



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



New England High Intensity Drug Trafficking Area



Drug Market Analysis 2010

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

Table of Contents

Strategic Drug Threat Developments	1
HIDTA Overview	3
Drug Threat Overview	3
Drug Trafficking Organizations	4
Production	6
Transportation	7
Drug-Related Crime	7
Abuse	7
Illicit Finance	10
Outlook	11
Appendix A. Maps	13
Sources	15

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Strategic Drug Threat Developments

Opioid abuse (particularly the abuse of South American (SA) heroin and diverted controlled prescription opioids) is the primary drug concern in the New England High Intensity Drug Trafficking Area (NE HIDTA) region. Opioid abuse is associated with high levels of violent crime and property crime and accounts for 70 percent of all illicit drug-related treatment admissions and the majority of poison center hotline calls, hospital visits, and drug-related deaths in the region.

The following are significant strategic drug threat developments in the NE HIDTA region:

- Mexican drug trafficking organizations (DTOs) have increased their operations in the NE HIDTA region and are now significant wholesale suppliers of SA heroin, cocaine, and marijuana, which they transport directly from their sources of supply in Atlanta, Georgia; Houston and Dallas, Texas; and the Southwest Border area to New England.
- Cocaine is readily available in the region; wholesale prices in most areas are elevated compared with those reported prior to cocaine shortages that occurred in New England in 2007.
- Violence among street gangs is increasing in the NE HIDTA region, particularly violence associated with disputes over drug territories. Street gangs are expanding their drug distribution operations into rural and suburban areas.
- Illicit drug abusers in the NE HIDTA region are unwittingly being exposed to illicit substances that they do not intend to ingest, primarily through their use of synthetic drug tablets/capsules (often represented as MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy)), which are increasingly available in the region. The harmful adulterant levamisole has also been identified in cocaine samples from the region.

Figure 1. New England High Intensity Drug Trafficking Area



HIDTA Overview

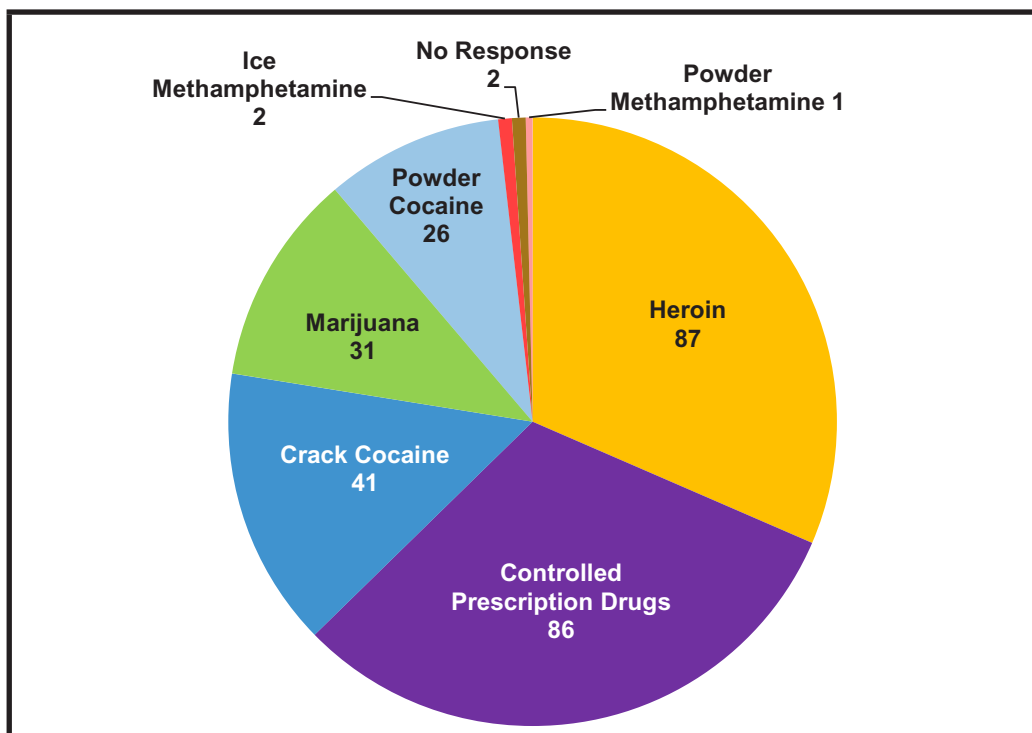
The NE HIDTA region comprises 13 counties in six states, including six counties in Massachusetts, three in Connecticut, and one each in Maine, New Hampshire, Rhode Island, and Vermont. Approximately 8.8 million residents, 61 percent of the New England population, reside in the HIDTA region. Drug distribution within the NE HIDTA region is centered in two primary hubs located in the Hartford, Connecticut/Springfield, Massachusetts, and Lowell/Lawrence, Massachusetts, areas. The Providence, Rhode Island/Fall River, Massachusetts, area is a secondary distribution center that supplies Cape Cod. Boston, Massachusetts, New England's largest city, is predominantly a consumer market supplied primarily by distributors operating from Lawrence, Lowell, and the New York City metropolitan area. The approximate wholesale value of drugs seized under NE HIDTA initiatives in 2009 was \$42.1 million.

New England is a global financial center that is linked electronically to world markets as well as to numerous domestic and foreign markets in drug source and transit zones. High per capita income levels make New England an attractive area for drug traffickers. During 2009, per capita income among New England states was among the highest in the nation. Connecticut ranked first, Massachusetts ranked third, and New Hampshire ranked eighth nationally in this category.

Drug Threat Overview

Opioids—including heroin (primarily SA heroin) and diverted controlled prescription drugs (CPDs) such as OxyContin and Percocet (both oxycodone) and Vicodin (hydrocodone)—collectively pose the greatest drug threat to the NE HIDTA region. According to National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS)^a 2010 data, 173 of the 276 state and local law enforcement agency respondents in the NE HIDTA region identify either heroin or CPDs as the greatest drug threat in their jurisdictions. Law enforcement officials seized 21.7 kilograms of heroin, 13,200 dosage units of OxyContin, 4,502 dosage units of Percocet, and 1,316 dosage units of oxycodone in conjunction with NE HIDTA initiatives in 2009. (See Table 1 on page 5.)

Figure 2. Greatest Drug Threat to the New England HIDTA Region as Reported by State and Local Law Enforcement Agencies, by Number of Respondents



Source: National Drug Threat Survey 2010.

a. NDTS data for 2010 cited in this report are as of March 1, 2010. NDTS data cited 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. Data cited may include responses from agencies that are part of the NDTS 2010 national sample and/or agencies that are part of HIDTA solicitation lists.

Controlled prescription opioid abusers are fueling the heroin abuse problem in the region: an increasing number of these abusers are switching to heroin because of its higher potency and greater affordability. Heroin prices at the street level decreased substantially in some primary drug distribution centers in 2009 and remain low. Heroin abuse now encompasses a broad cross section of society, 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 in Boston, Springfield, and Providence, and in Bridgeport, Hartford, and New Haven, Connecticut. 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, with commercial-grade Mexican marijuana and high-potency marijuana from regional domestic and Canadian suppliers readily available. New England law enforcement officials believe that marijuana seizure amounts will decline as local production increases in the near future, mainly as a result of the Massachusetts law passed in November 2008 that decriminalized the possession of small amounts of marijuana, and state-enacted medical marijuana programs in Maine, Rhode Island, and Vermont.

MDMA is widely available, and distribution and abuse are increasing in some areas of the region. Some synthetic drug tablets available in the NE HIDTA region are represented as MDMA but actually contain methamphetamine—or methamphetamine and MDMA in combination, as well as other drug combinations.^b 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.

Drug Trafficking Organizations

New York City-based Colombian DTOs are the primary wholesale suppliers of SA heroin and cocaine in the NE HIDTA region. They typically transport drugs to the region to supply midlevel and retail-level distributors. Colombian DTOs sometimes contract with Dominican, Guatemalan, Honduran, Jamaican, Mexican, Puerto Rican, and other Central America- and Caribbean-based groups to smuggle heroin and cocaine directly into the region for distribution. Increased law enforcement pressure along the Southwest Border has led some DTOs to use smuggling routes through Venezuela, Central America, and the Caribbean.

Mexican DTOs have increased their operations in the NE HIDTA Region and are now significant wholesale suppliers of SA heroin, cocaine, and marijuana, which they transport directly from their sources of supply in Atlanta, Georgia; Houston and Dallas, Texas; and the Southwest Border area to New England. Mexican DTOs also supply limited amounts of ice methamphetamine to the region.

Dominican DTOs are significant transporters and distributors of retail-level quantities of cocaine, commercial-grade marijuana, SA heroin, and CPDs in the region. Some New England-based Dominican traffickers travel to New York City to obtain drug supplies from Colombian and Dominican DTOs; conversely, some Colombian and Dominican distributors from New York City travel to New England to supply illicit drugs to Dominican traffickers.

b. Synthetic drug tablets, capsules, or powder seized in New England often contain multiple ingredients in various combinations, including substances such as MDMA, MDA (3,4-methylenedioxyamphetamine), methamphetamine, amphetamine, 4-Methylmethcathinone (4-MMC, Mephedrone), BZP (1-benzylpiperazine), caffeine, ephedrine, ketamine, LSD (lysergic acid diethylamide), OMPP (ortho-methoxyphenylpiperazine), PCP (phencyclidine), procaine, pseudoephedrine, and TFMPP (1-(3-trifluoromethylphenyl)piperazine). Some laboratory operators who produce synthetic drugs custom-blend drug tablets and capsules to provide abusers with a specific physiological effect, and they use information about that effect as a marketing tool. Moreover, methamphetamine, which is less costly to produce, has been used as an adulterant/additive to MDMA tablets for several years. MDMA producers sometimes add methamphetamine during MDMA manufacturing to stretch their supplies and increase their profit margins. Methamphetamine is often more readily available to laboratory operators and less expensive than pure MDMA. Because the chemical structure of MDMA is similar to that of methamphetamine and the two drugs produce similar stimulant effects, producers can sell combination MDMA/methamphetamine tablets to an unsuspecting MDMA user population.

Table 1. Drug Seizures in the New England HIDTA Region, 2009

Drug	Amount Seized	Wholesale Value
Cocaine HCL (in kilograms)	183.5	\$ 6,350,951
Crack Cocaine (in kilograms)	11.8	\$ 493,017
Heroin (in kilograms)	21.7	\$ 1,918,044
Marijuana (in kilograms)	8,821.4	\$ 29,704,942
Marijuana, hydroponic (in kilograms)	23.2	\$ 150,233
Methamphetamine (in kilograms)	36.7	\$ 212,955
Hydrocodone (in dosage units)	194	\$ 2,188
LSD (in dosage units)	45	\$ 225
MDMA (in dosage units)	108,667	\$ 2,708,580
Methadone (in dosage units)	155	\$ 4,590
Morphine (in dosage units)	1,265	\$ 35,420
Oxycodone (in dosage units)	1,316	\$ 15,752
OxyContin (in dosage units)	13,200	\$ 325,927
Percocet (in dosage units)	4,502	\$ 44,876
Ritalin (in dosage units)	220	\$ 1,100
Suboxone (in dosage units)	234.2	\$ 2,394
Valium (in dosage units)	7,462	\$ 37,208
Vicodin (in dosage units)	777	\$ 6,156
Xanax (in dosage units)	6,146	\$ 30,701

Source: New England High Intensity Drug Trafficking Area.

La Familia Michoacana Drug Cartel Linked to Massachusetts

In October 2009, the Attorney General of the United States announced the arrests of individuals in 19 states, including Massachusetts, during Project Coronado, a significant international law enforcement effort directed against the La Familia Michoacana Cartel. This violent Mexican DTO based in the southwestern state of Michoacán had been operating multiple cocaine, marijuana, and methamphetamine drug distribution cells in the United States. The DTO had smuggled large quantities of illicit drugs from Mexico to the United States and laundered millions of dollars in drug proceeds. The DTO had also acquired military-grade weapons and arranged to smuggle them into Mexico for use by La Familia. Law enforcement officials report that Project Coronado resulted in the arrests of 1,186 individuals and the seizure of approximately \$33 million in U.S. currency, 1,999 kilograms of cocaine, 2,730 pounds of methamphetamine, 29 pounds of heroin, 16,390 pounds of marijuana, 389 weapons, 269 vehicles, and 2 clandestine drug laboratories.

Source: U.S. Department of Justice.

Asian polydrug trafficking organizations operating between New England and Canada are the primary producers, transporters, and distributors of Canadian high-potency hydroponic marijuana, MDMA, and synthetic drug combinations containing such substances as methamphetamine, MDMA, and MDA. They smuggle drug shipments from Canada for distribution in New England and elsewhere in the United States.

Guatemalan, East and West African, and Native American organizations are also active in the NE HIDTA region. Guatemalan DTOs transport SA heroin to the region and distribute retail quantities of heroin and cocaine. East African DTOs transport khat to the region for distribution to Somali communities in the Boston and Lewiston areas, while West African DTOs transport small quantities of Southwest Asian (SWA) heroin to the region for distribution. Native American traffickers smuggle high-potency Canadian marijuana to the region for further distribution in New England and other regions of the United States.

Street gangs such as 18th Street, Asian Boyz, Bloods, Crips, La Familia, Latin Gangster Disciples, Latin Kings, Mara Salvatrucha (MS 13), Ñeta, Sureños (Sur 13), Tiny Rascal Gangsters, and Vatos Locos distribute cocaine, marijuana, heroin, and CPDs in the NE HIDTA region. Most street gangs operating in New England can be classified as one of four main racial/ethnic groups—African American, Asian, Caucasian, or Hispanic. New York City and southern New England-based African American and Hispanic street gangs travel to areas throughout the NE HIDTA region to distribute powder cocaine, crack cocaine, and heroin at higher prices than they command in their home areas. They also obtain weapons in the NE HIDTA region, which, along with drug proceeds, are typically returned to the gangs' urban bases of operation.

Members of international outlaw motorcycle gangs (OMGs), such as Hells Angels and Outlaws and their associates, distribute cocaine, marijuana, MDMA, powder methamphetamine, and CPDs in New England. Some OMG members also engage in various financial crimes, firearms offenses, and violent crimes, including assault and armed carjacking. Violence among OMGs is increasing in the region as the gangs and their associates compete for territory.

Production

Most of the illicit drugs distributed in the NE HIDTA region are produced at locations outside the region; however, marijuana production occurs at indoor and outdoor grow sites throughout New England. Data from the Drug Enforcement Administration (DEA) Domestic Cannabis Eradication/Suppression Program (DCE/SP) reveal that the number of cannabis plants eradicated from indoor and outdoor grow sites in the region trended upward in 2009, reaching the second-highest total since 2005. (See Table 2.) Production levels are rising in some areas of New England where young adults are increasingly renting properties in rural locations and establishing indoor grow sites. An increasing number of weapons are also being encountered at grow sites in the region.

Table 2. Cannabis Plants Eradicated at Indoor and Outdoor Cultivation Sites in the New England HIDTA Region, 2005–2009

	2005	2006	2007	2008	2009
Indoor cultivation sites	2,712	15,337	5,277	5,671	10,047
Outdoor cultivation sites	11,054	13,622	14,486	7,430	10,636
Total	13,766	28,959	19,763	13,101	20,683

Source: Domestic Cannabis Eradication/Suppression Program.

Transportation

Drug traffickers exploit the NE HIDTA's proximity to New York City and the eastern provinces of Canada as well as the region's vast transportation network, which provides links to drug sources in other regions of the United States and internationally. Numerous land ports of entry (POEs) and the mostly remote, 759-mile "land" boundary along the U.S.–Canada border provide traffickers with various avenues to transport drug shipments from foreign locations to the NE HIDTA region. International airports and maritime ports further facilitate illicit drug smuggling into and through the region. In 2008, Boston Logan International Airport, New England's largest air transportation center, ranked 28th in the world for passenger traffic. Major airports are also located in Hartford; Providence; Burlington, Vermont; Manchester, New Hampshire; and Portland and Bangor, Maine. Major commercial seaports are located in Bridgeport, Groton, New London, and New Haven, Connecticut; Boston and Fall River, Massachusetts; Portsmouth, New Hampshire; and Eastport, Portland, Sandy Point, and Searsport, Maine. Six major interstate highways, three intraregional interstates, and a network of secondary and tertiary roadways link New England to major population centers throughout the country. Additionally, Interstates 89, 90, 91, 93, and 95 offer direct routes through New England to locations at or near the U.S.–Canada border.

Traffickers in the region frequently use transportation brokers and couriers who specialize in smuggling contraband, primarily overland. These specialists employ a variety of sophisticated concealment methods, use countersurveillance measures, alter methods of communication, and frequently change routes and methods of conveyance to thwart law enforcement interdiction efforts. Traffickers also send drugs and drug proceeds through the mail and parcel delivery services.

Drug-Related Crime

Law enforcement officials throughout the NE HIDTA region report a distinct relationship between drug trafficking and crime—both violent and property crime. They indicate that most robberies, thefts, shootings, murders, and cases of domestic violence have a drug nexus. Illicit drug abusers in the HIDTA region have robbed pharmacies to obtain CPDs for personal use and for resale to other addicts. Additionally, most of the bank robberies in the HIDTA region have been linked to drug abusers. According to NDTs 2010 data, 94 of the 276 state and local law enforcement agency respondents in the NE HIDTA region identify crack cocaine as the drug that most contributes to violent crime in their areas; 118 respondents identify heroin as the drug that most contributes to property crime.

Violent, armed street gang members who engage in midlevel and retail drug distribution, particularly of powder cocaine, crack cocaine, and heroin, frequently commit violent crimes (such as assaults on police officers and civilians, home invasion robberies, shootings and assaults with dangerous weapons, and robberies) and property crimes (burglaries and thefts) to protect and expand drug operations and to collect drug debts. Additionally, some drug traffickers in the region use threats of violence to intimidate witnesses in trials against them. The propensity for violence is significant, particularly among gang members who joined the military, received training in weapons and tactics, and returned to gang life following discharge.

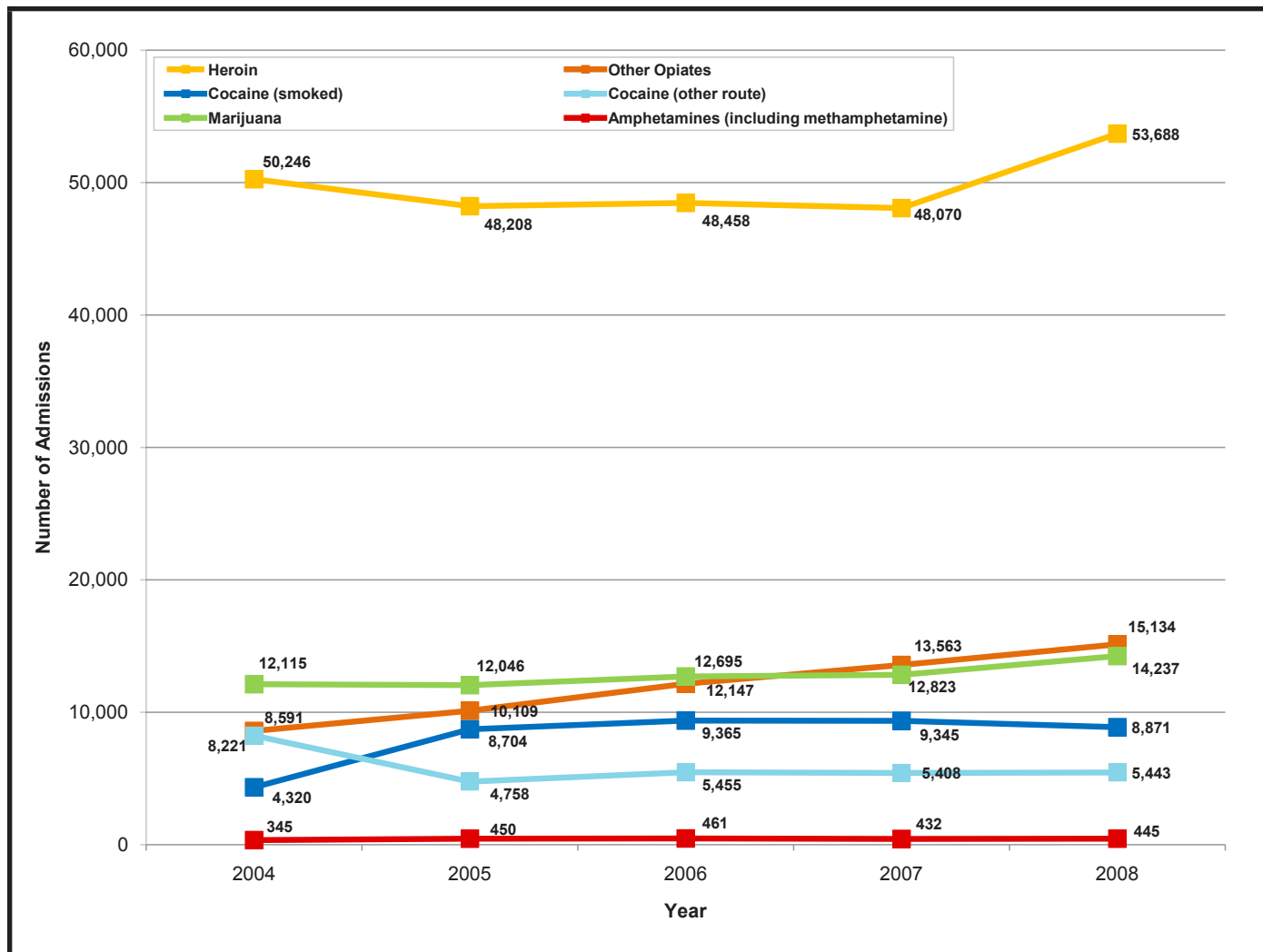
The acquisition and use of firearms by street gang members poses an increasing threat in the NE HIDTA region. Gang members generally obtain firearms through either direct or intermediary purchases, by theft, or in exchange for drugs. Many suburban and rural communities in New England are experiencing increasing gang-related crime and violence because of expanding gang influence, particularly incidents related to disputes over drug territories. Most street gangs that operate in New England engage in violence in conjunction with various crimes, including retail-level drug distribution.

Abuse

Opioid abuse, particularly abuse of SA heroin and diverted controlled prescription opioids, is the most significant drug concern in the HIDTA region, according to various drug abuse indicators. Opioid-related inquiries accounted for the highest percentage of substance abuse-related, nonemergency information calls from healthcare professionals and the general public to the Northern New England Poison Center (NNEPC) hotline from 2005 through 2009. Most of the opioid-related calls to the hotline, which serves Maine, New Hampshire, and Vermont, involved oxycodone; hydrocodone products accounted for the second-highest number of calls.

Treatment Episode Data Set (TEDS) 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 2008, the latest year for which such data are available. Heroin and other opiate-related treatment admissions increased during that time frame, peaking in 2008, when they accounted for approximately 70 percent of all illicit drug-related treatment admissions. Other opiate-related treatment admissions increased by more than 76 percent from 2004 (8,591) through 2008 (15,134), and heroin-related admissions rose from 50,246 to 53,688, or nearly 7 percent. (See Figure 3.)

Figure 3. Drug-Related Treatment Admissions to Publicly Funded Facilities in New England, 2004–2008



Source: Treatment Episode Data Set.

Opioids are mentioned in the majority of the drug-related deaths reported in New England, and most of these deaths occurred in HIDTA counties. (See Table 3 on page 9; see Appendix A.) There is also a distinct relationship between the abuse of heroin and controlled prescription opioids and addiction treatment drugs such as methadone and buprenorphine in New England. According to substance abuse treatment providers in the region, in addition to controlled prescription opioid abusers switching to heroin use, former heroin abusers are abusing the synthetic opioids methadone and buprenorphine, which are addiction treatment drugs. Some heroin abusers self-medicate with drugs such as Suboxone to avoid the withdrawal symptoms commonly associated with heroin abuse. These individuals are then able to resume using heroin more quickly than heroin addicts who did not use Suboxone. In 2009, methadone was mentioned in approximately 25

Table 3. Drug-Related Deaths in New England States

State	Year (Most Current Available Data)	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), opiate (25), oxycodone (21), fentanyl (11)
Maine	2008	168	Not available	Not available
Massachusetts	2007	906	633	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), opiate (9)
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.

*Data provided by DAWN Live!

percent of all drug-related deaths in New Hampshire, 6 percent in Connecticut,^c and 19 percent in Vermont. The number of opioid-related deaths that occurred in New England is likely underreported, since not all decedents are autopsied and specific drugs are not always identified in deaths involving multiple drug mentions. Moreover, a significant number of potentially fatal opioid overdoses were reversed because first responders administered Narcan.^d

Heroin was mentioned in an increasing percentage of drug-related deaths in Connecticut from 2006 through 2009—approximately 22 percent of drug-related deaths in 2006, 23 percent in 2007, 29 percent in 2008, and 38 percent in 2009, according to the Connecticut Medical Examiner’s Office.^e The ages of the heroin-related overdose decedents ranged from 19 to 65 during 2009.

Many heroin abusers in the region are “functional abusers”—they hold jobs, have families, attend school, and participate in community events. Moreover, many abusers from the northern New England states are commonly viewed by law enforcement and public health officials as “day trippers” because they drive to the Lowell/Lawrence and Hartford/Springfield areas to purchase heroin on a daily basis. They often ingest or inject a portion of the heroin while driving back to their home state and typically sell a portion of their purchase to other abusers to defray costs associated with their addiction. Canadian law enforcement officials have reported that SWA heroin has replaced Southeast Asian heroin as the primary heroin type available in Canada. Other types of heroin may become more available in New England if the demand for heroin remains high.

Some cocaine abusers in the region have been unwittingly exposed to illicit substances, such as levamisole, used by distributors as cutting agents to stretch cocaine supplies and increase profits. (See text box on page 10.)

c. Multiple unidentified drugs were mentioned as having contributed to approximately 17 percent of the drug-related deaths reported in Connecticut during 2009.

d. Narcan (naloxone), also marketed as Nalone and Narcanti, is an injectable narcotic antagonist that immediately reverses respiratory arrest caused by a heroin or other opiate overdose.

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

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

Public health officials in New England, some other regions of the United States, and some foreign countries are investigating the potential health consequences to patients who abused cocaine that had been cut with the diluent levamisole and were subsequently diagnosed as having agranulocytosis—a condition that destroys bone marrow, makes it difficult for a patient to fight off infections, and can be fatal because it compromises the human immune system. Levamisole, a drug initially developed to treat worm infestations in humans and animals, has been encountered as a cutting agent in some bulk and user quantities of cocaine. The New Hampshire State Police Forensic Laboratory reports that it encounters levamisole in 30 to 40 percent of the cocaine exhibits submitted for analysis. Levamisole-contaminated cocaine has also been encountered in other New England states.

Source: Bureau of Alcohol, Tobacco, Firearms and Explosives; Drug Enforcement Administration; New Hampshire State Police Forensic Laboratory; New Mexico Department of Health.

Illicit Finance

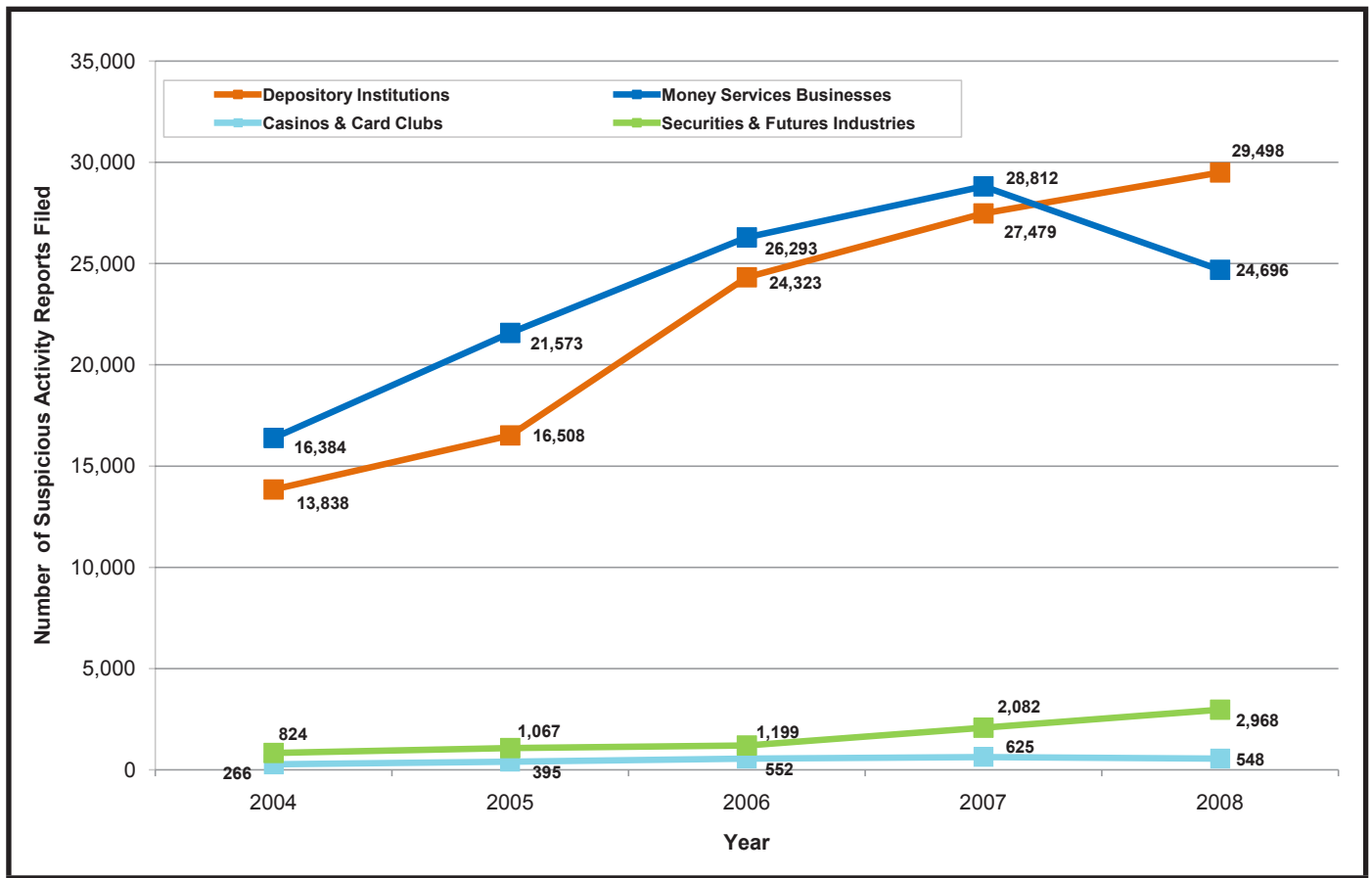
Tens of millions of dollars in illicit drug proceeds are generated in the NE HIDTA region each year. New England HIDTA initiatives seized more than \$61.8 million in drugs and drug assets in 2009, including drugs valued at more than \$42.1 million and more than \$19.6 million in cash and other assets. Illicit drug proceeds generated in the NE HIDTA region are typically transported by traffickers through bulk cash and monetary instrument smuggling or laundered through money services businesses (MSBs), depository institutions, front companies, casinos, securities and futures instruments, and the purchase of real property and expensive consumer goods. Wholesale-level traffickers transport drug proceeds in bulk, either in the form of cash (U.S. and foreign currency) or monetary instruments, to New York City, Canada, the Dominican Republic, Mexico, and other source areas for eventual repatriation; they generally transport the proceeds in private vehicles and tractor-trailers and aboard commercial aircraft. They also ship drug proceeds through the U.S. mail and via package delivery services.

Wholesale-level traffickers operating in the HIDTA region use personal and business accounts to launder drug proceeds through depository institutions, a segment of the New England financial industry that ranked first in the number of Suspicious Activity Reports filed in the region in 2008 (the latest available data) after ranking second annually from 2004 through 2007. (See Figure 4 on page 11.)

Wholesale-level traffickers also launder drug proceeds through MSBs, typically by electronic wire transfers of funds to associates outside the HIDTA region or to domestic and international bank accounts owned by the trafficker or money brokers. Law enforcement officials seized approximately \$2.4 million in U.S. currency in 46 incidents linked to New England during 2009, according to National Seizure System data. U.S. postal inspectors seized 71 parcels and nearly \$1.8 million in cash that had been mailed from New England to various locations from 2007 through 2009; most of the seized currency parcels were destined for California and Puerto Rico.

Midlevel and retail traffickers operating in the region often launder proceeds by commingling them with legitimate funds generated from cash-intensive area businesses such as clothing, music, and convenience stores; restaurants; tanning and nail salons; travel agencies; and used car dealerships. Retail distributors also use drug proceeds to purchase real estate and high-value personal items such as expensive clothing, jewelry, consumer electronics products, and automobiles. In addition, drug traffickers use prepaid cards—often referred to as stored value cards—to anonymously move monies associated with all types of illicit activity. Some traffickers use unscrupulous members of the financial and legal professions to launder drug proceeds in the New England region.

Figure 4. Number of Suspicious Activity Reports Filed in New England, by Type, 2004–2008



Source: U.S. Department of the Treasury, Financial Crimes Enforcement Network.

Outlook

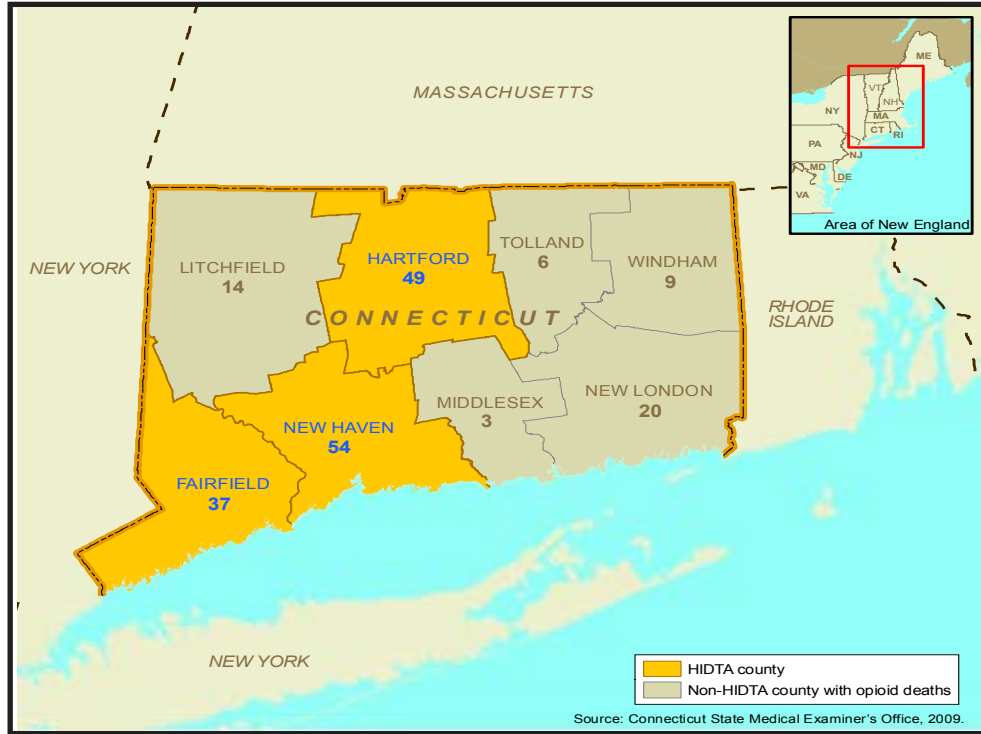
Opioid abuse will remain the primary drug threat in the NE HIDTA region over the next year. SA heroin will continue to be widely available and abused and will present a greater threat if street-level prices continue to decline. Additionally, the availability of SWA heroin in the region may increase if heroin demand escalates. The rate at which controlled prescription opioid abusers switch to heroin use will increase as more of these abusers are attracted by the lower cost and higher potency of heroin. The abuse of CPDs that are used to treat opioid addiction is expected to increase if abuse of heroin and CPDs continues to rise in New England; this situation will result in greater demand for drug treatment and other health-related services.

NDIC analysts expect that Dominican DTOs will take a more prominent role in drug trafficking in the NE HIDTA region as increased law enforcement efforts along the Southwest Border cause Colombian and Dominican DTOs to use the Caribbean corridor and the Dominican Republic as transshipment points to transport cocaine and heroin to the eastern United States.

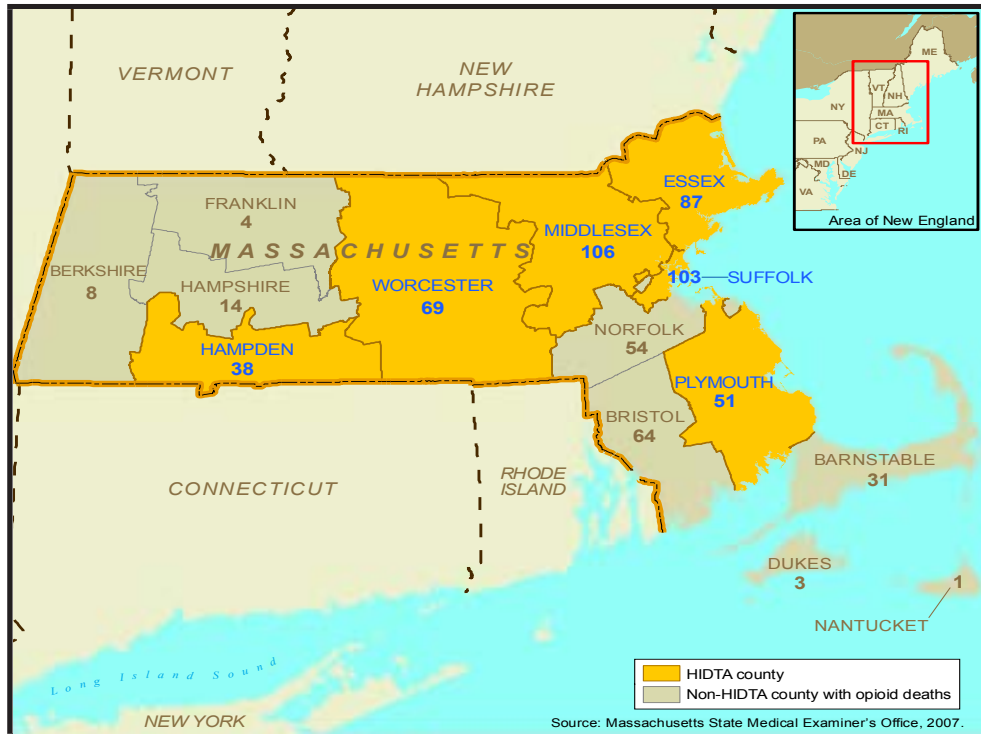
The level of violence occurring among street gangs competing for drug distribution territory in New England will escalate as gangs expand their areas of operation to suburban and rural locations. Canada-based Asian DTOs will pose a serious threat as they expand their high-potency marijuana and synthetic drug distribution networks. They will use their well-established marijuana distribution networks to introduce larger quantities of synthetic drugs, primarily MDMA and methamphetamine, into the region.

Appendix A. Maps

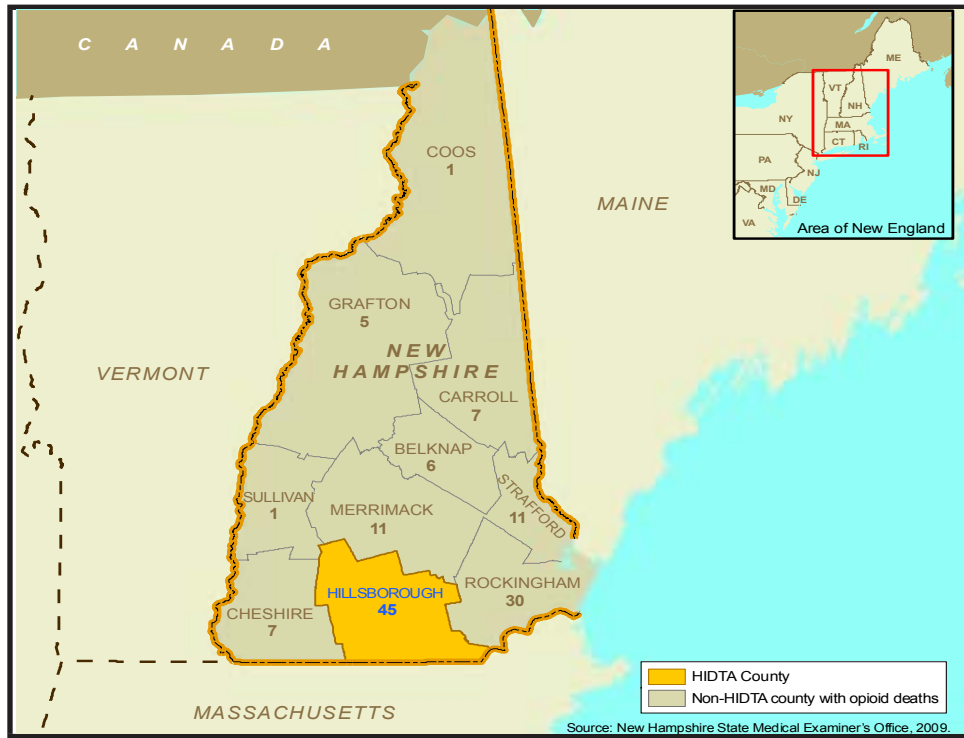
Map A1. Opioid Deaths in Connecticut, by County, 2009



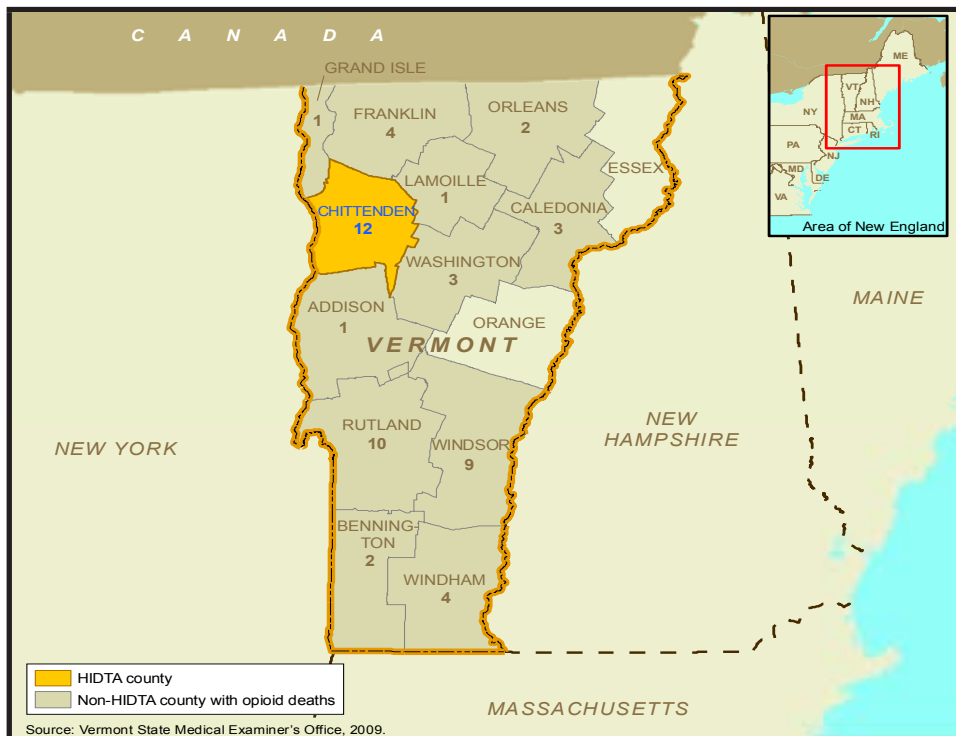
Map A2. Opioid Deaths in Massachusetts, by County, 2007



Map A3. Opioid Deaths in New Hampshire, by County, 2009



Map A4. Opioid Deaths in Vermont, by County, 2009



Sources

Local, State, and Regional

Connecticut

Bridgeport Police Department
 Bristol Police Department
 Connecticut Intelligence Center
 East Haven Police Department
 Hartford 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 Drug Enforcement Agency
 Maine Office of Substance Abuse
 Maine State Medical Examiner
 Maine State Police
 Office of the Attorney General
 Office of the State Medical Examiner

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
 Commonwealth of Massachusetts
 Department of Banking
 Department of Corrections
 Department of Public Health
 Bureau of Substance Abuse Statistics
 Office of Statistics and Evaluations
 State Medical Examiner
 Massachusetts National Guard
 Office of the Attorney General
 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

New Mexico

Department of Health

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

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
National Institute on Drug Abuse
Community Epidemiology Work Group
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
Drug Abuse Warning Network
Treatment Episode Data Set

U.S. Department of Homeland Security
U.S. Customs and Border Protection
U.S. Border Patrol
U.S. Immigration and Customs Enforcement

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives
Violent Crime Impact Teams
Drug Enforcement Administration
Domestic Cannabis Eradication/Suppression Program
Domestic Monitor Program
El Paso Intelligence Center
National Seizure System
New England Field 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
Financial Crimes Enforcement Network

U.S. Postal Service
U.S. Postal Inspection Service

Other

The Boston Globe
Community Substance Abuse Centers
Director of Operations
Hartford Courant
International Law Enforcement Association
National Association of Drug Diversion Investigators
Project North Star

Questions and comments may be directed to
New England/New York/New Jersey Unit, Regional Threat Analysis Branch

National Drug Intelligence Center

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