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Connecticut

Drug Threat Assessment

UPDATE

July 2003

National Drug Intelligence Center
U.S. Department of Justice

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Preface

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

The *Connecticut Drug Threat Assessment* was produced in July 2002 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.

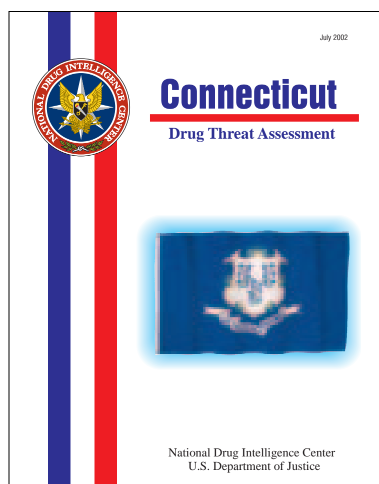

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Table of Contents

Overview 1
Heroin 2
Cocaine 4
Marijuana 6
Other Dangerous Drugs 7
Methamphetamine 9
Outlook 10
Sources 11

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U.S. Department of Justice
National Drug Intelligence Center

Product No. 2003-S0377CT-001
July 2003

Connecticut Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs and diverted pharmaceuticals pose a serious threat to Connecticut. In addition, Connecticut serves as a transshipment point for illicit drugs. Its proximity to New York City and its well-developed transportation infrastructure make Connecticut ideally suited for the movement of illicit drugs, particularly heroin and cocaine, destined for Massachusetts and Vermont. Drugs transported by commercial and private vehicles, couriers aboard trains and commercial aircraft, and package delivery services have an excellent chance of reaching their destination because of the daily volume of traffic moving into and through the state.

Heroin—primarily low cost, high purity South American heroin—has surpassed cocaine to emerge as the greatest drug threat to Connecticut. In 2001 heroin abuse accounted for more treatment admissions than cocaine, marijuana, opiates, and amphetamines combined. Cocaine, both powdered and crack, also poses a significant threat to Connecticut as it is readily available, often abused, and frequently associated with violent crime in the state. Marijuana is readily available and commonly abused in Connecticut. The availability and abuse of other dangerous drugs, principally MDMA and diverted pharmaceuticals, pose an increasing threat to the state. Methamphetamine production, distribution, and abuse pose a low threat to Connecticut.

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Heroin

Heroin poses the greatest drug threat to Connecticut. Of the 47 law enforcement respondents to the National Drug Threat Survey 2002 (see text box) in Connecticut, 23 reported that heroin was a high threat in their jurisdictions. According to the Treatment Episode Data Set (TEDS), heroin-related treatment admissions to publicly funded treatment facilities in Connecticut increased from 16,403 in 1999 to 17,878 in 2001. (See Table 1.) The number of admissions related to the abuse of heroin vastly exceeded admissions for any other illegal drug in 2001. In addition, heroin has been a factor in a significant number of deaths in Connecticut. Data from the Connecticut Office of the Chief Medical Examiner indicate that in 2001 heroin was a factor in 107 of the 451 deaths involving drugs, more than for any other drug.

National Drug Threat Survey

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

Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities Connecticut, 1999–2001

	Total Admissions*	Heroin	Cocaine	Marijuana	Opiates	Amphetamines**	Other
1999	**27,271**	**16,403**	**6,324**	**3,647**	**459**	**32**	**406**
2000	**28,214**	**17,323**	**5,722**	**3,917**	**674**	**41**	**537**
2001	**29,393**	**17,878**	**5,573**	**3,782**	**899**	**128**	**1,133**

*Does not include admissions for alcohol abuse.
**Nationwide, methamphetamine-related admissions account for 95 percent of the amphetamine-related admissions reported to TEDS.
Source: Treatment Episode Data Set.

Most of the heroin available in Connecticut is produced in South America. According to the Drug Enforcement Administration (DEA), heroin available in the state was 40 to 95 percent pure in the first quarter of fiscal year (FY) 2003. Federal, state, and local law enforcement officials report that little, if any, Southeast Asian, Southwest Asian, or Mexican brown powdered or black tar heroin is available in Connecticut.

South American heroin is readily available throughout Connecticut in urban and suburban areas. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Connecticut seized 3 kilograms of heroin in 2002. U.S. Sentencing Commission (USSC) data indicate that the percentage of drug-related federal sentences that were heroin-related in Connecticut (6.2%) was slightly lower than the national percentage (7.2%) in FY2001. (See Table 2 on page 3.)

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Limitations of Seizure and Sentencing Data

Seizure and federal sentencing data most likely do not render an accurate portrayal of illicit drug availability in Connecticut. Federal drug seizures in the state often fall below minimum FDSS reporting thresholds: 100 grams of heroin, 500 grams of cocaine, 25 kilograms of marijuana, and 250 grams of methamphetamine. In addition, there is no central repository to record drug seizures made by local law enforcement officials. Further, most drug violations in the state primarily involve retail-level quantities and, therefore, often do not rise to a level that warrants federal investigation or prosecution.

Table 2. Percentage of Drug-Related Federal Sentences by Drug Type Connecticut and United States, FY2001

	All Drugs	Heroin	Powdered Cocaine	Crack Cocaine	Marijuana	Methamphetamine	Other
United States	**41.2**	**7.2**	**22.1**	**20.4**	**32.8**	**14.2**	**3.2**
Connecticut	**39.6**	**6.2**	**21.2**	**38.1**	**28.3**	**0.0**	**6.2**

Source: U.S. Sentencing Commission.

In Connecticut heroin sold for $51,000 to $100,000 per kilogram, $1,300 to $4,000 per ounce, $50 to $125 per gram, $50 to $100 per bundle (10 bags), and $5 to $20 per bag in the first quarter of FY2003, according to the DEA Boston Division. (See Table 3.) According to DEA, the purity of heroin distributed at the retail level (bags and bundles) was 65 to 95 percent in Bridgeport and 70 to 80 percent in New Haven in the first quarter of FY2003.

Table 3. Heroin Prices, Connecticut, First Quarter FY2003

	Bridgeport	Hartford	New Haven
Kilogram	**$51,000-$65,000**	**$90,000**	**$90,000-$100,000**
Ounce	**$1,300**	**$3,000-$4,000**	**$4,000**
Gram	**NA**	**$110-$125**	**$50-$75**
Bundle (10 bags)	**$100**	**$65-$80**	**$50-$75**
Bag	**$10-$20**	**$10**	**$5-$10**

Source: Drug Enforcement Administration Boston Division.

Dominican and Colombian criminal groups are the primary transporters of South American heroin into Connecticut. African American, Puerto Rican, and other Hispanic criminal groups also transport wholesale quantities of South American heroin into the state, albeit to a lesser extent. South American heroin available in Connecticut typically is purchased from Dominican and Colombian criminal groups in New York City, then transported into the state via private and commercial vehicles on Interstates 84, 91, and 95. South American heroin also is transported into the state via package delivery services and, occasionally, by couriers aboard commercial aircraft, or it is concealed among cargo aboard commercial maritime vessels.

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Drug Seizures Along I-84

From December 6, 2002, to January 3, 2003, Connecticut State Police officers made four separate drug seizures involving commuter vans within a 2-mile span of I-84 in northwestern Connecticut. Officials seized more than 3 kilograms of heroin, 200 grams of cocaine, and small amounts of marijuana. The drugs often were concealed in lunch-sized paper bags or large plastic bags and placed under the seats of the vans so the drugs could not be connected to any particular individual. The commuter vans were all traveling from New York City to Boston.

Source: Connecticut State Police.

Dominican and Colombian criminal groups dominate the wholesale-level distribution of South American heroin in Connecticut. Puerto Rican and other Hispanic criminal groups also distribute South American heroin at the wholesale level, albeit to a lesser extent. Dominican and Puerto Rican criminal groups are the primary retail-level distributors of South American heroin in the state. African American criminal groups as well as local street gangs, commonly known as crews, and local independent dealers of various ethnic backgrounds also distribute retail quantities of South American heroin in the state, although to a lesser extent. Retail-level heroin distribution usually occurs from private vehicles at public parking areas such as malls, restaurants, and shopping centers. To a lesser extent, heroin is distributed from private residences. Law enforcement officials report that heroin is distributed from bars and low-income residences in urban areas. Because of law enforcement pressure, heroin seldom is distributed at open-air drug markets in Connecticut. Heroin sold at the retail level most often is packaged in small glassine bags, many of which are stamped with a logo.

Connecticut serves as a transshipment center for South American heroin destined for Massachusetts and Vermont. Caucasian local independent dealers in those states, primarily individuals who abuse heroin, frequently travel via private vehicles to cities in central Connecticut, such as Hartford, to purchase heroin. These individuals use some of the drug and sell the remainder to abusers in their home states to fund future heroin purchases. In addition, Connecticut-based Dominican criminal groups occasionally travel to Massachusetts and Vermont to distribute heroin to local retail-level distributors.

Beep-and-Meet Distribution

Wholesale- and retail-level drug distributors in Connecticut often use cellular phones, instant messaging services, and beepers to establish times and places to exchange illegal drugs and money with other distributors and abusers. The individuals meet at prearranged locations—usually high-traffic areas such as mall, shopping center, and restaurant parking lots located near highways—and quickly exchange drugs for money.

Cocaine

Cocaine, both powdered and crack, poses a significant drug threat to Connecticut. Of the 47 law enforcement respondents to the NDTS 2002 in Connecticut, 13 reported that powdered cocaine was a high threat in their jurisdictions, and 28 reported that crack cocaine was a high threat in their jurisdictions. According to TEDS data, cocaine-related treatment admissions to publicly funded treatment facilities in the state decreased from 6,324 in 1999 to 5,573 in 2001. (See Table 1 on page 2.) Despite this decrease, the number of cocaine-related treatment admissions remained higher than the number of treatment admissions for any other illicit drug except heroin. In addition, cocaine has been a factor in a significant number of deaths in Connecticut. Data from the Connecticut Office of the Chief Medical Examiner indicate that cocaine was a factor in 75 of the 451 deaths involving drugs in 2001. The percentage of Connecticut residents aged 12 and older who reported having abused cocaine at least once in the past year (1.5%) was

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comparable to the percentage nationwide (1.6%), according to combined data from the 1999 and the 2000 National Household Survey on Drug Abuse (NHSDA).

Cocaine is readily available throughout Connecticut. According to FDSS data, federal law enforcement officials in Connecticut seized 31.7 kilograms of cocaine in 2002. USSC data indicate that the percentage of drug-related federal sentences that were cocaine-related in Connecticut (59.3%) was higher than the national percentage (42.5%) in FY2001. Crack cocaine accounted for nearly twice as many federal sentences as powdered cocaine in the state in FY2001. (See Table 2 on page 3.) Powdered cocaine available in the state sold for $20,000 to $30,000 per kilogram, $600 to $1,100 per ounce, and $50 to $90 per gram in the first quarter of FY2003, according to the DEA Boston Division. Crack sold for $650 to $1,300 per ounce, $10 to $50 per vial, and $10 to $20 per rock during the same period. Purity levels for powdered and crack cocaine vary widely throughout the state. (See Table 4.)

Table 4. Cocaine Prices and Purity Levels, Connecticut, First Quarter FY2003

	Bridgeport		Hartford		New Haven	
Powdered	Price	Percent of Purity	Price	Percent of Purity	Price	Percent of Purity
Kilogram	**$22,000-$30,000**	**85**	**$26,000**	**NA**	**$20,000-$29,000**	**50-95**
Ounce	**$800-$1,100**	**13-87**	**$600-$850**	**30-50**	**$700-$1,000**	**30-50**
Gram	**$50-$90**	**13-87**	**$50-$60**	**30-50**	**$50**	**30**
	Bridgeport		Hartford		New Haven	
Crack	Price	Percent of Purity	Price	Percent of Purity	Price	Percent of Purity
Ounce	**$800-$1,300**	**35-90**	**$650-$900**	**NA**	**$1,000-$1,200**	**NA**
Vial	**$20-$50**	**35-90**	**$10-$20**	**NA**	**NA**	**NA**
Rock	**$10-$20**	**35-90**	**$10**	**NA**	**$10-$20**	**40-60**

Source: Drug Enforcement Administration Boston Division.

Dominican and Colombian criminal groups are the primary transporters of cocaine into Connecticut. African American, Jamaican, Puerto Rican, and other Hispanic criminal groups, local crews, as well as local independent dealers of various ethnic backgrounds also transport cocaine into the state, although to a lesser extent. Cocaine available in the state primarily is obtained from Dominican and Colombian criminal groups in New York City and transported via private and commercial vehicles along I-84, I-91, and I-95. Package delivery services as well as couriers aboard buses, passenger rail, and commercial aircraft are used to transport cocaine into Connecticut, albeit to a lesser extent.

Dominican and Colombian criminal groups are the primary wholesale-level distributors of powdered cocaine in Connecticut. African American, Caucasian, Jamaican, and Puerto Rican criminal groups also distribute wholesale quantities of powdered cocaine, to a lesser extent. Dominican criminal groups are the primary retail-level distributors of powdered cocaine in Connecticut, while African American criminal groups

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and crews are the primary retail-level distributors of crack. Jamaican and other Hispanic criminal groups and crews as well as local independent dealers of various ethnic backgrounds also distribute retail quantities of powdered and crack cocaine in the state. Cocaine primarily is distributed from private vehicles at public parking areas such as malls, restaurants, and shopping centers. Cocaine is less frequently distributed from bars and private residences. Cocaine seldom is distributed at open-air drug markets because of law enforcement pressure. Powdered and crack cocaine sold at the retail level often is packaged in plastic bags with the ends tied into knots. Crack cocaine occasionally is packaged and sold in glass or plastic vials.

Dominican Cocaine Distribution Group Members Arrested

In April 2003 Federal Bureau of Investigation (FBI) agents and state and local law enforcement officials raided six apartments in Windham and arrested six members of a Dominican cocaine distribution group. Group members purchased 1 to 2 kilograms of cocaine per week from two Dominican sources of supply, one in New York City and the other in Rhode Island, for distribution in Connecticut. Once the cocaine was transported to Connecticut, group members would repackage the drug in one-half-gram plastic bags and sell the bags from local bars for $40 each. In addition to making the arrests, law enforcement officials seized 5 kilograms of powdered cocaine, nearly $94,000 in U.S. currency, four private vehicles equipped with hidden compartments, and four handguns.

Source: Federal Bureau of Investigation Meriden Resident Agency.

Cocaine, particularly crack, is the drug most often associated with violent crime in Connecticut. According to law enforcement officials, retail-level crack distributors in urban areas often commit violent acts to protect turf.

Marijuana

Marijuana poses another significant drug threat to Connecticut. Of the 47 law enforcement respondents to the NDTS 2002 in Connecticut, 21 reported marijuana was a high threat in their jurisdictions. According to TEDS data, marijuana-related admissions to publicly funded treatment facilities in Connecticut increased from 3,647 in 1999 to 3,782 in 2001. (See Table 1 on page 2.) The percentage of Connecticut residents aged 12 or older who reported having abused marijuana in the past month (5.7%) was statistically comparable to the percentage nationwide (4.8%), according to combined data from the 1999 and the 2000 NHSDA.

Marijuana is the most readily available illicit drug in Connecticut. FDSS data indicate that federal law enforcement officials in Connecticut seized 45.8 kilograms of marijuana in 2002. The percentage of drug-related federal sentences in Connecticut that were marijuana-related in FY2001 (28.3%) was lower than the percentage nationwide (32.8%), according to USSC data. (See Table 2 on page 3.)

Most of the marijuana available in Connecticut is produced in Mexico; however, locally produced marijuana and Canada-produced marijuana also are available. Commercial-grade marijuana available in the state sold for $600 to $1,500 per pound, $75 to $160 per ounce, $5 to $20 per bag, and $2 per joint (marijuana cigarette) in the first quarter of FY2003, according to the DEA Boston Division. Sinsemilla (high potency marijuana) sold for $1,000 to $6,000 per pound, $100 to $600 per ounce, and $40 per bag during the same period.

Mexican criminal groups are the dominant transporters of marijuana into Connecticut; however, Caucasian, Jamaican, and other Hispanic criminal groups as well as crews and local independent dealers of various ethnic backgrounds also transport marijuana into the state. Most of the marijuana available in Connecticut is transported from Mexico to southwestern states, then

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Table 5. Marijuana Prices, Connecticut, First Quarter FY2003

	Bridgeport Commercial-Grade	Hartford Commercial-Grade	New Haven Commercial-Grade
Pound	**$600-$1,000**	**$800-$1,500**	**$1,300**
Ounce	**$160**	**$75-$100**	**$100**
Bag	**NA**	**NA**	**$5-$20**
Joint	**NA**	**$2**	**NA**
	Sinsemilla	Sinsemilla	Sinsemilla
Pound	**$1,000-$6,000**	**$3,000**	**$3,500**
Ounce	**$100-$600**	**NA**	**$300**
Bag	**NA**	**NA**	**$40**
Joint	**NA**	**NA**	**NA**

Source: Drug Enforcement Administration Boston Division.

transported to Connecticut primarily via package delivery services. Additional quantities are transported via private and commercial vehicles and couriers aboard commercial aircraft. Caucasian criminal groups smuggle high quality, Canada-produced marijuana across the U.S.–Canada border primarily via private vehicles and couriers on foot. Couriers on foot typically rendezvous with coconspirators near the U.S.–Canada border, who then transport the marijuana to Connecticut via private vehicles.

Caucasian, Dominican, Jamaican, Mexican, and other Hispanic criminal groups are the principal wholesale-level distributors of marijuana in Connecticut. Local independent dealers of various ethnic backgrounds distribute marijuana at the retail level in the state. Marijuana typically is sold from private residences as well as at bars and nightclubs and on college campuses. Marijuana sold at the retail level usually is packaged in plastic bags or sold as joints (marijuana cigarettes) or blunts (hollowed-out cigars refilled with marijuana).

Other Dangerous Drugs

The availability and abuse of other dangerous drugs (ODDs) including club drugs—particularly MDMA, GHB and its analogs, LSD, and ketamine—and diverted pharmaceuticals pose a moderate threat to Connecticut. The distribution and abuse of MDMA and diverted pharmaceuticals have increased throughout the state. Club drugs primarily are distributed and abused by teenagers and young adults at raves or techno parties, nightclubs, and on college campuses. Diverted pharmaceuticals typically are distributed from bars and other public areas and abused by individuals of various socioeconomic classes and age groups.

Club Drugs. MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) is the most widely available and frequently abused club drug in Connecticut. Teenagers and young adults are the primary abusers of MDMA in the state. The Governor's Initiative for Youth 2000 Student Survey, conducted by the Connecticut Department of Mental Health and Addiction Services, indicates that 4.0 percent of high school students surveyed in grades 9 and 10 reported having

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abused MDMA within the 30 days prior to the survey. In May 2002 a 16-year-old East Hampton female slipped into a coma and died after abusing MDMA at a party. This was the first overdose death in Connecticut attributed solely to MDMA.

Caucasian criminal groups are the dominant transporters and wholesale-level distributors of MDMA in Connecticut. MDMA primarily is transported into the state from New York City, typically via private or rental vehicles. Caucasian and Asian criminal groups transport additional quantities of the drug into Connecticut from Canada via the same methods. Additional quantities of MDMA are produced in Connecticut. Federal, state, and local law enforcement officials seized an MDMA laboratory in North Stonington in 2001 and another in Thompson in 2002.

MDMA Laboratory Seized in Thompson

Federal law enforcement officials arrested four Caucasian men, aged 24 to 28, in Thompson on charges of conspiring to produce MDMA and intent to distribute the drug. Officials seized a high-yield MDMA laboratory operated by these individuals, which was concealed in three rooms under a trailer home in Thompson that belonged to one of the arrestees. The individuals had produced MDMA since at least April 2001, and the tablet press in the laboratory was capable of pressing 6,000 tablets per hour.

Source: Drug Enforcement Administration Boston Division.

Caucasian teenagers and young adults are the primary retail-level distributors of MDMA in the state. The drug typically is distributed at raves or techno parties, in bars and nightclubs, and on college campuses. Wholesale quantities of MDMA sold for $5 to $15 per tablet in the first quarter of FY2003, according to the DEA Boston Division. Retail quantities usually sold for $15 to $30 per tablet during the same period.

Other club drugs such as GHB (gamma-hydroxybutyrate) and its analogs (GBL, BD, GHV, and GVL), ketamine, and LSD (lysergic acid diethylamide) are available and abused in Connecticut. According to the DEA Boston Division, GHB sold for $5 to $10 per dosage unit during the first quarter of FY2003. Ketamine sold for $40 per dosage unit. LSD sold for $50 to $150 per 100 dosage units and $3 to $5 per dosage unit during the same period.

Caucasian local independent dealers are the primary transporters of GHB and its analogs, ketamine, and LSD. These local independent dealers also serve as the principal wholesale- and retail-level distributors of these drugs. GHB and its analogs are transported into the state from various domestic and foreign locations primarily via package delivery services and private vehicles. LSD and ketamine typically are transported into Connecticut from sources in California via package delivery services. Ketamine, a veterinary anesthetic, occasionally is stolen from veterinary clinics in the state. Retail-level distribution of ODDs typically occurs at raves, techno parties, dance parties, and nightclubs, or from private residences and at prearranged meeting locations.

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

Diverted pharmaceuticals. Diverted pharmaceuticals such as oxycodone (OxyContin, Percocet), hydrocodone (Vicodin), methadone (Dolophine), methylphenidate (Ritalin), alprazolam (Xanax), and diazepam (Valium) pose an increasing drug threat to Connecticut. The diversion and abuse of prescription opiates such as OxyContin, Vicodin, and Percocet are increasing

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rapidly. Heroin addicts in Connecticut sometimes use prescription opiates, particularly OxyContin, as a substitute for heroin when heroin is not available, according to the DEA Boston Division. Diverted pharmaceuticals typically are obtained through common diversion techniques including prescription fraud, improper prescribing practices, "doctor shopping" (visiting multiple doctors to obtain prescriptions), and pharmacy theft. There were two armed robberies of pharmacies involving OxyContin reported in Connecticut in 2002.

Caucasian local independent dealers and abusers are the primary retail-level distributors of diverted pharmaceuticals in Connecticut. Diverted pharmaceuticals typically are distributed from bars and other public areas. In the first quarter of FY2003, the DEA Hartford Resident Office reported that oxycodone sold for $5 to $10 per tablet, Vicodin for $5 to $6 per tablet, Percocet for $6 to $8 per 10-milligram tablet, hydrocodone for $3 to $5 per tablet, and methadone for $8 to $12 per dosage unit.

Hallucinogens. The availability of PCP (phencyclidine) is limited in Connecticut; however, the drug often is abused in low-income housing areas. In 2002 one individual in Connecticut died after ingesting a combination of PCP and MDMA. African American criminal groups are the primary transporters and distributors of PCP in the state. These criminal groups obtain the drug from sources of supply in New York City and transport it back to the state for distribution. PCP often is sprayed on crushed mint leaves or marijuana and then smoked. Loose PCP-laced marijuana—which often is packaged in a plastic bag—is called wet, and PCP-laced blunts are called illy.

Hartford PCP Distributors Arrested

Law enforcement officers with FBI, the Connecticut State Police, and the Hartford Police Department arrested 11 members of an African American criminal group for transporting 2 to 6 gallons of PCP a month from New York City to Hartford, Connecticut, for distribution. Authorities reported that group members purchased the PCP from two Belize nationals in Harlem for $300 per liquid ounce, then transported the drug back to Hartford using private vehicles. The PCP usually was contained in various 32-ounce plastic or glass bottles during transport and was sold for $600 per liquid ounce in Hartford.

Source: Federal Bureau of Investigation Meriden Resident Agency.

Methamphetamine

Methamphetamine poses a low drug threat to Connecticut. Of the 47 law enforcement respondents to the NDTS 2002 in Connecticut, 27 reported that methamphetamine was a low threat in their jurisdictions, 18 did not provide a response, one reported that methamphetamine was a medium threat, and one reported that methamphetamine was a high threat. Amphetamine-related admissions to publicly funded facilities in Connecticut remained low but increased from 32 in 1999 to 128 in 2001, according to TEDS. (Nationwide, methamphetamine-related admissions account for 95 percent of the amphetamine-related admissions reported to TEDS.) (See Table 1 on page 2.) According to the Connecticut Office of the Chief Medical Examiner, there were no methamphetamine-related deaths in the state in 2002. FDSS data indicate that there were no methamphetamine seizures in Connecticut in 2002. Further, USSC data indicate that there were no methamphetamine-related federal sentences in Connecticut in FY2001. (See Table 2 on page 3.) Pricing data for methamphetamine in Connecticut is unavailable, according to the DEA Boston Division.

According to federal, state, and local law enforcement officials, methamphetamine laboratory seizures are rare in Connecticut—only two methamphetamine laboratory seizures have been reported since 1997. Both laboratories were nonoperational at the time of seizure.

Caucasian local independent dealers are the primary transporters and distributors of the limited amount of methamphetamine that is available in

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Connecticut. These dealers transport the drug from California and southwestern states, typically via package delivery services. Methamphetamine distribution in Connecticut usually occurs at raves or techno parties, private homes, and bars.

Outlook

South American heroin will remain the primary drug threat to Connecticut. Treatment and mortality data indicate that heroin abuse is a serious problem, and there are no indications that abuse levels will decrease significantly in the near future. Because of their established connections to sources of supply in New York City, Dominican and Colombian criminal groups will remain the primary transporters and wholesale-level distributors of heroin in Connecticut. Dominican and Puerto Rican criminal groups will remain the primary retail-level distributors of heroin in the state.

Although recent statistics indicate that cocaine-related treatment admissions have decreased, law enforcement reporting suggests that cocaine, primarily crack cocaine, remains a significant threat to Connecticut. The drug remains readily available and frequently abused, and its distribution and abuse are more frequently associated with violent crime than any other illicit drug in the state. Dominican and Colombian criminal groups will continue to dominate the transportation and wholesale-level distribution of cocaine in Connecticut. Dominican criminal groups will remain the primary retail distributors of powdered cocaine in the state, while African American criminal groups and crews will remain the primary retail distributors of crack in the state.

Marijuana will remain the most readily available and widely abused illicit drug in Connecticut. Marijuana produced in Mexico will continue to be the most prevalent type available; however, the availability of high-quality Canada- and locally produced marijuana should increase.

MDMA will continue to be the most widely distributed and abused club drug in Connecticut. Diverted pharmaceuticals, particularly prescription opiates such as OxyContin, increasingly are available and abused and often are abused in place of heroin, thus presenting a growing threat to the state. Caucasian criminal groups will remain the principal transporters and dominant wholesale-level distributors of MDMA in the state, and local independent dealers will remain the primary retail-level distributors of other club drugs and diverted pharmaceuticals.

Methamphetamine likely will continue to pose a low drug threat to Connecticut. However, increases in the number of treatment admissions suggest that abuse and availability of the drug may increase, although there is little indication that methamphetamine production and distribution will change in the near future.

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Danbury Police Department

East Hartford Police Department

Glastonbury Police Department

Hartford Police Department

Manchester Police Department

Middleton Police Department

New London Police Department

Norwalk Police Department

Stamford Police Department

State of Connecticut
- Department of Mental Health and Addiction Services
  - Office of the Chief Medical Examiner
- Department of Public Safety
  - State Police
    - State Police Narcotics Task Force

Torrington Police Department

Waterbury Police Department

West Hartford Police Department

Willimantic Police Department

National

Executive Office of the President
- Office of National Drug Control Policy
  - High Intensity Drug Trafficking Area
    - New England

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- Substance Abuse and Mental Health Services Administration
  - Office of Applied Studies
    - National Household Survey on Drug Abuse
    - Treatment Episode Data Set

U.S. Department of Justice
- Drug Enforcement Administration
  - Boston Division
    - Bridgeport Resident Office
    - Hartford Resident Office
    - New Haven Resident Office
  - El Paso Intelligence Center
  - Federal-wide Drug Seizure System
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