



Drug Market Analysis



New England High Intensity Drug Trafficking Area

NATIONAL DRUG INTELLIGENCE CENTER U.S. DEPARTMENT OF JUSTICE



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This assessment is an outgrowth of a partnership between the NDIC and HIDTA Program for preparation of annual assessments depicting drug trafficking trends and developments in HIDTA Program areas. The report has been coordinated with the HIDTA, is limited in scope to HIDTA jurisdictional boundaries, and draws upon a wide variety of sources within those boundaries.



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PREFACE

This assessment provides a strategic overview of the illicit drug situation in the New England High Intensity Drug Trafficking Area (NE HIDTA), highlighting significant trends and law enforcement concerns related to the trafficking and abuse of illicit drugs. The report was prepared through detailed analysis of recent law enforcement reporting, information obtained through interviews with law enforcement and public health officials, and available statistical data. The report is designed to provide policymakers, resource planners, and law enforcement officials with a focused discussion of key drug issues and developments facing the HIDTA.

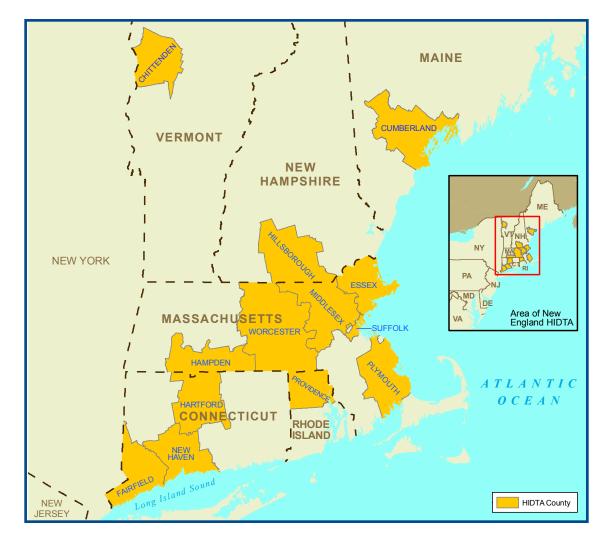


Figure 1. New England High Intensity Drug Trafficking Area.



STRATEGIC DRUG THREAT DEVELOPMENTS

- Law enforcement officials report that the abuse of opioids, particularly South American (SA) heroin and diverted prescription narcotics, has become the primary drug abuse problem in New England. Opioid abuse in the region is driven in part by an increasing number of prescription narcotics abusers who are switching to heroin because it is more potent and less expensive.
- Cocaine availability decreased in some parts of the region during the spring of 2007 as a result of large seizures of cocaine in transit to the United States, successful law enforcement efforts against prominent Mexican drug trafficking organizations (DTOs), violent conflicts in Mexico between competing Mexican DTOs, and increased demand for cocaine in foreign drug markets. However, availability has returned to normal levels in most markets.
- Canada-based traffickers are smuggling increasing quantities of synthetic drug tablets/ capsules to the region, which typically contain multiple substances in various combinations.
- Only one notable Asian-operated indoor cannabis cultivation site was seized in the region in 2007, and the total number of indoor cannabis plants eradicated declined significantly between 2006 and 2007. High-potency marijuana remained readily available, however, from foreign and domestic sources of supply.
- Violence among street gangs is increasing in the NE HIDTA region, particularly violence associated with territorial disputes. Moreover, street gangs in the region are recruiting new members from middle schools and high schools and are enticing incarcerated gang members back to gang life upon their release from prison.

- Gang members are increasingly carrying firearms during the commission of criminal offenses in the HIDTA region. They generally obtain firearms through direct or intermediary purchases, by theft, and in exchange for illicit drugs.
- Illicit drug abusers in the NE HIDTA region are unwittingly being exposed to illicit substances they do not intend to ingest, primarily through their use of synthetic drug tablets/ capsules, which are becoming increasingly available in the region.

HIDTA OVERVIEW

The NE HIDTA region comprises 13 counties in 6 states; approximately 8.7 million individuals reside in the region. (See Figure 1 on page 1.) Nine of the HIDTA counties are located in Massachusetts and Connecticut, with the remaining four located in Maine, New Hampshire, Rhode Island, and Vermont, respectively. Two primary drug distribution centers are located within the NE HIDTA region the Hartford, Connecticut/Springfield, Massachusetts, area in the west and the Lowell/Lawrence, Massachusetts, area in the east. Drug traffickers operating in these distribution centers supply most consumer markets in the HIDTA region. The Providence, Rhode Island/Fall River, Massachusetts, area is a secondary distribution center that supplies communities in Cape Cod, Massachusetts, an area that is located outside the NE HIDTA region. Boston, Massachusetts, New England's largest city, is predominantly a consumer market; it is supplied primarily by distributors operating from Lawrence, Lowell, and New York, New York. Some Boston-based distributors sell drugs in communities located in the surrounding metropolitan area, including Braintree, Cambridge, Chelsea, Framingham, Lynn, Quincy, and Weymouth (all in Massachusetts) as well as in Maine, New Hampshire, and Rhode Island.

The NE HIDTA region's proximity to New York City and the eastern provinces of Canada facilitates drug smuggling to the region. New York City, the largest drug market in the eastern United States, is the source for most of the SA heroin, cocaine, and commercial-grade marijuana available in New England; traffickers in New York City also are supplying khat to members of Somali communities in Maine and Massachusetts. Moreover, traffickers are increasingly smuggling cocaine, heroin, marijuana, and small quantities of methamphetamine directly from southwestern states to the region, particularly Massachusetts. Additionally, Atlanta has recently emerged as a source city for cocaine, heroin, and marijuana transported to the region, and Florida has emerged as a source for cocaine, diverted pharmaceuticals, and MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy).

Canada-based traffickers, who operate primarily from Montreal and Toronto, smuggle significant quantities of marijuana, MDMA, and prescription drugs to the region; they are also smuggling increasing quantities of synthetic drug tablets/capsules that contain multiple substances in various combinations. Moreover, traffickers use the NE HIDTA region as a transit zone for drug shipments from Canada destined for other regions of the United States and for drug shipments (primarily cocaine), drug proceeds, and weapons from the United States destined for Canada.

Drug-related violence is increasing throughout much of the HIDTA region, largely because of the proliferation of street gangs, which operate in every New England state. Street gangs are particularly active in major and midsize cities, where they often engage in violent intergang struggles over drug distribution territories.

DRUG THREAT OVERVIEW

Opioids—including heroin, primarily SA heroin, and diverted prescription narcotics such as OxyContin and Percocet (both oxycodone) and Vicodin (hydrocodone)—collectively pose the greatest drug threat to the NE HIDTA region, according to law enforcement and public health officials. Opioid abuse in the region is driven in part by an increasing number of prescription narcotics abusers who are switching to heroin

Drug Tablet/Capsule Combinations and Their Potential Impact on Abusers

Drug tablets/capsules often contain multiple ingredients in various combinations, including substances such as MDMA, MDA (3,4-methylenedioxyamphetamine), methamphetamine, amphetamine, BZP (1-benzylpiperazine), caffeine, ephedrine, ketamine, LSD (lysergic acid diethylamide), OMPP (ortho-methoxyphenylpiperazine), PCP (phencyclidine), procaine, pseudoephedrine, and TFMPP (trifluoromethylphenylpiperazine). Some synthetic drug tablets available in the NE HIDTA region are presented as MDMA but actually contain methamphetamine-or methamphetamine and MDMA in combination.^a "Mimic" ecstasy tablets containing a combination of heroin, cocaine, and caffeine have also been reported in other regions of the United States. The extent of mimic ecstasy production is not fully known. Testing of seized tablets by law enforcement officials would assist in quantifying this threat.

because of its higher potency and greater affordability. Heroin prices at the street level reportedly decreased substantially in some primary drug distribution centers over the past year. Heroin abuse is widespread in New England and now encompasses a wide cross-section of individuals, including chronic abusers in urban areas, residents of suburban and rural communities, and young adults and teenagers who switched to heroin after initially abusing prescription narcotics. Moreover, the number of heroin-related treatment admissions to publicly funded facilities in the region exceeded admissions for all other illicit substances combined from 2003 through 2006, the latest year for which such data are available.

a. Some laboratory operators who produce synthetic drugs customblend drug tablets and capsules in order to provide abusers with a specific physiological effect, and they use information about that effect as a marketing tool. Moreover, methamphetamine, which is less costly to produce, has been used as an adulterant/additive to MDMA tablets for several years. MDMA producers sometimes add methamphetamine during MDMA manufacturing to stretch their supplies and increase their profit margins. Methamphetamine is often more readily available to laboratory operators and less expensive than pure MDMA. Because the chemical structure of MDMA is similar to that of methamphetamine and the two drugs produce similar stimulant effects, producers can sell combination MDMA/methamphetamine tablets to an unsuspecting MDMA user population.

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Other illicit drugs also pose significant threats to the NE HIDTA region. Cocaine, particularly crack, is commonly abused in some parts of the region, mainly inner-city neighborhoods in Boston, Massachusetts; Bridgeport, Hartford, and New Haven, Connecticut; and Providence, Rhode Island. Crack availability has also expanded in many northern New England cities, such as Burlington, Vermont; Manchester, New Hampshire; and Portland, Maine, largely because African American and Hispanic criminal groups and street gangs from southern New England states and New York City have increased distribution in those areas. Cocaine availability decreased in some parts of the region during the spring of 2007 as a result of large seizures of cocaine in transit to the United States, successful law enforcement efforts against prominent Mexican DTOs, violent conflicts in Mexico between competing Mexican DTOs, and increased demand for cocaine in non-U.S. markets. During this period some drug markets in New England reported sustained cocaine shortages and higher prices; however, availability and prices in most markets in which these changes occurred appear to be returning to normal levels. Marijuana abuse is pervasive throughout the HIDTA region. High-potency marijuana from domestic and Canadian suppliers and commercial-grade Mexican marijuana are readily available.

Methamphetamine is a relatively low threat to the NE HIDTA region-one of the few areas in the country where the drug is not a significant threat. Powder methamphetamine production is limited in New England and typically involves Caucasian abusers who produce personal use quantities of the drug. Distributors in southwestern states and Canada supply limited amounts of ice methamphetamine to the NE HIDTA region. Additionally, increasing quantities of methamphetamine tablets are becoming available in the NE HIDTA region: some are sold as MDMA to unwitting abusers. Recent indicators suggest that methamphetamine abuse in some parts of New England may be increasing; drug treatment programs located in the northern counties of Vermont report an increase in methamphetamine abuse and availability, and

Steroid Traffickers Linked to International Distribution Ring Operated in Connecticut, New Hampshire, and Rhode Island

In September 2007 "Operation Raw Deal," an international enforcement effort and the largest steroid enforcement action in U.S. history. targeted the global illicit trade of anabolic steroids, HGH, and insulin growth factor (IGF). This investigation focused on raw material manufacturers and suppliers in China and other countries; underground anabolic laboratories in the United States, Canada, and Mexico; approximately 100 web sites that advertised the sale and distribution of materials; and Internet bodybuilding discussion boards that were the catalysts for individuals to learn how to illicitly use, locate, and discreetly purchase performance-enhancing drugs. U.S. law enforcement agencies seized 56 steroid laboratories across the United States. 11.4 million steroid dosage units, and 242 kilograms of raw steroid powder of Chinese origin. They also arrested distributors who operated nationwide, some in the states of Connecticut, New Hampshire, and Rhode Island. The U.S. operation was coordinated with enforcement efforts in Australia, Belgium, Canada, China, Denmark, Germany, Mexico, Sweden, and Thailand.

law enforcement officials in Maine report an increase in methamphetamine-related arrests.

The threat that other dangerous drugs (ODDs) pose to the NE HIDTA region is mixed; MDMA distribution and abuse are increasing in some areas, while the abuse of GHB (gamma-hydroxybutyrate), ketamine, LSD, PCP, and psilocybin mushrooms is stable at low levels. The distribution and abuse of steroids, human growth hormone (HGH), and other prescription pharmaceuticals, which are often purchased by abusers through the Internet from domestic and foreign distributors, pose additional threats to the region. In 2007 the largest steroid and HGH enforcement action in U.S. history was linked to distributors in Connecticut, New Hampshire, and Rhode Island as well as to distributors in other states and foreign countries.

Drug Trafficking Organizations

Colombian DTOs are the primary wholesale suppliers of SA heroin and cocaine in the NE HIDTA region. Most Colombian DTOs that operate in New England are based in New York City and typically transport drugs to the region to supply midlevel and retail-level distributors. However, they sometimes contract with Dominican, Guatemalan, Honduran, Jamaican, Mexican, Puerto Rican, and other Central America- and Caribbeanbased groups to smuggle heroin and cocaine directly into the region for distribution.

Dominican DTOs operating in New England work closely with Colombian DTOs and serve as major transporters of cocaine, heroin, and marijuana. They are also engaged in wholesale and retail drug distribution and money laundering within the region. Some New England-based Dominican traffickers travel to New York City to obtain drug supplies from Colombian DTOs; conversely, some Colombian distributors from New York travel to New England to supply illicit drugs to Dominican traffickers. Additionally, law enforcement reporting reveals that some Dominican traffickers may be involved in drug smuggling networks operating between Canada and New England. Dominican DTOs operate from the primary drug distribution hubs in the region-Lowell/Lawrence and Hartford/Springfield.

Asian DTOs operating between the United States and Canada pose a major threat to the NE HIDTA region. They are the primary producers, transporters, and distributors of Canadian high-potency hydroponic marijuana, MDMA, and tablets/capsules that may contain multiple synthetic drugs such as methamphetamine, MDMA, and MDA. Asian DTOs smuggle drug shipments from Canada for further distribution in New England and elsewhere in the United States. Asian DTOs operated a number of sophisticated hydroponic cannabis grow operations that were seized in Connecticut and New Hampshire in prior years; however, only one significant Asian-operated indoor cannabis cultivation site was seized in the region in 2007.

Drug Trafficking Organizations, Criminal Groups, and Gangs

Drug trafficking organizations are complex organizations with highly defined commandand-control structures that produce, transport, and/or distribute large quantities of one or more illicit drugs.

Criminal groups operating in the United States are numerous and range from small to moderately sized, loosely knit groups that distribute one or more drugs at the retail level and midlevel.

Gangs are defined by the National Alliance of Gang Investigators' Associations as groups or associations of three or more persons with a common identifying sign, symbol, or name, the members of which individually or collectively engage in criminal activity that creates an atmosphere of fear and intimidation.

Mexican DTOs are significant transporters and wholesale distributors of cocaine, commercialgrade marijuana, SA heroin, and limited quantities of ice methamphetamine in the NE HIDTA region. Mexican DTOs have traditionally transported illicit drug shipments to New England on consignment for Colombian and Dominican DTOs. However, some Mexican traffickers that supply New England are now operating on their own behalf, bypassing Colombian and Dominican DTOs and using existing networks to transport drug shipments directly to the region from mid-Atlantic, southern, and western states for distribution.

Street gang members distribute cocaine, marijuana, and heroin at the wholesale and retail levels in the NE HIDTA region. Most street gangs that operate in New England can be classified as one of four main racial/ethnic groups—African American, Asian, Caucasian, or Hispanic. According to law enforcement officials, large, nationally recognized gangs such as 18th Street, Asian Boys, Bloods, Crips, La Familia, Latin Gangster Disciples, Latin Kings, Mara Salvatrucha (MS 13), Ñeta, Sureños (SUR 13), Tiny Rascal Gang, and Vatos Locos as well as numerous local neighbor-

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hood street gangs operate to various degrees in the HIDTA region. New York City and southern New England-based African American and Hispanic street gangs travel to areas throughout the NE HIDTA region to distribute crack cocaine and obtain weapons that typically are returned to the gang's urban base of operation. The level of violence occurring among street gangs in New England, particularly incidents related to territorial disputes, is increasing. Moreover, law enforcement officials report that street gangs are recruiting new members from middle schools and high schools and are enticing incarcerated gang members back to gang life upon their release from prison.

Members of international outlaw motorcycle gangs (OMGs), such as Hells Angels and Outlaws, and their associates distribute cocaine, marijuana, MDMA, powder methamphetamine, and prescription narcotics in New England. Some OMG members also engage in firearms offenses and violent crimes, including assault and armed carjacking, according to law enforcement reporting.

Various other criminal groups and independent dealers are also involved in drug trafficking within the NE HIDTA region. Hispanic criminal groups that operate from well-established distribution hubs in the HIDTA region distribute cocaine, crack, and marijuana throughout the area. Local independent dealers operating in New England use common diversion methods, such as doctorshopping, fraudulent prescriptions, and theft, to obtain prescription drugs for personal use and retail distribution, and Native American traffickers smuggle high-potency Canadian marijuana to the HIDTA region for further distribution in New England and other regions of the United States.

PRODUCTION

Most of the illicit drugs distributed in the NE HIDTA region are produced at locations outside the region; however, some drug production does occur throughout New England. A portion of the SA heroin available in the region is processed at heroin mills that operate in key regional distribution centers— Lowell/Lawrence and Hartford/Springfield.¹ For instance, federal, state, and local law enforcement agencies seized a heroin processing mill in Hartford and discovered 1,300 bags of the drug in October 2007. Powder cocaine is commonly converted to crack throughout the HIDTA region by African American and Jamaican distributors, who purchase powder cocaine from Dominican traffickers.

Marijuana is produced by traffickers from cannabis cultivated in the NE HIDTA region. Data from the Drug Enforcement Administration (DEA) Domestic Cannabis Eradication/Suppression Program (DCE/SP) reveal that the number of cannabis plants eradicated from outdoor grow sites in the region increased between 2005 and 2007, while the number of plants eradicated from indoor grow sites increased tremendously between 2005 and 2006 and then declined significantly between 2006 and 2007 (see Table 1). Law enforcement officials attribute the decrease in the number of indoor cannabis plants eradicated between 2006 and 2007 to a reduction in Asian-operated indoor hydroponic grow sites seized in the region. The only notable Asian-operated indoor grow site discovered in 2007 was seized by law enforcement officials in July; it consisted of 534 cannabis plants and was operated by a Vietnamese DTO in New Britain, Connecticut.

MDMA and powder methamphetamine production in the NE HIDTA region occurs intermittently and usually involves small laboratories where abusers and independent dealers produce

Table 1. Cannabis Plants Eradicated in Indoor and Outdoor Cultivation Sites in New England, 2005–2007							
	2005	2006	2007				
Indoor cultivation sites	2,712	15,337	5,277				
Outdoor cultivation sites 11,054 13,622 14,486							
Total	13,766	28,959	19,763				
Source: Domestic Cannabis Eradication/Suppression Program.							

1. A heroin mill is a location in which heroin is repackaged into retail quantities from wholesale lots.

limited quantities of the drugs for personal use or distribution to close friends and associates. In 2007 law enforcement officers seized one MDMA laboratory in Vermont; the laboratory was also equipped to produce methamphetamine. The number of methamphetamine laboratories seized in New England decreased from 20 in 2005 to 13 in 2006 to 6 in 2007. Two of the methamphetamine laboratories seized in 2007 were located in Vermont, two were in New Hampshire, one was in Maine, and one was in Massachusetts. Additionally, law enforcement officials report that two methamphetamine laboratories were seized in Maine and one was seized in New Hampshire in 2008 (through May). Law enforcement reporting reveals that laboratory operators acquired the precursor chemicals and equipment used at the seized laboratories from local stores and over the Internet.

ODDs are also produced in limited quantities in the NE HIDTA region. During 2007 four unique laboratories were seized in New England, including one in New Hampshire that produced steroids, one in Connecticut that produced PCP and another that extracted the hallucinogen d-lysergic acid amide (LSA) from morning glory seeds, and a fourth in Massachusetts that produced methaqualone. Moreover, limited quantities of psilocybin mushrooms are produced in the NE HIDTA region, typically by college students. According to law enforcement officials, most psilocybin mushroom cultivators in New England acquire cultivation materials over the Internet.

TRANSPORTATION

Colombian and Dominican DTOs generally transport SA heroin and cocaine to the NE HIDTA region from New York. Some Dominican groups also transport heroin and cocaine directly to the region from other parts of the United States, including Florida, Georgia, and Texas. Dominican DTOs also receive shipments of SA heroin directly from foreign suppliers located in Brazil, Colombia, Ecuador, Guatemala, Mexico, Puerto Rico, and Venezuela. When traffickers smuggle heroin directly to New England, they typically retain a portion for distribution in the region and repackage the remainder for transport to New York City. Heroin traffickers who receive shipments directly from foreign sources usually do so in an attempt to increase their profit margin, to avoid law enforcement interdiction on roadways and at airports, or to avoid intermittent price increases by New York City-based suppliers. Some may also obtain drug supplies directly from family members who live in source or transit countries.

Mexican DTOs transport cocaine, marijuana, SA heroin, and limited quantities of ice methamphetamine to the NE HIDTA region from southwestern states, typically concealed in various types of private vehicles and tractor-trailers. Some Mexican DTOs travel to Atlanta for cocaine, marijuana, and SA heroin supplies. Mexican traffickers also transport or mail small quantities of ice methamphetamine to the NE HIDTA region.

Asian, Caucasian, and Native American criminal groups, OMGs, and independent dealers, most of which are based in Canada, smuggle high-potency Canadian marijuana; synthetic drug tablets/capsules that contain various substances, such as MDMA, methamphetamine, or MDA; and prescription drugs from Canada into and through the NE HIDTA region. A number of these traffickers also transport heroin and precursor chemicals into the United States through the region.

Pharmaceutical abusers in the NE HIDTA region frequently obtain pharmaceutical drugs such as OxyContin, Vicodin, and Dilaudid (hydromorphone) illegally over the Internet from distributors who are based in and outside the United States. Abusers commonly order pharmaceuticals through online forums and message boards on web sites that host encrypted e-mail services. They then electronically wire payment to distributors, who ship the drugs through package delivery services and the U.S. mail.





Figure 2. NE HIDTA region transportation infrastructure.

DISTRIBUTION

New York-based Colombian and Dominican DTOs are the predominant wholesale distributors of SA heroin and cocaine to the region; Dominican DTOs also distribute wholesale quantities of marijuana. They supply the drugs to Dominican DTOs and criminal groups that distribute midlevel and retail-level quantities of the drugs from the Lowell/Lawrence and Hartford/Springfield distribution hubs and to various other local criminal groups and street gangs that serve as retail-level distributors in communities throughout the region. However, some local Dominican DTOs and African American, Caucasian, and Mexican criminal groups prefer to travel to the New York City metropolitan area to purchase heroin and cocaine directly from Colombian and Dominican wholesale suppliers and then return to New England to sell the drugs to their retail customers.

African American and Hispanic street gangs from New York City and the local area distribute crack cocaine in urban communities throughout the region. Street gang members from New York and the local area use private vehicles or public transportation to transport crack cocaine to urban areas in the region, where they typically set up distribution operations in hotel rooms or the private residences of local female accomplices, and distribute the drug to established customers. Local street gang members typically distribute crack at their established neighborhood distribution sites. Additionally, law enforcement officials report that some African American and Hispanic street gang members from New York City are beginning to base their crack distribution operations in rural areas of the region, where they believe law enforcement resources may be limited.

Asian DTOs distribute Canadian high-potency, hydroponically produced marijuana and synthetic drugs, such as MDMA and methamphetamine tablets, in the NE HIDTA region. These groups operate primarily from the Lowell area and supply Asian, Caucasian, and Hispanic criminal groups involved in retail distribution.

Local independent dealers and OMGs are the primary retail distributors of pharmaceutical drugs in the NE HIDTA region. They generally obtain pharmaceuticals through various diversion methods, such as doctor-shopping, forgery, fraud, and theft as well as over the Internet. Distributors who acquire pharmaceuticals over the Internet obtain supplies from domestic and foreign sources. For example, embossing on OxyContin tablets seized by law enforcement officials in Warwick, Rhode Island, indicated that they were manufactured by Purdue Pharma for limited distribution in Argentina and Brazil. Some distributors retain part of their supply for personal use and distribute the rest to other abusers.

Drug traffickers operating in the NE HIDTA region use commonplace and sophisticated communications technology to facilitate their drug trafficking distribution operations. Traffickers routinely use cell phones, text messaging, the Internet, and other routine communications devices; some also use satellite phones, HF/UHF/VHF radio communications, video surveillance devices, global positioning systems, Voice over Internet Protocol (VoIP), and peer-to-peer services. Traffickers routinely change communication methods and use multiple cell phones, or they use a phone for a limited period of time before switching to a new phone with a new phone number to reduce the possibility of call monitoring.

Electronic communications technology enables drug traffickers and street gang members to conduct their activities across cities, states, and countries. Internet-based methods such as social networking sites, encrypted e-mail, Internet telephony,² and instant messaging as well as prepaid cell phones and prepaid calling cards are commonly used by members of trafficking groups to communicate with one another and with customers. Street gang members often use Internet-based social networking sites such as Facebook, MySpace, and YouTube to recruit new members, brag about their activities, or communicate threats. They also use prepaid cell phones (for voice conversations and text messaging), encrypted e-mail, password-protected web sites, and prepaid phone cards to exchange information regarding specific criminal activity, believing that these systems offer greater security and anonymity. Street gang members also use certain Internet telephony services that they feel are secure. In exploiting electronic communications, gang members frequently use their own gang-specific symbols and coded language.

DRUG-RELATED CRIME

Violent crime, particularly drug-related violent crime, is a significant threat to the NE HIDTA region. Law enforcement officials throughout the region report a distinct relationship between drug trafficking and violent and property crime; they indicate that most robberies, thefts, shootings, murders, and cases of domestic violence have a drug nexus. Reports of violent crimes involving murder/nonnegligent manslaughter, robbery, and property crimes involving burglary and larceny/ theft increased in New England from 2005

^{2.} Internet telephony enables telephone calls to be placed over the Internet. VoIP (Voice over Internet Protocol) is the technology associated with Internet telephony.



Table 2. Number of Incidents and Percent Change in Violentand Property Crime in New England, 2005–2006								
	Number Reported 2005	Number Reported 2006	Percent Change in Number Reported	Rate per 100,000 2005	Rate per 100,000 2006	Percent Change per 100,000 Population		
Violent crime	45,922	45,247	-1.5	322.1	317.1	-1.6		
Murder and nonnegligent Manslaughter	363	370	1.9	2.5	2.6	4		
Forcible rape	3,671	3,496	-4.8	25.8	24.5	-4.9		
Robbery	13,310	13,940	4.7	93.4	97.7	4.6		
Aggravated assault	28,578	27,441	-4.0	200.5	192.3	-4.1		
Property crime	341,953	341,602	-0.1	2,398.8	2,393.8	-0.2		
Burglary	68,992	69,727	1.1	484.0	488.6	1.0		
Larceny/theft	235,667	236,594	0.4	1,653.2	1,658.0	0.3		
Motor Vehicle Theft	37,294	35,281	-5.4	261.6	247.2	-5.5		
Source: Federal Bureau of Investigation.								

Note: Minor calculation discrepancies may exist because of rounding.

through 2006, according to the most recent data published in the Federal Bureau of Investigation (FBI) 2007 Uniform Crime Report. (See Table 2.)

Violent, armed street gang members who engage in midlevel and retail drug distribution, particularly of heroin and crack cocaine, pose a significant threat to public safety in the NE HIDTA region. Street gang members frequently commit violent crimes such as assaults, home invasions, shootings, and robberies and property crimes such as burglaries and thefts to protect and expand their drug operations and/or to collect drug debts. Home invasions are a particular problem for law enforcement officials because victims are often drug traffickers who either do not report the crime or do not admit that their drugs or drug proceeds were stolen, even if they report the forced entry. In October 2007 law enforcement officials in the Boston area reported the arrests of 59 foreign nationals who were members of various violent street gangs, including MS13, Vatos Locos, 18th

Street, and SUR 13. Law enforcement officials in Springfield report that increasing levels of drugand turf-related violence and shootings in the city are associated with disputes among street gangs operating in low-income housing areas; 21 murders that occurred in Springfield during 2007 are reportedly linked to crack cocaine trafficking. Additionally, some drug traffickers in the region use threats of violence to intimidate witnesses in trials against them.

The acquisition and use of firearms by street gang members pose an increasing threat in the NE HIDTA region. Gang members generally obtain firearms through either direct or intermediary purchases, by theft, and in exchange for drugs. Some gang members also acquire firearms illegally from sources in other parts of the United States or purchase them from other gang members and criminals in the NE HIDTA region. For instance, law enforcement officers in Waterbury, Connecticut, made controlled purchases of firearms and illicit

Violent Crime Impact Team Targets Weapons-Related Violent Crime in Areas of Hartford

Hartford is one of more than 20 major cities across the United States in which a Violent Crime Impact Team was established to aggressively identify, arrest, and prosecute violent offenders who threaten communities with weapons. From April 2005 through 2007, a total of 589 individuals were arrested and charged with firearms offenses in Hartford. Additionally, 1,255 firearms have been recovered in the city since the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) implemented this program. In one case, 88 firearms were seized from individuals who routinely exchanged weapons for cocaine and heroin. Many of the arrests and firearms-recovery incidents involved street gang members.

Source: Bureau of Alcohol, Tobacco, Firearms and Explosives.

drugs from more than 50 suspected members of the Latin Kings street gang in early 2007.

According to law enforcement officials, illicit drug abusers in the region also commit a host of violent and property crimes. Heroin and crack cocaine abusers are often implicated in incidents of domestic violence, including child abuse and neglect and spousal abuse. Some drug abusers in the region commit burglary, forgery, fraud, and theft to support their addictions. Moreover, some prescription narcotics abusers have committed bank robberies in the HIDTA region to finance their addictions.

ABUSE

According to data from the Treatment Episode Data Set (TEDS), the number of heroin-related treatment admissions to publicly funded facilities in the region exceeded admissions for all other illicit substances combined from 2003 through 2006, the latest year for which such data are available (see Table 3 on page 12). Prescription narcotics abusers are fueling the heroin abuse problem in the region. According to area treatment providers, a rising number of prescription narcotics abusers (particularly adolescents and young adults) have switched to heroin abuse because heroin is more affordable and potent. The average retail price for one 80-milligram tablet of OxyContin ranges from \$35 to \$120 in Boston, while a bag³ of SA heroin sells, on average, for \$6 to \$20. Law enforcement officials report that heroin prices recently declined to even lower levels in some parts of Connecticut and that the price for gram quantities of SA heroin has declined slightly in Boston over the past few months.

Many heroin abusers in the region are "functional heroin abusers"; they hold jobs, have families, attend school, and participate in community events. Moreover, many heroin abusers from the northern New England states commonly are viewed by law enforcement and public health officials as "day trippers" because they drive to the Lowell/Lawrence and Hartford/Springfield areas to purchase heroin on a daily basis. They often ingest or inject a portion of the heroin while driving back to their home state and typically sell a portion of their purchase to other abusers to defray costs associated with their addiction.

The abuse of methadone contributes to a significant number of drug-related deaths in New England states. In 2006 (the latest year for which such data are available) methadone was the drug mentioned most often in drug-related deaths in Maine (40%), New Hampshire (25%), and Vermont (37%), and it contributed to many others throughout the entire region. Moreover, the Northern New England Poison Center reports that most of the calls it receives for substance abuse poisonings involve methadone, followed by oxycodone and hydrocodone, respectively. Public health officials in Maine and New Hampshire attribute the high number of methadone-related deaths to the removal of OxyContin as a preferred

^{3.} Heroin sold by the bag typically weighs between one-seventh and one-tenth of a gram. A bag is generally considered to be one dosage unit.



Table 3. Drug-Related Treatment Admissions to Publicly Funded Facilitiesin the NE HIDTA Region, 2003–2006							
Drug	2003	2004	2005	2006			
Heroin	49,745	49,568	47,139	48,367			
Cocaine	17,349	17,898	12,792	14,765			
Marijuana	11,245	11,673	11,285	12,636			
Other opiates	7,135	8,380	9,762	12,087			
Amphetamines (including methamphetamine/ other stimulants)	361	377	477	502			
Source: Treatment Episode Data Set.							

drug from state health plans; the drug was removed because of its high abuse potential. Physicians are now compelled to prescribe methadone for chronic pain relief, and as a result, prescription narcotics abusers, who typically obtain drugs through fraud, theft, or doctor-shopping, are acquiring and abusing methadone more frequently than OxyContin, their previous drug of choice. These abusers, who are seeking an OxyContintype high—which is physiologically unattainable from methadone—sometimes use excessive amounts of the drug and accidentally overdose.

Public health data reveal the diversion and abuse of other prescription drugs throughout the region. For instance, law enforcement officials report that some heroin addicts in the region who are undergoing treatment for opiate dependence with drugs such as methadone, Suboxone, and Subutex sell a portion of the drugs they receive and use the proceeds to purchase heroin. Law enforcement officials further report that some individuals on fixed incomes sell a portion of their prescription drugs, often obtained through publicly funded programs, to supplement their income.

Illicit drug abusers in the NE HIDTA region are unwittingly being exposed to illicit substances they do not intend to ingest, primarily through their use of synthetic drug tablets/capsules, which are becoming increasingly available in the region. Some synthetic drug tablets available in the region are represented as MDMA by distributors but actually contain methamphetamine, or methamphetamine and MDMA in combination. Public health officials report that MDMA and methamphetamine combinations may produce greater adverse neurochemical and behavioral effects than either drug alone, thus placing abusers at greater risk. Some synthetic drug tablets/capsules available in the region may also contain multiple substances and various combinations of ingredients such as MDMA, MDA, and methamphetamine.

ILLICIT FINANCE

Illicit drug proceeds generated in the NE HIDTA region typically are laundered by traffickers through bulk cash and monetary instrument smuggling, money services businesses (MSBs), depository institutions, front companies, casinos, securities and futures instruments, and the purchase of real property and expensive consumer goods. Wholesale-level traffickers transport drug proceeds in bulk, either in the form of cash (U.S. and foreign currency) or monetary instruments, to Canada or Mexico for eventual repatriation; they generally transport the proceeds in private vehicles or tractor-trailers.

They also transport bulk proceeds to New York City to be combined with other drug proceeds for eventual transport to southwestern states, Mexico, South America, or the Dominican Republic. Traffickers also ship drug proceeds through the mail, via package delivery services, and aboard commercial aircraft. Wholesalelevel traffickers operating in the HIDTA region use personal and business accounts to launder drug proceeds through depository institutions, a segment of the New England financial industry that ranked second in the number of Suspicious Activity Reports (SARs) filed from 2003 through 2007. For example, investigators in Rhode Island who were targeting steroid and HGH distributors seized nearly \$3.6 million in 2007 from a DTO that used branches of Chinese banks in New York to launder drug proceeds. Wholesale-level traffickers also launder drug proceeds through MSBs, typically by electronic wire transfers of funds to associates outside the HIDTA region or to domestic and international bank accounts owned by the trafficker or money brokers. MSBs ranked first in the number of SARs filed by the New England financial industry from 2003 through 2007.

Midlevel and retail traffickers operating in the region often launder proceeds by commingling them with legitimate funds generated in cashintensive area businesses such as clothing, music, and convenience stores; restaurants; tanning and nail salons; and travel agencies. Additionally, retail drug distributors often purchase real estate, expensive clothing, jewelry, high-end consumer electronics, and automobiles with the proceeds from illegal drug sales.

OUTLOOK

Mexican DTOs will most likely further expand their drug distribution operations in the HIDTA region over the next year; they will inevitably serve a greater role in the wholesale distribution of heroin, cocaine, marijuana, and ice methamphetamine in New England. They may capitalize on any future cocaine shortages in New England by introducing larger supplies of ice methamphetamine into the region as an alternative stimulant.

Heroin abuse will remain a primary drug threat to the NE HIDTA region over the next year. SA heroin will remain widely available and abused and may become an even greater threat if street-level prices further decline. Additionally, the availability of Southwest Asian (SWA) heroin in the region may increase if heroin demand escalates. Canadian law enforcement officials report that SWA heroin has replaced Southeast Asian heroin as the primary type of the drug available in Canada. SWA heroin traffickers may be inclined to smuggle a portion of their supplies to the HIDTA region to meet increasing heroin demand, given the region's proximity to Canada.

More prescription narcotics abusers will switch to heroin use, attracted by the drug's lower cost and higher potency; as a result, heroin-related treatment admissions will quite likely increase throughout the region.

Canada-based Asian DTOs that supply distributors operating in the NE HIDTA region will pose a growing threat as they expand their highpotency marijuana and synthetic drug distribution networks. These groups will most likely use wellestablished marijuana distribution networks to attempt to introduce larger quantities of synthetic drugs into the region.

The level of violence occurring among street gangs competing for drug distribution territory in New England is likely to escalate if gangs continue their recruitment of new members from middle schools and high schools; street gangs in the region will be able to work larger territories with more members.



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NEW ENGLAND High Intensity Drug Trafficking Area

SOURCES

Local and State

Connecticut

Bridgeport Police Department Bristol Police Department Connecticut Intelligence Center East Haven Police Department Easton Police Department **Enfield Police Department** Greenwich Police Department Hartford Police Department Madison Police Department Milford Police Department New Britain Police Department New Haven Police Department Norwalk Police Department Orange Police Department Southington Police Department Stamford Police Department State of Connecticut Connecticut National Guard **Connecticut State Medical Examiner** Department of Public Safety **Connecticut State Police** Stratford Police Department West Haven Police Department

Maine

Brewer Police Department Brighton Police Department Caribou Police Department East Millinocket Police Department Portland Police Department South Portland Police Department State of Maine Maine Drug Enforcement Agency Maine Office of Substance Abuse Maine State Medical Examiner Maine State Police Office of the Attorney General Office of the State Medical Examiner Washington County Sheriff's Office Westbrook Police Department

Woodbridge Police Department

Massachusetts

Auburn Police Department **Brockton Police Department** Chelsea Police Department City of Boston Centers for Youth and Families Police Department Drug Control Unit Public Health Commission Commonwealth of Massachusetts Department of Banking Department of Corrections Department of Public Health **Bureau of Substance Abuse Statistics** Office of Statistics and Evaluations State Medical Examiner Massachusetts National Guard Office of the Attorney General State Police **Division of Investigative Services** Essex County Sheriff's Department Fitchburg Police Department Framingham Police Department Franklin Police Department Hamden Police Department Holyoke Police Department Lawrence Police Department Lowell Police Department Lynn Police Department Methuen Police Department Milford Police Department Newburyport Police Department North Andover Police Department Southbridge Police Department Springfield Police Department Webster Police Department Worcester Police Department

New Hampshire

Manchester Police Department Nashua Police Department State of New Hampshire New Hampshire Attorney General's Drug Task Force New Hampshire National Guard New Hampshire State Medical Examiner New Hampshire State Police

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Rhode Island

Cranston Police Department Hopkinton Police Department Pawtucket Police Department Providence Police Department State of Rhode Island Rhode Island National Guard Rhode Island State Medical Examiner Rhode Island State Police Warwick Police Department Westerly Police Department Woonsocket Police Department

Vermont

Colchester Police Department Hartford Police Department South Burlington Police Department State of Vermont Office of the Chief Medical Examiner Vermont National Guard Vermont State Police

Regional

Integrated Border Enforcement Teams New England Narcotics Enforcement Officers' Association New England State Police Information Network Northern New England Poison Center

Federal

Executive Office of the President Office of National Drug Control Policy High Intensity Drug Trafficking Area New England **Financial Task Force** U.S. Department of Commerce U.S. Census Bureau American Community Survey U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Applied Studies Drug Abuse Warning Network Treatment Episode Data Set U.S. Department of Homeland Security U.S. Customs and Border Protection U.S. Border Patrol U.S. Immigration and Customs Enforcement

U.S. Department of Justice Bureau of Alcohol, Tobacco, Firearms and Explosives **Drug Enforcement Administration** Domestic Cannabis Eradication/Suppression Program **Domestic Monitor Program** El Paso Intelligence Center New England Field Division Federal Bureau of Investigation Uniform Crime Report U.S. Attorneys Offices **District of Connecticut** District of Maine District of Massachusetts District of New Hampshire District of Rhode Island District of Vermont U.S. Department of the Treasury Financial Crimes Enforcement Network U.S. Postal Service U.S. Postal Inspection Service

Canada

Canada Border Services Agency Criminal Intelligence Services Canada Health Canada Montreal Police Service Ontario Provincial Police Royal Canadian Mounted Police Surété du Quebec Toronto Police Service

Other

The Boston Globe Chelsea (MA) Methadone Clinic Community Substance Abuse Centers Director of Operations Hartford Courant International Law Enforcement Association The Lowell Sun National Association of Drug Diversion Investigators Project North Star The Providence Journal Springfield Republican The Yale Herald

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