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U.S. DEPARTMENT OF JUSTICE
NATIONAL DRUG INTELLIGENCE CENTER

# National Drug Threat Assessment

# 2010

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U.S. DEPARTMENT OF JUSTICE
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# National Drug Threat Assessment 2010

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May 25, 2010: The *National Drug Threat Assessment 2010* was updated to reflect information regarding alien smuggling provided to the National Drug Intelligence Center after initial publication. Changes were made in the U.S. Southwest Border Smuggling and Violence section in the last paragraph on page 14 and the last two paragraphs on page 17.

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U.S. Department of Justice
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# National Drug Threat Assessment 2010

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## Executive Summary

Overall, the availability of illicit drugs in the United States is increasing.[1] In fact, in 2009 the prevalence of four of the five major drugs—heroin, methamphetamine, marijuana, and MDMA (3,4-methylenedioxymethamphetamine)—was widespread and increasing in some areas. Conversely, cocaine shortages first identified in 2007 persisted in many markets. Significant trends include:

- Increased heroin availability evidenced by higher purity, lower prices, and elevated numbers of heroin-related overdoses and overdose deaths is partly attributable to increased production in Mexico from 17 pure metric tons in 2007 to 38 pure metric tons in 2008, according to U.S. Government estimates.
- Despite recent government of Mexico (GOM) efforts to prohibit the importation of methamphetamine precursor chemicals, methamphetamine availability increased as the result of higher production in Mexico using alternative, less-efficient precursors. Sustained domestic production also contributed to the increased availability levels.
- Marijuana production increased in Mexico, resulting in increased flow of the drug across the Southwest Border, including through the Tohono O'odham Reservation in Arizona.
- Asian drug trafficking organizations (DTOs) are responsible for the resurgence in MDMA availability in the United States, particularly since 2005. These groups produce the drug in Canada and smuggle it across the Northern Border into the United States.
- Cocaine shortages have persisted in many U.S. drug markets since early 2007, primarily because of decreased cocaine production in Colombia but also because of increased worldwide demand for cocaine, especially in Europe; high cocaine seizure levels that continued through 2009; and enhanced GOM counterdrug efforts. These factors most likely resulted in decreased amounts of cocaine being transported from Colombia to the U.S.–Mexico border for subsequent smuggling into the United States.

Although drug use remained relatively stable from 2007 through 2008, more than 25 million individuals 12 years of age[2] and older reported using an illicit drug or using a controlled prescription drug (CPD) nonmedically in 2008. Each year, drug-related deaths number in the thousands, and treatment admissions and emergency department (ED)visits both exceed a million. These and other consequences of drug abuse, including lost productivity associated with abuse, the impact on the criminal justice system, and the environmental impact that results from the production of illicit drugs, are estimated at nearly $215 billion[3] annually.

1. The findings presented in this assessment are based on exacting analysis of quantitative data sources (data on seizures, investigations, arrests, drug purity or potency, drug prices, law enforcement surveys, laboratory analyses, and interagency production and cultivation estimates) and qualitative information including subjective views by individual agencies on various drug-related issues (see Appendix C: Scope and Methodology on page 69). For in-depth analysis of key issues in this summary, refer to individual chapters in this document.

2. Information based on a National Survey on Drug Use and Health (NSDUH) sample survey.

3. Estimate is based on a 2002 Office of National Drug Control Policy (ONDCP) estimate of $180 billion that has been adjusted for inflation.

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Mexican DTOs continue to represent the single greatest drug trafficking threat to the United States. Mexican DTOs, already the predominant wholesale suppliers of illicit drugs in the United States, are gaining even greater strength in eastern drug markets where Colombian DTO strength is diminishing. The extent of Mexican DTO influence over domestic drug trafficking was evidenced in several ways in 2009. For example:

- Mexican DTOs were the only DTOs operating in every region of the country.
- Mexican DTOs increased their cooperation with U.S.-based street and prison gangs to distribute drugs. In many areas, these gangs were using their alliances with Mexican DTOs to facilitate an expansion of their midlevel and retail drug distribution operations into more rural and suburban areas.
- In 2009, midlevel and retail drug distribution in the United States was dominated by more than 900,000 criminally active gang members representing approximately 20,000 street gangs in more than 2,500 cities.
- Mexican DTOs increased the flow of several drugs (heroin, methamphetamine, and marijuana) into the United States, primarily because they increased production of those drugs in Mexico.
- Drugs smuggled into the United States by Mexican DTOs usually are transported in private or commercial vehicles; however, Mexican DTOs also use cross-border tunnels, subterranean passageways, and low-flying small or ultralight aircraft to move drugs from Mexico into the United States.
- Mexican DTOs smuggled bulk cash drug proceeds totaling tens of billions of dollars from the United States through the Southwest Border and into Mexico. Much of the bulk cash (millions each week) was consolidated by the DTOs in several key areas, including Atlanta, Chicago, Los Angeles, New York City, and North Carolina, where it was prepared for transport to the U.S.–Mexico border and then smuggled into Mexico.
- According to the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), Mexican DTO members or associates acquire thousands of weapons each year in Arizona, California, and Texas and smuggle them across the border to Mexico.

The threat posed by the diversion and abuse of CPDs, primarily pain relievers, is increasing, evidenced by the sharp rise in the percentage (4.6% in 2007 to 9.8% in 2009) of state and local law enforcement agencies reporting CPDs as the greatest drug threat in their area.

- Increased abuse of CPDs has led to elevated numbers of deaths related to prescription opioids, which increased 98 percent from 2002 to 2006.
- Unscrupulous physicians who operate purported pain clinics in Florida—which until recently did not have a Prescription Drug Monitoring Program (PDMP)—are a significant source of supply for prescription opioids distributed in numerous states.

National Drug Intelligence Center (NDIC) analysts estimate that the overall threat posed by illicit drugs will not diminish in the near term. Although NDIC believes that sustained shortages of cocaine will persist in some U.S. markets in 2010, the availability of heroin, methamphetamine, and marijuana will increase, largely the result of increased production of the drugs in Mexico. The growing strength and organization of criminal gangs, including their alliances with large Mexican DTOs, will make disrupting illicit drug availability and distribution increasingly difficult for law enforcement agencies. The increased enforcement against illegal pain clinics and the growing number of PDMPs will disrupt the supply of CPDs to prescription opioid users in some areas, with the result that some users will seek opioids from other sources and some will switch to heroin.

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# Impact of Drugs on Society

The trafficking and abuse of drugs in the United States affect nearly all aspects of our lives. The economic cost alone is immense, estimated at nearly $215 billion. The damage caused by drug abuse and addiction is reflected in an overburdened justice system, a strained healthcare system, lost productivity, and environmental destruction.

## The Demand for Illicit Drugs

NSDUH data show that in 2008, 14.2 percent of individuals 12 years of age and older had used illicit drugs during the past year. Marijuana is the most commonly used illicit drug, with 25.8 million individuals 12 years of age and older (10.3%) reporting past year use. That rate remains stable from the previous year (10.1%) (see Table B1 in Appendix B). Psychotherapeutics[4] ranked second, with 15.2 million individuals reporting past year "nonmedical use" in 2008, a decrease from 16.3 million in 2007. In 2008, approximately 5.3 million individuals aged 12 and older reported past year cocaine use, 850,000 reported past year methamphetamine use, and 453,000 reported past year heroin use.

Rates of drug use vary by age. Rates are highest for young adults aged 18 to 25, with 33.5 percent reporting illicit drug use in the past year. Nineteen percent of youth aged 12 to 17 report past year illicit drug use. Finally, 10.3 percent of adults aged 26 and older report past year illicit drug use. These rates are relatively stable when compared with 2007 rates.

In 2008, approximately 2.9 million individuals tried an illicit drug or used a prescription drug nonmedically for the first time, representing nearly 8,000 initiates per day. More than half of these new users (56.6%) report that marijuana was the first illicit substance that they had tried. Other past year illicit drug initiates report that their first drug was a psychotherapeutic drug used nonmedically (29.6%), an inhalant (9.7%), or a hallucinogen (3.2%). By drug category, marijuana and pain relievers used nonmedically each had an estimated 2.2 million past year first-time users. Also identified frequently as the first drug used by initiates were tranquilizers (nonmedical use—1.1 million), ecstasy/MDMA (0.9 million), inhalants (0.7 million), cocaine (0.7 million), and stimulants (0.6 million). Methamphetamine appears to be fading in popularity among initiates. In 2008, an estimated 95,000 individuals tried methamphetamine for the first time—a 39 percent decrease from the 2007 estimate (157,000) and a 70 percent decrease from the 2004 estimate (318,000).

## The Consequences of Illicit Drug Use

The consequences of illicit drug use are widespread, causing permanent physical and emotional damage to users and negatively impacting their families, coworkers, and many others with whom they have contact. Drug use negatively impacts a user's health, often leading to sickness and disease. In many cases, users die prematurely from drug overdoses or other drug-associated illnesses (see text box on page 4). Some users are parents, whose deaths leave their children in the care of relatives or in foster care. Drug law violations constitute a substantial proportion of incarcerations in local, state, and federal facilities and represent the most common arrest category.

4. Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, and sedatives but excludes over-the-counter drugs.

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**Colombian Cocaine Producers Increase Use of a Harmful Cutting Agent**

Since late 2007, cocaine has increasingly contained levamisole, a pharmaceutical agent that typically is used for livestock deworming. According to Drug Enforcement Administration (DEA) Cocaine Signature Program data, before 2008, less than 10 percent of the tested wholesale-level cocaine samples contained levamisole. By 2009, approximately 71 percent of the tested cocaine samples contained levamisole. Because levamisole is being found in kilogram quantities of cocaine, investigators are confident that Colombian traffickers are adding it as part of the production process, possibly to enhance the effects of the cocaine. However, levamisole can be hazardous to humans, especially those with weakened immune systems. Ingesting levamisole can cause a person to develop agranulocytosis, a serious, sometimes fatal, blood disorder. At least 20 confirmed and probable cases of agranulocytosis, including two deaths, have been associated with cocaine adulterated with levamisole. The consequences of abusing levamisole are serious enough that in September 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a nationwide public alert on its effects.

## Impact on Health and Health Care Systems

Drug use and abuse may lead to specialized treatment, ED visits (sometimes involving death), contraction of illnesses, and prolonged hospital stays.

In 2008, NSDUH estimated that 7 million individuals aged 12 and older were dependent on or had abused illicit drugs in the past year, compared with 6.9 million in 2007. The drugs with the highest dependence or abuse levels were marijuana, prescription pain relievers, and cocaine. The number of individuals reporting past year marijuana abuse or dependence was 4.2 million in 2008, compared with 3.9 million in 2007; the number of individuals reporting past year prescription pain reliever abuse or dependence was 1.7 million in both 2007 and 2008; and the number of individuals reporting past year cocaine abuse or dependence was 1.4 million in 2008, compared with 1.6 million in 2007.

Many individuals who become dependent on illicit drugs eventually seek treatment. The Treatment Episode Data Set (TEDS) provides information regarding the demographics and substance abuse patterns of treatment admissions to state-licensed treatment facilities for drug dependence. In 2007, there were approximately 1.8 million admissions to state-licensed treatment facilities for illicit drug dependence or abuse. The highest percentage of admissions reported opiates as the primary drug of choice (31%, primarily heroin) followed by marijuana/hashish (27%), cocaine (22%), and stimulants (13%). Although approaches to treatment vary by drug, more than half of the admissions were to ambulatory (outpatient, intensive outpatient, and detox) facilities rather than residential facilities. (See Table B2 in Appendix B for data on admissions for specific drugs.)

Individuals often experience adverse reactions to drugs—including nonfatal overdoses—that require them to go to the hospital. In 2006, the Drug Abuse Warning Network (DAWN) reported that of 113 million hospital ED visits—1,742,887 (1.5%)—were related to drug misuse or drug abuse. An estimated 31 percent of these visits involved illicit drugs only, 28 percent involved CPDs, and 13 percent involved illicit drugs in combination with alcohol. When drug misuse or abuse plays a role in these ED visits, the most commonly reported substances are cocaine, marijuana, heroin, and stimulants (typically amphetamines or methamphetamine).

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A 2007 DAWN survey of 63 metropolitan areas found an average of 12.1 deaths per 100,000 persons related to drug use.[5] Rates of drug-related deaths range from 1.1 per 100,000 in Sioux Falls, South Dakota, to 26.1 per 100,000 in the New Orleans area. DAWN also records the number of drug-related suicide deaths. In 2007, the number of drug-related suicides per 100,000 persons ranged from less than one in several jurisdictions (including Chicago, Dallas-Fort Worth, and Minneapolis) to 6.2 per 100,000 in Fargo, North Dakota. To put these statistics in perspective, the Centers for Disease Control and Prevention (CDC) reports other nonnatural death rates as follows: Motor vehicle accidents, 15.1 per 100,000; nontransport accidents (e.g., falls, accidental drownings), 24.4 per 100,000; suicide, 11.1 per 100,000; and homicides, 6.2 per 100,000.

The consequences of drug use usually are not limited to the user and often extend to the user's family and the greater community. According to SAMHSA, combined data from 2002 to 2007 indicate that during the prior year, an estimated 2.1 million American children (3%) lived with at least one parent who was dependent on or abused illicit drugs, and 1 in 10 children under 18 lived with a substance-addicted or substance-abusing parent.[6] Moreover, the U.S. Department of Health and Human Services estimated in 1999 that substance abuse was a factor in two-thirds of all foster care placements.

Many states have enacted drug-endangered children laws to protect children from the consequences of drug production, trafficking, and abuse. Typically associated with methamphetamine production, drug-endangered children are exposed not only to abuse and neglect but also to fires, explosions, and physical health hazards such as toxic chemicals. In 2009, 980 children were reported to the El Paso Intelligence Center (EPIC) as present at or affected by methamphetamine laboratories, including 8 who were injured and 2 who were killed at the laboratories. These statistics do not include children killed by random gunfire associated with drug activity or who were physically or sexually abused by a "caretaker" involved in drug trafficking or under the influence of drugs.

## Impact on Crime and Criminal Justice Systems

The consequences of illicit drug use impact the entire criminal justice system, taxing resources at each stage of the arrest, adjudication, incarceration, and post-release supervision process. Although drug courts and diversion programs in many jurisdictions have helped to alleviate this burden (see text box on page 6), substance abuse within the criminal justice population remains widespread.

The most recent annual data from the Federal Bureau of Investigation (FBI) show that 12.2 percent of more than 14 million arrests in 2008 were for drug violations, the most common arrest crime category. The proportion of total drug arrests has increased over the past 20 years: in 1987, only 7.4 percent of all arrests were for drug violations. Approximately 4 percent of all homicides in 2008 were drug-related, a percentage that has not changed significantly over the same 20-year period.

The characteristics of populations under correctional supervision reflect these arrest patterns. According to the Bureau of Justice Statistics (BJS), 20 percent of state prisoners and 53 percent of federal prisoners are incarcerated because of a drug offense. Moreover, 27 percent of individuals on probation and 37 percent of individuals on parole at the end of 2007 had committed a drug offense.

5. DAWN defines drug-related deaths as deaths that are natural or accidental with drug involvement, deaths involving homicide by drug, and deaths with drug involvement when the manner of death denoted by the medical examiner is "could not be determined."

6. Data include alcohol dependence or alcohol abuse.

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**Drug Courts**

To alleviate the burden that drug use and abuse have caused to the nation's criminal justice system, most jurisdictions have developed drug courts or other diversion programs aimed at breaking the drug addiction and crime cycle. In these nonadversarial, coordinated approaches to processing drug cases, participants receive a full continuum of treatment services, are subject to frequent urinalyses, and experience strict judicial monitoring in lieu of traditional incarceration. Once the offender successfully completes treatment, charges may be dropped.

Since the first drug court became operational in Miami in 1989, the number of drug courts has grown each year, and such courts now exist in all 50 states as well as the District of Columbia, Northern Mariana Islands, Puerto Rico, and Indian Country. As of July 2009, there were 2,038 active drug court programs and 226 in the planning stages. Research has shown that drug courts are associated with reduced recidivism by participants and result in cost savings. For instance, a 2006 study of nine California drug courts showed that drug court graduates had recidivism rates of 17 percent, while a comparison group who did not participate in drug court had recidivism rates of 41 percent. A study of the drug court in Portland, Oregon, found that the program reduced crime by 30 percent over 5 years and saved the county more than $79 million over 10 years. With success stories abundant, drug courts have gained approval at the local, state, and federal levels.

The drug-crime link is also reflected in arrestee data. In 2008, the Arrestee Drug Abuse Monitoring (ADAM) II program found that the median percentage of male arrestees who tested positive in the 10 ADAM II cities for any of 10 drugs, including cocaine, marijuana, methamphetamine, opioids, and phencyclidine (PCP), was 67.6 percent, down slightly from 69.2 percent in 2007. Other data reflect the link as well. In 2002, a BJS survey found that 68 percent of jail inmates were dependent on or abusing drugs and alcohol and that 55 percent had used illicit drugs during the month before their offense. In 2004, a similar BJS self-report survey identified the drug-crime link more precisely: 17 percent of state prisoners and 18 percent of federal prisoners had committed their most recent offense to acquire money to buy drugs. Property and drug offenders were more likely than violent and public-order offenders to commit crimes for drug money.

## Impact on Productivity

Premature mortality, illness, injury leading to incapacitation, and imprisonment all serve to directly reduce national productivity. Public financial resources expended in the areas of health care and criminal justice as a result of illegal drug trafficking and use are resources that would otherwise be available for other policy initiatives.

There is a great loss of productivity associated with drug-related premature mortality. In 2005, 26,858 deaths were unintentional or undetermined-intent poisonings; in 2004, 95 percent of these poisonings were caused by drugs. Although it is difficult to place a dollar value on a human life, a rough calculation of lost productivity can be made based on the present discounted value of a person's lifetime earnings.

There are also health-related productivity losses. An individual who enters a residential drug treatment program or is admitted to a

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hospital for drug treatment becomes incapacitated and is removed from the labor force. According to TEDS data, there were approximately 1.8 million admissions to state-licensed treatment facilities for illicit drug dependence or abuse in 2007. Productivity losses in this area alone are enormous. Health-related productivity losses are higher still when lost productivity associated with drug-related hospital admissions (including victims of drug-related crimes) is included.

The approximately one-quarter of offenders in state and local correctional facilities and the more than half of offenders in federal facilities incarcerated on drug-related charges represent an estimated 620,000 individuals who are not in the workforce. The cost of their incarceration therefore has two components: keeping them behind bars and the results of their nonproductivity while they are there.

Finally, there is productivity lost to drug-related unemployment and drug-related absenteeism. According to the 2008 NSDUH, 19.6 percent of unemployed adults may be defined as current users of illicit drugs. Based on population estimates from the same study, this translates into approximately 1.8 million unemployed individuals who were current drug abusers. Further, approximately 8 percent of individuals employed full time and 10.2 percent of individuals employed part-time were current users of illicit drugs. Individuals who are employed but have chronic absenteeism resulting from illicit drug use also accrue substantial lost productivity.

## Impact on the Environment

The environmental impact of illicit drugs is largely the result of outdoor cannabis cultivation and methamphetamine production. Many of the chemicals used to produce methamphetamine are flammable, and the improper storage, use, and disposal of such chemicals that are typical among methamphetamine producers often lead to fires and explosions at clandestine laboratories. Additionally, the process used to produce methamphetamine results in toxic chemicals—between 5 and 7 pounds of waste per pound of methamphetamine—that are typically discarded improperly in fields, streams, forests, and sewer systems, causing extensive environmental damage.

Currently, there are no conclusive estimates regarding the nationwide cost of methamphetamine production site remediation because many of the methamphetamine laboratories and dumpsites in the United States are undiscovered due to their clandestine locations. However, in California alone, from January through December 10, 2009, the California Department of Toxic Substance Control responded to and cleaned up 232 laboratories and dumpsites at a cost of $776,889, or approximately $3,349 per site.

Outdoor cannabis cultivation, particularly on public lands, is causing increasing environmental damage. Grow site operators often contaminate and alter watersheds, clear-cut native vegetation, discard garbage and nonbiodegradable materials at deserted sites, create wildfire hazards, and divert natural water courses. For example, cultivators often dam streams and redirect the water through plastic gravity-fed irrigation tubing to supply water to individual plants. The high demand for water often strains small streams and damages downstream vegetation that depend on consistent water flow. In addition, law enforcement officials are increasingly encountering dumpsites of highly toxic insecticides, chemical repellants, and poisons that are produced in Mexico, purchased by Mexican criminal groups, and transported into the country for use at their cannabis grow sites. These toxic chemicals enter and contaminate ground water, pollute watersheds, kill fish and other wildlife, and eventually enter residential water supplies. Moreover, the

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National Parks Conservation Association (NPCA) reports that while preparing land for cannabis cultivation, growers commonly clear the forest understory, which allows nonnative plants to supplant native ones, adversely affecting the ecosystem. They also terrace the land—especially in mountainous areas—which results in rapid erosion.

Limited research on the environmental impact of the improper disposal of pharmaceuticals[7] indicates that contamination from dissolved pharmaceutical drugs is present in extremely low levels in most of the nation's water supply. The harm to aquatic life and the environment has not been determined, and according to the Environmental Protection Agency, scientists have found no evidence of adverse human health effects from the minute residue found in water supplies. Nonetheless, as a precaution based on environmental research to date, the ONDCP and the Food and Drug Administration suggest that consumers use take-back programs to dispose of unused prescription drugs (see text box on page 52 in Vulnerabilities section).

7. The research also included antibiotics, steroids, and more than 100 pharmaceuticals.

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# Drug Trafficking Organizations

Wholesale-level DTOs, especially Mexican DTOs, constitute the greatest drug trafficking threat to the United States. These organizations derive tens of billions of dollars annually from the trafficking and abuse of illicit drugs and associated activities. All of the adverse societal impact resulting from the illicit drug trade begins with the criminal acts of DTOs that produce, transport, and distribute the drugs.

**The influence of Mexican DTOs, already the dominant wholesale drug traffickers in the United States, is still expanding, primarily in areas where the direct influence of Colombian DTOs is diminishing.**

Mexican DTOs are more deeply entrenched in drug trafficking activities in the United States than any other DTOs. They are the only DTOs that are operating in all nine Organized Crime Drug Enforcement Task Force (OCDETF) regions (see Map A1 in Appendix A) and all 32 High Intensity Drug Trafficking Areas (HIDTAs) (see Map A2 in Appendix A). They are active in more cities throughout the country than any other DTOs. Law enforcement reporting and case initiation data show that Mexican DTOs control most of the wholesale cocaine, heroin, and methamphetamine distribution in the United States as well as much of the marijuana distribution (see Table B3 in Appendix B).

In the past few years, Mexican DTOs expanded their operations in the Florida/Caribbean, Mid-Atlantic, New York/New Jersey, and New England Regions, where, in the past, Colombian DTOs were the leading suppliers of cocaine and heroin. As a result, the direct influence of Colombian DTOs has diminished further, although they remain a source for wholesale quantities of cocaine and heroin in many eastern states, especially New York and New Jersey. Mexican DTOs have expanded their presence by increasing their transportation and distribution networks, directly supplying Dominican drug distributors that had previously distributed cocaine and heroin provided primarily by Colombian DTOs. The switch by Dominican DTOs from Colombian to Mexican suppliers is most evident in the Mid-Atlantic Region, specifically in the Philadelphia/Camden and Washington/Baltimore areas. In these locations, some Dominican DTOs bypass Colombian sources of supply in New York City and Miami and obtain cocaine and heroin directly from Mexican sources or from sources in the Caribbean or in South America.

The supply arrangement between Mexican and Dominican DTOs has aided Dominican DTOs and criminal groups in expanding their midlevel and retail drug distribution networks, primarily in the Mid-Atlantic Region, but also in other regions such as the Great Lakes and Southwest. The establishment of multiple sources of supply—rather than reliance entirely on Colombian sources—has also enabled Dominican DTOs to lower costs and increase profit margins.

The direct effect of the Mexican DTO expansion in eastern states on the drug trafficking activities of Italian Organized Crime (IOC) groups is unclear, although IOC drug trafficking appeared to diminish in 2009 as Mexican DTO influence increased. In 2008, drug trafficking by IOC in eastern states appeared to be increasing, based on information revealed through several significant multiagency drug investigations. However, in 2009, there were no similar drug cases involving IOC, and the relative strength of these groups in drug trafficking in eastern states now is unclear.

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**Drug Cartels, Drug Trafficking Organizations, Criminal Groups, and Gangs**

**Drug cartels** are large, highly sophisticated organizations composed of multiple DTOs and cells with specific assignments such as drug transportation, security/enforcement, or money laundering. Drug cartel command-and-control structures are based outside the United States; however, they produce, transport, and distribute illicit drugs domestically with the assistance of DTOs that are either a part of or in an alliance with the cartel.

**Drug trafficking organizations (DTOs)** are complex organizations with highly defined command-and-control structures that produce, transport, and 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 level and midlevel.

**Street 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.

**Prison gangs** are highly structured criminal networks that operate within the federal and state prison system and in local communities through members who have been released from prison.

**Outlaw motorcycle gangs (OMGs)** are highly structured criminal organizations whose members engage in criminal activities such as violent crimes, weapons trafficking, and drug trafficking. OMGs maintain a strong centralized leadership that implements rules regulating membership, conduct, and criminal activity.

**Asian DTOs have expanded their influence nationally in recent years by trafficking MDMA and high-potency marijuana—drugs that do not put them in direct competition with Mexican, Colombian, or Dominican DTOs.**

The rising influence of Asian DTOs that was observed and reported by law enforcement agencies in 2008 continued to increase in 2009. Asian DTOs trafficked wholesale quantities of drugs in 24 of the 32 HIDTAs (see Map A2 in Appendix A), compared with 22 HIDTAs in 2007. Asian DTOs that had previously trafficked high-purity Southeast Asian heroin have become the predominant distributors of MDMA and high-potency marijuana, drugs typically associated with low criminal penalties and high profit margins. Asian DTOs increasingly smuggle large quantities of MDMA through and between ports of entry (POEs) along the U.S.–Canada border, as evidenced by seizure data that show a substantial increase in the amount of MDMA seized along the Northern Border from 2004 (312,389 dosage units) to 2009[8] (2,167,238 dosage units). While Asian DTOs continue to produce high-potency marijuana in Canada, they have decreased their reliance on foreign production by establishing marijuana grows in the United States, further reducing associated smuggling risks and costs. Consequently, the amount of marijuana seized along the U.S.–Canada border decreased from 10,447 kilograms in 2005 to 3,423 kilograms in 2009.

Asian DTOs have filled a niche by trafficking high-potency marijuana and MDMA—drugs not typically trafficked by Mexican, Colombian, or Dominican DTOs. This factor has contributed to their success; however, their success

8. National Seizure System data as of December 1, 2009.

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is largely due to their ability to estimate the risk and cost of engaging in any given criminal activity. Asian DTOs are willing to cooperate with other criminal groups to increase their profit and work with Caucasian, Hispanic, and African American DTOs or criminal groups in most major cities in an effort to expand their drug distribution and customer base.

**Cuban DTOs and criminal groups are slowly expanding their drug trafficking activities beyond the Florida/Caribbean Region, in part by partnering with Mexican DTOs.**

The influence of Cuban DTOs and criminal groups is expanding, albeit at a slower rate than that of Asian DTOs. The number of HIDTAs reporting Cuban DTO or criminal group activity increased from three in 2007 to eight in 2009. The expanding influence of Cuban DTOs and criminal groups is largely the result of their ability to exploit Cuban émigrés to establish and tend indoor marijuana grow sites in locations throughout the Florida/Caribbean and Southeast Regions (specifically in Alabama, Georgia, and North Carolina). Cuban DTO and criminal group activity also appears to be expanding in the Southwest Region, where law enforcement agencies in Arizona, New Mexico, and Texas report Cuban DTO or criminal group involvement in cocaine, heroin, methamphetamine, and marijuana trafficking. This expanding influence of Cuban DTOs and criminal groups can also be attributed to their close working relationships with Mexican DTOs. Many Cuban émigrés are brought illegally into the United States by smugglers who are associated with a Mexican DTO. Moreover, communities composed of both Cubans and Mexicans allow for the development of personal relationships between criminal groups. The full extent of these relationships is unknown. However, if they follow patterns similar to the relationships established between Mexican and Dominican DTOs, the involvement of Cuban DTOs and criminal groups in drug trafficking should expand further in the near term, although the threat posed by these groups will remain much lower than that posed by Mexican, Colombian, Dominican, and Asian DTOs.

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# Drug Trafficking by Criminal Gangs

There are nearly 1 million[9] active gang members in the United States, based on analysis of federal, state, and local data, and the involvement of criminal gangs in domestic drug trafficking is becoming increasingly complex. Since 2001, many gangs have advanced beyond their traditional role as local retail drug distributors in large cities to become more organized, adaptable, deliberate, and influential in large-scale drug trafficking (see Table B4 in Appendix B). Much of their growing influence has come at the expense of local independent dealers and small local criminal groups who cannot compete with gangs that establish control in smaller drug markets.

**The influence of Hispanic and African American street gangs is expanding as these gangs gain greater control over drug distribution in rural and suburban areas and acquire drugs directly from DTOs in Mexico or along the Southwest Border.**

In 2009, midlevel and retail drug distribution in the United States was dominated by more than 900,000 criminally active gang members representing approximately 20,000 domestic street gangs in more than 2,500 cities (see Map A3 in Appendix A). These street gangs vary greatly with respect to their ethnic or racial identities, the types and amounts of drugs that they distribute, their strength and influence, and their adaptability. Their prevalence varies geographically, with the greatest concentration of street gangs occurring in the Great Lakes, Pacific, Southeast, and Southwest OCDETF Regions (see Map A4 in Appendix A).

Many Hispanic and, to a lesser extent, African American gangs are gaining control over drug distribution outside urban areas that were previously supplied by local independent dealers or small local criminal groups. Around 2007, Hispanic and African American gangs throughout the country, but especially in the Southwest and Great Lakes Regions, began to command greater influence over drug distribution in many rural and suburban areas. This trend continued in 2009. For example, in 2009, the Avenues street gang based in Los Angeles, California, expanded its operations to distribute drugs in suburban and rural locations throughout southern California.

To increase their control over drug trafficking in smaller markets, street gangs have been increasingly acquiring larger wholesale quantities of drugs at lower prices directly from DTOs in Mexico and along the Southwest Border. Several Southwest Border street gangs, such as Shelltown 38th Street, Tri-City Bombers, and Vallucos, smuggle wholesale quantities of drugs obtained in Mexico into the United States. By purchasing directly from Mexican wholesale sources in Mexico or along the Southwest Border, gangs throughout the country realize cost savings that enable them to sell drugs at lower prices than local independent dealers in small communities, driving these dealers out of business. For example, members of the Chicago-based Latin Kings street gang who operate in Midland, Texas, purchase cocaine from Mexican traffickers in south Texas for $16,000 to $18,000 per kilogram, compared with $25,000 to $35,000 per kilogram from wholesale traffickers in Chicago. With this savings, the gang undersells other local dealers who do not have the capacity to buy large wholesale quantities directly from Mexican DTOs in Mexico or along the Southwest Border.

9. Includes incarcerated gang members.

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**Hispanic prison gangs, primarily in Southwest Border states, are gaining strength by working directly with Mexican DTOs to acquire wholesale quantities of drugs and by controlling most street gangs in areas along the Southwest Border.**

Prison gangs are active in all 50 states and are increasing their influence over drug trafficking in areas along the Southwest Border (see Table B4 in Appendix B). Prior to 2001, the criminal influence of prison gangs was limited primarily to retail-level drug distribution. However, since that time, Hispanic prison gangs have become increasingly involved in the transportation and wholesale distribution of drugs.

Hispanic prison gangs such as Hermanos de Pistoleros Latinos (HPL) and Raza Unida operating in Southwest Border states have increased their involvement in wholesale drug distribution activities through cooperative relationships with Mexican DTOs. Through these relationships, Hispanic prison gangs are able to gain access to wholesale quantities of drugs. For example, in September 2009, 21 members of HPL were convicted in the Southern District of Texas (Houston) of conspiring to distribute more than 150 kilograms of cocaine and laundering millions of dollars in drug proceeds. In April 2009, 15 members and associates of the Raza Unida prison gang were indicted for trafficking multikilogram quantities of cocaine and methamphetamine weekly in McAllen and Houston, Texas.

To ensure a consistent profit stream from the wholesale drugs that they purchase from Mexican DTOs, Hispanic prison gangs distribute drugs through street gangs that they largely, if not entirely, control. Through force or intimidation, Hispanic prison gangs exercise significant control over local gangs that distribute their drugs in the Southwest Border region. For example, Barrio Azteca prison gang members operating in El Paso, Texas, collect drug payments and taxes from 47 street-level gangs and independent drug dealers trafficking drugs in El Paso.

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# U.S. Southwest Border Smuggling and Violence

Most illicit drugs available in the United States and thousands of illegal immigrants are smuggled into the United States across the nearly 2,000-mile Southwest Border, including through the Tohono O'odham Reservation (see text box on page 18). Conversely, a significant amount of illegal firearms and weapons as well as bulk currency are smuggled from the Southwest Border region into Mexico. Intensified counterdrug operations, in addition to intracartel and intercartel warfare and plaza competition, have resulted in unprecedented violence in northern Mexico and the potential for increasing violence in the United States.

**Counterdrug operations on both sides of the Southwest Border have intensified in recent years, resulting in increased pressure on Mexican DTOs.**

Several recent, large counterdrug initiatives in the United States and Mexico have been implemented to directly disrupt Mexican cartel operations. For example, in March 2008, the GOM initiated Operation Chihuahua in response to increased drug-related violence between the Juárez and Sinaloa Cartels over drug smuggling plazas in the Mexican border state of Chihuahua. Since then, more than 7,500 soldiers and 2,000 federal agents have been deployed to cities within the state, including Asunción, Buenaventura, Casas Grandes, Chihuahua City, Ciudad Juárez, Janos, Ojinaga, Nuevo Casas Grandes, and Palomas. Operation Chihuahua most likely resulted in seizures of drug shipments before they reached the U.S.–Mexico border, although official seizure statistics are not available. Similarly, the DEA-led Operation Xcellerator, which targeted the U.S. operations of the Sinaloa Cartel, concluded in November 2009 and resulted in 781 arrests and the seizure of more than 12,000 kilograms of cocaine, 17,000 pounds of marijuana, 1,200 pounds of methamphetamine, 1.3 million MDMA tablets, $61 million in U.S. currency, four aircraft, and three maritime vessels.

**Mexican DTOs rely on overland transportation methods to smuggle drugs into the United States but also use alternative methods.**

In addition to customary land smuggling practices, Mexican DTOs use alternative means to move contraband north across the border. These means include the construction and use of cross-border tunnels and subterranean passageways (see text box on page 15), and some increased use of low-flying small or ultralight aircraft, which most often are used to smuggle marijuana. For example, in the Yuma, Arizona, area, at least eight ultralight aircraft have been spotted since October 2008, after only sporadic reporting of such incidents along the entire border area in previous years. Additionally, in mid-November 2009, at least three suspected ultralight incursions were reported in New Mexico—two in Luna County and one in Hidalgo County.

Of some concern to law enforcement officials is the potential for cross-border drug smuggling routes to be used to move terrorists or weapons of mass destruction into the United States. However, there have been no documented incidents of this type involving Mexican DTOs, and according to federal law enforcement officials, the involvement of Mexican DTOs in this type of activity is very unlikely. Intelligence and law enforcement reporting indicates that DTOs have not demonstrated any interest in or intent to smuggle on behalf of terrorists.

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**Traffickers' Use of Subterranean Tunnels Along the Southwest Border**

The number of tunnels extending from Mexico into the United States has increased, suggesting that DTOs consider these tunnels as useful investments to smuggle drugs into the United States. In fiscal year (FY) 2008, U.S. Customs and Border Protection (CBP) officers along the U.S.–Mexico border discovered 16 subterranean tunnels, the majority of which were in the Tucson Sector, which encompasses a border area of 262 miles from the New Mexico state line to Yuma County, Arizona. In FY2009, authorities discovered 26 subterranean tunnels, 20 of which were in the Tucson Sector, primarily in the area of Nogales. During this same period, CBP officers discovered 5 tunnels in California, 4 of which were located in the San Diego Sector. In February 2009, CBP initiated a program designed to impede the construction of tunnels in Nogales's extensive drainage system. The initiative involved the construction of a 12-foot-deep steel and concrete underground wall that extends 100 yards along the border near the DeConcini POE in Nogales.

Source: U.S. Customs and Border Protection; National Southwest Border Counternarcotics Strategy 2009.

**Mexican DTOs use Southwest Border gangs to enforce and secure smuggling operations in Mexico and, to a lesser extent, the United States, particularly in California and Texas border areas.**

Mexican DTOs employ gang members who collect unpaid debts by using threats, extortion, and intimidation and who murder rival traffickers or noncompliant members in Mexico and, to a far lesser extent, the United States. Mexican DTOs also use gang members to enforce control of drug trafficking routes from Mexico into the United States. Mexican DTOs have reportedly increased their efforts to recruit gang members along the Southwest Border. Gang members who are U.S. citizens are a particularly valuable asset to Mexican DTOs because they can normally cross the U.S.–Mexico border with less law enforcement scrutiny and therefore are less likely to have illicit drug loads interdicted.

**Competition among rival Mexican drug cartels for control of several prominent smuggling plazas has caused a significant rise in the level of violence in Mexico and a potential rise in the United States.**

In 2009, between 6,500 and 8,000 individuals (according to unofficial estimates) were murdered in Mexico as cartels battled for control over smuggling corridors and responded to increased pressure from the GOM. This high number of cartel-related murders reflects a steep increase over previous years. The most violent conflict is concentrated in, but not limited to, the Juárez Plaza. The Joaquín Guzmán-Loera Organization is challenging the Juárez Cartel for control of drug trafficking in the Juárez Plaza. Actions on the part of the Joaquín Guzmán-Loera organization and efforts by the Juárez Cartel to exercise greater control over the Juárez Plaza have resulted in increased violence between the two cartels.

Although much of the violence attributed to conflicts over control of smuggling routes has been confined to Mexico, some has occurred in the United States. Violence in the United States (see text box on page 16) has been limited primarily to attacks against alien smuggling organization (ASO) members and their families—some of whom have sought refuge from the violence in Mexico by moving to U.S. border communities such as Phoenix. For example, in recent years, kidnappings in Phoenix have numbered in the hundreds, with 260 in 2007, 299 in 2008, and 267 in 2009.

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Often, the U.S. kidnapping victims have some connection to alien smuggling or local drug trafficking activities, although some are innocent family members or relatives of alien smugglers or drug traffickers. Kidnappings related to alien smuggling often occur because smugglers demand more money for their services. Kidnappings related to drug trafficking usually occur only as a direct result of localized drug trafficking activities. For example, an individual or individuals may be kidnapped because of a lost drug load or failure to pay a drug debt. The number of U.S. kidnapping incidents is most likely underreported because many victims' families are unwilling to report the crime for fear that the victim will be killed, the kidnappers will retaliate against the family, or law enforcement will discover the family's drug trafficking activities or illegal alien status.

**Violence in the United States**

Direct violence similar to the conflicts occurring among major DTOs in Mexico is rare in the United States. Incidents of direct intercartel or intracartel violence have not materialized in the United States in a manner that in any way resembles the widespread cartel violence in Mexico. Nevertheless, some reports of DTO or cartel violence occasionally emerge, including some incidents in 2009. More typical, however, is indirect violence within DTOs or cartels. Indirect violence takes many forms: drug customers who owe money are kidnapped until payment is made and cartel employees who fail to deliver the contraband or the expected proceeds are disciplined through beatings, kidnappings, torture, or death.

Adding to the violence are assaults against U.S. law enforcement officers assigned to posts along the Southwest Border. While most of these assaults are related to alien smuggling activities, it is likely that some of the incidents are perpetrated by individuals involved in drug smuggling. Assaults against U.S. Border Patrol (USBP) agents increased 46 percent from 752 incidents in FY2006 to 1,097 incidents in FY2008. Contributing most to this increase were rocking[10] assaults, which rose 77 percent from 435 incidents in FY2006 to 769 incidents in FY2008. However, some assaults against USBP agents in California have been deadly, including the January 2008 murder of a USBP officer who was struck and killed by the automobile of a fleeing drug suspect in Imperial County and the fatal shooting of a USBP officer investigating suspicious activity in Campo in July 2009.

**Weapons smuggled from the Southwest Border region to Mexico have contributed to the escalating violence in Mexico.**

Thousands of weapons are smuggled from the United States to Mexico every year, according to the ATF. It is unclear how many of these weapons are smuggled into Mexico by DTOs or how many ultimately come into the possession of DTOs. Nevertheless, some percentage of this weapons smuggling is orchestrated by DTOs. The U.S. weapons that these DTOs acquire originate in cities in Arizona, California, and Texas. Mexican DTO-linked enforcement groups and gang members purchase firearms and ammunition from Federally Licensed Firearms Dealers at gun stores, gun shows, and pawn shops and from unlicensed dealers at gun shows, often using straw purchasers[11] to insulate themselves from the transactions. The firearms and ammunition are then smuggled from the United States to Mexico on behalf of Mexican DTOs.

10. Rocking is defined as the throwing of rocks at Border Patrol agents by drug or alien smugglers with the intent of threatening or causing physical harm to the agent.

11. Straw purchasers are intermediaries who acquire one or more firearms from a licensed firearms dealer on behalf of another person. The purpose is to hide the identity of the true purchaser or ultimate possessor of the firearm(s).

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**The Southwest Border is a principal entry point into the United States for illegal aliens.**

The Southwest Border region is the principal entry point for undocumented aliens smuggled from Mexico, Central America, and South America by ASOs. These ASOs often pay fees to Mexican DTOs for the right to operate along specific routes in certain border areas.

Additionally, some aliens who attempt to cross the U.S.–Mexico border illicitly each year and are encountered by law enforcement are from special-interest countries including Afghanistan, Iran, Iraq, and Pakistan. These special-interest aliens, numbering in the hundreds, constitute a very small fraction of annual apprehensions at the U.S.–Mexico border by law enforcement. Available reporting indicates that some alien smuggling organizations (ASOs) in Mexico specialize in moving special-interest aliens into the United States. However, among the aliens from special-interest countries who have been encountered at the U.S.–Mexico border over at least the past five years, none documented as a known or suspected terrorist has been identified as having been assisted by a DTO.

Of particular concern is the cross-border transit of criminal gang members who pose public safety threats to communities throughout the U.S.–Mexico border region and the country. These individuals include members of transnational gangs such as Barrio Azteca, Mara Salvatrucha (MS 13), and Sureños (including 18th Street, Florencia, and Los Wonders), who transit the U.S.–Mexico border illicitly and smuggle drugs or weapons on behalf of Mexican DTOs.

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## The Illicit Drug Threat in Indian Country

The illicit drug threat in Indian Country varies by region and is influenced by the illicit drugs available in major cities near the reservations. Most illicit drugs available throughout Indian Country are transported to reservations by Native American criminal groups and independent dealers who travel to nearby cities to purchase drugs, primarily from Mexican DTOs and criminal groups. Traffickers also smuggle large amounts of illicit drugs, primarily marijuana, into the United States from Canada and Mexico through reservations that border these countries, namely the St. Regis Mohawk Reservation in New York, commonly referred to as the Akwesasne, and the Tohono O'odham Reservation in Arizona.

Multiple tons of high-potency marijuana are smuggled through the St. Regis Mohawk Reservation each week by Native American DTOs that are supplied by Canada-based DTOs. Native American DTOs also smuggle multithousand-tablet quantities of MDMA into the United States and multikilogram quantities of cocaine into Canada through the reservation. As much as 20 percent[a] of all high-potency marijuana produced in Canada each year is smuggled through the St. Regis Mohawk Reservation, which accounts for less than half a percent of the U.S.–Canada border. The shared international border and geography of the reservation make it conducive to cross-border drug trafficking activity while also inhibiting law enforcement interdiction efforts.

An estimated 5 to 10 percent[b] of all the marijuana produced in Mexico is transported by highly organized and compartmentalized Mexican DTOs each year through the Tohono O'odham Reservation, which accounts for less than 4 percent of the U.S.–Mexico border. These traffickers also smuggle lesser amounts of cocaine, heroin, and methamphetamine. Drug traffickers exploit the vast stretches of remote, sparsely populated desert, the 75 miles of largely unprotected border with Mexico, and the highways that connect the reservation to major metropolitan areas to distribute illicit drugs in markets throughout the United States.

a. NDIC-derived estimate based on law enforcement reporting and Royal Canadian Mounted Police production estimates.
b. NDIC-derived estimate based on law enforcement reporting and production estimates for Mexico.

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# Drug Movement Into and Within the United States

From January through November 2009, U.S. seizures of illegal drugs in transit exceeded 1,626 metric tons, indicating that DTOs succeed in moving several thousand tons of cocaine, methamphetamine, marijuana, heroin, and MDMA into the United States annually. There are unique smuggling and transportation methods associated with each drug type, but overall, drug seizure data and law enforcement reporting indicate that overland smuggling and subsequent transportation by vehicle exceed all other methods combined (see Figure 1).

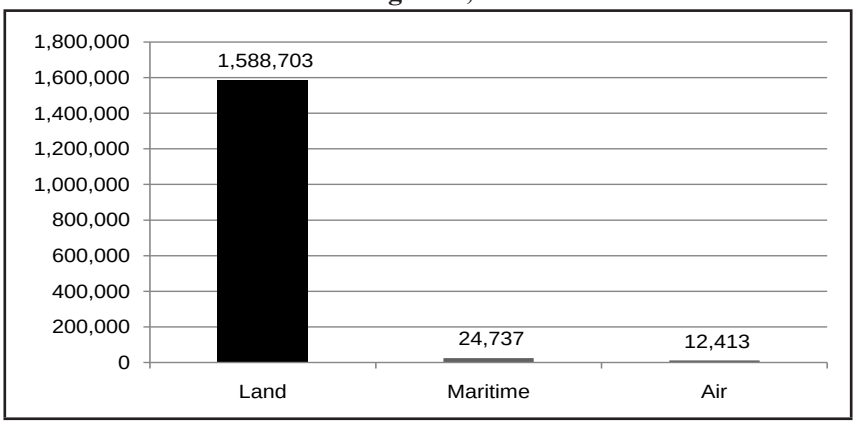
## Overland Smuggling Into the United States

Most foreign-produced illicit drugs available in the United States are smuggled into the country overland across the borders with Mexico and, to a much lesser extent, Canada (see Table 1 on page 20). Overland smuggling methods are relatively consistent (see text box on page 21); however, DTOs often shift routes in response to law enforcement pressure, intercartel conflicts or other external factors. Such shifts were observed in 2008 and 2009.

**Some smuggling routes and methods for transporting cocaine, heroin, methamphetamine, and marijuana into the United States appear to have shifted, in part because of heightened law enforcement pressure, changes in drug production trends, and evolving market dynamics.**

There have been significant and prolonged shifts in cocaine smuggling routes that most likely have been caused by a combination of factors, particularly decreased cocaine production in Colombia, but also enhanced counterdrug efforts in Mexico, high levels of cartel violence, sustained interdiction pressure, and cocaine flow to non-U.S. markets, especially Europe. In 2007, a decline in the amount of cocaine seized along the Southwest Border in the South Texas region—the predominant cocaine smuggling route at the time—resulted in a sharp decline in the amount of cocaine seized overall. As seizure totals for South Texas declined, seizure totals for California POEs began trending upward. Since 2007, cocaine seizures at California POEs have equaled or exceeded seizure totals at South Texas POEs; nonetheless, overall seizure totals remain lower than the seizure totals recorded before the significant decline was noted. Although no single cause for the decline in overall seizures can be identified,

**Figure 1. Seizures of Drugs in Transit, Within the United States in Kilograms, 2009***




Source: National Seizure System.
*Data as of December 1, 2009; table includes seizures of cocaine, methamphetamine, marijuana, heroin, and MDMA.

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**Table 1. Drug Seizures Along the Southwest and Northern Borders in Kilograms, 2005–2009***

| | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|
| **Cocaine** | | | | | |
| Southwest Border | 22,653 | 28,284 | 22,656 | 16,755 | 17,085 |
| Northern Border | >1 | 2 | >1 | >1 | 18 |
| Total | 22,654 | 28,286 | 22,657 | 16,756 | 17,103 |
| **Heroin** | | | | | |
| Southwest Border | 228 | 489 | 404 | 556 | 642 |
| Northern Border | 3 | 2 | <1 | <1 | 28 |
| Total | 231 | 491 | 405 | 557 | 670 |
| **Marijuana** | | | | | |
| Southwest Border | 1,034,102 | 1,146,687 | 1,472,536 | 1,253,054 | 1,489,673 |
| Northern Border | 10,447 | 4,177 | 2,791 | 3,184 | 3,423 |
| Total | 1,044,549 | 1,150,864 | 1,475,327 | 1,256,238 | 1,493,096 |
| **MDMA** | | | | | |
| Southwest Border | 23 | 16 | 39 | 92 | 54 |
| Northern Border | 479 | 351 | 240 | 616 | 303 |
| Total | 502 | 367 | 279 | 708 | 357 |
| **Methamphetamine** | | | | | |
| Southwest Border | 2,918 | 2,798 | 1,860 | 2,201 | 3,478 |
| Northern Border | >1 | >1 | 136 | >1 | 10 |
| Total | 2,919 | 2,799 | 1,996 | 2,202 | 3,488 |

Source: National Seizure System.
*Data as of December 1, 2009; totals are rounded to the nearest kilogram.

multiple factors—including a sharp decline in cocaine production in 2008 (see Figure 7 on page 30) and enhanced GOM counterdrug efforts—likely contributed to the decrease in amounts being transported from South America to Mexico and ultimately to the Southwest Border. Moreover, several exceptionally large seizures of cocaine destined for Mexico from South America in 2007 may have initiated the trend. These seizures coincide with the decline in seizures along the Southwest Border and were followed by an unprecedented decline in cocaine availability in many markets in the United States.

Conversely, heroin seizures along the Southwest Border have been increasing, most likely as a result of the growing Mexican influence in heroin production and transportation. This increase in Southwest Border heroin seizures coincides with a decrease in heroin seizures from commercial airlines. In 2008, the total amount of heroin seized along the Southwest Border (556.1 kg) exceeded the total amount of heroin seized from commercial airlines (398.1 kg) for the first time (see Table 2 on page 24). This shift appears to be directly related to production trends and the changing roles of DTOs. For the past several years, production estimates for Mexican heroin, which is transported primarily overland across the Southwest Border, steadily increased to record levels in 2008. Furthermore, Mexican DTOs have become increasingly involved in the transportation of South American heroin.

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Meanwhile, production estimates for South American heroin, historically transported into the United States via commercial air, have steadily declined (see Figure 2 on page 24). This increased availability of Mexican heroin, coupled with increased involvement of Mexican DTOs in trafficking South American heroin, likely have resulted in significantly greater quantities of heroin being transported across the Southwest Border.

Methamphetamine and marijuana seizures have also increased along the Southwest Border, partly because of increased production. As with heroin, the increase appears to be specific to the drug. Methamphetamine production in Mexico appears to be increasing again after a sustained period of limited production resulting from laws that eventually banned pseudoephedrine in Mexico. Multiple factors may be contributing to an increase in marijuana smuggling, particularly decreased GOM cannabis eradication efforts, which have resulted in elevated production levels.

**Common Overland Smuggling Methods**

Mexican DTOs dominate the transportation of illicit drugs across the Southwest Border. They typically use commercial trucks and private and rental vehicles to smuggle cocaine, marijuana, methamphetamine, and heroin through the 25 land POEs as well as through vast areas of desert and mountainous terrain between POEs. Asian traffickers, OMGs, and Indo-Canadian drug traffickers transport significant quantities of high-potency marijuana and MDMA into the United States across the U.S.–Canada border. They use commercial trucks and private and rental vehicles to transport these drugs through more than 100 land POEs. They also use all-terrain vehicles (ATVs), aircraft, maritime vessels, and couriers on foot to smuggle drugs through vast areas between POEs.

A review of the smuggling patterns for each of the major drug types reveals myriad factors—some of which are interrelated and some of which are unique to the drug—that affect modes and methods used to transport drugs into the United States. Nonetheless, it is possible that seizures of large quantities of cocaine en route to Mexico and counterdrug efforts may have impacted the ability of major DTOs to smuggle cocaine from South America to Mexico. These factors may also explain the decrease in seizures along the Southwest Border, the decline in cocaine availability in portions of the United States, and the lack of similar long-term declines in the availability of methamphetamine, heroin, and marijuana.

## Maritime Smuggling Directly Into the United States

Significantly lesser quantities of drugs are smuggled directly into the United States by traffickers using maritime conveyances than by traffickers using overland routes. In 2009, less than 3 percent of all arrival zone drug seizures occurred on commercial and noncommercial maritime conveyances. Nevertheless, some DTOs continue to use maritime smuggling methods to move illegal drugs into the United States (see text box on page 22), and like overland smugglers, some of these maritime smugglers shifted their operations in 2008 and 2009 in response to law enforcement pressure or gaps in interdiction coverage.

**Traffickers used private maritime vessels to smuggle drugs into the United States during 2009 through Puerto Rico, South Florida, South Texas, and southern California, and Mexican DTOs sometimes smuggle drugs by maritime means to avoid law enforcement scrutiny along the Southwest Border.**

The primary threat from drug smuggling via private vessels is from Caribbean-based traffickers exploiting the Puerto Rico and Florida

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coastlines. Traffickers transported mostly cocaine from the Dominican Republic to Puerto Rico, although they smuggled lesser amounts of heroin and MDMA, sometimes commingled with cocaine loads. Caribbean traffickers also smuggled cocaine, heroin, and marijuana from the Bahamas to areas of South Florida between Miami and Palm Beach. Seizure totals and routes remained relatively constant compared with those of previous years.

**Common Maritime Smuggling Methods**

Various DTOs—most notably Colombian but also Dominican, Jamaican, Puerto Rican, and Venezuelan—transport cocaine and lesser amounts of heroin and marijuana to the United States using a variety of conveyances, including container ships, cruise ships, commercial fishing vessels, recreation vessels, and go-fast boats. The drugs are typically concealed in hidden compartments, commingled with legitimate goods, or couriered by passenger or crew members on maritime vessels. Traffickers also have increasingly used self-propelled semisubmersibles (SPSSs)[a] to transport cocaine from South America to Mexico. The use of SPSSs affords traffickers the ability to covertly transport large quantities of drugs.

a. Self-propelled semisubmersible vessels are maritime vessels used by traffickers to transport illicit drugs. These vessels typically protrude only a few inches above the surface of the water, making them very difficult to detect visually. SPSSs typically have a four-man crew and are capable of carrying multiton quantities of cocaine.

Mexican traffickers seeking to avoid scrutiny along the Southwest Border used private vessels to smuggle marijuana and cocaine into the United States during 2009. Incidents involving kilogram packages of cocaine and marijuana washing up or being found abandoned along the South Texas coastline increased, particularly in the South Padre Island area, during the first half of the year. By the end of December, more than 114 kilograms of cocaine had been recovered in the region. In comparison, only 1 kilogram was recovered in the region during 2008. Federal investigators believe that the smugglers typically depart from Tamaulipas State in northern Mexico and make short hops to the Texas coastline. Mexican traffickers also used private vessels in 2009 to smuggle marijuana from the northern Mexico state of Baja California to southern California. In fact, in 2009, more than 3.1 metric tons of marijuana were reported to have been seized from private vessels arriving in southern California, primarily the San Diego area.

**Commercial maritime vessels, especially maritime containers, remain a viable conveyance for smuggling drugs directly into the United States, but seizure data and law enforcement reporting indicate that this smuggling method continues to account for a relatively small portion of the nation's illicit drug supply.**

Traffickers use commercial maritime vessels to smuggle sizable quantities of drugs into the United States, but data suggest that other conveyance methods are preferred by smugglers. Traffickers often hide drugs among legitimate cargo in maritime containers, a fraction of which are inspected. Analysis of commercial maritime seizure data for 2004 through 2009 indicates that cocaine and marijuana are most often smuggled in commercial maritime vessels from Caribbean locations, such as the Dominican Republic, Haiti, and Jamaica, into East Coast ports in Florida and New Jersey. Traffickers also use commercial vessels to smuggle cocaine from the Dominican Republic into Puerto Rico. Smaller amounts of heroin, typically 2 kilograms or less, are occasionally smuggled by cruise ship passengers working for Caribbean trafficking organizations into East Coast ports; however, this smuggling technique appears to have declined since 2006. Seizure data indicate that methamphetamine is rarely smuggled into the United States on commercial maritime vessels.

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**The Logistics of Transporting Drug Shipments**

DTOs have well-established transportation networks and often transport illicit drug shipments directly to drug markets throughout the United States. Some DTOs relinquish control by distributing illicit drugs from stash locations to traffickers who purchase these drugs and then transport the shipments themselves to distribution areas. DTOs often hire independent drug transportation groups to transport drugs, insulating themselves from law enforcement investigations and compartmentalizing trafficking operations. These transporters are hired for the sole purpose of moving drug shipments, and they operate in cells that are separate from other DTO operations. As a result, seizures of illicit drugs from transporters often yield little or no information to law enforcement officials about other DTO members or DTO operations. For example, Colombian DTOs often employ Mexican traffickers whose successful transportation networks allow these DTOs to circumvent the problems caused by law enforcement disruption of their own transportation routes.

Drug shipments are typically stashed in ranches, warehouses, residences, and trailers near primary points of entry into the United States for consolidation, distribution, and subsequent transport to drug markets throughout the United States. To transport drugs, traffickers primarily use commercial trucks and privately owned and rental vehicles equipped with hidden compartments and natural voids in the vehicles. Additionally, bulk quantities of illicit drugs are sometimes commingled with legitimate goods in commercial trucks. Many drug traffickers use postal and package delivery services to transport illicit drugs within the United States and, to a much lesser extent, use couriers and cargo shipments on aircraft, buses, and trains.

Despite the fact that sizable quantities of drugs are seized annually from commercial maritime vessels arriving in the United States, the dominance of Mexican trafficking organizations as the primary transporters of cocaine, heroin, marijuana, and methamphetamine to the United States results in commercial maritime seizure totals that are far less than Southwest Border seizure totals. Seizure data for 2009 show that the amount seized from commercial maritime vessels remains less than 1 percent (6,015 kg of 828,223 kg) of the amount seized at the Southwest Border. Law enforcement reporting confirms that Caribbean and South American traffickers are more likely than Mexican traffickers to take advantage of commercial maritime vessels as a smuggling conveyance to supply their much smaller U.S. distribution networks. Moreover, large quantities of drugs seized at U.S. ports are often destined for distribution in countries other than the United States. Many drug shipments concealed in commercial maritime containers by Caribbean and South American traffickers are intercepted by U.S. authorities as they transit the United States en route to markets in Europe and Asia.

## Air Smuggling Into the United States

The amount of drugs smuggled into the United States by couriers and in cargo aboard commercial aircraft is significantly less than the amount smuggled by other means. In 2009, the total amount seized from commercial aircraft for cocaine, heroin, methamphetamine, marijuana, and MDMA was less than for any other conveyance. Drug seizure data show that only 24 percent of heroin seizures, 15 percent of MDMA seizures, 6 percent of cocaine seizures, and less than 1 percent each of methamphetamine and marijuana seizures were from commercial air conveyances.

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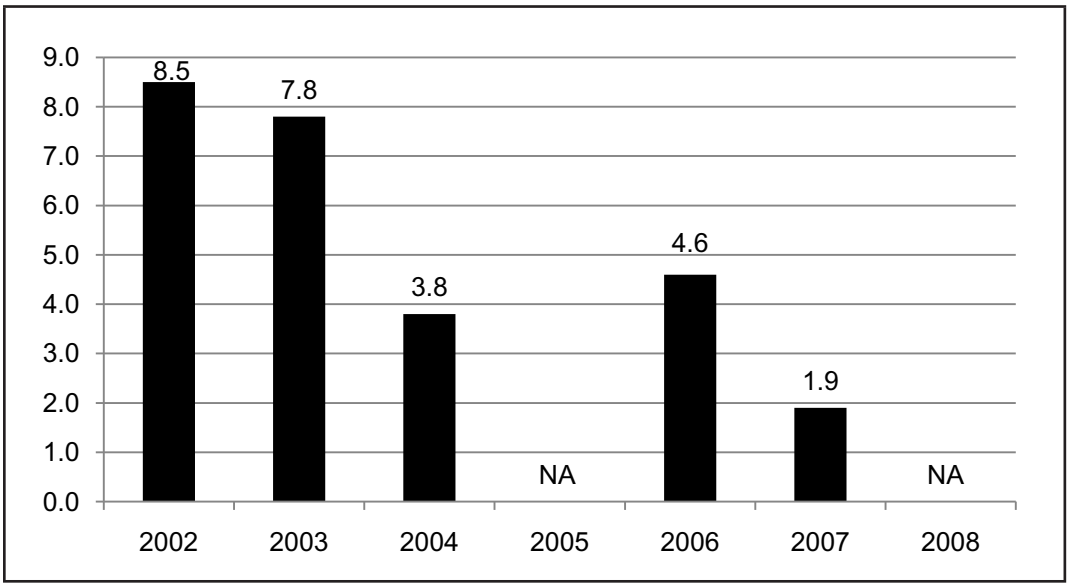
**Table 2. Heroin Seizures at Southwest Border Area and Commercial Air POEs, in Kilograms, 2004–2009***

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009* |
|---|---|---|---|---|---|---|
| **Southwest Border** | 386 | 229 | 489 | 362 | 556 | 642 |
| **Commercial Air POEs** | 909 | 740 | 529 | 424 | 398 | 199 |

Source: National Seizure System.
*Data as of December 1, 2009.

**Figure 2. Potential Pure Heroin Production Estimates, Colombia, in Metric Tons, 2002–2008***




Source: U.S. Government estimate.
*Estimated figure for 2007 based on partial data because of incomplete survey; estimates for 2005 and 2008 not available.

**Table 3. Metropolitan Areas Most Often Identified as Origination and Destination Points for Seized Drug Shipments, by Drug, 2008–2009***

| | Cannabis | Cocaine | Heroin | Methamphetamine | MDMA |
|---|---|---|---|---|---|
| **Origination** | McAllen<br>Phoenix<br>Tucson<br>Rio Grande City<br>Laredo | McAllen<br>Los Angeles<br>Phoenix<br>Houston<br>Laredo | Denver<br>Phoenix<br>Miami<br>Chicago<br>Orlando | Phoenix<br>Los Angeles<br>McAllen<br>San Bernardino<br>Seattle | Los Angeles<br>New York<br>Seattle<br>Lynden (WA)<br>Detroit |
| **Destination** | Houston<br>Chicago<br>Atlanta<br>Tucson<br>Detroit | Atlanta<br>Chicago<br>New York<br>Miami<br>Houston | Chicago<br>New York<br>Miami<br>Newark<br>Tacoma | Atlanta<br>Sacramento<br>Las Vegas<br>Denver<br>Chicago | New York<br>Houston<br>Baton Rouge<br>Ocala (FL)<br>Atlanta |

Source: National Seizure System.
*Data as of June 30, 2009.

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**The use of commercial air to smuggle heroin into the United States is rapidly declining, while heroin smuggling over the Southwest Border is increasing.**

The amount of heroin seized at commercial air POEs decreased 56.2 percent (909 kg to 398 kg) from 2004 through 2008. The decrease is partially attributable to a shift in the smuggling of South American heroin by couriers on commercial flights to overland transportation across the Southwest Border as well as increased airport interdiction activities in Colombian airports. Colombian DTOs are now, to a large extent, relying on Mexican DTOs to smuggle heroin overland into the United States rather than conducting their own air courier smuggling operations. At the same time that heroin seizures decreased at commercial air POEs, heroin seizures at Southwest Border POEs increased 44.0 percent (386 kg to 556 kg), and preliminary seizure data indicate that Southwest Border heroin seizures reached a record high in 2009 (see Table 2 on page 24).

The decline in commercial air smuggling for heroin is attributable to a number of factors, including decreasing South American heroin production and a shift to smuggling routes across the Southwest Border. Most of the heroin seized at air POEs in previous years was seized from South American heroin couriers. However, South American heroin production appears to have decreased sharply since 2003 (see Figure 2 on page 24).

## The Flow of Drugs Within the United States

There are 327 official U.S. land, maritime, and air POEs; however, a relatively few POEs account for most of the drug flow into the United States. In fact, 88 percent of all drug seizures occurred at just 20 POEs. From these and other POEs, drug shipments are transported to dozens of national and regional distribution centers through eight principal corridors to the major drug markets within the United States. (See Figure 3 on page 26.)

Among the eight principal drug corridors, Corridor A is particularly vital to DTOs. Corridor A is the primary route for DTOs transporting multiton quantities of cocaine, heroin, marijuana, and methamphetamine from the Southwest Border to eastern U.S. drug markets, many of the largest drug markets in the country. Within Corridor A, Interstate 10 as well as Interstates 8 and 20 are among those most used by drug couriers, as evidenced by drug seizure data showing that from 2008 through October 2009, nearly 19 percent of all reported interstate cocaine seizures and 7 percent of all reported interstate heroin seizures occurred on these routes.

Corridor B is also important to DTOs, especially those moving methamphetamine and marijuana produced in California or Mexico to major market areas in western, central, or eastern states. Interstates 15, 80, 70, and 40 are the leading routes through Corridor B, and seizures on these interstates accounted for 46 percent of all reported methamphetamine seizures and 31 percent of all marijuana seizures on interstates from 2008 through October 2009.

Drug couriers moving drugs through the various corridors are often destined for one of the relatively few primary U.S. drug markets, where there are large drug user populations and where drugs are further distributed to smaller markets. There are relatively little data available to objectively rank cities as leading or lesser drug markets. Nevertheless, analysis of national seizure data that identify the destination and origination of drug shipments shows that seven city areas (Chicago, Denver, Detroit, Houston, Miami, New York, and Tucson) are identified more often than any other cities as major points of both origination[12] and destination for drug shipments (see Table 3 on page 24).

12. Excludes cities within the Southwest Border Arrival Zone area (within 150 miles of the U.S.–Mexico border).

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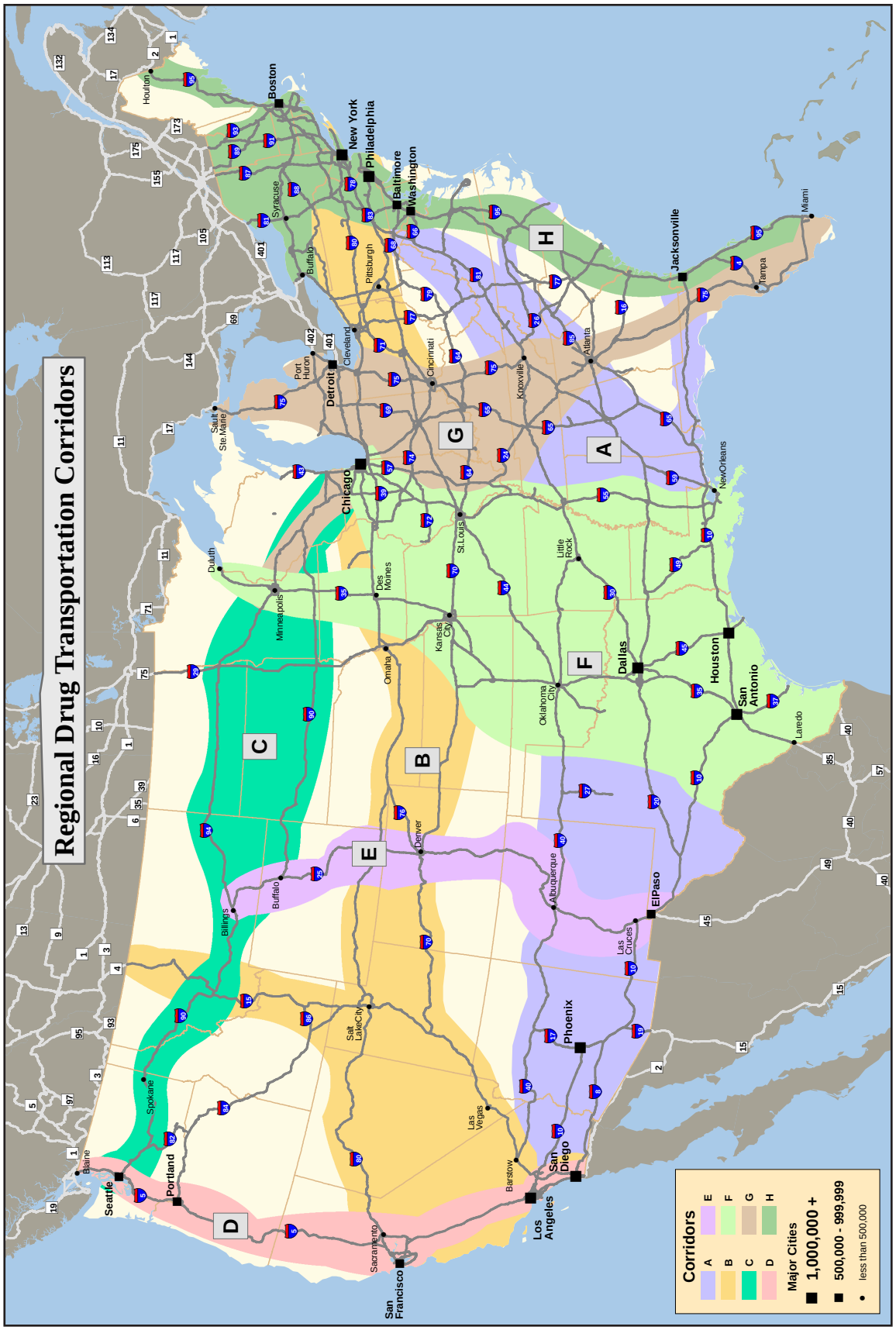
**Figure 3. Drug Transportation Corridors in the United States**




Source: Federal, state, and local law enforcement data and reporting.

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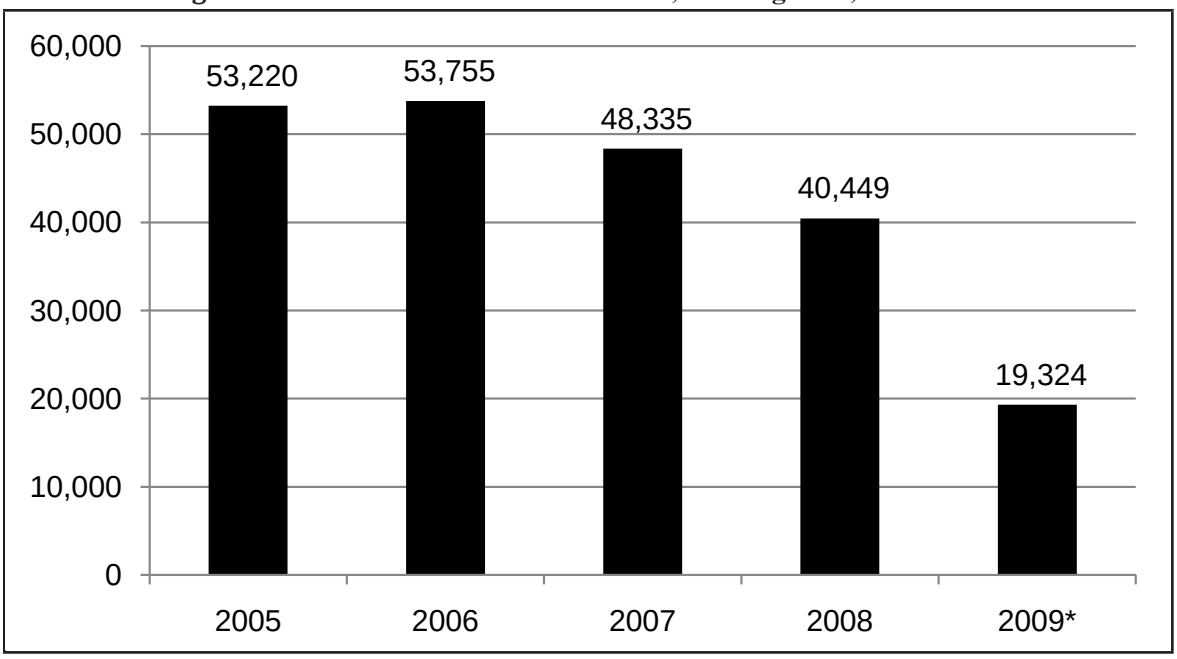
# Drug Availability in the United States

There are no current estimates for the amount of drugs available in U.S. drug markets, nor are there sufficient data to more accurately measure quantities of specific drugs nationally. Thus, a determination of whether drug availability is increasing or decreasing is based on analysis of indicator data, including foreign and domestic production estimates, price and purity data, seizure data, transportation and distribution trends, and demand data.[13] These indicator data show that in 2009, cocaine availability was decreasing, while heroin, marijuana, methamphetamine, and MDMA remained readily available, with increases in some areas.

## Cocaine Availability

Cocaine availability has decreased sharply in the United States since 2006. Every national-level cocaine availability data indicator (seizures, price, purity, workplace drug tests, and ED data) points to significantly less availability in 2009 than in 2006. For example, federal cocaine seizures decreased 25 percent from 2006 (53,755 kg) to 2008 (40,449 kg) and remained low in 2009 (see Figure 4). The price per pure gram of cocaine increased from $94.73 in the third quarter of 2006 to $174.03 in the third quarter of 2009, while cocaine purity decreased from 68.1 percent to 46.2 percent (see Figure 5 on page 28).

**Figure 4. Federal Cocaine Seizure Totals, in Kilograms, 2005–2009***




Source: National Drug Intelligence Center analysis of Federal-Wide Drug Seizure System data.
*Data as of June 2009.
Note: Federal-wide Drug Seizure System totals have been adjusted to exclude seizures that did not occur within the United States or its territorial waters.

13. Availability indicators vary by drug type and include drug and laboratory seizure data, DAWN emergency department data, Quest Diagnostics workplace testing data, National Forensic Laboratory Information System (NFLIS) data, and DEA price and purity data.

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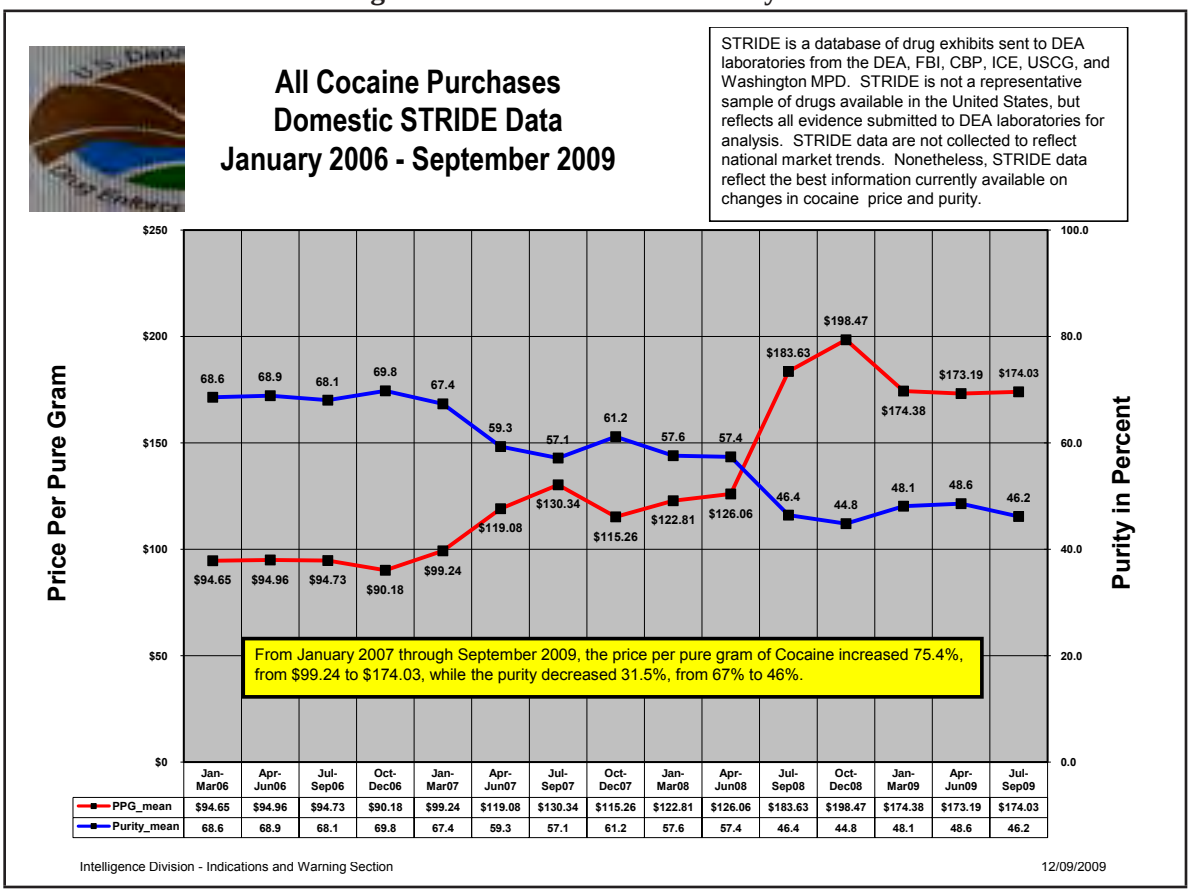
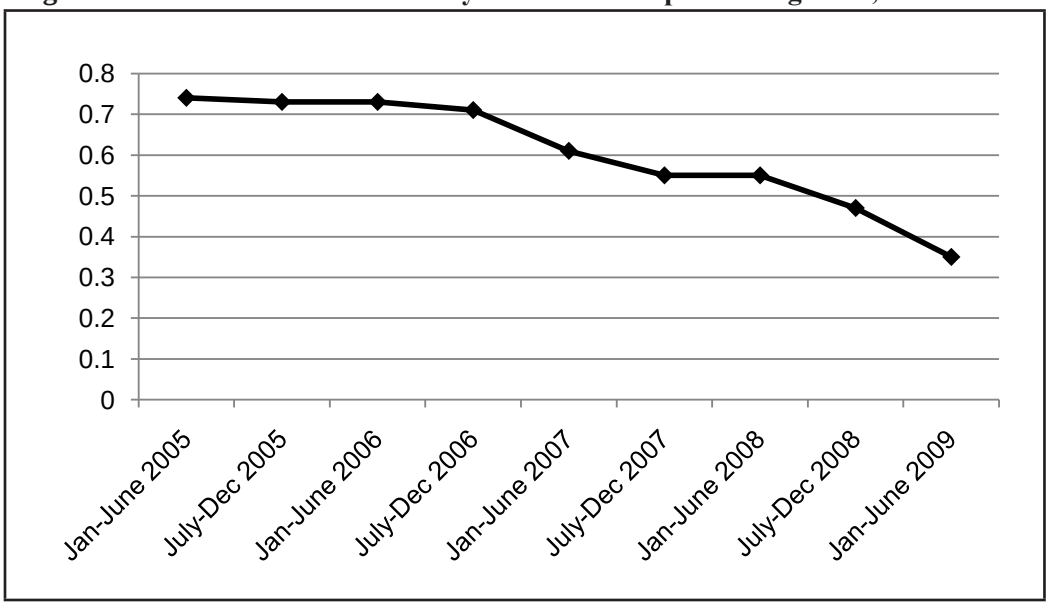
**Figure 5. Cocaine Price and Purity Data**




| | Jan-Mar06 | Apr-Jun06 | Jul-Sep06 | Oct-Dec06 | Jan-Mar07 | Apr-Jun07 | Jul-Sep07 | Oct-Dec07 | Jan-Mar08 | Apr-Jun08 | Jul-Sep08 | Oct-Dec08 | Jan-Mar09 | Apr-Jun09 | Jul-Sep09 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PPG_mean | $94.65 | $94.96 | $94.73 | $90.18 | $99.24 | $119.08 | $130.34 | $115.26 | $122.81 | $126.06 | $183.63 | $198.47 | $174.38 | $173.19 | $174.03 |
| Purity_mean | 68.6 | 68.9 | 68.1 | 69.8 | 67.4 | 59.3 | 57.1 | 61.2 | 57.6 | 57.4 | 46.4 | 44.8 | 48.1 | 48.6 | 46.2 |

**Figure 6. National Cocaine Positivity Rates in Workplace Drug Tests, 2005–2009***




Source: Quest Diagnostics Incorporated.
*Data as of December 9, 2009.

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Workplace drug tests also indicated a reduction in cocaine availability; the percentage of positive tests for cocaine among samples submitted to Quest Diagnostics declined substantially between the end of 2006 and midyear 2009 (see Figure 6 on page 28). In addition, all 14 cities monitored by DAWN reported that the proportion of drug-related emergency department admissions attributed to cocaine has declined since 2006.

Anecdotal reporting from law enforcement officials throughout the country supports the trend reflected in the national data. Of the 51 U.S. drug markets where cocaine availability is closely monitored, officials in 22 drug markets (primarily markets east of the Mississippi River and along the Southwest Border) report that during the first half of 2009, availability was below 2006 levels; the cocaine shortages have been attributed to several factors (see text box). Officials in only 4 of the 51 markets—Boise, Idaho; Omaha, Nebraska; Portland, Oregon; and Salt Lake City, Utah—reported that cocaine availability levels were higher than in 2006.

**Potential Causes for Cocaine Shortages in U.S. Drug Markets**

Although no single factor for the decline in cocaine availability can be identified, a combination of factors, including increased law enforcement efforts in Mexico and the transit zones, decreased cocaine production in Colombia, high levels of cartel violence, and cocaine flow to non-U.S. markets likely contributed to decreased amounts being transported to the U.S.–Mexico border for subsequent smuggling into the United States. Cocaine production estimates for Colombia decreased slightly in 2007 and significantly in 2008 (see Figure 7 on page 30), reducing the amount of cocaine available to world markets. Traffickers in Bolivia and Peru produced sizable quantities of cocaine during the 2-year period, but their estimated production capability and well-established trafficking networks would not be able to quickly fill voids in the U.S. cocaine supply caused by the decline in Colombian production. Moreover, during 2007, several exceptionally large seizures of cocaine destined for Mexico may have initiated the first reported cocaine shortages in U.S. drug markets. These seizures coincided with the decline in seizures along the Southwest Border and were followed by an unprecedented decline in cocaine availability, a trend that continued through 2009. Helping to sustain the shortages were counterdrug efforts on both sides of the border, which most likely diminished the ability of one or more major DTOs to obtain cocaine from South America for subsequent distribution in the United States. Finally, expanding world markets for cocaine in Europe (a highly profitable market) and South America may be further reducing the already reduced amount available from Colombian sources to distribute in the United States.

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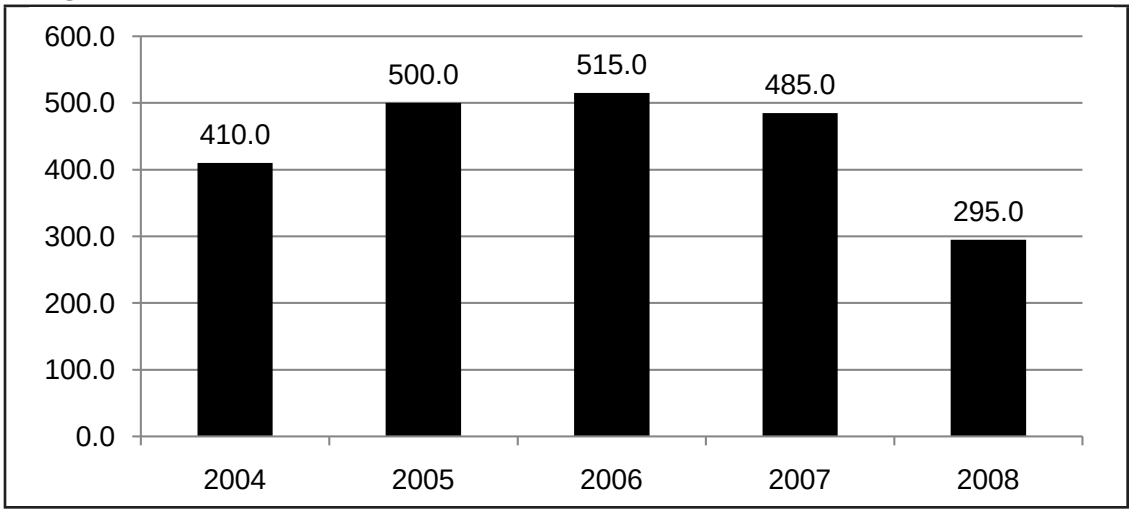
**Figure 7. Potential Pure Cocaine Production in Colombia, in Metric Tons, 2004–2008**




Source: U.S. Government estimate.

## Heroin Availability

**Heroin remains widely available in many U.S. drug markets; availability is increasing in some areas.**

Law enforcement reporting indicates that heroin remains widely available and that availability is increasing in some areas, as evidenced by high wholesale purity, low prices, increased levels of abuse, and elevated numbers of heroin-related overdoses and overdose deaths. For instance, according to DEA Heroin Signature Program (HSP) data, the wholesale purity of Mexican heroin was 40 percent in 2008, the highest average purity for Mexican heroin analyzed under the HSP since 2005 (47%). Additionally, Mexican heroin represented 39 percent (by weight) of all heroin analyzed through the HSP, the highest percentage since 1987 (42%). The wholesale purity of South American heroin stabilized at 57 percent in 2008 after significantly decreasing from 2000 to 2006. However, South American heroin representation under the HSP decreased markedly to 58 percent (by weight) in 2008 from a high of 88 percent in 2003. The decreased representation of South American heroin under the HSP resulted from a significant increase of Mexican heroin samples seized and analyzed under the program, 300 kilograms in 2008 compared with 136 kilograms in 2007, rather than an overall decrease in South American heroin samples. In fact, South American heroin samples analyzed under the HSP increased from 424 kilograms in 2007 to 442 kilograms in 2008.

Increased availability in some markets can be partly attributed to increased heroin production in Mexico. From 2004 through 2008, heroin production estimates for Mexico increased 342 percent, from 8.6 metric tons pure to 38 metric tons pure (see Figure 8 on page 31).

Increased heroin availability has led to increased heroin abuse and, consequently, an increase in heroin-related overdoses and overdose deaths. Law enforcement reporting from the Great Lakes, Mid-Atlantic, New England, New York/New Jersey, Southeast, and West Central OCDETF Regions suggests that heroin abuse is increasing, particularly among younger abusers. Moreover, in mid-2009, law enforcement and public health agencies in 29 drug markets spanning 17 states began reporting elevated levels of heroin-related overdoses, which in many areas began to increase in 2008 (see Figure 9 on page 31). The degree to which heroin overdoses increased in these drug markets—which ranged in size from Burlington, Vermont, to Dallas, Texas—varied widely, but for each area the increase was significant relative to what local officials

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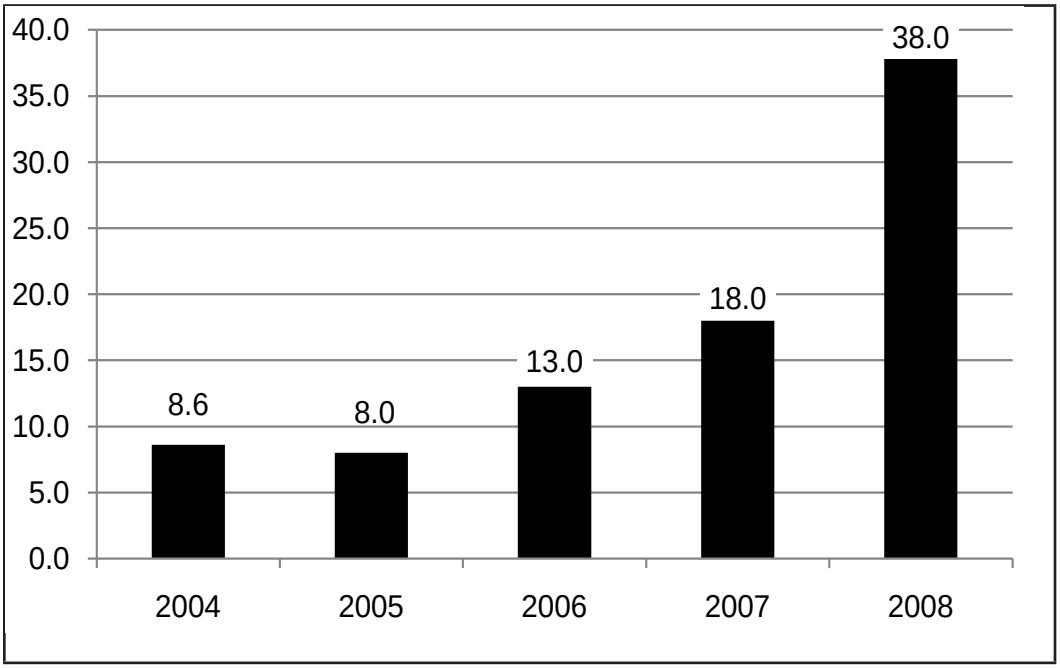
**Figure 8. Potential Pure Heroin Production in Mexico in Metric Tons, 2004–2008**




Source: U.S. Government estimate.

**Figure 9. Counties Reporting Increases in Heroin-Related Overdoses, 2008–2009**

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**Prescription Opioid Users Have Switched to Heroin**

Some opioid abusers use prescription opioids or heroin, depending on availability and the price of each drug, and heroin availability is increasing in many regions in response to higher demand. Treatment providers in some areas of the United States reported in 2008 that prescription opioid abusers switch to heroin as they build tolerance to prescription opioids and seek a more euphoric high. Further, treatment providers are reporting that some prescription opioid abusers are switching to heroin in a few areas where heroin is less costly or more available than prescription opioids. It is also common for some heroin abusers to use prescription opioids when they cannot obtain heroin. Diverted CPDs are often more readily available than heroin in all drug markets; however, heroin use increased in many areas of the country in 2009, possibly because of increased demand among abusers of prescription opioids who could no longer afford CPDs. Prescription opioids are typically more expensive than heroin. For example, oxycodone abusers with a high tolerance may ingest 400 milligrams of the drug daily (five 80-mg tablets) for an average daily cost of $400. These abusers could maintain their addictions with 2 grams of heroin daily, at a cost of one-third to one-half that of prescription opioids, depending on the area of the country and the purity of the heroin.

normally observe. Although a variety of factors have been associated with the increase, including some prescription opioid users switching to heroin (see text box), the only commonality appears to be an overall increase in heroin availability.

The capacity of Mexican DTOs to occupy a more significant share of the heroin market in cities historically dominated by South American heroin may be evolving. In addition to Mexican DTOs trafficking and distributing greater quantities of South American heroin, investigative reporting and heroin signature analysis indicate the possibility of white heroin being produced in Mexico using Colombian processing techniques, as well as the distribution of "mixed" heroin containing both South American and Mexican heroin. However, additional information is needed to confirm the existence of and to understand the potential threat posed by these two heroin forms.

Despite record estimates of opium and heroin production in Afghanistan, the United States remains a secondary market for Southwest Asian (SWA) heroin. SWA heroin is smuggled into the United States in relatively small quantities, primarily by couriers on transatlantic flights and through the international mail system. Organizations responsible for trafficking SWA heroin into the United States are based primarily in Afghanistan, Pakistan, West Africa, and India. Similarly, even though Southeast Asian (SEA) opium and heroin production estimates marginally increased from 2007 to 2008, only limited quantities of the drug are available in the United States. Most SEA heroin is consumed regionally in Southeast Asia and the East Asia–Pacific region.

## Methamphetamine Availability

From mid-2008 through 2009, methamphetamine availability increased in the United States. Drug availability indicator data show that methamphetamine prices, which peaked in 2007, declined significantly during 2008 and 2009, while methamphetamine purity increased (see Figure 10 on page 33). Methamphetamine seizures also increased in 2008 after dropping in 2007, and 2009 data indicate that seizures continue to rise (see Figure 11 on page 33).

Analysis of available data indicates that methamphetamine availability in the United States is directly related to methamphetamine production trends in Mexico, which is the primary source of methamphetamine consumed in the United States. That is, as methamphetamine production declined in Mexico in 2007 and early 2008 as a result of precursor chemical

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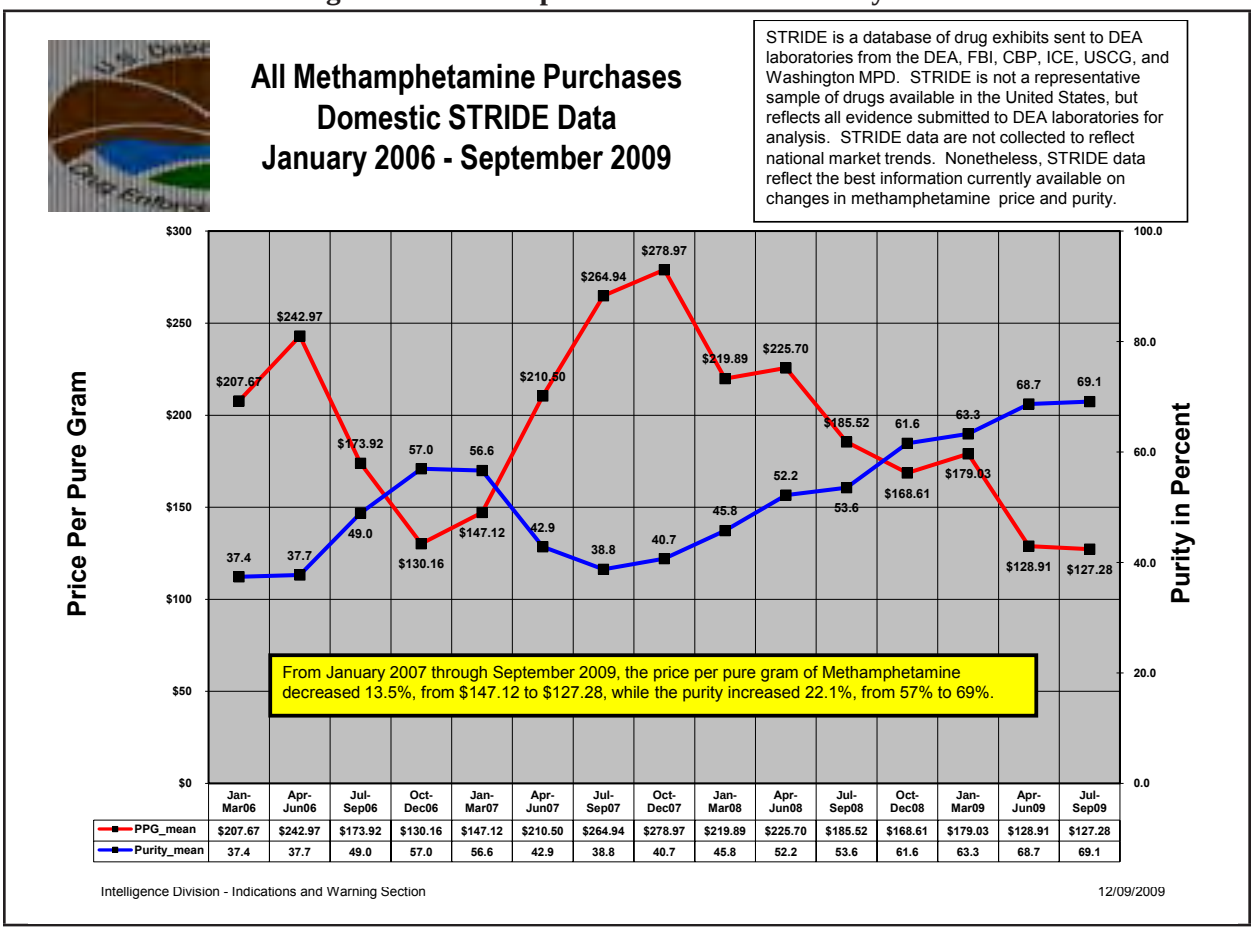
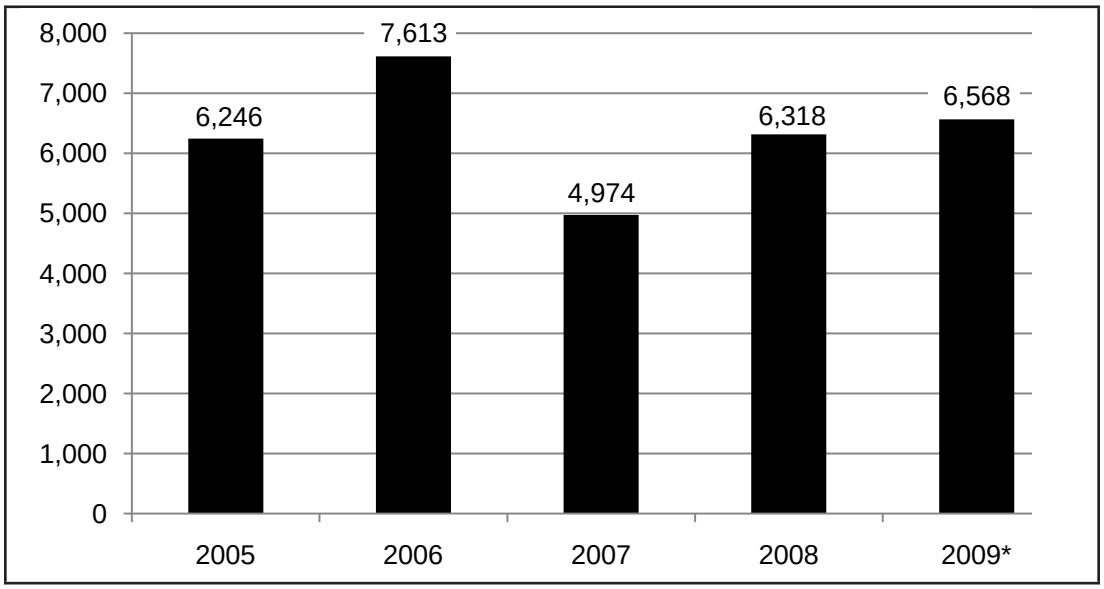
**Figure 10. Methamphetamine Price and Purity Data**




| | Jan-Mar06 | Apr-Jun06 | Jul-Sep06 | Oct-Dec06 | Jan-Mar07 | Apr-Jun07 | Jul-Sep07 | Oct-Dec07 | Jan-Mar08 | Apr-Jun08 | Jul-Sep08 | Oct-Dec08 | Jan-Mar09 | Apr-Jun09 | Jul-Sep09 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PPG_mean | $207.67 | $242.97 | $173.92 | $130.16 | $147.12 | $210.50 | $264.94 | $278.97 | $219.89 | $225.70 | $185.52 | $168.61 | $179.03 | $128.91 | $127.28 |
| Purity_mean | 37.4 | 37.7 | 49.0 | 57.0 | 56.6 | 42.9 | 38.8 | 40.7 | 45.8 | 52.2 | 53.6 | 61.6 | 63.3 | 68.7 | 69.1 |

**Figure 11. Methamphetamine Seizure Amounts in the United States, in Kilograms 2005–2009***




Source: National Seizure System.
*Data as of December 1, 2009.

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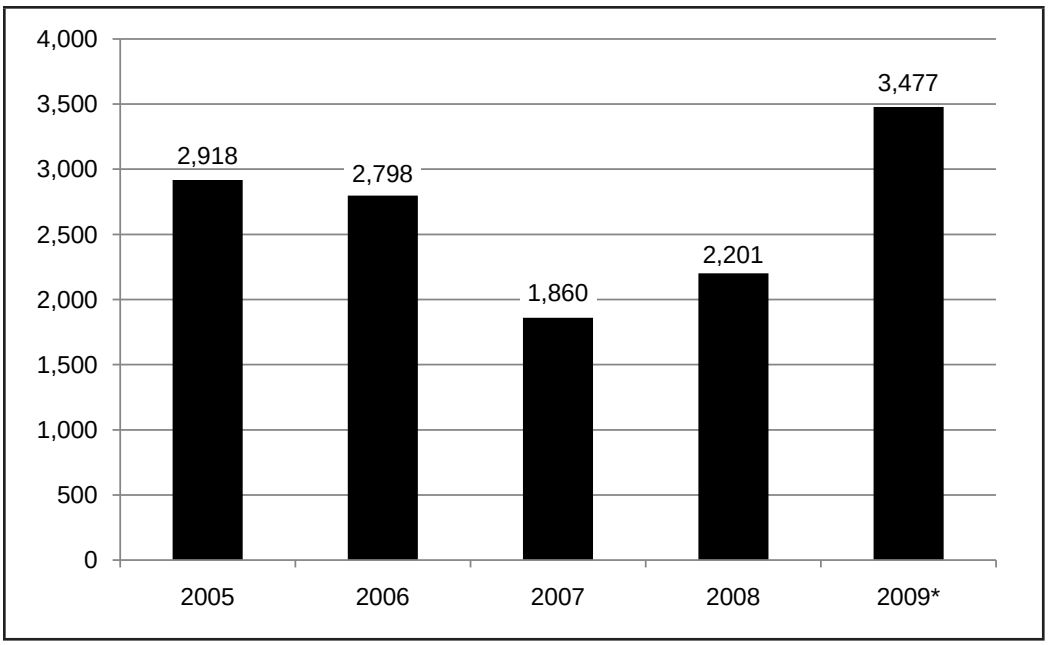
**Methamphetamine Chemical Restrictions in Mexico**

Pseudoephedrine and ephedrine import restrictions in Mexico resulted in decreased Mexican methamphetamine production in 2007 and 2008. In 2005, the GOM began implementing progressively increasing restrictions on the importation of pseudoephedrine and ephedrine. In 2007, the GOM announced a prohibition on pseudoephedrine and ephedrine imports into Mexico for 2008 and a ban on the use of both chemicals in Mexico by 2009.

**Figure 12. Southwest Border Methamphetamine Seizure Amounts, in Kilograms 2005–2009***




Source: National Seizure System.
*Data as of December 1, 2009.

restrictions (see text box), methamphetamine availability declined in the United States. By late 2008, however, Mexican DTOs had adapted their operating procedures in several ways including the smuggling of restricted chemicals via new routes, importing nonrestricted chemical derivatives instead of precursor chemicals, and using alternative production methods. For example, Mexican DTOs smuggle ephedrine and pseudoephedrine from source areas in China and India using indirect smuggling routes that include transit through Central Africa, Europe, and South America. In addition, packages containing ephedrine and pseudoephedrine are commonly mislabeled as other items during transit to avoid law enforcement inspection at air and seaports in Mexico. Methamphetamine producers in Mexico also have begun importing chemical derivatives such as n-acetyl ephedrine and methylamine that are not regulated in Mexico, but can be used to produce methamphetamine precursor chemicals and ultimately methamphetamine. Limited access to ephedrine and pseudoephedrine has also prompted methamphetamine producers in Mexico to increasingly use nonephedrine-based methamphetamine production methods. According to DEA reporting, Mexican DTOs conduct large-scale nonephedrine-based production operations in Mexico, particularly using the phenyl-2-propanone (P2P) method. In fact, the GOM has reported several seizures of phenylacetic acid, a chemical used to produce the methamphetamine precursor chemical P2P. Circumventing the chemical control laws in Mexico has enabled an upsurge in methamphetamine production in Mexico and

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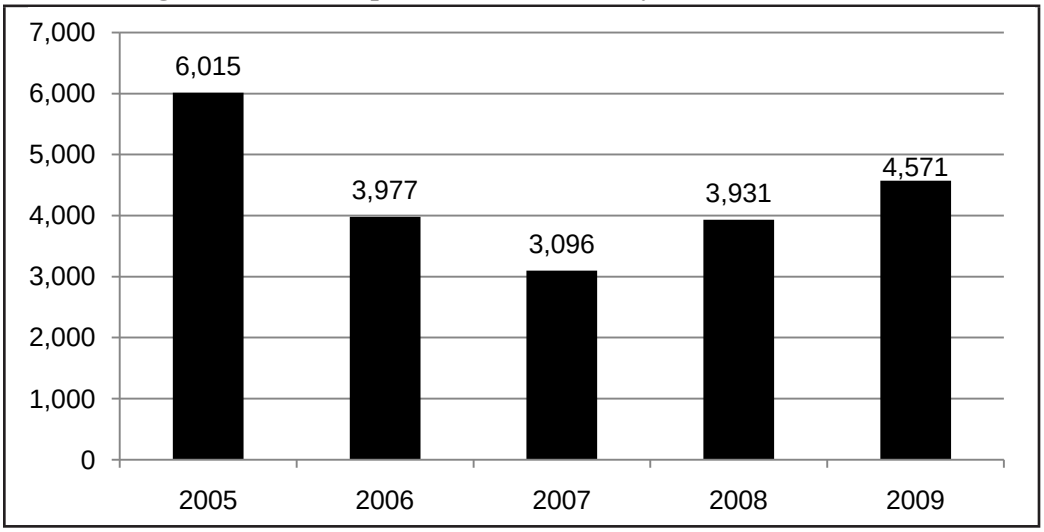
**Figure 13. Methamphetamine Laboratory Seizures, 2005–2009**




Source: National Seizure System.

**Restrictions on the Retail Sales of Pseudoephedrine**

In September 2006, the federal Combat Methamphetamine Epidemic Act (CMEA) of 2005 became effective nationwide, setting restrictions on the retail sale of pseudoephedrine products. As of December 2009, 45 states had passed measures establishing or enhancing restrictions on over-the-counter sales or purchases of pseudoephedrine products in addition to those set forth by the CMEA. Of those states, 20 made pseudoephedrine a scheduled[a] drug, 43 have imposed point-of-sale restrictions, and 26 have enacted pseudoephedrine tracking laws (see Table B5 in Appendix B).

a. The legal implications of a given schedule may vary from state to state; states that classify the same substance in the same schedule do not necessarily regulate that substance the same way. Some states that schedule pseudoephedrine also exempt certain forms, such as those in liquid form or those a designated state authority has determined cannot be used to make methamphetamine. As a result, in some cases, states that do not schedule pseudoephedrine may still regulate it as strictly as or more so than states that do.

increased the flow of methamphetamine into the United States as evidenced by methamphetamine seizures at or between POEs along the U.S.–Mexico border (see Figure 12 on page 34).

When methamphetamine production in Mexico was disrupted in 2007 and 2008, production in the United States increased as users and distributors compensated for the reduced foreign supply. However, even as production in Mexico increased in 2009, production in the United States showed no decline. In fact, U.S. methamphetamine laboratory seizures in 2009 exceeded seizures in 2008 (see Figure 13).

The increase in domestic production was realized primarily in small-scale methamphetamine laboratories throughout the country, especially in the Southeast Region; however, methamphetamine superlabs[14] in California also increased in scale and number during the same period. The increase in domestic methamphetamine production in 2008 and 2009 was fueled primarily by individuals and criminal groups that organized pseudoephedrine smurfing[15] operations to acquire large amounts of the chemical.

14. Superlabs are laboratories capable of producing 10 or more pounds of methamphetamine in a single production cycle.

15. Smurfing is a method used by some methamphetamine and precursor chemical traffickers to acquire large quantities of pseudoephedrine. Individuals purchase pseudoephedrine in quantities at or below legal thresholds from multiple retail locations. Traffickers often enlist the assistance of several associates in smurfing operations to increase the speed with which chemicals are acquired.

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## Marijuana Availability

Marijuana is widely available, in part as a result of rising production in Mexico. The amount of marijuana produced in Mexico has increased an estimated 59 percent overall since 2003 (see Figure 14 on page 37). Contributing to the increased production in Mexico is a decrease in cannabis eradication (see text box), which has resulted in significantly more marijuana being smuggled into the United States from Mexico, as evidenced by a sharp rise in border seizures (see Figure 15 on page 37).

**Cannabis Eradication in Mexico is Decreasing**

Despite rising marijuana cultivation and production in Mexico, the amount of cannabis eradicated decreased by 48 percent from 2006 (30,162 hectares) to 2008 (15,756 hectares); eradication in 2009 is expected to be low as well. The reduction is the result of the Mexican military's focus on antiviolence measures rather than illicit crop cultivation.

Mexican DTOs have expanded their cultivation operations into the United States, an ongoing trend for the past decade. Nonetheless, cultivation operations in some areas of the country have been hindered by intensified eradication efforts. In addition, law enforcement pressure may be limiting the amount produced domestically by some DTOs, resulting in heightened smuggling from Mexico.

The amount of marijuana produced domestically is unknown.[16] However, eradication data and law enforcement reporting indicate that the amount of marijuana produced in the United States appears to be very high, based in part on the continual increases in the number of plants eradicated nationally (see Table 4 on page 38). In fact, eradication of plants from both indoor and outdoor sites has more than doubled since 2004. Well-organized criminal groups and DTOs that produce domestic marijuana do so because of the high profitability of and demand for marijuana in the United States. These groups have realized the benefits of producing large quantities of marijuana in the United States, including having direct access to a large customer base, avoiding the risk of detection and seizure during transportation across the U.S.–Canada and U.S.–Mexico borders, and increasing profits by reducing transportation costs.

Marijuana is produced in the United States by various DTOs and criminal groups, including Caucasian, Asian, and Mexican groups, but Caucasian independents and criminal groups are well established in every region of the country and very likely produce the most marijuana domestically overall.[17] Mexican, Asian, and Cuban criminal groups and DTOs, in particular, pose an increasing threat in regard to domestic cultivation, since their cultivation activities often involve illegal immigrants and large-scale growing operations ranging from 100 to more than 1,000 plants per site. In addition, these groups appear to be expanding and shifting operations within the United States (see text box on page 39).

16. No reliable estimates are available regarding the amount of domestically cultivated or processed marijuana. The amount of marijuana available in the United States—including marijuana produced both domestically and internationally—is unknown. Moreover, estimates as to the extent of domestic cannabis cultivation are not feasible because of significant variability in or nonexistence of data regarding the number of cannabis plants not eradicated during eradication seasons, cannabis eradication effectiveness, and plant-yield estimates.

17. No estimates are available regarding the amount of marijuana produced by Asian, Caucasian, Mexican, and Cuban traffickers in the United States; currently, no national-level eradication statistics are compiled or recorded by the producing group. The lack of such estimates precludes a precise determination of the extent to which each group is involved in marijuana production within the United States.

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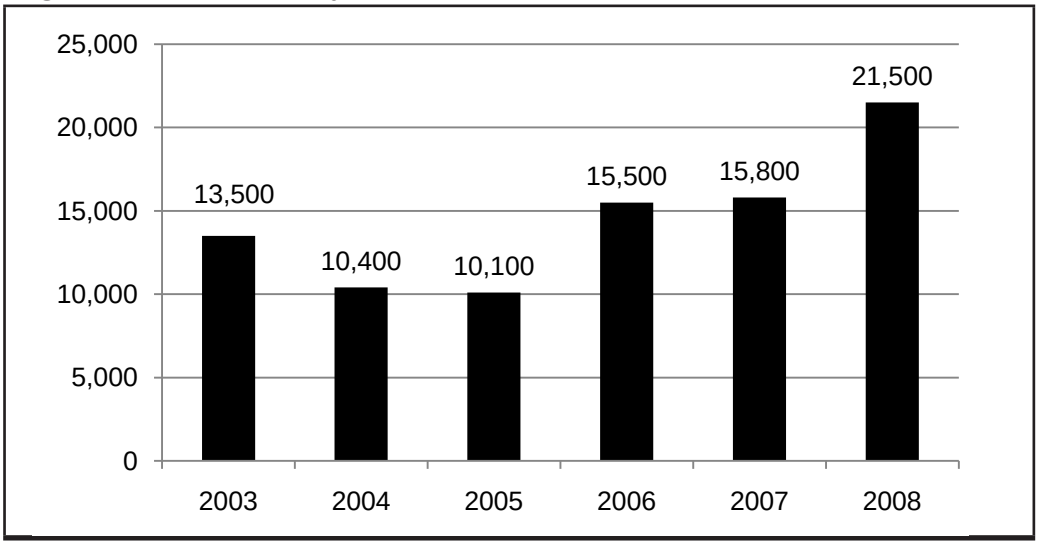
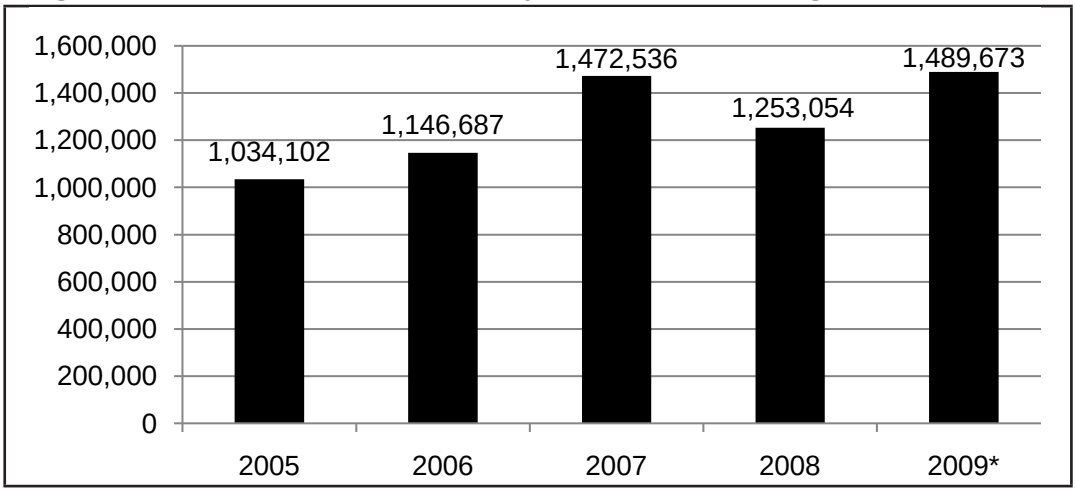
**Figure 14. Potential Marijuana Production in Mexico, in Metric Tons, 2003–2008**




Source: U.S. Government estimate.

**Figure 15. Southwest Border Area Marijuana Seizures, in Kilograms, 2005–2009***




Source: National Seizure System.
*Data as of December 1, 2009.

Significant quantities of cannabis are cultivated on public lands, particularly by Mexican DTOs and criminal groups, as evidenced by high and increasing eradication figures. Over the past 5 years, more than 11 million marijuana plants (see Table 5 on page 38) have been eradicated from federal public lands—the majority were eradicated from public lands in western states. In addition, the number of plants eradicated from these lands increased more than 300 percent from 1,013,088 plants in 2004 to 4,043,231 plants in 2008. Public lands are often used for cannabis cultivation because DTOs benefit from the remote locations that seemingly limit the chance of detection and allow them to maintain such activities without ownership of any land that can be seized by law enforcement or traced back to a participating member. The increased prevalence of these grow sites on publicly accessible lands has resulted in numerous armed confrontations with hikers,

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hunters, and passersby unwittingly entering active cultivation sites.

**More growers are establishing indoor grow sites to produce better marijuana and avoid outdoor detection and eradication.**

Indoor cannabis cultivation that allows for increased security and potentially higher-quality marijuana has become more popular—particularly with Caucasian independents and criminal groups—with the proliferation of coordinated outdoor eradication efforts nationwide (see Table 4 and Table 5). Law enforcement attributes the increased interest in cultivating indoors partially to the heightened levels of outdoor eradication. However, some groups—particularly Asian groups—have established large-scale operations in, or shifted operations to, the United States to avoid seizure of the shipments at the Canadian border and to attain better access to drug markets. In addition to the increased sense of security that indoor sites provide, cultivators benefit from year-round production and controlled environmental conditions such as lighting and nutrients. Controlling these factors allows for increased growth and maturation times, as well as potentially higher-quality marijuana that can command a much higher price.

**Table 4. Number of Plants Eradicated From Indoor and Outdoor Sites in the United States, 2004–2008**

| | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| **Indoor** | 203,896 | 270,935 | 400,892 | 434,728 | 450,986 |
| **Outdoor** | 2,996,225 | 3,938,151 | 4,830,766 | 6,599,599 | 7,562,322 |
| **Total** | 3,200,121 | 4,209,086 | 5,231,658 | 7,034,327 | 8,013,308 |

Source: Domestic Cannabis Eradication/Suppression Program (DCE/SP).
Note: DEA methodology for collecting DCE/SP data changed in 2007. Since 2007, public lands data have been included in the number of outdoor plants eradicated and therefore should not be compared with previous years' data.

**Table 5. Number of Plants Eradicated From Federal Lands, 2004–2008***

| | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| **Forest Service** | 718,447 | 992,264 | 1,245,324 | 2,176,952 | 3,079,923* |
| **U.S. Department of the Interior** | 294,641 | 263,005 | 590,352 | 715,071 | 963,308* |

Source: U.S. Department of Agriculture Forest Service; U.S. Department of the Interior.
*Forest Service data as of February 12, 2009; U.S. Department of the Interior data as of January 21, 2009.

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**Criminal Groups and DTOs Expanding Domestic Cannabis Cultivation Operations at Both Indoor and Outdoor Sites**

Mexican traffickers are expanding and shifting outdoor cultivation operations eastward across the United States into areas that they believe are less subject to law enforcement scrutiny. These Mexican DTOs have established cultivation operations in areas outside their traditional strongholds of California, Washington, and Oregon. Since 1999, law enforcement reporting has noted this eastward shift and expansion from these western states to Arizona, Arkansas, Georgia, Idaho, North Carolina, Tennessee and, most recently, Wisconsin and Michigan. These groups appear to be moving to these areas in response to improved outdoor grow site detection capabilities and heightened eradication efforts.

Asian traffickers are operating an increasing number of indoor grow sites. Some U.S.-based and Canada-based Asian groups (primarily ethnic Vietnamese and Chinese) engage in large-scale indoor cultivation, operating multithousand plant sites, predominantly in the Pacific Northwest and throughout much of California. Within the past decade, these tight-knit and often family-oriented groups have expanded their network throughout the country to numerous states, including Texas and several New England states, to avoid law enforcement detection and to gain better access to drug markets.

Cuban traffickers are the primary operators of indoor marijuana grow sites in the Southeast Region. Cuban-operated indoor sites are of a smaller scale than Asian-operated grows. Cannabis cultivation sites operated by Cuban traffickers are most prevalent in southern Florida, but such activity has expanded northward into northern Florida, Georgia, and North Carolina to move operations closer to potential drug markets. Cuban immigrants are often exploited by DTOs and criminal groups to cultivate high-potency cannabis at these indoor sites, and the problem appears to be growing. Law enforcement reporting and eradication data indicate an increase in the seizure of indoor cannabis grow operations that cultivate high-potency marijuana, and the number of indoor grow sites seized in Florida rose each year between 2004 (246 sites) and 2008 (1,022 sites). (See Table 6.)

**Table 6. Number of Indoor Grow Sites and Plants Eradicated in Florida, 2004–2008**

| | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| **Grow Sites** | 246 | 384 | 480 | 944 | 1,022 |
| **Plants** | 21,879 | 45,217 | 36,172 | 74,698 | 78,489 |

Source: Domestic Cannabis Eradication/Suppression Program.

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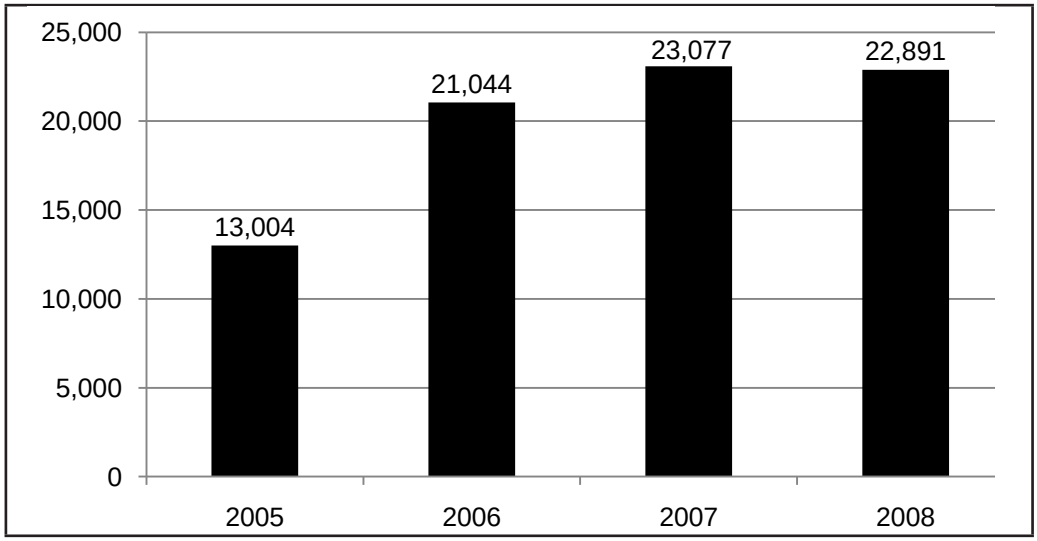
## MDMA Availability

Asian DTOs are responsible for a resurgence in MDMA availability in the United States, particularly since 2005. These groups produce large quantities of the drug in Canada and smuggle it into the United States across the Northern Border. The smuggling of MDMA into the United States from Canada fueled an increase in the availability of the drug that began in 2005, although availability appears to be stabilizing. Data regarding MDMA availability are limited; nonetheless, analysis of National Forensic Laboratory Information System (NFLIS) data shows a 76 percent increase in the number of MDMA submissions from 2005 to 2008 (see Figure 16), although MDMA submissions make up a much smaller percentage of submissions than other illicit drugs, including cannabis, cocaine, methamphetamine, and heroin. National Drug Threat Survey (NDTS) data also provide an indication of MDMA availability. The percentage of state and local law enforcement agencies that reported moderate or high availability of MDMA in their areas increased from 47.2 percent in 2005 to 51.5 percent in 2009.

Seizure data show that the amount of MDMA seized along the U.S.–Canada border increased 156 percent from 2007 to 2008 (see Figure 17 on page 41) and that more MDMA was seized at the Northern Border in 2008 than in any year since 2005. MDMA seizure totals declined in 2009 but still exceeded 2007 totals.

Although most Northern Border seizures occur at POEs, the amount of MDMA seized between POEs appears to be increasing, likely because increased scrutiny at POEs has forced smugglers to develop new routes and smuggling methods in an attempt to circumvent law enforcement. For example, in 2008, more than 243,000 dosage units[18] of MDMA were seized between POEs, compared with none the previous year; seizures between POEs in 2009 exceeded those in 2008.

**Figure 16. Number of MDMA Submissions, 2005–2008**




Source: National Forensic Laboratory Information System Annual Reports.

18. MDMA tablets vary in size and weight depending on the manufacturing process, the type of pill press being used, and the amount of adulterants incorporated into the tablet. Therefore a standard dosage unit of 140 milligrams per tablet is used to convert other units of measure, such as kilograms, for consistency and estimates on total dosage units.

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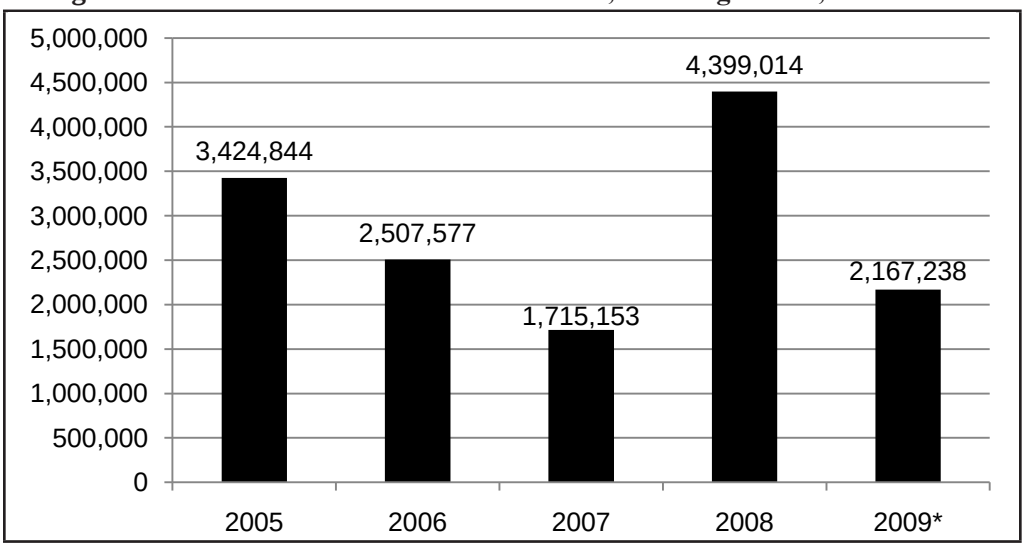
**Figure 17. Northern Border MDMA Seizures, in Dosage Units, 2005–2009***




Source: National Seizure System.
*Data as of December 1, 2009.

MDMA seizures along the Southwest Border and through commercial air have also increased, albeit on a much smaller scale. Seizures at or near the Southwest Border show an increase from 114,286 dosage units in 2006 to 387,143 dosage units in 2009. Furthermore, commercial air seizures spiked in 2008, with a 91.4 percent increase from 2007 to 2008 (433,571 dosage units to 829,857 dosage units); MDMA commercial air seizure totals for 2009 decreased, resulting in levels comparable to 2007 levels.

Ready availability of MDMA has enabled distributors to expand their customer base to include new user groups, most notably African American and Hispanic users. Asian DTOs have begun distributing MDMA to African American and Hispanic street gangs, which distribute the drug along with other illicit drugs in markets throughout the United States, most notably in the Southeast, Southwest, and Great Lakes Regions. Moreover, MDMA is no longer exclusively viewed as a “rave” or club drug, which also aids distributors in selling it to nontraditional abusers.

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# Controlled Prescription Drugs

The threat posed by the diversion and abuse of CPDs is increasing, largely aided by rapidly increasing distribution of the most addictive CPDs, prescription opioids (see text box). According to DEA, the amount of prescription opioids distributed to retail registrants increased 52 percent from 2003 through 2007.[19]

**Prescription opioid overdose deaths are increasing, primarily because the decedents took the drugs nonmedically,[20] other than as prescribed, or in combination with other drugs and/or alcohol.**

The number of unintentional prescription opioid overdose deaths increased in 2006,[21] following a trend that has been apparent since 2000. The overall rate of change from 2002 (5,547 deaths) through 2006[22] (11,001 deaths) was 98 percent, and the annual rate of change increased during that period (see Figure 18 on page 43).

Overdose death data do not provide in-depth information about the decedent's history of drug use or misuse or, in many cases, whether the decedent had a legitimate prescription for the drugs found in his or her system at the time of death. However, CDC reports that a high percentage of people who die from a prescription opioid poisoning have a history of substance abuse and that many have more than one CPD in their system at the time of death. For example, a 2008 CDC study found that 82.3 percent of diversion-related unintentional overdose decedents in West Virginia in 2006 had a history of substance abuse and that 79.3 percent had used multiple substances that contributed to their deaths. In many instances, these individuals were simply using prescription opioids (either singularly or in combination with other CPDs, alcohol, or illicit drugs) to achieve a heroin-like euphoria, and many did not have a legitimate prescription for the drugs. For example, the CDC study found that 63.1 percent of all unintentional CPD overdose deaths in West Virginia in 2006 involved individuals who did not have prescriptions for the drugs that contributed to their deaths.

**More law enforcement agencies are reporting that pharmaceutical diversion and abuse pose the greatest drug threat to their areas, in part because of increases in associated crime and gang involvement, which put additional strain on agency budgets and assets.**

**Prescription Opioids**

The most commonly diverted CPDs are opioid pain relievers, according to DEA and NSDUH data. Opioid pain relievers are popular among drug abusers because of the euphoria they induce. Opioid pain relievers include codeine, fentanyl (Duragesic, Actiq), hydromorphone (Dilaudid), meperidine (Demerol, which is prescribed less often because of its side effects), morphine (MS Contin), oxycodone (OxyContin), pentazocine (Talwin), dextropropoxyphene (Darvon), methadone (Dolophine), and hydrocodone combinations (Vicodin, Lortab, and Lorcet).

Source: Drug Enforcement Administration; Substance Abuse and Mental Health Services Administration.

19. The narcotic raw material produced in or imported into the United States is subject to an annual assessment of legitimate medical, scientific, and research need and the establishment of quotas by DEA. Contributing factors to quota increases include: more aggressive pain treatment, new and different indications for legitimate medical use, the increase in the average age of the citizenry, new delivery methods and formulations for opioid pain relievers, new product development, and exportation. Thus, decreased production is not viewed as a realistic means to reduce diversion.
20. Nonmedical use involves obtaining the drugs without a legitimate prescription and taking them while not under medical supervision.
21. Prescription opioid death data for 2006 are the most current estimates.
22. The 2006 data include more than 1,000 overdose deaths attributed to heroin and clandestinely produced fentanyl that was distributed in some Midwest, Great Lakes, and Mid-Atlantic cities.

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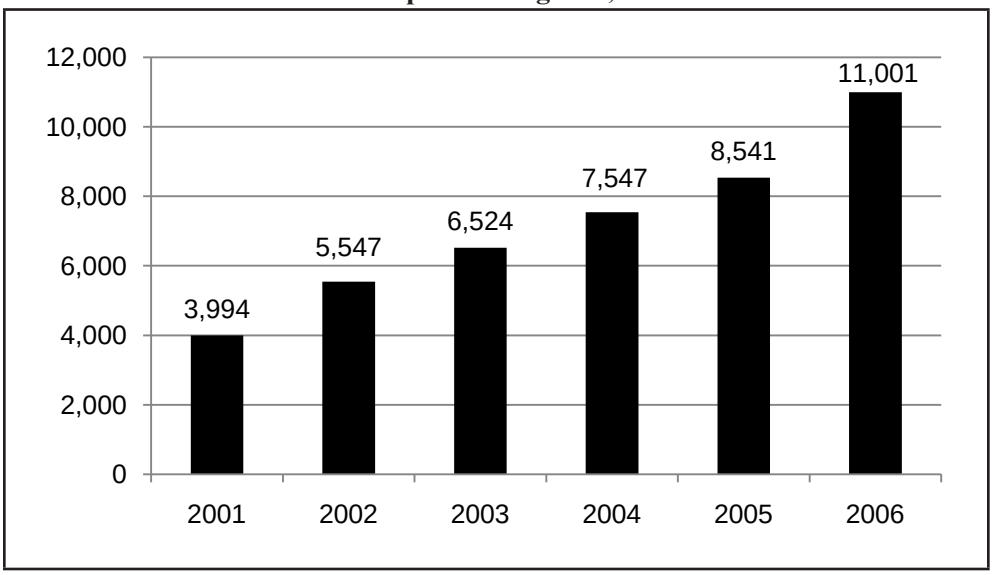
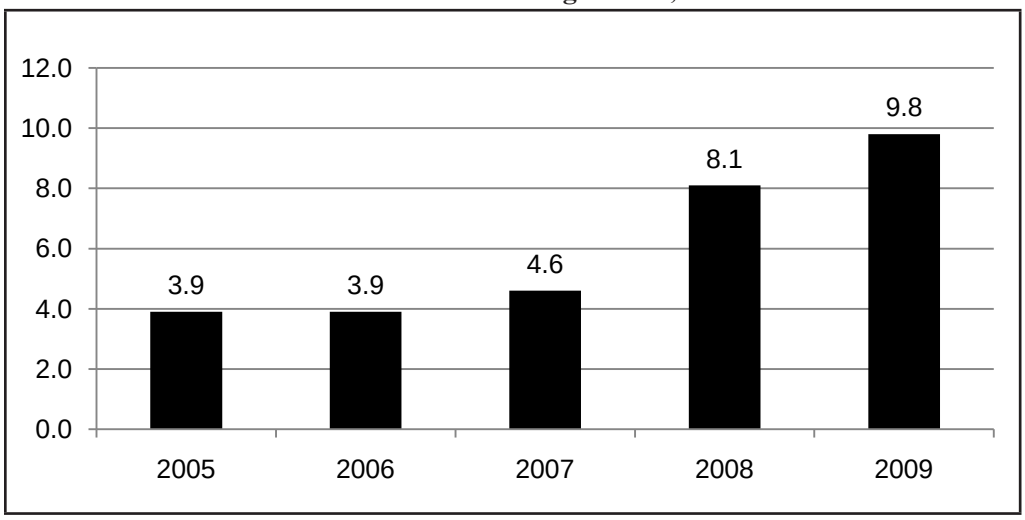
**Figure 18. Number of Reported Unintentional Poisoning Deaths With Mention of Opioid Analgesics, 2001–2006**




Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

**Figure 19. Percentage of State and Local Law Enforcement Agencies Reporting CPDs as Their Greatest Drug Threat, 2005–2009**




Source: National Drug Threat Survey 2009.

A higher percentage of law enforcement agencies in all nine OCDETF regions responding to the NDTS 2009 reported diverted pharmaceuticals as their greatest drug threat in 2009 than they did in 2008 (see Figure 19). Law enforcement officers base their assessment of the threat on several factors, two of which are diversion- and abuse-related crime rates and gang involvement in drug distribution. For both of these factors, a higher percentage of agencies

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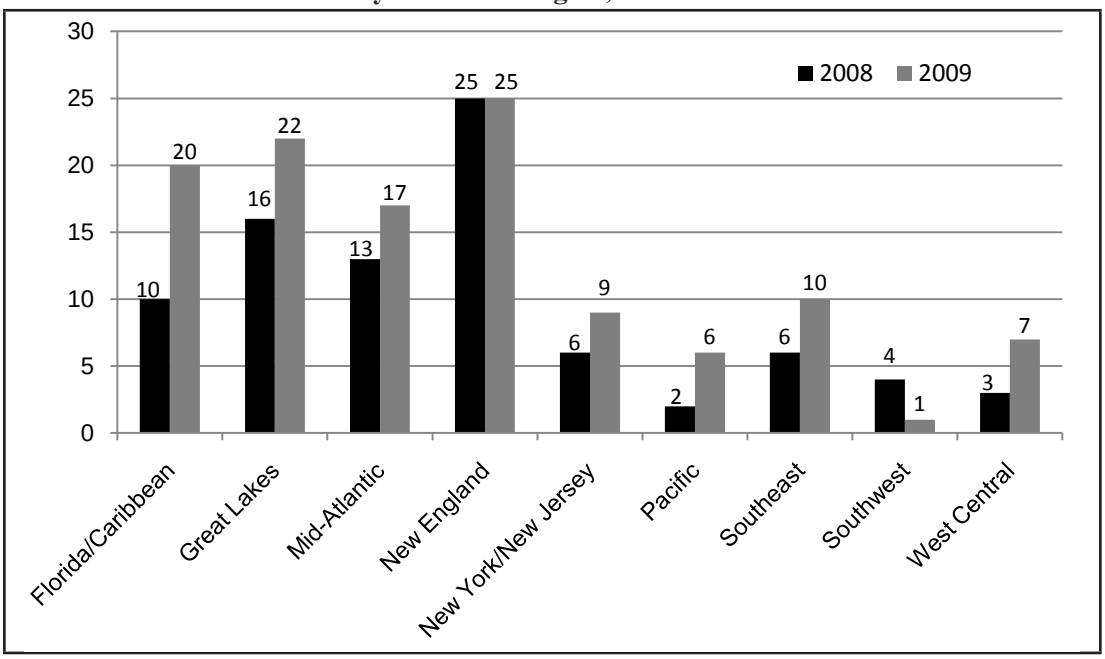
**Table 7. Percentage of State and Local Law Enforcement Agencies Reporting Street Gang Involvement in Pharmaceutical Distribution and an Association Between Pharmaceutical Diversion and Crime, 2008–2009**

| | 2008 | 2009 |
|---|---|---|
| Street Gang Involvement | 44.2% | 48.0% |
| Property Crime | 6.0% | 8.4% |
| Violent Crime | 3.5% | 4.8% |

Source: National Drug Threat Survey.

**Figure 20. Percentage of State and Local Law Enforcement Agencies Reporting an Association Between Pharmaceutical Diversion and Violent and Property Crimes by OCDETF Region, 2008–2009**




Source: National Drug Threat Survey.

reported an increase in 2009 (see Table 7). The percentage of agencies reporting that pharmaceutical diversion and abuse contribute to other crime in their areas trended upward in seven of the nine OCDETF regions in 2009 (see Figure 20). The percentage of agencies reporting street gang involvement in pharmaceutical distribution also trended upward in six of the nine OCDETF regions in 2009 (see Figure 21 on page 45).

**Unscrupulous pain clinic physicians in Florida dispense or prescribe large quantities of prescription opioids to dealers and abusers and are a source of supply for opioids distributed in numerous states that have PDMPs.**

Nonmedical personnel, primarily investors, are operating numerous purported pain clinics[23] in Broward and Palm Beach Counties, Florida. A Florida grand jury found that from 2007 through 2009, the number of pain clinics in those counties grew from 4 to 115, and in one 6-month span, these pain clinic doctors dispensed more than 9 million tablets of oxycodone. The grand jury also found that the Broward and Palm Beach

23. DEA investigations indicate that dubious pain clinics have unique characteristics, some of which include the ability to quickly relocate, vague or misleading ownership records, form nearly exclusive association with specific pharmacies, use specific physicians, cash-based payment methods, and rapid examinations.

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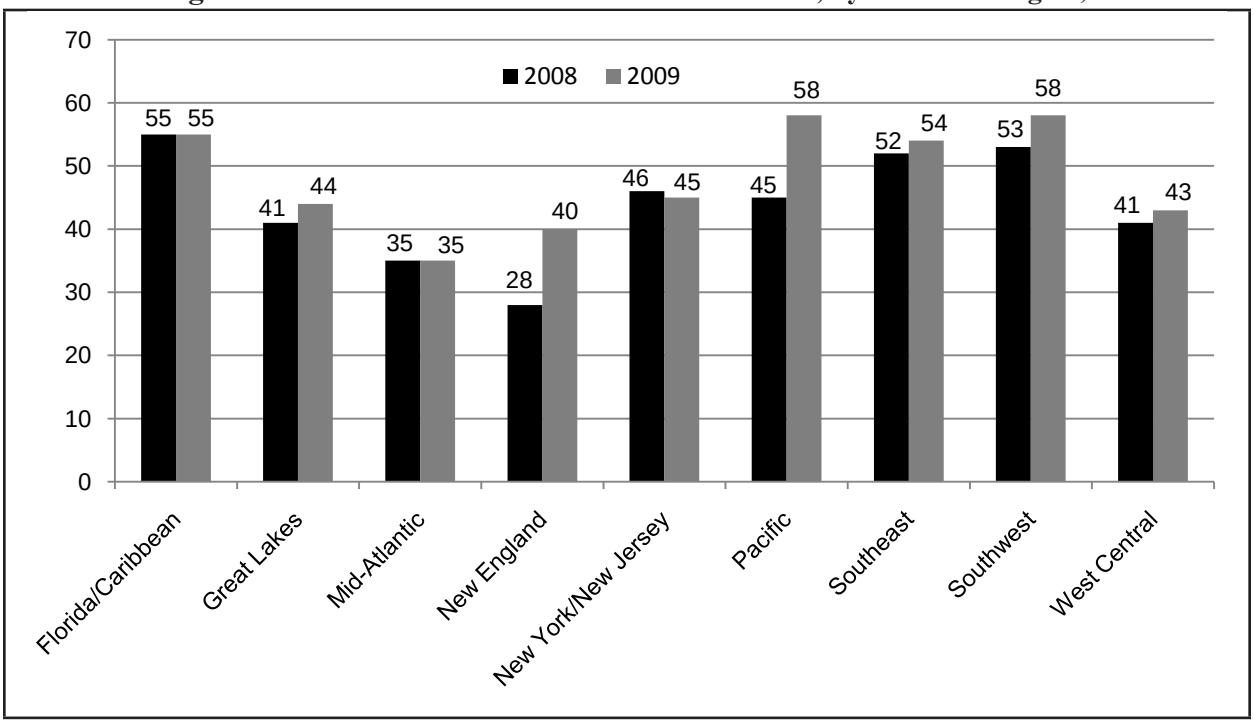
**Figure 21. Percentage of State and Local Law Enforcement Agencies Reporting Street Gang Involvement in Pharmaceutical Distribution, by OCDETF Region, 2008–2009**




Source: National Drug Threat Survey.

County clinics attract drug seekers from Kentucky, Ohio, Tennessee, and West Virginia.

Unscrupulous physicians—some with criminal records—employed at Florida clinics supply the constant demand for prescription opioids among distributors and abusers in Florida as well as among individuals from states in the Great Lakes, Mid-Atlantic, New England, and Southeast OCDETF Regions, where operational PDMPs have made acquiring CPDs more difficult. These physicians dispense or prescribe large quantities of prescription opioids to customers who have no legitimate need for the drugs; the physicians usually charge an up-front fee for this service and accept only cash payments. Florida law limited what regulators could do with regard to closing clinics or disciplining investors. For example, the Department of Health regulated healthcare professionals but not facilities; the Agency for Health Care Administration provided oversight on clinics that accept insurance, but illegal clinics usually accept only cash. Enacted in July 2009, Florida's new law establishing a PDMP requires that pain management clinics register with the Department of Health. Moreover, under the law, the state medical and osteopathic medicine boards must set standards of practice for all physicians and osteopaths who prescribe controlled substances from those clinics.

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**Recent Cases Involving the Unlawful Dispensing of CPDs**

A Freeport, Florida, physician was sentenced in January 2009 to 292 months in prison and fined $250,000 after he was found guilty of 43 charges, including healthcare fraud; dispensing controlled substances, including fentanyl, hydrocodone, diazepam, clonazepam, morphine, and alprazolam, the use of which resulted in the death of two persons; and unlawfully dispensing controlled substances, including oxycodone, morphine, fentanyl, hydrocodone, alprazolam, diazepam, clonazepam, and carisoprodol. He also forfeited $260,000 in cash and his medical building for a total civil forfeiture of more than $835,000. The physician had owned and operated a clinic and prescribed CPDs to patients in quantities that made abuse and misuse likely. The physician failed to determine a sufficient medical necessity for the prescribing of these substances. Evidence suggested that he had prescribed controlled substances to patients from across the southeastern United States, knowing that the patients were addicted to the substances, were misusing them, or were doctor-shopping.

The manager of two Florida pain management clinics and three prescribing physicians were sentenced in April 2009 for their roles in a prescription drug conspiracy. The manager was sentenced to 240 months in prison; one physician was sentenced to 30 months in prison, and the other two were sentenced to 72 months in prison. The manager of the clinic and the three physicians had purported to provide pain management treatment for chronic pain patients; however, they engaged in a conspiracy to unlawfully dispense hundreds of thousands of controlled pain medications, including OxyContin, Dilaudid, Roxicodone, oxycodone, Lortab, methadone, and others in exchange for cash fees for office visits. The manager was also convicted of possessing, carrying, and using a firearm in the furtherance of the conspiracy.

Federal law enforcement authorities in November 2009 dismantled a Florida trafficking ring that had sent more than 190,000 oxycodone tablets from South Florida pain clinics to abusers in Kentucky, North Carolina, Tennessee, Virginia, and West Virginia. At least 20 people were indicted on distribution charges; the ring had allegedly operated for 3 years and used at least four or five clinic doctors per day to obtain the drugs. Members of the ring shipped thousands of pills per day by vehicle or overnight delivery services and allegedly made at least $5 million over the 3 years.

Kentucky State Police detectives and troopers along with FBI agents, armed with 518 felony arrest warrants, conducted a drug roundup in October 2009 that stemmed from Operation Flamingo Road. This investigation targeted Kentucky drug traffickers in at least 33 counties who had traveled to South Florida to obtain CPDs from pain clinic doctors and returned to Kentucky to distribute the drugs. Penalties for felony charges of trafficking in controlled substances range from 18 months to 20 years in prison.

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# Illicit Finance

Tens of billions of dollars are laundered each year by drug traffickers operating in the United States. There are no current estimates for the annual amount of money either laundered domestically or smuggled out of the United States by DTOs. However, a 2007 NDIC study shows that from 2003 through 2004, at least $17.2 billion was smuggled into Mexico in bulk cash shipments alone.[24] Additionally, drug proceeds (perhaps totaling several billion dollars) are laundered each year through various techniques such as the use of the Black Market Peso Exchange (BMPE), money transmissions, front companies, real estate transactions, and structured deposits in traditional depository institutions. Because the predominant techniques used by DTOs to launder illicit drug proceeds have proved relatively successful, DTOs continue to rely on these methods to launder illicit drug proceeds. Nevertheless, there are some emerging developments related to money laundering.

**Mexican DTOs smuggle bulk cash totaling tens of billions of dollars from specific domestic cash consolidation areas to and through POEs for eventual placement into foreign financial institutions.**

Since 2001, enhanced U.S. anti-money laundering (AML) regulations such as the USA PATRIOT Act and law enforcement actions have made it more difficult to place drug proceeds into U.S. financial institutions. As a result, Mexican and, to a lesser extent, Canadian and other DTOs have adapted by smuggling bulk cash from drug sales out of the United States to countries where placement of the cash into financial institutions is much easier. In fact, bulk cash smuggling has become the primary method used by Mexican DTOs to move their U.S. drug proceeds. The exact amount of bulk cash smuggled out of the country by DTOs is unknown; however, it is at least tens of billions of dollars annually.

The movement of bulk cash by Mexican DTOs from U.S. drug markets, through key consolidation areas, to Mexico is a complex nationwide system. Millions of dollars in bulk cash is transported each week from U.S. drug markets to relatively few consolidation areas such as Atlanta, Chicago, Los Angeles, New York City, and North Carolina, where a Mexican DTO bulk cash cell leader takes direct control of the money. These drug proceeds are subsequently shipped to or across the Southwest Border. For example, law enforcement reporting and seizure data indicate that the volume of illicit bulk cash transported to and from Atlanta far exceeds that of any other city in the eastern half of the United States. In fact, the amount of cash seized from 2006 through June 2009 that was destined for Atlanta exceeded the amount destined for any other U.S. city outside the Southwest Border during that period. Mexican DTOs are the predominant drug traffickers in the Atlanta area, where they are able to coordinate large drug and money shipments. Because Atlanta is between major eastern drug markets and the Southwest Border, bulk cash is transported to stash houses in Atlanta, as well as a number of counties in northern Georgia, from across the southeastern United States and from as far away as New York City. As a result of increased law enforcement scrutiny, bulk cash consolidation operations have shifted from some of these major drug market areas into more rural areas or regional drug markets.

**Canada-based DTOs smuggle bulk cash drug proceeds from the United States into Canada, often through remote areas of the U.S.–Canada border.**

24. The $17.2 billion estimate is based on a review of U.S. banknotes repatriated from Mexico. The estimate represents only U.S. currency returned to the United States, not all U.S. currency that was smuggled to or through Mexico. This estimate is based on analysis of U.S. banknotes purchased by U.S. financial institutions from Mexican financial institutions from 2003 through 2004.

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Canadian DTOs smuggle significant amounts of cash generated from the U.S. distribution of Canada-produced drugs into Canada. The Akwesasne Territory, which straddles the U.S.–Canada border, is one of the most important smuggling corridors for Canada-bound bulk cash. Overall, the topography of the U.S.–Canada border facilitates bulk cash smuggling because currency interdiction by law enforcement officials is often hampered by the border's length and vast expanses of rugged terrain.

**The loss of Hong Kong Shanghai Banking Corporation (HSBC) Mexico for the placement of licit and illicit U.S. currency has had no long-term effect on BMPE placement activity in Mexico, since money launderers have repeatedly demonstrated their ability to quickly adapt to actions on the part of law enforcement and financial institutions.**

The January 2009 implementation of the new HSBC Mexico AML policy, which stopped the deposit and exchange of foreign currency, has had no long-term effects on U.S. currency placement activity in Mexico. Drug proceeds in the form of bulk cash continue to be smuggled from domestic drug market areas to and across the U.S.–Mexico border as a principal placement method for BMPE transactions. Launderers operating in Mexico on behalf of BMPE peso brokers most likely have placed U.S. currency at Mexican financial institutions other than HSBC Mexico.

**The potential for increased drug money laundering through the use of prepaid cards has prompted Nevada to enact state law SB-82 to aid law enforcement investigations involving this method of money laundering.**

Prepaid card investigations and prosecutions are challenging because law enforcement officials must often secure warrants before accessing prepaid card account information, such as account balances and transaction records, or seizing funds stored on prepaid cards. As a result, law enforcement agents cannot efficiently determine whether the total value associated with a card is suspicious. It is also difficult for law enforcement officials to seize funds stored on prepaid cards, because those funds can be removed from the card by the criminal or a coconspirator while the card is in the possession of a law enforcement agency and before a seizure warrant can be obtained and executed.

Officials in Nevada have attempted to address these challenges with SB-82, which took effect July 1, 2009. This law makes it easier for Nevada law enforcement officials to investigate prepaid card money laundering and fraud cases that occur in the state each year. For example, SB-82 allows Nevada law enforcement to freeze the funds on a prepaid card for up to 10 days, until a judge authorizes a warrant, to prevent criminals from removing the funds while the card is in the possession of law enforcement authorities. In limited circumstances, SB-82 authorizes the seizure of funds without a warrant.

**Changes to SWIFT[25] Message Format MT 202 will reduce money launderers' ability to disguise the origin and destination of wire transfers when wiring money through intermediary accounts.**

Until recently, drug money launderers were able to take advantage of a vulnerability that existed in the wiring of money between banks without a direct banking relationship. When a bank needs to wire a customer's money to another bank, one of the several types of SWIFT messages may be used as instructions for the transfer. This message is sent through SWIFT separately from the actual settlement of the funds. When a customer's bank does not have

25. SWIFT—Society for Worldwide Interbank Financial Telecommunication—is one of several payment messaging systems operating in the United States. SWIFT provides a secure communications platform for banks but does not actually hold or transfer funds.

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a direct relationship with the ultimate receiving bank (a situation that occurs frequently, especially in international transfers), banks may use either cover payments[26] or serial payments[27] to send the money through one or more intermediate banks.[28]

In cases where cover payments are used, two separate SWIFT message instructions are sent. The first set of instructions, called MT 103, contains all of the originating customer and ultimate beneficiary information, but is seen only by the originating bank and the beneficiary bank. A second message, the MT 202, is sent to the intermediary banks. Previously, the SWIFT MT 202 messages that accompanied cover payments between intermediary banks did not retain originator and beneficiary account information.

This lack of information allowed money launderers to disguise their identity by sending wire transfers through intermediary banks. When a SWIFT 202 was used, only the originating and beneficiary bank, which could be foreign-based banks, could see the originator and beneficiary information. The intermediary banks, which would typically be U.S. banks, would not know this information.

This money laundering vulnerability has been eliminated by the new SWIFT Message Format, called MT 202 COV, which took effect November 21, 2009. The new format retains both originator and beneficiary information on all transfers made through intermediary banks, allowing intermediary banks to better investigate or block suspicious transactions.

**The recent acquisition of a banking license by a virtual world company (online role-playing game) offers drug money launderers the ability to access the global financial system anonymously; however, large-scale use of virtual world banks to launder drug money is unlikely, since launderers remain encumbered by placement of drug proceeds.**

In March 2009, a virtual world company (see text box on page 50) received a license from the Swedish Financial Authority to conduct banking activities. This license enables the game's virtual economy to interact with and carry out the functions of real-world banks, such as offering interest-bearing savings, Automated Clearing House (ACH) transactions, and lending.[29] The ability to anonymously access the international financial system through this virtual world's bank creates a money laundering threat, particularly because rigorous know-your-customer procedures will be difficult to enforce. In virtual environments, role-playing games are built around the premise of players pretending to be other people. Establishing the actual identity of players will be very challenging for financial institutions and law enforcement.

26. The cover payment method divides the message into two parts. Detailed funds-transfer instructions are sent directly to the beneficiary's bank via a SWIFT MT 103, while a second message, the SWIFT 202, is sent through all intermediary banks.

27. Using serial payments, one financial institution transmits the funds-transfer instructions via a SWIFT MT 103 message to the intermediary bank. Each institution involved in this process receives the same level of detail about the transaction at each step.

28. Intermediary banks, also called correspondent banks, allow banks to do business with each other if they do not have a direct relationship.

29. In the past, other virtual worlds have included "virtual banks," but these functioned only as an element of the game and were not part of the real-world financial system. Prior to the issuance of this banking license, players of this virtual world could exchange real money for the virtual currency used in the game. Players could also earn money in the game by buying and selling objects or completing tasks such as hunting and mining. Earned virtual currency could be cashed out of the game at a fixed exchange rate to the U.S. dollar.

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**What is a Virtual World?**

Virtual worlds, also referred to as Massively Multiplayer Online Role-Playing Games, are Internet-based computer games characterized by a player assuming the role of a fictional character within the game, customizing that character, and interacting with other players of the game. Most games involve players cooperating with other players to complete tasks or quests in order to develop and advance their characters. However, some games are based around social interaction and have few, if any, specific tasks to complete or ways to advance character development.

Many online games have some form of in-game economy that allows players to buy and trade virtual items within the game. A few games let players transfer real-world money into and out of the virtual world, usually by means of credit card payments. This function has allowed players to start businesses in the virtual world and to transfer the profits out of the game to the real world.

Although there is a risk of abuse by drug money launderers, that risk is somewhat lessened because this virtual world bank will be subject to the same regulations and AML controls as real world banks. The usefulness of this virtual world's bank to money launderers also is limited by the need to first place cash into the financial system and the size of the online economy. In 2008, this game's economy was about $420 million generated from 820,000 players. Typically, users spend between $.50 and $1.50 per hour in the game. Large or very frequent transactions would stand out from normal players' transactions.

**A U.S. Supreme Court decision that differentiates between bulk cash smuggling and money laundering will likely inhibit future money laundering prosecutions of bulk cash couriers.**

On June 1, 2008, the Supreme Court ruled that a suspected bulk cash courier who was arrested while transporting $81,000 to Mexico in the hidden compartment of a passenger vehicle was not guilty of money laundering. The decision establishes a separation between bulk cash smuggling and money laundering. In the ruling, the court wrote, "Although the evidence showed intent to avoid detection while driving the money to Mexico, it did not show that the petitioner intended to create the appearance of legitimate wealth, and accordingly no rational trier of fact could have found the petitioner guilty."

The ruling will most likely limit prosecutions against bulk cash smugglers; therefore, bulk cash smuggling in the United States will likely continue unabated. Despite this ruling, DTO leaders are unlikely to challenge bulk cash seizures or arrests for fear of exposing their financial infrastructures through legal proceedings. Currently, most couriers who are stopped during suspected drug cash interdictions deny knowledge of the cash and are released, at which point law enforcement officials are able to seize the currency.

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# VULNERABILITIES

Large-scale methamphetamine production is very dependent on a consistent supply of bulk precursor chemicals such as ephedrine, pseudoephedrine, and P2P. Such supplies are available from companies producing the chemicals in relatively few countries, including China and India. Increased cooperation from these countries and the companies producing the chemicals could greatly disrupt methamphetamine production and availability.

Drug shipments entering the United States are vulnerable to detection and interdiction at POEs. Wholesale seizures at POEs are typically larger than seizures in the interior of the country because loads have not been divided for midlevel or retail distribution. However, DTOs employ spotters to closely monitor the flow of traffic through POEs. These spotters direct load vehicles in real time to specific lanes that they believe will have the highest chance for successful entry into the United States without inspection. Denying spotters clear visibility of the POE lanes through the use of lights or visual barriers would reduce the success of smugglers. Alternatively, implementing a process that would randomly direct vehicles to specific lanes would also deny spotters any advantage.

Seizures of illicit drugs from stash sites along the Southwest Border region result in a much greater loss to Mexican DTOs than seizures that take place after the drugs have been broken into smaller shipments for distribution in retail drug markets. Identifying load vehicles at POEs and then conducting controlled deliveries or simply tracking them to Southwest Border stash sites might be an effective method of detecting such sites and increasing drug seizures.

Domestic drug transportation in commercial tractor-trailers is vulnerable to highway interdiction. Because tractor-trailers typically travel interstates or larger U.S. highways to transport large drug shipments to domestic drug markets, nationally coordinated domestic surge operations to bring about intense and sustained interdiction efforts could increase the amount of drugs seized domestically.

The activities of Mexican DTOs are particularly vulnerable to detection when they attempt to expand drug distribution into new markets. When DTOs expand into new drug markets, they often lack a reliable network of distributors and security personnel in those new markets. As a result, they are more likely to deal with new, unproven local dealers, rendering the organization vulnerable to undercover law enforcement operations.

Highly addictive prescription opioids are primarily acquired by users through doctor-shopping. In states that have implemented comprehensive PDMPs,[30] doctor-shopping has decreased. However, many individuals continue to acquire the drugs by simply travelling to doctors in nearby states where there are no such programs. State PDMPs that require nationwide data sharing would curtail the practice of traveling to neighboring states for prescription opioids and would most likely reduce doctor-shopping significantly.

Many prescription drug abusers, especially younger abusers, acquire CPDs through theft from family members or acquaintances who have legitimate prescriptions for the drugs. Often these drugs are unused and unneeded pills prescribed to treat pain for a temporary condition such as recovery from a surgery. Implementing a national incentive program for patients to return unused pills to collection facilities for proper disposal would reduce the diversion and misuse of CPDs (see text box on page 52).

Bulk cash shipments of illicit drug proceeds are at risk of seizure at stash houses in consolidation cities and in transit to and across the Southwest Border. DTOs have developed elaborate countermeasures to minimize this risk, such as choosing unassuming locations, limiting the number of individuals who have knowledge of the stash house sites, and moving

30. Currently, 40 states either have operating PDMPs or have passed legislation to implement them.

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## Prescription Drug Disposal Programs

Concerns regarding drug diversion and environmental pollution resulting from uncontrolled disposal prompted a flurry of activity at the state, local, and federal levels in 2009. Many state and local law enforcement agencies followed Florida law enforcement's lead by conducting medicine take-back programs. Through these programs, people with leftover medications were encouraged to turn them in to law enforcement officers at specific locations. The take-back programs resulted in the collection of tens of thousands of pounds of prescription drugs. Broward County, Florida, law enforcement officers held the first Operation Medicine Cabinet (OMC) program in 2008. Since then, OMC programs have become increasingly popular and have been held in states such as Georgia, Indiana, Iowa, and New Jersey. Other states have held take-back programs similar to OMC using various names for the programs. Maine established a year-round take-back program using the mail service. The majority of drugs collected at all take-back events are noncontrolled substances, but many of the drugs are CPDs. Quantities of prescription drugs turned in during take-back events include the following:

- Great Lakes, Earth Day 2009: 4 million pills
- Illinois, 2008–2009: 90,000+ pounds of pills
- Iowa, 2008: 1,029 pounds
- Maine, 2009: 2,123 pounds noncontrolled and 252 pounds CPDs
- Michigan, 2009: 6,866 noncontrolled pills and 1,483 CPDs (2-week span)
- New Jersey, 2009: 9,000 pounds (3.5 million pills)
- Salisbury, North Carolina, 2009: 157 pounds
- Washington State, 2006–2009: 11,000 pounds
- Watauga County, North Carolina, 2009: 40,000 pills, 12 gallons of liquid medication

Under the Controlled Substances Act (CSA), ultimate users[a] do not have DEA registration numbers permitting them to distribute controlled substances; therefore, users are not permitted to distribute unused drugs even to those officers conducting take-back programs. However, it was determined that current take-back programs could use an exemption from registration that permits law enforcement officers to handle controlled drugs while acting in an official capacity. In early 2009, the DEA Office of Diversion Control began to seek comments on options to CSA amendments addressing individual disposal of patient-owned controlled substances. To amend the CSA, DEA is awaiting congressional action on several related pieces of legislation.

At the federal level, several bills (HR 1191 and companion SB 1336, and HR 1359 and companion SB 1292) were introduced in the House of Representatives in 2009 to amend the CSA. HR 1191 provides for disposal of CPDs through state take-back programs, while HR 1359 permits the consumer to deliver drugs for disposal. HR 1191 also recommended amending the Food, Drug, and Cosmetic Act to prohibit product labeling that proposed flushing of unused prescription drugs. Both bills were referred to the House Committee on Energy and Commerce and the House Committee on the Judiciary in 2009. DOJ has endorsed HR 1359 and SB 1292, since they afford the most flexibility.

At the state level, legislators in Florida, Maine, Minnesota, Oregon, and Washington introduced bills in 2009 that would require drug manufacturers to operate and pay for systems that facilitate the collection, transportation, and disposal of leftover prescription drugs. In California, a senate bill was being considered in 2009 that would require the state's Board of Pharmacy to work with other state agencies, local governments, drug manufacturers, and pharmacies to develop sustainable programs to manage the disposal of prescription drugs.

a. The CSA defines an "ultimate user" as a person who obtains a drug legally and possesses it for his or her own use, for a family member's use, or for use in an animal in the household.

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bulk cash quickly through stash houses. However, a dedicated investigative team capable of developing and exploiting organizational intelligence in each of the leading bulk cash consolidation cities could result in significant bulk cash seizures in those cities. Moreover, enhanced interdiction efforts and rigorous outbound inspections of vehicles leaving the United States would very likely result in a sharp increase in bulk cash seizures.

# Outlook

The growing strength and organization of criminal gangs, including their growing alliances with large Mexican DTOs, has changed the nature of midlevel and retail drug distribution in many local drug markets, even in suburban and rural areas. As a result, disrupting illicit drug availability and distribution will become increasingly difficult for state and local law enforcement agencies. In many of these markets, local independent dealers can no longer compete with national-level gangs that can undersell local drug distributors. Previously, state and local law enforcement agencies could disrupt drug availability in their areas, at least temporarily, by investigating and dismantling local distribution groups. But well-organized criminal gangs are able to maintain a stronger, more stable drug supply to local markets and to quickly replace distributors when individual gang members or entire distribution cells are arrested. Significantly disrupting drug distribution in smaller drug markets will increasingly require large-scale multijurisdictional investigations, most likely necessitating federal law enforcement support.

Without a significant increase in drug interdiction, seizures, arrests, and investigations that apply sustained pressure on major DTOs, availability of most drugs will increase in 2010, primarily because drug production in Mexico is increasing. The most recent drug production estimates show sharp increases in heroin and marijuana production in Mexico and greatly reduced efforts to eradicate drug crops in that country. The production estimates are supported by Southwest Border drug seizure data showing sharp increases in heroin and marijuana seizures in 2009. Southwest Border seizure data also indicate that methamphetamine production has increased sharply in Mexico as well because of traffickers' ability to circumvent precursor chemical restrictions and employ alternative production methods despite strong GOM restrictions on ephedrine and pseudoephedrine imports. Only cocaine production estimates show decreasing production in Colombia, and that trend is reflected in availability data, including cocaine seizure data, which show relatively low availability of the drug.

The increased enforcement against illegal pain clinics and the growing number of PDMPs will increasingly disrupt the supply of CPDs to prescription opioid users who typically acquire these drugs through doctor-shopping and from unscrupulous physicians. Many users will seek CPDs from other sources, including pharmacy robberies. The number of pharmacy armed robberies has increased over the past 5 years, and in many states, laws are not sufficient to deter such crimes. Other prescription opioid users will increasingly switch to heroin because, according to reporting from law enforcement and treatment providers, in many instances heroin is less expensive than diverted prescription opioids.

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# Appendix A: Maps

Map A1. Nine OCDETF Regions

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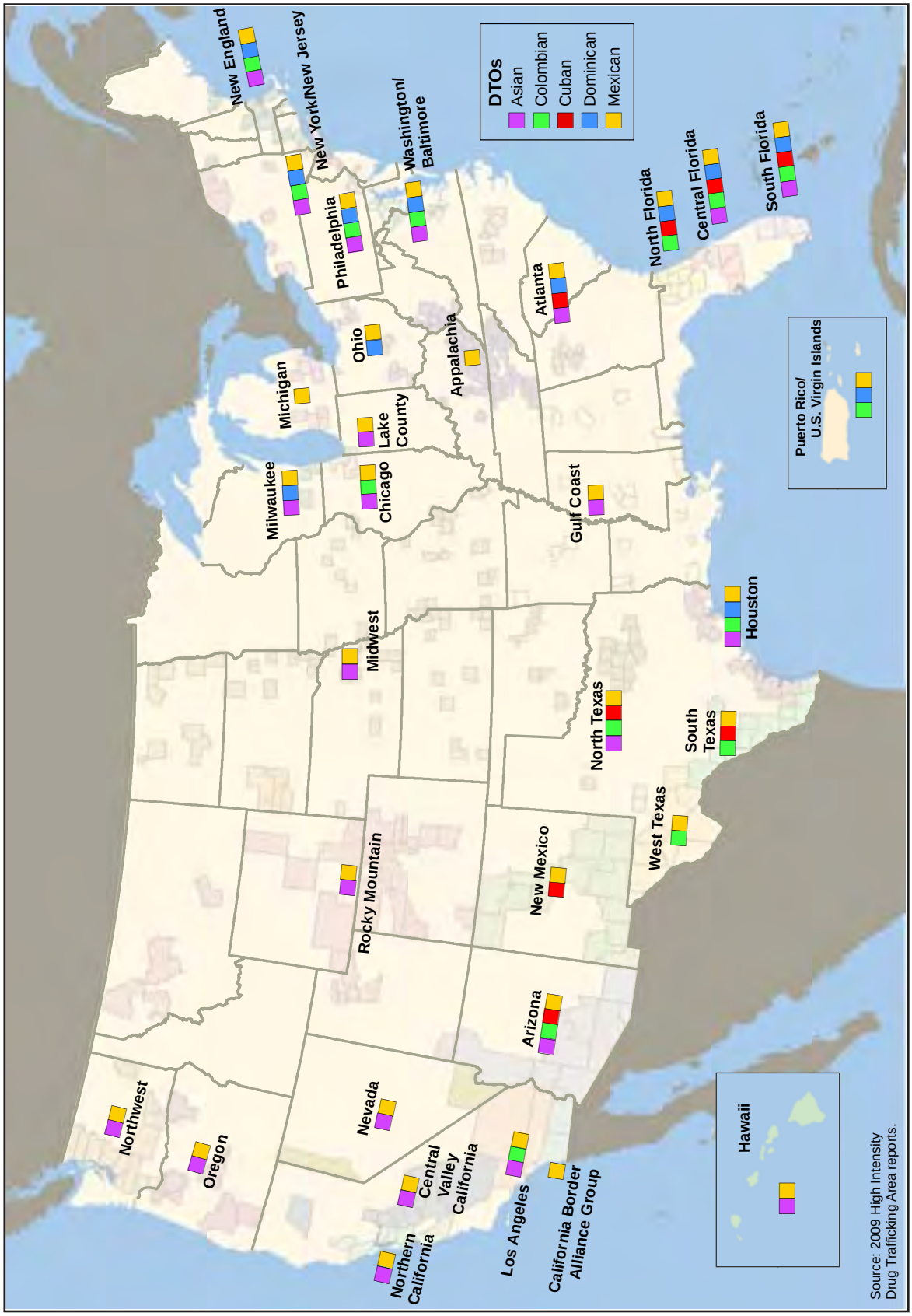
**Map A2. Drug Distribution by Select DTOs, by HIDTA Region***




*Map depicts presence only, not level of activity.

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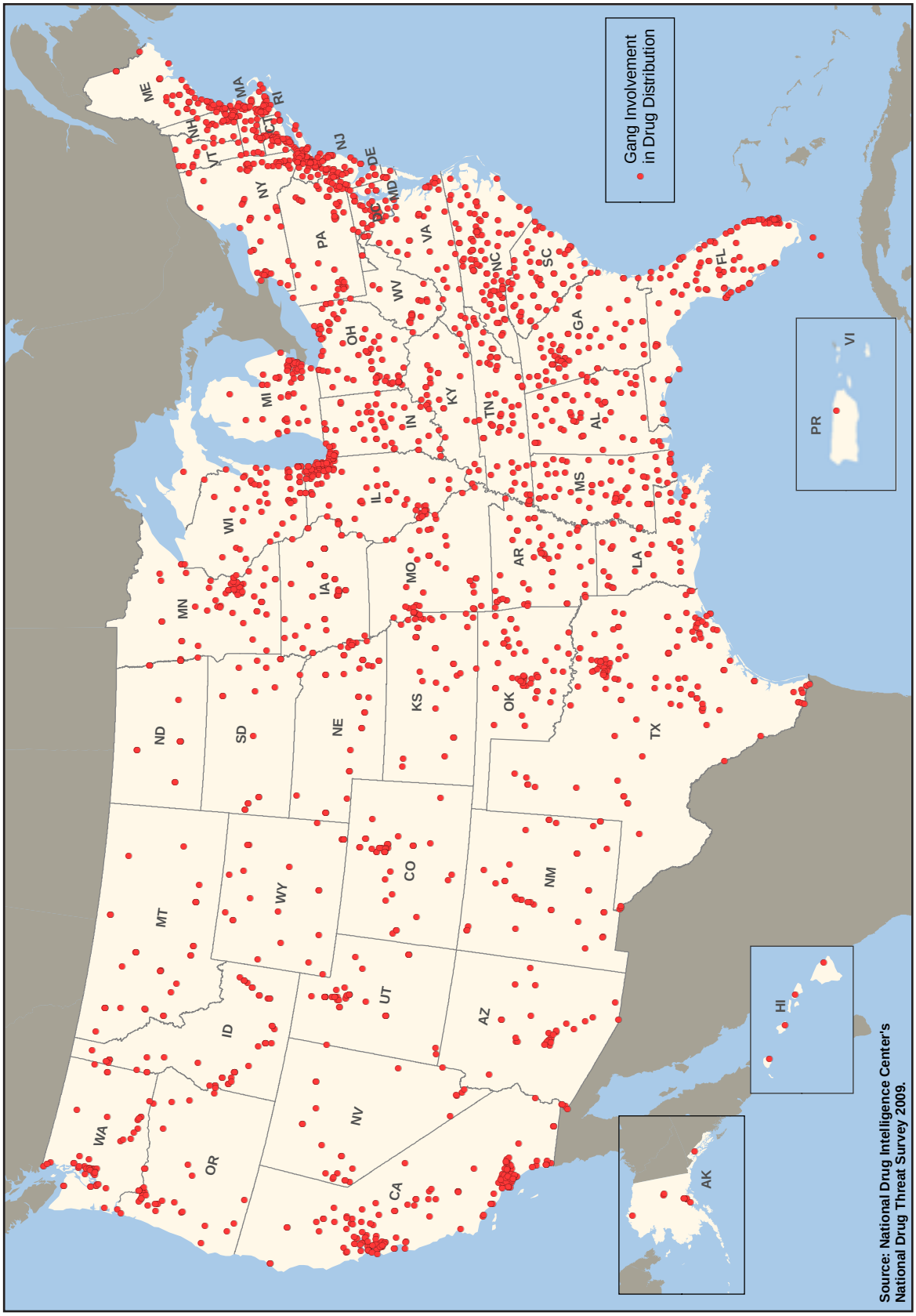
Map A3. 2009 Street Gang Involvement in Drug Distribution




Source: National Drug Intelligence Center's National Drug Threat Survey 2009.

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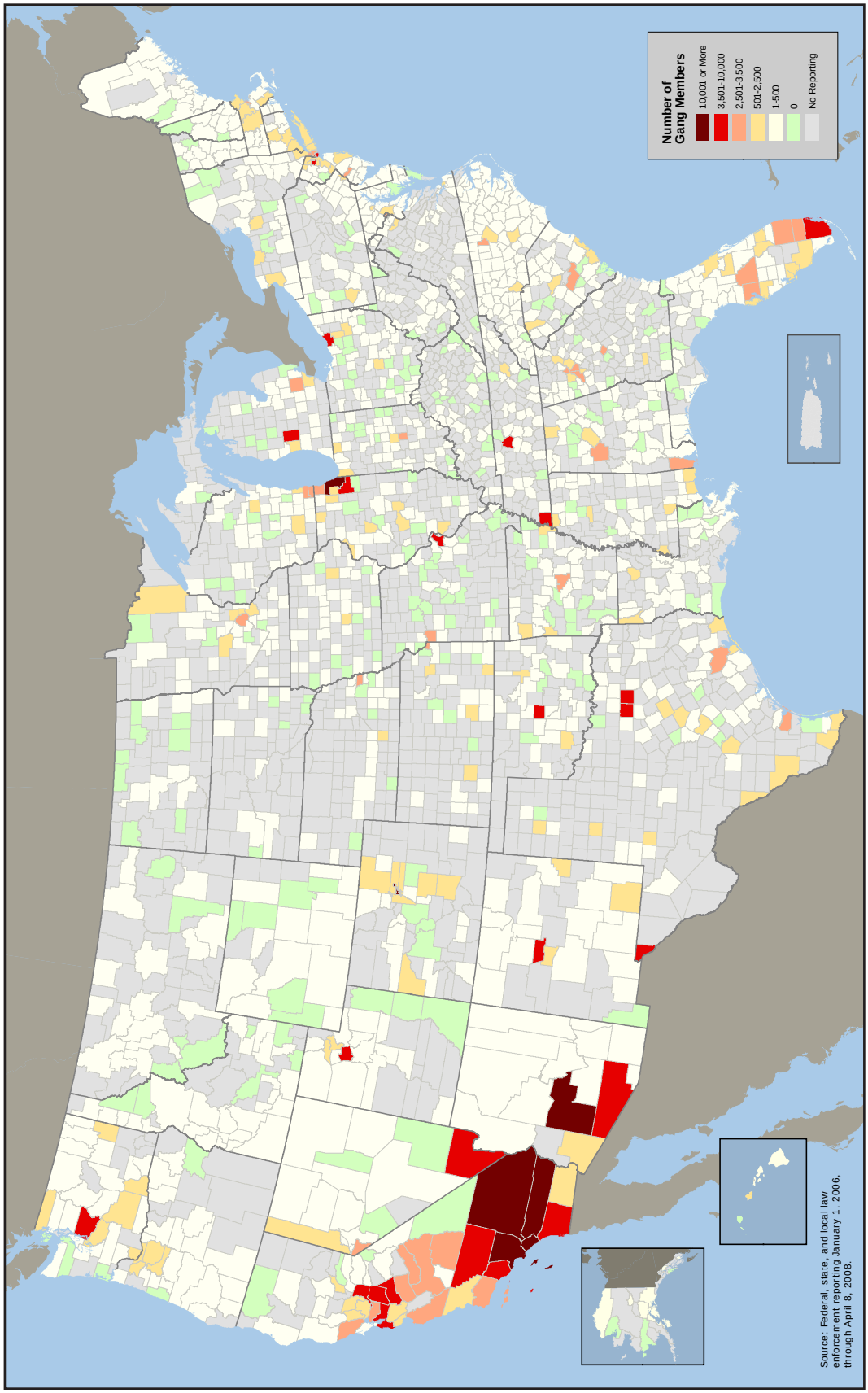
**Map A4. Gang Membership by County**



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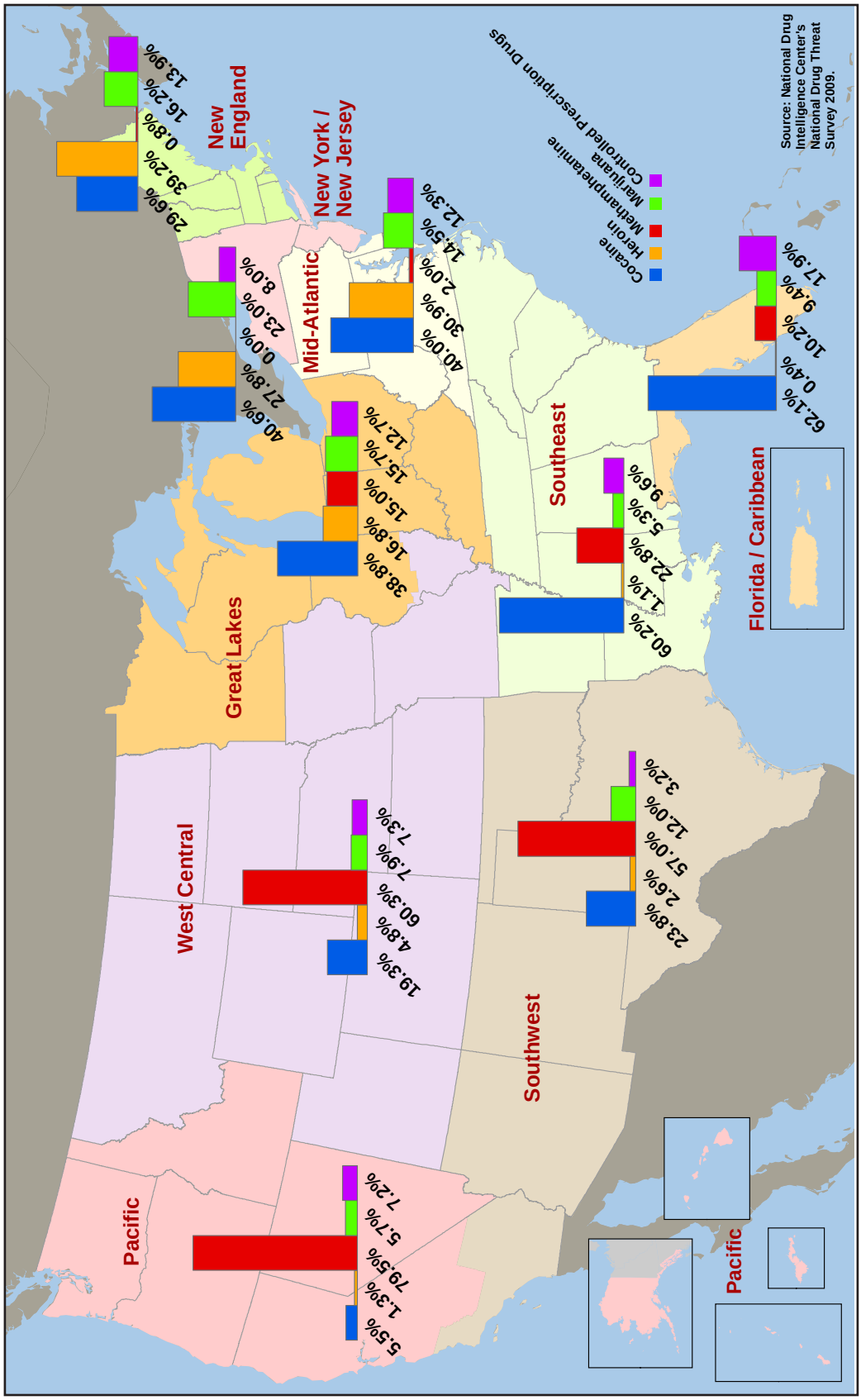
Map A5. 2009 Greatest Drug Threat by Region, as Reported by State and Local Agencies



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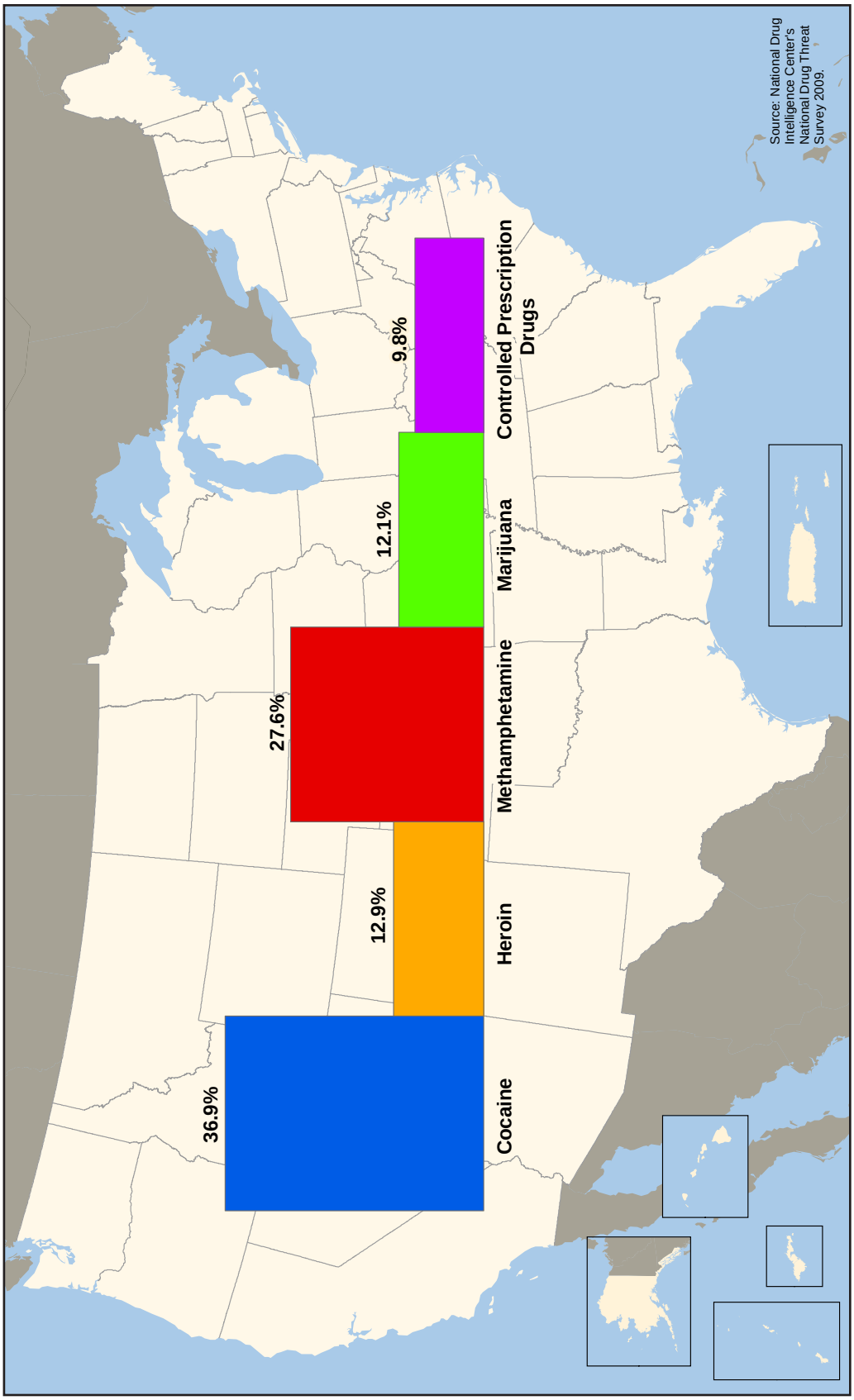
Map A6. 2009 Greatest Drug Threat, as Reported by State and Local Agencies



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# Appendix B: Tables

**Table B1. Trends in Percentage of Past Year Drug Use, 2004–2008**

| Drug | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| **Cocaine (any form)** | | | | | |
| Individuals (12 and older) | 2.4 | 2.3 | 2.5 | 2.3 | 2.1 |
| Adolescents (12-17) | 1.6 | 1.7 | 1.6 | 1.5 | 1.2 |
| Adults (18-25) | 6.6 | 6.9 | 6.9 | 6.4 | 5.5 |
| Adults (26 and older) | 1.7 | 1.5 | 1.8 | 1.7 | 1.6 |
| **Crack** | | | | | |
| Individuals (12 and older) | 0.5 | 0.6 | 0.6 | 0.6 | 0.4 |
| Adolescents (12-17) | 0.3 | 0.2 | 0.3 | 0.3 | 0.1 |
| Adults (18-25) | 0.8 | 1.0 | 0.9 | 0.8 | 0.6 |
| Adults (26 and older) | 0.5 | 0.5 | 0.6 | 0.6 | 0.4 |
| **Heroin** | | | | | |
| Individuals (12 and older) | 0.2 | 0.2 | 0.2 | 0.1 | 0.2 |
| Adolescents (12-17) | 0.2 | 0.1 | 0.1 | 0.1 | 0.2 |
| Adults (18-25) | 0.4 | 0.5 | 0.4 | 0.4 | 0.4 |
| Adults (26 and older) | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 |
| **Marijuana** | | | | | |
| Individuals (12 and older) | 10.6 | 10.4 | 10.3 | 10.1 | 10.3 |
| Adolescents (12-17) | 14.5 | 13.3 | 13.2 | 12.5 | 13.0 |
| Adults (18-25) | 27.8 | 28.0 | 28.0 | 27.5 | 27.6 |
| Adults (26 and older) | 7.0 | 6.9 | 6.8 | 6.8 | 7.0 |
| **Methamphetamine** | | | | | |
| Individuals (12 and older) | 0.8 | 0.7 | 0.8 | 0.5 | 0.3 |
| Adolescents (12-17) | 0.7 | 0.7 | 0.7 | 0.5 | 0.4 |
| Adults (18-25) | 1.9 | 1.8 | 1.7 | 1.2 | 0.8 |
| Adults (26 and older) | 0.6 | 0.5 | 0.6 | 0.4 | 0.3 |
| **Prescription Narcotics** | | | | | |
| Individuals (12 and older) | 4.7 | 4.9 | 5.1 | 5.0 | 4.8 |
| Adolescents (12-17) | 7.4 | 6.9 | 7.2 | 6.7 | 6.5 |
| Adults (18-25) | 11.9 | 12.4 | 12.4 | 12.1 | 12.0 |
| Adults (26 and older) | 3.0 | 3.3 | 3.6 | 3.6 | 3.3 |
| **LSD** | | | | | |
| Individuals (12 and older) | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 |
| Adolescents (12-17) | 0.6 | 0.6 | 0.4 | 0.5 | 0.7 |
| Adults (18-25) | 1.0 | 1.0 | 1.2 | 1.1 | 1.5 |
| Adults (26 and older) | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 |

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*(Table continued from previous page.)*

**Table B1. Trends in Percentage of Past Year Drug Use, 2004–2008**

| Drug | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| **MDMA** | | | | | |
| Individuals (12 and older) | 0.8 | 0.8 | 0.9 | 0.9 | 0.9 |
| Adolescents (12-17) | 1.2 | 1.0 | 1.2 | 1.3 | 1.4 |
| Adults (18-25) | 3.1 | 3.1 | 3.8 | 3.5 | 3.9 |
| Adults (26 and older) | 0.3 | 0.4 | 0.3 | 0.3 | 0.3 |
| **PCP** | | | | | |
| Individuals (12 and older) | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 |
| Adolescents (12-17) | 0.3 | 0.3 | 0.2 | 0.2 | 0.2 |
| Adults (18-25) | 0.3 | 0.2 | 0.2 | 0.2 | 0.1 |
| Adults (26 and older) | 0.0 | 0.0 | 0.0 | 0.0 | * |

Source: National Survey on Drug Use and Health.
*Low precision; no estimate reported.

**Table B2. Admissions to Publicly Funded Treatment Facilities by Primary Substance, 2003–2007**

| Drug | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|
| Cocaine | 254,687 | 249,478 | 266,420 | 262,720 | 234,772 |
| Heroin | 273,996 | 261,610 | 259,462 | 264,599 | 246,871 |
| Marijuana | 291,470 | 287,121 | 301,263 | 299,692 | 287,933 |
| Methamphetamine | 114,451 | 125,361 | 154,447 | 152,561 | 137,154 |
| Barbiturates | 1,337 | 1,303 | 1,380 | 1,046 | 1,013 |
| Other opiates/synthetics | 52,840 | 61,340 | 70,268 | 80,131 | 90,516 |
| Tranquilizers | 8,164 | 8,212 | 8,458 | 9,334 | 9,949 |

Source: Treatment Episode Data Set.

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**Table B3. Drugs Distribution in the United States, by DTOs and OCDETF Region**

| OCDETF/DTO | Mexican | Asian | Colombian | Dominican | Cuban |
|---|---|---|---|---|---|
| **Florida/ Caribbean** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Marijuana<br>MDMA | Cocaine<br>Heroin | Cocaine<br>Heroin<br>Marijuana | Cocaine<br>Heroin<br>Marijuana |
| **Great Lakes** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Cocaine<br>Heroin<br>Marijuana<br>MDMA | Cocaine<br>Heroin | Cocaine<br>Heroin | — |
| **Mid-Atlantic** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Marijuana<br>MDMA | Cocaine<br>Heroin | Cocaine<br>Heroin<br>Marijuana | — |
| **New England** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Marijuana<br>MDMA<br>Methamphetamine | Cocaine<br>Heroin<br>Marijuana | Cocaine<br>Heroin<br>Marijuana | — |
| **New York/ New Jersey** | Cocaine<br>Heroin<br>Marijuana<br>MDMA<br>Methamphetamine | Heroin<br>Marijuana<br>MDMA | Cocaine<br>Heroin<br>Marijuana | Cocaine<br>Heroin<br>Marijuana<br>MDMA | — |
| **Pacific** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Marijuana<br>MDMA<br>Methamphetamine | — | — | — |
| **Southeast** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Marijuana<br>MDMA | — | Cocaine<br>Marijuana | Marijuana |
| **Southwest** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Cocaine<br>Marijuana<br>MDMA<br>Methamphetamine | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Cocaine | Cocaine<br>Marijuana<br>Methamphetamine |
| **West Central** | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Marijuana<br>MDMA | — | — | — |

Source: Federal, state, and local law enforcement reporting.

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## Table B4. Gangs with Significant Influence on U.S. Drug Markets

| Name | Primary Areas of Operation | Drugs Trafficked | Affiliations (DTOs) |
|---|---|---|---|
| **18th Street** | Pacific<br>Southwest | Methamphetamine | Sinaloa<br>Tijuana |
| **Bandidos** | Southwest<br>Pacific | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Juárez |
| **Barrio Azteca** | Southwest | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Juárez |
| **Black Guerilla Family** | Pacific<br>Mid-Atlantic | Cocaine<br>Marijuana | Sinaloa |
| **Bloods** | New England<br>New York/New Jersey<br>Southeast<br>Southwest<br>Pacific | Cocaine<br>Heroin<br>Marijuana<br>MDMA | Tijuana<br>Sinaloa |
| **Crips** | New England<br>Southeast<br>Southwest<br>Pacific | Cocaine<br>Heroin<br>Marijuana<br>MDMA | Juárez |
| **Florencia 13** | Pacific<br>Southwest<br>Southeast | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Tijuana<br>Sinaloa |
| **Gangster Disciples** | Great Lakes<br>Pacific<br>Southeast<br>West Central | Cocaine<br>Heroin<br>Marijuana | Sinaloa |
| **Hells Angels** | Pacific<br>Southwest<br>New England<br>New York/New Jersey | Cocaine<br>Marijuana<br>MDMA | Sinaloa<br>Tijuana |
| **Hermanos de Pistoleros Latinos** | Southwest | Cocaine<br>Marijuana | Gulf Coast<br>Zetas |
| **Latin Kings** | Florida<br>Great Lakes<br>New England<br>New York/New Jersey<br>Mid-Atlantic<br>Pacific<br>Southeast<br>Southwest<br>West Central | Cocaine<br>Heroin<br>Marijuana<br>MDMA | Juárez<br>Sinaloa<br>Gulf Coast |

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*(Table continued from previous page.)*

**Table B4. Gangs with Significant Influence on U.S. Drug Markets**

| Name | Primary Areas of Operation | Drugs Trafficked | Affiliations (DTOs) |
|---|---|---|---|
| **Ñeta** | Southeast<br>Mid-Atlantic<br>New England<br>New York/New Jersey | Cocaine<br>Marijuana | Unknown |
| **Mara Salvatrucha** | Mid-Atlantic<br>New England<br>New York/New Jersey<br>Southeast<br>Southwest<br>West Central<br>Pacific | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Sinaloa<br>Gulf Coast<br>Zetas |
| **Mexican Mafia** | Southwest<br>Pacific | Cocaine<br>Marijuana | Sinaloa<br>Tijuana<br>Zetas |
| **Mexikanemi** | Southwest | Cocaine<br>Marijuana<br>Methamphetamine | Gulf Coast<br>Zetas |
| **Norteños** | Pacific<br>Southwest | Cocaine<br>Marijuana<br>Methamphetamine | Sinaloa<br>Tijuana |
| **Sureños** | Pacific<br>Southwest<br>West Central<br>Southeast<br>Southeast | Cocaine<br>Heroin<br>Marijuana<br>Methamphetamine | Sinaloa<br>Tijuana |
| **Tango Blast** | Southwest | Cocaine<br>Marijuana | Gulf Coast<br>Zetas |
| **Texas Syndicate** | Southwest | Cocaine<br>Marijuana | Gulf Coast<br>Zetas |
| **Tiny Rascal Gangsters** | New England<br>Pacific | Marijuana<br>MDMA | Asian DTOs |
| **Vagos** | Pacific<br>Southwest | Cocaine<br>Marijuana | Tijuana |

Source: United States Department of Justice, Attorney General's Report to Congress on Growth of Violent Street Gangs in Suburban Areas, April 2000; High Intensity Drug Trafficking Area reporting.

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## Table B5. Pseudoephedrine Scheduling by State

| State | Currently Schedules Pseudoephedrine | Currently Has Point-of-Sale Restrictions | Currently Has Pseudoephedrine Tracking Laws |
|---|---|---|---|
| **AK** | No | Quantity, Packaging | No |
| **AL** | No | Quantity, Packaging, Display/Offer | Yes |
| **AR** | Schedule V | Quantity, Packaging, Display/Offer | Yes |
| **AZ** | Schedule V | Quantity | In Legislature |
| **CA** | No | Quantity | No |
| **CO** | No | Packaging | No |
| **CT** | No | No | No |
| **DC** | No | No | No |
| **DE** | No | Quantity, Display/Offer | No |
| **FL** | No | Quantity, Display/Offer | Yes |
| **GA** | Exempt Schedule V | Quantity, Packaging | In Legislature |
| **HI** | No | Quantity, Packaging, Display/Offer | Yes |
| **IA** | Schedule V | Quantity, Display/Offer | Yes |
| **ID** | Schedule II | Display/Offer | No |
| **IL** | Schedule V | Quantity, Display/Offer | Yes |
| **IN** | No | Quantity, Display/Offer | In Legislature |
| **KS** | Schedule V | Quantity, Packaging, Display/Offer | Yes |
| **KY** | No | Quantity | Yes |
| **LA** | Schedule V | Quantity, Display/Offer | Yes |
| **MA** | No | No | No |
| **MD** | No | No | In Legislature |
| **ME** | Maine designates its four schedules of controlled substances as W, X, Y, and Z. Pseudoephedrine is classified as Z. | Quantity, Packaging, and Display | No |
| **MI** | No | Quantity, Display/Offer | Yes |
| **MN** | Schedule V | Quantity, Packaging, Display/Offer | Yes |
| **MO** | Schedule V | Quantity, Display/Offer | Yes |
| **MS** | No | Quantity, Display/Offer | Yes |
| **MT** | No | Quantity, Display/Offer | No |
| **NC** | Schedule VI[1] | Quantity, Packaging, Display/Offer | Yes |
| **ND** | No | Quantity, Packaging, Display/Offer | Yes |
| **NE** | No | Quantity, Packaging, Display/Offer | No |
| **NH** | No | No | No |
| **NJ** | No | Quantity | No |
| **NM** | Schedule V | Quantity, Display/Offer | Yes |

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## Table B5. Pseudoephedrine Scheduling by State

| State | Currently Schedules Pseudoephedrine | Currently Has Point-of-Sale Restrictions | Currently Has Pseudoephedrine Tracking Laws |
|---|---|---|---|
| **NV** | Schedule III[2] | No | No |
| **NY** | No | No | No |
| **OH** | No | Quantity, Display/Offer | Yes |
| **OK** | Schedule V | Quantity, Display/Offer | Yes |
| **OR** | Schedule III | No | No |
| **PA** | No | Quantity, Packaging, and Display | In Legislature |
| **PR/USVI** | No | No | No |
| **RI** | No | Quantity | Yes |
| **SC** | No | Quantity, Packaging, Display/Offer | Yes |
| **SD** | No | Quantity, Packaging, Display/Offer | No |
| **TN** | Schedule V | Quantity, Packaging, Display/Offer | Yes |
| **TX** | No | Quantity, Display/Offer | Yes |
| **UT** | No | Quantity, Display/Offer | Yes |
| **VA** | No | Quantity, Display/Offer | In Legislature |
| **VT** | No | Quantity, Packaging, Display/Offer | No |
| **WA** | Schedule II[3] | Quantity, Packaging, Display/Offer | Yes |
| **WI** | Schedule V | Quantity | Yes |
| **WV** | Schedule V | Quantity, Display/Offer | Yes |
| **WY** | No | Quantity, Packaging, Display/Offer | No |

1. NC Code 90-94.
2. Excludes drug products approved under federal law for over-the-counter sale.
3. Excludes "any drug or compound containing Pseudoephedrine … that [is] prepared for dispensing or over-the-counter distribution and [is] in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations."

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# Appendix C: Scope and Methodology

The *National Drug Threat Assessment 2010* is a comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs. It was prepared through detailed analysis of the most recent law enforcement, intelligence, and public health data available to NDIC through the date of publication.

The *National Drug Threat Assessment 2010* includes information provided by 3,069 state and local law enforcement agencies through the NDIC National Drug Threat Survey 2009. State and local law enforcement agencies also provided information through personal interviews with NDIC Field Intelligence Officers (FIOs), a nationwide network of law enforcement professionals assembled by NDIC to promote information sharing among federal, state, and local law enforcement agencies.

This report addresses emerging developments related to the trafficking and use of primary illicit substances of abuse, the nonmedical use of CPDs, and the laundering of proceeds generated through illicit drug sales. It also addresses the role that DTOs and organized gangs play in domestic drug trafficking, the significant role that the Southwest Border plays in the illicit drug trade, and the societal impact of drug abuse. Analysts considered various quantitative data (data on seizures, investigations, arrests, drug purity or potency, and drug prices; law enforcement surveys; laboratory analyses; and interagency production and cultivation estimates) and qualitative information (subjective views of individual agencies on drug availability, information on the involvement of organized criminal groups, information on smuggling and transportation trends, and indicators of change in smuggling and transportation methods) in the preparation of this report.

The evaluation of societal impact was based in part on analysis of national substance abuse data measuring prevalence of drug use among various age groups, ED information, information on admissions to treatment facilities, and information on drug-related crimes. The societal impact of drugs was also evaluated through analysis of health care, criminal justice, workplace productivity, and environmental data and reporting.

NDTS data used in this report do not imply that there is only one drug threat per state or region or that only one drug is available per state or region. A percentage given for a state or region represents the proportion of state and local law enforcement agencies in that state or region that identified a particular drug as the greatest threat or as available at low, moderate, or high levels. This assessment breaks the country into nine regions as shown in Map A1 in Appendix A. For representation of survey data by regions, see Map A5 in Appendix A. For national-level data, see Map A6 in Appendix A.

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# Sources

Numerous state and local law enforcement agencies throughout the United States provided valuable input to this report through their participation in the NDTS and interviews with NDIC FIOs. These agencies are too numerous to thank individually.

**Central Intelligence Agency**
- Crime And Narcotics Center

**Executive Office of the President**

Office of National Drug Control Policy
- High Intensity Drug Trafficking Areas
  - Appalachia
  - Arizona
  - Atlanta
  - Central Florida
  - Central Valley California
  - Chicago
  - Gulf Coast
  - Hawaii
  - Houston
  - Lake County
  - Los Angeles
  - Michigan
  - Midwest
  - Milwaukee
  - Nevada
  - New England
  - New York/New Jersey
  - Northern California
  - North Florida
  - North Texas
  - Northwest
  - Ohio
  - Oregon
  - Philadelphia/Camden
  - Puerto Rico/U.S. Virgin Islands
  - Rocky Mountain
  - South Florida
  - Southwest Border
  - Washington/Baltimore

**Government of Mexico**
- Attorney General's Office
  - Center for Analysis, Planning, and Intelligence Against Organized Crime

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**Government of the United Kingdom**
- Home Office
  - Serious Organised Crime Agency

**International Council of Securities Associations**

**National Alliance of Gang Investigators Associations**

**U.S. Department of Agriculture**
- Forest Service
- National Forest System

**U.S. Department of Commerce**
- U.S. Census Bureau

**U.S. Department of Defense**
- Defense Intelligence Agency
- U.S. Army
  - National Guard Bureau

**U.S. Department of Health And Human Services**
- Centers for Disease Control and Prevention
- National Institutes of Health
  - National Institute on Drug Abuse
- Substance Abuse and Mental Health Services Administration
  - Drug Abuse Warning Network
  - National Survey on Drug Use and Health
  - Treatment Episode Data Set

**U.S. Department of Homeland Security**
- U.S. Coast Guard
  - Maritime Intelligence Center
- U.S. Customs and Border Protection
  - Border Patrol Intelligence Center
- U.S. Immigration and Customs Enforcement

**U.S. Department of Justice**
- Bureau of Alcohol, Tobacco, Firearms and Explosives
- Bureau of Justice Assistance
  - Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network
  - Mid-States Organized Crime Information Center
  - New England State Police Information Network
  - Regional Information Sharing Systems
  - Regional Organized Crime Information Center
  - Rocky Mountain Information Network
  - Western States Information Network
- Criminal Division
  - Organized Crime Drug Enforcement Task Force
- Drug Enforcement Administration
  - Atlanta Division
  - Boston Division
  - Caribbean Division

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- Chicago Division
- Cocaine Program
- Dallas Division
- Denver Division
- Detroit Division
- Domestic Cannabis Eradication/Suppression Program
- Domestic Monitor Program
- El Paso Division
- El Paso Intelligence Center
  - National Seizure System
- Federal-Wide Drug Seizure System
- Heroin Domestic Monitor Program
- Heroin Signature Program
- Houston Division
- Los Angeles Division
- Miami Division
- National Forensic Laboratory Information System
- Newark Division
- New Orleans Division
- New York Division
- Office of Diversion Control
- Philadelphia Division
- Phoenix Division
- San Diego Division
- San Francisco Division
- Seattle Division
- Special Operations Division
- St. Louis Division
- System to Retrieve Information From Drug Evidence
- Washington, D.C., Division

Executive Office for U.S. Attorneys
- U.S. Attorneys Offices

Federal Bureau of Investigation
- Albany Field Office
- Albuquerque Field Office
- Anchorage Field Office
- Atlanta Field Office
- Baltimore Field Office
- Birmingham Field Office
- Boston Field Office
- Buffalo Field Office
- Charlotte Field Office
- Chicago Field Office
- Cincinnati Field Office
- Cleveland Field Office

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Las Vegas Field Office
Little Rock Field Office
Los Angeles Field Office
Louisville Field Office
Memphis Field Office
Milwaukee Field Office
Minneapolis Field Office
Mobile Field Office
National Gang Intelligence Center
Newark Field Office
New Haven Field Office
New Orleans Field Office
New York Field Office
Norfolk Field Office
North Miami Beach Field Office
Oklahoma City Field Office
Omaha Field Office
Philadelphia Field Office
Phoenix Field Office
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Portland Field Office
Richmond Field Office
Sacramento Field Office
Salt Lake City Field Office
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Springfield Field Office
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Tampa Field Office
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National Institute of Justice
Arrestee Drug Abuse Monitoring Program
Office of Justice Programs
Bureau of Justice Statistics

**U.S. Department of State**
International Narcotics Control Strategy Report

**U.S. Government Accountability Office**

**U.S. Postal Service**
U.S. Postal Inspection Service

**U.S. Sentencing Commission**

**Other**
American Medical Association
Drug Take-Back Network
National Crime Victimization Survey
National Parks Conservation Association
Product Stewardship Institute
Quest Diagnostics Incorporated
United Nations
University of Chicago
National Opinion Research Center
University of San Diego
Trans-Border Institute
World Health Organization

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**Questions and comments may be directed to**
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**National Drug Intelligence Center**

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