



U.S. DEPARTMENT OF JUSTICE
NATIONAL DRUG INTELLIGENCE CENTER



National Drug Threat Assessment

2011

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2011

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**U.S. Department of Justice
National Drug Intelligence Center**

National Drug Threat Assessment 2011

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EXECUTIVE SUMMARY

The illicit trafficking and abuse of drugs present a challenging, dynamic threat to the United States. Overall demand is rising, largely supplied by illicit drugs smuggled to U.S. markets by major transnational criminal organizations (TCOs).^a Changing conditions continue to alter patterns in drug production, trafficking, and abuse. Traffickers are responding to government counterdrug efforts by modifying their interrelationships, altering drug production levels, and adjusting their trafficking routes and methods. Major Mexican-based TCOs continue to solidify their dominance over the wholesale illicit drug trade as they control the movement of most of the foreign-produced drug supply across the U.S. Southwest Border.

The estimated economic cost of illicit drug use to society for 2007 was more than \$193 billion. This estimate reflects direct and indirect public costs related to crime (\$61.4 billion), health (\$11.4 billion), and lost productivity (\$120.3 billion).

The abuse of several major illicit drugs, including heroin, marijuana, and methamphetamine, appears to be increasing, especially among the young. The abuse of controlled

prescription drugs (CPDs)^b is also generating a mounting array of negative consequences.

- Marijuana use among adolescent students has begun to increase after a decade of gradual decline. This increase was preceded and accompanied by a decline in adolescents' perception of the risk associated with marijuana abuse, perhaps attributable in part, to conflicting messages imparted by national debates over drug legalization and decriminalization.
- An estimated 8.7 percent of Americans aged 12 or older—or 21.8 million individuals—were current illicit drug users in 2009, a statistically significant increase from 8.0 percent in 2008. Young adults, aged 18 to 25, represent the largest age group of current abusers, according to the National Survey on Drug Use and Health (NSDUH).
- The abuse of CPDs ranks second only to the abuse of marijuana, according to NSDUH data, with 7.0 million individuals aged 12 or older estimated to have been current non-medical users of CPDs in 2009. According

a. Use of the term “transnational criminal organizations” by the National Drug Intelligence Center (NDIC) is in reference to those TCOs that engage in drug trafficking activity. NDIC acknowledges that some members of the intelligence community continue to use the term “drug trafficking organizations.”

b. The Federal Controlled Substances Act established standards used to determine which prescription drugs have abuse potential, and those medications—CPDs—fall into one of four schedules. CPDs include opioid pain relievers and central nervous system depressants and stimulants. Noncontrolled prescription drugs contribute to a certain quality of life and include medications that treat high blood pressure, high or low cholesterol, bacterial infections, diabetes, cancer, impotence, and many other diseases. These drugs have no abuse potential.

to the latest data available, the number of prescription overdose deaths exceeds the number of cocaine, heroin, and methamphetamine deaths combined.

Mexican-based TCOs dominate the supply, trafficking, and wholesale distribution of most illicit drugs in the United States. Various other TCOs operate throughout the country, but none impacts the U.S. drug trade as significantly as Mexican-based traffickers. Reasons for Mexican organizations' dominance include their control of smuggling routes across the U.S. Southwest Border and their capacity to produce, transport, and/or distribute cocaine, heroin, marijuana, and methamphetamine.

- Of the seven main Mexican TCOs that traffic illicit drugs to the United States (Sinaloa Cartel, Los Zetas, Gulf Cartel, Juárez Cartel, Beltrán-Leyva Organization (BLO), La Familia Michoacana (LFM), and Tijuana Cartel), the Sinaloa Cartel is preeminent—its members traffic all major illicit drugs of abuse, and its extensive distribution network supplies drugs to all regions of the United States. The organization is particularly dominant because it is one of the few TCOs that can obtain multiton quantities of cocaine from South America as well as produce large quantities of heroin, marijuana, and methamphetamine.
- The threat posed by gang involvement in drug trafficking is increasing, particularly in the Southwest Region. With gangs already the dominant retail drug suppliers in major and midsized cities, some gang members are solidifying their ties to Mexican TCOs to bolster their involvement in wholesale smuggling, internal distribution, and control of the retail trade.

The Southwest Border remains the primary gateway for moving illicit drugs into the United States. Most illicit drugs available

in the United States are smuggled overland across the Southwest Border, although increased border security appears to be forcing traffickers to increase their use of alternative methods such as noncommercial vessels and ultralight aircraft. Mexican TCOs continue to rely primarily on California and South Texas ports of entry (POEs) to smuggle cocaine, heroin, and methamphetamine across the border and on remote areas between POEs in Arizona to smuggle large quantities of marijuana.

- Traffickers generally smuggle smaller loads of cocaine, heroin, and methamphetamine in noncommercial vehicles (cars, SUVs, and pickup trucks) across the border to minimize the risk of losing large loads. They do, however, regularly smuggle larger quantities of marijuana in commercial and noncommercial vehicles, often between POEs.
- Violent infighting among rival Mexican TCOs, at least partially attributable to competition over control of lucrative crossing points along the Southwest Border, is occurring mainly on the Mexico side of the border. Criminal activity such as kidnappings and home invasion robberies directed against individuals involved in drug trafficking has been reported in some U.S. border communities, but limitations on the data make it difficult to assess whether such activity is increasing. Despite an overall decline in general violence from 2009 to 2010, incidents of violence directed against U.S. law enforcement officers over the past year increased in many areas along the Southwest Border, apparently as a result of heightened counterdrug operations.

Overall drug availability is increasing. Heroin, marijuana, MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy), and methamphetamine are readily available throughout the United States, and their availability is increasing in some markets. Cocaine

is widely available throughout the country; however, it remains less available than before 2007, when an unprecedented drop in the U.S. cocaine supply occurred. Cocaine availability levels have since stabilized at diminished levels in most drug markets.

- Increased heroin production in Mexico and increased involvement of Mexican TCOs in the distribution of South American heroin have contributed to wider heroin availability in many U.S. markets, including some where the drug was previously unavailable.
- Cannabis cultivation in Mexico, combined with high levels of domestic cultivation, has resulted in high marijuana availability.
- High levels of MDMA production by Canada-based Asian criminal organizations, as well as the increased involvement of Mexican-based TCOs in MDMA trafficking, have resulted in increased MDMA availability in the Great Lakes, New York/New Jersey, Southwest, and Pacific Organized Crime Drug Enforcement Task Forces (OCDETF) Regions.
- High levels of methamphetamine production in Mexico, along with increasing small-scale domestic production, have resulted in increasing methamphetamine availability.
- The increased availability and abuse of synthetic cannabinoids, marketed as “legal alternatives to marijuana,” and synthetic stimulants, marketed as “legal alternatives to cocaine,” have emerged as serious problems during the past few years.

The domestic drug trade generates tens of billions of dollars annually that traffickers must collect, consolidate, and infuse into the international financial system in order to profit from their trade. Illicit drug sales in the United States are predominantly conducted

in cash, presenting the enduring problem of how to deposit vast amounts of currency into financial institutions while maintaining an appearance of legitimacy.

The threat posed by the trafficking and abuse of illicit drugs will not abate in the near term and may increase.

- Mexican-based TCOs’ proficiency in the production and distribution of marijuana, methamphetamine, and heroin will ensure that the drugs remain readily available in markets throughout the United States.
- Cocaine availability will remain stable, but at its current diminished level, for the near term.
- Major Mexican-based TCOs will continue to dominate wholesale drug trafficking in the United States for the foreseeable future and will further solidify their positions through collaboration with U.S. gangs.
- Rates of CPD abuse will remain high in the near term.

IMPACT OF DRUGS ON SOCIETY

The trafficking and abuse of illicit drugs in the United States create an enormous drain on the economic, physical, and social health of American society. In 2007 alone, the estimated cost of illicit drug use to society was \$193 billion, including direct and indirect public costs related to crime, health, and productivity, with the majority of costs attributable to lost productivity.¹ (For a complete discussion on the National Drug Intelligence Center (NDIC) economic costs methodology, please refer to the NDIC report *The Economic Impact of Illicit Drug Use on American Society*, published in April 2011.)

Impact on Productivity

NDIC estimates that drug abuse costs the nation more than \$120 billion per year in lost productivity.^c Lost productivity generally occurs through the incapacitation of individuals, either by reduced motivation or by confinement in residential treatment programs, hospitals, or prisons. The most significant factor in lost productivity is reduced labor participation, which costs society an estimated \$49 billion each year. Loss of productivity as a result of incarceration costs society at least \$48 billion annually, and drug-related homicides result in a further loss in productivity of approximately \$4 billion.²

Impact on Crime and Criminal Justice Systems

NDIC estimates that the annual cost of drug-related crime is more than \$61 billion. Criminal justice system costs—more than \$56 billion—represent by far the largest component of this figure; victim, federal interdiction, and other costs constitute the remainder.³

c. The principal components of lost productivity are reduced labor participation, incarceration, premature mortality, enrollment in specialty drug treatment, and hospitalization attributable to illicit drug use.

- According to the National Drug Threat Survey^d (NDTS) 2010, crack cocaine and ice methamphetamine are the drugs that most often contribute to crime. Heroin was reported as a significant contributor to property crime (18.6% of respondents).⁴
- The Arrestee Drug Abuse Monitoring Program (ADAM II), which monitors drug testing among arrestees in 10 cities across the United States, also shows a strong correlation between drug abuse and criminal activity. In 2010, the majority of arrestees studied by ADAM II tested positive for the presence of some illicit substance at the time of their arrest. In 9 of the 10 sites in 2010, 60 percent or more of arrestees tested positive. In 6 of the 10 sites, there was a significant increase in the proportion of arrestees testing positive for at least one drug over the 2009 levels. In Washington (DC) and Denver, there was a significant decline in use in 2010.⁵

Impact on Health and Healthcare Systems

NDIC estimates yearly drug-related healthcare costs to be more than \$11 billion, including both direct and indirect costs related to medical intervention, such as emergency services, in-patient drug treatment, and drug

d. The NDTS is conducted annually by NDIC and uses a representative sample of state and local law enforcement agencies to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year.

use prevention and treatment research.^e In addition, the nation's health is plagued by numerous other ills arising from drug abuse, including driving under the influence of drugs, parental neglect, and exposure to toxic methamphetamine laboratories.⁶

- Drug abusers are often hospitalized as a result of drug use. The Drug Abuse Warning Network (DAWN) estimates that approximately 2 million emergency department (ED) visits to U.S. hospitals in 2009 were the result of drug misuse or abuse. Of these, approximately 50 percent involved illicit drug abuse (see Table B1 in Appendix B).⁷ NDIC estimates healthcare costs for nonhomicide ED visits related to drug use to be approximately \$161 million annually. Hospital admissions are estimated to be an additional \$5.5 billion.⁸
- Drugged driving is a growing problem in the United States, according to the National Highway Traffic Safety Administration. While the overall number of drivers, passengers, or occupants killed in vehicle and motorcycle accidents decreased from 37,646 in 2005 to 28,936 in 2009,⁹ the number of driver fatalities involving licit or illicit drugs increased during that time from 3,710 to 3,952.¹⁰
- Law enforcement personnel and first responders who handle clandestine methamphetamine laboratory seizures are often exposed to toxic chemicals, fires, and explosions. According to National Seizure System (NSS) data, the number of law en-

e. These costs include treatment for illicit drug use delivered in specialty settings (detoxification, residential, outpatient, and outpatient methadone), treatment for illicit drug use and related medical disorders delivered in hospitals and EDs, and treatment for drug use-related homicides delivered in hospitals and EDs. Other costs include those associated with insurance administration, federally funded drug prevention initiatives, federally funded prevention and treatment research, and costs related to acquired immune deficiency syndrome (AIDS).

forcement officials injured at methamphetamine production sites increased from 32 in 2005 to 62 in 2009. In the first 9 months of 2010, 41 law enforcement officials were injured.¹¹ Children living in homes where methamphetamine is produced are also at great risk for negative health consequences. According to NSS, the number of children injured at methamphetamine production sites increased from 4 in 2005 to 11 in 2009, while 14 children were injured from January through September 2010.¹² Such children are also at risk from fires and explosions. NSS data show that there were 171 explosions or fires at methamphetamine production sites in 2009, compared with 101 in 2008; in the first 9 months of 2010, there were 160 explosions or fires.¹³

The Demand for Illicit Drugs

The demand for most illicit drugs in the United States is rising, particularly among young people. The trend is evident in national-level studies including NSDUH.

- According to NSDUH, an increasing number of individuals, particularly young adults, are abusing illicit drugs. In 2009, an estimated 8.7 percent of Americans aged 12 or older (21.8 million individuals) were current illicit drug users, a statistically significant increase from 8.0 percent in 2008. Rates of abuse—particularly for marijuana—are increasing, especially among young adults aged 18 to 25, who constitute the largest age group of current abusers. Rates of marijuana abuse among this cohort rose from 16.5 percent in 2008 to 18.1 percent in 2009. In 2009, 21.2 percent of respondents aged 18 to 25 reported that they had abused drugs in the past month.¹⁴
- Adolescents appear to be abusing illicit drugs at a greater rate than most other segments of society. NSDUH shows that, among youths aged 12 to 17, the current

illicit drug use rate increased between 2008 (9.3%) and 2009 (10.0%). The majority of these abusers used marijuana; NSDUH shows an increase from 6.7 percent in 2008 to 7.3 percent in 2009 among youth aged 12 to 17 reporting current marijuana abuse.¹⁵ Moreover, findings from the 2010 Monitoring the Future (MTF) study reveal that after a decade of gradual decline, marijuana use among adolescents has begun to increase. The rate of daily abuse among adolescents in 2010 increased among eighth, tenth, and twelfth graders. This increase was both preceded and accompanied by a decline in adolescents' perception of the risks associated with marijuana abuse.¹⁶

- NSDUH data on drug use initiation indicate that the largest number of initiates in 2009 abused marijuana (2.4 million) and CPDs in the form of pain relievers (2.2 million)—these estimates were statistically similar to 2008 rates. Of the estimated 2.4 million new marijuana initiates, many are adolescents. In 2009, the average age of marijuana initiates among persons aged 12 to 49 dropped to 17.0 years, a statistically significant decrease from the 2008 figure of 17.8 years.¹⁷ There was a significant increase in 2009 in the number of initiates who abused MDMA (up to 1.1 million from 894,000) and methamphetamine (up to 154,000 from 95,000).¹⁸
- Treatment Episode Data Set (TEDS) data reveal that approximately 1.1 million drug-related treatment admissions to publicly funded facilities occurred in 2009, the latest year for which data are available. The highest percentage of admissions reported opiates^f as their primary drug of choice (36.8%, the majority for heroin), followed by marijuana (31.0%), cocaine (16.1%), and methamphetamine (9.5%). This represents an increase for opiates and marijuana between 2005 and 2009 and a decrease for cocaine and methamphetamine ([see Table B2 in Appendix B](#)).¹⁹

f. The majority of this category comprises heroin admissions but also includes prescription opiate admissions.

TRANSNATIONAL CRIMINAL ORGANIZATIONS

Overview

Mexican-based TCOs and their associates dominate the supply and wholesale distribution of most illicit drugs in the United States. These organizations control much of the production, transportation, and wholesale distribution of illicit drugs destined for and in the United States. Currently, seven Mexican-based TCOs (Sinaloa Cartel, Los Zetas, Gulf Cartel, Juárez Cartel, BLO, LFM, and Tijuana Cartel) are in a dynamic struggle for control of the lucrative smuggling corridors leading into the United States, resulting in unprecedented levels of violence in Mexico. Numerous other types of organizations and groups are present, active, and thriving. For example, Colombian-based TCOs operate primarily in the Northeast and in southern Florida, while ethnic Asian, Dominican, and Cuban organizations are expanding operations. In addition, various street gangs, prison gangs, and outlaw motorcycle gangs (OMGs) make up the bedrock of retail drug distribution throughout the country.

Mexican Trafficking Organizations

Major Mexican-based TCOs and their associates are solidifying their dominance of the U.S. wholesale drug trade and will maintain their reign for the foreseeable future.

The Mexican-based organizations' preeminence derives from a competitive advantage based on several factors, including access to and control of smuggling routes across the U.S. Southwest Border and the capacity to produce (or obtain), transport, and distribute nearly every major illicit drug of abuse in the United States. These advantages are unlikely to change significantly in the short term, ensuring the dominance of Mexican-based TCOs for at least the next several years.

Table 1. Concentrated Activity by Mexican-Based TCOs in the Nine OCDETF Regions

TCO	Primary Drugs	Primary Regions
Sinaloa Cartel	Cocaine Heroin Marijuana MDMA Methamphetamine	Florida/Caribbean Great Lakes Mid-Atlantic New England New York/New Jersey Pacific Southeast Southwest West Central
Los Zetas	Cocaine Marijuana	Florida/Caribbean Great Lakes Southeast Southwest
Gulf Cartel	Cocaine Marijuana	Florida/Caribbean Mid-Atlantic New England New York/New Jersey Southeast Southwest
Juárez Cartel	Cocaine Marijuana	Great Lakes New York/New Jersey Pacific Southeast Southwest West Central
BLO	Cocaine Heroin Marijuana	Southeast Southwest
LFM	Cocaine Heroin Marijuana Methamphetamine	Southeast Southwest
Tijuana Cartel	Cocaine Heroin Marijuana Methamphetamine	Great Lakes Pacific Southwest

Source: National Drug Intelligence Center analysis of law enforcement reporting.

Mexican-based TCOs were operating^g in more than a thousand U.S. cities during 2009 and 2010, spanning all nine OCDETF regions. (For a depiction of the nine OCDETF regions, see Map A1 in Appendix A.) Analysis of law enforcement information reveals variations in the primary type of illicit drugs trafficked by each of the seven main Mexican-based TCOs and the regions of the United States where their operations are concentrated (see Table 1 on page 7).

- Mexican-based trafficking organizations control access to the U.S.–Mexico border, the primary gateway for moving the bulk of illicit drugs into the United States. The organizations control, simultaneously use, or are competing for control of various smuggling corridors that they use to regulate drug flow across the border. The value they attach to controlling border access is demonstrated by the ferocity with which several rival TCOs are fighting over control of key corridors, or “plazas.”
- NDIC assesses with high confidence that Mexican-based TCOs control distribution of most of the heroin, marijuana, and methamphetamine available in the United States. Moreover, production of these drugs in Mexico appears to be increasing.²⁰
- Over the past decade, competitive advantages enabled Mexican-based TCOs to expand operations into U.S. markets previously dominated by other traffickers. These markets include the East Coast, where Colombian traffickers had been dominant.²¹
- The Sinaloa Cartel is one of the most dominant TCOs involved in drug trafficking operations in the United States. It controls

the production of large quantities of heroin, marijuana, and methamphetamine; has sophisticated, well-developed transportation and distribution networks; and boasts an extensive network of associates to facilitate its U.S. trafficking operations.²² As early as 2004, Joaquín “Chapo” Guzmán-Loera, the leader of the Sinaloa Cartel, intended to monopolize the U.S. drug trade, according to open sources.²³

Colombian Trafficking Organizations

Colombian-based traffickers’ involvement in wholesale drug trafficking operations within the United States has declined over the past 5 years and is unlikely to increase in the foreseeable future. As a consequence, other trafficking organizations are expanding into areas previously controlled by Colombian traffickers, particularly East Coast markets.

- Colombian-based TCOs involved in drug trafficking to the United States are largely remnants of larger cartels as well as demobilized paramilitaries and insurgents. The groups are involved in producing cocaine and heroin and transporting the drugs out of Colombia.
- Law enforcement reporting indicates that most Colombian-controlled wholesale trafficking cells are primarily smuggling multi-kilogram quantities of cocaine and South American heroin into eastern U.S. markets, principally New York and South Florida.²⁴
- Colombian TCOs smuggling cocaine and heroin into East Coast cities favor commercial airlines and maritime vessels, often transiting Caribbean island countries such as the Dominican Republic.²⁵
- Colombian traffickers generate tremendous profits by selling cocaine and heroin to Mexican and Caribbean traffickers for

g. Included are traffickers who purchase illicit drugs from TCO associates and distribute them on their own, cells that function as an extension of the TCO to traffic illicit drugs in the United States, and cells that provide warehousing, security, and/or transportation services for the TCO.

distribution in the United States, as well as by selling illicit drug in non-U.S. markets, such as Europe.

Ethnic Asian Trafficking Organizations

Ethnic Asian Canadian-based TCOs, the primary suppliers of MDMA to the United States and major suppliers of high-potency marijuana, are expanding their production operations in the United States. The TCOs are reportedly moving some operations to the United States to escape effective law enforcement pressure in Canada, to lower transportation costs, and to avoid the risk of seizure at the U.S.–Canada border (Northern Border).²⁶

- Asian TCOs, principally Canadian-based ethnic Vietnamese criminal organizations, produce MDMA and marijuana in Canada and subsequently smuggle large amounts of the drugs over the Northern Border for distribution in U.S. markets.²⁷
- The amount of MDMA seized along the Northern Border increased from more than 1.9 million tablets in fiscal year (FY) 2006 to more than 3.9 million tablets in FY2010.²⁸
- An increase in marijuana grow sites operated by ethnic Asian traffickers has been reported in the Pacific, West Central, Great Lakes, and New England OCDETF Regions.²⁹

Dominican Trafficking Organizations

Ethnic Dominican trafficking organizations—significant cocaine and heroin distributors in the New York/New Jersey and New England Regions—are expanding their networks of suppliers and drug distribution operations.

- Ethnic Dominican TCOs in the United States have long-standing associations with

Colombian TCOs and have also developed connections to other ethnic TCOs, increasing their prominence as domestic drug traffickers.

- Dominican TCOs obtain cocaine and South American heroin from Colombian TCOs in Colombia and smuggle the drugs into the United States for distribution, primarily in northeastern markets. They also distribute cocaine, heroin, and marijuana in the Southeast Region.³⁰
- The involvement of ethnic Dominican organizations in domestic drug trafficking will increase in the near term as they continue to develop and expand trafficking connections. Dominican trafficking organizations are unique in that they operate independently of one another. There exists no national or regional leadership and no centralized direction of their activities. Consequently, the expansion of these organizations will be contingent on the exploitation of local opportunities.³¹

Cuban Trafficking Organizations

U.S.-based Cuban trafficking organizations and criminal groups are expanding their drug trafficking activities, especially indoor marijuana grow operations within and beyond the Florida/Caribbean Region. The expansion is largely the result of increased law enforcement pressure in South Florida.³²

- Cuban traffickers primarily produce and distribute high-potency marijuana in Florida.³³ Their trafficking activities in Florida heavily contributed to the state's ranking as first in the nation for the number of indoor cannabis grow sites seized (863) and second for the number of cannabis plants eradicated at indoor grow sites in 2009 (55,378).³⁴ According to law enforcement officers, the majority of the suspects arrested at indoor grow houses in southern Florida have been Cuban nationals who arrived in the United States within the past 5 years.³⁵

- Some Cuban organizations have shifted grow operations from South Florida to areas in other southeastern states, including Alabama, Georgia, and North Carolina. Law enforcement officers believe growers made the change to avoid increased law enforcement pressure.³⁶

West African Trafficking Organizations

West African TCOs are a primary transporter of Southwest and Southeast Asian heroin to the United States, although the amount of Asian heroin available in the United States is relatively limited. West African TCOs have an international reach and smuggle illicit drugs, primarily Southwest Asian heroin, to the United States. They operate in many major U.S. cities, including New York City, Baltimore, Washington (DC), Atlanta, Detroit, Chicago, and Houston. They also smuggle Southeast Asian heroin.³⁷ These organizations mainly use human couriers who swallow the drugs, hide them on their body, or conceal them within their luggage. They also smuggle heroin to the United States in mail parcels and air freight.³⁸

DRUG TRAFFICKING BY CRIMINAL GANGS

Criminal gangs^h—that is street, prison, and outlaw motorcycle gangs—remain in control of most of the retail distribution of drugs throughout much of the United States, particularly in major and midsize cities.³⁹

Varying in size from a few members to tens of thousands and in sophistication from loose coalitions to highly structured multinational enterprises, these gangs form the bedrock of retail drug distribution in the United States.⁴⁰ Their power and influence are growing and can only be heightened by increasing cooperation among different gangs, which will increase the gangs' involvement in wholesale drug trafficking into the United States and further develop their burgeoning relationships with Mexican-based TCOs.

Collaboration between U.S. gangs and Mexican-based TCOs will continue to increase, facilitating wholesale drug trafficking into and within the United States. Most collaboration occurs in cities along the U.S.–Mexico border, although some occurs in other regions of the country. Some U.S.-based gangs in the Southwest Border region also operate in Mexico, facilitating the smuggling of illicit drugs across the border.⁴¹ At least 15 U.S. gangs reportedly collaborated with Mexican TCOs during 2010, conspiring to traffic wholesale quantities of cocaine, marijuana, methamphetamine, and heroin in the United States.⁴²

Increasing cooperation among Sureños gangsⁱ in the Southwest Region, including alliances within correctional facilities, will increase their involvement in wholesale smuggling and will help the southern California-based La Eme prison gang solidify its influence over most Sureños gangs in the border region.⁴³

Sureños gang members have migrated from southern California to cities in Arizona, New Mexico, Oklahoma, and Texas, increasing cooperation among Sureños gang members within and outside correctional facilities in the Southwest. Such migration will continue for the foreseeable future. Sureños gang members, particularly those from southern California, are also migrating to other areas of the country, including locations in the Great Lakes, Pacific, and West Central Regions, in an apparent effort to expand their drug distribution operations.

h. NDIC defines a “gang” as a group or association of three or more persons with a common identifying sign, symbol, or name who individually or collectively engage in criminal activity that creates an atmosphere of fear and intimidation.

i. Sureños street gangs are Hispanic street gangs that are active in southern California. On the streets, each Sureños, or Sur 13 (13 indicates loyalty toward La Eme, the California Mexican Mafia prison gang), maintains its own identity (gang name) and is organizationally separate from other Sureños; however, all are loyal to La Eme on the streets and in prison.

The Cost of Gang Activity

Gang suppression, prevention, and corrections programs cost the nation more than \$5.5 billion each year. The toll exacted by gang activity in lives lost and damage to the social fabric of communities is certainly higher.

- The U.S. Department of Justice (DOJ) spends more than \$1 billion a year to suppress gang-related criminal activity and at least \$275 million a year on gang prevention programs, according to 2009 DOJ information.⁴⁴ An estimated \$4.2 billion a year is spent on new and repeat incarcerations of gang members in federal and state correctional facilities, according to 2009 open-source information and 2008 law enforcement information.⁴⁵
- According to data from the Bureau of Justice Statistics, gang members were responsible for approximately 4,323 homicides between 2005 and 2009.⁴⁶ Moreover, in 2007 (the latest year for which data are available), approximately 23 percent of students in the nation's public schools reported gang activity, up from 21 percent in 2001, according to the National Center for Education Statistics.⁴⁷

Collaborations between U.S. gangs and Mexican-based TCOs vary widely but generally conform to one of three types of relationships—business, partnership, or franchise.

Most U.S. gangs with Mexican-based TCO ties are in a business relationship that involves purchasing drugs from TCO members or associates for distribution by the gang. Some U.S. gangs form partnerships with Mexican traffickers and distribute drugs for the TCO; they often provide warehousing, security, and/or transportation services as well. A few U.S. gangs act as franchises of Mexican-based TCOs, operating as extensions of the organizations in the United States.

- Members of the California-based 38th Street gang operating in Los Angeles have established business relationships with traffickers in Mexico to distribute methamphetamine and cocaine in southern California.⁴⁸
- California-based Mexican Mafia (La Eme) members operating in San Diego maintain a close partnership with members of the Tijuana Cartel for purchasing multikilogram quantities of cocaine and marijuana for distribution throughout southern California.⁴⁹
- The Texas-based Barrio Azteca prison gang serves as a franchise for the Juárez Cartel—gang leaders use members to carry out enforcement operations as well as to smuggle, transport, and distribute cocaine and methamphetamine in the United States and to smuggle cash and weapons to Mexico.⁵⁰

DRUG SMUGGLING INTO THE UNITED STATES

Overview

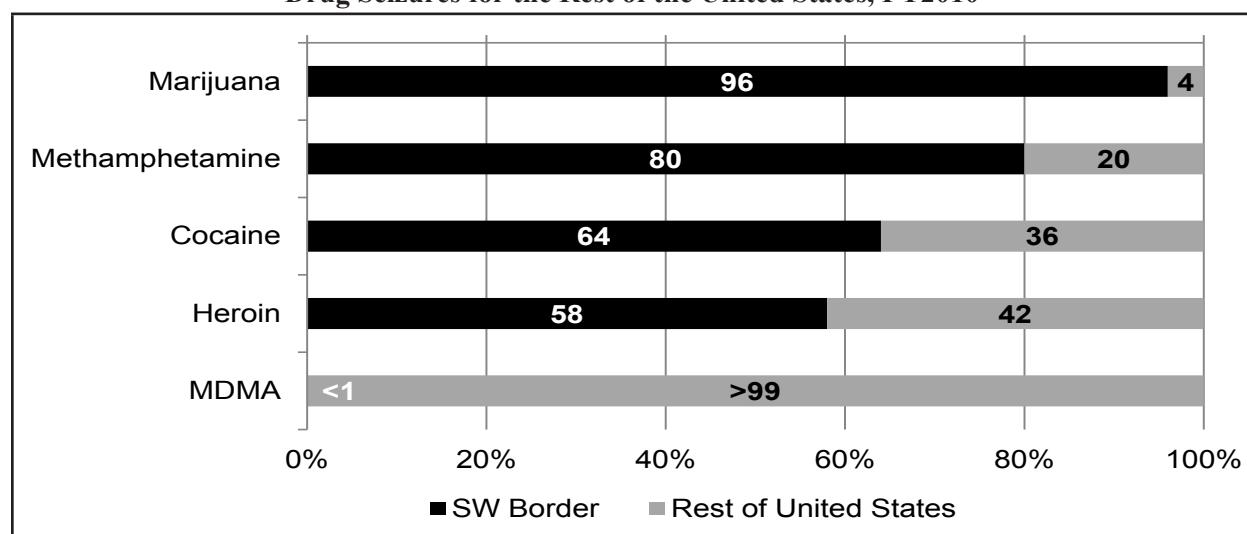
The primary gateway for illicit drug smuggling to the United States is the Southwest Border. Smugglers under the direction of Mexican traffickers move most of the cocaine, heroin, foreign-produced marijuana, and foreign-produced methamphetamine available in this country through, between, and around land border crossings in Arizona, California, New Mexico, and Texas (see Figure 1). Traffickers use every other avenue imaginable—air, sea, and the U.S.–Canada border—to smuggle drugs into the United States, but the volume moved across the U.S.–Mexico border significantly exceeds that moved through all other routes combined. Nonetheless, enhanced border enforcement appears to be forcing traffickers to rely more on alternative smuggling conveyances such as noncommercial maritime vessels and ultralight aircraft. Traffickers also smuggle drugs into the United States through rudimentary and sophisticated underground tunnels and aboard freight trains.

Southwest Border

Mexican-based TCOs primarily smuggle cocaine, heroin, and methamphetamine through POEs in California and South Texas and large quantities of marijuana between POEs in remote areas of Arizona. They generally smuggle smaller loads of cocaine, heroin, and methamphetamine in noncommercial vehicles (cars, SUVs, and pickup trucks), most likely to blend in with cross-border traffic.⁵² They are more likely to smuggle larger shipments—as much as a ton or more—of marijuana in commercial and noncommercial vehicles.⁵³

- The number of illicit drug seizures involving noncommercial conveyances at the Southwest Border greatly exceeds the number of seizures involving commercial conveyances. Analysis of NSS seizure data reveals that only 578 of the 34,274 seizure incidents at

Figure 1. Arrival Zone Drug Seizures Along the Southwest Border Compared With Arrival Zone Drug Seizures for the Rest of the United States, FY2010^a



Source: El Paso Intelligence Center, National Seizure System.⁵¹

a. Totals include only seizures made at and between POEs. Seizures for “Rest of United States” include seizures made in Puerto Rico and the U.S. Virgin Islands.

and between Southwest Border POEs between 2005 and 2010^j involved commercial vehicles. These seizures accounted for less than 10 percent of the total quantity of illicit drugs seized.⁵⁴

- More than 99 percent of illicit drug seizures made between POEs in Arizona and New Mexico involve marijuana; more than 91 percent of the marijuana seized in these incidents is seized from smugglers on foot.⁵⁵

The levels and types of smuggling activity vary widely along the Southwest Border, depending largely on the local environment and the dominant trafficking organization in the region. The vast Southwest Border provides traffickers with a selection of routes and conveyances to smuggle illicit drugs into the United States. The route, conveyance, and type of drug selected by traffickers are largely determined by the trafficking organization in local control, access to a particular type of drug, the U.S. markets, and the terrain of the Southwest Border.⁵⁶ Based on analysis of seizure data and other law enforcement reporting, NDIC assesses with high confidence that the following Southwest Border smuggling trends were prevalent between FY2008 and FY2010:

- **Cocaine:** Cocaine is smuggled across the border primarily in areas of southern California and South Texas. The amount of cocaine seized at South Texas POEs declined sharply in 2007 and remained lower through 2010. In contrast, the quantity seized at California POEs has gradually increased since 2005.⁵⁷
- **Heroin:** Heroin is smuggled across the border primarily in southern California. However, increased heroin seizures in Arizona during 2008 and in South Texas during 2010 indicate a potential increase in heroin smuggling through those areas.⁵⁸

j. Data through September 2010.

- **Marijuana:** Traffickers smuggle marijuana predominantly between POEs in Arizona rather than through official POEs. Seizures at and between POEs in Arizona have accounted for approximately 50 percent of the marijuana seized at the Southwest Border line every year since 2006.^k The Rio Grande Valley area in South Texas is also a primary crossing point for marijuana smugglers.⁵⁹
- **MDMA:** Large quantities of MDMA are not smuggled across the Southwest Border with regularity.⁶⁰
- **Methamphetamine:** Methamphetamine is primarily smuggled across the Southwest Border in southern California. Seizures of methamphetamine along the border declined sharply in 2007 but have increased every year since. Most of the increase has been recorded in southern California.⁶¹

Trains

Mexican-based TCOs are smuggling drugs in freight trains, but the level of the threat is unknown. Most seizures involving freight trains entering the United States from Mexico recorded between 2005 and 2010 involved marijuana.⁶²

- In December 2010, a multiagency investigation uncovered nearly 11 metric tons of marijuana being smuggled from Mexico through Eagle Pass (TX) to Chicago in a freight train.⁶³

k. Southwest Border line seizures are those seizures made at the U.S.–Mexico border, either at or between official POEs. In comparison, Southwest Border area seizures are those made at and between official POEs as well as in any Arizona, California, New Mexico, or Texas county that lies, at least in part, within 150 miles of the U.S.–Mexico border. Both data sets may include seizures made by federal, state, and local law enforcement authorities.

Tunnels

Despite enhanced detection efforts and better countermeasures, Mexican drug traffickers will continue to build tunnels under the Southwest Border. The deployment of improved sensor technologies has enabled law enforcement personnel to better detect unexplained voids; acoustic, gravitational, electronic, or seismic anomalies; and ground disturbances.⁶⁴ This improved technology, combined with the focus of resources on tunnel identification, resulted in the discovery of nearly a hundred tunnels under the U.S.–Mexico border between FY2005 and FY2010.

- Most tunnels discovered by law enforcement officials over the past several years were in Arizona and California.⁶⁵ Many tunnels were crudely built and were simple modifications of existing infrastructure, such as drainage systems.⁶⁶ However, some were quite elaborate. Two tunnels discovered in San Diego in late 2010 had advanced rail, electrical, and ventilation systems. One of the tunnels was half a mile long and reached a depth of 90 feet.⁶⁷
- Tunnels under the Southwest Border are not limited to Arizona and California. Investigators found the first man-made cross-border tunnel in El Paso in June 2010.⁶⁸

Ultralights

Mexican TCOs are increasingly avoiding Southwest Border security by smuggling illicit drugs using ultralight aircraft. Smuggling via ultralights has increased since 2008, with several hundred incidents reported in FY2010.⁶⁹ Most incidents occur in central Arizona and western New Mexico.⁷⁰ Loads can exceed 100 kilograms and mainly involve marijuana.⁷¹

- Traffickers use ultralights because they are relatively inexpensive and portable and are

capable of traveling in excess of 70 miles per hour. Also, it is often difficult for law enforcement officers to identify and interdict the aircraft before the operators deliver their contraband and return to Mexico.⁷²

Northern Border

MDMA and marijuana smuggling will remain the primary drug threats along the Northern Border. Ethnic Asian drug traffickers are responsible for much of the wholesale smuggling activity along the U.S.–Canada border.⁷³ OMGs, Indo-Canadian traffickers, and independent Caucasian groups are active but less prominent. Traffickers apparently prefer to cross loads at and, to a lesser extent, between POEs in Washington, Michigan, New York, and Vermont.⁷⁴ They also smuggle large quantities of MDMA and marijuana between POEs at locations such as the Akwesasne Indian Reservation in New York.⁷⁵ Air and sea routes are used to some extent, but not to the level of cross-border smuggling by land. Most of the smuggling on maritime vessels occurs in waterways off northwestern Washington.⁷⁶

- Significant quantities of cocaine are smuggled out of the United States into Canada, particularly through POEs in Washington.⁷⁷ Canadian authorities assess that the United States is one of the primary transit countries for cocaine destined for their country.⁷⁸

By Sea

The threat posed by maritime drug smuggling will not increase significantly outside the Southwest Border region in the near term. South American and Caribbean TCOs are responsible for most large-scale maritime shipments of drugs smuggled directly into the United States and Puerto Rico, but their role is not expected to increase any time soon. They typically smuggle cocaine, South American heroin, and marijuana into East Coast ports and Puerto Rico. Cocaine and marijuana

smugglers who choose to use maritime conveyances generally use cargo ships and maritime containers destined for ports in Florida, New Jersey, and New York.⁷⁹ Heroin traffickers use passengers and crew on commercial vessels, particularly cruise ships, to smuggle shipments into ports in South Florida.⁸⁰ Cocaine and lesser amounts of South American heroin are moved into Puerto Rico on ferries from the Dominican Republic.⁸¹ In addition, Caribbean traffickers use noncommercial vessels to smuggle cocaine and marijuana into South Florida from the Bahamas and to Puerto Rico from the Dominican Republic and islands in the Lesser Antilles.⁸²

- Illicit drug shipments are sometimes seized from commercial vessels transiting U.S. ports en route to non-U.S. markets, mainly Europe.⁸³
- Mexican drug traffickers use small non-commercial maritime vessels, commonly referred to as *lanchas* or *pangas*, to transport marijuana to the shores of South Texas and southern California.⁸⁴ This smuggling method may increase as land border security is strengthened along the U.S.–Mexico border.

By Air¹

The primary threat of drug smuggling to the United States on aircraft will continue to be from South American and Caribbean TCOs smuggling cocaine and South American heroin on commercial flights. South American and Caribbean traffickers smuggle cocaine and South American heroin on commercial airlines into East Coast airports such as JFK International and Miami International.⁸⁵ In most smuggling incidents, drugs are concealed in airline passengers' luggage, in mail parcels transported by airlines, or in air cargo.⁸⁶ In addition, some passengers conceal heroin by swallowing multiple latex pellets containing the drug.⁸⁷

- Drug smuggling in noncommercial aircraft into the United States is limited. In recent years, most of these operations involved Caribbean trafficking organizations smuggling cocaine from the Dominican Republic to the Bahamas and into south Florida.⁸⁸

1. Excludes the movement of illicit drugs to locations immediately over the Southwest Border.

DRUG-RELATED CRIME AND VIOLENCE IN THE SOUTHWEST BORDER REGION

NDIC is unable to confidently assess the trends in overall drug-related crime in the U.S. Southwest Border region. Violent infighting among rival Mexican TCOs largely remains on the Mexico side of the border. Isolated instances of crimes such as kidnappings and home invasion robberies directed against those involved in drug trafficking are reported in U.S. border communities. However, the available data are insufficient to support trend analysis—particularly an analysis of whether such crime is increasing. Furthermore, drug-related crimes—particularly crimes involving home invasions and kidnappings—are often not reported if the victims are involved in drug trafficking or fearful of deportation.

- Federal Bureau of Investigation (FBI) data show that overall violent crime rates in the southwestern states trended downward between 2007 and mid-2010, while overall property crime rates generally remained stable.⁸⁹

Levels of violence directed against federal law enforcement officers (LEOs) along the Southwest Border have remained relatively stable over the past 3 years, but surged in some areas and abated in others. The total number of assaults directed against border patrol agents along the Southwest Border remained practically unchanged between FY2009 (1,056) and FY2010 (1,049). However, sharp increases were recorded in the Tucson and El Paso Sectors, and there was a sharp decrease in the San Diego Sector. According to U.S. Customs and Border Protection (CBP), the assaults demonstrate the growing frustration of drug traffickers and alien smugglers faced with enhanced security initiatives along certain portions of the border.

- Nearly 82 percent of the assaults (categorized as physical, vehicle, and weapon assaults as well as “rockings”^m) against Border Patrol personnel in FY2010 occurred in four of the nine Southwest Border sectors (Tucson, El Centro, San Diego, and El Paso).
- Assaults against LEOs between POEs most often involve rockings (76 percent in FY2010) and generally appear to be intended to deter agents from seizing illicit drugs and illegal aliens; however, some occasionally result in injury or death. In December 2010, a U.S. Border Patrol agent was killed 10 miles north of the Arizona–Mexico border during a shootout with five suspects believed to be robbing illegal immigrants transiting the area.⁹⁰

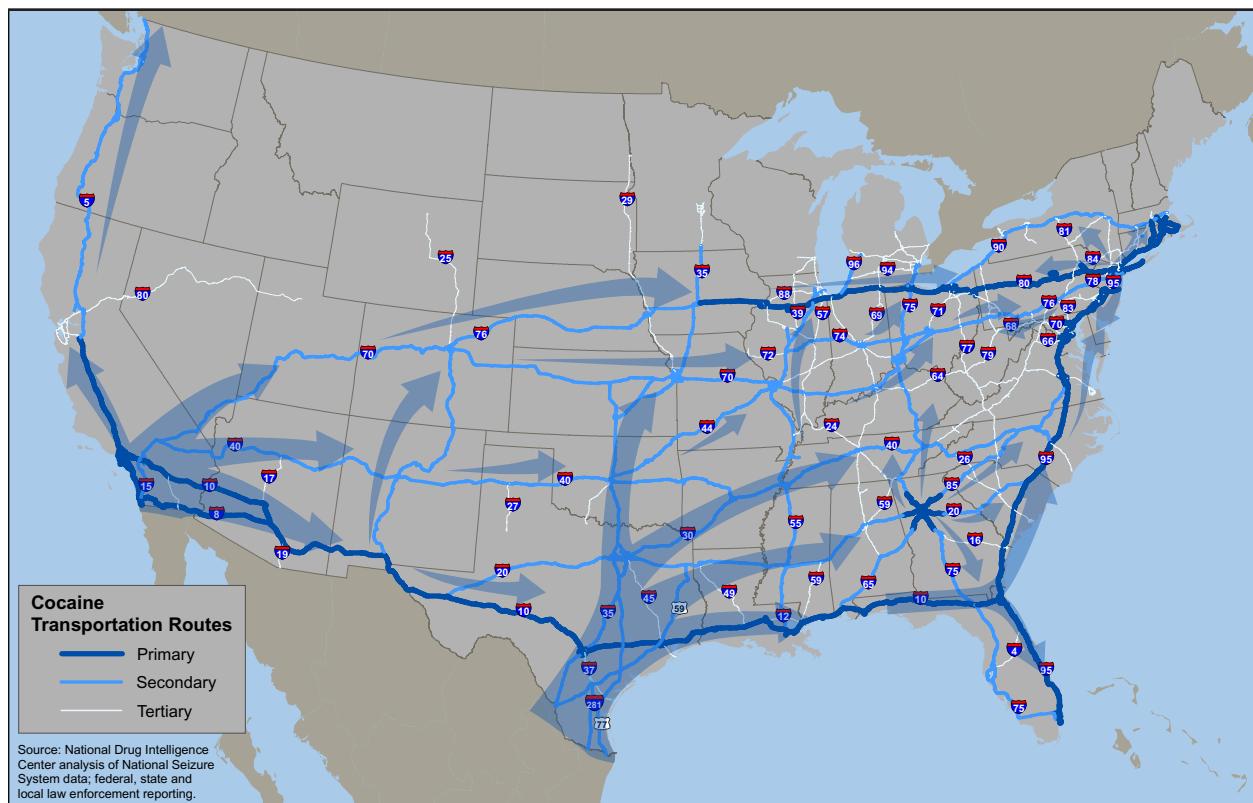
^m. Rocking is defined as drug or alien smugglers throwing rocks at Border Patrol agents with the intent of threatening or causing physical harm to them.

DRUG MOVEMENT WITHIN THE UNITED STATES

Private and commercial vehicles are the primary means used by traffickers to transport illicit drugs within the continental United States, and the traffickers favor particular routes to supply U.S. drug markets.⁹¹

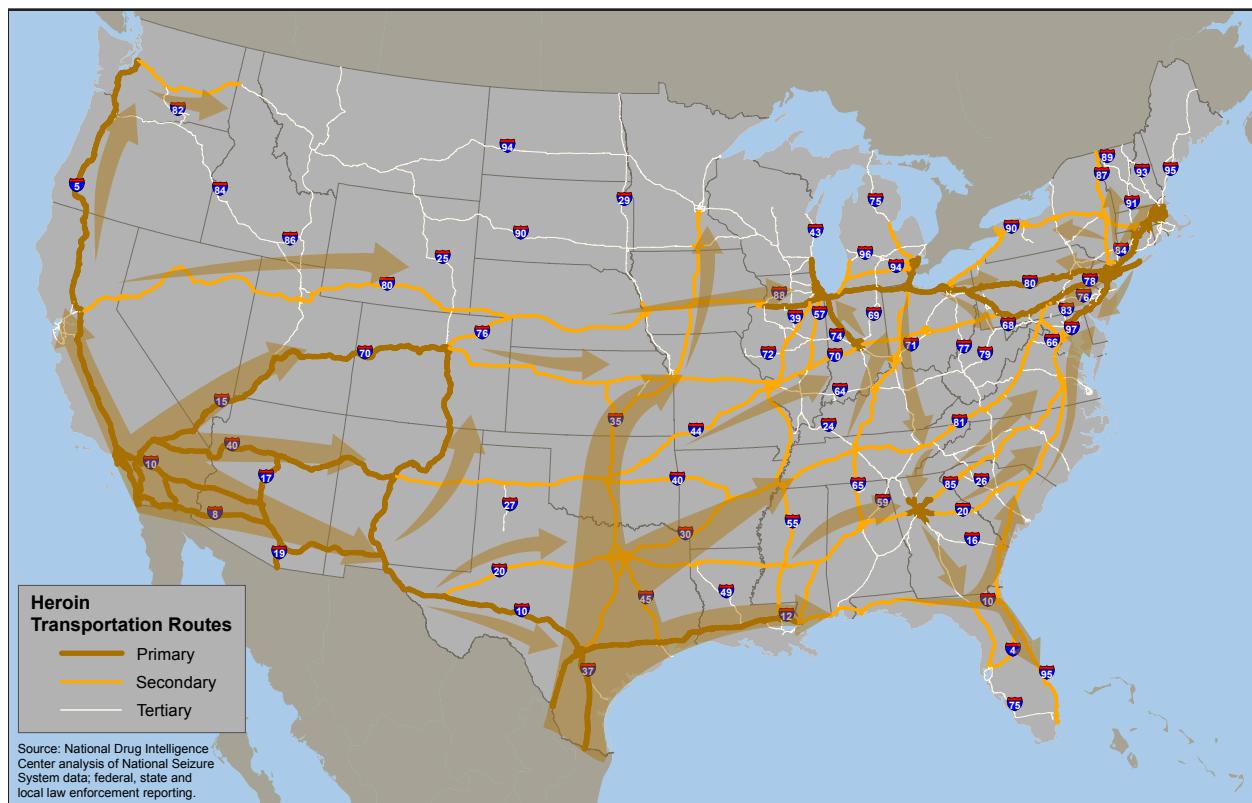
NDIC analysis of NSS⁹² and Consolidated Counterdrug Database⁹³ data as well as analysis of federal, state, and local law enforcement reporting reveals distinct patterns in the routes traffickers use to move wholesale quantities of illicit drugs from border entry points to major distribution areas.

The following maps illustrate NDIC's analytic assessment of the primary, secondary, and tertiary highway routes traffickers used between FY2008 and FY2010 to regularly transport significant wholesale quantities of illicit drugs. The size of the arrows indicates the incidence and volume of illicit drugs traffickers moved along the various roadways during the 2-year period. The maps do not cover every route used by traffickers to transport illicit drugs to every market but, rather, cover the most prominent routes.

Figure 2. Internal Cocaine Movement, FY2008–FY2010

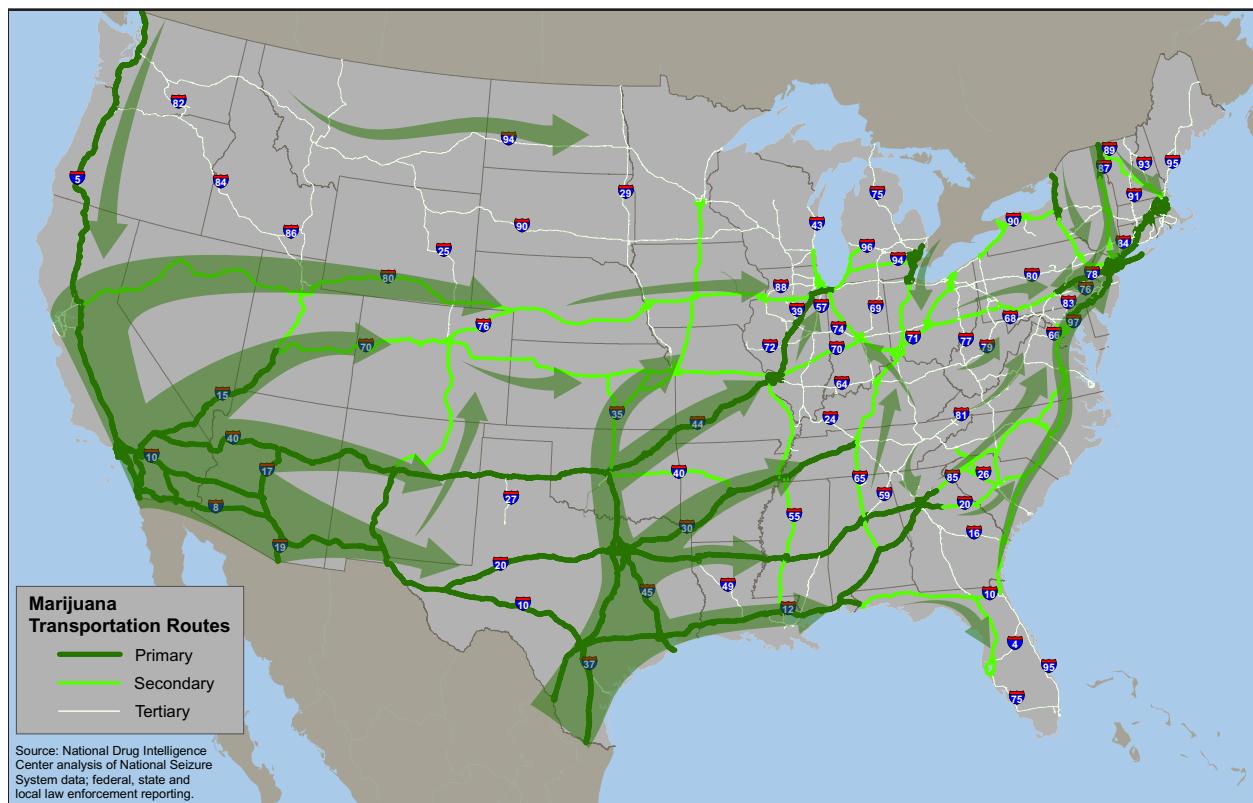
Cocaine

Southern California and South Texas are the primary entry points for cocaine, much of which is transported toward heavily populated cities in the eastern United States. Atlanta, in particular, has emerged over the past several years as a key wholesale cocaine distribution hub. Significant quantities of cocaine smuggled into California transit the Pacific Region for Canada. Colombian and Dominican TCOs still use maritime and commercial air conveyances to smuggle cocaine into New York City and Miami for distribution in some East Coast locales, but cocaine smuggled across the Southwest Border is increasingly being distributed in these markets.

Figure 3. Internal Heroin Movement, FY2008–FY2010

Heroin

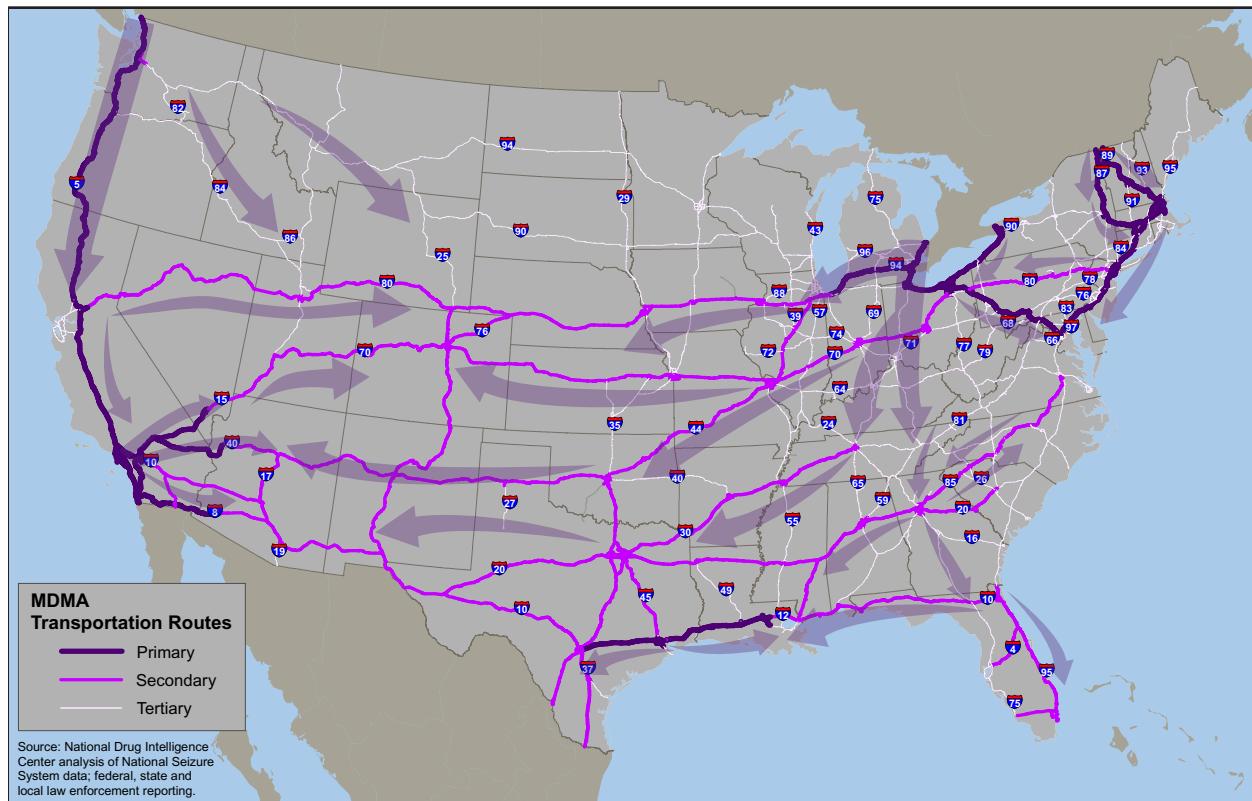
Mexican heroin enters the country primarily at crossing points in southern California, South Texas and, increasingly, Arizona. It is largely destined for western states, where it is preferred, but it is simultaneously being moved to eastern markets on a smaller but increasing scale. An increasing amount of South American heroin available in the United States is smuggled across the Southwest Border and subsequently shipped to East Coast markets, where it is sold along with South American heroin smuggled into Chicago, New York City, Miami, and other East Coast metropolitan areas by Colombian and Dominican TCOs.

Figure 4. Internal Marijuana Movement, FY2008–FY2010

Marijuana

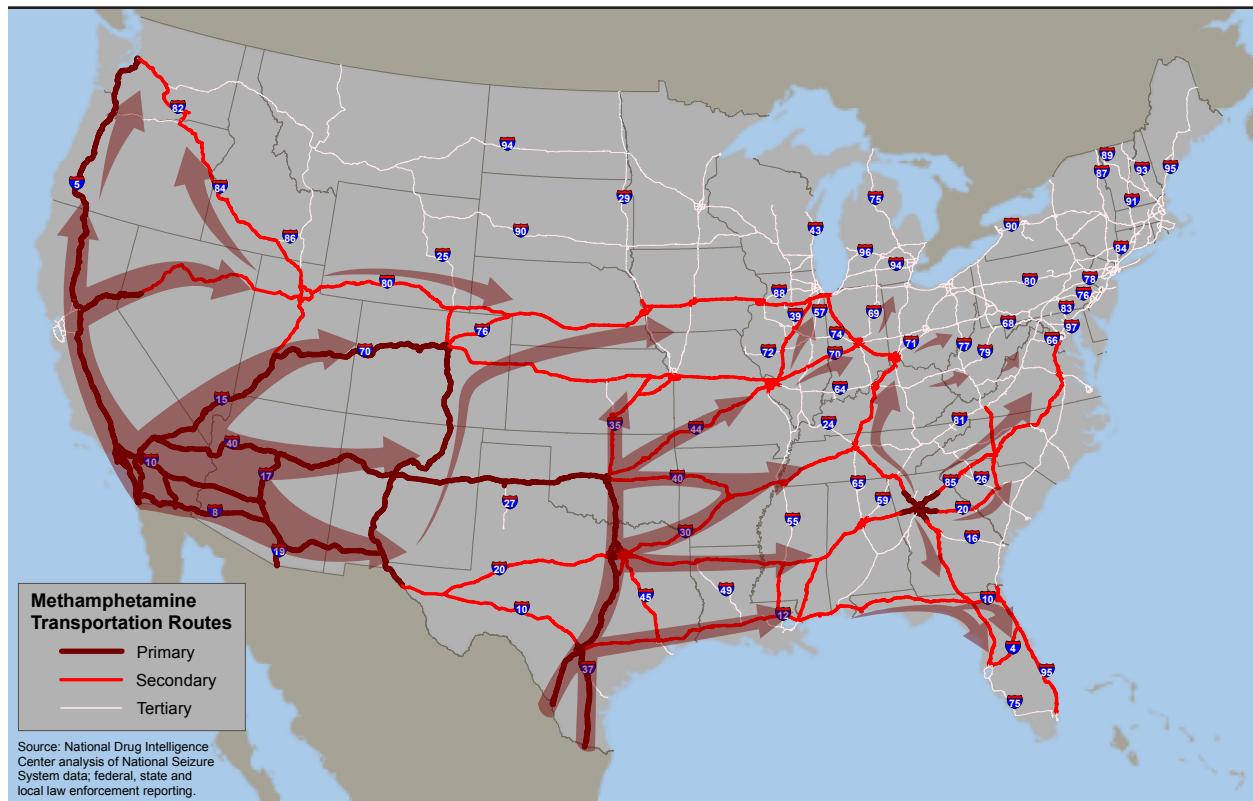
Mexico-produced marijuana enters the country primarily in Arizona, California, and South Texas, while high-potency Canadian marijuana is usually smuggled through and between POEs in Washington, Michigan, New York, and Vermont. Both forms of marijuana are distributed nationally. Similarly, domestically produced marijuana is transported from grow sites to markets nationwide.

Figure 5. Internal MDMA Movement, FY2008–FY2010



MDMA

MDMA is generally transported from POEs in Washington, Michigan, New York, and Vermont to markets throughout the United States.

Figure 6. Internal Methamphetamine Movement, FY2008–FY2010

Methamphetamine

Mexican traffickers supply drug markets in the western United States and, on a smaller but increasing scale, eastern drug markets with methamphetamine smuggled over the Southwest Border and with methamphetamine produced in California superlabs.ⁿ Methamphetamine crossing the Southwest Border is primarily smuggled through California and South Texas POEs. Methamphetamine produced in small domestic laboratory operations is usually consumed locally.

n. Superlabs are laboratories capable of producing 10 or more pounds of methamphetamine in a single production cycle.

DRUG AVAILABILITY IN THE UNITED STATES

The overall availability of illicit drugs in the United States is increasing. Heroin, marijuana, MDMA, and methamphetamine are readily available, and their availability appears to be increasing in some markets. Cocaine is widely available throughout the country, although at diminished levels since 2007. The availability of other drugs fluctuates at lower levels, as demonstrated by the emergence of synthetic cannabinoids and cathinones in a number of markets over the past few years.

Cocaine

The availability of cocaine will remain below pre-2007 levels^o over the near term. Intercartel fighting and counterdrug activity disrupted traffickers' ability to move cocaine from South America toward the United States. Decreased cocaine production in Colombia—down 43 percent from a potential 510 pure metric tons in 2006 to 290 pure metric tons in 2009—coupled with an increase in cocaine smuggling to non-U.S. markets, particularly Europe, has resulted in lower cocaine availability in U.S. markets. NDIC assesses that cocaine production levels will not increase sufficiently in 2011 to return U.S. availability to pre-2007 levels.⁹⁴

- Law enforcement officials in 24 of 51 key U.S. drug markets—primarily those east of the Mississippi River—reported cocaine availability below 2006 levels during the first 6 months of 2010.^p Investigators in five

^o Since the initial reporting of cocaine shortages in 38 U.S. cities during the first half of 2007, NDIC analysts have tracked indicators of domestic cocaine availability in 51 key U.S. regional drug markets, using 2006 as a baseline to examine the scope and extent of the shortages.

^p Field intelligence officers (FIOs) from NDIC contacted experts within law enforcement agencies in each of the 51 key U.S. drug markets. Each cocaine expert was interviewed with a standard list of questions provided by analysts at NDIC. The questions were designed to gauge cocaine availability within experts' jurisdiction.

markets west of the Mississippi reported cocaine availability above 2006 levels during the same period.⁹⁵

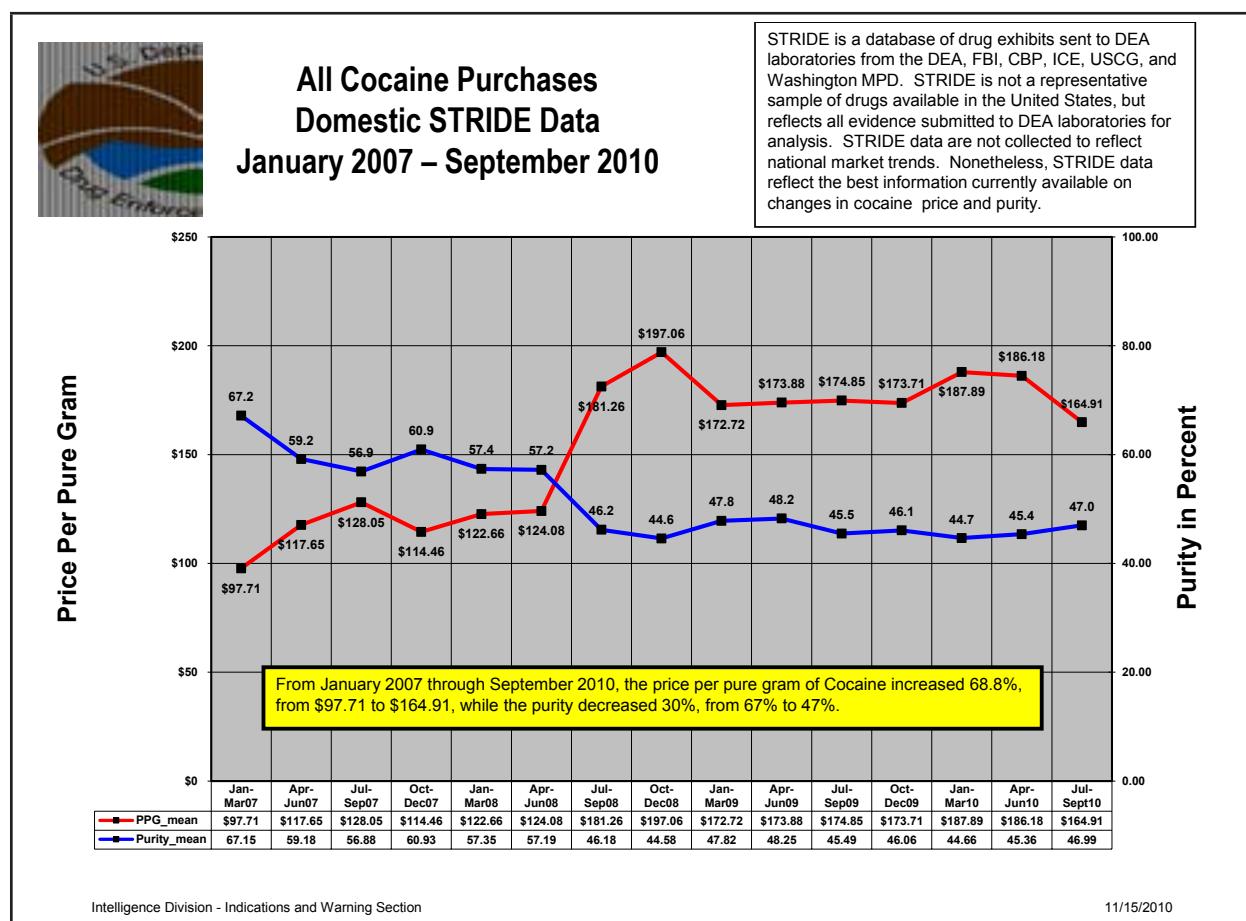
- Federal agencies seized at least 30 percent less cocaine in the continental United States in FY2009 and FY2010 than in FY2006 (see [Table B3 in Appendix B](#)).⁹⁶
- The price per pure gram of cocaine was 69 percent higher in the third quarter of 2010 than in the first quarter of 2007, according to the Drug Enforcement Administration (DEA) System to Retrieve Information from Drug Evidence^q (STRIDE); cocaine purity was 30 percent lower in the third quarter of 2010 than in the first quarter of 2007 (see [Figure 7 on page 25](#)).

Decreased cocaine availability has resulted in diminished levels of cocaine abuse.

- According to the 2009 NSDUH, the rate of past year cocaine use among respondents aged 12 and older declined from 2.5 percent in 2006 to 1.9 percent in 2009 (see [Table B4 in Appendix B](#)).⁹⁷ NSDUH data also show that the estimated number of individuals aged 12 and older who initiated cocaine use decreased from 977,000 in 2006 to 617,000 in 2009, the lowest level recorded since 1973.⁹⁸

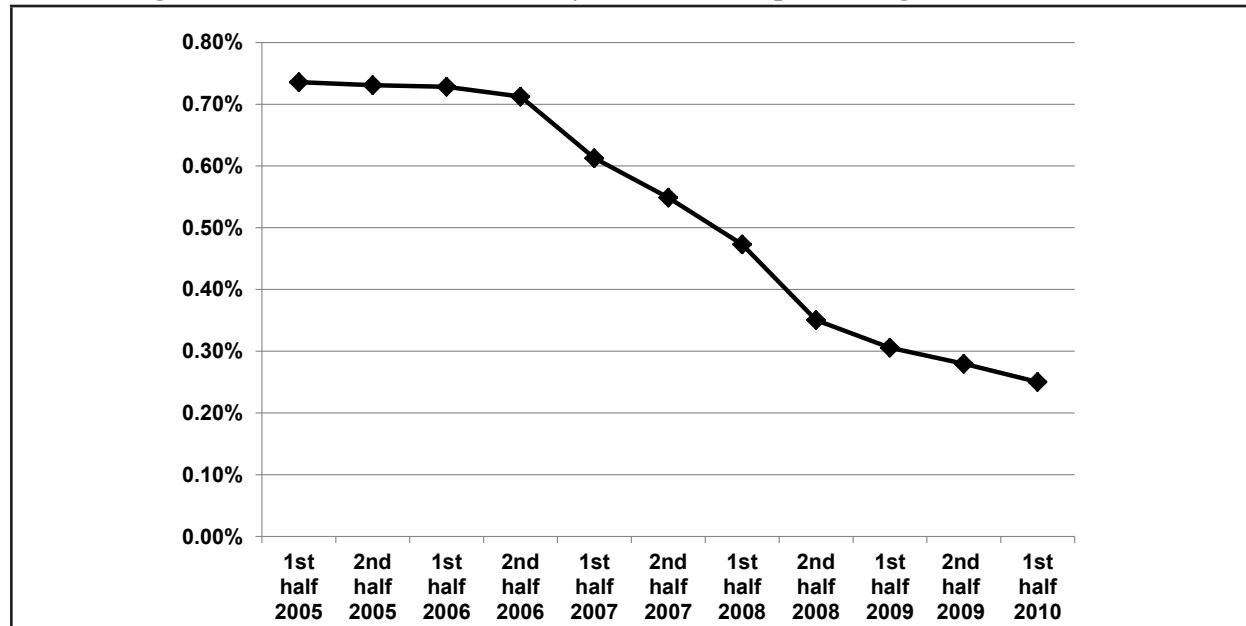
^q STRIDE is a database of drug exhibits sent to DEA laboratories from the DEA, FBI, CBP, U.S. Immigration and Customs Enforcement, U.S. Coast Guard, and Washington (DC) Metropolitan Police Department. STRIDE does not provide a representative sample of drugs available in the United States but reflects all evidence submitted to DEA laboratories for analysis. STRIDE data are not collected to reflect national trends; the data reflect the best available information on national-level changes in price and purity.

Figure 7. Cocaine Price and Purity Data



Source: Drug Enforcement Administration, System to Retrieve Information from Drug Evidence.

Figure 8. National Cocaine Positivity Rates in Workplace Drug Tests, 2005–2010*



Source: Quest Diagnostics, Incorporated.

*Through first half 2010.

Cocaine Cut with Levamisole

Colombian producers are adding levamisole to wholesale quantities of cocaine, possibly to compensate for diminished production. Analysts suspect that levamisole is preferred over lower-cost cutting agents because it is believed to enhance the effects of cocaine.

- According to the DEA Cocaine Signature Program (CSP),ⁱⁱ approximately 77 percent of all samples submitted to CSP in 2010 contained levamisole, as opposed to less than 10 percent of submissions in 2007, when decreased cocaine availability was first reported.
- The use of levamisole and other cutting agents is evident in CSP data showing that the average purity of kilogram quantities of cocaine declined from 85 percent in 2006 to 73 percent in 2010.
- Some cocaine abusers exposed to levamisole have been diagnosed with agranulocytosis.ⁱⁱⁱ However, reports of serious consequences are sporadic at best, as no national level data system records agranulocytosis cases among cocaine abusers.

- i. Levamisole is a pharmaceutical agent that is typically used for livestock deworming.
- ii. The CSP is an intelligence-deriving program that determines the geographic origin of cocaine and tracks trends in cocaine manufacturing and trafficking via in-depth forensic analyses of seized samples of cocaine and related substances. Currently, approximately 2,500 samples a year are analyzed.
- iii. Agranulocytosis is the destruction of bone marrow, making the body unable to effectively fight off life-threatening infections.

- MTF data show that the annual prevalence of cocaine use by twelfth graders declined significantly, from 5.1 percent in 2005 to 2.9 percent in 2010, the lowest percentage since 1999. Significant decreases occurred for tenth-grade students from 2005 to 2010 (see [Table B5 in Appendix B](#)).⁹⁹
- Quest Diagnostics Incorporated data indicate that the percentage of positive results for cocaine in workplace drug tests in the general workforce has declined steadily since 2006; the figure for the first 6 months of 2010 was the lowest recorded since 1997 (see [Figure 8 on page 25](#)).¹⁰⁰

Heroin

The availability of heroin in the United States—and the number of markets in which it is available—is increasing as a result of increased production in Mexico, even as Colombian production declines.¹⁰¹ The level of illicit poppy cultivation in Mexico was

second only to that in Afghanistan in 2009,^r potentially producing an estimated 50 metric tons of heroin ([see Table 2 on page 27](#)). The overwhelming bulk of the heroin produced in Mexico is destined for the United States.

- The increase in Mexican heroin production coupled with increased transportation of South American heroin by Mexican TCOs correlates with an increase in heroin seizures along the Southwest Border, the primary pipeline for U.S. heroin supplies ([see Table 3 on page 27](#)). In addition, these factors have likely contributed to increased heroin availability in some U.S. markets, including Illinois, Missouri, New York, North Carolina, Pennsylvania, and South Carolina.¹⁰²

^r In 2008, more poppy was cultivated in Burma (22,500 hectares) than in Mexico (15,000 hectares). As a result of greater opium yields per hectare of poppy in Mexico, there was greater potential heroin production.

Table 2. Potential Pure Heroin Production in Metric Tons, 2005–2009

	2005	2006	2007	2008	2009
Afghanistan	526.0	664.0	947.0	650.0	630.0
Burma	36.0	22.0	26.0	32.0	24.0
Colombia	NA	4.6	1.9*	NA	2.1
Laos	2.7	0.8	0.5	2.0	1.0*
Mexico	8.0	13.0	18.0	38.0	50.0
Pakistan	3.8	4.2	NA	3.0	NA

Source: U.S. Government estimate.

*Estimate is based on partial data.

NA—Not available

Table 3. Heroin Seized at Southwest Border Area and Commercial Air POEs, in Kilograms, 2004–2010

	2004	2005	2006	2007	2008	2009	2010
Southwest Border Area	386	228	489	365	557	798	945
Commercial Air POEs	909	739	529	424	469	321	660

Source: El Paso Intelligence Center, National Seizure System.

The availability of South American heroin is declining and will continue to do so as a result of sustained reduced poppy cultivation in Colombia. In 2009, an estimated 1,100 hectares^s of poppy were cultivated in Colombia—yielding a potential production of 2.1 metric tons of pure heroin.¹⁰³ This was the lowest level of cultivation recorded since official U.S. Government estimates began in 1995.

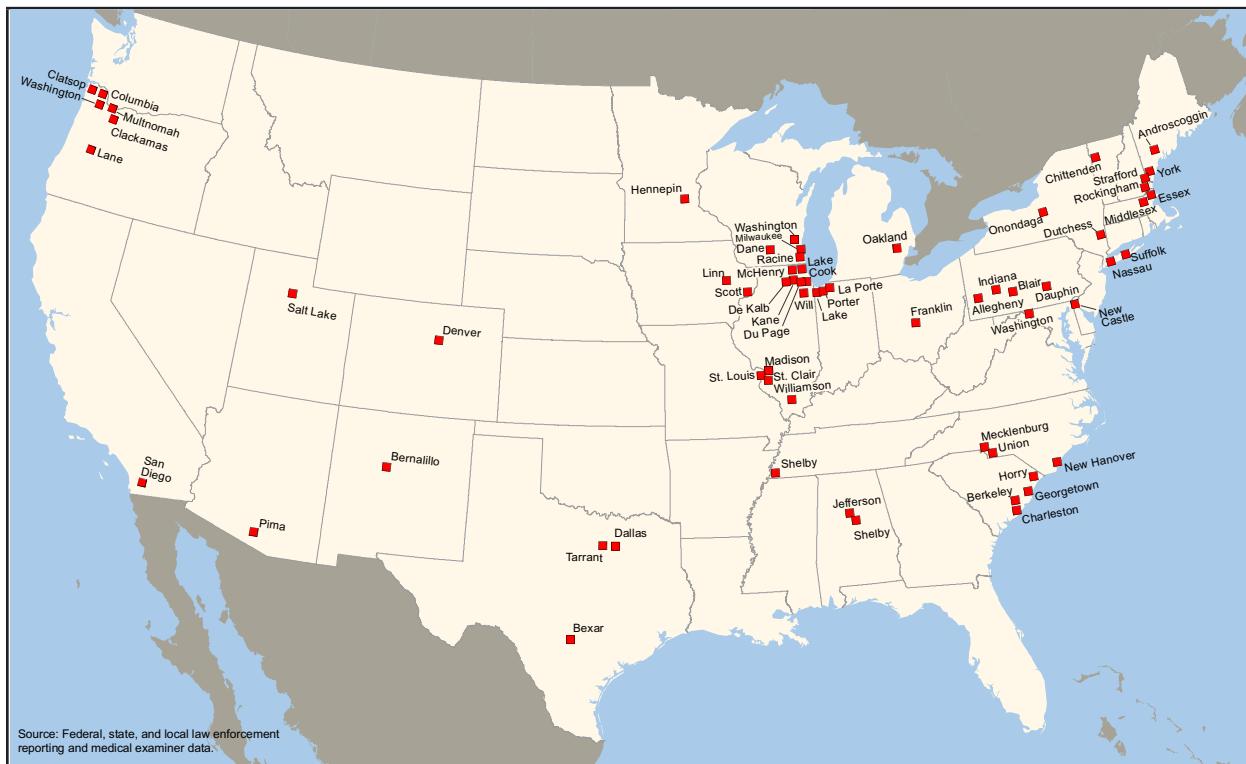
- Decreased production in Colombia correlates with a steady and significant decrease in the amount of heroin seized at U.S. airports—the route historically preferred by South American heroin smugglers—between 2004 and 2009 (see Table 3). The amount of heroin seized from commercial aircraft decreased from 909 kilograms in 2004 to 321 kilograms in 2009; however, heroin seizures rose substantially in 2010 (660 kg), reaching a 5-year high. The reason for this sharp increase is an intelligence gap.¹⁰⁴

Mexican black tar and brown powder heroin are becoming more widely available, including in East Coast markets historically dominated by white powder heroin. The eastward expansion of Mexican trafficking organizations has likely contributed to this increase in availability, representing the continuation of an ongoing trend or, possibly, a fundamental shift in heroin trafficking dynamics.

- Sizeable quantities of Mexican black tar heroin have been seized in Atlanta, Charlotte (NC), and Pittsburgh.¹⁰⁵
- Investigative reporting suggests that heroin producers in Mexico may be using Colombian processing techniques to create a white powder form of heroin; however, signature analysis has not confirmed the existence of this form of heroin. If true, this development likely portends intent on the part of Mexican TCOs to further expand into U.S. white powder heroin markets.

s. A hectare is approximately 2.47 acres.

Figure 9. Counties Reporting Increases in Heroin-Related Overdoses, 2008–2010ⁱ



i. The map depicts counties where heroin-related overdose (HRO) increases (fatal and nonfatal) were reported by law enforcement, medical examiners, or a combination of both. Some of the HROs occurred in one city within a county; however, the data are represented at the county level to avoid specifically identifying less populated cities and possible ongoing law enforcement operations. Furthermore, the counties listed on the map are not all-inclusive. They were selected based on data suggesting that HROs increased sometime during the 2008 to 2010 period. Cities in additional counties may also have experienced HRO increases; however, the data were not available for the purposes of this map. Additionally, the map depicts only counties where HROs increased. Thus, it is possible that HROs remained stable or decreased in counties not depicted on the map during the same period.

Some cocaine distributors are switching to heroin sales because of the continuing cocaine shortage and the higher availability of heroin. This trend has increased the accessibility of heroin to existing users and created new users in some markets, particularly in the Northeast and Mid-Atlantic regions.¹⁰⁶ As a result, some drug abusers have experimented with heroin when their primary drug of choice—crack or powder cocaine—was not available,¹⁰⁷ and some cocaine users seem willing to switch to heroin despite significant differences between the two drugs.

The increase in heroin availability has resulted in an increase in heroin-related overdoses (HROs) in several locations throughout the United States.¹⁰⁸ New users frequently overdose because they are unfamiliar with their tolerance levels; users resuming heroin use after prolonged absences often restart at their prior dosage level, even though their tolerance may have declined in the interim.¹ Anecdotally, some of the new users are CPD abusers switching to heroin because it is cheaper.

- Increased HROs have been reported in cities in more than 60 U.S. counties spanning at least 30 states across the nation (see Figure 9).

t. This is particularly true when heroin purity increased during the return-user's period of discontinued use.

Table 4. Cannabis Cultivation and Potential Marijuana Production in Mexico, 2005–2009

	2005	2006	2007	2008	2009
Net Cultivation (hectares)	5,600	8,600	8,900	12,000	17,500
Potential Production (metric tons)	10,100	15,500	15,800	21,500	NA

Source: United States Government estimate.

NA—Not available

Table 5. Number of Plants Eradicated from Indoor and Outdoor Sites in the United States, 2005–2010

	2005	2006	2007	2008	2009	2010
Indoor	270,935	400,892	434,728	450,986	414,604	462,419
Outdoor	3,938,151	4,830,766	6,599,599	7,562,322	9,980,038	9,866,766
Total	4,209,086	5,231,658	7,034,327	8,013,308	10,394,642	10,329,185

Source: Domestic Cannabis Eradication/Suppression Program.

The availability of Southwest Asian and Southeast Asian heroin will remain limited in the United States for the foreseeable future. Although Afghanistan produced an estimated potential 630 pure metric tons of heroin in 2009, most Southwest Asian heroin is destined for Europe, Russia, Canada, Iran, and China.¹⁰⁹

Marijuana

The availability of marijuana is high in the United States. This is due to steady marijuana production in Mexico¹¹⁰—the primary foreign source of marijuana. Further, NDIC believes that high and increasing levels of domestic eradication could be one indicator of increasing domestic production, fueling availability.^u In contrast, imports of high-grade marijuana from Canada appear to be decreasing as producers shift operations to the U.S. side of the border.¹¹¹

u. The amount of marijuana cultivated in the United States is determined by three factors: domestic cannabis eradication totals, cannabis plant yield estimates, and the effectiveness of cannabis eradication. Estimates vary greatly with respect to each of these critical factors. Therefore, a true and accurate estimate of the amount of cannabis not eradicated within the United States is not possible.

- An estimated 12,000 hectares of cannabis were cultivated in Mexico, and approximately 21,500 metric tons of marijuana were potentially produced during 2008, compared with just 5,600 hectares and 10,100 metric tons in 2005. This estimate represents a 113 percent increase in potential marijuana production since 2005 and a 36 percent increase since 2007 (see Table 4).
- During 2008 and 2009, the Government of Mexico (GOM) de-emphasized eradication in favor of focusing counternarcotic resources on interdiction and the targeting of TCO leadership. This change in focus has resulted in less cannabis eradication and potentially more marijuana production.¹¹²
- Significantly more marijuana was seized entering the United States from Mexico during 2009 and 2010 than in prior years (see Table B3 in Appendix B).

Domestic marijuana production is expansive and increasing, especially cultivation by organized groups. The increase in domestic cultivation is fueled by high profitability and demand.

- According to the Domestic Cannabis Eradication/Suppression Program (DCE/SP), a near record 10.3 million plants were eradicated nationally in 2010—approximately 2 million more than in 2008 (see Table 5 on page 29).
- Marijuana production requires little investment and produces large profits; marijuana costs approximately \$75 per pound to produce^v and can be sold for up to \$6,000 per pound at the wholesale level, depending on the quality of the processed marijuana.

Outdoor cannabis cultivation on public lands is increasing.

- Data from the U.S. Forest Service (USFS) and Department of Interior (DOI) indicate that a combined total of 4,571,577 plants (44 percent of all cannabis eradicated nationally) were eradicated from federal lands during 2010.
- According to the USFS, the number of plants eradicated from national forests increased dramatically in each of the past 5 years, reaching a new record for eradication in 2010 (3,549,641 plants). Moreover, the number of national forests where grow sites were eradicated increased from approximately 55 forests in 2008 to 59 forests in 2009.
- National forests in California account for the largest plant eradication total from public lands in any region. These national forests also account for the largest increase in the number of eradicated plants on public lands. This increase is in part due to intensified outdoor eradication operations, such as Operation Save Our Sierras in California in 2009 and Operation Trident in 2010.

^v. Estimate is based on figures provided by the Central Valley High Intensity Drug Trafficking Area (HIDTA) and a 500-plant Mexican-operated outdoor grow site and includes initial setup and labor costs. It assumes the DEA estimate of 1 pound of processed marijuana per plant.

In 2010, almost all (3,101,765 of 3,549,641 plants) of the cannabis eradicated from national forests was eradicated from 16 national forests in California.

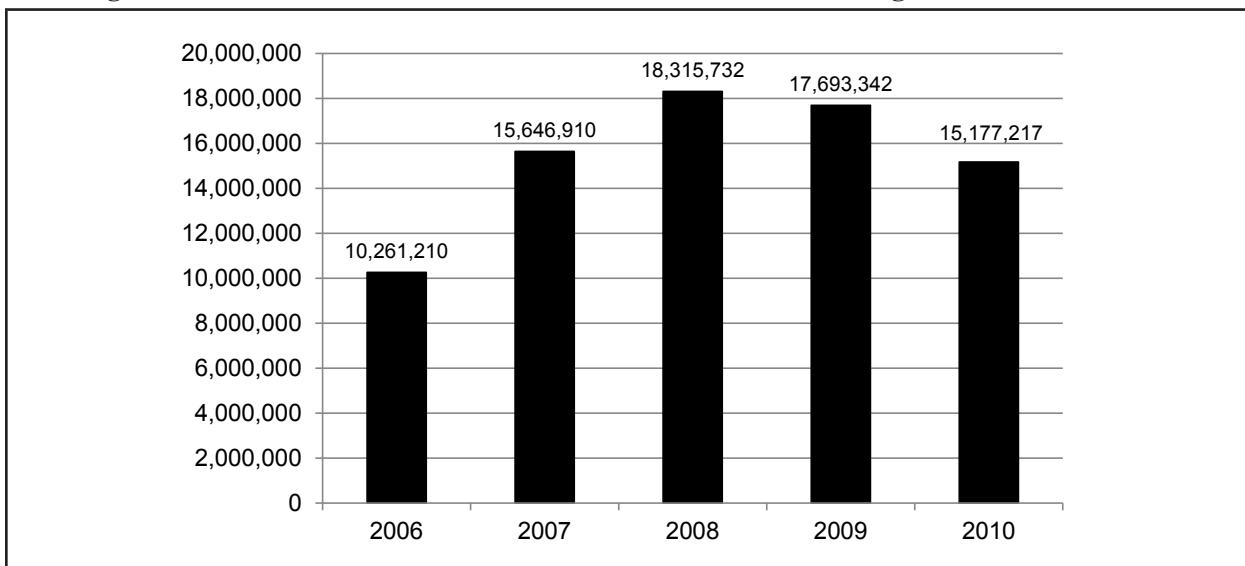
MDMA

High levels of MDMA production by Canada-based ethnic Asian criminal organizations, and increased MDMA trafficking by Mexican TCOs, have increased the availability of MDMA in the United States. As a result, the drug is readily available in markets throughout the United States, and its availability is increasing in some areas, particularly in the Great Lakes, New York/New Jersey, Southwest, and Pacific OCDETF Regions.¹¹³

- In 2010, 52.3 percent of NDTS respondents indicated a moderate to high level of MDMA availability in their jurisdiction, compared with 51.5 percent in 2009.
- Seizure data show high levels of MDMA seizures in the United States since FY2007. In FY2010, more than 15.1 million MDMA tablets were seized in the United States (see Figure 10 on page 31).

*Canada-based ethnic Asian TCOs are—and should remain—the primary suppliers of MDMA to the United States, producing tens of millions of tablets for the U.S. market.*¹¹⁴

- The amount of MDMA seized along the Northern Border increased overall from more than 1.9 million tablets in FY2006 to more than 3.9 million tablets in FY2010, the greatest amount seized in the past 5 years. The number of MDMA seizures per fiscal year along the Northern Border shows a significant increase from FY2006 through FY2010. In addition, the average load size of these seizures continues to increase.¹¹⁵

Figure 10. MDMA Seizure Amounts in the United States, in Dosage Units, FY2006–2010

Source: National Seizure System data, run date November 5, 2010.

- MDMA traffickers are smuggling significant quantities of MDMA between POEs along the Northern Border. These seizures accounted for 28 percent of all Northern Border MDMA seizures in FY2009 and 11 percent in FY2010.¹¹⁶

MDMA production in the United States is increasing, although it is on a much smaller scale than production in Canada.¹¹⁷

- Eleven MDMA laboratories were seized in the United States in 2009; none were seized in 2008.¹¹⁸ Preliminary data indicate that two laboratories were seized in 2010,¹¹⁹ including a laboratory seized by law enforcement officials in the San Gabriel Valley area of Los Angeles in July 2010. This laboratory was capable of producing large quantities of MDMA, and the location at which it was housed served as a stash house and the base of operations for the organization producing the drug. Law enforcement officials also seized 510,000 MDMA tablets at a storage facility that was used as a second stash house by the organization operating the laboratory and 200,000 MDMA tablets at a third stash location.¹²⁰

NDIC assesses that Mexican-based TCOs are increasing their involvement in MDMA distribution within the United States.

- In 2009, more than 200 federal, state, local, and foreign law enforcement agencies coordinated by DEA's Special Operations Division seized approximately 1.5 million tablets of MDMA during Operation Xcellerator—an investigation that targeted the Sinaloa Cartel.¹²¹
- A review of seizure data shows increased MDMA trafficking activity in the Southwest Border region.^w In FY2010, 1,545,607 MDMA tablets had been seized in the Southwest Border region, compared with 547,707 tablets in FY2009. The largest increase in seizures occurred in California, particularly in the Orange County and San Diego areas.¹²²

w. The Southwest Border region comprises the land areas of Arizona, California, New Mexico, and Texas that are within 150 miles of the U.S.–Mexico border.

NDIC assesses with moderate confidence that MDMA use is increasing, reaching the highest levels of use since 2002.

- NSDUH data show that past year MDMA use by individuals 12 or older increased from 0.9 percent in 2007 to 1.1 percent in 2009. The largest increase was among young adults (18 to 25 years of age), rising from 3.5 percent in 2007 to 4.3 percent in 2009 (see Table B4 in Appendix B).¹²³
- MTF 2010 data show a significant rise in past year use of MDMA among eighth and tenth graders (see Table B5 in Appendix B).¹²⁴

Methamphetamine

High levels of production in Mexico along with an increase in the number of domestic manufacturing operations have combined to make methamphetamine readily available throughout the United States. Methamphetamine production in Mexico is robust and stable, as evidenced by recent law enforcement reporting, laboratory seizure data, an increasing flow from Mexico, and a sustained upward trend in Mexican methamphetamine availability in U.S. markets. Law enforcement and intelligence reporting, as well as seizure, price, and purity data, indicate that the availability of methamphetamine in general is increasing in markets in every region of the country.

- Methamphetamine prices have declined steadily since peaking in 2007; purity levels have increased concurrently (see Figure 11 on page 33).
- Methamphetamine seizure rates inside the United States and along the U.S.–Mexico border have increased markedly since 2007 (see Table B3 in Appendix B).

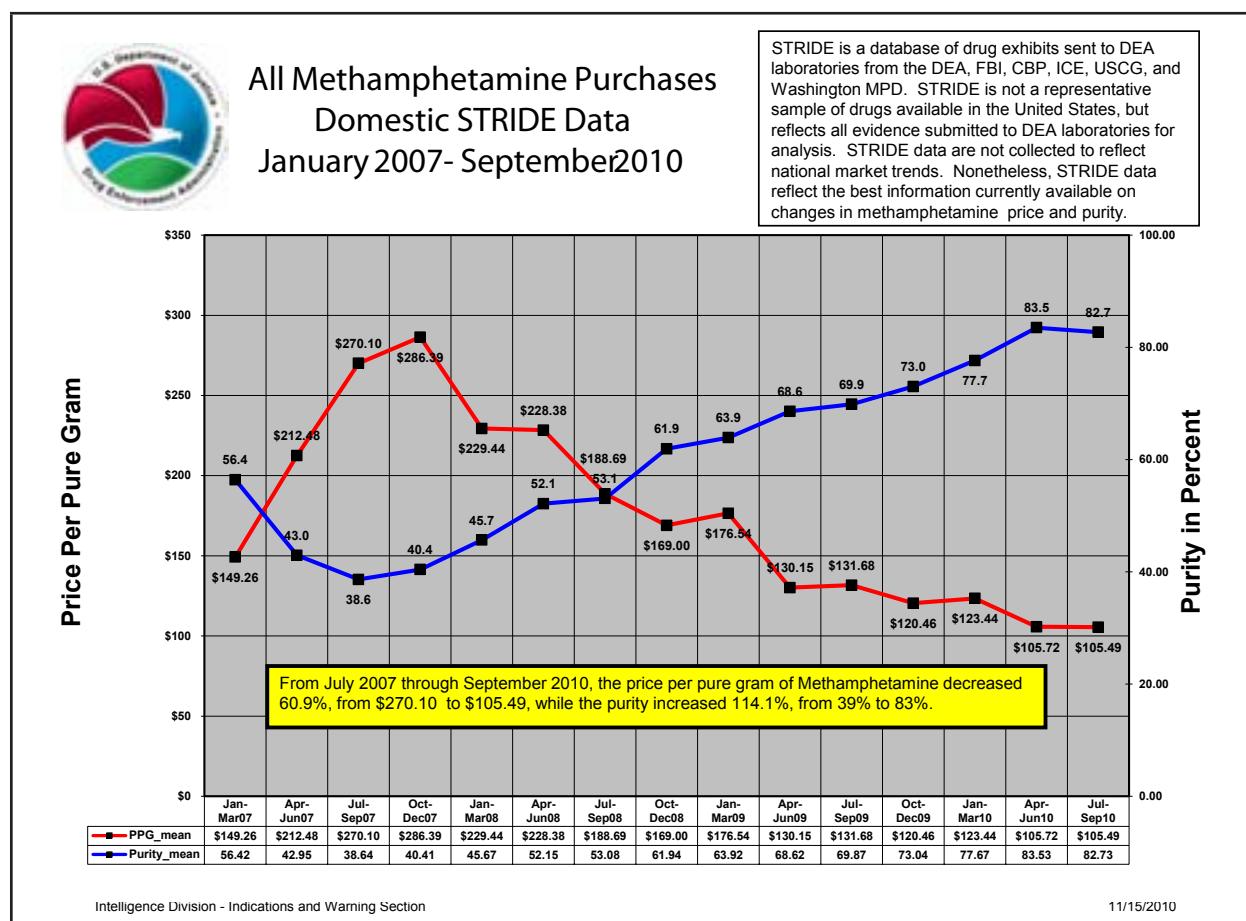
Mexico remains the primary source of the U.S. methamphetamine supply. Manufacturers are maintaining high levels of production

while adapting to strong GOM precursor chemical control laws.

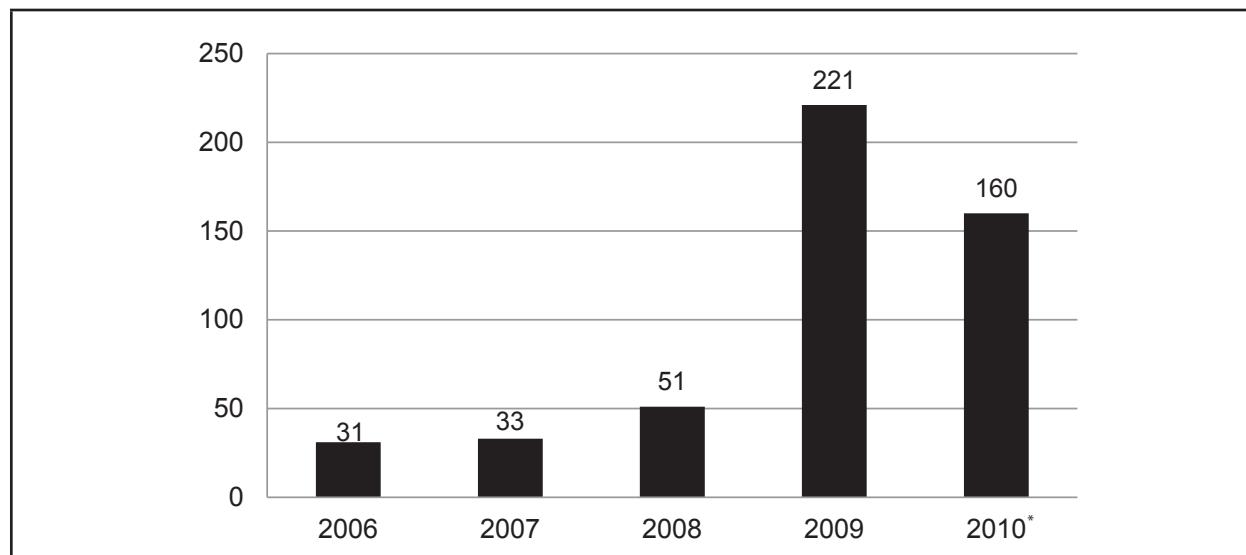
- GOM precursor chemical controls temporarily disrupted major chemical supply chains to Mexican methamphetamine producers beginning in 2006. However, by adapting production methods and operating procedures and by diversifying chemicals and chemical smuggling routes, Mexican-based TCOs restored some precursor chemical supply lines. By mid-2009, an overall resurgence in methamphetamine production in Mexico was apparent.
- Data through December 2010 indicate that the pace of laboratory seizures in Mexico for 2010 was approaching the historically high rates recorded in 2009 (see Figure 12 on page 33).

Rates of domestic methamphetamine production, particularly in small-scale laboratories, will remain high in 2011, even as availability of Mexico-produced methamphetamine increases. Small-scale methamphetamine production is most prevalent in rural areas of the Florida/Caribbean, Great Lakes, Southeast, and West Central OCDETF Regions (see Table 6 on page 34), where Mexican-based TCOs have not established methamphetamine distribution networks. While small-scale domestic laboratories account for only a small portion of the U.S. supply, their emergence tends to stimulate the growth of new markets where the drug was previously unavailable.

- The number of reported domestic methamphetamine laboratory seizures in 2010 (6,768) represents a 12 percent increase over the total number of methamphetamine laboratories seized in 2009 (6,032). However, the increase is markedly less than that realized each year since 2007 (see Figure 13 on page 34).¹²⁵

Figure 11. Methamphetamine Price and Purity Data

Source: Drug Enforcement Administration, System to Retrieve Information from Drug Evidence.

Figure 12. Methamphetamine Laboratory Seizures in Mexico, 2006–2010*

Source: Secretariat of National Defense, Government of Mexico, through Drug Enforcement Administration.

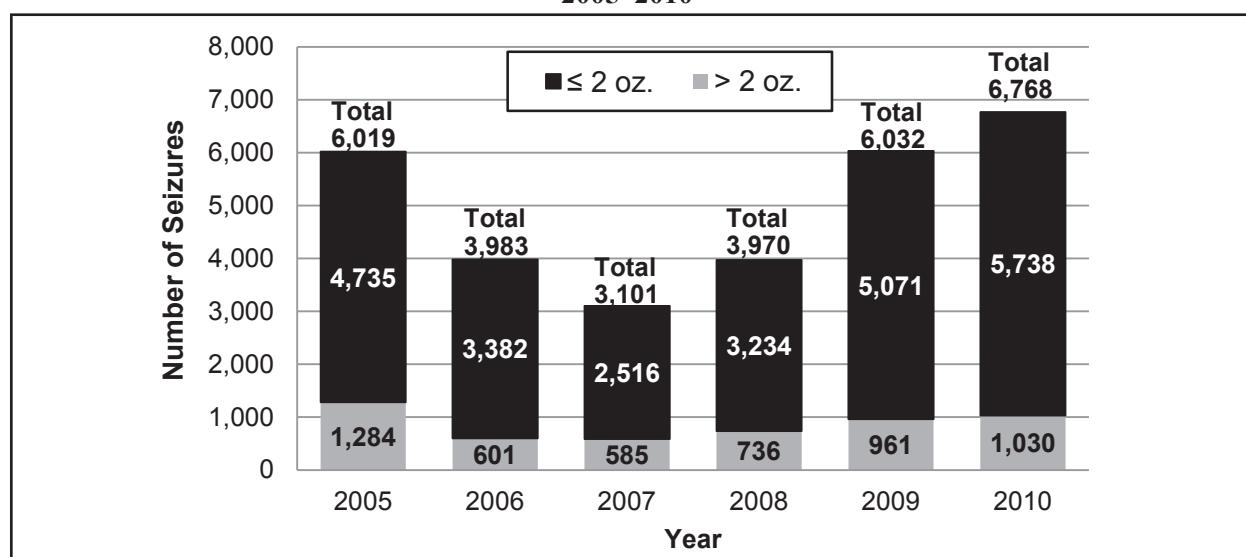
*2010 data as of June 1, 2011.

Table 6. Reported Methamphetamine Laboratory Seizures by OCDETF Region, 2005–2010*

	2005	2006	2007	2008	2009	2010
Florida/Caribbean	200	104	108	97	257	249
Great Lakes	1,343	951	800	1,012	1,796	2,015
Mid-Atlantic	182	108	55	66	82	134
New England	17	10	6	2	9	11
New York / New Jersey	22	35	12	15	12	26
Pacific	582	259	168	127	124	117
Southeast	1,705	1,362	1,061	1,545	2,030	2,521
Southwest	529	366	202	295	575	437
West Central	1,439	788	689	811	1,147	1,258
Grand Total	6,019	3,983	3,101	3,970	6,032	6,768

Source: Drug Enforcement Administration, National Seizure System.

*Data as of July 7, 2011.

Figure 13. Reported Methamphetamine Laboratory Seizures in the United States, by Capacity, 2005–2010*

Source: Drug Enforcement Administration, National Seizure System.

*Data as of July 7, 2011.

- An increasing number of methamphetamine laboratories seized in the United States are small-scale operations capable of producing less than 2 ounces of the drug per production cycle (see Figure 13 on page 34). At least 81 percent of the laboratories seized every year since 2006 were small-scale. Most of the remaining laboratories seized were also relatively small, with capacities between 2 and 8 ounces per production cycle.¹²⁶
- The apparent increase in the number of small-scale methamphetamine laboratories is the result of the ability of methamphetamine producers to circumvent federal, state, and local laws to obtain the necessary quantities of pseudoephedrine and ephedrine and of local producers switching to the “one-pot” or “shake-and-bake” method to make the drug for personal use and localized distribution during supply disruptions.

Methamphetamine producers in the United States rely on “smurfing”^x operations to obtain pseudoephedrine for small- and large-scale methamphetamine laboratories. These operations vary in size and sophistication, from one or two individuals operating their own laboratories to groups that sell pseudoephedrine to brokers who supply larger laboratory operations.

- Law enforcement reporting from the Pacific, Southeast and Southwest Regions indicates the presence of sophisticated smurfing operations. Members of these groups—which range in size from approximately 30 to 100 individuals—travel throughout their regions using false identifications to obtain pseudo-

x. Pseudoephedrine smurfing is a method methamphetamine traffickers use to acquire large quantities of precursor chemicals. Producers purchase the chemicals in quantities at or below legal thresholds from multiple retail locations and often enlist the assistance of several friends or associates in smurfing operations to increase the speed of the smurfing operation and the quantity of chemicals acquired. Smurfs typically use several different false identifications to purchase pseudoephedrine in multiple names.

ephedrine and other precursor chemicals. The groups then sell the pseudoephedrine to brokers, who in turn sell the pseudoephedrine to methamphetamine producers.

*Despite federal and state pseudoephedrine sales restrictions in the United States, the overall incidence of smurfing has increased, facilitating the concurrent rise in domestic methamphetamine production between 2007 and 2010.*¹²⁷

- Law enforcement officials from every region of the country report that the pseudoephedrine used for methamphetamine production in their areas can be sourced to local and regional smurfing operations. Conversely, smurfing activity decreased in Oregon and Mississippi—the only two states to make pseudoephedrine and ephedrine Schedule III controlled substances, which require a doctor’s prescription to purchase them. In Oregon, where the law has been in effect since 2006, methamphetamine laboratory seizures declined from 136 in 2005 to 8 in 2009.¹²⁸ Mississippi’s law has been in effect only since July 1, 2010; thus, laboratory seizure data are incomplete. However, law enforcement reporting from the Jackson County (MS) Narcotic Task Force^y indicates a decrease in methamphetamine production and methamphetamine-related arrests in the task force’s area of responsibility since the law’s passage.¹²⁹

Rates of methamphetamine abuse appear to be increasing. The number of individuals initiating methamphetamine use rose substantially in 2009, although rates of past year use were relatively stable.

y. The Jackson County Narcotics Task Force is a multijurisdictional unit in southeastern Mississippi consisting of officers from the Ocean Springs, Moss Point, Gautier, and Pascagoula Police Departments and the Jackson County Sheriff’s Office.

- The estimated number of individuals aged 12 or older initiating methamphetamine use increased more than 60 percent between 2008 (95,000) and 2009 (154,000), according to NSDUH. Rates of past year use among this cohort also increased, though less dramatically—from 0.3 to 0.5 percent.¹³⁰

Other Synthetics

The abuse of synthetic cannabinoids and synthetic stimulants—and the increasing availability of the drugs—have emerged as serious problems in the United States over the past few years. Retailers obtain synthetic drugs not specifically scheduled under the Controlled Substances Act (CSA) or state or local legislation from foreign manufacturers and deceptively market them as legitimate items such as incense, plant food, or bath salts. The drugs are sold primarily over the Internet and in paraphernalia shops, tobacco and smoke shops, adult stores, convenience stores, and gas stations.

- Synthetic cannabinoid products—initially marketed as “legal alternatives to marijuana”—emerged in the U.S. drug market in 2008. Synthetic cannabinoid related calls to poison control centers have trended upward since 2009.¹³¹ At least 500 different synthetic cannabinoids have been developed for research purposes; to date at least 25 have been identified in commercial products—for example, brands such as “K2” and “Spice.”¹³²

- Products containing MDPV (3,4 methylenedioxypyrovalerone)—marketed as “legal alternatives to cocaine or Ecstasy (MDMA)” —emerged in the U.S. designer drug market during 2009. Such products have caused users throughout the country to experience severe adverse effects, and the number of calls to U.S. poison control centers related to them has trended upward.¹³³ Alternate lifestyle retail establishments often sell these products labeled as “bath salts.”

Emergency Scheduling of Synthetic Cannabinoids

On March 1, 2011, DEA exercised its emergency scheduling authority to temporarily control five synthetic cannabinoids (JWH-018; JWH-073; JWH-200; CP-47, 497; and cannabicyclohexanol) as Schedule I controlled substances.¹³⁴ Except as authorized by law, the action makes possessing and selling these chemicals or products that contain one or more of these chemicals (typically adulterated plant material sold as herbal incense) illegal in the United States for at least 1 year while the DEA and Health and Human Services (HHS) study whether the chemicals should be permanently controlled under Schedule I of the CSA.ⁱ

i. This rule-making does not preempt or modify any provision of state law, impose enforcement responsibilities on any state, or diminish the power of any state to enforce its own synthetic cannabinoid laws.

CONTROLLED PRESCRIPTION DRUGS

The abuse of CPDs constitutes a problem second only to the abuse of marijuana in scope and pervasiveness in the United States; the problem is particularly acute among adolescents.

- Approximately 7 million individuals aged 12 or older (2.8% of the age group) were current nonmedical users of CPDs^z in 2009, according to NSDUH data.¹³⁵ This represents a 12 percent increase from 2008 (6.2 million, or 2.5% of individuals aged 12 or older) and a resumption of the rate of abuse recorded in 2007 (6.9 million, or 2.8% of individuals aged 12 or older). The 2008 to 2009 increase was attributable to small, but statistically significant, increases in stimulant^{aa} (0.4% to 0.5%) and sedative (0.09% to 0.15%) abuse as well as a larger, but statistically insignificant, increase in pain reliever abuse (1.9% to 2.1%).
- Adolescents had a significantly higher rate of nonmedical use of pain relievers than the overall population. Current nonmedical use of pain relievers increased from 2.3 percent of 12 to 17 year olds in 2008 to 2.7 percent in 2009, according to NSDUH data.¹³⁶
- MTF data show that past year Vicodin use^{ab} among twelfth graders decreased from 9.7 percent in 2009 to 8.0 percent in 2010. Past year use among tenth graders decreased from 8.1 percent to 7.7 percent, while the rate among eighth graders was 2.5 percent in 2009 and 2.7 percent in 2010. Only the change for twelfth graders was significant.¹³⁷

^z The NSDUH category of psychotherapeutic drugs consists of pain relievers, tranquilizers, stimulants, and sedatives. Current use is defined as use within the past 30 days.

^{aa} The stimulant category included not only prescription stimulants but also illicit methamphetamine for which current abuse among those aged 12 and older increased from 0.1 percent to 0.2 percent from 2008 to 2009.

^{ab} Current use of Vicodin is not given.

The negative consequences associated with CPD abuse, including overdose deaths and ED visits, have increased substantially. The increase is partly because individuals (with or without legitimate prescriptions) take the drugs in combination with other controlled or noncontrolled prescription drugs, illicit drugs, or alcohol.¹³⁸

- Opioid pain relievers are the most widely misused or abused CPDs and are involved in most CPD-related unintentional poisoning deaths. In 2007, 11,528 people died in the United States from unintentional opioid analgesic overdoses, up from 11,001 in 2006 (the most recent data available^{ac}). According to statistics from the Centers for Disease Control and Prevention, the number of opioid-related deaths increased steadily over the past decade.¹³⁹
- The estimated number of ED visits involving nonmedical use of prescription pain relievers increased almost 30 percent—305,885 to 397,160—between 2008 and 2009, the latest year for which data are available.¹⁴⁰
- According to TEDS data, substance abuse treatment admissions for other opiates/synthetics^{ad} increased 16 percent—119,529 to 138,639—between 2008 and 2009, the latest year for which data are available.¹⁴¹ Prescription opioids have a high risk of dependence, and the cost of maintaining a habit is expensive, likely inducing abusers to seek treatment if they do not resort to abusing heroin as a less costly alternative.

^{ac} Of the 11,001 unintentional opioid analgesic overdose deaths reported in 2006, more than 1,000 were attributed to heroin and clandestinely produced fentanyl.

^{ad} This category includes codeine, hydromorphone, meperidine, morphine, opium, oxycodone, nonprescription methadone, and other drugs with morphine like effects.

CPD diversion and distribution pose an increasing public safety threat. According to the NDTs, 13.9 percent of the state and local law enforcement agencies surveyed reported CPDs as their greatest drug threat in 2010, an increase from 9.8 percent in 2009.¹⁴²

- Street gangs, traditionally linked to the distribution of illicit drugs, are becoming more involved in CPD distribution. According to NDTS 2010 data, 51.2 percent of state and local law enforcement agencies reported street gang involvement in pharmaceutical distribution, up from 48.0 percent in 2009.¹⁴³
- Also according to NDTS 2010 data, 12.8 percent of state and local law enforcement agencies reported an association between pharmaceutical diversion and property crime, up from 8.4 percent in 2009; and 6.3 percent of state and local law enforcement agencies reported an association between pharmaceutical diversion and violent crime, up from 4.8 percent in 2009. Nonetheless, both rates remain below those for illicit drugs, including cocaine and methamphetamine.¹⁴⁴

A number of recently implemented initiatives designed to reduce CPD diversion and abuse hold some promise to affect CPD abuse and its related consequences.

- As of June 1, 2011, 48 states had either authorizing legislation or operational Controlled Substance Monitoring Programs (CSMPs); Missouri and New Hampshire had pending legislation.¹⁴⁵ CSMPs are designed to monitor the prescribing and dispensing of CPDs. Some research indicates that CSMPs effectively limit drug supplies and reduce the probability of CPD abuse.¹⁴⁶ Evaluation of several states' CSMPs indicates that, when used, monitoring programs reduce CPD diversion and improve clinical decision-making, which helps curb CPD abuse.¹⁴⁷

- In 2010, Bing, Google, and Yahoo!^{148, ae} adopted policies prohibiting Internet pharmacies^{af} from advertising on the sidebars of search results pages unless they are Verified Internet Pharmacy Practice Sites (VIPPS)^{ag} certified by the National Association of Boards of Pharmacy (NABP) and operate in compliance with U.S. pharmacy laws and practice standards. The policies are aimed at reducing the number of rogue pharmacies operating on the Internet, particularly unlicensed web-based pharmacies and pharmacies operating from foreign countries that do not require valid prescriptions to dispense drugs.¹⁴⁹ Nevertheless, availability of CPDs without prescriptions over the Internet, whether the actual source of drugs is domestic or foreign, remains a concern.

- The first nationwide prescription drug “Take-Back” day was held September 25, 2010.^{ah} During the program, individuals were able to take unwanted or unused medications to any of 4,094 collection sites¹⁵⁰ around the country and anonymously give the drugs to law enforcement officers for destruction free of charge. DEA worked with 2,992 state and local law enforcement agencies¹⁵¹ nationwide and collected

ae. Eighty percent of U.S. Internet surfers in September 2010 used Google when performing a search, while 18 percent used Yahoo! or Bing.

af. Historically, these pharmacies may not have played a significant role as primary suppliers of pain relievers, tranquilizers, stimulants, or sedatives.

ag. VIPPS-accredited pharmacies have completed the NABP accreditation process, which includes a thorough review of all policies and procedures regarding the practice of pharmacy and dispensing of medicine over the Internet, as well as an onsite inspection of all facilities used by the site to receive, review, and dispense medications. Accredited Internet pharmacies display the VIPPS seal on their home pages.

ah. DEA and the Office of National Drug Control Policy developed the national take-back initiative in 2010 in collaboration with the Partnership for a Drug Free America, the International Association of Chiefs of Police, the National Association of Attorneys General, the National Association of Boards of Pharmacy, the Federation of State Medical Boards, and the National District Attorneys Association, as well as many other federal, state, and local agencies and organizations.

245,443 pounds¹⁵² of prescription drugs. The program also prevented medications from being disposed of improperly, particularly by being washed or flushed down a drain.¹⁵³ The second nationwide prescription drug “Take-Back” day held April 30, 2011 resulted in the collection of 188 tons of unwanted or expired medicines, 53 percent more than was collected in September 2010.

- State legislation¹⁵⁴ effective September 1, 2010, requires pain management clinics in Texas to register with the Texas Medical Board and to be owned and operated by medical directors who are physicians. Preliminary data from the Texas CSMP^{ai} suggest that prescribing patterns for September 2010 compared with September 2009 may have changed in response to the state legislation. However, additional data will need to be collected before a valid analysis can be conducted.¹⁵⁵
- Florida’s pain clinic law,¹⁵⁶ which became effective October 1, 2010, requires that all privately owned pain management clinics (with some exceptions) register with the state Department of Health. This permits the Department of Health to inspect the clinics annually and review patient records. It also requires that doctors who work at the clinics have extensive training in pain issues and no criminal records and that no more than 3 days’ (72 hours’) worth of pain medication

per patient be dispensed from the clinic.^{aj} The impact of the law on rogue clinic operators or prescribing patterns cannot yet be fully analyzed, because Florida’s CSMP is not yet operational. However, some of the rogue clinics have established in-house pharmacies that threaten to undermine the law’s requirement that no more than 3 days’ worth of pain medication per patient be dispensed from a clinic.^{ak} Additionally, there are indications that some of the Florida pain clinic operators moved their businesses to other states, including Georgia and Ohio, to avoid the registration and ownership requirements of the Florida law.¹⁵⁷

ai. A CSMP uses an electronic database to capture explicitly defined information on dispensed controlled substances. A CSMP is maintained by a legislatively specified regulatory, administrative, or law enforcement agency that has the authority to distribute the data to authorized individuals. Use of the term CSMP in this report replaces prior use of the term Prescription Drug Monitoring Program because CSMP more accurately describes the purpose of the program, which is to monitor the dispensing of controlled substances only.

aj. The implementation of some provisions of HB 2272 has been delayed by adoption of HB 1565, which requires legislative approval of rules that are costly. The registration and ownership provisions in HB 2272, however, are being implemented.

ak. Florida CS/CS/HB 7095, signed by the governor in June 2011, creates additional standards for obtaining and maintaining a pharmacy permit, including onsite inspections, financial disclosures, and exclusions based on criminal or permitting discipline history, which must be met by July 1, 2012, in order to dispense Schedule II and III substances.

ILLICIT FINANCE

The domestic drug trade generates tens of billions of dollars annually that traffickers must collect, consolidate, and infuse into the international financial system to profit from their trade. Illicit drug sales in the United States are predominantly conducted in cash, presenting the enduring problem of how to deposit vast amounts of currency into financial institutions while maintaining an appearance of legitimacy. The technique traffickers use to process their illicit funds often depends on their level of sophistication and preference, the focus of law enforcement, and the impact of U.S. and foreign laws and regulations.

- Traffickers use conventional techniques to process large volumes of currency, including smuggling large amounts of bulk cash out of the United States for placement in foreign financial institutions or for introduction into dollarized economies, such as Panama and Ecuador; depositing cash in U.S. financial institutions in increments under \$10,000 (a practice known as structuring) to lower scrutiny and avoid reporting requirements; and establishing front companies or engaging in fraudulent activities such as invoicing schemes to disguise the origin and/or movement of proceeds.
- Mexican-based and Colombian TCOs use the Black Market Peso Exchange (BMPE) extensively to launder proceeds they generate from drug sales in the United States.
- Traffickers employ other money laundering methods that involve the use of wire remittance services and informal value transfer systems, but to a lesser extent. They also may use stored value cards; however, reporting on the use of this method is limited.

Bulk cash smuggling is a tactical vulnerability of traffickers operating in the United States; however, bulk cash interdiction efforts have not impacted overall TCO operations to a significant extent.

- U.S. bulk currency interdiction operations successfully disrupt the transport of hundreds of millions of dollars in drug proceeds each year, primarily en route to or at the Southwest Border, and can impact the individual groups and cells that rely on these funds to operate. Analysis of NSS data indicates that bulk cash seizures totaled \$798 million from January 2008 through August 2010. Further analysis of NSS origination and destination locations indicates that the Southwest Border is the region most used by traffickers to smuggle bulk cash out of the United States. Most of the bulk cash seizures reported from January 2008 through August 2010 for which destinations were identified were destined for Texas, California, Arizona, New Mexico, or Mexico.¹⁵⁸
- Seized currency represents only a fraction of the total amount of illicit bulk cash destined for the traffickers that supply U.S. markets with illegal drugs. Studies conducted by the anti-money laundering community indicate that Mexico is the single largest placement area for U.S. drug dollars.
- Targeting bulk cash smuggling is complicated by the high volume of outbound traffic at the Southwest Border. Tractor-trailers and privately owned vehicles are the primary conveyances used by traffickers to move bulk currency to and across the Southwest Border. Millions of such vehicles cross the border into Mexico each year—nearly 6,000 tractor-trailers per day are estimated to travel into Mexico from Laredo (TX) across the World Trade Bridge alone.¹⁵⁹

The BMPE is a primary money laundering technique used by Colombian- and Mexican-based TCOs and, as such, presents a considerable threat to the United States. Colombian TCO representatives in the United States use the Colombian BMPE (see text box) to launder large volumes of drug proceeds. In fact, law enforcement and intelligence community reporting consistently indicates that the BMPE is by far the most commonly used money laundering method among Colombian TCOs and is significant for Mexican TCOs as well.

The Traditional Colombian BMPE

The BMPE originated in the 1960s, driven originally by the Colombian Government's ban on the U.S. dollar and high tariffs on imported U.S. goods. Although the Colombian Government's restrictions were later lifted, this black market system became ingrained in the Colombian economy, and Colombian drug traffickers have continued to rely on the system to launder drug proceeds generated in U.S. markets.

Traditionally, the BMPE is a system in which Colombian money brokers exchange illicit U.S. drug dollars located in the United States for Colombian pesos in Colombia. The money brokers facilitate this swap by receiving U.S. drug dollars from a Colombian TCO representative in the United States and then providing Colombian pesos to the Colombian TCO in Colombia. The Colombian pesos are supplied by Colombian merchants in Colombia. The money brokers then use U.S. drug dollars to purchase goods in the United States on behalf of the Colombian merchants in Colombia. These goods are smuggled into Colombia and sold on the black market, a process that allows Colombian merchants to avoid high taxes and import tariffs. The peso brokers profit by purchasing the U.S. dollars from the Colombian TCO at a discounted rate and reselling those dollars to the Colombian merchants at a higher rate. Under this system, neither U.S. dollars nor Colombian pesos leave their source country.

Mexican money launderers use a variation of the Colombian BMPE in Mexico, using physical cash to pay U.S. businesses for exports. However, the Mexican BMPE process is somewhat different.

Recent Mexican anti-money laundering legislation targeting Mexican and Colombian placement operations will shift placement to other countries, including the United States and other dollarized economies. Mexico is currently the primary placement area for U.S.-generated drug dollars. However, new legislation imposed by the Mexican Government limits U.S. dollar deposits and may force money launderers to place their currency elsewhere. The legislation became effective in September 2010 and is designed to target illicit drug dollars placed in Mexican financial institutions.

- The Mexican legislation limits bank deposits of U.S. currency by individual customers to \$4,000 per month and by individual noncustomers to \$300 per day and a total of \$1,500 per month. The daily threshold does not apply to non-Mexicans. It further prohibits U.S. currency deposits by corporate entities and trusts unless the corporate entity or trust is a bank customer and is located or conducts most of its business within a tourist area, within 20 kilometers of the U.S. border, or within the states of Baja California or South Baja California. In such cases, a corporate entity or trust may deposit up to \$14,000 in U.S. currency per month.

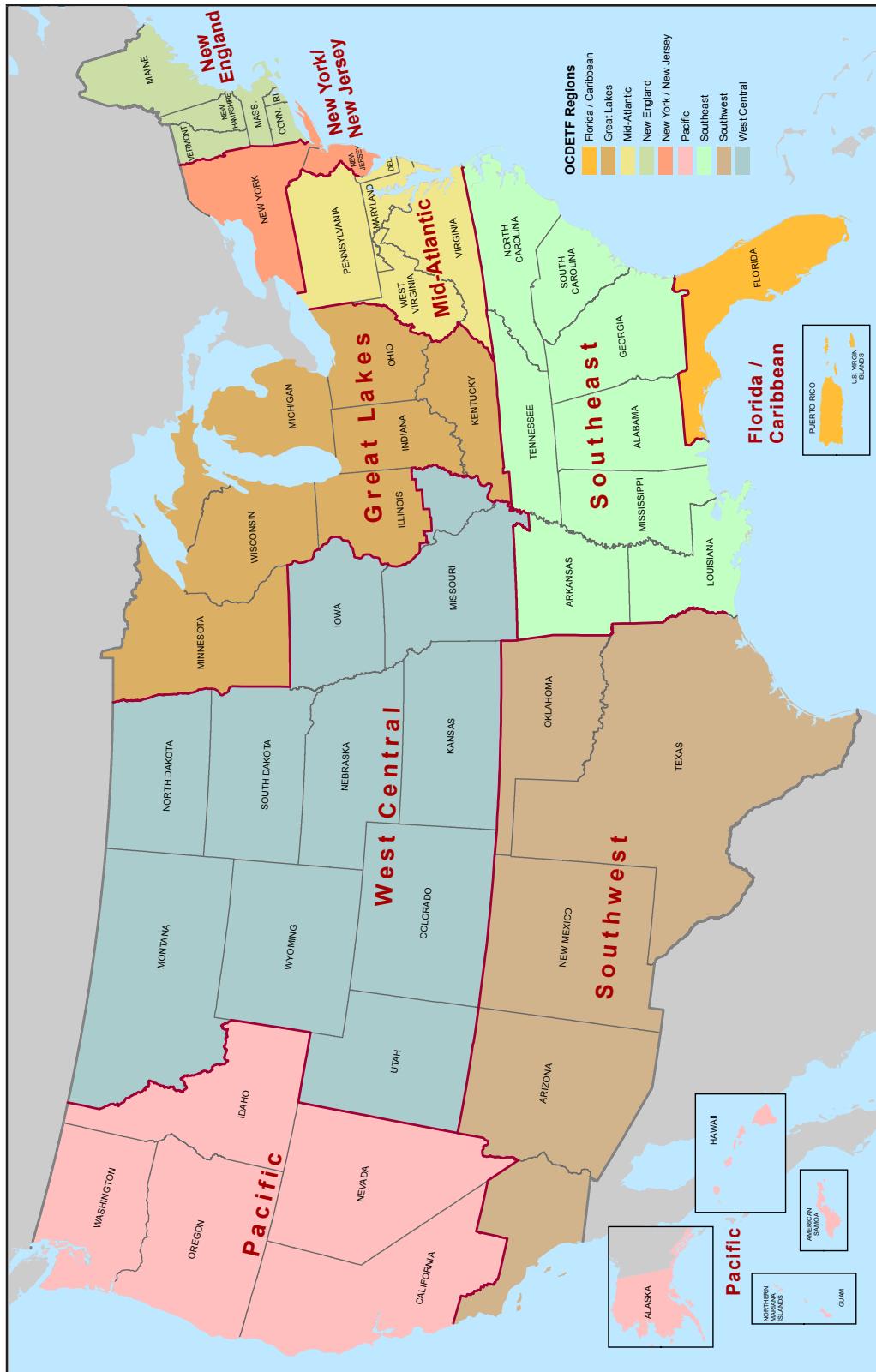
Other money laundering methods currently pose only a minor money laundering threat. Traffickers employ other money laundering techniques to process the proceeds they generate from U.S. drug sales, including wire remittance services and informal value transfer systems.

- New technologies that allow funds to be stored, transferred, and accessed more easily

by consumers, such as stored value cards, are frequently introduced into the international marketplace. However, all of these technologies require launderers to structure cash deposits into an account and then, in most cases, transfer the funds from this account into the international financial system—two potential points of vulnerability. Rather than using such techniques, money launderers are much more likely to structure cash directly into the financial system, incurring only a single point of vulnerability, or to simply smuggle the bulk cash to a foreign location where it can be placed into the financial system. These latter methods pose less risk and have a strong record of success. Undercover U.S. law enforcement operations indicate that to date, traffickers and launderers have shown little interest in stored value cards or similar technologies as a means of laundering drug proceeds.¹⁶⁰

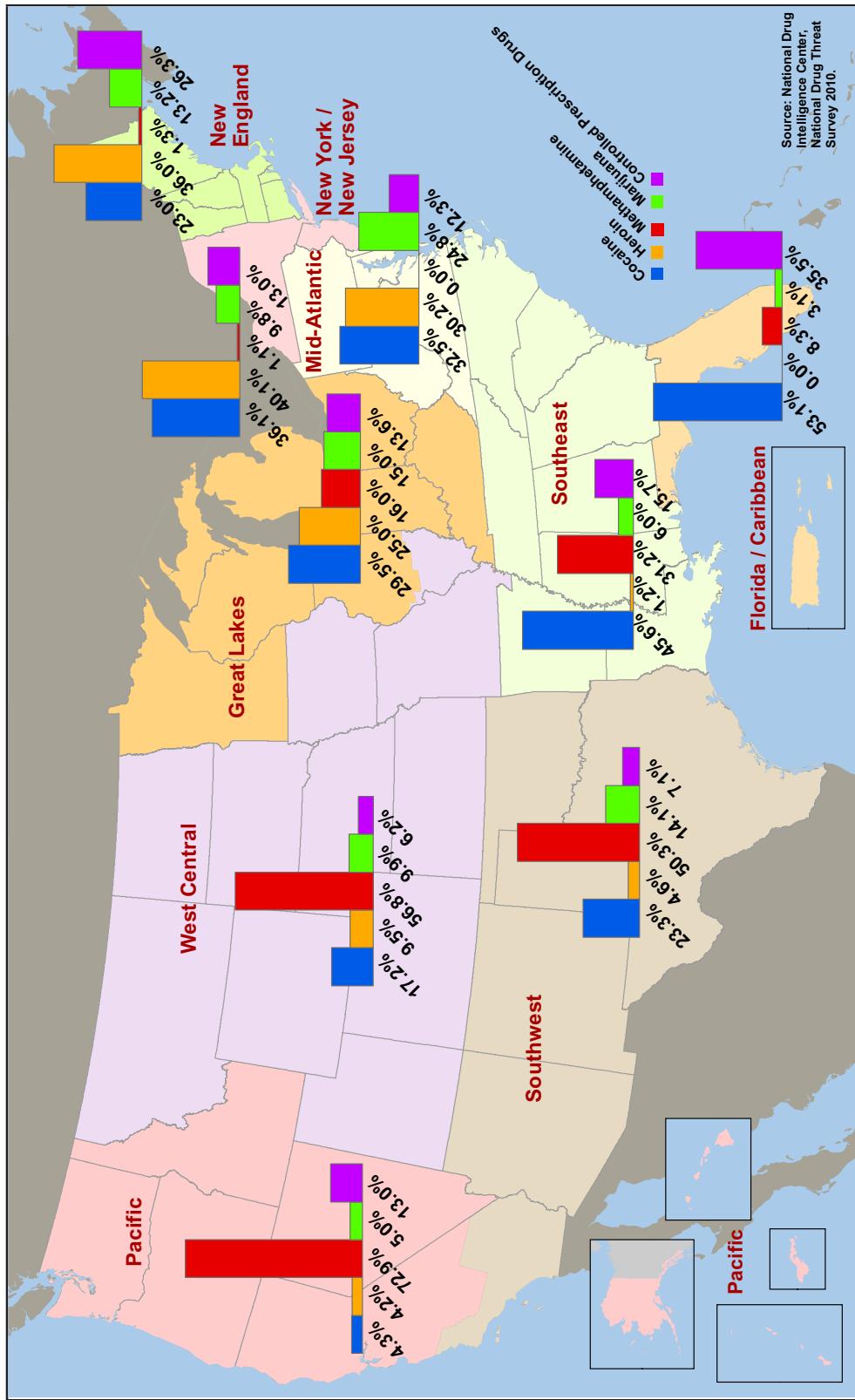
APPENDIX A: MAPS

Map A1. Nine OCDETF Regions

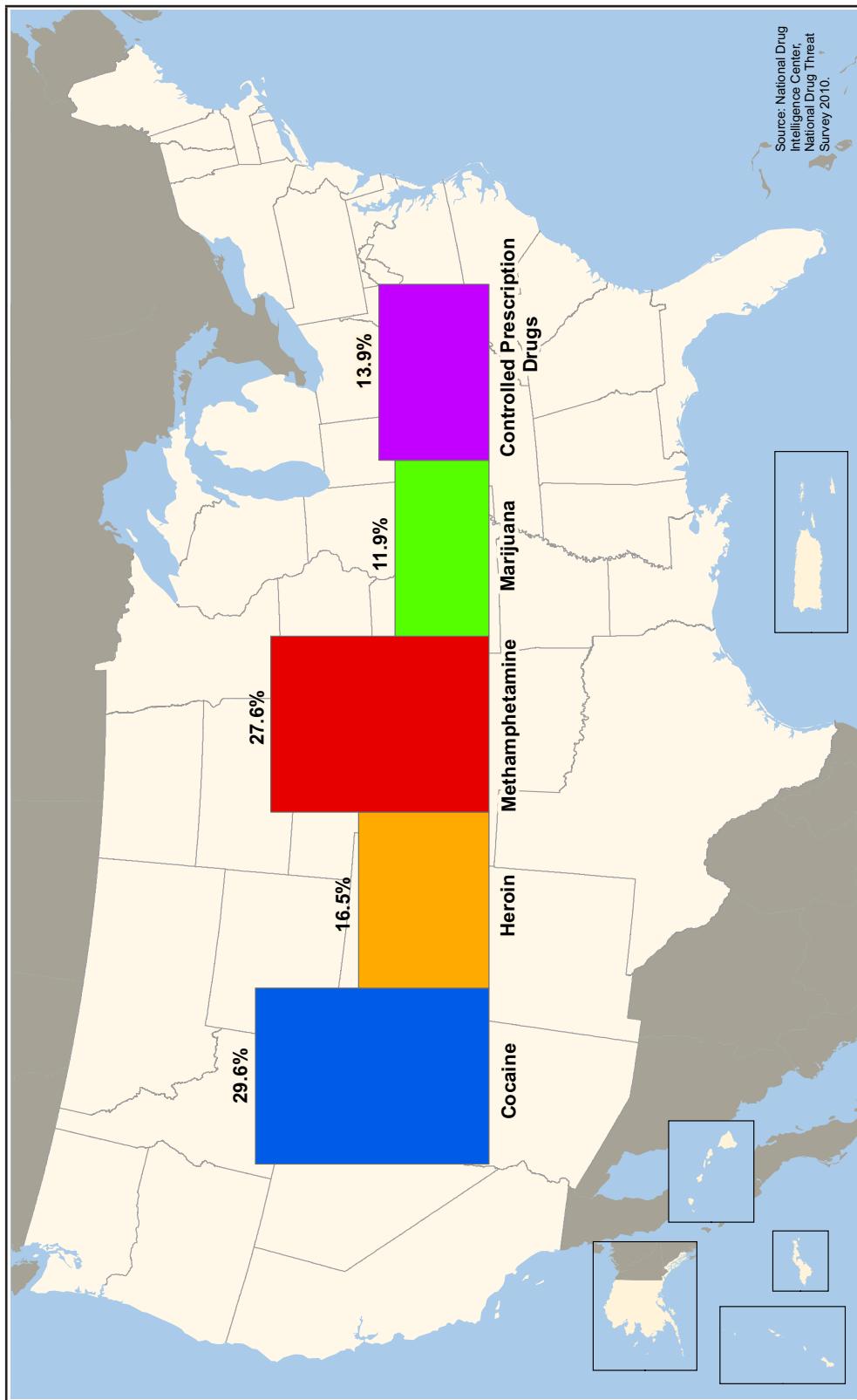


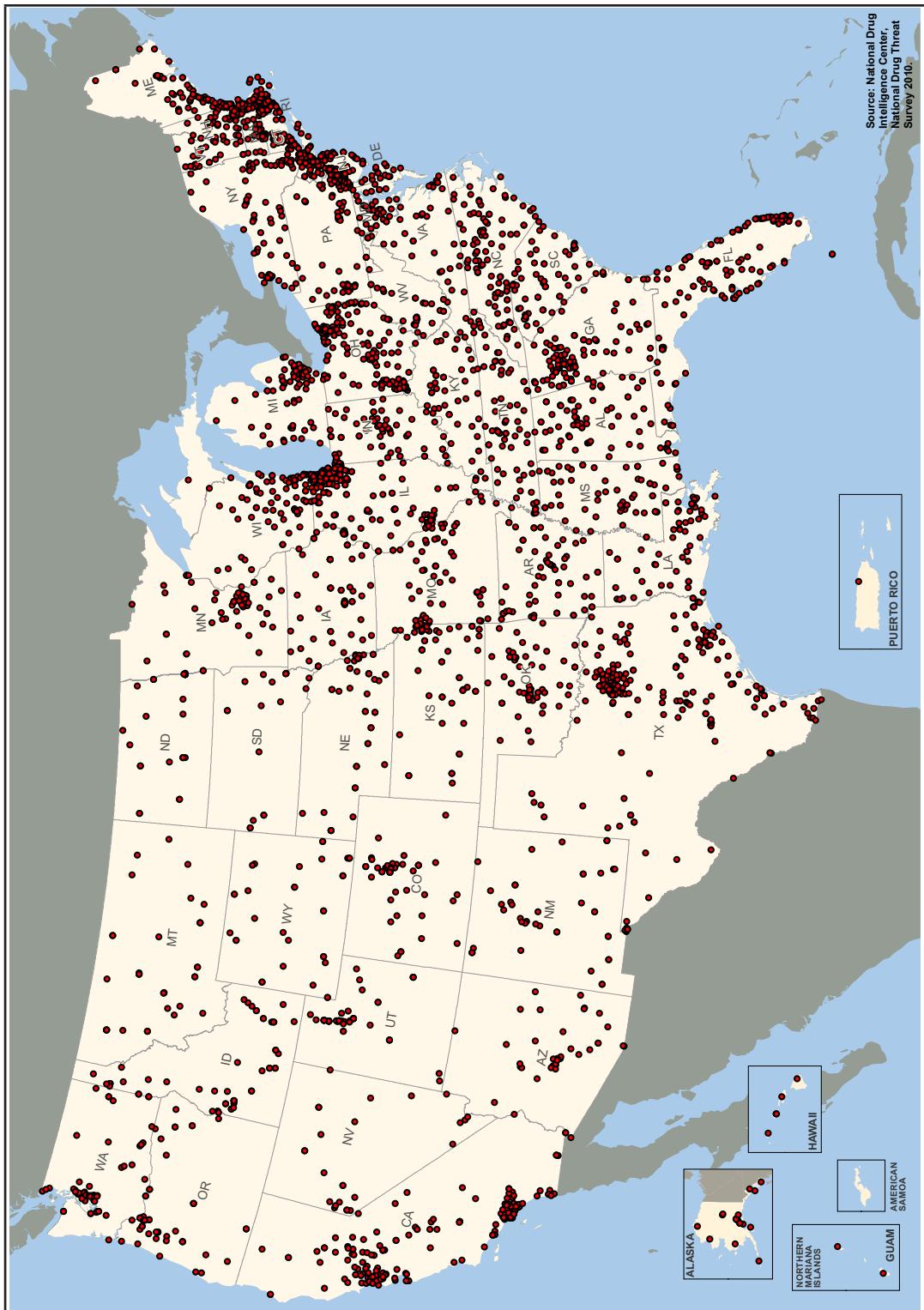
Source: Organized Crime Drug Enforcement Task Forces.

Map A2. 2010 Greatest Drug Threat by Region, as Reported by State and Local Agencies

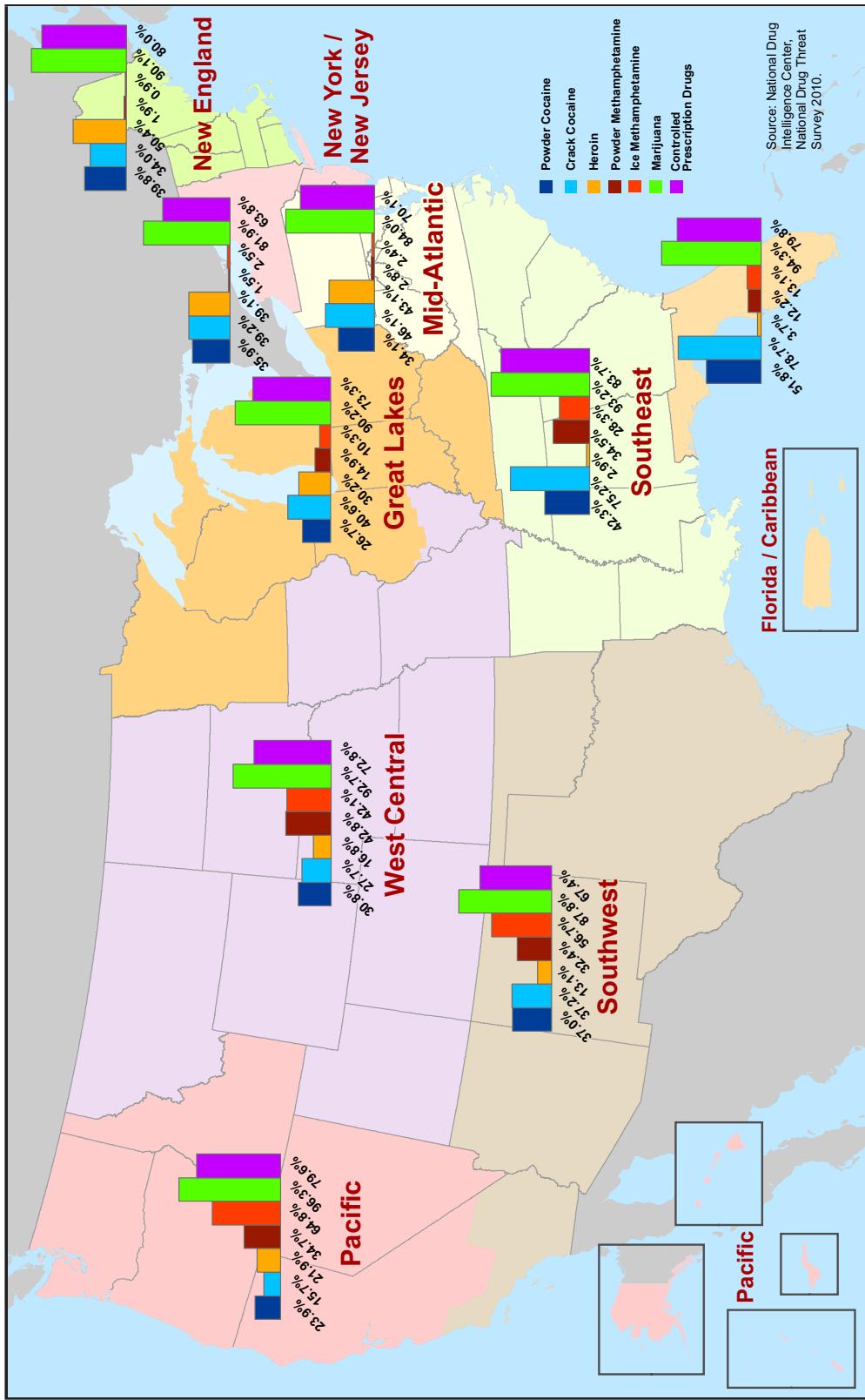


Map A3. 2010 Greatest Drug Threat, as Reported by State and Local Agencies



Map A4. Locations of Respondents to the NDTs 2010

Map A5. Drug Availability by Region—Percentage of State and Local Agencies Reporting High Availability



APPENDIX B: TABLES

Table B1. Estimated Number of ED Visits Involving Illicit Drugs, 2005–2009

	2005	2006	2007	2008	2009
Cocaine	483,865	548,608	553,530	482,188	422,896
Heroin	187,493	189,780	188,162	200,666	213,118
Marijuana	279,664	290,563	308,547	374,435	376,467
Methamphetamine	109,655	79,924	67,954	66,308	64,117
MDMA	11,287	16,749	12,748	17,865	22,816

Source: Drug Abuse Warning Network.

Table B2. Admissions to Publicly Funded Treatment Facilities, by Primary Substance, 2005–2009

	2005	2006	2007	2008	2009
Cocaine	267,922	265,969	249,980	227,786	183,932
Heroin	260,591	268,731	262,579	281,159	282,212
Marijuana	302,783	304,123	305,038	341,622	354,159
Methamphetamine	154,358	152,516	139,267	119,447	108,229

Source: Treatment Episode Data Set 2009.

Table B3. Total U.S. Seizures,* by Drug, in Kilograms, FY2006–FY2010

	2006	2007	2008	2009	2010
Cocaine					
Southwest Border Area**	27,361	24,780	17,459	18,737	17,830
Northern Border	2	<1	<1	18	23
Rest of U.S.	42,198	33,177	28,547	29,629	26,210
Total U.S.	69,561	57,957	46,006	48,384	44,063
Methamphetamine					
Southwest Border Area	2,706	2,128	2,221	3,278	4,486
Northern Border	<1	1	135	0	11
Rest of U.S.	2,872	3,100	3,696	3,323	4,202
Total U.S.	5,578	5,229	6,052	6,601	8,699
Heroin					
Southwest Border Area	449	358	496	737	905
Northern Border	5	<1	0	28	20
Rest of U.S.	1,719	1,631	1,404	1,485	1,637
Total U.S.	2,173	1,989	1,900	2,250	2,562
Marijuana					
Southwest Border Area	1,046,419	1,459,162	1,242,758	1,730,344	1,545,138
Northern Border	5,455	3,084	2,369	3,784	2,194
Rest of U.S.	237,330	263,904	227,948	241,000	262,164
Total U.S.	1,289,204	1,726,150	1,473,075	1,975,128	1,809,496
MDMA***					
Southwest Border Area	17	43	69	77	216
Northern Border	271	316	440	506	557
Rest of U.S.	1,150	1,444	2,069	1,896	1,351
Total U.S.	1,438	1,803	2,578	2,479	2,124

Source: National Seizure System.

*Includes seizures made in the United States and U.S. Territories

**The Southwest Border Area includes seizures made by federal, state, and local law enforcement officers at and between U.S. POEs along the U.S.–Mexico border, as well as seizures made within 150 miles of the border.

***MDMA seizures in kilograms include seizures of powder as well as dosage units (tablets). MDMA dosage units vary in size and weight depending on the manufacturing process, the type of pill press used, and the amount of adulterants incorporated into the tablets. NDIC uses the conversion ratio of 7,143 tablets to 1 kilogram of MDMA powder.

Table B4. Trends in Percentage* of Past-Year Drug Use, 2005–2009

	2005	2006	2007	2008	2009
Cocaine (any form)					
Individuals (12 and older)	2.3	2.5	2.3	2.1	1.9
Adolescents (12–17)	1.7	1.6	1.5	1.2	1.0
Adults (18–25)	6.9	6.9	6.4	5.5	5.3
Adults (26 and older)	1.5	1.8	1.7	1.6	1.4
Crack					
Individuals (12 and older)	0.6	0.6	0.6	0.4	0.4
Adolescents (12–17)	0.2	0.3	0.3	0.1	0.1
Adults (18–25)	1.0	0.9	0.8	0.6	0.5
Adults (26 and older)	0.5	0.6	0.6	0.4	0.4
Heroin					
Individuals (12 and older)	0.2	0.2	0.1	0.2	0.2
Adolescents (12–17)	0.1	0.1	0.1	0.2	0.1
Adults (18–25)	0.5	0.4	0.4	0.4	0.5
Adults (26 and older)	0.1	0.2	0.1	0.1	0.2
Marijuana					
Individuals (12 and older)	10.4	10.3	10.1	10.3	11.3
Adolescents (12–17)	13.3	13.2	12.5	13.0	13.6
Adults (18–25)	28.0	28.0	27.5	27.6	30.6
Adults (26 and older)	6.9	6.8	6.8	7.0	7.7
Methamphetamine					
Individuals (12 and older)	0.7	0.8	0.5	0.3	0.5
Adolescents (12–17)	0.7	0.7	0.5	0.4	0.3
Adults (18–25)	1.8	1.7	1.2	0.8	0.9
Adults (26 and older)	0.5	0.6	0.4	0.3	0.4
Prescription Narcotics					
Individuals (12 and older)	4.9	5.1	5.0	4.8	4.9
Adolescents (12–17)	6.9	7.2	6.7	6.5	6.6
Adults (18–25)	12.4	12.4	12.1	12.0	11.9
Adults (26 and older)	3.3	3.6	3.6	3.3	3.5

*(Table continued from previous page.)***Table B4. Trends in Percentage* of Past-Year Drug Use, 2005–2009**

	2005	2006	2007	2008	2009
LSD					
Individuals (12 and older)	0.2	0.3	0.3	0.3	0.3
Adolescents (12–17)	0.6	0.4	0.5	0.7	0.6
Adults (18–25)	1.0	1.2	1.1	1.5	1.5
Adults (26 and older)	0.0	0.1	0.1	0.1	0.1
MDMA					
Individuals (12 and older)	0.8	0.9	0.9	0.9	1.1
Adolescents (12–17)	1.0	1.2	1.3	1.4	1.7
Adults (18–25)	3.1	3.8	3.5	3.9	4.3
Adults (26 and older)	0.4	0.3	0.3	0.3	0.5
PCP					
Individuals (12 and older)	0.1	0.1	0.1	0.0	0.0
Adolescents (12–17)	0.3	0.2	0.2	0.2	0.2
Adults (18–25)	0.2	0.2	0.2	0.1	0.1
Adults (26 and older)	0.0	0.0	0.0	*	0.0

Source: National Survey on Drug Use and Health.

*These are low-precision percentages; no estimate reported.

Table B5. Adolescent Trends in Percentage of Past Year Drug Use, 2005–2010

	2005	2006	2007	2008	2009	2010
Cocaine (any form)						
8th Grade	2.2	2.0	2.0	1.8	1.6	1.6
10th Grade	3.5	3.2	3.4	3.0	2.7	2.2
12th Grade	5.1	5.7	5.2	4.4	3.4	2.9
Crack						
8th Grade	1.4	1.3	1.3	1.1	1.1	1.0
10th Grade	1.7	1.3	1.3	1.3	1.2	1.0
12th Grade	1.9	2.1	1.9	1.6	1.3	1.4
Heroin						
8th Grade	0.8	0.8	0.8	0.9	0.7	0.8
10th Grade	0.9	0.9	0.8	0.8	0.9	0.8
12th Grade	0.8	0.8	0.9	0.7	0.7	0.9
Marijuana						
8th Grade	12.2	11.7	10.3	10.9	11.8	13.7
10th Grade	26.6	25.2	24.6	23.9	26.7	27.5
12th Grade	33.6	31.5	31.7	32.4	32.8	34.8
Methamphetamine						
8th Grade	1.8	1.8	1.1	1.2	1.0	1.2
10th Grade	2.9	1.8	1.6	1.5	1.6	1.6
12th Grade	2.5	2.5	1.7	1.2	1.2	1.0
Prescription Narcotics						
8th Grade	NA	NA	NA	NA	NA	NA
10th Grade	NA	NA	NA	NA	NA	NA
12th Grade	9.0	9.0	9.2	9.1	9.2	8.7
Sedatives/Barbiturates						
8th Grade	NA	NA	NA	NA	NA	NA
10th Grade	NA	NA	NA	NA	NA	NA
12th Grade	7.2	6.6	6.2	5.8	5.2	4.8
Tranquilizers						
8th Grade	2.8	2.6	2.4	2.4	2.6	2.8
10th Grade	4.8	5.2	5.3	4.6	5.0	5.1
12th Grade	6.8	6.6	6.2	6.2	6.3	5.6

*(Table continued from previous page.)***Table B5. Adolescent Trends in Percentage of Past Year Drug Use, 2005–2010**

	2005	2006	2007	2008	2009	2010
LSD						
8th Grade	1.2	0.9	1.1	1.3	1.1	1.2
10th Grade	1.5	1.7	1.9	1.8	1.9	1.9
12th Grade	1.8	1.7	2.1	2.7	1.9	2.6
MDMA						
8th Grade	1.7	1.4	1.5	1.7	1.3	2.4
10th Grade	2.6	2.8	3.5	2.9	3.7	4.7
12th Grade	3.0	4.1	4.5	4.3	4.3	4.5
PCP						
8th Grade	NA	NA	NA	NA	NA	NA
10th Grade	NA	NA	NA	NA	NA	NA
12th Grade	1.3	0.7	0.9	1.1	1.0	1.0
GHB						
8th Grade	0.5	0.8	0.7	1.1	0.7	0.6
10th Grade	0.8	0.7	0.6	0.5	1.0	0.6
12th Grade	1.1	1.1	0.9	1.2	1.1	1.4
Inhalants						
8th Grade	9.5	9.1	8.3	8.9	8.1	8.1
10th Grade	6.0	6.5	6.6	5.9	6.1	5.7
12th Grade	5.0	4.5	3.7	3.8	3.4	3.6

Source: Monitoring the Future.

APPENDIX C: SCOPE AND METHODOLOGY

The *National Drug Threat Assessment 2011* is a comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs. It provides a detailed strategic analysis of the domestic drug situation during FY2010, based upon the most recent law enforcement, intelligence, and public health data available for the period. It also considers data and information beyond FY2010, when appropriate, in order to provide the most accurate assessment possible to policymakers, law enforcement authorities, and intelligence officials. Specific date ranges for information and data used are referenced throughout the report and in its endnotes.

The *National Drug Threat Assessment 2011* factors in information provided by 2,963 state and local law enforcement agencies through the NDIC NDTs 2010. State and local law enforcement agencies also provided information through personal interviews with NDIC field intelligence officers (FIOs), a nationwide network of law enforcement professionals assembled by NDIC to promote information sharing among federal, state, and local law enforcement agencies.

This report addresses emerging developments related to the trafficking and use of primary illicit substances of abuse, the nonmedical use of CPDs, and the laundering of proceeds generated through illicit drug sales. It also addresses the role that TCOs and organized gangs play in domestic drug trafficking, the significant role that the Southwest Border plays in the illicit drug trade, and the societal impact of drug abuse. In the preparation of this report, NDIC intelligence analysts considered quantitative data from various sources (data on seizures, investigations, arrests, drug purity or potency, and drug prices; law enforcement surveys; laboratory analyses; and interagency production and cultivation estimates) and qualitative information (subjective views of individual agencies on drug availability, information on the involvement of organized criminal groups, information on smuggling and transportation trends, and indicators of changes in smuggling and transportation methods).

The evaluation of societal impact was based in part on analysis of national substance abuse data measuring prevalence of drug use among various age groups, ED information, information on admissions to treatment facilities, and information on drug-related crimes. The societal impact of drugs was also evaluated through analysis of healthcare, criminal justice, workplace productivity, and environmental data and reporting.

NDTS data used in this report do not imply that there is only one drug threat per state or region or that only one drug is available per state or region. A percentage given for a state or region represents the proportion of state and local law enforcement agencies in that state or region that identified a particular drug as their greatest threat or as available at low, moderate, or high levels. This assessment breaks the country into nine regions that correspond to the OCDETF regions shown on Map A1 in Appendix A. For representation of survey data by regions, [see Map A2 in Appendix A](#).

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