



Maine

Drug Threat Assessment

UPDATE

August 2003



National Drug Intelligence Center
U.S. Department of Justice

Preface

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

The April 2002 *Maine Drug Threat Assessment Update* and the April 2001 *Maine Drug Threat Assessment* are available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.

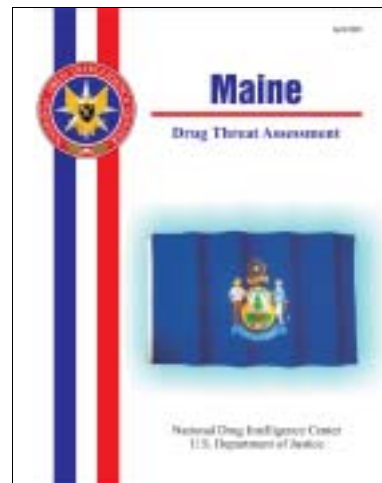


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Maine.



Maine Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs and diverted pharmaceuticals pose a serious threat to Maine. Most illicit drugs available in the state are transported into Maine from Lowell and Lawrence, Massachusetts. Illicit drugs also are transported from other cities in Massachusetts as well as from New York City, Florida, southwestern states, the West Coast, and Canada. Private and rental vehicles are the primary conveyances used to transport drugs into Maine. Commercial vehicles and couriers on buses, commercial aircraft, snowmobiles, all-terrain vehicles (ATVs), and on foot as well as package delivery services are used to transport illicit drugs into the state, albeit to a lesser extent. Most of the illicit drugs transported into Maine are abused within the state and not transhipped to other locations.

Heroin, primarily South American heroin, poses a serious drug threat to Maine. While diverted pharmaceuticals (primarily OxyContin, Dilaudid and, increasingly, methadone) pose

almost as serious a threat, drug treatment providers in Maine project that the heroin treatment admissions will soon eclipse those of diverted pharmaceuticals. The number of treatment admissions for heroin abuse increased 106 percent from state fiscal year (SFY) 2000 to SFY2002. (In Maine the state fiscal year runs from July 1 to June 30.) The number of treatment admissions for other opiates and synthetics (excluding heroin) increased 80 percent from SFY2000 to SFY2002. (See Table 1 on page 2.) In addition, the mortality rate for pharmaceutical abuse is high, accounting for 63 percent of accidental drug overdose deaths in Maine from 1997 through 2002. Further, there has been an increase in the number of thefts and burglaries related to prescription opiate abuse in the state.

Cocaine, both powdered and crack, also poses a serious threat to Maine. The drug is readily available in Maine's larger cities and towns, increasingly available in rural areas, and often associated with violent crime. Marijuana is widely available and commonly abused in

Table 1. Substance Abuse Treatment Admissions, SFY2000–SFY2002

	Heroin	Other Opiates & Synthetics	Cocaine	Marijuana	Methamphetamine
SFY2000	396	571	255	1,251	30
SFY2001	507	760	276	1,462	17
SFY2002	816	1,030	297	1,596	20
Change (SFY2000–SFY2002)	106%	80%	16%	28%	-33%

Source: Maine Office of Substance Abuse.

Maine. The availability and abuse of other dangerous drugs, principally MDMA, pose an increasing threat to the state. Methamphetamine production, distribution, and abuse pose a low threat to Maine.

Heroin

Treatment data indicate that heroin is widely abused in Maine. According to the Maine Office of Substance Abuse, the number of heroin-related treatment admissions increased from 396 in SFY2000 to 816 in SFY2002. (See Table 1.) Heroin abusers in Maine generally are between 18 and 30 years of age. They typically administer the drug via snorting until their tolerance levels increase and they are no longer able to experience the euphoric effect of the drug. At that point they often progress to injecting the drug. Some abusers also combine heroin with powdered cocaine, commonly known as speedballing, which increases the risk of overdose. However, data regarding heroin-related deaths in the state are not available. According to the 2002 Maine Youth Drug and Alcohol Use Survey (MYDAUS), 1.3 percent of twelfth grade students in the state reported having abused heroin in the past month.

Heroin, primarily South American heroin, is readily available in Maine’s southern cities and towns and increasingly is available in rural areas. Thirty-three of the 42 law enforcement respondents to the NDTs 2002 (see text box on page 3) in Maine reported the availability of heroin as high or

Prescription Narcotics and Opiates

Prescription narcotics are natural or synthetic opioids/opiates including codeine, fentanyl, hydrocodone (Lortab, Lorcet, Vicodin), hydro-morphone (Dilaudid), methadone, morphine, oxycodone (OxyContin, Percodan, Tylox, Percocet), and propoxyphene (Darvocet). Narcotics are prescribed for pain relief but often are abused for the euphoric effects they produce. Possible side effects of narcotic abuse include drowsiness, respiratory depression, constricted pupils, and nausea.

Heroin produces similar physiological effects to those produced by prescription narcotics. Abusers of prescription narcotics often consider heroin a viable substitute for those drugs. Treatment providers in Maine expect that as law enforcement and legislative efforts become more effective in decreasing the availability of illegally distributed prescription narcotics, thus increasing the street price of these drugs, abusers of prescription narcotics increasingly will switch to heroin.

medium. According to the Maine Drug Enforcement Agency (MDEA), state and local task force officials seized 3,183 grams of heroin in fiscal year (FY) 2002. Heroin-related arrests (109) represented 21 percent of MDEA arrests (520) in FY2002. U.S. Sentencing Commission (USSC) data indicate that 11.8 percent of drug-related federal sentences in Maine were heroin-related in FY2001, compared with 7.2 percent nationwide. According to the Drug Enforcement Administration (DEA) Portland

National Drug Threat Survey

The National Drug Threat Survey (NDTS) 2002 was administered by NDIC to a representative sample of state and local law enforcement agencies throughout the United States to assess the availability, abuse, and overall threat posed by all major drugs. NDIC received 2,906 survey responses from law enforcement agencies, an overall response rate of 80 percent. Survey respondents were asked to rank the greatest drug threats in their areas and to indicate the level of availability for each major drug type. They also were asked to provide information on specific groups involved in the transportation and distribution of illicit drugs. Responding agencies also provided narrative assessments of various aspects of the overall drug situation and the threat that specific drugs posed to their areas. Survey responses are used by NDIC to substantiate and augment drug threat information obtained from other federal, state, and local law enforcement agencies.

Resident Office, heroin sold for \$6,000 to \$8,000 per ounce, \$250 to \$300 per gram, and \$35 to \$60 per bag in the first quarter of FY2003. Purity levels ranged from 50 to 90 percent during that period, according to the DEA Portland Resident Office.

Caucasian criminal groups, local independent dealers, and abusers are the primary transporters of heroin to Maine. These transporters typically travel to Lowell and Lawrence, Massachusetts, via private or rental vehicles to purchase gram quantities of heroin, primarily from Dominican criminal groups, then transport it back to the state for distribution. They also transport heroin into the state from Boston, Haverhill, Lynn, New Bedford, and Worcester, Massachusetts, and Hartford, Connecticut, in the same manner, albeit to a lesser extent.

Wholesale-level heroin distribution in Maine is extremely limited. However, MDEA reports that Massachusetts-based Dominican criminal groups occasionally travel to Maine to sell gram quantities of heroin to retail-level distributors. The

heroin sold by these groups typically is packaged in “fingers”—cut-off fingers of surgical gloves.

Caucasian criminal groups, local independent dealers, and abusers are the principal retail-level heroin distributors in Maine. Retail-level heroin distribution typically occurs from private residences, bars, and other public areas. Heroin sold at the retail level most often is packaged in small glassine bags, many of which are stamped with a logo.

Heroin distribution and abuse are not normally associated with violent crime in Maine. However, many heroin abusers commit theft and burglary and engage in drug distribution to fund heroin purchases. In April 2003 Maine law enforcement officials arrested two men who had committed more than 80 burglaries in the state in order to fund their heroin addictions.

Diverted Pharmaceuticals

In Maine the drug threat posed by diverted pharmaceuticals, primarily OxyContin and Dilaudid, rivals that posed by heroin. In addition, federal, state, and local law enforcement officials report that methadone diversion and abuse have increased significantly. Some methadone abusers combine the drug with powdered cocaine. Other pharmaceuticals frequently abused in Maine include Percocet, Ritalin, Vicodin, and Xanax.

Treatment statistics and medical examiner data reflect the magnitude of the abuse of opiate-based diverted pharmaceuticals in Maine. According to the Maine Office of Substance Abuse, the number of treatment admissions for other opiates and synthetics (excluding heroin) increased from 571 in SFY2000 to 1,030 in SFY2002. (See Table 1 on page 2.) Further, a report issued by the Maine Office of Substance Abuse, the State Attorney General, and the Chief Medical Examiner on December 27, 2002, indicates that the increase in statewide drug deaths from 33 in 1997 to 90 in 2001 primarily was attributed to prescription drug abuse. According to the 2002 MYDAUS, 10.7 percent of

twelfth grade students in Maine reported having abused prescription drugs in the past month.

Diverted pharmaceuticals are readily available throughout Maine. Thirty-eight of the 42 law enforcement respondents to the NDTs 2002 in Maine reported the availability of diverted pharmaceuticals as high or medium. According to MDEA, state and local task force officials seized 5,274 dosage units of diverted pharmaceuticals in FY2002. MDEA also reported that diverted pharmaceutical-related arrests (94) accounted for 18 percent of MDEA arrests (520) in FY2002. According to the DEA Portland Resident Office, OxyContin sold for \$1 per milligram during the first quarter of FY2003. Prices for other diverted pharmaceuticals were not reported.

Diverted pharmaceuticals typically are obtained in Maine through common diversion techniques including prescription fraud, improper prescribing practices, “doctor shopping,” and pharmacy thefts. However, some diverted pharmaceuticals are transported into the state from Canada by local independent dealers in private vehicles or by couriers on foot. Some local independent dealers and abusers purchase diverted pharmaceuticals, particularly OxyContin, over the Internet and have the drugs shipped to Maine, primarily via package delivery services.

Caucasian local independent dealers are the principal distributors of diverted pharmaceuticals in Maine. Many of these dealers abuse prescription drugs as well. Diverted pharmaceuticals typically are distributed from private residences, bars, and other public areas.

Law enforcement officials throughout the state report an increase in the number of thefts and burglaries related to prescription drug abuse. On June 18, 2002, a pharmacy in Naples, Maine, was burglarized and more than 5,000 dosage units of prescription drugs, including 1,000 doses of OxyContin, were stolen.

Cocaine

Cocaine, both powdered and crack, poses a serious drug threat to Maine. According to the Maine Office of Substance Abuse, the number of cocaine-related treatment admissions increased from 255 in SFY2000 to 297 in SFY2002. (See Table 1 on page 2.) State law enforcement officials report that many powdered cocaine abusers in Maine increasingly are administering the drug in combination with heroin or methadone.

According to the 2002 MYDAUS, 2.9 percent of twelfth grade students in Maine reported having abused powdered or crack cocaine in the past month. Combined data from the 1999 and the 2000 National Household Survey on Drug Abuse (NHSDA) indicate that 1.3 percent of respondents in Maine reported having abused cocaine in the past year, statistically comparable to 1.6 percent nationwide.

Cocaine, both powdered and crack, is readily available in Maine’s larger cities and towns, such as Portland and Bangor, and powdered cocaine increasingly is available in rural areas. Thirty-seven of the 42 law enforcement respondents to the NDTs 2002 in Maine reported the availability of powdered cocaine as high or medium, and 22 respondents reported the same for crack. Respondents from rural areas, including those from Bridgton, Hancock County, and Lincoln County, reported that the availability of powdered cocaine is increasing in their jurisdictions.

According to MDEA, state and local task force officials seized 2,250 grams of powdered cocaine and 781 grams of crack cocaine in FY2002. The number of powdered cocaine-related arrests (99) and crack-related arrests (62) accounted for 31 percent of MDEA arrests (520) in FY2002. USSC data indicate that 16.2 percent of drug-related federal sentences in Maine were powdered cocaine-related in FY2001, compared with 22.1 percent nationwide. Crack cocaine-related sentences accounted for 27.9 percent of drug-related federal sentences in Maine in FY2001, compared with 20.4 percent nationwide.

The DEA Portland Resident Office reported that powdered cocaine sold for \$22,000 to \$35,000 per kilogram, \$900 to \$1,600 per ounce, and \$50 to \$100 per gram (30 to 80% pure) in the state in the first quarter of FY2003. Crack sold for \$1,200 to \$3,800 per ounce and \$20 to \$50 per rock (over 75% pure) during that same period.

Caucasian and Dominican criminal groups as well as Caucasian local independent dealers are the principal transporters of powdered cocaine into Maine. Outlaw motorcycle gangs (OMGs) such as Hells Angels, Saracens, Exiles, Iron Horsemen, and Mountain Men also transport cocaine into the state, albeit to a lesser extent. Members of Maine-based Caucasian and Dominican criminal groups and Caucasian local independent dealers usually travel to Lowell and Lawrence, Massachusetts, via private vehicles to purchase ounce quantities of powdered cocaine from Massachusetts-based Dominican criminal groups, then transport the drug back to the state for distribution. OMGs typically transport cocaine into Maine from Canada via private and commercial vehicles. Cocaine also is transported into the state via package delivery services, although to a much lesser extent.

Although much of the crack cocaine available in Maine is converted from powdered cocaine within the state, a significant portion is transported into the state by Massachusetts- and New York-based Dominican criminal groups. Many of these groups have established crack distribution networks in Maine and transport the drug into the state primarily from Lowell and Lawrence, Massachusetts, and from New York City via couriers in private vehicles or buses.

Wholesale cocaine distribution is extremely limited in Maine. Caucasian and Dominican criminal groups, local independent dealers and, to a lesser extent, OMGs are the principal retail-level distributors of powdered cocaine in the state. Caucasian criminal groups are the primary retail-level distributors of crack in Maine. Massachusetts- and New York-based Dominican criminal groups also distribute powdered cocaine and crack at the retail level, although to a lesser extent.

Dominican Crack Distribution Networks in Maine

Law enforcement officials in Maine report that Dominican criminal groups have established crack distribution networks in Auburn, Benton, Biddeford, and Lewiston and are attempting to establish networks in Portland. These groups often use the residences of local crack abusers, providing abusers with money and crack in exchange for facilitating crack distribution.

Powdered cocaine distributed at the retail level typically is packaged in small, clear plastic bags, while crack usually is packaged in vials or the corners of plastic bags or is sold as unpackaged rocks. Powdered cocaine and crack cocaine are distributed from apartments and crack houses as well as from bars and other public areas.

The distribution and abuse of cocaine, particularly crack, often are associated with violent crime in Maine. Law enforcement officials in Lewiston, where crack cocaine abuse is most common, report an increase in crime and domestic violence related to crack abuse. Lewiston law enforcement officers also report that firearms stolen in Maine often are exchanged for crack cocaine.

Marijuana

Marijuana is the most widely abused illicit drug in Maine; however, the drug generally is considered a lesser threat than heroin, diverted pharmaceuticals, and cocaine because it is less often associated with violent crime or property crime. The Maine Office of Substance Abuse reports that marijuana-related treatment admissions in the state increased from 1,251 in SFY2000 to 1,596 in SFY2002, more than for any other illicit drug during those years. (See Table 1 on page 2.) According to the 2002 MYDAUS, 29 percent of twelfth grade students in Maine reported having abused marijuana in the past month. Further, combined data from the 1999 and the 2000 NHSDA indicate that 6 percent of the respondents in Maine reported having abused marijuana in the past month, compared with 4.8 percent nationwide.

Marijuana is the most readily available illicit drug in Maine. Thirty-six of the 42 law enforcement respondents to the NDTs 2002 in Maine reported the availability of marijuana as high, while the remaining six respondents reported it as medium. According to MDEA, state and local drug task force officials seized 202 kilograms of marijuana in FY2002. Marijuana-related arrests (109) accounted for 21 percent of MDEA arrests (520) in FY2002. USSC data indicate that 32.4 percent of drug-related federal sentences in Maine were marijuana-related in FY2001, compared to 32.8 percent nationwide.

Most of the marijuana available in Maine is produced in Mexico; however, locally produced marijuana and high-grade marijuana produced in Canada also are available. According to the DEA Portland Resident Office, commercial-grade marijuana sold for \$1,000 to \$1,600 per pound, \$125 to \$175 per ounce, and \$3 to \$5 per joint in the first quarter of FY2003. High-grade marijuana sold for \$1,800 to \$2,000 per pound, \$255 to \$500 per ounce, and \$2 to \$5 per joint during that same period.

Cannabis is cultivated both outdoors and indoors in Maine. Caucasian criminal groups, local independent dealers, and abusers are the primary cannabis cultivators in the state. Data provided by the Domestic Cannabis Eradication and Suppression Program, jointly sponsored by the DEA and MDEA, indicate that law enforcement officials in Maine eradicated 9,314 cannabis plants from outdoor grow sites and 1,722 cannabis plants from indoor grow sites in 2001, the most recent year for which data are available.

Caucasian criminal groups, local independent dealers, and OMGs are the primary transporters of marijuana into Maine. These groups, dealers, and OMGs transport the drug from southwestern states, Massachusetts, and Canada primarily via private and commercial vehicles and package delivery services. Canada-produced marijuana also is smuggled across the U.S.–Canada border into Maine by couriers on foot, snowmobiles, or ATVs. Upon entering the United States, the couriers usually rendezvous with coconspirators who

transport the drug to its final destination via private vehicles.

Marijuana Transportation Into Maine From Arizona

In October 2002 law enforcement officials in Somerset County dismantled a local criminal group that sold marijuana at the wholesale level in Maine. These wholesale-level distributors hired couriers to fly to Arizona twice a month and return via private vehicles with approximately 600 pounds of marijuana per trip. The group transported marijuana into Maine using this method of operation for 7 to 8 years.

Caucasian criminal groups, local independent dealers, and OMGs dominate wholesale- and retail-level marijuana distribution in Maine. Retail quantities usually are sold as joints and distributed from various locations throughout the state, including bars, nightclubs, apartments, and parking lots.

Other Dangerous Drugs

The availability and abuse of other dangerous drugs, principally MDMA and khat, pose an increasing threat to the state. LSD poses a low drug threat to Maine. MDMA and LSD typically are abused by adolescents and young adults at raves or techno parties and on college campuses. Khat usually is distributed and abused within Maine's Somali community.

MDMA. Also known as ecstasy, MDMA (3,4-methylenedioxymethamphetamine) is the most frequently abused ODD in Maine. State and local law enforcement officials report that Caucasian teenagers and young adults are the primary abusers of MDMA in the state. According to the 2002 MYDAUS, 3.7 percent of twelfth grade students in Maine reported having abused MDMA in the past month.

Thirty-one of the 42 law enforcement respondents to the NDTs 2002 in Maine reported the availability of MDMA as high or medium in their jurisdictions. Further, law enforcement officials

report that MDMA increasingly is available in Bangor, Biddeford, Gardiner, Saco, and Wadoboro. According to MDEA, state and local task force officials seized 1,879 dosage units of MDMA in FY2002. MDMA-related arrests (26) accounted for 5 percent of MDEA arrests (520) in FY2002.

Caucasian local independent dealers are the primary transporters of MDMA into Maine. Most of the MDMA available in Maine is transported into the state by Caucasian local independent dealers from Massachusetts via private vehicles. MDMA also is transported into the state by Caucasian local independent dealers from New York City via private vehicles and from Florida via package delivery services, although to a lesser extent. Additional quantities of MDMA are transported across the U.S.–Canada border into Maine by OMGs and Caucasian criminal groups via private vehicles and commercial trucks.

Caucasian local independent dealers and OMGs are the primary distributors of MDMA in Maine. Many of these dealers and OMG members also distribute powdered cocaine. MDMA distribution in the state most frequently occurs at raves or techno parties, nightclubs, and on college campuses. According to the DEA Portland Resident Office, MDMA sold for \$20 to \$30 per tablet at the retail level in the first quarter of FY2003.

LSD. The distribution and abuse of LSD (lysergic acid diethylamide) pose a low threat to Maine. LSD available in the state typically is transported from Massachusetts and Canada via private vehicles and from the West Coast via package delivery services. The drug usually is distributed and abused by Caucasian teenagers and young adults at rock concerts, raves or techno parties, and on college campuses. According to the 2002 MYDAUS, 2.8 percent of twelfth grade students in Maine reported having abused LSD in the past month. MDEA reports that state and local task force officials seized 317 dosage units of LSD in FY2002. According to the DEA Portland Resident Office, LSD sold for \$3 to \$7 per dosage unit in the first quarter of FY2003.

Khat. Fresh leaves of khat (*Catha edulis*), a flowering shrub native to northeast Africa and the Arabian peninsula, contain cathinone—a Schedule I drug under the Controlled Substances Act. The leaves typically begin to deteriorate after 48 hours, causing the chemical composition of the plant to break down. Once this occurs, the leaves contain cathine, a Schedule IV drug. In many Middle Eastern and African countries, khat is not a controlled substance and is sold openly at markets. Many immigrants from these countries continue to use khat in the United States. Several cities in Maine, including Augusta, Lewiston, and Portland, are home to small communities of Somali refugees, and more refugees are relocating to the state. The demand for khat in Maine is increasing in correlation with the increase in Somali refugees. Khat available in the state typically is first transported to New York City from Great Britain via couriers on commercial aircraft and then into Maine via package delivery services. On March 22, 2002, law enforcement officials seized 51 pounds of khat from a Portland airfreight office and arrested the individual who attempted to claim the package.

Methamphetamine

Methamphetamine poses a low threat to Maine. According to the Maine Office of Substance Abuse, methamphetamine-related treatment admissions decreased from 30 in SFY2000 to 20 in SFY2002. (See Table 1 on page 2.) According to the 2002 MYDAUS, 2.5 percent of twelfth grade students in Maine reported having abused stimulants—which the survey defined as “amphetamines, meth, crystal, or crank”—in the past month.

Methamphetamine availability in Maine is low. Of the 38 law enforcement respondents to the NDTs 2002 in Maine who rated the level of methamphetamine availability in their jurisdictions, 30 reported that availability was low, and 8 reported that availability was medium. MDEA seized 49 grams of methamphetamine and reported only three methamphetamine-related

arrests in FY2002. USSC data indicate that 1.5 percent of drug-related federal sentences in Maine were methamphetamine-related in FY2001, compared with 14.2 percent nationwide. The methamphetamine available in the state typically is transported from California, southwestern states, Boston, and New York City via private vehicles and package delivery services. Lesser quantities of the drug are produced locally. In the past year, local law enforcement officials have seized four methamphetamine laboratories in Maine.

Local independent dealers and OMGs are the primary distributors of methamphetamine in Maine. According to the DEA Portland Resident Office, methamphetamine sold for \$70 to \$300 per gram in the first quarter of FY2003.

Outlook

South American heroin will remain one of the most significant drug threats to Maine. Treatment data indicate that heroin abuse is a serious problem, and there are no indications that abuse levels will decrease in the near future. As law enforcement efforts to reduce pharmaceutical diversion decrease the availability and increase the price of those drugs, the threat posed by heroin will likely increase. Caucasian criminal groups, local independent dealers, and abusers will remain the primary transporters and distributors of heroin in Maine because of their established connections with Dominican sources of supply in Lawrence and Lowell, Massachusetts.

Diverted pharmaceuticals will remain a serious drug threat to Maine in the near term. However, the threat could decrease as law enforcement and legislative efforts to reduce the availability and abuse of diverted pharmaceuticals become more effective. This may prompt more pharmaceutical opiate abusers to switch to heroin.

Cocaine will remain a serious drug threat to Maine. Availability likely will continue to increase in rural areas of the state. Caucasian and Dominican criminal groups and Caucasian local independent dealers will remain the primary transporters of powdered cocaine into Maine. Caucasian criminal groups and local independent dealers will remain the primary retail-level distributors of powdered cocaine in the state. OMGs also will continue their cocaine transportation and distribution activities. The influence of New York- and Massachusetts-based Dominican criminal groups in crack distribution likely will increase as these groups expand their distribution networks within the state.

Marijuana will remain the most commonly available and widely abused illicit drug in Maine. Marijuana produced in Mexico will remain the most prevalent type available; however, significant quantities of Canada-produced marijuana and locally produced marijuana also will remain available. Caucasian criminal groups, local independent dealers, and OMGs will remain the primary marijuana transporters and distributors in the state.

MDMA will continue to be the most widely distributed and abused ODD in Maine. The availability and abuse of LSD in Maine will remain limited. Khat availability and abuse likely will increase in correlation with the increasing number of Somali refugees relocating to the state.

Methamphetamine will continue to pose a low drug threat to Maine. 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 Sources

Belfast Police Department

Brewer Police Department

Bridgton Police Department

Calais Police Department

Fairfield Police Department

Gardiner Police Department

Hancock Police Department

Portland Police Department

State of Maine

 Maine Attorney General

 Maine Drug Enforcement Agency

 Maine State Police

 Office of the State Chief Medical Examiner

 Office of Substance Abuse

Washington County Sheriff's Office

Westbrook Police Department

National

Executive Office of the President

 Office of National Drug Control Policy

 New England High Intensity Drug Trafficking Area

U.S. Department of Health and Human Services

 Substance Abuse and Mental Health Services Administration

 National Household Survey on Drug Abuse

Maine Drug Threat Assessment Update

U.S. Department of Justice

Criminal Division

Organized Crime Drug Enforcement Task Force

New England Region

Drug Enforcement Administration

Boston Division

Portland Resident Office

Domestic Cannabis Eradication/Suppression Program

U.S. Sentencing Commission



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