

How social media became a storefront for fake pills as families struggle



How social media became a storefront for deadly fake pills

Kevin Roy, the chief public policy officer at Shatterproof, a national group dedicated to combatting the addiction and overdose crisis, said that the steps announced were crucial, but they still have to be carried out.

"It's only one part of a bigger picture," Roy said.

He was also concerned that the nations did not reach any agreements on how to deal with laundering drug money through China, an issue that Rahul Gupta, director of the Office of National Drug Control Policy, identified at a congressional hearing this year as another major problem.

China's National Narcotics Control Commission issued a directive Friday citing existing laws on narcotics and customs controls as a reminder to logistics businesses in the country on preventing the shipment of narcotics and psychotropic drugs abroad.

The notice called on businesses and companies to be "cautious about orders from the United States and Mexico and be wary of the exported items being used to manufacture drugs." It also warned businesses of the risk of getting caught up in law enforcement actions abroad.

The Biden administration confirmed Thursday that as part of the arrangement, it was lifting trade sanctions against the Chinese Ministry of Public Security's Institute of Forensic Science.

State Department spokesman Matthew Miller said the continued listing of the institute, known as IFS, was a barrier to sealing Chinese cooperation on the issue.

"Ultimately we decided that given the steps China was willing to take to cut down on precursor trafficking, it was an appropriate step to take," Miller said.

The U.S. Commerce Department listed the institute in 2020, saying it was "complicit in human rights violations and abuses committed in China's campaign of repression, mass arbitrary detention, forced labor and high-technology surveillance against Uighurs, ethnic Kazakhs, and other members of Muslim minority groups."

Fentanyl emerged as a widespread problem in the U.S. about a decade ago as there were crackdowns on prescribing opioid painkillers, which were linked to soaring death numbers already.

In the early days, it was largely shipped from China to the U.S., easily concealed in envelopes and small packages. Fentanyl's potency makes it appealing to drug suppliers because it's easy to ship. And because it's made from chemicals in labs, it doesn't rely on growing crops for drugs such as heroin, cocaine or marijuana.

Pushed by then-President Donald Trump, China agreed in late 2018 to crack down on shipments of finished fentanyl and some of its precursors. After that, more production moved to Mexico — with the raw materials still coming largely from China.

Synthetic opioids are now the biggest killers in the deadliest drug crisis the U.S. has ever seen. In 2014, nearly 50,000 deaths in the U.S. were linked to drug overdoses of all kinds. By last year, the total was more than 100,000, according to a tally by the U.S. Centers for Disease Control and Prevention. More than two-thirds of those deaths — more than 200 per day — involved fentanyl or similar synthetic drugs.

The powerful drugs are showing up in different places in the nation's supply of illicit substances. It's in counterfeit pills and cocaine, in some cases causing overdoses in people who have [no idea that they're using fentanyl](#). It's also sought out by some people with opioid use disorder. In many areas of the country, it's mostly replaced the supply of heroin.

Xi said at a dinner Wednesday in San Francisco, "China sympathizes deeply with the American people, especially the young, for the sufferings that fentanyl has inflicted upon them."

Biden said of the agreement, "It's going to save lives, and I appreciate President Xi's commitment on this issue."

The tone has changed from earlier this year. In April, Wang Wenbin, a spokesperson for the Chinese Foreign Ministry criticized the U.S. for blaming China for the precursors, saying they're "ordinary chemicals sold through normal trade." And [China blasted the U.S.](#) over the summer for imposing sanctions on Chinese anti-drug efforts rather than praising their efforts.

A key part of the new announcement from China is that it is sharing information on the drug trade. It's resumed submitting information to the International Narcotics Control Board for the first time in three years and agreed to launch a counternarcotics working group with the U.S.

"As we know only too well, the supply piece of this is just one part and we're not going to solve the fentanyl overdose issue solely by reducing the supply," said Regina LaBelle, who directs the Addiction and Public Policy Initiative at Georgetown University's O'Neill Institute and served as acting director of the Office of National Drug Control Policy under President Biden.

She said that it's significant that China and the U.S. are dealing with fentanyl, but it's an issue that demands cooperation from other countries, too. Xi was meeting Thursday with Mexican President Andrés Manuel López Obrador and Biden was scheduled to meet with him Friday.

The rise of fentanyl across the U.S. has intensified efforts to reduce the danger. [Naloxone, a drug that reverses overdoses](#), has become more widely available, [including without prescriptions](#). A [growing number of places](#) are allowing [drug screening kits](#) so users can find out if their drugs include fentanyl. Harm reduction groups also preach that people using drugs should use a small amount first to test for adverse effects and that they should not use alone.

"We're making investments in the United States in addressing prevention, treatment, recovery and harm reduction," LaBelle said. "All of those things have to continue to be ramped up."

Associated Press writers Huizhong Wu in Bangkok and Didi Tang and Aamer Madhani in San Francisco and AP researcher Yu Bing in Beijing contributed to this report.

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NDTA

NATIONAL DRUG THREAT
ASSESSMENT

MARCH 2021
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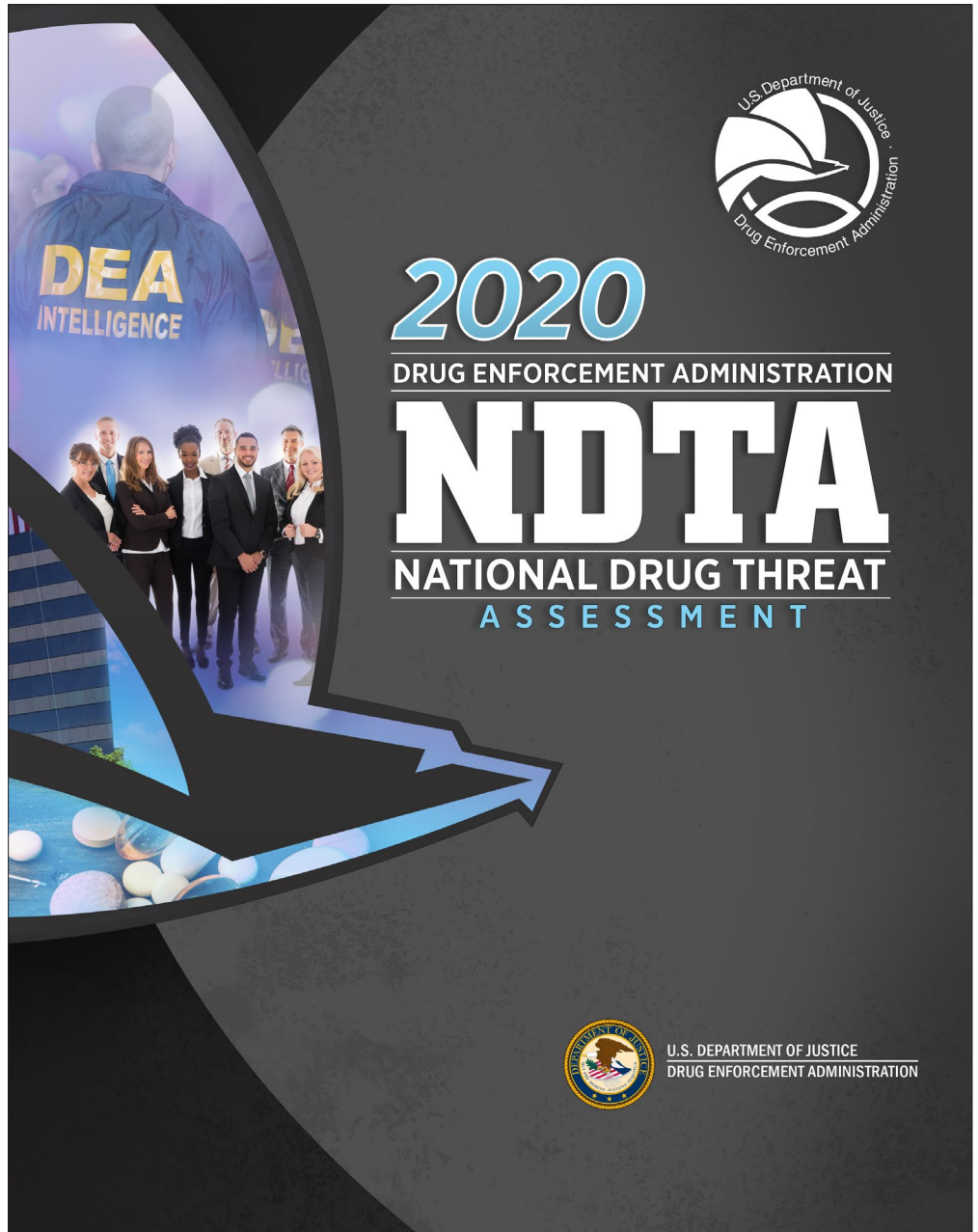


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DRUG ENFORCEMENT ADMINISTRATION
2020 NATIONAL DRUG THREAT ASSESSMENT



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LETTER FROM THE ACTING ADMINISTRATOR

It is my privilege to present the *2020 National Drug Threat Assessment (NTA)*, a comprehensive strategic assessment produced by the Drug Enforcement Administration's (DEA) Intelligence Program to inform U.S. policymakers and the American public about the threat posed by drug trafficking and associated transnational organized crime in the United States.

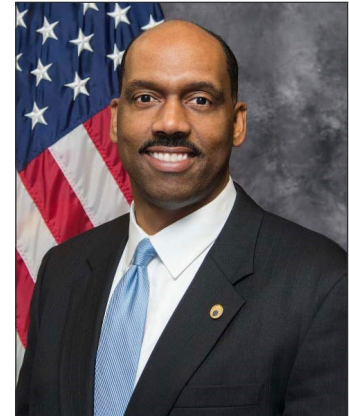
Drug trafficking imperils the safety and security of all Americans. The criminals who engage in drug trafficking fuel the epidemic of drug abuse and addiction in our country — and profit from it — while feeding the violence that plagues many of our communities.

Although we have made progress in driving down the abuse of controlled prescription opioids, the United States continues to face challenges from both new and persistent threats. Availability and use of cheap and highly potent fentanyl has increased, and methamphetamine has flooded into the United States across the southern border. Mexican transnational criminal organizations continue to supply most of the cocaine, methamphetamine, heroin, and fentanyl smuggled into the country, while violent street gangs dominate the retail sale and distribution of these illicit drugs at the local level.

Every day, DEA works hand-in-hand with our international, federal, state, local, and tribal law enforcement partners to disrupt and dismantle the most significant drug trafficking organizations in the United States and around the world. Together, DEA and our partners are confronting these threats head on, and have redoubled our efforts to keep Americans safe through increased focus on countering opioid trafficking and enforcement initiatives such as Project Python and Operation Crystal Shield. The results of these efforts are staggering, with more than 28,000 pounds of methamphetamine and millions of counterfeit pills containing fentanyl seized, over 2,600 targets arrested, and hundreds of firearms taken off the streets.

DEA is also committed to building partnerships with public health professionals to help turn the tide against the growing wave of overdoses that are occurring in our communities. Provisional data released by the Centers for Disease Control and Prevention in December 2020 indicated that overdose deaths continue to rise amid the global pandemic, causing unimaginable suffering and further complicating prevention, enforcement, and treatment efforts.

Only by working together — law enforcement, public health officials, educators, and community advocates — can we develop and implement the innovative solutions required to overcome this public health crisis.



Respectfully,

D. Christopher Evans

D. Christopher Evans
Acting Administrator
U.S. Drug Enforcement Administration



NATIONAL DRUG THREAT ASSESSMENT SCOPE AND METHODOLOGY

The *2020 National Drug Threat Assessment (NDTA)* is a comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs, the diversion and abuse of licit drugs, and the laundering of proceeds generated through illicit drug sales. It also addresses the role domestic groups, including organized violent gangs, serve in domestic drug trafficking. The most widely trafficked drugs are discussed in terms of their availability, consumption and overdose related deaths, production and cultivation, transportation, and distribution.

The report provides strategic analysis of the domestic drug situation during 2019 and the first half of 2020. This assessment is prepared through detailed analysis of the most recent law enforcement, intelligence, and public health data available to counterdrug agencies through the date of publication. To evaluate the threat of illicit drugs, analysts considered quantitative and qualitative information. Qualitative information on seizures, investigations, arrests, laboratory analyses, drug purity or potency, and price were considered. Qualitative information pertaining to the presence and level of domestic and foreign criminal activity, general trends in production or cultivation levels, involvement of organized criminal groups, and other related safety hazards, environmental effects, and associated criminal activity were also considered. The evaluation of the domestic use of illicit drugs was based on accepted data captured in national substance abuse indicators.

EXECUTIVE SUMMARY

The trafficking and abuse of illicit drugs inflict tremendous harm upon individuals, families, and communities throughout the United States. The violence, intimidation, theft, and financial crimes carried out by transnational criminal organizations (TCOs), criminal groups, and violent gangs pose a significant threat to our nation. The criminal activities of these organizations operating in the United States extend well beyond drug trafficking and have a profoundly negative impact on the safety and security of U.S. citizens. Their involvement in alien smuggling, firearms trafficking, and public corruption, coupled with the high levels of violence that result from these criminal endeavors, poses serious homeland security threats and public safety concerns.

Mexican TCOs are the greatest drug trafficking threat to the United States; they control most of the U.S. drug market and have established varied transportation routes, have advanced communications capabilities, and hold strong affiliations with criminal groups and gangs in the United States.

Illicit fentanyl^a—produced in foreign clandestine laboratories and trafficked into the United States in powder and pill form—is primarily responsible for fueling the ongoing opioid crisis. Fentanyl-laced counterfeit pills continue to be trafficked across the country and remain significant contributors to the rates of overdose deaths observed across the country. As inexpensive, potent fentanyl continues to push into established heroin markets, fentanyl will augment, and in some cases supplant, white powder heroin in various domestic markets.

Methamphetamine price and purity data, as well as law enforcement reporting, all indicate methamphetamine continues to be readily available throughout the United States. Seizures along with drug poisoning deaths involving methamphetamine continue to rise—purity and potency remain high while prices remain relatively low.

Availability of cocaine throughout the United States remains steady, likely based on the high levels of coca cultivation and cocaine production in the Andean Region of South America. Leading indicators of cocaine availability, including laboratory analysis of cocaine exhibits, cocaine seizure data, and price and purity of the drug, indicate that cocaine availability is steady.

Controlled Prescription Drugs (CPDs)^b remain a prevalent concern within the United States—availability remains constant while abuse levels decreased from the previous year. CPD diversion continues to decrease across most categories at the national level, but some states report an increase in the number of incidents. The number of opioid dosage units available on the retail market and opioid thefts and losses reached their lowest levels in nine years.

Mexico remains the most significant foreign source for marijuana in the United States; however, in U.S. markets, Mexican marijuana has largely been supplanted by domestic-produced marijuana.

a. The term “fentanyl” will be used throughout this document to mean illicit or clandestinely produced fentanyl unless otherwise specified.

b. CPDs include, but are not limited to, opioids (e.g. Vicodin, OxyContin), depressants (e.g. Valium, Xanax), stimulants (e.g. Adderall, Ritalin), and anabolic steroids (e.g. Anadrol, Oxandrin).

The demand market for New Psychoactive Substances (NPSs) is typified by new substances constantly being created and marketed to users. Synthetic cannabinoids and synthetic cathinones are the most common classes of NPSs available and abused in the United States; however, there are many other classes of NPSs including opioids^c, phenethylamines, tryptamines, benzodiazepines, and piperazines.

The 2020 COVID-19 pandemic and the associated restrictions on daily travel, U.S. border closings, closure of nonessential businesses, and the broad shelter-in-place orders temporarily posed new challenges to criminal organizations and their movement of drugs throughout the United States during the first half of 2020. Global drug markets reported fluctuations in pricing, availability, transportation, and distribution of illicit drugs during the initial stages of the pandemic in the spring of 2020. Despite initial disruptions in drug smuggling, transportation, and distribution, TCOs operating throughout foreign countries and in the United States continued to test new methods and use existing techniques to continue operating during the COVID-19 pandemic.

c. Synthetic opioids, as a class of New Psychoactive Substances, include fentanyl-related compounds in addition to other synthetic drugs. Given the threat posed by fentanyl and fentanyl-related substances/fentanyl analogues, those substances are discussed in their own section of this report.

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ILLICIT OPIOIDS & HEROIN

Overview

Nearly 70 percent of all drug overdose deaths in the United States in 2018 involved an opioid. Deaths involving synthetic opioids other than methadone—the category which includes fentanyl—increased by 10 percent according to data provided by the Centers for Disease Control and Prevention (CDC). While deaths involving heroin decreased by four percent, heroin continues to pose a serious public health and safety threat. The domestic markets for heroin, fentanyl, and other illicit synthetic opioids overlap, as these substances disproportionately affect the Great Lakes and Northeast regions of the United States. Mexican TCOs have established clandestine laboratories in Mexico for the synthesis of fentanyl, and Mexican authorities have encountered a rise in illegal fentanyl pill press and tableting operations. Likewise, Mexican TCOs are responsible for the production and trafficking across the Southwest Border (SWB) of the overwhelming majority of the heroin available in the United States.

Availability

Fentanyl continues to be readily available across the country with 17 of DEA's 23 Field Divisions indicating that fentanyl availability was high in 2019. Nearly all DEA Field Divisions that reported high fentanyl availability in 2019 also

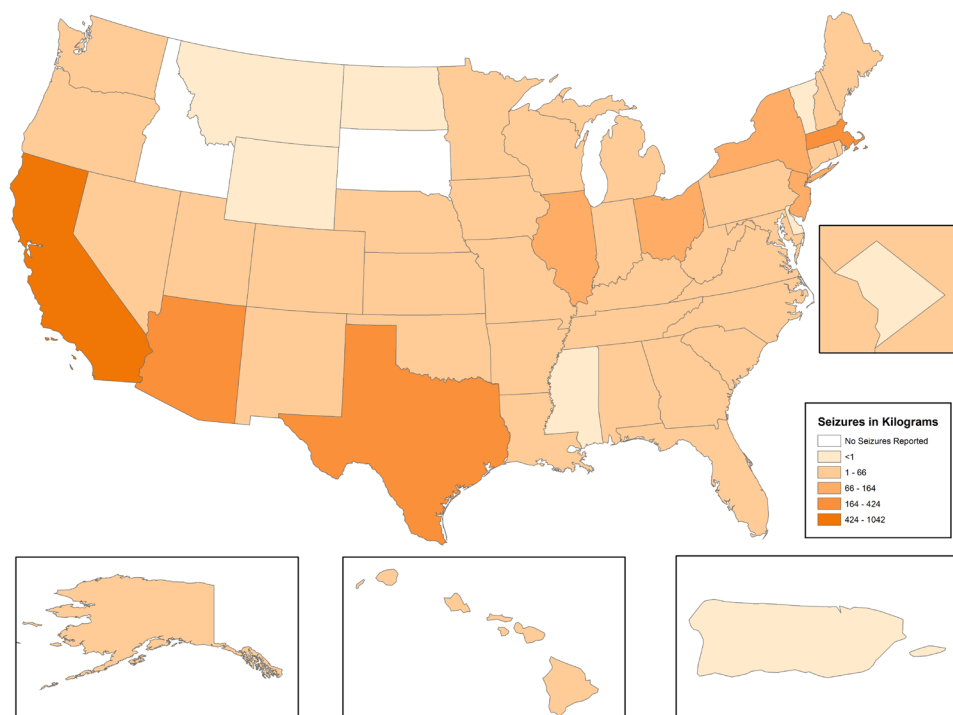
reported the same in 2018, demonstrating fentanyl's continued impact on the illicit drug market.

In 2019, the majority of DEA Field Divisions indicated that heroin was easily obtained at any time. DEA's hybrid Caribbean Field Division—with domestic and foreign offices—reported that while heroin remained moderately available when compared to 2018, heroin seizures throughout the entire Division declined in 2019. DEA's Miami and Houston Field Divisions reported that heroin was more available in their area of responsibility (AOR) than in the previous reporting period. DEA's El Paso, New Orleans, and San Diego Field Divisions reported that heroin availability within their respective AORs remained at the same moderate level as in 2018, meaning that heroin was generally readily accessible.

Reporting from forensic laboratories across the United States continues to show a rise in fentanyl availability while reports of heroin show a decline. In 2019, National Forensic Laboratory Information System (NFLIS)^d crime laboratory data (NFLIS-Drug)^e reflected 100,378 fentanyl reports identified by forensic laboratories, representing a 12 percent increase over 2018 (See Figure 1). In 2019, there were 128,267 reports of heroin to NFLIS-Drug, a 13 percent

d. The National Forensic Laboratory Information System (NFLIS) is a DEA program that systematically collects results of forensic analyses, and other related information, from local, regional, and national entities. The program consists of three components (NFLIS-Drug, NFLIS-Tox, and NFLIS-MEC) that complement each other to provide a holistic picture of the drugs analyzed by the U.S. forensic community.

e. NFLIS-Drug is a comprehensive information system that includes data from forensic laboratories that handle the Nation's drug analysis cases. NFLIS-Drug includes information on the specific substance and the characteristics of drug evidence, such as purity, quantity, and drug combinations. NFLIS-Drug does not include data from handheld presumptive testing devices as these fall outside the scope of NFLIS eligible data.

Figure 3. DEA Fentanyl Seizures by State, 2019

Source: DEA

greatest amount of fentanyl seized in 2019 were either clustered along the SWB, or were located in the Mid-Atlantic, Great Lakes, and Northeast areas of the United States, according to DEA reporting (See Figure 3). This concentration of heroin and fentanyl seizures in these areas demonstrates the ongoing trafficking from SWB states into the rest of the country.

The domestic market for fentanyl overlaps with most of the major white powder heroin markets. However, in select areas, law enforcement and public health officials report fentanyl is either supplanting or has surpassed a significant portion of the pre-established heroin market, including in DEA Field Divisions in the Northeast (New England, New Jersey, New York, Philadelphia) and Midwest (St. Louis, Chicago). The increased presence of fentanyl in white powder heroin markets continues to result in higher rates of fentanyl-involved overdose deaths, straining law enforcement and

public health resources in areas already afflicted with high levels of heroin-involved overdoses. DEA's Special Testing and Research Laboratory's (STRL) Fentanyl Signature Profiling Program (FSPP) analysis conducted on wholesale seizures (generally seizures greater than one kilogram) indicate that heroin is rarely mixed with fentanyl at the wholesale level. This points to the likelihood that U.S.-based drug

trafficking organizations (DTOs) and dealers are responsible for mixing fentanyl with heroin at the regional and local levels for retail consumption. Combining only a small quantity of fentanyl into heroin allows dealers to maximize profitability by extending heroin supplies.

Analysis conducted on retail level heroin seizures by the STRL under the Heroin Domestic Monitor Program (HDMP) indicates that Mexico-sourced heroin dominates retail heroin markets throughout the United States. This same analysis further indicates that heroin mixed with other controlled substances, mostly fentanyl, is increasingly widespread at the retail level. Historically, retail level heroin distributors have mixed or "cut" heroin with adulterants such as caffeine, procaine, and lidocaine, which increased their profits but also decreased the purity of their product. Adding fentanyl to heroin allows distributors to greatly increase their profits while maintaining product quality.

Illicit Opioids and COVID-19

As of June 2020, seven DEA Field Divisions — Chicago, Houston, Louisville, New England, St. Louis, and Washington — reported that fentanyl's availability had decreased as a result of the COVID-19 pandemic, while 10 DEA Field Divisions reported price increases for heroin. The remaining field divisions reported little to no market change. DEA Field Divisions reporting heroin price increases as a result of the COVID-19 pandemic include El Paso, Chicago, Denver, Houston, Louisville, New Orleans, New Jersey, New York, Philadelphia, and San Diego. It is possible that fentanyl availability experienced such little change during the pandemic due to the relatively smaller volumes of the drug needed to generate high amounts of revenue for drug traffickers, reflecting fentanyl's high potency^j and the relatively small quantities needed for users to experience its effects.

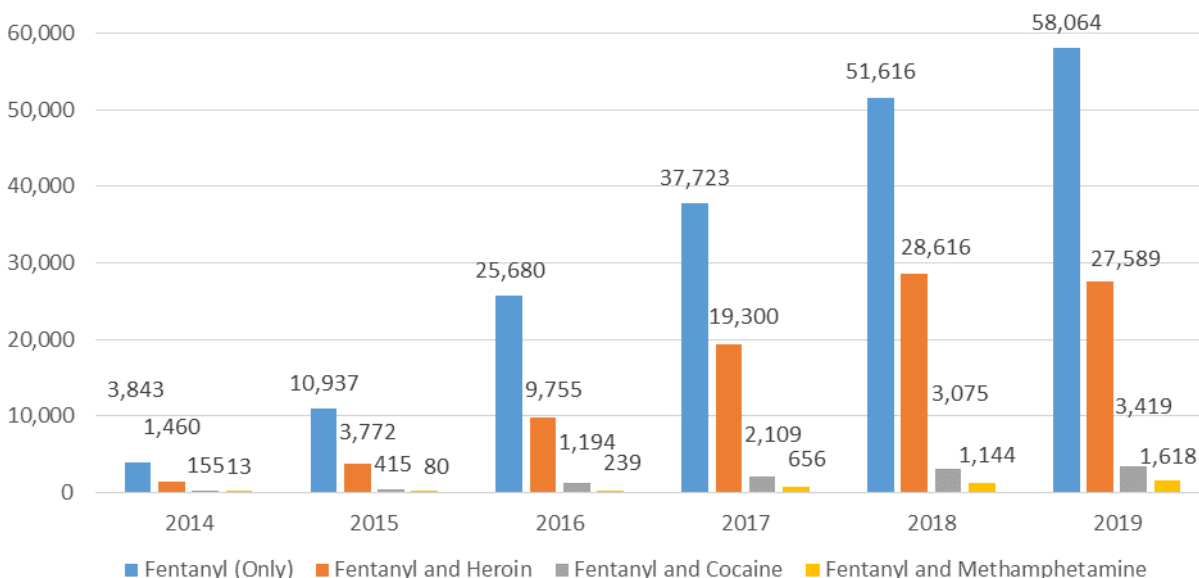
Pandemic-related challenges for DTOs trafficking heroin, fentanyl, and other synthetic opioids have included supply uncertainty associated with fluctuating state lockdown orders throughout the United States and border restrictions issued by the United States and Mexico.

j. Potency is defined as the measure of drug activity in terms of the dosage required to exert an effect on the body.

Fentanyl is often reported as a single drug entity —approximately 58 percent of fentanyl reports to NFLIS-Drug in 2019—but it continues to be observed in mixtures with other drugs, contributing to fentanyl's involvement not only in the opioid crisis, but also exacerbating the threats posed by other drugs (See Figure 4). Of the illicit fentanyl combinations found, heroin and fentanyl accounted for approximately 27 percent of the mixtures reported to NFLIS-Drug. The amount of mixtures may be underreported

due to variations in laboratory reporting protocols. FSP reports that of the sampling of 2019 seizures tested, fentanyl mixed with heroin accounted for 94 kilograms of the 1,066 kilograms of powders examined (8 percent by weight); in comparison, fentanyl was mixed with heroin in 22 percent of all fentanyl exhibits examined. These data do not reflect whether the mixtures are intentionally done or occur otherwise.

Figure 4. Fentanyl Combination Reports to NFLIS-Drug, 2014 – 2019



Source: National Forensic Laboratory Information System-Drug Retrieved July 10, 2020

DEA's Fentanyl Signature Profiling Program

The FSPF performs in-depth chemical analyses of fentanyl and fentanyl-related exhibits obtained from seizures made throughout the United States. Analytical methodologies developed at the STRL allow in-depth reporting on seizures in an attempt to link seizures for intelligence purposes. FSPF data is not intended to reflect U.S. market share but is rather a snapshot of samples submitted to STRL from the seven DEA regional laboratories.

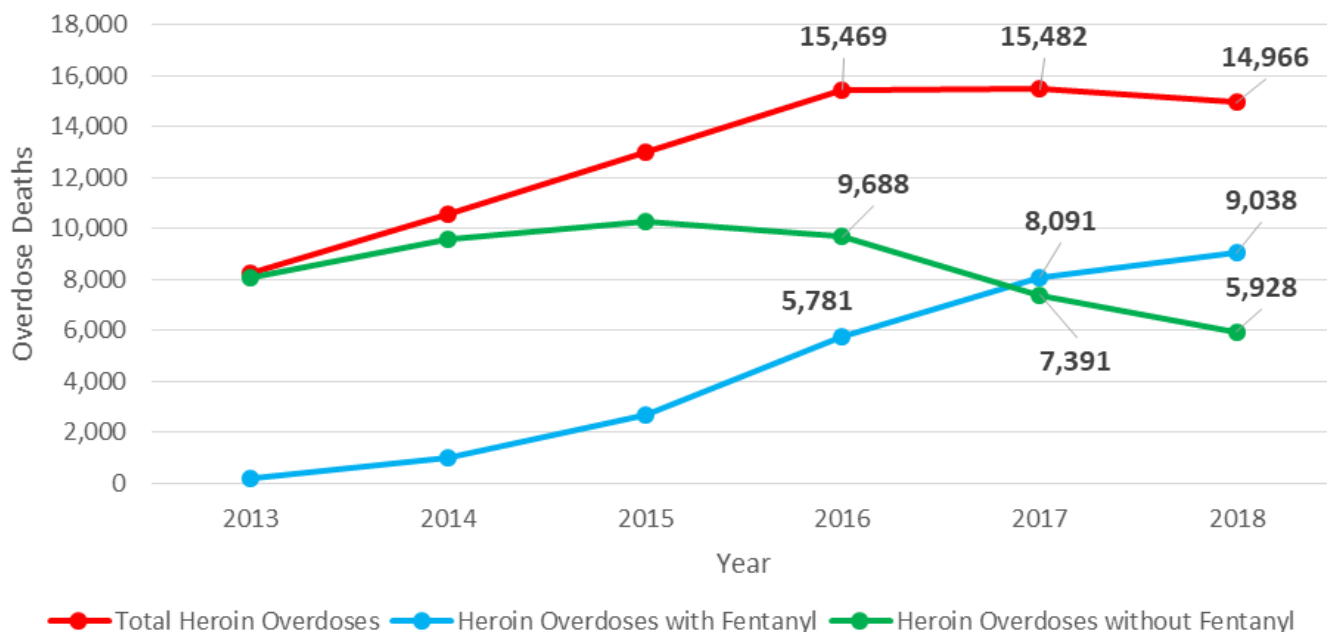
Drug Consumption and Overdose Deaths

Drug-poisoning data shows that heroin-involved overdose deaths are leveling off as overdose deaths continue to increase related to synthetic opioids other than methadone (SOTM). The CDC reported that heroin-involved overdose deaths dropped by just over four percent between 2017 and 2018. In 2018, the CDC

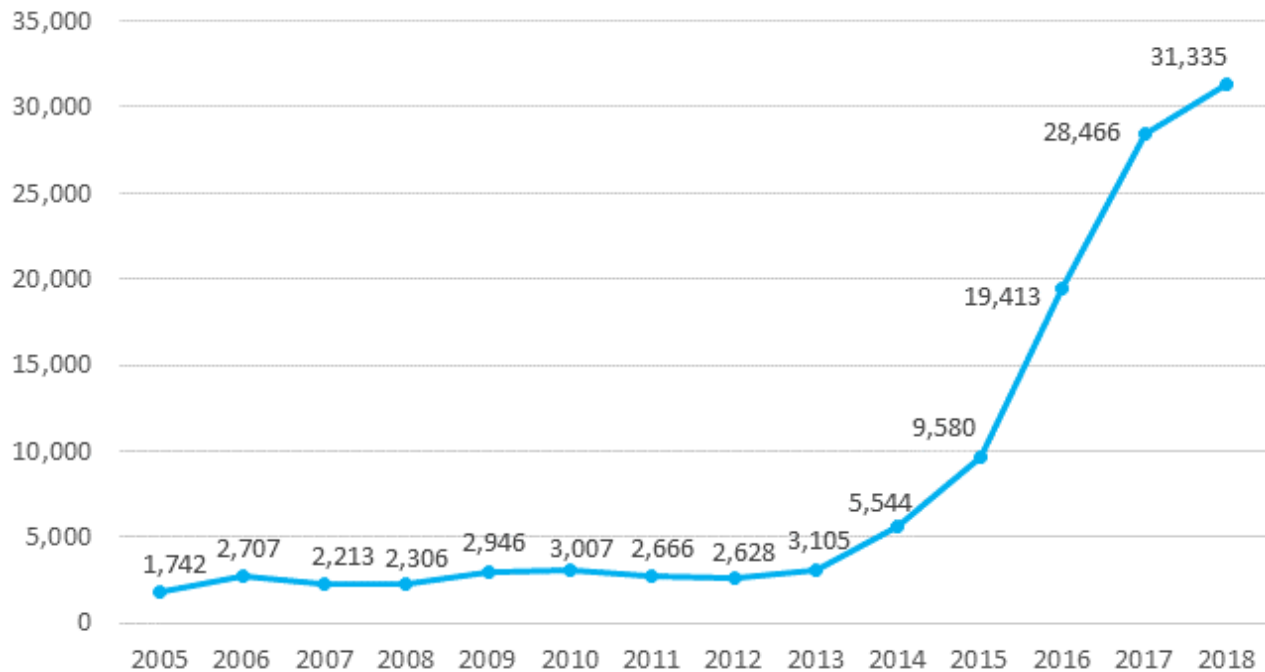
reported heroin overdose deaths decreased in Maryland, Connecticut, Michigan, Ohio, Illinois, Wisconsin, Kentucky, and Washington, DC, and increased in California, Texas, and Tennessee. The remainder of the country reported stable heroin overdose rates.

Further analysis reveals while the rate of overdose deaths involving heroin alone decreased almost 20 percent (dropping from 7,391 in 2017 to 5,928 in 2018), the rate of heroin-involved overdose deaths with fentanyl present increased almost 12 percent (rising from 8,091 in 2017 to 9,038 in 2018) (See Figure 5). Despite an overall decline in heroin-involved overdose deaths, heroin was second in the number of overdose deaths of any drug category. Heroin was only surpassed by the number of deaths attributable to SOTM, the category that includes illicit fentanyl and legal opioids available by prescription. The drugs in this synthetic opioids category were involved in more than 31,000 overdose deaths and accounted

Figure 5. Heroin-Involved Overdose Deaths With and Without Fentanyl, 2013 – 2018



Source: Centers for Disease Control and Prevention

Figure 6. Overdose Deaths Involving Synthetic Opioids Other than Methadone, 2005 – 2018

Source: Centers for Disease Control and Prevention

for 67 percent of opioid-involved deaths (See Figure 6). Deaths in this category increased approximately 10 percent from 2017 to 2018, likely attributable to increased availability of illicit fentanyl, as rates for licit fentanyl prescriptions and production have not risen in conjunction with the rise in fatal overdoses.

Fentanyl use and overdose deaths are more widespread across the country as the opioid crisis continues. Overall, fentanyl-involved deaths are still the most concentrated in states in the Great Lakes and Northeast of the United States.

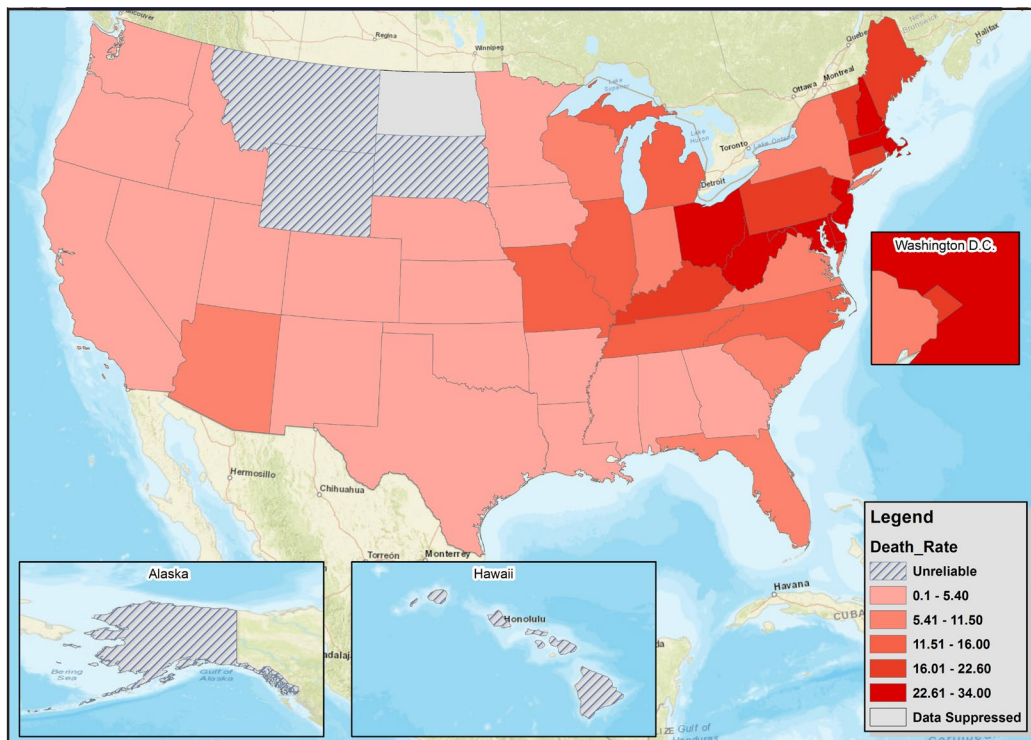
Overdose data indicates fentanyl use continues in areas with traditional white powder heroin prevalence while its use appears to be expanding into other regions in the United States, such as west of the Mississippi River. Simultaneously, increases in states with consistently high rates of opioid abuse demonstrate fentanyl's continued involvement

in overdoses and deaths in markets saturated with heroin and/or prescription opioids.

Fentanyl-laced counterfeit pills continued to become more widely available throughout the United States in 2019 and 2020, and are mentioned in open source news reporting across the country as being involved in drug poisoning deaths. The spread of fentanyl-laced counterfeit pills in the United States is likely due to Mexican TCOs seeking to further distribute fentanyl into prescription opioid user populations as there is no licit production of pills containing fentanyl. As of January 2020, 49 states identified the presence of fentanyl-laced counterfeit pills, according to a report from the Partnership for Safe Medicines.^k Moreover, 38 states reported deaths attributed to fentanyl-laced counterfeit pills through January 2020. This is a significant increase compared to April 2018, when 22 states reported deaths related to fentanyl-laced counterfeit pills.

k. Hawaii was the only U.S. state not to report fentanyl-laced counterfeit pills, as of January 2020.

Figure 7. Age Adjusted Rates of Overdose Deaths Involving Synthetic Opioids Other Than Methadone by State, 2018¹



Source: Centers for Disease Control and Prevention

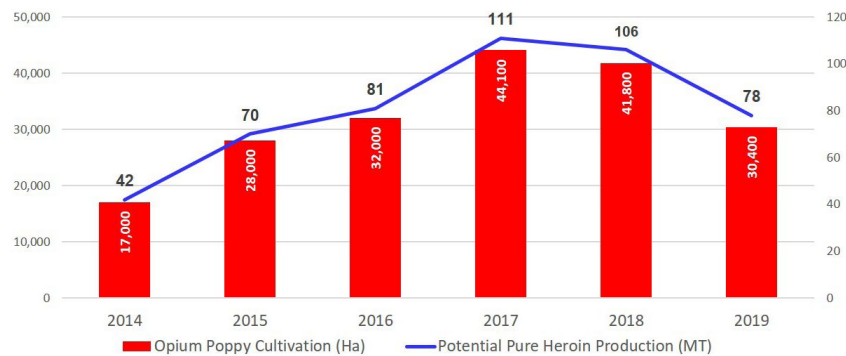
The Heroin Signature Program (HSP)

DEA uses data from the HSP as an indicator of the geographic origins of heroin available at the wholesale level in the United States. Under this program, DEA's STRL conducts annual in-depth chemical analyses of between 600 and 900 heroin samples that originate from seizures and purchases made in the United States. The science of the HSP entails multiple, detailed chemical analyses through which the purity, cutting patterns, and geographical processing origin (South America, Mexico, Southeast Asia, and Southwest Asia) are determined. Only a portion of the heroin seized throughout the United States in any given year is tested for signature, or source area, through the HSP. Therefore, HSP data is not representative of market share, but rather, indicates trends in the domestic market at the wholesale level.

Production

Heroin of Mexican origin accounted for 92 percent of the total weight of heroin analyzed under the HSP, the seventh consecutive year that Mexico has been identified as the primary source of origin for heroin encountered in the United States. According to U.S. Government estimates, poppy cultivation in Mexico in 2019 was recorded at 30,400 hectares, a 27 percent decrease from the 41,800 hectares reported in 2018. Similarly, potential pure heroin production decreased by 27 percent from 106 metric tons in 2018 to 78 metric tons in 2019 (See Figure 8). Low opium prices paid to poppy farmers in Mexico, coupled with an increase in fentanyl use in the United States, likely impacted the decrease in cultivation. However, there has been no observed reduction in heroin flows to

¹ States shaded in these types of maps as "data unreliable" or "data suppressed" either have problems with the reporting of the deaths that makes per 100,000 rates unreliable to report or else have so few deaths reported that reporting a rate would violate data privacy issues.

Figure 8. Potential Pure Heroin Production in Mexico, 2014 – 2019

Source: U.S. Government Estimates

the United States, as seizures of heroin at Ports of Entry (POEs) remained steady in 2019.

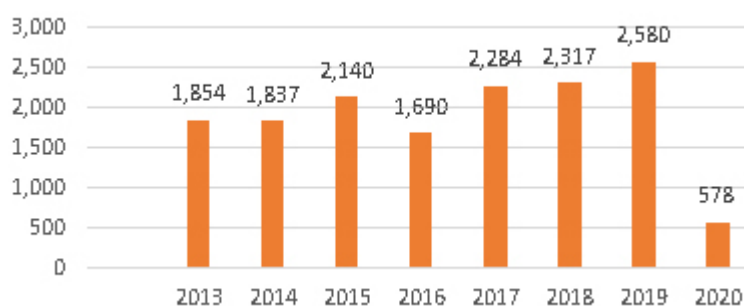
According to HDMP data for 2019, the average purities for heroin at the retail (street) level varied by type, with Mexican white powder and Mexican black tar heroin (the most prevalent types of heroin available at the retail level) averaging 47 percent and 45 percent purity, respectively. Although the presence of both fentanyl and various FRCs were observed in retail-level heroin exhibits analyzed under the HDMP, fentanyl remained the leading synthetic compound detected in a majority of these heroin exhibits.

Since at least 2019, Mexican TCOs' supply to the U.S. fentanyl market is increasing while supply of fentanyl directly from China to the U.S. has decreased substantially, according to reporting and forensic analysis of drug exhibits from DEA, U.S. Customs and Border Protection (CBP), and the U.S. Department of Homeland Security. Seizures at the SWB POEs by CBP, as well as seizures reported by the DEA Field Divisions along the SWB, have been increasing in both weight and purity. Conversely, fentanyl seizures via air routes have decreased, indicating China likely plays a smaller role in the direct supply of fentanyl shipped

into the United States. Fentanyl powder exhibits analyzed through the FSPP averaged 8.7 percent pure in 2019, an increase of 11.5 percent from the average purity of 7.8 percent in 2018. Only five of the 508 exhibits analyzed had purities that exceeded the 90 percent mark typical of the fentanyl seized from parcel shipments to the United States from chemical

companies based in China. This downward trend is likely attributable to the robust bilateral engagement between U.S. Government agencies and China, which led to China implementing its class scheduling of FRCs in May 2019. After this event, shipments of fentanyl and FRCs directly from China to the United States decreased and domestic law enforcement are encountering fewer new FRCs.

DEA reporting indicates that Mexican TCOs are significantly involved in fentanyl production. The Sinaloa Cartel and the Jalisco New Generation Cartel (CJNG) appear to be increasing the production of wholesale quantities of fentanyl in both powder and pill forms. Additionally, these TCOs are diversifying their precursor chemical sources of supply, and moving to precursor chemicals further down the synthesis chain to avoid international chemical controls.

Figure 9. Southwest Border Heroin Seizures Total Kilograms Seized, 2013 to 2020 to date (as of May 2020)

Source: U.S. Customs and Border Protection

Figure 10. Opioid Concealment Methods



Heroin concealed and extracted from a fire extinguisher



Fentanyl-laced pills concealed in luggage

Source: DEA



Heroin concealed in vehicle bumper

Mexican TCOs will almost certainly have the greatest direct impact on the fentanyl market in the United States for the near future because of these organizations' increased capacity and capabilities for fentanyl production, adaptations to restrictions on precursor chemicals, and existing drug trafficking infrastructure in the United States.

TCOs use a combination of methods to obtain chemicals used for fentanyl production in Mexico, primarily from sources originating in China, including purchases made on the open market, smuggling chemicals hidden in legitimate commercial shipments, mislabeling shipments to avoid controls and the attention of law enforcement, and diversion from the

chemical and pharmaceutical industries. Legal controls on these precursors vary from country to country. Law enforcement seizures in 2019 and 2020 include many chemicals which are uncontrolled in China and Mexico. Law enforcement in the United States and Mexico are reporting increased seizures of 4-anilinopiperidine (4-AP) which is a List I chemical in the United States as of May 2020, but is currently not controlled in either Mexico or China. Although 4-AP is not a direct replacement for 4-anilino-N-phenethylpiperidine (4-ANPP) in the synthesis of fentanyl, 4-AP can be converted into 4-ANPP in a one-step chemical reaction. The emergence of this chemical demonstrates the continued efforts by traffickers in Mexico

Figure 11. Counterfeit Oxycodone Tablet Containing Fentanyl



Source: Santa Clara, California Department of Health

and China to bypass international precursor chemical controls to continue producing illicit fentanyl. DEA reporting also indicates the use of more sophisticated clandestine laboratories and processing methods in Mexico.

- In May 2020, Mexican officials seized a combination of 169.5 kilograms of 4-AP and N-Phenethyl-4-piperidone (NPP) from a container shipment at the Port of Ensenada, Baja California, Mexico. The bags containing the chemicals were hidden amongst a legitimate shipment containing bags of powdered soap. The container shipment originated in Shanghai, China, and transited through Qingdao, China, and Busan, South Korea, before arriving in Mexico.

Transportation/Distribution

The majority of heroin and fentanyl available in the United States is smuggled overland across the SWB. Couriers on commercial airlines transport lesser amounts into the United States. Heroin seizures at the SWB remained high but relatively stable with 2,580 kilograms of heroin seized by CBP in 2019 compared to 2,317 kilograms in 2018. From 2013 to mid-year 2020, the amount of heroin seized at the SWB has increased 39 percent (See Figure 9). CBP reported a combined 1,208 kilograms of fentanyl seized at the SWB in 2019; 1,060 kilograms of fentanyl were seized at POEs and 148 kilograms were seized between POEs by the U.S. Border Patrol. This represents a 62 percent increase in total CBP fentanyl seizures at the SWB compared

to 2018 (745 kilograms). Fentanyl seizures at the SWB have been steadily increasing since at least Fiscal Year (FY) 2016.

Mexican TCOs employ a variety of methods to transport heroin, fentanyl, and other illicit opioids into the United States and use all manner of concealment methods to hide their drug shipments (See Figure 10). Land transportation via the interstate system is the most predominant method of transporting illicit opioids, with personally-owned vehicles (POVs), rental vehicles, and trucks/tractor trailers identified as the most commonly used modes of transport. POVs are often retrofitted with concealed compartments that are used by DTOs to hide heroin, fentanyl, bulk currency, and other contraband. The countless different aftermarket modifications of varying sizes and shapes readily available to TCOs often makes the detection of illicit drug loads challenging for law enforcement. TCOs use alternative and less frequent commercial forms of transportation to transport illicit opioids, such as airlines, buses, trains, and shuttle services. Body carriers and parcel delivery services are also used to facilitate the movement of drug shipments.

Mexican TCOs appear to be trafficking substantially greater amounts of fentanyl pills into the United States, likely resulting in decreasing reports of domestic pill pressing operations. The TCOs have consistently chosen to counterfeit a brand of licit 30 mg oxycodone pills that have been regularly diverted for years to the street market for opioids (See Figure 11). The selection of these tablets—blue, round, stamped with “M” on one side and “30” on the other, and increasingly referred to on the streets as “Mexican Oxy” or “M30s”—demonstrate that traffickers are taking advantage of an established market for these pills to increase the

profit margins with fentanyl. In addition, when analyzing the contents of these tablets, DEA's FSPP revealed that approximately 71 percent of these tablets are consistent with Mexican TCO illicitly manufactured fentanyl production techniques. Simultaneously, the number of illicit fentanyl tablet exhibits containing a potentially lethal dose of fentanyl is increasing, according to FSPP. Analysis of 2019 seizures revealed that 26 percent of illicit fentanyl tablet exhibits examined contained a potential lethal dose of fentanyl (71 exhibits out of 269 total exhibits). In comparison, in 2018 and 2017, FSPP analysis revealed that 14 percent and 10 percent of the tablet exhibits sampled, respectively, contained a potential lethal dose of fentanyl.

Fentanyl distributors in the United States also continue to order fentanyl, FRCs, and other synthetic opioids, such as U-47700, directly from manufacturers in China via the Internet including the dark web, with delivery accomplished by international mail and commercial parcel services. China-sourced fentanyl typically is smuggled in small volumes and generally tested over 90 percent pure. In 2019, U.S. law enforcement continued to seize China-sourced fentanyl though in smaller volumes and with fewer occurrences than previous years.

- *In September 2019, DEA's San Diego Field Division responded to an apartment in San Diego, California, to investigate a fatal drug overdose and seized more than five pounds of fentanyl, furanyl fentanyl, U-47700, and valeryl fentanyl from the apartment. Subsequent investigative information determined that the overdose victim purchased fentanyl online from a supplier in China. A subject close to the decedent stated that the victim had purchased a large stock of fentanyl for personal use, to eliminate the need for future street-level transactions. The quantity seized, however, was consistent with amounts involved in significant distribution and sales operations.*

Outlook

Heroin availability, while high, has stabilized, and corresponds with a decline in heroin-involved overdose deaths when those deaths do not also involve fentanyl or other synthetic opioids. Mexico will likely remain the primary source of origin for heroin transported to the United States and both Mexican white powder and Mexican black tar heroin will continue to be the most prevalent types of heroin available in major U.S. heroin markets. The heroin and fentanyl markets, already intertwined, will continue to grow as traffickers mix heroin with fentanyl to stretch heroin supplies and maximize revenues. Fentanyl and other synthetic opioids will likely continue to contribute to high numbers of drug overdose deaths in the United States in the near term, as fentanyl availability either by itself or mixed in with other drugs—particularly heroin—continues to persist. However, overdose deaths involving heroin alone may stabilize or continue to decline in the near term. The low cost, high potency, and ease of acquisition of fentanyl may encourage heroin users to switch to the drug should future heroin supplies be disrupted. As Mexico is the dominant supplier of heroin entering the United States, additional restrictions or limits on travel across the U.S.-Mexico border due to pandemic concerns will likely impact heroin DTOs, particularly those using couriers or personal vehicles to smuggle heroin into the United States. Another possibility may be a decrease in the price level for heroin as DTOs and street-level dealers maximize associated profit margins by increasingly mixing fentanyl into distributed heroin. DTOs may come to view heroin as simply an adulterant to fentanyl. Mexican TCOs will remain the primary source of supply for heroin and fentanyl smuggled into the United States, using precursors primarily

sourced from China, and they will continue to use their extensive infrastructure in both Mexico and the United States to supply lucrative U.S. opioid markets.



METHAMPHETAMINE

Overview

Methamphetamine seizures, price, and purity data as well as law enforcement reporting all indicate that methamphetamine continues to be readily available throughout the United States.

Most of the methamphetamine available in the United States is clandestinely produced in Mexico and smuggled across the SWB. Drug poisoning deaths involving methamphetamine continue to rise as methamphetamine purity and potency remain high while prices remain relatively low.

The outbreak of COVID-19 has disproportionately affected methamphetamine markets compared to other drugs of abuse. Many DEA Field Divisions report changes in pricing for methamphetamine at the wholesale and retail levels. However, based on reports of limited impact to overall supply of precursor chemicals and finished methamphetamine, TCOs likely capitalized on the pandemic in order to drive up methamphetamine's generally low price and in turn, their profits.

Availability

Methamphetamine is available throughout the United States, with the highest availability in the West and Midwest regions of the country, as well as a strong presence in the Southeast. However, in recent years, methamphetamine has become more prevalent in areas that historically were not major markets for the drug, particularly

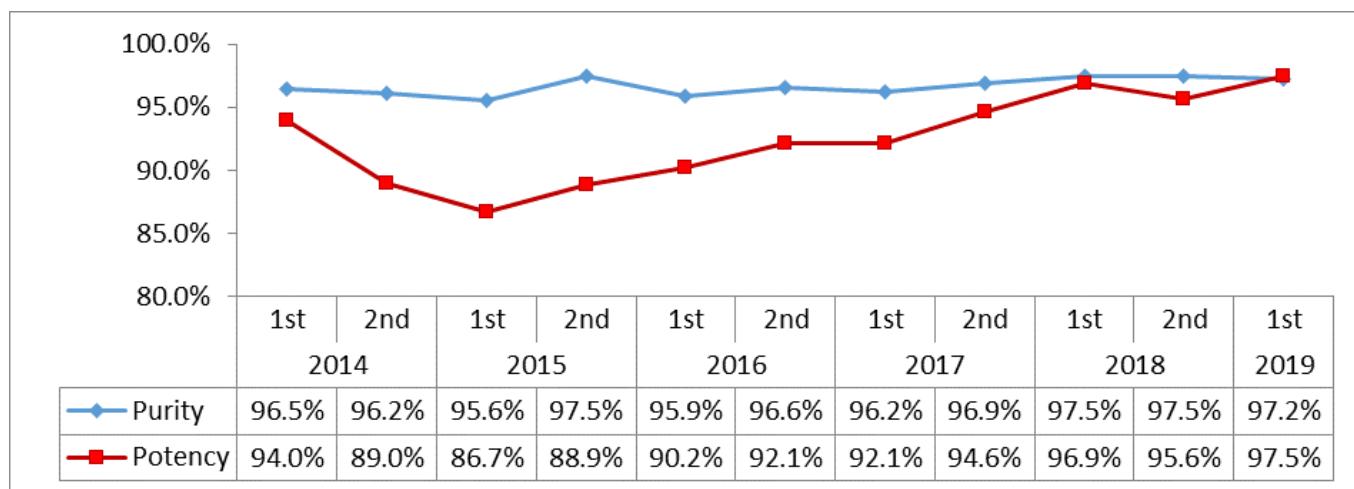
the Northeast. DEA seized 53,079 kilograms of methamphetamine nationwide in 2019, an increase of 55 percent from 2018 (34,270 kilograms). Methamphetamine seizures occur to varying degrees in nearly every state.

Reporting from the majority of DEA Field Divisions indicated methamphetamine availability was high throughout the United States. In 2019, 17 DEA Field Divisions reported high methamphetamine availability, and six divisions reported increasing methamphetamine availability compared to the previous reporting period.

Methamphetamine reports to NFLIS-Drug increased two percent between 2018 and 2019—there were 424,926 reports in 2018, and 433,740 reports in 2019. However, overall methamphetamine reports have increased significantly since 2014, when there were 247,546 reports, marking a 75 percent increase since that time. NFLIS-Drug data also indicates methamphetamine reports represent an increasingly larger portion of the total number of all drug reports—increasing from approximately nine percent of all reports submitted in 2009 to approximately 24 percent in 2018.

Purity, Potency, and Price

Seizures sampled through the DEA Methamphetamine Profiling Program (MPP) continue to have high purity and potency, reflecting high availability of methamphetamine. In the first half of 2019, methamphetamine

Figure 12. Methamphetamine Purity and Potency

Source: DEA Methamphetamine Profiling Program

sampled through the MPP averaged 97.2 percent purity and 97.5 percent potency (See Figure 12).

Drug Consumption and Overdose Deaths

The number of deaths in the CDC category psychostimulants with abuse potential continues to increase. Methamphetamine-involved drug poisoning deaths are counted under this broader category, which includes other drugs such as caffeine and phenethylamines (including 3, 4-methylenedioxy-methamphetamine (MDMA)),

and cathinones (e.g. ethylone). According to the CDC, in 2018, there were 12,676 psychostimulant drug-poisoning deaths in the United States, representing a nearly 23 percent increase from 2017 (10,333), and an 874 percent increase since the lowest point in 2008 (1,302) (See Figure 13). The steadily increasing number of deaths from psychostimulants may be due to increased availability and market expansion into areas and user bases that are not traditionally associated with methamphetamine use.

Methamphetamine Precursor Chemicals

Controlled Examples:

- Methylamine
- Benzaldehyde
- Nitroethane

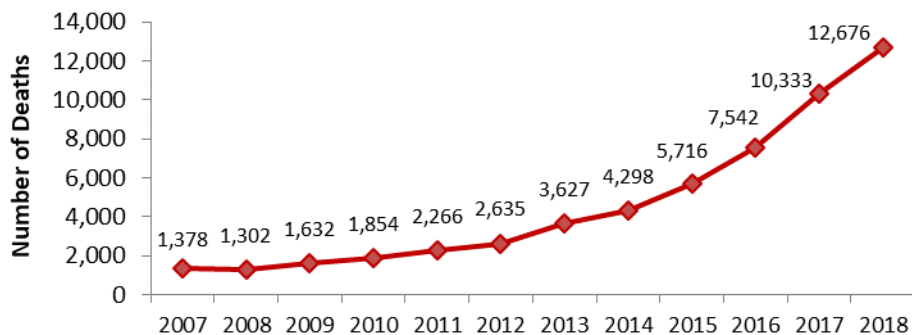
Not Controlled Examples:

- Ammonium chloride
- Formaldehyde

Methamphetamine is produced using multiple methods, which use a variety of different chemicals depending on the process. Many of these chemicals are regulated as listed chemicals in the United States and Mexico, though TCOs have sought to bypass restrictions through the use of uncontrolled pre-precursors. The involvement of Mexican TCOs in methamphetamine production is through the use of industrial scale laboratories^m that rely upon the importation of these chemicals, primarily from China and India. Chemical shipments are mislabeled at the origin, shipped to legitimate companies, and then diverted by the TCO and smuggled to the clandestine laboratories.

m. An industrial scale laboratory refers to its ability to manufacture kilogram quantities of methamphetamine that can range from 100 grams up to multi-kilogram quantities depending on amounts shipped across the border. Currently, methamphetamine produced from medium, large, or extra-large laboratories, which generally accounts for multi-kilogram quantities of methamphetamine, are most likely from industrial scale laboratories.

Figure 13. Psychostimulant-involved Drug Poisoning Deaths, 2007 – 2018



Source: National Center for Health Statistics/Centers for Disease Control and Prevention

increased competition among the different TCO groups. TCOs are exploring new markets for methamphetamine, and increasing quantities are coming across the SWB. The price of methamphetamine may begin to rise with a market expansion, although prices in established markets remain consistently low.

Production

Foreign Production

Mexican TCOs continue to be the primary producers and suppliers of low cost, high purity methamphetamine available in the United States. Mexican TCOs regularly produce large quantities of methamphetamine, which has led to a significant supply of methamphetamine in the U.S. market. The majority of Mexican TCOs are also involved in methamphetamine trafficking, which has led to

Shortly after the enactment of the Combat Methamphetamine Epidemic Act (CMEA) in 2006, Mexico introduced similar legislation regulating precursors, notably ephedrine and pseudoephedrine. The series of legislative actions ultimately banned ephedrine and pseudoephedrine from the country entirely in 2008. Despite the restrictions in Mexico on precursor chemicals, Mexican TCOs continue to adapt by finding alternative methods of manufacture, with many of the precursor chemicals sourced from companies in China and India. Mexican TCOs produce methamphetamine using the reductive amination method, which employs the precursor phenyl-2-propanone (P2P) instead of pseudoephedrine. According to the DEA MPP, 99.2 percent of samples analyzed in the first half of 2019 were produced using this method. Mexican TCOs are able to produce methamphetamine that is highly pure and potent, while less expensive to produce, which has contributed to the decline of domestic production.

In mid-2014, a new forensic profile had emerged from samples analyzed from the U.S.-Mexico border and other U.S. locations. This newer profile is linked to an alternate P2P recipe called the nitrostyrene method, which starts with benzaldehyde and nitroethane as the key precursors. This forensic profile was identified

DEA's Methamphetamine Profiling Program (MPP)

The DEA MPP provides an in-depth chemical analysis of selected methamphetamine samples to establish trends associated with the manufacture of methamphetamine seized primarily in the United States. The MPP further identifies the method used to manufacture methamphetamine, as well as tracking purity levels and other related trends. However, the MPP is unable to determine the source origin of methamphetamine samples because the drug is synthetically produced—unlike morphine and cocaine, which are extracted from plant sources. The MPP data set is only reflective of the MPP sampling plan, and is not representative of all methamphetamine samples submitted to the DEA laboratory system.

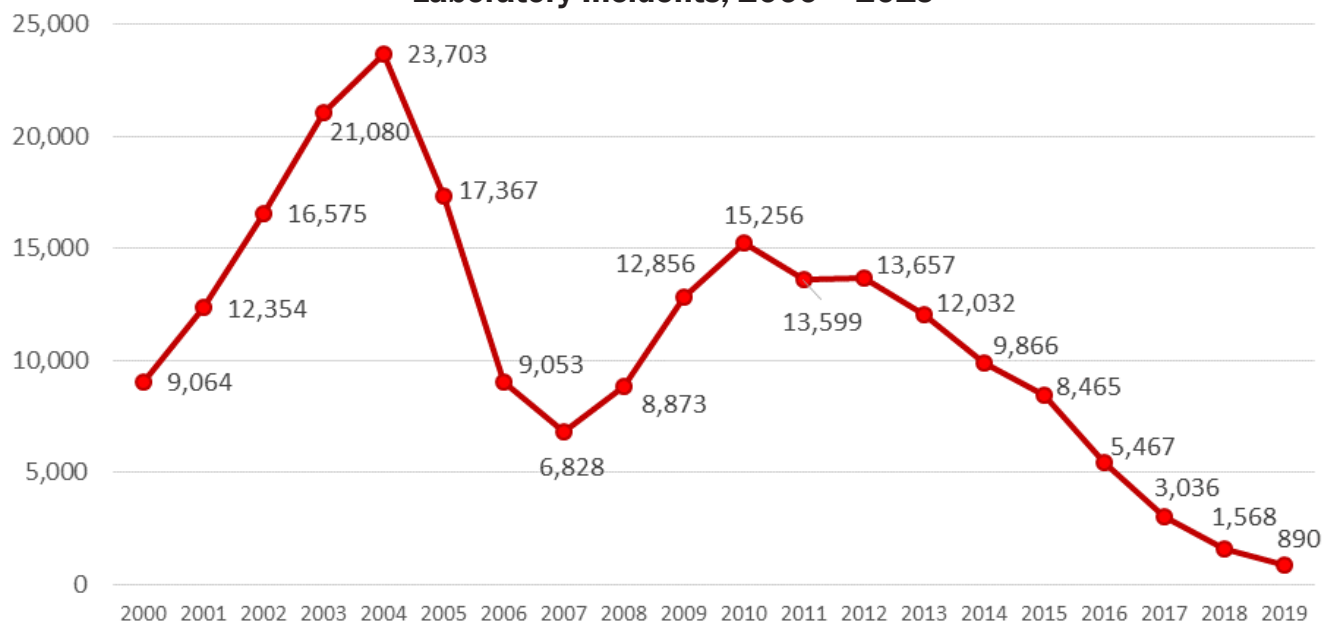
Precursor Restrictions and Pricing Can Influence Production Methods

DEA reporting suggests precursor chemical availability and price drive the P2P production technique used by Mexican methamphetamine manufacturers. In October 2015, the Government of Mexico formally controlled the P2P precursor chemicals benzaldehyde and nitroethane, which caused an over 300 percent increase in pricing of chemicals on the black market. While there are many different methods to produce methamphetamine, production follows a predictable pattern of chemical reactions and ingredients. Rather than wait on shipments of preferred precursor chemicals or restricted chemicals, significant methamphetamine producers will shift methods and/or chemicals depending on what materials are readily available to maintain supply and production. Identifying, targeting, and restricting necessary precursors could slow production, drive prices up, and force producers to shift production methods.

as the primary production method, at the time, for the majority of samples seized and analyzed from the U.S.-Mexico border as well as throughout the United States.

MPP data reflects that the newer P2P-nitrostyrene method decreased in prominence during the first half of 2019, representing only 11 percent of samples analyzed, a one percent decrease from the second half of 2018. Older phenyl-acetic acid (PAA) profiles represented 39 percent of analyzed samples, a decrease nine percent from the second half of 2018. Profiles that contained a mixture of both P2P methodsⁿ increased by five percent from the second half of 2018, and represented 37 percent of analyzed samples. This shift may be in reaction to precursor chemical restrictions and seizures focusing on the newer nitrostyrene methods, which are contributing to the profile's shrinking percentage of samples. The remainder of samples (13 percent) could not be placed into a P2P method sub-category.

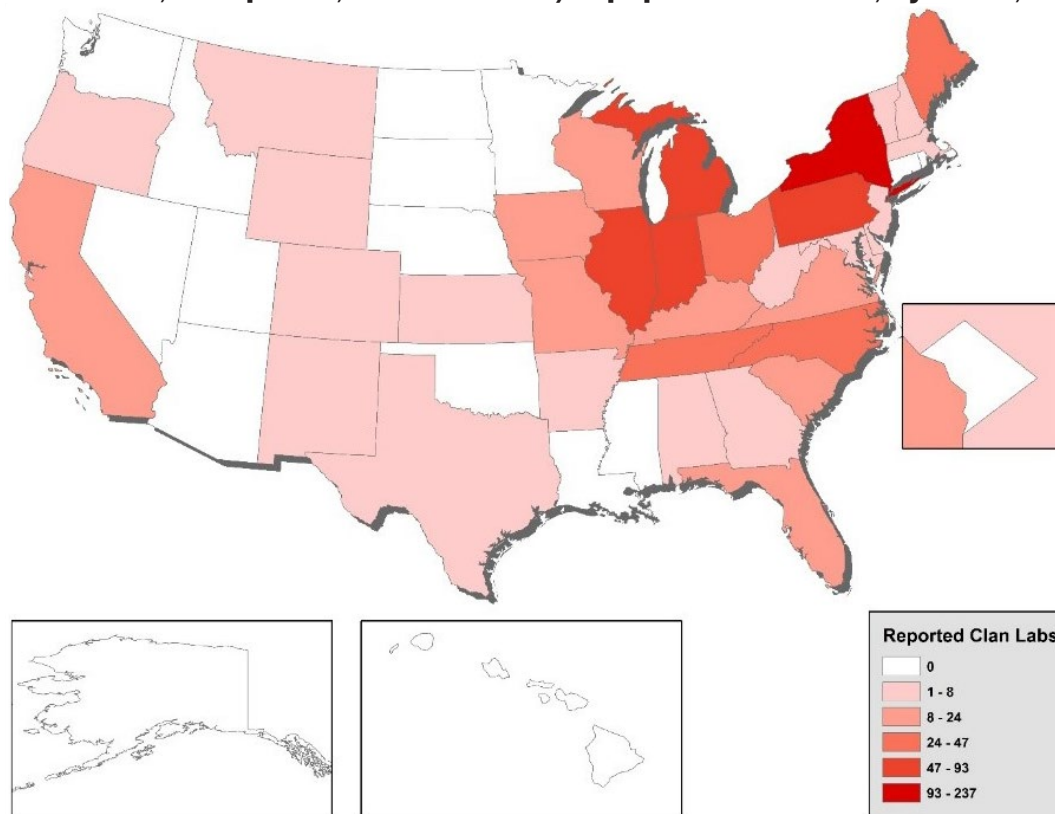
Figure 14. Number of Domestic Methamphetamine Laboratory Incidents, 2000 – 2019



Source: El Paso Intelligence Center, National Seizure System

n. A "mixed" profile is defined as a chemical signature containing indicators of both the nitrostyrene profile and the phenylacetic acid profile.

Figure 15. Methamphetamine Clandestine Laboratory Incidents Including Laboratories, Dumpsites, and Chemical/Equipment Seizures, by State, 2019



Source: El Paso Intelligence Center, National Seizure System

DEA reporting also indicates a potential new PAA production method utilizing benzyl chloride and sodium cyanide to make an oil called benzylnitrile. While no forensic marker has been created, DEA reporting has documented the establishment of this formula as well as monitored the movements of new related precursor chemicals.

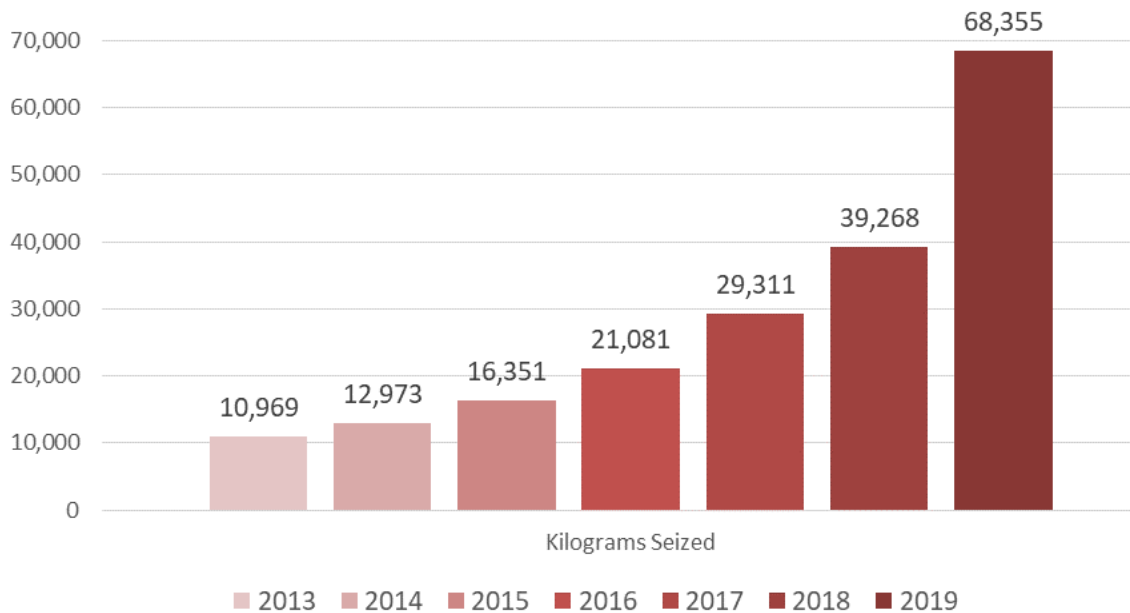
Domestic Production

Clandestine methamphetamine laboratory seizures continue to decrease across the United States. The enactment of the CMEA reduced domestic methamphetamine production by placing restrictions on key ingredients. Domestic producers have been unable to keep up with the quantity or quality of the lower cost methamphetamine produced on an industrial scale in Mexico.

In the early 2000s, domestic methamphetamine laboratory seizures increased yearly in the United States and peaked in 2004 with approximately 23,700 methamphetamine laboratory incidents^o reported to the El Paso Intelligence Center's (EPIC) National Seizure System (NSS). Domestic methamphetamine production has decreased annually since 2004, with a moderate spike in production from 2007 to 2010 that has since declined significantly with 890 seizure incidents of methamphetamine laboratories reported to NSS in 2019, the lowest reported in 19 years (See Figures 14 & 15). In 2019, 84.8 percent of all methamphetamine laboratories seized in the United States were small laboratories capable of producing two ounces or less of methamphetamine.

^o. Incidents include Dumpsites, Chemical Only, or Equipment Only Seizures, and Laboratory Seizures.

Figure 16. U.S. Customs and Border Protection Southwest Border Methamphetamine Seizures, 2013 – 2019



Source: U.S. Customs and Border Protection

However, methamphetamine remains the most frequently manufactured drug seized in clandestine laboratories in the United States, according to NSS reporting. Clandestine laboratories can be set up anywhere: private residences, motel and hotel rooms, apartments, mobile homes, campgrounds, and commercial establishments. Many of the domestic methamphetamine laboratories seized in 2019 were small-capacity production laboratories, known as “one-pot” or “shake and bake.” A laboratory of this size generally produces two ounces or less of methamphetamine per production cycle, making it small-scale and easy to conceal, yet often dangerous, and in many cases can cause fires, serious injuries, or even death. Common household items (i.e. pseudoephedrine/ephedrine tablets, lithium batteries, camp fuel, starting fluid, and cold packs) are used as ingredients and mixed inside a container such as a plastic soda bottle.

Transportation and Distribution

Methamphetamine seizures occur in every U.S. state. Mexican TCOs control wholesale methamphetamine distribution, while both Mexican and domestic criminal groups typically control retail distribution in the United States.

The SWB remains the main entry point for the majority of methamphetamine entering the United States. Methamphetamine seizures along the SWB increased 74 percent from 2018 (39,268 kilograms) to 2019 (68,355 kilograms) (See Figure 16). Total nationwide methamphetamine seizures increased 77 percent between 2018 (41,396 kilograms) and 2019 (73,351 kilograms).

While methamphetamine precursors are often transported via maritime shipments from China and India, finished methamphetamine is commonly trafficked overland across the SWB. Traffickers employ various techniques to transport and conceal methamphetamine, such as using human couriers, parcel services,

and commercial conveyances. Commonly, traffickers transport multi-kilogram shipments of methamphetamine in privately owned vehicles. Fuel tank concealment remains a widely used technique with either packaged methamphetamine or methamphetamine in solution. Methamphetamine concealed in tires and other natural voids in vehicles are other popular methods for smuggling methamphetamine and other contraband into the United States.

- In May 2020, DEA's Austin, Texas Resident Office (RO) High Intensity Drug Trafficking Area (HIDTA) Task Force seized 17 kilograms of methamphetamine and nearly 38 liters of methamphetamine in solution. A methamphetamine conversion laboratory was discovered after complaints of chemical odors. Among the seized items were tire rims as well as modified fuel tanks used to conceal and transport methamphetamine.

Methamphetamine in Solution

Methamphetamine can be dissolved in a variety of liquids, including vehicle fluids, fuels, water, and alcoholic beverages (See Figure 17); it is more easily smuggled, more difficult to detect, and can be less expensive than in powder or crystal forms. This smuggling method requires a conversion laboratory to extract the methamphetamine from the solution in which it is dissolved. Methamphetamine in solution form is rarely sold on the streets.

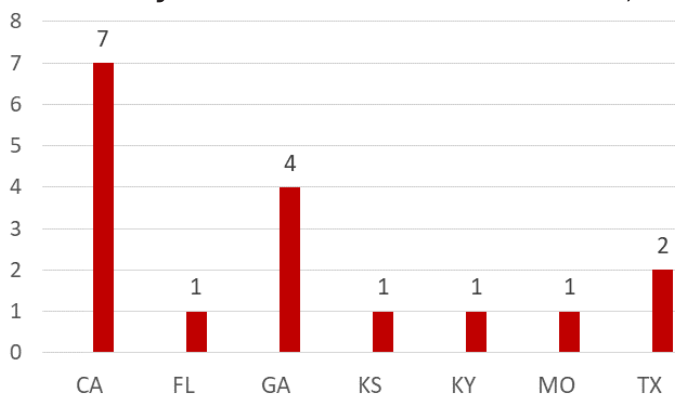
Figure 17. Methamphetamine in Solution seizures from HIDTA DHE Initiative



Source: Gulf Coast Blue Lightning Operations Center/High Intensity Drug Trafficking Area Watch Center

Methamphetamine in solution seizures in SWB states have increased from 2015 to 2019. According to the EPIC NSS, there were approximately 8,890 kilograms of methamphetamine in solution seized in SWB states in 2019, a 348 percent increase from 1,986 kilograms in 2015. According to EPIC NSS reports and Domestic Highway Enforcement reporting, there were 66 seizures of methamphetamine in some type of solution, up from 57 incidents in 2018.

Figure 18. Methamphetamine Conversion Laboratory Incidents in the United States, 2019



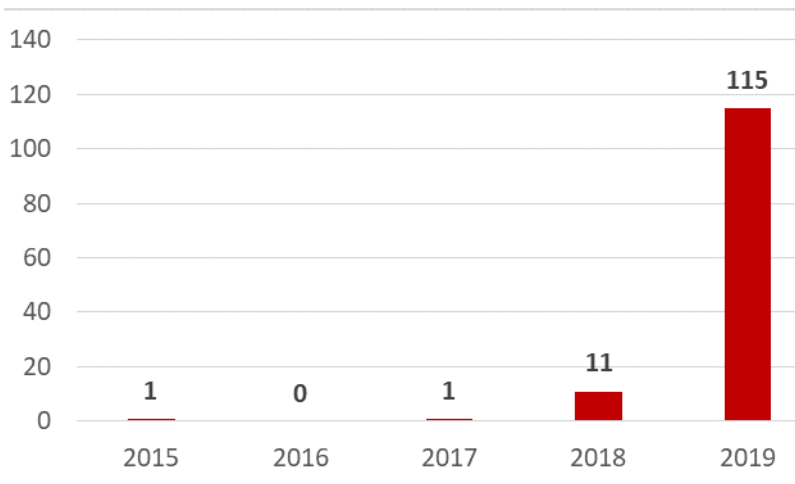
Source: El Paso Intelligence Center, National Seizure System

Conversion Laboratories

Methamphetamine conversion laboratories are used to either convert powder methamphetamine into crystal methamphetamine or to recrystallize methamphetamine in solution back into crystal methamphetamine—conversion laboratories are not used for methamphetamine production. From 2000 to 2019, with the exception of 2018, the majority of conversion laboratory seizures occurred in California. The state of Georgia had the majority of conversion laboratories in 2018.

Law enforcement has seized conversion laboratories in states farther from the SWB, primarily in the Midwest region. In 2019, there were conversion laboratories seized in Florida, Kansas, Kentucky, and Missouri (See Figure 18).

Figure 19. EPIC NSS Seizure Totals for Methamphetamine in Pill Form



Source: El Paso Intelligence Center, National Seizure System

Methamphetamine in Pill Form

Methamphetamine in pill form has appeared in several states in 2019 and into 2020. Many incidents have involved pill forms that resemble MDMA tablets, while others have been counterfeit pharmaceuticals with methamphetamine present or as the primary substance. Ten of DEA's 23 Field Divisions reported having encountered methamphetamine in some type of pill form. Due to the sporadic nature of reports and encounters, it is likely that individuals domestically manufacture counterfeit pills containing methamphetamine marketed to new or niche markets rather than being available/marketed as a wholesale-level product.

Seizures of methamphetamine pills reported to NSS have increased dramatically with 115 seizures reported to NSS in 2019, up from only 11 in the previous year. From 2015 to 2019, NSS reported 128 seizures of methamphetamine pills in total (See Figure 19).

- In May 2020, authorities stopped an individual arriving at Dulles International Airport outside Washington, D.C. and seized approximately five pounds of suspected MDMA in pill form from the individual's luggage. Laboratory analysis indicated that the multi-colored/various shaped pills in a fish oil bottle and in a coconut oil bottle were not MDMA, but rather methamphetamine.
- Counterfeit Adderall tablets have been encountered previously in Michigan, Florida, and also in Washington State in 2019. These pills bore similar coloring and markings of legitimate prescription Adderall (See Figure 20). The primary substance identified in laboratory analysis in these cases was methamphetamine. In 2019, the Michigan State Police, DEA's Miami Field Division, and the Clark-Vancouver Regional Drug Task Force in Washington seized pills of this type.

As with other drugs of abuse, these product innovations illustrate the determination of DTOs to make methamphetamine appealing to non-traditional users, particularly those in the CPD user population, by offering the drug in atypical forms. Counterfeit MDMA tablets may also

Figure 20. Legitimate Adderall Tablets (Top) and Counterfeit Tablets (Bottom) Containing Methamphetamine



Source: Northwest High Intensity Drug Trafficking Area

be an attempt at attracting a non-traditional user base by supplementing or replacing a more expensive product with a cheaper, more easily obtained drug. DEA consistently seizes methamphetamine in traditional forms, and pill forms remain sporadically reported.

COVID-19 Pandemic Impact

While the COVID-19 pandemic may have affected TCOs' short-term ability to obtain precursor chemicals, lasting long-term impacts on the supply chain and methamphetamine production appears to be minor or negligible, allowing the TCOs flexibility in determining pricing. DEA reporting indicates TCOs were already looking to increase the price of methamphetamine prior to the onset of the pandemic. Additionally, TCOs may have exaggerated the effects of the pandemic on aspects of production and supply, particularly chemical supplies, to further increase pricing.

DEA reporting also indicates that some TCOs sought to intentionally price gouge customers by holding shipments of methamphetamine in order to charge higher prices as the crisis prolonged and supplies in the United States diminished. Assertions of limited availability do not appear credible, given a reported two-year inventory of illicit methamphetamine in Mexico before the crisis began.

Outlook

Mexican TCOs are likely to continue to produce, transport, and distribute high-purity, high-potency methamphetamine across the SWB into the United States and will likely continue to adapt their production methods as precursor chemicals become restricted, become temporarily unavailable, or cost-prohibitive. Domestic production will likely continue declining as methamphetamine produced in Mexico remains a lower cost, higher purity, and higher potency alternative.

Conversion laboratories will likely continue to increase, or at least maintain a stable presence, as methamphetamine in solution remains an effective concealment and transportation option. Additionally, TCOs are likely to continue to attempt to expand existing markets or establish new ones by offering methamphetamine in non-traditional forms such as tablets.

The price of methamphetamine currently remains low compared to other drugs of abuse despite the impact of the COVID-19 pandemic, but has seen price increases during the ongoing pandemic. As the COVID-19 pandemic crisis continues, fluctuations in pricing and availability will likely continue with all drugs of abuse, with the methamphetamine market disproportionately affected.

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COCAINE

Overview

Production, trafficking, and abuse of cocaine consistently pose a threat to the safety and security of citizens and law enforcement, from the production zones in South America to transportation and distribution networks in the United States. Domestic availability is steady, likely driven by high levels of coca cultivation and cocaine production in the Andean Region of South America, and deaths from drug poisoning involving cocaine have increased every year since 2013.

Impact of COVID-19 on Cocaine Trafficking to the United States

The COVID-19 pandemic has impacted multiple nodes of the cocaine trafficking supply line, yet has not significantly reduced the overall supply to the United States. In Colombia—the primary source country of cocaine in the United States—the pandemic has not significantly affected TCOs' abilities to produce and smuggle cocaine, as of October 2020. COVID-19 related restrictions in South, Central, and North America have not significantly impacted the flow of cocaine to the United States. While these restrictions led to fewer opportunities for TCOs to engage in drug trafficking activities via air and land, the impact has generally not extended to maritime activity. Moreover, TCOs adapted and have continued smuggling large quantities of cocaine into the United States. Domestically, traffickers faced uncertainty and likely increased

prices in an effort to maximize short-term profits in anticipation of a shortened supply as the pandemic progressed. Though availability and pricing of cocaine has varied in certain locations in the United States during the pandemic, the overall cocaine supply chain remains intact.

Availability

A steady supply of cocaine was available throughout U.S. domestic markets in 2019. Despite some reports of diminished supply during the spring of 2020, cocaine availability remained stable, although some price fluctuations were reported across DEA Field Divisions in the early stages of shelter-in-place orders due to the pandemic. All 23 DEA Field Divisions reported that cocaine was easily obtained throughout 2019. Ten field divisions reported cocaine availability was high, and 13 reported cocaine availability was moderate. The only division reporting a change from 2018 was the Louisville Field Division, where availability of the drug changed from high to moderate.

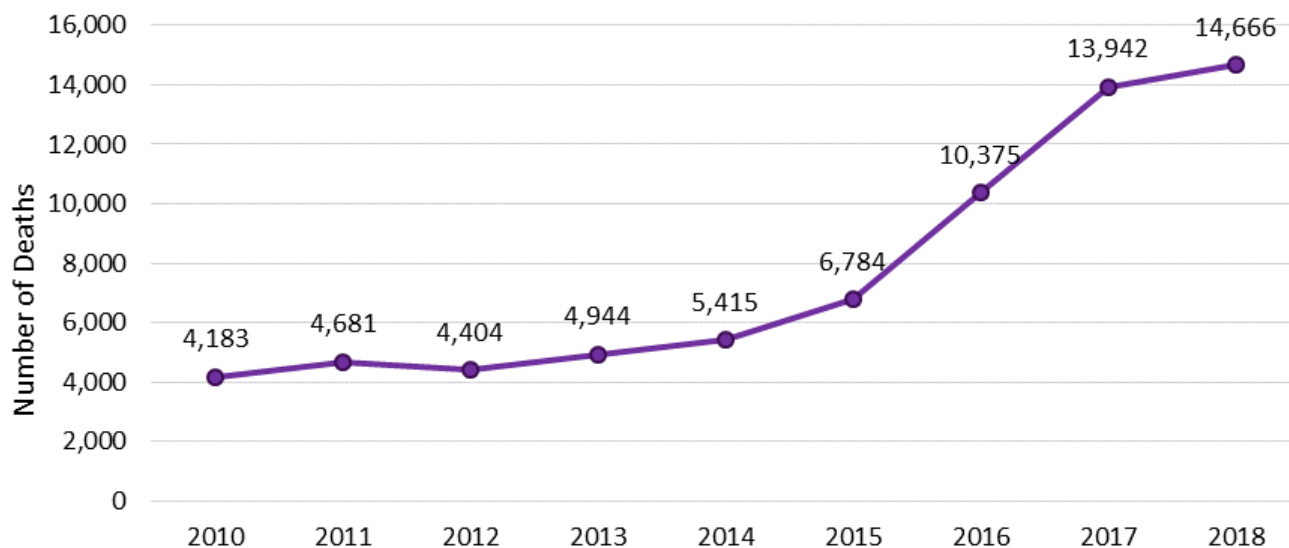
There were 196,721 cocaine reports submitted to NFLIS-Drug in 2019, a 14 percent decrease from the 229,803 reports submitted in 2018. In 2019, the number of cocaine reports to NFLIS-Drug was the lowest number reported in the past six years and is less than half of the amount reported at the peak in 2006 (640,141 reports). Still, of the top 25 most frequently identified drugs in NFLIS-Drug, cocaine ranked third overall in 2019, behind methamphetamine and cannabis/tetrahydrocannabinol (THC).

DEA's Cocaine Signature Program (CSP)

Each year through the CSP, in-depth chemical analyses are performed on cocaine exhibits obtained from bulk seizures made throughout the United States. The program also examines a smaller number of cocaine exhibits seized from around the world. Additionally, samples of solvents, reagents, and other materials seized from South American illicit cocaine laboratories are examined. Analytical methodologies developed at the STRL give evidence of how and where the coca leaf was processed into cocaine base (geographical origin), and how cocaine base was converted into cocaine hydrochloride (processing method). State-of-the-art scientific methods can determine the geographic origin of the coca leaf, down to the sub-regional growing region used to produce a cocaine exhibit with a confidence level exceeding 96 percent.

CSP analysis has consistently indicated that Colombian-origin cocaine dominates the market in the United States. These forensic findings are consistent with all available law enforcement intelligence and investigative reporting. CSP data is not intended to reflect U.S. market share, but is rather a snapshot of current cocaine processing and trafficking trends. The CSP also provides a substantial dataset (over 47,000 exhibits since 1998) for strategic intelligence analysis that reflects random cocaine samples taken from all wholesale-level domestic seizures submitted to all DEA laboratories that total metric tons of cocaine each year.

Figure 21. Total Number of Deaths from Drug Poisoning Involving Cocaine in the United States and the District of Columbia, 2010 – 2018



Source: U.S. Customs and Border Protection^p

p. Drug poisoning deaths include the following ICD-10 underlying cause codes: X40-X44, X60-X64, X85, Y10-Y-14. Drug poisoning deaths include unintentional (accidental overdose), intentional (suicide or homicide by drug), and deaths of undetermined intention. Cocaine-involved drug poisoning deaths are coded under ICD-10 multiple cause code T40.5.

Sustained cocaine production at record levels in Colombia is likely stabilizing cocaine’s overall presence in the U.S. drug market.

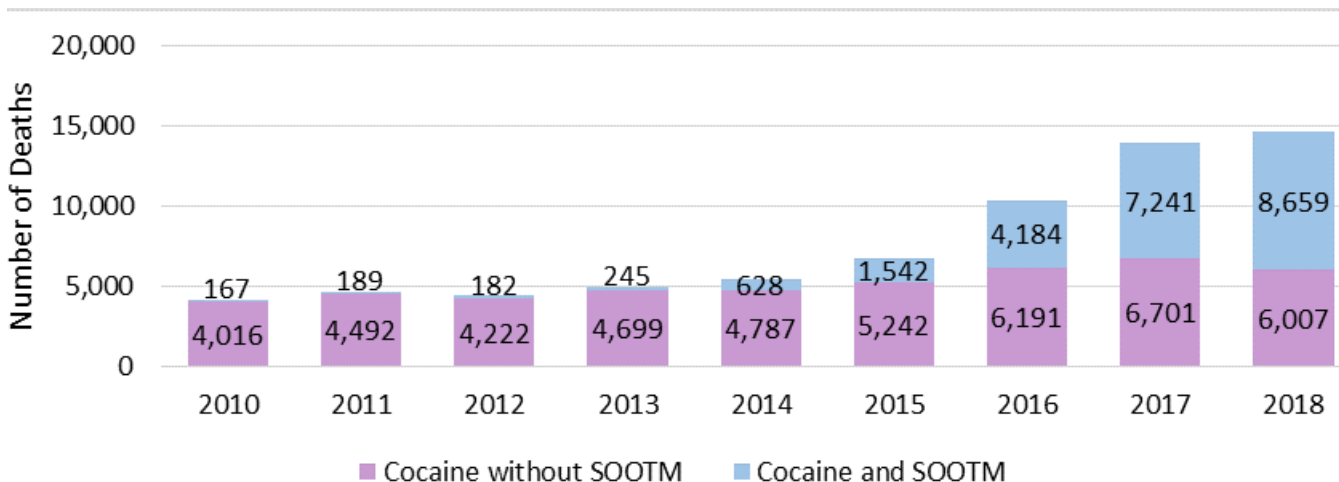
Drug Consumption and Overdose Deaths

Cocaine abuse is a serious concern for law enforcement and public health officials throughout the United States. In 2018, there were 14,666 deaths from drug poisoning involving cocaine in U.S. states and the District of Columbia, according to CDC estimates (See Figure 21). Between 2012 and 2018, the number of deaths from drug poisoning involving cocaine increased every year, and 2018 is the third year in a row that such deaths exceeded 10,000. Deaths from drug poisoning involving cocaine have increased about 251 percent from 2010 to 2018. The U.S. states with the greatest number of deaths from drug poisoning involving cocaine in 2018, in descending order, were New York (1,276 deaths), Florida (1,221), Ohio (1,105), Pennsylvania (1,045), New Jersey (867), Illinois (771), Michigan (768), Texas (741), Massachusetts (716) and North Carolina (711). In 2018, the highest age-adjusted death

rates from drug poisoning involving cocaine, per 100,000 population, were in Delaware (15.9), the District of Columbia (14.2), Rhode Island (13.1), Maryland (11.4), Massachusetts (10.7), New Jersey (9.9), Ohio (9.8), Vermont (9.4), Connecticut (9.1), and Pennsylvania (8.5). Four U.S. states—Massachusetts, New Jersey, Ohio, and Pennsylvania—that were among the ten states with the most overall deaths from drug poisoning involving cocaine were also among the ten states with the highest age-adjusted death rates from drug poisoning involving cocaine, per 100,000 population. Those four states collectively accounted for 3,733 deaths, or approximately 25 percent of all deaths from drug poisoning involving cocaine in the United States in 2018.

Polydrug cocaine combinations, particularly cocaine with SOOTM, are a serious concern and have contributed to the increase in drug poisoning deaths involving cocaine over the past four years. Drug poisoning deaths involving cocaine and SOOTM increased from 167 deaths in 2010, to 8,659 deaths in 2018 (See Figure 22), a 5,085 percent increase. In 2017 and 2018, the number of drug poisoning deaths

Figure 22. Drug Poisoning Deaths Involving: Cocaine and a SOOTM; Cocaine without a SOOTM, 2010 – 2018



Source: Centers for Disease Control and Prevention

Cocaine

Involving cocaine and a SOOTM were greater than the number of drug poisoning deaths involving cocaine without a SOOTM. Drug poisoning deaths involving cocaine and a SOOTM began to dramatically increase at the same time as the onset of the fentanyl epidemic in the United States in 2014. Therefore, these deaths may be attributable primarily to cocaine-fentanyl combinations, though this cannot be confirmed with the referenced data.

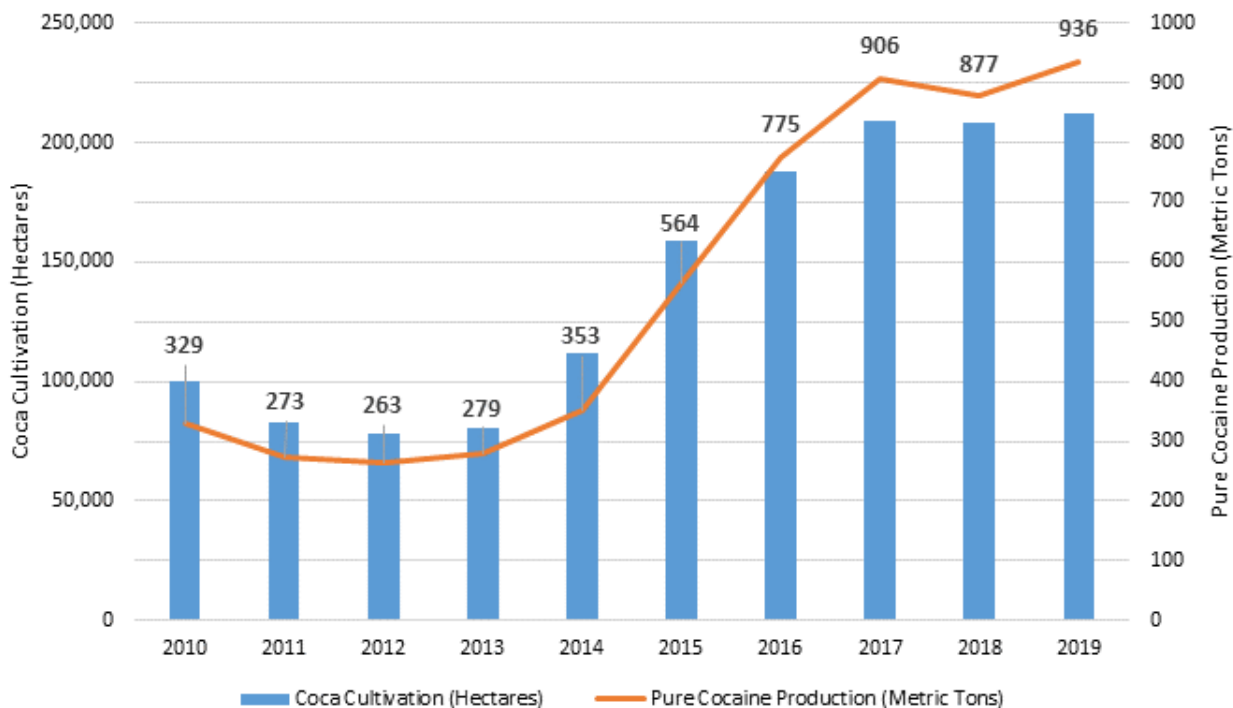
Because many DTOs are polydrug in nature—specializing in the packaging, sale and distribution of more than one drug at a time—multiple drugs are often processed in the same shared space, which can result in unintentional mixture of substances. Cocaine and fentanyl or other SOOTM may be packaged together for street sale without the knowledge of the user and/or seller, which can lead to adverse reactions in those who lack the opioid tolerance of a habitual opioid user. There is a tangible threat associated with intentional mixing of

cocaine and SOOTM, but without additional information it is difficult to distinguish whether spikes in overdose deaths are primarily attributed to intentional use of true drug combinations, ingestion of SOOTM containing only small elements of cocaine (or ingestion of cocaine with small elements of SOOTM), or dual use of cocaine and SOOTM at different times.

Production

Coca cultivation and potential pure cocaine production remain at record high levels in South America, from where almost all of the world’s cocaine is sourced. In 2019, the three major cocaine-producing countries of the world—Bolivia, Colombia, and Peru—had approximately 326,180 hectares (ha) of coca cultivation and potential pure cocaine production of approximately 1,886 metric tons, according to USG estimates. Of the three countries, both coca cultivation and potential pure cocaine production were highest in Colombia in 2019,

Figure 23. Colombia: Coca Cultivation and Potential Pure Cocaine Production, 2010 – 2019



Source: U.S. Government Estimates

the origin for the majority of the cocaine in the United States. Coca cultivation in Colombia increased slightly, from 208,000 ha in 2018 to 212,000 ha in 2019. Additionally, the estimated potential pure cocaine production increased from 877 metric tons in 2018 to 936 metric tons in 2019 (See Figure 23). The strategic trends documented by the USG in recent years –increased overall coca cultivation in Colombia; higher coca yields; higher potential cocaine production; and higher farmer profits per hectare of coca—continued in 2019.

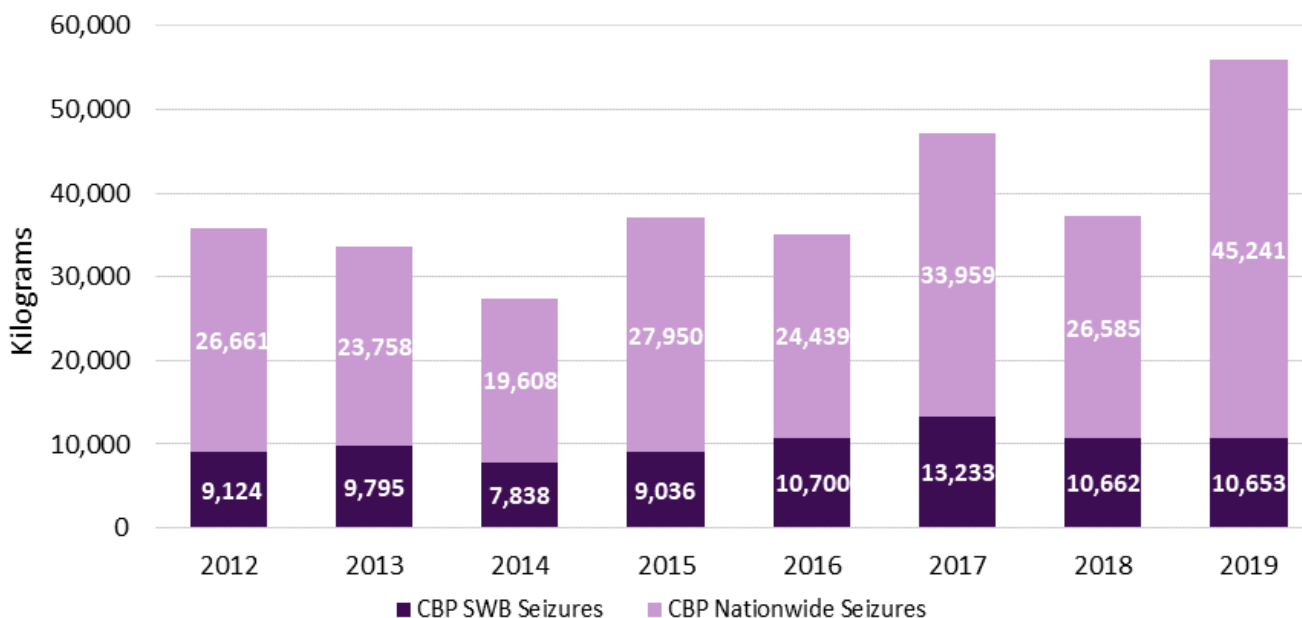
Transportation and Distribution

Mexican TCOs control cocaine trafficking in the United States, which is likely to continue as no other trafficking group is positioned to challenge them in the near term. While Mexican TCOs dominate the wholesale distribution of cocaine to the United States, Colombian TCOs maintain control over its production and supply. Mexican TCOs continue to obtain multi-ton shipments of powder cocaine from South American traffickers,

moving it through Central America and Mexico, and then smuggling it into the United States over the Southwest Border. Traffickers, including Dominican TCOs, also transport cocaine through the Caribbean Corridor, primarily via maritime and aerial smuggling methods. Mexican TCOs dominate cocaine transportation throughout the United States, but rely on local criminal groups for retail-level distribution. After Mexican, Colombian, or Dominican trafficking organizations transport cocaine into the United States, local U.S. criminal groups and street gangs facilitate mid-and retail-level distribution. Moreover, the production and distribution of crack cocaine is mainly handled by local U.S. criminal groups and street gangs.

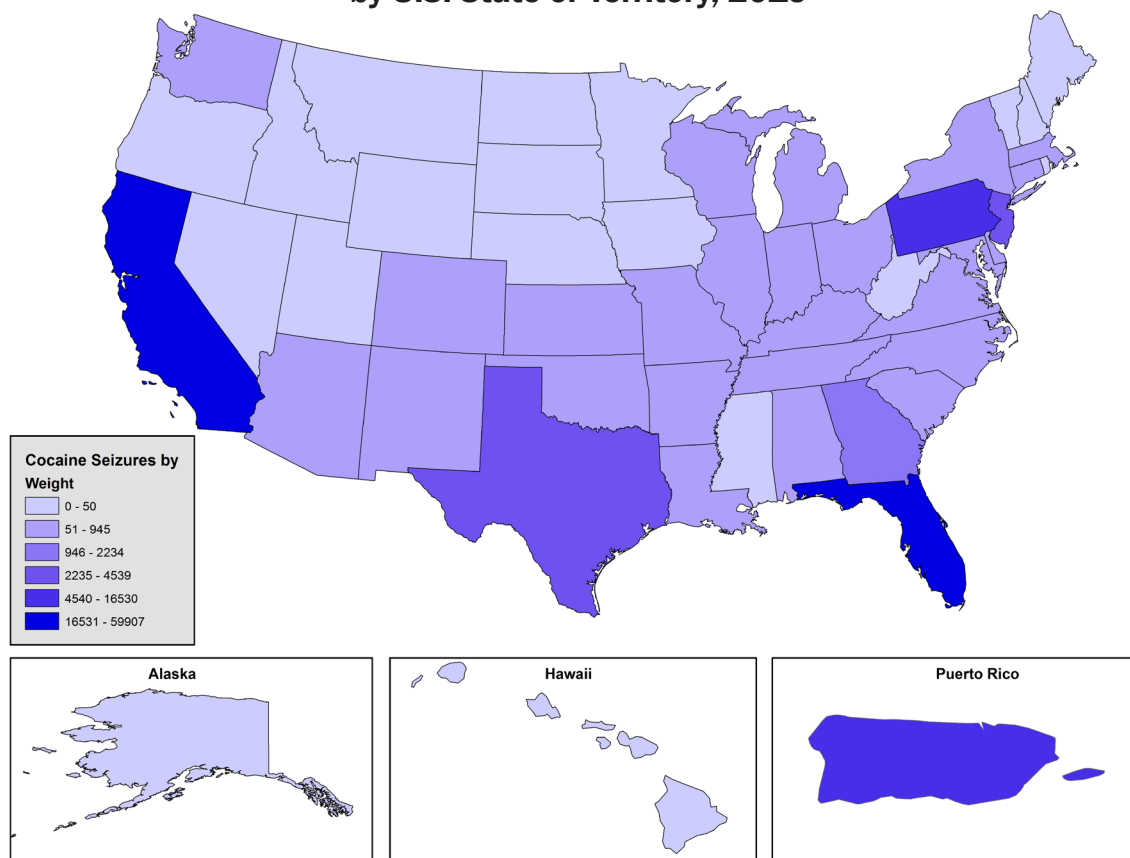
The amount of cocaine seized in the United States increased in 2019 in comparison to 2018, according to U.S. law enforcement agencies. According to CBP information, cocaine seizures along the SWB decreased slightly, from 10,662 kilograms in 2018, to 10,653 kilograms in 2019 (See Figure 24). Nationwide CBP cocaine seizures increased 70 percent, from

Figure 24. U.S. Customs and Border Protection Nationwide and Southwest Border Cocaine Seizures, 2010 – 2019



Source: U.S. Customs and Border Protection

Figure 25. DEA Reported Domestic Cocaine Seizures by U.S. State or Territory, 2019



Source: DEA

26,585 kilograms in 2018 to 45,241 kilograms in 2019 (See Figure 24). Other law enforcement datasets indicate similar trends for cocaine seizures in 2019. According to EPIC's NSS, the amount of cocaine seized in the United States increased from 61,966 kilograms in 2018 to 72,856 kilograms in 2019.^q

The increase in reported cocaine seizures is primarily attributed to the record seizure of approximately 17,928 kilograms from cargo containers on the *MSC Gayane* in Philadelphia, Pennsylvania, destined for Antwerp, Belgium, on June 17, 2019. Excluding that seizure, nationwide CBP seizures increased a little less than three percent, from 2018 (26,585 kilograms) to 2019 (27,312.79 kilograms). Similarly, NSS data indicates the amount of

cocaine seized (54,913.45 kilograms) decreased approximately 11 percent from 2018 to 2019.

DEA state and territory-level cocaine seizures in 2019 generally followed previously established patterns.^r The greatest amount of cocaine seized reported by the DEA occurred in states along the SWB and Caribbean Corridor, or those with high-traffic international airports or seaports (See Figure 25). Florida was the U.S. state or territory with the largest amount of cocaine seizures by weight in 2019. Florida's proximity to the Caribbean Corridor facilitates a large volume of cocaine smuggling. California had the second greatest amount of cocaine seized in 2019 and Pennsylvania the third. Puerto Rico was the U.S. state or territory with the fourth largest amount of cocaine seizures. These seizures indicate

q. Date of information: May 15, 2020

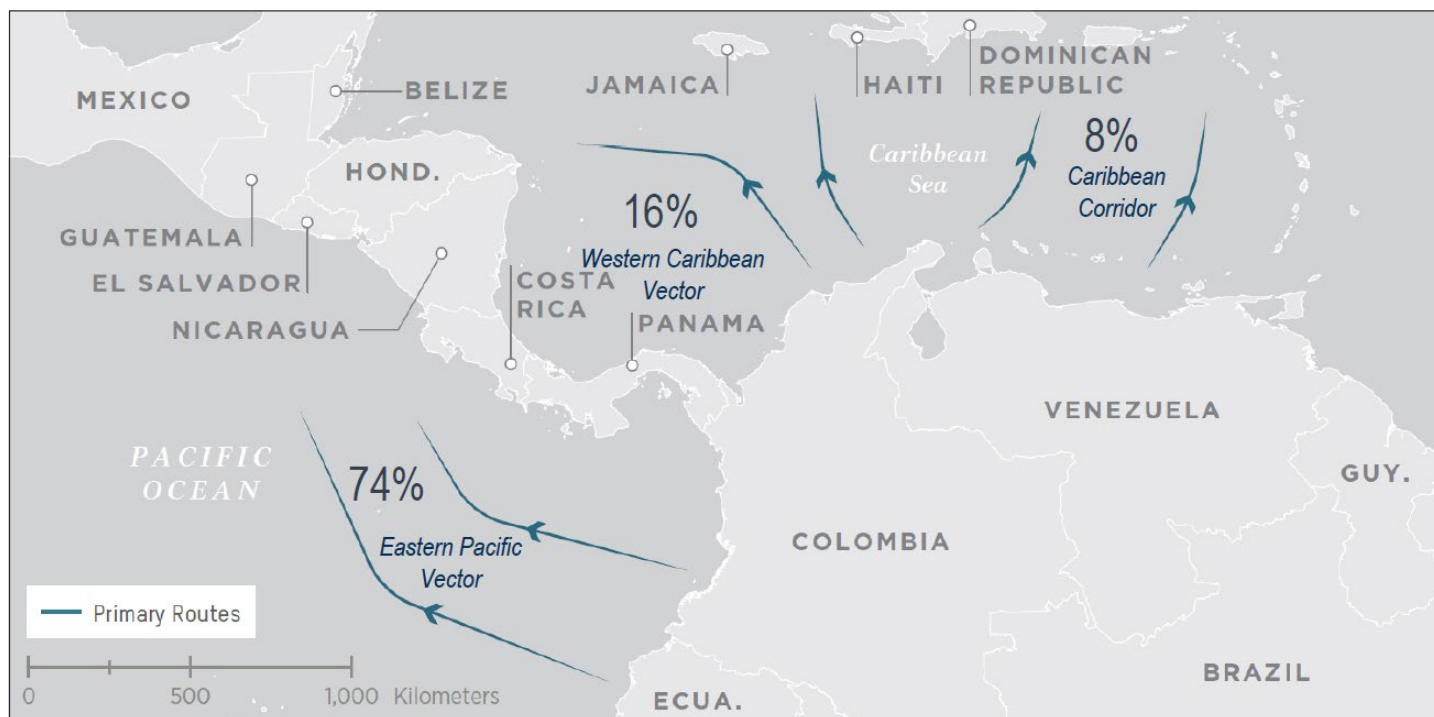
r. Date of information: June 8, 2020

that traffickers continue to use Puerto Rico as a major transit location in the Caribbean for cocaine destined for the continental United States.

The vast majority of cocaine destined for the United States initially transits through one or multiple countries. Less than one percent of documented cocaine movement was shipped directly to the United States from South America in 2019, according to a U.S. Government database of known and suspected drug seizure and movement events. Traffickers predominantly utilize maritime routes in the Eastern Pacific (EPAC) to smuggle cocaine from South America to the United States. In 2019, about 74 percent of cocaine documented departing South America toward the United States transited the EPAC, mostly aboard go-fast vessels (See Figure 26).

Traffickers less frequently utilize the Western Caribbean Vector and the Caribbean Corridor to smuggle cocaine destined for the United States. In 2019, approximately 16 percent of cocaine departing South America transited the Western Caribbean Sea toward Central America and Mexico, split evenly between noncommercial maritime vessels and illicit aircraft (See Figure 26). Roughly eight percent of documented cocaine movements departing South America moved toward the Caribbean Islands in 2019, mostly aboard go-fast vessels (See Figure 26). Additionally, small amounts of cocaine are moved overland from Colombia to Panama.

Figure 26. Cocaine Movement to Mexico, Central America, and the Caribbean, Calendar Year 2019



Source: U.S. Government database of known and suspected drug seizure and movement events. Date accessed: June 9, 2020. Information cutoff date: December 31, 2019.

Outlook

Cocaine trafficking in the United States will continue to remain a threat, with continued availability driven by record production levels in Colombia. Despite the initial pricing increases per kilogram of cocaine reported in some U.S. drug markets during the COVID-19 pandemic, prices will likely stabilize. Mexico will remain the primary intermediate source of supply for South American-origin cocaine smuggled into the United States, and Mexican TCOs will continue to use their extensive infrastructure in both Mexico and the United States to supply lucrative cocaine markets. Based on the existing cultivation and production estimates in South America, these TCOs are able to consistently supply cocaine to the U.S. markets.

CONTROLLED PRESCRIPTION DRUGS (CPDs)

Overview

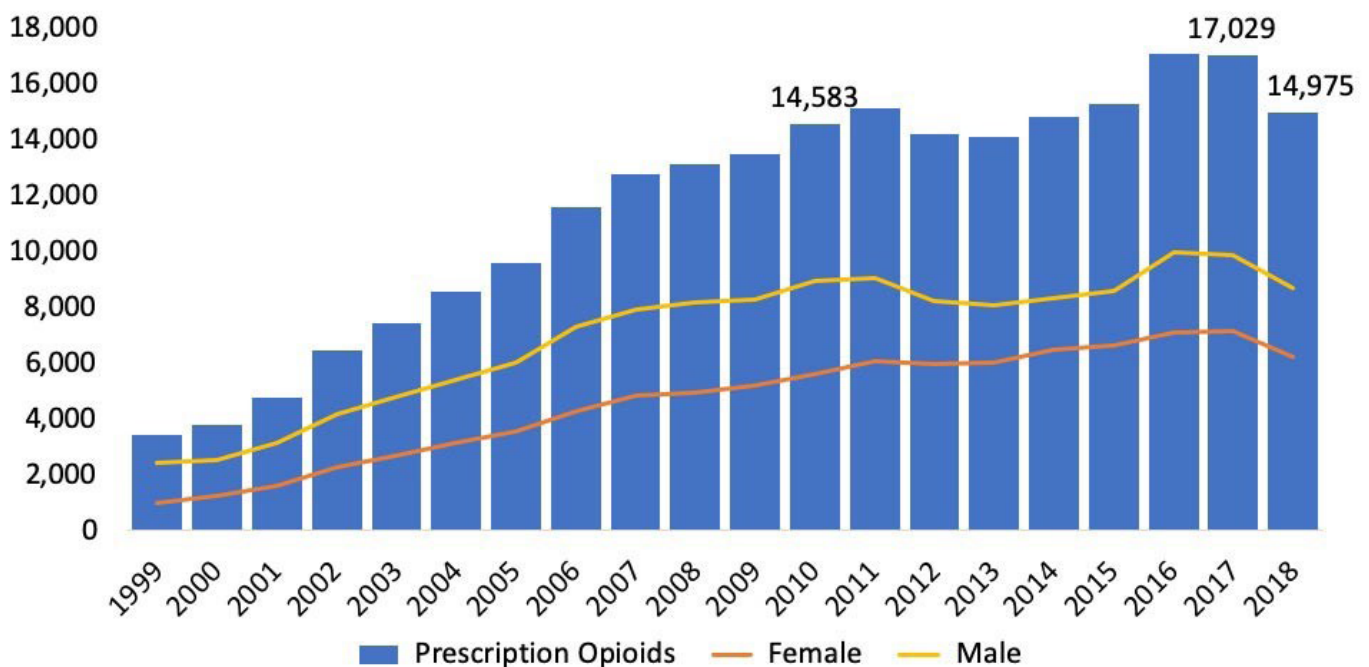
Controlled Prescription Drugs (CPDs) remain a prevalent concern within the United States—availability remains constant although abuse levels decreased from the previous year.^s DEA Field Divisions consistently report high CPD availability on the street within their AORs. CPD diversion continues to decrease across most categories at the national level, but some states report an increase in the number of incidents. The number of opioid dosage units available on the retail market and opioid thefts and losses reached their lowest levels in nine years.

Availability

DEA reporting in 16 of 23 Field Divisions indicates high CPD street availability for 2019. All DEA Field Divisions reported the same availability except DEA's Seattle Field Division which reported a drop from high availability in 2018 to moderate availability in 2019.

Prescription opioids were involved in nearly 15,000 U.S. deaths in 2018, averaging 41 each day, according to the CDC (See Figure 27). Prescription opioids were involved in 32 percent of all opioid overdose deaths; however, there was a notable 13.5 percent decrease in prescription

Figure 27. National Drug Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999 – 2018



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019.

s. CPDs include, but are not limited to, narcotics (e.g. Vicodin, OxyContin), depressants (e.g. Valium, Xanax), stimulants (e.g. Adderall, Ritalin), and anabolic steroids (e.g. Anadrol, Oxandrin).

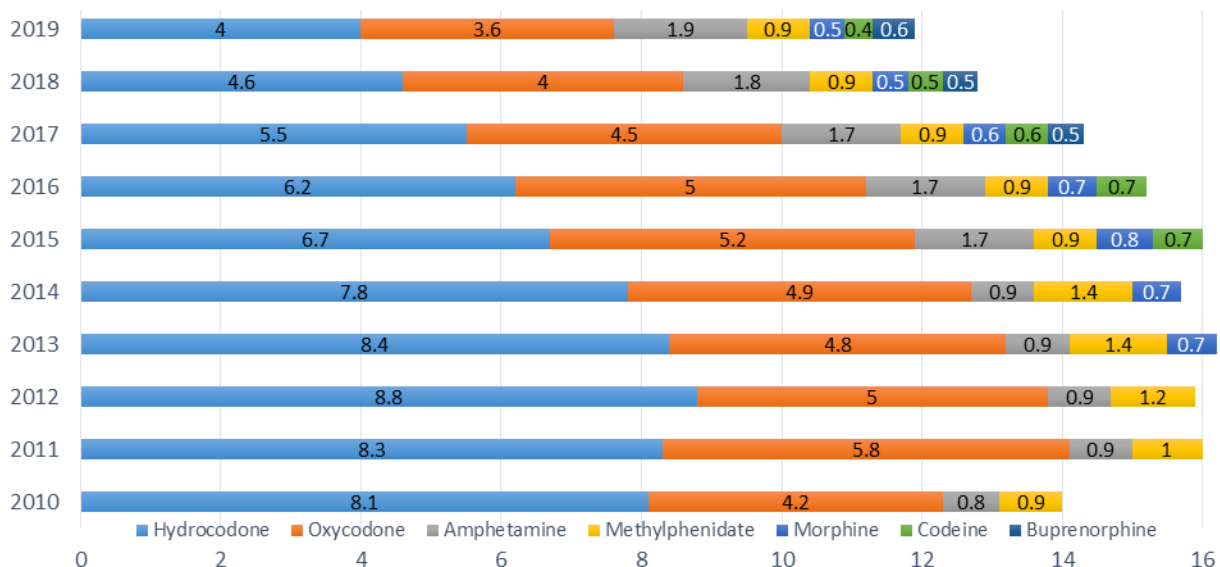
opioid-involved death rates from 2017 to 2018. Even though prescription-involved opioid deaths decreased from the previous year, CPD misuse and diversion of these drugs has continued to rise over the past two decades. The CDC reports that U.S. prescription-involved opioid overdose deaths have increased from just under 4,000 deaths in 1999 to 15,000 deaths in 2018 with a total 232,000 deaths from 1999 to 2018.

None of the states observed a significant increase of prescription opioid deaths, and 17 states reported decreasing numbers. In 2018, West Virginia experienced the highest prescription overdose death rate at 13.1 per 100,000 people while also presenting the largest decrease with 4.1 fewer deaths per 100,000 people than in 2017.

Although DEA’s Automation of Reports and Consolidated Orders System (ARCOS) reveals that the number of dosage units distributed nationwide at the retail level (hospitals, pharmacies, practitioners, treatment programs, and teaching institutions) decreased from 2018

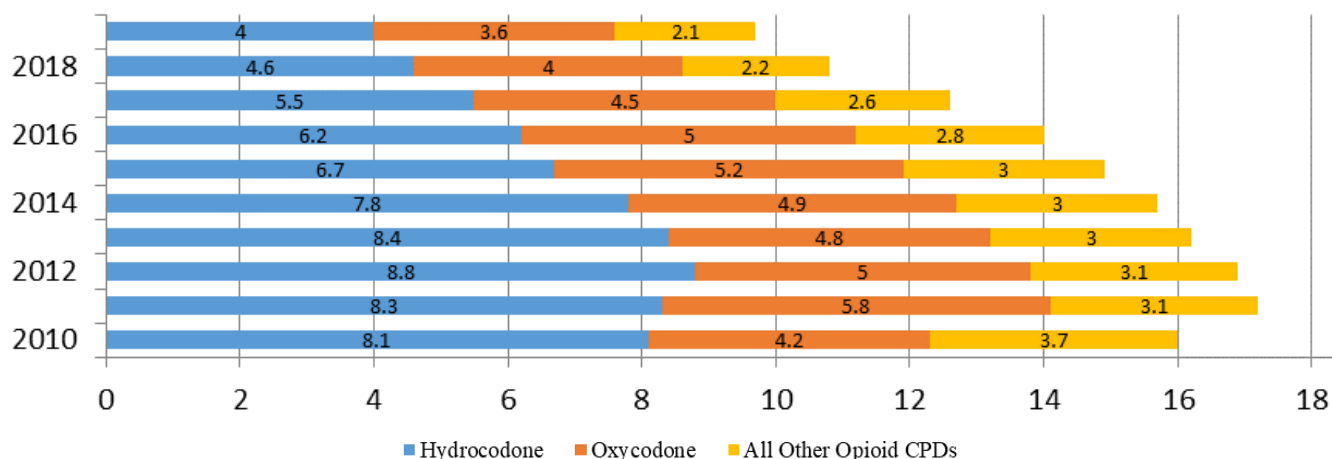
to 2019, opioids continue to rank as five out of the seven most distributed CPDs (See Figure 28). Hydrocodone and oxycodone products were dispensed at more than twice the rate of any other CPD, which remains a steady trend. Two stimulants—amphetamine and methylphenidate (brand name Ritalin)—have maintained a continual presence over the years, while buprenorphine, a medication used to treat opioid dependence, replaced methadone in the top seven most distributed CPDs from 2017 through 2019. During the pandemic, DEA enacted temporary measures to permit better access to individuals in need of treatment for opioid use disorder, allowing for distribution of methadone and buprenorphine outside of treatment clinics. DEA also temporarily allowed DATA-waived practitioners to prescribe buprenorphine to new patients following telephone consultation, rather than requiring an in-person visit. Authorizing greater access and availability of buprenorphine allows for patients with an opioid use disorder to receive medication assisted treatment.

Figure 28. Top Controlled Prescription Drugs Sold to Domestic Retail Level Purchasers in Billions of Dosage Units, 2010 – 2019



Source: DEA’s Automation of Reports and Consolidated Orders System

Figure 29. Hydrocodone and Oxycodone Prescription Drugs Sold to Retail Level Purchasers Compared to All Other Opioid CPDs in Billions of Dosage Units, 2010 – 2019

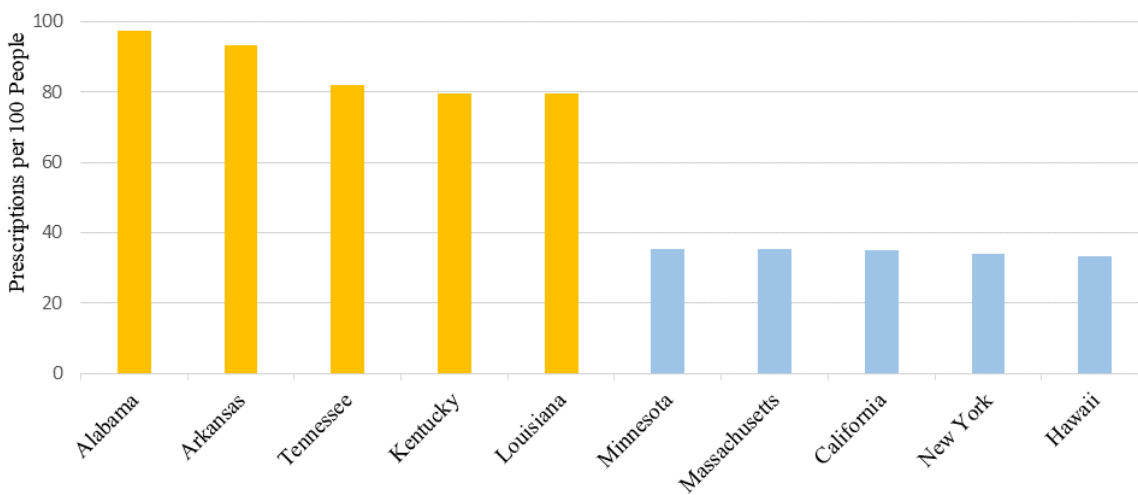


Source: DEA's Automation of Reports and Consolidated Orders System

While the amount of prescription opioids available on the legitimate market continued to decline since peaking in 2011, the numbers remain significant. ARCOS data indicated 9.7 billion dosage units of opioid CPDs were manufactured and distributed in 2019. This signifies the first time that opioid prescriptions dropped below ten billion dosage units since 2010. Hydrocodone and oxycodone products comprised approximately 78 percent of all CPDs sold to retail level purchasers for 2019 (See Figure 29).

Opioid prescription rates continue to decrease since the peak in 2012, with the 2018 prescribing rate at its lowest point in 13 years. The 2018 nationwide prescribing rate was 51.4 prescriptions per 100 U.S. residents, which dropped from 58.6 prescriptions per 100 U.S. residents in 2017. However, the prescribing rate continues to vary state-by-state. Alabama and Arkansas continued to have the highest opioid prescription rates from 2017 to 2018, although the rate dropped below 100 prescriptions per 100 U.S. residents for both states (See Figure 30). New York and Hawaii have the lowest opioid

Figure 30. States with Five Highest and Five Lowest Opioid Prescribing Rates, 2018

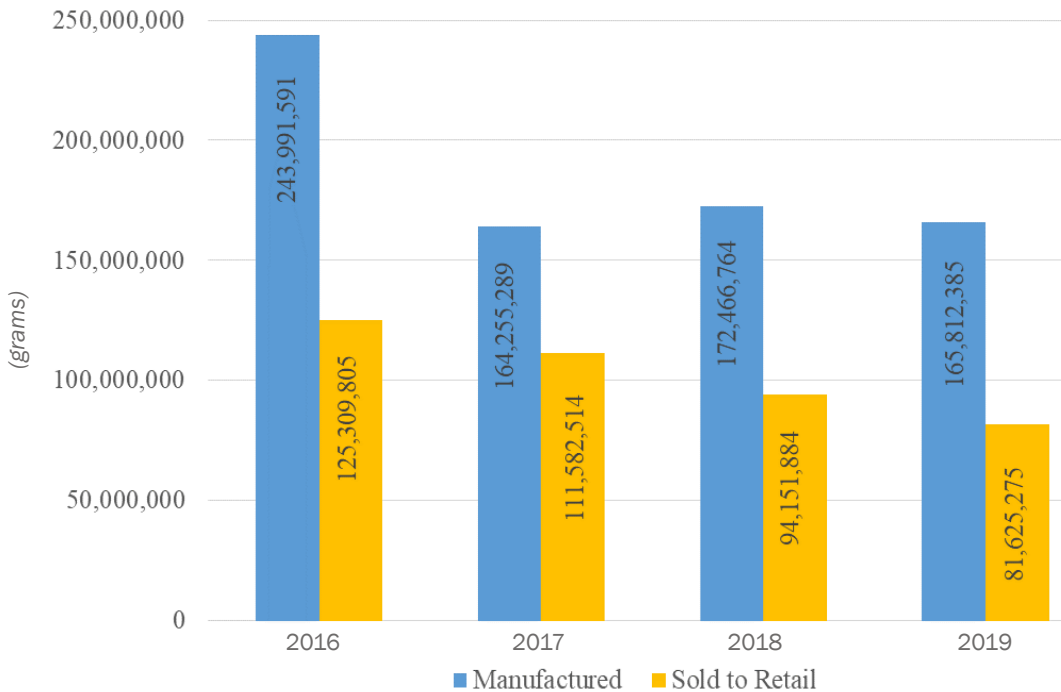


Source: Centers for Disease Control and Prevention

Controlled Prescription Drugs

Figure 31. Opioids* Manufactured, and Distributed at the Retail Level, 2016 – 2019

* Codeine, fentanyl, hydrocodone, hydromorphone, morphine, oxycodone, and oxymorphone



Source: Centers for Disease Control and Prevention

prescribing rates at 34 and 33.4 prescriptions per 100 U.S. residents, respectively.

Opioid manufacturing levels dropped significantly from 2016 to 2017 and have remained relatively steady since 2017. Opioids sold to retail distributors have declined by roughly 15 percent each year since 2016. The decreasing amount of pharmaceuticals available in the illicit market is likely attributable to the combined efforts of law enforcement, diversion control enforcement, and community education and outreach to combat opioid and pharmaceutical abuse. The difference between the quantities manufactured versus quantities provided to retail distributors (See Figure 31) can be explained by several reasons including commercial medical needs, scientific research, exports, and inventory.

DEA increased the 2020 aggregate production quota by 15 percent for fentanyl, morphine, hydromorphone, codeine, oripavine,

oxymorphone, ephedrine, and pseudoephedrine to account for increased medical demand during the COVID-19 pandemic. DEA also granted an exception to all DEA-registered bulk manufacturers which allowed them to exceed the cap which normally restricts manufacturers to not exceed 65 percent of their estimated net disposal in their inventory to ensure the availability of active pharmaceutical ingredients needed to manufacture dosage forms and avoid potential production shortages. These adjustments allow more flexibility for manufacturers to reply to elevated licit demand during the COVID-19 pandemic, if needed, and to stave off a potential disruption to the global manufacturing and supply chain should COVID-19 conditions lead to widespread shutdowns. Reinstated mandatory stay-at-home orders, varying international response, and an increasingly impacted workforce would strain production and transportation.

DEA's Response to COVID-19: Prescription Drugs

DEA adjusted certain guidelines to swiftly and appropriately assist medical professionals and patients during the unprecedented COVID-19 pandemic. DEA granted state reciprocity for neighboring states to practitioners who dispense controlled substances. DEA also provided two exceptions for Schedule II oral prescriptions: the requirement for practitioners to provide a follow-up paper copy of an emergency oral prescription to the pharmacy was extended from seven days to 15 days and practitioners were allowed to send a follow-up prescription via copy or photograph rather than an original copy. DEA also relaxed telemedicine regulations to ensure practitioners could prescribe medicine without direct contact. These extensions allowed medical practitioners the flexibility needed to care for patients while abiding by state and federal orders to avoid leaving their homes. However, these flexibilities could lead to abuse or misuse without proper accountability and management as restrictions for the COVID-19 pandemic begin to wane.

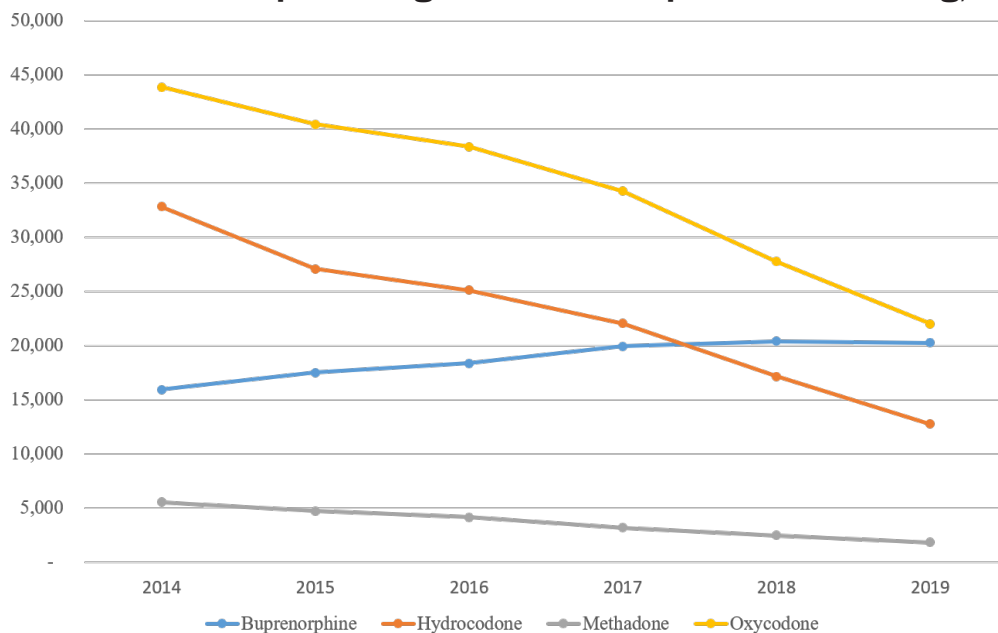
Drug Consumption

The 2018 National Survey on Drug Use and Health (NSDUH) indicated that CPD abuse dipped from the previous year, but remained high. Illegitimate use of CPDs rendered them the second most abused illicit substance after marijuana with 16.9 million Americans over the age of 12 reporting prescription drug misuse within the past year, which dropped from 18.1 million persons in 2018. This number includes 9.9 million who misused prescription pain relievers, 5.1 million who misused prescription

stimulants, and about 6.4 million who misused prescription tranquilizers or sedatives in that period. Misused pain relievers were the most commonly abused type of prescription drugs with 9.3 million for adults over 18 and 695,000 for adolescents aged 12-18. Respondents in 2018 identified relieving pain as the main purpose behind prescription drug misuse at 63.6 percent. Other reasons behind prescription misuse were to get high (10.6 percent), relieve tension (9.2 percent), improve sleep (4.5 percent), cope with feelings or emotions (4.0 percent), addiction (3.2 percent), and drug experimentation (2.5 percent). These numbers remained relatively steady from 2017 data.

The NSDUH asked respondents in 2018 to identify the specific prescription pain relievers they used in the past year, then whether they misused that pain reliever during that period. For example, it measured the codeine misuse percentage amongst the codeine use percentage. For reference, hydrocodone products such as Vicodin or Lortab represent the most commonly misused subtype of prescription pain relievers overall at two percent of the total U.S. population. Comparatively, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 28.4 percent of oxymorphone users misused oxymorphone products and 28.3 percent of buprenorphine users misused buprenorphine products. The Food and Drug Administration approved buprenorphine products include Bunavail, Suboxone, and Zubsolv, all variations of buprenorphine and naloxone.

The SAMHSA states that buprenorphine is the first medication to treat opioid dependency that a practitioner may dispense or prescribe, unlike methadone that a practitioner must administer inside a regulated clinic. NFLIS-

Figure 32. Controlled Prescription Drugs Substance Reports to NFLIS-Drug, 2014 – 2019

Source: National Forensic Laboratory Information System-Drug – Retrieved July 10, 2020

Drug data reveals that buprenorphine reports^t from all participating federal, state, and local laboratories increased each year except a minor drop from 2018 to 2019 (See Figure 32).^u NFLIS-Drug reported a 50 to 67 percent decrease of hydrocodone, methadone, and oxycodone reports from 2014 to 2019, so the 27 percent increase of buprenorphine during that time frame was significant.

Transportation/Distribution

Diversion of lawfully made controlled pharmaceuticals from the legitimate market into illicit use threatens U.S. communities. NSDUH reports that just over half (51.3 percent) of prescription pain reliever users obtained their most recently misused CPDs from a friend or

relative for free, in exchange for payment, or via theft. Over a third of CPD users obtained their pain relievers through prescription(s) or by stealing them from a health care provider, with most obtaining the pain relievers through a prescription from a single doctor.

Robberies and Thefts

The DEA Theft Loss Reporting Database, formerly the Drug Theft/Loss Database, reveals that the number of dosage units of opioid narcotics unaccounted for peaked in 2011 with 19.5 million dosage units and has continued to decrease.^v This amount further declined to 6.1 million units in 2019, which marks the lowest amount for the past nine years (See Figure 33).

t. In reference to the data's unit of measure, one count represents one single report in the NFLIS-Drug database. One single report equates to one documented occurrence of a drug, whereas each report is counted separately and added to the NFLIS-Drug data.

u. NFLIS-Drug does not distinguish between licit pharmaceuticals and illicitly manufactured drugs. Thus, the data presented may contain both.

v. DEA's Theft Loss Reporting Database (TLR) is a collection of information reported by registrants under regulatory requirement to report thefts and losses of controlled substances (21 C.F.R. §§ 1301.74 and 1301.76). Registrants are required to amend reports if the drug originally reported as a loss is recovered. The systems and requirements also do not capture disposals of controlled substances. The information contained in TLR generated reports is a complete and accurate record of what DEA registrants provided to TLR in accordance with reporting requirements. This information is susceptible to future updates and corrections, without notice, as new information is obtained. Recipients should be aware of these limitations before analyzing or publishing TLR data. DEA assumes no liability for analysis, conclusions, or policy decisions of third parties based on internal interpretation of provided data. Lastly, the data contains only what has been reported to the electronic TLR system. It may not contain reports sent back for correction or reports submitted in hardcopy to the local field office. It is important to remember these numbers can change, based on any new information that is subsequently received. There is no direct correlation between reported theft or loss of controlled substances and any possible presumption that these drugs were ultimately used for illicit purposes.

Figure 33. Number of Dosage Units for Opioid Thefts/Losses in Millions, 2010 – 2019

Opioids	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	12.5	19.5	13.1	11.6	12.4	9.8	9.7	9.4	7.0	6.1

Source: DEA

Figure 34. Total Number of Robberies, 2010 – 2019

Robbery*	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	771	712	801	738	836	872	835	884	662	401

*Armed Robberies reported from 2010 to 2018; All Robberies 2019 to date

Source: DEA

According to DEA's Theft Loss Reporting Database, the total number of prescription drug robberies, which resulted in the loss of a variety of prescription medications, decreased over 45 percent in 2019 from the high of 884 armed robberies in 2017. In fact, 2019 saw the lowest number of robberies in the past nine years (See Figure 34). However, this trend applies only to the national level as certain states witnessed increases in 2019.

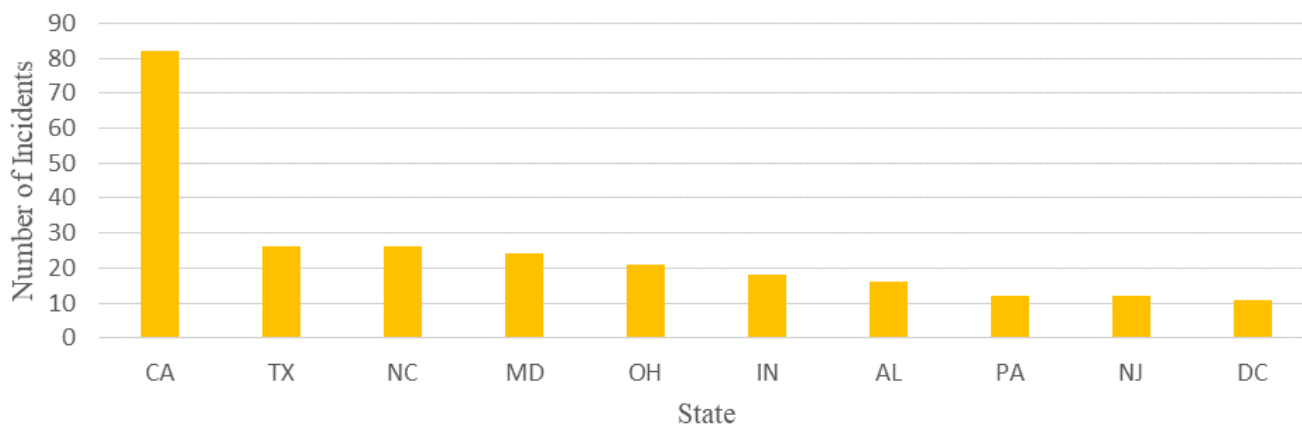
The state of Michigan reported only four robberies in 2019, a decline of 91 percent from 44 reported armed robberies in 2018 before the categories were altered.^w The state of Alabama and the District of Columbia both experienced nearly double the number of armed robberies from 2017 to 2018, but stayed consistent in 2019. The state of California reported the highest number of robberies at 82, which marked a 29 percent decrease from the previous year. Texas and Maryland maintained high number of robberies, yet saw significant dips from 2018; a 54 percent decrease and 56 percent decrease, respectively (See Figure 35). Only six states saw an increased number of robberies from 2018 to 2019, including Utah from zero to 11 and Massachusetts from four to 10.

In addition to robberies, loss of CPDs also occurs through employee theft (or suspected), customer theft (or non-employee), packaging discrepancy, disaster (fire, weather, etc.), hijacking of transport vehicle, and break-in burglary, as well as losses in transit. In 2019, incidents of employee theft (or suspected) increased in 48 states, Puerto Rico, and the District of Columbia.

Rise in Pharmacy Looting During the COVID-19 Pandemic and Social Unrest that Occurred in 2020

Information received from DEA Field Divisions indicated an uptick in thefts, burglaries, and/or robberies during the protests that occurred in late May through June 2020. Looters took advantage of the civil unrest during the summer of 2020 to target local pharmacies and are believed to have stolen various controlled prescription drugs.

w. The DEA Theft Loss Reporting Database categories fluctuated from 2018 to 2019, thus altering how the data is presented. The reader should take caution when comparing categories. From 2018 to 2019, "Armed Robbery" became "Robbery" and "Night Break In" became "Break In Burglary." In addition, "Packaging Discrepancy" was added in 2019.

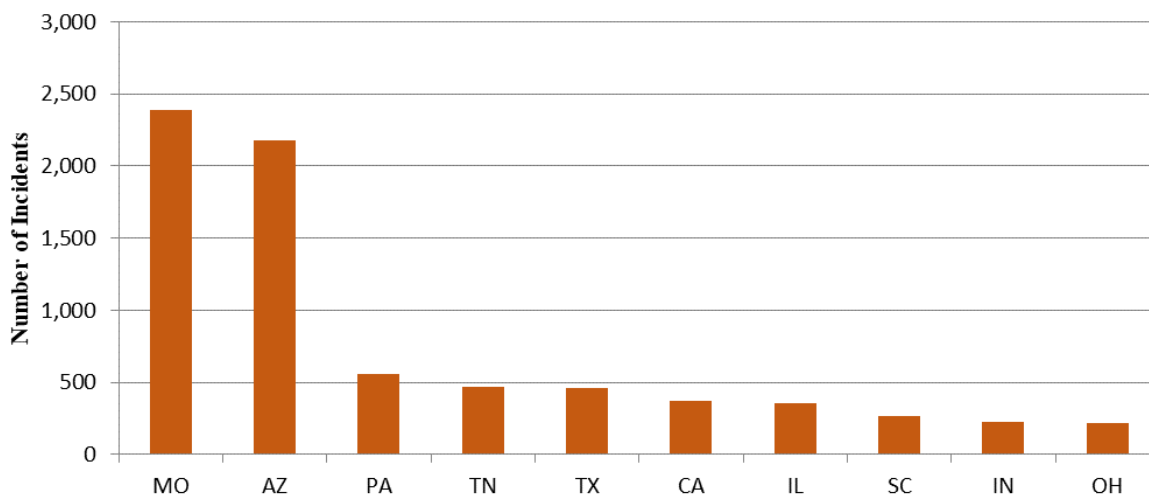
Figure 35. Top Ten States for Controlled Prescription Drug Robberies, 2019

Source: DEA

Alaska and Delaware are the only states that experienced a slight decrease in employee theft (or suspected) incidents. Customer theft (or non-employee) incidents only decreased in five states: Delaware, Hawaii, Kansas, New York, and Rhode Island. Break-in burglaries increased in 23 states. California reported the highest number of break-in burglaries at 248; however, this number has decreased from a high of 339 incidents reported in 2016.

Lost in Transit

Lost in transit describes controlled substances being misplaced while moving from one point to another within the supply chain. There has been a decrease in lost in transit incidents from 2017 through 2019 (See Figure 36). This data is self-reported from any facility that manages CPDs. In 2019, 22 states, Puerto Rico, and the District of Columbia experienced increases in the number of incidents, with the greatest increases occurring in the state of Texas and the District of Columbia. Missouri experienced an increase for the sixth straight year. Overall, Arizona accounted for more losses in transit than any

Figure 36. Top Ten States for Controlled Prescription Drugs Lost In Transit, 2019

Source: DEA

other state with 17,514 incidents from 2014-2019. It is unclear if these dosage units are being diverted, destroyed, or truly lost.

Outlook

CPD availability and abuse will most likely persist as significant threats to the United States as CPDs continue to be involved in large numbers of overdose deaths. Continued information sharing aided by enhanced enforcement against pill mills has lowered CPD diversion. The increasing number of counterfeit pills resembling prescription medications and users who may be pivoting to abusing illicit substances with waning CPD availability may prove to be a significant threat into 2021.

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MARIJUANA

Overview

Marijuana remains illegal under federal law and is the most commonly used illicit drug in the United States. The national landscape continues to evolve as states enact voter referenda and legislation regarding the possession, use, and cultivation of marijuana and its associated products. The prevalence of marijuana use, the demand for potent marijuana and marijuana products, the potential for substantial profit, and the perception of little risk entice diverse drug traffickers and criminal organizations to cultivate and distribute illegal marijuana throughout the United States.

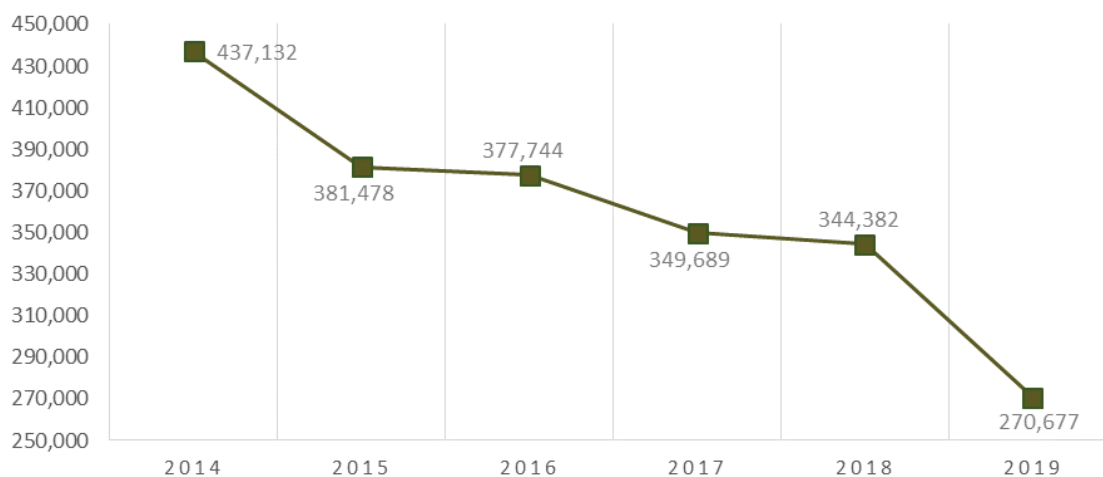
Mexico remains the most significant foreign source for marijuana in the United States; however, in U.S. markets, Mexican marijuana has largely been supplanted by domestic-produced marijuana. In 2019, CBP seized nearly 249,000 kilograms of marijuana along the SWB, a

decline from over 287,000 kilograms in 2018. CBP marijuana seizures along the SWB have decreased more than 81 percent since 2013, when almost 1.3 million kilograms were seized. Lesser volumes of marijuana are smuggled into the United States from Canada and the Caribbean.

Availability

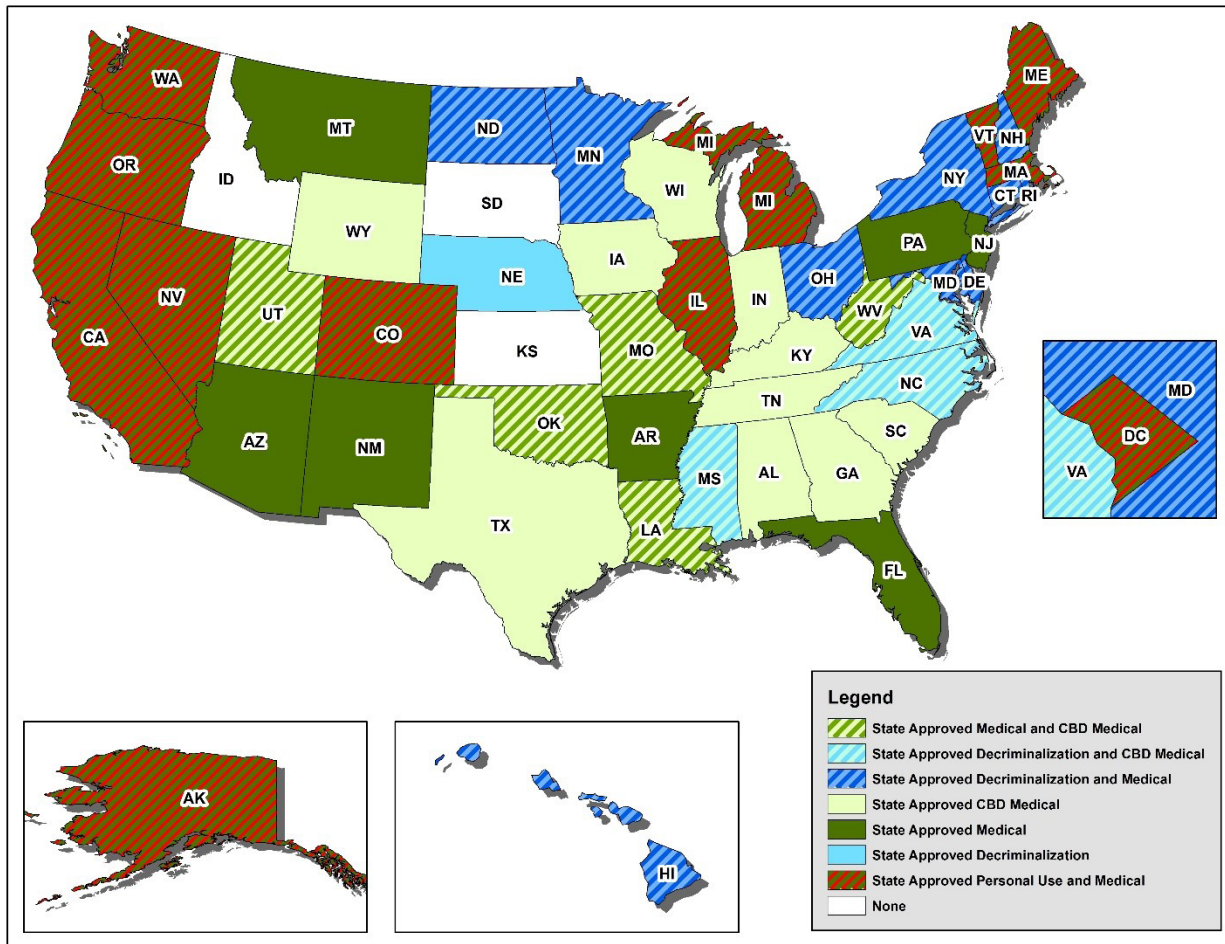
Marijuana is widely available and cultivated in all 50 states. In 2019, the majority of DEA Field Divisions indicated marijuana availability was high in their respective areas, meaning marijuana is easily obtained at any time. Only four DEA Field Divisions—Atlanta, Caribbean, El Paso, and New Jersey—indicated marijuana availability was moderate, meaning marijuana is generally readily accessible. DEA's Atlanta Field Division was the only division that reported marijuana was less available compared to the previous reporting period.

Figure 37. Reports of Cannabis/THC to NFLIS-Drug, 2014 – 2019



Source: National Forensic Laboratory Information-Drug – Retrieved July 10, 2020

Figure 39. Current State-Approved Marijuana Status – July 2020



Source: DEA

Marijuana

H.R. 5485 - Hemp Farming Act of 2018

The Hemp Farming Act of 2018 legalized industrial hemp with THC concentration of no more than 0.3 percent by removing it from Schedule I of the CSA. Hemp is defined as the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis. The bill also amended the Agricultural Marketing Act of 1946 to allow state and tribal regulation of hemp production. States and Native American tribes may regulate hemp production by submitting plans to the U.S. Department of Agriculture (USDA). The bill makes hemp producers eligible for both federal crop insurance and USDA research grants, and gives hemp producers water rights and access to the national banking system. The Hemp Farming Act of 2018 was incorporated into the Agriculture Improvement Act of 2018, which was signed into law on December 20, 2018.

U.S. Marijuana Markets

There are three types of marijuana markets operating in the United States: illicit markets, state-approved medical marijuana markets, and state-approved personal use/recreational markets. These markets operate differently and are best described independently. Drug traffickers obtain supplies from all three markets, as well as foreign-produced marijuana trafficked into the United States.

A myriad of DTOs cultivate illicit marijuana nationwide. These groups range from individuals growing a limited number of plants to DTOs growing large quantities of marijuana intended for distribution across the United States. Many polycrime and polydrug organizations are involved in domestic marijuana production, often establishing large-scale illicit grow operations in states that have legalized marijuana.

State-approved medical marijuana is diverted to the illicit market in several ways. Some individuals and organizations exploit medical marijuana allowances to produce or acquire marijuana or marijuana products. Instead of using what they purchase or grow, they sell some or all of it, often in markets where marijuana is not legal at the state level, thus increasing their profit. Additionally, some marijuana produced by state-licensed growers is diverted and sold illicitly rather than through state-licensed retailers.

State-approved recreational and personal use markets are supplied by a growing number of state-approved producers and retail stores. As with medical marijuana, each state allowing for recreational or personal use marijuana has created unique and often vague or evolving laws, which blur the lines between what is legal

under state law and what is not. Illicit and state-approved markets often overlap. This creates opportunities for criminals looking to exploit state legalization, while presenting challenges for federal law enforcement.

Although many marijuana markets have state-level approval, law enforcement reporting indicates that financial backing for some marijuana businesses flows from illicit revenue streams, including from TCOs. These organizations utilize long-standing black market techniques to shelter profits from marijuana businesses and undercut the tax revenues anticipated by state governments.

Colorado law limits the amount of marijuana that dispensary customers can purchase per transaction. However, by making multiple purchases of marijuana or marijuana products on the same day, individuals can acquire larger amounts to divert and sell on the illicit market—referred to as “looping.”

The 2018 Farm Bill legalizing hemp production at the federal level has further challenged law enforcement, particularly in states that legalized marijuana. For example, investigations in some states in which marijuana production is legal under state law have revealed a significant number of hemp businesses and grow operations that are owned and operated by members of DTOs illegally producing and trafficking marijuana. According to law enforcement officials, traffickers use their state-issued hemp documentation as cover for large-scale marijuana grows and marijuana loads transported across state lines. Additionally, large hemp grows are sometimes used to hide marijuana plants interspersed throughout the hemp plants.

Domestic Production

Both state-licensed and illicit domestic marijuana production continue to increase and diversify. Expanding marijuana production, specifically in states that have legalized the drug, has led to saturated markets. Meanwhile, black market marijuana production continues to grow in California, Colorado, Oregon, Washington, and other states that have legalized marijuana, creating an overall decline in prices for illicit marijuana as well. This further incentivizes drug trafficking organizations operating large-scale grow sites in these states to sell to customers in markets throughout the Midwest and East Coast, where marijuana commands a higher price. Marijuana is also shipped via mail and express consignment shipping services from the United States mainland to the U.S. Virgin Islands (USVI). In the USVI, marijuana users generally desire marijuana with a higher THC and often obtain it from areas in the United States where medical and/or recreational marijuana is legal.

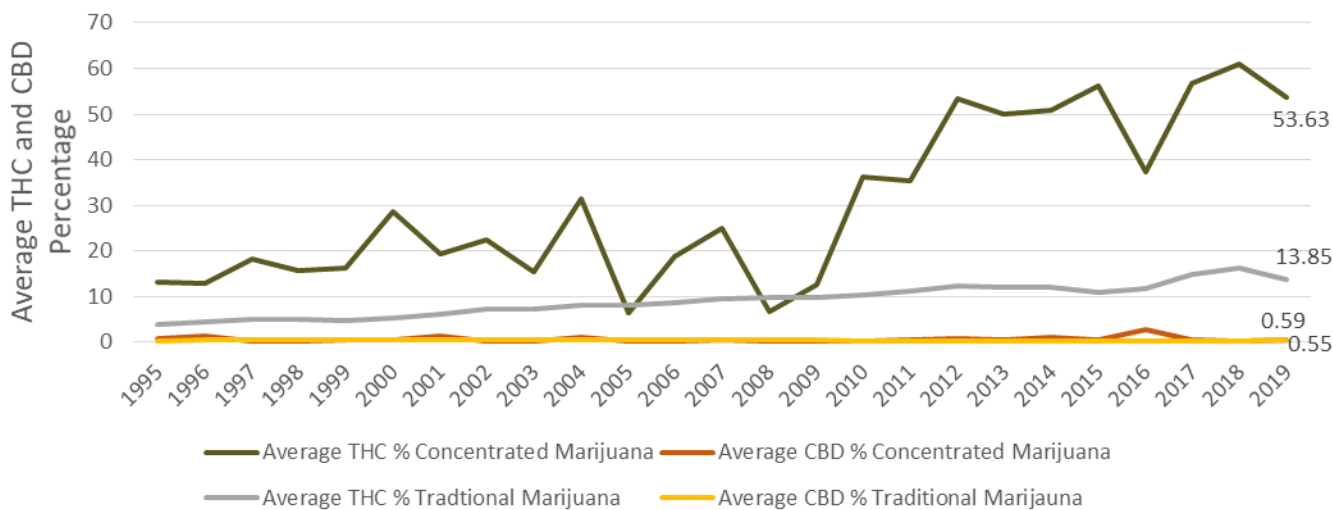
Increasing Potency

As domestic production and availability continue to rise, the THC potency of marijuana and marijuana concentrate products increases as well. Most states that have legalized marijuana have not placed limits on THC potency, with the exception of those states with cannabidiol (CBD)-only provisions.

Print and online ads routinely promote smokable marijuana at levels of 30 percent THC or more available in retail marijuana dispensaries. Some boast marijuana concentrate products with THC levels exceeding 90 percent. High levels of THC potency is not limited to the marijuana industry. Black market growers have also capitalized on the wide availability of plant strains with high THC content, most of which have low CBD content. Data from the University of Mississippi’s Potency Monitoring Program shows that in 2019, average THC potency in both traditional and concentrated marijuana decreased from 2018—although still at a high level (See Figure 40).

Marijuana

Figure 40. Average THC and CBD Potency of Traditional and Concentrated Marijuana, 1995 – 2019



Source: University of Mississippi

Indoor Grow Operations

State-approved private marijuana cultivation, often referred to as “home grows,” has changed the nationwide marijuana trafficking landscape. State laws vary widely with regard to how many medical and recreational plants an individual is allowed to cultivate and whether or not medical marijuana patients are required to register home grows with the state. Consequently, it is largely unknown how many people may be cultivating marijuana within the parameters of state-approved marijuana legality.

Criminal Organizations and Marijuana Profits

Where personal marijuana cultivation is legal at the state level, growing marijuana for profit offers drug traffickers substantial profit with little risk. A grower with some experience and the proper equipment can produce up to one pound of marijuana per plant per 90-day growing cycle. Therefore, six marijuana plants can produce roughly 24 pounds of marijuana in a year. The average black market price for high quality indoor marijuana is \$800 - \$1,000 USC per pound, meaning growers can potentially earn \$19,200 - \$24,000 USC per year from six “legal” plants. Prices are higher in state markets where marijuana is not legal, meaning growers can command double or even triple the average black market price.

DEA reporting indicates drug trafficking organizations with substantial experience, equipment, and resources are able to produce up to 1,800 pounds of marijuana per year for every 100 plants cultivated, earning as much as \$5.4 million USC in that time from those 100 plants.

Of the states with some form of legalized marijuana, about one-third prohibit private residents from growing their own marijuana. The rest allow for private grows in the general range of 6 to 12 plants with varying stipulations on how many can be mature plants and how many can be seedlings. Among those, Colorado remains as an outlier. While a state law enacted in 2018 limits home grows to 12 total plants within a residence, medical marijuana patients can still get higher plant recommendations from physicians and can legally grow up to 99 plants, provided the grow is not located in a residential property.

Figure 41. DTO-operated Residential Marijuana Grows



Source: DEA Denver Field Division

Indoor cultivation provides year-round harvests, along with privacy and security compared to outdoor cultivation. Indoor grows can yield marijuana regardless of climate conditions or growing seasons. Personal home grows are often located in residential houses, though some large medical marijuana grows and cooperative grows can be found in warehouses or industrial space.

The conversion of residential properties into marijuana greenhouses presents significant risks to homeowners, neighbors, utility companies, and first responders. Indoor grows require large amounts of water and artificial light, creating

high demand on local utilities. Neighborhoods with large or many grows experience blown transformers and blackouts. Trafficking groups often steal power by illegally wiring directly into the city's power system, which drives up the price of power for legitimate customers and creates a significant fire hazard.

Marijuana grow homes often sustain severe structural damage. Moisture, condensation, and mold can spread throughout the residence. Illegal growers often cut holes in floors and exterior walls in order to install ventilation tubes, as well as tamper with electrical systems in order to supply multiple high-power grow lights and industrial air-conditioning units. Altered electrical systems with loose and entangled wires; flammable fertilizers and chemicals; explosive materials, such as propane and butane; holes cut into subfloors; booby traps; and weapons all pose clear hazards to firefighters or police officers responding to the residence in an emergency.

Outdoor Grow Operations

Outdoor grows are conducted in a variety of settings, from backyards to multiple-acre public lands, and are frequently co-mingled among legitimate crops and natural vegetation. Marijuana cultivation on public lands is undiminished despite state legalization. Grows on public lands are often in remote areas that are difficult to access and expensive to maintain. These grows are challenging for law enforcement to discover and eradicate.

Large outdoor grow sites have significant negative environmental impacts. Millions of acres of public lands are at risk of devastation from the illegal cultivation of marijuana. Large grow operations produce tons of toxic waste that permeate the landscape and endanger wildlife

by poisoning and destroying natural habitats. In a 2017 report, the National Wildlife Refuge System in California, Nevada, and the Klamath Basin reported these sites are dangerous to employees and to the public in general, and are expensive to find and reclaim. Illicit cultivation of marijuana also threatens statewide water resources.

Figure 42. Illicit Outdoor Marijuana Grow



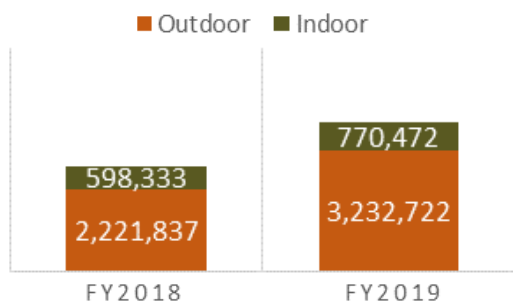
Source: DEA Los Angeles Field Division

Domestic Cannabis Eradication/Suppression Program

During FY 2019, DEA's Domestic Cannabis Eradication/Suppression Program (DCE/SP), in coordination with state and local law enforcement agencies, documented over 4 million plants and 363,098 pounds of processed marijuana seized from 5,287 outdoor and indoor grow sites throughout the United States (See Figures 43 and 44). This reflects a 30 percent increase in total plants eradicated compared to FY 2018 (2.8 million plants). Outdoor grow sites accounted for most of the increase. The number of plants eradicated from outdoor grow sites rose by over 1 million from FY 2018 to FY 2019 (a 45 percent increase), while the number of plants eradicated from indoor grow sites rose by more than 172,000 (a 22 percent increase).

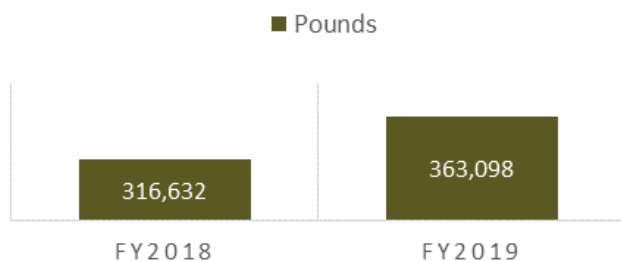
California topped the list at 1,344 outdoor grows, up from 889 in FY 2018. Next were Kentucky (583) and Ohio (477). Likewise, California topped the list at 644 indoor grows, followed by Colorado (118) and Maryland (90). Of the total number of plants eradicated, 79 percent (3.19 million) were in California, an increase from FY 2018, when 1.8 million plants were eradicated in that state. Over half (54 percent) of the bulk processed marijuana seized was also in California, followed by Arizona (18 percent), Colorado (5 percent), and Oklahoma (5 percent). From the eradication sites, there were 3,210 weapons seized, with California accounting for almost half (46 percent).

Figure 43. Number of Marijuana Plants Eradicated by DCE/SP, FY 2018 and FY 2019



Source: DEA's Domestic Cannabis Eradication and Suppression Program

Figure 44. Number of Pounds of Bulk Harvested Marijuana Seized at Indoor and Outdoor Grow Sites by DCE/SP, FY 2018 and FY 2019



Source: DEA's Domestic Cannabis Eradication and Suppression Program

Criminal Organizations and Black Market Production Operations

Many DTOs and TCOs involved in large-scale marijuana production are also involved in other criminal activity, including financial fraud, international money laundering, and polydrug trafficking and production. Marijuana generates millions of dollars that furthers the scope of their criminal activity throughout the United States.

Marijuana is often seized in conjunction with other illicit drugs. In 2019, DEA offices in southern California noted several instances wherein THC extraction laboratories were discovered along with psilocybin mushroom grows or illicit fentanyl pill press operations.

- In April 2020, eight members of a DTO operating in the Chicago area were arrested and 32 pounds of THC oil, 120 pounds of THC-infused gummies, 135 pounds of marijuana, several firearms, and approximately \$762,000 in U.S. currency (USC) were seized as part of an ongoing investigation into a drug trafficking and money laundering organization with ties to Mexican DTOs. Several of the arrested DTO members were Mexican money launderers.
- An investigation into a methamphetamine and marijuana distribution organization operating in Kentucky and Tennessee culminated with federal search warrants executed in December 2019. Law enforcement seized approximately 4.5 kilograms of methamphetamine, 366 pounds of marijuana, and 400 vape cartridges containing 65-85 percent THC concentrate. The sources of supply for this organization included an affiliate of a white supremacist group and outlaw motorcycle gang.

Marijuana Concentrates/ Extracts and THC Extraction Labs

THC extraction laboratories continue to produce marijuana concentrates such as hashish, hash oil, and kief, which have gained popularity in the United States. Marijuana concentrates often are ingested through e-cigarettes and vape devices. Marijuana concentrates are also in edible products like cookies, brownies, and gummy candies, as well as topical lotions, tinctures, capsules, and patches. These potent forms of marijuana present challenges to law enforcement, educators, and parents, as they are easier to conceal and ingest than traditional leafy marijuana. Additionally, such products pose a significant health risk to children who might mistakenly consume them.

- In April 2020, multiple drug-laden parcels that were shipped from California to South Carolina were interdicted. The packages included marijuana and numerous THC edibles that mimicked legitimately manufactured candy and food products (See Figure 45).

Figure 45. THC-infused Candy and Cereal



Source: Charleston County Sheriff's Office



Figure 46. Illicit Concentrated Marijuana Distillation Laboratory



Source: DEA San Diego Field Division

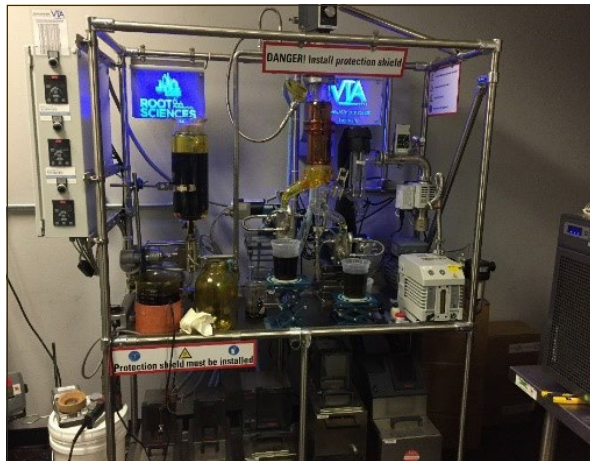
Clandestine distillation laboratories are increasingly encountered by law enforcement in California, which use sophisticated equipment to remove impurities from concentrated marijuana. This removal process, sometimes referred to as “winterization,” can produce a THC product with 90 percent purity or higher (See Figure 46).

Tetrahydrocannabinolic acid (THCA), a Schedule I drug, is available in both state-licensed marijuana retail markets and the illicit market.

It is advertised as the strongest form of hash, containing up to 99 percent THC. THCA is a biosynthetic precursor of THC and is extracted using various methods from undried cannabis plants. It is typically clear or white in color, with a texture in the form of crystals, powder, or oil. THCA converts to THC when it is heated. The substance is typically dabbed (i.e. inhaling the vapors) to achieve an intense high.

Extraction laboratories using volatile solvents, such as butane and hexane, continue to cause explosions and fires, resulting in injuries and structural damage (See Figure 47).

Figure 47. Clandestine THC Extraction Laboratory



Source: DEA Los Angeles Field Division

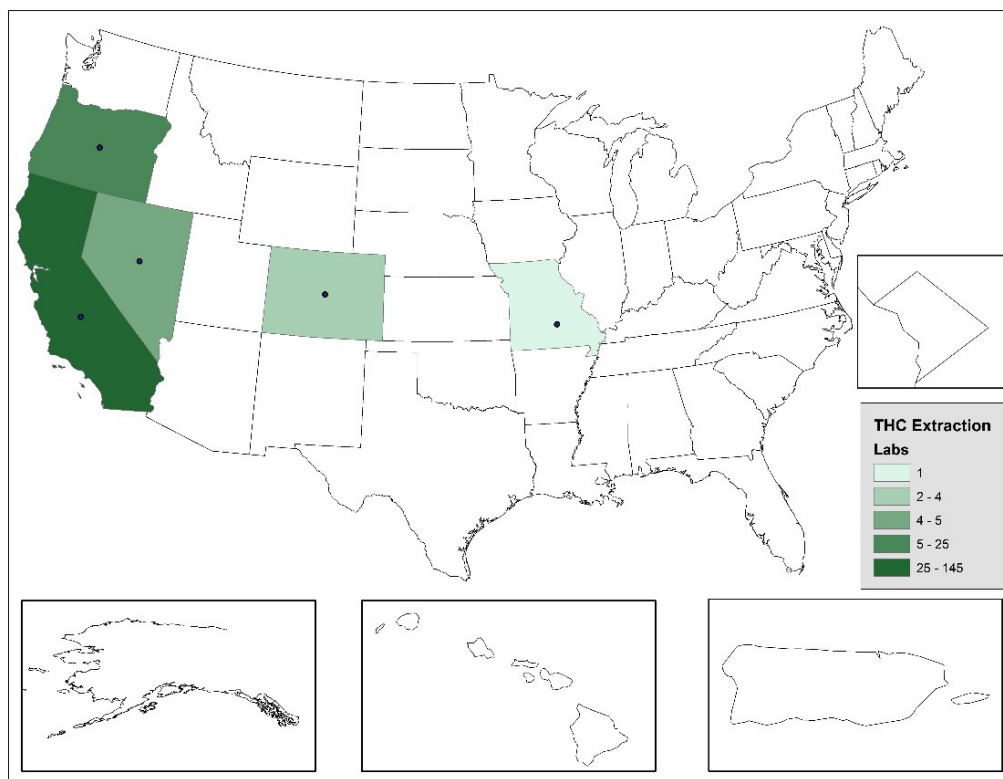
For calendar year 2019, a total of 180 extraction laboratories were reported to NSS; 81 percent of the laboratories were reported in California, and 14 percent were reported in Oregon (See Figure 48). Four percent of the reported extraction laboratories were listed at residential locations and another 26 percent were reported/ discovered as the result of a fire or explosion.

Transportation and Distribution

According to DEA drug seizure data, total gross weight nationwide marijuana seizures declined by 30 percent from 441,037 kilograms in 2018 to 309,012 kilograms in 2019. Overall, DEA marijuana seizures have been declining since 2015 when 886,200 kilograms were seized (See Figure 49). The decrease in seizures is most likely caused by the challenges presented by the changing marijuana legal landscape.

State-level DEA (net weight) marijuana seizures generally followed previously established patterns. The highest seizures occurred in states with major land border crossings or high traffic seaports, as well as in states with large recreational or medical marijuana state-approved markets (See Figure 50). California and Texas had the largest marijuana seizure levels, consistent with previous years, followed by Arizona and Colorado.

Figure 48. BHO/THC Extraction Laboratories Seized in the United States, 2019



Source: El Paso Intelligence Center, National Seizure System