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Vermont

Drug Threat Assessment

UPDATE

May 2003



National Drug Intelligence Center
U.S. Department of Justice

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It has been made available to provide access to historical materials.

Preface

This report is a brief update to the *Vermont Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Vermont. 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 *Vermont Drug Threat Assessment* was produced in January 2002 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.

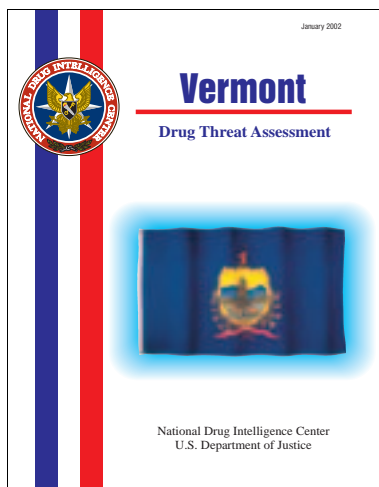


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Vermont.



Vermont Drug Threat Assessment Update

Overview

The distribution and abuse of illegal drugs pose a serious threat to Vermont. Illicit drugs available in the state typically are transported from metropolitan areas in neighboring states, including New York, Massachusetts, and Connecticut, primarily via private and rental vehicles but also by buses, trains, commercial aircraft, and package delivery services. Smaller amounts of drugs are transported into the state from Canada by similar conveyances as well as by couriers on foot, snowmobiles, or all-terrain vehicles. Most of the drugs transported into Vermont are abused within the state and are not transshipped to other locations.

Heroin, primarily high purity South American heroin, poses the most serious drug threat to Vermont. Heroin was a factor in more drug deaths in 2001 than any other illicit drug, and the number of heroin-related treatment admissions surpassed the number of treatment admissions for every other illicit drug except marijuana in that year. Cocaine, both powdered and crack, also poses a significant

threat to the state because it is readily available, frequently abused, and often associated with violent crime. Marijuana is the most widely available and frequently abused illicit drug in Vermont. The availability and abuse of other dangerous drugs, principally diverted pharmaceuticals and MDMA, pose an increasing threat to the state. The threat posed by methamphetamine production, distribution, and abuse is low in Vermont.

Heroin

Heroin-related treatment statistics and medical examiner data indicate that the drug commonly is abused in Vermont. According to the Vermont Department of Health, Office of Alcohol and Drug Abuse Programs (ADAP), heroin-related treatment admissions in Vermont increased 87 percent from 373 in fiscal year (FY) 2000 to 696 in FY2001. (See Table 1 on page 2.) The Vermont Office of the Chief Medical Examiner reported that 12 drug deaths in Vermont in 2001 involved heroin.

Table 1. Drug-Related Treatment Admissions by Drug Type, Vermont, FY2000–FY2001

	Heroin	Cocaine	Marijuana	Methamphetamine
FY2000	373	310	1,223	12
FY2001	696	298	1,366	4
Percent Change	+87%	-4%	+12%	-67%

Source: Vermont Department of Health, Office of Alcohol and Drug Abuse Programs.

Heroin, primarily South American, is readily available in Vermont. Federal, state, and local law enforcement officials indicate that the ready availability of heroin has caused law enforcement agencies in the state to focus most of their counterdrug resources on stemming distribution of the drug. Federal-wide Drug Seizure System (FDSS) data indicate that in 2002 federal law enforcement officials seized 0.1 kilograms of heroin in Vermont. Many seizures of heroin fall below the minimum reporting threshold of 100 grams; therefore, these data likely are not an accurate gauge of heroin availability in Vermont.

The Vermont Crime Information Center reports that the number of heroin-related arrests in Vermont increased from 141 in 2000 to 177 in 2001. The high percentage of heroin-related federal sentences in Vermont indicates the drug’s ready availability. Heroin-related sentences accounted for 24.4 percent of the drug-related federal sentences in Vermont in FY2001; this percentage was significantly higher than the percentage nationwide (7.2%), according to the U.S. Sentencing Commission (USSC). Despite the high percentage of federal sentences for heroin-related violations, the distribution and abuse of heroin typically are not associated with violent crime in Vermont.

The Drug Enforcement Administration (DEA) Boston Division reports that in Burlington, Vermont’s largest city, in the fourth quarter of FY2002, heroin sold for \$20 per bag and was 55 to 60 percent pure. The Vermont State Police

report that heroin prices in Vermont have been as high as \$30 per bag, and purity levels have reached 75 to 80 percent. The purity levels reported by DEA and the Vermont State Police far exceed the national average of 37 percent purity.

Caucasian local independent dealers are the primary transporters of heroin into Vermont; they also are the primary retail distributors. These local independent dealers usually make frequent trips in private and rental vehicles to regional distribution centers such as Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York City to purchase ounce quantities of heroin packaged in bags for distribution at the retail level in Vermont. These dealers typically obtain heroin for \$6 to \$10 per bag from Dominican criminal groups based in these cities. Local independent dealers also smuggle smaller quantities of heroin from Montreal, Canada, into Vermont primarily via private vehicles. The Vermont State Police Drug Task Force reports that local independent dealers increasingly are concealing heroin during transport by “bodypacking”—inserting plastic-wrapped drugs into a body cavity.

Wholesale-level heroin distribution in Vermont does occur but is extremely limited. Investigations have revealed that heroin distributors from source cities occasionally travel into the state, rent motel rooms, and quickly sell up to 1,000 bags of heroin.

Cocaine

Cocaine, both powdered and crack, poses a significant drug threat to Vermont. According to the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA), the percentage of Vermont residents who reported having abused cocaine at least once in their lifetime (1.8%) was statistically comparable to the percentage nationwide (1.6%). Cocaine-related treatment admissions in Vermont decreased slightly (4%) from 310 in FY2000 to 298 in FY2001, according to ADAP. (See Table 1 on page 2.) In addition, the Vermont Office of the Chief Medical Examiner reported that 7 drug deaths in Vermont in 2001 involved cocaine.

Powdered cocaine is readily available throughout Vermont, while crack cocaine primarily is available in the metropolitan areas of Burlington, Brattleboro, and Rutland. FDSS data indicate that federal law enforcement officials seized 2 kilograms of cocaine in 2002. The number of cocaine arrests in Vermont increased from 134 in 2000 to 208 in 2001, according to the Vermont Crime Information Center. USSC data in FY2001 indicate that cocaine-related sentences accounted for 26.7 percent of the federal drug-related sentences in Vermont; nationwide, cocaine-related sentences accounted for 42.5 percent of federal drug-related sentences. In Vermont in FY2001 there were nine federal sentences for powdered cocaine and three federal sentences for crack cocaine.

Cocaine prices vary throughout Vermont. The DEA Boston Division reports that in Burlington, powdered cocaine sold for \$1,200 to \$1,800 per ounce and was typically less than 50 percent pure in the fourth quarter of FY2002.

A gram of powdered cocaine—typically 30 percent pure—sold for \$80 to \$100, three to four times the price of a gram of powdered cocaine in New York City, where it sold for \$20 to \$30 per gram. Crack cocaine usually sold for \$50 per rock in Vermont in 2002.

Caucasian local independent dealers are the primary transporters of powdered cocaine into Vermont; they also are the primary retail distributors. These dealers usually travel to Massachusetts, Connecticut, and New York in private or rental vehicles and purchase ounce to kilogram quantities of powdered cocaine for distribution at the retail level in Vermont. According to state and local law enforcement authorities, many of the private vehicles used to transport cocaine are equipped with hidden compartments. Small quantities of powdered cocaine also are smuggled across the U.S.–Canada border via private vehicles. Most of the crack cocaine available in the state is converted locally and distributed by African American local independent dealers; however, these dealers occasionally transport crack into Vermont using private or rental vehicles.

Retail quantities of powdered cocaine typically are sold in nightclubs and bars. Retail quantities of crack typically are sold from apartments and motel rooms.

Cocaine, particularly crack, often is associated with violent crime in Vermont. In October 2002 a Burlington man bludgeoned and stabbed a friend to death after they had smoked crack together. He and his girlfriend then went on a shopping spree with the victim's credit cards. The man was charged with first-degree murder and is awaiting trial.

Marijuana

Marijuana is the most commonly abused illicit drug in Vermont. According to the 1999 and 2000 NHSDA, the percentage of Vermont residents who reported past month marijuana abuse (7.3%) was higher than the national rate (4.8%). Marijuana-related treatment admissions in Vermont increased 12 percent from 1,223 in FY2000 to 1,366 in FY2001, according to ADAP. (See Table 1 on page 2.)

Marijuana is the most readily available drug in Vermont. According to FDSS data, federal law enforcement officials seized 450.1 kilograms of marijuana in 2002. USSC data in FY2001 indicate that marijuana-related sentences accounted for 20.0 percent of the federal drug-related sentences in Vermont; nationwide, marijuana-related sentences accounted for 32.8 percent of federal drug-related sentences.

Most of the marijuana available in Vermont is produced in Mexico; however, high quality BC Bud from Canada and locally produced marijuana also are available. The DEA Boston Division reported that commercial-grade marijuana, mostly of Mexican origin, sold for \$120 to \$200 per ounce and \$40 per bag in Burlington in the fourth quarter of FY2002. High quality, Canada-produced marijuana sold for \$250 per ounce and \$100 per bag during that same period.

Cannabis is cultivated both outdoors and indoors throughout Vermont. Vermont is largely rural, and law enforcement officials report that large outdoor cannabis grows are prevalent throughout the state. According to DEA Domestic Cannabis Eradication/Suppression Program data (DCE/SP), 3,638 cannabis plants were eradicated from outdoor grow sites in 2000 and 3,351 in 2001. Local law enforcement officials also report that the number of indoor grows in the state is increasing. DCE/SP data indicate that 398 cannabis plants were eradicated from indoor grow sites in 2000 and 416 in 2001.

Various criminal groups, street gangs, and local independent dealers transport marijuana into Vermont. Most of the Mexico-produced

marijuana available in the state is transported from Massachusetts and New York in private or rental vehicles. However, package delivery services and couriers aboard commercial aircraft also are used to transport marijuana into the state, often directly from areas near the U.S.–Mexico border. Higher quality, Canada-produced marijuana also is smuggled across the U.S.–Canada border using similar conveyances as well as by couriers on foot, snowmobiles, or all-terrain vehicles. Once across the border, marijuana smugglers typically rendezvous with individuals who then transport the drug via private vehicle to locations throughout Vermont. Canada-produced marijuana occasionally is smuggled across the U.S.–Canada border into Vermont by Hells Angels outlaw motorcycle gang (OMG) members, primarily in private vehicles.

Marijuana Smuggled from Canada Into Vermont via Helicopter

On February 28, 2003, officers from the U.S. Border Patrol (now Bureau of Customs and Border Protection) and Vermont State Police seized 250 pounds of marijuana that were transported from Canada into Vermont via helicopter. According to law enforcement officials, the marijuana was dropped from the helicopter to a snowmobile trail near Lowell, Vermont (approximately 15 miles south of the U.S.–Canada border). Officers later apprehended the recipient of the marijuana who was traveling on Interstate 91 near Lyndonville. The arrestee, a resident of Montreal, Canada, reportedly was a member of an organized criminal group that smuggles high quality marijuana, known as Quebec Gold, into the United States from Canada.

Sources: U.S. Border Patrol; U.S. Attorney's Office, District of Vermont.

Wholesale-level distribution of marijuana occurs in Vermont but is somewhat limited. Loosely organized Caucasian criminal groups and Caucasian local independent dealers are the primary retail-level marijuana distributors in the state. Marijuana is sold at various locations in Vermont including bars, nightclubs, apartments, and parking lots.

Other Dangerous Drugs

The availability and abuse of other dangerous drugs (ODDs), principally diverted pharmaceuticals and MDMA (3,4-methylenedioxymethamphetamine), pose an increasing threat to Vermont. Diverted pharmaceuticals commonly are distributed by independent dealers and abusers in private residences, bars, and other public areas. MDMA frequently is distributed and abused by teenagers and young adults at nightclubs and on college campuses.

Diverted Pharmaceuticals

Pharmaceutical diversion and abuse pose a growing threat to Vermont. Various diverted pharmaceuticals are abused in the state; however, OxyContin is more commonly diverted and abused than any other pharmaceutical. The Vermont Office of the Chief Medical Examiner reported that six drug-related deaths in Vermont in 2001 involved oxycodone, the active chemical in OxyContin. Further, state and local law enforcement officials report that crime associated with OxyContin abuse, including doctor shopping, pharmacy burglaries, and prescription fraud, has recently increased. Incidents of diversion have increased so dramatically that the state welfare program stopped funding OxyContin prescriptions, and some doctors no longer prescribe the drug because of the potential for abuse. The Vermont Drug Task Force reports that diverted OxyContin tablets sell for \$1 to \$1.25 per milligram in the state.

MDMA

MDMA, also known as ecstasy, poses a low but growing threat to Vermont. Teenagers and young adults typically distribute and abuse

MDMA at nightclubs and on college campuses. The drug generally is transported from New York City via private vehicles or package delivery services and sometimes is smuggled directly from Europe via package delivery services. The DEA Burlington Resident Office reported that MDMA sold for \$18 to \$30 per tablet in the state in the fourth quarter of FY2002.

LSD

Limited amounts of the hallucinogen LSD are available and abused in Vermont. The LSD available in the state typically is transported from the West Coast via package delivery services and is distributed and abused by teenagers and young adults at nightclubs and on college campuses. The DEA Burlington Resident Office reported that LSD sold for \$4 to \$7 per dosage unit in the fourth quarter of FY2002.

Methamphetamine

The production, distribution, and abuse of methamphetamine are extremely limited in Vermont. Already at a low level, methamphetamine-related treatment admissions in Vermont decreased from 12 in FY2000 to 4 in FY2001, according to ADAP. (See Table 1 on page 2.) Federal, state, and local law enforcement officials have seized no methamphetamine laboratories in the state since 1990, and seizures of methamphetamine are rare. According to USSC data, in FY2001 methamphetamine-related sentences accounted for only 6.7 percent of the federal drug-related sentences in Vermont; nationwide, methamphetamine-related sentences accounted for 14.2 percent of federal drug-related sentences.

Outlook

Heroin, primarily South American, most likely will remain the primary drug threat to Vermont, as the drug is readily available and commonly abused. Treatment and mortality data suggest that heroin abuse is a serious problem, and there are no indications that abuse levels will decrease in the near future. Caucasian local independent dealers will remain the dominant retail-level distributors of heroin in Vermont.

Cocaine will continue to pose a significant threat to the state. Treatment, mortality, and survey data reflect the continuing problems associated with cocaine distribution and abuse within the state. Caucasian local independent dealers will remain the dominant retail-level distributors of powdered cocaine in Vermont. African American local independent dealers will remain the dominant retail-level distributors of crack cocaine.

Marijuana will remain the most readily available and commonly abused illicit drug in Vermont. Mexico-produced marijuana will remain the most prevalent type available in the state due to established sources of supply and transportation routes; however, marijuana produced locally and in Canada will also remain available.

Diverted pharmaceuticals, particularly OxyContin, will continue to pose a drug threat to Vermont. The number of OxyContin-related crimes in the state has increased, and this increase likely will continue as law enforcement resources focus on the growing heroin distribution problem. The availability and abuse of MDMA will continue to pose a growing threat to the state. LSD will remain a relatively low threat to Vermont.

Treatment data and law enforcement information indicate that methamphetamine rarely is produced, available, or abused in the state. Thus, the threat posed by methamphetamine likely will remain low.

Sources

State and Regional

Brattleboro Police Department

Burlington Police Department

Cross Borders Task Force

Essex Police Department

Milton Police Department

Montpelier Police Department

State of Vermont

 Crime Information Center

 Department of Health

 Division of Alcohol and Drug Abuse Programs

 Department of Public Safety

 Vermont State Police

 Drug Task Force

 Office of the Chief Medical Examiner

National

Executive Office of the President

 Office of National Drug Control Policy

 High Intensity Drug Trafficking Area

 New England

U.S. Department of Health and Human Services

 Substance Abuse and Mental Health Services Administration

 National Household Survey on Drug Abuse

 Treatment Episode Data Set

Vermont Drug Threat Assessment Update

U.S. Department of Homeland Security
Bureau of Customs and Border Protection

U.S. Department of Justice
Criminal Division
Organized Crime Drug Enforcement Task Force
New England Region
Drug Enforcement Administration
Boston Division
Burlington Resident Office
Domestic Cannabis Eradication/Suppression Program
Federal-wide Drug Seizure System

U.S. Attorney's Office
District of Vermont

U.S. Sentencing Commission

Other

Associated Press

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