



New England

High Intensity Drug Trafficking Area Drug Market Analysis

June 2007

U.S. Department of Justice

Preface

This report provides a strategic overview of the illicit drug situation in the New England High Intensity Drug Trafficking Area (HIDTA), highlighting significant trends and law enforcement concerns relating to the trafficking and abuse of illicit drugs. The report was prepared through detailed analysis of recent law enforcement reporting,

information obtained through interviews with law enforcement and public health officials, and available statistical data. It is designed to provide policymakers, resource planners, and law enforcement officials with a focused discussion of key drug issues and developments facing the New England HIDTA region.

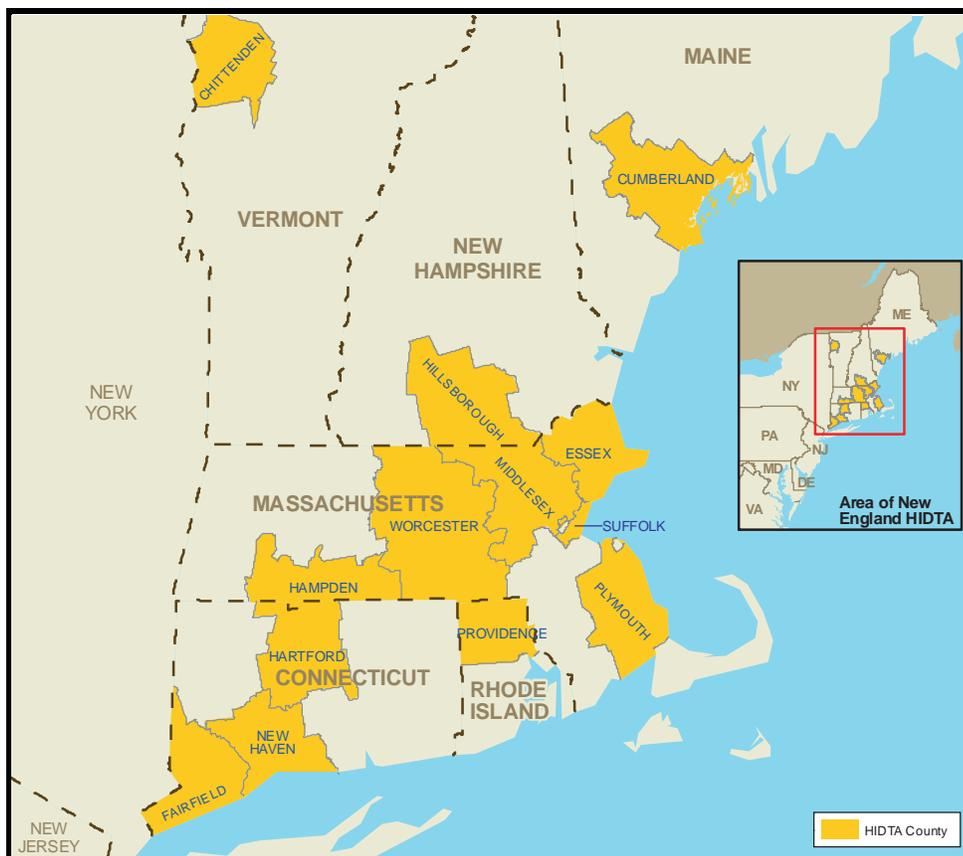


Figure 1. New England High Intensity Drug Trafficking Area.

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

Strategic Drug Threat Developments

- Prescription narcotics abuse has spread among the New England drug abuser population and, in part, has fueled an increasing heroin problem in New England; chronic prescription narcotics abusers often switch to heroin because of its lower price.
- Methadone, a synthetic opiate used to treat heroin abuse and chronic pain, has become the leading cause of drug-related deaths in Maine and New Hampshire. Methadone is periodically prescribed by unscrupulous physicians to abusers who are seeking OxyContin (oxycodone); when abusers try to achieve an OxyContin-like high with methadone, which is not physiologically possible, they sometimes use excessive amounts of the drug and accidentally overdose.
- Asian drug trafficking organizations (DTOs) are establishing increasing numbers of hydroponically grown cannabis operations within the New England HIDTA region to avoid the risks associated with transporting the drug across the U.S.–Canada border.
- Crack cocaine distribution is increasing in Maine, New Hampshire, and Vermont as Massachusetts-based street gangs travel to these states to expand their distribution markets.
- Mexican DTOs are emerging as significant transporters and distributors of cocaine, marijuana, and heroin as well as limited quantities of ice methamphetamine within the New England HIDTA region. Mexican DTOs have established sources of supply in the Southwest Border area for these drugs but have recently begun to obtain supplies from sources in Atlanta, Georgia.

HIDTA Overview

The New England HIDTA region encompasses 13 counties in the six New England states. (See [Figure 1 on page 1.](#)) Nine of the 13 counties are located in Connecticut and Massachusetts. Two primary drug distribution centers are located within the New England HIDTA—the Hartford, Connecticut/

Drug Trafficking Organizations, Criminal Groups, and Gangs

Drug trafficking organizations are complex organizations with highly defined command-and-control structures that produce, transport, and/or distribute large quantities of one or more illicit drugs.

Criminal groups operating in the United States are numerous and range from small to moderately sized, loosely knit groups that distribute one or more drugs at the retail and midlevels.

Gangs are defined by the National Alliance of Gang Investigators' Associations as groups or associations of three or more persons with a common identifying sign, symbol, or name, the members of which individually or collectively engage in criminal activity that creates an atmosphere of fear and intimidation.

Springfield, Massachusetts, area in the western half of the region and the Lawrence/Lowell, Massachusetts, area in the eastern half of the region. Traffickers operating in these distribution centers supply drugs largely to consumer markets throughout the HIDTA region. The Providence, Rhode Island/Fall River, Massachusetts, area also serves as a distribution center, albeit on a much lesser scale than the primary centers; it supplies communities outside the New England HIDTA region along Cape Cod, Massachusetts. Boston, Massachusetts, the largest city in New England, is primarily a consumer market; it is supplied by Lawrence, Lowell, and New York City. Some Boston-based distributors sell drugs outside the city in neighboring towns such as Braintree, Cambridge, Chelsea, Framingham, Lynn, Quincy, and Weymouth, as well as in Maine and New Hampshire.

The New England HIDTA region's geographic location near New York City and the U.S.–Canada border facilitates the smuggling of drugs into the region. New York City is the largest drug market in the eastern United States and the source for most of the South American (SA) heroin, cocaine, and commercial-grade marijuana available in New England. A large percentage of the MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy), marijuana, and prescription

drugs available in the region are smuggled into the area across the U.S.–Canada border. More recently, Atlanta, Georgia, has emerged as a principal area from which heroin, cocaine, and marijuana are transported to the region.

Drug Threat Overview

The distribution and abuse of heroin, primarily SA heroin, and prescription narcotics such as OxyContin and Percocet (oxycodone) and Vicodin (hydrocodone) pose the greatest drug threat to the New England HIDTA region. Prescription narcotics abusers often switch to heroin because of the drug's lower cost and higher purity. The abuse of heroin, previously linked to chronic abusers in urban areas, has spread to rural communities and has increased among young adults and teenagers, who often initiate opiate abuse after abusing prescription narcotics.

Various other illicit substances also pose a threat to the New England HIDTA region. Cocaine, mostly crack, is the primary drug of abuse in some areas of the region, particularly inner-city neighborhoods in Hartford, Bridgeport, Providence, and Boston. Crack availability has expanded in Maine and New Hampshire as well, largely because African American and Hispanic criminal groups and street gangs from Massachusetts have increased distribution in those areas. Marijuana is widely abused throughout the area, with most abusers preferring high-potency marijuana from Canada over commercial-grade marijuana from Mexico.

Methamphetamine poses a relatively low drug threat to the New England HIDTA region; most abuse is concentrated in the gay male community in Boston. Methamphetamine production is low in the area, conducted mostly by Caucasian abusers who produce personal use quantities of the drug. The threat posed to the area by other dangerous drugs (ODDs) varies; MDMA distribution and abuse are increasing, while the abuse of LSD (lysergic acid diethylamide), PCP (phencyclidine), and psilocybin mushrooms is stable at low levels.

Drug Trafficking Organizations

Colombian DTOs are the primary transporters and wholesale distributors of SA heroin and cocaine in the New England HIDTA region. Most Colombian DTOs operating in the area are based in New York City; they typically transport heroin and cocaine into the region and supply the drugs to midlevel and retail-level distributors. Periodically, Colombian organizations contract with Dominican, Jamaican, Puerto Rican, Guatemalan, Honduran, Mexican, and other Central America- and Caribbean-based criminal groups to smuggle heroin and cocaine directly into the New England HIDTA region for distribution by local criminal groups.

Dominican DTOs located in the region are also significant transporters of heroin, cocaine, and marijuana. These traffickers typically travel to New York City to obtain drug supplies for local distribution; however, some Dominican DTOs receive heroin, cocaine, and marijuana from Colombian DTOs that transport the drugs to the New England HIDTA region from New York. Dominican DTOs operate primarily from the distribution hubs of Lawrence, Lowell, and Springfield and are routinely involved in all aspects of the drug trade, from transportation to wholesale and retail distribution to money laundering.

Asian DTOs have emerged as the primary producers, transporters, and distributors of high-potency hydroponic marijuana and MDMA to the New England region. These DTOs smuggle the drugs across the U.S.–Canada border for further distribution within the region. Recently, Asian DTOs have begun to establish hydroponic cannabis grow operations within the New England region—most likely to avoid losing large marijuana loads at the U.S.–Canada border as a result of heightened law enforcement scrutiny and to increase profit margins by avoiding the transportation costs to the smuggler.

Mexican DTOs have emerged as significant transporters and wholesale distributors of cocaine, commercial-grade marijuana, SA heroin, and limited quantities of ice methamphetamine in the New

England HIDTA region. Mexican DTOs traditionally transported illicit drugs to New England on consignment for Colombian and Dominican DTOs. However, these Mexican traffickers are now using existing networks to bypass Colombian and Dominican DTOs and are increasingly transporting (typically from the Southwest Border area) and distributing the drugs themselves. Recently, some Mexican DTOs have begun traveling to Atlanta to obtain drugs for further distribution within the area.

Street gang members are involved in cocaine, marijuana, and heroin distribution at the wholesale and retail levels in the New England HIDTA region. Gang members affiliated with nationally recognized gangs such as Latin Kings, Mara Salvatrucha (MS 13), 18th Street Gang, Latin Gangster Disciples, Tiny Rascal Gang, and Asian Boys have chapters or charters located in Massachusetts. In addition to these larger, nationally known street gangs, dozens of local neighborhood street gangs are present in the HIDTA region. The local neighborhood gangs in Boston are typically the most violent and often engage in turf-related and retribution-related assaults.

Various other criminal groups and gangs are involved in transportation and retail drug distribution within the New England HIDTA region. Hispanic criminal groups with well-established distribution hubs within the area distribute cocaine and marijuana. African American and Hispanic street gangs from New York travel to areas in the New England HIDTA region and distribute crack cocaine. Local independent dealers obtain prescription drugs for personal abuse and retail distribution in the region. Finally, Native American traffickers transport some marijuana from the U.S.–Canada border to the New England HIDTA region for further distribution.

Production

Asian DTOs are establishing increasing numbers of hydroponically grown cannabis operations in the New England HIDTA region and often purchase houses in the area for the sole purpose of

producing marijuana. These DTOs arrange for individuals, either Asian criminals or “big losers” who need to pay off debts from local casinos, to live in the houses and cultivate the cannabis. The cultivators often work for the Asian DTOs as indentured servants for a period of time and must pay any debts owed to the DTO. Upon completion of their service, the cultivators own the house in which the grow operation is located. In December 2006 law enforcement officers seized a sophisticated hydroponic cannabis grow operation in New Hampshire. Vietnamese naturalized citizens had purchased 15 houses (valued between \$400,000 and \$500,000 each) in upscale neighborhoods. They had diverted electricity through the underground utilities and had outfitted the grow operations with timers and grow lights. The grow operation was set on 90-day cycles from start to finish (nursery to cultivation). On average, 1,000 hydroponically grown cannabis plants were located in the basements of 11 of these houses. The Vietnamese criminals anticipated a particularly large profit from this operation because hydroponic marijuana sells for approximately \$2,500 to \$4,500 per pound in New England, compared with \$1,000 per pound for commercial-grade Mexican marijuana.

Methamphetamine production poses a relatively low threat to the New England HIDTA region. The number of methamphetamine laboratories seized in New England decreased from 16 in 2005 to 12 in 2006. Five of the 12 laboratories seized were located in New Hampshire, primarily in the central, rural part of the state. One methamphetamine laboratory—seized in Providence—was the first laboratory seized in Rhode Island since 2003. Only gram or personal use quantities could be produced in all the methamphetamine laboratories seized in 2006.

Heroin combined with clandestinely produced fentanyl has been seized by law enforcement officers in Maine and New Hampshire; however, heroin/fentanyl combinations are rare in the New England HIDTA region. In May 2006 some heroin/fentanyl combinations were seized in the Seacoast Area of New Hampshire after two individuals died from an

overdose. Law enforcement officers indicated that the heroin/fentanyl combinations originated in New Jersey and Pennsylvania before being transported to New Hampshire. Additionally, in November 2006 law enforcement officers in Portland, Maine, seized heroin/fentanyl combinations.

MDMA production is rare but does occur occasionally in the New England HIDTA region. In 2006 law enforcement officers seized four MDMA laboratories in Massachusetts. The laboratories were small—only personal use quantities of the drug could be produced in them.

Psilocybin mushrooms are produced in the New England HIDTA region on a sporadic basis. In May 2006 law enforcement officers arrested members of a Hartford criminal group who were cultivating and distributing up to 100 pounds of mushrooms per month; this group also distributed kilogram quantities of cocaine. Also in May 2006 law enforcement officers seized 5 pounds of psilocybin mushrooms in Rhode Island while investigating a methamphetamine laboratory.

Transportation

Colombian and Dominican DTOs transport SA heroin and cocaine to the New England HIDTA region primarily from New York; however, some Dominican DTOs transport heroin and cocaine to the region from other areas. Some Dominican DTOs travel to Florida, Georgia, or Texas to obtain SA heroin and cocaine for distribution in the New England HIDTA region. Periodically, some Dominican DTOs receive packaged shipments of SA heroin directly from other traffickers located in Brazil, Colombia, Ecuador, Guatemala, Mexico, Puerto Rico, and Venezuela. These DTOs typically repackage the heroin that they receive from foreign-based traffickers; some heroin remains in New England for distribution, and some is transported to New York. Dominican traffickers who receive heroin from foreign sources do so infrequently and usually in response to increased law enforcement presence or to avoid intermittent price increases from their heroin sources in New York.

Mexican DTOs primarily transport cocaine, marijuana, and SA heroin, as well as limited quantities of ice methamphetamine, to the New England HIDTA region. Mexican DTOs typically transport these drugs, concealed in personal vehicles and tractor-trailers, from the Southwest Border area. For instance, in August 2006 law enforcement officers seized 123 kilograms of cocaine in a tractor-trailer in the North Shore area of Boston. The cocaine, which was being transported by a Mexican DTO, was destined for the New England HIDTA region. More recently, however, some Mexican DTOs have begun to travel to Atlanta for cocaine, marijuana, and SA heroin supplies. Additionally, Mexican traffickers transport small quantities of ice methamphetamine to the New England HIDTA region; such transportation is limited because there is little demand for the drug in the area.

Several criminal groups smuggle marijuana across the U.S.–Canada border into the New England HIDTA region using various means of transport. Asian criminal groups smuggle marijuana, often concealed in duffel bags, spare tires, or engine compartments, across the border in personal vehicles and tractor-trailers. Marijuana is also transported across the U.S.–Canada border in small private airplanes and dropped just over the border in the United States. U.S.-based traffickers retrieve the air-dropped packages and either store the drugs in stash houses located along the border or transport the marijuana to drug markets within the New England HIDTA region. Native American traffickers on the St. Regis Mohawk Reservation (commonly referred to as the Akwesasne Indian Reservation), which is located partially in New York State and partially in the provinces of Ontario and Quebec, Canada, smuggle marijuana into the United States using personal vehicles, boats, sleds, and snowmobiles. Caucasian criminal groups based in the United States and Canada transport smaller marijuana loads, usually in backpacks or duffel bags, across the U.S.–Canada border.

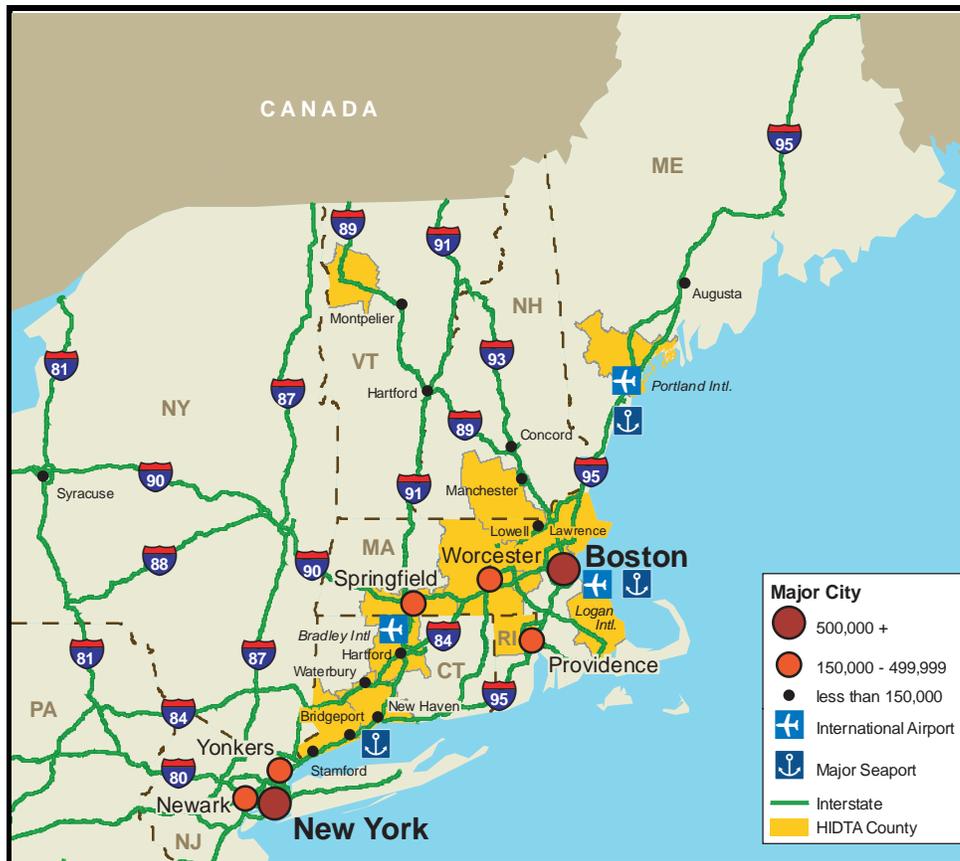


Figure 2. New England HIDTA region transportation infrastructure.

Asian DTOs transport high-potency hydroponic marijuana and MDMA from Canada for distribution throughout the New England HIDTA region. These organizations typically transport the drugs in personal vehicles outfitted with concealed compartments. Additionally, these DTOs commingle large quantities of MDMA with large marijuana loads on tractor-trailers.

Pharmaceutical abusers in the New England HIDTA region are increasingly obtaining prescription drugs such as OxyContin (oxycodone) and Dilaudid (hydromorphone) illegally over the Internet from distributors based in the United States. The U.S.-based distributors obtain wholesale quantities of prescription drugs from foreign sources of supply in Brazil, China, and Serbia. They generally correspond with abusers in New England through online forums and message boards on web sites that host encrypted e-mail services. Local abusers electronically wire-transfer money to the U.S.-based distributors, whereupon the drugs are delivered through package delivery services.

Distribution

Colombian and Dominican DTOs based in New York City distribute wholesale quantities of SA heroin and cocaine to local Dominican DTOs as well as to a variety of local criminal groups and street gangs in the HIDTA region. The local Dominican DTOs, criminal groups, and gangs then either supply the drugs to local retail distributors or distribute the drugs themselves at the retail level. Additionally, local Dominican DTOs as well as local African American, Caucasian, and Mexican criminal groups travel to New York City to purchase heroin and cocaine from Colombian and Dominican wholesale suppliers and return to the HIDTA region to sell the drugs at the retail level. Dominican DTOs operate primarily from the distribution hubs of Lawrence, Lowell, and Springfield, while other criminal groups and street gangs operate at various locations throughout the region.

African American and Hispanic street gangs from New York City, the Lawrence/Lowell area,

and the Hartford/Springfield area distribute crack cocaine primarily in urban locations within the region, particularly those in Rhode Island, New Hampshire, Vermont, and central and southern Maine. Members of the street gangs generally travel to these areas in private vehicles with a supply of crack cocaine. They set up distribution operations from hotel rooms or from the private residences of local female accomplices and distribute the drug to abusers for several days. Additionally, some African American and Hispanic street gang members from New York City are beginning to relocate to rural areas within the region to establish local drug distribution networks. They are doing so in the belief that they will be able to operate more easily because there is reportedly less law enforcement presence in these areas.

Asian DTOs distribute high-grade, hydroponically produced marijuana and MDMA at the wholesale level in the New England HIDTA region. They distribute these drugs to Asian and Caucasian criminal groups in Lawrence and Lowell for retail distribution.

Local independent dealers are the primary retail distributors of prescription drugs in the region. These dealers obtain prescription drugs through doctor-shopping, forgery, fraud, and theft. They abuse some and distribute the rest to other abusers in the New England HIDTA region.

Drug-Related Crime

High levels of violent crime in the New England HIDTA region are often associated with the distribution and abuse of illicit drugs, particularly heroin and crack cocaine. Heroin and crack cocaine distributors commonly commit violent crimes to protect and expand their drug operations and to collect drug debts. For instance, law enforcement officials in Vermont report that numerous robberies, thefts, and shootings have occurred as a result of unpaid drug debts and, further, that some drug traffickers have been murdered for their drug proceeds. Home invasions are a particular problem

for law enforcement officials because victims are often drug traffickers who either do not report the crime or do not admit that their drugs or drug proceeds have been stolen when they do report the crime. Additionally, some drug traffickers have engaged in witness intimidation and have contracted to have witnesses killed.

The abuse of heroin and crack cocaine has also been associated with domestic violence, including child neglect, child abuse, and spousal abuse. Some abusers also commit property crimes such as burglary, forgery, fraud, and theft to support their addictions. Additionally, the number of bank robberies in the area committed by prescription narcotics abusers in an attempt to finance their addictions has recently increased.

Street gangs involved in drug distribution pose particular public safety concerns in the New England HIDTA region. Most street gang members distribute cocaine, marijuana, and heroin, and a number have been implicated in assaults, home invasions and shootings, robberies, and thefts. Further, many gang members reportedly purchase stolen weapons such as Tec-9s, Uzis, and sawed-off shotguns, which they then sell to other gang members and criminals in the New England HIDTA region.

Abuse

Available treatment data depict the overall drug abuse situation in the New England HIDTA region. From 2003 through 2005¹ the number of admissions for heroin to publicly funded treatment facilities in the region outnumbered those for all other illicit substances, including cocaine, marijuana, other opiates—which include prescription narcotics—and amphetamines/other stimulants. Fueling the heroin abuse problem are increasing levels of prescription narcotics abuse. The number of admissions to substance abuse treatment facilities in the region for other opiates, including prescription narcotics, increased substantially from 2003 through 2005. (See [Table 1 on page 8.](#)) According to area treatment providers, abusers—particularly

1. The latest year for which data are available.

Table 1. Number of Treatment Admissions to Publicly Funded Treatment Facilities in the New England HIDTA Region, 2003–2005

	2003	2004	2005
Heroin	49,745	49,568	47,139
Cocaine	17,349	17,898	12,792
Marijuana	11,245	11,673	11,285
Other Opiates	7,135	8,380	9,762
Amphetamines/Other Stimulants	361	377	477

Source: Treatment Episode Data Set.

adolescents and young adults who become addicted to prescription narcotics— often switch to heroin, attracted by the drug’s lower cost and higher purity. One 80-milligram tablet of OxyContin costs \$80 in Boston, while a bag (typically containing between one-seventh and one-tenth of a gram of the drug) of SA heroin costs \$6 to \$20. The high number of opiate abusers who switch to heroin has led the Drug Enforcement Administration (DEA) to report that OxyContin, the primary prescription narcotic of abuse, is a gateway drug to heroin use in New England.

Many heroin abusers in the New Hampshire area are “functional heroin abusers”; they hold jobs, have families, and participate in community events. Moreover, heroin abusers from New Hampshire, known as “day-trippers,” drive to the Lawrence/Lowell area several times a day and ingest or inject heroin while driving back to New Hampshire rather than transporting the drug back to New Hampshire for future use. As such, law enforcement officers rarely seize heroin from these abusers on interdiction stops.

Methadone has emerged as the leading cause of drug-related deaths in Maine and New Hampshire. In 2006 more overdose deaths in these two states were attributed to methadone than to any other drug. Additionally, methadone was the primary cause of drug-related deaths in New Hampshire from 2002 through 2005. Public health officials in Maine and New Hampshire report that the leading cause of this development is the removal of

OxyContin as a preferred drug from state health plans; the drug was removed because of its high abuse potential. With the removal of OxyContin as a preferred drug, physicians are increasingly prescribing methadone for pain relief. As a result, prescription narcotic abusers, who typically obtain the drugs through fraud, theft, or doctor-shopping, are increasingly acquiring methadone rather than OxyContin. These abusers, who are seeking an OxyContin-type high—which is physiologically unattainable from methadone—sometimes use excessive amounts of the drug and accidentally overdose.

Illicit Finance

Illicit drug proceeds generated in the New England HIDTA region typically are laundered through bulk cash smuggling, money services businesses (MSBs), front companies, and the purchase of expensive consumer goods. Wholesale-level traffickers transport bulk drug proceeds in personal vehicles and tractor-trailers directly to Canada or Mexico for eventual repatriation. They also transport bulk proceeds to New York City to be combined with other drug proceeds for eventual transport to southwestern states and Mexico. Wholesale-level traffickers operating in the HIDTA region also launder drug proceeds through MSBs, typically by electronic wire transfers of funds to associates outside the HIDTA region or to domestic and international bank accounts owned by the trafficker. Midlevel and retail traffickers operating in the region often launder proceeds by commingling them with legitimate funds generated

in area businesses such as clothing, music, and convenience stores and travel agencies. Additionally, retail drug distributors often purchase expensive clothing, jewelry, and automobiles with the proceeds from illegal drug sales.

Outlook

Mexican DTOs will most likely expand their drug distribution networks in the HIDTA region over the coming year. Historically, Mexican criminal groups in the region transported and distributed drugs on behalf of Colombian and Dominican DTOs. However, these Mexican criminal groups are now using distribution networks that they previously established in southwestern states and other areas, such as Atlanta, from which they supply major drug markets throughout the United States, to increase their operations in the HIDTA region.

Heroin and prescription narcotics abuse will be the primary drug threat to the New England HIDTA region in the next year. Heroin will remain widely available and abused. Additionally, prescription narcotics abuse will fuel already high heroin abuse rates in the region because some prescription narcotics abusers will most likely switch to heroin, attracted by the drug's low cost.

Canada-based Asian DTOs will expand indoor hydroponically grown cannabis operations in the New England HIDTA region to capitalize on increasing demand for high-potency marijuana in the area. These DTOs will also be motivated to establish cannabis grow sites in the HIDTA region because they will be able to remain relatively close to their counterparts in Canada and will also be able to avoid the expense and risk of detection associated with cross-border smuggling.

Methamphetamine abuse in the New England HIDTA region will most likely remain at low but stable levels in the coming year. Methamphetamine abuse will most likely remain concentrated among the gay community in Boston and among groups of individuals who produce personal use quantities of the drug.

Members of New York-based African American and Hispanic street gangs will continue to relocate to rural areas of the HIDTA region to establish new retail-level drug markets. This situation may lead to increasing levels of drug-related crime, including violent crime, in these areas.

Sources

Local and State

Connecticut

Connecticut Intelligence Center
Hartford Police Department
State of Connecticut
 Department of Public Safety
 Connecticut State Police

Maine

Brewer Police Department
Caribou Police Department
East Millinocket Police Department
State of Maine
 Maine Drug Enforcement Agency
 Maine Office of Substance Abuse
 Office of the Attorney General
 Office of the State Medical Examiner
Washington County Sheriff

Massachusetts

Chelsea Police Department
City of Boston
 Centers for Youth and Families
 Police Department
 Drug Control Unit
 Public Health Commission
Commonwealth of Massachusetts
 Department of Banking
 Department of Public Health
 Bureau of Substance Abuse Statistics
 Office of Statistics and Evaluations
 Office of the Attorney General
 State Police
 Division of Investigative Services
 Holyoke Police Department
 Lawrence Police Department
 Lowell Police Department
 Springfield Police Department
 Worcester Police Department

New Hampshire

State of New Hampshire

Office of the Chief Medical Examiner

Vermont

Colchester Police Department

Hartford Police Department

Regional

New England Narcotics Enforcement Officers' Association

New England State Police Information Network

Federal

Executive Office of the President

Office of National Drug Control Policy

High Intensity Drug Trafficking Area

New England

Financial Task Force

U.S. Department of Commerce

U.S. Census Bureau

American Community Survey

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Office of Applied Studies

Drug Abuse Warning Network

Treatment Episode Data Set

U.S. Department of Homeland Security

U.S. Customs and Border Protection

U.S. Immigration and Customs Enforcement

U.S. Department of Justice

Drug Enforcement Administration

Domestic Monitor Program

El Paso Intelligence Center

New England Field Division

Federal Bureau of Investigation

U.S. Attorney's Offices

District of Connecticut

District of Maine

District of Massachusetts

District of New Hampshire

District of Rhode Island

District of Vermont

U.S. Postal Service

U.S. Postal Inspection Service

Other

The Boston Globe

Chelsea, Massachusetts, Methadone Clinic

Community Substance Abuse Centers

Director of Operations

Hartford Courant

The Lowell Sun

National Association of Drug Diversion Investigators

Project North Star

The Providence Journal

Springfield Republican

The Yale Herald



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