

# Oregon-Idaho HIDTA Program



## Drug Threat Assessment

Program Year 2021

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June 2020

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## ***I. SCOPE***

(U) 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 2021 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, public health, drug prevention, and treatment partners in Oregon and Idaho, including those not affiliated with or participating in the HIDTA program.

(U) 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, including activities and methods
- Money laundering activities and the illicit finance techniques of DTOs

(U) 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 Drug Trafficking Organizations (DTOs) and Money Laundering Organizations (MLOs).

(U) The sections of this report are arranged by severity of threat based on strategic analysis of the drug situation in the region in 2019. Various sources were used to develop the assessment, including results from the 2020 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***

(U) 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.

(U) Methamphetamine is widely used and trafficked in the region with most indicators – such as related seizures, deaths, use rates, and forensic samples – remaining at high levels or 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 Mexico. Local production in Oregon has remained low due to state legislation eliminating the ability to obtain pseudoephedrine without a physician’s prescription.

(U) Over the last seven 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,

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<sup>a</sup> The Oregon-Idaho HIDTA includes the Oregon counties of Clackamas, Deschutes, Douglas, Lane, Linn, Jackson, Josephine, Malheur, Marion, Multnomah, Umatilla, and Washington, and the Idaho counties of Ada, Bannock, Canyon, and Kootenai.

mainly black tar, in Oregon and Idaho. In addition, misuse of prescription opioids 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.

(U) 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 common in the region since 2013 with higher availability paralleled by increased overdose deaths. Fentanyl and fentanyl analogues are increasingly transported into the HIDTA in the form of counterfeit pills or mixed with other drugs such as heroin.

(U) Availability and non-medical use of pharmaceutical drugs, mostly painkillers, remains high in the HIDTA. However, some indicators, such as use, deaths, and rates of prescribing, suggest a decline in misuse and may reflect a shift in demand for opioid-based drugs like heroin or counterfeit drugs laced with fentanyl.

(U) Marijuana use, cultivation, and trafficking are pervasive in the HIDTA. Oregon's Medical Marijuana Act and recreational marijuana laws<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 marijuana extracts, such as hash oil and marijuana wax, continue to increase in the region and have led to nearly 40 production-related explosions or fires in Oregon since 2011. Idaho marijuana laws remain rigorous, with all possession, manufacture, and sale of the drug strictly prohibited.

(U) Cocaine availability and use remain low relative to other illicit drugs in the HIDTA. Some indicators, such as task force seizures and law enforcement reporting, suggest increased availability and are likely a result of increased production in Colombia, the main source country for the United States. Despite higher availability, the user base for cocaine in most areas of the HIDTA has remained unchanged likely due to availability and low cost of highly potent stimulant alternatives, such as methamphetamine.

(U) 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.

(U) During 2019, participating agencies within the Oregon-Idaho HIDTA identified 69 DTOs with foreign and domestic connections that were actively operating in the HIDTA; 14 new DTOs were identified between January 1 and April 13, 2020.<sup>1</sup>

(U) Multi-state DTOs represent the greatest criminal drug threat to the HIDTA. These DTOs transport and distribute illicit drugs to and within the HIDTA in addition to influencing the drug market in other states. Multi-state DTOs identified in 2019 were involved in trafficking methamphetamine, heroin, and polydrugs, as well as interstate trafficking of marijuana.

(U) International DTOs, specifically, trafficking organizations connected to Mexico, either directly or through associated trafficking and distribution cells, represent another serious criminal drug threat in Oregon and Idaho. Mexican criminal organizations maintain the greatest influence on the illicit drug market in the United States and use the established transportation and distribution infrastructure to move

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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.

product, primarily methamphetamine, heroin, cocaine, and fentanyl into the country and into the Oregon-Idaho HIDTA region.

(U) Criminal organizations that operate locally also remain a concern in the HIDTA. The majority of local DTOs were involved in trafficking and distribution of crystal methamphetamine and polydrugs, mostly various combinations of methamphetamine, heroin, cocaine, fentanyl, and/or marijuana. Other criminal groups, such as criminal street gangs and local independent dealers, also transport and distribute drugs, but to a lesser extent.

(U) 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 in 2019. Bulk cash smuggling, cash-intensive businesses, money service businesses, bank structuring, and prepaid cards remain primary methods of transferring drug revenues into, through, and out of the HIDTA.

### ***III. HIDTA REGION DESCRIPTION***

(U) 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 2019, Josephine County, Oregon was added and the HIDTA designation for the Confederated Tribes of Warm Springs Reservation was removed. In 2020, the Idaho County of Kootenai was given HIDTA designation. In total, the Oregon-Idaho HIDTA consists of 16 counties. Counties in the HIDTA include Oregon’s Clackamas, Deschutes, Douglas, Jackson, Josephine, Lane, Linn, Malheur, Marion, Multnomah, Umatilla and Washington, and the Idaho counties of Ada, Bannock, Canyon, and Kootenai (Figure 1).

***Figure 1.***



## Distinguishing Features

(U) 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 40,736 square miles, a land mass about the size of Ohio (Table 1).

**Table 1**

Table 1. Oregon-Idaho HIDTA Area of Responsibility	
HIDTA Designated Counties	16 counties (OR=12; ID=4)
Geographic Area (in sq miles)	40,736
Population, 2018-19	4,384,530
Population Density (per sq mile)	107.6
Metropolitan Statistical Areas	7
HIDTA Initiatives	24
HIDTA Task Forces	17
Law Enforcement Partners	Total of 237. Federal (70), state (42), local (113), national guard (9), 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, 7/1/19 estimate), U.S. Census Bureau QuickFacts (Idaho, 7/1/18 estimate).

(U) According to U.S. Census Bureau estimates, Oregon ranks 27th in the country in population, with nearly 4.2 million residents in 2019 (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 (657,100), Eugene (171,210), and Salem (167,400).<sup>3</sup> Idaho ranks 39th in the nation in population with 1.7

million residents in 2019 (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 (228,790), Meridian (106,804), and Nampa (96,252).<sup>4</sup> The combined estimated total population of the Oregon-Idaho HIDTA was over 4.3 million in 2019 (Table 1).<sup>5</sup>

(U) 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 (2019)	4,217,737	1,787,065
Population Demographics (2019)		
Caucasian (not Hispanic or Latino)	75.3%	81.7%
Hispanic or Latino	13.3%	12.7%
Asian	4.8%	1.6%
African American	2.2%	0.9%
Native American or Alaskan Native	1.8%	1.7%
Hawaiian or Other Pacific Islander	0.5%	0.2%
Two or more races	3.9%	2.5%
Land area (sq mi)	95,988 sq mi	82,643 sq mi
Population density (per sq mi)	39.9	19.0
Capital	Salem	Boise
County with highest population	Multnomah	Ada
Violent Crime Rate, 2018 (per 100,000 population)	285.5	227.1
Property Crime Rate, 2018 (per 100,000 population)	2,894.0	1,461.4

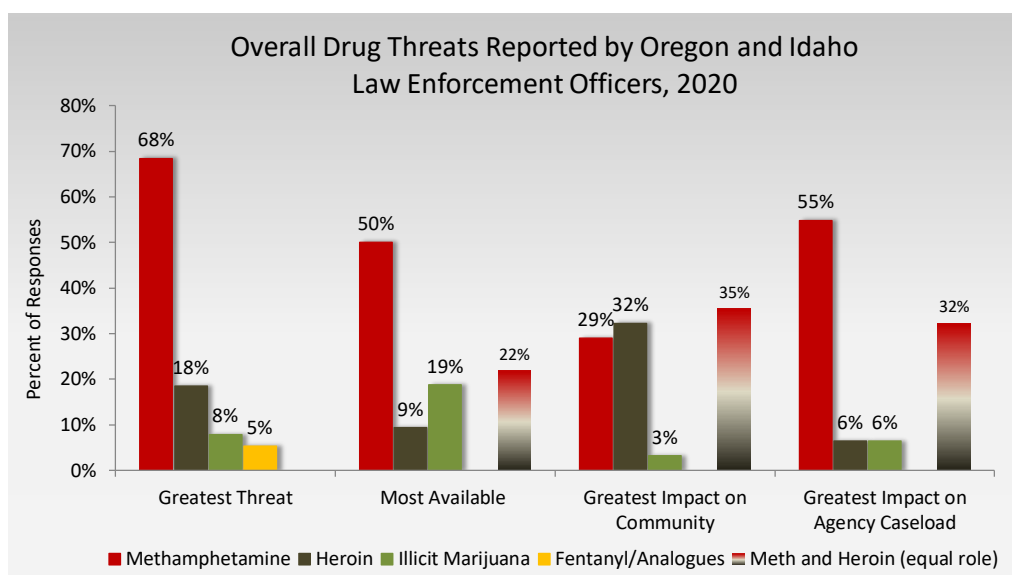
Note: Hispanics may be of any race and are included in all applicable race categories. *Violent Crime* includes murder, rape, robbery, aggravated assault. *Property Crime* includes burglary, larceny-theft, motor vehicle theft. Sources: U.S. Census Bureau. FBI Uniform Crime Reporting System.

## IV. DRUG THREATS

### Threat Overview

(U) Methamphetamine use and trafficking have increased in the Oregon-Idaho HIDTA and reflects the area's greatest drug threat (Figure 2). Results from a 2020 survey of Oregon and Idaho law enforcement

Figure 2.



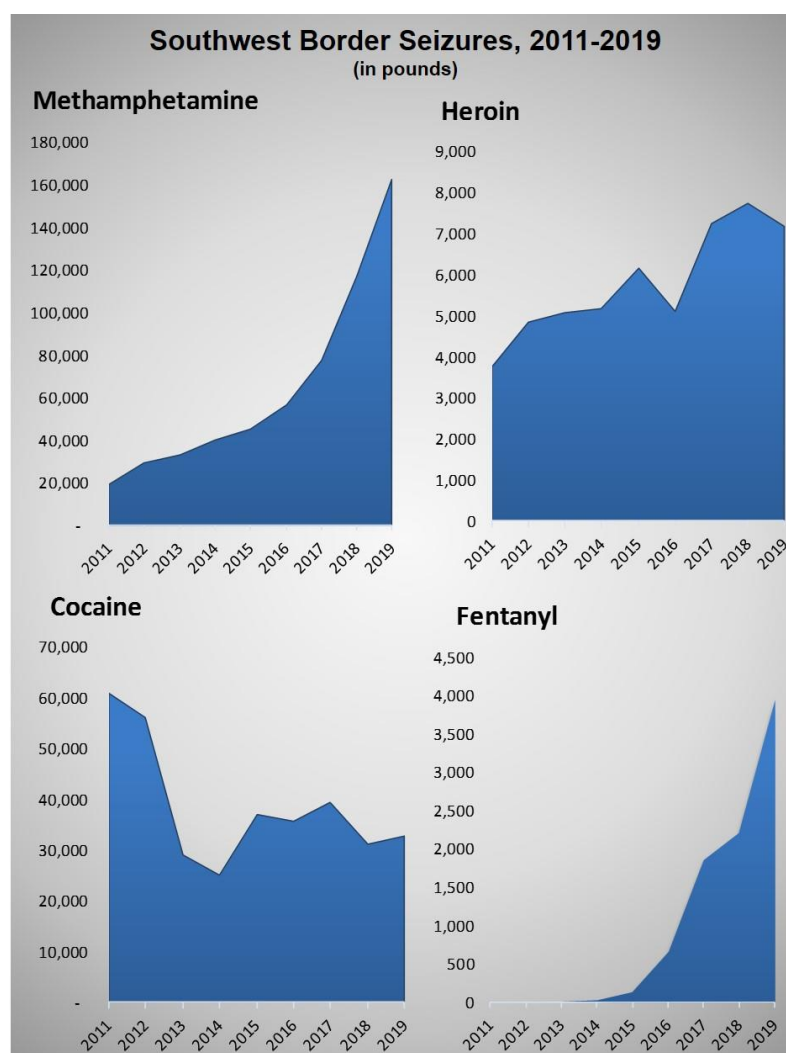
Note: The response category *Meth and Heroin (equal role)* was not an available option for the survey question on greatest drug threat. Total survey responses=38 (49% response rate). Source: 2020 Oregon-Idaho HIDTA Drug Threat Survey.

officers showed that methamphetamine accounted for the highest proportion of responses to specific threat indicators, including greatest overall threat, 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.<sup>d</sup> Roughly one-third of officers surveyed in 2020 indicated that methamphetamine along with heroin represented the greatest impact on their communities (35%) and on agency caseload (32%) (Figure 2, page 5).<sup>8</sup>

(U) The volume of drugs seized on the Southwest Border has grown and indicates 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 741% between 2011 and 2019, while heroin volume rose 92% during the same period.<sup>9</sup> Fentanyl seized at the border in 2019 was roughly 30 times the amount seized in 2015. In addition, the amount of cocaine seized at the Southwest Border rose 31% between 2014 and 2019 (Figure 3).<sup>10</sup>

(U) Analysis of drug samples submitted to the Oregon State Police (OSP) show that methamphetamine accounted for the majority of samples analyzed in Oregon in 2019 (61%). Additionally, heroin accounted for 21% of samples during the year, followed by controlled prescription drugs (6%), cocaine (3%), drug combinations (5%),<sup>e</sup> marijuana (2%), and other dangerous drugs (3%)<sup>f</sup> (Appendix C).<sup>11</sup> In Idaho, methamphetamine represented close to half (47%) of the samples analyzed in 2019, followed by marijuana (31%), heroin (11%), controlled prescription drugs (4%), other dangerous drugs (3%), cocaine (2%), and drug combinations (1%) (Appendix C).<sup>12</sup>

**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, 3/10/20.

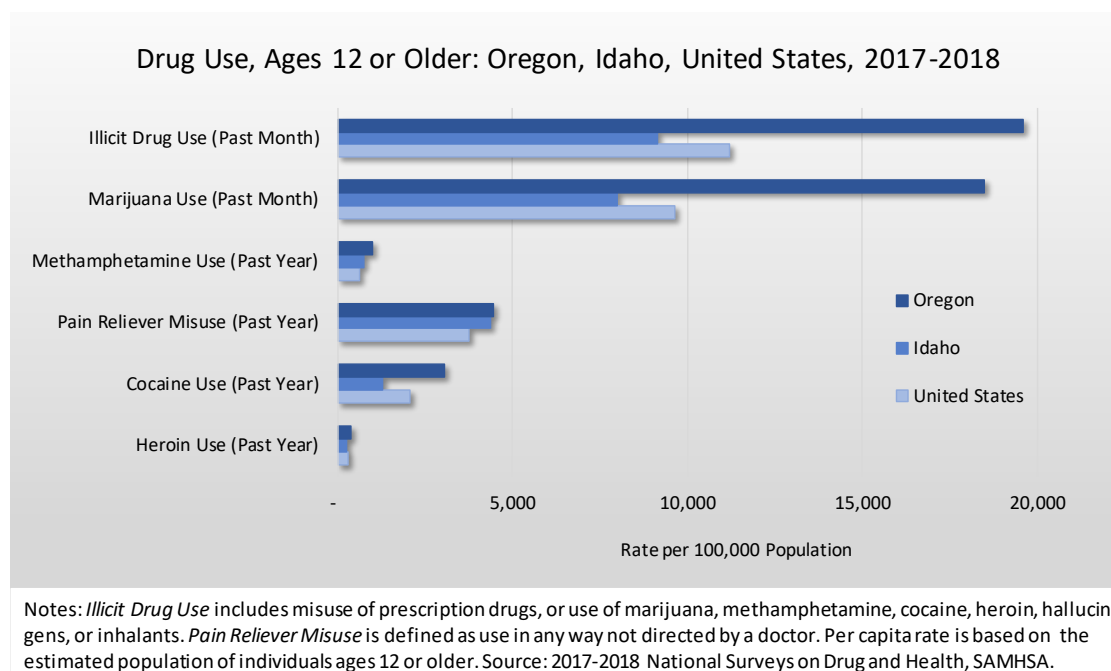
<sup>d</sup> The rank order of drug threats in the region was assessed through evaluation of data from local law enforcement surveys, national surveys, and indicators of availability and use, such as drug seizures, forensic samples, arrests, deaths, and hospitalizations.

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

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

(U) According to results from the 2018 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).<sup>13</sup> Oregon ranked near the top nationally for past month use of illicit drugs overall (2<sup>nd</sup>), past month use of marijuana (2<sup>nd</sup>), past year use of cocaine (4<sup>th</sup>), past year misuse of prescription pain relievers (6<sup>th</sup>), and past year use of methamphetamine (9<sup>th</sup>). In contrast, rates of use in Idaho in 2018 surpassed national use rates in regard to past year use of pain relievers (8<sup>th</sup>) and methamphetamine (22<sup>nd</sup>) and (Figure 4; Appendix D).<sup>14</sup>

**Figure 4.**

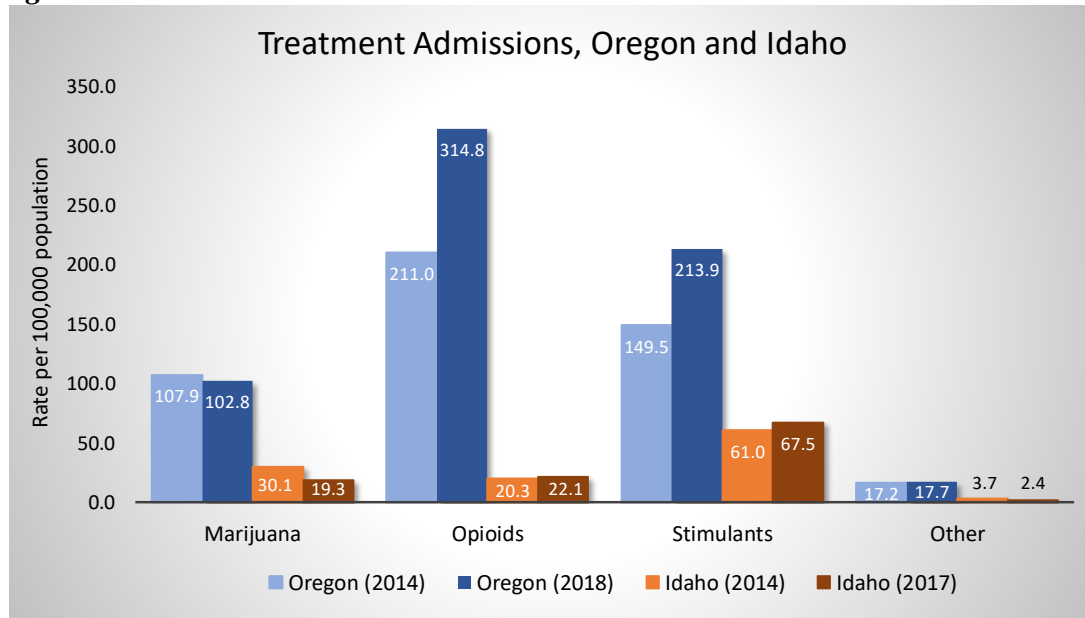


(U) Additionally, analysis of treatment admission data in Oregon revealed an over 40% rise in the rate of admissions for treatment of opioid use (+49%) and stimulant use (+43%) between 2014 and 2018 (Figure 5, page 8). The number of opioid admissions in Oregon comprised nearly half (48%) of total substance admissions in Oregon in 2018, followed by stimulants (33%), marijuana (16%), and other drugs (3%) (Appendix E).<sup>15</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 marijuana admission rates dropped by double digits (Figure 5, page 8). Stimulant admissions represented the largest portion of admissions in Idaho in 2017 (61%), followed by opioids (20%), marijuana (17%), and other drugs (2%) (Appendix E).<sup>16</sup>

(U) Drug use in the U.S. workforce showed a substantial increase in the last five years, from a positivity rate<sup>g</sup> of 3.9% in 2014 to 4.4% in 2018 -- the highest rate recorded in more than a decade (Figure 6, page 8).<sup>17</sup> Oregon positivity rates exceeded national rates, growing from 4.2% in 2014 to 6.5% in 2018, mostly due to increases in marijuana positivity. Idaho rates also rose during the time period, from 3.8% in 2012 to 4.5% in 2018, mostly because of an increase in marijuana positivity.<sup>18</sup>

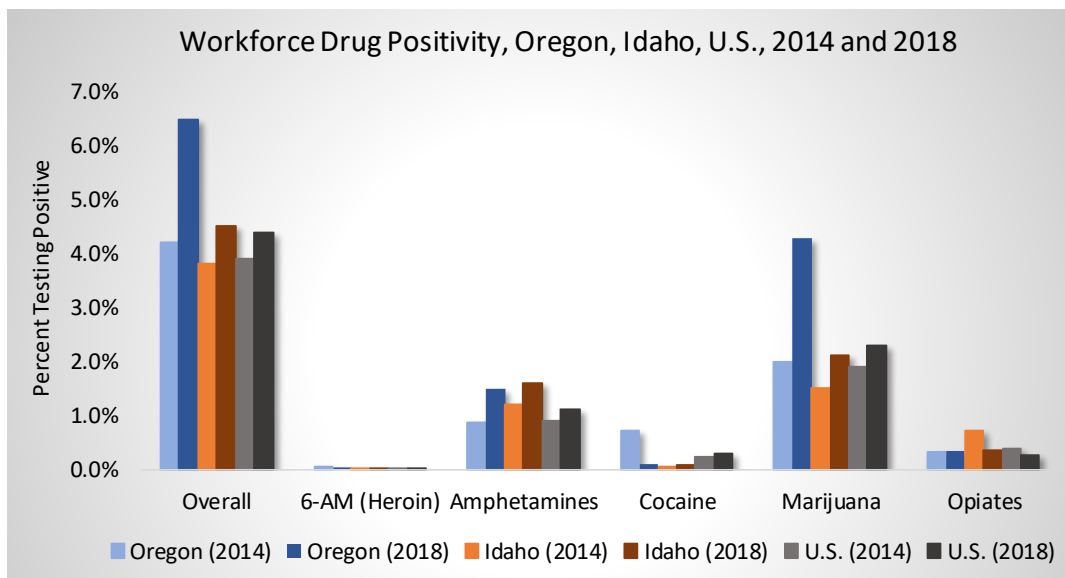
<sup>g</sup> Based on urine drug tests.

**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.

**Figure 6.**



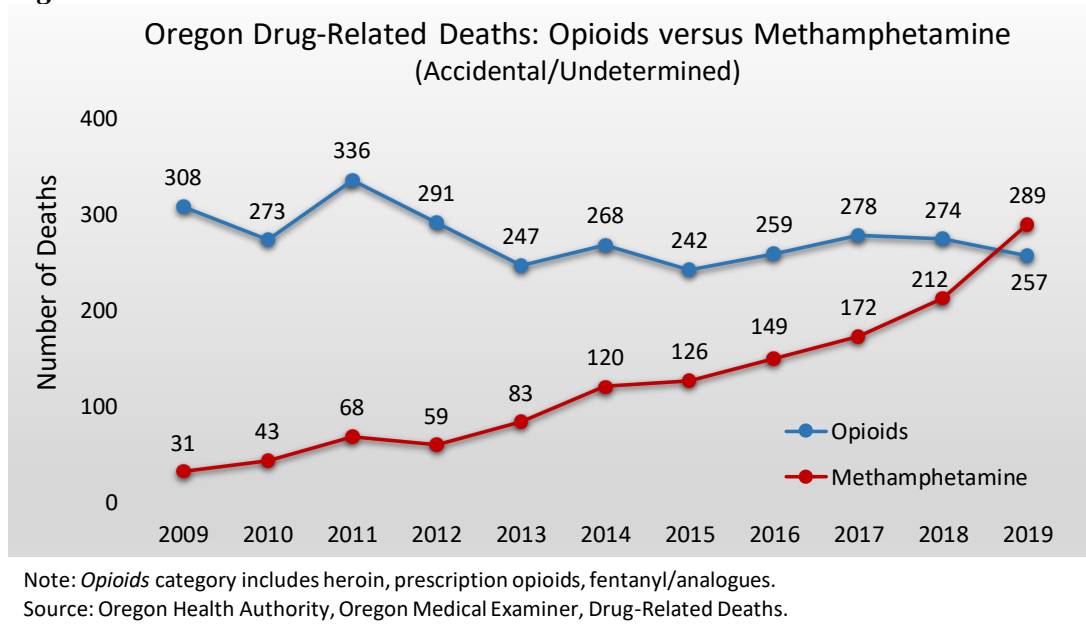
Notes: Based on percent of workforce testing positive for drugs via urine test. The category 6-AM is 6-Monoacetylmorphine, an active metabolite of heroin. Source: Quest Diagnostics, Drug Testing Index™: Positivity Rates, 2014 and 2018.

(U) 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),

<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.

pharmaceutical opioids (129), fentanyl/analogues (76), and cocaine (49) (Appendix F).<sup>19</sup> While the total number of drug-related deaths was unavailable at publication, accidental/undetermined deaths were available on request. Methamphetamine fatalities due to accidental or undetermined causes reached an historic high of 289 in 2019, exceeding the combined total of accidental or undetermined deaths from opioids<sup>i</sup> (257) (Figure 7). Since 2011, deaths from opioid-based drugs, largely pharmaceutical opioids, have declined in the state while fatalities related to stimulants – primarily methamphetamine – have increased.

**Figure 7.**



(U) 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>20</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>21,22</sup>

(U) 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,23</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>24</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>25</sup> The rate of marijuana arrests increased overall in Idaho between 2009 and 2016, marking a clear deviation from Oregon trends (Appendix G).<sup>26</sup>

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

<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).

(U) Of the over 42,000 individuals in the Oregon corrections population in November 2019, the largest portion was comprised of drug (14.6%) and assault (14.6%) offenders, followed by theft (9.0%).<sup>k,27</sup> Out of nearly 15,000 offenders in Oregon state prisons in March 2020, 4% were incarcerated solely based on a drug conviction and 12% were admitted due to a combination of drug and other offenses.<sup>28</sup> Oregon Department of Corrections admissions for felony drug offenses in 2019 were primarily due to delivery convictions (88%), with a much smaller proportion of convictions related to possession (9.5%) and manufacturing (2.5%).<sup>29</sup> In Idaho, out of over 9,000 inmates in the Idaho Department of Corrections system in June 2019, the largest portion were incarcerated due to drug crimes (35.2%), followed by assault (21.5%) and property offenses (15.8%).<sup>30</sup>

(U) 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 20 individuals tied to Regional Priority Organization Targets (RPOT), 18 individuals linked to Consolidated Priority Organization Targets (CPOT), and 84 individuals connected to Organized Crime Drug Enforcement Task Force (OCDETF) cases. In addition, 224 Federal Felony Drug Warrants were active in Oregon at the time of this writing.<sup>31</sup> In 2019, the Oregon USMS apprehended over 800 fugitives, with 94% of arrestees classified as violent offenders and 26% of the cases classified as drug-related.<sup>32,33</sup>

(U) 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 42% of total interdictions reported in the region through the Domestic Highway Enforcement (DHE) program<sup>1</sup> between 2008 and 2019. During the period, over \$11.4 million in bulk cash was seized, as well as 28,171 pounds of marijuana, 1,838 pounds of methamphetamine, 828 pounds of cocaine, and 356 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>34,35</sup>

(U) In addition, criminal groups in the HIDTA have increasingly used 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 2019, HIDTA task forces reported 322 parcel interdictions containing illicit drugs, 63% of which were marijuana-related. Roughly 1,782 pounds of illicit substances were confiscated (1,679 lb of marijuana alone), as well as over 93,000 dosage units of diverted prescription medications, fentanyl, and designer drugs.<sup>36</sup>

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<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.

<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.

## 1. Methamphetamine

(U) 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 2020, 68% reported methamphetamine as the greatest drug threat to their area,<sup>m</sup> with the majority indicating methamphetamine as the drug that has the greatest impact on agency caseload (55%) (Figure 2, page 5).<sup>37</sup>

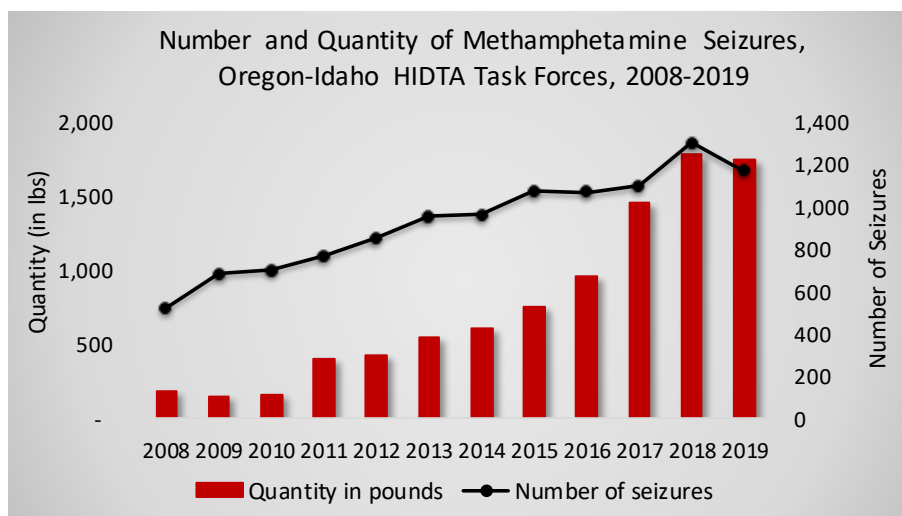
### Availability

(U) 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> (97.5%) and potency<sup>o</sup> (95.6%) of the seizures averaged at above 95% in 2018.<sup>38</sup>

(U) Most of the law enforcement officers surveyed in 2020 (94%) indicated that crystal methamphetamine was highly available in their area, with one-third (33%) reporting increased availability.<sup>39</sup> Mirroring national trends, methamphetamine prices in the region continued to decline in 2019. In the last two years (2018-2019), price per pound fell by 22% in Oregon overall with the steepest drop in the Portland Metropolitan region (-33%). Average price per pound for crystal methamphetamine dropped 10% in Idaho between 2018 and 2019.<sup>40,41</sup>

(U) The number of seizures and volume confiscated by Oregon-Idaho HIDTA task forces have shown a marked increase since 2010, supportive of a rise in availability. HIDTA task forces confiscated 1,749 pounds of crystal methamphetamine in 2019 – over 11 times the quantity seized in 2010 (157 lb) (Figure 8). Since 2012, more product has been seized in multi-pound amounts. In 2019 alone, HIDTA task forces made 22 seizures of over 20 pounds each – about 1,016 pounds in total. The largest single seizure of methamphetamine was reported in Multnomah County by the Oregon-Idaho HIDTA DEA Task Force

**Figure 8.**



Source: HIDTA Performance Management Process Database, 3/4/20.

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

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

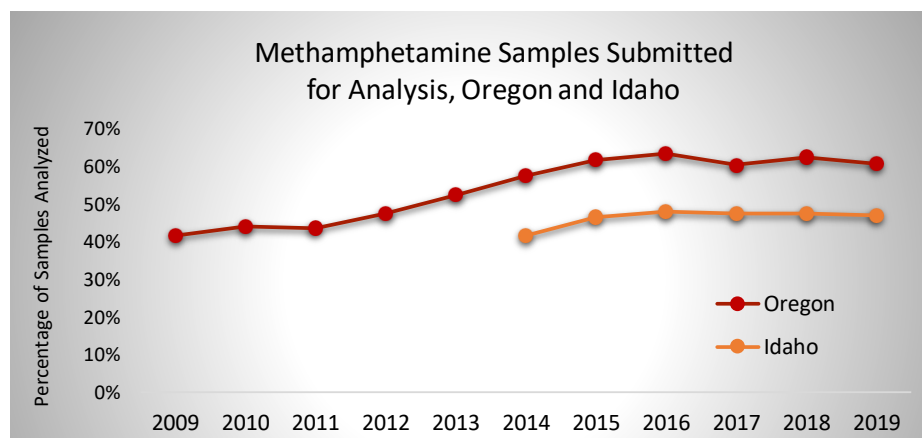
<sup>o</sup> Potency is the dosage required to exert an effect of given intensity in the body.

(191 lb).<sup>42</sup> Furthermore, the volume of methamphetamine confiscated on Oregon's highways has increased in the last decade, the total seized in 2019 (267 lb) was 6 times higher than in 2008 (38 lb).<sup>43</sup> While comparatively fewer methamphetamine-related interdictions were reported on Idaho highways; the state reported approximately 327 pounds confiscated between 2012 and 2019 – the largest a 54 pound seizure in Idaho Falls in 2013.<sup>44</sup>

(U) 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 42% of drug samples analyzed in 2009 to 61% in 2019.<sup>45</sup>

Likewise, samples recently analyzed from the Idaho State Police (ISP) show that methamphetamine reflected nearly half (47%) of the drug types submitted in 2019, outpacing marijuana in 2015 (Figure 9; Appendix C).<sup>46</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, 2/27/20; ISP Forensic Services, data request, 3/17/20.

(U) A recent development that has impacted methamphetamine availability and price at the time of this report is the pandemic caused by the novel coronavirus, COVID-19. The pandemic has led to border restrictions and country lockdowns, causing disruptions in production, supply, and sale of illicit drugs at both the wholesale and retail level. Synthetic drugs, such as methamphetamine and fentanyl, have been the most affected since Mexican cartels rely on precursor chemicals imported from China -- the epicenter of the outbreak -- to manufacture product. New challenges in acquisition of precursors and in transportation and sale of product have led to higher prices in the United States. Some cartels have reportedly attempted to manipulate the market by intentionally stockpiling existing methamphetamine supplies.<sup>47</sup> In Oregon's Portland Metropolitan region, methamphetamine prices showed a marked increase in mid-April, 2020.<sup>48</sup> Depending on how long the pandemic lasts, domestic production of methamphetamine may rise as higher prices or lack of supply make imported product less favorable.

## Use

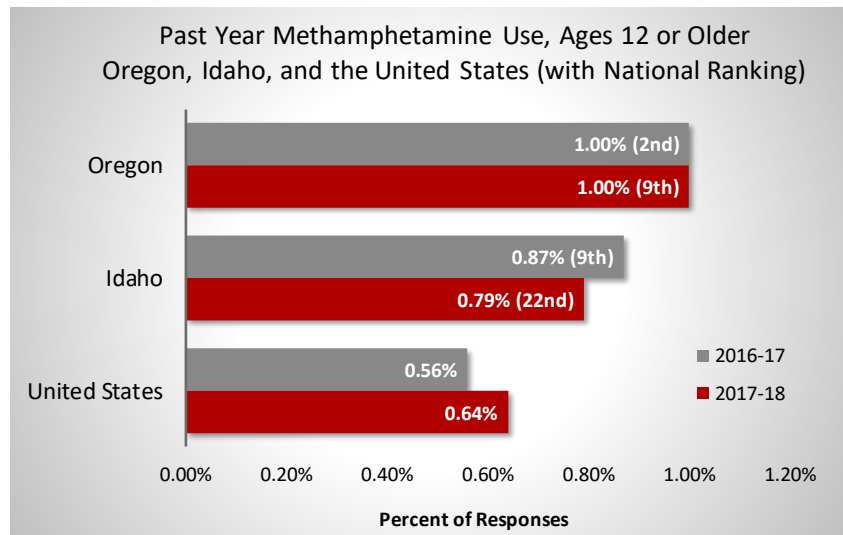
(U) Use of methamphetamine remains widespread in the HIDTA, evidenced by recent data on reported use and by the high number of related deaths, treatment admissions, and arrests reported in the region. According to 2018 national survey results, past year methamphetamine use in Oregon remained high but unchanged between 2017 (1.00%) and 2018 (1.00%), dropping in rank to 9<sup>th</sup> nationally, due to increased use in other states, such as Arizona and Nevada.<sup>49</sup> Use in Idaho dropped slightly from 2017 to 2018, with the state changing in rank from 9<sup>th</sup> to 22<sup>nd</sup> nationally (Figure 10, page 13).<sup>50</sup>

(U) 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). The number of deaths in the state rose over 400% from 50 deaths in 2009 to 272 deaths in 2018.<sup>51</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; Appendix F).<sup>52</sup>

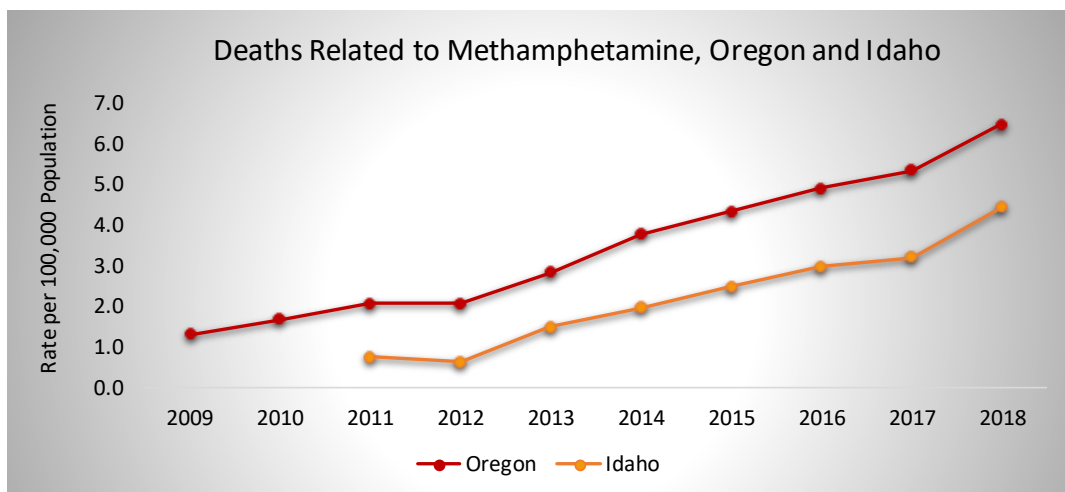
(U) The influx of high potency methamphetamine, along with increased availability, are likely strong contributing factors in the growing death toll in the region. Historically, methamphetamine-associated fatalities have rarely been the result of overdose; most have occurred from traumatic accidents where people have the drug in their system or from physiological reactions such as seizures, strokes or heart attacks.<sup>53</sup> However, the number of methamphetamine deaths caused by overdose may be growing. For example, over the last decade, the number of accidental deaths involving methamphetamine combined with one or more drugs rose nearly 800% (2009-2018). The most common combination was heroin and methamphetamine, with heroin contributing to nearly one-third (32%) of methamphetamine deaths in 2018.<sup>54</sup> According to a recent study, users may combine methamphetamine and heroin for a number of reasons, including counteracting withdrawal symptoms, balancing the highs and lows of each drug, or to achieve a greater or longer psychoactive effect.<sup>55,56</sup>

**Figure 10.**



Source: SAMHSA, National Survey on Drug Use and Health, 2016-2017 and 2017-2018.

**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.

(U) 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>57</sup> Recent findings for Idaho show that treatment admissions for the category of amphetamines was the highest of any illicit drug category, rising 16% between 2014 (997) and 2017 (1,159) (Appendix E).<sup>58</sup>

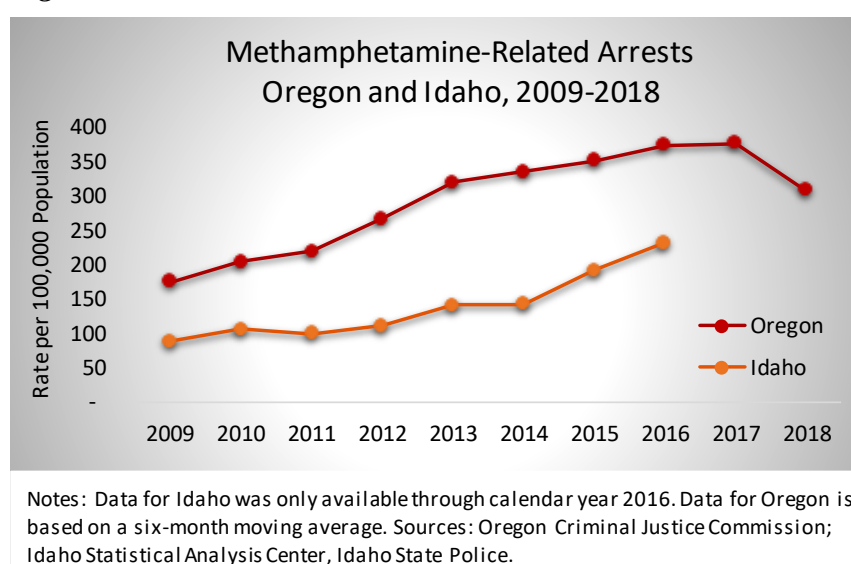
(U) The arrest rate for methamphetamine-related offenses in Oregon is historically the highest of any drug category and represented 59% of total drug arrests in 2018 (Appendix G). The rate peaked in 2017 (15,624) and was more than twice the rate reported in 2009 (6,691) (Figure 12).<sup>p,59</sup> In 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 nearly tripling between 2009 (1,367) and 2016 (3,906) (Figure 12).<sup>60</sup>

## Production

(U) 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 1 methamphetamine lab seized in 2019 (Appendix I).<sup>61</sup>

Methamphetamine production has remained low in Idaho, with 4 labs seized between 2014 and 2019.<sup>62</sup>

Figure 12.



## Transportation

(U) 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.<sup>63</sup> Preferred routes in Oregon include Interstate-5, and to a lesser extent Interstate-84 and U.S. Highway 97; common routes in Idaho include Interstates 15 and 90 (Appendix H). Mexican DTOs also supply methamphetamine to multi-state and local DTOs operating in the region, facilitating distribution in the HIDTA and surrounding region. Nearly half of officers surveyed in 2020 reported California (46%) to be the domestic point of origin for methamphetamine seizures in the last two years, followed by Washington (21%), Arizona (15%), Nevada (12%), and Utah (6%).<sup>64</sup>

(U) Methamphetamine in the form of powder or suspended in liquid is also smuggled into the United States and reconstituted into crystal methamphetamine at labs – most of which are located in Georgia

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

and California.<sup>65</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>66</sup> Since 2013, 3 conversion labs have been seized in Oregon: 1 each in Washington County (2013), Marion County (2014), and Multnomah County (2015).<sup>67</sup> No conversion lab seizures have been reported in Idaho.<sup>68</sup>

### *Intelligence Gaps*

- Rate of methamphetamine treatment admissions in Oregon since 2015
- Number of methamphetamine-related deaths caused by overdose in Idaho
- Impact of COVID-19 on methamphetamine supply, price, and domestic production
- Volume of methamphetamine trafficked through parcel post, by rail, by air, or by waterways

## *2. Heroin*

(U) Heroin is one of the top drug threats in the United States with use and trafficking occurring at high levels nationally.<sup>69</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. Elevated heroin availability, trafficking, and use in the HIDTA suggest that heroin remains a critical threat and represents a close second to methamphetamine as the region's most serious drug threat.

### *Availability*

(U) Nearly one-fifth (18%) of law enforcement officers surveyed in Oregon and Idaho in 2020 reported that heroin was the principal threat to their area due to concerns mainly related to high or increased availability, high overdose potential, and community impact (Figure 2, page 5).<sup>q,70</sup> Three-quarters (76%) of the officers reported that a high level of heroin, mostly black tar, was available in their area in 2019. In addition, over half (56%) of the officers indicated heroin availability rose in their jurisdiction in the last year. Increased availability was reported in Oregon's Portland Metropolitan (Clackamas, Clatsop, Multnomah, Washington), Willamette Valley (Linn, Marion), Southern (Coos, Douglas, Jackson), and Eastern (Deschutes, Klamath) regions, as well as in areas of Idaho (Bonneville, Canyon, Kootenai).<sup>71</sup>

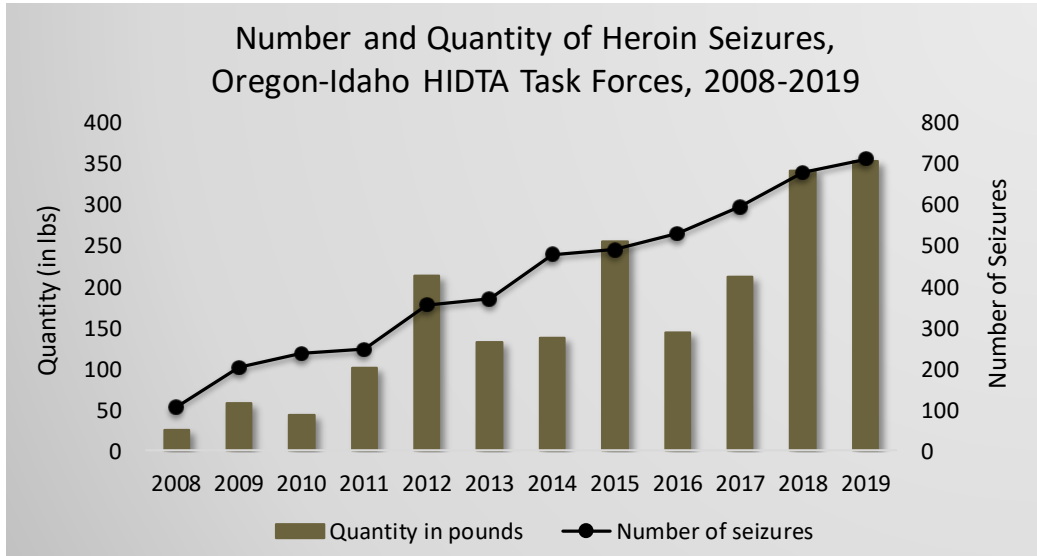
(U) According to federal estimates, cultivation of opium has expanded in Mexico since 2012, reaching a record high in 2017, before falling slightly in 2018.<sup>72</sup> Elevated production has led to increased trafficking, lower prices and greater availability of brown powder and black tar heroin in the United States.<sup>73</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 2019 (712) was nearly 7 times as high as seizures in 2008 (106). Additionally, heroin volume exceeded 350 pounds in 2019, 13 times greater than the amount reported in 2008 (25 lb) (Figure 13, page 16).<sup>74</sup> Average price per kilogram of heroin in Oregon-Idaho HIDTA region dropped nearly 30% between 2018 and 2019, with retail prices dropping nearly 10% per ounce in 2019.<sup>75</sup>

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<sup>q</sup> Officers who responded that heroin was their area's greatest drug threat represented agencies in Clackamas, Clatsop, Josephine, Washington counties in Oregon and Bannock, Kootenai, and Lewiston counties in Idaho.

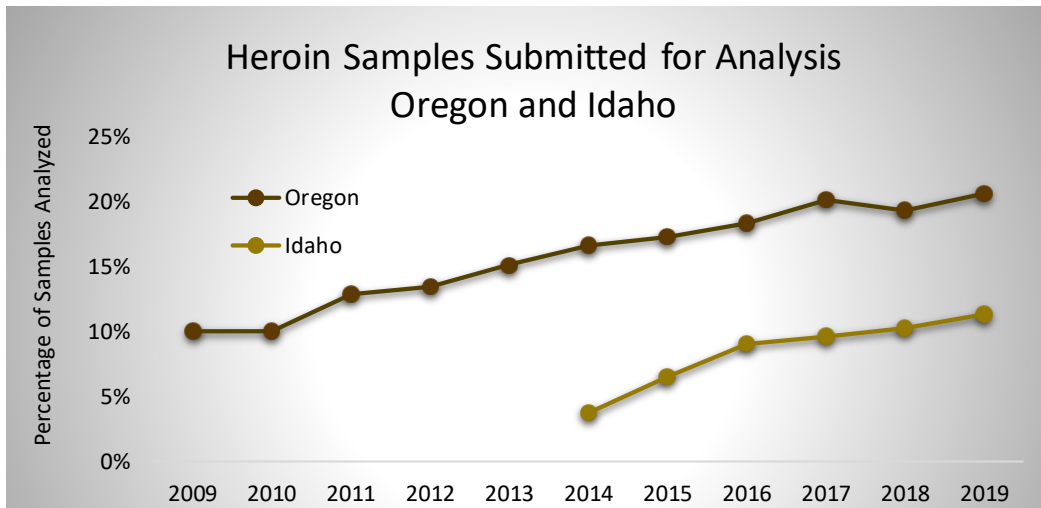
(U) Results of analysis of forensic samples in Oregon and Idaho are also supportive of a rise in heroin availability. In the last decade, the number of substances testing positive for heroin in Oregon nearly doubled from 2009 (1,253) to 2019 (2,338) and represented 21% of total drug samples analyzed in 2019.<sup>76</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 1,000 in 2019 (Figure 14).<sup>77</sup>

**Figure 13.**



Source: HIDTA Performance Management Process Database, 3/4/20.

**Figure 14.**



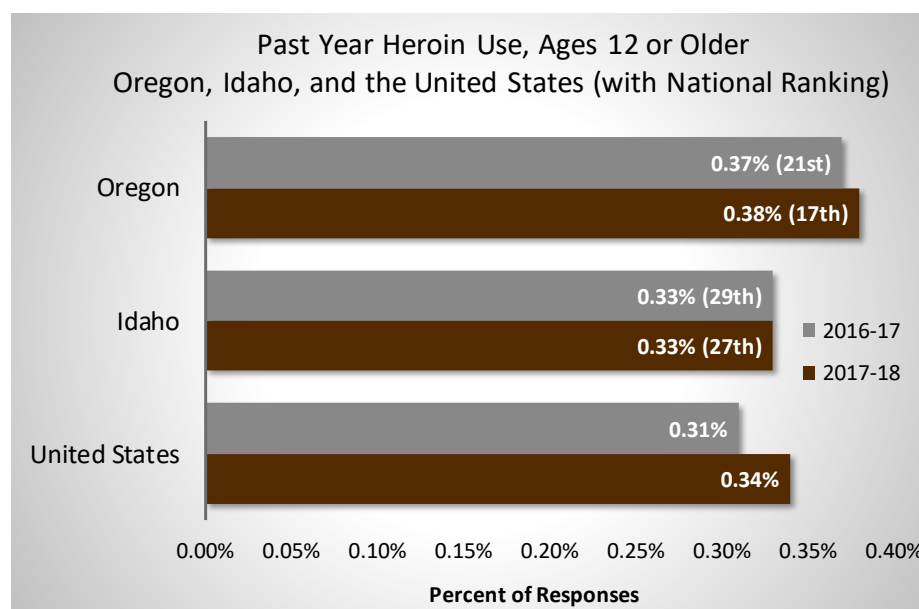
Notes: 1) Percentages based on total drug samples analyzed; 2) Comprehensive data for Idaho was not available prior to 2014. Source: OSP Forensic Services Division, data request, 2/27/20; ISP Forensic Services, data request, 3/17/20.

## Use

(U) The increasing prevalence of heroin, combined with low prices and high purity, have been major drivers of higher levels of heroin use and associated overdoses in the United States.<sup>78</sup> In the HIDTA, wider availability and low cost of heroin in both tar and powder form have encouraged more people to experiment with the drug, raising the potential for addiction.

(U) According to 2018 national survey results, Oregon ranked 17<sup>th</sup> nationally for past year heroin use for people ages 12 or older (Figure 15).<sup>79</sup> While heroin is a growing problem in Idaho, prevalence rates in 2018 (0.33%) ranked the state at 27<sup>th</sup> nationally and roughly equal to the national average (0.34%).<sup>80</sup>

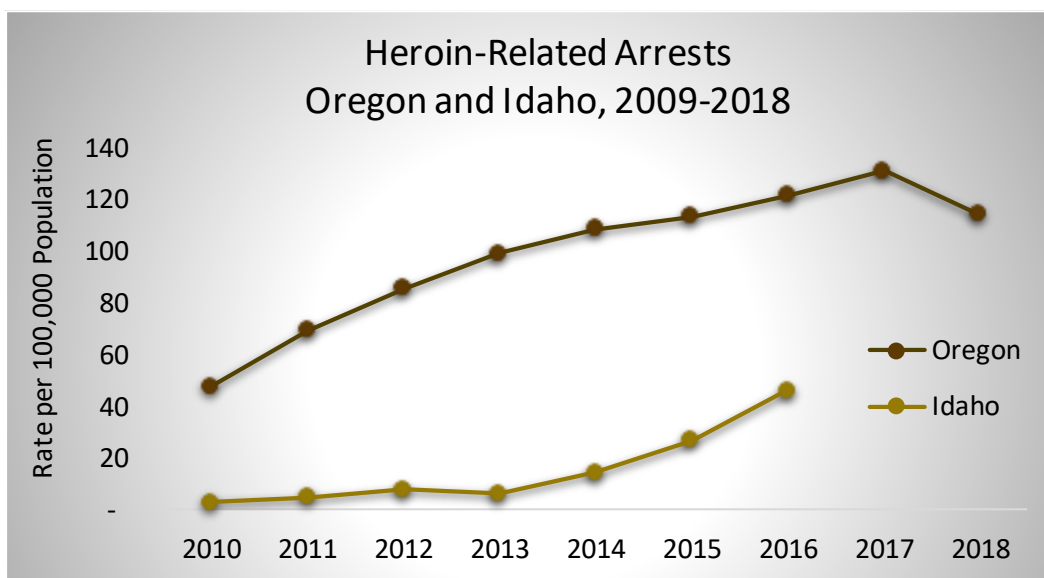
**Figure 15.**



Source: SAMHSA, National Survey on Drug Use and Health, 2016-2017 and 2017-2018.

(U) Over the past decade, 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 to include younger users and people addicted to heroin because of an opioid dependency that developed 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>81</sup> Furthermore, the number of people who admitted to regular heroin use at intake in the Oregon Corrections System in 2019 (886) was over 3 times the number of intakes reported in 2008 (248).<sup>82</sup> In Idaho, the arrest rate for heroin more than tripled between 2014 (237) and 2016 (776), the most recent year available (Figure 16, page 18).<sup>83</sup>

(U) 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>84</sup>

**Figure 16.**

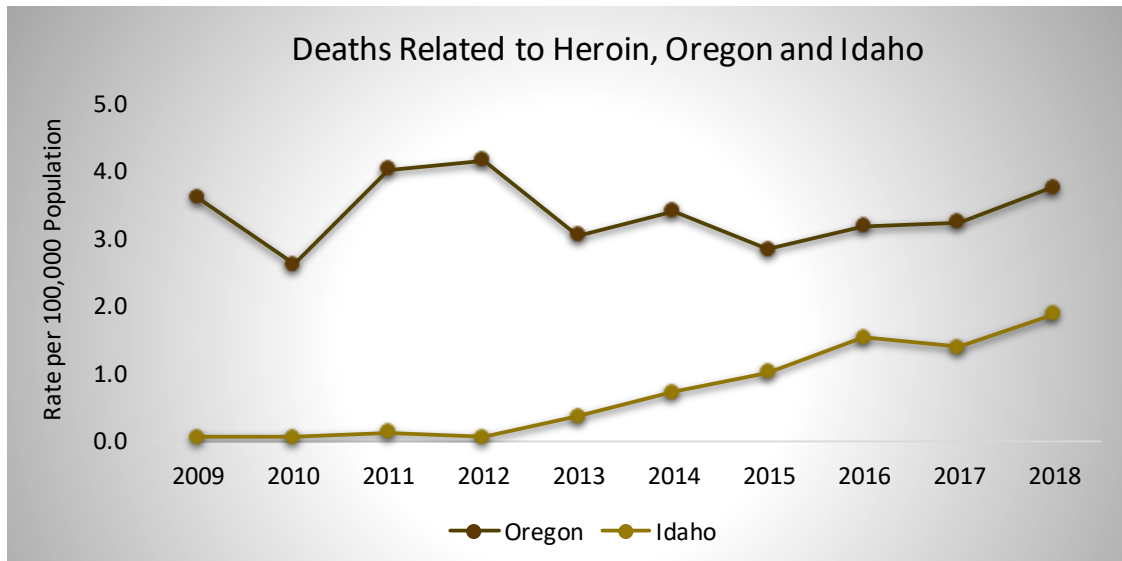
Notes: Data for Idaho was only available through calendar year 2016. Data for Oregon is based on a six-month moving average. Sources: Oregon Criminal Justice Commission; Idaho Statistical Analysis Center, Idaho State Police.

(U) 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 19).<sup>85</sup> The recent increase in heroin-related deaths in Oregon may be connected to the growing number of accidental death cases where multiple drugs were 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 19).<sup>86</sup>

### ***Production***

(U) Mexico is the main producer and supplier of heroin into the United States.<sup>87</sup> The latest government estimates show that over 90% of wholesale heroin imported into the United States originates from Mexico.<sup>88</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 2012 to 106 metric tons in 2018.<sup>89,90</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.

## Transportation

(U) 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. According to 2020 survey results, domestic points of origin for heroin seized in the last two years were largely California (48%), followed by Washington (21%), Arizona (19%), Utah (8%), and Nevada (4%).<sup>91</sup>

## Intelligence Gaps

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

### 3. Fentanyl and Synthetic Opioids

(U) 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 availability and use related to non-pharmaceutical forms. Fentanyl analogues and other synthetic opioids, have increased in prevalence as illicit producers continue to develop new derivative forms to supply an expanding market. In addition, illicitly manufactured fentanyl and fentanyl analogues are increasingly found in counterfeit prescription pills that are being produced in large quantities by Mexican drug cartels for distribution in the United States.<sup>92</sup>

#### Availability and Use

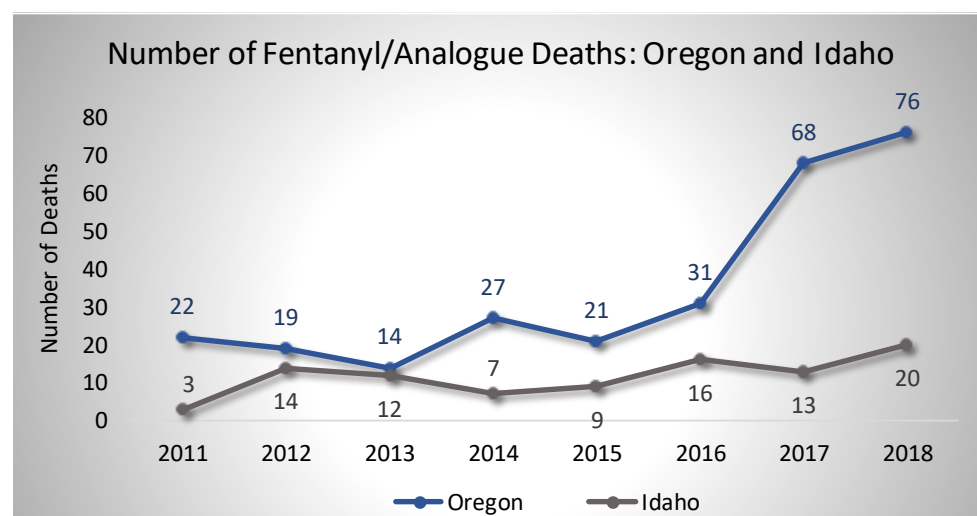
(U) Fentanyl, fentanyl analogues, and other synthetic opioids are commonly mixed with or sold as heroin, disguised as prescription drugs, or marketed as other drugs by suppliers – often with deadly consequences. For example, due to its rapid rate of absorption, fentanyl can be fatal at doses as small 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>93</sup>

(U) The number of overdoses connected to synthetic opioids has grown in the United States in the last six years – more than two-thirds (67%) of opioid-involved overdose deaths in 2018 were connected to synthetic opioids, such as fentanyl and fentanyl analogues.<sup>94</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 644 submissions in 2012 to more than 56,000 in 2017.<sup>95</sup>

(U) 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. Approximately 60% of officers surveyed in 2020 reported that synthetic opioid availability increased in their jurisdictions in

2019, mainly in Oregon's Northwest (Clackamas, Clatsop, Multnomah, Washington) and Willamette Valley (Benton, Lane, Linn, Marion) regions, but also east in Umatilla County and in Idaho (Ada, Bonneville, Canyon, Kootenai).<sup>96</sup> Mirroring availability, the number of deaths connected to use of fentanyl and fentanyl analogues rose more than fourfold in Oregon between 2013 (14) and 2018 (76) (Figure 18).<sup>97</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.

The number of related deaths is lower in Idaho; however, fentanyl-induced deaths increased from 3 in 2011 to 20 in 2018.<sup>98</sup>

**Table 3.**

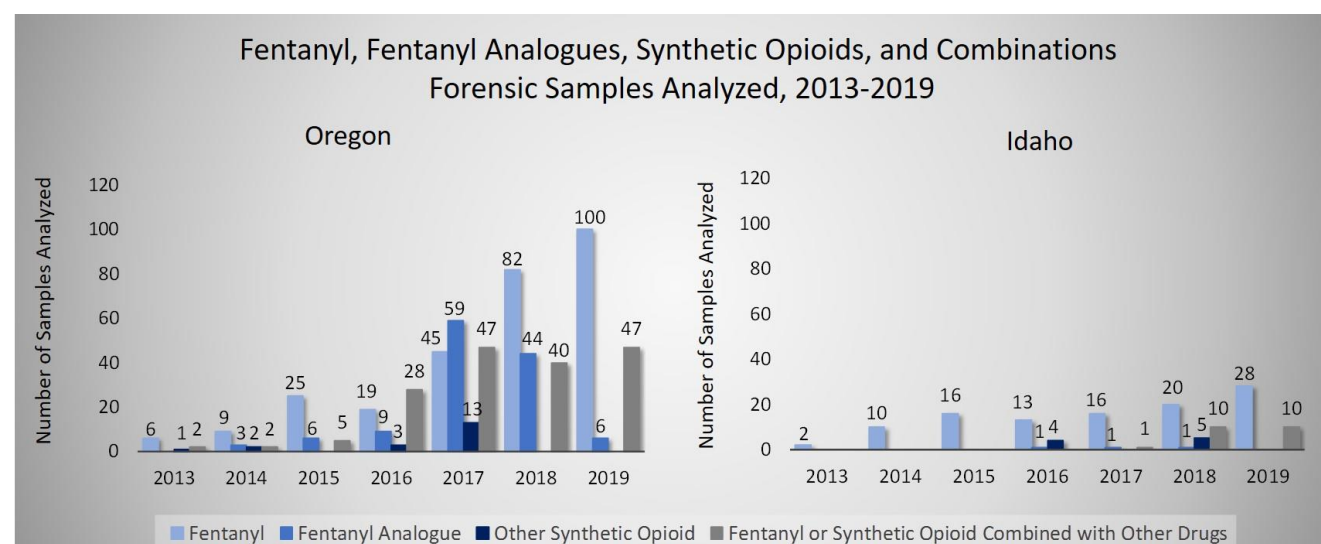
Fentanyl, Fentanyl Analogues, and Synthetic Opioid Samples Submitted as Single and Combination Substances to State Police Forensic Labs 2013-2019		
	Oregon	Idaho
<b>Single Substance Submissions</b>		
<b>Fentanyl</b>	<b>286</b>	<b>105</b>
Fentanyl	274	100
Carfentanil	12	5
<b>Fentanyl Analogues</b>	<b>127</b>	<b>3</b>
Cyclopropylfentanyl	50	-
Furanyl Fentanyl	47	2
Acetyl Fentanyl	14	-
Para-Fluoroisobutyl Fentanyl	5	-
Para-Fluorofentanyl	3	-
Methoxyacetyl Fentanyl	3	1
Acetyl-alpha-methylfentanyl	1	-
Butyryl Fentanyl	1	-
Fluorobutyryl Fentanyl	2	-
Phenyl Fentanyl	1	-
<b>Other Synthetic Opioids</b>	<b>19</b>	<b>9</b>
U-47700 - U47703	16	9
Other Synthetic Opioids	3	-
<b>Combination Substance Submissions</b>	<b>171</b>	<b>21</b>
Heroin, Fentanyl/Analogue, and/or U-47700	55	17
Alprazolam, Fentanyl/Analogue, and/or U-47700	34	-
Meth, Heroin, Fentanyl/Analogue, and/or other drug	21	3
Heroin, Rx Drug, Fentanyl/Analogue	17	-
Fentanyl/Analogue, U-47700	11	-
Meth, Fentanyl/Analogue	11	1
Other Drug Combinations with Synthetic Opioids	11	-
Rx Drug, Fentanyl/Analogue, and/or U-47700	11	-
<b>Total</b>	<b>603</b>	<b>138</b>

Source: Oregon State Police, Forensic Services Division, 2/27/20; Idaho State Police, Forensic Services, 3/17/20.

(U) Of synthetic opioid samples submitted to the Oregon state forensic lab between 2013 and 2019, 47% tested positive for fentanyl, followed by combination submissions (28%), fentanyl analogues (21%), and other synthetic opioids (3%) (Table 3). Since 2015, there has been a marked increase in the number of fentanyl and fentanyl analogue samples analyzed with a higher incidence of single substances submitted in 2018 and 2019, as well as a greater number of mixtures (Figure 19).<sup>99</sup>

(U) Samples analyzed between 2013 and 2019 in Idaho showed a varied trend in fentanyl submissions, with fewer samples submitted relative to fentanyl analogues and synthetic opioids, but a recent increase in the proportion of drug mixtures in 2018 and 2019 (Figure 19).<sup>100</sup>

**Figure 19.**



Note: Other Synthetic Opioid includes U-47700-U47703, Benzethidine, Furethidine, Methylidihydromorphine. Sources: Oregon State Police, Forensic Services Division, 2/27/20; Idaho State Police, Forensic Services, 3/17/20.

(U) Fentanyl is increasingly being used, intentionally or accidentally, in the form of counterfeit pills. According to the Drug Enforcement Administration (DEA), more high potency fentanyl is being

#### *Counterfeit Drug Investigation*

In July 2019, an Oregon man was sentenced to nearly 5 years in federal prison for distributing cyclopropyl fentanyl, possessing a machine gun, and money laundering. The sentencing resulted from an ongoing investigation into a Happy Valley, Oregon man suspected of distributing oxycodone pills in the Portland, Oregon metropolitan area. In March 2018, the Portland Police Bureau, FBI, and IRS executed search warrants on a residence and storage unit in Clackamas County, Oregon and a stash house in Vancouver, Washington. The search warrants resulted in more than \$150,000 in cash, 1,200 suspected oxycodone pills, over \$100,000 worth of jewelry and Rolex watches, and 7 firearms, including a fully-automatic machine gun. Laboratory tests revealed that the suspected oxycodone pills seized were actually counterfeit pills composed of cyclopropyl fentanyl, a powerful synthetic opioid.

*U.S. Attorney's Office, District of Oregon, Press Release, 7/11/19*

transported into the Pacific Northwest in the form of counterfeit pills that are disguised as prescription drugs.<sup>101</sup> Nearly half (47%) of law enforcement officers surveyed in Oregon and Idaho reported seizing counterfeit pills in the last year, including fake oxycodone, hydrocodone, and Xanax.<sup>102</sup> A quarter (25%) of law enforcement surveyed reported that trafficking groups added counterfeit prescription pills to their supply in the last year.

(U) In addition, fentanyl available in the United States is regularly sold under the same or similar brand names as heroin and likely leads to customer misperception of the type of drug -- and level of potency -- that is being purchased.<sup>103</sup> For example, in April 2019, police officers in Portland, Oregon

who responded to an accidental fatal overdose found a substance resembling black tar heroin in possession of the victim. Testing at the OSP Forensic Services Division later determined the substance was confirmed as fentanyl and contained no trace of heroin (see photo).

(U) Heroin mixed with fentanyl or fentanyl analogues is increasingly prevalent in the HIDTA. Nearly 40% of law enforcement officers surveyed reported that fentanyl mixed with heroin was seized in their area in the last year. Further, heroin mixed with fentanyl and/or other drugs represented over half (54%) of all drug combination samples submitted to the Oregon state lab between 2013 and 2019 (Figure 19, page 21).<sup>104</sup>



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

(U) In Oregon and Idaho, law enforcement officers surveyed in 2020 reported that acquisition of counterfeit drugs occurs mainly through drug deals -- bought in person or purchased online. Additionally, officers surveyed indicated that drug deals conducted on the street or online, mail/parcel delivery, residences, and public settings such as businesses or malls, schools, and workplaces were used in the last year to distribute counterfeit drugs in their jurisdictions.<sup>105</sup>

### ***Production***

(U) 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>106</sup> Still, local production in the form of processing labs has been reported in the Oregon-Idaho HIDTA. In 2017, 3 synthetic opioid processing labs were encountered in the region, 1 in

Bannock County, Idaho, and 2 in the Portland Metropolitan area in Oregon. Between November 2017 and April 2019, the HIDTA Interdiction Team (HIT), partnering with federal agencies, seized a total of 5 pill presses at 3 different locations in the Portland Metropolitan region. The drugs and, in some cases, the pill presses, were obtained through dark web<sup>r</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>107</sup>

## ***Transportation***

(U) According to the DEA, existing supply lines for heroin have been utilized by Mexican trafficking organizations to import fentanyl into the United States.<sup>108</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>109</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>110</sup> In addition, seizures of fentanyl disguised as prescription pills or other illicit drugs, such as heroin, have become more common. Analysis of southwest border seizures showed a nearly 800% increase in fentanyl confiscated as dosage units between 2017 and 2019, indicative of increased trafficking of counterfeit pills from Mexico into the United States.<sup>111</sup>

(U) In the Oregon-Idaho HIDTA, law enforcement reporting suggests that the supply of illicit fentanyl from Mexico in the region has become more prevalent. Over 30% of officers surveyed in 2020 reported that investigations which involved fentanyl were directly tied to sources in Mexico.<sup>112</sup> In addition, supply of illicit fentanyl and fentanyl analogues is also arranged through U.S. 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>113</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 processed locally
- Degree to which counterfeit drugs are driving overdose deaths

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<sup>r</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.

## 4. Controlled Prescription Drugs

(U) The threat posed by misuse of controlled prescription drugs (CPDs), specifically prescription opioids<sup>s</sup>, has grown significantly in the United States in the last decade, but shows recent signs of declining. Of the nearly 47,000 deaths from opioid overdose in the United States in 2018, two-thirds were related to synthetic drugs such as fentanyl, with a drop in number of deaths due to prescription opioids (-14%) and heroin (-4%). The increase in the proportion of synthetic drug fatalities most likely reflects a shift to a synthetic opioid-based market.<sup>114</sup>

### Availability

(U) The overall rise in diversion<sup>t</sup> and 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>115</sup> In Oregon, over 40% (44%) of the prescriptions for CPDs dispensed at retail pharmacies in the state in 2019 were for commonly prescribed opioids such as hydrocodone, oxycodone, and tramadol; the second most prescribed class of medications was for benzodiazepines (20%), including Lorazepam and Zolpidem, drugs used for treating anxiety and insomnia (Table 4).<sup>116</sup> Data related to pharmaceutical drugs dispensed in Idaho was not available at the time of publication.

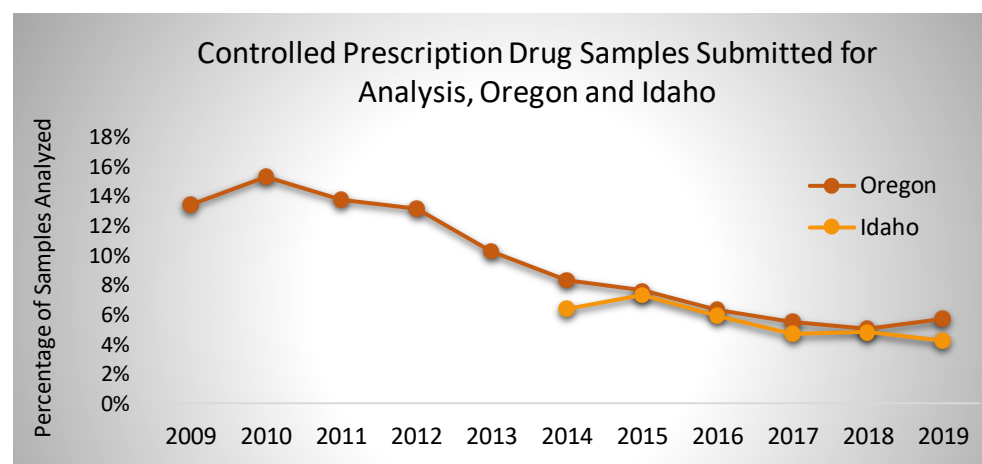
**Table 4.**

Top 12 Prescriptions in Oregon Calendar Year 2019		
Drug	Number of Rx	% of all Rx
Hydrocodone (O)	1,094,309	18.0%
Oxycodone (O)	951,015	15.7%
Amphetamine (S)	452,134	7.5%
Tramadol (O)	363,656	6.0%
Lorazepam (B)	339,915	5.6%
Pseudoephedrine (S)	311,468	5.1%
Zolpidem (B)	306,697	5.1%
Alprazolam (B)	275,023	4.5%
Methylphenidate (S)	268,726	4.4%
Clonazepam (B)	260,373	4.3%
Buprenorphine (O)	234,183	3.9%
Testosterone (ST)	183,594	3.0%

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

Source: Oregon Health Authority, data request 3/27/20.

**Figure 20.**



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, 2/27/20; ISP Forensic Services, data request, 3/17/20.

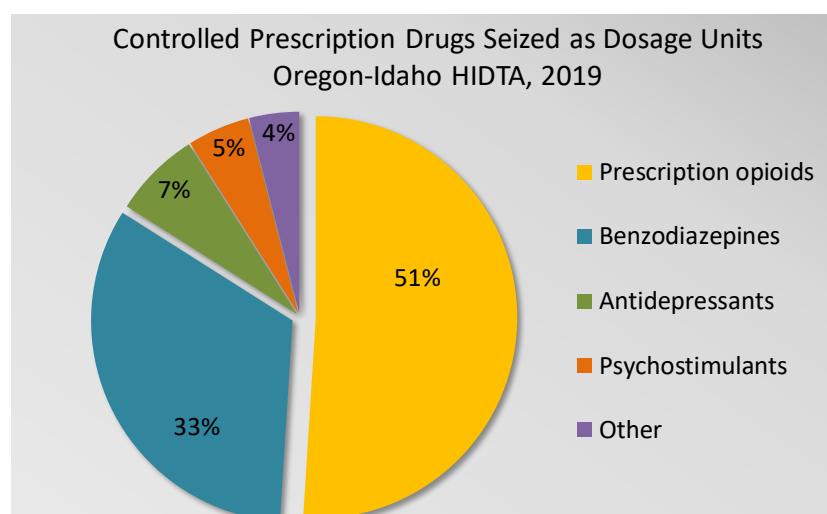
(U) In the last decade, the number of substances testing positive for CPDs in Oregon dropped by more than 60% from 2009 (1,677) to 2019 (649), an indication that use and diversion of pharmaceutical drugs is declining in the state.<sup>117</sup> In Idaho, the number of CPD samples also fell in the last several years; submissions declined 16% from 2014 (448) to 2019 (378) (Figure 20).<sup>118</sup>

<sup>s</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.

<sup>t</sup> *Diversion* is the illegal distribution or abuse of medications for purposes not intended by the prescriber.

(U) Diversion of pharmaceutical drugs is common in the HIDTA. Three-quarters (75%) of Oregon and Idaho law enforcement officers surveyed in 2020 reported a moderate to high level of diverted prescription drugs available in their area; most however, indicated no change in level of availability in the last year (62%).<sup>119</sup> Nearly half of officers surveyed reported a moderate to high availability of narcotics, such as oxycodone or hydrocodone (47%), with slightly fewer reporting diversion of depressants (39%) and stimulants (30%) in the last year.<sup>120</sup> This corresponds to HIDTA task force reporting which shows that of CPDs seized in 2019, more than half (51%) were prescription opioids and one-third (31%) were benzodiazepines (Figure 21).<sup>121</sup>

**Figure 21.**

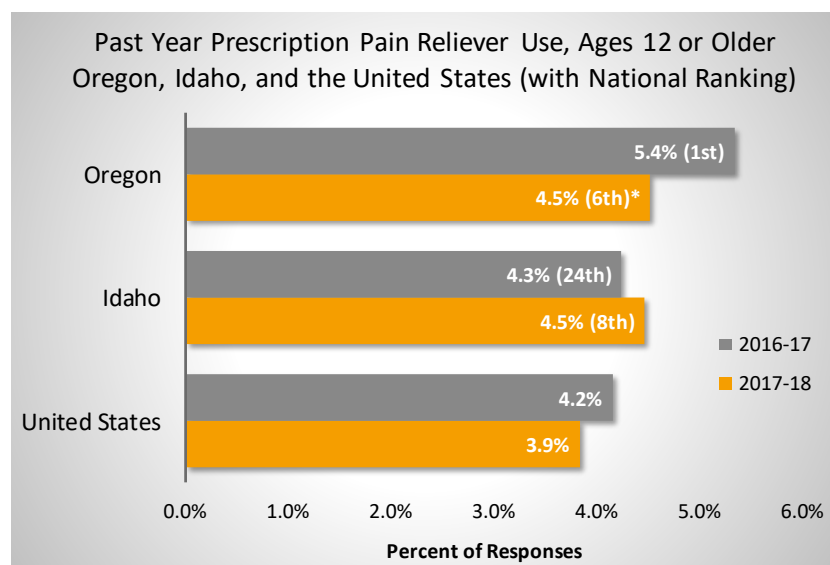


Other includes muscle relaxants, steroids, and various other prescription drugs.  
Source: Oregon-Idaho HIDTA PMP database, 3/4/20.

## Use

(U) The rate of misuse of prescription pain relievers remains high in Oregon, but there are some signs of a reduction in use. According to federal survey data, Oregon ranked first in the nation during 2017 – with roughly 187,000 individuals ages 12 years and older indicating misuse in the past year. However, the rate dropped significantly by 2018, placing Oregon 6<sup>th</sup> in the nation with a statistically significant drop in use from 5.4% to 4.5% of respondents stating use in the past year.<sup>u,122</sup>

**Figure 22.**



\*Percent decrease was statistically significant at the 0.05 level. Source: SAMHSA, National Survey on Drug Use and Health, 2016-2017 and 2017-2018.

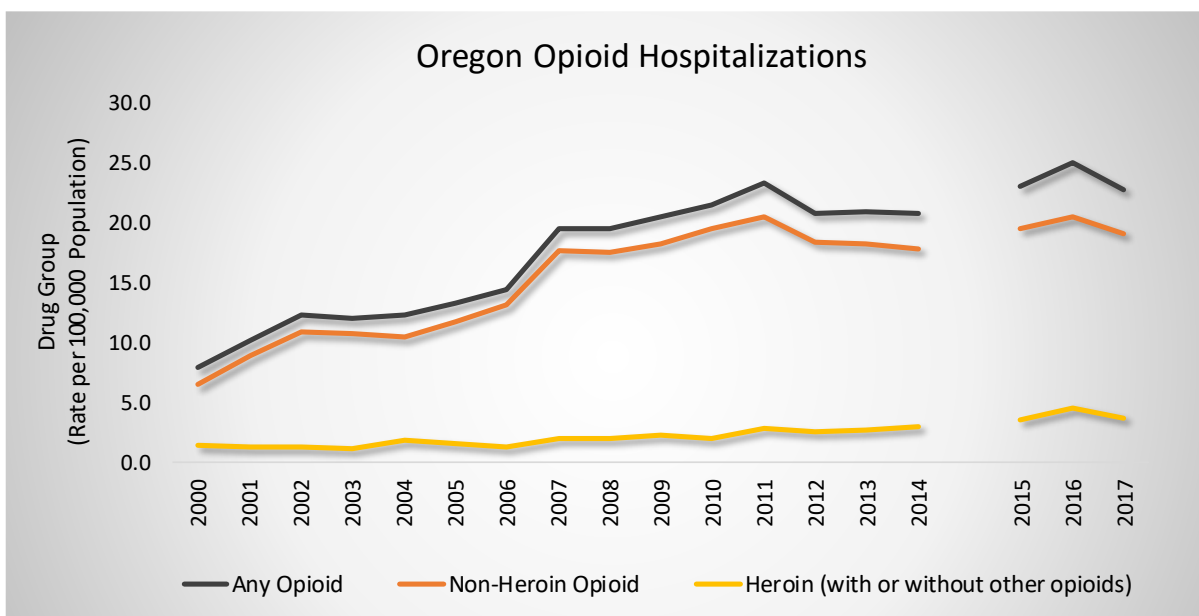
misuse in Idaho showed a slight increase from 4.3% in 2017 to 4.5% (an estimated 59,000 individuals) in 2018, placing Idaho 8<sup>th</sup> in the nation for reported use in the past year (Figure 22).<sup>123</sup>

(U) Available hospitalization data support the continued 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

<sup>u</sup> Statistically significant at 0.05 level.

support for the sustained high rate of non-heroin opioid use in the state (Figure 23).<sup>124</sup> Data on hospitalizations in Idaho were not available.

**Figure 23.**



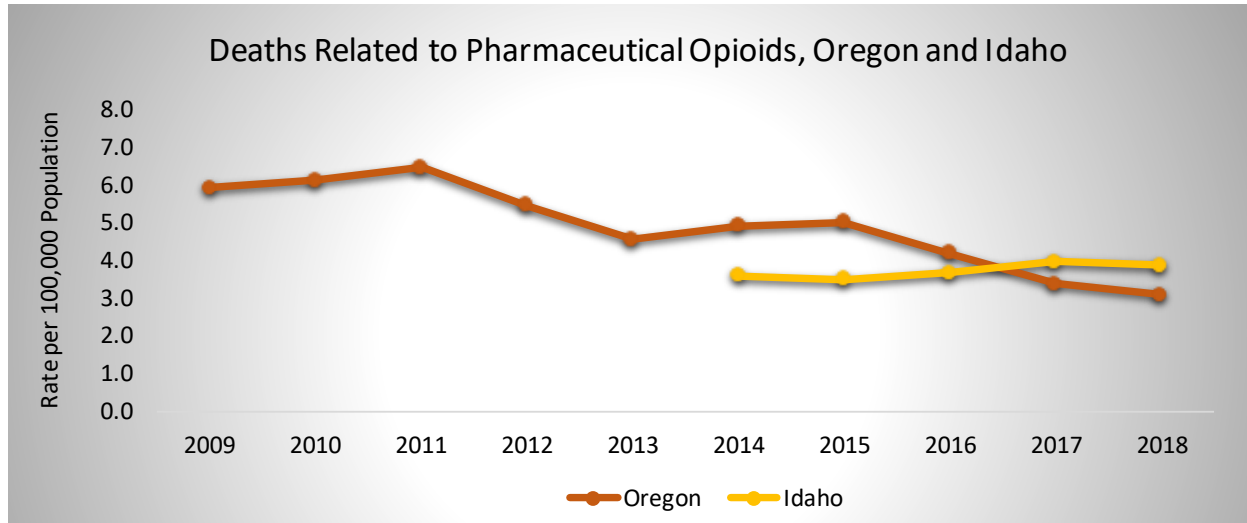
Note: The trendline break marks the year (2015) that the coding scheme for hospital records changed from ICD-9 to ICD-10. Any comparison of data between ICD-9 and ICD-10 should be approached with caution. Source: Oregon Health Authority.

(U) 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 24; Appendix F).<sup>125</sup> In Idaho, deaths tied to pharmaceutical opioids<sup>v</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 24, page 27).<sup>126</sup>

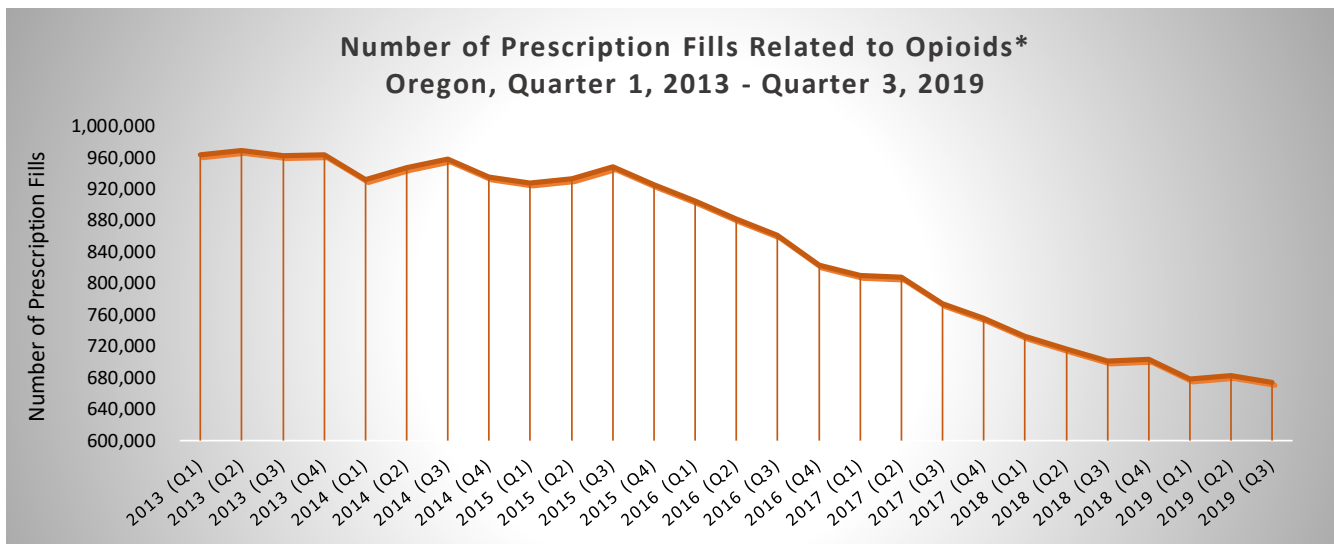
(U) Implementation of prescription monitoring programs and revised prescribing guidelines have likely influenced the decline in availability and misuse of prescription pain relievers in the region. The Prescription Drug Monitoring Program (PDMP), in operation in Oregon since September 2011 (eff. 9/1/11), provides a web-based tool for practitioners and pharmacists to identify patients at risk for physical dependence and overdose.<sup>127</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>128</sup>

(U) 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>129</sup> Between quarter 1, 2013 and quarter 3, 2019, the number of prescriptions filled for opioids dropped 30%, an indication that enhanced guidelines are working and supportive of a decline in potential supply for misuse (Figure 25, page 27).<sup>130</sup> In Idaho, while still above the national average, the most recent reported 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>131</sup>

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

**Figure 24.**

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.

**Figure 25.**

\*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.

(U) Further, declines in misuse of prescription pain relievers in Oregon and Idaho are likely tied to increases in use of other opioid-based drugs. Depending on availability, people with an addiction to prescription opioids, such as oxycodone, often switch to heroin when prescription narcotics become too difficult or expensive to acquire and because heroin provides a more potent high.<sup>132</sup> A more recent development has been the rise in availability of counterfeit prescription drugs. These counterfeit drugs are largely composed of fentanyl, fentanyl analogues, or fentanyl mixed with other highly potent drugs (e.g., heroin, methamphetamine) and are often difficult to distinguish from actual prescription

medications. According to a 2019 study, counterfeit pills laced with fentanyl were associated with overdose deaths in 29 states since 2015, including Oregon and Idaho.<sup>133</sup>

### ***Transportation/Diversion***

(U) 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>134</sup> In the HIDTA, law enforcement officers surveyed 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 illicit distribution occurs most often at residences, followed by distribution through mail/parcel delivery services, drug deals conducted through online services, and public settings such as businesses or malls, schools, or workplaces.<sup>135</sup>

(U) Diversion 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>136</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.<sup>137</sup>

### ***Intelligence Gaps***

- Rate of opioid overdose hospitalization in Idaho
- Number of overdose deaths due to counterfeit pills laced with fentanyl in Oregon and Idaho

## ***5. Marijuana***

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

(U) 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>w</sup> and the Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act

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

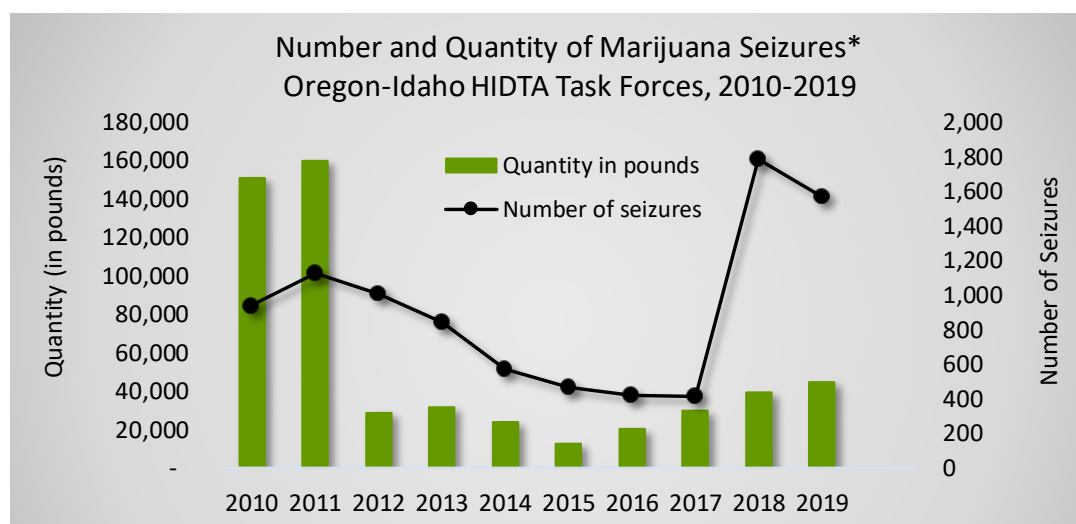
(passed in 2014).<sup>x</sup> In contrast, Idaho marijuana laws remain some of the toughest in the nation with all possession, manufacture, and sale of the drug strictly prohibited.<sup>138</sup>

## Availability

(U) The amount of marijuana available in the region has grown over the last 15 years 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. Most Oregon and Idaho law enforcement officers surveyed in 2020 reported a high level of illicit marijuana available in the last year (86%). Three-quarters (75%) stated that extracts were highly available, with more than half (52%) indicating a rise in prevalence.<sup>139</sup> Average prices for illegally purchased marijuana increased in Oregon, most substantially for pound quantities purchased in the Portland Metropolitan area (+54%), followed by the Southern region (+24%).<sup>140</sup> In Idaho, price per pound of marijuana dropped slightly (-9%), but ounce prices increased by 49% between 2018 and 2019. Price per pound reported in Idaho was more than twice as high compared to Oregon.<sup>141</sup>

(U) Despite widespread availability in the region, the volume of marijuana seized by HIDTA task forces has declined in the last eight years, from roughly 160,000 pounds confiscated in 2011 to less than 45,000 pounds in 2019. The number of marijuana seizures dropped between 2011 (1,128) and 2017 (414), but rose dramatically in 2018 (1,785) and 2019 (1,571) mainly due to the efforts of the HIDTA Idaho State Police Domestic Highway Enforcement initiative, which accounted for over 70% of marijuana seizures in 2018 and 2019 (Figure 26). The volume of marijuana seized increased 259% from 2015 to 2019, with the majority (60%) of the volume attributed to efforts by HIDTA's Medford Area Drug and Gang Enforcement (MADGE) task force.<sup>142</sup>

**Figure 26.**

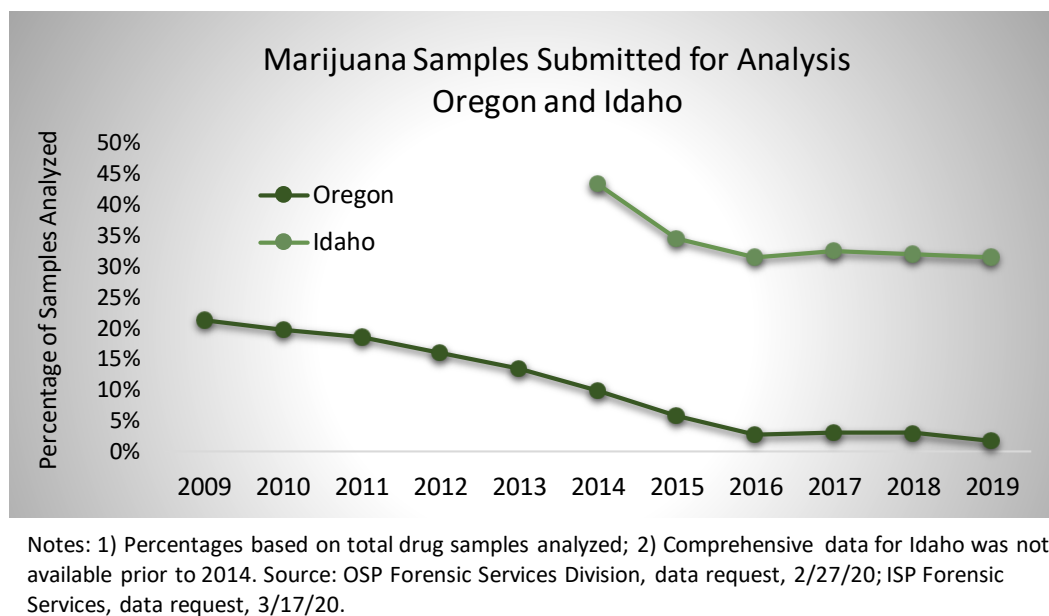


\*Includes bulk marijuana, hashish, hash oil, THC liquid, THC resin, edibles, and indoor plants.  
Table excludes seizures reported in dosage units or liters. Source: HIDTA PMP database, 3/4/20.

<sup>x</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.

(U) Analysis of forensic lab data in Idaho shows that marijuana submissions were the second highest substance analyzed in 2019, representing nearly one-third (2,785) of total submissions during the year.<sup>143</sup> In comparison, Oregon forensic data revealed that marijuana represented only 2% of total drug samples in 2019 (197), an over 90% decrease in samples analyzed from 2009 (2,653) (Figure 27; Appendix C).<sup>144</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.**



(U) Oregon’s medical and recreational marijuana laws have contributed to a substantial overproduction problem in the state.<sup>145</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>146</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, 2020, there were 24,801 patient cardholders and 9,705 caregiver cardholders registered in Oregon.<sup>147</sup> In addition, “growers” are allowed to cultivate marijuana for up to 8 patients at a time under specified limits.<sup>148</sup> As of January 1, 2020, there were 10,549 growers and 8,812 grow sites registered under the OMMP.<sup>149</sup>

(U) However, the influence of medical marijuana on overproduction in Oregon has declined since 2016. State laws allowing for recreational use of marijuana are now the leading 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>z</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>150</sup> In January 2016, the State of Oregon began

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

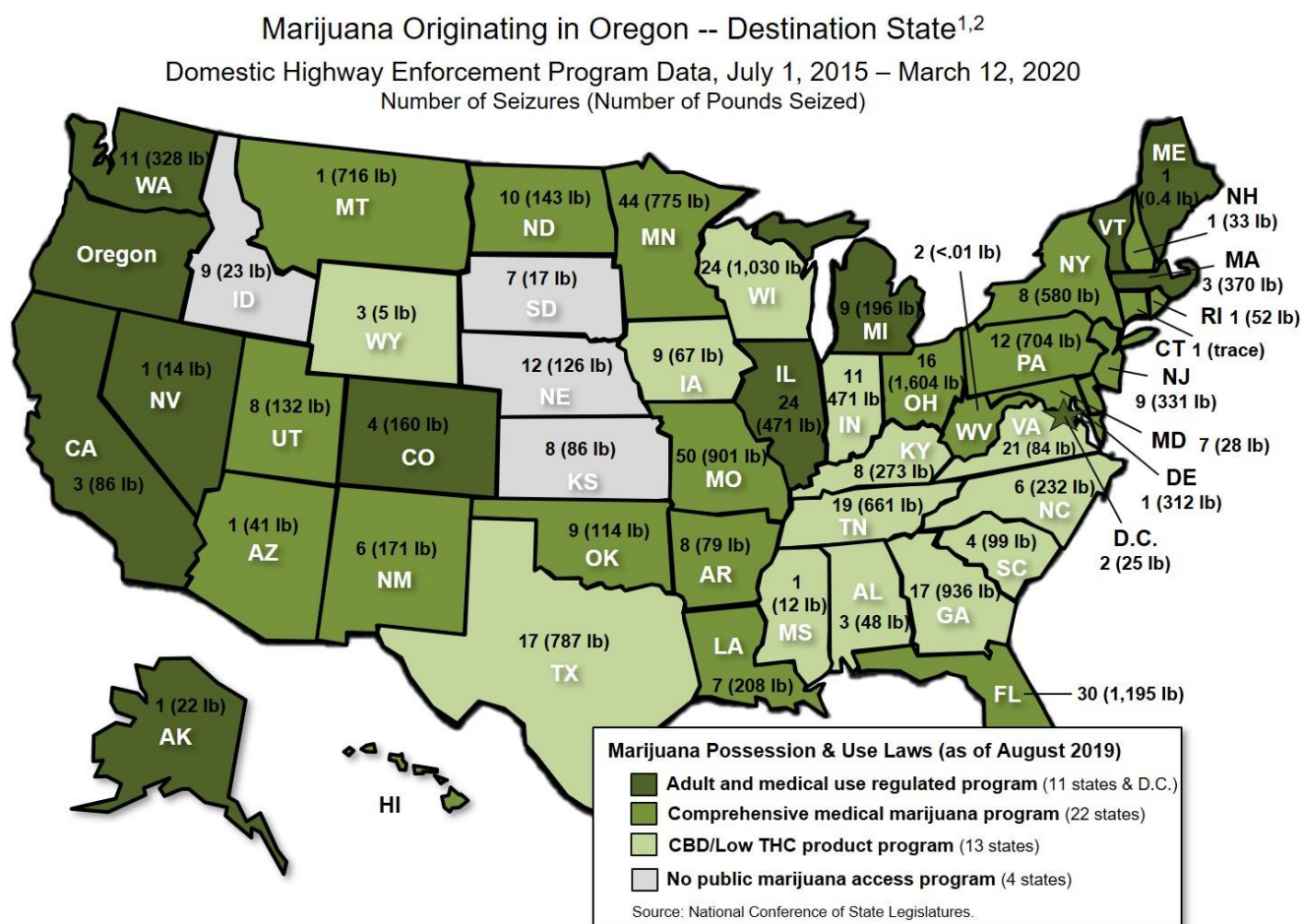
<sup>z</sup> Effective July 1, 2015.

accepting license applications for growing (“producer”) and selling (“retailer”) recreational marijuana. As of March 9, 2020, 1,158 producer and 657 retailer licenses were active.<sup>151</sup>

(U) 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 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>152</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, the OMMP, and the illicit market.<sup>153</sup>

(U) 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, continue to encourage 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 (Figure 28).<sup>154</sup>

Figure 28.



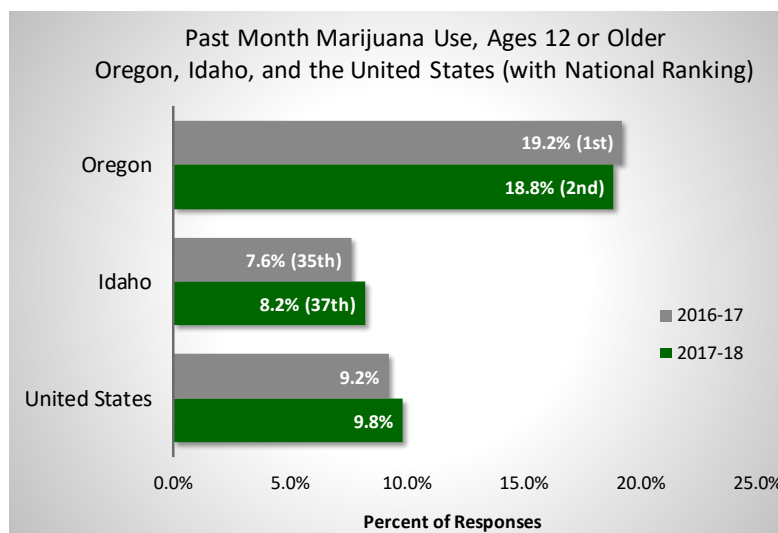
<sup>1</sup>Map displays seizure data based on subject admission.<sup>2</sup> Includes marijuana, hashish, THC oil, marijuana concentrates, and marijuana edibles. Excludes quantities reported as dosage units or “each.” Source: Domestic Highway Enforcement Report, EPIC, extracted 3/12/20.

Product was largely headed to distribution points in the eastern half of the United States, with the highest quantities seized in Ohio, followed by Florida, Wisconsin, Georgia, and Missouri. Oregon counties most identified as points of origin for marijuana trafficked to other states were Multnomah, followed by Jackson, Lane, and Josephine.<sup>155</sup>

## Use

(U) Past marijuana use by people 12 years or older has expanded in the United States with federal estimates showing reported use grew from 7.9% in 2014 to 9.8% in 2018.<sup>156</sup> In Oregon, marijuana use declined somewhat from 2017 to 2018 but remained high compared to other states. For example, the latest national survey results show that in 2018, Oregon ranked 2<sup>nd</sup> in the nation for past month marijuana use by people ages 12 or older (Figure 25).<sup>aa,157</sup> Marijuana use across all age groups in the state was consistently well above the national average in 2018 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 2018, use of the drug rose to 8.2% in the state; most users ranged in age from 18 to 25 years (Figure 29).<sup>158</sup>

**Figure 29.**

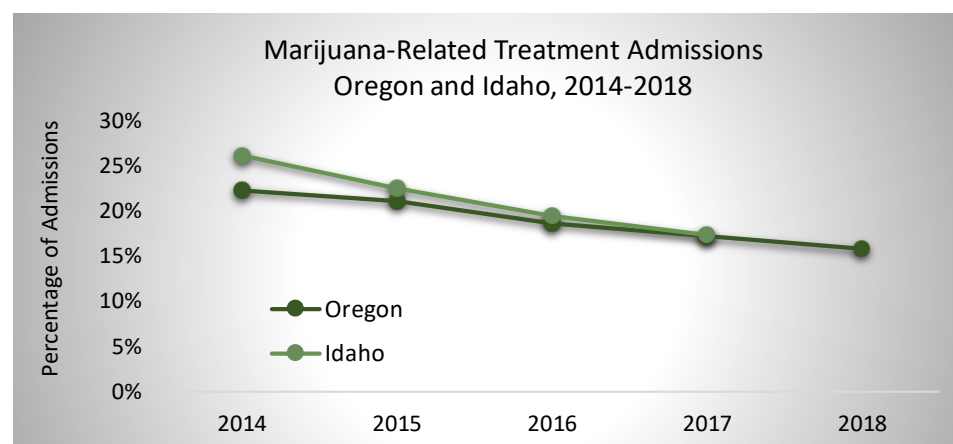


Source: SAMHSA, National Survey on Drug Use and Health, 2016-2017 and 2017-2018.

(U) Admissions for marijuana treatment in Oregon represented 16% (4,310) of total admissions in 2018.<sup>159</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>160</sup>

**Figure 30.**



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

(U) 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 33).<sup>161</sup> The decline in the arrest rate is due in large part to prioritization of law enforcement resources to focus on critical or emerging

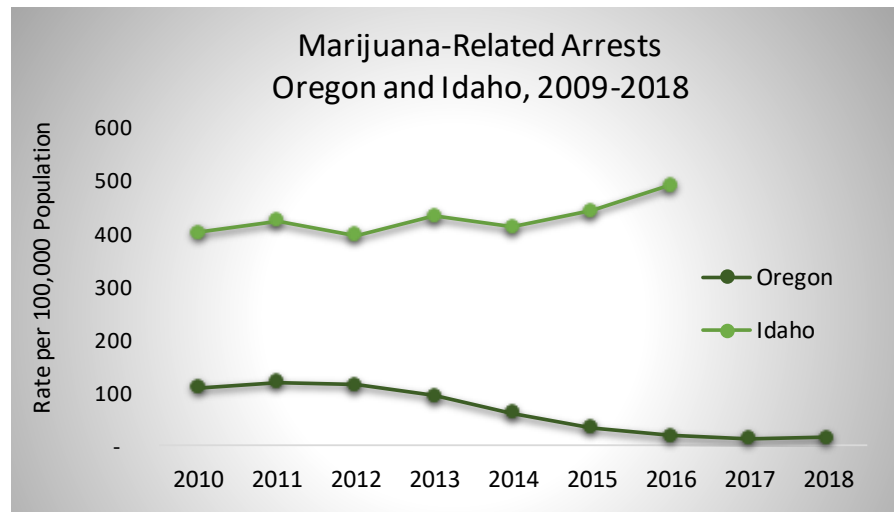
<sup>aa</sup> Based on participants' self-report of marijuana use in past month. States ranking higher in use in 2016 were Vermont, Alaska, and Colorado.

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 from Idaho show that in 2016 (8,238), marijuana arrests represented nearly 60% of all drug-related arrests,<sup>bb</sup> an increase of 44% since 2009 (5,706) (Figure 31).<sup>162</sup>

(U) In addition, recent analysis of drug-impaired driving in Oregon show that in the last decade (2009-2019), the single drug category most often identified through Drug Recognition Expert (DRE) opinion was marijuana

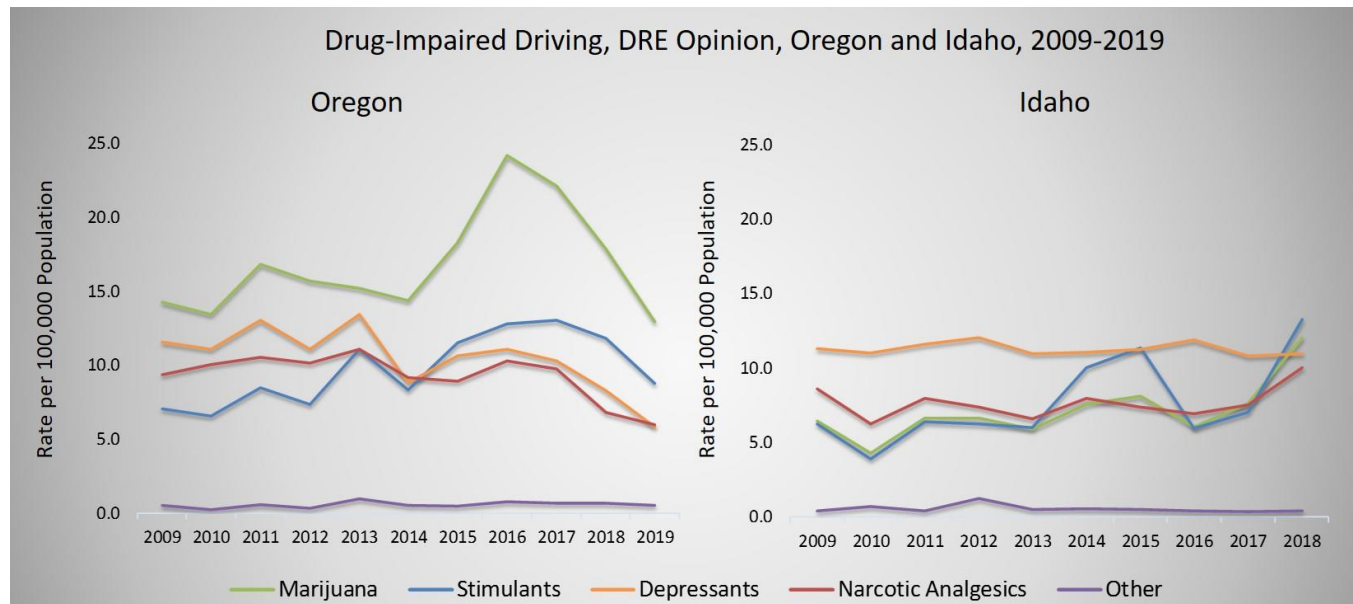
(Figure 32).<sup>cc</sup> The number of marijuana-impaired driving evaluations in Oregon rose to a high in 2016, but dropped 45% between 2016 (991) and 2019 (549). The decrease is partly due to budgetary and policy impacts shifting law enforcement response from traffic enforcement to calls for service. In addition, the decline in 2019 DRE opinions is a result of an Oregon Supreme Court decision<sup>dd</sup> that

**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.

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

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

<sup>dd</sup> *State v Banks*, Supreme Court of Oregon, 434 P.3d 361 (filed 2-7-19).

dramatically changed the implied consent license suspension process by prohibiting the state from using a person's refusal to take a breath test as evidence when prosecuting for driving under the influence of intoxicants (DUII).<sup>163</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>164</sup>

(U) The development of sophisticated growing methods has improved the potency of marijuana in the last decade. The average percentage of THC samples of traditional leaf marijuana and marijuana extracts seized by the DEA have increased to record high levels in the United States, with traditional marijuana averaging 16.2% THC and concentrated marijuana averaging 60.9%.<sup>165</sup> Higher potency of marijuana has been linked to serious health risks to users, such as acute toxicity and mental impairment -- including psychosis.<sup>166</sup> For example, a study released in 2019 showed 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>167</sup> Even casual use may 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>168</sup>

## *Production*

(U) 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. Conditions in Oregon's Southern region are particularly favorable to growing marijuana, with experienced producers capable of producing multiple crops per growing season.

(U) Illicit production and distribution of marijuana extracts, including hash oil, honey oil, and marijuana wax have continued to expand in the HIDTA. These products are highly potent and can contain up to 90% THC.<sup>169</sup>

(U) Production of marijuana extracts has increased in the HIDTA due to production value 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. Over half (52%) of law enforcement officers surveyed in 2020 indicated that marijuana concentrates had increased in prevalence in their area in the last year.<sup>170</sup>

The THC extraction process used in producing marijuana concentrates poses an inherent public safety hazard. Highly volatile solvents, such as butane and isopropyl alcohol, are often used in the extraction

### *Marijuana Investigations*

In March 2019, members of the Medford Area Drug and Gang Enforcement (MADGE) task force and Illegal Marijuana Enforcement Task Force (IMET) served search warrants and seized and destroyed roughly 2.75 tons of marijuana plants from an unlicensed commercial grow operation in White City, Oregon. The operation was financed by a Beverly Hills, California man who grew and sold the marijuana without a license or authorization from the state and paid employees cash under the table. The street value of the marijuana was estimated at \$7.8 million if fully processed.

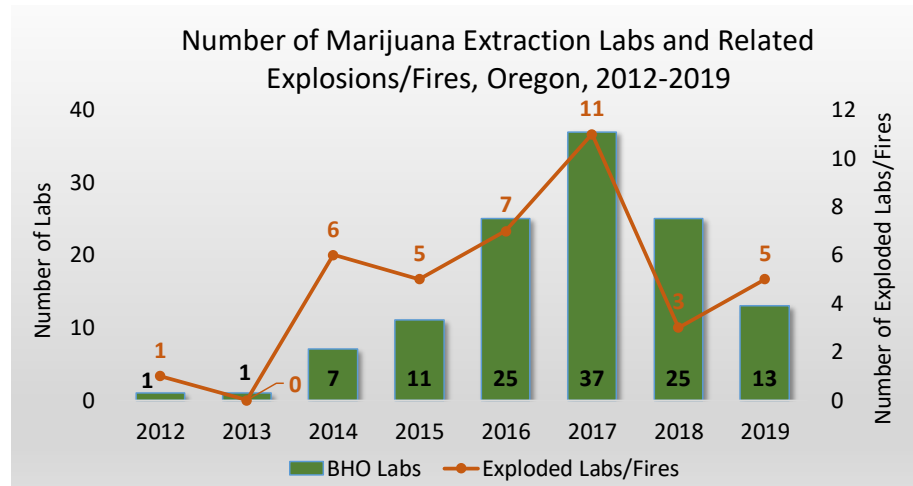
*HIDTA Times, 4<sup>th</sup> Quarter 2018*

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*

process where harmful vapors are released and create a potentially explosive fuel-air mixture that can be ignited by an open flame, spark or electrostatic discharge. Between 2012 and 2019, 120 marijuana extraction labs were reported seized in Oregon, reaching a high of 37 labs in 2017 (Figure 33).<sup>171</sup> Nearly 40 major explosions or fires related to the production of THC extracts occurred in Oregon between 2012 and 2019, mostly in HIDTA designated counties.<sup>172</sup>

**Figure 33.**



Source: Oregon Department of Justice.

## Transportation

(U) 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.

(U) 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>173</sup> Hemp is a distinct strain of marijuana 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>174</sup>

(U) 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 marijuana. 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>175</sup>

## Intelligence Gaps

- Volume of marijuana produced outside of the legal market in Oregon
- 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

<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

(U) 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

(U) Availability of cocaine has grown in the United States in the last five years due to a higher volume produced in Colombia, the primary source of cocaine seized in the U.S. market. However, while Colombian coca cultivation remained at high levels in 2018, reporting indicates it was the first year the crop did not increase since 2012.<sup>176</sup>

(U) In the HIDTA, close to half (48%) of officers surveyed in 2020 indicated that a moderate level of powder cocaine was available in their jurisdiction in the last year. Prevalence of crack cocaine remains at a low level in the region with most product concentrated in Oregon’s Portland Metropolitan area.<sup>177</sup> Cocaine prices varied in the HIDTA depending on the region. In Oregon, price per pound of cocaine remained unchanged between 2018 and 2019, while retail price per ounce dropped 10%. Price per pound in Idaho rose 12%, while retail price per ounce increased 11%.<sup>178</sup>

(U) Over 40% of law enforcement officers surveyed reported availability of powder cocaine increased in their areas in the last year, including Oregon’s southern (Coos, Jackson, Klamath), Portland metropolitan (Washington, Clackamas, Clatsop), and eastern (Deschutes, Umatilla) regions as well as in Idaho (Ada, Jerome, Kootenai).<sup>179</sup> In addition, more than 40% of officers surveyed indicated that DTOs trafficking in other drugs added cocaine to their supply in the last year.<sup>180</sup>

(U) The volume of cocaine seized by HIDTA task forces has varied widely since 2008, however, the number of seizures has generally increased in the last five years, rising 60% between 2015 (106) and 2019 (170) (Figure 34).<sup>181</sup> Additionally, while low compared to other major illicit drugs, the percentage

**Figure 34.**

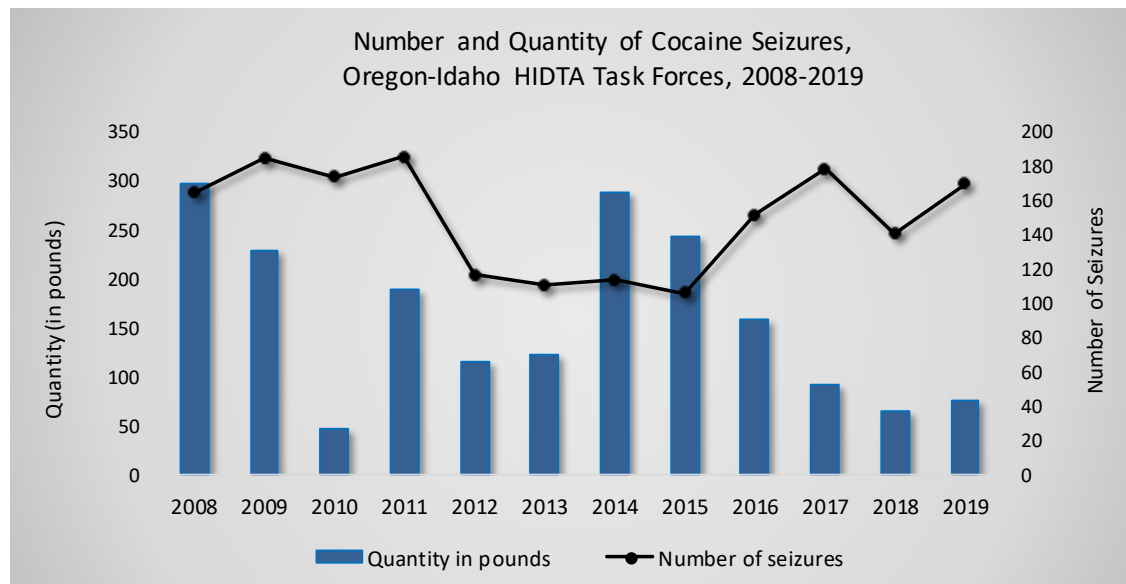
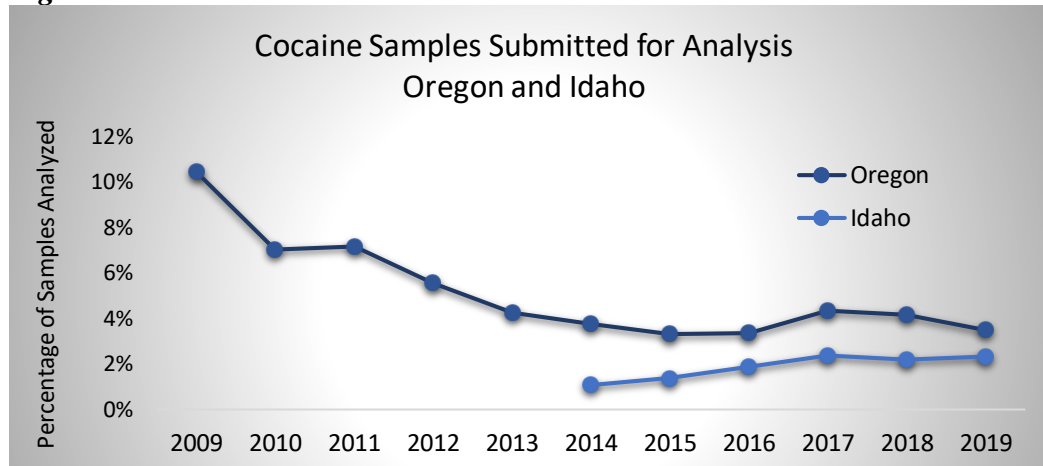


Table data includes powder and crack cocaine. Source: HIDTA Performance Management Process database, 3/4/20.

of cocaine samples submitted for forensic analysis in Oregon and Idaho reflected a slight rise in proportion analyzed since 2015 (Figure 35).<sup>gg,182,183</sup>

**Figure 35.**



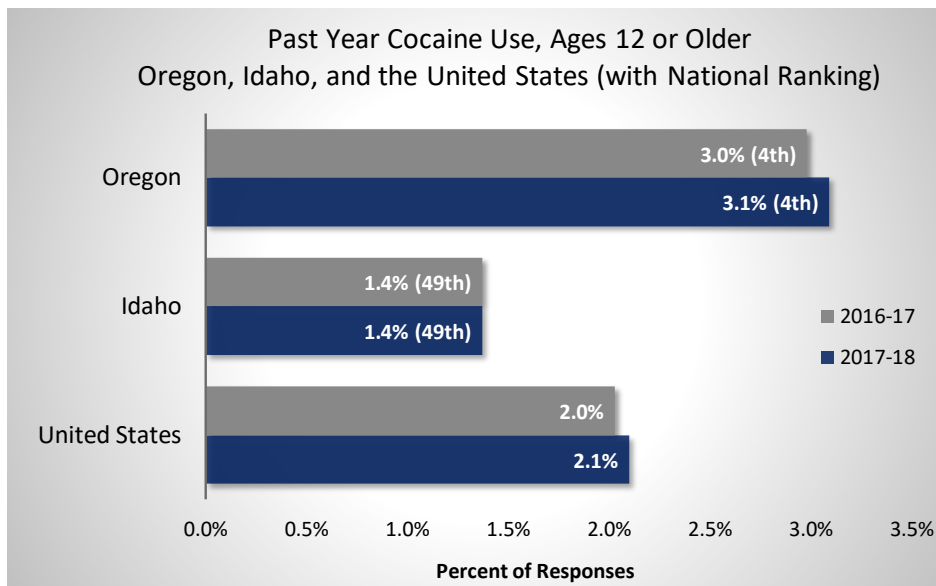
Notes: 1) Percentages based on total drug samples analyzed; 2) Comprehensive data for Idaho was not available prior to 2014. Sources: OSP Forensic Services Division, data request, 2/27/20; ISP Forensic Services, data request, 3/17/20.

## Use

(U) Expanded cocaine production in source countries has likely led to increased availability in areas of the HIDTA, however, higher availability has not yet manifested as conclusively higher demand in the HIDTA.

(U) According to national survey results, the percentage of people ages 12 or older using cocaine in the past year showed only a slight increase between the study periods 2017 (2.0%) and 2018 (2.1%) (Figure 36).<sup>184</sup> Oregon echoed

**Figure 36.**



Source: SAMHSA, National Survey on Drug Use and Health, 2016-2017 and 2017-2018.

national trends with a small rise in use rates between 2017 (3.0%) and 2018 (3.1%). Cocaine use in Idaho remained at 1.4% for ages 12 and older. In addition, national rankings for both Oregon (4<sup>th</sup>) and Idaho (49<sup>th</sup>) remained unchanged for 2018.<sup>185</sup> This corresponds to law enforcement reporting that indicates the user base in most areas has remained unchanged despite increased availability of cocaine. The price of cocaine is high

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

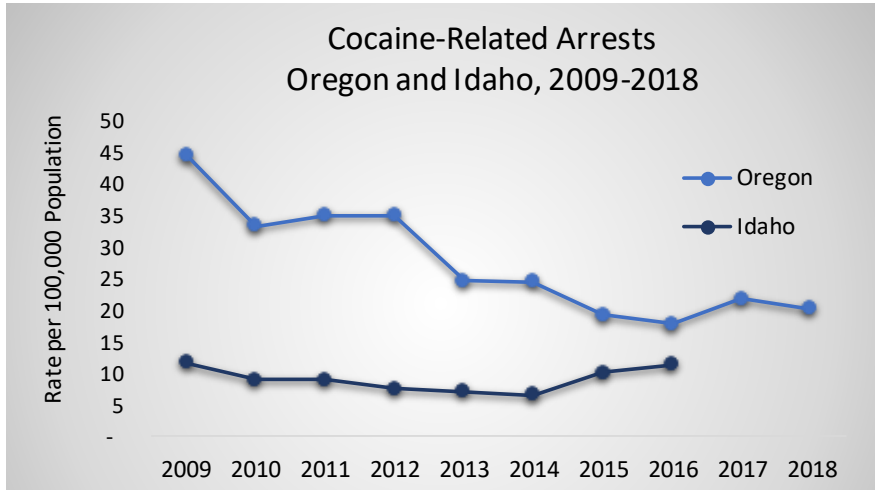
compared to other more potent stimulants, such as methamphetamine, and likely inhibits demand.<sup>186</sup>

(U) 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>187</sup> Only 11 admissions for cocaine use were reported in 2017, a drop from 22 in 2016 (Appendix E).<sup>188</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>189,190</sup>

(U) In addition, the rate of cocaine arrests in Oregon in 2018 remained roughly half of arrests reported in 2009, despite the slight rise reported from 2016 to 2018. Idaho counts rose 78% between 2014 (106) and 2016 (189), the most recent data available (Figure 37).

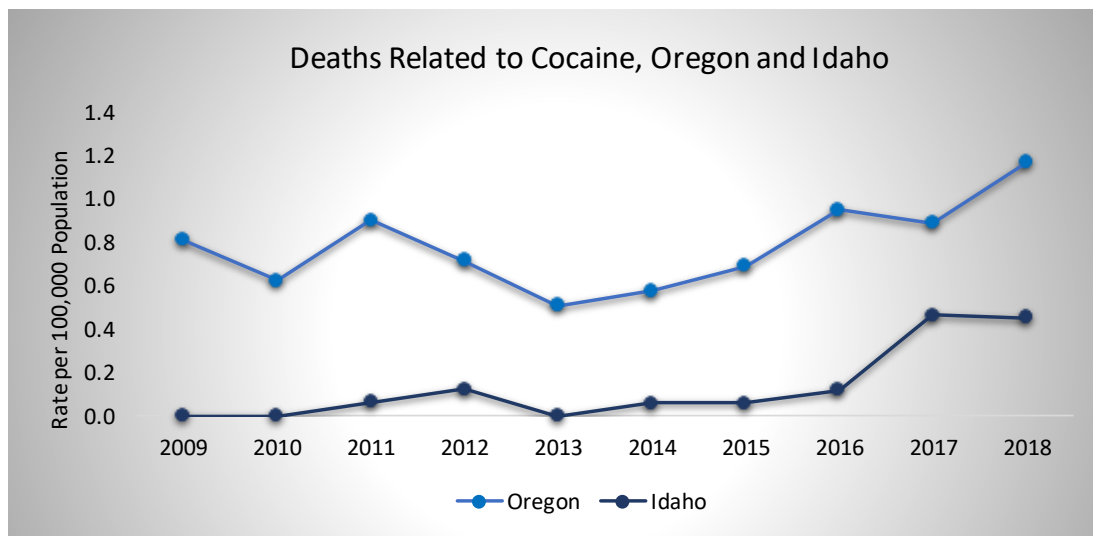
**Figure 37.**



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.

(U) Fatalities associated with cocaine use are lower than other major illicit drugs in Oregon. The latest figures show that despite the relatively low incidence of use in the state, the rate of cocaine deaths increased since 2013; the number of deaths more than doubled between 2013 (20) and 2018 (49).<sup>191</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>192</sup>

**Figure 38.**

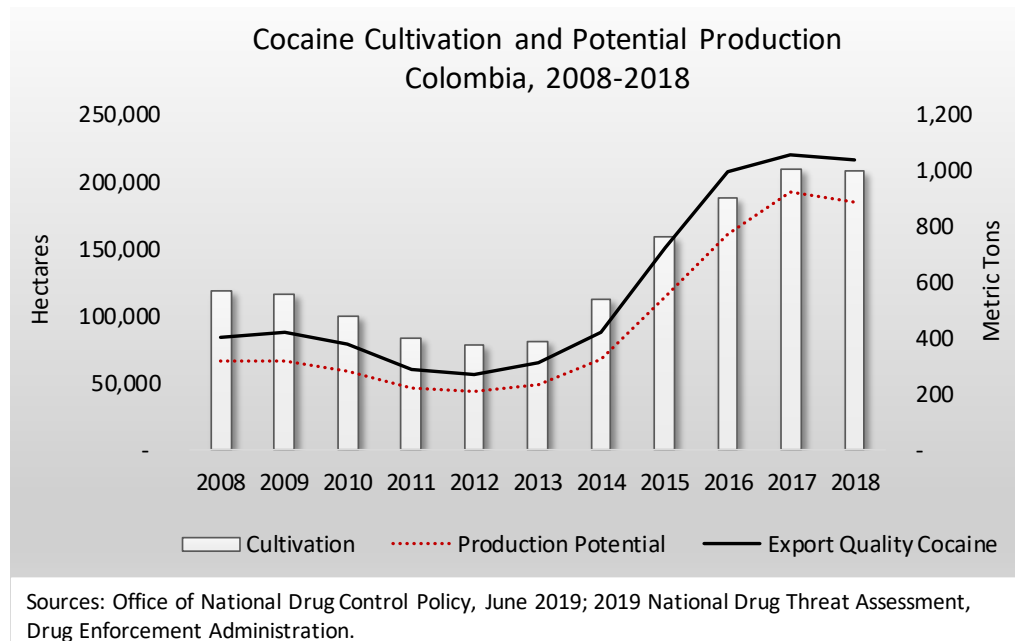


Notes: 1) Rate includes deaths due to suicide, natural causes, accidents, and criminal or undetermined intent; 2) Deaths tied to specific drug categories are underreported in Idaho because drug type is not required reporting. Sources: Oregon Health Authority; Idaho Department of Health and Welfare.

## Production

(U) 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>193</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 2018 when compared to 2012, with potential production and export quality product roughly 4 times as high as estimates reported in 2012 (Figure 39).<sup>194,195</sup> Nevertheless, there are some signs that cocaine production is stabilizing. Federal reporting indicates that 2018 was the first year since 2012 where crop yields did not expand, likely due to counter-narcotics efforts of the Colombian government to target cocaine labs and traffickers.<sup>196</sup>

**Figure 39.**



## Transportation

(U) 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.

(U) Most cocaine in the area is transported overland from Mexico by Mexican DTOs through California and southwestern states by private and commercial vehicles via Interstates 5, 84, and 15 as well as U.S. Highways 97 and 395. Multi-state and locally-based DTOs operating in Oregon and Idaho obtain cocaine from Mexican DTOs and transport the product throughout the HIDTA and surrounding region. More than half of officers surveyed in 2020 reported domestic points of origin for cocaine seized in the last two years were primarily California (57%), followed by Washington (19%), Nevada (10%), Utah (10%), and Arizona (5%).<sup>197</sup> 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*

(U) 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>hh</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 typically used by teenagers and young adults at social gatherings in urban areas and on college campuses.

### *Availability and Use*

(U) Most law enforcement officers (53%) surveyed in 2020 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 2019.<sup>198</sup> Forensic samples analyzed in Oregon reveal that the highest proportion of designer drugs analyzed in 2019 was the category of stimulants, followed by psychedelics, depressants, combinations, and cannabinoids.<sup>199</sup> In Idaho, designer drug samples submitted were highest for stimulants, followed by psychedelics, cannabinoids, depressants, and combinations (Figure 40, page 41).<sup>200</sup>

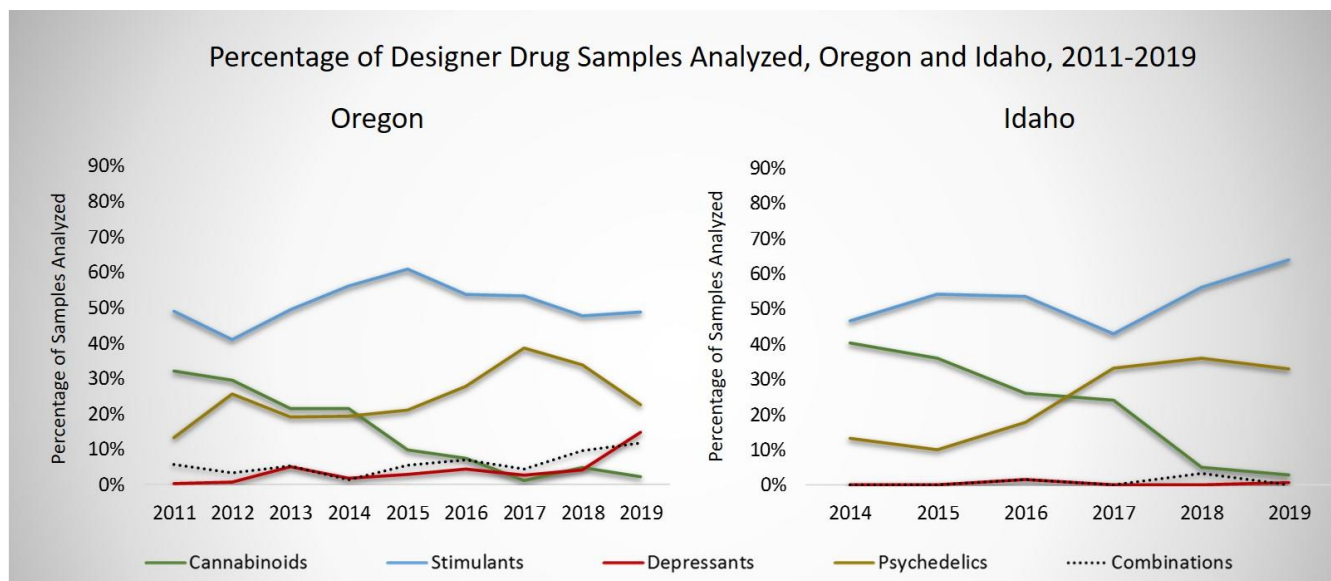
(U) MDMA, a common designer stimulant, is a Schedule I drug under the Controlled Substance Act and is commonly distributed in powder form or pressed into pills and sold as “Ecstasy.” The drug is popular among teenagers and young adults who frequent social venues such as raves, bars, nightclubs, and private parties. Over 200 pounds of MDMA were seized by HIDTA task forces between 2014 and 2019, primarily in Oregon’s Portland Metropolitan and Southern regions.<sup>201</sup>

(U) 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 2019, HIDTA task forces seized roughly 400 pounds of DMT and 15 pounds DMT precursor materials, mostly from Oregon’s Southern and Central regions.<sup>202</sup> The largest seizure of DMT totaled over 200 pounds and was reported in Deschutes County in January 2019.<sup>203</sup>

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<sup>hh</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.

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. Sources: Oregon State Police Forensic Services Division, 2/27/20; Idaho State Police Forensic Services, 3/17/20.

(U) Designer cathinones<sup>ii</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>204</sup> Roughly 3.5 pounds of synthetic cathinones were reported by HIDTA task forces from 2014 through 2019, mainly in Idaho’s Ada and Canyon counties and in Oregon’s Portland Metropolitan region.<sup>205</sup>

(U) 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>jj</sup> Users have reported experiencing paranoia, hallucinations, and extreme anxiety.<sup>206</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 6 years totaling about 3 ounces.<sup>207</sup>

(U) Psilocybin, the psychoactive compound found in certain mushrooms, is another dangerous drug that is available and used in the HIDTA. Psilocybin mushrooms grow wild in Oregon and Idaho and are also cultivated indoors for illicit use. The mushrooms are often covered with chocolate to mask their bitter flavor and to disguise the illicit product as candy. High school and college students are the most common users of the drug, with use normally occurring at raves and social venues. Over 90 pounds of

<sup>ii</sup> MDPV (3,4-methylenedioxypyrovalerone), mephedrone, methcathinone.

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

psilocybin were seized by HIDTA task forces between 2014 and 2019, mostly in Oregon's Southern and Portland Metropolitan regions and in Idaho.<sup>208</sup>

### ***Production***

(U) 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 from 2017 to 2019.<sup>209</sup> In Idaho, 1 DMT lab was reported seized in Canyon County in 2019 (Appendix I).<sup>210</sup>

(U) Law enforcement reporting indicates that MDMA is rarely manufactured in the Oregon-Idaho HIDTA but is commonly imported from Canada.<sup>211</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 2019.<sup>212</sup> To date, no MDMA labs have been seized in Idaho (Appendix I).<sup>213</sup>

(U) Psilocybin grows wild in cow pastures and in coastal areas in the HIDTA, but can also be cultivated indoors. Indoor cultivation of psilocybin is sourced from online purchases of mushroom spores that can be legally sold because they don't yet contain psilocybin.<sup>214</sup>

### ***Transportation***

(U) 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, and smoke shops.<sup>215</sup> These substances are also shipped into the region through private vehicles and parcel delivery services.<sup>216</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

(U) 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.

(U) DTOs with a multi-state operational scope present the greatest criminal drug threat to the region, followed by international and local DTOs. HIDTA task forces identified 69 DTOs during 2019, with half of the investigations focused on larger-scale organizations with a multi-state or international scope (Table 5). The total number of DTO members identified exceeded 400 individuals, with 82 known leaders. Organizational size ranged from 5 to 22 members and averaged roughly 6 members per DTO (Appendix J).

(U) DTOs identified in 2019 were split evenly between single drug DTOs and polydrug DTOs. Of the DTOs that trafficked in single drugs (35), most were involved in methamphetamine trafficking and distribution (14), followed by heroin (13), marijuana (5), cocaine (2), and DMT (1). The remaining half (34) of DTOs identified in 2019 were polydrug in nature, largely trafficking in methamphetamine and heroin (22), but also methamphetamine, heroin, cocaine, fentanyl, marijuana, prescription drugs, LSD, and MDMA in varying combinations (12).<sup>217</sup>

**Table 5.**

DTO Threat by Operational Scope - Newly Identified DTOs in 2019						
DTO Threat Ranking	Total Identified	Total Members (Leaders)	Drugs Trafficked	Violent	Gang-Related	Polydrug
Multi-State DTOs	25	119 (29)	Ice, heroin, cocaine, marijuana, marijuana plants (outdoor), hashish, LSD, prescription drugs	1	1	14
International DTOs	9	39 (13)	Ice, heroin, fentanyl, cocaine, MDMA, DMT	1	0	3
Local DTOs	34	183 (38)	Ice, heroin, cocaine, fentanyl, marijuana, marijuana plants (indoor)	4	3	15

Source: HIDTA Performance Management Process database. Accessed 3/4/20.

## Multi-State Drug Trafficking Organizations

(U) Based on HIDTA task force reporting and law enforcement survey results, multi-state DTOs<sup>kk</sup> represent the most serious criminal drug threat in the region.<sup>218,219</sup>

DTOs with a multi-state operational scope are involved in the transport and distribution of illicit drugs within Oregon and Idaho but also impact the drug market in other states. These DTOs are involved in trafficking methamphetamine, heroin, cocaine, and polydrugs, as well trafficking marijuana grown in Oregon across state borders.

(U) A total of 60 multi-state DTOs were under investigation by HIDTA task forces in 2019, with 26 DTOs newly identified during the year (Table 6).

### Affiliation and Membership

(U) Multi-state DTOs identified in 2019 were mostly comprised of people with Hispanic (13) or Caucasian (7) ethnicity. Of the multi-state DTOs identified, 2 were multi-ethnic, 1 was gang-related, and 1 was characterized as violent. Total membership of identified multi-state DTOs was 153 members<sup>ll</sup>, 31 of which were leaders<sup>mmm</sup> (Table 6).

(U) One-third of officers surveyed who investigated multi-state DTOs in the last two years indicated that organizational membership was based on shared culture or geographical origin (33%) and/or familial ties (33%). Half (50%) of survey respondents indicated that multi-state DTOs investigated had operational ties to foreign source countries and 17% stated direct connections to criminal organizations in Mexico (Figure 42, page 45).<sup>220</sup>

**Table 6.**

Multi-State DTOs, Oregon-Idaho HIDTA		
	Newly Identified in 2019	Under Investigation in 2019*
<b>Characteristics</b>		
Total Multi-State DTOs	26	60
<b>Local Area Characteristics</b>		
African-American	2	3
Asian	1	1
Caucasian	7	15
Caucasian, Hispanic	0	1
Chinese	0	1
Cuban, Mexican	0	1
Hispanic	11	23
Hispanic, Italian	0	1
Hispanic, Native American	0	1
Hmong	0	1
Medical Marijuana	1	1
Mexican/Mexican National	2	7
Multi-Ethnic	2	3
Unknown	0	1
Total Members (Leaders)	153 (31)	383 (70)
Average DTO Size	5.9	6.3
Multi-Ethnic Total	2	3
Gang-Related	1	3
Violent	1	4
Polydrug	14	25
Money Laundering Activities	0	0
<b>Federal Case Designations</b>		
CPOT	0	1
PTO	2	5
OCDETF	1	3

\*Includes open cases identified prior to 2019. Source: HIDTA Performance Management Process database, 4/15/20.

<sup>kk</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.

<sup>ll</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>mmm</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.

## Activities and Methods

(U) Over 40% of multi-state DTOs under investigation in 2019 were polydrug organizations (25), 14 of which trafficked methamphetamine and heroin and 11 DTOs that trafficked various combinations of methamphetamine, heroin, cocaine, marijuana, prescription drugs, fentanyl, and LSD. Single drug DTOs with a multi-state scope (35) mainly trafficked marijuana (15), followed by crystal methamphetamine (11), heroin (6), cocaine (2), and fentanyl (1). Of multi-state DTOs newly identified in 2019, more than half trafficked polydrugs (14), 8 of which trafficked heroin and methamphetamine and 6 that trafficked different combinations of heroin, methamphetamine, cocaine, marijuana, LSD, and/or prescription drugs (Table 6, page 43).<sup>221</sup>

### Multi-State DTO - Case Highlight

In August 2019, a Soda Springs, Idaho man was sentenced to serve 17 years in federal prison for his role in a sophisticated multi-state drug trafficking ring – one of the largest drug trafficking operations investigated in Eastern Idaho.

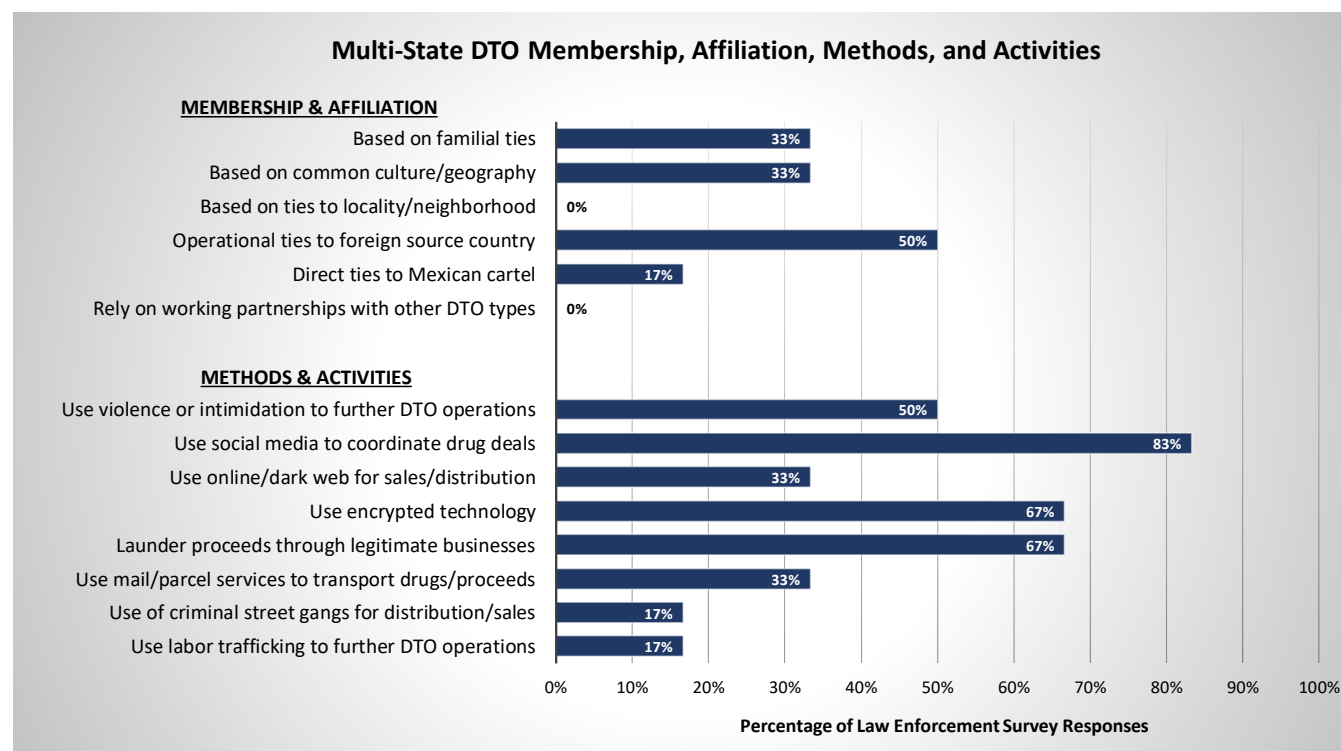
The Soda Springs man admitted to acting as the principal organizer and manager of at least five other individuals who conspired to distribute methamphetamine to Idaho and other states. The DTO, operating in Idaho, Utah, Montana, and Arizona, flooded Eastern Idaho with hundreds of pounds of methamphetamine over a five-year period from 2013 to 2017.

The investigation was conducted by members of the Bannock Area Drug Group Enforcement Squad (BADGES), Idaho State Police, Pocatello Police Department, Bingham County Sheriff's Office, Bannock County Sheriff's Office, and the Organized Crime and Drug Enforcement Task Force (OCDETF).

*Idaho State Journal, 8/7/19*

(U) Half (50%) of officers surveyed reported that multi-state DTOs used violence or intimidation to further operations, with a small percentage indicating that organizations involved criminal street gangs in drug distribution or sales (17%) or were involved in labor trafficking (17%). A majority (67%) stated

**Figure 42.**



Note: Number of agency responses = 6. Source: 2020 Oregon-Idaho HIDTA Drug Threat Survey.

that multi-state DTOs laundered proceeds through legitimate businesses such as restaurants, hardware stores, and car lots. Additionally, most officers surveyed reported multi-state organizations used social media (83%) and new technologies, such as encrypted phones, apps, or computers (67%) to facilitate illicit operations (Figure 42, page 45).<sup>222</sup>

(U) HIDTA task forces reported 14 marijuana trafficking operations under investigation in 2019 that were involved in cultivating, trafficking and/or distributing wholesale quantities of marijuana and marijuana concentrates produced locally and destined to other states, including, but not limited to, California, Minnesota, Wisconsin, and Idaho. These DTOs were based in the Oregon counties of Deschutes (6), Jackson (4), Multnomah (2), Douglas (1), and Lane (1). In addition, law enforcement in Southern Oregon reported an increasing trend of real estate purchases from private investors, some from out-of-state, who rent or lease properties to growers.<sup>223</sup>

### *Intelligence Gaps*

- Extent to which the dark web is used to advance the trafficking operations of multi-state DTOs
- Degree to which multi-state DTOs have connections to Mexican cartels
- Level of involvement of multi-state DTOs in mid-level transportation of synthetic opioids, such as fentanyl or fentanyl analogues

## International Drug Trafficking Organizations

(U) International DTOs<sup>nn</sup>, specifically, trafficking organizations connected to Mexico, either directly or through allied trafficking and distribution cells, represent a serious 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 into the region.

(U) A total of 22 international DTOs were under investigation by HIDTA task forces in 2019, with 9 DTOs newly identified during the year (Table 7).

### Affiliation and Membership

(U) Most international DTOs identified in 2019 were comprised of people with Hispanic ethnicity (8) with 1 DTO characterized as Caucasian. Total membership of identified international DTOs was 52 members, 13 of which were leaders (Table 7).

(U) More than half of officers surveyed who investigated international DTOs in the last two years reported that DTO membership was largely based on common culture or geographical origin (58%), were often familial (58%), had operational ties to a foreign source country (58%), with half of officers reporting organizations directly tied to Mexican cartels (50%) (Figure 41, page 48).<sup>224</sup>

### Activities and Methods

(U) Nearly half of the international DTOs under investigation by HIDTA task forces were polydrug organizations (10), 4 of which trafficked crystal methamphetamine and heroin and 6 that trafficked various combinations of methamphetamine, heroin, cocaine, marijuana, fentanyl, controlled prescription drugs, and/or MDMA. Single drug DTOs with an international scope were largely involved in trafficking methamphetamine (7), followed by heroin (4) and DMT (1). Of the 9 international DTOs

**Table 7.**

International DTOs, Oregon-Idaho HIDTA		
	Newly Identified in 2019	Under Investigation in 2019*
<b>Characteristics</b>		
Total International DTOs	9	22
<b>Local Area Ethnicity/Nationality</b>		
<i>Mexican/Mexican American</i>	6	10
<i>Hispanic</i>	2	9
<i>Caucasian</i>	1	2
<i>Middle Eastern</i>	0	1
Total Members (Leaders)	52 (13)	133 (28)
Average DTO Size	5.7	6.0
Multi-Ethnic Total	0	0
Gang-Related	0	0
Violent	1	1
Polydrug	3	10
Money Laundering Activities	0	0
<b>Federal Case Designations</b>		
CPOT	0	0
PTO	0	1
OCDEF	0	3

\*Includes open cases identified prior to 2019. Source: HIDTA Performance Management Process database, 4/15/20.

<sup>nn</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.

identified in 2019, 3 trafficked polydrugs, including various combinations of heroin, crystal methamphetamine, cocaine, MDMA, and/or fentanyl. Single drug DTOs with an international scope identified in 2019 trafficked mainly heroin (3), followed by crystal methamphetamine (2), and DMT (1) (Table 7, page 47).<sup>225</sup>

(U) One-third (33%) of officers surveyed reported international DTOs used violence or intimidation to further operations, with a smaller percentage of the organizations involved in labor trafficking (25%). Over 30% 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 (67%), new technologies, such as encrypted phones, apps, or computers (83%), mail/parcel services (42%), and the dark web (17%) to facilitate drug operations and sales in the region. Over 60% of officers surveyed indicated that international DTO members launder drug proceeds through legitimate businesses, such as restaurants, family-operated convenience stores, and nightclubs (Figure 41).<sup>226</sup>

### International DTO - Case Highlight

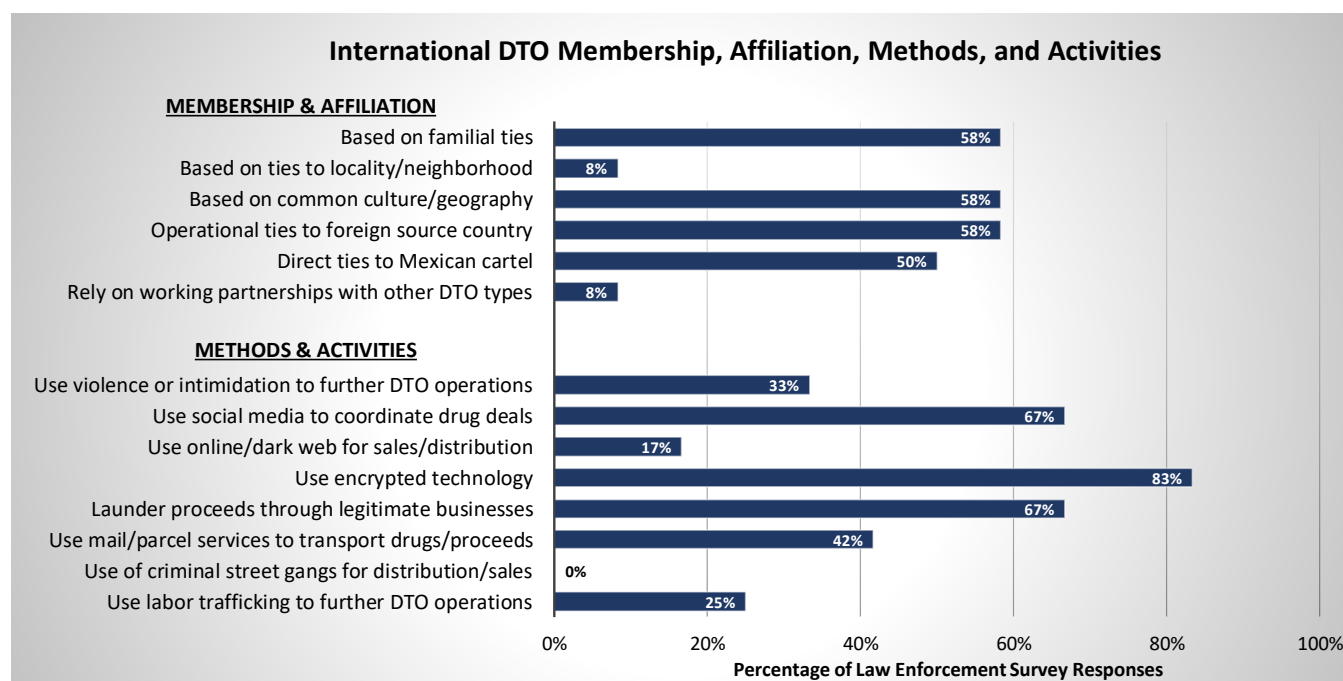
In October 2019, in one of the largest takedowns of a DTO in Oregon's history, federal, state, and local law enforcement completed drug trafficking raids at 13 locations in the Portland metropolitan area that involved an international network of stash house operators, couriers, and dealers who transported methamphetamine, heroin, and cocaine worth an estimated \$15 million from Mexico to Portland.

Sources in Mexico smuggled the drugs to two Oregon distributors who supplied product to operatives who at one point filled weekly orders for more than 130 pounds of methamphetamine and heroin – an estimated 600,000 individual user doses. In addition, more than \$1 million of drug proceeds were processed in one year alone through a sophisticated money laundering arrangement that operated out of a Mexican market in southeast Portland.

A total of 41 defendants were charged in the investigation which resulted in the seizure of 22 pounds of methamphetamine, 4 ounces of heroin, 11 ounces of cocaine, \$40,000 in cash, and over 50 firearms, including assault rifles, shotguns, and handguns.

*U.S. Attorney's Office, District of Oregon, Press Release, 10/2/19*

Figure 41.



Note: number of agency responses = 12. Source: 2020 Oregon-Idaho HIDTA Drug Threat Survey.

(U) International DTOs, specifically Mexican DTOs, operating in the HIDTA employ a variety of methods to transport methamphetamine, heroin, cocaine, and recently fentanyl to 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 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, heroin, and cocaine through direct exchange and through social networking sites.<sup>227</sup>

### *Intelligence Gaps*

- Extent to which Mexican DTOs have increased the supply of fentanyl into the region
- Relationship between Mexican DTOs and criminal street gangs in drug transport and distribution
- Extent to which Mexican DTOs partner with other DTOs to facilitate drug trafficking and distribution

## Local Drug Trafficking Organizations

(U) Based on HIDTA task force reporting and law enforcement survey data, local DTOs<sup>oo</sup> pose another criminal drug threat in Oregon and Idaho.<sup>228,229</sup> Local DTOs transport and distribute crystal methamphetamine and heroin, and to a lesser extent, cocaine, marijuana, and pharmaceutical drugs in the region.

(U) A total of 48 local DTOs were under investigation by HIDTA task forces in 2019, with 34 DTOs newly identified during the year (Table 8).<sup>230</sup>

### Affiliation and Membership

(U) Local DTOs identified during 2019 were mainly comprised of people with Caucasian (18) or Hispanic (11) ethnicity. Of local DTOs identified, 3 were gang-related and 4 were characterized as violent. Total membership of identified local DTOs was 221, 38 of which were leaders (Table 8).

(U) One-third of officers surveyed who investigated local DTOs in the last two years indicated that membership was based on common culture or geographical origin (33%), with a smaller percentage reporting membership based on familial ties (17%), or ties to a neighborhood or specific locality (17%).

**Table 8.**

Local DTOs, Oregon-Idaho HIDTA		
	Newly Identified in 2019	Under Investigation in 2019*
<b>Characteristics</b>		
Total Local DTOs	34	48
<b>Local Area Characteristics</b>		
African-American	1	1
Caucasian	18	26
Hispanic	7	12
Mexican/Mexican National	4	7
Multi-Ethnic	0	2
Total Members (Leaders)	221 (38)	329 (55)
Average DTO Size	6.5	6.8
Gang-Related	3	6
Violent	4	6
Polydrug	17	22
Money Laundering Activities	0	0
<b>Federal Case Designations</b>		
CPOT	0	0
PTO	0	1
OCDETF	0	0

\*Includes open cases identified prior to 2019. Source: HIDTA Performance Management Process database, 4/15/20.

### Local DTO - Case Highlight

In November 2019, detectives with the Douglas Interagency Narcotics Team (DINT) and the DEA executed search warrants on three Roseburg area locations owned by the leader of a major drug trafficking organization. The DTO was involved in the transportation and sale of large amounts of methamphetamine and heroin in the Douglas County area. Investigation revealed that the DTO leader would supply members of the DTO with methamphetamine and heroin to sell throughout the County with proceeds returned to the leader.

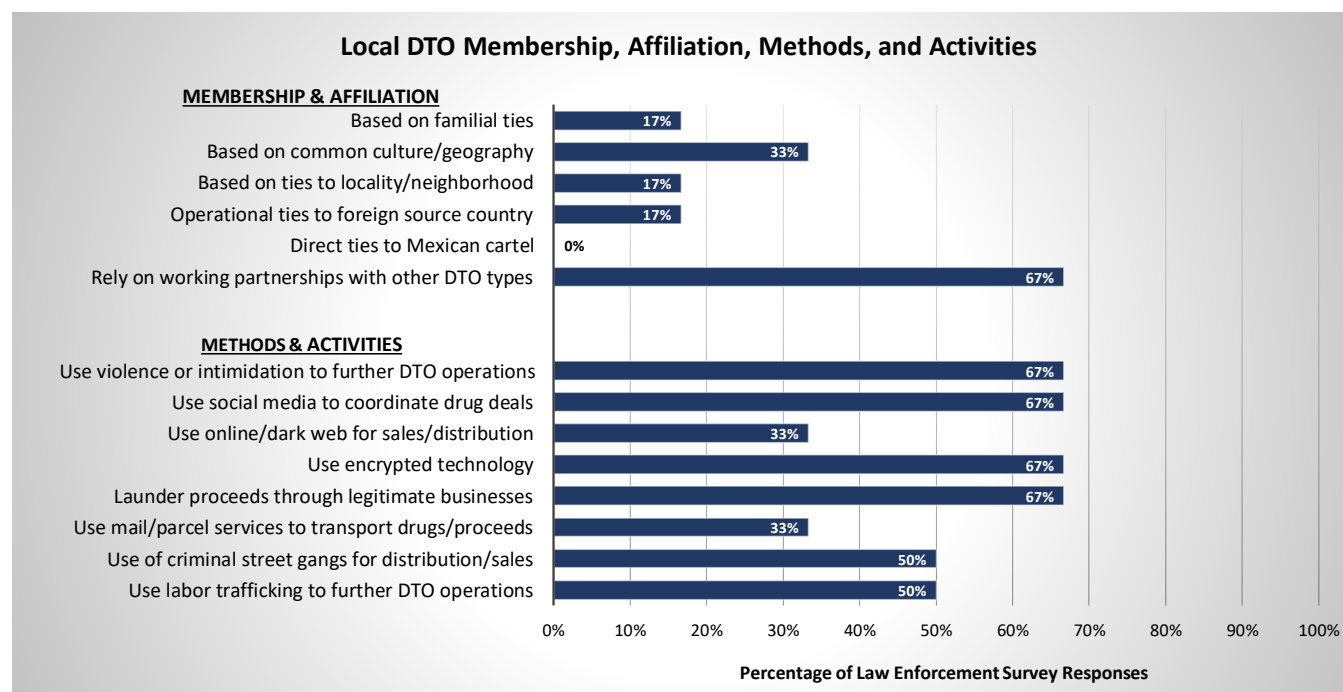
The 18-month investigation resulted in the arrests of 17 DTO members, and approximately 27 pounds of methamphetamine, 4 pounds of heroin, 1.4 ounces of cocaine, 18 firearms, \$120,000 in stolen equipment, and a large amount of cash.

*Oregon-Idaho HIDTA Times, 4<sup>th</sup> Quarter, 2019*

<sup>oo</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.

The majority of officers indicated local DTOs relied on working partnerships with other DTO types (67%) with none reporting groups tied directly to criminal organizations in Mexico (Figure 43).<sup>231</sup>

**Figure 43.**



Note: Number of agency responses = 6. Source: 2020 Oregon-Idaho HIDTA Drug Threat Survey.

### **Activities and Methods**

(U) Over 40% of local DTOs under investigation in 2019 were polydrug organizations (22), of which 18 trafficked methamphetamine and heroin and 4 DTOs trafficked various combinations of methamphetamine, heroin, cocaine, fentanyl, and/or marijuana. Single drug DTOs under investigation with a local scope (26) trafficked methamphetamine (18), heroin (6), marijuana (1), and cocaine (1). Of local DTOs newly identified in 2019, half trafficked polydrugs (17), primarily heroin and methamphetamine (13). Newly identified single drug DTOs operating locally trafficked crystal methamphetamine (10), heroin (5), cocaine (1), and marijuana (1) (Table 8, page 50).<sup>232</sup> Local DTOs that transport methamphetamine, heroin and cocaine are typically supplied by multi-state or international DTOs in the region.

(U) The majority of officers reporting investigations of locally-based DTOs indicated these DTOs used violence or intimidation to further DTO operations (67%) and used criminal street gangs to distribute or sell drugs (50%). Additionally, most locally-based DTOs were reported to launder proceeds through legitimate businesses (67%), use social media (67%), and/or use encrypted technology (67%) to facilitate operations (Figure 43).<sup>233</sup>

### **Intelligence Gaps**

- Extent to which locally-based DTOs use online connections through the dark web to sell and distribute illicit drugs
- Degree to which drug distribution by criminal street gang members funds street gang activity in the region

## VI. MONEY LAUNDERING ORGANIZATIONS

### Overview

(U) 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>pp</sup>.<sup>234</sup> The following information is based on Oregon-Idaho HIDTA task force investigations in 2019 as well as information collected from the 2020 HIDTA law enforcement survey.

**Table 9.**

Money Laundering Organizations, Oregon-Idaho HIDTA				
	Total	International	Multi-State	Local
Newly Identified in 2019	3	0	1	2
Under Investigation in 2019*	8	3	3	2

\*Includes open cases identified prior to 2019. Source: HIDTA Performance Management Process database, 4/15/20.

### Affiliation and Membership

(U) Of 8 MLOs<sup>qq</sup> under investigation by HIDTA task forces in 2019, 3 were newly identified during the year (Table 9). MLOs newly identified in 2019 were multi-state (1) and local (2) in operational scope. No international MLOs were identified during the year. The 8 MLOs under investigation by HIDTA task forces in 2019 ranged in size from 3 to 18 members, with a total of 49 members, 10 of which were leaders. MLOs newly identified in 2019 ranged in size from 3 to 4 members, with 10 total members, 3 of which were leaders.<sup>235</sup>

(U) Of the officers surveyed in 2020, 7 reported investigating money laundering organizations in the last two years. Most officers reported multi-state (4) MLOs were the primary money laundering threat to their area, with a smaller number indicating local (2) and international (1) MLOs.

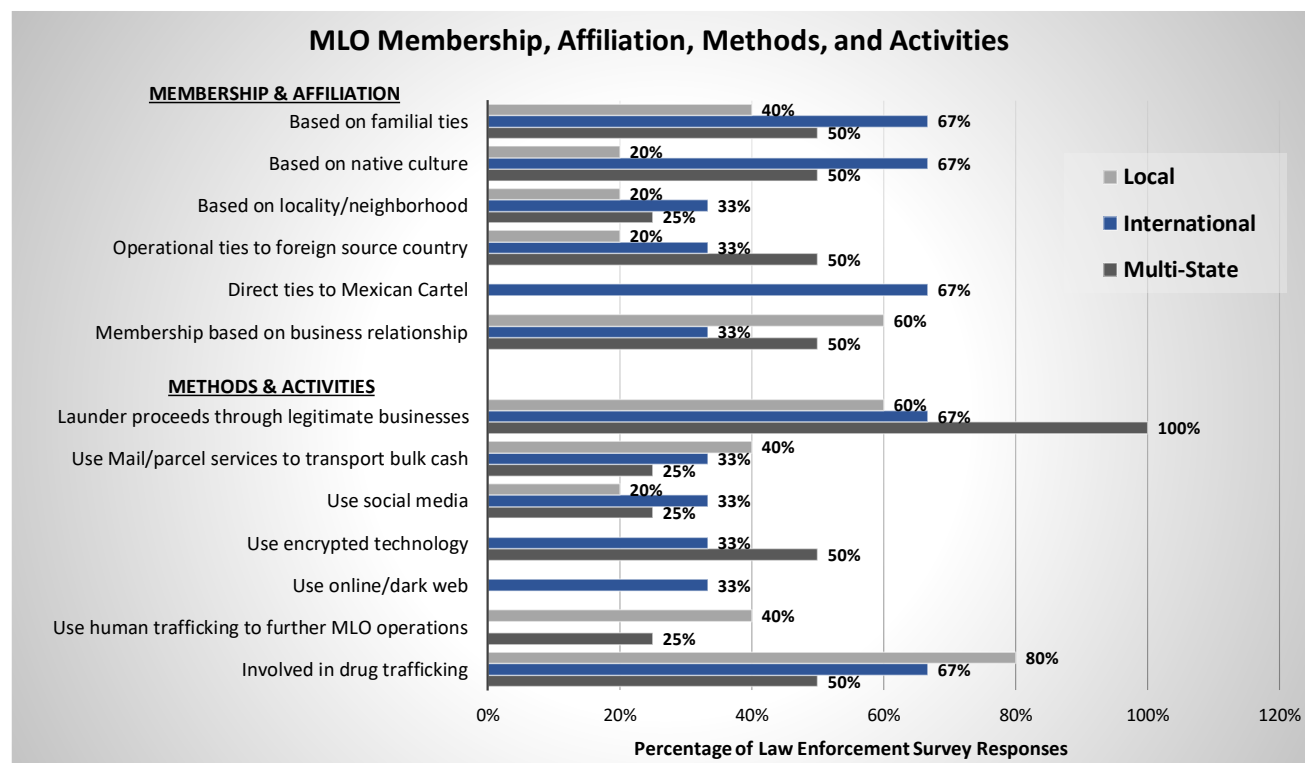
(U) Of officers reporting investigations of multi-state MLOs, about half indicated membership was based on familial ties (50%) and/or a shared native culture (50%) with an equal portion indicating operational ties to a foreign source country (50%). In addition, half of officers reported multi-state MLOs were based on business relationships (50%), including associations with Mexican DTOs and marijuana trafficking organizations, with no established ties to Mexican cartels (Figure 44).<sup>236</sup>

(U) Most officers reporting investigation of international MLOs indicated the groups were based on familial ties (67%), shared a common native culture (67%), and/or had direct ties to Mexican cartels (67%) (Figure 44, page 53).

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

<sup>qq</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.

Figure 44.



Source: 2020 Oregon-Idaho HIDTA Drug Threat Survey.

(U) Officers reporting investigation of local MLOs indicated that groups were mainly based on business relationships (60%) and to a lesser extent family ties (40%). Far fewer MLOs were reported to be based on native culture or locality/neighborhood (Figure 44).<sup>237</sup>

### Activities and Methods

(U) Nearly all of the MLOs under investigation by HIDTA task forces in 2019 also trafficked in illicit drugs (7). In addition to money laundering activities, these MLOs trafficked crystal methamphetamine (3), heroin (1), cocaine and heroin (1), and marijuana (2).<sup>238</sup> Drugs trafficked by the 3 MLOs newly identified in 2019 included crystal methamphetamine (1), marijuana (1), and cocaine and heroin (1).<sup>239</sup>

(U) All of the officers surveyed who investigated multi-state MLOs reported that the groups laundered money through legitimate businesses (100%). Half reported multi-state MLOs used encrypted technology (50%) and were involved in drug trafficking (50%), mostly methamphetamine, heroin, and marijuana.<sup>240</sup>

(U) The majority of officers surveyed who investigated international MLOs reported that the groups laundered money through legitimate businesses (67%). A smaller percentage of officers indicated MLOs used mail/parcel services to transport bulk cash (33%). Additionally, one-third of officers surveyed reported international MLOs used encrypted technology (33%), social media (33%), and the dark web (33%) to facilitate movement of proceeds (Figure 44).<sup>241</sup>

(U) In contrast, 60% of officers surveyed indicated locally-based MLOs laundered proceeds through legitimate businesses and 40% reported that the organizations used mail or parcel delivery services to transport bulk cash. Most local MLOs were reported to be involved in drug trafficking (80%), mainly methamphetamine and heroin, but marijuana and cocaine trafficking to a lesser extent (Figure 44, page 53).<sup>242</sup>

(U) Survey results in 2020 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 cash-intensive businesses, money service businesses, banks, and prepaid cards (Figure 45).<sup>243</sup> In 2019, HIDTA task forces seized over \$17.5 million in drug-related assets, including \$10.3 million in currency and over \$2.6 million in other assets (e.g., vehicles, firearms).<sup>244</sup>

### MLO - Case Highlight

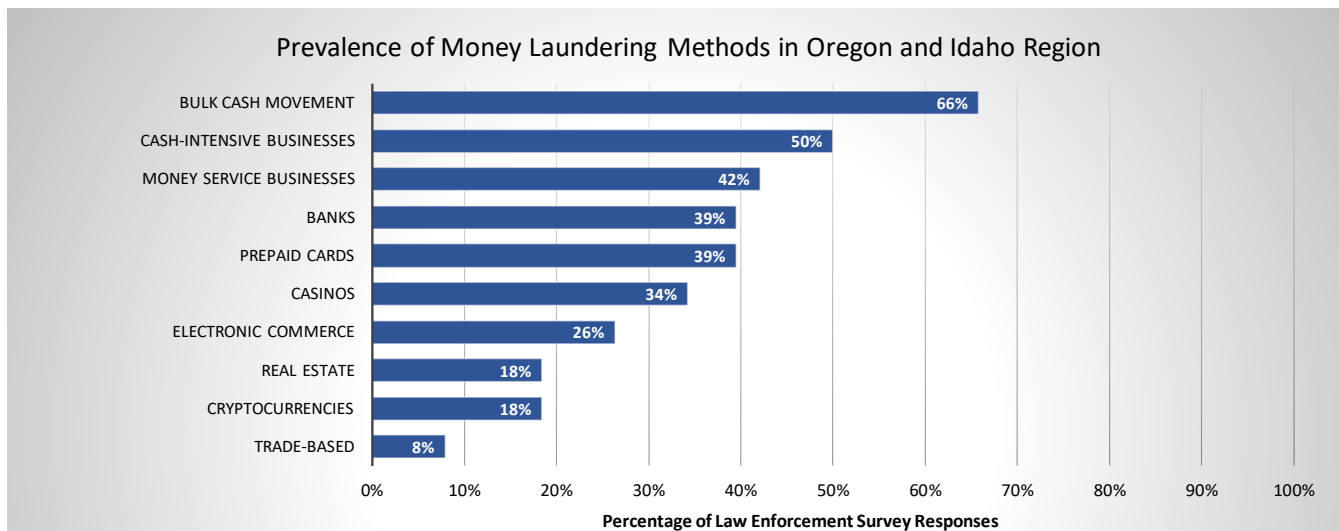
In March 2020, a Florida resident was sentenced to 40 months in federal prison for his role in a money laundering scheme to defraud banks located in Oregon and other states of approximately \$1 million.

The Florida resident is the seventh defendant sentenced for related crimes beginning in January 2017 through January 2018.

The strategy involved recruitment of individuals to deposit fraudulent checks at various banks. These individuals were given checks with their names printed on them and driven to banks for deposit. After receiving proceeds from the fraudulent deposits, the individuals would make cash deposits into bank accounts based in Florida to be later withdrawn by co-conspirators. The deposits were structured under \$10,000 to avoid law enforcement detection. In total, the money laundering scheme resulted in an estimated loss of at least \$911,444 to various banks and credit unions in Oregon and Washington.

*Press Release, U.S. District Attorney's Office, 3/2/20*

**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.

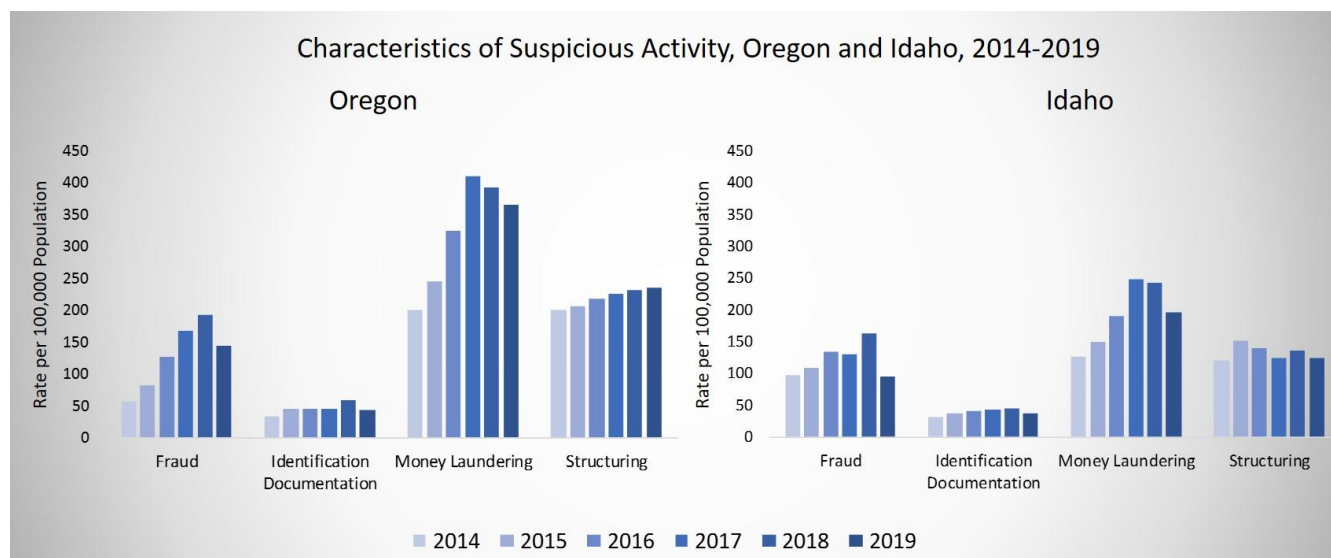
**Trade-Based:** includes illicit arrangements such as black market peso exchange, over/under invoicing of goods and services.

Source: 2020 Oregon-Idaho HIDTA Drug Threat Survey.

(U) 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>245</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>rr</sup>, are common forms of payment on dark web sites and are used by criminals to transfer value anonymously to other countries.<sup>246</sup>

(U) 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>247</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 2014 to 2019 was the category of money laundering (Figure 46).<sup>248</sup> The rate of filings for all categories (money laundering, structuring, fraud, identification/documentation) has increased in Oregon since 2014, with fraud and money laundering roughly doubling between 2014 and 2019. In Idaho, while filings for money laundering increased more than 50% between 2014 and 2019, filings for structuring activity and identification/documentation have stayed roughly the same, and fraud activity has decreased.<sup>249</sup>

**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 3/4/20.

(U) Smuggling bulk cash out of the United States is a well-established method by which traffickers bypass financial transparency reporting requirements.<sup>ss</sup> Large amounts of cash are easily concealed in vehicles, commercial shipments, express packages, and on private aircraft or boats. Mexican DTOs and other criminal groups transport cash in bulk to southwestern states where funds are often aggregated and then smuggled to Mexico.<sup>250</sup> The number of cash seizures made by HIDTA task forces during the course

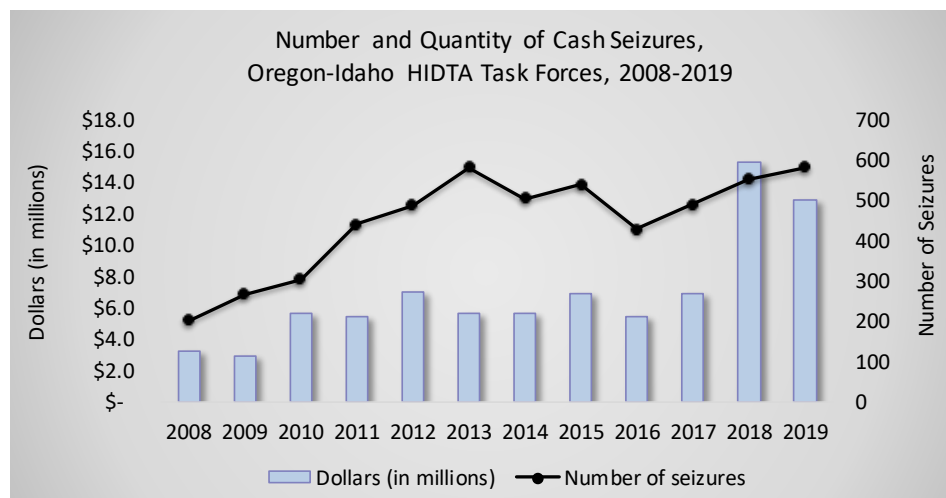
<sup>rr</sup> Bitcoin is a digital currency that operates without a central bank or single administrator and which can be exchanged for other currencies, goods or services.

<sup>ss</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)*.

of investigations nearly tripled between 2008 (203) and 2019 (583) (Figure 47). The amount of cash seized by task forces averaged roughly \$6 million

annually between 2010 and 2017. The highs in 2018 (\$15.2 million) and 2019 (\$12.9 million) are due to a large number of cash seizures reported above \$100,000 during both years.<sup>251</sup> Between 2008 and 2019, 620 bulk cash seizures were reported on Oregon highways, totaling \$11.4 million. The value of seizures increased nearly 300% from 2015 (\$386,000) to 2019 (\$1.5 million).

**Figure 47.**



(U) While Oregon was a pass-through state for most seizures of cash (190) on Oregon highways between 2008 and 2019, the highest value of cash seizures was headed for Oregon destinations (\$4.3 million) (Figure 48). Additionally, the largest amount of currency seized on Oregon highways was

**Figure 48.**

Movement of U.S. Cash From, To and Through Oregon, Highway Seizures, CY 2008-2019



Source: Selected cash seizures, Domestic Highway Enforcement (DHE) Program, CY 2008-2019. 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.

headed south (\$4.6 million), followed by northbound (\$3.2 million), westbound (\$2.6 million), and eastbound (\$865,700) seizures.<sup>252</sup>

### ***Intelligence Gaps***

- 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 as 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***

- (U) 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.
- (U) 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. Disruptions caused by the COVID-19 pandemic will likely impact methamphetamine availability and price and may cause a resurgence in domestic production.
- (U) 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.
- (U) Availability of extremely powerful opioid synthetics, such as fentanyl and fentanyl analogues will continue to rise. The market for these drugs will evolve as new derivatives emerge and reach an expanding user base in the HIDTA. Use of synthetic opioids mixed with or disguised as other drugs is expected to increase as availability of these drugs grows and will likely contribute to more overdose deaths in the region.
- (U) Misuse of controlled prescription drugs will remain a concern in 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 continue to 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.
- (U) 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 marijuana extracts will continue to pose serious health consequences to users.

### *Oregon-Idaho HIDTA Program*

- (U) Availability of cocaine in the region is expected to increase as production remains high in Colombia. Cocaine use in the HIDTA will remain low in the near term due to the availability and low cost of potent alternatives, such as methamphetamine.
- (U) Multi-state DTOs will continue to present the most serious criminal drug threat to the region. These DTOs will remain active in trafficking methamphetamine, heroin, cocaine, and polydrugs within the region and will continue to influence the drug market in other states. Further, multi-state DTOs involved in illegal marijuana cultivation operations in Oregon will continue to transport wholesale quantities of the product across state borders.
- (U) International DTOs, specifically Mexican DTOs, will continue to control the transportation and distribution of methamphetamine, heroin, and cocaine into the HIDTA and surrounding region. These DTOs will likely expand involvement in fentanyl trafficking into the region, including counterfeit drugs.
- (U) Trafficking organizations that operate locally will remain active in trafficking and distribution of methamphetamine, heroin, cocaine, and/or locally-produced marijuana in the region.
- (U) Bulk cash smuggling, cash-intensive businesses, 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
CPDs	Controlled Prescription Drugs
CPOT	Consolidated Priority Organization Targets
DEA	Drug Enforcement Administration
DHE	Domestic Highway Enforcement
DINT	Douglas Interagency Narcotics Team
DMT	Dimethyltryptamine
DRE	Drug Recognition Expert
DTO	Drug Trafficking Organization
DUII	Driving Under the Influence of Intoxicants
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
OCDETF	Organized Crime Drug Enforcement Task Force
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
RPOT	Regional Priority Organization Targets
THC	Delta-9-tetrahydrocannabinol
USMS	United States Marshals Service

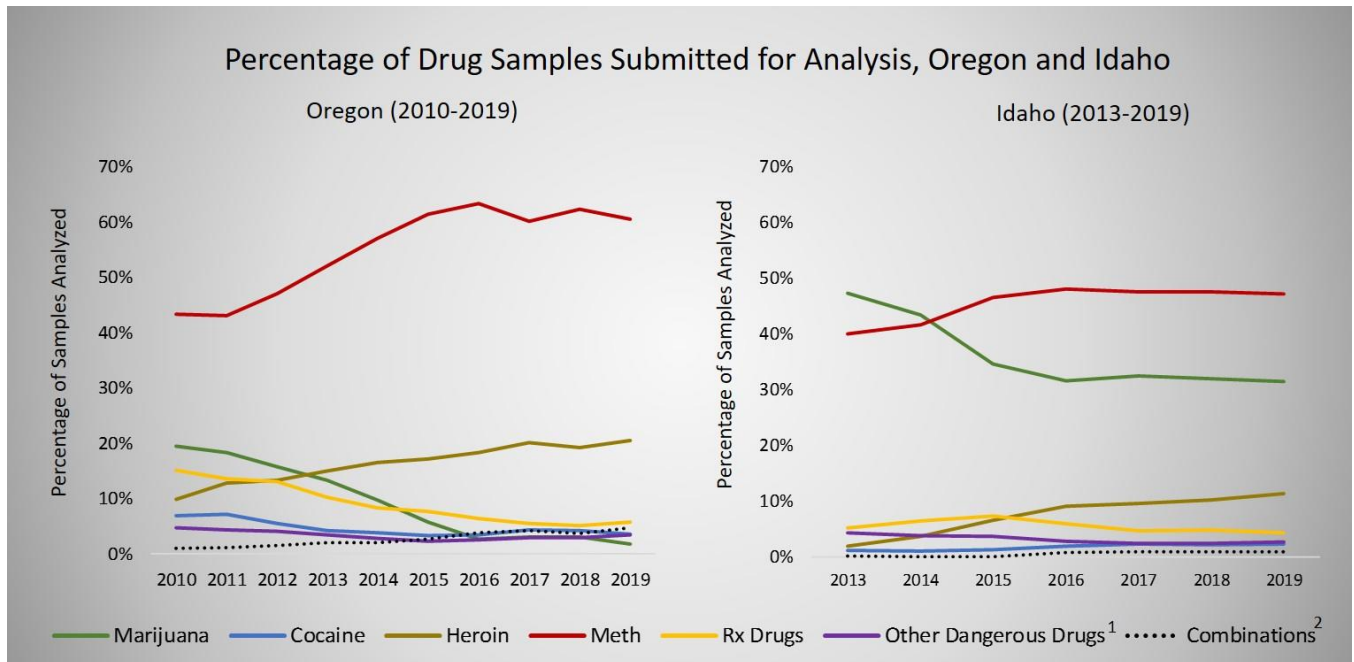
## **Appendix B**

### **Methodology**

(U) 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.

(U) The 2020 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. Survey interviews were conducted with Oregon-Idaho HIDTA initiative task force commanders and team members 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 34% 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.

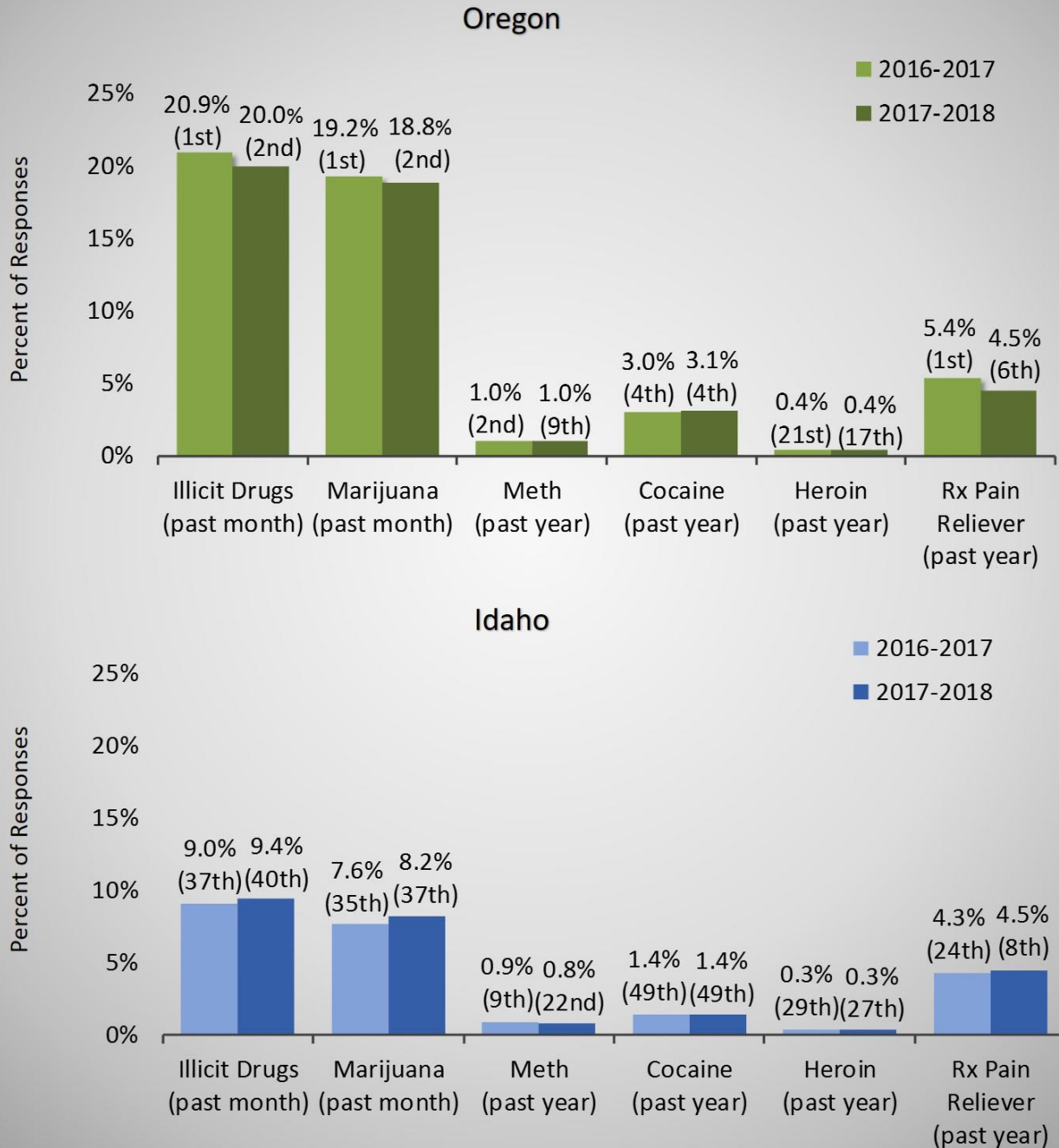
(U) In addition, the HIDTA Performance Management Process (PMP) database was accessed for information on drug seizures and the presence and level of involvement of organized criminal groups in drug trafficking and distribution, money laundering, and criminal activity in the HIDTA and neighboring region.

Appendix C

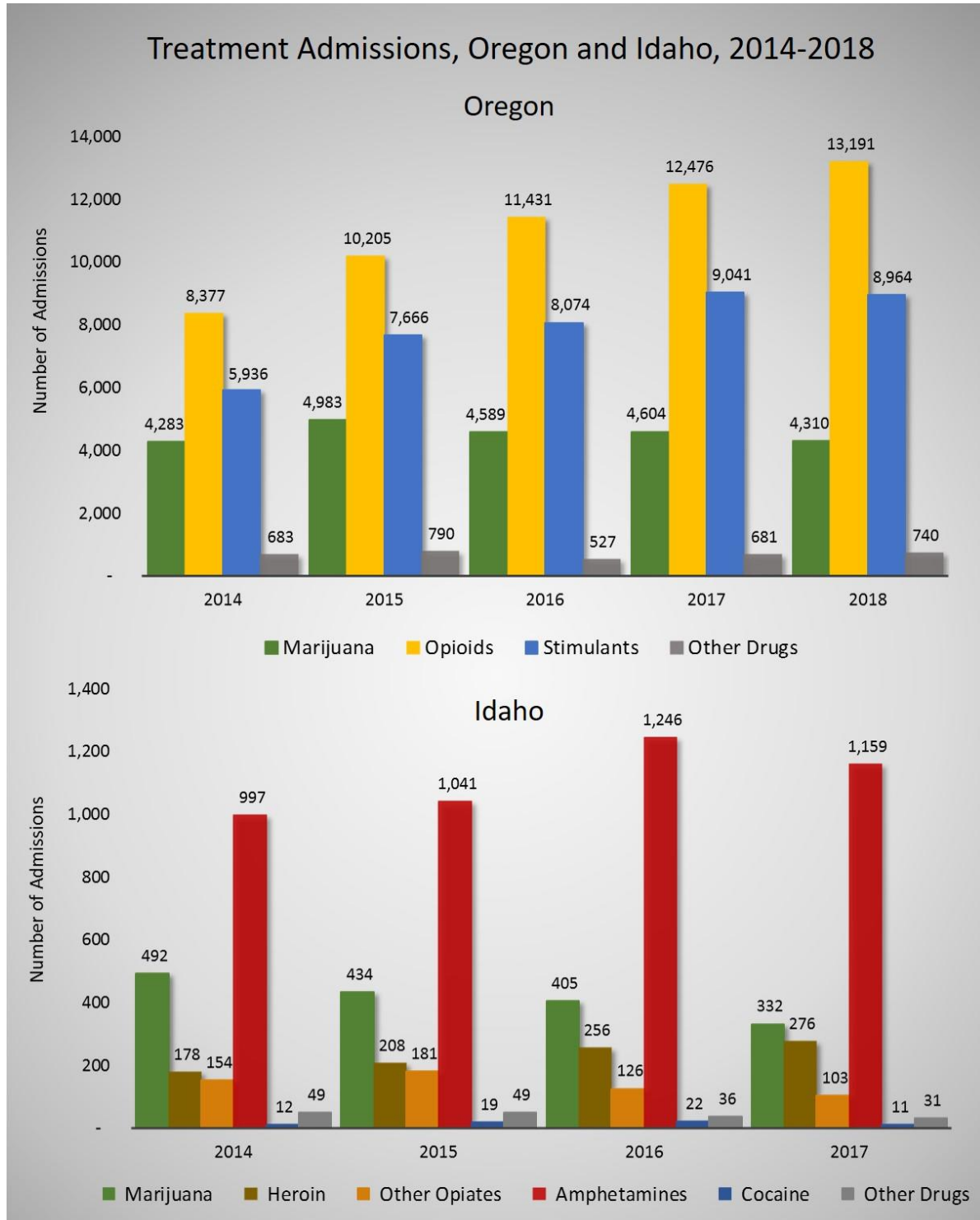
<sup>1</sup>Other Dangerous Drugs include designer/synthetic drugs (e.g., MDMA, LSD, cannabinoids, cathinones), fentanyl/synthetic opioids, and hallucinogens (e.g., psilocybin, mescaline). <sup>2</sup>Combinations includes samples where multiple drugs, licit and/or illicit, were detected. <sup>3</sup>Other 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, 2/27/20; Idaho State Police, Forensic Services, 3/17/20.

Appendix D

Past Drug Use, Ages 12 or older,  
Oregon and Idaho with National Ranking, 2016-2017 and 2017-2018 NSDUH



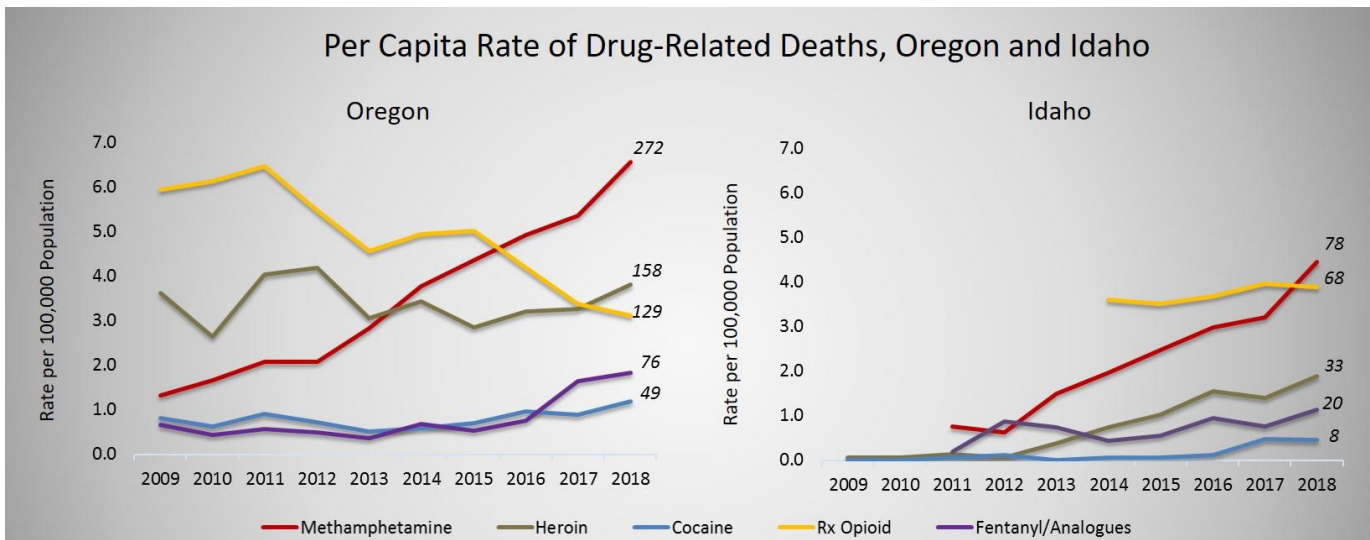
Source: SAMHSA, National Survey on Drug Use and Health, 2016-2017 and 2017-2018.

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.

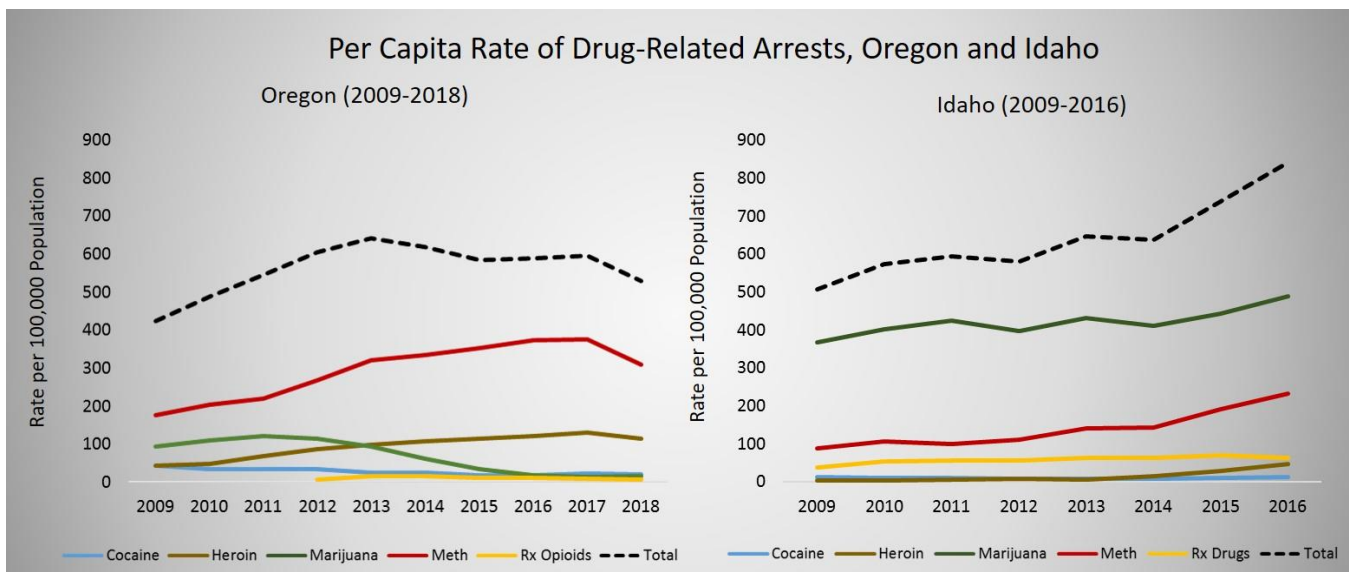
## Appendix F



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.

**Appendix H**

Incidence and Quantity of Selected Drugs and Cash Seized through the Domestic Highway Enforcement Program (DHE), by Highway, Oregon and Idaho, 2008-2019*													
	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	1,190	534	12,007	200	1,293	80	242	76	672	54	35,886	246	\$ 5,524,136
I-84	565	272	3,942	90	122	23	22	33	8	40	1,836	107	\$ 797,758
US 97	410	189	2,469	69	412	13	43	36	136	18	6,537	85	\$ 1,711,386
OR 140	308	228	7,529	7	0.7	1	0	4	0.5	3	37	65	\$ 2,395,998
I-90	252	131	2,860	31	30	16	6	7	48	11	383	56	\$ 1,493,834
US 395	176	121	1,836	7	32	3	25	3	8	7	10,065	35	\$ 290,656
US 20	147	94	857	15	62	6	3	2	27	20	503	10	\$ 428,907
I-15	120	52	1,426	35	72	9	0.9	5	1	2	484	17	\$ 122,914
US 95	54	25	149	12	1.0	4	0.5	1	0.01	-	-	12	\$ 46,035

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 2019. Sources: Domestic Highway Enforcement Program; EPIC.

Appendix I

Clandestine Lab Seizures, Oregon-Idaho HIDTA, 2005, 2014-2019							
	2005 (Meth Labs only)	2014 Total Labs	2015 Total Labs	2016 Total Labs	2017 Total Labs	2018 Total Labs	2019 Total Labs
<b>Oregon</b>	192	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); Marijuana Concentrate (1); Unknown (1)	14 Meth (1); BHO (13);
<b>Idaho</b>	11	Meth (4)	Meth (2)	0	Meth (2); Fentanyl (1)	Meth (1)	DMT (1)
HIDTA Region							
Oregon							
<b>Clackamas</b>	15	Meth (1)	Meth (1); BHO (2)	Meth (2); BHO (1)	BHO (2)	BHO (1)	BHO (2)
<b>Deschutes</b>	0	BHO (1)	Meth (1); BHO (1)	Meth (1); BHO (7)	BHO (2)	BHO (10), Marijuana concentrate (1); HHO/Hexane (1)	BHO (2)
<b>Douglas</b>	14	0	BHO (1)	0	BHO (2)	0	0
<b>Jackson</b>	6	Meth (1)	BHO (1)	BHO (6); DMT (1)	BHO (3)	0	BHO (4)
<b>Josephine</b>	8	BHO (1)	BHO (1)	BHO (1); Meth (1)	BHO (12)	BHO (5)	BHO (2)
<b>Lane</b>	12	Meth (1); BHO (1)	BHO (1); GHB (1)	BHO (2)	Meth (1); BHO (2)	0	0
<b>Linn</b>	0	0	Meth (1)	0	BHO (2)	BHO (3); Meth (1)	BHO (1)
<b>Malheur</b>	1	0	0	BHO (1)	0	BHO (1)	0
<b>Marion</b>	11	Meth/Ice Conversion (1)	BHO (1); DXM (1); DMT (1)	BHO (1)	0	BHO (1)	0
<b>Multnomah</b>	33	BHO (2)	Meth/Ice Conversion (1); MDMA (1); BHO (3)	BHO (1)	BHO (1)	BHO (1)	0
<b>Umatilla</b>	39	Meth (1)	0	Meth (1); BHO (1)	Pseudoephedrine extraction (1); BHO (1)	0	0
<b>Washington</b>	12	BHO (1)	0	Meth (1); BHO (1)	BHO (2)	BHO (1); Unknown (1)	BHO (1)
Idaho							
<b>Ada</b>	6	0	0	0	Meth (1)	0	0
<b>Bannock</b>		0	0	0	Fentanyl (1)	0	0
<b>Canyon</b>	1	Meth (2)	Meth (1)	0	Meth (1)	0	DMT (1)
<b>HIDTA Total</b>	158	Meth (7); BHO (6)	Meth (5); BHO (11); DMT (1); DXM (1); GHB (1); MDMA (1)	Meth (5); BHO (22); DMT (1)	Meth (1); BHO (30); Pseudoephedrine extraction (1)	Meth (1); BHO (23); HHO/Hexane (1); Marijuana Concentrate (1); Unknown (1)	BHO (12); DMT (1)

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

**Appendix J**

<b>DTO Summary Table</b> <b>Oregon-Idaho HIDTA, CY 2019</b>	
<b>Scope</b>	
<i>International</i>	9
<i>Multi-State</i>	26
<i>Local</i>	34
Total Members (Leaders)	426 (82)
Organization Size (average/range)	6.2/5-22
<b>Characteristics</b>	
<b>Local Area Ethnicity</b>	
<i>Caucasian</i>	27
<i>Mexican/Mexican National</i>	18
<i>Hispanic</i>	17
<i>African-American</i>	3
<i>Asian</i>	1
<i>Medical Marijuana</i>	1
Multi-Ethnic	2
Violent	6
Polydrug	34
Gang-Related	4
<b>Federal Target List</b>	
CPOT	0
PTO	2
OCDETF	1

Notes: 1) Based on DTOs identified in calendar year 2019. Source: HIDTA Performance Management Process database, 4/15/20.

## IX. ENDNOTES

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- <sup>229</sup> 2020 Oregon-Idaho HIDTA Drug Threat Survey.
- <sup>230</sup> HIDTA Performance Management Program database. Accessed 4/15/20.
- <sup>231</sup> 2020 Oregon-Idaho HIDTA Drug Threat Survey.
- <sup>232</sup> HIDTA Performance Management Program database. Accessed 4/15/20.
- <sup>233</sup> 2020 Oregon-Idaho HIDTA Drug Threat Survey.
- <sup>234</sup> Ibid.
- <sup>235</sup> HIDTA Performance Management Program database. Accessed 4/15/20.
- <sup>236</sup> 2019 and 2020 Oregon-Idaho HIDTA Drug Threat Surveys.
- <sup>237</sup> 2020 Oregon-Idaho HIDTA Drug Threat Survey.
- <sup>238</sup> HIDTA Performance Management Program database. Accessed 4/15/20.

<sup>239</sup> Ibid.

<sup>240</sup> 2020 Oregon-Idaho HIDTA Drug Threat Survey.

<sup>241</sup> Ibid.

<sup>242</sup> Ibid.

<sup>243</sup> Ibid.

<sup>244</sup> HIDTA Performance Management Process database. Accessed 3/4/20.

<sup>245</sup> Drug Enforcement Administration (2017). *2017 National Drug Threat Assessment*.

<sup>246</sup> Ibid.

<sup>247</sup> Drug Enforcement Administration. (2018). Money laundering. *DEA Programs*.

<sup>248</sup> FinCEN. (2020). *SAR Stats*.

<sup>249</sup> Ibid.

<sup>250</sup> Drug Enforcement Administration (2017). *2017 National Drug Threat Assessment*.

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<sup>252</sup> Oregon Department of Justice. (2020). *Oregon Domestic Highway Enforcement Program*.