



U.S. Department of Justice
National Drug Intelligence Center



New York/New Jersey High Intensity Drug Trafficking Area



Drug Market Analysis 2011

Source Summary Statement

(U) The National Drug Intelligence Center (NDIC) has high confidence in this drug market analysis as it is based on multiple sources of information that have proved highly reliable in prior NDIC, law enforcement, and intelligence community reporting. Quantitative data, including seizure, eradication, and arrest statistics, were drawn from data sets maintained by federal, state, or local government agencies. Discussions of the prevalence and consequences of drug abuse are based on published reports from U.S. Government agencies and interviews with public health officials deemed reliable because of their expertise in the diagnosis and treatment of drug abuse. Trends and patterns related to drug production, trafficking, and abuse were identified through detailed analysis of coordinated counterdrug agency reporting and information. NDIC intelligence analysts and field intelligence officers obtained this information through numerous interviews with law enforcement and public health officials (federal, state, and local) in whom NDIC has a high level of confidence based on previous contact and reporting, their recognized expertise, and their professional standing and reputation within the U.S. counterdrug community. This report was reviewed and corroborated by law enforcement officials who have jurisdiction in the New York/New Jersey High Intensity Drug Trafficking Area and possess an expert knowledge of its drug situation.



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2011-R0813-024

September 2011

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This assessment is an outgrowth of a partnership between the NDIC and HIDTA Program for preparation of annual assessments depicting drug trafficking trends and developments in HIDTA Program areas. The report has been coordinated with the HIDTA, is limited in scope to HIDTA jurisdictional boundaries, and draws upon a wide variety of sources within those boundaries.

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Executive Summary

(U) The New York/New Jersey High Intensity Drug Trafficking Area (NY/NJ HIDTA) region is composed of three diverse areas: the New York City metropolitan area, which includes northern New Jersey; four Upstate New York counties;^a and four northern border counties.^b Each area faces varying drug threats, some of which have changed during the course of the past year. The most significant change in the drug situation within the HIDTA region over the past year is a considerable elevation in the threat posed by the diversion and abuse of controlled prescription drugs (CPDs). Mexican drug trafficking organizations (DTOs) are increasing their drug trafficking operations; however, Colombian and Dominican DTOs pose the greatest organizational drug threats to the region. High levels of cocaine and heroin availability and abuse are the greatest drug threats in the New York City metropolitan area. The four Upstate New York HIDTA counties in the region face increasing drug threats from New York City-based DTOs and gangs, which are expanding their cocaine and heroin distribution operations to new suburban and rural markets. The four northern border counties within the HIDTA region are experiencing increased cross-border smuggling of high-potency Canadian marijuana and MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy), particularly through the St. Regis Mohawk Reservation, which straddles the U.S.–Canada border in Franklin County.

(U) Key issues identified in the NY/NJ HIDTA region include the following:

- (U) The diversion and abuse of prescription opioid pain relievers have increased significantly in the NY/NJ HIDTA region.
- (U) Colombian, Dominican, and Mexican DTOs collectively supply most of the illicit drugs trafficked in the NY/NJ HIDTA region and persist as the greatest organizational drug threats. The influence of Mexican DTOs in the region is rapidly increasing.
- (U) Street gang expansion of drug distribution operations into areas outside the New York City metropolitan area is leading to increasing levels of violent crime in the affected communities.
- (U) Native American DTOs are smuggling increasing quantities of Canadian high-potency marijuana and MDMA through the St. Regis Mohawk Reservation, destined for areas in New York as well as throughout the United States. Cocaine, purchased with proceeds from the sale of marijuana and MDMA, is often smuggled into Canada through the reservation.

a. (U) Albany, Erie, Monroe, and Onondaga Counties.

b. (U) Clinton, Franklin, Jefferson, and St. Lawrence Counties.

- (U) High profit potential and lower interdiction risks are contributing to increasing indoor cannabis cultivation and high-potency marijuana production in the region.
- (LES) Local demand for methamphetamine, once confined to the Manhattan club scene, is increasing throughout the region.
- (U) Designer drugs such as synthetic cannabinoids^c and synthetic cathinones^d are emerging threats in some areas of the NY/NJ HIDTA region.

(U) Methodology

The *New York/New Jersey High Intensity Drug Trafficking Area Drug Market Analysis 2011* is a comprehensive evaluation of the threat posed to the region by the trafficking and abuse of illicit drugs. It was prepared through detailed analysis of the most recent law enforcement, intelligence, and public health data available to the National Drug Intelligence Center (NDIC) through the date of publication. NDIC analyzed data from the National Drug Threat Survey—a two-page questionnaire completed by 109 law enforcement agencies (federal, state, local, and tribal) within the region. (See Appendix A.) Additionally, NDIC analysts reviewed 118 Organized Crime Drug Enforcement Task Forces (OCDETF) investigations initiated in the NY/NJ HIDTA region in 2010. Numerous personal interviews with law enforcement officers in the region supplemented this assessment.

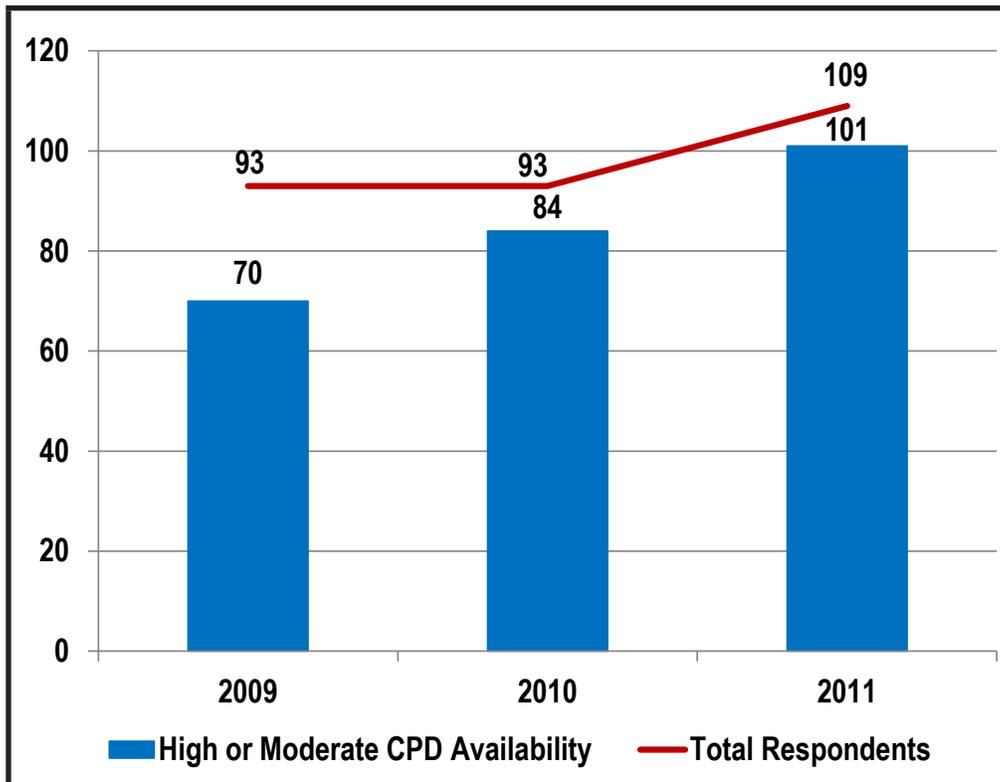
Key Issues^e

(U) The diversion and abuse of prescription opioid pain relievers have increased significantly in the NY/NJ HIDTA region.

(U) CPD abuse is the fastest-growing drug threat in the NY/NJ HIDTA region, as indicated by the increasing number of law enforcement agencies reporting pharmaceutical diversion and abuse as high or moderate in their areas.¹ Specifically, 101 of the 109 respondents to the NDIC National Drug Threat Survey (NDTS) 2011^f report that the availability of CPDs in their areas is high or moderate, an increase from 2009 and 2010, when 70 and 84 of 93 respondents, respectively, reported high or moderate CPD availability.² (See Figure 1 on page 3.)

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- c. (U) Synthetic cannabinoids are synthetic chemicals that are functionally similar to delta-9-tetrahydrocannabinol (THC), the primary cannabinoid in marijuana. NDIC uses the term “synthetic cannabinoid products” to refer to illicit products that contain synthetic cannabinoids.
- d. (U) Synthetic cathinone products, typically marketed as “bath salts” and “plant food” under various names (Ivory Wave, Blizzard, etc.), are sold in retail establishments in most areas of the United States. The products, as well as their raw chemical components, are also sold on many Internet sites, including popular Internet auction sites and global marketing sites. Abusers typically ingest, inhale, inject, smoke, or snort (insufflate) the drugs to experience stimulant effects similar to those induced by amphetamine.
- e. (U) For a general overview of the drug threat in the NY/NJ HIDTA region, see Appendix B.
- f. (U) The NDTS is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies’ perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. NDTS 2011 data cited in this report are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program as of February 16, 2011.

Figure 1. (U) NDTs Respondents Reporting High or Moderate CPD Availability, 2009–2011



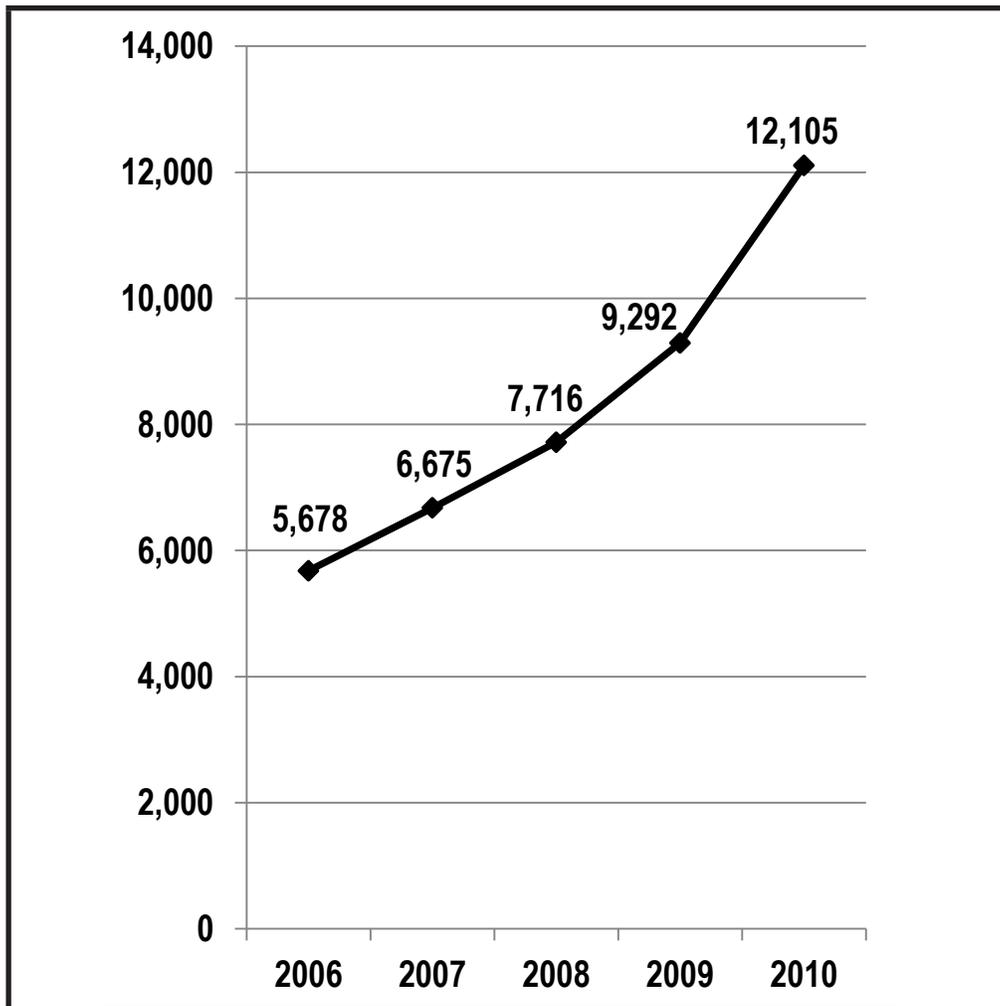
Source: National Drug Intelligence Center, National Drug Threat Survey.

(U) Treatment data are another significant indicator of the opioid abuse problem in the NY/NJ HIDTA region.³ Treatment Episode Data Set (TEDS)^g reporting indicates that the number of admissions to publicly funded facilities in New York and New Jersey for “other opiates”^h (including CPDs) increased 160 percent from 2006 (10,118) to 2010 (26,260).⁴ (See Table C2 in Appendix C.) According to the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the number of treatment admissions for other opiates in New York HIDTA counties alone has trended upward since 2006, more than doubling from 5,678 admissions in 2006 to 12,105 admissions in 2010.⁵ (See Figure 2 on page 4.)

g. (U) Treatment Episode Data Set (TEDS) data are available only by state, not by county.

h. (U) According to TEDS, the category “other opiates” includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.

Figure 2. (U) Treatment Admissions for Other Opiates in New York HIDTA Counties, 2006–2010



Source: New York State Office of Alcoholism and Substance Abuse Services.

(U) An increasing number of younger individuals are abusing CPDs in the NY/NJ HIDTA region, in part because they mistakenly believe that prescription drugs are less harmful than illicit drugs.⁶ From 2009 to 2010, the number of 18- to 24-year-olds admitted for treatment of other opiate abuse increased by 45 percent, while the number of 25- to 34-year-olds admitted for treatment increased by 41 percent.⁷ (See Table 1 on page 5.)

Table 1. (U) Treatment Admissions for Other Opiates, by Age Group, for HIDTA Counties in New York, 2006–2010

Year	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	Over 55	Total
2006	132	1,258	1,522	1,374	1,076	316	5,678
2007	123	1,609	1,907	1,510	1,199	327	6,675
2008	174	2,072	2,353	1,459	1,232	426	7,716
2009	180	2,790	2,988	1,536	1,260	538	9,292
2010	231	4,044	4,208	1,727	1,326	569	12,105
Total	840	11,773	12,978	7,606	6,093	2,176	41,466

Source: New York State Office of Alcoholism and Substance Abuse Services.

(LES) Law enforcement officers report that the CPD abuse problem in the region is compounded by the presence of a number of unscrupulous pain clinic physicians who dispense or prescribe large quantities of prescription opioids to local dealers or abusers.⁸ To protect themselves from detection by law enforcement, some of these physicians refuse to take walk-ins, instead requiring that an existing “patient” introduce new “patients.”⁹ One physician on Staten Island charges \$200 in cash for an opioid prescription and recommends specific pharmacists, enabling abusers to bypass any pharmacists who are now refusing to fill opioid prescriptions.¹⁰ After receiving cash from the “patients,” these unscrupulous physicians also bill their insurance companies, Medicare, or Medicaid for these appointments, thereby increasing their income from each patient and diverting suspicion by seemingly legitimizing the visit.¹¹

(LES) In addition to unscrupulous physicians, corrupt staff members at legitimate physicians’ offices facilitate the diversion of CPDs.¹² For example, in March 2011, law enforcement officers on Staten Island arrested more than 30 individuals and dismantled an extensive organization that had illegally distributed nearly 43,000 oxycodone tablets worth approximately \$1 million.¹³ The head of the distribution ring had obtained stolen prescription pads from an associate who worked in a Manhattan doctor’s office and forged scripts for OxyContin and Percocet.¹⁴ He employed “runners” to fill the forged prescriptions at area pharmacies and distributed the drugs from his ice cream truck.¹⁵

(LES) Some DTOs and criminal groups in the region also obtain CPDs from out-of-state or foreign sources of supply.¹⁶ In July 2010, police dismantled a prescription drug ring that had shipped more than \$1 million worth of prescription drugs from California to New York.¹⁷ Members of the organization had been shipping Adderall, oxycodone, hydrocodone, Percocet, and Xanax via package delivery services to New York City wholesalers, who sold the drugs through classified ads on the “craigslist” web site.¹⁸ A 2010 OCDETF investigation also targeted a DTO that had been smuggling more than 1,000 dosage units of OxyContin per month from Canada into New York through the St. Regis Mohawk Reservation.¹⁹

(U) OxyContin Reformulation

In August 2010, the manufacturer of OxyContin introduced a new tablet formulation—for U.S. distribution—with additional inactive ingredients to deter abusers from snorting or injecting the drug. The new tablets are difficult to cut, break, chew, crush, or dissolve; however, treatment providers in the region indicate that some OxyContin abusers have developed methods to circumvent the abuse-deterrent properties of the new formulation. Others, who typically are not selective about the type or brand of opioid they abuse, have decided to avoid the new OxyContin formulation and have switched to other prescription opioids, such as immediate-release oxycodone products, immediate- or extended-release oxymorphone products, or heroin. Moreover, some OxyContin abusers in the United States, particularly those who live along the U.S.–Canada border or who have the assistance of Canadian associates or family, obtain the old formulation in Canada and smuggle it into the United States.

(U) Colombian, Dominican, and Mexican DTOs collectively supply most of the illicit drugs trafficked in the NY/NJ HIDTA region and persist as the greatest organizational drug threats. The influence of Mexican DTOs in the region is rapidly increasing.

(LES) Colombian DTOs have controlled the wholesale cocaine and heroin trade in the NY/NJ HIDTA region for many years, generating hundreds of millions of dollars annually from the distribution of these drugs.²⁰ As such, more than 20 OCDETF investigations initiated in the NY/NJ HIDTA region in 2010 listed Colombia as the primary source country for cocaine and heroin smuggled into the region,²¹ and half of these investigations were linked to a Consolidated Priority Organization Targetⁱ (CPOT).²² (See Table 2 on page 7.)

(LES) Colombian DTOs are ceding control over most drug shipments into the NY/NJ HIDTA region.²³ They are arranging to have cocaine and heroin shipped from Colombia to Mexico, where they contract with Mexican DTOs to transport the drugs across the U.S.–Mexico border.²⁴ By contracting with Mexican transporters, Colombian DTOs are insulating their organizations from the aspect of the drug trade most vulnerable to law enforcement interdiction—transportation, particularly cross-border smuggling.²⁵ For example, in a 2010 OCDETF investigation, a Colombian DTO smuggled multiton quantities of cocaine via maritime and air shipments to Mexico, where a Mexican CPOT arranged for the transportation of the cocaine to various areas in the United States, including New York.²⁶ In another 2010 OCDETF investigation, a Colombian DTO smuggled thousands of kilograms of cocaine from Colombia and Venezuela to clandestine airstrips in Guatemala, Nicaragua, and Honduras for shipment to Mexico and ultimately the United States.²⁷ Some Colombian suppliers are now taking an even smaller role in transportation duties, handing off cocaine and heroin to Mexican transporters in Colombia rather than Mexico.²⁸ Mexican DTOs typically transport the drugs to New Jersey in tractor-trailers, where they hand them off to Dominican DTOs, primarily from the Washington Heights section of New York City.²⁹ The exchanges frequently take place in New Jersey rather than New York City because of the enhanced security in the city since 9/11.³⁰

i. (LES) CPOTs are the most significant international drug trafficking and money laundering targets as identified by law enforcement officials from the Organized Crime Drug Enforcement Task Forces Program.

Table 2. (LES) OCDETF Investigations Initiated in 2010 With Connections to a CPOT

CPOT	CPOT Nationality	2010 OCDETF Investigations
Barrera-Barrera, Daniel Arnaldo	Colombian	2
Beltrán-Leyva, Hector	Mexican	1
Calle-Serna, Javier Antonio	Colombian	3
Cartes-Jara, Horacio Manuel	Paraguayan	1
Coke, Michael Christopher*	Jamaican	1
Fadlallah-Cheaitelly, Jorge	Colombian	1
Fajardo, Einer Arvey	Colombian	2
González-Polanco, Hermagoras	Colombian	1
Gulf Cartel Triumvirate (Antonio Ezequiel Cárdenas-Guillén, Jorge Eduardo Costilla-Sánchez, and Heriberto Lazcano-Lazcano)	Mexican	4
Guzmán-Loera, Joaquín	Mexican	1
Ibrahim, Dawood	Indian	1
Le Roux, Paul Calder	South African	1
Mendez-Vargas, Jesus; Moreno-González, Nazario	Mexican	1
Nava-Valencia, Oscar Orlando	Mexican	1
Suárez-Rojas, Victor Julio (formerly Jorge Briceno-Suárez)	Colombian	1
Waked-Fares, Abdul Mohamed and Waked-Hatum, Nidal Ahmed	Lebanese	1

*Removed from the 2011 CPOT list after his capture and arrest in June 2010.

(LES) Colombian DTOs operating in the NY/NJ HIDTA region supply cocaine and heroin to many of the midlevel and retail-level distributors in New York and New Jersey and other areas along the northeast corridor.³¹ In 2010, Colombian DTOs most commonly supplied cocaine and heroin to Dominican organizations; however, they also supplied lower-level Colombian and Mexican traffickers as well as traffickers of other ethnicities.³²

(LES) Mexican DTOs are becoming increasingly involved in drug trafficking in the NY/NJ HIDTA region, in part because they are acting as transporters for Colombian and Dominican DTOs and because they are expanding their own distribution operations in the region, particularly to markets in central and southern New Jersey, such as Camden,³³ where there is less competition from the Dominican DTOs that control many northern New Jersey markets. Mexican DTOs operating in the NY/NJ HIDTA region supply cocaine, heroin, marijuana, and some methamphetamine to local distributors as well as to markets in Florida, Georgia, Illinois, Massachusetts, Missouri, and North Carolina.³⁴ Most of the Mexican DTOs investigated by the NY/NJ OCDETF in 2010 were supplied by, and reported to, Mexican DTOs in California or Mexico.³⁵

(LES) Dominican and Mexican DTOs are predominant in midlevel and retail-level drug distribution markets in the NY/NJ HIDTA region.³⁶ Thirty OCDETF investigations initiated in 2010 in the region involved a Dominican or Mexican DTO as the primary target.³⁷ Twenty-six of these

DTOs were involved in distributing cocaine or heroin (or both),³⁸ although some also distributed marijuana, methamphetamine, MDMA, and OxyContin.³⁹ While most Dominican and Mexican DTOs in the region are supplied by Colombian DTOs, others have developed their own sources of supply.⁴⁰ For instance, one 2010 OCDETF investigation involved a Dominican DTO that obtained multikilogram quantities of cocaine and heroin from a source of supply in Venezuela,⁴¹ while yet another OCDETF investigation involved a Mexican DTO that received cocaine shipments from the Dominican Republic.⁴² Dominican and Mexican DTOs supply cocaine, heroin, and marijuana to other midlevel and retail-level distributors, including street gangs.⁴³

(U) Street gang expansion of drug distribution operations into areas of the region outside the New York City metropolitan area is leading to increasing levels of violent crime in the affected communities.

(LES) Street gangs are the primary retail-level distributors of most drugs in the NY/NJ HIDTA region, and they are expanding their drug distribution operations to midlevel and wholesale-level distribution in many areas of the region.⁴⁴ National-level gangs such as Bloods, Crips, Dominicans Don't Play (DDP), Folk Nation, Latin Kings, Mara Salvatrucha (MS 13), Ñetas, and Trinitarios, as well as hundreds of small, unaffiliated neighborhood gangs with membership totaling in the thousands, operate in the NY/NJ HIDTA region.⁴⁵ Bloods and Crips are the most prevalent street gangs in the region, with Bloods membership in New York City alone exceeding 5,000.⁴⁶ Law enforcement officers in Essex, Passaic, and Union Counties in New Jersey, and Erie, Nassau and Suffolk Counties in New York report that gang membership in their respective areas exceeds 1,000.⁴⁷

(U) Hispanic and African American street gangs in particular are expanding their influence as they gain greater control over drug distribution in rural and suburban areas in the NY/NJ HIDTA region.⁴⁸ Nearly half (52) of the 109 respondents to the NDTS 2011 report that street gang activity in their areas is moderate or high.⁴⁹ African American and Dominican street gangs are now fully established in many Upstate New York cities, most notably Albany, Buffalo, Rochester, and Syracuse, as members from New York City and Newark have expanded their drug distribution networks to these areas.⁵⁰ Some gang members provide drug supplies to local dealers in these upstate areas, while others relocate, either temporarily or permanently, in order to set up their own drug distribution cells.⁵¹

(LES) Street gangs are responsible for a significant amount of the violent and property crime in the NY/NJ HIDTA region.⁵² Substantial gang presence contributes to violent crime in many outlying areas of the region. Gang members are routinely arrested for aggravated assaults, car-jackings, home invasions, drive-by shootings, and homicides.⁵³ In Buffalo, for instance, the rival 7th Street and 10th Street Gangs were responsible for several homicides and shootings resulting from an ongoing feud over drug distribution territory.⁵⁴ In 2010, the NY/NJ OCDETF Region initiated at least 14 investigations that focused on street gangs—most of which involved some type of violent crime.⁵⁵

(U) Native American DTOs are smuggling increasing quantities of Canadian high-potency marijuana and MDMA through the St. Regis Mohawk Reservation, destined for areas in New York as well as throughout the United States. Cocaine, purchased with proceeds from the sale of marijuana and MDMA, is often smuggled into Canada through the reservation.

(LES) Native American DTOs control and conduct almost all smuggling activities through the St. Regis Mohawk Reservation, also known as the Akwesasne, which is located in Franklin and St. Lawrence Counties in New York.⁵⁶ They typically do not allow other traffickers to transport contraband through the reservation.⁵⁷ Law enforcement officials estimate that as much as 13 metric tons of high-potency marijuana per week is smuggled into the United States through the reservation,⁵⁸ which covers less than 0.5 percent of the total length of the U.S.–Canada border.⁵⁹ Law enforcement officials further estimate that 20 percent of all high-potency marijuana produced in Canada each year is smuggled into the United States through the reservation.⁶⁰

(U) The Akwesasne

The Akwesasne is the designation for tribal lands that consist of the St. Regis Mohawk Reservation in New York and the Mohawk Council of Akwesasne Reserve in the Canadian provinces of Ontario and Quebec. (See Figure 3 on page 10.) The Akwesasne is bisected by the St. Lawrence River and features a shared land border with a number of uncontrolled roadways. The shared international border and geography of the Akwesasne make it conducive to cross-border smuggling. Additionally, some tribal members living on the Akwesasne claim dual citizenship and travel freely between the U.S. and Canadian sides of the Akwesasne by land or water without having to pass through official ports of entry (POEs); these individuals are exploited by DTOs to transport illicit narcotics between the United States and Canada. The factors that make the Akwesasne conducive to smuggling also inhibit law enforcement interdiction efforts, since U.S. and Canadian law enforcement agencies are prohibited from crossing international boundaries in pursuit of suspected smuggling activity.

(LES) Increasing quantities of MDMA are smuggled across the U.S.–Canada border, mainly through POEs in private vehicles, and through the Akwesasne.⁶¹ Multithousand-tablet quantities of MDMA are supplied by Canadian DTOs to Native American DTOs, who smuggle the drug through the Akwesasne for distribution in the United States.⁶² For example, a task force in Franklin County seized approximately 321,000 dosage units of MDMA in the first 75 days of 2011—significantly more than the approximately 56,000 dosage units seized in all of 2010.⁶³ To help meet demand for the drug, traffickers often use income derived from marijuana sales to supplement MDMA production in Canada.⁶⁴

(LES) Most Native American DTOs operating on the Akwesasne are not highly organized and are composed of family and other tribal members who have operated smuggling organizations on the Akwesasne for many years.⁶⁵ However, a few are more organized and employ a network of individuals, mostly tribal members, who assist in smuggling and storing drugs and in providing security and surveillance for the group.⁶⁶ Native American DTOs operating on the reservation obtain Canadian high-potency marijuana and MDMA from Canada-based groups that produce and distribute the drugs in Canada, such as Asian DTOs, Italian Organized Crime, the Irish West End Gang, and Hells Angels Motorcycle Club.⁶⁷ These groups sell drugs to Native American DTOs for subsequent distribution, or they contract Native American DTOs to smuggle drug shipments through the Akwesasne for delivery to associates of the group operating in the United States.⁶⁸ As such, it is often difficult for law enforcement to determine ownership of drugs or other interdicted contraband.⁶⁹

Figure 3. (U) The Akwesasne



(LES) Illicit drugs smuggled through the Akwesasne are destined for drug markets both in the NY/NJ HIDTA region and throughout the United States.⁷⁰ To illustrate, in a 2010 NY/NJ OCDETF case, law enforcement officers identified 45 destination cities (in 31 states) for marijuana smuggled through the Akwesasne; the traffickers who were responsible received nearly \$500 million from this operation.⁷¹

(LES) Illicit drug smuggling occurs in both directions through the Akwesasne.⁷² Law enforcement officials in the NY/NJ HIDTA region report that marijuana smugglers frequently purchase cocaine with the proceeds derived from the sale of marijuana and smuggle the cocaine through the Akwesasne back into Canada.⁷³ For instance, in one case investigated by the OCDETF in 2010, a marijuana, cocaine, and weapons smuggling and distribution network operating from Canada was responsible for smuggling up to 10,000 pounds of marijuana and 300 pounds of cocaine per week through the Akwesasne.⁷⁴ Once in the United States, the marijuana was sold in 100-pound quantities by distributors in markets such as Boston, Chicago, Philadelphia, and New York City.⁷⁵ Portions of the drug proceeds were used to purchase cocaine in southern California for transportation to Canada. The remaining proceeds were smuggled back to Canada in bulk shipments.⁷⁶

(U) High profit potential and lower interdiction risks are contributing to increasing indoor cannabis cultivation and high-potency marijuana production in the region.

(U) Indoor cannabis cultivation in the NY/NJ HIDTA region is rising, as evidenced by an 85 percent increase in the eradication of indoor-grown cannabis plants since 2007.⁷⁷ (See Table 3.) Well-organized criminal groups produce marijuana locally because of the high profitability of, and demand for, marijuana in the NY/NJ HIDTA region.⁷⁸ The profits from sales of locally produced high-potency marijuana are significantly higher than those for commercial-grade Mexican marijuana.⁷⁹ For example, in New York City, commercial-grade Mexican marijuana sells for \$500 to \$1,500 per pound, while high-potency marijuana sells for \$2,300 to \$8,000 per pound.⁸⁰ Law enforcement officials are discovering an increasing number of indoor grow operations in the region.⁸¹ (See text box.) For example in March 2011, law enforcement officers on Staten Island seized 150 plants, grow lights, a humidifier, and other growing equipment from an indoor grow that produced marijuana valued at an estimated \$100,000 per year.⁸² Also, in April 2011, Staten Island and federal law enforcement officers seized 450 plants—worth an estimated \$2.5 million—from a large, sophisticated hydroponic grow house.⁸³ A typical hydroponic grow house is capable of yielding three to four cannabis crops a year, suggesting that this operation might have netted up to \$10 million per year.⁸⁴

Table 3. (U) Indoor Cannabis Plants Eradicated and Seized, New York/New Jersey Region, 2007–2010

State	2007	2008	2009	2010
New York	1,874	2,181	3,359	3,567
New Jersey	1,767	1,757	2,547	3,158
Total	3,641	3,938	5,906	6,725

Source: Domestic Cannabis Eradication/Suppression Program.

(LES) Residential Grow Houses

In March 2011, law enforcement officers in Rochester seized 350 cannabis plants from a residential property that had been rented by Chinese students from California. The landlord discovered the hydroponic grow house while conducting a check of the property. He found that the inside of the two-story house had been completely destroyed by grow equipment, mold, and 3-foot ventilation holes cut into the floors between the basement and the first story and between the first and second stories. In April 2011, law enforcement officers discovered that these same students had rented a second home in Rochester and turned it into an indoor grow operation. Officers seized 300 plants at this second location.⁸⁵

(U) Local demand for methamphetamine, once confined to the Manhattan club scene, is increasing throughout the region.

(LES) Law enforcement officials in the NY/NJ HIDTA region indicate that demand for methamphetamine in New York City is expanding, as evidenced by an increasing number of seizures in the city.⁸⁶ For example, in January 2011, law enforcement officers arrested an individual with 4 pounds of methamphetamine.⁸⁷ A subsequent investigation revealed that Mexican DTOs were transporting

methamphetamine concealed in refrigerated tractor-trailers carrying produce from California to New Jersey and selling it to Puerto Rican criminal groups, who in turn were brokering the drugs to Russian distributors in Brooklyn.⁸⁸

(U) Analysis of treatment data indicates that the consequences associated with methamphetamine abuse, while low compared with those of other drugs of abuse, are increasing.⁸⁹ TEDS data for New York and New Jersey show that the overall number of abusers who sought treatment in publicly funded facilities for amphetamines (including methamphetamine) increased 43 percent from 2006 (800) to 2010 (1,146)⁹⁰. (See Table C2 in Appendix C.)

(U) Designer drugs such as synthetic cannabinoids and synthetic cathinones are emerging threats in some areas of the NY/NJ HIDTA region.

(U) Law enforcement officers in some areas of the NY/NJ HIDTA region report an emerging threat from the abuse of synthetic cannabinoids—drugs that offer the abuser effects similar to those of marijuana.⁹¹ Dried plant materials treated with synthetic cannabinoids are sold legally under various brand names (K2, Spice, etc.) as herbal incense in most areas of the United States, including the NY/NJ HIDTA region.⁹² The products are sold in retail establishments such as smoke shops, skateboard shops, gas stations, and adult stores, as well as on popular Internet auction and other sites.⁹³ In response to the problem of increasing synthetic cannabinoid abuse, the DEA designated five synthetic cannabinoids as Schedule I substances under the Controlled Substances Act (CSA).⁹⁴

(LES) Law enforcement officials in New Jersey also report an emerging threat from synthetic cathinones sold as “bath salts.”⁹⁵ These synthetic stimulant products mimic the effects of cocaine, amphetamines, and MDMA and are often marketed as “legal” alternatives to these drugs.⁹⁶ Synthetic cathinone products are sold in powder form in small plastic or foil packages under the brand names Ivory Wave, Cloud Nine, Vanilla Sky, etc.⁹⁷ The products, as well as their raw chemical components, are also sold on many Internet sites, including popular auction sites and global marketing sites.⁹⁸ Additionally, synthetic cathinones have been sold by independent dealers as MDMA.⁹⁹ They sell it in powder form, in single-component tablets and capsules, and in tablets and capsules containing cathinones combined with MDMA or other illicit controlled substances.¹⁰⁰ Abusers typically ingest, inhale, inject, smoke, or snort (insufflate) the drugs.¹⁰¹ Synthetic cathinone overdose incidents have resulted in emergency room visits, hospitalizations, and severe psychotic episodes, some of which have led to violent outbursts, self-inflicted wounds, and even suicides.¹⁰² For instance, in March 2011, a Cranford (NJ) man murdered his girlfriend while under the influence of synthetic cathinones.¹⁰³ As a result of this increasing threat, New Jersey legislators have introduced a bill to ban MDVP (3,4-methylenedioxypropylvalerone), the primary chemical stimulant in most synthetic cathinones.¹⁰⁴

Outlook

(U) NDIC assesses with high confidence^j that CPD abuse in the NY/NJ HIDTA region will continue to increase over the near term, placing a significant burden on already strained law enforcement and public health resources. Some prescription opioid abusers will switch to heroin because it is less expensive and often easier to obtain. These abusers' inexperience in using heroin will lead to an increase in the number of fatal and nonfatal heroin overdose incidents in the region.

(U) NDIC assesses with high confidence that Mexican DTOs will continue to expand their presence in the NY/NJ HIDTA region as they supply increasing amounts of cocaine, heroin, and marijuana. Additionally, NDIC assesses with medium confidence that since these DTOs supply significant amounts of methamphetamine to most drug markets in the United States, they may "test" the New York City market by introducing increasing amounts of the drug.

(U) NDIC assesses with high confidence that marijuana and MDMA smuggling through the Akwesasne will increase in the near term. The high profit incentive, the remote location of the reservation, and the free movement of tribal members between the United States and Canada all contribute to large-scale cross-border smuggling operations through the reservation.

j. (U) **High Confidence** generally indicates that the judgments are based on high-quality information or that the nature of the issue makes it possible to render a solid judgment. **Medium Confidence** generally means that the information is credibly sourced and plausible but can be interpreted in various ways, or is not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence. **Low Confidence** generally means that the information is too fragmented or poorly corroborated to make a solid analytic inference, or that there are significant concerns or problems with the sources.

Appendix A. NDIC National Drug Threat Survey

Greatest Drug Threat and Drug-Related Crime

1. For your jurisdiction, please indicate the drug that poses the greatest threat, the drug that most contributes to violent crime, and the drug that most contributes to property crime. (Choose only ONE drug on each list.)

<u>Greatest Drug Threat</u> (Choose only ONE.)	<u>Violent Crime</u> (Choose only ONE.)	<u>Property Crime</u> (Choose only ONE.)
Powder cocaine <input type="radio"/>	Powder cocaine <input type="radio"/>	Powder cocaine <input type="radio"/>
Crack cocaine <input type="radio"/>	Crack cocaine <input type="radio"/>	Crack cocaine <input type="radio"/>
Heroin <input type="radio"/>	Heroin <input type="radio"/>	Heroin <input type="radio"/>
Powder methamphetamine <input type="radio"/>	Powder methamphetamine <input type="radio"/>	Powder methamphetamine <input type="radio"/>
Ice methamphetamine <input type="radio"/>	Ice methamphetamine <input type="radio"/>	Ice methamphetamine <input type="radio"/>
Marijuana <input type="radio"/>	Marijuana <input type="radio"/>	Marijuana <input type="radio"/>
Other dangerous drugs <input type="radio"/>	Other dangerous drugs <input type="radio"/>	Other dangerous drugs <input type="radio"/>
Controlled prescription drugs <input type="radio"/>	Controlled prescription drugs <input type="radio"/>	Controlled prescription drugs <input type="radio"/>
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
Don't know <input type="radio"/>	Don't know <input type="radio"/>	Don't know <input type="radio"/>

Drug Availability

2. Indicate the level of availability of the following drugs in your jurisdiction using the following definitions:

Low availability – drug is difficult to obtain most of the time; **Moderate availability** – drug is easily obtained most of the time; **High availability** – drug is easily obtained at any time.

	Low			Moderate			High			Not Available			Don't Know		
	<input type="radio"/>														
Powder cocaine	<input type="radio"/>														
Crack cocaine	<input type="radio"/>														
Heroin	<input type="radio"/>														
Powder methamphetamine	<input type="radio"/>														
Ice methamphetamine	<input type="radio"/>														
Marijuana	<input type="radio"/>														
MDMA (ecstasy)	<input type="radio"/>														
GHB	<input type="radio"/>														
LSD	<input type="radio"/>														
PCP	<input type="radio"/>														
GBL	<input type="radio"/>														
Controlled prescription drugs	<input type="radio"/>														

Drug Production

3. Please indicate the percentage of powder cocaine transported to your jurisdiction that is converted to crack.
 None 1 – 25% 26 – 50% 51 – 75% 76 – 100% Don't know
4. Please indicate how cannabis is cultivated in your jurisdiction. (Check ALL that apply.)
 Indoors Outdoors Hydroponically Not cultivated Don't know
5. Please indicate the level of methamphetamine production in your jurisdiction.
 Low production Moderate production High production Not produced Don't know
- 5a. If methamphetamine is produced in your jurisdiction, please indicate the past year change in the level of production.
 Increased Decreased Remained the same Not applicable Don't know
6. Have you encountered powder methamphetamine being converted to ice methamphetamine in your jurisdiction?
 Yes No Don't know

Diversion/Illicit Use of Controlled Prescription Drugs

7. Indicate the levels of diversion and illicit use for the following types of controlled prescription drugs in your jurisdiction.

	<u>Level of Diversion</u>					<u>Level of Illicit Use</u>				
	Low	Moderate	High	None	Don't Know	Low	Moderate	High	None	Don't Know
Narcotics (e.g., Vicodin, OxyContin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressants (e.g., Valium, Xanax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (e.g., Adderall, Ritalin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (e.g., Anadrol, Oxandrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drug Trafficking Activities

8. What are the racial and/or ethnic backgrounds of organizations that are the principal wholesale and retail drug distributors in your jurisdiction (e.g., African American, Caucasian, Dominican, Hispanic, Mexican)? List up to three types for each distribution level.

Wholesale distribution: _____
 Retail distribution: _____

9. Please indicate the primary countries, states and/or cities from which drugs are transported into your jurisdiction.

Gangs and Drugs

10. Indicate the level of involvement that street gangs and outlaw motorcycle gangs in your jurisdiction have in the **distribution of illicit drugs in general** and by the **specific drugs** listed below. If street gangs or outlaw motorcycle gangs are not involved in drug distribution in your jurisdiction, please indicate by checking None. If gangs are not present in your jurisdiction, please indicate by checking Not Applicable (NA).

	<u>Street Gangs</u>						<u>Outlaw Motorcycle Gangs</u>					
	Low	Moderate	High	None	Don't Know	NA	Low	Moderate	High	None	Don't Know	NA
Drugs in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Powder cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
MDMA (ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Other dangerous drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Controlled prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

11. Please provide the following information for each gang type in your jurisdiction

<u>STREET GANGS</u>				<u>OUTLAW MOTORCYCLE GANGS (OMGs)</u>			
<u>Total Number of STREET GANGS</u>		<u>Total Number of STREET GANG Members</u>		<u>Total Number of OMGs</u>		<u>Total Number of OMG Members</u>	
None	<input type="radio"/>	None	<input type="radio"/>	None	<input type="radio"/>	None	<input type="radio"/>
1-3	<input type="radio"/>	1-50	<input type="radio"/>	1-3	<input type="radio"/>	1-10	<input type="radio"/>
4-6	<input type="radio"/>	51-200	<input type="radio"/>	4-6	<input type="radio"/>	11-25	<input type="radio"/>
7-15	<input type="radio"/>	201-500	<input type="radio"/>	7-15	<input type="radio"/>	26-50	<input type="radio"/>
16-30	<input type="radio"/>	501-1,000	<input type="radio"/>	16-30	<input type="radio"/>	51-100	<input type="radio"/>
More than 30	<input type="radio"/>	More than 1,000	<input type="radio"/>	More than 30	<input type="radio"/>	More than 100	<input type="radio"/>
Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>

<u>Percent of STREET GANGS Involved in Drug Activities</u>		<u>Past Year Change in Level of STREET GANG Drug Activity</u>		<u>Percent of OMGs Involved in Drug Activities</u>		<u>Past Year Change in Level of OMG Drug Activity</u>	
None	<input type="radio"/>	Increased	<input type="radio"/>	None	<input type="radio"/>	Increased	<input type="radio"/>
1 - 25%	<input type="radio"/>	Decreased	<input type="radio"/>	1 - 25%	<input type="radio"/>	Decreased	<input type="radio"/>
26 - 50%	<input type="radio"/>	Remained the same	<input type="radio"/>	26 - 50%	<input type="radio"/>	Remained the same	<input type="radio"/>
51 - 75%	<input type="radio"/>	Not applicable	<input type="radio"/>	51 - 75%	<input type="radio"/>	Not applicable	<input type="radio"/>
76 - 100%	<input type="radio"/>	Don't Know	<input type="radio"/>	76 - 100%	<input type="radio"/>	Don't Know	<input type="radio"/>
Don't Know	<input type="radio"/>			Don't Know	<input type="radio"/>		

Drugged Driving

12. Drugged driving is a serious consequence of illicit drug use. For purposes of this survey, drugged driving is defined as driving after recent use of illegal drugs, including the non-medical use of controlled prescription drugs. (Your responses to this question, even in the negative, will assist NDIC and federal policymakers in guiding future research regarding drugged driving.)

Do you believe that drugged driving poses a safety threat in your jurisdiction?

Yes No Don't Know

Does your agency provide drugged driving recognition training for your officers?

Yes No Don't Know

Please indicate the approximate number of drugged driving violations that occurred in your jurisdiction in the past year:

None 1-100 101-500 501-1,000 1,001 or more Don't Know

Use of Federal Law Enforcement Resources

13. To what Task Forces with Federal law enforcement entities has your agency assigned personnel? (Check ALL that apply.)

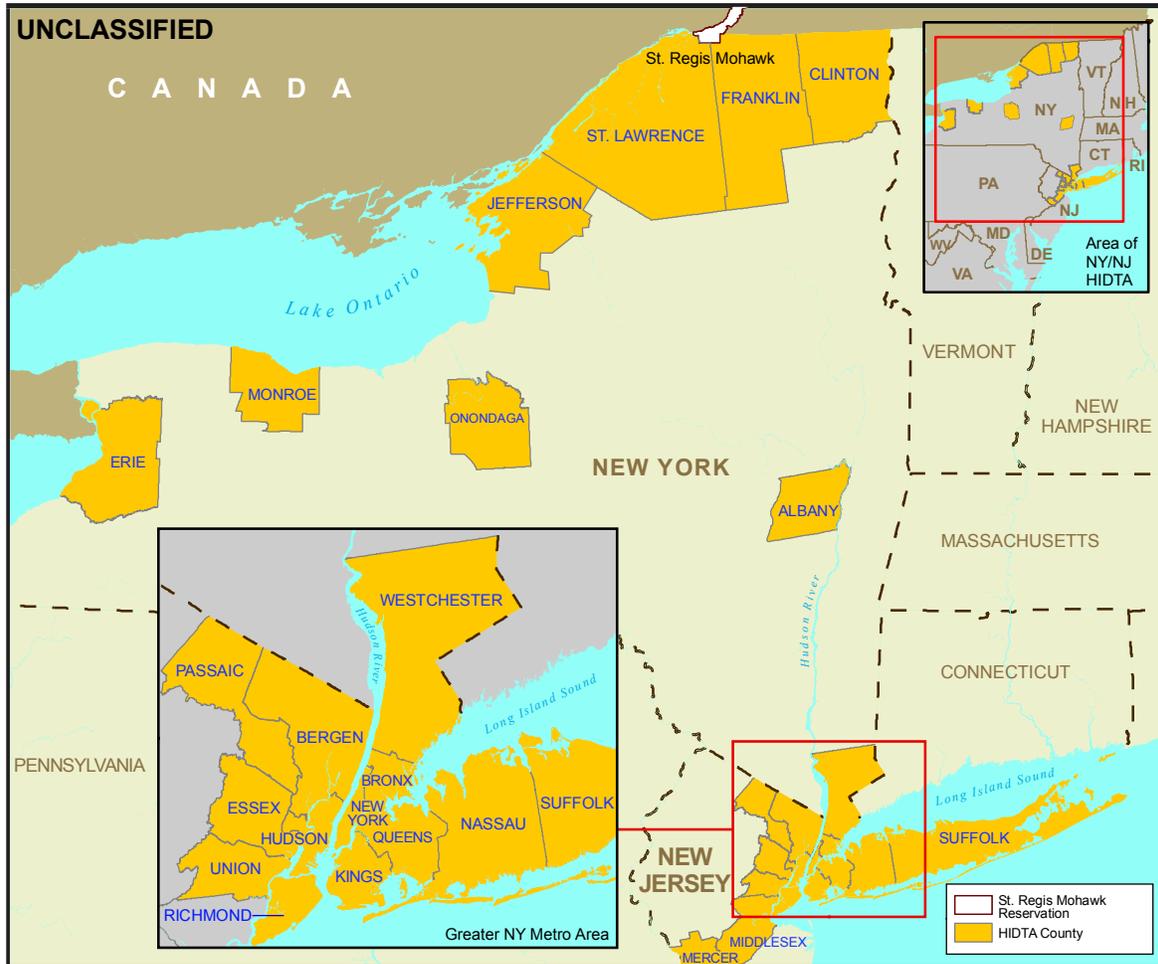
OCDETF HIDTA FBI/Gang DHS/BEST DEA Other Unknown

14. What Federal information centers does your agency use to access or exchange information? (Check ALL that apply.)

DEA Special Operations Division National Drug Intelligence Center
 DHS Supported State and Local Fusion Centers OCDETF Fusion Center
 El Paso Intelligence Center Other
 HIDTA Intelligence Support Centers Unknown
 ICE Bulk Cash Smuggling Center in Vermont

Appendix B. New York/New Jersey HIDTA Region Overview

Map B1. (U) New York/New Jersey High Intensity Drug Trafficking Area



(U) The NY/NJ HIDTA region is composed of very diverse areas that encompass 23 counties throughout New York and northeastern New Jersey.¹⁰⁵ The New York portion of the region consists of the five boroughs of New York City (Brooklyn, the Bronx, Manhattan, Queens, and Staten Island), the outer two counties of Long Island (Nassau and Suffolk), Westchester County (just north of New York City), four counties in Upstate New York^k (Albany, Erie, Monroe, and Onondaga), and four counties along the U.S.–Canada border (Clinton, Franklin, Jefferson^l and St. Lawrence).¹⁰⁶ The New Jersey portion consists of Bergen, Essex, Hudson, Mercer, Middlesex, Passaic, and Union Counties.¹⁰⁷ The greater New York City metropolitan area (including the HIDTA counties in New Jersey) is the most ethnically diverse urban area in the United States; many foreign-born criminals are able to easily assimilate within ethnic communities and mask their operations throughout the area.¹⁰⁸ Significant numbers of people from

k. (U) For the purposes of this report, Upstate New York refers to the area of New York State outside the area of New York City, Long Island, and Westchester County. Areas referred to in western New York (Buffalo, etc.) are included in Upstate New York.

l. (U) Jefferson County in Upstate New York was added to the HIDTA region in August 2010 because of its primarily rural and sparsely populated nature; Jefferson County has numerous unattended roads, trails, and waterways, facilitating smugglers' efforts to transport illicit drugs across the U.S.–Canada border.

drug source and transit countries reside in various parts of the region. For instance, the Jackson Heights section of Queens contains the largest Colombian community outside Colombia, and the Washington Heights section of Upper Manhattan—the center of drug activity in the city—is home to a large concentration of Dominican-born residents.¹⁰⁹ The four HIDTA counties in Upstate New York are urban/suburban, albeit less populated than the New York City metropolitan area, while the four HIDTA counties along the U.S.–Canada border are primarily rural and more sparsely populated.¹¹⁰

(U) High levels of cocaine and heroin availability and abuse pose the greatest drug threats to the NY/NJ HIDTA region, and these threats are spreading to surrounding suburban and rural areas.¹¹¹ According to the NDTs 2011, 94 of 109 respondents report cocaine availability as moderate or high, while 85 of 109 respondents report the same for heroin.¹¹² National Seizure System data indicate that 4,013.06 kilograms of cocaine along with 698.59 kilograms and 7,791 dosage units of heroin were seized in New York and New Jersey in 2010.¹¹³ Further, 31 respondents report that cocaine is the greatest drug threat to their area, while 36 report the same for heroin.¹¹⁴ Finally, 51 respondents indicate that cocaine is the drug that most contributes to violent crime in their areas; 51 respondents report that heroin most contributes to property crime.¹¹⁵ (See Table C1 in Appendix C.)

(U) Analysis of TEDS data indicates that although the number of admissions to publicly funded facilities for cocaine abuse has declined since 2006, more than 20 percent of such admissions nationwide in 2008—the latest year for which nationwide numbers are available—were in the NY/NJ HIDTA region.¹¹⁶ Additionally, heroin treatment numbers have fluctuated since 2006 but are higher than treatment numbers for any other drug in the region.¹¹⁷ In 2008, nearly 30 percent of the heroin treatment admissions nationwide were in New York and New Jersey.¹¹⁸ (See Table C2 in Appendix C.) High levels of heroin abuse in the region are also indicated by the number of fatal heroin overdoses in the NY/NJ HIDTA region in 2011.¹¹⁹ In March, there were two fatal overdoses in Westchester County and two in Albany County.¹²⁰ Since January, Erie County has had at least four fatal heroin overdoses, and law enforcement officials are awaiting toxicology reports on another death, which may raise the total to five.¹²¹ Law enforcement officials were not able to determine whether the heroin in all of these overdoses was from a common source.¹²²

(U) Hundreds of millions of dollars are laundered and moved each year by drug traffickers operating in the NY/NJ HIDTA region.¹²³ DTOs operating in the region rely on multiple methods to move and launder illicit drug proceeds, such as money transmissions through money services businesses (MSBs), structured deposits in traditional depository institutions, the Black Market Peso Exchange (BMPE), and bulk cash smuggling.¹²⁴ In 2010, the Financial Crimes Enforcement Network reported 97,883 suspicious activity reports (SARs) filed by depository institutions in New York and New Jersey.¹²⁵ Further, 20 percent (119,463) of the SARs filed by MSBs nationwide (596,494) in 2010 were filed in New York and New Jersey.¹²⁶

(LES) New York City is a primary location in the United States for BMPE-related money pickup operations and placement activity.¹²⁷ Colombian DTOs routinely use the BMPE to launder illicit proceeds generated in the NY/NJ HIDTA region.¹²⁸ Significant amounts of illicit drug funds funneled through traditional depository institutions and MSBs begin as money pickups in the region and are then placed into the BMPE.¹²⁹ Further, a portion of the bulk cash smuggled from New York across the Southwest Border is laundered using the BMPE in Mexico.¹³⁰ Colombian

peso brokers operate in Mexico, where they are able to place cash into the financial system—to avoid Bank Secrecy Act reporting requirements—and wire it to international locations, such as Panama, Hong Kong, and mainland China, to purchase BMPE-related goods.¹³¹

(U) The Black Market Peso Exchange

The Black Market Peso Exchange is a system in which Colombian traffickers purchase Colombian pesos located in Colombia in exchange for U.S. drug dollars located in the United States or bulk-smuggled to Latin American countries such as Mexico, Panama, the Dominican Republic, and Ecuador. Peso brokers facilitate this swap by purchasing the U.S. drug dollars and selling them at a discounted exchange rate to Colombian merchants, who purchase the U.S. dollars with Colombian pesos. Under this system, the Colombian trafficker receives Colombian pesos in Colombia, and the U.S. dollars are used to purchase goods on behalf of Colombian merchants. The goods are then smuggled into Colombia and sold on the black market.

(LES) New York City has long been a consolidation area for bulk cash destined for Mexico. Millions of dollars in bulk cash is generated and consolidated in the New York City area for subsequent shipment to the Southwest Border or other consolidation areas, such as Atlanta (GA).¹³² However, law enforcement officials in the NY/NJ HIDTA region report that bulk cash smuggling to Puerto Rico, the Dominican Republic, and Haiti is increasing because of rising efforts to stem the flow of U.S. cash to Mexico.¹³³ Colombian DTOs are beginning to shift some bulk cash smuggling routes through transshipment points in the Caribbean because of an increased law enforcement presence along the U.S.–Mexico border and increased violence in Mexico.¹³⁴ These DTOs have reportedly lost some bulk cash shipments that were sent through Mexico.¹³⁵ For instance, a 2010 OCDETF investigation was initiated on a Colombian DTO after law enforcement officers made several bulk cash seizures totaling more than \$41 million from various shipping containers. The seizures occurred in ports in Colombia and Mexico; those that occurred in Colombia were from vessels that had arrived from the port of Manzanillo, Mexico.¹³⁶

Appendix C. Tables and Map

Table C1. (U) National Drug Threat Survey 2011, by Number of Respondents

Drug	Greatest Drug Threat	Most Contributes to Violent Crime	Most Contributes to Property Crime
Powder Cocaine	14	15	9
Crack Cocaine	17	36	24
CPDs	21	7	11
Heroin	36	32	51
Marijuana	18	3	3
Ice Methamphetamine	0	1	0
Other Dangerous Drugs	0	3	1
Not Applicable	3	12	10

Source: National Drug Threat Survey, 2011.

Note: Total respondents in HIDTA counties only – 109.

Table C2. (U) Substance Abuse Treatment Admissions, New York/New Jersey Region, 2006–2010

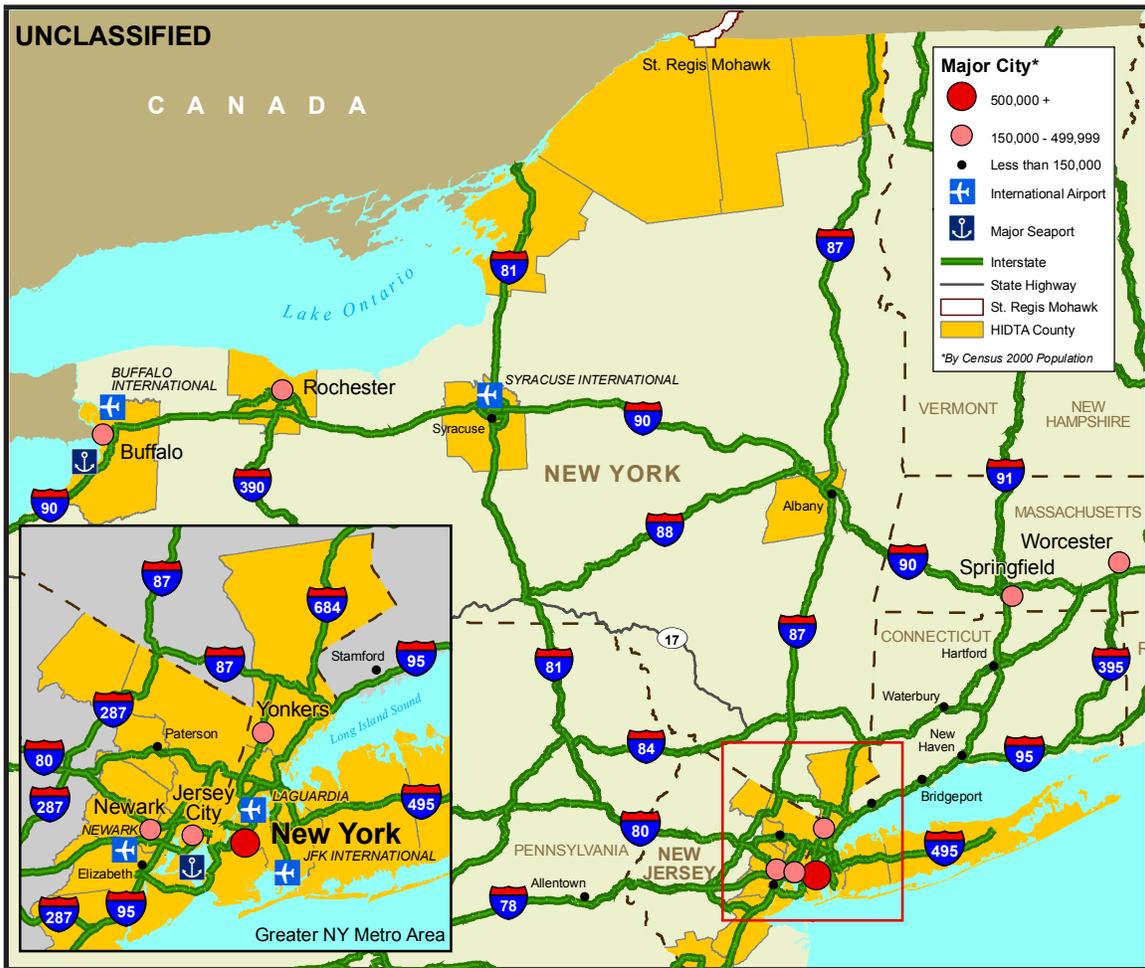
Drug	State	2006	2007	2008	2009	2010
Heroin	New York	59,157	57,390	60,750	61,903	56,902
	New Jersey	21,417	22,189	23,042	23,776	21,943
	Total	80,574	79,579	83,792	85,679	78,845
	Nationwide	269,653	263,511	281,841	NA	NA
Other Opiates	New York	7,425	10,258	11,981	14,609	19,077
	New Jersey	2,693	3,478	4,134	5,245	7,183
	Total	10,118	13,736	16,115	19,854	26,260
	Nationwide	83,148	97,982	121,277	NA	NA
Cocaine (smoked)	New York	36,274	33,632	29,471	25,286	23,571
	New Jersey	3,857	4,099	3,696	3,077	2,849
	Total	40,131	37,731	33,167	28,363	26,420
	Nationwide	194,457	179,973	164,423	NA	NA
Cocaine (other route)	New York	17,209	16,565	14,993	12,635	12,185
	New Jersey	2,568	2,760	2,415	2,089	1,901
	Total	19,777	19,325	17,408	14,724	14,086
	Nationwide	77,871	71,259	65,931	NA	NA
Marijuana	New York	43,517	44,507	48,991	51,445	53,666
	New Jersey	7,539	8,182	9,627	10,873	10,933
	Total	51,056	52,689	58,618	62,318	64,599
	Nationwide	308,687	307,195	349,717	NA	NA
Amphetamines (including methamphetamine)	New York	610	783	694	805	906
	New Jersey	190	203	189	245	240
	Total	800	986	883	1,050	1,146
	Nationwide	161,161	146,053	127,025	NA	NA

Source: Treatment Episode Data Set, data run date April 22, 2011.

Based on administrative data reported by states to TEDS through April 4, 2011.

NA—Not Available

Map C1. (U) New York/New Jersey HIDTA Region
Transportation Infrastructure



Endnotes

1. (U) National Drug Intelligence Center (NDIC), National Drug Threat Survey (NDTS) 2011.
2. (U) NDIC, NDTS 2011.
3. (U) Substance Abuse and Mental Health Services Administration (SAMHSA), Treatment Episode Data Set (TEDS), treatment admissions data for 2006 to 2010.
4. (U) SAMHSA, TEDS, treatment admissions data for 2006 to 2010.
5. (U) New York State Office of Alcoholism and Substance Abuse Services (OASAS), treatment admissions for New York High Intensity Drug Trafficking Area (HIDTA) counties only, 2006–2010.
6. (U) New York State OASAS, treatment admissions for New York HIDTA counties only, 2006–2010.
7. (U) New York State OASAS, treatment admissions data for New York HIDTA counties only, 2006–2010.
8. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
9. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
10. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
11. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
12. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011; NYDailyNews.com, “Oxycodone ring busted: \$1 million dollarly year business run out of ice cream truck on Staten Island,” March 17, 2011, <www.articles.nydailynews.com/2011-03-17/news/29442819_1_oxycodone-pills-ice-cream-ice-cream>.
13. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011; NYDailyNews.com, “Oxycodone ring busted: \$1 million dollarly year business run out of ice cream truck on Staten Island,” March 17, 2011, <www.articles.nydailynews.com/2011-03-17/news/29442819_1_oxycodone-pills-ice-cream-ice-cream>.
14. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011; NYDailyNews.com “Oxycodone ring busted: \$1 million dollarly year business run out of ice cream truck on Staten Island,” March 17, 2011, <www.articles.nydailynews.com/2011-03-17/news/29442819_1_oxycodone-pills-ice-cream-ice-cream>.
15. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
16. (U) NDIC, field intelligence officer (FIO) report from New York, “East Coast/West Coast – Prescription Drug Ring,” July 9, 2010.
17. (U) NDIC, FIO report, July 9, 2010.
18. (U) NDIC, FIO report, July 9, 2010.
19. (U) Organized Crime Drug Enforcement Task Forces (OCDETF) case NYNYN255, November 16, 2010.
20. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
21. (U) OCDETF cases NYNJ472, December 8, 2010; NYNJ474, December 21, 2010; NYNJ466, October 15, 2010; NYNJ471, December 18, 2010; NYNJ472, December 8, 2010; NYNYE631, January 12, 2010; NYNYE633, January 26, 2010; NYNYE647, June 22, 2010; NYNYE653, August 24, 2010; NYNYE654, September 8, 2010; NYNYE655, September 8, 2010; NYNYS754, January 20, 2010; NYNYS756, January 26, 2010; NYNYS758, February 21, 2010; NYNYS759, February 23, 2010; NYNYS770, April 20, 2010; NYNYS772, May 19, 2010; NYNYS773, May 18, 2010; NYNYS775, June 8, 2010; NYNYS776, June 15, 2010; NYNYS786, August 31, 2010; NYNYS796, October 27, 2010; NYNYS797, November 2, 2010; NYNYS800, November 2, 2010.
22. (U) OCDETF cases NYNJ466, October 15, 2010; NYNYE633, January 26, 2010; NYNYE647, June 22, 2010; NYNYE653, August 24, 2010; NYNYE654, September 8, 2010; NYNYE655, September 8, 2010; NYNYS758, February 21, 2010; NYNYS759, February 23, 2010; NYNYS770, April 20, 2010; NYNYS773, May 18, 2010; NYNYS776, June 15, 2010; NYNYS786, August 31, 2010; NYNYS797, November 2, 2010.
23. (U) Drug Enforcement Administration (DEA) New Jersey Division, interview by NDIC IA, January 25, 2010; New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011; OCDETF case NYNYE647, June 2, 2010; OCDETF case NYNYS786, August 31, 2010.
24. (U) DEA New Jersey Division, interview by NDIC IA, January 25, 2010; New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011; OCDETF case NYNYE647, June 2, 2010; OCDETF case NYNYS786, August 31, 2010.

25. (U) DEA New Jersey Division, interview by NDIC IA, January 25, 2010; New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011; OCDETF case NYNYS647, June 2, 2010; OCDETF case NYNYS786, August 31, 2010.
26. (U) OCDETF case NYNYS647, June 2, 2010.
27. (U) OCDETF case NYNYS786, August 31, 2010.
28. (U) DEA New Jersey Division, interview by NDIC IA, January 25, 2010.
29. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
30. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
31. (U) New York/New Jersey HIDTA, interview by NDIC IA, March 24, 2011.
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 Clifton Police Department
 East Brunswick Police Department
 East Orange Police Department
 Elizabeth Police Department
 Essex County Sheriff’s Office
 Ewing Police Department
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 Fort Lee Police Department
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 Teaneck Police Department
 Township of Union Police Department
 Trenton Police Department
 Union City Police Department
 Union County Prosecutor’s Office
 Upper Saddle River Police Department
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 West Caldwell Police Department
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 West New York Police Department
 West Orange Police Department
 Woodbridge Police Department
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New York

Albany County Sheriff’s Office
 Albany Police Department
 Amherst Police Department
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 Cheektowaga Police Department
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 Nassau County Police Department
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Federal

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 Office of National Drug Control Policy
 High Intensity Drug Trafficking Area
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