



U.S. Department of Justice  
National Drug Intelligence Center



# New England High Intensity Drug Trafficking Area



## Drug Market Analysis 2011

## **Source Summary Statement**

The National Drug Intelligence Center (NDIC) has high confidence in this drug market analysis as it is based on multiple sources of information that have proved highly reliable in prior NDIC, law enforcement, and intelligence community reporting. Quantitative data, including seizure, eradication, and arrest statistics, were drawn from data sets maintained by federal, state, or local government agencies. Discussions of the prevalence and consequences of drug abuse are based on published reports from U.S. Government agencies and interviews with public health officials deemed reliable because of their expertise in the diagnosis and treatment of drug abuse. Trends and patterns related to drug production, trafficking, and abuse were identified through detailed analysis of coordinated counterdrug agency reporting and information. NDIC intelligence analysts and field intelligence officers obtained this information through numerous interviews with law enforcement and public health officials (federal, state, and local) in whom NDIC has a high level of confidence based on previous contact and reporting, their recognized expertise, and their professional standing and reputation within the U.S. counterdrug community. This report was reviewed and corroborated by law enforcement officials who have jurisdiction in the New England High Intensity Drug Trafficking Area and possess an expert knowledge of its drug situation.



**U.S. Department of Justice  
National Drug Intelligence Center**



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## **Drug Market Analysis 2011**

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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## Executive Summary

The overall drug threat to the New England (NE) High Intensity Drug Trafficking Area (HIDTA) region remained fairly consistent during the past year. Opioid abuse—primarily of South American heroin and controlled prescription opioids—remains the most significant drug threat to the NE HIDTA region, according to federal, state, and local law enforcement agencies and public health officials, and there are no signs that this problem will abate in the near term. Treatment admission rates for heroin and prescription opioid pain relievers in the region are among the highest in the nation, and the demand for these services continues to outstrip availability. Moreover, controlled prescription opioid abusers are fueling the heroin abuse problem in the NE HIDTA region as a rising number of them switch to heroin because of its wide availability, higher potency, and greater affordability.

Cocaine distribution and abuse had a negative impact on the region in 2010, contributing to high levels of crime and straining healthcare systems. The threat posed to the region by marijuana rose during 2010, with cultivation of the drug increasing substantially. Many cannabis growers are exploiting state medical marijuana laws to cultivate illicit crops under the guise of the laws. Violent street gangs, which are active in each state in the region, are interwoven through the entire spectrum of illicit drug trafficking. Law enforcement reporting indicates that gang members increasingly obtain and use firearms to protect themselves and their drug distribution territories.

Key issues identified in the New England HIDTA region include the following:

- Opioid abuse—primarily of heroin and controlled prescription opioids—poses the most significant drug threat to the NE HIDTA region and places a significant burden on law enforcement and public health resources.
- The trafficking and abuse of cocaine pose significant threats to the NE HIDTA region by contributing to high levels of associated criminal activity and threatening the public welfare.
- Marijuana availability is high and increasing in the region. Criminals are exploiting state medical marijuana laws to increase cannabis cultivation.
- Street gangs in the region derive most of their income from drug distribution. They are prone to violence and have been linked to increasing reports of weapons possession.

## Key Issues<sup>a</sup>

**Opioid abuse—primarily of heroin and controlled prescription opioids—poses the most significant drug threat to the NE HIDTA region and places a significant burden on law enforcement and public health resources in the region.**

Law enforcement agencies and public health officials report that opioid abuse is widespread throughout the NE HIDTA region, resulting in significant negative societal impacts. According to National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2011<sup>b</sup> data, 174 of the 263 state and local law enforcement agency respondents in the NE HIDTA region identify opioids—controlled prescription drugs (CPDs) (97) and heroin (77)—as the greatest drug threat in their jurisdictions. A significant number of NDTS respondents also identify opioids as the category of drugs that most contributes to both violent and property crime in the region. (See [Table 1 on page 3](#).) Crime associated with opioid abuse is increasing in the region as indicated by Drug Enforcement Administration (DEA) arrest data. To illustrate, the total number of cocaine-related arrests in the region from 2006 through 2010 exceeded those for any other drug types during that period. However, 2010 was markedly different as law enforcement made 509 opioid-related arrests—310 for heroin and 199 for prescription opioids—exceeding those for cocaine (497).<sup>1</sup> Prescription opioid-related arrests are a particular concern in Maine, where they accounted for 40 percent of the state-reported drug arrests in 2009 (the latest available data), the most for any drug category.<sup>2</sup> Much of the crime associated with prescription opioids results from the illegal methods and means that abusers use to obtain them.<sup>3</sup> Controlled prescription opioid abusers illicitly obtain their drug supplies through doctor-shopping, Internet pharmacies, prescription fraud, and theft; they also acquire them through publicly funded health programs.<sup>4</sup> (See [textbox](#).)

### Pharmacy Robberies Increase in Maine

The number of pharmacy robberies in Maine increased fivefold from 2009 (4) to 2010 (21).<sup>5</sup> To address the increasing number of CPD thefts from pharmacies, the United States Attorney for the District of Maine established a protocol in January 2011 that provides federal resources to assist in investigating and prosecuting these crimes.<sup>6</sup>

a. For a general overview of the drug threat in the New England HIDTA region, see [Appendix A](#).

b. The NDTS is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. NDTS 2011 data cited in this report are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program as of March 1, 2011.



**Table 1. Greatest Drug Threat and Drug Most Contributing to Violent or Property Crime in the NE HIDTA Region, by NDTs 2011 Respondents**

Drug	Greatest Drug Threat	Most Contributes to Violent Crime	Most Contributes to Property Crime
Crack Cocaine	41	67	32
Powder Cocaine	11	21	9
Heroin	77	56	97
CPDs	97	65	97
Marijuana	26	21	18
Powder Methamphetamine	8	4	1
Ice Methamphetamine	0	1	0
Other Dangerous Drugs	1	1	1
No Response or Not Applicable	2	17	3
Don't Know	0	10	5

Source: National Drug Threat Survey 2011.

Opioid abuse also has a tremendous impact on public health and places a significant burden on state and local drug treatment services.<sup>7</sup> For example, opioids were mentioned in the majority of drug-related deaths reported in the five New England states for which such data are available<sup>c</sup> (see [Table B1 in Appendix B](#)). A significant number of drug-related deaths in New England have also been attributed to the abuse of opioid addiction treatment drugs, such as methadone and buprenorphine, often in conjunction with benzodiazepines.<sup>8</sup> Treatment data further reflect the magnitude of the opioid abuse problem in New England.<sup>4</sup> Treatment Episode Data Set reporting indicates that the number of heroin-related treatment admissions to publicly funded facilities in New England exceeded admissions related to all other illicit substances combined from 2003 through 2009, the latest complete year for which such data are available.<sup>9</sup> Heroin and other opioid-related treatment admissions trended upward during that period, and in 2009, they accounted for approximately 74 percent of all illicit drug-related treatment admissions in the region (see [Figure 1 on page 4](#)). Preliminary data for the first three quarters of 2010 indicate that opioid-related treatment admissions in the region remained at levels comparable to those of the previous year.<sup>10</sup>

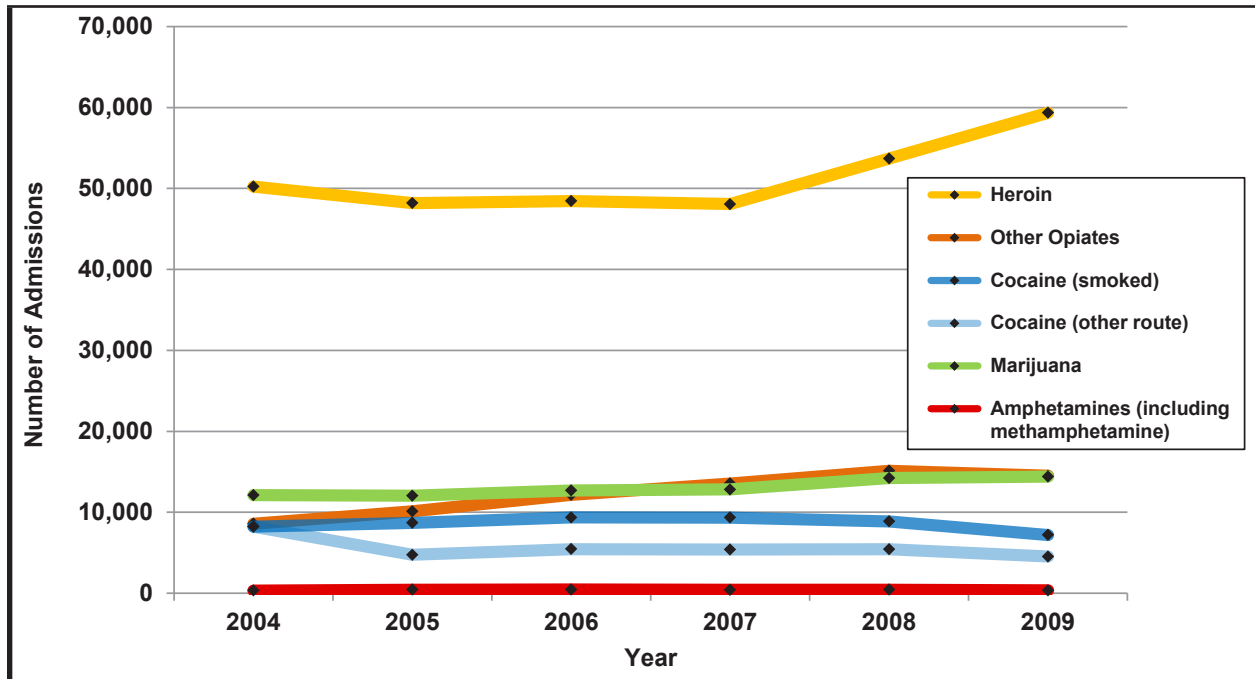
High levels of opioid abuse place a substantial burden on treatment services in the region. The number of individuals in New England who are in need of treatment services currently exceeds available resources, and waiting lists exist for those seeking treatment.<sup>11</sup> For example, the rates of unmet drug treatment need for all age groups in Massachusetts ranged from 6.8 percent to 8.8 percent from 2006 through 2009. Additionally, the rates for unmet drug treatment need for those aged 18 to 25 in the state have consistently been among the highest in the nation at 9 percent, versus the national average of 7 percent.<sup>12</sup> Additionally, opioid-related inquiries accounted for the highest percentage of all substance abuse-related nonemergency information calls to the Northern New England Poison Center hotline from 2005 through 2010<sup>13</sup> (see [Figure B1 in Appendix B](#)). During

c. State Medical Examiner data, Connecticut, Maine, Massachusetts, New Hampshire, and Vermont.

d. Substance abuse treatment data included in this section represent services provided through publicly funded programs in New England; additional data for comparable services provided through private insurers are unavailable.

this period, the majority of opioid-related calls to the hotline, which serves Maine, New Hampshire, and Vermont, were for incidents involving oxycodone products—hydrocodone products and morphine products, respectively, accounted for the second- and third-highest number of calls.<sup>14</sup>

**Figure 1. Drug-Related Treatment Admissions to Publicly Funded Facilities in New England, 2004–2009**



Source: Treatment Episode Data Set.

### The Impact of Reformulated OxyContin on Abuse Levels in New England

OxyContin abuse in New England continues to evolve following the reformulation of domestic supplies of the drug in 2010. Reformulated OxyContin includes additional inactive ingredients to deter abusers from snorting or injecting the drug. The new tablets are difficult to cut, break, chew, crush, or dissolve, thereby deterring abuse of the drug. Recent indicators suggest, however, that some OxyContin abusers are using methods that circumvent the physical properties of the new formulation, others obtain supplies from foreign countries where the drug has not been reformulated, and a significant number of abusers appear to be switching to other types of prescription opioids (such as immediate-release oxycodone products and immediate- or extended-release oxymorphone products) or heroin.<sup>15</sup>

Controlled prescription opioid abusers are fueling the heroin abuse problem in the NE HIDTA region as an increasing number of them switch to heroin because of its wide availability and greater affordability.<sup>16</sup> Abusers typically begin their opioid addiction by abusing Percocet and Vicodin and, after developing a tolerance, often progress to OxyContin or other immediate-release oxycodone products and immediate- or extended-release oxymorphone products before ultimately switching to heroin when they can no longer locate a supply or afford the high cost of controlled prescription

opioids.<sup>17</sup> Some opioid addicts continue to abuse both prescription opioids and heroin, obtaining each based upon availability or affordability of the drug to the user at the time.<sup>18</sup> When compared with controlled prescription opioids, street level heroin prices remain relatively low in the region depending on the distributor and market location.<sup>19</sup> For example, oxycodone abusers with a high tolerance may typically ingest 400 milligrams of the drug daily (five 80-mg tablets) at a cost of \$400 when purchased at the street level. These abusers could maintain their addictions with 2 grams of heroin daily, at a cost of one-third to one-half that of prescription opioids, depending on the price and purity of the heroin.<sup>20</sup>

**The trafficking and abuse of cocaine pose significant threats to the NE HIDTA region by contributing to high levels of associated criminal activity and threatening the public welfare.**

Cocaine in both powder and crack form poses significant challenges to law enforcement and health providers throughout the region. According to NDTS 2011 data, 52 of the 263 state and local law enforcement agency respondents in the NE HIDTA region identify cocaine as the greatest drug threat in their jurisdictions. Further, 88 of the respondents identify cocaine as the drug that most contributes to violent crime, while 41 identify cocaine as contributing most to property crime. Law enforcement officers report that the abuse and distribution of crack cocaine spark much of the drug-related violence among rival inner-city street gangs within the region and that nearly half of all DEA drug-related arrests in the NE HIDTA region from 2006 through 2010 were associated with cocaine.<sup>21</sup> During 2010, the number of cocaine-related arrests in the region (497) was exceeded only by the number of opioid-related arrests (509). Crack availability has 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 New York City have increased distribution in those areas.<sup>22</sup> Approximately 218 kilograms of powder cocaine and 16 kilograms of crack cocaine were seized through HIDTA initiatives during 2010<sup>23</sup> (see Table B2 in Appendix B). The number of cocaine-related treatment admissions in New England remained fairly constant from 2004 through 2008, with a slight drop during 2009<sup>24</sup> (see Figure 1 on page 4). While exact figures are difficult to quantify because of differing reporting requirements across the New England states, medical examiner reporting generally indicates that cocaine contributed to numerous drug-related deaths in the region during 2010.<sup>25</sup> Samples of cocaine tested in New England have been found to contain the harmful adulterant levamisole, which can cause serious health consequences for cocaine abusers.<sup>26</sup>

**Marijuana availability is high and increasing in the region. Criminals are exploiting state medical marijuana laws to increase cannabis cultivation.**

Marijuana trafficking and abuse are pervasive throughout the NE HIDTA region, where sales of the drug can generate large profits for traffickers.<sup>27</sup> According to NDTS 2011 data, 244 of the 263 state and local law enforcement agency respondents in the NE HIDTA region characterize marijuana availability as high in their jurisdictions. Supplies of commercial-grade Mexican marijuana and high-potency marijuana from domestic and Canadian suppliers are readily available and increasing.<sup>28</sup> Law enforcement officials seized approximately 12,000 kilograms of marijuana in conjunction with NE HIDTA initiatives during 2010 (see Table B2 in Appendix B), compared with 8,800 kilograms in 2009 and 6,700 kilograms in 2008.<sup>29</sup>

Law enforcement officials believe that medical marijuana programs in Maine, Rhode Island, and Vermont are contributing to increased cannabis cultivation and the prevalence of marijuana

in the region.<sup>30</sup> Some of the marijuana purportedly produced for medical marijuana patients is being diverted for nonmedical use.<sup>31</sup> Additionally, some trafficking groups are expanding their illicit cannabis cultivation operations under the umbrella of these medical programs.<sup>32</sup> As such, the total number of cannabis plants eradicated at cultivation sites in New England during 2010 increased to the second-highest level in the region since 2005.<sup>33</sup> (See Table 2.)

**Table 2. Cannabis Plants Eradicated at Indoor and Outdoor Cultivation Sites in the New England HIDTA Region, 2005–2010**

	2005	2006	2007	2008	2009	2010
<b>Indoor cultivation sites</b>	2,712	15,337	5,277	5,671	10,047	12,761
<b>Outdoor cultivation sites</b>	11,054	13,622	14,486	7,430	10,636	13,466
<b>Total</b>	<b>13,766</b>	<b>28,959</b>	<b>19,763</b>	<b>13,101</b>	<b>20,683</b>	<b>26,227</b>

Source: Domestic Cannabis Eradication/Suppression Program.

**Street gangs in the region derive most of their income from drug distribution. They are prone to violence and have been linked to increasing reports of weapons possession.**

African American, Asian, and Hispanic neighborhood gangs are major mid- and retail-level polydrug distributors in the NE HIDTA region.<sup>34</sup> The majority of street gangs in the region are small, poorly organized neighborhood gangs; however, some nationally recognized gangs such as 18th Street, Almighty Latin King/Queen Nation (ALKQN), Asian Boyz, Bloods, Crips, La Familia, Latin Gangster Disciples, Los Solidos, Mara Salvatrucha (MS 13), Ñetas, Sureños (SUR 13), and Tiny Rascal Gangsters (TRG) are also active in drug distribution in the region.<sup>35</sup> Street gangs derive most of their income from the distribution of powder cocaine, crack cocaine, CPDs, heroin, marijuana, and other dangerous drugs (ODDs), as well as limited amounts of PCP (phencyclidine). Law enforcement reporting indicates that street gangs are currently operating in every New England state.<sup>36</sup>

Law enforcement officers report that street gangs in New England are linked to a considerable percentage of the violent and property crime in the region.<sup>37</sup> Street gangs often commit crimes such as robbery, assault, and homicide in order to defend or expand territories, gain financially, or establish and maintain their reputation.<sup>38</sup> Law enforcement officers further report that firearm seizures from street gang members are increasing as traffickers arm themselves to reduce the threat of being robbed of their drugs or illicit proceeds by other gangs, a situation that poses a significant threat to law enforcement, first responders, and the public in general.<sup>39</sup>

### National Initiative Targets Members of Violent Gangs in New England

In March 2010, U.S. Immigration and Customs Enforcement officials announced the results of Project Southern Tempest, a nationwide enforcement effort that targeted violent gangs whose members were affiliated with transnational drug trafficking organizations (DTOs). The 168-city operation targeted a total of 133 different gangs and resulted in the arrest of 678 gang members or associates. Of those arrested, 447 were charged with criminal offenses, 231 were charged administratively, 322 had violent criminal histories, and 421 were foreign nationals. During the operation, 21 of the 25 individuals arrested in Massachusetts, Maine, and New Hampshire were gang members, 9 of whom were charged with criminal offenses and 16 with immigration offenses. Law enforcement officials in the region also seized numerous weapons, including five handguns and two assault weapons, as well as approximately 36 grams of crack cocaine and a small quantity of heroin.

Source: U.S. Immigration and Customs Enforcement, Boston Field Office.

## Outlook

NDIC assesses with high confidence<sup>e</sup> that the abuse of opioids (heroin and controlled prescription opioids) will remain the primary drug threat to the New England HIDTA region over the next year, continuing to place a significant burden on already strained law enforcement and public health resources. NDIC assesses with medium confidence that the number of heroin overdose incidents will increase if OxyContin abusers are driven to abandon the drug (as a result of its domestic antiabuse reformulation) and transition to more affordable, more potent, and more readily available heroin.

NDIC assesses with high confidence that cannabis cultivation and marijuana availability in the region will remain at high levels as traffickers and growers take advantage of the various state medical marijuana laws. Producers and distributors of high-potency marijuana have ample incentive to traffic the drug, since the profit margin for marijuana is high in the region.

NDIC assesses with high confidence that violence and drug distribution involving street gangs in New England will continue to increase as these gangs compete for illicit drug markets in the region. Law enforcement reports of increasing weapon seizures from gang members indicate that levels of gang-related violence will increase.

e. **High Confidence** generally indicates that the judgments are based on high-quality information or that the nature of the issue makes it possible to render a solid judgment. **Medium Confidence** generally means that the information is credibly sourced and plausible but can be interpreted in various ways, or is not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence. **Low Confidence** generally means that the information is too fragmented or poorly corroborated to make a solid analytic inference, or that there are significant concerns or problems with the sources.



# Appendix A. New England HIDTA Overview

Map A1. New England High Intensity Drug Trafficking Area



The NE HIDTA region comprises 13 counties in six states, including six counties in Massachusetts, three in Connecticut, and one each in Maine, New Hampshire, Rhode Island, and Vermont.<sup>40</sup> Bridgeport, Hartford, and New Haven (CT); Boston, Brockton, Cambridge, Lynn, Springfield, and Worcester (MA); Portland (ME); Manchester (NH); Providence (RI); and Burlington (VT) are the largest cities in the HIDTA counties.<sup>41</sup> Approximately 8.9 million residents, 61.4 percent of the New England population, reside in the HIDTA region.<sup>42</sup> Drug distribution within the NE HIDTA region is centered in two primary hubs located in the Hartford (CT)/Springfield (MA) and Lowell/Lawrence (MA) areas.<sup>43</sup> The Providence (RI)/Fall River (MA) area is a secondary distribution center that supplies Cape Cod.<sup>44</sup> Boston is New England's largest city and is predominantly a consumer drug market supplied primarily by distributors operating from Lawrence, Lowell, and the New York City metropolitan area.<sup>45</sup> In 2010, NE HIDTA initiatives reported seizing drugs, currency, and other assets valued at approximately \$80.7 million.<sup>46</sup>

Opioids—including heroin (primarily South American heroin) and CPDs—pose the greatest drug threat to the NE HIDTA region. Limited amounts of Asian and Mexican heroin are available in some markets. Controlled prescription opioid abusers are fueling the heroin abuse problem in the region as they increasingly switch to heroin because of its higher potency and greater affordability; heroin prices at the street level remain low in some primary drug distribution centers. For example, a bag of heroin sold for less than \$10 in Boston and Hartford in late 2010. Heroin abuse now encompasses a broad cross-section of society in the region, 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.

Cocaine, particularly crack, is commonly abused in some parts of the region, mainly inner-city neighborhoods such as Boston and Springfield (MA), Providence (RI), and Bridgeport, Hartford, and New Haven (CT). 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 New York City have increased distribution in those areas.

Marijuana abuse is pervasive throughout the NE HIDTA region. Commercial-grade Mexican marijuana and high-potency marijuana from domestic and Canadian suppliers operating in the area are readily available. Criminal exploitation of medical marijuana laws and a law decriminalizing possession of small amounts of marijuana in Massachusetts contribute to the problem.<sup>47</sup>

MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) availability in the NE HIDTA region is moderate, and distribution and abuse levels are stable in most areas. Some synthetic drug tablets available in the region are represented by distributors as MDMA but actually contain methamphetamine—or methamphetamine and MDMA in combination—as well as other drug combinations. 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.<sup>48</sup> The overall threat posed by PCP in the region remains low; however, law enforcement reporting indicates that abuse is increasing in some parts of Connecticut.<sup>49</sup>

Major DTOs currently operating in the NE HIDTA area are increasingly working in concert to facilitate their drug trafficking activities. New York City-based Colombian DTOs, primary suppliers of heroin and cocaine to New England, often work in conjunction with Mexican and Dominican DTOs to maintain a constant flow of drug supplies to the region.<sup>50</sup> Central American- and Caribbean-based groups smuggle kilogram quantities of heroin to the region on behalf of Colombian DTOs directly from Latin America and Caribbean countries and through Florida, New York, Georgia, and Puerto Rico.<sup>51</sup> Increased law enforcement pressure along the Southwest Border has led some of these smuggling groups to favor routes through the Atlantic corridor.<sup>52</sup>

Mexican DTOs are strengthening their foothold in the region and control an increasing portion of the flow of cocaine, heroin, marijuana, and methamphetamine to New England, as well as the flow of illicit drug proceeds from the region.<sup>53</sup> They also serve as primary suppliers of cocaine for Dominican organizations and recently have been linked to some of the largest cocaine seizures reported in the region.<sup>54</sup> Numerous DTOs operating in the Northeast have been linked to prominent Mexican drug cartels, including the Sinaloa, Juárez, La Familia Michoacana, and Gulf Cartels.<sup>55</sup>



Dominican DTOs are expanding their drug distribution operations and are the predominant distributors of cocaine and South American heroin throughout New England.<sup>56</sup> These groups are primarily involved in the distribution of heroin, cocaine, and marijuana, as well as limited amounts of CPDs and MDMA.<sup>57</sup>

Asian polydrug trafficking organizations operating in Canada are major producers, transporters, and wholesale distributors of high-potency marijuana, MDMA, and tablets/capsules/powder that contain multiple synthetic drugs that are sold in New England.<sup>58</sup> They use well-established networks to supply illicit drugs to the region and to transport cocaine, drug proceeds, and weapons to Canada.<sup>59</sup> The St. Regis Mohawk Reservation, which straddles the Canada–New York border, is a key smuggling route for drugs supplied from Canada to New England.<sup>60</sup>

Drug traffickers generate tens of millions of dollars in illicit drug proceeds in the NE HIDTA region each year.<sup>61</sup> New England HIDTA initiatives seized drugs valued at more than \$56.3 million and more than \$24.3 million in cash and other assets in 2010.<sup>62</sup> Illicit drug proceeds generated in the NE HIDTA region are typically transported by traffickers through bulk cash (U.S. and foreign currency) and monetary instrument smuggling to New York City, Canada, the Dominican Republic, Mexico, and other source areas for eventual repatriation.<sup>63</sup> Drug proceeds are also laundered through various methods such as casinos, depository institutions, front companies, money services businesses, retail businesses, securities and futures instruments, and the purchase of real property and expensive consumer goods.<sup>64</sup> In addition, drug traffickers use prepaid cards—often referred to as stored value cards—to anonymously move illicit proceeds.<sup>65</sup>



## Appendix B. Tables and Figures

**Table B1. Drug-Related Deaths in New England HIDTA States**

State	Year(s) (Most Current)	Total Number of Drug-Related Deaths	Total Number of Opioid Mentions (Heroin and/or Controlled Prescription Opioids)	Top Illicit Drug Mentions and Number (Excludes Alcohol)
Connecticut	2009	515	192	Heroin (98), multiple drugs (88), cocaine (48), methadone (31), opiates (25), oxycodone (21), fentanyl (11)
	2010	488	197	Heroin (72), multiple drugs (55), cocaine (47), opiates (39), methadone (35), oxycodone (33), benzodiazepines (18), fentanyl (10), hydrocodone (8)
Maine	2008	168	Not available	Not available
	2009	179	Not available	Not available
Massachusetts	2007	965	637	Not available
	2008	844	622	Not available
New Hampshire	2009	164	124	Methadone (41), oxycodone (29), cocaine (25), heroin (22), citalopram (11), fentanyl (16), morphine (15), alprazolam (14), diazepam (13), clonazepam (11), opiates (9)
	2010	174	Not available	Other opiates (82), benzodiazepines (49), methadone (39), oxycodone (38), cocaine (24)
Rhode Island	2009	537*	Not available	Not available
Vermont	2009	93	52	Methadone (18), oxycodone (13), hydrocodone (10), morphine (10)

Source: State Medical Examiner Offices.

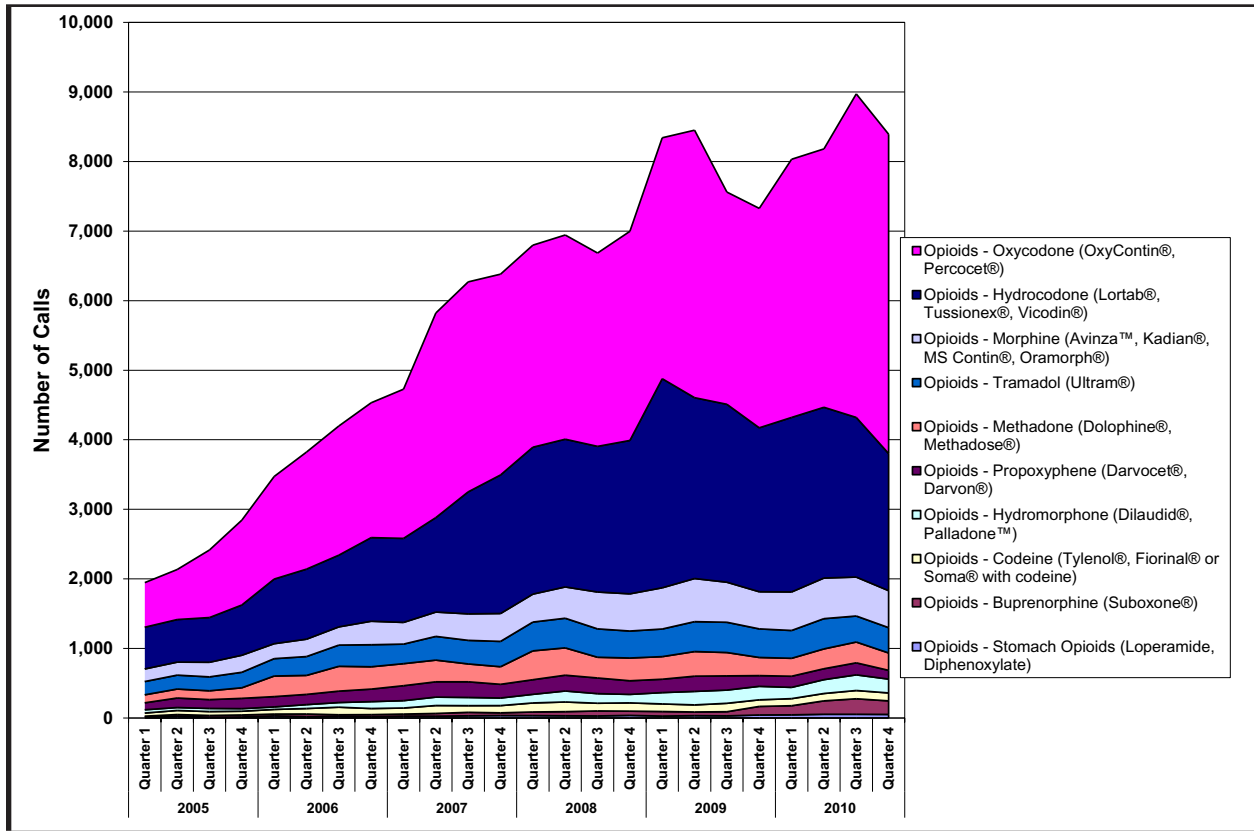
\*Medical Examiner data provided by DAWN Live!.

**Table B2. Drug Seizures Attributed to New England HIDTA Initiatives, 2010**

<b>Drug</b>	<b>Amount Seized</b>	<b>Wholesale Value</b>
Adderall (in dosage units)	32	\$320
Alprazolam (in dosage units)	116	\$1,240
Anabolic steroids (in dosage units)	3,395	\$68,618
Clonazepam (in dosage units)	385	\$2,130
Cocaine HCL (in kilograms)	218.1	\$7,971,189
Crack Cocaine (in kilograms)	15.6	\$655,320
Diazepam (in dosage units)	108	\$1,080
DMT (in kilograms)	0.005	\$200
GHB (in dosage units)	4	\$40
Hashish (in kilograms)	0.02	\$49
Heroin (in kilograms)	34.6	\$3,432,074
Hydrocodone (in dosage units)	461	\$12,600
Hydromorphone (in dosage units)	9	\$108
Klonopin (in dosage units)	10	\$100
LSD (in dosage units)	2,013	\$10,065
Marijuana (in kilograms)	11,948	\$40,899,432
MDMA (in dosage units)	12,121	\$345,800
Meloxicam (in dosage units)	20	\$200
Methadone (in dosage units)	226	\$5,060
Methamphetamine (in kilograms)	0.5	\$17,101
Opium poppy capsules (in dosage units)	5,188	\$103,760
Other drugs not identified (in dosage units)	240	\$1,200
Oxycodone (in dosage units)	14,057	\$637,407
OxyContin (in dosage units)	39,958	\$2,076,756
PCP (in kilograms)	0.001	\$10
Percocet (in dosage units)	3,247	\$67,905
Psilocybin (in kilograms)	0.1	\$262
Suboxone (in dosage units)	216	\$3,942
Valium (in dosage units)	224	\$1,930
Viagra (in dosage units)	1	\$10
Vicodin (in dosage units)	390	\$3,306
Xanax (in dosage units)	2,463	\$25,110
<b>Total Wholesale Value</b>		<b>\$56,344,324</b>

Source: New England High Intensity Drug Trafficking Area.

**Figure B1. Substance Abuse-Related Nonemergency Calls to the Northern New England Poison Center, 2005–2010**



Source: Northern New England Poison Center, Substance Abuse Surveillance and Reporting System.

## Endnotes

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Bristol Police Department  
Connecticut Intelligence Center  
East Haven Police Department  
Hartford Police Department  
Meriden Police Department  
New Britain Police Department  
New Haven Police Department  
Norwalk Police Department  
Stamford Police Department  
State of Connecticut  
    Connecticut National Guard  
    Connecticut State Medical Examiner  
    Department of Public Safety  
    Connecticut State Police  
West Haven Police Department

### Maine

Portland Police Department  
South Portland Police Department  
State of Maine  
    Maine Community Epidemiology Working Group  
    Maine Department of Transportation  
    Maine Drug Enforcement Agency  
    Maine Office of the Medical Director  
    Maine Office of Substance Abuse  
    Maine Office of the State Medical Examiner  
    Maine State Police  
    Office of the Attorney General  
University of Maine  
    Margaret Chase Smith Policy Center

### Massachusetts

Auburn Police Department  
Brockton Police Department  
Chelsea Police Department  
City of Boston  
    Centers for Youth and Families  
    Police Department  
    Drug Control Unit  
    Public Health Commission  
    Regional Intelligence Center



Commonwealth of Massachusetts

Department of Banking

Department of Corrections

Department of Public Health

Bureau of Substance Abuse Statistics

Office of Statistics, Research, and Evaluation

Massachusetts National Guard

Office of the Attorney General

State Medical Examiner

State Police

Division of Investigative Services

Essex County Sheriff's Department

Fitchburg Police Department

Framingham Police Department

Holyoke Police Department

Lawrence Police Department

Lowell Police Department

Lynn Police Department

Methuen Police Department

Milford Police Department

North Andover Police Department

Southbridge Police Department

Springfield Police Department

Webster Police Department

Worcester Police Department

**New Hampshire**

Manchester Police Department

Nashua Police Department

State of New Hampshire

New Hampshire Attorney General's Drug Task Force

New Hampshire National Guard

New Hampshire State Medical Examiner

New Hampshire State Police

**Rhode Island**

Cranston Police Department

Hopkinton Police Department

Pawtucket Police Department

Providence Police Department

State of Rhode Island

Rhode Island National Guard

Rhode Island State Medical Examiner

Rhode Island State Police

Warwick Police Department

Westerly Police Department

Woonsocket Police Department

**Vermont**

Burlington Police Department

Colchester Police Department

Hartford Police Department

South Burlington Police Department  
State of Vermont  
Office of the Chief Medical Examiner  
Vermont National Guard  
Vermont State Police

## **Regional**

New England State Police Information Network  
Northern New England Poison Center

## **Federal**

Executive Office of the President  
Office of National Drug Control Policy  
High Intensity Drug Trafficking Area  
New England  
Financial Task Force  
U.S. Department of Commerce  
Bureau of Economic Analysis  
U.S. Census Bureau  
American Community Survey  
U.S. Department of Health and Human Services  
National Institutes of Health  
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U.S. Department of Homeland Security  
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Violent Crime Impact Teams  
Drug Enforcement Administration  
Domestic Cannabis Eradication/Suppression Program  
Domestic Monitor Program  
El Paso Intelligence Center  
National Seizure System  
New England Division  
Federal Bureau of Investigation  
U.S. Attorneys Offices  
District of Connecticut  
District of Maine  
District of Massachusetts  
District of New Hampshire  
District of Rhode Island  
District of Vermont

U.S. Department of State  
U.S. Department of the Treasury  
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U.S. Postal Service  
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## **Other**

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*Hartford Courant*  
International Law Enforcement Association  
National Association of Drug Diversion Investigators  
*The New York Times*  
Project North Star

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JWICS <http://www.intelink.ic.gov/sites/ndic>

RISS [ndic.riss.net](http://ndic.riss.net)