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Massachusetts

Drug Threat Assessment



National Drug Intelligence Center
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*National Drug Intelligence Center
319 Washington Street, 5th Floor
Johnstown, PA 15901-1622
(814) 532-4601*

Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat in 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, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat in Massachusetts.

Massachusetts Drug Threat Assessment

Executive Summary

Illegal drugs pose a significant threat to the safety and security of Massachusetts' citizens, and the problem does not appear to be improving. Treatment providers and law enforcement officers regard **heroin** and powdered and crack **cocaine** as the most serious drug threats in the state because of their highly addictive nature and their strong association with violent crime. Cocaine has long been the primary drug threat in the state, and law enforcement authorities in counties with fewer than 500,000 people continue to identify cocaine, particularly crack, as their greatest drug threat. However, in more populated counties, heroin's popularity has surpassed that of cocaine because of a dramatic rise in heroin's purity and a substantial drop in its price. During 2001, heroin and cocaine are expected to remain the most serious drug threats in the state.

Colombian and Dominican drug trafficking organizations dominate heroin and cocaine markets in Massachusetts and supply most of the largest and most violent drug distribution groups in the state. Organizations in New York City supply most of the heroin and cocaine in Massachusetts, but the drugs often are shipped through the Greater Boston area, Providence, Hartford, Worcester, or Springfield/Holyoke en route to locations throughout Massachusetts. Proximity determines where the state's wholesalers and retailers go for their drug supply: distributors will travel to New York City or any of the five regional distribution centers, whichever is closest, to obtain heroin and cocaine. The Greater Boston area—including the nearby cities of Lawrence, Lowell, and Lynn—is Massachusetts' primary regional distribution center, and Worcester and Springfield/Holyoke are secondary distribution centers. Lawrence and Lowell are also transshipment points for heroin and cocaine being moved to northern New England and Canada. Many law enforcement officials have concluded that cocaine and heroin operations in Massachusetts can best be disrupted or dismantled by targeting Colombian wholesalers in New York City or Boston, and can be substantially disrupted by targeting Dominican wholesalers in New York City, Greater Boston, Worcester, and Springfield/Holyoke.

Most heroin and cocaine are transported to Massachusetts in privately owned, borrowed, and leased vehicles or by way of public transportation along Interstate 95 and other major highways. Some shipments are brought to Massachusetts by couriers traveling on commercial air flights into Boston or smaller domestic airports near Springfield, Worcester, and New Bedford. Heroin and cocaine are probably shipped into Massachusetts by maritime means as

well, via the major port of Boston and possibly the smaller ports of Fall River, Salem, New Bedford, and Gloucester.

Marijuana use is rampant in Massachusetts, but treatment providers and law enforcement officers generally regard the drug as a lower threat than heroin or cocaine because marijuana users do not often seek treatment for marijuana substance abuse or commit violent crimes. Caucasian and Jamaican drug trafficking organizations are involved extensively in the wholesale marijuana trade in Massachusetts, and they arrange transportation of the drug into the state. Mexican marijuana is the most common, and shipments generally are transported to Massachusetts from locations in the U.S. West and Southwest. Most marijuana is shipped overland in vehicles, although significant amounts are sent by mail. The marijuana threat in Massachusetts is expected to remain lower than the heroin and cocaine threats in 2001, but the market for marijuana is likely to remain strong.

The abuse of **Other Dangerous Drugs**, particularly MDMA (aka “ecstasy”), has increased in Massachusetts. Law enforcement authorities in all counties with more than 500,000 people, with the exception of Bristol County, reported MDMA as a problem in 1999, and federal reporting indicates MDMA use was increasing in the less populous counties in 2000. In 2001, the MDMA threat in Massachusetts is likely to increase slowly in established and new markets. Other “club drugs” such as GHB and GBL have risen in popularity among adolescents and young adults since 1999. Diverted pharmaceutical drugs—including various forms of stimulants, depressants, hallucinogens, and steroids—also are readily available in the state.

Methamphetamine production and use are not significant threats in Massachusetts. Few methamphetamine laboratories have been identified and seized in the state, and those few were capable of producing only very small quantities of methamphetamine. The Hells Angels and Outlaws motorcycle gangs have distributed minor amounts of methamphetamine in the state for many years, and street gangs are now involved in local and interstate methamphetamine trafficking as well. Transporters ship most methamphetamine into Massachusetts from the U.S. West and Southwest using mail services. Over the next year, methamphetamine production, transportation, distribution, and use are not expected to present a serious threat in Massachusetts.

To better address the drug situation in Massachusetts, a comprehensive assessment of the ethnic criminal drug threats that are present and significant is needed, with attention given to the command-and-control relationships that exist among the various drug trafficking contingents. Analysis should concentrate on strategic vulnerabilities that policymakers and operators can attack to disrupt or dismantle those threats. Authorities in Massachusetts have identified this issue as an intelligence gap.

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Massachusetts.
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Massachusetts Drug Threat Assessment

Overview

The Commonwealth of Massachusetts¹ is the nation's sixth smallest state, consisting of 8,257 square miles divided into 14 counties. The state is only 190 miles east to west and 110 miles north to south at its widest points; however, 6 million people reside in this small area, making Massachusetts the thirteenth most populous state. Boston (population 574,283) and Worcester (169,759) are the largest cities in both Massachusetts and New England. Springfield, Lowell, and New Bedford are the next three largest cities in Massachusetts.² More than half of the Massachusetts population lives in the Greater Boston area, which is the most urban and most densely populated region in the state.³ A large number of college students, estimated at 424,000, populates Greater Boston and western Massachusetts, and there are an additional 10 colleges in Worcester in central Massachusetts.

Massachusetts is sixth in the nation in manufacturing income. Cape Cod and the South Shore produce the largest cranberry crop in the world. The per capita income in Massachusetts in 1998 was \$32,902, fourth in the nation and 24 percent higher than the national average. However,

Fast Facts

Massachusetts

Population (2000)	6,349,097
U.S. ranking	13th
Median income (1998)	\$42,345
Unemployment rate (2000)	2.6%
Land area	8,257 square miles
Shoreline	1,980 miles
Capital	Boston
Principal cities	Boston, Worcester, Springfield
Number of counties	14
Principal industries	Nonelectrical machinery, electric and electronic equipment, instruments, fabricated metal products, printing and publishing products, transportation equipment.

1. Massachusetts is one of four "Commonwealths" in the United States. It is also called the Bay State, the Old Bay State, the Old Colony State, the Puritan State, and the Baked Bean State.

2. Next in order are Cambridge, Brockton, Fall River, Quincy, and Newton.

3. Health and Addictions Research Inc., a private organization that studies drug data for the Massachusetts Department of Public Health, reports that 48 percent of the total Massachusetts population lives in the Boston Metropolitan Statistical Area.

during 1997–1998, the state’s poverty rate was 10.4 percent, ranking seventeenth in the nation, and there is a growing homeless population in Massachusetts.

Roughly 7 in 8 residents of Massachusetts are Caucasian, 1 in 20 is African American, 1 in 20 is Hispanic, 1 in 40 is Asian, and 1 in 500 is Native American. In the Boston Metropolitan Statistical Area, the demographic breakdown of the population is approximately 83 percent Caucasian, 7 percent African American, 5 percent Hispanic, and 5 percent other.

The Drug Enforcement Administration (DEA) provides the largest counterdrug presence in Massachusetts. DEA has a Field Division Office in Boston, Resident Offices in Springfield and Cape Cod, and Posts of Duty in Worcester and New Bedford. DEA participates in the Logan Airport Task Force in Boston (responsible for airport interdiction, parcel interdiction, and monitoring other transportation facilities including the South Station train station and bus terminals), the Cross-Borders Initiative in Lowell (a joint venture between DEA, state and local law enforcement, and the U.S. Attorneys from Maine, New Hampshire, Vermont, and Massachusetts, established to address the use of Lawrence and Lowell as drug supply centers for northern New England),⁴ and a Mobile Enforcement Team (a tactical, quick-response team established as a support service to help state and local law enforcement combat the illegal drug trade and violent crime). DEA also participates with the Federal Bureau of Investigation (FBI), the U.S. Customs Service (USCS), the Internal Revenue Service, the Bureau of Alcohol, Tobacco and Firearms, the U.S. Coast Guard (USCG), and the U.S. Attorney’s Office on an Organized Crime Drug Enforcement Task Force (OCDETF) Committee, which decides what investigations may use OCDETF funding from the U.S. Department of Justice to support operations.⁵ The OCDETF Program in New England has been

successful because it effectively uses attorneys at the early stages of investigations, uses financial investigations to reach otherwise invulnerable targets, and fosters collaboration among law enforcement agencies from all jurisdictions.

The New England High Intensity Drug Trafficking Area (HIDTA) began operating in 1999. The program funded 9 initiatives in 1999 and 13 in 2000, and might expand further in 2001. The program’s concentration is on Colombian and Dominican drug trafficking organizations (DTOs); heroin, crack cocaine, and powdered cocaine; and the drug transportation corridor running north from New York City. All Massachusetts counties currently participate in the New England HIDTA except Berkshire and Franklin in the west, and Barnstable and the two island counties, Dukes and Nantucket, in the southeast.

The Massachusetts National Guard supports the counterdrug effort in the state by providing drug intelligence, communications, thermal imagery, and linguistic support, and by assisting in cannabis eradication, cargo and mail inspection, surface reconnaissance, and maritime interdiction operations. In addition, Massachusetts has three safe-streets task forces, two in Springfield and one in Boston.

From 1998 to 1999, the overall crime rate decreased in the five Massachusetts cities covered by the FBI’s Uniform Crime Report: Boston, Cambridge, Lowell, Springfield, and Worcester. In Lowell, there was a decline in all seven crime categories for which data were compiled (murder, forcible rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft). The number of forcible rapes, aggravated assaults, and burglaries dropped in all five cities, and the number of murders dropped in all but Worcester (where it doubled from four to eight).⁶ The homicide rate in Boston is at its lowest point since 1961.

4. In this report, “northern New England” refers to the states of Maine, Vermont, and New Hampshire, “southern New England” to the states of Massachusetts, Connecticut, and Rhode Island.

5. The agencies mentioned are charter members of the OCDETF Committee. Other nonvoting members participate, including the U.S. Postal Service and the Department of Housing and Urban Development.

6. Notable deviations from this general drop in crime included a 6.3 percent increase in motor vehicle theft in Boston; an 8.6 percent increase in motor vehicle theft and a 5.3 percent increase in larceny-theft in Cambridge; and a 19.5 percent increase in robbery and an 11.3 percent increase in larceny-theft in Springfield.

Treatment providers regard heroin and cocaine as the most serious drug abuse threats⁷ in Massachusetts, given their powerfully addictive nature and the high rate of recidivism among addicts. Law enforcement officers, likewise, regard them as the most serious drug threats in the state because of their strong association with violent crime. Heroin's popularity has risen as prices have dropped and purity has gone up. Consequently, heroin overdoses are on the rise. Marijuana use is rampant in the state, although the drug generally is regarded as a lower threat because users do not often seek treatment for marijuana substance abuse or commit violent crimes. However, many treatment providers believe marijuana is a "gateway drug," meaning its abusers often "graduate" to using cocaine, heroin, or other more addictive drugs. The abuse of designer drugs, notably MDMA (3,4-methylenedioxymethamphetamine, aka "ecstasy"), is up in Massachusetts, and diverted pharmaceutical drugs are readily available.

State-level law enforcement reporting shows there are two distinct drug markets in Massachusetts. Law enforcement authorities in counties with more than 500,000 people (Suffolk, Essex, Middlesex, Worcester, Norfolk, and Bristol) identify heroin as their greatest drug threat followed by powdered or crack cocaine and then marijuana. Abuse of MDMA is also an issue: all these counties report it as a problem with the sole exception of Bristol. Authorities in counties with fewer than 500,000 people (Berkshire, Franklin, Hampshire, Hampden, Plymouth, Barnstable, Dukes, and Nantucket) identify cocaine, particu-

larly crack cocaine, as their greatest drug threat; heroin-marijuana or marijuana-heroin are second and third, depending on the county. In all these counties, abuse of MDMA is a lesser issue; in fact, only the "Cape and Islands" area (Barnstable, Dukes, and Nantucket Counties) reported MDMA abuse as a problem in 1999. Federal reporting, however, indicates MDMA use was increasing in less populous counties of Massachusetts in 2000. MDMA and GHB (gamma-hydroxybutyrate) were not encountered in the state until 1999.

According to Federal-wide Drug Seizure System (FDSS) data *converted to user dosages*,⁸ the three most prevalent drugs seized in Massachusetts in fiscal year (FY) 1999 were, in order, marijuana, cocaine, and heroin. Marijuana seizures outnumbered cocaine seizures by only a slight margin, and heroin was a distant third. The Massachusetts Attorney General's Office prosecuted 61 cocaine, 12 heroin, 10 marijuana, and 20 other "Class B"⁹ cases in 1999. DEA Task Forces in Boston, Lowell, and Springfield prosecuted 90 people for trafficking, distribution, and/or possession of powdered cocaine, 74 for heroin, 12 for crack cocaine, and 5 for marijuana in 1999.

According to the Massachusetts Department of Public Health (DPH), substance abuse treatment centers in Greater Boston recorded the following data for cocaine/crack cocaine, heroin/opiates, marijuana, and alcohol admissions:

- 75 percent were male, a percentage consistent with the previous year and marginally higher than the years FY1994 to FY1997.

7. The NDIC formed analytical judgments about the threat posed by each drug based on quantitative and qualitative information on availability, demand, production and cultivation, transportation, and distribution as well as the effects of the drug on abusers and society as a whole.

8. Because a kilogram of heroin goes much further than a kilogram of cocaine, which goes much further than a kilogram of marijuana, the author has converted seizure data into user dosages to make the data more meaningful. However, converting seizures to user dosages relies on two important assumptions: (1) that 1 kilogram of marijuana converts to 2,000 user dosages (joints) of 0.5 gram each, 1 kilogram of heroin converts to 30,000 user dosages (glassine bags) of 1/30 of a gram each, and 1 kilogram of powdered cocaine converts to 10,000 user dosages (small crack rocks) of 1/4 gram each; and (2) that the marijuana, heroin, and cocaine seized were never adulterated from the point of seizure to the point of use. While the second assumption is almost certainly untrue, there is no way to tell which portions would have been adulterated and how much; therefore, purity is assumed to have been constant. Also, 1 kilogram of powdered cocaine converts to roughly 1,000 user dosages of powdered cocaine, but the author assumed a maximum number of user dosages would have been obtained; hence, 10,000 crack rocks rather than 1,000 powder dosages.

9. "Class B" corresponds to Schedule II of the federal Controlled Substances Act (Title 21, Section 812 of the U.S. Code of Law).

- 47 percent were Caucasian, consistent with prior years; 33 percent were African American, part of a consistent downward trend since FY1994 (40%); and 17 percent were Hispanic, part of a consistent upward trend since FY1994 (11%).
- 66 percent were aged 30 to 49, part of a consistent upward trend since FY1994, and 23 percent were aged 19–29, part of a consistent downward trend since FY1994.
- 85 percent earned less than \$10,000 per year, generally consistent with past years (FY1995–98), and 33 percent were homeless, consistent with the past 2 years.
- 27 percent had some involvement with the criminal justice system, consistent with past years (FY1995–98).
- 22 percent reported a mental health problem, consistent with past years (FY1995–98).

According to the Drug Abuse Warning Network (DAWN),¹⁰ the number of emergency department (ED) drug episodes in Boston has been relatively stable since 1996. The data also show that the number of ED drug mentions in Boston was relatively constant from 1996 through the first half of 1999.

The drug trade is associated with violent crime in different areas of the state. For example, the Lowell Police Department in northeastern Massachusetts reports a link between the drug trade and assaults, home invasions, and violent crime in that area. The Springfield Police Department, in the western part of the state, reports a link between the crack cocaine trade and gang and ethnic violence over controlling market areas (“turf wars”), and a link between the drug trade and home burglaries, shoplifting, vehicle thefts, breaking-and-entering crimes, assaults, domestic violence, and insurance fraud.

Much of the state’s drug-related violence is attributable to local street gangs, which often are linked to statewide and nationwide networks. The Massachusetts Department of Corrections has identified more than 60 active gangs with a total of 1,874 members. According to DEA, identified street gangs number in the hundreds with membership in the thousands. The gangs range in structure from loosely-knit, undisciplined local groups to organized, structured chapters having nationwide chartered membership. The criminal activity that these gangs are involved in includes narcotics and weapons trafficking, home invasions, drive-by shootings and murder, extortion, automobile theft, and money laundering. Other violence in Massachusetts is linked to outlaw motorcycle gangs (OMGs), which have been involved peripherally in drug trafficking for many years and can be extremely violent.

According to responses to a 2000 National Drug Intelligence Center (NDIC) survey, gangs that law enforcement identifies as the most significant in their area are involved in drug trafficking in northeastern (Suffolk, Middlesex, and Essex Counties), central (Worcester County), and southeastern (Bristol County) Massachusetts. These gangs reportedly are involved in only local drug distribution in Suffolk County (Boston), Essex County (Lawrence and Lynn), and Middlesex County (Lowell), but are reported to be involved in both local and interstate drug trafficking in the other areas. Of the survey respondents that described the ethnicity of the most significant local gangs, all except those from Fall River mentioned Hispanic gangs. Of the respondents that listed names of the most significant local gangs, all except those from Worcester mentioned the Hispanic gang Latin Kings and all except those from Worcester and Belmont (a Boston suburb) listed the Hispanic gang Ñeta. Other information indicates that the number of Massachusetts town-

10. Conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), DAWN is a national probability survey of hospitals with emergency departments. While DAWN data do not measure the prevalence of drug use in the population, they tabulate emergency department *drug-related episodes* and *drug mentions*. DAWN defines a drug-related episode as “an ED visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 years and older.” DAWN defines a drug mention as “a substance that was mentioned during a drug-related episode” and explains that “because up to 4 drugs can be reported for each drug abuse episode, there are more mentions than episodes....”

ships reporting gang activity increased almost 50 percent from 1997 to 1999, and that most new townships reporting activity were in western and central Massachusetts. La Familia, Bloods, Crips, Vice Lords, Latin Gangster Disciples, Los Solidos, and Southeast Asian gangs (particularly ethnic Cambodian and Vietnamese) also operate in Massachusetts. (See text box on page 6.)

The Hells Angels Motorcycle Club (HAMC) is the most significant OMG involved in drug trafficking in Massachusetts. The HAMC has established chapters in Lowell, Lynn/Salem (headquartered in Lynn), Cape Cod (headquartered in Buzzards Bay), and Lee/Berkshire (headquartered in Lee). All but the Cape Cod chapter have been active in recent years. Other OMGs are associated with the Hells Angels as part of a “coalition,” which means they pay monthly dues to the Hells Angels in exchange for the right to wear motorcycle club patches. If they fail to pay, the HAMC forces them out of existence. Noncoalition OMGs include the Devil’s Disciples (in the city of Hull), Diablos (Westfield), East Coast MF (New Bedford), Nomads (Norton), Outlaws (Brockton), and Rum Pot Rustlers (Somerville). At least some of these gangs distribute drugs, but their involvement is less significant than that of the HAMC.

On January 1, 1999, the Massachusetts Department of Corrections had a population of 10,356 criminally sentenced inmates of which 22 percent were incarcerated for drug offenses. Thirty-six percent of the female inmates were incarcerated for drug offenses, more than for any other crime.¹¹ Drug abuse among the state’s youth continues, despite state laws that increase penalties for distributing controlled substances to persons under the age of 18. State laws also authorize public school principals to expel students for use or possession of a controlled substance or a dangerous weapon on school property.

On November 7, 2000, Massachusetts voters defeated, by a rather small margin (53% to 47%),

a referendum that would have substantially altered state laws governing the prosecution of drug defendants and the legal forfeiture of money and property.¹² According to the proposal, “a person charged with a drug crime may request a court finding that he is drug-dependent and would benefit from court-monitored treatment. If the court so finds, and the person then successfully completes a treatment program, the criminal charges are dismissed.” The law also would have created a “Drug Treatment Trust Fund, to be used...solely for the treatment of drug-dependent persons.” Money and property used in a manner that was merely incidental to a drug crime could not be forfeited. The state would have to prove by clear and convincing evidence that money or property was subject to forfeiture, and the property owner could then try to prove by a preponderance of the evidence that the money or property was legally exempt from forfeiture. All forfeited money, instead of being divided between the prosecuting agency and responsible police department and used for law enforcement purposes, would be put in the Drug Treatment Trust Fund. All forfeited property, instead of being so divided and used, would be sold and the proceeds put in the Fund. All 11 Massachusetts District Attorneys and the Massachusetts Chiefs of Police opposed the law.

Some drugs are brought to Massachusetts by couriers traveling on commercial air flights into Boston’s Logan International Airport, the state’s only international airport and one of the nation’s busiest airports for airline travel, mail, and cargo services. In 1999, Logan International was the thirteenth busiest airport in the world, measured by the number of aircraft takeoffs and landings, and ranked twenty-ninth in the world in passenger traffic (26,964,864 passengers) and thirty-eighth in the world in cargo movement (443,786 metric tons). There are direct passenger flights to Logan International from 43 cities outside the continental United States, Alaska, and Hawaii. Passengers can fly to Boston from 12 European countries, 8 Canadian provinces, 3 countries in

11. The Massachusetts Department of Corrections is responsible for the commitment of persons convicted in Superior Court of serious crimes.

12. With 2,076 of the state’s 2,111 precincts (98%) reporting vote totals, the “no” votes led the “yes” votes by about 140,000.

Bloods and Crips gangs, originally formed in Los Angeles in the 1960s, are composed primarily of African Americans. They are two distinct gangs with many loosely organized factions, known as “sets.” Bloods and Crips are typically rivals whose members have a deep hatred for one another. Since the mid-1980s, these gangs have spread across much of the United States. In New England, gangs that identify as Bloods or Crips generally do not have any connection to the Los Angeles-based gangs. Blood sets in the Northeast generally identify with the United Blood Nation, which began in Riker’s Island Jail in New York City in the early 1990s.

The Gangster Disciples, the largest Chicago-based street gang, is affiliated with the Folk Nation. The makeup of the Gangster Disciples is primarily African American. In existence since the early 1960s, the Gangster Disciples functions with a structure similar to a corporation. The gang conducts illegal drug operations in the Chicago area, mostly in low-income areas on the South and West Sides of the city, as well as throughout Illinois and in over 40 states across the nation including Massachusetts. The Gangster Disciples has been in a state of flux recently because law enforcement investigations have resulted in indictments and convictions of nearly 40 leaders, including Larry Hoover who served as “Chairman of the Board” since the early 1970s. The retail drug operations of the Gangster Disciples reportedly yielded over \$100 million in annual profits at their peak.

La Familia is an organized Hispanic gang composed primarily of members of Puerto Rican ancestry. The gang operates drug distribution enterprises throughout Massachusetts and surrounding states. Gang allies of La Familia include the Latin Kings and Ñetas.

Latin Kings is a predominately Hispanic street and prison gang with two major factions, one in Chicago and the other in New England. These gangs started as social groups in Hispanic communities but later evolved into organized criminal enterprises involved in drug trafficking and violent crime. Latin Kings is a very structured gang that relies on strict, detailed charters to maintain discipline. The Chicago-based Latin Kings, affiliated with the People Nation, is the foundation upon which all Latin Kings groups are based. The gang operates drug distribution enterprises on the North and Southeast Sides of Chicago and has expanded throughout Illinois and the nation. This gang operates drug distribution enterprises in Massachusetts and surrounding states. The New England-based Latin Kings started in the Connecticut prison system in the late 1980s as an offshoot of the Chicago-based Latin Kings. The Latin Kings have attempted to consolidate the Chicago and New England based factions.

Los Solidos is a prison gang composed mostly of Hispanic males with some African American and Caucasian members. Los Solidos formed in the early 1990s from two Connecticut street gangs: Savage Nomads and Ghetto Brothers. These two gangs consolidated for mutual protection within the prison system and became known as Los Solidos, or “The Solid Ones.” Los Solidos is still active in Connecticut, both in prisons and on the street; however, in recent years many Los Solidos members have moved to Maine, Massachusetts, New Hampshire, New York, and Pennsylvania. The main sources of income for Los Solidos inside and outside the prison system are funds derived from drug sales (mainly heroin) and extortion. Other criminal activities committed by Los Solidos members are homicides, drive-by shootings, assaults, and witness intimidations.

The Ñetas originated as Hispanic prison gang in the Puerto Rican prison system in the 1970s. The Ñetas has many chapters in the U.S. prison system and in many communities, primarily in Connecticut, Florida, Massachusetts, New Jersey, New York, Pennsylvania, and Rhode Island. The Ñetas is an organized gang that uses drug trafficking as its major source of income and is also involved in other criminal activities such as extortion, intimidation, robbery, assault, money laundering, weapons trafficking, and murder.

Vice Lords, the oldest street gang in Chicago, is affiliated with the People Nation. Its members are predominantly African Americans. Vice Lords is split among several major factions: Conservative Vice Lords, Traveling Vice Lords, and Four Corner Hustlers. Each faction has a distinct membership, and none is as structured as the Gangster Disciples. Vice Lords operates drug distribution networks, primarily in Chicago and the Midwest, and has expanded its operations to other states including Massachusetts.

East or Southeast Asia (Korea, Japan, and Singapore), and 5 Caribbean nations, as well as from Israel, Puerto Rico, Mexico, Peru, Brazil, and Costa Rica. However, the USCS in Boston indicates that no flights from Mexico, South America, or Asia clear Customs in Boston. There are also direct passenger flights to Logan International from many domestic cities that serve as points of entry for international flights, including New York, Miami, and Los Angeles. Passengers arriving in Boston after passing through airports in these cities would have already cleared Customs.

Traffickers transporting drugs into the state from other domestic locations possibly are exploiting smaller airports in and near Massachusetts. Bradley International Airport¹³ in Connecticut is a major airport approximately 20 miles south of Springfield, and the airports in Worcester and New Bedford are expanding. The Federal Aviation Administration reports 47 recognized airports and numerous public and private airstrips in Massachusetts, many of which are not registered or mapped.

Drugs are probably transported into Massachusetts by maritime conveyance also, despite the fact that there have been very few seizures. The state has approximately 1,980 miles of shoreline along the Atlantic Ocean, Massachusetts Bay, and Buzzards Bay, which means there is potential for maritime drug smuggling. According to a report by NDIC, the greatest threat to the Eastern Border of the United States is maritime smuggling in commercial cargo, and the Port of Boston is vulnerable to drug smuggling because it handles a high volume of commerce. There are several other sizable seaports in Massachusetts including Fall River, Salem, New Bedford, and Gloucester. The fishing industry in many of these areas is declining, a situation that treatment providers believe could encourage some residents to begin selling or using illegal drugs. The state also has two island resort areas off the southeast coast, Martha's Vineyard and Nantucket, that experience a rise in maritime traffic in the warmer months.

13. International flights out of Bradley International Airport actually connect to foreign destinations through JFK Airport in New York City or through other U.S. cities. The Northern Connecticut Task Force is responsible for drug interdiction at Bradley.

Heroin

Heroin has emerged as a threat equal to or greater than cocaine in Massachusetts, after posing less of a threat throughout much of the 1990s. Heroin's increasing popularity is due in large part to a significant rise in the drug's purity and drop in price. Heroin appears to be a greater problem than cocaine in high population areas; law enforcement authorities in all counties with more than 500,000 people (Suffolk, Essex, Middlesex, Worcester, Norfolk, and Bristol) identify heroin as their greatest drug threat. In statewide substance abuse help-line calls in which drugs were specified, heroin was mentioned in 23 percent of calls between May and September of 1999, cocaine in 17 percent. The heroin percentage was consistent with the previous 5-month period.

The level of heroin use in Boston and the surrounding area is particularly alarming.

The medical director of methadone clinics in Lawrence and Lowell reports that the percentage of drug users seeking treatment for heroin in the Merrimack Valley, which runs north from the Lawrence and Lowell area, increased from 29 to 51 percent during the period 1993–1999. The largest increases occurred in northeastern Massachusetts, which is home to the most heroin users in the state. There are 8,000 to 10,000 heroin users in the Merrimack Valley, and 1,200 of them go to Lawrence or Lowell daily for methadone treatment. This upward trend in the Northeast has been evident for several years. In Greater Lowell, 50 percent more people sought treatment for heroin use in 1997 than in 1992. Also, the number of people seeking treatment for injection drug use climbed 45 percent in Greater Haverhill and 36 percent in Greater Lawrence over the same period.

Abuse

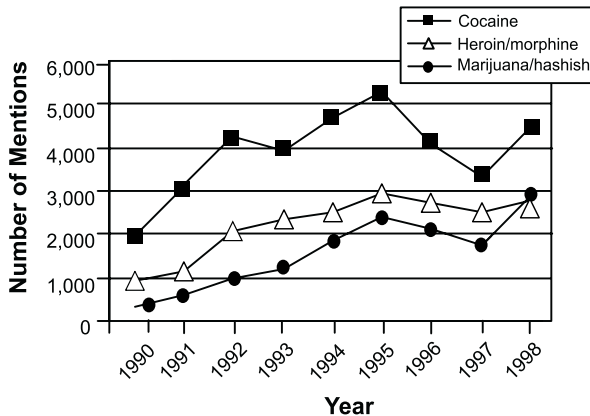
Heroin has overtaken cocaine as the drug of choice among users entering Massachusetts treatment centers. Primary heroin admissions account for the largest percentage by far of illicit drug admissions in Greater Boston and the state. Thirty-four percent of admissions to drug treatment centers in Boston in the first three quarters of FY1999 used heroin or other opiates in the month prior to admission, up from 32 percent in FY1998 and 28 percent in FY1997. This rise followed 2 years of stability (29% in FY1996, 28% in FY1996). Admissions for heroin or other opiates for the first three quarters of FY1999 were lower only than those for alcohol (59%); they were higher than powdered and crack cocaine admissions (31%) for the second straight year, and were significantly higher than those for marijuana (14%) and all other drugs combined (9%). The percentages and patterns for the remainder of Massachusetts were similar: 31 percent of admissions reported using heroin or other opiates in the month prior to admission, up from 29 percent in

FY1998, 25 percent in FY1997 and FY1996, 23 percent in FY1995, and 21 percent in FY1994. Admissions for heroin and other opiates were lower only than those for alcohol (57%); they were higher than powdered and crack cocaine (22%) for the third straight year, and were significantly higher than marijuana (18%) and all other drugs combined (10%).

According to DAWN data, ED heroin/morphine mentions in Boston viewed as a percentage of total drug mentions were second to cocaine mentions every year during the 1990s except in 1998 when they fell to a close third behind marijuana/hashish. The percentage of heroin/morphine mentions rose in 1995, rose again in 1996, and remained stable in 1997 and 1998, a total increase of approximately 3 percent. Total ED heroin/morphine mentions were relatively constant from 1995 through the first half of 1999, as well. The patterns of heroin use in Boston appear to parallel other areas of the country. Since 1996, Boston has ranked either eighth or ninth in heroin/morphine

mentions per 100,000 population among the 21 cities nationwide from which DAWN reports data.

Chart 1. Emergency Department Mentions, Boston 1990–1998



Source: Drug Abuse Warning Network, Emergency Department Data, 1990–1998.

Heroin overdoses have become a significant problem in Massachusetts. The Boston Medical Center reports that heroin-related overdoses are on the rise,¹⁴ and police data and news reports from other cities in Massachusetts indicate that overdoses have increased statewide. The city of Lynn experienced notable increases in the number of heroin overdose deaths prior to 1999. Thirty fatal and 206 nonfatal overdoses were recorded in Lynn from 1996 to late 1999, and the rate of deaths from heroin was twice the city's homicide rate in 1999. In the Merrimack Valley, the death rate from heroin has remained steady since 1992, except for a spike in 1995 when "bad" heroin was known to be circulating in the area. Law enforcement indicates that Lynn, South Boston, and Worcester are the three areas in the eastern half of Massachusetts with the greatest heroin overdose problem. In general, there are at least four explanations why heroin overdoses occur: (1) heroin is often mixed with toxic additives including scopolamine and ketamine; (2) purity is variable and unpredictable; (3) users often co-use benzodiazepines, synthetic opiates, cocaine, or alcohol; and (4) users who have

recently left heroin treatment have a lower tolerance for the drug.

Among admissions to state-funded substance abuse treatment centers in the first three quarters of FY1999 reporting heroin as their primary drug, 88 percent reported using at least one other drug in the month prior to treatment. This rate of polysubstance use among primary heroin users was higher than for users of any other primary drug. The most common secondary drug reported was alcohol (32%), followed by cocaine (17%). Polydrug heroin users admitted to treatment centers in Boston in 1998 and 1999 reported using heroin with benzodiazepines (e.g., Valium, Xanax), synthetic opiates, cocaine, and alcohol.

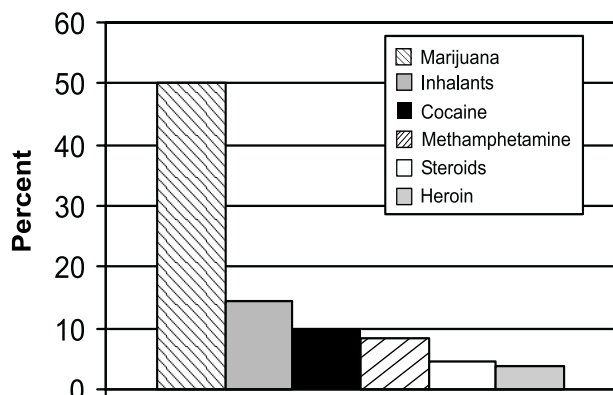
According to the Massachusetts DPH, substance abuse treatment centers in Boston provided the following data for admissions in the first three quarters of FY1999 who reported heroin or opiates as their primary drug:

- 73 percent were male, marginally higher than any of the previous 4 years.
- 48 percent were Caucasian, 24 percent were African American, 23 percent were Hispanic, and 5 percent were other races/ethnicities, percentages consistent with the previous 3 years.
- 42 percent were aged 30 to 39, 28 percent were 19 to 29, and 24 percent were 40 to 49, percentages consistent with the previous 4 years.
- 91 percent earned less than \$10,000 per year, a percentage consistent with the previous 4 years, and 28 percent were homeless, a percentage consistent with the previous 2 years.
- 21 percent had some involvement with the criminal justice system, a percentage consistent with the previous 3 years.
- 20 percent reported a mental health problem, a percentage consistent with the previous 2 years.

14. According to the Community Epidemiologic Work Group's *Epidemiologic Trends in Drug Abuse, Advance Report* (December 1999), the Boston Medical Center reported 179 heroin overdoses during the 3-month period March to May 1999. No baseline of past years is provided in the report.

Heroin does not appear to be a popular drug among youths in Massachusetts. Only 3.8 percent of Massachusetts high school students assessed by the 1999 Youth Risk Behavior Surveillance survey reported ever using heroin, a lower percentage than for any other drug surveyed (marijuana, inhalants, cocaine, methamphetamine, and steroids). (See Chart 2.) The patterns of use were similar in Boston, but the user percentages were markedly lower: heroin still ranked last, but only 1.4 percent reported ever using heroin. (See Chart 3.) Most adolescents in focus groups reported little use or awareness of heroin compared to marijuana, diverted prescription drugs, LSD (lysergic acid diethylamide), and MDMA. However, the Bureau of Substance Abuse Services reports that state-wide, the percentage of heroin users aged 18 or younger entering treatment rose from 4 percent in FY1992 to 13 percent in the first three quarters of FY1999.

Chart 2. Massachusetts High School Student Drug Use

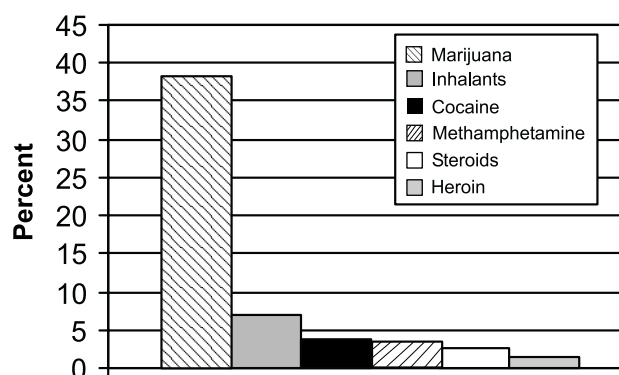


Source: U.S. Department of Health and Human Services, Centers for Disease Control, *Youth Risk Behavior Surveillance—United States 1999*.

Among admissions to state-funded substance abuse treatment centers in the first three quarters of FY1999 reporting heroin as their primary drug, 63 percent preferred injection, 33 percent snorting, and 4 percent other methods of administration. The cities in northeastern Massachusetts report high rates of heroin injection, too, including Boston where injection was reported as the method of administration in 73.3 percent of heroin ED mentions in 1998. Some reporting indicates that heroin

injection in Massachusetts has dropped and heroin smoking and snorting has risen, including among youths; however, treatment providers point out that users commonly progress from smoking and snorting to injection because a smaller amount of injected heroin provides the same high. Most users taking advantage of needle exchange programs in Boston are traditional users who have injected heroin for many years. However, exchange programs in Cambridge and Northampton (western Massachusetts) have seen an increase in younger heroin injectors.

Chart 3. Boston High School Student Drug Use



Source: U.S. Department of Health and Human Services, Centers for Disease Control, *Youth Risk Behavior Surveillance—United States 1999*.

Injection drug use accounted for 36 percent of new AIDS (Acquired Immune Deficiency Syndrome) cases reported between May 1 and October 31, 1999, the highest proportion for any category of AIDS transmission.

Availability

DEA reports a significant increase in the availability of heroin in Massachusetts. The number of documented heroin distribution offenses in Massachusetts rose 11 percent in 1999 to 395, and the number of documented heroin trafficking offenses rose 32 percent to 108. The number of documented heroin possession offenses dropped 4 percent to 153. Most heroin in New England is of South American origin, although Southeast Asian and Southwest Asian heroin were the most common in the early 1990s. Heroin is the top priority for the U.S. Attorney's Office in Boston. Law enforcement tries to target repeat offenders in the state, especially those with two prior convictions, who can be sentenced to 12 or more years in prison according to state drug laws.

Law enforcement in Massachusetts and throughout New England reports a significant increase in the availability and purity of heroin. Heroin purity levels in Massachusetts range from 50 percent to 90 percent. DEA's Domestic Monitor Program (DMP) indicates that the average purity of South American heroin in Boston in 1999 was 57.7 percent at the street level, down for the second straight year following levels of 66.4 percent in 1997 and 61.4 percent in 1998.¹⁵ However, purity levels in Boston far exceeded the national average every year from 1991 to 1999.

Retail-level heroin purity averaged 67.5 percent from April to June 1999, second highest on the East Coast for that period. Street-level heroin more than 90 percent pure is available in Boston and Lawrence, although 60 percent or more is the average. Analyses of several heroin exhibits seized in Lynn in 1998 revealed purity near 90 percent.¹⁶

As the purity of heroin has increased, the prices have dropped. Heroin sold for \$3,000–\$5,000 per ounce (28.3 grams) from October 1998 to March 1999. Prices then dropped to \$2,500–\$3,100 per ounce from April to September 1999. Gram quantities now cost \$90–\$125, half-grams sell for \$60 or more, and glassine bag¹⁷ prices range from \$4 to \$30 with the purity often over 60 percent and sometimes as high as 90 percent. Bundles (10 glassine bags) cost \$50–\$200, and bricks (100 glassine bags) cost \$200–\$1,000. Springfield law enforcement authorities report prices of \$100,000 per kilogram at 80 percent pure, and Lowell authorities report prices of \$88,000 per kilogram at 80 percent pure (all figures stable over the past year). Prices in Lawrence and Lowell are reported to be “extremely low”; glassine bags sell at the street level for \$5–\$11, with \$8 being the average price.

Violence

Heroin trafficking, distribution, and use are strongly associated with violent crime in Massachusetts. Some heroin traffickers and distributors commit violent acts while protecting or expanding their market area, others when stealing heroin

or protecting their heroin from being stolen. Traffickers and distributors engage in “turf wars” and commit robberies because heroin is an extremely valuable black-market commodity. Some abusers act violently when stealing money or property

15. The DMP is a retail-level heroin purchase program that identifies purity, price, and source of origin. The purity calculation for 1999 was based on 38 samples that ranged from 0.8 percent to 93.0 percent. The median for these 38 samples was 57.1 percent, similar to the average (mean) of 57.7 percent.

16. As previously mentioned, Lynn experienced notable increases in the number of heroin overdose deaths prior to 1999.

17. Glassine bags typically contain one user dose of heroin.

that they need to buy heroin for personal use. Heroin use often causes physical or psychological dependence, and addicts without money often steal to support their drug habit. Law enforcement in Massachusetts reports a strong link between the trafficking and abuse of heroin and property crimes, including breaking and entering and

shoplifting. Some violence in Massachusetts could also be drug-enhanced reactions by users under the influence of heroin's psychoactive effects. Although opiate consumption tends to temporarily inhibit violent behavior, withdrawal often results in exaggerated aggressive and defensive behavior.

Production

There have been no reports of opium cultivation or heroin production in Massachusetts, although heroin is commonly “milled” (broken down from kilograms into user quantities) in places where wholesale activity occurs. Currently, most heroin in New England is of South American origin; Southeast Asian and Southwest Asian heroin, the most common in the early 1990s, are not often seen in Massachusetts. Some Southeast Asian heroin arrives by air from

Europe. In September 2000, law enforcement seized approximately 22 pounds of Southwest Asian (Pakistani) heroin arriving at Logan International Airport from Islamabad, but such a seizure is an anomaly in type of heroin and size. All heroin tested by the DMP in Massachusetts in 1999 from which a signature could be derived originated in South America.¹⁸ DEA reports that Mexican black tar heroin is not commonly seen in Massachusetts either.

Transportation

The Greater Boston area—including the nearby cities of Lawrence, Lowell, and Lynn—is Massachusetts' primary regional distribution center for heroin transportation. Colombian and Dominican wholesalers arrange for the transportation of multihundred kilogram amounts of heroin into the metropolitan area and supply the heroin markets in northeastern and southeastern Massachusetts.¹⁹ Colombian wholesalers operate at the highest levels of Greater Boston's heroin trade, coordinating and controlling networks that bring in the greatest amounts of heroin and limiting their exposure and risk by hiring Dominican and other ethnic criminals to do the actual transportation for them. Many Dominican wholesalers operate independently of Colombian organizations,

transporting large, but probably lesser, quantities of heroin into Greater Boston from their own sources outside the state. Most law enforcement investigations involve Dominican organizations, which law enforcement finds easier to penetrate than Colombian organizations. The U.S. Attorney's Office says its heroin cases usually involve individuals, whereas its cocaine cases usually involve organizations. Transporters generally choose to carry a kilogram or less of heroin at a time, rather than risk being caught in possession of a large amount of heroin, but in rare cases, they organize multikilogram shipments.

Worcester and Holyoke are secondary regional distribution centers for heroin transportation activity. Wholesalers arrange for the transportation of

18. The DMP tested 38 samples and determined 25 were of South American origin. The place of origin for the other 13 samples was not identified.

19. Some law enforcement authorities believe there are more drugs in Lawrence and Lowell than in Boston. These cities are said to have a larger Dominican population, and they occasionally serve as supply cities for the drug markets in Boston, Bedford, and other eastern Massachusetts cities.

large quantities of heroin into these cities from sources outside the state and supply the heroin markets in central and western Massachusetts. Dominican wholesalers dominate transportation activity in Worcester and Holyoke; Puerto Rican wholesalers are involved to a lesser degree. Less heroin is transported into Worcester and Holyoke than Greater Boston because the population and drug markets in and near these cities are smaller. Law enforcement in Worcester reports that wholesalers arrange for the transportation of bulk heroin into the area, usually in amounts less than a kilogram. The wholesalers mill heroin into user quantities, package it in glassine bags they often obtain from New Jersey, and stamp the bags with marketing logos using stamps they buy locally. Law enforcement in western Massachusetts reports that there are indicators wholesalers might transport bulk quantities of heroin into Holyoke and mill it there. One investigation identified a suspect who was believed to be stamping glassine bags of heroin for another drug distributor in Holyoke, and a second investigation identified a suspect who was believed to have access to “uncut” (bulk) heroin in Holyoke. However, seizures in Holyoke usually amount to less than a “stack” or “brick” of heroin (approximately 1/300th of a kilogram).

The nearby cities of Providence and Hartford also serve as regional distribution centers outside the state for transporting heroin to Massachusetts’ markets.²⁰ Organizations in New York City supply most of the heroin in Massachusetts, and some heroin is transported directly from New York City to local distributors and users in Massachusetts. However, most heroin reaches those markets by way of intermediate wholesalers in Greater Boston (en route to northeastern and southeastern Massachusetts), Providence (to southeastern and central Massachusetts), Worcester (to central Massachusetts), Hartford (to central

and western Massachusetts), or Holyoke (to western Massachusetts). Proximity determines where local distributors and users go for supply: they will travel to New York City or any of these regional distribution centers, whichever is the closest, to obtain heroin.

The Colombian organizations obtain most of their heroin from organizations in Jackson Heights, New York, a Colombian-dominated area of Queens, and the Dominican organizations obtain the bulk of their supply from organizations in Washington Heights, New York, a Dominican-dominated area of Manhattan. Some wholesalers in Greater Boston also probably have direct supply routes from foreign locations in the Caribbean and South America by virtue of Boston’s large port and international airport.²¹ Wholesalers in Holyoke and Worcester do not appear to have direct supply routes from foreign locations in the Caribbean or South America, probably because there are no ports or international airports in or near these cities.²² Past reporting also indicates some heroin is transported into Massachusetts from Montreal, Quebec; Vancouver, British Columbia; California; and possibly from Pennsylvania and Florida.

Most traffickers transport heroin to Massachusetts along major highways in privately owned, borrowed, or leased vehicles and livery vans—which often are outfitted with hidden hydraulic compartments—and via public transportation (buses, trains, commercial air carriers) and express delivery services. Buses run every hour or two between Springfield and New York City, and a livery service runs between the cities about once an hour. Interstate highways connect Massachusetts with five bordering states: New Hampshire (I-95 and I-93), Vermont (I-91), New York (I-90), Connecticut (I-91, I-84, and I-395), and Rhode Island (I-95, I-295, and I-195). Interstate 95 also provides a direct connection to all major cities on the East Coast—most importantly New

20. Pawtucket, Woonsocket, and Warwick, cities near Providence, sometimes serve as supply areas for heroin.

21. Colombian organizations are more likely to have these international supply connections than Dominican organizations. If these connections do exist, Boston deserves designation as a national hub, not merely a regional distribution center, but that link requires more research to substantiate.

22. As previously mentioned, international flights out of Bradley International Airport near Springfield actually connect to foreign destinations through other U.S. cities.

York City—and the Canadian border. Massachusetts has an extensive system of state highways that connect urban and rural areas, and a well-developed public transportation system in Boston provides easy access to communities in the eastern part of the state.

As outlined in the Overview section, drugs potentially are transported to Massachusetts by both air and maritime means. Some heroin is brought to Massachusetts by couriers traveling on commercial air flights into Logan International Airport in Boston, and other heroin might be shipped into smaller airports near Springfield, Worcester, and New Bedford, although law enforcement does not report any activity or seizures. Law enforcement task forces regularly monitor Logan and Bradley International Airports, but interdiction efforts at Worcester Municipal Airport and New Bedford Regional Airport are minimal. Heroin is probably transported to the state by maritime means as well. USCS documents no heroin seizures at Massachusetts seaports from mid-1995 through April 2000 and estimates there have been only one or two significant interdictions since the early 1980s, but interdiction efforts at those ports are minimal. The air threat is greater than the maritime threat for her-

oin because the small quantities of heroin needed to supply the Massachusetts market are transported more quickly by air couriers than by ship.

Massachusetts also serves as a staging area or interim transportation point for heroin being transported north. Lawrence and Lowell, north of Boston, are distribution centers for northern New England and Canada. Maine, New Hampshire, and Vermont are supplied with heroin chiefly by drug groups in northeastern Massachusetts, particularly in Lawrence and Lowell. DEA reports some evidence of heroin transportation to Vermont and Maine from western Massachusetts as well. USCS intelligence also suggests that drugs are transported from New York City through New England to Canada. Because drug penalties in Maine, New Hampshire, and Vermont are stricter than in Massachusetts and because U.S. Attorneys there are more likely to prosecute violators in cases involving smaller amounts of drugs, Massachusetts-based distributors generally do not travel to northern New England with drugs. Low-level retailers and users in Maine, New Hampshire, and Vermont usually come to Massachusetts to obtain their supply. Reportedly, most of these people are lower-income Caucasians.

Distribution

In Greater Boston, the state's primary regional distribution center, Colombian DTOs operate at the highest levels of the heroin trade, and Dominican trafficking organizations and distribution groups are believed to constitute 80 to 90 percent of the middle and lower levels. Past reporting indicates the involvement of Asian criminal organizations in the wholesale heroin trade, but the Asian drug trafficking threat ranks much lower than that posed by Colombian and Dominican organizations. In Lawrence and Lynn, Dominican distribution groups are active down to the street level. Some Puerto Rican criminal groups distribute drugs at the street level in these two cities, and Caucasian distributors are

involved in Lynn. In East Boston, many ethnic criminal groups distribute drugs at the street level. Hispanic criminal groups dominate retail sales in South Boston and northern Dorchester, and African American and Hispanic criminal groups are the most active in Roxbury. In southern Dorchester and Hyde Park, farther south, Caucasian retailers predominate.

In Holyoke and Worcester, the state's secondary regional distribution centers, Dominican organizations control the wholesale market, and other groups that they supply dominate the street level including Asian, Puerto Rican, and Jamaican criminal groups and street gangs, independent local groups, and perhaps Nigerian, Guatemalan,

Cuban, or other ethnic criminal groups. Dominican groups sell heroin at the retail level in these cities as well. Colombian organizations are rarely involved in these cities.

Command and control exists within wholesale organizations and retail groups, but not between or among them; those associations are exclusively buyer-seller business relationships. Law enforcement often refers to Dominican DTOs in particular as “loosely knit,” meaning that organizational roles are not rigidly defined, as in some DTOs and distribution groups, and that the people who perform certain functions may vary significantly from one operation to the next. This method of organization creates difficulties for law enforcement, which must identify and target members of an organization that has an ever-changing look.

Heroin is milled, packaged into glassine bags, and stamped with marketing logos in New England by wholesalers, who in past years purchased premilled, prestamped heroin in New York and transported it to New England in glassine bags ready for sale at the street level. Distributors in Lawrence usually package heroin in heat-sealed bags, and those in Lynn generally seal bags with twist-ties or package heroin in cellophane. In Massachusetts, some wholesalers and retailers sell only heroin, but many others sell both heroin and cocaine. Open-air markets for these drugs exist, but only small amounts of drugs and money change hands there. Most drug sales are consummated off the street in stores, malls, or supermarkets, or in cars or private residences. Distributors often live in one residence, store drugs in a second, and distribute drugs out of a third.

DTOs and retail groups often use tight security measures to thwart law enforcement efforts. Dominican criminals, in particular, are extremely adept at operational security and countersurveillance. Their use of radio transceivers, alarm systems, police scanners, miniature video cameras, and other high-tech equipment to detect and monitor the activities of law enforcement is common. Dominican criminals are ingenious at constructing false compartments in buildings and vehicles

to hide drugs, money, and firearms, and at installing intricate electronic and manual traps to protect their property and goods. Vehicle traps often contain sizable quantities of drugs.

According to an NDIC report, Dominican drug organizations are difficult for law enforcement to penetrate and dismantle for several other reasons. First, group members do their best to keep business within the family as much as possible. They are extremely insular and wary of outsiders. Second, they routinely disguise their identities by obtaining false identification papers from sources in the United States or the Caribbean. Law enforcement authorities can only positively identify such individuals through fingerprinting. Third, most Dominican criminals avoid lavish lifestyles that would attract attention. Adopting a low-profile existence allows them to blend easily into the metropolitan scene. Fourth, Dominican distributors usually reside in the United States for only 2 or 3 years, after which they return to the Dominican Republic to live in luxury. They are apt to flee back to the Dominican Republic immediately if they think law enforcement is targeting them.

Massachusetts’ drug distributors use cell phones, pagers, and pay phones (dialing with phone cards) to communicate with fellow distributors, arrange shipments, and set up meetings with buyers. More and more, traffickers also are communicating with one another over the Internet, which is too expansive for law enforcement to monitor easily.

Drug distributors almost invariably pay for drugs with cash, often receiving them on full or partial consignment and repaying their suppliers after the drugs are sold. They launder profits by reinvesting proceeds in their organizational infrastructure or by sending money out of the state or country via bulk cash shipments or electronic wires. Dominican DTOs are known to wire vast amounts of illegal drug profits from Massachusetts to the Dominican Republic, amounting to millions of U.S. dollars annually. Targeting these money transactions is difficult for law enforcement.

Drug trafficking in other Massachusetts cities, towns, and rural areas is less sophisticated, and distribution markets are open to independent entrepreneurs and gangs. According to responses to a 2000 NDIC survey, gangs that law enforcement identifies as the most significant in their area are involved in drug trafficking in northeast-

ern (Suffolk, Middlesex, and Essex Counties), central (Worcester County), and southeastern (Bristol County) Massachusetts. Of the survey respondents that listed specific drug types, all except those from Lynn and Worcester indicated one or more of the most significant gangs in their area distribute heroin.

Cocaine

Cocaine, both powdered and crack, was Massachusetts' chief drug threat throughout much of the 1990s, and it still predominates in the less populous regions of the state. Law enforcement authorities in counties with fewer than 500,000 people (Berkshire, Franklin, Hampshire, Hampden, Plymouth, Barnstable, Dukes, and Nantucket) identify cocaine, particularly crack cocaine, as their greatest drug threat; heroin-marijuana or marijuana-heroin are second and third,

respectively. In the state's larger counties (Suffolk, Essex, Middlesex, Worcester, Norfolk, and Bristol), heroin has emerged as a threat greater than cocaine due in large part to its high purity and low price. In statewide substance abuse help-line calls in which drugs were specified, cocaine was mentioned in 17 percent of calls between May and September of 1999, compared to 23 percent for heroin.

Abuse

Over the last 4 years, cocaine has dropped to second, ranking behind heroin as the drug of choice of those entering treatment in Massachusetts. Thirty-one percent of admissions to drug treatment centers in Boston in the first three quarters of FY1999 used powdered or crack cocaine in the month prior to admission. This figure is up from 29 percent in FY1998 but is still lower than any year in the period FY1994 to FY1997, when percentages ranged from 34 percent to 40 percent. Admissions for powdered and crack cocaine in the first three quarters of FY1999 were lower only than those for heroin and other opiates (34%) and alcohol (59%); they were significantly higher than those for marijuana (14%) and all other drugs combined (9%). The percentages were lower for the remainder of Massachusetts, but the patterns were similar: 22 percent reported using powdered or crack cocaine in the month prior to admission, up from 20 percent the year before, but equal to or lower than any other year during the period FY1994 to FY1997, when figures ranged between 22 percent and 25 percent.

Admissions for cocaine were lower only than those for heroin and other opiates (31%) and alcohol (57%); they were higher than those for marijuana (18%) and all other drugs combined (10%).

According to DAWN data, ED cocaine mentions viewed as a percentage of total drug mentions were higher than every other drug type every year during the 1990s. During the period 1993 to 1998, cocaine mentions were relatively stable, accounting for between 15 and 18 percent of total drug mentions annually. Also according to DAWN data, the total number of ED cocaine mentions in Boston was up 35 percent in 1998 following a 2-year decline. There were more cocaine mentions in the 1990s than mentions of all other drug types combined.

Among admissions to state-funded substance abuse treatment centers in the first three quarters of FY1999 reporting powdered or crack cocaine as their primary drug, 68 percent reported using at least one other drug in the month prior to treatment.

The most common secondary drug reported was alcohol, which drug users often take to moderate the effects of crack cocaine.

According to the Massachusetts DPH, substance abuse treatment centers in Boston in the first three quarters of FY1999 provided the following data for admissions reporting powdered or crack cocaine as their primary drug:

- 60 percent were male, a percentage consistent with the previous 4 years.
- 63 percent were African American and 22 percent were Caucasian, percentages consistent with the previous 2 years.
- The percentage of admissions aged 19 to 29 dropped every year from 40 percent in FY1995 to 22 percent in the first three quarters of FY1999. Conversely, the percentage of admissions aged 30 to 49 climbed every year from 58 percent in FY1995 to 74 percent in the first three quarters of FY1999.
- 85 percent earned less than \$10,000 per year, a percentage consistent with the previous 2 years, and the percentage of admissions who were homeless dropped for the second straight year from 28 percent in FY1997 to 24 percent in the first three quarters of FY1999.
- The percentage of admissions with some involvement with the criminal justice system

stayed level or rose every year from 20 percent in FY1995 to 33 percent in the first three quarters of FY1999.

- The percentage of admissions reporting a mental health problem rose every year save one from 21 percent in FY1995 to a high of 28 percent in the first three quarters of FY1999.
- 76 percent of cocaine users preferred smoking as a method of administration; those preferring injection accounted for only 4 percent.²³

Cocaine use remains relatively rare among school age adolescents, but inadvertent exposure via marijuana joints or “blunts” laced with crack cocaine occurs.²⁴ Of Massachusetts high school students assessed by the 1999 Youth Risk Behavior Surveillance survey, 9.6 percent reported ever using cocaine, ranking the drug third behind marijuana (50.2%) and inhalants (14.4%) and ahead of methamphetamine, steroids, and heroin. Even fewer students, 4.3 percent, reported using cocaine during the 30 days preceding the survey, ranking the drug second behind only marijuana (30.6%). The patterns of use were similar in Boston, but the user percentages were lower: 3.8 percent reported ever using cocaine (ranking third behind marijuana and inhalants), and 2.1 percent reported using cocaine during the 30 days preceding the survey (ranking second behind marijuana).

Availability

Cocaine is readily available throughout New England in ounce to kilogram quantities. Cocaine availability and prices across Massachusetts increased in 1999 through October.²⁵ Powdered cocaine is the predominant form in suburbs and rural areas, but both powdered and crack cocaine

are readily available in the inner city. Law enforcement in Boston comments that the availability of powdered cocaine seemed to increase in 1999. From 1997 through the first half of 1999, the total number of powdered and crack cocaine submissions to the Massachusetts DPH’s Drug

23. This statement suggests that most admissions to treatment centers for cocaine are crack users, because powdered cocaine is not smoked.

24. A “blunt” is a hollowed out cigar filled with marijuana.

25. There are two different explanations why availability and prices would both rise: (1) one or more economic factors affecting the distribution market have changed to force prices up, and at the same time transportation through the state to other distribution markets has risen to account for an increase in availability; (2) availability is unable to keep pace with demand in the local distribution market. There is no evidence of a rising demand for cocaine in Massachusetts—if anything, demand might be slightly down—so the first explanation seems more probable.

Analysis Laboratory was stable. However, within that time period, powdered cocaine submissions increased and crack cocaine submissions decreased.

Cocaine seizure data suggest a growing problem across the state except in Boston proper. According to FDSS drug seizure data, cocaine seizures in Massachusetts rose 137 percent in FY1999, after rising 22 percent the year before. These increases followed 2 straight years of decline from FY1995 to FY1997. Springfield law enforcement also reports cocaine distribution and cocaine seizures have risen. However, total drug arrests by officers of the Boston Police Department's Drug Control Division for "Class B"²⁶ drug violations dropped 10.2 percent from 990 to

889 (874 for cocaine and 15 for methamphetamine). This drop marks the third straight year of decline for "Class B" arrests and follows declines of 7.6 percent from 1997 to 1998, and 15.3 percent from 1996 to 1997.

Cocaine prices and purity levels in Massachusetts for 1999 are listed in Table 1. The wholesale price of cocaine in Massachusetts occasionally increases \$10,000 to \$15,000 per kilogram. After about 6 or 8 weeks, the price returns to the original level. This price fluctuation has been occurring in Massachusetts for at least the past several years, and law enforcement authorities in New York City, Providence, Philadelphia, and San Juan, Puerto Rico, report the pattern as well.

Table 1: Cocaine Price and Purity, Massachusetts

Type	Amount	Price Range		Purity Range (percent)
Powdered	Kilogram	\$19,000	— \$30,000	90
	1/8 Kilogram	\$3,000	— \$4,500	80
	Ounce (28.3 g)	\$500	— \$1,500	80
	1/2 Ounce (14.2 g)	\$180	— \$600	N/A
	1/8 Ounce (3.5 g)	\$75	— \$275	N/A
	Gram	\$80	— \$100	50
	Bag	\$10	— \$100	20 — 50
Crack	Ounce (28.3 g)	\$700	— \$1,500	80 — 90
	Vial/rock	\$10	— \$20	60 — 80

Source: Compiled from DEA, Massachusetts State Police, and Springfield and Lowell Police Department Sources, 1999.

Violence

Cocaine trafficking, distribution, and use are strongly associated with violent crime in Massachusetts. Some cocaine traffickers and distributors commit violent acts while protecting or expanding their market area, others when stealing cocaine or protecting their cocaine from being

stolen. Traffickers and distributors engage in "turf wars" and commit robberies because cocaine is an extremely valuable black-market commodity. Some cocaine abusers act violently when stealing money or property that they need to buy drugs for personal use. Cocaine use often causes physical

26. "Class B" corresponds to Schedule II of the federal Controlled Substances Act (Title 21, Section 812 of the U.S. Code of Law).

or psychological dependence, and addicts without money often steal to support their drug habit. Law enforcement reports that much more violence is linked to the crack cocaine trade than to the powdered cocaine trade. Law enforcement in Boston targets crack cocaine traffickers because of the strong associations between the crack cocaine trade and violence, and the Springfield

Police Department reports a link between crack cocaine trafficking and gang and ethnic violence over the control of market areas. Some violence in Massachusetts could also be the result of irrational acts committed by users under the influence of crack cocaine and its psychoactive effects, although there is no evidence to indicate that powdered cocaine use causes violent behavior.

Production

There are no reports of coca cultivation or cocaine production in Massachusetts, although

many lower-level retailers convert powdered cocaine into crack cocaine in the state.

Transportation

The Greater Boston area—including the nearby cities of Lawrence, Lowell, and Lynn—is Massachusetts' primary regional distribution center for cocaine transportation. Colombian and Dominican wholesalers arrange for the transportation of multiton amounts of cocaine into the metropolitan area and supply the cocaine markets in northeastern and southeastern Massachusetts.²⁷ Colombian wholesalers operate at the highest levels of Greater Boston's cocaine trade, coordinating and controlling networks that bring in the greatest amounts of cocaine and limiting their exposure and risk by hiring Dominican, Hispanic, and other ethnic criminals to do the actual transportation for them. Many Dominican wholesalers operate independently of Colombian DTOs, transporting large, but probably lesser, quantities of cocaine into Greater Boston from their own sources outside the state. Most law enforcement investigations involve Dominican organizations, which law enforcement finds easier to penetrate than Colombian organizations. The U.S. Attorney's Office says its cocaine cases usually involve organizations, whereas its heroin cases usually involve individuals. The largest organiza-

tions transport more than 100 kilograms of cocaine, and sometimes as much several hundred kilograms, at a time into Greater Boston.

Worcester and Springfield are secondary regional distribution centers for cocaine transportation activity. Wholesalers arrange for the transportation of large quantities of cocaine into these cities from sources outside the state and supply the cocaine markets in central and western Massachusetts. Dominican wholesalers dominate transportation activity in Springfield and Worcester; Puerto Rican wholesalers are involved to a lesser degree. Lesser quantities of cocaine are transported into Worcester and Springfield than Greater Boston because the population and the drug markets in and near these cities are smaller. DEA reports that traffickers transport 1 to 5 kilograms of cocaine per trip into western and central Massachusetts. One kilogram per trip is the usual quantity transported into Springfield, and 3–4 kilograms per trip is the norm into Worcester.

The nearby cities of Providence and Hartford also serve as regional distribution centers outside the state for transporting cocaine to Massachusetts'

27. Some law enforcement authorities believe there are more drugs in Lawrence and Lowell than in Boston. These cities are said to have a larger Dominican population, and they occasionally serve as supply cities for the drug markets in Boston, Bedford, and other eastern Massachusetts cities.

markets.²⁸ Organizations in New York City supply most of the cocaine in Massachusetts, and some cocaine is transported directly from New York City to local distributors and users in Massachusetts. However, most cocaine reaches those markets by way of intermediate wholesalers in Greater Boston (en route to northeastern and southeastern Massachusetts), Providence (to southeastern and central Massachusetts), Worcester (to central Massachusetts), Hartford (to central and western Massachusetts), or Springfield (to western Massachusetts). Proximity determines where local distributors and users go for supply.

The Colombian organizations obtain most of their cocaine from organizations in Jackson Heights, New York, a Colombian-dominated area of Queens, and the Dominican organizations obtain the bulk of their supply from organizations in Washington Heights, New York, a Dominican-dominated area of Manhattan. Some wholesalers in Greater Boston probably have direct supply routes from foreign locations in the Caribbean or South America by virtue of Boston's large port and international airport.²⁹ Wholesalers in Springfield and Worcester do not appear to have direct supply routes from foreign locations in the Caribbean or South America, probably because there are no ports or international airports in or near these cities.³⁰ Powdered cocaine reportedly has been transported to Massachusetts from Atlanta, Houston, Miami, Philadelphia, Puerto Rico, and the Southwest Border, and law enforcement occasionally has seized liquid cocaine in Boston arriving from Jamaica.³¹ Large shipments of cocaine reportedly were transported to Lawrence by trafficking organizations based in Atlanta, Houston, and Miami on a regular basis during the period January to June 1999.³²

Most traffickers transport cocaine to Massachusetts along major highways in privately owned, borrowed, or leased vehicles and livery vans—which often are outfitted with hidden hydraulic compartments—and via public transportation (buses, trains, commercial air carriers) and express delivery services. Buses run every hour or two between Springfield and New York City, and a livery service runs between the cities about once an hour. Interstate highways connect Massachusetts with five bordering states: New Hampshire (I-95 and I-93), Vermont (I-91), New York (I-90), Connecticut (I-91, I-84, and I-395), and Rhode Island (I-95, I-295, and I-195). Interstate 95 also provides a direct connection to all major cities on the East Coast—most importantly New York City—and the Canadian border. Massachusetts has an extensive system of state highways that connect urban and rural areas, and a well-developed public transportation system in Boston provides easy access to communities in the eastern part of the state.

As outlined in the Overview section, drugs potentially are transported to Massachusetts by both air and maritime means. Some cocaine is brought to Massachusetts by couriers traveling on commercial air flights into Logan International Airport in Boston and Bradley International Airport near Springfield. Bradley International reportedly is being used to smuggle cocaine from Puerto Rico directly to Springfield and Hartford (the airport is located between the two cities). Cocaine might be shipped into smaller airports in Worcester and New Bedford, although law enforcement does not report any activity or seizures. Law enforcement task forces regularly monitor Logan and Bradley International Airports, but interdiction efforts at Worcester Munic-

28. Woonsocket, a city near Providence, sometimes serves as a supply area for cocaine.

29. Colombian organizations are more likely to have these international supply connections than Dominican organizations. If these connections do exist, Boston deserves designation as a national hub, not merely a regional distribution center, but that link requires more research to substantiate.

30. As previously mentioned, international flights out of Bradley International Airport near Springfield connect to foreign destinations through other U.S. cities.

31. Liquid cocaine often is smuggled out of Jamaica to the United States dissolved in bottles of rum. Jamaica exports a significant amount of rum, and liquid cocaine dissolves well in an alcoholic solution.

32. Hartsfield Airport in Atlanta is the busiest airport in the world as measured by the average number of daily flight arrivals and departures.

ipal Airport and New Bedford Regional Airport are minimal. Cocaine is probably transported to the state by maritime means in commercial cargo as well. USCS documents only one very small cocaine seizure at Massachusetts seaports from mid-1995 through April 2000³³ and estimates there were only one or two significant interdictions since the early 1980s, but interdiction efforts at those ports are minimal. The maritime threat is greater than the air threat for cocaine because the large quantities of cocaine needed to supply the Massachusetts market are more easily transported by ship than by air couriers. The Port of Boston is the largest handler of container cargo in New England, and international drug organizations are known to transport multiton shipments of cocaine to the U.S. mainland on containerized cargo ships, a method of transportation that is very difficult for law enforcement to interdict.

Massachusetts also serves as a staging area or interim transportation point for cocaine transported north. Lawrence and Lowell, north of Boston, are distribution centers for northern New England and Canada. Maine, New Hampshire, and Vermont are supplied with cocaine chiefly by drug groups in northeastern Massachusetts, particularly in Lawrence and Lowell. Law enforcement has documented cocaine shipments from central Massachusetts to Maine and New Hampshire. USCS intelligence also suggests that drugs are transported from New York City through New England to Canada. Because drug penalties in northern New England are stricter than in Massachusetts and because U.S. Attorneys there are more likely to prosecute in investigations involving smaller amounts of drugs, Massachusetts-based distributors generally do not travel to

northern New England with drugs. Low-level retailers and users in Maine, New Hampshire, and Vermont usually come to Massachusetts to obtain their supply. Reportedly, most of these people are lower-income Caucasians.

Many authorities conclude that cocaine operations, as well as heroin operations, in Massachusetts can best be disrupted or dismantled by targeting Colombian wholesalers in New York City and, to a lesser extent, Colombian wholesalers in Boston. They also believe that cocaine and heroin operations in Massachusetts can be substantially disrupted by targeting Dominican wholesalers in New York City and, to a lesser extent, Dominican wholesalers in Greater Boston (including Lawrence, Lowell, and Lynn), Worcester, and Springfield/Holyoke. Wholesalers represent a key vulnerability in the infrastructure of drug distribution networks because their central position in the flow of drugs and drug money throughout the U.S. Northeast gives them control and knowledge of operations and access to producers, transporters, distributors, and financiers.³⁴ Wholesalers in Massachusetts are significant but not as important as the New York City-based wholesalers from whom they receive most of their drug supply. Dominican wholesalers are not as significant as Colombian organizations, which the Dominican organizations rely on for drug supply.³⁵

To better address the drug situation in Massachusetts, a comprehensive assessment of each of the ethnic criminal drug threats that are present and significant in the state is needed, with attention given to the command-and-control relationships that exist among various drug trafficking contingents. Analysis should concentrate on strategic vulnerabilities that policymakers and operators can

33. The documented seizure was 1 gram of cocaine, which was seized along with 1 gram of marijuana off a fishing boat in Boston.

34. These conclusions rely on at least three assumptions: (1) The number of Colombian and Dominican wholesalers in the various locations discussed above is not so many that law enforcement could not effectively target them. (2) Other drug wholesalers (Colombian, Dominican, or other) would not be able to quickly take the place of eliminated wholesalers, because the positions are difficult to fill, requiring interorganizational contacts, leadership and management skills, and other personal qualities, or because of other reasons. (3) Many retailers that depend on particular wholesalers for supply would not be able to quickly obtain a steady supply of cocaine and heroin from new wholesalers if their former suppliers disappeared, because identifying new sources and establishing consistent and reliable business relationships takes time.

35. If Colombian or Dominican wholesalers in Boston have direct supply connections to the Caribbean and/or South America, their importance to drug markets in Massachusetts is greater but still does not equal that of wholesalers in New York City, the most significant cocaine and heroin distribution center in the U.S. Northeast.

attack to disrupt or dismantle those threats. Authorities in Massachusetts have identified this issue as an intelligence gap.

Distribution

In Greater Boston, the state's primary regional distribution center, Colombian DTOs operate at the highest levels of the cocaine trade and Dominican trafficking organizations and distribution groups are believed to constitute 80 to 90 percent of the middle and lower levels. Dominican distribution groups are active down to the street level in Lawrence and Lynn. Some Puerto Rican groups distribute drugs at the street level in these two cities, and Caucasian distributors are involved in Lynn. In East Boston, many ethnic criminal groups distribute drugs at the street level. Hispanic criminal groups dominate retail sales in South Boston and northern Dorchester, and African American and Hispanic criminal groups are the most active in Roxbury. In southern Dorchester and Hyde Park, Caucasian retailers predominate.

In Springfield and Worcester, the state's secondary regional distribution centers, Dominican organizations control the wholesale market, and other groups that they supply dominate the street level including Puerto Rican, Jamaican, African American, and Mexican criminal groups and street gangs, and perhaps Vietnamese or other ethnic criminal groups. Dominican criminal groups are involved in retail distribution in these secondary regional distribution centers as well. Colombian organizations are rarely involved in these cities.

Command and control exists within wholesale organizations and retail groups, but not between or among them; those associations are exclusively buyer-seller business relationships. Law enforcement often refers to Dominican organizations in particular as "loosely knit," meaning that organizational roles are not rigidly defined, as in some DTOs and distribution groups, and the people who perform certain functions may vary

significantly from one operation to the next. This method of organization creates difficulties for law enforcement, which must identify and target members of an organization that has an ever-changing look.

Some wholesalers and retailers sell only cocaine, but many others sell both cocaine and heroin. Cocaine wholesalers usually sell only powder. Many retailers sell the powder to users, others (particularly those in urban areas) convert the powder to crack cocaine before selling it at the street level. Open-air markets for these drugs exist, but only small amounts of drugs and money change hands there. Most drug sales are consummated off the street in stores, malls, or supermarkets, or in cars or private residences. Distributors often live in one residence, store drugs in a second, and distribute drugs out of a third.

Traffickers often use tight security measures to thwart law enforcement efforts. Dominican criminals, in particular, are extremely adept at operational security and countersurveillance. Their use of radio transceivers, alarm systems, police scanners, miniature video cameras, and other high-tech equipment to detect and monitor the activities of law enforcement is common. Dominican criminals are ingenious at constructing false compartments in buildings and vehicles to hide drugs, money, and firearms, and at installing intricate electronic and manual traps to protect their property and goods. Vehicle traps often contain sizable quantities of drugs.

According to an NDIC report, Dominican drug organizations are difficult for law enforcement to penetrate and dismantle for several other reasons. First, group members do their best to keep business within the family as much as possible. They are extremely insular and wary of outsiders. Second, they routinely disguise their identities by

obtaining false identification papers from sources in the United States or the Caribbean. Law enforcement authorities can only positively identify such individuals through fingerprinting. Third, most Dominican criminals avoid lavish lifestyles that would attract attention. Adopting a low-profile existence allows them to blend easily into the metropolitan scene. Fourth, Dominican distributors usually reside in the United States for only 2 or 3 years, after which they return to the Dominican Republic to live in luxury. They are apt to flee back to the Dominican Republic immediately if they think law enforcement is targeting them.

Massachusetts' drug distributors use cell phones, pagers, and pay phones (dialing with phone cards) to communicate with fellow distributors, arrange shipments, and meet with buyers. More and more, traffickers are also communicating with one another over the Internet, which is too expansive for law enforcement to monitor easily.

Drug distributors almost invariably pay for drugs with cash, often receiving them on full or partial consignment and repaying their suppliers after the drugs are sold. They launder profits by

reinvesting proceeds in their organizational infrastructure or by sending money out of the state or country via bulk cash shipments or electronic wires. Dominican organizations are known to wire vast amounts of illegal drug profits from Massachusetts to the Dominican Republic, amounting to at least millions of U.S. dollars annually. Law enforcement has difficulty targeting these money transactions.

Drug trafficking in other Massachusetts cities, towns, and rural areas is less sophisticated, and markets are open to independent entrepreneurs and gangs. According to responses to a 2000 NDIC survey, gangs that law enforcement identifies as the most significant in their area are involved in drug trafficking in northeastern (Suffolk, Middlesex, and Essex counties), central (Worcester County), and southeastern (Bristol County) Massachusetts. Of the survey respondents that listed specific drug types, all indicated one or more of the most significant gangs in their area distribute cocaine. Law enforcement reports that the Latin Kings and Vice Lords gangs distribute crack cocaine in Leominster and Fitchburg, two cities near Worcester in central Massachusetts.

Marijuana

The marijuana threat in Massachusetts is generally perceived as lower than that posed by heroin or cocaine because marijuana users do not often seek treatment for marijuana substance abuse or commit violent crimes. However, marijuana is readily available in the state, and there could be more marijuana users than all other drug users combined. Moreover, marijuana trafficking and sales have much stronger associations with violent crime than does marijuana use. Overall,

the costs of marijuana abuse to the user and to society are less than that of heroin or cocaine abuse, and, therefore, most treatment providers and law enforcement authorities believe it to be a lower threat. In some rural areas of the state (e.g., Plymouth, Franklin, and Hampshire Counties), law enforcement ranks the marijuana threat second behind cocaine. Most marijuana distributed in Massachusetts is of Mexican origin, but some cannabis is cultivated in Massachusetts.

Abuse

According to DAWN data, ED marijuana/hashish mentions in Boston increased 39 percent in 1998 following a 2-year decline. Marijuana/hashish mentions were lower than cocaine and heroin/morphine mentions throughout the 1990s until 1998,

when they outnumbered heroin/morphine mentions for the first time. Annual marijuana/hashish mentions viewed as a percentage of total drug mentions rose every year from 1990 to 1996, dipped slightly in 1997, then rose sharply in 1998. Every year since

1991, Boston ranked between fourth and seventh in marijuana/hashish mentions per 100,000 population among the 21 cities nationwide from which DAWN reports data, except for 1997, when it ranked eleventh.

Only 4 percent of admissions to drug treatment centers in Boston in the first three quarters of FY1999 were primary marijuana users, consistent with past years. Admissions for marijuana for the first three quarters of FY1999 were lower than those for powdered and crack cocaine (31%), heroin (34%), and alcohol (59%). However, 14 percent of admissions to drug treatment centers in Boston in the first three quarters of FY1999, and 18 percent of admissions to centers in the remainder of Massachusetts, reported using marijuana in the month prior to admission, percentages consistent with the previous year. In statewide substance abuse help-line calls in which drugs were specified, marijuana was mentioned in 5 percent of calls between May and September of 1999, level with the previous 5-month period.

According to the Massachusetts DPH, substance abuse treatment centers in Boston in the first three quarters of FY1999 provided the following data for admissions reporting marijuana as their primary drug:

- 76 percent were male, a percentage marginally lower than the previous year but the same as in FY1997.
- 42 percent were African American, a percentage marginally lower than the previous year; 28 percent were Caucasian, down for the second straight year and 9 percent lower than in FY1997; and 25 percent were Hispanic, up for the third straight year and 7 percent higher than in FY1996.
- The average age of admissions was 25. The percentage of admissions aged 19 to 29 rose for the second straight year from 43 percent in FY1997 to 47 percent in the first three quarters of FY1999. The percentage of admissions under 19 years of age dropped to 28 percent, the lowest level in 3 years, and 25 percent of

admissions were aged 30 or older, a percentage consistent with the previous 2 years.

- 86 percent earned less than \$10,000 per year, a percentage consistent with the previous 4 years.
- The percentage of admissions with some involvement with the criminal justice system rose for the second straight year from 47 percent in FY1997 to 62 percent in the first three quarters of FY1999.
- The percentage of admissions reporting a mental health problem dropped for the second straight year from 41 percent in FY1997 to 27 percent in the first three quarters of FY1999.

Marijuana remains very popular among youths, who perceive the drug to be less risky than cocaine, heroin, or LSD. Of Massachusetts high school students assessed by the 1999 Youth Risk Behavior Surveillance survey, 50.2 percent reported ever using marijuana, more than reported using all other surveyed drugs combined (inhalants, cocaine, methamphetamine, steroids, and heroin). A smaller percentage, 30.6, reported using marijuana during the 30 days preceding the survey, and 12.5 percent reported using the drug before they were 13 years old. The patterns of use were similar in Boston, but the user percentages were markedly lower: 38.2 percent reported ever using marijuana, 20.5 percent reported using marijuana during the 30 days preceding the survey, and 9.4 percent reported using the drug before the age of 13. One report states that marijuana use among adolescents is approaching the level of cigarette use.

The Massachusetts Cannabis Reform Coalition (MASSCAN) is trying to gather the 57,100 votes needed to put several pro-marijuana proposals before the state legislature. These proposals would (1) legalize the sale of marijuana as long as taxes are paid on the sale, (2) legalize adult possession of up to 7 cannabis plants or 16 ounces (453.4 grams) of harvested marijuana, and (3) lower the penalties for possessing a small quantity of marijuana, treating possession as a “violation” (like exceeding the speed limit while driving) rather than a “crime.”

Availability

Mexican-produced marijuana is widely available in Boston, across Massachusetts, and throughout New England. Marijuana submissions to the Massachusetts DPH's Drug Analysis Laboratory have risen steadily since 1992 and accounted for 35 percent of total drug submissions in 1998. In the first half of 1999, the percentage was again 35 percent, higher than for any drug including cocaine (32%) and heroin (15%).³⁶ Officers participating in DEA's Domestic Can-

nabis Eradication Suppression Program eradicated 5,443 outdoor cultivated and 91 indoor cultivated plants across the state, made 15 arrests, and seized 40 weapons and nearly \$200,000 in assets in 1999.

Marijuana prices and purity levels were stable in 1999. Table 2 lists prices reported by Massachusetts law enforcement.

Table 2: Marijuana Prices, Massachusetts

Amount	Price Range		
Gram	\$10	—	\$20
Ounce	\$75	—	\$500
1/4 Pound	\$300	—	\$400
Pound	\$650	—	\$4,000

Source: Compiled from DEA, Massachusetts State Police, and Springfield and Lowell Police Department Sources, 1999.

Violence

Marijuana trafficking and distribution are associated with a moderate level of violent crime in Massachusetts. Some marijuana traffickers and distributors commit violent acts while protecting or expanding their market area, others when stealing marijuana or protecting their marijuana from being stolen. Because the marijuana trade yields very large profits, violence within and among traf-

ficking organizations and distribution groups does sometimes occur. Law enforcement in Boston believes there is more violence associated with the marijuana trade than with the powdered cocaine trade. However, marijuana abusers generally are not driven to steal money to finance an addiction, as are some heroin and cocaine abusers.

Production

Most marijuana in Massachusetts is of Mexican origin, but some cannabis is cultivated in the state. Seizures of indoor grows were up in 1999, and the size of outdoor plots discovered

in Massachusetts was higher in 1999 than in past years. Indoor grows are more common in urban areas, outdoor grows in rural areas. No hydroponic cultivation has been reported in the state.

36. According to FDSS drug seizure data, marijuana seizures rose from 27 kilograms in FY1997 to 161.7 kilograms in FY1998 and 1,169.1 kilograms in FY2000. However, state and local data provide a more accurate picture of availability in the state because state and local officials make most of the marijuana seizures in Massachusetts.

Transportation

Jamaican and Caucasian criminal organizations are the predominant marijuana traffickers in Massachusetts, and they coordinate with domestic and international suppliers to transport wholesale quantities of marijuana into the state. Dominican trafficking organizations are involved to a lesser extent. Most marijuana distributed in Massachusetts originates in Mexico and is supplied by organizations in Arizona, California, Nevada, and Texas. In the past, shipments have been transported to Massachusetts from Florida and Georgia and from foreign locations in Colombia and Jamaica. Law enforcement has documented Dominican organizations moving marijuana from Texas to Lawrence through Buffalo or through Chicago and New York City, and from Florida to Lawrence through Newark. The same authorities also have documented a Mexican DTO transporting marijuana from Texas to Lawrence through Atlanta. Law enforcement believes these transporters passed through the transshipment cities to provide marijuana to wholesalers there, an indicator that some transporters ship drugs for multiple distributors based in different cities. The FBI investigation “Border Express” targeted a Mexican transportation organization based in El Paso, Texas, that coordinated and transported 300- to 2,000-pound shipments of Mexican marijuana to Dominican wholesalers based in Lawrence and Lowell and to wholesalers in several other U.S. cities. Shipments occurred about once a month, and the total amount transported was estimated at 18 tons.

Wholesalers in Massachusetts use various methods to transport marijuana from the U.S. West and Southwest to Massachusetts. Caucasian, Jamaican, Mexican, and Dominican trafficking organizations transport large quantities overland in cars, trucks, tractor-trailers, and railcars. Shipments generally are 200–1,000 pounds, although 2,000-pound shipments have occurred. Significant

but lesser amounts (usually 5–50 lb)³⁷ are sent by mail. Massachusetts is a regional hub for several commercial mail carriers and is a major repository for the U.S. Postal Service in New England. Traffickers ship marijuana via private-sector mail services so they can track the progress of the shipment on the Internet using the package’s tracking number. If law enforcement discovers the marijuana and tries to do a controlled delivery, the package will be delayed and the traffickers will know to abandon it.³⁸ Small quantities of marijuana are also transported into the state by couriers and in luggage aboard commercial air flights.

Bulk shipments are repackaged and distributed throughout the state, often on consignment, and significant amounts are transshipped through Massachusetts to destinations farther north. Lawrence and Lowell, north of Boston, are transshipment points for marijuana transported to northern New England. Commercial-grade marijuana in Maine, New Hampshire, and Vermont is often obtained from middlemen in Massachusetts, Connecticut, or New York State.

Law enforcement in central Massachusetts reports one investigation in which transporters brought hashish from Canada to New England. Law enforcement in Boston reports that marijuana has been transshipped from Canada to Massachusetts and through Massachusetts to New York City.

37. Transporters usually mail quantities less than 50 pounds, which is a misdemeanor.

38. DEA and multiagency task force divide the responsibility for interdicting drugs that are shipped to Massachusetts by way of nationwide express mail services.

Distribution

Caucasian and Jamaican trafficking organizations predominate wholesale marijuana distribution in Massachusetts. Dominican organizations and street gangs also are involved in wholesale activity, but to a lesser extent. Caucasian, Jamaican, Dominican, and ethnic Asian criminal groups and street gangs engage in retail sales. In central Massachusetts, Jamaican distribution groups are believed to be the chief retailers in urban areas and Caucasian retailers are believed to predominate in rural areas.

According to responses to a 2000 NDIC survey, gangs that law enforcement identifies as the most significant in their area are involved in drug

trafficking in northeastern (Suffolk, Middlesex, and Essex Counties), central (Worcester County), and southeastern (Bristol County) Massachusetts. All respondents except one (Bristol County) that listed specific drug types, reported that one or more of the most significant gangs in their area distribute marijuana.

Massachusetts' drug distributors use cell phones, pagers, and pay phones (dialing with phone cards) to communicate with fellow distributors, arrange shipments, and meet with buyers. More and more, traffickers are also communicating with one another over the Internet, which is too expansive for law enforcement to monitor easily.

Other Dangerous Drugs

After heroin, cocaine, and marijuana, the most significant drug threats in Massachusetts are MDMA and diverted prescription drugs. Seizures of MDMA have risen sharply over the past year. Many distributors are finding that they can derive large profits with little risk by selling the drug to young users at colleges, nightclubs, and "raves," large dance parties characterized

by loud music and psychedelic lighting. Most MDMA is manufactured in the Netherlands and Belgium. The "club drugs" GHB and GBL (gamma-butyrolactone) have risen in popularity among adolescents and young adults as well. Pharmaceutical stimulants and depressants are widely available, and hallucinogenic drugs and steroids are popular among certain user groups.

Abuse

MDMA is the most abused other dangerous drug (ODD) in Massachusetts. The use of MDMA has risen sharply, particularly among adolescents and young adults and in urban areas. The drug commonly is used at raves and nightclubs, and its use is believed to be increasing in other social venues as well. Ketamine is used in combination with MDMA to enhance its hallucinogenic effects. Users may take ketamine, marijuana, GHB, or heroin to moderate the very stimulating MDMA high.³⁹ MDMA overdoses rose in 1999, and the Massachusetts Poison Control Center reported a rise in calls

related to MDMA during the period October 1998 to June 1999.

Regarding the abuse of other stimulant drugs:

- Less than 1 percent of all treatment admissions in the first three quarters of FY1999 reported using **amphetamines** in the month before admission. However, the amphetamines Adderall and Ritalin figured prominently in calls to the Massachusetts Poison Control Center during the period October 1998 to June 1999. One survey found that as many as five in 40 Massachusetts students

39. Depending on the dosage, ketamine can be a depressant, stimulant, or hallucinogen.

abuse Ritalin. Its use most commonly occurs in middle- and upper-class communities.

- The Massachusetts Poison Control Center reported two calls during the period October 1998 to June 1999 related to **khat**, a leafy plant shipped from Africa to the United States by air. The leaves and buds of the plant are chewed for their stimulant properties.

Regarding the abuse of depressants in Massachusetts:

- The Massachusetts Poison Control Center reported a surge of calls related to **GHB** and **GBL** during the period October 1998 to June 1999.
- **Benzodiazepines** are widely abused in the state. Prescription drugs including Valium (diazepam) and Klonopin (clonazepam) were mentioned in 5 percent of statewide substance abuse help-line calls in which drugs were specified between December 1998 and September 1999. Klonopin and Xanax (alprazolam) are readily available, and the use of Rohypnol (flunitrazepam) is reported in Massachusetts.
- **Opiates** and **opioids** (synthetic drugs manufactured to resemble the natural opiates in action and effect) are also abused in the state. Percodan, Percocet, and Tylox (oxycodone) are widely available. Vicodin ES, Hycodan, and Tussionex (hydrocodone), Dilaudid (hydromorphone), Duragesic (fentanyl), MS Contin (morphine), Tylenol No. 4 (containing codeine), and methadone are available as well.
- **Barbiturates**, a group of sedative/hypnotic drugs prescribed to relieve tension, are available in Massachusetts, but their use is not common. Among admissions to state-funded substance abuse treatment centers in the first three quarters of FY1999, less than 1 percent reported using barbiturates or other sedatives in the month prior to treatment.

Less than 1 percent of admissions to state-funded substance abuse treatment centers in the first three quarters of FY1999 reported using **hallucinogenic drugs** in the month prior to treatment. Still, hallucinogenic drugs continue to be used in certain circles. Use of **LSD** and **psilocybin mushrooms** is not uncommon among adolescents and young adults; most LSD is encountered in college areas and at rave parties. **Mescaline** use has been occasionally reported. **DXM** (dextromethorphan), the active ingredient in some cough medicines, is commonly abused by teens for its hallucinatory properties and to prolong and enhance the effects of other drugs. **Ketamine** often is used by Caucasian middle-class adults and by youths at clubs and rave parties. **PCP** (phencyclidine) abuse is not widespread in New England.

Anabolic-androgenic steroid use is insignificant in Massachusetts. Only 4.6 percent of Massachusetts high school students assessed by the 1999 Youth Risk Behavior Surveillance survey reported ever using steroids. The patterns of use were similar in Boston, but the user percentages were even lower (2.5%). Young, heterosexual, male body-builders are reported to be the chief users.

Use of **inhalants** by adolescents continues, probably because they are inexpensive and readily available. Of high school students assessed by the 1999 Youth Risk Behavior Surveillance survey, 7.0 percent in Boston and 14.4 percent in the remainder of Massachusetts reported ever using inhalants, more than for any other drug surveyed except marijuana. In addition, 2.0 percent in Boston and 4.1 percent in the remainder of Massachusetts reported using inhalants during the 30 days preceding the survey.

Availability

MDMA has emerged as a significant threat in Massachusetts, particularly in more populous areas. DEA, the Massachusetts State Police, and local police departments report an increased number of MDMA arrests and seizures throughout the state. Law enforcement authorities in all counties with more than 500,000 people, with the exception of Bristol County, reported MDMA as a problem in 1999. Conversely, authorities in counties with fewer than 500,000 people did not report MDMA as a problem with the exception of those in the “Cape and Islands” area. Federal reporting indicates MDMA use was increasing in the less populous counties in 2000.

Other Stimulants. The Boston Police Department reports little to no distribution of **amphetamines**, and the number of amphetamine submissions to the state’s drug analysis laboratory has been negligible. However, some reports continue to suggest that amphetamines and their analogs are available in Massachusetts. **Khat** is available on a very limited basis in Massachusetts. Because the plant usually is shipped to the United States from Africa and because its potency declines sharply about 48 hours after harvesting, wide distribution in Massachusetts is unlikely.

Depressants are also readily available in Massachusetts. **GHB**, a colorless, odorless, tasteless liquid depressant, is often used by adolescents and young adults at nightclubs and rave parties. A liquid supplement called “Enliven,” designed to approximate the effects of GHB and until recently sold on the Internet, reportedly is being used by some youths. **GBL**, an analog of and chemical precursor for GHB, is available in the state as well, and one DEA investigation discovered bulk quantities being transported in or through Massachusetts. The investigation did not determine the intended destination. **Benzodiazepines**, **opiates**, and **opioids** are widely diverted and sold in Massachusetts. **Barbiturates** are

diverted and sold illegally in Massachusetts, but their use is much more limited.

Hallucinogens. From 1992 through the first half of 1999, hallucinogenic drugs accounted for less than 1 percent of the statewide drug submissions to the Massachusetts DPH’s Drug Analysis Laboratory.⁴⁰ Still, hallucinogens remain available and are sold to certain user groups. **LSD** is available in blotter form throughout New England, and wholesale quantities occasionally are reported there. Caucasian groups are the primary distributors. Wholesale quantities of diverted **ketamine** are transported to Massachusetts at least occasionally, and availability is quite high. Law enforcement in Lawrence reports ketamine is the second most available ODD after MDMA. **Psilocybin mushrooms** and **mescaline** are seen in limited quantities throughout New England. **DXM** is not a controlled substance and therefore may be purchased over the counter. **PCP** is available on a limited basis, including from street gangs such as the Hispanic gang Ñeta in Worcester County.

Steroids also are available in Massachusetts, but on a much more limited basis than many other ODDs and pharmaceuticals.

Black-market prices for some ODDs are listed in Table 3.

40. Data exclude Worcester County.

Table 3. Diverted Pharmaceuticals and ODD Prices, Massachusetts, 1999

Drug	Amount	Price Range
Dilaudid	4 mg	\$40
Duragesic	gram	\$5
Hycodan Tussionex	ounce	\$10
Klonopin	2 mg	\$3—\$5
Methadone	dosage unit	\$10—\$20
MS Contin	dosage unit	\$15
Percodan Percocet Tylox	dosage unit	\$5—\$8
Ritalin	dosage unit	\$4—\$6
Tylenol No. 4	dosage unit	\$3—\$4
Valium	gram	\$4
Vicodin ES	dosage unit	\$5
Xanax	1 mg 2 mg	\$3 \$5
LSD	hit sheet	\$5 \$200
PCP	dosage unit ounce	\$50 \$500—\$1,200
MDMA	dosage unit	\$7—\$15

Source: Compiled from DEA Sources, 1999.

Violence

Trafficking, distribution, and use of ODDs are associated with low levels of violence in Massachusetts. Most pharmaceuticals are stolen from drugstores in the state, and robberies and breaking-and-entering crimes can result in violence. Sometimes users commit irrational acts of violence while under the influence of ODDs and their psychoactive effects. GHB, ketamine, and Rohypnol are sometimes called “date rape drugs” because some women have been raped by men who secretly administered one of these drugs to physically debilitate them

and block their memory. All steroids to a greater or lesser degree have androgenic (masculinizing) effects, the most common being increased aggression. Some steroid users experience “roid rages” in which they become suddenly violent, but these occurrences are probably uncommon. In addition, the use of some hallucinogens can cause irrational and occasionally violent behavior. However, violence associated with ODD trafficking, distribution, and use in Massachusetts is minor.

Production

A very limited amount of ODDs are produced in Massachusetts. Some MDMA might be synthesized locally by independent distributors. A laboratory containing enough chemicals to produce a 20-pound batch of MDMA was seized in Westport, near Fall River, in Bristol County in January 1998. Also, local users who obtain “recipes” from the

Internet or other sources synthesize an insignificant amount of dangerous drugs, including GHB. Most ODDs, however, are obtained through illegal diversion within the state, stolen from drugstores and legal providers, or transported into Massachusetts from other locations.

Transportation

Most MDMA is manufactured in the Netherlands and Belgium and is transported to the United States from major European air hubs by way of express mail, air freight shipments, or couriers aboard commercial airline flights. Traffickers ship some MDMA directly into Massachusetts from Europe, but they transport most into the state by way of New York City, a major domestic port of entry. Some MDMA has been transported to Massachusetts from Canada and California as well.

Israeli and Russian criminal organizations dominate the transportation of MDMA. In April 2000, MDMA worth \$4.5 million was seized in Boston, the largest MDMA seizure in New England history. Following the seizure, USCS officials conducted a controlled delivery and arrested two Israeli citizens who had shipped the drug from Paris to Boston via express mail. In

two other incidents, Dominican transporters smuggled 30,000 to 50,000 tablets of MDMA from Canada through Vermont to Massachusetts.

Most pharmaceuticals available on the illegal market in Massachusetts are stolen from local drugstores, although some are illegally diverted from healthcare facilities in the state. Massachusetts has an estimated 161,000 healthcare professionals with access to controlled substances, more than any of the other five New England states. Ketamine, oxycodone, and diazepam are stolen from local pharmacies. Some ODDs are transported into Massachusetts from locations outside the state as well. Law enforcement reports that some Valium in Massachusetts is shipped into the state from Canada, some ketamine and steroids are obtained from suppliers in Mexico, and some LSD is obtained from suppliers in Texas.

Distribution

Israeli and Russian criminal organizations that coordinate transportation of MDMA into the United States also are those most involved in the wholesale distribution of MDMA in Massachusetts. Dominican organizations occasionally are involved. Caucasian, middle-class youths aged 18–25 handle most retail distribution of MDMA and other ODDs.

Methamphetamine

Methamphetamine is available in small quantities in Massachusetts, but the drug is not a significant threat to users or society. Some reporting occasionally suggests that methamphetamine might be growing in popularity in

New England, but the region has yet to see a widespread increase in trafficking, distribution, or use. Methamphetamine production occurs in Massachusetts on only a very small scale.

Abuse

Abuse of methamphetamine is very limited in Massachusetts. Less than 1 percent of all treatment admissions in the first three quarters of FY1999 reported using amphetamines in the month before admission. Treatment providers and needle exchange program workers report that methamphetamine use is uncommon among their clients. According to DAWN data, ED methamphetamine mentions in Boston were very low in the 1990s (84 mentions from 1990 to 1998, an average of 9.3 mentions per year).

Most methamphetamine users are students and young adults, especially those who frequent rave parties or who are familiar with “crystal methamphetamine” from the U.S. West Coast.⁴¹

Of Massachusetts high school students assessed by the 1999 Youth Risk Behavior Surveillance survey, 8.3 percent reported ever using methamphetamine, ranking the drug fourth behind marijuana (50.2%), inhalants (14.4%), and cocaine (9.6%) and ahead of steroids and heroin. The patterns of use were similar in Boston, but the user percentages were markedly lower: 3.1 percent reported ever using methamphetamine, again ranking behind marijuana (38.2%), inhalants (7.0%), and cocaine (3.8%) and ahead of steroids and heroin. Anecdotal reporting indicates most regular methamphetamine users live in outlying and rural areas of the state and include members of biker gangs and other traditional users.

Availability

Some reporting suggests that methamphetamine’s popularity might be growing in New England. However, Massachusetts has not had a widespread increase in transportation or distribution activity. Reporting indicates methamphetamine is available in limited quantities in Boston. According to FDSS drug seizure data, very minor amounts of methamphetamine were seized in Massachusetts from FY1996 to FY1999. The number of amphetamine submissions to the state’s drug analysis laboratory has been negligible as well. The Boston Police Department reports little to no distribution of methamphetamine, and the Massachusetts State Police report that methamphetamine seizures are infrequent.

Methamphetamine prices have been stable at \$10,000 to \$24,000 per pound, \$800 to \$1,900 per ounce, and \$70 to \$200 per gram.

41. “Crystal meth” is a very pure, smokable, crystal form of d-methamphetamine often referred to as “ice.” Most use in the United States occurs in Hawaii, California, and elsewhere in the West.

Violence

Methamphetamine is an insignificant problem in Massachusetts, and therefore violence related to methamphetamine is negligible.

Production

Methamphetamine production occurs in Massachusetts, but on a very small scale. According to El Paso Intelligence Center methamphetamine laboratory seizure data, only six laboratories were seized in Massachusetts from October 1992 to December 1999, and only one was seized in the last 5 years of that period. DEA reports two methamphetamine laboratory seizures in the state

since 1997: the first was in Chicopee (in western Massachusetts) on December 3, 1999; the second was in Orange (north-central Massachusetts) on February 26, 2000. An ONDCP report also cites a 1999 laboratory seizure in Gloucester, northeast of Boston on the coast. All laboratories seized in Massachusetts were capable of producing only multiounce quantities of methamphetamine.

Transportation

Traditionally, OMGs controlled methamphetamine trafficking in Massachusetts almost exclusively. The Hells Angels and the Outlaws are the most significant OMGs in the state, and both have been known to transport and distribute methamphetamine. Street gangs, including La Familia and the Latin Kings in Worcester County, now are

involved in local and interstate methamphetamine trafficking as well.

Most methamphetamine in Massachusetts arrives from California and the southwestern United States by mail. Law enforcement in Boston reports some minor shipments of methamphetamine arriving from California in powdered (not crystal) form.

Distribution

Methamphetamine distribution is very limited in Massachusetts. Distribution appears to be dominated by the same groups involved in

transportation: the Hells Angels and Outlaws motorcycle gangs, and La Familia and the Latin Kings street gangs.

Outlook

In 2001, **heroin** and **cocaine** should remain the most serious drug threats in Massachusetts because of their highly addictive nature and strong association with violent crime. The state's drug markets are currently supersaturated with both heroin and cocaine, indicating the presence of a substantial number of chronic users of each drug, so demand for both drugs should remain very strong. Heroin's popularity, in particular, is likely to continue, and could rise even further, due in large part to its extremely low price and high purity. A glassine bag (user dose) of heroin now sells for as little as \$4, and heroin use no longer carries the injection stigma because high purity allows for smoking and snorting.⁴² Criminal trafficking organizations with connections to regional, national, and international drug networks are likely to continue supplying the Massachusetts markets with wholesale quantities of heroin and cocaine, relying on sophisticated methods of operation and security to evade law enforcement. The proximity of Massachusetts to the regional drug distribution centers of New York City, Providence, and Hartford will continue to ensure ready access to heroin and cocaine suppliers.

The **marijuana** threat in Massachusetts should remain lower than that posed by heroin and cocaine during 2001 because marijuana's detrimental effects on users and society are less pronounced. However, marijuana availability and use are believed to be widespread in the state, and the market for this drug should remain strong given its appeal to certain user groups and the high profits generated by marijuana sales. Established trafficking groups are likely to continue to dominate the marijuana trade in Massachusetts, supplying the market with mostly Mexican-grown marijuana and relying on transportation methods and routes successful in the past. Marijuana's popularity should continue to be spurred by the

attitude held by many persons that experimenting with drugs is acceptable.

In 2001, the **MDMA** threat in Massachusetts is likely to increase slowly in established and new markets as availability grows, as new users discover the drug, and as users learn how to avoid overdoses and other risks associated with use. MDMA production, trafficking, distribution, and use in Massachusetts and worldwide have risen sharply since early 1999, and use of MDMA is said to be increasing in social venues other than rave parties and nightclubs. MDMA production, transportation, distribution, and financing operations are difficult for law enforcement to target. Most production is in the Netherlands and Belgium where precursor chemicals are obtained more easily; shipments are commonly made by express mail, air cargo, and courier, methods that allow traffickers to easily conceal small packages of MDMA tablets and capsules; distribution usually occurs at rave parties and dance clubs that are difficult to shut down; and the flow of money back to Europe is easily hidden. In addition, law enforcement believes that organizations with established transportation and distribution networks that distribute drugs other than MDMA, including Colombian, Mexican, and Chinese ethnic criminal organizations, might begin selling MDMA, motivated by the market's high profits.

The MDMA problem could expand to new markets in the state. In 1999, law enforcement authorities in all counties with more than 500,000 people, with the exception of Bristol County, reported MDMA as a problem. Conversely, authorities in counties with fewer than 500,000 people did not report MDMA as a problem with the exception of those in the "Cape and Islands" area. However, federal reporting indicates MDMA use was increasing in the less populous counties in 2000. There are several midsize cities

42. The perception that high-purity heroin need not be injected has boosted the drug's popularity. However, treatment providers point out that long-term users commonly progress from smoking and snorting to injection because a smaller amount of injected heroin is needed to supply the same high.

in these smaller counties, including Springfield, New Bedford, and Fall River, that trafficking organizations or distribution groups could view as potential markets. The Springfield area has 10 colleges and universities, which could make the area particularly attractive to organizations or groups seeking to expand their operations. MDMA is easily marketable to new users because the drug is said to duplicate the euphoric effects of amphetamines almost identically, its side effects are perceived to be manageable, and it need not be injected. The potential introduction of MDMA into new markets should be a predictive warning to law enforcement, prosecutors, and treatment professionals in areas of the state currently not witnessing an MDMA problem.⁴³

In 2001, **methamphetamine** production, transportation, distribution, and use are not expected to present a serious threat to Massachusetts because Mexican criminal organizations are not likely to penetrate a market dominated by other ethnic trafficking organizations, and established organizations are not likely to venture into the methamphetamine trade. No state in New England reports a methamphetamine problem, and although a limited amount of methamphetamine has been sold to drug users for years in Massachusetts, the market for the drug has never taken off. Wholesale distribution of heroin and cocaine in Massachusetts is dominated by Colombian and Dominican DTOs, and wholesale distribution of marijuana by Jamaican and Caucasian criminal organizations. Mexican DTOs, which dominated the production, transportation,

and wholesale distribution of methamphetamine in the U.S. West and Midwest throughout the 1990s, are not considered a threat in Massachusetts at the present time. Continued insignificance of methamphetamine should allow decisionmakers to focus on more threatening drugs in Massachusetts. However, a growing presence or influence of Mexican DTOs in the state should serve as an indicator and warning that methamphetamine production, transportation, distribution, or use could soon rise.⁴⁴

43. MDMA use is expected to rise slowly rather than sharply in the coming year. Several supply-side factors probably will moderate growth of the MDMA market in Massachusetts, including the limited number of organizations currently known to be involved in producing, transporting, and distributing MDMA; the need for new organizations to build infrastructure to support operations, which can take time; the potential for distributors to expand to new markets outside Massachusetts, rather than within the state; the controls placed on the production and transportation of MDMA precursor chemicals by the U.S. Government and other governments; and the potential for law enforcement to find new ways to combat the MDMA problem. Several demand-side factors likely will moderate growth of the MDMA market in the state as well, including the eventual saturation of current MDMA markets; the need for established and new organizations to create demand in new markets, which can take time; and the effect of demand reduction efforts that inform users and potential users about the harms of MDMA use.

44. This discussion of the low threat posed by methamphetamine assumes that: (1) Mexican traffickers do not currently have methamphetamine production, transportation, or distribution networks or infrastructure in Massachusetts that has gone undetected by law enforcement; (2) Mexican involvement in the Massachusetts drug trade will not expand beyond the marijuana market, in which they currently operate as major suppliers of Mexican-grown marijuana to Massachusetts-bound transporters and to wholesalers in the state; and (3) methamphetamine would compete with other drugs for use in Massachusetts, particularly among users of other stimulants, and established ethnic criminal organizations in the state would resist competition in the markets they now dominate.

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