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Heroin Trafficking in the United States

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Summary

Over the past several years, the nation has seen an uptick in the use and abuse of opioids—both prescription substances and non-prescription substances such as heroin. The estimated number of individuals who had used heroin was 914,000 in 2014. Further, about 586,000 individuals (0.2% of the 12 and older population) had a heroin use disorder in 2014. In addition to an increase in heroin use over the past several years, there has been a simultaneous increase in its availability in the United States. This has been fueled by a number of factors, including increased production and trafficking of heroin—principally by Mexican criminal networks.

Mexican transnational criminal organizations are the major suppliers and key producers of most illegal drugs smuggled into the United States. They have been increasing their share of the U.S. drug market—particularly with respect to heroin. The United States still receives a large portion of heroin from South America (primarily Colombia) and, to a much lesser extent, Southwest Asia. In order to facilitate the distribution and sale of drugs in the United States, Mexican drug traffickers have formed relationships with U.S. street, prison, and outlaw motorcycle gangs. Although these gangs have historically been involved with retail-level drug distribution, their ties to the Mexican criminal networks have allowed them to become increasingly involved at the wholesale level as well.

The bulk of heroin smuggled into the United States transits across the Southwest border. From 2010 to 2015, heroin seizures in this area more than doubled from 1,016 kg to 2,524 kg. This trend mirrors the increase in overall seizures throughout the country. Further, there has been an increase in federal arrests and prosecutions of heroin traffickers. In 2015, for example, the Drug Enforcement Administration made 6,353 heroin-related arrests. In addition, U.S. Sentencing Commission data indicate that from 2011 to 2015, the number of individuals sentenced for heroin trafficking offenses in U.S. District Courts increased by nearly 50%.

The federal government—specifically, law enforcement—relies on a number of tools and initiatives to counter heroin trafficking. Many of these efforts focus on drug trafficking broadly and prioritize the greatest drug trafficking threats in a given area, whether those threats come from heroin or other illicit drugs or substances.

Going forward, there are a number of issues policymakers may consider as they address the issue of heroin trafficking. For instance, what is known about drug trafficking is contingent on data surrounding poppy cultivation, heroin production, and product inflows into the United States. Given that these are often based on snapshots of knowledge from disparate sources, Congress may question the collection and adequacy of these data. In addition, Congress may examine current law enforcement efforts to maximize the dismantling and prosecution of heroin trafficking networks. Policymakers may also look at existing federal strategies on drug control, transnational crime, and Southwest border crime to evaluate whether they are able to target the current heroin trafficking threat.

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In the midst of national concern over illicit drug use and abuse, there has been heightened attention to the issue of opioid abuse—including both prescription opioids and nonprescription opioids such as heroin. The increased attention to opioid abuse and addiction first centered on the abuse of prescription painkillers. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 4.3 million individuals were current (past month) nonmedical users of prescription pain relievers such as OxyContin in 2014.[1] Mirroring the nation's concern about prescription drug abuse has been a corresponding unease regarding the rise in heroin abuse.[2]

The estimated number of individuals who had used heroin within the past year was 914,000 in 2014.[3] In addition, about 586,000 individuals (0.2% of the 12 and older population) had a heroin use disorder in 2014.[4] Heroin-related overdose deaths increased by 244% between 2007 and 2013.[5] While there has been an increase of heroin overdoses and heroin-related deaths across the United States, the Midwest and Northeast regions have been highlighted as areas of particular concern.

In addition to an increase in heroin use over the past several years, there has been a simultaneous increase in its availability in the United States. This has been fueled by a number of factors, including increased production and trafficking of heroin—principally by Mexican criminal networks.[6] Mexican drug traffickers have been expanding their control of the U.S. heroin market, though the United States still receives heroin from South America and Southwest Asia as well. Notably, while the majority of the world's opium is produced in Afghanistan,[7] only a small proportion of that feeds the U.S. heroin market.

Policymakers may examine U.S. efforts to combat heroin trafficking as a means of combatting opioid abuse in the United States. This report provides an overview of heroin trafficking into and within the United States. It includes a discussion of links between the trafficking of heroin and the illicit movement of related substances such as controlled prescription drugs and synthetic drugs like fentanyl. The report also outlines existing U.S. efforts to combat heroin trafficking and possible congressional considerations going forward.[8]

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[1] Substance Abuse and Mental Health Services Administration, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*, September 2015, p. 7. For more information on prescription drug abuse, see CRS Report R43559, *Prescription Drug Abuse*, by Erin Bagalman et al.

[2] Heroin is currently listed as a Schedule I controlled substance under the Controlled Substances Act (CSA, P.L. 91-513), meaning the federal government has deemed heroin as having a high potential for abuse, no currently accepted medical use in treatment, and a lack of accepted safety for its use under medical supervision. Under the CSA, there are five schedules under which substances may be classified—Schedule I being the most restrictive. For more information on the CSA, see CRS Report RL34635, *The Controlled Substances Act: Regulatory Requirements*, by Brian T. Yeh; and CRS Report RL30722, *Drug Offenses: Maximum Fines and Terms of Imprisonment for Violation of the Federal Controlled Substances Act and Related Laws*, by Brian T. Yeh.

[3] Substance Abuse and Mental Health Services Administration, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*, September 2015, p. 7.

[4] Ibid., p. 27.

[5] Drug Enforcement Administration, *2015 National Drug Threat Assessment Summary*, October 2015.

[6] Ibid.

[7] United Nations Office on Drugs and Crime, *World Drug Report 2015*, May 2015.

[8] A discussion of the overarching U.S. drug policy and of heroin abuse, prevention, and treatment are outside the scope of this report. For more information on these issues, see CRS Report R43749, *Drug Enforcement in the United States: History, Policy, and Trends*, by Lisa N. Sacco; and CRS Insight IN10031, *Heroin and Prescription Opioid Abuse: Access to Naloxone to Treat Overdose*, by Erin Bagalman.

Heroin Traffickers

Mexican transnational criminal organizations (MTCOs) "remain the greatest criminal drug threat to the United States; no other group can challenge them in the near term."[9] They are the major suppliers and key producers of most illegal drugs smuggled into the United States. They have been increasing their share of the U.S. drug market—particularly with respect to heroin.[10] While there are at least eight major Mexican drug trafficking organizations operating in the United States, the Sinaloa Cartel is the most active.[11]

The Drug Enforcement Administration (DEA) notes that Mexican criminal networks "transport the bulk of their goods over the Southwest Border through ports of entry (POEs) using passenger vehicles or tractor trailers."[12] In passenger vehicles, the drugs may be held in secret compartments; while in tractor trailers, the drugs are often comingled with other legitimate goods.[13] Less commonly used methods to move drugs include smuggling them through cross-border underground tunnels and on commercial cargo trains, small boats, and ultralight aircraft.[14]

Mexican criminal networks have not always featured so prominently (or broadly) in the U.S. heroin market. Historically, Colombian criminal organizations controlled heroin markets in the Midwest and on the East Coast.[15] The Colombians are now receiving some of their supply for these markets directly from Mexican criminals.[16] Notably, "Mexican [transnational criminal organizations] are now competing for the East Coast and Mid-Atlantic markets by introducing Mexican brown/black tar heroin,[17] as well as by developing new techniques to produce highly refined white powder heroin."[18] Mexican poppy cultivation reportedly increased 160% from 2013 to 2015, and experts have estimated that this could allow for about 70 metric tons of heroin production in 2015.[19]

Heroin Production

Created from the morphine molecule of the opium poppy, heroin can be produced in a number of purity grades (white powder heroin being the most pure and black tar heroin being the least) and can be administered through a number of means (e.g., smoking, snorting, or injecting). In the process of creating heroin, "[w]hite heroin is made by isolating morphine from opium and then synthesizing heroin from morphine."[20] Producing black tar heroin, however, "skips the intermediate step of morphine isolation and synthesizes heroin straight from the opium."[21] As such, producing black tar heroin is faster and less costly than producing white heroin and thus

[9] Drug Enforcement Administration, *2015 National Drug Threat Assessment Summary*, October 2015, p. v.

[10] Ibid.

[20] Stratfor, *Criminal Commodities Series: Black Tar Heroin*, March 9, 2012.

[21] Ibid.

may be a particularly economical high for opioid abusers.

The DEA has observed that "[t]he increased role of Mexican traffickers is affecting heroin trafficking patterns."[22] Because Mexican criminal organizations move product across the Southwest border, western states have started to become part of the heroin transit zone. In addition, as the Mexican traffickers take on a larger role in the U.S. heroin market, and expand their operations to the East Coast, authorities have seen black tar heroin emerge in the Northeastern United States, where it had rarely been seen. However, the DEA reports that "black tar heroin seizures still comprise a very small percentage of the heroin seized in the Northeast"[23] and that much of the heroin found in that region has been Colombian.[24]

Relationships with U.S. Gangs

In order to facilitate the distribution and sale of drugs in the United States, Mexican drug traffickers have formed relationships with U.S. street, prison, and outlaw motorcycle gangs (OMGs).[25] The National Gang Intelligence Center (NGIC) reported that at least 96 U.S. gangs are involved in cross-border crimes. Reportedly, the MTCO with the greatest number of gang ties is the Sinaloa Cartel.[26]

The relationships between U.S. gangs and Mexican criminal networks are well documented by state and local investigators. They cannot, however, detail exactly how the gangs interact with the Mexican traffickers.[27] Experts project that

> gangs will naturally continue to foster relationships with MTCOs and, wherever possible, will seek to heighten their role in drug trafficking. MTCO partnerships are integral to gang objectives as MTCOs supply gangs with access to corridors along the US/Mexico border

[13] Ibid.

[14] Ibid.

[15] Ibid., p. 26.

[16] Ibid., p. 4.

[17] For more information on the production of these forms of heroin, see the text box on "Heroin Production."

[18] Statement for the Record of Jack Riley, Acting Deputy Administrator, Drug Enforcement Administration, U.S. Congress, Senate Committee on Foreign Relations, Subcommittee on Western Hemisphere and Global Narcotics Affairs, *Cartels and the U.S. Heroin Epidemic: Combating Drug Violence and Public Health Crisis*, 114th Cong., 2nd sess., May 26, 2016.

[19] Ibid. See also Office of National Drug Control Policy, *Mexico*, https://www.whitehouse.gov/ondcp/mexico.

[20] Stratfor, *Criminal Commodities Series: Black Tar Heroin*, March 9, 2012.

[21] Ibid.

[22] Drug Enforcement Administration, *National Heroin Threat Assessment Summary*, June 2016, p. 5.

[23] Ibid.

[24] Statement for the Record of Jack Riley, Acting Deputy Administrator, Drug Enforcement Administration, U.S. Congress, Senate Committee on Foreign Relations, Subcommittee on Western Hemisphere and Global Narcotics Affairs, *Cartels and the U.S. Heroin Epidemic: Combating Drug Violence and Public Health Crisis*, 114th Cong., 2nd sess., May 26, 2016.

[25] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, 2015.

[26] National Gang Intelligence Center, *2015 National Gang Report.*

[27] Ibid., p. 30.

> and extend advantage in the illicit drug industry, all of which translates to money and power, the two primary objectives of gangs.[28]

Although these gangs have historically been involved with retail-level drug distribution, their ties to the Mexican criminal networks have allowed them to become increasingly involved at the wholesale level as well. Trafficking and distribution of illicit drugs is a primary source of revenue for these gangs[29] and among the most common of their criminal activities.[30]

Prison gangs in particular have strong ties to MTCOs and they also have some control over U.S. street gangs (though sometimes these roles are reversed). For instance, "[p]rison gangs order gang members on the street to conduct crimes on their behalf and thereby function as brokers in the transfer of drugs from the MTCOs to street gangs. Both activities render prison gangs proximally responsible for many of the drug crimes that occur in the United States."[31] The NGIC has noted that prison gangs are not particularly loyal or discerning about which type of drug they are involved in moving, and they tend to take advantage of opportunity—whether it be heroin or another drug.[32] Similarly, OMGs and street gangs are involved in poly-drug criminal activities, and law enforcement investigations of street gangs participating in drug trafficking often involve multiple drug types.

- In May 2016, federal agents near San Diego, CA, arrested 18 alleged gang members and their associates who were suspected of trafficking drugs—including heroin and methamphetamine—and weapons. Most defendants were allegedly selling drugs, and some were thought to have been involved in importing the heroin and methamphetamine from Mexico.[33]

Heroin Seizures

The majority of heroin making its way to the United States originates in Mexico and Colombia, and the bulk of this supply is smuggled into the country across the Southwest border. From 2010 to 2015, heroin seizures in this area more than doubled from 1,016 kg to 2,524 kg.[34] This upward trend in Southwest border seizures generally mirrors overall heroin seizures throughout the United States (see **Figure 1**).

[28] Ibid., p. 48.

[29] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, 2015.

[30] National Gang Intelligence Center, *2015 National Gang Report*.

[31] Ibid., p. 17.

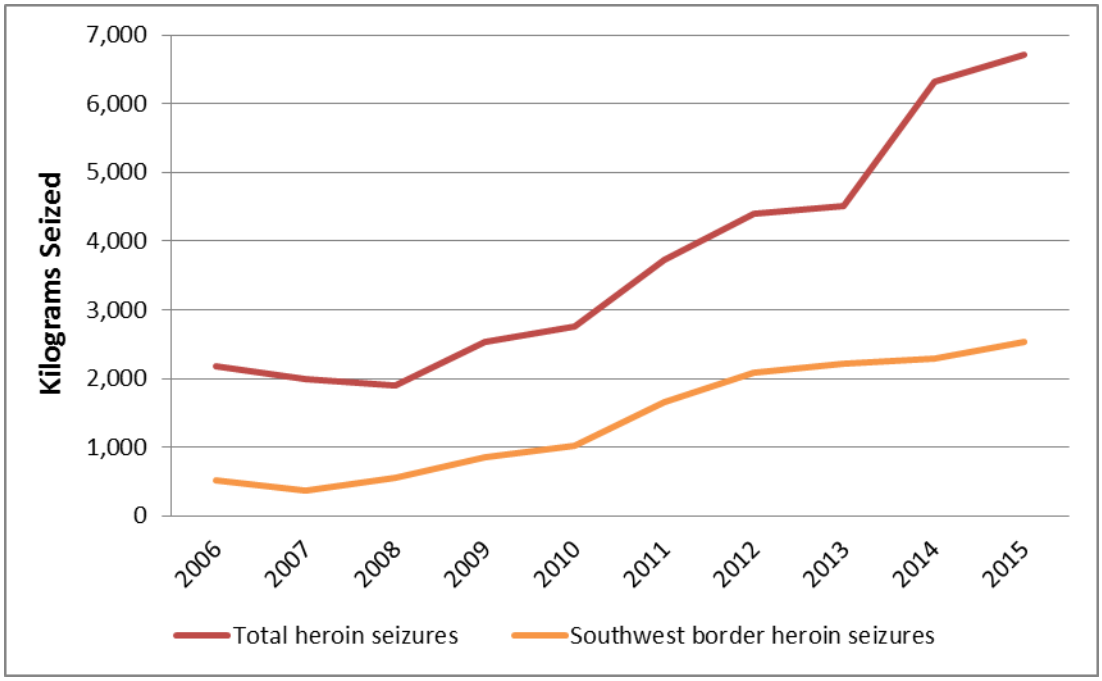
[32] Ibid., p. 19.

[33] U.S. Department of Justice, "Officials Take Down Gang-Affiliated Drug Traffickers; Remove Methamphetamine, Heroin and Guns from the Street," press release, May 5, 2016.

[34] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, 2015.

Figure 1. Heroin Seized in the United States

2006–2015



Source: National Seizure System data, as provided to CRS by the DEA, July 22, 2016.

The United Nations Office on Drugs and Crime (UNODC) has outlined how seizure data can be used in combination with data on drug prices and purity to help serve as a drug market indicator. The UNODC notes that "[f]alling seizures in combination with rising drug prices and falling purity levels may suggest a decline in overall drug supply, while rising seizures in combination with falling drug prices and rising purity levels are usually considered a good indicator of an increase in drug supply."[35]

The UNODC's model can be applied to heroin seizure data to assess the scope of the heroin market in the United States. Notably, heroin seizures have been increasing, as illustrated in **Figure 1**, and according to the DEA's 2015 *National Heroin Threat Assessment Summary*, "[h]eroin today is much higher in purity and lower in price."[36]

- **Purity.** For seizures of heroin greater than 100 grams, the average heroin purity was 61% in 2012. This purity dropped to about 31% for retail quantities of heroin (10 grams or less).[37] While the purity has fluctuated somewhat over the past two decades, it has remained elevated relative to levels in the 1980s.[38] For comparison, the average retail-level purity in 1981 was 10%.[39]

[35] United Nations Office on Drugs and Crime, *World Drug Report 2015*, May 2015, p. 37.

[36] Drug Enforcement Administration, *National Heroin Threat Assessment Summary*, April 2015, p. 6. Of note, the most recent heroin price and purity data cited are from 2012.

[37] Office of National Drug Control Policy, *National Drug Control Strategy, Data Supplement 2015*, p. 89. The most recent official data are from 2012.

[38] Drug Enforcement Administration, *National Heroin Threat Assessment Summary*, April 2015, p. 6.

[39] Ibid.

- **Price.** For purchases of 10 grams of heroin or less, the average price per pure gram was $465 in 2012.[40] Heroin prices have declined, though have been relatively low since the early 1990s.[41]

According to the UNODC's model, this combination of seizures, purity, and price may indicate that there is an increased heroin supply for the U.S. market. Indeed, experts have noted an increase in Mexican heroin production, which is primarily destined for the United States.

The increase in seizures, however, may reflect more than just increases in the heroin supply and demand in the U.S. market. This could also be driven by factors such as enhanced U.S. law enforcement efforts to interdict and seize the contraband and/or by less stringent efforts by traffickers to conceal the drugs.

Arrests and Prosecutions

Not only has there been an increase in heroin use and seizures in the United States, but there has also been an increase in federal arrests and prosecutions of heroin traffickers. Data from the DEA indicate that a majority of heroin-related arrests are for trafficking offenses. In 2015, the DEA made 6,353 heroin-related arrests. The bulk of these arrests were made for conspiracy (30%), distribution (25%), possession with intent[42] (22%), and simple possession (16%). Other offense categories for which a much smaller proportion of arrests were made include importation, manufacture, RICO (Racketeer Influenced and Corrupt Organization), and CCE (continuing criminal enterprise).[43] In other words, the majority of these heroin-related arrests were for offenses that may be considered to fall under the umbrella of trafficking or activities of criminal networks rather than simple possession by individuals.[44] DEA heroin arrest data indicate that since remaining relatively flat in the mid-2000s, overall heroin arrests have generally been climbing (see **Figure 2**).[45]

[40] Office of National Drug Control Policy, *National Drug Control Strategy, Data Supplement 2015*, p. 89. The most recent official data are from 2012.

[41] Drug Enforcement Administration, *National Heroin Threat Assessment Summary*, April 2015, p. 7. Prices have been low relative to those in the 1980s.

[42] In this category, the intention is to manufacture, distribute, or dispense a controlled substance—heroin.

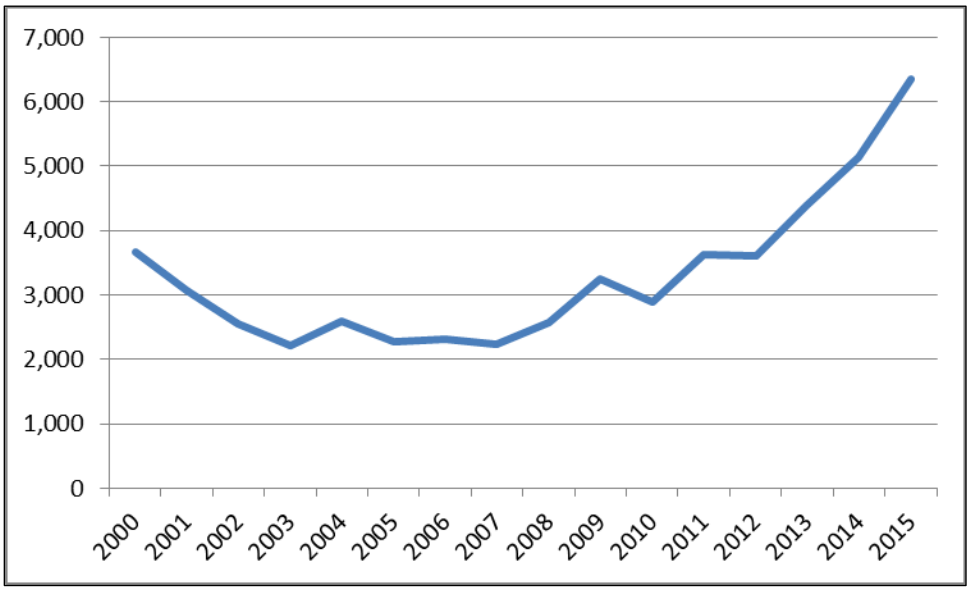
[43] Data provided by the DEA to CRS, July 15, 2016.

[44] Trafficking offenses are generally considered those involving unlawful distribution, possession with intent to distribute, manufacture, importation and exportation, etc. (21 U.S.C. 841, 960, 962, and 46 U.S.C. 70506). For more information on trafficking offenses and associated penalties (as well as other drug offenses and penalties), see CRS Report RL30722, *Drug Offenses: Maximum Fines and Terms of Imprisonment for Violation of the Federal Controlled Substances Act and Related Laws*, by Brian T. Yeh.

[45] Data provided by the DEA to CRS, July 15, 2016.

Figure 2. DEA Heroin Arrests

2000 – 2015



Source: Data provided by the DEA, July 15, 2016.

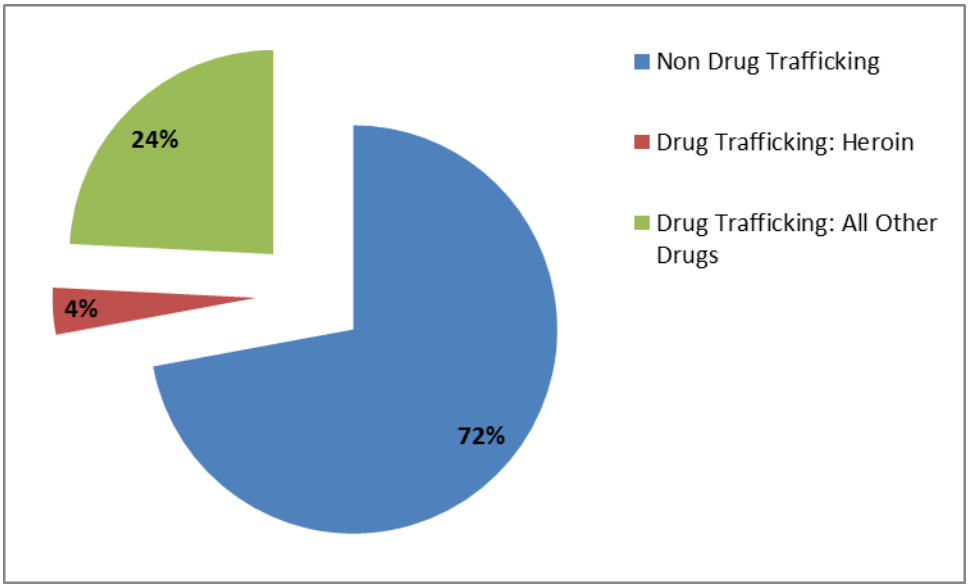
The U.S. Sentencing Commission reports that the number of individuals sentenced for heroin trafficking offenses in U.S. District Courts has increased from 1,765 in FY2011 to 2,640 in FY2015—an increase of nearly 50%.[46] FY2015 data indicate that 2,640 of 19,792 individuals sentenced for drug trafficking offenses (13.3%) were sentenced for heroin trafficking.[47] That amounts to 3.7% of all offenses sentenced in U.S. District Courts. (See **Figure 3**.)

[46] U.S. Sentencing Commission, *Quick Facts: Heroin Trafficking Offenses*, June 2016.

[47] U.S. Sentencing Commission, *Quick Facts: Drug Trafficking Offenses*, May 2016. 31.5% of drug trafficking cases were for methamphetamine offenses, 20.5% were for powder cocaine (9.5% were for crack cocaine), 17.1% were for marijuana, 4.2% were for Oxycodone, and 3.9% were for other drug offenses.

Figure 3. Cases Sentenced in U.S. District Court

FY2015



Source: U.S. Sentencing Commission, *Quick Facts: Drug Trafficking Offenses*, May 2016.

Notes: Numbers depicted reflect the overall percentage of cases sentenced.

Links to Related Substances

Prescription Opioids

Some have theorized that prescription opioid abuse may lead to, or be a "gateway" for, nonprescription abuse of opioids such as heroin. The data are unclear. Results from one SAMHSA study indicate that the "recent (12 months preceding interview) heroin incidence rate was 19 times higher among those who reported prior nonmedical pain reliever (NMPR) use than among those who did not (0.39% vs. 0.02%)."[48] However, while "four out of five recent heroin initiates (79.5%) previously used NMPR ... the vast majority of NMPR users have not progressed to heroin use."[49] The *2016 National Heroin Threat Assessment Summary* notes that about 4% of individuals who abuse prescription drugs start to use heroin.[50] As noted below, one factor that may sway opioid abusers' shifts from prescription opioids to heroin may be the cost. If addicts cannot pay for diverted prescription opioids, they may switch to heroin as a lower-cost alternative. Reportedly, "[d]rug trafficking organizations have responded to this trend. DEA intelligence reveals that heroin trafficking organizations are relocating to areas where non-medical use of prescription drugs is on the rise."[51]

[48] Pradip K. Muhuri, Joseph C. Gfroerer, and M. Christine Davies, *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, August 2013, p. 1.

[49] Ibid.

[50] Drug Enforcement Administration, *National Heroin Threat Assessment Summary 2016*, June 2016.

[51] Drug Enforcement Administration, *FY2017 Performance Budget Congressional Submission*, p. DEA-86.

Fentanyl

Fentanyl is a synthetic opioid that is 25-40 times more potent than heroin[52] and 50-100 times more potent than morphine. It may be used to treat pain associated with advanced cancer. Most cases of fentanyl-related overdoses are associated with non-pharmaceutical fentanyl;[53] this type of fentanyl is often mixed with heroin and/or other drugs, sometimes without the consumer's knowledge.

Mexico and China have been cited as the primary source countries for illicitly produced fentanyl in the United States.[54] In addition, analogs of fentanyl, such as acetyl fentanyl, are manufactured in China.[55] Fentanyl is reportedly trafficked into the United States across the Southwest border or delivered through mail couriers.[56] Much of the illegally diverted and clandestinely produced fentanyl is found in the same U.S. markets as white powder heroin.[57]

Law enforcement has identified an increasing trend in traffickers exploiting the demand for prescription opioids by creating counterfeit pills—"some containing deadly amounts of fentanyl."[58] Pill press operations have popped up throughout North America, suggesting growth of the illicit fentanyl market.[59]

U.S. Efforts to Address Domestic Heroin Trafficking

The United States broadly confronts the drug problem through a combination of efforts targeting supply and demand. As such, the Administration has put resources into the areas of prevention, treatment, and law enforcement initiatives. In targeting one element of the drug problem—such as trafficking—many of the U.S. efforts cut across these areas. The Office of National Drug Control Policy's (ONDCP) *National Drug Control Strategy* highlights disrupting domestic drug trafficking and production as one of its priority areas. In doing so, it outlines three broad principles:

- coordinating federal enforcement initiatives with state, local, and tribal partners;
- securing U.S. borders; and
- focusing national efforts on specific drug problems.[60]

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[52] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, November 2015, p. 41.

[53] Centers for Disease Control and Prevention (CDC), *Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities*, CDC Health Advisory, CDCHAN-00384, October 26, 2015.

[54] Testimony of Customs and Border Protection Commission, R. Gil Kerlikowske before the Senate Committee on Homeland Security and Governmental Affairs, *Border Security and America's Heroin Epidemic: The Impact of the Trafficking and Abuse of Heroin and Prescription Opioids in Wisconsin*, 114th Cong., 2nd sess., April 6, 2016. See also Jeanne Whalen and Brian Spegele, "The Chinese Connection Fueling America's Fentanyl Crisis," *The Wall Street Journal*, June 23, 2016.

[55] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, November 2015, p. 42.

[56] Testimony of Customs and Border Protection Commission, R. Gil Kerlikowske before the Senate Committee on Homeland Security and Governmental Affairs, *Border Security and America's Heroin Epidemic: The Impact of the Trafficking and Abuse of Heroin and Prescription Opioids in Wisconsin*, 114th Cong., 2nd sess., April 6, 2016.

[57] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, November 2015, p. 41.

[58] Drug Enforcement Administration, *National Heroin Threat Assessment Summary 2016*, June 2016, p. 6.

[59] These operations press powdered substances into pill form to prepare them for distribution and consumption.

[60] Office of National Drug Control Policy, *National Drug Control Strategy*, 2015.

Each of these principles has several action items. Notably, the action items are not necessarily directed at combating *heroin* trafficking; rather, they focus on countering drug trafficking broadly, which includes heroin trafficking.

Another priority area in the *National Drug Control Strategy* (targeting trafficking) is strengthening law enforcement and international partnerships ultimately to reduce the supply and availability of foreign-produced drugs in the United States. Citing the increasing flow of heroin into the United States, the strategy outlines ways federal law enforcement supports supply reduction activities in source countries. These include backing crop eradication programs, alternative development initiatives, interdiction efforts, law enforcement operations, and coordinated threat finance responses.

The federal government—specifically, law enforcement—relies on a number of tools and initiatives to counter heroin trafficking. This section provides a snapshot of some of these. Notably, many law enforcement efforts focus on drug trafficking broadly and prioritize the greatest drug trafficking threats in a given area whether those threats come from heroin or other illicit drugs or substances.

National Heroin Task Force

The National Heroin Task Force was convened by the Department of Justice (DOJ) and ONDCP in March 2015 pursuant to P.L. 113-235. The task force examined the Administration's efforts to tackle the heroin epidemic from various angles including criminal enforcement, prevention, and substance use disorder treatment and recovery services, and it developed a report with recommendations.[61] The report's recommendations target the public safety and public health aspects of the opioid epidemic, and several specifically address countering heroin trafficking and the related issue of prescription opioid diversion.

The task force suggested, for instance, that the federal government prioritize prosecutions of heroin distributors and enhance investigation and prosecution techniques to target the heroin supply chain—particularly when the drug causes death. The report noted that identifying the source of particularly potent heroin can help cut off the source and may ultimately save lives. It also noted that prominent prosecutions of distributors and traffickers can help spread information about the public health consequences of heroin use and may serve as a deterrent to other potential drug dealers.[62]

The task force also recommended using coordinated, real time data sharing to disrupt drug supply and to focus prevention, treatment, and intervention resources on the areas that need them most. It highlights the High Intensity Drug Trafficking Areas (HIDTA) program and the Organized Crime Drug Enforcement Task Force (OCDETF) program as examples of task forces that can be leveraged for these information sharing purposes.[63]

DEA 360 Strategy

The DEA has developed a 360 Strategy aimed at "tackling the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the rising problem of prescription opioid and heroin abuse."[64] The strategy was launched in November 2015 as a pilot program in

[61] National Heroin Task Force, *Final Report and Recommendations*, December 31, 2015.

[62] Ibid., p. 12.

[63] Ibid., p. 10. Both of these programs are discussed below.

[64] Drug Enforcement Administration, *DEA 360 Strategy: Working Together to Break the Cycle of Drug Trafficking,*

Pittsburgh, PA, and has since expanded to other cities.[65] It leverages federal, state, and local entities on the law enforcement, diversion control, and community outreach fronts. As the program is relatively new, there have only been anecdotal reports of operations that fall under the 360 Strategy framework.

HIDTA

The High Intensity Drug Trafficking Areas (HIDTA) program provides assistance to law enforcement agencies—at the federal, state, local, and tribal levels—that are operating in regions of the United States that have been deemed as critical drug trafficking areas. The program aims to reduce drug production and trafficking through four means:

- promoting coordination and information sharing between federal, state, local, and tribal law enforcement;
- bolstering intelligence sharing between federal, state, local, and tribal law enforcement;
- providing reliable intelligence to law enforcement agencies such that they may be better equipped to design effective enforcement operations and strategies; and
- promoting coordinated law enforcement strategies that rely upon available resources to reduce illegal drug supplies not only in a given area, but throughout the country.[66]

The HIDTA program does not focus on a specific drug threat—such as heroin trafficking; rather, funds can be used to support the most pressing initiatives in a region. As such, when countering heroin trafficking is a top priority in a HIDTA region, funds may be used to support such initiatives. There are 28 HIDTAs, encompassing nearly 18% of U.S. counties and almost 24% of the U.S. population.[67]

In August 2015, the Administration launched a Heroin Response Strategy to address heroin abuse from both public health and criminal justice approaches.[68] This strategy leverages the HIDTA program,[69] relying upon 5 HIDTAs across 15 states and the District of Columbia. This effort reportedly combines prevention, education, intelligence, and enforcement resources to coordinate the public health and safety responses to the heroin epidemic in those areas.[70]

Drug Violence, and Drug Abuse, p. 1.

[65] See, for example, the expansion to St. Louis, MO. Drug Enforcement Administration, "DEA Announces '360 Strategy' in St. Louis to Address Heroin, Prescription Drugs and Violent Crime," press release, January 28, 2016.

[66] 21 U.S.C. §1706(a)(2).

[67] White House, Office of National Drug Control Policy, *High Intensity Drug Trafficking Areas (HIDTA) Program*, https://www.whitehouse.gov/ondcp/high-intensity-drug-trafficking-areas-program.

[68] White House, "White House Drug Policy Office Funds New Projects in High Intensity Drug Trafficking Areas," press release, August 17, 2015.

[69] The HIDTA program provides assistance to law enforcement agencies—at the federal, state, local, and tribal levels—that are operating in regions of the United States that have been deemed as critical drug trafficking regions.

[70] The HIDTAs participating in the Heroin Response Strategy are the Appalachia, New England, Philadelphia/Camden, New York/New Jersey, and Washington/Baltimore HIDTAs, and these are all located in regions of the country identified as being particularly impacted by the heroin epidemic. See also testimony by Michael P. Botticelli, Director of National Drug Control Policy before U.S. Congress, House Committee on Oversight and Government Reform, *Heroin Abuse in the United States*, 114th Cong., 2nd sess., March 22, 2016.

OCDETF

The OCDETF program targets—with the intent to disrupt and dismantle—major drug trafficking and money laundering organizations. Federal agencies that participate in the OCDETF program include the DEA; Federal Bureau of Investigation (FBI); Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF); U.S. Marshals; Internal Revenue Service (IRS); U.S. Immigration and Customs Enforcement (ICE); U.S. Coast Guard (USCG); 94 U.S. Attorneys Offices; and DOJ's Criminal Division. These federal agencies also collaborate with state and local law enforcement on task forces.[71] There are 12 OCDETF strike forces around the country and an OCDETF Fusion Center that gathers and analyzes intelligence and information to support OCDETF operations. The OCDETFs target those organizations that have been identified on the Consolidated Priority Organization Targets (CPOT) List, which is the "most wanted" list for leaders of drug trafficking and money laundering organizations. For FY2015, 22% (1,063) of active OCDETF investigations were linked to valid CPOTs.[72] Notably, 41% of the current CPOT targets are involved in trafficking heroin.[73]

COPS Anti-Heroin Task Force Program

Within DOJ, the Community Oriented Policing Services (COPS) Office's Anti-Heroin Task Force (AHTF) Program provides assistance to state law enforcement agencies to investigate illicit activities related to the unlawful trafficking or distribution of heroin or unlawfully diverted prescription opioids. Funds cannot be used for treatment or other purposes because the program focuses on trafficking and distribution. Further, the program focuses its funding on state law enforcement agencies with multi-jurisdictional reach.[74] Reportedly, in FY2015 these AHTF funds supported six awards for purpose areas including "portable drug detection devices, automated license plate readers, lab equipment, expanded data collection, and information systems to manage data on service/hotline calls, seized currency, etc. for mapping and other crime analysis."[75]

Heroin Signature Program and Heroin Domestic Monitor Program

The DEA operates a heroin signature program (HSP) and a heroin domestic monitor program (HDMP), with the goal of identifying the geographic source of heroin found in the United States. The HSP analyzes *wholesale-level* samples of "heroin seized at U.S. ports of entry (POEs), all non-POE heroin exhibits weighing more than one kilogram, randomly chosen samples, and special requests for analysis."[76] Chemical analysis of a given heroin sample results in its "signature," which indicates a particular heroin production process that has been linked to a specific geographic source region. The HDMP assesses the signature source of *retail-level* heroin purchased in the United States. This program samples retail-level heroin in 27 cities across the country and provides data on the price, purity, and geographic source of the heroin.[77] The results

[71] U.S. Department of Justice, *FY2017 Interagency Crime and Drug Enforcement, Congressional Budget Submission*.

[72] Ibid., p. 36.

[73] Ibid., p. 25.

[74] U.S. Department of Justice, Community Oriented Policing Services, *Fact Sheet: 2016 COPS Anti-Heroin Task Force Program*.

[75] National Heroin Task Force, *Final Report and Recommendations*, December 31, 2015, p.11.

[76] Drug Enforcement Administration, *Heroin Signature Program: 2013*, December 2015, p. 1.

[77] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, November 2015, p. 30.

from the HSP and HDMP can be used to help understand trafficking and distribution patterns throughout the country. The HSP started in 1977, and the HDMP began in 1979.

The HSP tests about 600-900 heroin samples annually.[78] In 2013, the HSP tested 765 samples totaling 1,613 kg—slightly more than 35% of the total heroin seizures that year.[79] Of the heroin analyzed in the HSP in 2013, Mexican samples represented 54%, South American samples 44%, and Southwest Asian samples 2%. The average purity of Mexican heroin was 45% in 2013, and purity had increased 9% since the previous year. While the purity of South American heroin has historically been higher than Mexican heroin, its average purity only increased 4%, from 56% in 2012 to 60% in 2013.[80]

Going Forward

Adequacy of Data on Trafficking Flows

What is known about drug trafficking flows is contingent on a number of factors surrounding the collection and reporting of these data. Drug trafficking data are complex, and data on various elements (e.g., price, purity, seizures, etc.) can help provide insight into the landscape of drug trafficking.

As the bulk of heroin consumed in the United States has been traced to Mexico and Colombia, one central piece of data in understanding trafficking flows to the United States is the total potential production in these source countries. The United Nations Office on Drugs and Crime has noted, however, that "[o]nly partial information about the extent of opium poppy cultivation and heroin production in the Americas is available."[81] For instance, Mexico reportedly eradicated 14,662 hectares of opium poppy in 2013, and Colombia reportedly eradicated 514 hectares.[82] Eradication numbers, however, do not speak to the total amount of opium poppy cultivated and the proportion that was still viable to produce heroin. The DEA's *2015 National Drug Threat Assessment Summary* estimates that Mexico may have cultivated 17,000 hectares of opium poppy in 2014, yielding "an estimated pure potential production of 42 metric tons of heroin."[83] The report also notes that this estimate is not made with high confidence because the crop yield data are unreliable. Even without reliable data, U.S. officials have reiterated the general trend that production of heroin in Mexico has increased. It is unknown how much of the heroin produced in these countries is specifically destined for the United States rather than other nations.

Prioritizing Heroin Trafficking Enforcement

Over the past few years, officials have repeatedly referred to heroin as a top drug threat in the United States. The *2015 National Drug Threat Assessment Summary* notes that controlled

[78] Drug Enforcement Administration, *FY2017 Performance Budget Congressional Submission*.

[79] Drug Enforcement Administration, *Heroin Signature Program: 2013*, December 2015. Percentage calculated by CRS based on total seizure data reported by the Drug Enforcement Administration, *National Heroin Threat Assessment Summary*, April 2015.

[80] Drug Enforcement Administration, *Heroin Signature Program: 2013*, December 2015, p. 2.

[81] United Nations Office on Drugs and Crime, *World Drug Report 2015*, 2015, p. 41.

[82] Ibid.

[83] Drug Enforcement Administration, *National Drug Threat Assessment Summary 2015*, November 2015, p. 34.

prescription drugs (CPD) and heroin were the two most significant drug threats.[84] This is largely based on the health risks—overdose and death—posed by these substances. Heroin does not, however, comprise the bulk of the illegal drugs seized in the United States. Marijuana is the most commonly seized drug (in kilograms), followed by cocaine, methamphetamine, and then heroin.[85] Seizures of heroin have generally increased in the past several years, however. Policymakers may question whether federal enforcement efforts prioritize curbing heroin trafficking to an extent commensurate with the reported threat of the drug. While seizures have increased both along the Southwest border and throughout the country, it is unclear whether enforcement efforts should or are able to target heroin trafficking networks to a greater degree.

In addition, law enforcement data indicate that there have been changes in heroin trafficking patterns along the Southwest border. For instance, between 2013 and 2014 heroin trafficking increased 138% in the El Paso corridor and 129% in the Big Bend corridor, while it declined in other areas such as Del Rio (a 90% decline).[86] Policymakers may ask if (and if so, how) heroin enforcement efforts maximize seizures in the areas where heroin flows are increasing.

The Administration has noted that the "responsibility for curbing heroin production and trafficking lies primarily with the source countries."[87] Policymakers may examine the balance of resources targeted toward domestic efforts to reduce drug trafficking through interdiction and prosecution relative to resources dedicated to eradication, alternative development, and other options abroad.[88]

Evaluating Goals and Outcomes of U.S. Strategies

The United States has a number of strategies targeting illicit drugs. While these strategies do not all focus on drug *trafficking* per se—or even more specifically, heroin trafficking—they have goals to reduce criminality associated with drug trafficking. Policymakers may evaluate whether these strategies are sufficient to target the threat of heroin trafficking in the United States. If not, how might a strategy look that focuses specifically on heroin/opioid trafficking, and would such a strategy be nimble enough to counter the constantly evolving drug trafficking threats facing the United States? Examples of existing strategies are outlined here.

National Drug Control Strategy

The Office of National Drug Control Policy (ONDCP) is responsible for producing the annual *National Drug Control Strategy*, the purpose of which is to outline a plan to reduce (1) illicit drug consumption in the United States and (2) the consequences of such use.[89] Since the Obama

[84] Ibid.

[85] Ibid., p. 127.

[86] Ibid., p. 36. The El Paso corridor is the CBP sector including parts of west Texas (including El Paso and Fort Hancock) and New Mexico (including Albuquerque and Las Cruces). The Big Bend corridor is the CBP sector directly east of the El Paso corridor, covering a portion of south Texas (including Marfa, Midland, and Lubbock). The Del Rio corridor is the CBP sector directly east of the Big Bend corridor, covering a portion of south Texas (including Comstock and Del Rio). For more information on these and other sectors, see https://www.cbp.gov/border-security/along-us-borders/border-patrol-sectors.

[87] Office of National Drug Control Policy, *The International Heroin Market*, https://www.whitehouse.gov/ondcp/global-heroin-market.

[88] International options are beyond the scope of this report. For more information, see CRS In Focus IF10400, *Heroin Production in Mexico and U.S. Policy*, by Clare Ribando Seelke and Liana W. Rosen.

[89] 21 U.S.C. §1705(a)(1).

Administration released its flagship strategy in 2010, it has included specific objectives (to be accomplished by 2015)[90] aimed at reducing both illicit drug use and its consequences—thereby improving public health and safety.

The 2015 strategy prioritizes seven broad issue areas:

- preventing drug use in U.S. communities;
- seeking early intervention opportunities in health care;
- integrating substance use treatment into health care and supporting recovery;
- stopping the cycle of drug use, crime, and incarceration;
- disrupting domestic drug trafficking and production;
- bolstering international partnerships; and
- improving information systems for analysis, assessment, and management.[91]

Specifically, with respect to disrupting drug trafficking and production, the strategy outlines three main principles along with supporting action items.[92] As noted, these principles do not focus specifically on countering heroin trafficking, but are broadly designed to combat the most pressing drug trafficking threats (which currently involve heroin).

National Southwest Border Counternarcotics Strategy

The *National Southwest Border Counternarcotics Strategy* (NSBCS) was first launched in 2009, and it outlines domestic and transnational efforts to reduce the flow of illegal drugs, money, and contraband across the Southwest border. It has a number of strategic objectives:

- bolster criminal intelligence and information sharing;
- secure the border;
- strengthen communities;
- enhance investigations and prosecutions;
- minimize collateral challenges such as money laundering, weapons trafficking, and hazardous materials; and
- engage partners such as Mexico and Central American countries.[93]

The 2016 NSBCS focuses on drug trafficking broadly, noting that the Southwest border is the primary entry point for many illegal drugs arriving in the United States. Nonetheless, it mentions that "the threat posed by heroin in the United States is serious and continues to intensify."[94] The objectives and action items, however, target the broader array of drug and criminal threats at the border.

[90] The strategy outlined metrics for seven goals across these two objectives. While there has been progress toward meeting some of these goals, others have seen no progress. See p. 4 of the *National Drug Control Strategy, 2015* for an assessment of each goal.

[91] Office of National Drug Control Policy, *National Drug Control Strategy, 2015*.

[92] Ibid. As noted before, these principles are coordinating federal enforcement initiatives with state, local, and tribal partners; securing national borders; and focusing national efforts on the most pressing drug trafficking threats.

[93] Office of National Drug Control Policy, *National Southwest Border Counternarcotics Strategy*, May 2016.

[94] Ibid., p. 1.

National Strategy to Combat Transnational Organized Crime

In July 2011, the Obama Administration released the *Strategy to Combat Transnational Organized Crime: Addressing Converging Threats to National Security*.[95] The strategy provides the federal government's first broad conceptualization of "transnational organized crime," highlighting it as a national security concern.[96] It highlights 10 primary categories of threats posed by transnational organized crime, one of which is the expansion of drug trafficking. Additionally, the strategy outlines six key priority actions to counter threats posed by transnational organized crime:

- taking shared responsibility and identifying what actions the United States can take to protect against the threat and impact of transnational organized crime;
- enhancing intelligence and information sharing;
- protecting the financial system and strategic markets;
- strengthening interdiction, investigations, and prosecutions;
- disrupting drug trafficking and its facilitation of other transnational threats; and
- building international capacity, cooperation, and partnerships.

While this strategy is not tailored solely to drug trafficking (or more specifically, heroin trafficking) activities of criminal networks, it includes a discussion of the threat. Additionally, the strategy notes that a number of the threats outlined in the strategy may be facilitated by drug trafficking and the proceeds generated by those activities. For instance, the illicit drugs trade is at times linked to crimes such as weapons trafficking or human trafficking.

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[95] The White House, *Strategy To Combat Transnational Organized Crime: Addressing Converging Threats to National Security*, July 2011.

[96] For a discussion of organized crime and this strategy, see CRS Report R41547, *Organized Crime: An Evolving Challenge for U.S. Law Enforcement*, by Jerome P. Bjelopera and Kristin Finklea.

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