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Rhode Island

Drug Threat Assessment



National Drug Intelligence Center
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Rhode Island Drug Threat Assessment

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Preface

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

Rhode Island Drug Threat Assessment

Executive Summary

The distribution and abuse of illicit drugs pose a serious threat to Rhode Island. Providence has emerged as a regional transshipment city from which criminal groups ship heroin and, to a much lesser extent, cocaine to areas throughout the state and the New England region. Illicit drugs primarily are transported into and through the state in private, commercial, and rental vehicles, typically via Interstates 95, 195, and 295.

Heroin is a significant drug threat to Rhode Island. South American heroin is readily available throughout the state. Southeast Asian heroin also is available, although to a lesser extent. Heroin abuse levels are high, and the availability of low cost, high purity South American heroin continues to attract a new, younger abuser population that snorts or smokes the drug, rather than injects it. Dominican criminal groups are the primary transporters of heroin into Rhode Island. They transport the drug from New York City using private vehicles, often equipped with false compartments, as well as rental vehicles. Dominican criminal groups also are the primary wholesale and retail distributors of heroin in Rhode Island. Colombian criminal groups, among others, distribute wholesale quantities of heroin as well. Other retail distributors include African American and Hispanic criminal groups and gangs and various local independent dealers. Heroin primarily is distributed in parking lots from private vehicles, although it also is frequently distributed from residences, at local housing projects, at local malls and shopping plazas, and on street corners.

Cocaine, particularly crack, poses a serious drug threat to Rhode Island. Cocaine is readily available, commonly abused, and more frequently associated with violent crime than any other illicit drug in the state. Dominican criminal groups using private vehicles, often equipped with false compartments, as well as rental vehicles transport most of the powdered cocaine available in the state from New York City via Interstate 95. Dominican criminal groups are the primary wholesale and retail distributors of powdered cocaine in the state. Colombian criminal groups, among others, distribute wholesale quantities of powdered cocaine as well. Other retail distributors of powdered cocaine include Caucasian criminal groups and local independent dealers who typically distribute the drug in smaller cities, towns, and rural areas. African American criminal groups and gangs and,

to a lesser extent, Hispanic gangs, Caucasian criminal groups, and various local independent dealers distribute retail quantities of crack cocaine in the state. Powdered and crack cocaine distribution typically occurs in public areas such as parking lots, malls, and shopping plazas and from private residences.

Marijuana is the most widely available and commonly abused illicit drug in Rhode Island. However, the drug is generally regarded as a lower threat than heroin and cocaine because it is less often associated with violent crime. Most of the marijuana available in the state is produced in Mexico. Marijuana produced locally as well as marijuana produced in Canada and Jamaica also is available. Mexican criminal groups are the primary transporters of marijuana into Rhode Island. These groups transport the drug into the state primarily using commercial and private vehicles. No specific group controls the distribution of marijuana in Rhode Island. Caucasian criminal groups, as well as Dominican, Jamaican, Mexican and other Hispanic criminal groups and various local independent dealers, among others, distribute marijuana at the wholesale level in the state. African American, Caucasian, and Hispanic criminal groups, local independent dealers, outlaw motorcycle gangs, and street gangs, among others, distribute marijuana at the retail level in Rhode Island.

Other dangerous drugs pose an increasing threat to Rhode Island. This category of drugs includes the club drugs MDMA, GHB and its analogs, LSD, and ketamine as well as diverted pharmaceuticals such as Dilaudid, OxyContin, Percocet, Percodan, Ritalin, and Vicodin. Caucasian local independent dealers are the primary wholesale and retail distributors of these drugs in Rhode Island. The club drugs MDMA, GHB and its analogs, ketamine, and LSD often are sold at nightclubs, raves or techno parties, or openly in hand-to-hand exchanges on the streets as well as at bars, private parties, gyms, or student hangouts near high school and college campuses. Often the individuals who distribute these drugs—typically teenagers and young adults—also abuse these substances.

Methamphetamine is infrequently available and abused in Rhode Island and is not considered a significant drug threat to the state. Although methamphetamine-related treatment admissions to publicly funded facilities increased from 1997 to 2001, the number of admissions remains low. Further, federal law enforcement officials in Rhode Island did not seize any methamphetamine throughout 2001, and there was only one methamphetamine laboratory seizure from 1998 through 2002.

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Rhode Island Name Drug Threat Assessment



Rhode Island.

Note: This map displays features mentioned in the report.



Rhode Island

Drug Threat Assessment

Overview

Encompassing 1,045 square miles, Rhode Island is the smallest state in the nation in terms of land area. The state measures approximately 20 miles along its northern border and approximately 40 miles along its western border. However, it is the second most densely populated state with approximately 1,003 residents per square mile. Rhode Island's population is concentrated in and around Providence in the northeastern part of the state. According to 2000 U.S. Census Bureau data, 85 percent of Rhode Island's population is Caucasian, 4.5 percent is African American, 2.3 percent is Asian, and the remaining 8.2 percent is composed of individuals of other races or a combination of races. Nearly 9 percent of the state's population identifies itself as Hispanic or Latino. The state's population density and diversity make it attractive to drug distributors and allow various criminal groups to blend with the resident population.

Most drug distribution and abuse occur in and around the urban areas of the state. The Drug Enforcement Administration (DEA) Providence Resident Office reports that most drug-related arrests occur in Central Falls, Pawtucket, Providence, Warwick, and Woonsocket, where collectively approximately 40 percent of the state's

Fast Facts	
Rhode Island	
Population (2001)	1,058,920
U.S. population ranking	43rd
Median household income (2001)	\$45,723
Unemployment rate (2001)	4.5%
Land area	1,045 square miles
Shoreline	384 miles
Capital	Providence
Other principal cities	Cranston, Newport, Pawtucket, Warwick, Woonsocket
Number of counties	5
Principal industries	Agriculture, boating, electric equipment, fabricated metal products, jewelry manufacturing, machinery, shipbuilding, tourism

population resides. According to the Rhode Island State Police, drug distribution in rural

areas of the state is rare. However, some individuals in rural areas cultivate cannabis and engage in other drug-related criminal activity.

Rhode Island's well-developed transportation infrastructure and its location between New York City and Boston make it a transit point and distribution area for illicit drugs. Law enforcement officials report that drug transporters primarily use private and commercial vehicles to transport illicit drugs into and through Rhode Island, most commonly via Interstates 95, 195, and 295. Interstate 95, the major north-south route on the East Coast, extends diagonally through the state from the southwest to the northeast, running through Providence and Pawtucket; it connects New York City and Boston and continues to the U.S.–Canada border. Interstate 195 extends east from Providence to Fall River and New Bedford, Massachusetts. Interstate 295 is a bypass around Providence, and connects to I-95 in Massachusetts. Criminal groups and local independent dealers sometimes transport drugs into and through Rhode Island on alternate routes including U.S. Routes 1, 6, and 44.

Drug transporters frequently intermingle drugs among legitimate goods such as produce and furniture when transporting drugs in commercial vehicles. Drug transporters such as Mexican criminal groups often use this method when smuggling marijuana from Mexico to Rhode Island. These groups exploit the high volume of legitimate trade between Mexico and the state to camouflage drug transportation activities. In 2000, the most recent year for which data are available, 44,431 metric tons of cargo were transported from Mexico to Rhode Island in tractor-trailers.

Drugs occasionally are transported into Rhode Island aboard commercial and private aircraft. The T.F. Green International Airport, located in Warwick, south of Providence, is the only international airport in the state and offers 160 daily flights to and from major cities throughout the United States, including New York, as well as Toronto, Canada, and St. Thomas, U.S. Virgin Islands. Passenger volume at this airport has increased from 4.6 million passengers in 1998 to

5.5 million passengers in 2001. According to Operation Jetway data, federal law enforcement officials in 2001 seized nearly 58 kilograms of marijuana and approximately 1 kilogram of cocaine from commercial airline flights arriving in the Providence area. In addition to T.F. Green International Airport, the state operates five additional public airports. There are also numerous private airfields and airstrips that can be used to transport drugs into the state.

Operation Jetway

Operation Jetway is an EPIC-supported domestic interdiction program. Drug seizures are reported to Operation Jetway by federal, state, and local law enforcement agencies across the nation at airports, train stations, bus stations, package shipment facilities, U.S. Post Offices, and airport hotels/motels.

Drugs infrequently are transported into Rhode Island aboard commercial maritime vessels. Drugs transported on such vessels typically arrive at Providence, Quonset Point/Davisville, or Newport, the state's primary seaports. Local law enforcement officials indicate that heroin is transported by crew members aboard commercial fishing vessels.

Various criminal groups transport drugs into Rhode Island. Dominican criminal groups are the dominant transporters of heroin and cocaine into the state. African American criminal groups and gangs, Colombian and other Hispanic criminal groups, as well as various local independent dealers also transport heroin and cocaine into Rhode Island. Mexican criminal groups are the primary transporters of marijuana into Rhode Island. These groups transport multikilogram shipments of marijuana into the state from sources in Mexico and transportation hubs in California and southwestern states. Caucasian, Dominican, and Jamaican criminal groups and various local independent dealers also transport marijuana into Rhode Island. Caucasian criminal groups and local independent dealers are the primary transporters of other dangerous drugs such as MDMA, GHB and its analogs, ketamine, and LSD into the

state; they transport the drugs from New York City in private or rental vehicles or ship them through package delivery services.

Various criminal groups sell drugs at the wholesale level in Rhode Island. Dominican criminal groups are the primary wholesale-level distributors of heroin and powdered cocaine in Rhode Island. Colombian criminal groups, among others, also distribute wholesale quantities of heroin and powdered cocaine. No specific group controls the distribution of marijuana in Rhode Island. Caucasian criminal groups, as well as Dominican, Jamaican, Mexican, and other Hispanic criminal groups and various local independent dealers distribute marijuana at the wholesale level in Rhode Island. Caucasian local independent dealers are the dominant wholesale distributors of other dangerous drugs such as MDMA, GHB and its analogs, LSD, and diverted pharmaceuticals.

Retail drug distribution in Rhode Island is conducted by various criminal groups, gangs, and local independent dealers. Dominican criminal groups are the dominant retail distributors of heroin and powdered cocaine. African American and Hispanic criminal groups, gangs, and various local

independent dealers also distribute significant amounts of heroin at the retail level, while Caucasian criminal groups and local independent dealers distribute powdered cocaine at the retail level. African American criminal groups and gangs, Hispanic gangs, Caucasian criminal groups, and various local independent dealers distribute crack cocaine at the retail level. Various criminal groups, gangs, and local independent dealers engage in retail-level marijuana distribution in Rhode Island. Caucasian criminal groups and local independent dealers are the dominant retail-level distributors of other dangerous drugs such as MDMA, GHB and its analogs, ketamine, LSD, and diverted pharmaceuticals. Caucasian local independent dealers distribute the limited quantities of methamphetamine available in Rhode Island.

Members of African American and Hispanic street gangs distribute drugs at the retail level in most large cities in Rhode Island and, to a lesser extent, in smaller cities, suburban areas, and rural communities. Generally, gangs in Rhode Island are local in nature and not connected to or affiliated with large, nationally recognized street gangs in other U.S. cities. According to the Providence

Gangs That Distribute Drugs in Rhode Island

Latin Kings

Latin Kings (Almighty Latin Kings Nation or ALKN) is a predominantly Hispanic gang with two major factions, one in Chicago and the other in the Northeast. These gangs started as social groups in Hispanic communities but later evolved into criminal groups that distribute illicit drugs and commit violent crimes. Latin Kings is a structured gang that relies on strict, detailed charters to maintain discipline. The Chicago-based Latin Kings is the foundation upon which all Latin Kings gangs are based. In Rhode Island gangs that identify themselves as Latin Kings generally do not have any connection to the Chicago-based gang.

Bloods and Crips

Bloods and Crips are two of the largest and most violent associations of street gangs in the United States. The membership of both is primarily African American. Both are a collection of structured and unstructured gangs commonly known as sets. Generally, gang sets are established by an entrepreneurial individual who runs the set and recruits members to distribute drugs. Bloods and Crips conduct drug distribution activities in nearly every U.S. state, including Rhode Island. In Rhode Island gangs that identify themselves as Bloods or Crips generally do not have any connection to the larger, Southern California-based Bloods and Crips sets. However, Blood sets in the Northeast usually identify with United Blood Nation, a highly structured Bloods gang which began in Riker's Island Jail in New York City in the early 1990s.

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

	All Drugs*	Heroin	Powdered Cocaine	Crack Cocaine	Marijuana	Methamphetamine	Other
Rhode Island	39.2	15.0	25.0	40.0	17.5	0.0	2.5
United States	41.2	7.2	22.1	20.4	32.8	14.2	3.2

Source: U.S. Sentencing Commission.

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

Police Department Narcotics Unit, Bloods, Crips, Eastside, Latin Kings, Southside, Taylor Street, and Westend are the primary street gangs that distribute drugs in Providence. In Providence street gangs that were traditionally African American and Hispanic are becoming multiethnic by accepting members of various ethnic groups. These gangs almost always distribute multiple types of drugs, typically at public locations such as restaurants, shopping centers, and motels.

The number of statewide drug-related arrests in Rhode Island remained relatively steady from 1997 through 2001. According to Rhode Island Uniform Crime Report (UCR) data, there were 4,239 drug-related arrests in 1997 compared to 4,394 in 2001. The 4,394 drug-related arrests in 2001 accounted for over 10 percent of all arrests in the state that year. Further, Providence Police Department officials and Warwick law enforcement officials report that drug distributors in their

jurisdictions commonly commit violent crimes to protect their turf, and drug abusers frequently commit crimes such as residential break-ins to support their drug addiction.

The percentage of federal sentences that are drug-related in Rhode Island is similar to the percentage nationwide. According to the U.S. Sentencing Commission (USSC), in fiscal year (FY) 2001 drug-related federal sentences in Rhode Island accounted for 39.2 percent of all federal sentences in the state, compared to 41.2 percent nationwide. In Rhode Island the majority (65%) of the drug-related federal sentences resulted from powdered or crack cocaine offenses. (See Table 1.)

The rate of drug-related treatment admissions in Rhode Island is significantly higher than the national rate, and the number of admissions is increasing. According to the Treatment Episode

**Table 2. Substance Abuse-Related Treatment Admissions to Publicly Funded Facilities
Rhode Island, 1997–2001**

	Heroin	Cocaine	Marijuana	Amphetamines*	Total**
1997	3,745	828	822	7	9,146
1998	4,407	999	1,004	6	11,168
1999	4,856	1,240	1,233	4	12,279
2000	4,779	1,382	1,396	15	12,577
2001	5,040	1,491	1,624	16	13,427

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, TEDS.

*Includes admissions for both amphetamines and methamphetamine. Nationwide, methamphetamine constitutes approximately 95 percent of the admissions in this category.

**Includes admissions for alcohol as well as for other drugs not itemized above.

Data Set (TEDS), the rate of drug and alcohol-related treatment admissions per 100,000 population in Rhode Island was 1,498 compared with the rate nationwide (704) in 2000, the most recent year for which data are available. Further, substance abuse-related treatment admissions to publicly funded facilities in Rhode Island increased from 9,146 in 1997 to 13,427 in 2001, according to TEDS. (See Table 2 on page 4.)

Illicit drugs are frequently abused in Rhode Island. According to the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA), 8.1 percent of individuals aged 12 and over surveyed in Rhode Island reported having abused an illicit drug at least once in the month prior to the survey, compared with 6.3 percent of individuals surveyed nationwide.

The number of drug deaths reported in the Providence metropolitan area decreased overall from 1997 through 2001. According to Drug Abuse Warning Network (DAWN) mortality data, there were 60 drug deaths in the Providence metropolitan area in 1997 and 52 in 2001. All of the 52 drug deaths reported by DAWN in 2001 were

Mortality Data

DAWN mortality data for the Providence metropolitan area were provided by medical examiners in Kent and Providence Counties.

drug-induced (overdoses), and many (69%) involved more than one drug.

The financial impact on Rhode Island's government from substance abuse-related costs and services is significant. Rhode Island officials spent nearly \$300 million on substance abuse-related programs in areas including justice, education, health, child-family assistance, mental health/development disabilities, public safety, and state workforce in 1998, the last year for which these data are available. This figure amounted to 11 percent of the total expenditures for state agencies. The state government spent approximately \$303 per resident on substance abuse programs that year, the ninth highest rate in the nation. When factoring in the cost of lost productivity and non-governmental expenses by private social services, estimates for total substance abuse-related costs were even higher.

Heroin

Heroin is a significant drug threat to Rhode Island. South American heroin is readily available throughout the state. Southeast Asian heroin also is available, although to a lesser extent. Heroin abuse levels are high, and the availability of low cost, high purity South American heroin continues to attract a new, younger abuser population that snorts or smokes the drug, rather than injects it. Dominican criminal groups are the primary transporters of heroin into Rhode Island. They transport the drug from New York City using private vehicles, often equipped with false compartments, as well as rental vehicles.

Dominican criminal groups also are the primary wholesale and retail distributors of heroin in Rhode Island. Colombian criminal groups, among others, distribute wholesale quantities of heroin as well. Other retail distributors include African American and Hispanic criminal groups and gangs and various local independent dealers. Heroin primarily is distributed in parking lots from private vehicles, although it also is frequently distributed from residences, at local housing projects, at local malls and shopping plazas, and on street corners.

Abuse

Treatment data indicate that heroin commonly is abused in Rhode Island. The number of

heroin-related treatment admissions in Rhode Island surpassed admissions for any other illicit

drug from 1997 through 2001. According to TEDS, the number of heroin-related treatment admissions to publicly funded facilities increased from 3,745 in 1997 to 5,040 in 2001. (See Table 2 on page 4.) The rate of heroin-related treatment admissions per 100,000 population in Rhode Island (568) was significantly higher than the rate nationwide (108) in 2000, the most recent year for which these data are available.

The percentage of young people reporting heroin abuse in Rhode Island is comparable to the national percentage. According to the 2001 Youth Risk Behavior Survey (YRBS), 4.0 percent of Rhode Island high school students surveyed reported having abused heroin at least once in their lifetime; this percentage is statistically comparable to the percentage nationwide (3.1%).

State data indicate that heroin abuse frequently is cited in drug deaths in Rhode Island. According to the Rhode Island Chief Medical Examiner's office, 45 of the 92 drug overdose deaths in Rhode Island in FY2001 (49%) were classified as opiate

overdoses and likely involved heroin. According to DAWN mortality data, 44 of the 52 drug-induced (overdose) deaths in Providence in 2001 involved narcotic analgesics. Many of those deaths likely were due to heroin overdoses.

Injection is the primary method of heroin administration in Rhode Island, although many novice abusers snort or smoke the drug. A growing number of novice users—generally teenagers and young adults—choose to snort or smoke heroin because they wish to avoid contracting needle-borne diseases such as AIDS (acquired immunodeficiency syndrome) and hepatitis, according to the Rhode Island Department of Mental Health, Retardation, and Hospitals. Many of these abusers mistakenly believe that these methods of administration will not lead to addiction. However, treatment officials report that most novice abusers become addicted to heroin within 6 months of initial use, and as tolerance levels increase, these abusers begin injecting heroin to achieve a more intense high.

Availability

Heroin, primarily South American heroin, is readily available in Rhode Island. Federal and state law enforcement officials report that Southeast Asian heroin also is available. Mexican black tar and brown powdered heroin and Southwest Asian heroin are rarely available in the state. According to the National Drug Intelligence Center (NDIC)

National Drug Threat Survey 2002, law enforcement officials in Charleston, Cranston, Newport, Pawtucket, Providence, East Providence, North Providence, Warwick, Westerly, and Woonsocket report that the level of heroin availability is high in their jurisdictions.

NDIC 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 2,386 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 posed by specific drugs in 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.

High purity heroin is available at relatively low prices throughout the state. In the first quarter of FY2002, the DEA Providence Resident Office reported that purity levels at the wholesale and retail levels ranged from 45 to 90 percent. State-wide heroin prices for the first quarter of FY2003 as reported by the DEA Providence Resident Office are listed in Table 3.

**Table 3. Heroin Prices, Rhode Island
First Quarter FY2003**

Kilogram	\$70,000–\$90,000
Ounce	\$2,000–\$3,000
Gram	\$70–\$300
Bundle (approx. 10 bags)	\$70–\$80
Bag	\$6–\$10

Source: DEA.

The amount of heroin seized by federal law enforcement officials in Rhode Island remained relatively stable from 1998 through 2002. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Rhode Island seized 0.6 kilograms of heroin in 1998, 0.2 kilograms in 1999, 0.1 kilograms in 2000, 0.8 kilograms in 2001, and 0.5 kilograms in 2002.

The percentage of drug-related federal sentences that were heroin-related in Rhode Island was more than double the national percentage in FY2001. (See Table 1 on page 4.) According to USSC data, 15.0 percent of drug-related federal sentences in Rhode Island in FY2001 were heroin-related, compared with 7.2 percent nationwide.

Violence

Heroin distributors sometimes commit violent crimes such as assault, drive-by shooting, and homicide to further drug distribution activities and to protect their turf. However, law enforcement officials report that much of this violence is caused by polydrug distributors and may not be solely attributed to heroin distribution.

Heroin abusers in Rhode Island normally are not associated with violent crime. However, many addicts engage in prostitution, drug distribution, theft, burglary, and robbery to support their drug habits.

Production

Opium is not cultivated nor is heroin refined in Rhode Island; however, heroin often is “milled”—cut, or diluted, and repackaged for retail sale—within the state. Heroin is produced

primarily in four source regions: South America, Southeast Asia, Southwest Asia, and Mexico. Most of the heroin available in Rhode Island is produced in South America.

Heroin Milling

Heroin usually is “milled” before it is sold at the retail level. Milling is a process by which heroin is cut with diluents such as lactose and mannitol or adulterants such as caffeine in order to increase its bulk. The heroin is then packaged in single dose quantities, often in glassine bags. Many distributors stamp their bags with a brand name or logo. Often, multiple glassine bags are bundled together for distribution; a group of 10 glassine bags is known as a bundle, and a group of 5 bundles is known as a brick. One kilogram of uncut heroin equals approximately 30,000 glassine bags. Heroin milling substantially increases this yield, but results in lower purity.

Transportation

Dominican criminal groups are the primary transporters of heroin into Rhode Island. To a lesser extent, African American criminal groups and gangs, Colombian and other Hispanic criminal groups, as well as various local independent dealers also transport heroin into Rhode Island. Most of the heroin transported into the state is purchased in New York City from Dominican criminal groups in the Washington Heights section of northern Manhattan and from Colombian criminal groups in the Jackson Heights section of Queens. The drug typically is transported into Rhode Island via I-95 in private vehicles—often equipped with false compartments—or in rental cars. Heroin also is transported into Rhode Island via private vehicles traveling from Massachusetts and, occasionally, from Florida and Texas.

Heroin also is transported into Rhode Island from New York City and Florida by couriers aboard buses. Couriers generally transport heroin concealed among articles of clothing in luggage or in hidden compartments built into the luggage, among other methods. In May 2001 a Florida man was arrested at a bus station in Providence

for transporting heroin. The heroin was formed in the shape of his feet and concealed in the soles of his sneakers.

Providence is a transshipment point for heroin destined for other areas of New England. Dominican criminal groups based in Providence transport heroin throughout the state as well as to eastern Massachusetts and Cape Cod for distribution in those areas. Further, heroin distribution groups from Hartford, Connecticut; Portland, Maine; and Boston, Worcester, Springfield, Lowell, Lawrence, and New Bedford, Massachusetts, often purchase heroin from Providence-based Dominican criminal groups because the commute to and from New York City is perceived to involve a greater risk of law enforcement detection, according to the DEA Providence Resident Office. In addition, local law enforcement officials indicate that heroin increasingly is transported by crew members aboard commercial fishing vessels to New England. Vessels, typically from Maine, arrive at Providence, Quonset Point/Davisville, or Newport where crew members purchase small quantities of heroin.

Distribution

Various criminal groups, local independent dealers, and street gangs distribute heroin in Rhode Island. Dominican criminal groups are the primary wholesale-level distributors of heroin in the state; however, Colombian criminal groups, among others, distribute wholesale quantities of heroin as well. Dominican criminal groups also are the principal retail distributors of heroin in the state; however, African American and Hispanic criminal groups and gangs and various local independent dealers also distribute significant quantities of heroin at the retail level.

Most of the heroin available in Rhode Island is milled locally. It typically is packaged in glassine or

heat-sealed bags for retail distribution. The Providence Police Department reports that retail-level heroin distributors often conceal the drug by placing heroin-filled glassine bags in their mouths. Typically, distributors place 5 glassine bags in the cutoff corner of a plastic bag and then insert this into their mouths. The drug is packaged and concealed in this way to allow for easy swallowing if the distributors are confronted by law enforcement officials. Logos that commonly appear on heroin packaging seized in Rhode Island are Murder Rock, Killer, and Angelica. DEA and the Providence Police Department report that heroin distributors in Rhode Island are not using logos as frequently as in

the past because heroin is selling too quickly to fold and stamp individual glassine bags.

Dominican criminal groups increasingly are cutting heroin and packaging it in “bullets” or “fingers.” Bullets or fingers usually contain 7 to 10 grams of heroin pressed into a solid cylinder approximately 2 inches long and one-half inch wide, according to DEA. Retail distributors then break off approximately 1 gram of the pressed heroin at the time of sale. The purpose of this practice is to make buyers believe the heroin is extremely pure because heroin often is smuggled into the United States in pressed form.

Heroin primarily is distributed at the retail level in Rhode Island from private vehicles at pre-arranged places such as fast food restaurants. Abusers and distributors typically arrange meetings using cellular phones and two-way radios. Heroin also is distributed from residences, at

local housing projects, at local malls and shopping plazas, and on street corners.

Drug Distribution Guide Seized

In June 2001 law enforcement officials seized detailed instructions provided by a Lower Providence heroin distributor to his girlfriend describing how to distribute heroin in his absence. The instructions detailed how to answer the phone and apartment door, questions to ask the customer, and where the heroin was stored. Among the tips offered were the following: “Don't open the back door for nothing. Keep the floor clean; don't leave any door or window open; please do it right. Talk less, always look out the front window; and always call mom and tell her you are OK.”

Source: *Providence Journal-Bulletin*, 13 June 2001.

Cocaine

Cocaine, particularly crack, poses a serious drug threat to Rhode Island. Cocaine is readily available, commonly abused, and more frequently associated with violent crime than any other illicit drug in the state. Dominican criminal groups using private vehicles, often equipped with false compartments, as well as rental vehicles transport most of the powdered cocaine available in the state from New York City via I-95. Dominican criminal groups are the primary wholesale and retail distributors of powdered cocaine in the state. Colombian criminal groups, among others, distribute wholesale quantities of powdered

cocaine as well. Other retail distributors of powdered cocaine include Caucasian criminal groups and local independent dealers who typically distribute the drug in smaller cities, towns, and rural areas. African American criminal groups and gangs and, to a lesser extent, Hispanic gangs, Caucasian criminal groups, and various local independent dealers distribute retail quantities of crack cocaine in the state. Powdered and crack cocaine distribution typically occurs in public areas such as parking lots, malls, and shopping plazas and from private residences.

Abuse

Treatment data indicate that cocaine, particularly crack, commonly is abused in Rhode Island. The number of cocaine-related treatment admissions to publicly funded facilities increased from 828 in 1997 to 1,491 in 2001, according to TEDS. (See Table 2 on page 4.) Approximately 76 percent of cocaine admissions in 2001 were for

smoked cocaine (crack). The rate of cocaine-related treatment admissions per 100,000 population in Rhode Island (132) was higher than the rate nationwide (96) in 2000, the most recent year for which these data are available.

Cocaine is abused by a significant portion of Rhode Island's residents, and young adults are the

most common abusers of the drug. According to the 1999 and 2000 NHSDA, 1.7 percent of Rhode Island residents aged 12 and over who were surveyed reported having abused cocaine at least once during the year prior to the survey, comparable to 1.6 percent of individuals surveyed nationwide. In Rhode Island 6.0 percent of individuals aged 18 to 25 reported past year cocaine abuse, compared with 1.5 percent of 12- to 17-year-olds and 1.1 percent of individuals aged 26 or older. In addition, 2001 YRBS data indicate that 9.9 percent of Rhode Island high school students surveyed reported having abused cocaine at least once in their lifetime, which is statistically

comparable to 9.4 percent nationwide. Further, 5.5 percent of Rhode Island high school students surveyed reported that they had abused cocaine in the 30 days prior to the survey, comparable to 4.2 percent nationwide.

Cocaine abuse frequently is cited as a factor in drug deaths in Rhode Island. According to the Rhode Island Chief Medical Examiner’s office, 32 of the 92 drug overdose deaths (35%) in FY2001 were cocaine-related. DAWN mortality data indicate that cocaine was a factor in 24 of the 52 drug-induced (overdose) deaths in the Providence metropolitan area in 2001.

Availability

Cocaine is readily available in Rhode Island. Powdered cocaine is available in ounce to kilogram quantities at the wholesale level. Retail quantities of powdered cocaine usually are packaged in small, clear plastic bags. Most of the powdered cocaine available in the state is converted locally into crack. Crack cocaine is available in gram to ounce quantities and generally is sold as individual “rocks,” in vials, and in clear plastic bags at the retail level. The Providence Police Department reports that crack distributors often wrap crack in plastic bags, which they carry in their mouths to evade law enforcement detection. In response to the NDTs 2002, law enforcement officials in Cranston, Newport, Providence, Warwick, and Westerly rate the level of cocaine availability as high in their jurisdictions.

Low cocaine prices and high purity levels in Rhode Island indicate that cocaine is readily available. (Statewide cocaine prices for the first quarter of FY2003 as reported by the DEA Providence Resident Office are listed in Table 4.) According to DEA, in the first quarter of FY2003 the purity of a gram of powdered cocaine ranged from 60 to 78 percent. Information regarding the purity levels of crack is not available.

Cocaine seizures by federal law enforcement officials in Rhode Island fluctuated from 1998 through 2002. According to FDSS data, federal law enforcement officials in Rhode Island seized 10.6 kilograms of cocaine in 1998, 14.0 kilograms

Table 4. Cocaine Prices, Rhode Island First Quarter FY2003

Powdered Cocaine	
Kilogram	\$23,000–\$28,000
1/8 Kilogram	\$3,600
Ounce	\$900–\$1,000
Gram	\$90–\$100
Crack Cocaine	
Ounce	\$1,000–\$1,500
Vial	n/a
Rock	\$20–\$50

Source: DEA.

in 1999, 8.4 kilograms in 2000, 28.9 kilograms in 2001, and 2.9 kilograms in 2002. Each year from 1999 through 2001, more cocaine was seized than marijuana, methamphetamine, and heroin combined.

Second Largest Cocaine Seizure in Rhode Island History

In November 2001 DEA, Pawtucket, and Central Falls law enforcement officials arrested two Colombian males from Pawtucket and seized 23 kilograms of cocaine, \$36,000 in currency, two residences, and a vehicle. This was the second largest seizure of cocaine in the state's history.

Source: DEA Providence Resident Office.

The percentage of drug-related federal sentences that were cocaine-related in Rhode Island was both significantly higher than the national percentage as well as higher than the percentage for any other drug in FY2001. (See Table 1 on page 4.) According to the USSC data, 65.0 percent of drug-related federal sentences in Rhode Island in FY2001 were cocaine-related, compared with 42.5 percent nationwide. In addition, 40.0 percent of the drug-related federal sentences in Rhode Island were crack cocaine-related, compared with 20.4 percent nationwide.

Violence

Cocaine, primarily crack, is the drug most often associated with violent crime in Rhode Island. Crack abusers often commit violent crimes to support their habits, and crack distributors commonly commit violent crimes to protect

or expand their turf. The Providence Police Department reports that local gangs distributing crack are responsible for approximately 30 percent of all shootings in the city.

Production

Coca is not cultivated nor is cocaine produced in Rhode Island. The powdered cocaine available in Rhode Island is produced in South America; however, powdered cocaine is converted into crack locally. African American criminal groups and gangs and other retail distributors convert powdered cocaine to crack within the state to avoid lengthier federal sentences associated with the transportation or possession of crack. Under federal law, a person convicted of transporting or possessing 5 grams of crack cocaine faces a mandatory sentence of 5 years in prison, equivalent to

Police Arrest Couple Producing Crack

In February 2002 the Rhode Island State Police raided a Central Falls apartment and arrested a man and woman who were converting powdered cocaine into crack. Police seized 6 kilograms of powdered cocaine, inositol powder (used as a diluent), plastic bags, and a scale.

Source: Rhode Island State Police.

the penalty for transporting or possessing 500 grams of powdered cocaine.

Transportation

Dominican criminal groups are the primary transporters of cocaine into Rhode Island. To a lesser extent, African American criminal groups and gangs, Colombian and other Hispanic criminal groups, as well as various local independent

dealers also transport cocaine into Rhode Island. Most of the cocaine transported into the state is purchased in New York City from Dominican criminal groups in the Washington Heights section of northern Manhattan and from Colombian

criminal groups in the Jackson Heights section of Queens. The drug typically is transported into Rhode Island via I-95 in private vehicles—often equipped with false compartments—or in rental cars. Cocaine also is transported into Rhode Island in private vehicles traveling from Massachusetts and, occasionally, from Florida and Texas.

Cocaine also is transported into Rhode Island via package delivery services and couriers on commercial aircraft. Providence Police Department officials report an increase in the number of packages containing cocaine being shipped into the city via package delivery services. Couriers also are used to transport cocaine into Rhode Island aboard commercial aircraft. Federal law enforcement officials in Rhode Island reported a seizure of 0.6 kilogram of cocaine from a commercial airline passenger as part of Operation Jetway in 2001.

Distribution

Dominican criminal groups are the primary wholesale distributors of powdered cocaine in the state, although Colombian criminal groups, among others, also distribute wholesale quantities. African American criminal groups are the primary wholesale distributors of crack cocaine in the state. Wholesale cocaine distributors typically store the drug in stash houses and retrieve it at the time of sale. Powdered cocaine

Cocaine Distributors Arrested in Providence

In December 2001 federal, state, and local law enforcement officials arrested 39 polydrug distributors in Providence as part of Operation Clean Sweep. Authorities seized 5 kilograms of crack, 2.7 kilograms of powdered cocaine, nearly one-half kilogram of heroin, and more than 3,400 MDMA tablets. The seizure of 3 kilograms of crack cocaine from one distributor resulted in the largest single crack seizure in the Providence Police Department's history.

Source: Providence Police Department.

Drug transporters occasionally ship cocaine through Rhode Island ports aboard commercial maritime vessels. In 2000 federal law enforcement officials in Providence seized 24 kilograms of cocaine concealed in a container attached to the bottom of a cement barge arriving from Barranquilla, Colombia.

Providence sometimes is used as a transshipment point for wholesale quantities of cocaine destined for other areas of New England, particularly Boston and Cape Cod, Massachusetts. Drug transporters usually use private vehicles with hidden compartments to transport cocaine from Providence to these areas as well as to other areas of Massachusetts and other states in New England. Many of the hidden compartments in these vehicles are activated electronically.

often is packaged in ounce quantities and wrapped in duct tape. Crack cocaine sold at the wholesale level typically is packaged in ounce and gram quantities.

Cocaine Distribution From Vehicles

In January 2002 local law enforcement officers in Cranston arrested a West Warwick man and two Providence men for distributing cocaine from their vehicle. During the operation, officers seized 58.6 grams of crack and 13.4 grams of powdered cocaine.

Source: Cranston Police Department.

In February 2001 local law enforcement officials arrested several crack and heroin distributors in Olneyville, Washington Park, and South Providence who sold crack from their cars in the parking lot of a shopping plaza. The distributors arranged drug sales using electronic devices such as cellular telephones and pagers.

Source: South Providence Police Department.

Various criminal groups and gangs distribute cocaine at the retail level in Rhode Island. Dominican criminal groups are the primary retail distributors of powdered cocaine in Rhode Island. Caucasian criminal groups and local independent dealers also distribute powdered cocaine, typically in smaller cities, towns, and rural areas. African American criminal groups and gangs are the dominant retail distributors of crack in the state. Hispanic gangs, Caucasian criminal groups, and various local independent dealers also distribute crack cocaine, although to a lesser extent.

Cocaine, most commonly in the form of crack, is sold at the retail level at various locations in Rhode Island. Powdered and crack cocaine retail-level distributors in Rhode Island typically arrange sales transactions using cellular telephones and two-way radios. These meetings usually occur in parking lots where the distributors and purchasers can meet, briefly exchange cocaine and money, and quickly depart in their vehicles. Powdered cocaine and crack cocaine also are distributed from residences, local housing projects, at local malls and shopping plazas, and on street corners.

Marijuana

Marijuana is the most widely available and commonly abused illicit drug in Rhode Island. However, the drug is generally regarded as a lower threat than heroin and cocaine because it is less often associated with violent crime. Most of the marijuana available in the state is produced in Mexico. Marijuana produced locally as well as marijuana produced in Canada and Jamaica also is available. Mexican criminal groups are the primary transporters of marijuana into Rhode Island. These groups transport the drug into the state primarily using commercial and private vehicles.

No specific group controls the distribution of marijuana in Rhode Island. Caucasian criminal groups, as well as Dominican, Jamaican, Mexican and other Hispanic criminal groups and various local independent dealers, among others, distribute marijuana at the wholesale level in the state. African American, Caucasian, and Hispanic criminal groups, local independent dealers, outlaw motorcycle gangs (OMGs), and street gangs, among others, distribute marijuana at the retail level in Rhode Island.

Abuse

Treatment data indicate that marijuana commonly is abused in Rhode Island. The number of marijuana-related treatment admissions to publicly funded facilities nearly doubled from 822 in 1997 to 1,624 in 2001, according to TEDS. (See Table 2 on page 4.) In 2001 there were more admissions for marijuana abuse than any other illicit drug except heroin. The rate of marijuana-related treatment admissions per 100,000 population in Rhode Island (132) was higher than the rate nationwide (104) in 2000, the most recent year for which these data are available.

Marijuana is abused by a large segment of Rhode Island's population, and young adults are the most common abusers of the drug. According

to the 1999 and 2000 NHSDA, 7.2 percent of Rhode Island residents aged 12 and over who were surveyed reported abusing marijuana in the month prior to the survey, compared with 4.8 percent of individuals surveyed nationwide. In Rhode Island 21.8 percent of individuals aged 18 to 25 reported past month marijuana abuse, compared with 10.4 percent of 12- to 17-year-olds and 4.7 percent of individuals aged 26 or older. Rhode Island ranked in the top fifth among U.S. states for all of these measures of past month marijuana use.

The percentage of youth reporting marijuana abuse in Rhode Island is higher than the national percentage. According to the 2001 YRBS,

48.3 percent of Rhode Island high school students surveyed reported having abused marijuana at least once in their lifetime, compared with 42.4 percent nationwide. Further, 33.2 percent of

Rhode Island high school students surveyed reported that they had abused marijuana in the 30 days prior to the survey, compared with 23.9 percent nationwide.

Availability

Marijuana is the most widely available and commonly abused illicit drug in Rhode Island. Prices for marijuana vary throughout the state. Various types of marijuana, including commercial-grade and sinsemilla, are available. (State-wide marijuana prices for the first quarter of FY2003 as reported by the DEA Providence Resident Office are listed in Table 5.)

Table 5. Marijuana Prices, Rhode Island First Quarter FY2003

Commercial-Grade	
Pound	\$850–\$1,000
Ounce	\$90–\$100
Gram	\$25–\$50
Joint	\$5
Sinsemilla	
Pound	\$3,000–\$5,000
Ounce	\$300–\$500
Gram	n/a
Joint	\$15–\$20

Source: DEA.

The amount of marijuana seized by federal law enforcement officials in Rhode Island fluctuated from 1998 through 2002. According to FDSS data, federal law enforcement officials in Rhode Island seized 160.5 kilograms of marijuana in 1998, 2.6 kilograms in 1999, 1.3 kilograms in 2000, 8.5 kilograms in 2001, and 90.4 kilograms in 2002.

Sinsemilla

Sinsemilla, in Spanish, means without seed. Growing the female cannabis plant in the absence of the male cannabis plant prevents pollination, resulting in an increase in THC (tetrahydrocannabinol) levels and bud growth in female plants. According to data from the Potency Monitoring Project, the THC content of marijuana available in the United States in 2001 averaged 9.55 percent for sinsemilla, compared with 5.03 percent for commercial-grade marijuana. Sinsemilla includes only the buds and flowering tops of the cannabis plant, where THC is most concentrated, while commercial-grade marijuana usually also includes the leaves, stems, and seeds. Thus, the average marijuana yield for mature sinsemilla is approximately one-half pound per plant, compared with 1 pound per plant for commercial-grade marijuana.

There are more arrests associated with the possession of marijuana than with possession of any other illicit drug in Rhode Island. According to the Rhode Island UCR, in 2001 nearly 53 percent of adult arrests for drug possession and over 81 percent of all juvenile arrests for drug possession were marijuana-related.

The percentage of drug-related federal sentences in Rhode Island that were marijuana-related was significantly lower than the national percentage in FY2001. (See Table 1 on page 4.) According to USSC data, 17.5 percent of drug-related federal sentences in Rhode Island in FY2001 were marijuana-related, compared with 32.8 percent nationwide.

Violence

Marijuana distributors in Rhode Island occasionally commit violent crimes. Some distributors who sell marijuana and other drugs commit violent crimes, such as assaults and shootings, to protect or expand their distribution area. However,

law enforcement officials report that much of this violence is not directly attributed to marijuana distribution. Marijuana abusers in Rhode Island typically are not associated with violent crime.

Production

Most of the marijuana available in Rhode Island is produced in Mexico. Some of the marijuana available in Rhode Island is produced within the state, and marijuana produced in Canada and Jamaica also is available.

Cannabis is cultivated primarily indoors in Rhode Island, although some outdoor cultivation does occur. According to DEA Domestic Cannabis Eradication/Suppression Program data, in 2001 law enforcement officials in Rhode Island

seized 2 indoor cannabis cultivation operations totaling 124 plants and 2 outdoor cannabis plots containing 32 plants. In November 2001 a Massachusetts man pled guilty to producing nearly 9,300 cannabis plants at a Providence industrial building in 2000.

College Students Arrested for Cultivating Cannabis

In February 2002 Providence law enforcement officials arrested four college students and another individual for producing and distributing hydroponically grown marijuana. (See text box.) Law enforcement officials seized nearly 21 pounds of marijuana and over \$57,000 in currency from the students. Two of the students attended college in Rhode Island, and two attended college in Connecticut.

Source: Providence Police Department.

Hydroponic Grow Operations

Some indoor cannabis cultivators use hydroponic methods to produce marijuana with higher levels of THC. In a hydroponic operation, cannabis is not grown in soil; instead, growers use an inert growing medium to support the plant and its root system. Some popular media include rock wool, vermiculite, perlite, and clay pellets. Hydroponic operations rely on more sophisticated equipment, such as cooling systems for temperature regulation, automated irrigation systems, and specialized lighting. Hydroponically grown marijuana usually sells for a much higher price than commercial-grade marijuana. Hydroponic grow operations have been identified in every state and in Puerto Rico.

Transportation

Marijuana from foreign and domestic sources is transported into Rhode Island by various groups using a variety of methods. Mexican criminal groups are the primary transporters of marijuana into Rhode Island. These groups transport multikilogram shipments of marijuana from sources in Mexico and transportation hubs in

California and southwestern states, primarily using commercial and private vehicles. Marijuana transported in commercial vehicles often is intermingled with legitimate cargo, and marijuana transported in private vehicles often is concealed in hidden compartments. Caucasian, Dominican, and Jamaican criminal groups as well as various

Marijuana Transporter Arrested in Rhode Island

In August 2002 DEA agents and officers with the Warwick and Westerly Police Departments apprehended a Portuguese man and seized 4.7 pounds of marijuana, 79 Percocet tablets, and \$1.3 million in currency at a motel in Warwick. The agents and officers searched the motel room after questioning the man's female companion about a suspicious vehicle. The man was apprehended as he attempted to flee in a taxi; he was carrying the drugs and currency in three suitcases. Until his arrest in August 2002, the man had been routinely transporting marijuana from Arizona to Rhode Island.

Source: DEA Providence Resident Office.

local independent dealers also transport marijuana into Rhode Island.

Marijuana occasionally is transported into Rhode Island via package delivery services and couriers on commercial aircraft. The Rhode Island District Attorney's Office reports that marijuana shipments transported via package delivery services typically range from 1 to 27 kilograms and usually are shipped from

Distribution

No specific group controls the distribution of marijuana in Rhode Island. Caucasian criminal groups as well as Dominican, Jamaican, Mexican and other Hispanic criminal groups and various local independent dealers distribute marijuana at the wholesale level in Rhode Island, typically in amounts ranging from 15 to 500 pounds. Law enforcement officials in Providence County indicate that most of the marijuana seized at the wholesale level in their jurisdiction is packaged as 20- to 35-pound bricks wrapped in cellophane

Dominican Criminal Groups Alter Transportation Methods After September 11

According to the DEA Providence Resident Office, since September 11, 2001, Dominican criminal groups have altered their methods of transportation when smuggling marijuana into Rhode Island. Prior to September 11, members of Dominican criminal groups would fly to southwestern states, purchase marijuana from Mexican suppliers, and then transport the drug back to Rhode Island concealed in luggage. Although some members of such groups continue to transport marijuana as couriers aboard commercial aircraft, they more frequently use package delivery services.

Source: DEA Providence Resident Office.

California or Texas. Couriers aboard commercial aircraft also transport marijuana into Rhode Island, typically concealed in luggage or strapped to their bodies. Law enforcement officials in Rhode Island reported seizures totaling 56 kilograms of marijuana from package delivery services and commercial airline passengers in Rhode Island as a part of Operation Jetway in 2001.

and dryer sheets or other products used to mask the odor.

African American, Caucasian, and Hispanic criminal groups, local independent dealers, OMGs such as Hells Angels, and street gangs such as Bloods, Crips, and Latin Kings, among others, distribute marijuana at the retail level in Rhode Island. Many of the groups or gangs also distribute other drugs including cocaine and heroin. Marijuana typically is distributed in bars, parking lots, private residences, and on college campuses.

Other Dangerous Drugs

Other dangerous drugs (ODDs) pose an increasing threat to Rhode Island. This category of drugs includes the club drugs MDMA, GHB and its analogs, LSD, and ketamine as well as diverted pharmaceuticals such as Dilaudid, Oxy-Contin, Percocet, Percodan, Ritalin, and Vicodin. Among the club drugs, availability and abuse are increasing for MDMA and GHB and its analogs. Caucasian criminal groups and local independent dealers are the primary wholesale and retail

distributors of ODDs in Rhode Island. The club drugs MDMA, GHB and its analogs, ketamine, and LSD often are sold at nightclubs, raves or techno parties, or openly in hand-to-hand exchanges on the streets as well as at bars, private parties, gyms, or student hangouts near high school and college campuses. Often the individuals who distribute these drugs—typically teenagers and young adults—also abuse these substances.

Raves

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

Club Drugs

MDMA. The availability and abuse of MDMA (3,4-methylenedioxymethamphetamine), particularly among teenagers and young adults, poses an increasing threat to Rhode Island. MDMA, also known as Adam, ecstasy, XTC, E, and X, is a stimulant and low-level hallucinogen. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy. This practice was never approved by the American Psychological Association or the Food and Drug Administration.

Abusers claim that MDMA, sometimes called the hug drug, helps them be more “in touch” with others and “opens channels of communication.” However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle

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

MDMA is readily available in Rhode Island. Law enforcement officials in the state often seize wholesale quantities of the drug. During one investigation in 2001, federal, state, and local law enforcement officials seized more than 3,400 MDMA tablets in the Providence area. In Providence MDMA tablets typically are stamped with symbols such as elephants, Eurodollars, and stars, according to Providence law enforcement officials.

Most of the MDMA available in Rhode Island is produced in the Netherlands and Belgium. Russian and Israeli drug trafficking organizations (DTOs) and criminal groups typically control the transportation of MDMA into the United States from the Netherlands and Belgium. Russian and Israeli DTOs frequently arrange the transportation of MDMA to wholesale distributors—typically Caucasian and Dominican criminal groups and local independent dealers—in New York City by couriers aboard commercial aircraft and via package delivery services. Caucasian local independent dealers from Rhode Island often travel to New York City to purchase MDMA and then transport it via private vehicle into Rhode Island. MDMA also is transported into Rhode Island via package delivery services. Further, law enforcement officials report that MDMA is sometimes transhipped through Canada.

There have been isolated instances of MDMA production in Rhode Island. In July 2001 DEA agents seized an operational MDMA laboratory in Central Falls and arrested a college chemistry student who had obtained the chemicals required to produce MDMA from an Internet auction site.

Caucasian criminal groups and local independent dealers, all typically teenagers and young adults, are the primary wholesale and retail distributors of MDMA in Rhode Island. They generally distribute the drug at nightclubs, raves, and on college campuses to other teenagers and young adults. The Providence Police Department Narcotics Unit reports that street gangs, including Bloods, Crips, and Latin Kings, distribute MDMA in Rhode Island, although to a lesser extent. In 2001 MDMA tablets in Rhode Island sold for approximately \$12 per tablet at the wholesale level and between \$20 and \$35 per tablet at the retail level, according to DEA.

GHB and Analogs. The depressant GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GVL, and GHV—increasingly are available and abused in Rhode Island. GHB analogs (see text box) are drugs that possess chemical structures that closely resemble GHB.

At lower doses GHB and its analogs cause dizziness, nausea, and visual disturbances. Unconsciousness, seizures, severe respiratory depression, and coma can occur at higher doses. GHB and its analogs are known as liquid MDMA, scoop, grievous bodily harm, and Georgia home boy.

Nationally, GHB and its analogs increasingly are cited in poisonings, overdoses, sexual assaults, and fatalities. Illegally produced GHB is usually a clear to lightly tan-colored liquid that is slightly thicker than water, with a salty or chemical taste. To cover the salty taste, GHB is often mixed with artificial flavoring, sports drinks, or alcoholic beverages of unsuspecting victims of sexual assault. After ingesting the drug, victims often are rendered unconscious or otherwise incapacitated and, in some cases, may not recall the assault. It often is difficult to detect GHB in overdose or sexual assault victims because GHB is eliminated from the body quickly.

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

GHB can be produced illicitly as a clear liquid, white powder, pill, or capsule from readily obtainable ingredients, one of which is GBL, a solvent commonly used as a paint thinner. Food coloring is sometimes added to give the drug a distinguishable color such as pink, blue, or yellow. Although GBL may be used to produce GHB, GBL also may be ingested, as it converts to

GHB in the body. GBL has a salty taste and often is mixed with flavored drinks.

Caucasian local independent dealers, primarily teenagers and young adults, are the principal distributors and abusers of GHB and its analogs. These drugs are available in Rhode Island primarily at social venues such as raves or techno parties, bars, private parties, gyms, and student hangouts near high school and college campuses. GHB and its analogs also are available over the Internet and usually are advertised as bodybuilding or health supplements. GHB sold for \$30 to \$50 per bottle at the wholesale level in Providence in 2003, according to the DEA Providence Resident Office.

Ketamine. Also known as K, special K, vitamin K, and cat valium, ketamine presents a low drug threat to Rhode Island. Ketamine is an injectable anesthetic that is approved for both human and animal use. Ketamine is sold commercially and is produced in liquid, powder, and tablet forms. The liquid form often is injected intramuscularly. Liquid ketamine sometimes is converted to powdered ketamine and placed in capsules. In its powder form, ketamine resembles cocaine or methamphetamine and often is snorted or smoked with marijuana or tobacco products. In the rave culture snorting ketamine is known as bumping.

The effects of ketamine vary by the dose ingested. Low-dose intoxication from ketamine may result in impaired attention, learning ability, and memory; dissociation, which includes out-of-body and near-death experiences; and hallucinations. High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. Some abusers have tried to fly or jump from moving vehicles.

Caucasian local independent dealers are the principal wholesale- and retail-level distributors of ketamine in the state. Distributors and abusers sometimes break into veterinary clinics to steal the

drug. Young adults, primarily Caucasians, are the principal abusers of ketamine in Rhode Island. Retail distributors sell ketamine at raves, techno

Ketamine Theft in Westerly

In April 2001 Westerly law enforcement officials arrested two teenage siblings and an adult male for stealing ketamine from a local veterinary clinic. According to officers, the arrestees broke into the clinic and stole 20 to 30 vials of ketamine.

Source: Westerly Police Department.

parties, and other social venues or to known associates. In Rhode Island ketamine sold for \$75 to \$100 per vial and \$20 per 0.2 grams in 2003, according to the DEA Providence Resident Office.

LSD. Also known as acid, boomer, and yellow sunshine, LSD (lysergic acid diethylamide) poses a low drug threat to Rhode Island. LSD is a hallucinogen that induces abnormalities in sensory perception. The effects of LSD are unpredictable depending on the amount taken, the environment in which it is used, and the abuser's personality, mood, and expectations. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, nausea, numbness, weakness, insomnia, dry mouth, and tremors. Abusers may feel the effects for up to 12 hours. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

LSD typically is taken orally. The drug is available in powder and liquid forms, in tablets or capsules, as microdots, and on pieces of blotter paper that absorb the drug. Some abusers hide liquid LSD in breath mint vials or bottles designed to hold eyedrops.

Most LSD available in the state is produced in Northern California and transported into Rhode Island using package delivery services. Caucasian local independent dealers, generally college and high school students, are the principal wholesale

and retail distributors of LSD in the state. They also are primary abusers of the drug. According to the DEA Providence Resident Office, LSD sold for \$130 per one hundred doses and \$5 per

dosage unit in 2003. LSD can be purchased at gyms, dance clubs, nightclubs, raves or techno parties, private parties, high school and college campuses, and over the Internet.

Diverted Pharmaceuticals

The diversion and abuse of pharmaceutical drugs pose an increasing threat to Rhode Island. Pharmaceuticals that commonly are diverted include hydrocodone (Vicodin), hydromorphone (Dilaudid), oxycodone (OxyContin, Percocet, and Percodan), and methylphenidate (Ritalin). Hydrocodone is an opioid analgesic used to relieve moderate to moderately severe pain. Hydromorphone is an opioid used to relieve pain by acting on specific areas of the spinal cord and brain that process pain signals from nerves throughout the body. Oxycodone is a synthetic opioid analgesic used for relieving moderate to severe chronic pain. It is similar to hydrocodone but is more potent and has a greater abuse potential. Methylphenidate is a stimulant primarily used to treat attention deficit/hyperactivity disorder.

Pharmaceuticals are diverted in a variety of ways in Rhode Island. Methods include pharmacy diversion, “doctor shopping,” and improper prescribing practices by physicians. Pharmacy diversion occurs when pharmacy employees steal products directly from the shelves or through prescription forgeries. Another widely used diversion technique is doctor shopping, a practice in which individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what legitimately should be prescribed. Diversion also occurs when unscrupulous physicians prescribe medications

for individuals without a legitimate need for the drug at the patient’s request either for a fee or for sexual favors. Legitimate prescription holders also divert portions of their prescriptions for abuse or financial gain.

The diversion and abuse of oxycodone, primarily OxyContin, pose the most significant pharmaceutical drug threat to Rhode Island. Law enforcement officials and treatment providers report that OxyContin, once predominantly abused by lower-income, middle-aged individuals, is increasingly abused by middle-class individuals and that the average age of abusers is decreasing. OxyContin abusers crush the tablets to destroy the controlled-release coating, then snort the powder or mix it with a liquid for injection. Snorting or injecting the drug produces physiological effects similar to those associated with heroin.

Caucasian criminal groups and local independent dealers are the principal wholesale- and retail-level distributors of diverted pharmaceuticals in Rhode Island. Retail distributors often sell diverted pharmaceuticals to acquaintances and established customers. Street prices vary depending on geographic location; however, in general OxyContin sells for \$0.50 to \$1 per milligram.

Methamphetamine

Methamphetamine is not commonly produced, distributed, or abused in Rhode Island and, therefore, is not considered a significant threat to the state. Methamphetamine-related treatment admissions to publicly funded facilities increased from 1997 to 2001 but remained low in comparison with admissions for abuse of other illicit drugs. According to TEDS, treatment admissions increased from 7 in 1997 to 16 in 2001. (See Table 2 on page 4.) Federal law enforcement

officials seized no methamphetamine in Rhode Island from 1998 through 2002. Methamphetamine seldom is produced in Rhode Island; however, in March 2002 Rhode Island State Police arrested an individual who operated a methamphetamine laboratory and supplied local students with the drug. This was the only methamphetamine laboratory seized in Rhode Island from 1998 through June 2003.

Outlook

Heroin likely will remain a significant drug threat to Rhode Island. Abuse levels are high and the availability of low cost, high purity South American heroin will continue to attract a new, younger abuser population that snorts or smokes the drug. Providence likely will continue to serve as a transshipment location for heroin destined for Cape Cod and eastern Massachusetts because of its location along I-95. Dominican criminal groups will remain the principal wholesale- and retail-level heroin distributors. African American and Hispanic criminal groups and gangs and various local independent dealers, among others, also will continue to distribute retail quantities of heroin in Rhode Island.

The availability and abuse of cocaine, particularly crack cocaine, will remain a serious drug threat to Rhode Island. Current levels of availability and abuse will remain high, and violent crime will continue to be associated with cocaine distribution and abuse. Dominican criminal groups will remain the primary wholesale- and retail-level powdered cocaine distributors because of their well-established transportation and distribution networks. However, Caucasian criminal groups and local independent dealers also will continue to distribute retail quantities of powdered cocaine. African American criminal groups and gangs, Hispanic gangs, Caucasian criminal groups, and various local independent dealers, among others, will continue to distribute retail quantities of crack cocaine.

Marijuana distribution and abuse will remain widespread in Rhode Island. Marijuana produced in Mexico will continue to be the type most commonly available in the state. Cannabis cultivated locally as well as marijuana produced in Canada and Jamaica likely will remain available at current levels. Caucasian, Dominican, Jamaican, Mexican, and other Hispanic criminal groups and various local independent dealers will continue to distribute marijuana at the wholesale level. African American, Caucasian, and Hispanic criminal groups, local independent dealers, OMGs, and gangs will continue to distribute marijuana at the retail level.

Other dangerous drugs will remain a lesser drug threat than heroin, cocaine, and marijuana. The availability and abuse of the club drugs MDMA and GHB and its analogs likely will increase. Nightclubs, raves, techno parties, college campuses, private parties, gyms, dance clubs, high schools, and college campuses will remain the primary venues for the distribution of club drugs. Pharmaceutical diversion and abuse will remain a serious drug threat to the state. Caucasian criminal groups and local independent dealers will remain the primary distributors and abusers of MDMA, GHB and its analogs, ketamine, LSD, and diverted pharmaceuticals.

Methamphetamine production, availability, and abuse are expected to remain at low levels in Rhode Island.

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