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# Oregon-Idaho HIDTA 2024 Threat Assessment



June 2023

This product was created by the Oregon-Idaho HIDTA  
Information Sharing and Analytical Coordination Center (ISACC)

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## **INTRODUCTION**

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The Office of National Drug Control Policy (ONDCP) established the Oregon High Intensity Drug Trafficking Area (HIDTA) in June 1999. Renamed the Oregon-Idaho HIDTA in 2015 with the addition of Idaho counties, the Oregon-Idaho HIDTA supports twenty-one initiatives that focus on drug enforcement, prosecution, information sharing, and opioid overdose response in twelve counties in Oregon (Clackamas, Deschutes, Douglas, Jackson, Josephine, Lane, Linn, Malheur, Marion, Multnomah, Umatilla, and Washington) and four counties in Idaho (Ada, Bannock, Canyon, and Kootenai). These initiatives work to reduce the supply and demand of illicit drugs and drug trafficking in the region and share information related to drug threats in Oregon and Idaho. The efforts are in furtherance of the HIDTA program mission to facilitate, support, and enhance collaborative drug control efforts among law enforcement agencies and community-based organizations, thus significantly reducing the impact of illegal drug trafficking and drug use throughout Oregon and Idaho. The goals of the Oregon-Idaho HIDTA are to identify, disrupt and dismantle drug trafficking and money laundering organizations and to enhance the effectiveness and efficiency of Oregon-Idaho HIDTA participants.

Each year, the Oregon-Idaho HIDTA Executive Board directs the Executive Director to develop a strategy that focuses its resources on identifying and addressing the most serious drug threats in the Oregon-Idaho HIDTA area of operation. The 2024 Oregon-Idaho HIDTA Threat Assessment aims to deliver forward-looking, timely, and accurate strategic intelligence to law enforcement executives and other officials to assist the development and implementation of drug enforcement and public health strategies to improve and ensure the safety of our communities by reducing the supply of dangerous drugs.

### ***Methodology***

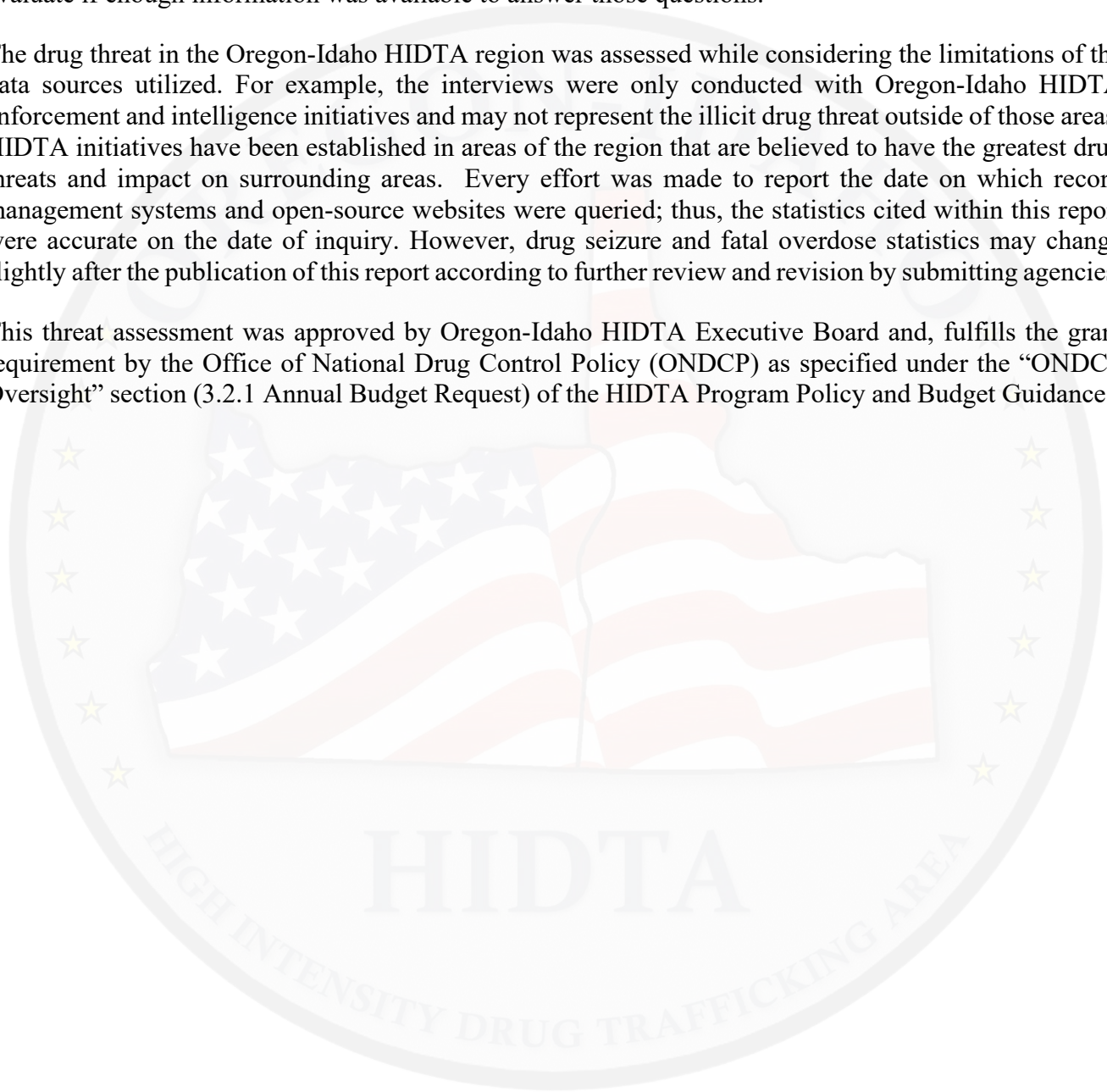
The information contained in this report was derived from federal, state, and local law enforcement data reporting, public health data, and open-source reporting to provide a balanced approach to determining the most critical drug threats and the most significant drug trafficking organization threats to the region. State-level statistics used in this report were derived from datasets or reports published by the Oregon Health Authority (OHA), Idaho Department of Health and Welfare (IDHW), Oregon Criminal Justice Commission (OCJC), Oregon State Police (OSP), Idaho State Police (ISP), and the Oregon and Idaho Department of Corrections (DOC). 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, distribution, and money laundering in the HIDTA. National-level statistics were derived from data reported in the National Seizure System (NSS), data published by the U.S. Customs and Border Protection, and publications produced by the Drug Enforcement Administration (DEA) and Department of Homeland Security (DHS). Analysis of drug samples analyzed in 2022 was reported at the state level only using information derived from OSP and ISP forensic labs. Samples submitted by federal agencies to the Western Regional Lab were not available at the time of this report due to a backlog in processing at the lab.

## *Oregon-Idaho HIDTA Program*

Interviews with HIDTA enforcement initiative commanders and analysts were the primary sources for qualitative information related to drug demand and supply, drug trafficking organizations, money laundering activity, and organizations operating in the HIDTA. The interview was designed to collect current 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. Included in the interview were intelligence gaps identified in the previous year's report to evaluate if enough information was available to answer those questions.

The drug threat in the Oregon-Idaho HIDTA region was assessed while considering the limitations of the data sources utilized. For example, the interviews were only conducted with Oregon-Idaho HIDTA enforcement and intelligence initiatives and may not represent the illicit drug threat outside of those areas. HIDTA initiatives have been established in areas of the region that are believed to have the greatest drug threats and impact on surrounding areas. Every effort was made to report the date on which record management systems and open-source websites were queried; thus, the statistics cited within this report were accurate on the date of inquiry. However, drug seizure and fatal overdose statistics may change slightly after the publication of this report according to further review and revision by submitting agencies.

This threat assessment was approved by Oregon-Idaho HIDTA Executive Board and, fulfills the grant requirement by the Office of National Drug Control Policy (ONDCP) as specified under the "ONDCP Oversight" section (3.2.1 Annual Budget Request) of the HIDTA Program Policy and Budget Guidance.<sup>1</sup>





## Table of Contents

<b>INTRODUCTION / METHODOLOGY .....</b>	<b>3</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>6</b>
<b>HIDTA REGION .....</b>	<b>7</b>
REGIONAL CRIME TRENDS .....	8
TRANSPORTATION METHODS .....	9
<b>DRUG THREATS.....</b>	<b>11</b>
FENTANYL AND SYNTHETIC OPIOIDS .....	14
METHAMPHETAMINE .....	17
HEROIN.....	19
COCAINE/CRACK .....	22
ILLICIT MARIJUANA .....	24
PHARMACEUTICALS AND OTHER DANGEROUS DRUGS.....	26
<b>DRUG TRAFFICKING ORGANIZATIONS.....</b>	<b>28</b>
MULTI-STATE DRUG TRAFFICKING ORGANIZATIONS .....	29
LOCAL DRUG TRAFFICKING ORGANIZATIONS.....	30
INTERNATIONAL DRUG TRAFFICKING ORGANIZATIONS.....	32
<b>ILLICIT FINANCE .....</b>	<b>33</b>
<b>OUTLOOK .....</b>	<b>34</b>
<b>APPENDIX .....</b>	<b>36</b>
A. PARTICIPATING INITIATIVES .....	36
<b>ENDNOTES.....</b>	<b>37</b>

## ***EXECUTIVE SUMMARY***

Oregon and Idaho HIDTA counties face challenges like those throughout the United States related to fentanyl availability, misuse, use disorder, and poisoning. During 2022 the Oregon-Idaho HIDTA region has experienced an increased rate of fatal and non-fatal overdose incidents as illicit fentanyl, analogs, and stimulants continue to flood the area. Methamphetamine remains a constant and significant threat in Idaho and Oregon with continued high availability, high purity, and low prices driving demand. The Oregon-Idaho HIDTA Information Sharing and Analytical Coordination Center (ISACC) predicts with high confidence that fentanyl and methamphetamine will continue to be the most significant drug threats in 2024.

The following further highlights the drug threats impacting the Oregon-Idaho HIDTA region:

- Fentanyl has overtaken methamphetamine as the primary drug threat in Oregon and Idaho, seized by law enforcement agencies in counterfeit pills and increasingly in powder form. Fentanyl and fentanyl analogs are increasingly found in drug samples submitted by law enforcement agencies to state and federal crime labs for analysis.
- Methamphetamine continues to impact community livability and is present in over half of the drug-related deaths reported by OHA during 2021 and the first half of 2022, and present in over one-third of the drug-related overdose deaths reported by IDHW in 2021. Methamphetamine use also contributes to criminal activity including crimes against persons and property crimes in the HIDTA region.
- Heroin availability and seizures have significantly decreased during the past year as the demand for and availability of fentanyl rises among opioid-dependent users and the opioid naïve.
- Cocaine availability increased in the region as indicated by an increase in cocaine seizures by HIDTA initiatives as well as an increase in cocaine-related Drug Trafficking Organization (DTO)<sup>a</sup> investigations. Oregon and Idaho remain transit states for cocaine destined for Washington and Canada.
- Oregon remains a source state for high-quality marijuana and extract products for the nation. Despite state efforts to regulate the legalized marijuana market, black and grey market products originating in Oregon continue to be seized in other parts of the country. Marijuana from Oregon continues to negatively affect communities outside of this HIDTA region, undermining the legal markets in many states including Oregon. Mexican and Chinese DTOs continue to impact illicit marijuana cultivation in Oregon. Environmental degradation and forced labor trafficking remain a concern to law enforcement and elected leaders throughout the state.
- Illicit use and availability of diverted controlled prescription drugs (CPD) and designer drugs, such as dimethyltryptamine (DMT) and 3,4-methylenedioxymethamphetamine (MDMA) remains low in Oregon and Idaho and are not considered a significant threat based on law enforcement and public health reporting.

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<sup>a</sup> Drug Trafficking Organization (DTO) – is an organization consisting of five or more persons, including at least one leader, who is involved in the local distribution of illicit drugs to generate income or acquire assets.





According to the 2021 United States Census Data, approximately 4.2 million people reside in Oregon and approximately 1.9 million reside in Idaho.<sup>b</sup> The HIDTA region's population is predominately Caucasian (89.5%) followed by Hispanic (13.5%), and Asian (3.3%). Oregon's population of American Black (2.3%) and Native Americans (1.9%) are slightly higher than Idaho's Native American (1.7%) and American Black (0.9%) populations and both states have less than 1% of Pacific Islanders.

### ***Regional Crime Trends***

The Federal Bureau of Investigation (FBI) National Incident-Based Reporting System (NIBRS) reports criminal offenses committed in Oregon and Idaho by using Uniform Crime Reporting (UCR) data maintained and reported through the respective state police agencies. Violent crime index rates<sup>c</sup> in Oregon increased by 11.8% between 2020 and 2021 and experienced a minor reduction in property index crime rates (-1.7%) based on the *2021 Release of FBI Uniform Crime Reports for Oregon* report published in December 2022 by the Oregon Criminal Justice Commission.<sup>2</sup> According to the *Crime in Idaho, 2021* report published by the Idaho State Police (ISP), Bureau of Criminal Identification UCR Section, violent crime rates decreased by 3.35% between 2020 and 2021 in addition, property crimes decreased by 11.07%.<sup>3</sup> During this same period, drug/narcotic violations increased by 8.3% from 12,330 offenses in 2020 to 13,354 offenses in 2021. Offenses involving drug equipment violations also increased by 6.05% from 11,517 in 2020 to 12,214 in 2021. According to data currently available on the ISP UCR website, drug/narcotic, and drug equipment violations both slightly rose in 2022, increasing by nearly 200 additional reports in each category.<sup>4</sup> Arrests for drug offenses in Oregon have been impacted by recent legislation that decriminalized many of the unlawful possession of controlled substance offenses, and as a result, have decreased since 2021.

On February 1, 2021, the Drug Addiction Treatment and Recovery Act enacted by voters via Ballot Measure 110 (M110) became law in Oregon. The law decriminalizes the possession of "user amounts" of certain controlled substance offenses. The law intended to provide treatment and recovery services for substance use disorders (SUD) and address the stigma of drug addiction by removing criminal penalties for possession.<sup>5</sup> The law reduces the penalty for possession from a misdemeanor to a Class E violation, punishable by a maximum \$100 fine. The law also allows for the person charged to have the charge dismissed if they provide proof to the court of a "treatment needs" screening or treatment contact within 45 days of the citation.

According to a report published by the Oregon Judicial Department, 4,356 cases of Class E violations have been processed in the state through March 31, 2023, 4,266 of which occurred after the law's effective date of February 1, 2021.<sup>6</sup> 3,462 of these cases resulted in convictions of a Class E violation, 85% (2,941) because the person failed to appear in court. Of the 359 violation charges dismissed, 8% (36) filed verification of completing a substance use assessment. Methamphetamine accounted for 63% of the Class E violations, followed by heroin (14%), Schedule II substances (9%), and oxycodone (6%). The remaining 6% were Schedule I and Schedule IV substances. According to the report, 2% of the Class E violations had a separate criminal charge filed in the same case. Manufacturing/Delivery of a Schedule II Controlled Substance was the most frequent felony charge and Driving Under the Influence of Intoxicants was the most frequent misdemeanor charge. Recently, the Oregon Secretary of State's office completed an audit of the implementation of M110. The audit results identified that the law's impact and effectiveness results are unknown at this time due to identified concerns with grant management and data collection. Further, Oregon lawmakers are exploring methods to address improving the organizational structure of the Oversight and Accountability Council, grant processes, and provide opportunities to enhance

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<sup>b</sup> [U.S. Census Bureau QuickFacts: Idaho; Oregon; United States](#)

<sup>c</sup> Violent index crime includes murder, rape, robbery and aggravated assault.

collaboration and coordination with stakeholders involved in the delivery of mental health and SUD treatment.<sup>7</sup>

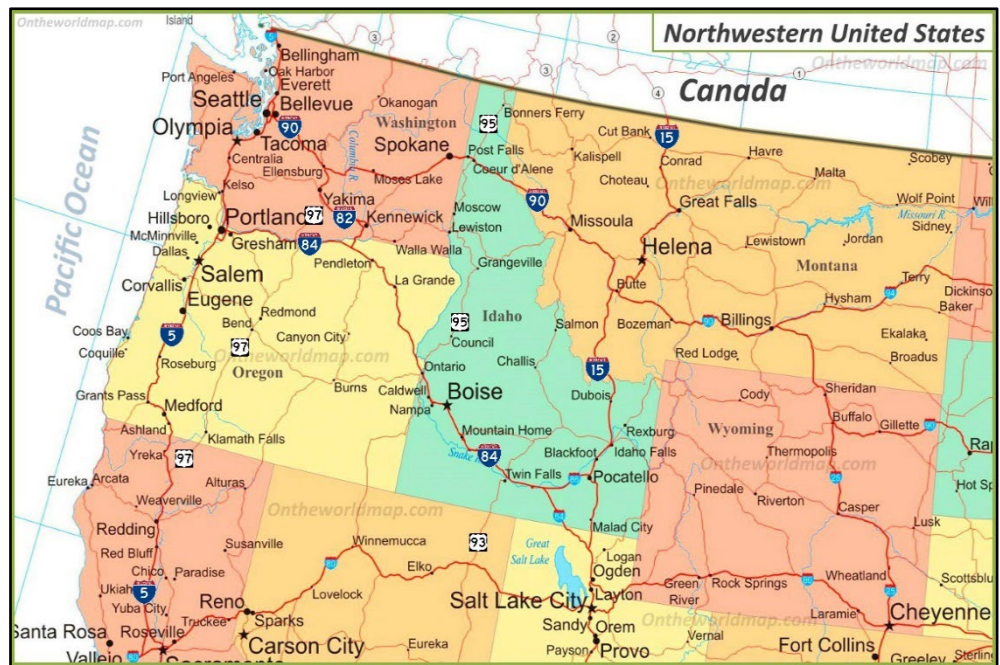
Crimes committed involving drug use in the HIDTA region are difficult to discern due to UCR data collection methods. Community corrections data collected in both states allow for a better snapshot of those committing crimes affected by SUD. Each year, the Idaho Department of Corrections and the Idaho Department of Health and Welfare publishes a Community Gap Analysis Report that focuses on the substance use and mental health needs of all probationers and parolees living in Idaho who were at moderate and high risk of recidivism. According to the FY2022 report, 8,763 individuals in Idaho were identified as moderate to high-risk, of which, 79% (6,926) needed substance use treatment.<sup>8</sup> Oregon Department of Corrections reported 12,289 adults in custody (AIC) throughout the state prison system as of March 1, 2023. Based on reporting data, 7,812 AICs were identified as having some level of SUD.<sup>9</sup> The same level of information in Oregon was not reported for the community population of 20,583 adults on parole or probation as of November 2022. During fiscal year 2022 (FY2022)<sup>d</sup>, the Idaho Department of Corrections reported increased incarcerations and community (parole and probation) admissions from the prior year. Of the total incarcerated population (7,019), 37.5% were sentenced for drug charges. In addition, 42.9% of the total community population (7,478) was related to drug charges.<sup>10</sup>

### Transportation Methods

Analysis of drug seizures reported by Oregon and Idaho State Police under the umbrella of the HIDTA Domestic Highway Enforcement (DHE) initiative for the previous five years shows an increase in methamphetamine, fentanyl, and cocaine seizures. According to data analyzed from NSS more frequently these seizures are commingled in loads destined for Oregon and Idaho or transiting to Washington.

Based on initiative data analyzed from enforcement activity, including traffic stops conducted by ISP and OSP, drug traffickers operating in this area primarily use passenger vehicles operated on the interstate and state highway system to move narcotics and bulk cash throughout the HIDTA region. (see Figure 2). Mexico-based TCOs who supply drugs to the HIDTA region coordinate the transportation from Mexico, through points of entry along the 552.5 miles of the land border in California and Arizona before entering the U.S. and this HIDTA region. This land border area is heavily controlled by the Sinaloa Cartel and the Jalisco New Generation Cartel (CJNG), who control the plazas south of the border in Mexico, controlling the flow of drugs from Mexico into the United States.<sup>11</sup>

Figure 2



Source: <https://ontheworldmap.com/usa/map-of-northwestern->

<sup>d</sup> Fiscal Year 2022 – July 1, 2021 – June 30, 2022

## *Oregon-Idaho HIDTA Program*

Drug loads destined for Oregon are generally trafficked and transported into the U.S via major highways such as Interstate 5 (I-5) in California and those entering through Arizona are transported over to I-5 in California using Interstate 10 (I-10) from Phoenix, Arizona, or Interstate 8 (I-8) from Tucson, Arizona. I-5 and Highway 97 are the primary north-south routes used to transport drugs into and through Oregon. Drugs destined for the west side of Oregon and western Washington are primarily transported using I-5 and drugs destined for central or eastern Oregon and central Washington are primarily transported north using State Highway 97, which originates in northern California and travels through Oregon into Washington. In the HIDTA region, Interstate 84 (I-84) is a primary east-west route for drugs and currency moving between Oregon and Idaho. Some drug traffickers also utilize this route to move drugs from Idaho into eastern and central Washington as it connects to Interstate 82 (I-82) in Pasco, Washington, and State Highway 97 near Yakima, Washington.

In Idaho, drugs are primarily trafficked and transported north from Arizona using Interstate 15 (I-15) to Salt Lake City, Utah, or State Highway 93 from Las Vegas, Nevada to Jackpot, Nevada then to Twin Falls, Idaho. State Highway 95 is the primary route for drug and bulk cash movement along western Idaho allowing traffickers to move drugs from Boise to Coeur d'Alene. In addition, Highway 95 crosses into Canada at the Kingsgate point of entry, allowing for international transportation into and out of Idaho. I-15 on the east side of Idaho allows for movement north and south through the Pocatello area from Utah into Montana. Interstate 90 (I-90) is primarily used along the north part of Idaho to move drugs and currency into and out of Spokane, Washington. Combined with state-level highway systems in both Oregon and Idaho, DTOs can easily move illicit drugs and currency into, and throughout the HIDTA region.

DTOs in the HIDTA region continue to use parcel and cargo delivery services to transport drugs and bulk cash in and out of the region to avoid law enforcement detection and move bulk contraband to destinations throughout the United States. Cooperative efforts between Oregon-Idaho HIDTA enforcement initiatives and parcel delivery companies resulted in many seizures of marijuana, but also methamphetamine, heroin, fentanyl pills, diverted controlled prescription drugs, and bulk currency.

Other modes of transportation including rail, air, and maritime transportation are used less frequently. Amtrak runs in Oregon and Idaho as the largest passenger rail system, with routes running north and south through California, Oregon, and Washington, primarily traveling parallel to Interstate 5. Drug transportation by air is a potential vulnerability in this HIDTA region, due to the number of airfields that exist in the region. Oregon and Idaho have 220 public airports, and 400 privately owned airports, heliports, and other landing areas.<sup>12</sup> Maritime activity is another potential vulnerability in the HIDTA region, with limited resources and information related to maritime smuggling. Oregon has twenty-two seaports along the Pacific Coast and Columbia River, including the international seaports in Portland and Coos Bay<sup>13</sup>. Idaho has one seaport located at the furthest end of the Columbia-Snake River system in Lewiston.<sup>14</sup> These modes of transportation continue to be an area of limited resources and drug trafficking enforcement efforts.



# DRUG THREATS

## Threat Overview

Fentanyl and methamphetamine are the most significant drug threats to Oregon and Idaho. Oregon-Idaho HIDTA Information Sharing and Analytical Coordination Center (ISACC) predicts with confidence that fentanyl and methamphetamine will continue to be the most significant drug threats forward-looking into 2024. Fatal and non-fatal overdoses related to both substances have continued to increase over the past several years, which includes actual and presumptive results for 2022. All Oregon-Idaho HIDTA enforcement initiatives reported fentanyl and methamphetamine as their primary drug threats based on availability, impact on caseload, community livability, and associated crimes.

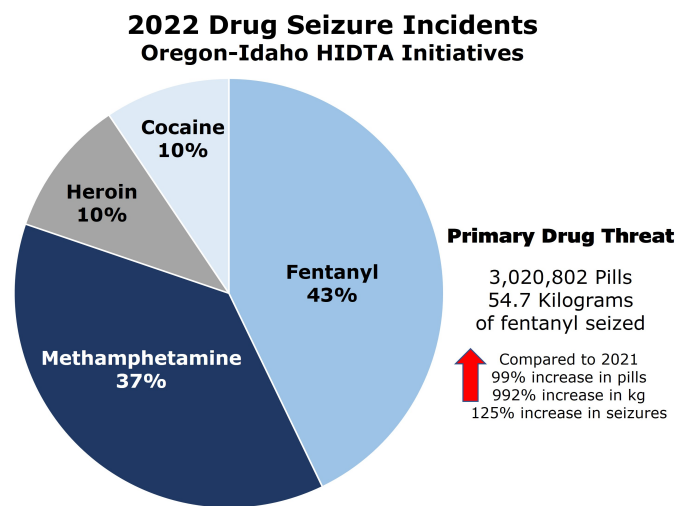
Methamphetamine continues to be the primary drug identified related to property crime, while fentanyl use causes many of the fatal and non-fatal overdose incidents and quality of life issues throughout several communities. Heroin availability has drastically decreased in the region, while cocaine has steadily increased. Of the primary drug threats identified in the region, fentanyl accounted for 43% of the total drug seizures in 2022, followed by methamphetamine (37%), cocaine (10%), and heroin (10%) (see Figure 3).

According to the DEA, Mexican cartels are primarily responsible for the fentanyl supply in this HIDTA region and the United States.<sup>15</sup> DEA identified the Sinaloa Cartel and CJNG in Mexico as the two cartels responsible for mass-producing fentanyl in powder and pill form from precursor chemicals imported primarily from China. The Sinaloa Cartel and CJNG have also been identified as the primary sources of methamphetamine, heroin, and cocaine entering our HIDTA region.<sup>16</sup>

DEA and Department of Homeland Security (DHS) reporting indicates that illicit drugs are transported by Mexican TCOs operating along the US / Mexico border, then transferred or sold to US-based DTOs operating within the western states, which are transported to and ultimately sold to customers and users in Oregon and Idaho. The recent announcement by the US Department of Justice of the indictments of 28 Sinaloa cartel members for drug trafficking, money laundering, and violent crimes, including four of Joaquin “El Chapo” Guzman’s sons may impact the sphere of influence of that cartel in this HIDTA region.<sup>17</sup>

Fentanyl powder emerged in 2022 in Oregon in various colors, often pressed into single or “rainbow” colored blocks. Law enforcement investigations and open-source reporting indicate that San Francisco, California is a primary domestic source location for much of the powder fentanyl being distributed in this HIDTA region. Honduran drug traffickers travel into the Tenderloin district in San Francisco during the

Figure 3



Source: HIDTA Performance Management Process – Number of seizures related to drug type for 2022. Fentanyl seizure amounts in 2021 and 2022 comparison – Accessed 02/17/2023

day to sell fentanyl to customers, including wholesale and retail distributors and users.<sup>e</sup> This model allows those seeking to purchase fentanyl the ability to do so without having a pre-arranged source.

With the continual rise in illicit drug availability, substance use disorders (SUD) continue to impact communities across the HIDTA region. In past years, the Oregon-Idaho HIDTA has relied on the Substance Abuse and Mental Health Services Administration's (SAMHSA) annual National Survey on Drug Use and Health (NSDUH) report as an indicator of drug use patterns in Oregon and Idaho. The data collected for the 2021 report is currently preliminary and cannot be compared to previous reports because some estimates have a wide confidence interval due to methodology changes that were made during the COVID-19 pandemic. SAMHSA is currently working on a 2021-2022 NSDUH estimate report, which is reported to be more precise and will be considered for future threat assessments. Recently, state health departments in Oregon and Idaho have supported assessments to evaluate the level of SUDs and to identify gaps in prevention and treatment services in both states.

In September 2022, the Oregon Health & Science University–Portland State University School of Public Health reported their findings on an analysis of substance use disorder prevention, harm reduction, treatment, and recovery services available to residents in Oregon. The *Oregon Substance Use Disorder Services Inventory and Gap Analysis* report described the state of Oregon as having a high level of risk of residents being hospitalized for alcohol and drug diagnosis and having limited access to treatment.<sup>18</sup> The study identified a 49% gap in substance use disorder services needed by Oregonians and the current level of services such as prevention, harm reduction, treatment, and recovery services available. Additionally, 55.9% of the facilities surveyed, reported their current capacity did not meet the current demand for services from their communities, with the most significant impact being the ability to fill vacant positions to have adequate staffing levels.

Findings reported in the *2021 Idaho Opioid Overdose Vulnerability Assessment*<sup>19</sup>, further identified the public health impact in the state, identifying HIDTA-designated Bannock, Canyon, and Kootenai Counties as three of the counties with the highest risk of fatal opioid overdoses based on high rates of drug-related crime, non-fatal suspected all-drug overdoses, and several socioeconomic factors, such as unemployment, education level, and household dynamics. Although Ada County has an increased number of emergency room visits related to non-fatal opioid overdoses between July 2019 and June 2020, the assessment identified harm reduction services, such as overdose education, naloxone distribution, and syringe services programs were more prevalent in Boise and as a result, would reduce the overdose risk and opioid-related comorbidities in Ada County. Most notably, since the publishing of the report, drug overdose deaths involving opioids, specifically fentanyl, continue to rise. According to the Idaho Department of Health and Welfare (IDHW) website, drug-induced deaths in the state rose 23% between 2020 (287) and 2021 (353), with preliminary reporting of 358 deaths occurring in 2022.<sup>20</sup> Fentanyl was identified in 152 overdose deaths in 2021, up from the 45 deaths reported in 2020, more than a 200% increase. Methamphetamine was identified in 128 overdose deaths and when combined with fentanyl numbers, the two were identified in 80% of reported overdose deaths in 2021. Preliminary reporting identified 176 fentanyl-related deaths in 2022 in the state, a slight increase from the same period in 2021 (152) and is expected to increase once 2022 coroner report data is finalized. Data related to methamphetamine-related deaths during 2022 was not available at the time of this report.

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<sup>e</sup> [Feds: Honduran Drug Dealers Carpooled Into Tenderloin To Sell Heroin, Fentanyl And Cocaine - CBS San Francisco \(cbsnews.com\)](https://www.cbsanfrancisco.com/news/feds-honduran-drug-dealers-carpooled-into-tenderloin-to-sell-heroin-fentanyl-and-cocaine/)

## Oregon and Idaho Opioid Timeline

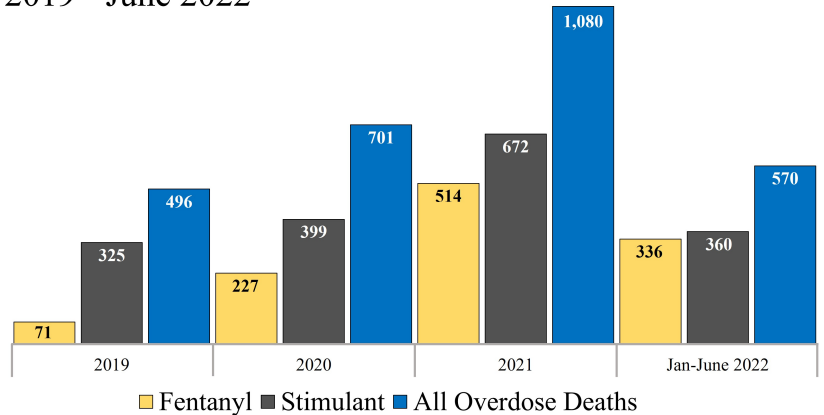
- 2023** Fentanyl, in both pill and powder form, continues to flood into the local drug supply from Mexico indicated by an increase in seizures and a continual rise in overdose-related incidents in the region.
- 2022** Fentanyl powder became more prevalent in the local drug supply, surpassing fentanyl pills, and became the primary opioid risk facing communities in Oregon and Idaho.
- 2021** As fentanyl overdoses continued to rise, fentanyl in powder form began to emerge in limited supply.
- 2020** Fentanyl in pill form significantly increased in the region as public outreach began, educating on the dangers of fentanyl in counterfeit pill form.

Overdose deaths rose significantly as a result of rampant pill use, creating more substance use disorder issues.
- 2019** Heroin availability peaked as counterfeit pills containing fentanyl continued to increase.
- 2017** Fentanyl emerged in the form of counterfeit oxycodone, impacting opioid users who were seeking diverted pain medication and or heroin.
- 2016** Heroin availability surged and became a cheaper and more available alternative to diverted opioid painkillers.

Prescribing guidelines were established at the national and local levels, which continued to decreased availability of prescription opioids diverted into the illicit drug supply.
- 2012** Education and modified prescribing practices for medical professionals of opioid pain medication showed a decrease the availability in the illicit market.
- 2010** Overprescribed powerful opioid painkillers by medical professionals led to an increase in substance use disorders in many communities across the nation including Oregon and Idaho

**Figure 4**

### Oregon Unintentional Drug Overdose Deaths 2019 - June 2022



Source: Oregon Health Authority – State Unintentional Drug Overdose Reporting System (SUDORS) – Received 2/28/23  
 \* Stimulant (e.g. meth and cocaine) and fentanyl are listed as the cause of death regardless of its alone or in combination with other illicit substances. Numbers reported for 2022 are preliminary and subject to change as toxicology reports are confirmed.

Based on the OHA statistics, unintentional opioid overdose deaths reported in the State Unintentional Drug Overdose Reporting System (SUDORS) have continued to rise over the past four years (see Figure 4).<sup>21</sup> Although fentanyl-related overdoses continue to rise, methamphetamine and cocaine continue to be the leading drug present, either exclusively or combined with other illicit drugs, in unintentional overdose deaths over the past several years; a trend that has continued into the first half of 2023.

In response to the increase in fentanyl-related overdoses, naloxone has been the primary reversal method used by first responders and the public. Oregon and Idaho have implemented Good Samaritan laws which provide certain criminal and civil protections for people who seek medical assistance for others whom they suspect to be overdosing. Both states also have naloxone access laws that provide naloxone to first responders and allow the public to obtain naloxone from a retail outlet without a prescription.

In Oregon, documented use of naloxone was reported in 6,777 Emergency Medical Service (EMS) responses during 2022, with most of the naloxone administered by paramedics in the field.<sup>22</sup> EMS reported 766 uses in January 2023, the highest number reported in a month since 2019. Data related to naloxone use in Idaho is reported via an automated program interface (API) between the state’s EMS records management system and the HIDTA program’s Overdose Detection Mapping Application Program (ODMAP). ODMAP provides near real-time reporting of suspected overdose data including naloxone



use, reported by public safety agencies throughout the nation. During 2022, there were 760 reported uses of naloxone, and 221 uses reported so far in 2023.<sup>23</sup> ODMAP data in Oregon is limited as local participating agencies are still being added to the program and a state-wide approach has yet to be completed.

In 2010, the commonly reported drug of choice for opioid users was black tar or brown powder heroin purchased from traffickers within the community. During the same time Overprescribing by medical doctors of prescription opioid-based painkillers increased in the HIDTA region. This misuse of prescription opioids led to a surge in SUDs and corollary crimes including pharmacy robberies, doctor shopping, straw purchases and sales of legitimate prescriptions.

In 2016, successful cooperative efforts between public health and the medical community to educate and provide guidance on pain management to prescribing physicians and encourage the use of the state Prescription Drug Monitoring Program (PDMP) reduced the availability of prescription opioids, driving many existing opioid prescription users experiencing SUDs to heroin use. As a result, based on HIDTA-reported seizures and average prices, the heroin supply increased and was lower than diverted prescription opioids. In 2017, Oregon and Idaho first saw illicit fentanyl pressed into a counterfeit version of immediate-release oxycodone hydrochloride tablets, the most common diverted opioid medication. The counterfeit pills mimic the appearance of 30-milligram blue-colored tablets produced by Mallinckrodt, imprinted with an “M” and “30” on either side. By 2019, the presence of counterfeit pills containing fentanyl surged and the availability of heroin began to wane. This trend continued over the resulting in higher reported use of fentanyl as indicated by harm reduction, public health, and law enforcement reporting, and the increase in fentanyl-related overdose incidents.

In 2022 and early 2023 fentanyl powder seizures continued to increase with over 54 kilograms being seized in 2022.<sup>f</sup> As of April 2023, HIDTA enforcement initiatives have seized over 28 kilograms of powder fentanyl, more than half of what was seized during all of 2022, an indication that powder fentanyl has become the dominant opioid threat in the region.<sup>24</sup>

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## ***Fentanyl and Synthetic Opioids***

Fentanyl has surpassed methamphetamine as the long-standing, primary drug threat in Oregon and Idaho. As tablets containing fentanyl, including counterfeit prescription oxycodone pills, continue to flood the region, fentanyl in powder form has increased in the HIDTA region. Both forms of fentanyl have been exploited by domestic DTOs, adding additional novel psychoactive substances such as para-fluor fentanyl and xylazine to increase the effects of fentanyl. Based on analysis of drug samples submitted to the forensic labs in Oregon and Idaho, fentanyl has been discovered in other illicit drugs including methamphetamine, cocaine, and heroin.<sup>25,26</sup>

### ***Availability***

Illicitly manufactured fentanyl is commonly found in counterfeit prescription pills produced in large quantities by Mexican TCOs, specifically the Sinaloa and CJNG drug cartels; the largest organizations responsible for the drug distribution to independent DTOs in the United States.<sup>27,28</sup> In 2022, Oregon and

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<sup>f</sup> The number of doses that one pound of powder fentanyl can provide at 2mg per dose, is approximately 226,796 compared to a pound of pills which equals approximately 4,530 doses or pills.

Idaho experienced a significant increase in powder fentanyl in the region, discovered in various colors being sold in loose powder form as well as being pressed in chunks and tablets.

Fentanyl seizures in dosage units continued to rise exponentially over the past five years. In 2022, most seized fentanyl was reported to be in the form of counterfeit prescription oxycodone “M-30” pills. HIDTA enforcement initiatives seized over 3,000,000 pills and 54.7 kilograms of fentanyl powder across the HIDTA region (see Figure 5).<sup>29</sup> An additional 118,105 pills reported as CPD oxycodone were suspected to contain fentanyl but are still pending forensic testing to confirm.

The seizures of Mexican TCO fentanyl were reported by law enforcement agencies along the Southwest Border points of entry in California and Arizona. continue to mirror the seizure trends of this HIDTA region (see Figure 6). NSS reporting indicates that the importation of counterfeit pills containing fentanyl continues to increase, with the number seized nearly doubling in 2022.<sup>30</sup>

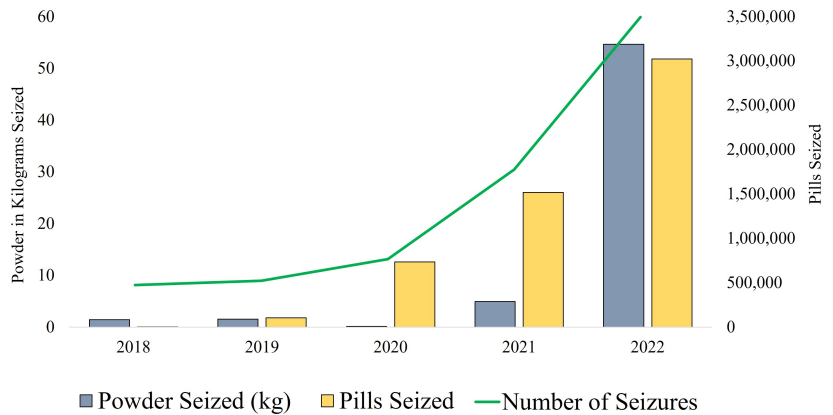
**Use**

Over three-quarters of the HIDTA enforcement initiatives interviewed stated that PWUD, specifically opioids, are often seeking fentanyl pills due to the low cost and high availability. Wholesale prices for pills continue to decrease across the region with the lowest prices reported in Portland and Boise areas. With the increase in fatal overdose incidents, PWUD have begun to express concerns with public health partners about the inconsistent dosing of fentanyl in the pills and have begun seeking fentanyl in powder form to better regulate doses with the intent to reduce the possibility of overdose.

Drug evidence samples submitted to the OSP and ISP forensic laboratories have identified a steady increase in fentanyl analogs within the illicit drug supply in the region over the past several years.<sup>31,32</sup> The most commonly identified analog is para-fluorofentanyl (pFF), commonly referred to as “China White.”<sup>g</sup> According to open-source research, pFF is possibly stronger than regular fentanyl and can vary in relative strength due to unregulated production.<sup>h</sup> Over 170 evidence samples of counterfeit oxycodone

**Figure 5**

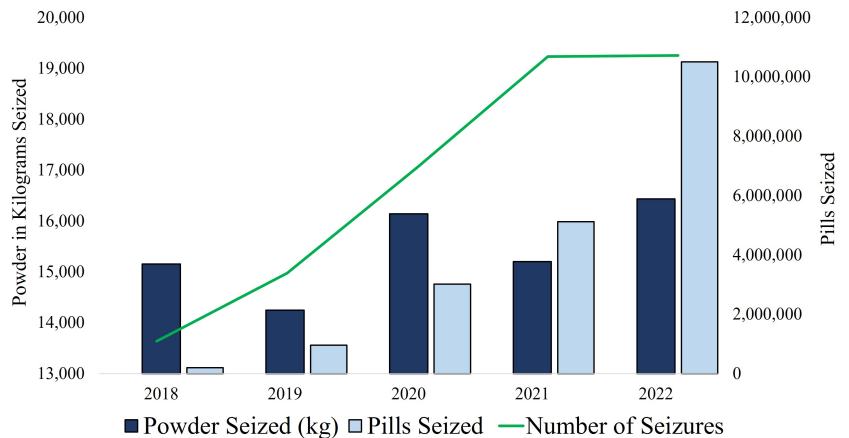
Oregon-Idaho HIDTA Initiatives  
Fentanyl Seizures – 5-year Trend



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/17/23

**Figure 6**

US Southwest Border Fentanyl Seizures  
Arizona and California Points of Entry



Source: National Seizure System – Accessed 2/17/23

\*Kilogram seizures include pills by weight based on the description.

<sup>g</sup> [China White Heroin: What Is It? - Addiction Resource](#)

<sup>h</sup> [What is Para-fluorofentanyl aka Fluorofentanyl? | Landmark Recovery](#)

“M/30” pills, tablets, and various colored powders tested by the forensic labs tested positive for pFF either exclusively or combined with fentanyl. Other fentanyl analogs identified in evidence samples but at a much lower frequency were valeryl fentanyl, acetyl fentanyl, furanyl fentanyl, and the fentanyl precursor 4-anilino-N-phenethylpiperidine (4-ANPP).

Overdose deaths related to fentanyl rose significantly between 2020 and 2021 in Oregon and Idaho. Preliminary numbers for 2022 reported by the Idaho Drug Overdose Prevention Program, identified 176 overdose deaths related to fentanyl, an 11.6% increase from the 152 reported in 2021.<sup>33</sup> In Oregon, OHA preliminary data obtained through SUDORS identified 336 deaths related to fentanyl between January and June of 2022, with numbers anticipated to increase as toxicology results are received confirming manner of death.<sup>34</sup> Reporting in both states is based on the primary drug resulting in the cause of death, regardless of other illicit substances being present in the toxicology reports.

### ***Production***

The production source for fentanyl trafficked into this HIDTA region continues to be controlled by TCOs operating in Mexico. Fentanyl in the form of counterfeit oxycodone pills, in a variety of colors, continues to dominate the fentanyl supply entering the United States with powder fentanyl significantly increasing over the past few years.

In 2022, HIDTA enforcement initiatives in Oregon seized one pill press operation connected to a DTO operating in Clackamas County. According to investigators that press was used to combine fentanyl and other substances into counterfeit oxycodone pills. Powder fentanyl in an assortment of colors, referred to as “rainbow fentanyl”, began to emerge mid-year. “Rainbow fentanyl” is produced by pressing layers of different colors on top of each other to produce one rainbow-colored, chalky compound. While most of the colored powder fentanyl originated in California, two kilo brick presses and colored dye used to produce “rainbow fentanyl” were seized in the Portland Metro area in 2022.

### ***Transportation***

Based on investigations conducted by HIDTA enforcement initiatives in Oregon and Idaho, fentanyl is primarily trafficked into the HIDTA region by Mexican DTOs who facilitate smuggling fentanyl, along with other illicit drugs, throughout the United States once it crosses the border from Mexico. Once in the country, the fentanyl is then transported, primarily using passenger vehicles, into the HIDTA region and delivered to local based DTOs in Oregon and Idaho.

In 2022, Based on HIDTA initiative reporting, 56.98 kilograms of fentanyl powder and 14.8 kilograms in addition to 37,339 fentanyl pills were seized from traffic stops on Oregon and Idaho highways originating from California or Arizona.<sup>35</sup> The use of public and private parcel carriers to import fentanyl into the HIDTA region has decreased as evidenced by the seizure of only three packages containing fentanyl by enforcement initiatives.

### ***Intelligence Gaps***

- Will PWUD’s increasing tolerance levels exceed the current purity of fentanyl, increasing the demand for and supply of higher-purity fentanyl?
- Is there a consistent purity difference in pills containing fentanyl versus powder fentanyl based on forensic lab analysis?

- What is the prevalence of xylazine in the illicit drug supply and its impact on fentanyl drug overdose deaths?
- Are xylazine and fentanyl analogs being added to the fentanyl supply in Mexico during manufacturing or at the local level before retail distribution?

## Methamphetamine

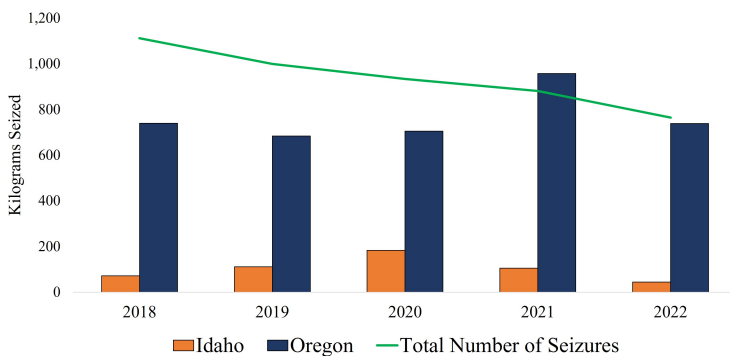
Methamphetamine continues as a significant drug threat facing Oregon and Idaho communities. Abundant supply, high purity, high potency, and low prices make methamphetamine the stimulant of choice for PWUD in the region. Often associated through criminal investigations with elevated rates of property crime and crimes of violence, it remains the primary drug involved in reported criminal cases throughout Oregon.<sup>36</sup>

### Availability

The availability of methamphetamine, primarily dextro-methamphetamine in crystal/powder form<sup>i</sup>, remains high in the region and continues to impact community livability throughout Oregon and Idaho.<sup>37</sup> Prices for methamphetamine have continued to decrease since 2020, making methamphetamine the cheapest stimulant in the illicit drug supply.

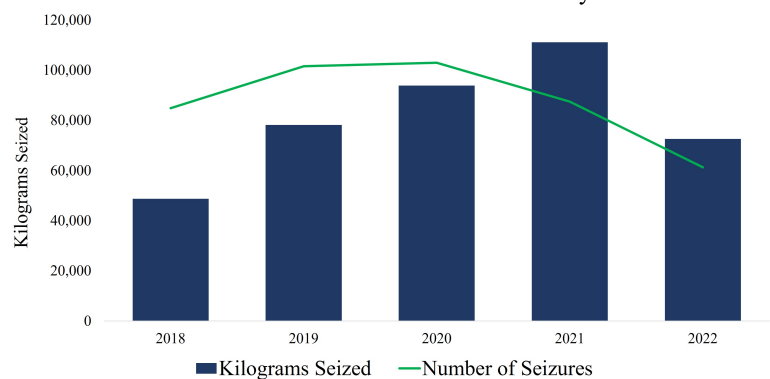
The total number of seizures and the amount seized for 2022 have decreased in the HIDTA region from the previous five years. The amount of methamphetamine seized by enforcement initiatives remains consistent, with an annual average of 868 kilograms seized each year (see Figure 7), the number of seizures has decreased slightly while the seizure totals have steadily increased until 2022. The decrease in seizure amounts and incidents is consistent with data from the ports of entry in California and Arizona (see Figure 8).

**Figure 7**  
Oregon-Idaho HIDTA Initiatives  
Methamphetamine Seizures – 5-year Trend



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/17/23

**Figure 8**  
US Southwest Border Methamphetamine Seizures  
Arizona and California Points of Entry



Source: National Seizure System – Accessed 2/17/23

<sup>i</sup> Crystal methamphetamine commonly referred to as “ice”, is a Scheduled II controlled substance and chemically the same as methamphetamine in powder form.



## Use

Methamphetamine use remains high in the HIDTA region, as evidenced by the high number of related deaths, open-source reporting from public health departments, and initiative survey results. Oregon-Idaho HIDTA initiative investigators surveyed reported methamphetamine as one of the primary drug threats to their area based on calls for service and reported community impact. These impacts are often described as community livability issues related to property damage, theft, and impact on children of PWUD. Stimulants, including methamphetamine, are identified as present in over 50% of toxicology tests conducted on fatal overdose victims in Oregon and 40% of all fatal drug overdoses in Idaho.<sup>j,38</sup>

According to the OSP and ISP forensic laboratories, over 3,400 drug evidence samples that were submitted to the state forensic labs tested positive for methamphetamine.<sup>39,40</sup> Although most of the samples were described as white crystalline substances, several samples were identified as various colored crystalline or powder substances. In addition, 134 samples submitted tested positive for methamphetamine combined with fentanyl or fentanyl analogs in various colored powders or tablets, some identified as counterfeit oxycodone “M/30” pills. Methamphetamine was found in 86 samples submitted combined with samples of heroin and cocaine and in Oregon, 24 samples were identified as methamphetamine pressed into counterfeit prescription pills such as “Adderall” and “Clonazepam” as well as several unidentified colored tablets.

Over the past decade, methamphetamine use has continued to spread throughout all communities in the HIDTA region and is increasingly found in the drug supply, combined with illicit opioids, such as fentanyl. *Association of Methamphetamine and Opioid Use With Nonfatal Overdose in Rural Communities* published on August 15, 2022, in the Journal of the American Medical Association (JAMA) Network, discusses the results of a 10-state – including Oregon – cross-sectional survey of PWUD in rural communities with high overdose rates.<sup>k,41</sup> According to this report, methamphetamine use among PWUD continues to accelerate, particularly in rural communities, where it is often associated with unstable housing and low incomes. The research also found that most of the participants identified co-use of opioids and methamphetamine and methamphetamine use was reported among nearly all PWUD in Oregon participating in this survey.

## Production

Methamphetamine production does not currently impact the Oregon-Idaho HIDTA region. No clandestine methamphetamine production laboratory seizures were reported by law enforcement agencies in Oregon or Idaho during the past year. Before 2005, methamphetamine was regularly manufactured locally using pseudoephedrine and other precursor chemicals in clandestine laboratories throughout the nation as well as in Oregon and Idaho. In 2005, Congress passed the Combat Methamphetamine Epidemic Act, which required pharmacies to record and limit the amount of pseudoephedrine sold to individuals in one day.<sup>42</sup> In 2006, Oregon became one of the first states to require a prescription to purchase products containing ephedrine, pseudoephedrine, and phenylpropanolamine to combat local methamphetamine production.<sup>43</sup> The direct or indirect effects of the Oregon law requiring a prescription to purchase cold medicine that contained precursor chemicals used to manufacture methamphetamine resulted in a significant reduction of local methamphetamine production laboratories. The successful elimination of these dangerous laboratories led to the law being repealed in 2021, once again allowing for the over-the-counter purchase

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<sup>j</sup> A single death involving multiple drugs can be included in multiple drug categories, as a result, the sum of the number of deaths by category may not equal the total sum of drug deaths.

<sup>k</sup> The JAMA Network is an open-source resource for peer-reviewed research and clinical information related to all aspects of biomedical science.

of medicines containing ephedrine, pseudoephedrine, and phenylpropanolamine, effective January 1, 2022.

After federal and state legislation was enacted, local production of methamphetamine in Oregon and Idaho significantly decreased, consistent with the national trend, as Mexican TCOs moved operations into Mexico where ephedrine and pseudoephedrine were readily available. In 2008, when ephedrine and pseudoephedrine were no longer available in Mexico, production methods were adapted by using alternative manufacturing methods such as phenyl-2-propanone (P2P) instead of the pseudoephedrine reduction method to produce methamphetamine.<sup>44</sup> As a result, methamphetamine is now primarily manufactured in Mexico and then transported into the region and the rest of the country for distribution.

### ***Transportation***

Methamphetamine is primarily transported into Oregon and Idaho from Mexico through California and Arizona, often using the same traditional transportation organizations. Mexican TCOs control most of the transportation of the drug into the region supplying multi-state and local DTOs operating in the region. HIDTA initiative investigators identify California and Washington as domestic source of supply locations with Mexico being the primary originating source for methamphetamine. Criminal organizations continue to use passenger vehicles as the primary method of transportation from the border states into and throughout Oregon and Idaho. In 2022, HIDTA enforcement initiatives seized 133 kilograms of methamphetamine during highway enforcement efforts along interstates and state highways in Oregon and Idaho.<sup>45</sup>

Parcel delivery companies continue to be used as a transportation method in the HIDTA region but typically for lesser amounts of illicit drugs. In 2022, HIDTA enforcement initiatives reported several seizures of methamphetamine totaling less than one-half of a kilogram from parcels.

### ***Intelligence Gaps***

- Will methamphetamine continue to be pressed into counterfeit pills and for what purpose?
  - Will this HIDTA region see local clandestine laboratories emerge now that ephedrine is no longer prescription controlled in Oregon?
- 

### ***Heroin***

Heroin availability increased between 2019 and 2021 in the HIDTA region, based on the amount of heroin seized in Oregon and Idaho, while the number of seizure incidents decreased. In 2022, heroin seizures by law enforcement in the HIDTA region as well as at the Southwest Border decreased corresponding with the emergence of fentanyl availability and desire for use.

### Availability

Heroin availability has significantly decreased over the past year but has yet to be directly connected to the increase in fentanyl beyond anecdotal information (see Figure 9). Most Oregon-Idaho HIDTA initiative investigators report a noticeable decrease in heroin-related investigations during 2022 and reported that most PWUD they encounter are seeking fentanyl. Public health partners in the region report an increase in opioid tolerance levels reported by PWUD as impacting the demand for fentanyl versus heroin.

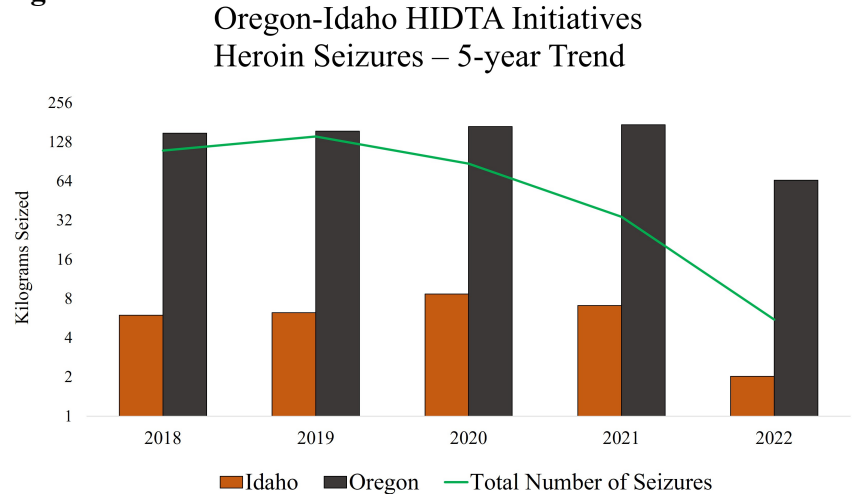
The heroin supply from Mexico continues to decrease, as evidenced by heroin seizures along the entire Southwest Border according to seizures reported by the U.S. Customs and Border Protection. The amount of heroin seized was down 70% between fiscal year (FY) 2021 (4,969 pounds) and FY2022 (1,498 pounds). So far in the first five months of FY2023 (476 pounds) have been seized which is a 20% decrease from the same period in FY2022 (595 pounds).<sup>46</sup> Additionally, heroin seizures through points of entry in California and Arizona have decreased over the past two years which is consistent with seizure reports in the HIDTA region (see Figure 10). Mexican DTOs operating in Oregon and Idaho have reduced the supply of heroin, while increasing the supply of fentanyl, in both powder and pressed tablets.<sup>47,48</sup>

### Use

Heroin distributed in the HIDTA region is typically seized in black-tar or brown powdered form. The primary method of use for PWUD when using heroin is through injection, which creates public health and safety concerns related to the proper use and disposal of hypodermic needles. Harm reduction organizations operate throughout Oregon and Idaho with a primary focus on addressing this concern by providing a safe place for PWUD to dispose of used, and obtain new needles to reduce the transmission of diseases such as HIV and Hepatitis C.

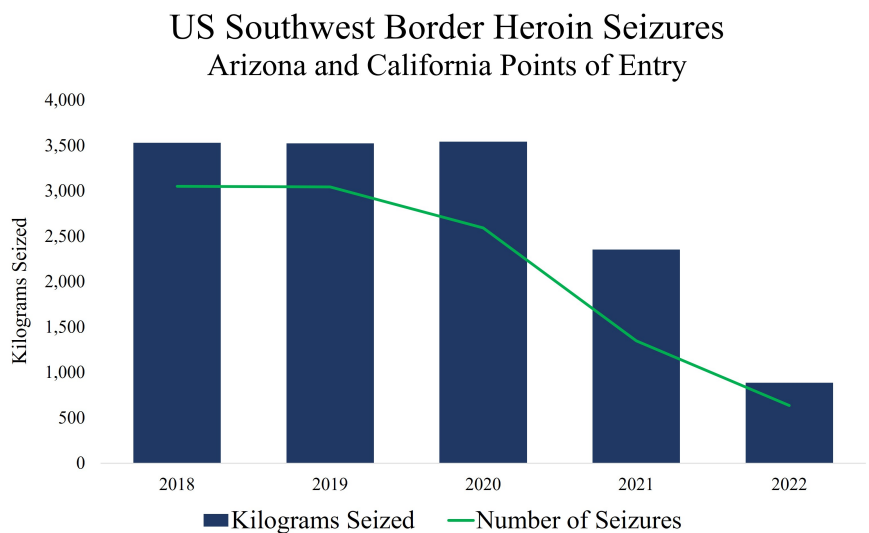
Drug evidence samples submitted to the OSP and ISP forensic laboratories testing positive for heroin decreased in both states between 2021 and 2022. Oregon reported a 67% decrease in submissions that

**Figure 9**



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/17/23

**Figure 10**



Source: National Seizure System – Accessed 2/17/23

were determined to contain heroin between 2021 (1,422) and 2022 (473) and Idaho reported a 78% decrease in 2022 (313) compared to 2021 (1,441).<sup>49,50</sup> Most of the samples analyzed were determined to be heroin only, however, lab analysis confirmed 46 submissions as heroin combined with fentanyl.

According to IDWH's website in 2022, 22 drug overdose deaths were identified as involving heroin. Heroin-related overdose emergency room visits significantly decreased between 2021 and 2022, dropping 86% from 170 visits in 2021 to 24 visits in 2022. Cumulative opioid overdose emergency room visits dropped slightly between 2021 (846) and 2022 (755), which indicates other opioids, likely fentanyl, are the primary opioid overdose threat in Idaho.<sup>51</sup>

According to the OHA publication, *Unintentional Drug Overdose in Oregon: The Current and Potential Impacts of the COVID-19 Pandemic*, heroin-related, unintentional overdoses between the third quarter of 2019 and the first quarter of 2021 remained relatively low (below 100) compared to fentanyl that continued to rise and follow the same trend as methamphetamine.<sup>52</sup>

### ***Production***

Heroin that is trafficked in this HIDTA region is sourced from Mexican TCOs who control the production in Mexico. According to the DEA *The 2018 Heroin Signature Program* report published in April 2020, 93% of the total weight of U.S. seized heroin analyzed by the program was identified as Mexican-sourced.<sup>53</sup> Heroin is produced by extracting the naturally occurring morphine from seed pods of certain poppy plants grown in Mexico, South America, and South Asia.<sup>54</sup> According to the U.S. Office of National Drug Control Policy (ONDCP), opium poppies cultivated in Mexico increased 23% in 2021 with 28,600 hectares cultivated compared to 23,200 hectares cultivated in 2020.<sup>55</sup>

### ***Transportation***

Heroin seized in the HIDTA region is mainly transported into Oregon and Idaho from Mexico through California and Arizona using passenger vehicles consistent with methamphetamine, cocaine, and fentanyl. Mexican DTOs control most of the transportation of the drug into the region, supplying the multi-state and local DTOs that control the wholesale distribution. HIDTA initiative investigators identified California and Washington as domestic source of supply locations.<sup>56</sup> In 2022, HIDTA 13.3 kilograms of heroin was seized during traffic stops by Oregon and Idaho Domestic Highway Enforcement initiatives.

### ***Intelligence Gaps***

- Can anecdotal information on the cause-and-effect relationship between the decrease in heroin and the increase in fentanyl be confirmed?
  - Will the heroin supply continue to decline as the supply of fentanyl in both counterfeit pill and powder form increase in the HIDTA region, and if so, why?
-



## Cocaine/Crack

The presence of cocaine in the HIDTA region has increased during the past five years. While cocaine has regularly been present in the local illicit drug supply, Oregon-Idaho HIDTA initiative investigators have reported an increase in availability as well as the number of investigations involving the local distribution of cocaine, which is a notable change from past assessments.<sup>57</sup>

### Availability

Cocaine seizure incidents and seizure size have increased during the past five years, indicating an increase in supply (see Figure 11).<sup>58</sup> Oregon-Idaho HIDTA initiative investigators report cocaine becoming more prevalent in the local supply, although prices remain the same and are substantially higher than the cost of methamphetamine.

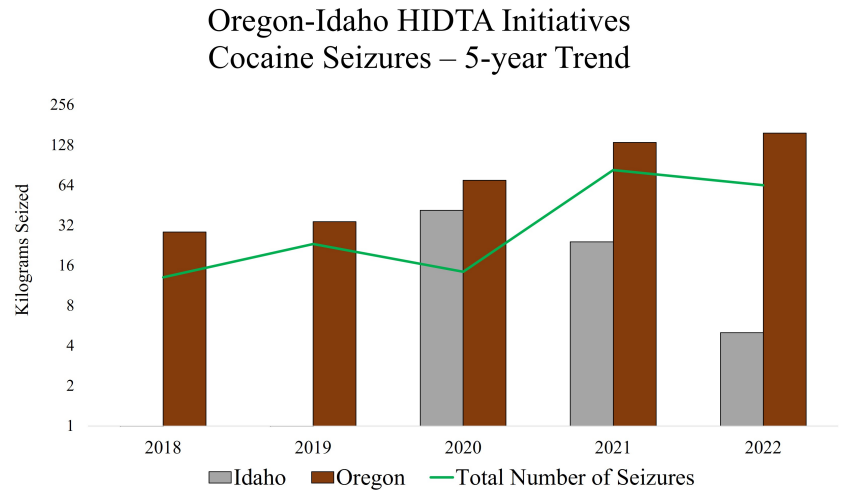
Drug seizures along the Southwest Border states of California and Arizona’s point of entry locations have also increased from 2018 through 2022 (see Figure 12). In 2022, the reported number of seizures decreased to a low of 1,392 while at the same time, the amount of cocaine seized increased to a high of 16,433.5 kilograms in 2022. While many cocaine seizures in the HIDTA region are destined for other areas, investigators report an increase in local supply and distribution.

### Use

Cocaine is commonly seized as cocaine hydrochloride salt in powder form or converted into a cocaine base using ammonia or sodium bicarbonate and water to create a form commonly referred to as “crack”.<sup>59</sup> Oregon-Idaho HIDTA investigators report an increase in cocaine distributed locally at bars and nightclubs and associated with younger PWUD in those environments.

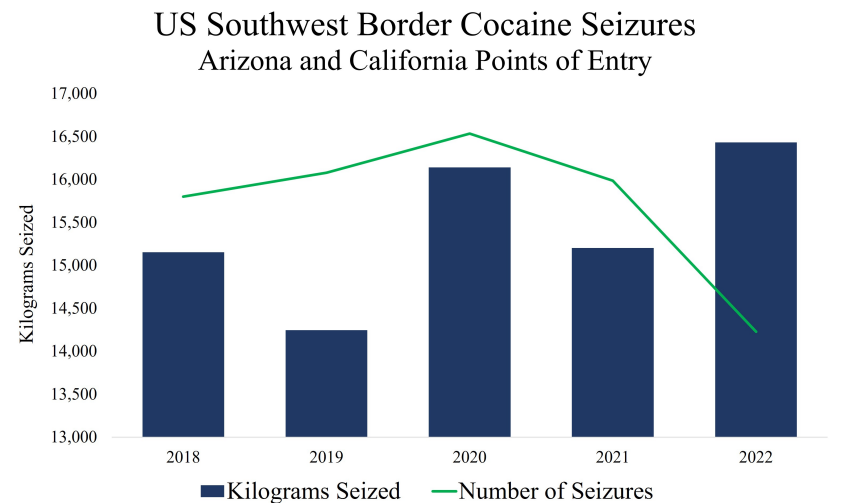
The number of drug evidence samples submitted to the OSP and ISP forensic laboratories that tested positive for the presence of cocaine remained consistent over the past two years with nearly 500 submitted each year between the two states. Less than 25 samples that tested positive for cocaine also tested positive for other controlled substances, including fentanyl.<sup>60,61</sup> Both powder and “chunky” substances were

**Figure 11**



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/17/23

**Figure 12**



Source: National Seizure System – Accessed 2/17/23

depicted in the description of evidence samples submitted to the OSP laboratory, confirming the presence of both powder and “crack” cocaine in the local drug supply.

Cocaine-related overdose deaths are reported differently in Oregon and Idaho. Idaho reports data for cocaine independent of other stimulants while Oregon reports cocaine, methamphetamine, and other stimulants into one category of “stimulants”. In Idaho, according to the IDWH website, emergency department visits related to stimulant overdoses significantly decreased in 2021, with only 87 visits reported compared to 244 in 2021. During 2021, IDWH reported 10 drug overdose deaths involving cocaine, the lowest stimulant involved in overdose deaths in the state. The number of drug overdoses related to stimulants, including cocaine, continues to rise in Oregon with 672 deaths reported in 2021 and 360 deaths reported in the first half of 2022.

### ***Production***

Cocaine distributed in the HIDTA region is not manufactured locally. According to DEA, Colombian TCOs control the production and supply of cocaine and are the primary source for Mexican TCOs who control the transportation of cocaine into and throughout the United States.<sup>62</sup> According to the United Nations Office on Drugs and Crime’s *Global Report on Cocaine 2023*, coca bush cultivation has continued to rise in South America, specifically Columbia, Bolivia, and Peru, with over 300,000 hectares cultivated in 2021, placing the global supply of cocaine at record levels with nearly 2,000 tons of cocaine projected as being seized worldwide.<sup>63</sup>

### ***Transportation***

Passenger vehicles are the primary mode of transportation for importing cocaine into the HIDTA region, often concealed with methamphetamine, fentanyl powder and pills, and heroin, as many organizations operate under a polydrug transportation model. According to Oregon-Idaho HIDTA enforcement initiative investigators, cocaine is transported into Oregon and Idaho from domestic-based DTOs based in California, Arizona, or Washington.<sup>64</sup> These DTOs are primarily sourced by Mexican TCOs who coordinate the transportation across the U.S. / Mexico border into California or Arizona to then be further distributed into the Oregon-Idaho HIDTA region. Based on seizure data reported by HIDTA enforcement initiatives in 2022, 117.4 kilograms of the total 162.5 kilograms seized program-wide occurred during highway enforcement operations in Oregon and Idaho, primarily from passenger vehicles. On two occasions, cocaine was seized during stops on commercial buses.<sup>65</sup> Based upon investigative information reported by the HIDTA enforcement initiatives, large seizures of cocaine in the HIDTA region were destined for drug distribution points in Washington.

### ***Intelligence Gaps***

- Will the price of cocaine decrease as supply increases in the HIDTA region?
- Is there an increase in cocaine-related overdose deaths because of the increased supply?
- Are there geo-political issues that affect cocaine production in South America and distribution by TCOs into the HIDTA region?

## Illicit Marijuana

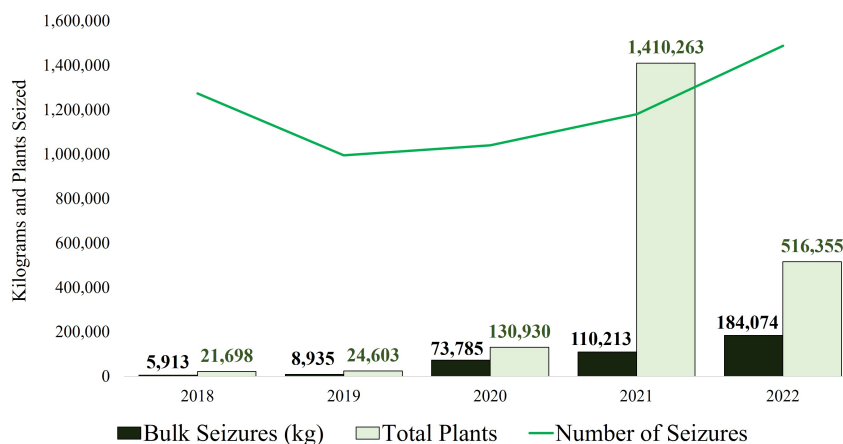
This HIDTA region is unique in that the two states, Oregon and Idaho, have distinctly different legal approaches to the cultivation, production, distribution, sales, and use of marijuana. In 1998, Oregon legalized the medicinal use of marijuana when voters approved Oregon Ballot Measure 67, which allowed only eligible patients to possess, cultivate and use marijuana. In 2016, Oregon was one of the first states to legalize the recreational use of marijuana under Ballot Measure 91. Measure 91 allowed for commercial production of marijuana to be sold at licensed retail stores to adults 21 years of age or older. Additionally, four marijuana plants were allowed to be cultivated for personal use at a private residence. In Idaho, the cultivation and possession of marijuana are illegal by state law. Only cannabidiol (CBD) products that contain no tetrahydrocannabinol (THC) and are excluded from the definition of marijuana are currently legal in Idaho.<sup>66</sup> Not only are the two states drastically different in their laws governing the production, possession, and use of marijuana, Oregon’s reputation as one of the top marijuana-producing states provides a stark contrast that exists within the Oregon-Idaho HIDTA region as it relates to the threat posed by illicit marijuana.

### Availability

Oregon has historically been a national source of high-grade marijuana, sold in the illegal market before medicinal or recreational laws were enacted. With legalization in the past several years, the availability of high-quality marijuana significantly increased, flooding the local market and driving down prices in the legal Oregon market.<sup>67</sup> Oregon’s Medical Marijuana Program (OMMP) is regulated by OHA, while the recreational marijuana industry is regulated by the Oregon Liquor and Cannabis Commission (OLCC). According to the OLCC’s *2023 Recreational Marijuana Supply and Demand Report*, the state experienced a record outdoor marijuana harvest in October 2021, which flooded the market in 2021 and 2022.<sup>68</sup> The report attributes this overproduction to creating historically low wholesale and retail prices for both useable marijuana and THC concentrate/extract products. In addition, OLCC estimated the market demand for 2021 was 52% of the supply, and in 2022 was 63% of the supply. Although the oversupply of available marijuana is being reduced, as evidenced by the 11% decrease between 2021 and 2022, there remains a large stock of marijuana inventory available likely to continue impacting prices.

In 2018, the Oregon Legislature created the Illegal Marijuana Market Enforcement Grant through Senate Bill 1544 to assist enforcement efforts by law enforcement and prosecutors in addressing the illegal marijuana market.<sup>69</sup> As a result, enforcement teams operating within and alongside HIDTA initiatives were established to focus on illegal marijuana. Dedicated marijuana teams exist within Central Oregon Drug Enforcement (CODE), Medford Area Drug and Gang Enforcement (MADGE), and Douglas Interagency Narcotics Team (DINT). The additional resources and reporting within HIDTA PMP resulted in an increase in reported marijuana seizures in the past five years (see Figure 13).

**Figure 13** Oregon-Idaho HIDTA Initiatives  
Oregon Marijuana Seizures – 5-year Trend



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/17/23

## *Oregon-Idaho HIDTA Program*

In 2022, two OSP-led regional marijuana enforcement teams, operating in the Northwest and Southwest areas of Oregon, seized 78,470 kilograms of bulk marijuana in addition to 126,128 marijuana plants. These teams often work alongside HIDTA enforcement initiatives during large enforcement operations, and as a result, some of the seizure statistics may be also reported in Figure 13 by HIDTA initiatives.

In Idaho, HIDTA enforcement initiatives identified marijuana as a lower-level drug threat. Based on HIDTA initiative reporting, most of the marijuana seized in Idaho originated in Oregon, Washington, and California and was located during ISP highway enforcement efforts, and was destined for locations in the mid-west and eastern U.S. states.<sup>70</sup>

### *Use*

Access to marijuana in the region remains high due to legalization and overproduction that occurs in Oregon. In Oregon, any adult 21 years or older can legally obtain recreational marijuana from licensed, retail marijuana stores, possess up to two ounces of useable marijuana in a public place or eight ounces in private, possess up to 16 ounces of cannabinoid product in solid form or 72 ounces in liquid form and may cultivate four marijuana plants per household.<sup>71</sup>

In both states, the use of marijuana by minors is regularly captured through student health surveys conducted by state health departments as part of an overall assessment designed to measure substance abuse risk, mental health, suicide, and other health behaviors. According to the most recent Oregon Student Health Survey conducted in 2020 by the Oregon Health Authority, 31.3% of 11<sup>th</sup> graders surveyed admitted to using marijuana when they were 14 years or older.<sup>72</sup> Of those surveyed, 13.5% during the past 30 days on more than one occasion, of which 74.5% stated they smoked marijuana and 47.8% used a vape device. In addition, 33.1% ingested marijuana through edibles and 28.1% stated they “dabbed it”, a practice of inhaling small quantities of concentrated substances containing THC. Nearly half of the 11<sup>th</sup> graders surveyed stated it was “sort of easy/very easy” to obtain marijuana and 67% had seen advertisements for marijuana products in the past 30 days.

Survey results published by the Idaho Office of Drug Policy in the *Idaho Healthy Youth Survey 2021 State Report* stated that most students in the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades surveyed denied using marijuana.<sup>73</sup> Of those who admitted use, 52.7% admitted to using once a day, mostly through smoking or a vape device in the past 30 days.

### *Production*

Many operators of cultivation sites investigated in Oregon during 2022 did not attempt to secure licensing in compliance with medical, recreational, or agricultural regulations.<sup>74</sup> In addition, investigators reported an increase in DTOs with operational connections to China and Mexico involved in marijuana cultivation and exportation. Investigators report an increase in reported violence and intimidation present in these operations as well as some grow operations not controlled by DTOs. According to local news reports, threats of violence have been used to keep laborers onsite.<sup>75,76</sup> Armed robberies related to marijuana reported during the past several years have been associated with cultivation sites, storefronts, and illicit dealers being targeted for product and cash.<sup>77</sup> Oregon-Idaho HIDTA enforcement initiative investigators report an increase in the number of firearms seized from criminal suspects during enforcement efforts of illegal marijuana.<sup>78</sup>



## ***Transportation***

Passenger vehicles and moving trucks are the primary modes of transportation for distributing marijuana throughout the state and exporting it across the nation, supported by Oregon-Idaho HIDTA enforcement initiative investigators surveyed. The identified DTOs who exported marijuana out of the state also use rental trucks or freight shippers to move bulk quantities of marijuana.<sup>79</sup> Seizure data reported by HIDTA enforcement initiatives in 2022 show 1,222 kilograms were seized program-wide from highway enforcement in Oregon and Idaho involving passenger vehicles and rental trucks.<sup>80</sup> Additionally, over 213 kilograms of marijuana was seized from shipments sent through freight shipping companies and nearly 333 kilograms of marijuana products were seized by law enforcement from various commercial parcel carriers.

## ***Intelligence Gaps***

- What impact will legalization in other states have on Oregon production?
  - Do DTOs connected to China or Mexico who control marijuana operations in Oregon repatriate illicit proceeds out of the U.S. in furtherance of a larger Transnational Criminal Organization?
  - Will enforcement and compliance by OLCC affect the supply available in the illegal market?
- 

## ***Pharmaceuticals and Other Dangerous Drugs***

The illicit trafficking of CPDs, specifically oxycodone and hydrocodone, has significantly decreased over the past five years with successful national and statewide efforts to provide opioid prescription guidance for medical professionals. Most controlled prescription drugs diverted into illicit sales are purchased online and often imported from countries like India and China.<sup>81</sup> Other dangerous drugs that are occasionally seized in the HIDTA region but pose little impact on community concerns and enforcement efforts are psilocybin mushrooms, ketamine, MDMA, DMT, and lysergic acid diethylamide (LSD).

## ***Availability***

CPDs commonly diverted for illicit use in the HIDTA region have historically been opioids, stimulants, or benzodiazepines. Most CPDs seized are in small quantities, with 60% (79) of the 128 reported CPD seizures in 2022 being 40 pills/dosage units or less. The most common CPDs seized are alprazolam, dextroamphetamine, amphetamine, and oxycodone. It should be noted that of the 118,830 dosage units of oxycodone seized, 99% were suspected to be counterfeit and contain fentanyl. HIDTA enforcement initiatives reported seizing 84,253 dosage units of benzodiazepines, nearly 64,500 of which were imported illicitly from India. And just over 10,000 dosage units of amphetamine and dextroamphetamine, or Adderall, were seized in 2022.

In 2022, HIDTA enforcement initiatives seized nearly 97 kilograms of illicit psilocybin throughout the HIDTA region.<sup>82</sup> The availability of other dangerous drugs like MDMA, DMT, LSD, ketamine, and gamma hydroxybutyrate (GHB) was occasionally seized in small quantities throughout the HIDTA region.

## ***Use***

Both the OSP and ISP forensic laboratories identified the presence of CPDs, psilocybin, designer drugs like MDMA, DMT, and various benzodiazepine analogs in drug evidence samples submitted by law enforcement agencies in Oregon and Idaho. Although the drug threat to communities in both states is relatively low compared to previous drugs discussed in this report, CPDs and other dangerous drugs remain present in the region's drug supply.

In November 2020, voters in Oregon approved the Oregon Psilocybin Services Act, also referred to as Measure 109 (M109). The measure allows adults 21 years and older to use psilocybin as part of a session with a licensed facilitator without a referral or prescription issued by a medical doctor. OHA manages the Oregon Psilocybin Services (OPS) section that is responsible for the licensing and regulation of psilocybin production, distribution, and use according to Oregon Revised Statute 475A – Psilocybin Regulation. M109 allowed for a two-year development period to establish the OPS and on January 2, 2023, OPS began accepting applications to participate in the program.<sup>83</sup> Psilocybin remains classified as an illegal controlled substance in Idaho.

## ***Production***

Distribution of CPDs in the HIDTA region is primarily limited to supplies obtained through prescription diversion or purchases conducted online through companies often operating in other countries, primarily China and India. Most of the CPDs seized in the HIDTA region are purchased in pill form, an indicator that the production is occurring outside of the area. Based on HIDTA enforcement initiative survey results, DMT, MDMA, LSD, GHB, and ketamine are often imported into the HIDTA region through online purchases and social media sales.<sup>84</sup>

Psilocybin mushrooms are often cultivated in the HIDTA region in smaller operations on private property. With the new OPS program, Oregon will now have licensed cultivation sites operating commercial-level production, increasing the availability of psilocybin in the HIDTA region.

## ***Transportation***

The mode of transportation used to distribute CPDs and other dangerous drugs throughout the HIDTA region is by passenger vehicle and parcel. Most of the CPDs and other dangerous drugs seized in the HIDTA region have been the result of criminal investigations and are often accompanied by other illicit substances.

Once the CPDs, synthetic designer drugs, and other dangerous drugs arrive in the HIDTA region they are often distributed through social media applications including SnapChat and Facebook Messenger. Dealers will create a post using a photo of the drug for sale with information saved on the photo to bypass keyword filters the programs may have. Buyers will then contact the dealer through encrypted applications to coordinate the purchase. SnapChat is frequently used because of the automatic delete feature built into the messaging that allows for the conversations to be deleted shortly after being viewed. Dark web purchases are used less frequently as social media options have provided easier access to buyers.

## ***Intelligence Gaps***

- What impact will Measure 109 have on psilocybin availability in the illicit market in the region and nationally?

# DRUG TRAFFICKING ORGANIZATIONS

## Overview

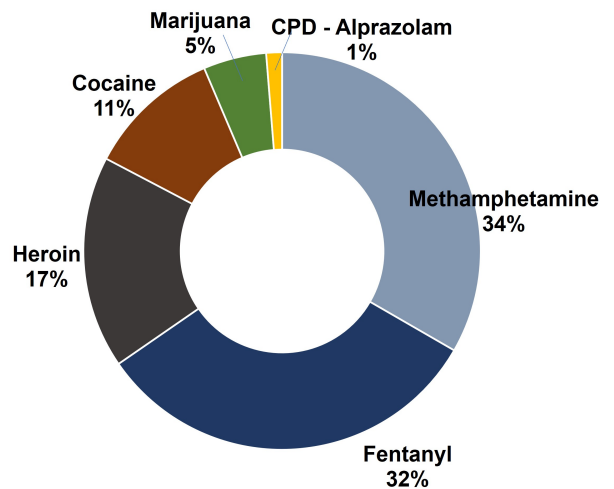
In 2022, Oregon-Idaho HIDTA enforcement initiatives investigated 126 DTOs and MLOs operating within the HIDTA region, 80 of which were disrupted and/ or dismantled. Of those organizations investigated 95% engaged in the transportation and or distribution of fentanyl, methamphetamine, heroin, cocaine, or other dangerous drugs in Oregon and Idaho, with the remaining 5% involved in the production and/or distribution of marijuana throughout the HIDTA region and to other parts of the U.S. As profit is the main motivation for drug trafficking, DTOs operating in the HIDTA region utilize various money laundering techniques to transfer illicit proceeds into legal revenue sources or back to organizational members in drug source countries.

Fentanyl or methamphetamine was trafficked by over 87% (70) of the DTOs disrupted or dismantled by HIDTA enforcement initiatives during 2022 (see Figure 14). DTOs trafficking more than one illicit drug with source connections to criminal organizations operating in Mexico accounted for 63% of the organizations investigated during the year. 50% (40) of the organizations disrupted or dismantled trafficked in fentanyl and methamphetamine.

DTOs with a multi-state operational scope present the greatest drug threat to the region, followed by local and international DTOs. Of the 126 DTOs investigated, 51 (40%) were identified as multi-state<sup>1</sup>, followed by 39 local (30%) and 36 international (29%) in scope. International DTOs were primarily based out of Mexico (38) with one DTO operating out of India which was involved in the illicit import and distribution of benzodiazepines. The primary nationality identified for 61% of the DTOs investigated was American or multi-national. The remaining DTOs were identified as Mexican (29%), Honduran (18%), Chinese (3%), and Laotian (1%). 22 of the DTOs were identified as violent with 7 being related to gangs and one affiliated with a Mexican cartel. The total number of identified DTO members was 674, with an additional 146 identified leaders. Organizations ranged in size from 5 to 17 members.

Figure 14

**Drugs Trafficked by DTOs Impacted by HIDTA Initiatives in 2022**



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/24/23

<sup>1</sup> A multi-state DTO is an organization that regularly conducts 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.

## Multi-State Drug Trafficking Organizations

Based on HIDTA enforcement initiative reporting, and HIDTA initiative investigators surveyed, multi-state DTOs continue to represent the most serious criminal organizations involved in drug trafficking in the HIDTA region.<sup>85,86</sup> During 2022 a total of 51 multi-state DTOs were under investigation by HIDTA enforcement initiatives, with 29 new DTOs identified during the year (see Table 1).<sup>87</sup>

Multi-state DTOs coordinate with operational partners in various states to produce, transport, and distribute illicit drugs in Oregon and Idaho, often impacting other parts of the country. These DTOs are primarily involved in the distribution of methamphetamine, fentanyl, and heroin in this HIDTA region, with an increasing number involved in cocaine trafficking. Nine of the DTOs identified engaged in the illicit manufacturing of marijuana that was destined for states in the mid-west and the southeastern United States.<sup>88</sup>

California was identified as the primary source location for illicit drugs trafficked by multi-state DTOs in the HIDTA region, followed by Mexico (10), Oregon (10), and to a lesser degree Arizona (2), Washington (2), and Nevada (1).

### Affiliation and Membership

Based on reported information from enforcement efforts, 273 members and 60 leaders totaling 333 individuals participated in multi-state DTOs identified by HIDTA enforcement initiatives in 2022 (see Table 1). Most of the members and leaders of multi-state DTOs operating in the HIDTA region were identified as American or Mexican in nationality. Two of the DTOs were identified as criminal gangs and one was identified to have an identified connection to a Mexican cartel. Five of the DTO investigations were nominated and approved to be Organized Crime Drug Enforcement Task Force (OCDETF) operations and three were identified as federal priority target organizations (PTO).

According to investigative reporting from HIDTA enforcement initiatives, DTOs identified with Honduran members have an increased presence for trafficking fentanyl in a variety of forms and colors. Most of these organizations are identified as loosely connected based on regional areas in Honduras and are sourced from Mexican TCOs operating in Mexico. These DTOs operate within a few major cities in California, Oregon, Washington, Colorado, and Utah, utilizing established familial Honduran networks to facilitate the distribution of fentanyl powder and pills to multi-state and local DTOs.

**Table 1**

### 2022 Multi-State DTOs Investigated by the Oregon-Idaho HIDTA

Characteristics	
Total DTOs Identified	51
Total Members	273 members and 60 leaders
Average DTO Size	6.5
Gang Related	2
Violent	8
Cartel Affiliation	1
Primary Nationality	American* (27), Mexican (15), Honduran (3), Chinese (1), Laotian (1), Multiple (4)
Source Location	California (25), Mexico (10), Oregon (10), Arizona (2), Washington (2), Nevada (1)
Drugs Trafficked	
Fentanyl	22
Methamphetamine	29
Heroin	18
Cocaine	5
Illicit Marijuana	9
Hallucinogens/Psilocybin	2
Polydrug (various combinations of above drugs)	24
Federal Case Designation	
OCDETF	5
Priority Target	3

Source: Oregon-Idaho HIDTA Performance Management Process - 3/23/23

\* Includes characteristics identified as Caucasian, African American, Native American, Hispanic, and Asian.



## ***Activities and Methods***

Over half of the DTOs investigated trafficked multiple illegal drugs, the majority of which trafficked fentanyl and/or methamphetamine combined with heroin, cocaine, or marijuana.<sup>89</sup> California was identified as the primary domestic source location for illicit drugs trafficked by multi-state DTOs in the HIDTA region, followed by Mexico (10), Oregon (10), and to a lesser degree Arizona (2), Washington (2), and Nevada (1).

According to HIDTA initiative survey responses, multi-state DTOs often coordinate with other DTOs to facilitate the transportation and distribution of drugs. Some utilize local DTOs to facilitate retail sales of products and will coordinate with other multi-state DTOs to maintain supply in an area. For example, one DTO leader may contact another DTO leader when their source of supply is unable to meet their needs immediately. This cooperation guarantees that the DTOs can continue operating with minimal interruption. Some DTOs will coordinate with other criminal organizations that provide a specific need for the DTO operations, like money laundering or transportation of drugs or currency.

Based on HIDTA enforcement initiative survey responses, multi-state DTOs utilize passenger vehicles to transport illicit drugs and bulk cash from illicit proceeds throughout the HIDTA region. Most DTOs utilize various forms of money laundering to facilitate incorporating illicit proceeds into legitimate sources of funding. The most common methods identified by HIDTA initiative investigators surveyed were the use of legitimate cash-intense businesses, such as restaurants, small stores, and used car dealerships, as well as using money service businesses (MSB) to wire money from the United States to international locations, primarily Mexico and China.

## ***Intelligence Gaps***

- What is the connection between Mexican cartels and Honduran DTOs operating in this region?
  - Will Mexican cartels increase their presence in the HIDTA region through multi-state DTOs?
- 

## ***Local Drug Trafficking Organizations***

Local DTOs<sup>m</sup> are the second greatest criminal drug threat in Oregon and Idaho based on the HIDTA enforcement initiative survey and reporting information.<sup>90,91</sup> Local DTOs transport and distribute primarily fentanyl and methamphetamine and to a lesser extent, heroin, marijuana, cocaine, and pharmaceutical drugs. During 2022 a total of 39 local DTOs were under investigation by HIDTA enforcement initiatives, with 26 new DTOs identified during the year (see Table 2, page 31).<sup>92</sup>

## ***Affiliation and Membership***

Based on reported information from enforcement efforts a total of 245 individuals, 43 of whom were identified as leaders, participated in local DTOs identified by HIDTA enforcement initiatives in 2022. Most of the members and leaders of local DTOs operating in the HIDTA region were identified as

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<sup>m</sup> A local DTO is an organization whose illegal drug trafficking activity is, 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.

American or multi-national. Four of the DTOs were identified as criminal gangs and eight were identified as violent. Based on HIDTA enforcement initiative survey responses, local criminal street gangs participate in drug trafficking throughout the HIDTA region. Most operate at a retail level with some reporting local members being recruited by larger DTOs to transport illicit drugs in the region.

**Activities and Methods**

Over half of the DTOs investigated trafficked multiple illegal drugs, the majority of which trafficked fentanyl and/or methamphetamine combined with heroin, cocaine, or marijuana.<sup>93</sup> Utilizing the open drug market in the Tenderloin area of San Francisco, local DTOs in the HIDTA region have reportedly coordinated by pooling funds locally to make larger purchases to supply multiple retail-level operations.

Local DTOs utilize passenger vehicles to transport illicit drugs and bulk cash proceeds throughout the HIDTA region. They use various forms of money laundering to facilitate incorporating illicit proceeds into legitimate sources of funding. The most common methods identified by HIDTA initiative investigators surveyed were the use of legitimate cash-intense businesses, such as restaurants, small stores, and used car dealerships, as well as using money service businesses (MSB) to wire money from the United States to international locations, primarily Mexico and China.

Some local DTOs utilize social media applications including SnapChat and Facebook Messenger to facilitate retail-level drug sales of fentanyl pills, CPDs, and other drugs. This allows traffickers to expand their buyer market while minimizing exposure to law enforcement. Dark web markets are used less frequently as social media options have provided easier access to buyers.

**Intelligence Gaps**

- Will the congressional focus on social media applications impact local distribution?
- Will criminal street gangs become more involved in the trafficking of fentanyl due to the high demand?

**Table 2**

**2022 Local DTOs Investigated by the Oregon-Idaho HIDTA**

Characteristics	
Total DTOs Identified	39
Total Members	202 members and 43 leaders
Average DTO Size	6.3
Gang Related	4
Violent	8
Primary Nationality	American* (22), Mexican (4), Honduran (4), Chinese (2), Multiple (7)
Source Location	Oregon (12), Mexico (11), California (11), Arizona (3), Idaho (1), Nevada (1)
Drugs Trafficked	
Fentanyl	22
Methamphetamine	23
Heroin	7
Cocaine	4
Illicit Marijuana	5
Alprazolam	2
Polydrug (various combinations of above drugs)	19
Federal Case Designation	
OCDETF	1
Priority Target	1

Source: Oregon-Idaho HIDTA Performance Management Process - 3/23/23

\* Includes characteristics identified as Caucasian, African American, Native American, Hispanic, and Asian.

## International Drug Trafficking Organizations

International DTOs<sup>n</sup>, specifically, Mexican TCOs, represent a serious criminal drug threat to this HIDTA region based on enforcement initiative survey responses and enforcement data analyzed.<sup>94,95</sup> These TCOs control the transportation and distribution of methamphetamine, fentanyl, heroin, and cocaine on a large scale. In addition to being an operational DTO in the HIDTA region, Mexican TCOs are often identified as sources of supply for local and multi-state DTOs operating in the HIDTA region.

During 2022, enforcement efforts identified 18 new international DTOs operating in the HIDTA region, with nearly all of them based in Mexico.

### Affiliation and Membership

Based on reported information from enforcement efforts, 242 individuals, 43 of whom were identified as leaders, participated in international DTOs identified by HIDTA enforcement initiatives in 2022 (see Table 3). Most of the members and leaders of the DTOs operating in the HIDTA region were identified as Mexican, followed by American and multiple nationalities. Six DTOs were identified as violent, with one affiliated with an outlaw motorcycle gang with operational connections to Canada and sourced out of Mexico. Nine DTOs investigated were supported federally by the OCDETF and eight DTOs were identified as federal priority targets.

Based on HIDTA enforcement initiative survey responses, Sinaloa Cartel and CJNG have been identified as being connected to DTO activity in the HIDTA region. Most connections have been confirmed through federal-level investigations or are based on information received through enforcement efforts. Cartel affiliation is something that has been alleged by subjects attempting to justify their criminal activity under threat of violence according to some HIDTA initiative survey responses.<sup>96</sup>

### Activities and Methods

Over 80% of the international DTOs investigated and trafficked multiple illegal drugs, the majority of which trafficked fentanyl and/or methamphetamine combined with heroin or cocaine.<sup>97</sup> Mexico was identified as the primary source location for illicit drugs trafficked by international DTOs in the HIDTA

**Table 3**

### 2022 International DTOs Investigated by the Oregon-Idaho HIDTA

Characteristics	
Total DTOs Identified	36
Total Members	199 members and 43 leaders
Average DTO Size	6.3
Gang Related	1
Violent	6
Primary Nationality	American* (10), Mexican (18), Honduran (1), Multiple (7)
Source Location	Mexico (35), India (1)
Drugs Trafficked	
Fentanyl	24
Methamphetamine	28
Heroin	21
Cocaine	14
Alprazolam	1
Polydrug (various combinations of above drugs)	29
Federal Case Designation	
OCDETF	9
Priority Target	8

Source: Oregon-Idaho HIDTA Performance Management Process - 3/23/23

\* Includes characteristics identified as Caucasian, African American, Native American, Hispanic, and Asian.

<sup>n</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.

region, while one investigation identified the source from India involved in importing CPDs, primarily benzodiazepines, to the HIDTA region.<sup>98</sup> Based on HIDTA enforcement initiative survey responses, international DTOs utilize passenger vehicles to transport illicit drugs and illicit proceeds in the form of bulk cash into and out of the HIDTA region.

Mexican TCOs are the primary wholesale distributors of methamphetamine, fentanyl, heroin, and powder cocaine, often coordinating with multi-state and local DTOs and independent dealers to facilitate retail-level distribution in and through the HIDTA.

**Intelligence Gaps**

- What level of control do the Sinaloa cartel and CJNG have over DTOs operating in the region?
- What is the level of violence associated with TCO operations in the region?
- Evidence of human trafficking or threats of violence used in DTO operations?

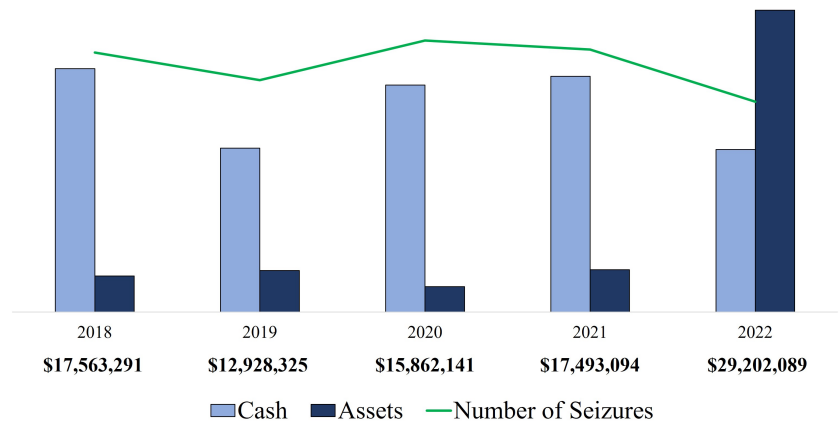
**ILLICIT FINANCE**

Like any business operation, profit is what drives DTO operations. In the HIDTA region, cash continues to be the primary source of that profit, often found in large bulk quantities during investigations. Based on HIDTA initiative reporting, \$10,279,451 in cash was seized during enforcement efforts in 2022 (see Figure 15).<sup>99</sup>

In addition to cash, DTOs utilize various money laundering techniques to incorporate illicit proceeds into the legitimate market. One common method is to use cash to purchase real property, vehicles, or precious metals. In 2022, \$18,985,748 in physical property was seized from DTOs operating in the HIDTA region. Many of the real properties and vehicles seized were related to illicit marijuana operations.<sup>100</sup>

**Figure 15**

Oregon-Idaho HIDTA Initiatives  
Cash and Assets Seized – 5-year Trend



Source: Oregon-Idaho HIDTA Performance Management Process – Accessed 2/17/23

Other techniques commonly reported by HIDTA enforcement initiatives include utilizing cash-intensive businesses like restaurants or used car dealerships, to transfer illicit proceeds and comingle it with legitimate business income. Money service business (MSB) and bank transfers are used by some DTOs to move money internationally. Money is often wired through MSBs in small quantities by multiple subjects involved in the local operation to a location, typically in Mexico, to avoid reporting requirements and reduce the risk of cash being seized during the transportation of bulk currency. Sophisticated DTOs operating in the HIDTA region have utilized bank accounts to move illicit proceeds through various businesses and entities to launder money and transfer the funds back to China. A recent example of such a case occurred in 2022 when law enforcement officers in Central Oregon concluded a two-year



investigation into a large Chinese national TCO cultivating illicit marijuana. Through investigative efforts, 20 properties associated with the DTO along with various bank accounts and Chinese-food restaurants were identified as being used to facilitate the laundering of illicit proceeds acquired through illicit sales of marijuana. The organization utilized the purchase of real property and the movement of money through various business accounts before diverting the funds back to China disguised as an international business transaction.<sup>o</sup>

### ***Intelligence Gaps***

- To what extent are emerging technologies such as online environments and money transfer applications used to facilitate money laundering in the region?
  - Will cryptocurrencies be used more as a technique by money launderers to disguise illicit proceeds in the region as cryptocurrency gains popularity as a national currency?
  - To what extent is bulk cash transferred using the parcel delivery system in the region?
- 

## ***OUTLOOK***

The Oregon-Idaho HIDTA assesses the following outlook for 2024 with high confidence related to drug threats identified to date in Oregon and Idaho.

- **Fentanyl:** The supply of fentanyl in counterfeit pill and powder form will continue to meet the increasing demand across the HIDTA; constant supply will increase availability and thereby use; possibly matching the availability of methamphetamine. Use/misuse of known fentanyl products, and poisonings based on inadvertent ingestion will continue to drive fatal and non-fatal overdoses and therefore remain the greatest threat in the HIDTA.
- **Methamphetamine:** Methamphetamine will remain highly available, inexpensive, and, along with fentanyl, the most serious drug threat in the Oregon-Idaho HIDTA region. Due to widespread trafficking and use, methamphetamine will continue to require the attention of law enforcement resources. The impacts of recent federal indictments on the Sinaloa cartel will be monitored to identify any reduction in the available supply, with an impact on prices and overdose rates.
- **Heroin:** Heroin seizures along the Southwest Border and locally have decreased. This indicates a lower supply and lower demand. Demand for heroin and accordingly supply, will continue to decrease in the coming year as long as fentanyl is available.
- **Cocaine:** Based on the increase in cocaine seizures at the Southwest Border, adjacent states, and in the region, the availability of cocaine in the region will remain stable. Cocaine use in the HIDTA will remain low in the near term based on user cost versus the high availability and low cost of methamphetamine.

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<sup>o</sup> [C.O. drug agents dismantle large Chinese cartel marijuana operation in six Jefferson County raids; five arrests - KTVZ](#)

## *Oregon-Idaho HIDTA Program*

- **Marijuana:** Overproduction of marijuana and record-low retail prices in Oregon will continue to contribute to illegal sales of excess marijuana and marijuana products trafficked throughout the United States.
- **Other Dangerous Drugs:** With the use of novel psychoactive substances increasing throughout the United States, the Oregon-Idaho HIDTA assesses that the identification of novel psychoactive substances in illicit drugs seized will continue to rise in Oregon and Idaho.
- **International DTO:** International DTOs with ties to Mexico will continue to control the transportation and distribution of methamphetamine, heroin, fentanyl, and cocaine into the HIDTA and the surrounding region. These DTOs will likely continue to expand fentanyl trafficking in the region.
- **Multi-State DTO:** The Oregon-Idaho HIDTA assesses that multi-state DTOs will continue to present the most serious criminal drug threat to the region. These DTOs will remain active in trafficking fentanyl, methamphetamine, heroin, and cocaine within the region and will continue to influence the drug market in other states. Multi-state DTOs involved in illegal marijuana cultivation operations in Oregon will continue to export wholesale quantities of the product across state borders.
- **Illicit Finance:** Bulk cash smuggling, cash-intensive businesses, and money service businesses will remain the primary methods of transferring drug revenues into, throughout, and out of the region. The Oregon-Idaho HIDTA assesses with low confidence that investigations into the money laundering activities of drug trafficking organizations by law enforcement investigators, will impede the flow of drug proceeds through the region, impacting organizations that rely on these funds to operate.
- The Oregon-Idaho HIDTA will continue to monitor the impact of the Drug Addiction Treatment and Recovery Act (Measure 110) as it relates to user rates, overdose deaths, and drug threats. As of this reporting, preliminary data has not identified a reduction in user rates or overdose deaths, but more time is needed to fully evaluate the impact of the measure.

## **APPENDIX**

### ***A. Participating Initiatives***

The Oregon-Idaho HIDTA supports 13 Oregon and 5 Idaho enforcement initiatives, made up of members from 79 law enforcement agencies

#### **Law Enforcement Initiatives**

- Bannock Area Drug Group Enforcement Squad (BADGES) – Bannock County, Idaho
- Blue Mountain Enforcement Narcotics Team (BENT) – Umatilla County, Oregon
- Central Oregon Drug Enforcement (CODE) – Deschutes County, Oregon
- Clackamas County Interagency Task Force (CCITF) – Clackamas County, Oregon
- Drug Enforcement Administration – Boise Resident Office Task Force – Idaho
- Douglas Interagency Narcotics Team (DINT) – Douglas County, Oregon
- FBI Treasure Valley Metro Violent Crimes Safe Streets Task Force – Canyon County, Idaho
- Linn Interagency Narcotics Enforcement (LINE) – Linn County, Oregon
- Medford Area Drug and Gang Enforcement (MADGE) – Jackson County, Oregon
- Multnomah County Dangerous Drugs Team (MCDDT) – Multnomah County, Oregon
- North Idaho Narcotics Enforcement (NINE) – Kootenai County, Idaho
- Oregon HIDTA Drug Enforcement Administration – Oregon
- Rogue Area Drug Enforcement (RADE) – Josephine County, OR
- US Marshals Service Fugitive Task Force – Oregon
- Westside Interagency Narcotics (WIN) – Washington County, Oregon

#### **Interdiction Initiatives**

- HIDTA Interdiction Team (HIT) – Multnomah County, Oregon
- Idaho State Police Domestic Highway Enforcement (ISP DHE) – Idaho
- Oregon State Police Domestic Highway Enforcement (OSP DHE) – Oregon

#### **Prosecution Initiative**

- HIDTA Special Assistant US Attorney, District of Idaho – Ada and Canyon County, ID

#### **Intelligence initiatives**

- Information Sharing and Analytical Coordination Center (ISACC) – Oregon and Idaho
- Idaho Criminal Intelligence Center ([IC]<sup>2</sup>) – Idaho
- Overdose Response Strategy (ORS) – Oregon and Idaho
- Western States Information Network (WSIN) – Oregon
- Rocky Mountain Information Network (RMIN) - Idaho

#### **Treatment and Prevention Initiatives**

- Lines for Life – Opioid Overdose Rapid Response Team – Oregon
- CLEAR Alliance – Oregon

#### **Management initiative**

- Management and Administration – Oregon and Idaho
- Oregon-Idaho HIDTA Training – Oregon and Idaho

## ENDNOTES

- <sup>1</sup> Office of National Drug Control Policy – [HIDTA Program Policy and Budget Guidance](#) – Accessed 4/26/23
- <sup>2</sup> Oregon Criminal Justice Commission – [2021 Release of FBI Uniform Crime Reports for Oregon](#) – Accessed 4/7/23
- <sup>3</sup> Idaho State Police Uniform Crime Reporting – [Crime in Idaho 2021](#) – Accessed 4/7/23
- <sup>4</sup> Idaho State Police Uniform Crime Reporting – [Offense and Arrest Summary Report](#) – Accessed 4/7/23
- <sup>5</sup> Oregon Health Authority – [Drug Addiction Treatment and Recovery Act \(Measure 110\)](#) – Accessed 4/18/23
- <sup>6</sup> Oregon Judicial Department – [BM110 Cases through March 2023](#) – Accessed 4/7/23
- <sup>7</sup> Oregon Public Broadcasting (OPB) Article: [Lawmakers are looking at more changes to Oregon's drug decriminalization measure](#) – Published 3/29/23, Accessed 4/3/23
- <sup>8</sup> Idaho Department of Corrections – [Community Gap Analysis 2022](#) – Published January 2023
- <sup>9</sup> Oregon Department of Corrections – [Current Adults in Custody Population](#) – Accessed 3/1/23
- <sup>10</sup> Idaho Department of Corrections – [FY 2022 Incarcerated Population Report](#) – Accessed 3/1/23
- <sup>11</sup> Drug Enforcement Administration. (2021). *2020 National Drug Threat Assessment* – Reviewed 3/24/23
- <sup>12</sup> Federal Aviation Administration - Accessed 2/14/23
- <sup>13</sup> Oregon Secretary of State, Oregon Blue Book. Accessed 3/24/23
- <sup>14</sup> Port of Lewiston, Idaho website. Accessed 3/24/23
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- <sup>16</sup> Oregon-Idaho HIDTA Enforcement Initiative Threat Assessment Survey – Conducted December 2022 – January 2023
- <sup>17</sup> Department of Justice Press Release – [Justice Department Announces Charges Against Sinaloa Cartel's Global Operation](#) – Accessed 4/17/23
- <sup>18</sup> Lenahan K, Rainer S, Baker R, and Waddell, EN. (2022). [Oregon Substance Use Disorder Services Inventory and Gap Analysis](#). OHSU-PSU School of Public Health, Oregon Health and Science University, Oregon Alcohol and Drug Policy Commission, and Oregon Health Authority, Health Systems Division and Public Health Division. – Accessed 4/3/23
- <sup>19</sup> Bayly R, Shrestha S, Pustz J, Sawyer J, Feng W, Lingwall C, and Stopka TJ. Idaho Opioid Overdose Vulnerability Assessment, January 2021. – Accessed 1/24/23
- <sup>20</sup> Idaho Department of Health and Welfare - [Drug Overdose Prevention Program | Idaho](#) – Accessed 1/24/23
- <sup>21</sup> Oregon Health Authority: [Opioid Overdose Public Health Surveillance Update](#) Accessed 2/9/23
- <sup>22</sup> Oregon Health Authority – Oregon Emergency Medical Services Information System (OR-EMSIS) – Received 3/3/23
- <sup>23</sup> [Overdose Detection Mapping Application Program](#) – Accessed 4/3/23
- <sup>24</sup> HIDTA Performance Management Program database – Accessed 4/24/23
- <sup>25</sup> Oregon State Police – Forensic analysis of drug evidence samples processed in 2022 – Received 1/4/23
- <sup>26</sup> Idaho State Police – Forensic analysis of drug evidence samples processed in 2022 – Received 3/29/23
- <sup>27</sup> Drug Enforcement Administration. (2021). *2020 National Drug Threat Assessment* – Reviewed 3/24/23
- <sup>28</sup> Drug Enforcement Administration. (2020). *DEA-DCT-DIR-008-20 Fentanyl Flow in the United States* – Accessed 2/14/23
- <sup>29</sup> HIDTA Performance Management Program database – Accessed 2/17/23
- <sup>30</sup> National Seizure System – Accessed through the El Paso Intelligence Center on 2/14/23
- <sup>31</sup> Oregon State Police – Forensic analysis of drug evidence samples processed in 2022 – Received 1/4/23
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## Oregon-Idaho HIDTA Program

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