



A P P A L A C H I A
HIDTA
KENTUCKY • TENNESSEE • VIRGINIA • WEST VIRGINIA

2016

THREAT ASSESSMENT

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This document was specifically prepared for the O.NDCP High Intensity Drug Trafficking Area Program

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II. Executive Summary

As an aspect of the Anti-Drug Abuse Act of 1988, the High Intensity Drug Trafficking Areas (HIDTA) Program was established. Operating under the Office of National Drug Control Policy (ONDCP), the purpose of the HIDTA Program is to measurably reduce drug trafficking and production in the United States by facilitating cooperation among federal, state, local, and tribal law enforcement. This cooperation is achieved through the sharing of information, providing reliable intelligence to law enforcement agencies, and by supporting coordinated law enforcement strategies thereby maximizing the use of available resources to reduce the supply of illegal drugs in designated areas in the United States.

Currently, there are 28 HIDTAs located within 48 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The Appalachia High Intensity Drug Trafficking Area (AHIDTA) is one of the 28 HIDTAs to receive designation by ONDCP. The Appalachia HIDTA first received designation as a High Intensity Drug Trafficking Area in 1998 and included portions of Kentucky, Tennessee, and West Virginia. Since obtaining its initial designation as a HIDTA in 1998, the Appalachia HIDTA was re-designated as a poly-drug HIDTA in 2003, allowing its initiatives to investigation organizations trafficking in a wide range of illegal drugs. In 2012, ONDCP expanded the AHIDTA's area of responsibility (AOR) with the designation of adjoining counties in Southwest Virginia. Today, in 2016, the AHIDTA is comprised of 83 counties throughout four states in the Southeast Region of the United States:

Kentucky

Adair, Bell, Breathitt, Clay, Floyd, Hardin, Harlan, Jackson, Jefferson, Knot, Knox, Laurel, Lee, Leslie, Letcher, Madison, Magoffin, Marion, McCreary, Nelson, Owsley, Perry, Pike, Pulaski, Rockcastle, Taylor, Warren, Wayne, Whitley

Tennessee

Bledsoe, Blount, Bradley, Campbell, Claiborne, Cocke, Cumberland, Fentress, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hawkins, Jackson, Jefferson, Knox, Macon, Marion, Overton, Pickett, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Unicoi, Washington

Virginia

Carroll, Dickenson, Grayson, Lee, Scott, Tazewell, Wise

West Virginia

Boone, Brooke, Cabell, Hancock, Harrison, Kanawha, Lincoln, Logan, Marshall, McDowell, Mercer, Mingo, Ohio, Putnam, Raleigh, Wayne, Wyoming

The AHIDTA is located within relatively easy driving distance to an abundance of major metropolitan areas within the Eastern, Southeastern and Midwest United States. Vast public lands and climate conditions make the region a favorable location for marijuana cultivation. Unemployment rates and low median household incomes are the primary socioeconomic conditions and aid significantly to the drug related activity witnessed in the region. The trafficking and abuse of illegal drugs such as methamphetamine, opioids, cocaine and synthetics plague the citizens of Appalachian communities and create an indefatigable hindrance to law enforcement.

The Appalachia HIDTA provides the support, resources and coordination necessary to facilitate cooperation among federal, state and local law enforcement agencies and the formation of collaborative initiatives. In all, the AHIDTA has fostered cooperative and effective working relationships among 124 federal, state and local agencies

to achieve the common goals of disrupting and dismantling drug trafficking organizations and reducing the demand for drugs.

III. Introduction

The 2016 Appalachia HIDTA Threat Assessment is a comprehensive assessment of the threat posed to the AHIDTA area of responsibility by the trafficking and abuse of illicit drugs. Threats were identified through analysis of information collected from federal, state, and local law enforcement agencies (LEA). The information from LEAs in the Appalachia HIDTA region was obtained through extensive drug threat surveys, case data, and from other intelligence reporting. Additionally, information was obtained through the review of investigative reporting; liaison with AHIDTA task force personnel; reviews of prior threat assessments, annual reports, and any other drug market analyses.

Since its establishment, the Appalachia HIDTA has been measurably reducing the production and trafficking of marijuana. Over time, the production and trafficking of a variety of illegal drugs has become prevalent in the Appalachia region. The AHIDTA region faces substantial threats from the distribution, trafficking and abuse of heroin and prescription drugs alike. The diversion of abuse of controlled prescription drugs (CPD) has consistently presented itself as one of the largest threats to the people of the Appalachia HIDTA area. Over the years, however, trafficking and abuse of heroin has made its presence known throughout the region, leaving the AHIDTA AOR with an overall “opioid” threat that is devastating the communities. Methamphetamine abuse, cocaine, synthetic drugs, and drug-related violence also pose significant threats to the Appalachia HIDTA AOR. Areas such as Detroit, Columbus, Atlanta, Pittsburg, parts of Alabama, and areas along the southwest border and Mexico are all hubs for distribution into the AHIDTA region. Transportation of drugs into and out of the AHIDTA area is accomplished primarily by private vehicles, yet parcel service companies and U.S. Postal Service (USPS) are frequently utilized as means of trafficking drugs and illegal proceeds.

In 2004, the HIDTA program established and implemented a software tool, the Performance Management Process (PMP). The PMP allows each of the 28 HIDTAs, including the Appalachia HIDTA, to measure and evaluate its performance as required by ONDCP. Each designated HIDTA sets its own performance expectations for the upcoming year and works closely with ONDCP to ensure those performance measures are reasonable, attainable, and can be reliably measured. The AHIDTA’s Management and Coordination initiative, along with the Investigative Support Center (ISC) Manager, utilize PMP to track and monitor initiative efforts to conduct annual reviews of those initiatives. Utilizing PMP, the Appalachia HIDTA is able to produce its Annual Report as a means to assess the outcomes of its efforts to achieve the pre-established performance goals and targets as outlined by ONDCP.

NATIONAL HIDTA GOALS

GOAL 1: Disrupt the market for illegal drugs by dismantling or disrupting drug trafficking and/or money laundering organizations; and

GOAL 2: Improve the efficiency and effectiveness of HIDTA initiatives.

These measures are also reflected in the Threat Assessment and Strategy as the Appalachia HIDTA reports current threats and the plan for combatting those threats in the upcoming year.

The National HIDTA Goals represent definitive targets for the Appalachia HIDTA. These goals provide the foundation for performance planning and allow each HIDTA to measure the outcomes of its performance.

In developing their proposals, each Appalachia HIDTA initiative bases its program and fiscal justifications on the following components:

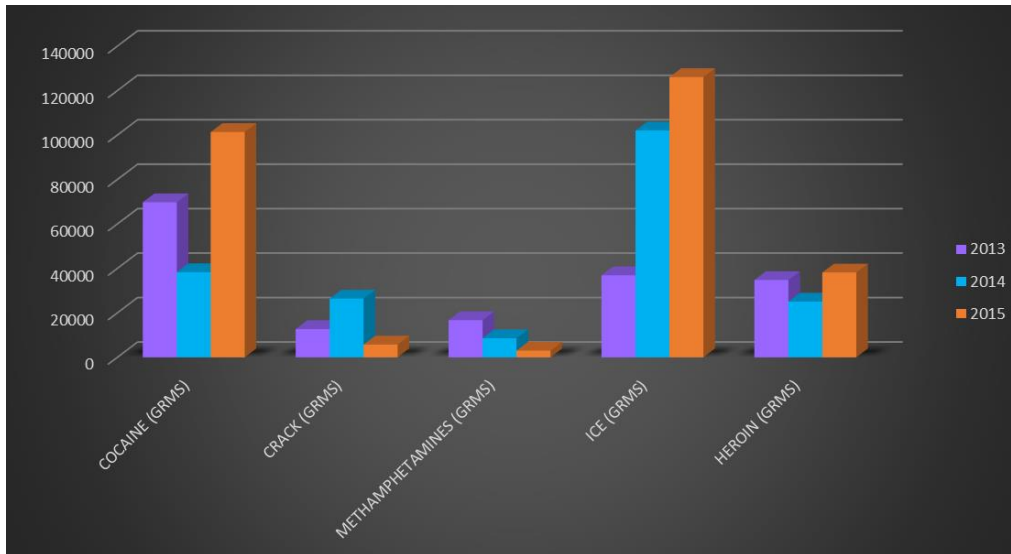
- The annual Threat Assessment;
- Articulation of how the initiative's funding request will directly address the threat;
- The establishment of realistic performance measures;
- And specific information as to how provided funding facilitated the Appalachia HIDTA in meeting its desired outcomes.

The operations of the Appalachia HIDTA are overseen by the Appalachia HIDTA Executive Board. Currently, the AHIDTA Executive Board is made up of twenty-four representatives from federal, state and local law enforcement and prosecutorial agencies. It establishes policies within the framework of national HIDTA program guidance; provides strategic direction in the establishment of the AHIDTA strategy and its resultant outcomes; and approves the annual threat assessment. Members of the board also are instrumental in approving initiatives budgets and reviewing the performance of the individual initiatives and ensuring the AHIDTA is effective in implementing the HIDTA program concept. Each initiative has its own mission and plan to implement the strategy laid forth by the Appalachia HIDTA. The Appalachia HIDTA Strategy is developed in response to the region's most serious drug threats. These strategies are implemented by the twenty-seven enforcement initiatives, two interdiction initiatives, and two eradication initiatives spread throughout the four Appalachia HIDTA states. The AHIDTA also employs an intelligence initiative, a training initiative, a management and coordination initiative, as well as a prevention initiative in its quest to produce productive and positive outcomes with its strategy and mission.

IV. Description of the Threat in the Appalachia HIDTA

While the Appalachia HIDTA was established to reduce the demand for and production of marijuana in the Appalachia region, other dangerous drugs have made their presence heard. In most recent years, heroin and the diversion and abuse of prescription drugs, particularly opioid based pharmaceuticals, have established themselves as a sizeable threat to the area. Both versions of opioid abuse are equal and viable threats to the communities and its citizens within Appalachia. Trends found in seizure statistics for the last two calendar years are indicating ICE methamphetamine to be shifting from an emerging threat to one which requires significant LEA attention. The four-state area that encompasses the AHIDTA region continues to see changes, from year to year, with regard to drug seizures. Chart 1 illustrates drug-related seizures for the Appalachia HIDTA across CY 2015 as compared to the last two calendar years. The changes witnessed with respect to specific drugs and their seizures by the Appalachia HIDTA task forces, are an accurate representation of the threats to the AHIDTA.

Chart 1: Appalachia HIDTA Drug Seizures



Source: Appalachia HIDTA Quarterly Investigative Reporting

In past years, seizures with regard to cocaine had followed a steady rise. CY 2014 saw a 45% decrease from 2013, yet CY 2015 cocaine seizures surpassed the previous year by 164% with more than 100 kilograms of cocaine seized by the AHIDTA task forces. Seizures during CY 2015 represent a 73% increase of the most recent three-year average. Crack cocaine seizures had increased in recent years, but 2015 seizures have decreased from 2014 by 78%. Heroin seizures, based on CY 2015 statistics, have increased slightly with subsequent decreases in prescription drug seizures.

The weight of the threat posed by marijuana (including synthetics), heroin, ICE methamphetamine, cocaine, and diverted pharmaceutical drugs are unmistakable by the responses to the Appalachia HIDTA Drug Threat Survey (AHDTS). The yearly survey is distributed to law enforcement agencies that operate within any of the 83 HIDTA designated counties in the Appalachia HIDTA area. Of the 119 completed surveys, nearly 40% of law enforcement agencies responding reported heroin to be the greatest threat to their area. Additionally, of the same agencies represented in the survey, 31% and another 20% listed diverted pharmaceuticals and ICE methamphetamine, respectively, to be their greatest threat. Nearly all of the agencies that provided a response indicated a moderate to high availability of heroin, methamphetamine, diverted pharmaceuticals, and marijuana. While heroin is most certainly available across the AHIDTA states, West Virginia seems to be the front runner on higher availability, a trend that has maintained itself over the past decade. Although AHIDTA task force seizures indicate a significant upswing in cocaine, analysis of survey responses overall were indicative of low to moderate availability in their respective areas; 34% of all agencies reporting powder cocaine to be in low availability. Powder cocaine appears, at this time, to be more prevalent in Kentucky than any of the other AHIDTA states.

Shifts in drug seizure trends will continue to be monitored over the upcoming calendar year. As the years progress, availability of a variety of drugs appears to be shifting from state to state.

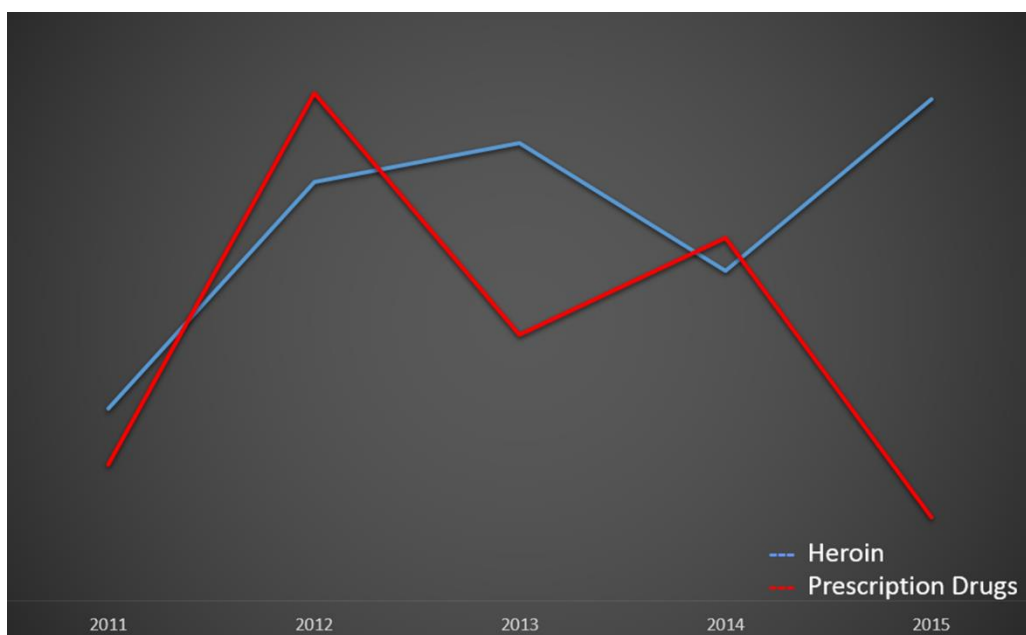
a) Drugs Trafficked in the Appalachia HIDTA

Abuse and trafficking of opioid based products continues to be one of the most significant threats to the Appalachia area. While heroin emerged with great force through CY 2012 and 2013, diverted prescription drugs

began to taper off with regard to “demand” from abusers. This cycle reversed itself through CY 2014. Now, coming from CY 2015 and moving forward into CY 2016, heroin is again more prevalent and highly available, even more so than reports witnessed in previous years. The Appalachia region is faced with a multidimensional threat from opioids in general. Heroin and diverted pharmaceuticals (such as hydrocodone, oxycodone, morphine, etc.) have been widely available and simply “trade-off” with regard to supply and demand. When heroin is in high demand, CPDs are low, and vice-versa. This trend has been witnessed through the seizures of Appalachia HIDTA task forces, as well as survey data collected from law enforcement across the AHIDTA area.

Chart 2 illustrates the pattern of seizures over the past five years, of both heroin and prescription drugs. The data represented in the chart below significantly supports the regional opioid-based threat the AHIDTA faces. With regard to survey response from LEAs across Kentucky, Tennessee, Virginia and West Virginia, heroin was indicated to be the most substantial threat to by 42% of all responses provided to the ISC. Of the remaining responses, 33% of LEA response indicated diverted pharmaceuticals to be the gravest threat to their AOR.

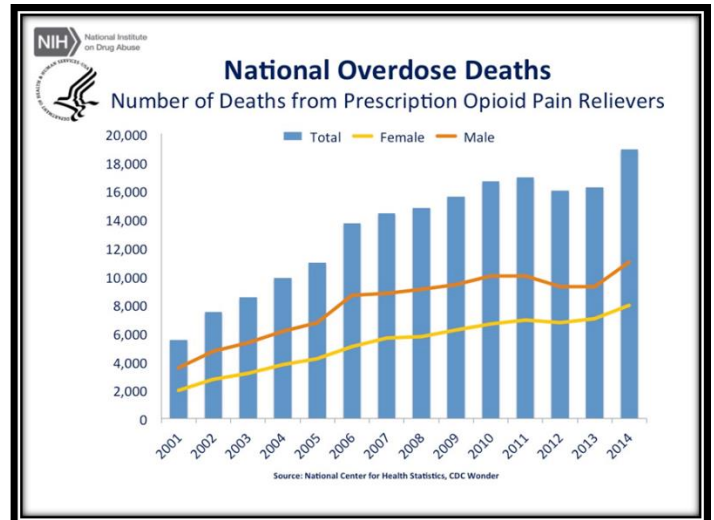
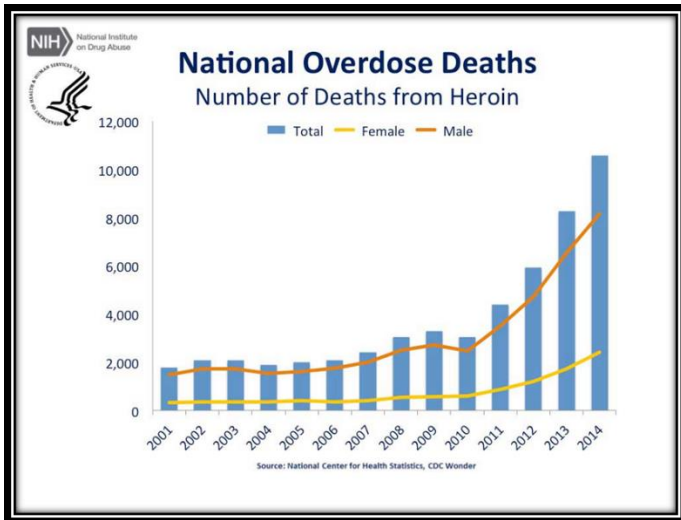
Chart 2: Prescription Drug/Heroin Seizures, 2011 - 2015



Source: Appalachia HIDTA Quarterly Investigative Reporting

According to reports from law enforcement in the AHIDTA area, availability does not favor one type of heroin over another. Mexican Brown, China White, and Black Tar are all reported to be present throughout the region. Cities such as Chicago (Illinois), Pittsburgh (Pennsylvania), Los Angeles (California), Indianapolis (Indiana), Cleveland and Cincinnati (Ohio), as well as multiple areas along the Southwest border and Mexico are all reported as origins of heroin into the Appalachia HIDTA AOR. As documented in previous year’s assessments, heroin witnessed in the region during CY 2015 also reported to have more local source cities such as Louisville, Kentucky. Most recent reports from law enforcement indicate high availability of heroin adulterated with fentanyl. This particular threat appears to be replacing previous forms of “cutting” heroin with other substances and is highly potent and poses a great risk to the consumer. Acetyl fentanyl has also increased in the region, with multiple LEAs in Kentucky and West Virginia reporting the drug is widely available and is often portrayed as heroin. As CY 2016 progresses, analysis would indicate this trend and pattern of availability will continue.

The National Institute on Drug Abuse provides data on the impact of opioid-related overdose deaths each year. In reports published in December 2015, the Centers for Disease Control and Prevention (CDC) indicated a three-fold increase in total number of deaths from 2001 to 2014 related to opioid pain relievers; 6-fold increase over the same time period for deaths related to heroin.¹ Below, the illustrated change is expressed with overlays from female and male victims, 2001 to 2014.

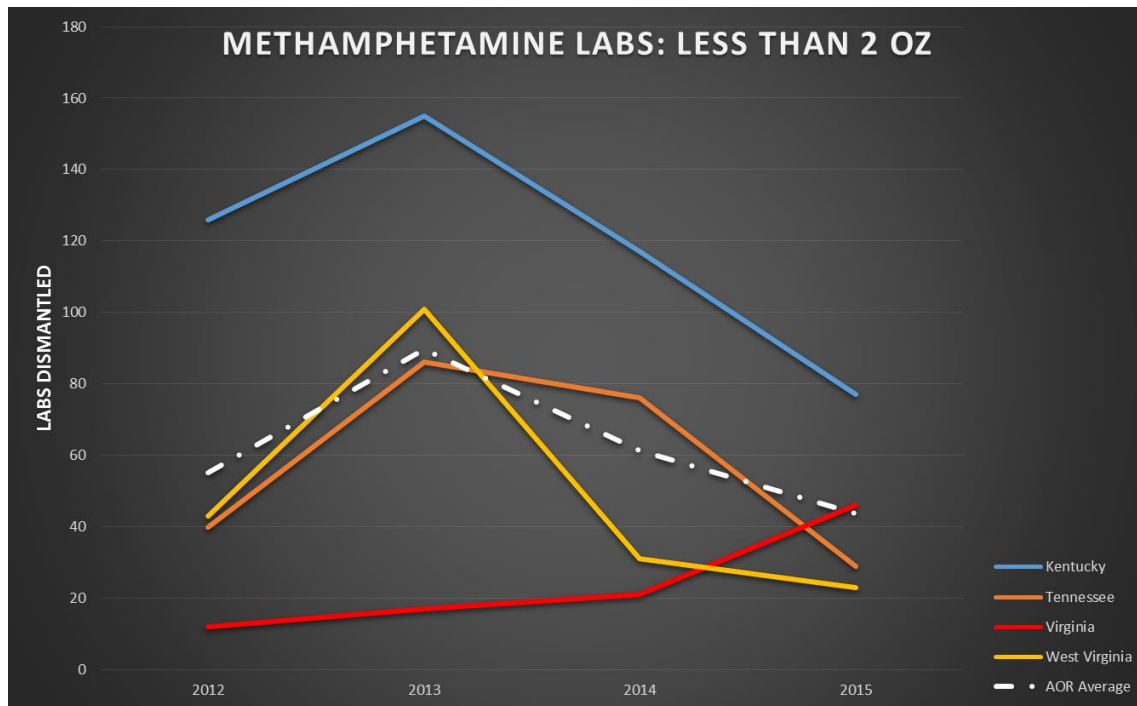


Based on statistics and quarterly investigative reporting by the Appalachia HIDTA initiatives, it would appear the demand for CPDs has significantly changed since CY 2014. Diverted pharmaceutical seizures during CY 2015 represent a 72% decrease from the previous year, and 74% decrease over the most recent three year average. Despite these trends with regard to seizure data, law enforcement officials who responded to the threat assessment survey are indicating both high availability and increased demand for controlled prescription drugs. Nearly 77% of those responses provided by LEAs consider CPDs to be in high availability in their AOR. Diverted pharmaceuticals have traditionally posed a significant threat to the AHIDTA region and show no signs of a change to the trend in upcoming years. Trafficking of CPDs continues to originate from Michigan, Ohio, Georgia, North Carolina and areas within Tennessee.

The threat facing the Appalachia HIDTA from abuse of methamphetamine is still vibrant and alive. Previous years' assessments reported the AHIDTA region faced substantial threat from the manufacturing of methamphetamine in local "mom and pop" or "one-step" labs. Traditionally, areas of Kentucky and Tennessee have been represented the most by way of methamphetamine lab seizures within the AHIDTA states. Kentucky and West Virginia took their aim at effecting legislation to impact the ability and ease to obtain pseudoephedrine but failed. Legislators in states included in the Appalachia HIDTA chose to monitor pseudoephedrine purchases by implementing tracking systems rather than enact laws to require a prescription. These limitations on the amount of products an individual could purchase that contain pseudoephedrine have had some effect on manufacturing efforts, as many individuals involved in methamphetamine trafficking deem it easier to obtain the drug already packaged for distribution from other areas of the United States. A trend with regard to manufacturing of methamphetamine within the Appalachia HIDTA AOR that has held true is found within the size of laboratories dismantled by AHIDTA task forces. Lab seizure quantities have remained consistent over time, with 90 - 97% of the labs amounting to less than 2 ounces from 2012 to 2015. During CY 2013, West Virginia recorded lab dismantlements of +134% over those dismantlements/seizures witnessed in CY 2012. This variance was due to revamped methamphetamine enforcement increasing prior to LEA attempts to enact legislation regarding pseudoephedrine. Since that time, West Virginia seizures have been below AHIDTA AOR yearly averages. Chart 3, seen below, illustrates the change in methamphetamine lab dismantlement/seizures over

the last four years, amounting to less than 2 ounces in size. Each AHIDTA state is depicted, shown above or below the overall AHIDTA yearly average (AOR Average) of those four states. The statistics represented within Chart 3 are only representative of seizures completed by AHIDTA task forces, in AHIDTA designated counties, not each state as a whole.

Chart 3: Methamphetamine Labs Dismantled, Yielding less than 2 Ounces



A new aspect to the methamphetamine threat to the Appalachia HIDTA region involves ICE methamphetamine. The *2015 Threat Assessment* of the Appalachia HIDTA reported this trend to be increasing rapidly in the region since CY 2013. Increases in ICE methamphetamine seizures are being witnessed in every state designated as part of the Appalachia HIDTA, with the exception of Tennessee, where task forces reported -35% change in ICE seizures from CY 2014. Variables in ICE seizures for the state of Tennessee are directly related to long-term Title III intercepts in which time, manpower, and focus were given to those priority investigations. Reports from LEAs in the state, however, do express that ICE methamphetamine is widely available despite seizure numbers. Task forces within Tennessee do expect CY 2016 seizure data to more correctly reflect the climate of methamphetamine prevalence in the state. More detailed information regarding ICE methamphetamine will be discussed later in this document.

Over the most recent three-year period, CY 2012 to CY 2014, drug seizure statistics recorded in the AHIDTAs investigative reporting demonstrated a steady increase in the threat from crack cocaine. Cocaine (powder) had remained a consistent threat to the region as well, with a more significant threat being posed to counties within Tennessee. Data and reporting for CY 2015 were indicative of a decrease in crack cocaine, with a resurgence of cocaine (powder) to areas not traditionally big on seizures of the drug in previous years. During CY 2015, the Appalachia HIDTA Parcel Interdiction Initiative (AHPPII) seized more than 71 kilograms of cocaine powder passing through the Louisville, Kentucky, area. Analysis of these parcel shipments are found to be originating most often from Southern California, more specifically Los Angeles, and the McAllen, Texas, area with destinations to New York, Massachusetts, Maryland, Illinois, and Ohio. With the AHPPII accounting for more

than 70% of all cocaine seizures in the AHIDTA AOR, areas of Tennessee and West Virginia are seeing their share of the other 30%. Task forces across Tennessee, ranging from the Upper East Tennessee area to the Middle district, are experiencing the threat posed by trafficking of cocaine. West Virginia statistics demonstrate cocaine to be more prevalent in the Northern Panhandle region. Analysis of the trend indicated through CY 2015 with regard to cocaine availability is projected to hold true through the remainder of CY 2016.

For the past half-decade, the Appalachia HIDTA region has been faced with the ever-changing threat of synthetic drugs/substances. Previous analysis and research demonstrated this threat to have very little ebbing over the years. Current analysis of this particular threat also indicates synthetics to be viable in nature. While seizures of synthetic drugs by the Appalachia HIDTA initiatives have dropped for CY 2015, with respect to bath salts and synthetic cannabinoids (marijuana), reports by LEAs demonstrate synthetics in other forms to be more prevalent than previous years. Law enforcement officials in the Signal Mountain, Tennessee, area (a suburb of Chattanooga) report a rise in hallucinogenic drugs like LSD and PCP. Multiple law enforcement agencies across the four-state area of the AHIDTA indicated an increase in acetyl-fentanyl, a synthetic variant for heroin which is reported to be five to fifteen times more potent than heroin, and an astonishing 80 times more potent than morphine.² The presence of MDMA, or “Molly,” is slightly increased in CY 2015, in particular throughout West Virginia, where seizures of the drug were +48% over the previous year. Due to the always changing chemical makeup of the products found within the synthetic family, this threat will continue to pose a risk to the AHIDTA AOR and its citizens. Research and analysis of varying types of synthetics introduced into the region will continue over the upcoming year.

b) Drug Trafficking and Money Laundering Organizations

The towns of Appalachia are said to be a culture holding onto its traditional values in a world that no longer shares those values, claiming Appalachia consists of discrete, tight-knit communities that were self-sufficient and self-sustaining.³ These tight-knit communities and families or groups that fit that mold assuredly cross into the drug trafficking world. Drug trafficking organizations (DTOs) operating in the Appalachia HIDTA region have traditionally been family based. These organizations, however, do extend across, and outside, the region, and include general drug-related partnerships between individuals. Historically, groups that operate within the geographic contents of the AHIDTA AOR are made up of Caucasian, African-American, and Hispanic/Mexican DTOs with very little influence from other ethnicities. These DTOs are the principal drug distributors at the wholesale level.

DTOs, criminal groups, street gangs, and on a minor scale, outlaw motorcycle gangs (OMGs) distribute a variety of drugs at the retail level throughout the AHIDTA region. These groups and organizations are typically controlled by a very limited variety of ethnicities. The distribution pattern, by way of Caucasian, African-American and Hispanic DTOs, has maintained itself over the last decade. The primary sources, outside of the Appalachia HIDTA, for DTOs which operate within the AHIDTA AOR are located in Michigan, Georgia, Ohio, North Carolina, California, Texas and Mexico. California and Texas based DTOs have only begun to have involvement in drug trafficking to the Appalachia HIDTA region over the last few years. Georgia has had a role as a long-standing regional hub for DTOs which distributes to the Appalachia HIDTA due to its close proximity and ease of access via interstate highways. In particular, Atlanta has been a long-term regional distribution point for a variety of illegal substances such as marijuana, cocaine, and methamphetamine. More recent reports indicate other areas of Northern Georgia, like Dalton, are being established as source cities for ICE methamphetamine to areas within Tennessee. While areas such as Chicago, Illinois and Detroit, Michigan, have been large source cities for heroin and crack cocaine to the Appalachia HIDTA region, threat survey responses

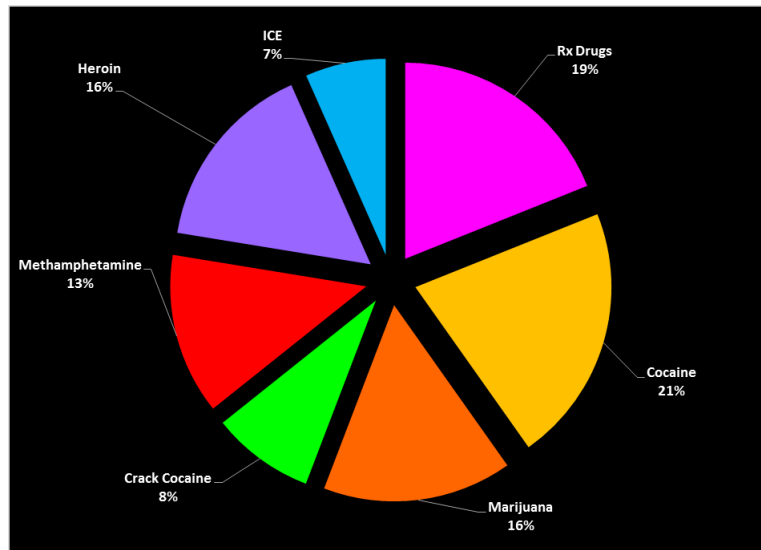
by LEAs indicate Cincinnati, Cleveland, and Dayton, Ohio, to be source cities for heroin to areas within Southwest Virginia, as well as Central Kentucky. Law enforcement within the Northern district of West Virginia also indicates cities within Pennsylvania (Allegheny and Green Counties more specifically) to be supplier cities of heroin to their AORs. This particular source location area is conveniently located to the more Northern counties of West Virginia and is easier to access than source cities further south.

Appalachia HIDTA marijuana DTOs are predominantly Caucasian and non-violent. Most cannabis grow sites in the region are operated by Caucasian traffickers, while others are operated by Mexican or Hispanic traffickers outside the region who traffic the drug into the Appalachia HIDTA area. These groups engage in all aspects of marijuana trafficking - production, transportation, and distribution. With the growing number of states who have legalized medical marijuana, the Appalachia HIDTA region continues to see areas such as California, Colorado, and Oregon emerge as source states for high grade marijuana into the region. LEA response, along with seizures documented by EPIC, indicate that these states are largely responsible for diverted medical marijuana to the Appalachia region.

Caucasian and a limited number of African-American DTOs are the predominant traffickers of diverted pharmaceutical drugs in Appalachia. Analysis indicates that the previous method of “doctor shopping” has developed into a trend of the past. Inhabitants to the Appalachian area are utilizing pain clinics in home or neighboring states as opposed to travel to further locations such as Florida, Alabama, and Missouri. With respect to the responses obtained through the AHDTS, 38% of LEAs cite local sources to be the predominant diverted pharmaceutical supplier. Some states within the Appalachia HIDTA region do experience African-American DTOs transporting prescription drugs to the Appalachia area. These DTOs are based in more metropolitan areas such as Detroit, Michigan; Columbus, Ohio; Atlanta, Georgia; and Pittsburg, Pennsylvania.

Michigan remains one of the leading sources for heroin to the Appalachia HIDTA AOR. Roughly 40% of all responses to the AHDTS indicate the Detroit metropolitan area to be the main source location for heroin to their particular AOR. The Michigan source DTOs are often of African-American ethnicity. These DTOs are the primary traffickers of heroin to the counties in Kentucky and West Virginia. Other sources for heroin into parts of the AHIDTA include cities Chicago, Cleveland, Baltimore and Atlanta, which have increased their presence in the last five years as major hubs for heroin. Analysis and research continues to implicate Detroit, Atlanta, Pittsburg, and Chicago to be the main source cities for heroin into the Appalachia HIDTA AOR. Most recent 2015 reporting has begun to include AHIDTA states to have their own distribution “hubs” for both heroin and methamphetamine. Cities like Louisville, Kentucky, are being sourced as locations for large quantities of these drugs for distribution to other areas and are growing in popularity with local dealers.

Chart 4: Appalachia HIDTA Task Force DTO Investigation(s), by Drug



Source: HIDTA Performance Management Process Database (PMP)

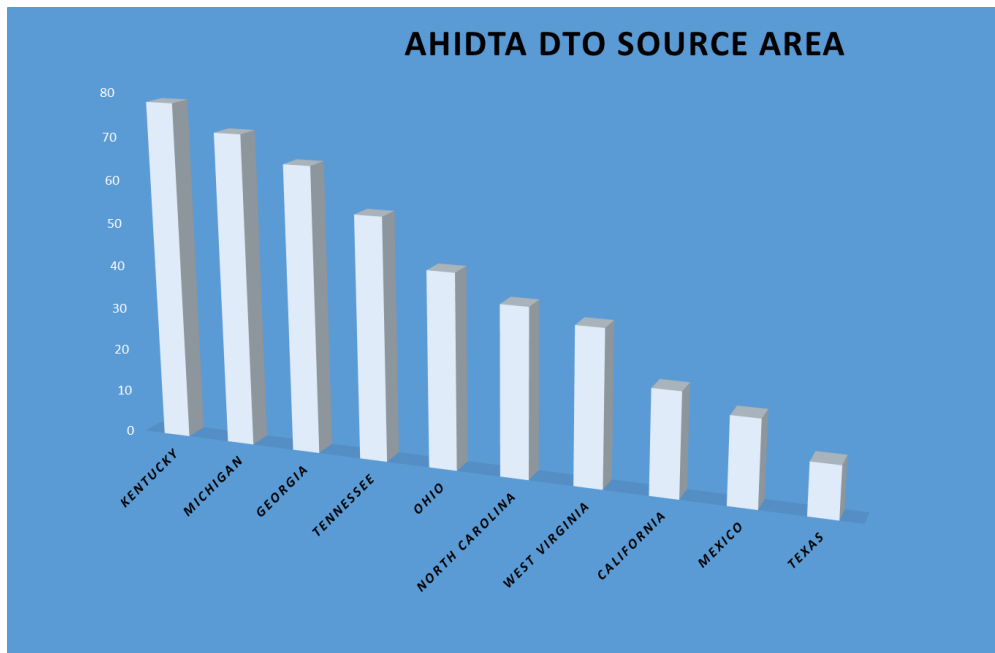
Historically, traffickers of methamphetamine have been predominantly represented by Caucasian DTOs in the Appalachia HIDTA. Local production of methamphetamine still remains in the region, but in very limited quantities. Upwards of 90% of the laboratories seized by AHIDTA task forces in the most recent calendar year were producing two ounces or less. Over the last two years, trends began to indicate that more sophisticated groups with established relationships to Mexico and Southwest border were the leader in DTOs involved with methamphetamine. The CY 2015 AHIDTA Threat Assessment expressed a movement away from local manufacturing toward higher levels of distribution of Mexican manufactured ICE methamphetamine. This movement held true through CY 2015 and continues into CY 2016 for the Appalachia HIDTA. Task forces which operate within the AHIDTA seized +23% more ICE methamphetamine in CY 2015 than the previous year. More than 30% of LEA response to the AHDTS indicated Atlanta to be the main source city for ICE methamphetamine to their particular AOR. Research and analysis of the DTOs involved in the distribution of Mexican produced ICE methamphetamine are predominantly African-American and/or Hispanic. Intelligence gained from a personal interview with DEA Intelligence staff, belonging to the Detroit Field Division, expresses that Minneapolis, Minnesota, is growing as a hub for ICE methamphetamine. There is also indication that Cuban involvement in the trafficking of ICE methamphetamine is on the rise, particularly in Kentucky.

Mexican and/or Mexican-American trafficking groups are the predominant wholesale distributors of marijuana in the Appalachia HIDTA region. Marijuana from Mexico and the Southwest Border not only supplements locally grown marijuana but also commands a significant portion of the retail marijuana market in the Appalachia HIDTA. Diverted medical marijuana that makes its way into the Appalachia HIDTA region is dominated by Cuban and/or Mexican DTOs. Mexican and Mexican-American trafficking groups have mutually beneficial business relationships with non-Hispanic trafficking groups in the region. Specifically, these relationships result in the facilitation of selling and distributing wholesale and mid-level quantities of marijuana, heroin, and cocaine to Caucasian and African-American mid-level and retail distributors. These groups are also linked with distribution of methamphetamine as retail distributors of the drugs in the Appalachia HIDTA.

African-American groups are mid-level and retail distributors of cocaine in and near the major metropolitan areas of the Appalachia HIDTA. Violent crime is associated with groups trafficking in cocaine and crack cocaine alike. The DTOs involved in the trafficking of cocaine are predominantly African-American, with Caucasian and

Mexican groups running close behind in the market. Source distribution cities for powder cocaine is most often reported to be Atlanta, Detroit, Columbus, and Chicago. More local source cities within the AHIDTA such as Louisville, Chattanooga, and areas of Eastern Tennessee are all referenced by LEA reporting as locations DTOs are obtaining powder cocaine. African-American groups based out of Michigan, Illinois, and Georgia, distribute cocaine, crack cocaine, and prescription drugs to urban and rural areas of the Appalachia HIDTA region. DTOs within the states of Ohio and Pennsylvania are linked to crack cocaine distribution throughout West Virginia. All LEA reporting indicates very little influence from other ethnic groups on the distribution of crack cocaine.

Chart 5: AHIDTA DTOs, by Source Area



Source: HIDTA Performance Management Process Database (PMP)

The primary sources of drugs from outside of the Appalachia HIDTA AOR with respect to DTOs which operate within the AHIDTA AOR are located in Michigan, Georgia, Ohio, and North Carolina. Reports, as indicated in CY 2015, still demonstrate Texas to be growing as a source location for DTOs origination. California DTOs have been more present in the AHIDTA after the legalization as a medical marijuana state. Ohio was a front runner for the AHIDTA as the top non-Appalachia HIDTA state source of illicit drugs for many years, but has since been replaced by Michigan, which has held the top spot for the last two years. Despite being listed 3rd (by number of DTOs in the AHIDTA), Georgia, in particular Atlanta, remains as the largest regional distribution hub for drugs like marijuana, cocaine, and methamphetamine originating from the Southwest border.

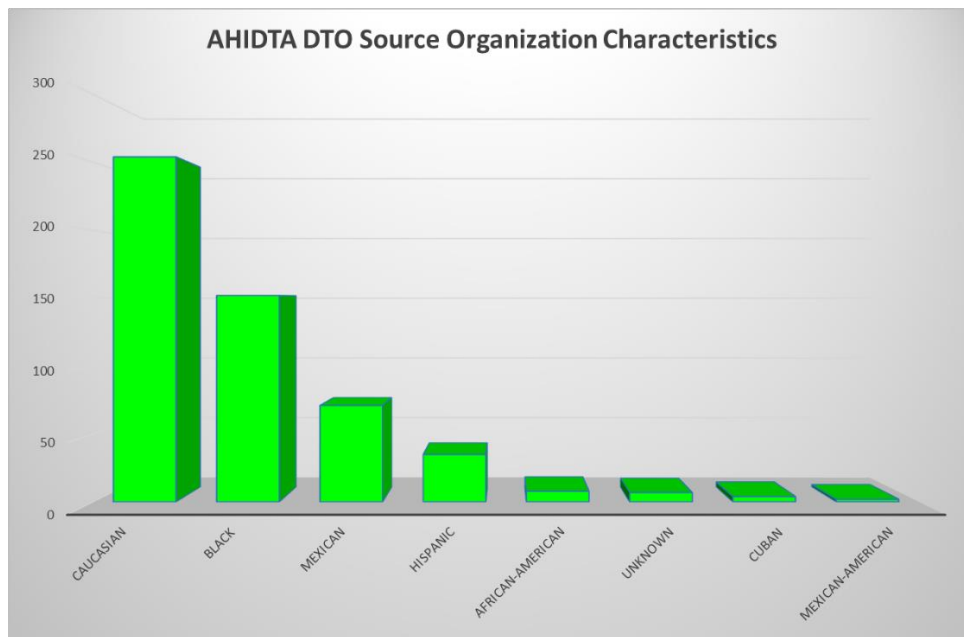
Areas of Michigan continue to be the top source for crack cocaine and heroin for the Appalachia HIDTA DTOs. The source DTOs operating from Michigan are often African-American and from the Detroit metropolitan area. These African-American DTOs are the primary traffickers of heroin into West Virginia HIDTA counties as well as prescription drugs into West Virginia and Kentucky.

Ohio's significance as a drug source state for the Appalachia HIDTA has remained consistent over the past five years. Ohio based DTOs are a steady source of heroin, prescription drugs, cocaine and, for some counties within the AHIDTA, methamphetamine. DTOs out of Ohio are typically African-American and operate out of the

greater Columbus and Cleveland areas. More recent reporting from LEAs indicate Cincinnati to also have developed as a minor source location for DTOs to the AHIDTA.

DTOs operating out of Georgia have made their presence known in the Appalachia HIDTA AOR as a source state for an assortment of illegal drugs. Intelligence continues to implicate that Georgia, particularly the Atlanta area, is an easily accessible hot spot for cocaine, prescription drugs, marijuana, and more recently, ICE methamphetamine. Atlanta, and other Northern Georgia locations, like Dalton, are located within a relatively easy driving distance to and from all four AHIDTA states. DTOs in Georgia have significant ties to Mexico and the Southwest border region, making it a major hub for illicit drugs to ultimately be distributed within the Appalachia HIDTA.

Chart 6: AHIDTA DTOs, by Ethnic Characteristics

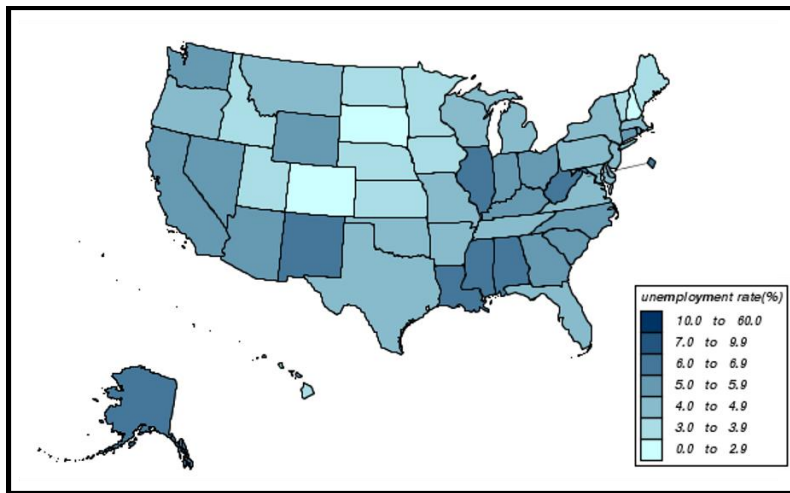


Source: HIDTA Performance Management Process Database (PMP)

Given the demographics of the Appalachia region, it is very typical for DTOs in the region to be Caucasian in composition. Prescription drugs, methamphetamine, ICE methamphetamine, and marijuana DTOs are very seldom distributed by an ethnicity other than Caucasian. Responses to the AHDTs indicate that crack cocaine, heroin, and powder cocaine are the only drugs with a majority representation of African-American DTOs. Mexican/Hispanic DTOs operating in the region are limited. These groups tend to be the primary wholesale sources for drugs for the Caucasian and African-American DTOs in the region which operate solely in a retail capacity.

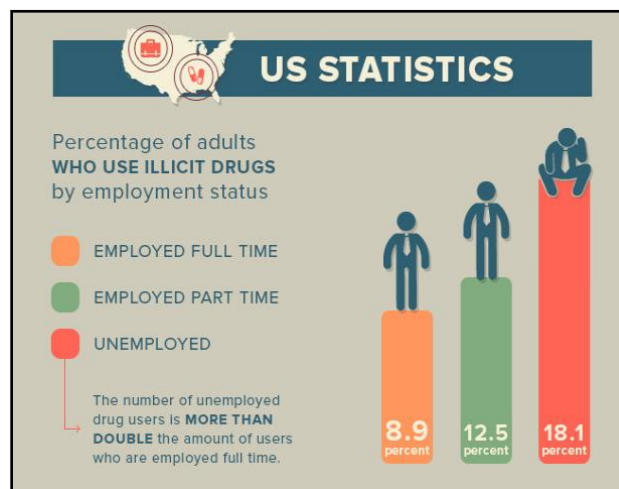
The area encompassing the AHIDTA is represented by low family incomes. It is not uncommon for illicit drug activities to be tolerated and accepted by members of the local population in the Appalachia region. Activity within the illegal drug trade is reported frequently as a means for supplemental income to families - a trend often found in poverty-stricken areas in the mountains and inner city locations as well. The states that make up the Appalachia HIDTA traditionally rank among some of the highest unemployment rates in the United States. Preliminary unemployment rates in March of 2016 report Tennessee, Kentucky, and West Virginia to be ranked 23, 39, and 48 respectively from lowest to highest unemployment rate in the 50 United States.⁴ These three states have historically held an unemployment rate of 5-7% year after year. Tennessee had an unemployment rate as

high as 6.6% during CY 2014, but the latest seasonally adjusted rates report 4.5% to be its current rate of unemployment, just slightly lower than the U.S. rate at 4.7%. Kentucky and West Virginia, however, were listed by the Bureau of Labor Statistics to be below the national average with unemployment rates of 5.6% and 6.5%.⁵ With the rural nature of the region’s landscape, areas within the Appalachia HIDTA are plagued by high rates of unemployment, illiteracy, disintegrated families, teenage pregnancy and public corruption – an atmosphere that adds to the acceptance of illicit activity as alternate means of survival. The map below illustrates the unemployment rates for 2016 as reported in March. The Appalachia HIDTA states are found to be among the highest in the nation, a statistic that hasn’t changed in decades.



Source: United States Department of Labor, Bureau of Labor Statistics

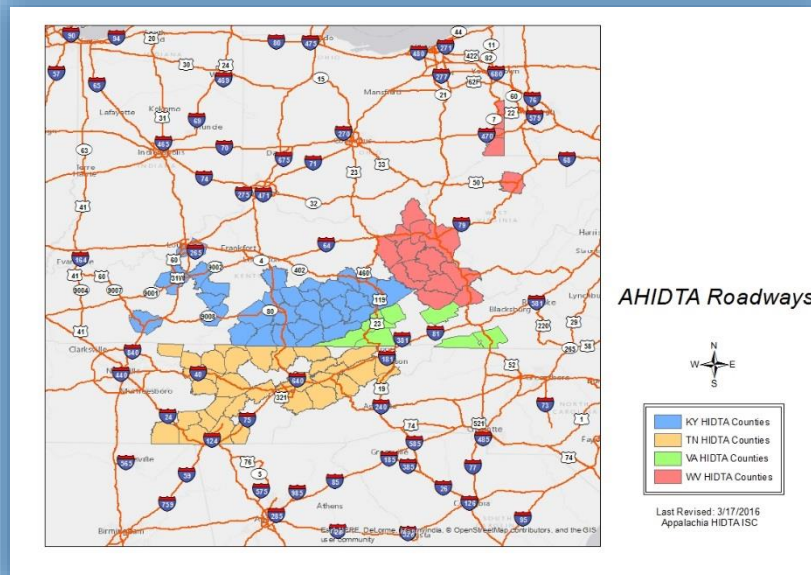
Illicit drug abuse and trafficking in the Appalachia HIDTA region go hand in hand with unemployment statistics. Reports across the region consistently show a correlation between the two. It is a vicious cycle for the inhabitants of Appalachia HIDTA states to be caught in. Studies show 18.1% of unemployed adults use illicit drugs, more than double the percentage of users who are employed full-time.⁶ The below image visually demonstrates these statistics.



c) Drug Transportation Methods

A variety of highways, routes, and interstates that traverses through Kentucky, Tennessee, Virginia and West Virginia provide access to the Appalachia HIDTA with ease. Additionally, these same highways and interstates provide transit to and from other parts of the country, especially areas of the Midwest, Mid-Atlantic and the Southeast. The ease of access by roadway into, throughout, and out of major cities known to be major drug distribution points in the United States creates an ideal situation for DTOs to conduct business in the region. Interstate systems are often utilized by drug transporters for trafficking illicit substances from the Southwest border and Mexico via these distribution cities. In total, eight major U.S. interstate systems span the Appalachia HIDTA: I-24, I-40, I-64, I-65, I-75, I-77, I-79 and I-81 (in numerical order).

Map 1: Transportation Network: AHIDTA Roadways



The interstate systems that make up the transportation network for the AHIDTA region allow easy access to locations such as Chattanooga, Nashville, Atlanta, Chicago, Miami, Pittsburg, Detroit, Cincinnati, and St. Louis to name a few. Map 1 (above) visually demonstrates the areas of AHIDTA crisscrossed by interstates, leading to much larger, more regional destinations.

Interstate 24 runs diagonally, east to west, across the Midwestern and Southeastern United States in a southeast-northwest route. The path across Tennessee I-24 takes runs from Clarksville to Chattanooga through Nashville. Its northwest pathway leads through Kentucky and provides a direct line of travel to Southern Illinois and enters into Georgia. This particular interstate system handles traffic through major cities such as Nashville and provides a connection to destinations such as Atlanta, Chicago, and St. Louis. Interstate 40 spans the entire state of Tennessee from west to east, reaching from the Arkansas border at the Mississippi River to the northern base of the Great Smokey Mountains at the North Carolina border. With regard to Tennessee, I-40 connects its three largest cities - Memphis, Nashville and Knoxville. Interstate 40 runs through the southcentral portion of the United States, spanning eight states from California to North Carolina and runs through many major cities like Raleigh, Little Rock, Oklahoma City, Amarillo, and Albuquerque. Interstate 64 spans portions of the Eastern United States, running east to west, with its western terminus at I-70 in Missouri and eastern terminus at the interchange of I-264 and I-664 in Chesapeake, Virginia. Cities along the I-64 route include, but are not limited to,

St. Louis, Louisville, Charleston, West Virginia, and Richmond, Virginia. As seen with most interstates that end in a “five,” I-65 is a major interstate highway in the central United States. Its cross-country, north-south route connects the Gulf of Mexico to the Great Lakes. Interstate 65 passes by the cities of Bowling Green and Louisville in Kentucky before exiting the state, making its way to locations such as Mobile, Alabama and Gary, Indiana just southeast of Chicago.

Through the heart of the AHIDTA region, Interstate 75 spans the Great Lakes and Southeastern regions of the United States. This major, north-south route is one of the longest in the U.S., laying the path from southern Florida to the northern tip of Michigan, passing through six different states. From Miami to Tampa, Atlanta to Knoxville, Cincinnati to Detroit, and on north, I-75 is utilized by drug traffickers transporting drugs to, from, and through some of the largest distribution hubs that ultimately supply many cities across the United States. Interstate 77 is an interstate highway in the eastern United States, traversing from West Virginia to North Carolina and Ohio. This particular interstate system is an important north-south corridor through the middle of Appalachia, reaching locations like Cleveland. Another interstate system spanning West Virginia and western Pennsylvania is I-79. Interstate 79 not only provides access to locations in Pennsylvania, but provides a corridor to Buffalo, New York, and the Canadian border. Interstate 81 is located in the eastern part of the United States, spanning more than 324 miles of Virginia. From Tennessee to the Canadian border, I-81 is a north-south highway that is considered a major trucking route. While I-81 does not enter major metropolitan areas, it does serve several smaller cities of Virginia, Maryland, Pennsylvania and New York before crossing the St. Lawrence Seaway to meet Highway 401 – the main Ontario freeway, reaching from Windsor to the Quebec border.

The web of highways that span the Appalachia HIDTA region link it to many domestic drug markets. Atlanta, Georgia; Columbus, Ohio; Detroit, Michigan; Pittsburg, Pennsylvania; and those in Florida, North Carolina, and the Southwest Border area all have interlinking roadways that lead to the Appalachia area. Interstate and highway transportation in private, rental, and commercial vehicles is the most common method used to move illicit drugs into and throughout the Appalachia HIDTA region. This particular trend has held steady over the last several years. Most drugs are transported into, through and from the region using Interstates 40, 75, and 81 (Tennessee); 64, 65, and 75 (Kentucky); 81 (Virginia); and 64, 77, and 79 (West Virginia). Secondary highways such as U.S. 127, U.S. 23, U.S. 119, and U.S. 58 (throughout Kentucky, Tennessee, and Virginia) are also utilized in the transportation of illicit drugs.

The primary mode of drug and asset transportation remains private and commercial vehicles. Marijuana, cocaine, and methamphetamine transported via vehicle to the AHIDTA area typically transits Atlanta, Georgia, one of the primary transportation hubs for the AHIDTA and the Southeast United States. Other major distribution points include Michigan, Ohio, Pennsylvania, North Carolina, and Southwest Border states and Mexico. Likewise, drug proceeds, in the form of U.S. currency, travel by the same mode of transportation to Mexico and the Southwest Border. Heroin is transported into the AHIDTA area via public transportation, rental cars, and private vehicles. Public transportation, such as buses (i.e., Greyhound) has remained a popular mode of transportation for drugs and drug proceeds into and out of the West Virginia area. Hired “mules” or drivers who utilize their own self-determined form of transportation to transport drugs and proceeds into, within, and out of the Appalachia HIDTA region, are still a popular form of transportation for the area.

During CY 2015, more than \$25 million in U.S. currency was seized across the United States from vehicles, buses, aircraft, parcel, and persons on foot in route to final destinations in, originating from, or passing through Kentucky, Tennessee, Virginia and West Virginia.⁷

Parcel delivery services, such as United Parcel Service (UPS), and Federal Express (Fed Ex), remain a highly used transportation method to transport illicit drugs and proceeds into and through the AHIDTA area. LEA reports indicate this particular method of transportation is still highly utilized, as has been the trend for years past. The Appalachia HIDTA Parcel Interdiction Initiative (AHPII), led by the Louisville Metro Police Package Interdiction Unit, conducts daily package interdiction operations in the Louisville, Kentucky area (Jefferson County). In CY 2015, the AHPII interdiction efforts included 71 kilograms of cocaine, 13 kilograms of heroin, more than 10,000 pounds of marijuana, 26 kilograms of synthetic marijuana, \$1.7 million dollars in U.S. currency, and nearly 59 kilograms of ICE methamphetamine from parcels and air cargo passing through Louisville.⁸ The USPS is also utilized as a means of transportation of illicit drugs into and throughout the region. LEA reporting indicates that the USPS is utilized most for transportation of drug proceeds, as well as small quantities of prescription drugs or synthetic substances. California and Texas remain among the leaders as source states for parcel related shipments to the Appalachia HIDTA region, with Arizona and Nevada shippers to a lesser extent. Most recent reports from LEAs involved in the AHPII indicate Puerto Rico to be increasing their involvement in the shipment of cocaine via parcel through the Louisville metropolitan area, to locations in the New England states. Research and reporting also indicate a growing number of individuals who are carrying heroin on their person, from Mexico into California, then flying commercial airlines to Louisville and Lexington, Kentucky, both. Drug enforcement groups in the area have cited several cases in which this transportation method was utilized.

The Metropolitan Drug Enforcement Network Team (MDENT) in West Virginia, conducts frequent interdiction activities on commercial bus lines, parcel services, hotels, interstates, and airports in and around Charleston. These bus lines, such as Greyhound, are arriving southbound from Detroit, Michigan, making stops in Columbus, Ohio, or northbound out of Florida, with stops in cities such as Charlotte, North Carolina, and in some instance Atlanta, Georgia. MDENT's parcel interdiction efforts, of shipments arriving to the area via Fed Ex and USPS, demonstrate large quantities of both drugs and illegal proceeds being transported through these methods. For CY 2015, MDENT's interdiction efforts (parcel, bus, hotel, etc.) culminated in the seizure of more than 55 kilograms of marijuana, more than 4,000 dosage units of diverted pharmaceuticals, nearly 3,000 grams of marijuana edible products (brownies, lollipops, etc.), 141 fraudulent credit cards, 12 firearms, and \$193,365 in U.S. currency. Parcel interdiction efforts alone accounted for 96% of all marijuana seizures by MDENT and more than 28% of the currency seized in the CY 2015 interdiction campaign.⁹

d) Marijuana Production

Historically, the Appalachia HIDTA has been a major source of domestically grown marijuana. As reported in CY 2014, Kentucky ranked second behind California among the top 5 for total eradicated plants and weapon seizures through eradication efforts. Following Kentucky's ranking, West Virginia and Tennessee both ranked in the top 10 in total eradicated plants across the nation¹⁰ for the second year.

The national climate surrounding medical marijuana legalization has had an impact on the Appalachia HIDTA region in the past few years, much like the rest of the United States. This impact was expressed through a decrease in marijuana cultivation on public lands between CY 2013 and CY 2014 which correlated with an increase in marijuana arriving to the region from states which passed the legalization of medical marijuana. More than 7,000 kilograms of high-grade marijuana was seized in CY 2015 destined for the AHIDTA states.¹¹ Nearly 80% of those seizures originated from states like Washington, Michigan, Colorado, Oregon, and California – all of which have previously legalized medical marijuana production.

In addition to seizures captured by the El Paso Intelligence Center (EPIC), the AHPII task force seized more than 10,000 pounds of marijuana passing through Louisville, Kentucky. The interdiction efforts of MDENT (West Virginia) also amounted to more than 55 kilograms of marijuana being seized in CY 2015.¹²

Table 1 illustrates the local cultivation shifts over the last five calendar years. Eradicated plants in CY 2014 represented a four year low at its time. Trends in CY 2014 were reflective of marijuana cultivators transitioning to the trafficking of other drugs at an attempt to make more profit with significantly less work involved. Eradicated plants for the Appalachia HIDTA in CY 2015, however, demonstrate a dramatic increase over the previous year. The total number of plants eradicated in CY 2015 is more than 64% higher than plants eradicated in 2014, and is nearly 30% higher than the most recent three-year average of plants eradicated (CY 2012 to CY 2014).

Table 1: Marijuana Plants Eradicated in the Appalachia HIDTA

Year	Outdoor Plants Federal Land	Outdoor Plants Non-Federal Land	Indoor Plants	Total Plants
2011	41,353	390,780	3,756	435,889
2012	48,836	438,316	4,331	491,483
2013	148,191	522,114	4,075	563,380
2014	34,275	338,652	3,613	376,540
2015	122,626	492,952	2,736	618,314
TOTAL	395,281	2,182,814	18,511	2,485,606

Source: 2015 Appalachia HIDTA Annual Report

Marijuana cultivated in the AHIDTA region is traditionally grown on public lands. Land within National Forests, like Daniel Boone and Cherokee, typically see significant marijuana production within its barriers. The remote land inside these forests provide easy access and rich soil with favorable climate conditions ideal for cultivation. The increase in marijuana cultivation over the last calendar year is most likely a direct result of the national situation surrounding prosecution, or lack thereof, for marijuana cultivators and possession of the substance. Law enforcement all across the AHIDTA region, and throughout the United States, are faced with investigative efforts regarding marijuana being turned down when brought to prosecutorial teams for further action. Intelligence and research, coupled with LEA reporting, supports the theory that cultivation of marijuana has increased over the last year due to cultivators no longer fearing prosecution or legal ramifications for producing the substance. Further analysis will be done on this trend in the upcoming calendar year to assess the implications slack prosecution has on the cultivation of marijuana in the Appalachia HIDTA region.

With AHIDTA eradication efforts consistently ranking in the top 10 nationally, marijuana produced in the AHIDTA AOR is most certainly transported to regions outside of AHIDTA yearly. Analysis of seizure data from EPIC indicate AHIDTA marijuana is transported to the Midwest region, more specifically, Illinois and Oklahoma. Twenty-four (24) marijuana seizures were reported in CY 2015 with an origin of Appalachia HIDTA states. Seizures of marijuana originating from Kentucky, Tennessee or West Virginia have increased more than 33% over seizures recorded in CY 2014.

Table 2: AHIDTA Originating Marijuana Incidents, by State

Origin State	Incidents		
	2013	2014	2015

Kentucky	16	9	8
Tennessee	11	8	14
West Virginia	14	1	2
TOTAL	41	81	24

e) Methamphetamine Production

The threat posed to the Appalachia HIDTA region, by the illicit production and abuse of methamphetamine, has changed over the last three years. Legislative measures to prevent or limit the purchase of products containing pseudoephedrine within AHIDTA states have greatly decreased the number of clandestine methamphetamine laboratory seizures. Throughout CY 2015, the AHIDTA task forces seized a little more than 3,000 grams of methamphetamine and dismantled less than 200 labs. The decrease in amount of manufactured methamphetamine seized represents a -64% change from the previous calendar year. The information contained in Table 3 is representative of methamphetamine incidents as reported over the last five years.

Table 3: Methamphetamine Laboratories, Dumpsites and Equipment Incidents, 2011-2015

Location	2011	2012	2013	2014	2015
Kentucky	1,129	1,012	808	474	199
Tennessee	1,665	1,692	1,670	967	535
Virginia	182	261	388	307	93
West Virginia	41	59	69	16	4
TOTAL	1,088	1,050	2,935	1,764	831

Source: EPIC/CLSS, February 2016

Significant reduction in the number of laboratory incidents are being witnessed all across the Appalachia HIDTA region. Trends began to surface in CY 2014 demonstrating a shift from “home-cooks” being involved in the manufacturing process to obtaining previously manufactured methamphetamine from organized groups in other source states and along the Southwest border. The availability of ICE methamphetamine in the AHIDTA region has increased ten-fold over CY 2012. Seizures of ICE methamphetamine in the AHIDTA AOR in CY 2015 were 150% higher than the three-year average between CY 2012 and CY 2014.

f) Prescription Drug Diversion

The diversion and abuse of prescription drugs consistently presents itself as one of the larger threats to the people of the Appalachia HIDTA area. The most commonly diverted, abused, and illicitly obtained pharmaceuticals in the region are narcotic analgesics such as oxycodone, hydrocodone, methadone, and depressants such as alprazolam and diazepam.

Kentucky, Tennessee and West Virginia are typically found to be in the top five states for number of opioid pain reliever prescriptions per 100 people. The threat posed by CPDs remains strong in the AHIDTA region as abusers and distributors travel within and outside the region to maintain their business and in many cases, their personal habits. Many areas of the AHIDTA AOR report the diversion and abuse of prescription drugs to be heavily represented in property crime. Abusers in need of drugs often burglarize homes and pharmacies in order to maintain and feed their habits.

During CY 2015, Appalachia HIDTA task force seizures of diverted pharmaceutical drugs were represented by a -72% change over seizures witnessed in CY 2014. Research and analysis of drug trends in the AHIDTA AOR indicate the decrease in seizures to be directly related to the overall opioid trafficking and abuse in the region. Over the past few years, when CPD seizures are up, heroin seizures are down, and vice versa. CY 2015 was a year of increased heroin seizures and decreased CPD seizures. This trend is visually demonstrated on page 7 of this report.

g) Drug Consumption

In the last decade, both prescription drugs and heroin, alike, have consistently been among the most consumed drug in the Appalachia HIDTA region. Opioid-based drugs significantly contribute to drug-related overdose deaths in the Appalachia HIDTA. The threat consistently posed by opioids spans across all categories of age, sex, race, social-economic class, and geographic location within the AHIDTA. Opioid-related deaths have been making national news, as the “heroin epidemic” facing the nation is causing havoc all across the country. A total of more than 2,000 people died of a heroin overdose, prescription opioid overdose, or a combination overdose in CY 2014 within the states of Kentucky, Tennessee, and West Virginia.¹³

As seen in CY 2014, ICE methamphetamine emerged and held its position as one of the most consumed drugs in the Appalachia HIDTA region. Substantial increases in the seizure of ICE methamphetamine continued in CY 2015, and distribution and consumption of this particular substance is reported to be exclusively Caucasian.

h) Illicit Finance

Appalachia HIDTA DTOs historically generate sufficient amounts of bulk currency. Currently, the AHIDTA has eight active MLO investigations. These MLOs are all predominantly Caucasian-led, and located locally to Kentucky, particularly in the Southeast portion of the state. Trends and patterns regarding MLO activity in the AHIDTA have remained consistent over the last half decade. Reports of MLO activity only indicate one multi-state organization, and its scope is still found within the AHIDTA states.

Money laundering is traditionally not a sophisticated practice in the Appalachia HIDTA. Many organizations squander illegitimate funds on items such as vehicles (both personal and recreational), real estate, and gambling to a smaller extent. Cashier’s checks, money orders, and wire transfers (namely Western Union) are all common methods for sending and receiving payments related to the trafficking of illicit drugs. These methods have remained consistent in the AHIDTA AOR for several years. Analysis indicates a small number of traffickers utilizing prepaid card services to send proceeds to suppliers. Other packaging services, such as Fed Ex, UPS, and the USPS are also utilized in the transfer of bulk cash to suppliers. In CY 2015, more than \$19.5 million dollars in US currency was seized from shipments and/or persons traveling to, within, and from the AHIDTA states.¹⁴

The trend continues for cash-based businesses throughout the AHIDTA to be utilized by Appalachia HIDTA DTOs to launder their money. Due to the geographic location and rural landscape of the areas that encompass the AHIDTA region, businesses such as gas stations, used car lots, vehicle repair shops, etc., are often owned by individuals in the organization and used to help “clean” drug proceeds. DTO members also utilize larger, national bank chains to move drug proceeds. These banks typically have branches throughout the U.S. and offer the ability to deposit funds in any city and easy withdrawal of those same funds from the account in another city, frequently on the same day. By understanding bank reporting requirements, traffickers can deposit and withdrawal under currency thresholds to evade suspicion.

Mexican, Mexican-American, and African-American DTO members transport bulk proceeds from the Appalachia HIDTA to their sources of supply in areas such as Mexico, the Southwest Border, or other major metropolitan areas in Georgia, Michigan, Ohio, and Pennsylvania. The majority of all bulk currency is moved in private or rental vehicles, or carried by a “mule” on buses. Interdiction efforts in Charleston, West Virginia, alone resulted in more than \$193,000 in US currency seized from passengers traveling in and out of the area along bus lines, such as Greyhound, package services and personal travel.

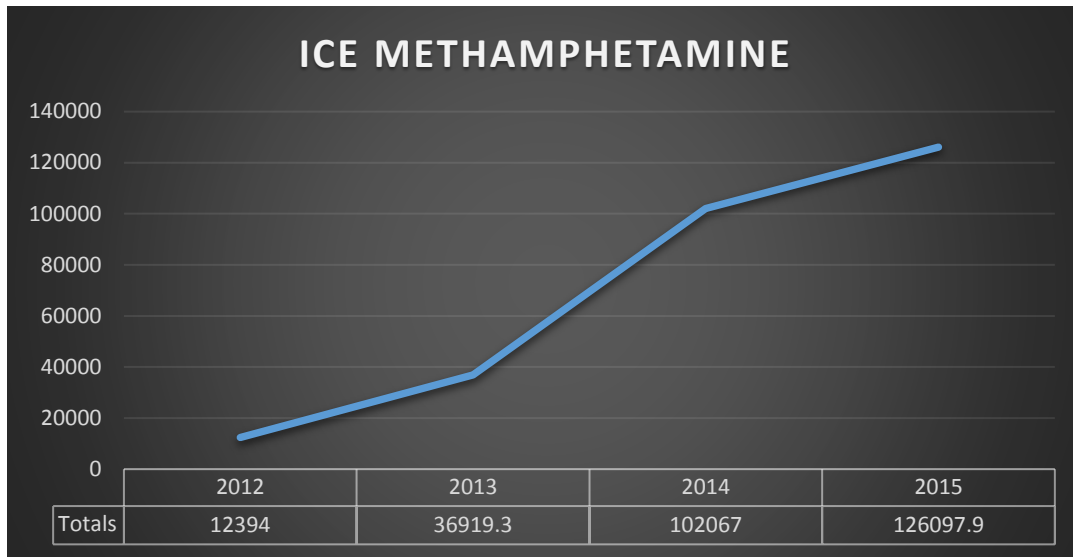
Illegal proceeds are often consumed or stored in bulk on private property versus masked in the financial system within the AHIDTA region. Research is indicative of a general distrust in financial institutions, a characteristic found in many DTOs due to high poverty and unemployment rates of the inhabitants of areas inside the AHIDTA. DTOs traditionally are made up of close knit family groups, who have passed the drug trade down from one generation to the next. Most of these groups take extreme precautions to escape documentation of cash proceeds, and rarely use financial institutions to hold bulk cash. Research and analysis includes very few reports from LEAs indicating structuring to be an issue with regard to drug proceeds. There are, however, more recent reports from law enforcement operating in the Columbia, Kentucky, area indicating that real estate purchases and transactions are becoming a popular method of laundering money between individuals and organizations. Further analysis on this particular method will be monitored through the upcoming year.

i) Emerging or Other Drug Threats

ICE Methamphetamine

The Appalachia Threat Assessment for 2015 indicated ICE methamphetamine to be one of its most emerging and alarming drug threats. This particular statement held true throughout that calendar year. As the Appalachia HIDTA moves into CY 2016 and begins to assess threats to be combatted in CY 2017, ICE methamphetamine is the most pronounced drug threat occurring in the AHIDTA region. The seizure of ICE methamphetamine increased between CY 2014 and its previous year more than 175%, with another 17% increase in CY 2015. The most recent three-year average was -58% lower than seizures witnessed in 2015, representing nearly +900% change from seizures witnessed just three years ago in CY 2012. Chart 7 demonstrates the change, over time, in availability and seizures of ICE methamphetamine by the Appalachia HIDTA task forces. The figures represented in Chart 7 are reflective of seizure amounts reported through the AHIDTA investigative quarterly reports.

Chart 7: ICE Methamphetamine Seizures, 2012 – 2015



Previous years reporting indicated Tennessee to be increasing most rapidly by way of ICE methamphetamine, yet CY 2015 gave way to all Appalachia HIDTA states, with the exception of Virginia, to have an abundance of this drug available for distribution and consumption. Most all reports by LEAs in the region indicate ICE methamphetamine to be obtained in pound quantities. Seizure data from the Louisville Narcotics Task Force, led by the Federal Bureau of Investigation, documented one seizure to have been roughly 6 kilograms.

The trend and overall threat involving ICE methamphetamine, due to seizure amounts alone, continues to be alarming. The growth of distribution and consumption is rapid. Methamphetamine production in the AHIDTA is almost non-existent when compared to previous years. The influx of Mexican produced ICE methamphetamine has hit the Appalachia HIDTA states with a vengeance. Intelligence suggests that this is a result of multiple factors and changes within the drug market. Previous local manufacturers are having a much more difficult time obtaining chemical precursors for the production of methamphetamine for personal use or distribution. Labs seized in the AHIDTA AOR during CY 2015 were more than 90% low production labs, amounting to less than 2 ounces of finished product. Additionally, DTOs operating within the AHIDTA region are reportedly transitioning from other drugs trafficked, like heroin, to the trafficking of ICE methamphetamine. Some LEAs indicate that the national attention heroin is getting with regard to danger, deaths reported, and increased investigative efforts have aided in the shift in what drugs DTOs are willing to bring into the region. Intelligence and research also suggests that Mexican based organizations who previously used marijuana proceeds to fund the trafficking operations of other drugs like cocaine and heroin, are now using proceeds from ICE methamphetamine to fund the illicit operations for manufacturing other drugs. Supply is high and cost is relatively low when compared to other illegal substances. African-American led gangs in the AHIDTA AOR are reported to be transitioning from heroin to ICE distribution. Drug cartels such as the Knights Templar or Los Caballeros Templarios (LCT) are being reported by LEA sources in the Louisville, Kentucky, area to have a heavy hand in ICE methamphetamine distribution to the region.

Trends and patterns related to ICE methamphetamine distribution and consumption will continue to be monitored. Analysis of shifts in the market by way of Mexican DTOs or cartels will also continue to be studied as we continue in 2016 and assess trends that will move into CY 2017.

Synthetic Drugs

Over the last few years, synthetic drugs/products have grown in popularity. The ability to continually stay ahead of the curve, by altering the chemical composition of these substances, makes synthetics highly sought after. Seizures of substances such as K-2, or spice, continue to be recorded in the AHIDTA states. Most recently, however, synthetic forms of heroin are growing in popularity and having devastating consequences on the communities in the region. Analysis of intelligence collected supports the trend of synthetic substances being prevalent in the Appalachia HIDTA AOR. Changes in chemical composition will continue to be monitored. Synthetic heroin-like substances, and its availability, will be analyzed more closely in the upcoming calendar year.

V. Designated Areas

Designated areas in the Appalachia HIDTA are consistently evaluated with regard to statutory criteria. State Committee meetings are held biannually to assess task force activity and monitor threats to the designated areas covered by each initiative. Additionally, the Director and the AHIDTA Executive Board (AHEB) regularly review threats and trends across the four AHIDTA states to determine overall need for designation or un-designation as they deem appropriate. This task is accomplished at the Executive Board meeting, which occurs quarterly. Formal request for new county/area designation and/or removal of designation are submitted to ONDCP as required in HIDTA guidelines.

VI. Outlook

Based on the analysis of the past and current trends and threats to the Appalachia HIDTA area, changes in trends and adaptability of traffickers to alter activity based on supply and demand, as well as desired substances, the outlook for CY 2016 has been assessed as the following:

- **The distribution and abuse of ICE methamphetamine will continue to be one of the more significant threats to the Appalachia HIDTA.** In most recent years, ICE methamphetamine has developed into a substantial threat for drug enforcement in the area. Local manufacturing of powder methamphetamine in the region has maintained a steady decline over the last five years as time and effort are not worth the financial outcomes. The manufacturers of the past are opting for the ease of obtaining Mexican produced ICE methamphetamine for distribution. This trend began to make its presence known in CY 2014, and held true throughout CY 2015. ICE methamphetamine is linked to violent crime in the region. ICE methamphetamine coming from Atlanta, Georgia, and other Northern Georgia cities continues to increase. With increased focus and energy on the climate of the opioid epidemic facing the nation, ICE methamphetamine seems to be increasing precipitously under the radar of “epidemic” type discussion.
- **The abuse and availability of opioid-based drugs will continue to be one of the largest threats to the Appalachia HIDTA.** The availability and preference for opioids, both prescription drugs and heroin alike, continue to be a heavy burden on the communities of the Appalachia HIDTA region. More recent impact from fentanyl, another opioid-based drug, has only strengthened the effect of opioids on the AHIDTA AOR. Year-to-year shifts in price are the only factors on which opioid-based drug is preferred. Following past years trends, CY 2016 will be no different than previous years, and seizures of CPDs should be equal to, if not surpassing, the seizures of heroin completed by AHIDTA task forces. Reports from task forces within West Virginia are already indicating the trend for heroin decreases to be accurate

through the first quarter of CY 2016. Availability and impact on the AHIDTA by way of fentanyl are expected to increase during CY 2016.

- **The Appalachia HIDTA region will continue to be a noteworthy region for the cultivation of cannabis and marijuana production.** Despite changes in the national climate surrounding marijuana cultivation due to multiple states legalizing medical marijuana production, the AHIDTA region continuously ranks in the top 10 in eradicated plants. Changes in the willingness to prosecute investigative efforts involving marijuana have created an atmosphere of “no fear” for cultivators in the region. Marijuana cultivation has increased in CY 2015 over numbers found in CY 2014, and this comes off the heels of national discussions regarding the lack of prosecution for drug offenses related to marijuana. It is anticipated that CY 2016 will see eradication numbers equaling, if not surpassing, those recorded in CY 2015.

VII. Methodology

The Appalachia HIDTA Investigative Support Center (ISC) prepared the Threat Assessment through analysis of information collected from Federal, State, and Local law enforcement agencies throughout the region. This information was acquired through the review of the investigative reporting and direct liaison between ISC personnel and Appalachia HIDTA initiative personnel. Additionally, law enforcement officials throughout the Appalachia HIDTA region provided drug threat specific information via supplemental information requests from the ISC. Local law enforcement throughout the Appalachia HIDTA region provided additional information on specific drug threats by participating in the 2016 Appalachia HIDTA Drug Threat Survey. Database information reviewed as part of this project includes the EPIC National Seizure System and the ONDCP Performance Measurement Process (PMP). Numerous law enforcement, counterdrug, and intelligence documents, as well as open source reporting, were also reviewed and taken into account. All other sources of data and information used in creating this document are cited in the text of this document. When necessary, Appalachia HIDTA ISC personnel expanded upon, supplemented, and/or updated information related to the Appalachia HIDTA for inclusion in this threat assessment.

Based on the Threat Assessment, the AHIDTA produces the AHIDTA Strategy defining how each threat and need will be addressed in the upcoming year. Using the Strategy, the Appalachia HIDTA Executive Board decides which and at what level initiatives will be funded. The Threat Assessment and Strategy are the basis for developing each annual Appalachia HIDTA Budget Submission.

VIII. Initiatives

KENTUCKY

Appalachia HIDTA Diversion Enforcement Task Force
Appalachia HIDTA Parcel Interdiction Initiative
Appalachia Narcotics Investigations Task Force
Bowling Green-Warren County Drug Task Force
Columbia Area Drug Task Force
DEA London Task Force
Greater Hardin County Narcotics Task Force
Kentucky Eradication Task Force
Louisville Metro Narcotics Task Force
Madison County Narcotics Task Force
Southeastern Kentucky OCDETF/Public Corruption Task Force

TENNESSEE

DEA Upper East Tennessee Task Force
DEA South Tennessee Task Force
Domestic Highway Enforcement Interdiction Plus
Rocky Top DEA Task Force
Rocky Top FBI Task Force
TBI Middle Tennessee Task Force

VIRGINIA

Southwest Virginia Drug Task Force
Tazewell County Drug Task Force
Twin County Drug Task Force

WEST VIRGINIA

Beckley-Raleigh County Drug & Violent Crime Unit
Greater Harrison County Drug Task Force
Hancock, Brooke, Weirton Drug & Violent Crime Task Force
Huntington Violent Crimes & Drug Task Force
Marshall County Drug Task Force
Metropolitan Drug Enforcement Network Team
Ohio Valley Drug Task Force
Southern Regional Drug & Violent Crime Task Force
US 119 Drug & Violent Crime Task Force
West Virginia DEA HIDTA Task
West Virginia Eradication Task Force

OTHER/SUPPORT

Appalachia HIDTA Investigative Support Center
Appalachia HIDTA Regional Training
Management and Coordination
Prevention

IX. Prevention Efforts

Give Me a Reason

The Give Me a Reason drug prevention initiative is a voluntary drug testing program designed as a way for our youth to avoid peer pressure and give them a reason to say “no” to drug use. When confronted with drugs, this initiative will give youth an opportunity to say: “I can’t use drugs, my parents drug test me!”

Give Me a Reason provides free saliva-based drug testing kits to parents or caregivers. The non-invasive test is then given within the privacy of your home with results in approximately 10 minutes. The kit tests for a variety of drugs including: amphetamines (Adderall, Ecstasy), buprenorphine, benzodiazepines (Xanax, Valium), cocaine, methamphetamine, methadone, opiates (Codeine, Heroin, Morphine, Oxycodone, and Hydrocodone), phencyclidine (PCP), and marijuana (THC).

Give Me a Reason launched in October, 2014 and 518 kits were made available in its debut. Since that time, the Appalachia HIDTA, in conjunction with coalition groups and other law enforcement agencies throughout the AHIDTA area, have made more than 6,000 drug testing kits available to parents and youth across the region.

No More NAS!

Tennessee currently ranks second in the nation, per capita, for the number of prescriptions written. Treatment data indicates that prescription opioids rank as the number one abused drug among individuals receiving state-funded services. Since 1999, there have been over 500 documented unintentional drug overdose deaths in Knox County, Tennessee, with alarming increases over the last three years. Neonatal Abstinence Syndrome (NAS) is a condition with painful symptoms and withdrawal of newborns who are exposed prenatally to opioids. Symptoms of NAS include inconsolable crying, difficulty feeding, gastrointestinal problems (including loose stools that can cause breakdown of skin), and seizures/convulsions. Medical professionals feel these children are at higher risk for attention deficit disorders, difficulty with focus on tasks, and are more likely to become addicted themselves. The Tennessee Department of Health began a NAS (Neonatal Abstinence Syndrome) registry in 2013. During that year, 921 drug-exposed infants were reported; 11.6% were in Knox County and another 28.1% were from the East Tennessee Region. While the long-term implications of infants born with NAS are unknown, they are 100 percent preventable.

In 2015, the Appalachia HIDTA, in conjunction with the Metropolitan Drug Commission (Tennessee) and the Knoxville Police Department, partnered to produce a multimedia campaign, “Born Drug Free Tennessee,” in an attempt to educate the public on the effects of NAS. No More NAS! prevention initiative provides cooperation and collaboration between law enforcement and public health to:

- Provide training for obstetrical and gynecological providers on the science of addiction;
- Help implement prevention techniques with patients;
- Educate the public on treatment options available in the community;
- Help provide counseling to women who are of childbearing age on the importance of preventing pregnancy if it is medically necessary for the individual to be placed on controlled substances;
- Implementation of a substance abuse screening tool, the five Ps;
- Educate medical providers and the general public through public service announcements (PSAs) and other printed educational materials.

In dealing with NAS, Huntington, West Virginia, has a unique resource in Lily's Place. There are a limited number of beds in hospitals for caring for critically ill babies since the average drug exposed baby requires four to six weeks of care. Most neonatal intensive care units are designed for intensive, not therapeutic, care. There just simply is not enough beds for both critically ill babies and babies with NAS. Facilities like Lily's Place offer group residential accommodations for NAS babies and offer help and support to families.

On The Move!

On the Move! was debuted on December 5, 2013, in Rockcastle County, Kentucky. On the Move! is a drug education and prevention initiative targeting students in the 7th and 10th grades. AHIDTA partners with Operation Unite and the Kentucky Army National Guard to provide the five-component program free to middle and high schools across the Appalachia region. The program consists of an interactive mobile classroom, simulated impaired driving experience, fatal vision tri-cycle course, fatal reactions, and fatal reflections. To date, the On the Move! mobile classroom has been provided to 10,141 students at 112 schools in 28 counties within Kentucky, Virginia, and West Virginia.

In addition to the above mentioned prevention initiatives, the Appalachia HIDTA will continually evaluate other new and innovated programs throughout CY 2017. Implementation of new programs will be evaluated on a case by case basis, as needed, within the Appalachia HIDTA region.

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- Table 1: Marijuana Plants Eradicated in the Appalachia HIDTA
- Table 2: AHIDTA Originating Marijuana Incidents, by State
- Table 3: Methamphetamine Laboratories, Dumpsites and Equipment Incidents, 2011 - 2015
- Chart 7: ICE Methamphetamine Seizures, 2012 - 2015

XI. Reference Documents and Endnotes

- 2016 Appalachia HIDTA Drug Threat Survey (AHDTS)
- Appalachia HIDTA Threat Assessment, 2015
- Appalachia HIDTA Strategy for Budget Year 2016

¹ National Institute on Drug Abuse. Overdose Death Rates. (2015, December). Web. 18 April 2016.
<<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>>.

² Higashikawa, *Yoshiyasu (2008-06-01)*. "Studies on 1-(2-phenethyl)-4-(N-propionylanilino) piperidine (fentanyl) and its related compounds: structure-algesic activity relationship for fentanyl, methyl-substituted fentanyls and other analogues." *Forensic Toxicology* **26** (1): 1-5. doi:10.1007/s11419-007-0039-1. ISSN 1860-8973. Retrieved 27 August 2015.

- ³ Rodd, Scott. "This Is What Poverty Look Like." Think Progress. 11 Mar. 2015. Web. 12 Apr. 2016. <<http://thinkprogress.org/economy/2015/03/11/3631479/beattyville-kentucky/>>.
- ⁴ "Unemployment Rates for States." U.S. Bureau of Labor Statistics. U.S. Bureau of Labor Statistics, 15 Apr. 2016. Web. 02 May 2016. <<http://www.bls.gov/web/laus/laumstrk.htm>>.
- ⁵ Ibid.
- ⁶ "The Relationship between Drugs & Unemployment." 12 Keys Rehab Center Blog RSS. 22 Jan. 2016. Web. 09 May 2016. <<http://www.12keysrehab.com/blog/drug-abuse-and-unemployment>>.
- ⁷ El Paso Intelligence Center, National Drug Seizure System, Bulk Currency Statistics, 2015.
- ⁸ Appalachia HIDTA, Investigative Quarterly Reporting, AHPII, 2015.
- ⁹ Metropolitan Drug Enforcement Network Team (MDENT) Interdiction Report, 2015.
- ¹⁰ Appalachia HIDTA Annual Report, 2015.
- ¹¹ El Paso Intelligence Center, National Drug Seizure System, Marijuana Seizure Statistics, 2015.
- ¹² Ibid.
- ¹³ Horowitz, Evan. "US Facing Not One but Two Opioid Epidemics - The Boston Globe." BostonGlobe.com. Boston Globe, 2 May 2016. Web. 09 May 2016. <<https://www.bostonglobe.com/metro/2016/05/01/facing-not-one-but-two-opioid-epidemics/66CMuMtPuKHtZPx7tOxsPM/story.html>>.
- ¹⁴ El Paso Intelligence Center, National Drug Seizure System, Bulk Currency Statistics, 2015.
- ¹⁵ Ibid.

XII. Appendix: 2016 Appalachia HIDTA Drug Threat Survey Participants

Audubon Park Police Department (KY)
 Baileyton Police Department (TN)
 Barbourville Police Department (KY)
 Bardstown Police Department (KY)
 Berea Police Department (KY)
 Big Stone Gap Police Department (VA)
 Bluefield Police Department (VA)
 Bowling Green Police Department (KY)
 Bridgeport Police Department (WV)
 Brooke County Sheriff's Office (WV)
 Burnside Police Department (KY)
 Cabell County Sheriff's Department (WV)
 Cameron Police Department (WV)
 Charleston Police Department (WV)
 Clarksburg Police Department (WV)
 DEA - Chattanooga (TN)
 DEA - Johnson City (TN)
 DEA - London (KY)
 DEA - Wheeling (WV)
 Dickenson County Sheriff's Office (VA)
 Dunlap Police Department (TN)
 Elizabethtown Police Department (KY)
 Erwin Police Department (TN)
 FBI - Huntington (WV)
 FBI - Johnson City (TN)
 FBI - Knoxville (TN)
 FBI - London (KY)
 FBI - Louisville (KY)
 Follansbee Police Department (WV)
 Franklin County Sheriff's Office (TN)
 Gatlinburg Police Department (TN)
 Hancock County Sheriff's Office (WV)
 Hardin County Sheriff's Office (KY)
 Harriman Police Department (TN)
 Indian Hills Police Department (KY)
 Jackson County Sheriff's Office (KY)

Jefferson City Police Department (TN)
Jefferson County Sheriff's Office (TN)
Jeffersontown Police Department (KY)
Jellico Police Department (TN)
Johnson City Police Department (TN)
Kanawha County Sheriff's Department (WV)
Kentucky State Police - Columbia
Kentucky State Police - DESI East
Knox County Sheriff's Office (KY)
Knox County Sheriff's Office (TN)
Knoxville Police Department (TN)
Lee County Sheriff's Department (KY)
Louisville Metro Police Department (KY)
Madison County Sheriff's Office (KY)
Marion County Sheriff's Office (KY)
Marshall County Sheriff's Office (WV)
Morristown Police Department (TN)
Moundsville Police Department (WV)
Nelson County Sheriff's Office (KY)
Nutter Fort Police Department (WV)
Office of Attorney General (KY)
Ohio County Sheriff's Office (WV)
Oliver Springs Police Department (TN)
Princeton Police Department (WV)
Putnam County Sheriff's Department (WV)
Red Bank Police Department (TN)
Richmond Police Department (KY)
Rockwood Police Department (TN)
Rutledge Police Department (TN)
Sevier County Sheriff's Office (TN)
Sevierville Police Department (TN)
Shinnston Police Department (WV)
Signal Mountain Police Department (TN)
Surgoinsville Police Department (TN)
Tazewell County Sheriff's Office (VA)
Tennessee Bureau of Investigation - Algood
Tennessee Bureau of Investigation - Knoxville
Tennessee Bureau of Investigation - Nashville
Town of Kimball Police Department (TN)
Tullahoma Police Department (TN)
Tusculum Police Department (TN)
Vine Grove Police Department (KY)
Virginia State Police - Big Stone Gap
Virginia State Police - Cedar Bluff
Warren County Sheriff's Office (KY)
Wayne County Sheriff's Department (WV)
West Virginia State Police - BCI
West Virginia State Police - Bluefield
Wheeling Police Department (WV)
Winchester Police Department (TN)
Winfield Police Department (TN)