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Connecticut

Drug Threat Assessment



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Connecticut Drug Threat Assessment

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to Connecticut. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat to Connecticut.

Connecticut Drug Threat Assessment

Executive Summary

The distribution and abuse of illegal drugs and the diversion and abuse of pharmaceuticals pose serious threats to Connecticut. In 1999 Connecticut ranked second in the nation for the number of substance abuse-related treatment admissions per 100,000 population and eleventh in the nation for the total number of substance abuse-related treatment admissions. Cocaine is the primary drug threat.

Powdered **cocaine** and crack cocaine pose the greatest drug threat to Connecticut. Cocaine is readily available in Connecticut, and its distribution and abuse are associated with more violent crime than any other drug. Connecticut-based African American, Dominican, Jamaican, Puerto Rican, and other Hispanic criminal groups primarily use rental and private vehicles on Interstate 95 to transport most of the cocaine available in Connecticut from New York City. They also transport cocaine on commuter trains and buses from New York City and on commercial airline flights from other areas. These criminal groups are the dominant wholesale and midlevel cocaine distributors in Connecticut. Street gangs, local crews, and local independent dealers, particularly African American, Jamaican, and Puerto Rican, are the dominant retail distributors of powdered and crack cocaine in Connecticut. Many criminal groups that distribute cocaine in the state also distribute other drugs such as heroin and marijuana.

Heroin is the second most significant drug threat to Connecticut. Heroin, particularly South American, is frequently abused in the state; in 1999 Connecticut ranked first in the nation for the rate of heroin-related treatment admissions per 100,000 population. Heroin's increasing popularity, particularly among teenagers and young adults, is due primarily to the increased availability of low cost, high purity heroin that can effectively be snorted or smoked rather than injected. Connecticut-based African American, Dominican, Puerto Rican, and other Hispanic criminal groups are the dominant transporters and wholesale and midlevel distributors of heroin in the state. They usually travel in private vehicles on interstate highways, particularly I-95, to purchase wholesale quantities of heroin from New York City-based Colombian and Dominican criminal groups. These wholesale and midlevel distributors typically sell heroin to retail distributors, primarily Connecticut-based street gangs, crews, and other African American, Dominican, Mexican, Puerto Rican, and other Hispanic criminal groups.

Marijuana is the most widely available and commonly abused drug in Connecticut. However, the drug poses a lower threat than cocaine or heroin because marijuana abusers and distributors usually do not commit violent crimes and because the drug's effects are generally less debilitating than those associated with other illicit drugs. Connecticut has had fewer treatment admissions to publicly funded facilities for marijuana abuse than for heroin or cocaine abuse; however, the number of treatment admissions is increasing. Most of the marijuana available in Connecticut is Mexico-produced or produced by Mexican criminal groups in Arizona, southern California, and Texas. Cannabis also is cultivated indoors and outdoors in Connecticut. Caucasian, Colombian, Dominican, Jamaican, Mexican, and other Hispanic criminal groups and members of Italian Organized Crime are the dominant transporters of marijuana into Connecticut. They usually transport marijuana into Connecticut in tractor-trailers. Caucasian, Jamaican, and Mexican criminal groups and Connecticut-based local independent dealers are the dominant wholesale distributors of marijuana. African American, Caucasian, Dominican, and other Hispanic criminal groups, street gangs, crews, and local independent dealers are the dominant retail distributors.

Other dangerous drugs, including the stimulant MDMA, the depressants GHB and ketamine, the hallucinogens LSD and PCP, and the diverted pharmaceuticals alprazolam (Xanax), diazepam (Valium), fentanyl (Duragesic), hydrocodone (Vicodin), methadone, oxycodone (OxyContin), and methylphenidate (Ritalin), are an increasing threat to Connecticut. Many of these dangerous drugs are distributed and abused by teenagers and young adults, sometimes in combination with cocaine and heroin, on college campuses and at raves. The threat posed by these drugs is increasing; however, they pose a lower threat than heroin, cocaine, and marijuana due to their low association with violent crime. These drugs are usually transported into the state via package delivery services, couriers on commercial airline flights, or private vehicles.

Methamphetamine is rarely distributed or abused in Connecticut. The number of methamphetamine-related treatment admissions, seizures, Organized Crime Drug Enforcement Task Force investigations, and federal sentences in the state is insignificant. Only one methamphetamine production laboratory has been seized since 1993, and there have been no reports of methamphetamine-related violence. Caucasian independent dealers distribute the limited quantity of methamphetamine available in the state.

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Connecticut.

Note: This map displays features mentioned in the report.



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Overview

Connecticut, the nation's third smallest state, covers 4,845 square miles. It has 3.4 million residents, making it the fourth most densely populated state. Most of the state's population is concentrated along the coast in Bridgeport, New Haven, and Stamford and in the center of the state in Hartford (the state capital) and Waterbury. Each of these cities has a population between 100,000 and 150,000, and these urban areas are more ethnically diverse than the rest of the state. The state's population is 77.5 percent Caucasian, 9.4 percent Hispanic or Latino, 9.1 percent African American, 2.4 percent Asian, and the remainder is American Indian or other races. The ethnic diversity of the state's urban areas provides the opportunity for drug distributors of various races or ethnicities to blend with the resident population.

Located between the drug distribution centers of New York City and Boston, Connecticut is an important transit and destination area for drugs. Interstate 95, the major north-south route on the East Coast, extends along Connecticut's southern shore through Stamford, Bridgeport, New Haven, and New London; it connects New York City with Boston and continues to the U.S.–Canada border. Interstate 91 extends from New Haven north to Massachusetts, Vermont, and the U.S.–Canada border. These interstates intersect in New Haven

Fast Facts	
Connecticut	
Population (2000)	3,405,565
U.S. population ranking	29th
Median household income (2000)	\$51,432
Unemployment rate (2001)	3.6%
Land area	4,845 square miles
Shoreline	618 miles
Capital	Hartford
Other principal cities	Bridgeport, New Haven, New London, Stamford, Waterbury
Number of counties	8
Principal industries	Agriculture, manufacturing, tourism

and form what is known by law enforcement as the New England Pipeline. Frequently, drugs are transported through Connecticut between New York

City and Boston along I-95 and into Massachusetts and Vermont along I-91. Additionally, I-395, a north-south route through eastern Connecticut, connects I-95 and I-90, the Massachusetts Turnpike. Interstate 84 extends from Pennsylvania through New York into southwestern Connecticut and the cities of Danbury, Waterbury, and Hartford and connects to I-90 in Massachusetts.

Drugs, particularly cocaine, heroin, and MDMA, occasionally are smuggled directly into the state's airports. Bradley International Airport is the only international airport in Connecticut. Passenger volume at this airport has increased dramatically since the mid-1990s. In 2000, 7.3 million passengers arrived at or departed from Bradley International Airport, a 20 percent increase from 1999. Over 189,000 tons of cargo were shipped through Bradley International Airport in 2000. Numerous commercial airlines offer domestic flights to Bradley International Airport from many U.S. cities, including some in the southwest, as well as direct or connecting international flights from Colombia, the Dominican Republic, Jamaica, Mexico, and the Netherlands. Daily flights to Bradley International Airport from Logan International Airport in Boston and John F. Kennedy (JFK) International in New York City also are available. Drugs commonly are transported by bodycarriers, by couriers who conceal drugs in luggage, or via package delivery services. Cocaine also is reportedly transported to smaller commercial airports including Igor I. Sikorsky Memorial Airport in Bridgeport, Tweed-New Haven Airport in New Haven, and Groton-New London Airport in New London, as well as to private airfields throughout the state; however, no seizures have been made at these locations.

Connecticut's three major seaports—Bridgeport, New Haven, and New London—are connected by I-95, the primary route used to transport drugs to and from New York City. According to the Connecticut Department of Transportation, Bridgeport is the largest port in the state; shipments of fruit and containerized cargo arrive frequently from various overseas destinations, including Colombia. Bananas are

shipped weekly in cargo vessels from South America to Bridgeport, and federal law enforcement officials occasionally have seized cocaine from these vessels.

Numerous bus services and an extensive commuter rail system provide ample opportunities to transport heroin, cocaine, and other drugs into and through the state from New York City and other areas. Commuter trains and buses provide over 200 daily scheduled runs between Connecticut and New York City, and bus services carry passengers throughout Connecticut. Servicing over 33 million passengers annually, rail lines extend from New Haven to New York City with stops at Bridgeport and Stamford. Rail lines also extend from New Haven to New London. Additionally, high-speed trains operate between Boston and New York City with several stops in Connecticut including New London, New Haven, Bridgeport, and Stamford. Another commuter rail line extends from New Haven to Hartford to Springfield, Massachusetts.

Transporters frequently send and receive drugs via package delivery services because they can use the Internet to track the package. If the package is delayed, it may indicate that law enforcement agencies have intercepted it and may attempt a controlled delivery. When the recipients notice a delay in package delivery, they often abandon the package.

Connecticut-based African American, Dominican, Jamaican, Puerto Rican, and other Hispanic criminal groups usually purchase wholesale quantities of cocaine and heroin from New York City-based Colombian and Dominican criminal groups. The wholesale quantities are packaged into smaller quantities and sold to other criminal groups for retail distribution. Caucasian, Jamaican, and Mexican criminal groups based in Connecticut usually purchase wholesale quantities of marijuana from Caucasian, Colombian, Dominican, Jamaican, Mexican, other Hispanic criminal groups, and members of Italian Organized Crime. These groups are the dominant marijuana transporters; they use tractor-trailers to transport the drug from Mexico and from states in the west and southwest. Teenagers and

young adults are the primary other dangerous drug (ODD) distributors in the state. Caucasian independent dealers distribute the limited quantity of methamphetamine available in the state.

Organized street gangs distribute drugs at the retail level in Connecticut. Some gangs, such as Latin Kings, are nationally affiliated, and others, such as 20 Luv, have no national affiliation. The most significant gangs distributing drugs in Hartford are Latin Kings, Los Solidos, Ñeta, and 20 Luv. Local law enforcement officials report that Latin Kings distributes drugs in New London, New Britain, Meriden, and Danbury. Los Solidos, Ñeta, and 20 Luv distribute drugs in Meriden, and

law enforcement officials in New London report that Ñeta members distribute drugs in their jurisdiction. In addition to these established gangs, new gangs are forming, and other gangs such as New York City-based Bloods are expanding into Connecticut, according to the Connecticut Southeastern Gang Activities Group. The Asian gangs Born to Kill, Cambodian Crips, Exotic Foreign Cambodian Crips (EFCC), Fuk Ching, and United Bamboo Gang have recently established chapters in Connecticut and are known to distribute drugs. These Asian gangs are considered the fastest growing gangs in the state.

Gangs That Distribute Drugs in Connecticut

Latin Kings, also known as Almighty Latin Kings Charter Nation, is a predominantly Hispanic street and prison gang with two major factions: one in Chicago and one in the northeastern United States. These gangs started as social groups in Hispanic communities but later evolved into criminal groups that distribute drugs and commit violent crimes. Latin Kings is a highly structured gang that relies on strict, detailed charters to maintain discipline. Chicago-based Latin Kings, affiliated with People Nation, is the foundation for all other Latin Kings gangs. The gang has expanded throughout the nation, including into Connecticut. Northeast-based Latin Kings started in the Connecticut state prison system in the late 1980s as an offshoot of the Chicago-based Latin Kings. Connecticut has over 200 Latin Kings members in the Hartford area. Latin Kings has attempted to consolidate the two factions.

Los Solidos is composed mostly of Hispanic males with some African American and Caucasian members. Los Solidos formed in the early 1990s from two Connecticut-based street gangs: Ghetto Brothers and Savage Nomads. These two gangs consolidated for mutual protection in the state's prison system and became known as Los Solidos. Los Solidos members distribute drugs, mostly heroin, in Connecticut and surrounding states, both in prison and on the streets. Members also have committed extortion, homicides, drive-by shootings, assaults, and witness intimidation. There are over 200 Los Solidos members ranging in age from 16 to 30 in the Hartford area.

Ñeta originated as a Hispanic prison gang in the Puerto Rico prison system in the early 1970s. Ñeta has many chapters in the U.S. prison system, primarily in Connecticut, Florida, Massachusetts, New Jersey, New York, Pennsylvania, and Rhode Island. Ñeta is an organized gang that derives most of its income from drug distribution. Members also have committed extortion, intimidation, robberies, assaults, money laundering, black market weapons distribution, and murder. Law enforcement officials in New Haven report that Ñeta is the most significant gang (distributes the most drugs) in the city, and most members are 16 to 18 years of age.

20 Luv (also 20 Love) is loosely organized with a set of 20 rules and regulations. Its members are predominantly African American males. Originating in the Connecticut prison system in the 1970s as a spin-off of the Hartford-based Magnificent 20's, the gang has a history of assault and violence toward Caucasian inmates. According to the Southeastern Gang Activities Group, 20 Luv's main sources of income are extortion and drug distribution. The gang has over 200 members, most 19 to 21 years of age, in Hartford.

Source: Southeastern Gang Activities Group; National Drug Intelligence Center National Gang Survey 2000.

Loosely organized crews—local neighborhood-based groups that are unaffiliated with nationally recognized gangs—also distribute drugs in Connecticut. Unlike street gangs, which have organized leadership and a set membership, crews in Connecticut are informal groups. Crews form primarily for economic gain, change composition regularly, and often engage in turf fights with organized street gangs.

Retail distributors use technology devices to communicate with buyers and other distributors. Cellular phones and pagers commonly are used to arrange meetings with buyers and to coordinate drug shipments. Cellular phone numbers are changed frequently, and the phones often are discarded after a period of time to avoid law enforcement detection. Some distributors also use the Internet to communicate, making law enforcement detection difficult.

The overall crime rate—including drug-related crime—in Connecticut has decreased since 1991. According to the 2000 Crime in Connecticut report, the crime rate steadily decreased from 5,378 offenses per 100,000 population in 1991 to 3,239 per 100,000 population in 2000. The violent crime rate in Connecticut decreased from 366.74 per 100,000 population in 1998 to 330.64 in 2000, and the murder rate decreased from 4.12 per 100,000 population in 1999 to 2.88



Figure 1. Connecticut Statewide Narcotics Task Force districts.

Connecticut Girl Shot During Gun Fight

A 7-year-old girl was accidentally shot through the jaw on July 4, 2001, in Hartford’s North End. Local law enforcement officials suspected that two drug dealers, one recently released from prison, shot her during a territorial dispute.

Source: *The Hartford Courant*, 17 July 2001.

per 100,000 population in 2000. Eleven of the 98 murders in the state in 2000 were drug-related. Bridgeport officials reported the largest single-year decrease in the number of murders: from 32 in 1999 to 20 in 2000. In 2000 law enforcement officials in Connecticut recorded 18,154 drug abuse violations—including possession, sale, abuse, and growing or manufacturing of illegal drugs—a decrease from 19,009 in 1999.

The Connecticut Statewide Narcotics Task Force, part of the Connecticut State Police, is the primary drug enforcement agency under authority of the state of Connecticut. The Statewide Narcotics Task Force works with federal and local law enforcement agencies to suppress the distribution of drugs in Connecticut. The Statewide Narcotics Task Force is divided into five task force districts—East, North Central, Northwest, South Central, and Southwest.

The number of drug-related treatment admissions in Connecticut is increasing. According to Treatment Episode Data Set (TEDS) data, the number of treatment admissions to publicly funded facilities for drug or alcohol abuse was higher in 1999 (50,008 admissions) than in 1994 (45,665 admissions). In 1999 Connecticut ranked first in the nation for the rate of treatment admissions per 100,000 population and eleventh in the nation for the total number of treatment admissions. The Connecticut Department of Mental Health and Addiction Services reported that there were 53,427 treatment admissions for drug or alcohol abuse in fiscal year (FY) 2000. Over 56 percent of the individuals admitted for treatment in Connecticut in FY2000 were Caucasian, 23.1

Table 1. Treatment Admissions to Publicly Funded Facilities, Connecticut, 1994–1999

	Total Admissions*	Heroin	Cocaine	Marijuana	Methamphetamine
1994	45,665	10,124	8,493	1,986	32
1995	46,276	12,245	8,687	2,288	34
1996	45,553	11,898	8,128	2,723	33
1997	47,592	13,807	7,458	2,952	36
1998	51,654	16,822	7,054	3,171	27
1999	50,008	16,380	6,319	3,645	32

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, 1994–1999.

*Total Admissions includes drugs and alcohol.

percent were African American, and 18.6 percent were Hispanic.

Disparities between state and federal reporting on admissions to substance abuse treatment programs are likely to occur because of differences in data collection and reporting methodologies.

The number of deaths involving drug abuse in Connecticut has increased dramatically since 1997. According to the Connecticut Office of the Chief Medical Examiner, the number of deaths in which drugs were a factor nearly tripled from 1997 to 2000, with 43 in 1997, 74 in 1998, 96 in 1999, and 122 in 2000. In 2000 drugs were involved in the deaths of 90 males and 32 females. Most decedents (87%) were Caucasian.

The rate of drug abuse in Connecticut is slightly higher than the national average. According to the National Household Survey on Drug Abuse, in 1999, 7.1 percent of individuals surveyed in Connecticut reported having abused an illicit drug in the previous month compared with approximately 6.3 percent nationwide. Individuals aged 18 to 25 made up the largest group reporting past month drug abuse.

A significant percentage of young people in Connecticut report abusing drugs. According to the Governor’s Prevention Initiative for Youth 2000 Student Survey, 42.3 percent of tenth grade students surveyed in Connecticut reported having abused marijuana at least once in their lifetime. The average age of first time marijuana use decreased from 13½ in 1989 to 12½ in 2000 among eighth grade students surveyed in Connecticut. Among ninth and tenth grade students, 3.6 percent reported having abused powdered cocaine, 2.6 percent reported having abused crack cocaine, and 1.8 percent reported having abused heroin in their lifetime.

The financial impact of substance abuse on Connecticut’s budget is significant. In 1998 Connecticut officials spent nearly \$850 million on substance abuse-related programs in the areas of justice, education, health, child-family assistance, mental health-developmental disabilities, public safety, and state workforce. This figure amounted to almost 7.4 percent of the state’s total expenditures. When factoring in the cost of lost productivity and nongovernmental expenses by private social services, estimates for total substance abuse expenditures in Connecticut are even higher.

Cocaine

Powdered cocaine and crack cocaine pose the greatest drug threat to Connecticut. Cocaine is readily available in Connecticut, and its distribution and abuse are associated with more violent crime than any other drug. Connecticut-based African American, Dominican, Jamaican, Puerto Rican, and other Hispanic criminal groups primarily use rental and private vehicles on I-95 to transport most of the cocaine available in Connecticut from New York City. They also transport cocaine on commuter trains and buses from New York City

and on commercial airline flights from other areas. These criminal groups are the dominant wholesale and midlevel cocaine distributors in Connecticut. Street gangs, local crews, and local independent dealers, particularly African American, Jamaican, and Puerto Rican, are the dominant retail distributors of powdered and crack cocaine in Connecticut. Many criminal groups that distribute cocaine in the state also distribute other drugs such as heroin and marijuana.

Abuse

Cocaine is widely abused in Connecticut. According to the 1999 National Household Survey on Drug Abuse, 1.8 percent of Connecticut residents reported past year cocaine abuse compared with 1.7 percent nationwide.

The number of cocaine-related treatment admissions to publicly funded facilities decreased annually from 8,687 in 1995 to 6,319 in 1999, according to TEDS data. (See Table 1 on page 5.) Despite this decline, cocaine-related treatment admissions remain at high levels. In 1999 there were 232 cocaine-related treatment admissions per 100,000 population in Connecticut—the second highest rate in the nation.

According to the Connecticut Department of Mental Health and Addiction Services 2000 data, the percentage of cocaine-related treatment admissions to publicly funded facilities has decreased from 13.1 percent in FY1999 to 12.2 percent in FY2000. In FY2000 females were more commonly admitted for cocaine-related treatment than for any other drug. According to the Connecticut Department of Mental Health and Addiction Services, females accounted for 42 percent of all cocaine-related treatment admissions in the state. In 2000 African Americans

accounted for 45 percent of admissions for cocaine-related treatment in Connecticut, more than for any other ethnic group.

The number of deaths involving cocaine abuse has increased gradually in Connecticut since 1997. According to data from the Connecticut Office of the Chief Medical Examiner, cocaine was a factor in the deaths of 11 individuals in 1997, 12 in 1998, 18 in 1999, and 19 in 2000. Nine of the 19 deaths in which cocaine was a factor in 2000 also involved heroin, and 12 involved methadone, morphine, codeine, or alcohol.

Cocaine abuse among high school students is a particular concern in Connecticut. According to the 1999 Connecticut Substance Abuse Prevention Survey, 5.8 percent of eleventh and twelfth graders surveyed reported having abused powdered cocaine at least once in their lifetime, and 3.0 percent reported having abused crack at least once in their lifetime. Of the students in eleventh and twelfth grades who were surveyed, 2.1 percent reported having abused powdered cocaine at least once in the month prior to the survey, and 1.1 percent reported having abused crack at least once in the month prior to the survey.

Availability

Powdered cocaine and crack cocaine are readily available in Connecticut. The Statewide Narcotics Task Force and the Drug Enforcement Administration (DEA) Hartford Resident Office report that at the retail level, crack is more readily available than powdered cocaine.

Both powdered cocaine and crack cocaine prices are stable in Connecticut, according to the Statewide Narcotics Task Force. According to DEA, in the first quarter of FY2002, a kilogram of powdered cocaine sold for \$20,000 to \$32,000, and a gram sold for \$50 to \$100. An ounce of crack cocaine sold for \$750 to \$1,300, and a rock of crack sold for \$10 to \$20.

Cocaine purity levels are relatively high in Connecticut, according to DEA. Retail purity levels for powdered cocaine averaged 62.8 percent in the first

quarter of FY2002. The purity of a rock of crack available in Connecticut varied widely, from 35 percent to 90 percent.

Seizure data indicate that cocaine is readily available in Connecticut. The amount of cocaine seized in the state by DEA increased from 10.5 kilograms in FY1997 to 25.7 kilograms in FY2000. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Connecticut seized 15.9 kilograms of cocaine in FY1998, 9.2 kilograms in FY1999, and 14.1 kilograms in FY2000.

In addition, in FY2000 the Statewide Narcotics Task Force seized 6.3 kilograms of crack cocaine—the largest amount in 5 years—and 13.3 kilograms of powdered cocaine. Law enforcement officials in Connecticut seized more crack

Table 2. Powdered Cocaine Prices and Purity, Selected Cities, Connecticut First Quarter FY2002

	Bridgeport		Hartford		New Haven	
	Price (\$)	Purity (%)	Price (\$)	Purity (%)	Price (\$)	Purity (%)
Gram	50–90	13–90	50–60	30–50	100	30
Ounce	900–1,300	50–90	750–850	30–50	700–1,000	30–50
1/8 Kilogram	2,100–4,000	60–90	NA	NA	NA	NA
Kilogram	24,000–28,000	90	22,500–32,000	NA	20,000–29,000	50–95

Source: DEA, *Trends in the Traffic 1st Quarter FY2002*.

Table 3. Crack Cocaine Prices and Purity, Selected Cities, Connecticut First Quarter FY2002

	Bridgeport		Hartford		New Haven	
	Price (\$)	Purity (%)	Price (\$)	Purity (%)	Price (\$)	Purity (%)
Rock	10–20	35–90	10	NA	10–20	90
Vial	20–50	35–90	NA	NA	NA	NA
Ounce	800–1,300	35–90	750–850	NA	900	90

Source: DEA, *Trends in the Traffic 1st Quarter FY2002*.

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cocaine from the South Central District than any other district from FY1997 through FY2000. An additional 550 kilograms of cocaine destined for New York City via Bradley International Airport were seized in Puerto Rico in FY2000.

Connecticut had more federal drug sentences for offenses related to cocaine than any other drug in FY2000, and the percentage of cocaine-related federal drug sentences in Connecticut was higher than the national percentage. According to the U.S. Sentencing Commission, 78 percent of drug-related federal sentences in Connecticut in

FY2000 were cocaine-related compared with over 44 percent nationwide. Approximately half of the cocaine-related federal sentences in Connecticut were for crack cocaine, and half were for powdered cocaine.

Ten of the 14 Organized Crime and Drug Enforcement Task Force (OCDETF) investigations in Connecticut from October 1999 to October 2001 were powdered cocaine- or crack cocaine-related. OCDETF investigations often involve more than one illegal drug.

Violence

More violent crime is associated with the distribution and abuse of cocaine than with the distribution and abuse of any other drug in Connecticut. Some cocaine distributors commit violent crimes, including murders and robberies, to protect or expand their market area. Cocaine abusers often commit crimes such as burglary and theft to support their habits.

Crack cocaine distributors, particularly those at housing projects in Bridgeport and Hartford, frequently engage in turf wars. Street gangs and crews are involved in territorial disputes over the distribution of crack in the Hartford area, resulting in an increased number of homicides in that city from 2000 to 2001. Federal law enforcement

officials seized assault weapons such as AK-47s, AR-17s, and semiautomatic handguns from crack cocaine distributors at public housing projects in Bridgeport in January 2001.

Eight-Year-Old Witness Murdered

On January 7, 1999, an 8-year-old boy and his mother were shot to death in their Bridgeport home. A crack cocaine dealer had ordered the murder to prevent the boy from testifying against him in a court case resulting from a previous homicide investigation.

Source: DEA Bridgeport Resident Office.

Production

Coca is not cultivated nor is cocaine produced in Connecticut. Many midlevel and retail distributors convert powdered cocaine into crack within the state. In response to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2000, the Hartford Police Department reported that approximately 80 percent of the crack cocaine available in the Hartford area is converted locally.

Some distributors, particularly Jamaicans, reportedly use additives in the process of converting powdered cocaine to crack cocaine to produce larger quantities. Powdered cocaine is often “cut” or “stepped on” with diluents such as talcum powder or lactose, decreasing purity but increasing the amount that the dealer can distribute.

Transportation

Connecticut-based African American, Dominican, Jamaican, Puerto Rican, and other Hispanic criminal groups transport most of the cocaine available in Connecticut into the state in rental and private vehicles from New York City. They also transport cocaine on commuter airline flights, trains, and buses from New York City and on commercial airline flights from other areas. These criminal groups travel to the Jackson Heights section of Queens in New York City to purchase kilogram quantities of cocaine from Colombian criminal groups. They also travel to the Washington Heights section of northern Manhattan to purchase kilogram quantities of cocaine from Dominican criminal groups based there.

African American, Dominican, Jamaican, Puerto Rican, and other Hispanic criminal groups based in New York City, New Jersey, and other areas also transport cocaine into Connecticut. Dominican criminal groups based in New York City usually transport cocaine into Connecticut in private or rental vehicles. Jamaican criminal groups frequently employ “mules” or couriers to transport cocaine on commercial airline flights into JFK International and other airports. The criminal groups then transport the cocaine in private or rental vehicles into Connecticut. New Jersey-based African American and Hispanic criminal groups transport multikilogram quantities of cocaine into Connecticut in private or rental vehicles. Law enforcement officials report that some cocaine is smuggled across the U.S.–Mexico border by Hispanic criminal groups, transported in tractor-trailers or automobiles to New York City, then transshipped to Connecticut.

According to DEA, Hartford is a transshipment point for cocaine destined for distribution in other parts of New England, primarily western Massachusetts, New Hampshire, and southern Vermont.

Most of the cocaine available in Connecticut is transported from New York City on interstate highways, particularly I-95, in rental or private

Federal Cocaine Penalties

Under current federal laws, a person convicted of transporting or possessing 5 grams of crack cocaine faces a mandatory sentence of 5 years in prison, equivalent to the penalty for transporting or possessing 500 grams of powdered cocaine. Because of more stringent penalties, many crack distributors transport powdered cocaine into Connecticut and convert it into crack cocaine as needed.

Source: Drug Enforcement Administration, Office of Public Affairs.

vehicles. The vehicles often are equipped with hidden, hydraulically operated compartments used to conceal the cocaine and drug proceeds. Often a sophisticated series of procedures is required to open the compartments. Law enforcement officials in New Haven report that members of street gangs travel in private vehicles to New York City, purchase cocaine, and return to Connecticut. Law enforcement officials in Bridgeport report that cocaine transporters use rental cars more frequently than commuter trains when transporting cocaine from New York City. In October 2001 law enforcement officials in Norwalk seized 260 pounds of powdered cocaine from the trunk of a disabled limousine with a New York license plate.

Package delivery services and couriers aboard commercial airline flights also are used to transport

Two Females Charged With Transporting Cocaine

In July 2001 New Haven police officials stopped a minivan and arrested two females, one from Waterbury and the other from Nashville, Tennessee, for transporting 9 kilograms of cocaine with an estimated street value of \$900,000. Both females were charged with possession of narcotics and possession of narcotics with intent to sell.

Source: New Haven Police Department.

cocaine into Connecticut. Couriers sometimes transport multikilogram shipments of cocaine from Puerto Rico directly to Bradley International Airport for distribution in Hartford and for transshipment to Springfield, Massachusetts, and New York City. Cocaine also has been seized from couriers' shoes, from small balloons or latex packages that had been swallowed by bodycarriers, and from packages transported via package delivery services. Liquid cocaine has been seized from bottles labeled as Jamaican rum that were being transported on commercial airline flights from Jamaica.

Some cocaine is smuggled into Connecticut aboard commercial cargo vessels. Fruit shipments from Colombia to Connecticut are the most vulnerable to cocaine smuggling. In 1999 the U.S. Customs Service (USCS) in Bridgeport seized 2 pounds of cocaine from two security officers aboard a vessel owned by a Colombian company that offloads 4,000 pounds of Colombian bananas at Bridgeport weekly. The threat of maritime smuggling is potentially greater than the threat posed by transportation via air because larger quantities of cocaine can be transported more easily by ship than by couriers, bodycarriers, or package delivery services.

Distribution

Connecticut-based African American, Dominican, Jamaican, Puerto Rican, and other Hispanic criminal groups are the primary wholesale and midlevel distributors of cocaine in Connecticut. Typically, these criminal groups store large quantities of cocaine in private residences. Before distribution they cut the cocaine with other substances, increasing the quantity and decreasing the purity. These criminal groups then package the cocaine for retail distribution in Connecticut.

African American, Jamaican, Puerto Rican, Dominican, and other Hispanic street gangs, local crews, and local independent dealers distribute powdered and crack cocaine in Connecticut at the

retail level. According to responses to the NDIC Gang Survey 2000, African American street gangs such as Brotherhood, Ghetto Brothers, Island Brothers, Nation, Niggers for Life (NFL), and 20 Luv control most of the retail distribution of crack in southeastern Connecticut and New Haven and also distribute crack in Hartford. Some federal law enforcement officials have reported that Mexican criminal groups also distribute retail quantities of cocaine in the state.

Most of the cocaine available in Connecticut is sold from private cars and residences or in bars,

Crack Dealer Arrested in Hartford

In September 2001 the Connecticut Tri-Town Task Force arrested an African American crack cocaine dealer in Hartford on racketeering charges. The dealer had an established network of lower-level dealers and drivers distributing drugs in the Hartford area. The task force (composed of officers from Glastonbury, Manchester, South Windsor, and Vernon) has made seven arrests in connection with this drug distribution network.

Source: Tri-Town Task Force.

Twenty-Five Charged With Crack Distribution in South Norwalk

Federal, state, and local law enforcement agents arrested 25 members of an African American criminal group for conspiracy to sell crack cocaine in Norwalk in June 2001. The individuals had distributed significant amounts of crack from a business and a residence in South Norwalk since 1997. The criminal group used violence and intimidation to protect their turf. Law enforcement officials seized over 1 kilogram of cocaine, approximately \$80,000, two luxury cars, and the two properties used to distribute drugs.

Source: DEA Bridgeport Resident Office.

clubs, or stores that provide a front for drug distribution and money laundering. Distributors often live in one residence, store drugs in a second residence or stash house, and distribute from a third residence. Some distributors use the residences of family members as stash houses. Small quantities of cocaine are sold at a limited number of open-air markets in the state.

Kilogram quantities of powdered cocaine, referred to as bricks because of their shape, are typically wrapped in duct tape and labeled with logos. Some markings in Connecticut include Carro Negro, Casa Azul, and Perro Café. Retail quantities of powdered cocaine usually are packaged in small, clear plastic bags. Crack usually is sold by the rock and packaged in the corner of a plastic bag, which is tied into a knot. State and

Deaths From Swallowing Crack

In September 2000 a 19-year-old male died in New Haven while in police custody after chewing and swallowing what appeared to be a bag of crack cocaine. In November 2000 a Bloomfield male chewed and swallowed rocks of crack when apprehended by Windsor Lock police officers. The man began having seizures at the police station and was rushed to the hospital where he died of a cocaine overdose.

Source: *Associated Press*, 3 September 2000; *The Hartford Courant*, 30 November 2000.

local law enforcement officials report that many crack dealers attempt to conceal rocks of crack inside their mouths. Some dealers swallow the crack if law enforcement officials confront them.

Heroin

Heroin is the second most significant drug threat to Connecticut. Heroin, particularly South American, is frequently abused in the state; in 1999 Connecticut ranked first in the nation for the rate of heroin-related treatment admissions per 100,000 population. Heroin's increasing popularity, particularly among teenagers and young adults, is due primarily to the increased availability of low cost, high purity heroin that can effectively be snorted or smoked rather than injected. Connecticut-based African American, Dominican, Puerto Rican, and

other Hispanic criminal groups are the dominant transporters and wholesale and midlevel distributors of heroin in the state. They usually travel in private vehicles on interstate highways, particularly I-95, to purchase wholesale quantities of heroin from New York City-based Colombian and Dominican criminal groups. These wholesale and midlevel distributors typically sell heroin to retail distributors, primarily Connecticut-based street gangs, crews, and other African American, Dominican, Mexican, Puerto Rican, and other Hispanic criminal groups.

Abuse

Treatment data indicate that heroin is commonly abused in Connecticut, particularly in the State-wide Narcotics Task Force Southwest and South Central Districts and the Hartford area. (See Figure 1 on page 4.) According to TEDS data, heroin-related treatment admissions to publicly funded facilities increased 66 percent from 10,124 in 1994 to 16,822 in 1998, then decreased slightly to 16,380 in 1999. (See Table 1 on page 5.) Connecticut ranked first in the nation in 1999 for

the number of heroin-related treatment admissions per 100,000 population. State treatment officials report that Connecticut has had more treatment admissions for heroin abuse than for any other illicit drug. Thirty-three percent (17,373) of the 53,427 treatment admissions reported by the Connecticut Department of Mental Health and Addiction services in FY2000 were heroin-related. Caucasians accounted for 49 percent of heroin-related treatment admissions; 33 percent were

Hispanic, and 16 percent were African American. In addition, over 35 percent of all heroin-related treatment admissions in FY2001 were in the Southwest and South Central Districts of the state including Bridgeport and New Haven. Hartford had more heroin-related treatment admissions (3,889) than any other city in Connecticut that year.

Low cost, high purity heroin has attracted a new abuser population in Connecticut—teenagers and young adults—and has contributed to increased health problems and deaths. High purity heroin can effectively be smoked or snorted, attracting new abusers seeking to avoid the social stigma and health risks associated with injection. Despite the popularity of snorting, injection is the preferred method of heroin administration for abusers who develop a tolerance and

attempt to achieve a more intense high, according to the Connecticut Alcohol and Drug Policy Council. According to the Connecticut Office of the Chief Medical Examiner, heroin was a factor in the deaths of 15 individuals in 1997, 23 in 1998, 17 in 1999, and 36 in 2000. Caucasian males accounted for almost two-thirds (23) of the deaths in which heroin was a factor in 2000.

High school students in Connecticut abuse heroin to a limited extent. According to the 1999 Connecticut Substance Abuse Prevention Survey, 2.2 percent of eleventh and twelfth graders surveyed reported having abused heroin at least once in their lifetime. Less than 1 percent of Connecticut students in eleventh and twelfth grades surveyed reported having abused heroin at least once in the month prior to the survey.

Availability

Heroin, particularly South American, is readily available in Connecticut. According to DEA, Southeast Asian and Southwest Asian heroin are also available, to a lesser extent. Mexican black tar heroin is only available occasionally.

According to the Statewide Narcotics Task Force, heroin prices have remained stable in the state for the past several years—an indicator of the drug’s continued availability. According to

DEA, in the first quarter of FY2002, heroin sold for \$57,000 to \$125,000 per kilogram, \$1,300 to \$4,000 per ounce, and \$110 to \$125 per gram throughout the state. Heroin is also sold in bricks—100 glassine bags—which in 2000 sold for \$1,000 to \$1,500 in the rural Northwest District, where prices tend to be slightly higher. It is harder for drug distributors in the state’s rural areas to avoid law enforcement detection.

Table 4. Heroin Prices and Purity, Selected Cities, Connecticut, First Quarter FY2002

	Bridgeport		Hartford		New Haven	
	Price (\$)	Purity (%)	Price (\$)	Purity (%)	Price (\$)	Purity (%)
Bag	10–20	65–95	10	NA	10–15	65
Bundle	100	65–95	65–80	NA	110–130	65
Gram	NA	NA	110–125	NA	NA	NA
Ounce	1,300	NA	3,000–4,000	NA	4,000	40
Kilogram	71,000–95,000	92	90,000	NA	57,000–125,000	65

Source: DEA, *Trends in the Traffic 1st Quarter FY2002*.

High purity heroin is readily available in Connecticut. According to DEA's System to Retrieve Information from Drug Evidence (STRIDE), the purity of a gram of heroin averaged 60.7 percent in Connecticut in 2000 compared with 55.7 percent average purity nationwide. DEA reports that the purity of heroin available in Connecticut ranges from 30 percent to 95 percent.

The quantity of heroin seized by federal law enforcement officials in Connecticut increased steadily from FY1997 to FY1999, then decreased in FY2000. According to FDSS data, federal law enforcement officials in Connecticut seized 200 grams of heroin in FY1997, 400 grams in FY1998, 1,300 grams in FY1999, and 500 grams in FY2000. In Connecticut DEA seized 59 grams of heroin in FY1997, 848 grams in FY1998, 854 grams in FY1999, and 8,450 grams in FY2000; not all of these seizures were reported to FDSS. Most DEA seizures occurred in Bridgeport.

The quantity of heroin seized by state law enforcement officials in Connecticut, especially in the Southwest and South Central Districts, decreased from FY1996 to FY1997, then steadily

increased between FY1997 and FY2000. The amount of heroin seized by the Statewide Narcotics Task Force increased from 2.48 kilograms in FY1999 to 7.22 kilograms in FY2000. In FY2000 the amount of heroin seized in the Southwest District (3.34 kilograms) was larger than in any other district in the state. Seizures in the Southwest District typically are higher because of its proximity to New York City, a primary distribution center.

The percentage of federal drug sentences that were heroin-related in Connecticut was more than twice the national percentage in FY2000. According to the U.S. Sentencing Commission, 15.9 percent of drug-related federal sentences in Connecticut in FY2000 were heroin-related compared with 7.7 percent nationwide.

Connecticut has had a significant number of heroin-related OCDETF investigations. Seven of the 14 OCDETF investigations initiated in Connecticut from October 1999 to October 2001 were heroin-related. OCDETF investigations often involve more than one illegal drug.

Violence

Heroin abusers who commit crimes in Connecticut generally commit nonviolent property crimes to support their addiction. However, some heroin distributors at all levels commit violent crimes to protect their turf and expand drug distribution operations. In response to the NDIC National Gang Survey 2000, the Hartford, New Haven, and New London Police Departments reported that the Latin Kings, Los Solidos, and Ñeta street gangs distribute heroin and commit violent crimes. The Hartford Police Department reported that roughly 60 percent of all crime in its area is attributed to street gangs. Many criminal groups that distribute crack cocaine in Connecticut and commit violent crimes also distribute heroin.

Federal law enforcement officials report that criminal groups that distribute heroin often carry weapons, occasionally AK-47 and AR-17 assault

rifles. In the fall of 1999 the Statewide Narcotics Task Force in eastern Connecticut arrested a drug distributor and seized 1,082 bags of heroin, one-half ounce of crack cocaine, one-half ounce of powdered cocaine, and two handguns.

Heroin-Associated Violence

In December 2001 and January 2002, 20 defendants were convicted or pled guilty to being members of a violent Hispanic criminal group in Bridgeport that distributed kilogram quantities of heroin from public housing projects. The criminal group leader admitted ordering five homicides and multiple assaults. According to the FBI, heroin distributors in public housing projects commit violent acts to protect their turf.

Source: Federal Bureau of Investigation.

Production

Opium poppies are not cultivated nor is heroin refined in Connecticut. Heroin is produced in four source regions: Mexico, South America, Southeast Asia, and Southwest Asia. South American heroin is the primary type of heroin available in Connecticut. According to DEA, small amounts of Southeast Asian and Southwest Asian heroin also are available. Mexican black tar heroin seizures are rare in Connecticut, according to federal law enforcement seizure statistics.

In general, heroin is milled before being distributed in Connecticut. The heroin is packaged in glassine bags and stamped with a brand name or logo. According to the Statewide Narcotics Task Force East District Office, Connecticut-based distributors increasingly purchase heroin in bulk and employ “chemists” to prepare the heroin for retail distribution. A chemist in the South Central District reportedly cut heroin with PCP (phencyclidine) in November 1999. In October 2001 the Connecticut State Police and the Hartford Police Department arrested a 26-year-old

male who was repackaging heroin. The law enforcement officers seized 2,000 glassine bags of heroin stamped with the brand names Hippomania and Miracle, two heat-sealing machines, and coffee grinders used to cut the heroin. The officers also seized enough uncut, unpackaged heroin to fill 34,000 additional bags.

Heroin Milling

Bulk heroin usually is “milled” before being sold to abusers. Milling is a process by which bulk heroin is cut with diluents such as lactose and mannitol or adulterants such as caffeine and then divided into individual doses that are often packaged in glassine bags. One kilogram of nearly pure heroin can be divided into approximately 30,000 glassine bags. The quantity can be significantly increased by adding diluents or adulterants, resulting in lower purity heroin. Often, multiple glassine bags are packaged together for retail sale.

Transportation

Connecticut-based African American, Dominican, Puerto Rican, and other Hispanic criminal groups are the dominant transporters of heroin into Connecticut. They usually travel to New York City on interstate highways, particularly I-95, in private vehicles to purchase wholesale quantities of heroin. The groups travel to the Jackson Heights section of Queens to purchase kilogram quantities of heroin from Colombian criminal groups. They also travel to the Washington Heights section of northern Manhattan to purchase kilogram quantities of heroin from Dominican criminal groups. The vehicles used to transport the drug are often equipped with hidden, hydraulically operated compartments to conceal the heroin. Criminal groups typically transport a few bundles of heroin at a time to avoid seizure of large shipments.

To a lesser extent than highway transportation, heroin is transported into Connecticut by couriers on commuter trains from New York City and other areas. The DEA Bridgeport Resident Office reports that criminal groups occasionally transport kilogram quantities of South American heroin to African American distributors residing in public housing in Bridgeport.

Heroin also is shipped through JFK and Logan International Airports en route to Connecticut via package delivery services. In January 1999 USCS officials at JFK International Airport seized a package containing 793 grams of heroin concealed in cans labeled as pet powder. The package was shipped from Thailand to an employee at a Bridgeport company.

Heroin usually is stored in private residences before being repackaged into retail quantities and transported to other areas of Connecticut. Law enforcement officials report that Bridgeport is a transshipment point for heroin destined for Hartford, New Haven, Waterbury, and other areas. The DEA Hartford Resident Office reports that Hartford serves as a secondary transshipment point for heroin destined for other New England states.

Heroin that is destined for other locations is also transported through Connecticut from source areas such as Colombia and Thailand via package

delivery services or by couriers on commercial airline flights. Some of the heroin smuggled directly from source countries into Connecticut is destined for New York City and other locations outside Connecticut. In December 1999 the State-wide Narcotics Task Force and USCS seized 6 pounds of high purity heroin hidden inside a computer monitor that had been shipped from Colombia to Norwalk using a package delivery service. The recipient, a native Colombian female, intended to transport the package to Queens.

Distribution

Connecticut-based African American, Dominican, Puerto Rican, and other Hispanic criminal groups are the primary wholesale and midlevel distributors of heroin in Connecticut. They typically purchase wholesale quantities of heroin from Colombian criminal groups in the Jackson Heights section of Queens and from Dominican criminal groups in the Washington Heights section of northern Manhattan.

Midlevel distributors sell heroin to Connecticut-based street gangs and African American, Dominican, Mexican, Puerto Rican, and other Hispanic criminal groups—the dominant retail distributors—as well as to local crews and independent dealers. Various street gangs such as Latin Kings, Los Solidos, Ñeta, and 20 Luv distribute heroin at the retail level in the state. New Haven law enforcement officials report that Hispanic street gangs dominate heroin distribution in their jurisdiction.

Most of the heroin distributed in Connecticut is milled and then packaged in glassine bags or colored, heat-sealed bags for street level distribution. Bags typically are marked with a brand name. The most common brand available in the Hartford area in 2001 was Stronger, which was a

Police Arrest Connecticut, New York, and New Jersey Males for Heroin Distribution

Undercover federal law enforcement officials in Connecticut purchased a kilogram of heroin and arrested five men: three from New York City; one from Hackensack, New Jersey; and one from Bridgeport who was a former major league baseball player. The men had previously sold heroin samples to an undercover deputy sheriff in Florida.

Source: DEA Bridgeport Resident Office.

factor in at least one overdose death. In 2001 various other brands were available in Hartford including Black Powder, Crazy Bull, Danger, Eternity, Gunfire, Poison, Polo, Say No, and Scorpion. Popular brands in the New Haven area included 666, D-86, and Scorpion. At least one criminal group has stopped stamping glassine bags of heroin in order to avoid detection by law enforcement officials. Compressed, cylinder-shaped latex or bullet-shaped wax—referred to as eggs—contain about 10 grams of heroin and also are available in wholesale quantities in Connecticut.

Marijuana

Marijuana is the most widely available and commonly abused drug in Connecticut. However, the drug poses a lower threat than cocaine or heroin because marijuana abusers and distributors usually do not commit violent crimes and because the drug's effects are generally less debilitating than those associated with other illicit drugs. Connecticut has had fewer treatment admissions to publicly funded facilities for marijuana abuse than for heroin or cocaine abuse; however, the number of treatment admissions is increasing. Most of the marijuana available in Connecticut is Mexico-produced or produced by Mexican criminal groups in Arizona, southern California, and

Texas. Cannabis also is cultivated indoors and outdoors in Connecticut. Caucasian, Colombian, Dominican, Jamaican, Mexican, and other Hispanic criminal groups and members of Italian Organized Crime are the dominant transporters of marijuana into Connecticut. They usually transport marijuana into Connecticut in tractor-trailers. Caucasian, Jamaican, and Mexican criminal groups and Connecticut-based local independent dealers are the dominant wholesale distributors of marijuana. African American, Caucasian, Dominican, and other Hispanic criminal groups, street gangs, and local independent dealers are the dominant retail distributors.

Abuse

Marijuana is the most commonly abused drug in Connecticut. According to the 1999 National Household Survey on Drug Abuse, 5.2 percent of Connecticut residents surveyed reported having abused marijuana in the past month compared with 4.7 percent nationwide. More Connecticut residents reported abusing marijuana than any other drug.

According to TEDS data, the number of marijuana-related treatment admissions to publicly funded facilities in Connecticut has increased annually from 1,986 in 1994 to 3,645 in 1999 but consistently was lower than the number for heroin and cocaine during that 6-year period. (See Table 1 on page 5.) In 1999 Connecticut ranked nineteenth in the nation for the rate of marijuana-related treatment admissions (134) per 100,000 population. According to the Connecticut Department of Mental Health and Addiction Services, individuals aged 18 to 29 accounted for the highest percentage (17.4%) of marijuana-related treatment admissions in 1999. In 2000 Caucasians accounted for most marijuana-related treatment admissions (39.4%), followed by African Americans (37.8%) and Hispanics (19.4%). Males accounted for 78.5 percent of all marijuana-related treatment admissions.

Many high school students in Connecticut have reported abusing marijuana, and many believe that the drug poses fewer risks than heroin, cocaine, or LSD (lysergic acid diethylamide). According to the Governor's Prevention Initiative for Youth 2000 Student Survey, the percentage of ninth and tenth grade males who reported using marijuana in the 30 days prior to the survey decreased, from 29.9 percent in 1997 to 24.9 percent in 2000. The percentage of ninth and tenth grade females also decreased, from 23.9 percent in 1997 to 18.9 percent in 2000. Additionally, 21.5 percent of ninth and tenth grade students surveyed reported that abusing marijuana was only "a little bit wrong," and 12.0 percent reported it was "not wrong at all."

Students Distribute Marijuana in English Class

In March 2001 the Clinton Police Department arrested two high school males in Clinton after one male student passed a \$10 bag of marijuana to the other in English class. Law enforcement officers seized an additional eight bags in the class.

Source: Clinton Police Department.

Availability

Marijuana, produced primarily in Mexico, Arizona, southern California, and Texas, is the most widely available illicit drug in Connecticut. Locally produced marijuana also is available. Marijuana prices are stable in Connecticut. According to DEA, marijuana sold for \$160 per ounce in Bridgeport, \$75 to \$100 per ounce in Hartford, and \$100 per ounce in New Haven in the first quarter of FY2002. Marijuana sold for \$600 to \$1,000 per pound in Bridgeport, \$800 to \$1,500 per pound in Hartford, and \$1,000 to \$1,300 per pound in New Haven. Sinsemilla sold

Sinsemilla

Sinsemilla means without seed in Spanish. Growing the female cannabis plant without the presence of a male cannabis plant prevents pollination, resulting in an increase in THC (tetrahydrocannabinol) levels and bud growth. DEA reports that the average THC content of sinsemilla grown indoors ranges from 8 to 10 percent; in comparison, most other marijuana averages 5 percent nationwide. The average marijuana yield for mature sinsemilla is approximately one-half pound per plant compared with 1 pound per plant for commercial grade marijuana.

for \$1,000 to \$6,000 per pound in Bridgeport and \$3,500 per pound in New Haven in the first quarter of FY2002.

Seizure data indicate that marijuana is readily available in Connecticut. Law enforcement officials seized more marijuana than any other drug in Connecticut between FY1995 and FY2000. According to FDSS data, federal law enforcement officials seized 437.6 kilograms of marijuana in FY1998, 112.2 kilograms in FY1999, and 280.4 kilograms in FY2000. The Statewide Narcotics Task Force seized 932.6 kilograms of marijuana in FY1997, 1,649.2 in FY1998, 1,379.5 in FY1999, and 2,947.4 in FY2000, accounting for over 83 percent of all drugs seized in FY2000.

The percentage of federal drug sentences that were marijuana-related in Connecticut was much lower than the national percentage in FY2000. According to the U.S. Sentencing Commission, 2.3 percent of drug-related federal sentences in Connecticut in FY2000 were marijuana-related compared with 31.2 percent nationwide.

Three of the 14 OCDETF investigations in Connecticut from October 1999 to October 2001 were marijuana-related. OCDETF investigations often involve more than one illegal drug.

Violence

Although marijuana abusers generally do not commit violent crimes, the distribution of marijuana occasionally is associated with violent crime in Connecticut. Most violent crime associated with marijuana distribution in the state occurs between rival criminal groups and gangs. Some marijuana distributors commit violent

crimes to protect or expand their markets. Law enforcement officials arrested two males in Connecticut in 1998 for killing a female Jamaican flight attendant and stealing 29 pounds of marijuana that she had stored in her home.

Production

Most of the marijuana available in Connecticut is produced by Mexican criminal groups in Mexico or in Arizona, southern California, and Texas. Some local independent dealers and abusers cultivate cannabis for personal use and distribution.

Local law enforcement officials have seized cannabis plots ranging from small grows intended for personal use to large grows containing hundreds of plants. Indoor grows are more common in urban areas, and outdoor grows are more common in rural areas. Outdoor cannabis plots usually are found in

forests, on public land, intermingled with crops such as corn, or in vegetable gardens. The Statewide Narcotics Task Force has reported an increasing number of outdoor plot seizures and a decreasing number of indoor plot seizures since 1996.

Outdoor cannabis grows are seized primarily in the northwestern and eastern areas of the state. Law enforcement officials in Waterbury detected two large outdoor grows in 1999 by aerial surveillance. They seized 580 cannabis plants from one grow and 730 cannabis plants from the other.

Table 5. Cannabis Plots Seized and Plants Eradicated, Connecticut, 1994–1999

	Outdoor Operations		Indoor Operations	
	Plots Seized	Plants Eradicated	Plots Seized	Plants Eradicated
1994	87	2,000	11	468
1995	33	1,799	16	561
1996	18	558	15	603
1997	31	1,880	7	42
1998	47	2,203	7	313
1999	62	4,606	5	36

Source: Connecticut Statewide Narcotics Task Force.

Transportation

Caucasian, Colombian, Dominican, Jamaican, Mexican, and other Hispanic criminal groups and members of Italian Organized Crime are the primary transporters of marijuana into Connecticut. They coordinate marijuana shipments with domestic and international marijuana suppliers and usually transport wholesale quantities in tractor-trailers from Mexico and southwestern states into Connecticut. Some of the Mexico-produced marijuana and marijuana produced in Arizona, southern

California, and Texas is transshipped through New York City and then transported into Connecticut in leased or private vehicles.

Multikilogram and multihundred-kilogram shipments of marijuana typically are transported in private vehicles and commercial trucks. Federal law enforcement investigations indicate that a Mexican criminal group transported 10 to 30 tons of marijuana from southern California into Connecticut inside tires and hidden compartments in

Equipment Violation Leads to Arrests for Marijuana

In May 2001 Connecticut State Police arrested three men in a sport utility vehicle in Haddam for an equipment violation and subsequently seized 27 pounds of marijuana and \$24,000. The arresting officer had noticed a strong smell of marijuana as he approached the vehicle; he then discovered the drugs and cash while checking the vehicle. All three men were charged with possession of marijuana with intent to distribute and possession of over 1 kilogram of marijuana.

Source: Connecticut State Police.

sport utility vehicles in 1999. Jamaican criminal groups in Hartford reportedly transported over 1,000 kilograms of marijuana inside tractor-trailers from Texas to Connecticut over several years. According to Operation Pipeline data, law enforcement officials in Iowa seized 449.1 kilograms of marijuana from a Ford truck with a New York license in October 2000. The marijuana was intended for distribution in Bridgeport.

Bulk shipments of marijuana sometimes are transported from Connecticut to Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. In October 2001 law enforcement officials

Operations Pipeline and Jetway

Operation Pipeline is a nationwide interdiction program that focuses on private vehicles and operates along the highways and interstates most commonly used to transport illegal drugs and drug proceeds.

Operation Jetway is a nationwide interdiction program that operates at airports, train stations, bus stations, package shipment facilities, post offices, and airport hotels and motels.

Both programs are supported by the El Paso Intelligence Center.

arrested a 33-year-old female from Granby for transporting over 30 pounds of marijuana to New Hampshire from Connecticut and seized another 8 pounds of marijuana from her home.

Smaller quantities of marijuana typically are transported into Connecticut using package delivery services. According to Operation Jetway data, in 2000 law enforcement officials seized 13 packages of marijuana totaling 78.94 kilograms that were shipped from Arizona and California to Hartford using package delivery services. The largest single seizure of this kind was 14.97 kilograms.

Transporters frequently send and receive marijuana using package delivery services because they can use the Internet to track the package. If the package is delayed, it may indicate that law enforcement agencies have intercepted the package and may attempt a controlled delivery. When the recipients notice a delay in package delivery, they often abandon the package.

Marijuana occasionally is hidden in luggage and transported by couriers into Connecticut on commercial airline flights. On July 28, 2000, DEA seized 16.33 kilograms of marijuana hidden in a commercial airline passenger's luggage. The courier had flown on a commercial aircraft from Ontario, California, to Connecticut.

Three Charged in Marijuana Ring

Federal law enforcement officials in Tennessee arrested three males for organizing a marijuana transportation network that operated in Baltimore, Los Angeles, Memphis, and Nashville as well as in New York and Connecticut. The network had transported several thousand pounds of marijuana to the East Coast in 10- to 40-pound parcels from mid-1997 through late 1999.

Source: *Associated Press*, 3 July 2001.

Distribution

Caucasian, Jamaican, and Mexican criminal groups and Connecticut-based local independent dealers are the dominant wholesale distributors of marijuana. These groups usually purchase Mexico-produced marijuana or marijuana produced in California and southwestern states from Jamaican, Mexican, and other criminal groups in New York City. Local independent dealers distribute locally produced marijuana in Connecticut.

African American, Caucasian, Dominican, and other Hispanic criminal groups, street gangs,

and local independent dealers are the dominant retail distributors of marijuana in Connecticut. According to responses to the NDIC National Gang Survey 2000, Latin Kings and Ñeta distribute marijuana in cities such as Danbury, Hartford, New Haven, and New London. Many street gangs that distribute marijuana also distribute cocaine and heroin. Law enforcement authorities in Meriden and New Britain report that most gangs in their areas sell marijuana.

Other Dangerous Drugs

Other dangerous drugs (ODDs), including the stimulant MDMA (3,4-methylenedioxymethamphetamine), the depressants GHB (gamma-hydroxybutyrate) and ketamine, the hallucinogens LSD and PCP, and the diverted pharmaceuticals alprazolam (Xanax), diazepam (Valium), fentanyl (Duragesic), hydrocodone (Vicodin), methadone, oxycodone (OxyContin), and methylphenidate (Ritalin) are an increasing threat to Connecticut. Many of these dangerous drugs are distributed and

abused by teenagers and young adults, sometimes in combination with cocaine and heroin, on college campuses and at raves. The threat posed by these drugs is increasing; however, they pose a lower threat than heroin, cocaine, and marijuana due to their low association with violent crime. These drugs are usually transported into the state via package delivery services, by couriers on commercial airline flights, or in private vehicles.

Stimulants

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

tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and permanent damage to parts of the brain that are critical to thought and memory.

Law enforcement agencies in Connecticut report that the levels of MDMA availability and abuse are increasing, especially in urban areas such as Hartford. DEA seized 143,000 MDMA tablets in Connecticut in 1998 and over 216,000 tablets in 1999. According to the Governor's Prevention

Raves and the Connecticut Nuisance Abatement Program

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

Connecticut adapted a Nuisance Abatement Program to stop the distribution of MDMA tablets at raves. The program gives law enforcement officials the authority to temporarily close buildings in which MDMA is distributed and abused. Once club owners prove they have corrected the problem, they are allowed to reopen the buildings. A liquor store and two dance clubs were temporarily closed in Hartford in 2001 until the owners took steps to prevent the distribution of MDMA and club drugs.

Source: Congressional Testimony to the Committee on Governmental Affairs by the Connecticut Chief State Attorney, 30 July 2001.

Initiative for Youth 2000 Student Survey, 4.0 percent of ninth and tenth grade students surveyed in Connecticut reported having abused MDMA within the past 30 days compared with 2.3 percent in 1997. MDMA frequently is abused in combination with other drugs at raves. In January 2001 a 23-year-old Boston male died after taking a drug cocktail containing MDMA, Percodan, and ketamine at a rave in Hartford.

According to DEA, wholesale quantities of MDMA in Connecticut sold for \$5 to \$15 per tablet in the first quarter of FY2002. Retail quantities of MDMA sold for \$15 to \$30 per tablet in the first quarter of FY2002.

MDMA distribution and abuse are not commonly associated with violent crime in Connecticut. However, New Britain Police Department officials arrested a 25-year-old bail bondsman from New Britain in July 2001 and seized 450 MDMA tablets and small amounts of cocaine, steroids, and marijuana. Law enforcement officials also seized several guns, including two semiautomatic pistols, a 12-gauge shotgun, and two rifles—one of which was a prohibited automatic assault weapon.

Most MDMA available in Connecticut is produced in the Netherlands and Belgium; however, there is evidence that some MDMA is produced in

Connecticut. In April 2001 law enforcement officials seized an MDMA laboratory in North Stonington that was capable of producing significant amounts of the drug. This MDMA laboratory was the first seized in the New England area since 1998.

Couriers commonly purchase MDMA in Europe and smuggle it from major European cities through Boston and New York City into Connecticut using package delivery services, airfreight shipments, or couriers aboard commercial airline flights. In August 2000 federal law enforcement officials arrested a Dutch male for transporting MDMA from Belgium to Logan International Airport in Boston. For 2 years he had been shipping MDMA to two residents in the New Haven area using package delivery services. In 1999 federal law enforcement officials seized 1,200 grams of MDMA from a package transported through JFK International Airport. The drugs were destined for distribution in East Haven.

MDMA also is transported into Connecticut in private vehicles. In February 2000 DEA agents seized 996 MDMA tablets and 28 dosage units of steroids concealed in luggage under the passenger seat of a four wheel drive vehicle that had stopped in Bedford, New York. The drugs had been sent from New York City and were destined for

distribution in Waterbury. DEA agents have also seized MDMA tablets transported via private vehicles and package delivery services to Connecticut from Florida, Texas, and Mexico.

MDMA Distributor Arrested in Hartford

In June 2001 DEA agents arrested a Caucasian male and seized 5,000 piperazine tablets being distributed as MDMA, as well as 1,000 vials of ketamine, 9 ounces of cocaine, 8 pounds of marijuana, approximately 30,000 steroid tablets, and \$30,000 in cash at a residence in Hartford. The drugs had been shipped in packages to Hartford from southwestern states.

Source: DEA Hartford Resident Office.

No group or individual dominates the wholesale distribution of MDMA in Connecticut. Teenagers and young adults purchase wholesale quantities of MDMA from New York City-based

Israeli criminal groups and members of Italian Organized Crime. Russian and Dominican criminal groups, among others, also distribute wholesale quantities of MDMA in Connecticut. Teenagers and young adults dominate the retail distribution of the drug in the state. They usually sell MDMA at nightclubs, raves, and on college campuses. In August 2001 law enforcement officials arrested a 19-year-old Hartford woman and her friend for selling 500 MDMA tablets with an estimated street value of \$110,000 to an undercover officer in a parking lot. The women had sold smaller quantities to officers in the past.

Law enforcement officials seized BZP (benzylpiperazine) and piperazine being sold as MDMA in Connecticut in 2001. BZP, a legal substance used as a laxative, is also known as legal E or legal X. BZP and piperazine are licit substances that produce stimulant and hallucinogenic effects similar to MDMA.

Depressants

GHB and Analogs. Teenagers and young adults increasingly distribute and abuse GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—at nightclubs, raves, and on college campuses in Connecticut.

GHB Analogs	
Analog	Chemical/Alternative Name
GBL	gamma-butyrolactone furanone di-hydro dihydrofuranone
BD	1,4 butanediol tetramethylene glycol sucol-B butylene glycol
GVL	gamma-valerolactone 4-pentanolide
GHV	gamma-hydroxyvalerate methyl-GHB

GHB analogs are drugs that possess chemical structures that closely resemble GHB, a central nervous system depressant. GHB and its analogs are also known as liquid ecstasy, soap, scoop, Georgia homeboy, grievous bodily harm, liquid X, and goop. At lower doses they cause drowsiness, dizziness, nausea, and visual disturbances. At higher doses, unconsciousness, seizure, severe respiratory depression, and coma can occur. A Connecticut resident died after combining GHB with alcohol while partying with friends in April 1999. Because of their sedative properties, GHB and its analogs also have been used to facilitate sexual assaults throughout the nation.

According to DEA, GHB sold for \$5 to \$10 per dosage unit in Connecticut in the first quarter of FY2002. There are no reports that GHB is produced in Connecticut, but law enforcement officials report that GBL, a precursor used to produce GHB, has been purchased over the Internet.

Three Teens Almost Die After Ingesting GHB

Three Ridgefield High School students added GHB to their drinks at a diner and then consumed additional quantities of GHB mixed with soda before going home from a high school celebration in June 1999. The driver passed out in the driveway of a recreational area, and two of the other teens lost consciousness. All three had seizures and vomited. A fourth teenager called for help, and paramedics were able to save the teens. One, however, remained in a coma for 2 days before awakening with short-term memory damage.

Source: Ridgefield Police Department.

GBL

GBL is touted as a muscle-building supplement and as an aid to enhance sexual experiences. Once ingested, GBL is converted into GHB and, consequently, has the same effects as GHB. On January 21, 1999, the Food and Drug Administration issued a warning about food supplement products that contain GBL and requested that manufacturers recall all products containing the additive. Despite the FDA warning, GBL is sold as both a powder and liquid at gyms, fitness centers, and some health food stores.

Source: DEA Newark Division, *Trends in the Traffic Third Quarter FY1999*.

Ketamine. The distribution and abuse of ketamine are increasing in Connecticut. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that is approved for both human and animal use. Ketamine is sold commercially and is produced as a liquid and powder. As a liquid, ketamine is injected intramuscularly. Liquid ketamine can be boiled to convert it to powder, which may be put into capsules. As a powder, ketamine can be mistaken for cocaine or methamphetamine and is often snorted or smoked with marijuana or tobacco products.

Low-dose intoxication from ketamine may result in impaired attention, learning disability, dissociation—which includes out-of-body and near-death experiences—and hallucinations. High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine gained popularity among abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with PCP abuse. Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. Some abusers have jumped from moving vehicles or have tried to fly.

Ketamine commonly is shipped via package delivery services. In 2001 the DEA Bridgeport Resident Office reported that significant amounts of ketamine were smuggled from Mexico through Texas into Connecticut via package delivery services. An individual in Connecticut received 5 to 10 cases of liquid ketamine each month and distributed the drug to several other individuals who then sold it to abusers in Connecticut.

Ketamine usually is distributed and abused at nightclubs, raves, and on college campuses in Connecticut. Law enforcement officials in Bridgeport seized a total of 130 grams of ketamine on a college campus in 2001.

Ketamine prices generally are stable. According to DEA, ketamine sold for \$40 per dose (about 0.2 gram) in the Hartford area in the first quarter of FY2002. The drug is not produced in Connecticut, but is diverted from legitimate sources in Connecticut, such as veterinary clinics.

Connecticut Males Supply Ketamine to New York Students

In August 2001 three men from Connecticut were arrested for supplying students at a White Plains, New York, high school with ketamine and MDMA. Over 150 small bottles of ketamine and 1,600 MDMA tablets with an estimated street value of over \$100,000 were seized.

Source: *Associated Press*, 26 August 2001.

Hallucinogens

LSD. Commonly known as acid, boomer, and yellow sunshine, LSD is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending upon the amount taken, the environment in which it is used, and the personality, mood, and expectation of the abuser. Abusers may feel the effects for up to 12 hours. The physical effects include dilated pupils, elevated body temperature, increased heart rate and blood pressure, sweating, loss of appetite, nausea, numbness, weakness, sleeplessness, dry mouth, and tremors. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flash-backs). LSD typically is taken orally.

LSD is commonly available in Connecticut and is popular among teenagers and young adults. It is usually distributed and abused at nightclubs, raves, and on college campuses. According to the Governor's Prevention Initiative for Youth 2000 Student Survey, 8.8 percent of ninth and tenth grade students surveyed reported having abused hallucinogens, including LSD, at least once in their lifetime. LSD is available in blotter form in Connecticut in both wholesale and retail quantities. In the first quarter of FY2002, DEA reported that LSD sold for \$50 to \$150 for 100 dosage units and \$3 to \$5 for a single dosage unit. LSD typically is not produced in Connecticut, and DEA reports that most LSD is transported from California and New York City into Connecticut.

PCP. Use of PCP as an intravenous anesthetic in humans was discontinued in 1965 because patients who were given the drug became agitated, delusional, and irrational. PCP, also known as angel dust, ozone, wack, and rocket fuel, is now produced illegally in laboratories in the United States. PCP is a white, crystalline powder that is soluble in liquids and has a bitter taste. The drug can be mixed with dye and is available as a tablet, capsule, or colored powder. PCP may be snorted, smoked, or ingested. For smoking purposes PCP

may be applied to mint, parsley, oregano, or marijuana. When combined with marijuana, the mixture is called a killer joint or crystal supergrass, among others. According to DEA, PCP in Connecticut is sprayed on crushed mint leaves and marijuana, which is then smoked.

PCP is addictive; its abuse often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. Abusers cite feelings of strength, power, invulnerability, and a numbing effect on the mind. At low to moderate doses, physiological effects include a slight increase in respiration and a pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, flushing and profuse sweating occur, and generalized numbness of the extremities and lack of muscle coordination may also occur. Psychological effects include distinct changes in body awareness that are similar to the effects of alcohol intoxication. At high doses, blood pressure, pulse, and respiration rates drop. High doses can also cause seizures, coma, and sometimes death. PCP has sedative effects and, when mixed with alcohol or central nervous system depressants, may result in an overdose or coma. Abusers who consume significant quantities of PCP over a long period of time may suffer memory loss, difficulties with speech and thinking, depression, and weight loss. PCP abuse by adolescents may interfere with hormones related to normal growth and development and the learning process.

Teenagers and young adults in Connecticut abuse PCP. According to the Governor's Prevention Initiative for Youth 2000 Student Survey, 4.0 percent of ninth and tenth grade students surveyed in Connecticut reported having abused PCP in the 30 days prior to the survey compared with 1.3 percent in 1997.

PCP is available in limited quantities in Connecticut and is often distributed in lower-income housing areas at individual residences commonly called wet spots. According to DEA, a

bag containing 0.25 gram of PCP sold for \$25 in the New Haven area in the first quarter of FY2002. PCP available in Connecticut is usually transported from California. The DEA New

Haven Resident Office reports that African American criminal groups are the primary distributors of PCP.

Diverted Pharmaceuticals

The diversion and abuse of pharmaceuticals pose a serious and growing threat to Connecticut. Members of various socioeconomic classes, races, and age groups abuse pharmaceuticals in Connecticut. According to the DEA Hartford Resident Office, fentanyl (Duragesic), methadone, oxycodone (OxyContin), methylphenidate (Ritalin), diazepam (Valium), hydrocodone (Vicodin), and alprazolam (Xanax) are the most commonly diverted pharmaceuticals in Connecticut. The diversion and abuse of oxycodone products—especially OxyContin but also Percocet, Percodan, and Tylox—are increasing threats to Connecticut. Law enforcement officials report that OxyContin is being sold illegally in Connecticut for \$1 per milligram. According to DEA, Percocet sold for \$6 to \$8 per tablet in Hartford in the first quarter of FY2002.

The most frequent means of diverting pharmaceuticals are prescription fraud, the sale of prescriptions by unscrupulous medical professionals, theft, and doctor shopping. Doctor shopping occurs when individuals who may or may not have a legitimate ailment visit numerous

physicians to obtain drugs in excess of what should be prescribed for the individual. In May 2001 a 37-year-old male tried to use a forged prescription to purchase OxyContin from a pharmacy in Glastonbury. In July 2001 another man altered a prescription in an attempt to purchase OxyContin from the same pharmacy. In July 2001 a physician was charged in Bridgeport with illegally prescribing OxyContin, Percocet, Xanax, and other drugs. According to Waterbury law enforcement officials, a local pharmacy technician diverted over 7,000 OxyContin tablets in various strengths during a 2-year period. This individual then sold the diverted drugs to a local drug dealer.

Physician Arrested in Darvon Overdose

The East Haven Police Department arrested a New Haven doctor for manslaughter in the death of a 22-year-old patient in May 2001. The doctor overprescribed Darvon, Percocet, and Xanax to the patient by postdating prescriptions.

Source: East Haven Police Department.

Methamphetamine

Methamphetamine is rarely distributed or abused in Connecticut. The number of methamphetamine-related treatment admissions, seizures, OCDETF investigations, and federal sentences in the state is insignificant. Only one methamphetamine production laboratory has been seized

since 1993, and there have been no reports of methamphetamine-related violence. Caucasian independent dealers distribute the limited quantity of methamphetamine available in the state.

Abuse

Methamphetamine is rarely abused in Connecticut. The number of methamphetamine-related treatment admissions to publicly funded facilities has been stable at low levels since 1994,

according to TEDS data. (See Table 1 on page 5.) Most methamphetamine abusers are teenagers and young adults who frequent rave parties.

Availability

Methamphetamine is available in limited quantities in the state. According to FDSS data, federal law enforcement officials rarely seized methamphetamine in Connecticut from FY1997 through FY1999. In FY2000 DEA seized 1 gram

of methamphetamine in Bridgeport. Price and purity data for methamphetamine currently are not available in Connecticut. There have been no methamphetamine-related OCDETF cases or federal sentences in Connecticut since 1999.

Violence

There are no reports of violent crimes associated with the distribution or abuse of methamphetamine in Connecticut.

Production

Only one methamphetamine production laboratory has been seized in Connecticut since 1993. In February 2002 Enfield police were alerted to a mobile, nonoperational methamphetamine

laboratory. The laboratory had been used to produce an unknown amount of methamphetamine in the East Hartford area before production stopped and the laboratory was stored in Enfield.

Transportation

The limited quantity of methamphetamine that is available in Connecticut is transported

from western and southwestern states, usually California, via package delivery services.

Distribution

Methamphetamine rarely is distributed in Connecticut. Caucasian independent dealers

distribute limited quantities of methamphetamine in the state.

Outlook

The availability and abuse of powdered cocaine and crack cocaine likely will continue to pose the greatest threats to Connecticut because these drugs are highly addictive and frequently associated with violent crime. Connecticut-based African American, Dominican, Jamaican, Mexican, Puerto Rican, and other Hispanic criminal groups will continue to purchase kilogram quantities of cocaine from Colombian and Dominican criminal groups based in New York City and distribute retail quantities in the state.

The threat posed by the availability and abuse of low cost, high purity heroin will continue to increase, and heroin most likely will replace cocaine as Connecticut's greatest drug threat. The drug will continue to appeal to a new, younger abuser population. Treatment admissions and deaths associated with heroin abuse will likely continue to increase as well.

The availability and abuse of marijuana will remain stable at high levels. Established Mexican

criminal groups will probably continue to supply Mexico-produced marijuana and marijuana produced in Arizona, southern California, and Texas to Connecticut. Law enforcement will continue to seize large-scale grows of hundreds of cannabis plants, especially in the Northwest and East Districts.

ODDs such as MDMA, GHB, and ketamine will continue to gain popularity among young individuals who perceive them to be less of a threat than other drugs. Raves will continue to be popular venues for the distribution of ODDs. Some of the groups that distribute other drugs such as heroin and cocaine may also begin to distribute MDMA.

Methamphetamine production, distribution, and abuse are not likely to present a serious threat to Connecticut in the near future. The drug is rarely distributed or abused, and there are no indications that this situation will change.

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