
ROCKY MOUNTAIN HIDTA 2019 THREAT ASSESSMENT



June
2019

*Rocky Mountain HIDTA
Investigative Support Center
Strategic Intelligence Unit*

DISCLAIMER: In this document, the term “drugs” refers only to illicit substances tracked and investigated by Rocky Mountain HIDTA initiatives. The term does not include legal substances such as alcohol or tobacco.

PREPARED BY ROCKY MOUNTAIN HIDTA

STRATEGIC INTELLIGENCE UNIT

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Scope

The purpose of the 2019 Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) Threat Assessment is to identify current and emerging drug related trends within the designated RMHIDTA region. The threat assessment is also intended to deliver accurate and timely strategic intelligence to assist the RMHIDTA Executive Board in the development of ongoing drug enforcement strategies. Additionally, the data contained within the threat assessment can be used by law enforcement agencies and shared with legislatures and policy makers. This document provides a drug threat activity overview of Colorado, Montana, Utah and Wyoming with an emphasis on identifying the extent of current and emerging drug trends, drug use, Drug Trafficking Organizations (DTO), and the illicit distribution of drugs. The document fulfills both statutory and grant requirements issued by the Office of National Drug Control Policy (ONDCP). This document has been approved by the Rocky Mountain HIDTA Executive Board.

Executive Summary

Drug Trafficking Organizations (DTO)

- Drug trafficking in the Rocky Mountain HIDTA region is primarily dominated by DTOs trafficking a single substance and which ultimately link back to cartels based in Mexico.
- Of the 193 DTOs investigated in 2018, 116 trafficked only one drug while 77 were poly-drug trafficking organizations.
- 9% of all DTOs investigated in 2018 were operating at an international level, 46% were operating at a multi-state level, and 45% were operating at a local level.

Regional Drug Threat

- Although the RMHIDTA region is comprised of four unique states, methamphetamine remains the most significant drug threat in the region despite the increasing negative impacts seen from heroin and marijuana.
- The regional drug threat rank for 2019 is as follows (in order of greatest to least threat):
 1. Methamphetamine
 2. Heroin
 3. Marijuana
 4. Cocaine
 5. Prescription Drugs

Source of Supply

- The source of supply for most drugs distributed to the RMHIDTA region come from DTOs operating within the four states of the Rocky Mountain region. These DTOs commonly obtain drugs from states directly west of the RMHIDTA region or Mexico.
- Methamphetamine, heroin, and cocaine found in the U.S. originate primarily from Mexico; these drugs are predominantly smuggled into the United States through the Southwest Border.

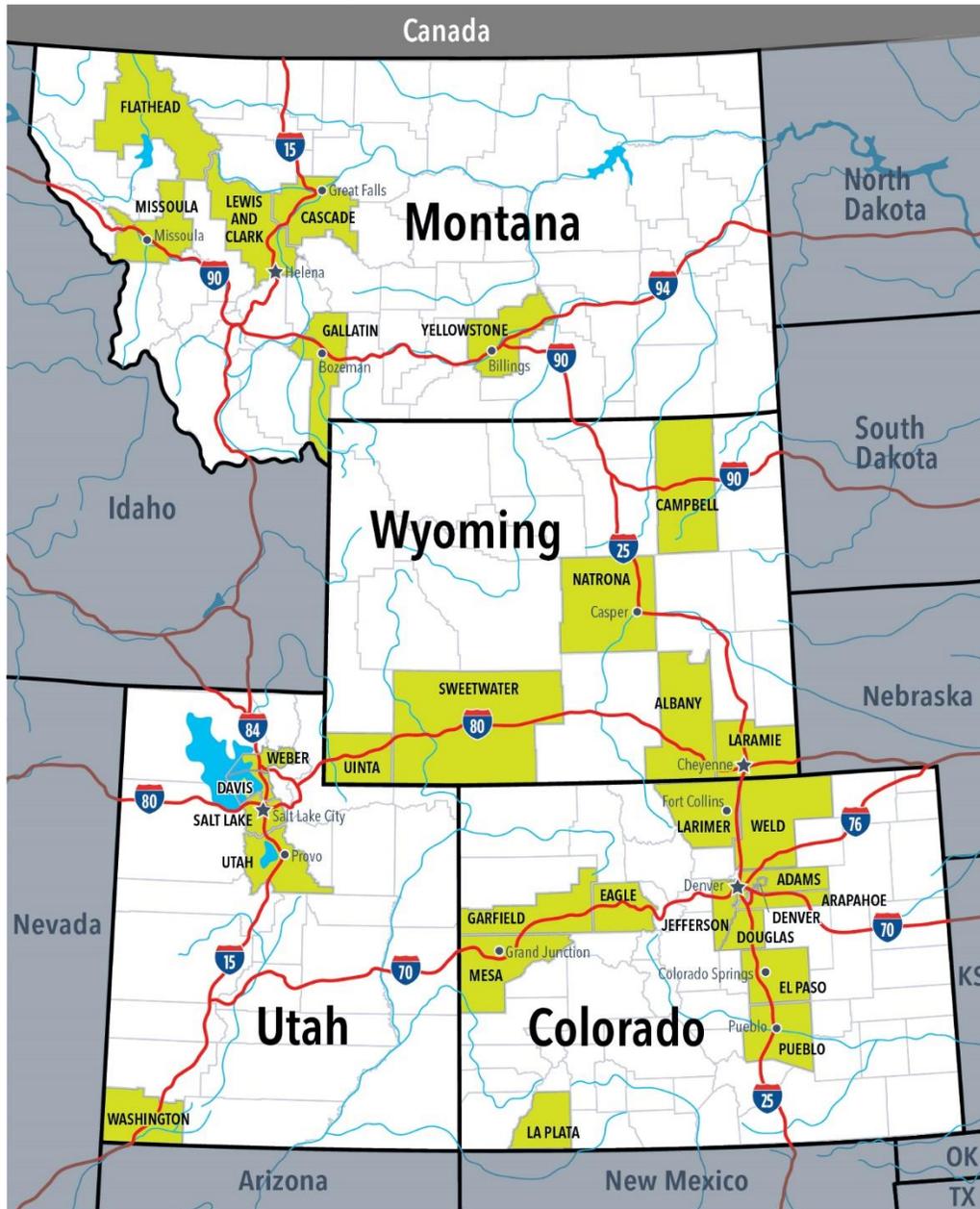
Transportation

- The interstate highway system that runs through the four-state region is the primary method utilized to transport drugs.
- Often, large drug shipments are delivered to DTOs operating in Colorado and Utah to be broken down and further distributed to other states.
- The most common methods for transporting drugs into the region remains through personal vehicles, followed by rental vehicles.
 - Additionally parcel packages, commercial vehicles, and bus lines are used to traffic drugs.

Illicit Finance

- Currency obtained from drug transactions is often returned to Mexico along the same routes from which the drugs were originally driven.
- Drug proceeds are also sent to sources of supply through money remitters, such as wire transfers and money grams. In general, several different transactions are used to move large amounts of money.

The RMHIDTA Region



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The Rocky Mountain HIDTA region is comprised of 31 counties within four states: Colorado, Montana, Utah, and Wyoming. RMHIDTA supports a total of 30 initiatives; 22 drug investigative initiatives (of which one is primarily focused on drug trafficking within gangs), four criminal interdiction initiatives, one fugitive apprehension initiative, one investigative support initiative, one training initiative, and one management and coordination initiative. Within all of these initiatives, there are a total of 129 participating federal, state, and local law enforcement organizations.

Although participation in the RMHIDTA program is defined at the county level, for the purposes of this report, data will be broken down by state or by the RMHIDTA region in its entirety. Due to the varying demographics of each state, the individual characteristics pertaining to each state are described below.

Colorado

Since 2010, the state of Colorado has experienced an approximate 13% population increase with the most recent census reflecting 5.7 million residents.¹ The Rocky Mountains span the state, running north to south, and primarily occupy the western region of the state. The state has two main interstate corridors: I-25 runs north-south along the eastern slope through the major populated areas in the state, and I-70 runs east-west serving as the main thoroughfare for travelers crossing the Rocky Mountains. I-70 is vital to Colorado's ski towns and resorts, which attract numerous visitors to the state on an annual basis.

In 2017, the violent crime rate in Colorado was 3.68 per 1,000 residents and the property crime rate was 27.02 per 1,000 residents.² While the violent crime rate is lower than the national average (4 per 1,000), the property crime rate is approximately 11% higher than the national average (24 per 1,000).² Colorado was the first state to legalize recreational marijuana in 2013; retail sales of marijuana began shortly after in January of 2014. Since the legalization of recreational marijuana in Colorado, the state has seen numerous impacts, which are specifically documented in "The Legalization of Marijuana in Colorado: *The Impact*", available at www.rmhidta.com under the reports page.

Montana

Since 2010 the state of Montana has experienced an approximate 7.4% population increase with the most recent census reflecting approximately 1.6 million residents.¹ The eastern portion of Montana is covered by the Great Plains, while the western portion of the state is occupied by the Rocky Mountains. The main interstates running through Montana include I-15 (north-south), I-90 (east-west), and I-94 (east-west). Montana is home to seven Indian reservations and the state-recognized Little Shell Tribe of Chippewa Indians. These reservations are located primarily in the northernmost third of the state's area, with the exception of the Crow Reservation which borders Wyoming.³

In 2017, the violent crime rate in Montana was 3.77 per 1,000 residents and the property crime rate was 25.92 per 1,000 residents.² Although, the violent crime rate is lower than the national average, the property crime rate is 8% higher than the national average.² Recently published research backs up longstanding claims that the Bakken region of Montana and North Dakota, and the associated oil boom, have contributed to a significant increase in violence in the surrounding communities.⁴

Utah

Since 2010, the state of Utah has experienced an approximate 14.4% population increase with the most recent census reflecting approximately 3.2 million residents.¹ While the Colorado plateau comprises more than half of eastern Utah, the western third of the state is part of the Great Basin which is a broad, flat, desert like area with occasional mountain peaks. The Great Salt Lake, which draws visitors year-round, is located in the northeastern part of the state. The main interstates include I-15 (north-south) and I-80 (east-west). I-70 (east-west) begins midway through the state and runs eastward. Utah is home to “The Mighty Five,” which is a collection of national parks that have helped contribute to the state’s 44% increase in tourism revenue between 2004 and 2014.²

In 2017, the violent crime rate in Utah was 2.39 per 1,000 residents and the property crime rate was 27.80 per 1,000 residents.² Crime statistics place Utah 67% lower than the national average for violent crime, yet the state property crime rate is 16% higher than the national average.² One unique aspect is the state is traditionally known for having a high population of people who belong to the Church of Jesus Christ of Latter-day Saints, commonly known as the Mormon church.

Wyoming

With a population of approximately 578,000 residents, Wyoming is the least populated state in the United States.¹ As the ninth largest state in the nation, it is mostly comprised of plateaus with interspersed mountain ranges. The federal government owns nearly 48% of the state’s landmass, with 10 designated national forests which comprise more than 10 million acres across the landscape. The main interstates which traverse Wyoming are I-25 (north-south), and I-80 (east-west). Additionally, I-90 (east-west) travels across the northeast portion of the state. The main drivers of Wyoming’s economy include mineral extraction, tourism, construction, and government sectors. In 2017, the violent crime rate in Wyoming was 2.38 per 1,000 residents and the property crime rate was 18.30 per 1,000 residents.² In comparison to national statistics, Wyoming sits well below the violent crime and property crime averages (68% and 31% below the national average, respectively).²

Drug Trafficking Organizations (DTO) – Investigated in 2018

International DTOs Identified by the Rocky Mountain HIDTA	
Characteristics	
Total International DTOs	18
- Mexican	15
- Caucasian, Mexican	1
- Honduran, Mexican	1
- Nicaraguan	1
Total Members	213
Leaders	41
Gang Members	0
Average DTO Size	12
Multi-ethnic	2
Gang Related	0
Violent	3
Polydrug	9
Money Laundering Organizations	2
Federal Case Designations	
OCDETF	5
CPOT	3
RPOT	1
PTO	6

Multi-State DTOs Identified by the Rocky Mountain HIDTA	
Characteristics	
Total Multi-State DTOs	89
- Caucasian	36
- Mexican	25
- Caucasian, Mexican	12
- Chinese	4
- Cuban	2
- African-American, Caucasian	1
- African-American, Mexican	1
- Asian, Caucasian	1
- Caucasian, Honduran	1
- Caucasian, Mexican, Native American	1
- Honduran, Mexican	1
- Laotian	1
- Street Gang	1
- Unknown	1
- Vietnamese	1
Total Members	1,117
Leaders	168
Gang Members	24
Average DTO Size	13
Multi-ethnic	18
Gang Related	3
Violent	15
Polydrug	33
Money Laundering Organizations	2
Federal Case Designations	
OCDETF	18
CPOT	3
RPOT	0
PTO	18

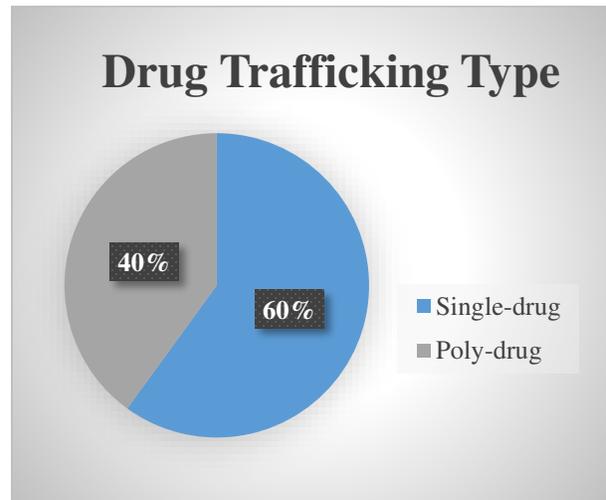
Local DTOs Identified by the Rocky Mountain HIDTA	
Characteristics	
Total Local DTOs	86
-Caucasian	42
-Mexican	16
-Caucasian, Mexican	7
-Hispanic	4
-African-American	3
-Unknown	3
-African	1
-African-American, Mexican	1
-Asian	1
-Asian, Caucasian	1
-Black	1
-Black, Caucasian	1
-Black, Caucasian, Hispanic	1
-Caucasian, Hispanic	1
-Caucasian, Mexican, Native American	1
-Chinese	1
-OMG	1
Total Members	1,358
Leaders	141
Gang Members	426
Average DTO Size	16
Multi-ethnic	13
Gang Related	6
Violent	27
Polydrug	34
Money Laundering Organizations	0
Federal Case Designations	
OCDETF	5
CPOT	1
RPOT	0
PTO	7

Drug Trafficking Organizations (DTO) – Characteristics in 2018

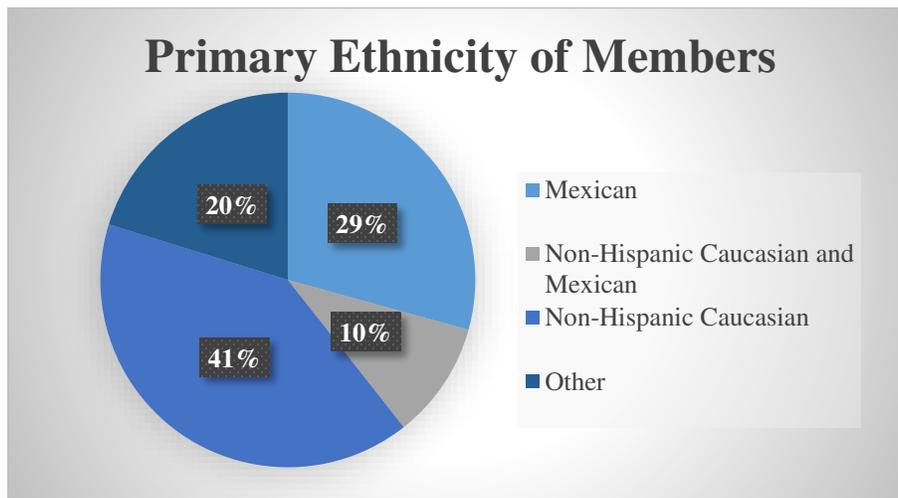
- 116 DTOs (60%) out of the total 193 trafficked a single drug
 - Of the 116 DTOs, nine were international groups, 56 were multi-state, and 51 were local
 - For the first time, in 2018 one DTO specifically trafficked fentanyl only, something never seen before in the region
- 77 DTOs (40%) out of the total 193 were poly-drug trafficking organizations
 - Of the 77 DTOs, nine were international groups, 33 were multi-state, and 25 were local groups
- The primary ethnic characteristics of the DTOs were either Non-Hispanic Caucasian, Mexican, or a combination of the two



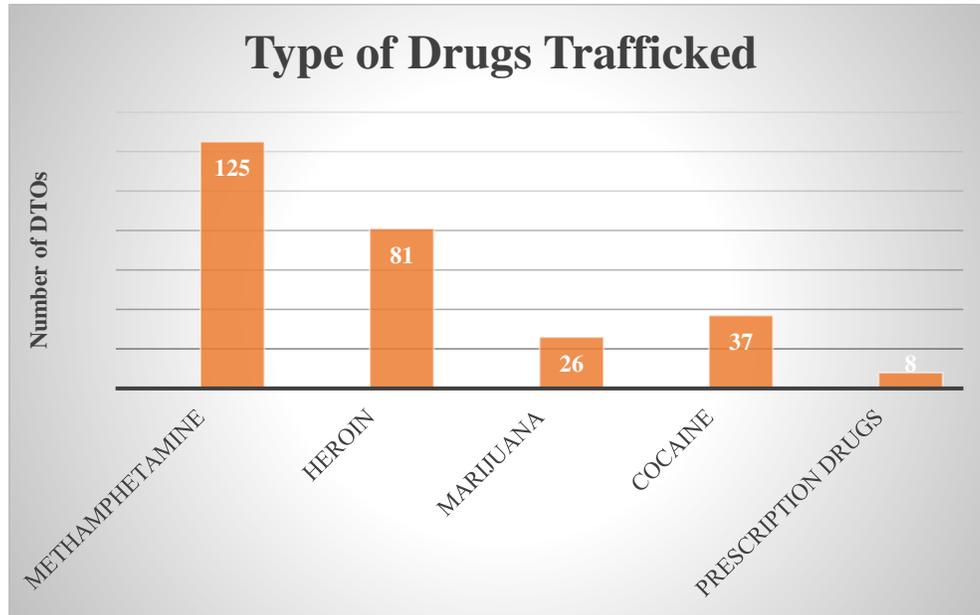
Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP

Note: The number of DTOs listed above exceeds the total number of DTOs investigated in 2018 due to poly-drug trafficking

International DTOs:

- 9% of all DTOs investigated in 2018 were operating on an international level.
- 50% were poly-drug organizations, the remaining DTOs trafficked a single drug.
- 83% were comprised solely of Mexican members.
 - International DTOs were the most likely to be comprised of a single ethnicity.
- On average international groups have the fewest number of members investigated.
- Although they are typically the most violent groups, in 2018 international DTOs tied with multi-state DTOs with 17% of the groups designated as violent.
- Typically there are very few, if any, gang members involved in international organizations.
 - In 2018, there were zero gang members in international DTOs.

Multi-State DTOs:

- 46% of all DTOs investigated in 2018 were operating on a multi-state level.
- 37% were poly-drug DTOs, and 63% trafficked a single drug.
- Membership is primarily comprised of Non-Hispanic Caucasians (40%), Mexicans (28%), or a combination of the two (13%).
- Generally multi-state DTOs are the least violent groups, although in 2018 they tied with international DTOs with 17% of the groups designated as violent.
- There was one street gang multi-state DTO in 2018.

Local DTOs:

- 45% of all DTOs investigated in 2018 were operating on a local level.
- 40% were poly-drug DTOs, and 60% trafficked a single drug.
- Membership is primarily comprised of Non-Hispanic Caucasian (49%), Mexican (19%), or a combination of the two (8%).
- When compared with international and multi-state DTOs, local DTOs have the largest amount of members.
- In 2018, 31% of local DTOs were identified as violent. There were more violent local DTOs than any other category.
- There were more local DTOs with gang members than any other DTO category. Local DTOs had over 400 gang members identified in 2018.

Regional Drug Threat

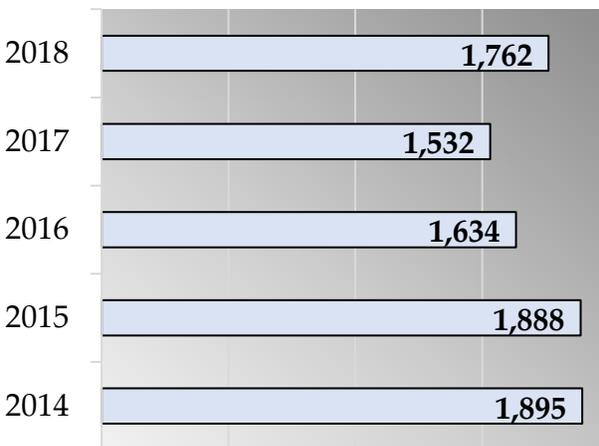
Methamphetamine – Ranked 1st in the Region

Methamphetamine is currently assessed to be the top drug threat in the Rocky Mountain region. In a survey of RMHIDTA Drug Unit Commanders (DUC), methamphetamine was rated the top illicit drug causing the greatest level of negative impact in the community. The DUCs also indicated that methamphetamine is one of the most prevalent drugs in the region, second only to marijuana.

In addition to the DUC survey, other sources were considered in determining the overall threat level of methamphetamine. In 2018, of the 193 DTOs investigated by RMHIDTA drug task forces, the majority (125) were involved in trafficking methamphetamine. Those same task forces made 1,782 methamphetamine related felony arrests and seized 1,732 pounds of methamphetamine through their investigations.

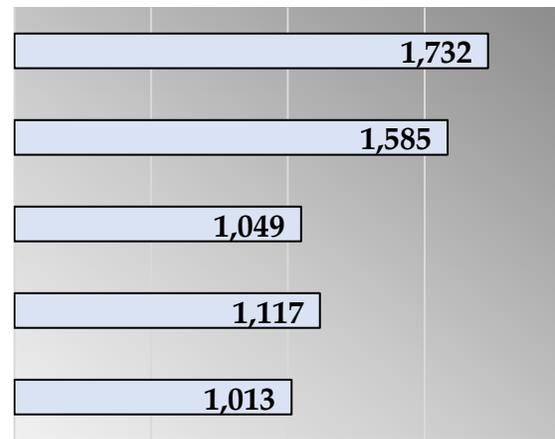
Methamphetamine has had a significant negative impact on public health. In 2018 there were more methamphetamine related overdose deaths (533) region wide than any other illicit drug. There were more emergency department visits and hospitalizations combined than all of the other drugs, except marijuana, based on the most current data available from each state. There were 342 methamphetamine related exposure calls made to poison control, which was the third most common reason for drug related exposure contact calls. More people sought treatment for methamphetamine in 2018 (12,629), as compared to all other illicit drugs.

Methamphetamine-Related Felony Arrests



Source: RMHIDTA PMP

Methamphetamine Seized (Pounds)



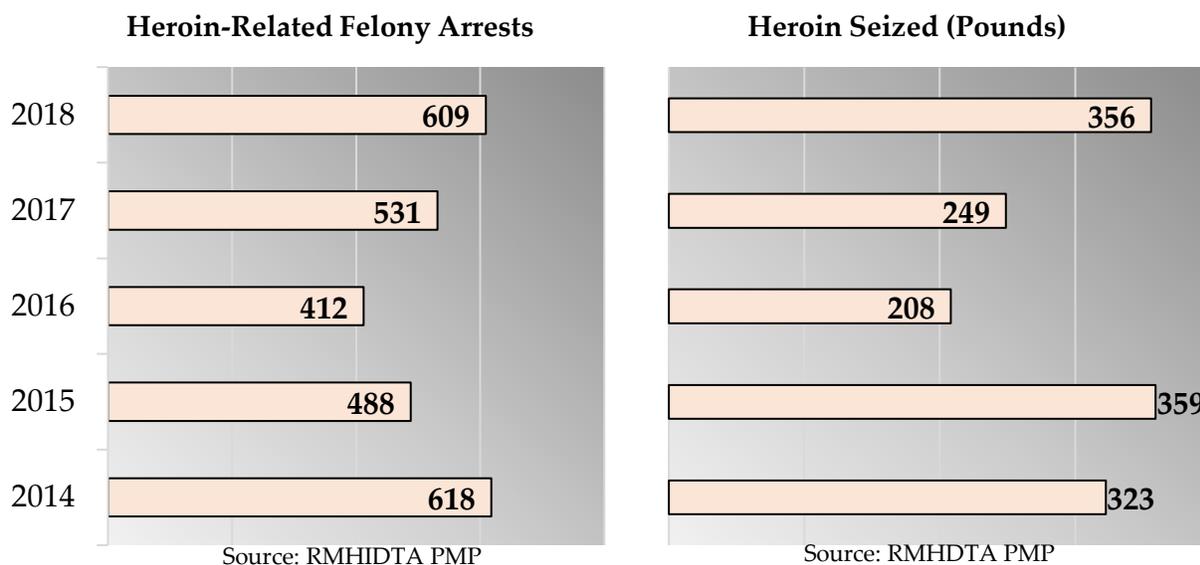
Source: RMHIDTA PMP

Heroin – Ranked 2nd in the Region

Heroin is assessed to be the second most significant drug threat in the Rocky Mountain region. In a survey of RMHIDTA DUCs, heroin was rated as the third most prevalent drug in the region. The DUCs also indicated heroin continues to cause significant level of negative impact in the community.

In addition to the DUC survey, other sources also confirmed the threat level of heroin for the Rocky Mountain region. In 2018, of the 193 DTOs investigated by RMHIDTA drug task forces, 81 were involved in trafficking heroin. Through the investigations, RMHIDTA task forces were responsible for 609 heroin related felony arrests, and 356 pounds of heroin seized.

Heroin has also had an increasingly negative impact on public health. In 2018 there were nearly 400 heroin related overdose deaths, over a 40% increase from 279 deaths in 2014. There were also 1,605 heroin related emergency department visits and hospitalizations combined. Additionally, there were 172 heroin related exposure calls made to poison control. The number of treatment admissions (10,754) were the second largest source of admissions in 2018 as compared to other illicit drugs.

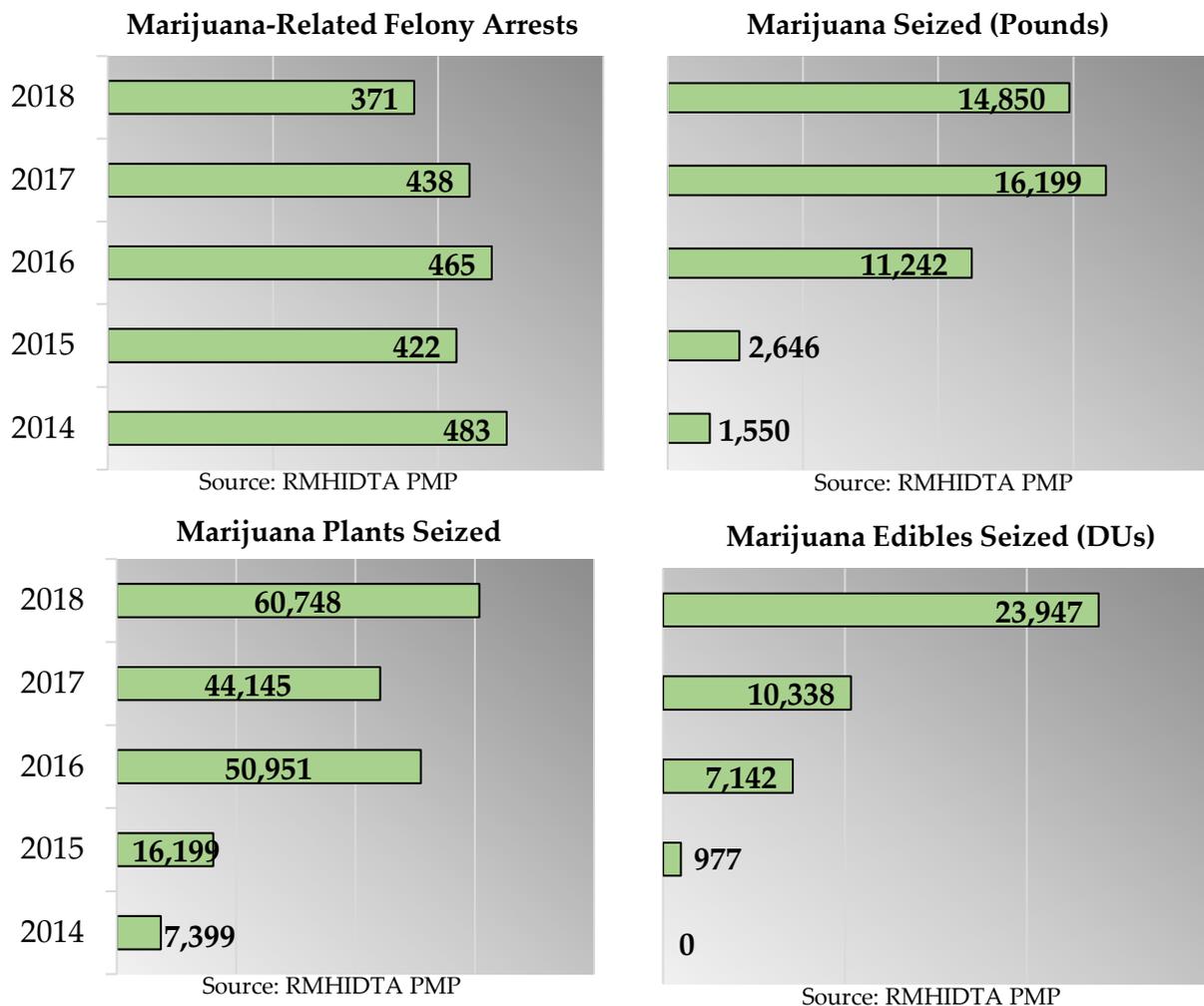


Marijuana – Ranked 3rd in the Region

Marijuana is assessed to be the third most significant drug threat in the Rocky Mountain region. Marijuana was rated as the most prevalent drug, in the Rocky Mountain region, according to the RMHIDTA DUC survey. The DUCs also placed marijuana as a drug causing a significant level of negative impact in the community.

In addition to the DUC survey, other sources supported the overall threat level of marijuana. In 2018, of the 193 DTOs investigated by RMHIDTA drug task forces, 26 were involved in trafficking marijuana. RMHIDTA task forces were responsible for 371 marijuana related felony arrests, and 14,850 pounds of marijuana seized through investigations.

Marijuana also continues to have a substantial negative impact on public health. In 2018 there were 38,689 marijuana-related emergency department visits and hospitalizations combined, which was nearly double the amount of the next highest drug (methamphetamine) in the region. There were 438 marijuana related exposure calls made to poison control. Marijuana treatment admissions were the third largest source of admissions (7,326) in 2018.

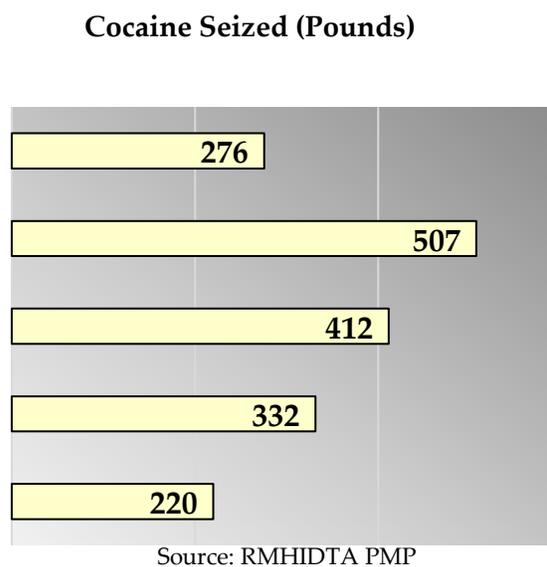
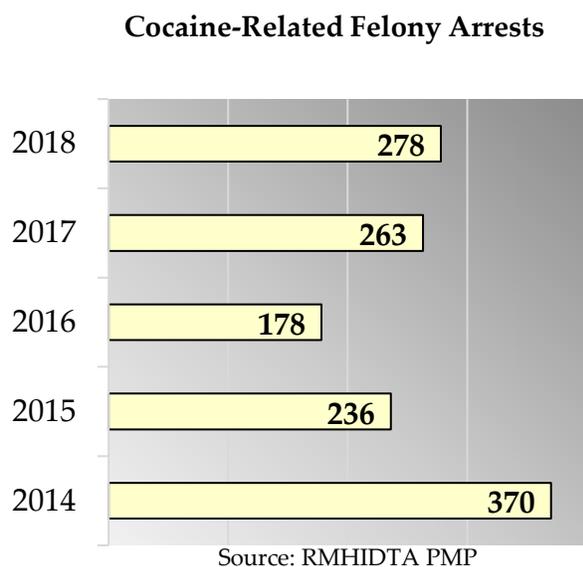


Cocaine –Ranked 4th in the Region

Cocaine is currently assessed to be the fourth most significant drug threat in the Rocky Mountain region. Among to the RMHIDTA survey, the DUCs conveyed that currently cocaine has a relatively low prevalence throughout the region. Although prevalence is relatively low, there has been a noticeable increase in prevalence over the past five years, which is why the DUCs also indicated cocaine has begun to have an evident negative impact in the community.

In addition to the DUC survey, other sources confirmed the threat level of cocaine for the Rocky Mountain region. In 2018, of the 193 DTOs investigated by RMHIDTA drug task forces, 37 were involved in trafficking cocaine. RMHIDTA task forces were also responsible for 278 cocaine related felony arrests, and 276 pounds of cocaine seized through investigations, a 25% increase from 2014.

Overall cocaine has not had a tremendous negative impact on public health. In 2018, there were 168 cocaine related overdose deaths, the fewest of all illicit drugs. There were a total of 5,121 cocaine related emergency department visits and hospitalizations, 80 cocaine related exposure calls made to poison control, and 1,380 cocaine related treatment admissions in the region in 2018.

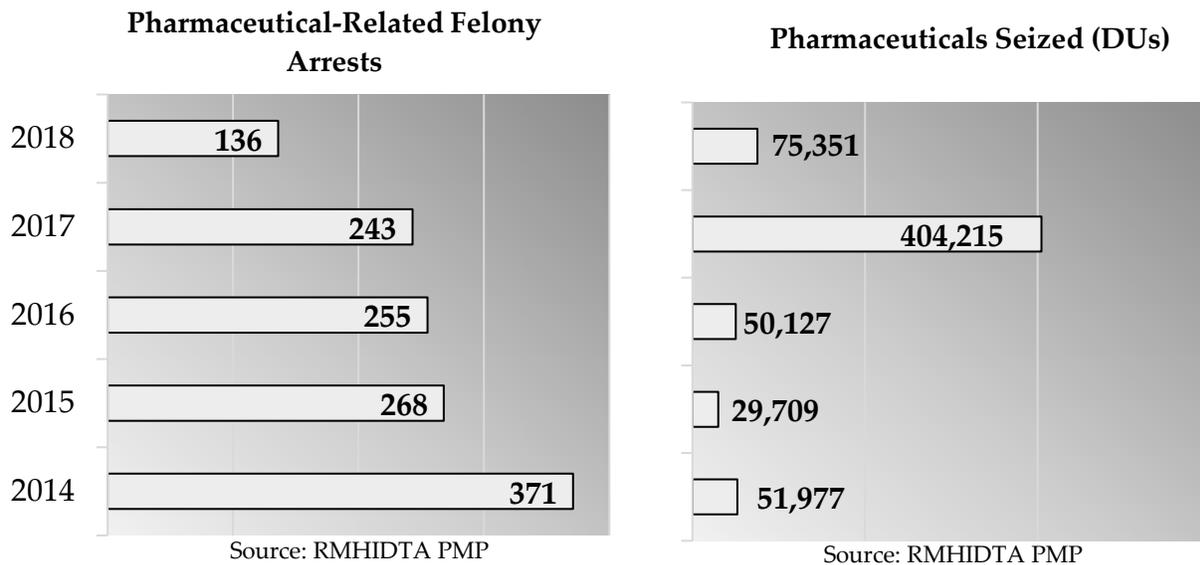


Prescription Drugs – Ranked 5th in the Region

Prescription drugs are currently assessed to be the fifth most significant drug threat in the Rocky Mountain Region. RMHIDTA DUCs rated prescription drugs as the third most prevalent substance following methamphetamine and marijuana. The DUCs placed prescription drugs as causing a significant amount of negative impact in the community, although it is difficult to separate diverted pharmaceuticals and clandestinely produced pills.

In addition to the DUC survey, other sources confirmed the threat level of prescription drugs. In 2018, of the 193 DTOs investigated by RMHIDTA drug task forces, 8 were involved in trafficking prescription drugs. RMHIDTA task forces were responsible for 136 prescription drug related felony arrests, and 13,536 prescription drug dosage units seized through investigations.

Misused and diverted prescription drugs continue to have a significant negative impact on public health. In 2018 there were 398 prescription drug overdose deaths, the second highest number of all illicit drugs. There were a combined 3,525 prescription drug related emergency department visits and hospitalizations in the region. Prescription drugs also had the highest number of poison control calls (13,536) and prescription drug related treatment admissions accounted for 1,896 admissions in 2018.



Additional Drug Information

In the Rocky Mountain HIDTA region, club drugs and hallucinogens are considered to be some of the least prevalent drugs seen. Therefore, the negative impact to society in all four states from club drugs and hallucinogens is minimal. Felony arrests for club drugs and hallucinogens have been low over the past five years. Seizure amounts of club drugs and hallucinogens have been sporadic without a discernable trend noted for the region. (see each state section for further information on club drugs and hallucinogens)

Regional Outlook

Methamphetamine will continue to be the most significant drug threat in the Rocky Mountain region. Sixty five percent of all DTOs investigated in 2018 were involved in trafficking methamphetamine. The number of felony arrests were nearly triple that of the next highest ranking threat (heroin). Although the threat from domestic methamphetamine labs in the region has significantly decreased, methamphetamine is still readily accessible and available from Mexico. While the supply of methamphetamine continues to increase and the price for the drug remains low, RMHIDTA assesses that methamphetamine will continue to be a prominent threat in the region for the foreseeable future.

Heroin will likely remain a significant drug threat in the Rocky Mountain region. In 2018, heroin was trafficked by 42% of the DTOs investigated, and heroin related felony arrests have consistently increased since 2016. Heroin has been and will remain a cheaper alternative to opioid prescription drugs. Due to the widely recognized threat, there have been numerous initiatives/operations to target heroin traffickers from the local to the federal level across the region. Although heroin/opioid related projects have become a targeted community focus, heroin will continue to remain a present threat over the next several years.

Although it is legalized on some level in most of the Rocky Mountain region, marijuana will continue to be a threat and substantial drain on law enforcement resources. The prevalence of marijuana has expanded over the past 5 years with no indications of it slowing down. Even as more states across the nation consider recreational legalization, the amount of marijuana expected to be trafficked both from and through the region will continue to increase.

Cocaine is likely to become a more significant threat to the region in the coming years. There has been an increase of DTOs trafficking cocaine in recent years, indicating increased availability. Cocaine overdose deaths have increased over the past five years which also indicates increased use across the region. As focus and priority is continued to be placed on heroin/opioids alone, the impact and effect is cocaine is expected to increase.

Misused and diverted prescription drugs will continue to be a threat to the Rocky Mountain region over the upcoming years. Although prescription drugs are ranked lowest, poison control center exposure calls were 30 times greater than any other illicit drug. However, these calls are a combination of questions regarding both legal and illegal drug use. The potential for abuse and trafficking of prescription drugs will remain a threat primarily due to the nature of their availability. While education is ongoing, pills continue to be overprescribed, accessed through “doctor shopping,” and illicit production.

Transportation

The entire Rocky Mountain HIDTA region is contained within a land-locked area. Although there has been evidence of some trafficking via planes, buses, and trains, the primary method of transportation both to and through the area is with commercial, private and rental vehicles utilizing the major interstate highway systems. The RMHIDTA region contains portions of several significant interstates as well as converging intersections where they meet. These intersections primarily occur around major cities such as Denver and Salt Lake City, which are used as distribution points.

I-15 begins at the California/Mexico border and runs north through Utah and Montana up to the Canada border. I-25 begins at the New Mexico/Mexico border and runs north through Colorado and Wyoming where it ends at I-90. Interstates 80 and 90 both begin on the west coast, cross through the RMHIDTA region, and continue over to the eastern portion of the United States. I-94 begins in Montana and runs through several large cities in the northern most states, while I-70 begins in Utah and runs to the east coast.

Illicit Finance

The RMHIDTA regions sees very few groups actually classified as money laundering organizations (MLO). In 2018, there were only 4 MLO investigations across the region. However, it is not uncommon to have some type of money laundering activities involved with many of the DTOs investigated. Primarily, illicit drug proceeds are used for acquiring property, vehicles, weapons, and used for general living expenses.

Most drug profits acquired in the RMHIDTA region are sent directly to Mexican sources of supply in bulk cash. Often the cash is loaded into the same vehicle that was used to deliver drugs from Mexico. Drug proceeds are also sent to sources of supply through money remitters, such as wire transfers and money grams, generally using several different transactions.

Colorado



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RMHIDTA Funded Initiatives in Colorado

In 2018, RMHIDTA funded 11 investigative initiatives, one criminal interdiction initiative, and one fugitive apprehension initiative in the state of Colorado.

- Criminal Interdiction Program – Colorado State Patrol (CSP)
- Colorado Springs Metro Task Force – El Paso County
- Front Range Task Force – Denver Metropolitan Area
- Metro Gang Task Force – Denver Metropolitan Area
- North Metro Task Force – Adams County
- Northern Colorado Drug Task Force – Larimer County
- Rocky Mountain Safe Streets Task Force, Fugitive Unit
- Southern Colorado Drug Task Force – El Paso and Pueblo County
- Southwest Drug Task Force – La Plata County
- Two Rivers Drug Enforcement Team – Garfield County
- Weld County Drug Task Force – Weld County
- West Metro Drug Task Force – Jefferson County
- Western Colorado Drug Task Force – Mesa County

Of the 13 funded initiatives, 11 are dedicated to drug enforcement investigations. The other two funded programs are:

- The Rocky Mountain Safe Streets Task Force, Fugitive Unit; Formerly the Fugitive Location and Apprehension Group (FLAG), the role of this unit is to identify, track and arrest those with active arrest warrants for drug trafficking or violent crimes.
- Criminal Interdiction Program – Colorado State Patrol (CSP): This initiative focuses on criminal interdiction on the interstate highways and most often intercepts couriers of drugs, bulk cash drug proceeds or suspects of other criminal behavior. Significant seizures and arrests indicative of drug trafficking are handed off to a RMHIDTA task force for investigative follow-up.

Source Considerations

There were several sources consulted in writing the Colorado section of the threat assessment. Specifically these sources include Rocky Mountain HIDTA Performance Management Process (PMP) data, Colorado HIDTA initiative drug unit commander surveys and interviews, RMHIDTA quarterly reports from task forces, and U.S. Drug Enforcement Administration. Additional data was obtained from the Rocky Mountain Poison and Drug Center (RMPDC), the Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH), the Colorado Hospital Association (CHA), and the Colorado Department of Public Health and Environment (CDPHE).

Drug Trafficking Organizations

The primary mission of RMHIDTA is to target Drug Trafficking Organizations (DTO) or Money Laundering Organizations (MLO) with a local, multi-state or international operational scope. The investigative intent is to disrupt or dismantle the ability of those DTOs or MLOs to operate. While very few organizations are considered MLOs, many of the DTOs investigated were engaged in money laundering activities. Both DTOs and MLOs are criminal enterprises with a defined hierarchy, very much like the organizational structure in a business.

2018:

Investigations:

In 2018, Colorado investigative initiatives targeted 84 DTOs of which 51 were disrupted or dismantled (18 dismantled, 33 disrupted).

An organization is considered dismantled when its leadership, financial base, and supply network are destroyed and incapable of continuing to operate or reconstitute itself. Disrupted refers to when the normal and effective operation of the organization is impeded.

Of the 84 DTOs investigated:

- 37 local organizations: Conduct drug trafficking or money laundering within the same metropolitan or clearly defined geographical area.
- 37 multi-state organizations: Conduct drug trafficking or money laundering in more than one state (beyond any one particular metropolitan area even if that area covered multiple states).
- 10 international organizations: Conduct drug trafficking or money laundering in more than one country, or they were based in one specific country and conducted their illegal activities in another.

DTO Membership Characteristics:

The definition of a DTO is an organization consisting of five or more persons that have a clearly defined chain-of-command and whose principal activity is to generate income through illegal drug production, manufacturing, importation, transportation, or distribution activities. The definition of a MLO is an organization of two or more persons who process illegal drug profits to disguise the source of the money and make it appear to be legitimate income. Members of MLOs take direction from the leader(s) and carry out the organization's activities. Looking at the characteristics of previously identified DTOs is useful for investigative purposes.

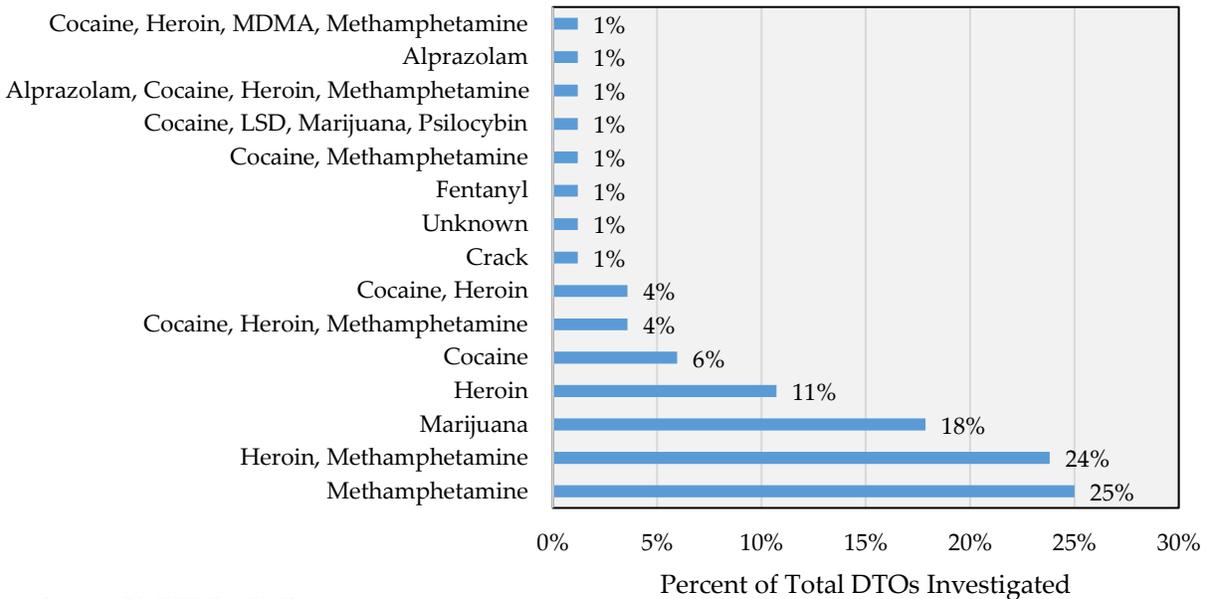
- In 2018 there were a total of 1,247 members across all DTOs investigated; not including one gang investigated that had a total of 350 members.
 - The average size per DTO was 15 members.
 - The largest DTO had 150 members and was a Mexican group trafficking cocaine and methamphetamine.
 - The next largest had 80 members and was a Cuban group trafficking marijuana.
- In 2018 the main racial/ethnic affiliations among the 84 DTOs included:
 - 52% (35) had a membership primarily comprised of Mexican individuals.
 - 22% (15) had a membership primarily comprised of Non-Hispanic Caucasian individuals.

Drugs Trafficked by DTOs in 2018:

Drug trafficking is a complex system that illegally supplies drugs to consumers. Trafficking encompasses smuggling, importation, cultivation, manufacture, transportation, sales, distribution, and possession with intent to distribute or sell controlled substances.

In 2018 the primary drug trafficked by the 84 DTOs was methamphetamine.

Drugs Trafficked per DTO, 2018



2014-2018:

Scope of DTOs Investigated 2014 - 2018:

- Between 71 and 85 DTOs are investigated annually, with an average of 78 DTOs per year.
 - 46% were classified as local organizations
 - 44% were classified as multi-state organizations
 - 10% were classified as international organizations

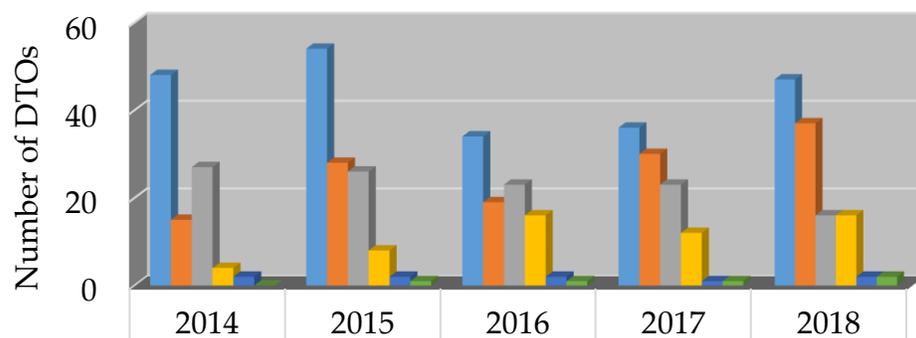
Membership Numbers 2014 - 2018:

- The average number of members in a DTO was 15 individuals.
- The majority of DTOs are comprised of a single ethnic group.
 - There is no significant trend observed with the ethnically mixed groups.
- The top percent of ethnicities of DTOs investigated had a membership primarily comprised of:
 - 52% were Mexican individuals
 - 22% were primarily Non-Hispanic Caucasian individuals
 - 7% were both Non-Hispanic Caucasian and Mexican individuals
 - 3% were Black individuals
 - 2% were Hispanic individuals

Drugs Trafficked by DTOs 2014 - 2018:

- DTOs trafficking methamphetamine accounted for 41% of the total drugs trafficked.
- DTOs trafficking heroin accounted for 24% of the total drugs trafficked.
- DTOs trafficking cocaine accounted for 22% of the total drugs trafficked.
- DTOs trafficking marijuana accounted for 11% of the total drugs trafficked.

Number of DTOs Trafficking Each Substance by Drug Type 2014-2018



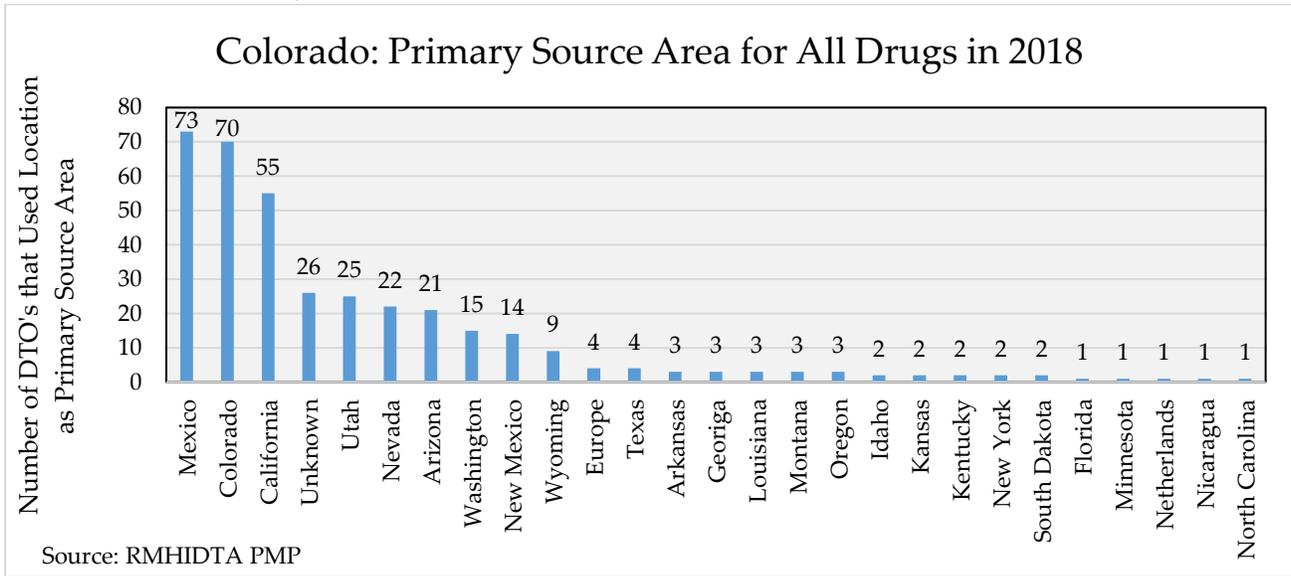
	2014	2015	2016	2017	2018
■ Meth	48	54	34	36	47
■ Heroin	15	28	19	30	37
■ Cocaine	27	26	23	23	16
■ Marijuana	4	8	16	12	16
■ Club Drugs	2	2	2	1	2
■ Prescription Drugs	0	1	1	1	2

Source: RMHIDTA PMP

Note: The number of DTOs listed above per year will exceed the actual number of DTOs investigated per year due to poly-drug trafficking.

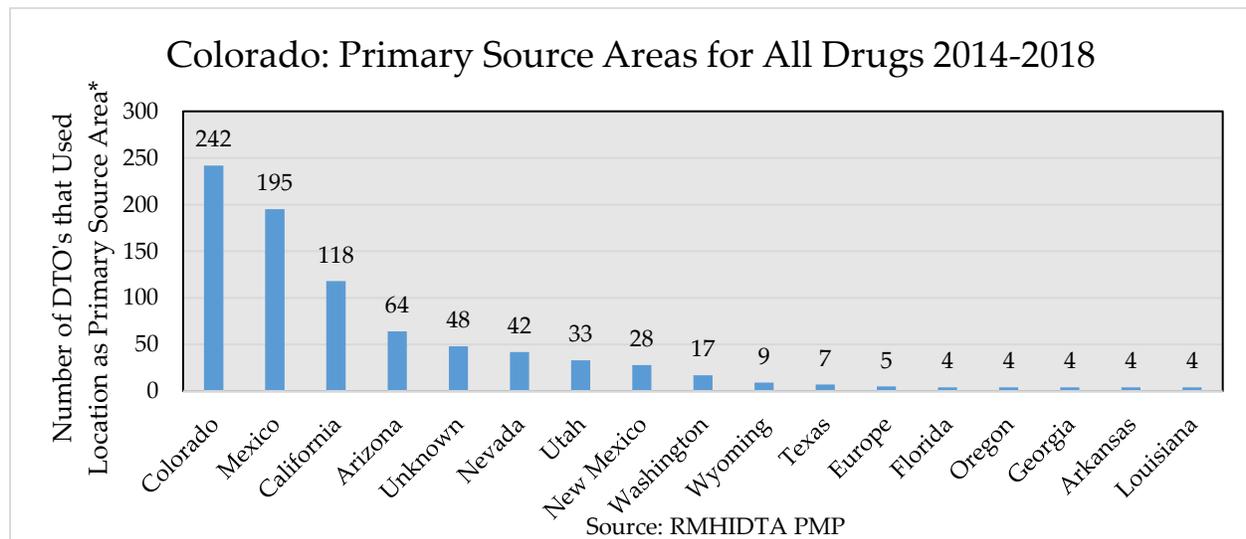
Primary Drug Source Areas for DTOs in 2018:

The source area is the state or foreign country from which the DTO being investigated obtains their drugs from another individual or DTO. The source area is the most direct and immediate source of supply by the DTO and not necessarily the area where the drug was produced, manufactured or originated.



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Primary Drug Source Areas for DTOs 2014 - 2018:



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location. Only source areas that were used four or more times from 2014-2018 are included.

Drug Threat

Threat Rank

The following drugs are listed in order of their assessed threat to the state. Threat rank is determined through analysis of survey responses provided by RMHIDTA Drug Unit Commanders (DUC), RMHIDTA Performance Management Process (PMP) data, and related data that demonstrates community impact.

In addition to law enforcement data, it is essential to consider other areas of available data pertaining to the impact of drug use. Evidence regarding the threat posed to society by drug use can be seen in data regarding calls to the poison control center, treatment admissions, emergency department (ED) visits, hospitalizations, and overdose deaths.

The number of poison control center exposure calls illustrates how many times individuals voluntarily reached regarding adverse effects of illicit drugs. The number of treatment admissions indicates how many individuals have sought or were mandated to seek specific drug related treatment. Emergency department visits and hospitalizations demonstrate the need for significant medical attention related to specific drug use. The number of drug related overdose deaths illustrates how pervasive and dangerous the use of a particular drug can be. Each of these areas, where data is available, have also been consulted when determining a drug's overall threat.

Methamphetamine

Threat Description:

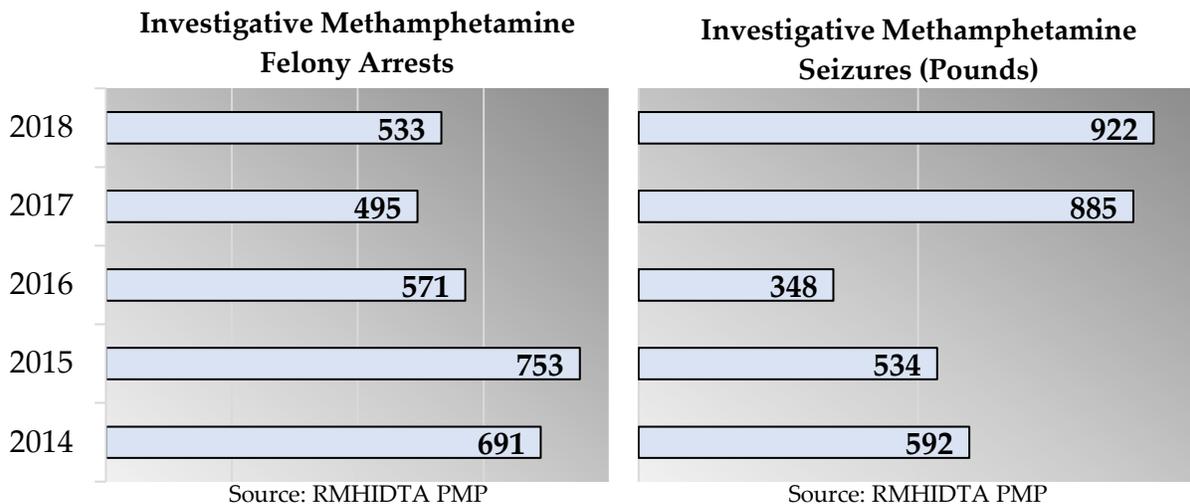
Methamphetamine is assessed to be the most significant drug threat in Colorado. Data gathered from a RMHIDTA survey of Colorado Drug Unit Commanders (DUC)s identified methamphetamine as the drug causing the greatest level of negative impact in the community. The DUCs also ranked the prevalence of methamphetamine as second only to marijuana.

In addition to the DUC survey, other sources were consulted to determine the overall threat level of methamphetamine. In 2018, of the 84 DTOs investigated by RMHIDTA drug task forces, over half of them (47) were involved in trafficking methamphetamine. Those same task forces made 553 methamphetamine related felony arrests and seized 922 pounds of methamphetamine through their investigations.

Outside of the impact methamphetamine has had on law enforcement, it has also had a significant negative impact on public health. In 2018, there were more methamphetamine overdose deaths (291) than any other illicit drug. Second only to marijuana, there were more methamphetamine related emergency department visits and hospital admissions, compared to any other drug. In 2018, methamphetamine use was the predominant illicit drug for all treatment admission in Colorado.

Findings:

- Methamphetamine investigative felony arrests decreased 23%, and investigative seizures increased 21% from 2014 to 2018.
- In 2018 there were 1,218 total investigative felony drug related arrests made by RMHIDTA task forces
 - 44% of those arrests were related to methamphetamine
 - The number of methamphetamine felony arrests were higher than any other illicit drug
- In 2018, there was more methamphetamine seized (by weight) than any other illicit drug.



Methamphetamine Labs:

Very little methamphetamine has been produced in Colorado over the last five years. Since the early 2000's, when hundreds of methamphetamine manufacturing labs were being identified and seized in Colorado, the number of labs seized has significantly decreased. Additionally, any labs seen in recent years have primarily been small, user quantity setups.

Methamphetamine labs seized:

- 2018: 0 labs
- 2017: 2 labs
- 2016: 4 labs
- 2015: 4 labs
- 2014: 7 labs

Source Areas for Methamphetamine:

Very little methamphetamine is currently produced in Colorado. Almost all methamphetamine originates from Mexico, controlled by the cartels, and arrives in Colorado directly from Mexico or California.

- There were 84 DTOs investigated in 2018; 47 were involved in trafficking methamphetamine.
- Of the 47 DTOs trafficking methamphetamine, they obtained their drugs from:
 - Mexico- 20%
 - Colorado- 17%
 - California- 17%
 - Nevada- 9%
 - Utah- 7%
 - Unspecified location- 6%
 - Arizona- 5%
 - New Mexico- 5%
 - Washington- 5%
 - Wyoming- 3%

Transportation:

- Large methamphetamine loads are transported from Mexico and the Southwest Border States to Colorado primarily using personal or rental vehicles.
- The primary routes utilized are I-25 and I-70 which intersect in Denver.
- Once the loads reach Colorado they are often sold to local distributors, although some methamphetamine is distributed to traffickers in other states such as Wyoming and Montana.
- At retail or user-level quantities methamphetamine is generally packaged in plastic baggies, but various other wrapping is also used such as plastic containers, foil, brown paper, plastic and carbon paper.⁵
- In larger quantities methamphetamine is often wrapped in cellophane plastic, sometimes masked in tape and packaged with some sort of odor eliminator.⁵
- Methamphetamine transported to Colorado is most often in crystal form, but seizures of liquid suspended methamphetamine are not uncommon.⁵ Liquid suspended methamphetamine has been seen transported inside factory sealed bottles labeled as sports drinks, juice, flavored water, or alcohol.⁵

Price:

Current price for crystal methamphetamine (“ice”):

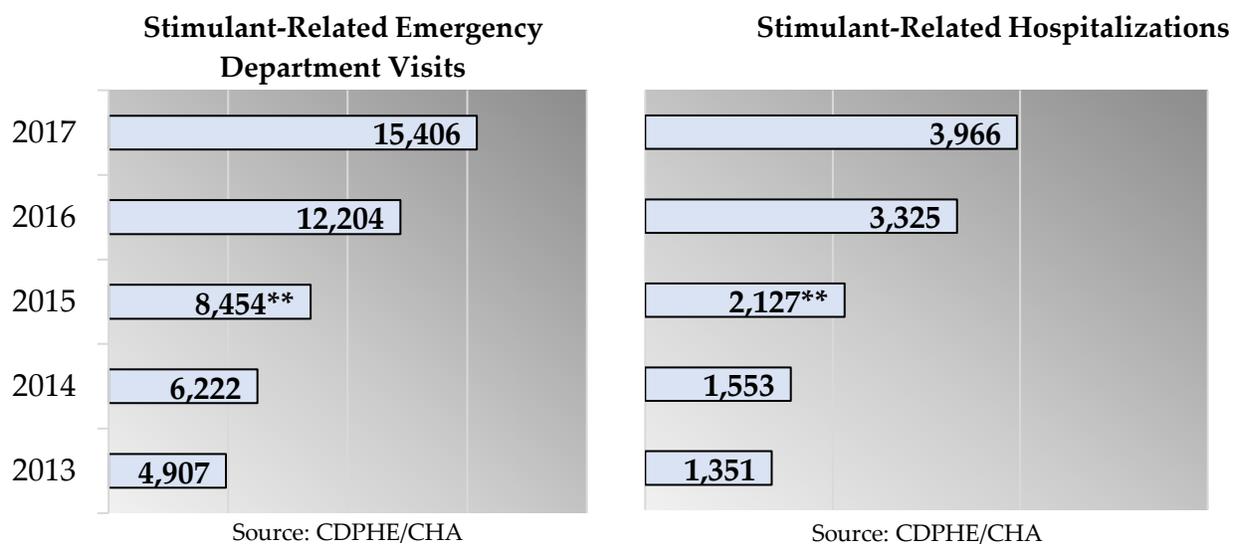
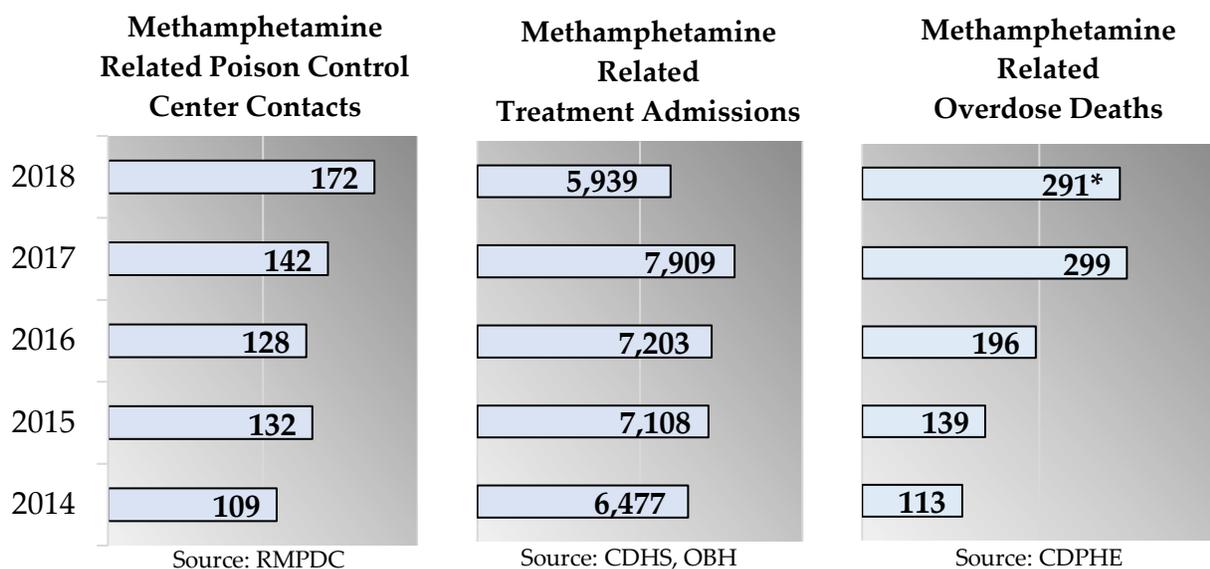
- \$250-\$600 per ounce
- \$2,500-4,000 per pound

Current price for powder methamphetamine:

- \$500-\$600 per ounce
- \$2,500-\$4,000 per pound

Related Information & Findings:

- In 2018:
 - Methamphetamine was the third most common reason to contact poison control following prescription drugs and marijuana.
 - Methamphetamine related exposure calls increased 58% from 2014 to 2018.
 - Methamphetamine was the leading reason for seeking drug related treatment in Colorado.
 - Methamphetamine related treatment admissions increased by 22% from 2014 to 2017, then experienced a 25% decrease in one year from 2017 to 2018.
 - Methamphetamine was the leading cause of illicit drug overdose death.
 - Methamphetamine related overdose deaths increased 158% from 2014 to 2018.
- In 2017 (most recent data available):
 - Stimulants (including methamphetamine) ranked second for drug related emergency department visits.
 - Stimulant related emergency department visits increased 214% from 2013 to 2017, and hospitalizations increased 194% over the same time period.



*The 2018 overdose data is preliminary.

**2015 emergency department and hospitalization data refers to data collected between October 2014 and September 2015 due to the ICD-9 CM to ICD-10 CM transition; all other years represent calendar years. The ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme; CDPHE does not recommend comparing trends between the two time periods.

Heroin

Threat Description:

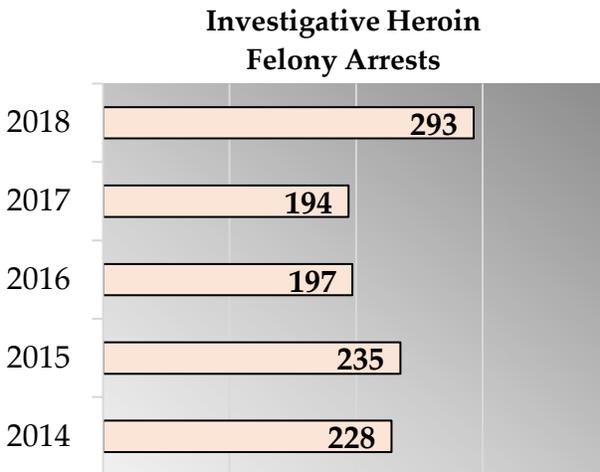
It is assessed that heroin is tied with marijuana as the second most prominent drug threat in Colorado. In the RMHIDTA DUC survey, heroin was noted as the drug causing the second greatest negative impact in the community. The survey also revealed heroin is the third most prevalent drug in Colorado, following marijuana and methamphetamine.

In addition to the DUC survey, other sources supported the threat level of heroin. In 2018, of the 84 DTOs investigated by RMHIDTA drug task forces, 37 were involved in trafficking heroin and 29 of those were trafficking either heroin alone or both heroin and methamphetamine. Those same task forces made 293 heroin related felony arrests and seized 181 pounds of heroin from their investigations.

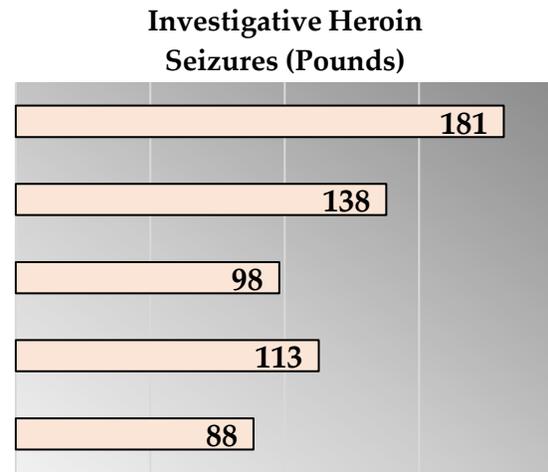
Heroin has also had a significant negative impact on public health. While the amount of emergency department visits, hospitalizations, and poison control center contacts were some of the lowest among illicit drugs, the number of heroin related overdose deaths increased 36% from 2014 to 2018. In 2018 there were 205 overdose deaths from heroin, the second highest category of illicit drug overdoses. Heroin treatment admissions were the second largest source of admissions in 2018 as compared to other illicit drugs.

Findings:

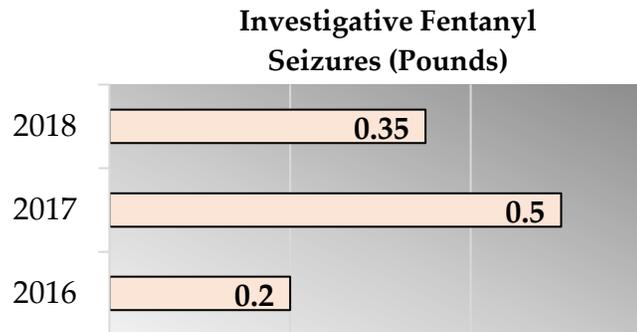
- Heroin related investigative felony arrests increased 29%, and investigative seizures increased 106% from 2014 to 2018.
- In 2018 there were 1,218 total investigative felony drug arrests made by RMHIDTA task forces.
 - 24% of those arrests were related to heroin
 - The number of heroin felony arrests was second only to the number of methamphetamine arrests



Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP

Note: The increase in 2018 heroin related felony arrests can be attributed in part to Operation Poison Pusher, a statewide effort prioritizing investigating heroin traffickers over a six-month time period.

There are no felony arrests specifically attributed to fentanyl prior to 2019 due to limited reporting. Similarly, there are no seizures of fentanyl reported prior to 2016.

Source Areas for Heroin:

Almost all heroin originates from Mexico and the trafficking is controlled by the cartels.

- There were 84 DTOs investigated in 2018 of which 37 were involved in trafficking heroin.
- Of the 37 DTOs trafficking heroin, they obtained their drugs from:
 - Mexico- 27%
 - California- 14%
 - Colorado- 14%
 - Utah- 9%
 - Nevada- 8%

- Arizona- 7%
- Washington- 7%
- New Mexico- 5%
- Unspecified location- 5%

Transportation:

- Heroin DTOs operating in Colorado are generally tied directly to sources of supply in Mexico.
 - Heroin is transported into Denver from source locations in Mexico, through Arizona, southern California, or Nevada.⁵
 - In more remote areas of Colorado such as the Western Slope, an individual will collect money from associates, travel to Denver or Salt Lake City, and purchase heroin for the group.⁵
 - Street-level distribution of quarter-ounce to ounce quantities is dominated by Mexican and Honduran distribution cells.⁵
- Heroin is primarily transported using privately owned or rental vehicles traveling along I-25, and I-70 which intersect in Denver.

Concealment:

- Retail or user-level quantities of heroin are typically packaged in different colored balloons or clear plastic baggies.
- In large quantities, heroin is packaged in tubes, or sausage shaped bundles (chorizo), placed within cellophane and wrapped in packing tape.⁵

Price:

Current price for tar heroin:

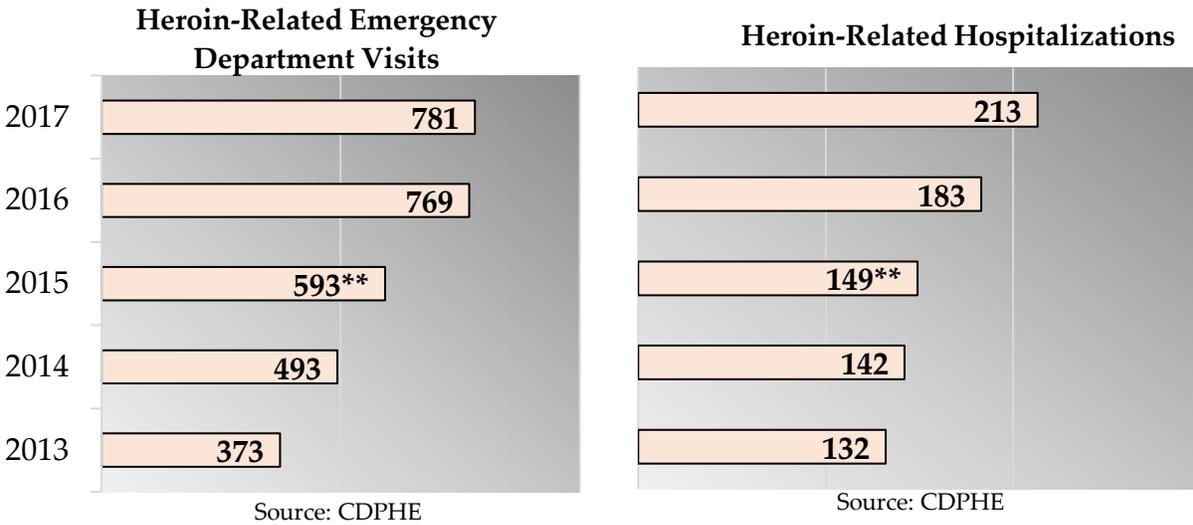
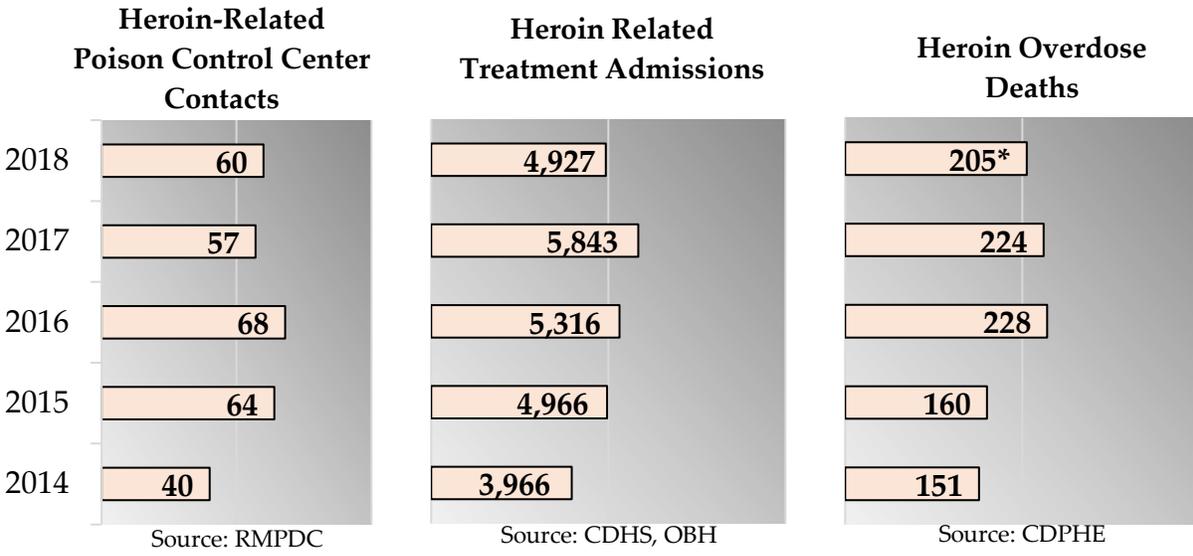
- \$20-\$120 per gram
- \$600-\$675 per half ounce
- \$18,000-\$36,000 per kilogram

Current price for powder heroin:

- \$20-\$200 per gram
- \$900-\$1,000 per ounce
- Approximately \$30,000 per kilogram

Related Information & Findings

- In 2018:
 - Heroin was one of the least common reasons to contact poison control.
 - Heroin related exposure calls increased 50% from 2014 to 2018.
 - Heroin was the second leading reason for seeking treatment in Colorado, following methamphetamine.
 - Heroin related treatment increased 24% from 2014 to 2018.
 - Heroin was the second leading cause of illicit drug overdose death, following methamphetamine.
 - Heroin related overdose deaths increased 36% from 2014 to 2018. It is likely this percentage will increase as 2018 data is preliminary.
- In 2017 (most recent data available):
 - Heroin ranked last for emergency department visits and hospitalizations.
 - Heroin related emergency department visits and hospitalizations increased 109% and 61%, respectively, from 2013 to 2017.



*The 2018 overdose data is preliminary.

**2015 emergency department and hospitalization data refers to data collected between October 2014 and September 2015 due to the ICD-9 CM to ICD-10 CM transition; all other years represent calendar years. The ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme; CDPHE does not recommend comparing trends between the two time periods.

Marijuana

Threat Description:

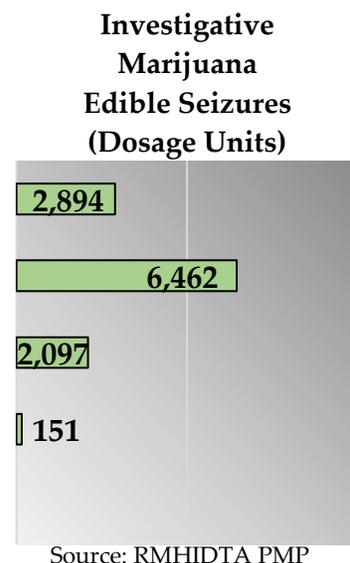
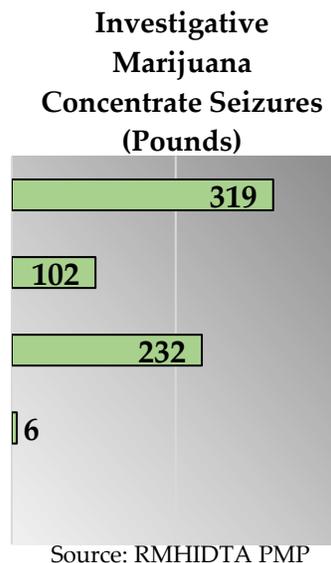
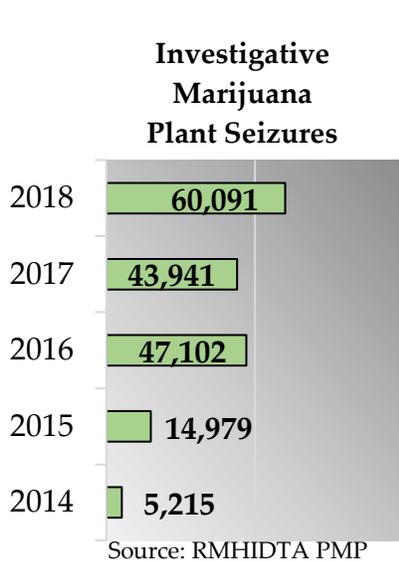
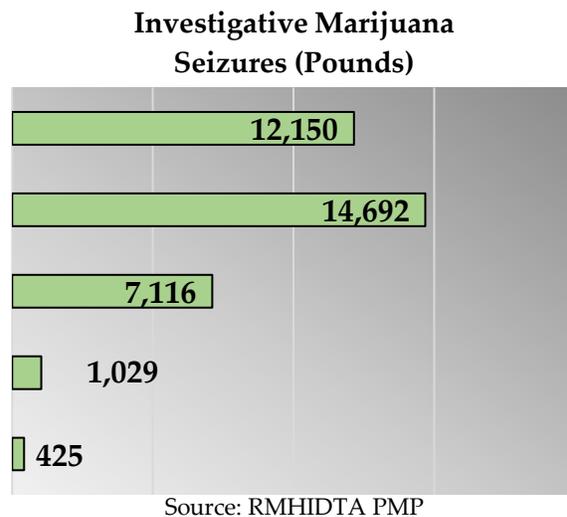
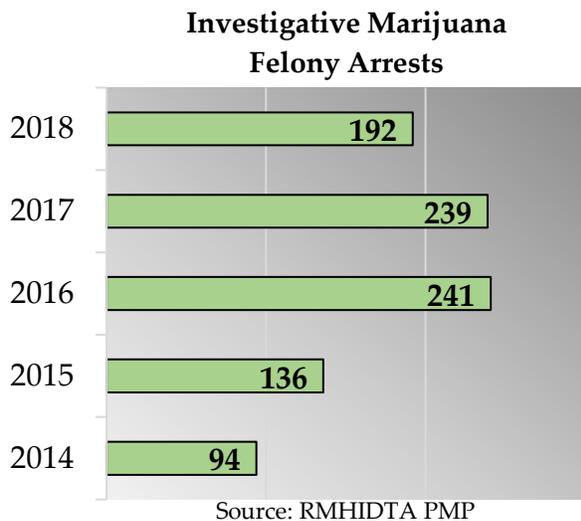
Marijuana is assessed to be tied with heroin as the second most significant drug threat in Colorado. Marijuana was rated as the top most prevalent drug in Colorado in the RMHIDTA DUC Survey. The DUCs also indicated that despite its “legalized” status in Colorado, marijuana causes a significant level of negative impact in the community. One of the primary reasons that marijuana is ranked so high by DUCs is due to the substantial amount of time and resources expended on investigations involving marijuana.

In addition to the DUC survey, other sources confirmed the threat level of marijuana. In 2018, of the 84 DTOs investigated by RMHIDTA drug task forces, 16 were involved in trafficking marijuana and 15 of those were trafficked only marijuana. Those same task forces made 192 marijuana related felony arrests and seized 12,150 pounds of bulk marijuana 60,032 plants, 319 pounds of marijuana concentrate and 2,894 dosage units of edible items.

Marijuana has also had a clear negative impact on public health as well. While there are no overdose deaths attributed to marijuana, the amount of emergency department visits and hospitalizations related to marijuana exceeded the combined total of all the other illicit drugs. In the case of hospitalizations, there were more than twice as many marijuana related hospitalizations than all other illicit drugs combined. Marijuana poison control contact calls were the second highest and marijuana treatment admissions were the third largest source of admissions in 2018.

Findings:

- Marijuana investigative felony arrests increased 104%, and investigative marijuana seizures increased 2,859% from 2014 to 2018.
- In 2018 there were 1,218 total investigative felony drug related arrests made by RMHIDTA task forces.
 - 16% of those arrests were related to marijuana
 - The number of marijuana arrests were third highest, after methamphetamine and heroin arrests
- In 2018, there was more marijuana seized (by weight) than any other illicit drug.



Note: There are no seizures of marijuana concentrates or edibles prior to 2015 due to limited reporting.

Source Areas for Marijuana:

Colorado is a primary production and distribution source area for marijuana trafficking. With legal medical and recreational marijuana, Colorado has become the black market for much of the nation.

- There were 84 DTOs investigated in 2018, 16 were involved in trafficking marijuana.
- Of the 16 DTOs trafficking marijuana, they obtained their drugs from:
 - Colorado- 40%
 - Arkansas- 7%
 - Louisiana- 7%

- Texas- 7%
- Unspecified location- 7%
- California- 5%
- Kansas- 5%
- New York- 5%
- Utah- 5%
- Wyoming- 5%

Transportation:

- Marijuana is produced and trafficked extensively throughout Colorado.
- High-potency marijuana is widely available from local marijuana growing operations, many of which are outside the state-sanctioned system.
- High-grade marijuana is transported within the state and out-of-state, both nationally and internationally.
- Transportation methods are generally through privately owned or rented vehicles using the interstate highway systems.
- There has also been a significant increase in the use of parcel services for trafficking of marijuana products.

Concealment:

- Large amounts of bulk marijuana are generally packaged in cellophane and tape.
- Smaller user-level quantities are packaged in plastic baggies.
- Marijuana is available in a wide variety of forms and packaging.
 - Often marijuana obtained directly from dispensaries and retail stores will be seen in its original packaging.
 - Edible and concentrates pose a significant challenge because they are difficult to distinguish and detect.

Price:

Current price for domestically produced marijuana:

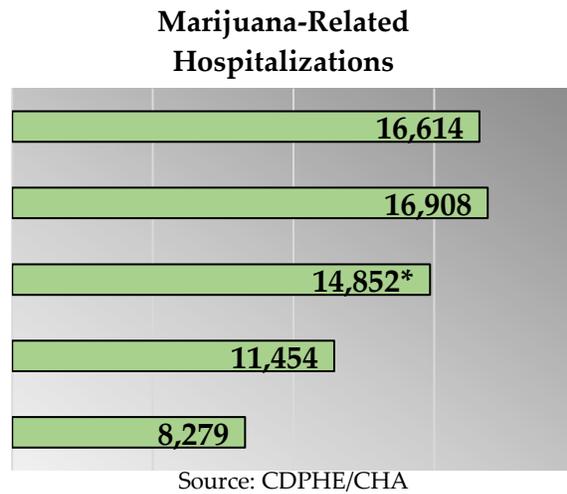
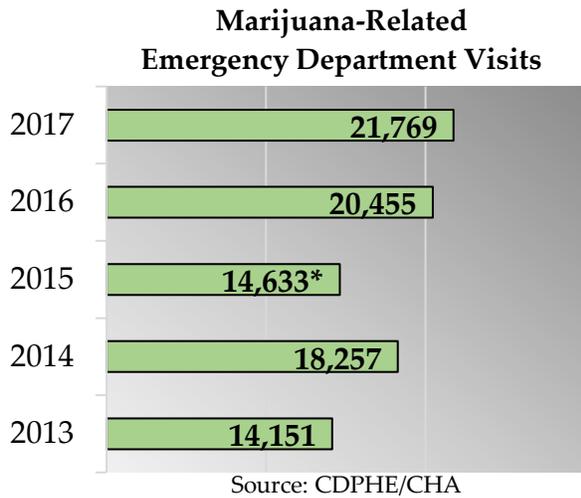
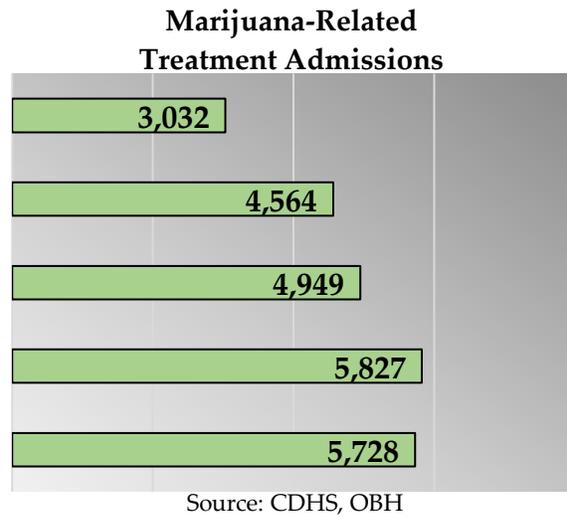
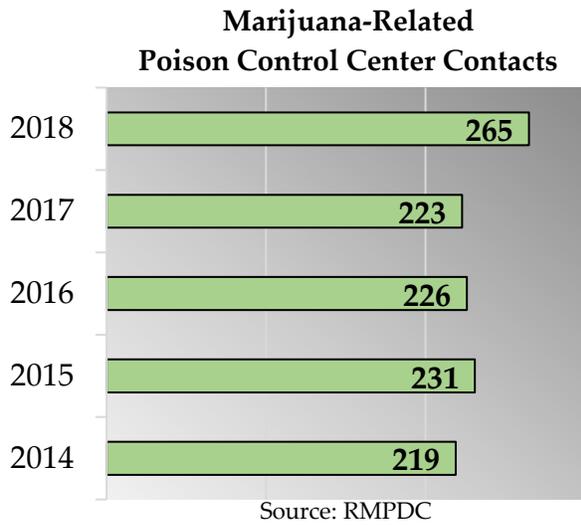
- \$70-\$300 per ounce
- \$800-\$2,000 per pound

Current price for Mexican-produced marijuana:

- \$200-\$2,000 per pound

Related Information & Findings

- In 2018:
 - Marijuana was the second most common reason to contact poison control following prescription drugs.
 - Marijuana related exposure calls increased 21% from 2014 to 2018.
 - Marijuana treatment admissions were third highest after methamphetamine and heroin.
 - Marijuana related treatment admissions have decreased nearly 50% from 2014 to 2018.
- In 2017 (most current data available):
 - Marijuana was the leading cause for drug related emergency department visits as well as hospitalizations in Colorado.
 - Marijuana related emergency department visits and hospitalizations have increased 54% and 101%, respectively, from 2013 to 2017.



*2015 emergency department and hospitalization data refers to data collected between October 2014 and September 2015 due to the ICD-9 CM to ICD-10 CM transition; all other years represent calendar years. The ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme; CDPHE does not recommend comparing trends between the two time periods.

Cocaine

Threat Description:

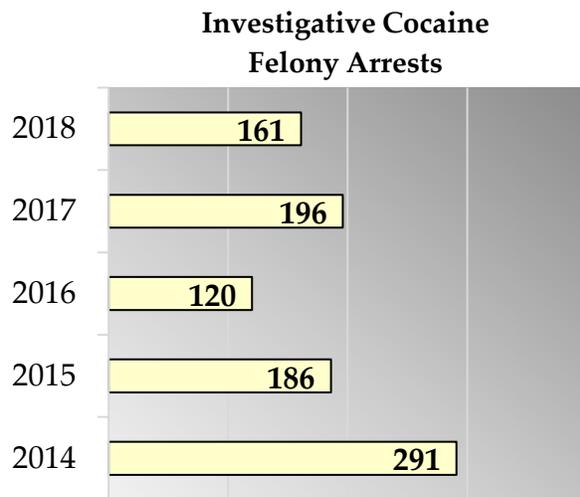
Cocaine is assessed to be ranked as the fourth drug threat in Colorado. Although prevalence is still fairly low, in the RMHIDTA DUC survey it was indicated that cocaine is still the cause of a significant level of negative impact in the community.

In addition to the DUC survey, other sources confirm the overall threat level of cocaine. In 2018, of the 84 DTOs investigated by RMHIDTA drug task forces, 16 were involved in trafficking cocaine and five of those trafficked cocaine alone. Those same task forces made 161 cocaine related felony arrests and seized 150 pounds of cocaine through their investigations.

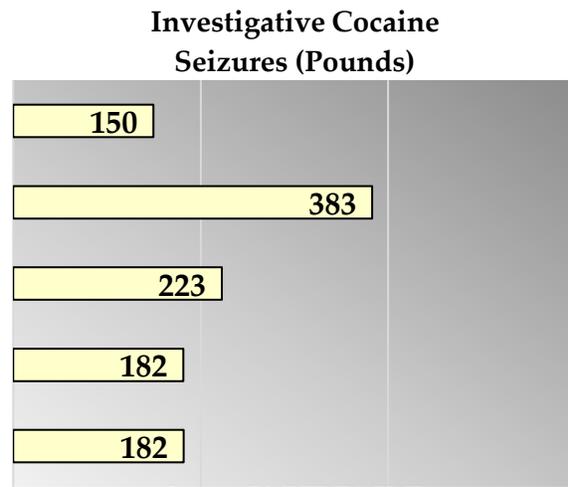
Cocaine also has a noticeable impact on public health. There were more emergency department visits and hospitalizations related to cocaine than for heroin and prescription drugs combined. In 2018, there were 117 overdose deaths from cocaine, which was the highest number of overdose deaths for illicit drugs. There were 857 cocaine treatment admissions reported in 2018, which was the smallest number of admissions for all illicit drugs. Although cocaine related treatment admissions decreased 44% from 2014 to 2018, the number of overdose deaths increased 58% over the same time. This could potentially identify and uptick in use and availability that has not caught up to individuals seeking treatment at this time.

Findings:

- Cocaine related investigative felony arrests decreased 45%, and investigative seizures decreased 18% from 2014 to 2018.
- In 2018 there were 1,218 total investigative felony drug related arrests made by RMHIDTA task forces.
 - 13% of those arrests were related to cocaine
 - The number of cocaine arrests were the second lowest of all illicit drugs, above prescription drug arrests only



Source: RMHIDTA PMP



Source: RMHIDTA PMP

Source Areas for Cocaine:

- There were 84 DTOs investigated in 2018 of which 16 were involved in trafficking cocaine.
- Of the 16 DTOs trafficking cocaine, they obtained their drugs from:
 - Mexico- 22%
 - California- 20%
 - Colorado- 15%
 - Arizona- 11%
 - Unspecified location- 11%
 - Utah- 7%

Transportation:

- Cocaine supplied to Colorado generally originates in Mexico and enters the country through the Southwest Border States by the use of personally owned and rented motor vehicles.
- Drug loads are brought to Colorado from California, West Texas, New Mexico, Arizona, and Nevada. The primary routes utilized are I-15, I-8, I-10, I-40, I-25 and I-70.

Concealment:

- Retail and user-level quantities of cocaine are usually packaged in plastic baggies.
- Larger quantities of cocaine are often wrapped in cellophane plastic, sometimes masked in tape and packaged with some sort of odor eliminator.⁵

Price:

Current price for cocaine powder:

- \$20-\$150 per gram
- \$1,000-\$1,200 per ounce
- \$26,000-\$36,000 per kilogram

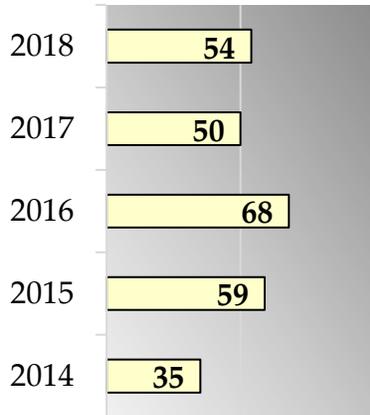
Current price for crack cocaine:

- Approximately \$20 per rock
- Approximately \$900 per ounce

Related Information & Findings

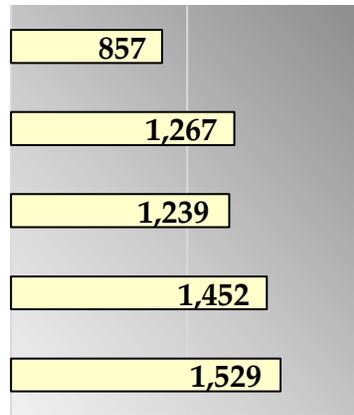
- In 2018:
 - Cocaine related exposures were the least common reason to contact poison control.
 - Cocaine related exposure calls have increased 54% from 2014 to 2018.
 - Cocaine was the least common reason for seeking treatment in Colorado.
 - Cocaine related treatment has decreased 44% from 2014 to 2018.
 - Cocaine was the least common cause of illicit drug related overdose death, following methamphetamine and heroin.
 - Cocaine related overdose deaths increased 58% from 2014 to 2018.
- In 2017 (most current data available):
 - Cocaine ranked third for drug related emergency department visits and hospitalizations in Colorado, following marijuana and stimulants (including methamphetamine).
 - Cocaine related emergency department visits and hospitalizations increased 49% and 48%, respectively, from 2013 to 2017.

**Cocaine-Related
Poison Control Center
Contacts**



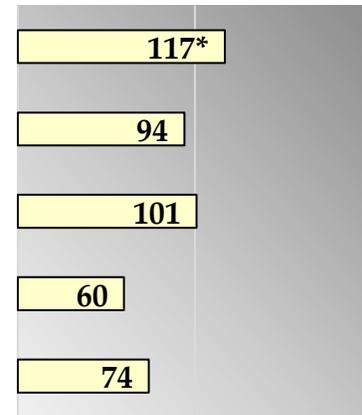
Source: RMPDC

**Cocaine-Related
Treatment Admissions**



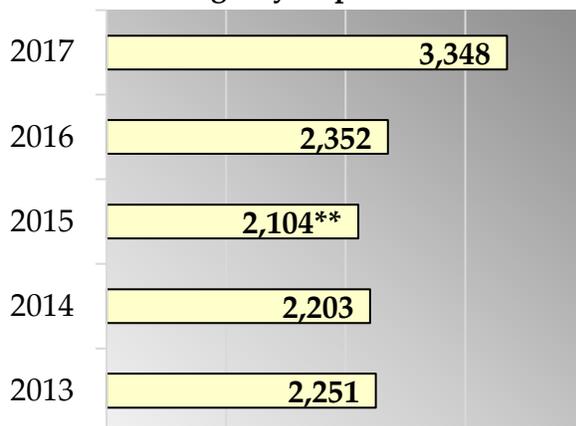
Source: CDHS, OBH

**Cocaine-Related
Overdose Deaths**



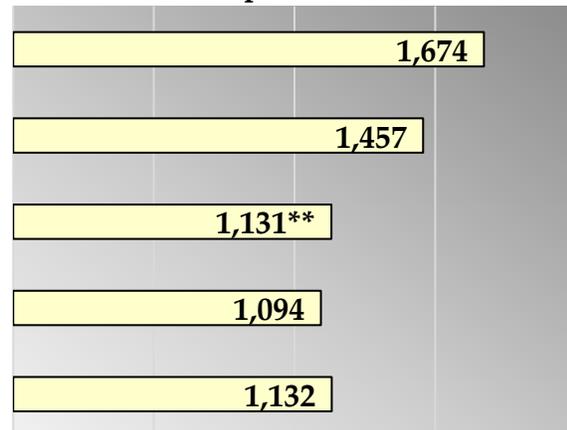
Source: CDPHE

**Cocaine-Related
Emergency Department Visits**



Source: CDPHE/CHA

**Cocaine-Related
Hospitalizations**



Source: CDPHE/CHA

*2018 overdose data is preliminary

**2015 emergency department and hospitalization data refers to data collected between October 2014 and September 2015 due to the ICD-9 CM to ICD-10 CM transition; all other years represent calendar years. The ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme; CDPHE does not recommend comparing trends between the two time periods.

Prescription Drugs

Threat Description:

Prescription Drugs are assessed to be the fifth drug threat in Colorado. In the RMHIDTA survey, the DUCs ranked prescription drugs as the fourth most prevalent drug in Colorado. The DUCs also indicated prescription drugs cause a notable, but less significant negative impact in the community.

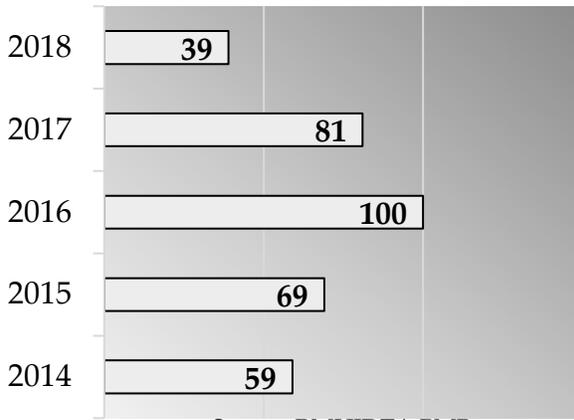
Other sources supported the threat level ranking of prescription drugs. In 2018, of the 84 DTOs investigated by RMHIDTA drug task forces, two were involved in trafficking prescription drugs. Those same task forces made 39 prescription drug related felony arrests and seized 47,767 dosage units of prescription drugs through their investigations.

Although it is difficult to entirely separate legitimate versus illicit use, prescription drugs also have a negative impact on public health. There were more prescription drug related poison control center contacts than all other illicit drugs combined. In 2017, prescription drugs were the cause of 981 emergency department visits and 804 hospitalizations based on the most current data available. There were 1,049 prescription drug related treatment admissions reported in 2018 which represented the second lowest number of illicit drug admissions.

Findings:

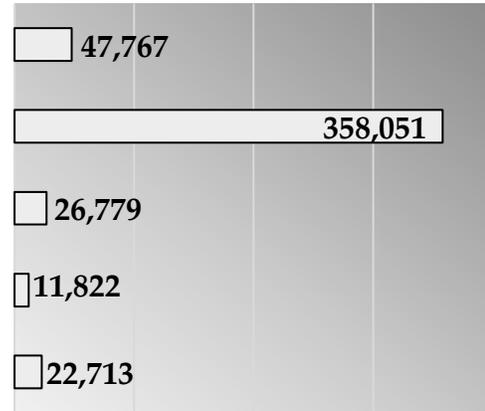
- Prescription drug related investigative felony arrests decreased 34%, and investigative seizures increased 110% from 2014 to 2018.
- In 2018, there were 1,218 total investigative felony drug arrests made by RMHIDTA task forces
 - 3% of those arrests were related to prescription drugs
 - Prescription Drug arrests were the lowest in number, above only the few club drug and hallucinogen arrests

Investigative Prescription Drug-Related Felony Arrests



Source: RMHIDTA PMP

Investigative Prescription Drug Seizures (Dosage Units)



Source: RMHIDTA PMP

Note: A single 2017 prescription drug seizure amounted to 243 pounds of Xanax, or approximately 330,669 dosage units.

Source Areas for Prescription Drugs:

Prescription drugs are generally obtained through doctor shopping, prescription fraud, theft, and the dark web.

- There were 84 DTOs investigated in 2018, two were involved in trafficking prescription drugs.
- Of the 2 DTOs trafficking prescription drugs, they obtained their drugs from:
 - California- 20%
 - Wyoming- 20%
 - Arizona- 10%
 - Colorado- 10%
 - Kentucky- 10%
 - Mexico- 10%
 - Unspecified location within the United States- 10%
 - Utah- 10%

Transportation:

- Most diverted prescription drugs are obtained locally by doctor shopping, prescription fraud, pharmacy shopping and theft.
- A new method over the past few years has been through the use of parcel services through utilizing the dark web.

Concealment:

- No specific prescription drug concealment methods have been identified.

Price:

Current price for prescription drugs (pain killers):

- \$20-\$30 per dosage unit

Current price for prescription drugs (stimulants):

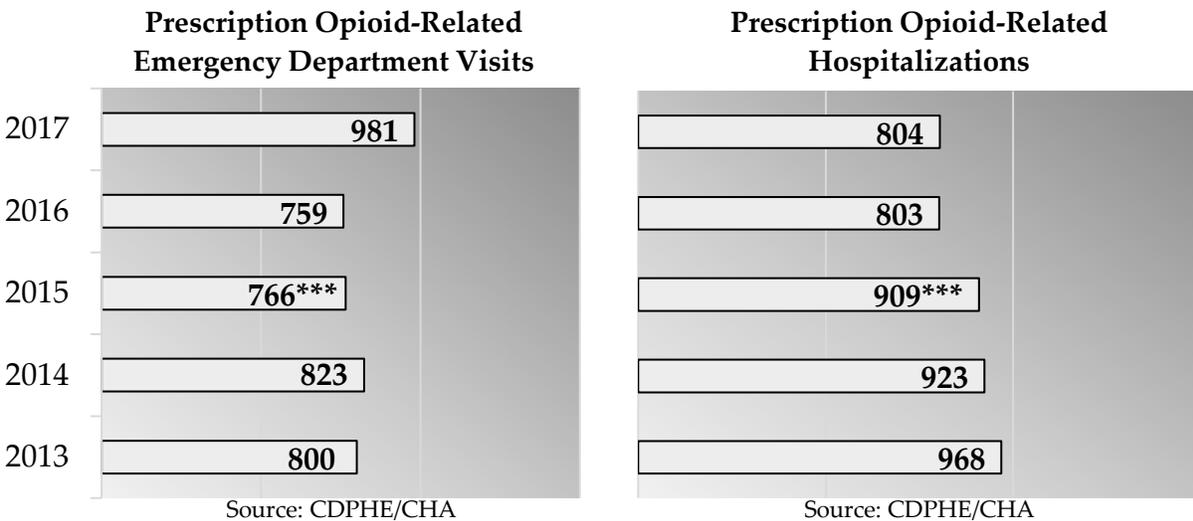
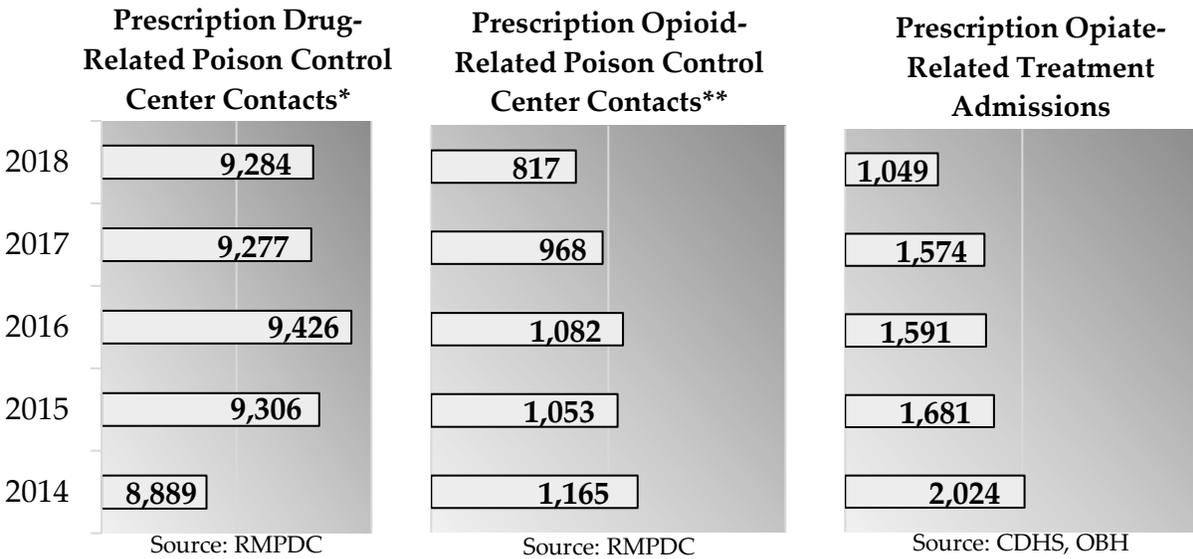
- \$10-\$20 per dosage unit

Current price for prescription drugs (anti-anxiety/depressants):

- \$4-\$20 per dosage unit

Related Information & Findings

- In 2018:
 - Prescription drugs were by far the most common reason to contact poison control, representing more than thirty times the amount of exposure calls for marijuana related reasons.
 - Prescription drug related exposure calls increased 4% from 2014 to 2018, while prescription opioid related exposure calls decreased 30% over the same time period.
 - Prescription opiates were the second least common reason for seeking treatment in Colorado, only above cocaine.
 - Prescription opiate related treatment decreased by 48% from 2014 to 2018.
- In 2017 (most current data available):
 - Prescription opioids ranked fourth for drug related emergency department visits as well as hospitalizations in Colorado.
 - Prescription opioid related emergency department visits increased 23% from 2013 to 2017.
 - Prescription opioid related hospitalizations decreased 17% from 2013 to 2017.



*Some drugs are available both over-the-counter and by prescription, thus, making the distinction difficult. Some calls regarding certain drugs may be missing or may have been erroneously included in this dataset.

**This dataset includes single agent opioids, as well as combination opioid products (cough and cold agents), and antidiarrheal agents which contain opioids (such as diphenoxylate). An opiate is a drug naturally derived from the flowering opium poppy plant. *Opioid* is a term which is typically used more broadly. Regarding poison control center contact data, the term *opioid* includes opiates and refers to any substance, natural or synthetic.

***2015 emergency department and hospitalization data refers to data collected between October 2014 and September 2015 due to the ICD-9 CM to ICD-10 CM transition; all other years represent calendar years. The ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme; CDPHE does not recommend comparing trends between the two time periods.

Additional Drug Information

Although the below drug categories are not seen consistently enough to pose a considerable threat to the state, they are recorded for informational purposes and to enable trend recognition should an emerging threat develop.

Colorado Investigative Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	8,401	17,613	3,927
GHB	--	707	51
Ketamine	713	533	456
LSD	162,178	2,568	1,571
Mescaline	--	51	62
Psilocybin	22,610	20,248	1,766
Rohypnol	--	1	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Intelligence Gap Summary

Through the course of developing this threat assessment, areas of intelligence gaps have been identified. These are gaps where either information was limited, restricted, unreported, or has not been fully explored at this time. These gaps include:

- Public Health Data
 - There is at least one year time lag in receiving all emergency department/hospitalization data.
 - All emergency department/hospitalization data has undergone a coding change as the International Classification of Disease – Clinical Modification has changed from ICD-9 CM to ICD-10 CM in September of 2015. Since the ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme, comparisons across the years is difficult.
 - There is no singular ICD code for methamphetamine, so it is included in a broader category with other stimulants/psychostimulants.
 - Colorado emergency department/hospitalization data excludes individuals who were not from the state of Colorado, individuals who had passed away during the course of care, or individuals who had billing codes for care involving rehabilitation procedures.
 - Colorado emergency department/hospitalization data also excludes visits from rehabilitation centers, federal hospitals, and certain long-term care facilities.

- The 2018 Colorado overdose data will not be finalized until after this report is written.
- Prescription Drug Data
 - It is difficult to ascertain whether prescription drugs were used legitimately or illicitly in some datasets.
 - The “prescription drug” category is open to interpretation depending on who provides the data. The primary reason for this is that some drugs are available both over-the-counter and as prescriptions.
- Fentanyl Data
 - Fentanyl is known to be under-reported as its presence can go undetected with basic drug testing due to the small amount often present in a sample.
 - It is currently unknown how many investigative felony arrests have been made, since some fentanyl related arrests could be documented as heroin arrests.
- Currently, RMHIDTA does not have a means for effectively tracking the impact and utilization of the dark web in this region.

Outlook

Trend analysis indicates that methamphetamine will continue to be the most significant drug threat in Colorado. Methamphetamine prices will likely remain low, and accessibility is expected to remain high. Five year trends indicate a continued increase in poison control center contacts, overdose deaths, emergency department visits, and hospitalizations. Domestic methamphetamine lab seizures decreased to zero in 2018 and will likely remain extremely low since restrictions and regulations in the US make it difficult to develop domestically, and it is readily available from Mexico.

Heroin will likely remain as one of the top drug threats in Colorado. In 2018, there was a significant increase in the amount of heroin seized, and felony arrests in Colorado. However, much of the increase in 2018 can be attributed to the state targeted effort of Operation Poison Pusher. Trend analysis over the past five years indicates that heroin related poison control center contacts, treatment admissions, overdose deaths, emergency department visits, and hospitalizations will yield similar or higher numbers in the upcoming years.

Marijuana produced in Colorado will continue to be a significant drug threat. Trend analysis indicates that the most significant increases will likely be marijuana concentrates and plants. Law enforcement resources will remain strained as groups and individuals continue to take advantage of Colorado’s laissez-faire marijuana laws..

Cocaine will continue to have an increased presence in Colorado’s drug market. There has been a steady increase in cocaine related overdose deaths, emergency department visits, and

hospitalizations over the past five years, but a decrease in felony arrests, and cocaine seizures. Based on trend analysis, it is likely that cocaine related overdose deaths, emergency department visits, and hospitalizations will continue to increase in 2019.

Prescription drugs will remain a drug threat in Colorado for the foreseeable future. Over the past five years, there has been a substantial increase in prescription drugs seized, and will likely see the trend continue for 2019. Prescription drugs are the leading source for drug related calls to the poison control center and will likely continue due to the ease of accessibility and high capacity for addiction that opioids pose.

NOTE: In early May 2019, Denver's Initiative 301 vote passed and psilocybin was decriminalized for personal use. Although "magic mushrooms" remain illegal, the initiative effectively ties the hands of law enforcement and their ability to enforce the legal status of the hallucinogen. It is highly likely that although I-301 did not legalize psilocybin, its use and presence will increase around the Denver area due to the novelty of decriminalization and law enforcement's inability to fully enforce the law.

Interdiction

Interdiction refers to the incidents in which state patrol stops a driver for a traffic violation and subsequently identifies and seizes illicit contraband. Due to the random nature of stops, data on interdiction felony arrests or seizures is not applicable for trends or, indicative of a significant threat to a state. If drugs are simply transiting the state while en route to another, the presence of that particular drug does not pose a greater threat to the state in which the interdiction stop occurs. Therefore, while interdiction data was not utilized for the drug threat ranking, it is still valuable information and should be considered in regards to trafficking routes and the amount of resources expended by law enforcement.

The Colorado State Patrol (CSP) Criminal Interdiction Program focuses on interdiction along the interstate highways. CSP most often intercepts couriers of drugs, bulk cash drug proceeds, or suspects of other criminal behavior. Significant interdiction seizures and felony arrests indicative of drug trafficking are handed off to a regional narcotics enforcement team for investigative follow up.

For the following data:

"Significant drug loads" refer to the size of the seizure and/or circumstances indicative of drug trafficking. "Significant money loads" refer to the amount of cash seized and/or circumstances indicative of drug trafficking.

Interdiction Seizures of Drugs and Money in 2018:

COLORADO		
2018 Significant <u>Drug Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
Colorado	40%	25
Connecticut	31%	19
Nevada	11%	7
Arizona	6%	4
*There were 57 significant drug loads interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
Colorado	33%	20
Kansas	11%	7
Illinois	7%	4
New York	5%	3
*There were 54 significant drug loads interdicted with specific destination states listed.		

COLORADO
2018 Significant Money Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
Colorado	36%	4
California	18%	2
Arizona, Indiana, Iowa, Missouri and Nevada	9% each	1 each

* There were 11 significant money seizures interdicted with specific origin states listed.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
California	27%	3
Illinois, Iowa and Nevada	18% each	2 each
Colorado and Minnesota	9% each	1 each

*There were 11 significant money seizures interdicted with specific destination states listed.

Interdiction Seizures of Drugs and Money 2014-2018:

COLORADO
2014-2018 Significant Drug Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
Colorado	50%	101
California	16%	32
Connecticut	9%	19
Arizona and Nevada	7% each	15 (AZ), 14 (NV)

*There were 199 significant drug loads interdicted with specific origin states listed.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
Colorado	30%	58
Nebraska	8%	16
Iowa, Illinois and Kansas	6% each	12 (IA), 11 (IL), 11 (KS)

*There were 184 significant drug loads interdicted with specific destination states listed.

COLORADO
2014-2018 Significant Money Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
Colorado	49%	34
California	13%	9
Nebraska and Nevada	6% each	4 each

* There were 69 significant money seizures interdicted with specific origin states listed.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
Colorado	46%	31
California	25%	17
Nevada	7%	5
Iowa	4%	3

*There were 67 significant money seizures interdicted with specific destination states listed.

Interdiction Data:

Colorado Felony Interdiction Arrests

	2014	2015	2016	2017	2018
Methamphetamine	18	34	91	200	228
Heroin	9	16	32	56	56
Marijuana	40	71	30	70	67
Prescription Drugs	4	8	14	20	28
Cocaine	10	13	19	47	42

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Colorado Felony Interdiction Seizures in Pounds					
	2014	2015	2016	2017	2018
Methamphetamine	45.64	223.41	34.73	322.81	221.75
Heroin	10.01	94	5.06	6.92	32.21
Marijuana	227.72	780.87	331.15	539.39	1543.49
Prescription Drugs (Dosage Units)	126	306	9,006	684	2245
Cocaine	13.46	28.88	41.28	55.98	106.13

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Additional Information

Colorado Interdiction Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	25	20	3,367
GHB	--	--	--
Ketamine	--	--	220
LSD	15	2,620	8
Mescaline	--	51	62
Psilocybin	201	14	441
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Note: These drugs began being tracked individually starting in 2016.

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Colorado Drug Prices



2019

The listed drug prices reflect the low / high thresholds of responses, by drug type, from urban and rural drug units in the state. These prices are subject to change due to location or shifting drug trends and should be used as a general guideline. The prices represent a summary of cost seen by year's end of 2018.

Cocaine Powder	Low \$	Middle \$	High \$
Gram	20	85	150
1/8 Ounce	180	190	200
1/4 Ounce	400	400	400
1/2 Ounce	500	550	600
Ounce	1,000	1,100	1,200
Kilo	26,000	31,000	36,000

Cocaine Crack	Low \$	Middle \$	High \$
Rock	20	20	20
1/8 Gram	50	50	50
Gram	10	35	60
Ounce	900	900	900

Meth Powder	Low \$	Middle \$	High \$
Gram	30	65	100
1/8 Ounce	150	150	150
Ounce	500	550	600
Pound	2,500	3,250	4,000

Meth Ice	Low \$	Middle \$	High \$
Gram	20	60	100
1/8 Ounce	60	105	150
Ounce	250	425	600
1/2 Pound	1,800	1,800	1,800
Pound	2,500	3,250	4,000

Heroin Tar	Low \$	Middle \$	High \$
Point/Balloon	25	37.50	50
1/2 Gram	30	50	70
Gram	20	70	120
1/8 Ounce	180	215	250
1/4 Ounce	350	375	400
1/2 Ounce	600	637.50	675
Pound	7,000	7,000	7,000
Kilo	18,000	27,000	36,000

Heroin Powder	Low \$	Middle \$	High \$
1/2 Gram	40	40	40
Gram	20	110	200
Ounce	900	1,050	1,200
Kilo	30,000	30,000	30,000

MDMA/Ecstasy	Low \$	Middle \$	High \$
Tablet	8	14	20
Dosage Unit	50	50	50
100 DUs	1,000	1,000	1,000
1,000 DUs	5,000	5,000	5,000
Gram	70	70	70
1/4 Ounce	450	450	450
Ounce	2,000	2,000	2,000

Marijuana Domestic	Low \$	Middle \$	High \$
Gram	10	15	20
1/4 Ounce	40	40	40
Ounce	70	185	300
Pound	800	1,400	2,000

Marijuana Mexican	Low \$	Middle \$	High \$
Pound	200	1,100	2,000

Synthetic Cannabinoids (K2)	Low \$	Middle \$	High \$
Gram	50	50	50
Ounce	50	75	100

LSD	Low \$	Middle \$	High \$
Hit	5	22.50	40
Tab	10	20	30
Dosage Unit	10	10	10
100 DUs	150	150	150
10,000 DUs	13,000	13,000	13,000

Psilocybin	Low \$	Middle \$	High \$
Gram	7	28.50	50
1/8 Ounce	100	100	100
1/4 Ounce	40	50	60
Ounce	100	140	180
Dosage Unit	50	50	50

Fentanyl	Low \$	Middle \$	High \$
Tablet	11	11	11
Dosage Unit	15	22.50	30
Hit	20	20	20
Gram	30	35	40
Ounce	900	900	900
Kilo	5,000	5,000	5,000

Rx Drugs Oxy/pain killers	Low \$	Middle \$	High \$
1 mg	1	1	1
5 mg	4	4.50	5
30 mg	30	35	40
Tab	10	25	40
Hit	20	20	20
Dosage Unit	20	25	30

Rx Drugs Xanax/depressants	Low \$	Middle \$	High \$
5 mg	6	6	6
Tab	5	12.50	20
Hit	20	20	20
Dosage Unit	4	12	20
100 DUs	250	250	250

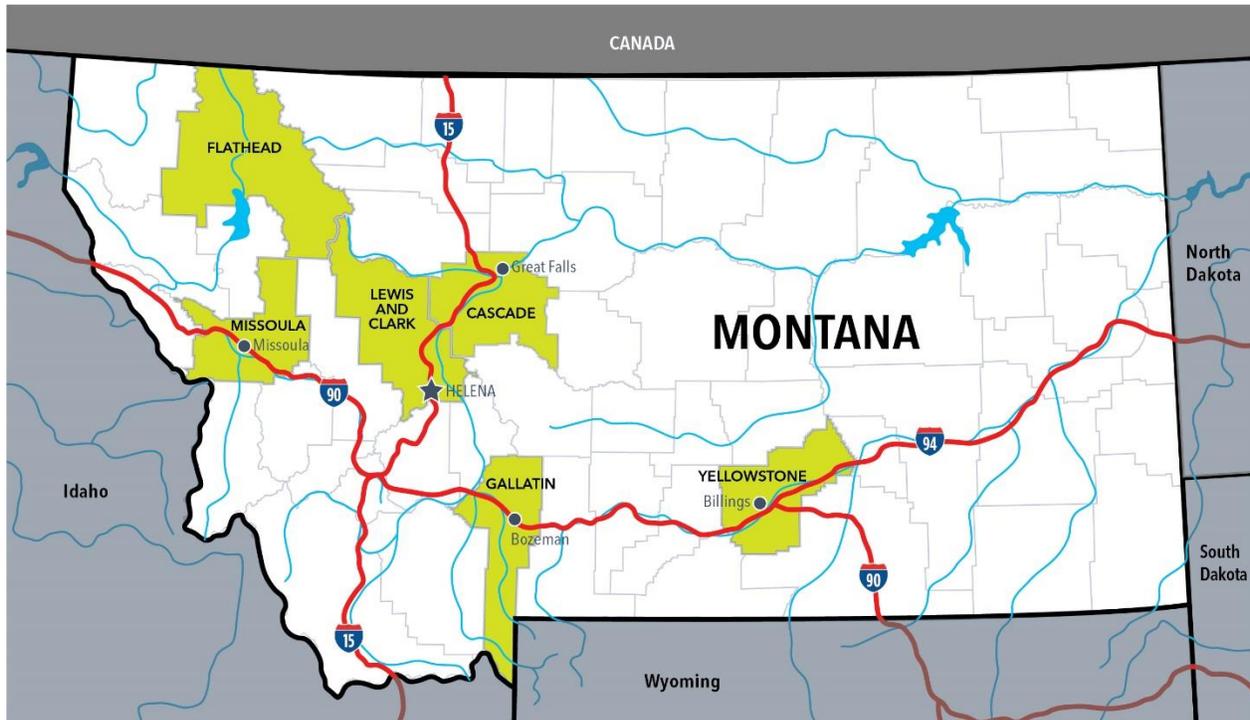
Rx Drugs Adderall/Stimulants	Low \$	Middle \$	High \$
Dosage Unit	10	15	20
Tab	20	30	40

Additional Info:

- GHB - ~\$40/Dosage Unit
- PCP - ~\$10/vial

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Montana



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RMHIDTA Funded Initiatives in Montana

In 2018, RMHIDTA funded one criminal interdiction initiative and five investigative initiatives in the state of Montana.

- Criminal Interdiction Program – Montana Highway Patrol (MHP)
- Eastern Montana Drug Task Force – Yellowstone County
- Missoula County Drug Task Force – Missoula County
- Missouri River Drug Task Force – Gallatin County, Lewis & Clark County
- Northwest Drug Task Force – Flathead County
- Russell Country Drug Task Force – Cascade County

Of the six Montana HIDTA funded initiatives, five are dedicated to drug enforcement investigations. The other funded program is:

- Criminal Interdiction Program – Montana Highway Patrol (MHP): This initiative focuses on criminal interdiction on the interstate highways and most often intercepts couriers of drugs, drug proceeds, and other criminal. Significant seizures and felony arrests indicative of drug trafficking are handed off to a RMHIDTA task force for investigative follow up.

Source Considerations

There were several sources consulted in writing the Montana section of the threat assessment. Specifically these sources include Rocky Mountain HIDTA Performance Management Process (PMP) data, Montana HIDTA initiative drug unit commander surveys and interviews, RMHIDTA quarterly reports from task forces, and U.S. Drug Enforcement Administration reporting. Additional data was collected from the Rocky Mountain Poison and Drug Center, the Montana Analysis & Technical Information Center (MATIC), and the Montana Department of Public Health and Human Services (DPHHS).

Drug Trafficking Organizations

The primary mission of RMHIDTA is to target Drug Trafficking Organizations (DTO) or Money Laundering Organizations (MLO) with a local, multi-state or international operational scope. The investigative intent is to disrupt or dismantle the ability of those DTOs or MLOs to operate. While not all DTOs are considered MLOs, many of the DTOs investigated were engaged in money laundering activities. Both DTOs and MLOs are criminal enterprises with a defined hierarchy, very much like the organizational structure in a business.

2018:

Investigations:

In 2018, Montana investigative initiatives targeted 46 DTOs. Of the 46 organizations investigated, 28 were disrupted or dismantled (four dismantled, 24 disrupted).

An organization is considered dismantled when its leadership, financial base, and supply network are destroyed and incapable of continuing to operate or reconstitute itself. Disrupted refers to when the normal and effective operation of the organization is impeded.

Of the 46 DTOs investigated:

- 19 local organizations: conduct drug trafficking or money laundering within the same metropolitan or clearly defined geographical area.
- 26 multi-state organizations: conduct drug trafficking or money laundering in more than one state (beyond any one particular metropolitan area even if that area covered multiple states).
- 1 international organization: conduct drug trafficking or money laundering in more than one country, or they were based in one specific country and conducted their illegal activities in another.

DTO Membership Characteristics:

The definition of a DTO is an organization consisting of five or more persons that have a clearly defined chain-of-command and whose principal activity is to generate income through illegal drug production, manufacturing, importation, transportation, or distribution activities. The definition of a MLO is an organization of two or more persons who process illegal drug profits to disguise the source of the money and make it appear to be legitimate income. Members of MLOs take direction from the leader(s) and carry out the organization's activities. Looking at the characteristics of previously identified DTOs is useful for investigative purposes.

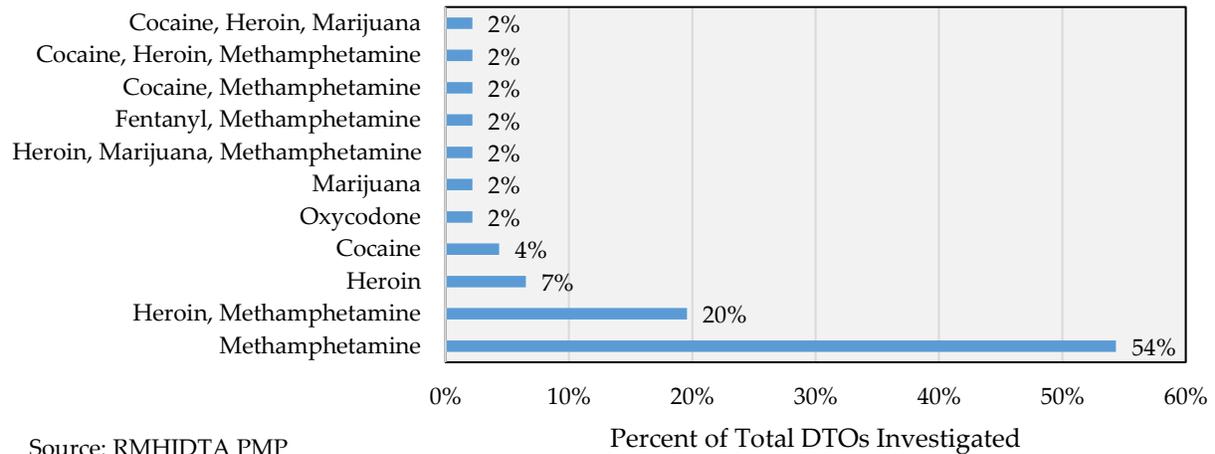
- In 2018 there were a total of 347 members across all DTOs investigated.
 - The average size per DTO was eight members.
 - The largest DTO targeted had 15 members, and was comprised of Non-Hispanic Caucasian individuals and primarily trafficked methamphetamine.
 - The second and third largest DTOs investigated had 14 members each, and were comprised of Caucasian individuals and unspecified individuals and trafficked methamphetamine.
- In 2018 the main racial/ethnic affiliations amongst the 46 DTOs included:
 - 65% (30) had a membership primarily comprised of Non-Hispanic Caucasian individuals.
 - 20% (9) had a membership primarily comprised of Non-Hispanic Caucasian and Mexican individuals.

Drugs Trafficked by DTOs in 2018:

Drug trafficking is a complex system that illegally supplies drugs to consumers. Trafficking encompasses smuggling, importation, cultivation, manufacture, transportation, sales, distribution, and possession with intent to distribute or sell controlled substances.

In 2018, the primary drug trafficked by targeted DTOs was methamphetamine.

Drugs Trafficked per DTO, 2018



2014 - 2018:

Scope of DTOs Investigated 2014 - 2018:

- Between 33 and 46 DTOs are investigated annually, with an average of 39 DTOs per year.
 - 49% were classified as local organizations.
 - 50% were classified as multi-state organizations.
 - 1% were classified as international organizations.

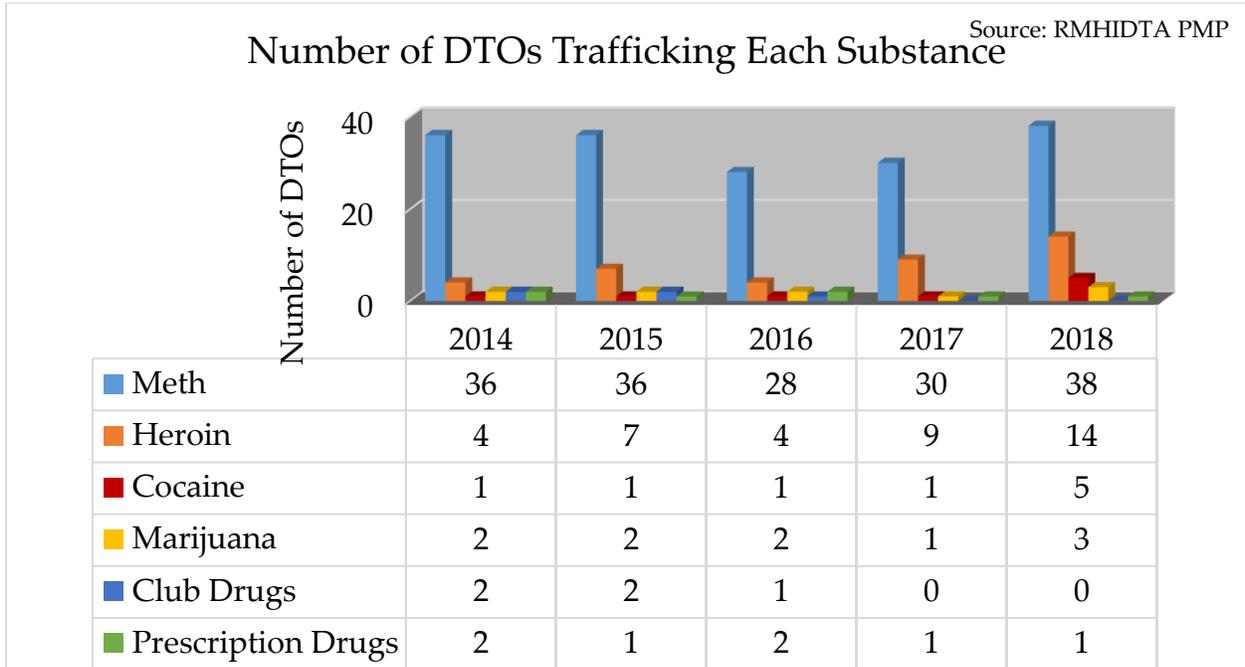
DTO Membership Numbers 2014 - 2018:

- There were an average of eight members per DTO.
- DTOs were primarily comprised of a single ethnic group.
- The top percent of DTOs investigated had an ethnic membership primarily comprised of:
 - 58% were Non-Hispanic Caucasian individuals.
 - 16% were both Non-Hispanic Caucasian and Mexican individuals.
 - 8% were Mexican individuals.
 - 4% were both Non-Hispanic and Native American individuals.

Drugs Trafficked by DTOs 2014 - 2018:

- DTOs trafficking methamphetamine accounted for 71% of the drugs trafficked in Montana over the past five years.

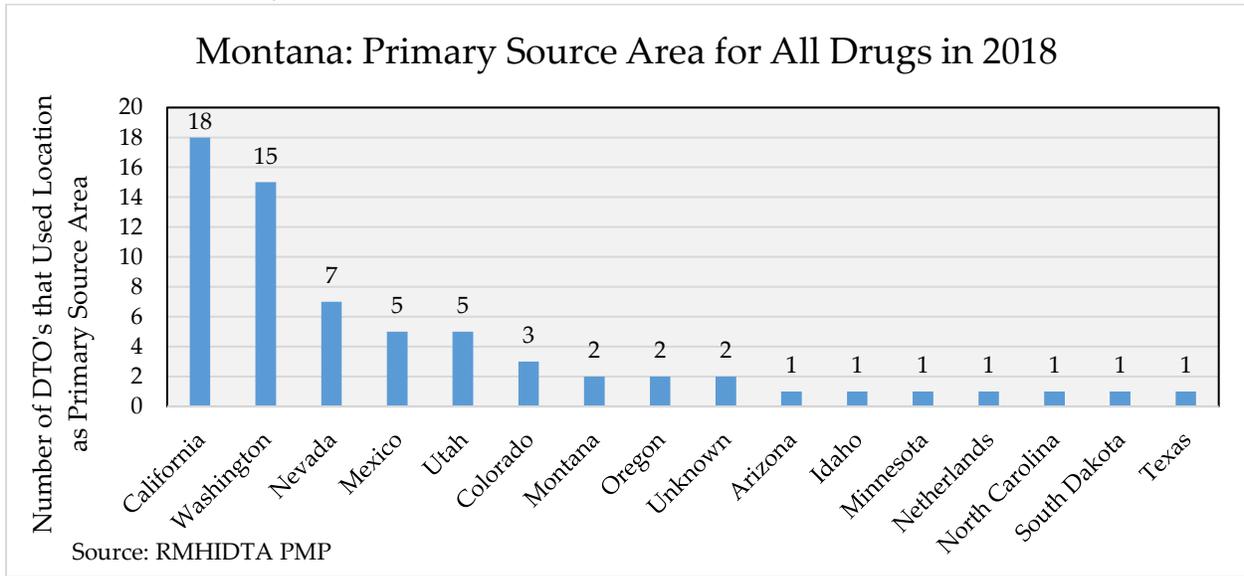
- DTOs trafficking heroin increased from 9% in 2014 to 23% in 2018.
- DTOs trafficking cocaine increased from 2% in 2014 to 8% in 2018.
- DTOs trafficking club drugs decreased from 4% in 2014 to 0% in 2018.
- DTOs trafficking prescription drugs decreased from 4% in 2014 to 2% in 2018.



Note: The number of DTOs listed above per year will exceed the actual number of DTOs investigated per year due to poly-drug trafficking.

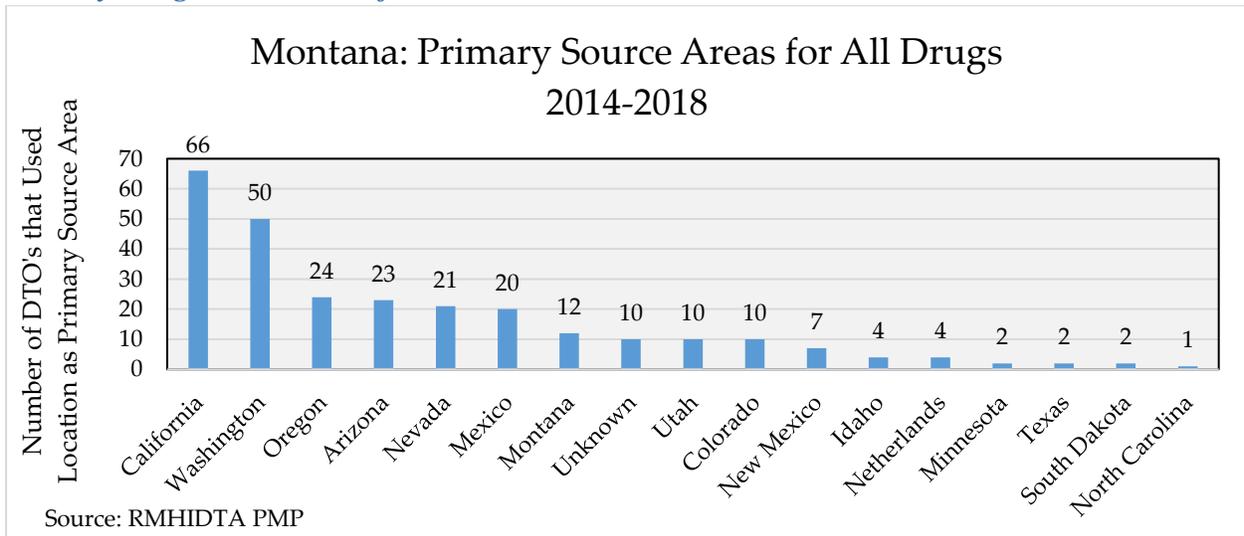
Primary Drug Source Areas for DTOs in 2018:

The source area is the state or foreign country from which the DTO being investigated obtains their drugs from another individual or DTO. The source area is the most direct and immediate source of supply by the DTO and not necessarily the area where the drug was produced, manufactured or originated.



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Primary Drug Source Areas for DTOs 2014 - 2018:



Note: The number of times a location was a primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Drug Threat

Threat Rank

The following drugs are listed in order of their assessed threat to the state. Threat rank is determined through analysis of survey responses provided by RMHIDTA Drug Unit Commanders (DUC), RMHIDTA Performance Management Process (PMP) data, and related data that demonstrates community impact.

In addition to law enforcement data, it is essential to consider other areas of available data pertaining to the impact of drug use. Evidence regarding the threat posed to society by drug use can be seen in data regarding calls to the poison control center, treatment admissions, emergency department (ED) visits, hospitalizations, and overdose deaths.

The number of poison control center exposure calls illustrates how many times individuals voluntarily reached regarding adverse effects of illicit drugs. The number of treatment admissions indicates how many individuals have sought or were mandated to seek specific drug related treatment. Emergency department visits and hospitalizations demonstrate the need for significant medical attention related to specific drug use. The number of drug related overdose deaths illustrates how pervasive and dangerous the use of a particular drug can be. Each of these areas, where data is available, have also been consulted when determining a drug's overall threat.

Methamphetamine

Threat Description:

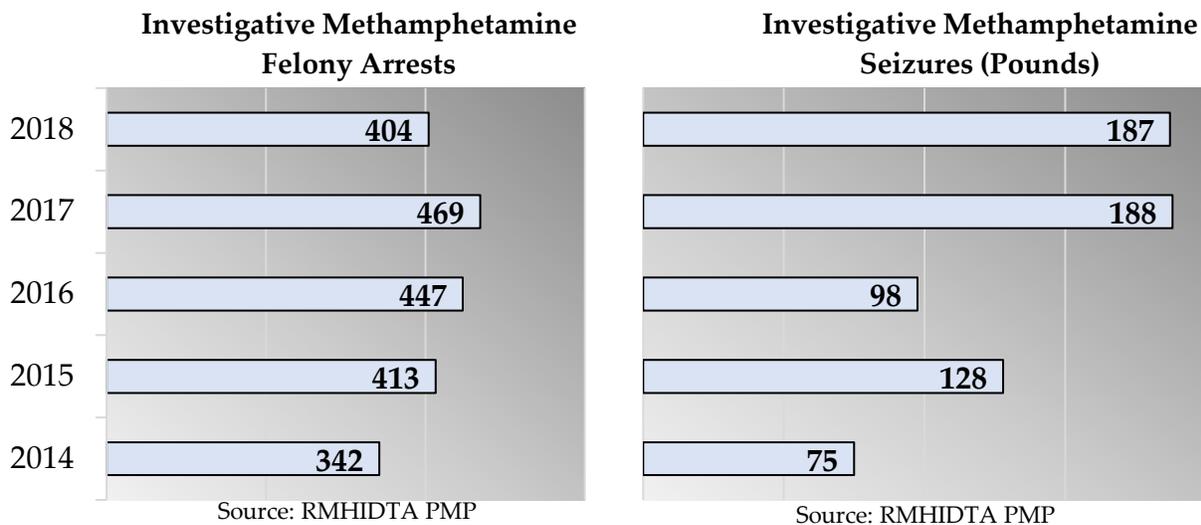
Methamphetamine is assessed to be the top drug threat in Montana. In the RMHIDTA DUC survey, methamphetamine was identified as the most prevalent drug in Montana. The DUCs also indicated methamphetamine causes the greatest level of negative impact in the community.

In addition to the DUC survey, other sources confirmed the overall threat of methamphetamine. In 2018, of the 46 DTOs investigated by RMHIDTA drug task forces, almost all of them (38) were involved in trafficking methamphetamine and over half (25) trafficked only methamphetamine. Those same task forces made 404 methamphetamine related felony arrests and seized 187 pounds of methamphetamine through their investigations. There were more felony arrests made related to methamphetamine than any of the other illicit drugs combined.

Methamphetamine has also had a significant negative impact on public health. From 2017 through 2018 there were more methamphetamine related overdose deaths (45) than any other illicit drug. Based on the most current data available, there were more emergency department visits (656) related to methamphetamine than any other illicit drug. There were 98 methamphetamine related hospitalizations, the second highest number among illicit drugs.

Findings:

- Methamphetamine related investigative felony arrests increased 18%, and investigative seizures increased 149% from 2014 to 2018.
- In 2018 there were 557 total investigative felony drug arrests made by RMHIDTA task forces
 - 7% of those arrests were related to methamphetamine
 - There were more arrests for methamphetamine than any other illicit drug
- In 2018, the amount of methamphetamine seized (by weight) was second only to the amount of marijuana seized



Methamphetamine Labs:

Over the past five years, very little methamphetamine has been produced in Montana.

Methamphetamine labs seized:

- 2018: 4 labs
- 2017: 4 labs
- 2016: 1 lab
- 2015: 2 labs
- 2014: 7 labs

Source Areas for Methamphetamine:

- There were 46 DTOs investigated in 2018; 38 were involved in trafficking methamphetamine.

- Of the 38 DTOs trafficking methamphetamine, they obtained their drugs from:
 - California- 25%
 - Washington- 20%
 - Mexico- 10%
 - Nevada- 10%
 - Colorado- 5%
 - Oregon- 5%
 - Unspecified location- 5%
 - Utah- 5%

Transportation:

- Almost all methamphetamine originates from Mexico and is brought to Montana by lower-level independent traffickers.
 - According to the DEA, an emerging trend is Mexican traffickers assuming a greater role in transporting methamphetamine into Montana directly, rather than only through independent traffickers.⁵
- The primary method of trafficking methamphetamine is using privately owned or rental vehicles along the interstate highway system and secondary highways.
- The use of parcel services to ship methamphetamine to Montana continues to increase. These shipments are usually no more than four ounces.⁵

Concealment:

- At the retail or user level, methamphetamine is commonly packaged in plastic baggies.
- Larger quantities are packaged in multiple layers of plastic and tape.⁵
- It is also reported that when shipped through the mail, methamphetamine is often wrapped in multiple layers of plastic and may have items to help mask the scent such as chocolate or mints included in the parcel.⁵

Price:

Current price for crystal methamphetamine (“ice”):

- \$60-\$80 per gram
- \$700-\$1,000 per ounce
- Approximately \$6,000 per pound

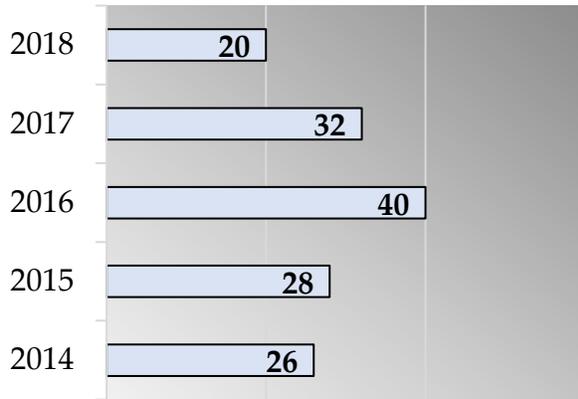
Current price for powder methamphetamine:

- \$60-\$150 per gram
- \$700-\$1,000 per ounce
- Approximately \$6,000 per pound

Related Information & Findings

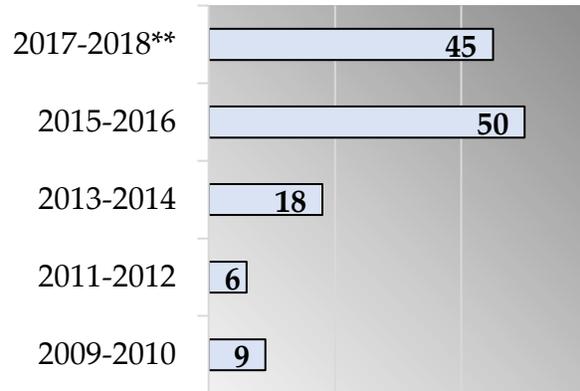
- In 2018:
 - Methamphetamine was the third most common drug related reason to contact poison control, following prescription drugs and marijuana.
 - Methamphetamine related exposure calls increased 54% from 2014 to 2016, then decreased 50% from 2016 to 2018.
- From 2017-2018:
 - Methamphetamine was the leading cause of illicit drug overdose death, almost doubling the second highest which was heroin.
 - Methamphetamine related overdose deaths increased 400% from 2009 to 2010.

Methamphetamine Related Poison Control Center Contacts



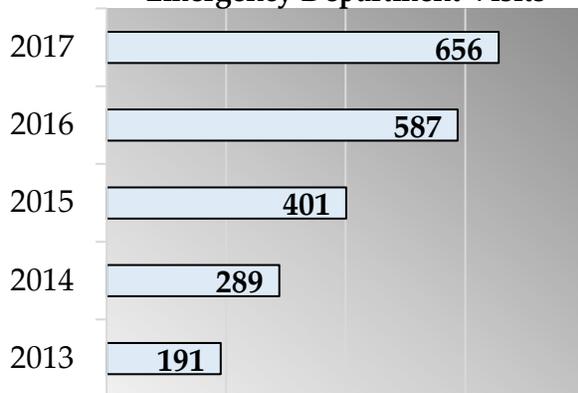
Source: RMPDC

Psychostimulant Related Overdose Deaths*



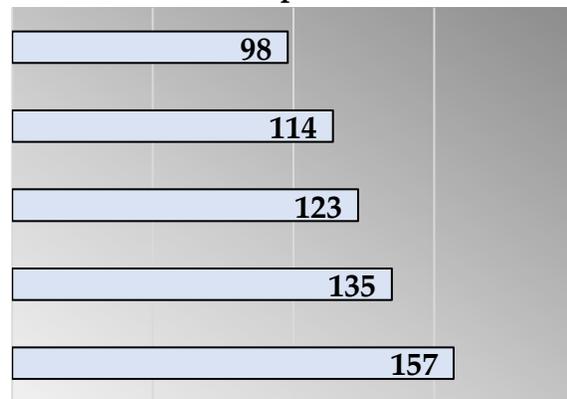
Source: MATIC/DPHHS

Number of Psychostimulant*** Related Emergency Department Visits



Source: MATIC/DPHHS

Number of Psychostimulant*** Related Hospitalizations



Source: MATIC/DPHHS

*The Montana Department of Public Health and Human Services tracks drug overdose deaths in two year time frames. The reporting dates for this category vary from the five year time period (2014 to 2018) primarily used in this report.

**The 2018 overdose data is preliminary.

***Psychostimulant related ED visit and hospitalization data excludes caffeine and ecstasy.

Heroin

Threat Description:

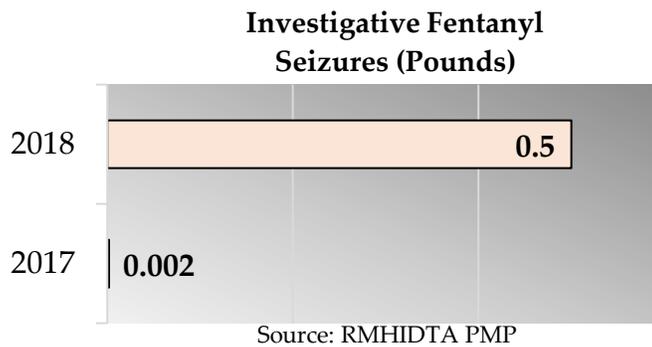
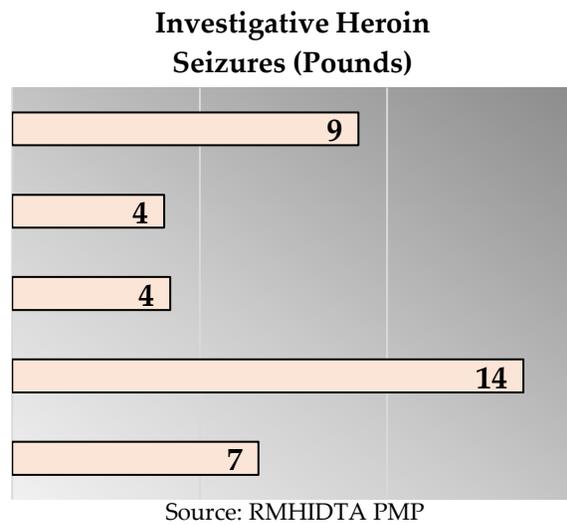
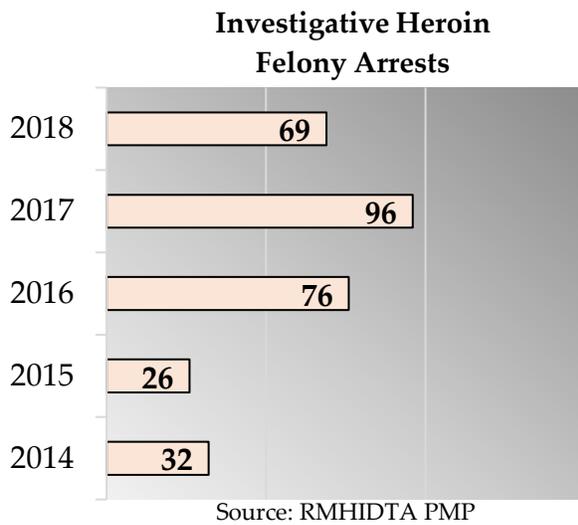
Heroin is assessed to be the second most significant drug threat in Montana. In the RMHIDTA DUC survey, heroin was rated as the third most prevalent drug in Montana, following methamphetamine and marijuana. The DUCs also noted heroin causes the second greatest level of negative impact on the community.

Other sources confirmed the threat level of heroin. In 2018, of the 46 DTOs investigated by RMHIDTA drug task forces, 14 were involved in trafficking heroin and 12 were trafficking either heroin alone or both heroin and methamphetamine. Those same task forces made 69 heroin related felony arrests and seized nine pounds of heroin through their investigations.

Heroin has also had a significant negative impact on public health. From 2017 through 2018 there were 23 overdose deaths from heroin, which was the second highest number of illicit drug overdoses. However, there have been very few heroin related poison control calls and emergency department visits over the past five years.

Findings:

- Heroin investigative felony arrests increased 116%, and investigative seizures increased 29% from 2014 to 2018.
- In 2018 there were 557 total investigative felony drug arrests made by RMHIDTA task forces.
 - 12% of those arrests were related to heroin
 - The number of heroin arrests were the second highest, just following methamphetamine arrests.
- In 2018, the amount of heroin seized (by weight) ranked third after marijuana and methamphetamine.



Note: The spike in heroin seizures in 2015 can be largely attributed to single seizure from one task force which resulted in 5.42 pounds of heroin seized.

There are no felony arrests specifically attributed to fentanyl prior to 2019 due to limited reporting. Similarly, there are no seizures of fentanyl reported prior to 2017.

Source Areas for Heroin:

- There were 46 DTOs investigated in 2018; 14 were involved in trafficking heroin.
- Of the 14 DTOs trafficking heroin, they obtained their drugs from:
 - Washington- 50%
 - California- 21%
 - Nevada- 14%
 - Colorado- 7%
 - Utah- 7%

Transportation:

- Almost all heroin in Montana originates in Mexico and distribution is controlled by cartels.
- Heroin is transported by traffickers from Washington and California into Montana via I-15 or I-90.
- Heroin is generally transported in privately owned or rental vehicles.
 - In some cases, bus and parcel services are used
- Montana is a transiting state for heroin moved to eastern parts of the country.

Concealment:

- Retail or user-level quantities of heroin are typically packaged in different colored balloons or clear plastic baggies.
 - Additionally, heroin is reported to have been seen in small foil wrappers.⁵
- In Montana, a few reports have indicated heroin is packaged with specific trademarking or branding on the packaging.
 - These trademarked packages have not been tied to any one group involved in the retail distribution of the drug in Montana.

Price:

Current price for tar heroin:

- Approximately \$200 per gram
- Approximately \$2,300 per ounce

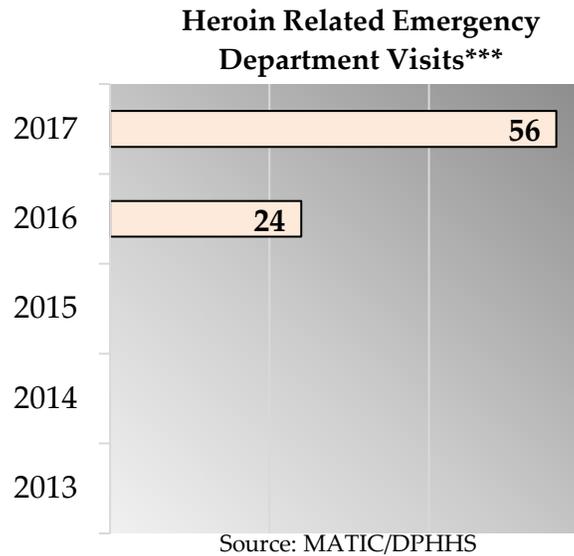
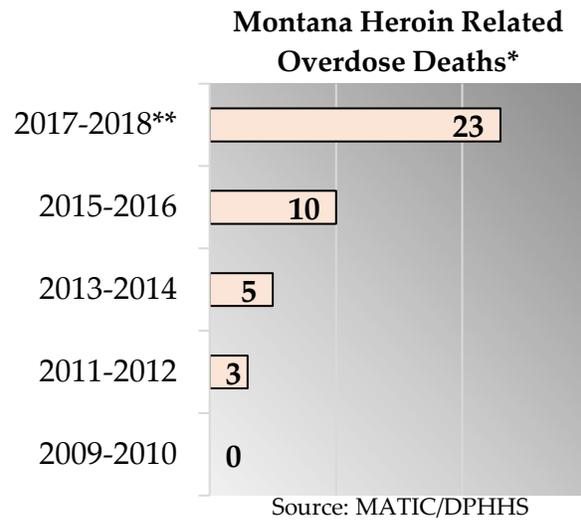
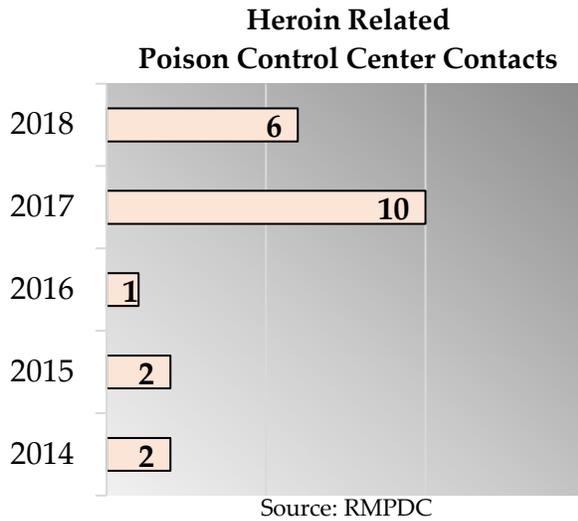
Current price for powder heroin:

- Approximately \$200 per gram
- Approximately \$500 per eight of an ounce

Related Information & Findings

- In 2018:
 - Heroin was the fourth most common reason to contact poison control following prescription drugs, marijuana and methamphetamine.
 - While overall heroin related exposure calls remain low, there has been a 200% increase from 2014 to 2018.

- From 2017-2018:
 - Heroin was the second leading cause of illicit drug overdose death, following methamphetamine.
 - There was a 360% increase from 2013/2014 data to 2017/2018 data.



* The Montana Department of Public Health and Human Services tracks drug overdose deaths in two year time frames. The reporting dates for this category vary from the five year time period (2014 to 2018) primarily used in this report.

**The 2018 overdose data is preliminary.

***The Montana Department of Public Health & Human Services suppresses data for years in which fewer than 20 cases were recorded. Regarding emergency department visits, 2013-2015 data was suppressed. Regarding hospitalizations, 2013-2017 data was all suppressed.

Prescription Drugs

Threat Description:

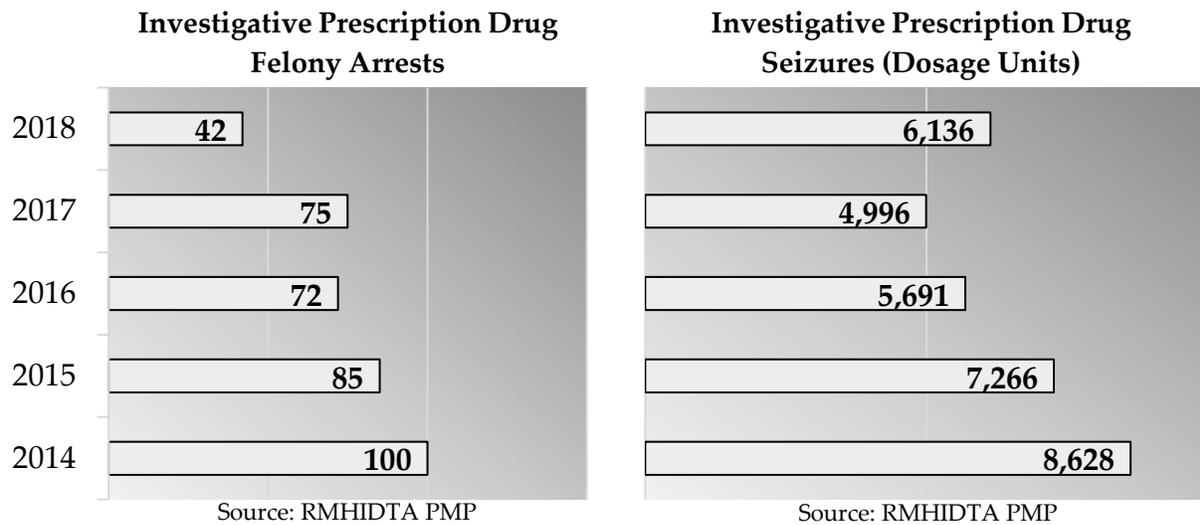
It is assessed that prescription drugs are ranked as the third greatest drug threat in Montana. Prescription drugs were rated as the third most prevalent drug in Montana, and also noted to cause the third greatest level of negative impact on the community, according to the RMHIDTA survey.

In addition to the DUC survey, other sources support the threat level of prescription drugs. In 2018, of the 46 DTOs investigated by RMHIDTA drug task forces, only one was involved in trafficking prescription drugs. Those same task forces made 42 prescription drug related felony arrests, the third highest amongst illicit drugs, and seized 6,136 dosage units of prescription drugs.

Although it is difficult to ascertain legitimate versus illicit use, prescription drugs have had a sizeable negative impact on public health. Prescription drugs were the cause of 504 emergency department visits and 204 hospitalizations based on the most current data available. There were 1,820 prescription drug related exposure contacts made with poison control in 2018; more than any other illicit drug combined.

Findings:

- Prescription drug investigative felony arrests decreased 58%, and investigative seizures decreased 29% from 2014 to 2018.
- In 2018, there were 557 total investigative felony drug related arrests made by RMHIDTA task forces.
 - 8% of those arrests were related to prescription drugs
 - The number of prescription drug arrests ranked third after methamphetamine and heroin arrests



Source Areas for Prescription Drugs:

- There were 46 DTOs investigated in 2018 of which only one was involved in trafficking prescription drugs.
 - The drugs were obtained from a source in California

Transportation:

- Prescription drugs are generally obtained through doctor shopping, prescription fraud, and theft.
- Prescription drugs are also mailed from out-of-state sources, internet pharmaceutical websites, and sources from the dark web.

Concealment:

- No specific concealment methods for prescription drugs have been identified.

Price:

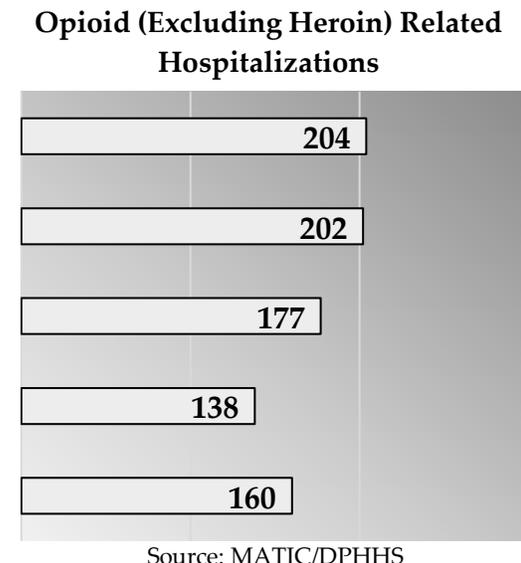
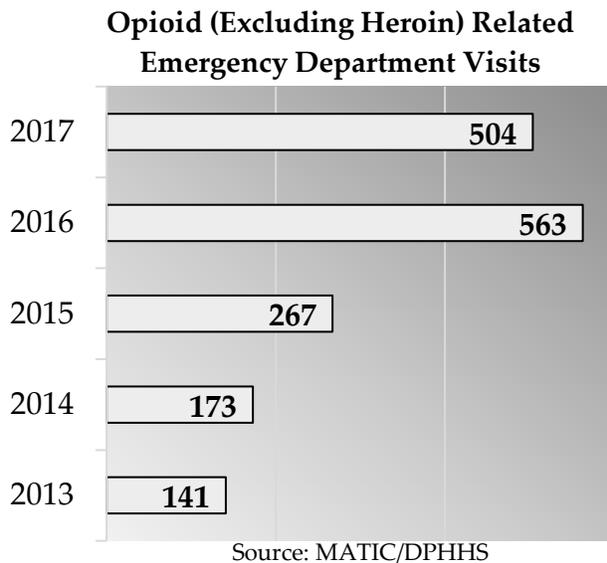
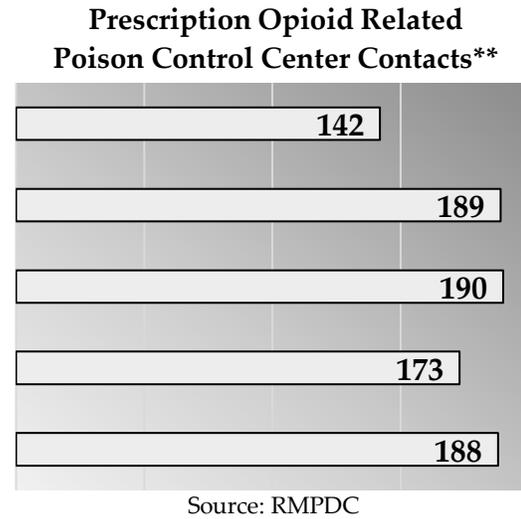
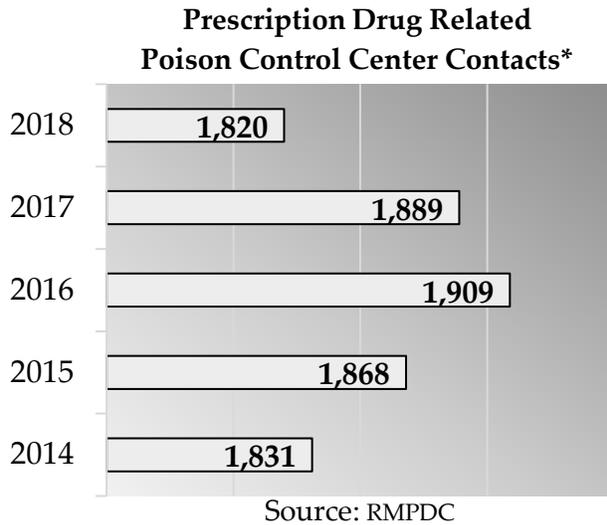
Current price for prescription drugs (pain killers, stimulants, anti-anxiety/depressants):

- \$1-\$3 per 1 mg

Related Information & Findings

- In 2018:
 - Prescription drugs were the most common drug related reason to contact poison control.
 - The actual number of prescription drug related exposure calls have stayed fairly consistent from 2014 to 2018.

- Calls to poison control for prescription opioids (a subset of prescription drugs), outnumbered the combined total of calls for marijuana, methamphetamine, heroin, and cocaine.
 - Prescription opioid related exposure calls decreased 25% from 2014 to 2018.



*Some drugs are available both over-the-counter and by prescription, thus, making the distinction difficult. Some calls regarding certain drugs may be missing or may have been erroneously included in this dataset.

**This dataset includes single agent opioids, as well as combination opioid products (cough and cold agents), and antidiarrheal agents which contain opioids (such as diphenoxylate). An opiate is a drug naturally derived from the flowering opium poppy plant. Opioid is a term which is typically used more broadly. Regarding poison control center contact data, the term opioid includes opiates and refers to any substance, natural or synthetic.

Cocaine

Threat Description:

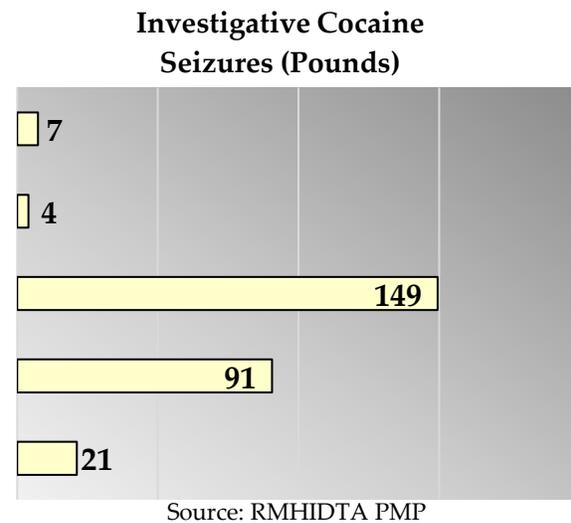
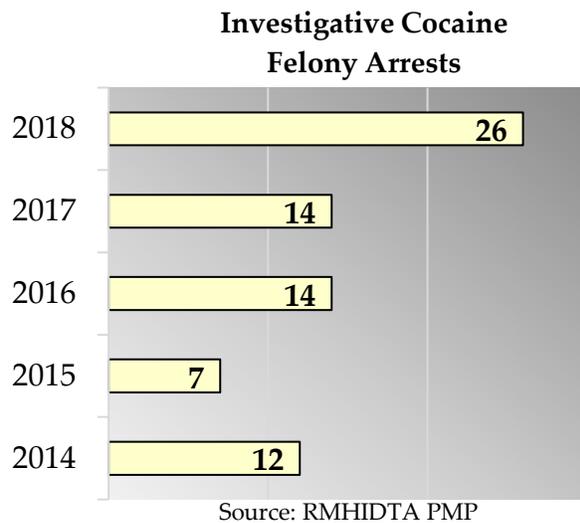
Cocaine is assessed to currently be ranked as the fourth drug threat in Montana. Although prevalence remains low despite a couple large single seizures in 2015 and 2016, in the RMHIDTA survey the DUCs still rated cocaine as causing a noticeable negative impact in the community.

Other sources also confirmed the threat level of cocaine. In 2018, of the 46 DTOs investigated by RMHIDTA drug task forces, five were involved in trafficking cocaine and 2 of those were trafficking only cocaine. RMHIDTA task forces made 26 cocaine related felony arrests and seized seven pounds of cocaine through their investigations, two pounds less than the amount of heroin seized.

There is limited public health data available related to cocaine. The available data from poison control contact calls and overdose deaths show a very minor impact to public health thus far.

Findings:

- Cocaine investigative felony arrests increased 117%, and investigative seizures decreased 67% from 2014 to 2018.
- In 2018 there were 557 total investigative felony drug arrests made by RMHIDTA task forces
 - 5% of those arrests were related to cocaine
 - The number of cocaine arrests were the second lowest, just above marijuana arrests



Note: The spikes in 2015 and 2016 were due to a single large seizure each year. In 2015 there was a single seizure of 88.19 pounds, and in 2016 one seizure amounted to 145.6 pounds of cocaine.

Source Areas for Cocaine:

- There were 46 DTOs investigated in 2018 of which 5 were involved in trafficking cocaine.
- Of the 5 DTOs trafficking cocaine, they obtained their drugs from:
 - California- 43%
 - Netherlands- 14%
 - Nevada- 14%
 - North Carolina- 14%
 - Utah- 14%

Transportation:

- I-15 is used to transport drugs from sources of supply in Arizona, Utah and California; I-90 is used to transport drugs from sources of supply in Washington and Oregon.
- Most cocaine is transported into Montana in personally owned or rental vehicles.
- According to the DEA:
 - While kilogram quantities of cocaine are not commonly encountered in eastern Montana, on occasion, Canadian traffickers will travel to Washington, Oregon, Utah, Colorado, California, or Arizona to purchase larger quantities and travel back through Montana into Canada.⁵

- Commercial vehicles are commonly used to transport large quantities of cocaine from the U.S. Southwest border, through Montana, to the U.S./Canada border for distribution in Canada.⁵
- Cocaine is transported across the United States border into Canada via four-wheelers or all-terrain vehicles.⁵

Concealment:

- User-level quantities of cocaine are typically packaged in plastic baggies.
- Larger quantities are either seen in vacuum-sealed packages or discretely hidden in other containers.

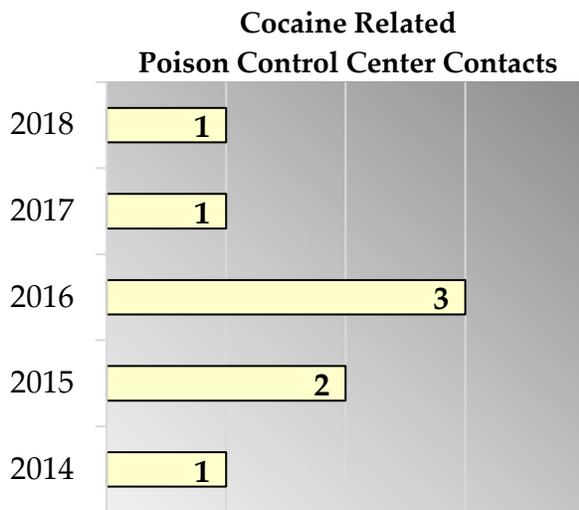
Price:

Current price for powder cocaine:

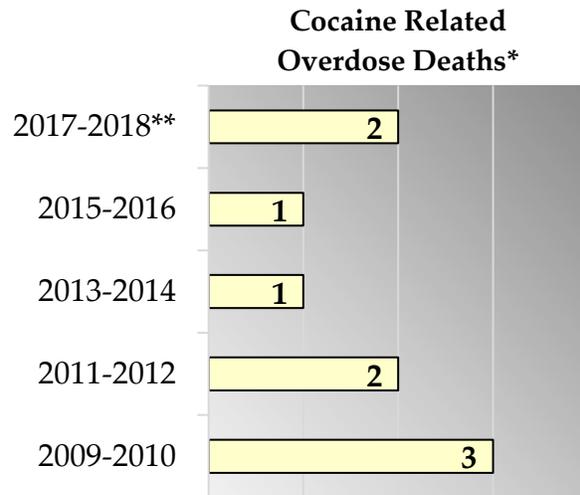
- \$100-\$120 per gram
- \$1,200-\$1,500 per ounce

Related Information & Findings

- In 2018:
 - Cocaine was the least common drug related reason to contact poison control.
 - Over the past five years, only eight exposure calls can be attributed to cocaine.
- From 2017-2018:
 - Cocaine was the least common cause of illicit drug overdose death.
 - From 2009 to 2018, a total of nine deaths were attributed to cocaine.



Source: RMPDC



Source: MATIC/DPHHS

* The Montana Department of Public Health and Human Services tracks drug overdose deaths in two year time frames. The reporting dates for this category vary from the five year time period (2013 to 2017) primarily used in this report.

**The 2018 overdose data is preliminary.

Note: The Montana Department of Public Health & Human Services suppresses data for years in which fewer than 20 cases were recorded. Regarding emergency department visits and hospitalizations, 2013-2017 data was all suppressed.

Marijuana

Threat Description:

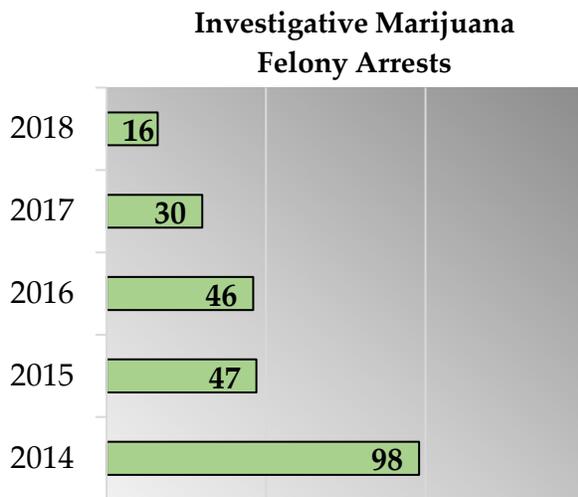
Marijuana is assessed to be the fifth most significant drug threat in Montana. In the RMHIDTA survey, DUCs ranked marijuana as the second most prevalent drug in Montana and causing a significant level of negative impact in the community. However, supporting data does not confirm this level of negative impact.

Other sources were consulted in determining the threat level of marijuana. In 2018, of the 46 DTOs investigated by RMHIDTA drug task forces, three were involved in trafficking marijuana and one trafficked only marijuana. Those same task forces made 16 marijuana related felony arrests and seized 231 pounds of marijuana through their investigations. There were more pounds of marijuana seized than all other illicit drugs combined, yet marijuana related felony arrests were the fewest of all illicit drugs.

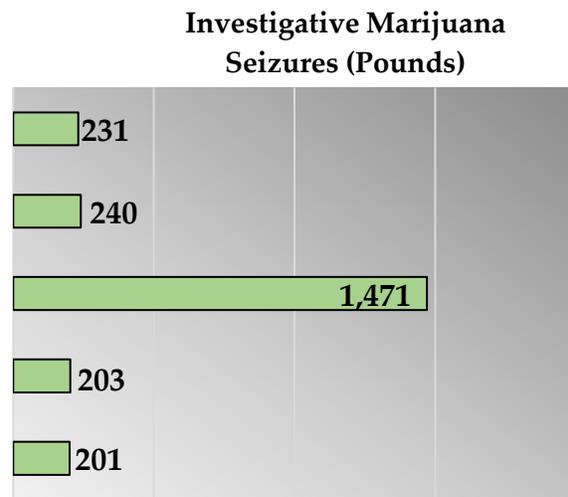
While there are no overdose deaths related to marijuana, there were 152 marijuana related emergency department visits, which was more than heroin but less than methamphetamine or prescription drugs. . Marijuana was the second most common reason for contacts made to the poison control center, among all illicit drugs.

Findings:

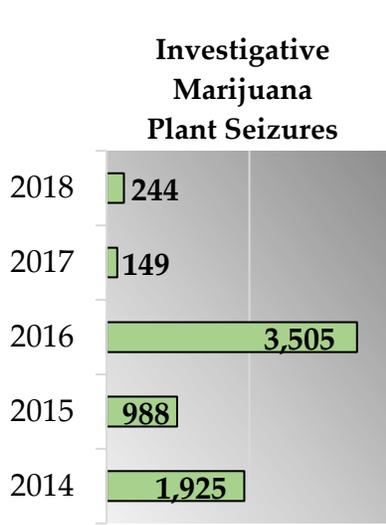
- Marijuana investigative felony arrests increased 84%, and investigative seizures increased 13% from 2014 to 2018.
- In 2018, there were 557 total investigative felony drug related arrests made by RMHIDTA task forces
 - 3% of those arrests were related to marijuana
 - The number of all marijuana arrests were the fewest of all illicit drugs
- In 2018, there was more marijuana seized (by weight) than any other illicit drug



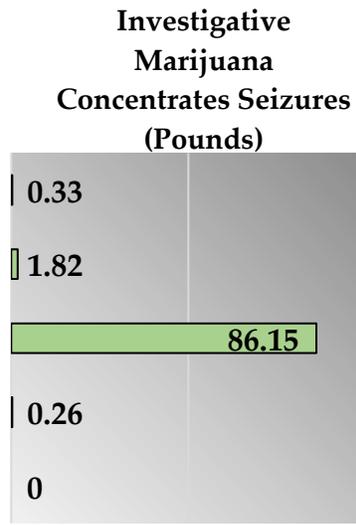
Source: RMHIDTA PMP



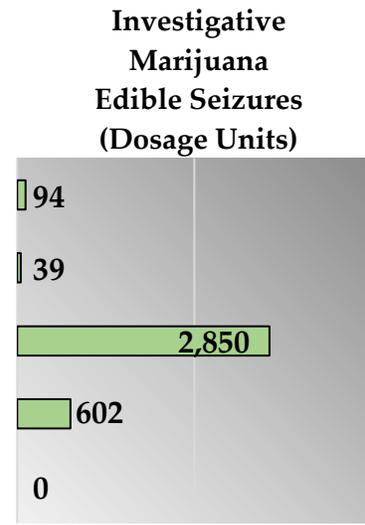
Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP

Note: The spike in investigative marijuana seizures (pounds) observed in 2016 was the result of three seizures which accounted for 1,247 pounds of the total marijuana seized that year.

In 2016, two seizures on the same day accounted for 3,356 marijuana plants. Excluding these two incidents, there were 149 plants seized in 2016.

Source Areas for Marijuana:

- There were 46 DTOs investigated in 2018; three were involved in trafficking marijuana.
 - The drugs were obtained from sources within California, Montana, and Utah.

Transportation:

- Almost all marijuana in Montana is either produced locally within the state or obtained from nearby states such as California, Oregon, Washington, and Colorado where high-grade marijuana is recreationally legal, and abundantly produced.
- Marijuana is primarily transported into and through Montana using privately owned or rental vehicles.
 - Most often, marijuana is trafficked through Montana from Washington State to the upper Midwest.

Concealment:

- User-level quantities and small amounts of marijuana are commonly packaged in small plastic baggies
- Larger quantities are often seen in a variety of containers.

Price:

Current price for domestically produced marijuana:

- \$200-\$350 per ounce
- Approximately \$3,500 per pound

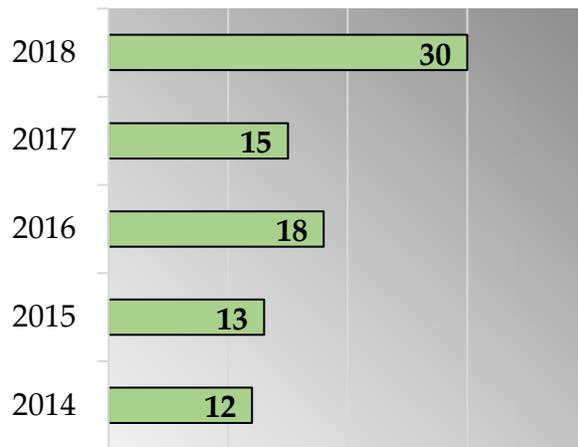
Current price for Mexican-produced marijuana:

- Approximately \$150 per ounce

Related Information & Findings

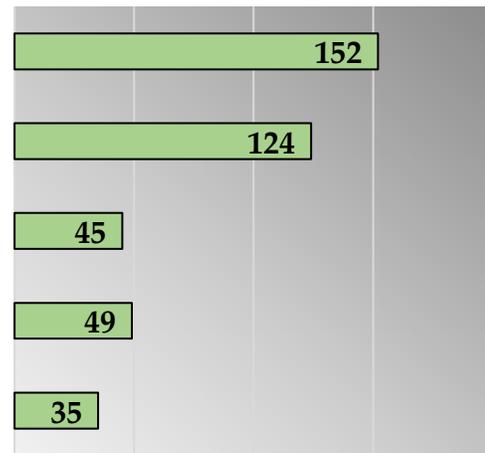
- In 2018, marijuana was the second most common drug related reason for calling poison control, after prescription drugs.
 - Marijuana related exposure calls increased 150% from 2014 to 2018.
- Although marijuana related emergency department visits remain fairly low, the numbers increased 334% from 2014 to 2018.

**Marijuana Related
Poison Control Center Contacts**



Source: RMPDC

**Marijuana Related Emergency
Department Visits**



Source: MATIC/DPHHS

Note: The Montana Department of Public Health & Human Services suppresses data for years in which fewer than 20 cases were recorded. Regarding hospitalizations, 2013-2017 data was all suppressed.

Additional Drug Information

Although the below drug categories are not seen consistently enough to pose a considerable threat to the state, they are recorded for informational purposes and to enable trend recognition should an emerging threat develop.

Montana Investigative Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	62,593	1,106	1,270
GHB	--	--	--
Ketamine	--	--	179
LSD	541	6,535	13
Mescaline	--	--	--
Psilocybin	116	246	214
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Intelligence Gap Summary

Through the course of developing this threat assessment, areas of intelligence gaps have been identified. These are gaps where either information was limited, restricted, unreported, or has not been fully explored at this time. These gaps include:

- Public Health Data
 - There is at least a two year time delay in receiving all emergency department/hospitalization data.
 - All emergency department/hospitalization data has undergone a coding change as the *International Classification of Disease – Clinical Modification* has changed from ICD-9 CM to ICD-10 CM in September of 2015. Since the ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme, it is difficult to make comparisons across the years.
 - There is no singular ICD code for methamphetamine, so it is included in a broader category with other stimulants/psychostimulants.
 - Montana overdose deaths are reported in two-year increments, due to the low level of yearly overdose deaths. Additionally, the 2018 Montana overdose data will not be finalized until after this report is completed.
 - Montana was unable to provide recent treatment data for inclusion in this report.
 - Regarding emergency department/hospitalization data, in years in which counts of less than 20 were identified, data has been suppressed in accordance with the Guidelines for the Release of Public Health Data. Additionally, the Montana Hospital Discharge Data system only includes data from participating Montana Hospital Association members, representing approximately 85% of all hospital data in Montana.
 - It is difficult to ascertain whether prescription drugs were used legitimately or illicitly in some datasets.
 - The “prescription drug” category is open to interpretation depending on who provides the data. The primary reason for this is that some drugs are available both over-the-counter and as prescriptions.
- Fentanyl Data
 - Fentanyl is known to be under-reported as its presence can go undetected with basic drug testing due to the small amount often present in a sample.
 - It is currently unknown how many investigative felony arrests have been made, since some fentanyl related arrests could be documented as heroin arrests.
- Currently, RMHIDTA does not have a means for effectively tracking the impact and utilization of the dark web in this region.

Outlook

Methamphetamine will likely continue to be the top drug threat for Montana as DTOs maintain a steady supply of methamphetamine. Mexican cartels may become more directly involved in trafficking into and through Montana since, according to the DEA, demand for the drug is high in Canada. Based on current trends, the annual number of methamphetamine related felony arrests, as well as annual seizure amounts of methamphetamine, will continue to increase in 2019 and beyond. Based on five year trends, it's very likely that the number of emergency department visits will also continue to rise.

Heroin is likely to continue as the second most significant drug threat in Montana. The number of overdose deaths has more than doubled since the 2015/2016 reporting period and has risen every year since 2009/2010. The impact of heroin is likely going to rise in 2019 however, methamphetamine is estimated to continue as the larger overall threat.

The misuse and diversion of prescription drugs will continue to be a significant threat in Montana based on prevalence and ease of access. However, with high prices for pills, the increased availability of heroin in markets surrounding Montana, and the focused effort to reduce opiate/opioid use throughout the country, the use of prescription drugs is likely to decrease over the next several years.

Cocaine trafficked to and through the state is likely to increase in the coming years due to increased production in source countries. The appearance of a substantial decrease in seizures noted in the graphs is more likely associated to the spikes caused by large single seizures in 2015 and 2016, rather than an actual decrease over the years.

Marijuana will continue to be a prevalent and heavily used drug in Montana. Due to the legalization of recreational and medical marijuana in neighboring states, marijuana availability will continue to increase. The prevalent trend in neighboring states appears to be an increased use in marijuana concentrates, so while the numbers in Montana did not increase from the previous year, it's assessed that there will be an increase in the near future. Additionally, there will likely be an increased number of poison control center calls and emergency department visits for marijuana related causes.

Interdiction

Interdiction refers to the incidents in which state patrol stops a driver for a traffic violation and subsequently identifies and seizes illicit contraband. Due to the random nature of stops, data on interdiction felony arrests or seizures is not applicable for trends or, indicative of a significant threat to a state. If drugs are simply transiting the state while en route to another, the presence of that particular drug does not pose a greater threat to the state in which the interdiction stop

occurs. Therefore, while interdiction data was not utilized for the drug threat ranking, it is still valuable information and should be considered in regards to trafficking routes and the amount of resources expended by law enforcement.

The Montana Highway Patrol (MHP) Criminal Interdiction Program focuses on interdiction along the interstate highways. MHP most often intercepts couriers of drugs, bulk cash drug proceeds, or suspects of other criminal behavior. Significant interdiction seizures and felony arrests indicative of drug trafficking are handed off to a RMHIDTA task force for investigative follow up.

For the following data:

“Significant drug loads” refer to the size of the seizure and/or circumstances indicative of drug trafficking. “Significant money loads” refer to the amount of cash seized and/or circumstances indicative of drug trafficking.

Interdiction Seizures of Drugs and Money in 2018:

MONTANA 2018 Significant <u>Drug Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
Oregon	32%	13
Washington	20%	8
Montana	15%	6
California and Colorado	7% each	3 each
*There were 38 significant drug loads interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
Montana	38%	16
Illinois and Minnesota	10% each	4 each
North Dakota and Wisconsin	7% each	3 each
Mississippi	5%	2
*There were 41 significant drug loads interdicted with specific destination states listed.		

MONTANA 2018 Significant <u>Money Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
Montana	60%	3
North Dakota	20%	1
* There were 4 significant money seizures interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
California and Washington	29% each	2 each
Colorado, Minnesota and Nebraska	14% each	1 each
*There were 7 significant money seizures interdicted with specific destination states listed.		

Interdiction Seizures of Drugs and Money 2014-2018:

MONTANA		
2014-2018 Significant <u>Drug Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
Washington	33%	51
California	26%	41
Oregon	19%	30
Montana	9%	14
*There were 151 significant drug loads interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
Minnesota	44%	42
Montana	15%	14
Wisconsin	11%	10
Illinois	7%	7
Colorado	5%	5
*There were 91 significant drug loads interdicted with specific destination states listed.		

MONTANA
2014-2018 Significant Money Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
Montana	17%	4
Minnesota	13%	3
California, New Jersey, North Dakota, Washington and Wisconsin	9% each	2 each

* There were 22 significant money seizures interdicted with specific origin states listed.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
Washington	27%	7
Montana	23%	6
California	15%	4
Oregon	12%	3
Colorado	8%	2

*There were 26 significant money seizures interdicted with specific destination states listed.

Interdiction Data:

Montana Felony Interdiction Arrests					
	2014	2015	2016	2017	2018
Methamphetamine	112	158	139	153	140
Heroin	7	17	18	13	16
Marijuana	31	50	42	64	37
Prescription Drugs	36	43	33	11	8
Cocaine	7	13	7	7	8

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Montana Felony Interdiction Seizures in Pounds					
	2014	2015	2016	2017	2018
Methamphetamine	18.09	9.29	5.81	48.66	11.66
Heroin	4.73	0.14	0.11	0.43	0.93
Marijuana	186.66	730.38	1,272.71	4,651.24	927.54
Prescription Drugs (Dosage Units)	679	1,802	1,218	1,124	2994
Cocaine	18.01	88.43	0.87	1.05	1.02

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Additional Information

Montana Interdiction Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	18	80	103
GHB	--	--	--
Ketamine	--	--	--
LSD	11	1	22
Mescaline	--	--	--
Psilocybin	1	401	873
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Note: These drugs began being tracked individually starting in 2016.

Montana Drug Prices



2019

The listed drug prices reflect the low / high thresholds of responses, by drug type, from urban and rural drug units in the state. These prices are subject to change due to location or shifting drug trends and should be used as general guideline. The prices represent a summary of cost seen by year's end of 2018.

Meth Powder	Low \$	Middle \$	High \$
Gram	60	105	150
1/8 Ounce	175	212.50	250
1/2 Ounce	500	500	500
Ounce	700	850	1,000
Pound	6,000	6,000	6,000

Meth Ice	Low \$	Middle \$	High \$
Gram	60	70	80
1/8 Ounce	175	212.50	250
1/2 Ounce	450	450	450
Ounce	700	850	1,000
Pound	6,000	6,000	6,000

Heroin Tar	Low \$	Middle \$	High \$
Point	40	45	50
Gram	200	200	200
1/8 Ounce	500	500	500
Ounce	2,300	2,300	2,300

Heroin Powder	Low \$	Middle \$	High \$
Point	40	45	50
Gram	200	200	200
1/8 Ounce	500	500	500

MDMA/Ecstasy	Low \$	Middle \$	High \$
DU	10	10	10
Tab	20	20	20
Gram	40	40	40

Marijuana Domestic	Low \$	Middle \$	High \$
Gram	10	25	40
1/8 Ounce	30	45	60
Ounce	200	275	350
Pound	3,500	3,500	3,500

Marijuana Mexican	Low \$	Middle \$	High \$
Ounce	150	150	150

Synthetic Cannabinoids (K2)	Low \$	Middle \$	High \$
Currently Not Seen			

LSD	Low \$	Middle \$	High \$
Dosage Unit	10	10	10
Hit	25	25	25

Psilocybin	Low \$	Middle \$	High \$
Dosage Unit	30	30	30
Gram	25	37.50	50
Ounce	250	250	250

Fentanyl	Low \$	Middle \$	High \$
1 mg	3	3	3

Cocaine Powder	Low \$	Middle \$	High \$
Gram	100	110	120
1/8 Ounce	225	225	225
Ounce	1,200	1,350	1,500

Cocaine Crack	Low \$	Middle \$	High \$
Currently Not Seen			

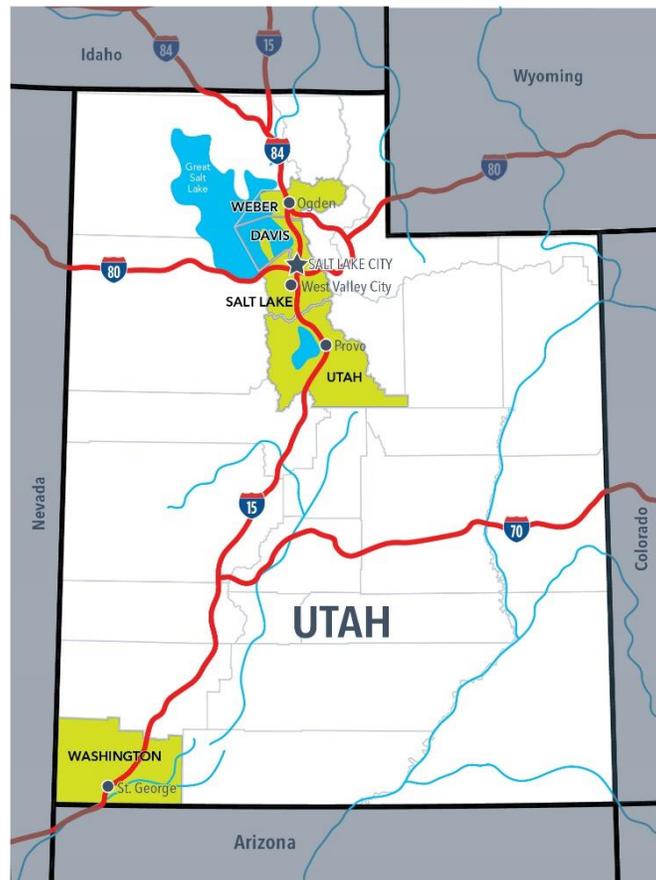
Rx Drugs Oxy/pain killers	Low \$	Middle \$	High \$
1 mg	1	2	3
10 mg	10	10	10
30 mg	30	60	90

Rx Drugs Xanax/depressants	Low \$	Middle \$	High \$
1 mg	1	1.75	2.50
10 mg	10	10	10

Rx Drugs Adderall/Stimulants	Low \$	Middle \$	High \$
1 mg	1	1.50	2
10 mg	10	10	10

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Utah



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RMHIDTA Funded Initiatives in Utah

In 2018, RMHIDTA funded five investigative initiatives and one criminal interdiction initiative in the state of Utah.

- Criminal Interdiction Program – Utah Highway Patrol (UHP)
- Davis Metro Narcotics Strike Force – Davis County
- Salt Lake Metro Narcotics Task Force – Salt Lake County
- Utah County Major Crimes Task Force – Utah County
- Washington County Drug Task Force – Washington County
- Weber Morgan Narcotics Strike Force – Weber County

Of the six funded Utah initiatives, five are dedicated to drug enforcement investigations. The other funded program is:

- Criminal Interdiction Program – Utah Highway Patrol (UHP): This initiative focuses on criminal interdiction on the interstate highways and most often intercepts couriers of drugs, drug proceeds, and other criminal. Significant seizures and felony

arrests indicative of drug trafficking are handed off to the Utah State Bureau of Investigation for investigative follow up.

Source Considerations

There were several sources consulted in writing the Utah section of the threat assessment. Specifically these sources include Rocky Mountain HIDTA Performance Management Process (PMP) data, Utah HIDTA initiative Drug Unit Commander (DUC) surveys and interviews, RMHIDTA quarterly reports from task forces, and U.S. Drug Enforcement Administration reporting. Additional data was obtained from the Utah Statewide Information & Analysis Center (SIAC).

Drug Trafficking Organizations

The primary mission of RMHIDTA is to target Drug Trafficking Organizations (DTO) or Money Laundering Organizations (MLO) with a local, multi-state or international operational scope. The investigative intent is to disrupt or dismantle the ability of those DTOs or MLOs to operate. While not all DTOs are considered MLOs, many of the DTOs investigated were engaged in money laundering activities. Both DTOs and MLOs are criminal enterprises with a defined hierarchy, very much like the organizational structure in a business.

2018:

Investigations:

In 2018 the Utah investigative initiatives targeted 43 DTOs and 1 MLO. Of the 43 organizations investigated, 32 were disrupted or dismantled (six dismantled, 26 disrupted).

An organization is considered dismantled when its leadership, financial base, and supply network are destroyed and incapable of continuing to operate or reconstitute itself. Disrupted refers to when the normal and effective operation of the organization is impeded.

Of the 43 DTOs and 1 MLO investigated:

- 20 local organizations: conduct drug trafficking or money laundering limited to the same metropolitan or clearly defined geographical area
- 19 multi-state organizations: conduct drug trafficking or money laundering in more than one state (beyond any one particular metropolitan area even if that area covered multiple states)
- 5 international organizations: conduct drug trafficking or money laundering in more than one country, or they were based in one specific country and conducted their illegal activities in another

DTO Membership Characteristics:

The definition of a DTO is an organization consisting of five or more persons that have a clearly defined chain-of-command and whose principal activity is to generate income through illegal drug production, manufacturing, importation, transportation, or distribution activities. The definition of a MLO is an organization of two or more persons who process illegal drug profits to disguise the source of the money and make it appear to be legitimate income. Members of MLOs take direction from the leader(s) and carry out the organization's activities. Looking at the characteristics of previously identified DTOs is useful for investigative purposes.

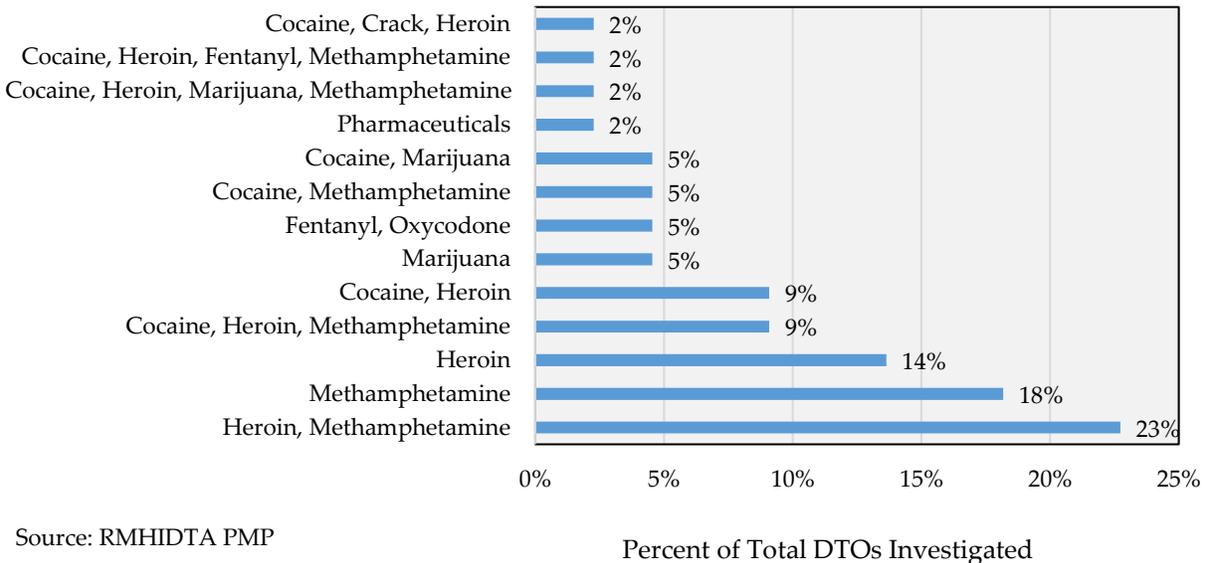
- In 2018 there were a total of 323 members across all DTOs and the MLO investigated.
 - The average size per organization was approximately 7 members.
 - The largest DTO targeted had 34 members, was comprised of Mexican individuals and primarily trafficked heroin and methamphetamine.
 - The second largest DTO investigated had 20 members, was comprised of Mexican individuals and trafficked cocaine and heroin.
- In 2018 the main racial/ethnic affiliations amongst the 43 DTOs included:
 - 43% (19) had a membership primarily comprised of Mexican individuals.
 - 41% (18) had a membership primarily comprised of Caucasian individuals.

Drugs Trafficked by DTOs in 2018:

Drug trafficking is a complex system that illegally supplies drugs to consumers. Trafficking encompasses smuggling, importation, cultivation, manufacture, transportation, sales, distribution, and possession with intent to distribute or sell controlled substances.

In 2018 the primary drug trafficked by investigated DTOs was methamphetamine.

Drugs Trafficked per DTO, 2018



2014 - 2018:

Scope of DTOs Investigated 2014 - 2018:

- Between 39 and 45 DTOs are investigated annually, with an average of 42 DTOs per year.
 - 45% were classified as local organizations.
 - 43% were classified as multi-state organizations.
 - 11% were classified as international organizations.

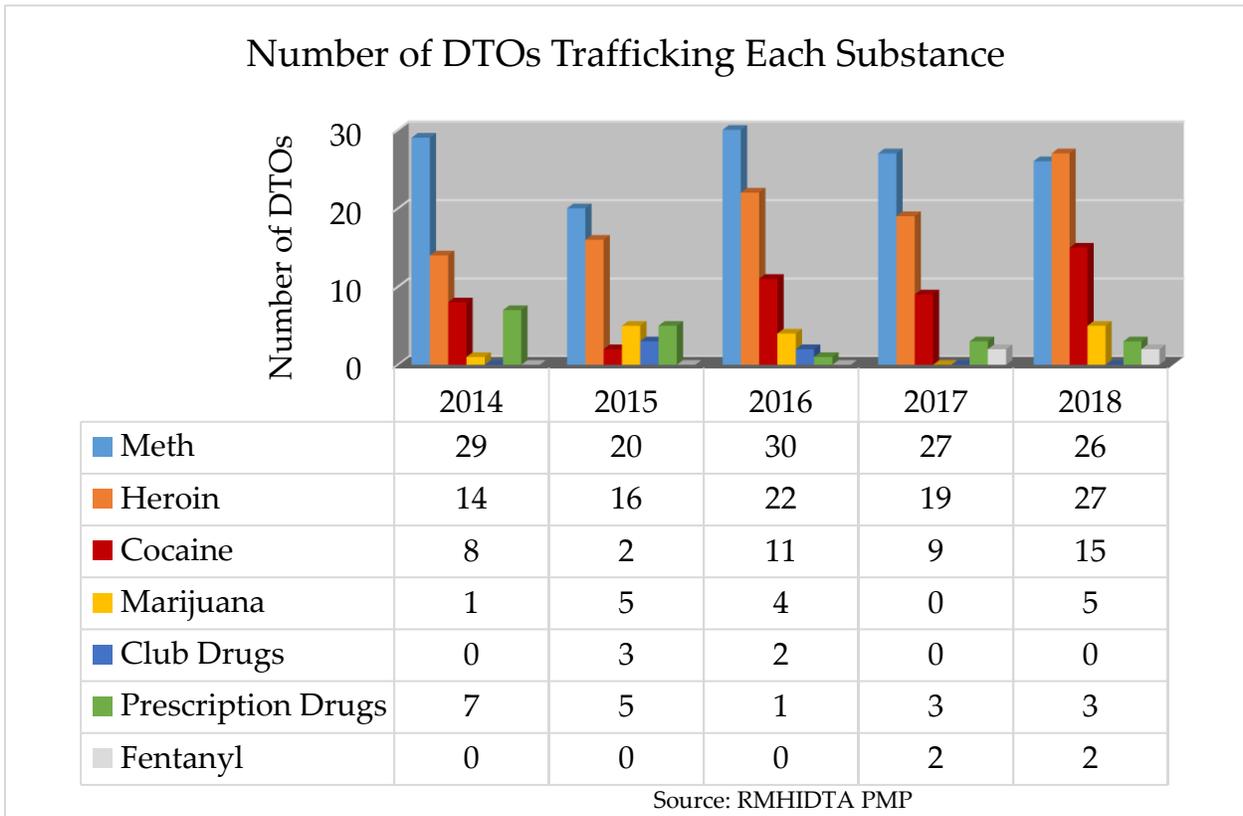
Membership Numbers 2014 - 2018:

- The average number of members per DTO was seven individuals.
- Consistently over the past five years DTOs have primarily been comprised of either Mexican or Non-Hispanic Caucasian individuals.
- The number of DTOs comprised of Mexican individuals have decreased from 64% in 2014 to 43% in 2018.
- The number of DTOs comprised of only Non-Hispanic Caucasian individuals increased from 30% in 2014 to 41% in 2018.
- The majority of DTOs investigated had an ethnic membership primarily comprised of:
 - 43% were Mexican individuals.
 - 41% were Non-Hispanic Caucasian individuals.

- 2% (each) were Asian/Caucasian, African, African American, Caucasian/Hispanic, and Honduran/Mexican individuals.

Drugs Trafficked by DTOs 2014 - 2018:

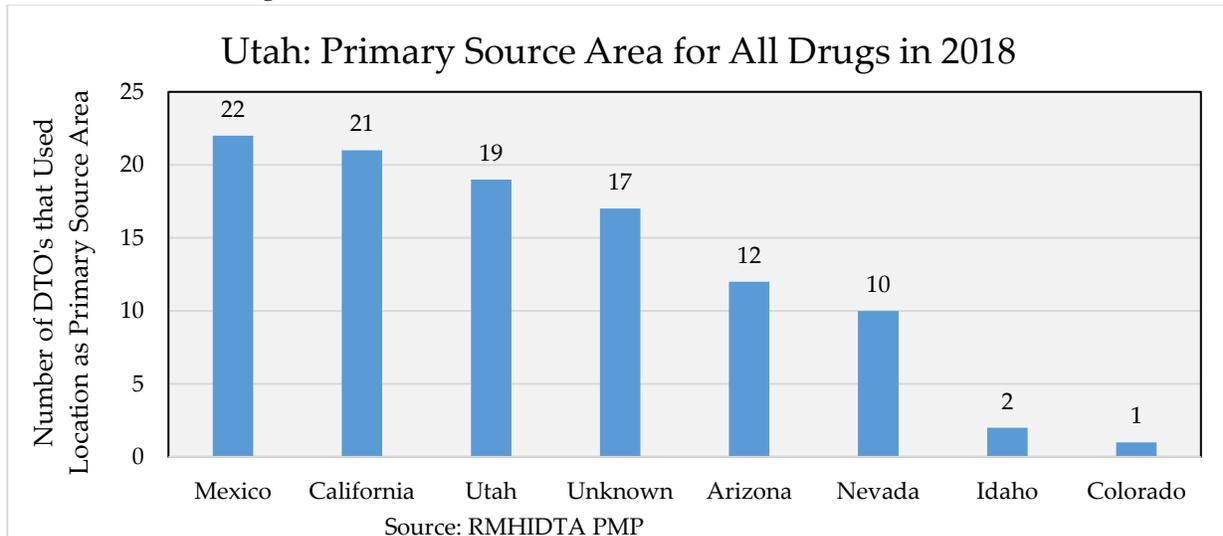
- DTOs trafficking methamphetamine accounted for 42% of the drugs trafficked in Utah over the past five years.
- DTOs trafficking heroin increased from 24% in 2014 to 35% in 2018.
- DTOs trafficking cocaine decreased from 14% in 2014 to 4% in 2015, but then increased to 19% in 2018.
- DTOs trafficking marijuana increased from 0% in 2017 compared to 6% in 2018.
- DTOs trafficking prescription drugs decreased from 12% in 2014 to 4% in 2018.



Note: The number of DTOs listed above per year will exceed the actual number of DTOs investigated per year due to poly-drug trafficking.

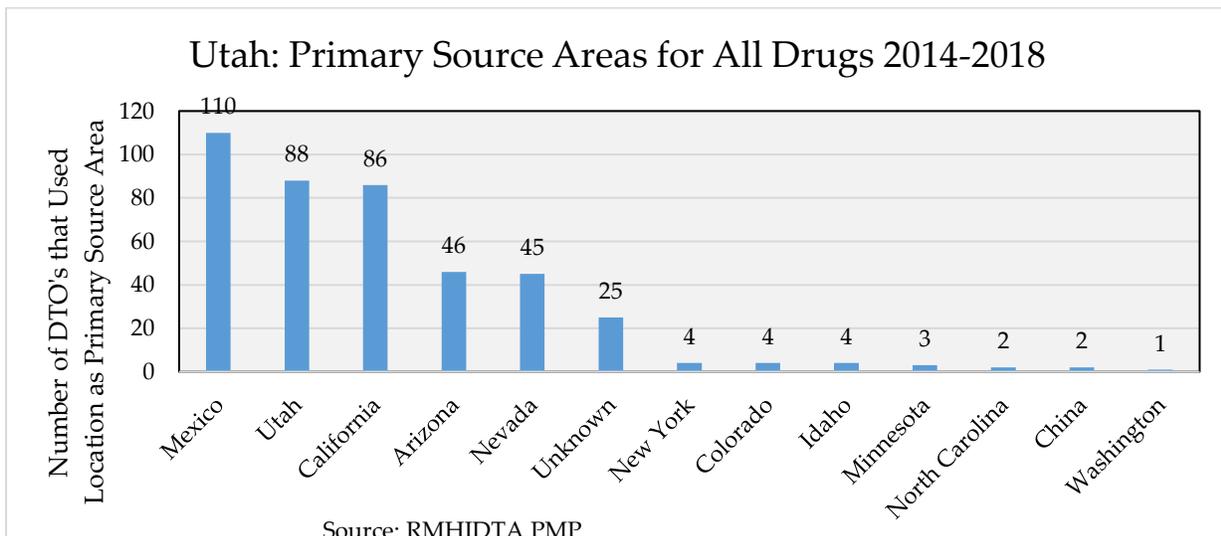
Primary Drug Source Areas for DTOs in 2018:

The source area is the state or foreign country from which the DTO being investigated obtains their drugs from another individual or DTO. The source area is the most direct and immediate source of supply by the DTO and not necessarily the area where the drug was produced, manufactured or originated.



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Primary Drug Source Area for DTOs 2014 - 2018:



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Drug Threat

Threat Rank

The following drugs are listed in order of their assessed threat to the state. Threat rank is determined through analysis of survey responses provided by RMHIDTA Drug Unit Commanders (DUC), RMHIDTA Performance Management Process (PMP) data, and related data that demonstrates community impact.

In addition to law enforcement data, it is essential to consider other areas of available data pertaining to the impact of drug use. Evidence regarding the threat posed to society by drug use can be seen in data regarding calls to the poison control center, treatment admissions, emergency department (ED) visits, hospitalizations, and overdose deaths.

The number of poison control center exposure calls illustrates how many times individuals voluntarily reached regarding adverse effects of illicit drugs. The number of treatment admissions indicates how many individuals have sought or were mandated to seek specific drug related treatment. Emergency department visits and hospitalizations demonstrate the need for significant medical attention related to specific drug use. The number of drug related overdose deaths illustrates how pervasive and dangerous the use of a particular drug can be. Each of these areas, where data is available, have also been consulted when determining a drug's overall threat.

Methamphetamine

Threat Description:

Methamphetamine is assessed to be the top drug threat in Utah. In the RMHIDTA survey, the Utah DUCs indicated that methamphetamine causes some of the greatest level of negative impact in the community. The survey also noted that methamphetamine is the second most prevalent drug in Utah, following marijuana.

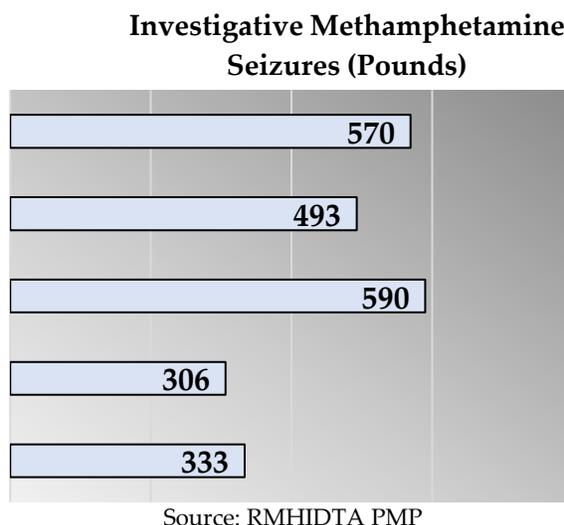
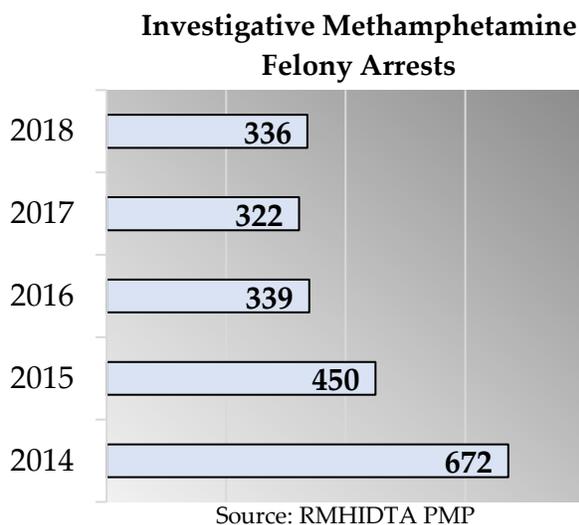
In addition to the DUC survey, other sources supported the overall threat level of methamphetamine. In 2018, of the 44 DTOs investigated by RMHIDTA drug task forces, over half of them (26) were involved in trafficking methamphetamine and eight trafficked only methamphetamine. Those same task forces made 336 methamphetamine related felony arrests and seized 570 pounds of methamphetamine through their investigations. There were more methamphetamine related felony arrests than any other illicit drug and the amount of methamphetamine seized was second only to marijuana.

Methamphetamine has also had a significant negative impact on public health. In 2018, there were 185 methamphetamine related overdose deaths, second only to the number of prescription drug opioid overdoses. Methamphetamine was also the second highest number of emergency

department visits and hospitalizations. In 2018, methamphetamine had the second most treatment admissions of all illicit drugs.

Findings:

- Methamphetamine investigative felony arrests decreased 50%, and investigative seizures increased 71% from 2014 to 2018.
- In 2018 there were 726 total investigative felony drug arrests made by RMHIDTA task forces
 - 46% of those arrests were related to methamphetamine
 - The number of methamphetamine arrests were more than any other illicit drug
- In 2018, amount of methamphetamine seized (by weight) was second only to the amount of marijuana seized



Methamphetamine Labs:

Since the early 2000's when hundreds of methamphetamine manufacturing labs were being identified and seized in Utah, the number of labs seized has significantly decreased. Any labs seen in recent years have primarily been small, user quantity setups. Despite this fact, the availability of methamphetamine has continued to increase in Utah due to the large production efforts in Mexico.

Methamphetamine labs seized:

- 2018: 0 labs
- 2017: 0 labs
- 2016: 1 lab
- 2015: 0 labs
- 2014: 1 lab

Source Areas for Methamphetamine:

- There were 44 DTOs investigated in 2018; 26 were involved in trafficking methamphetamine.
- Of the 26 DTOs trafficking methamphetamine, they obtained their drugs from:
 - Mexico- 25%
 - California- 17%
 - Nevada- 17%
 - Utah- 17%
 - Unspecified location- 11%
 - Arizona- 8%

Transportation:

- Methamphetamine in Utah primarily originates from Mexico and is smuggled across the US/Mexico border into California and Arizona via hidden compartments in vehicles.
 - The methamphetamine is then transported to Utah via I-15, I-80, and I-70.
- Couriers utilize commercial buses to transport methamphetamine from California to Utah.

Concealment:

- In pound quantities, methamphetamine is often wrapped in cellophane plastic, and sometimes masked in tape.
- At the ounce quantity or less, it is generally packaged in plastic bags.⁵

Price:

Current price for crystal methamphetamine (“ice”):

- \$50-\$100 per gram
- \$200-\$400 per ounce
- \$3,000-\$3,500 per pound

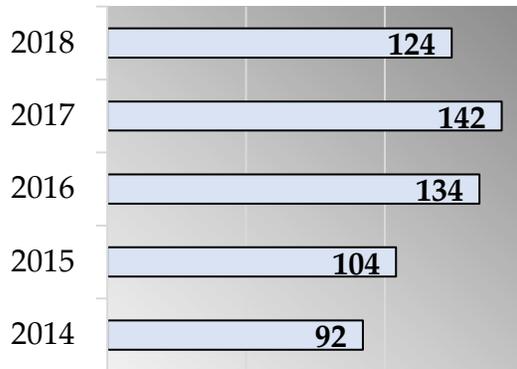
Current price for powder methamphetamine:

- Approximately \$60 per gram

Related Information & Findings:

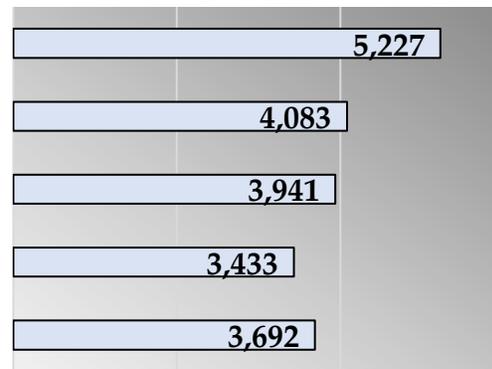
- In 2018:
 - Methamphetamine was the third most common reason to contact poison control following prescription opioids and marijuana.
 - Methamphetamine related exposure calls increased 35% from 2014 to 2018.
 - Methamphetamine was the second leading reason for seeking treatment in Utah, following heroin.
 - Methamphetamine related treatment increased 42% from 2014 to 2018.
 - Methamphetamine was the second leading cause of drug related overdose death, following prescription opioids.
 - Methamphetamine related overdose deaths increased nearly 100% from 2014 to 2018.
 - Methamphetamine ranked third for emergency department visits and hospitalizations in Utah, following prescription opioids and heroin.
 - Methamphetamine related emergency department visits and hospitalizations increased 142% from 2014 to 2018.

Methamphetamine Related Poison Control Center Contacts



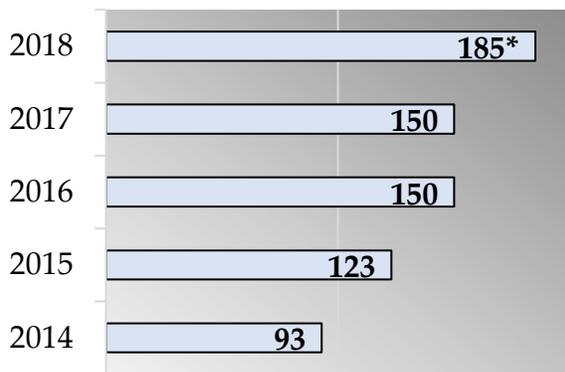
Source: RMPDC

Methamphetamine Related Treatment Admissions



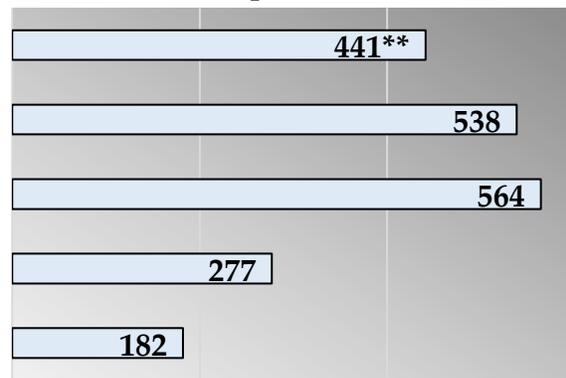
Source: SIAC

Methamphetamine Related Overdose Deaths



Source: SIAC

Methamphetamine Related Emergency Department Visits and Hospitalizations



Source: SIAC

*The 2018 overdose data is preliminary.

**The 2018 emergency department visit and hospitalization data is a projected estimate.

Heroin

Threat Description:

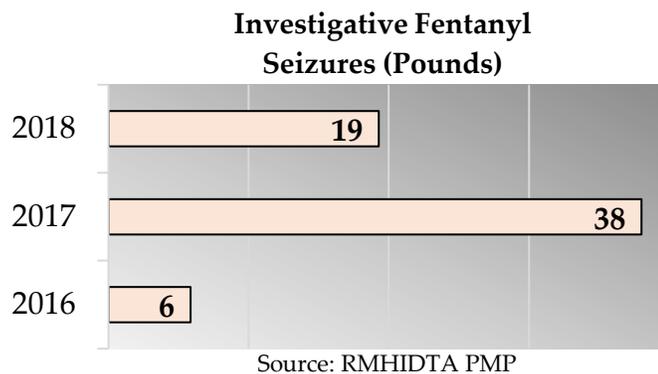
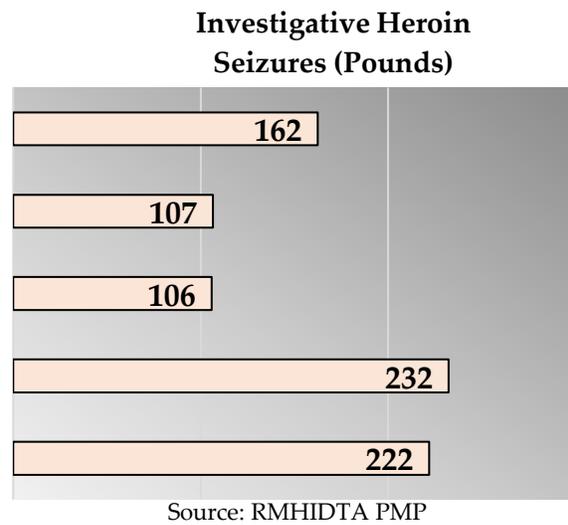
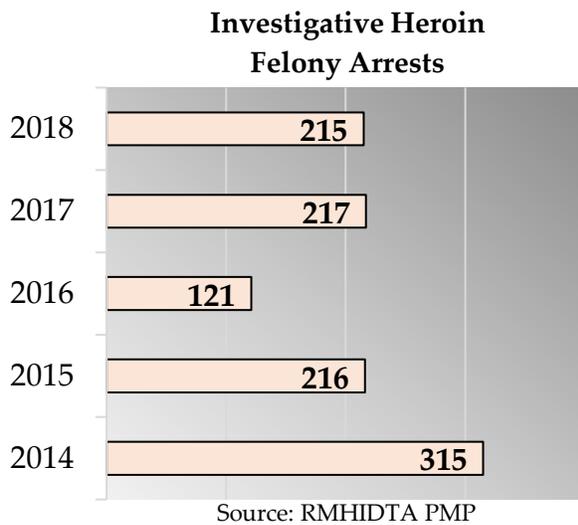
Heroin is assessed to be the second most significant drug threat in Utah. In the RMHIDTA DUC survey, heroin was rated as the third most prevalent drug in Utah, following marijuana and methamphetamine. The DUCs also ranked heroin as the drug causing the second greatest level of negative impact in the community.

Other sources confirmed the threat level of heroin. In 2018, of the 44 DTOs investigated by RMHIDTA drug task forces, 27 were involved in trafficking heroin and 16 were trafficking either heroin alone, or both heroin and methamphetamine. Those same task forces made 215 heroin related felony arrests and seized 162 pounds of heroin through their investigations.

Heroin also has had a significant negative impact on public health. Heroin related emergency department visits and hospitalizations were the second highest compared with other illicit drugs. In 2018 there were 166 overdose deaths from heroin which was the highest number of drug overdose deaths, following prescription drugs and methamphetamine. In 2018, heroin was the leading drug related reason for people seeking treatment in Utah.

Findings:

- Heroin investigative felony arrests decreased 32%, and investigative seizures decreased 37% from 2014 to 2018.
- In 2018, there were 557 total investigative felony drug arrests made by RMHIDTA task forces
 - 39% of those arrests were related to heroin
 - The number of heroin arrests was second highest after methamphetamine arrests
- In 2018, the amount of heroin seized (by weight) was third highest after the amount seized of marijuana and methamphetamine



Note: There are no felony arrests specifically attributed to fentanyl prior to 2019 due to limited reporting. Similarly, there are no seizures of fentanyl reported prior to 2016.

Source Areas for Heroin:

- There were 44 DTOs investigated in 2018; 27 were involved with trafficking heroin.
- Of the 27 DTOs trafficking heroin, they obtained their drugs from:
 - Mexico- 22%
 - Utah- 22%
 - California- 19%
 - Arizona- 14%
 - Nevada- 11%
 - Unspecified location- 8%
 - Idaho- 3%

Transportation:

- Mexican cartels that operate out of Sinaloa and Nayarit send multiple-pound quantities of heroin to Utah via couriers on buses or use privately owned and rental vehicles.⁵
- Heroin is often transported from Mexico to Salt Lake City via Arizona and California, particularly through the Tijuana-San Diego corridor.⁵

Concealment:

- Black tar and brown powder heroin, the most common forms found in Utah, are often packaged in small plastic bags or colorful balloons for user quantities.
 - Larger quantities are found in cellophane balls or bricks.⁵

Price:

Current price for tar heroin:

- \$60-\$100 per gram
- \$80-\$900 per ounce
- Approximately \$30,000 per kilogram

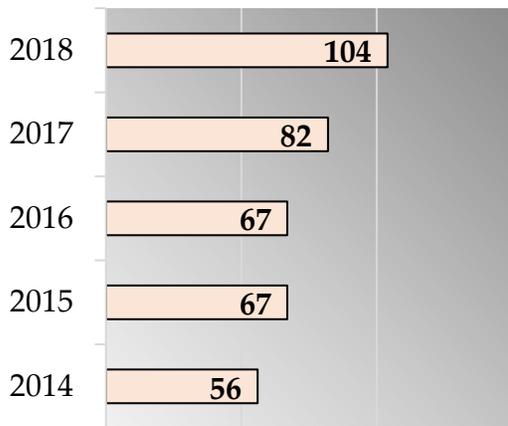
Current price for powder heroin:

- Approximately \$100 per gram
- Approximately \$1,400 per ounce

Related Information & Findings:

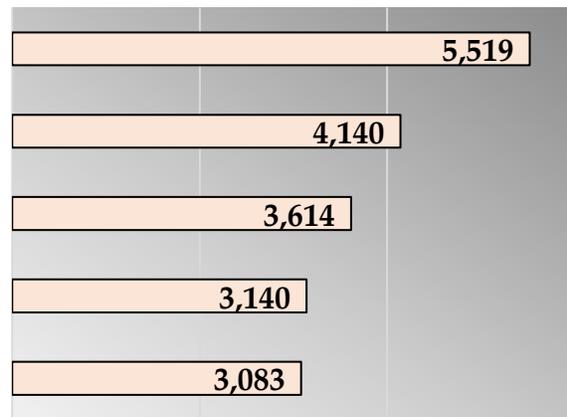
- In 2018:
 - Heroin was the second least common drug related reason to contact poison control, leading only cocaine.
 - Heroin related exposure calls increased 86% from 2014 to 2018.
 - Heroin was the leading reason for seeking treatment in Utah, followed closely by methamphetamine.
 - Heroin related treatment admissions increased 79% from 2014 to 2018.
 - Heroin was the third leading cause of drug related overdose death, following prescription opioids and methamphetamine.
 - Heroin related overdose deaths increased 35% from 2014 to 2018.
 - Heroin ranked second for drug related emergency department visits and hospitalizations, following prescription opioids.
 - Heroin related emergency department visits and hospitalizations increased 119% from 2014 to 2018.

**Heroin Related
Poison Control Center Contacts**



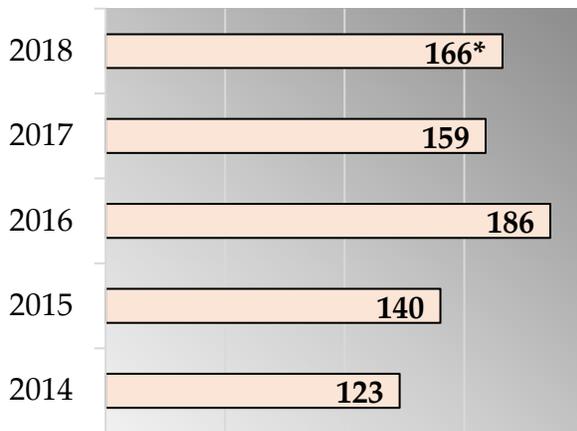
Source: RMPDC

**Heroin Related Treatment
Admissions**



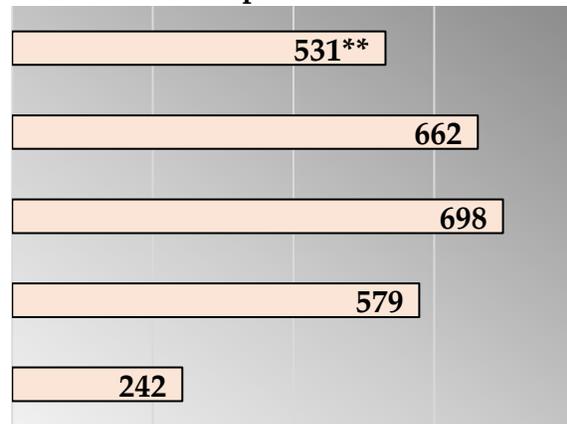
Source: SIAC

Heroin Related Overdose Deaths



Source: SIAC

**Heroin Related
Emergency Department Visits and
Hospitalizations**



Source: SIAC

*The 2018 overdose data is preliminary.

**The 2018 emergency department visit and hospitalization data is a projected estimate.

Cocaine

Threat Description:

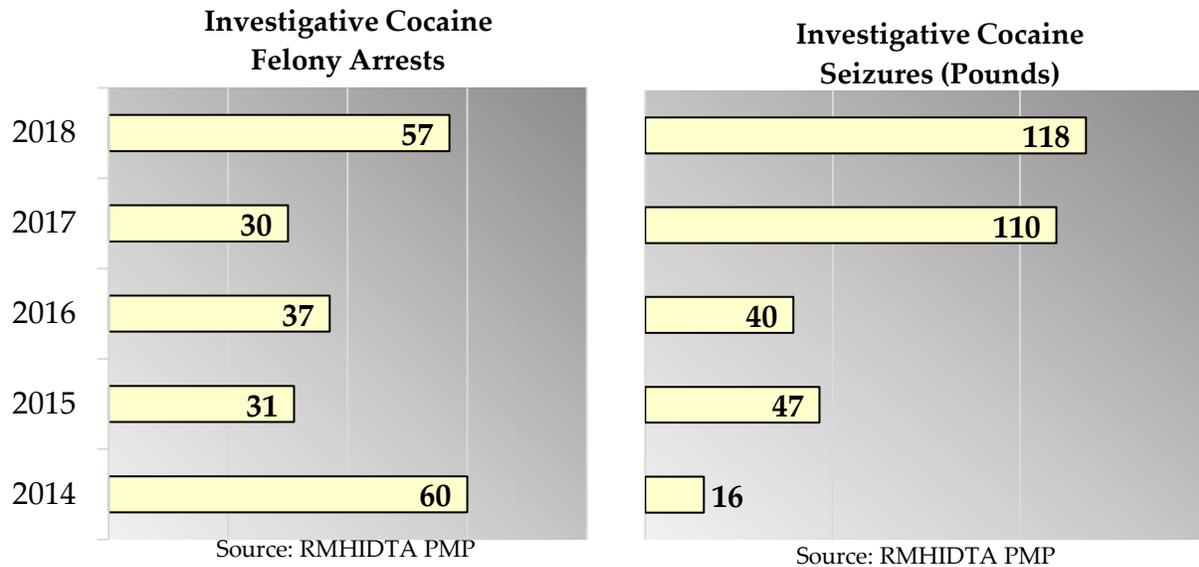
Cocaine is assessed to be ranked as the third most significant drug threat in Utah. In the RMHIDTA survey, DUCs noted that there has been an increase in the prevalence of cocaine and they also rated cocaine as causing one of the greatest levels of negative impact in the community.

In addition to the DUC survey, other sources support the threat level of cocaine. In 2018, of the 44 DTOs investigated by RMHIDTA drug task forces, 15 were involved in trafficking cocaine and eight were trafficking a combination of cocaine, methamphetamine, or heroin. DTOs investigated for trafficking cocaine increased 78% in one year from 2017 to 2018. RMHIDTA task forces made 57 cocaine related felony arrests and seized 118 pounds of cocaine through their investigations.

Overall cocaine has had a minor impact on public health. There were more combined emergency department visits and hospitalizations related to cocaine than there were for any other drug except prescription drugs. The number of cocaine overdose deaths has remained fairly stable over the past five years, and remains the lowest number amongst illicit drugs. The number of treatment admissions were also the lowest out of all illicit drugs.

Findings:

- Cocaine investigative felony arrests decreased 5%, and investigative seizures increased 638% from 2014 to 2018.
- In 2018, there were 557 total investigative felony drug arrests made by RMHIDTA task forces
 - 10% of those arrests were related to cocaine
 - The number of cocaine arrests was second lowest, above only prescription drug arrests



Note: The high numbers for seizures in 2017-2018 are attributed to a relatively small number of larger seizures, all over 10 pounds of cocaine. In 2017, two seizures amounted to over 72 pounds of cocaine. In 2018, five seizures amounted to over 95 pounds of cocaine.

Source Areas for Cocaine:

- There were 44 DTOs investigated in 2018; 15 were involved with trafficking cocaine.
- Of the 15 DTOs trafficking cocaine, they obtained their drugs from:
 - California- 30%
 - Arizona- 20%
 - Mexico- 20%
 - Unspecified location- 20%
 - Utah- 10%

Transportation:

- Cocaine is transported from Mexico, California, and Arizona into Utah.
- Distribution within Utah is controlled primarily by Mexican poly-drug trafficking organizations.
- According to the DEA:
 - A common destination point for cocaine in Utah is St. George. From St. George, cocaine is frequently moved north on I-15 and then transferred to I-70 where it can be moved eastward.⁵
 - An emerging trend for the transportation of cocaine is through southern California, central Nevada, and then I-80 from Wendover to Salt Lake City.⁵

Concealment:

- In kilogram quantities, cocaine is often wrapped in cellophane plastic, sometimes masked in tape and packaged with an odor eliminator. ⁵

Price:

Current price for powder cocaine:

- \$800-\$1,000 per ounce
- Approximately \$1,300 per pound

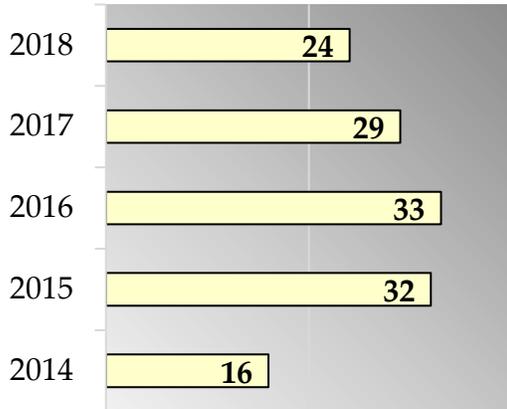
Current price for crack cocaine:

- Approximately \$20 per rock
- Approximately \$70 per gram

Related Information & Findings:

- In 2018:
 - Cocaine was the least common reason to contact poison control.
 - Cocaine related exposure calls increased 50% from 2014 to 2018.
 - Cocaine was the least common drug related reason for seeking treatment in Utah.
 - Cocaine related treatment admissions decreased 33% from 2014 to 2018.
 - Cocaine was the least common cause of illicit drug overdose death.
 - Cocaine related overdose deaths increased 13% from 2014 to 2018.
 - Cocaine has the fewest number of emergency department visits and hospitalizations.
 - Cocaine related emergency department visits and hospitalizations increased 113% from 2014 to 2018.

Cocaine Related Poison Control Center Contacts



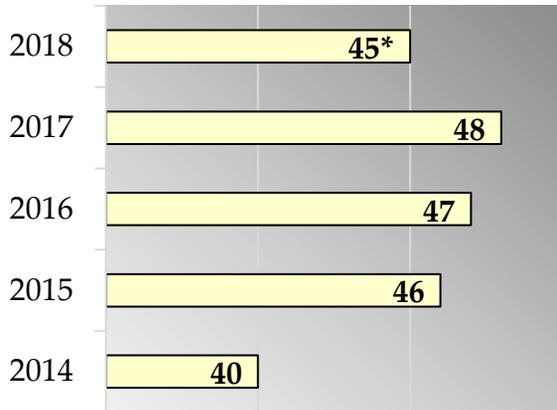
Source: RMPDC

Cocaine Related Treatment Admissions



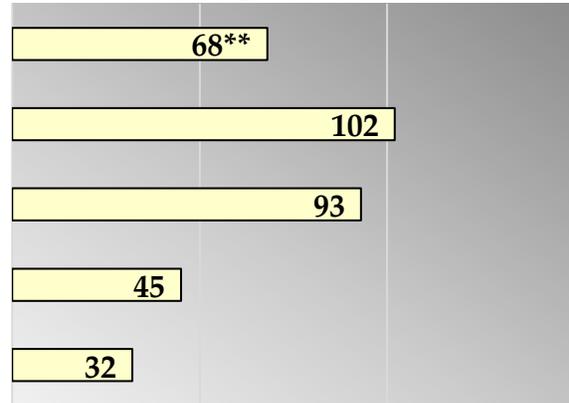
Source: SIAC

Cocaine Related Overdose Deaths



Source: SIAC

Cocaine Related Emergency Department Visits and Hospitalizations



Source: SIAC

*The 2018 overdose data is preliminary.

**The 2018 emergency department visit and hospitalization data is a projected estimate.

Marijuana

Threat Description:

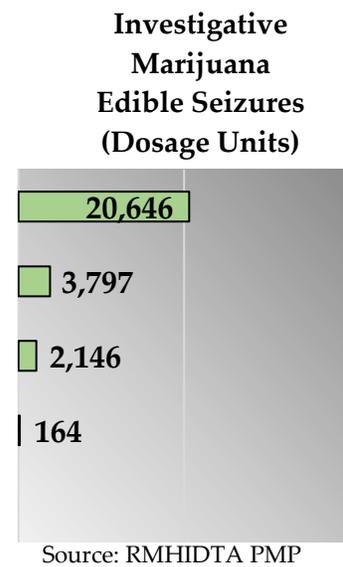
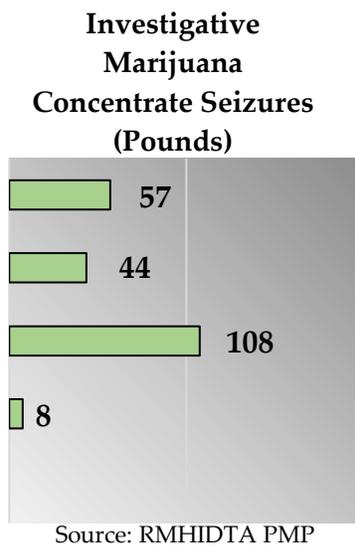
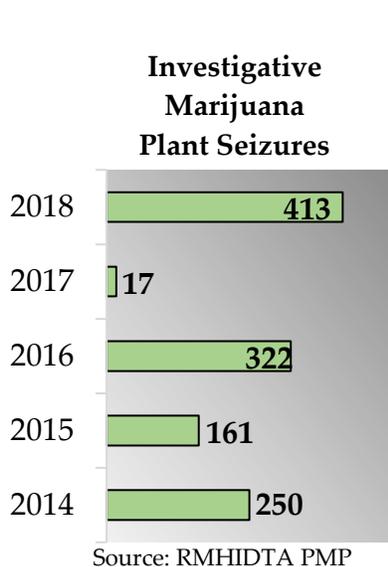
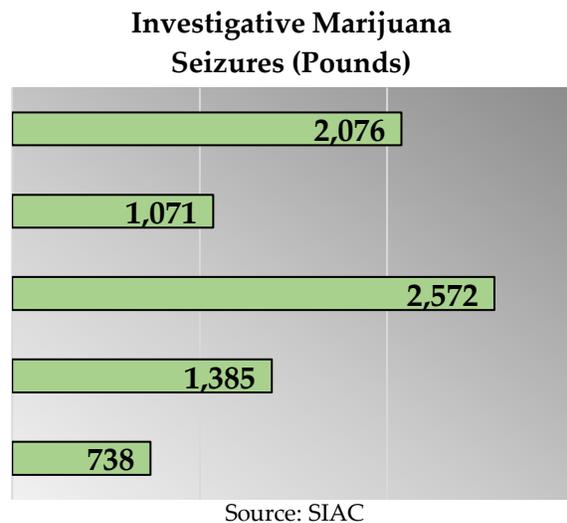
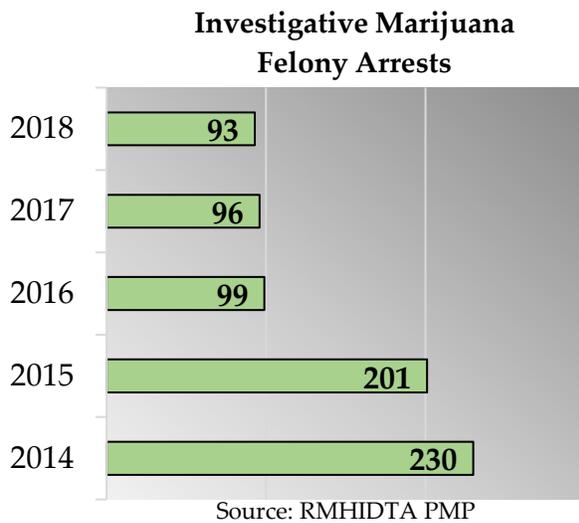
It is assessed that marijuana is tied with prescription drugs as the fourth most significant drug threat in Utah. In the RMHIDTA DUC survey, marijuana was rated as one of the most prevalent drugs in Utah. The DUCs also indicated marijuana causes a significant negative impact in the community.

Other sources confirm the overall threat level of marijuana. In 2018, of the 44 DTOs investigated by RMHIDTA drug task forces, five were involved in trafficking marijuana, two of those trafficked marijuana only. Those same task forces made 93 marijuana related felony arrests and seized 2,076 pounds of marijuana through their investigations. There were more pounds of marijuana seized than all other illicit drugs combined.

Marijuana has had a noticeable negative impact on public health as well. While there are no overdose deaths related to marijuana, the number of emergency department visits and hospitalizations related to marijuana was the second highest of all illicit drugs. Marijuana was the second most common reason for contact calls made to the poison control center.

Findings:

- Marijuana investigative felony arrests decreased 60%, and investigative seizures increased 181% from 2014 to 2018.
- In 2018 there were 557 total investigative felony drug arrests made by RMHIDTA task forces
 - 17% of those arrests were related to marijuana
 - The number of marijuana arrests was third highest after methamphetamine and heroin
- In 2018, there was more marijuana seized (by weight) than any other illicit drug



Source Areas for Marijuana:

- There were 44 DTOs investigated in 2018; five were involved with trafficking marijuana
- Of the 5 DTOs trafficking marijuana, they obtained their drugs from:
 - Unspecified location- 50%
 - California- 17%
 - Unspecified location within the United States- 17%
 - Utah- 17%

Transportation:

- Much of the marijuana distributed within and traversing through Utah is grown in northern California and Oregon.
- Many seizures of California produced marijuana occur along I-80 and are found in privately owned or rental vehicles.

Concealment:

- Marijuana is usually found packaged in one-pound vacuumed sealed bags or plastic garbage bags.

Price:

Current price for domestically produced marijuana:

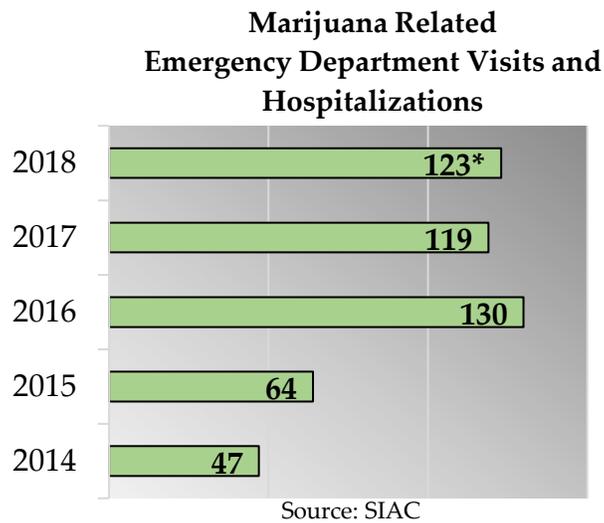
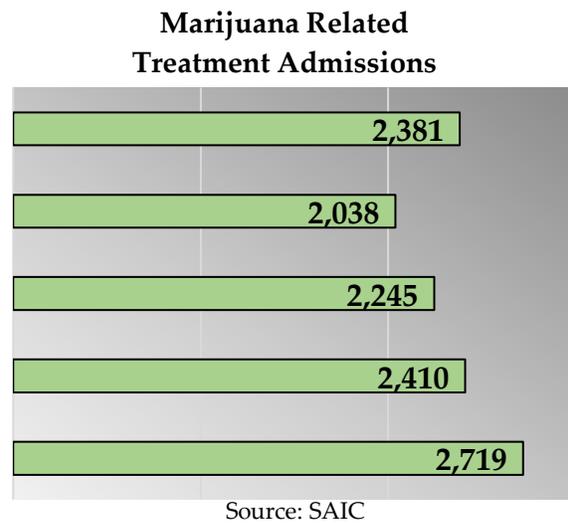
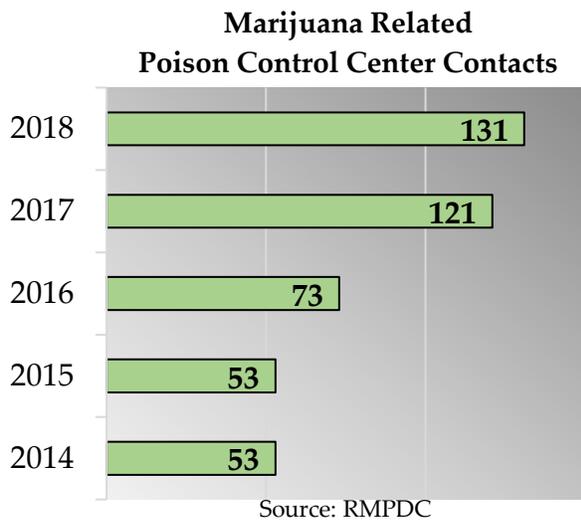
- \$150-\$280 per ounce
- \$1,200-\$3,000 per pound

Current price for Mexican-produced marijuana:

- Approximately \$200 per ounce
- \$1,800-\$2,200 per pound

Related Information & Findings:

- In 2018:
 - Marijuana was the second most common reason to contact poison control following prescription opioids.
 - Marijuana related exposure calls increased 147% from 2014 to 2018.
 - Marijuana was the third leading reason for seeking treatment in Utah, after heroin and methamphetamine.
 - Marijuana related treatment admissions decreased 12% from 2014 to 2018.
 - Marijuana was the second least common cause of drug related emergency department visits and hospitalizations in Utah, leading only cocaine.
 - Marijuana related emergency department visits and hospitalizations increased 162% from 2014 to 2018.



*The 2018 emergency department visit and hospitalization data is a projected estimate.

Prescription Drugs

Threat Description:

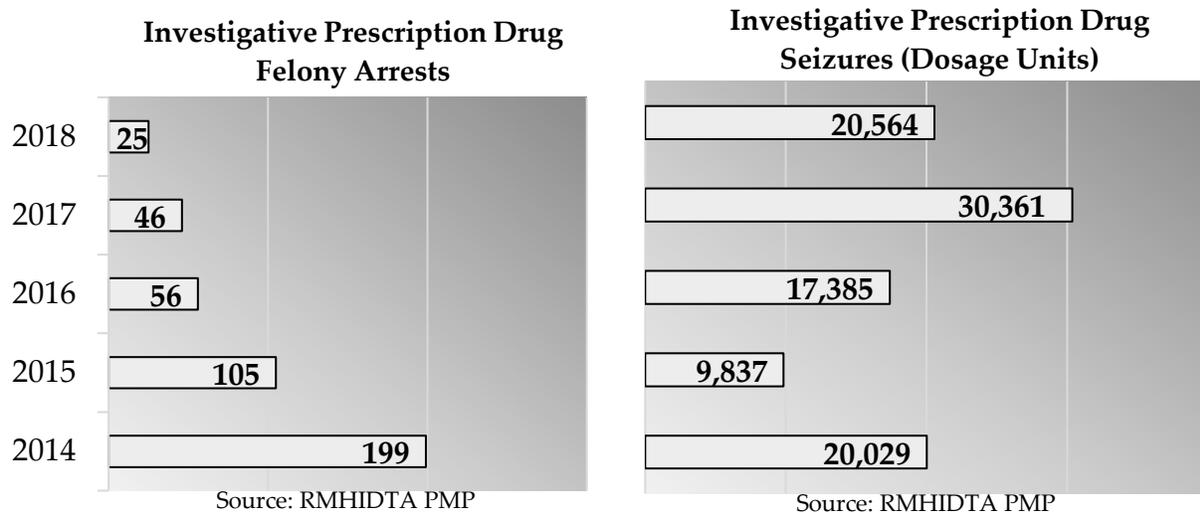
Prescription Drugs are assessed to be the fourth most significant drug threat in Utah, tied with Marijuana. In the RMHIDTA survey, DUCs rated prescription drugs as the fourth most prevalent drugs in Utah. The survey also indicated prescription drugs were ranked fourth concerning negative impact in the community.

In addition to the DUC survey, other sources support the threat level of prescription drugs. In 2018, of the 44 DTOs investigated by RMHIDTA drug task forces, three were involved in trafficking prescription drugs. Those same task forces made 25 prescription drug related felony arrests and seized 20,564 dosage units of prescription drugs through their investigations.

Although it is difficult to separate out legitimate versus illicit use, prescription drugs do have a negative impact on public health. There were more prescription drug related poison control contacts than all of the other illicit drugs combined. Prescription drugs were the cause of 771 emergency department visits and hospitalizations.

Findings:

- Prescription drug related investigative felony arrests decreased 87%, and investigative seizures increased 3% from 2014 to 2018.
- In 2018, there were 557 total investigative felony drug arrests by RMHIDTA task forces.
 - 4% of those arrests were related to prescription drugs
 - Prescription drug arrests were the fewest in number of all illicit drugs



Note: The spike in 2017 investigative prescription drug seizures was largely due to a single seizure of 17,150 dosage units.

Source Areas for Prescription Drugs:

- There were 44 DTOs investigated in 2018; three were involved in trafficking prescription drugs.
 - California, Utah, and an unspecified location within the United States were the three primary direct source of supply areas.

Transportation:

- Diverted prescription drugs are most commonly obtained through doctor shopping and prescription fraud.
- There has been an increase of Utah-based DTOs manufacturing counterfeit pills and other opioids ordered online from China via the dark web.

Concealment:

- Counterfeit fentanyl pills (pressed to mimic oxycodone and other prescription drugs) are typically sold on the street or purchased through dark web markets.

Price:

Current price for prescription drugs (pain killers):

- Approximately \$40 per tablet

Current price for prescription drugs (stimulants):

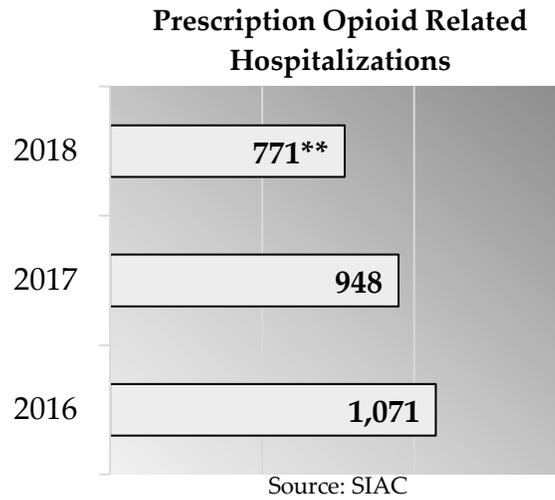
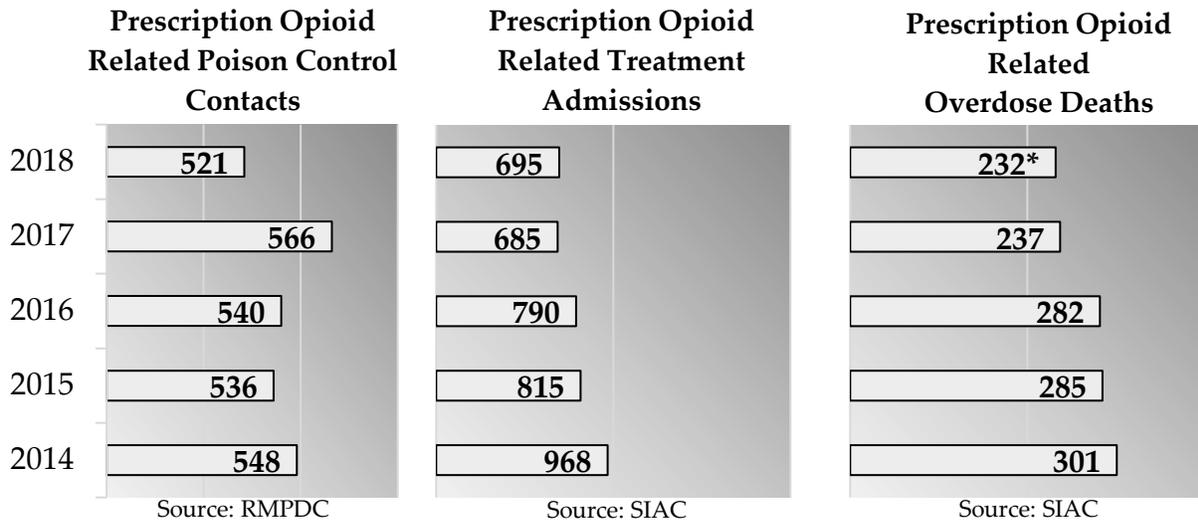
- Approximately \$20 per tablet

Current price for prescription drugs (anti-anxiety/depressants):

- Approximately \$20 per tablet

Related Information & Findings:

- Prescription opioids were the most common reason to contact poison control.
 - Prescription opioid related exposure calls decreased 5% from 2014 to 2018.
- Prescription opioids were the fourth leading drug related cause for seeking treatment in Utah.
 - Prescription opioid related treatment admissions decreased 28% from 2014 to 2018.
- Prescription opioids were the leading cause of drug related overdose deaths.
 - Prescription opioid related overdose deaths decreased 23% from 2014 to 2018.
- Prescription opioids were by far the leading cause of drug related hospitalizations in the state of Utah.
 - Prescription opioid related hospitalizations decreased 28% from 2016 to 2018.



*The 2018 overdose data is preliminary.

**The 2018 hospitalization data is a projected estimate.

Additional Drug Information

Although the below drug categories are not seen consistently enough to pose a considerable threat to the state, they are recorded for informational purposes and to enable trend recognition should an emerging threat develop.

Utah Investigative Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	3,809	1,462	8,611
GHB	--	0.45 kg	1,800
Ketamine	10	--	158
LSD	1,338	559	6,492
Mescaline	--	--	--
Psilocybin	693	946	1,524
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Intelligence Gap Summary

Through the course of developing this threat assessment, areas of intelligence gaps have been identified. These are gaps where either information was limited, restricted, unreported, or has not been fully explored at this time. These gaps include:

- Public Health Data
 - There is at least one year time lag in receiving all emergency department/hospitalization data.
 - All emergency department/hospitalization data has undergone a coding change as the International Classification of Disease – Clinical Modification has changed from ICD-9 CM to ICD-10 CM in September of 2015. Since the ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme, it is difficult to make comparisons across the years.
 - There is no singular ICD code for methamphetamine, so it is included in a broader category with other stimulants/psychostimulants.
 - Utah was only able to provide combined emergency department/hospitalization data, as opposed to separate data sets. The one exception to this intelligence gap is seen in the Utah prescription opioid category, for which separated hospitalization data has been provided, although emergency department visit data were not available for the publication of this report.

- Prescription Drug Data
 - It is difficult to ascertain whether prescription drugs were used legitimately or illicitly in some datasets.
 - The “prescription drug” category is open to interpretation depending on who provides the data. The primary reason for this is that some drugs are available both over-the-counter and as prescriptions.
- Fentanyl Data
 - Fentanyl is known to be under-reported as its presence can go undetected with basic drug testing due to the small amount often present in a sample.
 - It is currently unknown how many investigative felony arrests have been made, since some fentanyl related arrests could be documented as heroin arrests.
- Currently, RMHIDTA does not have a means for effectively tracking the impact and utilization of the dark web in this region.

Outlook

Methamphetamine from Mexico will continue to be prevalent and available with market saturation keeping retail prices low. Methamphetamine will continue to be the most significant drug threat for the foreseeable future in Utah due to its availability, increased use, and the criminal behavior often seen in conjunction with its use. Over the past three years, it appears that methamphetamine related seizures and felony arrests have remained stable, but will likely increase in the future since the vast majority of DTOs seen in Utah are involved in trafficking methamphetamine.

Heroin will remain a top drug threats in Utah for the foreseeable future. The negative impacts of heroin have increased substantially over the past five years and are expected to continue. With the current high demand, Mexican heroin will very likely increase in availability, use and number of overdoses as well. Fentanyl has become a substantial threat within the non-prescription opioid category over the past three years and will likely continue to rise in the coming years. The numbers for fentanyl were not being tracked prior to 2015, but there have been considerable increases since separate reporting began.

Despite lowered amounts of felony arrests and poison control contacts, the amount of cocaine seen in Utah has dramatically increased over the past five years. Use and availability will likely increase in the coming years due to the increase in production from source countries. With the increase in supply from source area countries the prices for cocaine are expected to decline as well.

Marijuana will continue to be readily available due to large and continuous supplies from neighboring states that have legalized recreational marijuana, such as California. Edibles and

concentrates are likely to increase as the popularities and availabilities are seen rising in neighboring states as well. Additionally, there's a high likelihood that marijuana related poison control center contacts, and emergency department visits will continue to increase due to the nature of the new domestically created, highly potent marijuana product.

Although diverted prescription drugs are more costly than similar alternatives such as heroin, the use and impact from these drugs are expected to remain consistent, as they have over the past several years. Prescription drugs will continue to be readily available in Utah, and it is expected that use will also remain high.

Interdiction

Interdiction refers to the incidents in which state patrol stops a driver for a traffic violation and subsequently identifies and seizes illicit contraband. Due to the random nature of stops, data on interdiction felony arrests or seizures is not applicable for trends or, indicative of a significant threat to a state. If drugs are simply transiting the state while en route to another, the presence of that particular drug does not pose a greater threat to the state in which the interdiction stop occurs. Therefore, while interdiction data was not utilized for the drug threat ranking, it is still valuable information and should be considered in regards to trafficking routes and the amount of resources expended by law enforcement.

The Utah Highway Patrol (UHP) Criminal Interdiction Program focuses on interdiction along the interstate highways. UHP most often intercepts couriers of drugs, bulk cash drug proceeds, or suspects of other criminal behavior. Significant interdiction seizures and felony arrests indicative of drug trafficking are handed off to the Utah State Bureau of Investigation for investigative follow up.

For the following data:

“Significant drug loads” refer to the size of the seizure and/or circumstances indicative of drug trafficking. “Significant money loads” refer to the amount of cash seized and/or circumstances indicative of drug trafficking.

Interdiction Seizures of Drugs and Money in 2018:

UTAH 2018 Significant <u>Drug Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
California	61%	80
Oregon	18%	24
Nevada	5%	6
Utah and Washington	3% each	4 each
*There were 128 significant drug loads interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
Colorado	13%	16
Utah	10%	12
Illinois	7%	8
Minnesota	6%	7
Wisconsin	4%	5
*There were 120 significant drug loads interdicted with specific destination states listed.		

UTAH 2018 Significant <u>Money Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
Ohio	33%	2
Illinois, Kansas, New York and Utah	17% each	1 each
* There were 6 significant money seizures interdicted (specific origin states listed).		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
California	50%	3
Nevada, Oregon and Washington	17% each	1 each
*There were 6 significant money seizures interdicted with specific destination states listed.		

Interdiction Seizures of Drugs and Money 2014-2018:

UTAH		
2014-2018 Significant <u>Drug Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
California	75%	637
Oregon and Nevada	8% each	70 (OR), 68 (NV)
Arizona and Utah	2% each	20 (AZ), 19 (UT)
*There were 841 significant drug loads interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
Colorado	13%	105
Utah	10%	77
Illinois	8%	62
Wisconsin, Minnesota, Indiana, Missouri and Ohio	5% each	41 (WI), 40 (MN), 39 (IN), 38 (MO), 37 (OH)
*There were 795 significant drug loads interdicted with specific destination states listed.		

UTAH		
2014-2018 Significant <u>Money Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
Utah	15%	10
Colorado and Minnesota	9% each	6 each
Illinois and Missouri	7% each	5 each
Ohio	6%	4
* There were 67 significant money seizures with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
California	56%	44
Oklahoma	18%	14
Nevada	8%	6
Oregon	5%	4
*There were 78 significant money seizures with specific destination states listed.		

Interdiction Data:

Utah Felony Interdiction Arrests					
	2014	2015	2016	2017	2018
Methamphetamine	44	50	83	77	55
Heroin	7	10	24	17	24
Marijuana	249	198	206	211	138
Prescription Drugs	3	3	10	7	3
Cocaine	8	16	13	25	22

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Utah Felony Interdiction Seizures in Pounds					
	2014	2015	2016	2017	2018
Methamphetamine	15.86	24.29	200.19	497.82	339.92
Heroin	20.26	28.60	53.24	41.20	47.69
Marijuana	7,230.82	4,906.83	5,108.04	4,595.01	4717.48
Prescription Drugs (Dosage Units)	798	5,100	3,415	973	179
Cocaine	22.53	21.91	32.91	88.17	19.65

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Additional Information

Utah Interdiction Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	--	1,281	1,188
GHB	--	--	--
Ketamine	--	--	--
LSD	--	--	--
Mescaline	--	--	--
Psilocybin	--	13	1,859
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Note: These drugs began being tracked individually starting in 2016.

Utah Drug Prices



2019

The listed drug prices reflect the low / high thresholds of responses, by drug type, from urban and rural drug units in the state. These prices are subject to change due to location or shifting drug trends and should be used as a general guideline. The prices represent a summary of cost seen by year's end of 2018.

Cocaine Powder	Low \$	Middle \$	High \$
1/8 Ounce	120	140	160
1/4 Ounce	180	180	180
1/2 Ounce	450	450	450
Ounce	800	900	1000
Pound	13,000	13,000	13,000

Cocaine Crack	Low \$	Middle \$	High \$
Rock	20	20	20
Gram	70	70	70

Meth Powder	Low \$	Middle \$	High \$
1/8 Ounce	60	60	60

Meth Ice	Low \$	Middle \$	High \$
Gram	50	75	100
1/8 Ounce	60	110	160
1/4 Ounce	140	140	140
Ounce	200	300	400
Pound	3,000	3,250	3,500

Heroin Tar	Low \$	Middle \$	High \$
Point/Balloon	10	25	40
Gram	60	80	100
1/4 Ounce	200	250	300
1/2 Ounce	450	450	450
Ounce	800	850	900
Kilo	30,000	30,000	30,000

Heroin Powder	Low \$	Middle \$	High \$
Gram	100	100	100
1/4 Ounce	300	300	300
Ounce	1,400	1,400	1,400

MDMA/Ecstasy	Low \$	Middle \$	High \$
Dosage Unit	10	10	10
1/2 Gram	40	40	40
Tablet	100	100	100
Ounce	700	700	700

Marijuana Domestic	Low \$	Middle \$	High \$
1/8 Ounce	80	80	80
Ounce	150	215	280
Pound	1,200	2,100	3,000

Marijuana Mexican	Low \$	Middle \$	High \$
Gram	20	20	20
1/8 Ounce	50	50	50
1/4 Ounce	100	100	100
1/2 Ounce	160	160	160
Ounce	200	200	200
Pound	1,800	2,000	2,200

Synthetic Cannabinoids (K2)	Low \$	Middle \$	High \$
1/8 Ounce	50	50	50

LSD	Low \$	Middle \$	High \$
Hit/Tab	5	7.50	10
10 DUs	80	80	80
100 DUs	500	500	500

Psilocybin	Low \$	Middle \$	High \$
1/8 Ounce	30	30	30
Ounce	200	200	200

Fentanyl	Low \$	Middle \$	High \$
Gram	75	75	75
Ounce	900	1,200	1,500
Kilo	30,000	30,000	30,000

Rx Drugs Oxy/pain killers	Low \$	Middle \$	High \$
1 mg	1	1	1
10 mg	10	17.50	25
30 mg	30	35	40
Tablet	40	40	40

Rx Drugs Xanax/depressants	Low \$	Middle \$	High \$
1 mg	1	1	1
10 mg	10	10	10
Tablet	20	20	20

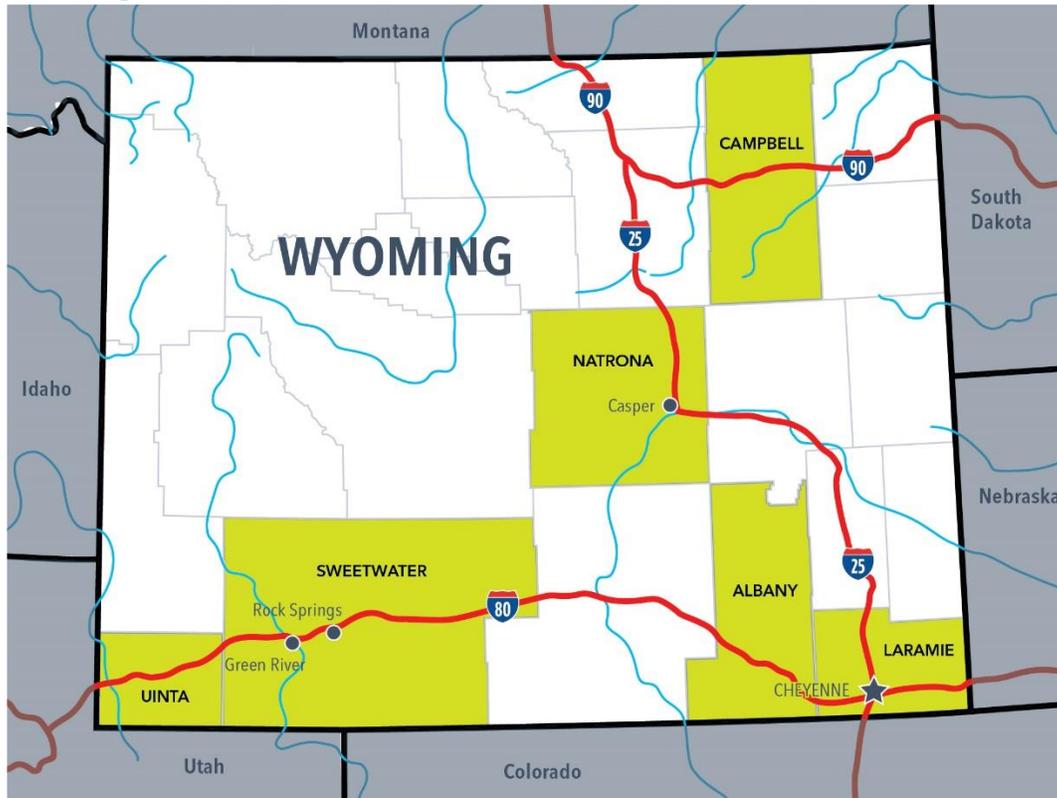
Rx Drugs Adderall/Stimulants	Low \$	Middle \$	High \$
DU	2	2	2
10 mg	10	10	10
Tablet	20	20	20

Additional Info:

GHB - ~\$100/vial

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Wyoming



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RMHIDTA Funded Initiatives in Wyoming

In 2018, RMHIDTA funded one consolidated investigative initiative and one criminal interdiction initiative in the state of Wyoming.

- Wyoming Enforcement Team – Albany, Campbell, Laramie, Natrona, Sweetwater, & Uinta Counties
- Criminal Interdiction Program – Wyoming Highway Patrol (WHP)

Of the two Wyoming funded initiatives, one is dedicated to drug enforcement investigations and its locations are distributed throughout the state for greater regional coverage. The other funded program is:

- Criminal Interdiction Program – Wyoming Highway Patrol (WHP): This initiative focuses on criminal interdiction on the interstate highways and most often intercepts couriers of drugs, drug proceeds, and other criminal. Significant seizures and felony arrests indicative of drug trafficking are handed off to the Wyoming Enforcement Team for investigative follow up.

Source Considerations

There were several sources consulted in writing the Wyoming section of the threat assessment. Specifically these sources include Rocky Mountain HIDTA Performance Management Process (PMP) data, Wyoming HIDTA initiative drug unit commander surveys and interviews, the Wyoming Division of Criminal Investigation (DCI), RMHIDTA quarterly reports from task forces, and U.S. Drug Enforcement Administration reporting. Additional data was obtained from the Rocky Mountain Poison and Drug Center (RMPDC), the Nebraska Regional Poison Center (NRPC), and the Wyoming Department of Health (WDH).

Drug Trafficking Organizations

The primary mission of RMHIDTA is to target Drug Trafficking Organizations (DTO) or Money Laundering Organizations (MLO) with a local, multi-state or international operational scope. The investigative intent is to disrupt or dismantle the ability of those DTOs or MLOs to operate. While not all DTOs are considered MLOs, many of the DTOs investigated were engaged in money laundering activities. Both DTOs and MLOs are criminal enterprises with a defined hierarchy, very much like the organizational structure in a business.

2018:

Investigations:

In 2018, the Wyoming investigative initiatives targeted 16 DTOs and 3 MLOs. Of all 19 organizations investigated, eight were disrupted or dismantled (three dismantled, five disrupted).

An organization is considered dismantled when its leadership, financial base, and supply network are destroyed and incapable of continuing to operate or reconstitute itself. Disrupted refers to when the normal and effective operation of the organization is impeded.

Of the 16 DTOs and 3 MLOs investigated:

- 10 local organizations: conduct drug trafficking or money laundering limited to the same metropolitan or clearly defined geographical area
- 7 multi-state organizations: conduct drug trafficking or money laundering in more than one state (beyond any one particular metropolitan area even if that area covered multiple states)
- 2 international organizations: conduct drug trafficking or money laundering in more than one country, or they were based in one specific country and conducted their illegal activities in another

DTO Membership Characteristics:

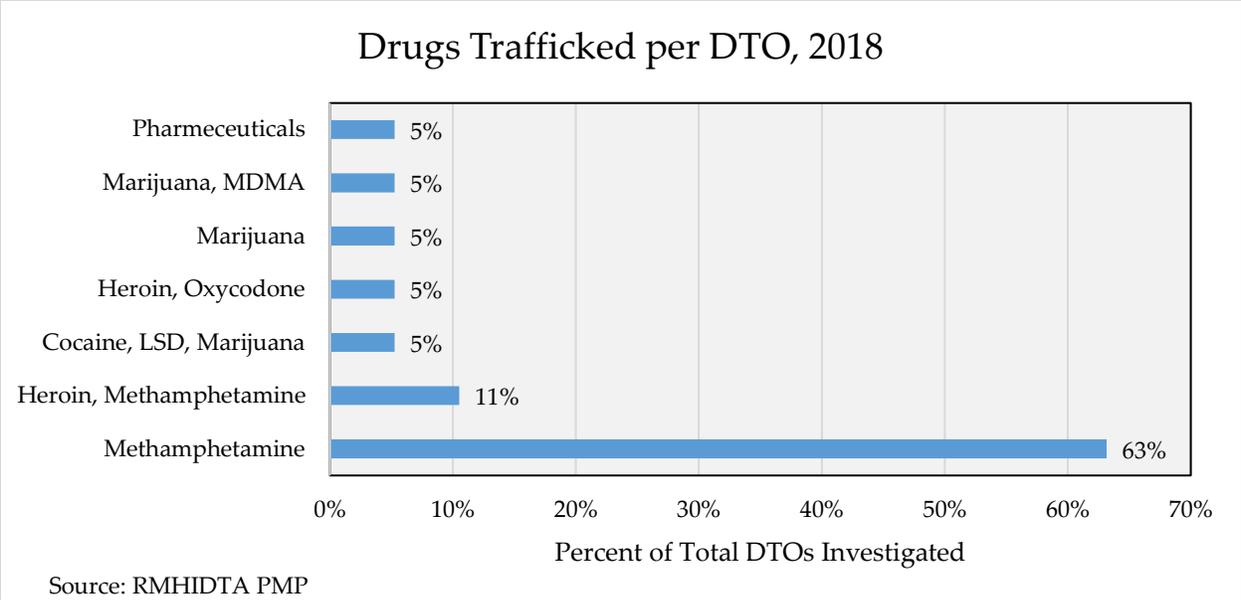
The definition of a DTO is an organization consisting of five or more persons that have a clearly defined chain-of-command and whose principal activity is to generate income through illegal drug production, manufacturing, importation, transportation, or distribution activities. The definition of a MLO is an organization of two or more persons who process illegal drug profits to disguise the source of the money and make it appear to be legitimate income. Members of MLOs take direction from the leader(s) and carry out the organization's activities. Looking at the characteristics of previously identified DTOs is useful for investigative purposes.

- In 2018, there were a total of 421 members across all DTOs and MLOs investigated.
 - The average size per organization was approximately 22 members.
 - The largest MLO investigated had 113 members, was comprised of Non-Hispanic Caucasian individuals and trafficked marijuana and MDMA.
 - The largest DTO investigated had 67 members, was comprised of Non-Hispanic Caucasian individuals and trafficked methamphetamine.
- In 2018, the main racial/ethnic affiliations amongst the 19 DTOs/MLOs included:
 - 79% (15) had a membership primarily comprised of Non-Hispanic Caucasian individuals.
 - 11% (2) had a membership primarily comprised of Mexican individuals.

Drugs Trafficked by DTOs in 2018:

Drug trafficking is a complex system that illegally supplies drugs to consumers. Trafficking encompasses smuggling, importation, cultivation, manufacture, transportation, sales, distribution, and possession with intent to distribute or sell controlled substances.

In 2018 the primary drug trafficked by investigated DTOs was methamphetamine.



2014 - 2018:

Scope of DTOs Investigated 2014 - 2018:

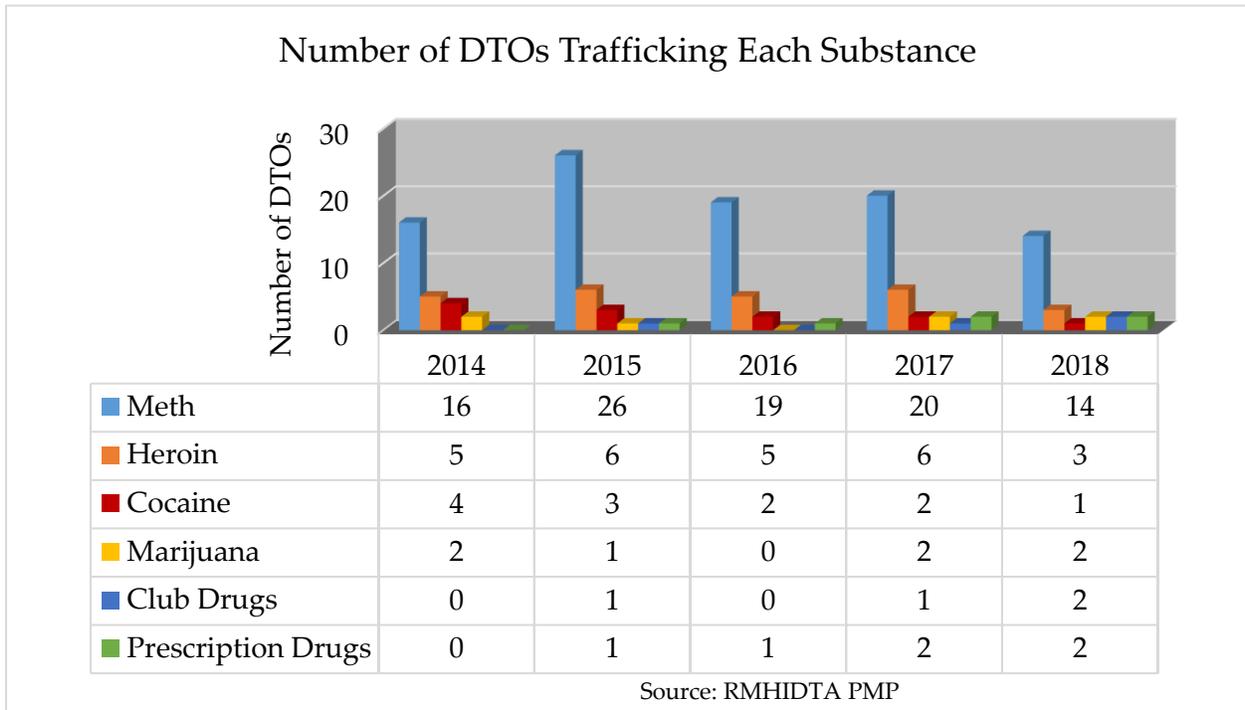
- Between 19 and 27 DTOs are investigated annually, with an average of 22 DTOs per year.
- DTOs investigated over the past five years:
 - 64% investigated were classified as local organizations.
 - 30% investigated were classified as multi-state organizations.
 - 6% investigated were classified as international organizations.

DTO Membership Numbers 2014 - 2018:

- The average number of members per DTO has been 16 individuals.
- Consistently over the past five years the primary DTOs have been comprised of Non-Hispanic Caucasian individuals.
- The top percent of DTOs investigated had an ethnic membership primarily comprised of:
 - 61% were Non-Hispanic Caucasian individuals.
 - 17% were Mexican individuals.
 - 14% were both Non-Hispanic Caucasian and Mexican individuals.
 - 3% were both Black and Mexican individuals.

Drugs Trafficked by DTOs 2014 - 2018:

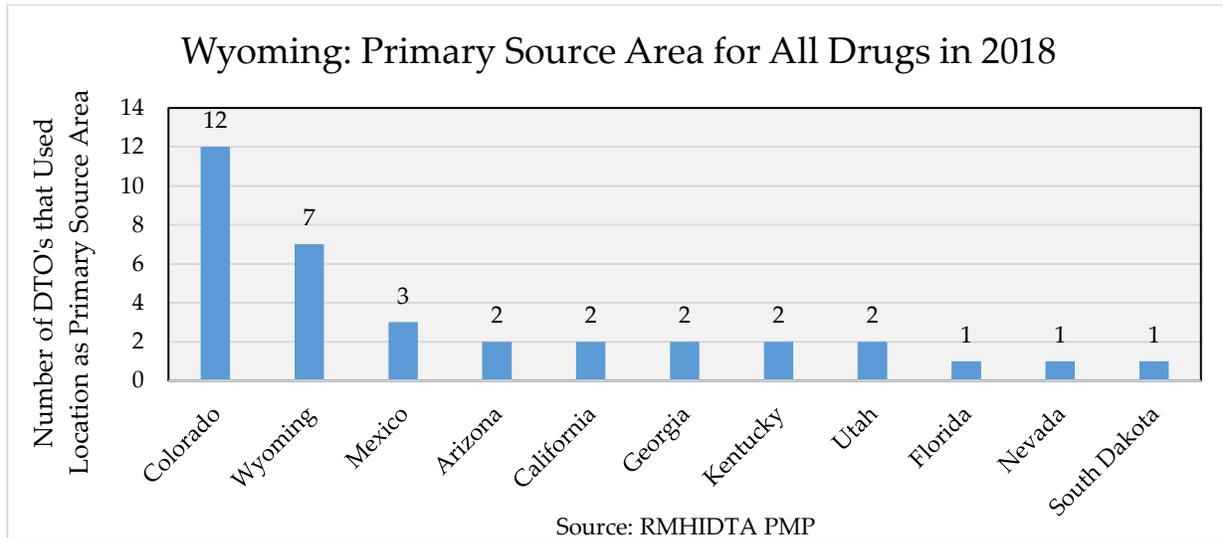
- DTOs trafficking methamphetamine has accounted for 64% of the drugs trafficked in Wyoming over the past five years.
- DTOs trafficking heroin have decreased from 19% in 2014 to 13% in 2018.
- DTOs trafficking cocaine decreased from 15% in 2014 to 4% in 2018.



Note: The number of DTOs listed above per year will exceed the actual number of DTOs investigated per year due to poly-drug trafficking.

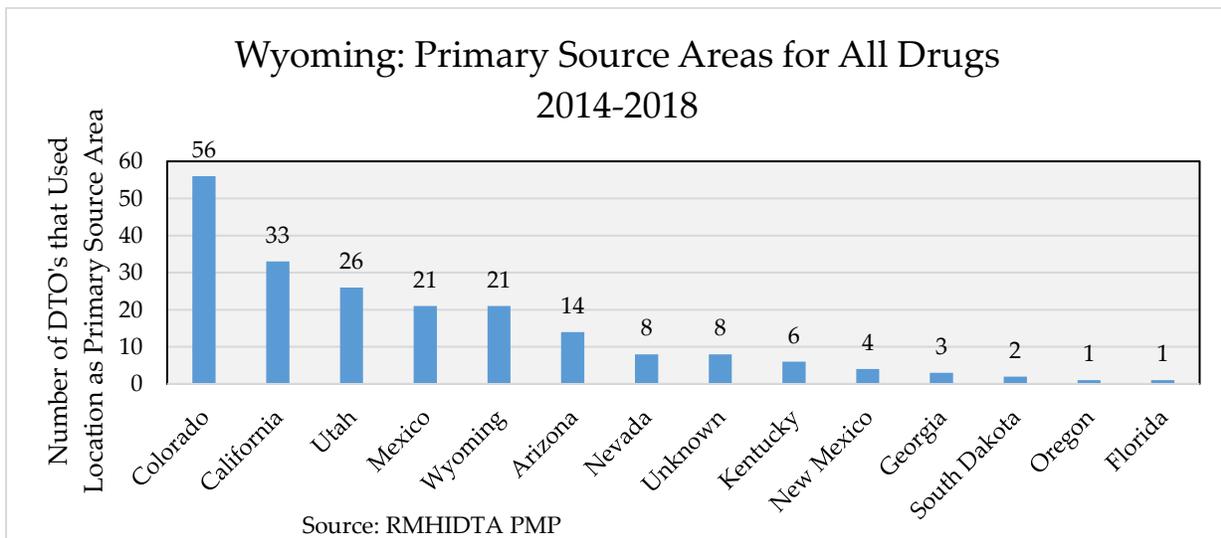
Primary Drug Source Areas for DTOs in 2018:

The source area is the state or foreign country from which the DTO/MLO being investigated obtains their drugs from another individual or DTO. The source area is the most direct and immediate source of supply by the DTO and not necessarily the area where the drug was produced, manufactured or originated.



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Primary Drug Source Areas for DTOs 2014 - 2018:



Note: The number of times a location was the primary source of supply will exceed the total number of DTOs due to some DTOs trafficking in more than one drug type or receiving a certain drug from more than one location.

Drug Threat

Threat Rank

The following drugs are listed in order of their assessed threat to the state. Threat rank is determined through analysis of survey responses provided by RMHIDTA Drug Unit Commanders (DUC), RMHIDTA Performance Management Process (PMP) data, and related data that demonstrates community impact.

In addition to law enforcement data, it is essential to consider other areas of available data pertaining to the impact of drug use. Evidence regarding the threat posed to society by drug use can be seen in data regarding calls to the poison control center, treatment admissions, emergency department (ED) visits, hospitalizations, and overdose deaths.

The number of poison control center exposure calls illustrates how many times individuals voluntarily reached regarding adverse effects of illicit drugs. The number of treatment admissions indicates how many individuals have sought or were mandated to seek specific drug related treatment. Emergency department visits and hospitalizations demonstrate the need for significant medical attention related to specific drug use. The number of drug related overdose deaths illustrates how pervasive and dangerous the use of a particular drug can be. Each of these areas, where data is available, have also been consulted when determining a drug's overall threat.

Methamphetamine

Threat Description:

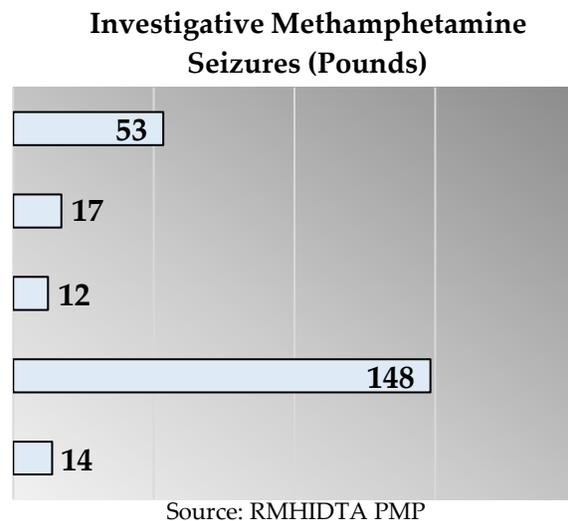
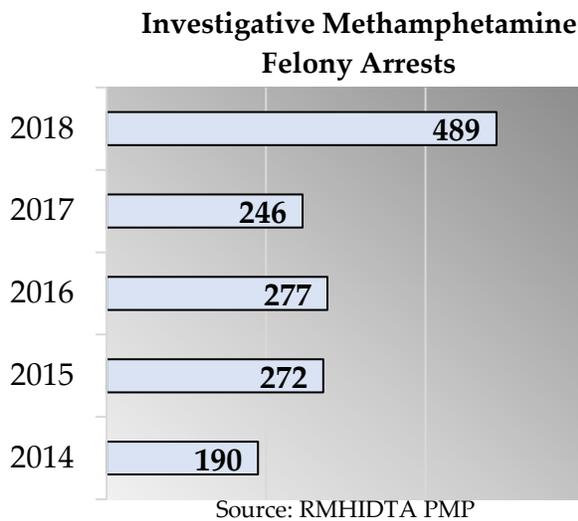
Methamphetamine is assessed to be the top drug threat in Wyoming. In the RMHIDTA survey, DUCs rated methamphetamine as the most prevalent drug in Wyoming. The DUCs also noted methamphetamine causes the greatest level of negative impact in the community.

In addition to the DUC survey, other sources confirmed the overall threat level of methamphetamine. In 2018, of the 19 DTOs investigated by RMHIDTA drug task forces, almost all of them (14) were involved in trafficking methamphetamine and 12 of them trafficked only methamphetamine. Those same task forces made 489 methamphetamine related felony arrests and seized 53 pounds of methamphetamine through their investigations. There were more felony arrests made related to methamphetamine than any other illicit drug, and the amount of seizures was second only to marijuana.

Methamphetamine has also had a significant negative impact on public health. In 2018, out of all illicit drugs, methamphetamine was second highest in regards to number of overdose deaths, emergency department visits, and hospitalizations. Prescription drugs were first in all three categories. Methamphetamine related treatment admissions were the second most common reason for people seeking treating in Wyoming.

Findings:

- Methamphetamine investigative felony arrests increased 157%, and investigative seizures increased 279% from 2014 to 2018.
- In 2018, there were 655 total investigative felony drug arrests made by RMHIDTA task forces
 - 75% of those arrests were related to methamphetamine
 - There were more methamphetamine arrests than any other illicit drug
- In 2018, the amount of methamphetamine seized (by weight) was second only to the amount of marijuana seized



Note: The spike in 2015 methamphetamine seizures was due to multiple high quantity investigative seizures and not due to one large seizure.

Methamphetamine Labs:

Over the past five years, very little methamphetamine has been produced in Wyoming.

Methamphetamine labs seized:

- 2018: 2 labs
- 2017: 1 lab
- 2016: 1 lab
- 2015: 1 lab
- 2014: 5 labs

Source Areas for Methamphetamine:

- There were 19 DTOs investigated in 2018; 14 were involved with trafficking methamphetamine.
- Of the 14 DTOs trafficking methamphetamine, they obtained their drugs from:
 - Colorado- 40%
 - Wyoming- 20%
 - California- 10%
 - Utah- 10%

Transportation:

- Almost all methamphetamine seen in Wyoming originates from Mexico and is cartel controlled.
- Most sources of supply for methamphetamine are located in Colorado, Mexico, Utah, and California;
 - Therefore, the interstate highway structure between these three states and Border States is highly utilized for transportation.
- Methamphetamine is primarily smuggled into Wyoming in privately owned or rented vehicles utilizing I-25 and I-80.

Concealment:

- In Wyoming, methamphetamine is most commonly seen in retail or user level quantities which are often seen packaged in clear plastic baggies.

Price:

Current price for crystal methamphetamine (“ice”):

- \$50-\$150 per gram
- \$250-\$1,000 per ounce
- Approximately \$3,500 per pound

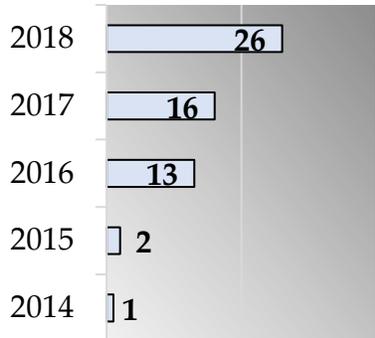
Current price for powder methamphetamine:

- \$50-\$100 per gram

Related Information & Findings:

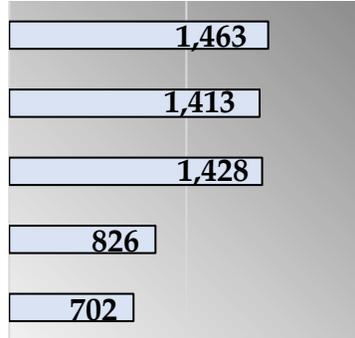
- In 2018:
 - Methamphetamine was the second most common reason to contact poison control, following prescription drugs.
 - Methamphetamine related exposure calls increased from one call in 2014, to 26 calls in 2018.
 - Methamphetamine was the second leading reason for seeking treatment in Wyoming, following marijuana.
 - Methamphetamine related treatment admissions increased 108% from 2014 to 2018.
 - Methamphetamine ranked second for number of drug related emergency department visits and hospitalizations in Wyoming.
 - Methamphetamine related emergency department visits and hospitalizations increased 262% and over 760%, respectively, from 2014 to 2018.
- In 2017 (most recent data available)
 - Methamphetamine was the second leading cause of illicit drug overdose death, following prescription opioids.
 - Methamphetamine related overdose deaths increased 50% from 2014 to 2018.

Methamphetamine Related Poison Control Center Contacts



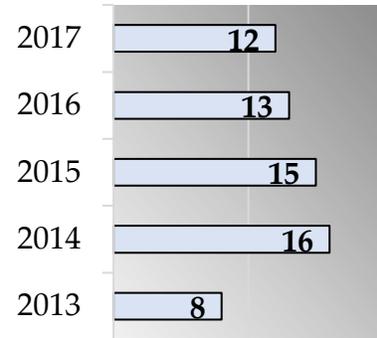
Source: RMPDC/NRPC

Methamphetamine Related Treatment Admissions



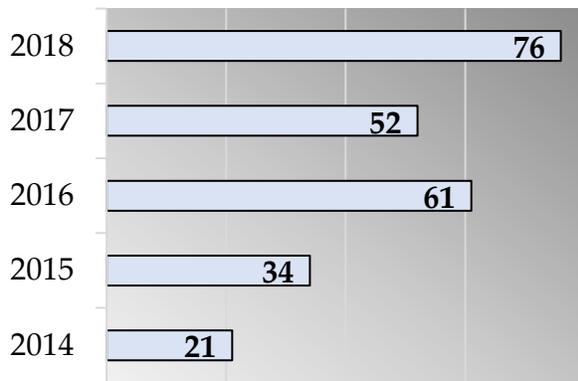
Source: WDH

Methamphetamine Related Overdose Deaths



Source: WDH

Methamphetamine Related Emergency Department Visits*



Source: WDH

Methamphetamine Related Hospitalizations*



Source: WDH

*Methamphetamine emergency department visit and hospitalization statistics include psychostimulants with abuse potential, a category that includes amphetamines and other stimulants such as caffeine, but excludes cocaine and central appetite depressants.

Marijuana

Threat Description:

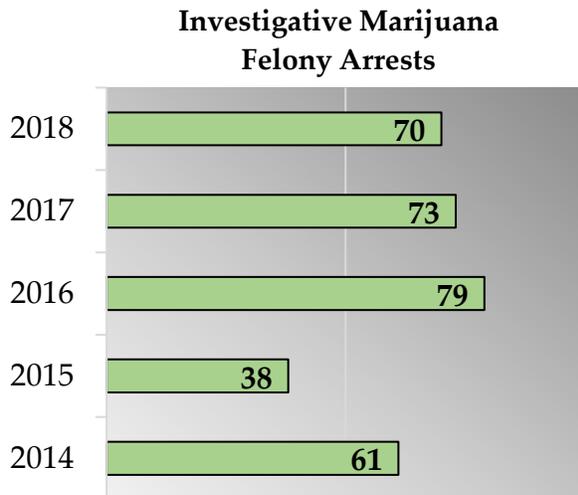
Marijuana is assessed to be the second most significant drug threat in Wyoming. In the RMHIDTA survey, DUCs ranked marijuana as one of the top most prevalent drugs in Wyoming. They also noted marijuana causes the second greatest negative impact in the community.

Other sources confirmed the threat level of marijuana. In 2018, of the 19 DTOs investigated by RMHIDTA drug task forces, two were involved in trafficking marijuana, one trafficked only marijuana and the other trafficked marijuana and MDMA. Those same task forces made 70 marijuana related felony arrests, the second largest amount of illicit drug arrests. The task forces also seized 393 pounds of marijuana through their investigations which was the largest amount seized of all illicit drugs. More pounds of marijuana were seized than all other illicit drugs combined.

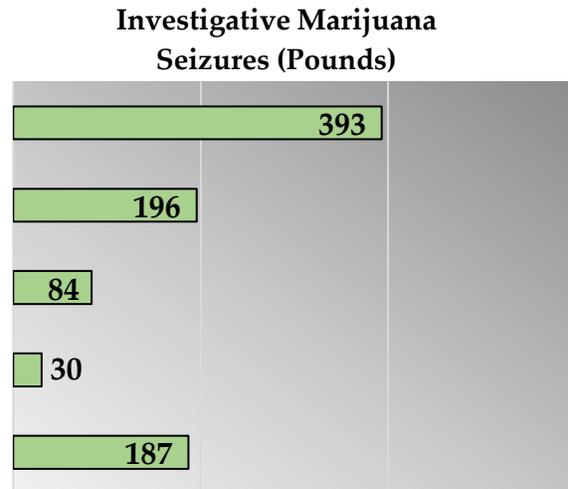
Marijuana has had a negative impact on public health as well. While there are no overdose deaths attributed to marijuana, the number of marijuana related emergency department visits and poison control contact calls were the third highest of all illicit drugs. In 2018, marijuana was the second most common cause for people seeking treatment in Wyoming.

Findings:

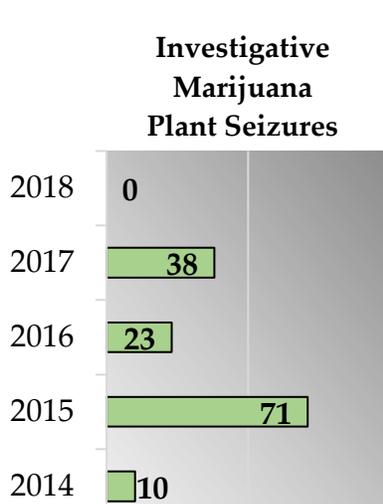
- Marijuana investigative felony arrests increased 15%, and investigative seizures increased 110% from 2014 to 2018.
- In 2018, there were 655 total investigative felony drug arrests made by RMHIDTA task forces
 - 11% of those arrests were related to marijuana
 - The number of marijuana related arrests was second after the number of methamphetamine arrests
- In 2018, there was more marijuana seized (by weight) than any other illicit drug



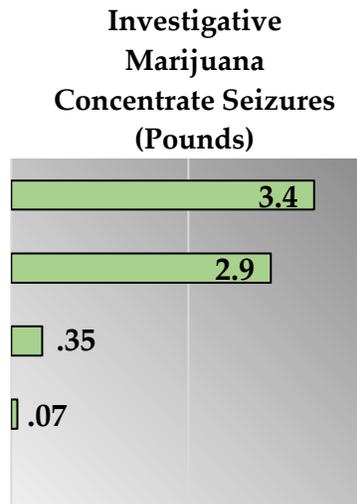
Source: RMHIDTA PMP



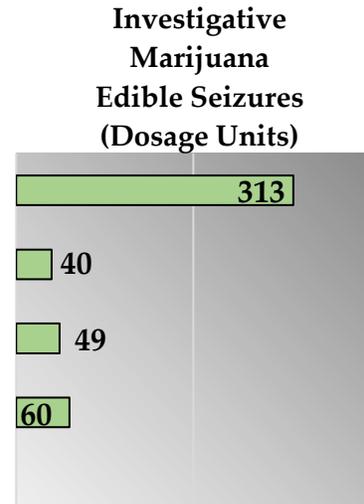
Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP

Note: The spike in marijuana plant seizures in 2015 was the result of one large seizure of 54 marijuana plants.

The spike in marijuana edible seizures in 2018 was the result of three seizures, the largest of which seized 200 dosage units.

Source Areas for Marijuana:

- There were 19 DTOs investigated in 2018; two were involved with trafficking marijuana.
 - Colorado, Florida, and Georgia were the primary direct source of supply areas.

Transportation:

- It has been reported that most marijuana encountered in Wyoming is directly from Colorado due to an abundance of production and ease of access into the state.
- Marijuana is smuggled into Wyoming primarily in passenger vehicles travelling on I-25 from Colorado or I-80 from California.

Concealment:

- Much of the marijuana in Wyoming is reportedly contained in the original packaging from medical marijuana dispensaries and retail businesses and is in user or retail quantities.

Price:

Current price for domestically produced marijuana:

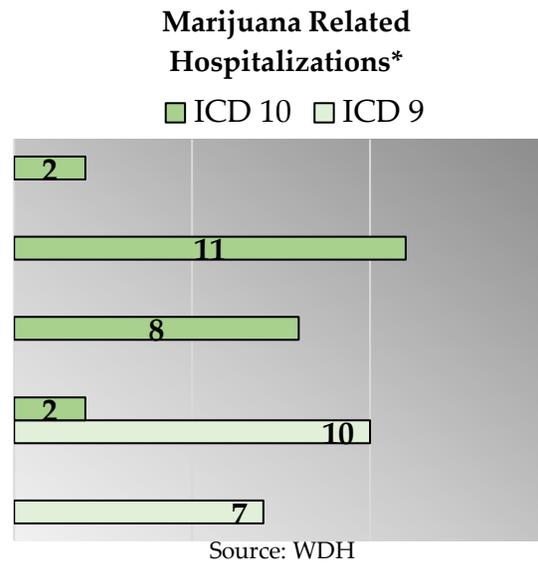
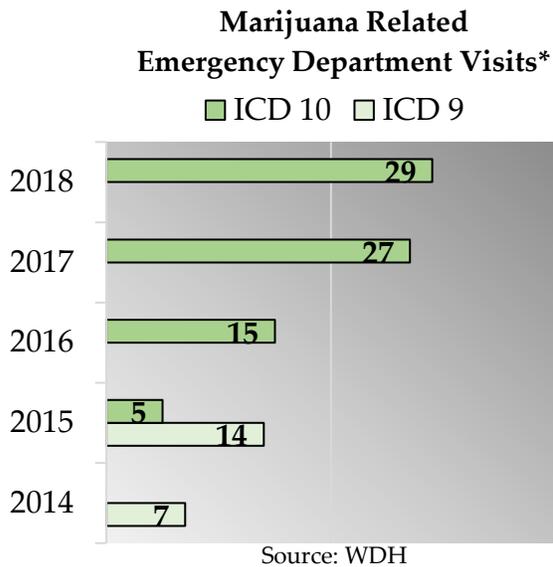
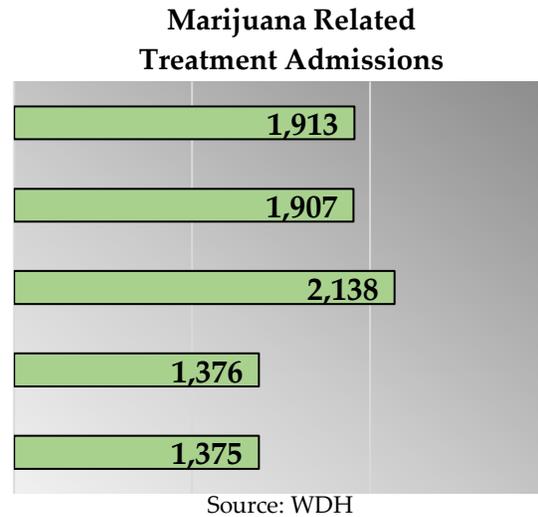
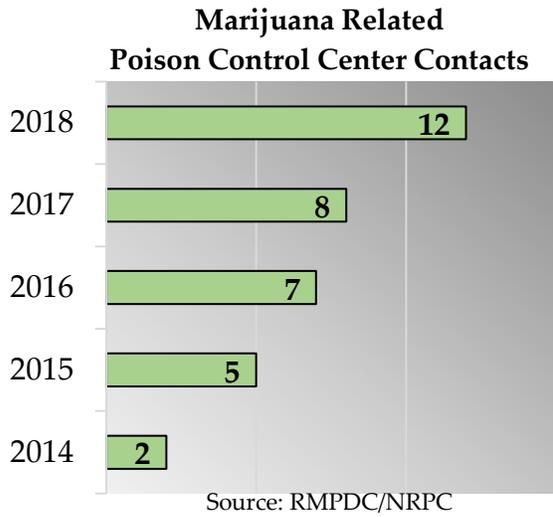
- \$200-\$350 per ounce
- Approximately \$3,500 per pound

Current price for Mexican-produced marijuana:

- Approximately \$150 per ounce

Related Information & Findings:

- In 2018:
 - Marijuana was the third most common reason to contact poison control following prescription drugs and methamphetamine.
 - Marijuana related exposure calls increased 500% from 2014 to 2018.
 - Marijuana was the leading reason for seeking drug related treatment.
 - Marijuana related treatment admissions increased 39% from 2014 to 2018.
 - Marijuana ranked third for drug related emergency department visits, following prescription opioids and heroin.
 - Marijuana related emergency department visits increased 314% from 2014 to 2018.
 - Methamphetamine ranked fourth for drug related hospitalizations, following prescription opioids, methamphetamine and heroin.
 - Marijuana related hospitalizations decreased 71% from 2014 to 2018.



*The International Classification of Diseases (ICD) transitioned its codes in September of 2015 from the 9th revision (ICD 9) to the tenth revision (ICD 10). The revision includes a specific code for marijuana and therefore, previous year numbers are not comparable to ICD 10. The charts above depict ICD 9 code data in light green and ICD 10 data in dark green with 2015 showing the values before and after the change.

Prescription Drugs

Threat Description:

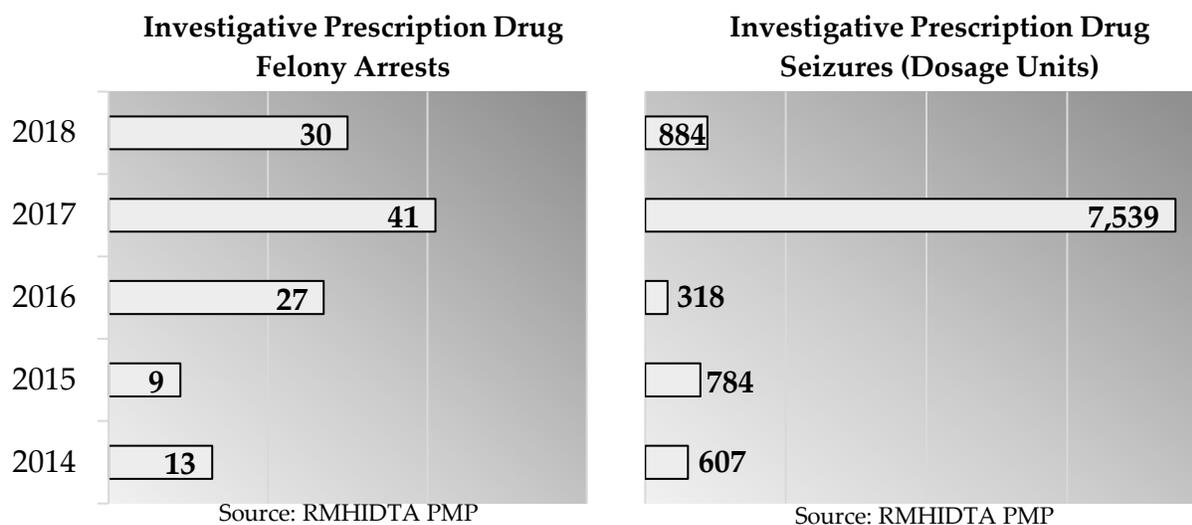
Prescription drugs are assessed to be the third most significant drug threat in Wyoming. In the RMHIDTA survey, DUCs rated prescription drugs as the third most prevalent drug in Wyoming. The DUCs also indicated prescription drugs cause some negative impact in the community.

Other sources confirmed the threat of prescription drugs in Wyoming. In 2018, of the DTOs investigated by RMHIDTA drug task forces, two were involved in trafficking prescription drugs. Those same task forces made 30 prescription drug related felony arrests and seized 884 dosage units of prescription drugs from their investigations.

Although it is difficult to separate legitimate from illicit use, prescription drugs have had a sizeable negative impact on public health. There were more prescription drug related poison control contacts than all of the other illicit drugs combined. There were also more prescription drug related overdose deaths than any of the other illicit drugs combined. Prescription drugs were the cause of 185 emergency department visits and 76 hospitalizations, more than any of the other illicit drugs combined.

Findings:

- Prescription Drug investigative felony arrests increased 57%, and investigative seizures increased 46% from 2014 to 2018.
- In 2018, there were 655 total investigative felony drug arrests made by RMHIDTA task forces
 - 5% of those arrests were related to prescription drugs
 - The number of prescription drug arrests were nearly the same as the number of heroin and cocaine arrests



Note: The spike in 2017 prescription drug seizures was largely due to one seizure which amounted to 7,195 dosage units.

Source Areas for Prescription Drugs:

- There were 19 DTOs investigated in 2018; two were involved with trafficking prescription drugs.
- Of the 2 DTOs trafficking prescription drugs, they obtained their drugs from:
 - Wyoming- 50%
 - Arizona- 25%
 - Kentucky- 25%

Transportation:

- Diverted prescription drugs are transported into Wyoming using vehicles or via the postal system if ordered from the dark web. However, most sources of supply are local.⁵

Concealment:

- No specific concealment methods for prescription drugs have been identified.

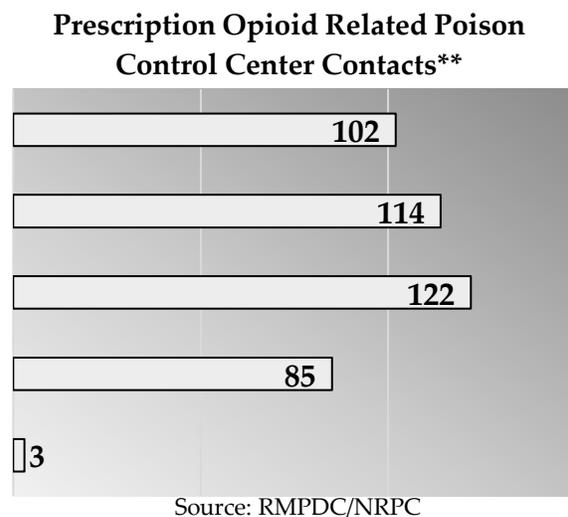
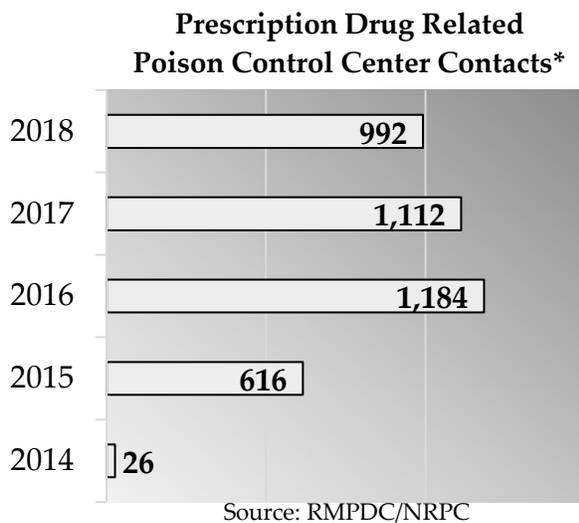
Price:

Current price for prescription drugs (pain killers, stimulants, anti-anxiety/depressants):

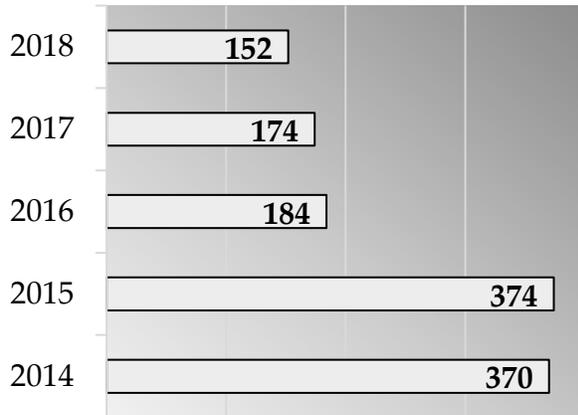
- \$1-\$3 per 1 mg

Related Information & Findings:

- In 2018:
 - Prescription drugs were the most common drug related reason to contact poison control; there were nearly four times the number of calls for prescription opioids alone as compared to methamphetamine.
 - Prescription drug related exposure calls increased substantially from 2014 to 2018, representing a 3,715% increase.
 - Prescription drugs were the least common reason for seeking treatment in Wyoming.
 - Prescription drug related treatment decreased 59% from 2014 to 2018.
 - Prescription opioids ranked first in number of emergency department visits as well as hospitalizations.
 - Prescription opioid related emergency department visits increased 134% from 2014 to 2018.
 - Prescription opioid related hospitalizations increased 103% from 2014 to 2017, then decreased over 50% from 2017 to 2018.
- In 2017 (most recent data available):
 - Prescription opioids were the leading cause of overdose deaths in Wyoming.
 - Prescription drug related overdose deaths decreased 11% from 2013 to 2017.

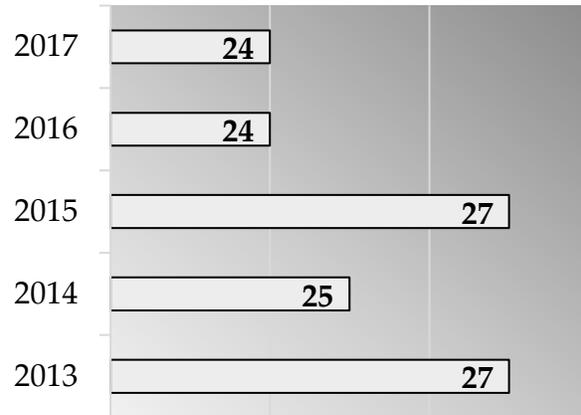


Prescription Drug Related Treatment Admissions



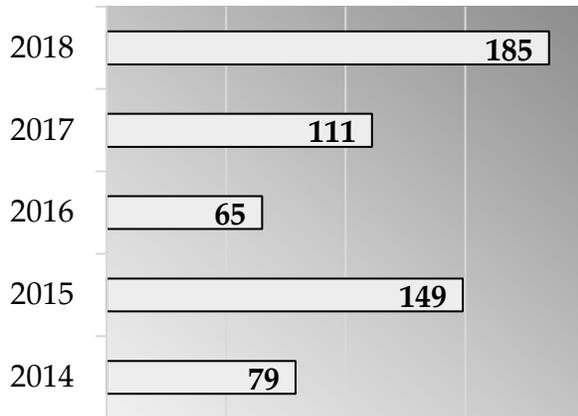
Source: WDH

Prescription Opioid Related Overdose Deaths



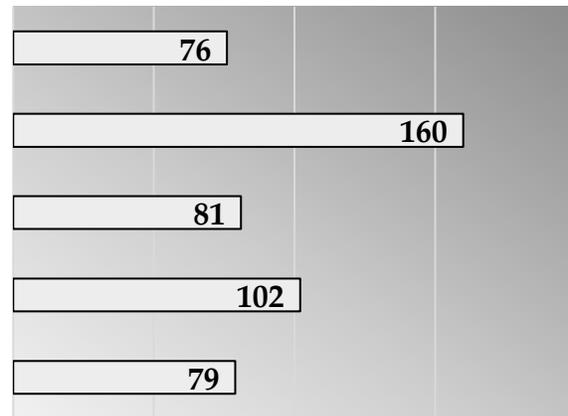
Source: WDH

Prescription Opioid Related Emergency Department Visits



Source: WDH

Prescription Opioid Related Hospitalizations



Source: WDH

*Some drugs are available both over-the-counter and by prescription, thus, making the distinction difficult. Some calls regarding certain drugs may be missing or may have been erroneously included in this dataset.

**This dataset includes single agent opioids, as well as combination opioid products (cough and cold agents), and antidiarrheal agents which contain opioids (such as diphenoxylate). An opiate is a drug naturally derived from the flowering opium poppy plant. *Opioid* is a term which is typically used more broadly. Regarding poison control center contact data, the term *opioid* includes opiates and refers to any substance, natural or synthetic.

Heroin

Threat Description:

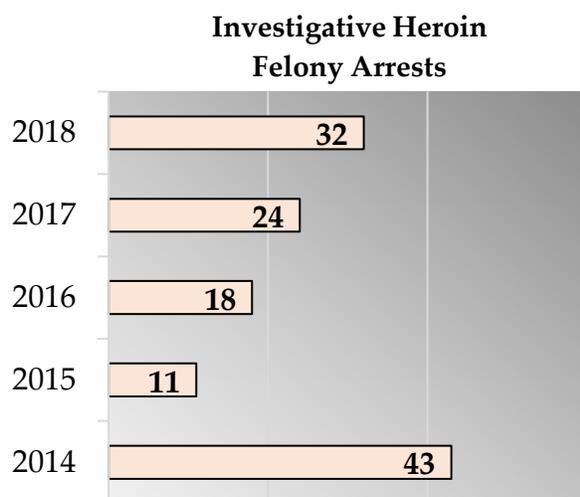
Heroin is assessed to be ranked fourth as a drug threat in Wyoming. In the RMHIDTA survey, DUCs rated heroin as one of the most prevalent drugs in Wyoming. The DUCs also described heroin as the drug causing the third greatest level of negative impact in the community, tied with prescription drugs.

Other sources supported the overall threat level of heroin. In 2018, of the 19 DTOs investigated by RMHIDTA drug task forces, three were involved in trafficking heroin and none of them trafficked heroin alone. Those same task forces made 215 heroin related felony arrests and seized 162 pounds of heroin through their investigations.

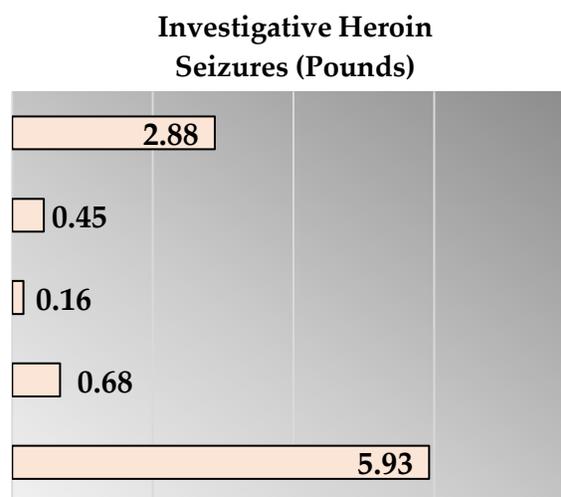
Overall heroin has had a fairly minor negative impact on public health. Heroin related emergency department visits and hospitalizations were the second lowest of all illicit drugs. In 2018, there were three overdose deaths from heroin which was the second lowest cause of drug overdose deaths. Heroin use was also the second least common cause for seeking drug related treatment in Wyoming in 2018.

Findings:

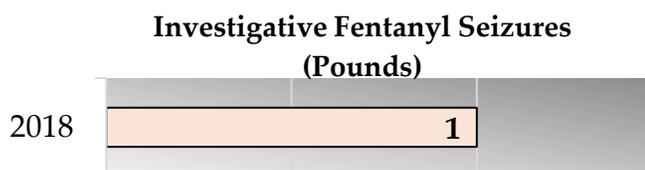
- Heroin investigative felony arrests decreased 25%, and investigative seizures decreased 51% from 2014 to 2018.
- In 2018, there were 655 total investigative felony drug arrests made by RMHIDTA task forces
 - 5% of those arrests were related to heroin
 - The number of heroin arrests were nearly the same as the number of prescription drug and cocaine arrests



Source: RMHIDTA PMP



Source: RMHIDTA PMP



Source: RMHIDTA PMP

Note: The 2014 spike in heroin seizures was the result of one seizure which amounted to approximately five pounds of heroin seized.

There are no felony arrests specifically attributed to fentanyl prior to 2019 due to limited reporting. Similarly, there are no seizures of fentanyl reported prior to 2018.

Source Areas for Heroin:

- There were 19 DTOs investigated in 2018; three were involved with trafficking heroin.
- Arizona, Colorado, Kentucky, Mexico, and Wyoming were all equally utilized as source areas by the 3 DTOs.

Transportation:

- Almost all heroin originates from Mexico and is controlled by the cartels. Mexican black tar heroin is the most prevalent form found in Wyoming and generally comes from sources of supply in the Denver metro area.
- Heroin is typically smuggled into Wyoming via privately owned or rented vehicles utilizing I-25 and I-80.

Concealment:

- In user-level quantities, heroin is typically packaged in different colored balloons or clear plastic baggies.
- In larger quantities, heroin is often packaged in sausage-shaped (chorizo) and brick-shaped bundles wrapped in cellophane and duct tape. ⁵

Price:

Current price for tar heroin:

- \$100-\$200 per gram
- Approximately \$1,000 per ounce

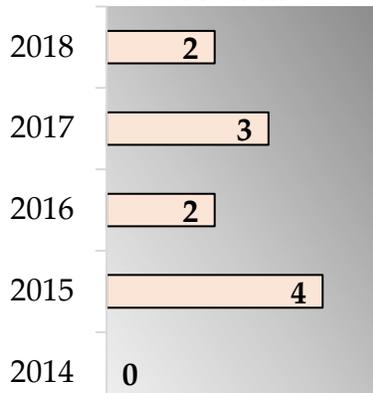
Current price for powder heroin:

- \$100-\$200 per gram

Related Information & Findings:

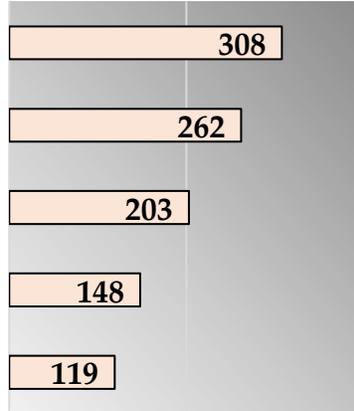
- In 2018:
 - Heroin was the second least common drug related reason to contact poison control, leading only cocaine.
 - Heroin was the third most common reason for seeking drug treatment, following marijuana and methamphetamine.
 - Heroin related treatment admissions increased 159% from 2014 to 2018.
 - Heroin ranked fourth for emergency department visits, following prescription opioids, methamphetamine and marijuana.
 - Heroin related emergency department visits increased 82% from 2014 to 2018.
 - Heroin ranked third for drug related hospitalizations, following prescription opioids and methamphetamine.
 - Overall heroin related hospitalizations decreased 64% from 2014 to 2018, although 2017 showed a spike in hospitalizations.
- In 2017 (most recent data available):
 - Heroin was the least common cause of drug related overdose deaths
 - There were four times as many methamphetamine and eight times as many prescription opioid overdose deaths.

**Heroin Related
Poison Control Center
Contacts**



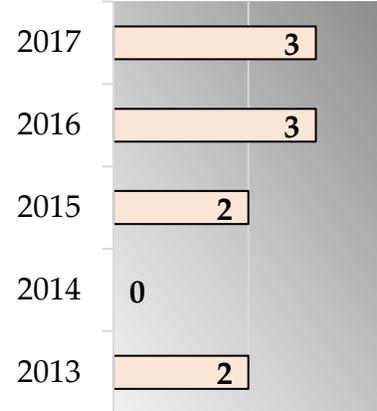
Source: RMPDC/NRPC

**Heroin Related
Treatment Admissions**



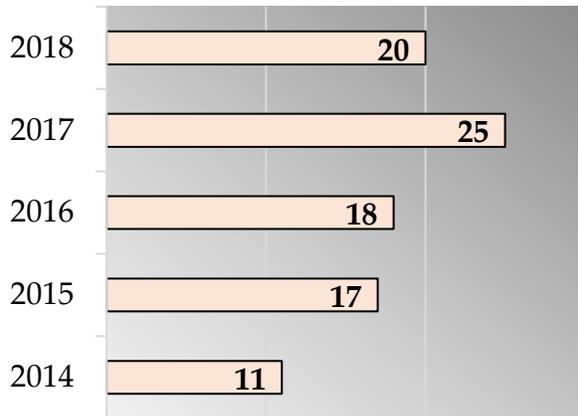
Source: WDH

**Heroin Related
Overdose Deaths**



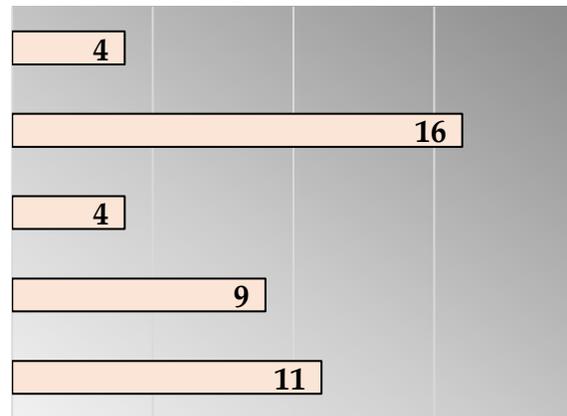
Source: WDH

**Heroin Related
Emergency Department Visits**



Source: WDH

**Heroin Related
Hospitalizations**



Source: WDH

Cocaine

Threat Description:

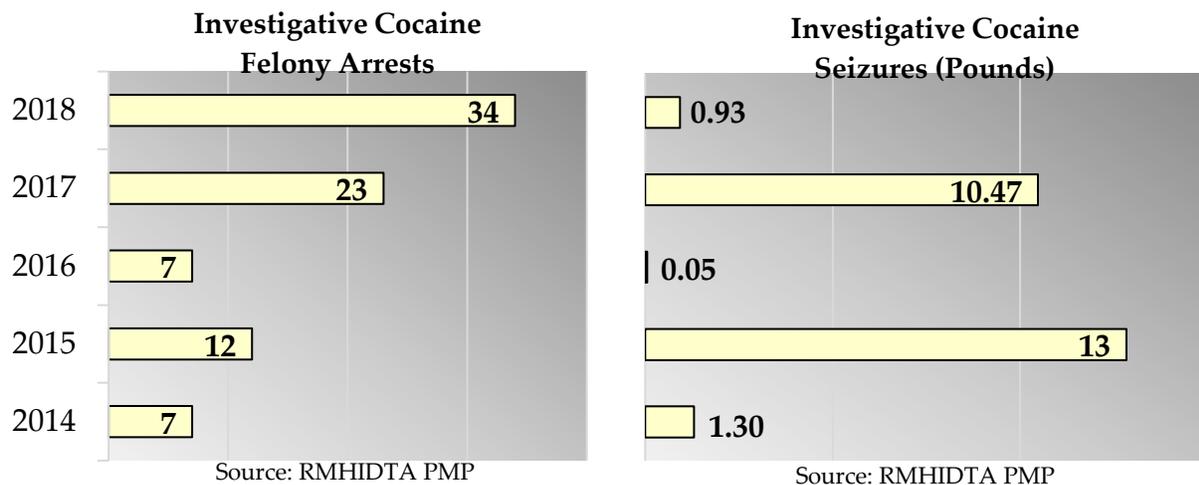
Cocaine is assessed to be ranked as the fifth drug threat in Wyoming. Although prevalence is very low, DUCs rated cocaine as causing one of the greatest levels of negative impact in the community, according to the RMHIDTA survey.

In addition to the DUC survey, other sources were used to determine the overall threat of cocaine. In 2018, of the 19 DTOs investigated by RMHIDTA drug task forces, one was involved in trafficking cocaine, amongst other drugs. Those same task forces made 34 cocaine related felony arrests and seized less than a pound of cocaine from their investigations.

Cocaine use has had a fairly minor impact on public health in Wyoming thus far. There were fewer emergency department visits and hospitalizations related to cocaine than there were for any other illicit drug. In 2018, there were only four overdose deaths from cocaine and cocaine was the second least common cause for seeking drug related treatment in Wyoming.

Findings:

- Cocaine investigative felony arrests increased 386%, and investigative seizures decreased 28% from 2014 to 2018.
- In 2018, there were 655 total investigative felony drug arrests by RMHIDTA task forces.
 - 5% of those arrests were related to cocaine
 - The number of cocaine arrests was nearly the same as the number of prescription drug and heroin arrests, below those of methamphetamine and marijuana.



Note: The increased number of cocaine related felony arrests from 2017-2018 is due to multiple investigations involving cocaine and not due to one large operation.

The spikes in 2015 and 2017 were the result of a single large seizure each year. In 2015, one seizure amounted to 7 pounds. In 2017, a single seizure amounted to 4.4 pounds.

Source Areas for Cocaine:

- There were 19 DTOs investigated in 2018; one was involved with trafficking cocaine.
 - Colorado and Georgia were used as the primary direct source of supply areas.

Transportation:

- Cocaine supplied to the United States largely originates in Mexico and is specifically cartel controlled.
- Cocaine is primarily transported into Wyoming from Colorado and Utah in privately owned or rental vehicles utilizing I-25 and I-80.

Concealment:

- User-level quantity cocaine is often packaged in plastic baggies.
- Larger quantity cocaine is often wrapped in cellophane plastic then masked in tape and an odor eliminator.⁵

Price:

Current price for powder cocaine:

- \$80-\$100 per gram
- Approximately \$1,200 per ounce

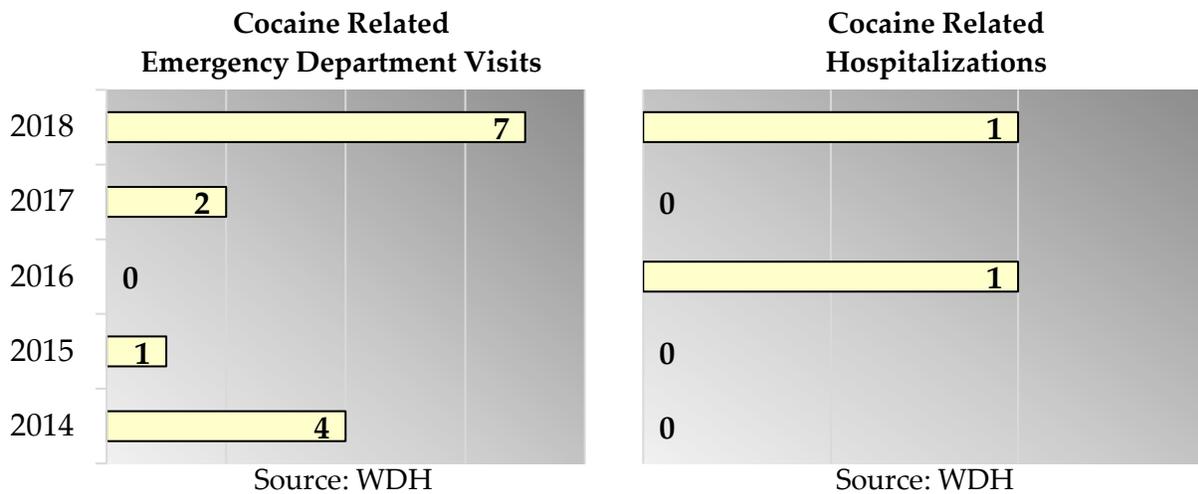
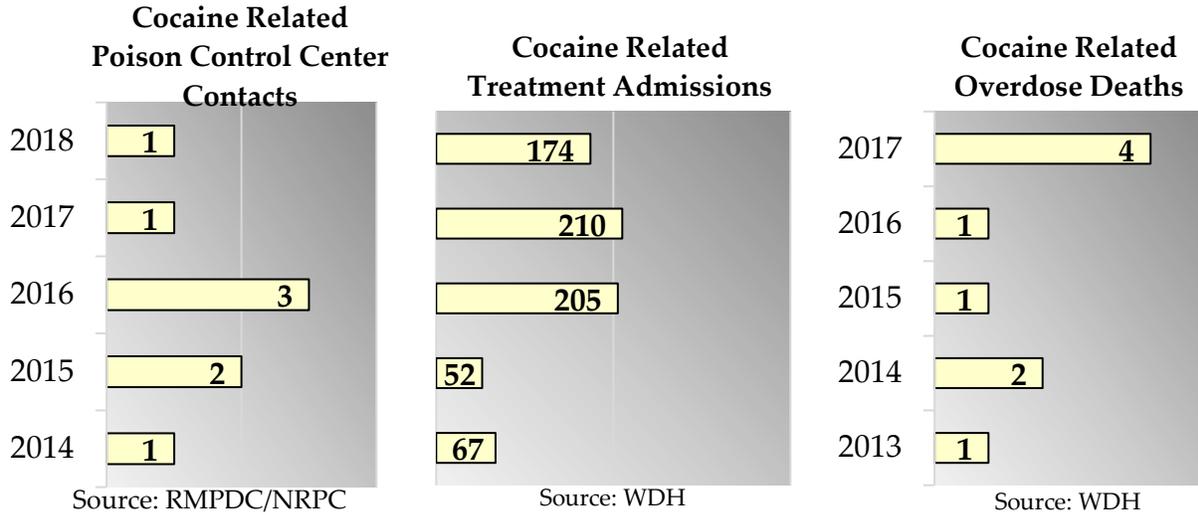
Current price for crack cocaine:

- Approximately \$100 per gram

Related Information & Findings:

- In 2018:
 - Cocaine exposure was the least common drug related reason to contact poison control.
 - Cocaine related exposure calls remained low from 2014 to 2018, with a total of eight calls occurring in the five-year timeframe.
 - Cocaine was the second least common reason for seeking drug related treatment in Wyoming, leading prescription drugs only.
 - Cocaine related treatment admissions increased 160% from 2014 to 2018.
 - Cocaine ranked fifth (last) for emergency department visits as well as hospitalizations in Wyoming.
- In 2017:
 - Cocaine had the third highest number of drug related overdose death, following prescription drugs and methamphetamine.

- Cocaine related overdose deaths remained low from 2013 to 2017, with a total of nine deaths attributed to cocaine over the five-year timeframe.



Additional Drug Information

Although the below drug categories are not seen consistently enough to pose a considerable threat to the state, they are recorded for informational purposes and to enable trend recognition should an emerging threat develop.

Wyoming Investigative Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	1,500	529	170
GHB	--	--	--
Ketamine	--	--	--
LSD	6	50	8
Mescaline	--	--	--
Psilocybin	1	128	--
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Intelligence Gap Summary

Through the course of developing this threat assessment, areas of intelligence gaps have been identified. These are gaps where either information was limited, restricted, unreported, or has not been fully explored at this time. These gaps include:

- Public Health Data
 - There is at least one year time delay in receiving all emergency department/hospitalization data.
 - All emergency department/hospitalization data has undergone a coding change as the International Classification of Disease – Clinical Modification has changed from ICD-9 CM to ICD-10 CM in September of 2015. Since the ICD-10 CM coding scheme is fundamentally different than the ICD-9 CM coding scheme, it is difficult to make comparisons across the years.
 - There is no singular ICD code for methamphetamine, so it is included in a broader category with other stimulants/psychostimulants.
 - Treatment data includes only treatment numbers for providers contracted through the Wyoming Department of Health, as reported via the Wyoming Client Information System (WCIS). Clients who have received treatment through a non-contracted provider are not accounted for in the WCIS dataset. Additionally, WCIS only captures substance abuse cases, which excludes all mental health patients with substance abuse problems.

- Prescription Drug Data
 - It is difficult to ascertain whether prescription drugs were used legitimately or illicitly in some datasets.
 - The “prescription drug” category is open to interpretation depending on who provides the data. The primary reason for this is that some drugs are available both over-the-counter and as prescriptions.
- Fentanyl Data
 - Fentanyl is known to be under-reported as its presence can go undetected with basic drug testing due to the small amount often present in a sample.
 - It is currently unknown how many investigative felony arrests have been made, since some fentanyl related arrests could be documented as heroin arrests.
- Currently, RMHIDTA does not have a means for effectively tracking the impact and utilization of the dark web in this region.

Outlook

Methamphetamine will continue to be the top drug threat for the foreseeable future in Wyoming. Methamphetamine from Mexico continues to be prevalent and easily accessible in Wyoming due to the high availability. There has been a considerable increase in methamphetamine related felony arrests over the past five years which will likely continue to rise. There is likely to be a continued steady rise in the number of emergency department visits, poison control center contacts, and treatment admissions due to current availability

Marijuana will continue to be abundantly available in Wyoming which will likely lead to a continued increase in marijuana seizures. With increased availability there is a high likelihood that marijuana related poison control center contacts, and emergency department visits will increase.

The misuse and diversion of prescription drugs will continue to be a threat in Wyoming, but availability is expected to decrease as prescribing and dispensing practices become more regulated due to recent legislation. However, high prices and restricted availability may push prescription drug users towards heroin. As a result, heroin will continue to increase in availability and incidents of use, including overdose deaths.

Cocaine has been on the rise in recent years in Wyoming which is likely due to increased production in source countries. There will likely be a slight increase in felony arrests, and a slight increase in seizures as well. With increased availability, it's assessed that there will be a continued increase in overdose deaths, and emergency department visits.

Interdiction

Interdiction refers to the incidents in which state patrol stops a driver for a traffic violation and subsequently identifies and seizes illicit contraband. Due to the random nature of stops, data on interdiction felony arrests or seizures is not applicable for trends or, indicative of a significant threat to a state. If drugs are simply transiting the state while en route to another, the presence of that particular drug does not pose a greater threat to the state in which the interdiction stop occurs. Therefore, while interdiction data was not utilized for the drug threat ranking, it is still valuable information and should be considered in regards to trafficking routes and the amount of resources expended by law enforcement.

The WHP Criminal Interdiction Program focuses on interdiction along the interstate highways. WHP most often intercepts couriers of drugs, bulk cash drug proceeds, or suspects of other criminal behavior. Significant interdiction seizures and arrests indicative of drug trafficking are handed off to the Wyoming Enforcement Team for investigative follow up.

For the following data:

“Significant drug loads” refer to the size of the seizure and/or circumstances indicative of drug trafficking. “Significant money loads” refer to the amount of cash seized and/or circumstances indicative of drug trafficking.

Interdiction Seizures of Drugs and Money in 2018:

WYOMING 2018 Significant <u>Drug Load</u> Interdiction Seizures		
Top States Noted as the Origin		
State(s)	Percent	Number of Loads
California	54%	39
Oregon	13%	9
Washington	7%	5
Colorado and Nevada	6% each	4 each
*There were 65 significant drug loads interdicted with specific origin states listed.		
Top States Noted as the Destination		
State(s)	Percent	Number of Loads
Ohio	9%	7
Missouri, Wisconsin and Wyoming	6% each	5 each
Illinois, Michigan and Nebraska	5% each	4 each
*There were 66 significant drug loads interdicted with specific destination states listed.		

WYOMING
2018 Significant Money Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
Missouri	100%	1

* There was 1 significant money seizure interdicted.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
California and Wyoming	33% each	1 each

*There were 2 significant money seizures interdicted with specific destination states listed.

Interdiction Seizures of Drugs and Money 2014-2018:

WYOMING
2014-2018 Significant Drug Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
California	54%	146
Oregon	12%	33
Colorado	8%	22
Nevada	6%	17
Washington	5%	14

*There were 260 significant drug loads interdicted with specific origin states listed.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
Illinois and Missouri	8%	22 (IL), 20 (MO)
Wyoming	7%	19
Ohio and Minnesota	6% each	16 (OH), 15 (MN)
Wisconsin	5%	14

*There were 245 significant drug loads interdicted with specific destination states listed.

WYOMING
2014-2018 Significant Money Load Interdiction Seizures

Top States Noted as the Origin

State(s)	Percent	Number of Loads
California	19%	6
Oregon	16%	5
New York and South Dakota	9% each	3 each
Missouri and Wisconsin	6% each	2 each

* There were 31 significant money seizures interdicted with specific origin states listed.

Top States Noted as the Destination

State(s)	Percent	Number of Loads
California	29%	9
Wyoming	13%	4
Wisconsin	6%	2

*There were 30 significant money seizures interdicted with specific destination states listed.

Interdiction Data:

Wyoming Felony Interdiction Arrests					
	2014	2015	2016	2017	2018
Methamphetamine	22	15	67	34	41
Heroin	4	4	6	10	13
Marijuana	80	54	116	110	138
Prescription Drugs	3	8	16	9	13
Cocaine	1	3	7	8	3

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Wyoming Felony Interdiction Seizures in Pounds					
	2014	2015	2016	2017	2018
Methamphetamine	1.66	8.49	630.33	22.12	51.13
Heroin	0.06	0.06	0.09	4.46	2.11
Marijuana	706.56	821.44	1,848.00	5,344.53	5909.74
Prescription Drugs (Dosage Units)	1,327	695	778	1,150	33420
Cocaine	0.30	0.08	0.38	2.63	0.24

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Additional Information

Wyoming Interdiction Seizures (in dosage units)			
	2016	2017	2018
Ecstasy/MDMA	192	1,152	23
GHB	--	--	--
Ketamine	--	--	11
LSD	15	74	565
Mescaline	--	--	--
Psilocybin	35	314	3
Rohypnol	--	--	--

SOURCE: Rocky Mountain HIDTA Performance Management Process (PMP) Data

Note: These drugs began being tracked individually starting in 2016.

Wyoming Drug Prices



2019

The listed drug prices reflect the low / high thresholds of responses, by drug type, from urban and rural drug units in the state. These prices are subject to change due to location or shifting drug trends and should be used as a general guideline. The prices represent a summary of cost seen by year's end of 2018.

Cocaine Powder	Low \$	Middle \$	High \$
Gram	80	90	100
1/8 Ounce	250	275	300
Ounce	1,200	1,200	1,200

Cocaine Crack	Low \$	Middle \$	High \$
Gram	100	100	100
1/2 Ounce	1,000	1,000	1,000

Meth Powder	Low \$	Middle \$	High \$
Gram	50	75	100

Meth Ice	Low \$	Middle \$	High \$
Gram	50	100	150
1/8 Ounce	150	200	250
1/4 Ounce	300	350	400
1/2 Ounce	400	450	500
Ounce	250	625	1,000
Pound	3,500	3,500	3,500

Heroin Tar	Low \$	Middle \$	High \$
Point	30	40	50
Gram	100	150	200
1/2 Ounce	900	900	900
Ounce	1,000	1,000	1,000

Heroin Powder	Low \$	Middle \$	High \$
Gram	100	150	200

MDMA/Ecstasy	Low \$	Middle \$	High \$
Dosage Unit	10	12.50	15
Tablet	10	20	30

Marijuana Domestic	Low \$	Middle \$	High \$
Gram	20	110	200

Marijuana Mexican	Low \$	Middle \$	High \$
Gram	20	20	20
1/4 Ounce	40	45	50
Ounce	200	200	200
Pound	500	750	1,000

Synthetic Cannabinoids (K2)	Low \$	Middle \$	High \$
Gram	10	15	20

LSD	Low \$	Middle \$	High \$
Hit/Tab	10	12.50	15

Psilocybin	Low \$	Middle \$	High \$
1/8 Ounce	20	25	30
Ounce	100	100	100

Fentanyl	Low \$	Middle \$	High \$
Currently Not Seen			

Rx Drugs Oxy/pain killers	Low \$	Middle \$	High \$
1 mg	1	1.50	2
Dosage Unit	100	100	100

Rx Drugs Xanax/depressants	Low \$	Middle \$	High \$
1 mg	1	1.50	2
Dosage Unit	60	60	60

Rx Drugs Adderall/Stimulants	Low \$	Middle \$	High \$
1 mg	1	1.50	2

Appendices

Methodology

The 2019 Rocky Mountain HIDTA Threat Assessment addresses the nature and extent of the current drug problem in the RMHIDTA region. The threat assessment was prepared by the Strategic Intelligence Unit. Information on drug trafficking and money laundering organizations (DTOs/MLOs) as well as current drug trends and potential threats was obtained through a variety of methods, both quantitative and qualitative. Quantitative information was obtained through the Performance Management Process (PMP) database regarding felony arrests, seizures, and all specific DTO/MLO information. Societal impact quantitative data was collected, when available, through poison control center contact calls, treatment admissions, emergency department visits, hospitalizations, and overdose deaths from each of the four states. Qualitative information was primarily obtained through an annual survey of the RMHIDTA enforcement initiative Drug Unit Commanders, as well as follow-up questions based on survey responses. Various law enforcement reports and intelligence bulletins were also reviewed for data, trends and overall information.

Endnotes

¹ United States Census Bureau, “Table 5. Estimates of the Components of Resident Population Change for the United States, Regions, States, and Puerto Rico: July 1, 2017 to July 1, 2018” released December 19, 2018, <https://www2.census.gov/programs-surveys/popest/tables/2010-2018/state/totals/nst-est2018-05.xlsx>.

² Neighborhood Scout, “Real Estate & Demographic Data,” <https://neighborhoodscout.com>.

³Montana Governor’s Office of Indian Affairs, “Tribal Nations,” <https://tribalnations.mt.gov/tribalnations>

⁴Aml Vitale, “Bakken Oil Boom Brings Growing Pains to Small Montana Town,” *National Geographic*, <https://news.nationalgeographic.com/news/special-features/energy/2014/07/140709-montana-oil-boom-bakken-shale/>

⁵ U.S. Department of Justice, Drug Enforcement Administration – Denver Field Division, “DEA Reporting,” July 1, 2017 – December 31, 2017.