis plants from outdoor grow sites in 2000 and 686 in 2001. Law enforcement officials eradicated 214 cannabis plants from indoor grow sites in both 2000 and 2001.

Caucasian local independent dealers and criminal groups dominate the transportation of marijuana into New Hampshire. These dealers and criminal groups typically travel to Lowell and Lawrence, Massachusetts, in private vehicles to purchase marijuana from individuals and criminal groups of various ethnic backgrounds for retail-level distribution in New Hampshire. However, package delivery services and couriers aboard commercial aircraft also are used to transport marijuana into the state, often directly from southwestern states. High quality, Canada-produced marijuana is smuggled across the U.S.–Canada border via private vehicles, snowmobiles, all-terrain vehicles, and by couriers on foot. These smugglers typically rendezvous in New Hampshire with members of their criminal group, who transport the drug to its final destination via private vehicle.

Wholesale-level marijuana distribution in New Hampshire is limited. Caucasian local independent dealers and criminal groups are the primary retail-level marijuana distributors in the state. Marijuana usually is sold as joints and distributed at various locations throughout the state such as bars, nightclubs, apartments, and parking lots.

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## Other Dangerous Drugs

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The availability and abuse of other dangerous drugs (ODDs), including MDMA and several diverted pharmaceuticals, pose an increasing threat to New Hampshire. MDMA typically is distributed and abused at nightclubs and on college campuses by young adults and teenagers. Diverted pharmaceuticals typically are distributed from bars and other public areas and abused by young adults and teenagers.

**Club Drugs.** MDMA is the most widely available and frequently abused ODD in New Hampshire. According to law enforcement respondents to the NDTs 2002, MDMA increasingly is available in Portsmouth, Lancaster, Salem, Plymouth, Hudson, Concord, Milford, Rochester, and Northfield. Caucasian criminal groups and local independent dealers are the primary transporters of MDMA into the state. These criminal groups and dealers typically purchase the drug in Boston and New York City and transport it back to New Hampshire via private vehicles. MDMA most frequently is distributed and abused by teenagers and young adults at nightclubs and on college campuses. The DEA Manchester Resident Office reported that MDMA sold for \$7 to \$20 per tablet in the first quarter of FY2003.

LSD (lysergic acid diethylamide) distribution and abuse pose a low threat to New Hampshire. According to NHDSA data, the number of LSD-related treatment admissions to publicly funded facilities in New Hampshire decreased 12 percent from 25 in 1997 to 22 in 2001. (See Table 1 on page 2.) LSD typically is transported to New Hampshire from the West Coast via package delivery services and is distributed and abused by teenagers and young adults at nightclubs and on college campuses. According to the DEA Manchester Resident Office, LSD sold for \$3 to \$4 per dosage unit in the first quarter of FY2003.

**Diverted Pharmaceuticals.** The diversion and abuse of several pharmaceutical drugs, particularly OxyContin (oxycodone) and Ritalin (methylphenidate), pose a significant and increasing threat to New Hampshire. Other pharmaceuticals

such as Vicodin (hydrocodone) and Percocet (oxycodone) also are diverted and abused, although to a lesser extent. According to NHSDA data, the number of oxycodone-related treatment admissions to publicly funded facilities in New Hampshire increased substantially (204%) from 27 in 1997 to 82 in 2001. (See Table 1 on page 2.) The number of treatment admissions for Ritalin abuse in New Hampshire is not available; however, state and local law enforcement officials report that abuse levels are high among junior high and high school students. Prescription fraud, theft, and doctor shopping (visiting multiple doctors to obtain prescriptions) are the most common means of diverting pharmaceuticals in New Hampshire.

Caucasian local independent dealers and abusers are the dominant distributors of diverted pharmaceuticals in New Hampshire. Diverted pharmaceuticals frequently are distributed from bars and other public areas. According to state and local law enforcement officials, OxyContin sold for \$0.50 to \$1 per milligram in 2002, and Ritalin sold for \$3 to \$10 per tablet.

## **Methamphetamine**

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Methamphetamine poses a low drug threat to New Hampshire. According to NHSDA data, methamphetamine-related treatment admissions to publicly funded facilities in New Hampshire decreased 61 percent from 28 in 1997 to 11 in 2001. (See Table 1 on page 2.) The number of deaths in which methamphetamine was a factor in New Hampshire is not available. FDSS data indicate that federal law enforcement officials in New Hampshire did not report any methamphetamine seizures to FDSS in 2002. USSC data indicate

that in FY2001, 7.9 percent of drug-related federal sentences in New Hampshire were methamphetamine-related, compared with 14.2 percent nationwide. (See Table 2 on page 4.)

Methamphetamine available in New Hampshire typically is transported from California and southwestern states via package delivery services. To a lesser extent, methamphetamine also is transported into the state from these areas in private and commercial vehicles and via couriers aboard commercial aircraft. Crystal methamphetamine also has been transported into the state.

### **Outlaw Motorcycle Gang Members Distribute Crystal Methamphetamine**

In November 2002 two members of the New England-based Ku Klux Klan Motorcycle Club (KKKMC) pleaded guilty to conspiracy to distribute pound quantities of crystal methamphetamine in New Hampshire. Over a 1-year period, these individuals traveled via private and commercial vehicles and commercial aircraft to Phoenix, Arizona, every 30 to 90 days to purchase 2- to 5-pound quantities of crystal methamphetamine for distribution in New Hampshire.

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Source: New Hampshire State Police; DEA; New England Organized Crime Drug Enforcement Task Force (OCDETF).

Outlaw motorcycle gangs and Caucasian local independent dealers are the principal retail-level distributors of methamphetamine in New Hampshire. Methamphetamine typically is distributed from private residences, bars, and other public areas. Methamphetamine sold for \$150 per gram in the first quarter of FY2003, according to the DEA Manchester Resident Office.

## Outlook

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South American heroin likely will remain the primary drug threat to New Hampshire. Treatment and mortality data indicate that heroin abuse is a serious problem, and there are no indications that abuse levels will decrease in the near future. Caucasian local independent dealers will remain the primary transporters and distributors of heroin in New Hampshire because of their established connections with Dominican sources of supply in Lawrence and Lowell, Massachusetts.

Despite declining treatment admissions, cocaine will remain a significant drug threat to New Hampshire for the near term. Caucasian local independent dealers and abusers will remain the dominant retail-level distributors of powdered cocaine in New Hampshire, while African American local independent dealers and New Hampshire-based Dominican criminal groups will remain the dominant retail-level distributors of crack cocaine.

Marijuana will remain the most commonly available and widely abused illicit drug in New Hampshire. Marijuana produced in Mexico will remain the most prevalent type available; however, Canada-produced marijuana and locally produced marijuana also will remain available and may increase.

MDMA will continue to be the most widely distributed and abused ODD in New Hampshire. Diverted pharmaceuticals, particularly OxyContin and Ritalin, will continue to present a growing threat to the state. The availability and abuse of LSD in New Hampshire will remain limited.

Methamphetamine will continue to pose a low threat to New Hampshire as production, distribution, and abuse of the drug have remained low for several years, and there are no indications that this will change.

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## *Sources*

### **State and Regional**

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Hampton Police Department  
Jaffrey Police Department  
Nashua Police Department  
Pembroke Police Department  
Plaistow Police Department  
Rochester Police Department  
State of New Hampshire  
    Department of Safety  
        Division of State Police  
    Department of Substance Abuse  
    Drug Task Force  
    Office of Chief Medical Examiner

### **National**

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Executive Office of the President  
    Office of National Drug Control Policy  
        High Intensity Drug Trafficking Area  
            New England  
U.S. Department of Health and Human Services  
    Substance Abuse and Mental Health Services Administration  
        Office of Applied Studies  
            National Household Survey on Drug Abuse  
U.S. Department of Justice  
    Criminal Division  
        Organized Crime Drug Enforcement Task Force  
            New England Region  
    Drug Enforcement Administration  
        Boston Division  
            Manchester Resident Office  
            Domestic Cannabis Eradication/Suppression Program  
            Federal-wide Drug Seizure System  
U.S. Sentencing Commission

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