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Maine

Drug Threat Assessment

UPDATE

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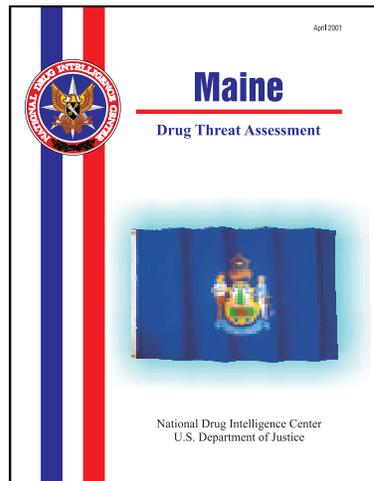
National Drug Intelligence Center
U.S. Department of Justice

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

Preface

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

The *Maine Drug Threat Assessment* was produced in April 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.





Maine Drug Threat Assessment Update

Overview

The distribution and abuse of diverted pharmaceuticals and illicit drugs pose serious threats to the safety of Maine residents. Diverted pharmaceuticals, primarily OxyContin and Dilaudid, have become the primary drug threat in the state. The high number of treatment admissions, seizures, and arrests associated with diverted pharmaceuticals illustrate the magnitude of the problem. Heroin, primarily South American, is the second most significant drug threat, and abuse continues to increase. The abuse of cocaine, which previously was the state's primary drug threat, is now relatively stable, although crack cocaine abuse is increasing in southern and central Maine. Marijuana is the most widely available and commonly abused drug in Maine; however, marijuana poses less of a threat than diverted pharmaceuticals, heroin, and cocaine because its effects are less debilitating and it is not commonly associated with violent crime. Other dangerous drugs, including LSD and MDMA, are popular among teenagers and young

adults. Methamphetamine is available in limited quantities and is considered a low threat.

Diverted Pharmaceuticals

Diverted pharmaceuticals, primarily oxycodone (OxyContin) and hydromorphone hydrochloride (Dilaudid), have become the greatest drug threat to Maine, overtaking cocaine and heroin over the past year. Pharmaceutical abuse is high, and the number of treatment admissions continues to increase. According to the Maine Drug Enforcement Agency (MDEA), the abuse of diverted pharmaceuticals, particularly OxyContin, increased in 2001. The Maine Office of Substance Abuse reports that the number of treatment admissions for other opiates, semisynthetic opiates, and synthetic opiates—excluding heroin—increased from 73 in 1995 to 762 in the first 11 months of 2001. (See Table 1 on page 2.) This increase—attributed primarily to the abuse of OxyContin, Dilaudid, and other opiate-based prescription drugs—outpaced the percentage increases for all other drug types.

Table 1. Drug-Related Treatment Admissions, Maine, 1995–2001*

Year	Other Opiates	Heroin	Cocaine, Crack	Marijuana	Methamphetamine
1995	73	205	225	856	24
1996	87	247	248	996	17
1997	112	267	238	1,092	24
1998	199	288	229	1,200	28
1999	357	297	230	1,263	22
2000	652	459	373	1,368	25
2001*	762	509	240	1,301	20

*Does not include December 2001.
Source: Maine Office of Substance Abuse.

Law enforcement reporting, seizures, and arrest statistics indicate that diverted pharmaceuticals are readily available in urban and rural areas of the state. According to MDEA data, state and local task force officials seized 13,978 dosage units of diverted pharmaceuticals in fiscal year (FY) 2001, an increase from the 4,563 dosage units seized in FY2000. In FY2001 the number of diverted pharmaceutical-related arrests was higher than the number of arrests for any other drug type except marijuana, increasing from 47 in FY1998 to 146 in FY2001. According to the Drug Enforcement Administration (DEA), OxyContin currently sells for approximately \$1 per milligram of active ingredient (\$80 for an 80-milligram tablet). In Washington County, OxyContin prices are approximately 60 percent to 70 percent higher than in other parts of the state because of concerted law enforcement efforts and increased security at the Calais Port of Entry following the September 11, 2001, terrorist attacks.

Caucasian criminal groups, local independent dealers, and abusers are the principal distributors of diverted pharmaceuticals in Maine. These groups, dealers, and abusers obtain pharmaceuticals, particularly OxyContin and Dilaudid, by obtaining prescriptions from some unscrupulous medical professionals, forging prescriptions, stealing from

pharmacies, and by doctor shopping—visiting numerous doctors to obtain multiple prescriptions. According to MDEA, some criminal groups that have traditionally distributed cocaine and heroin now distribute pharmaceuticals. Distribution of

**Countering the Diverted
Pharmaceutical Threat**

On June 15, 2001, the Governor of Maine signed Public Law 419, which added diverted pharmaceuticals and synthetic drugs such as MDMA to the state’s list of scheduled drugs. The law specifically mentions OxyContin and Dilaudid and provides aggregate milligram amounts for these drugs to trigger criminal charges. The law also increases penalties for stealing prescription drugs and requires all physicians in Maine to use tamper-proof prescription forms.

In January 2002 the Substance Abuse Services Commission in conjunction with the Maine Office of Substance Abuse recommended increases in treatment access, public drug education, and law enforcement funding. The development of a statewide electronic prescription monitoring program intended to reduce the diversion and abuse of pharmaceuticals was also recommended.

diverted pharmaceuticals typically occurs in private residences or in bars and other public places.

Heroin

Heroin, primarily South American, is Maine's second most significant drug threat. Law enforcement reporting and the high number of heroin-related treatment admissions indicate that heroin is widely abused in Maine. DEA and MDEA report that heroin abuse is increasing statewide, particularly among teenagers, and has recently become a problem in northern Maine. Levels of abuse are highest in Augusta, Bangor, Brunswick, Lewiston, and Portland, according to DEA. The Maine Office of Substance Abuse reports that OxyContin appears to be a gateway drug to heroin abuse, as evidenced by many former OxyContin abusers switching to heroin. According to the Maine Office of Substance Abuse, the total number of treatment admissions for heroin abuse increased from 205 in 1995 to 509 in the first 11 months of 2001. (See Table 1 on page 2.) The number of methadone clinics in Maine doubled in 2001 (from two to four) evidencing the increased need for treatment for opiate abuse. The state's fifth methadone clinic, funded by a federal grant, is scheduled to open in Washington County (in northern Maine) by midsummer 2002.

According to law enforcement reporting, heroin is increasingly available in Maine. State and local task force officers seized 1,400 grams of heroin in FY2001, an increase from the 266 grams seized in FY1998, according to MDEA. Heroin-related arrests increased from 51 in FY1998 to 105 in FY2001. According to U.S. Sentencing Commission data, the percentage of heroin-related federal sentences in Maine (11.4%) was higher than the percentage of heroin-related federal sentences nationwide (7.7%) in 2001. MDEA task force offices in Augusta and Portland report that heroin is increasingly available in southern Maine, and DEA and local law enforcement officials report increasing availability in Bangor and Washington County. According to DEA, in the first quarter of FY2002, heroin sold for \$40 to \$60

per gram, and purity levels ranged from 50 percent to 90 percent.

Caucasian criminal groups, local independent dealers, and abusers are the primary transporters of heroin into Maine. Dominican criminal groups in Massachusetts, New York, and Rhode Island sell retail quantities of heroin to Maine-based buyers who use private or rental vehicles to transport the heroin back to the state, typically every day or several times a week. In 2002 DEA concluded an investigation that involved a young, female heroin abuser who transported approximately 250,000 bags of heroin from Massachusetts to Maine over a 2-year period. Using a private vehicle, this female typically transported 30 to 80 bundles (10 bags each) of heroin daily.

Most heroin distribution in Maine occurs at the retail level and primarily is conducted by Caucasian criminal groups, local independent dealers, and abusers. Distribution typically occurs in private homes or in bars and other public areas. Heroin abusers often become dealers to support their addiction.

Cocaine

Treatment admission data indicate that the level of cocaine abuse is relatively stable; however, DEA reporting indicates that crack cocaine abuse is rapidly increasing in southern and central Maine. According to the Maine Office of Substance Abuse, the total number of treatment admissions for cocaine abuse increased only slightly from 225 in 1995 to 240 in the first 11 months of 2001. (See Table 1 on page 2.)

Recent seizure and arrest data indicate that powdered cocaine seizures and cocaine-related arrests have decreased while crack cocaine seizures have increased significantly. According to MDEA data, state and local task force officials seized 4,075 grams of powdered cocaine in FY2001, a decrease from the 5,817 grams seized in FY2000; crack cocaine seizures increased from 197 grams in FY2000 to 881 grams in FY2001. The number of arrests for powdered cocaine and

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crack cocaine violations decreased from FY2000 to FY2001. According to the MDEA, state and local task force officials made 76 powdered cocaine-related arrests in FY2001 compared with 163 in FY2000 and 37 crack-related arrests in FY2001 compared with 44 in FY2000. In the first quarter of FY2002, powdered cocaine sold for \$80 to \$100 per gram and was 30 percent to 80 percent pure. Crack sold for \$20 to \$50 per rock and was 75 percent to 100 percent pure, according to DEA.

Caucasian and Dominican criminal groups, local independent dealers and, to a lesser extent, outlaw motorcycle gangs (OMGs) are the principal transporters of cocaine into Maine. Dominican criminal groups in Massachusetts, New York and, to a lesser extent, Rhode Island sell cocaine to Maine-based buyers who use private or rental vehicles to transport the cocaine back to the state. Typically, powdered cocaine is transported into Maine and converted to crack cocaine within the state because the penalties associated with crack cocaine possession are more stringent. According to DEA, Biddeford and Lewiston are becoming distribution hubs from which crack is transported throughout the state.

As with heroin, most powdered cocaine distribution in Maine occurs at the retail level and is primarily conducted by Caucasian criminal groups, local independent dealers and, to a lesser extent, OMGs including members of Exiles, Hells Angels, Iron Horsemen, Mountain Men, and Saracens. Dominican criminal groups are the primary crack distributors in the state.

Marijuana

Marijuana is the most widely available and commonly abused illicit drug in Maine. According to the 1999 National Household Survey on Drug Abuse, 5.8 percent of Maine residents report having abused marijuana in the month prior to the survey compared with 4.7 percent nationwide. According to the Maine Office of Substance Abuse, an estimated 95,000 of Maine's approximately 1.2 million adult residents routinely abuse

marijuana. They also report that the total number of treatment admissions for marijuana abuse increased from 856 in 1995 to 1,301 in the first 11 months of 2001. (See Table 1 on page 2.)

Marijuana is readily available in Maine. According to MDEA data, state and local task force officials seized 198 kilograms of marijuana in FY2001, an increase from the 163 kilograms seized in FY2000. Marijuana-related arrests decreased from 278 in FY1998 to 172 in FY2001. MDEA notes that this drop in arrests is the result of a reallocation of law enforcement assets to combat other drug threats, and it does not reflect a drop in marijuana availability or abuse. In the first quarter of FY2002, commercial grade marijuana sold for \$1,000 to \$1,600 per pound, sinsemilla sold for \$1,800 to \$2,000 per pound, and a marijuana joint sold for \$3 to \$5, according to DEA.

Mexico-based criminal groups produce most of the marijuana that is available in Maine. Marijuana produced in Canada is also available but to a much lesser extent. Caucasian criminal groups, local independent dealers, and abusers produce high quality marijuana for personal use and distribution within the state. According to MDEA data, state law enforcement officials seized 5,320 cannabis plants in FY2001 and 9,524 cannabis plants in FY2000. MDEA state and local task force officials report that eradication efforts have resulted in cultivators' increased use of indoor operations and smaller, more dispersed plots in outdoor operations.

Caucasian criminal groups, local independent dealers, and OMGs transport most of the marijuana available in Maine from Mexico and Canada, as well as from distribution centers in Massachusetts. These groups primarily use private and commercial vehicles to transport marijuana into the state. Package delivery services and couriers aboard commercial aircraft are also used to transport marijuana.

OMGs dominate wholesale marijuana distribution in Maine, distributing approximately 300 to 500 pounds of marijuana each month. Caucasian criminal groups and dealers are the dominant retail distributors of marijuana in Maine.

Other Dangerous Drugs

The abuse of other dangerous drugs (ODDs), including the stimulant MDMA (3,4-methylenedioxymethamphetamine) and the hallucinogen LSD (lysergic acid diethylamide), poses a minor but growing threat to Maine. Teenagers and young adults frequently distribute and abuse ODDs. The abuse rate for ODDs appears to be increasing on college campuses and at concerts, nightclubs, and raves.

MDMA

Law enforcement officials report that MDMA is readily available in Maine. According to MDEA data, state and local task force officers seized 9,681 dosage units of MDMA in FY2001, a dramatic increase from the 120 dosage units seized in FY2000. Most of the MDMA available in Maine is produced outside the United States, typically in laboratories in the Netherlands and Belgium. The drug is transported into the United States via package delivery services and by couriers aboard

MDMA, also called Adam, ecstasy, XTC, E, and X, is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. Abuse of the drug may cause psychological problems 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 is extremely dangerous, causing a marked increase in body temperature leading to muscle breakdown and kidney and cardiovascular system failure. MDMA abuse may lead to heart attack, stroke, and seizure as reported in some fatalities at raves. Recent research links MDMA to long-term, possibly permanent damage to parts of the brain that are used for thought and memory. Individuals who develop a rash after abusing MDMA may be at risk of severe liver damage or other serious side effects.

In 2001 a Maine college student was arrested upon receiving MDMA from Czechoslovakia via a package delivery service. The student reportedly purchased the MDMA for \$4 per tablet.

Source: Maine Drug Enforcement Agency.

commercial aircraft arriving in New York City and Boston. Massachusetts-based Caucasian independent dealers are the primary transporters of MDMA to cities throughout Maine.

MDMA typically is sold and abused on college campuses and at concerts, nightclubs, and raves. Massachusetts-based Caucasian independent dealers, generally 16 to 25 years of age, are the dominant MDMA distributors in Maine. However, OMGs and local Caucasian dealers that traditionally distributed cocaine now also distribute MDMA. In 2001 MDMA tablets sold for \$15 to \$20 each at the retail level.

LSD

Caucasian teenagers and young adults are the primary distributors and abusers of LSD in Maine. Most of the LSD available in the state is produced in California and transported to the area via package delivery services. LSD usually is distributed and abused on college campuses and at concerts, nightclubs, and raves. The drug is often applied to candy and blotter paper or disguised as a breath freshener. MDEA reports that the abuse of LSD is increasing throughout the state. According to MDEA data, state and local task force officials seized 971 dosage units of LSD in FY2001, an increase from the 873 dosage units seized in FY2000. In the first quarter of FY2002, LSD sold for \$3 to \$7 per dosage unit, according to DEA.

Methamphetamine

Methamphetamine is seldom distributed, produced, or abused in Maine. According to the Maine Office of Substance Abuse, only 20 of the total 10,082 treatment admissions during the first 11 months of 2001 involved methamphetamine as

the primary drug of abuse. (See Table 1 on page 2.) Methamphetamine-related arrests decreased from 21 in FY1998 to 7 in FY2001. MDEA reports that methamphetamine production does not pose a threat to the state. The limited methamphetamine activity that occurs in the state is generally attributed to OMGs and young Caucasian males. According to DEA, methamphetamine sold for \$70 to \$300 per gram in the first quarter of FY2002.

Outlook

The primary drug threat to Maine will remain the abuse of diverted opiate-based pharmaceuticals (primarily OxyContin and Dilaudid) and heroin. Price and availability will determine whether heroin or opiate-based pharmaceuticals will be abused most frequently. Heroin abuse may increase substantially should recent regulatory and enforcement actions prove effective in stemming the abuse of diverted pharmaceuticals. Caucasian criminal groups, local independent dealers, and abusers will likely remain the principal distributors of diverted pharmaceuticals in Maine. South American heroin will continue to be the most prevalent type of heroin available due to established supply networks in Massachusetts, New York, and Rhode Island.

The availability and abuse of cocaine will remain a serious threat to Maine. Although recent statistics indicate that powdered cocaine seizures

and cocaine-related arrests have decreased, increased crack seizures and law enforcement reporting suggest that crack abuse is an increasingly serious problem, particularly in southern and central Maine. Caucasian criminal groups, local independent dealers and, to a lesser extent, OMGs will continue to purchase cocaine from Dominican criminal groups based in New York, Massachusetts, and Rhode Island and subsequently distribute retail quantities in the state.

The availability and abuse of marijuana will remain stable at high levels. OMGs, Caucasian criminal groups, and local independent dealers will continue to distribute Mexico-produced marijuana and marijuana produced in Canada to Maine. Caucasian criminal groups, local independent dealers, and abusers will continue to cultivate cannabis locally for personal use and for distribution within the state.

ODDs, such as MDMA and LSD, will continue to gain popularity among young individuals who perceive them to be less harmful than other illicit drugs. College campuses, concerts, nightclubs, and raves will remain the primary venues for the distribution and abuse of ODDs.

Methamphetamine production, distribution, and abuse are not likely to present a serious threat to Maine in the near future. The drug is rarely distributed or abused and there are no indications that this trend will change.

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