



Delaware

Drug Threat Assessment



National Drug Intelligence Center
U.S. Department of Justice

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Product No. 2002-S0379DE-001
March 2002

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to Delaware. 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, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat to Delaware.

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Executive Summary

The distribution and abuse of illegal drugs in Delaware pose a serious threat to public security. Low cost, high purity heroin is being distributed and abused at an alarming rate, particularly among teenagers and young adults, making it the state's primary drug threat. Cocaine is readily available, frequently abused, and its distribution and abuse are associated with more violent crime than any other drug in the state. Marijuana is the most readily available and widely abused drug, but its distribution and abuse are not commonly associated with violent crime. MDMA poses a growing threat as abuse levels increase throughout the state. Methamphetamine is available and abused but poses only a minimal threat when compared with that from other illicit drugs.

Heroin, primarily South American, poses the greatest drug threat to Delaware. High purity, low cost heroin is readily available in the state, and the reported rate of heroin abuse among teenagers and young adults is close to the abuse rate for alcohol, the primary substance abused in the state. The number of new abusers, particularly teenagers and young adults, has increased dramatically. Delaware had the fifth highest rate of heroin-related treatment admissions to publicly funded facilities in the nation in 1999. The total annual number of heroin-related treatment admissions to publicly funded facilities was almost twice that of cocaine from 1999 through 2000. Wholesale distribution of heroin in Delaware is extremely rare. Local independent Caucasian dealers are the dominant heroin transporters and retail distributors. These dealers usually purchase multiounce and gram quantities of the drug from Dominican criminal groups and street gangs based in Philadelphia and transport the heroin to Delaware for distribution.

Cocaine is the second greatest drug threat to Delaware. Powdered cocaine and crack cocaine are readily available and commonly abused, and their distribution and abuse are more commonly associated with violent crime than any other drug in the state. Delaware had the fourth highest rate of cocaine-related treatment admissions to publicly funded facilities in the nation in 1999. The total annual number of cocaine-related treatment admissions has remained relatively stable, ranking second to heroin since 1996. The number of cocaine-related federal sentences in Delaware far surpassed the number for all other drug-related federal sentences combined every year from fiscal year 1998 through fiscal year 2000. Local independent African American and Caucasian dealers

and Hispanic street gangs are the primary transporters of cocaine into and throughout Delaware. They purchase powdered cocaine, commonly in kilogram quantities, primarily from Dominican and Jamaican criminal groups in New York City and Philadelphia and, to a lesser extent, in Baltimore, Miami, and Washington, D.C., among other locations. Local independent Caucasian dealers are the primary wholesale and retail distributors of powdered cocaine in the state. Local independent African American dealers and Hispanic street gangs are the primary retail distributors of crack—wholesale distribution is rare, except in certain sections of Wilmington.

Marijuana is the most readily available, widely abused, and least expensive illicit drug in Delaware. However, the drug poses a lower threat than heroin or cocaine in part because its distribution and abuse are not commonly associated with violent crime. Reported rates of marijuana abuse among high school students in Delaware are high and increasing. Jamaican criminal groups are the dominant transporters and wholesale and retail distributors of Mexico-produced marijuana and marijuana produced by Mexican criminal groups based in Arizona, California, and Texas. They commonly transport marijuana to Delaware using package delivery services and couriers. Local independent Caucasian and African American dealers and Hispanic street gangs distribute wholesale and retail quantities of marijuana in Delaware. Locally grown cannabis is increasingly available but remains less prevalent.

MDMA poses a growing threat to Delaware. MDMA is increasingly available and abused by teenagers and young adults. The quantity of MDMA seized in Delaware increased dramatically from 1999 through 2000. Local independent Caucasian dealers, usually college age students, purchase MDMA tablets from criminal groups based in Baltimore, New York City, Philadelphia, and Washington, D.C., and distribute the drug at raves, house parties, bars, and on college campuses.

Methamphetamine is available and abused in Delaware; it is not yet a serious problem although it is a growing concern. Methamphetamine is not as commonly available and abused as heroin, cocaine, marijuana, or MDMA. Most methamphetamine available in Delaware is produced in Pennsylvania using primarily the phenyl-2-propanone (P2P) method. However, methamphetamine produced in western states using the hydriodic acid/red phosphorus method increasingly is available. Local independent Caucasian dealers and criminal groups and members of the Pagans outlaw motorcycle gang are the primary wholesale and retail distributors of methamphetamine in the state.

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Delaware.

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Overview

Delaware is one of the least populous states in the nation with only 784,000 residents. Wilmington, with 72,848 residents, is Delaware’s largest city and is located in New Castle County, only 30 miles south of Philadelphia—a primary transportation hub and distribution center for many of the drugs distributed and abused in Delaware. In addition, the state is within easy driving distance of Baltimore, New York City, and Washington, D.C., all of which are drug distribution centers for Delaware.

The population in Delaware is predominantly Caucasian, rendering it difficult for drug distributors of other races to blend in easily. Approximately 75 percent of the population is Caucasian, 19 percent is African American, and the rest is Asian or other races, according to the 2000 U.S. Census.

Delaware has numerous highways that are used to transport both licit and illicit goods to and from the state. Interstate 95, the major north-south route on the East Coast, provides direct access to Baltimore, New York City, Philadelphia, and Washington, D.C., among other cities. Transporters frequently ship goods into and through the state in private and commercial vehicles and on buses using U.S. Highways 13 and 113 and State Route 1. According to Operation Pipeline and Convoy data, private vehicles are the primary means used to transport drugs to Delaware.

Fast Facts	
Delaware	
Population (2000)	783,600
U.S. population ranking	45th
Median household income (1997)	\$46,839
Unemployment rate (2001)	3.5%
Land area	2,057 square miles
Shoreline	381 miles
Coastline	28 miles
Capital	Dover
Other principal cities	Georgetown, Milford, Newark, Wilmington
Number of counties	3
Principal industries	Chemicals, food processing, farming, fishing

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The Port of Wilmington, Delaware’s principal seaport, is a full-service, deepwater port that handles over 400 vessels and 5 million tons of import/export cargo annually. Commercial maritime cargo shipped to the port usually is transported to East Coast cities by rail and in tractor-trailers on I-95. Forty-five percent of the cargo (by weight) arriving at the Port of Wilmington is containerized and noncontainerized shipments of fresh fruit and fruit products from Central and South America. Colombian drug trafficking organizations (DTOs) occasionally smuggle drugs, primarily cocaine, through the Port of Wilmington to Baltimore, New York City, and Philadelphia, according to federal law enforcement data. However, state law enforcement officials recorded only two cocaine, one heroin, and one marijuana seizure at the port from fiscal year (FY) 1995 to FY2000.

Operations Convoy, Pipeline, and Jetway

Operation Convoy is a national highway interdiction program supported by the El Paso Intelligence Center (EPIC). It targets drug transportation organizations that use commercial vehicles to traffic drugs.

Operation Pipeline is an EPIC-supported national highway interdiction program. It operates along the highways and interstates most commonly used to transport illegal drugs and drug proceeds and targets privately owned vehicles.

Operation Jetway is an EPIC-supported domestic airport interdiction program. It operates across the nation at airports, train stations, bus stations, package shipment facilities, U.S. Post Offices, and airport hotels and motels.

Delaware has two freight rail lines and one passenger rail line that provides daily service between New York City and Washington, D.C, among other cities. The train station in Wilmington, one of the busiest in the nation, services more than 130 passenger trains daily. Two freight lines serve the Port of Wilmington and most major industrial sites in Delaware. However, law

enforcement officials in Delaware rarely seize drugs from trains.

Delaware has no national or international airports, limiting the airborne smuggling threat. Most of the air passengers and cargo destined for Delaware transit the Philadelphia and Baltimore-Washington International Airports. New Castle County Airport is the largest airport in the state that offers commuter flights and air cargo service to the Philadelphia and Baltimore-Washington International Airports, as well as air cargo service from Mexico. Under Operation Jetway, law enforcement officials seized four airmail parcels containing a total of 23.67 pounds of marijuana in Cypress, California, and Harlingen, Texas, in 2000. The marijuana was destined for Dover, Georgetown, and Wilmington.

Local independent Caucasian and African American dealers are the dominant transporters and wholesale and retail distributors of drugs in the state. Many of these dealers maintain relationships with Dominican and Jamaican criminal groups based in Baltimore, Los Angeles, Miami, New York City, Philadelphia, or Washington, D.C. These relationships help to keep drug supplies and prices relatively constant.

Pagans Outlaw Motorcycle Gang

Pagans is a regional outlaw motorcycle gang (OMG) that was founded in Prince George’s County, Maryland, in 1959. It expanded throughout the 1960s by generating new chapters and absorbing smaller OMGs. It is now the predominant OMG in the Mid-Atlantic region. Pagans is governed by a “mother chapter” that is the central leadership and policymaking authority for the gang. Individual chapters have a leadership structure with positions similar to the mother chapter. Delaware has three Pagans chapters—in New Castle, Kent, and Sussex Counties. Pagans has produced and distributed methamphetamine since its inception and later distributed cocaine. Pagans members also committed murders, vehicle thefts, black market firearms violations, and extortion.

OMGs also transport and distribute retail quantities of illicit drugs in the state. The Pagans OMG, the largest of 10 in the state, is the primary OMG that transports and distributes retail quantities of illicit drugs, primarily cocaine and methamphetamine. It has strong associations with and reportedly sells drugs to the other nine gangs: 2nd Brigade, Delaware Knights, Four Seasons, Over the Hill Gang, Road Crew, Thunderguards, Tribe, Vietnam Veterans, and Wheels of Soul.

Of the few organized street gangs that operate in Delaware, Hispanic gangs such as the Latin Kings and, to a lesser extent, Mexican gang members transport and distribute cocaine and marijuana in Delaware. According to the East Coast Gang Investigators Association, Delaware is experiencing increased gang activity from Bloods affiliated with United Blood Nation and from Crips.

Investigative data indicate that drugs are distributed and abused increasingly in Delaware. The number of drug-related arrests increased 16 percent statewide from 1998 to 1999. Most drug-related arrests (2,380 of 3,856) that year occurred in New Castle County. The number of adults arrested for drug-related offenses in Delaware increased 14 percent from 1998 to 1999, while the number of juveniles arrested for drug-related offenses increased 30 percent during that period. Sussex County officials reported the

Street Gangs in Delaware

Latin Kings is a predominantly Hispanic street and prison gang with two major factions, one in Chicago and the other in northeastern states including Delaware. This gang started as a social group in Hispanic communities but evolved into a criminal enterprise that distributes drugs and commits violent crimes. Latin Kings is a highly structured gang that enforces strict, detailed charters to maintain discipline. The Chicago-based Latin Kings is the foundation upon which all Latin Kings gangs are based. Latin Kings in the Northeast started in the Connecticut prison system in the late 1980s.

Bloods and Crips gangs, originally formed in Los Angeles in the 1960s, are composed primarily of African Americans. They represent two distinct groups with many unorganized factions, known as sets. Bloods and Crips are typically rivals who have a deep hatred for one another. Since the mid-1980s these gangs spread across much of the United States. United Blood Nation is a coalition of Bloods sets that formed in the New York prison system. United Blood Nation is more structured than the Los Angeles-based Bloods and Crips, and includes Hispanic, Caucasian, and Asian individuals among its members.

greatest percentage increases, followed by New Castle and Kent Counties, according to the Delaware Criminal Justice Uniform Crime Report.

Table 1. Drug-Related Arrests, Delaware, 1994–1999

	Year					
	1994	1995	1996	1997	1998	1999
Adult	2,043	2,439	2,304	2,491	2,785	3,168
Juvenile	413	597	617	602	529	688
Total	2,456	3,036	2,921	3,093	3,314	3,856

Source: Delaware State Police.

**Table 2. Alcohol- and Drug-Related Treatment Admissions to Publicly Funded Facilities
Delaware, 1995–2000**

Type	Year					
	1995	1996	1997	1998	1999	2000
Alcohol	3,227	2,778	2,218	2,069	2,429	2,759
Heroin	1,410	1,636	1,767	2,040	2,393	2,356
Powdered Cocaine	697	561	387	437	521	491
Crack Cocaine	785	759	782	856	936	974
Marijuana	334	400	532	669	838	1,039
Amphetamine	9	14	6	13	9	14
Others	380	242	181	211	157	156

Source: The Delaware Health and Social Services Division of Alcoholism, Drug Abuse and Mental Health.

Federal sentencing data reflect a decrease in the number of drug-related crimes in Delaware, despite an increase nationwide. The number of drug-related federal sentences in Delaware decreased over 41 percent from 34 in FY1998 to 20 in FY2000, compared with a nationwide increase of nearly 14 percent from 20,618 in FY1998 to 23,423 in FY2000, according to the U.S. Sentencing Commission. Although the number of cocaine-related federal sentences decreased from 30 in FY1998 to 21 in FY1999 to 16 in FY2000, cocaine accounted for more drug-related federal sentences than any other drug during that period. The state had no heroin-related federal sentences from FY1995 to FY1997. In FY1998 there were two heroin-related sentences, four in FY1999, and one in FY2000.

Drugs are commonly abused in Delaware. According to the National Household Survey on Drug Abuse, an estimated 49,000 Delaware residents—about 7.8 percent of the population—reportedly abused illicit drugs in the past month in 1999. Of those who reported abusing drugs in

the past month, approximately 57 percent were 25 years of age and under. According to the Treatment Episode Data Set (TEDS), in 1999 Delaware ranked fourteenth nationally in the total number of drug-related treatment admissions per 100,000. The state recorded the fourth highest rate of cocaine-related treatment admissions and fifth highest rate of heroin-related treatment admissions per 100,000 residents in the nation in 1999. According to the state Division of Alcoholism, Drug Abuse and Mental Health, the number of alcohol- and drug-related treatment admissions increased from 6,842 in 1995 to 7,789 in 2000, primarily because of an increase in the number of heroin- and marijuana-related treatment admissions.

According to Federal-wide Drug Seizure System (FDSS) data, the amount of cocaine seized in FY2000 declined substantially from that seized in FY1998 when the highest amount was recorded. Marijuana seizures in FY2000 declined substantially from the peak year of FY1997. The amount of heroin seized between FY1995 and FY2000 was nominal.

Table 3. Heroin, Cocaine, and Marijuana Seizures, Kilograms, Delaware, FY1995–FY2000

	Heroin	Cocaine	Marijuana
FY1995	0.0	1.9	10.5
FY1996	1.1	29.1	11.1
FY1997	0.1	64.8	33.6
FY1998	1.7	158.6	7.4
FY1999	0.0	2.2	5.4
FY2000	0.0	42.9	3.0

Source: DEA, Federal-wide Drug Seizure System.

The financial impact of substance abuse on the government of Delaware is significant. Delaware spent \$500 per person in 1998 on substance abuse-related services, third in the nation behind Washington, D.C., and Alaska, according to the National Center on Addiction and Substance Abuse at Columbia University. In 1998 the state spent over \$367 million on substance abuse-related programs and services including justice, education, health, child-family assistance, mental health-developmental disabilities, and public safety. This figure amounted to over 10 percent of the total expenditures for the state. When adding the cost of lost productivity and nongovernmental expenses by private social services, estimates for total substance abuse-related costs are even higher.

Heroin

Heroin, primarily South American, poses the greatest drug threat to Delaware. High purity, low cost heroin is readily available in the state, and the reported rate of heroin abuse among teenagers and young adults is close to the abuse rate for alcohol, the primary substance abused in the state. The number of new abusers, particularly teenagers and young adults, has increased dramatically. Delaware had the fifth highest rate of heroin-related treatment admissions to publicly funded facilities in the nation in 1999. The total annual

number of heroin-related treatment admissions to publicly funded facilities was almost twice that of cocaine from 1999 through 2000. Wholesale distribution of heroin in Delaware is extremely rare. Local independent Caucasian dealers are the dominant transporters and retail level heroin distributors. These dealers usually purchase multi-ounce and gram quantities of the drug from Dominican criminal groups and street gangs based in Philadelphia and transport the heroin to Delaware for distribution.

Abuse

Heroin is commonly abused in Delaware, particularly by teenagers and young adults. Delaware had the fifth highest rate of heroin-related treatment admissions per 100,000 in the nation in 1999, according to TEDS statistics. The total annual number of heroin-related treatment admissions to publicly funded facilities was almost twice that of cocaine from 1999 through 2000. (See Table 2 on page 4.) According to the state Division of Alcoholism, Drug Abuse and Mental Health, the number of heroin-related treatment admissions rose annually from 1,410 in 1995 to 2,356 in 2000, a 67 percent increase. According

to TEDS and state treatment data, in 1999 approximately 70 percent of heroin-related treatment admissions were ages 18 to 35, and over 20 percent were ages 21 to 25.

The rate of heroin abuse is increasing particularly in New Castle and Sussex Counties, according to local law enforcement officials. The New Castle County Police Department reported that there were 24 deaths in which heroin was mentioned in 1998. Law enforcement officials in Dover reported an increase in the number of overdose deaths involving heroin abuse since 1998, due in part to an increase in the availability of high purity heroin.

Availability

Heroin, primarily South American, is commonly available in Delaware. Southeast Asian and Southwest Asian heroin are available occasionally. Federal, state, and local law enforcement officials in northern Delaware report that heroin frequently is available, particularly in Wilmington and Newark. Heroin also is available in southern Delaware but to a much lesser extent, according to the Drug Enforcement Administration (DEA).

Heroin seized in Delaware is not analyzed under DEA's Domestic Monitor Program (DMP), a heroin purchase program designed to identify purity, price, and source of origin of heroin at the retail level. However, heroin purity at the retail level in Philadelphia, the primary distribution center for heroin available in Delaware, averaged 72 percent in 1999, significantly higher than the national average of 38.2 percent. Heroin was 80 to 90 percent pure at all levels of distribution in

New Castle, according to the New Castle County Police Department. The DEA Philadelphia Division reported that ounce quantities of heroin in Wilmington were typically 75 to 80 percent pure and sold for \$4,000 to \$6,000 in 2001. Retail quantities of heroin (a glassine bag user dose) were generally 40 to 50 percent pure and sold for \$10 to \$20 in 2001.

The number of heroin-related federal drug sentences in Delaware is low. According to the U.S. Sentencing Commission, Delaware had two heroin-related federal sentences in FY1998, four in FY1999, and one in FY2000. The state recorded no heroin-related federal sentences from FY1995 to FY1998. Heroin available in Delaware frequently is purchased outside the state, which could explain why the number of federal sentences is so low.

Violence

Heroin abusers who commit crimes generally commit nonviolent property crimes to support their habits. However, some violent crimes, including

assaults, have been associated with the distribution of heroin in Delaware, albeit on a small scale.

Production

Opium poppies are not cultivated nor is heroin refined in Delaware. Heroin is produced in four source regions: Mexico, South America, Southeast Asia, and Southwest Asia. South

America, primarily Colombia, is a significant source of heroin smuggled into the United States and is the source of most of the heroin available in Delaware.

Transportation

Local independent Caucasian dealers are the primary transporters of heroin to the state. They commonly transport multiounce and gram quantities of heroin in private vehicles, primarily from Philadelphia, into and throughout Delaware.

Some local independent dealers, particularly in New Castle County, reportedly travel to Philadelphia in private vehicles several times a day or occasionally to Baltimore, New York City, or Washington, D.C., on I-95, US 13, and US 113 to

purchase heroin for distribution in Delaware. In April 1999 Smyrna Police officers arrested a high school student from Smyrna for transporting and distributing heroin. The student reportedly

traveled in a private vehicle to Philadelphia to purchase bundles (one bundle contains 10 to 13 glassine bags) of heroin and returned to distribute the heroin among his friends.

Distribution

Wholesale distribution of heroin in Delaware is extremely rare. Local independent Caucasian dealers usually purchase multiounce and gram quantities of heroin from Dominican criminal groups and street gangs in Philadelphia, the primary distribution center for heroin available in Delaware, according to DEA. To a lesser extent, these dealers purchase heroin in Baltimore and Washington, D.C., for distribution in Delaware.

Heroin packaged in a variety of ways usually is sold at open-air markets and indoors, particularly in private homes and in bars. For example, some street-level dealers in northern New Castle County sell “sleeves” of heroin (10 bundles or over 100 bags) and some distributors in Wilmington wrap multibundles of heroin in pages from telephone books. Law enforcement reports also indicate that dealers sometimes package heroin in capsules and hide the capsules in pain reliever bottles.

Cocaine

Cocaine is the second greatest drug threat to Delaware. Powdered cocaine and crack cocaine are readily available and commonly abused, and their distribution and abuse are more commonly associated with violent crime than any other drug in the state. Delaware had the fourth highest rate of cocaine-related treatment admissions to publicly funded facilities in the nation in 1999. The total annual number of cocaine-related treatment admissions has remained relatively stable, ranking second to heroin since 1996. The number of cocaine-related federal sentences in Delaware far surpassed the number for all other drug-related federal sentences combined every year from FY1998 through FY2000. Local independent

African American and Caucasian dealers and Hispanic street gangs are the primary transporters of cocaine into and throughout Delaware. They purchase cocaine, commonly in kilogram quantities, primarily from Dominican and Jamaican criminal groups in New York City and Philadelphia and, to a lesser extent, in Baltimore, Miami, and Washington, D.C., among other locations. Local independent Caucasian dealers are the primary wholesale and retail distributors of powdered cocaine in the state. Local independent African American dealers and Hispanic street gangs are the primary retail distributors of crack—wholesale distribution is rare, except in certain sections of Wilmington.

Abuse

Cocaine is commonly abused in Delaware. Wilmington and Dover have the highest levels of cocaine abuse in the state, according to state treatment and health survey data. Most law enforcement agencies report that the rate of cocaine abuse is stable at a high level. However, the Dover Police Department reports that the rate of powdered

cocaine abuse is slowly increasing in some areas of the city, and other law enforcement agencies report similar increases in the abuse rates of powdered and crack cocaine.

The overall annual rate of cocaine-related treatment admissions to publicly funded facilities in Delaware is high but relatively stable. The

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number of cocaine-related treatment admissions to publicly funded facilities ranked third, after alcohol-related and heroin-related treatment admissions, in 2000. The annual number of treatment admissions to publicly funded facilities for cocaine abuse did not change significantly from 1995 to 2000, according to the state Division of Alcoholism, Drug Abuse and Mental Health. The number of crack-related treatment admissions increased over 24 percent from 785 in 1995 to 974 in 2000, while the number of powdered cocaine-related treatment admissions decreased 29 percent from 697 in 1995 to 491 in 2000. (See Table 2 on page 4.) Delaware ranked fourth in the nation in the

rate of treatment admissions with 203 per 100,000 in 1998, according to TEDS data.

The rate of cocaine abuse among high school students in Delaware is lower than the national average. According to the Youth Risk Behavior Survey, approximately 7.2 percent of the students surveyed in Delaware in 1999 reported having abused cocaine at least once in their lifetime, compared with the national average of 9.5 percent. Additionally, 2.7 percent of the students surveyed in Delaware that year reported having abused cocaine in the past month, compared with the national average of 4 percent.

Availability

Powdered cocaine and crack cocaine are readily available, particularly in New Castle County. Powdered cocaine increasingly is available in the less populated counties of Kent and Sussex, according to DEA. Crack cocaine generally is more available than powdered cocaine in Wilmington and other urban areas, according to local law enforcement officials.

Wholesale and retail price and purity levels for powdered cocaine were relatively stable from 1997 to 2001, indicating a steady supply in the state. A kilogram of powdered cocaine in Delaware sold for \$23,000 to \$28,000 with an average purity of 85 percent in 2001, according to DEA. An ounce of powdered cocaine sold for \$800 to \$1,200, and a gram of powdered cocaine sold for \$100 to \$120 in 2001. Ounce and gram purity levels were between 60 and 80 percent that year.

Wholesale and retail prices and purity levels for crack were relatively stable from 1997 through 2001. A kilogram of crack, available primarily in

Wilmington and Dover, sold for \$24,000 to \$30,000 with an average purity of 79 percent in 2001, according to local law enforcement data. An ounce of crack sold for \$800 to \$1,250 with an average purity of 79 percent in 2001. A rock of crack sold for \$10 to \$25 with an average purity of 25 percent that year.

The amount of cocaine seized in the state peaked in FY1998 at 158.6 kilograms, then decreased, according to FDSS data. (See Table 3 on page 5.) The increase in the amount seized was not due to one large seizure.

Most drug-related federal sentences in Delaware are cocaine-related. Each year from FY1998 through FY2000 the number of cocaine-related federal sentences surpassed the number for all other drug-related sentences combined. However, the number of cocaine-related federal sentences decreased from 30 in FY1998 to 21 in FY1999 to 16 in FY2000, according to the U.S. Sentencing Commission.

Violence

The distribution and abuse of cocaine, particularly crack, are associated with violent crime more frequently than any other drug in Delaware.

The Dover Police Department reports that a large number of assaults are related to the distribution of crack. Law enforcement officials in Wilmington

report that cocaine distributors on the city's east side use violence to protect their market and product. In addition, local independent dealers, street gangs, and OMGs that distribute cocaine in Wilmington have committed homicides.

A Smyrna jury convicted a 29-year-old male crack abuser of first-degree murder in October 1999

for strangling his pregnant wife 2 days before she was to give birth. Additionally, law enforcement officers arrested a female from Claymont in 1999 for putting cocaine in her 5-month-old daughter's formula. The child subsequently died, and the female was charged with murder.

Production

Coca is not cultivated nor is cocaine produced in Delaware. Most of the cocaine sold in Delaware is produced in South America, transshipped through New York City and Philadelphia to Delaware, and converted from powdered cocaine to crack. Distributors are aware that federal

sentences for distribution or possession of crack are more stringent than those for distribution or possession of powdered cocaine; consequently, they convert powder into crack in small quantities only as needed.

Transportation

Local independent African American and Caucasian dealers and Hispanic street gangs are the primary transporters of cocaine into and throughout Delaware. These dealers and street gangs reportedly transport wholesale and retail quantities of cocaine from New York City and Philadelphia and, to a lesser extent, Baltimore, Miami, Washington, D.C., and other locations to Delaware in private and commercial vehicles. They all transport cocaine on US 13 and 113, SR-1, and I-95, according to law enforcement officials in Delaware. In April 1997 two males pleaded guilty to selling drugs and laundering money. They transported cocaine from New York to Delaware in rented limousines.

Some Dominican criminal groups based in New York City and Philadelphia transport cocaine, primarily in private vehicles, through Delaware on I-95 to Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington, D.C., and other states. Dominican criminal groups in New York City commonly travel on US 13 through Delaware to Maryland and Virginia in an attempt to avoid law enforcement detection on the interstates.

Colombian DTOs occasionally smuggle cocaine through the Port of Wilmington. Dominican criminal groups in Wilmington usually offload the cocaine to tractor-trailers for further transport to Baltimore, New York City, and Philadelphia. For example, U.S. Customs Service (USCS) inspectors in Wilmington seized 21 kilograms of cocaine from a refrigerated cargo container on the M/V *Dole Honduras* arriving from Santa Marta, Colombia, in March 1997. Additionally, USCS inspectors seized 106 kilograms of cocaine from the rudder compartment of the M/V *Kishore* arriving from Colombia in September 1998. Both of these shipments were destined for states other than Delaware.

Distribution

Local independent Caucasian dealers are the primary wholesale and retail distributors of powdered cocaine in the state. Local independent African American dealers and Hispanic street gangs are the primary retail distributors of crack—wholesale distribution is rare, except in certain sections of Wilmington. Retail quantities of cocaine commonly are distributed in the low-income areas of Wilmington. Members of the Pagans OMG also distribute retail quantities of crack. Local independent dealers purchase powdered cocaine, commonly in kilogram quantities from Dominican and Jamaican criminal groups in New York City and Philadelphia and, to a lesser extent, in Baltimore, Miami, and Washington, D.C. Kilogram quantities of cocaine are cut and packaged in ounce or multiounce quantities that are

distributed at open-air markets or from trailers, private homes, and bars particularly in the more rural areas of the state.

In October 2000 the Delaware State Police arrested a cocaine distributor in Sussex County. This distributor ran multiple “stash” locations where kilogram quantities of powdered cocaine and gram quantities of crack were cut and packaged for retail distribution in Georgetown, West Rehoboth, and other cities in Sussex County. Additionally, federal and state task force officers arrested a cocaine dealer in Bear, located in New Castle County, and seized 1.1 kilograms of cocaine and \$252,000 in cash and firearms on October 15, 1998. This individual reportedly was one of the principal cocaine distributors in Delaware.

Marijuana

Marijuana is the most readily available, widely abused, and least expensive illicit drug in Delaware. However, the drug poses a lower threat than heroin or cocaine in part because its distribution and abuse are not commonly associated with violent crime. Reported rates of marijuana abuse among high school students in Delaware are high and increasing. Jamaican criminal groups are the dominant transporters and wholesale and retail distributors of Mexico-produced marijuana and

marijuana produced by Mexican criminal groups based in Arizona, California, and Texas. They commonly transport marijuana to Delaware using package delivery services and couriers. Local independent Caucasian and African American dealers and Hispanic street gangs distribute wholesale and retail quantities of marijuana in Delaware. Locally grown cannabis is increasingly available but remains less prevalent.

Abuse

Marijuana is the most widely abused drug in Delaware, and its abuse is increasing. According to state treatment data, the number of marijuana-related treatment admissions to publicly funded facilities increased over 211 percent from 334 in 1995 to 1,039 in 2000. (See Table 2 on page 4.) Sixty-three percent of them were ages 15 to 25.

The rate of marijuana abuse, particularly among teenagers and young adults, is high and has

increased significantly in Delaware. According to a University of Delaware study, rates of reported lifetime, past year, and past month marijuana abuse by students in Delaware are highest in New Castle County. The reported rate of marijuana abuse among high school students (Grades 7-12) in Delaware was significantly higher than the national average in 1999. Twenty-five percent of eighth graders and 43 percent of eleventh graders

surveyed reported they had abused marijuana at least once in the past year, compared with 15 percent of eighth graders and 35 percent of eleventh graders surveyed nationwide in 1999. The percentage of eighth and eleventh grade students surveyed in Delaware reporting regular (once a month or more) marijuana abuse increased dramatically between 1990 and 1999. Reported abuse among eighth graders increased from 3 to

16 percent and among eleventh graders from 12 to 28 percent. More than 25 percent of high school students surveyed in Delaware in 1999 reported having abused marijuana in the past year, while 16 percent reported having abused marijuana in the past month. The Milford Police Department reported an increase in the number of marijuana abusers in Sussex County.

Availability

Marijuana is the most readily available drug in Delaware. According to FDSS data, marijuana was the drug most commonly seized in FY1999. However, the amount of marijuana seized in Delaware remained at low levels from FY1995 through FY2000. (See Table 3 on page 5.)

Marijuana is the least expensive illegal drug in the state. Low prices indicate that marijuana is readily available. The average price per pound of marijuana in Delaware was \$1,160 in 2001. The average price for an ounce of marijuana in

Delaware was \$260 in 2001. The price per one-eighth of an ounce of marijuana ranged from \$40 to \$50 in 2001.

Marijuana-related federal sentences in Delaware are rare. The number of marijuana-related federal sentences were stable at low levels from FY1998 through FY2000. According to the U.S. Sentencing Commission, Delaware had no marijuana-related federal sentences in FY1998, four in FY1999, and three in FY2000.

Violence

There is very little violence associated with the distribution and abuse of marijuana in Delaware. Marijuana abusers generally are nonviolent. The effects of the drug often depend upon abuser expectations and physiology and on the amount of the drug taken. While low doses of marijuana tend to induce relaxation, high doses may cause

image distortions, loss of personal identity, and hallucinations—possibly resulting in violent behavior. Marijuana occasionally is laced with other drugs, including PCP (phencyclidine). Adulterants substantially alter the effects and toxicity of the product, making it more likely that an abuser will become violent.

Production

Most of the marijuana distributed in Delaware is produced in Mexico or in California, Arizona, and Texas by Mexican criminal groups. Cannabis also is grown indoors and outdoors in the state but to a lesser extent. Law enforcement officials in southern Delaware report that local independent

Caucasian dealers in Dover and Milford cultivate small quantities of cannabis in their cornfields or in their basements and closets.

The amount of cannabis cultivated indoors in Delaware is increasing. The average number of cannabis plants eradicated per indoor grow in

Delaware Drug Threat Assessment

Delaware increased from 13 in 1997 to 64 in 2000. Despite this increase, in 2000 Delaware ranked forty-first in the nation in the number of

indoor and outdoor cannabis plots and plants eradicated.

Transportation

Jamaican criminal groups are the primary transporters of marijuana to Delaware. Local independent Caucasian and African American dealers also transport marijuana into the state. These groups and dealers usually transport wholesale quantities of marijuana from southwestern states to Delaware using package delivery services and couriers, according to DEA. In August 2000 federal, state, and local law enforcement officials dismantled a Jamaican criminal group that, beginning in January 1997, had transported 200 to 250 pounds of marijuana

a month from Arizona to Delaware using couriers on commercial aircraft. The couriers concealed marijuana in suitcases, flew to Baltimore-Washington International Airport, and transported the marijuana by van from the airport to Dover for distribution. Local independent Caucasian and African American dealers also transport wholesale quantities of marijuana hidden in private vehicles en route from Philadelphia, New York City, Washington, D.C., and other cities along I-95 and US 13 and 113, according to Delaware law enforcement officials.

Distribution

Jamaican criminal groups are the primary wholesale and retail distributors of marijuana in Delaware, particularly in New Castle County. Jamaican criminal groups in Wilmington distribute wholesale quantities of Mexico-produced marijuana and marijuana produced by Mexican criminal groups in southwestern states, according to state and local law enforcement officials. These criminal groups occasionally distribute multipound quantities of marijuana to local independent Caucasian

and African American dealers who travel from smaller towns such as Bethany Beach, Clayton, Dewey Beach, Milford, and Smyrna. Local independent Caucasian and African American dealers and Hispanic street gangs also distribute wholesale and retail quantities of marijuana. Local independent Caucasian dealers in Dover and Milford cultivate small quantities of cannabis in their cornfields or in their basements and closets and distribute it locally.

MDMA

MDMA poses a growing threat to Delaware. MDMA is increasingly available and abused by teenagers and young adults. The quantity of MDMA seized in Delaware has increased dramatically from 1999 through 2000. Local independent Caucasian dealers, usually college students, purchase MDMA tablets from criminal groups

based in Baltimore, New York City, Philadelphia, and Washington, D.C., and distribute the drug at raves, house parties, bars, and on college campuses. In January 2002 the State Assembly passed a law making trafficking in MDMA, a crime, with mandatory minimum sentences.

Abuse

MDMA (3,4-methylenedioxymethamphetamine), also known as Adam, ecstasy, XTC, E, or X, is a stimulant and low level hallucinogen. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy. This practice was never approved by the American Psychological Association or the Food and Drug Administration. Abusers claim that MDMA, sometimes called the hug drug, helps them become more “in touch” with others and “opens channels of communication.” However, abuse of the drug can cause psychological difficulties similar to those associated with methamphetamine and cocaine abuse, including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred

vision, and increased heart rate and blood pressure. MDMA abuse can also cause a marked increase in body temperature leading to muscular breakdown, kidney failure, cardiovascular failure, stroke, or seizure. Research suggests MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

The level of abuse of MDMA, particularly among teenagers and young adults, is increasing in Delaware. Once abused only in college towns such as Wilmington and Newark, MDMA is now abused in smaller towns such as Rehoboth Beach and Dewey Beach, according to local and state law enforcement data.

Availability

The amount of MDMA available in Delaware has increased dramatically since 1999. The quantity of MDMA seized in Wilmington increased from none in 1999 to 1,700 dosage units in 2000.

One hundred MDMA tablets sold for \$1,000 to \$1,800 in 2000, and single tablets sold for \$20 to \$25, depending on location.

Violence

MDMA distribution usually is not associated with violence, although the possibility for violence does exist. According to local law enforcement officials, most dealers and abusers are college students who are ignorant of the seriousness of their activity. Most MDMA distributors arrested by

law enforcement are not armed. The Delaware State Police, however, reports that if criminal groups that distribute other major drugs take over the distribution of MDMA in Delaware, the level of violence might increase.

Production

Laboratory operators in the Netherlands and Belgium produce approximately 80 percent of the MDMA consumed worldwide. According to DEA, law enforcement officials have seized MDMA laboratories in other European countries and,

occasionally, in the United States, but never in Delaware. Israeli and Russian DTOs control a significant share of the distribution of MDMA in Europe; Israeli DTOs are the primary suppliers of MDMA to U.S. distribution groups.

Transportation

Israeli and Russian DTOs smuggle multi-kilogram quantities of MDMA tablets into the United States by air, concealed in couriers' luggage and in express mail packages. They repackage the tablets into bundles for retail distribution. Local independent dealers, some of whom are Caucasian college students, are the primary retail distributors in Delaware. They purchase MDMA from

criminal groups in Baltimore, New York City, Philadelphia, Washington, D.C., and other cities and transport the MDMA to Delaware in private vehicles. In March 2000 Delaware State Police arrested several individuals for transporting and distributing MDMA on local college campuses and at bars.

Distribution

Local independent dealers usually distribute MDMA at raves, house parties, college campuses, and bars. College students from smaller cities such as Milford are frequently the primary MDMA distributors in those areas. These students return

home for spring and summer breaks, purchase MDMA tablets in the larger cities of Wilmington, Dover, and Newark, and distribute the drugs in Delaware's smaller cities.

Raves

Throughout the 1990s high energy, all-night dances known as raves, which feature hard-pounding techno-music and flashing laser lights, increased in popularity among teenagers and young adults. Raves occur in most metropolitan areas of the country. They can be held at either permanent dance clubs or temporary "weekend event" sites set up in abandoned warehouses, open fields, empty buildings, or civic centers. Club drugs are a group of synthetic drugs often sold at raves and dance clubs. MDMA is one of the most popular club drugs. Rave managers often sell water, pacifiers, and glow sticks at rave parties. "Ravers" require water to offset dehydration caused by MDMA, use pacifiers to prevent the grinding of teeth—a common side effect of abusing MDMA—and wave glow sticks in front of their eyes because MDMA stimulates light perception.

Methamphetamine

Methamphetamine is available and abused in Delaware; it is not yet a serious problem, although it is a growing concern. Methamphetamine is not as commonly available and abused as heroin, cocaine, marijuana, and MDMA. Most methamphetamine available in Delaware is produced in Pennsylvania using primarily the phenyl-2-propanone (P2P) method. However,

methamphetamine produced in western states using the hydriodic acid/red phosphorus method increasingly is available. Local independent Caucasian dealers and criminal groups and members of the Pagans OMG are the primary wholesale and retail distributors of methamphetamine in the state.

Abuse

Methamphetamine is not commonly abused in Delaware. According to state treatment data, Delaware had a total of 65 methamphetamine-related treatment admissions to publicly funded facilities

from 1995 through 2000. Methamphetamine was not a factor in any drug-related deaths through 1999. Most abusers in Delaware are high school and college age students and rave club patrons.

Availability

Methamphetamine availability is moderate and increasing in the state. The DEA Wilmington Resident Office, Delaware State Police, and New Castle County Police Department report increased availability of methamphetamine. According to the U.S. Sentencing Commission, Delaware had one

methamphetamine-related federal sentence in FY1998 and none in FY1999 or FY2000. A gram of methamphetamine sold for \$20, and an ounce sold for \$1,200 to \$1,500 in 2001, according to DEA. Pound quantities of methamphetamine occasionally are available in Delaware.

Violence

The level of violence associated with the distribution and abuse of methamphetamine in Delaware is low because the drug is not commonly available or abused. However, methamphetamine distributors have committed violent crimes such as assault and battery to defend

their territory, while abusers have committed burglary to obtain money or goods to exchange for methamphetamine. Methamphetamine-related violence has the potential to increase should availability of the drug increase in the state.

Production

Most of the methamphetamine available in Delaware is produced in Pennsylvania. Pennsylvania laboratory operators in Bucks, Delaware, and Montgomery Counties produce pound

quantities of methamphetamine using primarily the P2P method. Some of the methamphetamine is distributed and abused in Delaware, according to DEA.

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Methamphetamine produced using the hydriodic acid/red phosphorus method is increasingly available in Delaware. Most of the methamphetamine produced using this method is transported from western states; however, the Delaware State Police report a recent increase in the number of seizures of methamphetamine produced in Delaware using this method. A recent seizure of a laboratory in Pennsylvania indicated that criminal groups in the region are increasingly producing methamphetamine using the hydriodic acid/red phosphorus method. Some pharmacists in Pennsylvania and Delaware reportedly have diverted pseudoephedrine tablets to laboratory operators.

Methamphetamine Production Methods

Hydriodic acid/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. This method can yield multipound quantities of high quality d-methamphetamine and often is associated with Mexican drug trafficking organizations.

P2P. The principal chemicals are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields low quality dl-methamphetamine and has been associated with outlaw motorcycle gangs.

Transportation

Most of the methamphetamine available in Delaware is transported from Philadelphia by members of the Pagans OMG and by local independent Caucasian dealers. Criminal groups in California and, to a lesser extent, in Maryland and Virginia occasionally send methamphetamine to

OMGs and independent dealers in Delaware using parcel delivery services. Private vehicles typically are used to transport pound quantities from Philadelphia, and parcels are used to ship pound quantities from western states.

Distribution

Local independent Caucasian dealers and criminal groups and members of the Pagans OMG are the primary wholesale and retail distributors of methamphetamine in the state. They usually purchase multiounce, gram, and, on occasion, kilogram quantities of methamphetamine from

Philadelphia-based criminal groups or from criminal groups in California, Maryland, and Virginia. These dealers and groups usually distribute retail quantities of methamphetamine from private homes, trailers, and bars, among other rural areas of the state.

Outlook

The threat of illicit drugs in Delaware will probably remain high because of the state's proximity to multiple drug transportation hubs and distribution centers. The ready availability of inexpensive drugs in nearby metropolitan areas such as Baltimore, Philadelphia, and Washington, D.C., will continue to attract local independent dealers from Delaware.

Heroin will continue to pose the greatest drug threat to Delaware because of the large number of

abusers who consume low cost, high purity heroin. Heroin abuse and availability in New Castle County, particularly in Newark and Wilmington, will likely increase because of the high demand for the drug in that area and its proximity to the primary distribution center of Philadelphia and, to a much lesser extent, to Baltimore, New York City, and Washington, D.C. Heroin availability and abuse may increase in southern, rural Kent and Sussex Counties as dealers attempt to expand their markets.

The rate of cocaine abuse will probably remain stable at a high level in Delaware. The distribution and abuse of crack historically has been associated with more violent crime than any other drug, and that trend is likely to continue.

Marijuana will continue to be the most readily available and widely abused drug in Delaware. Abuse levels should continue to remain high among the younger population, many of whom recognize that the drug is inexpensive and easy to purchase. As cannabis cultivation increases, greater competition among distributors may lead to lower prices, increased demand, and more incidents of violence.

MDMA availability and abuse will probably increase, particularly among teenagers and young adults. MDMA will remain popular until young individuals become aware that its abuse may result in law enforcement action, serious health problems, and even death.

Methamphetamine will remain available at a moderate level in Delaware, and its popularity compared with that of heroin, cocaine, marijuana, and MDMA should remain low. Availability and abuse of methamphetamine will possibly increase in northern Delaware, spurred by increased methamphetamine production in the Philadelphia area, but not enough to significantly affect statewide levels of availability and abuse.

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