January 2002

Vermont

Drug Threat Assessment

National Drug Intelligence Center
U.S. Department of Justice

U.S. Department of Justice
National Drug Intelligence Center

Product No. 2002-S0377VT-001
January 2002

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to Vermont. 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 to Vermont.

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Vermont Drug Threat Assessment

Executive Summary

The distribution and abuse of illegal drugs pose a serious threat to the safety and security of the citizens of Vermont. Heroin, most of which is produced in South America, is Vermont's primary drug threat. Heroin treatment admissions currently outnumber all other illicit drug treatment admissions with the exception of marijuana, and they continue to increase. Heroin-related deaths and arrests are likewise increasing. Cocaine represents the second most significant threat with the number of treatment admissions and arrests increasing but at slower rates than heroin. Marijuana is the most prevalent drug in Vermont, and the rate of abuse is high, particularly among young adults. However, marijuana is considered a lower threat than heroin or cocaine because its effects are less debilitating, and its distribution and use are not commonly associated with violent crime. Other dangerous drugs, including diverted pharmaceuticals, LSD, and MDMA, represent a minor threat compared with heroin, cocaine, and marijuana. Diversion and abuse of OxyContin pose a new and growing threat within this category. The threat posed by methamphetamine is low with little indication that the drug is available or abused.

Heroin, most of which is produced in South America, is the primary drug threat to Vermont because it is increasingly available, and the level of abuse is high and increasing rapidly. The Burlington Police Department cites heroin as the primary drug threat to Burlington, Vermont's largest city. The Vermont Drug Task Force, with jurisdiction throughout the state, reports that availability and abuse of heroin are increasing in the cities of Brattleboro, Burlington, Montpelier, Newport, Rutland, and St. Johnsbury. The annual number of treatment admissions for heroin abuse in Vermont increased 230 percent from fiscal year (FY) 1996 to FY2000, more dramatically than for any other drug. The annual number of heroin overdose deaths more than tripled from 1998 through 2000. Additionally, from 1999 to 2000 the number of state and local heroin-related investigations increased 372 percent, and the number of individuals arrested for either possession or sale/delivery of heroin increased 147 percent. Wholesale distribution of heroin in Vermont is extremely limited. Local independent Caucasian dealers are the primary retail distributors of heroin in the state. These dealers commonly travel in private automobiles to purchase heroin, primarily from Dominican criminal groups in Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York.

Cocaine is the second most significant drug threat to Vermont. Most state and federal law enforcement authorities report that powdered cocaine is widely available with availability remaining at a stable level. The availability and abuse of crack cocaine are reported

to be increasing in the more populated areas, particularly Brattleboro, Burlington, and Rutland. The number of treatment admissions for cocaine increased 14 percent from FY1999 to FY2000. Additionally, the number of cocaine-related arrests increased 15 percent from 1999 to 2000. Wholesale distribution of cocaine in Vermont is extremely limited. Local independent Caucasian dealers are the primary retail distributors of powdered cocaine in the state. These dealers commonly travel in private automobiles to purchase powdered cocaine, primarily from Dominican criminal groups in Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York. African American criminal groups based in Massachusetts, Connecticut, and New York are the dominant retail distributors of crack in Vermont. Members of these criminal groups typically purchase crack from Dominican criminal groups, travel to Vermont to sell the drugs quickly, and return home. These criminal groups are also increasingly converting powdered cocaine into crack in Vermont.

Marijuana is the most widely available and commonly abused drug in Vermont. However, marijuana constitutes a lower threat than heroin and cocaine because distribution and abuse of marijuana are not commonly associated with violent crime. Vermont consistently had more treatment admissions for marijuana abuse than for any other drug every year from FY1997 through FY2000 with admissions increasing 45 percent during this 4-year period. Marijuana use among high school students is decreasing after a period of increasing use beginning in 1991 and peaking in 1997. Most of the marijuana available in the state is produced in Mexico; marijuana produced locally or in Canada is also available. Wholesale distribution of marijuana in Vermont is extremely limited. Loosely organized Caucasian criminal groups and local independent Caucasian dealers are the dominant retail distributors of marijuana. These groups typically purchase marijuana from Caucasian criminal groups in Massachusetts, Connecticut, and New York.

Other dangerous drugs, including diverted pharmaceuticals such as OxyContin, hallucinogens such as LSD, and stimulants such as MDMA, currently represent a minor threat to Vermont compared with heroin, cocaine, and marijuana. The abuse of OxyContin, a strong semisynthetic opiate prescribed for pain relief, is of increasing concern to state and local law enforcement officials in several Vermont communities. Young adults are the primary abusers of LSD, and the drug is frequently distributed at rock concerts in the state. The availability and abuse of MDMA are limited in Vermont, but the drug has become a serious problem in other states in the region. MDMA is distributed at raves in neighboring states and Canada. Burlington area residents, among others, reportedly attend raves held across the border in Montreal, and residents in areas such as Brattleboro reportedly attend raves in Springfield, Massachusetts. No raves have been reported in Vermont. To the extent MDMA is available in the state, it is usually sold in bars and private residences.

The availability and abuse of **methamphetamine** are extremely limited in Vermont, making the threat posed by the drug low. The number of methamphetamine-related primary treatment admissions in Vermont was relatively constant over the past 5 years, averaging only 12 per year through FY2000. Additionally, methamphetamine seizures are rare, and law enforcement officials have not seized any methamphetamine laboratories in the state since 1990.

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Vermont
Drug Threat Assessment

Overview

Vermont is the eighth smallest state in the nation, encompassing 9,609 square miles, and is the second least populous state with nearly 609,000 residents. Burlington is the largest city in the state with a population of almost 39,000. The adjoining cities of Burlington, South Burlington, and Winooski together form the major population center in the state. This area, with over 61,000 residents, attracts retail-level drug distributors because of the relatively large customer base.

Vermont is an ethnically homogeneous state, making it difficult for criminal groups from different ethnic backgrounds to blend easily with the resident population and distribute drugs. According to the 2000 U.S. Census, 96.8 percent of Vermont's population is Caucasian. During the late-1990s Dominican criminal groups distributed wholesale quantities of drugs, primarily cocaine and heroin, in Vermont. However, members of these groups were not able to easily conceal their illegal activities, and they subsequently moved to more ethnically diverse states to distribute drugs. Drugs distributed in Vermont are now typically purchased out of state, usually in Massachusetts, Connecticut, and New York, primarily by local independent Caucasian dealers. The dealers return to Vermont to distribute the drugs at the retail level.

Fast Facts

Vermont	
Population (2000)	608,827
U.S. population ranking	49th
Median household income (2000)	$39,317
Unemployment rate (2001)	3.2%
Land area	9,609 square miles
Capital	Montpelier
Other principal cities	Barre, Bennington, Brattleboro, Burlington, Colchester, Essex Junction, Hartford, Milton, Rutland, South Burlington, St. Johnsbury, White River Junction, Winooski
Number of counties	14
Principal industries	Agriculture, manufacturing, tourism

Vermont borders three states and Canada. The state has an extensive transportation infrastructure, making transportation of legal and illegal goods into and through the state relatively easy. Vermont shares a 242-mile border with New Hampshire, a 189-mile border with New York, a 41-mile border with Massachusetts, and an 89-mile border with Canada. (See map on page vi.) Interstate highways 89, 91, and 93 provide direct access to drug distribution centers in the region. Interstates 91 and 93 connect with I-95 (the primary north-south route on the East Coast) in the New Haven and Boston areas respectively. Interstate 89 connects Burlington and Montpelier with I-91 at White River Junction and with I-93 at Concord, New Hampshire. Interstate 89 ends at the U.S.–Canada border at the Highgate Springs Port of Entry and joins with Provincial Road 133, a smaller road that provides access to Montreal via Quebec Autoroutes 35 and 10.

Passenger rail service is available on two trains serving Vermont, both of which provide opportunities for the transportation of illegal drugs. One train offers daily service between St. Albans, Vermont, and Washington, D.C., making 24 stops in nine states including 1 in New York City. The other train offers daily service between Rutland, Vermont, and New York City, making 10 stops in two states.

Burlington International Airport is Vermont's only international airport. In 2000 a discount airline company in Vermont began offering $49 one-way flights between Burlington International Airport and LaGuardia Airport in New York City. This stimulated competition, and soon another airline company offered $99 round-trip jet service between Burlington International Airport and LaGuardia Airport. The competition among airline companies on this route keeps fares low, resulting in increased passenger volume. This increase in passenger volume reduces the risk of exposure for drug couriers, allowing the couriers to blend in with the other passengers. The Burlington Police Department is concerned that criminal groups and independent dealers are increasingly using this method to transport drugs into the state.

Wholesale distribution of drugs in Vermont is rare; most retail-level distributors travel outside the state to purchase drugs. Local independent Caucasian dealers are the dominant powdered cocaine and heroin distributors in Vermont. These dealers typically travel by vehicle to Massachusetts, Connecticut, and New York to purchase cocaine and South American heroin, primarily from Dominican criminal groups. New York City remains the primary distribution center for the region. Most of the heroin and cocaine available in Vermont is transported directly from New York City or from secondary distribution centers in Massachusetts and Connecticut.

The number of crimes recorded annually in Vermont declined from 1997 to 2000; however, the number of drug-related crimes increased each year during that period. According to the Vermont Crime Report, the total number of crimes reported annually by state and local law enforcement officials in Vermont decreased approximately 6.6 percent from 75,871 in 1997 to 70,831 in 2000. During that period, the number of drug-related crimes increased 27.1 percent from 2,052 in 1997 to 2,608 in 2000. (See Table 1.) The dramatic increase in the number of drug-related crimes indicates that the drug threat to the citizens of Vermont is increasing.

Table 1. Vermont Crime Report 1997–2000

Crimes	1997	1998	1999	2000
Part I*	**21,484**	**20,088**	**18,488**	**19,427**
Part II**	**54,387**	**53,282**	**51,743**	**51,404**
Total	**75,871**	**73,370**	**70,231**	**70,831**
Drugs Only	**2,052**	**2,324**	**2,441**	**2,608**

*Part I Crimes: homicide, forcible rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson.
**Part II Crimes: forgery, fraud, embezzlement, stolen property, vandalism, sex offense, drugs, family/child, liquor violations, disorderly conduct, simple assault, weapons, prostitution, gambling, vagrancy, DUI, and other.

Federal sentencing data also reflect an increase in the number of drug-related crimes in Vermont. The number of federal drug sentences in Vermont increased over 107 percent from 41 in fiscal year (FY) 1998 to 85 in FY2000, compared with the nationwide increase of 14 percent from 20,618 to 23,423, according to the U.S. Sentencing Commission. (See Table 2.) The number of heroin-related sentences increased 550 percent from 4 in FY1999 to 26 in FY2000, more dramatically than for any other drug. (See Table 3.) Additionally, 51.5 percent of federal sentences in Vermont in FY2000 were drug-related, compared with the national average of 39.8 percent.

Table 2. Federal Drug-Related Sentences Vermont and Nationwide, FY1996–FY2000

	Vermont	Nationwide
FY1996	**35**	**17,252**
FY1997	**52**	**19,089**
FY1998	**41**	**20,618**
FY1999	**76**	**23,082**
FY2000	**85**	**23,423**

Source: U.S. Department of Justice, U.S. Sentencing Commission, FY1996–FY2000.

Table 3. Federal Drug-Related Sentences, by Drug Type, Vermont, FY1996–FY2000

	Cocaine		Heroin		Marijuana		Methamphetamine		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
FY1996	**28**	**80.0**	**5**	**14.0**	**1**	**3.0**	**1**	**3.0**	**0**	**0.0**
FY1997	**39**	**75.0**	**4**	**8.0**	**6**	**11.0**	**0**	**0.0**	**3**	**6.0**
FY1998	**30**	**73.0**	**5**	**12.0**	**4**	**10.0**	**1**	**2.5**	**1**	**2.5**
FY1999	**48**	**63.0**	**4**	**5.0**	**22**	**29.0**	**1**	**1.5**	**1**	**1.5**
FY2000	**34**	**40.0**	**26**	**31.0**	**23**	**27.0**	**0**	**0.0**	**2**	**2.0**

Source: U.S. Department of Justice, U.S. Sentencing Commission, FY1996–FY2000.

Federal seizure data support law enforcement reports indicating that wholesale distribution of drugs in Vermont is extremely limited. Federal law enforcement officials seized few kilograms of heroin or cocaine from FY1998 through FY2000. Kilogram quantities of marijuana were seized in FY1999 and FY2000 but less frequently than they had been in FY1998. (See Table 4.)

Table 4. Drug Seizures by Kilogram Vermont, FY1995–FY2000

	Cocaine	Heroin	Marijuana	Methamphetamine
FY1995	**2.6**	**0.0**	**4.2**	**0.0**
FY1996	**0.4**	**1.4**	**740.7**	**0.0**
FY1997	**6.8**	**0.0**	**36.4**	**0.0**
FY1998	**1.2**	**0.6**	**434.9**	**0.2**
FY1999	**0.3**	**0.0**	**6.4**	**2.7**
FY2000	**1.4**	**0.0**	**31.5**	**0.0**

Source: DEA, Federal-wide Drug Seizure System, FY2000.

State treatment data indicate that an increasing number of individuals in Vermont abuse heroin, other opiates and synthetics, and marijuana. According to the Vermont Office of Alcohol and Drug Abuse Programs, the number of heroin admissions increased 230 percent from 113 in FY1996 to 373 in FY2000, more than the percentage increase for any other drug. (See Table 5.) The number of admissions for other opiates and synthetics (including morphine, hydrocodone, hydromorphone, oxycodone, and propoxyphene) increased 200 percent from 70 in FY1996 to 210 in FY2000. The number of marijuana admissions increased 36 percent from 897 in FY1996 to 1,223 in FY2000. The annual number of admissions for cocaine and methamphetamine abuse remained relatively constant.

A significant percentage of Vermont youths report abusing or knowing adults who abuse or sell drugs in the state. According to the 2001 Vermont Youth Risk Behavior Survey, 42 percent of high school students reported having abused marijuana at least once in their lifetime, 7 percent reported having abused cocaine, and 3 percent reported having abused heroin. In the same study, 58 percent of respondents reported that marijuana and 23 percent reported that cocaine, LSD, or amphetamines were “easy” or “very easy” to obtain. Further, 56 percent of the respondents reported that they knew adults who had abused drugs in the past year, and 32 percent reported that they knew adults who had sold drugs in the past year.

The financial impact on Vermont’s government from substance abuse-related costs is significant. In 1998 Vermont spent over $134 million on substance abuse-related program areas including justice, education, health, child-family assistance, mental health-developmental disabilities, and public safety. This figure amounted to approximately 12 percent of the total expenditures for the state, the twelfth highest percentage in the nation. When factoring in the cost of lost productivity and non-governmental expenses by private social services, estimates for total substance abuse-related costs were even higher.

Table 5. Drug-Related Treatment Admissions, by Drug Type, Vermont, FY1996–FY2000

	FY1996	FY1997	FY1998	FY1999	FY2000
Heroin	**113**	**128**	**213**	**282**	**373**
Cocaine	**290**	**286**	**308**	**272**	**310**
Marijuana	**897**	**843**	**1,057**	**1,193**	**1,223**
Other Opiates and Synthetics	**70**	**83**	**128**	**144**	**210**
Methamphetamine	**15**	**9**	**9**	**13**	**12**

Source: Vermont Office of Alcohol and Drug Abuse Programs, FY1996–FY2000.

Heroin

Heroin, most of which is produced in South America, is the primary drug threat to Vermont because it is increasingly available, and the level of abuse is high and increasing rapidly. The Burlington Police Department cites heroin as the primary drug threat to Burlington, Vermont’s largest city. The Vermont Drug Task Force, with jurisdiction throughout the state, reports that availability and abuse of heroin are increasing in the cities of Brattleboro, Burlington, Montpelier, Newport, Rutland, and St. Johnsbury. The annual number of treatment admissions for heroin abuse increased 230 percent from FY1996 to FY2000, more dramatically than for any other drug. The annual number of heroin overdose deaths more than tripled from 1998

through 2000. Additionally, from 1999 to 2000 the number of state and local heroin-related investigations increased 372 percent, and the number of individuals arrested for either possession or sale/delivery of heroin increased 147 percent. Wholesale distribution of heroin in Vermont is extremely limited. Local independent Caucasian dealers are the primary retail distributors of heroin in the state. These dealers commonly travel in private automobiles to purchase heroin, primarily from Dominican criminal groups in Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York.

Abuse

The number of heroin abusers in Vermont is increasing, with a dramatic increase in the number of younger abusers. This new abuser population is attracted to the ready availability of high-purity heroin, primarily produced in South America. Typically, these new abusers are young adults who snort or, to a much lesser extent, smoke the drug. Snorting and smoking are not the most efficient methods of administration, and as heroin addiction develops, the abuser typically switches to injecting the drug. Injection carries the risk of contracting and spreading acquired immunodeficiency syndrome (AIDS) and hepatitis through needle sharing.

Treatment and survey data indicate that heroin abuse, particularly among the younger population, is increasing more dramatically than abuse of any other drug in Vermont. The annual number of treatment admissions for heroin as the primary substance of abuse increased 230 percent from 113 in FY1996 to 373 in FY2000, according to the Vermont Office of Alcohol and Drug Abuse Programs. (See Table 5 on page 4.) Additionally, the number of treatment admissions aged 18 to 24 admitted for heroin abuse increased 464 percent from 22 in FY1997 to 124 in FY2000. The number of heroin overdose deaths in Vermont increased from 4 in 1998 to 10 in 1999 and 14 were reported through the first 10 months of 2000. According to the 2001 Vermont Youth Risk Behavior Survey, 3 percent of eighth graders and 3 percent of high school seniors surveyed in Vermont reported having abused heroin at least once in their lifetime. When this survey was administered in 1997, heroin abuse was so rare in Vermont that its abuse by students was not specifically addressed.

Federal, state, and local law enforcement authorities report that heroin abuse is increasing in the state. According to the Burlington Police Department, heroin is the primary drug threat to Burlington because abuse, already at high levels, is increasing rapidly, and the average age of heroin abusers is decreasing. The Vermont Drug Task Force reports heroin abuse is increasing in Brattleboro, Burlington, Montpelier, Newport, Rutland, and St. Johnsbury. The DEA Burlington Resident Office reports an increasing demand for heroin in the state and a growing number of younger heroin abusers who have become addicted after using the drug recreationally.

Long-term Methadone Treatment Legalized

On May 18, 2000, the governor of Vermont signed into law Bill S.303 that legalizes long-term methadone treatment, ending a long debate between the legislature and the governor on how to respond to the alarming increase in heroin abuse in the state. The first long-term methadone clinic is expected to open in Vermont by the summer of 2002.

Source: *Portsmouth Herald*, 11 January 2000; The Vermont Legislative Bill Tracking System; Vermont Office of Alcohol and Drug Abuse Programs.

Availability

The availability of heroin, primarily produced in South America, is increasing in Vermont. State law enforcement reports indicate that the availability of heroin is increasing throughout Vermont, particularly in the cities of Brattleboro, Burlington, Montpelier, Newport, Rutland, and St. Johnsbury.

The DEA Burlington Resident Office notes that in 2001 the retail purity of heroin in Vermont ranges from 55 to 60 percent and prices are relatively stable. Heroin prices are generally lower in the more populated areas because of a larger customer base and greater competition between distributors. The Vermont Drug Task Force reports that the price of a glassine bag (user dose) of heroin in Vermont ranges from $20 to $45 in 2001. DEA reports that a glassine bag of heroin sells for $20 in Burlington. However, a similar bag sells for $40 in Bennington, $30 in Newport, and $20 to $30 in Brattleboro, according to local police reports.

The number of heroin-related investigations and arrests also indicates a significant increase in the availability of heroin. The number of state and local heroin investigations recorded each year increased 372 percent from 32 in 1999 to 151 in 2000, according to the State of Vermont Edward Byrne Grant Program FY2000 Annual Report. The number of individuals arrested by state and local law enforcement for either possession or sale/delivery of heroin increased 147 percent from 57 in 1999 to 141 in 2000. In June 2001 the director of the Vermont Center for Justice Research reported that Vermont law enforcement officers arrested less than 10 youths per year for possession of heroin until 2000 when law enforcement made 86 such arrests.

Anecdotal information indicates that heroin is frequently available in many areas in Vermont. Local law enforcement officials arrested a number of heroin distributors in a series of raids in Bennington, Plainfield, and Rutland in September 2000, seizing 30 glassine bags of heroin in Bennington, over 70 bags in Plainfield, and more than 1,000 bags in Rutland. Seven of the 12 arrestees in Rutland and the 2 in Bennington were under 22 years of age. One arrestee in the Rutland raid reported that he had transported 20,000 glassine bags of heroin to Vermont during the 7-month period preceding the raid. The individual reportedly had purchased the heroin from a Dominican criminal group in New York City. In September 2001 Barre police officers arrested eight individuals for selling heroin and seized heroin with an estimated value of $10,000 and $1,600 in cash.

Violence

The distribution and abuse of heroin are not commonly associated with violent crime in Vermont. Federal and state law enforcement officials report that violent crime is not typically associated with heroin distribution in the state. Heroin abusers generally do not commit violent crimes while under the influence of the drug. However, some heroin abusers commit burglaries and robberies to pay for drugs. Rutland police reported a significant increase in 2000 in the number of heroin abusers attempting to steal money to support their addictions. Police in Montpelier arrested two men suspected of committing burglaries of downtown businesses. Both men confessed to the burglaries and admitted to being addicted to heroin. St. Johnsbury police reported that a heroin abuser committed a series of armed robberies in May and June 2001 to support an addiction.

Production

There are no reported incidents of opium poppy cultivation or heroin production in Vermont. Heroin is produced in four source regions: Southwest Asia, Southeast Asia, South America, and Mexico. South America, primarily Colombia, is a significant source of heroin smuggled into the United States and is the source of most of the heroin available in Vermont.

Transportation

Local heroin distributors usually travel from Vermont to Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York, to purchase heroin. Heroin is commonly transported in private or rented automobiles on Interstates 89, 91, and 93, according to DEA and the Vermont Drug Task Force. Some of these automobiles are equipped with traps. (See text box.) The DEA Burlington Resident Office reports that a typical heroin seizure from an automobile trap involves 300 to 500 glassine bags, while the largest seizure exceeded 1,000 bags.

Heroin also is transported into Vermont using commercial package delivery and mail services and, to a lesser extent, by couriers on passenger trains and commercial airlines. Criminal groups outside the state use package and mail delivery services to transport heroin to local independent dealers in Vermont. Rutland police officials reported that an increasing amount of heroin is transported to the area on the passenger train from New York City to Rutland. Increased competition between airline companies servicing Burlington International Airport has resulted in lower rates, making the transportation of drugs between New York City and Burlington on commercial airlines more likely.

Automobile Traps

Traps are mechanical devices that require a sophisticated series of procedures to open. They are categorized as transport or personal. Transport traps are large, normally inaccessible to passengers, and usually used for the interstate transportation of drugs and currency. Personal traps are small, accessible to passengers, and usually used to conceal drugs for day-to-day distribution.

Distribution

Wholesale distribution of heroin in Vermont is extremely limited. Occasionally, Hispanic and Caucasian criminal groups based in New York City and Massachusetts sell heroin in Vermont to local retail distributors. One or two members of these criminal groups commonly travel to a city in Vermont, stay a few days at a local motel, quickly sell heroin to local retail distributors, and return home.

Local independent Caucasian dealers are the primary retail distributors of heroin in Vermont. These dealers commonly travel outside the state in private automobiles to purchase heroin, primarily from Dominican criminal groups in Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York. In 1999 DEA and the Vermont Drug Task Force arrested two male Caucasian roommates residing in Montpelier who traveled weekly to Massachusetts to purchase heroin from a Dominican source. The suppliers also were arrested. In November 2000 law enforcement officials seized

350 glassine bags of heroin and arrested two Caucasian females who traveled weekly from Vermont to Holyoke, Massachusetts, to purchase heroin from Dominican distributors.

Law enforcement officials report that many retail distributors in Vermont are also heroin abusers. Heroin abusers in Vermont often become dealers because their sources of supply charge lower prices for larger quantities, and abusers can make a significant profit by selling the excess in cities such as Burlington and Rutland. The Vermont Drug Task Force reports that dealers purchase heroin from Dominican criminal groups outside the state for $7 to $10 per glassine bag and resell the heroin in Vermont for $20 to $45 per bag.

Cocaine

Cocaine is the second most significant drug threat to Vermont. Most state and federal law enforcement authorities report that powdered cocaine is widely available with availability remaining at a stable level. The availability and abuse of crack cocaine are reported to be increasing in the more populated areas, particularly Brattleboro, Burlington, and Rutland. The number of treatment admissions for cocaine increased 14 percent from FY1999 to FY2000. Additionally, the number of cocaine-related arrests increased 15 percent from 1999 to 2000. Wholesale distribution of cocaine in Vermont is extremely limited. Local independent Caucasian dealers are the primary retail distributors of powdered cocaine in the state. These dealers commonly travel in private automobiles to purchase powdered cocaine, primarily from Dominican criminal groups in Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York. African American criminal groups based in Massachusetts, Connecticut, and New York are the dominant retail distributors of crack in Vermont. Members of these criminal groups typically purchase crack from Dominican criminal groups, travel to Vermont to sell the drugs quickly, and return home. These criminal groups are also increasingly converting powdered cocaine into crack in Vermont.

Cross Borders Task Force

In 1995 DEA and the United States Attorneys in Maine, New Hampshire, Vermont, and Massachusetts established the Cross Borders Task Force. This task force was created to address significant cocaine problems in all four states.

Abuse

Treatment data and law enforcement sources indicate that cocaine is commonly abused in Vermont and the overall level of cocaine abuse is relatively stable. However, federal, state, and local law enforcement officials note that the rate of crack cocaine abuse is increasing in more populated areas of the state, particularly Brattleboro, Burlington, and Rutland. Vermont had 290 treatment admissions for cocaine as the primary substance of abuse in FY1996, 286 in FY1997, 308 in FY1998, 272 in FY1999, and 310 in FY2000, according to the Vermont Office of Alcohol and Drug Abuse Programs. (See Table 5 on page 4.)

Survey data indicate that the rate of cocaine abuse by the younger population has decreased. According to the 1997 Vermont Youth Risk Behavior Survey, 8 percent of eighth graders and 12 percent of twelfth graders surveyed reported having abused cocaine at least once in their lifetime. Four percent of eighth graders and 10 percent of twelfth graders surveyed in 2001 reported having abused cocaine at least once in their lifetime.

Availability

Powdered cocaine is readily available in Vermont, and crack cocaine is increasingly available in the more populated areas. The Vermont Drug Task Force notes a particular increase in the availability of crack cocaine in Brattleboro, Burlington, and Rutland. Brattleboro police report that the availability of crack cocaine has been increasing since 1999.

Cocaine prices are relatively stable in Vermont. In 2001 the DEA Burlington Resident Office, the Vermont Drug Task Force, and the Newport City Police Department report that powdered cocaine sells for $100 per gram. The Brattleboro Police Department reports powdered cocaine sells for between $80 and $100 per gram. Also in 2001 the Vermont Drug Task Force reports crack cocaine sells for $200 per gram, and the Brattleboro Police Department reports crack cocaine sells for $50 per rock.

Crime associated with the distribution and abuse of cocaine is a growing problem for law enforcement in Vermont but does not pose as large a problem as that associated with heroin. The number of individuals arrested by state and local law enforcement for possession or sale/delivery of cocaine increased 15 percent from 117 in 1999 to 134 in 2000.

Violence

Although cocaine, particularly crack cocaine, is the drug most commonly associated with violent crime nationally, in general, there is little violent crime associated with the distribution or abuse of the drug in Vermont. However, in November 2000 two individuals stabbed two other individuals to death in Rutland after they had all smoked crack cocaine together. Law enforcement officials in the state reported that this was the first time an extremely violent crime was linked to the abuse of cocaine. Following the murders, the perpetrators kidnapped another individual, drove across the border into New York, and kicked this individual to death.

Production

There have been no reports of coca cultivation or cocaine production in Vermont; however, powdered cocaine is converted into crack cocaine in the state more often than in the past. Law enforcement officials report that powdered cocaine increasingly is being converted into crack at the retail level because of the stricter sentences associated with the possession of crack cocaine. Distributors are aware that federal penalties for distribution or possession of crack are harsher than are those for powdered cocaine; consequently they convert powder into crack in small quantities only as needed.

Transportation

Local independent Caucasian dealers transport powdered cocaine into Vermont from Massachusetts, Connecticut, and New York. They typically travel in privately owned or rented automobiles on Interstates 89, 91, and 93, and some conceal the cocaine in traps, according to DEA and the Vermont

Drug Task Force. (See text box on page 7.) In similar fashion, African American crack cocaine distributors based in Massachusetts, Connecticut, and New York transport crack cocaine into Vermont.

Couriers also transport powdered and, to a lesser extent, crack cocaine into Vermont on buses, commercial airlines, and trains. Couriers commonly carry drugs concealed on their person or in luggage. Law enforcement authorities report that drug couriers may be transporting cocaine on flights from New York City to Burlington.

Distribution

Wholesale distribution of powdered and crack cocaine is extremely limited in Vermont. Occasionally, members of Hispanic criminal groups based in the Boston or New York City areas transport wholesale quantities of cocaine into Vermont to sell to local retail distributors. One or two members of a criminal group travel into Vermont, stay a few days at a local motel, quickly sell the cocaine to local retail distributors, and then return to their base of operations outside the state.

Local independent Caucasian dealers are the primary retail distributors of powdered cocaine in Vermont. These dealers usually travel in private automobiles to purchase cocaine, primarily from Dominican criminal groups in Holyoke, Lawrence, Lowell, and Springfield, Massachusetts; Hartford, Connecticut; and New York, New York. A drug task force arrested seven individuals in November 2000 and seized 28 grams of powdered cocaine from an independent Caucasian dealer in Vermont and 2.5 kilograms from his Dominican supplier in Massachusetts.

African American criminal groups based in Massachusetts, Connecticut, and New York are the dominant retail distributors of crack in Vermont. Members of these criminal groups typically purchase crack from Dominican criminal groups in surrounding states and travel to Vermont to quickly sell the drugs, then return home.

Marijuana

Marijuana is the most widely available and commonly abused drug in Vermont. However, marijuana constitutes a lower threat than heroin and cocaine because distribution and abuse of marijuana are not commonly associated with violent crime. Vermont consistently had more treatment admissions for marijuana abuse than for any other drug every year from FY1997 through FY2000 with admissions increasing 45 percent during this 4-year period. Marijuana use among high school students is decreasing after a period of increasing use beginning in 1991 and peaking in 1997. Most of the marijuana available in the state is produced in Mexico; marijuana produced locally or in Canada also is available. Wholesale distribution of marijuana in Vermont is extremely limited. Loosely organized Caucasian criminal groups and local independent Caucasian dealers are the dominant retail distributors of marijuana. These groups typically purchase marijuana from Caucasian criminal groups in Massachusetts, Connecticut, and New York.

Abuse

Marijuana is the most widely abused drug in Vermont. Vermont treatment providers consistently record more admissions for marijuana abuse than for any other drug. The abuse of marijuana is not considered as serious a problem as abuse of heroin or cocaine because its effects are less debilitating and its use does not commonly lead to violence.

Survey data indicate that marijuana is commonly abused in Vermont. According to the 1999 National Household Survey on Drug Abuse, approximately 21.4 percent of individuals aged 18 to 25 surveyed in Vermont reported that they had abused marijuana at least once in the past month, the sixth highest rate in the nation. According to the 1998 Vermont Core Alcohol and Drug Survey, 34 percent of Vermont college students surveyed—compared with 19 percent nationwide—reported that they had abused marijuana at least once in the past month.

Many indicators detail the extent of the marijuana abuse problem in the state. Vermont treatment providers recorded 843 treatment admissions for marijuana in FY1997, 1,057 in FY1998, 1,193 in FY1999, and 1,223 in FY2000, a 45 percent increase during this 4-year period. High school students in Vermont commonly report abuse of marijuana by themselves or someone they know, but marijuana use is decreasing among high school students after peaking in 1997. According to the Vermont Youth Risk Behavior Survey, the percentage of eighth graders surveyed who reported having abused marijuana within the past 30 days increased from 4 percent in 1991 to 19 percent in 1997 but then decreased to 17 percent in 1999 and to 10 percent in 2001. The percentage of twelfth graders surveyed who reported having abused marijuana within the past 30 days increased from 19 percent in 1991 to 39 percent in 1997 and 1999 but then decreased to 36 percent in 2001. Sixty percent of twelfth graders surveyed in 2001 reported having abused marijuana at least once in their lifetime, a decrease from 63 percent in 1999. According to the survey, 42 percent of high school students surveyed in Vermont reported having abused marijuana at least once in their lifetime, 26 percent reported having smoked the drug within the past 30 days, and 8 percent reported having smoked the drug on school property, decreasing from 47 percent, 30 percent, and 9 percent recorded in the 1999 survey.

Availability

Marijuana is readily available throughout Vermont. The number of individuals arrested by state and local law enforcement officials for possession or sale/delivery of marijuana increased from 1,544 in 1999 to 1,658 in 2000. Most of the marijuana available in Vermont is produced in Mexico, but locally produced marijuana also is available. Marijuana produced in Canada from hydroponically cultivated cannabis and field-grown cannabis is becoming increasingly available. In 2001 local police in Brattleboro and Newport report marijuana sells for $180 to $200 per ounce, and local police in Burlington report a price of $250 per ounce.

High school students in Vermont seem to believe that marijuana is almost as easy to obtain as tobacco. In the 2001 Vermont Youth Risk Behavior Survey, 58 percent of the youths surveyed reported that marijuana is “easy” or “very easy” to obtain, while 66 percent stated that tobacco cigarettes are “easy” or “very easy” to obtain.

Violence

Federal and state law enforcement officials report that violent crime is not typically associated with marijuana distribution or abuse in Vermont. Most marijuana abusers experience physical relaxation and typically do not commit violent crimes while under the influence of the drug. Although reports from other New England states indicate that some growers set traps to protect their crops, there are no such reports in Vermont.

Production

Most of the marijuana available in Vermont is produced in Mexico; marijuana produced locally or in Canada also is available. The DEA Burlington Resident Office reports that in the past 3 years marijuana produced in Canada has become increasingly available. Some cannabis is also grown locally both outdoors and indoors. From 1987 through 1997 law enforcement officers in Vermont seized 61,937 cultivated cannabis plants. More cannabis plants (10,529) were seized in 1994 than any other year during that period. Law enforcement officials report that growers are now reducing the size of individual cannabis plots and are increasingly cultivating cannabis indoors in an attempt to reduce aerial detection.

Bountiful Marijuana Harvest

In August 2001 law enforcement officials reported that the value of the marijuana harvest in Vermont rivaled the value of Vermont's legal agricultural products.

Source: *Associated Press*, 27 August 2001.

Transportation

Most of the marijuana available in Vermont is transported from Mexico via the Southwest Border. The majority of this marijuana is first transported in small and medium-size packages to Connecticut, Massachusetts, and New York by commercial aircraft, land vehicles, and delivery services. There it is repackaged and then transported to Vermont. To a much lesser extent, marijuana is transported directly into Vermont from the Southwest Border in private and rented automobiles, campers, commercial aircraft, and tractor-trailers and by package delivery and mail services.

The transportation of marijuana from Canada to Vermont reportedly is increasing. The DEA Burlington Resident Office reports that some marijuana from Canada is transported into Vermont across the New York–Canada border through Indian reservation land. Some is transported directly across the border, first by van and automobile to border areas in Canada. Then it is backpacked through the woods into Vermont and the empty vehicles are driven across the border. The marijuana is picked up and transportation is resumed by van and automobile to destinations in Vermont and other New England states. Occasionally marijuana is transported through ports of entry along the Vermont–Canada border. In January 2000 an Island Pond resident was sentenced to 30 years in prison for transporting tons of marijuana from Canada into Vermont through ports of entry using automobiles and tractor-trailers.

Distribution

Wholesale distribution of marijuana in Vermont is extremely rare but sometimes occurs. For example, in 1999 the Vermont Drug Task Force and the U.S. Customs Service investigated all eight members of a Vermont-based criminal group that distributed multiton quantities of marijuana in Vermont and other New England locations. The marijuana had been purchased in the southwestern states. Loosely organized Caucasian criminal groups and local independent Caucasian dealers are the dominant retail distributors of marijuana in the state. Members of these groups typically purchase marijuana from Caucasian criminal groups in Massachusetts, Connecticut,

and New York either transporting it themselves or arranging for shipments to be sent to Vermont. Loosely organized Caucasian criminal groups and local independent Caucasian dealers also distribute retail quantities of marijuana, which they purchase from local growers.

Other Dangerous Drugs

Other dangerous drugs, including diverted pharmaceuticals such as OxyContin, hallucinogens such as LSD, and stimulants such as MDMA, currently are a minor threat to Vermont compared with heroin, cocaine, and marijuana. The abuse of OxyContin, a strong semisynthetic opiate prescribed for pain relief, is of increasing concern to state and local law enforcement officials in several Vermont communities. Young adults are the primary abusers of LSD, and the drug frequently is distributed at rock concerts in the state. The availability and abuse of MDMA are limited in Vermont, but the drug has become a serious problem in other states in the region. MDMA is distributed at raves in neighboring states and Canada. Burlington area residents, among others, reportedly attend raves held across the border in Montreal, and residents in areas such as Brattleboro reportedly attend raves in Springfield, Massachusetts. No raves have been reported in Vermont. To the extent MDMA is available in the state, it is usually sold in bars and private residences.

Diverted Pharmaceuticals

The abuse of OxyContin is a new and growing threat to Vermont. The Vermont Drug Task Force reports that the rate of OxyContin abuse is increasing throughout the state, as is the number of OxyContin-related pharmacy burglaries. The Rutland Police reported that OxyContin abuse became a problem in Rutland during the spring of 2001. Individuals forged prescriptions on several occasions and illegally purchased over 500 OxyContin tablets at local pharmacies. Some local pharmacies that sold OxyContin and other opiates were burglarized. The Brattleboro Police reported in June 2001 that OxyContin stolen from pharmacies in surrounding communities is being sold illegally on the streets. Additionally, the Newport Police reported in June 2001 that OxyContin is increasingly diverted. In 2001 the Vermont Drug Task Force reports that diverted OxyContin sells for $1 to $1.25 per milligram, and task force personnel recently purchased four 40-milligram OxyContin tablets for $200.

OxyContin

OxyContin is a controlled-release version of oxycodone, a strong, semisynthetic opiate with analgesic potency and abuse potential comparable to morphine. Purdue Pharma L.P. developed OxyContin and received federal approval to sell the drug in May 1996. OxyContin is designed to treat moderate to severe pain that lasts for more than a few days. Due to its controlled-release formulation, OxyContin is designed to be taken every 12 hours. OxyContin was originally available only in 10-, 20-, 40-, and 80-milligram doses until July 2000 when the drug became available in a 160-milligram dose. Since October 2001 the 160-milligram dose is no longer legally distributed because of its potential for abuse, but Purdue Pharma has not ordered a general recall of this dosage. It remains in the inventory of some pharmacies.

Hallucinogens

LSD (lysergic acid diethylamide), also known as acid and yellow sunshines, is a hallucinogen. The effects of LSD are unpredictable and depend on the amount taken, the environment, and the abuser's personality, mood, and expectations. Abusers generally feel the effects of the drug within 30 to 90 minutes, and the effects usually last up to 12 hours. Physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. LSD abusers report that numbness, weakness, trembling, and nausea are common. The drug, usually taken orally, is odorless, colorless, and tasteless. LSD is sold on pieces of blotter paper and in tablet, capsule, and liquid forms. In 2001 the DEA Burlington Resident Office reports LSD sells for $4 to $7 per hit; Brattleboro Police report that liquid LSD sells for $175 per eyedrop dispenser (dosage units vary depending on size of dispenser and the concentration of the liquid).

LSD is not a major threat to Vermont but remains a concern for law enforcement officials because of a high potential for abuse among the younger population. LSD is only sporadically available in the state and is abused primarily by Vermont students in high school and college. Most of the LSD available in the state is produced in California and is transported to Vermont via express mail services. College students who purchase LSD from West Coast distributors usually sell retail quantities of LSD in the state. Vermont law enforcement authorities report that the drug is available at some rock concerts.

Stimulants

MDMA, also known as Adam, ecstasy, XTC, E, and X, is a stimulant and low-level hallucinogen. MDMA was patented in Germany in 1914 where it was sometimes given to psychiatric patients to assist in psychotherapy, a practice never approved by the American Psychological Association or the Food and Drug Administration. Sometimes called the hug drug, the drug purportedly helps abusers "be more in touch with others" and "opens channels of communication." However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, and seizure as reported in some fatal cases. Recent research suggests that MDMA abuse may result in long-term and, sometimes, permanent damage to parts of the brain that are critical to thought and memory.

MDMA is not a major threat to Vermont but remains a concern for law enforcement officials due to its extremely high potential for abuse. Both the Vermont Drug Task Force and DEA report that the levels of availability and abuse of MDMA are limited in Vermont. DEA reports that MDMA is sold in bars and private residences in the state. In 2001 the DEA Burlington Resident Office reports that MDMA sells for $18 to $30 per tablet; the Brattleboro Police Department reports that MDMA sells for $20 to $30 per tablet. Law enforcement officials believe that the MDMA threat is low because there have been no raves in Vermont, thereby avoiding the attendant MDMA abuse that has occurred in other states in New England. However, Burlington area residents, among others, reportedly attend raves held across the border in Montreal, and residents in areas such as Brattleboro reportedly attend raves in Springfield, Massachusetts.

Methamphetamine

The availability and abuse of methamphetamine are extremely limited in Vermont, making the threat posed by the drug low. The annual number of methamphetamine-related primary treatment admissions in Vermont remained relatively constant over the past 5 years, averaging only 12 per year through FY2000. Additionally, methamphetamine seizures are rare; law enforcement officials have not seized any methamphetamine laboratories in the state since 1990.

Abuse

Methamphetamine, also known as meth and crank, is a synthetic stimulant. The drug mimics adrenaline, stimulating the central nervous system, and is psychologically addictive. Long-term abuse can cause psychological effects that resemble schizophrenia. Methamphetamine abusers may experience a heightened sense of anger and panic, increased aggression, paranoia, delusions of insects crawling under or on the skin, and homicidal and suicidal thoughts. Researchers report that chronic methamphetamine abusers show signs of brain damage as well.

Treatment data indicate that the rate of methamphetamine abuse in Vermont is stable at very low levels and is significantly lower than that of any other drug. Vermont had 15 treatment admissions for methamphetamine as the primary substance of abuse in FY1996, 9 each in FY1997 and FY1998, 13 in FY1999, and 12 in FY2000, according to the Vermont Office of Alcohol and Drug Abuse Programs. (See Table 5 on page 4.)

Availability

Methamphetamine is sporadically available in Vermont. In 1999 law enforcement officials in Vermont seized 2 kilograms of very low-quality methamphetamine produced using an unspecified method. This was the only significant methamphetamine seizure ever in the state. An unsophisticated Caucasian criminal group that had planned to sell the drug in the state purchased the methamphetamine in California and was attempting to send the methamphetamine through express mail services when it was seized.

Violence

The distribution and abuse of methamphetamine do not pose a significant threat to Vermont. However, methamphetamine abusers often experience feelings of paranoia, fright, and confusion and, as a result, may become violent. Individuals addicted to methamphetamine are unpredictable and often commit violent crimes to obtain funds to purchase the drug. Therefore, if the drug becomes more available in the state, violence associated with its abuse could increase.

Production

There are no reports of methamphetamine production in Vermont. The last methamphetamine laboratory seizure in the state was in 1990.

Mexican drug trafficking organizations produce methamphetamine in laboratories in Mexico and in the western United States and are the primary suppliers of the methamphetamine available in Vermont as well as the rest of the United States, according to U.S. law enforcement officials.

Transportation

Due to the insignificant level of the methamphetamine problem in Vermont, information pertaining to the transportation of the drug is limited. DEA reports that a criminal group composed of young Caucasians was responsible for the last known shipment of methamphetamine to Vermont.

Distribution

DEA reports that methamphetamine is rarely distributed in Vermont. The last methamphetamine seizure in the state was in 1999.

Outlook

Heroin will remain the most serious drug threat to Vermont. The availability of heroin in Vermont will continue to increase as more heroin abusers begin to sell the drug to support their habits. The number of young abusers who snort or smoke high-purity heroin is likely to increase. Retail distributors in Vermont will continue to travel to other states to purchase heroin because ethnic groups that once distributed wholesale quantities of the drug locally found it difficult to blend with the community and conceal their illegal activities.

The availability and abuse of powdered cocaine will likely remain stable in Vermont. Powdered cocaine is widely available in the state, and there is no indication that availability or the abuser population will increase dramatically. Cocaine will continue to be purchased from sources outside the state because ethnic criminal groups cannot easily blend in with Vermont's homogeneous population. Crack will continue to be converted locally as needed by dealers attempting to minimize the risk of long federal prison sentences if arrested while transporting this form of cocaine.

The marijuana threat to Vermont should remain lower than that posed by heroin and cocaine because the effects on marijuana abusers and society are less pronounced. The availability and abuse of marijuana are widespread in the state, and demand for this drug likely will remain strong given its appeal to certain abuser groups, particularly the younger adult population. However, if the recent decline in abuse by high school students continues, the overall demand for marijuana in Vermont will decline. Wholesale distribution of marijuana is limited, and dealers will likely continue to sell retail quantities throughout the state.

The illegal use of OxyContin is likely to increase, perhaps dramatically, given the impact of OxyContin in other nearby states. The abuse of OxyContin is beginning to pose a problem in Vermont. It is possible that abusers of

OxyContin will choose heroin if law enforcement officials, physicians, pharmacists, and representatives of Purdue Pharma L.P. are successful in limiting the diversion of the drug. MDMA and LSD will remain lower threats than heroin, cocaine, and marijuana but are likely to be used more frequently than they have been, particularly if raves are held in the area. Reports of citizens traveling from Vermont to raves in Montreal, Canada, and Springfield, Massachusetts, and the availability of MDMA at some bars and residences in the state indicate the increasing popularity of this drug.

Treatment data and law enforcement information indicate methamphetamine is rarely available or abused in the state. There are no indications that methamphetamine availability and abuse are going to change in Vermont.

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