THREAT ASSESSMENT AND COUNTER-DRUG STRATEGY

PROGRAM YEAR 2017
Leave page blank
TABLE OF CONTENTS

THREAT ASSESSMENT

I. Executive Summary .......... Page 1
II. Overview .......... Page 3
III. Methamphetamine .......... Page 12
IV. Heroin .......... Page 20
V. Controlled Prescription Drugs .......... Page 26
VI. Marijuana .......... Page 32
VII. Cocaine .......... Page 40
VII. Other Dangerous Drugs .......... Page 42
VII. Illicit Finance .......... Page 45
VII. Outlook .......... Page 48
VIII. Methodology .......... Page 50

COUNTER-DRUG STRATEGY

IX. Introduction .......... Page 51
X. Mission and Vision Statements .......... Page 52
XI. Concept of Strategy .......... Page 53
XII. HIDTA Goal 1

*Dismantle and Disrupt Drug Trafficking Organizations*

XIII. HIDTA Goal 2

*Increase the Efficiency of Law Enforcement Agencies Participating in HIDTAs*

XIV. Appendices .......... Page 68

(A) Acronyms .......... Page 68
(B) Incidents of Drugs and Cash Seized in States with Connections to Oregon .......... Page 69
(C) Incidents of Drugs and Cash Seized in States with Connections to Idaho .......... Page 70
(D) Oregon Medical Marijuana Program Statistics, April 1, 2016 .......... Page 71
(E) Marijuana Plants Seized in the Oregon-Idaho HIDTA, 2008-2015 .......... Page 72

XV. Endnotes .......... Page 74
I. EXECUTIVE SUMMARY

Methamphetamine use and trafficking has increased in the Oregon-Idaho HIDTA (High Intensity Drug Trafficking Area) and reflects the area’s greatest drug threat, followed by heroin, controlled prescription drugs, illicit marijuana, cocaine and designer drugs.

Methamphetamine continues to be widely used and trafficked throughout the region. Reported seizures of methamphetamine labs in Oregon remain low due to state legislation eliminating the ability to obtain pseudoephedrine without a physician’s prescription. However, crystal methamphetamine, or “ice,” continues to be highly available as Mexican drug traffickers import methamphetamine powder, liquid, and finished product from laboratories outside the state and from Mexico.

Production of heroin in Mexico has expanded leading to greater availability of low-cost product in Oregon and Idaho. Reporting from law enforcement indicates that heroin is a serious threat in the region due to the substantial rise in the volume of heroin seized and the number of new users and associated overdoses.

The threat posed by non-medical use of prescription drugs, mostly painkillers, has grown in recent years and parallels national trends. The rise in misuse can be attributed to greater availability through increased sales of controlled prescription drugs, liberal prescribing of opioids by doctors, ease of access to the drugs through family or friends, and the perception that the medications are safe alternatives to illicit drugs. Furthermore, people who are addicted to prescription opiates are increasingly switching to heroin because it is more available, less expensive, and provides a more intense high than prescription opiates.

Marijuana use, cultivation, and trafficking are pervasive in the HIDTA. Outdoor marijuana cultivation sites have been discovered on public and private lands in Oregon and Idaho since 2006 -- primarily operated by Mexican national drug trafficking organizations (DTOs). Oregon’s Medical Marijuana Act, which allows for quantities of marijuana to be grown and used for qualifying medical conditions, continues to be exploited to facilitate illegal cultivation for commercial purposes. Illicit manufacture and distribution of cannabis concentrates, such as hash oil and marijuana wax, has increased in the region due to an expanding market for high-potency cannabis products that produce strong psychoactive effects. Greater demand for cannabis concentrates has led to a higher prevalence of extraction labs and production-related explosions.

Reflecting national trends, cocaine availability and use remain low in Oregon and Idaho. Use of the powder form is common in counties within the Portland Metropolitan and Southern Oregon regions, whereas crack cocaine is generally used in Portland.

Designer drugs such as MDMA (3,4-methylenedioxyamphetamine), and to a smaller degree, synthetic cannabinoids and cathinones, DMT (dimethyltryptamine), and LSD (lysergic acid diethylamide) are available and distributed in the HIDTA. These drugs are most commonly abused by young adults at social venues in urban areas and on college campuses.

---

a The Oregon-Idaho HIDTA includes the Oregon counties of Clackamas, Deschutes, Douglas, Lane, Jackson, Malheur, Marion, Multnomah, Umatilla, and Washington; the Warm Springs Indian Reservation in Oregon; and the Idaho counties of Ada and Canyon.
b Oregon Revised Statutes 475.300 - 475.346.
Consistent with national trends, Mexican national DTOs continue to dominate the illicit drug market in Oregon and Idaho. These criminal organizations control the transportation and distribution of methamphetamine, heroin, cocaine, Mexico-produced marijuana, and marijuana cultivated from outdoor grows in the HIDTA. Caucasian DTOs and independent groups control transportation and distribution of locally-produced indoor and small-scale outdoor cultivation of marijuana. Other criminal groups, such as criminal street gangs, outlaw motorcycle gangs, and local independent dealers also transport and distribute drugs, but to a lesser extent.

During 2015, participating agencies within the Oregon-Idaho HIDTA identified 107 Drug Trafficking Organizations and 7 Money Laundering Organizations with foreign and domestic connections that were actively operating in the HIDTA; 9 new DTOs were identified between January and May 2016. All drug trafficking organizations in the HIDTA engage in money laundering -- the legitimization of illegally obtained proceeds. Bulk cash smuggling and money service businesses remain primary methods of transferring drug revenues into, through, and out of the HIDTA.

The Oregon-Idaho HIDTA counter-drug enforcement strategy is intended to be responsive to the threat indicators and to complement legislative, treatment, and prevention strategies within the HIDTA. Active community anti-drug coalitions in Oregon are an important catalyst for community action and prevention education.
II. Overview

Demographics

The Oregon HIDTA was established by the Office of National Drug Control Policy (ONDCP) in June of 1999. In 2014, the Oregon HIDTA expanded to include three new counties: Malheur County, Oregon and two counties in Idaho -- Ada and Canyon. Oregon HIDTA was renamed the Oregon-Idaho HIDTA in 2015. In January 2016, Linn County, Oregon was designated as part of the Oregon-Idaho HIDTA. In total, the Oregon-Idaho HIDTA consists of 13 counties and the Warm Springs Indian Reservation. Counties in the HIDTA include Oregon’s Clackamas, Deschutes, Douglas, Jackson, Lane, Linn, Malheur, Marion, Multnomah, Umatilla and Washington counties, and Idaho’s Ada and Canyon counties.

According to U.S. Census Bureau 2015 estimates, Oregon ranks 27th in the country in population, exceeding 4 million residents in 2015.¹ A large majority of Oregon’s population is Caucasian (88%), followed by Hispanic/Latino (12.5%)², Asian (4%), African American (2%), Native American or Alaska Native (1.8%), Hawaiian or other Pacific Islander (.4%), with less than 4 percent reporting two or more races.² A majority (70%) of the state’s population resides in the Willamette Valley, primarily in the major urban centers of Portland, Salem, and Eugene. Idaho ranks 39th in the nation in population with 1.6 million residents. Most of Idaho’s population is Caucasian (93.5%) followed by Hispanic/Latino (12%),² Asian (1%), African American (1%), Native American or Alaska Native (1.7%), Hawaiian or other Pacific Islander (0.2%), with about 2 percent reporting two or more races.³ Nearly 40 percent of Idaho’s population resides in the Treasure Valley counties of Ada (26%) and Canyon (13%), with the largest concentration of residents in the cities of Boise (218,281), Meridian (90,739), and Nampa (89,839).⁴ The combined estimated total population of the Oregon-Idaho HIDTA in 2015 was 3,802,114.

Oregon encompasses a land area of 95,988 square miles and is the ninth largest state in the nation. Oregon’s geography is divided into six areas: the Oregon Coast,
Willamette Valley, Cascade Mountain Range, Columbia River Basin, Eastern Oregon Basin and Range, and the Southern Oregon Basin and Range. The state of Idaho covers a land area of 82,643 square miles and is the 14th largest state in the nation. Idaho lies on part of the Columbia Plateau which extends out of Washington and Oregon and includes the Snake River Plain. Nearly half of the state is comprised of national forest land. In total, designated land area in the Oregon-Idaho HIDTA covers 39,671 square miles, nearly a land mass the size of Kentucky.

Geographically, the Oregon-Idaho HIDTA is diverse. Jackson County is located in southern Oregon and borders California to the south and is surrounded by the Cascade and Siskiyou Mountain Ranges. Douglas County is the second largest HIDTA county in Oregon, extending from the Pacific Ocean to the Cascade Range and borders Jackson County in its southeastern section. Lane County, Oregon extends from the Pacific Ocean to the Cascade Range and borders Douglas County to the south and Lincoln, Benton, and Linn counties to the north. Linn County is situated on the I-5 corridor south of Marion County and north of Lane County and includes portions of the Willamette National Forest. Deschutes County is located in Central Oregon between the Cascade Mountain Range to the west and the High Desert to the east. Marion County, Oregon is located south of the Portland Metropolitan area and stretches from the Willamette River to the Cascade Mountains encompassing nearly 1,200 square miles. The tri-counties of Clackamas, Multnomah, and Washington (the Portland Metropolitan area) extend to the western slopes of Mt. Hood, through the Tualatin Valley with the rugged Columbia River Gorge to the east and the state of Washington to the north. Umatilla County is situated in the northeast corner of Oregon, separated from Washington by the Columbia River, and extending to the Blue Mountain Range. Malheur County, the largest of the HIDTA counties, is located on the southeast corner of the state, sharing borders with Idaho and Nevada. The Warm Springs Indian Reservation is located in the north/central area of Oregon approximately 100 miles southeast of Portland. Warm Springs tribal lands encompass over 1,000 square miles which are situated in the counties of Clackamas, Linn, Jefferson, Marion, and Wasco. The HIDTA designated counties of Canyon and Ada, Idaho are located east of Malheur County on the Oregon-Idaho border and are part of the Boise Idaho Metropolitan area and the Treasure Valley.

Scope of Drug Threats

According to the last assessment published in 2011, the estimated economic cost of illicit drugs in the United States is immense, valued at close to $200 billion in 2007 in the areas of productivity, healthcare and criminal justice. The amount of money spent by users on illicit drugs is also extremely high. According to a recent RAND Corporation estimate, drug users in the United States spend about $100 billion annually on heroin, methamphetamine, marijuana and cocaine – most of which is due to a

<table>
<thead>
<tr>
<th>State Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oregon</strong></td>
</tr>
<tr>
<td><strong>Population (2015):</strong></td>
</tr>
<tr>
<td><strong>U.S. Population ranking:</strong></td>
</tr>
<tr>
<td><strong>Land area:</strong></td>
</tr>
<tr>
<td><strong>Oregon-Idaho HIDTA land area:</strong></td>
</tr>
<tr>
<td><strong>Population per square mile:</strong></td>
</tr>
<tr>
<td><strong>Coastline:</strong></td>
</tr>
<tr>
<td><strong>International Border:</strong></td>
</tr>
<tr>
<td><strong>Capital:</strong></td>
</tr>
<tr>
<td><strong>County with highest population:</strong></td>
</tr>
<tr>
<td><strong>Number of counties:</strong></td>
</tr>
<tr>
<td><strong>Unemployment rate (Mar 2016):</strong></td>
</tr>
<tr>
<td><strong>Violent crime rate (2014):</strong></td>
</tr>
<tr>
<td><strong>Property crime rate (2014):</strong></td>
</tr>
</tbody>
</table>

The problem is compounded as drug users and distributors are often involved in illegal activities such as money laundering, identity theft, burglaries, property theft, fraud and other crimes to support drug addictions and to finance trafficking and distribution operations.
Illicit drug use in Oregon continues to exceed the national average. The latest results from the National Study on Drug Use and Health (NSDUH) show that Oregon ranked sixth in the United States for reported rates of past month illicit drug use by people ages 12 or older in 2013 and 2014 (Figure 1). Past month use of illicit drugs was mostly related to marijuana; the largest group of users was reported between the ages of 18 and 25 years. Misuse of prescription painkillers is also high in the state. In 2013-2014, Oregon ranked fourth in the United States for reported rates of past year non-medical use of pain relievers by people 12 years and older; a drop in rank from second the previous NSDUH study period (2012-2013). In comparison, reported rates of illicit drug use in Idaho fell below the national average in 2013-2014, ranking 43rd for past month use among people ages 12 and older. Similar to Oregon, marijuana represented the majority of past month illicit drug use with the largest group of users between the ages of 18 and 25 years (Figure 2, page 5).

Of the nearly 47,000 individuals in the Oregon corrections population in December 2015 (includes offenders in prison or in county jails, and those on probation or parole), the largest portion is comprised of drug offenders (22%); nearly twice the number for assault (12.5%), and more than twice the number for theft (10%) and burglary (9%) offense categories. Of the nearly 15,000 offenders in Oregon state prisons in April 2016, 5 percent were incarcerated solely based on a drug conviction and approximately 15 percent were admitted due to a combination of drug and other offenses. Oregon Department of Corrections admissions for felony drug offenses in 2015 were primarily due to delivery convictions (87%), with a much smaller proportion of convictions related to possession (10%) and manufacturing (3%). In Idaho, out of over 8,000 inmates in the Idaho Department of Corrections system, 25 percent were incarcerated for drug crimes in 2014.

Total deaths related to illicit drug use rose to 287 in 2015 from 234 total deaths in 2014. Fatalities related to methamphetamine use are at their highest since 2001 (50), increasing 44 percent from 2014 (140) to 2015 (202) (Figure 3). The second highest number of deaths was related to heroin, which

---

4 Based on offenders’ most serious active offense and includes categories of possession, manufacturing and delivery.

6 Total number of drug-related deaths reflects the number of actual people who died in a given year. Individual drug categories (i.e., methamphetamine, cocaine, heroin, combination) are based on their frequency of use in the total number of deaths reported. Fatalities may be a result of misuse of one or more drugs and can also be due to overdose.
dropped by 4 deaths from 2014 (111) to 2015 (107). While still low compared to other drug-related deaths, fatalities linked to cocaine more than doubled from 2014 (16) to 2015 (33), and reflected the highest number recorded since 2008 (51). Multnomah County, the most populous county in Oregon, reported the highest number of drug-related deaths statewide (103). Deaths related to misuse of prescription pain relievers have been tracked since 2010, but are excluded from the calculation of total drug-related deaths based on cocaine, heroin, methamphetamine, and drug combination categories. The total number of deaths due to prescription opioid overdose fell 7 percent from 2013 (150) to 2014 (139), the latest data available.

In Idaho, the number of deaths from drug poisoning overall, as well as the number of accidental deaths related to drug use, more than doubled between 2004 and 2013 (Figure 4). Idaho death records indicate drug type in only 58 percent of cases reported; for fatalities where drug type was identified, most of the deaths in the state were related to misuse of prescription drugs -- opioids in large part.

Felony drug fugitives pose a significant threat to the citizens of Oregon and Idaho. The United States Marshal's Service (USMS) Portland office, a HIDTA fugitive task force, recently surveyed federal warrants in the District of Oregon. Out of 41 people connected to active Organized Crime Drug Enforcement Task Force (OCDETF) cases, 13 individuals are tied to Regional Priority Organization Targets (RPOT) and 4 individuals are tied to Consolidated Priority Organization Targets (CPOT). In addition, there are 130 active Federal Felony Drug Warrants in Oregon at the time of this writing. In 2015, the Oregon USMS apprehended over 1,100 fugitives, with close to 30 percent of the cases classified as drug-related. Furthermore, 85 percent of individuals arrested by the USMS Fugitive Task Force were classified as violent offenders in 2015.

TRANSPORTATION

Mexico continues to be the chief foreign source of methamphetamine, heroin, and marijuana imported into the United States, as well as a transit country for cocaine. The same drug trafficking organizations that transport illicit drugs into the United States from Mexico also control the southbound flow of drug-
related bulk currency. Mexican poly-drug trafficking organizations coordinate with Hispanic street gangs and associates to transport and distribute illegal drugs along major highway corridors in California, Oregon, and Washington and to and through Idaho.

Corresponding to national trends, Mexican national DTOs dominate the illicit drug market in the Oregon-Idaho HIDTA, including the transportation and distribution of heroin, methamphetamine, cocaine, and marijuana cultivated from outdoor grow sites in the region. Caucasian DTOs and independent groups control transportation and distribution of locally-produced indoor marijuana. Other criminal groups, such as criminal street gangs, Outlaw Motorcycle Gangs, and local independent dealers also transport and distribute drugs, but to a lesser degree.

Oregon-Idaho HIDTA law enforcement initiatives investigated 107 drug trafficking organizations and 7 money laundering organizations operating in Oregon during 2015 (Table 1), with 9 DTOs newly identified as of June 1, 2016. These organizations manufacture and/or distribute drugs within the Oregon-Idaho HIDTA as well as outside region boundaries to other states.

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>DTO Characteristics*</th>
<th>Operational Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Trafficking</td>
<td>Mexican/Hispanic</td>
<td>Local = 31</td>
</tr>
<tr>
<td></td>
<td>Caucasian</td>
<td>Dismantled = 12</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>Disrupted = 4</td>
</tr>
<tr>
<td></td>
<td>African-American</td>
<td>Multi-State = 63</td>
</tr>
<tr>
<td></td>
<td>Multi-Ethnic</td>
<td>Dismantled = 17</td>
</tr>
<tr>
<td></td>
<td>Eurasian</td>
<td>Disrupted = 13</td>
</tr>
<tr>
<td></td>
<td>Native American</td>
<td>International = 20</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Dismantled = 7</td>
</tr>
<tr>
<td>Money Laundering</td>
<td></td>
<td>Disrupted = 4</td>
</tr>
</tbody>
</table>

*Note: DTO categories may have more than one ethnicity assigned.

Federal level law enforcement analysis suggests more cities in the United States are reporting some level of cartel presence. Since 2006, Mexican national DTOs have increased control over drug trafficking in the Oregon-Idaho HIDTA with evidence indicating cartel presence in Oregon. Nearly 30 percent of the DTOs identified and targeted by HIDTA task forces during 2015 were connected to sources based in Mexico. A growing concern is apparent cartel involvement in homicides and violent crimes in Oregon, from suspected bombings to shootings, including a roadside execution near Salem, Oregon in December 2011.

The Oregon-Idaho HIDTA serves as a transshipment point for controlled substances smuggled from Mexico and Canada along Corridors B, C and D (Figure 5, page 9) and is emerging as a transshipment point to various eastern states (Appendices B and C). Most of Oregon’s major cities are located along the Interstate 5 (I-5) corridor (D), providing a market incentive and abundant opportunities for smuggling illegal drugs through the state. In addition, Interstate 84 runs through the Boise Idaho Metropolitan area and provides illicit traffickers a key connection point between corridors B, C, and D. Drug traffickers use the Oregon-Idaho HIDTA’s well-developed highway infrastructure to transport illegal drugs by private and commercial vehicle, into and through Oregon and Idaho from and to other drug markets. Opportunities also exist in the HIDTA for smuggling illicit drugs using commercial airports, private airfields, seaports, waterways, and railways, and remain a significant vulnerability. The
level of threat from these methods remains largely unknown due to the high volume of cargo transported through the state’s ports and railways, and limited law enforcement resources for detection.

1. Land

Most detected smuggling of illicit drugs in the Oregon-Idaho HIDTA occurs overland by way of the highway system. The region contains a network of interstates, highways, secondary roads, and railroads which are exploited by traffickers to transport illicit drugs. These routes provide easy access to major population centers, medium-size cities, and smaller communities in the region.

**North-South**

- *Interstate 5* traverses 8 of the 13 HIDTA counties (Clackamas, Douglas, Jackson, Lane, Linn, Marion, Multnomah and Washington). This is the major transportation route for traffickers in Oregon as the I-5 highway corridor extends from Vancouver, British Columbia, through Washington, Oregon and California and continues south to Tijuana, Mexico. Interstate 5 is one of eight major drug trafficking corridors in the United States (Corridor D, Figure 5). Most of Oregon’s major cities are located along the I-5 corridor and provide a market incentive and a wealth of opportunities for smuggling illegal drugs into and out of the state.

- *Highway 97* runs north and south through Deschutes County, Oregon and is considered by law enforcement to be a widely used route for DTOs. This route provides direct access to California, Central Washington and the Yakima Valley area, and Canada through Washington State. *Highway 395* is used less often by traffickers but provides an alternative north-south route from Washington to California through Umatilla County.

- *U.S. Coastal Highway 101* runs north and south through Oregon’s Lane and Douglas counties and is considered an alternative route to I-5 for smuggling drugs through the state.

- *U.S. Route 95* is another trafficking route that runs north and south from Canada through Idaho’s Canyon and Ada counties and ends in Oregon’s Malheur County.

**East-West**

- *Interstate 84* runs east and west beginning in Portland, Oregon and passes through Oregon’s Multnomah, Umatilla, and Malheur counties as well as extends east through Idaho’s Canyon and
Ada counties through to Utah. The route provides drug traffickers access to the Portland, Oregon and Boise, Idaho metropolitan areas as well as to Seattle, Washington through Interstate 82.

- **Highways 20 and 26** extend from the Oregon Coast through Central Oregon and into Idaho. After crossing I-5, Highway 20 cuts east through Oregon’s Linn, Deschutes and Malheur counties and intersects Idaho’s Canyon and Ada counties. Highway 26 runs through Oregon’s Washington, Multnomah, Clackamas, and Malheur counties, traverses the Warm Springs Indian Reservation, and passes through Idaho’s Ada and Canyon counties. These routes provide alternatives to the more commonly patrolled Interstate 84 for traffickers bound for Idaho and eastern Washington.

Analysis of Domestic Highway Enforcement (DHE) program data between 2008 and 2015 revealed a number of trafficking patterns in the HIDTA. In general, marijuana, methamphetamine, cocaine, heroin and controlled prescription drugs move north to and through Oregon; a smaller portion of marijuana flows east and south. Illicit bulk currency moves primarily north and south to and through the state (Figure 6). Interstate 5 remained the most commonly used route by traffickers in Oregon reflecting over 40 percent of total interdictions reported between 2008 and 2015; a smaller proportion of seizures occurred on U.S. Routes 97, I-84, and 395. DHE data by travel direction was not available for Idaho at the time of this report; however, most seizures in the state occurred on Interstate 84 and involved marijuana (Table 2, page 11).

Drugs and cash are also transported into and through Oregon and Idaho by rail. Oregon has 18 freight railroads which operate on nearly 2,400 miles of track. In 2012, the latest information available, an estimated 54 million tons of freight was moved on Oregon rail. Idaho currently has 12 freight railroads that operate on more than 1,600 miles of active track. The most recent data available revealed that an estimated 102 million tons of freight was transported on Idaho rail in 2012. In addition to rail freight, passenger trains also travel through Oregon and Idaho on a daily basis with routes as far north as Canada, as far south as Los Angeles, and as far east as Chicago and New York.

---

*CPDs = Controlled Prescription Drugs. Source: Domestic Highway Enforcement Program.

---

The Domestic Highway Enforcement (DHE) Strategy promotes collaborative, intelligence-led policing in coordinated multi-jurisdictional law enforcement efforts on U.S. highways. The DHE strategy is intended to improve the investigative efforts of the HIDTA in attacking drug trafficking organizations and impact traffic safety, homeland security and other crimes.
**Table 2. Incidence and Quantity of Selected Drugs and Cash Seized Through the Domestic Highway Enforcement Program (DHE), by Highway, Oregon and Idaho*, 2008 - 2015**

<table>
<thead>
<tr>
<th>Highway</th>
<th>Total Seizures</th>
<th>Marijuana</th>
<th>Meth</th>
<th>Heroin</th>
<th>Cocaine</th>
<th>Controlled Prescription Drugs</th>
<th>MDMA</th>
<th>U.S. Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-5</td>
<td>894</td>
<td>416</td>
<td>6,075</td>
<td>136</td>
<td>686</td>
<td>47</td>
<td>160</td>
<td>52</td>
</tr>
<tr>
<td>US 97</td>
<td>326</td>
<td>168</td>
<td>1,671</td>
<td>47</td>
<td>195</td>
<td>5</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>I-84</td>
<td>271</td>
<td>143</td>
<td>1,024</td>
<td>34</td>
<td>35</td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>US 395</td>
<td>149</td>
<td>101</td>
<td>844</td>
<td>4</td>
<td>22</td>
<td>3</td>
<td>25.4</td>
<td>0.1</td>
</tr>
<tr>
<td>US 20</td>
<td>95</td>
<td>57</td>
<td>360</td>
<td>6</td>
<td>0.05</td>
<td>1</td>
<td>20 DU</td>
<td>7</td>
</tr>
<tr>
<td>OR 140</td>
<td>72</td>
<td>54</td>
<td>858</td>
<td>3</td>
<td>0.01</td>
<td>1</td>
<td>0.4</td>
<td>2</td>
</tr>
<tr>
<td>US 101</td>
<td>31</td>
<td>16</td>
<td>47</td>
<td>5</td>
<td>0.6</td>
<td>1</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>US 95</td>
<td>19</td>
<td>15</td>
<td>58</td>
<td>1</td>
<td>0.04</td>
<td>1</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>US 26</td>
<td>19</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0.28</td>
<td>1</td>
</tr>
</tbody>
</table>

Notes: 1) No. = Number of Seizures; 2) lbs = pounds; 3) DU = Dosage Units; 4) Reporting is required when an investigating officer believes a seizure is related to a DTO or when seizures are above the following limits: marijuana (at or above 2 lbs); methamphetamine (at or above 2 oz); heroin (at or above 1 oz); cocaine (at or above 2 oz); MDMA (10 DU); CPDs (no required threshold); bulk cash (at or above $1,000). *Idaho began participation in the DHE program in August 2011; this table only includes Idaho-based seizures for the period of 2012 through 2015. Source: Domestic Highway Enforcement Program.

2. Airways

Air smuggling of illicit drugs is a threat to the HIDTA and, given limited enforcement resources, may be an even greater threat than law enforcement is aware. With more than 400 known airfields, including airports, heliports, and other landing areas in Oregon and Idaho, with more than half that are privately used, the air threat to the HIDTA is considerable.\(^{27}\) The Portland International Airport (PDX), located in Multnomah County, is the largest commercial airport in Oregon and, in 2015, served nearly 17 million passengers and more than 228,000 tons of goods.\(^{28}\) PDX is a hub for passenger transportation but is also a transshipment point for domestic and international drug smuggling. Other major airports in Oregon include the Eugene Airport, situated on the I-5 corridor in Eugene, the Rogue Valley International-Medford airport located in Medford in Southern Oregon, and Roberts Field – Redmond Municipal Airport located in Redmond in Central Oregon. The major airport in Idaho is Boise Airport which serves as the primary provider of air cargo service in the state. According to the latest available information, approximately 41,500 tons of cargo freight were shipped through the terminal in 2011.\(^{29}\)

3. Parcel Services

Criminal groups are increasingly transporting illicit drugs into and out of the HIDTA using parcel delivery services as a way to avoid law enforcement detection and rapidly move illicit drugs to destinations throughout the United States. Of the roughly 10,000 drug-related parcels seized by the U.S. Postal Inspection Service in fiscal year 2015, three-quarters (74%) contained marijuana.\(^{30}\) In Oregon, several task forces have formed cooperative relationships with parcel delivery companies to intercept packages that contain suspected narcotics. These cooperative efforts have resulted in numerous seizures of illicit drugs -- mainly marijuana and drug-related cash, but also heroin, methamphetamine, controlled prescription drugs, cocaine, MDMA, and psilocybin mushrooms. In 2015, law enforcement agencies in three HIDTA counties - Multnomah, Jackson, and Douglas -- reported 125 marijuana parcel seizures which totaled over 500 pounds.\(^{31}\) Reporting also indicates marijuana has been shipped via parcel post from Oregon to states in the Midwest, South and Northeast -- states that have greater restrictions regarding possession, use, and distribution.\(^{32}\)

Illicit drugs, mostly marijuana, as well as smaller quantities of heroin, controlled prescription drugs, and cocaine are also shipped through and to Idaho. For instance, in January 2015, a man was sentenced to
seven years in prison and ordered to forfeit $1 million in drug profits for his role in a conspiracy to distribute heroin and oxycodone into Idaho. The drugs were hidden inside stuffed animals and candles and shipped to Boise and Meridian, Idaho through the U.S. Postal Service and FedEx by a California supplier.\(^{33}\)

4. Sea/Ports of Entry

The smuggling and transport of illicit drugs by way of commercial and private maritime conveyances remains a significant vulnerability to the HIDTA due not only to the high volume of cargo transiting the state's seaports, but the countless opportunities for illicit transport that exist along Oregon's abundant waterways. Intelligence regarding the use of maritime vessels to transport drugs into the HIDTA is limited and the threat posed by maritime smuggling is undoubtedly larger than law enforcement is aware. The Oregon Coast covers 296 miles of the United States border running between the states of California and Washington. In addition to the Oregon Coast, the state also consists of 2,383 square miles of rivers, lakes, and estuaries. The Columbia River, a major shipping lane, has 23 ports and flows for approximately 260 miles along the border between Oregon and Washington. The Port of Portland ranks in the top 50 ports in the United States in total tonnage, with 8.4 million short tons of cargo processed through the port’s marine terminals in 2015.\(^{34}\) In Idaho, the Port of Lewistown is located at the confluence of the Snake and Clearwater rivers. Located 465 miles upriver from the Pacific Ocean, the port is the most inland sea port on the west coast and is Idaho’s only water port. From the port, freight shipment by truck is provided via US-12 to the east and US-95 for north-south transport.

DISTRIBUTION

Drug distribution occurs in the Oregon-Idaho HIDTA through direct exchange,\(^6\) at restaurants and nightclubs, and by means of online connections and social networking sites. Distribution also takes place at open-air drug markets in the HIDTA, particularly in Portland. To illustrate, open-air drug markets in Portland are located primarily in the vicinity of Old Town, Waterfront Park, Pioneer Square and Lloyd Center, with the greatest concentration of drug sales occurring near the MAX light-rail line. Distribution of crack cocaine, powder cocaine and heroin is generally area-specific; however, availability of methamphetamine has substantially increased and is distributed in all open-air market areas in Portland.\(^{35}\)

In Idaho, retail distribution occurs chiefly through direct exchange, but also at restaurants and nightclubs and through texting via online connections and social networking sites.\(^{36}\) Criminal street gangs are largely active in retail-level distribution of illicit drugs throughout the HIDTA and have a large presence in Portland.\(^{37}\) Approximately 50 percent of law enforcement officers surveyed in 2016 indicated involvement of criminal street gangs in drug distribution in their jurisdictions, particularly crystal methamphetamine, heroin, marijuana, and diverted prescription drugs. Furthermore, officers surveyed reported some involvement by criminal street gangs in different levels of drug trafficking (regional supply, wholesale drug transport, manufacture/cultivation), although local dealing was most common.\(^{38}\)

1. **Methamphetamine**

Methamphetamine in the form of crystal methamphetamine, or “ice,” continues to be readily available and widely used in the Oregon-Idaho HIDTA and represents the region’s most serious drug threat. Methamphetamine is a highly addictive central nervous system stimulant that is abused for its euphoric

---

\(^6\) Direct exchange is defined as drug dealing through face-to-face contact, phone communication, or texting.
and stimulant effects. Chronic methamphetamine abusers exhibit violent behavior, confusion, insomnia and psychotic characteristics such as hallucinations and paranoia. Methamphetamine-related crime, such as abused and neglected children, identity theft, and other serious person and property crimes, continues to occur at a palpable rate and is prevalent throughout the region.

Oregon and Idaho law enforcement officers surveyed in 2016 indicated that methamphetamine remains the most significant drug threat due to its pervasive use, societal impact, increased availability and low street price, nexus to other crimes -- such as violent activity and property crime, and connection to drug trafficking organizations, primarily Mexican national DTOs (Figure 7). Of the law enforcement officers surveyed, 63 percent reported methamphetamine as the greatest drug threat to their area, with the majority indicating methamphetamine as the drug that contributes most to violent crime (93%) and property crime (76%). Furthermore, more than two-thirds of officers ranked methamphetamine as the illicit drug that was most prevalent (68%) and had the greatest impact on case load (76%).

**Figure 7. Overall Drug Threats Reported by Oregon and Idaho Law Enforcement Officers, 2016**

![Graph showing drug threats](image)

*Controlled Prescription Drugs; Source: 2016 HIDTA Drug Threat Survey. Total survey responses = 48 (70% response rate).

### Availability and Use

#### Availability

Most methamphetamine available in the region is imported from Mexico, or, to a smaller degree, produced or reconstituted from powder or liquid form in California and the southwest states and then transported north to Oregon and Idaho. However, some methamphetamine is still locally manufactured in Canada by Caucasian DTOs, outlaw motorcycle gangs, or Asian DTOs, and transported to Oregon and Idaho.

---

39 Officers who responded that crystal methamphetamine was the greatest drug threat represented agencies in Oregon’s Benton, Clackamas, Deschutes, Hood River, Jackson, Klamath, Lane, Linn, Marion, Multnomah, Tillamook, Umatilla, Union, Warm Springs Indian Reservation, Wasco, and Washington counties and Idaho’s Ada and Canyon counties.
Methamphetamine is highly available in Oregon, even with precursor chemical controls put in place in the state and internationally. Despite additional controls, methamphetamine continues to flow into the United States to and through Oregon and Idaho in the form of crystal methamphetamine. Nearly 90 percent of law enforcement officers surveyed in 2016 indicated that crystal methamphetamine was highly available in their area during 2015, with almost one-third reporting increased availability. The number of seizures and volume confiscated by Oregon-Idaho HIDTA task forces has grown dramatically since 2007, supportive of a rise in availability. HIDTA task forces confiscated 755 pounds of crystal methamphetamine in 2015 -- nearly five times the quantity seized in 2010 (157 lbs) (Figure 8). In addition, methamphetamine confiscated on Oregon’s highways rose over sixfold from 2008 (38 lbs) to 2015 (251 lbs), with a higher number of seizures reported in multi-kilogram amounts since 2012. Recent reporting in Idaho is also suggestive of increased trafficking of large quantities of methamphetamine, with two substantial seizures (52 lbs, 54 lbs) reported in 2013.

Analysis of drug samples submitted to state police forensic labs provide additional support for the considerable rise in access to crystal methamphetamine in Oregon and Idaho. Of samples submitted to the Oregon State Police (OSP), methamphetamine was by far the most frequent, nearly doubling between 2009 and 2015 (Figure 9). Likewise, samples recently analyzed from the Idaho State Police (ISP) show that methamphetamine was the most common drug type submitted, outpacing cannabis in 2015 (Figure 10, page 15).

---

1 In 2005, the Oregon Legislature passed HB 2485 and SB 907, making Oregon the first U.S. state to require a physician's prescription to purchase cold and allergy medications containing pseudoephedrine, ephedrine, or phenylpropanolamine.

2 The Government of Mexico implemented progressively tighter restrictions on ephedrine and pseudoephedrine imports since 2005, banning use of the chemicals in 2009.
Use of methamphetamine remains widespread as evidenced by the high number of treatment admissions, related deaths and arrests reported in the HIDTA. Over one-third of people admitted for treatment in Oregon counties within the HIDTA during 2015 reported using methamphetamine (36%), followed by admissions for heroin (28%), marijuana (24%), non-heroin opiates/synthetics (10%), and cocaine (1%) (Figure 11). The most recent treatment data from Idaho revealed that methamphetamine (42%) and

Figure 11. Percentage of Substance Abuse Treatment Admissions by Primary Substance of Abuse
marijuana (38%) were the primary admissions in 2013, followed by non-heroin opiates/synthetics (14%), heroin (5%), and cocaine (1%) (Figure 11, page 15). Furthermore, according to the latest drug-related death statistics in Oregon, the number of fatalities related to methamphetamine use in 2015 rose to an historic high of 202, over four times the number of fatalities reported in 2001 (50) (Figure 3, page 6). Deaths due to methamphetamine use are rarely a result of overdose; most occur from traumatic accidents where people have the drug in their systems or from physiological reactions such as seizures, strokes or heart attacks. While low compared to other major drugs, deaths related to the category psychostimulants increased 75 percent in Idaho from 2009 (16) to 2013 (28), the latest information available.

In addition, arrests for methamphetamine-related offenses in Oregon are the highest of any drug category, more than doubling between 2009 and 2015. In Idaho, there are far fewer arrests related to methamphetamine than for marijuana; however, the number of arrests connected to methamphetamine rose over 70 percent between 2009 and 2014, the latest figures available (Figure 12).

**Figure 12. Number of Drug-Related Arrests, Oregon and Idaho**

*Tracking of prescription opiates began in 2012 (hydrocodone, methadone, oxycodone). Drug arrests related to prescription opiates was not tracked by Idaho State Police. Sources: Oregon Criminal Justice Commission (based on six-month moving average) 2016; Idaho Statistical Analysis Center, Idaho State Police, 2016.*

**Production**

Precursor chemical controls at the state and federal level along with sustained law enforcement pressure have contributed to a dramatic decline in reported methamphetamine lab seizures in Oregon. In particular, Oregon legislation restricting the availability of pseudoephedrine appears to have dramatically reduced the number of methamphetamine labs reported to be operating in the state. Law enforcement authorities seized 7 methamphetamine laboratories in Oregon in 2015 – a 96 percent drop from 2005 levels (192) (Figure 13, page 17). In Idaho, methamphetamine lab seizures remain at low levels; only 2 labs were seized in 2015, a drop of more than 80 percent from 11 labs seized in 2005.

---

1 In Idaho the number of deaths related to methamphetamine use is tracked under the category of “psychostimulants with abuse potential.”

2 Includes arrests for possession, delivery, and manufacturing offenses.

3 HB 2485 and SB 907 were effective July 1, 2006.
Although local production in Oregon and Idaho has fallen dramatically in the last decade, small quantities of methamphetamine are still produced in the region. Most methamphetamine produced is consumed locally and manufactured in small-scale laboratories. A total of 9 methamphetamine labs were seized in Oregon and Idaho in 2015 with two-thirds of the labs located in the HIDTA: Clackamas, OR (1), Deschutes, OR (1), Jackson, OR (1), Linn, OR (1), Multnomah County, OR (1), and Canyon, ID (1). The HIDTA designated counties of Douglas, Lane, Malheur, Marion, Umatilla, and Washington; the Warm Springs Indian Reservation; and Ada County in Idaho reported no methamphetamine lab seizures in 2015 (Appendix F).55

**Transportation**

Nearly all methamphetamine not manufactured locally is shipped from Mexico through California or produced or reconstituted in California and the Southwest states and shipped north. Mexican drug traffickers have expanded distribution networks to meet increased demand for the drug by importing finished product, mostly crystal methamphetamine, from outside the state and from Mexico. Recent analysis of Southwest Border seizures reveals that while the quantity of cocaine and marijuana has fallen in recent years, methamphetamine confiscated grew nearly 700 percent between 2008 and 2015 (Figure 14, page 18).56

Federal reporting indicates that Mexican cartels continue to circumvent ephedrine and pseudoephedrine import restrictions implemented by the government of Mexico. Cartels have developed new smuggling routes for restricted chemicals, are importing non-restricted chemical derivatives in place of precursor chemicals, and have expanded nonephedrine-based production -- such as the phenyl-2-propanone (P2P) method.57 Reporting suggests that Mexican cartels continue to refine low quality dl-methamphetamine

---

55 Remaining labs were in Oregon’s Baker (1), Wallowa (1), and Yamhill (1) counties.

56 The Government of Mexico implemented progressively tighter restrictions on ephedrine and pseudoephedrine imports since 2005, banning use of the chemicals in 2009.
made from the P2P process by using ingredients such as tartaric acid as a way to remove most of the less potent l-meth, leaving a larger concentration of potent d-meth in the finished product.\textsuperscript{58}

Law enforcement reporting also suggests an emerging link between Asian and Mexican organized crime groups. China appears to be the principal source of precursor chemicals used in the production of methamphetamine in Mexico.\textsuperscript{59} For example, recent raids in the Philippines and in China suggest a growing connection between Asian groups and the supply of ephedrine and ethyl phenylacetate – used in the production of crystal methamphetamine – to Mexican cartels. In early 2014, a raid in the Philippines led to the seizure of 84 kilograms of crystal methamphetamine and the arrest of three affiliates of the Sinaloa cartel. In September 2012, a raid of an industrial-scale facility in China resulted in over 600 kilograms of crystal methamphetamine and nearly 20 metric tons of unidentified materials used in the manufacture of crystal methamphetamine. Of the 14 people arrested in the raid – one was a Mexican national.\textsuperscript{60}

Recent data indicates methamphetamine in the form of powder or suspended in liquid is increasingly smuggled into the United States and reconstituted into crystal methamphetamine at labs in states such as California, Georgia, and Texas.\textsuperscript{61} Moving the refining process across U.S. borders is a new approach by Mexican criminal groups to facilitate trafficking of methamphetamine; the raw product is easier to conceal and the conversion process creates few toxic by-products.\textsuperscript{62} Unrefined meth-amphetamine is shipped in containers such as liquor bottles and coolers and then crystalized for distribution.\textsuperscript{63} Raw product has been seized in Oregon over the last several years. For example, in October 2014, OSP troopers stopped a rented car on Highway 97 outside of Madras, Oregon and discovered 20 pounds of methamphetamine suspended in liquid concealed in the vehicle.\textsuperscript{64} In April 2012, the DEA-Eugene Task Force seized 80 pounds of methamphetamine dissolved in liquid and hidden in tequila bottles after a random traffic stop in Cottage Grove, Oregon.\textsuperscript{65} To date, three conversion labs have been reported in Oregon, one each in Washington County (CY 2013), Marion County (CY 2014), and Multnomah County (CY 2015).\textsuperscript{66} As of this writing, no conversion labs have been seized in Idaho.\textsuperscript{67}
Highway interdiction data suggests that Oregon is a destination as well as a transit state for methamphetamine transported through California from Mexico (Figure 15). DHE program data analyzed between 2008 and 2015 revealed that Oregon counties, Multnomah, Marion, Klamath, and Lane, were identified most often as points of destination for methamphetamine transported from California. In Idaho, Canyon County was the most common destination point for methamphetamine, followed by southern counties, such as Bonneville and Twin Falls.

Traffickers employ a variety of methods to transport methamphetamine into and through the HIDTA, such as private and commercial vehicles, trains and package delivery services. The preferred method appears to be transport of the drug along the I-5 corridor using private vehicles; however, alternate routes are used as well (see Table 2, page 11). Law enforcement reporting suggests DTOs based in central Washington and southwest Idaho supply methamphetamine to their jurisdictions utilizing U.S. Route 97 and U.S. Route 20. In January 2014, investigation into a semi-truck rollover crash on Highway 97 in Sherman County resulted in the largest reported seizure in Oregon’s history. Approximately 190 pounds of methamphetamine, 17 pounds of cocaine, and 11 pounds of heroin were recovered from the truck hidden in cargo, with an estimated street value of $3 million. The interdiction represented the single largest seizure of methamphetamine in Oregon’s history with an estimated street value of $1 million.

**Distribution**

Mexican national DTOs are the primary wholesale distributors of Mexican methamphetamine in the HIDTA. Hispanic and Caucasian independent dealers, OMGs, and criminal street gangs are the primary retail level distributors of methamphetamine imported into the HIDTA. Methamphetamine prices vary depending on the type and quantity sold. Prices also depend on the ethnicity of the seller and buyer -- non-Hispanic buyers are often charged a higher price for crystal methamphetamine than Hispanic...
buyers. Retail distribution of crystal methamphetamine takes place in the Oregon-Idaho HIDTA through direct exchange, at restaurants and nightclubs, and also through connections online and through social networking sites.71

For example, in October 2015, a year-long, multi-agency investigation led by the Westside Interagency Narcotics Team (WIN) into a large-scale methamphetamine trafficking organization resulted in 18 search warrants and 30 arrests in the Portland Metropolitan area. According to detectives, the trafficking operation was widespread and extended to five counties in the region. Results included seizures of over 31 pounds of methamphetamine, 19 firearms, 5 pounds of heroin, and approximately $128,000 in cash. Another significant investigation located in the Portland, Oregon area occurred in December 2013. The Multnomah County Dangerous Drugs Team (DDT) led a six-month, multi-agency investigation into white supremacist gang activity in Multnomah County which resulted in more than 40 indictments for violent crimes and drug manufacturing in December 2013. Results included arrests of more than 20 gang affiliates, $50,000 in cash, 70 firearms, and 8 pounds of methamphetamine.72

2. Heroin

Heroin use and trafficking has increased dramatically in the United States in the last several years and is one of the nation’s top drug threats.73 Heroin availability has increased in the Oregon-Idaho HIDTA since 2007, fueling a rise in the volume of heroin seizures, number of new users, and rate of associated overdoses. Evaluation of recent indicators suggests that heroin availability and use has reached a critical level and represents a close second to methamphetamine as the region’s most serious drug threat.9 The most powerful of opiate drugs, heroin is synthesized from morphine, a naturally occurring substance extracted from the seed pod of opium poppy plants. Cultivation of opium has expanded in Mexico and has led to increased trafficking and availability of brown powder and black tar heroin in the HIDTA.

Availability and Use

Availability

Nearly one-third (31%) of law enforcement officers surveyed in Oregon and Idaho in 2016 indicated that heroin was the principal threat to their area due to the substantial rise in availability, increase in the number of new and younger users, associated overdoses, and the link to serious person and property crimes. Roughly one-half of the officers surveyed reported that a high level of heroin was available in their area in 2015. Survey results also support an increase in heroin availability in Oregon and Idaho. More than 40 percent of the officers surveyed indicated heroin availability rose in their jurisdiction in the last year, primarily in counties bordering or near the I-5 corridor (Benton, Clackamas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Washington), coastal counties located along Highway 101 (Coos, Lincoln, Tillamook), rural counties located in the eastern half of the state (Deschutes, Klamath, Umatilla, Wasco, Union), and in Idaho’s Canyon and Ada counties.74

7 Officers who responded that heroin was the greatest drug threat represented agencies in Benton, Clackamas, Coos, Harney, Jackson, Josephine, Lincoln, Marion, Multnomah, and Washington counties.
Access to heroin has grown in the HIDTA with a striking rise in the number of seizures and quantity confiscated by HIDTA task forces. The total volume of heroin seizures in 2015 (256 lbs) was over 10 times higher compared to 2008 (25 lbs) (Figure 16). While the quantity of heroin rose significantly in 2012 due to two unusually large seizures (55 lbs, 47 lbs), the record volume seized in 2015 was mainly due to a greater number of seizures in multi-pound amounts. Forensic analysis of drug samples is also supportive of a rise in heroin availability. The number of heroin samples submitted for analysis in Oregon rose 130 percent between 2009 and 2015; heroin samples submitted in Idaho rose 80 percent from 2014 to 2015 (Figures 9 and 10, page 15).

Although Afghanistan produces the vast majority of the world’s heroin supply, most heroin imported into the United States is from Mexico. Opium poppy cultivation in Mexico has increased dramatically since 2000, an unintended outcome of Mexico’s war on organized crime which redirected soldiers from poppy eradication to urban peacekeeping. Additionally, policy changes related to medical and legalized marijuana in the United States have inadvertently encouraged Mexico’s narco-farmers to expand opium cultivation. As more states have legalized medical marijuana -- and more recently, recreational marijuana -- most cannabis in the United States increasingly originates from domestic rather than imported sources, significantly weakening the Mexican marijuana market. Poppy eradication has also intensified overall since 2007, with a sharp rise in heroin seizures along the Southwest Border (Figure 17). Increased
production and supply from Mexico has contributed to lower prices and greater availability in a number of major market areas in the United States, including the Oregon-Idaho HIDTA.80

**Use**

According to federal authorities, the increasing prevalence of heroin combined with low prices and high purity are major drivers of the rising trend in heroin use and associated overdoses.81 The drop in street price and wider availability of heroin in both tar and powder form have encouraged more people in the HIDTA to experiment with the drug, raising the potential for addiction. Historically a problem largely confined to Portland, Oregon, heroin use has spread to smaller cities and rural areas in the HIDTA. Heroin in powder form can be effectively smoked or snorted rather than injected which heightens its appeal to new users who are concerned about the stigma associated with injection drug use. Of particular concern is the increase in the number of young adults using heroin, potentially giving rise to a new population of addicts.

The actual number of heroin users is unknown in the HIDTA; however, the extent of use can be estimated by looking at other measures, such as related arrests, treatment admissions, hospitalizations, and fatalities. For example, heroin-related arrests grew more than 300 percent in Oregon between 2007 and 2015, exceeding arrests for marijuana in 2013 (Figure 12, page 16).82 In Idaho, arrests for heroin also increased, rising over 600 percent from 2009 to 2014 (Figure 12, page 16).83 A closer look at Oregon statistics shows that arrests for heroin possession reflected three-quarters all heroin arrests† and grew over 300 percent between 2008 (859) and 2015 (3,567) (Figure 18). Furthermore, the number of people who admitted to regular heroin use at intake in the Oregon Corrections System in 2015 (859) was more than three times the number of intakes reported in 2008 (248). Prison admissions based on heroin-

---

† Includes arrests for possession, manufacture, and delivery.
related felonies as the most serious offense category in 2015 (224) was also more than threefold the number of admissions reported in 2008 (72). The number of people admitted to treatment facilities for heroin use in Oregon is second only to meth-amphetamine with more than 4,400 admissions reported in 2015 (Figure 11, page 15). In comparison, heroin admissions were a smaller proportion of total treatment admissions in Idaho, but grew over 400 percent from 2002 (37) to 2013 (190) (Figure 11, page 15). The rate of hospitalization for heroin overdose has also increased in Oregon, rising more than 270 percent between 2001 and 2014. The rate of deaths resulting from heroin overdose was over three-quarters (77%) higher than the rate of hospitalizations in 2014 (Figure 19).

Another indicator of heroin use in the HIDTA is the number of associated deaths. Historically, most drug-related deaths in Oregon have been connected to heroin use. In 2012, heroin-related deaths reached a high of 147 but dropped to 107 by 2015. Nearly half (45%) of heroin-related deaths in 2015 occurred in HIDTA-designated Multnomah County (48), followed by Washington (13), Lane (10), Clackamas (9), Douglas (5), Jackson (5), Marion (5), and Linn (2). A smaller number of deaths were reported in Oregon counties outside of the HIDTA, namely Josephine (3), Benton (2), Coos (2), Clatsop (1), Klamath (1), Tillamook (1) (Figure 3, page 6). The number of deaths related to heroin use in Idaho increased from 1 death reported in 2009 to 6 deaths in 2013, according to the most recent data available.

Fatalities connected to heroin use are usually caused by overdose. Heroin can differ tremendously in purity and dosage because sellers often mix or “cut” the drug to varying degrees with other substances, such as sugar or other drugs (e.g., cocaine, fentanyl), to increase their profit margin. This unpredictability can easily lead to accidental overdose in users, especially those who are inexperienced or who have relapsed and have lower tolerance levels.

The drop in heroin-related deaths in Oregon since 2012 can be partly explained by amendments to state law that allowed wider access to the anti-overdose drug, naloxone. In June 2013, the law was changed

---

8 Naloxone is an opiate receptor antagonist that quickly attaches to opioid receptors in the body, preventing heroin from activating them.
to allow the drug to be possessed and administered by anyone who completes training -- including a user’s friends, family, or caseworker -- rather than solely by medical professionals. The passage of House Bill 4124 in March 2016 allowed even greater access -- naloxone can now be purchased at retail pharmacies by anyone who completes online training through the Oregon Health Authority. According to the World Health Organization, more than 20,000 deaths could be prevented annually in the United States if naloxone was more widely available. As of April 2016, 46 states and the District of Columbia have passed legislation expanding access to naloxone by non-medical personnel saving over 26,000 lives. In Oregon, the Multnomah County Health Department reported 2,134 needle exchange clients were trained and received naloxone kits with a total of 1,060 overdose reversals reported between July 2013 and October 2015. Most of the naloxone dispensed was to friends or acquaintances (80%), followed by strangers (17%), and family members (3%). Additionally, law enforcement agencies in several counties have implemented naloxone programs. For example, the Medford Police Department in Jackson County, Oregon deployed naloxone 11 times in 2015 – all were successful overdose reversals. A HIDTA funded pilot project at the Portland Police Bureau’s Central Precinct achieved similar outcomes; 23 officers were trained in 2015 resulting in 8 naloxone deployments and 8 reversals.

Furthermore, the concern that heroin use might increase because of the perceived “safety net” of naloxone on hand does not appear to be supported by research. Data collected on naloxone distribution in community settings showed no increase in use, with some studies reporting a reduction in self-reported use. The heroin user demographic has also changed -- more youth are becoming addicted and more people are developing a heroin addiction because of an opiate dependency that resulted after being prescribed pain medication. Overprescribing of pain medications and ease of access to the drugs through friends and family has contributed to a high number of people who are opiate dependent in the United States, including residents in Oregon and Idaho.

Opiate dependence is especially high in Oregon. In a recent national study, Oregon ranked fourth in the United States during 2013 and 2014 for reported rates of past year non-medical use of pain relievers by people ages 12 or older (Figure 1, page 5). According to the National Institute on Drug Abuse, roughly half of young adults who inject heroin reported abusing prescription opioids before initiating heroin use. Other recent studies also support a link between opioid misuse and initiation of heroin use. A 2015 national study revealed that three-quarters of high school seniors who used heroin started with prescription opioids. In addition, a 2013 report showed that the heroin incidence rate nationally was 19 times higher among individuals who reported prior non-medical use of prescription drugs compared with those who did not. In Oregon, nearly half (45%) of heroin users participating in a syringe exchange program in Multnomah County stated they were addicted to prescription drugs first before initiating heroin use. Additionally, recent safeguards and more stringent prescription drug monitoring systems have made popular prescription opiates, such as oxycodone, more difficult to abuse and harder to obtain on the black market, unintentionally leading some addicts to switch to using heroin because it is cheap and readily available.

---

1 SB 384 was effective June 6, 2013.
2 HB 4124 was effective April 4, 2016.
3 As of April 2016, the following states do not have opioid antagonist access laws: Hawaii, Kansas, Montana, and Wyoming.
4 STD/HIV/Hepatitis C Program (includes participants at Outside In and Multnomah County Health Department syringe exchanges).
5 Includes agencies in Clackamas, Jackson, Marion and Multnomah counties.
6 Oregon-Idaho HIDTA program.
7 STD/HIV/Hepatitis C Program (includes participants at Outside In and Multnomah County Health Department syringe exchanges).
**Transportation**

Transportation of heroin from Mexico is facilitated by DTOs that use established drug trafficking and distribution networks to expand their market in the United States -- some offering free samples to users of other illicit drugs. Illicit smuggling has thrived due to the inherent challenges of monitoring vast amounts of air, ocean, and vehicular traffic along porous borders with limited law enforcement resources. Heroin is transported into or through Oregon from California and, more rarely, from southwest states such as Arizona and Nevada. Law enforcement reporting indicates that the Portland Metropolitan area serves as the main distribution hub in the HIDTA for heroin transported north from Mexico.

Mexican national DTOs dominate the trafficking of Mexican black tar heroin and Mexican brown-powder heroin into and through Oregon and Idaho. Mexican national local independent dealers also transport Mexican black tar heroin and Mexican brown-powder heroin into the region, but to a smaller extent. These groups and independent dealers transport the drug from Mexico, California, and southwestern states primarily using private and commercial vehicles, typically using I-5, as well as U.S. Highways 101 and 97.

The amount of heroin seized in 2015 (39 lbs) was over six times the quantity reported in 2009 (6 lbs). Large seizures were reported outside of Ashland, Oregon in 2012 (55 lbs) and 2013 (31 lbs) headed northbound on Interstate 5 to destinations in Oregon and Washington. In 2015, 25 pounds of heroin were seized on alternative north-south Highway 395 headed to Washington. In contrast, the total quantity of heroin confiscated from Idaho highways from 2012 to 2015 remained fairly minor (11 lbs) and reflects the comparatively low incidence of use in the state.

**Distribution**

Heroin distribution occurs in the Oregon-Idaho HIDTA through direct exchange, at restaurants and nightclubs, and through online connections and social networking sites. Distribution also takes place at open-air drug markets in the region, particularly in Portland, Oregon. Open-air drug markets in Portland are located mainly in the vicinity of Old Town, Water Front Park, Pioneer Square and Lloyd Center, with the greatest concentration of drug sales occurring near the MAX light-rail line.

Wholesale distribution of black tar and brown powder heroin in the HIDTA is largely controlled by Mexican national DTOs. Hispanic and Caucasian independent dealers are the primary retail level distributors. Criminal street gangs also distribute Mexican black tar heroin at the retail level, but to a lesser extent. Reporting from law enforcement suggests that the number of criminal groups distributing heroin has increased. Distributors who previously sold only methamphetamine or cocaine have entered the heroin market, luring new customers with low prices and free samples.
3. Controlled Prescription Drugs

The threat posed by misuse of controlled prescription drugs (CPDs), specifically prescription painkillers, has risen significantly in the United States since 2000. Drug poisoning, mainly in the form of overdoses, is currently the leading cause of injury death in the nation with more people dying from drug overdoses in 2014 than any prior year on record (Figure 20). Opioids, mostly prescription pain relievers and heroin, are the primary drugs connected to hospitalizations and overdose deaths. The collective burden of deaths associated with opioid misuse is far-reaching. According to the Centers for Disease Control and Prevention (CDC), for every opioid-related death there are 825 non-medical users, 130 people who abuse opiates or are opiate dependent, 32 emergency room visits for misuse or abuse, and 10 treatment admissions for abuse.

Recent information suggests a decline in misuse, possibly an encouraging result of changes in prescribing guidelines, implementation of prescription monitoring programs, and introduction of tamper-proof pain reliever formulas. However, diminished misuse of pain relievers is also connected to a rise in heroin use; many users of prescription opiates have reportedly switched to using heroin because it’s cheaper, easier to obtain, and more potent than diverted prescription opiates. Diversion of prescription medications occurs in the Oregon-Idaho HIDTA primarily through illicit acquisition from family and friends or doctor shopping, but also through residential or pharmacy burglaries, street and internet purchases, forged prescriptions, and smuggling across state borders.

Availability and Use

Availability

The overall rise in misuse of controlled prescription drugs is due in large part to widespread availability through increased controlled prescription drug sales, liberal prescribing of opioids by doctors, and ease of access to the drugs through friends or family. A 2016 report from the National Safety Council revealed that 99 percent of doctors surveyed continue to prescribe opioid medications for longer than the

---

aa Controlled prescription drugs are regulated under the Federal Controlled Substances Act (CSA) which classifies drugs under five schedules according to their potential for abuse, their use in accepted medical treatment in the United States, and their potential for physical or psychological dependence.
three-day period recommended by the CDC, with nearly a quarter (23%) reporting they prescribe a least a 30-day supply of opioids. In Oregon, nearly 60 percent of the nearly six million prescriptions for CPDs dispensed at retail pharmacies in the state in 2015 were for opioids, the second most prescribed class of medications was for benzodiazepines, drugs commonly used for treating anxiety and insomnia (Table 3). Data related to prescription drugs dispensed in Idaho was not available at the time of publication.

Non-medical use of prescription drugs is often perceived by people as a safe alternative to illicit drugs, with diversion occurring most often through family or friends. Over half of Oregon and Idaho law enforcement officers surveyed in 2016 indicated a high level of illicit prescription drugs available in their area, with one agency representative in Douglas County, Oregon stating CPDs, specifically pharmaceutical opiates, were the county’s greatest drug threat because of their widespread availability and connection to heroin use and overdose deaths (Figure 7, page 13). Approximately 60 percent of officers surveyed indicated a high level of narcotics, such as oxycodone and hydrocodone, were diverted in their region, with a smaller percentage reporting high levels of depressants (23%) and stimulants (11%). Of the CPDs seized by HIDTA task forces in 2015, over 60 percent were prescription opioids (including methadone), followed by benzodiazepines (21%) (Figure 21).

### Table 3. Top 12 Prescriptions, January 2015 - December 2015

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number of Rx</th>
<th>% of all Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>1,686,507</td>
<td>22.3%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>1,254,287</td>
<td>16.6%</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>432,049</td>
<td>5.7%</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>428,672</td>
<td>5.7%</td>
</tr>
<tr>
<td>Tramadol</td>
<td>410,576</td>
<td>5.4%</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>359,098</td>
<td>4.7%</td>
</tr>
<tr>
<td>Amphet (ASP/AMPHET/D-AMPHET)</td>
<td>341,853</td>
<td>4.5%</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>327,102</td>
<td>4.3%</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>260,789</td>
<td>3.4%</td>
</tr>
<tr>
<td>Pseudoephedrine</td>
<td>259,661</td>
<td>3.4%</td>
</tr>
<tr>
<td>Morphine</td>
<td>252,955</td>
<td>3.3%</td>
</tr>
<tr>
<td>Diazepam</td>
<td>173,871</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Source: Prescription Drug Monitoring Year-To-Date Report, Oregon Health Authority, January 2015 - December 2015, Issue 23, Year 5.

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.

---

In March 2016, the Centers for Disease Control and Prevention issued guidelines recommending that primary care clinicians avoid prescribing opioid pain relievers for patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Based on 201 board-certified Family Medicine or Internal Medicine physicians.

Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, morphine, methadone, fentanyl.

Central nervous system depressants used as sedatives; includes zolpidem, lorazepam, alprazolam, clonazepam, diazepam.
Use

The misuse of controlled prescription medications, mostly in the form of prescription painkillers, has grown dramatically in Oregon and Idaho in the last decade, paralleling national trends. The most recent national survey data revealed that Oregon ranked fourth in the United States during 2013 and 2014 for reported rates of past year non-medical use of pain relievers by people ages 12 or older. While use was high among all age categories, the largest group of users was between the ages of 18 and 25. Although the percentage of residents reporting past year use has declined in Oregon since 2008, use remains at a high level compared to other states. Reported past year misuse of pain relievers in Idaho is slightly lower compared to Oregon, but follows a similar trend of misuse with a higher incidence of use reported by people between the ages of 18 and 25 years (Figure 22).

The number of hospital admissions related to misuse of prescription painkillers has substantially increased in Oregon since 2000, declining only recently (Figure 23). For instance, the number of hospitalizations related to pharmaceutical opioid overdose showed the most dramatic increase, with prescription opioids rising 425 percent between 2000 and 2011, declining 20 percent by 2014. The
highest rates of hospitalization, per capita, were in counties along the north coast (Clatsop, Tillamook, and Lincoln), south (Coos, Josephine, Jackson) and northeast (Union) regions of the state (Figure 24). Hospital overdose admission data was not available for Idaho; however, admissions related to CPD misuse nearly doubled at treatment facilities in the state from 2008 to 2012.\textsuperscript{113}

According to Oregon epidemiologists, poisoning mortality in the state is mainly driven by deaths connected with prescription opioids -- drugs intended for pain management but that are frequently misused or diverted.\textsuperscript{114} Despite a decline since 2011, the incidence of deaths related to misuse of prescription opiates remains at a high level in Oregon. Of the 139 confirmed fatalities related to the use of painkillers in 2014 (the latest data available), oxycodone was highest (59), followed by methadone (54), and hydrocodone (26) (Figure 3, page 6).\textsuperscript{115}

Additional information on death rates related to prescription opioid poisoning in Oregon show an increase overall since 2000; deaths rose nearly 400 percent between 2000 and 2006 before dropping 34 percent between 2006 and 2014 (Figure 23, page 29).\textsuperscript{116} Death rates tied to prescription opioid poisoning were not available for Idaho; however, fatalities associated with misuse of prescription drugs, in general (mostly opioids) were the highest of any drug category, increasing 30 percent in the state between 2009 and 2013 (Figure 4, page7).\textsuperscript{117}

An emerging trend is the diversion and use of fentanyl in the United States. Fentanyl is a Schedule II drug that is 30 to 50 times stronger than heroin, 100 times stronger than morphine, and is the most potent opioid available for medical use. The drug is available in the form of powder, pills, or transdermal patches and is sometimes mixed with or sold as heroin or marketed as other drugs by illicit suppliers – often with deadly consequences. Fentanyl and fentanyl analogues\textsuperscript{f} present a significant danger to users as well as public safety workers who come in contact with the drug. Due to its rapid rate of absorption, fentanyl can be fatal at doses as small as a quarter milligram, the amount of a few grains of table salt.\textsuperscript{118}

Despite strict controls, fentanyl is diverted through methods such as pharmacy robberies, forged prescriptions, and illicit distribution by patients and medical providers. Illicit production of fentanyl primarily occurs in foreign countries such as China and Mexico; a small number of labs have been seized in the United States.\textsuperscript{119} The number of fentanyl samples submitted to Drug Enforcement Administration (DEA) labs in the United States has recently increased, with 2014 submissions (3,344)

\textsuperscript{f} Chemical compounds that are structurally similar to fentanyl.
nearly three times higher compared to submissions in 2013 (942). Although low related to other drug submissions, the number of fentanyl samples submitted in Oregon increased 350 percent between 2013 and 2015, with most submissions originating in the Portland Metropolitan region. In 2015, a HIDTA Interdiction Team (HIT) case resulted in a massive seizure of fentanyl -- more than 1.4 million dosage units. The investigation was a cooperative effort between members of HIT and Midwest HIDTA’s Grand Forks County Drug Task Force who investigated a trafficking organization which transported and distributed fentanyl into the United States from sources in Canada and China. Authorities identified 12 drug overdoses in North Carolina, North Dakota, and Oregon with one fatal drug overdose identified in North Dakota (see insert). Fentanyl is also seized in Idaho, a total of 27 samples were analyzed by the Idaho State Police Forensic Services between 2014 and 2015.

Another prescription drug of concern in the HIDTA is buprenorphine, a Schedule III synthetic drug that is used in opioid dependence and pain management treatment. Although buprenorphine is intended as a maintenance therapy for people who are addicted to opioids, such as heroin and prescription painkillers, the drug itself is an opioid and can cause dependence. While effects are milder and plateau (making overdoses less likely), the drug is about 20 to 30 times more potent than morphine and produces severe respiratory depression when combined with other central nervous system depressants such as benzodiazepines. Suboxone is the most commonly abused form of buprenorphine and includes naloxone, which is added to discourage misuse through crushing pills as a way to snort or inject the drug. Law enforcement reporting indicates a rise in the amount of buprenorphine seized in the United States, including Oregon and Idaho. More than 70 seizures totaling over 4,400 dosage units related to buprenorphine and Suboxone were reported by Oregon-Idaho HIDTA task forces between 2010 and 2015. In addition, buprenorphine samples submitted to the Oregon State Police increased 47 percent between 2014 and 2015.

The high rate of controlled prescription pain reliever misuse is concerning and has likely contributed to the HIDTA’s growing heroin problem. Oregon and Idaho law enforcement officials report that heroin use in their jurisdiction has expanded partly because users of prescription opiates, such as oxycodone, have switched to heroin because it is easier to obtain, cheaper, and provides a more intense high than diverted prescription opiates. There is broad support for the idea that non-medical use of prescription opioids may lead to use of illicit drugs, heroin in particular. For example, according to the CDC, past misuse of prescription pain relievers is the greatest risk factor leading to heroin use; individuals who are addicted to prescription opioid pain relievers are 40 times more likely to become addicted to heroin.
Implementation of prescription monitoring programs, revised prescribing guidelines, and the introduction of tamper-proof pain reliever formulas have achieved a measure of success in reducing misuse of prescription pain relievers in Oregon over the last few years. For example, the Prescription Drug Monitoring Program (PDMP),[68] in operation in Oregon since 2011, provides a web-based tool for practitioners and pharmacists to identify patients at risk for physical dependence and overdose. A recent evaluation of the PDMP showed that 96 percent of system users checked the PDMP when they suspected addiction, abuse or diversion. Additionally, revised guidelines and practices such as the removal of methadone as a preferred drug dispensed to Medicaid patients for pain management and amendments by practitioners regarding appropriate doses and lengths of time for patients to use opioid painkillers have also likely had an impact.

Furthermore, attempts have been made to discourage abuse of the more popular and highly abused forms of prescription opioids such as OxyContin. In 2010, the U.S. Food and Drug Administration introduced a new, controlled-release formula for OxyContin designed to deter misuse of the medication. In addition, in August 2014, the U.S. Drug Enforcement Administration moved hydrocodone combination products from Schedule III to Schedule II which imposes the most restrictive controls and sanctions reserved for drugs with accepted medical use that have the highest potential for harm and abuse. According to a recent study, one billion fewer hydrocodone combination tablets were dispensed and more than 26 million fewer prescriptions written after hydrocodone combination products were rescheduled.[136]

**Transportation/Diversion**

National studies on use suggest that CPDs are largely diverted through family or acquaintances. Among people ages 12 and older who reported using pain relievers non-medically in 2013-2014, half acquired the drug from a friend or relative for free (50%). A smaller number obtained pain relievers through purchase or by taking the drug from a friend or relative without asking (15%) or through a drug dealer or stranger (5%). Less than 1 percent bought drugs on the internet. Other methods included acquisition through a prescription from one doctor (22%), multiple doctors (3%), or other methods including fake prescriptions and theft from pharmacies (4.5%).[137]

Similarly in the Oregon-Idaho HIDTA, CPD diversion occurs mainly through illicit acquisition from friends or relatives and doctor shopping, but also through methods such as residential or pharmacy burglaries, doctor shopping, theft, forged prescriptions, traditional drug dealing, internet purchases and smuggling across state borders.[138] Nearly one-quarter (23%) of law enforcement officers surveyed in Oregon and Idaho in 2016 indicated that organized trafficking of CPDs occurs in their area, noting smuggling via package delivery services, forged prescriptions, trafficking of CPDs across state borders, and involvement by criminal gangs and DTOs.[139] In May 2015, members of the Central Oregon Drug Enforcement Team (CODE) and the U.S. Postal Inspection Service arrested a suspect involved in region-wide trafficking of controlled prescription drugs in Deschutes County. The suspect acquired the drugs through sources overseas and used the banking system to launder proceeds. Task force members seized over 2,800 oxycodone pills, steroids, as well as other prescription drugs with a combined street value of $150,000.[140] In June 2010, the HIDTA Interdiction Team (HIT) received information that a DTO was involved in a large-scale OxyContin/oxycodone smuggling and distribution organization based in Portland, Oregon with ties to Florida, Nevada, Utah and Colorado. By March 2011, members of

---

[68] The Oregon Prescription Drug Monitoring Program (PDMP) became operational in September 2011. PDMP requires pharmacies to submit data weekly for all Schedule II – IV controlled substances dispensed.
a joint federal taskforce in Oregon executed 13 search warrants in five states, seizing numerous bank accounts and high-end vehicles. The investigation resulted in 15 federal indictments and multiple seizures including over 10,000 OxyContin pills with a street value estimated at more than $300,000.

Law enforcement reporting suggests an increase in CPD diversion in some areas in 2015. HIDTA task forces seized over 1.5 million dosage units of controlled prescription drugs in 2015 (1.4 million in fentanyl alone), mostly narcotic analgesics, followed by sedatives, and stimulants. Prescription drugs are also diverted through internet purchases. Dishonest internet, or “rogue” pharmacies, profit from the sale of controlled prescription medications to buyers who have not seen a doctor or do not have a prescription from a legitimate doctor. According to a recent study conducted by the Government Accountability Office (GAO), an estimated 36,000 rogue sites were in operation in February 2014, most of which operate from foreign countries and illegally ship substandard or counterfeit drugs into the United States. In addition, out of the nearly 11,000 web sites identified in December 2015 as selling pharmaceutical drugs out-of-compliance with state and federal laws, nearly 90 percent were found to be dispensing medications without a valid prescription (Figure 25).

### 4. Marijuana

Marijuana is highly available and widely used in the Oregon-Idaho HIDTA. Marijuana refers to the leaves and flowering buds of hemp plants, the most widespread variety being *cannabis sativa*. Cannabis sativa contains chemicals known as “cannabinoids”; THC (delta-9-tetrahydro-cannabinol) is the cannabinoid responsible for most of the psychoactive effects of the plant. A high volume of marijuana is produced in the HIDTA from indoor methods which typically produce better quality plants and multiple crops year-around. In addition, the HIDTA contains many remote areas, including dense forests and mountainous regions, which allow DTOs to cultivate marijuana on public and private lands with little risk of detection. Oregon state law currently allows possession, cultivation and distribution of marijuana within specified limits under the Oregon Medical Marijuana Act (passed in 1998) and the Control, hh

hh The Oregon Medical Marijuana Act (ORS 475.300 – 475.346) was passed into law in 1998 and established a state-controlled permit system. The Oregon Medical Marijuana Program (OMMP) was created to administer the registration program in May 1999. The law conflicts with national safety regulations and requirements for medicines established by the Food and Drug Administration (FDA).
Regulation, and Taxation of Marijuana and Industrial Hemp (passed in 2014). In contrast, Idaho marijuana laws remain some of the toughest in the nation with all possession, manufacture, and sale of the drug strictly prohibited.

### Availability and Use

#### Availability

Locally-produced marijuana, and to a smaller degree, Mexico and Canada-produced marijuana and BC Bud, are available in the HIDTA. Cannabis concentrates such as hash or honey oil and wax, as well as THC-infused products (e.g., cookies, candies, beverages) are increasingly prevalent. Nearly all of the Oregon and Idaho law enforcement officers surveyed in 2016 reported a high level of marijuana available in the last year (98%); over three-quarters indicated that concentrates were highly available (82%) with over two-thirds (68%) noting a recent rise in prevalence.

The amount of marijuana available in the region has grown over the last decade due in part to the proliferation of DTO-operated indoor and outdoor cultivation operations but also to criminal exploitation of the Oregon Medical Marijuana Program (OMMP). Despite more product availability in the region, the volume of marijuana seized by HIDTA task forces dropped significantly from a high of over 19,600 pounds in 2011 to slightly over 8,200 pounds in 2015 (Figure 26). The volume of marijuana confiscated in 2015 more than doubled from the prior year due to two large seizures reported by HIDTA task forces in Idaho that made up over 50 percent of the total. The decline in seizures is largely connected to the dramatic drop in plants seized from outdoor Mexican national DTO cultivation sites in Oregon, changes in operational direction by law enforcement and prosecutors after legalization of recreational marijuana in 2015, as well as the abundance of marijuana produced at out-of-compliance medical grow sites in the state.

---

**Figure 26. Number and Quantity of Marijuana Seizures, Oregon-Idaho HIDTA Task Forces, 2008-2015**

The Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act, or Measure 91 (eff. 7/1/15) removed penalties for adults 21 and older who possess, use and grow a limited amount of marijuana and directed the Oregon Liquor Control Commission to establish a system of regulated and registered marijuana producers, wholesalers, processors, and retailers.
Surplus product diverted for profit from the OMMP has contributed to greater availability of high-quality marijuana in Oregon. Under the OMMP, each patient is allowed to possess 1.5 pounds of dried marijuana and up to six mature plants and 18 seedlings, the equivalent of 7.5 pounds or more than 3,000 joints\textsuperscript{146} per patient at any one time.\textsuperscript{146} Individuals registered as caregivers can cultivate marijuana for an unlimited number of OMMP patient cardholders. The total number of OMMP cardholders, including patients and caregivers, rose to over 113,000 in April 2016, over seven times the number of cardholders reported in April 2006 (15,894) (Figure 27; Appendix D).

With 6 mature plants and 18 immature plants per patient, caregivers can legally possess plants numbering in the thousands. This provides a legal loophole for large quantity caregivers to exploit the program by claiming they are growing for legitimate OMMP patients. In addition, the number of establishments set up to dispense medical marijuana -- commonly referred to as cannabis clubs, centers, and cafes -- has grown in Oregon since 2010.\textsuperscript{147} The establishments are, for the most part, storefront businesses that charge membership fees to customers and claim to dispense marijuana only to individuals with active OMPP cards. In 2013, the Oregon Legislature passed House Bill 3460 which authorized the legal registration of medical marijuana dispensaries in Oregon beginning March 1, 2014. As of May 12, 2016, 422 dispensary applications have been approved.\textsuperscript{148}

In November 2014, Oregon voters passed Measure 91 which allows the personal use and possession of recreational marijuana by adults 21 and older under state law. Beginning July 1, 2015, marijuana users can grow up to 4 plants and possess limited amounts of usable marijuana (8 oz), homemade marijuana products in solid form (16 oz) and liquid form (72 oz) per residence in Oregon. The passage of Senate Bill 460 in July 2015 allowed registered medical marijuana dispensaries the option to sell limited amounts of recreational marijuana products (dried leaves and bud, immature plants and seeds) to adults.

\textsuperscript{146} Based on the standard Drug Enforcement Administration (DEA) estimate that one marijuana plant typically produces one pound of processed marijuana. A typical marijuana cigarette, or “joint,” contains from .5 to 1 gram of marijuana.
ages 21 and older until December 31, 2016.\textsuperscript{kk,ll} In January 2016, a 25 percent tax was imposed on all recreational marijuana product sales until December 31, 2016.\textsuperscript{mm} As of May 12, 2016, over 80 percent of medical marijuana dispensaries (340) have registered to sell recreational marijuana in Oregon.\textsuperscript{149}

The law’s impact in Oregon is yet to be determined, but trends reported in Colorado and Washington – two states that have legalized marijuana for recreational use – may be indicative of what to expect: increased use -- particularly by youth; increased exposure cases; increased public use; greater incidence of intoxicated driving; greater prevalence of THC extraction labs and related explosions; exploitation of the law as a cover for illicit grow operations; and a higher degree of drug trafficking in and out of the state.\textsuperscript{150}

\textbf{Use}

According to the National Institute on Drug Abuse, reported marijuana use by people 12 years and older has expanded in the United States since 2007.\textsuperscript{151} Nearly one-third of people who began using drugs in the last year, started with marijuana.\textsuperscript{152} Furthermore, marijuana use has been linked to a greater risk for developing an addiction to other serious drugs.\textsuperscript{153} Use of marijuana among Oregon residents remains high compared to most other states. The latest national survey results show that in 2013 and 2014, Oregon ranked seventh in the nation for marijuana use\textsuperscript{m} by people ages 12 and older.\textsuperscript{154} Marijuana use across all age groups in the state was consistently well above the national average in 2013-2014, but was significantly higher for people between the ages of 18 and 25 years (Figure 1, page 5). Although marijuana use in Idaho ranked lower than most other states in 2013-2014, use of the drug is prevalent in the state, with most users ranging in age from 18 and 25 years (Figure 2, page 5).\textsuperscript{155}

Admissions for treatment of marijuana use in Oregon reflect the third largest proportion (24%) of any major illicit drug\textsuperscript{oo} in 2015 (Figure 11, page 15).\textsuperscript{156} Treatment for marijuana use has generally increased in Idaho since 2010, accounting for the second highest number of admissions of any major illicit drug in 2013, the most recent information available (Figure 11, page 15).\textsuperscript{157}

Marijuana-related arrests have gradually declined in Oregon in the last five years, falling 70 percent between 2011 and 2015. The decline in arrests since 2011 is due in large part to prioritization of law enforcement resources to focus on critical or emerging drug threats, such as methamphetamine and heroin, and, more recently, a reflection of fewer arrests for marijuana possession as a result of legalized recreational marijuana (Figure 12, page 16).\textsuperscript{158} In contrast, marijuana arrests in Idaho reflected over 70 percent of all drug-related arrests\textsuperscript{pp} in 2014 and have gradually increased since 2009 (Figure 12, page 16).\textsuperscript{159}

Statistics related to drug-impaired driving in Oregon and Idaho were recently evaluated. Data provided by the Oregon State Police Drug Evaluation Classification Program (DEC) revealed that in the last eight years (2008-2015), the single drug category most often detected through toxicology results was

\textsuperscript{kk} The Oregon Liquor Control Commission (OLCC) has been appointed as the regulatory authority for the licensing of recreational marijuana retail outlets, growers, wholesalers and processors. OLCC began taking applications on January 4, 2016 and plans to implement licensing by the end of 2016.

\textsuperscript{ll} Limited amounts are defined as 1/4 ounce per day to the same individual and up to 4 immature plants to the same individual until December 31, 2016.

\textsuperscript{mm} OMMP cardholders and their primary caregivers do not pay tax on medical marijuana sold by dispensaries.

\textsuperscript{m} Based on participants’ self-report of marijuana use in past month.

\textsuperscript{oo} Categorized as meth/amphetamines, marijuana, heroin, cocaine.

\textsuperscript{pp} Includes arrests for cocaine, marijuana, heroin and methamphetamine.
marijuana (Figure 28.).93 The frequency of all drugs detected increased 27 percent overall between 2010 and 2015. The drop in 2014 may have been due to staffing issues—a reduction in officers available to evaluate cases of drugged driving resulted in fewer opportunities to identify incidence.160 However, the rise in 2015 may be related to a greater number of staff assigned to evaluate cases, but also to greater prevalence of illicit drug use by drivers. The latest results from the National Roadside Survey support a rise in the rate of drugged driving involving illicit drugs: the largest increase in positive tests from 2007 to 2013–2014 was associated with THC (48%).161 In contrast, evaluations reported in Idaho revealed that the largest percentage of drugs detected by drug-impaired drivers in 2015 were the categories of depressants (29%) and stimulants (29%) followed by cannabis (21%), and narcotic analgesics (19%).162 Cannabis potency, primarily due to the development and implementation of more sophisticated growing techniques, has increased in the last decade. The average percentage of THC in DEA seized samples (includes cannabis, hashish, and hash oil specimens) has grown dramatically in the United States, increasing 75 percent from 2003 (7.15%) to 2013 (12.55%), the latest information available.163 Higher potency has been linked to serious health risks to users, such as acute toxicity and mental impairment.164

In addition, past studies have linked marijuana use, especially if started at an early age, to disorders such as schizophrenia and to motivation, attention, learning, and memory impairments.165 For example, a 2013 study found that chronic use of marijuana was associated with abnormal changes in brain structure related to working memory88 with effects that may last years after cessation of use.166 Casual use may also be detrimental to brain development. According to a preliminary 2014 study published in the Journal of Neuroscience, young adults between the ages of 18 and 25 years who used marijuana just once or twice a week showed significant abnormalities in brain regions responsible for processing emotions, making decisions, and motivation.167

---

93 Excludes alcohol-related cases and drivers impaired solely from health-related problems.
88 Based on weekend nighttime prevalence tested through oral fluid and/or blood test methods.
88 Working memory is the ability to remember and process information in the moment and transfer the information to long-term memory.
Production

The majority of marijuana available in the Oregon-Idaho HIDTA is produced locally -- grown and transported from indoor or outdoor cultivation operations in the region (Figure 29). Product transported from other states, Mexico, and Canada, is available, but on a much smaller scale. The region’s temperate climate, excellent soil, and extensive remote rural and forested areas are valuable natural resources which are exploited for growing marijuana outdoors. Outdoor marijuana cultivation operations on public, private timber, and tribal lands with a documented connection to Mexican national DTOs have been discovered in counties in Oregon and Idaho since 2004. In addition, the HIDTA harbors a significant number of indoor grow sites. These operations, some of which utilize hydroponic methods and strict environmental controls, are capable of producing high-potency marijuana that is in demand and distributed locally, nationally, and internationally. Most illicit indoor marijuana cultivation in the HIDTA is independently operated by local Caucasian producers (including producers who criminally exploit the OMMP) and Asian criminal groups to a lesser degree.

An emerging trend is the illicit production and distribution of liquid THC, a highly potent distillation of marijuana that produces concentrates such as hash oil, honey oil, and marijuana wax which can contain up to 90 percent THC. Liquid THC is odorless and is commonly sold in marijuana food items such as candy or baked goods. Production of liquid THC is expected to rise due to a process that involves little waste (stems, leaves and bud are used), concealment advantages of moving a smaller bulk commodity, and a growing market for marijuana edibles and product that has strong psychoactive effects.
Indoor marijuana grow operations pose a significant health risk to law enforcement investigators and civilians who come into contact with electrical power diversion, chemicals and fertilizers, and black mold at residences used as grow sites. Public safety hazards also exist when marijuana is converted into liquid THC. Highly volatile solvents such as isopropyl alcohol and butane are often used in extraction, a dangerous process that releases harmful vapors and an explosive fuel-air mixture that can be initiated by an open flame, spark or static discharge. At least 14 major explosions related to the production of butane hash oil have occurred in Oregon since 2011, mostly in the HIDTA. During 2013, Oregon-Idaho HIDTA’s WIN team responded to three separate explosions caused by people manufacturing butane hash/honey oil in residences in Washington County. In each case, the primary suspects were either critically injured or killed and the homes and apartment involved were completely destroyed from the force of the explosions and ensuing fire. In July 2014, an explosion caused by a man extracting butane hash oil in his vehicle, parked at a Tigard, Oregon parking lot, destroyed two cars and damaged three others. Another explosion occurred in Tigard later in the year after two men tried to manufacture hash oil in a gas station bathroom.

The number of marijuana plants confiscated from indoor and outdoor cultivation sites has gradually declined in the HIDTA since 2009 with plant totals at historic lows (Figure 30). Total plants eradicated within the HIDTA dropped nearly 80 percent between 2014 (14,685) and 2015 (3,201) (Appendix E). Outdoor plant eradication totals fell to a low of 919 in 2015. In addition, the volume of plants confiscated from indoor operations in the HIDTA has dropped since 2009; seizures fell 85 percent between 2009 (15,407) and 2015 (2,282). The decline in total plant volume is likely the result of a number of factors, including removal of key Mexican national DTO organizations through successful federal prosecutions, possible movement of DTOs to areas with minimal law enforcement presence, limited law enforcement budgets devoted to detecting grow sites, and shifting law enforcement priorities. However, the rising popularity of medical marijuana and the difficulties inherent in investigating and prosecuting out-of-compliance medical marijuana grow sites in Oregon may also partly explain the drop in plant totals. To illustrate, the total number of out-of-compliance plants confiscated from indoor cultivation sites in Oregon reflected 82
percent of indoor plants eradicated in 2015; greater than the proportion reported for 2008 (7%), 2010 (26%), 2012 (30%), and 2014 (70%).

The attraction of growing marijuana for profit is evident when production costs and potential earnings are compared. According to a 2010 study by the RAND Drug Policy Research Center, production costs ranged from $150 a pound for marijuana grown outdoors to $300 a pound for indoor plants – a substantial return when compared to street prices which are about a factor of ten higher than estimated production costs per pound.176

**Transportation**

The majority of marijuana is grown locally and shipped for distribution largely through the highway system, or by methods such as parcel post, within the HIDTA or transported across state borders to adjacent states. Analysis of marijuana seized through highway interdictions between 2010 and 2015 suggests that local product has far-reaching distribution. For example, marijuana originating in Oregon but seized on highways in other states was primarily destined for distribution points in the Midwest, South, and Northeast, such as Wisconsin, Minnesota, Florida, Tennessee, Pennsylvania, and New York (Figure 31). Oregon counties most identified as points of origin for marijuana trafficked to other states were Jackson, Josephine, Lane, and Multnomah.177 Fewer marijuana seizures originated in Idaho during the same time period; however, product cultivated locally was connected mainly to destinations in the West, such as Oregon, Nevada, South Dakota, and Washington.178

![Figure 31. Cannabis Originating in Oregon and Seized through Domestic Highway Enforcement](image)

*Map displays cannabis seizures where, based on subject admission, Oregon was reported as a point of origin for the contraband. Number and quantity of cannabis seizures reflect subject admission of the final destination for the contraband. 1Includes marijuana, hashish, marijuana concentrates, and marijuana edibles.

Source: State Nexus Report, EPIC, interdictions and investigations related to cannabis seizures, extracted April 2016.
Caucasian DTOs, and Asian organized crime to a smaller extent, generally control transportation of locally-produced indoor marijuana in the Oregon-Idaho HIDTA. Caucasian DTOs and independent groups control out-of-compliance medical marijuana grown indoors and outdoors in the HIDTA. Mexican criminal groups largely control transportation of outdoor marijuana produced on remote public or private lands in Oregon and Idaho. Traffickers use a variety of routes and methods to transport marijuana into, through and out of the HIDTA. BC Bud normally originates in British Columbia and is smuggled across the U.S.-Canada border via Canada Route 99–U.S. Interstate 5 in private vehicles, commercial trucks, buses, boats, aircraft, or on foot - often hidden in backpacks or duffel bags. Marijuana imported from Mexico is transported from southwestern states and southern California to the HIDTA primarily by means of Interstate 5 or U.S. Coastal Highway 101 mainly in private and commercial vehicles.

**Distribution**

Caucasian local independent dealers are the primary distributors of wholesale amounts of indoor marijuana produced in the HIDTA while Mexican national DTOs are the primary distributors of marijuana cultivated from outdoor grow sites in the region and Mexico-produced marijuana. Asian and Caucasian DTOs are the primary wholesale distributors of marijuana produced in Canada. Nearly all criminal groups in the HIDTA sell marijuana at the retail level.

Marijuana prices vary throughout the HIDTA depending on type and quantity sold. Locally-grown marijuana with higher THC concentration is considerably more expensive than Mexico-produced marijuana. Users report locally-grown marijuana and BC Bud are comparable in quality and potency and are preferred over marijuana grown in Mexico. Drug trafficking organizations, particularly Mexican national criminal groups, frequently use profits from marijuana sales as a means to finance smuggling of other drugs such as methamphetamine, heroin, and cocaine.

**5. Cocaine**

Cocaine is an addictive stimulant derived from coca leaves that is typically distributed as a crystalline powder or a cocaine base ("crack"). Both varieties are abused in the Oregon-Idaho HIDTA; however, cocaine powder is more widely available than crack. Crack cocaine is most prevalent in the Portland Metropolitan area.

**Availability and Use**

**Availability**

Federal analysis indicates availability of cocaine in most U.S. markets has dropped since 2006. The decline is largely attributed to reduced or continued low levels of coca bush cultivation in countries such as Colombia and Peru, disruptions in supply related to conflicts between transnational criminal groups, changing patterns of abuse, and increased law enforcement efforts targeting DTOs. In a recent survey of Oregon law enforcement officers, a little over half (57%) indicated a rare to low level of powder cocaine in their area in 2015; high availability was reported mostly in the state’s Portland Metropolitan area and Southern counties, such as Lane and Jackson. In contrast, only two agency representatives -- both in Multnomah County -- reported either “moderate” or “high” levels of crack cocaine available in
their area in 2015. Officers recently surveyed in Idaho reported that both powder and crack cocaine are available only in rare instances in the state.

The volume of cocaine confiscated by HIDTA task forces has fluctuated since 2007, recently increasing in 2014 and 2015 due to several large seizures (Figure 32). Cocaine samples submitted to the Oregon State Police support a decline in availability in Oregon; samples analyzed fell 57 percent between 2009 and 2015 (Figure 9, page 15). In Idaho, despite an increase from 2014 to 2015, cocaine samples submitted for analysis are the lowest of any major drug category (Figure 10, page 15).

Highway seizures also show a decline in Oregon; the number of cocaine-related highway interdictions in the state fell nearly 70 percent from 2008 (191 lbs) to 2015 (61 lbs). The volume of cocaine seized on Idaho highways is generally low; however, in March 2013, 26 pounds were confiscated from a U-Haul truck headed eastbound on Highway 20 destined for Minnesota.

**Use**

Although addiction levels remain low in most of the HIDTA, reporting suggests cocaine use is still relatively high in Oregon’s Portland Metropolitan region, as well as in Lane and Jackson counties. Treatment admissions for cocaine reflect the smallest percentage (1%) of total substance abuse admissions for major illicit drug categories in both Oregon and Idaho (Figure 11, page 15). Fatalities from cocaine use remain lower than other major illicit drugs in Oregon; however, related deaths more than doubled in the state from a low of 12 in 2013 to 33 reported in 2015 (Figure 3, page 6). In Idaho, the number of deaths reported to be associated with cocaine use remains extremely low, with only 3 deaths recorded between 2009 and 2013, the most recent data available (Figure 4, page 7).

In addition, cocaine-related arrests in Oregon remain low compared to other major illicit drugs, declining nearly 70 percent between 2007 and 2015 (Figure 12, page 16). Similarly, cocaine arrests in Idaho remain low, dropping nearly 40 percent between 2007 and 2014.

---

*Footnote:* Four seizures in 2014 totaling 225 pounds and three seizures totaling 173 pounds in 2015 comprised over 70 percent of the calendar year totals. Seizures were located in the Portland Metro region.
Transportation

Mexican national DTOs dominate the transportation of powder cocaine into and through the HIDTA. Caucasian DTOs and criminal street gangs also transport cocaine in the region, but to a smaller extent. These groups transport the drug from Mexico, California, and southwestern states to and through the HIDTA. Most cocaine available in the area is transported overland from Mexico, California, and southwestern states by private and commercial vehicles via Interstates 5 and 84 and U.S. Highways 20, 97, and 101. DTOs also transport cocaine through maritime shipments and commercial package delivery services, as well as through use of couriers on commercial airlines and trains. Crack cocaine that is not converted from powder cocaine at or near distribution points in the HIDTA is often transported from California.

According to federal sources, a nexus exists between cocaine transiting the United States into Canada and marijuana and MDMA smuggled to the United States from Canada. Asian criminal groups based in British Columbia use trafficking networks to transport MDMA and high-potency marijuana across the Northern border to cocaine distributors in the United States. Cocaine is exchanged for MDMA and/or marijuana; at which point cocaine is transported to Canada and MDMA and marijuana are further distributed to regions in the United States.192

Distribution

Primary distributors at the retail level include Mexican national DTOs, Caucasian DTOs, Hispanic and Caucasian local independent dealers, and criminal street gangs. Although crack cocaine is rarely sold at the wholesale level in the Oregon-Idaho HIDTA, the drug is commonly distributed at the retail level by criminal street gangs and Hispanic, Caucasian, and African-American dealers.

6. Other Dangerous Drugs

A number of other drugs, including designer drugs and plant-based hallucinogens, are available in the Oregon-Idaho HIDTA. "Designer drugs” belong to a group of clandestinely produced drugs which are deliberately created, or “designed,” to mimic other drugs of abuse, but with a slightly modified chemical structure. Designer drugs available and used in the HIDTA include MDMA (3,4-methylenedioxymethamphetamine), and to a lesser extent, synthetic cannabinoids, bath salts, DMT (Dimethyltryptamine), and LSD (lysergic acid diethylamide). Psilocybin (hallucinogenic mushrooms) is also available and is generally used by teenagers and young adults at social gatherings in urban areas and on college campuses. Other dangerous drugs are obtained from a variety of sources, including local production, retail outlets, the internet, and through cross border trafficking of finished product.

Availability and Use

MDMA is a Schedule I drug under the Controlled Substance Act and is commonly distributed in powder form or pressed into pills and sold as “Ecstasy.” The drug is popular among teenagers and young adults who frequent social venues such as raves, bars, nightclubs, and private parties. “Molly,” a street name commonly used to refer to the powder or crystal form of MDMA, is popular in some areas of the HIDTA.193 The appeal of Molly may be due to the perception by users that MDMA in powder form is purer than Ecstasy, which has the reputation for being adulterated with other substances such as
methamphetamine and caffeine. Additionally, greater use of the drug may be due to higher availability of MDMA powder because it is easier to smuggle than Ecstasy pills.

The rise in availability and use of synthetic cannabinoids and synthetic stimulants is a growing problem in the United States and appears to be gaining popularity in the HIDTA. The number of calls to poison control centers about exposures to synthetic cannabinoids increased 160 percent in the United States from 2013 (2,668) to 2015 (6,949). Law enforcement reporting in Oregon and Idaho suggest a moderate level of synthetic drugs available throughout most of the HIDTA – high availability was reported in Marion and Multnomah counties in 2015. Officers surveyed from several counties in Oregon, namely Multnomah, Clackamas, Lane, and Umatilla, reported that synthetic drug availability has risen in the last several years, with increased use by young adults. Chemical compositions of synthetics are frequently modified by manufacturers as a way to circumvent government bans on key ingredients. The continually changing mix of chemicals used in manufacturing processes, along with a lack of quality controls and consistent dosage, leads to physical and psychological effects that are highly unpredictable and dangerous.

Synthetic cannabinoids, commonly referred to as “Spice,” are a large family of compounds that mimic THC, the psychoactive ingredient in marijuana. Synthetic chemicals are applied to inert plant material (e.g., dried herbs), labeled “not for human consumption,” and marketed to adolescents and youth under various labels (e.g., K2, Aroma) on the internet and in convenience stores, gas stations and “head shops.” Users have reported experiencing paranoid delusions, psychosis, and loss of consciousness. In 2012, synthetic marijuana was linked to six cases of sudden kidney failure in Oregon and Southwest Washington. Even a single dose can be extremely hazardous due to the unsystematic way in which producers spray chemicals on the plant material – material that is sprayed unevenly will create “hot spots” where the chemical concentration is dangerously high. Between 2011 and 2014, Oregon-Idaho HIDTA task forces seized 213 pounds of synthetic cannabinoids, largely in the Portland Metropolitan area and to a smaller extent in Douglas and Jackson counties. No synthetic cannabinoids were seized by HIDTA task forces in 2015.

Synthetic cathinones, such as bath salts, are stimulants that have recently emerged as designer drugs in the United States. The drugs are packaged as legitimate beauty and household products (labeled “not for human consumption”) such as bath salts, plant food/fertilizer, and vacuum fresheners and are available at head shops, independently owned gas stations and convenience stores, and on the internet. Users ingest, inject, snort, or smoke synthetic cathinones to produce effects which mimic amphetamine use but that are not detectable on routine drug tests. Use of bath salts is reportedly highly dangerous with associated symptoms of extreme agitation and paranoia, delusions, and

---

In August 2015, police arrested a young woman in Nampa, Idaho for attempting to give her 4-year old daughter to a stranger and then submerging her son up to his neck in water after jumping into an irrigation ditch. According to police, the woman had injected a combination of bath salts and hydromorphone, a prescription pain reliever, the previous evening. Her actions were reportedly based on a drug-induced delusion that caused her to hear voices telling her that her children were possessed.


---

Data for 2015 reflected a partial calendar year (January – October).

On January 4, 2013, the Synthetic Drug Abuse Prevention Act of 2012 went into effect permanently placing 26 types of synthetic cannabinoids and cathinones into Schedule I of the Controlled Substances Act. In January 2015, the DEA added three new forms of synthetic cannabinoids to its list of banned substances.

A store specializing in paraphernalia used for consumption of recreational drugs.

MDPV (3,4-methylenedioxypyrovalerone), methedrone, methcathinone.
suicidal thoughts. Over 530,000 dosage units of synthetic stimulants in the form of bath salts were reported by HIDTA task forces from 2011 through 2015, mainly in the Portland Metropolitan area.

The hallucinogen, N,N-Dimethyltryptamine (DMT), is also available and is mainly used by young adults in the HIDTA. DMT is found in certain plants and can be extracted or synthetically produced in clandestine labs from substances easily purchased on the internet. Effects of the drug are similar to other hallucinogens but are short-lived, lasting about 35-45 minutes. Between 2010 and 2014, Oregon-Idaho HIDTA task forces seized more than 80,000 dosage units of DMT, mostly from the Portland Metropolitan area. No DMT was seized by HIDTA task forces in 2015.

Psilocybin, the psychoactive compound found in certain mushrooms, is another drug that is available and used in the HIDTA. Psilocybin mushrooms grow wild in Oregon and Idaho and are also cultivated indoors for illicit use. The mushrooms are often covered with chocolate to mask their bitter flavor and to disguise the illicit product as candy. High school and college students are the most common users of the drug, with use normally occurring at raves and social venues. Nearly 150 pounds of psilocybin were seized by HIDTA task forces between 2009 and 2015, largely in Southern Oregon (Lane, Douglas, and Jackson counties), Deschutes County and the Portland Metropolitan area.

Production

Law enforcement reporting indicates that MDMA is rarely manufactured in the Oregon-Idaho HIDTA but is commonly imported from Canada and Europe. Clandestine MDMA laboratories have been found in other states such as California and may indicate a trend toward producing the drug locally. Several MDMA labs were recently discovered in Oregon, 1 in Deschutes County in 2013, 1 in Lincoln County in 2014, and 1 each in Klamath and Multnomah counties in 2015. To date, no MDMA labs have been seized in Idaho.

HIDTA task force reporting suggests that the level of DMT production has recently increased in the region. DMT is found in a variety of plants, in some amphibians, and can be produced synthetically in clandestine labs. The root bark, Mimosa tenuiflora (hostilis), is a major source of DMT and is widely available on the internet. A total of 10 DMT labs were discovered and reported between 2012 and 2015 in Oregon in the following counties, Columbia (1), Douglas (1), Jackson (1), Josephine (1), Klamath (1), Lane (2), Lincoln (1), Marion (1), and Washington (1). No DMT labs were reported seized in Idaho during this period (Appendix F).

Psilocybin grows wild in cow pastures in the HIDTA, but can also be cultivated indoors. These indoor psilocybin grow sites are typically located in the HIDTA’s southern region, primarily in Oregon’s Lane and Jackson counties.

Transportation

DMT and MDMA not produced in Oregon is manufactured in other states or countries and transported into the HIDTA. Although MDMA labs were discovered in Oregon recently, the vast majority of the drug originates in Canada. According to law enforcement reporting, most production and cross-border
trafficking of MDMA occurs in British Columbia and is largely controlled by Asian DTOs. These groups acquire the precursor chemicals from China, including MDP2P (3,4 methylene-dioxyphenyl-2-propanone), the main ingredient needed to produce MDMA. Seizures at the Canadian border have declined from peaks reported in 2008 and 2009; however, smuggling remains a threat. MDMA transported across the international border from British Columbia primarily travels south through Washington and Oregon to California to distribution hubs in Los Angeles and Sacramento. Further distribution occurs locally and to other hubs throughout the United States. The drugs are commonly transported into the United States through private vehicles and parcel delivery services, although commercial vehicles, private planes, and courier via commercial airlines are also used as smuggling methods.

Synthetic cannabinoids and cathinones are generally manufactured in other countries, such as China and Peru, and are commonly available on the internet, at head shops, or independently-owned convenience stores. For example, in December 2014, a man responsible for running an international drug trafficking and money laundering operation that sold $5 million worth of designer drugs out of the Portland/Vancouver area was sentenced to eight years in prison. The operation involved use of the Internet to market and sell drugs purchased through a shipper in Peru. Over 500 pounds of synthetic drug products were seized as well as hundreds of pounds of dried plant materials making the operation one of the largest identified on the West Coast.

LSD is generally manufactured in other states and transported into the HIDTA, while psilocybin mushrooms cultivated in the HIDTA are either consumed locally or shipped nationally.

**Distribution**

Distributors of designer drugs in the HIDTA use established associations centered on social venues, such as raves, restaurants, nightclubs, or private parties to sell drugs at the retail level as well as through connections made online and through social networking sites. Tightly-knit distribution groups and independent dealers distribute most of the psilocybin in the HIDTA.

**VI. ILICIT FINANCE**

Legitimization of illegally obtained money, or “money laundering,” allows criminals to transform illicit gain into seemingly lawful funds or assets. All drug trafficking organizations in the Oregon-Idaho HIDTA engage in money laundering based upon the size and scope of the organization. As in other regions, investigators find that local DTOs launder money and utilize the proceeds to acquire goods and property.

According to the Office of National Drug Control Policy, an estimated $65 billion dollars is spent annually in the United States on illegal drugs while only about $1 billion is seized per year by all federal agencies combined. Federal authorities estimate that only about five cents of every $100 that is smuggled across the Southwest Border is intercepted. Since 2001, Mexican national DTOs, and to a smaller degree Canadian-based DTOs, have adapted to enhanced anti-money laundering policies and procedures at U.S. financial institutions by making bulk cash smuggling the primary method by which drug proceeds are moved. DTOs also use structured money transfers through money remitter services or banks to launder drug proceeds and transfer profits outside of the country. New financial products and
technology, such as stored value cards and e-currency, also provide opportunities for DTOs to facilitate cross-border movement of illicit drug proceeds.

HIDTA initiatives have active investigations into money laundering activities. For example, in 2013, HIT officers conducted a controlled delivery to a Portland residence after the team’s narcotics K-9 alerted to the package at a commercial distribution center. HIT members were given consent to search the suspect’s parcel, residence and cell phone. Results from additional search warrants and follow-up investigations led to seizure of $187,950 in U.S. currency, 19 pounds of marijuana, four firearms, eight gold coins, a silver bar, and a 2011 Toyota Tundra.

The most commonly identified money laundering methods reported by Oregon and Idaho law enforcement officers surveyed in 2016 were bulk cash movement, followed by money services businesses, bank structuring, prepaid cards, electronic commerce, cash-intensive businesses or front companies, real estate, casinos, trade-based, and informal value transfer systems. Officers surveyed indicated involvement of Mexican, Caucasian and Asian DTOs in nearly all types of money laundering activities, particularly bulk cash movement, money service businesses, bank structuring, prepaid cards, and cash-intensive businesses.  

Banks and other depository institutions remain the primary gateway to the U.S. financial system where illegal proceeds can be moved instantly by wire or commingled with legitimate funds. For example, the most common filing of suspicious activity for both Oregon and Idaho in 2015 was the category of “Structuring/Money Laundering” (Figure 33). Other filings were related to user-defined “other suspicious activities,” fraud, and identification documentation (e.g., social security number fraud). Smuggling bulk cash out of the United States is a well-established scheme by which traffickers bypass

Figure 33. Characterizations of Suspicious Activity, Oregon and Idaho, 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Oregon</th>
<th>Idaho</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structuring/Money Laundering</td>
<td>3,341</td>
<td>630</td>
</tr>
<tr>
<td>Other Suspicious Activities</td>
<td>1,875</td>
<td>1,823</td>
</tr>
<tr>
<td>Fraud</td>
<td>16,826</td>
<td>5,064</td>
</tr>
<tr>
<td>Identification Documentation</td>
<td>18,719</td>
<td>4,873</td>
</tr>
</tbody>
</table>

Note: The total for each category is a combined sum of filings from depository institutions, money services businesses, securities and futures firms, insurance companies, casinos, and other financial institutions. The category of Other Suspicious Activities is a free text option where users may describe additional activities. Source: FinCEN data request, June 2016.
financial transparency reporting requirements.\textsuperscript{37} Cash is the preferred payment method by criminal groups with large amounts easily concealed in vehicles, commercial shipments, express packages, and on private aircraft or boats.\textsuperscript{223} Within the HIDTA, Mexican national DTOs and criminal groups transport cash in bulk to southwestern states where funds are often aggregated and then smuggled to Mexico. Additionally, Asian DTOs and criminal groups use bulk cash smuggling to move illicit drug proceeds from the region through transport in private vehicles via ports of entry (POEs) along the U.S.-Canada border.\textsuperscript{224} The number of cash seizures made by HIDTA task forces doubled between 2008 (203) and 2015 (539), with approximately $6.9 million in illicit proceeds confiscated in 2015 (Figure 34).

![Figure 34. Number and Quantity of Cash Seizures, Oregon-Idaho HIDTA Task Forces, 2008-2015](image)

A recent analysis of DHE currency interdictions in the Oregon-Idaho HIDTA revealed over 420 bulk cash seizures on Oregon highways between January 2008 and December 2015. Seizures during this time period totaled more than $6.6 million, the largest of which was a vehicle seized moving southbound on I-5 containing over $400,000 in 2009. Although the number of currency-related interdictions reported moving north (166) were slightly higher than the number reported moving south (135) between 2008 and 2015, the total value of currency seizures headed south ($3.7 million) was nearly twice the value of northbound seizures ($1.9 million) (Figure 6, page 10). Most of the currency seized moving north was reported to originate from California (88) and destined for Washington (40) or Oregon (30). A majority of currency seized southbound on Oregon highways was reported to originate in Oregon (51) or Washington (51) and destined primarily for California (64) (Figure 35, page 48).\textsuperscript{225} In Idaho, 102 cash related seizures were reported between 2012 and 2015 through the DHE program with a total value of $1.6 million.\textsuperscript{226}

Drug trafficking is unquestionably centered on monetary gain. And, with every investigation, task force investigators evaluate the potential for the seizure of assets obtained as a result of the drug trafficking enterprise. Drug proceeds reported by HIDTA task forces in 2015 totaled $98.8 million, over eight times the amount of proceeds seized in 2004 ($11.2 million). In 2015, HIDTA task forces seized over $18.8 million in drug-related assets, with $6.9 million seized in cash/currency and $11.9 million in other assets seized (e.g., vehicles, firearms).\textsuperscript{227}

\textsuperscript{37} Bank Secrecy Act filing requirements state that individuals who physically transport, ship, mail, or receive currency or monetary instruments in excess of $10,000 across U.S. borders must file FINCEN form 105, \textit{Report of International Transportation of Currency or Monetary Instruments (CMIR)}.\textsuperscript{38}
VII. OUTLOOK

Methamphetamine and heroin will remain the most serious drug threats in the Oregon-Idaho HIDTA due to sustained availability and the societal impact of abuse and associated criminal activity.

Crystal methamphetamine will continue to be imported across U.S. borders from large-scale laboratories in Mexico. Expanded methamphetamine production in Mexico, despite strict Government of Mexico chemical control laws, will continue to sustain the flow of crystal methamphetamine into the United States, including the Oregon-Idaho HIDTA. Greater availability of product at reduced prices will likely lead to higher levels of addiction in the region. Incidence of crystal methamphetamine transported in raw form, such as liquid or powder, will rise due to the advantages of easy concealment and fewer toxic by-products during production. Methamphetamine-related crimes such as identity theft, property and violent crimes will continue to follow the trend of abuse.

The abuse and trafficking of opiate drugs, namely heroin and prescription pain relievers, will continue to expand. Heroin trafficking and use will continue to rise as production in Mexico expands and as users of prescription opiates increasingly switch to heroin because it is less expensive, more available and provides a more intense high than diverted prescription opiates. The number of young users is expected to grow as abuse of prescription opioids continues to serve as a gateway to heroin use. Additionally, greater numbers of prescription opiate users who shift to using heroin will likely lead to a higher rate of intravenous drug use and potential for the spread of infectious disease. The wider use of naloxone will reduce the number of heroin overdose deaths and is not expected to increase the incidence of heroin use.
Mexican national DTOs operating in the state will continue to control the transportation and distribution of heroin to and through the HIDTA.

Prescription drug abuse and trafficking will continue to remain at high levels provided that these drugs remain widely available, easily accessible and are perceived as safe, “legal” alternatives to illicit drugs. In addition, as a greater number of opioid users switch between prescription pain relievers and heroin, more heroin and polydrug distributors will likely add diverted pharmaceuticals to their drug supplies to exploit an expanding customer market. The proliferation of rogue pharmacies that dispense controlled drugs without a prescription and do not comply with pharmacy laws and standards will remain a public health and safety concern.

Marijuana abuse will rise, particularly by young adults, as the drug becomes more available and as it is increasingly perceived as legitimate and safe to use. Exploitation of current medical and recreational marijuana laws in Oregon will continue to encourage larger illicit indoor marijuana grow operations, impede law enforcement efforts to investigate out-of-compliance marijuana operations, and contribute to the volume of illegal marijuana trafficking through and out of Oregon. Production of THC concentrates - and the incidence of butane hash oil lab explosions -- is expected to rise as the market expands for marijuana edibles and demand increases for product that has a strong psychoactive effect. Additionally, elevated levels of THC in marijuana and marijuana concentrates will pose serious health consequences to users. Larger-scale outdoor production of marijuana will continue to be controlled by Mexican national DTOs. Law enforcement and prosecution efforts in HIDTA counties will likely drive DTO operations to areas with less law enforcement presence and minimal risk of detection.

Use and trafficking of cocaine in the HIDTA will remain at low levels as production levels diminish in source countries such as Colombia.

The demand for synthetic drugs is expected to rise due to the abundance of related chemicals, drugs and products. Transportation of MDMA from Canada will continue to be controlled by Asian criminal groups due to sustained access to precursor chemicals from China. As synthetic drugs such as synthetic cannabinoids and cathinones become more regulated, producers will alter the chemical composition to create new “licit” versions of the drugs. In addition, users will likely use the internet with greater frequency to purchase raw chemicals and products that contain unregulated ingredients.

Mexican national DTOs operating in the HIDTA will continue to control the transportation and distribution of methamphetamine, heroin, cocaine, Mexico-produced marijuana, and marijuana cultivated from larger-scale outdoor grows in the region. Caucasian DTOs and independent groups will continue to control transportation and distribution of locally-produced indoor and smaller-scale outdoor marijuana.

Bulk cash smuggling and money service businesses will remain the primary methods of transferring drug revenues into, through, and out of the Oregon-Idaho HIDTA. Interdiction efforts by law enforcement officers will continue to impede the flow of drug proceeds through the region, impacting crime groups that rely on these funds to operate.
VIII. METHODOLOGY

The Oregon-Idaho HIDTA threat assessment was developed through consideration of information from a variety of sources. Quantitative data was collected and reviewed from a variety of measures such as drug seizures and arrests, census, forensic lab testing, drug-related deaths, hospitalization rates, substance abuse admissions to treatment facilities, and drug-impaired driving. National surveys, Oregon and Idaho law enforcement surveys and interviews, and Oregon and Idaho drug task force reporting were also considered when evaluating trends in use, production and cultivation levels, and the presence and level of involvement of organized criminal groups in trafficking, distribution, and related criminal activity.
COUNTER-DRUG STRATEGY

IX. INTRODUCTION

The Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) Counter-Drug Strategy is the Executive Board’s plan to reduce the identified drug threat in the Oregon and Idaho HIDTA areas. The Counter Drug Strategy is linked to the drug threat and initiatives through a clear delineation of the relationship between the problems posed by the threat, the actions to be taken by the participating agencies and the anticipated impact on the region. Oregon HIDTA funds will be expended in a manner to maximize the leveraging of Federal, state, local and tribal agency contributions that are committed to the HIDTA mission.

The Oregon-Idaho HIDTA Counter-Drug Strategy describes how the Executive Board maintains oversight and direction of the HIDTA, the HIDTA intelligence subsystem, and the plan for area law enforcement agencies to coordinate and combine drug-control efforts. The strategy embodies the spirit of the HIDTA program, clearly demonstrating how Federal, state, local and tribal agencies have combined drug control efforts to reduce drug trafficking, eliminate unnecessary duplication of effort, maximize resources, and improve intelligence and information sharing. The Oregon-Idaho HIDTA Counter Drug Strategy identifies its expected overall accomplishments in the region to support the design of the strategy and to provide the ability to measure the strategy’s success at the end of the year. The Oregon-Idaho HIDTA Counter-Drug Strategy also contains the anticipated developmental standards attainment and addresses the performance targets set by the Performance Management Process (PMP).

The collocated and commingled drug and gang task forces and initiatives are built to implement the Oregon HIDTA Counter-Drug Strategy and are comprised of full-time, multi-agency participants. If the HIDTA incorporates an existing task force, intelligence or support operation, or other program into the HIDTA’s Counter-Drug Strategy, then the value added by such a group to the HIDTA is evident. Additionally, if the existing group is an investigative support element then the amount of HIDTA funds allocated by the Executive Board must be determined based on specific measurable support provided to the HIDTA.

HIDTAs nationally have adopted two specific goals to be achieved in meeting the drug challenge. The Oregon-Idaho HIDTA Counter-Drug Strategy is developed to meet local drug threats according to designated area’s individual needs, in conjunction with the national goals:

**GOAL 1:** Disrupt the market for illegal drugs by dismantling or disrupting drug trafficking and/or money laundering organizations; and

**GOAL 2:** Improve the efficiency and effectiveness of HIDTA initiatives.

The Oregon HIDTA Counter-Drug Strategy contains the performance targets that should be realized after the strategy is implemented. The HIDTA goals represent clear targets for the Oregon-Idaho HIDTA initiatives. They also provide the foundation upon which performance planning and outcome measurements are based. As the Oregon-Idaho HIDTA initiatives develop budget submissions, each initiative must present programmatic and fiscal requests that are based on the Oregon HIDTA Threat.

---

**zz** In September 2014 the Office of National Drug Control Policy (ONDCP) designated Malheur County, Oregon as well as Ada County and Canyon County, Idaho as HIDTA designated areas within the Oregon HIDTA region.
Assessment; must articulate how the initiative’s funding request directly addresses the threat; set realistic performance measures, and each initiative must eventually provide specific information on how the funding has allowed the Oregon-Idaho HIDTA to meet its desired outcomes. The Oregon-Idaho HIDTA initiatives are developed within clear national guidelines governing all HIDTA activities and expenditures.

The Oregon-Idaho HIDTA, which consists of ten designated counties and the Warm Springs Indian Reservation in Oregon and two designated counties in Idaho, is governed by an Executive Board comprised of 16 voting members and four ex-officio non-voting members who represent the participating agencies. The Oregon-Idaho HIDTA Executive Board, through subcommittees as needed, oversees and coordinates the integration and synchronization of efforts to reduce drug trafficking, eliminates unnecessary duplication of equipment or effort, and systematically improves the sharing of drug intelligence and targeting information. The Executive Board reviews all initiative requests for approval and submission to the Office of National Drug Control Policy (ONDCP). The Oregon-Idaho HIDTA Management and Coordination initiative and the Oregon-Idaho HIDTA Director support the Executive Board and provide guidance to Oregon-Idaho HIDTA initiatives.

During 2017 the Oregon-Idaho HIDTA Management and Administration initiative will conduct on-site fiscal and programmatic reviews of each initiative to evaluate their effectiveness and progress. These review findings will be reported, in written form, and discussed formally with the Executive Board during scheduled meetings throughout the year.

The Executive Board is involved in all aspects of the intelligence, enforcement, prosecution and support activities. The Executive Board provides a forum to share important trends in drug trafficking, gathers information on which drugs are being distributed throughout the region, and supports the identification, investigation and disruption and dismantlement of drug trafficking organizations (DTO) by Oregon-Idaho HIDTA funded enforcement initiatives. The Executive Board also addresses important administrative issues in its oversight capacity. The Executive Board has established a Finance Subcommittee that supports the Oregon-Idaho HIDTA initiatives and its participating agencies on a wide variety of program and budget issues, computer technology and other matters. The success of the Oregon-Idaho HIDTA Program is measured by results, and each Oregon-Idaho HIDTA initiative is fully accountable for its success or failure in meeting its objectives.

X. MISSION AND VISION STATEMENTS

The overall HIDTA Mission is embodied by the National HIDTA Mission Statement:

**NATIONAL HIDTA MISSION**

The mission of the HIDTA is to disrupt the market for illegal drugs in the United States by assisting Federal, state, local and tribal law enforcement entities participating in the HIDTA program to dismantle and disrupt drug trafficking organizations, with particular emphasis on drug trafficking regions that have harmful effects on other parts of the United States.
Oregon-Idaho HIDTA Program

In conjunction with the national program mission and goals, the Oregon-Idaho HIDTA Program operates in accordance with the following mission:

**OREGON-IDAHO HIDTA MISSION**

The Oregon-Idaho HIDTA mission is to facilitate, support and enhance collaborative drug control efforts among law enforcement agencies and community-based organizations, thus significantly reducing the impact of illegal trafficking and use of drugs throughout Oregon and Idaho.

The Oregon-Idaho HIDTA Executive Board developed the following vision statement that clearly reflects what outcomes the Oregon-Idaho HIDTA strives to achieve:

**OREGON-IDAHO HIDTA VISION**

Collaborate with law enforcement and community-based organizations to provide a common voice and unified strategy to eliminate illicit drug trafficking and use in Oregon and Idaho.

The Oregon-Idaho HIDTA values represent the core priorities of the program and are incorporated in the decision making process and behavior of the Executive Board and the Oregon-Idaho HIDTA participants.

**OREGON-IDAHO HIDTA VALUES**

- Partnership
- Innovation
- Leadership
- Excellence

**XI. Concept of Strategy**

Oregon-Idaho HIDTA funds will be allocated to those initiatives that demonstrate that they are truly full-time, multi-agency, Federal, state, local and tribal partnerships successfully investigating and disrupting drug trafficking organizations that impact the drug threat in their regions, the state, and other parts of the United States. This does not preclude initiatives from doing local drug enforcement;
however, HIDTA funds will need to be primarily focused on this objective and the results of their efforts will be measured through the HIDTA Performance Management Program (PMP) database.

The Executive Board recognizes that the missions of Federal, state, local and tribal law enforcement agencies and personnel are different, and yet, need and compliment one another. Their areas of responsibility are different, but the citizens they serve are the same. The Oregon-Idaho HIDTA Executive Board will only approve focused initiatives that bring together Federal, state, local and tribal personnel in order to leverage their talents and expertise to effectively target and disrupt mid to upper level drug traffickers and DTOs in the state.

**Key Components of the Oregon-Idaho HIDTA Counter-drug Strategy**

The key components of the Oregon-Idaho HIDTA Counter-drug strategy which are being implemented in order to achieve the mission of the Oregon-Idaho HIDTA as well as the goals of the National Drug Control Strategy are:

1. Promote and facilitate the creation of, and support established, collocated and commingled interagency - Federal, state, local and tribal - intelligence-driven drug enforcement task forces whose missions are to eliminate domestic production, trafficking and use of methamphetamine, heroin, cocaine, marijuana and other dangerous drugs to include the abuse of prescription drugs.

2. Identify and target the most serious and prolific drug trafficking and money laundering organizations (DTOs & MLOs) operating in the Oregon-Idaho HIDTA region.

3. Conduct field operations and investigations, which disrupt and dismantle DTOs and MLOs through systematic and thorough investigations that lead to successful criminal prosecutions and forfeiture of illicit assets.

4. Foster, support, promote and facilitate the proactive sharing of criminal intelligence with law enforcement agencies along the I-5 corridor and nationwide, as appropriate, by providing an Investigative Support Center (ISC) Analytical Unit and Watch Center that:
   a. Serves as a “one-stop research shop” and “coordination umbrella” that provides accurate, detailed and timely tactical and strategic drug intelligence to HIDTA initiatives, HIDTA participating agencies, and other law enforcement agencies as appropriate both locally and nationally.
   b. Serves as a primary investigative resource for technical support and equipment, to include state-of-the-art Title III and Pen Register equipment, Global Positioning System (GPS) tracking equipment, crime analysis equipment, electronic surveillance equipment, undercover equipment, video enhancement services, and computer forensic services.

5. Provide quality training to law enforcement personnel to enhance their investigative, management and officer safety skills in order to successfully eliminate drug trafficking and use at all levels.

6. Promote the creation, and support of existing, community based drug prevention and recovery initiatives whose missions are to significantly reduce the impacts of illegal drug use in the Oregon-Idaho HIDTA region.
Methodology

The methodology used to prepare this Oregon-Idaho HIDTA Counter-Drug Strategy Report of Program Year (PY) 2016 was to evaluate the Oregon-Idaho HIDTA Threat Assessment Supplemental Report, the Oregon-Idaho HIDTA Initiative’s PMP statistical reports, and other classified and open source information collected during the previous year.

Oregon-Idaho HIDTA Organizational Composition

A. Oregon-Idaho HIDTA Organizational Chart

B. Oregon-Idaho HIDTA Executive Board Composition by Agency

The agency composition of the Oregon-Idaho HIDTA Executive Board is as follows:

1. Federal - Brian Widener, Assistant Special Agent in Charge Homeland Security Investigations (HSI)
2. Federal - Cam Strahm, Assistant Special Agent in Charge Drug Enforcement Administration (DEA)
3. Federal - Gregory Bretzing, Special Agent in Charge Federal Bureau of Investigations (FBI)
4. Federal - Billy J. Williams, Acting United States Attorney United States Attorney’s Office (USAO), District of Oregon
5. Federal - Russ Burger, U.S Marshal United States Marshal Service (USMS), District of Oregon
6. Federal - Loren Good, Special Agent in Charge United States Bureau of Land Management (BLM)
7. Federal - Colene Domenech, Resident Agent in Charge Bureau of Alcohol, Tobacco, Firearms and Explosives (BATF)
8. Federal - Rafael Gonzalez, First Assistant United States Attorney United States Attorney’s Office (USAO), District of Idaho
9. Federal - Vacant Internal Revenue Service (IRS)
10. Local - L. Shane Nelson, Deschutes County Sheriff Deschutes County Sheriff's Office (DCSO)
C. List of Participating Agencies

The number of full–time participants in the Oregon-Idaho HIDTA Program are as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Law Enforcement</td>
<td>73</td>
</tr>
<tr>
<td>State Law Enforcement</td>
<td>44</td>
</tr>
<tr>
<td>Local Law Enforcement</td>
<td>124</td>
</tr>
<tr>
<td>National Guard</td>
<td>3</td>
</tr>
<tr>
<td>Tribal Law Enforcement</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>249</strong></td>
</tr>
</tbody>
</table>
Agencies with full-time participants in HIDTA Initiatives are as follows:

**Federal agencies:**
Bureau of Alcohol, Tobacco, Firearms and Explosives (BATF)
Immigration and Customs Enforcement Homeland Security Investigations (HSI)
  Bureau of Land Management (BLM)
Drug Enforcement Administration (DEA)
  Federal Bureau of Investigation (FBI)
United States Attorney’s Office (USAO), District of Idaho
United States Marshals Service (USMS)

**State agencies:**
Idaho Department of Corrections (IDOC)
  Idaho State Police (ISP)
Oregon Department of Justice (ODOJ)
Oregon Department of Public Safety Standards and Training (DPSST)
  Oregon National Guard (ONG)
  Oregon State Police (OSP)

**Local agencies:**
Ada County Sheriff’s Office (ACSO) - Idaho
  Beaverton Police Department (BPD) - Oregon
  Bend Police Department (BPD) - Oregon
  Boardman Police Department (BPD) - Oregon
  Boise Police Department (BPD) - Idaho
  Caldwell Police Department (CPD) – Idaho
  Canby Police Department (CPD) - Oregon
  Canyon County Sheriff’s Office (CCSO) – Idaho
  Central Point Police Department (CPPD) - Oregon
Clackamas County District Attorney’s Office (CCDA) - Oregon
  Clackamas County Community Corrections - Oregon
  Clackamas County Sheriff’s Office (CCSO) - Oregon
  Deschutes County Sheriff’s Office (DCSO) - Oregon
Douglas County District Attorney’s Office (DCDA) - Oregon
  Douglas County Sheriff’s Office (DCSO) - Oregon
  Eugene Police Department (EPD) - Oregon
  Hermiston Police Department (HPD) - Oregon
  Hillsboro Police Department (HPD) - Oregon
  Jackson County Parole & Probation - Oregon
  Jackson County Sheriff’s Office (JCSO) - Oregon
  Keizer Police Department (KPD) - Oregon
Lane County District Attorney’s Office (LCDA) - Oregon
  Lane County Parole & Probation - Oregon
  Malheur County Sheriff’s Office (MCSO) - Oregon
  Marion County Sheriff’s Office (MCSO) - Oregon
  Medford Police Department (MPD) - Oregon
  Meridian Police Department (MPD) - Idaho
  Milton-Freewater Police Department (MFPD) - Oregon
  Milwaukie Police Department (MPD) - Oregon
  Morrow County Sheriff’s Office (MCSO) - Oregon
Multnomah County Sheriff’s Office (MCSO) - Oregon
Nampa Police Department (NPD) - Idaho
Ontario Police Department (OPD) - Oregon
Oregon City Police Department (OCPD) - Oregon
Payette County Sheriff’s Office (PCSO) – Idaho
Payette Police Department (PPD) - Idaho
Pendleton Police Department (PPD) - Oregon
Portland Police Bureau (PPB) - Oregon
Redmond Police Department (RPD) - Oregon
Roseburg Police Department (RPD) - Oregon
Salem Police Department (SPD) - Oregon
Springfield Police Department (SPD) - Oregon
Tigard Police Department (TPD) - Oregon
Umatilla County Sheriff’s Office (UCSO) - Oregon
Umatilla Tribal Police Department - Oregon
Warm Springs Police Department (WSPD) - Oregon
Washington County Sheriff’s Office (WCSO) - Idaho
Washington County Sheriff’s Office (WCSO) - Oregon

**Part-time only**
Amtrak Police Department
Fruitland Police Department (FPD) - Idaho
Gladstone Police Department (GPD) - Oregon
Jackson County District Attorney’s Office (JCDA) - Oregon
Multnomah County Community Justice - Oregon
Nyssa Police Department (NPD) - Oregon
Port of Portland Police Department - Oregon
United States Marshals Service (USMS) – Idaho
United States Attorney’s Office (USAO) – Oregon
Social Security Administration (SSA)
United States Customs & Border Patrol (CBP)
United States Forest Service (USFS)
United States Postal Service – Office of Inspector General

**XII. HIDTA GOAL 1: DISMANTLE AND DISRUPT DRUG TRAFFICKING ORGANIZATIONS**

The enforcement components of the Oregon-Idaho HIDTA will aggressively pursue criminal drug smuggling, manufacturing, distribution, and money laundering organizations in order to disrupt and reduce the supply of illegal drugs in the state, region and country. The Oregon-Idaho HIDTA enforcement initiatives are responsible for achieving the following performance targets in 2017:

**Goal 1 Performance Targets**

**A. Drug Trafficking Organizations and Money Laundering Organizations Disrupted/Dismantled:**

The number of DTOs/MLOs expected to be disrupted/dismantled for 2017 is 60.
The actual number of DTOs/MLOs disrupted/dismantled for 2015 is 57.
B. Return on Investment (ROI) for Drugs Removed from the Marketplace by Law Enforcement Initiatives:

   The estimated Return on Investment for 2017 is $25.00.
   The actual Return on Investment for 2015 is $26.40.

C. Return on Investment (ROI) for Assets Removed from the Marketplace by Law Enforcement Initiatives:

   The estimated Return on Investment for 2017 is $3.00.
   The actual Return on Investment for 2015 is $5.03.

D. Return on Investment (ROI) for Drugs and Assets Removed from the Marketplace by Law Enforcement Initiatives:

   The estimated Return on Investment for 2017 is $28.00.
   The actual Return on Investment for 2015 is $31.43.

E. HIDTA Clandestine Laboratory Activities:

   The expected clandestine methamphetamine laboratory activities for 2017 are:

<table>
<thead>
<tr>
<th>CLANDESTINE LABORATORY CASES 2017</th>
<th>OUTPUTS</th>
<th>EXPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine Labs Dismantled</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lab Dump Sites Seized</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chemical/Glassware/Equipment Seized</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Children Affected</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

   The actual clandestine methamphetamine laboratory activities for 2015 are:

<table>
<thead>
<tr>
<th>CLANDESTINE METHAMPHETINE LABORATORY ACTIVITIES 2015</th>
<th>OUTPUTS</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine Labs Dismantled</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Lab Dump Sites Seized</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Chemical/Glassware/Equipment Seized</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Children Affected</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
F. HIDTA Fugitive Apprehensions:

   The estimated number of fugitive apprehensions for 2017 is 1,181.
   The actual number of fugitive apprehensions for 2015 is 1,131.

Goal 1 Initiatives

A. Enforcement Subsystem

During PY 2017 the Oregon-Idaho HIDTA Executive Board and ONDCP will support 18 multi-agency drug enforcement (investigation, interdiction and prosecution) initiatives – which include 6 sub-initiatives - in the Oregon-Idaho HIDTA.aaa

OREGON

Clackamas County
   1. Clackamas County Interagency Task Force (CCITF)

Deschutes County
   2. Central Oregon Drug Enforcement Task Force
      I. Central Oregon Drug Enforcement Task Force (CODE)(Central Oregon Drug Enforcement Task Force Sub-Initiative)

Douglas County
   3. Douglas Interagency Narcotics Team (DINT)

Jackson County
   4. Medford Area Drug and Gang Enforcement Team (MADGE)
      II. DEA Medford Task Force (Oregon HIDTA DEA Sub-Initiative)

Lane County
   5. Lane County Interagency Narcotics Enforcement Team (INET)
      III. DEA Eugene Task Force (Oregon HIDTA DEA Sub-Initiative)

Malheur County
   6. High Desert Task Force

Marion County
   7. Oregon State Police Domestic Highway Enforcement
      IV. DEA Salem Task Force (Oregon HIDTA DEA Sub-Initiative)

Multnomah County
   8. HIDTA Interdiction Team (HIT)
   9. Multnomah County Dangerous Drug Team (DDT)
   10. Portland Area Metro Gang Task Force (PAMGTF)
   11. United States Marshals Service HIDTA Fugitive Task Force
   12. Oregon HIDTA DEA
      V. DEA Portland Task Force (Oregon HIDTA DEA Sub-Initiative)

Umatilla County
   13. Blue Mountain Enforcement Narcotics Team (BENT)

aaa The Oregon HIDTA DEA includes 4 sub-initiatives; DEA Portland, Salem, Eugene and Medford Task Forces. The Central Oregon Drug Enforcement Task Force includes 2 sub-initiatives; Central Oregon Drug Enforcement Task Force (CODE) and Warm Springs Police Department (WSPD).
VI. Warm Springs Police Department (WSPD)(Central Oregon Drug Enforcement Task Force Sub-Initiative)

14. Westside Interagency Narcotics Team (WIN)

IDAHO

Ada County
15. Canyon Ada Domestic Highway Enforcement (CADHE)
16. DEA Boise Resident Office Task Force (BROTF)
17. HIDTA Special United States Attorney, District of Idaho (Idaho SAUSA)

Canyon County
18. FBI Treasure Valley Metro Violent Crimes Safe Streets Task Force

All 18 of the Oregon-Idaho HIDTA enforcement initiatives implement the strategy by concentrating the “value-added” HIDTA resources on enforcement and investigative enhancements, enabling them to target the members of high-value drug trafficking and money laundering organizations (DTOs & MLOs) which results in better cases, targeted prosecutions, reduced drug trafficking, reduced drug use, reduced drug availability, improved community livability, and reduced drug-related crime and violence.

These enforcement and investigative enhancements are primarily targeted at identified drug trafficking organizations and their members by utilizing additional HIDTA funds to purchase evidence and information, analyze the meaning of that information, work additional overtime, employ new technology and obtain training to improve the effectiveness and efficiency of investigators. Every effort is made by HIDTA initiatives to leverage resources and information by enhancing collaboration between Federal, state, and local law enforcement agencies.

B. Prosecution Subsystem

The HIDTA Special United States Attorney, District of Idaho (Idaho SAUSA) initiative utilizes Oregon-Idaho HIDTA funds to pay for a full time Special United States Attorney from the Ada County Prosecutor’s Office. This prosecutor is cross-designated to bring cases in both Federal and state court. This enhanced prosecution component provides direct case consultation for major investigations and enables the prosecution of targeted and complex drug cases including additional prosecutions of appropriate cases in Federal court. This component increases the impact of enforcement and the investigative capabilities of initiatives located in Idaho.

Every other Oregon-Idaho HIDTA enforcement initiative has created close working relationships with the Federal and state prosecutors that work within their jurisdictions. The non-HIDTA funded Federal and state prosecutors in the Oregon-Idaho HIDTA areas also provide ongoing case consultation for major investigations which enhance the prosecution of targeted and complex drug cases in Federal and state court. As is the case in Lane County, the relationships that have been built between the enforcement initiatives and prosecutors in the other HIDTA designated areas in Oregon and Idaho increase the impact of enforcement and the investigative capabilities of each Oregon-Idaho HIDTA initiative.
XIII. HIDTA Goal 2: Increase the Efficiency of Law Enforcement Agencies Participating in HIDTAs

The Oregon-Idaho HIDTA Program has created and implemented four initiatives that are designed to assist, complement and enhance the enforcement components of the Oregon-Idaho HIDTA. The four support initiatives, which are described in the Goal 2 Initiatives section that follows, are responsible for achieving the following targets in 2017:

Goal 2 Performance Targets

A. HIDTA Training Assistance:

The expected HIDTA training assistance to be provided for 2017 is:

<table>
<thead>
<tr>
<th>TRAINING ASSISTANCE TO BE PROVIDED</th>
<th>2017</th>
<th>EXPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students for Analytical Courses</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Number of Students for Enforcement Courses</td>
<td></td>
<td>330</td>
</tr>
<tr>
<td>Number of Students for Management/Administrative Courses</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Number of Students for Demand Reduction Courses</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Hours of Training Provided for Analytical Courses</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Hours of Training Provided for Enforcement Courses</td>
<td></td>
<td>7,500</td>
</tr>
<tr>
<td>Hours of Training Provided for Management/Administrative Courses</td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>Hours of Training Provided for Demand Reduction Courses</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
The actual training assistance provided for 2015 is:

<table>
<thead>
<tr>
<th>COURSES OFFERED</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students for Analytical Courses</td>
<td>1</td>
</tr>
<tr>
<td>Number of Students for Enforcement Courses</td>
<td>380</td>
</tr>
<tr>
<td>Number of Students for Management/Administrative Courses</td>
<td>73</td>
</tr>
<tr>
<td>Number of Students for Demand Reduction Courses</td>
<td>0</td>
</tr>
<tr>
<td>Hours of Training Provided for Analytical Courses</td>
<td>40</td>
</tr>
<tr>
<td>Hours of Training Provided for Enforcement Courses</td>
<td>6,916</td>
</tr>
<tr>
<td>Hours of Training Provided for Management/Administrative Courses</td>
<td>739</td>
</tr>
<tr>
<td>Hours of Training Provided for Demand Reduction Courses</td>
<td>0</td>
</tr>
</tbody>
</table>

B. Event and Case De-conflictions:

The expected HIDTA event and case de-conflictions for 2017 is:

<table>
<thead>
<tr>
<th>OUTPUTS</th>
<th>EXPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event De-conflictions Submitted</td>
<td>2,300</td>
</tr>
<tr>
<td>Case De-conflictions Submitted</td>
<td>25,000</td>
</tr>
</tbody>
</table>

The actual HIDTA event and case de-conflictions for 2015 is:

<table>
<thead>
<tr>
<th>OUTPUTS</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event De-conflictions Submitted</td>
<td>2,291</td>
</tr>
<tr>
<td>Case De-conflictions Submitted</td>
<td>25,422</td>
</tr>
</tbody>
</table>
C. Cases Provided Analytical Support:

The expected number of cases to be provided analytical support for 2017 is 465.

The actual number of cases provided analytical support for 2015 is 138.

D. Leads Referred to Other HIDTAs and Other Agencies:

The expected number of leads to be referred for 2017 is 1,302.

The actual number of leads referred for 2015 is 1,773.

Goal 2 Initiatives

A. Intelligence and Information Sharing Initiatives

Investigative Support Center

The Oregon-Idaho HIDTA has one Investigative Support Center (ISC) with three components; intelligence/case support units at DEA in Portland, OR and at the Oregon Department of Justice (ODOJ) in Salem, OR and a de-confliction Watch Center also at ODOJ in Salem, OR. The key functional components and services of the ISC are:

1. A Watch Center staffed five days per week, 10 hours per day with 24-hour remote coverage for event deconfliction and officer safety.
2. Long term analytical case support is available through assigned intelligence analysts on a case-by-case basis.
3. Post seizure analysis services are available through assigned intelligence analysts on a case-by-case basis.
4. Electronic, secure, email connectivity is available for Federal, state, local and tribal law enforcement agencies, criminal databases, national intelligence centers, WSIN, El Paso Intelligence Center (EPIC), and other databases via RISSNET.
5. The ISC develops and publishes an Annual Drug Threat Assessment, the HIDTA Annual Report, and other drug related informational and criminal intelligence bulletins.
6. All clan lab data is entered in the Regional Information Sharing Service Intelligence database (RISS Intel) and forwarded to EPIC.
7. The ISC initiative supports and implements the strategy by providing a “one stop” law enforcement resource and service center accessible both by phone, and electronically via RISS, for authenticated law enforcement personnel anywhere in the nation to securely and reliably:
   
   - Electronically share criminal intelligence with the appropriate Federal, state, or local agencies and/or databases.
   - Electronically query appropriate databases for investigative leads.
   - Electronically share criminal case and officer safety information.

---

bbb The difference between 2017 expected and 2015 actual leads referred is due to the fact that the two Domestic Highway Enforcement (DHE) initiatives do not project the number of leads referred each year in the HIDTA Performance Management Program database.
• Electronically deconflict cases or events.
• Electronically communicate crime trends.
• Electronically communicate training information.
• Electronically share case photographs and reports.
• Electronically communicate via secure email.

B. Support Initiatives

Management and Administration (Marion County)

The Administrative Initiative handles the day-to-day business for the Oregon-Idaho HIDTA and is the primary point of contact between each initiative, the Oregon-Idaho HIDTA Executive Board, ONDCP, the National HIDTA Assistance Center (NHAC), and other private and government agencies. This initiative is staffed by two (2) full-time contractors, the Oregon-Idaho HIDTA Director and the Oregon-Idaho HIDTA Program Coordinator, and two (2) full-time Oregon Department of Public Safety Standards and Training (DPSST) employees -- the financial manager and the administrative assistant.

Duties of all administrative staff are to manage the day-to-day HIDTA functions on behalf of the Oregon-Idaho HIDTA Executive Board. The first priority is programmatic support, information coordination, fiscal, and technical service to the HIDTA participating agencies.

The duties include: the administration and/or developing of the four annually required documents of the HIDTA program: the annual Threat Assessment, the annual Counter-Drug Strategy, the annual Initiative Budget Proposal, and the Annual Report.

Additional duties include programmatic, administrative, and fiscal oversight in support of all HIDTA initiatives to ensure they are in compliance with the ONDCP/HIDTA program policy, and other program requirements; establish and maintain a central inventory tracking system for property purchased with HIDTA funds; assist HIDTA agencies/initiatives in establishing and recording measurable outcomes and outputs based upon the PMP; provide advice and counsel to the Executive Board concerning the status, direction, and success of the HIDTA initiatives, programs, and ONDCP requirements; establish an internal review process to evaluate the effectiveness and efficiency of each initiative in achieving its targeted outputs and outcomes.

Oregon-Idaho HIDTA Training Initiative (Marion County)

The Oregon-Idaho HIDTA Training Initiative will be managed by the Management and Administration and the Program Coordinator. The mission of the Oregon-Idaho HIDTA Training Initiative is to provide the Oregon-Idaho HIDTA, participating agencies, task forces and regional law enforcement officers with targeted, high priority training and an information sharing forum that directly enhances their effort to measurably disrupt and/or dismantle drug trafficking organizations, money laundering operations and related violent crime groups in accordance with ONDCP and HIDTA strategy.

Oregon-Idaho HIDTA initiatives and participating agencies are surveyed every year relating to the training needs necessary to assist them with their operations that support the Oregon-Idaho HIDTA strategy. The surveys are used to identify, prioritize, and schedule training. Efforts are made to ensure equitable training opportunities are available for all initiatives and participating agencies.
Lines for Life (Multnomah County)

Lines for Life, a non-profit drug and suicide prevention organization, is a demand reduction initiative supported by the Oregon-Idaho HIDTA with supplemental funding. Lines for Life leads the “Oregon Coalition for Responsible Use of Meds” (OrCRM) initiative which is a statewide coalition launched to prevent overdose, misuse and abuse of amphetamines, benzodiazepines and opioid, both prescription and illicit, among Oregonians. The initiative’s work is grounded in “Rx Summits”. These summits are developed to address three strategic areas:

1. **Educating the Public about the Problem:** Oregon is in need of a quality, public information campaign regarding prescription drug abuse. Providers need better education on narcotics prescription; consumers need to know the risks associated with powerful medicines; adults need to lock up their meds and dispose of them properly; educators need to be aware of the use of drugs by students; and young people need to know the dangers of illicit use of prescription medications. OrCRM is in the process of identifying key messages for each audience, the best medium for reaching each group, and strategies for how such a public campaign could be funded. HIDTA funding will ensure the development of an effective messaging campaign that can coincide with and build upon the OrCRM Regional Summits, thus ensuring pro bono media interest as well as appropriate and engaging educational materials for patient distribution.

2. **Reduce the Volume of Unwanted Meds:** Encourage Oregonians through media and public outreach campaigns to clean out their drug cabinets and safely dispose of unused prescription medications at secured drop boxes. OrCRM Regional Summits provide training to ensure pharmacies and long-term care facilities are aware of the change in DEA regulations on “Take Back” locations; and facilitate effective action planning with regional partners and law enforcement on making drop boxes more widely available and on removing barriers to secure disposal at pharmacies and elder care facilities.

3. **Improve and Expand Access to Treatment:** Reduce and prevent overdose deaths by promoting prescriptions of Naloxone whenever prescribing opioid analgesics. Encourage Naloxone rescue program to implement an intervention protocol that connects opioid overdose victims to treatment services. Provide Law Enforcement training program at OrCRM Regional Summits on use of Naloxone as a first responder to opioid overdose victims.

Children Learning through Education And Research (CLEAR) Alliance (Deschutes County)

CLEAR Alliance, a non-profit substance abuse prevention organization, is a demand reduction initiative supported by the Oregon-Idaho HIDTA with supplemental funding. CLEAR Alliance’s mission is to prevent and reduce substance abuse and impaired driving among youth in Oregon by providing evidence-based prevention education to youth, young adults and parents by working collaboratively with coalitions and public-service agencies that are serving them statewide.

CLEAR Alliance is unique as it is built and operated by Oregon public health, public safety and community leaders through the Oregon Statewide Coalition. CLEAR Alliance offers educational resources (both online and in-person). CLEAR Alliance focuses on promoting and providing evidence-based education, health-and-safety messaging campaigns and other educational trainings and resources for youth, young adults, parents, as well as to the public-service agencies and groups that serve them. All educational materials are referenced with evidence or science-based research and edited and approved by current and retired public health and safety professionals.
CLEAR Alliance’s goals for 2017 are:

1. Reduce substance use and impaired driving among youth
2. Provide prevention education for Marijuana, Rx drugs and Opiates that is user-friendly and accessible to youth and those who serve youth (such as parents, coalitions, schools, community groups, citizens, and public-service agencies)
3. Increase involvement in the Oregon Statewide Coalition and its Central and Eastern Oregon subgroup through connectivity with public-service providers throughout Oregon
4. Reduce social costs and consequences to public health and safety
XIV. APPENDICES – Oregon-Idaho HIDTA 2017 Drug Threat Tables

Appendix A

Acronyms

- CDC: Centers for Disease Control and Prevention
- CODE: Central Oregon Drug Enforcement Team
- CPDs: Controlled Prescription Drugs
- CPOT: Consolidated Priority Organization Targets
- DCE/SP: DEA Domestic Cannabis Eradication/Suppression Program
- DDT: Multnomah County Dangerous Drugs Team
- DEA: Drug Enforcement Administration
- DEC: Drug Evaluation Classification Program
- DHE: Domestic Highway Enforcement
- DMT: Dimethyltryptamine
- DTO: Drug Trafficking Organization
- FDA: Food and Drug Administration
- GAO: Government Accountability Office
- HIDTA: High Intensity Drug Trafficking Area
- HIT: HIDTA Interdiction Team
- ISP: Idaho State Police
- LSD: Lysergic acid diethylamide
- MDMA: 3,4-methylenedioxymethamphetamine
- OCDETF: Organized Crime Drug Enforcement Task Force
- OMG: Outlaw Motorcycle Gang
- OMMP: Oregon Medical Marijuana Program
- ONDCP: Office of National Drug Control Policy
- OSP: Oregon State Police
- PDMP: Prescription Drug Monitoring Program
- PDX: Portland International Airport
- PMP: Performance Management Process
- POE: Point-of-Entry
- RPOT: Regional Priority Organization Targets
- SAR: Suspicious Activity Report
- THC: Delta-9-tetrahydrocannabinol
- USMS: United States Marshal’s Service
- WIN: Westside Interagency Narcotics Team
# Appendix B

## Incidence and Quantity of Drugs and Cash Seized in States with Connections to Oregon

### Domestic Highway Enforcement Program, January 1, 2010 – December 31, 2015

<table>
<thead>
<tr>
<th>Total Seizures</th>
<th>Cannabis²</th>
<th>Powder Cocaine</th>
<th>Meth</th>
<th>Heroin</th>
<th>CPDs³</th>
<th>Khat</th>
<th>MDMA</th>
<th>U.S. Currency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td># lbs</td>
<td># lbs</td>
<td># lbs</td>
<td># lbs</td>
<td># DU</td>
<td># lbs</td>
<td># DU</td>
</tr>
<tr>
<td>California</td>
<td>214</td>
<td>30 1,592</td>
<td>25 634</td>
<td>53 545</td>
<td>16 181</td>
<td>13 268,234</td>
<td>13 351</td>
<td>5 6,283</td>
</tr>
<tr>
<td>New York</td>
<td>182</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>132</td>
<td>50 8,926</td>
<td>7 40 22</td>
<td>57 3 11</td>
<td>40 3,618,568</td>
<td>10 787,658</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>117</td>
<td>68 1,865</td>
<td>4 2 3 0.1</td>
<td>12 11,398</td>
<td>1 36 29 1,244,859</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>104</td>
<td>32 678</td>
<td>9 2 11 18</td>
<td>6 10 11</td>
<td>441 124,413</td>
<td>31 191,617</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idaho</td>
<td>103</td>
<td>62 1,137</td>
<td>6 1 3 35</td>
<td>32 191,617</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>96</td>
<td>59 1,647</td>
<td>2 2 6 47</td>
<td>29 1,866,186</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>96</td>
<td>65 1,774</td>
<td>2 1 5 3 5</td>
<td>140 1,066,474</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>95</td>
<td>55 1,611</td>
<td>1 0.004 1 0.01 1</td>
<td>23 9 291 28 1,618,643</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>67</td>
<td>51 1,279</td>
<td>2 2 1 500</td>
<td>13 643,804</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>65</td>
<td>41 805</td>
<td>3 34 1 0.002 4 6</td>
<td>16 1,156,770</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>64</td>
<td>40 1,528</td>
<td>3 40</td>
<td>1 10</td>
<td>1 7 19</td>
<td>573,777</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>46</td>
<td>25 264</td>
<td></td>
<td>1 11,350 19 476</td>
<td>1 45,661</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>40</td>
<td>31 430</td>
<td>1 0.01</td>
<td>3 291</td>
<td>1 236</td>
<td>4 49,539</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td>36</td>
<td>27 1,687</td>
<td>2 3 2 80</td>
<td>5</td>
<td>42,212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td>35</td>
<td>24 426</td>
<td></td>
<td>1</td>
<td>21 10</td>
<td>1,880,866</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>29</td>
<td>18 76</td>
<td>7 5 2 62</td>
<td>2</td>
<td>3,473</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>25</td>
<td>17 117</td>
<td>1 0.002</td>
<td>2 2</td>
<td>3 6,041</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>23</td>
<td>11 402</td>
<td>1 0.1</td>
<td>1</td>
<td>29</td>
<td>10</td>
<td>538,419</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>23</td>
<td>14 547</td>
<td>1 0.03</td>
<td></td>
<td>8 486,054</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>21</td>
<td>17 65</td>
<td></td>
<td>1 1,550 3</td>
<td>17,630</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>19</td>
<td>6 266 1 326</td>
<td></td>
<td>4 170</td>
<td>8 803,860</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td>14</td>
<td>5 50 2 1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1,518</td>
<td>4 92,353</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>14</td>
<td>13 50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 570,349</td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>8</td>
<td>3 7 2 4</td>
<td>1 2,217 1</td>
<td>19</td>
<td>1 450,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>8</td>
<td>3 169 1 25 2 6</td>
<td></td>
<td>2</td>
<td>150,875</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>8</td>
<td>3 66 2 4</td>
<td></td>
<td></td>
<td>3</td>
<td>$18,697</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>7</td>
<td>6 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>19,373</td>
</tr>
<tr>
<td>Other¹</td>
<td>25</td>
<td>8 959</td>
<td>3 41 2 0.02</td>
<td>1 12,705 4</td>
<td>2,329</td>
<td>6 130</td>
<td>$495,547</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,716</strong></td>
<td><strong>784 28,436</strong></td>
<td><strong>58 1,073 131 769 39 288 103 3,927,685</strong></td>
<td><strong>219 4,796 25 135,195</strong></td>
<td><strong>357 18,278,804</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Meeting the following conditions: “Oregon” or “OR” entered in the drivers license and/or vehicle plate fields; “Oregon”, “OR” in the address field; “Oregon” entered as an origin or destination field.
2 Includes marijuana, marijuana plants, hashish, and hash oil.
3 Controlled Prescription Drugs.
4 The “Other” category includes states with five or fewer seizures during the selected time period which met the conditions of subject driver’s license, address, vehicle tag, or stated point of origin or destination. States in the “Other” category include: Alabama (1), Colorado (5), Georgia (2), Indiana (2), Louisiana (1), Michigan (4), Mississippi (1), New Jersey (3), North Carolina (1), Tennessee (5).

Source: Interdictions and investigations data extracted from EPIC, April 13, 2016.
## Appendix C

### Incidents of Drugs and Cash Seized in States with Connections to Idaho

**Domestic Highway Enforcement Program, January 1, 2010 - December 31, 2015**

<table>
<thead>
<tr>
<th>State</th>
<th>Total Seizures</th>
<th>Cannabis</th>
<th>Powder</th>
<th>Cocaine</th>
<th>Meth</th>
<th>Heroin</th>
<th>CPDs</th>
<th>Hallucinogens</th>
<th>MDMA</th>
<th>U.S. Currency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># lb</td>
<td># lb</td>
<td># lb</td>
<td># lb</td>
<td># DU</td>
<td># lb</td>
<td># DU</td>
<td># DU</td>
<td># Dollars</td>
</tr>
<tr>
<td>Oregon</td>
<td>207</td>
<td>138</td>
<td>1,341</td>
<td>4</td>
<td>0.6</td>
<td>19</td>
<td>10</td>
<td>7</td>
<td>78</td>
<td>4</td>
</tr>
<tr>
<td>Texas</td>
<td>53</td>
<td>12</td>
<td>4,291</td>
<td>5</td>
<td>16</td>
<td>30</td>
<td>2</td>
<td>6</td>
<td>8,000</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>45</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>0.4</td>
<td>2</td>
<td>0.01</td>
<td>5</td>
<td>2,488</td>
</tr>
<tr>
<td>Nebraska</td>
<td>32</td>
<td>25</td>
<td>696</td>
<td>3</td>
<td>0.1</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td>23</td>
<td>8</td>
<td>61</td>
<td>2</td>
<td>26</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>1,750</td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>24</td>
<td>9</td>
<td>2,726</td>
<td>1</td>
<td>0.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>20</td>
<td>12</td>
<td>179</td>
<td>3</td>
<td>0.2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>18</td>
<td>7</td>
<td>26</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>67</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>17</td>
<td>8</td>
<td>111</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>2</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>16</td>
<td>9</td>
<td>65</td>
<td>5</td>
<td>24</td>
<td></td>
<td>1</td>
<td>520</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>11</td>
<td>4</td>
<td>111</td>
<td>1</td>
<td>0.002</td>
<td>2</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>16</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>0.2</td>
<td>1</td>
<td>0.01</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>11</td>
<td>7</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>10</td>
<td>9</td>
<td>230</td>
<td>1</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td>8</td>
<td>8</td>
<td>984</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>7</td>
<td>4</td>
<td>0.03</td>
<td>1</td>
<td>0.04</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>3</td>
<td>1</td>
<td>26</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>2</td>
<td>1</td>
<td></td>
<td>5</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>2</td>
<td>1</td>
<td></td>
<td>5</td>
<td>1</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District of Columbia</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>1</td>
<td>1</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>1</td>
<td>1</td>
<td>136</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1</td>
<td>1</td>
<td>40,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>2</td>
<td>1</td>
<td>0.004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 534 281 9,031 25 61 90 139 8 12 27 52,950 11 213 DU/2.8 lb 11 371 81 $ 2,389,492

1 Meeting the following conditions: "Idaho" or "ID" entered in the drivers license and/or vehicle plate fields; "Idaho", "ID" in the address field; "Idaho" entered
2 Includes marijuana, hashish, hash oil and marijuana edibles.
3 Controlled Prescription Drugs.
4 The hallucinogens category includes LSD (in dosage units) and psilocybin (in pounds).

Source: EPIC, National Seizure System, interdictions and investigations, extracted May 4, 2016.
Appendix D

Oregon Medical Marijuana Program Statistics, April 1, 2016*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons currently holding medical marijuana cards</td>
<td>77,620</td>
</tr>
<tr>
<td>Number of persons holding caregiver cards</td>
<td>35,962</td>
</tr>
<tr>
<td>Number of Oregon-licensed physicians with current OMMP patients</td>
<td>1,720</td>
</tr>
<tr>
<td>(MDs and DOs only)</td>
<td></td>
</tr>
<tr>
<td>Number of applications denied/rejected between 1/1/15 and 12/31/15</td>
<td>844</td>
</tr>
</tbody>
</table>

*Reported medical conditions include:
  A degenerative or pervasive neurological condition 118
  Cachexia 1,176
  Cancer 4,480
  Glaucoma 1,186
  HIV+/AIDS 764
  Nausea 10,710
  PTSD 5,539
  Severe pain 71,719
  Seizures, including but not limited to epilepsy 2,129
  Persistent muscle spasms, including but not limited to those caused by Multiple Sclerosis 22,563

*A patient may have more than one diagnosed qualifying medical condition.

Source: Oregon Medical Marijuana Program, April 2016.
## Appendix E

### Marijuana Plants Seized in the Oregon-Idaho HIDTA, 2009-2015

<table>
<thead>
<tr>
<th>HIDTA Region</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Plants</td>
<td>Total Plants</td>
<td>Total Plants</td>
<td>Total Plants</td>
<td>Total Plants</td>
<td>Total Plants</td>
<td>Total Plants</td>
</tr>
<tr>
<td></td>
<td>(In/Outdoor)</td>
<td>(In/Outdoor)</td>
<td>(In/Outdoor)</td>
<td>(In/Outdoor)</td>
<td>(In/Outdoor)</td>
<td>(In/Outdoor)</td>
<td>(In/Outdoor)</td>
</tr>
<tr>
<td>Clackamas, OR</td>
<td>8,379</td>
<td>1,025</td>
<td>3,602</td>
<td>425</td>
<td>1,331</td>
<td>639</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(773/7,606)</td>
<td>(700/325)</td>
<td>(3,486/116)</td>
<td>(347/78)</td>
<td>(928/403)</td>
<td>(632/27)</td>
<td>(0/0)</td>
</tr>
<tr>
<td>Deschutes, OR</td>
<td>809</td>
<td>199</td>
<td>357</td>
<td>786</td>
<td>58</td>
<td>227</td>
<td>483</td>
</tr>
<tr>
<td></td>
<td>(624/185)</td>
<td>(199/0)</td>
<td>(357/0)</td>
<td>(781/5)</td>
<td>(58/0)</td>
<td>(182/45)</td>
<td>(483/0)</td>
</tr>
<tr>
<td>Douglas, OR</td>
<td>22,492</td>
<td>3,907</td>
<td>138</td>
<td>476</td>
<td>3,998</td>
<td>25</td>
<td>1,660</td>
</tr>
<tr>
<td></td>
<td>(618/21,874)</td>
<td>(164/3,743)</td>
<td>(52/86)</td>
<td>(254/222)</td>
<td>(363/3,635)</td>
<td>(52/0)</td>
<td>(855/805)</td>
</tr>
<tr>
<td>Jackson, OR</td>
<td>26,880</td>
<td>28,504</td>
<td>3,575</td>
<td>9,340</td>
<td>4,874</td>
<td>9,309</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>(8/26,872)</td>
<td>(337/28,167)</td>
<td>(383/2,872)</td>
<td>(376/8,964)</td>
<td>(450/4,424)</td>
<td>(325/8,984)</td>
<td>(178/0)</td>
</tr>
<tr>
<td>Lane, OR</td>
<td>9,129</td>
<td>2,726</td>
<td>2,888</td>
<td>3,640</td>
<td>4,836</td>
<td>334</td>
<td>402</td>
</tr>
<tr>
<td></td>
<td>(8,349/780)</td>
<td>(1,904/822)</td>
<td>(2,640/248)</td>
<td>(3,534/106)</td>
<td>(570/266)</td>
<td>(0/334)</td>
<td>(296/106)</td>
</tr>
<tr>
<td>Linn, OR</td>
<td>975</td>
<td>1,352</td>
<td>718</td>
<td>743</td>
<td>493</td>
<td>2,064</td>
<td>143</td>
</tr>
<tr>
<td></td>
<td>(525/450)</td>
<td>(314/1,038)</td>
<td>(494/224)</td>
<td>(316/427)</td>
<td>(279/214)</td>
<td>(126/1,938)</td>
<td>(143/0)</td>
</tr>
<tr>
<td>Malheur, OR</td>
<td>30,827</td>
<td>9,117</td>
<td>410</td>
<td>1,388</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(0/30,827)</td>
<td>(0/9,117)</td>
<td>(410/0)</td>
<td>(706/82)</td>
<td>(0/0)</td>
<td>(0/0)</td>
<td>(0/0)</td>
</tr>
<tr>
<td>Marion, OR</td>
<td>590</td>
<td>653</td>
<td>215</td>
<td>10</td>
<td>248</td>
<td>78</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>(113/477)</td>
<td>(184/469)</td>
<td>(23/9116)</td>
<td>(184/248)</td>
<td>(184/800)</td>
<td>(51/27)</td>
<td>(730/0)</td>
</tr>
<tr>
<td>Multnomah, OR</td>
<td>4,295</td>
<td>8,348</td>
<td>5,505</td>
<td>3,009</td>
<td>3,261</td>
<td>1,083</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>(487/1,28)</td>
<td>(8,327/21)</td>
<td>(5,494/11)</td>
<td>(2,959/50)</td>
<td>(3,233/28)</td>
<td>(1,066/17)</td>
<td>(870/0)</td>
</tr>
<tr>
<td>Umatilla, OR</td>
<td>7,365</td>
<td>3,873</td>
<td>3,318</td>
<td>164</td>
<td>388</td>
<td>768</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>(0/7,365)</td>
<td>(623/811)</td>
<td>(243/294)</td>
<td>(164/0)</td>
<td>(260/128)</td>
<td>(0/768)</td>
<td>(580/0)</td>
</tr>
<tr>
<td>Warm Springs, OR</td>
<td>1,630</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(0/1,630)</td>
<td>(0/0)</td>
<td>(3/0)</td>
<td>(0/0)</td>
<td>(0/0)</td>
<td>(0/0)</td>
<td>(0/0)</td>
</tr>
<tr>
<td>Washington, OR</td>
<td>2,857</td>
<td>1,338</td>
<td>332</td>
<td>823</td>
<td>2,114</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(107/2,750)</td>
<td>(882/456)</td>
<td>(519/13)</td>
<td>(702/121)</td>
<td>(2,089/25)</td>
<td>(8/0)</td>
<td>(0/0)</td>
</tr>
<tr>
<td>Ada/Canyon, ID</td>
<td>146</td>
<td>1,500</td>
<td>109</td>
<td>5</td>
<td>0</td>
<td>150</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td>(123/23)</td>
<td>(0/1,500)</td>
<td>(109/0)</td>
<td>(5/0)</td>
<td>(0/0)</td>
<td>(150/0)</td>
<td>(109/0)</td>
</tr>
<tr>
<td><strong>HIDTA Region Total</strong></td>
<td><strong>116,374</strong></td>
<td><strong>62,542</strong></td>
<td><strong>20,850</strong></td>
<td><strong>20,809</strong></td>
<td><strong>21,601</strong></td>
<td><strong>14,685</strong></td>
<td><strong>3,201</strong></td>
</tr>
</tbody>
</table>

Note: Malheur (OR), Ada (ID) and Canyon (ID) were designated as HIDTA counties in 2014. Linn County was designated as a HIDTA county in January 2016. Source: DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP).
## Appendix F

### Clandestine Lab Seizures, Oregon-Idaho HIDTA, 2005, 2009-2015

<table>
<thead>
<tr>
<th></th>
<th>2005 (Meth only)</th>
<th>2009 (Meth only)</th>
<th>2010 (Meth only)</th>
<th>2011 (Meth only)</th>
<th>2012 Total Labs (Meth/Other labs)</th>
<th>2013 Total Labs (Meth/Other labs)</th>
<th>2014 Total Labs (Meth/Other labs)</th>
<th>2015 Total Labs (Meth/Other labs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oregon</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clackamas</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
</tr>
<tr>
<td>Deschutes</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Meth (2); BHO (1)</td>
<td>Meth (1); DMT (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); DMT (1); BHO (1)</td>
</tr>
<tr>
<td>Linn</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Meth (2); HOO (1)</td>
<td>Meth (1); DMT (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
</tr>
<tr>
<td>Malheur</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); DMT (1)</td>
<td>Meth (1); DMT (1)</td>
</tr>
<tr>
<td>Multnomah</td>
<td>33</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>Meth (2); BHO (2)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); MDMA (1); BHO (3)</td>
<td>Meth (1); MDMA (1); BHO (3)</td>
</tr>
<tr>
<td>Umatilla</td>
<td>39</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>Meth (2); DMT (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
</tr>
<tr>
<td>Washington</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Meth (2); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
<td>Meth (1); BHO (1)</td>
</tr>
<tr>
<td><strong>Idaho</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ada</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>Meth (1)</td>
<td>Meth (1)</td>
<td>Meth (1)</td>
<td>Meth (1)</td>
</tr>
<tr>
<td>Canyon</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>Meth (1)</td>
<td>Meth (1)</td>
<td>Meth (1)</td>
<td>Meth (1)</td>
</tr>
<tr>
<td><strong>HIDTA Total</strong></td>
<td>150</td>
<td>14</td>
<td>14</td>
<td>11</td>
<td>Meth (8); BHO (3); MDMA (1)</td>
<td>Meth (7); MDMA (1)</td>
<td>Meth (5); MDMA (1); BHO (1)</td>
<td>Meth (7); MDMA (1); BHO (1)</td>
</tr>
</tbody>
</table>

Note: Collection and reporting of other clan labs seized began in 2012. Sources: Oregon Department of Justice; DEA Idaho.
XV. ENDNOTES

2 State and County QuickFacts, Oregon, U.S. Census Bureau, 2015.
3 State and County QuickFacts, Idaho, U.S. Census Bureau, 2015; Idaho Commission on Hispanic Affairs.
4 Ibid.
5 National Threat Assessment: The Economic Impact of Illicit Drug Use on American Society, National Drug Intelligence Center, Department of Justice, May 2011.
6 What America’s Users Spend on Illegal Drugs, 2000-2010, RAND Corporation, February 2014.
8 Ibid.
9 Population Demographics, Oregon Department of Corrections, December 1, 2015.
10 Inmate Population Profile for 04/01/2016, Oregon Department of Corrections.
11 DOC Admissions for Drug Possession/Manufacturing/Delivery, Theft, and ID Theft, Oregon Department of Corrections, March 2016.
12 Idaho Department of Correction Annual Report, Fiscal Year 2014.
13 Drug Related Deaths 2015, Oregon State Medical Examiner, Oregon State Police.
16 United States Marshal's Service, District of Oregon, e-mail correspondence, April 2016.
18 Gangs Beyond Borders, California and the Fight Against Transnational Organized Crime, California Department of Justice, March 2014.
24 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015.
32 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015; National Conference of State Legislatures.
34 Port of Portland Marine Terminal Statistics, 1984 – 2015, Port of Portland; Table 1-57: Tonnage of Top 50 U.S. Water Ports, Ranked by Total Tons(a), Bureau of Transportation Statistics, 2013.
35 Email communication, Strategic Services Division, Drugs and Vice Division, Portland Police Bureau, May 3, 2016.
37 Ibid.
38 Ibid.
39 DEA Drug Fact Sheet: Methamphetamine, Drug Enforcement Administration, U.S. Department of Justice.
40 Oregon-Idaho HIDTA Drug Threat Assessment Survey, April 2016.
41 Ibid.
43 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015.
Oregon-Idaho HIDTA Program

45 Data obtained from the Oregon State Police, Forensic Services Division, April 2016.
46 Idaho State Police, Forensic Services, April 2016.
47 Addictions and Mental Health Division, Oregon Department of Human Services, April 2016.
48 Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration.
49 Drug Related Deaths 2014, Oregon State Medical Examiner, Oregon State Police.
53 Clandestine laboratory seizures reported to the Oregon Department of Justice, April 2016.
54 DEA Idaho, e-mail correspondence, April 28, 2016.
55 Clandestine laboratory seizures reported to the Oregon Department of Justice, April 2016.
56 EPIC, National Seizure System data extracted April 2016.
58 Ibid.
59 Ibid.
66 Clandestine laboratory seizures reported to the Oregon Department of Justice, May 2016.
68 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015.
71 Oregon-Idaho HIDTA Drug Threat Assessment Survey, April 2016.
74 Oregon-Idaho HIDTA Drug Threat Assessment Survey, April 2016.
76 Data obtained from the Oregon State Police, Forensic Services Division, February 2016.
80 National Drug Threat Assessment Summary 2013, Drug Enforcement Administration, U.S. Department of Justice.
83 Idaho Statistical Analysis Center, Idaho State Police, April 2016.
84 Addictions and Mental Health Services, Oregon Health Authority, April 2016.
85 Treatment Episode Data Set -- Admissions (TEDS-A) - Idaho 2002-2013, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, U.S. Department of Health and Human Services.
86 Drug Related Deaths 2012; 2015, Oregon State Medical Examiner, Oregon State Police.
88 WHO recommends Naloxone to Prevent 20,000 Overdose Deaths in U.S., Reuters, November 4, 2014.
89 Drug Overdose Immunity and Good Samaritan Laws, National Conference of State Legislatures, April 12, 2016.
90 Opiate Trends, Multnomah County, 2004-2014, Multnomah County Health Department, December 2015.
91 Ibid.
Email correspondence, Medford Area Drug and Gang Enforcement (MADGE) team, April 28, 2016.


Nonmedical Use of Pain Relievers in the Past Year, by Age Group and State: Percentages, Annual Averages Based on 2013 and 2014 NSDUHs, Substance Abuse and Mental Health Services Administration.


Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, August 2013.

Overdose Prevention and Naloxone Distribution in the Portland Metro Area, Multnomah County Health Department, Outside In, October 14, 2014.


Prescription Drug Monitoring Year-to-Date Report, January 2015 - December 2015, Issue 23, Year 5.

High School Seniors Who Misuse Prescription Narcotics Most Likely to Obtain Drugs from a Friend/Relative or a Personal Prescription, CESAR FAX, Center for Substance Abuse Research, University of Maryland, College Park, April 23, 2012; PATS Key Findings: Released April 23, 2013, 2012 Partnership Attitude Tracking Study; Policy impact: Prescription Painkiller Overdoses, Centers for Disease Control and Prevention.


Table 8. Nonmedical Use of Pain Relievers in the Past Year, by Age Group and State: Percentages, Annual Averages Based on 2013 and 2014 NSDUHs, Substance Abuse and Mental Health Services Administration.

Ibid.


Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration, 2008-2012.


Statewide Drug Overdose Deaths, Data Dashboard: Prescribing and Overdose Data for Oregon, Oregon Health Authority.


Fentanyl, Drug Enforcement Administration, Office of Diversion Control, Drug and Chemical Evaluation Section, March 2015.


Oregon State Police, Forensic Services Division, 2009-2015.


Buprenorphine, Drug Enforcement Administration, Office of Diversion Control, Drug & Chemical Evaluation Section, July 2013.

Oregon-Idaho HIDTA Program

131 Today’s Heroin Epidemic Infographics, Centers for Disease Control and Prevention, accessed May 12, 2016.
133 Ibid.
137 Results from the 2014 National Survey on Drug Use and Health: Summary of National Findings, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
140 Bend Oxycodone-Stereoids Dealer Arrested, Drug Agents Say, KTVZ.com, May 26, 2015.
142 Most Rogue Sites Operate from Abroad, and Many Sell Counterfeit Drugs, Government Accountability Office, February 27, 2014.
144 Title 37, Chapter 27, Article IV, Idaho Statutes, Legislature, State of Idaho.
147 Directory of Registered Dispensaries, Medical Marijuana Dispensary Program, Oregon Health Authority, accessed May 12, 2016.
148 Ibid.
149 Ibid.
151 Results from the 2014 National Survey on Drug Use and Health, Summary, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2015.
152 Risk and Protective Factors and Initiation of Substance Use: Results from the National Survey on Drug Use and Health, Substance Abuse and Mental Health Administration, October 2015.
154 Results from the 2014 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.
155 Ibid.
156 Addictions and Mental Health Division, Oregon Department of Human Services, April 2016.
157 Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration, 2008-2013.
159 Idaho Statistical Analysis Center, Idaho State Police, April 2016.
162 Idaho State Police, data request May 2016.

165 *Brain Changes are Associated with Casual Marijuana Use in Young Adults*, News Releases Archives, Society for Neuroscience, 4/15/14; *Topics in brief: Marijuana*, National Institute on Drug Abuse, Revised December 2011.

166 *Marijuana Users Have Abnormal Brain Structure and Poor Memory*, Northwestern University, December 16, 2013.


168 Data collected through DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP) and National Marijuana Initiative (NMI).

169 *Liquid THC*, Information Bulletin, Investigative Support Network, Gulf Coast HIDTA.


171 Clandestine laboratory seizures reported to the Oregon Department of Justice, May 2016.


174 DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP), April 2015.

175 Data collected through the DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP) and National Marijuana Initiative (NMI).


177 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015.

178 *EPIC, National Seizure System.*


180 Oregon-Idaho HIDTA Drug Threat Assessment Survey, April 2016.

181 Ibid.


183 Oregon State Police, Forensic Services Division, March 2016.

184 Idaho State Police, Forensic Services, May 2016.

185 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015.


188 *Drug Related Deaths 2015*, Oregon State Medical Examiner, Oregon State Police.


195 *Calls to Poison Control Centers for Synthetic Marijuana Almost Doubled Since Last Year*, JoinTogether, November 12, 2015.


197 Ibid.


199 *Kidney Failure Cases Linked to Synthetic Marijuana*, News Release, Oregon Health Authority, October 5, 2012.

200 *The Drug Threat in Plain Sight*, TIME, April 21, 2014.


204 Ibid.

205 Ibid.


207 Clandestine laboratory seizures reported to the Oregon Department of Justice, May 2016.

208 DEA-Idaho, April 2016.
Oregon-Idaho HIDTA Program


210 Clandestine laboratory seizures reported to the Oregon Department of Justice, May 2016.


215 International Designer Drug Leader Gets 8 Years in Prison, KOIN 6, December 18, 2014.

216 Oregon-Idaho HIDTA Drug Threat Assessment Survey, April 2015.

217 Money Laundering, DEA Programs. Drug Enforcement Administration, U.S. Department of Justice.


222 FinCEN, data request, May 2014.


225 Oregon Domestic Highway Enforcement program data, January 2008 through December 2015.

226 Idaho Domestic Highway Enforcement program data, January 2012 through December 2015.