



Department of Justice

STATEMENT OF

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BEFORE THE

**HOUSE HOMELAND SECURITY
SUBCOMMITTEE BORDER & MARITIME SECURITY**

FOR A FIELD HEARING ENTITLED

**AN UNSECURE BORDER AND THE OPIOID CRISIS: THE URGENT
NEED FOR ACTION TO SAVE LIVES**

PRESENTED

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Statement of Douglas W. Coleman
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Chairman McSally, Ranking Member Vela, and Members of the Subcommittee, on behalf of the approximately 9,000 employees of the Drug Enforcement Administration (DEA), thank you for the opportunity to discuss the threat posed by the flow of heroin, fentanyl, and fentanyl analogues across our borders, specifically in Arizona, and DEA's efforts, along with our federal, state, and local partners, to combat this crisis.

Today, Mexican Transnational Criminal Organizations (TCOs) remain the greatest criminal drug threat to the United States; no other group can challenge them in the near term. These Mexican poly-drug organizations traffic heroin, fentanyl, fentanyl analogues, methamphetamine, cocaine, and marijuana throughout the United States, using well-established transportation routes and distribution networks. They control drug trafficking across the Southwest Border (SWB) and are moving to expand their share of distribution and sales in U.S. domestic illicit drug markets, particularly heroin markets. At the same time, we face significant challenges with the emergence of fentanyl being hidden in the enormous volume of international parcel traffic by mail and express consignment couriers.

Drug overdoses, suffered by family, friends, neighbors, and colleagues, are now the leading cause of injury-related death in the United States, eclipsing deaths from motor vehicle crashes or firearms.¹ According to the Centers for Disease Control and Prevention (CDC), there were nearly 64,000 overdose deaths in 2016, or approximately 174 per day. Over 42,200 (66 percent) of these deaths involved opioids. The sharp increase in drug overdose deaths between 2015 to 2016 was fueled by a surge in fentanyl and fentanyl analogues (synthetic opioids) involved overdoses.² Maricopa County is the most populated county in Arizona and encompasses the Phoenix metropolitan area. The Maricopa County Office of the Medical Examiner (MCOME) reported that in 2016 there were 647 overdose deaths while preliminary reporting for 2017 reflects an increase of opioid-related drug overdose deaths to 674. That number is expected to rise as toxicology reports are returned and investigations finalized.

The incidence of misuse of controlled prescription drugs (CPDs) and the growing use of heroin, fentanyl, and fentanyl analogues are being reported in the United States at unprecedented levels. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2016 National Survey on Drug Use and Health (NSDUH), an estimated 6.2 million people over the age of 12 misused psychotherapeutic drugs (e.g., pain relievers, tranquilizers,

¹ Rose A. Rudd, Noah Aleshire, Jon E. Zibbell, & R. Matthew Gladden. Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014 Morbidity and Mortality Weekly Report, 2016;64:1378-1382.

² CDC WONDER data, retrieved from the National Institute of Health website: <http://www.drugabuse.gov> as reported on NIDA's website.

stimulants, and sedatives) during the past month.³ This represents 22 percent of the 28.6 million current illicit drug users, and is second only to marijuana (24 million users) in terms of usage.⁴ There are more current misusers of psychotherapeutic drugs than current users of cocaine, heroin, and hallucinogens combined.⁵

The increase in the number of people using heroin in recent years – from 373,000 past year users in 2007 to 948,000 in 2016 – is troubling.⁶ More alarming is the proliferation of illicit fentanyl and fentanyl analogues. DEA investigations reveal that fentanyl and its analogues are increasingly being added to heroin and frequently pressed into counterfeit tablets resembling CPDs. Because of its high potency, the more illicit fentanyl and fentanyl analogues are introduced to the 11.5 million people that misused a pain reliever in the previous year, the more likely that drug overdoses will continue to climb.⁷ In short, we are witnessing the transition from CPDs to heroin, fentanyl, and fentanyl analogues as the primary killer and peril within the opioid epidemic.

DEA's focus is targeting the most significant, sophisticated, and violent trafficking organizations that profit from exploiting persons with substance use disorders. DEA's strategic priorities include targeting Mexican Consolidated Priority Organization Targets (CPOTs) and Priority Target Organizations (PTOs), which are the most significant international and domestic drug trafficking and money laundering organizations.

CONTROLLED PRESCRIPTION DRUGS (CPDs)

Black-market prices for sales of opioid CPDs are typically five to ten times their retail value. DEA intelligence reveals the “street” cost of prescription opioids steadily increases with the relative strength of the drug. For example, hydrocodone combination products (a Schedule II prescription drug and also the most prescribed CPD in the country)⁸ can generally be purchased for \$5 to \$10 per tablet on the street. Slightly stronger drugs like oxycodone combined with acetaminophen (e.g., Percocet) can be purchased for \$7 to \$10 per tablet on the street. Even stronger prescription drugs are sold for as much as \$1 per milligram (mg). For example, 30 mg oxycodone (immediate release) and 30 mg oxymorphone (extended release) cost \$30 to \$40 per

³ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

⁴ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

⁵ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

⁶ Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD

⁷ Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD

⁸ On October 6, 2014, DEA published a final rule in the *Federal Register* to move hydrocodone combination products from Schedule III to Schedule II, as recommended by the Assistant Secretary for Health of the U.S. Department of Health and Human Services.

tablet on the street. The costs that ensue with greater tolerance make it difficult to purchase these drugs in order to support a developing substance use disorder, particularly when many first obtain these drugs for free from the family medicine cabinet or from friends.⁹

HEROIN

The vast majority of heroin consumed in the United States is produced and distributed by powerful Mexico-based TCOs, such as the Sinaloa Cartel and Jalisco New Generation Cartel, and transported to the United States across the Southwest Border. These TCOs are extremely dangerous, violent, and will continue to leverage established transportation and distribution networks within the United States.

Not surprisingly, some people who misuse prescription opioids turn to heroin. Heroin traffickers produce high purity white powder heroin that costs approximately \$10 per bag, and usually contains approximately 0.30 grams per bag. This makes heroin significantly less expensive than CPDs. Heroin produces a “high” similar to opioid CPDs, and can keep some individuals who are dependent on opioids from experiencing painful withdrawal symptoms. For some time now, law enforcement agencies across the country have been specifically reporting an increase in heroin use by those who began misusing prescription opioids.¹⁰

According to reporting by treatment providers, many individuals with serious opioid use disorders will use whichever drug is cheaper and/or available to them at the time.¹¹ Heroin purity and dosage amounts vary, and heroin is often adulterated with other substances (e.g., fentanyl and fentanyl analogues). This means that heroin users run a higher risk of unintentional overdose because they cannot predict the dosage of synthetic opioid in the product they purchase on the street as heroin.¹² Additionally, varying concentrations found in diverted or counterfeit prescription opioids purchased on the street have led to increased unintentional drug overdose deaths. Roughly 75 percent of heroin users reported nonmedical use of prescription opioids before initiating heroin use.¹³ The reasons an individual may shift from one opioid to another vary, but today’s heroin is high in purity, less expensive, and often easier to obtain than illegal opioid CPDs.

⁹ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

¹⁰ U.S. Department of Justice, Drug Enforcement Administration, 2016 National Heroin Threat Assessment Summary, DEA Intelligence Report, April, 2016, *available at*: https://www.dea.gov/divisions/hq/2016/hq062716_attach.pdf.

¹¹ U.S. Department of Justice, Drug Enforcement Administration, 2014 National Drug Threat Assessment Summary, November, 2014.

¹² Stephen E. Lankenau, Michelle Teti, Karol Silva, Jennifer Jackson Bloom, Alex Harocopos, and Meghan Treese, Initiation into Prescription Opioid Misuse Among Young Injection Drug Users, *Int J Drug Policy*, Author manuscript; available in PMC 2013 Jan 1, Published in final edited form as: *Int J Drug Policy*, 2012 Jan; 23(1): 37-44. Published online 2011 Jun 20. doi: 10.1016/j.drugpo.2011.05.014. and; Mars SG, Bourgois P, Karandinos G, Montero F, Ciccarone D., “Every ‘Never’ I Ever Said Came True”: Transitions From Opioid Pills to Heroin Injecting, *Int J Drug Policy*, 2014 Mar;25(2):257-66. doi: 10.1016/j.drugpo.2013.10.004. Epub 2013 Oct 19.

¹³ Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. (2014). The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA Psychiatry*.71(7):821-826.

Overdose deaths involving heroin are increasing at an alarming rate, having increased more than five-fold since 2010.¹⁴ Today's retail level heroin costs less and is more potent than the heroin DEA encountered two decades ago. It is also not uncommon for heroin users to seek out heroin dealers claim is "hot," meaning it is likely cut with fentanyl or its analogues. Users seeking "hot" heroin is an indicator that as higher opioid tolerance levels develop, users will seek out ever more potent forms of opioids.

FENTANYL AND FENTANYL ANALOGUES

Fentanyl is a Schedule II controlled substance produced in the United States and widely used in medicine. It is an extremely potent analgesic indicated for use anesthesia and pain control in people with serious pain problems, and only for individuals who have high opioid tolerance.

Illicit fentanyl, fentanyl analogues, and their immediate precursors, are often produced in China. From China, these substances are shipped through private couriers or mail carriers directly to the United States, or alternatively shipped directly to TCOs in Mexico, Canada, or the Caribbean. Once in the Western Hemisphere, fentanyl or fentanyl analogues are prepared to be mixed into the U.S. domestic heroin supply, or pressed into a pill form, and then moved to the illicit U.S. market where demand for prescription opioids and heroin remain at epidemic proportions. In some cases, traffickers set up Chinese pill presses in the United States, and press fentanyl pills domestically. Mexican TCOs have also seized upon this business opportunity because of the profit potential of synthetic opioids, and have invested in growing their share of this illicit market. Because of its low dosage range and high potency, one kilogram of fentanyl purchased in China for \$3,000 - \$5,000 can generate upwards of \$1.5 million in revenue on the illicit market.¹⁵

According to the DEA National Forensic Laboratory Information System (NFLIS), from January 2013 through December 2016, over 58,000 fentanyl exhibits were identified by federal, state, and local forensic laboratories.¹⁶ During 2016, there were 36,061 fentanyl reports compared to 1,042 reports in 2013,¹⁷ an exponential increase over the past four years. The consequences of fentanyl misuse are often fatal and occur amongst a diverse user base. According to a December 2017 CDC Data Brief, from 2015 to 2016, the death rate from synthetic opioids other than methadone, a category that includes fentanyl, doubled from 9,580 (age adjusted rate 3.1) to 19,413 (the age-adjusted rate of drug overdose deaths involving

¹⁴ CDC WONDER data accessed on 10/15/17, as reported at NIDA's website: 3,036 heroin overdoses in 2010; 15,446 overdoses in 2016. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.

¹⁵ U.S. Department of Justice, Drug Enforcement Administration, 2017 National Drug Threat Assessment Summary, October, 2017.

¹⁶ U.S. Department of Justice, DEA, NFLIS, actual data queried on October 13, 2017.

¹⁷ U.S. Department of Justice, DEA, NFLIS, actual data queried on October 13, 2017.

synthetic opioids other than methadone [drugs such as fentanyl, fentanyl analogs, and tramadol] doubled between 2015 and 2016, from 3.1 to 6.2 per 100,000).¹⁸

More disturbing is the production of fentanyl pills disguised as 30 milligram oxycodone pills. In 2017, over 100,000 such pills were seized in Arizona.¹⁹ Alarmingly, intelligence reflects that traffickers may be changing their methods and pressing fentanyl into the form of other prescription drugs, as they have experienced success in disguising fentanyl as oxycodone. Fentanyl-related deaths have been reported in Florida where fentanyl was made to look like Xanax pills; and in California, where pills were made to look like Norco.²⁰ In addition to the fake oxycodone pills, 22 kilograms of fentanyl were seized in Arizona in CY 2016 and 125 kilograms were seized in Calendar Year (CY) 2017.²¹ In July 2017, the first carfentanil seizure occurred in Arizona, by the Salt River Police Department, where 397 blue tablets were also designed to resemble pharmaceutically manufactured oxycodone.²²

CURRENT ASSESSMENT OF THE THREAT

Threats at the Southwest Border

Based on active law enforcement cases, the following Mexican TCOs are operating in the United States: the Sinaloa Cartel, Beltran-Leyva Organization (BLO), Jalisco New Generation Cartel (Cartel de Jalisco Nueva Generación or CJNG), the Los Cuinis, Gulf Cartel (Cartel del Golfo or CDG), Juarez Cartel, La Linea, Michoacán Family (La Familia Michoacána or LFM), Knights Templar (Los Caballeros Templarios or LCT), and Los Zetas. While all of these Mexican TCOs transport wholesale quantities of illicit drugs into the United States, the Sinaloa Cartel remains the most active supplier and is the primary source for wholesale traffickers impacting Arizona. The Sinaloa Cartel leverages its expansive resources and organizational structure in Mexico to facilitate the smuggling and transportation of drugs throughout the United States.

Mexican TCO operations in the United States typically take the form of a supply chain system that relies on compartmentalized operators who are only aware of their own specific function, and who remain unaware of other operational aspects. In most instances, transporters for the drug shipments are independent third parties who work for more than one Mexican TCO. Since operators in the supply chain are insulated from one another, if a transporter is arrested, the transporter is easily replaced and unable to reveal the rest of the network to law enforcement.

The foundation of Mexican TCO operations in the United States is comprised of extensive and well entrenched transportation and distribution networks based throughout the United States. Frequently, members of Mexican TCOs are sent to important U.S. hub cities to

¹⁸ Rose A. Rudd, Noah Aleshire, Jon E. Zibbell, & R. Matthew GladdenHedegaard, H., Margaret Warner, and Arialdi M. Miniño. Drug Overdose Deaths in the United States, 1999–2016Increases in Drug and Opioid Overdose Deaths – United States, 2000–2014 Morbidity and Mortality Weekly ReportNCHS Data Brief, 2016;64:1378–1382No. 294, Dec 2017. <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>.

¹⁹ EPIC National Seizure System

²⁰ DEA Intelligence Brief/ (U//FOUO) Counterfeit Prescription Pills Containing Fentanyls: A Global Threat-May 2016

²¹ EPIC National Seizure System

²² Joint Arizona HIDTAS/DEA Officer Safety/Situational Awareness Report-First Carfentanil Seizure in Arizona-May 2018

manage stash houses containing drug shipments and bulk cash drug proceeds. While operating in the United States, Mexican TCOs actively seek to maintain low profiles and avoid violent confrontations with other, rival TCOs, or U.S. law enforcement.

Mexican TCOs transport illicit drugs over the SWB through ports of entry (POE) using passenger vehicles or tractor-trailers. In Arizona, the Nogales POEs are the primary entry points for heroin and fentanyl, and along with other drugs, are typically secreted in hidden compartments when transported in passenger vehicles, or comingled with legitimate goods when transported in tractor-trailers. Once across the SWB, Mexican TCOs will initially utilize stash houses in a number of hub cities, including Dallas, Houston, Los Angeles, Atlanta, Phoenix, and Tucson. The illicit products will then be transported via these same conveyances to distribution groups in the Midwest and on the East Coast. Mexican TCOs also smuggle illicit drugs across the SWB using other methods, including tunnels, maritime conveyances, aircraft, and body-carriers through pedestrian lanes at POEs.

Importation vs. Domestic Production and Use of the Internet

Fentanyl, fentanyl analogues, and other synthetics, are relatively inexpensive, available via the Internet, and are often manufactured in China. From there, they may be shipped (via U.S. mail or express consignment couriers) to the United States, or alternatively directly to transnational criminal organizations in Mexico, Canada, and the Caribbean. Once in the Western Hemisphere, fentanyl and fentanyl analogues in particular are combined with both heroin or binders and pressed into counterfeit pills made to look like controlled prescription drugs containing oxycodone or hydrocodone, and then sold online from anonymous darknet markets and even overtly operated websites. The combination of: the questionable legal status of these substances, which are not specifically named in the Controlled Substances Act (CSA) itself or by DEA through scheduling actions; the enormous volume of international parcel traffic by mail and express consignment couriers; and the technological and logistical challenges of detection and inspection, make it extremely challenging for the U.S. Customs and Border Protection (CBP) to effectively address the threat at ports of entry and pave the way for non-cartel-affiliated individuals to undertake fentanyl trafficking. DEA is working with CBP to increase coordination on seized parcels.

Use of Freight Forwarders

Traffickers often use freight forwarders to ship fentanyl, fentanyl analogues, and other new psychoactive substances (NPS) from China. Several DEA investigations have revealed that the original supplier will provide the package to a freight forwarding company or individual, who transfers it to another freight forwarder, who then takes custody and presents the package to customs for export. The combination of a chain of freight forwarders and multiple transfers of custody make it difficult for law enforcement to track these packages. Often, the package will intentionally have missing, incomplete, and/or inaccurate information.

SIGNIFICANT ENFORCEMENT EFFORTS

Heroin Fentanyl Task Force

The DEA Special Operations Division (SOD) Heroin/Fentanyl Task Force (HFTF) working group consists of several agencies using a joint “whole of government” approach to counter the fentanyl/opioid epidemic in the United States. The HFTF consists of personnel from DEA, U.S. Immigration and Customs Enforcement, Homeland Security Investigations (HSI) and CBP; supplemented by the Federal Bureau of Investigation and the U.S. Postal Inspection Service. HFTF utilizes every resource available, including support from the Department of Justice’s Organized Crime Drug Enforcement Task Forces (OCDETF), OCDETF Fusion Center (OFC), and the Criminal Division, the Department of Defense (DOD), the Intelligence Community (IC), and other government entities, and provides field offices (all agencies) with valuable support in their respective investigations.

The HFTF mission aims to:

- Identify, target, and dismantle command and control networks of national and international fentanyl and NPS trafficking organizations.
- Provide case coordination and de-confliction on all domestic and foreign investigations to ensure that multi-jurisdictional, multi-national, and multi-agency investigations and prosecutions have the greatest impact on targeted organizations.
- Provide direct and dynamic operational and investigative support for domestic and foreign field offices for all agencies.
- Identify new foreign and domestic trafficking, manufacturing, importation, production and financial trends utilized by criminal enterprises.
- Analyze raw intelligence and documented evidence from multiple resources to develop actionable leads on viable target(s) involved in possible illicit pill production and/or distribution networks.
- Educate overall awareness, handling, trafficking trends, investigative techniques and safety to domestic and foreign field offices for all law enforcement, DOD, IC, and governmental agencies.
- Facilitate, coordinate, and educate judicial districts during prosecutions of fentanyl and other NPS related cases.

Close interagency cooperation via the HFTF has led to several large enforcement actions, including the first-ever indictment, in two separate OCDETF cases, of two Chinese nationals responsible for the manufacturing and distribution of illicit fentanyl in the United States in October 2017. On October 17, the Deputy Attorney General and the DEA Acting Administrator announced the indictments of the Chinese nationals, who were the first manufacturers and distributors of fentanyl and other opiate substances to be designated as CPOTs. CPOT designations are of those who have “command and control” elements of the most prolific international drug trafficking and money laundering organizations operating in the world.

In addition, SOD's HFTF played an integral role in the July 2017 seizure and shutting down of the largest criminal marketplace on the Internet, AlphaBay. As outlined by the Attorney General and the DEA Acting Principal Deputy Administrator, AlphaBay operated for over two years on the dark web and was used to sell deadly illegal drugs, stolen and fraudulent identification documents and access devices, counterfeit goods, malware and other computer hacking tools, firearms, and toxic chemicals throughout the world. The international operation to seize AlphaBay's infrastructure was led by the United States and involved cooperation and efforts by law enforcement authorities in Thailand, the Netherlands, Lithuania, Canada, the United Kingdom, and France, as well as the European law enforcement agency Europol. Multiple interagency OCDETF investigations into AlphaBay revealed that numerous vendors, including many in China, sold illicit fentanyl and heroin on the site, and that there have been a substantial number of overdose deaths across the country attributed to such purchases.

Cooperation with Mexico

DEA's presence in Mexico represents our largest international footprint. The ability to have DEA Special Agents assigned to 11 different offices throughout Mexico is a reflection of the level of cooperation that we continue to enjoy with our Mexican counterparts. DEA supports bi-lateral investigations with the Government of Mexico by providing information and intelligence to develop investigations that target leaders of TCOs throughout Mexico. The United States and Mexico have established a strong and successful security partnership in the last decade and, to that end, the U.S. government stands ready to work with our Mexican partners to provide any assistance, as requested, to build upon these successes.

DEA Phoenix Field Division Response

DEA's Phoenix Field Division response has been multi-layered and comprehensive. No group in American law enforcement knows the Sinaloa Cartel and their operations better than DEA in Arizona, and our strategy was developed based on this long-term knowledge of how this organization operates.

The first pillar of the strategy involved increasing our focus on the command and control cells operating in Phoenix and Tucson. These cells are often difficult to penetrate and require lengthy, complex investigations targeting communication facilities and cartel members who direct operations throughout the United States and coordinate with high-level cartel leadership in Mexico. Working with our state, local, tribal, and federal partners, we have increased these complex conspiracy investigations targeting opiate trafficking by more than 60% over the last three years, resulting in the arrest of hundreds of high level traffickers, the seizure of thousands of pounds of heroin and fentanyl, and the disruption and dismantlement of many of these cells.

The second pillar of the strategy is enhancing DEA's ability to directly support Arizona state and local law enforcement efforts targeting overdose deaths and community impact. In 2016, the DEA Phoenix Field Division created the Heroin Enforcement Action Team (HEAT) in response to the growing opioid epidemic in Arizona. HEAT is an intelligence-driven enforcement approach partnered with our law enforcement, first-responders, community outreach programs, and state health officials. DEA built a relationship with the Maricopa

County Office of the Medical Examiner to receive nearly real-time investigative reports, leads, and statistics – information previously collected, but rarely utilized. This information led HEAT intelligence analysts to review overdose cases and then disseminate leads based on objective enforcement criteria. Further, the HEAT program also conducted overdose investigation training for our Task Force Officers (TFOs) and their local departments, then used these TFOs as “force multipliers” – conduits for both potential cases and evidence collection. For the first time in the Phoenix Division’s history, DEA investigators responded directly to heroin and fentanyl overdose scenes in order to identify the source of supply. To date, DEA investigations in Arizona have resulted in the federal indictment of three subjects for Distribution of a Controlled Substance Resulting in Death and Serious Bodily Injury 21 USC § 841(a)(1) and 841(b)(1)(C), and one plea to a State negligent homicide charge (ARS 13-1102) in Pima County.

In addition to the HEAT, DEA in Arizona hosts two Tactical Diversion Squads (TDS) in Phoenix and Tucson. TDS investigate suspected violations of the CSA and other federal and state statutes pertaining to the diversion of controlled substance pharmaceuticals and listed chemicals. These unique groups combine the skill sets of Special Agents, Diversion Investigators, and a variety of state and local law enforcement agencies. They are dedicated solely towards investigating, disrupting, and dismantling those individuals or organizations involved in diversion schemes (e.g., “doctor shoppers,” prescription forgery rings, and DEA registrants who knowingly divert controlled substance pharmaceuticals). Between March 2011 and present, DEA increased the number of operational tactical diversion squads (TDSs) from 37 to 77. In addition, DEA established two mobile TDS that can deploy quickly to “hot spots” around the country in furtherance of the Diversion Control Division’s mission. Last year, the Phoenix TDS shut down two pharmacies and arrested a pharmacist engaged in the distribution of controlled substances,²³ and the Tucson TDS, in partnership with the Arizona Attorney General’s Office, recently indicted a Tucson doctor on 26 state charges for unlawfully prescribing opioids.²⁴

Community Outreach

The final pillar of DEA’s strategy in Arizona involves a robust and comprehensive public awareness and education campaign. DEA and the Southwest Border High Intensity Drug Trafficking Area (HIDTA) – Arizona Region, joined efforts to organize the first *Arizona Opioid Summit: Turning the Tide* in January 2017, followed by a second summit in February 2018. The summits promoted the communication between traditionally isolated professions and furthered the collaboration between law enforcement, treatment and prevention specialists. This past February, DEA and HIDTA partnered with the Institute for the Advancement of Behavioral Healthcare, who provided their national expertise and sponsorship of an additional two days of educational courses for medical professionals following the second summit. Over 400 law enforcement representatives, treatment and prevention specialists, medical practitioners, and community advocates attended this year’s event. Additionally, the Phoenix Field Division has issued three alerts to the media and the public regarding new trends observed by DEA in

²³ <https://www.dea.gov/divisions/phx/2017/phx070717.shtml>

²⁴ <https://www.dea.gov/divisions/phx/2018/phx040518.shtml>

Arizona,²⁵ including warnings of the first overdose fatalities attributed to the synthetic opioid U-47700, the prevalence of overdoses attributed to blue fentanyl pills, and the first report of an overdose death attributed to the powerful opioid carfentanil. These alerts were significant in fostering communication with the community as citizens themselves observe and subsequently report information to DEA's Tip Line. Furthermore, DEA routinely engages with the media in an effort to continue educating the public about the opioid crisis and its impact on the state, as well as the nation. DEA in Arizona has been featured in over 100 media broadcasts related to the opioid crisis, most notably, two 30-minute investigative reports regarding heroin and diverted CPDs produced by Arizona State University's Walter Cronkite School of Journalism and Mass Communication. In a unique collaboration with local media entities, both reports, *Hooked: Tracking Heroin's Hold on Arizona* and *Hooked Rx: From Prescription to Addiction*, aired commercial-free and during primetime hours and reached over two million Arizonans.

CONCLUSION

Mexican TCOs remain the greatest criminal drug threat to the United States. These Mexican poly-drug organizations traffic heroin, methamphetamine, fentanyl, cocaine, and marijuana throughout the United States, using established transportation routes and distribution networks. They control drug trafficking across the SWB and are moving to expand their share of U.S. illicit drug markets. Their influence up and down the supply chain, their ability to enter into new markets, and associations with gangs, are of particular concern for DEA. DEA will continue to address this threat domestically and abroad by attacking the crime and violence perpetrated by the Mexican-based TCOs, which have brought tremendous harm to our communities. In addition, DEA will extend its ongoing public awareness campaign about the dangers of opioids and other drugs as part of its efforts to educate the community and other stakeholders who combat, treat, or are otherwise affected by this crisis every day. DEA will also work with our partners to address the significant challenge presented by new trend of deadly synthetics entering our country through the mail and express consignment systems.

²⁵ <https://www.dea.gov/divisions/phx/2017/phx011017.shtml>, <https://www.dea.gov/divisions/phx/2017/phx032117.shtml>, <https://www.dea.gov/divisions/phx/2018/phx041618.shtml>