



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



New York/New Jersey High Intensity Drug Trafficking Area



Drug Market Analysis 2010

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**U.S. Department of Justice
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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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Table of Contents

Executive Summary	1
HIDTA Overview	2
Drug Trafficking Organizations	4
Colombian DTOs	4
Dominican DTOs	5
Mexican DTOs	5
Gangs	6
Drug Flow Into, Within, and From the NY/NJ HIDTA Region	7
Overland Smuggling Into the NY/NJ HIDTA Region	8
Maritime Smuggling Into the NY/NJ HIDTA Region	9
Air Smuggling Into the NY/NJ HIDTA Region	10
Drug Flow Within the NY/NJ HIDTA Region	11
Drug Flow From the NY/NJ HIDTA Region	11
Drug Availability	13
Cocaine	13
Heroin	14
Marijuana	14
Controlled Prescription Drugs	14
MDMA	16
Methamphetamine	16
Abuse	17
Cocaine	17
Heroin	18
Marijuana	19
Controlled Prescription Drugs	19
MDMA	19
Methamphetamine	20

Illicit Finance	20
Communications	21
Vulnerabilities	21
Outlook	21
Appendix A. New York/New Jersey HIDTA Drug Market Questionnaire	23
Appendix B. New York/New Jersey HIDTA Region Enforcement Initiatives	25
Appendix C. Tables	27
Endnotes	33
Sources	36



Executive Summary

(U) The New York/New Jersey High Intensity Drug Trafficking Area (NY/NJ HIDTA) region, specifically the New York City metropolitan area, is one of the largest drug markets and cocaine, heroin, and marijuana distribution centers in the United States. Colombian, Dominican, and Mexican drug trafficking organizations (DTOs) pose the greatest organizational drug threats to the NY/NJ HIDTA region. New York City is a national-level distribution center for multiton quantities of cocaine, South American heroin, and marijuana transported into and through the region. The St. Regis Mohawk Reservation, which straddles the U.S.–Canada border in northern New York, is the principal entry point for Canadian high-potency marijuana and MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy), into the NY/NJ HIDTA region. Traffickers operating in the region launder and move hundreds of millions of dollars annually through money services businesses (MSBs), structured deposits in traditional depository institutions, the Black Market Peso Exchange (BMPE), and bulk cash smuggling.

(U) While Colombian, Dominican, and Mexican DTOs pose the greatest organizational drug threats, urban street gangs are expanding their operations beyond traditional retail drug distribution.

- (U) Colombian DTOs maintain a dominant presence in the NY/NJ HIDTA region that is likely to continue in the near future despite their diminishing influence in most other areas of the United States.
- (U) Dominican DTOs are deeply entrenched in the NY/NJ HIDTA region and were the subject of more Organized Crime Drug Enforcement Task Force (OCDETF) investigations in 2009 than any other DTO.
- (U) Mexican DTOs are expanding their drug distribution operations in the region, particularly in New Jersey. They are more diversified than Colombian and Dominican DTOs that primarily distribute cocaine and heroin. Mexican traffickers also distribute marijuana, controlled prescription drugs (CPDs), and methamphetamine.
- (U) The threat from street gangs is increasing in many areas of the region as they have expanded their operations beyond traditional retail drug distribution in New York City and Newark to midlevel and wholesale distribution in suburban areas, Upstate markets, and rural locations. Drug distribution by street gangs in these smaller markets is expected to result in increased violent and property crime.

(U) Analysis of indicator data, price and purity data, seizure data, distribution trends, and demand data, shows that drug availability and abuse in the NY/NJ HIDTA region varied by type in 2009.

- (U) Cocaine availability has largely returned to normal levels after reported cocaine shortages that began in 2006. Treatment admission data indicate that although cocaine abuse is high in the NY/NJ HIDTA region, the total number of cocaine-related admissions to publicly funded treatment facilities in New York and New Jersey has declined steadily since cocaine shortages were first reported.
- (U) Heroin availability is high and increasing as indicated by high purities, low prices, and increased milling operations in the HIDTA region. Heroin sold in New York City and Newark is among the highest purity and lowest priced heroin in the country. On Long Island, significant increases in heroin availability have led to a rise

in heroin abuse, particularly among young people, and a corresponding rise in heroin overdoses and overdose deaths. In New Jersey, rising heroin demand has caused New York City-based DTOs to branch out to northern New Jersey, increasing heroin availability there.

- (U) CPDs—particularly opioid pain medications—are widely abused throughout the region and contribute to more overdose deaths than any other drug in some areas.
- (LES) Law enforcement estimates suggest that up to 13 metric tons of high-potency marijuana are smuggled into the NY/NJ HIDTA region through the St. Regis Mohawk Reservation each week. As such, the availability of Canadian high-potency marijuana has increased in the region, surpassing that of Mexican marijuana in some markets, such as Albany and Syracuse in New York and parts of New Jersey.
- (LES) MDMA availability is increasing in New York City as Dominican DTOs increase their involvement in MDMA distribution. Dealers are attracted to the expanding customer base, high profit margins, and lack of violence typically associated with the MDMA market. Multithousand-tablet quantities of MDMA are supplied by Asian producers in Canada to Native American DTOs that smuggle the drug through the St. Regis Mohawk Reservation.

(U) Methodology

The *New York/New Jersey High Intensity Drug Trafficking Area Drug Threat Assessment 2010* 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 collected by the NY/NJ HIDTA from a two-page questionnaire completed by 143 law enforcement agencies (federal, state, local, and tribal) within the region. (See Appendix A.) Additionally, NDIC analysts reviewed 50 OCDETF investigations (approximately 40 percent of the total) initiated in the NY/NJ HIDTA region in 2009. All OCDETF references in this assessment deal specifically with the 50 investigations reviewed. Additionally, numerous personal interviews with law enforcement officers in the region supplemented this assessment.

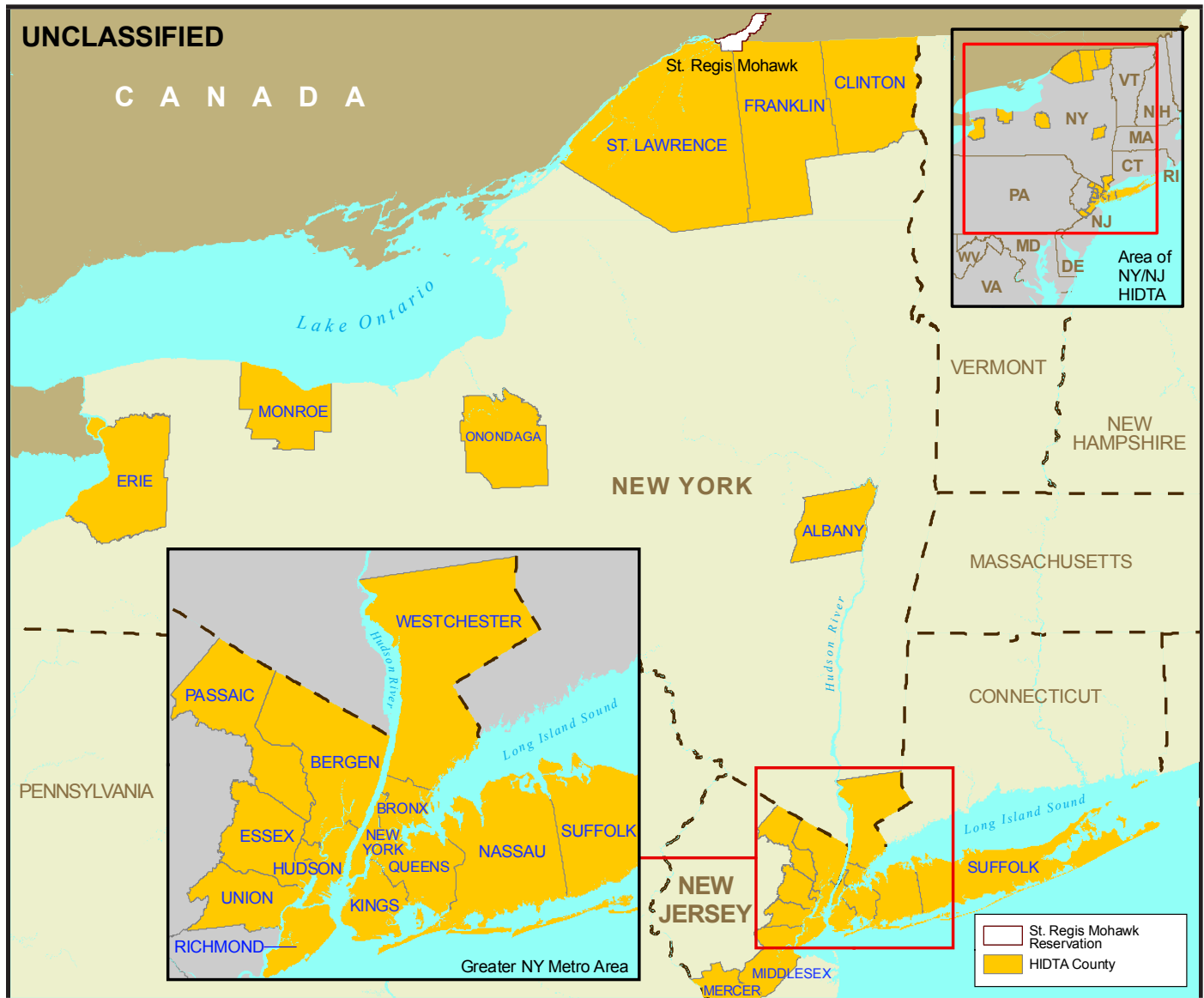
HIDTA Overview

(U) The NY/NJ HIDTA region encompasses 22 counties throughout New York and northeastern New Jersey. 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^a New York (Albany, Erie, Monroe, and Onondaga), and three counties (Clinton, Franklin, and St. Lawrence) along the U.S.–Canada border that were added in 2009.^b The New Jersey portion consists of Bergen, Essex, Hudson, Passaic, and Union Counties, as well as Mercer and Middlesex Counties,^c which were added in 2009.

- a. (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.
- b. (U) Clinton, Franklin, and St. Lawrence Counties in Upstate New York were added to the HIDTA region because they are primarily rural and sparsely populated and have numerous unattended roads, trails, and waterways, facilitating smugglers' efforts to transport illicit drugs across the U.S.–Canada border. Further, the St. Regis Mohawk Reservation, located in Franklin County and straddling the U.S.–Canada border, is a significant transportation corridor for high-potency Canadian marijuana and MDMA.
- c. (U) In 2009, the counties of Mercer and Middlesex were added to the NY/NJ HIDTA because of the increasing number of drug trafficking organizations operating there.

(U) The New York City metropolitan area 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. Significant numbers of people from 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.

Figure 1. (U) New York/New Jersey High Intensity Drug Trafficking Area



Drug Trafficking Organizations

(U) Colombian, Dominican, and Mexican DTOs pose the greatest organizational drug threats to the NY/NJ HIDTA region, supplying most of the available cocaine, South American heroin, and marijuana. These organizations generate hundreds of millions of dollars annually from the trafficking and abuse of illicit drugs and associated activities in the region. The HIDTA region is one of the greatest strongholds for Colombian DTOs in the United States, and these organizations act as wholesale suppliers to other DTOs throughout the region and along the East Coast. Dominican DTOs also are deeply entrenched in the region, distributing drugs at all levels, supplying markets throughout the HIDTA region, and expanding their operations, particularly in New Jersey. Mexican DTOs distribute a more diverse range of drugs than most Colombian and Dominican groups and supply areas throughout the Northeast from the NY/NJ HIDTA region.

Colombian DTOs

(LES) Colombian DTOs have retained a stronghold in the NY/NJ HIDTA region that is likely to continue in the near term despite their diminished influence in most other areas of the United States. These organizations are the principal wholesale¹ distributors of cocaine and heroin, supplying multihundred-kilogram quantities of these drugs to other DTOs in the region and along the East Coast.² Colombian DTOs operating in the NY/NJ HIDTA region supply midlevel and retail-level dealers in New York and New Jersey as well as DTOs in Connecticut, Florida, Maryland, Massachusetts, New Jersey, New York, and Virginia.³ In 2009, Colombian DTOs most commonly supplied cocaine and heroin to Dominican organizations; however, they also supplied lower-level Colombian and Mexican traffickers and traffickers of other ethnicities.

(U) Colombian DTOs

(LES) Law enforcement reporting indicates that Colombian DTO members are attracted to the NY/NJ HIDTA region largely because of longstanding familial and organizational connections, high profit margins, and the large customer base. Officials involved in OCDETF Operation Canita Mix report that younger Colombian traffickers are drawn to the area by opportunities to replace older DTO members who have been forced out or arrested.

Source: Organized Crime Drug Enforcement Task Force, case NYNYE612.

(LES) Colombian organizations operating in the NY/NJ HIDTA region often report to command-and-control structures outside the United States. Colombian DTOs investigated by the OCDETF in 2009 typically reported to organizations in Colombia; one reported to a Colombian organization in the Dominican Republic.⁴ Other Colombian DTOs operating in the HIDTA region had associates in Guatemala, Panama, and Venezuela.⁵ These direct connections to sources of supply allow Colombian DTOs to provide a steady flow of cocaine and heroin into the region and retain their role as major wholesalers.

(LES) Colombian DTOs are increasingly using Mexico⁶ as a transshipment point for cocaine and heroin destined for the HIDTA region, indicating an increased role for Mexican DTOs in transporting drugs on behalf of Colombian organizations. Colombian DTOs arrange to have cocaine and heroin transported from Colombia to Mexico, where Mexican DTOs smuggle the drugs across the Southwest Border. Colombian DTOs are increasingly using Mexican groups as transporters to insulate themselves from the aspects of the drug trade most vulnerable to law enforcement interdiction. 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.⁷ In at least one OCDETF investigation, Colombian DTOs also used the Dominican Republic as a transshipment point for cocaine and heroin destined for the region.⁸ Operation Second Chance involved a Colombian organization that transported cocaine by air from Colombia, through Venezuela, to the Dominican Republic with the intent to transport drugs via maritime vessel to Miami, Florida, and New York City.⁹

(LES) Prices and profit margins vary for cocaine and heroin supplied by Colombian DTOs. Aside from drug purity and availability at source location, other factors that influence prices include transport distance and mode, smuggling costs, courier fees, and destination.¹⁰ For example, Mexican organizations that transport cocaine and heroin across the Southwest Border for Colombian DTOs charge higher prices for the drugs the more distant the market is from the border.¹¹

Dominican DTOs

(LES) Dominican DTOs are deeply entrenched in the NY/NJ HIDTA region and were the subject of more OCDETF investigations in 2009 than any other organization, an indication of their prominent drug trafficking role in the region. Each of the Dominican DTOs investigated by the OCDETF in 2009 was involved in trafficking cocaine or heroin or both; some also supplied marijuana.¹² Dominican organizations span all levels of drug distribution, from wholesale organizations importing 50 kilograms of cocaine per month to low-level street crews.¹³

(LES) Dominican DTOs operating in the HIDTA region have developed connections to various sources of supply for cocaine and heroin outside the United States. Many Dominican organizations receive cocaine and heroin from sources in the Dominican Republic, Mexico, and Colombia, indicating these DTOs are highly organized and well-connected.¹⁴ Some Dominican organizations are supplied by Colombian and Mexican DTOs operating in the HIDTA region. Most Dominican DTOs report to command-and-control structures based outside the United States in the Dominican Republic, Mexico, Panama, and South America.¹⁵ In addition to their longstanding practice of using drug couriers on commercial airlines, some Dominican organizations are now using tractor-trailers to transport drugs across the Southwest Border, an indication that some Dominican DTOs are cooperating with Mexican organizations for drug transportation in a relationship similar to that between Colombian and Mexican organizations.¹⁶

(LES) Major Dominican DTOs operating in the HIDTA region supply cocaine and heroin to Dominican midlevel dealers¹⁷ who, in turn, supply retail-level criminal groups and street gangs of various ethnicities. Dominican DTOs are the primary suppliers of Dominican and African American retail distributors in New York City and of Bloods, Crips, Latin Kings, and Dominican street gangs in New Jersey. They also continue to expand trafficking operations into upstate HIDTA counties, Long Island, and New Jersey. OCDETF investigations indicate that Dominican DTOs in New York City have branched out to New Jersey cities such as Newark and Paterson, establishing cells that distribute heroin delivered from New York City.¹⁸ Dominican traffickers also supply traffickers in other cities from their bases of operation in the HIDTA region. OCDETF investigations show that Dominican DTOs operating in the NY/NJ HIDTA region in 2009 supplied cocaine and heroin to organizations in Baltimore, Maryland, as well as to DTOs in southern New Jersey markets such as Atlantic City, Pennsylvania markets such as Philadelphia and Pittsburgh, and areas in Rhode Island and Massachusetts.¹⁹

Mexican DTOs

(LES) Mexican DTOs operating in the NY/NJ HIDTA region are more diversified than Colombian and Dominican DTOs, trafficking in cocaine, heroin, marijuana, methamphetamine, and CPDs.²⁰ They operate at all levels of the drug trade and are gaining a greater foothold in the HIDTA region by acting as transporters for Colombian and Dominican DTOs and through expansion of their own drug trafficking operations. All of the Mexican DTOs investigated by the OCDETF in 2009 were supplied by, and reported to, Mexican DTOs in California or Mexico.

(LES) Mexican DTOs operating in the region supply illicit drugs within the HIDTA region as well as to markets in Florida, Georgia, Massachusetts, Ohio, Pennsylvania, and Rhode Island.²¹ Mexican DTOs are expanding their distribution operations from the HIDTA region to markets in central and southern New Jersey such as Camden,²² where there is less competition from Dominican organizations that control many northern New Jersey markets.

(LES) An increasing amount of the South American heroin available in the NY/NJ HIDTA region is transported from the Southwest Border, an indication of the growing involvement of Mexican DTOs and their relationships with Colombian organizations.²³ These Mexican groups also transport limited quantities of Mexican heroin to the region. For instance, two of the Mexican DTOs investigated by the OCDETF in 2009 (in Operations Leyte Gulf and Seeded Connection) transported Mexican heroin into the region.²⁴ These groups may have been trying to establish new markets for Mexican heroin in the HIDTA region, which is currently dominated by South American heroin.

Gangs

(U) Street gangs that have historically been the principal retail-level drug distributors in urban areas of the NY/NJ HIDTA region have expanded their retail-level operations from New York City and Newark and are now serving as midlevel and wholesale-level distributors in other locations in the region. Street gangs are responsible for a significant amount of the violent and property crime in the HIDTA region. Their members often use firearms to defend their turf or acquire new distribution territories.

(U) Street gangs in the NY/NJ HIDTA region have expanded their operations beyond their traditional role as retail drug distributors in New York City and Newark and are now serving as midlevel and wholesale-level distributors in suburban areas, Upstate markets, and rural locations in the region. Street gangs are now fully entrenched in many upstate cities, most notably Albany, Buffalo, Rochester, and Syracuse. In some cases, street gangs supply local distributors of cocaine, heroin, and marijuana in some of these markets. For example, local distributors in Syracuse are supplied by gang members from Newark, Orange, and Paterson in northern New Jersey. In other cases, the expansion of street gang drug distribution operations has come at the expense of local independent dealers and small local criminal groups who are often intimidated by these gangs and cannot effectively compete with them in smaller drug markets.

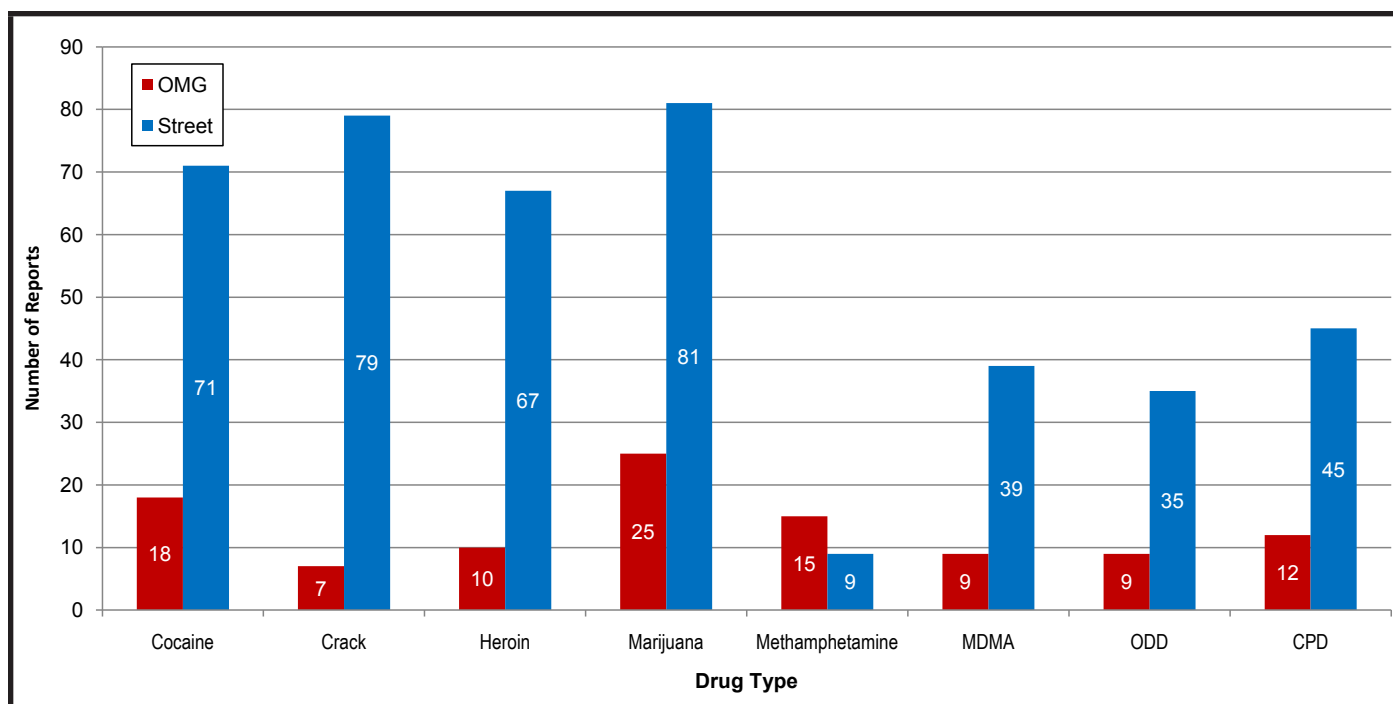
(LES) Street gangs and robbery crews (typically comprising gang members) are responsible for a significant amount of the violent and property crime in the HIDTA region and adjacent jurisdictions. In addition to drug distribution, street gangs and robbery crews profit from robberies of local homes, businesses, and other gangs and from weapons trafficking. Street gang members often use firearms to demand respect, defend their turf, or acquire new distribution territories. For example, a Dominican robbery crew based in New York City conducted violent home-invasion style robberies of large-scale DTOs and gangs in Connecticut, Massachusetts, New Jersey, New York, and Pennsylvania.²⁵ Their typical method of operation was to impersonate police officers—complete with police lights, sirens, and raid jackets—and rob their victims of drugs and drug proceeds.²⁶ On May 6, 2010, a New York City police officer was indicted for his role in providing the raid jackets and other New York Police Department (NYPD) paraphernalia and equipment to the crew.²⁷ This officer also participated in some of the robberies.²⁸ In one robbery of a large-scale DTO, this crew netted more than 400 kilograms of cocaine.

(LES) Law enforcement officials report gangs such as Bloods, Crips, Dominicans Don't Play (DDP), Folk Nation, Latin Kings, Mara Salvatrucha (MS 13), Ñetas, Trinitarios, and hundreds of small, unaffiliated neighborhood gangs with members totaling in the thousands operate in the New York City metropolitan area. The Bloods and the Crips are the most prevalent street gangs operating in the region, with Bloods membership in New York City alone exceeding 5,000. The Trinitarios is one of the fastest growing and most violent gangs in New York City. Members are Dominican males in their late teens and early twenties who view their gang as a family. The Trinitarios biggest rival in the NY/NJ HIDTA region is the DDP gang, whose members are also heavily involved in drug distribution and drug robbery. The Folk Nation, Latin Kings, and MS 13 all operate in the HIDTA region and derive most of their income from drug distribution. In Operation Blowback, MS 13 members in New Jersey served as enforcers for a local Dominican DTO. In addition to performing violent acts at the behest of the DTO, MS 13 members also obtained drug supplies from the DTO for retail distribution.²⁹

(U) More than half (74) of the 143 local law enforcement agencies in the region surveyed for this report indicated that the level of street gang activity in their area was moderate to high. Survey data also indicated that most street gang members distribute crack cocaine at the retail level. However, many gang members are polydrug distributors, and survey respondents indicated that street gang distribution occurred at moderate to high levels for powder cocaine (71 of 143), heroin (67 of 143), and marijuana (81 of 143). Moreover, many street gangs are increasingly distributing CPDs, as indicated by 45 respondents. (See Figure 2 on page 7.)

(U) Most of the outlaw motorcycle gangs (OMGs) operating in the region are in Upstate New York and are involved in Canadian marijuana and MDMA distribution. Nearly half (69 of 143) of the agencies surveyed indicated no OMG activity in their jurisdictions, while 52 agencies indicated low to moderate OMG activity.

Figure 2. (U) Law Enforcement Agency Reporting of Drug Distribution by Street Gangs and Outlaw Motorcycle Gangs, Moderate to High Levels



Source: 143 agencies surveyed in the New York/New Jersey High Intensity Drug Trafficking Area.

Drug Flow Into, Within, and From the NY/NJ HIDTA Region

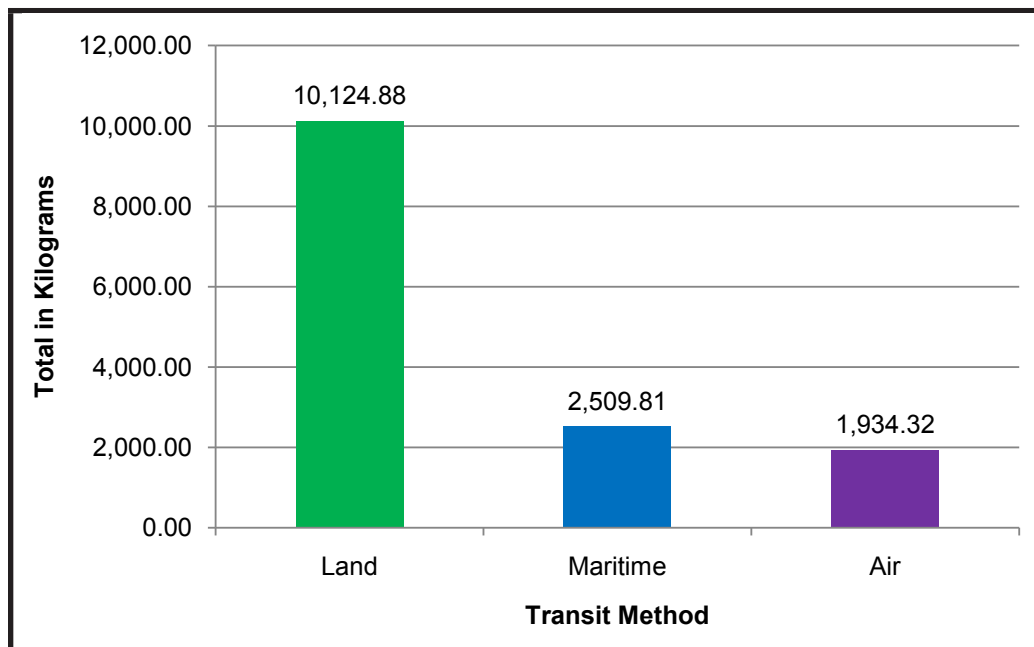
(U) The New York City metropolitan area is a national-level distribution center for cocaine, heroin, and marijuana. Multiton quantities of these drugs are moved into and through the NY/NJ HIDTA region annually, using land, maritime, and air conveyances from drug source and transit areas in Canada, Colombia, the Dominican Republic, and Mexico, as well as from domestic locations such as Florida, Georgia, Puerto Rico, and the Southwest Border area. Analysis of national seizure data identifying the origination and destination of drug shipments shows that the NY/NJ HIDTA region figures very prominently as a primary destination for cocaine, heroin, and MDMA. (See Table 1.) Unique smuggling and transportation methods are associated with each drug type, but overall, drug seizure data and law enforcement reporting indicate that overland smuggling and subsequent transportation by vehicle into the region exceed all other methods combined. (See Figure 3 on page 8.)

Table 1. (U) Metropolitan Areas Most Often Identified as Origination and Destination Points for Seized Drug Shipments, 2008–2009

	Cannabis	Cocaine	Heroin	Methamphetamine	MDMA
Origination	Laredo McAllen Phoenix Rio Grande City Tucson	Houston Laredo Los Angeles McAllen Phoenix	Chicago Denver Miami Orlando Phoenix	Los Angeles McAllen Phoenix San Bernardino Seattle	Detroit Los Angeles Lynden (WA) New York Seattle
Destination	Atlanta Chicago Detroit Houston Tucson	Atlanta Chicago Houston Miami New York	Chicago Miami New York Newark Tacoma	Atlanta Chicago Denver Las Vegas Sacramento	Atlanta Baton Rouge Houston New York Ocala (FL)

Source: National Seizure System; National Drug Threat Survey 2009.

Figure 3. (U) Seizures of Drugs in Transit To, From, or Through New York or New Jersey, in Kilograms, 2009*



Source: National Seizure System.

*Table includes seizures of cocaine, heroin, and marijuana in which a method of transportation was identified.

Overland Smuggling Into the NY/NJ HIDTA Region

(U) Cocaine, heroin, and Mexican marijuana are smuggled into the NY/NJ HIDTA region overland, primarily from Mexico across the Southwest Border. Canadian high-potency marijuana and MDMA are smuggled overland from Canada, usually through the St. Regis Mohawk Reservation. National Seizure System (NSS) statistics for 2009 show that more than 427.4 kilograms of cocaine, 48.6 kilograms of heroin, and more than 9,648.8 kilograms of marijuana were seized from overland conveyances either en route to or in New York or New Jersey. Smugglers typically use tractor-trailers or personal vehicles and often conceal drugs by commingling them with legitimate goods or produce or by secreting them in vehicle compartments, such as natural voids in vehicle doors or side panels or in sophisticated after-market traps. Most drug shipments pass through ports of entry (POEs) along the borders; however, they also enter the country at unattended, remote areas between POEs. Once in this country, smugglers transport the drugs to major and secondary markets, including the NY/NJ HIDTA region, primarily using interstate highways and often changing routes in response to law enforcement presence. Smugglers also transport drugs overland across the Northern Border using all terrain vehicles and snowmobiles.

(LES) The St. Regis Mohawk Reservation, which straddles the U.S.–Canada border in northern New York and the Canadian provinces of Ontario and Quebec, is the principal entry point for Canadian high-potency marijuana and MDMA into the NY/NJ HIDTA region. Law enforcement estimates suggest that up to 13 metric tons³⁰ of high-potency marijuana are smuggled into the region through the reservation each week. Further, the Royal Canadian Mounted Police estimates that as much as 3,498 metric tons of marijuana is produced in Canada each year.³¹ Illicit profits derived from Canadian high-potency marijuana sales are substantial. For example, Canadian growers sell marijuana to Native American DTOs on the reservation for \$1,800 to \$2,200 per pound in wholesale quantities. Once smuggled into the United States, the marijuana can be sold for \$2,500 to \$5,500 per pound in Albany and for as much as \$3,000 to \$7,000 per pound in New York City. The profits from high-potency marijuana sales are even greater when it is sold in smaller amounts at the retail level. For example, ounce quantities of Canadian high-potency marijuana sell for \$300 to \$1,000 in New York City. Wholesale quantities of MDMA also are smuggled through the St. Regis Mohawk Reservation; proceeds from marijuana sales often fund MDMA production or are used to purchase cocaine in the United

States for distribution in Canada. Multithousand-tablet quantities of MDMA are supplied by Asian producers to Native American DTOs that smuggle the drug through the St. Regis Mohawk Reservation for distribution in the HIDTA region and other U.S. markets.

Figure 4. (U) St. Regis Mohawk Reservation

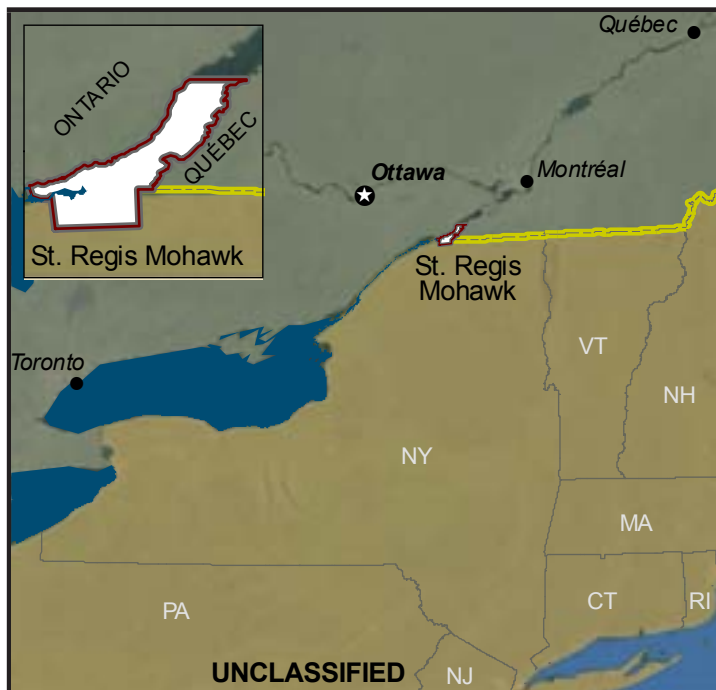
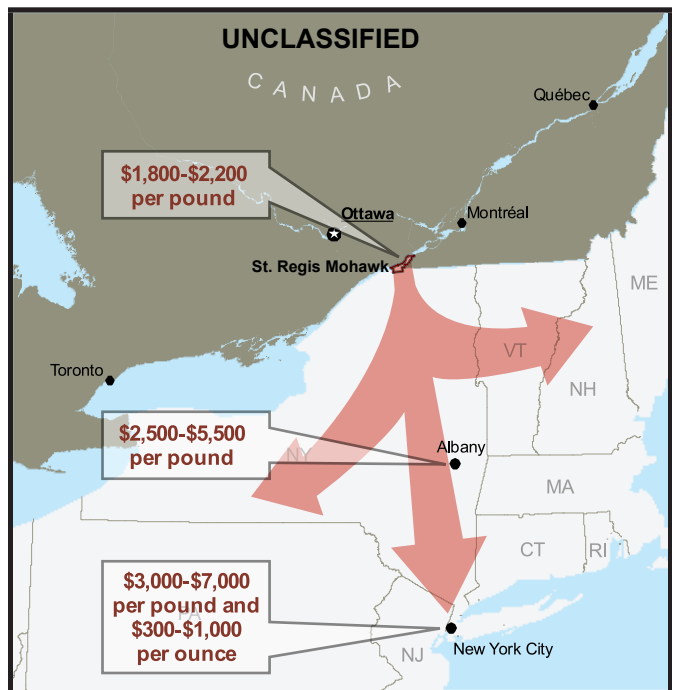


Figure 5. (U) Canadian High-Potency Marijuana Prices



Maritime Smuggling Into the NY/NJ HIDTA Region

(LES) Some traffickers use commercial maritime conveyances to smuggle drug supplies directly into the NY/NJ HIDTA region through the Port of New York/New Jersey—the largest container port complex on the East Coast, which handled nearly 59 million metric tons of bulk and general cargo in 2009. In Operation Jamrock, a DTO shipped multiton quantities of marijuana in a cargo container to Port Elizabeth in Newark from Jamaica.³² The vast amount of goods that transit the port every year allow substantial opportunities for smugglers to conceal illicit narcotics among legitimate cargo, but seizure data and law enforcement reporting indicate that this method is used less often than overland smuggling. NSS data reveal that nearly 66 kilograms of cocaine and 2,444 kilograms of marijuana were seized from maritime vessels in New York and New Jersey in 2009.

(LES) Multikilogram quantities of cocaine and heroin are often smuggled in cargo ships from source areas such as Colombia to areas in the Caribbean such as the Dominican Republic, Jamaica, and Puerto Rico. Once in these locations, the drugs are typically offloaded, broken into smaller quantities, and transported to the NY/NJ HIDTA region in cargo, by couriers on commercial airlines, or through package delivery services. For example, Operation Pink Slip revealed that multikilogram quantities of cocaine were smuggled on cargo ships from Panama and Colombia to Jamaica, where the drugs were divided into smaller quantities for shipment to Bermuda and various areas in the United States, including New York.³³

Air Smuggling Into the NY/NJ HIDTA Region

(U) Traffickers smuggle illicit drugs, primarily cocaine, heroin, khat, and marijuana through major international airports in the NY/NJ HIDTA region, such as John F. Kennedy (JFK), Newark Liberty, and LaGuardia, by couriers, in cargo, and through package delivery services. NSS data indicate that more than 973 kilograms of cocaine, 196 kilograms of heroin, and nearly 765 kilograms of marijuana were seized from air cargo and packages in New York and New Jersey in 2009. Additionally, a significant amount of khat, principally shipped from the United Kingdom and Kenya, transits the JFK and Newark airports, most of which is en route to other areas of the country. NSS data indicate that 74,706 kilograms of khat were seized from New York and New Jersey mail facilities in 2009. Less than 10 percent (7,038 kilograms) of that total was identified as destined for New York or New Jersey.

(LES) DTOs often use couriers aboard commercial aircraft to transport heroin to the NY/NJ HIDTA region from source areas such as Colombia and Africa or from transit areas in the Caribbean such as the Dominican Republic. DTOs often exploit corrupt security employees at some international airports in source countries who allow drug couriers to easily pass through Customs.³⁴ These couriers conceal heroin either in false sides of their luggage, under their clothing, or internally by ingesting “pellets”—heroin packaged in small rubber items such as condoms, the fingers of surgical gloves, or balloons. In Operation Ghana Get You, couriers from West Africa ingested as much as 2 kilograms of heroin per trip and earned \$3,500 per kilogram. Couriers who smuggle drugs in their luggage typically carry 6 to 7 kilograms and earn approximately \$10,000 per shipment.³⁵

(LES) Cocaine, heroin, and marijuana are frequently shipped to the NY/NJ HIDTA region in cargo aboard commercial airlines. In Operation Ankle Bracelet, a Dominican Republic-based DTO shipped cocaine via commercial airlines to the region commingled in shipments of fruits and vegetables.³⁶ In Operation Pink Slip, cocaine offloaded in Jamaica was split into smaller shipments and transported to the NY/NJ HIDTA region aboard commercial airlines where corrupt airline employees removed the drug-laden luggage prior to Customs checks.³⁷

(LES) DTOs frequently transport drugs to the NY/NJ HIDTA region through package delivery services. Marijuana is shipped to the region in 10- to 25-pound packages typically from California and the Southwest Border.³⁸ According to the U.S. Postal Inspection Service, from January 1, 2007, to May 7, 2010, postal inspectors in New York and New Jersey seized 731 packages containing more than 3,938 kilograms of marijuana (See Table 2.). Approximately 91 percent (665) of the packages were shipped from Arizona, southern California, and Texas.³⁹ Marijuana shipped from the Southwest Border is typically Mexican commercial-grade, while marijuana shipped from northern California is mostly high-potency marijuana.⁴⁰ Postal inspectors seized 34 packages containing more than 61 kilograms of marijuana from northern California during the same time period. Inspectors also seized marijuana shipments from Florida, Hawaii, Maine, Nevada, North Carolina, Oregon, and Washington. Traffickers often use overnight express and track 9 to 10 packages at a time online.⁴¹ Law enforcement officers indicate that traffickers have become more adept at masking the odor of marijuana in their shipments.⁴² Concealment and masking methods include wrapping the marijuana in cellophane and then concealing the drugs in plastic food storage containers, putting the marijuana in foil insulated bags, concealing drugs inside dog food, and using spray foam that hardens around the drugs and effectively masks the odor.⁴³

Table 2. (LES) Drugs Seized at New York and New Jersey Postal Facilities, in Kilograms, 2007–2010

	2007	2008	2009	2010*
Cocaine	372.95	148.58	74.52	29.41
Marijuana	464.94	898.68	2,157.56	417.08
Heroin	2.48	0.87	2.00	0.00

Source: U.S. Postal Inspection Service.

*January 1, 2010 through May 7, 2010.

(LES) Cocaine is shipped via package delivery services to the NY/NJ HIDTA region, often from Puerto Rico or the Dominican Republic, typically in 1- to 5-kilogram quantities. From January 1, 2007, to May 7, 2010, postal inspectors seized 222 packages of cocaine weighing more than 625 kilograms. Of those 222 packages, 76 percent (169) were mailed from Puerto Rico. Cocaine is concealed in a variety of ways ranging from simple to elaborate. In Operation Blowback cocaine shipments from the Dominican Republic were often wrapped in cellophane, surrounded by candy wafers, wrapped in carbon paper, and then surrounded with a candy wrapper before they were sent to distributors in New Jersey using a package delivery service.⁴⁴ Some cocaine traffickers exploit corrupt postal carriers who leave packages at an abandoned address for a later pickup by members of the organization. Further, traffickers instruct dealers how best to ship payments back so that packages will likely not be tracked by law enforcement.

Drug Flow Within the NY/NJ HIDTA Region

(U) Traffickers primarily transport illicit drugs within the NY/NJ HIDTA region along six major interstate highways^d and 10 secondary interstates^e that service the region (see Figure 7 on page 13). Most agencies surveyed (121 of 143) indicate that drugs in their area are obtained from suppliers within the region, principally in New York City and Newark. Distributors in Upstate New York and parts of New Jersey typically travel to these locations in personal vehicles to obtain cocaine, heroin, and marijuana for distribution in their home areas.

(U) Many drug distributors in Upstate New York obtain high-potency marijuana and MDMA from sources of supply in Canada as well as marijuana transported through the St. Regis Mohawk Reservation. Several OCDETF investigations initiated in 2009 focused on traffickers traveling to or from the reservation to obtain hundreds of pounds of marijuana.

Drug Flow From the NY/NJ HIDTA Region

(LES) Multiton quantities of illicit drugs are transported to the area each year; however, not all drug shipments that arrive in the NY/NJ HIDTA region are intended for distribution in New York and New Jersey. DTOs operating in the region supply drugs to other DTOs, groups, and gangs in cities throughout the Florida/Caribbean, Great Lakes, Mid-Atlantic, New England, Southeast, and West Central Regions. (See Table 3.) Traffickers who are supplied by New York-based DTOs either travel to the HIDTA region by personal vehicle, train, or bus to obtain drug supplies or have the drugs delivered to their home areas.

Table 3. (LES) Drug Flow from NY/NJ HIDTA Region by DTO and Drug

Colombian DTOs	Cocaine and heroin	Connecticut, Florida, Maryland, Massachusetts, Virginia, and Puerto Rico
Dominican DTOs	Cocaine and heroin	Baltimore, Maryland; Philadelphia and Pittsburgh, Pennsylvania; and cities in Massachusetts and Rhode Island
Mexican DTOs	Cocaine, heroin, marijuana, CPDs, and methamphetamine	Florida, Georgia, Massachusetts, Ohio, Pennsylvania, and Rhode Island

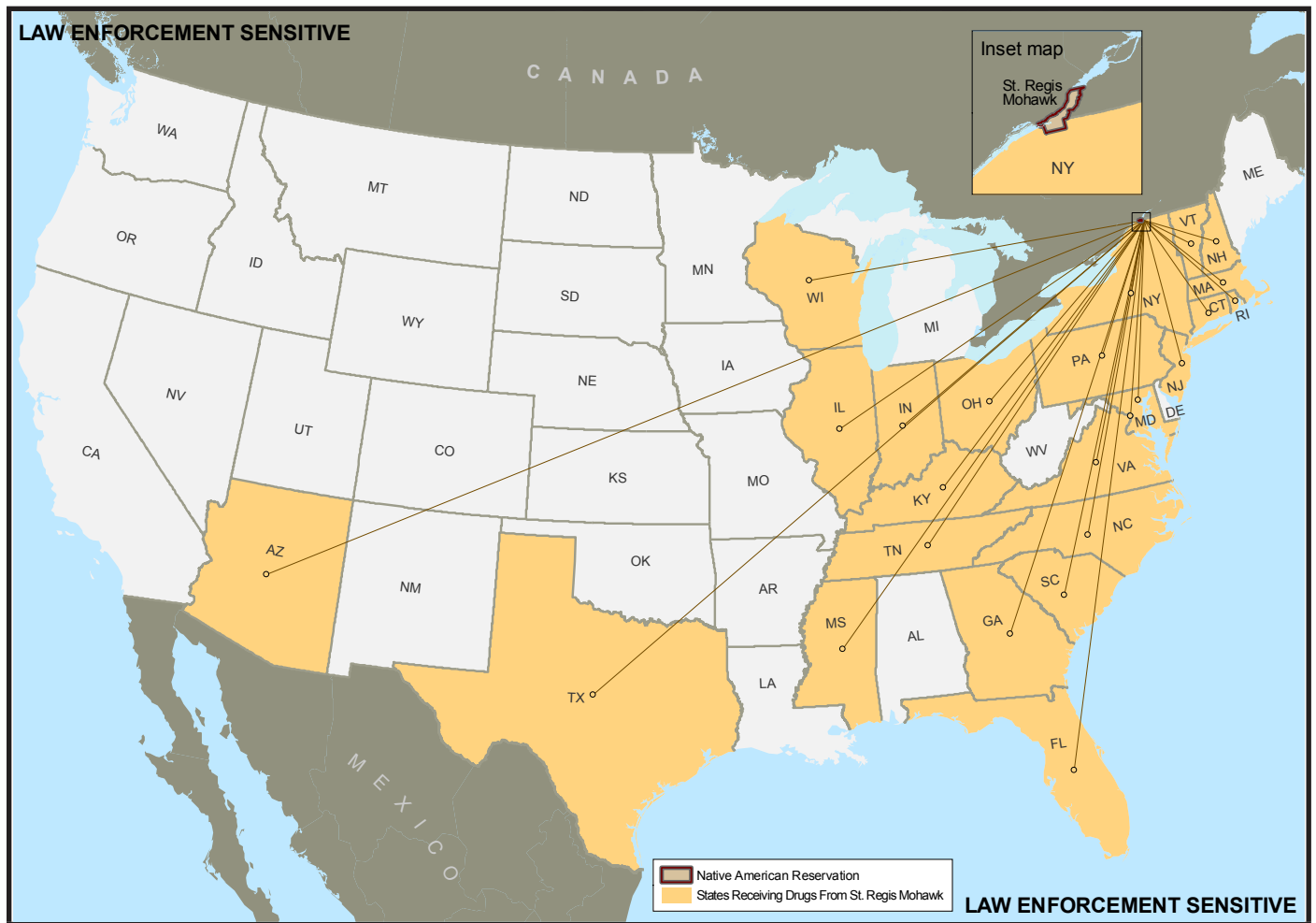
Source: Federal, state, and local law enforcement reporting.

(LES) Only a portion of the Canadian high-potency marijuana and MDMA smuggled into New York through the St. Regis Mohawk Reservation is intended for distribution in the HIDTA region. Of the estimated 13 metric tons of marijuana smuggled into the region each week only about 25 percent is destined for New York City; the remainder is transported to other areas of Upstate New York and major markets throughout much of the eastern United States. (See Figure 6 on page 12.) NSS data indicate that more than 92 kilograms and 480,724 dosage units of MDMA were seized from packages in the NY/NJ HIDTA region in 2009; none of these packages were destined for New York or New Jersey.

d. (U) Interstates 78, 80, 81, 87, 90, and 95.

e. (U) Interstates 190, 278, 280, 287, 295, 390, 495, 684, 878, and 895.

Figure 6. (LES) Destination States of Illicit Drugs Smuggled Through the St. Regis Mohawk Reservation



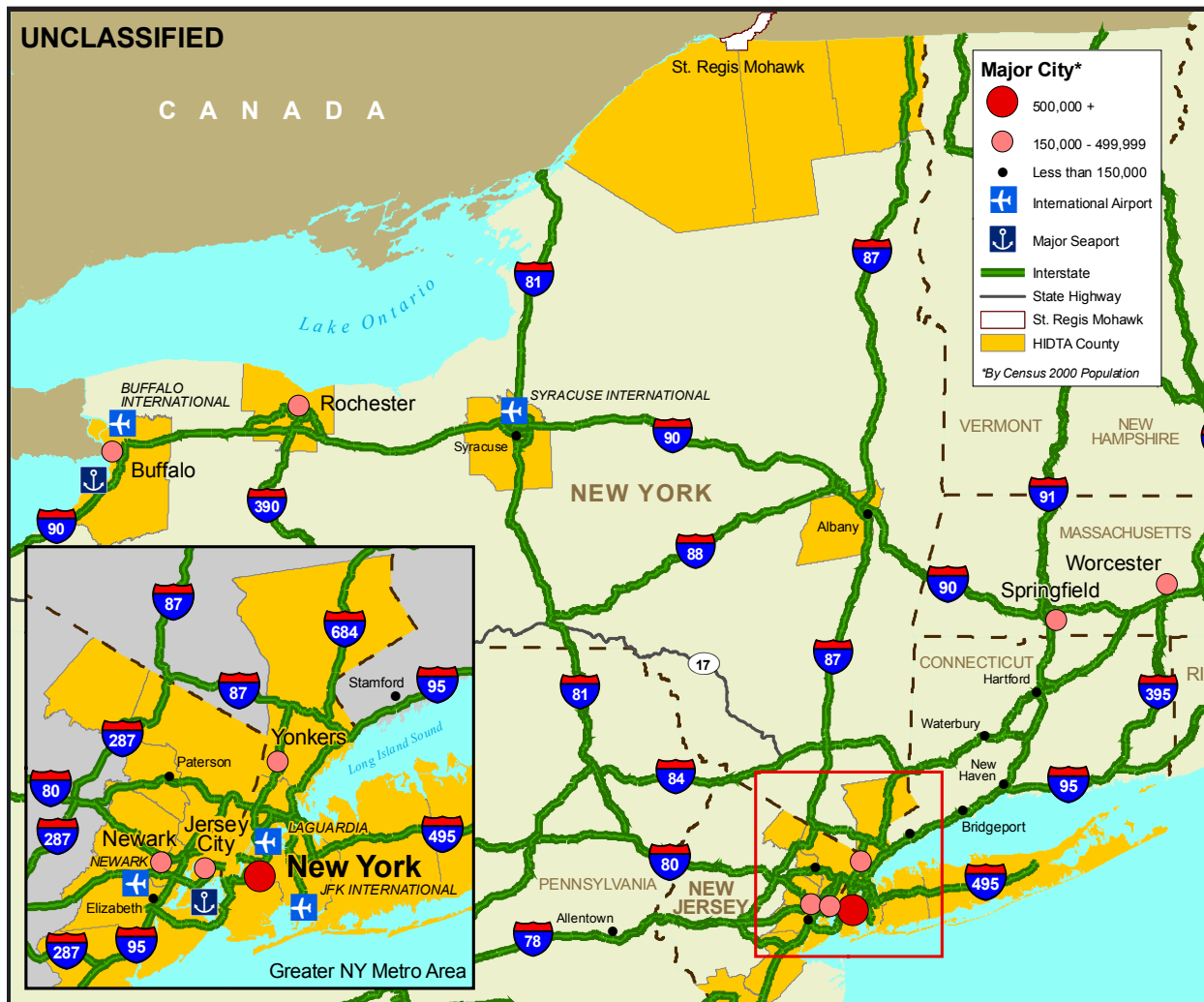
(LES) Ohio-based DTO Members Travel to the St. Regis Mohawk Reservation to Obtain High-Potency Marijuana

In Operation Anasha Falls, members of a Cleveland, Ohio-based DTO traveled in two rental vehicles to the Syracuse International Airport, where they exchanged the cars for two different rental vehicles with New York license plates before continuing to the St. Regis Mohawk Reservation. Law enforcement officers surmised that the group believed they would be less conspicuous to New York law enforcement if they were in vehicles with New York plates. After obtaining their marijuana supplies, the DTO members returned to Ohio, with the lead vehicle serving as a lookout and the other transporting the drugs. This DTO made two trips per month during 2008 and 2009 to obtain 200 pounds of marijuana on each occasion.⁴⁵

Source: Organized Crime Drug Enforcement Task Force.

(LES) Significant quantities of khat are shipped to the JFK and Newark airports, primarily from the United Kingdom and West Africa. Of the 74,706 kilograms of khat seized in 2009 from New York and New Jersey mail facilities, more than 42 percent was destined for other states, such as California, Georgia, Minnesota, Ohio, Tennessee, and Washington.

Figure 7. (U) NY/NJ HIDTA Region Transportation Infrastructure



Drug Availability

(U) Analysis of indicator data, price and purity data, seizure data, distribution trends, and demand data, shows that drug availability in the NY/NJ HIDTA region varied by type in 2009. Cocaine availability remained relatively high overall, with slight decreases in some markets. Heroin availability was high and increasing. The availability of Canadian high-potency marijuana increased, and surpassed that of Mexican marijuana in some markets. Methamphetamine availability continued to be limited and CPD availability remained high in the NY/NJ HIDTA region.

Cocaine

(LES) Cocaine availability in the NY/NJ HIDTA region has largely returned to normal levels following reported cocaine shortages that began in 2006.⁴⁶ Cocaine availability remained relatively high overall in 2009 with slight decreases in availability reported in New York City, according to the NYPD.⁴⁷ Some organizations and abusers had difficulty obtaining their normal supplies of the drug, and cocaine prices increased. The Drug Enforcement Administration (DEA) also reported slightly decreased cocaine availability in Buffalo and Rochester in 2009; however, more than half (74 of 143) of NY/NJ HIDTA survey respondents indicated that powder cocaine availability was high in their areas, while just under half (71) reported the same for crack cocaine.⁴⁸ NSS data indicate that 2,114 kilograms of cocaine were seized in New York and New Jersey in 2009.

Heroin

(LES) Heroin availability was high and increased throughout much of the NY/NJ HIDTA region as indicated by high purities, lower prices, and increased milling operations. Heroin availability is increasing in parts of Upstate New York (Albany,⁴⁹ Cooperstown,⁵⁰ Ithaca,⁵¹ Malone,⁵² Plattsburgh,⁵³ Syracuse,⁵⁴ and Ticonderoga), Long Island, and New Jersey. Rising heroin availability in these areas is being driven in part by traffickers from New York City who are branching out to other areas of the HIDTA region and suburban areas of upstate New York to capitalize on larger profit margins. On Long Island, significant increases in heroin availability have led to a rise in heroin abuse, particularly among young people, and a corresponding rise in heroin overdoses and overdose deaths.⁵⁵ In New Jersey, rising demand for heroin has caused New York City-based DTOs to expand their operations to northern New Jersey, increasing heroin availability there. Markets in northern New Jersey, such as Newark, are also supplying smaller markets in the HIDTA region and in southern New Jersey. NSS data show that more than 508 kilograms of heroin were seized in New York and New Jersey in 2009. More than half (74 of 143) of NY/NJ HIDTA survey respondents reported that heroin availability was high in their areas.⁵⁶

(U//FOUO) According to DEA's Heroin Domestic Monitor Program (HDMP), the heroin sold in New York City and Newark in 2008 was among the highest purity and lowest priced heroin in the country.⁵⁷ In 2008, heroin in New York City averaged 47.1 percent pure and in Newark 53.7 percent pure. During the time, the average purity of South American heroin sampled in all participating cities was 33.6 percent. HDMP reports that the price of heroin per milligram pure is \$0.66 in New York City and \$0.69 in Newark. Heroin prices generally range from \$1.30 to \$1.50 per milligram pure in most U.S. cities. Heroin abuse now encompasses a broad cross section of society, including chronic abusers in urban areas, residents of suburban and rural communities, and young adults and teenagers who switched to heroin after initially abusing CPDs.

(LES) Heroin milling operations are increasing in several areas of the NY/NJ HIDTA region, including New Jersey, the Bronx, and some upstate cities, indicating a rise in availability of the drug. In Rochester,⁵⁸ most of the heroin coming into the city is loose heroin and is packaged there for retail distribution. In New Jersey, milling operations, which can package up to 50,000 bags per week,⁵⁹ are increasing to handle the rising demand for heroin.⁶⁰ Heroin mills in New York City process significantly larger amounts of heroin for retail sale. In April 2010, four individuals were arrested and approximately 7 kilograms of heroin were seized from a heroin mill in the Bronx. Approximately 500,000 glassine bags of heroin had been packaged there for retail sale. The arrests and seizure resulted from a joint investigation conducted by members of the Special Narcotics Prosecutor's Office, NYPD, and DEA.⁶¹ Additionally, in July 2009, one million glassine envelopes of heroin were seized in New York City in connection with another investigation.⁶²

Marijuana

(LES) Marijuana is widely available in all areas of the HIDTA region. All NY/NJ HIDTA survey respondents reported that marijuana availability was moderate or high in their areas.⁶³ The availability of Canadian high-potency marijuana is increasing in the region, surpassing the amount of Mexican marijuana in some areas, such as Albany and Syracuse in New York and in parts of New Jersey.⁶⁴ Prices for high-potency marijuana are \$2,500 to \$5,500 per pound in Albany and as much as \$3,000 to \$7,000 per pound in New York City. High prices are attributed to a rise in THC (tetrahydrocannabinol) levels, which have increased from 9.8 in 2005 to 11.9 in 2009, and not to lower availability of the drug.⁶⁵ NSS data reveal that 10,339 kilograms of marijuana were seized in New York and New Jersey in 2009. Marijuana is also cultivated in areas throughout the NY/NJ HIDTA region. Fifty-one percent (73 of 143) of survey respondents reported that marijuana was cultivated indoors in their areas, and DEA reports that the number of seized indoor grows in the HIDTA region increased from 82 in 2007 to 117 in 2009.⁶⁶ Further, 38 percent (54 of 143) of respondents reported outdoor cultivation in their areas.

Controlled Prescription Drugs

(U) Some (17 of 143) law enforcement agencies in the NY/NJ HIDTA region report that CPD diversion and abuse pose the greatest drug threat to their areas, in part because of increases in associated crime and gang involvement in distribution. Officers in Greenburgh and Evans, New York, and Verona and East Brunswick, New Jersey, report that CPD distribution and abuse contribute to property crime in their areas. Officers in Evans and East Brunswick also indicate that CPD distribution and abuse contribute to violent crime in their areas. Additionally, street gang members are involved in CPD diversion and distribution in the NY/NJ HIDTA region. Thirty-two percent (45 of 143) of those surveyed reported moderate to high levels of street gang involvement in CPD distribution.

(U) CPD Distribution Ring Disrupted

A recent investigation of an Essex County, New Jersey, pharmacy led to the arrests of members of a CPD distribution ring that diverted more than 15,000 OxyContin tablets per week and generated profits of nearly \$1 million per month from 2007 to 2010. The group was headed by a pharmacy owner who filled illegal prescriptions for the drug and purchased nearly 480,000 dosage units of oxycodone products in 2009—more than six times the average for a pharmacy of that size. Search warrants resulted in the seizure of three firearms, OxyContin tablets, fraudulent prescriptions and prescription blanks, anabolic steroids, and approximately \$500,000 in cash. The investigation was conducted jointly by DEA, the Elizabeth Police Department, the Essex County Sheriff's Office, the Federal Bureau of Investigation (FBI), the Newark Police Department, the Nutley Police Department, and the U.S. Attorney's Office.⁶⁷

Source: U.S. Department of Justice, Drug Enforcement Administration.

(U) The availability of CPDs remains high in the NY/NJ HIDTA region, particularly in Upstate New York⁶⁸ and some areas of New Jersey, such as Bergen and Essex Counties. CPDs in highest demand are prescription opioids, such as OxyContin, Percocet, and Vicodin.⁶⁹ Increased CPD abuse is fueling the heroin abuse problem in the region as a significant number of CPD abusers are switching to heroin because of its higher potency and greater affordability. Sixty-eight percent (97 of 143) of HIDTA survey respondents reported that CPD availability was high in their areas.⁷⁰ This was a greater percentage than for any other drug except marijuana.

(U) Operation Medicine Cabinet New Jersey Yields More Than 9,000 Pounds of Prescription and Over-the-Counter Medicine

On November 14, 2009, more than 9,000 pounds (3.5 million tablets) of prescription and over-the-counter medicine with a street value of more than \$35 million were collected during Operation Medicine Cabinet New Jersey. This operation—the first statewide day of disposal for unused, unwanted, and expired medicine in the nation—was host to collection sites at 440 local police and sheriff departments in all 21 New Jersey counties. According to the Partnership for a Drug-Free New Jersey, Operation Medicine Cabinet New Jersey drew unprecedented attention to the issue of CPD and over-the-counter medicine abuse and caused tens of thousands of New Jersey residents to look at their medicine cabinets as a potential source for young people to access highly addictive and deadly drugs.

Source: Drug Enforcement Administration.

(U) Prescription Drug Monitoring Programs

Prescription Drug Monitoring Programs (PDMPs) limit traditional diversion methods by enabling practitioners and pharmacists to monitor patients' prescription drug use and intervene when diversion or abuse or both are suspected. PDMPs are systems in which CPD data are collected in a database, centralized by each state, and administered by an authorized state agency to facilitate the early detection of trends in diversion and abuse. Data collected include the physician visited, the number of times the physician is visited, the drugs for which each individual receives a prescription, the quantity of drugs prescribed, and the pharmacy or pharmacies that filled the prescriptions. Each state controls the language of its PDMP with regard to how the information gathered through the program will be shared, not only within the state, but also with other states. For instance, one PDMP may share information among law enforcement, treatment providers, physicians, and pharmacists within the state but not with any agency in other states. Another may opt to share this data only with physicians and pharmacists nationwide, while a third may choose to share all its data with all other state agencies. As of January 1, 2010, New York had implemented an operational PDMP in an effort to stem the diversion of CPDs; New Jersey has enacted legislation requiring a PDMP, but has yet to fund it.

Source: Alliance of States With Prescription Monitoring Programs.

MDMA

(LES) MDMA is available in most areas of the NY/NJ HIDTA region and availability is increasing in New York City and Buffalo.⁷¹ Traffickers of other illicit drugs are now distributing MDMA, an indication that the drug is being sold at a greater rate and to a wider customer base in the HIDTA region. DEA reports that Dominican DTOs in New York City are increasing their involvement in MDMA distribution.⁷² MDMA availability in Buffalo is increasing and some cocaine and crack cocaine dealers are now selling MDMA in addition to or instead of cocaine.⁷³ These dealers are attracted to the expanding customer base, high profit margins, and lack of violence associated with the MDMA market.⁷⁴ There has also been an increase in the availability and seizure of MDMA tablets produced in Canada and adulterated with other synthetic drugs. The tablets, known as “Double Stacks,” often contain large percentages of methamphetamine or benzylpiperazine (BZP).⁷⁵ NSS data indicate that more than 92 kilograms and 480,724 dosage units of MDMA were seized in New York and New Jersey in 2009. Most survey respondents in the region (80 of 143) indicated that MDMA availability was moderate in their areas.⁷⁶

Methamphetamine

(LES) Methamphetamine availability is low in the NY/NJ HIDTA region. In New York City, methamphetamine is available only to a limited degree and is confined to certain user groups.⁷⁷ NSS data show that 14 kilograms of methamphetamine were seized in New York and New Jersey in 2009. Eighty-nine percent (127 of 143) of NY/NJ HIDTA survey respondents reported that methamphetamine availability was low or that the drug was not available in their areas.⁷⁸ Despite limited availability and abuse of the drug, seizures of methamphetamine have been reported in the region. (See text box.)

(U) Largest Mexican Ice Methamphetamine Seizure in New Jersey History

On December 3, 2008, law enforcement officers in New Jersey seized 165 pounds of ice methamphetamine worth an estimated \$11 million—the largest seizure of ice methamphetamine in New Jersey history—and arrested a Texas man, a member of a Mexican DTO that transported illicit drugs to New Jersey and surrounding areas. The man was arrested in West Paterson, New Jersey, while driving a refrigerated tractor-trailer full of produce. The methamphetamine was packaged in plastic food-storage containers, wrapped in black duct tape, and commingled with crates of produce.

Source: Drug Enforcement Administration.

Abuse

(LES) The social and economic costs of drug abuse and addiction in the NY/NJ HIDTA region are reflected in an overburdened justice system and a strained healthcare system. According to the New York State Division of Criminal Justice Services, there were 31,088 arrests for misdemeanor possession^f of a controlled substance in the New York HIDTA region counties in 2009. (See Table 4 and Table C1 in Appendix C for detailed statistics.) The total number of treatment admissions to publicly funded facilities for drug abuse in New York and New Jersey exceeded 210,000 in 2009. (See Table 5 on page 18.)

Table 4. (LES) Number of Arrests for Criminal Possession of a Controlled Substance (7th Degree Misdemeanor) in New York Counties of the HIDTA Region, 2005–2009*

County	2005	2006	2007	2008	2009
Albany	504	821	807	557	583
Bronx	6,752	6,819	8,147	7,967	7,097
Clinton	35	36	32	48	48
Erie	2,004	2,500	2,393	2,537	2,209
Franklin	10	22	26	33	32
Kings	7,456	7,619	8,076	7,466	7,124
Monroe	572	635	615	683	719
Nassau	690	844	922	883	971
New York	5,055	5,561	5,470	4,991	5,053
Onondaga	542	576	697	681	649
Queens	2,549	2,814	2,895	2,791	2,530
Richmond	603	763	953	1,412	990
St. Lawrence	62	59	55	59	46
Suffolk	1,911	2,231	2,295	1,999	1,929
Westchester	1,328	1,372	1,297	1,274	1,108
Total	30,073	32,672	34,680	33,381	31,088

Source: New York Division of Criminal Justice Services, Computerized Criminal History system (as of January 2010).

*Data for New Jersey Counties of NY/NJ HIDTA are not available.

Cocaine

(LES) Analysis of law enforcement reporting and treatment data indicates that cocaine poses the most significant drug abuse threat in most areas of the NY/NJ HIDTA region. Treatment admission data indicate that although cocaine abuse is high in the NY/NJ HIDTA region, the total number of cocaine-related admissions to publicly funded treatment facilities in New York and New Jersey^g declined steadily from 2006 through 2009. (See Table 5 on page 18.) Cocaine-related admissions in HIDTA counties in New York decreased more than 22 percent over the past 3 years. (See Table C2 in Appendix C.) This decrease may be attributed to reduced cocaine availability that began in 2006. Overdose fatality data from various areas of the NY/NJ HIDTA region further illustrate the cocaine abuse situation. In Nassau County, there were 41 cocaine-related deaths attributable to an accidental overdose—37 percent of the total number (111) of accidental drug overdose fatalities in 2009. In the New Jersey counties of the HIDTA region, 14 percent (38) of the total accidental overdose deaths (271) were attributable to cocaine or crack cocaine in 2009. OCDETF data indicate that 34 of 50 reviewed investigations in 2009 involved cocaine.⁷⁹

f. (U) These numbers are misdemeanor arrests in which the arrestee possessed only user amounts of an illicit controlled substance.

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

Table 5. (U) Statewide Substance Abuse Treatment Admissions, New York and New Jersey, 2005–2009

Drug	State	2005	2006	2007	2008	2009
Heroin	New York	61,815	67,970	57,374	60,672	61,439
	New Jersey	23,367	21,408	22,180	22,958	23,497
	Total	85,182	89,378	79,554	83,630	84,936
Other Opiates	New York	6,691	8,361	10,255	11,968	14,521
	New Jersey	2,203	2,692	3,477	4,131	5,221
	Total	8,894	11,053	13,732	16,099	19,742
Cocaine (smoked)	New York	36,545	38,929	33,630	29,449	25,133
	New Jersey	3,790	3,856	4,098	3,691	3,063
	Total	40,335	42,785	37,728	33,140	28,196
Cocaine (other route)	New York	15,873	18,081	16,562	14,972	12,527
	New Jersey	2,283	2,568	2,757	2,408	2,078
	Total	18,156	20,649	19,319	17,380	14,605
Marijuana	New York	42,083	44,030	44,497	48,927	50,946
	New Jersey	7,053	7,537	8,181	9,611	10,819
	Total	49,136	51,567	52,678	58,538	61,765
Amphetamines (including methamphetamine)	New York	704	622	783	693	789
	New Jersey	173	190	203	189	242
	Total	877	812	986	882	1,031

Source: Treatment Episode Data Set, data run date April 1, 2010.

Heroin

(LES) The abuse of heroin poses a significant threat to the NY/NJ HIDTA region. According to Treatment Episode Data Set (TEDS) data, the number of heroin-related treatment admissions to publicly funded facilities in the region exceeds that of any other drug. The number of statewide heroin-related treatment admissions in New York and New Jersey remained relatively unchanged from 2005 (85,182) to 2009 (84,936). Heroin-related treatment admissions in HIDTA counties in New York increased less than 4 percent over the past 3 years. (See Table 6 and Table C3 in Appendix C.) Heroin-related deaths are increasing among younger, newer abusers, whose inexperience with the drug may account for a higher percentage of them dying, particularly in Nassau County. For example, there were 31 heroin-related deaths attributable to an accidental overdose—28 percent of the total number (111) of accidental drug overdose fatalities in the county in 2009. In the New Jersey counties of the HIDTA, where heroin abuse levels are high, 19 percent (51) of the total accidental overdose deaths in 2009 (271) were related to heroin. OCDETF data indicate that 48 percent (24 of 50) of reviewed 2009 cases involved heroin.⁸⁰

Table 6. (U) Treatment Admissions for HIDTA Counties in New York, 2007–2009

	2007	2008	2009
Cocaine	32,928	29,794	25,650
Heroin	30,756	31,650	31,910
Marijuana	33,140	36,615	38,492
Other Opiates	4,293	5,213	6,377

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

(U) Increasing Heroin Threat in Nassau County

(LES) Heroin distribution and abuse have increased significantly in Nassau County over the past 3 years. Heroin-related treatment admissions in the county rose more than 30 percent during that time, from 953 in 2007 to 1,242 in 2009. (See Table C3 in Appendix C.) According to law enforcement, the heroin threat increased significantly when prescription opioid abusers in the county began switching to heroin. Some of these new heroin abusers began driving to Brooklyn and Queens to obtain supplies of the drug at a lower price and purchasing larger quantities of heroin for resale in Nassau County, increasing the number of retail-level dealers in the county.

(U) Overdose deaths related to heroin also increased significantly in Nassau County over the past 3 years. The total number of heroin-related overdose deaths in the county nearly doubled from 2007 (24) to 2008 (46). In 2009, Nassau County reported 31 heroin-related overdose deaths. Further, these overdose deaths are trending toward a younger population. From 1997 to 2004, the majority of heroin-related overdose deaths in the county occurred among the population aged 31 to 50. In 2005, 2007, and 2008, the majority occurred among those aged 21 to 30 (data from 2009 are not available).

(LES) In response to the growing threat, the Nassau County Police Department created a Heroin Initiative in 2008. The initiative is aimed at reducing heroin availability and drug-related crime in the county. It provides for increased law enforcement in core areas when needed, a gun buy-back program, a drug-disposal program, increased information sharing among law enforcement, and an ad campaign to increase awareness among parents. The initiative also supports a database to track the markings on heroin glassine bags. The database has allowed law enforcement officers to track specific neighborhoods in Brooklyn and Queens that serve as a source of heroin supply for Nassau County.⁸²

Source: Nassau County Police Department.

Marijuana

(LES) Analysis of law enforcement reporting and treatment data indicates that marijuana is readily available and frequently abused in the NY/NJ HIDTA region. The number of statewide marijuana-related treatment admissions to publicly funded facilities in New York and New Jersey in 2008 (58,538) and 2009 (61,765) were second only to heroin. Marijuana-related treatment admissions in HIDTA counties in New York also increased more than 16 percent over the past 3 years. (See Table C4 in Appendix C.) Of the 2009 OCDETF cases reviewed, 20 of the 50 involved marijuana trafficking.

Controlled Prescription Drugs

(U) An increasing number of individuals, particularly younger abusers, are abusing diverted CPDs in the NY/NJ HIDTA region. This is attributed to a mistaken belief that prescription drugs are not as harmful as illicit drugs and to the high availability of the CPDs in the region. Treatment admissions in New York HIDTA counties for “other opiates” (including CPDs) rose nearly 49 percent over the past 3 years, from 4,293 in 2007 to 6,377 in 2009. (See Table C5 in Appendix C.) The prescription drugs most commonly abused are prescription opioids such as OxyContin, Percocet, and Vicodin,⁸¹ which provide abusers with a high similar to that of heroin. Prescription opioid abusers often switch to heroin because of its higher availability and lower price. CPD abuse contributes to a significant number of overdose deaths in the HIDTA region. In Nassau County, there were 75 prescription drug-related deaths attributable to accidental overdoses—68 percent of the total number (111) of accidental drug overdose fatalities in 2009. In the New Jersey counties of the HIDTA 23 percent (61) of the total accidental overdose deaths in 2009 (271) were related to prescription drugs. In both these areas, prescription drugs accounted for more overdose deaths than any other drug.

MDMA

(LES) Survey and law enforcement data indicate MDMA is abused at low to moderate levels in the NY/NJ HIDTA region. OCDETF data indicate that 10 percent (5 of 50) of reviewed 2009 cases involved MDMA.⁸³

Methamphetamine

(LES) The threat posed to the NY/NJ HIDTA region by methamphetamine abuse is relatively low when compared to other major drugs of abuse, although the number of abusers is rising. The only jurisdictions in the HIDTA region that reported high ice methamphetamine availability were Guttenberg, New Jersey, and Suffolk County and Tonawanda in New York. TEDS data indicate that although the number of amphetamine-related (including methamphetamine-related) treatment admissions to publicly funded facilities in New York and New Jersey is lower than for any other illicit drug, the number of admissions increased 17 percent from 2008 (882) to 2009 (1,031). Only one 2009 OCDETF case reviewed indicated methamphetamine trafficking.

Illicit Finance

(U) New York City is one of the world's principal financial centers and the economic capital of the United States. Hundreds of millions of dollars are laundered each year by drug traffickers operating in the NY/NJ HIDTA region. DTOs operating in the region rely on multiple methods to move and launder illicit drug proceeds, such as money transmissions through MSBs, structured deposits in traditional depository institutions, the BMPE, and bulk cash smuggling. In 2008, the latest full year for such data, the Financial Crimes Enforcement Network reported 88,113 suspicious activity reports (SARs) filed by depository institutions in New York and New Jersey.⁸⁴ Further, 19 percent (101,227) of the SARs filed by MSBs nationwide (531,761) in 2008 were filed in New York and New Jersey.⁸⁵

(LES) New York City is a primary location in the United States for BMPE-related money pickup operations and placement activity. Colombian DTOs routinely use the BMPE to launder illicit proceeds generated in the NY/NJ HIDTA region. A significant amount of the illicit drug funds funneled through traditional depository institutions and MSBs begin as money pickups in the region and are then placed using structured deposits for use in the BMPE to purchase goods. According to the Immigration and Customs Enforcement (ICE) El Dorado Task Force, undercover money pickup operations in the region are increasing. In Operation Triple Play, task force officers indicate that nearly \$11 million was transferred through money pickups since August 2007.⁸⁶ Further, a portion of bulk cash smuggled from New York across the Southwest Border is laundered using the BMPE in Mexico. 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. As a result of proactive targeting conducted by the El Dorado Task Force through Operation Black Market Sweep, in January 2009, Hong Kong and Shanghai Banking Corporation Mexico stopped accepting foreign currency presented for deposit or exchange.⁸⁷ In May 2010, several other Mexican banks adopted similar practices that will likely lead to increased money pickups in New York.

(LES) New York City is 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, Georgia.⁸⁸ Much of the bulk cash that leaves New York is generated locally; only a limited amount of drug proceeds earned by DTOs in northeastern and Mid-Atlantic states is brought to the New York City area for consolidation.⁸⁹ According to NSS data, bulk cash seized in New York and New Jersey and destined for Southwest Border areas totaled more than \$8 million from 2006 through 2009.⁹⁰ Bulk cash cells typically move relatively small amounts quickly through stash houses to avoid significant losses from large stash house seizures.⁹¹ Mexican DTOs often maintain multiple bulk cash stash houses in a consolidation area, and cash cells rotate consolidation operations among several locations or split bulk cash shipments between several houses to keep the amount of cash at any single stash house relatively small.⁹² Traditional locations for stash houses in the New York City area are Washington Heights and Jackson Heights—Dominican and Colombian neighborhoods—although stash houses have been found more recently in northern New Jersey as well as Long Island, Westchester County, and Yonkers, New York.⁹³

(LES) Mexican DTOs operating in the region typically transport bulk cash directly to the Southwest Border or transport the proceeds to other consolidation locations, particularly Atlanta and North Carolina.⁹⁴ Mexican organizations frequently transport bulk cash to Mexico on behalf of Colombian DTOs and sometimes contract Dominican couriers to transport money from the New York City area to the Southwest Border.⁹⁵ According to some federal and state law enforcement agencies in New York City, organizations are transporting smaller but more frequent shipments of

bulk cash than in the past.⁹⁶ Other law enforcement agencies report the continued movement of large bulk cash shipments to the Southwest Border. Canada-based DTOs also smuggle bulk cash drug proceeds from the NY/NJ HIDTA region into Canada, often through the St. Regis Mohawk Reservation. According to NSS data, bulk cash seized in New York and New Jersey and destined for Canada totaled nearly \$1 million from 2006 through 2009.⁹⁷ A review of OCDETF investigations in 2009 shows that 62 percent (31 of 50) of the investigations indicated bulk cash smuggling either to the Southwest Border or Canada.⁹⁸

Communications

(U) Drug traffickers and distributors in the region use mobile phones almost exclusively (either to converse or to send text messages) to communicate with both their sources of supply and their customers. Most traffickers use pre-paid cell phones, throwing them away after a limited amount of time, to reduce the possibility of having calls monitored by competitors or by the police.

(U) Street gang members increasingly use Internet social networking sites, personal web pages, online communities and forums, and message boards to facilitate drug trafficking operations, to recruit new members, and to boast about gang membership or related activities. In New Jersey, gang members run the web site www.thehoodup.com, where they post locations to purchase drugs.⁹⁹

(U) E-mail is another common method drug traffickers use to communicate. Some traffickers open e-mail accounts to which numerous members of the DTO have the password. Draft e-mail messages can be read by anyone with access to the account and then deleted without being transmitted, leaving no trail of the communication. Other DTOs use coded e-mail communications to circumvent law enforcement interceptions.

Vulnerabilities

(U) Seizures of illicit drugs and currency from stash houses in the HIDTA region would result in much greater losses to DTOs than seizures that take place before drug proceeds are consolidated or after drug shipments have been broken down for distribution in retail drug markets. Enhanced coordination between law enforcement agencies in the NY/NJ HIDTA region and those along the Southwest Border, U.S.–Canada Border, and in major domestic distribution centers to identify load vehicles, conduct controlled deliveries, or track vehicles to stash sites might be an effective method to detect such sites and increase drug and currency seizures.

(U) Drug and currency shipments are vulnerable to detection by Customs officials at the Southwest Border and Northern Border and by highway interdiction while in transit to the NY/NJ HIDTA region. Additionally, smuggling routes are often relatively consistent, allowing law enforcement to establish patterns of operation and coordinate enforcement. Maritime and air drug shipments are vulnerable to detection by customs officials at the destination POE. Enhanced interdiction efforts, including the use of existing and emerging technologies and rigorous outbound inspections of vehicles crossing the U.S.–Canada border, would very likely result in increased bulk cash seizures.

(U) Mexican DTO operations may be vulnerable to detection as they expand drug distribution into new markets in central and southern New Jersey and other areas of the HIDTA region. When DTOs expand into new drug markets, they often lack a reliable network of distributors and security personnel in those areas. As a result, they are more likely to deal with new, unproven local dealers, rendering the organization vulnerable to undercover law enforcement operations.

Outlook

(U) Because street gangs in particular are growing in strength and organization and are increasing their alliances with larger DTOs in New York City, disrupting illicit drug availability and distribution will become increasingly difficult for state and local law enforcement agencies. These well-organized criminal street gangs are able to maintain more stable drug supplies to local markets and to quickly replace distributors when gang members or entire distribution cells are arrested.

(U) Cocaine availability and abuse in the NY/NJ HIDTA region are expected to remain relatively high and stable following reported cocaine shortages that began in 2006. The continued expansion of Mexican DTO distribution operations in the HIDTA region will supplement the availability of cocaine supplied by Colombian and Dominican traffickers.

(U) Heroin availability and abuse in the HIDTA region will continue to increase in the near term. These increases will be particularly pronounced on Long Island, where younger individuals are abusing the drug, and in the New Jersey and Upstate New York counties, where DTOs from New York City are expanding their distribution operations. Further, as street-level heroin prices continue at low levels or decline and purity remains high or increases, more CPD abusers will switch to heroin, resulting in more heroin-related overdoses and overdose deaths.

(U) The St. Regis Mohawk Reservation will persist as the principal entry point for high-potency Canadian marijuana and MDMA smuggled into the NY/NJ HIDTA region because of its location along the U.S.–Canada border and contributing factors. Such factors include the free movement of tribal members across the border and complex jurisdictional issues that are unlikely to change in the near term.

(LES) The success that Mexican DTOs have in returning bulk cash to Mexico ensures that bulk cash operations will not diminish in the near term. Large organizations will continue to consolidate bulk cash shipments in major drug market areas such as New York City.

Appendix A. New York/New Jersey HIDTA Drug Market Questionnaire

Greatest Drug Threat and Drug-Related Crime

1. For your area, 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.)	
Powder cocaine	☐
Crack cocaine	☐
Heroin	☐
Powder methamphetamine	☐
Ice methamphetamine	☐
Marijuana	☐
MDMA (ecstasy)	☐
Other dangerous drugs	☐
Controlled prescription drugs	☐

<u>Violent Crime</u> (Choose only ONE.)	
Powder cocaine	☐
Crack cocaine	☐
Heroin	☐
Powder methamphetamine	☐
Ice methamphetamine	☐
Marijuana	☐
MDMA (ecstasy)	☐
Other dangerous drugs	☐
Controlled prescription drugs	☐

<u>Property Crime</u> (Choose only ONE.)	
Powder cocaine	☐
Crack cocaine	☐
Heroin	☐
Powder methamphetamine	☐
Ice methamphetamine	☐
Marijuana	☐
MDMA (ecstasy)	☐
Other dangerous drugs	☐
Controlled prescription drugs	☐

Drug Availability

2. Indicate the level of availability of the following drugs in your area.

	Not Low Moderate High Available					Not Low Moderate High Available			
Powder cocaine	☐	☐	☐	☐	MDMA (ecstasy)	☐	☐	☐	☐
Crack cocaine	☐	☐	☐	☐	GHB	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	LSD	☐	☐	☐	☐
Powder methamphetamine	☐	☐	☐	☐	PCP	☐	☐	☐	☐
Ice methamphetamine	☐	☐	☐	☐	GBL	☐	☐	☐	☐
Marijuana	☐	☐	☐	☐	Controlled prescription drugs	☐	☐	☐	☐

Drug Production

3. Please indicate the percentage of powder cocaine transported to your area that is converted to crack.

1 – 25% ☐ 26 – 50% ☐ 51 – 75% ☐ 76 – 100% ☐ None ☐

4. Please indicate how cannabis is cultivated in your area. (Check ALL that apply.)

Indoors ☐ Outdoors ☐ Hydroponically ☐ Not cultivated ☐

5. Please indicate the level of methamphetamine production in your area.

Low production ☐ Moderate production ☐ High production ☐ Not produced ☐

- 5a. If methamphetamine is produced in your area, please indicate the past year change in the level of production.

Increased ☐ Decreased ☐ Remained the same ☐ Not applicable ☐

6. Have you encountered powder methamphetamine being converted to ice methamphetamine in your area?

Yes ☐ No ☐

Diversion/Illicit Use of Controlled Prescription Drugs

7. Indicate the level of diversion/illicit use for the following types of controlled prescription drugs in your area.

	Low	Moderate	High	None
Narcotics (e.g., Vicodin, OxyContin, Dilaudid)	☐	☐	☐	☐
Depressants (e.g., Valium, Xanax, Klonopin)	☐	☐	☐	☐
Stimulants (e.g., Adderall, Ritalin, Dexedrene)	☐	☐	☐	☐
Steroids (e.g., Anadrol, Oxandrin, Durabolin)	☐	☐	☐	☐

Drug Trafficking Activities

8. Please indicate the primary states and/or cities from which drugs are transported into your area.

9. What types of criminal groups or organizations are the principal wholesale and retail drug distributors in your area (e.g., Mexican, Dominican, Hispanic, Caucasian, African American)? List up to three types for each distribution level.

Wholesale distribution: _____

Retail distribution: _____

Drug Money Laundering

10. Please indicate the money laundering techniques used by wholesale-level (multikilogram) traffickers in your area.
(Check ALL that apply.)

Bulk cash movement	O
Money services businesses (e.g., wire transmitters, check cashers, currency exchangers, money orders, etc.)	O
Banks (structuring)	O
Cash-intensive businesses (front companies) (e.g., restaurants, nail salons, strip clubs, etc.)	O
Informal value transfer systems (e.g., <i>hawala</i> , <i>hundi</i> , Chinese underground banking systems, etc.)	O
Trade-based (e.g., black market peso exchange, over/under invoicing, etc.)	O
Prepaid cards (e.g., gift cards, prepaid credit cards, etc.)	O
Electronic commerce (e.g., digital currency, private ATMs, mobile payments, online or auction payment systems, etc.)	O
Real estate (e.g., commercial/residential property purchases, mortgage fraud, etc.)	O

Gangs and Drugs

11. Indicate the level of involvement of street gangs and outlaw motorcycle gangs in your area in the distribution of drugs in general as well as for the specific drugs listed below. If street gangs or outlaw motorcycle gangs are not involved in drug distribution in your area, please indicate by filling in None.

	<u>Street Gangs</u>				<u>Outlaw Motorcycle Gangs</u>			
	Low	Moderate	High	None	Low	Moderate	High	None
Drugs in general	O	O	O	O	O	O	O	O
Powder cocaine	O	O	O	O	O	O	O	O
Crack cocaine	O	O	O	O	O	O	O	O
Heroin	O	O	O	O	O	O	O	O
Methamphetamine	O	O	O	O	O	O	O	O
Marijuana	O	O	O	O	O	O	O	O
MDMA (ecstasy)	O	O	O	O	O	O	O	O
Other dangerous drugs	O	O	O	O	O	O	O	O
Controlled prescription drugs	O	O	O	O	O	O	O	O

12. Please provide the following information for STREET GANGS and OUTLAW MOTORCYCLE GANGS (OMGs) in your area.

<u>Total Number of STREET GANGS</u>		<u>Total Number of STREET GANG Members</u>		<u>Percent of STREET GANGS Involved in Drug Activities</u>		<u>Past Year Change in Level of STREET GANG Drug Activity</u>	
1–25	O	1–250	O	1 – 25%	O	Increased	O
26–50	O	251–500	O	26 – 50%	O	Decreased	O
51–75	O	501–750	O	51 – 75%	O	Remained the same	O
76–100	O	751–1,000	O	76 – 100%	O	Not applicable	O
101–500	O	1,001–2,500	O	None	O		
501–1,000	O	2,501 or more	O				
1,001 or more	O	None	O				
None	O						
<u>Total Number of OMGs</u>		<u>Total Number of OMG Members</u>		<u>Percent of OMGs Involved in Drug Activities</u>		<u>Past Year Change in Level of OMG Drug Activity</u>	
1–5	O	1–10	O	1 – 25%	O	Increased	O
6–10	O	11–25	O	26 – 50%	O	Decreased	O
11–15	O	26–50	O	51 – 75%	O	Remained the same	O
16–20	O	51–75	O	76 – 100%	O	Not applicable	O
21–25	O	76–100	O	None	O		
26 or more	O	101 or more	O				
None	O	None	O				

Appendix B. New York/New Jersey HIDTA Region Enforcement Initiatives

(U) The **Regional Intelligence Center (RIC)**, which is led by the NYPD and located at the NY/NJ HIDTA Center in Manhattan, is staffed by representatives from numerous federal, state, and local law enforcement agencies. The RIC is the central conduit for information-sharing among law enforcement in the NY/NJ HIDTA region. The cornerstone of the RIC is the timely and accurate collection, analysis, and dissemination of criminal intelligence, particularly drug intelligence.

(U) The **El Dorado Money Laundering Task Force** is a multiagency task force whose mission is to disrupt, dismantle, or render ineffective organizations involved in the laundering of proceeds from illicit drug trafficking and other financial crimes in the New York City metropolitan area. This mission is accomplished by targeting the primary avenues used by drug traffickers to launder drug profits—money services, physical transportation, merchandising, banking and brokerages, and bulk cash. The task force is led by ICE and consists of 178 representatives from various federal, state, and local law enforcement agencies. The El Dorado Task Force is also part of the High Intensity Financial Crimes Area Program for the New York City metropolitan area. In 2009, the task force dismantled two drug trafficking and money laundering organizations and disrupted 12 such organizations and seized more than \$15.7 million. Additionally, the task force seized 2.3 kilograms of cocaine, 3.8 kilograms of heroin, and nearly 597 kilograms of marijuana in 2009.

(U) The **Regional Fugitive Task Force** is led by the U.S. Marshals Service and comprises more than 120 federal, state, county, and local law enforcement officers from 50 law enforcement agencies. The task force's mission is to apprehend dangerous, violent fugitives in the New Jersey/New York metropolitan areas. In 2009, the task force arrested 7,711 fugitives, of whom 1,333 were charged with drug felonies. The task force seized 11.6 kilograms of cocaine, 0.7 kilograms of heroin, and 113.5 kilograms of marijuana.

(U) The **New Jersey Drug Trafficking Organization Task Force** draws together investigators from DEA and state, county and local law enforcement agencies to disrupt or dismantle major DTOs in New Jersey. In 2009, the task force dismantled 2 DTOs and disrupted 9 others. The task force seized 412.3 kilograms of cocaine, 27.2 kilograms of heroin, 1,367.0 kilograms of marijuana, and more than \$7 million.

(U) The **New York OCEDEF Strike Force** comprises investigators from DEA, FBI, ICE, the Internal Revenue Service, U.S. Marshals Service, NYPD, and the New York State Police. Its mission is to disrupt and dismantle major DTOs that have been designated by the U.S. Department of Justice as Consolidated Priority Organization Targets (CPOTs) and affiliates operating within the New York City metropolitan area. In 2009, the task force dismantled 12 DTOs and disrupted 32 others. The task force also seized 2,610.8 kilograms of cocaine, 24.9 kilograms of heroin, 526.4 kilograms of marijuana, 248,281 dosage units of MDMA, and approximately \$16 million.

(U) The **Buffalo Drug Enforcement Task Force**, the **Capital District Drug Enforcement Task Force**, the **Central NY Drug Enforcement Task Force** and the **Rochester Drug Enforcement Task Force** became operational toward the end of 2008. In 2009 these Task Forces dismantled seven DTOs and disrupted eight others. Further, they seized 41.5 kilograms of cocaine, 3.9 kilograms of heroin, 3,802.6 kilograms of marijuana, and seized more than \$5 million.

(U) The **Adirondack HIDTA Drug Task Force** and the **Franklin County Narcotics Border Task Force** have been funded for 2010 and will focus on combating both domestic and international drug smuggling and trafficking across the U.S.–Canada border and reducing the resulting violence by disrupting/dismantling CPOTs and Regional Priority Organizational Targets that supply DTOs illicit narcotics for distribution along the eastern seaboard and ultimately throughout the United States.

Appendix C. Tables

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Table C1. (LES) New York Division of Criminal Justice Services Arrests for Criminal Possession of a Controlled Substance-7th Degree, * 2005–2009

Year	County	Total Persons	Age Group:								Gender:			Race-Ethnicity:				
			16-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Male	Female	Unknown	White	Black	Hispanic	Other	Unknown
2005	Albany	504	44	72	52	56	100	77	59	44	358	143	3	229	226	41	1	7
	Bronx	6,752	220	554	410	610	1,157	1,518	1,148	1,135	5,070	1,057	625	479	2,905	3,299	40	29
	Clinton	35	6	8	8	6	1	1	2	3	26	9	0	33	0	0	1	1
	Erie	2,004	255	420	202	236	281	262	210	138	1,525	460	19	1,158	689	132	12	13
	Franklin	10	2	1	1	1	1	1	3	0	6	4	0	5	0	0	4	1
	Kings	7,456	233	621	442	649	1,276	1,716	1,260	1,259	5,574	1,207	675	1,038	4,399	1,957	40	22
	Monroe	572	87	125	57	68	77	82	53	23	472	100	0	263	243	66	0	0
	Nassau	690	92	171	77	85	85	93	42	45	553	126	11	370	215	92	12	1
	New York	5,055	147	491	349	495	858	1,033	850	832	4,054	608	393	755	2,812	1,394	70	24
	Onondaga	542	81	137	64	69	64	64	33	30	420	119	3	225	282	27	3	5
	Queens	2,549	152	420	203	246	391	456	375	306	2,038	371	140	612	1,218	599	96	24
	Richmond	603	45	104	47	68	98	95	79	67	460	111	32	286	220	92	2	3
	St. Lawrence	62	16	23	5	5	8	4	0	1	48	13	1	56	2	0	1	3
Suffolk	1,911	220	426	214	211	277	274	198	91	1,534	359	18	1,067	541	277	5	21	
Westchester	1,328	99	272	112	116	190	212	174	153	1,084	215	29	484	608	207	9	20	
2006	Albany	821	39	97	85	90	148	166	116	80	591	222	8	386	362	56	2	15
	Bronx	6,819	251	574	498	555	1,089	1,419	1,169	1,264	5,146	1,111	562	478	2,764	3,527	19	31
	Clinton	36	9	11	5	3	3	3	1	1	28	8	0	30	0	2	1	3
	Erie	2,500	267	528	266	231	319	386	284	219	1,867	612	21	1,327	986	156	24	7
	Franklin	22	4	10	1	1	3	1	2	0	17	4	1	19	0	0	2	1
	Kings	7,619	215	594	482	623	1,174	1,681	1,456	1,394	5,706	1,236	677	1,042	4,442	2,075	36	24
	Monroe	635	91	154	62	64	90	86	56	32	511	120	4	292	277	63	3	0
	Nassau	844	86	261	81	81	82	122	64	67	684	150	10	460	244	135	2	3
	New York	5,561	165	454	423	489	900	1,189	980	961	4,370	706	485	855	3,122	1,499	52	33
	Onondaga	576	71	150	78	64	76	57	48	32	464	109	3	237	281	49	5	4
	Queens	2,814	167	467	256	261	388	497	417	361	2,279	396	139	774	1,213	732	70	25
	Richmond	763	71	145	72	83	124	118	88	62	568	143	52	360	254	140	4	5
	St. Lawrence	59	17	23	5	2	4	3	1	4	49	9	1	54	2	0	2	1
Suffolk	2,231	311	513	218	251	303	296	205	134	1,784	426	21	1,298	593	317	10	13	
Westchester	1,372	105	254	124	118	166	220	206	179	1,075	269	28	470	604	253	6	39	

(Continued)

Drug Market Analysis 2010

Table C1. (LES) New York Division of Criminal Justice Services Arrests for Criminal Possession of a Controlled Substance-7th Degree, * 2005-2009

Year	County	Total Persons	Age Group:								Gender:			Race-Ethnicity:			
			16-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Male	Female	Unknown	White	Black	Hispanic	Other
			Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
2007	Albany	807	52	102	63	58	119	182	129	102	596	200	11	352	400	44	1
	Bronx	8,147	270	655	607	758	1,179	1,679	1,396	1,603	6,130	1,306	711	623	3,248	4,200	19
	Clinton	32	8	11	5	1	3	3	0	1	24	8	0	27	2	0	3
	Erie	2,393	265	556	264	247	304	311	240	206	1,779	593	21	1,318	884	166	16
	Franklin	26	8	3	4	4	2	3	1	1	23	3	0	23	0	1	1
	Kings	8,076	241	609	481	639	1,103	1,752	1,617	1,634	6,041	1,332	703	1,091	4,806	2,107	42
	Monroe	615	98	119	58	51	61	98	76	54	490	120	5	277	275	58	5
	Nassau	922	104	260	115	76	97	119	68	83	723	183	16	543	249	46	3
	New York	5,470	168	451	373	476	749	1,103	1,033	1,117	4,245	737	488	749	3,096	1,554	47
	Onondaga	697	106	190	70	83	89	58	50	51	545	147	5	284	353	51	6
	Queens	2,895	161	460	334	269	361	489	440	381	2,319	403	173	735	1,248	752	137
	Richmond	953	85	176	87	88	132	160	125	100	681	203	69	431	307	211	4
	St. Lawrence	55	14	15	7	9	3	2	3	2	44	8	3	49	0	0	4
	Suffolk	2,295	220	573	302	265	277	308	211	139	1,835	439	21	1,410	584	283	7
2008	Westchester	1,297	85	231	115	98	175	215	188	190	1,015	259	23	453	610	210	6
	Albany	557	44	82	57	63	80	103	65	63	407	145	5	282	223	46	2
	Bronx	7,967	208	608	587	715	1,029	1,584	1,531	1,705	5,851	1,320	796	566	3,177	4,146	26
	Clinton	48	9	15	3	5	3	6	5	2	27	21	0	44	1	2	1
	Erie	2,537	303	582	285	267	287	286	277	250	1,945	574	18	1,368	929	214	16
	Franklin	33	16	7	4	3	0	1	0	2	22	11	0	26	0	0	5
	Kings	7,466	217	525	494	626	922	1,513	1,501	1,668	5,512	1,270	684	999	4,407	1,991	35
	Monroe	683	73	152	78	69	91	88	78	54	532	146	5	344	251	85	2
	Nassau	883	124	260	104	83	73	87	87	65	705	172	6	562	178	3	3
	New York	4,991	124	432	369	390	592	938	951	1,195	3,822	683	486	752	2,773	1,390	46
	Onondaga	681	90	176	98	66	74	65	59	53	525	150	6	309	308	56	6
	Queens	2,791	157	457	307	297	325	440	408	400	2,246	385	160	654	1,151	806	154
	Richmond	1,412	146	257	115	150	164	221	187	172	1,039	292	81	896	434	73	8
	St. Lawrence	59	12	20	9	9	5	3	0	1	42	17	0	52	2	0	3
	Suffolk	1,999	232	574	262	235	204	202	157	133	1,597	392	10	1,280	425	280	8
	Westchester	1,274	99	243	128	128	155	174	170	177	1,013	239	22	453	542	267	6

(Continued)

Table C1. (LES) New York Division of Criminal Justice Services Arrests for Criminal Possession of a Controlled Substance-7th Degree, * 2005–2009

Year	County	Total Persons	Age Group:								Gender:			Race-Ethnicity:				
			16-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Male	Female	Unknown	White	Black	Hispanic	Other	Unknown
2009	Albany	583	44	106	69	72	62	87	70	73	418	155	10	330	217	27	1	8
	Bronx	7,097	209	615	529	667	818	1,286	1,305	1,668	5,397	1,097	603	535	2,747	3,748	16	51
	Clinton	48	6	20	6	6	3	4	2	1	33	15	0	40	2	2	2	2
	Erie	2,209	234	562	290	232	219	263	202	207	1,652	541	16	1,218	767	202	17	5
	Franklin	32	10	12	2	3	1	4	0	0	20	12	0	29	0	0	2	1
	Kings	7,124	255	611	492	582	738	1,347	1,377	1,722	5,280	1,257	587	1,020	4,226	1,812	44	22
	Monroe	719	77	198	84	75	68	78	69	70	569	143	7	384	256	76	2	1
	Nassau	971	109	310	128	94	79	89	88	74	780	181	10	670	167	5	7	122
	New York	5,053	158	412	350	488	546	868	957	1,274	3,949	634	470	773	2,694	1,500	59	27
	Onondaga	649	83	195	81	87	67	48	40	48	508	138	3	294	304	42	6	3
	Queens	2,530	189	493	276	274	242	360	377	319	2,027	375	128	722	970	606	210	22
	Richmond	990	105	223	114	113	91	137	103	104	720	202	68	685	252	42	8	3
	St. Lawrence	46	9	15	9	2	4	3	2	2	33	13	0	37	2	0	6	1
	Suffolk	1,929	238	569	257	220	192	177	148	128	1,556	359	14	1,285	378	244	15	7
	Westchester	1,108	64	206	129	102	130	155	135	187	899	195	14	389	495	203	5	16

Source: New York Department of Criminal Justice Services, Computerized Criminal History system (as of January 2010).

*Misdemeanor arrests in which the arrestee possessed only user amounts of an illicit controlled substance.

Table C2. (U) Treatment Admissions for Cocaine, by New York Counties, 2007–2009

County	2007	2008	2009
Albany	1,000	917	863
Bronx	4,585	4,326	3,843
Clinton	59	30	36
Erie	2,803	2,439	1,829
Franklin	45	25	29
Kings	5,390	5,290	4,599
Monroe	2,713	2,283	1,938
Nassau	1,691	1,421	1,225
New York	4,924	4,396	4,031
Onondaga	1,424	1,181	1,063
Queens	2,715	2,602	2,058
Richmond	892	780	656
St. Lawrence	104	92	53
Suffolk	3,036	2,641	2,236
Westchester	1,547	1,371	1,191
Total	32,928	29,794	25,650

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

Table C3. (U) Treatment Admissions for Heroin, by New York Counties, 2007–2009

County	2007	2008	2009
Albany	349	452	511
Bronx	7,394	7,837	7,323
Clinton	50	31	64
Erie	1,048	1,209	1,340
Franklin	7	5	11
Kings	6,720	7,078	7,001
Monroe	1,011	908	954
Nassau	953	1,171	1,242
New York	5,737	5,348	5,297
Onondaga	560	657	703
Queens	2,971	2,462	2,248
Richmond	798	838	822
St. Lawrence	31	33	55
Suffolk	1,933	2,440	3,082
Westchester	1,194	1,181	1,257
Total	30,756	31,650	31,910

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

Table C4. (U) Treatment Admissions for Marijuana, by New York Counties, 2007–2009

County	2007	2008	2009
Albany	1,093	1,269	1,207
Bronx	5,153	6,017	6,550
Clinton	246	230	224
Erie	2,540	2,821	2,908
Franklin	178	214	189
Kings	6,021	6,675	6,851
Monroe	2,654	2,684	2,774
Nassau	1,862	2,047	2,249
New York	3,337	3,770	4,271
Onondaga	1,243	1,335	1,404
Queens	3,182	3,468	3,489
Richmond	913	979	1,056
St. Lawrence	239	268	255
Suffolk	2,392	2,569	2,620
Westchester	2,087	2,269	2,445
Total	33,140	36,615	38,492

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

Table C5. (U) Treatment Admissions for Other Opiates, by New York Counties, 2007–2009

County	2007	2008	2009
Albany	109	130	142
Bronx	99	110	139
Clinton	96	121	156
Erie	842	1,020	1,083
Franklin	34	48	78
Kings	191	285	342
Monroe	322	381	465
Nassau	535	583	712
New York	144	145	196
Onondaga	240	359	475
Queens	191	229	250
Richmond	245	356	509
St. Lawrence	137	213	307
Suffolk	963	1,024	1,303
Westchester	145	209	220
Total	4,293	5,213	6,377

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

Endnotes

1. (U) Review of Organized Crime Drug Enforcement Task Force (OCDETF) cases NYNYS594, NYNYS602, NYNYS612, NYNYS617, NYNYS735, NYNYS738, and NYNYS743.
2. (U) Review of OCDETF cases NYNYS594, NYNYS602, NYNYS612, NYNYS617, NYNYS735, NYNYS738, and NYNYS743.
3. (U) Review of OCDETF cases NYNYS594, NYNYS602, NYNYS612, NYNYS617, NYNYS735, NYNYS738, and NYNYS743.
4. (U) Review of OCDETF case NYNYS738.
5. (U) Review of OCDETF cases NYNYS617 and NYNYS602.
6. (U) Review of OCDETF cases NYNYS612 and NYNYS617. Drug Enforcement Administration (DEA) New Jersey Division, interview by author, January 25, 2010.
7. (U) DEA, New Jersey Division, interview by author, January 25, 2010.
8. (U) Review of OCDETF case NYNYS738.
9. (U) Review of OCDETF case NYNYS738.
10. (U) Review of OCDETF cases NYNYS594, NYNYS602, NYNYS612, NYNYS617, NYNYS735, NYNYS738, and NYNYS743.
11. (U) Review of OCDETF cases NYNYS617 and NYNYS738.
12. (U) Review of OCDETF cases NYNJ429, NYNJ430, NYNJ433, NYNJ436, NYNJ439, NYNJ443, NYNYS620, NYNYS625, NYNYS725, and NYNYS739.
13. (U) Review of OCDETF cases NYNJ429, NYNJ430, NYNJ433, NYNJ436, NYNJ439, NYNJ443, NYNYS620, NYNYS625, NYNYS725, and NYNYS739.
14. (U) Review of OCDETF cases NYNJ429, NYNJ430, NYNJ433, NYNJ436, NYNJ439, NYNJ443, NYNYS620, NYNYS625, NYNYS725, and NYNYS739.
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16. (U) Review of OCDETF cases NYNJ436 and NYNYS620.
17. (U) DEA, New Jersey Division, interview by author, January 25, 2010.
18. (U) DEA, New Jersey Division, interview by author, January 25, 2010.
19. (U) Review of OCDETF cases NYNJ429, NYNJ430, NYNJ433, NYNJ436, NYNJ439, NYNJ443, NYNYS620, NYNYS625, NYNYS725, and NYNYS739.
20. (U) Review of OCDETF cases NYNJ438, NYNJ444, NYNYS617, NYNYS624, and NYNYS625.
21. (U) Review of OCDETF cases NYNJ438, NYNJ444, NYNYS617, NYNYS624, and NYNYS625.
22. (U) DEA, New Jersey Division, interview by author, January 25, 2010.
23. (U) DEA, New Jersey Division.
24. (U) Review of OCDETF cases NYNJ444 and NYNYS625
25. (U) Review of OCDETF case NYNYS629.
26. (U) Review of OCDETF case NYNYS629.
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28. (U) DOJ, DEA, press release.
29. (U) Review of OCDETF case NYNJ436.
30. (U) DOJ, DEA, and New York State Police, interviews by National Drug Intelligence Center (NDIC) analysts and Field Intelligence Officers (FIOs), March 2009.
31. (U) Royal Canadian Mounted Police, interview with NDIC analysts and FIOs, March 2009.
32. (U) Review of OCDETF case NYNYS598.
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35. (U) Review of OCDETF case NYNYS604.
36. (U) Review of OCDETF case NYNYS725.
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38. (U) U.S. Postal Inspection Service, interview by author, May 4, 2010.
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99. (U) Essex County Prosecutor's Office, interview by author, January 25, 2010.

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 Belleville Police Department
 Bergen County Prosecutor's Office
 Bloomfield Police Department
 Carlstadt Police Department
 Cedar Grove Police Department
 City of Orange Township Police Department
 Cliffside Park Police Department
 East Brunswick Police Department
 East Orange Police Department
 Elizabeth Police Department
 Englewood Cliffs Police Department
 Essex County Prosecutor's Office
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 New Jersey State Police
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 Buffalo Police Department
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 Cheektowaga Police Department
 City of Lockport Police Department
 City of White Plains Police Department
 Clinton County Sheriff's Department
 Depew Police Department
 Dobbs Ferry Police Department
 Dutchess County Sheriff's Office
 East Rochester Police Department
 Erie County Sheriff's Office
 Essex County Sheriff's Office
 Franklin County District Attorney
 Freeport Police Department
 Garden City Police Department
 Genesee County Sheriff's Department
 Great Neck Estates Police Department
 Greece Town Police Department
 Guilderland Police Department
 Hempstead Police Department
 Hyde Park Police Department
 Lackawanna Police Department
 Lake Placid Police Department
 Lake Success Police Department
 Livingston County Sheriff's Department
 Malone Police Department

Manlius Police Department
 Monroe County Sheriff's Office
 Mount Vernon Police Department
 Nassau County Medical Examiner
 Nassau County Police Department
 New Rochelle Police Department
 New York City Police Department
 New York Office of Alcoholism and Substance Abuse Services
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 Ocean Beach Village Police Department
 Onondaga County District Attorney's Office
 Ontario County Sheriff's Department
 Orleans County Sheriff's Department
 Plattsburgh Police Department
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 Rochester Police Department
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 Sleepy Hollow Police Department
 Southampton Town Police Department
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 Town of Kent Police Department
 Town of Tonawanda Police Department
 Troy Police Department
 Village of Malone Police Department
 Watervliet Police Department
 Westchester County Police Department
 Yonkers Police Department

Federal

Executive Office of the President
 Office of National Drug Control Policy
 New York/New Jersey High Intensity Drug Trafficking Area
 U.S. Department of Commerce
 U.S. Census Bureau
 U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administration
 Treatment Episode Data Set
 U.S. Department of Homeland Security
 U.S. Border Patrol
 U.S. Coast Guard Investigative Service
 U.S. Department of Justice
 Drug Enforcement Administration
 El Paso Intelligence Center
 National Seizure System
 Organized Crime Drug Enforcement Task Force
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