

Unclassified



# Oregon-Idaho HIDTA Program

## Drug Threat Assessment Program Year 2020



June 2019

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## ***I. SCOPE***

The core purpose of this assessment is to provide key drug trafficking insights that inform the Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) Executive Board’s 2020 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
- Drug demand and availability
- Illicit drug trafficking information, including production and transportation
- 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 2018. Various sources were used to develop the assessment, including results from the 2019 Oregon-Idaho HIDTA Drug Threat Survey, HIDTA Performance Management Process data, law enforcement datasets, and open-source reporting. Additionally, public health reports and datasets were used to identify trends and patterns related to drug use.

## ***II. EXECUTIVE SUMMARY***

Methamphetamine availability and trafficking continues to occur at a high level in the Oregon-Idaho HIDTA<sup>a</sup> and remains the area’s greatest drug threat, followed by heroin; fentanyl and synthetic opioids; controlled prescription drugs; illicit marijuana; cocaine; and other dangerous substances.

Methamphetamine is widely used and trafficked in the region with most indicators – such as related seizures, deaths, arrests, and forensic samples – showing continued expansion. Crystal methamphetamine, or “ice,” has increased in availability as Mexican DTOs have escalated the importation of methamphetamine powder, liquid, and finished product from laboratories outside the region and from Mexico. Local production in Oregon has remained low due to state legislation eliminating the ability to obtain pseudoephedrine without a physician’s prescription.

Over the last six 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 opioid-based drugs. Production of heroin in Mexico has expanded leading to greater access to low-cost product, mainly black tar, in Oregon and Idaho. In addition, high availability and misuse of prescription opioids

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<sup>a</sup> 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, Bannock, and Canyon.

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have contributed to crossover abuse with heroin -- people who are addicted to prescription opioids have increasingly switched to heroin because it is easier to obtain, cheaper, and provides a more intense high than prescription opioids.

The market for synthetic opioid drugs has continued to evolve in the HIDTA. Fentanyl, fentanyl analogues<sup>b</sup>, and other dangerous synthetic opioids have become more prevalent in the region since 2013 with higher availability closely paralleled by increased overdose deaths.

The threat posed by non-medical use of pharmaceutical drugs, mostly painkillers, has grown in recent years and mirrors national trends. While some indicators, such as deaths and rates of prescribing, suggest a recent decline in misuse -- availability and misuse remain at a high level in the HIDTA. The rise in misuse of prescription medications 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.

Marijuana use, cultivation, and trafficking are pervasive in the HIDTA. Oregon's Medical Marijuana Act and recreational marijuana<sup>c</sup>, which allow for specified quantities of marijuana to be grown, continue to be exploited for profit. In addition, illicit manufacture and distribution of cannabis extracts, such as hash oil and marijuana wax, continue to increase in the region and have led to a higher number of extraction labs in Oregon. Since 2013, more than 30 production-related fires and explosions have been reported in the state. Idaho marijuana laws remain rigorous, with all possession, manufacture, and sale of the drug strictly prohibited.

Cocaine availability and use remain low in the HIDTA. However, some indicators, such as related seizures, deaths, and rates of use, point to elevated availability and are likely tied to increased production in Colombia, the main source country for the United States. Cocaine use is most prevalent in the Portland Metropolitan area, but is available to a limited degree in other areas of the HIDTA.

Other dangerous drugs such as MDMA (3,4-methylenedioxymethamphetamine), DMT (dimethyltryptamine), LSD (lysergic acid diethylamide), synthetic cathinones, synthetic cannabinoids, and psilocybin remain available in the HIDTA. These substances are obtained from a variety of sources, including local production, retail outlets, the internet, and through cross-border trafficking of product.

During 2018, participating agencies within the Oregon-Idaho HIDTA identified 58 DTOs with foreign and domestic connections that were actively operating in the HIDTA; 13 new DTOs were identified between January 1 and April 17, 2019.<sup>1</sup>

Consistent with national trends, International DTOs, specifically, trafficking organizations connected to Mexico, either directly or through associated trafficking and distribution cells, represent the greatest criminal drug threat in Oregon and Idaho. Mexican criminal organizations continue to maintain the greatest influence on the illicit drug market in the United States, using established transportation and distribution infrastructure to move product, primarily methamphetamine, heroin, and cocaine, into the country.

Multi-state DTOs represent the second greatest criminal drug threat to the HIDTA. Multi-state DTOs identified in 2018 were mainly involved in the transportation and distribution of crystal methamphetamine, heroin, polydrugs, and interstate trafficking of marijuana.

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<sup>b</sup> Chemical compounds that are structurally similar to fentanyl.

<sup>c</sup> Oregon Revised Statutes 475.300 - 475.346; Oregon Revised Statutes Chapter 475B – Cannabis Regulation.

Criminal organizations that operate locally are the HIDTA’s third serious DTO threat, the majority of which were involved in trafficking and distribution of crystal methamphetamine and polydrugs, mostly varying combinations of methamphetamine, heroin, and cocaine. One local DTO was involved in production and transport of THC liquid. Other criminal groups, such as criminal street gangs and local independent dealers, also transport and distribute drugs, but to a lesser extent.

Drug trafficking groups in the HIDTA also engage in money laundering activities -- the legitimization of illegally obtained proceeds. HIDTA task forces identified 3 Money Laundering Organizations (MLOs) in 2018. Bulk cash smuggling, money service businesses, cash-intensive businesses, and bank structuring remain primary methods of transferring drug revenues into, through, and out of the HIDTA.

### ***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. A third Idaho county – Bannock – was added in 2017. In total, the Oregon-Idaho HIDTA consists of 14 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, and the Idaho counties of Ada, Bannock, and Canyon (Figure 1).

**Figure 1.**



## 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, the designated land area in the Oregon-Idaho HIDTA covers 38,800 square miles, a land mass nearly the size of Kentucky (Table 1).

**Table 1**

Table 1. Oregon-Idaho HIDTA Area of Responsibility	
HIDTA Designated Counties	14 counties (OR=11; ID=3) and the Warm Springs Indian Reservation
Geographic Area (in sq miles)	38,800
Population, 2017-18	4,029,169
Population Density (per sq mile)	104.0
Metropolitan Statistical Areas	7
HIDTA Initiatives	24
HIDTA Task Forces	17
Law Enforcement Partners	Total of 271. Federal (63), state (62), local (112), national guard (10); tribal (3)

Sources: "Core-Based Statistical Areas and Counties", U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau; Portland Population Research Center (Oregon, 7/1/18 estimate), U.S. Census Bureau QuickFacts (Idaho, 7/1/17 estimate); Warm Springs Reservation Profile, Oregon State University Extension Service, July 9, 2015.

According to U.S. Census Bureau estimates, Oregon ranks 27th in the country in population, with nearly 4.2 million residents in 2018 (Table 2, page 5).<sup>2</sup> A majority of the state’s population is concentrated in the Willamette Valley, primarily in the cities of Portland (648,740), Eugene (169,695), and Salem (165,265).<sup>3</sup> Idaho ranks 39th in the nation in population with 1.7 million residents (Table 2, page 5). Nearly 40% of

Idaho’s population resides in the Treasure Valley counties of Ada and Canyon, with the largest concentration of residents in the cities of Boise (226,570), Meridian (99,926), and Nampa (93,590).<sup>4</sup> The combined estimated total population of the Oregon-Idaho HIDTA was slightly over 4 million in 2018 (Table 1).<sup>5</sup>

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 owned, including airports, heliports, and other landing areas in Oregon and Idaho, trafficking by air is a potential vulnerability in the HIDTA.<sup>6,7</sup> Additionally, a high volume of cargo transits Oregon’s seaports providing countless opportunities for illicit transport along the region’s abundant waterways.



**Table 2.**

State Snapshot		
	Oregon	Idaho
Population (2018)	4,190,713	1,754,208
Population Demographics (2018)		
<i>Caucasian (not Hispanic or Latino)</i>	75.8%	82.0%
<i>Hispanic or Latino</i>	13.1%	12.5%
<i>Asian</i>	4.7%	1.5%
<i>African American</i>	2.2%	0.9%
<i>Native American or Alaskan Native</i>	1.8%	1.7%
<i>Hawaiian or Other Pacific Islander</i>	0.4%	0.2%
<i>Two or more races</i>	3.8%	2.4%
Land area (sq mi)	95,988 sq mi	82,643 sq mi
Population density (per sq mi)	43.7	21.2
Capital	Salem	Boise
County with highest population	Multnomah	Ada
Violent Crime Rate, 2017 (per 100,000 population)	281.8	226.4
Property Crime Rate, 2017 (per 100,000 population)	2,986.50	1,635.40

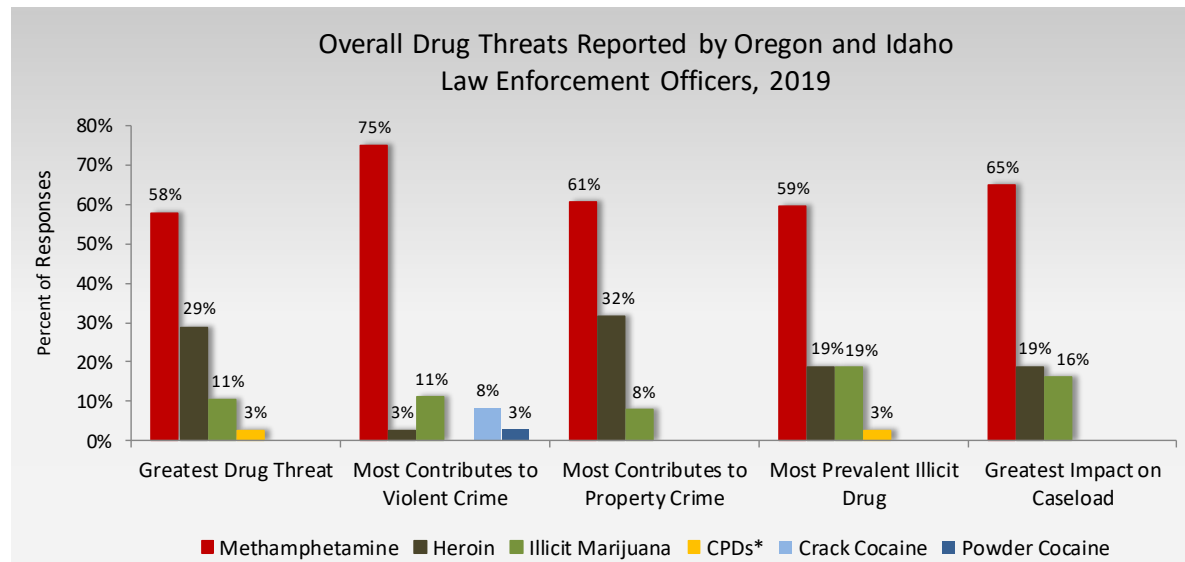
Note: Hispanics may be of any race and are included in all applicable race categories. *Violent Crime* includes murder, rape, robbery, aggravated assault. *Property Crime* includes burglary, larceny-theft, motor vehicle theft. Sources: U.S. Census Bureau. FBI Uniform Crime Reporting System.

## IV. DRUG THREATS

### Threat Overview

Methamphetamine use and trafficking have increased in the Oregon-Idaho HIDTA and reflects the area’s greatest drug threat (Figure 2). Results from a 2019 survey of Oregon and Idaho law enforcement officers showed that methamphetamine accounted for the highest proportion of responses to specific threat indicators, including greatest overall threat, connection to violent crime and property crime, and greatest impact on caseload.

**Figure 2.**



\*Controlled Prescription Drugs; Source: 2019 HIDTA Drug Threat Survey. Total survey responses=38 (66% response rate).

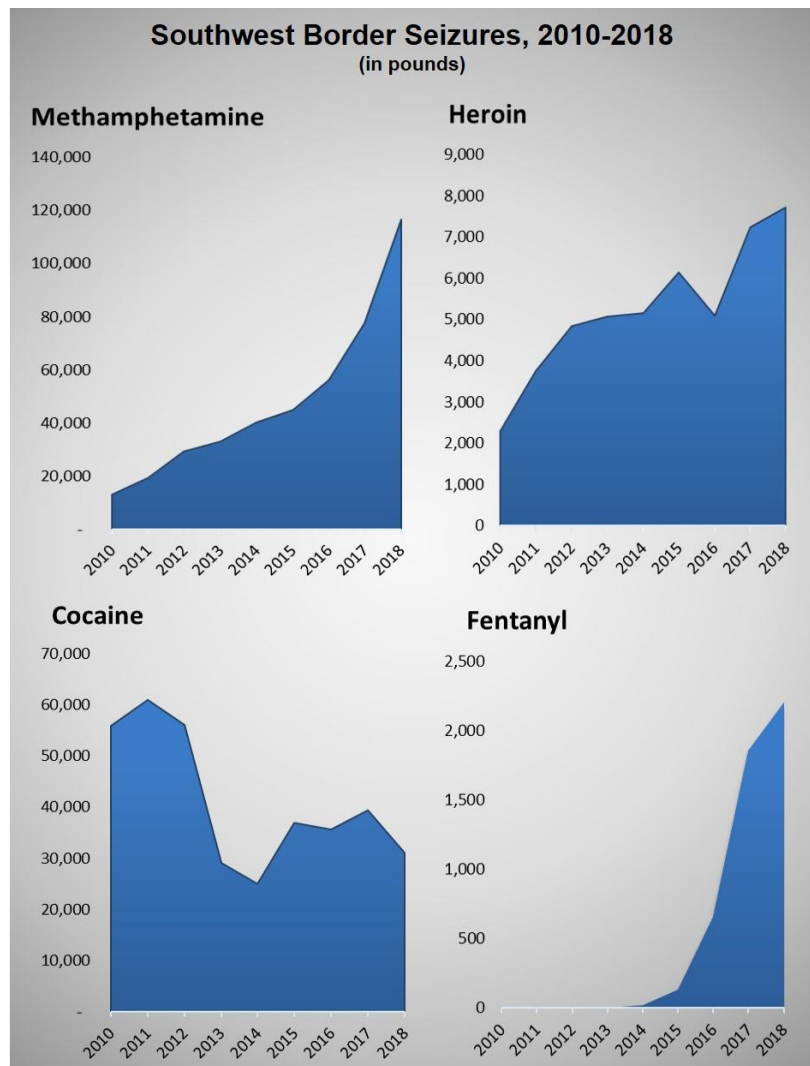
prevalence, and impact on caseload. While methamphetamine remains a top threat in the region, in the last six years, the drug threat situation has evolved from one chiefly tied to methamphetamine abuse and trafficking to a dual threat that includes widespread availability and use of opioid-based drugs, including heroin and synthetic opioids such as fentanyl.<sup>d</sup>

Increased drug seizures on the Southwest Border indicate that Mexican drug traffickers have expanded importation of crystal methamphetamine, heroin, cocaine, and more recently, fentanyl, into the United States -- resulting in higher availability of these substances in the Oregon-Idaho HIDTA and surrounding region. The volume of methamphetamine confiscated grew over 800% between 2010 and 2018, while heroin volume rose 237% during the same period.<sup>8</sup> Fentanyl seized at the border in 2018 was roughly 17 times the amount seized in 2015. In addition, the amount of cocaine seized at the Southwest Border rose 24% between 2014 and 2018 (Figure 3).<sup>9</sup>

Analysis of drug samples submitted to the Oregon State Police (OSP) show that methamphetamine accounted for the majority of samples analyzed in Oregon in 2018 (63%). Additionally, heroin accounted for 20% of samples during the year, followed by controlled prescription drugs (5%), cocaine (4%), drug combinations (4%),<sup>e</sup> cannabis (2%), and other dangerous drugs (2%)<sup>f</sup> (Appendix C).<sup>10</sup> In Idaho, methamphetamine represented close to half (48%) of the samples analyzed in 2018, followed by marijuana (32%), heroin (10%), controlled prescription drugs (5%), other dangerous drugs (2%), cocaine (2%), and drug combinations (1%) (Appendix C).<sup>11</sup>

According to results from the 2017 National Study on Drug Use and Health (NSDUH), past drug use in Oregon continues to exceed the national per capita rate for illicit drug use (Figure 4, page 7).<sup>12</sup> Oregon ranked at or near the top nationally for past month use of illicit drugs overall

Figure 3.



Note: Includes incidents reported at and between points-of-entry, investigative events, checkpoints, inspections, mail/parcels, 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 and "each." Source: EPIC, 3/29/19.

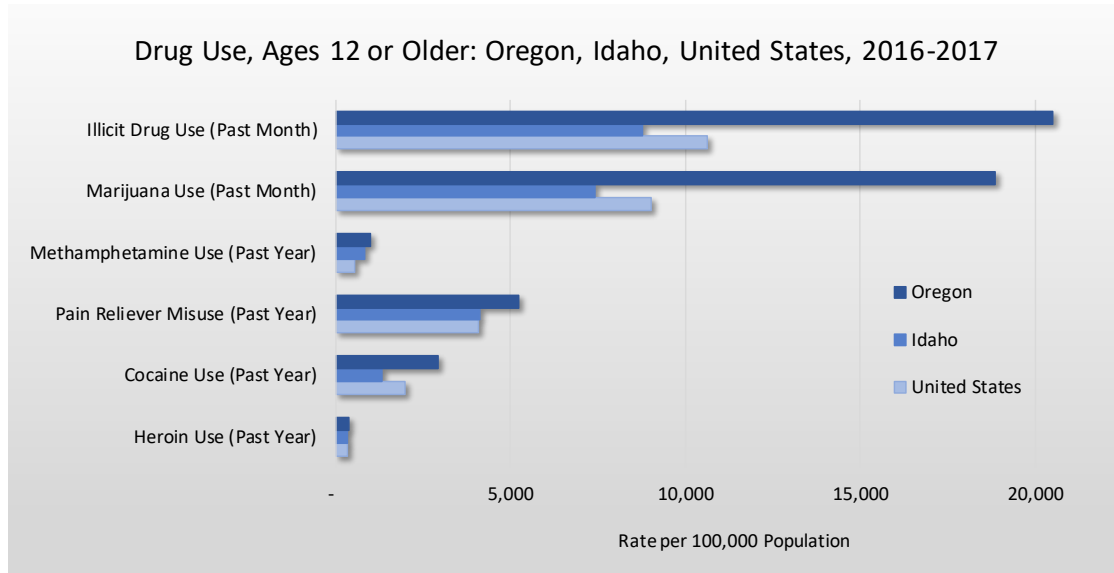
<sup>d</sup> The rank order of drug threats in the region was assessed through evaluation of data from local law enforcement surveys, national surveys, and indicators of availability and use, such as drug seizures, forensic samples, arrests, deaths, and hospitalizations.

<sup>e</sup> Includes samples where multiple drugs, licit and/or illicit, were detected.

<sup>f</sup> Includes synthetic drugs (e.g., synthetic opioids, LSD, cannabinoids, cathinones) and hallucinogens (psilocybin, mescaline).

(1<sup>st</sup>), past month use of marijuana (1<sup>st</sup>), past year misuse of prescription pain relievers (1<sup>st</sup>), past year use of methamphetamine (2<sup>nd</sup>), and past year use of cocaine (4<sup>th</sup>) (Appendix D). In contrast, rates of use in Idaho in 2017 surpassed national use rates only in regard to past year use of methamphetamine (9<sup>th</sup>) and pain relievers (24<sup>th</sup>) (Figure 4; Appendix D).<sup>13</sup>

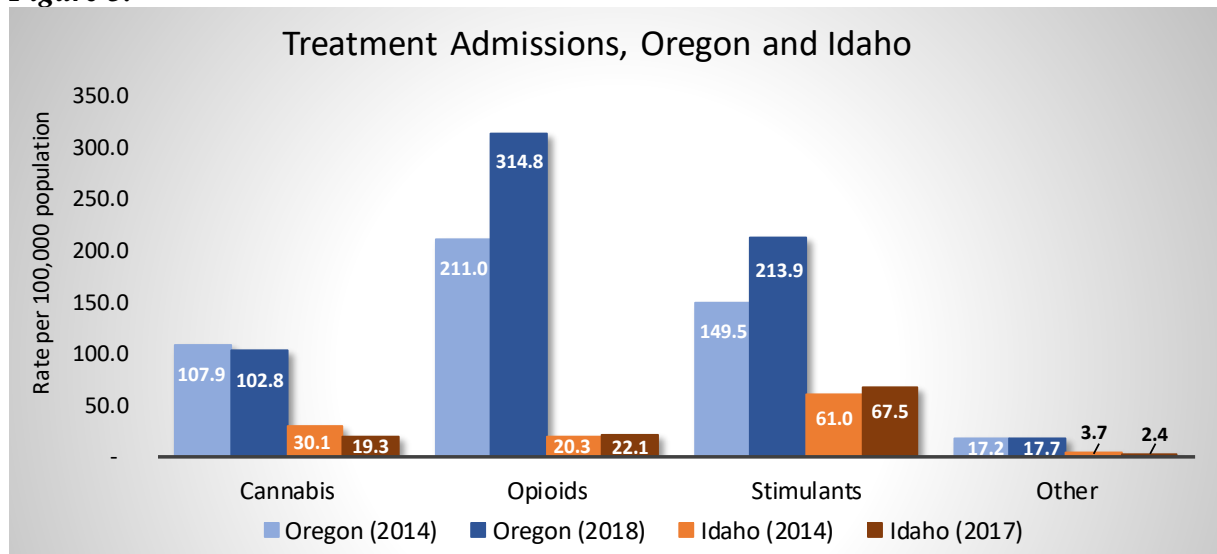
Figure 4.



Notes: *Illicit Drug Use* includes misuse of prescription drugs, or use of marijuana, methamphetamine, cocaine, heroin, hallucinogens, or inhalants. *Pain Reliever Misuse* is defined as use in any way not directed by a doctor. Per capita rate is based on the estimated population of individuals ages 12 or older. Source: 2016-2017 National Surveys on Drug and Health, SAMHSA.

Additionally, analysis of treatment admission data in Oregon revealed an over 40% rise in the rate of admissions for treatment of opioid use (+49%) and stimulant use (+43%) between 2014 and 2018 (Figure 5). The number of opioid admissions in Oregon comprised nearly half (48%) of total substance

Figure 5.

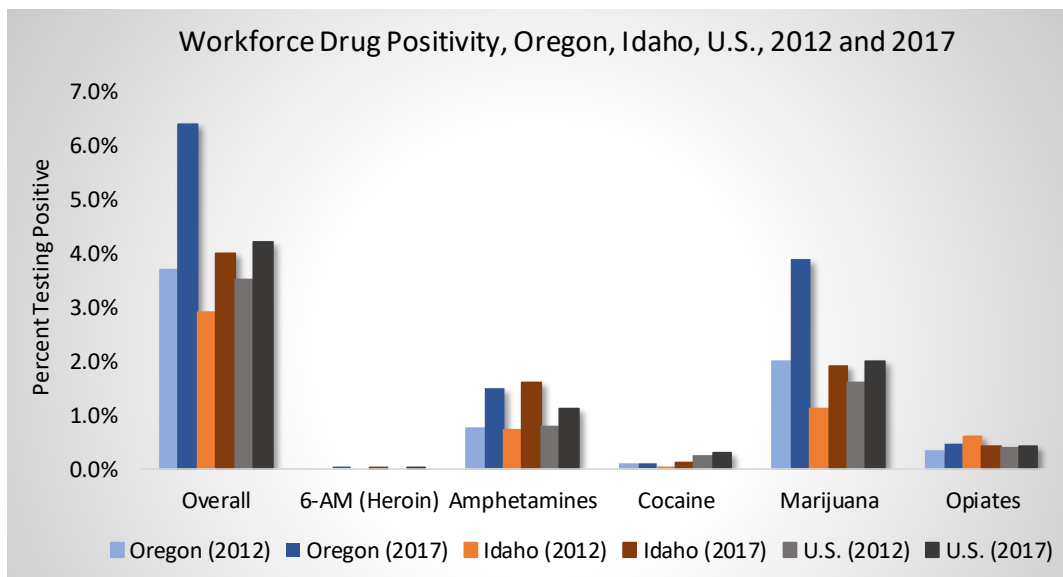


Notes: 1) *Opioids* include heroin, fentanyl, methadone, oxycodone, morphine, other prescription pain relievers. 2) *Stimulants* include methamphetamine and other stimulants to include amphetamines, ADHD medications, Dexedrine, Benzedrine, and other related drugs. 3) *Other* category includes cocaine, hallucinogens, sedatives, tranquilizers, inhalants, and other psychoactive drugs. 4) Admissions due to alcohol were excluded. 5) Admission data for 2018 was not available for Idaho. Sources: Oregon Health Authority, Office of Health Analytics; SAMHSA, Treatment Episode Data Set (TEDS), Idaho.

admissions in Oregon in 2018, followed by stimulants (33%), cannabis (16%), and other drugs (3%) (Appendix E).<sup>14</sup> In comparison, there were far fewer admissions reported per capita in Idaho; small increases in opioid and stimulant rates occurred between 2014 and 2017, while cannabis admission rates dropped by double digits (Figure 5, page 7). Stimulant admissions represented the largest portion of admissions in Idaho in 2017 (61%), followed by opioids (20%), cannabis (17%), and other drugs (2%) (Appendix E).

Drug use in the U.S. workforce showed a substantial increase in the last six years, from a positivity rate<sup>g</sup> of 3.5% in 2012 to 4.2% in 2017 -- the highest rate recorded in more than a decade (Figure 6).<sup>15</sup> Oregon positivity rates exceeded national rates, growing from 3.7% in 2012 to 6.4% in 2017, mostly due to increases in marijuana positivity. Idaho rates also increased during the time period, from 2.9% in 2012 to 4.0% in 2017, mostly due to a rise in amphetamine and marijuana positivity.<sup>16</sup>

**Figure 6.**



Notes: Based on percent of workforce testing positive for drugs via urine test. The category 6-AM is 6-Monoacetylmorphine, an active metabolite of heroin. Source: Quest Diagnostics, Drug Testing Index™: Positivity Rates, 2012 and 2017.

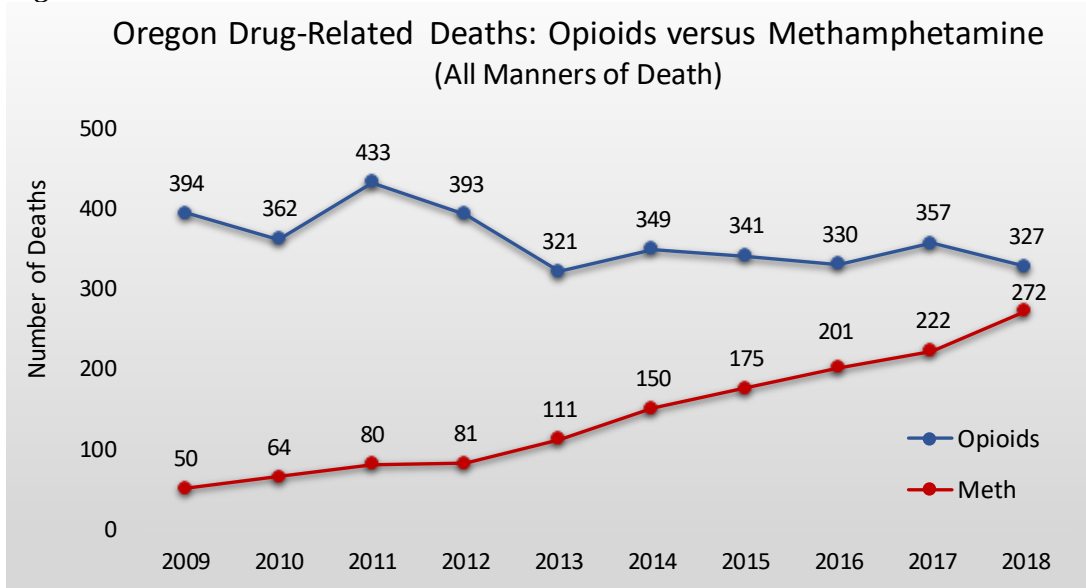
The total number of deaths related to drug use in Oregon rose 22% from 494 in 2013 to 603 in 2018.<sup>h</sup> Related deaths were highest for methamphetamine (272), followed by heroin (158), pharmaceutical opioids (129), fentanyl/analogues (76), and cocaine (49) (Appendix F).<sup>17</sup> Fatalities connected to methamphetamine reached an historic high of 272 in 2018, approaching the combined total for deaths from opioids<sup>i</sup> (327) (Figure 7, page 9). Since 2011, deaths from opioid-based drugs, largely pharmaceutical opioids, have declined in the state while fatalities related to stimulants – primarily methamphetamine – have increased.

<sup>g</sup> Based on urine drug tests.

<sup>h</sup> Number of deaths includes deaths due to suicide, natural causes, accidents, or undetermined intent. Counts show deaths where specific drugs were referenced as a cause of death or other significant finding in the death investigation. As some deaths involve multiple drugs, a single death can be included in multiple drug categories.

<sup>i</sup> Includes heroin, fentanyl/analogues, pharmaceutical opioids.

Figure 7.



Notes: Number of deaths includes deaths due to suicide, natural causes, accidents, or undetermined intent  
Opioids category includes heroin, prescription opioids, fentanyl/analogues.  
Source: Oregon Health Authority, Oregon Medical Examiner, Drug-Related Deaths.

In Idaho, rates of death from drug poisoning overall and accidental death related to drug use have grown since 2009, with the death count rising from 184 in 2009 to 272 in 2018.<sup>18</sup> Deaths tied to specific drug categories are highly underreported in Idaho because drug type is not required on death certificates. Where drug type was identified, deaths in the state were related primarily to misuse of pharmaceutical opioid drugs (Appendix F).<sup>19,20</sup>

The rate of drug-related arrests increased overall in the Oregon-Idaho region since 2009. The majority of arrests were tied to methamphetamine in Oregon, while most arrests in Idaho were related to marijuana offenses. Arrests in Oregon reached a peak in 2013, but dropped in the last five years due largely to a decline in marijuana arrests and, more recently, to the impact of legislation which reduced the level of punishment for most first-time offenses (HB 2355, eff. 8/15/17) (Appendix G).<sup>j,21</sup> Drug-related arrests in Oregon in 2018 were highest for methamphetamine (12,972), followed by heroin (4,799), cocaine (844), marijuana (653), and prescription opioids (310).<sup>22</sup> Arrest data available for Idaho in 2016 show that marijuana arrests (8,238) represented the largest category of drug-related arrests, followed by methamphetamine (3,906), prescription drugs (1,049), heroin (776), and cocaine (189).<sup>23</sup> The rate of marijuana arrests increased overall in Idaho between 2009 and 2016, marking a clear deviation from Oregon trends (Appendix G).<sup>24</sup>

Of the nearly 44,000 individuals in the Oregon corrections population in November 2018, the largest portion was comprised of drug offenders (16.7%) followed by assault (14%) and theft (9.4%).<sup>k,25</sup> Out of nearly 15,000 offenders in Oregon state prisons in April 2019, 4% were incarcerated solely based on a drug conviction and 14% were admitted due to a combination of drug and other offenses.<sup>26</sup> Oregon

<sup>j</sup> HB 2355 reduced the level of punishment for most first-time drug possession offenses in Oregon from various classes of felonies to misdemeanor. The law applies to individuals found with user quantities of drugs including, but not limited to: methamphetamine (< 2 grams), cocaine (<2 grams), heroin (<1 gram), oxycodone (<40 DU), and LSD (<40 DU).

<sup>k</sup> Includes offenders in prison or in county jails, and those on probation or parole. Based on offenders' most serious active offense and includes categories of possession, manufacturing, and delivery.

Department of Corrections admissions for felony drug offenses in 2018 were primarily due to delivery convictions (87.5%), with a much smaller proportion of convictions related to possession (9.3%) and manufacturing (3.2%).<sup>27</sup> In Idaho, out of over 8,400 inmates in the Idaho Department of Corrections system in February 2018, the largest portion were incarcerated due to assault (27.9%), followed by drug crimes (22.2%) and property offenses (21.4%).<sup>28</sup>

Felony drug fugitives pose a significant threat to the citizens of Oregon and Idaho. The United States Marshals Service (USMS) Portland office, an Oregon-Idaho HIDTA fugitive task force, recently surveyed federal warrants in the District of Oregon which included 18 individuals tied to Regional Priority Organization Targets (RPOT) and 4 individuals linked to Consolidated Priority Organization Targets (CPOT). In addition, 217 Federal Felony Drug Warrants were active in Oregon at the time of this writing.<sup>29</sup> In 2018, the Oregon USMS apprehended over 1,000 fugitives, with 95% of arrestees classified as violent offenders and 22% of the cases classified as drug-related.<sup>30,31</sup>

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 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 and was associated with 45% of total interdictions reported in the region through the Domestic Highway Enforcement (DHE) program<sup>1</sup> between 2008 and 2018. During the period, over \$4.7 million in bulk cash was seized, as well as 10,752 pounds of cannabis, 1,137 pounds of methamphetamine, 656 pounds of cocaine, and 215 pounds of heroin. Alternative routes in the region include Interstate 84, US Route 97, Oregon Route 140, and Interstates 90 and 15 in Idaho (Appendix H).<sup>32,33</sup>

In addition, 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 Oregon-Idaho 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, synthetic opioids, and controlled prescription drugs. Between 2016 and 2018, HIDTA task forces reported 245 parcel interdictions containing illicit drugs, three-quarters of which were cannabis-related. Roughly 800 pounds of illicit substances were confiscated (706 lb of cannabis alone), as well as over 33,000 dosage units of diverted prescription medications, fentanyl, and designer drugs.<sup>34</sup>

## *1. Methamphetamine*

Methamphetamine in the form of crystal methamphetamine, or “ice,” is highly available and widely used in the Oregon-Idaho HIDTA and represents the region’s most critical drug threat. The drug is easy to obtain and contributes to serious person and property crimes in the region. Of the law enforcement officers surveyed in 2019, 58% reported methamphetamine as the greatest drug threat to their area,<sup>m</sup>

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<sup>1</sup> 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.

<sup>m</sup> Officers who responded that crystal methamphetamine was their area’s greatest drug threat were in the Oregon counties of Baker, Clackamas, Deschutes, Douglas, Hood River, Klamath, Lane, Malheur, Marion, Multnomah, Polk, and Washington, and Idaho’s Ada and Canyon counties.

with the majority indicating methamphetamine as the drug that contributes most to violent crime (75%) and property crime (61%). Furthermore, most officers surveyed ranked methamphetamine as the illicit drug that was most prevalent (59%) and had the greatest impact on caseload (65%) (Figure 2, page 5).<sup>35</sup>

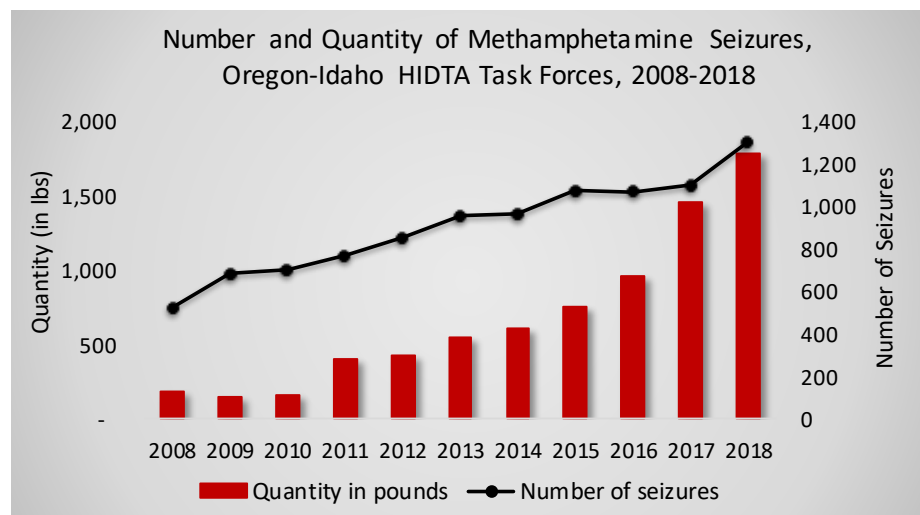
### Availability

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. Continued elevated production in Mexico has contributed to an increased flow of highly potent crystal methamphetamine into the United States and to and through the Oregon-Idaho HIDTA region. Recent federal analysis of methamphetamine seized in the United States showed that purity<sup>n</sup> (96.5%) and potency<sup>o</sup> (93.3%) of the seizures averaged at above 90% in 2017.<sup>36</sup>

Most of the law enforcement officers surveyed in 2019 (86%) indicated that crystal methamphetamine was highly available in their area, with nearly 40% reporting increased availability.<sup>37</sup> Mirroring national trends, methamphetamine prices in the region continued to decline in 2018. In the last two years (2017-2018), prices fell by 18% in Oregon overall with the steepest drop in the Portland Metro region (-25%), followed by the Southern (-19%) and Eastern (-18%) regions. Similarly, average price per pound for crystal methamphetamine dropped 21% in the Idaho between 2017 and 2018.<sup>38</sup>

The number of seizures and volume confiscated by Oregon-Idaho HIDTA task forces have shown a pronounced increase since 2010, supportive of a rise in availability. HIDTA task forces confiscated 1,786 pounds of crystal methamphetamine in 2018 – over 11 times the quantity seized in 2008 (157 lb) (Figure 8). Since 2012, more product has been seized in multi-pound amounts. In 2018 alone, HIDTA task forces made 27 seizures over 20 pounds each – about 1,044 pounds in total. The largest single seizures of methamphetamine were reported in Lane County by the Oregon-Idaho DEA Task Force (133 lb) and the OSP DHE Initiative (124 lb).<sup>39</sup> Furthermore, the volume of methamphetamine confiscated on Oregon’s highways has increased in the last decade, the total seized in 2018 (293 lb) was 7 times higher than in 2008 (38 lb).<sup>40</sup> While comparatively fewer methamphetamine-related interdictions were reported on Idaho highways; the state reported approximately 219 pounds confiscated between 2012 and 2018 – the largest a 24 pound seizure in Bonneville County in 2013.<sup>41</sup>

**Figure 8.**



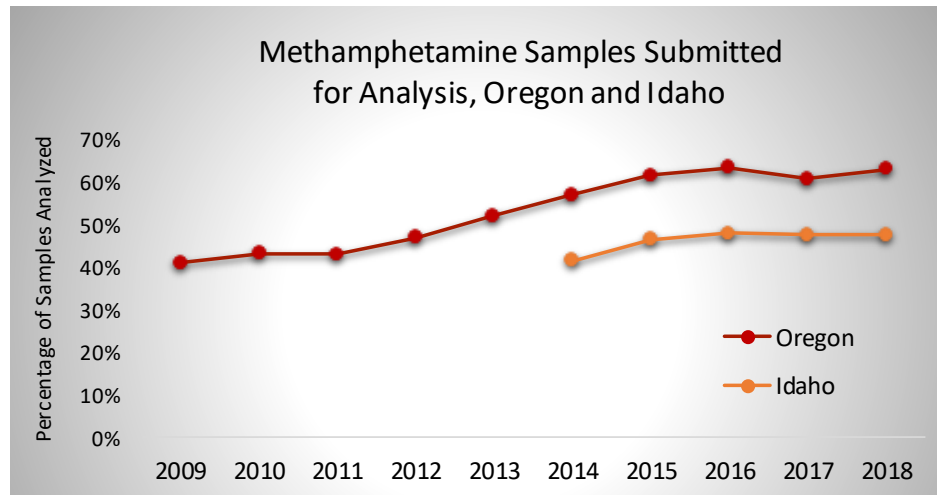
Source: HIDTA Performance Management Process Database, 2/28/19.

<sup>n</sup> Purity is the amount of an illicit substance present in a sample compared to other substances such as adulterants or diluents.

<sup>o</sup> Potency is the dosage required to exert an effect of given intensity in the body.

The number of drug samples submitted to state police forensic labs provide further support for high and increased 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 about 40% of drug samples analyzed in 2009 to more than 60% in 2018.<sup>42</sup> Likewise, samples recently analyzed from the Idaho State Police (ISP) show that methamphetamine reflected nearly half of the drug types submitted in 2018, outpacing cannabis in 2015 (Figure 9; Appendix C).<sup>43</sup>

**Figure 9.**

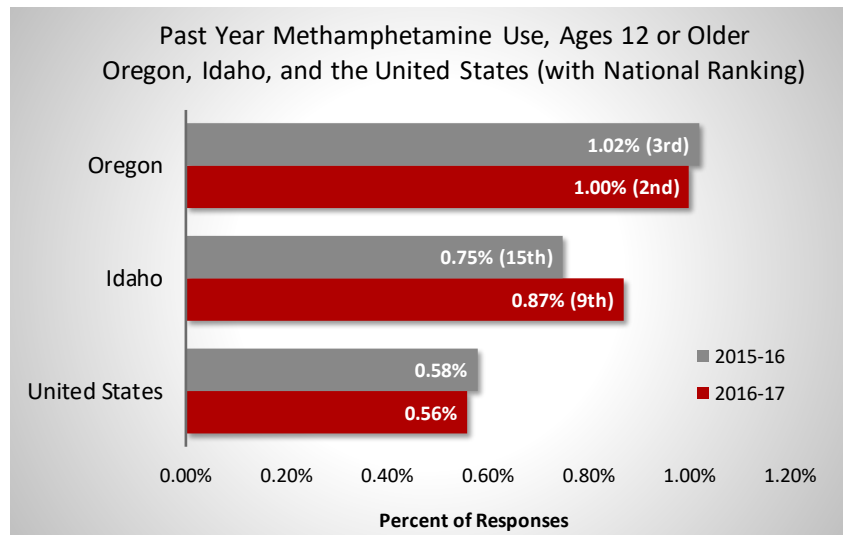


Notes: 1) Percentages based on total drug samples analyzed; 2) Comprehensive data for Idaho was not available prior to 2014. Source: OSP Forensic Services Division, data request, 2/11/19; ISP Forensic Services, data request, 3/10/19.

**Use**

Use of methamphetamine remains widespread in the HIDTA, evidenced by recent data on reported use and by the high number of related deaths, treatment admissions, and arrests reported in the region. According to 2017 national survey results, Oregon ranked 2<sup>nd</sup> in the country for past year methamphetamine use by people ages 12 or older during the study period 2016-2017 (Figure 10).<sup>44</sup> Use in Idaho increased from 2015-2016 to 2016-2017, with the state changing in rank from 15<sup>th</sup> to 9<sup>th</sup> nationally (Figure 10).<sup>45</sup>

**Figure 10.**



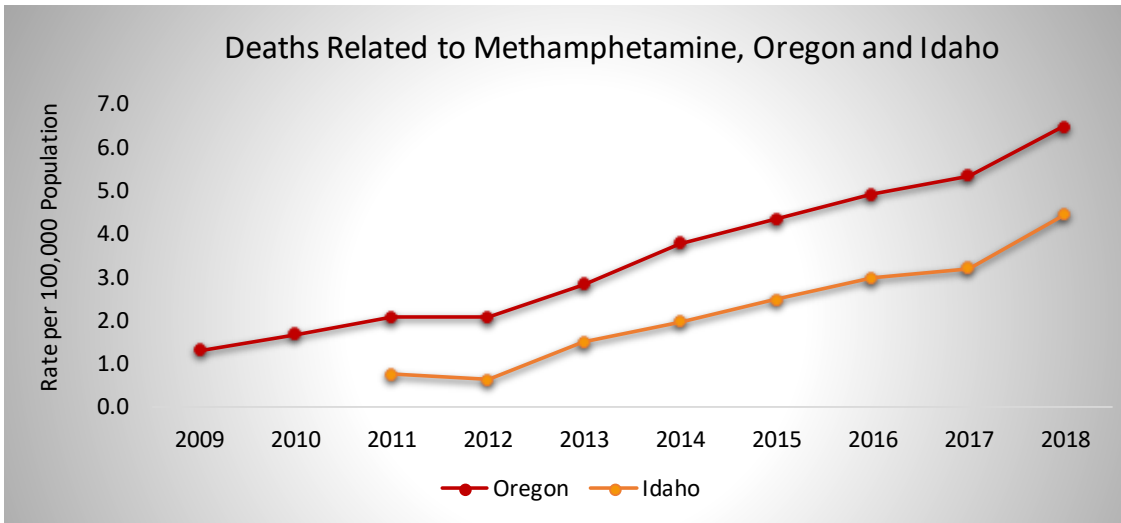
Source: SAMHSA, National Survey on Drug Use and Health, 2015-2016 and 2016-2017.

The death rate tied to methamphetamine use follows trends in availability and use in the region. According to recent medical examiner data in Oregon, the rate of fatalities connected to methamphetamine use has increased since 2009 (Figure 11, page 13). The number of deaths in the state rose over 400% from 50 deaths in 2009 to 272 deaths in 2018.<sup>46</sup> In Idaho, the rate of methamphetamine deaths has grown in parallel with Oregon since 2010. Methamphetamine-induced deaths in Idaho increased from 10 in 2012 to 78 in 2018, exceeding deaths from pharmaceutical opioids for the first time in 2018 (68) (Figure 11, page 13; Appendix F).<sup>47</sup> Methamphetamine-associated fatalities 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.<sup>48</sup> The influx of high potency product, along with increased availability, are likely strong contributing factors in the growing death toll in the region.

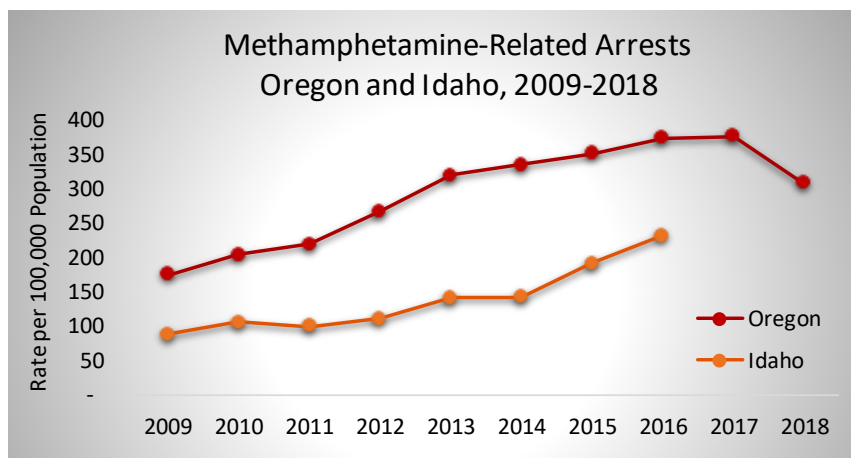
Figure 11.



Notes: 1) Rate includes deaths due to suicide, natural causes, accidents, and criminal or undetermined intent; 2) Deaths tied to specific drug categories are underreported in Idaho because drug type is not required reporting. Sources: Oregon Health Authority; Idaho Department of Health and Welfare.

Treatment admissions for stimulants, which include methamphetamine, grew 51% in Oregon between 2014 (5,936) and 2018 (8,964), and accounted for one-third of admissions in 2018.<sup>49</sup> Recent findings for Idaho show that treatment admissions for the category of amphetamines was the highest of any illicit

Figure 12.



Notes: Data for Idaho was only available through calendar year 2016. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

drug category, rising 16% between 2014 (997) and 2017 (1,159) (Appendix E).<sup>50</sup>

The arrest rate for methamphetamine-related offenses in Oregon is historically the highest of any drug category and represented 59% of total drug arrests in 2018 (Appendix G). The rate peaked in 2017 (15,624) and was more than twice the rate reported in 2009 (6,691) (Figure 12).<sup>51</sup>

In Idaho, there are far fewer arrests tied to methamphetamine than to marijuana; however, the most recent data available shows the arrest rate

connected to methamphetamine has grown in the state, with the rate more than doubling between 2009 (1,367) and 2016 (3,906) (Figure 12).<sup>52</sup>

<sup>p</sup> Includes arrests for possession, delivery, and manufacturing offenses.

## ***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 steep decline in reported methamphetamine lab seizures in Oregon. The number of labs in Oregon dropped from a total of 192 seized in 2005 to only 5 methamphetamine labs seized between 2017 and 2018 (Appendix H).<sup>53</sup> Methamphetamine production has remained low in Idaho, with an average of 2 labs seized between 2014 and 2018.<sup>54</sup>

## ***Transportation***

Methamphetamine is primarily transported into Oregon and Idaho from Mexico through California. Mexican DTOs control the transportation of the drug into the region mainly using private and commercial vehicle, bus, train, and package delivery services. Preferred routes include Interstate-5, and to a lesser extent Interstate 84 and U.S. Highway 97. Mexican DTOs also supply methamphetamine to multi-state and local DTOs operating in the region, facilitating distribution in the HIDTA and surrounding region.

Methamphetamine in the form of powder or suspended in liquid is increasingly smuggled into the United States and reconstituted into crystal methamphetamine at labs – most are located in California.<sup>55</sup> Moving the refining process across U.S. borders is a strategy by Mexican criminal groups to facilitate cross-border transport of methamphetamine that is easier to conceal and with few toxic by-products. In April 2019, the U.S. Coast Guard seized 28 seven-gallon containers of methamphetamine suspended in liquid from a sailboat heading north roughly 225 nautical miles from Newport, Oregon.<sup>56</sup> To date, 3 labs have been seized in Oregon: 1 each in Washington County (2013), Marion County (2014), and Multnomah County (2015).<sup>57</sup> No conversion lab seizures have been reported in Idaho.<sup>58</sup>

## ***Intelligence Gaps***

- Rate of methamphetamine treatment admissions in Oregon since 2015
- Extent that methamphetamine suspended in liquid is trafficked in the HIDTA
- Prevalence of conversion labs in the region
- Volume of methamphetamine trafficked through parcel post, by rail, by air, or by waterways

## ***2. Heroin***

Heroin use and trafficking have continued to expand in the United States and is one of the nation's top drug threats.<sup>59</sup> Heroin availability has grown in the HIDTA in the last decade, 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 remains a critical threat and represents a close second to methamphetamine as the region's most serious drug threat.

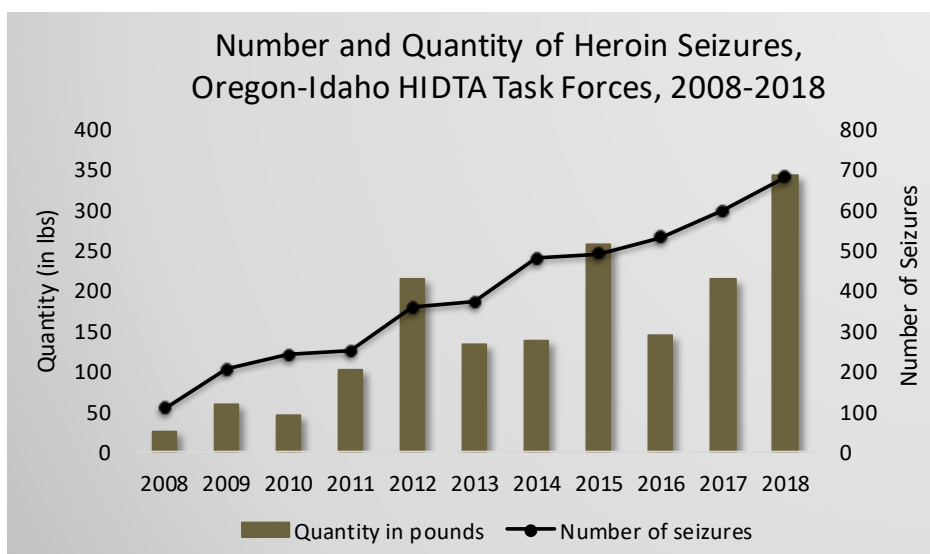
## ***Availability***

Approximately 29% of law enforcement officers surveyed in Oregon and Idaho in 2019 indicated that heroin was the principal threat to their area due to concerns mainly related to increased availability, high

overdose potential, and impact on agency caseload (Figure 2, page 5).<sup>60</sup> Close to 40% of the officers reported that a high level of heroin, mostly black tar, was available in their area in 2018. In addition, nearly a quarter of the officers indicated heroin availability rose in their jurisdiction in the last year. Increased availability was reported in Oregon's Portland Metro (Multnomah), Willamette Valley (Linn, Marion, Polk), Southern (Douglas, Jackson, Lane), and Eastern (Harney, Klamath) regions, as well as in Idaho (Canyon).<sup>61</sup>

According to federal estimates, cultivation of opium has expanded in Mexico and reached a record high in 2017.<sup>62</sup> Elevated production has led to increased trafficking, lower prices and greater availability of brown powder and black tar heroin in the United States.<sup>63</sup> Access to heroin has grown in the HIDTA and surrounding region and is evidenced, in part, by an increase in the number of seizures and volume of product confiscated by HIDTA task forces. For example, the number of heroin seizures in 2018 (680) was more than 6 times as high as seizures in 2008 (106). Additionally, heroin volume exceeded 340 pounds in 2018, nearly 13 times greater than the amount reported in 2008 (25 lb) (Figure 13).<sup>64</sup> Average prices for heroin in the HIDTA fluctuated depending on the form and region in 2018. In Oregon, price per pound for black tar heroin dropped in the Southern region (-17%) and rose slightly in the Portland Metro area (8%). The average price per pound for brown powder rose in the Portland Metro area in 2018 (50%), but stayed nearly the same in the Southern region (-3%). In Idaho, price per pound for black tar heroin rose in 2018 (33%), but dropped for brown powder heroin (-23%).<sup>65</sup>

Figure 13.

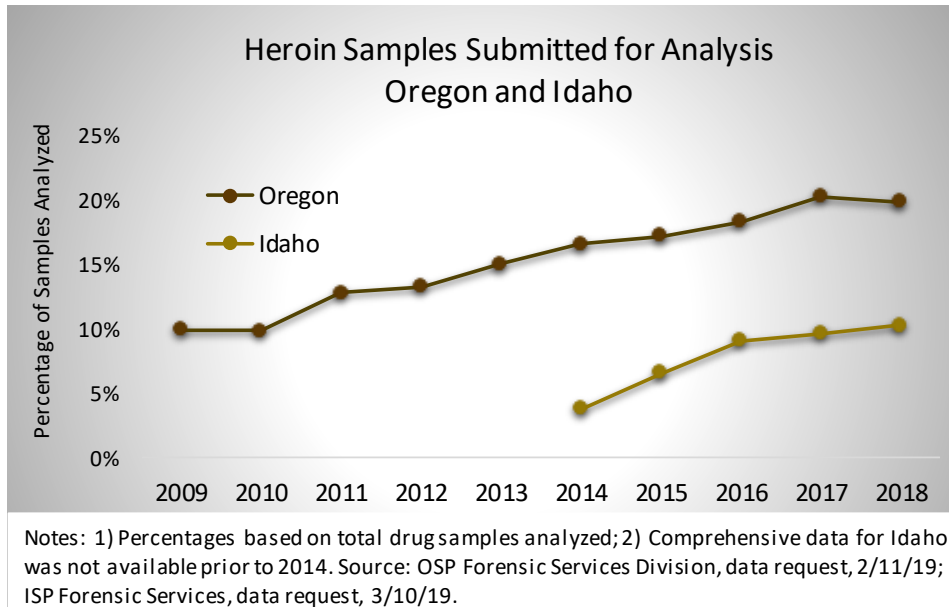


Source: HIDTA Performance Management Process Database, 2/28/19.

Results of analysis of forensic samples in Oregon and Idaho are also supportive of a rise in heroin availability. In the last decade, the number of substances testing positive for heroin in Oregon nearly doubled from 2009 (1,253) to 2018 (2,411) and represented 20% of total drug samples analyzed in 2018.<sup>66</sup> In Idaho, the number of heroin samples has increased dramatically in the last several years; submissions rose from a mere 35 in 2013 to more than 900 in 2018 (Figure 14, page 16).<sup>67</sup>

<sup>60</sup> Officers who responded that heroin was their area's greatest drug threat represented agencies in Benton, Clatsop Jackson, Josephine, Marion, Multnomah, Washington, and Yamhill counties in Oregon and Bannock County in Idaho.

**Figure 14.**

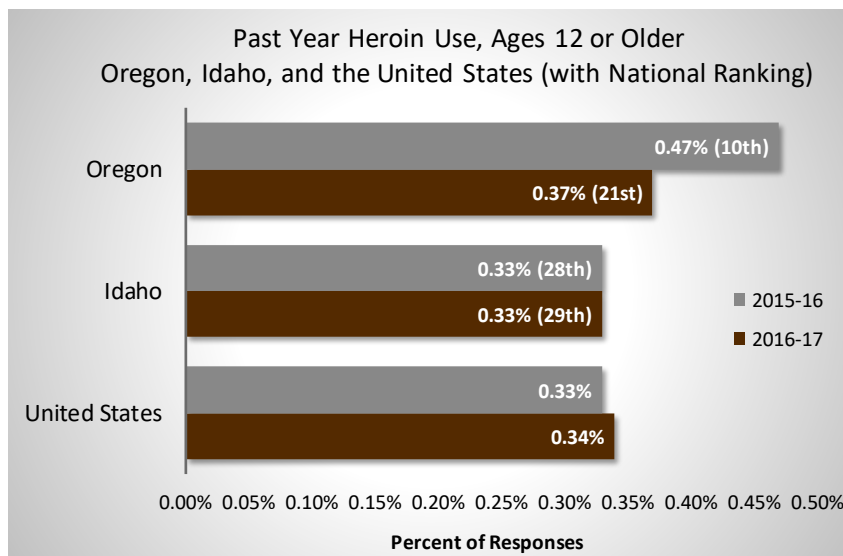


*Use*

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 in the United States.<sup>68</sup> Recent declines in street prices 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.

According to 2016-2017 national survey results, Oregon ranked 21<sup>st</sup> nationally for past year heroin use for people ages 12 or older, a drop from 10<sup>th</sup> in 2015-2016<sup>f</sup> (Figure 15).<sup>69</sup> While heroin is a growing problem in Idaho, prevalence rates in 2017 ranked the state at 29th nationally and roughly equal to the national average (0.33%).<sup>70</sup>

**Figure 15.**

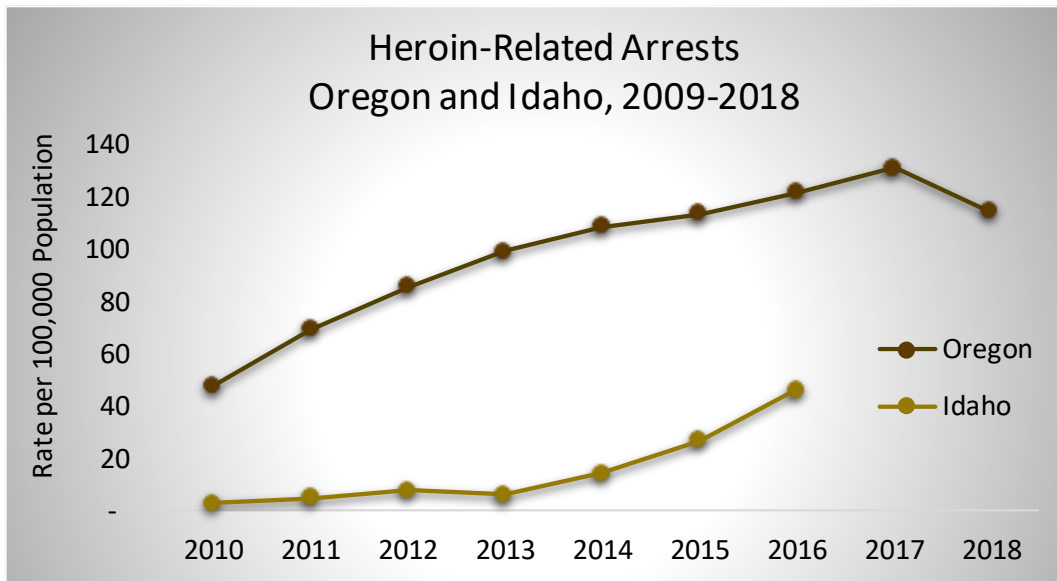


Source: SAMHSA, National Survey on Drug Use and Health, 2015-2016 and 2016-2017.

<sup>f</sup> The drop was not statistically significant.

Heroin availability and use have spread from Oregon's Portland Metropolitan area to smaller cities and rural areas in the state. 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 opioid dependency that resulted after being prescribed pain medication. The rate of heroin arrests nearly tripled in Oregon in the last decade, with numbers rising from 1,642 in 2009 to 4,799 in 2018 (Figure 16).<sup>71</sup> Furthermore, the number of people who admitted to regular heroin use at intake in the Oregon Corrections System in 2018 (986) was roughly 4 times the number of intakes reported in 2008 (248).<sup>72</sup> In Idaho, the arrest rate for heroin more than tripled between 2014 (237) and 2016 (776), the most recent year available (Figure 16).<sup>73</sup>

**Figure 16.**

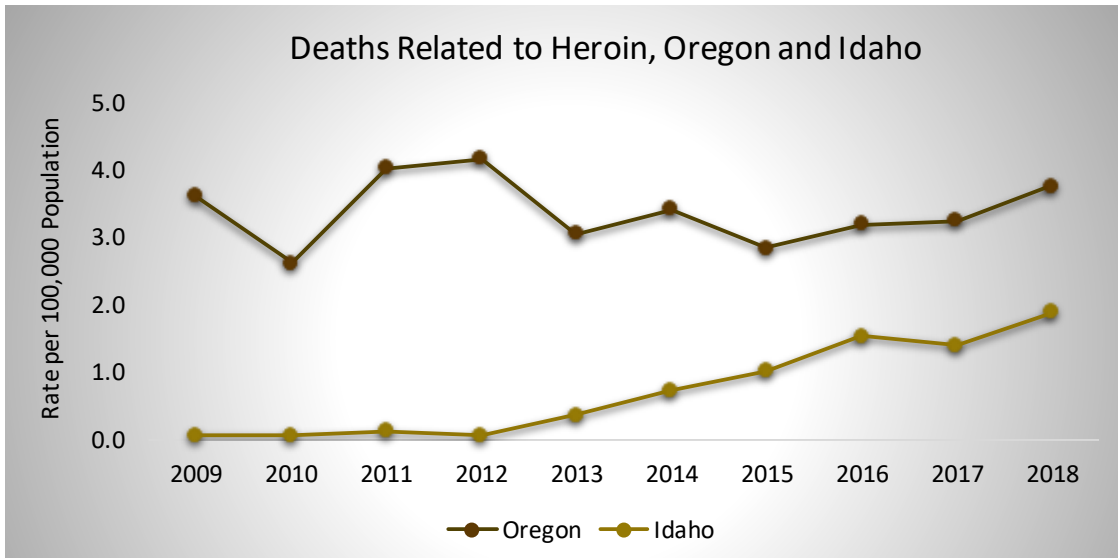


Notes: Data for Idaho was only available through calendar year 2016. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

While treatment admissions specific to heroin use were not available for Oregon, opioid-related treatment, including heroin, was the highest category of substance use treatment in the state in 2018 (Appendix E). In Idaho, opioid admissions reflected about 20% of total admissions in 2017, 14% of which was tied to heroin treatment. Treatment for heroin use has steadily increased in the state, rising 55% between 2014 (178) and 2017 (276).<sup>74</sup>

In addition, the rate of fatalities tied to heroin use has increased in the region. In Oregon, the number of heroin deaths rose to 158 in 2018, approaching the high of 163 in 2012 (Figure 17, page 18).<sup>75</sup> The recent increase in heroin-related deaths in Oregon is likely connected to the growing number of accidental death cases where multiple drugs are involved -- specifically heroin and methamphetamine. In 2010, the percentage of heroin deaths where methamphetamine was involved represented only 4% of accidental deaths tied to heroin; by 2018, the proportion was nearly half (45%). The rate of heroin-induced deaths has also increased in Idaho, rising over 400% from 2013 to 2018. The number of heroin-induced deaths grew from 6 in 2013 to 33 in 2018 (Figure 17, page 18).<sup>76</sup>

Figure 17.



Notes: 1) Rate includes deaths due to suicide, natural causes, accidents, and criminal/undetermined intent;  
2) Deaths tied to specific drug categories are underreported in Idaho because drug type is not required reporting.  
Sources: Oregon Health Authority; Idaho Department of Health and Welfare.

## Production

According to the 2018 National Drug Threat Assessment, Mexico is the main producer and supplier of heroin into the United States. The latest government estimates show that over 90% of wholesale heroin imported into the United States originates from Mexico.<sup>77</sup> Opium poppy cultivation has increased in Mexico in the last decade. Estimated pure potential production of heroin is at record levels, rising from 26 metric tons in 2013 to 111 metric tons in 2017.<sup>78</sup>

## Transportation

Mexican DTOs dominate the trafficking of Mexican black tar heroin and Mexican brown powder heroin into and through Oregon and Idaho. Heroin is transported into or through the region from California and, more rarely, from Southwest states such as Arizona and Nevada. Product is typically transported via private and commercial vehicles from Mexico, California, and Southwest states using the Interstate-5 corridor, and to a lesser extent, alternate routes such as Interstates 84 and 15 as well as U.S. Highways 97 and 395. Multi-state and local DTOs operating in Oregon and Idaho acquire product from Mexican DTOs, facilitating transportation to the HIDTA and surrounding region and, in the case of multi-state DTOs, to distribution points across state borders.

## Intelligence Gaps

- Rate of heroin treatment admissions in Oregon since 2015
- Relationship between polydrug use in the region and heroin-related deaths
- Volume of heroin trafficked through parcel post, by rail, by air, or through use of waterways

### 3. Fentanyl and Synthetic Opioids

Availability and use of fentanyl, fentanyl analogues, and other synthetic opioids is expanding in the United States and is a growing trend in the HIDTA region. Fentanyl is a Schedule II synthetic opioid that is 30 to 50 times stronger than heroin, 100 times stronger than morphine, and is one of the most potent opioids available for medical use. Fentanyl is available from pharmaceutical and non-pharmaceutical sources with most illicit use related to non-pharmaceutical forms. In addition, fentanyl analogues and other synthetic opioids, such as U-47700, have increased in prevalence as illicit producers continue to develop new derivative forms to supply an expanding market.

#### Availability and Use

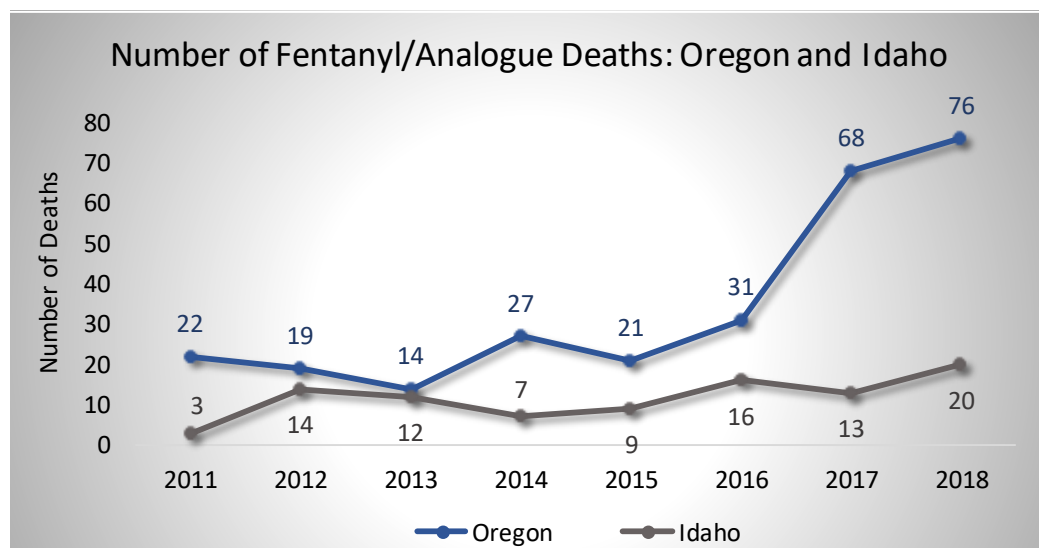
Fentanyl, fentanyl analogues, and other synthetic opioids are commonly mixed with or sold as heroin, pharmaceutical drugs, or marketed as other drugs by suppliers – often with deadly consequences. For example, due to its rapid rate of absorption, fentanyl can be fatal at doses as small as a quarter milligram -- the amount of a few grains of table salt, and poses a significant danger not only to users but to public safety personnel who come into contact with the drug.<sup>79</sup>

The number of overdoses connected to synthetic opioids has grown in the United States in the last five years, with deaths reaching over 28,000 in 2017, more than any other opioid category.<sup>80</sup> The rise in deaths is paralleled by a massive increase in the number of samples of fentanyl and fentanyl combined with other drugs submitted for analysis at the national level -- from just 673 submissions in 2012 to more than 33,000 in 2016.<sup>81</sup>

Although still lower than the level observed in other regions in the United States, availability and use of synthetic opioids have increased in the Oregon-Idaho HIDTA since 2013. Over half of officers surveyed in 2019 reported that synthetic opioid availability increased in their jurisdictions in 2018, mainly in Oregon's Northwest (Clackamas, Multnomah, Tillamook), Willamette Valley (Benton, Linn, Marion, Polk), and Southern (Douglas, Jackson, Josephine) regions, but also east in Umatilla County and in

Idaho.<sup>82</sup> Mirroring availability, the number of deaths connected to use of fentanyl and fentanyl analogues rose more than fivefold in Oregon between 2013 (14) and 2018 (76) (Figure 18).<sup>83</sup> The number of related deaths is lower in Idaho; however, fentanyl-induced deaths increased from 3 in 2011 to 20 in 2018.<sup>84</sup>

Figure 18.



Notes: 1) Rate includes deaths due to suicide, natural causes, accidents, and criminal or undetermined intent; 2) Deaths tied to specific drug categories are underreported in Idaho because drug type is not required reporting. Sources: Oregon Health Authority; Idaho Department of Health and Welfare.

Of synthetic opioid samples submitted to the Oregon state forensic lab between 2013 and 2018, 37% tested positive for fentanyl, followed by fentanyl analogues (31%), fentanyl or fentanyl analogues combined with other drugs (27%), and other synthetic opioids (4%) (Table 3). Since 2015, there has been a marked increase in the number of fentanyl, fentanyl analogue, and synthetic opioid samples analyzed with a higher incidence of single substances submitted in 2017 and 2018, as well as a greater number of mixtures (Figure 19).<sup>85</sup>

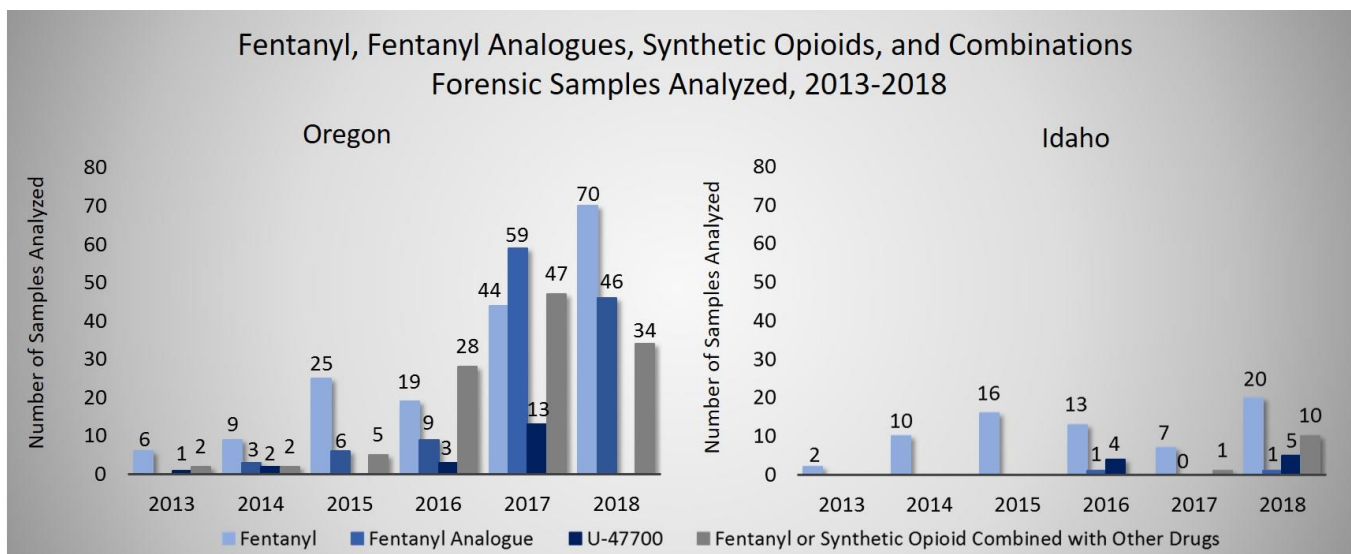
Most alarming is the appearance of carfentanil, a tremendously potent fentanyl analogue that is 100 times stronger than fentanyl and 5,000 times stronger than heroin.<sup>86</sup> The substance was seized in 8 separate incidents between 2016 and 2018 with a total of 12 samples analyzed at the Oregon state lab.<sup>87</sup> Samples analyzed between 2013 and 2018 in Idaho showed a varied trend in fentanyl submissions, with fewer

**Table 3.**

Fentanyl, Fentanyl Analogues, and Synthetic Opioid Samples Submitted as Single and Combination Substances to State Police Forensic Labs 2013-2018		
	Oregon	Idaho
<b>Single Substance Submissions</b>		
Fentanyl	161	66
Furanyl Fentanyl	49	1
Cyclopropylfentanyl	46	-
U-47700 - U47703	16	9
Acetyl Fentanyl	12	-
Carfentanil	12	2
Para-Fluoroisobutyryl Fentanyl	5	-
Para-Fluorofentanyl	3	-
Methoxyacetyl Fentanyl	3	1
Other Synthetic Opioids	3	-
Fluorobutyryl Fentanyl	2	-
Acetyl-alpha-methylfentanyl	1	-
Butyryl Fentanyl	1	-
Phenyl Fentanyl	1	-
<b>Combination Substance Submissions</b>		
Heroin, Fentanyl/Analogue	31	8
Alprazolam, U-47700	27	-
Other Drug Combinations with Synthetic Opioids	13	-
Meth, Heroin, Fentanyl/Analogue and/or U-47700	11	2
Meth, Fentanyl/Analogue	10	1
Heroin, Rx Drug, Fentanyl/Analogue	7	-
Alprazolam, Fentanyl/Analogue	7	-
Rx Opioid, Fentanyl/Analogue and/or U-47700	7	-
Fentanyl/Analogue, U-47700	5	-
<b>Total</b>	<b>433</b>	<b>90</b>

Source: Oregon State Police, Forensic Services Division, 2/11/19; Idaho State Police, Forensic Services, 3/10/19.

**Figure 19.**



Sources: Oregon State Police, Forensic Services Division, 2/11/19; Idaho State Police, Forensic Services, 3/10/19.



samples submitted relative to fentanyl analogues, synthetic opioids such as U-47700, and drug mixtures submitted than in Oregon.<sup>88</sup>

Another drug class of concern is other synthetic opioids, the most common being U-47700.<sup>s</sup> U-47700, also known as “U-4” or “Pink”, is a dangerous 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. In November 2016, the Drug Enforcement Administration (DEA) issued a temporary ban on U-47700, classifying it as a Schedule I drug and an “imminent hazard” to public safety.<sup>89</sup> 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, 60 samples of U-4 class drugs<sup>t</sup> were analyzed by the state forensic lab between 2016 and 2018 as a single substance (16) or combined with other drugs (e.g., fentanyl analogues, heroin, methamphetamine, alprazolam, oxycodone) (53).<sup>90</sup> In Idaho, 14 samples of U-47700 were analyzed at the state forensic lab between 2016 and 2018.<sup>91</sup>

### *Production*

Most non-pharmaceutical fentanyl, fentanyl analogues, and synthetic opioids that are available in the HIDTA are illicitly manufactured in foreign countries such as China or Mexico and are then imported into the region.<sup>92</sup>

In 2017, however, 3 synthetic opioid processing labs were encountered in the HIDTA, 1 in Bannock County, Idaho, and 2 in the Portland Metropolitan area. More recently, since November 2017, the HIDTA Interdiction Team (HIT), partnering with federal agencies, seized a total of 5 pill presses at 3 different locations in the Portland Metro region. The drugs and, in some cases, the pill presses, were obtained through dark web<sup>u</sup> sources operating outside of the United States. The pills were designed to resemble legitimate prescription pills such as oxycodone and alprazolam, but contained various mixtures of fentanyl, alprazolam, MDMA, or other controlled substances.<sup>93</sup>

### *Transportation*

According to the DEA, existing supply lines for heroin have been utilized by Mexican trafficking organizations to import fentanyl into the United States.<sup>94</sup> The high potency of synthetic opioids make the drugs easy to smuggle in small packages – 1 kilogram of fentanyl is the equivalent of 50 kilograms of heroin.<sup>95</sup> In January 2019, U.S. border agents seized a record 254 pounds of fentanyl from a truck at a border checkpoint in Arizona.<sup>96</sup> In addition, seizures of fentanyl disguised as other illicit drugs, such as heroin, have become more common. According to federal analysis, fentanyl available in the United States is regularly sold under the same or similar brand names as heroin (e.g., “China White”) and likely leads to customer



Fentanyl seizure resembling black tar heroin. Portland Police Bureau, April 2019

<sup>s</sup> 3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide.

<sup>t</sup> Includes U-47700 through U-47703.

<sup>u</sup> 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.

misperception of the type of drug (and level of potency) that is being purchased.<sup>97</sup> In April 2019, police officers in Portland, Oregon who responded to an accidental fatal overdose found a substance resembling black tar heroin on the victim. Forensic testing at the Oregon state lab later determined the substance tested positive for fentanyl and contained no trace of heroin (see photo, page 21).

In the Oregon-Idaho HIDTA, law enforcement reporting indicates that the source of much of the supply of illicit fentanyl in the region is arranged through U.S.-based distributors and sourced from China. Buyers and sellers use online connections, such as the dark web, to arrange purchase and delivery into the region using mail or parcel delivery services.<sup>98,99</sup> A small number of officers surveyed in 2019 reported conducting investigations where the source of fentanyl supply was Mexico. For example, law enforcement in Oregon's Portland Metro region, reported an increase in the last year in the number of fentanyl-laced counterfeit pills transported into the area from Mexico.<sup>100</sup>

### *Intelligence Gaps*

- Extent to which users in the region obtain synthetic opioid drugs from criminal trafficking groups or from internet sources
- Degree to which synthetic opioids are manufactured in the region
- Degree to which fentanyl is combined with other illicit drugs, such as heroin or methamphetamine, or disguised as prescription medications in the region
- Level of involvement of Mexican DTOs in trafficking fentanyl/analogues into the HIDTA

## *4. Controlled Prescription Drugs*

The threat posed by misuse of controlled prescription drugs (CPDs), specifically prescription opioids,<sup>v</sup> has grown significantly in the United States in the last decade. Drug poisoning, mainly in the form of overdoses, is currently the leading cause of injury death in the nation. Of the more than 70,000 deaths from drug overdose in the United States in 2017, 68% involved an opioid.<sup>101</sup> Opioids, mostly prescription pain relievers and heroin, are the primary drug categories connected to hospitalizations and overdose deaths.

### *Availability*

The overall rise in misuse of controlled prescription drugs is due in large part to widespread availability through aggressive marketing by pharmaceutical companies, a policy and practice focus on prescribing opioid medications for all types of pain, and ease of access to the drugs through friends or family.<sup>102</sup> In Oregon, nearly half (45%) of the prescriptions for CPDs dispensed at retail pharmacies in the state in 2018 were for commonly prescribed opioids such as hydrocodone, oxycodone, and tramadol; the second most prescribed class of medications was for benzodiazepines, including Lorazepam and Zolpidem (11%), drugs used for treating anxiety and insomnia (Table 4, page 23).<sup>103</sup> Data related to pharmaceutical drugs dispensed in Idaho was not available at the time of publication.

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<sup>v</sup> 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.

Nearly 40% of Oregon and Idaho law enforcement officers surveyed in 2019 reported a moderate to high level of illicit prescription drugs available in their area.<sup>104</sup> Diversion, or the illegal distribution or abuse of medications for purposes not intended by the prescriber, is common in the HIDTA.

More than half (55%) of officers surveyed in Oregon and Idaho indicated that a moderate to high level of prescription narcotics, such as oxycodone and hydrocodone, were diverted in their region, followed by depressants (36%) and stimulants (22%).<sup>105</sup> Of the CPDs seized by HIDTA task forces in 2018, more than 60% were prescription opioids (including methadone) and nearly one-third (31%) were benzodiazepines (Figure 20).<sup>106</sup>

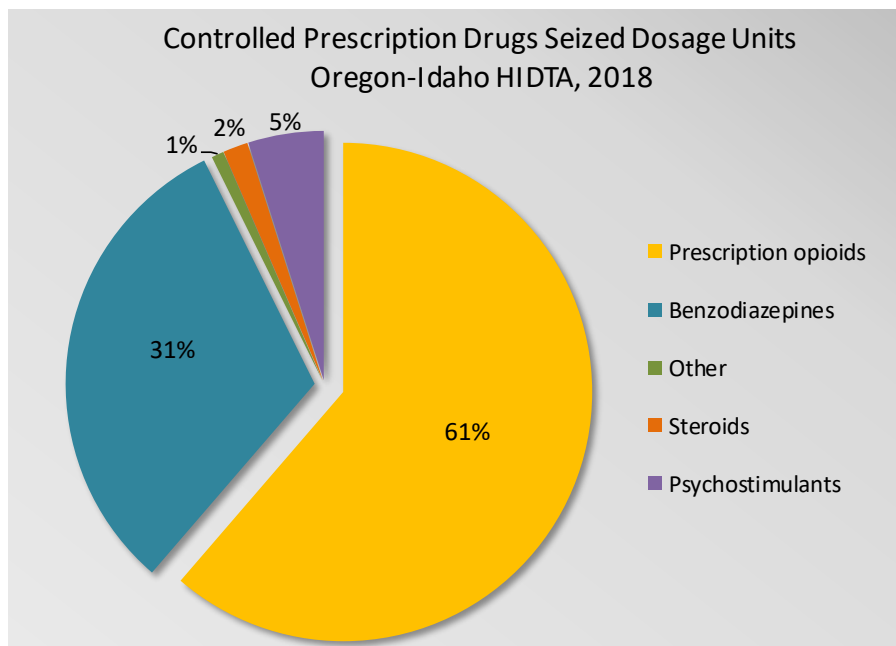
Table 4.

Top 12 Prescriptions in Oregon Calendar Year 2018		
Drug	Number of Rx	% of all Rx
Hydrocodone (O)	1,162,888	19.5%
Oxycodone (O)	977,190	16.5%
Amphetamine (S)	510,371	8.6%
Tramadol (O)	353,284	5.9%
Lorazepam (B)	346,712	5.8%
Zolpidem (B)	323,742	5.4%
Alprazolam (B)	274,511	4.6%
Pseudoephedrine (S)	277,090	4.6%
Methylphenidate (S)	266,028	4.5%
Clonazepam (B)	260,800	4.4%
Morphine (O)	183,718	3.1%
Testosterone (ST)	162,508	2.7%

Legend: (O) Opioid; (B) Benzodiazepine; (S) Stimulant; (ST) Steroid.

Source: Oregon Health Authority.

Figure 20.

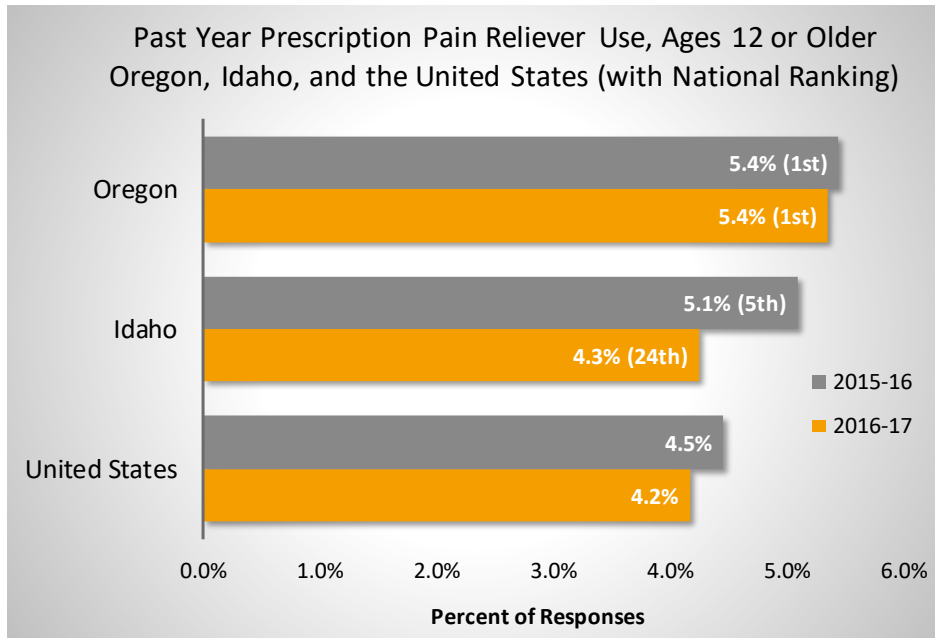


Other includes muscle relaxants, anti-depressants, sedatives/hypnotics, and various other prescription drugs. Source: Oregon-Idaho HIDTA PMP database, 3/14/19

### Use

The rate of misuse of prescription pain relievers is particularly high in Oregon. According to federal survey data, Oregon ranked first in the nation during 2016-2017 – with roughly 187,000 individuals ages 12 years and older indicating misuse in the past year. In Idaho, the rate of misuse showed a significant drop from 5.1% in 2015-2016 to 4.3% (estimated 59,000 individuals) in 2016-2017, placing current use just above the national average (4.2%) (Figure 21, page 24).<sup>107</sup>

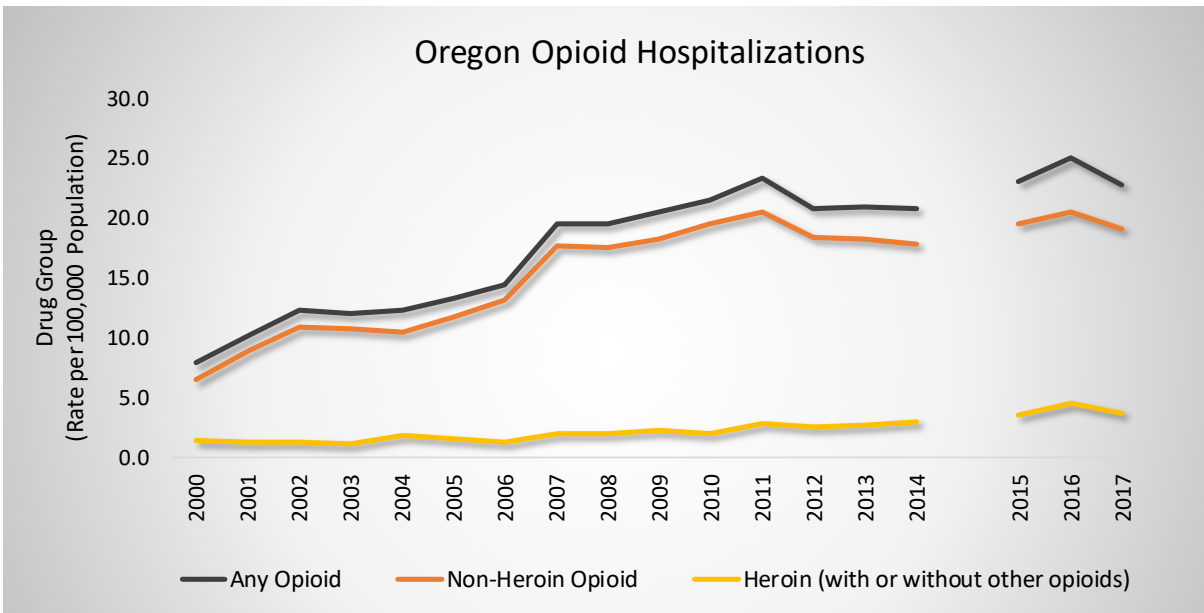
Figure 21.



Source: SAMHSA, National Survey on Drug Use and Health, 2015-2016 and 2016-2017.

Available hospitalization data support the high rate of use in the region. From 2000 to 2014, the rate for non-heroin opioid hospitalization in Oregon nearly tripled, peaking in 2011. The coding scheme for hospital records changed in October 2015, as a result, data from 2015 to 2017 is not directly comparable to data prior to 2015. Still, the recent rate of hospitalizations from 2015 to 2017 shows continued support for a high rate of non-heroin opioid use in the state (Figure 22).<sup>108</sup> Data on hospitalizations in Idaho were not available.

Figure 22.

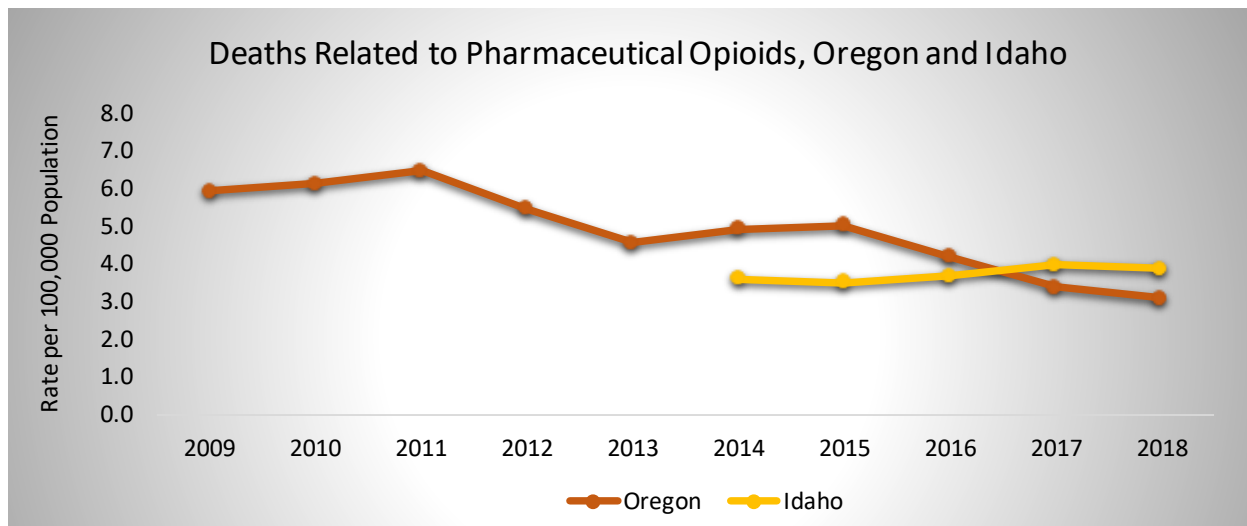


Note: The trendline break marks the year (2015) that the coding scheme for hospital records changed from ICD-9 to ICD-10. Any comparison of data between ICD-9 and ICD-10 should be approached with caution. Source: Oregon Health Authority.

In addition, misuse of prescription pain relievers in Oregon and Idaho has contributed to use of heroin in the region. Law enforcement reporting indicates that many people who are addicted to prescription opioids, such as oxycodone, have switched to heroin because it is easier to obtain, cheaper, and provides a more intense high than most diverted prescription opioids.<sup>109</sup> There is broad support for the idea that non-medical use of prescription opioids may lead to heroin use.<sup>110</sup> For example, according to the Centers for Disease Control and Prevention (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.<sup>111</sup>

While poisoning mortality in Oregon has historically been driven by deaths connected to pharmaceutical opioids, the death rate has declined overall since 2011, reaching an historic low in 2018 (129) (Figure 23; Appendix F).<sup>112</sup> In Idaho, deaths tied to pharmaceutical opioids<sup>w</sup> continue to represent a high proportion of total drug-induced deaths in the state. The number of deaths rose from 59 in 2014 to 68 in 2018, with the rate per capita exceeding Oregon's rate in 2017 and 2018 (Figure 23).<sup>113</sup>

**Figure 23.**



Notes: 1) Rate includes deaths due to suicide, natural causes, accidents, and criminal or undetermined intent; 2) The category of *Pharmaceutical Opioids* for Idaho included 4 drugs: oxycodone, hydrocodone, codeine, and methadone and were unavailable prior to 2014; 3) Deaths tied to specific drug categories are underreported in Idaho because specific drug type is not required reporting. Sources: Oregon Health Authority; Idaho Department of Health and Welfare.

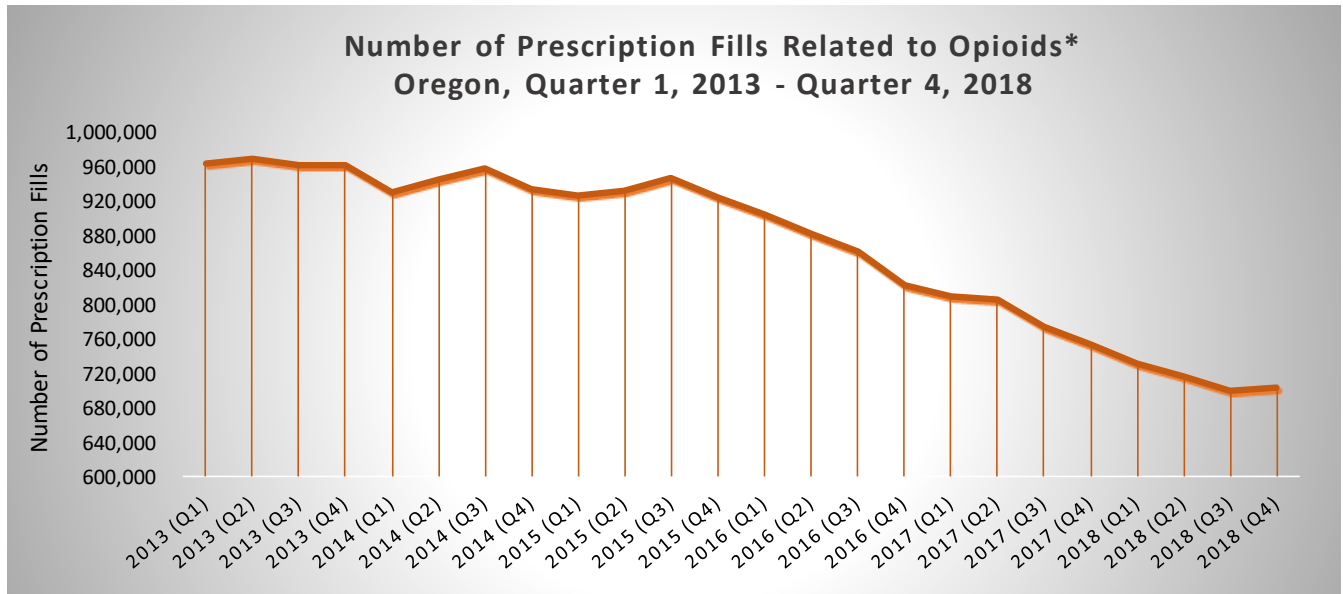
Implementation of prescription monitoring programs and revised prescribing guidelines have likely influenced the decline in availability and misuse of prescription pain relievers in the region. The Prescription Drug Monitoring Program (PDMP), in operation in Oregon since September 2011 (eff. 9/1/11), provides a web-based tool for practitioners and pharmacists to identify patients at risk for physical dependence and overdose.<sup>114</sup> More recently, Idaho passed legislation to require prescribers (eff. 3/5/15), and later, pharmacists (eff. 2/16/17) to register with a similar state prescription drug monitoring program.<sup>115</sup>

Additionally, revised guidelines and practices, such as the removal of methadone as a preferred drug dispensed to Medicaid patients for pain management and amendments regarding appropriate doses and lengths of time for patients to use opioid painkillers, have also likely had an impact.<sup>116</sup> Between quarter 2, 2013 and quarter 4, 2018, the number of prescriptions filled for opioids dropped 27%, an indication

<sup>w</sup> Category includes oxycodone, hydrocodone, codeine, and methadone.

that enhanced guidelines are working and supportive of a decline in potential supply for misuse (Figure 24).<sup>117</sup> In Idaho, while still above the national average, the prescribing rate declined to the lowest rate recorded in the last decade -- 70.3 opioid prescriptions written for every 100 individuals in 2017 compared to the national rate of 58.7.<sup>118</sup>

**Figure 24.**



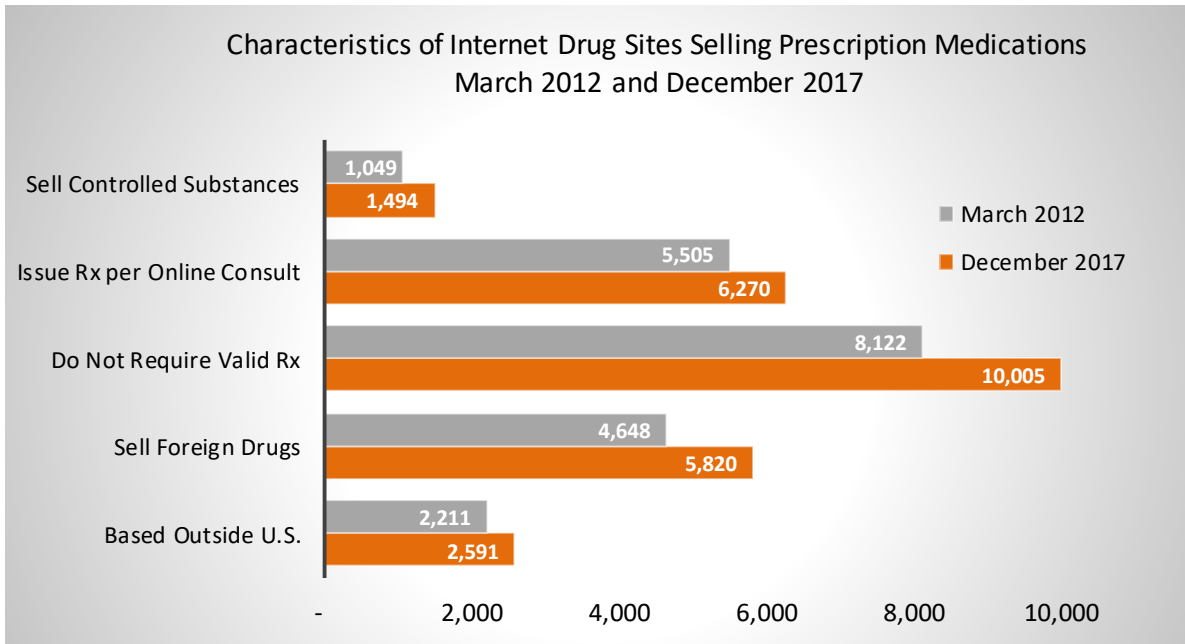
\*The number of prescription fills does not include Tramadol, which was moved to DEA Schedule IV, effective 8/18/2014. Tramadol data was excluded from the graph because it reflected a change in reporting rather than a true increase. Source: Oregon Health Authority.

## **Transportation/Diversification**

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. National studies on use suggest that prescription medications are largely diverted through family or acquaintances.<sup>119</sup> In the HIDTA, law enforcement officers surveyed in 2019 reported that diversion of CPDs occurs mainly through drug deals and theft, and to a lesser extent, forged prescriptions, illicit acquisition from family or friends, and doctor shopping. Additionally, officers surveyed indicated that residences were the most common settings for CPDs to be distributed in their communities, followed by mail/parcel delivery services, drug deals conducted through online services, and public settings such as businesses or malls, schools, or workplaces.<sup>120</sup>

Diversification also occurs through internet purchases. Dishonest internet, or “rogue” pharmacies, profit from the sale of CPDs to buyers who have not seen a doctor or who 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.<sup>121</sup> Out of the over 11,700 web sites identified by the National Association of Boards of Pharmacy in December 2017 as selling pharmaceutical drugs out-of-compliance with state and federal laws, 89% were found to have dispensed medications without a valid prescription (Figure 25, page 27).<sup>122</sup>

Figure 25.



Source: Internet Drug Outlet Identification Program, Progress Report for State and Federal Regulators, February 2018, March 2012, National Association of Boards of Pharmacy.

### Intelligence Gaps

- Number of people in the HIDTA who have switched to heroin after becoming addicted to prescription opioids
- Extent to which synthetic drugs are being sold as counterfeit prescription drugs in the HIDTA
- Degree to which prevention measures in Oregon and Idaho have impacted pharmaceutical substance misuse
- Degree to which diverted prescription drugs are used to acquire illicit drugs

## 5. 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 and private lands. Oregon state law currently allows possession, cultivation, and distribution of marijuana within specified limits under the Oregon Medical Marijuana Act (passed in 1998)<sup>x</sup> and the Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act

<sup>x</sup> 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

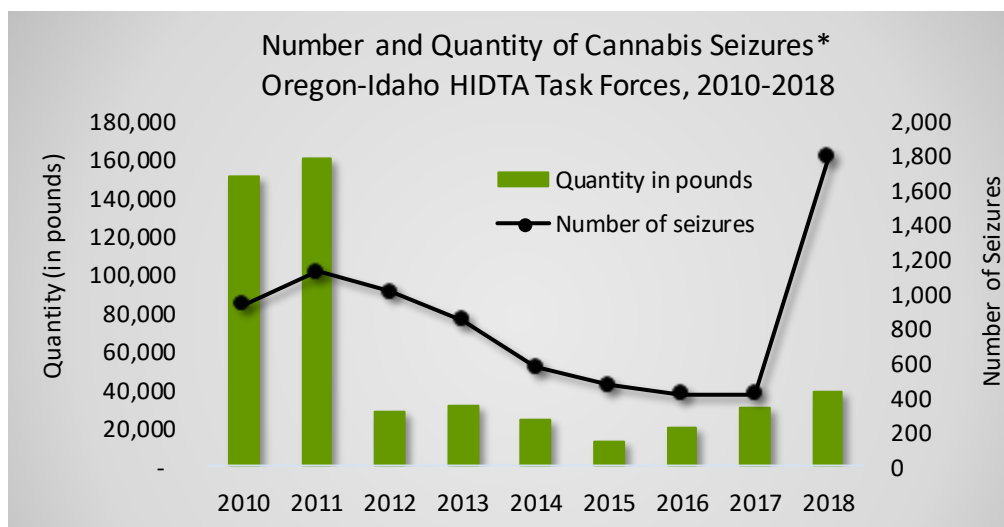
(passed in 2014).<sup>y</sup> In contrast, Idaho marijuana laws remain some of the toughest in the nation with all possession, manufacture, and sale of the drug strictly prohibited.<sup>123</sup>

### *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. Nearly all of the Oregon and Idaho law enforcement officers surveyed in 2019 reported a high level of marijuana available in the last year (95%). Roughly 80% stated that extracts were highly available, with more than half (55%) indicating a rise in prevalence.<sup>124</sup> Average prices for illegally purchased cannabis dropped across all Oregon regions, most substantially for pound quantities purchased in the South (-80%) and the Portland Metro area (-67%).<sup>125</sup> In Idaho, retail and wholesale prices for cannabis dropped about 15% between 2017 and 2018. Price per pound reported in Idaho was 4 times higher compared to Oregon.<sup>126</sup>

Despite widespread availability in the region, the volume of marijuana seized by HIDTA task forces has declined in the last seven years, from roughly 160,000 pounds confiscated in 2011 to less than 40,000 pounds in 2018. The number of marijuana seizures dropped between 2011 (1,128) and 2017 (414), but rose dramatically in 2018 (1,785) mainly due to the efforts of the newly established HIDTA ISP DHE initiative, which accounted for 71% (1,261) of marijuana seizures in 2018 (Figure 26).<sup>127</sup>

**Figure 26.**



\*Includes bulk marijuana, hashish, hash oil, THC liquid, THC resin, edibles, and indoor plants. Table excludes seizures reported in dosage units or liters. Source: HIDTA PMP database, 4/4/19.

In addition, analysis of forensic lab data in Idaho shows that marijuana submissions were the second highest substance analyzed in 2018, reflecting one-third (3,099) of total submissions during the year (Figure 27, page 29; Appendix C).<sup>128</sup> In comparison, Oregon forensic data revealed that marijuana represented only 2% of total drug samples in 2018, a nearly 90% decrease in samples analyzed between

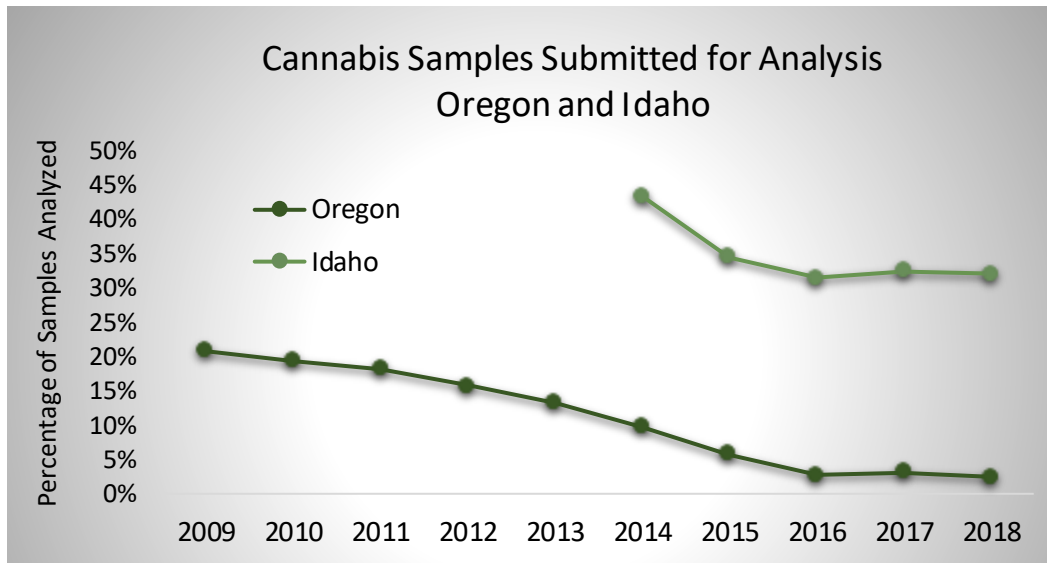
program in May 1999. The law conflicts with national safety regulations and requirements for medicines established by the Food and Drug Administration (FDA).

<sup>y</sup> 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.



2009 (2,653) and 2018 (281) (Figure 27; Appendix C).<sup>129</sup> The declines in HIDTA task force seizures and Oregon lab submissions of marijuana are mainly tied to the reduction in the number of plants confiscated 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.

**Figure 27.**



Notes: 1) Percentages based on total drug samples analyzed; 2) Comprehensive data for Idaho was not available prior to 2014. Source: OSP Forensic Services Division, data request, 2/11/19; ISP Forensic Services, data request, 3/10/19.

Oregon’s medical and recreational marijuana laws have contributed to a huge overproduction problem in the state.<sup>130</sup> Under the OMMP, each patient is allowed to possess 1.5 pounds of dried marijuana and up to 6 mature plants. Individuals registered as caregivers are allowed to manage production, possession, delivery, or administration of marijuana for a potentially unlimited number of OMMP patient cardholders.<sup>131</sup> This provides a legal loophole for large quantity caregivers to exploit the program by claiming they are managing marijuana for legitimate OMMP patients. As of January 1, 2019, there were 31,251 patient cardholders and 13,013 caregiver cardholders registered in Oregon.<sup>132</sup> In addition, “growers” are allowed to cultivate marijuana for up to 8 patients at a time under specified limits.<sup>133</sup> As of January 1, 2019, there were 14,643 growers and 12,408 grow sites registered under the OMMP.<sup>134</sup>

State laws allowing for recreational use of marijuana are also a factor in the abundance of product grown in the state. In November 2014, Oregon voters passed Measure 91, which allows for the personal use and possession of recreational marijuana by adults 21 and older under state law.<sup>aa</sup> Under the law, individuals can possess 1 ounce of marijuana on their person and can cultivate up to 4 plants and possess limited amounts of usable marijuana (8 oz), homemade marijuana products in solid form (16 oz) and liquid form (72 oz) at their residence in Oregon.<sup>135</sup> In January 2016, the state began accepting license applications for growing (“producer”) and selling (“retailer”) recreational marijuana. As of April 5, 2019, 1,125 producer license applications and 629 retailer license applications were approved.<sup>136</sup> According to findings from a 2018 audit by the Oregon Secretary of State’s Office, Oregon lacks a sufficient number of inspectors to ensure that recreational marijuana growers are following state

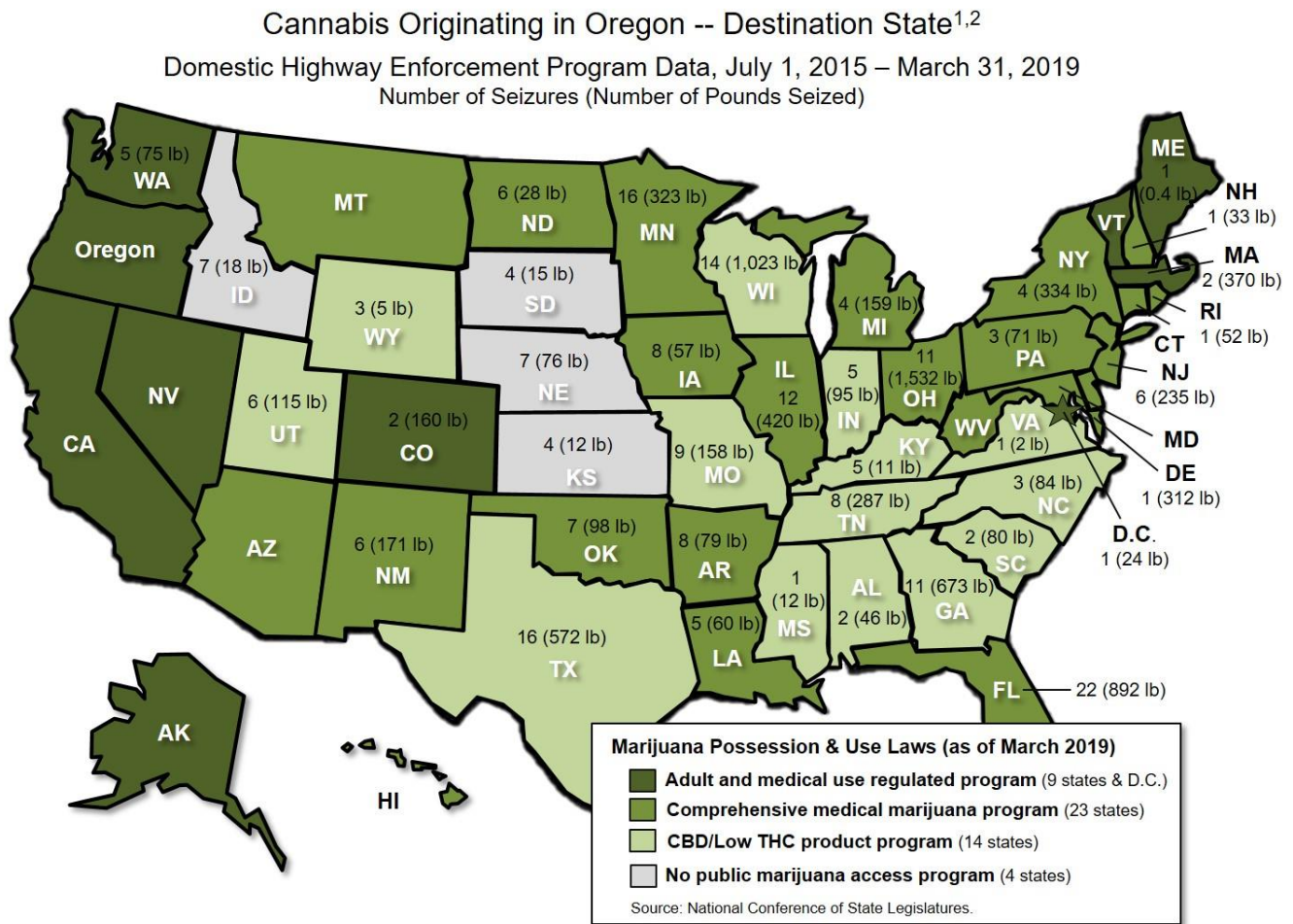
<sup>z</sup> For example, growers are allowed to cultivate up to 6 mature plants per patient (OAR 333-008-0560).

<sup>aa</sup> Effective July 1, 2015.

marijuana laws. This, in combination with the allowance in the law for authorized growers to self-report how much they grow and sell, were assessed as vulnerabilities that have impacted the state’s ability to effectively monitor compliance.<sup>137</sup> A 2019 analysis by the Oregon Liquor Control Commission reported that the current level of demand is only half of recreational supply, with inventory assessed in January 2019 expected to meet demand for the next 6.5 years. Over 2,000 metric tons of unprocessed marijuana were harvested (roughly 4.4 million pounds) in the state during 2018, with a projection of nearly 4,000 metric tons if the state decides to approve all current pending producer applications. The analysis also estimated that regulated stores supply just over half of the marijuana in the state with about 45% of consumption occurring through means such as home cultivation, OMMP, and the illicit market.<sup>138</sup>

The massive volume of marijuana produced in the state, coupled with insufficient resources for monitoring compliance and the sale of surplus product on the black market, have encouraged prolific trafficking of product across state borders. According to recent analysis of national highway interdiction data, marijuana cultivated in Oregon has continued far-reaching distribution.<sup>139</sup> Product was largely destined for distribution points in the eastern half of the United States, with the highest quantities seized in Ohio, followed by Wisconsin, Florida, Georgia, and Texas (Figure 28). Oregon counties most identified as points of origin for marijuana trafficked to other states were Multnomah, followed by Jackson, Lane, and Josephine.<sup>140</sup>

Figure 28.



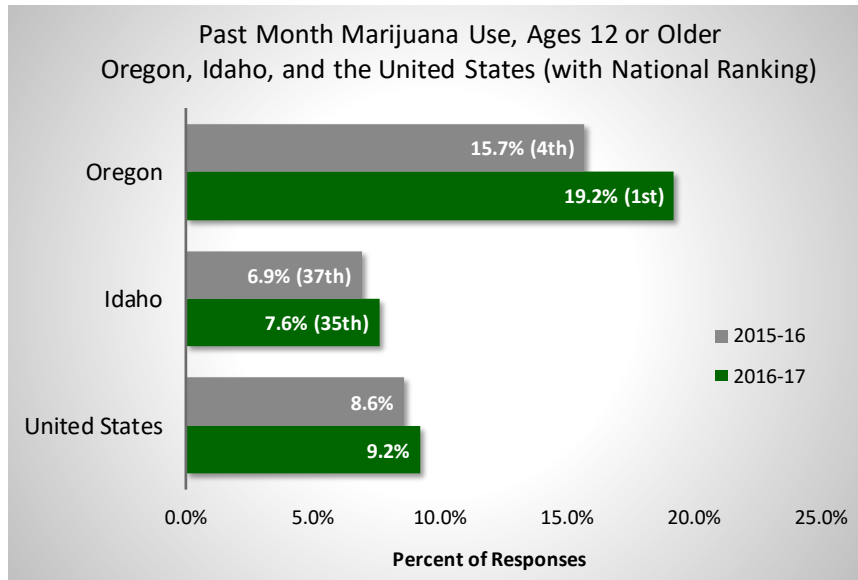
<sup>1</sup>Map displays seizure data based on subject admission.<sup>2</sup>Includes marijuana, hashish, THC oil, marijuana concentrates, and marijuana edibles. Excludes quantities reported as dosage units or “each.” Source: Domestic Highway Enforcement Report, EPIC, extracted 4/1/19.

Use

Reported past marijuana use by people 12 years or older has expanded in the United States.<sup>141</sup> In Oregon, marijuana use among residents remains high compared to other states. The latest national survey results show that in 2017, Oregon rose to 1st in the nation for past month marijuana use by people ages 12 or older (Figure 25).<sup>bb,142</sup>

Marijuana use across all age groups in the state was consistently well above the national average in 2017 with highest use reported for people between the ages of 18 and 25 years. Although past month marijuana use in Idaho ranked lower than most other states in 2017, use of the drug is common in the state, with most users ranging in age from 18 to 25 years (Figure 29).<sup>143</sup>

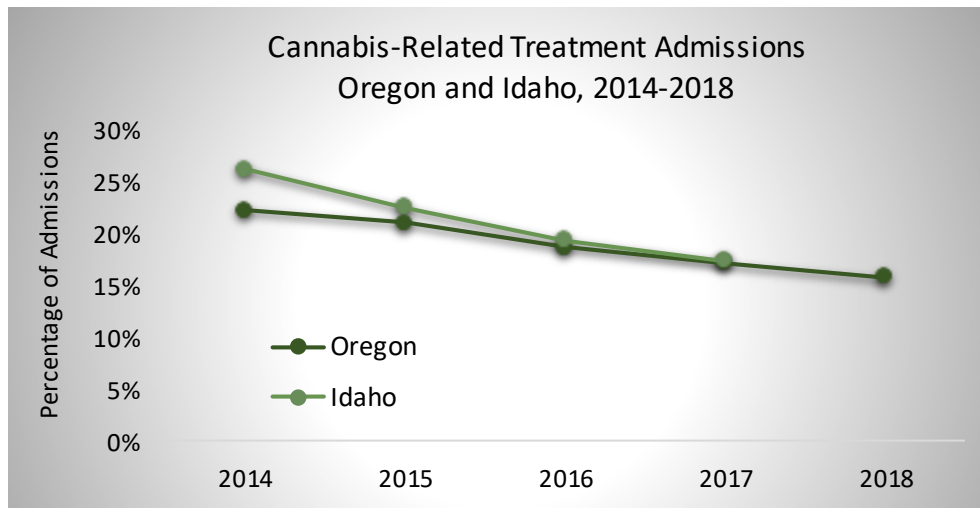
Figure 29.



Source: SAMHSA, National Survey on Drug Use and Health, 2015-2016 and 2016-2017.

Admissions for cannabis treatment in Oregon represented 16% (4,310) of total admissions in 2018.<sup>144</sup> Similarly, the number of admissions for marijuana treatment in Idaho fell well below the category of amphetamines and represented 17% of admissions in 2017 (332). (Figure 30; Appendix E).<sup>145</sup>

Figure 30.



Sources: Oregon Health Authority, Office of Health Analytics; SAMHSA, Treatment Episode Data Set (TEDS), Idaho.

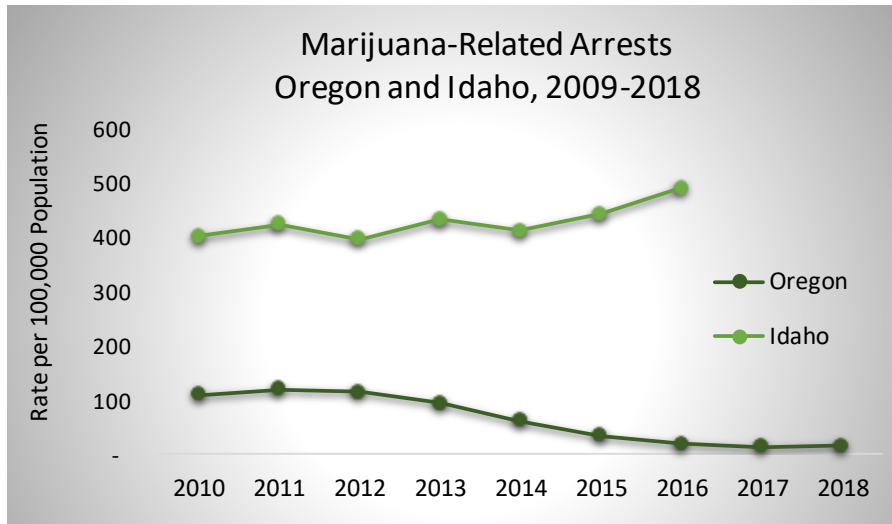
The arrest rate for marijuana has gradually declined in Oregon in the last five years, with the number of arrests falling 86% between 2011 (4,650) and 2018 (653) (Figure 31, page 32).<sup>146</sup> The decline in the arrest rate is due in large part to prioritization of law enforcement resources to focus 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. In contrast, data available

<sup>bb</sup> Based on participants' self-report of marijuana use in past month. States ranking higher in use in 2016 were Vermont, Alaska, and Colorado.

from Idaho show that in 2016 (8,238), marijuana arrests represented nearly 60% of all drug-related arrests,<sup>cc</sup> an increase of 44% since 2009 (5,706) (Figure 31).<sup>147</sup>

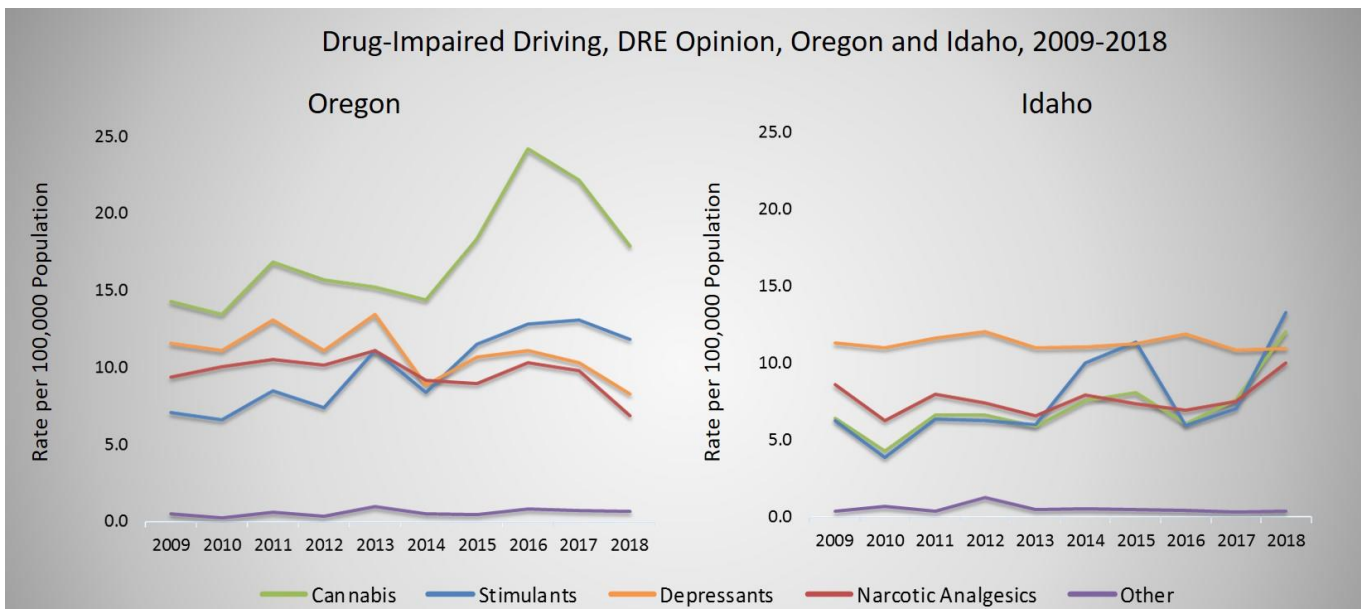
Figure 31.



Notes: Data for Idaho was only available through calendar year 2016. 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, recent analysis of drug-impaired driving in Oregon show that in the last decade (2009-2018), the single drug category most often identified through Drug Recognition Expert (DRE) opinion was cannabis (Figure 32).<sup>dd</sup> The number of cannabis-impaired driving evaluations in Oregon rose to a

Figure 32.



\*DRE = Drug Recognition Expert. Notes: 1) *Stimulants* include methamphetamine, cocaine, Adderall; *Depressants* include Valium, Prozac, Xanax; *Narcotic Analgesics* include heroin, oxycodone, Vicodin; *Other* includes hallucinogens, dissociative anesthetics, inhalants. 2) Drug categories are not mutually-exclusive with some DRE opinions indicating polydrug impairment. 3) Graph excludes alcohol-related cases and drivers impaired solely from health-related problems ("medical rule-outs"). 4) Idaho data are likely underreported due to inconsistent entry. Sources: Oregon State Police; Idaho State Police.

<sup>cc</sup> Includes arrests for cocaine, marijuana, heroin and methamphetamine.

<sup>dd</sup> Excludes alcohol-related cases and drivers impaired solely from health-related problems.

high in 2016, but dropped 24% between 2016 (991) and 2018 (750), likely due to budgetary and policy impacts shifting law enforcement response from traffic enforcement to calls for service.<sup>148</sup> In Idaho, the number of marijuana evaluations more than tripled between 2010 (67) and 2018 (211), but was lower than the number of stimulant-impaired driving evaluations in 2018 (233).<sup>149</sup>

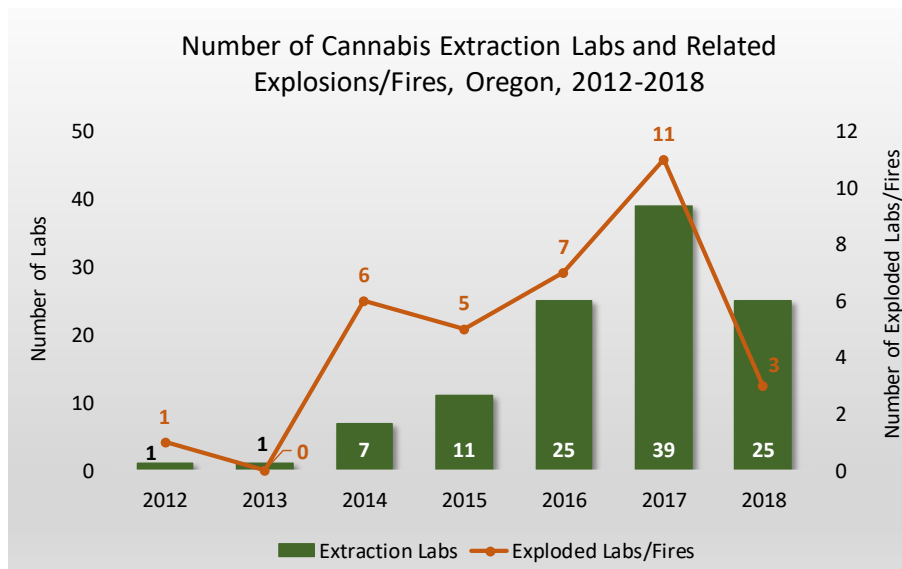
The potency of cannabis has become stronger in the last decade and is mainly due to the development of sophisticated growing techniques. The average percentage of THC samples of traditional leaf marijuana and cannabis extracts seized by the DEA has grown in the United States, with traditional marijuana averaging 11% THC and concentrated marijuana averaging 55.8%.<sup>150</sup> Higher potency has been linked to serious health risks to users, such as acute toxicity, mental impairment, including psychosis.<sup>151</sup> A study released in 2019 revealed that individuals who smoked high potency marijuana on a daily basis were 5 times more likely to be diagnosed with psychosis than those who abstained from using the drug.<sup>152</sup> In addition, casual use may also be detrimental to brain development. According to a 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.<sup>153</sup>

### Production

The vast majority of marijuana available in the HIDTA is produced locally through outdoor and indoor cultivation. A high volume of marijuana is cultivated in Oregon from outdoor methods on private property and in greenhouses. Growing conditions in Oregon’s Southern region are particularly favorable to growing marijuana, with experienced producers capable of producing multiple crops per growing season.

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% THC.<sup>154</sup> Production of cannabis extracts is expected to rise due to a process that involves little waste (stems, leaves, and bud are used), concealment advantages of moving a smaller bulk commodity, and the appeal of products that have strong psychoactive effects. Public safety hazards also exist during the THC extraction process. Highly volatile solvents, such as butane and isopropyl alcohol, are often used in the extraction process where harmful vapors are released and produce a potentially explosive fuel-air mixture that can be ignited by an open flame, spark or static discharge. Between 2012 and 2018, over 100 cannabis extraction labs were reported seized in Oregon, reaching a high of 39 labs in 2017 (Figure 33).<sup>155</sup> Over 30 major explosions or fires related to the production of THC extracts occurred in Oregon between 2012 and 2018, mostly in the HIDTA.<sup>156</sup>

Figure 33.



Highly volatile solvents, such as butane and isopropyl alcohol, are often used in the extraction process where harmful vapors are released and produce a potentially explosive fuel-air mixture that can be ignited by an open flame, spark or static discharge. Between 2012 and 2018, over 100 cannabis extraction labs were reported seized in Oregon, reaching a high of 39 labs in 2017 (Figure 33).<sup>155</sup> Over 30 major explosions or fires related to the production of THC extracts occurred in Oregon between 2012 and 2018, mostly in the HIDTA.<sup>156</sup>

Source: Oregon Department of Justice.

Analysis indicates concerning trends related to higher incidence and treatment costs of burn victims from cannabis extraction labs. The cost and rate of cannabis extraction burn victims increased since legalization; 87 victims were treated between 2015 and 2017 alone with over \$15 million in total treatment costs since 2013.<sup>157</sup>

### *Transportation*

Marijuana either grown illegally or diverted from medical and recreational cultivation in Oregon, is transported to markets within the region by local DTOs or transported across state borders by multi-state DTOs. The majority of marijuana grown locally is trafficked mainly through the highway system, but also through parcel post and ground freight.

A potential vulnerability is the passage of the Agriculture Improvement Act of 2018<sup>ee</sup>, which defined hemp as an agricultural commodity and removed it from the list of federally controlled substances.<sup>158</sup> Hemp is a distinct strain of cannabis that has low concentrations of THC<sup>ff</sup> and high concentrations of the non-psychoactive compound cannabidiol (CBD). The plant is grown as a seed or fiber and is used in the production of a variety of industrial and consumer products.<sup>159</sup>

Interstate transportation of the product, now legal, is complicated by the fact that the only way to distinguish hemp from marijuana -- which have the same appearance and smell -- is to measure the level of THC through field testing. However, related field testing capability is currently problematic. Drug-detection dogs alert equally on hemp and marijuana and existing field tests are not sensitive enough to determine whether a shipment is legal hemp or low-grade illegal cannabis. This ambiguity may encourage marijuana traffickers to disguise illegal marijuana as hemp as a strategy to avoid law enforcement detection. The U.S. hemp market is expected to triple in the next several years, with over half of the sales tied to the rising demand for CBD, which is perceived by users to have therapeutic benefit.<sup>160</sup>

### *Intelligence Gaps*

- Volume of marijuana produced outside of the legal market in Oregon
- Size and scope of the illicit marijuana economy as it relates to overproduction
- Volume of marijuana diverted from the legal market to destinations outside of Oregon
- Extent to which marijuana traffickers exploit the industrial hemp industry as a strategy to avoid law enforcement detection

#### *Marijuana Investigations*

In April 2019, the Oregon State Police, in cooperation with local and federal law enforcement, concluded an investigation into the black market exportation of marijuana to several Midwestern states. Over 14,000 unlicensed marijuana plants and more than \$557,000 in cash were seized during a search warrant at a cultivation site near Medford, Oregon. If fully processed, the marijuana plants would have carried an estimated street value of \$15 million. The search warrant also resulted in 312 pounds of marijuana extract, 6,000 cartridges of BHO extract, 1,000 pounds of psilocybin mushrooms, and 29 firearms.

*OSP News Releases, 4/25/19*

In October 2018, the Central Oregon Drug Enforcement (CODE) team served search warrants at four locations in Deschutes County, Oregon that were the focus of a long-term investigation into the illegal production and sale of marijuana destined for Florida. Seizure totals from the search warrants yielded over 7,900 marijuana plants, more than 300 pounds of dried marijuana, 72 pounds of BHO extract, 3 BHO concentrate labs, and 22 firearms.

*HIDTA Times, 4<sup>th</sup> Quarter 2018*

<sup>ee</sup> The Agriculture Improvement Act was passed into law on 12/20/2018.

<sup>ff</sup> The threshold level of allowable THC for hemp is at or below 0.3%.

## 6. 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.

### 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.<sup>161</sup>

Nearly half (46%) of officers surveyed in 2019 indicated that a moderate level of powder cocaine was available in their area in the last year. Prevalence of crack cocaine was most concentrated in Oregon’s Portland Metropolitan area, but also available in the state’s southern region and in Bannock County, Idaho.<sup>162</sup> Cocaine prices in the HIDTA varied depending on the region in 2018. Price per pound rose in Oregon’s Southern (+42%) and Portland Metro (+15%) regions and in Idaho (+30%), but dropped in Oregon’s Eastern region (-20%).<sup>163</sup>

While expanded cocaine production in source countries has not yet manifested as conclusively higher availability or use in the HIDTA, there are some signs of expansion in indicators such as HIDTA task force seizures and in rates of use, arrests, and deaths.

While volume of cocaine seized by HIDTA task force seizures has varied widely in the last decade, the number of seizures has recently increased, rising 69% between 2015 (106) and 2017 (179), before dropping in 2018 (141) (Figure 34). Additionally, the percentage of cocaine samples submitted for forensic analysis in Oregon and Idaho remained low compared to other major drugs in 2018, but

**Figure 34.**

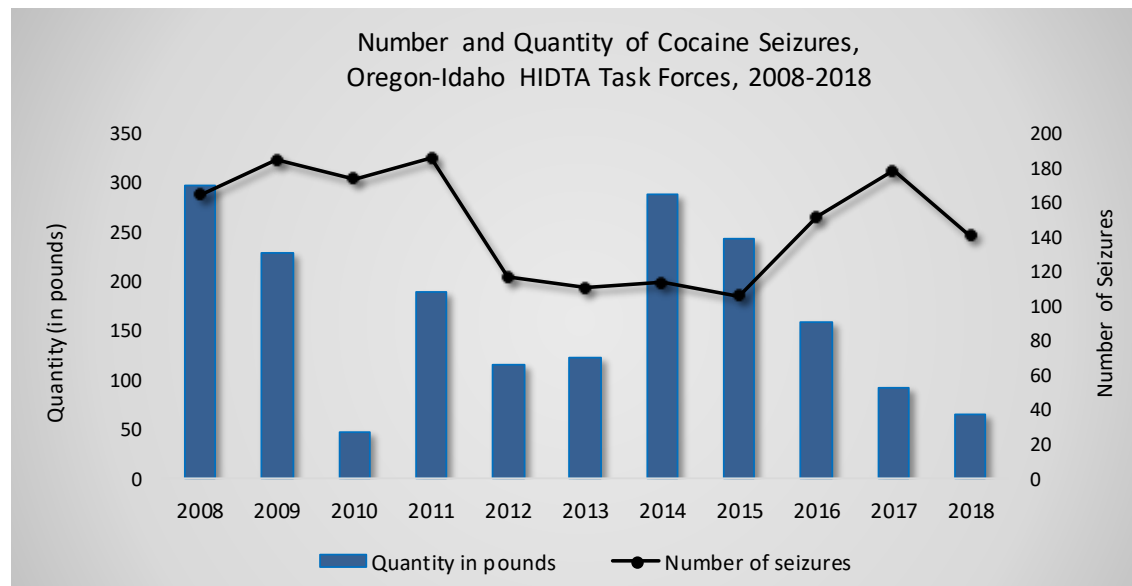
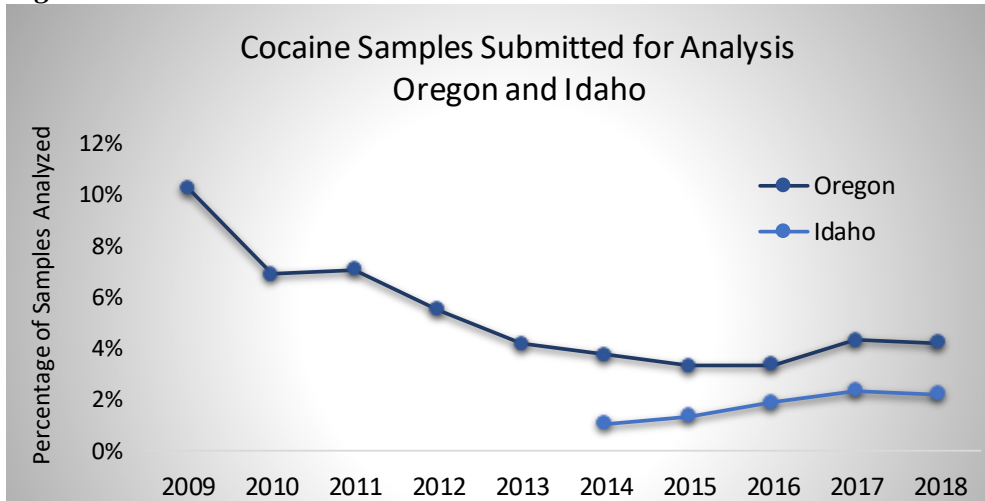


Table data includes powder and crack cocaine. Source: HIDTA Performance Management Process database, 4/4/19.

reflected a slight rise in proportion analyzed since 2014 (Figure 35).<sup>eg.164</sup> In addition, one-third (33%) of officers surveyed in 2019 indicated that trafficking groups active in their area added cocaine to their supply in the last year.<sup>165</sup>

Figure 35.

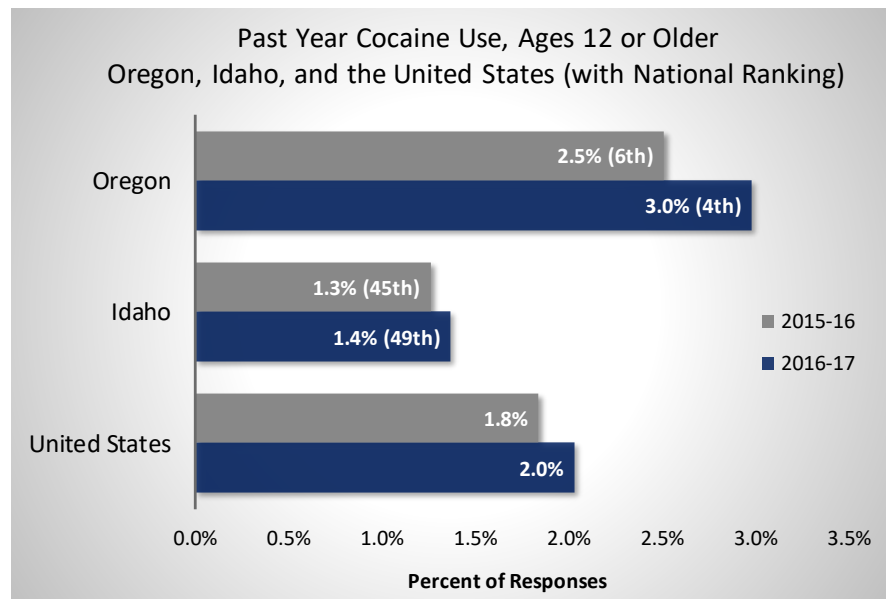


Notes: 1) Percentages based on total drug samples analyzed; 2) Comprehensive data for Idaho was not available prior to 2014. Source: OSP Forensic Services Division, data request, 2/11/19; ISP Forensic Services, data request, 3/10/19.

### Use

According to national survey results, the percentage of people ages 12 or older using cocaine in the past year showed a slight, but statistically significant,<sup>hh</sup> increase between the study periods 2015-2016 (1.8%) and 2016-2017 (2.0%) (Figure 36).<sup>166</sup> Oregon echoed national trends with a small, yet statistically significant,<sup>ii</sup> rise in use rates between 2015-2016 (2.5%) and 2016-2017 (3.0%). While cocaine use in Idaho remained below the national average in 2016-2017 (49<sup>th</sup>), Oregon showed a marked change from 6<sup>th</sup> nationally in 2015-2016 to 4<sup>th</sup> nationally in 2016-2017.<sup>167</sup>

Figure 36.



Source: SAMHSA, National Survey on Drug Use and Health, 2015-2016 and 2016-2017.

<sup>eg</sup> Cocaine volume was high in 2014 and 2015 due to several large seizures which comprised over 70% of the calendar year totals.

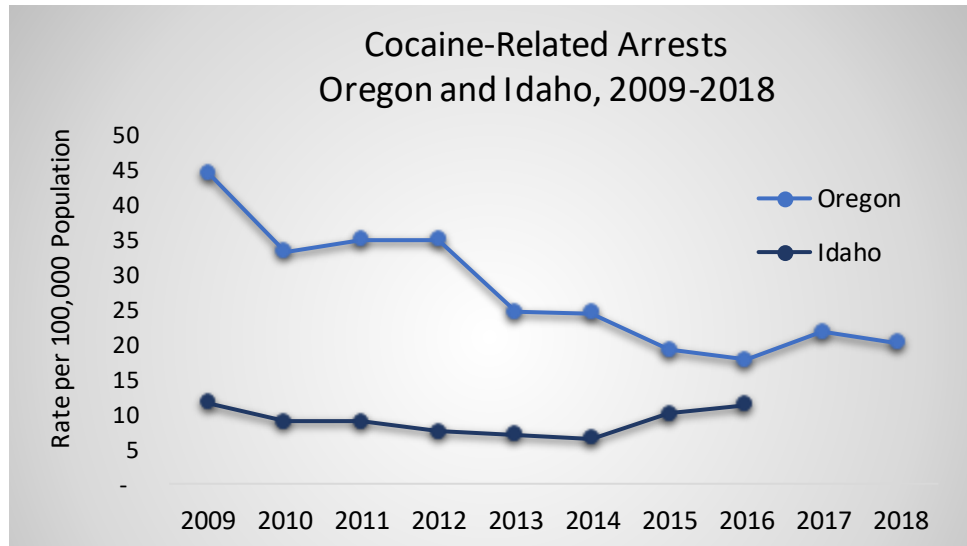
<sup>hh</sup> Statistically significant at the 0.001 level.

<sup>ii</sup> Statistically significant at the 0.05 level.



Admissions to treatment for cocaine reflected the smallest percentage (1%) of total substance abuse admissions for major illicit drug categories in Idaho in 2017.<sup>168</sup> Only 11 admissions for cocaine use were reported in 2017, a drop from 22 in 2016 (Appendix E).<sup>169</sup> Treatment admissions tied to cocaine use in Oregon were not available as a distinct drug type because of the low number of admissions in the category.<sup>170,171</sup>

Figure 37.

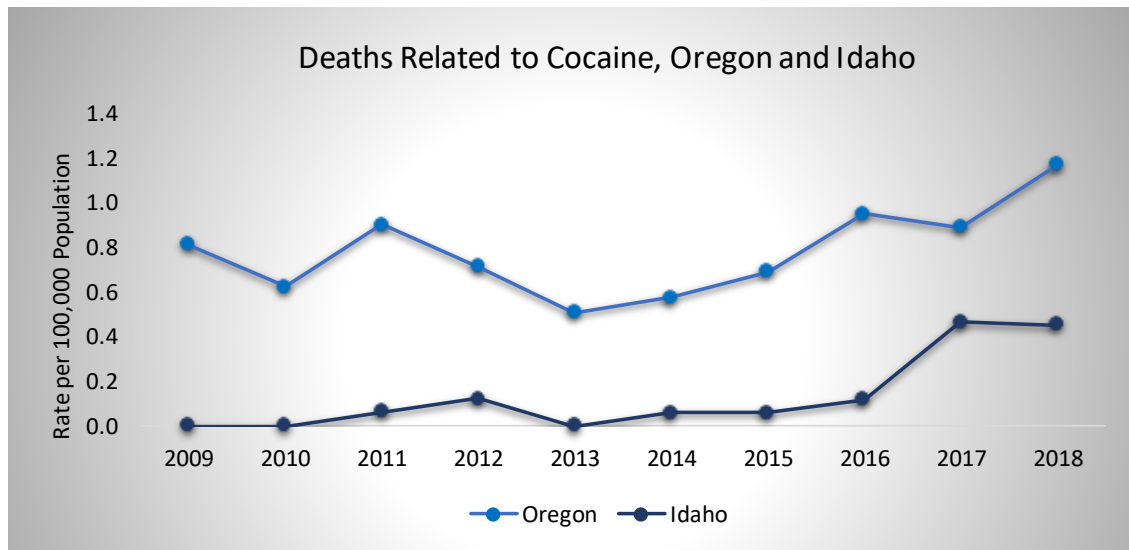


Notes: Data for Idaho was only available through calendar year 2016. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

In addition, rate of arrest has increased in the region, with the number of cocaine arrests in Oregon growing 16% between 2016 (727) and 2018 (844) and Idaho counts rising 78% between 2014 (106) and 2016 (189), the most recent data available (Figure 37).

Fatalities associated with cocaine use are lower than other major illicit drugs in Oregon. The latest figures show that the rate of cocaine deaths has increased since 2013, with the number of deaths more than doubling between 2013 (20) and 2018 (49).<sup>172</sup> In Idaho, the rate of deaths tied to cocaine use remains comparatively low – an average of 1 death per year was recorded in the state between 2011 and 2016. However, the number of cocaine-induced deaths climbed to 8 each in 2017 and 2018 (Figure 38).<sup>173</sup>

Figure 38.

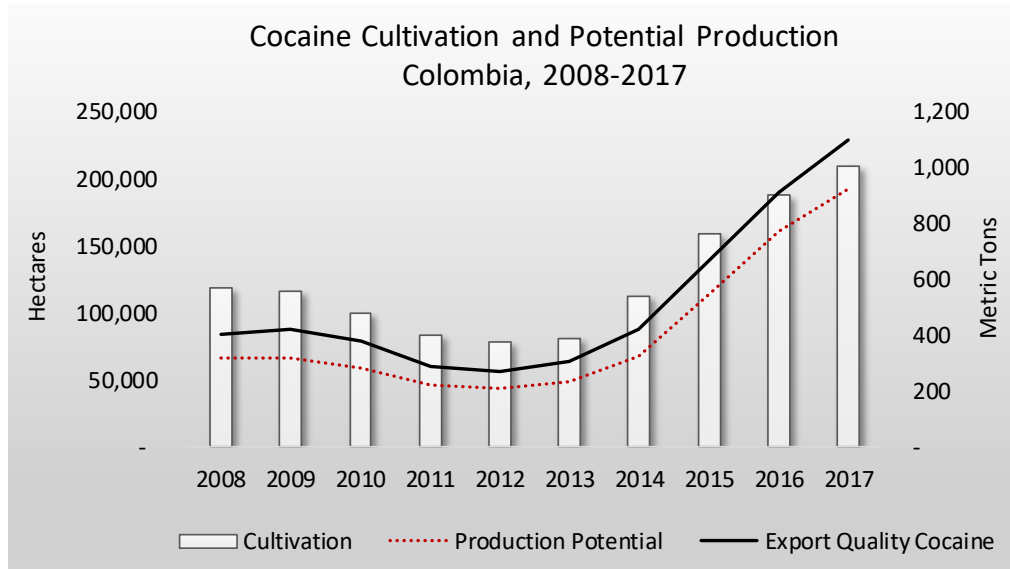


Notes: 1) Rate includes deaths due to suicide, natural causes, accidents, and criminal or undetermined intent; 2) Deaths tied to specific drug categories are underreported in Idaho because drug type is not required reporting. Sources: Oregon Health Authority; Idaho Department of Health and Welfare.

## Production

The majority of the world's cocaine supply is cultivated and produced in Colombia, and is the origin of over 90% of the cocaine seized in the United States.<sup>174</sup> According to federal estimates, coca plant cultivation and pure cocaine production in Colombia have grown substantially since 2012. The latest estimates show that cultivation was more than twice as high in 2017 when compared to 2012, with potential production and export quality product more than 4 times as high as estimates reported in 2012 (Figure 39).<sup>175,176</sup>

**Figure 39.**



Sources: Office of National Drug Control Policy, June 2018; 2018 National Drug Threat Assessment, Drug Enforcement Administration.

## Transportation

Mexican DTOs control the transportation of powder cocaine into and through the HIDTA. These groups transport the drug from Mexico, California, and southwestern states to and through the HIDTA. Multi-state and local DTOs also transport cocaine in the region, but to a smaller extent.

Most cocaine in the area is transported overland from Mexico, California, and southwestern states by private and commercial vehicles via Interstates 5, 84, and 15 as well as U.S. Highways 97 and 395. DTOs also transport cocaine through use of couriers on commercial airlines and trains and through package delivery services. Crack cocaine that is not converted from powder cocaine at or near distribution points in the HIDTA is often transported from California.

## Intelligence Gaps

- Rate of treatment admissions for cocaine in Oregon since 2015
- Prevalence of cocaine trafficking in rural areas in Oregon and in Idaho
- Relationship between the rise in cocaine availability and increased cocaine-related deaths in the region

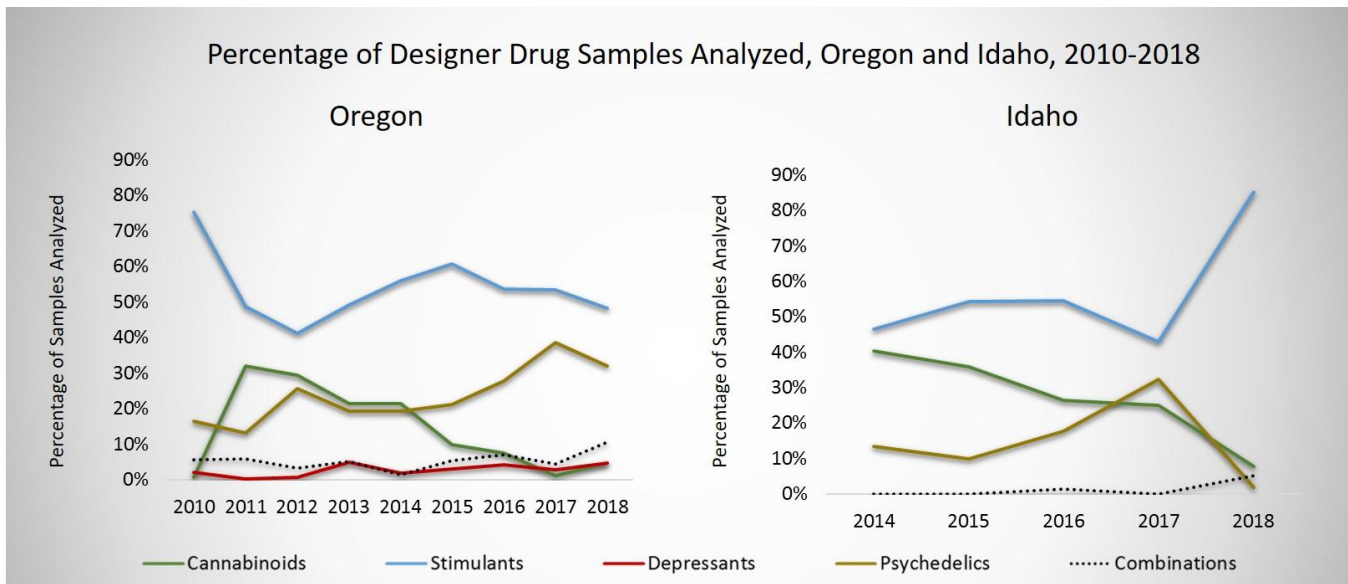
## 7. Other Dangerous Drugs

A number of other illicit drugs, including designer drugs and plant-based hallucinogens, are available in the HIDTA. “Designer drugs” belong to a group of clandestinely manufactured substances which are deliberately created, or “designed,” to mimic other drugs of abuse, but with a slightly modified chemical structure. Manufacturers frequently alter the chemical compositions of these substances as a way to circumvent government bans<sup>jj</sup> 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. In addition, psilocybin mushrooms are available in the HIDTA and are generally used by teenagers and young adults at social gatherings in urban areas and on college campuses.

### Availability and Use

Law enforcement officers surveyed in 2019 reported a low level of designer drugs, mostly stimulants (e.g., MDMA) and synthetic hallucinogens (e.g., LSD, DMT), were available in Oregon and Idaho in 2018.<sup>177</sup> Forensic samples analyzed in Oregon reveal that the highest proportion of designer drugs analyzed in 2018 was the category of stimulants, followed by psychedelics, combinations, depressants, and cannabinoids.<sup>178</sup> Similarly, in Idaho, designer drug samples submitted were highest for stimulants, followed by cannabinoids, combinations, and psychedelics. (Figure 40).<sup>179</sup>

Figure 40.



Notes: 1) *Designer cannabinoids* includes various chemical analogs; *Designer stimulants* include MDMA, MDA, BZP, bath salts; *Designer depressants* includes GLB, GHB, 1,4-Butanediol; *Designer psychedelics* includes DMT, LSD, 25B-NBOMe, 2-CB, 5-MeO-DiPT (Foxy); *Designer Combinations* includes designer drugs that are mixed with other drugs such as heroin, methamphetamine, cocaine, marijuana, fentanyl, or prescription drugs. 2) Complete data for Idaho was not available prior to 2014. 3) Idaho reported no samples analyzed for the category *Designer Depressants* between 2014 and 2018. Sources: Oregon State Police Forensic Services Division, 2/11/19; Idaho State Police Forensic Services, 3/10/19.

MDMA, a common designer 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

<sup>jj</sup> 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.

private parties. Over 190 pounds of MDMA were reported seized by HIDTA task forces between 2014 and 2018, primarily in Oregon's Portland Metropolitan and Southern regions.<sup>180</sup>

Psychedelic designer 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 2014 and 2018, Oregon-Idaho HIDTA task forces seized approximately 4 pounds of DMT and 15 pounds DMT precursor materials, mostly from Oregon's Southern region.<sup>181</sup>

Designer cathinones<sup>kk</sup> 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 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.<sup>182</sup> Roughly 3.5 pounds of synthetic cathinones were reported by HIDTA task forces from 2014 through 2018, mainly in Idaho's Ada and Canyon counties and in Oregon's Portland Metropolitan region.<sup>183</sup>

Another designer drug 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.<sup>ll</sup> Users have reported experiencing paranoia, hallucinations, and extreme anxiety.<sup>184</sup> While recent seizures of synthetic cannabinoids in Oregon and Idaho have been documented through state forensic lab data, HIDTA task forces reported only 3 seizures in the last 5 years totaling about 3 ounces.<sup>185</sup>

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. Approximately 87 pounds of psilocybin were seized by HIDTA task forces between 2014 and 2018, mostly in Oregon's Southern and Portland Metro regions.<sup>186</sup>

## ***Production***

DMT is produced to a limited extent in the HIDTA. 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). No DMT labs were seized in Oregon in 2017 or 2018.<sup>187</sup> To date, no DMT labs have been seized in Idaho (Appendix H).<sup>188</sup>

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<sup>kk</sup> MDPV (3,4-methylenedioxypropylvalerone), mephedrone, methcathinone.

<sup>ll</sup> A store specializing in paraphernalia used for consumption of recreational drugs.

Law enforcement reporting indicates that MDMA is rarely manufactured in the Oregon-Idaho HIDTA but is commonly imported from Canada.<sup>189</sup> Between 2013 and 2015, a total of 3 MDMA labs were reported seized in the Oregon counties of Deschutes, Lincoln, and Multnomah. No MDMA labs were seized between 2016 and 2018.<sup>190</sup> To date, no MDMA labs have been seized in Idaho (Appendix I).<sup>191</sup>

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 that are not produced locally in the HIDTA are manufactured in other countries, commonly China, and distributed in the HIDTA at retail outlets, such as gas stations and convenience stores.<sup>192</sup> These substances are also shipped into the region through private vehicles and parcel delivery services.<sup>193</sup>

### Intelligence Gaps

- Extent to which users in the region obtain designer drugs from criminal trafficking groups or from internet sources
- Degree to which criminal trafficking organizations in the region acquire and distribute synthetic drugs through internet sites such as online classifieds or the dark web
- Extent to which synthetic drugs are produced in the region

## V. DRUG TRAFFICKING ORGANIZATIONS

### Overview

Criminal organizations 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. Internationally-based Mexican DTOs present the greatest criminal drug threat to the region, followed by multi-state DTOs, and local DTOs. HIDTA task forces identified 61 DTOs during 2018, with the majority of investigations focused on larger-scale organizations with a multi-state scope (Table 5).

Table 5.

DTO Threat by Operational Scope - Newly Identified DTOs in 2018						
DTO Threat Ranking	Total Identified	Total Members (Leaders)	Drugs Trafficked	Violent	Gang-Related	Polydrug
1) International DTOs	8	52 (8)	Ice, heroin, fentanyl, cocaine, marijuana	1	0	5
2) Multi-State DTOs	31	199 (34)	Ice, heroin, cocaine, marijuana, marijuana plants (indoor and outdoor), liquid THC, THC resin, fentanyl, prescription drugs	2	1	10
3) Local DTOs	22	161 (26)	Ice, heroin, cocaine, marijuana, THC liquid	1	2	8

Source: HIDTA Performance Management Process database. Accessed 5/6/19.

## 1. International Drug Trafficking Organizations

International DTOs<sup>mmm</sup>, specifically, trafficking organizations connected to Mexico, either directly or through allied trafficking and distribution cells, represent the greatest criminal drug threat to the HIDTA based on an analytical assessment of task force and law enforcement survey data. These criminal organizations control the transportation and distribution of crystal methamphetamine, heroin, and cocaine in the region.

A total of 20 international DTOs were under investigation by HIDTA task forces in 2018, with 8 DTOs newly identified during the year (Table 6).

### Affiliation and Membership

Most international DTOs identified in 2018 were comprised of people with Hispanic ethnicity (7); 1 was Caucasian. Total membership of identified international DTOs was 52, with 44 members<sup>nn</sup> and 8 leaders<sup>oo</sup> (Table 6).

Law enforcement survey results from 2019 show that 7% of officers surveyed<sup>pp</sup> indicated international DTOs, specifically organizations tied to Mexico, as the primary drug trafficking threat to their area. Most officers reported that Mexican DTO membership was based on ties to Mexico (79%), were often familial (63%), and were directly connected to criminal organizations based in Mexico (67%) (Figure 41, page 43).<sup>194</sup>

### Activities and Methods

Half of the international DTOs under investigation by HIDTA task forces were polydrug organizations (10), 6 of which trafficked crystal methamphetamine and heroin and 4 that trafficked various combinations of methamphetamine, heroin, cocaine, cannabis, and/or fentanyl. Single drug DTOs with an international scope were largely involved in trafficking methamphetamine (9) with 1 DTO that trafficked in heroin. Of the 8 international DTOs identified in 2018, 5 trafficked polydrugs, including various combinations of crystal methamphetamine, heroin, cocaine, cannabis, and fentanyl (Table 6).<sup>195</sup>

**Table 6.**

International DTOs, Oregon-Idaho HIDTA		
	Newly Identified in 2018	Under Investigation in 2018*
<b>Characteristics</b>		
Total International DTOs	8	20
<b>Local Area Ethnicity/Nationality</b>		
Hispanic	4	12
Mexican/Mexican American	3	5
Caucasian	1	1
Middle Eastern	0	1
Caucasian/Hispanic	0	1
Total Members (Leaders)	52 (8)	125 (22)
Average DTO Size	6.5	6.3
Multi-Ethnic Total	0	1
Gang-Related	0	0
Violent	1	1
Polydrug	5	10
Money Laundering Activities	0	0
<b>Federal Case Designations</b>		
CPOT	0	0
PTO	2	3
OCDEF	3	5

\*Includes open cases identified prior to 2018. Source: HIDTA Performance Management Process database, 5/6/19.

<sup>mmm</sup> An international DTO is an organization, or identifiable cell of an organization, that regularly conducts illegal drug trafficking in more than one country, or that is based in one country and conducts or coordinates illegal activities in another.

<sup>nn</sup> The HIDTA defines a "member" as an individual who is part of a DTO organization and who takes direction from the organization's leader(s) to facilitate or carry out the organization's activities.

<sup>oo</sup> The HIDTA defines a "leader" as an individual who directs the operation of the DTO under investigation. The leader may be the head of an entire DTO or the leader of a DTO cell.

<sup>pp</sup> Based on survey responses from agencies that investigated DTOs in the last two years.

More than 60% of officers surveyed reported international DTOs used violence or intimidation to further operations, with a small percentage of the organizations involving criminal street gangs in drug distribution or sales (8%). Over 40% of officers surveyed indicated that criminal street gangs in their area have a moderate to high level of involvement with Mexican DTOs, mainly in street level distribution. In addition, officers surveyed also reported that international DTOs used social media (50%), new technologies, such as encrypted phones, apps, or computers (46%), and the dark web (13%) to facilitate drug operations and sales in the region. Nearly 60% of officers surveyed indicated that Mexican DTO members launder drug proceeds through legitimate businesses, such as restaurants, family-operated convenience stores, and nightclubs (Figure 41).<sup>196</sup>

*International DTO - Case Highlight*

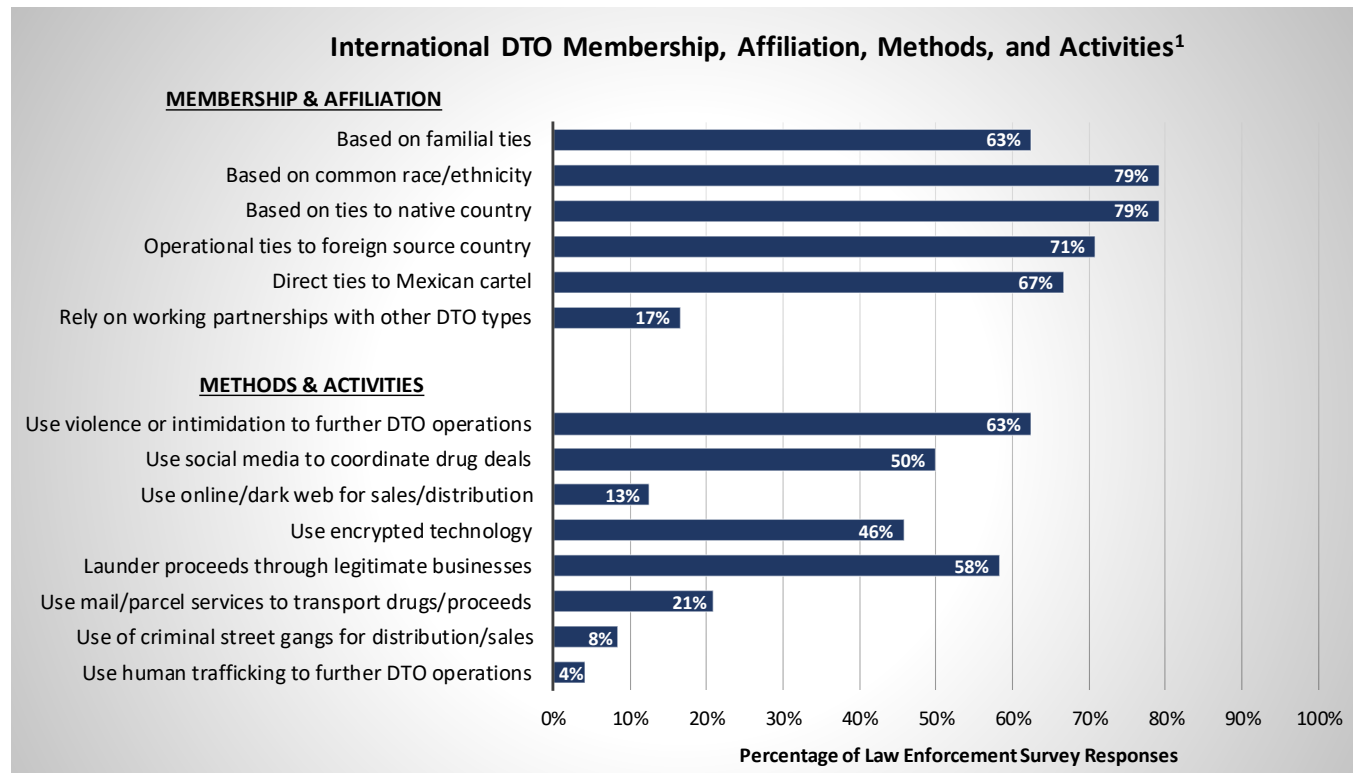
In February 2019, a long-term investigation into a large DTO that trafficked methamphetamine and heroin into the Treasure Valley, Idaho area resulted in the federal conviction of a Boise, Idaho resident. Investigation revealed that DTO leadership based in Mexico was involved in the importation of hundreds of pounds of methamphetamine and heroin into the United States. Members of the DTO transported methamphetamine and heroin through California and Nevada to Idaho where the Boise resident then coordinated distribution of the product in the Treasure Valley area.

The joint investigation included the DEA, Ada County Sheriff's Office, Boise Police Department, and Meridian Police Department and resulted in 12 arrests, nearly 17 pounds of methamphetamine, 7 ounces of heroin, and \$156,000 in asset seizures.

*DEA – Boise Resident Office, 4/30/19*

Mexican DTOs in the HIDTA employ a variety of methods to transport methamphetamine, heroin, and cocaine into and through the region, such as private and commercial vehicles, trains, and mail/parcel delivery services to a lesser extent. Mexican DTOs are also the primary wholesale distributors of crystal

Figure 41.



<sup>1</sup>Based on officers who responded "Yes" to the question "Has your agency investigated any DTOs in the last two years?" (n=20). Source: 2019 Oregon-Idaho HIDTA Drug Threat Survey.

methamphetamine, heroin, and powder cocaine in the HIDTA. These organizations coordinate with multi-state and local DTOs, independent dealers, and criminal street gangs to facilitate retail level distribution in and through the HIDTA. Mexican DTOs also distribute retail quantities of crystal methamphetamine and heroin through direct exchange and through social networking sites.<sup>197</sup>

### Intelligence Gaps

- Extent to which Mexican DTOs have increased the supply of cocaine into the region
- Degree to which Mexican DTOs are trafficking synthetic opioids, such as fentanyl and fentanyl analogues, into the region
- Extent to which violence or intimidation is used to further Mexican DTO operations in the region

## 2. Multi-State Drug Trafficking Organizations

Based on HIDTA task force reporting and law enforcement survey results, multi-state DTOs<sup>99</sup> represent the second most serious criminal drug threat in the region.<sup>198,199</sup> These criminal organizations are involved in the transportation and distribution of crystal methamphetamine, heroin, and cocaine, and to a lesser extent, marijuana, pharmaceutical drugs, and fentanyl.

A total of 53 multi-state DTOs were under investigation by HIDTA task forces in 2018, with 31 DTOs newly identified during the year (Table 7).

### Affiliation and Membership

Multi-state DTOs identified in 2018 were mostly comprised of people with Hispanic ethnicity (13) or Caucasian ethnicity (10). Of the multi-state DTOs identified, 3 were multi-ethnic, 1 was gang-related, and 2 were characterized as violent. Total membership of identified multi-state DTOs was 199, with 165 members and 34 leaders (Table 7).

Roughly half of officers surveyed who investigated multi-state DTOs in the last

Table 7.

Multi-State DTOs, Oregon-Idaho HIDTA		
	Newly Identified in 2018	Under Investigation in 2018*
<b>Characteristics</b>		
Total Multi-State DTOs	31	53
<b>Local Area Characteristics</b>		
African-American	3	6
Armenian	1	1
Caucasian	10	13
Chinese	0	1
Hispanic	6	17
Hmong	1	1
Mexican/Mexican National	7	7
Caucasian/Hispanic	1	2
Cuban/Mexican	0	1
Hispanic/Italian	1	1
Hispanic/Native American	0	1
Multi-Ethnic	1	1
Unknown	0	1
Total Members (Leaders)	199 (34)	357 (62)
Average DTO Size	6.4	6.7
Multi-Ethnic Total	3	6
Gang-Related	1	4
Violent	2	7
Polydrug	10	19
Money Laundering Activities	0	0
<b>Federal Case Designations</b>		
CPOT	0	1
PTO	2	2
OCDETF	3	5

\*Includes open cases identified prior to 2018. Source: HIDTA Performance Management Process database, 5/6/19.

<sup>99</sup> A multi-state DTO is an organization that regularly carries out illegal drug trafficking activities in more than one state. A DTO is not considered to be multi-state if it conducts activities within a single metropolitan area, even if that area includes parts of more than one state.



two years indicated that organizational membership was based on shared race or ethnicity (54%), with 43% reporting that DTO membership was centered on familial ties. About 25% of survey respondents indicated that multi-state DTOs investigated had direct connections to criminal organizations in Mexico (Figure 42, page 46).<sup>200</sup>

### *Activities and Methods*

Approximately 36% of multi-state DTOs under investigation in 2018 were polydrug organizations (19), 10 of which trafficked methamphetamine and heroin and 9 DTOs that trafficked various combinations of methamphetamine, heroin, cocaine, cannabis, prescription drugs, and fentanyl.

Single drug DTOs with a multi-state scope mainly trafficked cannabis (15), followed by crystal methamphetamine (11), heroin (5), cocaine (2), and fentanyl (1). Of multi-state DTOs newly identified in 2018, roughly one-third trafficked polydrugs (10), 6 of which trafficked heroin and methamphetamine and 4 that trafficked different combinations of heroin, methamphetamine, cocaine, marijuana, fentanyl, and/or prescription drugs (Table 7, page 44).<sup>201</sup> HIDTA task force reporting indicates many of these DTOs cultivate business relationships with Mexican criminal groups as sources of supply for crystal methamphetamine, heroin, and cocaine.

Nearly 40% of officers surveyed reported that multi-state DTOs used violence or intimidation to further operations, with a smaller percentage indicating organizations involved criminal street gangs in drug distribution or sales (14%). Half of survey respondents (50%) stated that multi-state DTOs laundered proceeds through legitimate businesses such as restaurants, hardware stores, and car lots. Slightly fewer officers surveyed reported social media (39%) and new technologies, such as encrypted phones, apps, or computers (29%), were methods used by multi-state DTOs to facilitate operations in the region (Figure 42, page 46).<sup>202</sup>

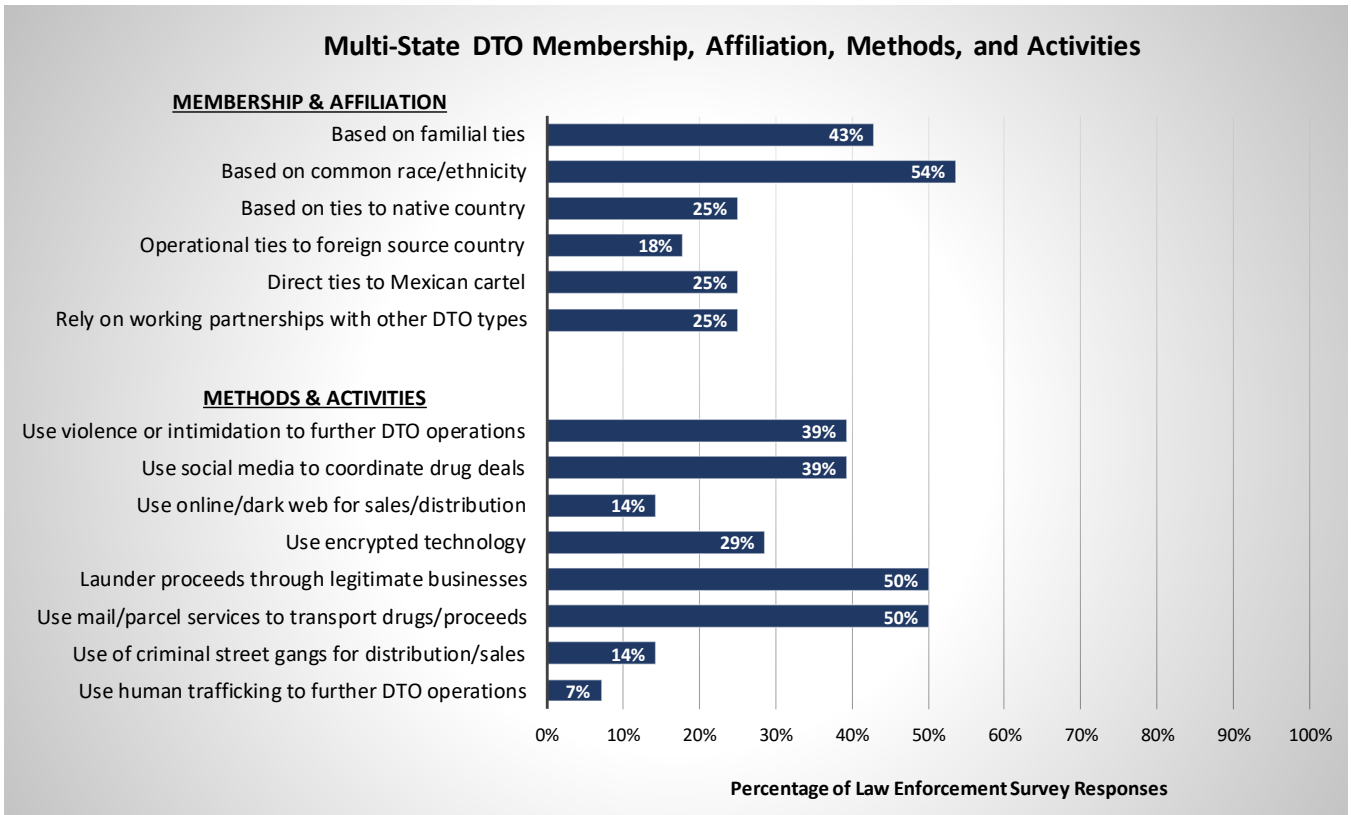
HIDTA task forces identified 10 marijuana trafficking operations in 2018 that were involved in cultivating, trafficking and/or distributing wholesale quantities of marijuana grown locally to other states, including, but not limited to, Illinois, Massachusetts, South Carolina, Florida, and Wisconsin. These DTOs were based in the Oregon counties of Deschutes (7), Benton (1), Douglas (1), and Lane (1). In addition, law enforcement in Southern Oregon reported an increasing trend of real estate purchases from private investors who rent or lease properties to growers.<sup>203</sup>

### *Multi-State DTO - Case Highlight*

In January 2017, detectives with the Blue Mountain Enforcement Narcotics Team (BENT) began an investigation into a multi-state DTO that regularly transported multi-kilogram quantities of methamphetamine to Oregon's northeastern region, including the counties of Umatilla, Morrow, Baker, and Union. In May 2018, information obtained from traffic stops on I-84 led to a search warrant on two storage units in Medford, Oregon that resulted in confiscation of over 4 pounds of heroin, 1.6 pounds of methamphetamine, and 10 firearms. A second search warrant was served at a residence in Weston, Oregon that yielded 1.8 ounces of methamphetamine, a small amount of cocaine, marijuana extract, firearms, and ammunition. A third federal search warrant was served at the residence of the DTO leader in Boardman, Oregon where 30 firearms were seized, including semi-automatic assault rifles, shotguns, modified shotguns (short barrel), hand guns, and ammunition.

*HIDTA Times, 2<sup>nd</sup> Quarter 2018*

Figure 42.



Source: 2019 Oregon-Idaho HIDTA Drug Threat Survey.

### Intelligence Gaps

- Extent to which social media and internet-based applications are used to advance the trafficking operations of multi-state DTOs
- Level of involvement of multi-state DTOs in the transportation of marijuana produced locally in Oregon to distribution points in other states
- Level of involvement of multi-state DTOs in mid-level transportation of synthetic opioids, such as fentanyl or fentanyl analogues, in the HIDTA

### 3. Local Drug Trafficking Organizations

Based on HIDTA task force reporting and law enforcement survey data, local DTOs<sup>rr</sup> pose the third highest criminal drug threat in Oregon and Idaho.<sup>204,205</sup>

Local DTOs transport and distribute crystal methamphetamine and heroin, and to a lesser extent, cocaine, marijuana, and pharmaceutical drugs in the region.

A total of 28 local DTOs were under investigation by HIDTA task forces in 2018, with 22 DTOs newly identified during the year (Table 8).<sup>206</sup>

#### *Affiliation and Membership*

Local DTOs identified during 2018 were mainly comprised of people with Caucasian (13) or Hispanic (7) ethnicity. Of local DTOs identified, 2 were multi-ethnic, 2 were gang-related, and 1 was characterized as violent. Total membership of identified local DTOs was 161, with 135 members and 26 leaders (Table 8).

Nearly 40% of officers surveyed indicated that local DTO membership was based on familial ties (38%), with 31% reporting membership based on common race or ethnicity. A small percentage of officers indicated local DTOs relied on working partnerships with other DTO types (19%) or were tied directly to criminal organizations in Mexico (19%) (Figure 43, page 48).<sup>207</sup>

**Table 8.**

Local DTOs, Oregon-Idaho HIDTA		
	Newly Identified in 2018	Under Investigation in 2018*
<b>Characteristics</b>		
Total Local DTOs	22	28
<b>Local Area Characteristics</b>		
<i>Caucasian</i>	13	15
<i>Hispanic</i>	3	6
<i>Mexican/Mexican National</i>	4	4
<i>Caucasian/Hispanic</i>	0	1
<i>Multi-Ethnic</i>	2	2
Total Members (Leaders)	161 (26)	200 (32)
Average DTO Size	7.3	7.1
Multi-Ethnic Total	2	3
Gang-Related	2	6
Violent	1	4
Polydrug	8	12
Money Laundering Activities	0	0
<b>Federal Case Designations</b>		
CPOT	0	0
PTO	0	0
OCDEF	0	0

\*Includes open cases identified prior to 2018. Source: HIDTA Performance Management Process database, 5/6/19.

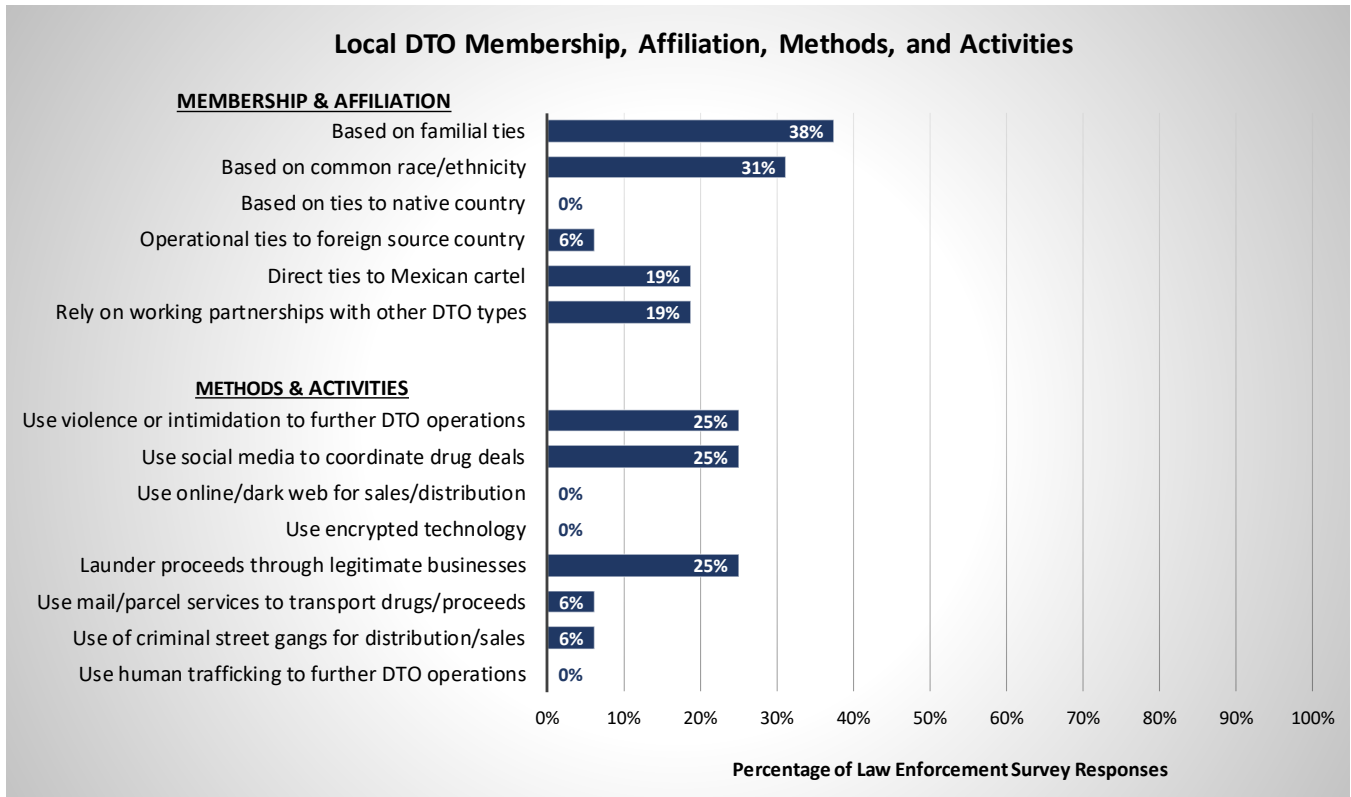
#### *Local DTO - Case Highlight*

In June 2018, detectives with the Bannock Area Drug Group Enforcement Squad (BADGES), began an investigation of a local DTO that was distributing methamphetamine and heroin in Southeast Idaho. During the investigation, detectives were able to identify multiple residences that were being used by the DTO as stash houses and places of operation. In August, BADGES served 5 search warrants on residences in the Idaho cities of Pocatello and Idaho Falls which resulted in the seizure of 13 pounds of methamphetamine, 1 pound of heroin, a small amount of marijuana and mushrooms, \$32,796 dollars in cash, and 8 firearms. Following the search warrants, detectives were able to contact the DTO's source of supply in Mexico and arrange for the delivery of methamphetamine and heroin. When the source of supply arrived in Idaho, detectives with BADGES served a search warrant on the suspect and his vehicle, resulting in the seizure of 14 pounds of methamphetamine and 1 pound of heroin that were found in hidden compartments within the bumper and cowling of the vehicle.

*Bannock Area Drug Group Enforcement Squad, 5/2/19*

<sup>rr</sup> A local DTO is an organization whose illegal drug trafficking activities are generally, but not always, limited to the same metropolitan area, or are limited to an easily defined region or small number of geographically proximate counties. A local DTO can include a metropolitan area that comprises parts of more than one state.

**Figure 43.**



Source: 2019 Oregon-Idaho HIDTA Drug Threat Survey.

### *Activities and Methods*

Over 40% of local DTOs under investigation in 2018 were polydrug organizations (12), of which 8 trafficked methamphetamine and heroin and 4 DTOs trafficked various combinations of methamphetamine, heroin, cocaine, cannabis, and/or prescription drugs. Single drug DTOs under investigation with a local scope (16) trafficked methamphetamine (13), heroin (2), and cannabis (1). Of local DTOs newly identified in 2018, 36% trafficked polydrugs (8), primarily heroin and methamphetamine (6). Newly identified single drug DTOs operating locally trafficked crystal methamphetamine (11) and heroin (2). One local DTO was involved in the illegal production of THC liquid; the DTO was identified after a BHO lab explosion occurred in Deschutes County, Oregon (Table 8, page 47).<sup>208</sup> Local DTOs that transport methamphetamine, heroin and cocaine are typically supplied by multi-state or international DTOs in the region.

One quarter (25%) of officers surveyed reported that local DTOs used violence or intimidation to further DTO operations. Additionally, a quarter of officers surveyed indicated that locally-based DTOs laundered proceeds through legitimate businesses (25%) and used social media (25%) to facilitate operations (Figure 43).<sup>209</sup>

### *Intelligence Gaps*

- Level of involvement of local DTOs in trafficking controlled prescription drugs in the HIDTA
- Degree to which drug distribution by criminal street gang members fund street gang activity in the region

## 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. As in other areas, investigators find that DTOs in Oregon and Idaho engage in money laundering activities based upon the size and scope of the organization. Common strategies in the region include bulk cash smuggling, structuring bank deposits, and funneling illicit proceeds through front companies<sup>ss, 210</sup>. The following information is based on Oregon-Idaho HIDTA task force investigations in 2018 as well as information collected from the 2019 HIDTA law enforcement survey.

**Table 9.**

Money Laundering Organizations, Oregon-Idaho HIDTA				
	Total	International	Multi-State	Local
Newly Identified in 2018	3	1	2	0
Under Investigation in 2018*	9	3	5	1

\*Includes open cases identified prior to 2018. Source: HIDTA Performance Management Process database, 5/6/19.

### Affiliation and Membership

Of 9 MLOs<sup>tt</sup> under investigation by HIDTA task forces in 2018, 3 were newly identified during the year (Table 9). MLOs newly identified in 2018 were multi-state (2) and international (1) in operational scope. No local MLOs were identified during the year. A total of 9 MLOs were under investigation by HIDTA task forces in 2018, with 57 members and 12 leaders. Newly identified MLOs ranged in size from 3 to 4 members, with 4 leaders and 10 total members in 2018.<sup>211</sup>

Approximately 54% of officers surveyed in 2019<sup>uu</sup> identified international MLOs, including organizations tied to Mexico, Brazil, and China, as the primary money laundering threat to their area. Most officers reported that international MLOs shared a common race or ethnicity (63%), with a smaller number indicating membership was based on familial ties (38%). Three-quarters of officers surveyed reported international MLOs had operational ties to a foreign source country (75%), with an equal portion indicating direct ties to Mexican cartels (75%) (Figure 44, page 50).

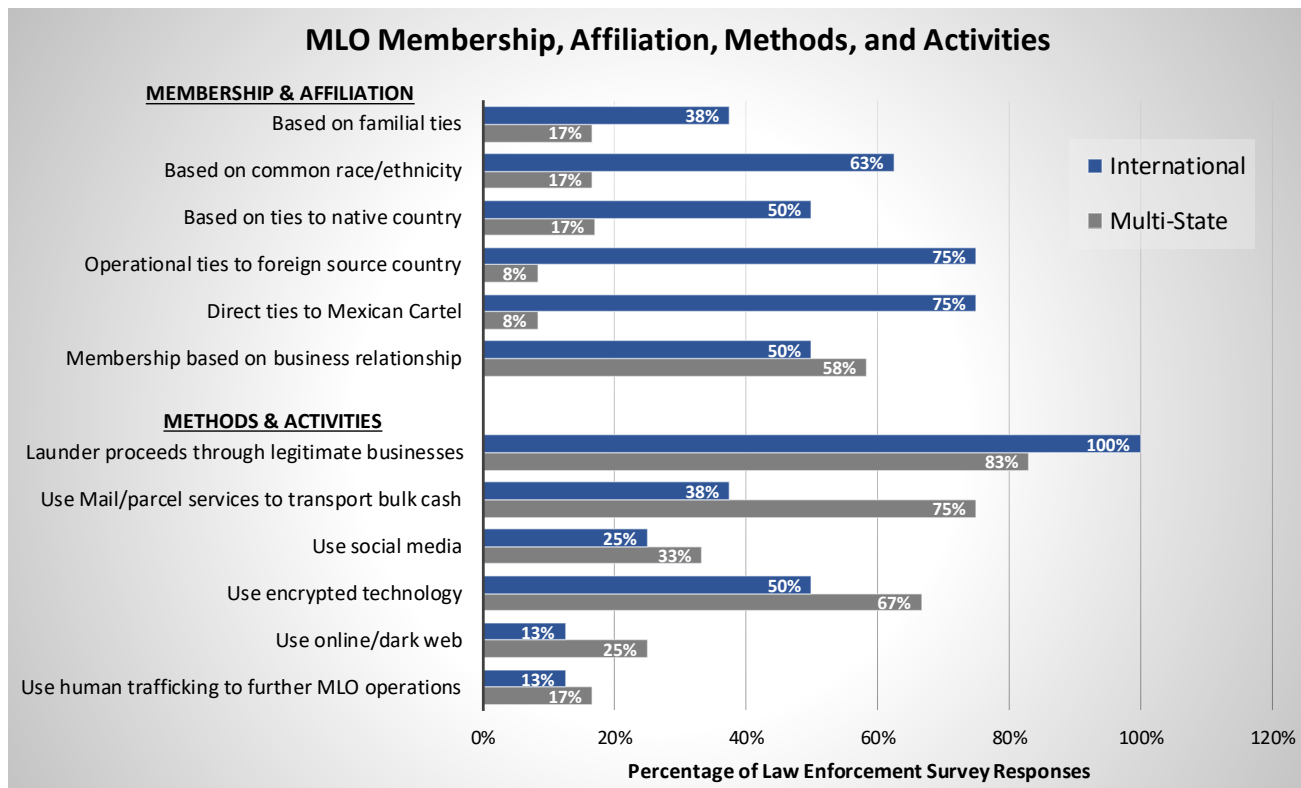
In addition, 46% of officers surveyed reported multi-state MLOs as the primary money laundering threat to their area. Multi-state MLOs investigated by survey respondents were reported to have more varied membership characteristics, with fewer officers indicating membership was based on common race or ethnicity (17%) or based on familial ties (17%). In large part, officers reported multi-state membership was based on business relationships (58%), including associations with Mexican DTOs, marijuana trafficking organizations, and criminal street gangs, with few established ties to foreign source countries (8%) or Mexican cartels (8%) (Figure 44, page 50).<sup>212</sup>

<sup>ss</sup> A subsidiary or surrogate company used to shield another company from liability or scrutiny, often as a cover to conceal illegal activities.

<sup>tt</sup> A MLO is an organization of two or more individuals engaged in processing illegal drug proceeds through a continuing series of illicit activities to disguise the source of money and to cause the illegal profits appear as legitimate income.

<sup>uu</sup>Based on survey responses from agencies that investigated MLOs in the last two years.

Figure 44.



Source: 2019 Oregon-Idaho HIDTA Drug Threat Survey.

### Activities and Methods

Nearly all of the MLOs under investigation by HIDTA task forces in 2018 also trafficked illicit drugs (8). In addition to money laundering activities, these MLOs trafficked crystal methamphetamine (4), cannabis (2), cannabis and cocaine (1), and heroin (1).<sup>213</sup> Of the 3 MLOs newly identified by HIDTA task forces in 2018, 2 trafficked illicit drugs: 1 trafficked crystal methamphetamine and 1 trafficked marijuana.<sup>214</sup>

All of the officers surveyed who investigated international MLOs reported that the groups laundered money through legitimate businesses (100%). A relatively small percentage of officers indicated MLOs used mail/parcel services to transport bulk cash (38%). Additionally, half of officers surveyed reported international MLOs used encrypted technology (50%), with a smaller number reporting use of social media (25%) to facilitate operations (Figure 44).

### MLO - Case Highlight

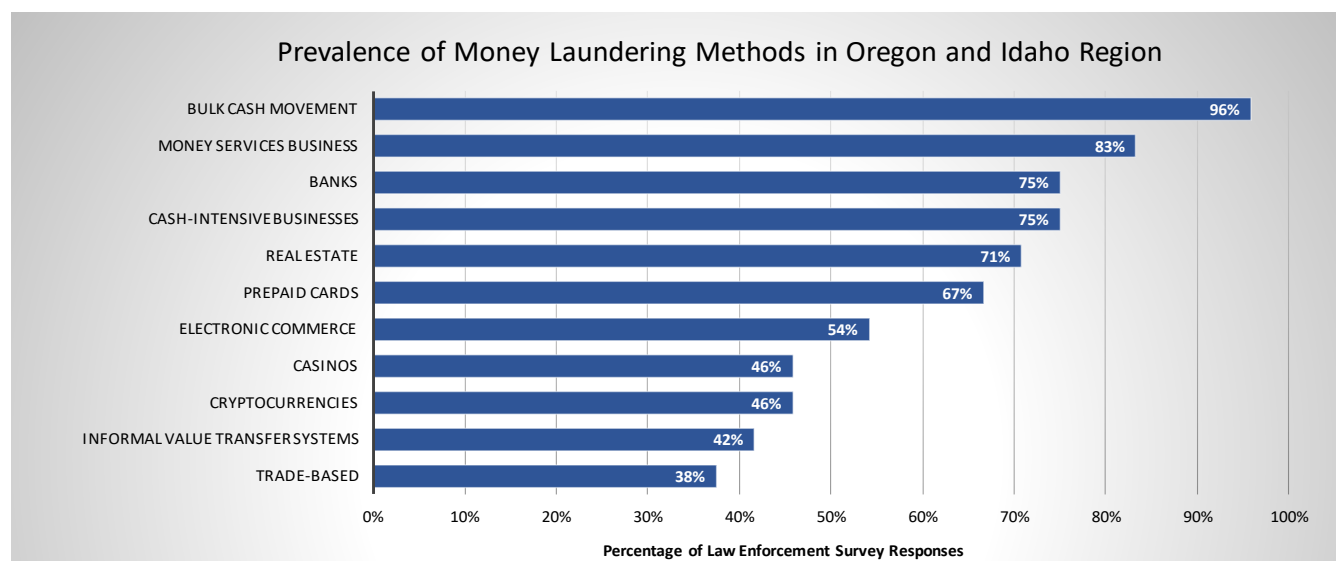
In April 2019, a Mexican citizen was sentenced for his involvement in a sophisticated trade-based money laundering scheme that was connected to the fashion district in Los Angeles. The DEA uncovered the scheme in 2015 following an investigation into a heroin trafficking organization based in Portland, Oregon. Through search warrants executed in February 2015, DEA agents seized evidence that heroin traffickers were depositing illicit proceeds into multiple wholesale businesses in the Los Angeles Fashion District. Seized bank records showed that most of the cash deposits were systematically structured to avoid detection by FinCEN. Financial investigators found evidence of a high volume of structured cash deposits and large quantities of bulk cash that were delivered to wholesale businesses in Los Angeles on behalf of Stefano Fashions, a Guadalajara business. Stefano Fashions and the wholesale businesses were part of a black market peso exchange where pesos were exchanged for U.S. dollars in order to launder the drug proceeds of a Mexican DTO. In 2018, the owner of Stefano Fashions, five Los Angeles wholesale business owners, and one former CEO pled guilty to money laundering, tax, and structuring related crimes.

*Press Release, U.S. District Attorney's Office, 4/9/19*

In contrast, more than 80% of officers surveyed indicated multi-state DTOs laundered proceeds through legitimate businesses (83%) and three-quarters reported that the organizations used mail or parcel delivery services to transport bulk cash (75%). Most officers indicated multi-state MLOs used encrypted technology (67%), with fewer reporting the organizations utilized social media (33%) and the dark web (25%) to facilitate movement of proceeds (Figure 44, page 50).<sup>215</sup>

Survey results in 2019 revealed that bulk cash smuggling continued to be a primary method by which proceeds are moved in the region. Other money laundering strategies reported to be most prevalent in the region were use of money services businesses, cash-intensive businesses, banks, and real estate (Figure 45).<sup>216</sup> In 2018, HIDTA task forces seized over \$17.5 million in drug-related assets, including \$15.2 million in currency and over \$2.2 million in other assets (e.g., vehicles, firearms).<sup>217</sup>

**Figure 45.**



**Bulk Cash Movement:** deliberate concealment and transfer of currency/other monetary instrument, either bodily or in a container (e.g., luggage, merchandise, vehicle), within the United States or across international borders.

**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.

**Cryptocurrencies:** includes virtual or digital currency, such as bitcoin, that can record transactions between two parties in an anonymous manner.

**Electronic Commerce:** includes online payment systems and use of privately-owned ATMs.

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

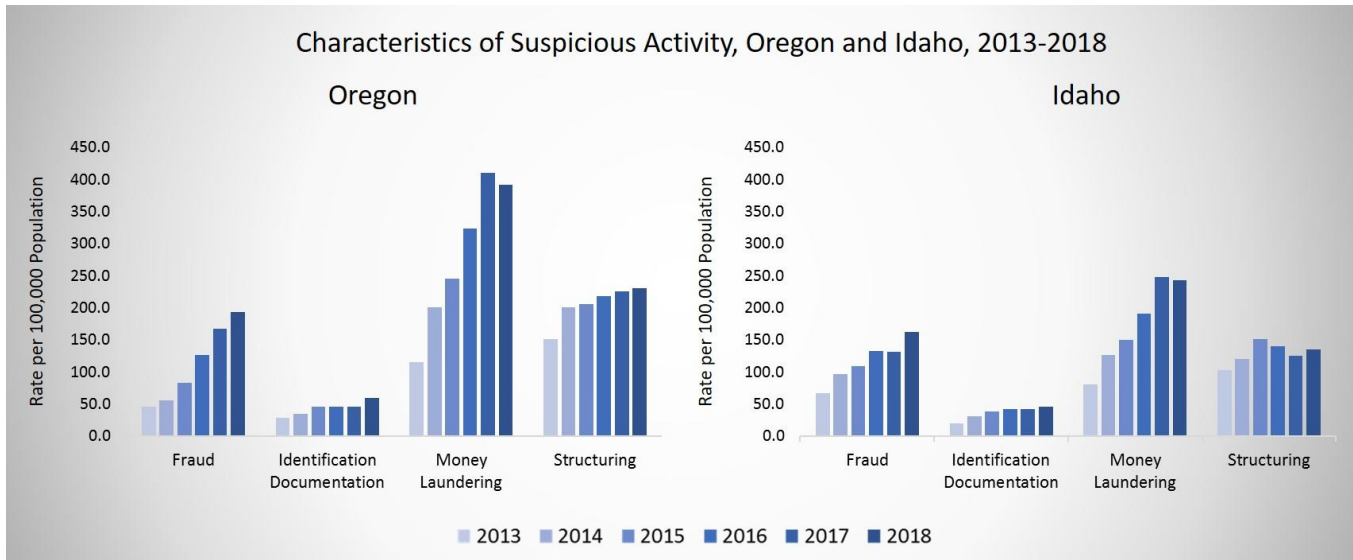
**Trade-Based:** includes illicit arrangements such as black market peso exchange, over/under invoicing of goods and services.

Source: 2019 Oregon-Idaho HIDTA Drug Threat Survey.

Mexican DTOs, and to a smaller degree, Canadian DTOs, have adapted to enhanced anti-money laundering policies and procedures at U.S. financial institutions by making bulk cash smuggling one of the primary methods by which drug proceeds are moved.<sup>218</sup> DTOs also use structured money transfers through money remitter services or banks to launder drug proceeds and transfer profits outside of the country. In addition, new financial products and technology, such as stored value cards and virtual currency, have become attractive methods for cross-border movement of illicit drug proceeds. For example, virtual currencies such as bitcoin<sup>vv</sup>, are common forms of payment on dark web sites and are used by criminals to transfer value anonymously to other countries.<sup>219</sup>

<sup>vv</sup> Bitcoin is a digital currency that operates without a central bank or single administrator and which can be exchanged for other currencies, goods or services.

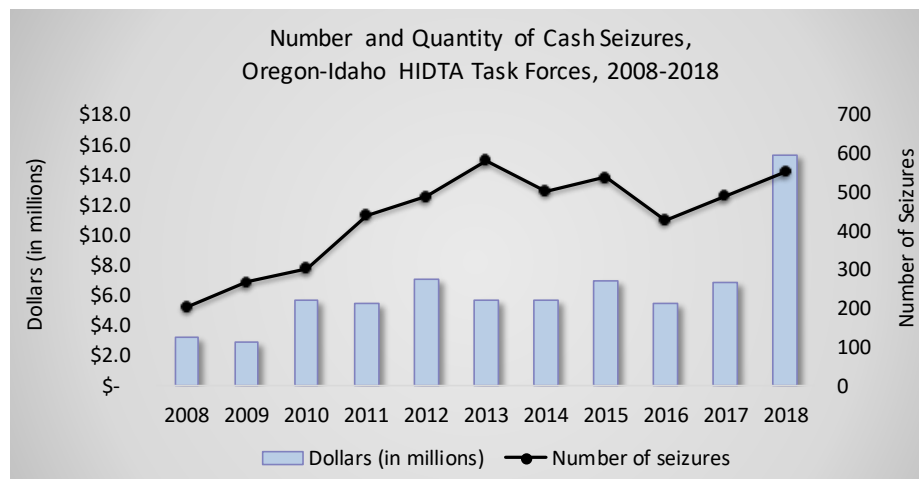
**Figure 46.**



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, extracted 4/1/19.

Banks and other depository institutions remain a primary gateway to the U.S. financial system where illegal proceeds can be moved instantly by wire or commingled with legitimate funds.<sup>220</sup> For example, according to data collected by the U.S. Department of Treasury’s Financial Crimes Enforcement Network (FinCEN), the most common filing of suspicious activity for Oregon and Idaho from 2013 to 2018 was the category of money laundering (Figure 46).<sup>221</sup> Filings for all categories (money laundering,

**Figure 47.**



Source: HIDTA Performance Management Process database, accessed 3/14/19.

structuring, fraud, identification/documentation) have increased in both states since 2013, with fraud more than doubling and money laundering more than tripling between 2013 and 2018.

Smuggling bulk cash out of the United States is a well-established method by which traffickers bypass financial transparency reporting requirements.<sup>ww</sup> Large amounts of cash are easily concealed in vehicles, commercial shipments, express packages,

and on private aircraft or boats. Within the HIDTA, Mexican DTOs and other criminal groups transport cash in bulk to southwestern states where funds are often aggregated and then smuggled to Mexico.<sup>222</sup> The number of cash seizures made by HIDTA task forces during the course of investigations more than doubled between 2008 (203) and 2018 (554) (Figure 47). The amount of cash seized by task forces

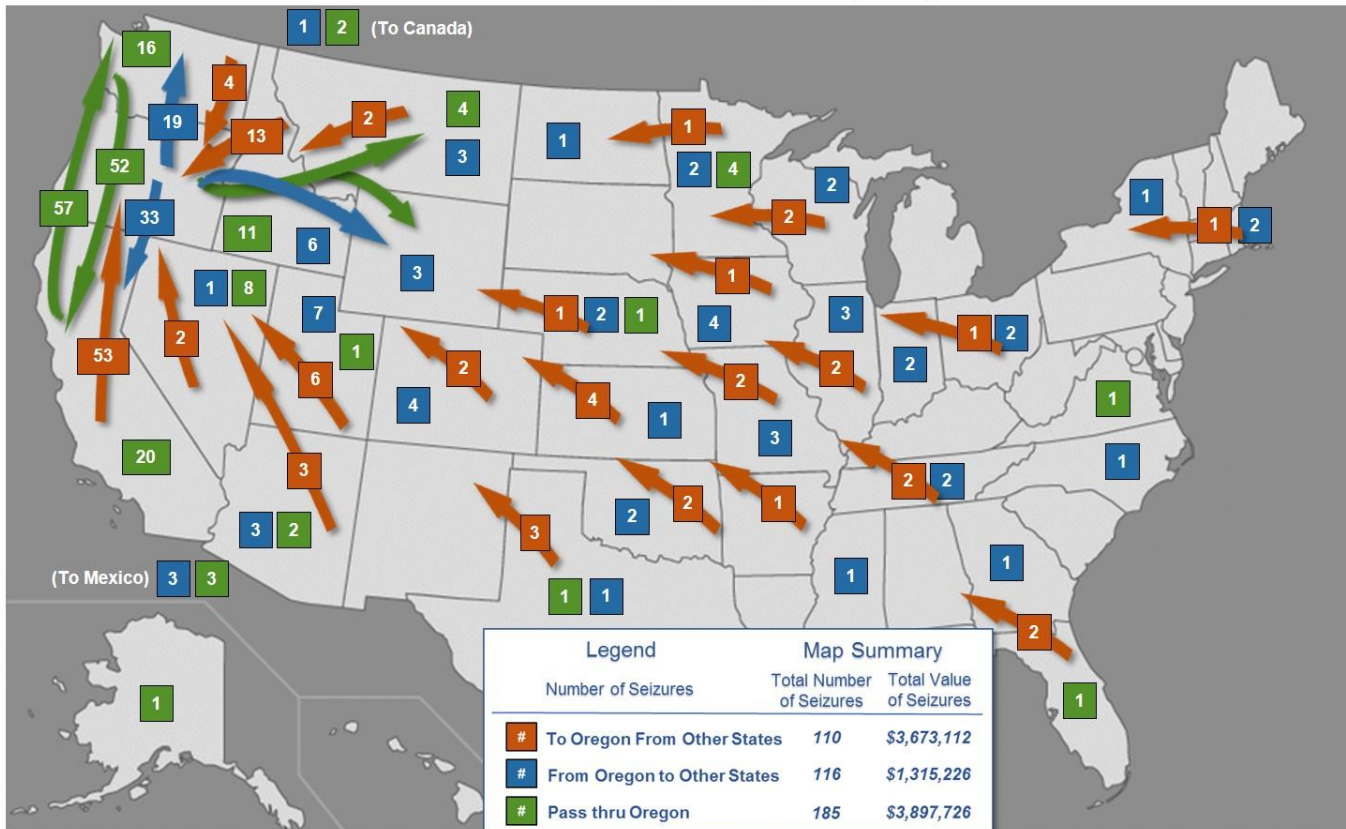
<sup>ww</sup> Bank Secrecy Act filing requirements state that individuals who physically transport, ship, mail, or receive currency or monetary instruments in excess of \$10,000 across U.S. borders must file FINCEN form 105, *Report of International Transportation of Currency or Monetary Instruments (CMIR)*.



averaged roughly \$6 million annually between 2010 and 2017. The spike in 2018 (\$15.2 million) is due to a large number of cash seizures reported above \$100,000 during the year.<sup>223</sup> Between 2008 and 2018, 565 bulk cash seizures were reported on Oregon highways, totaling \$9.9 million. The total value of currency seizures headed south (\$4.4 million) was 70% higher than the value of northbound seizures (\$2.6 million) (Figure 48).<sup>224</sup>

**Figure 48.**

Movement of U.S. Cash From, To and Through Oregon, Highway Seizures, CY 2008-2018



Source: Selected cash seizures, Domestic Highway Enforcement (DHE) Program, CY 2008-2018. Based on subject's stated origin and destination states at time of interdiction. Excludes states where origin or destination was reported as unknown or left blank.

### Intelligence Gaps

- Degree to which DTOs use legitimate businesses to launder proceeds in the HIDTA
- Extent to which emerging technologies such as online environments, the dark web, and web-based apps are used to facilitate money laundering in the region
- Degree to which cryptocurrencies are used a technique by money launderers to disguise illicit proceeds in the region
- Extent to which bulk cash is transferred using the parcel delivery system in the region

## **VII. OUTLOOK**

- Analysis and findings from this threat assessment strongly indicate that 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.
- Increased methamphetamine production in Mexico will sustain the flow of crystal methamphetamine into the region. High availability of the drug will likely foster greater rates of addiction, impacting public health and contributing to greater incidence of methamphetamine-related crime.
- The abuse and trafficking of opioid drugs will continue to grow. As production of heroin continues to rise in Mexico, trafficking and availability of the drug will likely increase in the region, leading to higher rates of use, overdose deaths, and drug-related crime.
- Availability of extremely powerful opioid synthetics, such as fentanyl, fentanyl analogues, and U-47700 will continue to be a trend of concern. The market for these drugs will evolve as new derivatives emerge and reach an expanding user base in the HIDTA. The prevalence of synthetic opioids mixed with or disguised as other drugs is expected to rise as availability of these drugs grows and will likely contribute to increased overdose deaths in the region.
- Misuse of controlled prescription drugs will remain a serious threat to the region as long as the drugs are accessible and perceived as safe. Implementation of measures, such as revised prescribing guidelines and prescription monitoring programs, will likely reduce availability of controlled medications in the region. As diversion becomes more challenging, more people who are addicted to pharmaceutical opioids may shift to using other more available opioids, such as heroin, fentanyl/analogues, or counterfeit drugs laced with fentanyl/analogues.
- Overproduction of marijuana in Oregon, in tandem with inadequate resources for monitoring compliance with state marijuana laws and illegal sales of excess product, will continue to contribute to the high volume of product trafficked across state borders. Production of THC extracts will likely increase as demand spreads for product that has a strong psychoactive effect. Additionally, elevated levels of THC in marijuana and cannabis extracts will continue to pose serious health consequences to users.
- Cocaine use in the HIDTA will remain low in the near term. However, trafficking and availability of the drug in the region is expected to increase as production escalates in Colombia. The rising popularity of stimulants along with a higher level of cocaine availability in the region will likely lead to higher levels of addiction.
- International DTOs, specifically Mexican DTOs, will continue to present the greatest criminal drug threat to the HIDTA and surrounding region. Mexican DTOs operating in the HIDTA will continue to control the transportation and distribution of methamphetamine, heroin, and cocaine and will likely expand involvement in fentanyl production. These organizations will continue to rely on established transportation and distribution networks to facilitate drug trade in the area.
- Multi-state DTOs engaged in trafficking methamphetamine, heroin, and/or cocaine will continue to cultivate relationships with Mexican criminal groups as sources of supply. Furthermore, multi-

*Oregon-Idaho HIDTA Program*

*Unclassified*

state DTOs involved in illegal marijuana cultivation operations in Oregon will continue to transport wholesale quantities of the product across state borders.

- Trafficking organizations that operate locally will continue to be active in trafficking and distribution of methamphetamine, heroin, cocaine, and/or locally-produced marijuana in the region.
- Bulk cash smuggling and money service businesses will remain the primary methods of transferring drug revenues into, through, and out of the Oregon-Idaho HIDTA. Interdiction efforts by law enforcement officers will continue to impede the flow of drug proceeds through the region, impacting crime groups that rely on these funds to operate.

## VIII. APPENDICES

### Appendix A

#### Acronyms

BADGES	Bannock Area Drug Group Enforcement Squad
BENT	Blue Mountain Enforcement Narcotics Team
CDC	Centers for Disease Control and Prevention
CODE	Central Oregon Drug Enforcement
CPDs	Controlled Prescription Drugs
CPOT	Consolidated Priority Organization Targets
DEA	Drug Enforcement Administration
DHE	Domestic Highway Enforcement
DMT	Dimethyltryptamine
DTO	Drug Trafficking Organization
EPIC	El Paso Intelligence Center
FinCEN	Financial Crimes Enforcement Network
HIDTA	High Intensity Drug Trafficking Area
HIT	HIDTA Interdiction Team
ICD-9	International Classification of Diseases, Ninth Revision
ICD-10	International Classification of Diseases, Tenth Revision
I-5	Interstate-5
I-84	Interstate-84
ISP	Idaho State Police
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MLO	Money Laundering Organization
NSDUH	National Survey on Drug Use and Health
OMMP	Oregon Medical Marijuana Program
ONDCP	Office of National Drug Control Policy
OSP	Oregon State Police
PDMP	Prescription Drug Monitoring Program
PMP	Performance Management Process
THC	Delta-9-tetrahydrocannabinol
USMS	United States Marshals Service

## Appendix B

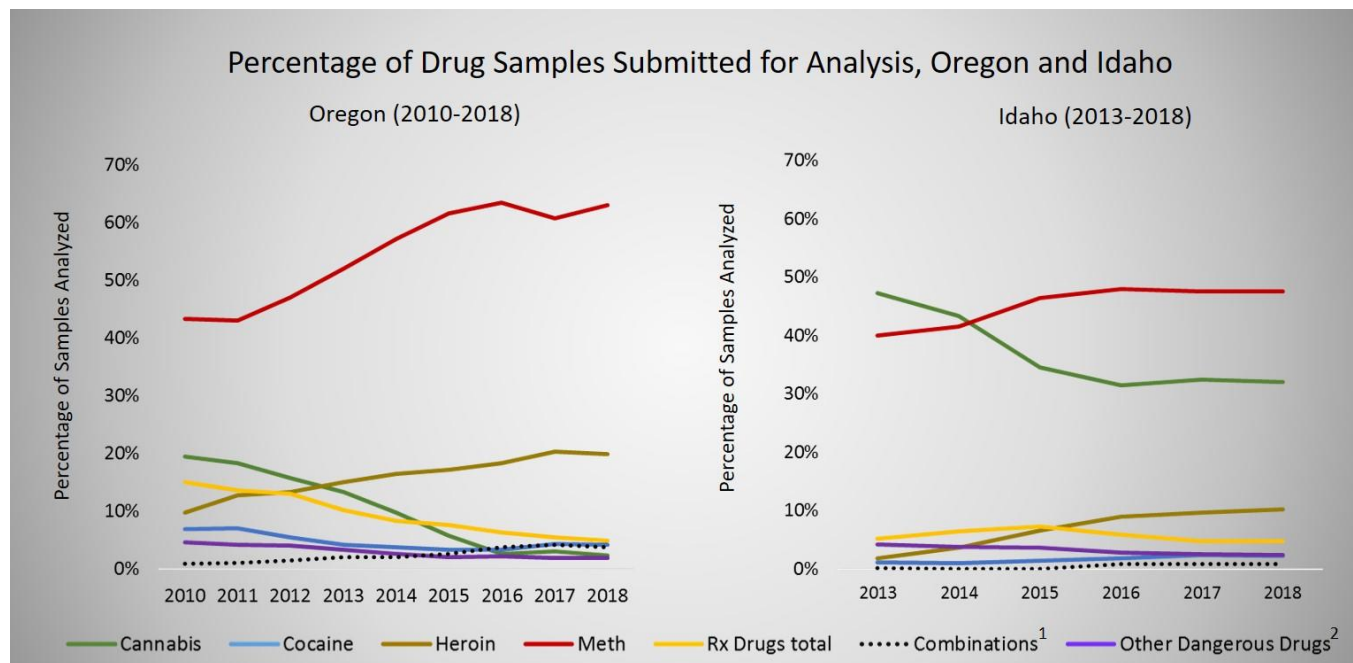
### Methodology

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 the most critical drug threats and the most significant drug trafficking organization threats to the region. Quantitative data was collected and reviewed from a variety of drug-related measures such as use, seizures, arrests, drug testing, forensic lab submissions, deaths, treatment, hospitalizations, and impaired driving.

The 2019 Oregon-Idaho HIDTA Drug Threat Survey was a primary source for qualitative information related to drug demand and supply, drug trafficking organizations, and money laundering activity and organizations operating in the HIDTA. Surveys and follow-up interviews were conducted with Oregon-Idaho HIDTA initiative task force commanders yielding a 95% response rate (n=18). 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 51% 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.

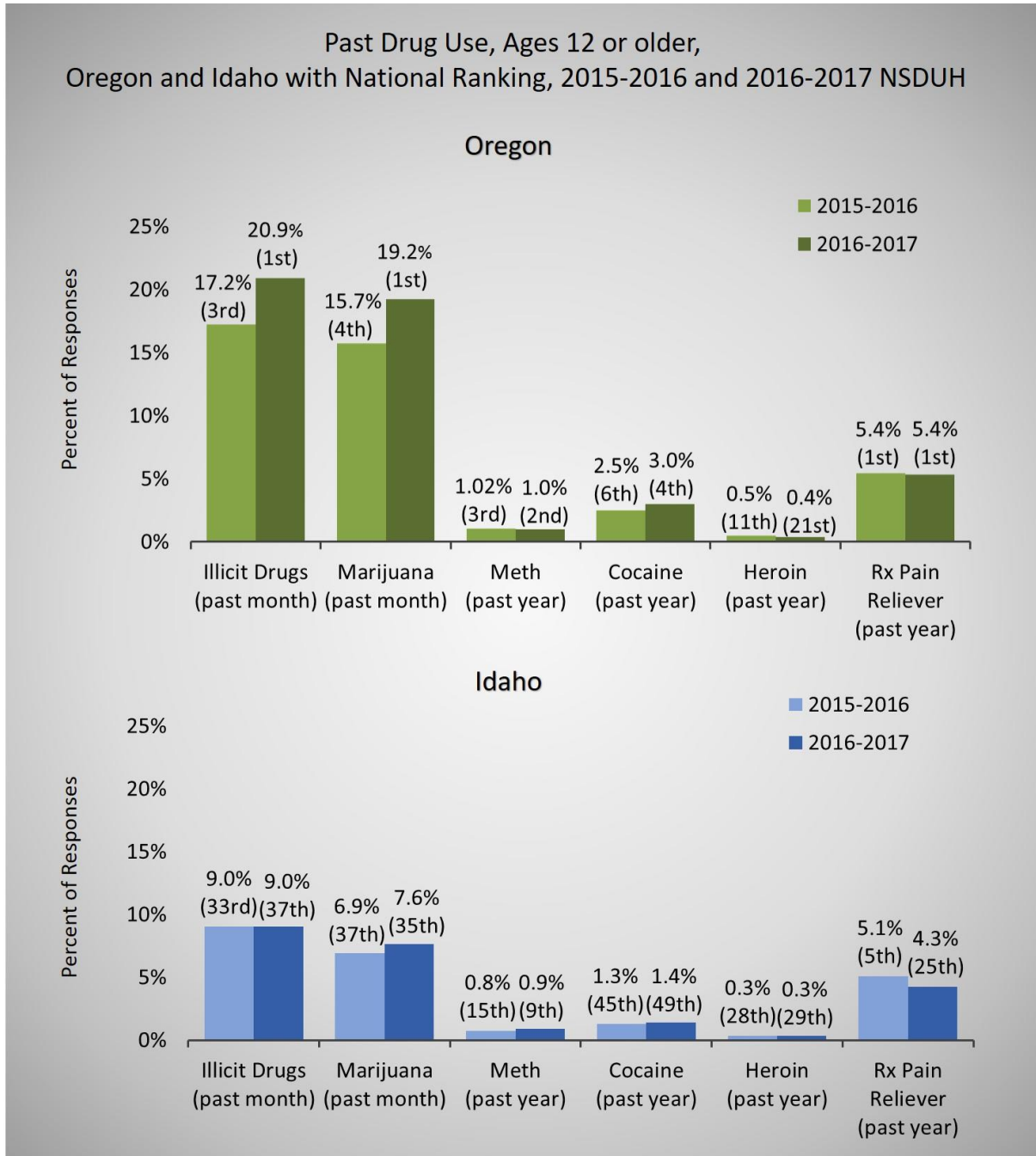
In addition, the HIDTA Performance Management Process (PMP) database was accessed for information on drug seizures and the presence and level of involvement of organized criminal groups in drug trafficking and distribution, money laundering, and related criminal activity in the HIDTA and neighboring region.

## Appendix C



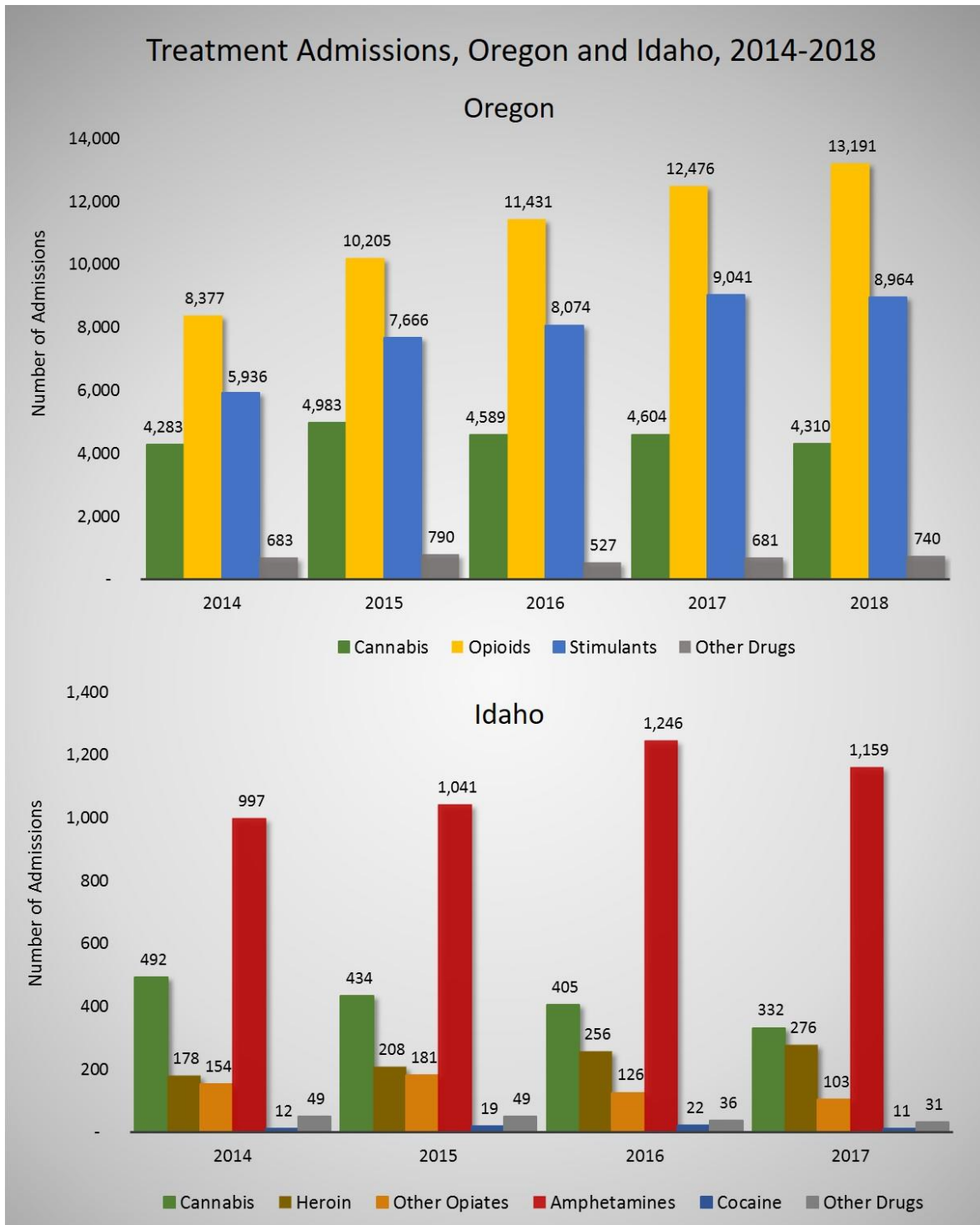
<sup>1</sup>Combinations includes samples where multiple drugs, licit and/or illicit, were detected. <sup>2</sup>Other Dangerous Drugs include designer/synthetic drugs (e.g., MDMA, LSD, cannabinoids, cathinones), fentanyl/synthetic opioids, and hallucinogens (e.g., psilocybin, mescaline). Sources: Oregon State Police, Forensic Services Division, 2/11/19; Idaho State Police, Forensic Services, 3/10/19.

Appendix D



Source: SAMHSA, National Survey on Drug Use and Health, 2015-2016 and 2016-2017.

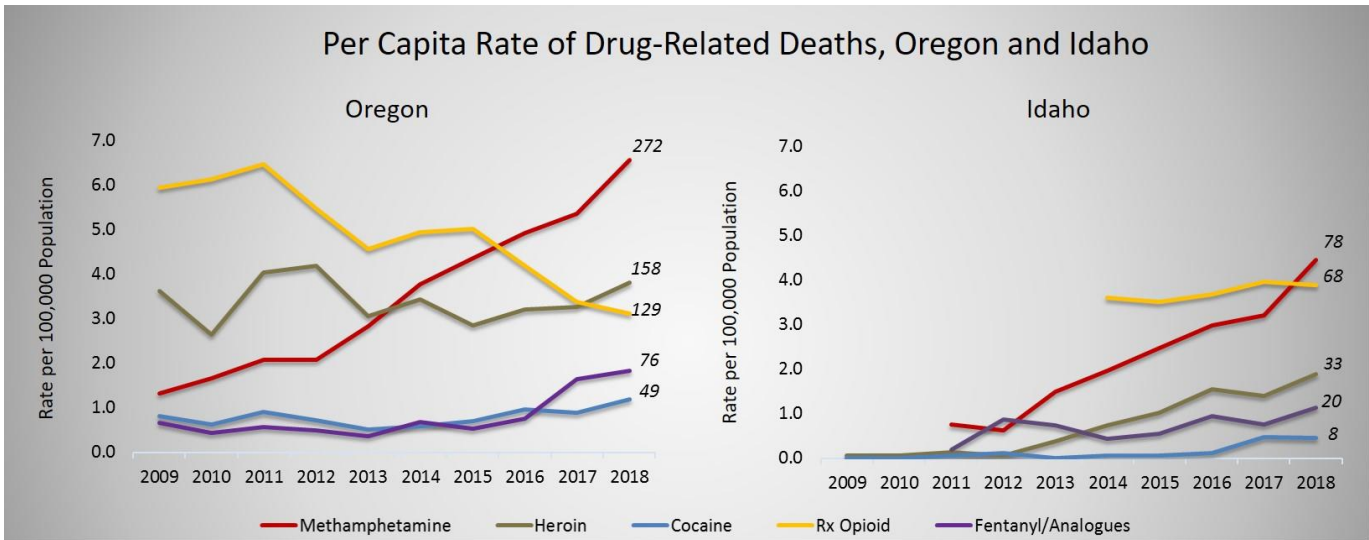
Appendix E



Oregon Graph Notes: 1) *Opioids* includes heroin, fentanyl, methadone, oxycodone, morphine, other prescription pain relievers; 2) *Stimulants* includes methamphetamine, amphetamines, ADHD medications, appetite suppressants, and other stimulants. 3) *Other Drugs* includes cocaine, hallucinogens, sedatives, inhalants, and other psychoactives. Source: Oregon Health Authority, Office of Health Analytics, Data request received 3/19/19.

Idaho Graph Notes: 1) *Amphetamines* includes methamphetamine and other amphetamine-related drugs; 2) *Other Opiates* includes non-prescription use of methadone, codeine, morphine, oxycodone, and other drugs with morphine-like effects; 3) *Other Drugs* includes hallucinogens, tranquilizers, sedatives, inhalants, other stimulants, other/unknown. Source: SAMHSA, Treatment Episode Data Set (TEDS), Idaho.

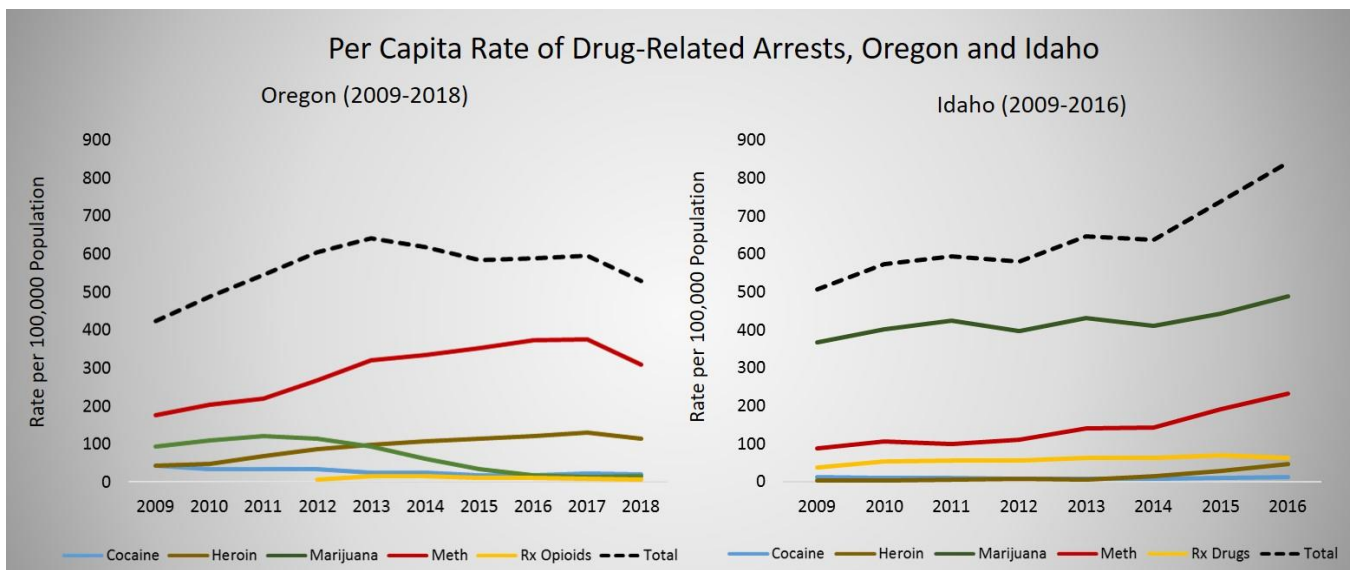
**Appendix F**



Oregon notes: 1) Number of deaths for 2018 is shown in italics. 2) The *Rx Opioid* category includes deaths where a pharmaceutical opioid was involved, including deaths due to fentanyl (excluding illicit fentanyl derivatives). Source: Oregon Health Authority, Oregon Medical Examiner Drug-Related Deaths, 2009-2018.

Idaho notes: 1) Number of deaths for 2018 is shown in italics. 2) The category of *Rx Opioid* in Idaho included only 4 drug types: oxycodone, hydrocodone, codeine, and methadone and was available only for 2014–2018; 3) Methamphetamine and fentanyl were not reported as specific drug types prior to 2011; 4) Drug deaths reported for specific drug categories are underreported in Idaho because involvement of specific drug types are not required on death certificates. Source: Division of Public Health, Idaho Department of Health & Welfare.

**Appendix G**



Notes: 1) Data for Oregon is based on a six-month moving average. 2) Tracking of prescription opioids 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, 3/1/19; Idaho Statistical Analysis Center, Idaho State Police website, extracted 4/8/19.



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**Appendix H**

**Incidence and Quantity of Selected Drugs and Cash Seized through the Domestic Highway Enforcement Program (DHE), by Highway, Oregon and Idaho, 2008-2018\***

	Total Seizures	Marijuana		Meth		Heroin		Cocaine		Controlled Prescription Drugs		U.S. Cash	
	No.	No.	Quantity (lbs)	No.	Quantity (lbs)	No.	Quantity (lbs)	No.	Quantity (lbs)	No.	Quantity (DU)	No.	Quantity (dollars)
I-5	1,080	485	10,752	182	1,137	66	215	68	656	53	34,886	226	\$ 4,782,073
I-84	470	226	1,756	76	74	16	19	28	3	27	1,644	97	\$ 684,613
US 97	386	187	2,306	59	301	11	36	31	130	17	6,533	81	\$ 1,682,594
OR 140	240	183	5,025	3	0.2	-	-	3	0.4	2	35	49	\$ 1,827,491
I-90	219	118	1,324	23	13	13	3	6	22	8	120	51	\$ 1,325,825
US 395	166	114	1,581	6	32	2	25	3	8	7	10,065	34	\$ 289,369
US 20	108	81	581	12	29	4	1	1	13	2	143	8	\$ 114,499
I-15	90	36	602	26	13	8	0.4	4	0	2	484	14	\$ 98,112
US 95	40	21	68	6	0.3	2	0.2	1	0.003	-	-	10	\$ 44,053

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 2018. Source: Domestic Highway Enforcement Program.

*Oregon-Idaho HIDTA Program  
Unclassified*

**Appendix I**

<b>Clandestine Lab Seizures, Oregon-Idaho HIDTA, 2005, 2013-2018</b>							
	<b>2005 (Meth Labs only)</b>	<b>2013 Total Labs</b>	<b>2014 Total Labs</b>	<b>2015 Total Labs</b>	<b>2016 Total Labs</b>	<b>2017 Total Labs</b>	<b>2018 Total Labs</b>
<b>Oregon</b>	192	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)	42 Meth (3); BHO (37); Other (2)	28 Meth (2); BHO (23); HHO/Hexane (1); Cannabis Concentrate (1); Unknown (1)
<b>Idaho</b>	11	Meth (2)	Meth (4)	Meth (2)	0	Meth (2); Fentanyl (1)	Meth (1)
<b>HIDTA Region</b>							
<i>Oregon</i>							
<b>Clackamas</b>	15	0	Meth (1)	Meth (1); BHO (2)	Meth (2); BHO (1)	BHO (2)	BHO (1)
<b>Deschutes</b>	0	MDMA (1)	BHO (1)	Meth (1); BHO (1)	Meth (1); BHO (7)	BHO (2)	BHO (10), Cannabis concentrate (1); HHO/Hexane (1)
<b>Douglas</b>	14	0	0	BHO (1)	0	BHO (2)	0
<b>Jackson</b>	6	DMT (1)	Meth (1)	BHO (1)	BHO (6); DMT (1)	BHO (3)	0
<b>Lane</b>	12	Meth (1); DMT (1)	Meth (1); BHO (1)	BHO (1); GHB (1)	BHO (2)	Meth (1); BHO (2)	0
<b>Linn</b>	0	0	0	Meth (1)	0	BHO (2)	BHO (3); Meth (1)
<b>Malheur</b>	1	0	0	0	BHO (1)	0	BHO (1)
<b>Marion</b>	11	0	Meth/Ice Conversion (1)	BHO (1); DXM (1); DMT (1)	BHO (1)	0	BHO (1)
<b>Multnomah</b>	33	Meth (2)	BHO (2)	Meth/Ice Conversion (1); MDMA (1); BHO (3)	BHO (1)	BHO (1)	BHO (1)
<b>Umatilla</b>	39	Meth (1)	Meth (1)	0	Meth (1); BHO (1)	Pseudoephedrine extraction (1); BHO (1)	0
<b>Washington</b>	12	Meth (1); Meth/Ice Conversion (1)	BHO (1)	0	Meth (1); BHO (1)	BHO (2)	BHO (1); Unknown (1)
<i>Idaho</i>							
<b>Ada</b>	6	Meth (1)	0	0	0	Meth (1)	0
<b>Bannock</b>		0	0	0	0	Fentanyl (1)	0
<b>Canyon</b>	1	0	Meth (2)	Meth (1)	0	Meth (1)	0
<b>HIDTA Total</b>	150	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)	Meth (1); BHO (18); Pseudoephedrine extraction (1)	Meth (1); BHO (18); HHO/Hexane (1); Cannabis Concentrate (1); Unknown (1)

Sources: Oregon Department of Justice; Drug Enforcement Administration, Idaho.

*Appendix J*

<b>DTO Summary Table Oregon-Idaho HIDTA, CY 2018</b>	
<b>Scope</b>	
<i>International</i>	8
<i>Multi-State</i>	29
<i>Local</i>	21
Total Members (Leaders)	314 (65)
Organization Size (average/range)	6.5/5-17
<b>Characteristics</b>	
<b>Local Area Ethnicity</b>	
<i>Caucasian</i>	21
<i>Mexican/Mexican National</i>	14
<i>Hispanic</i>	13
<i>African-American</i>	3
<i>Armenian</i>	1
<i>Hmong</i>	1
Multi-Ethnic	5
Violent	4
Polydrug	22
Gang-Related	3
<b>Federal Target List</b>	
CPOT	0
PTO	3
OCDEF	6

Notes: 1) Based on DTOs identified in calendar year 2018. Source: HIDTA Performance Management Process database, 3/12/19.

## IX. ENDNOTES

- <sup>1</sup> HIDTA Performance Management Process database. Accessed 4/17/19.
- <sup>2</sup> United States Census Bureau. (2019). *Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2018*.
- <sup>3</sup> Portland Population Research Center, Certified 2018 Population Estimates, accessed 4/4/19.
- <sup>4</sup> United States Census Bureau. (2018). *QuickFacts*. Population Estimates, July 1, 2017 (v2017). Accessed, 4/4/19.
- <sup>5</sup> Ibid.
- <sup>6</sup> Oregon Department of Aviation. (2015). *Oregon Private Use Airports By County, 2015*.
- <sup>7</sup> Idaho Transportation Department. (2013). *Idaho Statewide Freight Study*.
- <sup>8</sup> EPIC. (2019). *National Seizure System*. Accessed 3/29/19.
- <sup>9</sup> Ibid.
- <sup>10</sup> Oregon State Police. (2019). Forensic Services Division. Data request received 2/11/19.
- <sup>11</sup> Idaho State Police. (2019). Forensic Services. Data request received 3/10/19.
- <sup>12</sup> Substance Abuse and Mental Health Services Administration. (2019). *2016-2017 National Surveys on Drug Use and Health: Model-Based Estimated Totals (in Thousands) (50 States and the District of Columbia)*.
- <sup>13</sup> Ibid.
- <sup>14</sup> Oregon Health Authority. (2019). *Substance Use Treatment Admissions*. Data request received 3/19/19.
- <sup>15</sup> Quest Diagnostics. (2018). *Workforce Drug Positivity at Highest Rate in a Decade, Finds Analysis of More than 10 million Drug Test Results, May 18, 2018*.
- <sup>16</sup> Quest Diagnostics. (2019). Drug Testing Index™: Overall Positivity Rate in 2012 and 2017.
- <sup>17</sup> Oregon Health Authority. (2019). *Prescribing and Overdose Data for Oregon, Opioid Data Dashboard, Oregon Drug-Related Deaths – Medical Examiner*.
- <sup>18</sup> Idaho Department of Health and Welfare. (2019). Data request received 6/4/19.
- <sup>19</sup> Idaho Department of Health & Welfare (2016). *Idaho Health Statistics, Fact Sheets & Reports*.
- <sup>20</sup> National Institute on Drug Abuse. (2019). Idaho Opioid Summary, Revised March 2019. Heroin and Prescription Opioid Death Totals for 2017.
- <sup>21</sup> HB 2355, 79<sup>th</sup> Oregon Legislative Assembly. (2017).
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