



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



Ohio High Intensity Drug Trafficking Area



Drug Market Analysis 2010

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2010-R0813-025

April 2010

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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

Strategic Drug Threat Developments	1
HIDTA Overview	3
Drug Threat Overview	3
Drug Trafficking Organizations	4
Production	5
Transportation	7
Distribution	7
Drug-Related Crime	9
Abuse	10
Illicit Finance	11
Outlook	12
Sources	13



Strategic Drug Threat Developments

The distribution and abuse of cocaine pose the greatest drug threat to the Ohio High Intensity Drug Trafficking Area (HIDTA) region. Heroin is expected to overtake cocaine as the greatest drug threat in the near term because of the increasing availability and abuse of Mexican heroin. Marijuana and controlled prescription drugs (CPDs) are widely available throughout the HIDTA region, while the availability of MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) and methamphetamine varies.

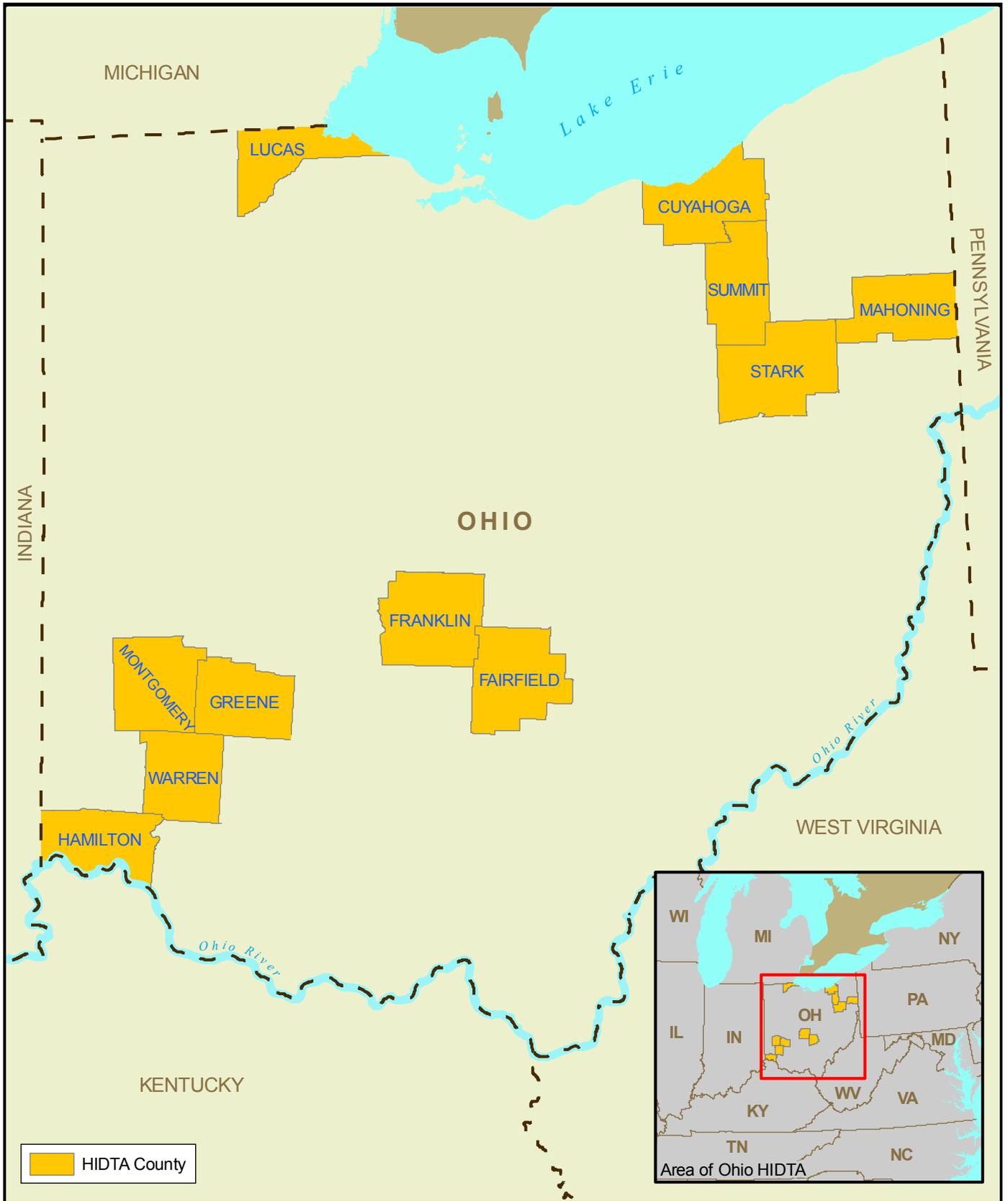
The following are significant strategic drug threat developments in the Ohio HIDTA region:

- Mexican heroin availability and abuse are increasing in the Ohio HIDTA region. These increases are primarily due to Mexican drug trafficking organizations (DTOs) expanding their distribution of the drug, leading to decreased wholesale prices and a nearly 50 percent increase in heroin-related admissions to publicly funded treatment facilities between state fiscal years (SFYs) 2005 and 2009.
- Cocaine availability decreased in some areas of the HIDTA region, resulting in increased wholesale cocaine prices. Hamilton, Warren, and Mahoning County officials report that cocaine was less available, and Stark County officials report that cocaine was being distributed at the wholesale level in smaller quantities.
- High-potency marijuana production at indoor grow sites increased in some areas of the HIDTA region, particularly in Fairfield, Lucas, and Summit Counties in 2009, a trend that is expected to continue as local producers seek to meet increasing demand for the drug.
- Methamphetamine laboratory seizures in the region increased approximately 41 percent from 2008 to 2009. The use of the “one-pot” method (see text box on page 6) and pseudoephedrine smurfing^a are expected to contribute to a rise in local methamphetamine production.
- Mexican DTOs are introducing Mexican methamphetamine into areas of the Ohio HIDTA region where the drug was previously unavailable. The availability of Mexican methamphetamine is expected to remain low, with local production continuing to meet the limited demand for the drug.
- Unintentional poisoning deaths, most often associated with prescription opioids, increased 108 percent from 2003 through 2007 (the latest year for which data are available).^b Treatment provider reporting indicates that this trend continued through 2009; however, complete data are not currently available.

a. Smurfing is the practice of having multiple individuals buy pseudoephedrine at or below the legal limit from various locations.

b. Death certificates are used in the United States for administrative and public health purposes. The registration processes remain labor intensive and employ disparate and limited automated procedures. Manual certificate preparation, including the personal delivery of records to physicians for signature, and labor-intensive processing of paper records locally and at State Offices of Vital Records all contribute to slowing registration and delaying the availability of death data.

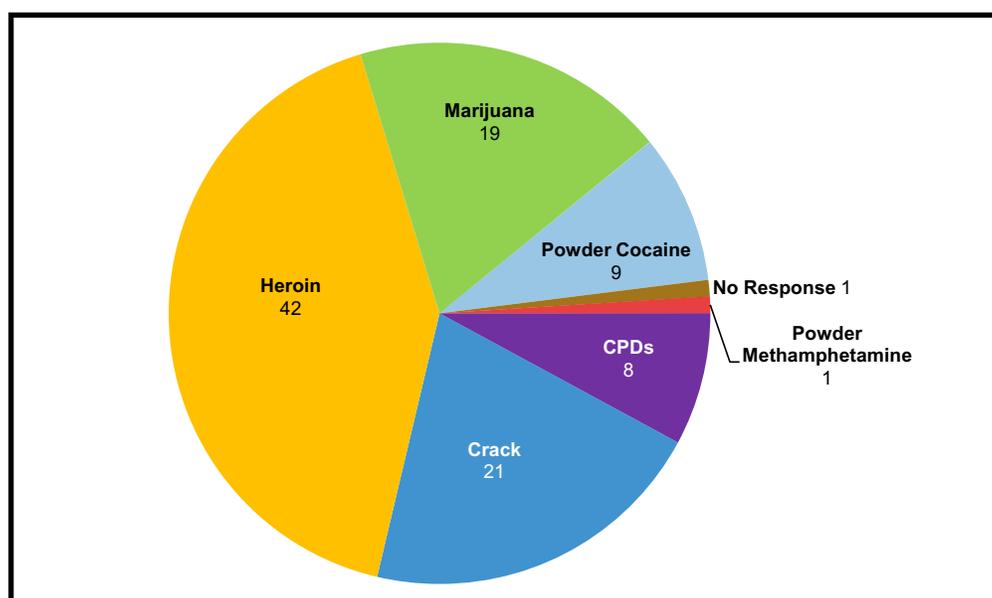
Figure 1. Ohio High Intensity Drug Trafficking Area



HIDTA Overview

The Ohio HIDTA region consists of Cuyahoga, Fairfield, Franklin, Greene, Hamilton, Lucas, Mahoning, Montgomery, Stark, Summit, and Warren Counties. (See Figure 1 on page 2.) These counties contain more than half of Ohio's population and encompass the nine largest cities in the state. (See Figure 3 on page 8.) The numerous interstate highways that link the HIDTA region to major drug source areas, including the Southwest Border, Chicago, Detroit, New York City, and Canada, are used by traffickers to smuggle illicit drugs into and through the region. Ohio has the eighth-largest national highway system, which carries the seventh-highest volume of traffic in the nation, allowing drug transporters to blend in with the natural flow of traffic. Large amounts of illicit drugs transported to the area are abused locally, while some are transshipped to drug markets in neighboring states.

Figure 2. Greatest Drug Threat in the Ohio HIDTA Region, as Reported by State and Local Law Enforcement Agencies, by Number of Respondents^c



Source: National Drug Threat Survey 2010.

Drug Threat Overview

The distribution and abuse of cocaine pose the greatest drug threat to the Ohio HIDTA region; however, heroin is expected to surpass cocaine as the greatest drug threat in the near term as a result of increasing availability and abuse of Mexican heroin. Cocaine continues to pose a greater threat than heroin because of crack cocaine's association with violent crime, particularly in the more densely populated urban areas of the region. (See Figure 4 on page 9.) According to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2010, 30 of the 101 state and local law enforcement respondents in the region identify either powder or crack cocaine as the drug that poses the greatest threat to their jurisdictions, and 42 of the 101 report heroin as the greatest drug threat. (See Figure 2.) Marijuana and CPDs are widely available and abused. These and other drugs with limited availability, such as MDMA and methamphetamine, pose much lesser threats to the region than cocaine and heroin. Significant amounts of illicit drugs are seized annually in the HIDTA region by law enforcement officials through Ohio HIDTA initiatives. (See Table 1 on page 4.)

c. NDTS data for 2010 cited in this report are as of March 3, 2010. NDTS data cited are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program. Data cited may include responses from agencies that are part of the NDTS 2010 national sample and/or agencies that are part of HIDTA solicitation lists.

Table 1. Illicit Drugs Seized Through Ohio HIDTA Initiatives, in Kilograms, 2009

Powder cocaine	394.3
Crack cocaine	7.0
Heroin	38.2
Khat	304.8
Marijuana	12,591.7
MDMA	46,493*
Methamphetamine	2.3
PCP (phencyclidine)	36.3
Controlled prescription drugs**	44,154*

Source: Ohio High Intensity Drug Trafficking Area.

*Dosage units.

**Includes only federally scheduled drugs.

Cocaine availability has decreased in some areas of the region, resulting in higher wholesale prices. For example, law enforcement officials in Hamilton, Mahoning, and Warren Counties report that cocaine was less available, and officials in Stark County report that cocaine was being distributed at the wholesale level in smaller quantities in 2009. Wholesale cocaine prices have increased in many areas of the HIDTA region. For example, investigators with the Southwest Ohio Drug Task Force report that in Warren County, wholesale cocaine prices increased from \$25,000 to \$30,000 per kilogram to \$35,000 to \$40,000 per kilogram in early 2009.

The availability of Mexican black tar heroin and brown powder heroin has increased throughout much of the HIDTA region. Consequently, the price of heroin has decreased in some areas such as Columbus, where a kilogram of black tar heroin fell from a high of \$50,000 in 2008 to \$33,000 in 2009. South American (SA) heroin remains available in limited quantities in the region, primarily in the northeastern counties of Ohio.

Indoor marijuana production is increasing in some areas of the HIDTA region, including Fairfield, Lucas, and Summit Counties. Most of the marijuana available and abused in the HIDTA region is commercial-grade Mexican marijuana. Locally produced marijuana also is readily available throughout the HIDTA region, and Canadian high-potency marijuana is primarily available in northern Ohio.

CPDs are widely abused throughout the HIDTA region, and prescription opioid abuse has contributed to increased overdose deaths throughout the state. CPDs are typically obtained within the HIDTA region through doctor-shopping, prescription forgery, theft, and unscrupulous physicians.

The availability and abuse of other drugs, including MDMA, methamphetamine, PCP (phencyclidine), and khat, vary throughout the region. MDMA is generally available in urban areas and typically is transported by Asian DTOs from Canada to markets in northern Ohio. The availability and abuse of methamphetamine remain low in the HIDTA region. Most of the available methamphetamine is produced locally, while Mexican methamphetamine is occasionally available in small quantities. PCP is available principally in Cleveland, while Somali traffickers supply khat primarily in Columbus.

Drug Trafficking Organizations

Mexican DTOs are the principal transporters and wholesale distributors of cocaine, heroin, and marijuana in the Ohio HIDTA region. They also are expanding their distribution of Mexican black tar heroin and brown powder heroin and are introducing Mexican methamphetamine into some areas of the region. For example, law enforcement officials in Toledo report Mexican methamphetamine being distributed in the city for the first time in late 2009. African American, Asian, Dominican, Jamaican, Puerto Rican, and Somali DTOs and criminal groups also transport and distribute illicit drugs within the HIDTA region, but to a much lesser extent than Mexican DTOs. (See Table 2 on page 5.)

Table 2. Drug Trafficking Organizations Distributing Illicit Drugs, Ohio HIDTA Region, 2009

DTO/Criminal Group Ethnicity	Drug Transported or Distributed	Source	Destination County
African American	Cocaine, MDMA, heroin	Southwest Border, Atlanta, Detroit	Cuyahoga, Fairfield, Hamilton, Lucas, Mahoning, Stark, Summit, Warren
Asian	MDMA, high-potency marijuana	Canada via Detroit POEs	Cuyahoga, Lucas, Summit
Dominican	SA heroin, cocaine	Chicago, Detroit, New York City	Cuyahoga, Mahoning
Jamaican	Marijuana, cocaine	Chicago, Detroit, New York City	Cuyahoga, Mahoning, Summit
Mexican	Cocaine, Mexican black tar heroin and brown powder heroin, marijuana, methamphetamine	Arizona, California, Texas, Chicago, Detroit	All HIDTA counties
Puerto Rican	SA heroin, cocaine	Chicago, Detroit, New York City	Cuyahoga, Mahoning
Somali	Khat	New York City	Franklin

Local and nationally affiliated street gangs distribute significant quantities of cocaine, marijuana, heroin, and other illicit drugs at the retail level in the region. These gangs are supplied primarily by Mexican traffickers. Street gangs also engage in a variety of other criminal activities, including burglary, robbery, theft, assault, and homicide. However, law enforcement officials in Cleveland report that as street gang members increase their drug sales, they often distance themselves from the gang and the attendant criminal activity in an attempt to avoid law enforcement scrutiny. Most street gangs in the region are neighborhood gangs that define their territories based upon the street or housing project in which they live and generally are loosely organized in their operations. Nationally affiliated gangs present in the HIDTA region include 18th Street, Mara Salvatrucha (MS 13), and Tiny Rascal Gangsters in Columbus, and Bloods, Crips, Gangster Disciples, and Latin Kings in Cleveland. These gangs are typically organized with structured leadership.

Production

Local indoor marijuana production is increasing in parts of the HIDTA region, including Fairfield, Lucas, and Summit Counties, according to anecdotal law enforcement reporting. As a result of increased demand for high-potency marijuana, most indoor cannabis grow operators in the HIDTA region use hydroponic equipment and techniques for watering, ventilation, and lighting to support the production of high-potency marijuana. (See text box on page 6.) Independent Caucasian producers conduct most indoor cultivation in the HIDTA region, typically in private residences, and in other locations such as outbuildings and warehouses. For example, law enforcement officials in Cleveland report that most indoor grows in their jurisdiction are located in warehouses. Outdoor marijuana production also takes place in the HIDTA region to a limited extent, particularly in rural areas. Outdoor cannabis grow site operators occasionally use techniques designed to prevent detection by law enforcement, including planting several small plots rather than a single large site.

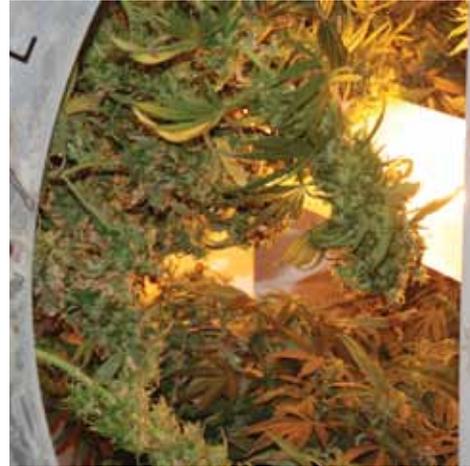
Rotary Garden Machine Seized From Youngstown Indoor Grow Operation

On January 6, 2010, officials with the Mahoning Valley Law Enforcement Task Force executed a search warrant on a private residence in Youngstown where the entire second floor of the residence was used solely for operating an indoor cannabis grow operation. A total of 255 cannabis plants were seized at the residence, along with a machine that contained approximately 140 of the seized plants. It was determined that the machine was a rotary garden machine, capable of holding 300 plants when filled to capacity. The entire cylinder of the machine rotated hourly, keeping the plants exposed to a high-intensity light source and fertilized water, producing high-potency marijuana.

Rotary garden machine



Interior of machine



Source: Mahoning Valley Law Enforcement Task Force.

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

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

Local small-scale methamphetamine production for personal use or distribution to a small network of individuals is rising in the HIDTA region. The number of methamphetamine laboratories seized by law enforcement officials in the HIDTA region increased approximately 41 percent from 2008 (39) to 2009 (55). (See Table 3 on page 7.) This rise in laboratory seizures is attributed to increased use of the “one-pot” production method, a variation of the “Shake and Bake” method (see text box above), and to pseudoephedrine smurfing. Pseudoephedrine obtained through smurfing throughout the HIDTA region is typically sold to local methamphetamine producers for cash. In Fairfield County, pseudoephedrine is used as a form of payment for locally produced methamphetamine.

Table 3. Methamphetamine Laboratory Seizures, by County, Ohio HIDTA, 2005–2009

County	2005	2006	2007	2008	2009
Cuyahoga	1	1	0	0	1
Fairfield	1	0	1	1	1
Franklin	2	2	0	1	0
Greene	2	3	2	3	4
Hamilton	1	2	1	0	4
Lucas	0	0	0	0	1
Mahoning	0	3	0	1	0
Montgomery	5	0	0	1	1
Stark	7	2	1	1	0
Summit	41	38	27	31	41
Warren	9	1	3	0	2
HIDTA Total	69	52	35	39	55

Source: National Seizure System, data run February 8, 2010.

Transportation

Mexican DTOs are the principal transporters of wholesale quantities of cocaine, marijuana, Mexican black tar heroin and brown powder heroin, and limited amounts of Mexican methamphetamine to the HIDTA region. These traffickers primarily use interstate highways to transport illicit drugs from distribution centers along the Southwest Border, such as Brownsville, Dallas, and Houston, Texas; Los Angeles and San Diego, California; and Phoenix and Tucson, Arizona. (See Figure 3 on page 8.) Mexican DTOs also transport illicit drugs to the HIDTA region from Chicago and Detroit. Mexican DTOs and various other traffickers also transport smaller amounts of illicit drugs into the HIDTA region, using couriers on commercial flights (cocaine, heroin, CPDs), couriers traveling on commercial buses who often secrete the drugs in their luggage (heroin and marijuana), and package delivery services (marijuana, MDMA, CPDs, cocaine, heroin, and khat).

Distribution

Mexican DTOs, the principal wholesale suppliers of cocaine, heroin, and marijuana in Ohio, are expanding their distribution activities, particularly for Mexican black tar heroin and brown powder heroin. For example, Mexican traffickers are transporting heroin into Fairfield County, supplying distributors from the county who previously traveled to Columbus to purchase heroin from Mexican DTOs. Mexican DTOs also are increasing their distribution of limited amounts of Mexican methamphetamine in the region, particularly in Greene, Lucas, and Stark Counties. African American, Asian, Dominican, and Jamaican DTOs also distribute illicit drugs at the wholesale level in the HIDTA region.

Mexican DTOs are using Columbus and Dayton as regional drug distribution centers, particularly for Mexican heroin that is supplied to markets throughout Ohio and neighboring states. Columbus is a distribution center for Mexican heroin supplied to markets throughout much of Ohio as well as in West Virginia and western Pennsylvania. Mexican traffickers also use Columbus as a distribution center for marijuana and powder cocaine that they distribute in surrounding counties and for powder cocaine distributed in West Virginia. Dayton serves as a source of supply for heroin available in southwestern Ohio markets. Distributors and abusers from other markets in and outside the HIDTA region often travel to Columbus and Dayton to purchase drugs to sell in their home areas.

African American criminal groups and street gangs are the primary retail-level distributors of crack cocaine and marijuana, particularly in urban areas of the Ohio HIDTA region; they are typically supplied by Mexican DTOs. African American criminal groups and street gangs also distribute retail quantities of heroin, powder cocaine, and PCP to varying degrees throughout the HIDTA region. Various other groups and independent dealers also serve as retail-level drug distributors in the

Figure 3. Ohio HIDTA Region Transportation Infrastructure



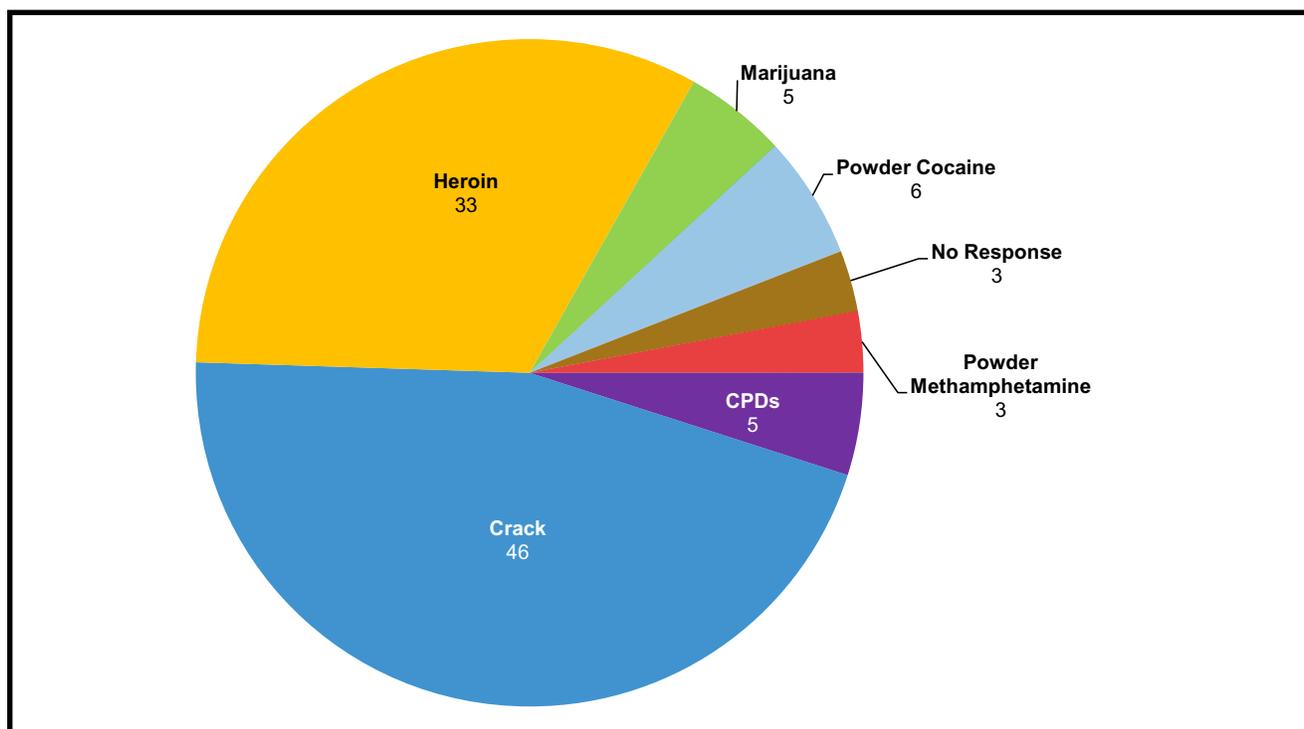
region. Puerto Rican criminal groups are the primary retail-level distributors of SA heroin in Mahoning County; they typically are supplied by Dominican DTOs based in New York City. Hispanic street gangs are active in Columbus, where they distribute heroin, cocaine, marijuana, and limited amounts of Mexican methamphetamine.

Independent Caucasian dealers are the principal distributors of CPDs throughout the HIDTA region. These individuals often sell CPDs to obtain money for food or housing. For example, in Fairfield County, many individuals who have been legitimately prescribed OxyContin often use half of the prescription and sell the other half to pay bills. Some CPDs distributed in the HIDTA region are obtained from out-of-state doctors, pharmacies, or pain clinics, most often in Florida, Michigan, and Kentucky. Additionally, individuals from Kentucky, West Virginia, and southern Ohio travel to Columbus to obtain CPDs through unscrupulous physicians to distribute in their home areas.

Drug-Related Crime

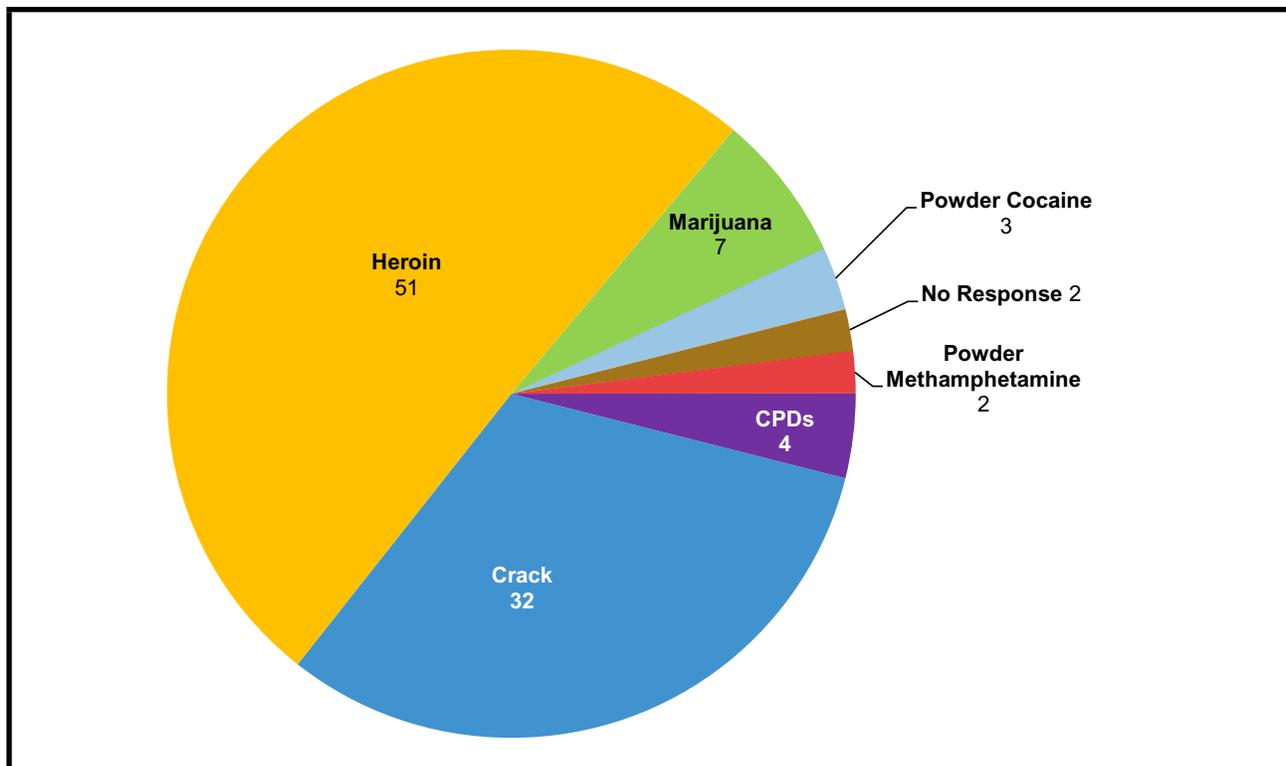
Law enforcement reporting indicates that cocaine, particularly crack, is the drug that most contributes to violent crime in the Ohio HIDTA region. According to the NDTs 2010, 46 of the 101 state and local law enforcement respondents in the Ohio HIDTA region identify crack cocaine as the drug most associated with violent crime, particularly in the more heavily populated urban areas of the region. (See Figure 4.) Additionally, 51 of the 101 respondents identify heroin as the drug most associated with property crime. (See Figure 5 on page 10.) Several law enforcement agencies in the HIDTA region report that shoplifting is a primary means by which abusers support their drug habits. For example, in Stark County, abusers often are involved in “boosting,” where drug abusers shoplift from local retail stores and then return the stolen items to stores for a refund or a store gift card that is later sold, often for pennies on the dollar, to obtain money to purchase drugs. Additionally, in southern Ohio there have been instances of small retail stores providing drug abusers with lists indicating stolen items that the stores would be willing to purchase.

Figure 4. Drug Most Associated With Violent Crime in the Ohio HIDTA Region as Reported by State and Local Law Enforcement Agencies, by Number of Respondents



Source: National Drug Threat Survey 2010.

Figure 5. Drug Most Associated With Property Crime in the Ohio HIDTA Region as Reported by State and Local Law Enforcement Agencies, by Number of Respondents



Source: National Drug Threat Survey 2010.

Abuse

Heroin abuse is rising in the Ohio HIDTA region, particularly among young Caucasians from suburban areas. The number of heroin-related treatment admissions to publicly funded facilities throughout Ohio increased nearly 50 percent between SFY2005 (5,991) and SFY2009 (8,945). (See Table 4.) In fact, in 2008, heroin surpassed cocaine as the second most commonly reported primary illicit drug of abuse by individuals seeking treatment in the HIDTA region (marijuana was first). Law enforcement and public health officials in the HIDTA region report that some abusers of controlled prescription opioids are switching to heroin. This switch is attributed, at least in part, to increased availability of Mexican heroin, which is typically lower in price.

The abuse of cocaine remains a primary concern in the HIDTA region, despite a decrease in the number of cocaine-related treatment admissions from SFY2005 (8,086) to SFY2009 (6,125). Reasons for this decrease are unclear but are likely related to the preliminary status of SFY2009 treatment data.

**Table 4. Substance Abuse Treatment Admissions, by Drug
Ohio HIDTA, SFY2005–SFY2009^d**

Drug	2005	2006	2007	2008	2009**
Marijuana	11,402	11,710	13,160	12,560	12,474
Cocaine	8,086	8,390	9,990	7,622	6,125
Heroin	5,991	6,408	7,715	7,853	8,945
Amphetamine*	304	363	431	252	223

Source: Ohio Department of Alcohol and Drug Addiction Services.

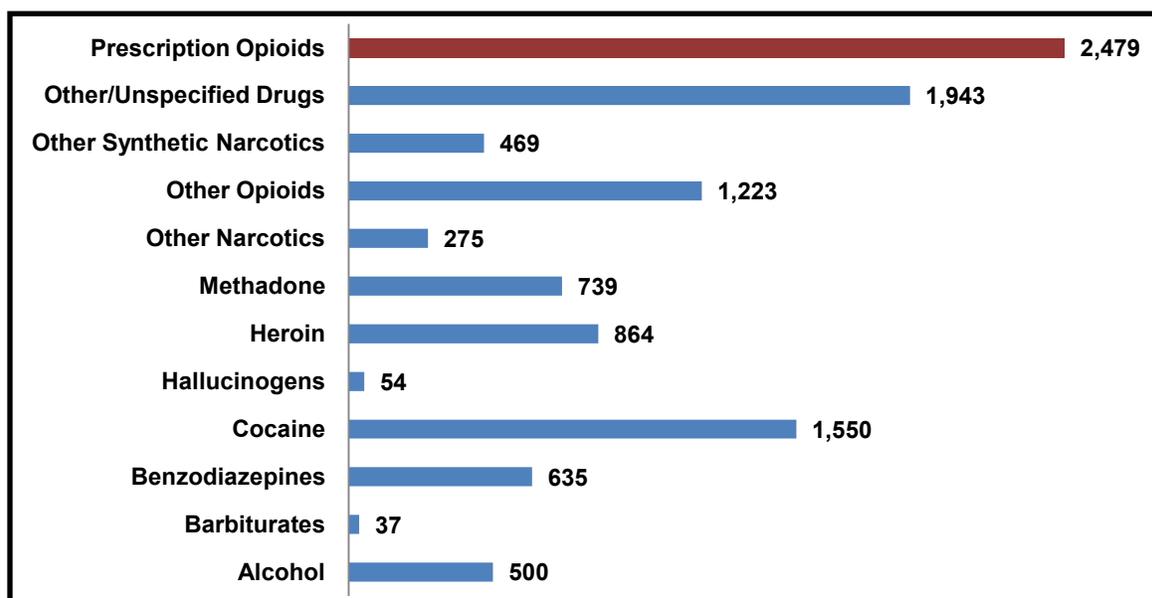
*Amphetamine category includes methamphetamine.

**2009 data are preliminary as of February 2010.

d. The Ohio state fiscal year is July 1 through June 30.

CPDs, particularly OxyContin, Xanax, Vicodin, and Percocet, are abused at high levels throughout the Ohio HIDTA region. The number of deaths from unintentional poisoning in Ohio increased 108 percent between 2003 (686) and 2007 (1,428), with prescription opioids contributing significantly to this rise. Treatment-provider reporting indicates that this trend continued through 2009; however, complete data are not currently available. According to data from the Ohio Department of Health, Office of Vital Statistics, prescription opioids were specifically mentioned more than any other drug for unintentional fatal drug poisonings in Ohio from 2000 through 2007. (See Figure 6.)

Figure 6. Number of Specific Drug Mentions Among Unintentional Fatal Drug Poisonings, Ohio, 2000–2007



Source: Ohio Department of Health, Office of Vital Statistics.

Methamphetamine and MDMA are abused to varying degrees throughout the HIDTA region. Treatment data indicate that the number of amphetamine-related (including methamphetamine-related) admissions is significantly lower than the number of admissions for other drugs of abuse in the region. However, reporting from the Ohio Substance Abuse Monitoring (OSAM) Network^e indicates that MDMA abuse is increasing among African Americans in Cincinnati and Dayton. Additionally, according to the OSAM Network, several crime labs in the state report that some MDMA is adulterated with BZP (benzylpiperazine).

Illicit Finance

Millions of dollars in illicit drug proceeds are generated in the Ohio HIDTA region each year. For example, nearly \$17 million in drug proceeds were seized through Ohio HIDTA initiatives in 2009. Mexican DTOs primarily transport bulk currency derived from illicit drug sales in the region to areas along the Southwest Border. For instance, as a result of three separate traffic stops in September and October 2009, a total of \$476,000 in cash was seized from a Mexican organization operating in the HIDTA region. Traffickers in the HIDTA region also use package delivery services to ship drug proceeds back to source locations or put the proceeds in luggage on commercial buses. Traffickers also launder money through various other means, including purchasing real estate and luxury items, using money services businesses, and structuring bank deposits.

e. The OSAM Network is sponsored by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and operated by Wright State University, Dayton, and the University of Akron.

Outlook

NDIC analysts expect that heroin will surpass cocaine as the greatest drug threat to the Ohio HIDTA region as Mexican DTOs continue to increase the availability of Mexican heroin throughout the region. Heroin abuse will continue to rise, and more prescription opioid abusers will switch to heroin because of the drug's availability and lower cost. Consequently, heroin-related crime and treatment costs will rise. Cocaine availability is expected to remain sufficient to meet demand, with prices staying relatively stable. The availability of high-potency marijuana is expected to increase in the HIDTA region as local producers seek to profit from the production of higher-potency marijuana and as Asian traffickers transport larger quantities of Canadian marijuana into the region. Local methamphetamine production in the HIDTA region is expected to rise in some areas because of increased use of the one-pot method of production and continued smurfing of pseudoephedrine by methamphetamine producers. Despite the introduction of limited quantities of Mexican methamphetamine in some markets, availability of the drug will remain low, with local production continuing to meet the limited demand for the drug.

Sources

Local, State, and Regional

Columbus Division of Police
 Strategic Response Bureau
 Investigative Section
 Fairfield/Hocking Major Crimes Unit
 Greene County Agencies for Combined Enforcement Task Force
 Hamilton County Sheriff's Office
 Regional Narcotics Unit
 Ohio Attorney General's Office
 Bureau of Criminal Identification and Investigation
 Ohio Department of Alcohol and Drug Addiction Services
 Ohio Substance Abuse Monitoring Network
 Ohio Department of Health
 Office of Vital Statistics

Federal

Executive Office of the President
 Office of National Drug Control Policy
 Ohio High Intensity Drug Trafficking Area
 Akron/Summit County Drug Task Force
 Commercial Vehicle Intelligence Initiative
 DEA Youngstown Task Force
 HIDTA Interdiction Task Force (H.I.T.)
 Mahoning Valley Law Enforcement Task Force
 Miami Valley Drug Task Force
 Northeast Ohio Interdiction Task Force
 Northern Ohio Law Enforcement Task Force
 Northwest Ohio HIDTA Task Force
 South Central Drug Task Force
 Southwest Ohio Drug Task Force
 Stark County Violent Crimes Task Force
 Toledo Metro Drug Task Force
 U.S. Department of Commerce
 U.S. Census Bureau
 U.S. Department of Homeland Security

U.S. Immigration and Customs Enforcement
 Cleveland Resident Office
 U.S. Department of Justice
 Criminal Division
 Organized Crime Drug Enforcement Task Force
 Drug Enforcement Administration
 Detroit Division Office
 Columbus District Office
 Cleveland Resident Office
 Dayton Resident Office
 Toledo Resident Office
 Youngstown Resident Office
 El Paso Intelligence Center
 National Seizure System
 Federal Bureau of Investigation
 Cleveland Division
 U.S. Attorneys Offices
 Northern District of Ohio
 Southern District of Ohio
 U.S. Department of the Treasury
 Internal Revenue Service
 U.S. Department of Transportation
 Federal Highway Administration

Other

The Vindicator

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