



# Department of Justice

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**STATEMENT OF**

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U.S. DEPARTMENT OF JUSTICE**

**BEFORE THE**

**SENATE COMMITTEE ON INDIAN AFFAIRS**

**FOR A FIELD HEARING ENTITLED**

**TO PROTECT AND SERVE: JOINT LAW ENFORCEMENT EFFORTS IN  
BUILDING SAFE TRIBAL COMMUNITIES AND STOPPING  
DANGEROUS DRUGS FROM ENTERING INDIAN COUNTRY**

**PRESENTED**

**MARCH 20, 2019**

**Statement of Richard Salter  
Special Agent in Charge / Omaha Division  
Drug Enforcement Administration  
Before the Senate Committee on Indian Affairs  
United States Senate  
March 20, 2019**

Chairman Hoeven, Senator Cramer, and Representative Armstrong: on behalf of the Department of Justice (Department), and in particular the approximately 9,000 employees of the Drug Enforcement Administration (DEA), thank you for the opportunity to appear before you today to discuss DEA's efforts and challenges in collaboration with tribal communities in our law enforcement activities.

Illicit drugs, as well as the transnational and domestic criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States. Drug overdose deaths are the leading cause of injury death in the U.S. and are currently at one of their highest-ever recorded levels. Every year since 2011, drug overdose deaths have outnumbered deaths by firearms, motor vehicle crashes, suicide, and homicide. In 2017, approximately 192 people died every day from drug overdoses.<sup>1</sup> The opioid threat (controlled prescription drugs, synthetic opioids, and heroin) has reached epidemic levels in the U.S., affecting large portions of the population. Meanwhile, as the ongoing opioid crisis justly receives national attention, other threats are developing in the background. The methamphetamine threat remains prevalent; the cocaine threat has rebounded; New Psychoactive Substances (NPS) are still a challenge; and the domestic marijuana situation continues to evolve.

Our mission is to identify, investigate, disrupt, and dismantle the world's most significant drug trafficking organizations responsible for the production and distribution of illegal drugs. To that end, we work closely with our Tribal, local, state, federal, and international counterparts by following the evidence wherever it leads.

*North Dakota Drug Statistics and Information*

North Dakota State and Local Intelligence Center (NDSLIC) assesses with high confidence that illegal drugs continue to pose a high threat to North Dakota. Marijuana continues to be the most seized drug in the state, followed by methamphetamine.<sup>2</sup> Additionally, record amounts of both marijuana and methamphetamine were seized within the state in 2017. The majority of the seizures within the state were the results of traffic stops on vehicles traveling through the state enroute to Minnesota.<sup>3</sup>

The NDSLIC also assesses with high confidence that the price of illegal drugs sold in North Dakota is considerably higher than the traffickers' home states, which makes the risk of

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<sup>1</sup> <https://www.dea.gov/documents/2018/10/02/2018-national-drug-threat-assessment-ndta>

<sup>2,3</sup> North Dakota State and Local Intelligence Center "North Dakota Drug Threat Assessment" (July 2018)

bringing drugs to North Dakota and maintaining a criminal network in-state a worthwhile gamble.<sup>4</sup> Members of Mexican Transnational Criminal Organizations (TCOs), Outlaw Motorcycle Gangs (OMGs), and U.S.-based street gangs have relocated to North Dakota in order to take advantage of these elevated profits, and will likely increase their efforts to expand their share of the illegal drug market within the state.

According to the NDSLIC, drugs seized in North Dakota are primarily grown or manufactured outside of the state and trafficked into each county. The majority of seized marijuana within the state was grown in California, Colorado, Washington, or Oregon and destined for Minnesota. Likewise, the majority of seized methamphetamine and heroin originated in Mexico and was smuggled into California by Mexican TCOs. The drugs were then divided into smaller shipments by California street gangs and transported to North Dakota.<sup>5</sup>

Pain killers comprise the majority of illegal prescription pill abuse in North Dakota and are usually taken orally, or, to a lesser extent, smoked in a pipe or heated on aluminum foil and smoked. Although it is difficult for law enforcement to estimate the number of illegal prescription pills diverted from legitimate sources, the majority of diverted pills are likely thefts from legitimate ultimate users in small numbers.<sup>6</sup> As controlled prescription drug (CPDs) abuse has increased significantly, a supply deficit has resulted. Traffickers are now disguising illicit opioids as CPDs in attempts to gain access to new users by manufacturing counterfeit pills. The counterfeit pills often closely resemble legitimate pills and contain fentanyl and fentanyl related substances and are then moved into the illicit U.S. market, to meet the epidemic proportionate demand for prescription opioids. Unfortunately, the consumption of counterfeit pills can have drastic consequences for the user easily leading to overdose or death. Determining if one of these fentanyl-laced counterfeit prescription pills contains fentanyl based on sight alone is impossible; the presence of fentanyl can only be detected upon laboratory testing.

North Dakota's overdose related deaths in 2017 showed a slight decline. According to the Centers for Disease Control and Prevention (CDC), North Dakota reported 68 overdose deaths in 2017 compared to 77 in 2016.<sup>7</sup> However, this statistic does not tell the whole story because some police departments within the state have actually seen an increase in overdose deaths. For example the Grand Forks Police Department reported 32 opioid overdoses in 2017 resulting in 4 deaths, which is an increase from 28 overdoses in 2016, which led to 3 deaths.<sup>8</sup>

#### *DEA Tribal Collaboration in Drug Enforcement Efforts*

DEA is committed to working with the American Indian and Alaskan Native Communities. We recognize that each Tribe's history and culture is unique and a solution that works for one Tribe may not be suitable for another. DEA acknowledges the various traditional cultural practices of each Tribe and is sensitive to the need for effective cross-cultural communication. DEA is committed to helping protect all Native Americans from illicit drugs

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4,5,6,8 North Dakota State and Local Intelligence Center "North Dakota Drug Threat Assessment" (July 2018)

7 CDC "Drug Overdose Deaths" <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

and the crimes that follow drug trafficking. Collaboration between federal law enforcement and Tribal Nations is vital to protecting citizens of both domestic nations.<sup>9</sup>

DEA supports the Tribes' efforts to build innovative approaches to law enforcement, public safety, and victim services. We work to facilitate communication and build relationships among our federal partners that are engaged with Tribal governments to promote the sharing of federal resources and expertise.<sup>10</sup>

DEA currently has two headquarters liaisons assigned to Indian Country who coordinate with the Bureau of Indian Affairs (BIA) frequently on all drug-related matters. DEA also frequently communicates with the BIA – Office of Justice Services Deputy Bureau Director, Mr. Charles Addington, to coordinate and collaborate on drug investigations. DEA's Regional and Local Impact Section (DEA/OGR) has assisted in bringing together DEA, the Federal Bureau of Investigations (FBI), and BIA Agents to coordinate drug investigations in DEA's area of responsibility. DEA/OGR has an outstanding relationship with Mr. Addington and his BIA staff. Also, members of DEA/OGR have attended several meetings for the Indian Country Federal Law Enforcement Coordination Group (ICFLECG) as DEA's liaisons, and have briefed senior level executives from various federal agencies on Tribal matters.

The Department and DEA components regularly conduct Tribal Land trainings for staff. These trainings range from investigative and prosecutorial techniques to law enforcement collaboration and cultural sensitivity. The next training is scheduled for May 7, 2019 and is titled, "Collaborative Drug Enforcement in Indian Country - Investigative and Practical Techniques." Also, DEA attended the December 19, 2018 meeting/seminar entitled "Strengthening Government to Government Partnerships and Relationships" hosted by the North Dakota Indian Affairs Commission. The emphasis of this seminar was taking a "team approach" in our collaborative activities.

DEA has also worked with Tribal Nations in implementing DEA's 360 program in places such as Albuquerque, NM and Flagstaff, AZ. The DEA 360 Strategy takes an innovative, three-pronged approach to combating heroin/opioid abuse through:

1. Coordinated law enforcement actions against drug cartels and heroin traffickers in specific communities;
2. Diversion Control enforcement actions against DEA registrants operating outside the law and long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners; and
3. Community Outreach through local partnerships that empower communities to take back affected neighborhoods after enforcement actions and prevent other Drug Trafficking Organizations from filling the void left by removal of violators.

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<sup>9,10</sup> Office of the Attorney General "Attorney General Guidelines Stating Principals for Working With Federally Recognized Indian Tribes" Federal Register Vol. 79, No. 239 (December 2014)

DEA's Diversion Control Division (DC) maintains a strong working relationship with the Tribal Nations through their collaboration during the National Take Back Initiatives (NTBI) that occur biannually throughout the United States. Tribal Nations have partnered with DEA since the inception of NTBI in 2010. In September 2010, the DEA held its first ever National Drug Take Back Day. This initiative addresses a vital public safety and public health issue by disposing of unused, unwanted, and expired CPDs. The American public turned in more than 242,000 pounds of prescription drugs for safe and proper disposal. More than 4,000 take back sites were available in all 50 states.

Since 2010, the DEA has held a total of sixteen (16) Take Back Days resulting in the collection of 10,878,950 pounds of unused, unwanted, and expired medication. Additionally, since 2010, the number of collection sites has grown to 5,839 with 4,770 law enforcement participants. The most recent National Take Back event held on October 27, 2018 resulted in DEA collecting and destroying close to one million pounds—nearly 457 tons—of potentially dangerous expired, unused, and unwanted prescription drugs.

Prior to the October 2018 NTBI, the DC re-engaged with BIA to re-focus efforts on increasing Tribal Nation participation in NTBI. By partnering with FBI, BIA, and Tribal law enforcement, the DEA was able to facilitate greatly expand Tribal participation in the Take Back program. DEA remains committed to supporting public safety in American Indian and Alaska Native communities. In fact, during the fall of 2018, BIA direct-service law enforcement locations resulted in over 1,710 pounds of unwanted and unused medications collected and disposed of by DEA; this is the second largest amount collected by our Tribal partners during the National Take Back events.

### DEA Challenges on Tribal Lands

Prescription drug monitoring programs (PDMPs) are state-run electronic database systems used by practitioners, pharmacists, medical and pharmacy boards, and law enforcement, but access varies according to state law. These programs are established through state legislation and are tailored to the specific needs of each state. DEA strongly champions robust PDMPs and encourages medical professionals to use this important tool to detect and prevent doctor shopping and other forms of diversion. Currently, all 50 states have an operational PDMP.

While PDMPs are valuable tools for prescribers, pharmacists, and law enforcement agencies to identify, detect, and prevent nonmedical prescription drug use and diversion, PDMPs do have some limits in their use for detecting diversion at the retail level. For example, drug traffickers and drug seekers willingly travel hundreds of miles to gain easy access to pain clinics and physicians that are operating unscrupulously and outside of the law, making interconnectivity between PDMPs vital. As a result, the Office of National Drug Control Policy (ONDCP) and the Bureau of Justice Assistance (BJA) currently offer assistance for interstate and state-Tribal PDMP linkages. Federal partners are working to address the interoperability of PDMPs. Examples range from Brandeis University's PDMP Training and Technical Assistance Center, funded by BJA, assisting the Indian Health Service (IHS) to improve interoperability between IHS, its pharmacies and PDMPs to CDC working in states to enhance and maximize PDMPs as a public health and clinical tool.

Law enforcement access to request, view, and utilize PDMP data in support of ongoing investigations in a manner that protects personally identifiable information is vital. Access to information in support of active state, federal, and tribal investigations varies widely from state to state, with some states requiring a court order for law enforcement to obtain data.

As DEA along with all of its federal, state, local and Tribal partners continue to combat Drug Trafficking Organizations (DTOs), it is clear that the resurgence of cocaine and methamphetamine will continue to plague our citizens. Areas of Tribal land that have an international border are also of concern. DTO's will continue to take advantage of weaknesses in the integrity of the United States. It is imperative that DEA and its partners continue to work together to identify those areas of concern, share law enforcement and intelligence information regarding DTO's exploits and dedicate resources to mitigate those threats as a team.

### Conclusion

DEA is committed to enhancing the government-to-government relationship that exists between this nation's Tribes and the federal government. We respect Tribal government authority to exercise their inherent sovereign powers and will work to find areas of mutual collaboration that will enhance the enforcement of our Nation's drug laws and protect the health and safety of the public. Thank you again for the opportunity to appear before the North Dakota delegation today. I look forward to answering your questions.

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