

Unclassified



U.S. Department of Justice
Drug Enforcement Administration



National Drug Threat Assessment Summary

2014

The background of the slide is a close-up, slightly blurred image of the American flag, showing the stars and stripes in shades of blue, red, and white.

National Drug Threat Assessment Summary Drugs

2014

2014 National Drug Threat Assessment Summary –Overview Controlled Prescription Drugs (CPD)

- The threat from CPD abuse is persistent and deaths involving CPDs outnumber those involving heroin and cocaine combined.
- The economic cost of nonmedical use of prescription opioids alone in the United States totals more than \$53 billion annually.
- Transnational Criminal Organizations (TCOs), street gangs, and other criminal groups, seeing the enormous profit potential in CPD diversion, have become increasingly involved in transporting and distributing CPDs.
- The number of drug overdose deaths, particularly from CPDs, has grown exponentially in the past decade and has surpassed motor vehicle crashes as the leading cause of injury death in the United States.
- Rogue pain management clinics (commonly referred to as pill mills) also contribute to the extensive availability of illicit pharmaceuticals in the United States.
- To combat pill mills and stem the flow of illicit substances, many states are establishing new pill mill legislation and prescription drug monitoring programs (PDMPs).

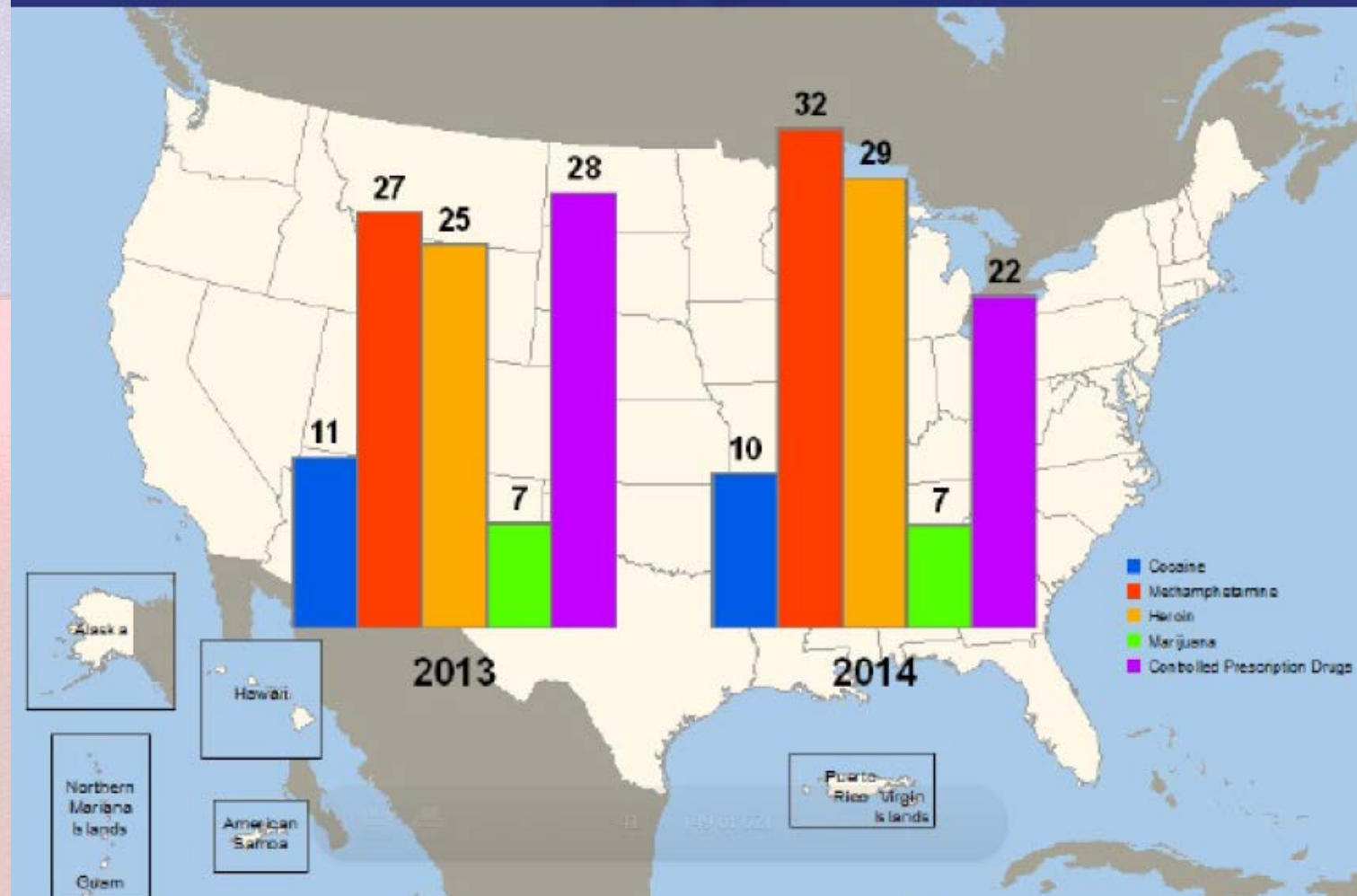
Law Enforcement Surveyed

- Nationally, 21.5 percent of law enforcement agencies responding to the 2014 NDTs reported CPDs as the greatest drug threat, up from 9.8 percent in 2009.
- Additionally, 90.6 percent of law enforcement agencies surveyed indicated that CPD availability ranges from moderate to high.

2014

Law Enforcement Identified Threats

**Map A3. Greatest Drug Threat Represented Nationally
As Reported by State and Local Agencies
2013 - 2014**



Seizures Up

- Opioid analgesics, or pain relievers, are the most common type of CPD abused.
 - ❑ The most common opioid CPDs are oxycodone (OxyContin[®], Roxicodone[®], Percocet[®]), hydrocodone (Vicodin[®], Lorcet[®], Lortab[®]), oxymorphone (Opana[®]), and hydromorphone (Dilaudid[®]).
- According to the National Seizure System (NSS), nearly 1.2 million dosage units of oxycodone were seized by law enforcement in 2013, up 535 percent from 2012.

2014

Seizures Up National

TABLE B2. TOTAL US SEIZURES, BY DRUG, IN KILOGRAMS*, CY2009 – CY2013

	2009	2010	2011	2012	2013
COCAINE	50,296.1	51,830.9	61,435.6	34,742.4	36,315.3
HEROIN	2,540.0	3,044.0	3,924.0	4,607.0	4,761.0
METHAMPHETAMINE	6,915.9	10,538.9	12,620.9	19,531.3	21,558.9
PHARMACEUTICALS (DU)					
OXYCODONE	102,361.8	362,556.6	255,865.5	188,122.5	1,194,747.8
HYDROCODONE	290,356.0	388,285.5	179,610.3	41,668.0	83,448.5
HYDROMORPHONE	4,661.0	437.5	44.5	1,570.5	1,363.0

* EXCEPT WHERE NOTED
DU = DOSAGE UNIT

Source: National Seizure System

2014

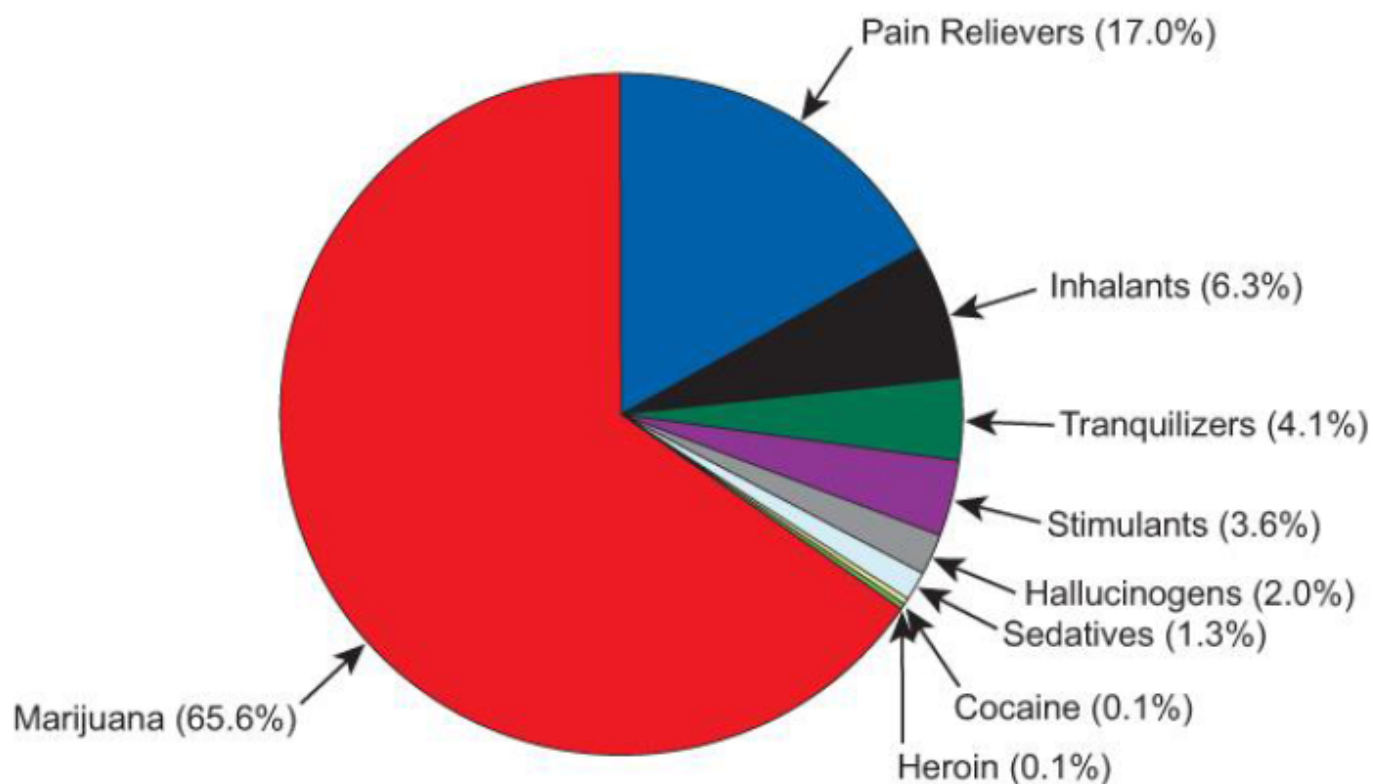
First Drug Abused

- CPDs are increasingly the first drug abused by initiates of illicit drug abuse. In 2012, an estimated 2.9 million persons aged 12 or older used an illicit drug for the first time within the past 12 months.
- More than 1 in 4 initiated with nonmedical use of prescription drugs (26.0 %, including 17.0 % with pain relievers, 4.1 % with tranquilizers, 3.6 % with stimulants, and 1.3 % with sedatives). This is second only to marijuana as the first drug used by most abusers.

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First Drug Abused

Chart 2. First Specific Drug Associated with Initiation of Illicit Drug Use Among Past Year Illicit Drug Initiates Aged 12 or Older 2012



2.9 Million Initiates of Illicit Drugs



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Source: National Survey on Drug Use and Health, 2012

Nationally ODs

- The number of drug overdose deaths, particularly from CPDs, has grown exponentially in the past decade and has surpassed motor vehicle (MV) crashes as the leading cause of injury death in the United States. The number of drug poisoning deaths now exceeds the number of deaths caused by MV crashes in 29 states and Washington, DC.
- The National Center for Health Statistics (NCHS) indicated that mortality data from 2009 suggested a large decline in MV crash deaths and a continued increase in prescription drug overdoses, leading to the conclusion that drug poisoning alone now causes more deaths than MV crashes in the United States.
- The NCHS further reported that nearly 90 percent of poisoning deaths were due to drugs and that drug poisoning mortality was due primarily to prescription drugs, especially opioid painkillers.

State Legislation Aimed at Combating Pill Mills

- Rogue pain management clinics (commonly referred to as “pill mills”) contribute to the extensive availability of illicit pharmaceuticals in the United States. Pill mill operations are primarily cash-based businesses and are run by operators who often don’t see patients or perform any type of physical exam. It is not uncommon to see lines of people waiting to get into these pill mills.
- Many states are establishing new legislation in an effort to combat pill mills and stem the flow of prescription drugs to abusers.
 - Currently, 44 states and Washington, DC require that a patient receive a physical exam by a healthcare provider, be screened for signs of substance abuse and addiction, or have a bona fide patient-physician relationship that includes a physical exam prior to prescribing.
 - In Some states consequences for the physician for prescribing without a required exam constitutes a criminal liability.
- Currently, Maryland, Michigan, Montana, Nebraska, South Dakota, and Wyoming are the only states that do not require a healthcare provider to conduct the exam, the screening, or have a patient-physician relationship.

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State Legislation

- Thirty-two states have a law requiring or permitting a pharmacist to require identification (ID) prior to dispensing a controlled substance. Some of these states require customers to present an ID at all times when obtaining controlled substances, but some state laws limit the presentation of an ID to only people unknown to the pharmacists.
- Forty-six states and Washington, DC have a pharmacy lock-in program under the state Medicaid plan in which individuals suspected of misusing controlled substances must use a single prescriber and pharmacy

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Prescription Drug Monitoring Programs

- Only 16 states have some form of mandatory use of PDMPs for providers.
- Of these 16 states, eight have laws that require the PDMP to be accessed before the initial prescribing or dispensing of a controlled substance.
- Of these 16 states, six require accessing the PDMP in limited situations, such as for certain prescribers or specific drugs.
- PDMPs vary in each state as to the type of information collected, who is allowed access to the data and under what circumstances, the requirements for use and reporting, including timeliness of data collection, the triggers that generate reports, and the enforcement mechanisms in place for noncompliance.

Drug Quality and Security Act

- In November 2013, the Federal Drug Quality and Security Act (HR 3204) was signed into law.
- The Act establishes a system to track prescription drugs from the time they are manufactured until they are sold to the consumer.
- The Act calls for drug manufacturers, repackagers, wholesale distributors, and dispensers to maintain and to issue key information about each drug's distribution history.
- Within four years of the law's establishment, prescription drugs are to be serialized in a consistent way industry-wide. This will allow for efficient tracking in order to respond to recalls and notices of theft and counterfeiting.

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The background of the slide is a close-up, slightly blurred image of the American flag, showing the stars and stripes in a diagonal pattern.

★ National Drug Threat Assessment Heroin Summary

2014

Heroin

- The threat posed by heroin in the United States is increasing in areas across the country, especially in the Northeast and North Central regions.
- According to the 2014 NDTs, 29.1 percent of respondents reported heroin was the greatest drug threat in their area. This was more than any other drug except methamphetamine (31.8 percent.)

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Threat by Region

National

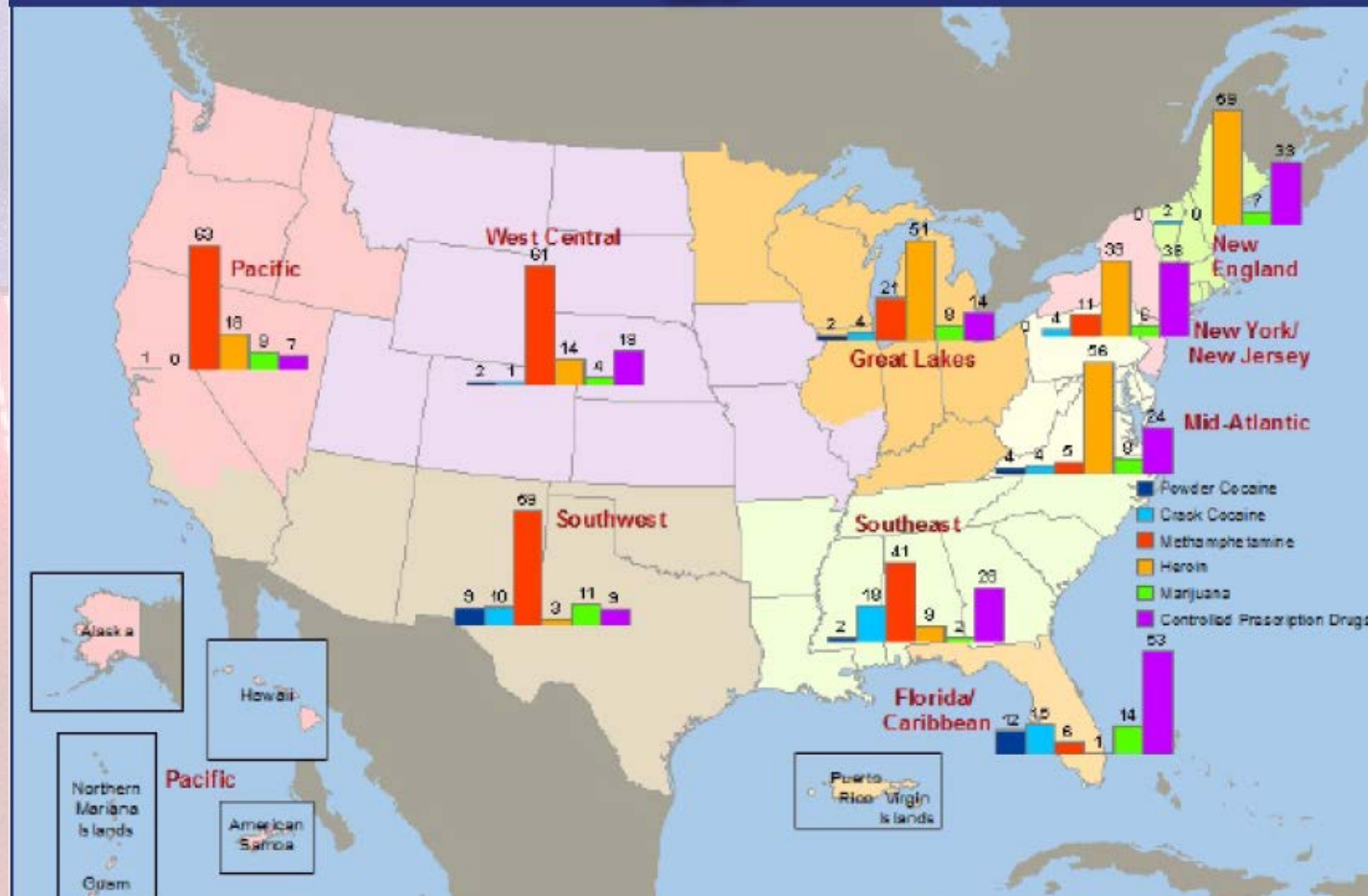
TABLE B1. PERCENTAGE OF 2014 NDTs RESPONDENTS REPORTING GREATEST DRUG THREAT, BY DRUG, BY REGION

OCDETF REGION	POWDER COCAINE	CRACK COCAINE	METHAMPHETAMINE	HEROIN	MARIJUANA	CPDs
FLORIDA/CARIBBEAN	12.0	14.7	6.1	0.7	13.9	52.5
GREAT LAKES	2.3	4.2	21.3	50.7	7.7	13.8
MID-ATLANTIC	3.5	4.0	5.4	56.1	7.5	23.5
NEW ENGLAND	0.0	2.0	0.0	58.7	6.7	32.6
NEW YORK/NEW JERSEY	0.2	3.8	11.4	39.1	5.9	37.9
PACIFIC	0.8	0.0	63.1	18.2	9.1	7.2
SOUTHEAST	2.4	18.1	38.3	8.6	2.3	27.6
SOUTHWEST	9.1	9.5	58.5	3.1	10.6	8.6
WEST CENTRAL	1.6	1.3	61.0	13.7	4.4	17.9
NATIONWIDE	3.0	7.0	31.8	29.1	6.7	21.5

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Threat by Region

**Map A4. Greatest Drug Threat Represented Regionally
As Reported by State and Local Agencies
2014**



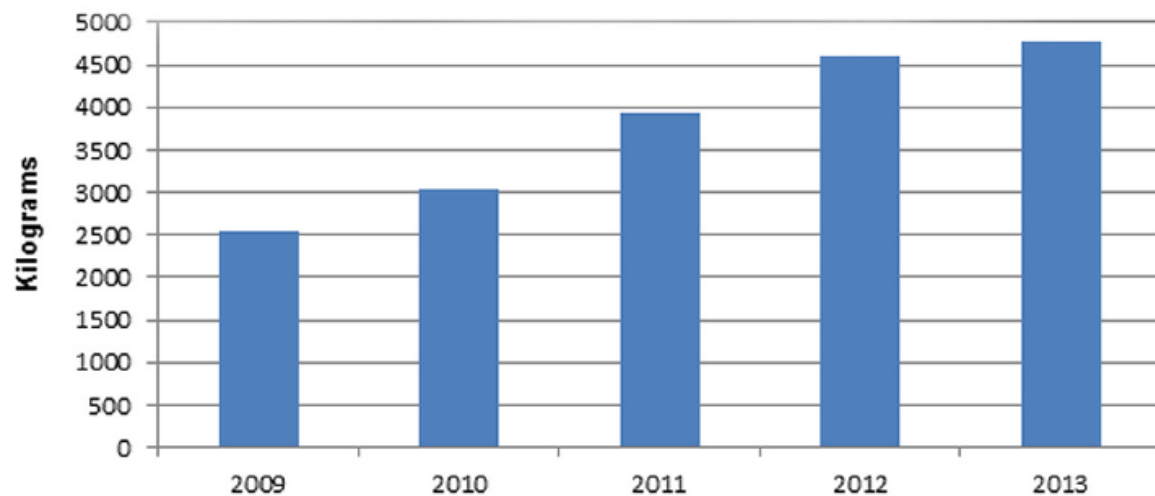
Seizures Up

National

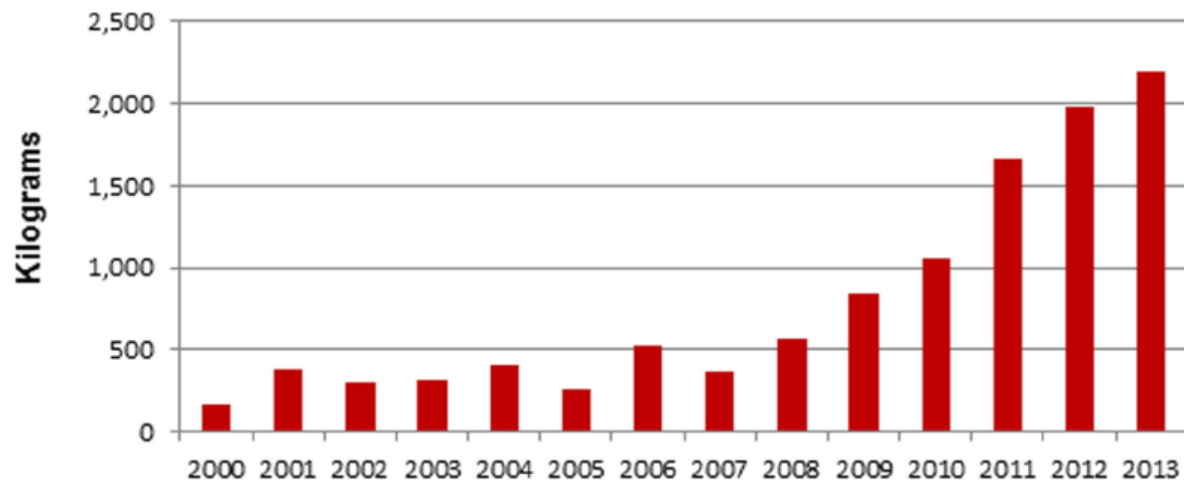
- Seizure data also indicate a substantial increase in heroin availability in the United States. According to NSS data, heroin seizures in the United States increased 87 percent over five years, from 2,540 kilograms in 2009 to 4,761 kilograms in 2013.
- Traffickers are also transporting heroin in larger amounts. The average size of a heroin seizure in 2009 was 0.86 kilograms; in 2013, the average heroin seizure was 1.56 kilograms.
- Seizures at the Southwest Border are also rising as Mexican TCOs increase heroin production and transportation. Heroin seizures at the border more than doubled over five years, from 2009 (846 kilograms) to 2013 (2,196 kilograms).
 - The average seizure size increased from 2.9 kilograms to 3.8 kilograms and the number of seizure incidents increased from 295 incidents to 580 incidents.

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**Chart 5. US Heroin Seizures
2009 - 2013**



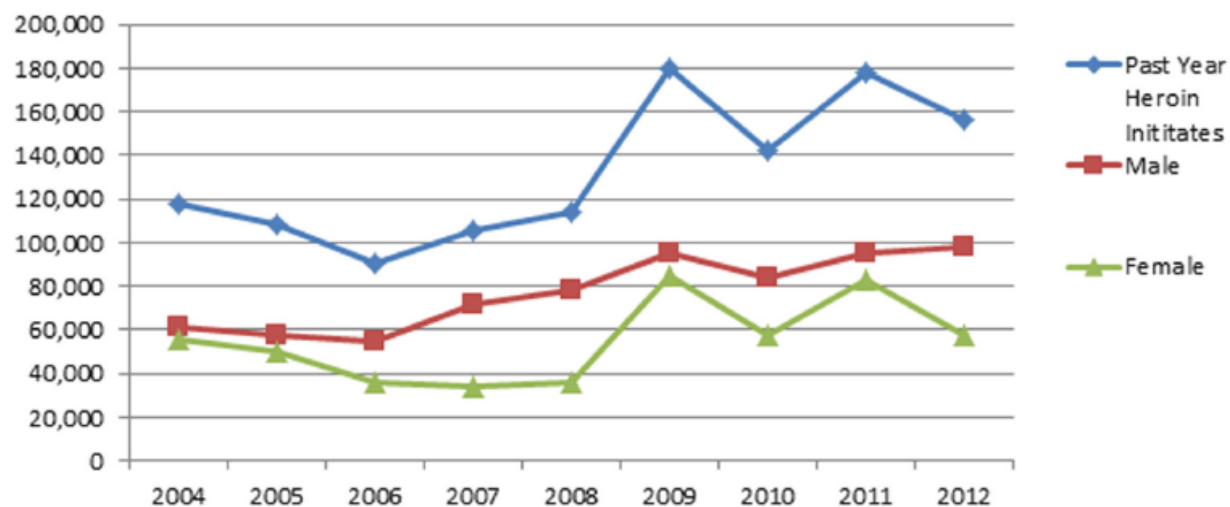
**Chart 6. Heroin Seizures at the Southwest Border
2000 - 2013**



Reasons for CPD abusers to switch to abusing heroin

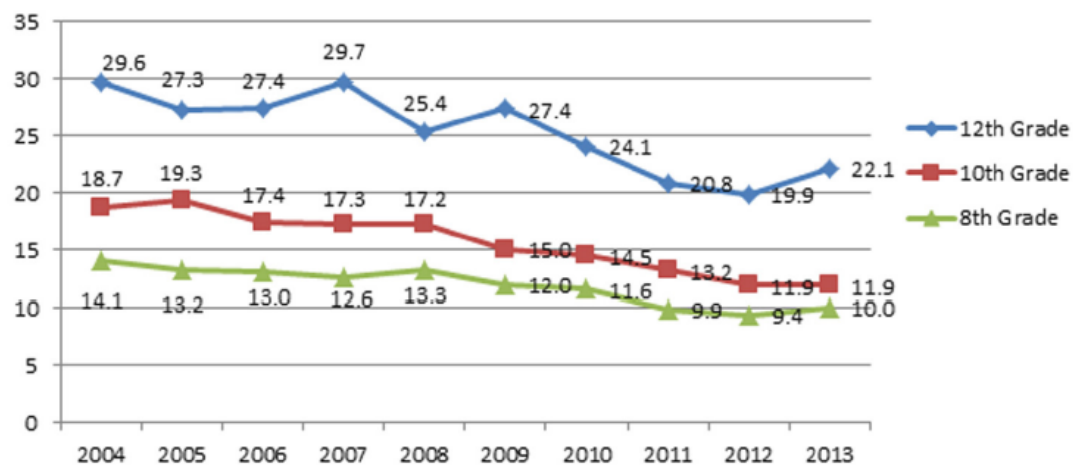
- Decreasing availability of CPDs vs. increasing availability of heroin
- The relatively low cost of heroin in comparison with CPDs
- The reformulation of OxyContin[®], making it more difficult to abuse
 - When crushed, the reformulated OxyContin[®] tablet does not disintegrate into a fine powder for snorting or dissolving/ injecting. Instead, it crumbles into medium-sized pieces, which cannot be snorted. When mixed with water for dissolving, the pill turns into a gummy substance that cannot be injected. Reformulated OxyContin[®] can still be abused by being crushed and taken orally, but it does not provide as potent a high, because the pieces retain some of their time-release ingredient, delaying absorption.

**Chart 10. Number of Individuals Initiating Heroin Abuse in the Past Year
2004 - 2012**



Source: National Survey on Drug Use and Health, 2012

**Chart 11. Percentage of Students Reporting that Heroin
Would be "fairly easy" or "very easy" to get
2004 - 2013**



Source: 2013 Monitoring the Future Survey

Outlook

- Legislation and the implementation of PDMPs in the states that have these tools will continue to help curb the diversion and abuse of CPDs. However, states with little or no legislation, or PDMPs that are not fully funded or operational, will likely see an increase in the CPD threat as more distributors and abusers will travel to these states to obtain their illicit supplies.
- Heroin abuse and availability are likely to increase in the near term, particularly as more CPD abusers switch to heroin as a more available and cheaper alternative.

2014

National Drug Threat Assessment Summary

- <http://www.dea.gov/resource-center/dir-ndta-unclass.pdf>
- www.dea.gov

The screenshot shows the official website of the Drug Enforcement Administration (DEA). The header includes the U.S. Department of Justice logo, navigation links (CONTACT US, A-Z INDEX), and a search bar. The main banner features the DEA logo, the text "UNITED STATES Drug Enforcement Administration", and the slogan "TOUGH WORK, VITAL MISSION". Below the banner is a navigation menu with links: HOME, ABOUT, CAREERS, OPERATIONS, DRUG INFO, PREVENTION, PRESS ROOM, and ESPAÑOL. The main content area is divided into three columns. The left column, titled "TOP STORY", features a headline about a Sinaloa Cartel member sentenced to 22 years in federal prison. The middle column, titled "TOPICS OF INTEREST", contains a link to the "2014 National Drug Threat Assessment Summary", which is highlighted with a red box. The right column, titled "RESOURCE CENTER", lists various resources including the Controlled Substances Act, DEA Museum and Visitors Center, Doing Business with DEA, Drug Disposal, Employee Assistance Program, and Extortion Scam Alert. A sidebar on the right contains three promotional boxes: "DEA Warns Public of Extortion Scams", "\$5 MILLION REWARD" for a photo of a man, and "The Dangers and Consequences of Marijuana Abuse".

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DEA UNITED STATES Drug Enforcement Administration
TOUGH WORK, VITAL MISSION

HOME ABOUT CAREERS OPERATIONS DRUG INFO PREVENTION PRESS ROOM ESPAÑOL

Tough Work, Vital Mission
The Facts About DEA

TOP STORY

Sinaloa Cartel Member Sentenced to 22 Years in Federal Prison; Plea Agreements Unsealed for Leaders of Cartel's Chicago Cell

NOV 24 (CHICAGO)

A high-level member of the Sinaloa Cartel in Mexico

TOPICS OF INTEREST

[2014 National Drug Threat Assessment Summary](#)

Final Order: Temporary Placement of 10 Synthetic Cathinones into Schedule I

Temporary Placement of Four Synthetic Cannabinoids Into Schedule I

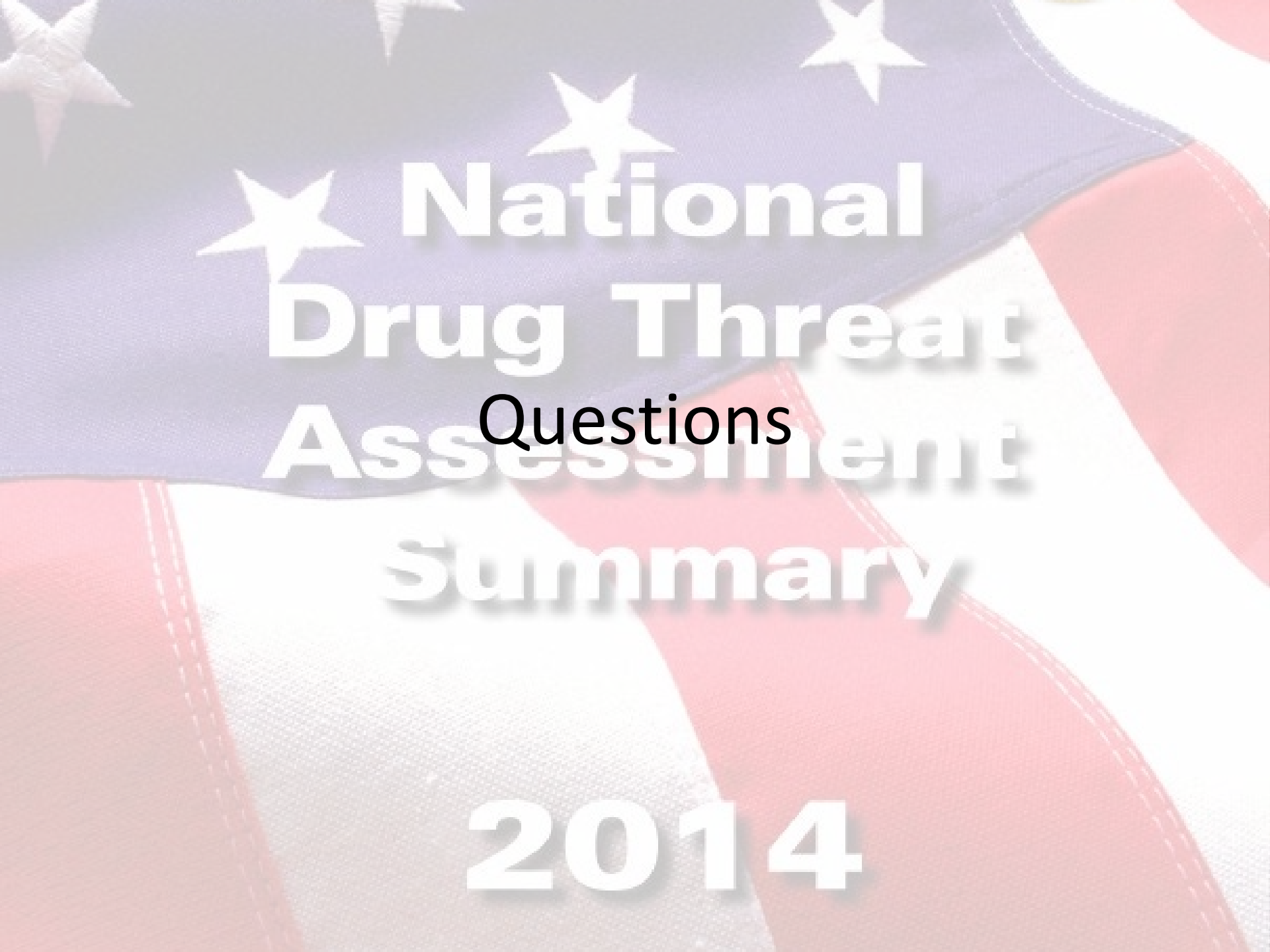
RESOURCE CENTER

Controlled Substances Act
DEA Museum and Visitors Center
Doing Business with DEA
Drug Disposal
Employee Assistance Program
Extortion Scam Alert

DEA Warns Public of Extortion Scams

\$5 MILLION REWARD

The Dangers and Consequences of Marijuana Abuse

The background of the slide is a close-up, slightly angled view of the American flag. The blue field with white stars is in the upper left, and the red and white stripes are in the lower right. The text is overlaid on this background.

★ National Drug Threat Assessment Questions Summary

2014