



New England

High Intensity Drug Trafficking Area

Drug Market Analysis 2009



**NATIONAL DRUG INTELLIGENCE CENTER
U.S. DEPARTMENT OF JUSTICE**





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



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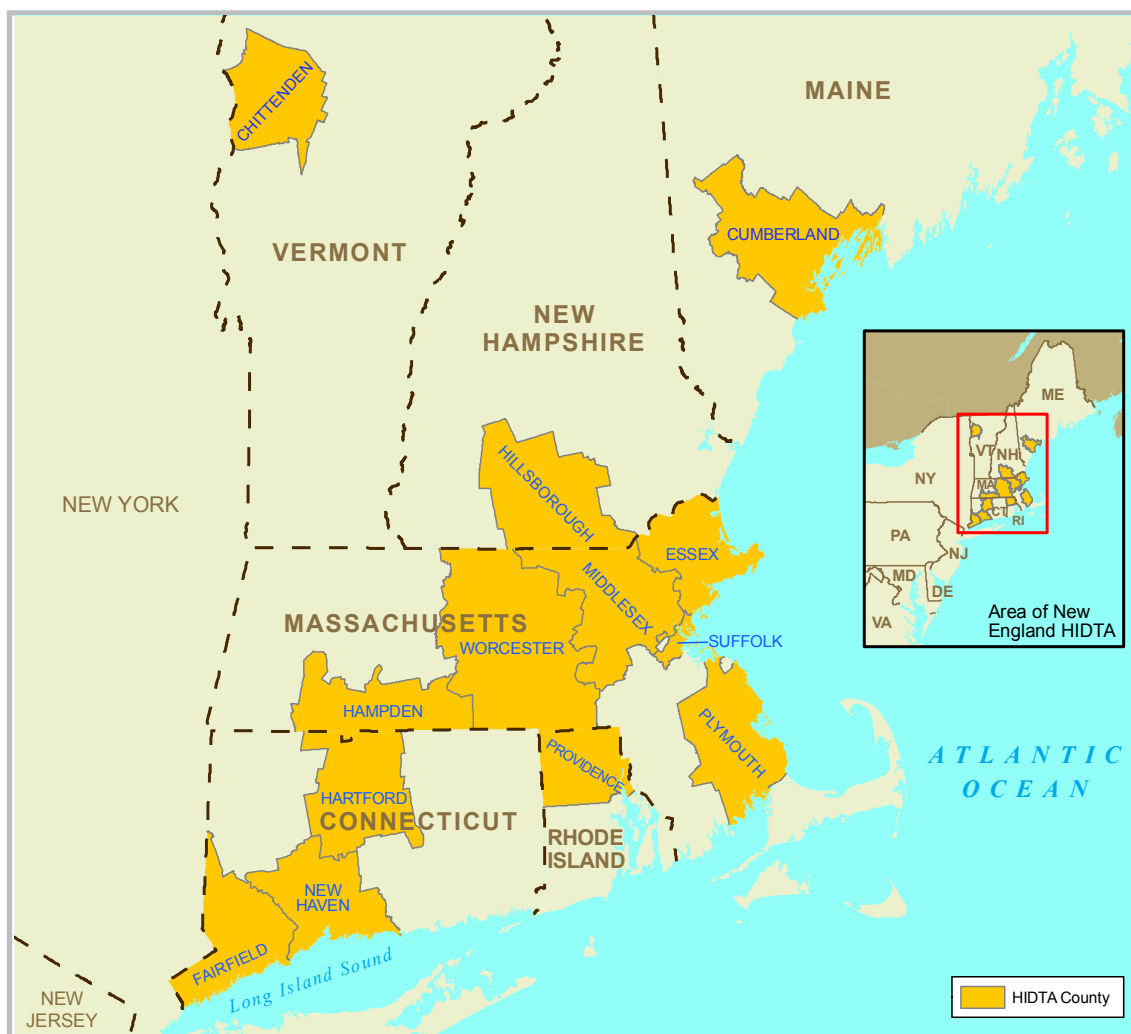
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Preface

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

Figure 1. New England High Intensity Drug Trafficking Area



Strategic Drug Threat Developments

- Numerous international, multistate, and local drug trafficking and money laundering organizations operate in the NE HIDTA region; law enforcement agencies in the region successfully dismantled or disrupted a significant number of these organizations in 2008.
- Law enforcement officials report that the abuse of heroin, particularly South American (SA) heroin, and diverted controlled prescription drugs (CPDs), particularly opioids, is the primary drug abuse problem in New England. Opioid abuse in the region is driven in part by CPD abusers who switch to heroin because it is more potent and less expensive.
- Law enforcement officials in some areas of the NE HIDTA region report fluctuations in the availability and price of cocaine; availability decreased and prices increased from usual levels in some locations during 2008.
- Violence among street gangs is increasing in the NE HIDTA region, particularly violence associated with territorial disputes. Moreover, street gangs in the region are recruiting new members from middle schools and high schools and are enticing incarcerated gang members back to gang life upon their release from prison.
- Illicit drug abusers in the NE HIDTA region are unwittingly being exposed to illicit substances that they do not intend to ingest, primarily through their use of synthetic drug tablets/capsules, which are increasingly available in the region.

HIDTA Overview

The NE HIDTA region comprises 13 counties in 6 states; approximately 8.7 million individuals reside in the region. (See [Figure 1 on page 1.](#)) Nine of the HIDTA counties are located in Massachusetts and Connecticut, with the remaining four located in Maine, New Hampshire, Rhode Island, and Vermont. Two primary drug distribution centers are located within the NE HIDTA region—the Hartford, Connecticut/Springfield, Massachusetts, area in the west and the Lowell/Lawrence, Massachusetts, area in the east. Drug traffickers operating in these distribution centers supply most consumer markets in the HIDTA region. The Providence, Rhode Island/Fall River, Massachusetts, area is a secondary distribution center that supplies communities in Cape Cod, Massachusetts, an area that is located outside the NE HIDTA region. Boston, Massachusetts, New England’s largest city, is predominantly a consumer market; it is supplied primarily by distributors operating from Lawrence, Lowell, and the New York City metropolitan area. Some Boston-based distributors sell drugs in communities located in the surrounding metropolitan area, including Braintree, Cambridge, Chelsea, Framingham, Lynn, Quincy, and Weymouth (all in Massachusetts) as well as in Maine, New Hampshire, and Rhode Island. The approximate wholesale value of drugs seized under NE HIDTA initiatives in 2008 totaled \$44.6 million. (See [Table 1 on page 6.](#))

An extensive air, land, and sea transportation infrastructure links the NE HIDTA region directly to numerous domestic and foreign markets that are located in drug source and/or transit zones. Numerous land ports of entry (POEs) along the U.S.–Canada border provide drug traffickers with various avenues by which to transport drug shipments from foreign locations to the NE HIDTA region. Six major interstate highways, three intraregional interstates, and a vast network of

secondary and tertiary roadways link New England to major population centers throughout the country. Additionally, Interstates 89, 90, 91, 93, and 95 offer direct routes through New England to locations at or near the U.S.–Canada border. (See Figure 2 on page 11.) International airports and maritime ports further facilitate illicit drug smuggling into and through the area. Boston Logan International Airport is the seventeenth-busiest airport in the United States. Additional major airports are located in Hartford; Providence; Burlington, Vermont; Manchester, New Hampshire; and Portland and Bangor, Maine. Numerous small public and private airports also operate in the New England region. Major commercial seaports are located in Bridgeport, Groton, New London, and New Haven, Connecticut; Boston and Fall River, Massachusetts; Portsmouth, New Hampshire; and Eastport, Portland, Sandy Point, and Searsport, Maine. Numerous small seaports that accommodate commercial cargo and fishing vessels as well as commercial and private recreational vessels are also located on the New England coast.

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

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

Drug-related violence is increasing throughout much of the HIDTA region, largely because of the proliferation of street gangs, which operate in every New England state. Street gangs are particularly active in major and midsize cities, where they often engage in violent intergang struggles over drug distribution territories. Furthermore, law enforcement officials report that the average age of the suspects and victims in gang-related street crime and violence is declining in some parts of the NE HIDTA region.

Drug Threat Overview

Opioids—including heroin, primarily SA heroin, and diverted CPDs such as OxyContin and Percocet (both oxycodone) and Vicodin (hydrocodone)—collectively pose the greatest drug threat to the NE HIDTA region, according to law enforcement and public health officials. According to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS)¹ 2009, 46 of 104 state and local law enforcement agency respondents in the NE HIDTA

1. National Drug Threat Survey (NDTS) data for 2009 cited in this report are as of February 12, 2009. NDTS data cited are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either the National Drug Intelligence Center (NDIC) or the Office of National Drug Control Policy (ONDCP) High Intensity Drug Trafficking Area (HIDTA) program. Data cited may include responses from agencies that are part of the NDTS 2009 national sample and/or agencies that are part of HIDTA solicitation lists.

region identify heroin or CPDs as the greatest drug threat in their jurisdictions. Seizures of heroin and controlled prescription opioids are indicative of the extent of the problem—law enforcement officials seized approximately 29 kilograms of heroin, 69,843 dosage units of OxyContin, and 298 dosage units of other oxycodone products in conjunction with the NE HIDTA initiatives in 2008. (See Table 1 on page 6.) Controlled prescription opioid abusers are fueling the heroin abuse problem in the region as an increasing number are switching to heroin because of its higher potency and greater affordability. Heroin prices at the street level reportedly decreased substantially in some primary drug distribution centers over the past year. Heroin abuse is widespread in New England and now encompasses a wide cross section of individuals, including chronic abusers in urban areas, residents of suburban and rural communities, and young adults and teenagers who switched to heroin after initially abusing CPDs. Moreover, the number of heroin-related treatment admissions to publicly funded facilities in the region exceeded admissions for all other illicit substances combined from 2003 through 2007, the latest year for which such data are available. Opioid-related treatment admissions accounted for 69 percent of all illicit drug-related treatment admissions in New England in 2007.

Other illicit drugs also pose significant threats to the NE HIDTA region. Cocaine, particularly crack, is commonly abused in some parts of the region, mainly inner-city neighborhoods in Boston and Providence, and in Connecticut in Bridgeport, Hartford, and New Haven. Crack availability has also expanded in many northern New England cities, such as Burlington, Manchester, and Portland, largely because African American and Hispanic criminal groups and street gangs from southern New England states and the New York City metropolitan area have increased distribution in those areas. NDTs 2009 data reveal that 94 of

Drug Tablet/Capsule Combinations and Their Potential Impact on Abusers

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

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

the 104 state and local law enforcement agency respondents in the NE HIDTA region report powder cocaine availability levels in their areas as high to moderate, while 83 of those agencies report the level of crack cocaine availability as high to moderate. Despite typical high levels of cocaine availability, law enforcement officials in some areas of the NE HIDTA region report fluctuations in the availability and price of cocaine; availability decreased and prices increased from

usual levels in some locations. Law enforcement officials seized approximately 366 kilograms of powder cocaine and 16 kilograms of crack cocaine in conjunction with the NE HIDTA initiatives in 2008. (See Table 1 on page 6.)

Marijuana abuse is pervasive throughout the HIDTA region. According to NDTS 2009 data, nearly all (103 of 104) state and local law enforcement agency respondents in the NE HIDTA region characterize marijuana availability as high to moderate in their jurisdictions. High-potency marijuana from domestic and Canadian suppliers and commercial-grade Mexican marijuana are readily available. Law enforcement officials seized approximately 4,136 kilograms of marijuana in conjunction with the NE HIDTA initiatives in 2008. (See Table 1 on page 6.)

Methamphetamine is a relatively low threat to the NE HIDTA region—one of the few areas in the country where the drug is not a significant threat. No state or local law enforcement agency in the NE HIDTA region identifies powder methamphetamine as the greatest drug threat to their area, according to NDTS 2009 data. Moreover, law enforcement officials seized only a small amount of methamphetamine in conjunction with the NE HIDTA initiatives in 2008. (See Table 1 on page 6.) Powder methamphetamine production is limited in New England and typically involves Caucasian abusers who produce personal use quantities of the drug. Distributors in southwestern states and Canada supply limited amounts of ice methamphetamine to the NE HIDTA region. Additionally, increasing quantities of methamphetamine tablets are becoming available in the NE HIDTA region; some are sold as MDMA to

unwitting abusers. Approximately 60 percent of the methamphetamine samples that are seized in Maine are in tablet form, according to law enforcement officials. Recent indicators suggest that methamphetamine abuse in some parts of New England may be increasing; drug treatment programs located in the northern counties of Vermont report an increase in methamphetamine abuse and availability, and law enforcement officials in Maine report an increase in methamphetamine-related arrests.

The threat that other dangerous drugs (ODDs) pose to the NE HIDTA region is mixed; MDMA distribution and abuse are increasing in some areas, while the abuse of GHB (gamma-hydroxybutyrate), ketamine, LSD, PCP, and psilocybin mushrooms is stable at low levels. Law enforcement officials seized approximately 1,761,600 dosage units of MDMA and small amounts of LSD, PCP, and psilocybin in conjunction with the NE HIDTA initiatives in 2008. (See Table 1 on page 6.) The distribution and abuse of steroids and human growth hormone (HGH), which are often purchased by abusers through the Internet from domestic and foreign distributors, pose additional threats to the region. In 2007 the largest steroid and HGH enforcement action in U.S. history was linked to distributors in Connecticut, New Hampshire, and Rhode Island as well as to distributors in other states and foreign countries. Additionally, U.S. postal inspectors seized five parcels containing HGH and 15 parcels containing steroids that were mailed to recipients in New England from 2007 through 2008; the parcels were sent to the NE HIDTA region from domestic and foreign locations.

Table 1. Drug Seizures in the New England HIDTA Region, in Kilograms, 2008

Drug	Amount Seized	Wholesale Value
Heroin	29.1	\$1,887,830
Powder Cocaine	366.5	\$10,954,475
Crack cocaine	15.8	\$689,581
Marijuana	4,136.4	\$16,729,138
Methamphetamine	0.04	\$1,540
MDMA (in dosage units)	1,761,626	\$13,182,651
Hydrocodone (in dosage units)	3,297.5	\$6,026
LSD (in dosage units)	823.0	\$3,872
Methadone (in dosage units)	153	\$5,055
Morphine (in dosage units)	12	\$318
Oxycodone (in dosage units)	298.5	\$4,432
OxyContin (in dosage units)	69,843	\$1,102,710
PCP	0.001	\$26
Percocet (in dosage units)	1,418	\$6,746
Psilocybin	2.1	\$9,001
Vicodin (in dosage units)	1,137	\$5,809
Vioxin (in dosage units)	32	\$0
Xanax (in dosage units)	57	\$228
Total Wholesale Value		\$44,589,438

Source: New England High Intensity Drug Trafficking Area.

Drug Trafficking Organizations

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

Drug Trafficking Organizations, Criminal Groups, and Gangs

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

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

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

a. Street gangs are defined in the California Street Terrorism Enforcement and Prevention (STEP) Act as any ongoing organization, association, or group of three or more persons, whether formal or informal, having as one of its primary activities the commission of one or more specific criminal acts, having a common name or identifying sign or symbol, and whose members individually or collectively engage in or have engaged in a pattern of criminal gang activity.

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

England. Dominican DTOs operate from the primary drug distribution hubs in the region—Lowell/Lawrence and Hartford/Springfield.

Asian DTOs operating between the United States and Canada pose a major threat to the NE HIDTA region. They are the primary producers, transporters, and distributors of Canadian high-potency hydroponic marijuana, MDMA, and tablets/capsules that may contain multiple synthetic drugs such as methamphetamine, MDMA, and MDA. Asian DTOs smuggle drug shipments from Canada for further distribution in New England and elsewhere in the United States. Asian DTOs operated a number of sophisticated hydroponic cannabis grow operations that were seized in Connecticut and New Hampshire in prior years. However, only two significant Asian-operated indoor cannabis cultivation sites were seized in the NE HIDTA region in 2008; only one such site was seized in the region in 2007.

Mexican DTOs are significant transporters and wholesale distributors of cocaine, commercial-grade marijuana, SA heroin, and limited quantities of ice methamphetamine in the NE HIDTA region. Mexican DTOs have traditionally transported illicit drug shipments to New England on consignment for Colombian and Dominican DTOs. However, some Mexican traffickers that supply New England are now operating on their own behalf, bypassing Colombian and Dominican DTOs and using existing networks to transport drug shipments directly to the region from mid-Atlantic, southern, and western states for distribution. For example, on April 12, 2009, law enforcement officials in Manchester, New Hampshire, seized 45 kilograms of cocaine and approximately \$60,000, and arrested and charged five Mexican nationals with conspiracy to distribute cocaine. This was the largest cocaine seizure in state history. During the course of the investigation, law enforcement officials seized a total of \$230,000 and two firearms.

Sinaloa Cartel Targeted in Massachusetts

In February 2009 the Attorney General of the United States announced the arrests of 755 individuals during Operation Xcellerator, a significant international law enforcement effort directed against the Sinaloa Cartel, a major Mexican DTO that operated multiple drug distribution cells in the United States and Canada. The Sinaloa Cartel smuggled multiton quantities of illicit drugs, including cocaine and marijuana, from Mexico to the United States and Canada and laundered millions of dollars in drug proceeds. Law enforcement officials seized more than 12,000 kilograms of cocaine, 7,257 kilograms of marijuana, 544 kilograms of methamphetamine, 8 kilograms of heroin, nearly 1.3 million MDMA tablets, approximately \$59.1 million in U.S. currency, more than \$6.5 million in other assets, 149 vehicles, 3 aircraft, 3 maritime vessels, and 169 weapons during the investigation. The leader of the Sinaloa Cartel was also indicted as a result of this law enforcement effort. Cases that resulted from Operation Xcellerator are being prosecuted in 11 judicial districts, including the districts of Arizona, Maryland, Massachusetts, and Minnesota as well as the Central, Eastern, and Southern Districts of California, Southern District of New York, Northern District of Ohio, Middle District of Pennsylvania, and Western District of Texas.

Source: U.S. Department of Justice.

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

Gangs in New England

Approximately 640 gangs with more than 17,250 members are criminally active in New England, according to 2008 NDTs data and local law enforcement reporting. NDTs data also indicate that the percentage of state and local law enforcement agencies in New England that report gang activity in their jurisdictions increased from 28 percent in 2004 to 39 percent in 2008. Gangs are responsible for as much as 60 percent of the crime in some New England communities.

Source: *National Gang Threat Assessment 2009*.

and Vatos Locos as well as numerous local neighborhood street gangs operate to various degrees in the NE HIDTA region. New York City and southern New England-based African American and Hispanic street gangs travel to areas throughout the NE HIDTA region to distribute powder cocaine, crack cocaine, and heroin at inflated prices, and to obtain weapons, which typically are returned to the gangs' urban bases of operation. Many suburban and rural communities in New England are experiencing increasing gang-related crime and violence because of expanding gang influence, particularly incidents related to territorial disputes. Most street gangs that operate in New England engage in violence in conjunction with various crimes, including retail-level drug distribution. Moreover, law enforcement officials report that street gangs are recruiting new members from middle schools and high schools and are enticing incarcerated gang members back to gang life upon their release from prison.

Members of international outlaw motorcycle gangs (OMGs) such as Hells Angels and Outlaws and their associates distribute cocaine, marijuana, MDMA, powder methamphetamine, and CPDs in New England. Some OMG members also engage in various financial crimes, firearms offenses, and

violent crimes, including assault and armed carjacking, according to law enforcement reporting.

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

Production

Most of the illicit drugs distributed in the NE HIDTA region are produced at locations outside the region; however, some drug production does occur throughout New England. A portion of the SA heroin available in the region is processed at heroin mills that operate in key regional distribution centers—Lowell/Lawrence and Hartford/Springfield.² For instance, members of a heroin distribution organization based in Hartford were sentenced in July 2008 for operating at least two heroin mills that processed and packaged multikilogram quantities of the drug into bundles for redistribution.³ Approximately 50,000 bags⁴ of heroin can be produced from 1 kilogram of heroin. Law enforcement officials have also encountered “finger presses” at heroin mills in

2. A heroin mill is a location in which heroin is repackaged into retail quantities from wholesale lots.
3. Heroin sold by the bundle typically refers to 10 small, single-dosage bags of heroin that are tied or bundled together.
4. Heroin sold by the bag typically weighs between one-seventh and one-tenth of a gram. A bag is generally considered to be 1 dosage unit.

New England; prepackaged fingers⁵ and partial fingers⁶ of heroin are frequently encountered in some NE HIDTA area drug markets, particularly in northern New England, where heroin previously was sold in bag quantities. Powder cocaine is commonly converted to crack throughout the HIDTA region by African American and Jamaican distributors, who purchase powder cocaine from Dominican traffickers. According to the NDTs 2009 data, 78 of the 104 state and local law enforcement agency respondents in the NE HIDTA region report that powder cocaine is converted to crack cocaine in their areas.

Traffickers produce marijuana from cannabis that is cultivated at indoor and outdoor grow sites in the NE HIDTA region. Data from the Drug Enforcement Administration (DEA) Domestic Cannabis Eradication/Suppression Program (DCE/SP) reveal that the number of cannabis plants eradicated from outdoor grow sites in the region increased between 2005 and 2007 but declined significantly in 2008, while the number of plants eradicated from indoor grow sites spiked in 2006, declined significantly in 2007, and remained low in 2008. (See Table 2.) Law enforcement officials attribute the decrease in the number of indoor cannabis plants eradicated between 2006 and 2008 to a reduction in Asian-operated indoor hydroponic grow sites seized in the region. Law enforcement officials seized two sizable Asian-operated indoor hydroponic grow sites in New England during 2008, including 240 cannabis plants in Bolton, Connecticut, in July and 113 cannabis plants in Hull, Massachusetts, in October. The only notable Asian-operated indoor grow site discovered in 2007 was seized by law enforcement officials in July; it consisted

5. Heroin sold by the finger typically is packaged in a compressed cylindrical shape, often in the finger of a latex glove, and weighs 7 to 10 grams. Heroin packaged in this way may also be referred to as a bullet, egg, or pellet.

6. Heroin sold by the partial or half-finger typically contains 4 to 5 grams.

Table 2. Cannabis Plants Eradicated in Indoor and Outdoor Cultivation Sites in the New England HIDTA Region, 2005–2008

	2005	2006	2007	2008
Indoor cultivation sites	2,712	15,337	5,277	5,671
Outdoor cultivation sites	11,054	13,622	14,486	7,430
Total	13,766	28,959	19,763	13,101

Source: Domestic Cannabis Eradication/Suppression Program.

of 534 cannabis plants and was operated by a Vietnamese DTO in New Britain, Connecticut.

MDMA and powder methamphetamine production in the NE HIDTA region occurs intermittently and usually involves small laboratories where abusers and independent dealers produce limited quantities of the drugs for personal use or distribution to close friends and associates. Law enforcement officers seized five methamphetamine laboratories in New England in 2008—four in Maine and one in New Hampshire. Seven methamphetamine laboratories were seized in New England during 2007, according to law enforcement officials—three in Massachusetts, two in Vermont, one in Maine, and another in New Hampshire. Law enforcement officials also seized seven laboratories in New England that produced other types of ODDs during 2007, including one that produced MDMA in Vermont, two that produced steroids in New Hampshire, one each that produced PCP and LSD and one that was used to extract the hallucinogen d-lysergic acid amide (LSA) from morning glory seeds in Connecticut, and one that produced methaqualone in Massachusetts. Law enforcement reporting reveals that laboratory operators acquired the precursor chemicals and equipment used at the seized laboratories from local stores and over the Internet. Moreover, limited quantities of psilocybin mushrooms are produced in the NE HIDTA

region, typically by college students. According to law enforcement officials, most psilocybin mushroom cultivators in New England acquire cultivation materials over the Internet.

Transportation

Colombian and Dominican DTOs generally transport SA heroin and cocaine to the NE HIDTA region from New York, using private and public transportation and the U.S. mail. Some Dominican groups also transport heroin and cocaine directly to the region from other parts of the United States, including Florida, Georgia, and Texas. Dominican DTOs also receive shipments of SA heroin directly from foreign suppliers located in Brazil, Colombia, the Dominican Republic, Ecuador, Guatemala, Mexico, Puerto Rico, and Venezuela. When traffickers smuggle heroin directly to New England, they typically retain a portion for distribution in the region and repackage the remainder for transport to New York City. Heroin traffickers who receive shipments directly from foreign sources usually do so in an attempt to increase their profit margin, to avoid law enforcement interdiction on roadways and at airports, or to avoid intermittent price increases by New York City-based suppliers. Some may also obtain drug supplies directly from family members who live in source or transit countries. U.S. postal inspectors seized a total of 49 parcels containing cocaine that were mailed to recipients in the New England region from 2007 through 2008; inspectors also seized a total of nearly \$300,000 in cash from two parcels that also contained cocaine. The cocaine shipments were mailed to New England by distributors located in domestic and foreign locations; however, most of the seized parcels of cocaine were sent to the NE HIDTA region from Puerto Rico.

Mexican DTOs transport cocaine, marijuana, SA heroin, and limited quantities of ice methamphetamine to the NE HIDTA region from southwestern states, typically concealed

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

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

CPD abusers in the NE HIDTA region frequently obtain drugs such as OxyContin, Vicodin, and Dilaudid (hydromorphone) illegally over the Internet from distributors who are based in and outside the United States. Abusers commonly order CPDs through online forums and message boards on web sites that host encrypted e-mail services. They then electronically wire payment to distributors, who ship the drugs through package delivery services and the U.S. mail. U.S. postal inspectors seized a total of 31 parcels containing oxycodone that had been mailed to recipients in New England from 2007 through 2008. Parcels containing oxycodone were mailed to New England by sources of supply in domestic and foreign locations; most of the seized parcels were sent from Florida to the NE HIDTA region. Some parcels destined for New England that originated in Florida and California contained counterfeit OxyContin. Moreover, some couriers transport CPDs to New England aboard commercial aircraft.

New York-based Colombian and Dominican DTOs are the predominant wholesale polydrug distributors of SA heroin and cocaine to the

Figure 2. New England HIDTA Region Transportation Infrastructure



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

and then return to New England to sell the drugs to their retail customers.

African American and Hispanic street gangs from the New York City metropolitan area and the local area distribute crack cocaine in urban communities throughout the region. Street gang members from New York and the local area use private vehicles or public transportation to transport crack cocaine to urban areas in the region, where they typically set up distribution operations in hotel rooms or the private residences of local female accomplices and distribute the drug to established customers. Local street gang members typically

distribute crack at their established neighborhood distribution sites. Additionally, law enforcement officials report that some African American and Hispanic street gang members from New York City are beginning to base their crack distribution operations in rural areas of the region, where they believe law enforcement resources may be limited. Street-level drug dealers in some New England communities are polydrug traffickers; they distribute small quantities of multiple drugs—such as marijuana, crack cocaine, powder cocaine, heroin, and other drugs such as MDMA—from the same location, according to law enforcement officials.

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

Local independent dealers and OMGs are the primary retail distributors of CPDs in the NE HIDTA region. They generally obtain these drugs through various diversion methods such as doctor-shopping, forgery, fraud, and theft as well as over the Internet. Numerous armed robberies that take place at pharmacies in New England are committed by abusers who are seeking CPDs for personal use and for distribution to other abusers. Distributors who acquire CPDs over the Internet obtain supplies from domestic and foreign sources. For example, embossing on OxyContin tablets seized by law enforcement officials in Warwick, Rhode Island, indicated that the tablets had been manufactured by Purdue Pharma for limited distribution in Argentina and Brazil.

Drug traffickers operating in the NE HIDTA region use commonplace and sophisticated communications technology to facilitate their drug trafficking distribution operations. Traffickers routinely use cell phones, text messaging, the Internet, and other routine communications devices;

some also use satellite phones, HF/UHF/VHF radio communications, video surveillance devices, global positioning systems, Voice-over-Internet Protocol (VoIP), and peer-to-peer services. Traffickers routinely change communication methods and use multiple cell phones, or they use a phone for a limited period of time before switching to a new phone with a new phone number to reduce the possibility of call monitoring.

Electronic communications technology enables drug traffickers and street gang members to conduct their activities across cities, states, and countries. Internet-based methods such as social networking sites, encrypted e-mail, Internet telephony,⁷ and instant messaging as well as prepaid cell phones and prepaid calling cards are commonly used by members of trafficking groups to communicate with one another and with customers. Street gang members often use Internet-based social networking sites such as Facebook, MySpace, and YouTube to recruit new members, brag about their activities, or communicate threats. They also use prepaid cell phones (for voice conversations and text messaging), encrypted e-mail, password-protected web sites, and prepaid phone cards to exchange information regarding specific criminal activity, believing that these systems offer greater security and anonymity. Street gang members also use certain Internet telephony services that they feel are secure. In exploiting electronic communications, gang members frequently use their own gang-specific symbols and coded language.

Drug-Related Crime

Violent crime, particularly drug-related violent crime, is a significant threat to the NE HIDTA region. Law enforcement officials throughout the region report a distinct relationship between drug trafficking and violent and property crime; they

7. Internet telephony enables telephone calls to be placed over the Internet. VoIP (Voice-over-Internet Protocol) is the technology associated with Internet telephony.

Table 3. Violent and Property Crimes Reported in New England, by Category, 2005–2007

Crimes	2005	2006	2007	Percent Change 2006 to 2007	Rate per 100,000 2005	Rate per 100,000 2006	Rate per 100,000 2007	Percent Change per 100,000 2006 to 2007
Violent crime	45,922	45,247	43,334	-4.2%	322.1	317.1	303.8	-4.2%
Murder and nonnegligent manslaughter	363	370	357	-3.5%	2.5	2.6	2.5	-3.8%
Forcible rape	3,671	3,496	3,395	-2.9%	25.8	24.5	23.8	-2.8%
Robbery	13,310	13,940	12,225	-12.3%	93.4	97.7	85.7	-12.3%
Aggravated assault	28,578	27,441	27,357	-0.3%	200.5	192.3	191.8	-0.3%
Property crime	341,953	341,602	337,359	-1.2%	2,398.8	2,393.8	2,365.1	-1.2%
Burglary	68,992	69,727	70,828	1.6%	484.0	488.6	496.5	1.6%
Larceny/theft	235,667	236,594	235,947	-0.3%	1,653.2	1,658.0	1,654.1	-0.2%
Motor vehicle theft	37,294	35,281	30,584	-13.3%	261.6	247.2	214.4	-13.3%

Source: *Uniform Crime Report*.

Note: Minor calculation discrepancies may exist because of rounding of figures.

indicate that most robberies, thefts, shootings, murders, and cases of domestic violence have a drug nexus. All four violent crime categories and every property crime category except burglary decreased in the New England region from 2006 through 2007, according to the most recent data published in the Federal Bureau of Investigation (FBI) *2008 Uniform Crime Report (UCR)*. (See [Table 3.](#)) This differs from the 2007 UCR that reported that violent crimes involving murder/nonnegligent manslaughter, robbery, and property crimes involving burglary and larceny/theft increased in the New England region from 2005 through 2006.

Violent, armed street gang members who engage in midlevel and retail drug distribution, particularly of powder cocaine, crack cocaine, and heroin, pose a significant threat to public safety in the NE HIDTA region. The level of street and prison gang involvement in drug distribution in prisons is also increasing in the region. According to NDTs 2009 data, 48 of 104 state and local law enforcement agency respondents in the NE

HIDTA region identify crack cocaine as the drug that most contributes to violent crime in their areas; 23 of 104 identify crack cocaine as the drug that most contributes to property crime. Street gang members frequently commit violent crimes (such as assaults on police officers and others, home invasion robberies, shootings and assaults with dangerous weapons, and robberies) and property crimes (burglaries and thefts) to protect and expand drug operations and to collect drug debts. Home invasion robberies are a particular problem for law enforcement officials because victims are often drug traffickers who either do not report the crime or do not admit that their drugs or drug proceeds were stolen, even if they report the forced entry. Additionally, some drug traffickers in the region use threats of violence to intimidate witnesses in trials against them.

The acquisition and use of firearms by street gang members pose an increasing threat in the NE HIDTA region. Gang members generally obtain firearms through either direct or intermediary purchases, by theft, and in exchange for

Operation Community Shield Impacts Gang Members in New England

In August 2008, law enforcement officials in Massachusetts reported the arrests of 52 gang members and associates and 28 other criminals during Operation Community Shield, an initiative that targeted violent street gangs. The arrestees were members of 24 different gangs, including 18th Street, Bloods, Crips, Deuce Boys, MS 13, and Tiny Rascal Gangsters. The arrestees included 55 permanent residents who, based upon their criminal history, may be removable from the United States—14 illegally residing in the United States, 2 wanted on warrants of deportation, and 3 who reentered the United States illegally following previous deportations. The arrestees all had criminal records and included foreign nationals from Barbados, Cambodia, Cape Verde, Colombia, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Portugal, Trinidad, and Vietnam. In June 2008, law enforcement officials involved in Operation Community Shield also arrested 11 gang members and associates in Brockton, Massachusetts; the arrestees were foreign nationals from Angola, Brazil, Cape Verde, Colombia, the Dominican Republic, and Haiti. Under Operation Community Shield more than 450 criminals were arrested in the Boston area from 2005 through August 2008, according to U.S. Immigration and Customs Enforcement (ICE).

Source: U.S. Immigration and Customs Enforcement.

drugs. Some gang members also acquire firearms illegally from sources in other parts of the United States or purchase them from other gang members and criminals in the NE HIDTA region. For instance, in October 2008, law enforcement officials in Hartford reported that a previously convicted felon was sentenced for his role in the theft of more than 70 firearms from the bonded

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

Violent Crime Impact Teams (VCIT) were established by ATF in Hartford and more than 20 major cities across the United States to aggressively identify, arrest, and prosecute violent offenders who threaten communities with weapons. From April 2005 through 2007, 589 individuals were arrested and charged with firearms offenses, and 1,255 firearms were recovered in Hartford under the VCIT program. A significant number of firearm-related arrests and firearm seizures that took place in Hartford during 2008 were attributed to the VCIT program, according to preliminary ATF data. In one case nearly 90 firearms were seized from individuals who routinely exchanged weapons for cocaine and heroin. In another case 50 individuals were indicted in Hartford on federal narcotics and firearms charges. During the investigation law enforcement officials seized firearms, powder and crack cocaine, heroin, drug paraphernalia, approximately \$100,000 in cash, and vehicles that had been used in furtherance of drug trafficking activities. Many of the arrests and firearms recovery incidents involved street gang members. The number of reported incidents of gang-on-gang violence that involve firearms appears to be increasing in Hartford, according to law enforcement officials.

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

warehouse of a trucking company; the weapons were sold to several individuals, including known drug dealers and gang members.

In 2007 (the latest year for which such data are available), the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) traced 4,263 firearms that were recovered in New England during criminal investigations conducted by federal,

Table 4. Number of Firearms Recovered and Traced by ATF in New England, 2007

State	Type of Firearm Recovered									Number Recovered and Traced
	Pistols	Revolvers	Rifles	Shotguns	Derringers	Destructive Devices	Other*	Machine Guns	Tear Gas Launchers	
Connecticut	709	418	322	241	16	3	3	2		1,714
Maine	134	63	119	86	1		2	7		412
Massachusetts	760	336	204	151	15	35	13	5	19	1,538
New Hampshire	63	25	26	11	1		1			127
Rhode Island	162	63	31	30	5					291
Vermont	76	23	56	25			1			181
Total	1,904	928	758	544	38	38	20	14	19	4,263

Source: Bureau of Alcohol, Tobacco, Firearms and Explosives, National Tracing Center Division.

*"Other" includes a combination gun and unknown types.

state, and local law enforcement agencies; nearly 70 percent of the recovered firearms were traced to an initial purchase outside of New England. Handguns (pistols, revolvers, and derringers) accounted for approximately 67 percent of the firearms recovered and traced in New England in 2007. (See Table 4.)

According to law enforcement officials, illicit drug abusers in the HIDTA region have robbed pharmacies to obtain supplies of CPDs for personal use and for resale to other addicts to finance their addictions and also commit a host of violent and property crimes. Heroin and crack cocaine abusers are often implicated in incidents of domestic violence, including child abuse and neglect and spousal abuse. Some drug abusers in the region commit burglary, forgery, fraud, and theft of scrap and/or precious metals to support their addictions. Moreover, some CPD abusers have committed bank robberies in the HIDTA region.

Abuse

The abuse of heroin and controlled prescription opioids is the primary drug abuse problem in the HIDTA region, according to various drug abuse indicators. According to NDTs 2009 data,

65 of 104 state and local law enforcement agency respondents in the NE HIDTA region report that the diversion and abuse of CPDs are high in their areas.

Opioid-related inquiries accounted for 39 percent of all substance abuse-related nonemergency information calls from healthcare professionals and the general public to the Northern New England Poison Center (NNEPC) hotline from 2006 through 2008. Most of the opioid-related calls to the NNEPC, which serves Maine, New Hampshire, and Vermont, involved oxycodone (43%) and hydrocodone (28%) issues.

Heroin was the primary drug reported in calls to the substance abuse help line in Boston; heroin-related issues accounted for 32 percent of incoming calls during 2007 (the latest year for which such data are available), according to the Boston Public Health Commission (BPHC). The abuse of heroin accounted for 33.3 percent of the emergency department (ED) reports or mentions in Boston from January through June 2007, according to BPHC data.

The percentages of ED mentions reported for other drugs were 45.0 percent for marijuana, 42.1 percent for cocaine, and 0.7 percent for methamphetamine. Moreover, the abuse of heroin

Table 5. Drug-Related Treatment Admissions to Publicly Funded Facilities in the New England HIDTA Region, 2003–2007

Drug	2003	2004	2005	2006	2007
Heroin	49,745	49,568	47,139	48,367	47,995
Cocaine	17,349	17,898	12,792	14,765	14,731
Marijuana	11,245	11,673	11,285	12,636	12,794
Other opiates	7,135	8,380	9,762	12,087	13,475
Amphetamines (including methamphetamine/ other stimulants)	361	377	477	502	430

Source: Treatment Episode Data Set.

contributed to an increasing percentage of drug-related deaths in Connecticut, accounting for approximately 22 percent of drug-related deaths in 2006, 23 percent in 2007, and 29 percent in 2008, according to the Connecticut Medical Examiner’s Office.⁸ During 2008, the youngest decedent in Connecticut whose death was attributed to a heroin-related overdose was 17 years old; the oldest heroin-related overdose decedent was 66. Additionally, according to data from the Treatment Episode Data Set (TEDS), the number of heroin-related treatment admissions to publicly funded facilities in the region exceeded admissions for all other illicit substances combined from 2003 through 2007, the latest year for which such data are available. (See Table 5.)

TEDS data also indicate that the number of other opiate-related treatment admissions in New England nearly doubled from 7,135 in 2003 to 13,475 in 2007. Furthermore, drug treatment facilities in Boston reported increases in heroin and other opiate-related primary treatment admissions in the age 19 to 29 category and among Caucasians during fiscal year (FY) 2007. The treatment facilities also reported that the proportion of past year injection drug use among heroin and other opiate-related admissions reached 83

percent, the highest level reported in Boston in the last 10 years, according to the BPHC.

Controlled prescription opioid abusers are fueling the heroin abuse problem in the NE HIDTA region. According to area treatment providers, a rising number of controlled prescription opioid abusers (particularly adolescents and young adults) have switched to heroin abuse because heroin is more affordable and potent. For example, a noteworthy increase in the number of heroin overdose incidents occurred in the Wilmington/Billerica, Massachusetts, area near the end of 2008. Most of the victims, who were either teens or in their early twenties, had previously abused controlled prescription opioids and transitioned to heroin, according to law enforcement officials. A spike in fatal heroin overdoses in southeastern Connecticut in early 2008 was attributed to heroin that had been distributed by members of a local street gang, according to law enforcement officials. The average retail price for one 80-milligram tablet of OxyContin ranges from \$65 to \$80 in Boston, while 1 gram of SA heroin sells for approximately \$100. Law enforcement officials report that the prices for heroin sold by the bag are low in some parts of Connecticut because of the wide availability of the drug.

Many heroin abusers in the region are “functional heroin abusers;” they hold jobs, have families, attend school, and participate in community events. Moreover, many heroin abusers from the

8. The mortality percentages that are listed may be understated because they include only incidents in which heroin was mentioned as contributing to a drug-related death; the percentages may exclude incidents in which heroin was involved and the pathologist listed the cause of death as multiple drug toxicity.

northern New England states are commonly viewed by law enforcement and public health officials as “day trippers” because they drive to the Lowell/Lawrence and Hartford/Springfield areas to purchase heroin on a daily basis. They often ingest or inject a portion of the heroin while driving back to their home state and typically sell a portion of their purchase to other abusers to defray costs associated with their addiction.

There is a distinct relationship between heroin and controlled prescription opioid abuse in New England; in addition to controlled prescription opioid abusers who often switch to heroin use, former heroin abusers are abusing the synthetic opioids methadone and buprenorphine, which are addiction treatment drugs, according to substance abuse treatment providers. The abuse of methadone contributes to a significant number of drug-related deaths in New England states. The presence of methadone was noted in 25 of 117 drug-related deaths in New Hampshire during 2008. In 2007 (the latest year for which such data are available) methadone was the drug mentioned most often in drug-related deaths in Maine (40%) and Vermont (25%), and methadone contributed to many others throughout the entire region, including 13 percent of the drug-related deaths reported in Connecticut. Moreover, the NNEPC reports that the hotline received more than 3,600 methadone-related information calls from 2006 through 2008. Public health officials in Maine and New Hampshire attribute the high number of methadone-related deaths to the removal of OxyContin as a preferred drug from state health plans; the drug was removed because of its high abuse potential. Physicians are now compelled to prescribe methadone for chronic pain relief and, as a result, abusers, who typically obtain drugs through fraud, theft, or doctor-shopping, are acquiring and abusing methadone more frequently than OxyContin, their previous drug of choice. These abusers, who are seeking an OxyContin-type high—which is physiologically unattainable from methadone—sometimes use excessive amounts of the drug and

accidentally overdose. Reported use of buprenorphine is increasingly common among heroin users, who use it primarily to avoid withdrawal or to self-manage their addiction by reducing their cravings for opioids, according to New England substance abuse treatment providers.

Public health data reveal the diversion and abuse of other CPDs throughout the region. For instance, law enforcement officials report that some heroin addicts in the region who are undergoing treatment for opioid dependence with drugs such as methadone, Suboxone, and Subutex or benzodiazepines such as Klonopin (clonazepam) sell a portion of the drugs that they are prescribed and use the proceeds to purchase heroin. Law enforcement officials further report that some individuals on fixed incomes sell a portion of their CPDs, often obtained through publicly funded programs, to supplement their income. Benzodiazepines and benzodiazepine-like products were the drugs cited second most frequently in terms of the number of non-emergency information calls to the NNEPC hotline from 2006 through 2008. Moreover, law enforcement officials in Maine report that some distributors of diverted CPDs provide abusers with free samples of benzodiazepines when the abusers obtain controlled prescription opioids; some distributors offer the free samples as a marketing technique in an attempt to entice these abusers to use controlled prescription benzodiazepines to avoid the common withdrawal symptoms that are often associated with the abuse of controlled prescription opioids.

Illicit drug abusers in the NE HIDTA region are unwittingly being exposed to illicit substances they do not intend to ingest, primarily through their use of synthetic drug tablet/capsule combinations, which are increasingly available in the region. Some synthetic drug tablets available in the region are represented as MDMA by distributors but actually contain methamphetamine, or methamphetamine and MDMA in combination.

Public health officials report that MDMA and methamphetamine combinations may produce greater adverse neurochemical and behavioral effects than either drug alone, thus placing abusers at greater risk. Some synthetic drug tablets/capsules available in the region may also contain multiple substances and various combinations of ingredients such as MDMA, MDA, and methamphetamine. Some cocaine abusers in the region have also been exposed to illicit substances used by distributors as cutting agents to stretch cocaine supplies and increase profits. (See text box.)

Illicit Finance

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

They also transport bulk proceeds to New York City to be combined with other drug proceeds for eventual transport to southwestern states, Mexico, South America, or the Dominican Republic. Traffickers also ship drug proceeds through the U.S. mail, via package delivery services, and aboard commercial aircraft. Wholesale-level traffickers operating in the HIDTA region use personal and business accounts to launder drug proceeds through depository institutions, a segment of the New England financial industry which ranked second in the number of Suspicious Activity Reports (SARs) that were filed from 2003 through 2007. However, depository institutions ranked first in the number of Suspicious Activity

Potential Health Risks Associated With the Abuse of Cocaine Cut With Levamisole

Public health officials in New England, some other regions of the United States, and some foreign countries are investigating the relationship between patients who abused cocaine that had been cut with the diluent levamisole and were subsequently diagnosed as having agranulocytosis—a condition that destroys bone marrow, makes it difficult for a patient to fight off infections, and can be fatal because it compromises the human immune system. Levamisole, a drug initially developed to treat worm infestations in humans and animals, has been encountered as a cutting agent in some bulk and user quantities of cocaine.

Source: Bureau of Alcohol, Tobacco, Firearms and Explosives; Drug Enforcement Administration; New Mexico Department of Health.

Reports (SARs) that were filed in New England during the first half of 2008. Wholesale-level traffickers also launder drug proceeds through MSBs, typically by electronic wire transfers of funds to associates outside the HIDTA region or to domestic and international bank accounts owned by the trafficker or money brokers. MSBs ranked first in the number of SARs that were filed by the New England financial industry every year from 2003 through 2007; however, MSBs ranked second in the number of SARs that were filed during the first half of 2008. U.S. postal inspectors seized 57 parcels and nearly \$1.5 million in cash that had been mailed from New England to various locations from 2007 through 2008; most of the seized parcels that contained currency were destined for California and Puerto Rico.

Midlevel and retail traffickers operating in the region often launder proceeds by commingling them with legitimate funds generated in cash-intensive area businesses such as clothing, music,

and convenience stores; restaurants; tanning and nail salons; travel agencies; and used car dealerships. Additionally, retail drug distributors often purchase real estate, expensive clothing, jewelry, high-end consumer electronics, and automobiles with the proceeds from illegal drug sales. Some traffickers also use unscrupulous members of the financial and legal professions to launder drug proceeds in the New England region.

Outlook

Heroin abuse will remain a primary drug threat to the NE HIDTA region over the next year. SA heroin will remain widely available and abused and may become an even greater threat if street-level prices further decline. Additionally, the availability of Southwest Asian (SWA) heroin in the region may increase if heroin demand escalates. In 2006 Canadian law enforcement officials reported that SWA heroin replaced Southeast Asian heroin as the primary heroin type available in Canada. If this situation continues, SWA heroin traffickers may be inclined to smuggle a portion of their supplies to the HIDTA region to meet increasing heroin demand, given the region's proximity to Canada.

The rate at which controlled prescription opioid abusers switch to heroin use will increase as they are attracted by the lower cost and higher potency of heroin; as a result, heroin-related treatment admissions will quite likely increase throughout the region.

The abuse of CPDs that are used to treat opioid addiction is very likely to increase if the abuse of heroin and CPDs continues to rise in New England; this situation will result in greater

demand for drug treatment and other health-related services.

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

The level of violence occurring among street gangs competing for drug distribution territory in New England is quite likely to escalate if gangs continue their recruitment of new members from middle schools and high schools. Street gangs in the region will be able to work larger territories with more members, and this expansion will quite likely result in an increase in the number of violent confrontations between rival gangs on the streets and in the schools.

The recent decline in the overall economy will most likely impact the drug situation in New England for the foreseeable future. The economic downturn will result in an increase in individuals who obtain CPDs through publicly funded programs, and this situation will result in some of these individuals selling a portion of their drug supplies to supplement their income. Moreover, a larger segment of the New England population may resort to drug trafficking as an alternative source of income or commit various drug-related crimes such as robberies, burglaries, and other crimes of opportunity to pay for the cost of their drug addiction. Drug-related incidents of domestic violence and child abuse will also most likely increase in the NE HIDTA region during the coming year.

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 Westerly Police Department
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Vermont

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Regional

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