



U.S. Department of Justice
National Drug Intelligence Center



Rocky Mountain 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 Rocky Mountain 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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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

Methamphetamine poses the greatest overall drug threat to the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) region because of high levels of availability and abuse. It also contributes to crimes of violence and property crimes such as burglary or theft. Secondary drug threats vary throughout the region. For example, HIDTA officials report high levels of indoor and outdoor cannabis cultivation fueled by the exploitation of medical marijuana laws in Colorado and Montana. Additionally, heroin abuse is increasing in some areas of the region as teens and young adults switch from abusing controlled prescription drugs (CPDs) such as OxyContin to heroin, which costs less and is easier to obtain.

Key issues identified in the Rocky Mountain HIDTA region include:

- Local methamphetamine production has decreased sharply since 2006; however, increasing supplies of Mexican methamphetamine are sustaining high levels of methamphetamine availability and abuse.
- Indoor marijuana production is increasing as criminals exploit medical marijuana laws, sustaining very high marijuana availability.
- Outdoor cannabis cultivation in the Rocky Mountain HIDTA region increased in 2010, primarily because of cultivation operations controlled by Mexican drug trafficking organizations (DTOs) on public lands.
- Heroin distribution is expanding to new areas within the HIDTA region, supporting increased abuse, especially among young adults.
- The availability of illegally diverted CPDs is very high in the region, supporting high levels of abuse and causing an increase in overdose deaths.
- Cocaine availability is decreasing in many areas of the region, resulting in decreased abuse levels.

Key Issues^a

Local methamphetamine production has decreased sharply since 2006; however, increasing supplies of Mexican methamphetamine are sustaining high levels of methamphetamine availability and abuse.

The ability for individuals to produce methamphetamine efficiently and in large quantities in the Rocky Mountain HIDTA region has been significantly degraded by precursor control legislation and public awareness campaigns such as the Montana Meth Project.^b The number of methamphetamine laboratories seized annually in the region has decreased 81 percent between 2006 (149 incidents) and 2010 (29 incidents).^c (See Table 1.) Most of the laboratories (8 of 9) seized in 2010 were small-capacity laboratories capable of producing less than 9 ounces of the drug per production cycle.¹ The decrease in local production is most evident in Adams, Arapahoe, and El Paso Counties in Colorado and in Salt Lake County, Utah, which historically recorded a high number of laboratory incidents.² In 2006, these four counties accounted for 69 of the 149 laboratories seized in the HIDTA region; in 2010, 7 of the 29 laboratories seized were in two of these counties (Adams and Salt Lake).³ (See Figure 1 on page 3.)

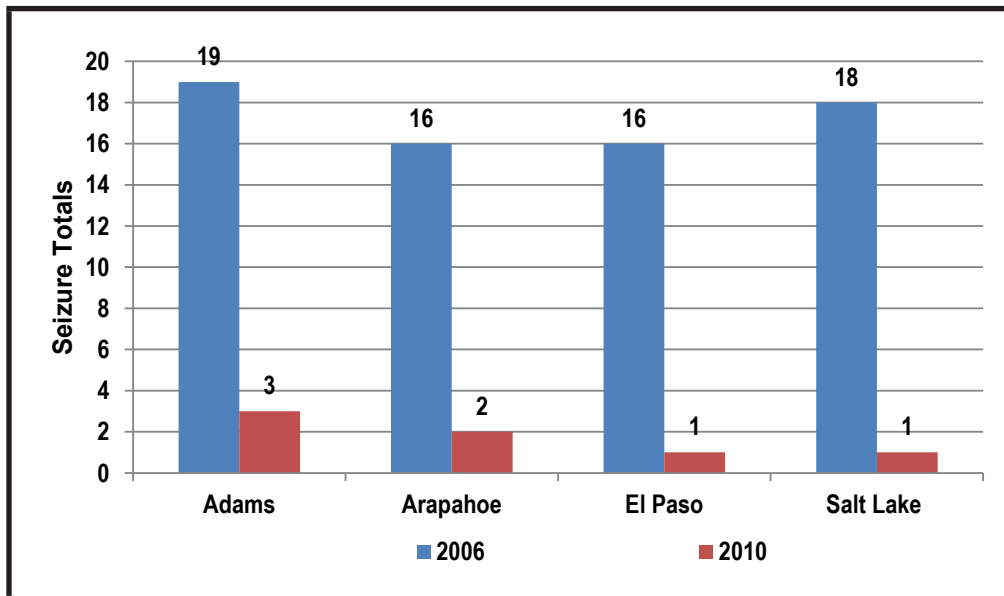
**Table 1. Methamphetamine Laboratory Seizures
in the Rocky Mountain HIDTA Region, 2006–2010**

Drug	2006	2007	2008	2009	2010
Colorado	98	56	40	33	12
Montana	12	8	6	12	10
Utah	34	8	14	8	3
Wyoming	5	8	3	0	4
Total	149	80	63	53	29

Source: National Seizure System, as of January 31, 2011.

- For a general overview of the drug threat in the Rocky Mountain HIDTA region, see Appendix A.
- The Montana Meth Project is a large-scale exercise in prevention, aimed at significantly reducing methamphetamine use in Montana. The integrated program consists of an ongoing, research-based marketing campaign—supported by community outreach and public policy initiatives—that communicate the risks of methamphetamine to the youth of Montana in order to substantially reduce methamphetamine use.
- These data (as of January 2011) include all methamphetamine laboratories; dumpsites; and chemicals, glassware, and equipment seized by federal, state, and local authorities and reported to the Drug Enforcement Administration (DEA) El Paso Intelligence Center (EPIC).

Figure 1. Methamphetamine Laboratory Seizures in Adams, Arapahoe, and El Paso Counties, Colorado, and Salt Lake County, Utah, 2006 and 2010



Source: National Seizure System, as of January 31, 2011.

The individuals who continue to operate small-scale local laboratories primarily acquire the pseudoephedrine necessary for methamphetamine production by circumventing sales restrictions through illegal “smurfing” operations (see text box).⁴ For example, Colorado Springs law enforcement officials report that pseudoephedrine smurfing is very common at some local pharmacies.⁵ Although pseudoephedrine smurfing is common, it is difficult for single individuals to acquire large quantities of pseudoephedrine to support frequent or large-scale methamphetamine production.⁶

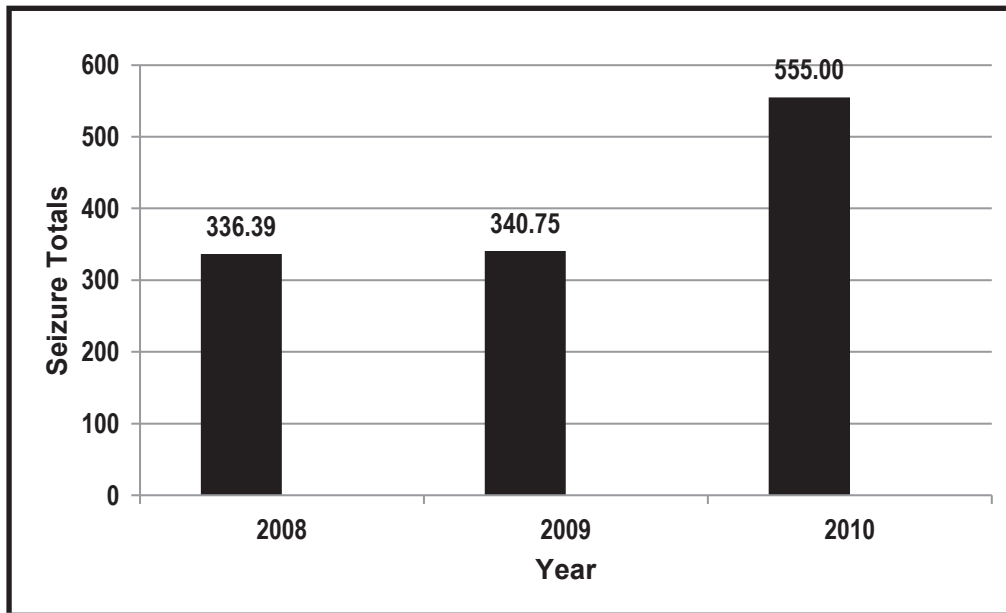
Pseudoephedrine Smurfing

Smurfing is a method used by methamphetamine traffickers to acquire large quantities of precursor chemicals. Methamphetamine producers purchase the chemicals in quantities at or below the legal thresholds from multiple retail locations. Methamphetamine producers often enlist the assistance of several friends or associates in smurfing operations to increase the speed of the smurfing operation and the quantity of chemicals acquired. Smurfs typically use several different and false identifications in order to purchase pseudoephedrine in multiple individuals’ names from a wide variety of area retail stores in an effort to avoid detection by law enforcement.

Despite low levels of local production, methamphetamine availability is increasing in the HIDTA region because of an increasing supply of Mexico-produced ice methamphetamine.⁷ For example, Colorado Springs law enforcement officials report that most of the methamphetamine available in their area is the highly potent form known as ice.⁸ The most common source of this type of methamphetamine is Mexico.⁹ High and increasing Mexican methamphetamine availability is also evidenced by drug seizure, price, and survey data. For instance, Rocky Mountain HIDTA Initiative seizure data indicate that the amount of methamphetamine seized in the Rocky Mountain HIDTA region has steadily increased since 2008.¹⁰ (See Figure 2 on page 4.) Moreover, HIDTA highway interdiction seizures for methamphetamine increased 58.6 percent

in 2010 from 2009.¹¹ (See Table 2 on page 5.) Even as methamphetamine seizures increased, the wholesale price for Mexican methamphetamine in many cities in the region decreased—an indication that the wholesale flow of methamphetamine into the region is outpacing the increased seizures.¹² For example, Denver law enforcement officials report that prices decreased from a range of \$12,000 to \$20,000 per pound in 2009 to a range of \$12,000 to \$15,000 per pound in 2010.¹³ With the increased availability of methamphetamine fueled by Mexican DTOs, overall availability has remained high according to survey data.¹⁴ The National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2011^d reveals that 78 of the 94 law enforcement agency respondents in the HIDTA region report high or moderate ice methamphetamine availability in their jurisdictions.¹⁵ (See Figure 3 on page 5.)

Figure 2. Methamphetamine Seizures in the Rocky Mountain HIDTA Region, in Pounds, 2008–2010



Source: Rocky Mountain High Intensity Drug Trafficking Area.

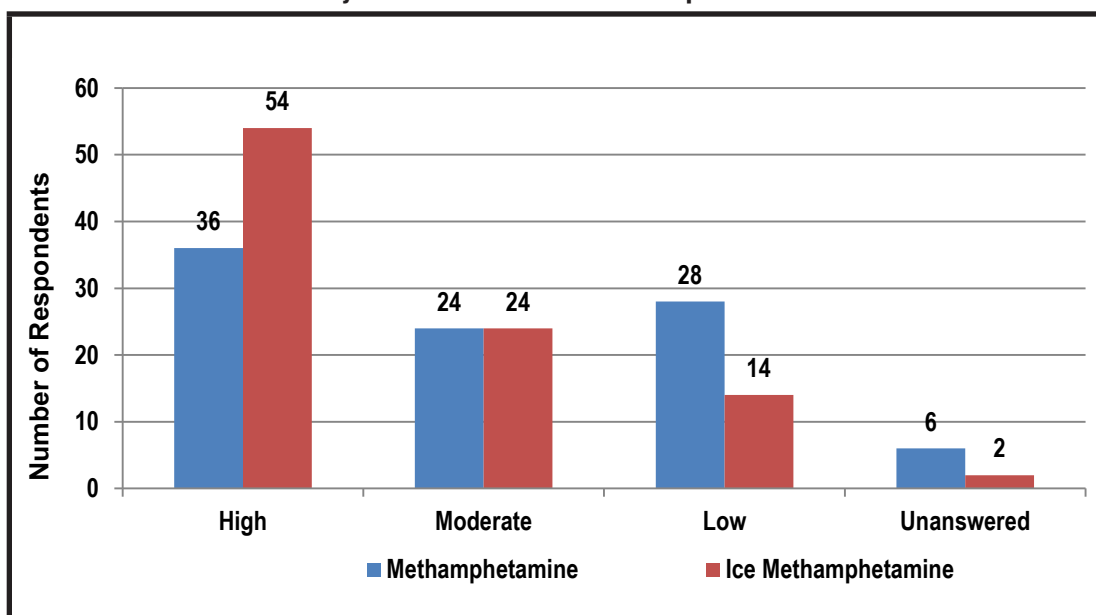
d. The NDTS is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions 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 3, 2011.

Table 2. Drug Interdiction Seizures, Rocky Mountain Highway Initiative, in Pounds, 2009–2010

	Methamphetamine	Cocaine	Heroin	Marijuana	Club Drugs (Dosage Units)	Hallucinogens (Dosage Units)	Pharmaceuticals (Dosage Units)
2009	35.32	557.02	3.00	6,672.64	44,903	16,223	1,671
2010	85.36	137.05	8.82	6,980.42	1,886	5,018	1,758

Source: Rocky Mountain High Intensity Drug Trafficking Area.

Figure 3. Methamphetamine Availability in the Rocky Mountain HIDTA Region, by Numbers of NDTs 2011 Respondents



Source: National Drug Threat Survey 2011.

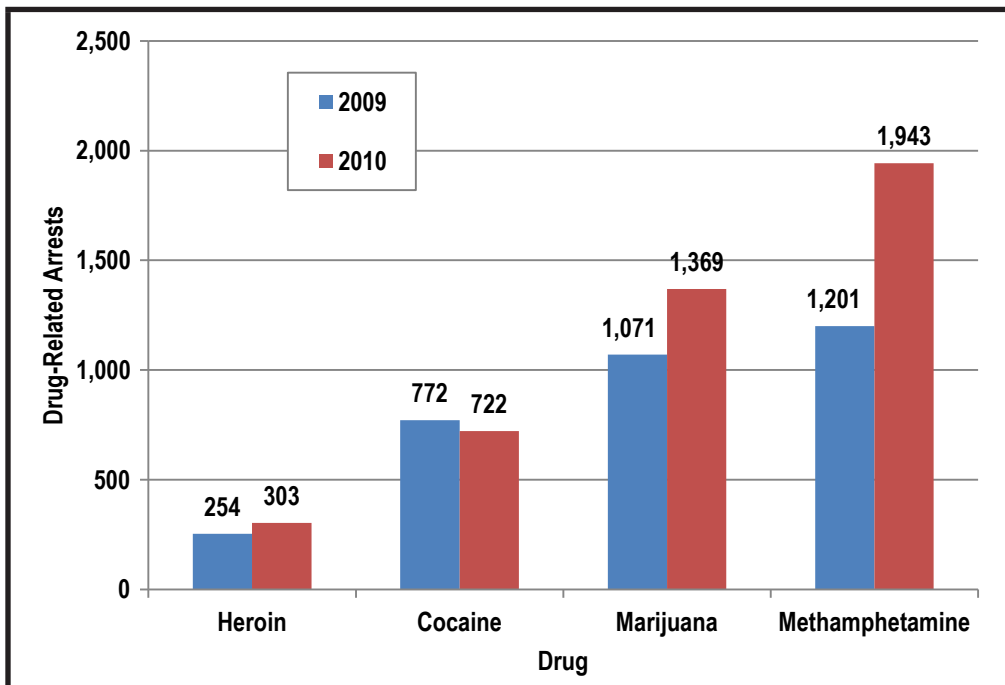
The high availability of methamphetamine is reflected in high levels of abuse and methamphetamine-related crime in the region.¹⁶ This has caused many law enforcement agencies to rank methamphetamine as their greatest drug threat.¹⁷ Individuals admitted to publicly funded drug treatment facilities in the states that make up the HIDTA region often seek treatment for methamphetamine abuse.¹⁸ Treatment admissions for methamphetamine have declined since 2006, largely the results of antimethamphetamine initiatives, but admissions for the drug still exceed those for any other drug except marijuana.¹⁹ (See Table 3 on page 6.) Similarly, in 2010, the number of arrests for methamphetamine exceeded arrests for any other illicit drug (see Figure 4 on page 6).²⁰ NDTs 2011 data show that state and local law enforcement agency respondents in the Rocky Mountain HIDTA region identified methamphetamine as the drug that most contributes to violent crime and property crime, far exceeding all other drugs combined.²¹ (See Figure 5 on page 7.)

Table 3. Drug-Related Treatment Admissions to Publicly Funded Facilities in Colorado, Montana, Utah, and Wyoming, by Drug, 2006–2010

	2006	2007	2008	2009	2010
Cocaine (Smoked and Other Route)	6,036	6,117	5,916	4,688	3,359
Marijuana	10,196	11,007	11,642	11,887	9,719
Heroin	3,288	3,504	3,947	4,301	3,613
Other Opiates	2,318	2,816	3,300	3,915	3,571
Amphetamine	12,075	11,173	9,459	8,516	7,197

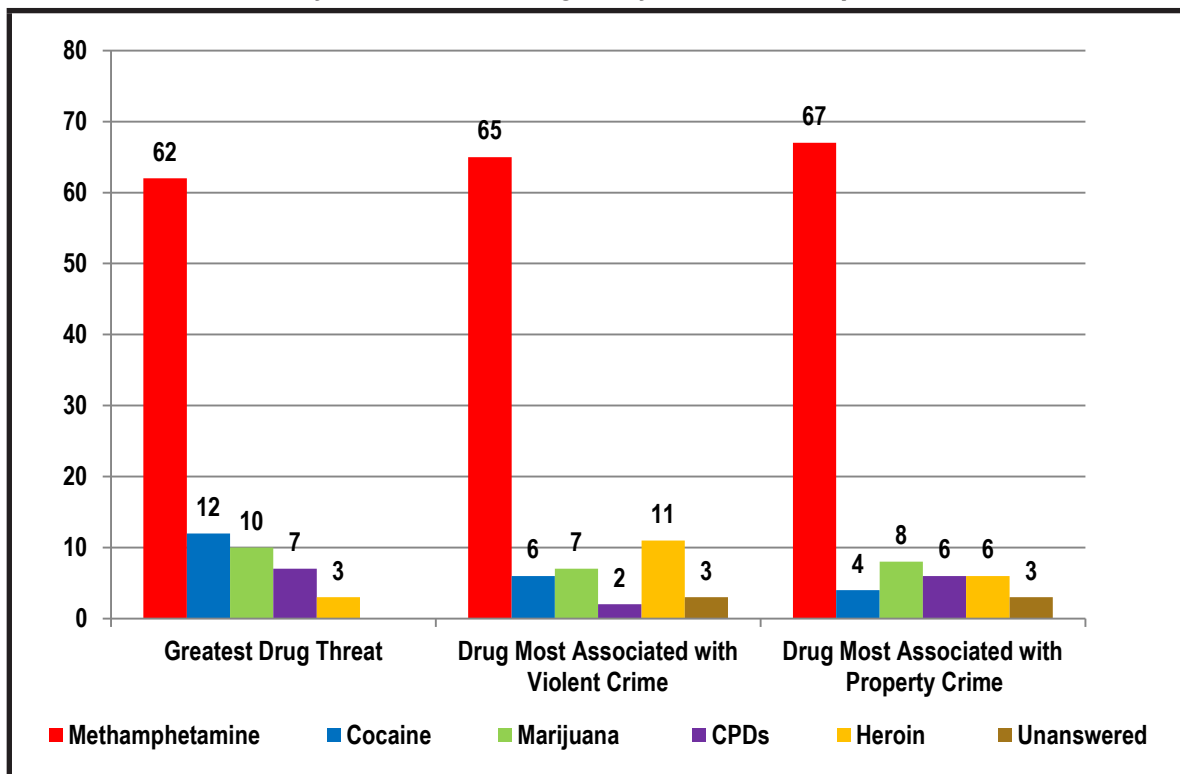
Source: Treatment Episode Data Set.

Figure 4. Drug-Related Arrests, Rocky Mountain HIDTA, 2009–2010



Source: Rocky Mountain High Intensity Drug Trafficking Area.

Figure 5. Greatest Drug Threat and Drug Most Associated with Violent and Property Crime in the Rocky Mountain HIDTA Region, by NDTs 2011 Respondents



Source: National Drug Threat Survey 2011.

Indoor marijuana production is increasing as criminals exploit medical marijuana laws, sustaining very high marijuana availability.

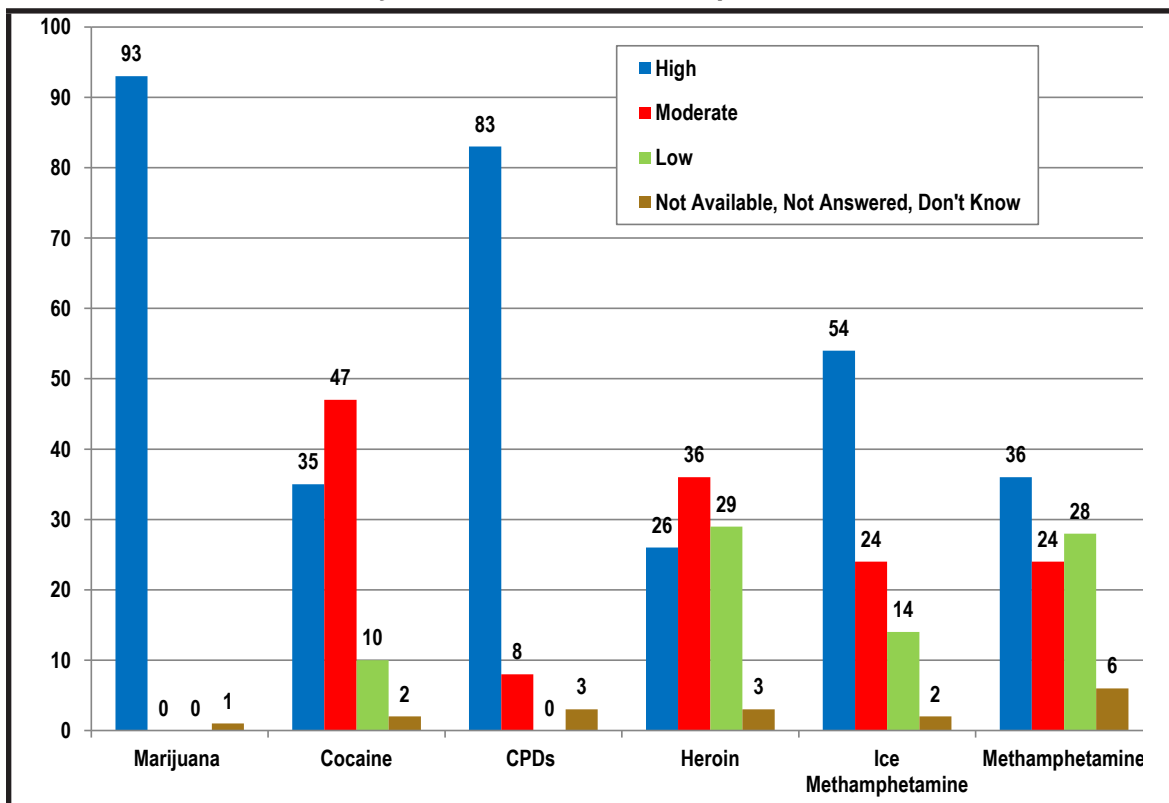
Law enforcement reporting indicates that indoor cannabis cultivation in the region is increasing, particularly in Colorado and Montana, partly because of the adverse effects of the medical marijuana laws.²² The number of cannabis plants eradicated from indoor grow sites in the states that compose the HIDTA region increased 483 percent overall from 2009 (6,840 plants) to 2010 (39,859 plants), indicating a rise in local indoor cultivation.²³ The greatest increases in indoor cannabis eradication occurred in Colorado (622 percent increase) and Montana (127 percent).²⁴ (See Table 4 on page 9.) The increase in indoor cannabis cultivation may be occurring because growers are deriving high profits while concealing their illegal activities under the cover of Colorado and Montana medical marijuana laws (see text box on page 9).²⁵ The price for high-potency marijuana (the type of marijuana produced at indoor grows) is much higher than for an equivalent amount of commercial-grade marijuana produced at outdoor grows.²⁶ For example, 2010 midyear prices in Denver for high-potency marijuana ranged from \$2,000 to \$4,000 per pound compared with commercial-grade marijuana, which ranged from \$350 to \$500 per pound.²⁷ Because criminals appear to be exploiting medical marijuana laws, officials in several large cities in the region report that Colorado is increasingly becoming a source area for indoor grown high-potency marijuana distributed in their jurisdictions.²⁸ Confusion and disagreement among state, county, and local officials regarding the limits and provisions of state medical marijuana laws are complicating law enforcement efforts to stem the increase in indoor cannabis cultivation that results from exploitation

of these laws.²⁹ This issue continues to draw upon investigative resources and man hours, with limited returns in terms of arrests and seizures.³⁰ For example, the Weld County Task Force in Colorado had eight medical marijuana-related cases just in the month of January 2011.³¹ Colorado Springs Police Department also reported an “emerging trend” of burglary, robbery, sexual assault, and larceny linked to medical marijuana dispensaries.³²

Additionally, Central Montana Drug Task Force (CMDTF) officers report over 20 raids related to medical marijuana distributions sites in conjunction with the Drug Enforcement Administration and Immigration and Customs Enforcement (ICE) agents.³³ These raids on dispensaries resulted in the seizure of nearly 2,000 plants and multiple pounds of bulk marijuana.³⁴ The Weld County Task Force and North Metro Task Force also are actively involved in activities related to the medical marijuana programs focused on community outreach education, and development of internal investigative protocols.³⁵ This project is hosted by the Colorado Drug Investigators Association and National Jewish Hospital in Denver.³⁶

The sharp rise in indoor cannabis cultivation is helping marijuana distributors hold overall availability of marijuana at elevated levels in order to meet high demand for the drug.³⁷ For example, NDTs 2011 data show that 93 of the 94 agencies that responded to the survey reported high availability of marijuana in their areas.³⁸ (See Figure 6.) The high demand for marijuana exceeds demand for all other drugs as evidenced by the number of admissions to publicly funded treatment facilities (see Table 3 on page 6).³⁹

Figure 6. Drug Availability in the Rocky Mountain HIDTA Region, by Number of NDTs 2011 Respondents



Source: National Drug Threat Survey 2011.

Table 4. Indoor Cannabis Plants Seized in States in the Rocky Mountain HIDTA Region, 2006–2010

	2006	2007	2008	2009	2010
Colorado	2,046	5,128	26,958	5,232	37,792
Montana	621	524	1,467	602	1,369
Utah	1,505	88	430	552	166
Wyoming	0	144	12	454	532
Total	4,172	5,884	28,867	6,840	39,859

Source: Rocky Mountain High Intensity Drug Trafficking Area.

Colorado and Montana Medical Marijuana Laws

Medical marijuana laws enacted in Colorado and Montana have had significant effects on the availability and abuse of marijuana in the region. Rocky Mountain HIDTA officials noted a remarkable rise in the number of medical marijuana dispensaries in Colorado since 2009. Notwithstanding federal law and appropriate enforcement actions, HIDTA officials believe that state medical marijuana laws and the proliferation of dispensaries have fueled the perception in the region that marijuana use is safe and legal.⁴⁰

Colorado’s medical marijuana law (Amendment 20), passed in June 2000, authorizes a patient to possess up to 2 ounces of marijuana and to cultivate up to six cannabis plants (only three may be mature plants). In 2010, House Bill 10-1284 was presented to the Colorado state legislature to address medical marijuana dispensaries.⁴¹ The bill passed and was signed by the governor.⁴² It granted licensing authority to the State Medical Marijuana Licensing Authority and taxation authority to the Department of Revenue. The bill also included an option for cities and counties to opt out of allowing medical marijuana centers and grow sites within their jurisdictions. Several jurisdictions have placed the option on the ballot to allow the local voters to choose, while others have had city councils or county commissioners make the decision. Medical marijuana sales are subject to sales tax, except for individual patients deemed indigent by the Department of Revenue. Up to \$2 million per year in medical marijuana sales tax revenue are appropriated to services related to substance abuse. The effects of Colorado’s medical marijuana statutes have been particularly noted among high school students and other youth. According to *Education News Colorado*, marijuana violations rose dramatically in Colorado schools during the 2009–2010 school year, reversing a decade of steady decline.⁴³ Some educators and law enforcement officials are blaming the surge on a proliferation of medical marijuana dispensaries over the past 18 months and a growing registry of Coloradoans who smoke marijuana under state laws. They believe these factors are combining to make marijuana more readily accessible and convincing young people that marijuana use is socially acceptable. One school district reported a 50 percent rise in marijuana use.⁴⁴ Another school district reported that marijuana use was more frequently occurring among middle school students.⁴⁵

The Montana medical marijuana law (Initiative 148) enacted in November 2004 authorizes a registered patient or caregiver to possess 1 ounce of marijuana and up to six plants. The state legislature attempted to repeal this law through HB-161, which was vetoed by the governor in April 2011.⁴⁶ A second bill (SB-423) introducing a revision of laws in reference to the use of marijuana became law without the governor’s signature per Joint Rule 40-210(2) on May 13, 2011.⁴⁷ The law creates a registry program for the cultivation, manufacture, transportation, and transfer of marijuana by certain individuals. It also allows inspections, requires reporting and legislative monitoring, provides definitions and rulemaking authority, and establishes a transition process.⁴⁸

Outdoor cannabis cultivation in the Rocky Mountain HIDTA region increased in 2010, primarily because of cultivation operations controlled by Mexican DTOs on public lands.

Cannabis eradication data indicate that outdoor cannabis cultivation increased in 2010 in the HIDTA region, returning to high levels after a year of relatively low cultivation in 2009.⁴⁹ Cannabis eradication data show that total outdoor eradication in the states that comprise the HIDTA region increased 65 percent from 2009 (42,541 plants) to 2010 (70,191 plants).⁵⁰ (See Table 5.) According to Rocky Mountain HITDA officials, the increase in eradication in Montana, Utah, and Wyoming was the result of shifting law enforcement priorities focusing on increased cannabis eradication. Colorado was the only state in which outdoor cannabis eradication decreased during that period (from 23,494 to 246 plants).⁵¹ HIDTA officials attribute the decrease in part to a high number of grow site seizures that resulted from reports by hikers in 2009, and to a change in law enforcement focus from outdoor grow sites to illegal indoor grow operations operated under the guise of medical marijuana laws.⁵² (See Table 4 on page 9.)

Mexican DTOs control most outdoor cannabis cultivation in the region, typically establishing grow sites in remote areas, especially on public lands.⁵³ Mexican DTOs seek remote areas where they believe the plots are less susceptible to law enforcement detection, most notably on public lands in Colorado and Utah.⁵⁴ The growers, particularly from Michoacán, Mexico, often attempt to avoid aerial detection and, ultimately, crop eradication even in remote areas by cultivating several smaller plots (rather than a single large plot) in separate locations and at varying altitudes.⁵⁵ Workers at grow sites are causing serious environmental damage such as soil erosion, contaminated watersheds, nonbiodegradable garbage, and human waste that often goes undetected for an extended period.⁵⁶ For example, Washington County (UT) Drug Task Force officers discovered an outdoor cannabis grow operation littered with debris such as plastic bags, piping, and other garbage spread over several acres.⁵⁷

Table 5. Outdoor Cannabis Plants Seized in States in the Rocky Mountain HIDTA Initiatives, 2008–2010

	2008	2009	2010	Percent Change 2009–2010
Colorado	3,245	23,494	246	-99
Montana	202	68	187	175
Utah	83,253	18,979	69,574	268
Wyoming	28	0	184	*
Total	86,728	42,541	70,191	65

Source: Rocky Mountain High Intensity Drug Trafficking Area.
 * Percent change cannot be calculated because the denominator is zero.

Heroin distribution is expanding to new areas within the HIDTA region, supporting increased abuse, especially among young adults.⁵⁸

Moderate to high levels of heroin availability throughout the HIDTA region (see Figure 6 on page 8) are rising as availability in some established heroin markets (Salt Lake City and Denver) is increasing.⁵⁹ Additionally, in other areas such as St. George (UT), heroin availability has recovered after declining in 2009.⁶⁰ Law enforcement officials report that heroin availability is expanding into new markets, predominantly several smaller towns and rural counties in Utah and

Wyoming.⁶¹ For example, law enforcement reporting indicates that some Mexican traffickers from Nayarit, Mexico, are attempting to establish heroin distribution networks in smaller Utah cities where heroin was not previously available.⁶² Mexican traffickers chose to work in these markets in order to avoid confrontations with established wholesale distributors in other, larger drug markets.⁶³

Expanding heroin distribution is contributing to a slight increase in heroin abuse in the HIDTA region, particularly among young adults who have shifted from prescription opioid abuse to heroin.⁶⁴ Law enforcement officials in the region report that heroin demand is increasing because some individuals who are abusing prescription opioids such as OxyContin are switching to heroin because it is cheaper and easier to obtain.⁶⁵ For example, law enforcement officials in Wyoming report that OxyContin sells at the retail level for \$80-\$200 per single-dose (80 mg) pill.⁶⁶ Distributors are acquiring the OxyContin in the Salt Lake City area for approximately \$40-\$50 per pill.⁶⁷ Heroin, by comparison, sells at the retail level for \$30-\$50 per balloon, which contains approximately 0.25 to 0.40 grams (a typical dosage unit).⁶⁸ Distributors obtain heroin in Salt Lake City for approximately \$10 per balloon.⁶⁹ In addition, in August 2010, OxyContin pills were reformulated to render the drug much more difficult to abuse, causing many OxyContin users to switch to heroin in 2011, as the original OxyContin pills became increasingly difficult to acquire.⁷⁰ Overall, Treatment Episode Data Set (TEDS) data reveal that the number of heroin-related treatment admissions to publicly funded facilities in 2010 decreased^e 16 percent in states that compose the HIDTA region (3,613 admissions) after peaking in 2009 (4,301 admissions).^f (See Table 3 on page 6.)⁷¹

The availability of illegally diverted CPDs is very high in the region, supporting high levels of abuse and increasing overdose deaths.

Law enforcement reporting and drug abuse data in the HIDTA region indicate high levels of availability and abuse of diverted CPDs (see Figure 6 on page 8).⁷² Law enforcement officials throughout the region consistently indicate great concern regarding widespread availability of illegally diverted CPDs.⁷³ The high level of availability reported by law enforcement officials is confirmed in NDTs 2011 data that show 83 of the 94 agency respondents within the region reported high availability of CPDs in their areas.⁷⁴ (See Figure 6 on page 8.) CPDs available for abuse in the HIDTA region most often are illegally diverted through doctor-shopping, prescription fraud, burglaries, and thefts from friends and family.⁷⁵ As a result, a sharp rise in CPD abuse, especially abuse of prescription opioids, is occurring.⁷⁶ Increasing abuse of prescription opioids such as hydrocodone and oxycodone is evidenced by the high number of admissions to publicly funded facilities in the HIDTA region states for opioid abuse.⁷⁷ Treatment admissions for opioid abuse increased 69 percent from 2006 (2,318 admissions) to 2009 (3,915 admissions) but declined in 2010 (to 3,571 admissions).^g (See Table 3 on page 6.)⁷⁸

High levels of CPD availability and abuse have resulted in high numbers of overdose deaths in Colorado, Utah, and Wyoming.⁷⁹ For example, in Colorado 63.4 percent (384 of 606) drug-related deaths in 2009 were attributed to CPD abuse.⁸⁰ The Utah Department of Health Prescription Pain Medication Management Program reported that overdose deaths from CPD abuse surpassed

e. Deceased heroin treatment admissions in 2010 are likely the result of reduced funding for drug treatment or a lag in data collection because treatment admissions decreased for all other major illicit drugs of abuse and for other opiates during the same period.

f. TEDS run date February 1, 2011.

g. The TEDS category is labeled "other opiates" and includes admissions for nonprescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

overdose deaths from illegal drugs in 2009 (latest year available).⁸¹ Officials in Utah also reported that unintentional overdose deaths specifically from prescription opioids increased 373 percent from 2000 (56 deaths) to 2009 (265 deaths).⁸² Officials in Wyoming also reported a small increase in overdose deaths, from 77 in 2006 to 81 in 2009.⁸³

Cocaine availability is decreasing in many areas of the region, resulting in decreased abuse levels.

Law enforcement reporting and drug availability data indicate a reduction in the amount of cocaine available in the HIDTA region.⁸⁴ For instance, NDTS 2011 data show that most (57 of the 94) law enforcement agency respondents reported only low or moderate cocaine availability in their areas.⁸⁵ (See Figure 6 on page 8.) NSS cocaine seizure data also indicate decreased availability, with cocaine seizures in the region dropping more than 51 percent from 2009 (386 kg) to 2010 (190 kg).⁸⁶ HIDTA interdiction seizures decreased 21 percent in 2010 from 2009.⁸⁷ (See Table 2 on page 5.) Additionally, law enforcement officials in Denver report that interdicted cocaine shipments usually are smaller than in previous years.⁸⁸ Low cocaine availability is also evidenced by higher wholesale prices.⁸⁹ From midyear 2009 to midyear 2010, wholesale cocaine prices increased in Denver from a range of \$18,000 to \$22,000 per kilogram to a range of \$17,500 to \$35,000 per kilogram.⁹⁰ Low or moderate cocaine availability in the region may be attributed to intensified counterdrug operations, high levels of cartel violence in Mexico, and decreased coca cultivation and cocaine production in Colombia.⁹¹

With declining availability, cocaine abuse has decreased, as indicated by a sharp decline in the number of cocaine-related treatment admissions to publicly funded facilities in the Rocky Mountain HIDTA region.⁹² According to the most recent TEDS data for the states that make up the Rocky Mountain HIDTA region, cocaine-related treatment admissions decreased steadily from 2006 (6,036 admissions) to 2009 (4,688 admissions), then decreased sharply (28 percent) in 2010 (3,359 admissions).⁹³ (See Table 3 on page 6.)

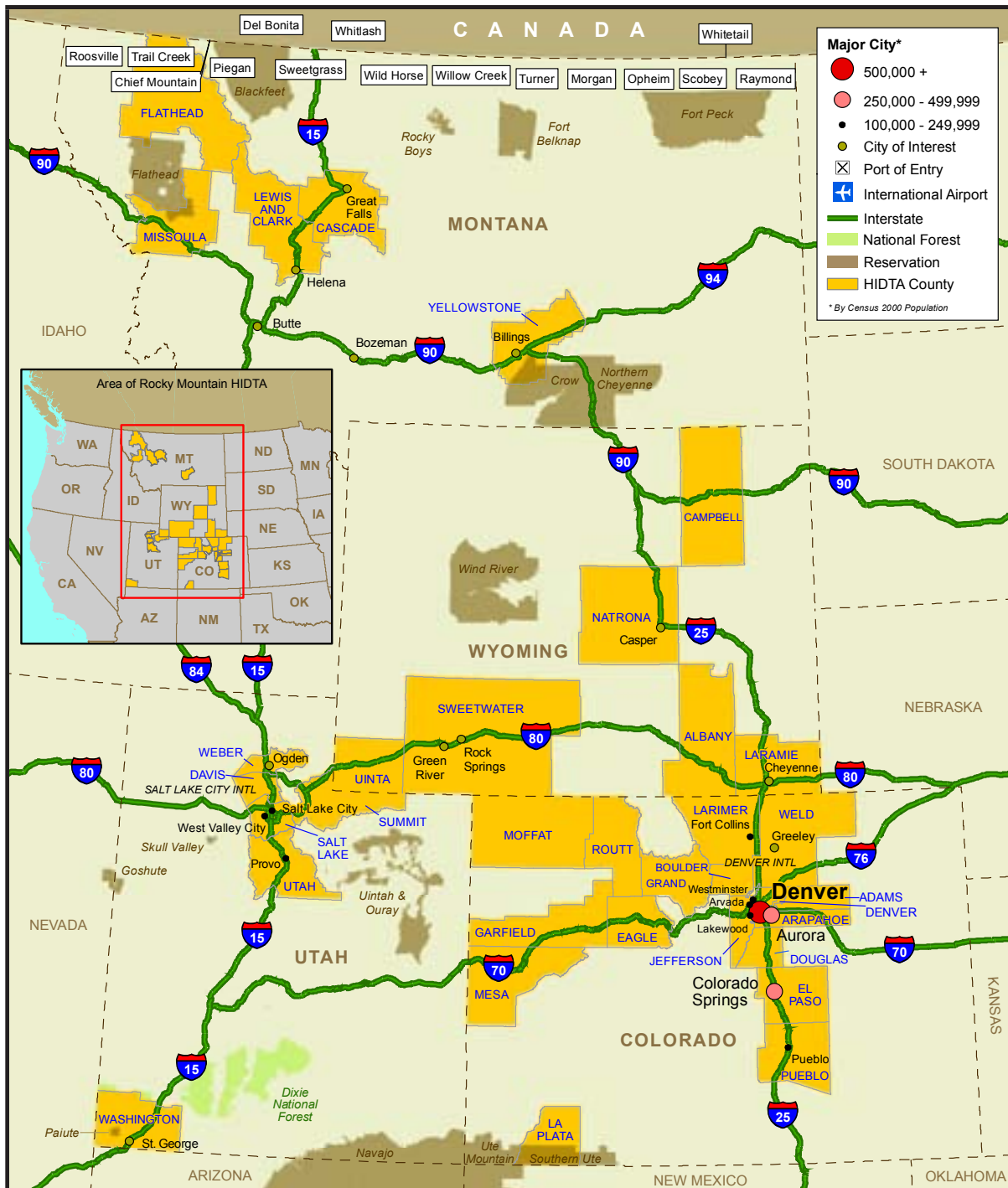
Outlook

NDIC assesses with high confidence^h that the availability of ice methamphetamine from Mexico will increase to support demand for the drug, particularly with low and decreasing local methamphetamine production. Concurrently, NDIC assesses with high confidence that cocaine availability is expected to continue to decline. Individuals in Colorado and Montana will increase illegal indoor cannabis cultivation and high-potency marijuana production, concealing their operations within legal cultivation activity authorized by medical marijuana laws. Remote areas of public lands in the region will attract more Mexican DTOs seeking areas for outdoor cannabis cultivation because they are able to avoid interdiction at the U.S.–Mexico border and intensified counterdrug operations in Mexico. NDIC assesses with high confidence that heroin abuse will increase in the HIDTA region as prescription opioid abusers increasingly switch to heroin. CPD availability and abuse will remain high in the near term.

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

Appendix A. Rocky Mountain HIDTA Region Overview

Map A1. Rocky Mountain High Intensity Drug Trafficking Area



The Rocky Mountain HIDTA region comprises 34 counties in Colorado, Montana, Utah, and Wyoming.⁹⁴ The region contains large metropolitan areas as well as expansive, sparsely populated areas, including public and tribal lands.⁹⁵ (See Map A1 in Appendix A.) The HIDTA region is located between major drug source areas in Mexico and Canada and is linked by extensive interstate highways to major domestic drug markets.⁹⁶ The region's highway infrastructure and direct access to drug source areas enable drug traffickers to transport significant quantities of ice methamphetamine, cocaine, marijuana, and heroin into and through the HIDTA region for local consumption and to drug markets throughout the United States.⁹⁷ Interstates 15, 25, 70, and 80 are the principal routes used by Mexican traffickers to transport drugs into the region.⁹⁸ Denver and Colorado Springs (CO) and Salt Lake City (UT) are the three largest metropolitan areas and are distribution centers for other regional drug markets, such as Fort Collins, Colorado; Billings, Montana; and Cheyenne, Wyoming, as well as transshipment points for drugs supplied to markets in the Midwest, Southeast, and Mid-Atlantic Regions.⁹⁹

Rural areas of the Rocky Mountain HIDTA region, including 27 national forests and national grasslands, provide traffickers with an opportunity to avoid detection as they engage in illicit activities, particularly cannabis cultivation.¹⁰⁰ Additionally, drug smuggling from Canada through remote areas in Montana that lie in the northern area of the HIDTA region is a particular concern for law enforcement agencies.¹⁰¹ The 585-mile U.S.–Canada border in Montana has 15 official ports of entry (POEs) as well as hundreds of easily accessible unofficial crossings.¹⁰²

Mexican DTOs aligned with major Mexican drug cartels in Mexico are unrivaled in their control over drug trafficking activity in the Rocky Mountain HIDTA.¹⁰³ Mexican DTOs operating in the Rocky Mountain HIDTA region are supplied with wholesale quantities of methamphetamine, marijuana, heroin, and cocaine by major Mexican drug cartels, particularly La Familia Michoacana and the Sinaloa Cartel.¹⁰⁴ Mexican DTOs operating within the region manage organized smuggling, transportation, and distribution networks for drugs and drug proceeds.¹⁰⁵ Mexican DTOs also maintain alliances with various criminal groups, prison gangs, street gangs, and outlaw motorcycle gangs (OMGs) to capitalize on the local organizational networks that these groups have established in the region.¹⁰⁶ Mexican DTOs supply local and nationally affiliated street gangs, as well as prison gangs and OMGs, who distribute significant quantities of cocaine, heroin, marijuana, and methamphetamine at the retail level.¹⁰⁷ Street gangs, prison gangs, and OMGs engage in a variety of other criminal activities, including burglary, robbery, theft, assault, and homicide.¹⁰⁸ These gangs often use violence to establish or maintain control of their drug trafficking operations.¹⁰⁹ Overall, HIDTA initiatives targeted, disrupted, and dismantled 19 international DTOs, 50 multistate DTOs, and 50 local DTOs in 2010.¹¹⁰ Of these investigations, 22 were consolidated priority targets and 65 were organized crime drug enforcement investigations targeted in the Rocky Mountain HIDTA region.¹¹¹

Methamphetamine distribution and abuse are the greatest threats to the Rocky Mountain HIDTA region.¹¹² Mexican traffickers are supplying most of the methamphetamine available in the region which, combined with some local methamphetamine production, is sufficient to meet demand for the drug.¹¹³ High-potency marijuana is widely available in the HIDTA region, indicating a high demand for the drug.¹¹⁴ Mexican DTOs are supplying greater quantities of heroin in established heroin markets such as Salt Lake City and Denver as well as in new markets such as St. George (UT).¹¹⁵ The increased heroin abuse in the region primarily is attributed to younger users who began by abusing diverted prescription opioids such as OxyContin and then switched to heroin because it is cheaper and sometimes easier to obtain.¹¹⁶ Cocaine availability is decreasing, as indicated by decreased cocaine seizures, higher wholesale prices, lower purity, and fewer cocaine-related treatment admissions in the HIDTA region.¹¹⁷ HIDTA initiatives since 2008 have resulted in a 3 percent increase in the total number of drug felony arrests.¹¹⁸

Endnotes

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Narcotics

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Colorado Springs Police Department

Colorado State Patrol

Interdiction Unit

Denver Office of Drug Strategy

Denver Mayor's Office of Drug Strategy

Denver Police Department

Vice and Drug Control Bureau

Front Range Task Force

Jefferson County Sheriff's Department

West Metro Drug Task Force

Lakewood Police Department

West Metro Drug Task Force

Longmont Police Department Drug Unit

North Metro Task Force

Rifle Police Department

Two Rivers Drug Enforcement Team

South Metro Task Force

Weld County Task Force

West Metro Drug Task Force

Montana

Central Montana Drug Task Force

Utah

Central Utah Drug Task Force

Davis County Sheriff's Office

Davis Metro Narcotics Strike Force

Iron/Garfield County Drug Task Force

Logan Police Department

Morgan County Sheriff's Office

Weber-Morgan Narcotics Strike Force

North Ogden Police Department

Weber-Morgan Narcotics Strike Force

North Salt Lake City Police Department

Ogden Police Department

Weber Gang Task Force

Weber-Morgan Narcotics Strike Force

Orem Police Department

Utah County Major Crimes Task Force

Provo Police Department

Utah County Major Crimes Task Force

Riverdale Police Department

Weber-Morgan Narcotics Strike Force

Salt Lake City Police Department

Salt Lake City Metro Narcotics Task Force
Fusion Center
Narcotics Unit
Salt Lake County Gang Unit
Salt Lake County Sheriff's Office
Metro Drug Task Force
South Ogden Police Department
Weber-Morgan Narcotics Strike Force
Springville Police Department
Utah County Major Crimes Task Force
Utah County Sheriff's Office
Utah County Major Crimes Task Force
Utah Department of Health and Human Services
Utah Division of Substance Abuse and Mental Health
Utah Highway Patrol
Washington County Drug Task Force
Washington County Sheriff's Office
Washington County Gang Task Force
Weber-Morgan Narcotics Strike Force

Wyoming

Casper Police Department
Evanston Police Department
Wyoming Division of Criminal Investigation
Central Enforcement Team
Northeast Enforcement Team
Northwest Enforcement Team
Southeast Enforcement Team
Southwest Enforcement Team
Wyoming Department of Corrections, Rawlins
Rock Springs Police Department

Federal

Executive Office of the President
Office of National Drug Control Policy
Rocky Mountain High Intensity Drug Trafficking Area
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
Treatment Episode Data Set
U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
U.S. Department of Justice
Criminal Division
Organized Crime Drug Enforcement Task Force
Drug Enforcement Administration
Denver Division
Colorado Springs Resident Office
Salt Lake City District Office
Metro Narcotics Task Force

El Paso Intelligence Center
National Seizure System
Federal Bureau of Investigation
Denver Field Office
U.S. Attorneys Office

Other

Marijuana Policy Project Colorado Medical Marijuana Code
Education News Colorado

Questions and comments may be directed to
Regional Threat Analysis Branch

National Drug Intelligence Center

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