



U.S. Department of Justice  
National Drug Intelligence Center



# Atlanta High Intensity Drug Trafficking Area



## Drug Market Analysis 2011

## **Source Summary Statement**

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



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



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## **Drug Market Analysis 2011**

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



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## Executive Summary

The overall drug threat in the Atlanta High Intensity Drug Trafficking Area (HIDTA) region remained fairly consistent from 2009 through 2010. Cocaine distribution and abuse and methamphetamine production and abuse remain the principal drug threats to the Atlanta HIDTA region. However, changes with respect to these drugs have occurred in some parts of the region. For example, ice methamphetamine trafficking in the Atlanta area increased in 2010, while cocaine trafficking remained relatively stable.<sup>1</sup> Nonetheless, cocaine continues to pose the greatest overall drug threat to the region.<sup>2</sup> Cannabis cultivation and resulting marijuana production, distribution, and abuse pose serious concerns to law enforcement officers; indoor cannabis cultivation is increasing in the region. Additionally, controlled prescription drugs (CPDs), heroin, and other dangerous drugs (ODDs) continue to be persistent problems in the region. Moreover, Mexican drug trafficking organizations (DTOs) continue to pose the greatest organized drug crime threat.

Key issues identified in the Atlanta HIDTA region include the following:

- Mexican DTOs maintain unrivaled dominance in wholesale drug distribution in the Atlanta HIDTA region. They are well organized, deeply entrenched, and extensively networked with cartels based in Mexico.
- Cocaine continues to pose the greatest drug threat to the Atlanta HIDTA region—availability remained relatively stable from 2009 through early 2011.
- Widespread methamphetamine trafficking and abuse now represent a level of threat nearly equal to that of cocaine in the Atlanta area.
- Mexican DTOs produce large quantities of ice methamphetamine at conversion laboratories in the Atlanta area, surpassing the production threat posed by Caucasian independent dealers at small-capacity laboratories.
- CPD distributors and abusers in the Atlanta HIDTA region are acquiring prescription drugs with relative ease through numerous rogue pain management clinics (commonly referred to as pill mills) operating in Georgia. This contributes to high levels of abuse and overdose deaths locally and widespread availability throughout the region and in states such as Kentucky, Tennessee, and West Virginia.

## Key Issues<sup>a</sup>

**Mexican DTOs maintain unrivaled dominance in wholesale drug distribution in the Atlanta HIDTA region. They are well organized, deeply entrenched, and extensively networked with cartels based in Mexico.**

Mexican DTOs supply most of the cocaine, ice methamphetamine, commercial-grade marijuana, and Mexican heroin available in the Atlanta HIDTA region, as well as much of the southeastern United States, using the HIDTA region as a base of operations.<sup>3</sup> They are well organized, deeply entrenched, and extensively networked with cartels based in Mexico.<sup>4</sup> NDIC assesses that based upon numerous law enforcement investigations, Mexican DTOs pose the greatest organized drug crime threat. Major Mexican drug cartels, including the Gulf Cartel, La Familia Michoacana (LFM), Los Zetas, and Sinaloa Cartel, supply independent and cartel-affiliated distribution cells in the Atlanta area with large amounts of illicit drugs.<sup>5</sup> LFM, the most active Mexican drug cartel operating in the Atlanta area over the past 2 years, supplies significant quantities of illicit drugs, particularly methamphetamine, to the region.<sup>6</sup> For example, in November 2010, Drug Enforcement Administration (DEA), Atlanta HIDTA, and Clayton County officials announced the arrests of 45 alleged members of LFM and the seizure of 46 pounds of methamphetamine, 43 kilograms of cocaine, more than 4,000 pounds of marijuana, 20 firearms, and more than \$2.3 million as a result of Operation Choke Hold.<sup>7</sup> This was the second major operation targeting the LFM in as many years.

NDIC assesses that the strength of Mexican trafficking networks in the Atlanta area is evidenced by the ease with which they are able to adapt to law enforcement efforts designed to disrupt and dismantle their trafficking operations.<sup>8</sup> During numerous interviews in early 2011, law enforcement officials in the Atlanta area reported that Mexican traffickers continue to relocate stash houses to more rural areas of the Atlanta metropolitan area, as well as North Carolina, South Carolina and, most recently, Alabama, to avoid law enforcement scrutiny in Atlanta.<sup>10</sup> For instance, while Mexican DTOs continue to operate in Gwinnett County, some have adapted to law enforcement efforts by decentralizing and moving some of their operations to other counties.<sup>10</sup> As a result, Mexican DTOs use homes in Cobb, Cherokee,<sup>11</sup> Clayton, and Spaulding Counties for their drug distribution operations.<sup>12</sup> (See text box on page 3.) Mexican DTOs continue to use rural areas of North Carolina and South Carolina as stash areas for illicit drugs, principally cocaine and methamphetamine, ultimately destined for eastern U.S. drug markets.<sup>13</sup> Mexican DTOs have also adjusted by moving some operations into Alabama.<sup>14</sup> Alabama is attractive to these DTOs because of the proximity to Atlanta and easy access via the interstate highways into Georgia.<sup>15</sup> In fact, Dothan, in southeastern Alabama near the Alabama-Florida state line, has emerged as a distribution hub for Atlanta-based Mexican DTOs.<sup>16</sup>

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



### **Mexican DTOs Use Vacant Residential Homes as Stash Houses**

Mexican DTOs operating in the Atlanta area often occupy abandoned or vacant homes in suburban areas for use as stash houses. In many cases, the homeowners are unaware that their residences are being used to distribute illicit drugs. For example, a Mexican drug distribution cell set up operations in a Woodstock (Cherokee County, GA) residence while the owner was living in Texas. The owner returned home after 6 months and discovered that the traffickers had been living in the house. The traffickers left behind equipment that local law enforcement officers reported was used to press cocaine. The owner moved back into the home and called the police after someone repeatedly attempted to break into the home. Law enforcement officers eventually discovered 8 kilograms of cocaine and 1 pound of ice methamphetamine hidden in the home.<sup>17</sup>

Source: Cherokee Multi-Agency Narcotics Squad.

Mexican DTOs have altered transportation methods and routes for drugs and bulk cash in response to coordinated Domestic Highway Enforcement interdiction efforts designed to disrupt the flow of drugs from the Southwest Border, primarily Texas, to Atlanta.<sup>19</sup> Over the past 12 months, Mexican DTOs have transitioned to transporting smaller loads of cocaine (tens of kilograms instead of hundreds of kilograms) to the Atlanta HIDTA region to reduce losses to law enforcement highway interdiction.<sup>20</sup> Mexican DTOs have also changed some of their transportation routes. While they continue to transport drugs along Interstate 20, law enforcement interdiction efforts on that route have caused traffickers to shift some of their drug loads to Interstate 40, transporting drugs eastward from Texas through Tennessee and North Carolina and then south to Atlanta.<sup>20</sup> Mexican traffickers also transport bulk cash, generally in smaller amounts to reduce the loss of money to interdiction.<sup>21</sup> The total amount of cash being transported from Atlanta to Texas and Mexico is significant. For example, according to data from the Gulf Coast HIDTA, Blue Lightning Operations Center (BLOC), more than \$14.9 million in bulk cash from illicit drug proceeds consolidated in Atlanta and destined for the Southwest Border was seized during highway interdiction efforts in 2010.<sup>22</sup> Moreover, law enforcement reporting indicates that some Mexican traffickers are paying couriers to transport bulk cash from Atlanta to Texas, the Southwest Border, and Mexico on commercial buses.<sup>23</sup>

### **Cocaine continues to pose the greatest drug threat to the Atlanta HIDTA region—availability remained relatively stable from 2009 through early 2011.**

Cocaine remains the greatest drug threat to the Atlanta HIDTA region. National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2011 data reveal that 25 of 50 law enforcement respondents in the Atlanta HIDTA region identified cocaine as the greatest drug threat in their jurisdictions.<sup>b</sup> NDTS 2011 data further reveal that 35 of 50 law enforcement respondents in the Atlanta HIDTA region identify cocaine (powder and crack) as the drug that most contributes to violent crime in their jurisdictions, and 28 of 50 report the same for property crime.<sup>24</sup> Law enforcement officers report that most cocaine-related violence in the region occurs among retail-level cocaine traffickers.<sup>25</sup>

b. The NDTS is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. NDTS 2011 data cited in this report are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program as of March 4, 2011.

Cocaine availability remained stable at moderately high levels from 2009 to early 2011, as indicated by law enforcement reporting and survey and seizure data.<sup>26</sup> Most law enforcement officers interviewed in the Atlanta HIDTA region during early 2011 reported that cocaine was not difficult to buy and that availability has remained relatively stable since 2009.<sup>27</sup> The opinions from law enforcement officers are further supported by NDTS 2011 data—47 of 50 law enforcement respondents in the Atlanta HIDTA region report that powder cocaine is available at moderate or high levels, and 46 respondents report the same for crack.<sup>28</sup> Cocaine seizures also increased in the Atlanta HIDTA region in 2010, further supporting the assertion of stable availability at high levels. For example, 1,205 kilograms of cocaine destined for the Atlanta area were seized by law enforcement officers in 2010—a 95 percent increase from the 618 kilograms seized in 2009.<sup>29</sup> Moreover, Atlanta HIDTA initiatives seized more than 873 kilograms of powder cocaine in 2010 and more than 30 kilograms of crack cocaine. (See Table B1 in Appendix B.)

Cocaine prices remained stable and retail-level purity remained low from 2009 to early 2011. Wholesale-level cocaine prices remained relatively steady at \$24,000 to \$33,000 per kilogram in early 2010 and \$23,000 to \$34,000 per kilogram in early 2011.<sup>30</sup> Midlevel powder cocaine and retail-level crack prices also remained steady during the same period. Powder cocaine prices in Atlanta were \$750 to \$1,400 per ounce and crack prices were \$5 to \$40 per rock from early 2010 to early 2011.<sup>31</sup> Retail powder cocaine prices changed slightly from \$40 to \$100 per gram in early 2010 to \$20 to \$110 per gram in early 2011, most likely reflecting the quality of cocaine sold.<sup>32</sup> Local law enforcement officials report that some cocaine distributed at the retail level continues to be of poor quality.<sup>33</sup> For example, DeKalb County law enforcement officers report that in some extreme cases, cocaine at the retail level was so heavily adulterated that it would not properly cook into crack cocaine.<sup>34</sup>

**Widespread methamphetamine trafficking and abuse represent a level of threat nearly equal to that of cocaine in the Atlanta area.**

The high level of methamphetamine trafficking in the Atlanta area, particularly that of ice methamphetamine, has become a problem so pervasive that it is reaching a level of threat and concern equal to that of cocaine.<sup>35</sup> During numerous interviews in early 2011, law enforcement officials in the Atlanta area repeatedly raised concern about increasing methamphetamine trafficking and abuse.<sup>36</sup> Moreover, many law enforcement officials in the Atlanta area perceive the problems attendant to methamphetamine trafficking to be approaching the threat level associated with cocaine. For instance, NDTS 2011 data reveal that nearly as many law enforcement respondents in the Atlanta area reported ice methamphetamine (6 of 18 respondents) as the greatest drug threat to their jurisdictions as reported cocaine (7 of 18 respondents).<sup>37</sup> Further, numerous law enforcement officers in the Atlanta area interviewed in early 2011 reported that ice methamphetamine trafficking has increased since 2009, while cocaine trafficking has remained relatively stable.<sup>38</sup>

Methamphetamine abuse remains a significant concern in the Atlanta area. Based on the observations and experiences of numerous law enforcement officers interviewed in early 2011, methamphetamine abuse is widespread and rising.<sup>39</sup> In fact, methamphetamine related treatment admissions in Georgia increased 9 percent from 1,229 admissions in state fiscal year 2009 to 1,340 in state fiscal year 2010, the most recent data available.<sup>40</sup> Moreover, the costs associated

with methamphetamine abuse in Georgia are significant. According to the Georgia Meth Project, the state of Georgia spends \$1.3 billion dollars on family and social services, treatment, and lost productivity associated with methamphetamine abuse.<sup>41</sup>

Law enforcement reporting and NDTs, price, and seizure data indicate that methamphetamine, particularly ice methamphetamine, is readily available in the Atlanta area, and its availability increased throughout 2010. NDTs 2011 data reveal that 15 of 18 law enforcement respondents in the Atlanta area report that ice methamphetamine is available at high or moderate levels in their jurisdictions. During numerous interviews in early 2011, law enforcement officers in the Atlanta area repeatedly indicated that the availability of ice methamphetamine was high and increasing in their jurisdictions.<sup>42</sup> Supporting the assertions of law enforcement officers are methamphetamine price data that indicate ready availability of the drug. Wholesale-level prices for Mexican ice methamphetamine in Atlanta remained relatively stable from early 2010 (\$16,000 to \$22,000 per pound) to early 2011 (\$15,500 to \$22,000 per pound).<sup>43</sup> In addition, wholesale-level prices for powder methamphetamine in Atlanta remained stable at \$10,000 to \$22,000 per pound during the same period.<sup>44</sup> Drug seizure data further support ready and increasing availability of methamphetamine. DEA reports that the amount of methamphetamine seized throughout Georgia increased 447 percent from fiscal year (FY) 2008 (51 kg) through FY2010 (279 kg), and as of February 2011, 575 kilograms of methamphetamine had been seized in FY2011.<sup>45</sup> Atlanta HIDTA initiatives seized more than 260 kilograms of ice methamphetamine and 19 kilograms of powder methamphetamine in 2010. (See Table B1 in Appendix B.)

**Mexican DTOs produce large quantities of ice methamphetamine at conversion laboratories<sup>c</sup> in the Atlanta area, surpassing the production threat posed by Caucasian independent dealers at small-capacity laboratories.**

Methamphetamine conversion laboratories, while constituting only a small number of the methamphetamine laboratories seized over the past 3 years in the Atlanta area, pose the greatest drug production threat. To supply these laboratories, Mexican DTOs transport methamphetamine dissolved in liquid (fuel, water, windshield washer fluid, or beer) from Mexico and the Southwest Border area to the Atlanta area.<sup>46</sup> Conversion laboratories are capable of producing large quantities of ice methamphetamine depending on the amount of liquid methamphetamine available. To illustrate, in December 2010, law enforcement officers discovered a methamphetamine conversion laboratory in a vacant home in Norcross (Gwinnett County, GA) and seized 212 gallons of liquid methamphetamine and more than 133 pounds of finished ice methamphetamine.<sup>d, 47</sup> The liquid methamphetamine had been transported to the home in a tractor-trailer external aluminum fuel tank found at the site.<sup>48</sup> Law enforcement officers report that the extracted methamphetamine is distributed and abused throughout the Atlanta area as well as much of the southeastern United States.<sup>49</sup>

c. The DEA Atlanta Division and Atlanta HIDTA report that these conversion laboratories are more accurately described as extraction laboratories and, therefore, commonly refer to them as such. Mexican DTOs produce methamphetamine in Mexico and then dissolve it in a liquid (fuel, water, windshield washer fluid, or beer) for transportation from Mexico to Georgia. Once in Georgia, the methamphetamine is extracted from the liquid through a chemical process and converted into methamphetamine crystals.

d. The Gwinnett County Police Department estimated that this laboratory was able to extract 1 pound of ice methamphetamine from every 4 gallons of liquid methamphetamine; however, estimates of the theoretical yield for extraction of methamphetamine vary from agency to agency.

The threat posed by Caucasian independent dealers at small-capacity laboratories continues, but pales in comparison to the threat posed by large-capacity conversion laboratories because of the amount of the drug generally produced at the large-capacity laboratories. Most methamphetamine laboratories seized in the Atlanta HIDTA region are small-capacity laboratories that typically yield less than 2 ounces of methamphetamine per production cycle.<sup>50</sup> Many of these laboratories are one-pot laboratories that use a simplified production method and are operated by Caucasian independent dealers.<sup>e, 51</sup> Most small-capacity laboratory operators are supplied with precursor chemicals obtained through local pseudoephedrine smurfing rings that circumvent pseudoephedrine sales restrictions and obtain the necessary precursor chemicals to produce the drug.<sup>52</sup> In response, Atlanta HIDTA officials introduced an electronic database in December 2010 to identify active smurfing rings—the Georgia Methamphetamine Information System (GMIS).<sup>f, 53</sup> Reporting to the system is not mandatory; therefore, only pharmacies that voluntarily participate report their pseudoephedrine sales to GMIS.<sup>54</sup> The exact number of pharmacies reporting to GMIS could not be obtained for inclusion in this report; however, three national pharmacy retail chains voluntarily report their pseudoephedrine sales to GMIS.<sup>55</sup> NDIC assesses that GMIS will reduce the effectiveness of pseudoephedrine smurfing operations, but the overall effectiveness of the system will be hampered because of the voluntary nature of the reporting.

Laboratory seizure data and law enforcement reporting indicate rising methamphetamine production in Georgia and North Carolina. According to National Seizure System (NSS) data, the number of methamphetamine laboratories seized in Georgia and North Carolina increased 26 percent from 2009 (284 laboratories) through 2010 (358 laboratories). (See Table B2 in Appendix B.) The number of methamphetamine laboratories seized in Atlanta HIDTA counties, however, decreased nearly 31 percent from 2009 (26 laboratories) through 2010 (18 laboratories).<sup>56</sup> Nonetheless, DEA Atlanta Division Clandestine Laboratory Group officials report that in the Atlanta metropolitan area alone, they responded to requests from law enforcement to clean up 84 methamphetamine laboratories or dumpsites in FY2009, 91 methamphetamine laboratories or dumpsites in FY2010, and 49 methamphetamine laboratories or dumpsites in FY2011 (as of February 22).<sup>g, 57</sup> In addition, during numerous interviews in early 2011, law enforcement officers in the Atlanta area repeatedly indicated that methamphetamine production is rising in their jurisdictions.<sup>h, 58</sup> Furthermore, all clandestine methamphetamine production operations are dangerous because the reactions are volatile and difficult to control. (See text box on page 7.)

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e. A one-pot cook is a variation of the lithium ammonia method, also commonly referred to as the Nazi or Birch method of production. Instead of producing methamphetamine through a series of sequential steps, the one-pot method is concluded in a single reaction vessel (typically a 2-liter plastic soda bottle), and all ingredients are added at once. The mixture is left to react, producing the necessary ammonia, which then reacts with the lithium metal to convert the pseudoephedrine into methamphetamine.

f. GMIS is an electronic database that records the sale of pseudoephedrine from participating pharmacies throughout Georgia. The GMIS system reports the names of individuals whose pseudoephedrine purchases exceed maximum daily or monthly amounts as established by the Combat Methamphetamine Act or who purchase pseudoephedrine at two separate pharmacies within a 15-minute period. North Carolina and South Carolina officials expect to join GMIS in early 2011.

g. The FY2011 funding for methamphetamine laboratory cleanup by the DEA Atlanta Division Clandestine Laboratory Group was expended as of February 22, 2011. Consequently, the Clandestine Laboratory Group will be unable to respond to laboratory cleanup requests for the remainder of FY2011.

h. Law enforcement officers report an increase in methamphetamine production. However, NSS laboratory seizure data in Georgia are likely incomplete and, therefore, insufficient to support this assertion.

### **Methamphetamine Conversion Laboratory Fire Kills Three Children**

Three children, ages 4, 3, and 18 months, died as a result of severe burns and smoke inhalation suffered after their Liburn (Gwinnett County, GA) rental home caught fire in February 2011. Gwinnett County Fire Department Arson Unit investigators determined that the fire started on the ground floor hallway of the two-story residence and was caused by chemicals used to manufacture methamphetamine. After the fire was extinguished, Gwinnett County Police Narcotics Unit investigators seized 1 pound of finished methamphetamine, 4,555 grams of liquid methamphetamine, and \$192,155 from the home. Investigators report that an additional 4 pounds of methamphetamine were destroyed in the fire. The children's mother, an illegal immigrant from Mexico, was arrested on charges of trafficking in methamphetamine. Gwinnett Police Department Homicide Unit detectives obtained murder, arson, and drug trafficking charges against a Hispanic male, also an illegal immigrant from Mexico, who was living at the residence and allegedly manufacturing the methamphetamine. He was burned by the fire but left the scene as firefighters fought the blaze and is currently a fugitive.<sup>59</sup>

Source: Gwinnett County Police Department; Gwinnett County Board of Commissioners.

**CPD distributors and abusers in the Atlanta HIDTA region are acquiring prescription drugs with relative ease through numerous rogue pain management clinics (commonly referred to as pill mills) operating in Georgia. This contributes to high levels of abuse and overdose deaths locally and widespread availability throughout the region and in other states.**

CPDs are readily available and abused at high levels within the HIDTA region. In fact, according to NDTs 2011 data, 46 of 50 law enforcement respondents in the Atlanta HIDTA region report that CPDs are available at moderate or high levels in their jurisdictions.<sup>60</sup> These data are supported by recent law enforcement interviews that describe widespread CPD availability and abuse throughout the region.<sup>61</sup> In response, the DEA Atlanta Division initiated a Diversion Group in November 2010 to combat the rising threat posed by CPDs.<sup>62</sup> Moreover, prescription drugs are the leading cause of drug-related overdose deaths in Georgia.<sup>63</sup> According to the Georgia Bureau of Investigation (GBI), the number of prescription drug-related overdose deaths in Georgia increased from 496 in 2008 to 508 in 2009, the most recent year for which data are available. GBI also reports that almost 87 percent of drug-related overdose deaths in Georgia in 2009 involved prescription drugs or a combination of prescription drugs and illicit drugs.<sup>64</sup> (See Table 1.) DEA Atlanta Division diversion investigators and the GBI medical examiner indicate that the most commonly diverted and abused CPDs include opioid pain relievers such as hydrocodone, methadone, and oxycodone (OxyContin and Roxicodone) and benzodiazepines (Xanax).<sup>65</sup>

**Table 1. Drug-Related Overdose Deaths in Georgia,\* 2008–2009**

Deaths From:	2008	2009
<b>Illicit Drugs Only</b>	95	86
<b>Prescription Drugs</b>	496	508
<b>Combination Illicit &amp; Prescription Drugs</b>	47	76
<b>Total Overdose Deaths</b>	<b>638</b>	<b>670</b>

Source: Georgia Bureau of Investigation.

\*Medical examiner data from Cobb, Gwinnett, DeKalb, Henry, Hall, and Rockdale Counties are not included.



Georgia is emerging as a source for CPDs available to abusers throughout the southeastern United States because of numerous pill mills operating in the state.<sup>66</sup> Owners of pill mills are opening cash-only businesses throughout Georgia, including the Atlanta area, thereby establishing the state as a distribution area for CPDs.<sup>67</sup> Georgia Drugs and Narcotics Agency investigations indicate that pill mills have unique characteristics, including the ability to quickly relocate, nearly exclusive associations with specific pharmacies, the use of specific physicians, cash-based payment methods, and rapid examinations.<sup>68</sup> Abusers from the Atlanta HIDTA region and from states such as Kentucky, Tennessee, and West Virginia that previously obtained CPDs from pill mills in Florida—a leading source area for diverted CPDs—now also obtain these drugs from pill mills in Georgia, including those in the Atlanta area.<sup>69</sup>

Several factors make Georgia attractive to operators of pill mills. Georgia remains one of the few states in the southeastern United States without a Controlled Substance Monitoring Program (CSMP).<sup>i,70</sup> The lack of a CSMP enables unscrupulous physicians, including those who operate pill mills, to prescribe large amounts of CPDs, particularly opioid pain relievers, without oversight from the state.<sup>71</sup> In addition, Georgia law does not require owners of pain management clinics to have a medical background, enabling any individual to operate such clinics in the state. Moreover, the Georgia Drugs and Narcotics Agency and Georgia Composite Medical Board report that all licensed physicians in the state can prescribe opioid pain relievers to manage pain, even if they have no specialized training in pain management, which makes it easier for unscrupulous physicians to appear legitimate while working at pill mills.<sup>72</sup>

## Outlook

NDIC assesses with high confidence<sup>j</sup> that Mexican DTOs will remain the dominant drug traffickers in the Atlanta HIDTA region for the foreseeable future. No other trafficking group operating in the region has the sources of supply or organizational structure to challenge them. NDIC assesses with medium confidence that ice methamphetamine availability and abuse will increase as Mexican DTOs establish more large-capacity methamphetamine conversion laboratories in the region capable of producing hundreds of pounds of methamphetamine. NDIC assesses with medium confidence that Methamphetamine production by Caucasian independent dealers at small-capacity laboratories will increase in the Atlanta HIDTA region as well, contributing to the overall availability of the drug.

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i. A new state law establishing a CSMP will become effective July 1, 2011. An Electronic Database Review Advisory Committee is tasked to fund the CSMP database through gifts, grants, donations, and other funds including those from the disposition of forfeited property. The CSMP was not operational at the time of this writing; however, when it is, the database will be populated with patients' pertinent controlled prescription drug data and a program manager/administrator will respond to requests for reports by authorized individuals. Access to the database will be limited to persons authorized to prescribe or dispense controlled substances and to patients upon request of their attorney. Law enforcement will need a warrant to access information from the database.

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

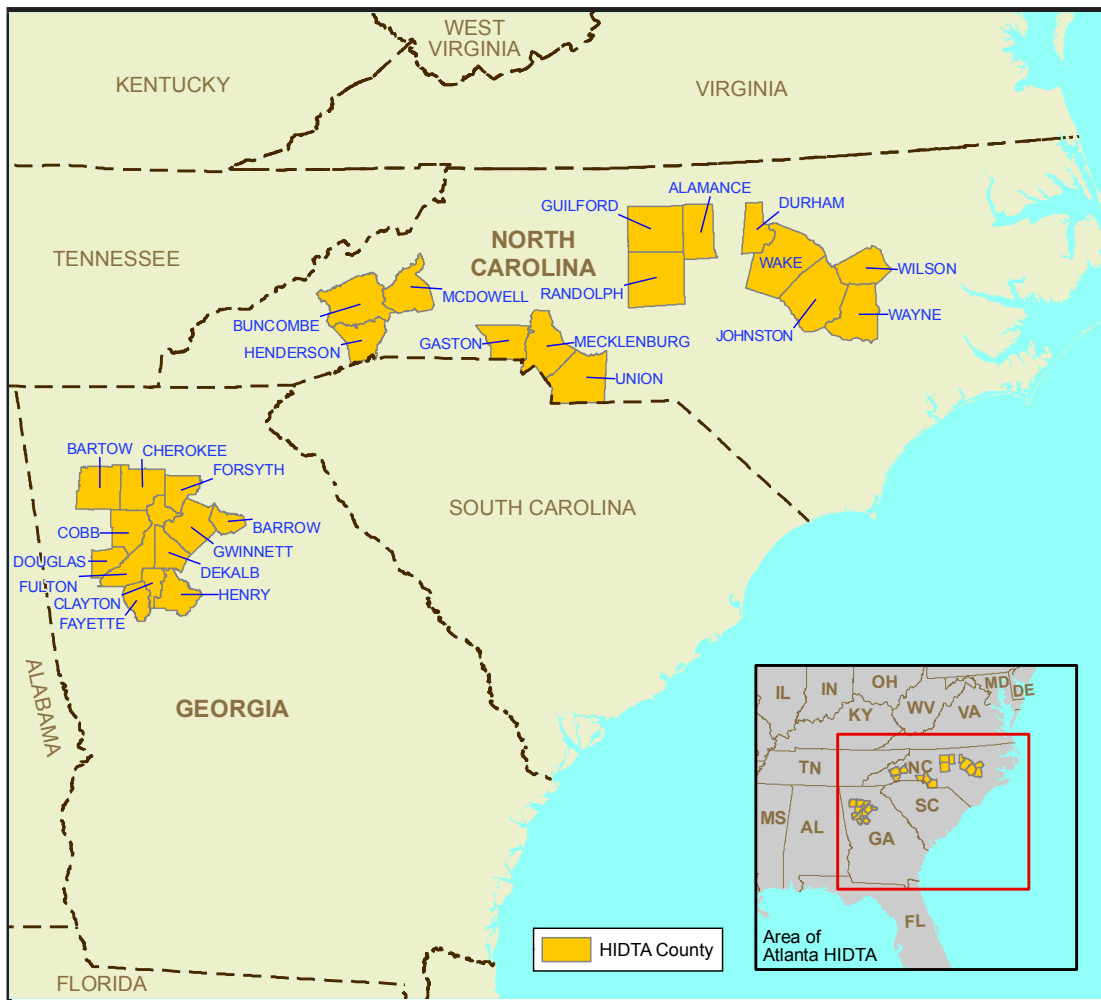
NDIC assesses with medium confidence that the Atlanta area will grow in importance as a source area for CPDs diverted for distribution in the region as well as for abusers from Kentucky, Tennessee, and West Virginia because of the number of pill mills operating in the state. Further, CPD abusers in Kentucky, Tennessee, West Virginia, and other eastern states will increasingly frequent pill mills in Georgia because it is closer than Florida, a leading source area for CPDs.





## Appendix A. Atlanta HIDTA Overview

Map A1. Atlanta High Intensity Drug Trafficking Area



The Atlanta HIDTA region comprises 12 counties in Georgia and 14 counties in North Carolina.<sup>73</sup> (See Map A1.) The designated HIDTA counties in Georgia form a contiguous group that includes most of the Atlanta metropolitan statistical area. These counties are a combination of urban and suburban residential areas. The designated HIDTA counties in North Carolina include drug markets in Asheville, Charlotte, Greensboro, and Raleigh.

Mexican DTOs use the Atlanta HIDTA region as a principal southeastern drug distribution and bulk cash consolidation center.<sup>74</sup> These DTOs use the vast interstate transportation network to supply illicit drugs to markets in Huntsville, Mobile, Montgomery, and Tuscaloosa (AL); Bradenton, Jacksonville, Miami, Pensacola, and Tampa (FL); Kentucky; Jackson, Oxford, and Tupelo (MS); New York; Charlotte (NC); Cleveland and Dayton (OH); Philadelphia and Pittsburgh (PA); Columbia (SC); Chattanooga, Knoxville, and Memphis (TN); Fredericksburg and Richmond (VA); and Huntington (WV).<sup>75</sup> The convergence of Interstates 20, 75, and 85 in Atlanta provides drug traffickers with easy access from the Southwest Border (Arizona, California, and Texas) to eastern U.S. drug

markets. (See Map B1 in Appendix B.) Furthermore, Interstate 40 provides traffickers with a direct route from drug transit areas in Barstow (CA) through Flagstaff (AZ), Albuquerque (NM), and Memphis (TN) into Greensboro, Durham, and Raleigh (NC). (See Map B2 in Appendix B.)

More than 8.5 million people resided in the Atlanta HIDTA region in 2010. The majority of residents are Caucasian (72%), followed by African American (23%), Hispanic (9%), and Asian (3%).<sup>76</sup> The Hispanic population is the fastest growing ethnic group in the region.<sup>77</sup> Hispanic workers come to the region seeking jobs in the construction, manufacturing, and meat-processing industries. Mexican drug traffickers use the sizable Hispanic community as cover to mask their operations by blending into those communities and carrying out their illicit activities, including recruiting couriers and new members.

Cocaine and ice methamphetamine are the principal drug threats to the Atlanta HIDTA region. Cocaine poses the greatest drug threat.<sup>78</sup> Availability of the drug is stable and sufficient to meet demand, according to law enforcement reporting and drug seizure data.<sup>79</sup> Widespread production, trafficking, and abuse of methamphetamine are significant drug threats to the HIDTA region and are equal to the drug threat level posed by cocaine in the Atlanta area.<sup>80</sup>

CPDs are widely available and abused throughout the Atlanta HIDTA region. Owners of rogue pain management clinics are opening cash-only businesses throughout Georgia, including the Atlanta area, thereby establishing the state as a distribution area for CPDs available in the region as well as the southeastern United States.<sup>81</sup> Abusers are enticed, in part, by the ease with which they can obtain CPDs from pill mills and unscrupulous physicians, as well as over the Internet, through doctor-shopping, and from retail-level distributors.

Cannabis cultivation and resulting marijuana production, distribution, and abuse pose serious concerns to law enforcement officers. Cannabis is grown at outdoor and indoor cultivation sites in the Atlanta HIDTA region.<sup>82</sup> Because of the high demand for high-potency marijuana, which is typically cultivated at indoor grow sites, cannabis is cultivated indoors in the region at moderate to high levels.<sup>83</sup> There were 6,089 cannabis plants eradicated from indoor grow sites in Georgia in 2010, a slight increase from the 5,836 plants eradicated in 2009.<sup>84</sup> (See Table B3 in Appendix B.) Most indoor cultivation sites are established and operated by Caucasian DTOs; some indoor grow sites are operated by African American and Hispanic criminal groups.<sup>85</sup> Drug traffickers transport additional quantities of high-potency marijuana into the region from California and Canada using package delivery services.<sup>86</sup> Mexican traffickers also supply large quantities of commercial-grade marijuana to the region.<sup>87</sup> Marijuana abuse is widespread, and the drug is abused by members of all racial, ethnic, and social groups.<sup>88</sup>

Heroin is distributed and abused in the Atlanta HIDTA region; however, it poses a lower threat than cocaine, methamphetamine, CPDs, and marijuana. Heroin distribution and abuse are confined to a small segment of the population in a few sections of the region.<sup>89</sup> Despite reports of increased availability of Mexican heroin in the Atlanta HIDTA region in 2009, heroin abuse in the region is stable. Moreover, heroin distribution in the Atlanta area is largely confined to open-air markets in a section of the city north of the Georgia Dome known as “the Bluff.”<sup>90</sup>

Synthetic cannabinoids,<sup>91</sup> such as K2 and Spice, are available and abused in the Atlanta HIDTA region; however, these substances pose a much lower threat to the region than cocaine, methamphetamine, CPDs, marijuana, or heroin.<sup>92</sup> Even so, GBI reports that statewide submissions for testing of synthetic cannabinoids to the crime laboratory increased from 2009 to 2010.<sup>93</sup> In May 2010, the Governor of Georgia signed legislation banning specific chemical substances sold in stores as K2 and Spice.<sup>94</sup> In response, manufacturers of these substances reformulated them so that the chemicals used to create them are not on the banned list.<sup>95</sup> Consequently, new legal forms of synthetic cannabinoids similar to Spice and K2 are still being sold in Georgia.

MDMA (3,4-methylenedioxyamphetamine, also known as ecstasy) is available in the region, and abuse is stable.<sup>96</sup> MDMA is typically transported from Canada by Asian and Caucasian traffickers and distributed by them; the drug is also distributed by Jamaican, African American, and other trafficking groups.<sup>97</sup> There was one significant MDMA investigation in 2010 in the Atlanta HIDTA region involving a criminal group transporting MDMA from Jamaica to Atlanta. In December 2010, 13 individuals were indicted and charged with offenses including conspiracy to traffic MDMA. The criminal group used couriers aboard commercial aircraft to transport the MDMA into Atlanta.<sup>98</sup> Law enforcement officials seized 700,000 MDMA tablets during the investigation, making this one of the largest MDMA seizures in U.S. history.<sup>99</sup>



## Appendix B. Tables and Maps

**Table B1. Atlanta HIDTA Drug Seizures, by Initiative, in Kilograms, 2010**

HIDTA Initiative	Powder Cocaine	Crack Cocaine	Ice Methamphetamine	Powder Methamphetamine	Marijuana	Hydroponic Marijuana (high potency)	Heroin	OxyContin (in dosage units)	MDMA (in dosage units)
DeKalb	28.132	0.218	26.912	0	337.822	116.364	0.013	240	723,689
Metro (Groups 1–3, Financial, Transportation)	247.036	28.287	136.478	7.390	1,328.054	682.287	14.505	110	0
Triangle Initiative (Raleigh, NC)	95.937	0.789	2.506	0.911	140.505	0	0.620	342	335
Triad Initiative (Greensboro, NC)	108.184	0.294	1.328	0.121	799.415	0	2.476	0	701
Domestic Highway Drug Enforcement (DHDE)	393.832	0.625	93.187	10.680	2,979.827	0	4.538	140	5,100
<b>Total</b>	<b>873.121</b>	<b>30.213</b>	<b>260.411</b>	<b>19.102</b>	<b>5,585.623</b>	<b>798.651</b>	<b>22.152</b>	<b>832</b>	<b>729,825</b>

Source: Atlanta High Intensity Drug Trafficking Area.

**Table B2. Methamphetamine Laboratories Seized in Atlanta HIDTA Counties, 2006–2010**

	2006	2007	2008	2009	2010
<b><i>Georgia (all counties)</i></b>	<b>200</b>	<b>122</b>	<b>153</b>	<b>192</b>	<b>234</b>
<b>HIDTA Counties in Georgia</b>	<b>14</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>2</b>
Barrow	1	0	1	0	0
Bartow	3	0	0	1	0
Cherokee	2	0	1	1	0
Clayton	0	0	0	0	0
Cobb	5	3	1	1	0
DeKalb	0	0	0	0	0
Douglas	2	0	1	0	0
Fayette	0	0	0	0	0
Forsyth	0	0	0	0	0
Fulton	0	0	0	1	1
Gwinnett	1	0	1	0	1
Henry	0	0	0	0	0
<b><i>North Carolina (all counties)</i></b>	<b>89</b>	<b>70</b>	<b>91</b>	<b>92</b>	<b>124</b>
<b>HIDTA Counties in North Carolina</b>	<b>32</b>	<b>23</b>	<b>16</b>	<b>22</b>	<b>16</b>
Alamance	0	0	0	1	0
Buncombe	4	7	1	0	0
Durham	0	0	0	0	0
Gaston	0	2	0	0	2
Guilford	1	0	0	1	0
Henderson	2	1	0	0	0
Johnston	4	5	5	4	4
McDowell	14	4	4	2	0
Mecklenburg	0	0	2	0	0
Randolph	3	1	1	1	0
Union	1	0	0	1	2
Wake	2	2	2	3	1
Wayne	1	1	1	8	3
Wilson	0	0	0	1	4
<b>Atlanta HIDTA (all counties)</b>	<b>46</b>	<b>26</b>	<b>21</b>	<b>26</b>	<b>18</b>

Source: National Seizure System, run date February 22, 2011.

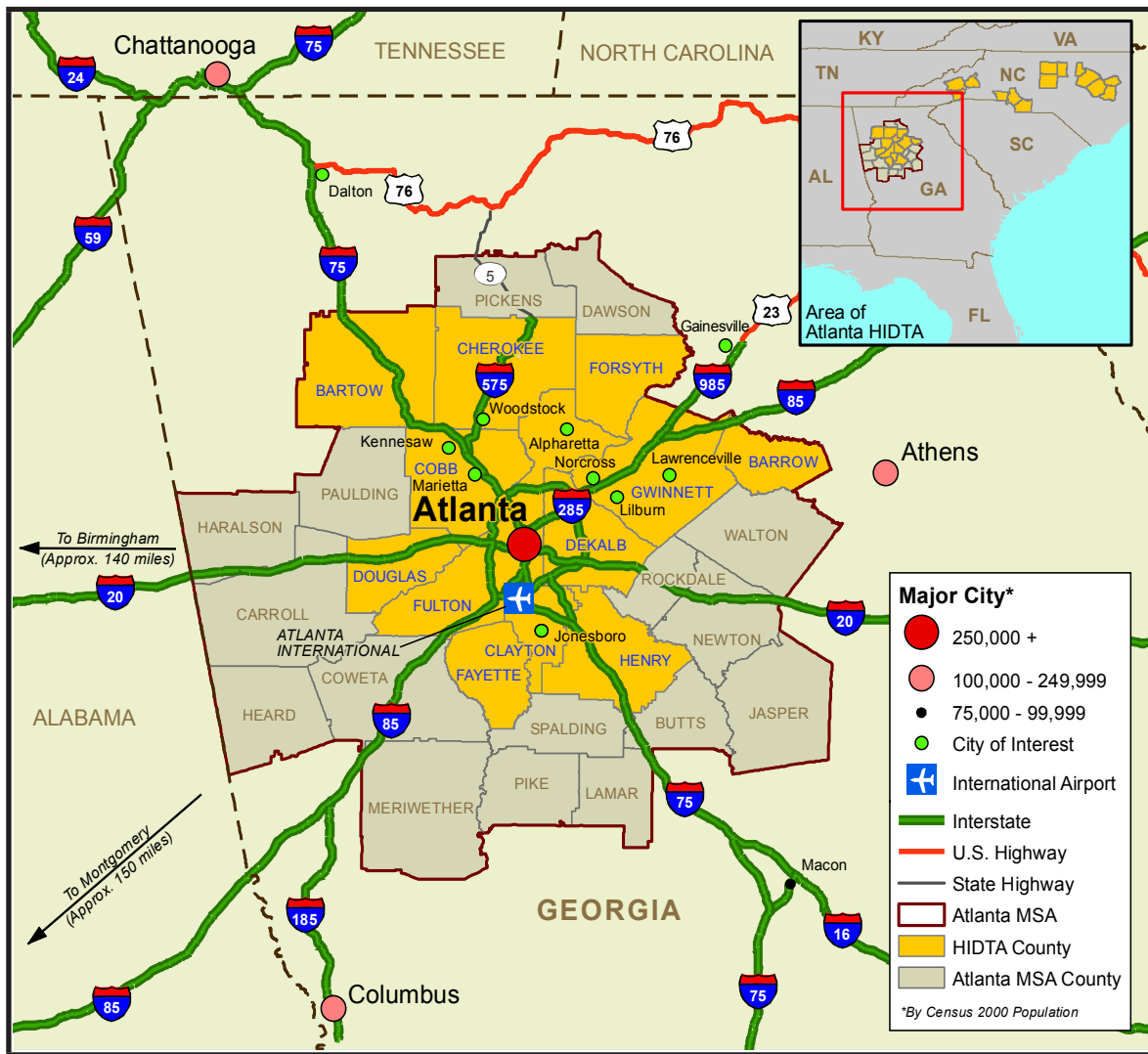
**Table B3. Cannabis Plants Eradicated at Outdoor and Indoor Grow Sites in Georgia and North Carolina, 2006–2010**

	Outdoor					Indoor				
	2006	2007	2008	2009	2010	2006	2007	2008*	2009	2010
<b>Georgia</b>	64,995	11,851	47,607	43,880	61,074	1,610	9,585	2,840	5,836	6,089
<b>North Carolina</b>	99,379	15,115	103,711	64,555	131,205	2,110	1,253	1,489	2,739	1,873
<b>Total</b>	<b>164,374</b>	<b>26,966</b>	<b>151,318</b>	<b>108,435</b>	<b>192,279</b>	<b>3,720</b>	<b>10,838</b>	<b>4,329</b>	<b>8,575</b>	<b>7,962</b>

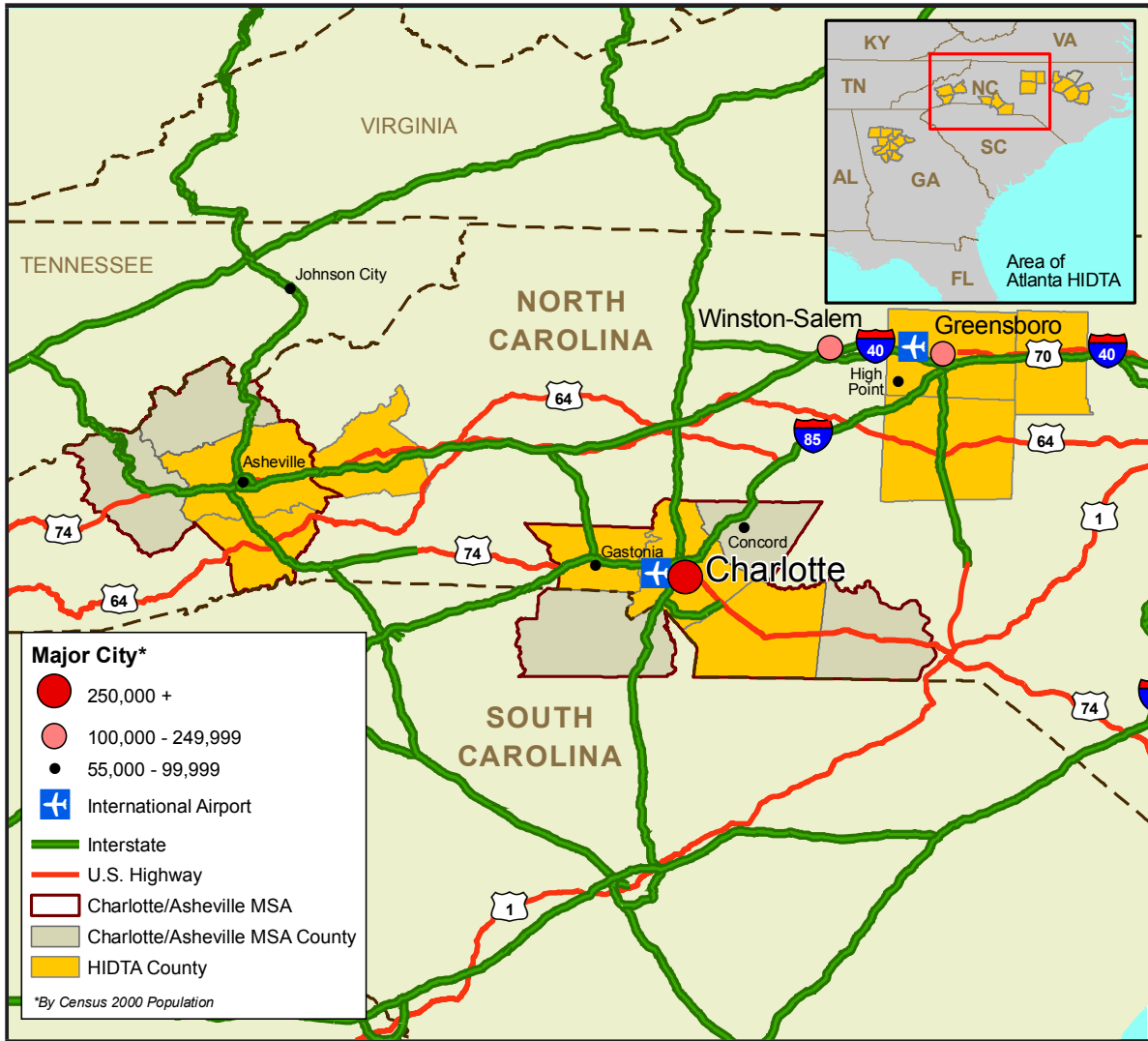
Source: Domestic Cannabis Eradication/Suppression Program, as of February 23, 2011.

\*Atlanta HIDTA officials report that the decrease in the number of plants eradicated from indoor grow sites from 2007 through 2008 can be partially attributed to effective law enforcement investigations that targeted large Cuban DTO-operated cannabis grow operations in 2007.

**Map B1. Atlanta HIDTA Metropolitan Area Transportation Infrastructure**



**Map B2. North Carolina Counties in the Atlanta HIDTA  
Transportation Infrastructure**





## Endnotes

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Cobb County Police Department  
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College Park Police Department  
Coweta County Sheriff's Office  
DeKalb County Police Department  
DeKalb County Sheriff's Office  
Douglas County Sheriff's Office  
East Point Police Department  
Fairburn Police Department  
Fayette County Sheriff's Office  
Fayetteville Police Department  
Forsyth County Sheriff's Office  
Fulton County Police Department  
Gwinnett County Board of Commissioners  
Gwinnett County Police Department  
Marietta Police Department  
    Marietta, Cobb, Smyrna Narcotics Task Force  
Roswell Police Department  
State of Georgia  
    Drugs and Narcotics Agency  
    General Assembly  
    Georgia Bureau of Investigation  
        Canton District Office  
        Crime Laboratory  
    Georgia Composite Medical Board  
    Georgia State Highway Patrol  
    Office of the Governor  
Smyrna Police Department

### North Carolina

Alamance County Sheriff's Office  
Archdale Police Department  
Asheville Police Department  
Biltmore Forest Police Department  
Burlington Police Department  
Cary Police Department  
Charlotte-Mecklenburg Police Department  
Davidson Police Department

Durham Police Department  
Garner Police Department  
Goldsboro Police Department  
Graham Police Department  
Greensboro Police Department  
Guilford County Sheriff's Office  
Henderson County Sheriff's Office  
Hendersonville City Police Department  
High Point Police Department  
Holly Springs Police Department  
Kenly Police Department  
Marion Police Department  
McDowell County Sheriff's Office  
North Carolina Alcohol Law Enforcement Division  
North Carolina State Bureau of Investigation  
North Carolina State Highway Patrol  
Raleigh Police Department  
Randolph County Sheriff's Office  
Selma Police Department  
Union County Sheriff's Office  
Wake County Sheriff's Office  
Wayne County Sheriff's Office  
Weaverville Police Department  
Wilson Police Department

**South Carolina**

Lexington County Sheriff's Office  
Richland County Sheriff's Office  
South Carolina Law Enforcement Division

**Federal**

Executive Office of the President  
    Office of National Drug Control Policy  
        High Intensity Drug Trafficking Areas  
            Atlanta  
            Gulf Coast  
            Blue Lightning Operations Center  
U.S. Department of Commerce  
    U.S. Census Bureau  
U.S. Department of Homeland Security  
    U.S. Immigration and Customs Enforcement  
        Blue Lightning Operations Center

U.S. Department of Justice  
Drug Enforcement Administration  
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El Paso Intelligence Center  
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Birmingham Field Office  
U.S. Attorneys Office  
Northern District of Georgia

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CNN  
CBS News  
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Georgia Meth Project



Questions and comments may be directed to  
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ADNET <https://www.adnet.smil.mil/web/ndic/index.htm>

LEO <https://www.leo.gov/http://leowcs.leopriv.gov/lesig/ndic/index.htm>

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