



U.S. Department of Justice
National Drug Intelligence Center



Ohio High Intensity Drug Trafficking Area



Drug Market Analysis 2011

Source Summary Statement

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 Ohio High Intensity Drug Trafficking Area and possess an expert knowledge of its drug situation.



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



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High Intensity Drug
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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

Over the past year, the overall drug threat in the Ohio High Intensity Drug Trafficking Area (HIDTA) region has increased, particularly from increased trafficking and abuse of heroin and prescription opioids. In fact, heroin has surpassed cocaine as the greatest drug threat in the HIDTA region, as Mexican traffickers continue to increase the availability of Mexican heroin. During numerous interviews conducted in early 2011 and in responding to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2011,^a most law enforcement officials identified heroin as the greatest drug threat in their areas. Along with the rise in heroin trafficking and abuse, prescription opioid diversion and abuse are increasing, resulting in a significant overall threat from prescription and illicit opioid abuse within the HIDTA region.

Key issues identified in the Ohio HIDTA region include:

- Heroin availability has increased in the Ohio HIDTA region because of an increased supply of Mexican heroin. Increased heroin trafficking has resulted in a rise in heroin abuse and heroin-related crime, leading law enforcement agencies to identify heroin as the greatest drug threat in the region.
- Cocaine availability and abuse have declined in the region, as evidenced by decreased seizures, arrests, and treatment admissions. However, law enforcement officials report that cocaine remains widely available and that the drug, particularly crack cocaine, continues to pose a significant threat to the Ohio HIDTA region, largely because of the drug's association with violent crime.
- Controlled prescription drug (CPD) availability and abuse are increasing in the HIDTA region, particularly the abuse of prescription opioids, contributing to increased drug overdose deaths in Ohio.
- Current levels of methamphetamine availability and local methamphetamine production are low, but sufficient to support demand for the drug in the Ohio HIDTA region.

a. 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 22, 2011.

Key Issues^b

Heroin availability has increased in the Ohio HIDTA region because of an increased supply of Mexican heroin. Increased heroin trafficking has resulted in a rise in heroin abuse and heroin-related crime, leading law enforcement agencies to identify heroin as the greatest drug threat in the region.

Law enforcement reporting and drug availability data indicate that the amount of heroin available in the HIDTA region is increasing, particularly in northern Ohio.¹ Law enforcement officials from Mahoning, Summit, and Stark Counties report that the amount of heroin available in their jurisdictions is increasing and that local distributors are able to obtain larger quantities of the drug.² Heroin seizure data support the perception among law enforcement officials that heroin availability is increasing. For example, the amount of heroin seized by law enforcement officials through Ohio HIDTA initiatives increased nearly 1,200 percent from 2009 (38.2 kg) to 2010 (494.3 kg).³ (See [Table B1 in Appendix B.](#)) Although seizure data indicate that heroin availability is increasing in the HIDTA region, wholesale heroin prices have remained relatively stable. According to law enforcement officials in Columbus, for instance, a kilogram of heroin sold for approximately \$33,000 in 2009, and in 2011, the kilogram price was still within a range of \$30,000 to \$33,000.⁴ The stable heroin price most likely is due to high demand for the drug and the dominance Mexican drug trafficking organizations (DTOs) exert over the heroin market in the HIDTA region.⁵ According to law enforcement officials in the HIDTA region, the increase in heroin availability is due to an increased flow of Mexican brown powder and Mexican black tar into Ohio primarily from the Southwest Border states.⁶ The flow and distribution of the Mexican heroin is most often controlled by Mexican DTOs that set and manipulate the price for the drug. For example, law enforcement officials from the Miami Valley Drug Task Force report that heroin is sold by Mexican DTOs to other Mexican criminal groups for approximately \$30,000 per kilogram in Dayton; however, when Mexican criminal groups sell to African American criminal groups in the city, they increase the price per kilogram to between \$50,000 and \$60,000.⁷

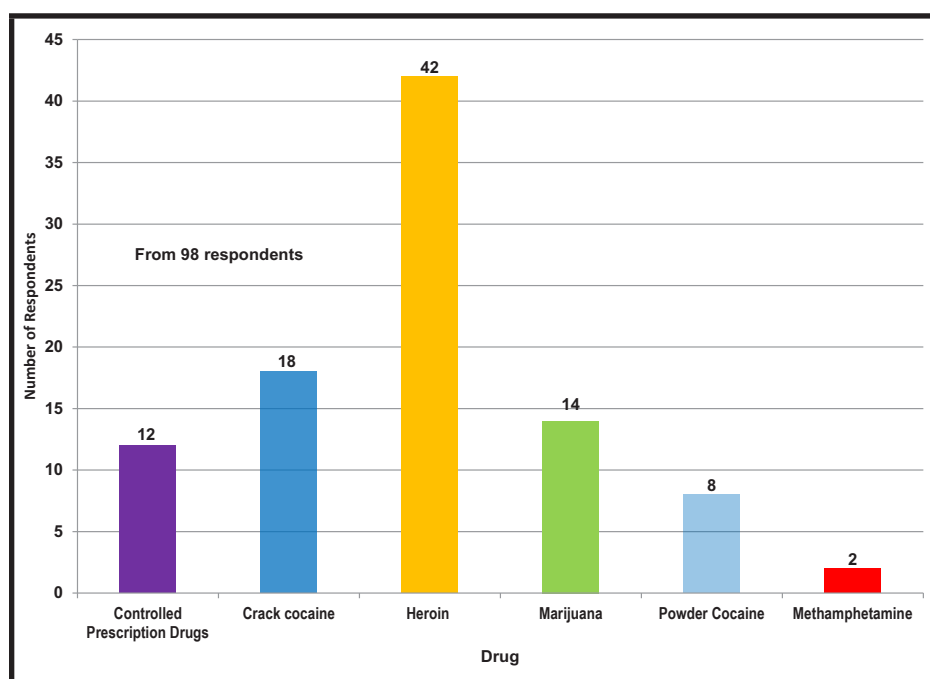
As heroin availability has increased, the level of heroin abuse also has increased. Drug treatment data indicate that the number of heroin-related treatment admissions to publicly funded facilities in the region increased 85 percent from state fiscal year (SFY) 2004 (5,267 admissions) through SFY2010 (9,759 admissions), including a 9 percent increase from SFY2009 to SFY2010 (8,945 to 9,759 admissions).⁸ (See [Chart B1 in Appendix B.](#)) Additionally, while heroin-related admissions have increased, marijuana, cocaine, and amphetamine-related admissions all decreased for the third consecutive year.⁹ The increase in heroin abuse can be attributed, at least in part, to individuals switching from abusing prescription opiates to abusing heroin because the drug is widely available at a lower price.¹⁰

Increased availability and abuse are contributing to a high level of heroin-related crime, elevating the overall threat posed by the drug.¹¹ Heroin is frequently associated with violent crime (27 agencies) and is second only to crack cocaine (41 agencies) as the drug most associated with violent crime, according to NDTs 2011 respondents in the HIDTA region. Additionally, among the 98 law enforcement agency respondents to the NDTs 2011 within the HIDTA region, heroin was identified more (53 agencies) than any other drug as the drug that most contributes to property crime. Law enforcement officials also indicated that heroin abusers are responsible for a significant portion of property

b. For a general overview of the drug threat in the Ohio HIDTA region, please see [Appendix A.](#)

crime in their jurisdictions during numerous interviews conducted in 2011.¹² Many of these crimes are committed to support heroin addictions. For example, there are several groups of heroin abusers who are committing daytime home invasions in Mahoning County. These groups knock on doors to determine whether anyone is home; if there is no answer, they break into the house and quickly steal whatever valuable items they can easily carry away. These groups often break into several houses per day, using lookouts and a driver who follows the group to each house, enabling the thieves to quickly transfer stolen items from the house to the vehicle. The stolen goods are then either sold for cash or traded for heroin.¹³ Such heroin-related crimes have led nearly half of all agencies (42 of the 98 agencies) within the HIDTA region that responded to the NDTs 2011 to identify heroin as the greatest drug threat in their areas, surpassing cocaine (26 agencies). (See Figure 1.)

Figure 1. Greatest Drug Threat in the Ohio HIDTA Region, by Number of NDTs 2011 Respondents



Source: National Drug Threat Survey 2011.

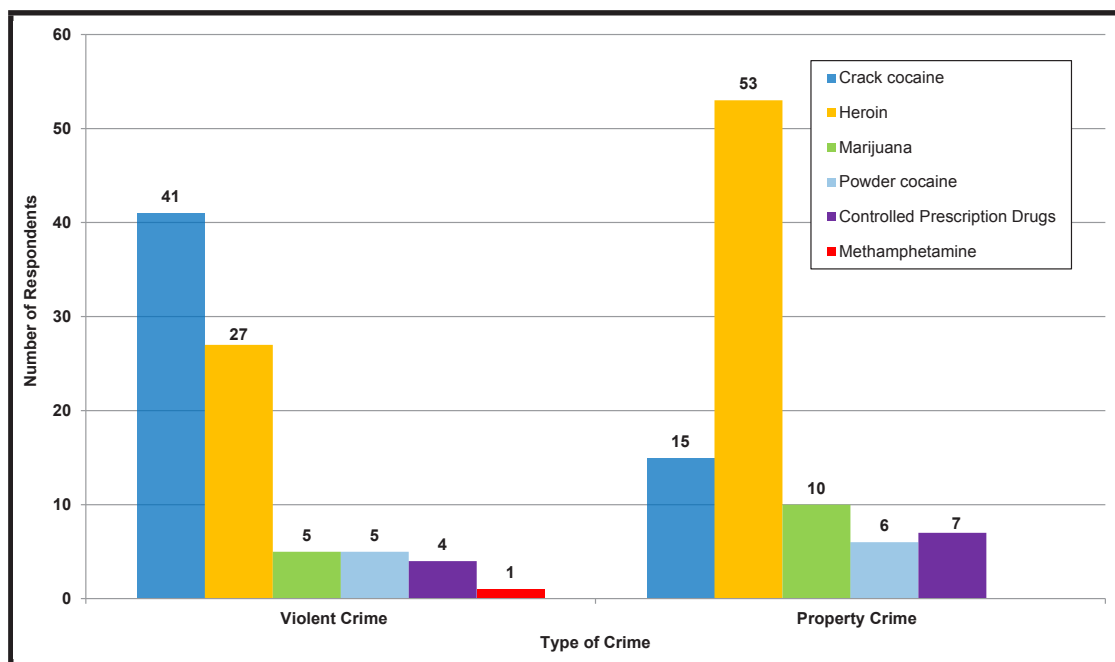
Cocaine availability and abuse have declined in the region, as evidenced by decreased seizures, arrests, and treatment admissions. However, law enforcement officials report that cocaine remains widely available and that the drug, particularly crack cocaine, continues to pose a significant threat to the Ohio HIDTA region, largely because of the drug's association with violent crime.

Lower cocaine seizure amounts and fewer arrests and treatment admissions for cocaine indicate that the availability and abuse of the drug have decreased in the HIDTA region. The amount of powder cocaine seized through HIDTA initiatives decreased nearly 60 percent from 2009 (394.3 kg) to 2010 (158.5 kg), and the amount of crack cocaine seized decreased more than 18 percent (7.0 to 5.7 kg) during the same period.¹⁴ (See Table B1 in Appendix B.) In addition to decreased seizure amounts, the number of arrests for cocaine in Ohio decreased 41 percent from 2009 (223 arrests) to 2010 (131 arrests), indicating reduced cocaine trafficking throughout the state.¹⁵ These seizure and arrest data are

supported by survey data showing that fewer respondents in the HIDTA region to the NDTs 2011 reported high availability of powder cocaine (23 of 98) and crack cocaine (40 of 98) than respondents to the NDTs 2010 (42 of 101 for powder cocaine and 54 of 101 for crack cocaine). Additionally, the number of admissions to publicly funded treatment facilities in the Ohio HIDTA region for cocaine decreased nearly 48 percent from SFY2008 (11,710 admissions) to SFY2009 (6,125 admissions) and decreased an additional 23 percent in SFY2010 (4,709).¹⁶ (See Chart B1 in Appendix B.)

Sharp decreases in cocaine seizures and arrests show a decline in availability of the drug, but this decline may not be as great as the data indicate. At least some of the decreases in cocaine seizures and arrests most likely result from drug users switching to heroin and a greater focus on heroin trafficking by law enforcement.¹⁷ For example, law enforcement officials report that some cocaine abusers in their jurisdictions are switching to heroin because the drug is more widely available.¹⁸ Furthermore, some cocaine dealers are switching to heroin distribution because they are able to increase their profit potential.¹⁹ Nevertheless, cocaine remains a great concern to law enforcement, largely because of the high level of cocaine-related crime. Cocaine remains the drug most often associated with violent crime in the region, according to the NDTs 2011, and is second only to heroin as the drug most often associated with property crime. (See Figure 2.)

Figure 2. Drug Most Associated With Violent and Property Crime in the Ohio HIDTA Region, by NDTs 2011 Respondents



Source: National Drug Threat Survey 2011.

CPD availability and abuse are increasing in the HIDTA region, particularly abuse of prescription opioids, contributing to increased drug overdose deaths in Ohio.

Drug survey and seizure data indicate that illegally diverted CPDs are widely available in the HIDTA region. According to the NDTs 2011, most of the state and local law enforcement agencies that responded to the survey (71 of the 98) reported high availability of CPDs in their jurisdictions. The already high CPD availability, as indicated in the NDTs results, is increasing according to CPD

seizure data. The amount of CPDs seized by law enforcement officials through HIDTA initiatives increased 50 percent from 2008 to 2010 (33,988 to 51,132 dosage units), including a 16 percent increase from 2009 to 2010 (44,154 to 51,132 dosage units).²⁰ (See Table B1 in Appendix B.)

With greater CPD availability, the abuse of prescription opioids has increased, contributing to a rise in the number of unintentional overdose deaths throughout Ohio. According to the most recent Treatment Episode Data Set (TEDS) data, the number of admissions to publicly funded treatment facilities in Ohio for prescription opioids (listed as “Other Opiates” in TEDS) increased 137 percent from 2,824 in 2005 to 6,718 in 2009. Law enforcement officials report that since the latest TEDS data in 2009, prescription opioid abuse has continued at high levels in the Ohio HIDTA region.²¹ Concurrent with the rise in prescription opioid treatment has been a sharp increase in drug-related overdose deaths in Ohio to very high levels. Ohio’s death rate for unintentional overdoses increased significantly from 1999 (2.9 per 100,000) to 2006 (11.1 per 100,000), surpassing the national rate in 2006 (8.8 per 100,000).²² The rate of unintentional overdose deaths continued to rise through 2008 (the most recent data available), with nearly 13 deaths per 100,000.²³ In 2007, unintentional drug overdoses surpassed motor vehicle crashes and suicide as the leading cause of injury death in Ohio.²⁴ Further, in 2008, prescription opioids were involved in more unintentional overdose deaths in Ohio (37 percent) than heroin and cocaine combined (33 percent), according to the Ohio Department of Health, Office of Vital Statistics.²⁵ Law enforcement officials and treatment providers report that since 2008, overdose deaths have remained at high levels, primarily because of prescription opioid abuse. The opioids most often associated with these overdose deaths are methadone, oxycodone, hydrocodone, and fentanyl,²⁶ the same CPDs that law enforcement officials in the HIDTA region report as being the most commonly abused in their jurisdictions.²⁷ The widespread abuse of prescription opioids has become a primary concern in several communities in the HIDTA region, particularly in Fairfield County, where it has led to the creation of a task force designed to combat the problem using all available community resources.²⁸ (See text box.)

Fairfield County Creates an Opiates Task Force

In December 2009, Fairfield County Alcohol, Drug, and Mental Health created the Opiate Drug Task Force to combine the county’s resources to fight the rising numbers of individuals with opiate addiction. Representatives from area health treatment providers, addiction treatment providers, law enforcement, and the courts have united, along with community members, to deal with opiate addiction as a community problem. The task force focuses on rehabilitation, education, and awareness. Additionally, adjudicated offenders (both adult and juvenile) work through an intense program that emphasizes rehabilitation under very close supervision.²⁹

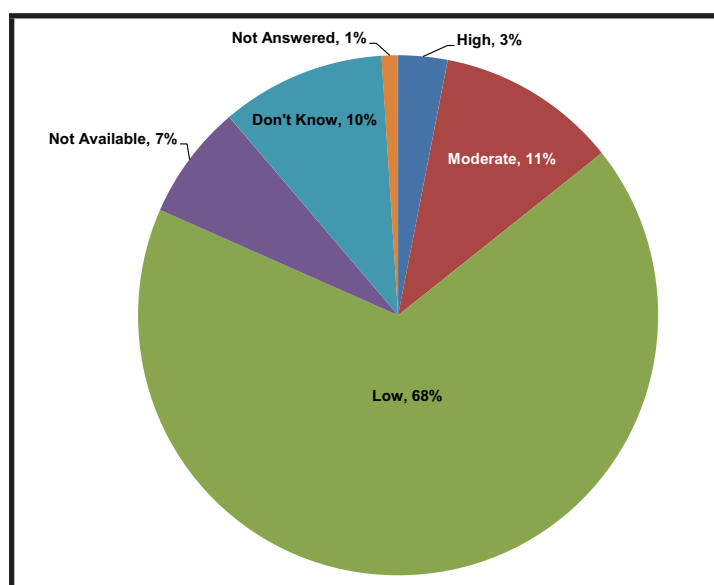
Most CPDs are obtained by distributors and abusers through local doctor-shopping, prescription forgeries, thefts, and the sale of legitimate prescriptions.³⁰ In 2009, Ohio prescribers dispensed prescription opioids at a much higher rate than neighboring states, such as Indiana, Kentucky, Michigan, Pennsylvania, and West Virginia.³¹ In fact, Ohio practitioners accounted for nearly 70 percent of oxycodone purchases among these states.³² A significant portion of the CPDs abused in the region are also acquired from other states, particularly Florida.³³ Criminals often hire or arrange for a crew of individuals to travel to Florida and obtain hundreds of dosage units that are then delivered to the criminal for local distribution.³⁴ Law enforcement officials also report that Florida

residents mail CPDs to residents in Columbus using parcel delivery services and the U.S. Postal Service.³⁵ Some CPDs distributed and abused in the HIDTA region also are obtained from sources in southern Ohio and Detroit, while some of the CPDs are obtained from clinics where these drugs are illegally diverted by doctors who prescribe and dispense narcotics to individuals without a legitimate medical need.³⁶ These clinics are often referred to as pill mills and are common in southern Ohio counties such as Scioto. In 2010, for example, 9.7 million doses of prescription painkillers were dispensed in Scioto County, which has a population of only 76,000—an amount equal to 127 doses per resident.³⁷ Additionally, some CPDs that originate in Detroit transit the Ohio HIDTA region, destined for distribution and abuse in areas outside of the HIDTA region, such as southeastern Ohio, West Virginia, and Kentucky.³⁸

Current levels of methamphetamine availability and local methamphetamine production are low, but sufficient to support demand for the drug in the Ohio HIDTA region.

Methamphetamine availability and abuse levels are low in the HIDTA region. According to the NDTs 2011, most respondents (66 of 98) in the HIDTA region reported low availability of powder methamphetamine in their jurisdictions, compared with only 14 that reported high or moderate availability. (See Figure 3.) Additionally, none of the responding agencies reported high availability of ice methamphetamine, and only four indicated moderate availability. (See text box on page 7.) Despite an increase in the amount of methamphetamine seized through Ohio HIDTA initiatives from 2009 (2.3 kg) to 2010 (19.6 kg), seizure amounts are still quite low.³⁹ Furthermore, law enforcement officials indicated during 2011 interviews that the overall amount of methamphetamine available in the region has not increased, primarily because a large portion of the seized methamphetamine was transiting the HIDTA region for distribution outside the region.⁴⁰ For example, the Commercial Vehicle Intelligence Initiative seized 7.4 kilograms of ice methamphetamine during a traffic stop in the second quarter of 2010; the methamphetamine was believed to be destined for distribution in Missouri.⁴¹

Figure 3. Methamphetamine Availability in the Ohio HIDTA Region, by Number of NDTs 2011 Respondents



Source: National Drug Threat Survey 2011.

Limited Ice Methamphetamine Availability

Mexican methamphetamine, particularly ice methamphetamine, is available sporadically and in limited amounts in the HIDTA region, according to 2011 interviews of law enforcement officials.⁴² Additionally, NDTs 2011 data reveal that 71 of the 98 state and local law enforcement agency respondents in the Ohio HIDTA region reported low availability of ice methamphetamine. Anecdotal reporting from law enforcement officials in the region also indicates that Mexican methamphetamine either is not available in their jurisdictions or is encountered only sporadically.⁴³ For example, the Akron/Summit County Drug Task Force seized a few parcels containing ice methamphetamine in 2009, made no seizures of the drug in 2010, and in the first 2 months of 2011, seized 5.5 kilograms from couriers traveling in private vehicles en route to Minnesota.⁴⁴

Most of the methamphetamine available in the HIDTA region is produced locally; however, laboratory seizure data indicate that methamphetamine production is decreasing. Methamphetamine laboratory seizures in the HIDTA region decreased more than 19 percent from 2009 (57) to 2010 (46).⁴⁵ (See Table 1.) Among those individuals who are still producing methamphetamine, many are now using the one-pot method to produce only small amounts of the drug (usually 2 ounces or less) during a single production cycle.⁴⁶ (See text box on page 8.) In fact, nearly half of the laboratories seized in 2010 (22 of 46) were one-pot laboratories.⁴⁷ Law enforcement officials attribute the increased use of the one-pot method, at least in part, to the desire on the part of producers to have more mobile laboratories and the ability to produce methamphetamine with less pseudoephedrine per production cycle.⁴⁸

Table 1. Methamphetamine Laboratory Seizures, Ohio HIDTA, by County, 2006–2010

County	2006	2007	2008	2009	2010
Cuyahoga	1	0	0	1	1
Fairfield	0	1	1	1	2
Franklin	2	0	1	1	3
Greene	3	2	3	4	1
Hamilton	3	1	1	5	3
Lucas	0	0	0	1	2
Mahoning	3	0	1	0	0
Montgomery	0	0	1	1	0
Stark	2	1	1	0	3
Summit	39	27	30	41	29
Warren	1	3	0	2	2
HIDTA TOTALS	54	35	39	57	46

Source: National Seizure System, data run February 24, 2011.

One-Pot, or “Shake and Bake,” Methamphetamine Production

A one-pot cook is actually a variation of the anhydrous ammonia method of production; however, in the one-pot method, cooks use a combination of commonly available chemicals to synthesize the anhydrous ammonia essential for methamphetamine production. In doing so, they are able to produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers, such as a 2-liter plastic soda bottle, as opposed to using other methods that require hours to heat ingredients on a stove, a process that could result in toxic fumes, primarily from the anhydrous ammonia. Producers often use the one-pot cook while traveling in vehicles and dispose of waste components along roadsides. Discarded plastic bottles may carry residual chemicals that can be toxic, explosive, or flammable.

Strong precursor chemical controls in Ohio that restrict pseudoephedrine and ephedrine sales have contributed to the decrease in local methamphetamine production.⁴⁹ Despite the restrictions, some methamphetamine producers and abusers circumvent the law, oftentimes by working in groups and traveling to multiple pharmacies to obtain pseudoephedrine.⁵⁰ For example, in Fairfield County, groups travel to multiple counties in a day to obtain precursors for a batch of methamphetamine.⁵¹ Furthermore, the precursor is used as a form of payment for methamphetamine in Fairfield County.⁵² Because of the difficulty in obtaining pseudoephedrine, the chemical often is more valuable to the producers than a cash payment for methamphetamine.

Demand for methamphetamine in the HIDTA region is low and declining, as evidenced by relatively few and decreasing treatment admissions for the drug. Amphetamine-related (including methamphetamine-related) treatment admissions to publicly funded treatment facilities declined more than 16 percent from SFY2008 (252 admissions) to SFY2010 (210 admissions).⁵³ (See Chart B1 in Appendix B.)

Outlook

NDIC assesses with high confidence that Mexican DTOs will increase the availability of Mexican heroin throughout the region.^c As a result, the level of heroin abuse will continue to rise, and more prescription opioid abusers will switch to heroin because of the drug’s availability and lower cost. Consequently, heroin-related crime and treatment costs will rise. NDIC assesses with medium confidence that cocaine availability will remain stable in the near term. NDIC assesses with high confidence that CPD abuse will increase further as the availability of illegally diverted CPDs from pill mills in southern Ohio counties and CPDs from other states increases. NDIC assesses with medium confidence that the overall availability of methamphetamine will not increase in the near term because local methamphetamine production and demand are decreasing.

c. **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. Ohio HIDTA Region Overview

Map A1. Ohio High Intensity Drug Trafficking Area



The Ohio HIDTA region consists of Cuyahoga, Franklin, Greene, Hamilton, Lucas, Mahoning, Montgomery, Stark, Summit, and Warren Counties. (See Map A1.) These counties contain more than half of Ohio's population and encompass the nine largest cities in the state. Ohio's Hispanic population increased more than 63 percent between 2000 and 2010,⁵⁴ enabling members of Mexican DTOs (the largest DTO presence) to assimilate within communities and conceal their drug trafficking activities. In addition, Mexican traffickers and other drug transporters are able to exploit the numerous interstate highways that link the HIDTA region to major drug source areas, including the Southwest Border, Chicago, Detroit, New York City, Atlanta, and Canada, to smuggle illicit drugs into and through the region. Ohio has the eighth-largest national highway system, which carries the seventh-highest volume of traffic in the nation, allowing drug transporters to blend in with the natural flow of traffic.⁵⁵

The distribution and abuse of heroin, cocaine, CPDs, marijuana and, to a lesser extent, methamphetamine, are the principal drug threats to the Ohio HIDTA region. Other drugs such as MDMA (3,4-methylenedioxymethamphetamine, also referred to as ecstasy), PCP (phencyclidine), psilocybin, and LSD (lysergic acid diethylamide) are occasionally available; however, these drugs pose much lesser threats to the region.

Mexican DTOs are the primary sources of supply for illicit drugs transported to the Ohio HIDTA region.⁵⁶ Law enforcement officials in the region report that most of the heroin, cocaine, marijuana, and limited amounts of methamphetamine available in their jurisdictions are obtained from Mexican DTO sources along the Southwest Border.⁵⁷ The drugs often are transported to the region by individuals associated with Mexican DTOs. However, in some instances, criminal groups from the HIDTA region travel to the Southwest Border to purchase illicit drugs from Mexican DTOs and transport the drugs back to their home areas for local distribution. For example, in early 2010, the Stark County Violent Crimes Task Force investigated a local African American criminal group that had been obtaining cocaine from a Mexican DTO in Texas. A representative of the criminal group would travel to Texas by air, purchase the drugs, arrange for transportation back to Stark County, and then return home by air. The drugs typically were transported to Stark County in SUVs driven by a Caucasian couple with children. Once the cocaine was in Stark County, the African American criminal group would retrieve it and distribute it locally.⁵⁸ To a lesser extent, Mexican DTOs based in Chicago, Detroit, New York City, and Atlanta also supply drugs to local DTOs and criminal groups.⁵⁹

Mexican DTOs are the primary wholesale drug distributors in most HIDTA counties.⁶⁰ These DTOs supply local African American, Puerto Rican, and Caucasian DTOs and criminal groups with large quantities of heroin, cocaine, and marijuana for midlevel and retail-level distribution. However, in Columbus, Mexican DTOs control the distribution of heroin at all levels and have recently expanded their control over marijuana distribution.⁶¹ Law enforcement officials believe that Mexican DTOs are attempting to increase their profits from marijuana by eliminating middlemen and maintaining control of marijuana from production to the point of sale in Columbus.⁶²

Other groups, particularly African American,⁶³ Puerto Rican,⁶⁴ and Caucasian⁶⁵ DTOs and criminal groups also transport and distribute significant quantities of illicit drugs in the HIDTA region. These groups are primarily active at the midlevel and retail level of distribution and are most often supplied by Mexican DTOs operating along the Southwest Border or in the HIDTA region; however, some groups have developed sources of supply in Chicago, Detroit, New York City, and Atlanta.⁶⁶

Most of the drugs transported to cities in the HIDTA region are consumed locally or are distributed and abused in surrounding counties. However, some cities in the region, particularly Columbus and Dayton, serve as regional distribution centers, particularly for Mexican heroin. For example, Columbus serves as source of supply for Mexican heroin for much of Ohio,⁶⁷ West Virginia,⁶⁸ Western Pennsylvania,⁶⁹ and New York.⁷⁰ Columbus also serves as a source of supply or transshipment center for cocaine (New York and West Virginia) and marijuana (West Virginia⁷¹ and Pennsylvania⁷²). Dayton also serves as a source for Mexican heroin distributed in surrounding rural counties and in Richmond (IN).⁷³ Additionally, Dayton frequently serves as transshipment point for CPDs. Detroit-based CPD distributors often stop in Dayton to distribute

some drugs on their way to their primary distribution points in Warren County and Kentucky.⁷⁴ Toledo also serves as a source of supply and staging area for heroin, cocaine, marijuana, and CPDs for the surrounding counties in northwest Ohio and southeast Michigan (Monroe, Lenawee, and Hillsdale Counties).⁷⁵ DTOs operating in other cities, such as Los Angeles, Chicago, and Detroit, as well as along the Southwest Border often ship drugs to Toledo for resale or storage for eventual shipment to markets farther east, such as New York and New England.⁷⁶

Marijuana is the most widely available and abused drug in the HIDTA region. Marijuana is also the illicit drug most commonly seized by law enforcement officials through HIDTA initiatives, which seized more than 13,650 kilograms in 2010.⁷⁷ (See Table B1 in Appendix B.) Furthermore, nearly all (90 of 98) of respondents in the HIDTA region to the NDTs 2011 indicate high marijuana availability in their jurisdictions. According to treatment admission data, despite a slight decrease in marijuana-related treatment admissions to publicly funded facilities, marijuana continues to be the most commonly reported drug of abuse by those seeking treatment in public health facilities.⁷⁸ (See Chart B1 in Appendix B.)

Most of the marijuana available in the Ohio HIDTA region is Mexican commercial-grade transported to the area from the Southwest Border; however, some marijuana, particularly high-potency marijuana, is transported to the area from Canada and northern California.⁷⁹ Local marijuana production continues at consistent levels, primarily at indoor grow sites. Anecdotal law enforcement reporting from HIDTA initiatives indicates that, with the exception of Warren County, the size and frequency of marijuana grow sites have not changed.⁸⁰ Most indoor grows in the region range from 30 to 100 plants.⁸¹ Caucasians remain the primary cultivators in the region; however, in Toledo, marijuana is also cultivated by African American and Mexican traffickers.⁸² Law enforcement officials report that marijuana cultivators in the region are attempting to grow high-potency marijuana.⁸³ Most indoor grows are conducted in the basements or rooms of residences; however, in Canton and Cleveland, warehouses also are used.⁸⁴ Outdoor grow sites are occasionally encountered in the more rural areas of the HIDTA region. These grows are often found on public lands or interspersed with other plants.

Large amount of illicit proceeds are generated in the Ohio HIDTA region each year. Mexican DTOs primarily transport bulk currency derived from illicit drug sales in the region to areas along the Southwest Border using private vehicles and tractor-trailers. According to reporting from law enforcement officials, Columbus and Dayton⁸⁵ occasionally serve as consolidation points for bulk cash shipments. For example, the South Central Drug Task Force in Columbus seized \$1.5 million in bulk cash from a tractor-trailer destined for the Southwest Border. The money had been transported to Columbus from several areas, including Raleigh (NC) and Birmingham (AL).⁸⁶ Traffickers also move illicit proceeds out of the HIDTA region using wires, mail, parcel services, and couriers on commercial airlines.⁸⁷ Traffickers also launder money through various other means, including purchasing vehicles,⁸⁸ operating cash-intensive businesses such as lawn care services and car washes,⁸⁹ and purchasing and flipping properties.⁹⁰

Appendix B. Tables and Charts

Table B1. Illicit Drugs Seized Through Ohio HIDTA Initiatives, in Kilograms, 2008–2010

Drug	2008	2009	2010***
Powder Cocaine	404.5	394.3	158.5
Crack Cocaine	5.1	7.0	5.7
Heroin	27.7	38.2	494.3
Khat	110.2	304.8	32.5
Marijuana	13,608.9	12,591.7	13,651.8
MDMA	47,739.8*	46,493.0*	373.0*
Methamphetamine	3.1	2.3	19.6
PCP (Phencyclidine)	0.02	36.3	0.0
Controlled Prescription Drugs**	33,988.1*	44,154.0*	51,132.0*

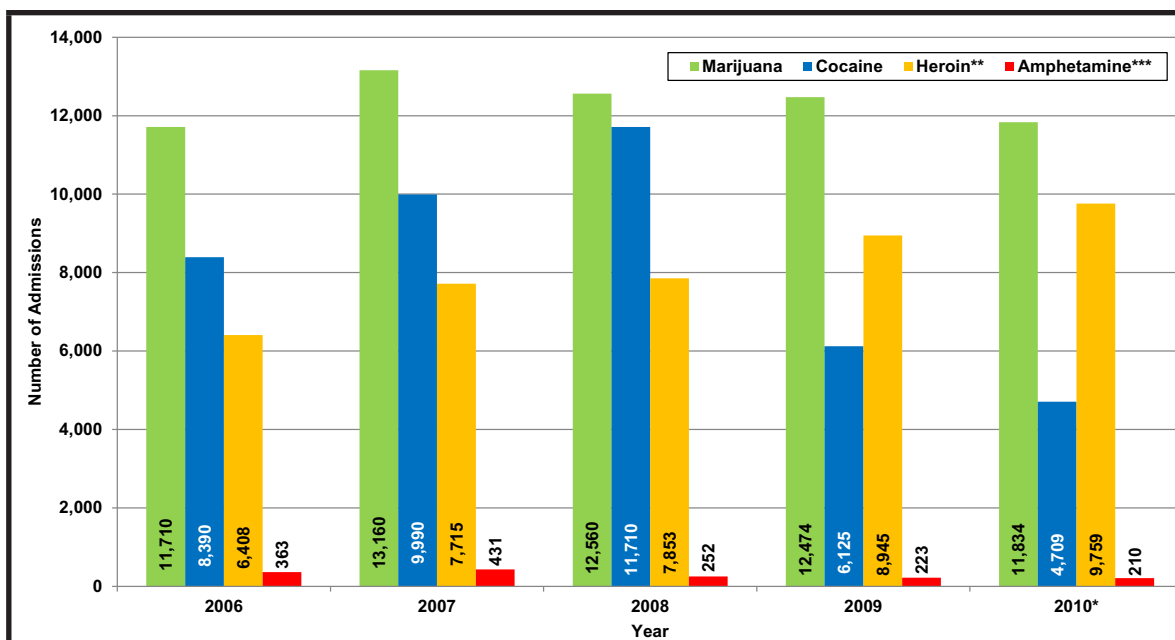
Source: Ohio High Intensity Drug Trafficking Area.

*Dosage units.

**Includes only federally scheduled drugs.

***2010 data are preliminary as of March 9, 2011.

Chart B1. Substance Abuse Treatment Admissions, Ohio HIDTA, by Drug, SFY2006–SFY2010*



Source: Ohio Department of Alcohol and Drug Addiction Services.

*2010 data are preliminary as of February 2011.

**This category includes heroin and all other types of opiates.

***Amphetamine category includes methamphetamine.

Endnotes

1. Northern Ohio Law Enforcement Task Force, interview by National Drug Intelligence Center (NDIC) intelligence analyst (IA), February 10, 2011; Stark County Violent Crimes Task Force, interview by NDIC IA, February 10, 2011; Akron/Summit County Drug Task Force, interview by NDIC IA, February 9, 2011; Mahoning Valley Law Enforcement Task Force, interview by NDIC IA, February 10, 2011; Toledo Metro Drug Task Force, interview by NDIC IA, February 9, 2011; Drug Enforcement Administration (DEA) Youngstown Task Force, interview by NDIC IA, February 9, 2011; Northeast Ohio Interdiction Task Force, interview by NDIC IA, February 10, 2011; Hotel Interdiction Team, interview by NDIC IA, February 9, 2011.
2. Stark County Violent Crimes Task Force, interview by NDIC IA, February 10, 2011; Akron/Summit County Drug Task Force, interview by NDIC IA, February 9, 2011; DEA Youngstown Task Force, interview by NDIC IA, February 9, 2011.
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