

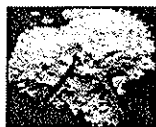


DEA Offices & Telephone Nos.
Detroit—313-234-4000
East Lansing—517-337-6604
Grand Rapids—616-458-0616
Saginaw—517-754-2330

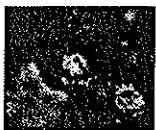
State Facts Population: 10,120,860 State Prison Population: 48,883 Probation Population: 176,083 Violent Crime Rate National Ranking: 17	2008 Federal Drug Seizures Cocaine: 306.5 kgs. Heroin: 20.0 kgs. Methamphetamine: 5.2 kgs. Marijuana: 3,472.1 kgs. Hashish: 0.0 kgs. MDMA: 53.3 kgs./719,139 du Meth Lab Incidents: 329 (DEA, state, and local)
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Sources

Drug Situation: Cocaine, heroin, marijuana, and MDMA are the primary drug threats in the state of Michigan. Mexican DTOs, with direct ties to the Southwest Border and links to major Colombian cocaine cartels, are responsible for the lion share of the cocaine distributed in Michigan. Cocaine is either resold to local distributors or converted into crack cocaine for street distribution. The availability of South American heroin remains constant throughout Michigan, although Mexican Brown heroin and Mexican black tar heroin is available. Southwest Asian heroin is readily available in the Detroit metropolitan area with New York as the primary point of origin for the influx of Southwest Asian heroin. Importation of Canadian marijuana, often referred to as "B.C. Bud", along with MDMA, by Asian organized crime groups at Michigan's Northern Border ports of entry is encountered with increased frequency. Detroit, Port Huron, and Sault Ste. Marie are quickly becoming transshipment areas to the rest of the United States. Cocaine from the Southwest Border is smuggled north into Canada at these same ports of entry



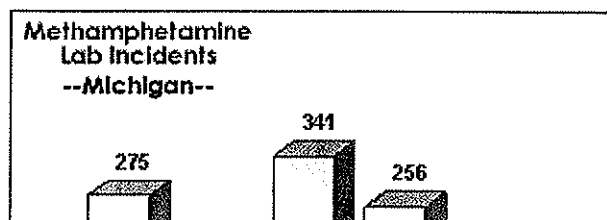
Cocaine: Cocaine and crack cocaine trafficking and abuse remain at high levels within the state of Michigan. Wholesale distribution cells operating in the major cities of Michigan are directed by Mexican drug trafficking organizations that have direct links to Colombian cartels. Local crack distribution cells dominate inner city trafficking activities. These organizations are frequently involved in violence in conjunction with their illicit activities. Cocaine purity levels range between 40% to 90% and quantities can be purchased in amounts ranging from grams to several kilograms.



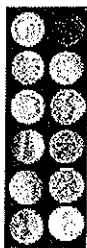
Heroin: Heroin is widely available throughout the Detroit metropolitan area and the more densely populated areas of Michigan. Large quantities of heroin are imported from South America, Mexico and Africa. Southeast and Southwest Asian heroin is available in the metropolitan Detroit area; however, South American heroin is the most abundant. Major heroin trafficking organizations in Michigan are inner-city and Hispanic—although, Nigerian drug trafficking organizations continue to transport significant amounts of heroin into Michigan. The city of Detroit is a transshipment area to other communities in Michigan and Ohio, as well as a consumption city. Western Michigan has seen a rise in heroin abuse among young middle-class suburbanites. The suburban OxyContin abuse has transitioned into heroin as local economies fail and the price of heroin is more affordable.



Methamphetamine: In 2008, Michigan authorities saw a noticeable increase in lab, chemical or equipment methamphetamine seizures. However, small "Mom and Pop" and "One Pot" operators continue to dominate the



manufacturing of methamphetamine in small one to two ounce quantities for personal use and for distribution at the local level. The primary producers of methamphetamine are Caucasian and Hispanic males.

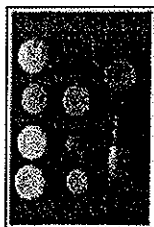


MDMA and Other Club Drugs: The Northern Border in Detroit serves as a transshipment point for multi-thousand dosage unit quantities of predatory and club drugs, such as MDMA and GHB. Middle Eastern and Caucasian criminal groups, Asian groups, independent inner-city groups, and area college students transport MDMA primarily from the Toronto area of Canada into the United States. MDMA and other club drugs are then transported to other areas of the country.



Marijuana: The Northern Border is increasingly utilized to transport Canadian indoor-grown marijuana, referred to as B.C. Bud, into the United States at Michigan ports of entry. B.C. Bud has a higher tetrahydrocannabinol (THC) content than domestically grown or Mexican produced marijuana. As a result, the demand for B.C. Bud is significantly increasing. Significant marijuana seizures at the Northern Border ports of entry in Michigan have increased. Multi-hundred pound seizures of B.C. Bud are regularly transported across the Northern

Border. The Northern Border Ambassador Bridge located at the Detroit, Michigan/Windsor, Ontario port of entry is one of the busiest commercial land border entry ports in the world, making the detection of marijuana commingled with legitimate goods a daunting task. Marijuana transported into Michigan from the Southwest Border is primarily distributed by Mexican, Chaldean and inner-city trafficking organizations.



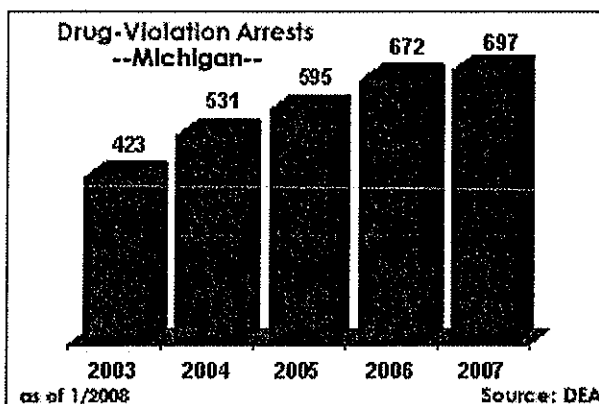
OxyContin®: OxyContin® demand is increasing throughout the state. The Michigan Automated Prescription System (MAPS) program indicates that the state's OxyContin® prescriptions have increased by 31 percent. Michigan is ranked number 30 for its OxyContin® consumption per capita. Straits Area Narcotic Enforcement (SANE) Task Force, located in Cheboygan County, Michigan reported that 90 percent of the problems encountered are related to OxyContin®. OxyContin® abusers are obtaining this drug through break-ins and robberies, doctor shopping, stealing from legitimate patients, selling parts of

legitimate prescriptions, home break-ins and forged prescriptions.



Pharmaceutical Diversion: The abuse and diversion of prescription drugs, particularly hydrocodone, oxycodone

(Lortab, Lorcet, Vicodin, and Oxycontin), and methadone, is increasing throughout the state. Detroit is a source city for OxyContin that is transported and distributed to users in Kentucky and West Virginia for a high profit margin.



The diversion of illegitimate prescriptions obtained from doctors employed by visiting physician groups is increasing in the Detroit Metropolitan area. Visiting physician groups are DTOs that are extremely sophisticated and recruit patients and doctors. Doctors that are not affiliated with area hospitals that cannot afford to open their own clinics and Medicaid recipients (patients) are targeted for recruitment. Patients are picked up at their residences and driven to their appointments and to a pharmacy. The patients may receive one of their prescriptions and turn the others over to the Drug Trafficking Organization, or the patients may not receive any of their prescriptions and are paid several hundred dollars.

More information about the Detroit Division Office.