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Massachusetts

Drug Threat Assessment

UPDATE

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Preface

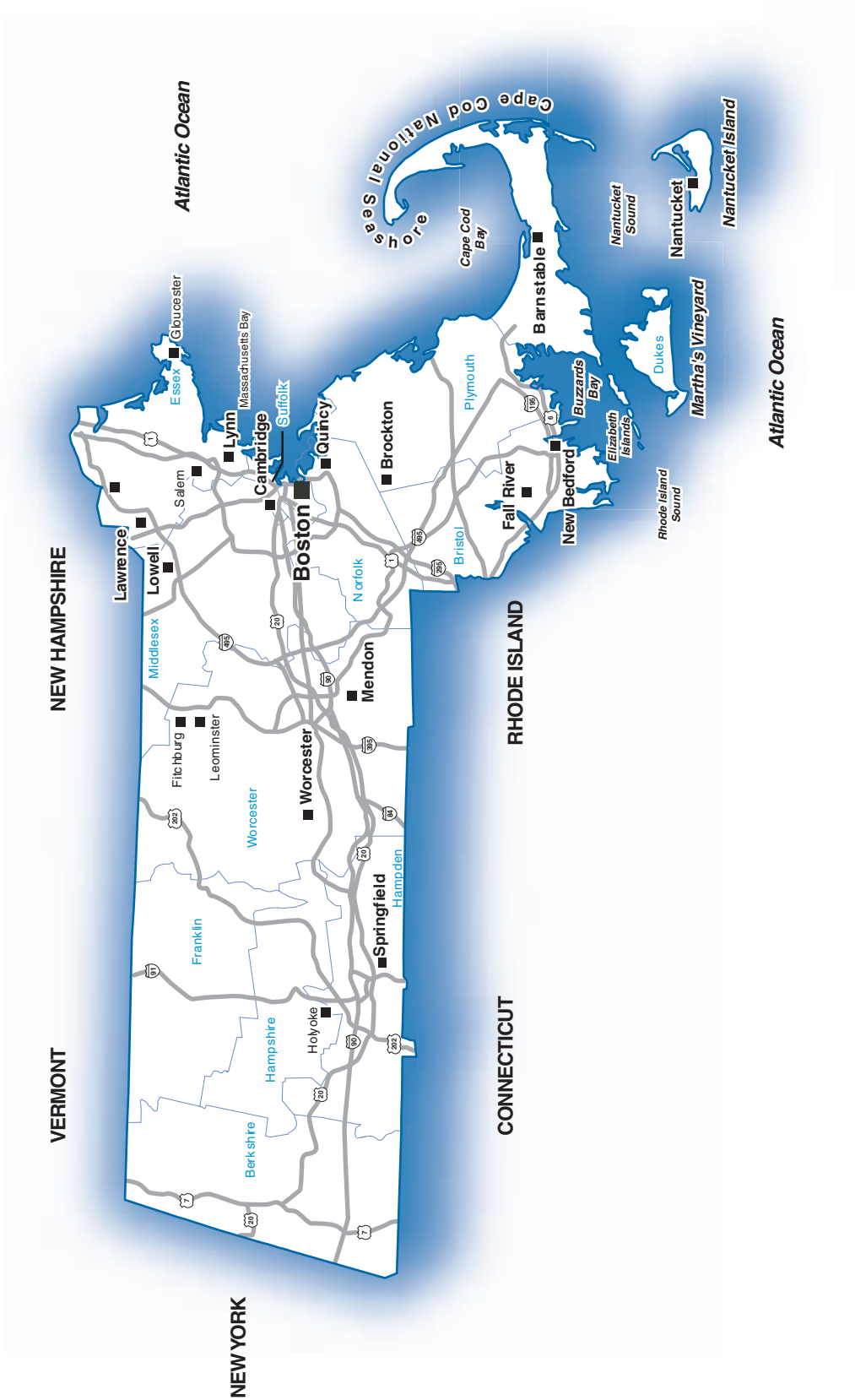
This report is a brief update to the *Massachusetts Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Massachusetts. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The April 2002 *Massachusetts Drug Threat Assessment Update* and the April 2001 *Massachusetts Drug Threat Assessment* are available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.



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Massachusetts.



Massachusetts Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs and diverted pharmaceuticals pose a serious threat to Massachusetts. Massachusetts is a distribution center for illicit drugs, particularly heroin, destined for northern New England. The state's proximity to New York City as well as its well-developed transportation infrastructure make it an ideal transshipment point for drugs, particularly heroin, destined for Maine, New Hampshire, and Vermont.

Heroin—primarily low cost, high purity South American heroin—poses the most serious drug threat to the state. Heroin-related treatment admissions accounted for 50 percent of all the admissions for drug and alcohol abuse treatment in 2001. Cocaine, both powdered and crack, also poses a significant threat to Massachusetts, as it is readily available, often abused, and frequently associated with violent crime in the state. Marijuana is the most readily available and commonly abused illicit drug in Massachusetts. The availability and abuse of

other dangerous drugs, principally MDMA and diverted pharmaceuticals, pose an increasing threat to the state. Methamphetamine production, distribution, and abuse pose a low threat to Massachusetts.

Heroin

Treatment statistics and medical examiner data indicate that heroin commonly is abused in Massachusetts. According to the Treatment Episode Data Set (TEDS), heroin-related treatment admissions to publicly funded treatment facilities in Massachusetts increased 25 percent from 29,884 in 2000 to 37,399 in 2001. (See Table 1 on page 2.) In addition, heroin-related admissions exceeded admissions for any other drug, including alcohol, in 2001. Drug Abuse Warning Network (DAWN) data indicate that the number of heroin emergency department (ED) mentions in the Boston metropolitan area increased from 3,867 in 2000 to 4,358 in 2001, and preliminary estimates indicate that there were 2,155 heroin ED mentions from January through June 2002.

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The rate of heroin ED mentions per 100,000 population in the Boston metropolitan area (122) was significantly higher than the rate nationwide (37) in 2001. (See Table 2.) Heroin also is a factor in a significant number of deaths in the Boston metropolitan area. DAWN mortality data indicate that heroin/morphine was a factor in 195 of the 374 drug deaths in the Boston metropolitan area in 2001. Suffolk and Middlesex Counties accounted for 125 of the 195 deaths involving heroin/morphine in the Boston metropolitan area.

DAWN Emergency Department and Mortality Data

DAWN emergency department mentions and mortality data for the Boston metropolitan area were provided by hospital and medical examiners in Essex, Middlesex, Norfolk, Plymouth, and Suffolk Counties.

**Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities
Massachusetts, 2000–2001**

	Heroin	Cocaine	Marijuana	Amphetamines*
2000	29,884	5,017	4,000	70
2001	37,399	4,334	3,299	79
Percent change	+25%	-14%	-18%	+13%

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, TEDS.
*Nationwide, methamphetamine-related admissions account for 95 percent of the amphetamine-related admissions reported to TEDS.

**Table 2. Drug-Related ED Mentions per 100,000 Population
Boston and United States, 2001**

	Heroin	Cocaine	Marijuana	Methamphetamine
Boston	122	138	96	0
United States	37	76	44	6

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

Most of the heroin available in Massachusetts is produced in South America. According to the Drug Enforcement Administration (DEA) Domestic Monitor Program (DMP), in fiscal year (FY) 2000 all of the retail heroin purchased in Boston through the DMP for which a signature could be determined was from South America. DMP data also indicate that South American heroin purchased in Boston during FY2000 averaged over 58 percent pure. Federal law enforcement officials report that Southeast Asian heroin occasionally is available, while Southwest Asian

heroin and Mexican black tar heroin rarely are available in the state.

Heroin, primarily South American, is readily available throughout Massachusetts. The primary heroin distribution centers in the state are Boston, Fitchburg, Holyoke, Lawrence, Lowell, Lynn, New Bedford, Springfield, and Worcester. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Massachusetts seized 2.5 kilograms of heroin in 2002. U.S. Sentencing Commission (USSC) data indicate that the percentage of drug-related

**Table 3. Percentage of Drug-Related Federal Sentences by Drug Type
Massachusetts and United States, FY2001**

	All Drugs*	Heroin	Cocaine	Marijuana	Methamphetamine
Massachusetts	47.7	16.5	56.7	22.3	0.4
United States	41.2	7.2	42.5	32.8	14.2

Source: U.S. Sentencing Commission.

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

federal sentences in Massachusetts that were heroin-related (16.5%) was notably higher than the national percentage (7.2%) in FY2001. (See Table 3.) In Massachusetts in the first quarter of FY2003, heroin averaged over 60 percent pure and sold for \$120,000 per kilogram, \$3,100 to \$5,000 per ounce, \$75 to \$200 per gram, and \$6 to \$25 per bag, according to the DEA Boston Division. Dominican and Colombian criminal groups are the primary transporters of South American heroin into Massachusetts. These groups typically purchase heroin from other Dominican and Colombian criminal groups in New York City, then transport the heroin into the state. South American heroin also is transported into Massachusetts from Providence, Rhode Island. Private and commercial vehicles are the primary means by which South American heroin is transported into Massachusetts. It also is transported into the state via package delivery services, couriers aboard commercial aircraft, and occasionally concealed among cargo aboard commercial maritime vessels.

Asian criminal groups, primarily Vietnamese and Chinese, are the primary transporters of Southeast Asian heroin. These groups usually purchase heroin from other Asian criminal groups in New York City with sources in Canada, then transport the heroin into Massachusetts via private vehicles.

Dominican and Colombian criminal groups dominate the wholesale-level distribution of South American heroin in Massachusetts. Dominican and Puerto Rican criminal groups are the primary retail-level distributors of South American heroin in the state. African American and Asian criminal

groups, as well as local street gangs, commonly known as crews, and local independent dealers of various ethnic backgrounds also distribute retail quantities of South American heroin in the state, although to a lesser extent. Asian crews are the primary retail-level distributors of Southeast Asian heroin.

Heroin primarily is distributed from private vehicles at public parking areas at malls, restaurants, and shopping centers. To a lesser extent, heroin also is distributed from private residences. Because of law enforcement pressure, heroin is seldom distributed at open-air drug markets in Massachusetts. Heroin sold at the retail level most often is packaged in small glassine bags, many of which are stamped with a logo.

Beep and Meet Distribution

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

Massachusetts serves as a distribution center for South American heroin destined for northern New England. South American heroin is transported to Maine and New Hampshire from the Greater Boston area, primarily from Lawrence, Lowell, and Lynn in eastern Massachusetts. South American heroin is transported into Vermont primarily from

Springfield in western Massachusetts. Caucasian local independent dealers from these states typically travel to cities in Massachusetts, purchase 200 to 500 bags of heroin, and return home. They typically distribute the drug to other heroin abusers and retain some for personal use.

Cocaine

Cocaine, both powdered and crack, poses a significant drug threat to Massachusetts. The number of treatment admissions for cocaine abuse is higher than the number of treatment admissions for any other illicit drug except heroin. According to TEDS data, there were 4,334 powdered and crack cocaine-related admissions to publicly funded treatment facilities in the state in 2001, a 14 percent decrease from 5,017 in 2000. (See Table 1 on page 2.) DAWN data indicate that cocaine ED mentions in the Boston metropolitan area increased from 4,099 in 2000 to 4,933 in 2001, and preliminary estimates indicate that there were 2,524 mentions from January through June 2002. There were more mentions for cocaine than for any other illicit substance in 2000, 2001, and the first 6 months of 2002. The rate of cocaine ED mentions per 100,000 population in the Boston metropolitan area (138) was significantly higher than the rate nationwide (76) in 2001. (See Table 2 on page 2.) Cocaine also is a factor in a significant number of deaths in the Boston metropolitan area. DAWN mortality data indicate that cocaine-related deaths accounted for 132 of the 374 drug deaths in the Boston metropolitan area in 2001. Of the 132 cocaine-related deaths, 80 occurred in Middlesex and Suffolk Counties. The percentage of Massachusetts residents aged 12 and older who reported having abused cocaine at least once in their lifetime (2.1%) was statistically comparable to the percentage nationwide (1.6%), according to the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA).

Cocaine is readily available throughout Massachusetts. According to FDSS data, federal law enforcement officials in Massachusetts seized 29.9 kilograms of cocaine in 2002. USSC data

indicate that the percentage of drug-related federal sentences in Massachusetts that were cocaine-related (56.7%) was higher than the national percentage (42.5%) in FY2001. (See Table 3 on page 3.) Powdered cocaine available in the state sold for \$24,000 to \$32,000 per kilogram, \$800 to \$1,200 per ounce, and \$50 to \$100 per gram in the first quarter of FY2003, according to the DEA Boston Division. Crack sold for \$850 to \$1,600 per ounce and \$10 to \$50 per rock during that same period.

Dominican and Colombian criminal groups are the primary transporters of cocaine into Massachusetts. Other Hispanic, Caucasian, and Asian criminal groups and local crews, as well as local independent dealers of various ethnic backgrounds also transport cocaine into the state, although to a lesser extent. Cocaine available in the state primarily is obtained in New York City and transported via private and commercial vehicles. Package delivery services as well as couriers aboard commercial aircraft, buses, and passenger rail services also are used to transport cocaine into Massachusetts, although to a lesser extent.

Dominican and Colombian criminal groups are the primary wholesale-level distributors of powdered cocaine in Massachusetts. African American, Asian, Caucasian, and Puerto Rican criminal groups also distribute wholesale quantities of powdered cocaine, although to a lesser extent. Dominican criminal groups are the primary retail-level distributors of powdered cocaine in Massachusetts, while African American criminal groups and crews are the primary retail-level distributors of crack. Hispanic criminal groups and crews as well as local independent dealers of various ethnic backgrounds also distribute retail quantities of powdered and crack cocaine. Cocaine primarily is distributed from private vehicles at public parking areas at malls, restaurants, and shopping centers. Cocaine also is distributed from private residences to a lesser extent. Cocaine seldom is distributed at open-air drug markets because of law enforcement pressure. Powdered and crack cocaine sold at the retail level often is packaged in plastic bags with the

ends tied into knots. Crack cocaine also is packaged in glass or plastic vials.

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

Marijuana

Marijuana is commonly abused in Massachusetts. The percentage of Massachusetts residents aged 12 or older who reported having abused marijuana in the past month (9.0%) was notably higher than the percentage nationwide (4.8%), according to the 1999 and 2000 NHSDA. According to TEDS data, there were 3,299 marijuana-related admissions to publicly funded treatment facilities in Massachusetts in 2001, an 18 percent decrease from 4,000 in 2000. (See Table 1 on page 2.) According to DAWN data, in the Boston metropolitan area marijuana ED mentions increased from 2,945 in 2000 to 3,423 in 2001, and preliminary estimates indicate that there were 1,741 mentions from January through June 2002. The rate of marijuana ED mentions per 100,000 population in the Boston metropolitan area (96) was significantly higher than the rate nationwide (44) in 2001. (See Table 2 on page 2.)

Marijuana is the most readily available illicit drug in Massachusetts. FDSS data indicate that federal law enforcement officials in Massachusetts seized 78.5 kilograms of marijuana in 2002. The percentage of drug-related federal sentences in Massachusetts that were marijuana-related in FY2001 (22.3%) was lower than the percentage nationwide (32.8%), according to USSC data. (See Table 3 on page 3.)

Most of the marijuana available in Massachusetts is produced in Mexico; however, locally produced marijuana and Canada-produced marijuana also are available. Commercial-grade marijuana available in the state sold for \$700 to \$1,800 per pound, \$125 to \$250 per ounce, and \$5 per joint in the first quarter of FY2003, according to the DEA Boston Division. Local law enforcement

officials report that sinsemilla (high potency marijuana) sold for \$3,000 to \$4,500 per pound and \$400 per ounce during midyear 2002.

Mexican criminal groups are the dominant transporters of marijuana into Massachusetts; however, crews and local independent dealers of various ethnic backgrounds also transport marijuana into the state. Most of the marijuana available in Massachusetts is transported from Mexico via southwestern states, primarily using package delivery services. Additional quantities are transported via private and commercial vehicles and by couriers aboard commercial aircraft. Caucasian criminal groups smuggle high quality Canada-produced marijuana across the U.S.–Canada border primarily via private vehicles and couriers on foot. Once across the border, the marijuana is transported by private vehicle into Massachusetts for distribution.

Caucasian, Dominican, Jamaican, and Hispanic criminal groups are the principal wholesale-level distributors of marijuana in the state. Local independent dealers of various ethnic backgrounds are the primary retail-level distributors. Marijuana typically is sold from private residences as well as at bars and nightclubs and on college campuses. Marijuana sold at the retail level usually is packaged in plastic bags or sold as joints.

Other Dangerous Drugs

The availability and abuse of other dangerous drugs (ODDs), including club drugs—particularly MDMA, ketamine, LSD, and GHB (and its analogs)—and diverted pharmaceuticals, pose an increasing threat to Massachusetts. Club drugs primarily are distributed and abused by teenagers and young adults at raves, techno parties, nightclubs, and on college campuses. DAWN mortality data indicate that club drugs were a factor in six drug deaths in the Boston metropolitan area in 2001. (For the purposes of DAWN reporting, club drugs include MDMA, ketamine, GHB-GBL, and Rohypnol.) According to the Massachusetts Youth Health Survey 2002, 4.7 percent of high school students surveyed reported having abused club drugs within the 30 days prior to the survey.

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Diverted pharmaceuticals typically are distributed at bars and other public areas and abused by individuals of various socioeconomic classes and age groups.

Club Drugs

MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) is the most widely available and frequently abused club drug in Massachusetts. Teenagers and young adults are the primary abusers of MDMA in the state. DAWN data indicate that MDMA ED mentions in the Boston metropolitan area increased from 125 in 2000 to 140 in 2001. Preliminary estimates indicate that there were 37 MDMA ED mentions from January through June 2002.

Caucasian criminal groups are the dominant transporters of MDMA into Massachusetts; they also serve as the primary wholesale-level distributors. MDMA primarily is transported into the state from New York City, typically via private or rental vehicles. Caucasian and Asian criminal groups transport additional quantities of the drug into Massachusetts from Canada, also via private or rental vehicles. Some MDMA is transported directly into Massachusetts from Western Europe by couriers aboard commercial aircraft and via package delivery services. Caucasian teenagers and young adults are the primary retail-level distributors of MDMA in the state. The drug typically is distributed at raves and techno parties, in bars and nightclubs, and on college campuses. MDMA also is distributed aboard party barges departing from Cape Cod. Wholesale quantities of MDMA sold for \$6 to \$15 per tablet, and retail quantities usually sold for \$20 to \$40 per tablet in the first quarter of FY2003, according to the DEA Boston Division.

Other club drugs such as LSD (lysergic acid diethylamide), ketamine, GHB (gamma-hydroxybutyrate) and its analogs GBL, BD, GHV, and GVL (see text box) are available and abused in Massachusetts. DAWN ED data indicate that in the Boston metropolitan area in 2000 there were 41 LSD mentions, 23 ketamine mentions, and 26 GHB mentions. In 2001, there were 33 LSD

mentions, 10 ketamine mentions, and 28 GHB mentions. Preliminary estimates indicate that there were two ketamine mentions and seven GHB mentions from January through June 2002. LSD mentions were not available. Law enforcement officials report that GHB and its analogs have been used to facilitate sexual assaults in the state.

LSD sold for \$100 to \$200 per 100 dosage units and \$5 to \$10 per dosage unit, while ketamine sold for \$30 to \$75 per vial and \$20 to \$40 per bag (0.2 grams) during the first quarter of FY2003, according to the DEA Boston Division. GHB sold for \$5 per dosage unit during the first quarter of FY2003.

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

Caucasian local independent dealers are the primary transporters of club drugs (other than MDMA) into Massachusetts. These local independent dealers also serve as the principal wholesale and retail distributors of these drugs. LSD and ketamine typically are transported into Massachusetts from sources in California via package delivery services. Ketamine, a veterinary anesthetic, occasionally is stolen from veterinary clinics in the state. GHB and its analogs are transported into the state primarily via package delivery services and private vehicles. Caucasian local independent dealers distribute wholesale and retail quantities of these club drugs from private residences and prearranged meeting locations or at raves, techno parties, dance parties, and nightclubs.

GBL Transported to Massachusetts From Canada

On August 12, 2002, U.S. Postal Service inspectors seized three 260-milliliter bottles of GBL that were shipped from Canada to Mendon, Massachusetts, via package delivery service. There was no return address on the package; however, the affixed Canadian Customs label declared the contents to be samples of laboratory supplies. The GBL was purchased via the Internet by a resident of Mendon.

Source: U.S. Postal Inspectors; New England HIDTA Task Force.

Diverted Pharmaceuticals

Diverted pharmaceuticals such as OxyContin, Percocet, Percodan, Vicodin, Xanax, methadone, and hydrocodone pose an increasing drug threat to Massachusetts. OxyContin abuse in particular is increasing, because OxyContin and heroin are being used interchangeably, according to the DEA Boston Division. DAWN mortality data indicate that in the Boston metropolitan area the number of deaths related to narcotic analgesics, which include opiates such as OxyContin and Percocet, increased significantly from 118 in 2000 to 206 in 2001. Narcotic analgesics were a factor in more drug deaths in the Boston metropolitan area in 2001 than any other drug. Diverted pharmaceuticals typically are obtained through common diversion techniques including prescription fraud, improper prescribing practices, doctor shopping (visiting multiple doctors to obtain prescriptions), and pharmacy theft—148 of the 166 pharmacy thefts that were reported in New England in 2002 occurred in Massachusetts. Diverted pharmaceuticals, primarily OxyContin, also are obtained from Mexico via the Internet and transported by package delivery services to Boston for distribution or personal abuse.

Caucasian local independent dealers and abusers are the primary retail-level distributors of diverted pharmaceuticals in Massachusetts. Diverted pharmaceuticals typically are distributed

from bars and other public areas. The DEA Boston Division reports that OxyContin sold for \$20 per 20-milligram tablet and \$40 per 80-milligram tablet in the first quarter of FY2003. Vicodin sold for \$3 per tablet. Percocet sold for \$35 per 150-milligram tablet and \$6 per 10-milligram tablet.

Methamphetamine

Methamphetamine poses a low threat to Massachusetts. Amphetamine-related admissions to publicly funded facilities in Massachusetts remained low but increased 13 percent from 70 in 2000 to 79 in 2001, according to TEDS. (Nationwide, methamphetamine-related admissions account for 95 percent of the amphetamine-related admissions reported to TEDS.) (See Table 1 on page 2.) DAWN data indicate that in the Boston metropolitan area there were 14 methamphetamine ED mentions in both 2000 and 2001. Preliminary estimates indicate that there were seven mentions from January through June 2002. According to DAWN mortality data, there was one methamphetamine-related death in the Boston metropolitan area in 2001.

Methamphetamine occasionally is available in Massachusetts. According to FDSS data, federal law enforcement officials seized 1.1 kilograms of methamphetamine in 2002. The percentage of drug-related federal sentences in Massachusetts that were methamphetamine-related in FY2001 (0.4%) was much lower than the percentage nationwide (14.2%), according to USSC data. (See Table 3 on page 3.) Methamphetamine available in the state sold for \$250 per gram in the first quarter of FY2003, according to the DEA Boston Division.

Crystal Methamphetamine Seized in Boston

In August 2002, 56 grams of crystal methamphetamine were seized from an individual who received the drug via a package delivery service. Seizures of crystal methamphetamine are extremely rare in the Boston area.

Source: Boston Police Department.

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According to federal, state, and local law enforcement officials, methamphetamine production rarely occurs in Massachusetts—only two methamphetamine laboratory seizures have been reported since 1997.

Caucasian local independent dealers are the primary transporters of methamphetamine into Massachusetts; they also serve as the primary distributors of the drug. These dealers transport the drug from California and southwestern states, typically via package delivery services. Methamphetamine is distributed at raves or techno parties, as well as from private homes, bars, and some other public areas in Boston and Cape Cod.

Outlook

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

Cocaine will continue to pose a significant threat to Massachusetts. The drug is readily available, frequently abused, and its distribution and abuse are more frequently associated with

violent crime than any other illicit drug in the state. Dominican and Colombian criminal groups will continue to dominate the transportation and wholesale-level distribution of cocaine. Dominican criminal groups will remain the primary retail distributors of powdered cocaine in Massachusetts, while African American criminal groups and crews will remain the primary retail distributors of crack in the state.

Marijuana will remain readily available and widely abused in Massachusetts. Marijuana produced in Mexico will remain the most prevalent type available. Canada-produced marijuana and locally produced marijuana also will remain available.

MDMA will continue to be the most widely distributed and abused club drug in Massachusetts. Diverted pharmaceuticals, particularly Oxy-Contin, are increasingly available and abused, thus presenting a growing threat to the state. Caucasian criminal groups will remain the principal transporters and wholesale level distributors of MDMA; Caucasian teenagers and young adults will continue to distribute the drug at the retail level. Caucasian local independent dealers will remain the primary transporters and wholesale- and retail-level distributors of other club drugs and diverted pharmaceuticals.

Methamphetamine will continue to pose a low drug threat to Massachusetts. Production, distribution, and abuse of the drug have remained low for several years, and there are no indications that this will change.

Sources

State and Regional

Barnstable Police Department

Boston Police Department

Essex County Crime Prevention and Control (CPAC) Narcotics Unit

State of Massachusetts

Department of Public Health

Bureau of Substance Abuse Services

Youth Health Survey 2002

Port Authority

Maritime Department

State Police

Division of Investigative Services

National

Executive Office of the President

Office of National Drug Control Policy

High Intensity Drug Trafficking Areas

New England

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Office of Applied Studies

Drug Abuse Warning Network

National Household Survey on Drug Abuse

Treatment Episode Data Set

U.S. Department of Homeland Security

Directorate of Border and Transportation Security

Bureau of Customs and Border Protection

Bureau of Immigration and Customs Enforcement

U.S. Coast Guard

First Coast Guard District

Coast Guard Group Boston

Marine Safety Office Boston

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U.S. Department of Justice

Drug Enforcement Administration

Boston Division

Springfield Resident Office

Worcester Resident Office

Diversion Unit

Domestic Monitor Program

El Paso Intelligence Center

Federal-wide Drug Seizure System

U.S. Attorney's Office

U.S. Postal Service

U.S. Sentencing Commission



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