



National Emerging Threats Initiative

Emerging Threats Report 2018: Status and Factors Affecting the United States



The National Emerging Threats Initiative prepared the Emerging Threats Report 2018. The report is unclassified and is intended to further support each HIDTA's mission in their Area of Responsibility (AOR). The content of the report is also designed to educate those outside of the HIDTA program concerning drug seizure information obtained as a result of the HIDTA program.

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Dedication

This report is dedicated to Abraham (Abe) L. Azzam, whose almost 60 years of law enforcement experience benefited both the High Intensity Drug Trafficking Area (HIDTA) program as well as the National Emerging Threats Initiative (NETI). There is no way to measure the lives that were directly and indirectly touched by Abe during his remarkable career. As a NETI committee member; Abe was instrumental in reformatting NETI culminating in the timely information such as is contained herein.

All will miss Abe...

End of Watch – August 27, 2018

Executive Summary

The High Intensity Drug Trafficking Area (HIDTA) program, created by Congress in 1988, assists federal, state, and local law enforcement agencies operating in the areas identified as critical drug-trafficking regions of the United States. The HIDTA program established the National Emerging Threats Initiative (NETI) as a poly-drug intelligence and best practices sharing initiative coordinating emerging drug threat strategies in both HIDTA designated areas and the remaining United States. The focus is placed on providing information on emerging threats and generating effective systemic approaches to address the supply of illegal drugs and resulting collateral issues.¹

The following report from NETI provides a current update on the national methamphetamine, cocaine (including crack), and opioid (natural and synthetic including heroin) trends through 2017. Information in this report is derived from data from:

- HIDTA's own Performance Management Program (PMP);
- Supporting data from the El Paso Drug Intelligence Center (EPIC);
- Drug Enforcement Administration (DEA) reporting;
- U.S. Customs and Border Protection (CBP);
- State Prescription Drug Monitoring Programs (PDMPs);
- Centers for Disease Control and Prevention (CDC);
- Substance Abuse and Mental Health Services Administration (SAMSHA);
- United States Coast Guard (USCG).

Information in this report is the most current available to NETI as of September 21, 2018. Data in this report may be updated as NETI seeks and obtains new data from multiple sources. Data included in this report from the HIDTA PMP commences in 2011, to take advantage of significant improvements made in the reporting system that year.

In 2017, stimulants (cocaine and methamphetamine) seized across the HIDTA Program exceeded that of opioids (to include heroin). Finally, fentanyl-laced heroin contributed to a 50 percent increase in heroin-related deaths since 2013 according to the CDC.²

To identify emerging drug threats in the United States, it is essential to combine what is known about the supply of drugs (seizures of illicit narcotics and prescriptions of controlled substances) to measures of demand for nonmedical/ illegal use of those drugs. The National Survey on Drug Use and Health (NSDUH), produced by the SAMHSA provides data on drug use.

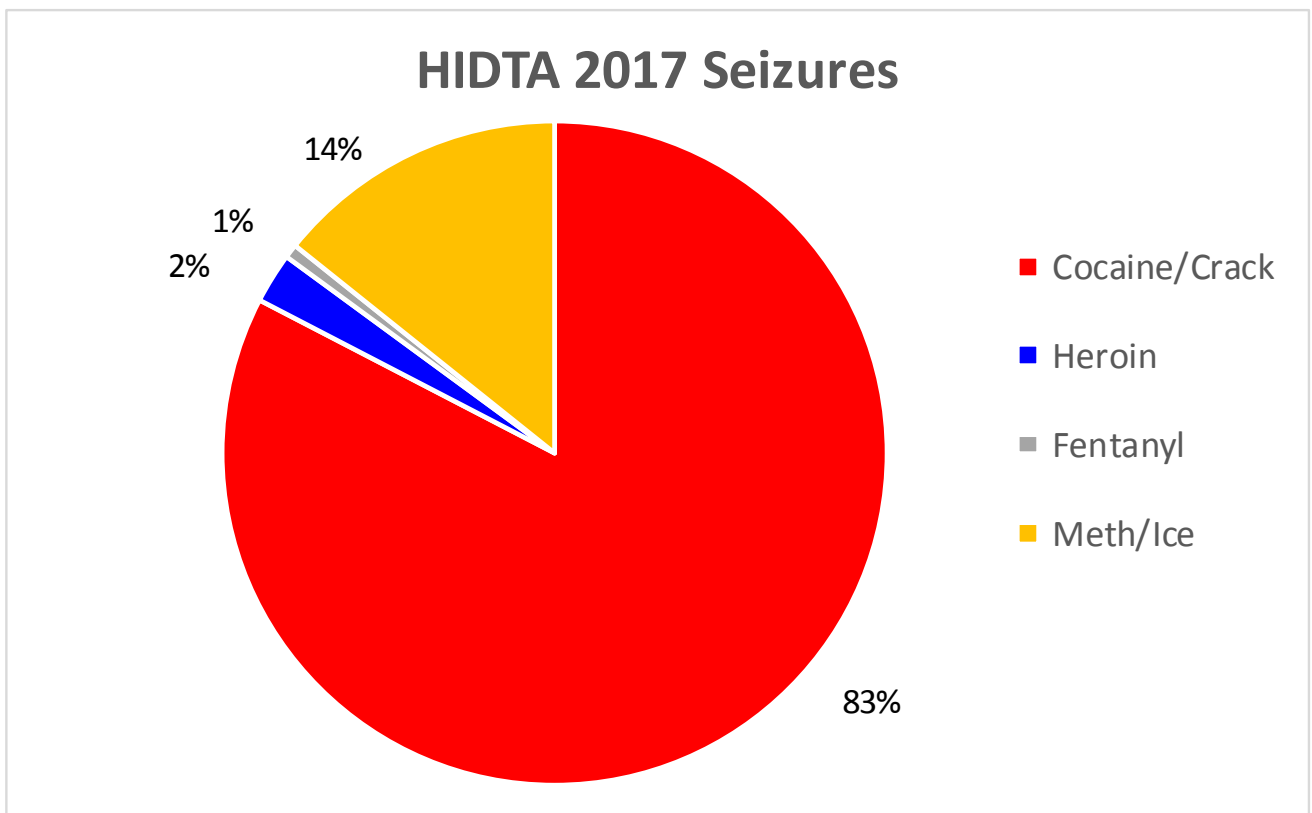
The numbers of new initiates for heroin and Rx opioids use (individuals who, for the first time used a drug non-medically/illicitly during the 12 months before the survey) continue at very high levels, even as the quantities of prescribed opioids begin to decrease.

The heroin and Rx opioid deaths are also rising, as supplies of heroin increase but supplies of Rx opioids have begun to decrease.

At the same time, the supplies and demand for stimulants, both illicit (cocaine and methamphetamine) and licit (prescription stimulants), are rising at a more rapid rate than opioids and have become an **Emerging Drug Threat** for the nation.

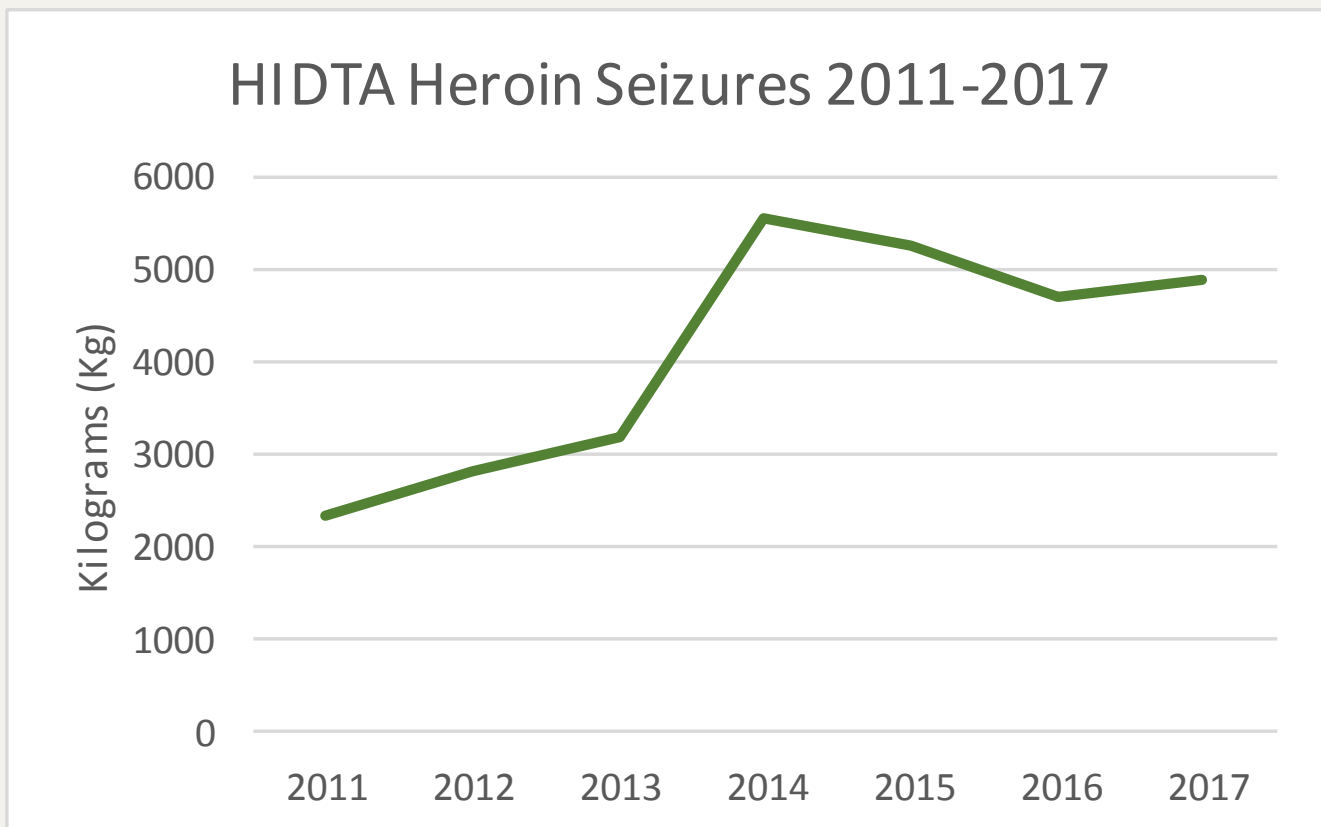
The total number of persons who used cocaine and methamphetamines and non-medically used Rx stimulants, during the past twelve months, have risen substantially. By 2017, they are higher than the level of opioids.

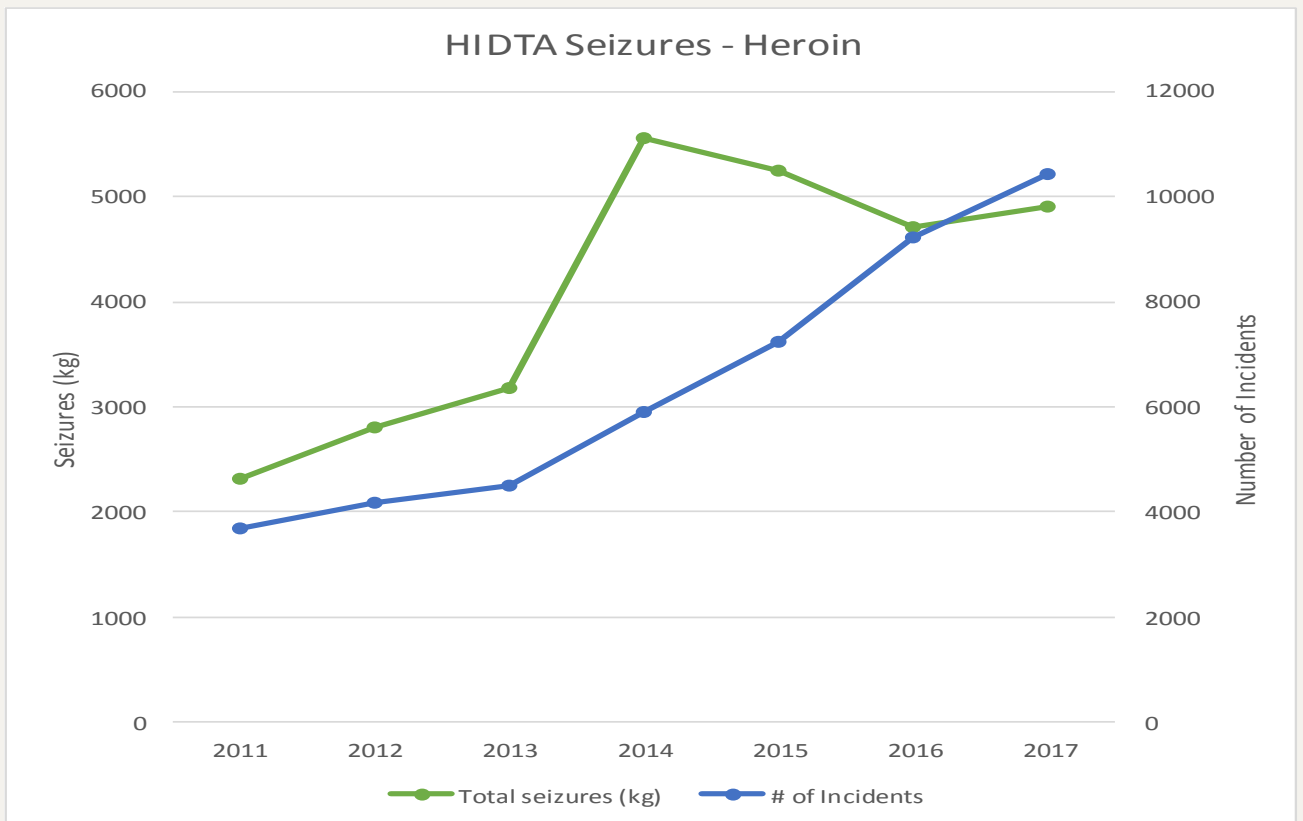
Simultaneously, deaths involving cocaine and methamphetamines are rising very rapidly (data on Rx stimulant related death are not yet available).



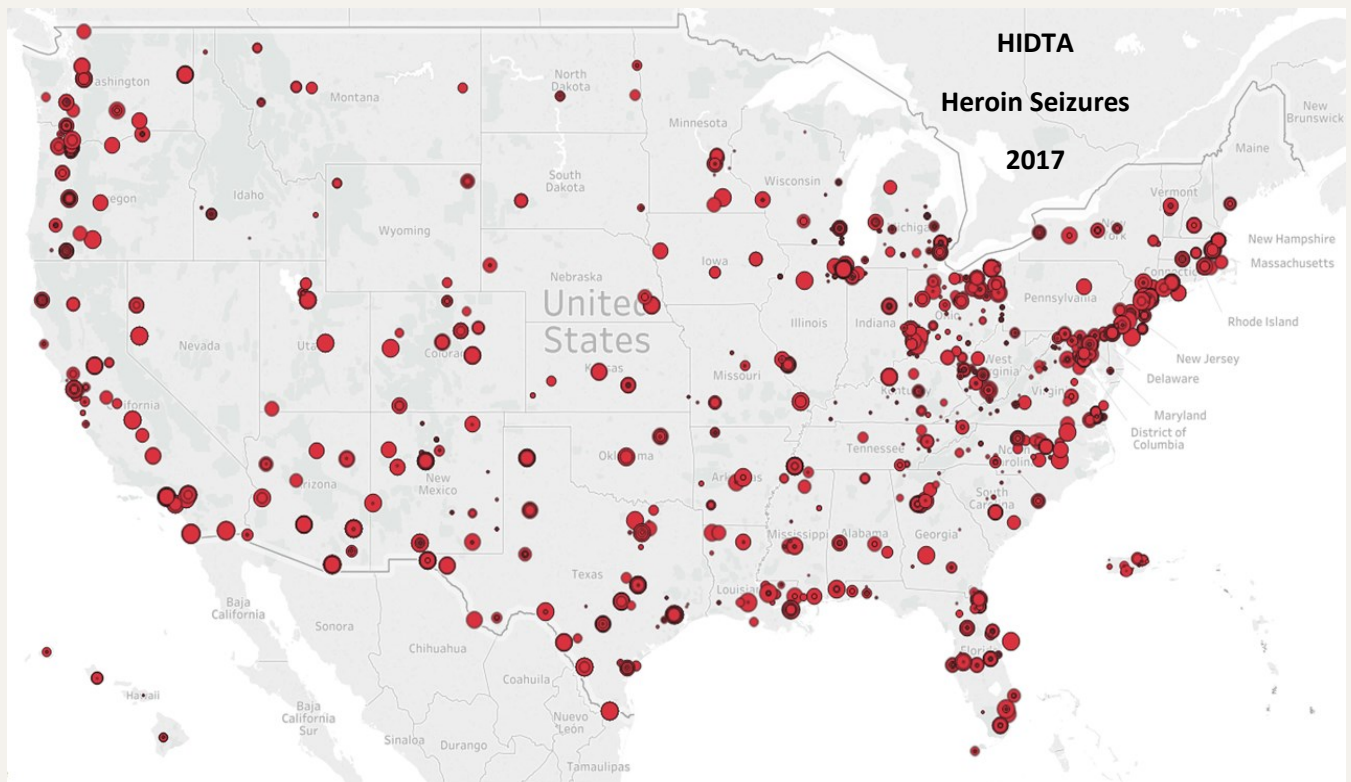
Opioids

- According to HIDTA PMP data for 2017, approximately 5,291 kilograms (in addition to 27,268 dosage units and 1,942 liters) of organic opioids were seized in the United States throughout the year, followed by 1,846 kilograms (along with 435,190 dosage units and 1.66 liters) of synthetic opioids. This reflects a 158.6 % increase in kilograms seized over 2011.
- For this report, synthetic opioids are comprised of Dilaudid, Demerol, Fentanyl, Carfentanil, U47700, Oxycodone, Vicodin, Hydrocodone, Vicodin, Lortab, and Methadone, whereas organic opioids consist of Heroin, Opium, Morphine, and Codeine.
- According to the CDC, fentanyl and related analogs' high potency level, quick action and the trouble of mixing nonlethal doses makes fentanyl more dangerous to use than heroin. Furthermore, they contend that approximately fifty percent of the increase in heroin-related deaths after 2013 can be attributable to increases in deaths involving both heroin and fentanyl.³

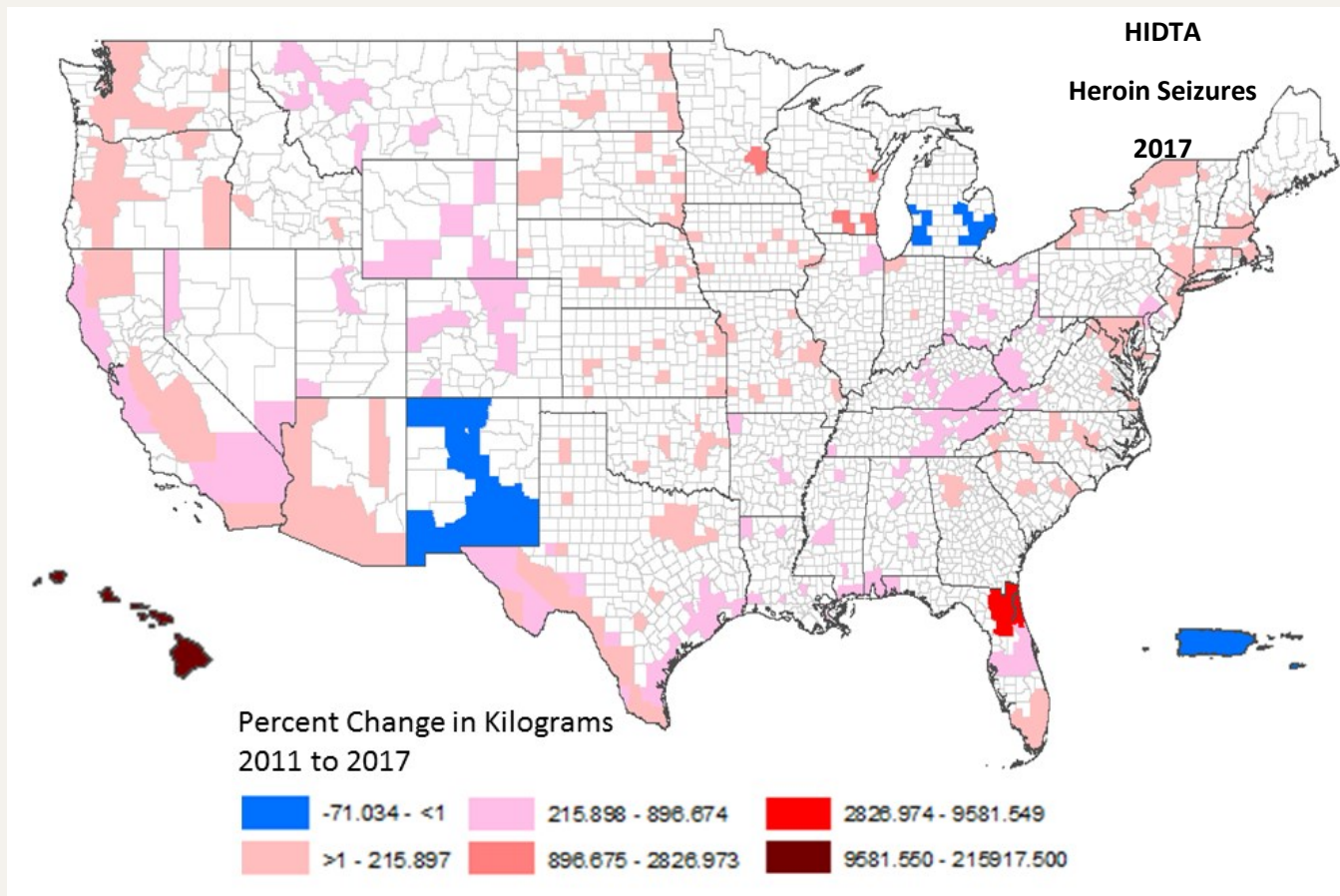




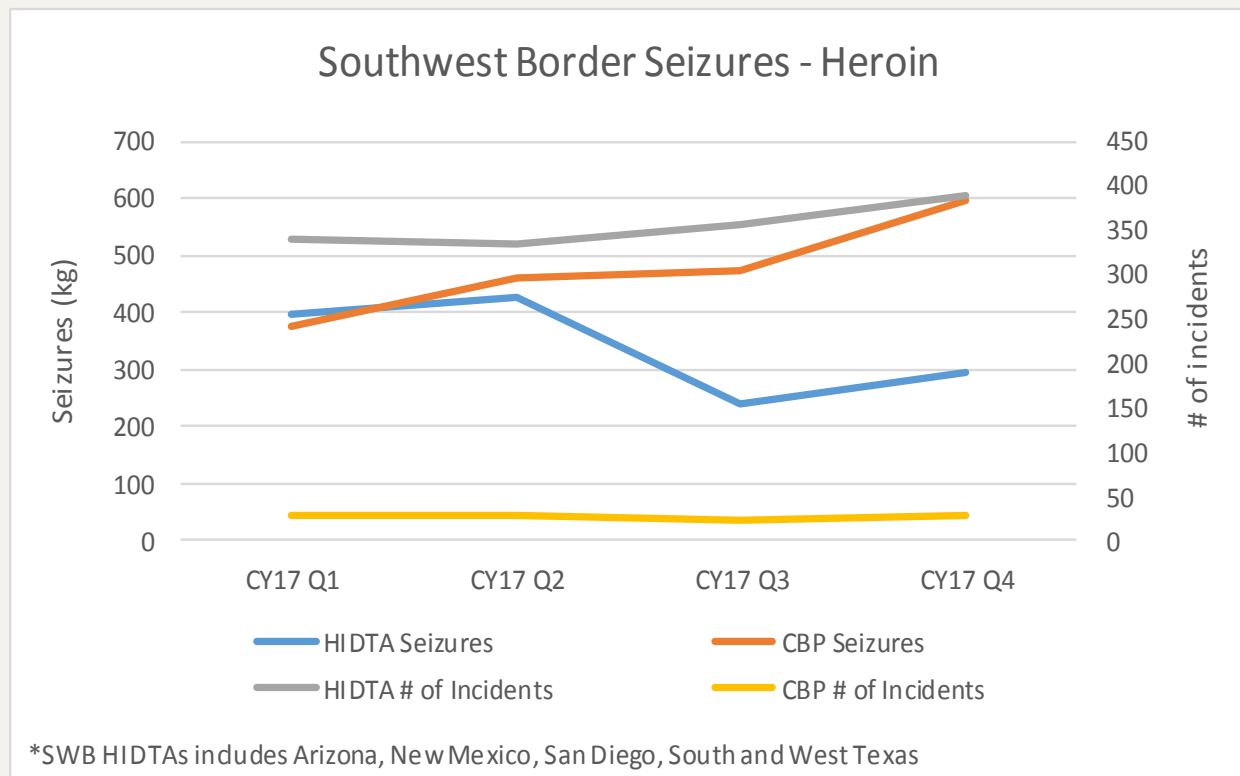
The above graph reflects the change in heroin seizures, in terms of amount seized (in kilograms) and the total number of incidents (reported in Kg, dosage units and liter forms) within all HIDTA counties from 2011 to 2017.



The above map reflects the location of HIDTAs' heroin seizures (reported in Kg and dosage units) in 2017 as reported to PMP.



The above map reflects HIDTA heroin seizure percentages of change over the past seven years, by comparing 2017 to 2011



The above graph compares HIDTA and Customs and Border Protection (CBP) heroin seizures along the Southwest border of the United States in 2017

HEROIN

- There have been some discussions in the intelligence community regarding the source of supply of heroin and now fentanyl. In March 2017, the Chinese government declared four variations of fentanyl, carfentanil, furanyl fentanyl, acryl fentanyl and valeryl fentanyl, to be controlled substances. Although most would say that it would not affect the illicit manufacture of the drug it has fueled the Mexican Drug Trafficking Organizations (DTO) to ramp up their production and smuggling.
- The Mexican state of Guerrero is now the top source of heroin for the United States. Mexico has the third-largest area under poppy cultivation in the world, after Afghanistan and Myanmar, according to a 2017 United Nations report based on estimates from 2015.⁴ By 2016, Mexican poppy cultivation had potentially grown more than three times the national amount estimated in 2013, according to the DEA.⁵
- In this way, fentanyl is very similar to methamphetamine. The illicit manufacture and distribution of fentanyl, like methamphetamine, is lucrative for the Mexican cartels. They manufacture it in their labs using precursor chemicals imported from China and reap huge profits smuggling it into the United States. Fentanyl's potency (it is many times stronger than heroin) allows the cartels to deal in smaller shipments, boosting the return on trafficking. It would take 50 kilograms (110 pounds) or so of heroin to equal the dosage from 1 kilogram of fentanyl. When the United States began to control and track the precursors to manufacture methamphetamine, Mexican DTO's moved their operation to Mexico where they could have access to the chemicals.⁶ In both cases, if Mexican DTO's can obtain the precursors, they will have the ability to synthesize illegal substances, and the smuggling and corruption will continue. The Mexican DTO's have identified and are now dominating the fentanyl and heroin market in the United States just as they have operated in the past with cocaine and methamphetamine.



Prescription Opioids

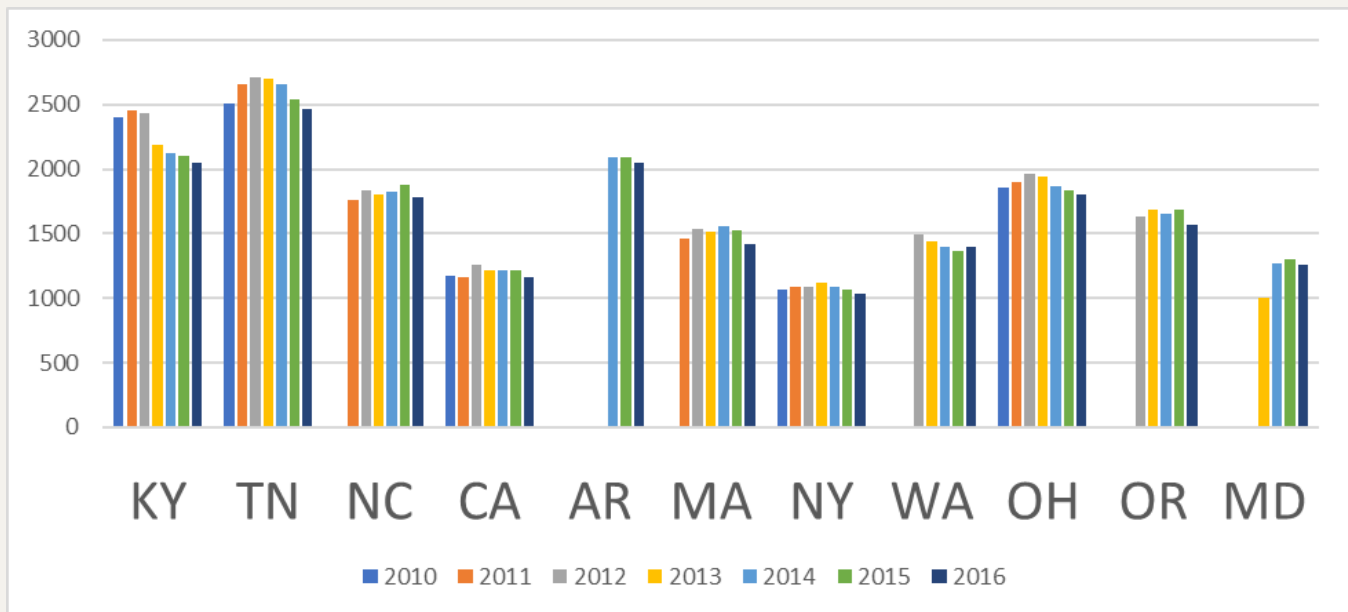
To understand what was happening with prescription opioids and other, non-stimulant, controlled substances drugs, NETI requested and received Prescription Drug Monitoring Program (PDMP) data from 11 states that are part of 12 HIDTA's. They provided data for seven years, 2010 through 2016.

The twelve HDTAs and their respective states are:

<u>HIDTA</u>	<u>State</u>	<u>HIDTA</u>	<u>State</u>
Appalachia	KY	Gulf Coast	AR
Appalachia	TN	New England	MA
Atlanta/Carolinas	NC	New York/ New Jersey	NY
Central Valley California	CA	Northwest	WA
Los Angeles	CA	Ohio	OH
Northern California	CA	Oregon	OR
Southwest Border-San Diego	CA	Washington/ Baltimore	MD

The Opioid and other prescription data showed that of the 11 states:

Opioid & Other controlled substances Rx peaked in each state from 2011 (KY) through 2015 (NC & MD). All declined through 2016. Declines ranged from 1.8% (AR) in 2 years up to 16.7% (KY) in 5 years.



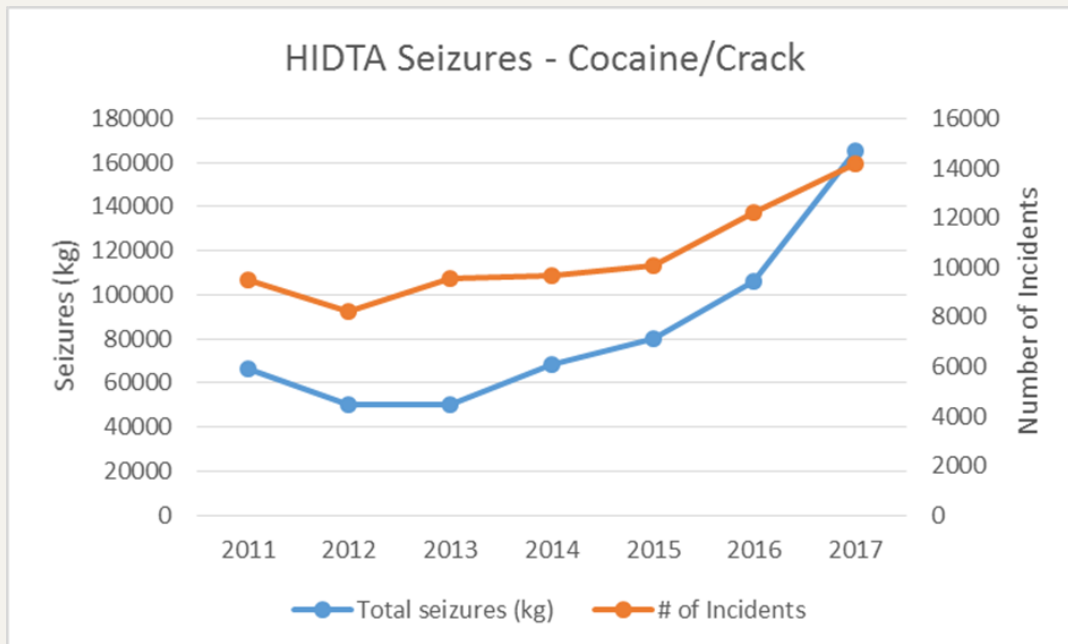
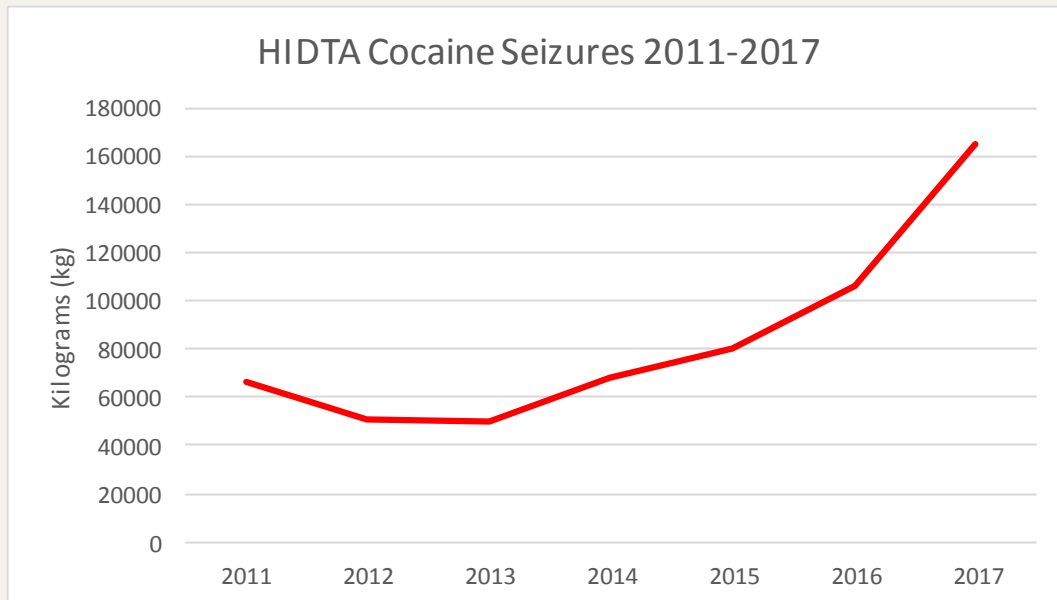
Opioid & Other Controlled Substances Prescription Rates for Representative States Rate of Rx per 1,000 Population - 2010-2016

Stimulants

Cocaine

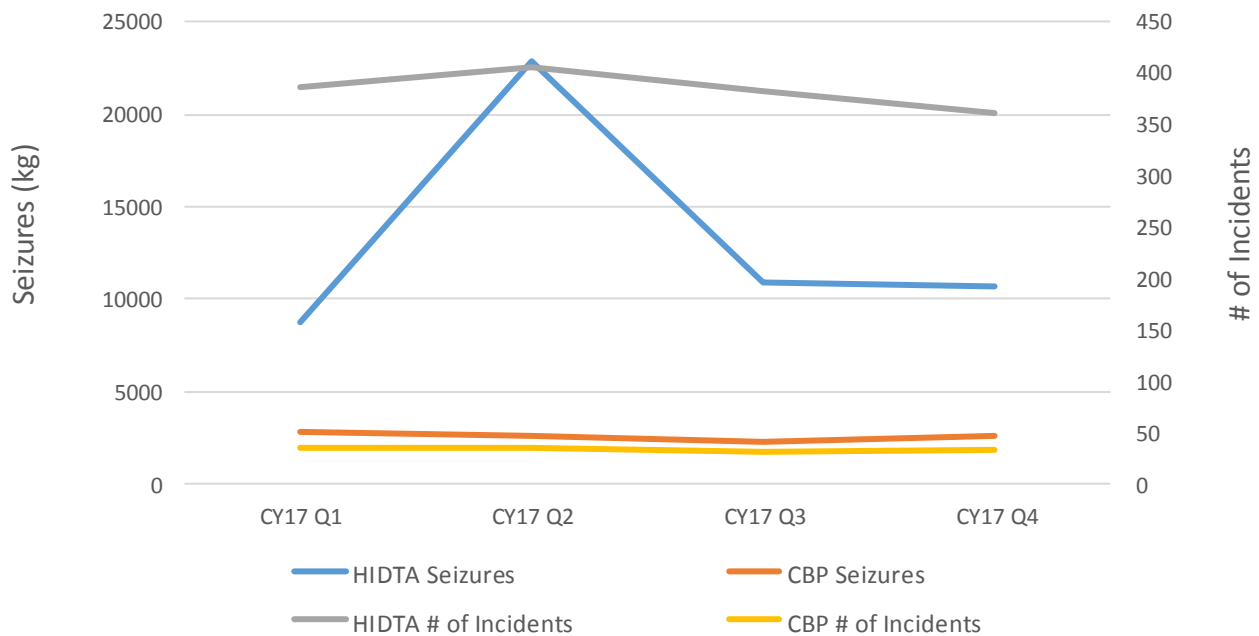
During the past 7 years there has been a rapid escalation in quantities and numbers of seizures of cocaine (including crack) reported by HIDTAs. The weight seized each year rose from 66,438 Kg in 2011 to 165,553.69 Kg in 2017, a 149% increase. At the same time, the numbers of incidents in which cocaine was seized rose from 9,493 to 14,191, a 49.49 % rise.

Thus, the average seizure increased in weight from 2,076 Kg in 2011 to 5,174 Kg in 2017.



The above graph reflects the change in cocaine/crack seizures, in terms of amount seized (in kilograms) and the total number of incidents (reported in Kg, dosage units and liter forms) within all HIDTA counties from 2011 to 2017.

Southwest Border Seizures - Cocaine

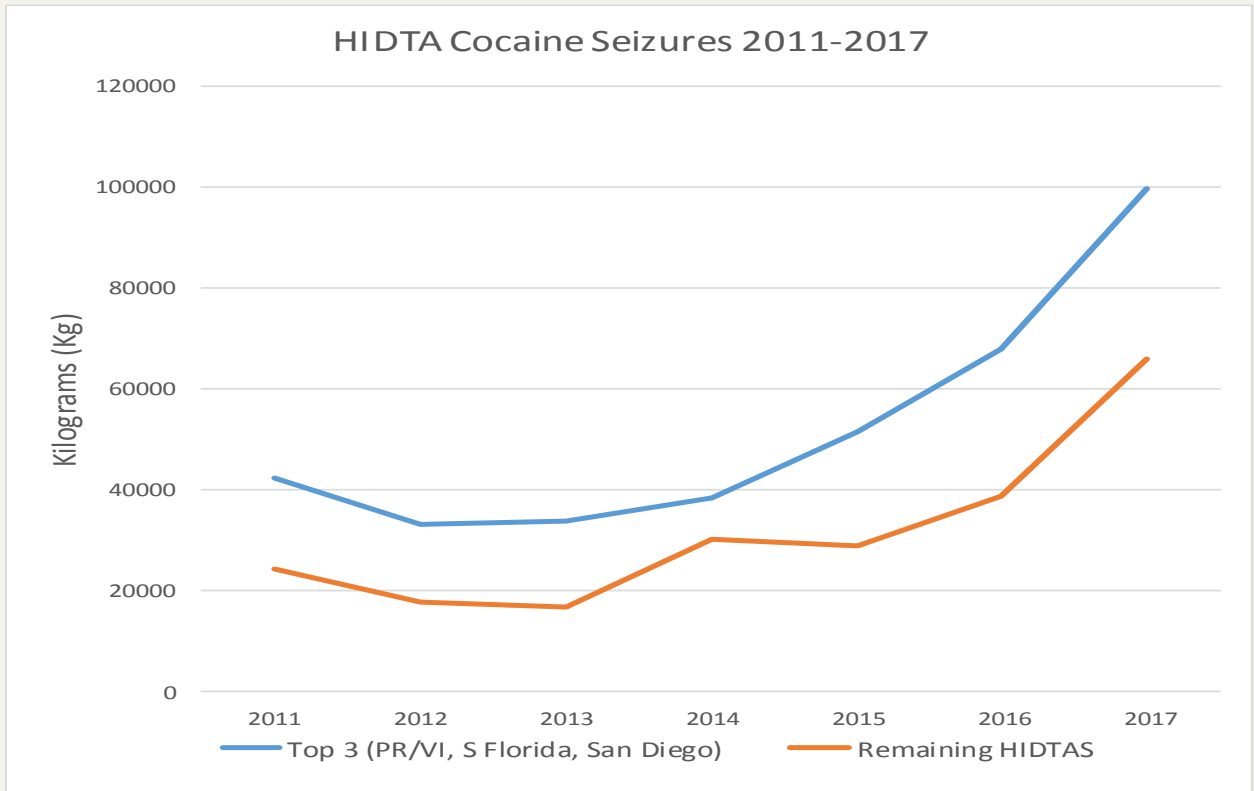


*SWB HiDTAs include Arizona, New Mexico, San Diego, South and West Texas

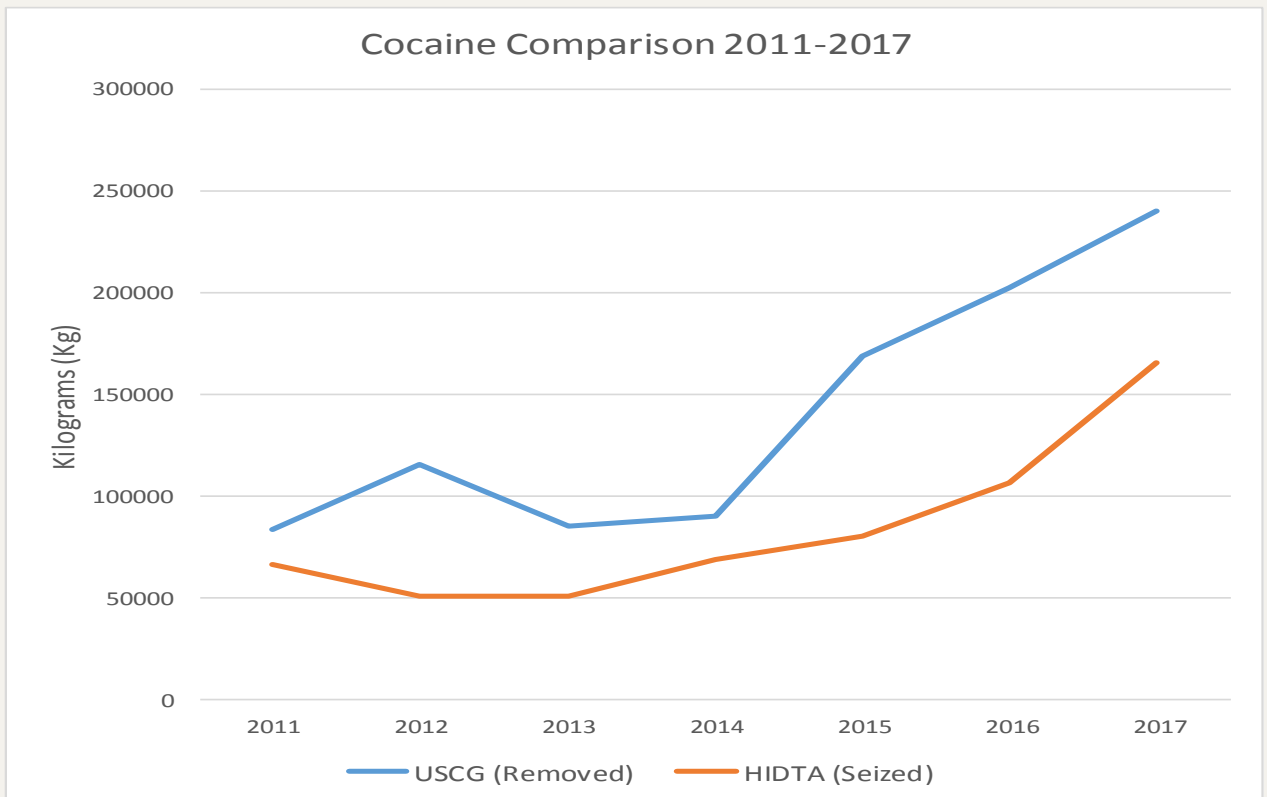
The above graph compares HIDTA and Customs and Border Protection (CBP) cocaine seizures along the Southwest border of the United States in 2017



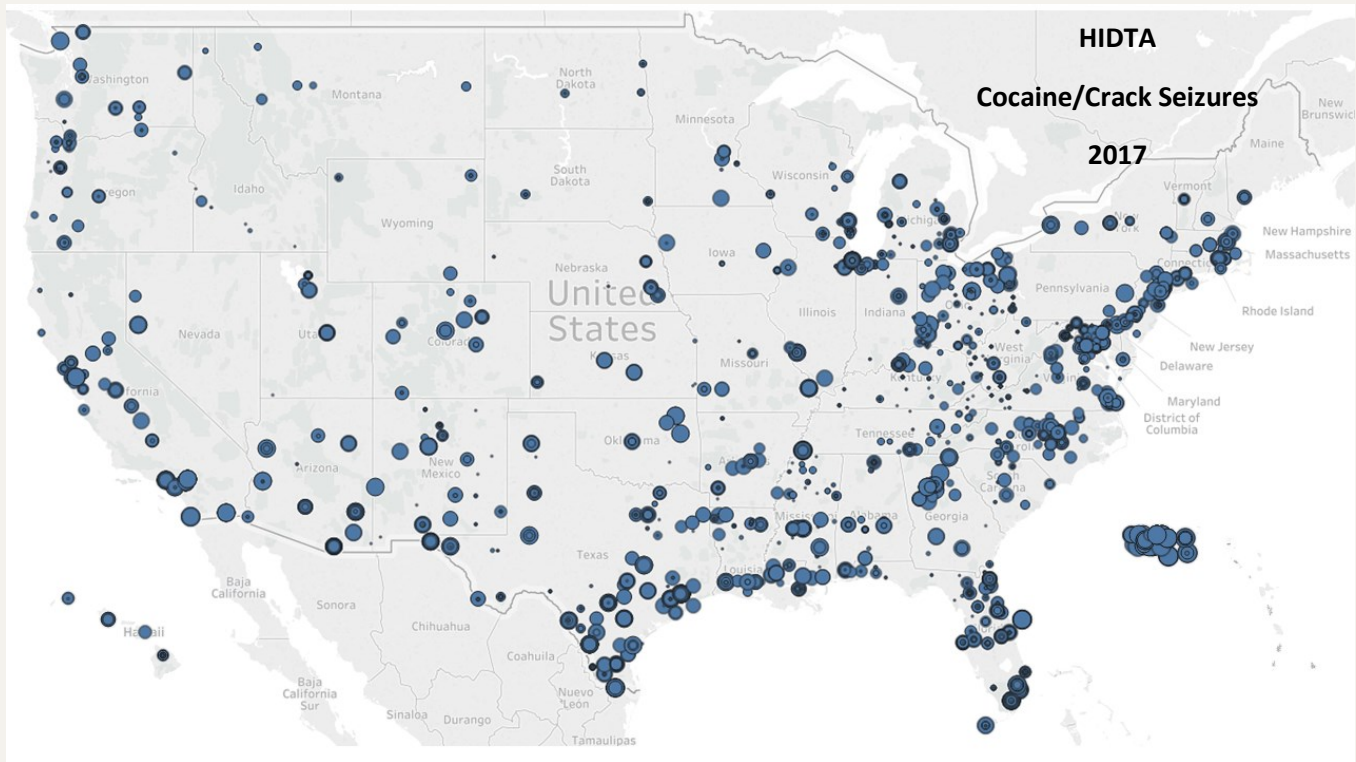
18.5 tons of cocaine (seized in 20 different incidents) offloaded by U.S. Coast Guard in Port Everglades, Florida on May 18, 2017.⁷



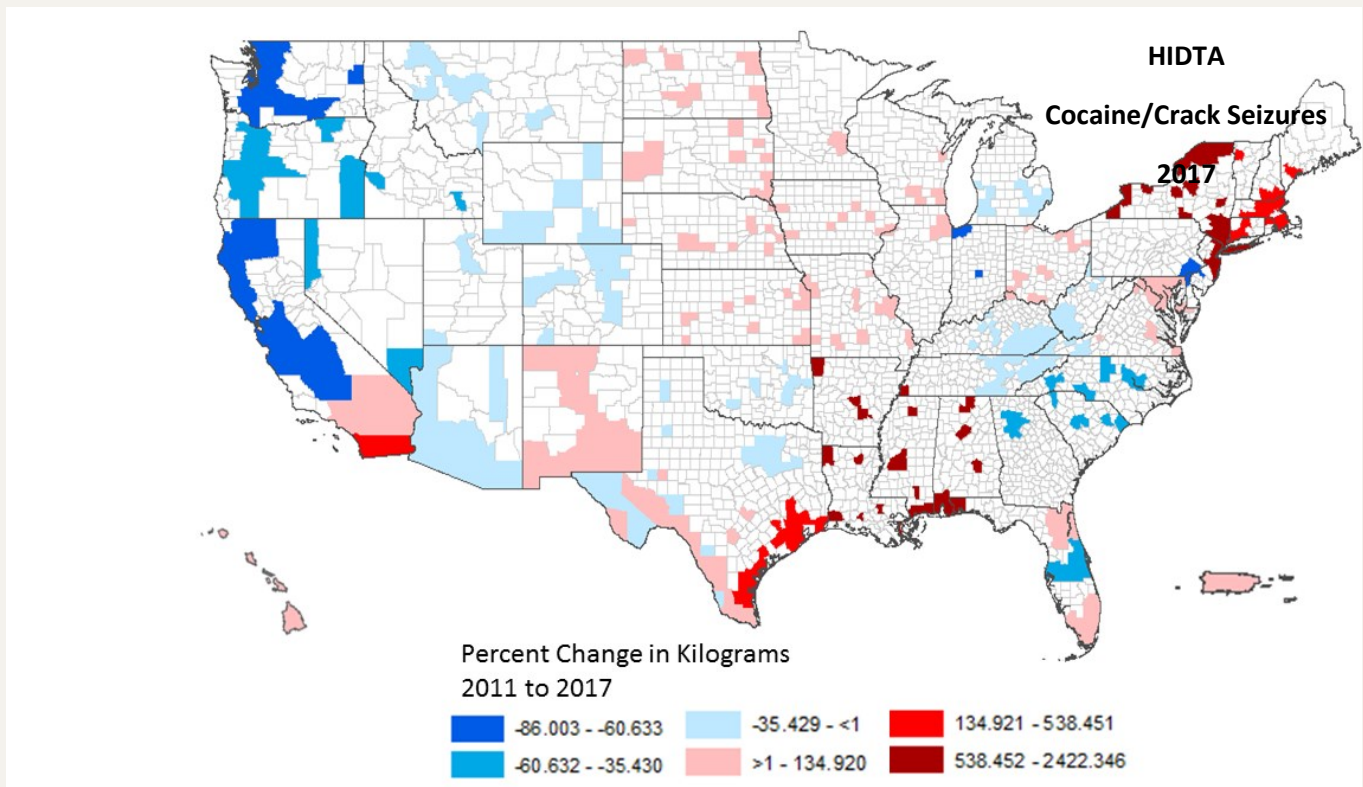
Consistent Top Cocaine Seizure HIDTAs are S Florida, Puerto Rico/Virgin Islands (PR/VI), and San Diego. The graphic represents 2017 cocaine seizures, to include crack, (in kilograms) by the three HIDTAs compared to the remaining HIDTAs.



The above graph compares Cocaine Removed by the United States Coast Guard (USCG) (seizures combined with loss, e.g. drugs thrown into the ocean by crews of halted ships) with HIDTA cocaine seizures over a seven-year period.



The above map reflects the location of HIDTAs' cocaine seizures (reported in Kg and dosage units) in 2017 as reported to PMP.



The above map reflects HIDTA cocaine/crack seizure percentages of change over the past seven years, by comparing 2017 to 2011

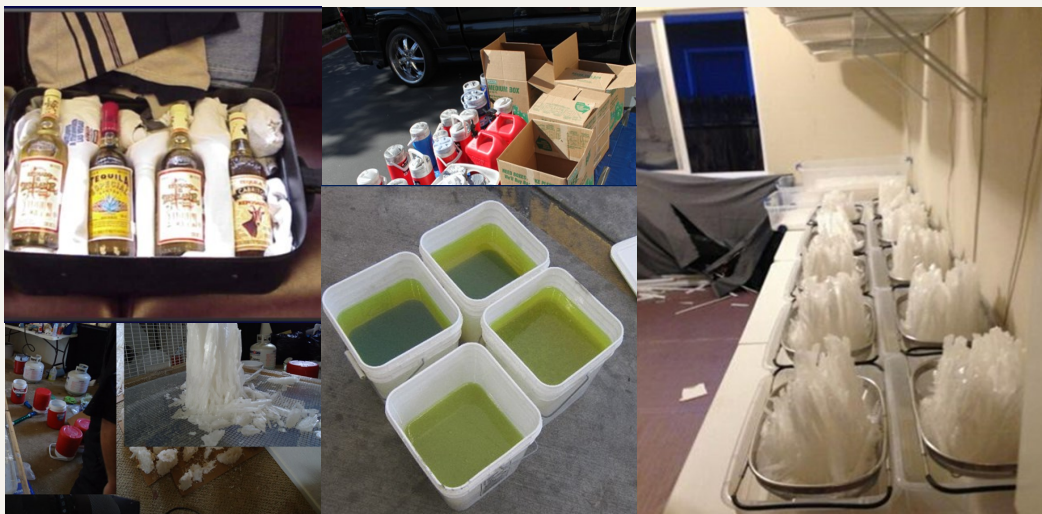
Methamphetamine

The arrest of “Chapo” Guzman in January 2016, has not had the expected drop in methamphetamine manufacturing as once thought. The re-organization of the Sinaloa Cartel and the emergence of the Jalisco New Generation Cartel has increased the problem. The Jalisco New Generation Cartel, unlike others, is a polydrug smuggling organization that specializes in methamphetamine but also distributes cocaine, fentanyl, and heroin into the United States.⁸

Mexican Drug trafficking organizations continue to use the P2P method in response to ban on pseudoephedrine in Mexico.⁹ The DTO's have improved the potency and increased production, and as a result, methamphetamine has dropped to approximately \$2,000 a pound on the West Coast.¹⁰ About 96% of the methamphetamine that is manufactured in Mexico and smuggled into the US is derived from the P2P method. Distribution of large quantities of methamphetamine by Mexican Drug Trafficking Organizations (MDTOs) continue to expand in virtually every region of the United States.

The increased smuggling of methamphetamine in solution from Mexico (smuggling/transportation method) has caused the seizure of significant amounts of methamphetamine in solution in the United States beginning in 2008. Methamphetamine in solution is finished methamphetamine that is diluted into some type of solvent for concealment. It is often mistakenly called Liquid Meth, which is not accurate. Methamphetamine in solution may not be ingested until the solvent is removed. The solvents used most often are acetone, water, diesel, and gasoline. The DTOs have discovered that concealing methamphetamine in liquid avoids detection at the border. Furthermore, these organizations have found that they can smuggle large quantities of liquid in a single shipment and reconstitute it at a later time.^{11,12}

These are examples of the preferred method to transport meth in solution and how eventually the methamphetamine crystallizes on its own inside the containers. Containers in fuel tanks are also utilized to transport a bilayer liquid that is hard to detect as well. The methamphetamine is not dissolved into the fuel, it is layered in the fuel cell.



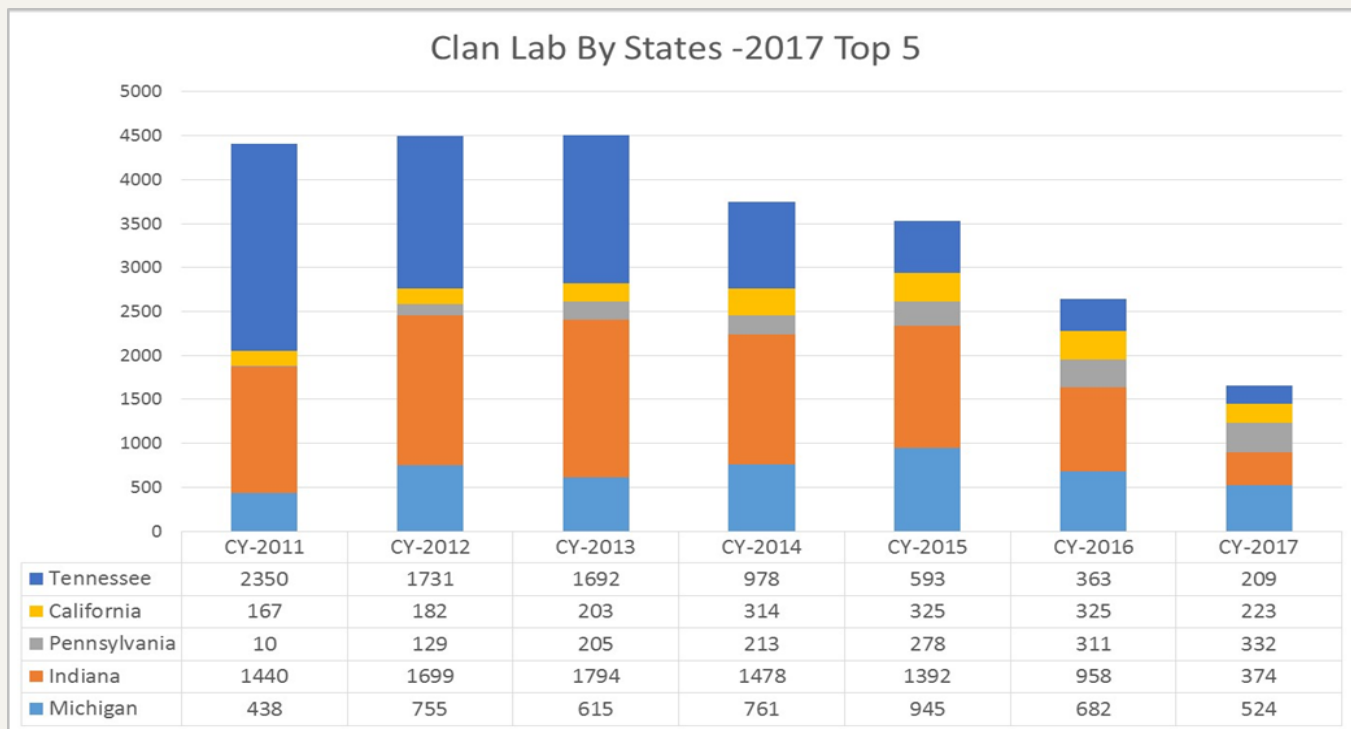
Calculating the amount of methamphetamine in solution posed a problem to law enforcement as they began to make the methamphetamine in solution cases. As a result of the numerous solution cases, chemists at the DEA lab supplied a general purpose conversion formula which lab teams around the country adopted to estimate methamphetamine yields. The estimation formula is contained below for information purposes:

- 1 gallon of liquid (acetone/water mixture) contains approximately 3.75 Liters.
- If reasonably saturated (a vital assumption), the purity tends to be approximately 50-60% by weight.
- $3.78 \text{ Liters} \times (1\text{L}/1000\text{mg})(1\text{mg}/\text{ml density of water}) \times (0.50) = 1890 \text{ grams}$
- 3.78 estimate is about 1.9 – 2.2 kgs (again if fairly saturated) or 4.1 lbs. to 4.9 lbs.
- $\text{Liters} \times (1\text{L}/1000\text{mg})(1\text{mg ml density of water}) \times (0.60) = 2268 \text{ grams}$

The Rule of Thumb for Methamphetamine in Solution to convert into dry methamphetamine yield is 2 kgs per gallon or 4.5 lbs. per gallon.

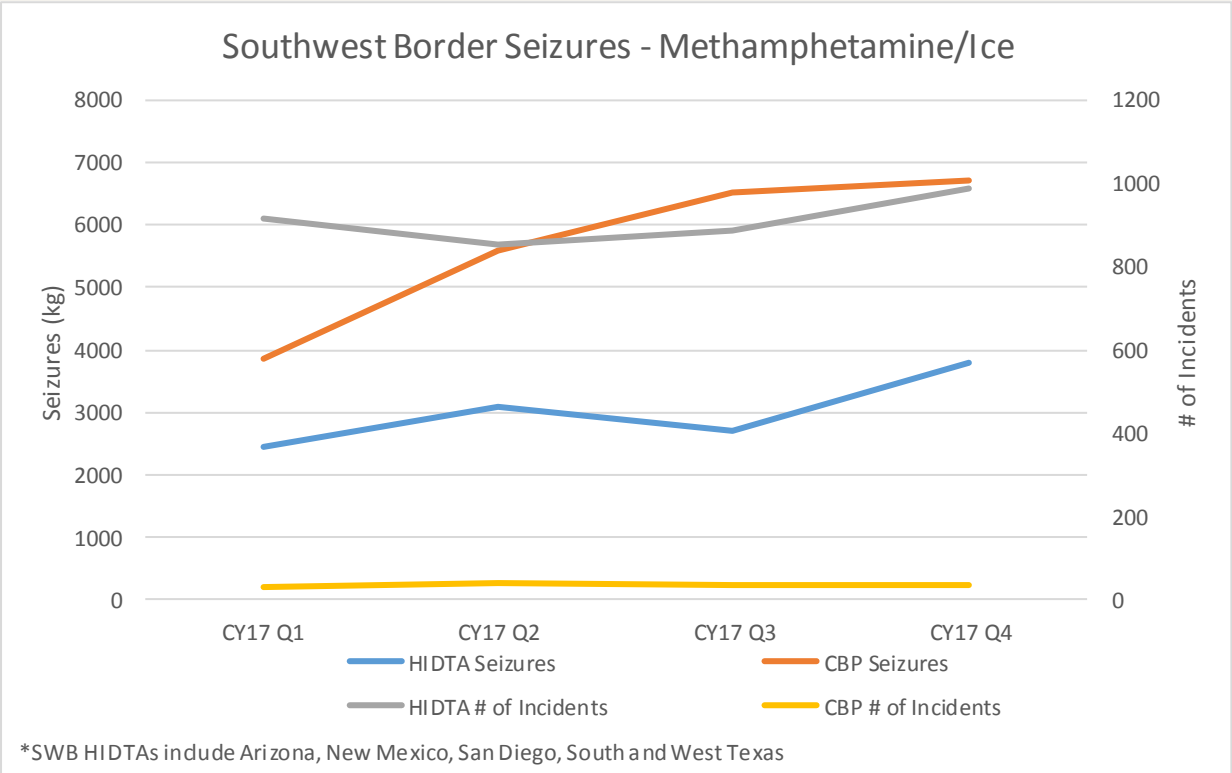
The majority of clandestine methamphetamine labs in the United States are the small “user-type” that produce under 2 ounces per batch.¹³ The main precursor for the small labs in the U.S. is pseudoephedrine which is primarily obtained from retail stores. The small user type labs are producing the more potent “D” methamphetamine which is more desirable for the users.

According to the EL Paso Intelligence Center (EPIC)’s NSS, from January to December 2017, of 3,008 methamphetamine lab incidents, 1,662 occurred in 5 States alone, and 524, or 17.4 percent of the total occurred in Michigan. Indiana came in second with 374 (it was 2016’s top location for methamphetamine lab incidents). Ohio, which came in 3rd in 2016, fell to 7th in 2017.

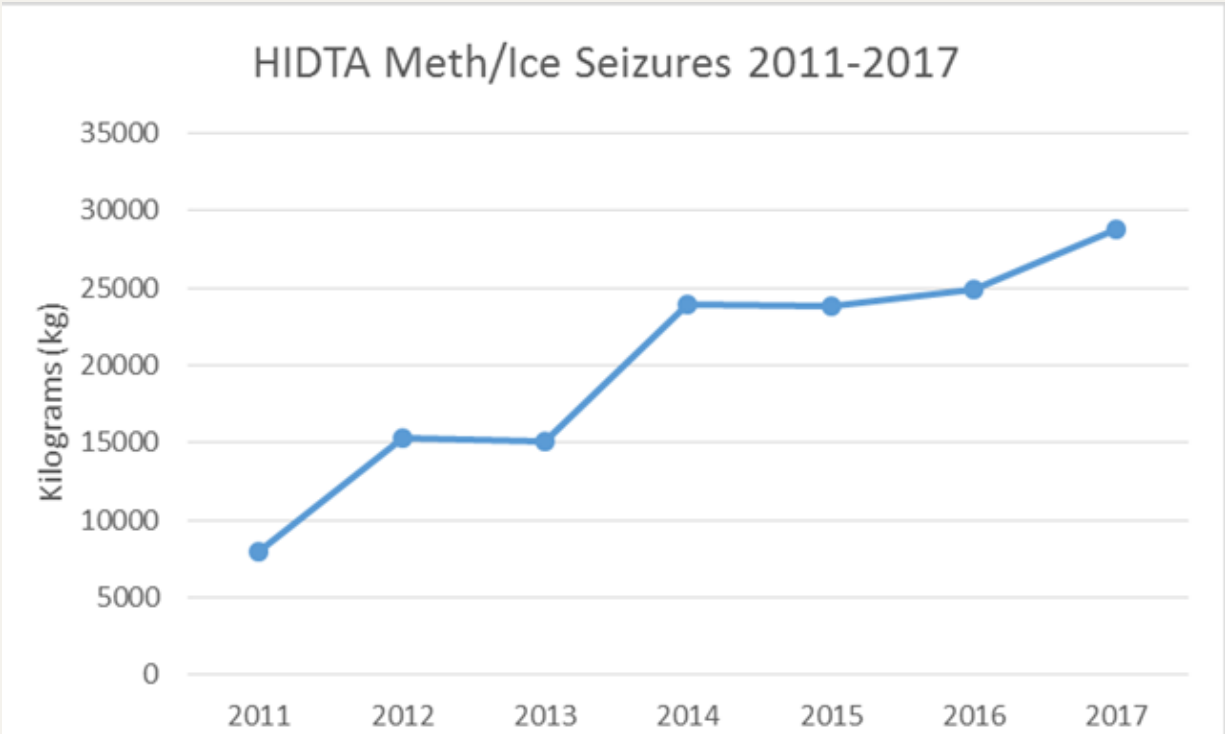


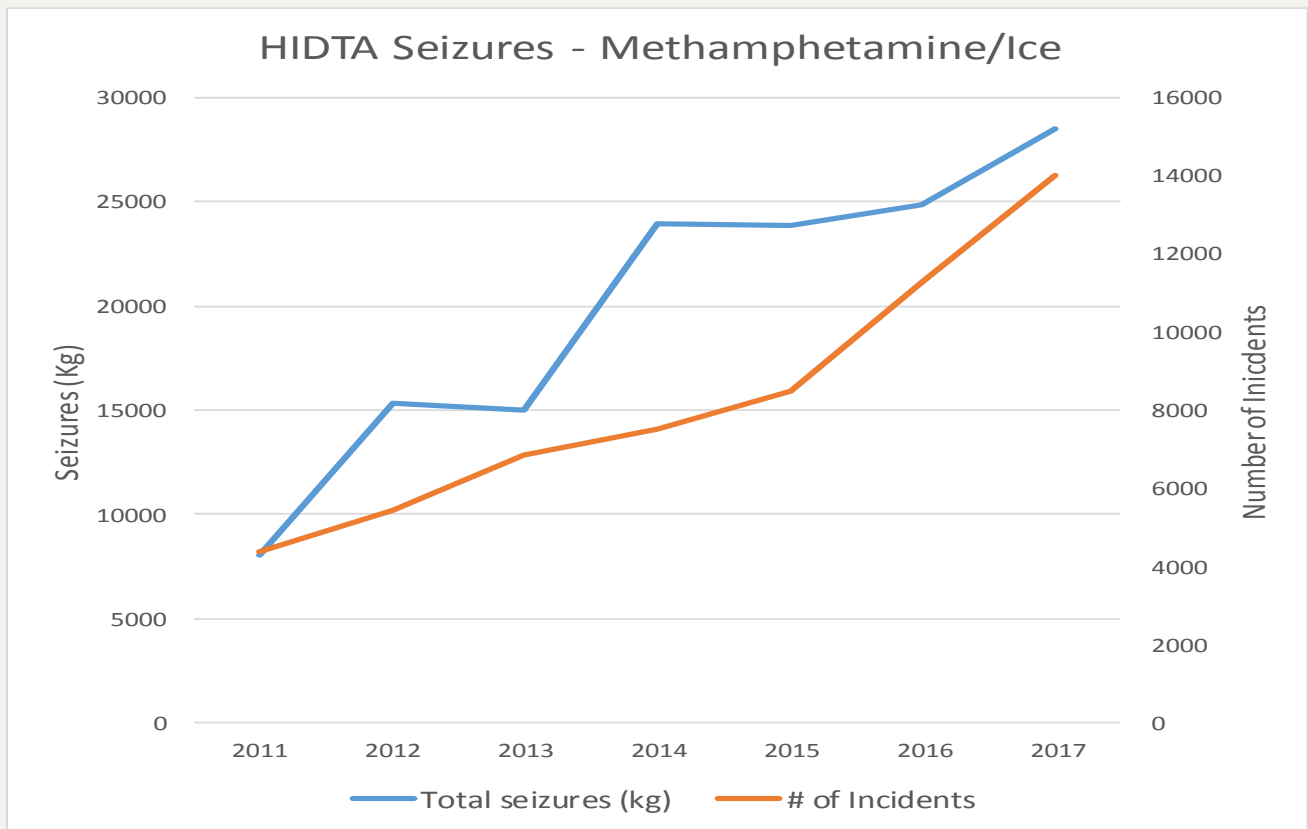
**The total incident numbers reported above, include methamphetamine labs, reconstitution labs (meth extracted from meth in solution), ice conversion labs (small meth crystals/powder to large crystals), tablet extraction labs (removing the pseudoephedrine precursor from cold/allergy medicine), dumpsites (clan lab waste), and chemical or equipment only seizures.

The Southwest border continues to dominate the vast quantities of illegal drugs seized across the country. At this point, the El Paso Intelligence Center does not include the Los Angeles HIDTA as part of the Southwest border because it falls approximately 135 miles north of the San Ysidro border and for analytics, the statistics are not added to the Southwest border numbers.

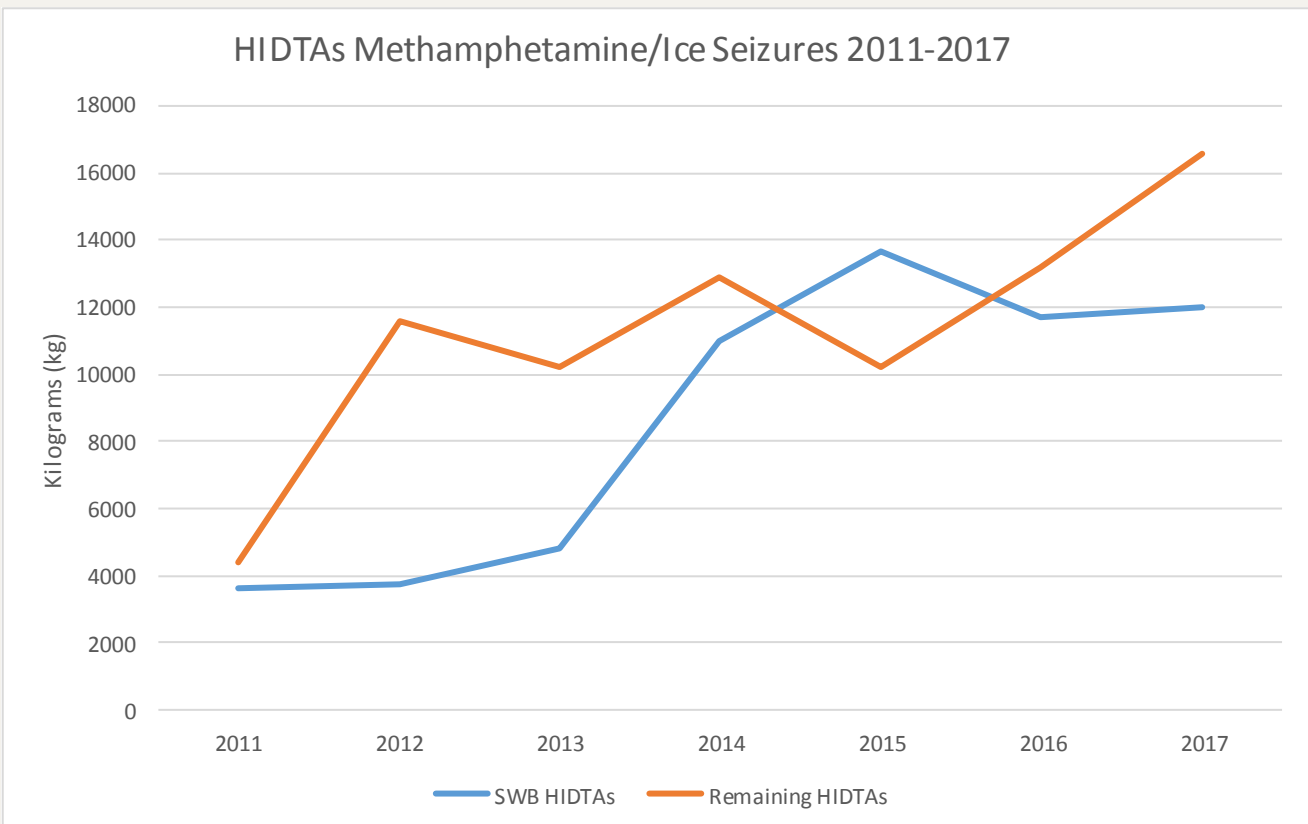


The above graph compares HIDTA and Customs and Border Protection (CBP) methamphetamine seizures along the Southwest border of the United States in 2017. The graph below highlights HDTAs methamphetamine/ice seizures across all HIDTA from 2011-17

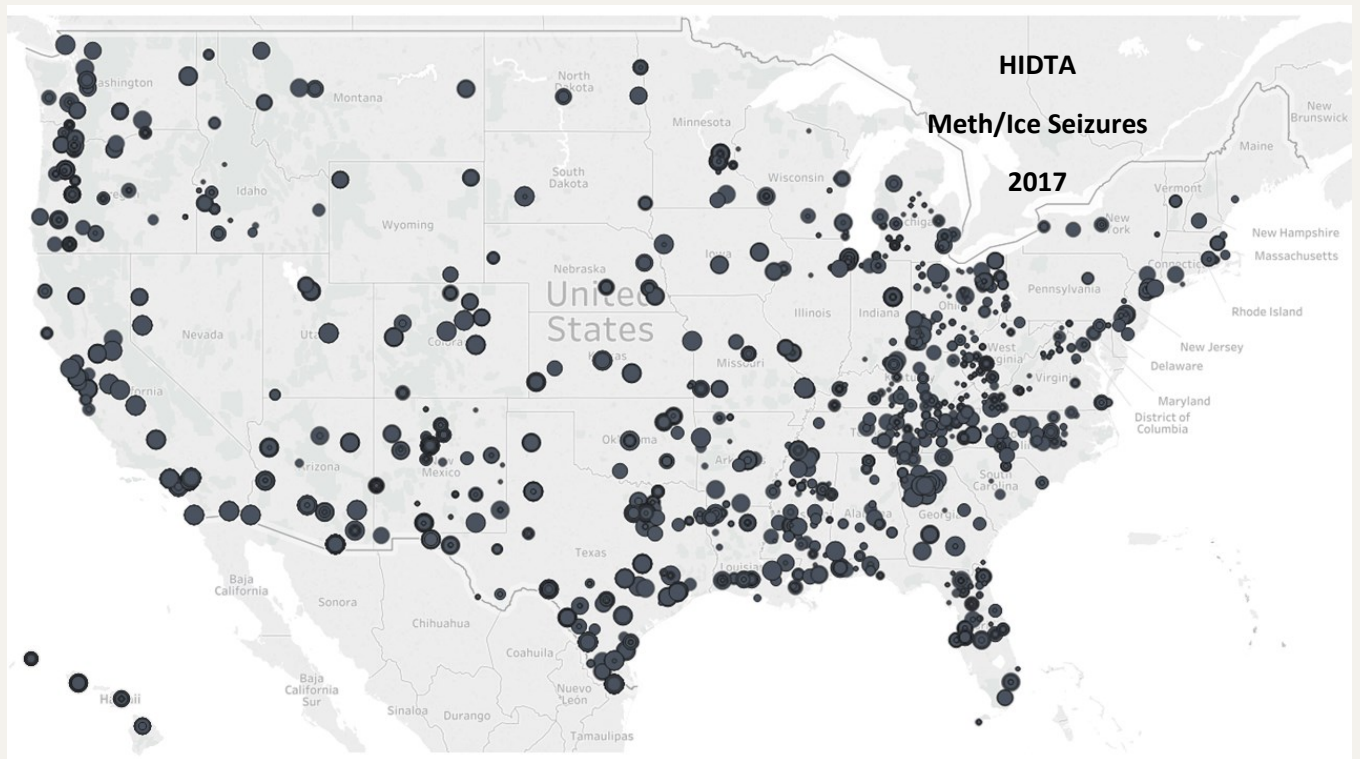




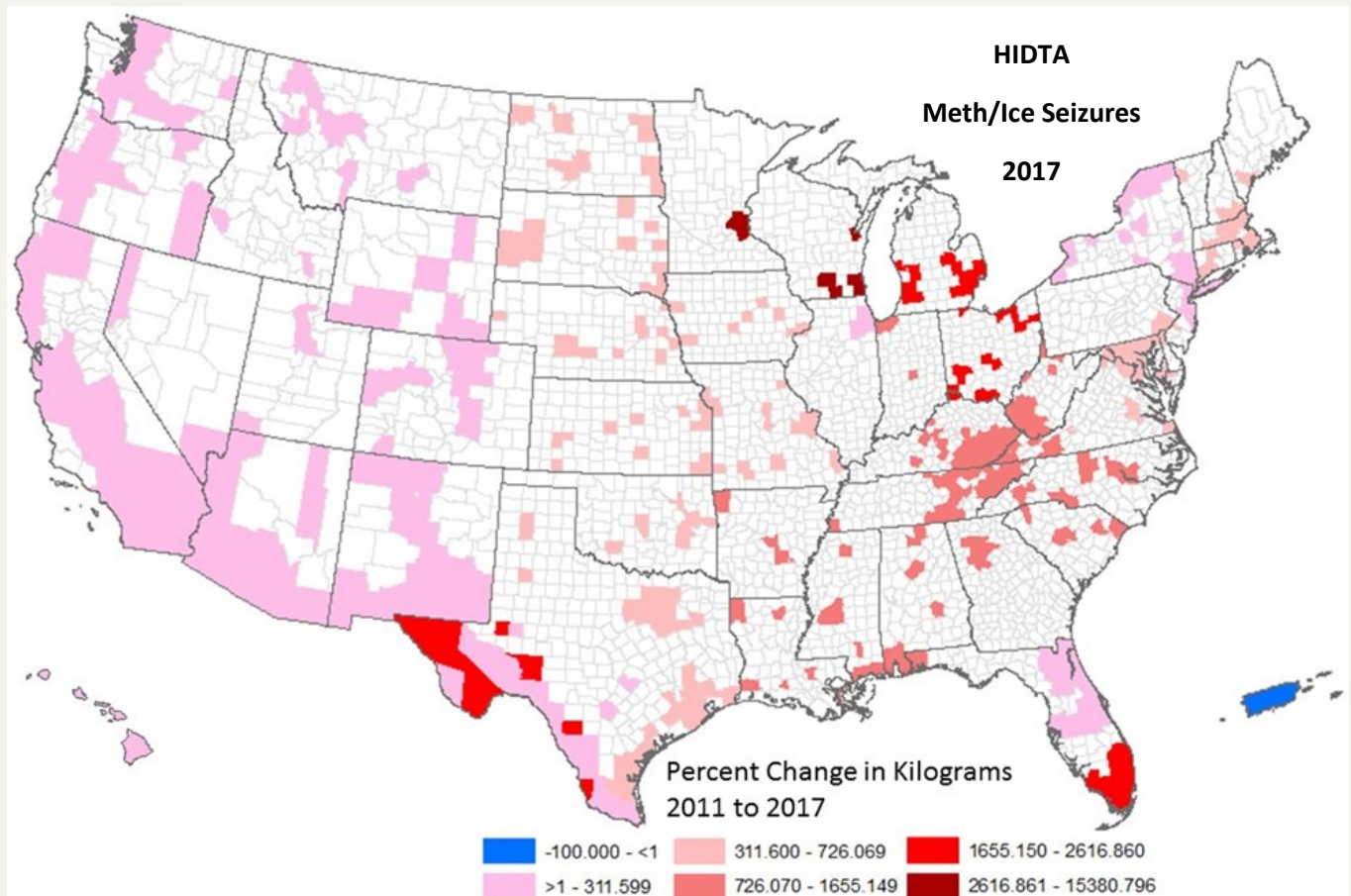
The above graph reflects the change in methamphetamine/ice seizures, in terms of amount seized (in kilograms) and the total number of incidents (reported in Kg, dosage units and liter forms) within all HIDTA counties from 2011



The graph depicts the change in methamphetamine seizures by Southwest Border (SWB) HIDTAs compared to the rest of the HIDTAs.



The above map reflects the location of HIDTAs' methamphetamine seizures (reported in Kg and dosage units) in 2017 as reported to PMP.



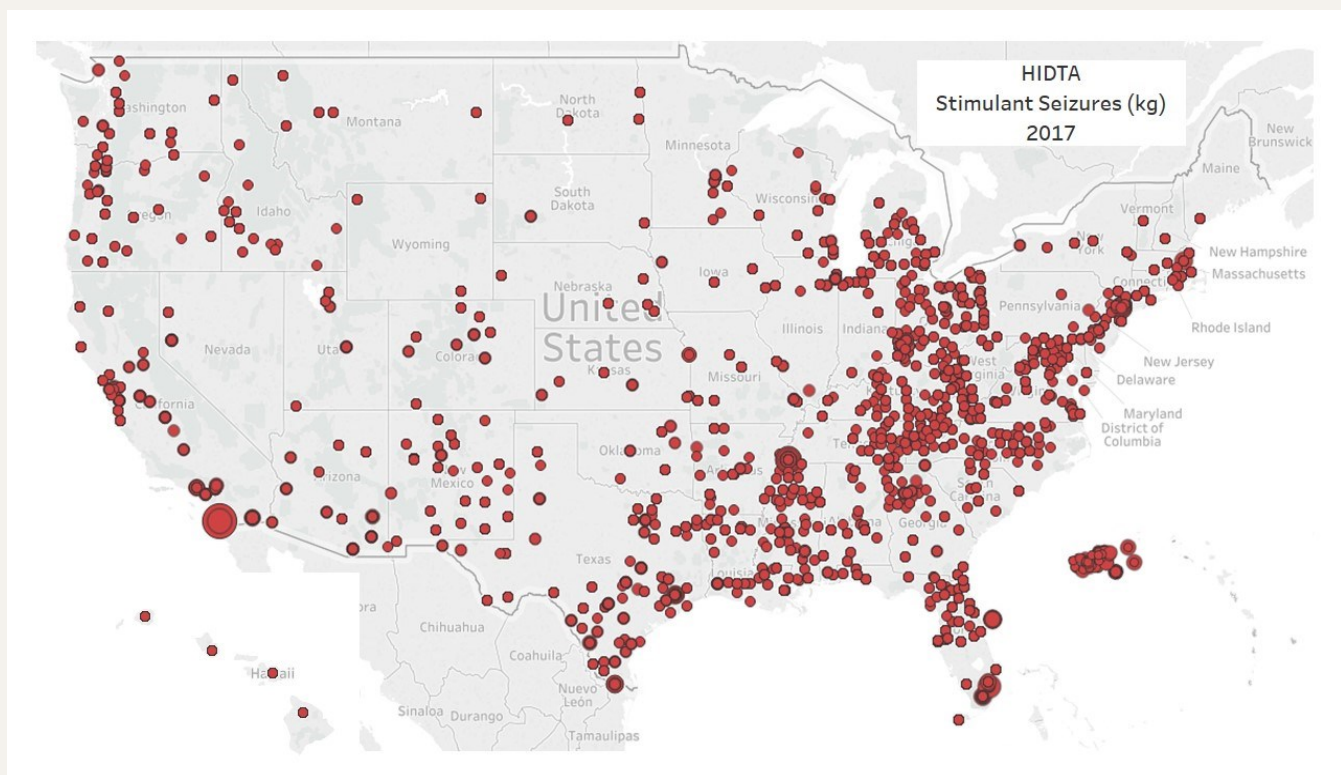
The above map reflects HIDTA methamphetamine seizure percentages of change over the past seven years, by comparing 2017 to 2011

Combined stimulants

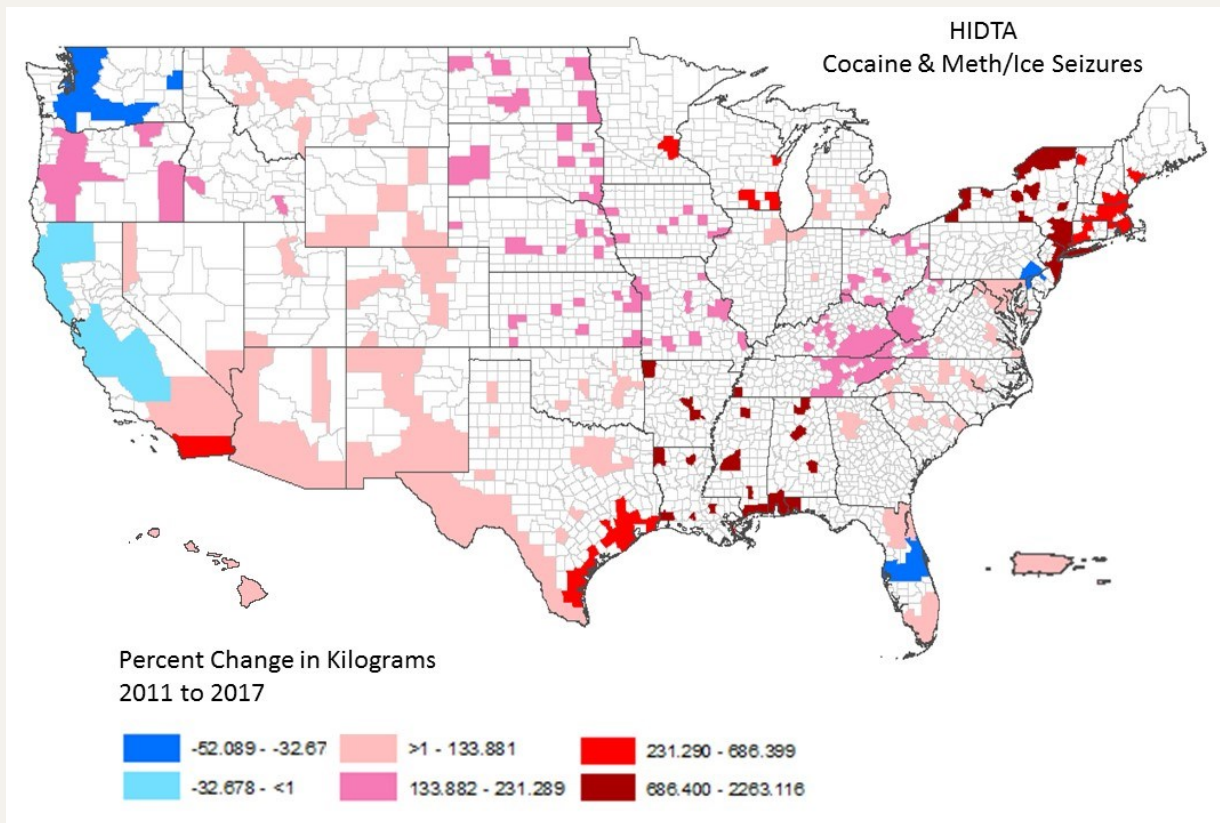
Trafficking in illicit stimulants and prescribing of prescription stimulants have both increased over the past seven years, along with increasing demand for use of the illicit stimulants and non-medical use of Rx stimulants.

Total HIDTA cocaine seizures increased by 149.2%, from 2,312.7 Kilograms in 2011 to 4,912.2 in 2017. Of the 32 HDTAs, 15 had increases.

At the same time, methamphetamine seizures increased in all but one HIDTA (Puerto Rico) and the total Kilograms seized increased by 256.1 %, from 8,020.7 Kilograms in 2011 to 28,558 in 2017. Of the 32 HDTAs, 29 had increases.



The above map reflects the location of HDTAs' Stimulant seizures in 2017 as reported to PMP.

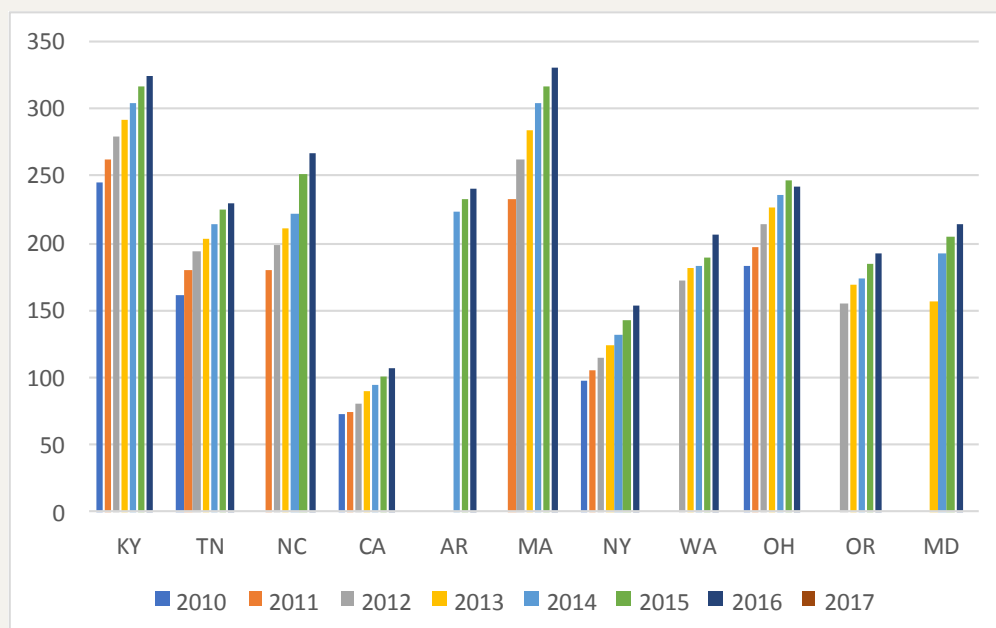


The above map reflects stimulant (methamphetamine and cocaine) seizure percentage of change over the past seven years.

To understand what was happening with prescription stimulants during this period, NETI received PDMP data from the same 11 states as for Rx opioids.

The Stimulant prescription data showed that of the 11 states:

- All were at their lowest levels in 2010, or first year for which the PDMP provided data.
- Rx increased through 2016 in all states, except 1 (OH increased for 5 years but leveled off in 2016).
- Increases ranged from 7.4% (AR) in 2 years up to 57.6% (NY) in 6 years.



Stimulant Prescription Rates for Representative States Rate of Rx per 1,000 Population - 2010-2016

Demand for Drugs

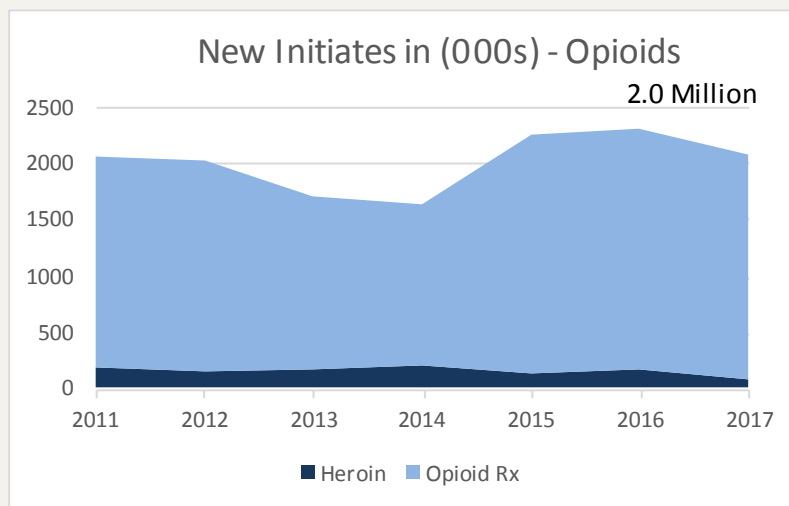
To identify emerging drug threats in the United States, it is essential to combine what is known about the supply of drugs (seizures of illicit drugs and prescriptions of controlled substances) to measures of demand for nonmedical/illicit use of those drugs. The National Survey on Drug Use and Health (NSDUH), produced by the Substance Abuse and Mental Health Administration provides data on drug use. The data on New Initiates (individuals who, for the first time used a drug non-medically/illicitly during the 12 months before the survey) is a very early indicator of changes in demand. Likewise, data on Past Year Nonmedical/Illicit Users provides trend data on all individuals who used during the prior 12 months, including the whole spectrum of new to long-term users.

Demand for Opioids

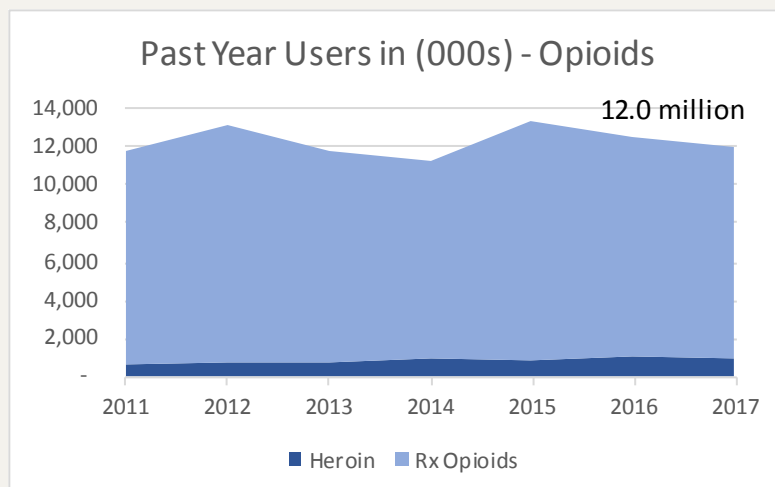
To look for Emerging Threats first requires examining currently identified threats, i.e., the levels of Opioid Nonmedical/Illicit use. As can be seen in the two graphs below, the demand to use illicit heroin and to non-medically use prescription opioids appears to be continuing at high levels. Among new initiates (used for the first time in past twelve months) for heroin and Rx opioids combined, there was a reduction from 2012 to 2014. However, that reversed in 2015 and 2016, returning to a level of 2.0 million new initiates in 2017.^{14,15}

The total persons who used heroin and non-medically used Rx opioids during the past twelve months have been relatively unchanged, varying between 11.3 and 13.3 million from 2011 to 2017.¹⁶

New Initiates in (000s) – Nonmedical/Illicit Use – Opioids



Past Year Nonmedical/Illicit Users in (000s) - Opioids

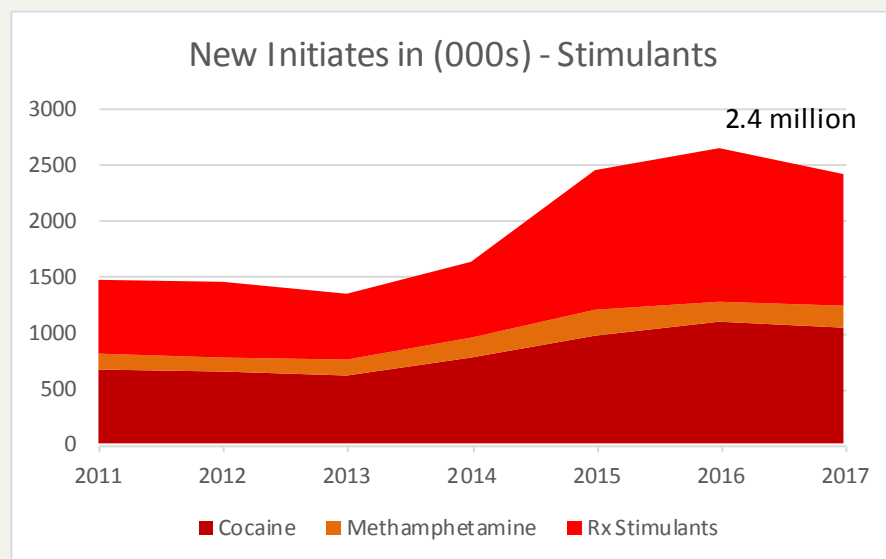


Demand for Stimulants

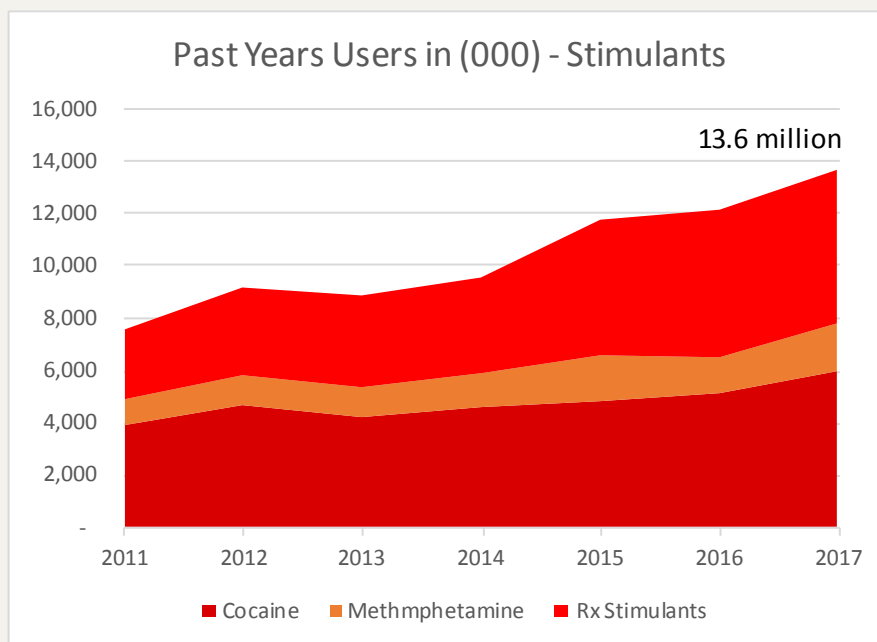
The demand to use illicit cocaine and methamphetamines and to non-medically use prescription stimulants are rapidly increasing, unlike demand for opioids that are basically unchanging. In fact, the demand for stimulants has almost reached the same high levels as opioids.

New initiates (used for the first time in past twelve months) for cocaine, methamphetamines, and Rx stimulants combined, rose to 2.4 million by 2017, i.e. about the same level as new initiates of heroin and Rx opioids.¹⁷

New Initiates –Nonmedical/ Illicit Users in (000s) – Stimulants



The total persons who used cocaine and methamphetamines and non-medically used Rx stimulants, during the past twelve months have risen substantially. By 2017, they are higher than the level of opioids.¹⁸



Past Year Nonmedical/Illicit Users in (000s) - Stimulants

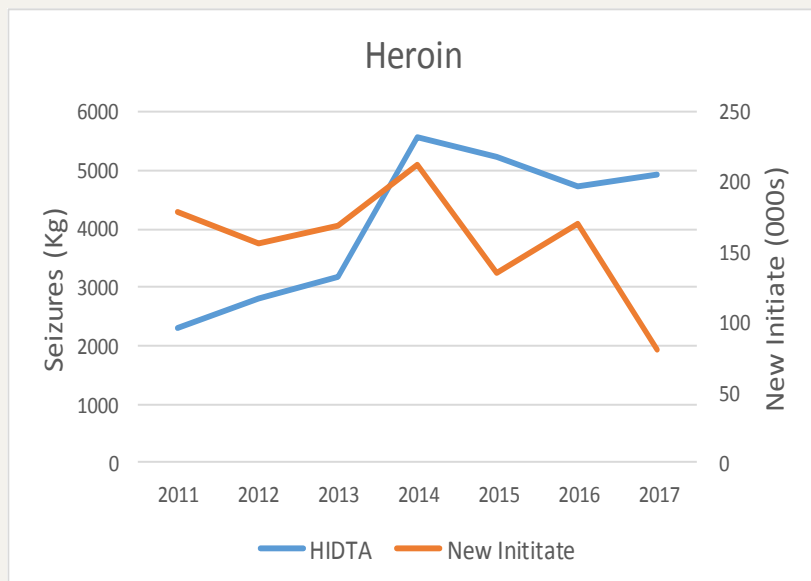
Supply and Demand

The next step in identifying Emerging Threats is to compare the supply of and demand for opioids and stimulants. The demand information was utilized from NSDUH data, as above.¹⁹

The HIDTA seizure data is used as a surrogate measure for the supply of illicit substances. While not exact, the quantities of drugs seized vary with the changes in illegal drug supply because law enforcement intentionally focuses investigations and seizures on those drugs most frequently trafficked. Law enforcement changes its foci as the supplies vary.

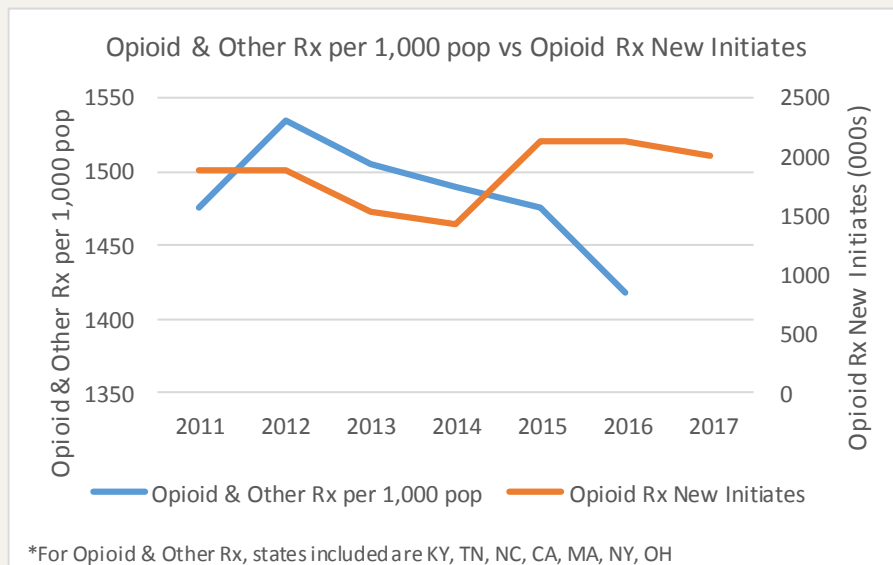
For this report, data was drawn from drug seizures (kilograms) obtained from HIDTA PMP Reports for heroin, cocaine, and methamphetamine. Drug seizure data for Fentanyl for the same period was not as consistent and therefore not graphed. Data for prescription controlled substances was available from the seven state PDMPs that provided data for 2011 through 2016.

The Heroin seized by HDTAs and the demand by new initiates have generally tracked closely together:



The graph to the left reflects heroin new Initiate data versus HIDTA Seizures from over a seven year period

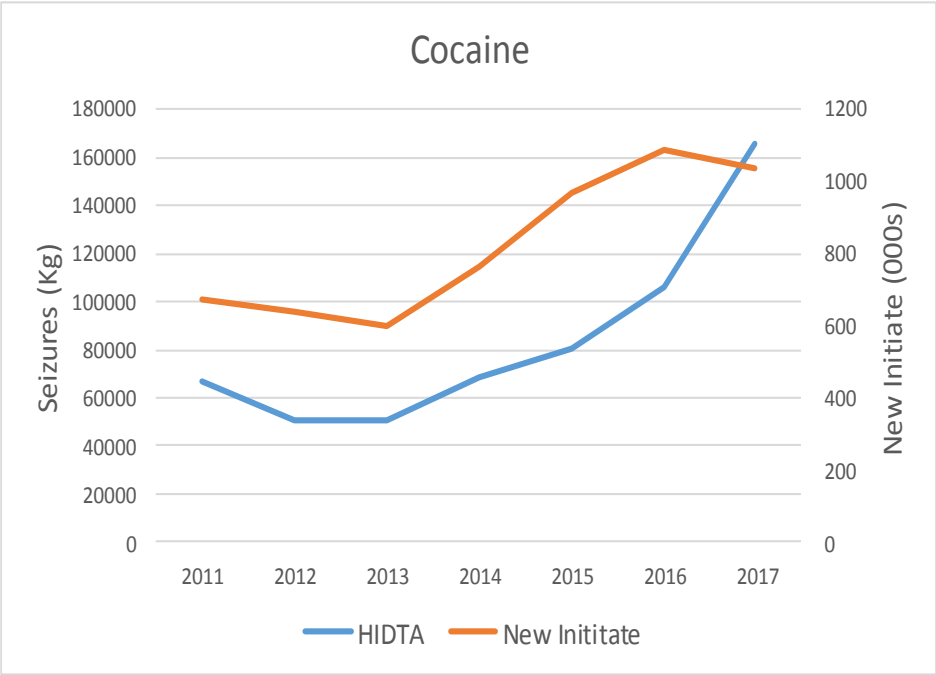
(U) Rx opioid supply in seven states reviewed and national new initiates tracked together until 2015, when new initiates remained high but Rx supply began to decrease.



The graph to the left compares Opioid & Other Prescription Rates for Representative States per 1,000 population against Opioid prescription New Initiates over a six year period.

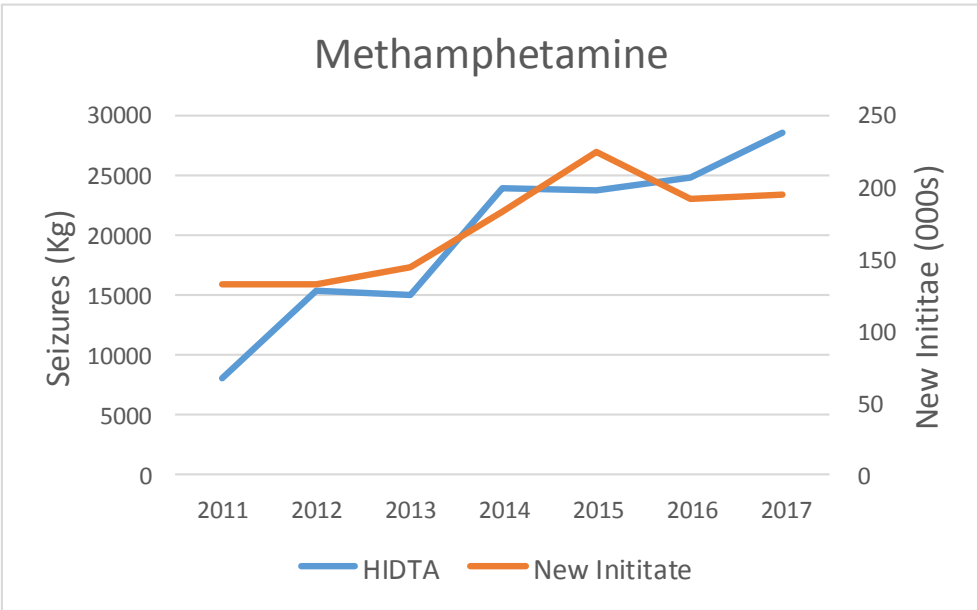
In the instance of stimulants, illicit and prescription, the supply and demand track very closely, with both rising rapidly from 2011 through 2016. The simultaneous increases in supply and demand for stimulants clearly identify nonmedical use of licit stimulants and use of illicit stimulants as **an Emerging Threat in the United States**.

New initiates of cocaine use (people who had not previously used cocaine) increased by 54.8% from 0.7 million in 2011 to 1.0 million in 2017, while total HIDTA seizures of cocaine increased 149% from 66,438 Kg in 2011 to 165,544 Kg in 2017.



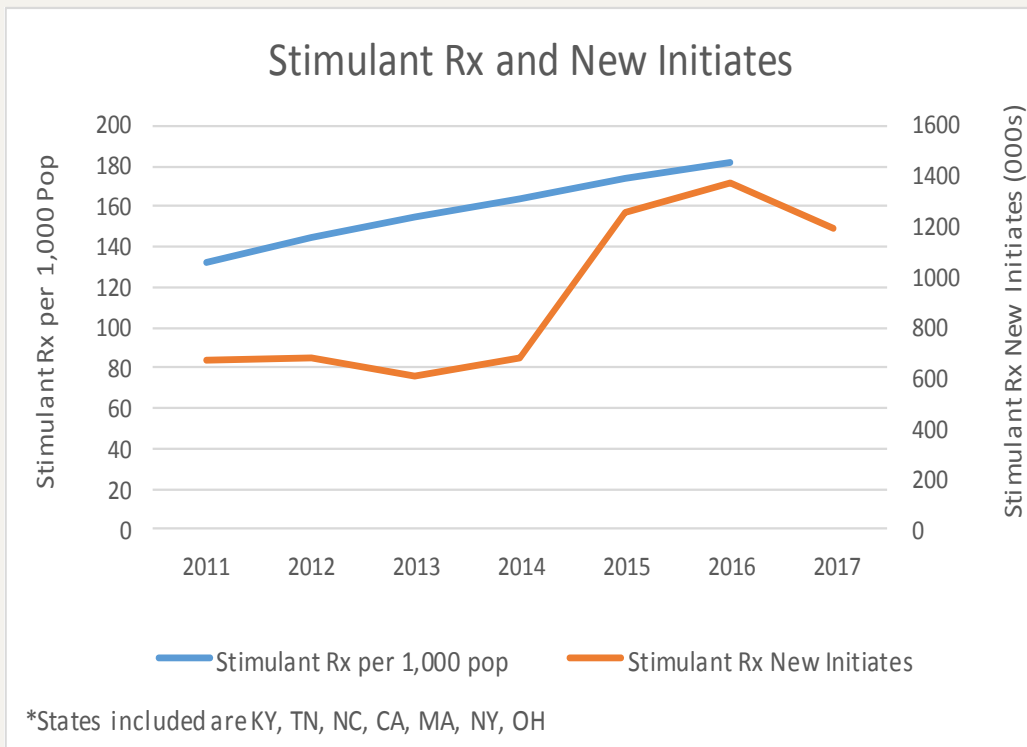
The above graph reflects cocaine new Initiate data versus HIDTA Seizures from over a seven year period

Similarly, new initiates of methamphetamine use (people who had not previously used methamphetamines) increased by 47% from 133,000 in 2010 to 195,000 in 2017. At the same time, HIDTA seizures of methamphetamine increased 256% from 8,021 Kg in 2011 to 28,558 Kg in 2017.



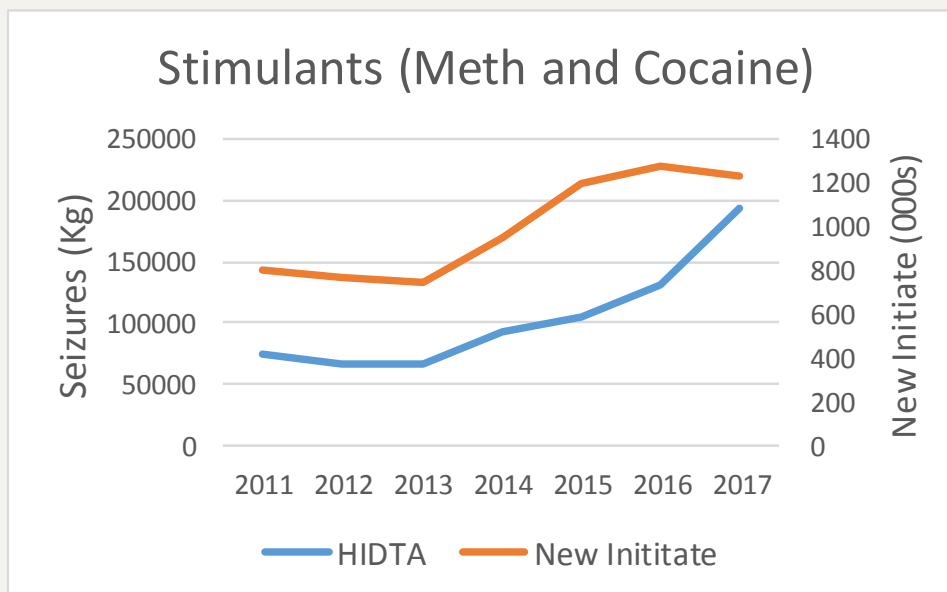
The-graph to the left reflects methamphetamine new Initiate data versus HIDTA Seizures from over a seven year period

New initiates of nonmedical use of prescription stimulants increased significantly from 2011 through 2016, with an 8% rise in just one year, 2015 to 2016. At the same time increases in prescribing of stimulants also escalated in the seven states that provided PDMP data for the whole period.



The graph to the right reflects stimulant new Initiates data compared against stimulant pre-scriptions per 1,000 population

When seizures of illicit stimulants (cocaine and methamphetamine) are combined and compared to the new initiates for both drugs added together, the trend lines become more even, indicating just how consistently the supply and demand for illicit stimulants are increasing, simultaneously.



The above graph reflects stimulant new Initiate data versus HIDTA Seizures from over a seven year period

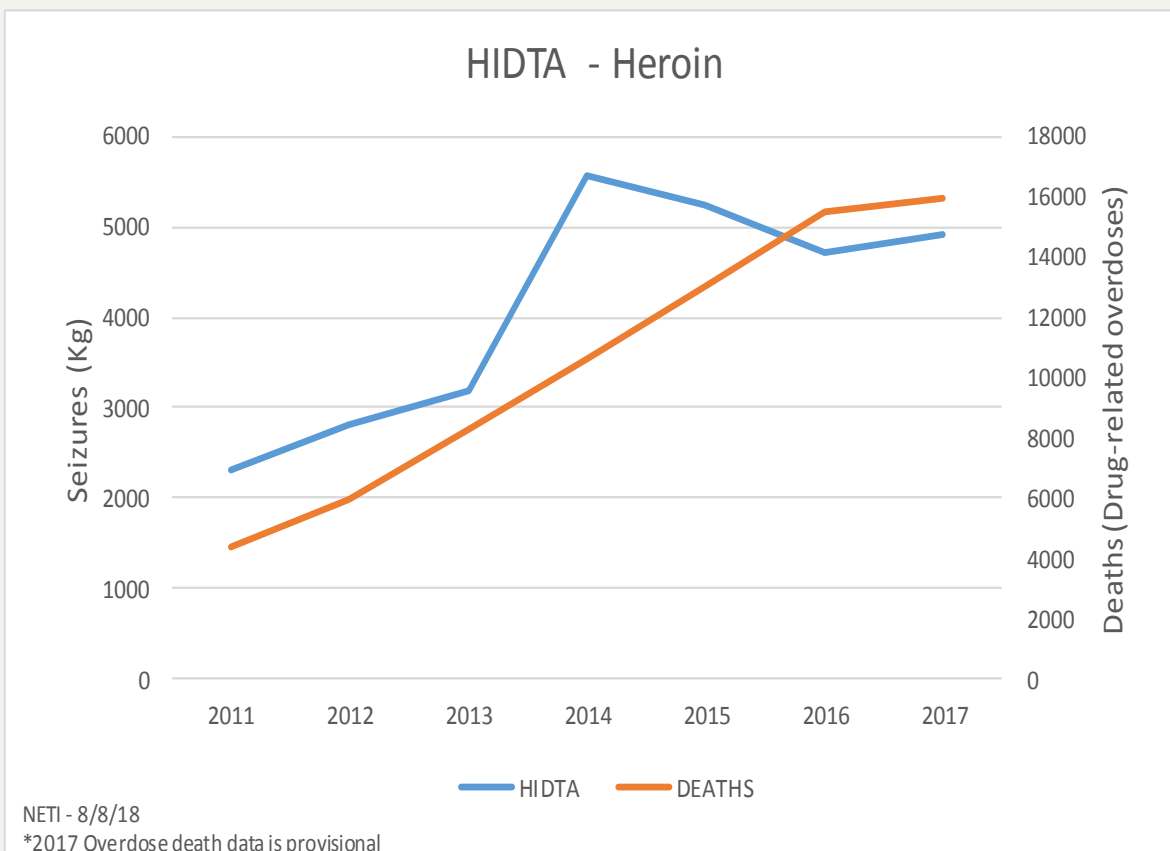
Drug Related Deaths

Confirmation of an Emerging Threat by utilization of additional data sets is essential to assure that sufficient information is available to all participants in the national efforts to address drug abuse. The National Center on Health Statistics in the Centers for Disease Prevention and Control provides such additional information from CDC WONDER.

An August 2018 report identifies a provisional total of 72,306 overdose deaths in 2017, a 21% increase over 2016. Of the 2017 deaths, 67.8% involve opioids (40.7% synthetic opioids - primarily fentanyl and 22% heroin), 20.1% involve Cocaine, and 14.8% include Psychostimulants with Abuse Potential (methamphetamine).²⁰ Note that data is not yet provided for 2017 prescription drug overdose deaths including opioids, benzodiazepines or stimulants. Also, note that many deaths involve more than one drug so the deaths listed by drug type can total up to more than the 72,306 deaths.

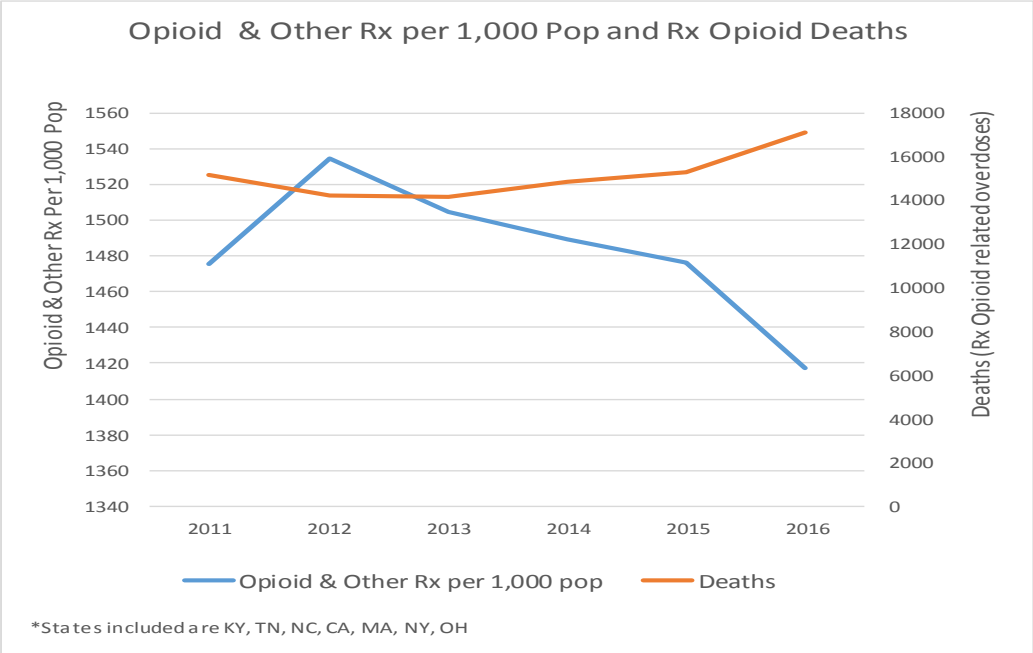
NETI has matched this CDC information to supply data for 2011 through 2017.²¹ Using the CDC Wonder data, drug overdose death numbers were pulled for the United States from 2011 to 2017 and then compared to supply data: drug seizure data (kilograms) obtained from HIDTA PMP Reports for heroin, cocaine, and methamphetamine and from the seven state PDMPs that provided data for 2011 through 2016.

- Both heroin seizures and deaths involving heroin have rapidly increased from 2011 to 2017 (112% and 362.9% respectively)



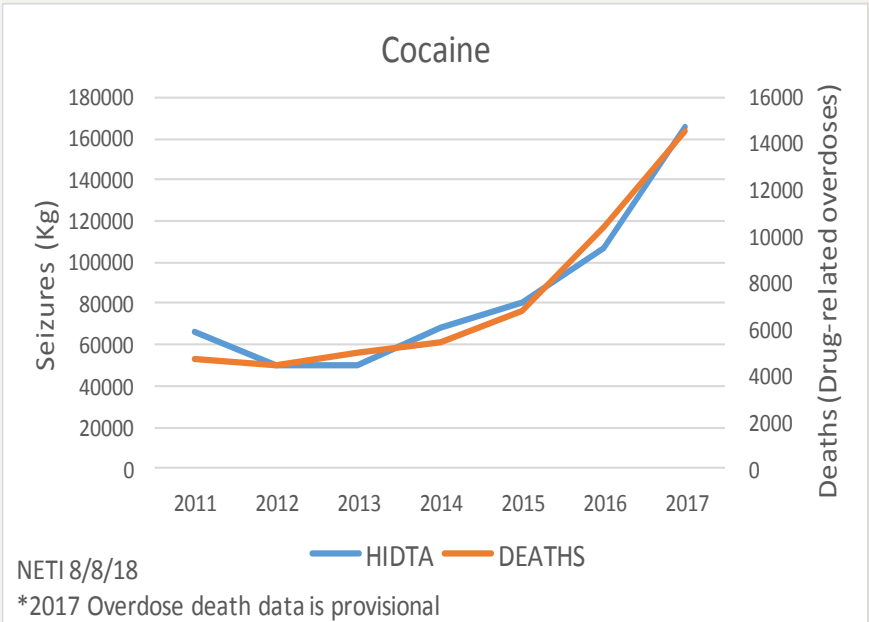
The above graph compares HIDTA Heroin seizures to heroin related drug overdose deaths over a seven-year period.

While deaths involving prescription opioids decreased from 2011 through 2013, they reversed direction in 2014 through 2016, ending 13% higher than they had been in 2011. Both new initiates of Rx opioids are increasing nationally, even after the rate of prescribing of opioids has begun to decline in seven states reviewed. Research is needed to access causes of this apparent anomalous situation. As these finding regarding supply and deaths and supply and demand for nonmedical use of opioids are consistent, future national efforts are needed to understand and address these phenomena.

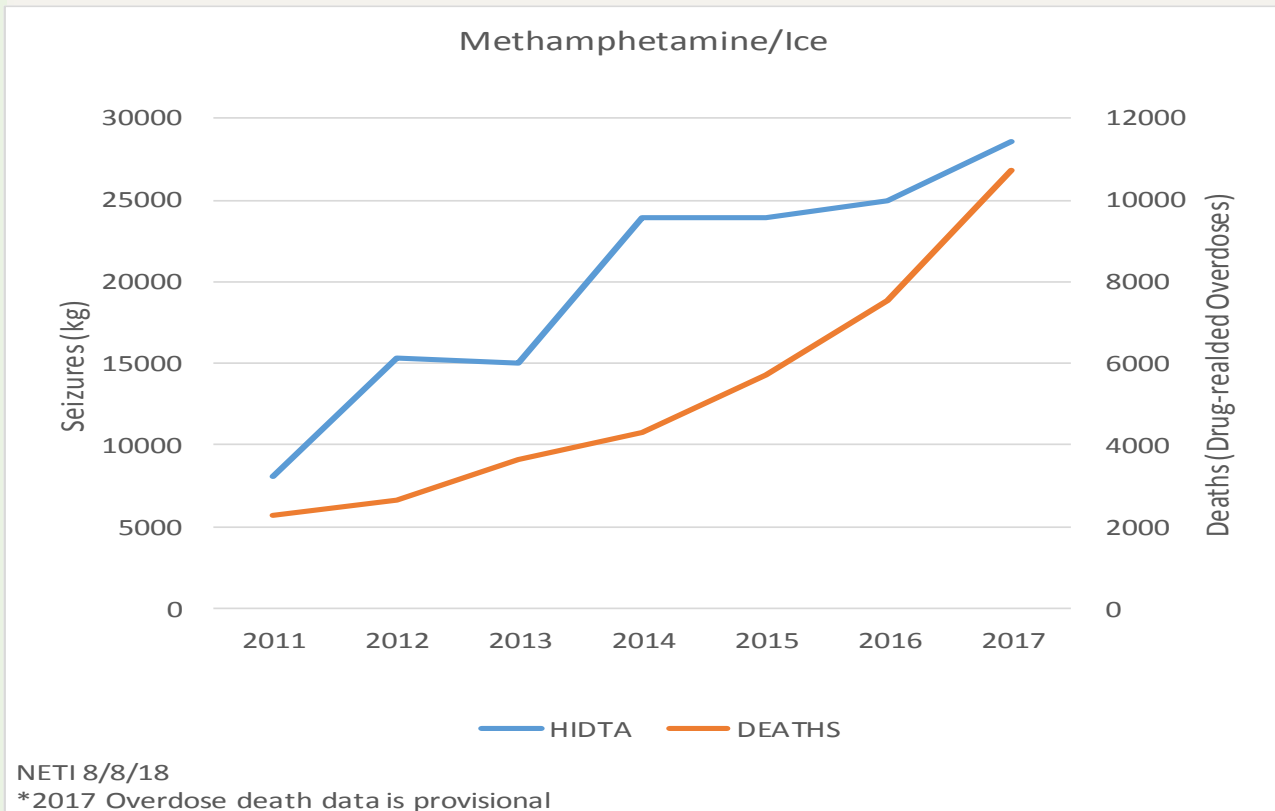


Opioid & other non-stimulant controlled substances Rx as reported by 7 state PDMPs for 2011 through 2016 compared to the number of overdose deaths involving opioid Rx, as reported from CDC WONDER in August 2018.

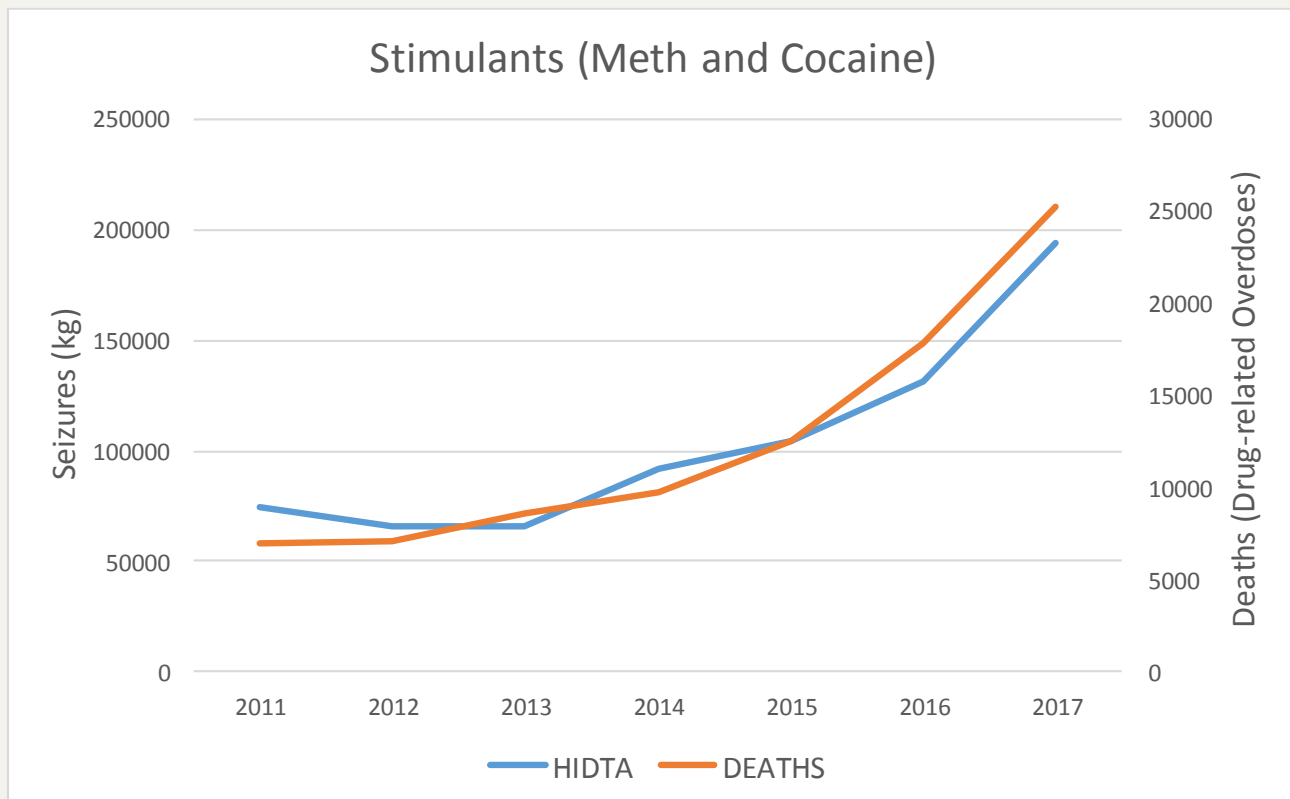
The comparison of HIDTA seizures of Cocaine to deaths involving cocaine show rapid increases from 2011 through 2016, suggesting that the increased deaths are highly correlated with increasing supply. Between 2011 and 2017, the seizures increased by 149% & and the deaths by 310.9%. Given that seizures of cocaine and deaths are increasing so rapidly, this finding calls for rapid attention to interdicting these trends.



- Methamphetamine seizures and deaths, while smaller in numbers than cocaine, are both increasing at a faster rate from 2011 to 2017, with seizures rising by 256.1% and deaths by 473.1%.



- When seizures of illicit stimulants (cocaine and methamphetamine) are combined and compared to the overdose deaths for both drugs, added together, the trend lines become more even, indicating just how consistently and rapidly the supply and adverse effects of illicit stimulants are increasing.



Acknowledgment

We are genuinely thankful to NETI Committee Directors Jay Fallon, Hugo Barrera, Dawn Mertz, Mike McDaniel, Deputy Director David Mizell and specifically the Chair, Director Chris Gibson, whose encouragement, guidance and support from the initial to the ongoing metamorphosis enabled us to develop our initiative in the best interest of the HIDTA program.

Lastly, we offer our regards and blessings to the many people who provided support and assistance during the completion of the report.

The NETI Staff

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14. RESULTS FROM THE 2017 NATIONAL SURVEY ON DRUG USE AND HEALTH: DETAILED TABLES; from table “Past Year Initiation of Substance Use among Persons Aged 12 or Older:...Numbers in Thousands...;” Substance Abuse and Mental Health Services Administration (SAMHSA); available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab4-4B>
15. Same SAMHSA publications for 2011 through 2016 surveys.
16. Same SAMHSA publications as endnotes 14 and 15, except data are from table “Types of Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Numbers in Thousands.”
17. Same sources as endnotes 14 and 15.
18. Same source as endnote 16.
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21. Supply data are from HIDTA PMP reports of seizures and from State PDMP reports as described above.