

Oregon High Intensity Drug
Trafficking Area (HIDTA) Program:
Threat Assessment, Counter-drug
Strategy, Position, and Conclusion

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ABSTRACT

Methamphetamine and marijuana use and trafficking remain widespread in Oregon. These two drugs reflect the state's primary drug threats, followed by heroin, controlled prescription drugs, cocaine, and designer drugs.

Methamphetamine use remains at a high level in the state. The drug continues to be available in the form of "crystal meth" or "ice" as Mexican drug traffickers import the finished product from laboratories outside Oregon. Marijuana use, cultivation, and trafficking are also expanding. Law enforcement officers report that the size of outdoor marijuana cultivation sites discovered on public and private lands in Oregon has increased since 2006—largely due to the expansion of operations by Mexican national drug trafficking organizations. Oregon's Medical Marijuana Act, which allows for quantities of marijuana to be grown and used for pain suppression, continues to be exploited by local producers who use it to facilitate illegal cultivation for commercial purposes.

Heroin availability and use appear to have increased in some areas as production in Mexico has expanded in recent years. The threat posed by non-prescribed use of prescription drugs has grown in the last several years and mirrors national trends. Users of prescription opiates are increasingly switching to heroin because it is

more available, less expensive, and provides a more intense high than diverted prescription opiates. Cocaine, mainly the powder form, continues to be available, although use of the drug appears to have diminished in many areas of the Oregon HIDTA region.

Mexican criminal groups control the transportation and distribution of heroin, methamphetamine, cocaine, Mexican-produced marijuana, and marijuana cultivated from outdoor grows in Oregon. Caucasian drug-trafficking organizations and independent groups control transportation and distribution of locally produced indoor marijuana. Other criminal groups, such as criminal street gangs and outlaw motorcycle gangs, transport and distribute drugs, but to a lesser extent.

All drug trafficking organizations in Oregon engage in money laundering, the legitimization of illegally obtained proceeds, based upon the size and sophistication of the organization. Bulk cash smuggling remains the primary method of transferring drug revenues into, through, and out of Oregon.

INTRODUCTION

The Office of National Drug Control Policy's National Drug Control Strategy charts an effort to reduce illicit drug use and its consequences in the United States and it "rejects the false choice between an enforcement-centric 'war on drugs' and the extreme notion of drug legalization."¹ While the HIDTA Program exists primarily to support the National Drug Control Strategy's goal of disrupting domestic drug trafficking and production, and is achieving success in those efforts, program leaders recognize that the genesis of the nation's drug threat is the demand fueled by addiction. HIDTA Program leaders and participants understand addiction is a disease of the brain that can be prevented and treated. Therefore, HIDTA Program leaders and participants support the prevention, treatment, and recovery goals of the National Drug Control Strategy at both the national and local levels.²

The question at hand is whether or not the current policy, which includes control and outright prohibition of dangerous drugs as dictated by the Controlled Substances Act and the enforcement of the

¹ 2012 National Drug Control Strategy, OFFICE OF NAT'L DRUG CONTROL POL'Y, <http://www.whitehouse.gov/ondcp/2012-national-drug-control-strategy> (last visited Apr, 8, 2013).

² *Id.*

Act, has been effective. The Oregon HIDTA Program's position and conclusion is that the approach has been effective in disrupting the supply chain and, to a certain extent, effective in deterring illicit drug use.

During 2012 alone, task forces operating under the HIDTA Program umbrella nationwide prevented over \$15 billion in drugs from reaching communities throughout the United States. During the same time, HIDTA-sponsored task forces seized over \$2 billion from drug traffickers, which had a dramatic and negative impact on their bottom line and reason for being in business.³ More importantly and by far the most impactful, HIDTA-sponsored task forces in the United States disrupted and/or dismantled 841 international, 1,020 multi-state, and 1,101 local drug trafficking and money laundering organizations—the organizations that are ultimately responsible for supplying the demand that defines the drug problem in this nation.⁴ Oregon HIDTA law enforcement investigators identified 139 drug trafficking organizations (DTOs) and three money laundering organizations (MLOs) operating in Oregon during 2011 and 2012.⁵ The DTOs range from five members to hundreds of members and the MLOs range from two members to ten members. Consistent with national trends, Mexican national drug trafficking organizations (MNDTOs) represent the greatest drug trafficking threat to Oregon.⁶ Since 2006, MNDTOs have increased control over illicit drug trafficking in the state.⁷ Approximately sixty-four percent of the DTOs/MLOs identified and targeted by Oregon HIDTA task forces during 2011 and 2012 were Mexican national/Hispanic criminal groups. Nearly half of all targeted DTOs were dismantled or disrupted by the year's end.⁸

The efforts, outputs, and outcomes of HIDTA-sponsored task forces and every other law enforcement agency's enforcement of the nation's drug laws have played a role in a fifty percent reduction in methamphetamine use and a forty percent reduction in cocaine use in

³ National HIDTA Directors Association, HIDTA Program Summary 2012 (March 2013) (unpublished).

⁴ *Id.*

⁵ Oregon HIDTA Performance Management Process Database (April 2013) [hereinafter HIDTA Database] (unpublished); *see* Appendix A.

⁶ NAT'L DRUG INTELLIGENCE CTR., U.S. DEP'T OF JUSTICE, NATIONAL DRUG THREAT ASSESSMENT 2011 7 (2011) [hereinafter NATIONAL DRUG THREAT ASSESSMENT 2011], available at <http://www.justice.gov/archive/ndic/pubs44/44849/44849p.pdf>.

⁷ HIDTA Database, *supra* note 5.

⁸ *Id.*

the United States since 2006. Further evidence of the deterrent effect of the control of dangerous drugs consistent with the Controlled Substances Act is contained within data gathered during the 2011 National Survey on Drug Use and Health. The report indicates that the number of people ages twelve and older who reported past thirty-day use of the legal substances alcohol (133.4 million) and cigarettes (56.8 million) far exceed the number of people who used illegal drugs (22.5 million) such as cocaine, heroin, hallucinogens, inhalants, marijuana/hashish, or prescription-type psychotherapeutics used non-medically.⁹ Put more simply, the data indicates that people are more likely and willing to use dangerous but legal substances like alcohol and tobacco than they are to use dangerous and illegal substances like cocaine, heroin, methamphetamine, and marijuana. This raises the question: How many more people would use illegal substances if they became legal and the threat of sanctions for their possession and use were not in place? Furthermore, how many more people ages twelve to twenty-one would be using?

The information contained within this Article identifies a significant drug trafficking and drug-use threat in Oregon and many other areas of the United States. This Article also points to signs of improvement, which are the result of the increasingly cooperative efforts of the law enforcement community that, during the past five or six years, has become more involved in drug prevention and treatment efforts. Abandoning the current law enforcement strategy and replacing it with something else would be short sighted and would result in a reversal of the improvements that are taking place now.

I

HIDTA'S PURPOSE, MISSION, GOALS, AND STRATEGY

The Oregon HIDTA mission is to facilitate, support, and enhance collaborative drug control efforts among law enforcement agencies and community-based organizations to significantly reduce the impact of illegal trafficking and use of drugs throughout Oregon.¹⁰ The

⁹ SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., RESULTS FROM THE 2011 NATIONAL SURVEY ON DRUG USE AND HEALTH: SUMMARY OF NATIONAL FINDINGS (2012).

¹⁰ EXEC. OFFICE OF THE PRESIDENT, OFFICE OF NAT'L DRUG CONTROL POLICY, HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM, REPORT TO CONGRESS (2011). The Oregon HIDTA, one of twenty-eight in the United States, was established by the Office of National Drug Control Policy in June of 1999. Currently, the Oregon HIDTA Program serves the Warm Springs Indian Reservation as well as the following nine counties:

enforcement-centric goals of the HIDTA Program that support the mission are to (1) disrupt the market for illegal drugs by dismantling or disrupting drug trafficking and/or money laundering organizations, and (2) improve the efficiency and effectiveness of HIDTA initiatives.¹¹

The Oregon HIDTA Program's strategy to achieve these goals is to collocate¹² drug law enforcement personnel in a task force setting to foster enhanced information and resource sharing. Through collocation, interagency cooperation, and consolidation of strategic and tactical information, the Oregon HIDTA Program fosters a comprehensive response to illicit drug activity by bringing together all available drug law enforcement resources in a united front.

The drug enforcement task forces sponsored by the Oregon HIDTA Program focus on DTOs, money laundering organizations (MLOs), domestic-drug movement, and the apprehension of fugitives with a criminal drug trafficking history. These drug enforcement task forces are directed through the respective lead agencies' management policies and the challenges identified in the Oregon HIDTA Program Threat Assessment. Law enforcement initiatives actively pursue the outcomes sought by the strictures of HIDTA Goal 1.

All Oregon HIDTA Program initiatives utilize an established, digital network thereby facilitating information sharing, deconfliction,¹³ enhanced officer safety, and an ability to avoid unnecessary duplication of effort during investigations where there may be common elements or subjects. Enhanced communication, collaboration, and information sharing are key law enforcement components designed to promote maximum efficiency and effectiveness as prescribed by HIDTA Goal 2. Logically, Goal 1 and Goal 2 are closely intertwined, with Goal 2 providing the integration support services that enhance the ability for all initiatives to meet their goals.

Clackamas, Deschutes, Douglas, Jackson, Lane, Marion, Multnomah, Umatilla, and Washington.

¹¹ EXEC. OFFICE OF THE PRESIDENT, OFFICE OF NAT'L DRUG CONTROL POLICY, HIDTA PROGRAM, POLICY AND BUDGET GUIDANCE 2-3 (2012).

¹² Collocate/collocation means working in or from the same facility, preferably with shared or contiguous workspace.

¹³ Deconfliction is the process of determining whether multiple law enforcement agencies are conducting enforcement operations in close proximity to one another during a specific time period and determining when multiple law enforcement agencies are investigating the same person, place, or thing.

It is critical for the Oregon HIDTA Program to develop and implement strategies that will produce positive local, regional, and national outcomes consistent with the two HIDTA goals. The primary, specific strategies to achieve the mission of the Oregon HIDTA Program, the goals of the Oregon HIDTA Strategy, and the National Drug Control Strategy are:¹⁴

1. Promote and facilitate the creation and support of established, collocated, and commingled interagency—federal, state, local, and tribal—intelligence-driven drug enforcement task forces whose missions are to eliminate domestic production, trafficking, and use of methamphetamine, heroin, cocaine, marijuana, and other dangerous drugs.
2. Identify and target the most serious and prolific drug trafficking and money laundering organizations (DTOs & MLOs) operating in the Oregon HIDTA region.
3. Conduct field operations and investigations, which disrupt and dismantle DTOs and MLOs through systematic and thorough investigations that lead to successful criminal prosecutions and forfeiture of illicit assets.
4. Support, promote, and facilitate the proactive sharing of criminal intelligence with law enforcement agencies along the Interstate 5 corridor and nationwide as appropriate by providing an Investigative Support Center (ISC) Analytical Unit and Watch Center that:
 - a. Serves as a “one-stop research shop” and “coordination umbrella” that provides accurate, detailed, and timely tactical and strategic drug intelligence to HIDTA initiatives, HIDTA participating agencies, and other law enforcement agencies as appropriate both locally and nationally.
 - b. Serves as a primary investigative resource for technical support and equipment, to include state-of-the-art Title III and Pen Register equipment, Global Positioning System tracking equipment, crime analysis equipment, electronic

¹⁴ The Oregon HIDTA Threat Assessment and Counter-Drug Strategy was developed through consideration of information from a variety of quantitative sources including seizures, arrests, corrections, census, drug testing, drug-related deaths, admissions to treatment facilities, and from law enforcement surveys, national surveys of self-reported drug use, and from task force reporting. Qualitative information on trends in use, production and cultivation levels, the presence and level of involvement of organized criminal groups in trafficking, distribution, and related criminal activity were also considered.

- surveillance equipment, undercover equipment, video enhancement services, and computer forensic services.
- c. Administers and operates an electronic officer safety warning system that serves to deconflict and coordinate tactical operations and investigations occurring in close proximity to each other on a seven-day per week, twenty-four hour basis.
 5. Provide quality training to law enforcement personnel to enhance their investigative, management, and officer safety skills in order to successfully eliminate drug trafficking and use at all levels.
 6. Promote the creation and support of community-based drug prevention and recovery initiatives whose missions are to significantly reduce the impacts of illegal drug use in the Oregon HIDTA region.

II PRODUCTION

The production of illicit drugs, including methamphetamine, marijuana, GHB, LSD, and psilocybin, occur in Oregon. The primary drugs produced and exported to other states are high-quality marijuana and to a much lesser extent, methamphetamine, designer drugs, and psilocybin.¹⁵

A. Marijuana

Marijuana available in the state is grown both indoors and outdoors and is either produced locally or is transported from Canada, Mexico, or other states. Oregon is one of seven primary cannabis cultivation and marijuana production states that consistently sustain high levels of outdoor cannabis cultivation.¹⁶ Since 2000, sophisticated, large-scale outdoor marijuana grows operated by MNDTOs have been discovered in Oregon primarily in six counties—Douglas, Grant, Jackson, Josephine, Malheur, and Umatilla. Harvested plants are

¹⁵ OR. DEP'T OF JUSTICE, 2011 OREGON HIDTA: THREAT ASSESSMENT AND COUNTER-DRUG STRATEGY (2011) [hereinafter 2011 OREGON HIDTA], *available at* http://www.co.umatilla.or.us/pdf/Sheriff_2011_OR_HIDTA.pdf; HIDTA Database, *supra* note 5; Oregon HIDTA Task Force Reporting (2011-2012) (unpublished) [hereinafter Task Force Reporting].

¹⁶ EXEC. OFFICE OF THE PRESIDENT, OFFICE OF NAT'L DRUG CONTROL POLICY, NATIONAL DRUG CONTROL STRATEGY: 2009 ANNUAL REPORT (2009). The other six states are California, Hawaii, Kentucky, Tennessee, Washington, and West Virginia.

distributed both within the state and transported nationally. An associated cost of large-scale marijuana grows documented by law enforcement is the severe damage to the environment and natural resources.¹⁷

In addition, the HIDTA region harbors a significant number of indoor grows capable of producing high-quality marijuana that is in demand and distributed locally, nationally, and internationally. Indoor marijuana cultivation operations pose a significant health risk to law enforcement investigators and civilians who come into contact with electrical power diversion, chemicals and fertilizers, and black mold at residences used as grow sites. Historically, indoor grow operations in Oregon are controlled by small independent groups or individuals. However, some Asian organized crime involvement has been reported by Oregon law enforcement, largely in the Portland Metropolitan area.¹⁸

The number of marijuana plants seized from indoor and outdoor grow sites in Oregon in 2011 dropped thirty-two percent from seizures reported in 2010.¹⁹ The overall rise in outdoor plant seizures since 2005 can be attributed to the emergence of large grows operated by MNDTOs, specialized training for law enforcement, and the addition of committed resources made possible by the National Marijuana Initiative (NMI).²⁰ There are several possible reasons for lower outdoor plant counts reported for calendar years 2010 and 2011. One reason is that successful cases in 2009 likely removed some organizations responsible for historic grows in Eastern Oregon. A second reason is that greater involvement by agencies in large investigations made finding and removing outdoor plants. A third reason is that budget shortfalls, including increasingly limited funds allocated to aerial reconnaissance of outdoor grows, may have curtailed opportunities to identify many grows. Furthermore, greater law enforcement and prosecution focus in the HIDTA region has likely driven MNDTOs to relocate grow operations to counties,

¹⁷ Or. Dep't of Justice, Report on Organized Crime in Oregon, (Feb. 2009) (unpublished).

¹⁸ 2011 OREGON HIDTA, *supra* note 15; Task Force Reporting, *supra* note 15.

¹⁹ See *infra* Appendix F, Figure 4; Appendix C.

²⁰ Drug Enforcement Administration, Domestic Cannabis Eradication/Suppression Program (DCE/SP) (April 2012) [hereinafter DCE/SP] (unpublished); EXEC. OFFICE OF THE PRESIDENT, OFFICE OF NAT'L DRUG CONTROL POLICY, FACT SHEET: HIGH INTENSITY DRUG TRAFFICKING AREAS (HIDTA) PROGRAM (2011), *available at* <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/high-intensity-drug-trafficking-areas-hidta-program>.

mostly non-HIDTA, with a smaller law enforcement presence and, consequently, a lower risk of discovery. Despite recent declines in outdoor plant seizures, totals for 2011 (125,232) exceeded totals for 2005 (40,015) by more than threefold statewide.²¹

Similar to outdoor marijuana eradication trends, seizures from illegal indoor grow operations increased nearly twofold in Oregon between 2005 and 2011, but declined twenty-four percent between 2009 and 2011. The overall rise since 2005 is likely due to greater involvement by law enforcement in targeting members of Asian organized crime groups who set up large, sophisticated indoor operations in the state, a resource shift by drug task forces in investigating indoor grow operations, and interdictions leading to the discovery of illegal grows operating under the guise of the medical marijuana program. Declines in indoor plants seized since 2009 may be related to increasingly limited resources in locating indoor grows and difficulties inherent in investigating and prosecuting illicit medical marijuana grow sites.²²

The attraction of growing marijuana for profit is evident when production costs and potential earnings are compared. According to a 2010 study by the RAND Drug Policy Research Center, production costs ranged from \$150 a pound for marijuana grown outdoors to \$300 a pound for indoor plants—a substantial return when compared to street prices which are about a factor of ten higher than estimated production costs per pound.²³

B. Methamphetamine

Precursor chemical controls at the state, federal, and international level along with sustained law enforcement pressure have contributed to a dramatic decline in reported methamphetamine lab seizures in Oregon. Oregon legislation restricting the availability of pseudoephedrine, in particular, appears to have dramatically reduced the number of methamphetamine labs reported to be operating in the state.²⁴ Law enforcement authorities seized ten methamphetamine

²¹ DCE/SP, *supra* note 20.

²² 2011 OREGON HIDTA, *supra* note 15; DCE/SP, *supra* note 20; Task Force Reporting *supra* note 15.

²³ Jonathan P. Caulkins, *Estimated Cost of Production for Legalized Cannabis 22–23* (RAND Drug Policy Research Ctr., Working Paper No. WR-764-RC, 2010).

²⁴ See H.B. 2485, 73d Leg. Assemb., Reg. Sess. (Or. 2006); S.B. 907, 73d Leg. Assemb., Reg. Sess. (Or. 2006).

laboratories in the state in 2011—an historic low—reflecting a ninety-eight percent drop from 2004 levels.²⁵

While calendar year 2011 data indicates low levels of domestic production statewide, law enforcement agencies report that a high level of crystal methamphetamine continues to be available, most of which is imported as finished product from outside the state and from Mexico in the form of crystal meth or “ice.”²⁶ Law enforcement reporting suggests that Mexican cartels continue to circumvent ephedrine and pseudoephedrine import restrictions implemented by the government of Mexico²⁷ by establishing new smuggling routes for restricted chemicals, importing nonrestricted chemical derivatives in place of precursor chemicals, and increasing nonephedrine-based production (such as the phenyl-2-propanone method).²⁸ Some production operations have also been transferred into the United States, notably to California’s Central Valley.²⁹

C. Designer Drugs

“Designer drugs” are a group of clandestinely produced drugs that are deliberately created, or “designed,” to mimic other drugs of abuse, but with a slightly modified chemical structure. Designer drugs such as MDMA, and to a lesser extent, synthetic cannabinoids (e.g., Spice, K2), synthetic cathinones (e.g., bath salts), buprenorphine, GHB (gamma-hydroxybutyric acid), LSD (lysergic acid diethylamide), and ketamine (ketamine hydrochloride) are frequently used by teenagers and young adults in the HIDTA region.³⁰ Designer drugs, including

²⁵ Methamphetamine laboratory seizures reported to the Oregon Department of Justice, April 2012; *see* Appendix D.

²⁶ NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 6, at 3.

²⁷ The Government of Mexico implemented progressively tighter restrictions on ephedrine and pseudoephedrine imports since 2005, banning use of the chemicals in 2009.

²⁸ UNITED NATIONS OFFICE ON DRUGS AND CRIME, WORLD DRUG REPORT 2011 157 (2011).

²⁹ Smurfing is a method used by some methamphetamine producers and traffickers to acquire large amounts of regulated precursor ingredients through purchase in amounts at or below legal thresholds from multiple retail locations. Offenders frequently enlist the cooperation of several associates to increase the speed at which chemicals are acquired. NAT’L DRUG INTELLIGENCE CTR., U.S. DEP’T OF JUSTICE, CENTRAL VALLEY HIGH INTENSITY DRUG TRAFFICKING AREA: DRUG MARKET ANALYSIS 2011, 2 (2011).

³⁰ 2011 OREGON HIDTA, *supra* note 15; NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 6, at 36; *Treatment Episode Data Set: Substance Abuse Treatment Admissions by Primary Substance if Abuse, According to Sex, Age Group, Race, and Ethnicity, Oregon, 2011*, SAMSHA, <http://www.dasis.samhsa.gov/webt/quicklink/OR11.htm> (last visited Apr. 6, 2013).

MDMA, GHB, ketamine, and LSD are obtained from a variety of sources. MDMA available in the HIDTA region is mainly trafficked from Canada and Europe.³¹ Ketamine is commonly transported from Mexico to Oregon. GHB, LSD, and PCP (phencyclidine) are generally transported from California to the state; however, GHB and LSD laboratories have been seized in the HIDTA region in the past.³²

D. Psilocybin

Psilocybin is also available and used in Oregon. Psilocybin grows wild in cow pastures in the state and is also cultivated indoors. These indoor psilocybin grow sites are typically located in Oregon HIDTA's southern region, often in Lane and Jackson Counties. The psilocybin cultivated in the state is consumed locally and is also shipped to other parts of the state and worldwide.³³

III

TRANSPORTATION

Drugs generally flow north from the Southwest Border and the Southeastern United States, while illicit drug currency flows in the reverse direction. Mexican criminal groups are the primary drug traffickers who utilize the state's highway system to transport and distribute large wholesale quantities of illicit drugs. Most of Oregon's major cities are located along the Interstate 5 corridor and provide a market incentive and abundant opportunities for smuggling illegal drugs into, through, and out of the state. A series of east/west roadways, such as Interstate 84 and Highways 26 and 20, connect to these major north/south routes providing additional opportunities for drug transportation into and through the state. Oregon's railways, commercial airports, numerous private airfields, and seaports, including the Port of Portland, are also easily exploitable by drug traffickers.

Law enforcement reporting indicates that Oregon serves as a transshipment point for controlled substances smuggled from Mexico and Canada and may be emerging as a transshipment point to various East Coast states.³⁴ Interestingly, data collected on reported

³¹ UNITED NATIONS OFFICE ON DRUGS AND CRIME, WORLD DRUG REPORT 2009 125 (2009).

³² 2011 OREGON HIDTA, *supra* note 15, at 24; HIDTA Database, *supra* note 5.

³³ 2011 OREGON HIDTA, *supra* note 15, at 18; Task Force Reporting, *supra* note 15.

³⁴ 2011 OREGON HIDTA, *supra* note 15, at 25.

interdictions in the United States revealed a number of drug and cash seizures connected to Oregon.³⁵ Most notable is the quantity of marijuana seized in states such as South Dakota, Nebraska, Kansas, Iowa, and Arkansas.³⁶ Transportation methods are varied to counteract interdiction efforts by changing routes and timing of travel, renting different vehicles, and hiring a variety of people to serve as couriers.³⁷

A. Land and Highways

Analysis of interdictions reported through the Domestic Highway Enforcement program³⁸ for Oregon from 2008 to 2011 revealed a number of trafficking patterns. In general, marijuana, methamphetamine, cocaine, heroin, and controlled prescription drugs move north to and through Oregon, while MDMA, bulk cash, and a smaller proportion of marijuana flow south.³⁹ The leading drug recovered from Oregon highways from 2008 through 2011 was marijuana, reflecting the highest number of reported interdictions as well as the largest total quantity seized. The quantity of marijuana reported seized on Oregon highways nearly tripled along with a corresponding increase in the number of reported interdictions from 2008 to 2011.⁴⁰ Notably, almost half (forty-nine percent) of the total seizures reported on highways and through investigations in 2011 by the Oregon State Police were related to medical marijuana.⁴¹ The amount of heroin, methamphetamine, and controlled prescription drugs seized on Oregon highways also increased in the last several years. For example, the quantity of heroin reported seized on Oregon highways in 2011 was seven times the quantity reported in 2008. In

³⁵ See *infra* Appendix E.

³⁶ See *infra* Appendix E.

³⁷ 2011 OREGON HIDTA, *supra* note 15, at 32; Task Force Reporting, *supra* note 15.

³⁸ The Domestic Highway Enforcement (DHE) Strategy promotes collaborative, intelligence-led policing in coordinated multi-jurisdictional law enforcement efforts on U.S. highways. The DHE strategy is intended to improve the investigative efforts of the HIDTA in attacking drug trafficking organizations and impact traffic safety, homeland security and other crimes.

³⁹ See *infra* Appendix F, Figure 5.

⁴⁰ Oregon Domestic Highway Enforcement Program (2011) [hereinafter Oregon Domestic Highway Enforcement Program] (unpublished internal database) (on file with author) (providing data for January 2008 through December 2011).

⁴¹ Oregon State Police, DHE/OSP HIT Team (2011) (unpublished internal report) (on file with author).

February 2012, a record forty-seven pounds of heroin was confiscated from a commercial bus line in Medford, Oregon.⁴²

B. Airways

With more than 400 known airfields, including airports, heliports, and other landing areas in Oregon, over half of which are privately used, the air threat to the HIDTA region is considerable; however, very little enforcement and interdiction efforts take place due to limited law enforcement resources.⁴³

C. Sea and Ports of Entry

The smuggling and transport of illicit drugs via commercial and private maritime conveyances remains a significant vulnerability to Oregon. This is due not only to the high volume of cargo transiting the state's seaports but also to the countless opportunities for illicit transport that exist along Oregon's abundant waterways. Intelligence regarding the use of maritime vessels to transport drugs into Oregon is limited, however, and the threat posed by maritime smuggling is undoubtedly larger than law enforcement is aware.⁴⁴

D. Other Means of Transportation

Marijuana, methamphetamine, heroin, cocaine, controlled prescription drugs, and designer drugs are transported into and through the state by a variety of methods. Nearly all DTOs in the state are considered "poly-drug" organizations,⁴⁵ using well-established routes to traffic a variety of drugs to meet current demand.⁴⁶ One method used is transportation by package delivery services, such as FedEx and the United States Postal Service. On November 7, 2011, the Douglas County Interagency Narcotics Team K-9 unit alerted on a parcel during a random package check at a FedEx office in Roseburg, Oregon. The package contained approximately five pounds of marijuana that was destined for South Bend, Indiana. The sender

⁴² *Police Arrest Two Men Accused of Hauling \$1M in Heroin on Bus*, OR. HERALD (Feb. 12, 2012, 10:28 AM), <http://www.oregonherald.com/oregon/local.cfm?id=1526>.

⁴³ 2011 OREGON HIDTA, *supra* note 15, at 25; Oregon Titan Fusion Center Analysis (2010) (unpublished analysis) (on file with author).

⁴⁴ 2011 OREGON HIDTA, *supra* note 15, at 27–28; Task Force Reporting, *supra* note 15.

⁴⁵ A "polydrug" organization is one that transports more than one type of drug.

⁴⁶ 2011 OREGON HIDTA, *supra* note 15, at 5; Task Force Reporting, *supra* note 15.

information was false, but further investigation revealed that the package was connected to a Douglas County resident who operated a medical marijuana grow site. The suspect admitted he sold marijuana out-of-state for over \$3,000 a pound.

Marijuana grown locally, including medical marijuana, is shipped for distribution within the state or is transported across state borders to adjacent states (California, Idaho, and Washington) and eastward to regions in the Midwest, East Coast, and Southwest.⁴⁷ Methamphetamine not manufactured locally is typically shipped from Mexico via California or produced in California and the Southwest states. MNDTOs dominate the trafficking of Mexican black tar heroin, brown-powdered heroin, and cocaine into and through Oregon from Mexico, California, and Southwestern states mainly via private and commercial vehicles using Interstate 5 and U.S. Highways 101 or 97. National studies suggest diversion of controlled prescription drugs occurs mainly through illicit acquisition of prescription medications from friends or relatives.⁴⁸ However, CPDs are also diverted through prescription forgery; doctor shopping; drug thefts at nursing homes, medical clinics, and pharmacies; Internet purchases; traditional drug dealing; and smuggling via package delivery services.⁴⁹ Approximately one-third of law enforcement officers surveyed in Oregon indicated that organized trafficking of CPDs occurs in their area via package delivery services and trafficking across state borders.⁵⁰

Designer drugs are produced in Oregon or are transported from areas outside the state. Ketamine is generally transported from Mexico by MNDTOs. GHB and LSD are produced in the United States, and locally to a lesser extent, and transported to the HIDTA region via vehicle, package delivery service, and other common transportation methods. Synthetic cathinones and synthetic cannabinoids products are typically available on the Internet, head shops, or independently owned convenience stores. MDMA is transported into Oregon mainly from Canada and other areas of the

⁴⁷ 2011 OREGON HIDTA, *supra* note 15, at 27.

⁴⁸ NAT'L DRUG INTELLIGENCE CTR., U.S. DEP'T OF JUSTICE, NATIONAL PRESCRIPTION DRUG THREAT ASSESSMENT 2009, at 6 (2009) [hereinafter NATIONAL DRUG THREAT ASSESSMENT 2009].

⁴⁹ *Id.* at 1; 2011 OREGON HIDTA, *supra* note 15, at 36; Task Force Reporting, *supra* note 15.

⁵⁰ Task Force Reporting, *supra* note 15.

United States.⁵¹ Recent federal reporting suggests MDMA trafficking in and through Oregon may increase in the next few years due to increased production in Canada.⁵²

IV DISTRIBUTION

Drug distribution occurs in the Oregon HIDTA region through verbal exchanges via phone and face-to-face, at open-air markets, restaurants, and nightclubs, and through online connections and social networking sites.⁵³ Criminal street gangs are commonly active in retail-level distribution of illicit drugs throughout Oregon and have an especially large presence in the Portland Metro area.⁵⁴

A. Marijuana

Drug trafficking organizations, particularly MNDTOs, frequently use profits from marijuana sales as a means to finance smuggling of other drugs such as methamphetamine, heroin, and cocaine. Over one-third of officers surveyed in Oregon ranked marijuana as the drug that serves as the primary funding source for major criminal activity.⁵⁵

Marijuana is readily available in wholesale quantities in the state. Varieties sold in the HIDTA region are mostly locally-grown product and to a lesser extent, BC Bud (produced in British Columbia) and Mexico-produced marijuana. In Oregon, locally-grown marijuana and BC Bud are considered to be of equal quality and are preferred over Mexico-produced varieties. Caucasian local independent dealers are the primary distributors of wholesale amounts of indoor marijuana produced in Oregon while MNDTOs are the primary distributors of marijuana cultivated from outdoor grows in the state and of Mexico-produced marijuana. Asian and Caucasian DTOs are the primary wholesale distributors of marijuana produced in Canada. Nearly all criminal groups in Oregon sell marijuana at the retail level.⁵⁶

⁵¹ 2011 OREGON HIDTA, *supra* note 15, at 24; Task Force Reporting, *supra* note 15; *see* NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 6, at 9.

⁵² *See* NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 6, at 3.

⁵³ 2011 OREGON HIDTA, *supra* note 15, at 33–34; Task Force Reporting, *supra* note 15.

⁵⁴ *See* 2011 OREGON HIDTA, *supra* note 15, at 34–36.

⁵⁵ Task Force Reporting, *supra* note 15.

⁵⁶ 2011 OREGON HIDTA, *supra* note 15, at 35; Task Force Reporting, *supra* note 15.

B. Methamphetamine

Mexican or crystal meth is the primary form of methamphetamine seized throughout the state. Locally-produced methamphetamine and product imported from Canada is available to a much lesser extent. Trafficking of the drug is dominated by MNDTOs, the primary wholesale transporters and distributors of Mexican methamphetamine in the HIDTA region. Hispanic and Caucasian independent dealers, outlaw motorcycle gangs, and criminal street gangs are the primary retail level distributors of methamphetamine in the HIDTA region.⁵⁷

C. Heroin

Heroin, primarily Mexican black tar, is accessible in the state and appears to have increased in availability in the HIDTA region. Recent reporting also suggests increased availability of brown-powdered heroin, referred to as “gunpowder” heroin in some areas, such as Lane County.

MNDTOs are the primary wholesale distributors of Mexican black tar heroin and Mexican brown-powdered heroin in Oregon. It is common to encounter Mexican polydrug organizations with ties to Mexico. Hispanic and Caucasian independent dealers are the primary retail level distributors of Mexican black tar heroin and Mexican brown-powdered heroin in the state. Criminal street gangs also distribute Mexican black tar heroin at the retail level, but to a lesser extent.⁵⁸

D. Cocaine

Cocaine, both powdered and crack, is available in the HIDTA region and statewide; however, powdered cocaine continues to be the most prevalent form. MNDTOs are the main wholesale distributors of powdered cocaine in Oregon. MNDTOs, Caucasian DTOs, Hispanic and Caucasian local independent dealers, and criminal street gangs are the primary distributors of powdered cocaine at the retail level in Oregon. Although crack cocaine usually is not sold at the wholesale level in Oregon, the drug is commonly distributed at the retail level by criminal street gangs and African-American, Mexican, and Caucasian dealers.⁵⁹

⁵⁷ 2011 OREGON HIDTA, *supra* note 15, at 34; Task Force Reporting, *supra* note 15.

⁵⁸ 2011 OREGON HIDTA, *supra* note 15, at 35; Task Force Reporting, *supra* note 15.

⁵⁹ 2011 OREGON HIDTA, *supra* note 15, at 36; Task Force Reporting, *supra* note 15.

E. Diversion of Prescription Drugs

Oregon HIDTA region task forces report that CPD diversion occurs in their area through supply of pills obtained from legal prescriptions, doctor shopping, frequent trips to hospital emergency rooms, theft or pill-sharing among friends, family, or associates, residential or pharmacy burglaries, street purchases, and smuggling from across state borders.

Prescription drugs are also diverted through Internet purchases. Dishonest, or “rogue,” Internet pharmacies, profit from the sale of controlled prescription medications to buyers who have not seen a doctor or do not have a prescription from a legitimate doctor.⁶⁰ In a review of over 7,000 websites selling prescription medications, ninety-six percent were out-of-compliance with United States pharmacy laws and practice standards.⁶¹

A new, controlled-release formula for OxyContin was introduced in 2010 which was designed to discourage misuse of the medication.⁶² However, the drug can still be abused by taking larger quantities than recommended.⁶³ Anecdotal reporting from local law enforcement suggests that as the old formula has become more difficult to acquire, many users have switched to heroin.⁶⁴

F. Designer and Other Drugs

Designer drugs such as MDMA, GHB, ketamine, PCP, and LSD are readily available in varying quantities in the HIDTA region. Distributors of designer drugs often use established associations centered on social venues, such as raves, restaurants, nightclubs, or private parties to distribute drugs at the retail level.⁶⁵

The popularity of Oregon-grown psilocybin and the high asking price it commands has encouraged commercial cultivation.⁶⁶ Tight-

⁶⁰ NATIONAL DRUG THREAT ASSESSMENT 2009, *supra* note 48, at 38; 2011 OREGON HIDTA, *supra* note 15, at 37.

⁶¹ NAT'L ASS'N OF BDS. OF PHARMACY, INTERNET DRUG OUTLET IDENTIFICATION PROGRAM: PROGRESS REPORT FOR STATE AND FEDERAL REGULATORS: JANUARY 2011, at 4 (2011), *available at* <http://www.nabp.net/news/assets/InternetReport1-11.pdf>; *see infra* Appendix F, Figure 6.

⁶² *FDA Approves New Formulation for OxyContin*, U.S. FOOD & DRUG ADMIN. (Apr. 5, 2010), <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2010/ucm207480.htm>.

⁶³ *Id.*

⁶⁴ 2011 OREGON HIDTA, *supra* note 15, at 15.

⁶⁵ *Id.* at 37.

⁶⁶ *Id.* at 17.

knit distribution groups and individual entrepreneurs distribute most of the psilocybin in the state as well as to out-of-state buyers.⁶⁷

V

ILLICIT FINANCE

Legitimization of illegally obtained money, or “money laundering,” allows criminals to transform illicit gain into seemingly lawful funds or assets. All drug trafficking organizations in Oregon engage in money laundering based upon the size and scope of the organization.⁶⁸

Banks and other depository institutions remain the primary gateway to the U.S. financial system where illegal proceeds can be moved instantly by wire or commingled with legitimate funds.⁶⁹ According to the Financial Crimes Enforcement Network, the number of Suspicious Activity Report filings in Oregon rose over seventy-six percent from 2002 to 2011.⁷⁰ The most common filing of suspicious activity in 2011 was the category of “Bank Secrecy Act/Structuring/Money Laundering.”⁷¹ New financial products and technology, such as stored value cards and e-currency, also provide opportunities for DTOs to facilitate cross-border movement of illicit drug proceeds.⁷²

Officers surveyed indicate involvement of Mexican and Caucasian DTOs in nearly all types of money laundering activities, particularly bulk cash movement, money services and cash intensive businesses, and prepaid cards.⁷³ Asian DTOs were noted to be involved in laundering activities such as bulk cash movement, cash intensive businesses, casinos, and real estate.⁷⁴

Domestic Highway Enforcement program statistics revealed over 240 seizures of bulk cash in Oregon between January 2008 and

⁶⁷ *Id.*; Task Force Reporting, *supra* note 15.

⁶⁸ 2011 OREGON HIDTA, *supra* note 15, at 37; Task Force Reporting, *supra* note 15.

⁶⁹ NAT’L DRUG INTELLIGENCE CTR., U.S. DEP’T OF JUSTICE, NATIONAL DRUG THREAT ASSESSMENT 2010, at 48–50 (2010) [hereinafter NATIONAL DRUG THREAT ASSESSMENT 2010].

⁷⁰ FIN. CRIMES ENFORCEMENT NETWORK, U.S. DEP’T OF THE TREASURY, THE SAR ACTIVITY REVIEW—BY THE NUMBERS, Issue 17, at § 1, exhibit 2 (2012), *available at* http://www.fincen.gov/news_room/rp/sar_by_number.html.

⁷¹ *Id.* at § 1, exhibit 8.

⁷² 2011 OREGON HIDTA, *supra* note 15, at 37; Task Force Reporting, *supra* note 15.

⁷³ 2011 OREGON HIDTA, *supra* note 15, at 37–39; Task Force Reporting, *supra* note 15.

⁷⁴ *Id.*

December 2011.⁷⁵ Most of the currency seized was moving northward and was reported to originate from California and was destined for Washington or Oregon.⁷⁶ A majority of currency seized that was moving southbound on Oregon highways was reported to originate in Washington or Oregon and was destined for California.⁷⁷

Drug proceeds reported by Oregon HIDTA task forces for 2011 totaled \$419.6 million, nearly three times the amount of proceeds seized in 2008 (\$141.8 million) and over thirty-seven times the value of drug proceeds seized in 2004 (\$11.2 million).⁷⁸ In 2011, Oregon HIDTA task forces seized over \$7 million in drug-related assets, with \$5.4 million seized in cash/currency, and \$2.1 million in other assets seized, such as vehicles and firearms.⁷⁹

VI

USAGE AND TREATMENT

A. Marijuana

Use of marijuana among Oregon residents remains high compared to most other states. The latest results from a national study shows Oregon ranks seventh in the nation for marijuana use by people ages twelve and older.⁸⁰ Admissions to treatment facilities for marijuana use rose more than twenty percent from 2007 to 2011 in the Oregon HIDTA region.⁸¹ Figure 2 illustrates the change in admissions for different controlled substances between 2003 and 2011.

Marijuana potency has also increased in the last decade. Analysis reveals that the average amount of THC (delta-9-tetrahydrocannabinol)⁸² in non-domestic-seized samples has dramatically increased in the United States, reaching a high of 9.9 percent in 2008—the highest level recorded since testing began in

⁷⁵ Oregon Domestic Highway Enforcement Program, *supra* note 40.

⁷⁶ *Id.*

⁷⁷ *Id.*

⁷⁸ HIDTA Database, *supra* note 5.

⁷⁹ *Id.*

⁸⁰ See SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., ILLICIT DRUG USE, at tbl. B.5, <http://www.samhsa.gov/data/NSDUH/2k10State/NSDUHsae2010/NSDUHsaeCh2-2010.htm> (last visited Apr. 15, 2013).

⁸¹ ADDICTIONS & MENTAL HEALTH DIV., OR. DEP'T OF HUMAN SERVS. (March 2012) (unpublished) (yearly datasets provided by Addictions & Mental Health Division).

⁸² THC is the main intoxicant in marijuana.

1976.⁸³ Oregon data mirrors this trend with the amount of THC found in samples of marijuana grown indoors, averaging 9.8 percent in 2008.⁸⁴ Testing in 2008 and 2009 (the most recent data available) also showed that the average amount of THC in marijuana seized in Oregon from indoor and outdoor samples combined⁸⁵ was higher than the average THC in national samples.⁸⁶ Increased potency of marijuana has been attributed to sophisticated growing techniques and may pose greater health risks to users such as acute toxicity and mental impairment.⁸⁷

The threat posed by this drug is heightened by exploitation of Oregon's medical marijuana law.⁸⁸ The law conflicts with national safety regulations and requirements for medicines that are established by the Federal Drug Administration.⁸⁹ Since 2006, the number of individuals with patient or caregiver status in Oregon has grown dramatically to more than 50,000 total cardholders in 2012.⁹⁰ Under the program, each patient is allowed to possess twenty-four ounces of dried marijuana, up to six mature marijuana plants, eighteen seedlings.⁹¹ However, assuming the standard Drug Enforcement Administration estimate of one plant typically producing one pound of processed marijuana,⁹² the program, in effect, allows up to 7.5 pounds, or more than 3,000 marijuana joints, per patient at any one time. Moreover, law enforcement officials—especially in Oregon's southern region—report that marijuana plants are often grown as high as fifteen feet, which suggests that in some areas the standard measure of one pound produced per plant may vastly underestimate the

⁸³ Data received from Univ. of Mississippi, Potency Monitoring Project (Apr. 2010) (unpublished) (on file with author).

⁸⁴ *Id.*

⁸⁵ In 2008, the THC level was 6.1. In 2009, the THC level was 6.8. *Id.*

⁸⁶ In 2008, the THC level was 4.7. *Id.* In 2009, the THC level was 4.6. *Id.*

⁸⁷ NAT'L CTR. ON ADDICTION AND SUBSTANCE ABUSE, NON-MEDICAL MARIJUANA III: RITE OF PASSAGE OR RUSSIAN ROULETTE? 10 (June 2008).

⁸⁸ See OR. REV. STAT. §§ 475.300-.346 (2012).

⁸⁹ See *Marijuana Resource Center: Federal Laws Pertaining to Marijuana*, OFF. OF NAT'L DRUG CONTROL POL'Y, THE WHITE HOUSE, <http://www.whitehouse.gov/ondcp/federal-laws-pertaining-to-marijuana> (last visited Apr. 15, 2013).

⁹⁰ *Oregon Medical Marijuana Program Statistics*, OREGON.GOV, <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Pages/data.aspx> (last updated Apr. 1, 2013).

⁹¹ OR. REV. STAT. § 475.320(2).

⁹² NAT'L DRUG INTELLIGENCE CTR., U.S. DEP'T OF JUSTICE, NO. 2007-L0848-001, DOMESTIC CANNABIS CULTIVATION ASSESSMENT 2007, at 13 (Feb. 2007).

amount of product legally cultivated under the Oregon Medical Marijuana Program.⁹³

Growers are individuals who are licensed to grow marijuana at one location for up to four patients at a time, allowing a single grower to possess up to ninety-six ounces of dried marijuana and up to twenty-four mature plants at one time.⁹⁴ Caregivers can have an unlimited number of patients and, with six mature plants and eighteen immature plants per patient, can legally possess plants numbering in the thousands.⁹⁵

Additionally, the number of establishments set up to dispense medical marijuana—commonly referred to as cannabis clubs, centers, and cafes—has grown in Oregon since 2010, particularly in Multnomah and Washington counties.⁹⁶ In reality, these businesses function as dispensaries, which are not authorized to operate in Oregon and are not subject to regulation or inspection.⁹⁷ The number of medical marijuana businesses identified by federal agents in Oregon has risen more than twofold (70 to 170) since June 2011.⁹⁸

B. Methamphetamine

Methamphetamine continues to be highly available and widely used throughout the HIDTA region and remains the most serious drug threat to Oregon, although some indicators suggest a decline in abuse levels. Officers surveyed indicated that methamphetamine remains Oregon's predominant threat due to its level of use and availability; nexus to other crimes, especially, violent activity; societal impact; and connection to drug trafficking organizations, primarily MNDTOs.⁹⁹

According to the Oregon State Medical Examiner Division, the number of fatalities related to methamphetamine use in 2011 (107) is an historic high, reflecting more than twice the number reported in

⁹³ Email from MADGE Task Force, to author (Mar. 30, 2012) (on file with author).

⁹⁴ OR. REV. STAT. § 475.320(2).

⁹⁵ *Id.* § 475.320(4).

⁹⁶ 2011 OREGON HIDTA, *supra* note 15, at 32–34.

⁹⁷ *U.S. Attorney Articulates District Policy on Enforcement of Violations of Federal Drug Laws*, U.S. ATTY'S OFF. DISTRICT OF OR. (May 22, 2012), http://www.justice.gov/usao/or/PressReleases/2012/20120522_policy.html.

⁹⁸ Jeff Barnard, *APNewsBreak: Ore. Has Fewer Big Medical Pot Grows*, SEATTLE TIMES (Apr. 10, 2012), http://seattletimes.com/html/localnews/2017951037_apormedicalmarijuanaspringplanting1stldwritethru.html.

⁹⁹ 2011 OREGON HIDTA, *supra* note 15, at 8–12.

2001 (fifty).¹⁰⁰ Figure 1 illustrates the number of deaths related to use of methamphetamine, heroin, and cocaine in Oregon. Varying availability of the drug and accessibility to treatment services may be underlying factors in the fluctuation in methamphetamine-related deaths over the last several years.¹⁰¹ Additionally, methamphetamine-related arrests in Oregon rose thirty-six percent from 2009 to 2012, and sixteen percent from January 2011 to January 2012.¹⁰²

While the indicators discussed above support sustained high levels of methamphetamine availability and use, other measures suggest methamphetamine use may be declining. For example, the number of inmates in the Oregon Corrections system who admit to regular methamphetamine use at intake dropped by more than a third between 2006 and 2010.¹⁰³ Additionally, the number of adults admitted for treatment in Oregon for amphetamine (includes methamphetamine) use declined thirty-five percent between 2005 and 2011.¹⁰⁴ Falling admissions may reflect a decline in use, but other contributing factors, such as the effect of resource constraints on treatment admission levels, should also be considered.¹⁰⁵

Establishing whether reported declines are evidence of an actual drop in the level of methamphetamine use is challenging. Strong precursor restrictions, educational efforts, and law enforcement pressure may have achieved some measure of success in decreasing the extent of methamphetamine addiction in Oregon. However, other measures such as arrests, level of fatalities, law enforcement

¹⁰⁰ Oregon State Medical Examiner, Department of State Police: Drug Related Deaths 2011, OREGON.GOV, http://www.oregon.gov/osp/SME/docs/drug_related_death_report_2011.pdf (last visited Apr. 17, 2013).

¹⁰¹ Maxine Bernstein, *Oregon Meth-Related Deaths Jump 22 Percent in 2010, Most in a Decade*, THE OREGONIAN (May 12, 2011), http://www.oregonlive.com/portland/index.ssf/2011/05/meth-related_deaths_jump_22_pe_1.html. Commenting on methamphetamine-related deaths, the Oregon State Medical Examiner, Dr. Karen Gunson, stated that “[i]t’s difficult to really overdose on methamphetamine . . . But it’s not too hard to jump off buildings or drive crazy while you’re on meth.” *Id.*

¹⁰² STATISTICAL ANALYSIS CTR., OR. CRIMINAL JUSTICE COMM’N, OREGON DRUG ARREST GRAPHS, available at http://www.oregon.gov/CJC/Documents/SAC%20Docs/Drug_Arrest_Summary_1304_Website.xls (last visited Apr. 17, 2013) [hereinafter OREGON DRUG ARREST GRAPHS].

¹⁰³ OR. DEP’T OF JUSTICE, 2012 OREGON HIDTA: THREAT ASSESSMENT AND COUNTER-DRUG STRATEGY 9 (2012).

¹⁰⁴ Meeting, Addiction & Mental Health Div., Or. Dep’t of Human Servs. (May 6, 2010) (data on file with author); High Level Briefing, Alcohol & Drug Policy Comm’n, Addiction Treatment System (Nov. 25, 2009) (data on file with author).

¹⁰⁵ Meeting, Addiction & Mental Health Div., *supra* note 104; High Level Briefing, Alcohol & Drug Policy Comm’n, *supra* note 104.

perception, and arrestee data offer compelling support of a sustained, if not increased, level of methamphetamine use in Oregon. Ultimately, determining with certainty the actual level of methamphetamine addiction in Oregon remains elusive because the factors at work are complex, interdependent, and, at times, contradictory.

C. Heroin

Heroin use and availability appear to have increased in Oregon. Treatment admission data show that the number of adults admitted for heroin use in the HIDTA region increased twenty-four percent from 2007 to 2011, which mirrors statewide trends.¹⁰⁶ Additionally, heroin fatalities increased nearly sixty percent from 2010 to 2011, the highest number of deaths reported in the last eleven years.¹⁰⁷

In recent years, the purity levels of heroin have fluctuated. This variability, along with a greater number of new or returning users, likely contributed to a higher number of overdose deaths last year.¹⁰⁸ In addition, law enforcement officials in many areas of the state report heroin use in their jurisdiction has increased partly because users of prescription opiates, such as oxycodone, have switched to heroin.¹⁰⁹

Federal data show that estimated heroin production in Mexico and heroin seizures along the Southwest Border have increased in recent years, which has likely contributed to lower prices and greater availability in a number of market areas in the United States.¹¹⁰ Over half of Oregon law enforcement officers surveyed in early 2012 reported a high level of heroin available in their area as well as an increase in accessibility in the last year, mostly in counties bordering or near the Interstate 5 corridor and along the coast.¹¹¹ The amount of heroin seized by Oregon HIDTA task forces in 2011 (101 pounds) was four times higher than the quantity seized in 2008 (twenty-five pounds) and nearly six times higher than the amount seized in 2006

¹⁰⁶ ADDICTIONS & MENTAL HEALTH DIV., *supra* note 81.

¹⁰⁷ *Oregon State Medical Examiner*, *supra* note 100; *see also infra* Appendix F, Figure 1.

¹⁰⁸ *See* OR. DEP'T OF JUSTICE, 2012 OREGON HIDTA: THREAT ASSESSMENT AND COUNTER-DRUG STRATEGY 14-15 (2012) [hereinafter 2012 OREGON HIDTA],

¹⁰⁹ *Id.* at 36; Task Force Reporting, *supra* note 15.

¹¹⁰ NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 6, at 26.

¹¹¹ 2012 OREGON HIDTA, *supra* note 108, at 14-15.

(seventeen pounds).¹¹² Additionally, heroin-related arrests increased over seventy percent statewide from January 2010 to January 2012.¹¹³

D. Cocaine

Cocaine continues to be used in the HIDTA region and throughout the state. Crack cocaine is available, but the powder form is more prevalent.¹¹⁴ According to the federal analysis, availability of cocaine in most U.S. markets has dropped since 2006.¹¹⁵ The decline is largely attributed to reduced production in Colombia, cartel violence, disruptions in supply, and increased law enforcement efforts in Mexico.¹¹⁶ Although reporting suggests cocaine use, particularly crack cocaine use, remains high in Multnomah County, some indicators suggest an overall decline in addiction levels in the state.¹¹⁷ Treatment admissions for cocaine have generally decreased in the HIDTA region since 1999 with the downward trend continuing in 2011.¹¹⁸ Associated deaths rose sixty-five percent from 2010 to 2011, but reflected less than half of the historic high reported in 2000.¹¹⁹

E. Controlled Prescription Drugs

The misuse of prescription drugs has resulted in an emerging market in Oregon. According to a 2011 federal study, Oregon's rate of non-medical opioid use was second highest in the nation and fourth in the quantity of kilograms sold (per 10,000 residents) in 2008.¹²⁰ Treatment admissions for controlled prescription drugs (CPDs) increased more than threefold in Oregon in the last nine years,¹²¹ with the reported number of unintentional deaths (most due to prescription

¹¹² See HIDTA Database, *supra* note 5.

¹¹³ OREGON DRUG ARREST GRAPHS, *supra* note 102.

¹¹⁴ 2012 OREGON HIDTA, *supra* note 108, at 17.

¹¹⁵ NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 69, at 24; NATIONAL DRUG THREAT ASSESSMENT 2010, *supra* note 69, at 27.

¹¹⁶ NATIONAL DRUG THREAT ASSESSMENT 2011, *supra* note 69, at 24; NATIONAL DRUG THREAT ASSESSMENT 2010, *supra* note 69, at 21.

¹¹⁷ 2012 OREGON HIDTA, *supra* note 108, at 17.

¹¹⁸ ADDICTIONS & MENTAL HEALTH DIV., *supra* note 81; *see also infra* Appendix F, Figure 2.

¹¹⁹ *See infra* Appendix F, Figure 1.

¹²⁰ Leonard J. Paulozzi et al., *Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008*, MORBIDITY & MORTALITY WKLY. REP., Nov. 4, 2011, 1487, 1490.

¹²¹ ADDICTIONS & MENTAL HEALTH DIV., *supra* note 81; *see infra* Appendix F, Figure 2.

drug poisoning) rising faster than any other type of injury.¹²² In addition, statewide prescription overdose deaths remained high in 2011 with 193 confirmed fatalities related to the use of methadone, oxycodone, and hydrocodone.¹²³ According to state epidemiologists, the increase in poisoning mortality in the state is mainly driven by deaths connected with prescription opioids—drugs intended for pain management but that are frequently misused or diverted.¹²⁴

Non-medical use of prescription drugs is often perceived by people as a safe alternative to illicit drugs¹²⁵ with diversion occurring mostly via family or friends.¹²⁶ Evidence suggests that non-medical use of prescription drugs may lead to use of illicit drugs such as heroin or cocaine. A recent study published in the *International Journal of Drug Policy* found that four out of five injection drug users misused an opioid drug before they began to inject heroin.¹²⁷ Oregon drug task force officers report users of prescription opiates are increasingly switching to heroin.¹²⁸

CONCLUSION

Methamphetamine will remain the most significant drug threat in the HIDTA region due to sustained availability and the societal impact of associated criminal activity. However, recent declines in some indicators of use are a positive sign and may signify declining addiction levels.

Outdoor production of marijuana controlled by MNDTOs will continue to expand in the state. Law enforcement and prosecution efforts in HIDTA counties will likely continue to drive DTO operations to areas with smaller law enforcement presence and

¹²² OR. DEP'T OF HUMAN SERVS., INJURY IN OREGON: INJURY PREVENTION AND EPIDEMIOLOGY PROGRAM—ANNUAL REPORT 2009, at 57 (2010).

¹²³ Or. State Police News Release, *Oregon State Medical Examiner Releases 2011 Drug-Related Death Statistics*, OREGON.GOV (Apr. 5, 2012), http://www.oregon.gov/OSP/NEWSRL/Pages/news/04_05_2012_ME_drug_deaths_2011.aspx.

¹²⁴ *Id.*

¹²⁵ *Responding to the Prescription Drug Epidemic: Strategies for Reducing Abuse, Misuse, Diversion, and Fraud: Hearing Before the Subcomm. on Crime and Terrorism of the S. Comm. on the Judiciary*, 112th Cong. 5 (2012) (statement of Gil Kerlikowske, Director, White House Office of National Drug Control Policy).

¹²⁶ NATIONAL DRUG THREAT ASSESSMENT 2009, *supra* note 48, at 1.

¹²⁷ Stephen E. Lankenau et al., *Initiation into Prescription Opioid Misuse Among Young Injection Drug Users*, 23 INT'L J. DRUG POL'Y 37, 39 (2012).

¹²⁸ Meeting, Addiction & Mental Health Div., *supra* note 104; Task Force Reporting, *supra* note 15.

minimal risk of detection. Furthermore, continued budgetary shortfalls, including provision of flight time, will hamper the ability of law enforcement officers to effectively locate and eradicate outdoor grow sites. Exploitation of current medical marijuana laws will continue to encourage larger indoor marijuana grow operations, impede law enforcement efforts to investigate illegal marijuana operations, and contribute to the volume of marijuana trafficking through and out of the state.

Heroin trafficking and use will likely increase as production in Mexico continues to expand and as users of prescription opiates increasingly switch to heroin because it is less expensive, more available, and provides a more intense high than diverted prescription opiates. Prescription drug abuse and trafficking will continue to rise provided that these drugs remain widely available, easily accessible, and are perceived as a safe, “legal” alternative to illicit drugs. Trafficking of cocaine in Oregon may decrease as production levels continue to decline in source countries such as Colombia and if demand for the drug continues to decline. The demand for drugs, such as synthetic cannabinoids and synthetic cathinones,¹²⁹ will likely increase due to the wide availability of related chemicals, drugs, and products.

Bulk cash smuggling will remain the primary method of transferring drug revenues into, through, and out of Oregon. Interdiction efforts by law enforcement officers will continue to impede the flow of drug proceeds through the state and impact crime groups that rely on these funds to operate.

¹²⁹ Synthetic cannabinoids are a mixture of herbs and spices laced with a synthetic compound that mimics THC, the psychoactive ingredient in marijuana. Synthetic cathinones are stimulants that are packaged as legitimate beauty and household products (labeled “not for human consumption”) such as bath salts, plant food/fertilizer, and vacuum fresheners.

APPENDIX A

OREGON HIDTA 2013 DRUG THREAT ASSESSMENT TABLES

Known Drug Trafficking Organizations, Oregon HIDTA Region
CY 2011–2012

Organization Type	DTO Characteristics*	Operational Scope
Drug Trafficking 139	Mexican/Hispanic 91	Local 59
Money Laundering 3	Caucasian 4	<i>Dismantled</i> 27
	Asian 8	<i>Disrupted</i> = 7
	African-American 6	Multi-State = 68
	Multi-Ethnic 8	<i>Dismantled</i> = 20
	Eurasian 4	<i>Disrupted</i> = 13
	Cuban 2	International = 15
	Middle Eastern 1	<i>Dismantled</i> = 2
	Nigerian 1	<i>Disrupted</i> = 2
	Unknkn 1	

APPENDIX B

OREGON MEDICAL MARIJUANA PROGRAM STATISTICS
APRIL 1, 2012FN (2013 THREAT ASSESSMENT P59)

Number of persons currently holding medical marijuana cards	55,807
Number of persons holding caregiver cards for the above persons	28,214
Number of Oregon-licensed physicians with current Oregon Medical Marijuana Program patients (MDs and Dos only)	2,100
Number of applications denied between 4/1/11 and 3/31/12	1,375
<i>Reported medical conditions include:</i>	
Agitation related to Alzheimer's disease	61
Cachexia	1,097
Cancer	2,056
Glaucoma	832
HIV+/AIDS	731
Nausea	7,856
Severe pain	52,597
Seizures, including but not limited to epilepsy	1,354
Persistent muscle spasms, including but not limited to those caused by Multiple Sclerosis	14,671

Source: Oregon Medical Marijuana Program, April 2012.

APPENDIX C

Marijuana Plants Seized in HIDTA Region and Statewide, 2006-2011												
HIDTA Region	2006		2007		2008		2009		2010		2011	
	Crop Seizures	Total Plants (In/Outdoor)	Crop Seizures	Total Plants (In/Outdoor)	Crop Seizures	Total Plants (In/Outdoor)	Crop Seizures	Total Plants (In/Outdoor)	Crop Seizures	Total Plants (In/Outdoor)	Crop Seizures	Total Plants (In/Outdoor)
Clackamas	14	255 (77,178)	21	1,507 (1,013,494)	8	691 (689,2)	46	8,379 (773,7,606)	43	1,025 (700,325)	45	3,602 (3,486,116)
Deschutes	4	95 (95,0)	25	1,164 (1,155,9)	20	943 (923,0)	19	809 (624,185)	7	199 (199,0)	8	357 (357,0)
Douglas	73	2,870 (546,2,324)	73	19,334 (457,18,877)	58	10,581 (696,9,885)	48	22,492 (618,21,874)	27	3,907 (164,3,743)	20	138 (52,86)
Jackson	52	43,860 (204,43,656)	27	54,482 (120,54,362)	21	520 (227,293)	23	26,880 (8,26,872)	36	28,504 (337,28,167)	26	3,255 (383,2,872)
Lane	34	2,063 (702,1,361)	47	3,045 (2,649,396)	83	8,948 (2,547,6,401)	62	9,129 (8,349,780)	60	2,726 (1,964,822)	46	2,888 (2,640,248)
Marion	19	642 (556,86)	17	3,251 (268,2,983)	16	368 (303,65)	14	590 (113,477)	27	653 (184,469)	18	215 (99,116)
Multnomah	46	2,891 (2,447,444)	86	8,778 (8,527,251)	60	2,804 (2,615,189)	68	4,295 (4,167,128)	99	8,348 (8,327,21)	62	5,505 (5,494,11)
Umatilla	17	5,967 (29,5,938)	9	29,064 (17,29,047)	5	22 (21,1)	4	7,365 (07,365)	15	3,873 (62,3,811)	9	3,318 (24,3,294)
Warm Springs	0	0	1	17,763 (0,17,763)	2	12,828 (0,12,828)	1	1,630 (0,1,630)	0	0 (0,0)	1	3 (3,0)
Washington	18	372 (131,241)	13	3,819 (682,3,137)	3	608 (5,603)	8	2,857 (107,2,750)	65	1,338 (882,456)	15	332 (319,13)
HIDTA Total	277	59,015 (4,787/ 54,228)	319	142,207 (14,888/ 127,319)	276	38,313 (8,046/ 30,267)	293	84,426 (14,759/ 69,667)	379	50,573 (12,759/ 37,814)	250	19,613 (12,857/ 6,756)
Statewide Total	430	108,573 (6,834/ 101,739)	578	262,013 (16,454/ 245,559)	358	85,701 (8,805/ 76,896)	515	230,011 (19,863/ 210,148)	559	204,937 (16,511/ 188,426)	410	140,313 (15,081/ 125,232)

Source: DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP).

APPENDIX D

Methamphetamine Laboratory Seizures, HIDTA Counties and Oregon, 2004-2011									
Year	2004	2005	2006	2007	2008	2009	2010	2011	% Change (2004-2011)
Oregon	448	192	63	20	21	13	13	10	-98%
<i>HIDTA area</i>									
Clackamas	24	15	0	1	0	0	1	1	-96%
Deschutes	5	0	0	0	0	0	0	0	-100%
Douglas	11	14	2	0	1	0	1	1	-91%
Jackson	17	6	6	0	3	0	0	1	-94%
Lane	33	12	14	2	1	0	0	0	-100%
Marion	7	11	2	0	0	0	0	0	-100%
Multnomah	138	33	11	3	2	2	7	3	-98%
Umatilla	91	39	4	5	4	5	1	1	-99%
Washington	28	12	8	1	1	1	0	0	-100%

Source: Oregon Department of Justice.

APPENDIX E

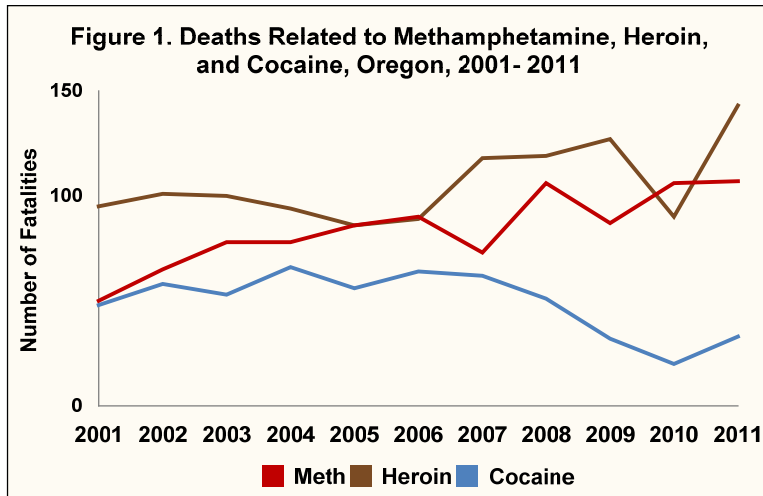
Table 2. Total Incidents and Drug Quantities in States with Connections to Oregon ¹								
Domestic Highway Enforcement Program								
January 1, 2008 – March 31, 2012								
State	Total Incidents	Marijuana (lbs)	Cocaine (lbs)	Meth-Crystal (lbs)	Heroin (lbs)	CPDs ² (DU)	MDMA (DU)	U.S. Cash
California	56	144.5	82.9	43.1	36.3	47,810 DU		\$ 1,974,166
Nebraska	54	1399.9	93.72	5.9		30 DU		\$ 344,847
Kansas	49	1238.6	59.40	10.8		11 DU		\$ 820,429
Washington	43							
South Dakota	34							
Utah	33							
Iowa	31	1187.6						\$ 256,433
Idaho	20	254.5		26.4				\$ 87,183
Wyoming	20							
Texas	17							
Missouri	15	267.7						\$ 1,049,620
Illinois	13	567.2						\$ 123,100
Arizona	12	38.9		0.02				\$ 81,900
Minnesota	11	180.8						\$ 1,040,783
Oklahoma	8	190.1						\$ 1,282,898
Nevada	7	129.1		3.2				\$ 132,456
North Dakota	7	420.4						\$ 10,142
Montana	6	11.0						\$ 199,960
Arkansas	5	778.8						\$ 10,358
New Mexico	4	71.3						\$ 150,875
Colorado	3	0.1			0.004			
Mississippi	3	600.8						\$ 128,142
Georgia	2			3.0				\$ 21,000
Louisiana	2					1,010 DU		\$ 14,000
Tennessee	2							
Other ³	7							
Total	464	48.4	2.2					\$ 147,292

¹ Meeting the following conditions: "Oregon" or "OR" entered in drivers license and/or vehicle plate fields; "Oregon", "OR" in the address field, or "97" in the zip code field.

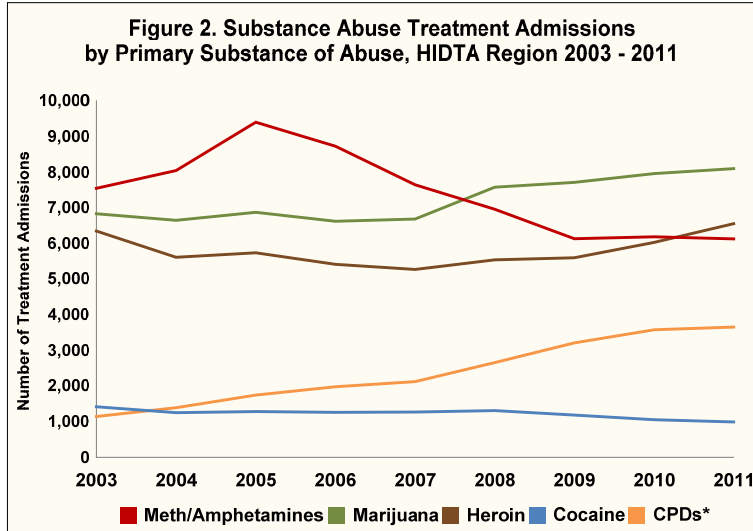
² Controlled Prescription Drugs.

³ The "Other" category includes states with only one reported incident during selected time period that met the conditions of tag, driver's license, or address. States in the "Other" category include: Alabama, Indiana, Michigan, Ohio, Pennsylvania, Virginia, Wisconsin.

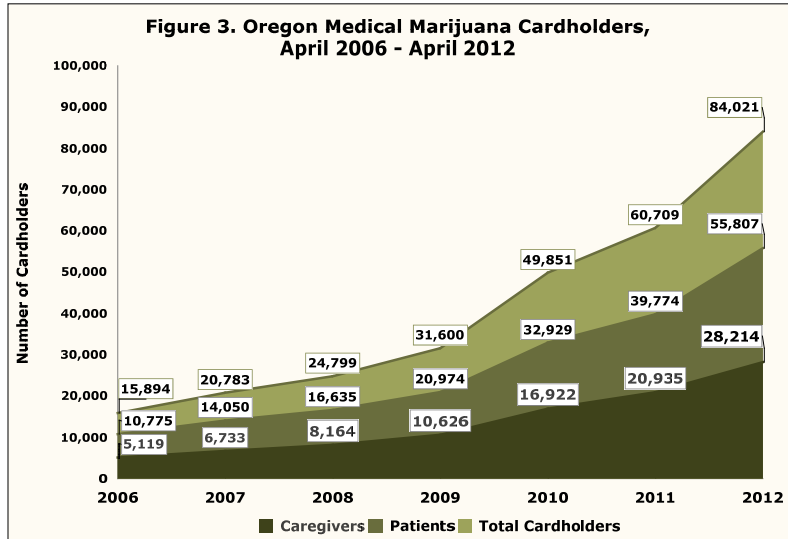
APPENDIX F



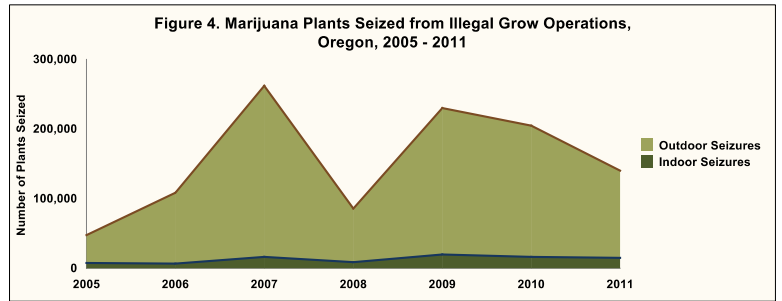
Source: Oregon Medical Examiner, Oregon State Police, Drug-Related Deaths, April 2012.



Source: Client admissions data obtained from the Addictions and Mental Health Division, Oregon Department of Human Services, April 2012. *Controlled Prescription Drugs.

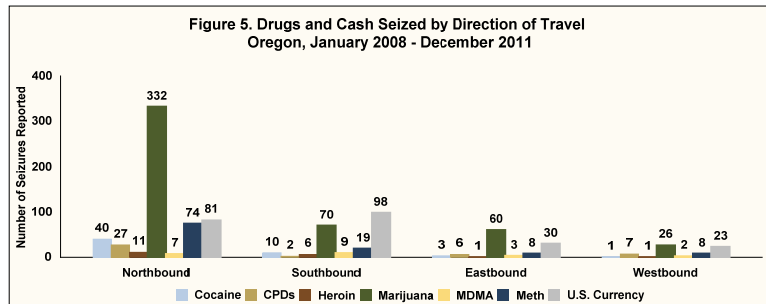


Source: Oregon Medical Marijuana Program, Oregon Department of Human Services, 4/1/12.

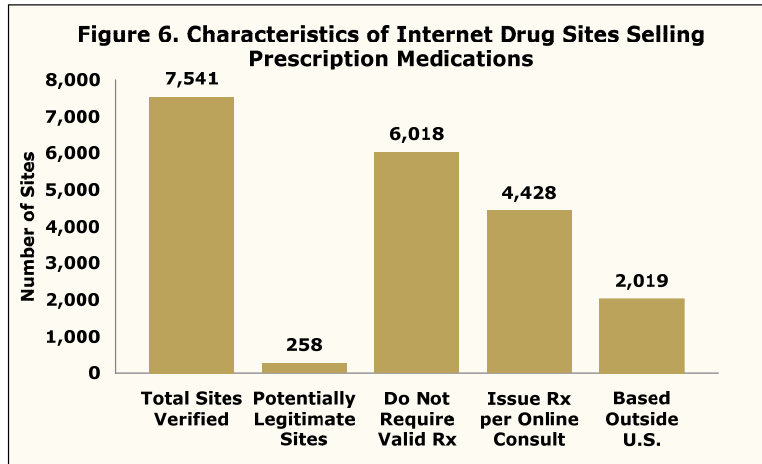


Source: Drug Enforcement Administration Domestic Cannabis Eradication/Suppression Program (DCE/SP).

	2005	2006	2007	2008	2009	2010	2011
Indoor Seizures	7,590	6,834	16,454	8,805	19,863	16,511	15,081
Outdoor Seizures	40,015	101,739	245,559	76,896	210,148	188,426	125,232



Source: Domestic Highway Enforcement (DHE) Program.



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

