

Program Year 2018

Drug Threat Assessment and Counter-Drug Strategy

Oregon-Idaho HIDTA Program



June 2017

Oregon-Idaho HIDTA Program

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I. SCOPE

The core purpose of the assessment is to provide key drug trafficking insights that inform the development of the Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) Executive Board's 2018 strategy, and fulfill the grant and program requirements established by the Office of National Drug Control Policy. The report is also intended to inform law enforcement partners in Oregon and Idaho, including those not affiliated with or participating in the HIDTA program.

This document covers the illicit drug trafficking and related activities occurring within, or directly impacting, the Oregon-Idaho HIDTA region as well as relevant public health information. Analysis and findings include:

- An overview of the Oregon-Idaho HIDTA region
- Illicit drug trafficking information, including production and transportation
- Drug demand and availability
- Drug Trafficking Organizations (DTOs), including activities and methods
- Money laundering activities and the illicit finance techniques of DTOs

The threat assessment serves as a foundation for operational planning and resource allocation, and provides the Oregon-Idaho HIDTA Executive Board, Task Forces, and Initiatives with the necessary information to develop a strategic plan that disrupts and dismantles DTOs.

The sections of this report are arranged by severity of threat based on strategic analysis of the drug situation in the region in 2016. A variety of sources were used to develop this assessment, including results from the 2017 Oregon-Idaho HIDTA Drug Threat Survey, interviews with HIDTA initiatives and task force officers, HIDTA Performance Management Process system data, and open-source research. Additionally, public health reports and datasets were used to identify trends and patterns in behaviors related to drug use.

II. EXECUTIVE SUMMARY

Methamphetamine use and trafficking has increased in the Oregon-Idaho HIDTA^a and represents the area's greatest drug threat, followed by heroin, controlled prescription drugs, illicit marijuana, cocaine and other dangerous substances, including synthetic 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

^a The Oregon-Idaho HIDTA includes the Oregon counties of Clackamas, Deschutes, Douglas, Lane, Linn, Jackson, Malheur, Marion, Multnomah, Umatilla, and Washington; the Warm Springs Indian Reservation in Oregon; and the Idaho counties of Ada and Canyon.

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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, and ease of access to the drugs through family or friends. Furthermore, people who are addicted to prescription opiates are increasingly switching to heroin because it is more available, cheaper, and provides a more intense high than prescription opiates.

Marijuana use, cultivation, and trafficking are pervasive in the HIDTA. Oregon's Medical Marijuana Act,^b which allows for quantities of marijuana to be grown and used for qualifying medical conditions, continues to be exploited to facilitate illegal cultivation for profit. In addition, illicit manufacture and distribution of cannabis extracts, such as hash oil and marijuana wax, have increased in the region due to an expanding market for high-potency cannabis products that produce strong psychoactive effects. Greater demand for potent cannabis extracts 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, but may increase in the near-term due to increased production in Colombia, a source country for the United States. Use of the powder form is common in Southern Oregon, whereas both crack and powdered cocaine is popular in the Portland Metropolitan region.

Synthetic drugs such as MDMA (3,4-methylenedioxymethamphetamine), synthetic cannabinoids, synthetic cathinones, DMT (dimethyltryptamine), and fentanyl analogues are available and distributed in the HIDTA and appear to be rising in prevalence.

Consistent with national trends, Mexican 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 on public lands in the HIDTA. Caucasian DTOs control transportation and distribution of locally-produced indoor marijuana and outdoor marijuana cultivated on private property.

African-American DTOs are largely involved in mid-level and retail distribution of powdered cocaine and crack cocaine in the Portland Metro region, as well as distribution of retail amounts of crystal methamphetamine, heroin, and marijuana within the HIDTA. Asian DTOs are primarily involved in the transportation and distribution of synthetic drugs such as MDMA, but also distribute retail quantities of marijuana, methamphetamine, heroin and cocaine. Other criminal groups, such as criminal street gangs and local independent dealers, also transport and distribute drugs, but to a lesser extent.

During 2016, participating agencies within the Oregon-Idaho HIDTA identified 101 DTOs and 12 Money Laundering Organizations (MLOs) with foreign and domestic connections that were actively operating in the HIDTA; 9 new DTOs were identified between January and June 2017. DTOs in the HIDTA engage in money laundering activities -- the legitimization of illegally obtained proceeds. Bulk cash smuggling, money service businesses, and bank structuring remain primary methods of transferring drug revenues into, through, and out of the HIDTA.

^b Oregon Revised Statutes 475.300 - 475.346.

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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 the HIDTA are an important catalyst for community action and prevention education.

III. HIDTA REGION DESCRIPTION

The Office of National Drug Control Policy (ONDCP) established the Oregon HIDTA in June of 1999. Oregon HIDTA was renamed the Oregon-Idaho HIDTA in 2015 with the addition of two counties in Idaho – Ada and Canyon. 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 (Figure 1; Table 1).



Table 1. Oregon-Idaho HIDTA Area of Responsibility

HIDTA Designated Counties	13 counties (OR=11; ID=2) and the Warm Springs Indian Reservation
Geographic Area (in sq miles)	37,652
Population (July 1, 2016)	3,889,106
Population Density (per sq mile)	103.3
Metropolitan Statistical Areas	7
HIDTA Initiatives	24
HIDTA Task Forces	17
Law Enforcement Partners	Total of 242. Federal (71), state (40), local (124), national guard (4); tribal (3)

Sources: "Core-Based Statistical Areas and Counties", U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau.

Distinguishing Features

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 that 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 37,652 square miles, a land mass nearly the size of Kentucky.

According to U.S. Census Bureau estimates, Oregon ranks 27th in the country in population, exceeding 4 million residents in 2015.¹ 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. 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) (Table 2).² The combined estimated total population of the Oregon-Idaho HIDTA was nearly 3.9 million in 2016.

Table 2. State Snapshot

	Oregon	Idaho
Population (2016)	4,093,465	1,683,140
Population Demographics (2015)		
Caucasian	87.6%	93.4%
Hispanic/Latino	12.7%	12.2%
Asian	4.4%	1.5%
African American	2.1%	0.8%
Native American/Alaskan Native	1.8%	1.7%
Hawaiian/Other Pacific Islander	0.4%	0.2%
Two or more races	3.7%	2.3%
Land area (sq mi)	95,988 sq mi	82,643 sq mi
Population density (per sq mi)	42.6	20.4
Capital	Salem	Boise
County with highest population	Multnomah	Ada

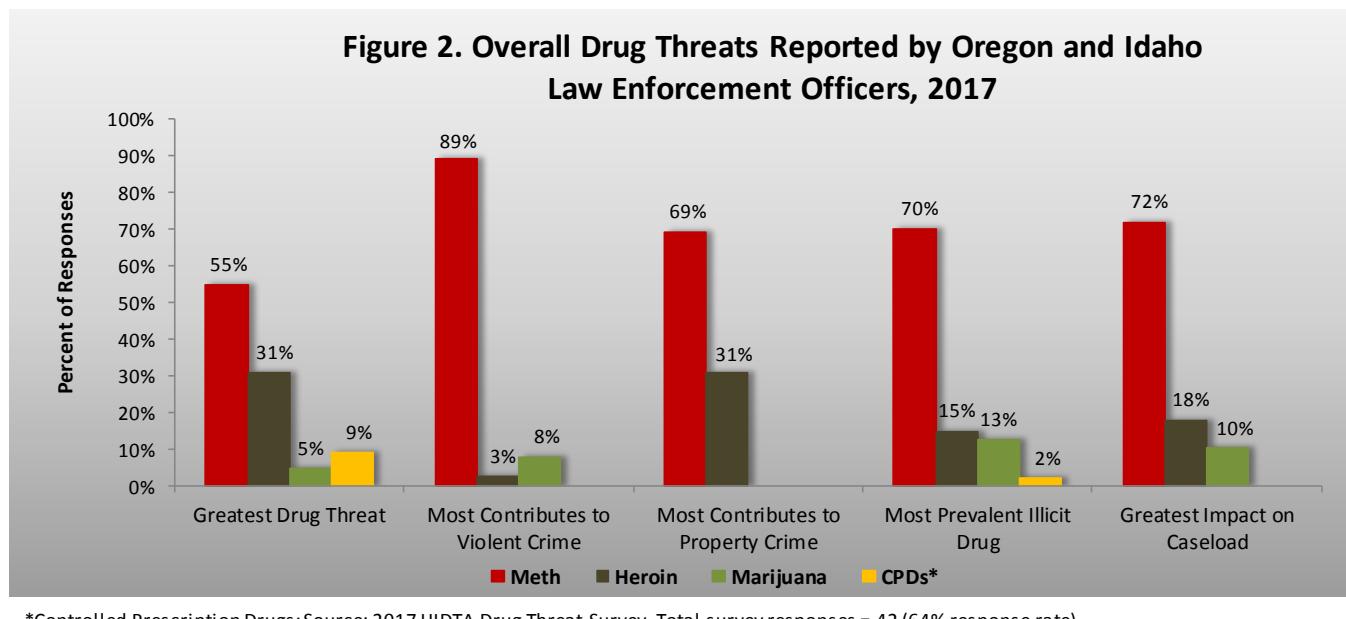
Note: Hispanics may be of any race and are included in all applicable race categories. Source: U.S. Census Bureau, QuickFacts.

The HIDTA contains a network of interstates, highways, secondary roads, and railways that 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. Most of the major cities in the HIDTA are located along the Interstate 5 (I-5) corridor, providing market incentive and abundant opportunities for smuggling illegal drugs through the region. In addition, the railway system in Oregon and Idaho includes passenger trains and a combined total of 30 freight railroads that operate on more than 4,000 miles of active track. With more than half of the 400 known airfields privately used, including airports, heliports, and other landing areas in Oregon and Idaho, trafficking by air is a potential vulnerability the HIDTA.³ Additionally, a high volume of cargo transits Oregon's seaports providing countless opportunities for illicit transport along the region's abundant waterways.

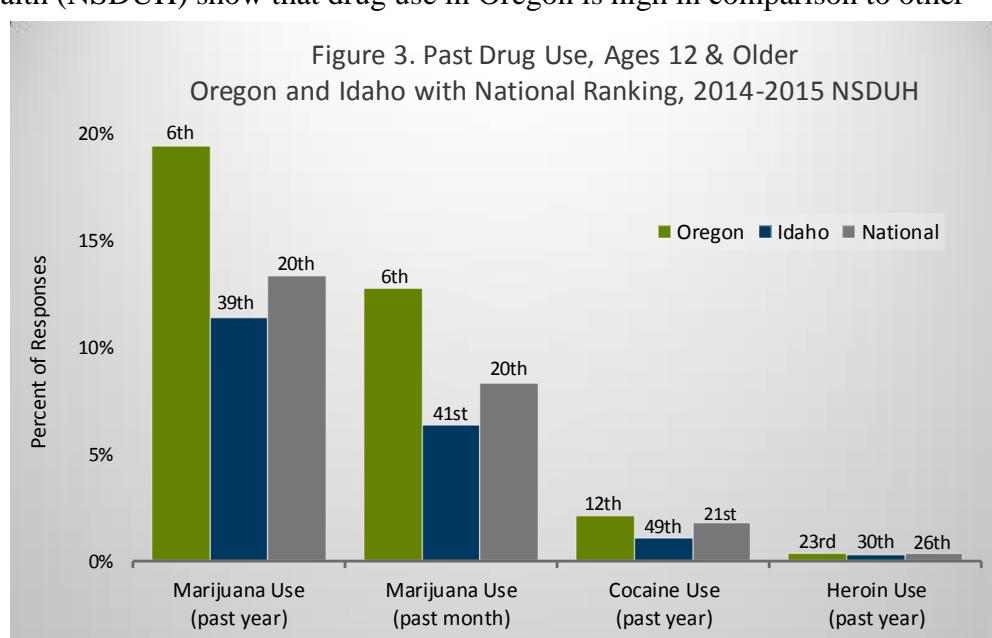
IV. DRUG TRAFFICKING

Threat Overview

Methamphetamine use and trafficking has increased in the Oregon-Idaho HIDTA and reflects the area's greatest drug threat, followed by heroin, controlled prescription drugs, illicit marijuana, cocaine and other dangerous drugs, such as designer and synthetic drugs (Figure 2). Over the last five years, the drug threat environment has shifted in the HIDTA from primarily methamphetamine trafficking and abuse to a dual threat that includes high availability and use of opiate-based drugs.



Past 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 drug use in Oregon is high in comparison to other states. In 2015, Oregon ranked sixth in the nation for reported rates of past month and past year marijuana use and was above the national average for reported use of cocaine and heroin (Figure 3).⁴ In contrast, NSDUH findings for Idaho in 2015 revealed lower rates of marijuana, cocaine and heroin use when compared to the national average.⁵



Additionally, drug samples submitted to the Oregon State Police (OSP) show that methamphetamine is by far the most common drug analyzed in Oregon, followed by heroin, controlled prescription drugs, cocaine, and marijuana. In Idaho, methamphetamine represents close to half of the samples analyzed in 2016, followed by marijuana, heroin, controlled prescription drugs, other dangerous drugs, and cocaine (Appendix C).

Of the nearly 45,000 individuals in the Oregon corrections population in January 2017 (includes offenders in prison or in county jails, and those on probation or parole), the largest portion is comprised of drug offenders (21%);^c nearly twice the number for assault (12.9%).⁶ Out of nearly 15,000 offenders in Oregon state prisons in May 2017, 4 percent were incarcerated solely based on a drug conviction and 14 percent were admitted due to a combination of drug and other offenses.⁷ Oregon Department of Corrections admissions for felony drug offenses in 2016 were primarily due to delivery convictions (86%), with a much smaller proportion of convictions related to possession (11%) and manufacturing (3%).⁸ In Idaho, out of over 8,000 inmates in the Idaho Department of Corrections system in December 2016, the largest portion was incarcerated due to assault (26.4%), followed by property offenses (21.5%) and drug crimes (21.4%).⁹

The highest proportion of drug-related arrests in Oregon in 2016 were for methamphetamine (15,308), followed by heroin (4,990), marijuana (767), and cocaine (727). The arrest rate for methamphetamine and heroin offenses has grown substantially in the state -- more than doubling for methamphetamine and nearly tripling for heroin between 2009 and 2016. In Idaho, marijuana arrests (7,314) represented the largest category of drug-related arrests, followed by methamphetamine (3,173), heroin (450), and cocaine (165). Similar to Oregon, the arrest rate tied to heroin and methamphetamine offenses has increased in Idaho since 2009; methamphetamine arrests in 2015 (3,173) were more than twice as high compared to 2009 (1,367), while heroin arrests were nearly 14 times higher in 2015 (450) than in 2009 (33) (Appendix D).

According to the latest data available, the death rate tied to drug use in Oregon in 2015 is highest for methamphetamine (n=202), followed by heroin (n=107) and cocaine (n=33). Deaths related to misuse of prescription pain relievers have been tracked since 2010, but are excluded from the total drug-related death rate, which is based on cocaine, heroin, methamphetamine, and drug combination categories (Appendix E). The total number of deaths related to illicit drug use in Oregon rose from 234 in 2014 from 287 in 2015.^d Fatalities related to methamphetamine use are at their highest since 2001, increasing 44 percent from 2014 (140) to 2015 (202). The second highest number of deaths was related to heroin, which 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) in 2015.¹⁰ The most recent data on total number of deaths due to prescription opioid overdose show a 7 percent drop from 2013 (150) to 2014 (139).

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 (111) and 2014 (228). Idaho death records indicate

^c Based on offenders' most serious active offense and includes categories of possession, manufacturing and delivery.

^d 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.

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.¹¹

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 52 people connected to active Organized Crime Drug Enforcement Task Force (OCDETF) cases, 16 individuals are tied to Regional Priority Organization Targets (RPOT) and 7 individuals are tied to Consolidated Priority Organization Targets (CPOT). In addition, there are 109 active Federal Felony Drug Warrants in Oregon at the time of this writing.¹² In 2016, the Oregon USMS apprehended close to 1,200 fugitives, with 27 percent of the cases classified as drug-related and 96 percent classified as violent offenders.¹³

The HIDTA serves as a transshipment point for controlled substances smuggled from Mexico and Canada and is emerging as a transit point to various eastern states. Most of the major cities in the HIDTA are located along the Interstate 5 (I-5) corridor, providing market incentive and abundant opportunities for smuggling illegal drugs through the region. Smuggling of illicit drugs and cash in the HIDTA is most often detected overland by way of the highway system, although private and commercial air, rail, and waterways are also used to transport contraband. Interstate 5 is the most commonly used route by traffickers in the HIDTA, reflecting nearly half of the total interdictions reported through the Domestic Highway Enforcement (DHE) program^e between 2008 and 2016. A smaller proportion of seizures occurred on I-84, U.S. Routes 97 and 395, and State Route 140 (Appendix F).¹⁴

Criminal groups in the HIDTA are increasingly using parcel delivery services to transport illicit drugs and cash into and out of the region as a way to avoid law enforcement detection and rapidly move contraband to destinations throughout the United States. Cooperative efforts between HIDTA task forces and parcel delivery companies have resulted in numerous seizures of illicit contraband -- mainly marijuana and drug-related cash, but also methamphetamine, heroin, controlled prescription drugs, and cocaine.

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-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.

Of the law enforcement officers surveyed in 2017, 55 percent reported methamphetamine as the greatest drug threat to their area,^f with the majority indicating methamphetamine as the drug that contributes most to violent crime (89%) and property crime (69%). Furthermore, more than two-thirds of officers ranked methamphetamine as the illicit drug that was most prevalent (70%) and had the greatest impact on case load (72%).¹⁵

^e 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.

^f Officers who responded that crystal methamphetamine was their area's greatest drug threat represented agencies in Oregon's Deschutes, Douglas, Jackson, Klamath, Lane, Lincoln, Malheur, Marion, Multnomah, Polk, Umatilla, Union, Wasco, Washington, and Yamhill counties, the Warm Springs Indian Reservation, and Idaho's Ada county.

Availability

Most methamphetamine available in the region is imported from Mexico, or, to a smaller degree, reconstituted from powder or liquid form in California and the Southwest states and then transported north to Oregon and Idaho. Despite additional controls placed on precursor chemicals in the state^g and internationally^h, methamphetamine continues to flow into the United States to and through Oregon and Idaho in the form of crystal methamphetamine.

Nearly all (98%) of law enforcement officers surveyed in 2017 indicated that crystal methamphetamine was highly available in their area during 2016, with more than 40 percent reporting increased availability.¹⁶ In the last several years, the price per pound for methamphetamine has dropped substantially in all Oregon regions of the HIDTA. For example, between 2015 and 2017, prices fell by over half in the Portland Metro area and by slightly less than half in counties in the eastern and southern regions.¹⁷

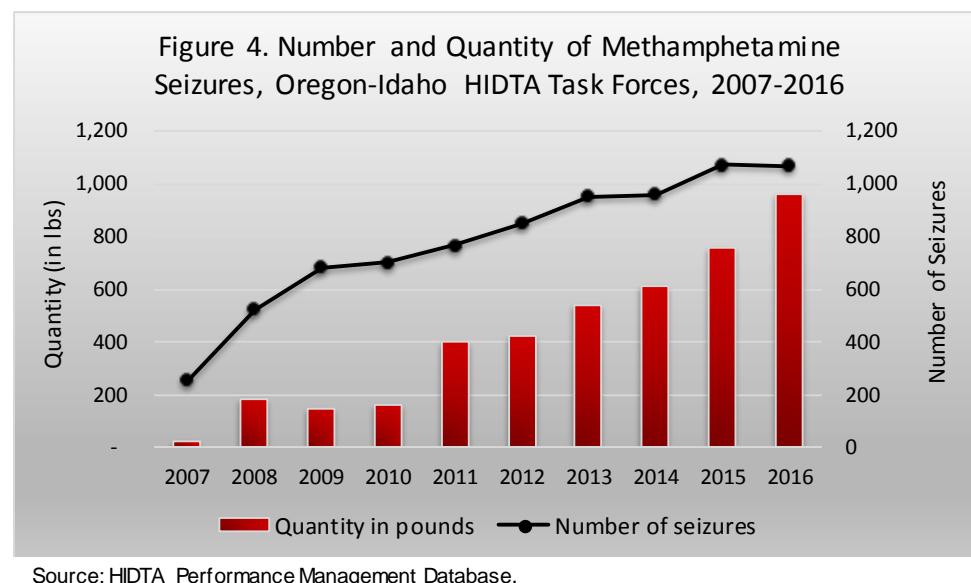
The number of seizures and volume confiscated by Oregon-Idaho HIDTA task forces has grown dramatically since 2007, supportive of a rise in availability. HIDTA task forces confiscated 959 pounds of crystal methamphetamine in 2016 – over six times the quantity seized in 2010 (157 lbs) (Figure 4).

Since 2012, a higher number of seizures have been reported in multi-kilogram amounts.¹⁸

Furthermore, methamphetamine confiscated on Oregon's highways rose over sixfold from 2008 (38 lbs) to 2015 (251 lbs), falling to 176 pounds in 2016, possibly due to a reduction in law enforcement resources committed to highway interdiction. Recent

reporting in Idaho is also suggestive of increased

methamphetamine trafficking; 13 pounds were seized in Ada County in 2016 with a reported destination of Boise.¹⁹



The number 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, increasing from slightly over 40 percent of drug samples analyzed in 2009 to more than 60 percent in 2016.²⁰ Likewise, samples

^g In 2005, the Oregon Legislature passed HB 2485 and SB 907, effective July 1, 2006, making Oregon the first U.S. state to require a physician's prescription to purchase cold and allergy medications containing pseudoephedrine, ephedrine, or phenylpropanolamine.

^h The Government of Mexico implemented progressively tighter restrictions on ephedrine and pseudoephedrine imports since 2005 -- banning use of the chemicals in 2009.

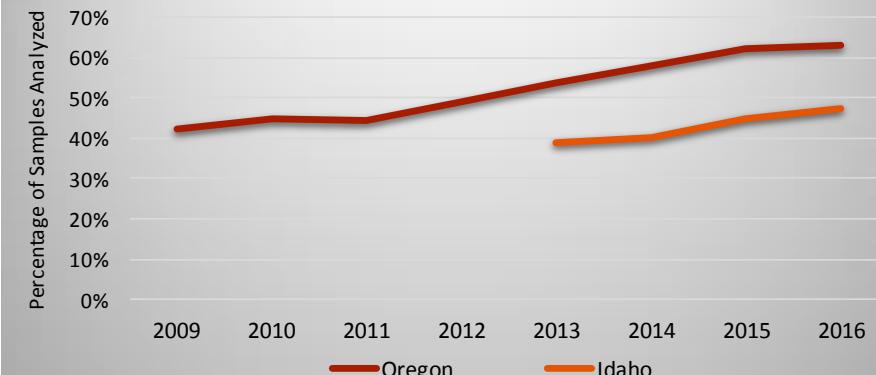
recently analyzed from the Idaho State Police (ISP) show that methamphetamine reflected nearly half of the drug types submitted, outpacing cannabis in 2015 and continuing to rise in 2016 (Figure 5).²¹

Use

Use of methamphetamine remains widespread as evidenced by the high number of treatment admissions, related deaths and arrests

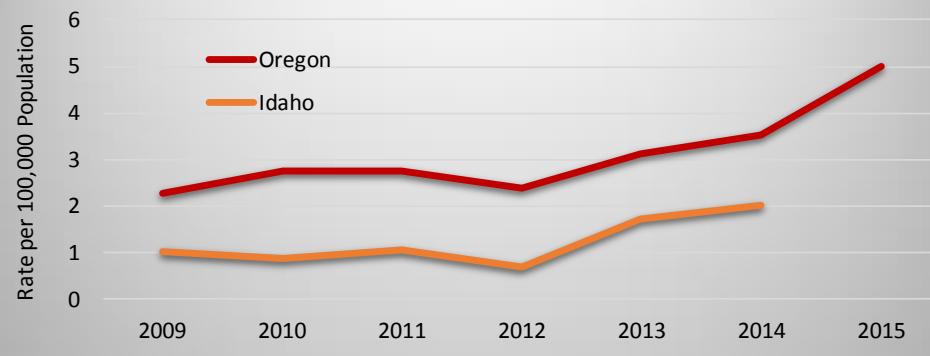
reported in the HIDTA. The latest data available on treatment admissions show that over one-third of admissions in Oregon counties within the HIDTA during 2015 were related to methamphetamine (37%), followed by admissions for heroin (28%), marijuana (24%), non-heroin opiates/synthetics (10%), and cocaine (1%).²² County level admissions data was not available for Idaho; however, statewide findings revealed that methamphetamine (55%) and marijuana (23%) were the primary admissions in 2015, followed by heroin (11%), non-heroin opiates/synthetics (10%), and cocaine (1%).²³

Figure 5. Methamphetamine Samples Submitted for Analysis, Oregon and Idaho



Notes: 1) Percentages based on total drug samples analyzed; 2) Data for Idaho was not available prior to 2013. Source: OSP Forensic Services Division; ISP Forensic Services.

Figure 6. Deaths Related to Methamphetamine¹ Oregon and Idaho



Notes: 1) For Idaho, methamphetamine is included in the category of "psychostimulants with abuse potential," which also includes MDMA; 2) Only 58% of Idaho death certificates from 2009 through 2013 included type of drug; 3) Data for Idaho was only available through calendar year 2014. Sources: Oregon State Medical Examiner; Idaho Department of Health and Welfare.

Furthermore, according to the most recent drug-related death information in Oregon, the rate of fatalities connected to methamphetamine use rose over 130 percent from 2009 (n=87) to 2015 (n=202), an historic high. (Figure 6).²⁴

Fatalities due to methamphetamine use are rarely a result of overdose; most occur from traumatic accidents where people have the

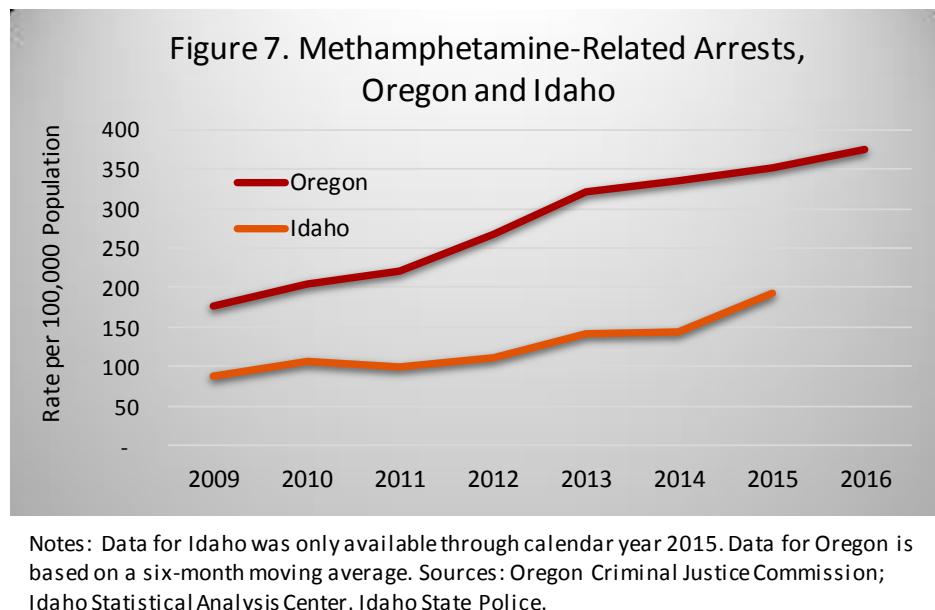
drug in their system or from physiological reactions such as seizures, strokes or heart attacks.²⁵ While low compared to other major drugs, deaths related to the category psychostimulantsⁱ, which includes methamphetamine, increased threefold in Idaho between 2012 (n=11) and 2014 (n=33), the latest information available (Figure 6).²⁶ In addition, arrests for methamphetamine-related offenses in Oregon are the highest of any drug category, more than doubling between 2009 (n=6,691) and 2016

ⁱ The number of deaths related to methamphetamine use is tracked under the category of "psychostimulants with abuse potential in Idaho."

(n=15,308).^{j,27} In Idaho, there are far fewer arrests related to methamphetamine than for marijuana; however, recent data showed arrests connected to methamphetamine more than doubled between 2009 (n=1,367) and 2015 (n=3,173) (Figure 7).²⁸

Production

Methamphetamine produced in the HIDTA is manufactured in small-scale laboratories or one-pot methods and consumed locally. 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. The number of labs in Oregon dropped from a total of 192 seized in 2005 to an average of 9 labs seized annually in the state since 2009. Methamphetamine production in Idaho has remained low with an average of 5 labs seized between 2010 and 2015; no labs were reported in 2016 (Appendix G).²⁹



Transportation

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 located mainly in California, and to a lesser extent in Texas, Arizona, Georgia, and Oregon.³⁰ 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 easy to conceal and the conversion process creates few toxic by-products. Methamphetamine suspended in solution is shipped in containers such as liquor bottles and coolers and then crystalized for distribution.³¹ Unfinished product has been seized in Oregon over the last several years. For example, in June 2015, OSP officers stopped a car on Interstate 5 outside of Sutherlin, Oregon and discovered 64 pounds of methamphetamine suspended in liquid and concealed in tequila bottles.³² 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).³³ As of this writing, no conversion labs have been seized in Idaho.³⁴

Key Intelligence Questions

- To what extent is methamphetamine suspended in liquid trafficked in the HIDTA?
- How prevalent are conversion labs in the region?
- What is the volume of methamphetamine trafficked through parcel post, by rail, by air, or through use of waterways?

^j Includes arrests for possession, delivery, and manufacturing offenses.

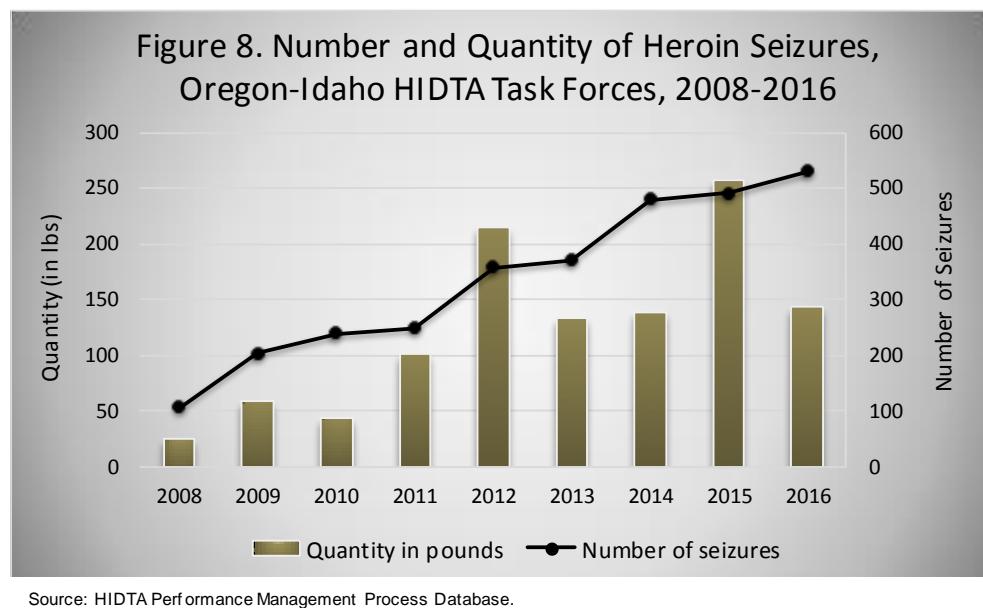
2. Heroin

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.³⁵ Heroin availability has grown in the 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.^k

Availability

Nearly one-third (31%) of law enforcement officers surveyed in Oregon and Idaho in 2017 indicated that heroin was the principal threat to their area due to increased availability, rise in the number of new and younger users, associated overdoses, and link to serious person and property crimes. More than 60 percent of the officers reported that a high level of heroin was available in their area in 2016. In addition, nearly half (49%) of the officers indicated heroin availability rose in their jurisdiction in the last year, primarily in counties bordering or near the I-5 corridor (Clackamas, Jackson, Josephine, Linn, Marion, Multnomah, Polk, Yamhill), coastal counties located along Highway 101 (Coos, Lincoln, Tillamook), rural counties located in the eastern half of the state (Klamath, Umatilla, Union), and in Idaho's Ada County.³⁶

Cultivation of opium has expanded in Mexico and has led to increased trafficking, lower prices and greater availability of brown powder and black tar heroin in the United States.³⁷ Access to heroin has grown in the HIDTA and surrounding region, with a striking rise in the number of seizures and quantity confiscated by HIDTA task forces. While volume has fluctuated, the number of heroin seizures increased fivefold from 2008 to 2016. The volume of heroin seized in 2015 was over 10 times higher compared to 2008 with yearly totals of more than 100 pounds confiscated since 2010 (Figure 8).³⁸



^k Officers who responded that heroin was their area's greatest drug threat represented agencies in Benton, Clackamas, Clatsop, Coos, Josephine, Lane, Linn, Marion, and Multnomah counties in Oregon and Ada County in Idaho.

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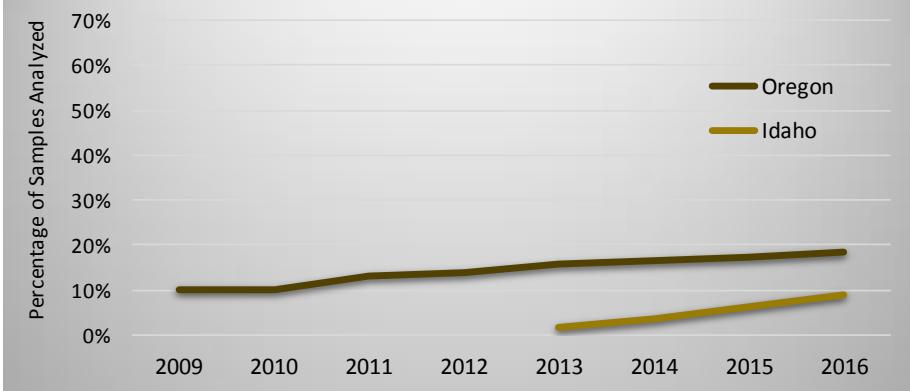
The number of drug samples analyzed is also supportive of a rise in heroin availability. The number of heroin samples submitted for analysis in Oregon more than doubled between 2009 and 2015 and continued to rise in 2016, reflecting the second most common drug analyzed.³⁹ Heroin samples submitted in Idaho increased 86 percent from 2014 to 2015, rising to the third most common drug category analyzed in 2016 (Figure 9).⁴⁰

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.⁴¹ 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.

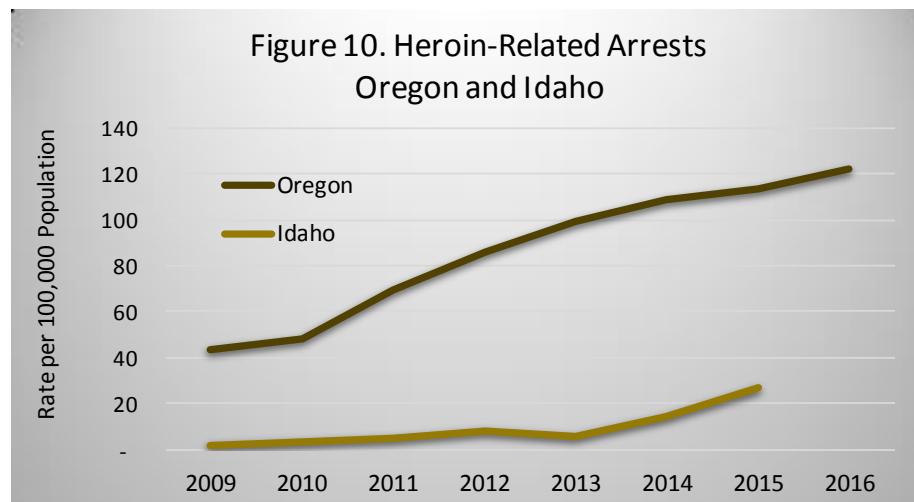
Historically a problem largely confined to Portland, Oregon, heroin use has spread to smaller cities and rural areas in the HIDTA. Heroin in powder form can be effectively smoked or snorted rather than injected which heightens its appeal to new users who are concerned about the stigma associated with injection drug use. 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 have contributed to a high number of people who are opiate dependent in the United States, including residents in Oregon and Idaho.

Figure 9. Heroin Samples Submitted for Analysis
Oregon and Idaho



Notes: 1) Percentages based on total drug samples analyzed; 2) Data for Idaho was not available prior to 2013. Source: OSP Forensic Services Division; ISP Forensic Services.

Figure 10. Heroin-Related Arrests
Oregon and Idaho



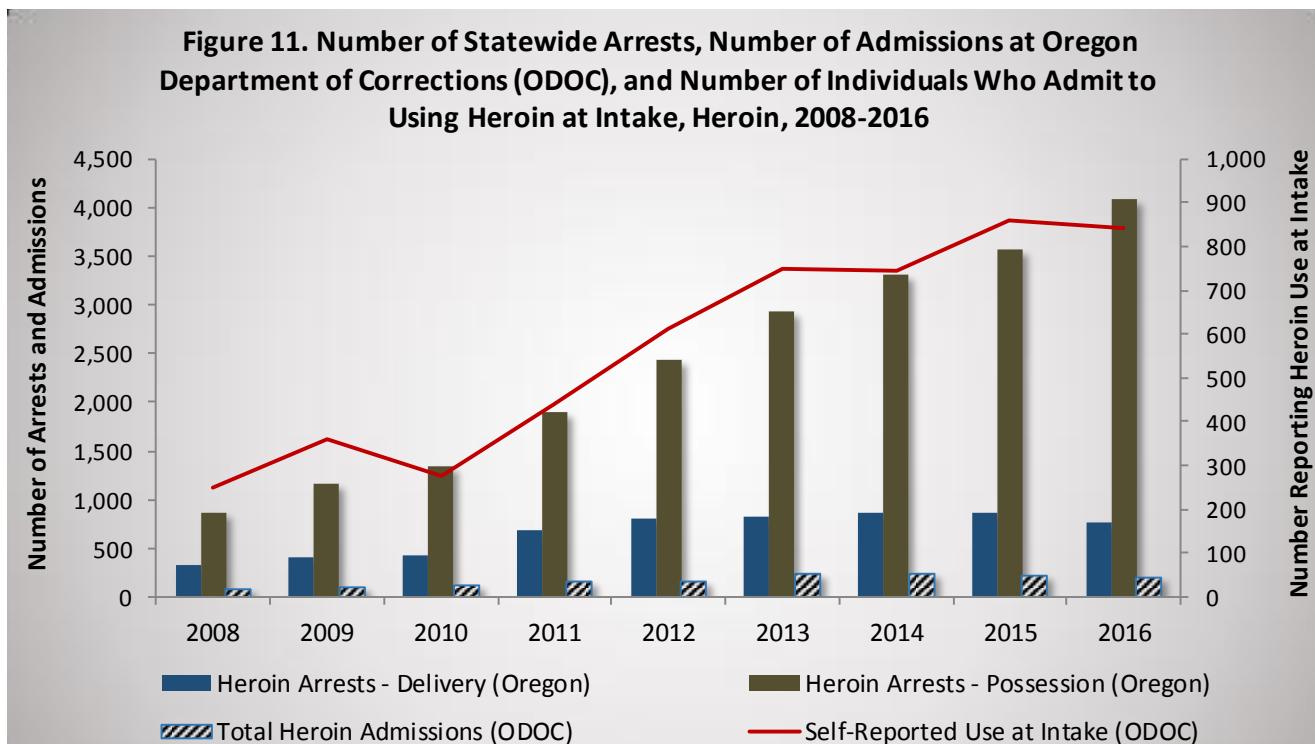
Notes: Data for Idaho was only available through calendar year 2015. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

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, most of which were related to possession charges (82%)¹, grew 200 percent in Oregon between 2009 (n=1,642) and 2016 (n=4,990), and have exceeded arrests for marijuana since 2012 (Figure 10);

¹ Other arrest categories included manufacture and delivery.

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Appendix D).⁴² Furthermore, the number of people who admitted to regular heroin use at intake in the Oregon Corrections System in 2016 (842) was more than three times the number of intakes reported in 2008 (248) (Figure 11).⁴³ In Idaho, the arrest rate for heroin has also increased, rising 500 percent from 2011 (n=75) to 2015 (n=450) (Figure 10).⁴⁴



Sources: Drug Arrest Graphs, Criminal Justice Commission; Admissions and Self-Reported Use, Oregon Department of Corrections.

Treatment-related admissions for heroin use is also high in the HIDTA. According to the latest information available, the number of people admitted to treatment facilities for heroin use in Oregon is second only to methamphetamine with more than 4,400 admissions reported in 2015.⁴⁵ In comparison, heroin admissions were a smaller proportion of total treatment admissions in Idaho, but rose over 400 percent from 2002 (37) to 2015 (199).⁴⁶

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. 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 most recent data on drug fatalities in Idaho show that the rate of heroin-related deaths doubled from 2013 (n=6) to 2014 (n=12) -- but remain low compared to Oregon. Oregon death rates rose between 2010 (n=90) and 2012 (n=147), but declined by 2015 (n=107) (Figure 12, page 14).⁴⁷ While data for 2016 was not available at the time of publication, the drop in the heroin death rate between 2012 and 2015 suggests that recent amendments to state law allowing wider access to the anti-overdose drug naloxone may have contributed to the decline in heroin deaths.^m In June 2013, the law was changed to

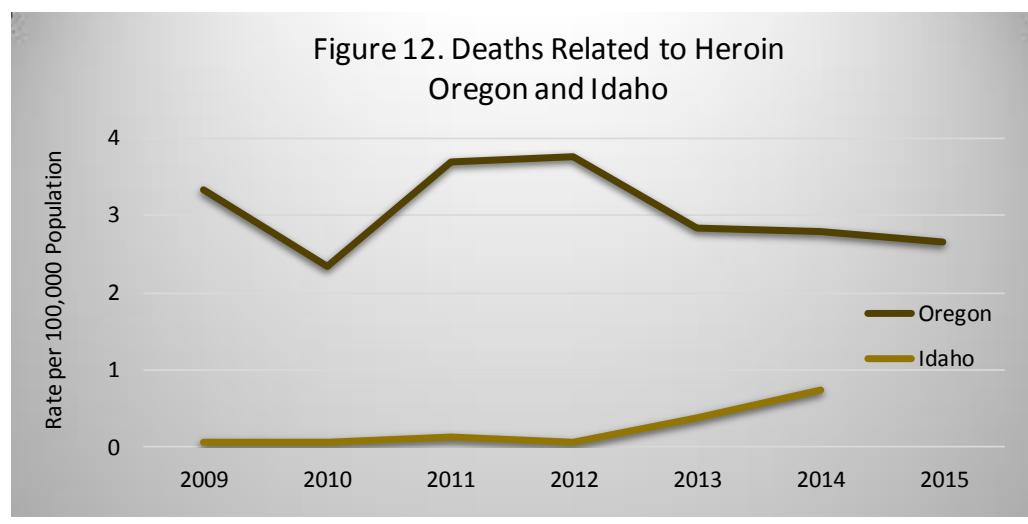
^m Naloxone is an opiate receptor antagonist that quickly attaches to opioid receptors in the body, preventing heroin from activating them.

allow the drug to be possessed and administered by anyone who completes training -- including a user's friends, family, or case-worker -- rather than solely by medical professionals.^{n,48} 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.⁴⁹

Production

Although Afghanistan produces the vast majority of the world's heroin supply, most heroin imported into the United States is from Mexico. Opium data, estimated pure poppy output, 2015.⁵⁰



Notes: 1) Only 58% of Idaho death certificates from 2009 through 2013 included type of drug; 2) Data for Idaho was only available through calendar year 2014. Sources: Oregon State Medical Examiner; Idaho Department of Health and Welfare.

is from Mexico. Opium poppy cultivation has increased in Mexico since 2000. According to federal data, estimated pure potential production of heroin rose from 26 metric tons in 2013 to 70 metric tons in 2015.⁵⁰

Transportation

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.⁵¹

Mexican DTOs dominate the trafficking of Mexican black tar heroin and Mexican brown-powder heroin into and through Oregon and Idaho. These groups and independent dealers use private and commercial vehicles to transport the drug from Mexico, California, and Southwest states mainly on I-5 and to a lesser extent on U.S. Highways 101 and 97.

Key Intelligence Questions

- Has the rate of heroin-related deaths continued to decline in Oregon since 2015?
 - How many heroin users in Oregon and Idaho currently possess or have access to naloxone?
 - Has naloxone deployment in the region reduced the number of heroin-related deaths?
 - Has the number of heroin admissions to treatment facilities continued to rise in the HIDTA since 2015?
 - How much heroin is trafficked through parcel post, by rail, by air, or through use of waterways?

ⁿ SB 384 was effective June 6, 2013.

3. Controlled Prescription Drugs

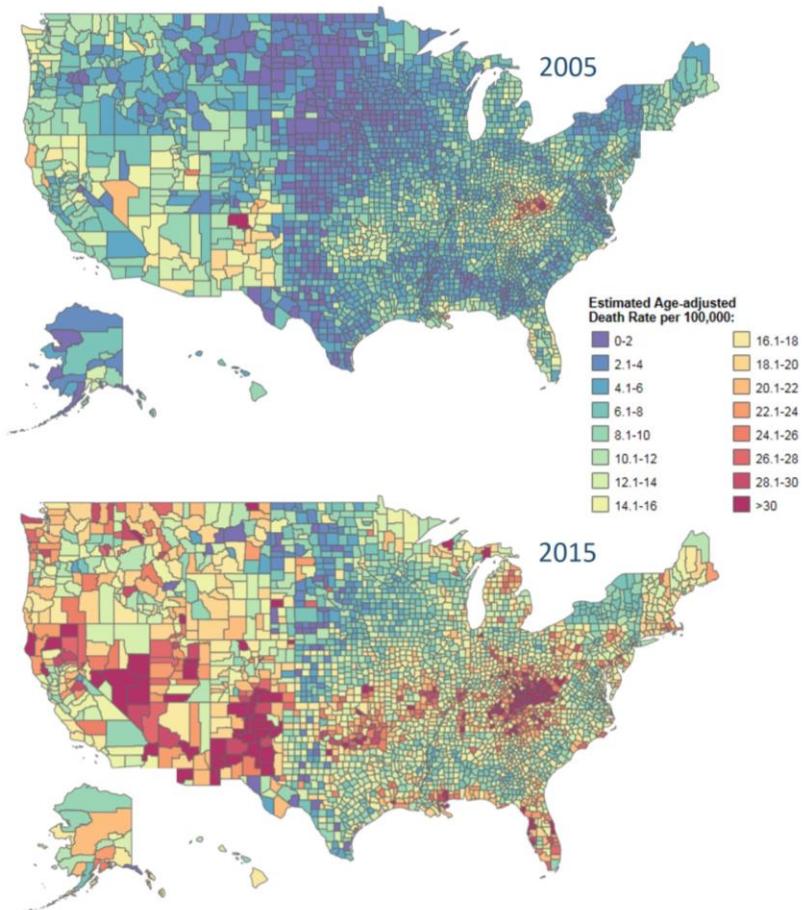
The threat posed by misuse of controlled prescription drugs (CPDs), specifically prescription opioid painkillers^o, has grown significantly in the United States since 2000. Drug poisoning, mainly in the form of overdoses, is currently the leading cause of injury death in the nation with over 52,000 people dying from drug overdoses in 2015, more than any prior year on record (Figure 13).⁵² Opioids, mostly prescription pain relievers and heroin, are the primary drugs connected to hospitalizations and overdose deaths.

Opiate dependence is especially high in Oregon. In the most recent state level data from the NSDUH, Oregon ranked fourth in the United States in 2014 for reported rates of past year non-medical use of pain relievers by people ages 12 or older.⁵³ In Idaho, non-medical use has increased over the last decade for people ages 12 and above, but the state ranked well below the national average at 35th in 2014.⁵⁴

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 continued to prescribe opioid medications for longer than the three-day period recommended by the CDC,^p with nearly a quarter (23%) reporting they prescribe a least a 30-day supply of opioids.^{q,55} In Oregon, nearly half the prescriptions for CPDs dispensed at retail pharmacies in the state in 2016 were for opioids^r; the second most prescribed class of medications was for

Figure 13. Overdose Deaths – United States



Source: Drug Poisoning and Mortality: United States, 2005 and 2015, National Centers for Health Statistics, Centers for Disease Control and Prevention

^o Controlled prescription drugs are regulated under the Federal Controlled Substances Act (CSA) that 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.

^p 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.

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

^r Derived from opium poppies and used for pain relief; includes hydrocodone, oxycodone, tramadol, morphine.

benzodiazepines, drugs commonly used for treating anxiety and insomnia (Table 3).^{s,56} Data related to prescription drugs dispensed in Idaho was not available at the time of publication.

Over 60 percent of Oregon and Idaho law enforcement officers surveyed in 2017 indicated a high level of illicit prescription narcotics available in their area, with four agency representatives in Oregon stating that CPDs, specifically pharmaceutical opiates, were their area's greatest drug threat because of their widespread availability and connection to heroin use and overdose deaths.^t Nearly 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 (32%) and stimulants (14%).⁵⁷ Of the CPDs seized by HIDTA task forces in 2016, nearly 70 percent were prescription opioids (including methadone) (Figure 14).⁵⁸

Use

The misuse of prescription painkillers has grown dramatically in Oregon and Idaho in the last decade, paralleling national trends.

According to the most recent national survey, reported use in Oregon is high, especially among those between the ages of 18 and 25 years.⁵⁹ 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.⁶⁰

The rate of hospital admissions

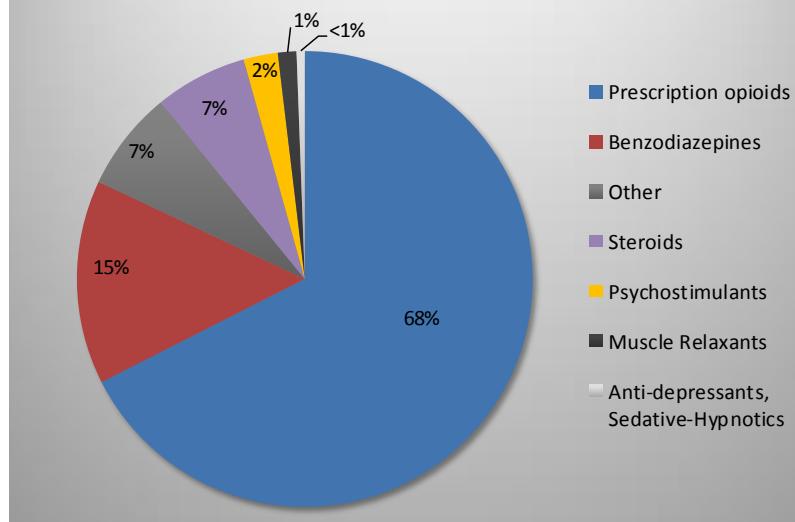
related to misuse of prescription painkillers has substantially increased in Oregon since 2000. For instance, the most recent data on hospitalizations related to pharmaceutical opioid overdose showed a dramatic 425 percent rise from 2000 to 2011, declining only 20 percent by 2014.⁶¹ The highest rates of hospitalization were in counties along the North Coast (Clatsop, Tillamook, and Lincoln), South (Coos, Josephine, Jackson) and Northeast (Union) regions of the state.^{u,62} Hospital overdose admission data was

**Table 3. Top 12 Prescriptions in Oregon
Calendar Year 2016**

Drug	Number of Rx	% of all Rx
Hydrocodone	1,521,274	21.9%
Oxycodone	1,137,430	16.4%
Lorazepam	403,463	5.8%
Tramadol	400,881	5.8%
Zolpidem	392,431	5.7%
Amphetamine	334,882	4.8%
Alprazolam	333,086	4.8%
Clonazepam	306,313	4.4%
Methylphenidate	250,554	3.6%
Pseudoephedrine	246,725	3.6%
Morphine	232,697	3.4%
Diazepam	159,538	2.3%

Source: Oregon Health Authority.

Figure 14. Controlled Prescription Drugs Seized in the Oregon-Idaho HIDTA, 2016



Source: Oregon-Idaho HIDTA Performance Management Process data, March 2017.

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

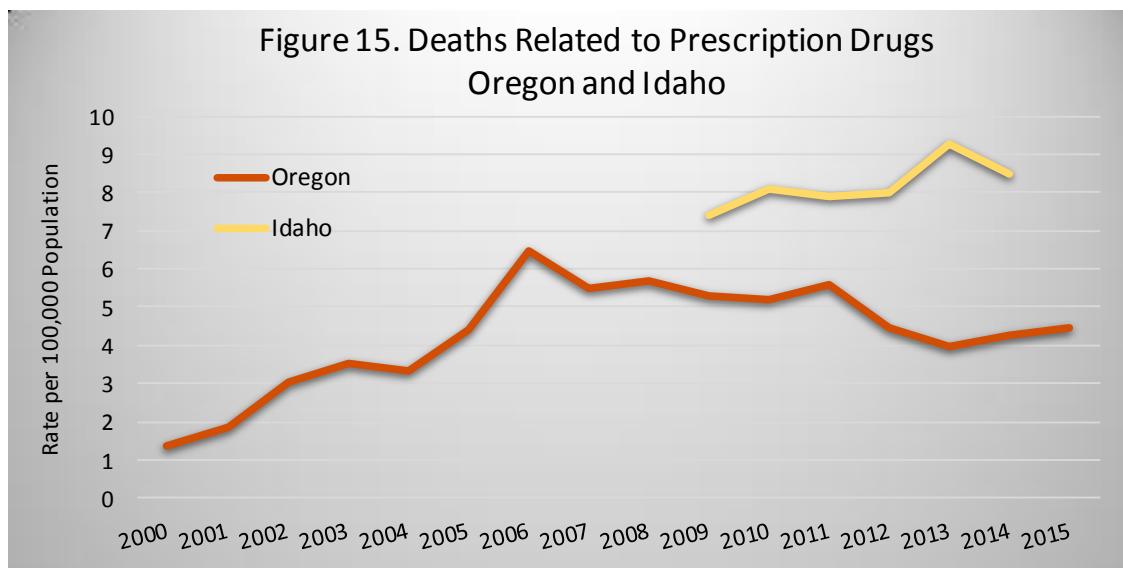
^t Officers who responded that CPDs were their area's greatest drug threat represented agencies in Clackamas, Gilliam, Tillamook, and Washington counties.

^u Based on rate per 100,000 residents in Oregon.

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not available for Idaho; however, ten percent of admissions to treatment facilities were related to non-prescribed use of opiates, more than doubling from 2014 to 2015.⁶³

According to Oregon epidemiologists, poisoning mortality in the state is mainly driven by deaths connected with prescription opioids.⁶⁴ The death rate tied to misuse of prescription opiates remains at a high level in Oregon, rising nearly 400 percent from 2000 to 2006 before declining by nearly a third in 2015.⁶⁵ Deaths tied to prescription opioids were not available for Idaho. However, fatalities associated with misuse of prescription drugs in general (mostly opioids) were the highest of any drug category in the state. The rate of deaths is higher in Idaho compared to Oregon and grew over 20 percent from 2009 (n=115) to 2014 (n=139) (Figure 15).⁶⁶



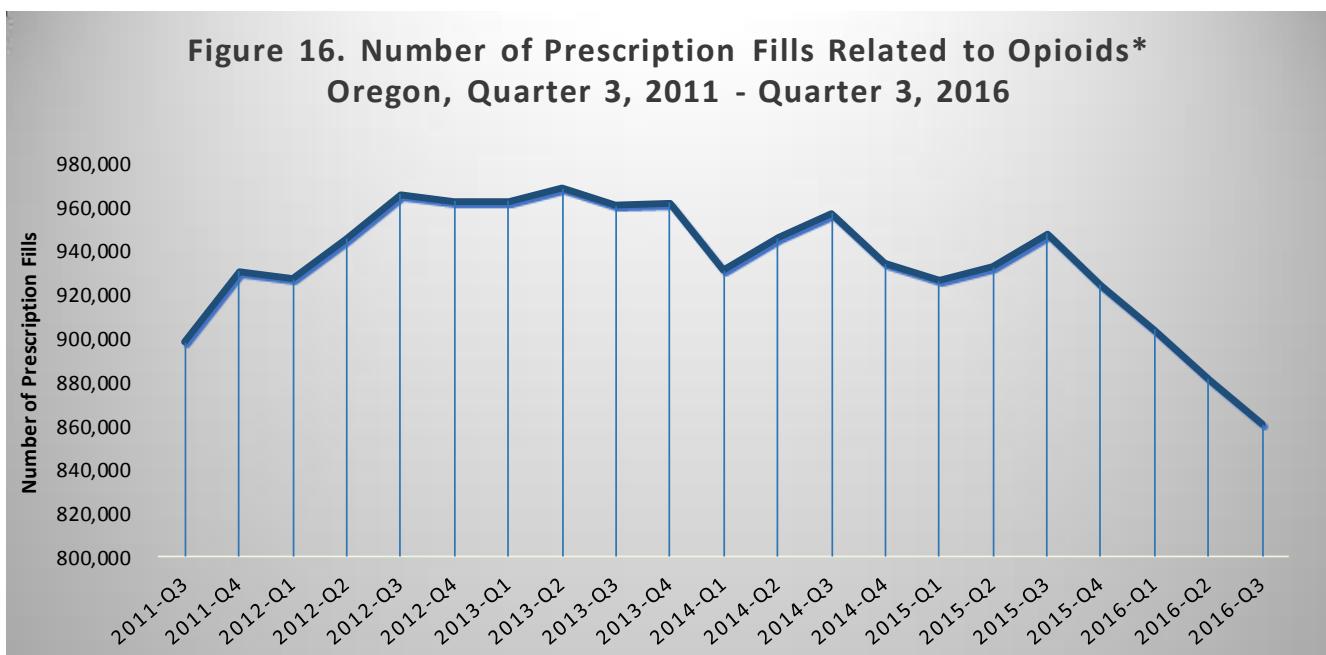
Notes: 1) Category for Oregon was based on deaths related to pharmaceutical opioids. 2) Category for Idaho was based on prescription drugs and instances where "pain medication" or "prescription medication" was noted on death certificate. 2) Only 58% of Idaho death certificates from 2009 - 2013 included type of drug; 3) Data for Idaho was available only through calendar year 2014. Sources: Oregon State Medical Examiner; Idaho Department of Health and Welfare.

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),^v 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.⁶⁷

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.⁶⁸ Between quarter 3, 2012 and quarter 3, 2016, the number of prescriptions filled for opioids dropped 11 percent, an indication that enhanced guidelines are working and supportive of a decline in potential supply for misuse (Figure 16, page 18).⁶⁹ In addition, the DEA finalized production quotas in October 2016, issuing a Final Order reducing the amount of opioid controlled medications, such as oxycodone, hydromorphone, codeine and fentanyl that can be manufactured in the United States in

^v 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.

2017. Under the order, nearly every Schedule II opiate and opioid substance will be reduced by a minimum of 25 percent.⁷⁰



*The number of prescription fills does not include Tramadol, which was moved to DEA Schedule IV, effective 8/18/2014. Tramadol data was excluded from the graph because it reflected a change in reporting rather than a true increase. Source: Oregon Health Authority.

Prescription drug misuse in Oregon and Idaho has contributed to abuse of heroin in the region. Law enforcement reporting suggests that 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.⁷¹ There is broad support for the idea that non-medical use of prescription opioids may lead to use of illicit drugs, heroin in particular.⁷² 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.⁷³

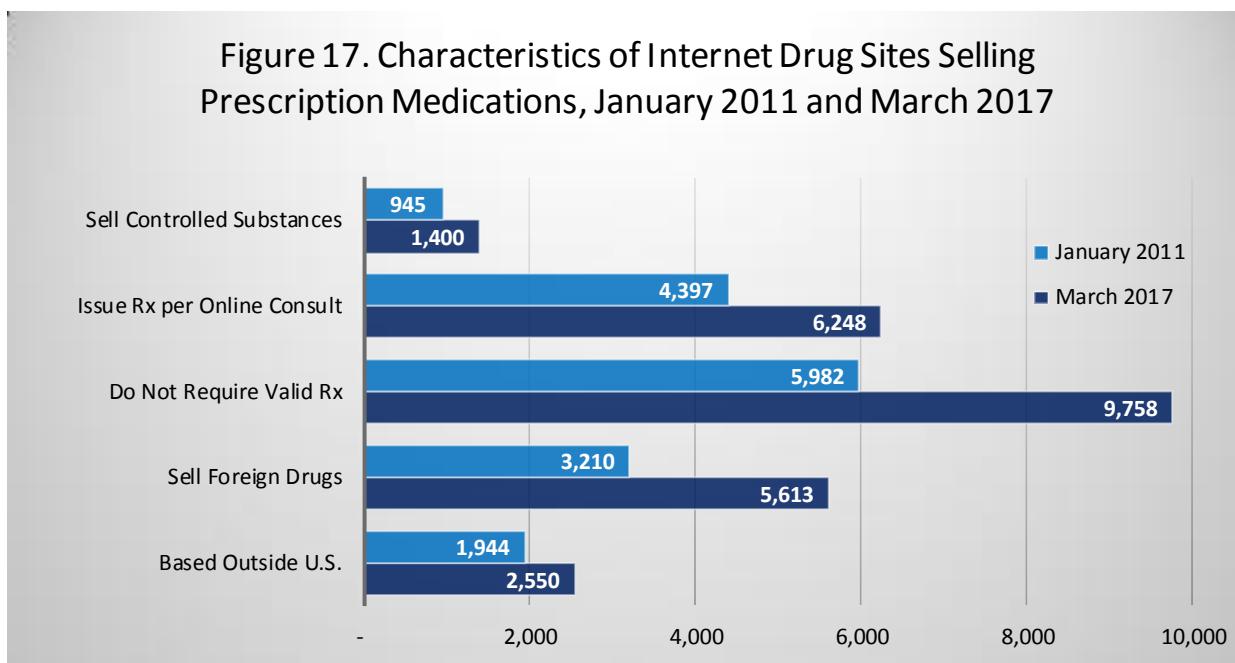
Transportation/Diversion

Prescription drug diversion can occur at any point in the process from point of manufacture, to distribution to pharmacies and medical providers, and ultimately to the patient. Diversion is the illegal distribution or abuse of medications for purposes not intended by the prescriber. National studies on use suggest that prescription medications are largely diverted through family or acquaintances. Among people ages 12 and older who reported using pain relievers non-medically in the last year, the most common reported sources were acquisition through a friend or relative and obtaining drugs through prescriptions or through health care providers.⁷⁴ In the HIDTA, diversion of prescription medications occurs mainly through illicit acquisition from family or friends, doctor shopping, and street deals, but also through forged prescriptions, residential or pharmacy burglaries, and theft.⁷⁵

Diversion also occurs 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. Rogue sites commonly operate from foreign countries and illegally ship substandard or counterfeit drugs into the United States.⁷⁶ Out of the nearly 11,500 web sites identified by the National Association of Boards of Pharmacy in December 2016 as selling

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pharmaceutical drugs out-of-compliance with state and federal laws, 96 percent were found to be dispensing medications without a valid prescription (Figure 17).⁷⁷



Source: Internet Drug Outlet Identification Program, Progress Report for State and Federal Regulators, March 2017, January 2011, National Association of Boards of Pharmacy.

Key Intelligence Questions

- Has the rate of prescription opioid-related deaths continued to decline in the HIDTA since 2015?
- Has the number of treatment admissions for non-medical use of prescription pain relievers continued to rise in the HIDTA since 2015?
- How many people who are addicted to prescription painkillers in Oregon and Idaho have switched to using heroin?
- To what degree have trafficking groups added prescription drugs to their supply?
- To what extent are synthetic drugs being sold as counterfeit prescription drugs?

4. Marijuana

Marijuana is highly available and widely used in the Oregon-Idaho HIDTA. Cannabis extracts such as hash or honey oil and wax, as well as THC-infused products (e.g., cookies, candies, beverages) are increasingly prevalent. Cannabis contains chemicals known as “cannabinoids”; THC (delta-9-tetrahydro-cannabinol) is the cannabinoid responsible for most of the psychoactive effects of the plant.

Oregon remains a source area for marijuana produced and trafficked outside the legal framework of the Oregon Medical Marijuana Program (OMMP) and existing state recreational laws, as well as for marijuana illegally produced on public lands. Oregon state law currently allows possession, cultivation and distribution of marijuana within specified limits under the Oregon Medical Marijuana Act (passed in

1998)^w and the Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act (passed in 2014).^x In contrast, Idaho marijuana laws remain some of the toughest in the nation with all possession, manufacture, and sale of the drug strictly prohibited.⁷⁸

Availability

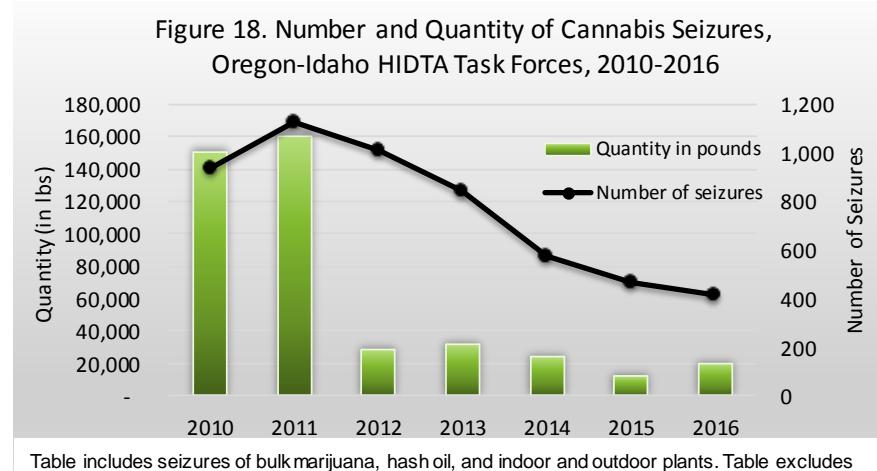
The amount of marijuana available in the region has grown over the last decade due to the proliferation of DTO-operated indoor and outdoor cultivation operations between 2006 and 2010, and more recently, to criminal exploitation of the OMMP and state recreational use laws. All of the Oregon and Idaho law enforcement officers surveyed in 2017 reported a high level of marijuana available in the last year; over 80 percent indicated that extracts were highly available with 70 percent noting a rise in prevalence.⁷⁹

In contrast, the volume of marijuana seized by HIDTA task forces has declined significantly in the last five years showing a nearly 90 percent drop from 2011 (160,000 lbs) to 2016 (20,000 lbs) (Figure 18; Appendix H). The decline in seizures is largely connected to the dramatic drop in plants seized from outdoor Mexican DTO cultivation sites in Oregon and changes in operational direction by law enforcement and prosecutors after legalization of recreational marijuana in 2015.

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, an unlimited number of immature plants,^y and up to 6 mature plants -- the equivalent of 15 pounds at any one time.⁸⁰ Individuals registered

as caregivers can cultivate marijuana for an unlimited number of OMMP patient cardholders. With 6 mature plants and an unlimited number of 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. The total number of OMMP cardholders, including patients and caregivers, rose to an all-time high of 113,582 in April 2016, over seven times the number of cardholders reported in April 2006 (15,894) (Figure 19, page 21; Appendix I). Cardholder totals declined more than 20 percent between April 2016 and April 2017, possibly due to the availability of recreational product.



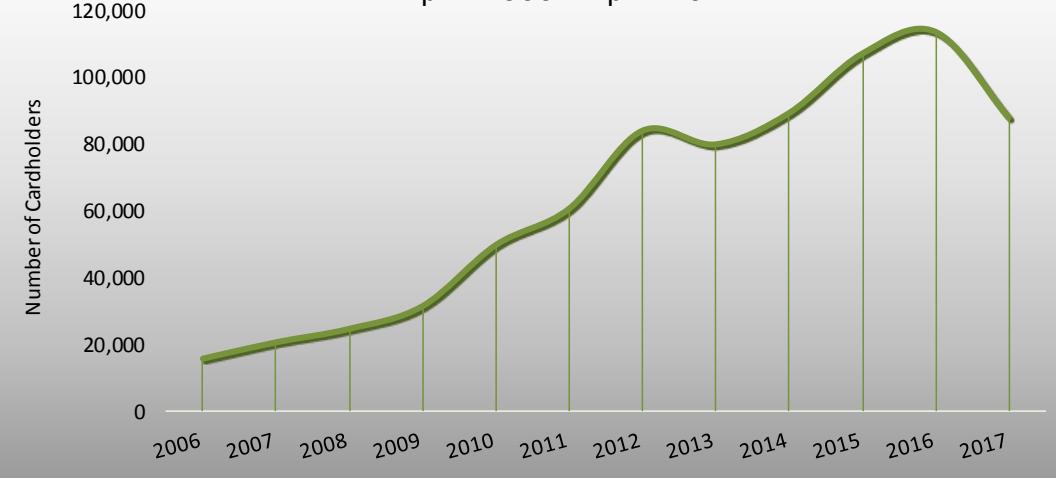
^w The Oregon Medical Marijuana Act (ORS 475.300 – 475.346) was passed into law in 1998 and established a state-controlled permit system. The Oregon Medical Marijuana Program (OMMP) was created to administer the registration program in May 1999. The law conflicts with national safety regulations and requirements for medicines established by the Food and Drug Administration (FDA).

^x 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.

^y Defined as non-flowering.

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**Figure 19. Oregon Medical Marijuana Cardholders,
April 2006 - April 2017**

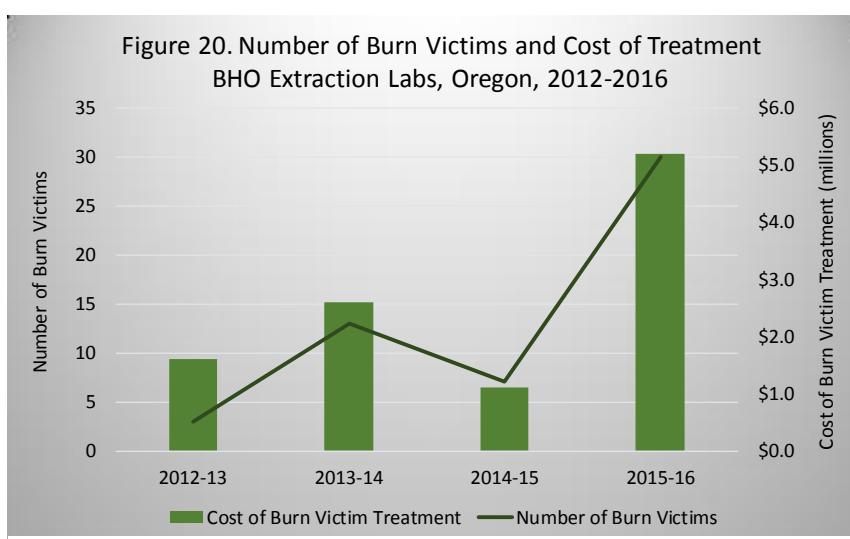


Source: Oregon Medical Marijuana Program, Oregon Health Authority, April 1, 2017.

In 2013, the Oregon Legislature passed House Bill 3460 that authorized the legal registration of medical marijuana dispensaries in Oregon beginning March 1, 2014. Since then, the number of dispensaries has grown substantially in Oregon with an average of 403 dispensaries in operation in 2016.⁸¹

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.⁷ Under the law, marijuana users can cultivate up to 4 immature plants and possess limited amounts of usable marijuana (8 oz), homemade marijuana products in solid form (16 oz) and liquid form (72 oz) at their residence in Oregon. Additionally, public possession is limited to 1 ounce of useable marijuana with limits on other forms mirroring private possession.

**Figure 20. Number of Burn Victims and Cost of Treatment
BHO Extraction Labs, Oregon, 2012-2016**



Source: Legacy Oregon Burn Center, 2013-2016

alone with \$10 million in total treatment costs since 2012 -- 75 percent of which were paid through Medicaid and/or Medicare (Figure 20)⁸².

The long-term impact of legalized recreational marijuana use in Oregon is yet to be determined. However, preliminary analysis indicates concerning trends related to the incidence and associated treatment costs of extraction lab burn victims as well as the continued high degree of diversion of marijuana across state borders. For example, recent analysis indicates that the cost and rate of cannabis extraction burn victims increased substantially since legalization; 30 victims were treated between July 2015 and July 2016

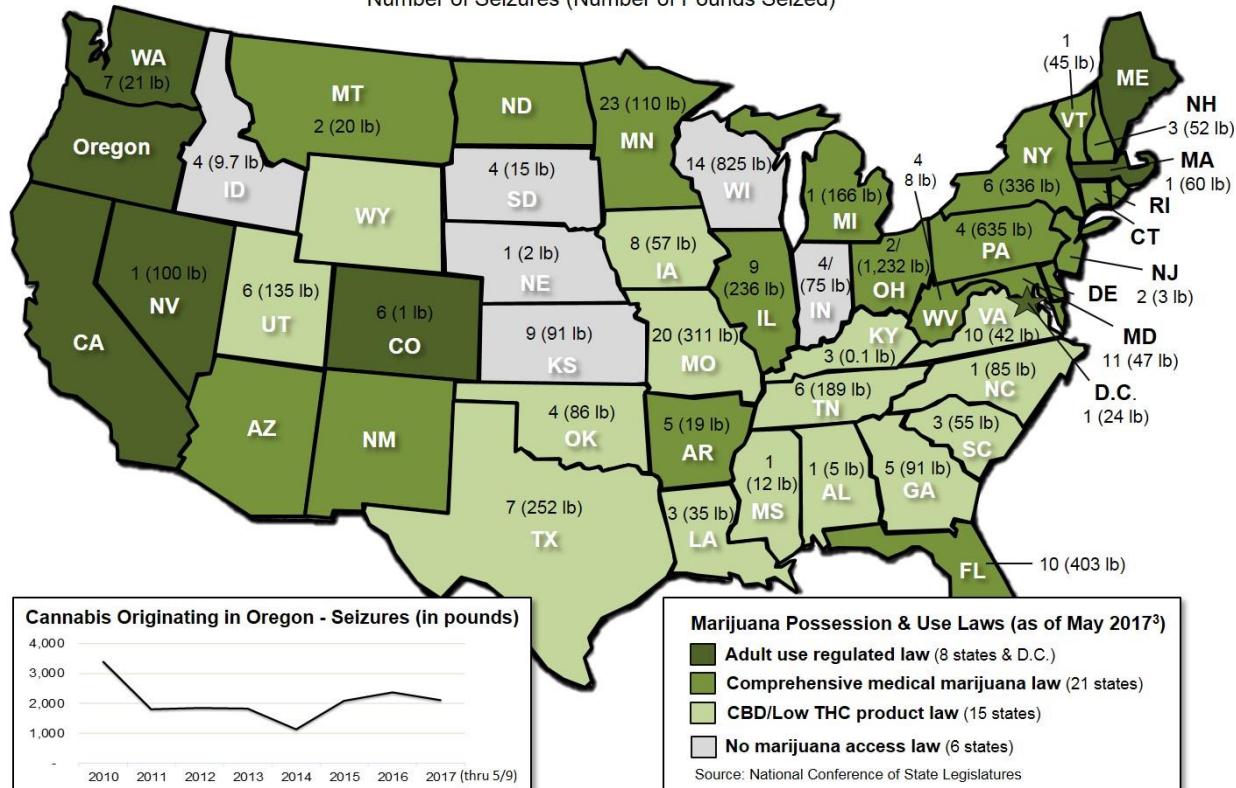
⁷ Effective July 1, 2015.

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A trend that has continued post legalization relates to the diversion of cannabis out-of-state. According to recent analysis of national highway interdiction data, marijuana cultivated in Oregon has continued far-reaching distribution. To illustrate, marijuana originating in Oregon but seized on highways in other states was primarily destined for distribution points in the eastern half of the United States, with the highest quantities seized since January 2015 in Ohio, followed by Wisconsin, Pennsylvania, Florida, New York, and Missouri (Figure 21). Oregon counties most identified as points of origin for marijuana trafficked to other states were in Multnomah, followed by Jackson, Lane and Josephine.⁸³

Figure 21. Cannabis Originating in Oregon -- Destination State^{1,2}

Domestic Highway Enforcement Program Data, January 1, 2015 – May 9, 2017
Number of Seizures (Number of Pounds Seized)

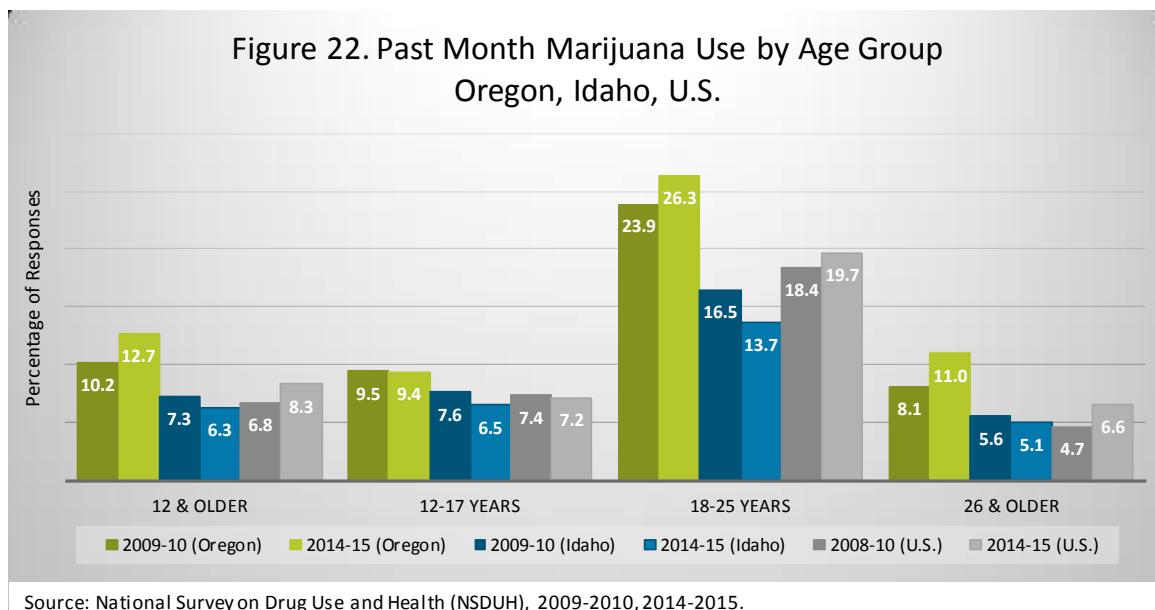


¹Map displays seizure data based on subject admission.² Includes marijuana, hashish, marijuana concentrates, and marijuana edibles. No cannabis seizures were reported to be destined for Alaska or Hawaii during 2015-2016. ³West Virginia's Medical Cannabis Act, will go into effect July 5, 2017. Source: State Nexus Report, EPIC, interdictions/investigations related to cannabis seizures, May 2017.

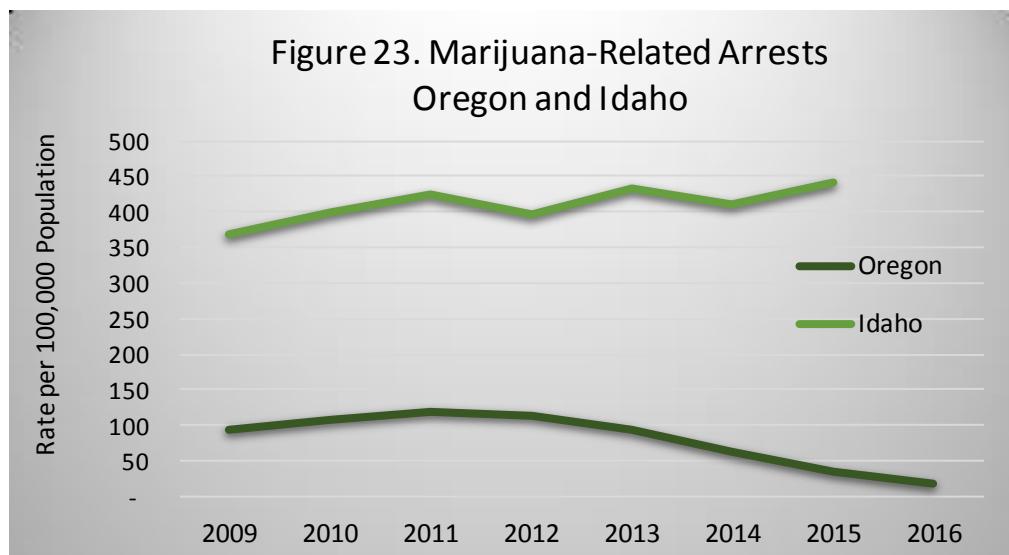
Use

According to the National Institute on Drug Abuse, reported past marijuana use by people 12 years and older has expanded in the United States since 2007.⁸⁴ Approximately 2.6 million people who began using drugs in the last year, started with marijuana.⁸⁵ Furthermore, marijuana use has been linked to a greater risk for developing an addiction to other serious drugs.⁸⁶ Use of marijuana among Oregon residents remains high compared to most other states. The latest national survey results show that in 2014 and 2015, Oregon ranked sixth in the nation for marijuana use by people ages 12 and older.^{aa,87} Marijuana use across all age groups in the state was consistently well above the national average in 2014-2015, but was significantly higher for people between the ages of 18 and 25 years (Figure 22, page 23). Although marijuana use in Idaho ranked lower than most other states in 2014-2015, use of the drug is prevalent in the state, with most users ranging in age from 18 and 25 years.⁸⁸

^{aa} Based on participants' self-report of marijuana use in past month.



The marijuana arrest rate has gradually declined in Oregon in the last five years, falling more than 80 percent between 2012 (n=4,429) and 2016 (n=767) (Figure 23). The decline in arrests 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.⁸⁹ In contrast, marijuana arrests in Idaho represented nearly 70 percent of all drug-related arrests^{bb} in 2015 (n=7,314) and have gradually increased since 2009 (n=5,706).⁹⁰



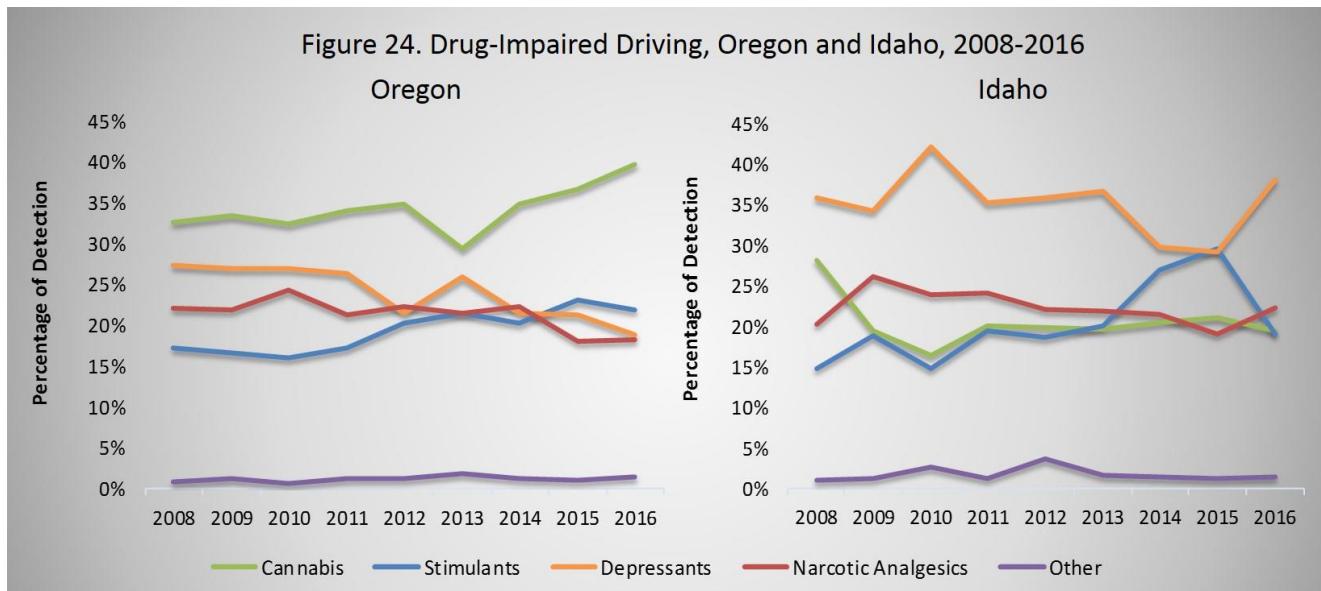
Notes: Data for Idaho was only available through calendar year 2015. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

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 (2008-2016), the single drug category most often detected through toxicology results was

^{bb} Includes arrests for cocaine, marijuana, heroin and methamphetamine.

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marijuana (Figure 24).^{cc} On the other hand, evaluations reported in Idaho revealed that the largest percentage of drugs detected in drug-impaired drivers in 2016 were the categories of depressants (38%), followed by narcotic analgesics (22%), cannabis (19%), and stimulants (19%).⁹¹



Notes: 1) Stimulants include methamphetamine, cocaine, Adderall; Depressants include Valium, Prozac, Xanax; Narcotic Analgesics include heroin, oxycodone, Vicodin; Other includes hallucinogens, PCP, inhalants. 2) Drug categories are not mutually-exclusive. 3) Graph excludes alcohol-related cases and drivers impaired solely from health-related problems ("medical rule-outs"). 4) Oregon reporting for 2016 was only 60 percent complete as of May 3, 2017. 5) DRE data for Idaho are likely underreported due to inconsistent entry. Sources: Oregon State Police; Idaho State Police.

Cannabis potency has increased in the last decade and is mainly due to the development and implementation of more sophisticated growing techniques. The average percentage of THC in DEA seized samples of traditional leaf marijuana and cannabis extracts has grown substantially in the United States, with traditional marijuana averaging 12.2 percent THC and concentrated marijuana averaging 51.6 percent.⁹² Higher potency has been linked to serious health risks to users, such as acute toxicity and mental impairment.⁹³ In addition, 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.⁹⁴

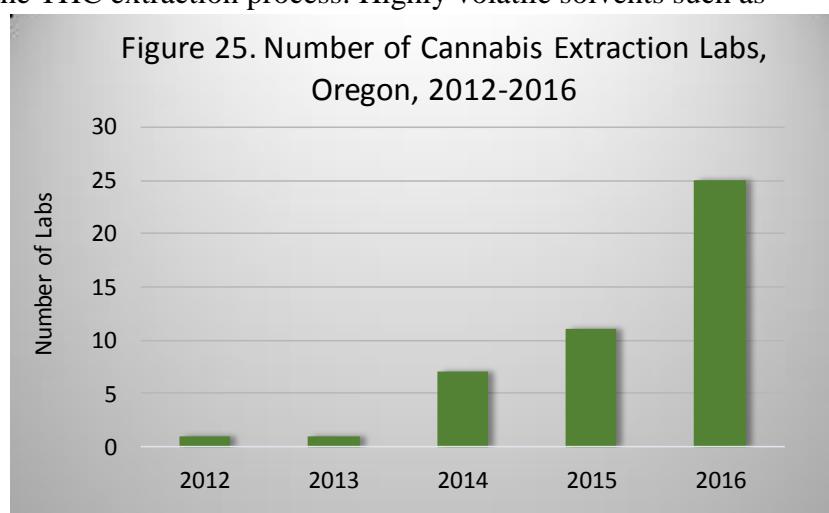
Production

The vast majority of marijuana available in the HIDTA is produced locally through indoor and outdoor cultivation. A high volume of marijuana is produced in Oregon from indoor methods, which typically produce plants of superior quality and multiple crops year-around. Indoor marijuana grow operations pose a significant health risk to law enforcement officers and civilians who come into contact with electrical power diversion, chemicals and fertilizers, and black mold at residences used as grow sites. Oregon's southern counties contain favorable growing conditions for outdoor cultivation on private property. In addition, many remote areas, including dense forests and mountainous regions, exist in the HIDTA that allow DTOs to cultivate marijuana on public and private lands with little risk of detection.

An emerging trend is the illicit production and distribution of cannabis extracts, such as hash oil, honey oil, and marijuana wax, which can contain up to 90 percent THC. Production of cannabis extracts is

^{cc} Excludes alcohol-related cases and drivers impaired solely from health-related problems.

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 products that have strong psychoactive effects.⁹⁵ Public safety hazards also exist during the THC extraction process. Highly volatile solvents such as butane and isopropyl alcohol are often used in extraction, which releases harmful vapors and an explosive fuel-air mixture that can be initiated by an open flame, spark or static discharge.⁹⁶ The number of extraction labs seized in Oregon has increased from one each in 2012 and 2013 to 25 labs seized in 2016 (Figure 25).⁹⁷ At least 19 major explosions related to the production of THC extracts have occurred in Oregon since 2011, mostly in the HIDTA.⁹⁸



Source: Oregon Department of Justice

Transportation

Caucasian DTOs and independent producers generally control transportation of locally-produced indoor and outdoor marijuana diverted from medical and recreational cultivation in the HIDTA. Mexican criminal groups largely control transportation of outdoor marijuana produced on remote public or private lands in Oregon and Idaho. The majority of marijuana grown locally is trafficked mainly through the highway system, or by methods such as parcel post, within the HIDTA and throughout the United States.

Key Intelligence Questions

- How much marijuana is produced outside of the legal market in Oregon?
- What is the volume of marijuana diverted from the legal market to destinations outside of Oregon?
- How much money is directly tied to marijuana diversion?

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

Reversing a decline since 2006, federal analysis indicates availability of cocaine has grown in the United States since 2014 due to a higher volume produced in Colombia, the primary source of cocaine seized in the U.S. market.⁹⁹ Recent data shows an increased level of cocaine seized in the U.S., with total kilogram volume of cocaine confiscated in 2015 higher than any year since 2010.¹⁰⁰

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The number and volume of cocaine seized by HIDTA task forces generally declined between 2008 and 2013, but recently increased in 2014 and 2015 due to several large seizures (Figure 26). Forensic lab data show the percentage of cocaine samples submitted between 2015 and 2016 increased for both Oregon and Idaho (Figure 27).

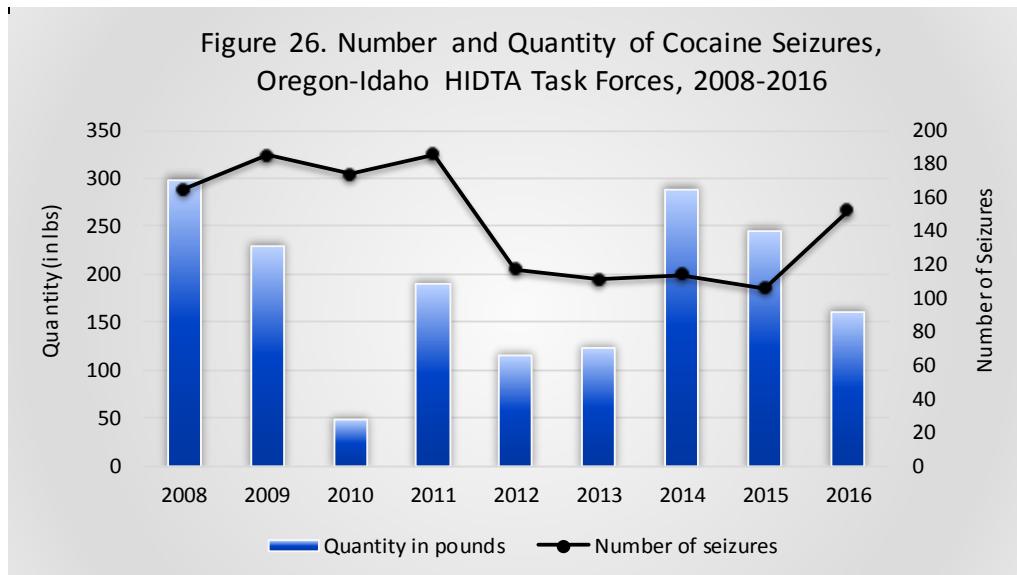
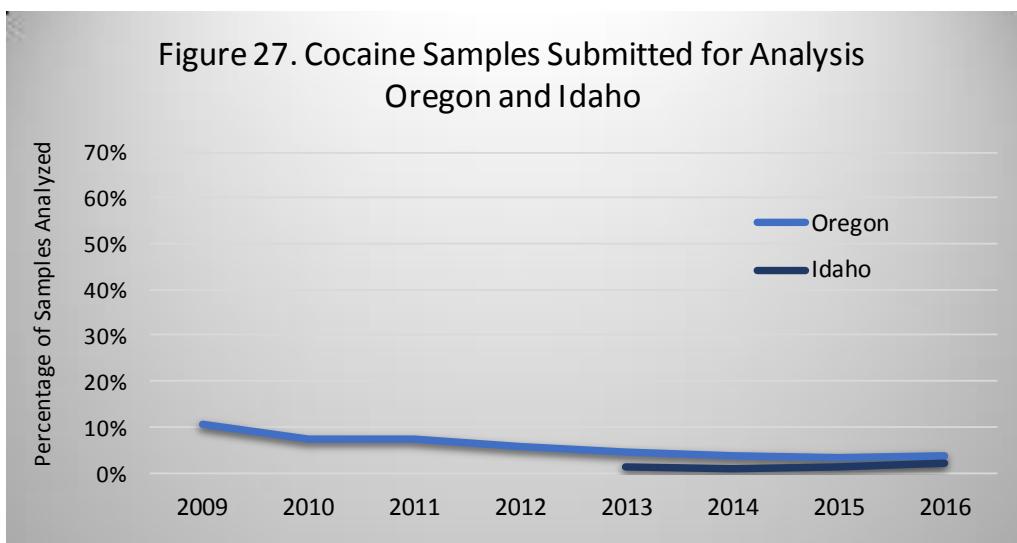


Table data includes powder and crack cocaine. Source: HIDTA Performance Management Process database.



Notes: 1) Percentages based on total drug samples analyzed; 2) Data for Idaho was not available prior to 2013. Source: OSP Forensic Services Division; ISP Forensic Services.

In addition, roughly half of officers surveyed in 2017 indicated that a moderate level of powder cocaine was available in their area in 2016. In contrast, only four agency representatives (located in Clackamas, Jackson and Multnomah counties) reported either “moderate” or “high” levels of crack cocaine available in their area in 2016.¹⁰¹ Officers surveyed in Idaho reported that both powder and crack cocaine are available only in rare instances in the state.¹⁰² Prices in the HIDTA have also been fairly stable with only a slight increase noted between 2015 and 2017.¹⁰³

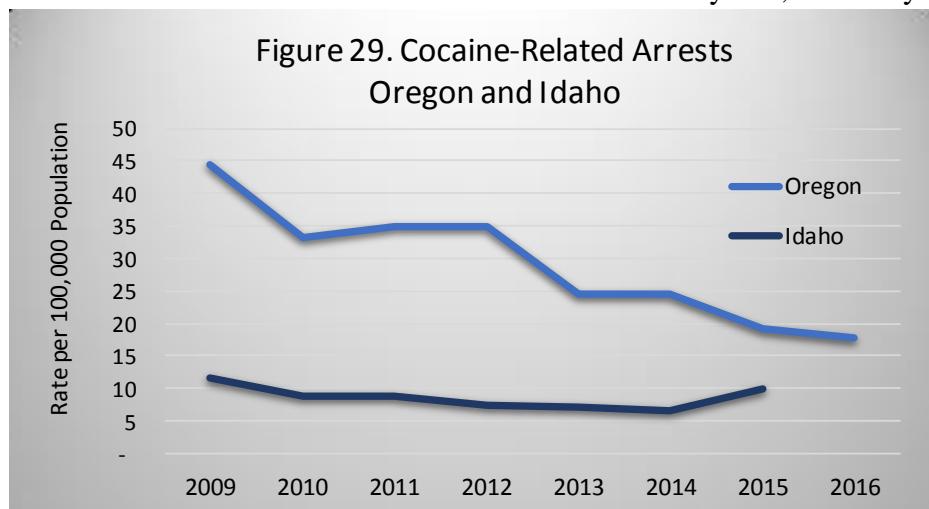
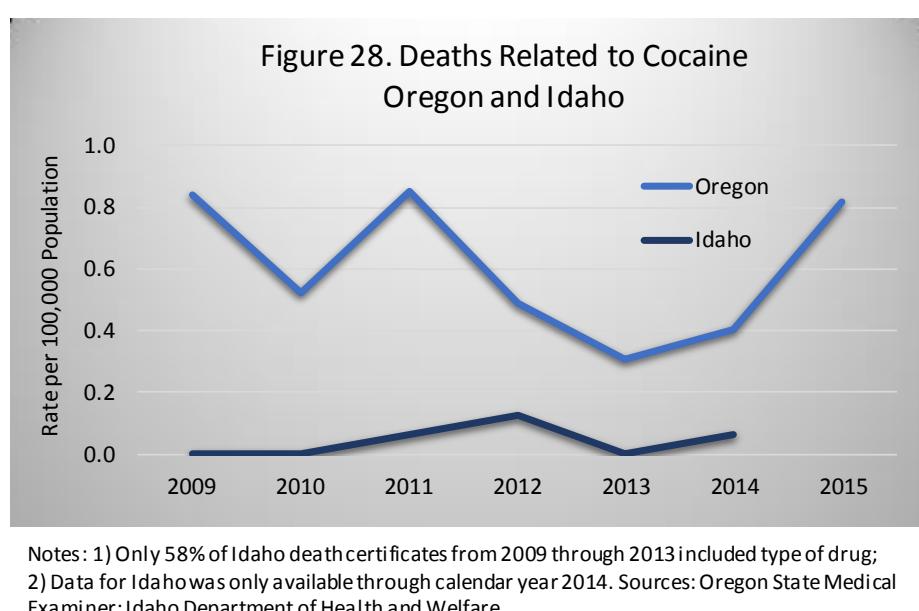
Oregon-Idaho HIDTA Program

Although cocaine availability appears to have remained generally low in the HIDTA, there are some initial signs of expansion. While 2016 volume seized was lower by comparison to 2014 and 2015, it was still higher than any year since 2011.^{dd,104} Additionally, one quarter of law enforcement officers surveyed in 2017 reported that the amount of cocaine available in their area has increased, largely in counties in Southern Oregon and in the Portland Metro region. Most data, however, show that expanded cocaine production in source countries has not yet manifested as higher availability or use in the HIDTA. Increased levels of cultivation and production in source countries generally take one to two years to become evident at the street level in the HIDTA.¹⁰⁵

Use

While addiction levels remain low in most of the HIDTA, reporting suggests cocaine use is still relatively high in the Portland Metropolitan region, as well as in Lane and Jackson counties.¹⁰⁶ According to the latest data available, treatment admissions for cocaine reflected the smallest percentage (1%) of total substance abuse admissions for major illicit drug categories in both Oregon and Idaho in 2015. Fatalities from cocaine use are also lower than other

major illicit drugs in Oregon. However, the latest death figures show that the rate of cocaine deaths nearly tripled in the state from 2013 (n=12) to 2015 (n=33).¹⁰⁷ In Idaho, the most recent information on fatalities associated with cocaine use remains extremely low, with only 4 deaths recorded between 2009 and 2014 (Figure 28).¹⁰⁸



Notes: Data for Idaho was only available through calendar year 2015. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

In addition, the arrest rate for cocaine offenses in Oregon remain low compared to other major illicit drugs, declining nearly 50 percent between 2012 (n=1,363) and 2016 (n=727).¹⁰⁹ Cocaine arrests in Idaho are also low compared to other drugs; however, the rate increased 56 percent between 2014 (n=106) and 2015 (n=165), the first time since 2009 (Figure 29; Appendix D).¹¹⁰

^{dd} 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.

Production

The majority of the world's cocaine supply is cultivated and produced in Colombia, although smaller amounts are produced in other South American countries, such as Peru and Venezuela.¹¹¹ Close to 90 percent of cocaine seized in the United States originates in Colombia.¹¹² According to federal estimates, coca plant cultivation and pure cocaine production in Colombia have grown substantially since 2013 with cultivation more than doubling and potential production nearly tripling between 2013 and 2016 (Figure 30).¹¹³

Transportation

Mexican 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.

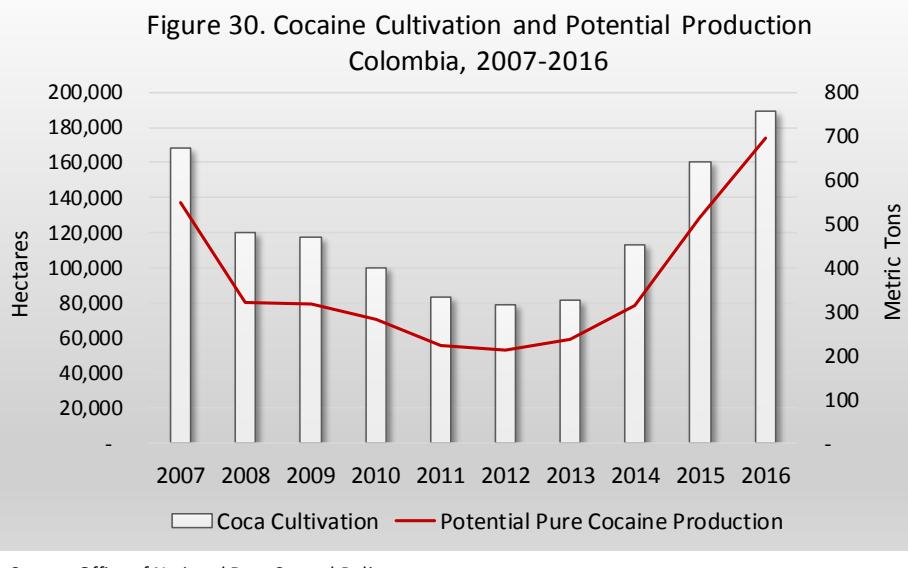
Most cocaine in the area is transported overland from Mexico, California, and southwestern states by private and commercial vehicles via Interstates 5 and 84 and U.S. Highways 20, 97, and 101. DTOs also transport cocaine through commercial package delivery services, as well as through use of couriers 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.

Key Intelligence Questions

- How prevalent is cocaine trafficking in Oregon and Idaho?
- To what degree are trafficking groups adding cocaine to their supply?
- Has the rate of cocaine-related deaths continued to rise in the HIDTA since 2015?

6. Other Dangerous Drugs

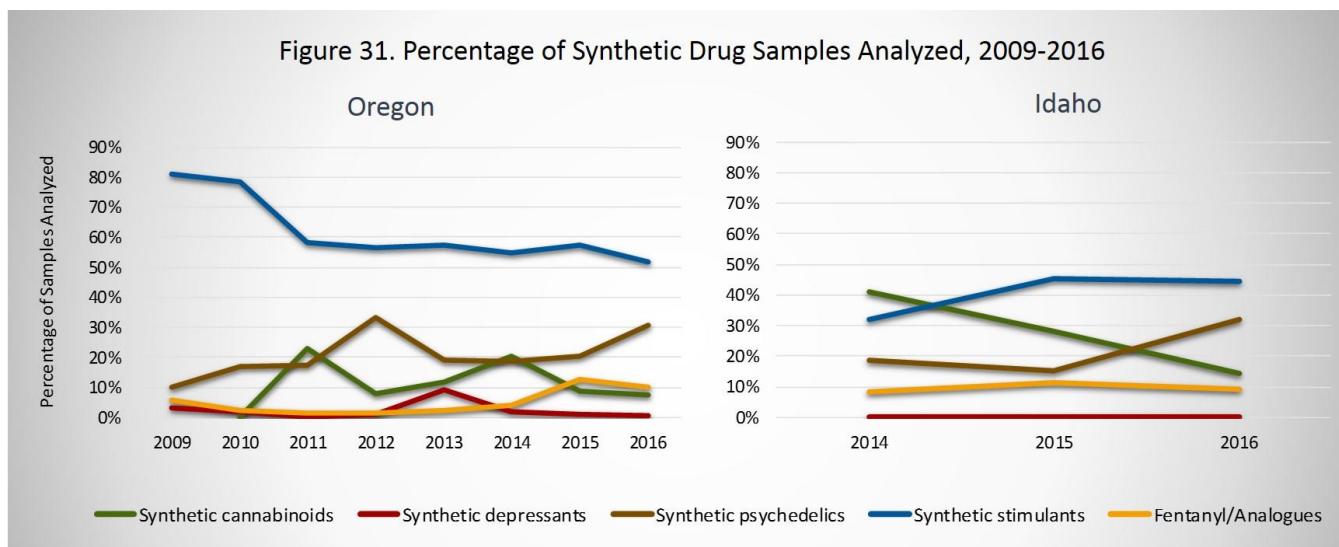
A number of other drugs, including synthetics and plant-based hallucinogens, are available in the Oregon-Idaho HIDTA. Illicit synthetic drugs are clandestinely produced substances that are designed to mimic other drugs of abuse, but with a slightly modified chemical structure. Synthetic drugs available and used in the HIDTA include stimulants, cannabinoids, psychedelics, and opioids. Psilocybin mushrooms are also available and are 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 product.



Availability and Use

Availability and use of illicit synthetic drugs is a growing problem in the United States and is gaining popularity in the HIDTA.¹¹⁴ Manufacturers frequently modify chemical compositions of synthetics as a way to circumvent government bans^{ee} 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.

Law enforcement reporting in Oregon and Idaho suggests a low to moderate level of synthetic drugs available throughout most of the HIDTA – high availability was reported by survey respondents in 2017 in Oregon’s Multnomah and Lane counties and in Ada County, Idaho.¹¹⁵ Officers from three counties in Oregon (Multnomah, Deschutes, Josephine) and Idaho reported that synthetic drug availability has risen in the last several years, with increased use by young adults.¹¹⁶ The greatest percentage of synthetics analyzed at state forensic labs in Oregon and Idaho in 2016 were stimulants such as MDMA and bath salts, followed by synthetic psychedelics (Figure 31).¹¹⁷ The percentage of psychedelic synthetic drug samples analyzed, such as DMT, has generally increased in Oregon since 2009 while stimulants have declined.¹¹⁸ In Idaho, both stimulant synthetic and psychedelic synthetics samples analyzed rose between 2014 and 2016.¹¹⁹



Notes: 1) *Synthetic cannabinoids* includes various chemical analogs; *Synthetic stimulants* include MDMA, MDA, BZP, bath salts; *Synthetic psychedelics* includes DMT, LSD, 25B-NBOMe, 2-CB, 5-Meo-DiPT (Foxy); *Synthetic depressants* includes GLB, GHB, 1,4-Butanediol; Fentanyl/Analogue includes pharmaceutical and non-pharmaceutical fentanyl as well as analogues such as U-47700. 2) Complete data for Idaho was not available prior to 2014. Sources: Oregon State Police Forensic Services Division, Idaho State Police Forensic Services.

MDMA, a common synthetic stimulant, 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.¹²⁰ 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.

^{ee} 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.

Synthetic cathinones^{ff} 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 independently owned gas stations, 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 highly dangerous with associated symptoms of extreme agitation and paranoia, delusions, and suicidal thoughts.¹²¹ Over 534,000 dosage units of synthetic stimulants in the form of bath salts were reported by HIDTA task forces from 2011 through 2016, mainly in the Portland Metropolitan and Boise, Idaho areas.¹²²

Another synthetic drug of category of concern is synthetic cannabinoids, 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 on the internet and in retail settings such as convenience stores and gas stations.^{gg} Users have reported experiencing paranoid delusions, psychosis, and loss of consciousness.^{123,124} Between 2011 and 2014, 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. However, no synthetic cannabinoids were seized by HIDTA task forces in 2015 or 2016.¹²⁵

Psychedelic synthetic drugs, such as DMT, are also available in the HIDTA. The psychoactive substance in 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 2016, Oregon-Idaho HIDTA task forces seized more than 106,000 dosage units of DMT, mostly from the Portland Metropolitan area.¹²⁶

An emerging trend is the use of fentanyl in the United States. Fentanyl is a Schedule II, synthetic opioid that is 30 to 50 times stronger than heroin, 100 times stronger than morphine, and is the most potent opioid available for medical use. Fentanyl is available from pharmaceutical and non-pharmaceutical sources with most illicit use related to non-pharmaceutical forms. Non-pharmaceutical fentanyl and fentanyl analogues^{hh} are illicitly manufactured in foreign countries such as China and Mexico and are often distributed through online markets, including the dark webⁱⁱ.¹²⁷ Non-pharmaceutical fentanyl is sometimes mixed with or sold as heroin or marketed as other drugs by illicit suppliers – often with deadly consequences. Due to its rapid rate of absorption, fentanyl and fentanyl analogues can be fatal at doses as small as a quarter milligram -- the amount of a few grains of table salt, and pose a significant danger not only to users but public safety personnel who come into contact with the substance.¹²⁸

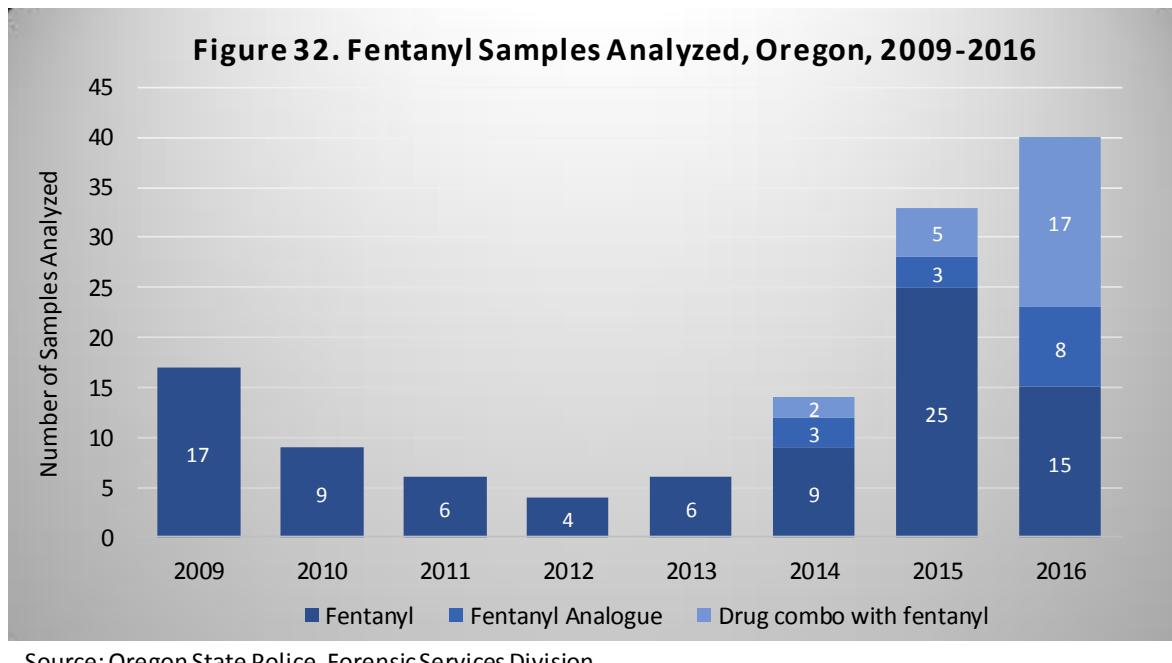
Fentanyl samples submitted for analysis at the national level show a striking increase in the last several years, from 942 submissions in 2009 to 14,600 in 2015 with more than 13,500 fentanyl reports identified in the first half of 2016.¹²⁹ Although low related to other drug submissions, the number of fentanyl samples submitted in Oregon has increased considerably since 2013, with higher incidence and greater combinations of drugs submitted for analysis (Figure 32, page 31).¹³⁰ Fentanyl and fentanyl analogues are also seized in Idaho; a total of 42 samples were analyzed by the Idaho State Police Forensic Services between 2014 and 2016.¹³¹ In addition, over half of officers surveyed in 2017 reported that fentanyl availability increased in their jurisdictions in the last year.¹³²

^{ff} MDPV (3,4-methylenedioxypyrovalerone), mephedrone, methcathinone.

^{gg} A store specializing in paraphernalia used for consumption of recreational drugs.

^{hh} Chemical compounds that are structurally similar to fentanyl.

ⁱⁱ The “dark web” is a collection of websites that are accessible through special browsers which provide anonymity to users. The dark web is used for illegal activity such as selling and acquiring drugs, counterfeit currency and other illicit goods and services.



Source: Oregon State Police, Forensic Services Division.

Despite a recent increase in use, fentanyl availability and use is low in the HIDTA. Unlike the recent wave of fentanyl overdoses in the eastern states, the level of fentanyl use in the western region of the country has remained comparatively low. One possible explanation relates to supply and user preference. Users in these two U.S. regions have likely developed a preference for certain forms of heroin and methods of administration; white powder forms and use through smoking or snorting in eastern states and more common use of black tar and injection methods in western states. Eastern states have been a traditional market for white powder heroin and have had a longer period of high opiate use and availability. Demand for higher potency heroin may have encouraged distributors in some areas to mix fentanyl with heroin or substitute fentanyl for heroin in some cases. Heroin and opiate use and availability are more recent threats in the HIDTA, so demand for higher potency product through the addition of fentanyl has not yet gained traction in the region.

Another drug of concern is U-47700^{jj}, also known as “U-4” or “Pink”, a dangerous new synthetic drug that mimics the effects of prescription opioid analgesics and heroin but is more potent. The drug is produced in illicit laboratories mainly in China and marketed for sale as “research chemicals” on the internet for as low as \$40 per gram. Since U-47700 became available in early 2016, the substance has been linked to nearly 50 deaths across the country, including a recent case in Oregon (see inset). By November 2016, the DEA issued a temporary ban on U-47700, classifying it as a Schedule I drug and an “imminent hazard” to public

U-47700

In February 2017, a teenager in Portland, Oregon was found dead in her apartment from a drug overdose due to the synthetic drug U-47700. Investigators with the Portland Drugs and Vice Division (DVD) located evidence that the teen had purchased U-47700 through a dark website that supplies illicit drugs through the U.S. mail. DVD investigators, working in conjunction with Homeland Security Investigations (HSI) and the U.S. Postal Inspection Service (USPIS) -- members of the HIDTA Interdiction Team, began an investigation that led officers to a residence in Greenville, South Carolina. Investigators discovered 9 kilograms of U-47700 with at least 85 packages ready for distribution. Further investigation revealed that the suspects involved had shipped packages of drugs to thousands of locations across the United States using the dark web.

Source: Portland Police Bureau News Release, May 3, 2017.

^{jj} 3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide.

Oregon-Idaho HIDTA Program

safety.¹³³ The drug is typically seized on the street in the form of pills or powder and is often combined with other drugs, such as heroin, fentanyl and fentanyl analogues. In Oregon, 25 samples of U-47700 were analyzed by the Oregon State Forensic lab in 2016 as a single substance (3) or combined with other opiate drugs, such as fentanyl analogues, heroin, or oxycodone (22).¹³⁴ In Idaho, 9 samples of U-47700 were analyzed between January 2016 and January 2017 by the Idaho State Forensic Lab.¹³⁵

Psilocybin, the psychoactive compound found in certain mushrooms, is another dangerous 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. Over 150 pounds of psilocybin were seized by HIDTA task forces between 2009 and 2016, mostly in southern Oregon (Lane, Douglas, and Jackson counties), Deschutes County and the Portland Metropolitan area.¹³⁶

Production

Law enforcement reporting indicates that MDMA is rarely manufactured in the Oregon-Idaho HIDTA but is commonly imported from Canada and Europe.¹³⁷ Clandestine MDMA laboratories have been found in other states such as California and may indicate a trend toward producing the drug locally. MDMA labs have been discovered in Oregon in the last several years, 1 in Deschutes County in 2013, 1 in Lincoln County in 2014, and 1 each in Klamath and Multnomah counties in 2015.¹³⁸ To date, no MDMA labs have been seized in Idaho.¹³⁹

HIDTA task force reporting suggests that the level of DMT production has increased in the region.¹⁴⁰ The drug is manufactured synthetically but can also be produced from amphibians or plants. The root bark, Mimosa Tenuiflora (Hostilis), is a major source of DMT and is widely available for purchase on the internet. A total of 11 DMT labs were discovered and reported between 2012 and 2016 in Oregon in the following counties, Columbia (1), Douglas (1), Jackson (2), Josephine (1), Klamath (1), Lane (2), Lincoln (1), Marion (1), and Washington (1).¹⁴¹ No DMT labs were reported seized in Idaho during this period (Appendix G).¹⁴²

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

Other dangerous drugs, such as DMT and MDMA, not produced locally in the HIDTA are manufactured in other states or countries and transported into the region. These 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.¹⁴³ In addition, various synthetic substances, including synthetic stimulants and opioids, are largely manufactured in other countries, such as China, and imported into the HIDTA through use of the internet, dark web, or through connections with traffickers based in other countries.¹⁴⁴

Key Intelligence Questions

- How many deaths are related to fentanyl or fentanyl analogues in the HIDTA?
- To what degree are fentanyl and other synthetic opiates used in the region?
- How many overdose hospitalizations and deaths in the HIDTA are due to synthetic opioid drugs, such as non-pharmaceutical fentanyl and U-47700?
- To what extent do users in the region obtain synthetic drugs from criminal trafficking groups or from internet sources?
- To what degree do criminal trafficking organizations in the region acquire and distribute synthetic drugs through internet sites such as online classifieds or the dark web?

V. DRUG TRAFFICKING ORGANIZATIONS

Overview

Criminal organizations and groups engage in the production, transportation and distribution of illegal drugs in Oregon and Idaho. The Oregon-Idaho HIDTA region has a sophisticated transportation infrastructure that facilitates the distribution of illicit drugs from foreign and domestic source areas. Mexican DTOs present the greatest criminal drug threat to the region, followed by Caucasian DTOs, African-American DTOs, and Asian DTOs (Table 4). Oregon-Idaho HIDTA task forces investigated 101 DTOs during 2016, with most investigations focused on larger-scale organizations with a multi-state or international scope (Appendix J).

Table 4. DTO Threat by Operational Scope

DTO Threat Ranking	Total Identified	Local	Multi-State	International
1. Mexican	59	12	29	18
2. Caucasian	31	12	14	5
3. African-American	5	0	5	0
4. Asian	2	0	2	0

Note: The remaining 4 DTOs were Middle Eastern (1), Native American (1), and unknown (2). Source: HIDTA Performance Management Process database.

Mexican Drug Trafficking Organizations

Mexican DTOs represent the greatest criminal drug threat to the HIDTA. These criminal organizations control the transportation and distribution of methamphetamine, heroin, cocaine, Mexico-produced marijuana, and marijuana cultivated from outdoor grows on public lands. HIDTA task forces investigated 59 Mexican DTOs in 2016, most of which were multi-state or international in scope (Table 5).

Oregon-Idaho HIDTA defines “Mexican DTO” as consisting of members originating from Mexico (e.g., Mexican, Mexican-National, Mexican-American), but also includes the broader ethnic category of “Hispanic” based on supportive demographic and investigative data. According to the most recent demographic profile, approximately 90 percent of the Hispanic population in Oregon (87%) and Idaho (91%) are of Mexican origin.¹⁴⁵ In addition, case investigations indicate that most identified sources of illicit drugs trafficked by “Hispanic” DTOs (crystal methamphetamine, heroin, cocaine) are from Mexico.¹⁴⁶

Affiliation and Membership

Drug trafficking activity in the HIDTA, including transportation and distribution of product, is coordinated largely by Mexican Nationals or U.S. citizens of Mexican origin. Mexican DTOs often have direct family ties with criminal organizations based in Mexico. Mexican trafficking groups also collaborate with other DTOs and criminal groups, including business relationships with non-Hispanic traffickers, in order to facilitate the sale and distribution of wholesale and retail methamphetamine, heroin, and cocaine in the region.

Local law enforcement reporting suggests many Mexican DTOs in the region have a compartmentalized structure, with each cell working separately and unaware of the larger chain of operation. Reporting also indicates the leadership structure of Mexican DTOs active in the region may have centralized features, either in regard to upper DTO hierarchy or within each cell, and can include cooperation among leaders.¹⁴⁷ Common recruitment methods include family relationships, ties to trusted associates in prison, connections with people from the same neighborhood or gang, and to a lesser extent, use of social media and recruitment at schools (Figure 33, page 35). Mexican criminal groups are also tied to serious person crimes in the region, including human smuggling and trafficking, extortion, kidnapping, murder, as well as financial crimes, weapons trafficking and property crimes.

Table 5. Identified Mexican DTOs^{1,2}
Oregon-Idaho HIDTA CY 2016

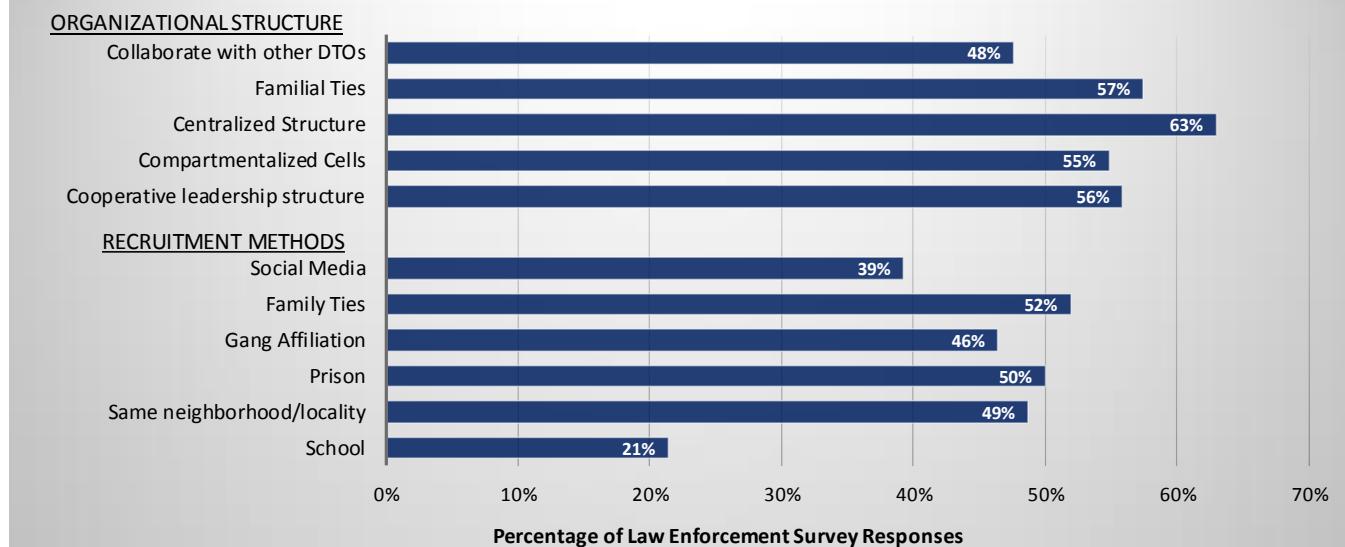
Scope	
Total Organizations	59
International	18
Multi-State	29
Local	12
Total Members	406
Organization Size (average/range)	6.9/5-14
Presence in HIDTA counties	12 (86%)
Characteristics	
Violent	2
Polydrug	13
Gang-Related	5
Federal Target List	
CPOT	1
PTO	5
OCDETF	6

¹ Based on DTOs that were open in calendar year 2016.

² The category of *Mexican* includes “Mexican,” “Mexican-American,” “Mexican National” and “Hispanic.”

Source: HIDTA Performance Management Process database.

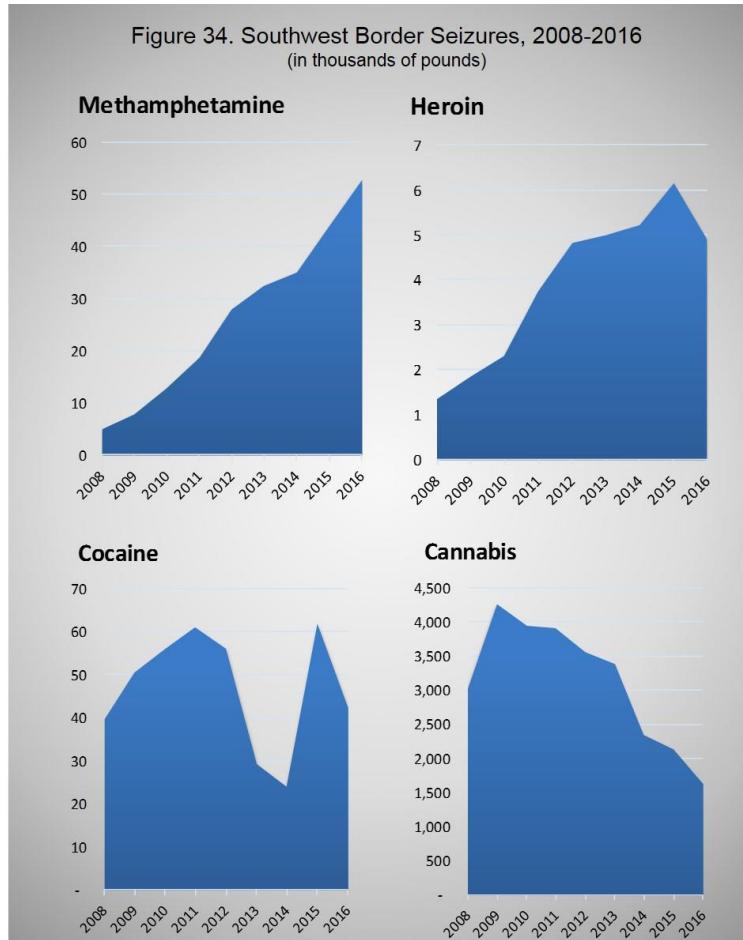
Figure 33. Mexican DTO Organizational Structure and Recruitment Methods



Source: 2017 Oregon-Idaho HIDTA Drug Threat Survey.

Activities and Methods

Mexican DTOs use established transportation and distribution networks to facilitate the import of illicit drugs into 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. Recent analysis of Southwest Border seizures indicates that Mexican drug traffickers have expanded importation of crystal methamphetamine and heroin. The volume of methamphetamine confiscated grew over 900 percent between 2008 and 2016, while heroin volume rose nearly 300 during the same period.¹⁴⁸ Moreover, cocaine seized at the Southwest Border increased more than 75 percent between 2014 and 2016, reversing a three-year decline (Figure 34).¹⁴⁹



Note: Includes incidents reported at and between points-of-entry, investigative events, checkpoints, inspections, and traffic stops in counties in Arizona, California, New Mexico and Texas that are within 150 miles of the Southwest Border. Excludes seizures measured in dosage units, liters, plants, and "each." Source: EPIC, 4/11/17.

Mexican traffickers employ a variety of methods to transport methamphetamine, heroin, and cocaine 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.

In addition, Mexican DTOs are the primary wholesale distributors of crystal methamphetamine, heroin, and powder cocaine in the HIDTA. These organizations coordinate with independent dealers and criminal street gangs to facilitate retail level distribution in and through the HIDTA.

Mexican DTOs distribute retail quantities of crystal methamphetamine and heroin through direct exchange, at restaurants and nightclubs, and through connections online and through social networking sites.¹⁵⁰ 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 near Old Town, Water Front Park, Pioneer Square and Lloyd Center, with the most drug sales occurring near the MAX light-rail line.

Key Intelligence Questions

- How involved are Mexican DTOs in trafficking and distribution of controlled prescription drugs, synthetic drugs and/or cocaine in the HIDTA?
- To what degree do Mexican DTOs serve as a wholesale level source to DTOs of other ethnicities?
- To what extent do Mexican DTOs use criminal street gangs to transport and distribute illicit drugs in the HIDTA?

2. Caucasian Drug Trafficking Organizations

Caucasian DTOs represent the second greatest criminal drug threat to the HIDTA. Caucasian DTOs and independent groups have established long-term marijuana cultivation operations in the region and control transportation and distribution of indoor marijuana and outdoor marijuana grown on private property. In addition, Caucasian criminal groups are involved in the retail distribution of methamphetamine, heroin, cocaine, diverted prescription drugs and synthetic drugs in the region. In 2016, the Oregon-Idaho HIDTA investigated 31 Caucasian DTOs, the majority of which were local or multi-state in scope (Table 6).

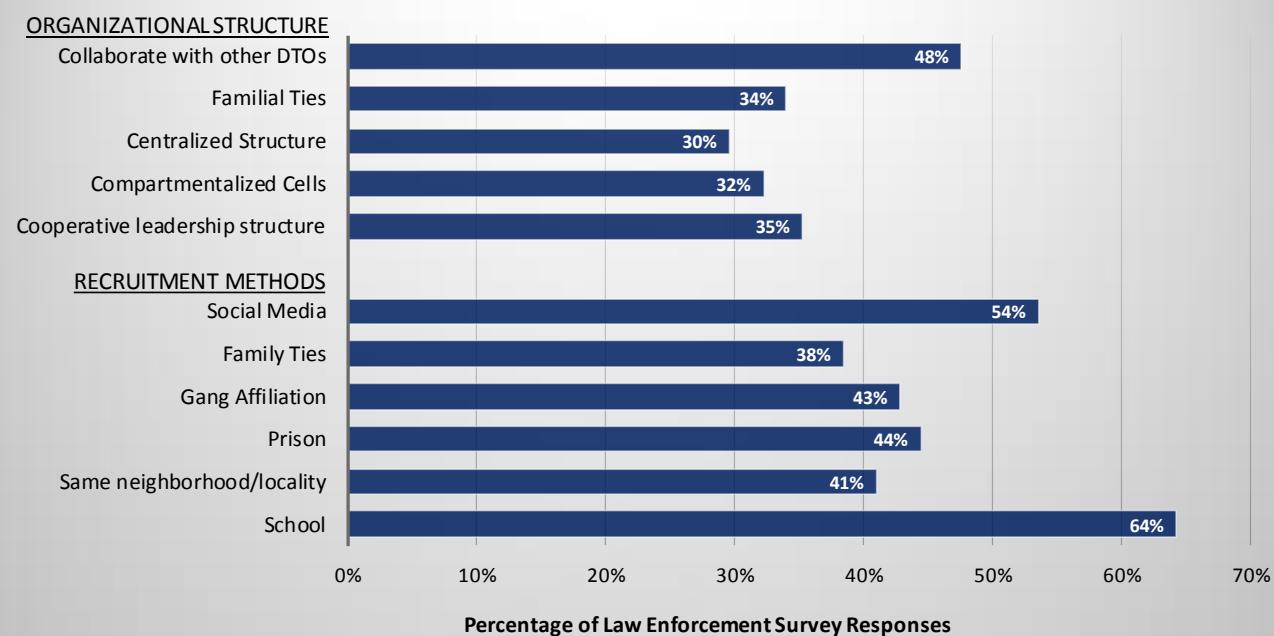
Table 6. Identified Caucasian DTOs	
Oregon-Idaho HIDTA CY 2016	
Scope	
Total Organizations	31
<i>International</i>	5
<i>Multi-State</i>	14
<i>Local</i>	12
Total Members	196
Organization Size (average/range)	6.3/5-10
Presence in HIDTA counties	11 (79%)
Characteristics	
Violent	3
Polydrug	10
Gang-Related	1
Federal Target List	
CPOT	1
PTO	8
OCDETF	3

Notes: Based on DTOs that were open in calendar year 2016.
Source: HIDTA Performance Management Process database.

Affiliation and Membership

Law enforcement reporting suggests that Caucasian DTOs are most often small to moderately sized, loose-knit groups that transport and distribute wholesale quantities of diverted marijuana and mid-level to retail quantities of illicit drugs in the HIDTA and surrounding region. Additionally, members of Caucasian DTOs cultivate business relationships with Mexican criminal groups as sources of supply for crystal methamphetamine, heroin, and cocaine. Common recruitment methods are schools and social media, followed by connections to associates in prison, gang affiliation, and ties with people from the same neighborhood (Figure 35).¹⁵¹ According to law enforcement officers recently surveyed, Caucasian DTOs have significant connections to violent crimes and property offenses in the region, including home invasion, extortion, kidnapping, burglary, financial crimes, prostitution, and murder.¹⁵²

Figure 35. Caucasian DTO Organizational Structure and Recruitment Methods



Source: 2017 Oregon-Idaho HIDTA Drug Threat Survey.

Activities and Methods

Caucasian DTOs and independent groups are the main illicit cannabis cultivators in the HIDTA and are the main traffickers of locally-produced marijuana. Indoor grow 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. Caucasian DTOs also transport and distribute mid-level and retail quantities of crystal methamphetamine, heroin, cocaine, diverted prescription medications, and synthetic drugs in the region.

Most cannabis grown locally is transported by Caucasian DTOs to distribution points within the HIDTA and to markets across state borders. Caucasian traffickers primarily use the highway system to transport illicit drugs in the region. Additionally, methods such as parcel post, and less commonly rail and commercial or private air travel are employed to transport cannabis to destinations within and across state borders.

Caucasian local independent dealers are the primary distributors of wholesale amounts of indoor marijuana produced in the HIDTA. Marijuana diverted from medical and recreational cultivation is distributed largely through direct exchange,^{kk} open-air markets and social media, and to a lesser extent at social venues, and through online markets such as the dark web.¹⁵³ Members of Caucasian DTOs also distribute crystal methamphetamine, heroin, cocaine, diverted medications and illicit synthetic drugs in the HIDTA, mostly through direct exchange, open-air markets, and online connections through social media.

Key Intelligence Questions

- How often do Caucasian DTOs collaborate with DTOs of other ethnicities in the HIDTA?
- How involved are Caucasian DTOs in the transportation of marijuana produced locally in Oregon to distribution points in other states?

3. African-American Drug Trafficking Organizations

African-American DTOs pose the third highest criminal drug threat in the HIDTA. HIDTA task forces investigated five African-American DTOs in 2016, all of which were involved in multi-state operations (Table 7). These groups are primarily engaged in mid-level and retail distribution of cocaine in the Portland Metro area, but also distribute retail quantities of crystal methamphetamine, heroin and marijuana in the HIDTA region.

Affiliation and Membership

According to HIDTA task force investigations in 2016, African-American DTOs range from 6 to 12 members and are active in Oregon's Multnomah, Deschutes and Jackson counties.¹⁵⁴ Gang affiliation and ties with people from the same neighborhood are commonly used to recruit new members, although connections to associates in prison and social media are also used to expand membership.¹⁵⁵

Members of African-American DTOs have business relationships with Mexican criminal groups and African-American traffickers as sources of supply for cocaine, crystal methamphetamine, heroin, and marijuana. More than half of African-American DTOs identified in 2016 by HIDTA task forces had connections to criminal street gangs and were documented as “violent.” Members have engaged in crimes involving force such as aggravated assault, robbery, and kidnapping in addition to serious crimes such as prostitution, weapons trafficking, and homicides in the region.¹⁵⁶

**Table 7. Identified African-American DTOs
Oregon-Idaho HIDTA CY 2016**

Scope	
Total Organizations	5
<i>International</i>	0
<i>Multi-State</i>	5
<i>Local</i>	0
Total Members	45
Organization Size (average/range)	9 (6-12)
Presence in HIDTA counties	3 (21%)
Characteristics	
Violent	3
Polydrug	2
Gang-Related	3
Federal Target List	
CPOT	0
PTO	0
OCDETF	0

Notes: Based on DTOs that were open in calendar year 2016.

Source: HIDTA Performance Management Process database.

^{kk} Direct exchange is defined as drug dealing through face-to-face contact, phone communication, or texting.

Activities and Methods

African-American DTOs transport and distribute illicit drugs in the HIDTA and have a particularly large presence in Portland.¹⁵⁷ These DTOs are the main traffickers of mid-level and retail amounts of powdered cocaine and crack cocaine in the Portland Metro region. In addition, members distribute retail quantities of crystal methamphetamine, heroin, cocaine, and marijuana in the HIDTA.

Members of African-American DTOs, particularly those with a street gang ties, use cell phones and social media to maintain connections with associates and facilitate drug distribution. African-American DTOs also use direct exchange and social venues as methods of distribution in the region.

Key Intelligence Questions

- To what extent are social media and internet-based applications used to advance the trafficking operations of African-American DTOs?
- How involved are African-American DTOs in mid-level transportation of illicit drugs such as crystal methamphetamine and heroin in the HIDTA?
- To what degree do street gang activities and drug trafficking operations overlap for African-American DTOs with gang ties?

4. Asian Drug Trafficking Organizations

Although only two Asian DTOs were identified by HIDTA initiatives in 2016, prior investigations and recent law enforcement surveys suggest Asian criminal groups continue to have an established presence in the HIDTA.¹⁵⁸ Although not as active as Mexican or Caucasian DTOs in the region, Asian DTOs are involved in the transportation and distribution of synthetic drugs, such as MDMA, and to a lesser extent, marijuana, crystal methamphetamine, heroin, and cocaine. Asian DTOs identified in 2016 operated in multiple states and were involved in trafficking marijuana, heroin, and methamphetamine.

Affiliation and Membership

Law enforcement reporting suggests Asian DTOs prefer to blend into existing Asian immigrant communities and don't typically develop cooperative relationships to any large extent with DTOs of other ethnicities.¹⁵⁹ However, of the two Asian DTOs investigated in 2016, one organization was supplied by a Caucasian source. The most common known recruitment methods for Asian DTOs in the region are gang-affiliation, family ties, and connections to people from the same neighborhood, although recruitment can also occur at schools or prison.¹⁶⁰

Activities and Methods

Asian DTOs control most of the transportation and distribution of MDMA into the United States, but are also involved in the distribution of marijuana, methamphetamine, and cocaine from Mexican sources of supply.¹⁶¹ These groups acquire precursor chemicals from China, including MDP2P (3,4 methylene-dioxyphenyl-2-propanone), the main ingredient needed to produce MDMA. MDMA transported across the international border from British Columbia mainly travels south through Washington and Oregon to

California to distribution hubs on the West Coast, primarily Los Angeles.¹⁶² 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.¹⁶³

Key Intelligence Questions

- To what extent do members of Asian DTOs collaborate with DTOs of other ethnicities?
- What are the most common methods by which Asian DTOs launder illicit proceeds in the region?
- How involved are Asian DTOs in trafficking and distributing crystal methamphetamine, heroin and/or cocaine in the region?
- Are Asian DTOs involved in the production and distribution of marijuana produced outside the legal market in Oregon?

VI. MONEY LAUNDERING ORGANIZATIONS

Overview

Drug trafficking is unquestionably centered on monetary gain. Legitimization of illegally obtained money, or “money laundering,” allows criminals to transform illicit gain into seemingly lawful funds or assets. Drug trafficking organizations in the Oregon-Idaho HIDTA engage in money laundering activities 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.

Affiliation and Membership

HIDTA task forces investigated 12 money laundering organizations in 2016, most of which were multi-state in scope (9) and operated by Caucasian criminal groups (9) (Table 8). The organizations ranged in size from 2 to 6 members, for a total of 46. Additionally, all but one of the MLOs investigated in 2016 trafficked illicit drugs, mostly diverted marijuana.¹⁶⁴

Activities and Methods

Since 2001, Mexican 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.¹⁶⁵ DTOs also use structured money transfers

**Table 8. Money Laundering Organizations
Oregon-Idaho HIDTA CY 2016**

Scope	
<i>International</i>	2
<i>Multi-State</i>	9
<i>Local</i>	1
Total Organizations	12
Total Members	46
Organization Size (average/range)	3.8/2-6
Characteristics	
Local Area Ethnicity	
<i>African-American</i>	1
<i>Caucasian</i>	9
<i>Hispanic</i>	1
<i>Mexican-American</i>	1
Violent	0
Polydrug	2
Gang-Related	1
Federal Target List	
CPOT	0
PTO	3
OCDETF	0

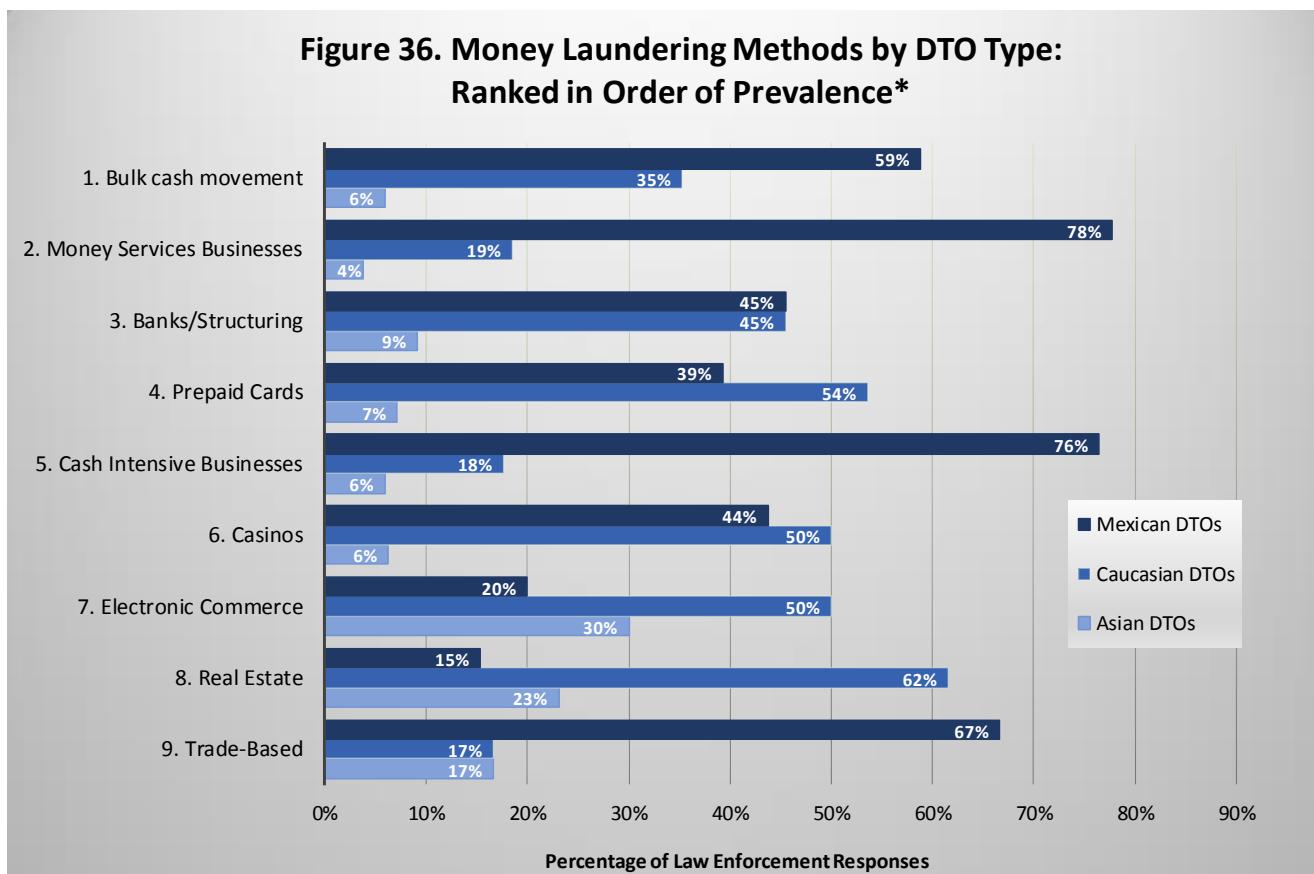
Notes: Based on MLOs that were open in calendar year 2016.

Source: HIDTA Performance Management Process database.

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 task forces in 2016 seized over \$6 million in drug-related assets, including \$5.5 million in currency and over \$700,000 in other assets (e.g., vehicles, firearms).¹⁶⁶

The most common identified money laundering methods reported by law enforcement officers surveyed in 2017 were bulk cash movement, followed by money services businesses, bank structuring, prepaid cards, cash-intensive businesses or front companies, casinos, electronic commerce, real estate and trade-based systems. Officers surveyed indicated involvement of Mexican, Caucasian and Asian DTOs in nearly all types of money laundering activities, although some differences can be noted. According to survey results, Mexican DTOs are more likely to use methods such money services businesses, cash intensive businesses, trade-based systems and bulk cash movement, while Caucasian DTOs tend to use real estate, prepaid cards, casinos, and electronic commerce to hide illicit proceeds. Additionally, Asian DTOs were reported to use electronic commerce, real estate and trade-based techniques more than other methods (Figure 36).¹⁶⁷

**Figure 36. Money Laundering Methods by DTO Type:
Ranked in Order of Prevalence***



*According to Oregon and Idaho law enforcement officers surveyed.

Bulk Cash Movement: deliberate concealment and transfer of currency/other monetary instrument in excess of \$10,000, either bodily or in a container (e.g., luggage, merchandise, vehicle), across international borders to or from the United States.

Money Services Businesses: includes wire transmitter, currency exchange/check cashing services, money orders, and stored value cards.

Banks/Structuring: limiting deposits or withdrawals to less than \$10,000 to evade the federal filing threshold (FinCEN Currency Transaction Report).

Prepaid Cards: cards that are preloaded with funds (gift cards, prepaid credit cards).

Cash-Intensive Businesses: businesses that are used as front companies or that may be susceptible to money laundering.

Casinos: includes hiding or structuring illicit funds through the casino system, or using casino chips as a form of currency for illegal purposes.

Electronic Commerce: includes online payment systems, virtual currencies such as bitcoin, use of privately-owned ATMs.

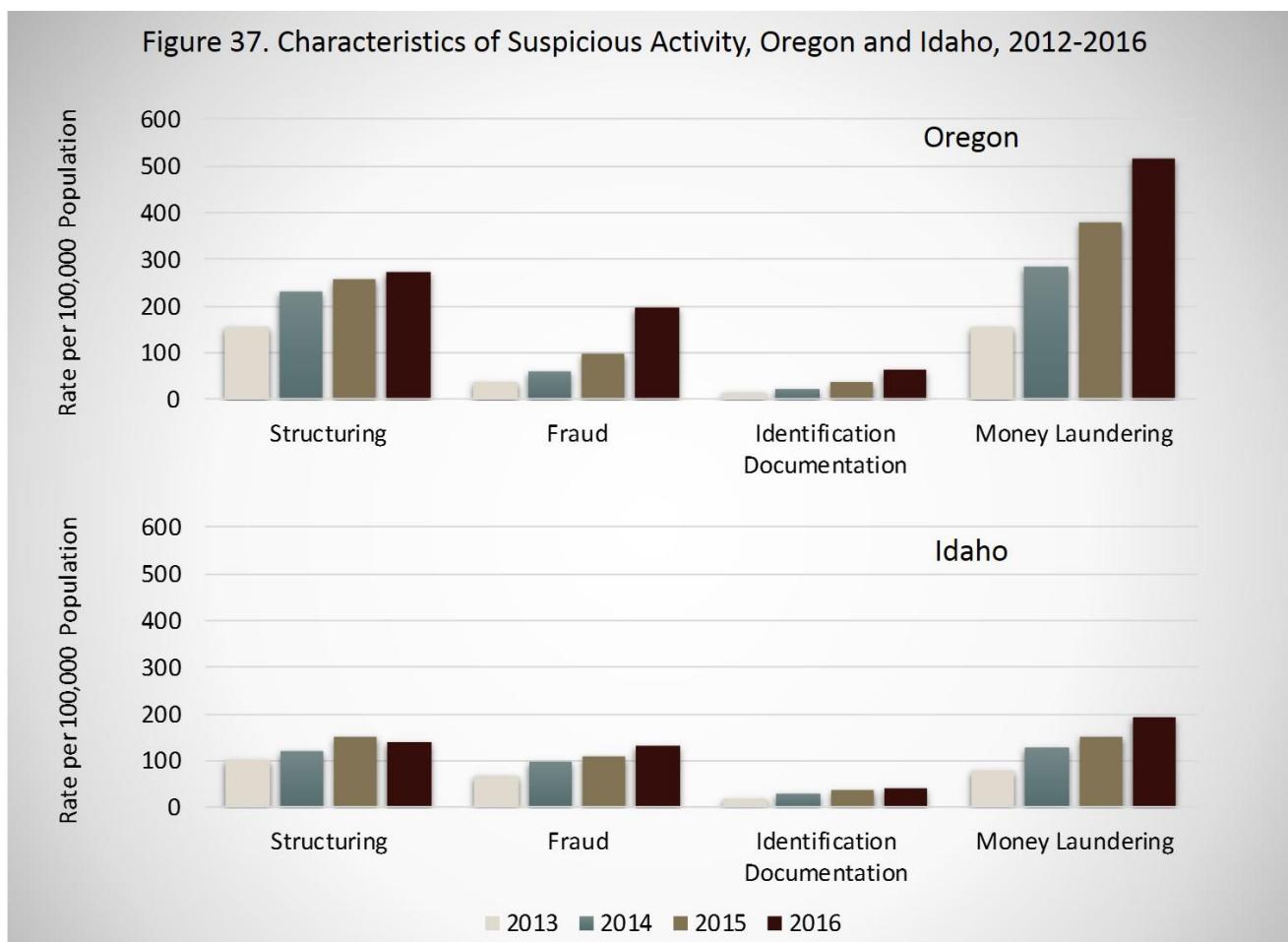
Real Estate: includes direct or third party cash purchase of residential or commercial property, under valuation, mortgage fraud.

Trade-Based: includes illicit arrangements such as black market peso exchange, over/under invoicing of goods and services.

Source: 2017 Oregon-Idaho HIDTA Drug Threat Survey.

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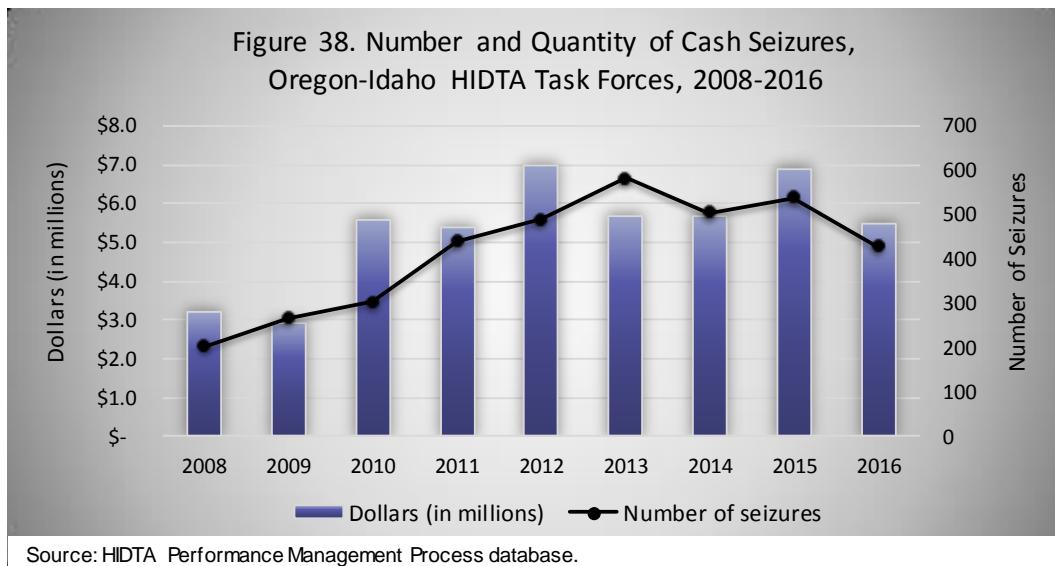
Banks and other depository institutions remain the primary gateway to the U.S. financial system where illegal proceeds can be moved instantly by wire or commingled with legitimate funds.¹⁶⁸ For example, the most common filing of suspicious activity for both Oregon and Idaho in 2016 was the category of money laundering, followed by structuring, fraud, and identification documentation (e.g., social security number fraud).¹⁶⁹ Filings related to money laundering have more than doubled in both Oregon and Idaho since 2013 (Figure 37).



Notes: Each category reflects a combined rate of filings from depository institutions, money services businesses, securities and futures firms, insurance companies, casinos, and other financial institutions; Multiple activities may be reported by a single filer. Source: SAR Stats, FinCEN.gov.

Smuggling bulk cash out of the United States is a well-established scheme by which traffickers bypass financial transparency reporting requirements.¹¹ 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.¹⁷⁰ Within the HIDTA, Mexican 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.¹⁷¹ The number of cash seizures made by HIDTA task forces more than doubled between 2008 (203) and 2016 (428), with \$5.5 million in illicit proceeds confiscated in 2016 (Figure 38, page 43).¹⁷²

¹¹ 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, *Report of International Transportation of Currency or Monetary Instruments (CMIR)*.



Key Intelligence Questions

- What is the degree to which DTOs use legitimate businesses to launder proceeds in the HIDTA?
- How prevalent is electronic currency, such as bitcoin or prepaid cards, used in laundering money in the region?
- To what degree are illicit proceeds transferred using the parcel delivery system in the region?

VII. OUTLOOK

Analysis and findings from this threat assessment strongly indicate crystal methamphetamine and heroin will remain the most serious drug threats in the HIDTA due to sustained availability and the societal impact of abuse and associated criminal activity. Furthermore, Mexican DTOs will continue to present the greatest criminal drug threat to the HIDTA and surrounding region.

- Expanded methamphetamine production in Mexico will continue to sustain the flow of crystal methamphetamine into the region. Incidence of crystal methamphetamine transported in unfinished form, such as liquid or powder, will rise due to the advantages of easy concealment and fewer toxic by-products generated during production.
- The abuse and trafficking of opiate drugs will continue to expand. Heroin trafficking and use will continue to rise as production in Mexico expands and as prescription opioids continue to serve as a gateway to heroin use. Misuse of prescription drugs will remain high as long as the drugs are widely accessible and perceived as safe. More heroin and polydrug distributors will likely add diverted pharmaceuticals to their drug supplies to exploit an expanding customer market.
- 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.

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- Production of THC extracts -- and the incidence of butane hash oil lab explosions -- is expected to rise as demand increases for product that has a strong psychoactive effect. Additionally, elevated levels of THC in marijuana and cannabis extracts will pose serious health consequences to users.
- Trafficking of cocaine in the HIDTA will remain low for the near term, but as production levels increase in Colombia, trafficking and availability will likely increase in the region leading to greater use.
- The demand for synthetic drugs is expected to rise due to the abundance of related chemicals, drugs and products. Availability of extremely potent synthetics, such as fentanyl, will continue to be a trend of concern; however, fentanyl use will likely remain low compared to other major drugs of abuse.
- Mexican DTOs operating in the HIDTA will continue to control the transportation and distribution of methamphetamine, heroin, cocaine, and marijuana cultivated from outdoor grows on public lands in the region. Mexican DTOs will continue to rely on established transportation and distribution networks and collaboration with local trafficking groups to facilitate drug trade in the area.
- Caucasian DTOs will continue to control transportation and distribution of locally-produced indoor marijuana and outdoor marijuana cultivated on private property.
- African-American DTOs will continue to control mid-level and retail distribution of cocaine in the Portland Metro area.
- Asian DTOs will continue to control the transportation of MDMA from Canada into the HIDTA due to sustained access to precursor chemicals from China.
- 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.

COUNTER-DRUG STRATEGY

VIII. EXECUTIVE SUMMARY

The Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) Counter-Drug Strategy is the Oregon-Idaho HIDTA 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-Idaho 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 Measurement Program (PMP).

The collocated and commingled drug and gang task forces and initiatives are built to implement the Oregon-Idaho 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 the 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-Idaho 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-Idaho HIDTA Threat Assessment; must articulate how the initiative's funding request directly addresses the threat; set realistic performance measures, and each initiative must eventually provide specific

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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 eleven designated counties and the Warm Springs Reservation in Oregon and two designated counties in Idaho, is governed by an Executive Board comprised of 18 voting members and four ex-officio non-voting members who represent the participating agencies. 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 and money laundering organizations (DTO & MLO) 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.

IX. 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.

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.

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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**

X. CONCEPT OF THE STRATEGY

The overarching concept of the Oregon-Idaho HIDTA's 2018 Counter-Drug Strategy to address the methamphetamine, heroin, cocaine, marijuana, controlled prescription and designer drug threats identified in the 2018 Oregon-Idaho Threat Assessment is to provide HIDTA resources and support to multi-agency, collocated and comingled enforcement initiatives that conduct intelligence led investigations into the most prolific drug trafficking and money laundering organizations that operate in and around HIDTA designated areas.

XI. HIDTA GOAL 1: DISRUPT AND DISMANTLE DRUG TRAFFICKING AND MONEY LAUNDERING ORGANIZATIONS

Goal 1 Priorities and Initiatives

Goal 1 is the cornerstone of the HIDTA Program and the Oregon-Idaho HIDTA is fully committed to achieving it by devoting resources to identify, investigate, disrupt and dismantle drug trafficking and money laundering organizations (DTO & MLO). For PY 2018, the Oregon-Idaho HIDTA Executive Board will fund eighteen multi-agency, drug enforcement (investigation, interdiction, fugitive apprehension and prosecution) initiatives – 14 in Oregon and 4 in Idaho – designed to achieve Goal 1:

Oregon

- Central Oregon Drug Enforcement Task Force
- Clackamas County Interagency Task Force
- Douglas Interagency Narcotics Team
- Medford Area Drug and Gang Enforcement Team
- Linn County Interagency Enforcement Team
- Lane County Interagency Narcotics Enforcement Team
- High Desert Task Force
- Oregon State Police Domestic Highway Enforcement
- HIDTA Interdiction Team
- Multnomah County Dangerous Drug Team
- United States Marshals Service HIDTA Fugitive Task Force
- Oregon HIDTA DEA^{mm}
- Blue Mountain Enforcement Narcotics Team
- Westside Interagency Narcotics Team

Idaho

- Canyon Ada Domestic Highway Enforcement
- DEA Boise Resident Office Task Force
- HIDTA Special United States Attorney, District of Idaho
- FBI Treasure Valley Metro Violent Crimes Safe Streets Task Force

The Executive Board has also developed three strategic priorities to leverage the capabilities and resources of these enforcement initiatives in order to achieve the goal.

Strategic Priority #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.

With the exception of the HIDTA Special United States Attorney Initiative, the Oregon State Police and the Canyon Ada Domestic Highway Enforcement Initiatives, each of the enforcement initiatives will be comprised of full time, collocated and comingled members from Federal and state, local and/or tribal agencies. Collocation and comingling of participants promotes interagency cooperation, maximized information sharing, enhanced efficiency and great reduction in duplication of efforts. In support of the Executive Board's strategic priority each of the enforcement initiatives during PY 2018 will:

- Pursue tailored missions with the common theme of eliminating domestic production, trafficking and use of methamphetamine, heroin cocaine, marijuana and other dangerous drug to include prescription opiate analgesics and stimulants.

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

^{mm} The Oregon HIDTA DEA initiative includes DEA task forces in Portland, Salem, Eugene and Medford, OR.

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Each of the Oregon-Idaho HIDTA enforcement initiatives will utilize and exploit criminal intelligence in order to identify and target the drug trafficking and money laundering organizations operating in their areas that pose the most significant threats to the communities that they serve. In accordance with the Executive Board's strategic priority during PY 2018, the enforcement initiatives will:

- Gather, deconflict, utilize and share criminal drug intelligence in order to identify and target mid to upper level DTOs and MLOs that operate in and around HIDTA designated areas.

Strategic Priority #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.

Oregon-Idaho HIDTA enforcement initiatives will concentrate the “value-added” HIDTA resources on enforcement, investigative and prosecution enhancements, enabling them to conduct field operations and investigations that target the members of high-value DTOs and 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. The field operations, investigations and prosecutions will also include a financial component in order to identify cash and assets that DTOs and MLOs derive from their illegal activity so that the cash and assets may be seized and forfeited thus stripping the organizations of their profits which is why they exist in the first place. During PY 2018 and in accordance with the Executive Board's strategic priority, Oregon-Idaho HIDTA initiatives will utilize HIDTA resources to:

- Purchase evidence and information from drug traffickers and money launderers so that the meaning of the evidence and information may be analyzed and utilized to further investigations.
- Work additional overtime to further investigations.
- Travel outside of their home jurisdictions to further investigations.
- Obtain and employ equipment and new technology that enhances investigative effectiveness and efficiency.
- Retain and utilize a Special United States Attorney in the District of Idaho in order to provide direct case consultation for major investigations which enables the prosecution of targeted and complex drug trafficking and money laundering investigations.
- Enhance collaboration and cooperation between HIDTA initiatives as well as federal, state, local and tribal law enforcement agencies within and outside of the region.

Goal 1 Performance Targets

Oregon-Idaho HIDTA drug enforcement initiatives are collectively responsible for meeting the 2018 performance outcome targets, which are defined and listed below, and that are set based upon an assessment of the reported average performance from the three previous years. Table 9 (page 50) contains the FY 2018 Goal 1 performance targets for the Oregon-Idaho HIDTA.:.

Table 9. Goal 1 Performance Targets	2018 Target	2014-2016 Ave.
Drug Trafficking and Money Laundering Organizationsⁿⁿ		
Number of DTOs and MLOs to be disrupted and dismantled.	51	50
Target Justification: The FY 2018 target falls slightly above the three year average due primarily to the addition of a new initiative in Linn County, OR.		
Return on Investment^{oo}		
Return on investment expected for drugs removed from the marketplace.	\$22.00	\$24.26
Return on investment expected for cash and assets seized.	\$2.50	\$2.91
Total return on investment expected	\$24.50	\$27.17
Target Justification: The total return on investment target falls below the three year average primarily due to a recently legalized marijuana industry in Oregon which will result in a decline in the number of marijuana investigations and resulting drug and asset seizures.		

XII. HIDTA GOAL 2: INCREASE THE EFFICIENCY AND EFFECTIVENESS OF LAW ENFORCEMENT AGENCIES PARTICIPATING IN HIDTAS

Goal 2 Priorities and Initiatives

The Oregon-Idaho HIDTA is fully committed to achieving HIDTA Goal 2 by devoting resources to enhance and improve the efficiency and effectiveness of initiatives tasked with disrupting and dismantling DTOs and MLOs in the region. For FY 2018, the Oregon-Idaho HIDTA Executive Board will fund three support initiatives designed to achieve Goal 2:

- *Investigative Support Center*
- *Oregon-Idaho HIDTA Training*
- *Management and Administration*

The Executive Board has also developed two strategic priorities to leverage the capabilities and resources of these support initiatives in order to achieve the goal.

Strategic Priority #1: Foster, support, promote, and facilitate the proactive sharing of criminal intelligence with law enforcement agencies along the I-5 corridor and nationwide by providing an Investigative Support Center (ISC) Analytical Unit and Watch Center.

ⁿⁿDrug trafficking organizations (DTOs) consist of five or more persons including at least one leader which has a clearly defined chain-of-command and generates income or acquires assets through a series of illegal drug production, manufacturing, importation, or distribution activities and money laundering organizations (MLOs) - consist of two or more individuals engaged in processing illegal drug profits through a continuing series of illegal activities (placement, layering, and integration) to disguise the source of the money and make the illegal profits appear to be legitimate income.

^{oo}Total return on investment is the ratio between the wholesale value of drugs, total amount of cash, and value of non-cash assets seized and the amount of HIDTA funds budgeted for all activities other than treatment, prevention, and research and development.

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This support will be provided through the Investigative Service Center, which consists of the ISC, located in Marion County, Oregon, and three supporting elements: intelligence/case support units at DEA in Portland, Oregon and at the Oregon Department of Justice (ODOJ) in Salem, Oregon, and a de-confliction watch center, also located at ODOJ in Salem, Oregon. In accordance with the Executive Board's strategic priority, the ISC will provide the following support and services in FY 2018:

- Watch Center staffing five days per week, 10 hours per day, with 24-hour remote coverage for case, subject and event deconfliction;
- Long term analytical case support and post seizure analysis services through assigned intelligence analysts on a case-by-case basis;
- Electronic, secure, email connectivity is 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;
- Develop and publish the Oregon-Idaho HIDTA's Annual Drug Threat Assessment, Annual Report, and other drug related informational and criminal intelligence bulletins;
- Ensure all clan lab data is entered in the Regional Information Sharing Service Intelligence database (RISS Intel) and forwarded to EPIC;
- Access to a service center accessible both by phone, and electronically via RISS, for authenticated law enforcement personnel anywhere in the nation to securely and reliably share criminal intelligence.
- Investigative resources for technical support and equipment, including state-of-the-art Title III and Pen Register, Global Positioning System (GPS) tracking, crime analysis, electronic surveillance, undercover operations, video enhancement services, and forensic services.

Both the ISC and Watch Center are firmly established HIDTA entities and are coordinating with HIDTA and non-HIDTA participants. The ISC will continue to serve 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 local and national law enforcement agencies, as appropriate.

Strategic Priority #2: 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.

The Oregon-Idaho HIDTA Training Initiative is managed by the Oregon-Idaho HIDTA 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 DTOs, MLOs and related violent crime groups in accordance with the ONDCP and Oregon-Idaho HIDTA strategies.

Relying upon Oregon-Idaho HIDTA initiatives and participating agencies, which are surveyed every year relating to their training needs, the Training Initiative will direct HIDTA resources to provide the following support during PY 2018:

- Pay for and host 4 training courses that are consistent with the training needs identified in the training survey.
- Advertise hosted training courses on the Oregon-Idaho HIDTA web site: www.oridhidta.org.

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- Pay attendance expenses for HIDTA participants to attend specialized training that is consistent with the training needs identified in the training survey and that are not hosted by the Oregon-Idaho HIDTA Training initiative.

The Management and Administration Initiative will provide oversight of all other HIDTA initiatives at the direction of the Executive Board. In FY 2018, the initiative will conduct routine business operations for the Oregon-Idaho HIDTA, including programmatic, fiscal, and technical assistance, and serve as the primary point of contact between each initiative, the Oregon-Idaho HIDTA Executive Board, ONDCP, the National HIDTA Assistance Center (NHAC), and other public and private sector partners. The initiative will also provide the necessary oversight of the HIDTA to ensure compliance with ONDCP requirements and HIDTA program policy, including the establishment and maintenance of a central inventory tracking system for property purchased with HIDTA funds, assist HIDTA initiatives with recording measurable outputs and outcomes in the Performance Management Process (PMP) system, establish and maintain internal review processes, and offer support and counsel to the Executive Board.

The Executive Board will continue to staff this initiative with two full-time contractors—the Oregon-Idaho HIDTA Director and the Oregon-Idaho HIDTA Program Coordinator—and two full-time Oregon Department of Public Safety Standards and Training (DPSST) employees—the financial manager and an administrative assistant.

Goal 2 Performance Targets

Oregon-Idaho HIDTA support initiatives are collectively responsible for meeting the 2018 performance outcome targets, which are defined and listed below. These targets are set based upon an assessment of the reported average performance from the three previous years, along with any adjustments approved by the Executive Board. Table 10 contains the FY 2018 Goal 2 performance targets for the Oregon-Idaho HIDTA.

Table 10. Goal 2 Performance Targets	2018 Target	2014-2016 Ave.
Intelligence and Information Sharing		
Number of Cases Provided Analytical Support	446	464
Target Justification: The FY 2018 target falls slightly below the three year average due primarily to an anticipated temporary analytical workforce reduction as well as an increase in long term cases being supported which will reduce the volume of cases being provided analytical support.		
Training		
Total Number of Students Expected to be Trained	395	446
- Enforcement Students	330	318
- Analytical Students	5	2
- Management Students	60	57
- Demand Reduction Students	0	69
Target Justification: The expected training targets for FY 2018 are below the three-year average due to a reduction in the amount of funding allocated toward training as well as the completion of two large training courses that were held in previous years as part of a targeted strategy implemented by two initiatives.		

XIII. PREVENTION

Initiatives

During PY 2018 the Oregon-Idaho HIDTA Executive Board and ONDCP will support two community based drug prevention initiatives that are designed to reduce drug use. Both prevention initiatives have been designed to provide evidence based information to a wide array of community stakeholders about the dangers of illicit drug use. The two prevention initiatives are:

- *Children Learning through Education And Research (CLEAR) Alliance*
- *Lines for Life*

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 2018 are:

1. Reduce substance use and impaired driving among youth
2. Provide prevention education for marijuana, prescription 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

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" that educate the public about the problem surrounding drug abuse, reducing the volume of unwanted prescription medications in homes and improving and expanding the access to drug treatment.

During PY 2018 Lines for Life will focus efforts on heroin use and will form a Heroin Use Reduction Task Force to develop a strategy to reduce heroin use in the Portland Metro area with support and engagement from the broad cross-section of stakeholders that they have assembled in addressing the prescription opioid epidemic – including health care systems, health professionals, law enforcement, treatment, education and business stakeholders. Their problem solving approach will dissect a complex,

multi-faceted problem into discrete sub-problems that are more manageable and that can be addressed by focused, specific actions -- and hold members accountable for accomplishing the objectives on the strategic plan.

Lines for Life's Heroin Use Reduction Task Force goals for 2018 are:

1. Ensure public safety and public health strategies in response to opioids is integrated and complementary by improving partnerships through city leader and expert discussion and action planning forums, establishing direct lines of communication between healthcare, treatment providers and law enforcement, incorporating youth and underserved population insight garnered from focus groups into city leader discussions and action planning forums, and providing program management support.
2. Increase access to treatment services by working with law enforcement and the Oregon Health Authority partners to provide data analysis, providing program management support to identify barriers to treatment access, proposing mechanism to increase access, working with local partners to ensure all being released from incarceration have access to case management and treatment and explore opportunities for overdose prevention interventions.
3. Implement coordinated community responses to promote prevention at the local level by engaging health care professionals, law enforcement, youth as well as high risk and underserved communities.

XIV. IMPLEMENTATION OF THE STRATEGY

The Oregon-Idaho HIDTA Executive Board is responsible for the creation, implementation and oversight of this strategy which will be executed through the initiatives listed and described in Appendix K as a mechanism to reduce drug trafficking and money laundering, eliminate unnecessary duplication of resources and effort and systematically improve the sharing of drug intelligence and targeting information. The Executive Board has assisted each initiative with the establishment of realistic and attainable performance goals for 2018 which are based upon an evaluation of the threat, past performance, resources provided by participating agencies and the value added resources provided by the Oregon-Idaho HIDTA. Potential impediments to complete discharge of the strategy and achievement of the performance goals include reduction in work force of Federal, state, local and tribal agencies due to agency budget cuts, attrition and/or changes in agency priorities.

The success of the Oregon-Idaho HIDTA program strategy is measured by results, and each Oregon-Idaho HIDTA initiative is fully accountable for its success or failure in meeting its objectives. The Management and Administration Initiative and the HIDTA Director will work with all of the initiatives in order to ensure their success and to ensure that there isn't any duplication of effort, that there is maximum inter-initiative partnership and cooperation and that information sharing is complete and timely.

The Oregon-Idaho HIDTA Management and Administration initiative and the Oregon-Idaho HIDTA Director will support the Executive Board and provide guidance to Oregon-Idaho HIDTA initiatives. During 2018 the Oregon-Idaho HIDTA Management and Administration initiative will conduct on-site fiscal and programmatic reviews of each initiative to evaluate their effectiveness, progress and compliance. These review findings will be reported, in written form, and discussed formally with the Executive Board during scheduled meetings throughout the year.

XV. Appendices

Appendix A

Acronyms

CDC	Centers for Disease Control and Prevention
CLEAR	Children Learning through Education and Research
CPDs	Controlled Prescription Drugs
CPOT	Consolidated Priority Organization Targets
DCE/SP	DEA Domestic Cannabis Eradication/Suppression Program
DEA	Drug Enforcement Administration
DEC	Drug Evaluation Classification Program
DHE	Domestic Highway Enforcement
DMT	Dimethyltryptamine
DPSST	Department of Public Safety Standards and Training
DRE	Drug Recognition Expert
DTO	Drug Trafficking Organization
EPIC	El Paso Intelligence Center
FinCEN	Financial Crimes Enforcement Network
GPS	Global Positioning System
HIDTA	High Intensity Drug Trafficking Area
HIT	HIDTA Interdiction Team
HSI	Homeland Security Investigations
ISC	Investigative Support Center
ISP	Idaho State Police
MDMA	3,4-methylenedioxymethamphetamine
MDP2P	3,4 methylene-dioxyphenyl-2-propanone
MLO	Money Laundering Organization
NHAC	National HIDTA Assistance Center
NSDUH	National Survey on Drug Use and Health
OCDETF	Organized Crime Drug Enforcement Task Force
ODOJ	Oregon Department of Justice
OrCRM	Oregon Coalition for Responsible Use of Meds
OMMP	Oregon Medical Marijuana Program
ONDPCP	Office of National Drug Control Policy
OSP	Oregon State Police
PDMP	Prescription Drug Monitoring Program
PMP	Performance Management Process
POE	Point-of-Entry
RISSnet	Regional Information Sharing Service Intelligence database
RPOT	Regional Priority Organization Targets
THC	Delta-9-tetrahydrocannabinol
USPIS	United States Postal Inspection Service

Appendix B

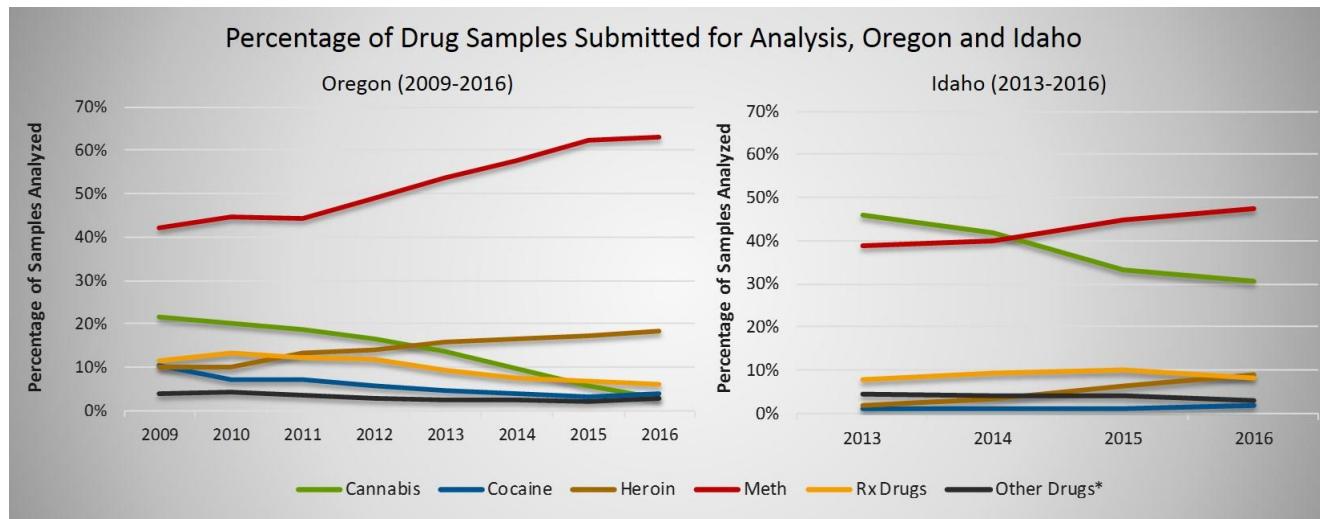
Methodology

This report was developed through consideration of quantitative and qualitative information from federal, state, and local law enforcement reporting and data, public health data, and open-source reporting in order to provide a balanced approach to determining which substances present the most critical drug threats to the region. 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.

The 2017 Oregon-Idaho HIDTA Drug Threat Survey was a primary source for qualitative information related to drug demand and supply as well as drug trafficking and money laundering organizations operating in the HIDTA. Surveys and follow-up interviews were conducted with HIDTA drug task force personnel yielding a 100 percent response rate (22). Surveys were also sent to drug task forces and law enforcement agencies operating in non-HIDTA counties in Oregon and Idaho with 20 completed surveys yielding a 48 percent response rate. The survey form requested information on regional drug threats, including trends in availability and use, transportation and distribution methods, as well as characteristics and activities of drug trafficking and money laundering organizations.

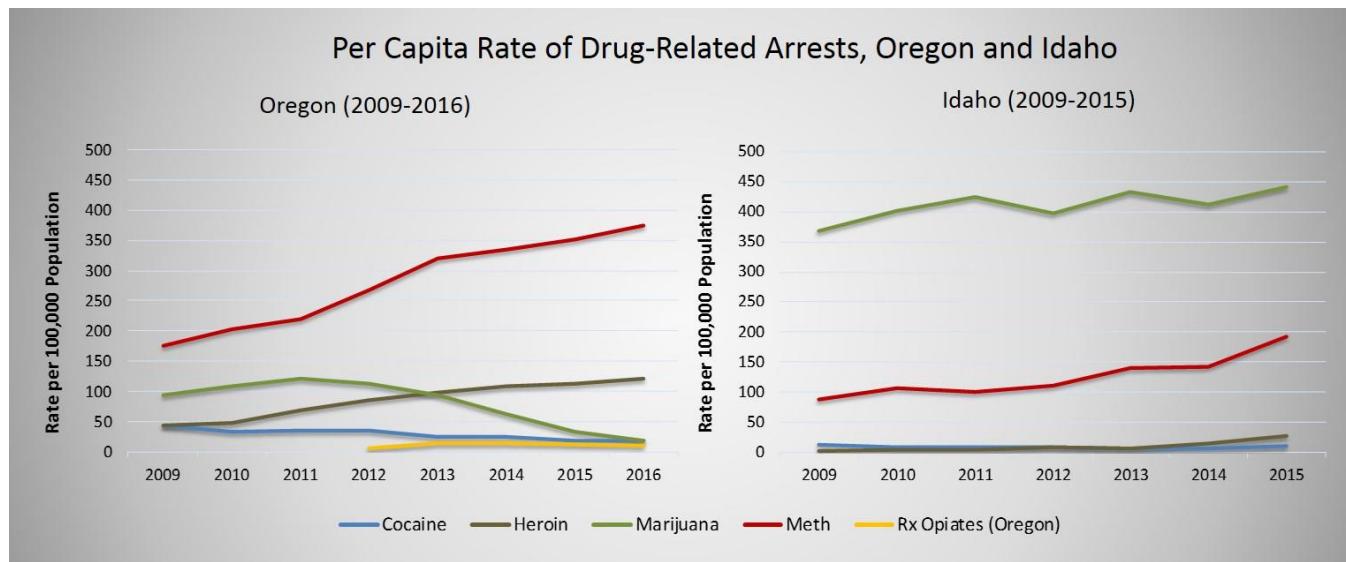
In addition, national surveys, Oregon-Idaho HIDTA task force reporting, and the HIDTA Performance Management Process system were used to evaluate trends in use, production and cultivation levels, and the presence and level of involvement of organized criminal groups in drug trafficking and distribution, money laundering, and related criminal activity in the HIDTA and neighboring region.

Appendix C



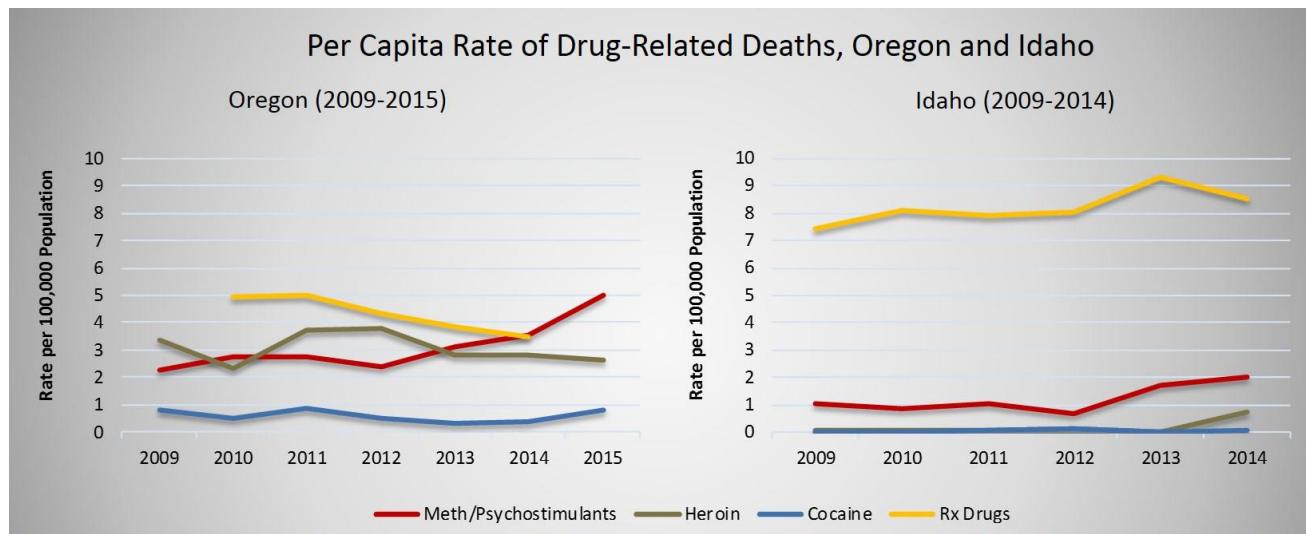
*Other Drugs include various synthetic and other dangerous drugs, including fentanyl. Sources: OSP, Forensic Services Division, ISP Forensic Services.

Appendix D



Notes: 1) Data for Oregon is based on a six-month moving average. 2) Tracking of prescription opiates began in 2012 in Oregon and includes hydrocodone, methadone, and oxycodone. 3) Drug arrests related to prescription opioids are not tracked by the Idaho State Police. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

Appendix E



Oregon notes: "Rx Drugs" is comprised of opiate-related fatalities (methadone, oxycodone, hydrocodone) reported by the Oregon Medical Examiner since 2010; deaths for 2015 were not available. Source: Oregon State Medical Examiner.

Idaho notes: 1) Only 58% of Idaho death certificates from 2009 through 2013 included type of drug; 2) Methamphetamine is included in the category, "Psycho stimulants with abuse potential" (also includes MDMA); 3) "Rx Drugs" includes prescription drugs and instances where "pain medication" or "prescription medication" was noted on death certificate. Source: Division of Public Health, Idaho Department of Health & Welfare.

Oregon-Idaho HIDTA Program

Appendix F

Incidence and Quantity of Selected Drugs and Cash Seized through the Domestic Highway Enforcement Program (DHE), by Highway, Oregon and Idaho*, 2008 - 2016											
	Total Seizures	Marijuana		Meth		Heroin		Cocaine		Controlled Prescription Drugs	U.S. Cash
		No.	Quantity (in lbs)	No.	Quantity (in lbs)	No.	Quantity (in lbs)	No.	Quantity (in lbs)	No.	Quantity (in DU)
I-5	923	421	5,811	155	803	52	175	58	622	48	34,759
US 97	334	174	1,720	49	241	5	4	24	119	15	5,561
I-84	204	97	595	30	31	7	6	7	2	16	803
US 395	155	105	1,115	5	31	3	25	3	8	7	10,065
OR 140	117	94	1,959	0	0.00	0	0	2	0.4	2	35
											19
											\$ 132,363

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); 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 2016. Source: Domestic Highway Enforcement Program.

Appendix G

Clandestine Lab Seizures, Oregon-Idaho HIDTA, 2005, 2010-2016								
	2005 (Meth only)	2010 (Meth only)	2011 (Meth only)	2012 Total Labs (Meth/BHO/ Other labs)	2013 Total Labs (Meth/BHO/ Other labs)	2014 Total Labs (Meth/BHO/ Other labs)	2015 Total Labs (Meth/BHO/ Other labs)	2016 Total Labs (Meth/BHO/ Other labs)
Oregon	192	13	10	12 Meth (7); BHO (1); Other (4)	16 Meth (10); BHO (1); Other (5)	19 Meth (9); BHO (7); Other (2)	23 Meth (8); BHO (11); Other (4)	33 Meth (7); BHO (25); Other (1)
Idaho	11	8	4	Meth (8)	Meth (2)	Meth (4)	Meth (2)	0
HIDTA Region								
<i>Oregon</i>								
Clackamas	15	1	1	0	0	Meth (1)	Meth (1); BHO (2)	Meth (2); BHO (1)
Deschutes	0	0	0	0	MDMA (1)	BHO (1)	Meth (1); BHO (1)	Meth (1); BHO (7)
Douglas	14	1	1	Meth (2); DMT (1); BHO (1)	0	0	BHO (1)	0
Jackson	6	0	1	Meth (1)	DMT (1)	Meth (1)	BHO (1)	BHO (6); DMT (1)
Lane	12	0	0	DMT (1)	Meth (1); DMT (1)	Meth (1); BHO (1)	BHO (1); GHB (1)	BHO (2)
Linn	0	0	1	0	0	0	Meth (1)	0
Malheur	1	0	0	0	0	0	0	BHO (1)
Marion	11	0	0	0	0	Meth/Ice Conversion (1)	BHO (1); DXM (1); DMT (1)	BHO (1)
Multnomah	33	7	3	Meth (2)	Meth (2)	BHO (2)	Meth/Ice Conversion (1); MDMA (1); BHO (3)	BHO (1)
Umatilla	39	1	1	0	Meth (1)	Meth (1)	0	Meth (1); BHO (1)
Washington	12	0	0	Meth (1); DMT (1)	Meth (1); Meth/Ice Conversion (1)	BHO (1)	0	Meth (1); BHO (1)
<i>Idaho</i>								
Ada	6	2	1	0	Meth (1)	0	0	0
Canyon	1	2	2	Meth (2)	0	Meth (2)	Meth (1)	0
HIDTA Total	150	14	11	Meth (8); DMT (3); BHO (1)	Meth (7); DMT (2); MDMA (1)	Meth (7); BHO (5)	Meth (5); BHO (10); DMT (1); DXM (1); GHB (1); MDMA (1)	Meth (5); BHO (21); DMT (1)

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

Appendix H

Marijuana Plants Seized in the Oregon-Idaho HIDTA, 2010-2016							
HIDTA Region	2010	2011	2012	2013	2014	2015	2016
	Total Plants (In/Outdoor)						
Clackamas, OR	1,025 (700/325)	3,602 (3,486/116)	425 (347/78)	1,331 (928/403)	639 (632/7)	0	0
Deschutes, OR	199 (199/0)	357 (357/0)	786 (781/5)	58 (58/0)	227 (182/45)	483 (483/0)	8,373 (228/8,145)
Douglas, OR	3,907 (164/3,743)	138 (52/86)	476 (254/222)	3,998 (363/3,635)	25 (5/20)	1,660 (855/805)	3,373 (582/2,791)
Jackson, OR	28,504 (337/28,167)	3,255 (383/2,872)	9,340 (376/8,964)	4,874 (450/4,424)	9,309 (325/8,984)	178 (178/0)	2,712 (0/2,712)
Lane, OR	2,726 (1,904/822)	2,888 (2,640/248)	3,640 (3,534/106)	4,836 (570/4,266)	334 (0/334)	402 (296/106)	131 (131/0)
Linn, OR	1,352 (314/1,038)	718 (494/224)	743 (316/427)	493 (279/214)	2,064 (126/1,938)	143 (143/0)	0
Malheur, OR	9,117 (0/9,117)	410 (410/0)	1,388 (706/682)	0	0	0	3 (3/0)
Marion, OR	653 (184/469)	215 (99/116)	10 (4/6)	248 (248/0)	78 (51/27)	73 (73/0)	7,360 (0/7,360)
Multnomah, OR	8,348 (8,327/21)	5,505 (5,494/11)	3,009 (2,959/50)	3,261 (3,233/28)	1,083 (1,066/17)	87 (87/0)	281 (281/0)
Umatilla, OR	3,873 (62/3,811)	3,318 (24/3,294)	164 (164/0)	388 (260/128)	768 (0/768)	66 (58/8)	404 (49/355)
Warm Springs, OR	0 (3/0)	3 (3/0)	0	0	0	0	0
Washington, OR	1,338 (882/456)	332 (319/13)	823 (702/121)	2,114 (2,089/25)	8 (8/0)	0	0
Ada/Canyon, ID	1,500 (0/1,500)	109 (109/0)	5 (5/0)	0	150 (150/0)	109 (109/0)	0
HIDTA Region Total	62,542 (13,073/49,469)	20,850 (13,870/6,980)	20,809 (10,148/10,661)	21,601 (8,478/13,123)	14,685 (2,545/12,140)	3,201 (2,282/919)	22,689 (1,326/21,363)

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. Sources: DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP) 2010-2016; HIDTA PMP database.

Appendix I

Oregon Medical Marijuana Program Statistics, April 1, 2017

Number of patients	87,906
Number of caregivers	26,067
Number of growers	33,764
Number of grow sites	25,228
Number of Oregon-licensed physicians with current OMMP patients	1,715
County with highest number of patients	Multnomah
County with highest number of growers & grow sites	Jackson

*Reported medical conditions include**

Severe pain	89.0%
Muscle spasms	27.1%
Nausea	12.6%
PTSD	8.4%
Cancer	6.2%
Seizures	2.6%
Neurological	1.7%
Glaucoma	1.5%
Cachexia	1.4%
HIV/AIDS	0.8%

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

Source: *Oregon Medical Marijuana Program Statistical Snapshot*, April 2017, Oregon Health Authority.

Appendix J

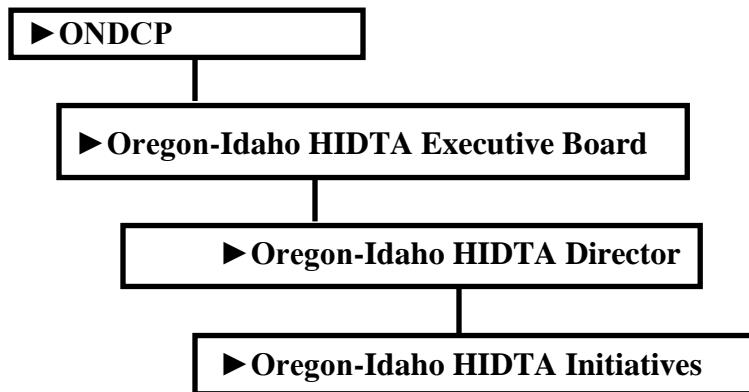
DTO Summary Table	
Oregon-Idaho HIDTA CY 2016	
Scope	
<i>International</i>	25
<i>Multi-State</i>	50
<i>Local</i>	26
Total Organizations	101
Total Members	558
Organization Size (average/range)	5.5/5-13
Characteristics	
Local Area Ethnicity	
<i>African-American</i>	5
<i>Asian</i>	2
<i>Caucasian</i>	31
<i>Hispanic</i>	45
<i>Mexican*</i>	14
<i>Middle Eastern</i>	1
<i>Native American</i>	1
<i>Unknown</i>	1
Violent	8
Polydrug	27
Gang-Related	9
Federal Target List	
CPOT	2
PTO	14
OCDETF	9

Notes: Based on DTOs that were open in calendar year 2016. DTO categories may have more than one ethnicity assigned. *Mexican includes Mexican, Mexican-American, and Mexican National categories. Source: HIDTA Performance Management Program database.

Appendix K

Oregon-Idaho HIDTA Organization, Executive Board and Participants

1. Oregon-Idaho HIDTA Organizational Chart



2. Oregon-Idaho HIDTA Executive Board Composition by Type, Name & Agency

The Oregon-Idaho HIDTA Executive Board membership composition fully complies with the requirements of the ONDCP Reauthorization Act of 2006. The Oregon-Idaho HIDTA Executive Board provides direction and oversight in establishing and achieving the goals of program, manages program funds, reviews and approves all funding proposals consistent with the overall objective of the program and reviews and approves all reports to the Director of ONDCP on activities of the program. The Oregon-Idaho HIDTA Executive Board apportions equal number of votes between Federal and state, local and tribal agency members. The Oregon-Idaho HIDTA Executive Board is comprised of the following members and agencies:

Federal

1. **Brian Widener**, Assistant Special Agent in Charge
Homeland Security Investigations (HSI)
2. **Cam Strahm**, Assistant Special Agent in Charge
Drug Enforcement Administration (DEA)
3. **Loren Cannon**, Special Agent in Charge
Federal Bureau of Investigations (FBI)
4. **Billy J. Williams**, United States Attorney
United States Attorney's Office (USAO), District of Oregon
5. **Russ Burger**, U.S Marshal
United States Marshal Service (USMS), District of Oregon
6. **Loren Good**, Special Agent in Charge
United States Bureau of Land Management (BLM)
7. **Ben Scoll**, Resident Agent in Charge
Bureau of Alcohol, Tobacco, Firearms and Explosives (BATF)
8. **Rafael Gonzalez**, Acting United States Attorney
United States Attorney's Office (USAO), District of Idaho
9. **Brian Payne**, Assistant Special Agent in Charge
Internal Revenue Service (IRS)

State & Local

10. **L. Shane Nelson**, Deschutes County Sheriff
Deschutes County Sheriff's Office (DCSO)
11. **John Foote**, District Attorney
Clackamas County District Attorney's Office (CCDA)
12. **Stuart Roberts**, Chief of Police
Pendleton Police Department
13. **Craig Roberts**, Clackamas County Sheriff
Clackamas County Sheriff's Office (CCSO)
14. **Kieran Donahue**, Canyon County Sheriff
Canyon County Sheriff's Office (CCSO)
15. **James Ferraris**, Chief of Police
Woodburn Police Department (WPD)
16. **Michael Slauson**, Chief Counsel
Oregon Department of Justice (ODOJ)
17. **James Mitchell**, Colonel, Counter Drug Support Program
Oregon National Guard (ONG)
18. **Terri Davie**, Deputy Superintendent
Oregon State Police (OSP)

Ex-Officio

- **Michael Loudermilk**, Assistant Special Agent in Charge
United States Forest Service (USFS)
- **Dwight Holton**, Chief Executive Officer
Lines for Life (LFL)
- **Tim Hartnett**, Executive Director
Comprehensive Options for Drug Abusers (CODA)
- **Jeff Hering**, President
Oregon Narcotics Enforcement Association (ONEA)

4. Program Participants

The number of full-time Oregon-Idaho HIDTA Program Participants by Agency Type

Federal Law Enforcement:	104
State Law Enforcement:	90
Local Law Enforcement:	178
National Guard:	5
Tribal Law Enforcement:	8
Other:	2
Total:	387

Agencies with full-time participants in Oregon-Idaho HIDTA Initiatives by Type & Name

Federal

Bureau of Alcohol, Tobacco, Firearms and Explosives
Immigration and Customs Enforcement Homeland Security Investigations
Bureau of Land Management
Drug Enforcement Administration
Federal Bureau of Investigation
United States Attorney's Office, District of Idaho
United States Marshals Service

State

Idaho Department of Corrections
Idaho State Police
Oregon Department of Justice
Oregon Department of Public Safety Standards and Training
Oregon National Guard
Oregon State Police

Local

Ada County Sheriff's Office – Idaho
Albany Police Department - Oregon
Beaverton Police Department - Oregon
Bend Police Department - Oregon
Boardman Police Department (BPD) - Oregon
Boise Police Department - Idaho
Caldwell Police Department– Idaho
Canby Police Department - Oregon
Canyon County Sheriff's Office– Idaho
Central Point Police Department - Oregon
Clackamas County Community Corrections - Oregon
Clackamas County Sheriff's Office– Oregon
Clackamas County District Attorney's Office – Oregon
Crook County Sheriff's Office - Oregon
Deschutes County Sheriff's Office - Oregon
Douglas County Sheriff's Office - Oregon
Eugene Police Department - Oregon
Hermiston Police Department - Oregon
Hillsboro Police Department - Oregon
Jackson County Parole & Probation - Oregon
Jackson County Sheriff's Office - Oregon
Keizer Police Department - Oregon
Lane County District Attorney's Office - Oregon
Lane County Parole & Probation – Oregon
Linn County Sheriff's Office - Oregon
Malheur County Sheriff's Office - Oregon
Marion County Sheriff's Office - Oregon
Medford Police Department - Oregon
Meridian Police Department - Idaho

Oregon-Idaho HIDTA Program

Milton-Freewater Police Department - Oregon
Milwaukie Police Department - Oregon
Morrow County Sheriff's Office - Oregon
Multnomah County Sheriff's Office - Oregon
Nampa Police Department - Idaho
Ontario Police Department - Oregon
Payette County Sheriff's Office - Idaho
Payette Police Department - Idaho
Pendleton Police Department - Oregon
Portland Police Bureau - Oregon
Redmond Police Department - Oregon
Roseburg Police Department - Oregon
Salem Police Department - Oregon
Springfield Police Department - Oregon
Tigard Police Department - Oregon
Umatilla County Sheriff's Office - Oregon
Washington County Sheriff's Office - Idaho
Washington County Sheriff's Office - Oregon

Tribal

Umatilla Tribal Police Department - Oregon
Warm Springs Police Department - Oregon

Agencies with part-time participants in Oregon-Idaho HIDTA Initiatives by Type & Name

Federal

Amtrak Police Department
Social Security Administration, Office of Inspector General
United States Customs & Border Protection
United States Marshals Service, District of Idaho
United States Forest Service
United States Postal Service – Office of Inspector General

Local

Fruitland Police Department - Idaho
Jackson County District Attorney's Office - Oregon
Multnomah County Community Justice - Oregon
Port of Portland Police Department – Oregon
Sweet Home Police Department - Oregon
Weiser Police Department - Idaho

Appendix L

Oregon-Idaho HIDTA Initiative Descriptions

Blue Mountain Enforcement Narcotics Team (BENT)

BENT is a 12 full-time and 1 part-time member enforcement initiative that is located in Pendleton, Oregon and led by the Pendleton Police Department. The mission of BENT is to reduce drug use and related criminal activity within Umatilla County and its incorporated cities by identifying, disrupting and dismantling drug trafficking organizations. More specifically, to reduce substance abuse, drug related crimes (including violent person crimes), local drug production and drug trafficking into and out of Oregon through Umatilla County on public highways.

Canyon Ada Domestic Highway Enforcement (CADHE)

CADHE is a 4 full-time and 11 part-time member statewide Idaho highway interdiction initiative that is based in Meridian, Idaho and led by the Idaho State Police. The CADHE mission is to provide collaborative, intelligence-led, unbiased policing in coordinated and mutually supportive multi-jurisdictional law enforcement efforts with an emphasis on providing public safety for the motoring public. The goal is to reduce the availability of drugs and to significantly impact other criminal activity by those using state and federal highways by fairly and aggressively enforcing traffic law and embracing proactive policing principles.

Central Oregon Drug Enforcement Task Force (CODE)

CODE is an 11 full-time and 2 part-time member initiative that is located in Bend, Oregon and led by the Deschutes County Sheriff's Office. The mission of CODE is to suppress patterns of major criminal drug activity by detecting and apprehending members of drug trafficking organizations who are manufacturing and trafficking illegal narcotics in the Central Oregon region and on the Warm Spring Reservation.

Clackamas County Interagency Task Force (CCITF)

CCITF is a 20 full-time and 1 part-time member initiative that is located in Clackamas, Oregon and led by the Clackamas County Sheriff's Office. The mission of the CCITF is to minimize the negative impact illegal drugs have on crime and livability in and around Clackamas County. To accomplish this, CCITF conducts intelligence led investigations that target, disrupt and dismantle poly drug trafficking organizations both in the large unincorporated areas of, and the incorporated cities within, Clackamas County.

Children Learning through Education And Research (CLEAR) Alliance

CLEAR is a 3 full-time member non-profit drug prevention initiative that is located in Redmond, Oregon and led by the CLEAR Alliance Executive Board. The mission of CLEAR is to provide a marijuana education program and youth-driven educational media ad campaign in Oregon which is rooted in evidence and science-based facts and accurately reflects the appropriate youth and parent perception of harm of marijuana.

DEA Boise Resident Office Task Force (BROTF)

BROTF is a 14 full-time member enforcement initiative that is located in Boise, Idaho and led by the United States Drug Enforcement Administration's Boise Resident Office. The mission of BROTF is to

Oregon-Idaho HIDTA Program

identify, target, dismantle, and prosecute major drug trafficking organizations that are obtaining illicit drugs from Mexico, California, Nevada, Arizona, Washington and elsewhere for distribution in Idaho.

Douglas Interagency Narcotics Team (DINT)

DINT is a 9 full-time and 2 part-time member initiative that is located in Roseburg, Oregon and led by the Douglas County Sheriff's Office. The mission of DINT is to increase the livability of Douglas County and the State of Oregon by decreasing the impact of narcotics dependency on the community, via the enforcement of drug laws, enhanced cooperation with outside agencies, community education, and treatment of addiction.

FBI Treasure Valley Metro Violent Crimes Safe Streets Task Force (FBI Metro TF)

FBI Metro TF is an 11 full-time and 1 part-time member enforcement initiative that is located in Caldwell, Idaho and led by the Federal Bureau of Investigations' Boise Field Office. The mission of the Treasure Valley Metro Violent Crimes Safe Streets Task Force is to identify, target, disrupt, dismantle, and prosecute violent street gangs operating in Idaho's Treasure Valley (Ada and Canyon Counties). Nearly all targeted violent street gangs qualify as local or regional drug trafficking organizations and use the proceeds from the distribution of crystal methamphetamine, cocaine, and marijuana to further their goals and activities.

HIDTA Interdiction Team (HIT)

HIT is an 8 full time and 26 part time member interdiction initiative that is located in Portland, Oregon and led by the Portland Police Bureau. The mission of HIT is to reduce drug availability through the interdiction of illegal drugs and drug proceeds being transported to, from and through the Oregon-Idaho HIDTA region.

HIDTA Special United States Attorney, District of Idaho (Idaho SAUSA)

Idaho SAUSA is a single full-time member prosecution initiative that is located in Boise, Idaho and led by the District of Idaho's United States Attorney's Office. The mission of Idaho SAUSA is to strategically prosecute and impact drug trafficking organizations operating in the HIDTA counties in southwestern Idaho and eastern Oregon. The Idaho SAUSA initiative works with local and federal agencies to target regional drug trafficking organizations operating in the HIDTA. Drug investigation referrals regarding regional drug trafficking organizations operating in the HIDTA counties will be coordinated by the HIDTA prosecutor, in conjunction with Assistant United States Attorneys in Idaho and Oregon and deputy prosecutors in Ada County and Canyon County, Idaho with the goal of identifying those defendants who are more appropriately suited for federal prosecution.

High Desert Task Force (HDTF)

HDTF is a 4 full-time and 4 part-time member enforcement initiative that is located in Ontario, Oregon and led by the Malheur County Sheriff's Office. The mission of HDTF is to target, disrupt and dismantle mid to upper level domestic drug trafficking organizations (DTO), including those involved in gang activity in the Malheur County, Oregon, Payette County, Idaho, and Washington County, Idaho as well as surrounding regions. These drug trafficking organizations are involved in the manufacture and distribution of methamphetamine, cocaine, heroin, marijuana and synthetic drugs.

Investigative Support Center (ISC)

ISC is a 21 full-time member intelligence initiative that is located in Portland and Salem, Oregon and co-led by the United States Drug Enforcement Administration's Portland District Office and the Oregon Department of Justice. The mission of the ISC is to provide accurate and timely tactical, investigative and strategic narcotics intelligence to HIDTA initiatives, HIDTA participating agencies, and other law

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enforcement agencies in the Oregon-Idaho HIDTA region. The ISC accomplishes this mission by providing an intelligence sharing platform and a cadre of trained criminal intelligence analysts and research specialists to assist HIDTA investigative initiatives. The ISC serves as a hub for the sharing and case de-confliction of drug intelligence among local, state, and federal law enforcement agencies in the region.

Lane County Interagency Narcotics Enforcement Team (INET)

INET is an 8 full-time and 2 part-time member initiative that is located in Springfield, Oregon and led by the Lane County Sheriff's Office. The mission of INET is to disrupt and dismantle mid to upper level drug trafficking organizations operating within and through Lane County, Oregon and the surrounding region. These drug trafficking organizations are primarily involved in the manufacture and distribution of methamphetamine, heroin, marijuana, cocaine and MDMA.

Lines for Life

Lines for Life is a 1 full-time and 3 part-time member non-profit prevention initiative that is located in Portland, Oregon and led by the Lines for Life Executive Board. The mission of Lines for Life is to prevent substance abuse and suicide. Lines for Life will focus efforts on heroin and opiate use reduction that will include an overarching strategy that bridges many professional disciplines and that embraces a wide array of perspectives; present a strategic plan with actionable recommendations on how best to address the heroin epidemic; and collectively hold stakeholders accountable for achieving realistic objectives that will make a significant difference in the devastated lives of Portland Metro families and youth.

Linn County Interagency Enforcement Team (LINE)

LINE is a 7 full-time and 4 part-time member initiative that is located in Albany, Oregon and led by the Albany Police Department. The mission of LINE is to reduce illegal drug trafficking in the Linn County area by identifying, disrupting, or dismantling drug trafficking and money laundering organizations through cooperative efforts, enforcement, and intelligence sharing by local, state, and federal law enforcement agencies.

Management and Administration

Management and Administration is a 4 full-time member support initiative that is located in Salem, Oregon and led by the Oregon Department of Public Safety Standards and Training. The mission of the Management and Administration initiative is to provide the day-to-day administrative support for the Oregon-Idaho HIDTA program through the Executive Director and supporting staff. The initiative serves as point of contact between the Office of National Drug Control Policy ONDCP and the Oregon-Idaho HIDTA Executive Board, and other HIDTAs throughout the nation.

Medford Area Drug and Gang Enforcement Team (MADGE)

MADGE is an 11 full-time and 6 part-time member initiative that is located in Medford, Oregon and led by the Medford Police Department. The mission of MADGE is to reduce illegal drug trafficking in the Jackson County area by identifying, disrupting, or dismantling drug trafficking and money laundering organizations through cooperative efforts, enforcement, and intelligence sharing by local, state, and federal law enforcement agencies.

Multnomah County Dangerous Drug Team (MC DDT)

MC DDT is a 7 full-time and 3 part-time member enforcement initiative that is located in Portland, Oregon and led by the Multnomah County Sheriff's Office. The mission of MC DDT is investigate mid-

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to-upper level drug traffickers, networks, and/or drug trafficking organizations that sell, distribute, manufacture, import or cultivate illegal drugs.

Oregon HIDTA DEA

Oregon HIDTA DEA is a 32 full-time and 1 part-time member enforcement initiative that consists of task forces in Portland, Salem, Eugene and Medford, Oregon and led by the United States Drug Enforcement Administration's Portland District Office. The mission of the Oregon HIDTA DEA is to disrupt and dismantle domestic and international drug trafficking organizations. This includes mid and upper level violators who manufacture and/or distribute methamphetamine, cultivate and/or distribute marijuana and distribute cocaine, heroin and other controlled substances within Multnomah, Marion, Lane and Jackson Counties.

Oregon-Idaho HIDTA Training

Oregon-Idaho HIDTA Training is a single full-time member support initiative that is located in Salem, Oregon and led by the Oregon Department of Public Safety Standards and Training. The mission of Oregon-Idaho Training is to enhance the effectiveness and efficiency of Oregon-Idaho HIDTA initiatives by securing and providing 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 support of the ONDCP National Drug Control Strategy and the Oregon-Idaho HIDTA Counter Drug Strategy.

Oregon State Police Domestic Highway Enforcement (OSP DHE)

OSP DHE is a 7 full time and 42 part time member statewide highway interdiction initiative that is based in Salem, Oregon and led by the Oregon State Police. The mission of the OSP DHE is to identify and disrupt all criminal conduct, including illicit drug and contraband transportation methods, on Oregon highways and identify elements of drug trafficking organizations for further investigation and dismantling in cooperation with numerous law enforcement agencies in Oregon and other states.

United States Marshals Service HIDTA Fugitive Task Force (USMS FTF)

USMS FTF is a 25 full-time and 25 part-time member statewide fugitive apprehension initiative that is based in Portland, Oregon and led by the District of Oregon United States Marshal's Service. The mission of the USMS FTF is to coordinate federal, state and local law enforcement resources and personnel in the pursuit and apprehension of fugitives associated directly and indirectly with the distribution, manufacture and transportation of drugs as well as fugitives with a propensity for violence who pose a significant threat to the citizens of Oregon.

Westside Interagency Narcotics Team (WIN)

WIN is a 14 full-time and 15 part-time member enforcement initiative that is located in Beaverton, Oregon and led by the Washington County Sheriff's Office. The mission of WIN is to identify, investigate and assist with the prosecution of drug trafficking and money laundering organizations operating locally, regionally, nationally and internationally. The drug trafficking organizations targeted by WIN are engaged in the manufacture and distribution of methamphetamine, cocaine, heroin, ecstasy, and marijuana.

Appendix M

Certifications

Executive Board Membership

The Oregon-Idaho HIDTA certifies that the Executive Board membership composition fully complies with the requirements of Section 707 (e) (3) of the ONDCP Reauthorization Act of 2006, PL 109-469. The Oregon-Idaho HIDTA Executive Board provides direction and oversight in establishing and achieving the goals of program, manages program funds, reviews and approves all funding proposals consistent with the overall objective of the program and reviews and approves all reports to the Director of ONDCP on activities of the program. The Oregon-Idaho HIDTA Executive Board apportions equal number of votes between Federal and state, local and tribal agency members.

Annual Review of County Designations

As a function of the annual initiative review and Threat Assessment processes the Oregon-Idaho HIDTA certifies that each of the thirteen designated areas has been reviewed and evaluated to ensure that all continue to meet the statutory requirements for designation.

Methamphetamine Lab Reporting

As required by Section 707 (o) (3) of the Office of National Drug Control Policy Reauthorization Act of 2006, PL 109-469, the Oregon-Idaho HIDTA certify that all law enforcement entities participating in the program are providing methamphetamine laboratory seizure data to the national clandestine laboratory database/National Seizure System at the El Paso Intelligence Center.

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