May 2001

New Hampshire

Drug Threat Assessment

National Drug Intelligence Center
U.S. Department of Justice

U.S. Department of Justice
National Drug Intelligence Center

Product No. 2001-S0377NH-001
May 2001

New Hampshire
Drug Threat Assessment

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 New Hampshire. 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 New Hampshire.

Cover Photo © Stockbyte

New Hampshire Drug Threat Assessment

Executive Summary

The availability and abuse of **powdered** and **crack cocaine** constitute the primary drug threat in New Hampshire. Throughout the state, powdered cocaine is readily available, and purity levels are high. Prices have remained stable although they are high compared to national averages. In addition, crack cocaine is moderately available and is the drug most often associated with violent crime. Massachusetts-based, Dominican criminal groups typically transport powdered cocaine into the state and dominate its wholesale distribution. These groups also convert powdered cocaine into crack. Intelligence reports suggest that these criminal groups are moving into New Hampshire in an effort to control the retail distribution of cocaine. To a lesser extent, powdered cocaine is transported and distributed by users and independent dealers, primarily Caucasians, who purchase the drug in Massachusetts, transport it to New Hampshire, and then use it or sell it to friends and associates.

Marijuana is the most widely available and frequently abused drug in New Hampshire. Abuse of marijuana is common in the state, in part, because many communities attach no stigma to its use. Users and independent dealers cultivate marijuana indoors throughout the state and outdoors in the northern areas of the state. In addition, Mexican drug trafficking organizations based in California and the Southwest Border area transport Mexico grown marijuana from the southwestern United States. Mexican marijuana is also transported into the state by loosely organized Caucasian groups who travel frequently to California and Arizona to purchase marijuana. Finally, moderate amounts of marijuana are smuggled into the United States across New Hampshire's 41-mile border with Canada.

Heroin abuse is increasing in New Hampshire. High purity, South American heroin is available in the state. Most heroin users are young adults who, because of the availability of high purity heroin, snort or, to a much lesser extent, smoke the drug instead of injecting it. Typically, users and independent dealers travel to distribution centers in Massachusetts to obtain heroin from Dominican criminal groups. Less frequently, these criminal groups transport heroin directly into New Hampshire from distribution centers in Massachusetts, New York, and Connecticut.

The threat presented by **methamphetamine** is still considered minimal, although availability and abuse of the drug appear to be increasing. Most of the methamphetamine available in New Hampshire is produced in Mexico and is transported into the state by Mexican drug trafficking organizations based in California and the Southwest Border area of the United States. Outlaw motorcycle gangs and independent dealers, primarily Caucasians, distribute the drug throughout the state. Production of methamphetamine in New Hampshire is limited; however, the easy access to precursor chemicals from Canada as well as the abundance of isolated, rural areas where laboratories may go undetected may compel criminal groups to establish more methamphetamine production operations in New Hampshire.

The availability of **MDMA** in user quantities is increasing within the state. The drug is popular especially among college students, who use it mostly at dance parties known as raves. Law enforcement officials report rave parties in Dover, Manchester, Nashua, and Portsmouth.

Ketamine is diverted from legitimate sources, often veterinary clinics. There have been no reports of illegal production of ketamine within New Hampshire. The drug is usually sold illegally in New Hampshire through networks of users and their friends and associates; street sales are rare. Ketamine, legitimately used as an animal tranquilizer, is produced in liquid, powder, or pill form. In its liquid form, it can be injected intramuscularly or intravenously, but it also can be made into a tablet or powder through evaporation.

LSD continues to grow in popularity, particularly among youth, and is available in blotter form throughout New England; wholesale quantities are occasionally available. Distributors sell LSD at the retail level in pill, capsule, and liquid form. LSD is shipped into New Hampshire through various package and mail delivery services from California. Users and independent dealers most frequently distribute LSD.

The most commonly diverted **pharmaceuticals** throughout New England remain the combination of prescription narcotics and benzodiazepines. According to responses to the NDIC National Drug Threat Survey 2000, diverted pharmaceuticals, especially Ritalin and Percocet, are moderately available in New Hampshire.

Table of Contents

Executive Summary iii

Overview 1

Cocaine 3
- Abuse 3
- Availability 3
- Violence 4
- Production 4
- Transportation 4
- Distribution 5

Marijuana 6
- Abuse 6
- Availability 6
- Violence 7
- Production 7
- Transportation 7
- Distribution 8

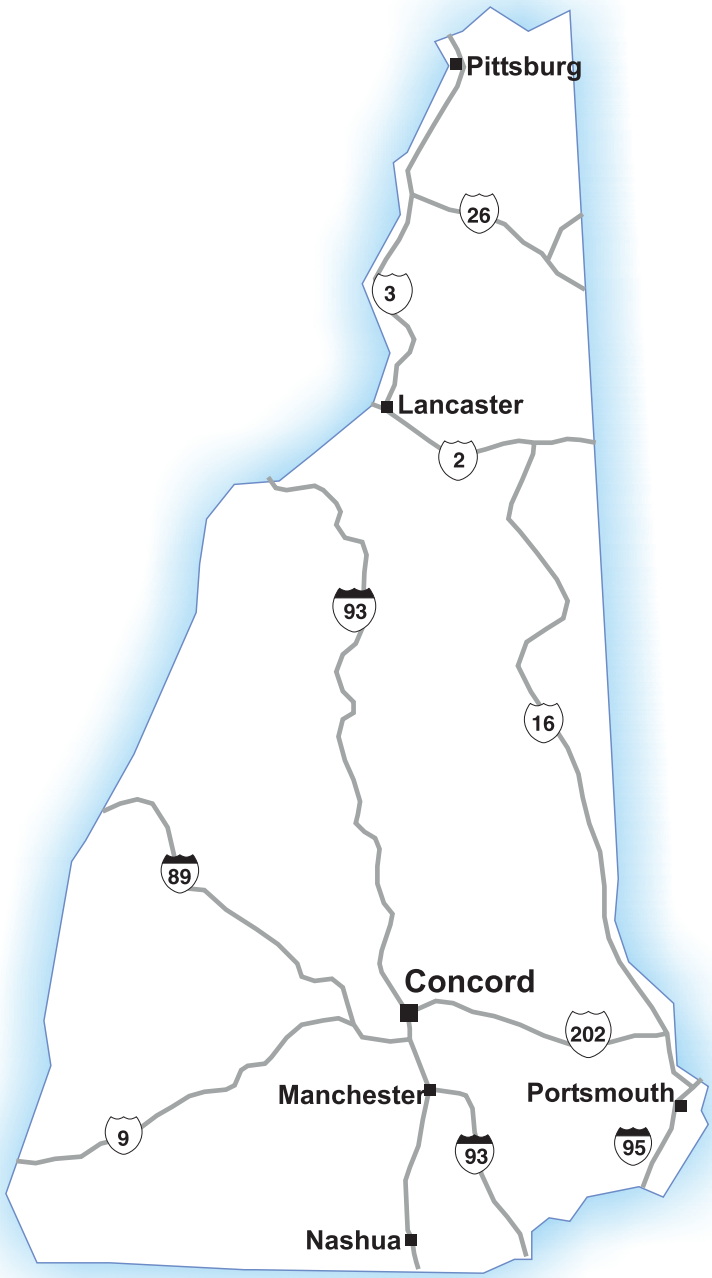
Heroin 9
- Abuse 9
- Availability 9
- Violence 10
- Production 10
- Transportation 10
- Distribution 11

Methamphetamine 11
- Abuse 11
- Availability 11
- Violence 12
- Production 12
- Transportation 13
- Distribution 13

Other Dangerous Drugs 13
- MDMA 13
- Ketamine 14
- LSD 15
- DXM 16
- Diverted Pharmaceuticals 17

Outlook 17

Sources 21



New Hampshire.

Note: This map displays features mentioned in the report.

New Hampshire Drug Threat Assessment

Overview

With a population of 1.2 million, New Hampshire is the forty-first largest state in the nation. Much of the drug activity that occurs in New Hampshire is the result of drug users and independent dealers crossing the border into Massachusetts to obtain drugs. These individuals transport the drugs into New Hampshire and use them or distribute them to friends and associates. Within the state, Manchester, the state's largest city, is the hub of drug activity. Drug trafficking trends in Manchester significantly affect trends in the surrounding urban and suburban areas of New Hampshire.

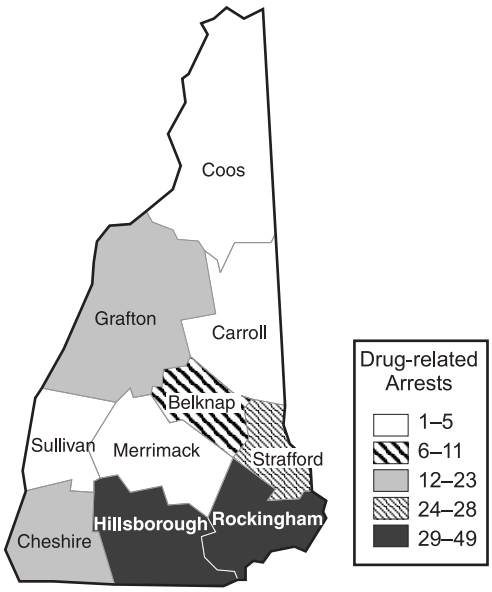
In 1999, drug arrests, which serve as an indicator of drug availability, increased in New Hampshire. Drug violations rose 10.9 percent from 863 in 1998 to 957 in 1999. Also in 1999, the New Hampshire Drug Task Force conducted 193 drug-related investigations and made 49 drug-related arrests Hillsborough County (the Manchester metropolitan area) and made another 49 drug-related arrests in Rockingham County. (See Figure 1 on page 2.)

In 1999, New Hampshire experienced an increase in the availability of cocaine and heroin. Authorities attribute this increase to the state's proximity to distribution centers in Massachusetts, specifically, the cities of Lawrence and Lowell. Dominican criminal groups transport cocaine into the state and dominate its wholesale distribution. These Massachusetts-based criminal groups also control the wholesale distribution of heroin and periodically transport the drug to New Hampshire. In addition, users and independent dealers make frequent trips to Lawrence and

Fast Facts

New Hampshire

Population (2000)	1,235,786
U.S. ranking	41st
Median income (1998)	$38,017
Unemployment rate (2000)	1.8%
Land area	9,351 square miles
Shoreline	13 miles
Capital	Concord
Other principal cities	Manchester and Nashua
Number of counties	10
Principal industries	Agriculture, tourism, and manufacturing



Source: New Hampshire Drug Task Force Seizure Statistics for 1999.

Figure 1. New Hampshire drug-related arrests by county, 1999.

Lowell to obtain cocaine and heroin directly from Dominican criminal groups.

Drug trafficking groups primarily use private vehicles to transport drugs into New Hampshire along three main north/south highway networks. Drug transporters typically travel Interstate 95, which runs along the southeastern corner of the state and connects Massachusetts to Maine, and Interstate 93, which passes through central New Hampshire, running south from Vermont through Massachusetts to Boston. To a lesser extent, transporters travel Route 3, which runs through New Hampshire from Massachusetts to the Canadian Border.

Pittsburg is the only port of entry (POE) on New Hampshire's 41-mile border with Canada. Only a small volume of legitimate traffic passes through it on a daily basis. The U.S. Customs Service (USCS) has seized only a small amount of drugs and currency at this location.

Manchester Municipal Airport's major airline carriers provide direct service to drug transportation hubs such as Chicago, Illinois; New York, New York; Newark, New Jersey; Philadelphia, Pennsylvania; Washington, D.C.; and Miami, Florida. Parcel and air cargo carriers servicing the New England area often load and unload cargo at the Manchester Municipal Airport prior to final delivery. Drug transporters may exploit this activity by concealing drugs in legitimate cargo and loading it onto airplanes. Other New Hampshire airports are Pease International Airport, Concord Municipal Airport, and Nashua Municipal Airport. In addition, hundreds of unmonitored private airstrips offer easy access and smuggling opportunities for traffickers. According to the New Hampshire State Police, radar coverage for these airstrips is nearly nonexistent.

New Hampshire's 13-mile coastline presents limited opportunities for major maritime drug smuggling. Portsmouth, located on the Piscataqua River, is the only port in the state that receives commercial shipments. Exclusively dedicated to bulk cargo shipments, the port receives significant imports of coal from Venezuela and Colombia, heating oil from Venezuela and Canada, and minerals from Peru and the Bahamas. There have not been any seizures or intelligence reports indicating a threat of drug smuggling in conjunction with these shipments, although this may be due to limited law enforcement resources at the port.

Portsmouth and the Piscataqua River are also popular destinations for pleasure craft, especially in the summer. While there is no hard evidence to indicate that smugglers use yachts and sailing vessels to move drugs into the state, the popularity of seasonal cruises between the coast of New Hampshire and the islands of the Caribbean presents a potential opportunity for smuggling.

Outlaw Motorcycle Gangs are New Hampshire's most threatening organized gang problem. In March 2000, the Hells Angels established a chapter in Manchester. Members came from existing Hells Angels chapters in Maine and Massachusetts to establish it. Law enforcement authorities report that members live in Derry, Hudson, Franklin, and Meredith.

According to a 1999 national truce, the Hells Angels must allow the rival Outlaws to establish a chapter in the state without retaliation. In

establishing its New Hampshire chapter, the Outlaws is converting members of the New Hampshire chapter of the Devils Disciples OMG into Outlaws. The rivalry that exists between the Hells Angels and the Outlaws has caused recent violent flare-ups throughout the state. This violence threatens to end the truce between the Hells Angels and the Outlaws, who often compete for control over lucrative drug markets. The Devils Disciples OMG operates from Manchester but has no reported involvement in drug sales.

Although street gang activity is relatively limited in New Hampshire, law enforcement sources assert that it is increasing due to a migration of gang members from Massachusetts. In their responses to the National Drug Intelligence Center (NDIC) National Gang Survey 2000, the Manchester and Portsmouth police departments reported gang activity. The East Side Crew operates from Portsmouth and is involved in the local distribution of cocaine and marijuana, but to a very limited extent.

Cocaine

The availability, distribution, and abuse of powdered and crack cocaine represent the primary drug threat in New Hampshire. Throughout the state, powdered cocaine is readily available, and crack is moderately available. Purity levels are high, and prices, although high compared to national averages, have remained stable. Crack cocaine is the drug most often associated with violent crime in the state. Massachusetts-based Dominican criminal groups transport cocaine into New Hampshire and dominate its wholesale distribution. In addition, users and independent dealers, primarily Caucasians, transport and distribute small quantities of cocaine, generally for their own use or for resale to friends and associates. Although, currently, retail distribution is largely limited to transactions between independent dealers and users, the Dominican criminal groups who already dominate wholesale distribution appear to be moving into New Hampshire in an attempt to control the retail distribution of cocaine as well.

Abuse

Abuse of powdered and crack cocaine remains stable. Generally, crack cocaine users live in or around the larger cities along the southern border of the state. According to responses to the NDIC National Drug Threat Survey 2000, powdered and crack cocaine were abused moderately to often throughout the state. From 1997 to 1998, powdered and crack cocaine admissions to publicly funded treatment programs have remained relatively stable. According to the Treatment Episode Data Set (TEDS), in 1997, there were 115 crack and 71 powdered cocaine admissions for publicly funded treatment in New Hampshire, while in 1998, there were 112 crack and 75 powdered cocaine admissions. According to the Bureau of Substance Abuse Services for Drug Treatment in New Hampshire, crack cocaine admissions increased slightly from 16 in 1997 to 19 in 1998.

Availability

Powdered and crack cocaine is available in New Hampshire, most frequently in retail quantities in Concord, Manchester, Nashua, Franklin, Plymouth, Laconia, and many of the state's rural areas. New Hampshire law enforcement responses to the NDIC National Drug Threat Survey 2000 indicated that powdered cocaine availability is high, and crack cocaine availability is moderate to high. The Nashua Police Department reported that powdered cocaine averages 70 percent purity

at the street level. Concord, Nashua, and Manchester police departments report that the price of powdered cocaine in their districts ranges from $22,000 to $24,000 per kilogram, and crack prices range from $20 to $50 a rock. They also report an increase in the total amount of powdered cocaine and crack seizures in 1999. In 1999, the New Hampshire Drug Task Force seized 2.4 kilograms of cocaine and 240 grams of crack.

In the spring of 1999, the New Hampshire State Police and the Rochester Police targeted numerous drug dealers in the Rochester and Farmington areas, leading to the arrest of 23 individuals. The investigation yielded approximately 3 ounces of powdered cocaine, 5 grams of crack cocaine, and various other drugs. More importantly, the investigation led authorities to several individuals distributing powdered and crack cocaine in the Manchester area. Over the next 8 months, one-half kilogram of cocaine and a one-quarter ounce of crack were purchased, worth a total street value of $16,000.

Table 1. Cocaine Prices, New Hampshire, 1999

Type	Amount	Price Range (dollars)
Powdered Cocaine	**Vial**	**20**
	Ounce	**725**
	Kilogram	**2,300**
Crack Cocaine	**Ounce**	**700 — 1,100**
	1/8 Kilogram	**2,800 — 3,200**
	Kilogram	**22,000 — 26,000**

Source: DEA, *State Threat Assessment–New Hampshire*, October 1999.

Violence

Crack cocaine is the drug most often associated with violent crime. Users often commit violent crimes in order to support their habits. Respondents to the NDIC National Drug Threat Survey 2000 indicated an increase in property crimes and assaults in southern New Hampshire, which they believe is due to the abuse of crack cocaine. New Hampshire authorities believe the state experiences little gang-related violence as a result of cocaine distribution. Competition over turf or drug sales seldom occurs, since Massachusetts-Dominican criminal groups dominate distribution.

Production

Cocaine is not produced in New Hampshire. Dominican criminal groups and independent dealers, primarily Caucasians, convert powdered cocaine into crack cocaine in southern New Hampshire because sentences are lengthier for possessing crack than powdered cocaine, so retail distributors produce crack in the areas where it is to be distributed. Users throughout the state then travel to cities in southern New Hampshire to obtain crack cocaine.

Transportation

Dominican criminal groups operating out of Massachusetts transport most of the cocaine available in New Hampshire. These groups transport the cocaine first from the transportation hub of New York City, then to the distribution centers of Lowell and Lawrence, Massachusetts, and, finally, into retail markets in New Hampshire. Occasionally, these groups will transport cocaine

directly from New York City to New Hampshire, though such activity is uncommon. Typically, the cocaine is transported by private automobile using one of three primary routes: Interstates 95 and 93 and Route 3.

A DEA sponsored airport interdiction program, Operation Jetway, has identified Dominican, Colombian, and Nigerian drug groups who move cocaine from the Manchester Municipal Airport. However, Colombian and Nigerian criminal groups do not appear to play a significant role in the transportation of cocaine into New Hampshire. The DEA Concord Resident Office and law enforcement officials from the New Hampshire State Police, the New Hampshire Drug Task Force, and the Rockingham Sheriff's Department provide full-time coverage to the Manchester airport under this program.

New Hampshire's 41-mile border with Canada has only one POE, which is Pittsburg. There is little evidence of any significant level of cocaine smuggling across the border into New Hampshire. The USCS has made few seizures of drugs or currency at this POE. However, the Royal Canadian Mounted Police reports that crack and powdered cocaine are smuggled into the United States at all land border crossing points. Law Enforcement reporting indicates that the flow of cocaine across the U.S.–Canada Border actually may be in the northerly direction, as cocaine is traded for quantities of high-quality marijuana from Canada.

Distribution

Dominican criminal groups dominate the wholesale distribution of cocaine in New Hampshire. Responses to the NDIC National Drug Threat Survey 2000 indicate that Colombian and Caucasian criminal groups are involved in wholesale cocaine distribution in the state; however, these groups do not appear to play a significant role. Typically, Dominican distributors operate from the Massachusetts cities of Lawrence and Lowell. These distributors either transport the cocaine into New Hampshire themselves, or they sell the drug directly to users and independent dealers who have traveled from New Hampshire to obtain cocaine.

The proximity of New Hampshire's urban areas to Lowell and Lawrence, Massachusetts, facilitates the movement of kilogram quantities of cocaine into the area. In August 1999, the New Hampshire State Police investigated a group of individuals who delivered kilogram quantities of cocaine from Lawrence to New Hampshire's seacoast area, particularly Portsmouth. As the investigation progressed, the Massachusetts State Police located the organization's drug-packaging facility. The investigation ended with the arrest of four individuals and the seizure of more than $17,000, 216 bags of packaged heroin, 2 ounces of powdered cocaine, and various packaging paraphernalia.

The New Hampshire State Police, the Drug Enforcement Administration (DEA), and the Manchester Police Department investigated an individual responsible for distributing multikilograms of crack in the Manchester area. The subject had a sophisticated network of conspirators who distributed cocaine throughout the city. The investigation ended with the arrest of the main suspect and three other individuals.

Within New Hampshire, retail distribution of cocaine typically occurs in the southern portion of the state, primarily Manchester. Retail distribution is largely limited to transactions between independent dealers and users. Currently, organized criminal groups do not appear to be extensively involved in retail distribution of the drug. However, the New Hampshire State Police reports that Dominican criminal groups are moving into New Hampshire from Lawrence, Massachusetts, and establishing crack houses to distribute quantities of crack and powdered cocaine at the retail level.

Marijuana

Marijuana remains the most frequently abused drug in New Hampshire, in part, because the abuse of marijuana carries no stigma in many communities. In fact, abuse is common, even among elementary school age youth. Marijuana is also the most readily available illegal drug in the state. Indoor and outdoor cultivation are prevalent. In addition, Mexican DTOs transport marijuana into New Hampshire from Mexico by using express mail services and private vehicles. These organizations also are expanding their wholesale distribution networks into New Hampshire. Loosely organized Caucasian criminal groups typically distribute Mexican marijuana at the retail level. Marijuana produced within New Hampshire is generally produced and distributed by users who sell the drug to friends and associates.

Abuse

Marijuana is the most commonly abused drug in New Hampshire. Law enforcement reports that an increasing number of elementary school students abuse marijuana. Marijuana is the illegal substance most frequently abused by high school students in the state, according to the Centers for Disease Control and Prevention Youth Risk Behavior Survey. Marijuana and hashish ranked first in admissions for publicly funded treatment as the principal substance of abuse in 1997 and in 1998, according to TEDS data.

Availability

Marijuana, produced either in New Hampshire or transported from Mexico, is widely available throughout the state. In fact, the New Hampshire Drug Task Force seized 287 kilograms of marijuana in 1999, making marijuana the most commonly seized drug by the Task Force. In 1999, the Manchester and Nashua Police Departments reported that marijuana sold for $1,000 to $1,500 per pound, representing little or no change from the price the drug commanded in 1998. In these jurisdictions, the average seizure was a half pound.

Marijuana is produced primarily in the northern part of New Hampshire and is available throughout the state. In 1999, the Marijuana Eradication Program, initiated by the New Hampshire State Police earlier in the same year, seized 1,295 cannabis plants in 50 different locations, including 14 indoor seizures involving 382 plants and 1 notable outdoor seizure, which yielded 280 plants. A “grow” seized in Enfield, New Hampshire, in 1998, showed a THC (tetrahydrocannabinol) level in excess of 22 percent, a new record for the state. Members of the Narcotic Investigation Unit of the New Hampshire State Police seized a small amount of marijuana, various packing materials, a scale, and $1,490 from a daycare facility in Middleton, New Hampshire.

Table 2: Marijuana Prices, New Hampshire, 1999

Amount	Price Range (dollars)	
	Commercial Grade	Sinsemilla
Joint (street dosage unit)	**5**	**Not Reported**
Ounce	**80—120**	**200 — 400**
Pound	**1,325**	**2,500 — 3,500**

Source: DEA, *State Threat Assessment–New Hampshire*, October 1999.

Marijuana produced in Mexico and, to a much lesser extent, Colombia and Thailand is also available in the state. In 1999, the New Hampshire State Police, in conjunction with the U.S. Postal Service, investigated two Jamaican nationals from Boston who were operating a distribution network which transported marijuana from Arizona to New Hampshire and Massachusetts. Authorities seized 35 pounds of marijuana—15 pounds from an apartment in Pittsfield, New Hampshire, and 20 pounds from an apartment in Boston, Massachusetts.

Violence

Marijuana abuse normally is not associated with violent behavior. Although the psychological effects of marijuana are dependent on the mood of the user, most individuals experience physical relaxation and sedation. Violence associated with cannabis cultivation in New Hampshire is limited; however, growers often arm themselves or set traps in order to prevent the discovery of their plants. There have been no reports of violence associated with marijuana distribution.

Production

Marijuana users and independent dealers, who are typically not affiliated with organized criminal groups, cultivate marijuana indoors and outdoors in New Hampshire. Respondents to the NDIC National Drug Threat Survey 2000 reported both indoor and outdoor grows in Nashua, but only indoor grows in Manchester. Outdoor production of marijuana within New Hampshire occurs in the rural areas in the northern two-thirds of the state. Law enforcement reports that, to avoid detection, outdoor growers have reduced the size of their plots and increased the variety of their concealment efforts.

The marijuana produced outside of the state that is available in New Hampshire is typically produced in and transported from Mexico.

Transportation

While much of the marijuana consumed in New Hampshire is produced within the state, Mexican DTOs based in California and the Southwest Border area are responsible for most of the marijuana that is transported into New Hampshire from other areas. These DTOs predominantly use express mail services to ship marijuana from California and Arizona into the state through the Manchester Municipal Airport. In fact, investigations conducted by the DEA have confirmed that marijuana and currency have been smuggled through the Manchester Municipal Airport. In controlled deliveries, the DEA has intercepted multiple 20- to 50-pound packages of Mexican marijuana—mailed from Tucson, Arizona, and San Diego, California. In addition, the DEA in Arizona and California have intercepted private mail parcels arriving from New Hampshire that contained currency believed to be marijuana proceeds.

In 1999, the New Hampshire State Police, in conjunction with U.S. Postal Service inspectors, the Tempe Arizona Police Department, and the DEA Boston Field Division investigated the shipment of marijuana from Arizona into southern New Hampshire and the Merrimack Valley. During this investigation, several packages containing marijuana were intercepted prior to reaching their destinations in New Hampshire and Massachusetts.

Illicit Cross-Border Activity

Several hundred marijuana plants were discovered in a remote, heavily wooded area owned by a Pittsburg lumber company. These plants were being cultivated in an area approximately one-quarter mile from the New Hampshire–Quebec border. Two Canadian nationals who crossed the border on foot maintained the plants. Law enforcement officials believe that there are similar marijuana fields on both sides of the border. There have been few seizures in this area, and it is unknown at this time if similar activities are occurring in this area.

Source: DEA, *State Threat Assessment New Hampshire*, October 1999.

Also, although to a lesser extent, marijuana is transported into New Hampshire by loosely organized Caucasian criminal groups and independent dealers who make weekly or monthly trips to the southwestern United States, specifically Arizona, and to California to obtain Mexican marijuana. They transport the marijuana to New Hampshire in 200- to 300-pound quantities using private vehicles, trucks, and recreational vehicles. These criminal groups may also obtain Mexican marijuana from middlemen in Massachusetts and New York and then may transport the drug into New Hampshire.

Finally, marijuana may also be smuggled across New Hampshire's 41-mile border with Canada. Currently, it appears that moderate amounts of marijuana are being smuggled into the United States at the Northern Border. It is likely that this trend will continue and possibly increase because compared to U.S. penalties, the punishment for cultivation of cannabis in Canada is minimal. Moreover, possession and distribution of low THC marijuana seed is legal in Canada. Canadian marijuana seed distribution companies exploit this law to illegally import high quality seeds from Amsterdam and sell it to Canadian and U.S. citizens. Large scale operations sell marijuana seed internationally through the Internet.

Distribution

The distribution of marijuana that is produced within New Hampshire typically is limited to transactions between the individuals who produce the drug and their friends and associates.

Mexican DTOs generally control the wholesale distribution of the Mexican marijuana that is transported into New Hampshire. While these organizations have traditionally operated from outside the state, recent intelligence reports indicate that Mexican sources of supply in the Southwest have established a rudimentary wholesale distribution network in New Hampshire. Generally, these Mexican DTOs simply travel to New Hampshire to collect money and to supervise the distribution of the marijuana. However, information accumulated from DEA investigations shows that some members of large-scale Mexican DTOs have moved from Southwest Border states to rural New Hampshire to facilitate and control the distribution of marijuana in the area.

Currently, loosely organized Caucasian criminal groups and local independent dealers control the retail distribution of marijuana in New Hampshire. These groups obtain Mexican marijuana by traveling to the southwestern United States or, increasingly, by receiving packages from Mexican DTOs. In 1999, the New Hampshire State Police conducted an investigation into a large-scale, marijuana distribution ring operating in the Nashua area. Drugs, drug paraphernalia, and more than $200,000 in cash were seized. Five arrests were made, and 10 more suspects associated with the distribution ring were indicted by the New Hampshire Attorney General's Office.

Heroin

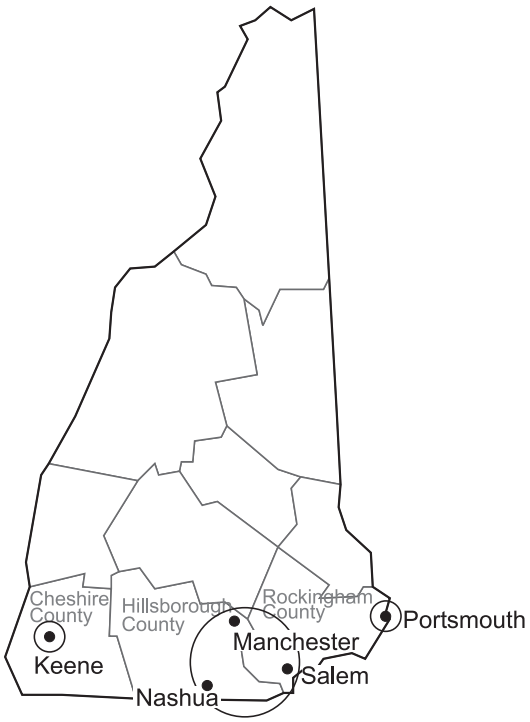
Heroin is an emerging threat in New Hampshire, as it is throughout northern New England. South American heroin is available, prices are stable, and purity levels are high. Dominican distributors from Lowell and Lawrence, Massachusetts, control transportation and wholesale distribution, while users and independent dealers from New Hampshire control retail distribution.

Abuse

Heroin abuse in New Hampshire increased in 1999. The typical users are young adults who snort or, to a much lesser extent, smoke the drug. Increasingly, heroin is attracting a new user population whose perceptions of the risks associated with heroin use are reduced because the drug can be effectively snorted or smoked rather than injected.

Heroin treatment admissions increased from 124 in 1997 to 166 in 1998. In 1997, the New Hampshire Chief Medical Examiner reported 27 heroin-related overdose deaths. This figure equals the combined totals for the previous two years: 1995 (14) and 1996 (13). The Nashua Police Department reported that the increase in heroin overdoses was the most notable change in the heroin situation in its jurisdiction.

New Hampshire's heroin population is located in three geographical areas: Portsmouth; Manchester, Nashua, and Salem; and Keene. (See Figure 2.) Portsmouth and the seacoast area are home to a cluster of hardcore users who usually travel to the Lowell and Lawrence areas of Massachusetts to obtain bags of heroin for personal use and to sell to a network of friends and associates. Similarly, users in the Manchester–Nashua–Salem corridor make daily trips to Lowell, Lawrence, and Boston to acquire multiple bags of heroin for personal use and for distribution. Users in Keene typically travel to Springfield, Massachusetts, to obtain heroin.



Source: DEA, *State Threat Assessment Report-New Hampshire*, October 1999.

Figure 2. New Hampshire heroin user populations.

Availability

Heroin is available at the street level with purity levels that exceed the national average of 57 percent. In 1999, the Nashua Police Department reported an 80 percent purity level for heroin seized at the retail level. The price of heroin remains constant at $10 to $20 per bag.

Data from the Criminal Justice Information Services (CJIS) of the Federal Bureau of Investigation (FBI) show 69 first-charge heroin arrests in New Hampshire in 1998, an increase from 43 arrests in 1997 and 21 arrests in 1996. The New Hampshire Attorney General's Drug Task Force

Table 3. Heroin Prices, New Hampshire, 1999

Amount	Price Range (dollars)
Bag	**10 — 20**
Bundle	**10 — 200**
Ounce	**5,200**

Source: DEA, *State Threat Assessment–New Hampshire*, October 1999.

reported an increase of heroin undercover purchases and seizures in 1999. The most significant increase occurred on the seacoast and in southern New Hampshire.

In 1998, a joint DEA–New Hampshire Drug Task Force investigation resulted in the seizure of 165 grams of heroin, the largest reported seizure in the history of the state. A Dominican trafficker from New York City used a delivery service to pick up heroin in Lynn, Massachusetts. Agents arrested the defendant upon delivery of the heroin in New Hampshire.

Violence

Because New Hampshire heroin users primarily acquire the drug in Lowell and Lawrence, Massachusetts, in New Hampshire, violence associated with heroin distribution is uncommon. There have been no reports of violence associated with heroin use.

Production

Heroin is produced in four source regions: Southwest Asia, Southeast Asia, South America, and Mexico. South American heroin is the primary type of heroin available in New Hampshire, but small amounts of Mexican black tar and brown powdered heroin, along with some Southeast Asian heroin, are also present in the state.

Transportation

Dominican and Colombian criminal groups transport heroin from New York City to the Massachusetts cities of Lowell and Lawrence, which serve as distribution centers for users and independent dealers in New Hampshire. These individuals make frequent trips to Lowell and Lawrence to purchase heroin from Dominican criminal groups; the users and dealers do not appear to purchase heroin from Colombian criminal groups because the Colombians typically operate on a higher level, using Dominicans to sell to users and to distribute outside of Massachusetts. Two more cities in Massachusetts, Lynn and Haverhill, are also considered distribution centers, although on a smaller scale, for heroin transported to New Hampshire. These cities supply the southern portions of New Hampshire. As in the scenario discussed above, users and independent dealers travel to Lynn and Haverhill to purchase heroin from Dominican distributors. Finally, heroin is also transported directly into New Hampshire by Dominican criminal groups who obtain the drug from their sources in New York and Connecticut.

Independent dealers, users, and Dominican criminal groups transport the drug into New Hampshire using private vehicles and traveling via Interstates 95 and 93 and, to a lesser extent,

Route 3. New Hampshire users travel these routes daily to acquire heroin for personal use and to resell on the retail level. Interstate 93 continues to be the most popular drug trafficking route into New Hampshire, and the State Police routinely make drug possession arrests along this route. New Hampshire State Police seized more than 50 bags of heroin on Interstate 93 in 2 separate arrests in August 1999. In its response to the NDIC National Drug Threat Survey 2000, the Manchester Police Department reports that Colombian criminal groups are the primary transporters of heroin into its jurisdiction; however, these groups do not appear to play a significant role into transporting heroin New Hampshire as a whole.

Distribution

In New Hampshire, wholesale distribution of heroin is limited because most wholesale level transactions occur in the regional distribution centers of Lowell and Lawrence, Massachusetts. Typically, independent dealers and users purchase heroin from Dominican criminal groups in Massachusetts and then distribute the drug in New Hampshire. Few of these dealers and users operate on the wholesale level. Reports from the Manchester and Nashua Police Departments also indicate that Dominican criminal groups are directly involved in retail heroin distribution in these areas.

Methamphetamine

Methamphetamine is not considered a major threat in New Hampshire; however, availability and abuse appear to be increasing. Mexican DTOs are the primary transporters and wholesale distributors of most methamphetamine available in New Hampshire. They ship it from San Diego, California, and the Southwest Border area using express mail services. OMGs and independent dealers, generally Caucasians, distribute the drug at the retail level throughout the state.

Abuse

Methamphetamine abuse is rising in New Hampshire, particularly around the seacoast area. Some crack users have begun to use methamphetamine because of its long-lasting euphoric effects and its comparatively lower cost. Young people, also attracted to the drug's euphoric effects, are increasingly using methamphetamine at rave parties.

Availability

Methamphetamine availability in New Hampshire is increasing. State drug enforcement officers investigated more methamphetamine cases in 1998 than in the 5 previous years combined. The Manchester Police Department conducted seven methamphetamine-related investigations and made two arrests in 2000. The department seized approximately 1 ounce of methamphetamine in 1999. In New Hampshire, an ounce of methamphetamine averages from $1,300 to $1,600.

The availability of pseudoephedrine, a precursor chemical for methamphetamine, is rising. The Portsmouth Police Department and the DEA Boston Diversion Group have received information

that New Hampshire residents obtain large quantities of pseudoephedrine from pharmacies both in the state and in Massachusetts.

In August 1997, special agents of the DEA Concord Resident Office seized approximately 1 pound of methamphetamine from an individual in Manchester. Further developments revealed that the defendant in this investigation had received several pounds of the drug prior to the arrest.

Violence

The potential for violence associated with methamphetamine is significant. Individuals addicted to methamphetamine are unpredictable and will go to great lengths, including committing violent acts, to obtain the drug. Methamphetamine users often experience feelings of paranoia, fright, and confusion and, as a result, may become violent.

Production

Currently, most of the methamphetamine available in New Hampshire is produced in Mexico and smuggled by Mexican DTOs into New Hampshire. However, easy access to precursor chemicals from Canada as well as the abundance of isolated, rural areas where methamphetamine laboratories may go undetected may induce criminal groups to begin producing methamphetamine in the state on a larger scale.

The Northern Border is emerging as a gateway through which drug traffickers smuggle methamphetamine precursor chemicals into the United States. Precursors such as ephedrine, pseudoephedrine, and P2P (phenyl-2-propanone) are unregulated, easily obtained, and inexpensive in Canada. U.S. and Canadian OMGs use couriers on foot to backpack the chemicals into the rural, unguarded areas of northern New England. Although no precursors have been seized on the New Hampshire border, this emerging trend increases the potential for methamphetamine production in New Hampshire.

Authorities seized an outdoor methamphetamine laboratory in Exeter, New Hampshire, on October 21, 1998, as part of a joint investigation between the DEA and the Exeter Police Department. This laboratory was capable of producing multiounce quantities of methamphetamine. The operators of this laboratory allegedly were supplying methamphetamine to the Hampton Beach, New Hampshire, area.

A nonoperational, methamphetamine laboratory was seized in an urban multifamily dwelling in Manchester. On June 18, 2000, authorities responded to a reported fire at the home and found what appeared to be several containers of unidentified chemicals. A search warrant was obtained and the laboratory was dismantled. Although nonoperational, the laboratory was capable of producing multiounce quantities of methamphetamine.

The laboratories seized in New Hampshire used the lithium metal “Nazi” reduction manufacturing method, which does not require extensive knowledge of chemistry or sophisticated laboratory equipment. The Nazi method uses sodium or lithium metal and ephedrine and normally produces ounce quantities of high quality methamphetamine. This method is frequently used by independent Caucasian methamphetamine cookers and is faster than the ephedrine reduction method used by Mexican DTOs in other areas.

Environmental damage resulting from the disposal of hazardous waste created in the production of methamphetamine is an additional area of concern.

Transportation

Mexican DTOs are the primary transporters of most methamphetamine available in New Hampshire. They typically ship the drug from San Diego, California, and the Southwest Border area through express mail services.

Distribution

OMGs and independent dealers distribute methamphetamine at the wholesale and retail levels in southern New Hampshire. OMGs, increasingly present throughout New Hampshire, are involved in both production and distribution; however, their production activities are limited. Generally, OMGs receive supplies of methamphetamine from Mexican DTOs in California and the Southwest Border area. They then distribute the drug throughout New Hampshire. Organized Crime Drug Enforcement Task Force case information reports that OMGs have received methamphetamine from California via express mail services for distribution in the Concord, New Hampshire, area.

Other Dangerous Drugs

The other dangerous drugs (ODD) category includes club drugs, hallucinogens, and illegally diverted pharmaceuticals. According to law enforcement sources, young adults are the principal abusers of other dangerous drugs in New Hampshire. MDMA (3,4-methylendioxymethamphetamine), primarily abused at all-night parties known as raves, is the most frequently abused and widely available drug in this category. Raves are reported with increasingly greater frequency throughout areas of southern New Hampshire. Ketamine, legitimately used as an animal tranquilizer, is frequently stolen from veterinary offices throughout New Hampshire. LSD (lysergic acid diethylamide), after a decline in popularity, is making a comeback, due in part to the popularity of certain music groups whose groupies are distributing LSD at concerts. Typically, independent dealers, primarily Caucasians, are the primary distributors of club drugs and hallucinogens in the state.

MDMA

MDMA, also called Adam, ecstasy, XTC, E, or X, is a synthetic, psychoactive drug with amphetamine-like and hallucinogenic properties. MDMA was patented in Germany in 1914 and was sometimes given to psychiatric patients to assist in psychotherapy. This practice was never approved by the American Psychological Association or the Food and Drug Administration. Sometimes called the “hug drug,” users claim that MDMA makes them feel good. However, use of the drug may cause psychological difficulties similar to those associated with methamphetamine and cocaine abuse, including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure.

MDMA taken in high doses can be extremely dangerous. It can cause a marked increase in body temperature leading to muscle breakdown and kidney and cardiovascular system failure. MDMA use may lead to heart attacks, strokes, and

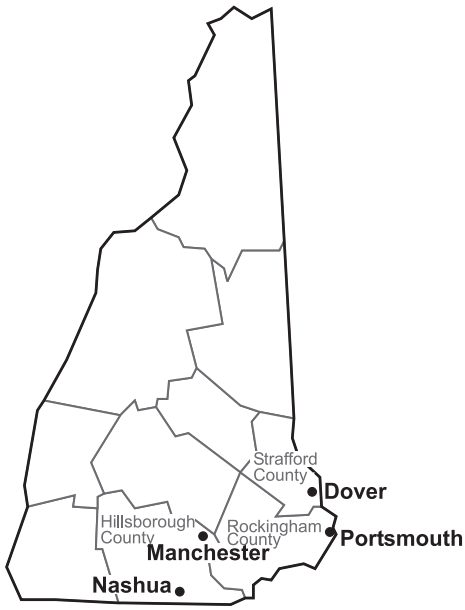
seizures, as reported in some fatal cases at raves. Recent research links MDMA to long term, possibly permanent damage to parts of the brain that are critical to thought and memory. There is also evidence that individuals who develop a rash after using MDMA may risk severe liver damage or other serious side effects.

Users abuse MDMA for its combination of stimulant and hallucinogenic effects.

According to DEA estimates, about 80 percent of the MDMA consumed worldwide is produced in laboratories in the Netherlands and Belgium. However, authorities have seized MDMA laboratories in various other European countries and, to a much lesser extent, in the United States. Israeli and Russian organized crime syndicates control a significant share of the European MDMA market, and, at present, the Israeli syndicates are the primary source for U.S. distribution groups.

MDMA distribution crosses national, state, and local boundaries. Transporters ship huge amounts of MDMA pills into the United States by air, concealed in couriers' luggage and express mail packages. Wholesale level distributors repackage the pills into bundles for distribution to midlevel traffickers. The bundles of pills are then reduced further and distributed to young people who sell individual pills in clubs or on college campuses.

The availability of MDMA in user quantities is increasing within New Hampshire, and the New Hampshire State Police has reported a surge especially popular among college students, who generally abuse it at raves. Users often mix or store the drug with small multicolored candies to camouflage the tablets during door inspections at rave parties. Law enforcement officials report rave parties in Dover, Manchester, Nashua, and Portsmouth and respondents to the NDIC National Drug Threat Survey 2000 revealed an increase in rave crowds in southern New Hampshire. MDMA available in the seacoast area is obtained from sources of supply in New York, New York.



Source: DEA, *State Threat Assessment Report–New Hampshire*, October 1999.

Figure 3. New Hampshire rave locations.

Ketamine

Ketamine, also called Cat Valiums, K, Special K, and Vitamin K, is commercially sold as Ketalar. It is an injectable anesthetic that has been approved for both human and animal use. Ketamine is produced in liquid, powder, or pill form. Ketamine in its liquid form can be injected intramuscularly or intravenously, but it can also be made into a pill or powder by evaporating the liquid. Ketamine, in its powder form, can be mistaken for cocaine or methamphetamine and is often snorted or smoked with marijuana or tobacco products.

At high doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Low dose intoxication from ketamine results in impaired attention, learning ability, and

memory. Short term use of ketamine causes hallucinations; its major effect is disassociation, which includes out-of-body and near-death experiences. Ketamine gained popularity among abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with PCP (phencyclidine). Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. While under the influence of ketamine, they may believe they can fly or may attempt to exit moving vehicles.

Ketamine, legitimately used as an animal tranquilizer, was the drug most often diverted in a large number of veterinary office break-ins throughout New Hampshire. Nineteen states, including New Hampshire, now regulate ketamine. In August 1999, it became a Schedule III substance under the Federal Controlled Substances Act.

Ketamine is diverted from legitimate sources, with no reports of illegal production in New Hampshire. Veterinarians pay $7 for a vial of ketamine that converts into a gram of powder. Illicit drug wholesalers pay $30 to $45, and drug users pay $100 to $200 for an equivalent amount. Single ketamine doses (called bumps) of about 0.2 grams sell for $20 to $40. Ketamine is usually sold through networks of friends and associates; street sales are rare. Distributors now are obtaining larger amounts of ketamine from foreign countries through express mail services. On May 25, 2000, authorities seized approximately 1 kilogram of ketamine that was sent by express mail from China through Alaska to New Hampshire.

New Hampshire Ketamine Coming from China

USCS agents intercepted a package from China destined for New Hampshire that contained 1.5 kilograms of ketamine, valued at $100,000. A New Hampshire man was arrested when he attempted to pick up the package. Authorities believe the man had received other packages of ketamine and was involved in the sale of MDMA in New Hampshire.

Source: *The Union Leader*, 27 May 2000.

LSD

LSD, also known as acid, boomers, and yellow sunshines, is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable; they depend on the amount taken, the environment in which it is used, and the user's personality, mood, and expectations. Users may feel the effects within 30 to 90 minutes. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. LSD users report numbness, weakness, or trembling, and nausea is common. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

LSD is available in blotter form throughout New England; wholesale quantities occasionally are available. Distributors sell LSD on the streets in tablet, capsule, and liquid form. The drug, usually taken orally, is odorless, colorless, and tasteless.

LSD continues to grow in popularity. Although only sporadically available in the past, New Hampshire has seen an increase in availability of the drug. Federal authorities have initiated several investigations. In a 1999 Portsmouth Police Department investigation, DEA agents and members of the New Hampshire Drug Task Force purchased 900 dosage units of LSD and negotiated for a future purchase of 5,000 dosage units from a resident of Brentwood, New Hampshire. The current price for LSD ranges from $150 to $200 per 100 dosage units. Street dosage units cost $4.

LSD available in the state is produced in California and is transported primarily through

express mail services. LSD, after a decline in popularity, is making a comeback due in part to the popularity of certain music groups. New Hampshire law enforcement reports an increase in availability during rock concerts. They believe rock groupies carry the drug into New Hampshire as they tour with certain bands.

DXM

DXM (dextromethorphan) is a cough suppressant that in high doses acts like ketamine, causing nausea, itchy skin, visual and auditory hallucinations, and loss of motor control. The drug does not produce energy, but, instead, relaxes users.

The Rochester Police Department seized a bag of white powdered DXM on October 4, 2000. Officers also found empty bottles of Robitussin, which contains DXM, at abandoned rave sites.

Table 4. Diverted Pharmaceutical Prices, New Hampshire, 1999

Drug	Amount	Price (dollars)
	Schedule II	
Percodan/Percocet/Tylox	**Dosage unit**	**6.50 — 8.00**
Oxycodone	**Dosage unit**	**5.00**
Dilaudid	**4 mg**	**40.00**
Methadone	**10 mg**	**10.00 — 20.00**
Ritalin	**Dosage unit**	**4.00 — 6.00**
MS Contin	**60 mg**	**15.00**
Fentanyl patches	**Dosage unit**	**50.00 — 60.00**
Dexedrube	**15 mg**	**20.00**
	Schedule III	
Vicoden ES	**Dosage unit**	**5.00**
Tylenol #4	**Dosage unit**	**3.00 — 4.00**
Hycodan	**Ounce**	**10.00**
Tussionex	**Ounce**	**10.00**
	Schedule IV	
Xanax	**2 mg**	**5.00**
Valium	**10 mg**	**4.00**
Klonopin	**2 mg**	**5.00**

Source: DEA, *State Threat Assessment–New Hampshire*, October 1999.

Diverted Pharmaceuticals

Diversion of pharmaceuticals involves the theft of controlled substances from registrants, indiscriminate prescribing and dispensing by practitioners and pharmacists, and general laxity in record keeping and drug security on the part of some registrants. In New Hampshire, combinations of narcotics and benzodiazepines are the most frequently diverted controlled substances. Diverted pharmaceuticals are moderately available in New Hampshire. In 1999, New Hampshire recorded 28 felony indictments, and 1 medical board referral, which resulted in a surrendered license, for illegal diversion of pharmaceuticals.

While prescription pain relievers and tranquilizers are the preferred pharmaceuticals for adult abusers, Ritalin is quickly becoming the pharmaceutical of choice among high school and junior high school students in New Hampshire. Ritalin, a prescription drug used to treat Attention Deficit Disorder, has similar effects to speed when snorted. Authorities believe that students with legitimate prescriptions now are selling the drug for a substantial profit.

A recent overdose death in northern New Hampshire may be an indication that OxyContin is being diverted for illicit use. In this incident, authorities report that a nurse may be responsible for diverting the drug. Also, in Conway, New Hampshire, law enforcement reports an increasing OxyContin problem. In 2000, 14 young adults were arrested for attempting to obtain OxyContin with bogus prescriptions.

Outlook

While the threat posed by illegal drugs in New Hampshire pale in comparison to the problems confronted by some other states or the nation as a whole, the state has experienced slight increases in the abuse and availability of most drugs. Because of its proximity to distribution centers in Massachusetts, southern New Hampshire will remain the primary source for most illegal drugs within the state. In addition, it is likely that in-state production of illegal drugs will continue to increase because the geography of northern New Hampshire is suitable for both indoor and outdoor marijuana grows, as well as the production of methamphetamine.

Powdered and crack cocaine probably will continue to pose the greatest threats. Abuse and availability will not diminish but will likely remain stable. Dominican criminal groups from Lowell and Lawrence, Massachusetts, will remain the principal distributors of powdered and crack cocaine to southern New Hampshire. The violence associated with crack abuse and distribution will continue to be a concern.

Marijuana will continue to be the drug of choice, largely because abuse of the drug carries no stigma in many communities and it is widely available throughout New Hampshire. Price and potency will remain constant, and abuse will remain steady. Cannabis cultivation will continue throughout the state. Local independent dealers and Caucasian criminal groups will continue to control both the wholesale and retail distribution of marijuana.

Heroin represents an emerging threat for New Hampshire. The increased use of heroin is becoming a major problem, especially among young adults who, because of increasingly high purity levels, can snort or, to a much lesser extent, smoke the drug instead of injecting it. Escalating demand caused by low prices and high purity will lead to increased heroin abuse in suburban and rural areas. Dominican distributors from Lowell and Lawrence, Massachusetts, will continue to supply the state.

Methamphetamine abuse will continue to increase in New Hampshire. The state's rural

geography and proximity to Canada—with its supplies of precursor chemicals—heighten the probability of increased future methamphetamine production. OMGs and independent dealers will continue to distribute the drug.

The use of other dangerous drugs, especially MDMA, in New Hampshire is rising. The popularity of rave parties will continue to grow, and MDMA and other club drugs will become an even greater threat. Use, particularly among the youth, will lead to increased treatment admissions, long-term health concerns, and further strains on social welfare and law enforcement agencies.

This page intentionally left blank.

This page intentionally left blank.

Sources

State and Regional Sources

Manchester Police Department

Nashua Police Department

New Hampshire Drug Task Force

New Hampshire State Police

National and International Sources

Associated Press

Organized Crime Drug Enforcement Task Forces

U.S. Department of Health and Human Services
- Centers for Disease Control and Prevention
- National Institutes of Health
  - National Institute on Drug Abuse
- Substance Abuse and Mental Health Services Administration

U.S. Department of Justice
- Drug Enforcement Administration
  - Concord
  - New England
- U.S. Attorney's Office
  - New Hampshire

U.S. Department of State

Other Sources

Bell, Vaughn. *Ketamine ('K', Special K, Vitamin K)*, 1995.

Inaba, Darryl S., William E. Cohen, and Michael E. Holstein. *Uppers, Downers, All Arounders*. Ashland, Oregon: CNS Publications, Inc., 3rd Ed., 1997.

McDermott, Peter. *Ketamine: Trick or Treat*, June 1992.

This page intentionally left blank.

This page intentionally left blank.