



# Delaware

## Drug Threat Assessment

# UPDATE

May 2003



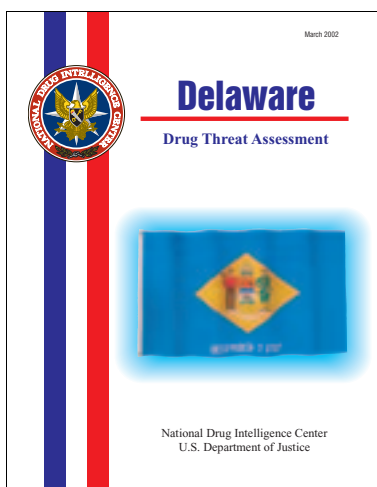
National Drug Intelligence Center  
U.S. Department of Justice

## Preface

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This report is a brief update to the *Delaware Drug Threat Assessment*, which is a strategic assessment of 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. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *Delaware Drug Threat Assessment* was produced in March 2002 and is available on NDIC's web site [www.usdoj.gov/ndic](http://www.usdoj.gov/ndic) or by contacting the NDIC dissemination line at 814-532-4541.



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Delaware.



# Delaware Drug Threat Assessment Update

## Overview

The distribution and abuse of illegal drugs pose a serious threat to Delaware. Most illicit drugs available in the state are transported from Philadelphia and New York City. Private vehicles are the primary conveyances used to transport illicit drugs into Delaware. Tractor-trailers, maritime vessels, couriers aboard trains and buses, and package delivery services also are used to transport illicit drugs into the state. Most of the illicit drugs transported into Delaware are abused within the state and are not transshipped to other locations.

Cocaine, both powdered and crack, poses the most significant drug threat to Delaware. The drug is readily available, frequently abused, and often associated with violent crime. The threat to the state posed by heroin, primarily South American heroin, rivals the threat posed by cocaine. Heroin availability has spread to rural areas of the state, and the number of heroin-related treatment admissions in Delaware is higher than for any

other illicit drug in the state. Marijuana is the most readily available and widely abused illicit drug in Delaware. The availability and abuse of other dangerous drugs, principally MDMA and some diverted pharmaceuticals, pose an increasing threat to the state. Methamphetamine production, distribution, and abuse pose a low threat to Delaware.

## Cocaine

Cocaine, both powdered and crack, poses the most significant drug threat to Delaware. According to the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA), the percentage of Delaware residents who reported having abused cocaine at least once in their lifetime (2.5%) was higher than the percentage nationwide (1.6%). According to data from the Delaware Health and Social Services Division of Substance Abuse and Mental Health, powdered cocaine-related treatment admissions to publicly funded facilities in the state decreased 12 percent from 491 in state

fiscal year (SFY) 2000 (July 1 through June 30) to 430 in SFY2001. Crack cocaine-related admissions in the state likewise decreased 12 percent from 974 in SFY2000 to 854 in SFY2001. In the Wilmington metropolitan area, cocaine was a factor in more drug deaths than any other illicit drug. According to Drug Abuse Warning Network (DAWN) mortality data, there were 45 cocaine-related deaths in the Wilmington metropolitan area in 2001. (See text box.) Cocaine was the only drug present in 13 of these deaths.

**Mortality Data**

DAWN mortality data for the Wilmington metropolitan area represent drug deaths in New Castle County, which accounts for 85 percent of the metropolitan area population.

Cocaine is readily available in Delaware. Three of the five law enforcement respondents to the National Drug Intelligence Center (NDIC)

National Drug Threat Survey (NDTS) 2002 in Delaware reported that the availability of powdered cocaine is medium or high in their jurisdictions, while all five respondents reported the availability of crack as high. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Delaware seized 6.8 kilograms of cocaine in 2002. U.S. Sentencing Commission (USSC) data indicate that the percentage of drug-related federal sentences in Delaware that were cocaine-related (77.3%) was higher than the national percentage (42.5%) in fiscal year (FY) 2001. (See Table 1.) Powdered cocaine sold for \$23,000 to \$28,000 per kilogram, \$800 to \$1,200 per ounce, and \$30 to \$120 per gram in Delaware in the first quarter of FY2003, according to the Drug Enforcement Administration (DEA) Wilmington Resident Office. Crack sold for \$800 to \$1,200 per ounce, \$26 per gram, and \$5 to \$10 per rock during that period.

**Table 1. Percentage of Drug-Related Federal Sentences by Drug Type  
Delaware and United States, FY2001**

	All Drugs*	Cocaine	Heroin	Marijuana	Methamphetamine
<b>Delaware</b>	<b>26.5</b>	<b>77.3</b>	<b>0.0</b>	<b>22.7</b>	<b>0.0</b>
<b>United States</b>	<b>41.2</b>	<b>42.5</b>	<b>7.2</b>	<b>32.8</b>	<b>14.2</b>

Source: U.S. Sentencing Commission.

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

African American and Caucasian local independent dealers, Dominican criminal groups, and local street gangs such as Bloods, Latin Kings, and Hilltop Hustlers are the dominant transporters of cocaine into Delaware. These dealers, criminal groups, and street gangs usually transport wholesale and retail quantities of cocaine into Delaware from distribution centers such as Philadelphia, New York City, Baltimore and, to a lesser extent, Washington, D.C., primarily via private vehicles. They also transport cocaine into the state using couriers aboard buses and trains. Colombian drug trafficking organizations

(DTOs), working in conjunction with Dominican criminal groups, occasionally smuggle cocaine directly to the Port of Wilmington from South America via commercial vessels. Dominican criminal groups then offload the cocaine to tractor-trailers for transport to Baltimore, New York City, and Philadelphia.

Wholesale-level cocaine distribution is extremely limited in Delaware, except in certain areas of Wilmington. Dominican criminal groups control the wholesale- and retail-level distribution of powdered cocaine in Wilmington, while Caucasian local independent dealers are the primary

distributors of powdered cocaine elsewhere in the state. Dominican criminal groups, African American local independent dealers, and local street gangs are the primary retail-level distributors of crack cocaine. Most of the crack available in the state is converted from powdered cocaine locally as needed. Powdered cocaine sold at the retail level typically is packaged in small plastic bags, while crack is sold as individual rocks or in plastic vials. Powdered cocaine and crack usually are distributed at open-air markets, private residences, and bars.

Cocaine, particularly crack, is the drug most often associated with violent crime in Delaware. According to the Wilmington Police Department, retail-level crack distributors on the east side of the city often commit violent acts to protect their turf.

## Heroin

Treatment statistics and medical examiner data reflect the magnitude of the heroin threat to Delaware. According to data from the Delaware Health and Social Services Division of Substance Abuse and Mental Health, heroin-related treatment admissions to publicly funded facilities decreased 9 percent from 2,356 in SFY2000 to 2,153 in SFY2001. In spite of this decrease, there were more treatment admissions related to heroin than to any other illicit drug in SFY2001. Heroin frequently is a factor in drug deaths in the Wilmington metropolitan area. According to DAWN mortality data, there were 32 heroin/morphine-related deaths in Wilmington in 2001. Heroin/morphine was the only drug present in four of these deaths.

Heroin, primarily South American heroin, is most readily available in the northern urban areas of the state, and increasingly is available in rural areas of Delaware. Three of the five law enforcement respondents to the NDTs 2002 in Delaware reported that the availability of heroin is medium or high in their jurisdictions. Federal law enforcement officials seized 0.3 kilogram of heroin in 2002, according to FDSS data. (See text box.) USSC data indicate that there were no heroin-related federal

sentences in the state in FY2001. (See Table 1 on page 2.) The DEA Wilmington Resident Office reported that heroin sold for \$4,000 to \$6,000 per ounce, \$80 to \$300 per gram, and \$10 to \$20 per bag in the first quarter of FY2003.

### Limitations of Seizure and Sentencing Data

Seizure and federal sentencing data likely do not accurately reflect heroin availability in Delaware. Heroin seizures in the state often fall below minimum FDSS reporting thresholds, and there is no central repository to report drug seizures made by local law enforcement officials. Further, most heroin violations in the state involve retail-level quantities and, therefore, often do not rise to a level that warrants federal investigation or prosecution.

African American and Caucasian local independent dealers, Dominican criminal groups, and local street gangs such as Bloods, Latin Kings, and Hilltop Hustlers are the dominant transporters of heroin into the state. They also are the primary retail-level distributors—wholesale-level heroin distribution is extremely limited. Such dealers, groups, and gangs usually transport gram to multiounce quantities of heroin into the state via private vehicles. They transport the drug primarily from Philadelphia but also from New York City, Baltimore, and Camden, New Jersey. Heroin also is transported into the state by couriers aboard buses and trains. According to the DEA Wilmington Resident Office, heroin abusers from the Maryland cities of Elkton, North East, and Ocean City increasingly travel to Wilmington to purchase personal use quantities of heroin from Dominican criminal groups. DEA reports that these Dominican criminal groups relocated to Wilmington from Philadelphia because of enhanced drug enforcement initiatives in that city. Heroin most often is packaged in small glassine bags stamped with a logo and distributed at open-air drug markets as well as from private residences and bars.

## Marijuana

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Marijuana is the most widely abused illicit drug in Delaware. According to the 1999 and 2000 NHSDA, the percentage of Delaware residents who reported having abused marijuana at least once in their lifetime (7.2%) was higher than the percentage nationwide (4.8%). According to data from the Delaware Health and Social Services Division of Substance Abuse and Mental Health, the number of marijuana-related treatment admissions to publicly funded facilities increased 23 percent from 1,039 in SFY2000 to 1,283 in SFY2001.

Marijuana is the most readily available illicit drug in Delaware. All five law enforcement respondents to the NDTs 2002 in Delaware reported that the availability of marijuana is high in their jurisdictions. Federal law enforcement officials in Delaware seized 1.2 kilograms of marijuana in 2002, according to FDSS data. USSC data indicate that, in FY2001, 22.7 percent of federal drug-related sentences in Delaware were marijuana-related compared with 32.8 percent nationwide. (See Table 1 on page 2.)

Most of the marijuana available in Delaware is produced in Mexico; however, locally produced marijuana also is available. According to the DEA Wilmington Resident Office, marijuana sold for \$800 to \$2,000 per pound, \$150 to \$600 per ounce, and \$60 to \$150 per bag in Delaware in the first quarter of FY2003.

Cannabis is cultivated both outdoors and indoors in Delaware. Caucasian local independent dealers and abusers are the primary cannabis cultivators in the state. Local law enforcement officials in southern Delaware report that cannabis cultivators in Dover and Milford attempt to conceal operations by growing cannabis intermingled with corn plants or indoors in basements or closets. According to DEA Domestic Cannabis Eradication/Suppression Program data, federal, state, and local law enforcement officials eradicated 1,283 cannabis plants from outdoor grow sites and 78 cannabis plants from indoor grow sites in 2001.

Jamaican criminal groups are the primary transporters of marijuana into Delaware. African American and Caucasian local independent dealers and Mexican criminal groups also transport marijuana into the state, although to a lesser extent. Most of the marijuana available in Delaware is transported from Philadelphia and New York City via private vehicles and couriers aboard trains and buses. Some marijuana is transported from Mexico and southwestern states via package delivery services, private vehicles, and commercial trucks.

Jamaican criminal groups are the primary wholesale-level distributors of marijuana in Delaware. These criminal groups often sell multi-pound quantities of marijuana to African American and Caucasian local independent dealers and local street gangs who then distribute the drug at the retail level in the state. Retail quantities of marijuana typically are packaged in small plastic bags and distributed at open-air markets or from private residences and bars.

## Other Dangerous Drugs

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The availability and abuse of other dangerous drugs (ODDs), principally MDMA and some diverted pharmaceuticals, pose an increasing threat to Delaware. MDMA is distributed and abused primarily by teenagers and young adults at nightclubs and on college campuses. Diverted pharmaceuticals typically are distributed from private residences and bars and are abused by individuals of various socioeconomic classes, age groups, and ethnic backgrounds.

**MDMA.** Also known as ecstasy, MDMA (3,4-methylenedioxymethamphetamine) is the most widely available and frequently abused ODD in Delaware. Distribution and abuse of the drug are increasing in the state. Four of the five law enforcement respondents to the NDTs 2002 in Delaware reported that the availability of MDMA is medium or high in their jurisdictions. Caucasian criminal groups and independent dealers are the primary transporters of MDMA into the state; they also serve as the primary wholesale-level distributors. However, Dominican



criminal groups increasingly are transporting MDMA into the state and distributing it. Most of the MDMA available in Delaware is obtained in Philadelphia or New York City and transported back to the state via private vehicles. The Delaware State Police report that MDMA also is transported directly into the state from Amsterdam via package delivery services. Once in the state, MDMA usually is distributed and abused at nightclubs and on college campuses by teenagers and young adults. The DEA Wilmington Resident Office reports that wholesale quantities of MDMA sold for \$11.50 to \$20 per tablet, and retail quantities sold for \$20 to \$30 per tablet in Delaware in the first quarter of FY2003.

**Diverted Pharmaceuticals.** Pharmaceutical diversion and abuse pose a growing threat to Delaware. OxyContin, Ritalin, Vicodin, and Xanax are the most commonly diverted and abused pharmaceuticals in the state. Pharmaceuticals are obtained through diversion techniques including prescription fraud, improper prescribing practices by physicians, theft, and doctor shopping—a practice in which individuals visit multiple doctors to obtain pharmaceuticals in excess of what should be legitimately prescribed.

Caucasian local independent dealers and abusers are the primary retail-level distributors of diverted pharmaceuticals in Delaware. Pharmaceuticals commonly are distributed from private residences and bars. According to the DEA Wilmington Resident Office, diverted OxyContin sold for \$40 to \$80 per 80-milligram tablet (\$0.50 to \$1 per milligram) in the first quarter of FY2003. The DEA Wilmington Resident Office did not report prices for diverted Ritalin, Vicodin, or Xanax.

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## Methamphetamine

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Methamphetamine distribution and abuse pose a low drug threat to Delaware. The Delaware Health and Social Services Division of Substance Abuse and Mental Health does not report the number of methamphetamine-related treatment admissions in the state; however, there were 10 amphetamine-related treatment admissions to publicly funded facilities in Delaware in SFY2001. DAWN mortality data indicate that there were no methamphetamine-related deaths in the Wilmington metropolitan area in 2001.

Methamphetamine rarely is produced or available in Delaware. Four of the five law enforcement respondents to the NDTs 2002 in Delaware reported that the availability of methamphetamine is low in their jurisdictions. FDSS data indicate that federal law enforcement officials in Delaware seized 1.2 kilograms of methamphetamine in 2002. According to USSC data, there were no methamphetamine-related federal sentences in Delaware in FY2001. (See Table 1 on page 2.) The DEA Wilmington Resident Office reported that methamphetamine, when available, sold for \$1,200 to \$1,500 per ounce and \$20 per gram in the first quarter of FY2003.

Caucasian local independent dealers are the dominant transporters of methamphetamine into the state; they also are the primary retail distributors. These dealers typically purchase methamphetamine in Philadelphia and transport it back to the state via private vehicles. Methamphetamine also is transported from southwestern states via package delivery services, although to a lesser extent. Methamphetamine typically is distributed from private homes, bars, and other public areas.

## Outlook

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Cocaine will remain the most significant drug threat to Delaware. The drug is readily available, frequently abused, and the distribution and abuse of cocaine, particularly crack, are more often associated with violent crime in the state than any other illicit drug. Dominican criminal groups, African American and Caucasian local independent dealers, and local street gangs such as Bloods, Latin Kings, and Hilltop Hustlers will remain the primary transporters and distributors of cocaine in Delaware.

South American heroin will continue to pose a serious threat to Delaware. The drug is readily available and commonly abused. Treatment and mortality data reflect the magnitude of the threat, and there are no indications that the threat will decrease in the near future. African American and Caucasian local independent dealers, Dominican criminal groups, and local street gangs will continue to dominate heroin transportation and distribution in the state.

Marijuana will remain the most readily available and widely abused illicit drug in Delaware. Mexico-produced marijuana will continue to be the most prevalent type available in the state; however, locally produced marijuana also will continue to be available.

MDMA will remain the most widely distributed and abused ODD in Delaware. Dominican criminal groups are now distributing MDMA, which could lead to increased availability because of these groups' established drug distribution networks. Diverted pharmaceuticals, particularly OxyContin, Ritalin, Vicodin, and Xanax, are becoming increasingly available and abused, thus presenting a growing threat to the state.

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

## *Sources*

### **State and Regional**

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Delaware Health and Social Services

Division of Substance Abuse and Mental Health

Delaware State Police

Wilmington Police Department

### **National**

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U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network

National Household Survey on Drug Abuse

U.S. Department of Justice

Drug Enforcement Administration

Domestic Cannabis Eradication/Suppression Program

Federal-wide Drug Seizure System

Philadelphia Division

Wilmington Resident Office

U.S. Sentencing Commission

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