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Message from the Director

The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) Drug Threat Assessment is produced annually to identify, quantify, and prioritize the nature, extent, and scope of the threat of illegal drugs and its impact on the GC HIDTA region. The GC HIDTA Drug Threat Assessment encompasses a six-state area which includes the states of Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee.

A multi-agency team from each state prepares a draft state drug threat assessment which includes the drug situation in each state’s designated GC HIDTA counties/parishes. Each GC HIDTA State Committee reviews and approves their respective state’s drug threat assessment. The GC HIDTA Investigative Support Network (ISN) Network Coordination Group compiles and edits each team’s state drug threat assessment into a comprehensive regional threat assessment that encompasses all GC HIDTA counties/parishes. As mentioned in further detail in the Methodology (Appendix VII), the GC HIDTA utilizes drug surveys that are distributed to law enforcement agencies and treatment/prevention professionals. The surveys aid in the collection and analysis of information necessary to quantify the threat and identify trends.

The GC HIDTA Executive Board grants final approval of the regional drug threat assessment. Upon approval, the GC HIDTA Drug Threat Assessment is forwarded to the Office of National Drug Control Policy (ONDCP) as required by program guidance. The GC HIDTA Drug Threat Assessment adheres to the guidelines set forth by ONDCP.

The 2022 GC HIDTA Drug Threat Assessment focuses on seven major drug categories: cocaine, controlled prescription drugs, fentanyl and other opioids, heroin, marijuana, methamphetamine, and new psychoactive substances. The identification of trends by drug type, as well as the developments and projections for the future, are also included in the threat assessment. The threat assessment identifies the problems posed by the threat and their anticipated impact on the GC HIDTA.

The GC HIDTA Threat Assessment is a reflection of the strong partnership between prevention, treatment, and education professionals and the law enforcement community. Representatives from the prevention, treatment, and education communities are invited and routinely participate in state Information Sharing and Intelligence Meetings held annually in each of the six states. As mentioned above, an independent survey has been developed and deployed to capture their unique view of drug abuse.

Along with colleagues from Drug Free Communities (DFC) and Community-Based Coalitions across the GC HIDTA, a strong affiliation has been developed with representative(s) from the Atlanta based Centers for Disease Control and Prevention (CDC). Career CDC epidemiologists provide public health data sources and analysis critical to an effective examination of drug abuse trends and patterns across the GC HIDTA.

Timothy D. Valenti
Executive Director
Gulf Coast HIDTA
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Scope

The purpose of the 2022 Gulf Coast High Intensity Drug Trafficking Area Threat Assessment is to identify current and emerging drug-related trends within the designated area, recognize the source locations and organizations that traffic drugs into the area, and deliver accurate and timely strategic intelligence to assist law enforcement agencies in the development of drug enforcement strategies. This assessment provides an overview depicting the regional extent of illicit drug abuse and activities, actors and organizations, transportation methods and routes, and evolutions in trends, tactics, and procedures. This document fulfills statutory and grant requirements issued by the Office of National Drug Control Policy, and has been approved by the Gulf Coast HIDTA Executive Board.

Executive Summary

The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) is comprised of 29 HIDTA designated counties/parishes in a six-state area, including Louisiana, Mississippi, Alabama, Arkansas, Shelby County, Tennessee, Escambia County, Florida, and Santa Rosa County, Florida. The Southeast United States remains one of the largest transportation hubs in the nation, making the GC HIDTA region a gateway for drugs entering the United States as well as a transit and staging area for drug distribution.

Methamphetamine: Methamphetamine’s continued increase in availability, demand, distribution, and transportation makes it the primary drug threat in the Gulf Coast region. In 2020, Methamphetamine became the most available drug in the GC HIDTA. Law enforcement continues to see an influx in Mexico-produced methamphetamine and a decline in the number of reported one-pot and traditional methamphetamine laboratories seized in the GC HIDTA. There was a significant increase in the price of methamphetamine from the first quarter to the third quarter of 2020 due to disruptions in the drug trafficking supply chain and marketplace during the outbreak of the COVID-19 pandemic. However, Domestic Highway Enforcement (DHE) encounters along major highways in the GC HIDTA continued to yield large quantities of methamphetamine, extending the total amount of methamphetamine seized in 2019 by 14%. In recent years, methamphetamine-related overdose rates have significantly increased as synthetic opioids, including fentanyl, are being used in combination with stimulants, such as methamphetamine.

Fentanyl and Other Synthetic Opioids: Fentanyl and other synthetic opioids are considered the second greatest drug threat to the GC HIDTA region. In previous years, fentanyl was commonly encountered with heroin; however, law enforcement sources in the GC HIDTA region report that fentanyl and fentanyl analogues are being more commonly encountered in its pure form and being distributed in the form of counterfeit pharmaceuticals. The number of synthetic opioid-related deaths have reached a record breaking high across the GC HIDTA region.

Heroin: Heroin is considered the third greatest drug threat to the GC HIDTA region. Heroin’s increased availability is fueled by a number of factors including increased production and trafficking, primarily by Mexican drug trafficking organizations. According to the DEA’s Heroin Signature Program (HSP) the majority of heroin originates from Mexico. Dallas and Houston, along with Atlanta are the key distribution hubs for the Gulf Coast; while New Orleans remains a heroin source city for Southeast Louisiana and Southern Mississippi. Fentanyl is also commonly encountered as an adulterant in heroin, contributing to the increase in overdose deaths across the region.

Marijuana: Marijuana is considered the fourth greatest drug threat in the GC HIDTA region. It is the most commonly abused drug in the GC HIDTA and has been for the past several years. DHE encounters along major interstates continue to yield large quantities of high-grade marijuana originating from western states; particularly California, Texas, and Colorado. The availability of domestic, high-grade hydroponic, BC Bud,
and other high-grade marijuana continues to rise within the GC HIDTA as well as marijuana-related products.

**Controlled Prescription Drugs:** Controlled Prescription Drugs (CPDs) are considered the fifth greatest drug threat to the GC HIDTA region. In recent years, there has been an increase in counterfeit controlled prescription drugs, often containing other illicit drugs such as fentanyl and other opioids along with other non-opioid illicit drugs such as methamphetamine. The rise in the counterfeit pharmaceutical market has placed consumers at an increased risk of potential harm, or in some cases, even resulting in fatalities. Respondents from both the Law Enforcement Survey and Treatment and Prevention Survey report hydrocodone (e.g., Vicodin, Lorcet, Lortab) to be the most frequently diverted CPD in the GC HIDTA. This is closely followed by oxycodone (e.g., Percocet, OxyContin), Alprazolam (e.g., Xanax), and Suboxone.

**Cocaine:** Cocaine is equally ranked with CPDs as the fifth greatest drug threat, and remains a moderate threat in the GC HIDTA region compared to other widely available illicit drugs. According to GC BLOC/HIDTA Watch Center data, the total pounds of cocaine seized decreased by 42% from 2019 to 2020. The presence of fentanyl in the cocaine supply remains a concern for law enforcement and public health officials.

**New Psychoactive Substances:** The threat from New Psychoactive Substances (NPSs), including MDMA, hallucinogens, inhalants, and anabolic steroids, remains steady. Law enforcement personnel reported a low to moderate availability of NPSs in the GC HIDTA region. These products have risen in popularity since their debut in 2008, particularly in the 12-29 age group. Product inconsistency poses a serious concern for those who abuse NPSs. Sold as herbal incense, products such as K2, Spice, Cloud 9, and Mojo are readily available in head shops and convenience stores throughout the region.

**Drug Trafficking Organizations/ Money Laundering Organizations:** The 35 enforcement initiatives of the GC HIDTA investigated 1,234 drug trafficking organizations (DTOs) and 29 money laundering organizations (MLOs) in 2020. As a result of these investigations, GC HIDTA enforcement initiatives successfully disrupted or dismantled 488 of these organizations were. Forty-five percent of the disrupted or dismantled organizations were part of an international or multi-state drug trafficking or money laundering organization.

Black American DTOs were primarily responsible for the local and multi-state DTO activity, while Mexican DTOs were primarily responsible for international DTO activity. The majority of local and multi-state DTOs were poly drug traffickers. The most common drugs trafficked by local, multi-state, and international DTOs in the GC HIDTA were methamphetamine and cocaine. Over ninety percent of investigated DTOs in 2020 were non-gang related.

The majority of the MLOs in the GC HIDTA were Black American MLOs, followed by Hispanic and Mexican MLOs. Fifty-nine percent of MLOs operated on a multi-state level, thirty-one percent operated on an international level, and ten percent operated on a local level.
### The Gulf Coast HIDTA Region

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<tr>
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<td>115</td>
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#### Gulf Coast HIDTA Counties Participating In Threat Assessment
Demographics

According to the 2010 United States Census Bureau statistics, the GC HIDTA area encompasses 195,239 square miles. Based on the most recent July 2019 census estimates, there are approximately 16.98 million people residing within the GC HIDTA’s area of responsibility.\(^1\) Within Alabama, Arkansas, Louisiana, Mississippi, Northwest Florida, and Shelby County, TN, there are 32 metropolitan statistical areas.\(^2\) The United States Census Bureau reports approximately 67 percent of residents are White, 28 percent are Black, six percent are Hispanic or Latino, and two percent are Asian within the GC HIDTA.\(^3\)

Vulnerability of Region

GC HIDTA’s central location ensures its roadways are utilized by traffickers to transport narcotics from the west coast to the east coast. The GC HIDTA interstate highways are routinely utilized by major drug trafficking organizations (DTOs) to transport drugs and assets to and from the Southwest Border (SWB). Accordingly, many of the larger drug and currency seizures are a result of enforcement efforts coordinated by the GC HIDTA Domestic Highway Enforcement (DHE) Program.

The most commonly encountered transportation method in the GC HIDTA is the use of interstate highway. Most DHE seizures within the GC HIDTA occur on I-10 and I-40. DTOs continue to exploit the use of commercial carriers to move illicit contraband into and through the GC HIDTA area because of their ability to transport and conceal large quantities. As law enforcement aggressively pursues highway interdiction, the smuggling of illicit drugs via aircraft is likely to increase. All states in the GC HIDTA contain an international airport; however, regional airports are of greatest concern to law enforcement. The northern Gulf Coast presents a unique challenge to law enforcement protecting our borders from drug smuggling. The high volume of commercial shipping activity arriving directly from foreign ports and entering the ports along our maritime domain make the GC HIDTA highly vulnerable to maritime drug smuggling activity. DTOs exploit the Gulf of Mexico for trafficking drugs into the GC HIDTA. Furthermore, drug wash-ups, most commonly marijuana or cocaine, occur in the GC HIDTA maritime domain due to unknown drug movements. Railways and bus lines in the GC HIDTA are also used to transport illicit drugs and currency due to its low cost. In addition to the region’s geographical proximity to the SWB, other factors contribute to and influence drug-related crimes and social problems including the industrial, cultural, and economic diversity of the region.

Economics

The average poverty rate in the GC HIDTA region is 16%, compared to the average poverty rate of 11% in the United States. Unemployment rates increased in every state in the GC HIDTA region in 2020. According to the U.S. Bureau of Labor Statistics, Alabama and Arkansas are ranked in the top twenty states for unemployment rates as of February 2021.\(^4\) Illicit drug trafficking and associated criminal activities are often means for supplemental income to poverty-stricken communities. As unemployment rates increase, the rate of drug use is likely to increase, placing a heavy burden on the economy.

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\(^{a}\) Metropolitan statistical areas are based on United States Census Bureau population estimates as of July 1, 2018. They include the population of at least one urbanized area of 50,000 or more inhabitants. Metropolitan statistical areas in the GC HIDTA include: Anniston-Oxford-Jacksonville, AL; Auburn-Opelika, AL; Birmingham-Hoover, AL; Daphne-Fairhope-Foley, AL; Decatur, AL; Dothan, AL; Florence-Muscova Shoals, AL; Gadsden, AL; Huntsville, AL; Mobile, AL; Montgomery, AL; Tuscaloosa, AL; Hot Springs, AR; Jonesboro, AR; Little Rock-North Little Rock-Conway, AR; Pine Bluff, AR; Fayetteville-Springdale-Rogers, AR; Fort Smith, AR; Pensacola-Ferry Pass-Brent, FL; Alexandria, LA; Baton Rouge, LA; Hammond, LA; Houma-Thibodaux, LA; Lafayette, LA; Lake Charles, LA; Monroe, LA; New Orleans-Metairie, LA; Shreveport-Bossier City, LA; Gulfport-Biloxi, MS; Hattiesburg, MS; Jackson, MS; Memphis, TN.
According to the most recent 2019 United States Census Bureau estimates, Alabama’s median household income is $50,536 and approximately 16 percent of the population lives in poverty. Leading employers in the state include manufacturing jobs, retail sales, and health care services.

The state of Arkansas is predominately rural, agricultural, and impoverished. According to the 2019 United States Census Bureau estimates, Arkansas’s median household income is $47,597 and approximately 16 percent of the population lives in poverty. A major cotton-producing state in the 19th century, Arkansas has since diversified its agricultural production and overall economy. The state's most important mineral products are petroleum, bromine, bromine compounds, and natural gas, and it is the nation's leading bauxite producer. Principal manufactures are food products, chemicals, lumber, paper goods, electrical equipment, furniture, automobile, airplane parts, and machinery. Also contributing to the Arkansas economy are the military installations of Pine Bluff Arsenal, Little Rock Air Force Base, Camp Robinson, and Fort Chaffee.

The economy of Northwest Florida is driven substantially by the numerous military bases in the region, tourism, and the hospitality industry. According to 2019 United States Census Bureau estimates, approximately 16 percent of Escambia County is considered to be below the poverty level with a median household income of $50,915. Santa Rosa County has a median household income of $67,949 and approximately ten percent of its population lives below the poverty level.

Louisiana’s economy is made up of agriculture, fishing, manufacturing, mining, and service-oriented businesses. The 2019 United States Census Bureau estimates that the median household income is $49,469 and approximately 19 percent of the population lives below the poverty line.

According to the United States Census Bureau estimates, Mississippi’s 2019 household median income is $45,081 and approximately 20 percent of the population lives below the poverty line. Agriculture is Mississippi’s number one industry, employing 30 percent of the state’s workforce either directly or indirectly. Mississippi has diversified its economy by concentrating on a broader spectrum of business, industrial and technical operations, to include the Stennis Space Center, Toyota and Nissan plants, and casinos along the Mississippi River and Gulf Coast.

Shelby County, Tennessee is home to three Fortune 500 company headquarters and a variety of businesses involved in banking, finance, and real estate. According to the 2019 United States Census Bureau statistics, the median household income is an estimated $51,657. Approximately 17 percent of Shelby County’s population lives below the poverty level. Top ranked industries in Shelby County include educational services, health care, social assistance, transportation, warehousing, and utilities.

**Description of Threat**

**Overall Scope of Drug Threat**

As it relates to abuse, violence, and drug-related crime, methamphetamine poses the greatest drug threat within the GC HIDTA, followed by fentanyl and other opioids, and heroin. Controlled prescription drugs, marijuana, and cocaine pose a moderate threat compared to other illicit drugs in the GC HIDTA region, while new psychoactive substances pose a low threat. The majority of these drugs are transported into the GC HIDTA from Mexico via the SWB. DTOs utilize the interstate highway system crossing the GC HIDTA as a conduit to move illicit drugs to destination/hub cities in the Midwest and East Coast of the United States.
Overview

Based on intelligence reports, law enforcement data, and treatment and prevention information, methamphetamine is the greatest drug threat in the GC HIDTA. Methamphetamine is ranked the greatest drug threat in Alabama, Arkansas, Louisiana, Mississippi and Tennessee. The figure below demonstrates the law enforcement agencies throughout the GC HIDTA reporting methamphetamine as the greatest drug threat. In February 2020, DEA identified the New Orleans Field Division (Alabama, Arkansas, Louisiana, and Mississippi) as one of the major methamphetamine transportation hubs in the US due to the steady increase in methamphetamine trafficking through the region. In addition, the majority of law enforcement officials indicated methamphetamine to be the drug that requires the most law enforcement resources as well as the primary drug contributing to violent crime and property crime. Law enforcement agencies across the GC HIDTA report decreasing numbers of methamphetamine laboratory seizures in recent years, hypothesized to be due to the increased volume of methamphetamine imported from Mexico.
Availability

In the past several years, marijuana was the most available drug in the GC HIDTA; however, in 2019, methamphetamine and marijuana were equally ranked by law enforcement officials as the most available drugs. In 2020, methamphetamine became the most available drug in the GC HIDTA, outranking marijuana. The majority of law enforcement officials reported a high availability of methamphetamine in 2020. Additionally, 53 percent of law enforcement respondents reported an increase in availability from 2020. The majority of law enforcement respondents (56 percent) also believed the demand for the drug had increased in the past year.

In the spring of 2020, New Orleans Field Division DEA Analysts reported the price of methamphetamine doubled and even tripled in some areas across the GC HIDTA following the outbreak of COVID-19. Border restrictions imposed by the U.S. limited non-essential travel across borders in an attempt to prevent the further spread of COVID-19, thus inevitably affecting drug production and trafficking operations. The large-scale illicit production of drugs in Mexico such as methamphetamine was temporarily affected due to the reduced availability of chemical precursors. As a result, DTOs inflated the price of methamphetamine to increase their profits. However, the price of methamphetamine began to stabilize in the later months of 2020, further increasing the demand for the drug.

Methamphetamine is available from two primary sources: locally produced for personal consumption and Mexico-produced. The majority of Law Enforcement Survey respondents indicated a decrease in or no encounters of one-pot and traditional methamphetamine laboratories, supporting the conclusion that the majority of methamphetamine is now imported from Mexico. In 2019, both the purity and potency of methamphetamine increased, each averaging 97 percent. Mexico-produced methamphetamine is transported via the Interstate Highway System from the SWB and California in larger, wholesale quantities.

While methamphetamine is ranked as the second greatest drug threat in Northwest Florida, it is the most commonly submitted drug to the National Forensic Laboratory Information System (NFLIS) database. Drug submissions identified as methamphetamine in Northwest Florida accounted for 43.36 percent of all NFLIS submissions in 2020, an increase from 42.39 percent in 2019. According to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, there were a total of 117 methamphetamine submissions to NFLIS in Shelby County, Tennessee in 2020, a 10% increase from 2019. However, the number of NFLIS submissions decreased in Louisiana, Mississippi, Alabama, and Arkansas from the previous year. Most notably, the number of methamphetamine submissions decreased by 50 percent in Mississippi and 22 percent in Louisiana. Although the number of methamphetamine submissions to NFLIS decreased in Arkansas by 15 percent, Arkansas remains the state with the highest number of methamphetamine submissions in the GC HIDTA, totaling 13,735 methamphetamine submissions in 2020.
Use

Methamphetamine abuse and trafficking is the leading drug contributor to both violent and property crime in the GC HIDTA. Forty-seven percent of law enforcement officials reported methamphetamine as the primary contributor to violent crime and 57 percent reported it as the primary contributor to property crime in 2020. This represents an ongoing upward trend since 2013.

Seventy-two percent of respondents to the Treatment and Prevention Survey stated that methamphetamine use is high in their areas. Of those same respondents, 56 percent noted an increase in inpatient admissions for methamphetamine in their areas.

Based on TEDS data in the table to the right, the number of patients seeking treatment for amphetamine abuse in Alabama, Arkansas, Louisiana, and Mississippi increased from 2018 to 2019. The number of patients seeking treatment for amphetamine abuse in Arkansas accounted for the most significant increase by 30%.

In recent years, the number of deaths in the CDC category “psychostimulants with abuse potential” has significantly increased as synthetic opioids, including fentanyl, are being used in combination with stimulants, such as methamphetamine. Methamphetamine-related deaths are included in this category, which also includes caffeine, phenethylamines, and cathinones. The most recent “psychostimulants with abuse potential” overdose death statistics from the CDC report that in 2019 there were 246 deaths in Alabama, 165 in Arkansas, 254 in Louisiana, 134 in Mississippi, and 74 in Shelby County Tennessee. This represents a steady increase in psychostimulant overdose deaths from 2018. The Medical Examiner in Northwest Florida reports indicated 91 methamphetamine/amphetamine-related deaths in 2020 compared to 67 related such deaths in 2019.

<table>
<thead>
<tr>
<th>Year</th>
<th>Alabama</th>
<th>Arkansas</th>
<th>Louisiana</th>
<th>Mississippi</th>
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<tr>
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<td>1,504</td>
<td>3,510</td>
<td>1,106</td>
<td>1,020</td>
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<tr>
<td>2016</td>
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<td>3,844</td>
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<td>2017</td>
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<td>2018</td>
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<td>3,794</td>
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<td>1,456</td>
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<td>2019</td>
<td>3,231</td>
<td>4,969</td>
<td>2,135</td>
<td>1,752</td>
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Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).

Transportation

Fifty percent of Law Enforcement Survey respondents indicated that methamphetamine distribution increased in 2019 and 44 percent indicated that transportation increased. Mexican DTOs are the dominant producers of both powder and ice methamphetamine and the SWB remains the main entry point for the majority of methamphetamine entering the United States. EPIC reports 5,908 total methamphetamine seizures at the SWB in CY2020, compared to 5,924 in CY2019, 4,972 in CY2018 and 3,758 in CY2017. This represents a 57 percent increase in methamphetamine seizures at the SWB from 2017 to 2020. Methamphetamine originating from the SWB is often destined for east coast markets, transiting through the GC HIDTA region. An increase in methamphetamine along the SWB will yield a subsequent increase in the availability of methamphetamine transited to and through the GC HIDTA. This will likely result in an increase in DTO activity as well as the methamphetamine user population.

Once transited across the SWB into the United States, Caucasian American DTOs are the primary transporters, wholesale distributors, and retail distributors of methamphetamine in the GC HIDTA. Black American DTOs are ranked second by Law Enforcement Survey participants as wholesale distributors and retail distributors of methamphetamine, followed by Mexican DTOs. Mexican DTOs are also ranked second
by Law Enforcement Survey participants as transporters of methamphetamine. According to GC
BLOC/HIDTA Watch Center data, DHE seized 1,478 pounds of methamphetamine in 2020, a 14% increase
from 1,302 pounds in 2019.

As Mexican DTOs become more influential in the production and wholesale distribution of
methamphetamine, methamphetamine in solution (i.e., Liquid Meth) encounters along eastbound
interstate highways have become commonplace. Methamphetamine is mixed with a solvent,
typically methanol, acetone, or water, and then reconstituted into powder or crystal form before ingested. Methamphetamine in solution poses a threat to law enforcement and border security agents because of a drug trafficker’s ability to disguise the drug as ordinary items, such as antifreeze, apple juice, dish soap, and multipurpose cleaner bottles. There were 90 reports of methamphetamine in solution seizures at the SWB, as reported by EPIC in 2020, a 36% increase from 2019. Nine percent of Law Enforcement Survey respondents indicated an increase in methamphetamine in solution.

**Production**

Law enforcement continues to see an influx in Mexico-produced methamphetamine and a decline in the number of reported traditional methamphetamine laboratories seized in the GC HIDTA. According to the DEA Methamphetamine Profiling Program (MPP), 99.2 percent of methamphetamine samples analyzed in the first half of 2019 were produced using the reductive amination method, which utilizes the precursor phenyl-2-propanone (P2P), rather than pseudoephedrine.

In 2020, two methamphetamine clandestine laboratory seizures were reported to EPIC in the GC HIDTA, compared to eleven in 2019. In 2020, there was one methamphetamine clandestine laboratory seizure in Louisiana and one in Arkansas. Both methamphetamine laboratories used the one-pot method, which typically produces less than two ounces of methamphetamine per production cycle. In addition, there were five methamphetamine clandestine laboratory seizures in Arkansas reported to the Arkansas State Crime Lab. Two used the one-pot method, two used the iodine red phosphorous method, and one was unknown. The one-pot method, also referred to as “shake and bake,” has traditionally been favored by local methamphetamine producers because it requires fewer ingredients and can be easily created inside a plastic container.

Precursor chemicals are mixed together prior to the addition of ammonia nitrate, a substitute for anhydrous ammonia. Ephedrine, pseudoephedrine, and phenylpropanolamine are the most common precursor chemicals used in manufacturing methamphetamine. There

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Top photo: Average yield from one-pot method.
Bottom photo: Two of the precursor chemicals used in the manufacturing process.
were four precursor/chemical laboratories (e.g., ammonium nitrate, sodium hydroxide, lithium metal, Coleman fuel) reported to EPIC in 2020 in the GC HIDTA: two in Arkansas and two in Alabama. State laws require the documentation of all pseudoephedrine purchases and limit the availability of these chemicals at retail stores, causing methamphetamine producers to establish new methods of securing precursors. Chemicals such as anhydrous ammonia are clandestinely produced, purchased, or stolen from fixed tanks throughout the GC HIDTA. The number of anhydrous ammonia labs has continued to decrease throughout the GC HIDTA due to the ease and mobility of the one-pot production method. There were no anhydrous ammonia labs were reported to EPIC in 2020 in the GC HIDTA.\footnote{15}

Producers also employ “smurfing” or purchasing from multiple pharmacies and traveling to out-of-state pharmacies to obtain the necessary ingredients for methamphetamine production and avoid legal limitations placed on the purchasing of precursor materials.

**Intelligence Gaps**

Methamphetamine laboratory seizure data in the GC HIDTA has been assigned a moderate level of confidence. Due to the sporadic underreporting of laboratory seizures reported to the GC BLOC/HIDTA Watch Center, regional law enforcement agencies, and EPIC, it is difficult to establish with any certainty the level of clandestine laboratory activity.

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Overview

Fentanyl is a potent synthetic opioid used for pain management that has rapid onset properties. It is estimated to be 50 times more potent than pure heroin and 80 to 100 times stronger than morphine. Pharmaceutically, it is allotted on a microgram scale, as a dose of two milligrams or more is considered lethal to humans. Often times, fentanyl is used in combination with another drug or completely disguised in a pill form. Fentanyl-laced counterfeit pharmaceuticals have become more widely available across the United States, simultaneously increasing overdose death rates. Mexican DTOs are increasingly responsible for producing and supplying fentanyl to the United States market. China remains a key source of supply for the precursor chemicals that Mexican DTOs utilize to produce large quantities of fentanyl they are smuggling into the United States. The effects of the COVID-19 pandemic had little to no effect on the fentanyl drug market likely due to the smaller volumes of the drug required to generate revenue for DTOs and the small quantity needed for users to experience its effects.\(^{16}\)
Availability

The above map demonstrates each law enforcement agency that recorded fentanyl and other opioids as their primary drug threat. This figure and the table below demonstrate that this drug threat is even greater in urban areas of the Gulf Coast region. Thirty-six percent of Law Enforcement Survey respondents in urban areas (greater Memphis, TN and greater New Orleans, LA) indicated fentanyl and other opioids were the greatest drug threat, compared to 25 percent across the entire GC HIDTA.

<table>
<thead>
<tr>
<th>Percent of Respondents Indicating Fentanyl and Other Opioids are Greatest Drug Threat</th>
<th>Percent of Respondents Indicating Fentanyl and Other Opioids are Highly Available</th>
<th>Percent of Respondents Indicating Fentanyl and Other Opioids Contribute to Most Use of Law Enforcement Resources</th>
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</thead>
<tbody>
<tr>
<td>Gulf Coast Region</td>
<td>25%</td>
<td>40%</td>
</tr>
<tr>
<td>Urban Areas*</td>
<td>36%</td>
<td>45%</td>
</tr>
<tr>
<td>Semi-Urban Areas**</td>
<td>31%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Source: 2022 GC HIDTA Law Enforcement Survey

*Urban areas include Memphis, TN (July 2019 United States Census population estimate of 651,073) and New Orleans, LA (July 2019 United States Census population estimate of 390,144)

**Semi-urban areas include populations over 180,000: Memphis, TN; New Orleans, LA; Baton Rouge, LA (July 2019 United States Census population estimate of 220,236); Shreveport, LA (July 2019 United States Census population estimate of 187,112); Birmingham, AL (July 2019 United States Census population estimate of 209,403); Montgomery, AL (July 2019 United States Census population estimate of 198,525); Little Rock, AR (July 2019 United States Census population estimate of 197,312); Huntsville, AL (July 2019 United States Census population estimate of 200,574); Mobile, AL (July 2019 United States Census population estimate of 188,720).

Population density also affects the availability of fentanyl and other opioids. Forty percent of law enforcement respondents across the Gulf Coast region indicate that fentanyl and other opioids are highly available, while 45 percent of those in urban areas indicate the drug is highly available.

According to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, the number of fentanyl and fentanyl analogue submissions to NFLIS have significantly increased in Alabama and Mississippi. In 2020, the number of fentanyl related submissions to NLFIS increased in Mississippi by 835 percent from the previous year, totaling 1515 submissions. There was also an increase in fentanyl related submissions to NFLIS by 86 percent in Louisiana. However, there was a decrease in fentanyl-related NFLIS submissions in Alabama, Arkansas, and Shelby County Tennessee.

Use

Fifty-three percent of Treatment and Prevention Survey respondents indicated fentanyl and other opioid usage as high. Furthermore, 52 percent indicated an increase in inpatient admissions for fentanyl and other opioids in 2019.

The CDC reports that in 2019, synthetic opioid overdose deaths totaled 215 in Alabama, 117 in Arkansas, 331 in Louisiana, and 142 in Mississippi. Preliminary data from the Louisiana Department of Health for the first quarter of 2020 demonstrates that there were 108 synthetic opioid-involved deaths in Louisiana.

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b Fentanyl analogues include acetyl fentanyl, acryl fentanyl, tetrahydrofuran fentanyl, cyclopropyl fentanyl, furanyl fentanyl, fluorofentanyl, metoxyacetyl fentanyl, U-47700, and carfentanil.
compared to 75 in the first quarter of 2019. This represents an annual increase since 2014 across the state, as well as an increased number of synthetic opioid-involved deaths in urban parishes (e.g., Jefferson, St. Tammany, Orleans parishes). Jefferson Parish accounted for 56 of the 372 synthetic opioid-involved deaths in Louisiana in 2019, Orleans Parish accounted for 45, and St. Tammany Parish accounted for 38. Other urban areas of the GC HIDTA also report high opioid-involved overdose deaths, such as Shelby County, TN. Preliminary data from January through September 2019 demonstrates there were 90 suspected overdose-related deaths in Shelby County, a 62 percent increase from January through September 2018. Further, 89 percent of these deaths occurred within Memphis.

The recent emergence of new synthetic opioids and fentanyl analogues in the drug market pose a global public health and public safety threat. These compounds are often unreported as new fentanyl analogues and novel synthetic opioids cannot be identified using existing analytical methods.

In October 2020, a deadly combination of potent illicit opioids known as "purple heroin" emerged in Louisiana, resulting in one death in Jefferson Parish, Louisiana. Toxicology results revealed the presence of a new non-fentanyl synthetic opioid known as brorphine. Similar to fentanyl, brorphine has a potency 100 times greater than morphine. According to DEA National Forensic Laboratory Information Systems (NFLIS) data, brorphine emerged in the United States drug market in mid-2019. Federal, state, and local forensic laboratories have identified ten reports of brorphine from January to August 2020 compared to four reports in 2019.

In January 2021, carfentanil and para-fluorofentanyl were detected in two overdoses in Jefferson Parish, Louisiana. Para-fluorofentanyl, also known as “China white,” is a synthetic opioid with a potency similar to fentanyl. Para-fluorofentanyl is a Schedule I controlled substance under the CSA. The drug was first identified in the United States and Europe in 2016. Positive cases of the drug began increasing across the United States between July 2020 and September 2020.

Carfentanil is a fentanyl analogue and is considered to be the most potent opioid used commercially. It is approximately 10,000 times stronger than morphine. It is primarily used as a tranquilizer for large animals and a small dose is reportedly powerful enough to sedate an elephant. The risk of an overdose from these fentanyl analogues is increased due to the high potency, often requiring several doses of Naloxone to reverse its effects. According to the Jefferson Parish Coroner, there have been 16 reported deaths related to para-fluorofentanyl and carfentanil in the United States as of December 2020.

In alignment with the increase in fentanyl availability and its lethal exposure, some states have taken measures to further criminalize this dangerous drug. For example, in August 2018, Louisiana enacted an amendment to House Bill 165, which strengthens the criminal penalties for the manufacture, distribution, and possession with intent to distribute fentanyl and fentanyl analogues.

In 2018, DEA published a temporary scheduling order placing fentanyl-related substances in schedule I of the Controlled Substances Act, set to expire in February 2020. However, the temporary scheduling order became a law, extending the temporary control of fentanyl-related substances until May 6, 2021.

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\(^c\) Overdose death data reported by state health departments may differ slightly from CDC reporting due to variations in drug categorization.
Transportation

According to federal law enforcement agencies, Mexican DTOs are increasingly involved in the fentanyl drug market while supply of fentanyl from China directly to the United States has decreased significantly. In May 2019, China controlled all forms of fentanyl as a class of drugs, which decreased shipments of fentanyl from China to the United States.24 Thirty-seven percent of Law Enforcement Survey respondents recorded an increase in fentanyl and other opioid transportation and forty-four percent indicated an increase in distribution. Black American DTOs were ranked as the primary transporters, wholesale distributors, and retail distributors of the drug in 2020. Caucasian American DTOs were ranked as the second most identified transporters and distributors. In recent years, Mexican DTOs have increasingly become involved in the fentanyl drug market, transporting fentanyl analogues into the United States through border checkpoints, the Interstate Highway System, and mail carrier services. There were 2,434 separate incidents along the SWB involving fentanyl in 2020, with over 4,217.64 kilograms and an additional 2,810,258.50 dosage units seized.25 In comparison to CY 2019, this represents a 207% increase in dosage units, 134% increase in kilograms seized, and a 78% increase in the number of incidents in 2020. The increase in fentanyl seizures at the SWB indicate an increase in production levels in Mexico. As fentanyl activity at the SWB border increases, the GC HIDTA region, as well as other regions, can expect an increase in overdose deaths.

According to the GC BLOC/HIDTA Watch Center, there were five fentanyl DHE seizures reported to the BLOC in 2020, totaling 10.12 pounds and 4400 dosage units, compared to one fentanyl DHE seizure (10.80 pounds) in 2019. Additional reported DHE seizures of other illicit drugs, including heroin and oxycodone, were laced with fentanyl.

In August 2018, law enforcement agencies based in New Orleans, Louisiana completed an investigation into a China-based fentanyl supplier. Between November 2017 and January 2018, more than 20 million doses of fentanyl bound for the United States were seized and 21 people were arrested.26 In April 2019, Chinese authorities announced that all varieties of fentanyl will be controlled substances. While this move has potential to greatly reduce the amount of fentanyl smuggled into the United States, law enforcement emphasizes the need for Chinese authorities to regulate illicit production of fentanyl as well as the precursor materials used to produce it.27

Production

There were no clandestine fentanyl manufacturing sites discovered in the Gulf Coast region in 2020.28

Intelligence Gap

The absence of a standardized overdose death investigation protocol makes it challenging to compare overdose death data between coroner’s offices. With the opioid crisis in particular, many coroners are not able to specifically test for fentanyl or fentanyl analogues unless there is a reason to do so. Because of this, many fentanyl-related overdoses are underreported.
Overview

In the past, law enforcement officials within the GC HIDTA had reported low levels of heroin availability across the region with the exception of several major metropolitan areas. In 2020, thirteen percent of Law Enforcement Survey respondents reported heroin as the greatest drug threat. Heroin is often encountered containing fentanyl as only a small quantity of fentanyl in heroin allows DTOs to extend heroin supplies, maximizing profitability. According to the Heroin Drug Monitoring Program (HDMP), the average purity of heroin at the retail level ranged from 45 percent to 47 percent in 2019. Law enforcement officials report that young adults who abuse pharmaceuticals often switch to heroin when pharmaceuticals such as oxycodone, hydrocodone, and hydromorphone are not available or become too expensive.
Availability

Heroin continues to be readily available in the GC HIDTA region, with 51 percent of Law Enforcement Survey respondents indicating an increase in availability and demand. Further, 47% believe the availability of heroin has increased over the past 12 months. Contrary to other opioids, the heroin threat does not vary significantly when comparing population densities (urban vs. semi-urban). Heroin is a greater contributor to violent crime in urban areas (27%), compared to semi-urban areas (15%) and the GC HIDTA region (12%). Additionally, heroin is a greater contributor to property crime in semi-urban areas (26%), compared to urban areas (23%) and the GC HIDTA region (11%).

According to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, the number of heroin submissions to NFLIS decreased in Louisiana, Alabama, Arkansas, Shelby County, Tennessee, and Northwest Florida; however, heroin submissions increased significantly in Mississippi. The number of heroin submissions to NFLIS decreased by 56 percent in Alabama, 47 percent in Shelby County, Tennessee, 24 percent in Arkansas, and 17 percent in Louisiana from the previous year. Notably, there were 943 heroin submissions to NFLIS in Mississippi, a 149 percent increase from the previous year. Further, Louisiana was the state within the GC HIDTA that accounted for the most heroin submissions to NFLIS, totaling 1,371 submissions.

Use

It is evident that a large percentage of heroin abuse in the GC HIDTA occurs in metropolitan areas. Heroin data from Law Enforcement Survey participants indicates that it is the second largest drug contributor to violent crime across the GC HIDTA region. Heroin is also the number one drug contributing to property crime, along with methamphetamine, in urban areas according to the Law Enforcement Survey and second overall for the Gulf Coast region.

<table>
<thead>
<tr>
<th>Treatment Episode Data Sets (TEDS)</th>
<th>Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alabama</td>
</tr>
<tr>
<td>2015</td>
<td>859</td>
</tr>
<tr>
<td>2016</td>
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<tr>
<td>2017</td>
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</tr>
<tr>
<td>2018</td>
<td>2,810</td>
</tr>
<tr>
<td>2019</td>
<td>2,700</td>
</tr>
</tbody>
</table>

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).

Thirteen percent of participants in the Treatment and Prevention Survey reported heroin as the greatest drug threat. Additionally, 46 percent of respondents indicated high levels of heroin abuse and 48 percent indicated an increase in inpatient admissions. Law enforcement around the country reports that many drug users, who think they are buying pain pills such as OxyContin or Percocet, are unknowingly buying heroin or other opioids in pill form. In addition, it is also likely that users are purchasing heroin in pill form out of disdain for intravenous consumption or to avoid the social stigma associated with heroin use. According to TEDS data, the total number of individuals seeking treatment for heroin abuse decreased in Alabama in 2019 after trending upward since 2015. However, admissions for heroin in Arkansas, Louisiana, and Mississippi continue to trend upward since 2015.

Fifty-five percent of law enforcement survey respondents indicated the number of overdoses increased from the previous year. The CDC reports heroin overdose deaths in 2019 included 143 in Alabama, 33 in Arkansas, 224 in Louisiana, and 78 in Mississippi. Preliminary Louisiana Department of Health data from the first quarter of 2020 demonstrates there were 74 heroin-involved deaths in Louisiana, compared to 47 in the first quarter of 2019. This represents an annual increase since 2014 across the state, as well as an increased number of heroin-involved deaths in urban parishes (e.g., Jefferson, St. Tammany, Orleans
In 2019, Jefferson Parish accounted for 61 of the 229 heroin-involved deaths in Louisiana, St. Tammany Parish accounted for 47, and Orleans Parish accounted for 13. The Florida Medical Examiner’s Office in Northwest Florida reported 39 heroin-related deaths in 2020, compared to 21 in 2019.

Historically, heroin may contain adulterants that have the potential for increased potency or harm to the user. This is one of many factors responsible for increased overdose incidents and deaths in the GC HIDTA. Due to the danger from drug exposure experienced by paramedics and other EMS teams, many law enforcement officers are now being trained to administer naloxone. Naloxone (sold under the brand name Narcan) is a medication used to block the effects of opioids and is specifically designed to reverse opiate and opioid-related overdoses. The majority of law enforcement survey respondents (43%) indicated the number of naloxone administrations increased from the previous year.

New Orleans Medical Services (EMS) and the Fire and Police Departments administered 1,518 naloxone doses with evidence of opiate use in 2020, a 47 percent increase from the previous year. From 2013 to 2020, EMS naloxone administration calls with evidence of opiate use have increased at an average rate of 14.5 percent per year. In Alabama, there were 16.6 doses of naloxone administered and reported per 10,000 population statewide in 2020, compared to 12.9 doses of naloxone in 2019, according to Emergency Medical Service Providers. In Arkansas, there were 391 lives saved by naloxone administrations in 2020, compared to 185 lives saved in 2019, according to the Naloxone Saves Program. Mississippi EMS data revealed that naloxone was administered 602 times during Q3 2020, which is a 52.3% increase compared to Q3 2019.

**Transportation**

Forty-four percent of Law Enforcement Survey respondents indicated an increase in the distribution of heroin and 39 percent indicated an increase in transportation. The GC BLOC/HIDTA Watch Center reported that 59 pounds of heroin was seized in 2020 along the region’s interstates. Black American DTOs were ranked as the primary transporters and wholesale and retail distributors of heroin in the Gulf Coast region as a whole, followed by Caucasian American DTOs. Heroin mixed with other substances, mostly fentanyl, is increasingly widespread at the retail level. However, DEA reporting indicates heroin is rarely mixed with fentanyl at the wholesale level which suggests state and local DTOs are responsible for mixing fentanyl with heroin. Black American DTOs in the New Orleans area continue to transport and distribute heroin as their principle product due to increased profit margins and availability. New Orleans is known as a heroin source city for Southeast Louisiana and Southern Mississippi. The majority of the heroin found in greater New Orleans is of South American origin, while Mexican brown heroin is usually found in the remaining areas of the GC HIDTA.

**Production**

Heroin is neither produced nor cultivated in the six-state region. According to DEA’s Special Testing and Research Laboratory’s (STRL) Heroin Domestic Monitor Program (HDMP), the majority of heroin (92%) is sourced from Mexico.

**Intelligence Gaps**

Due to the end of DEA’s Heroin Domestic Monitoring Program, it is unclear whether the purity of heroin samples across the GC HIDTA have increased or decreased from previous years. In addition, it is unclear where heroin is cut with other drugs (e.g., fentanyl), making it difficult to prosecute in poly-drug cases.
Overview

Thirty-seven percent of Law Enforcement officials surveyed reported a high availability of controlled prescription drugs (CPDs). While two percent of Law Enforcement Survey respondents across the region ranked CPDs the greatest drug threat, this number was greater in Arkansas (11 percent), Alabama (5 percent) and among treatment and prevention providers in the GC HIDTA region (7 percent). Law enforcement also reported an increase in counterfeit pharmaceuticals containing various illicit drugs including fentanyl, heroin, and methamphetamine. The 2022 Mississippi Threat Assessment ranks CPDs as a primary drug threat due to their widespread abuse.
Availability

Based on results from the Law Enforcement Survey, the majority of respondents (71 percent) indicated the level of availability remained the same as 2019. Respondents from both the Law Enforcement survey and Treatment and Prevention Survey report hydrocodone (e.g., Vicodin, Lorcet, Lortab) and oxycodone (e.g., Percocet, OxyContin) to be the most frequently diverted CPDs in the GC HIDTA. This is closely followed by Suboxone and Alprazolam (e.g., Xanax).

According to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, the number of CPD submissions to NLFIS decreased in Louisiana, Alabama, Arkansas, and Shelby County, Tennessee; however, slightly increased in Mississippi by 3 percent in 2020. The number of CPD submissions to NFLIS decreased by 61 percent in Shelby County, Tennessee, 48 percent in Arkansas, 33 percent in Louisiana, and 11 percent in Alabama. Although the number of CPD submissions to NFLIS decreased in Alabama, Alabama was the state within the GC HIDTA that accounted for the highest number of CPD submissions to NLFIS, totaling 2,456 CPD submissions.\(^d\)

During the COVID-19 pandemic, DEA enacted temporary measures to facilitate access to treatment for individuals with Opioid Use Disorder (OUD) while following the stay-at-home orders, allowing for distribution of methadone and buprenorphine via telemedicine visits. This also allowed new patients to be treated without requiring an in-person consultation. However, the new guidelines could lead to abuse or misuse without proper management as COVID-19 restrictions begin to fade.\(^38\)

Use

Data suggests that pharmaceuticals may be emerging as an initial drug of abuse among young adults, becoming as common as marijuana, alcohol, and tobacco. This conclusion is based upon the increase in routine encounters of teenagers in possession of CPDs by law enforcement and treatment professionals. Area youth experiment with CPDs as opposed to other illicit drugs but often switch to heroin because of availability restrictions. Seven percent of treatment and prevention providers reported that pharmaceuticals are their greatest threat and 40 percent reported CPD abuse as high. Thirty-seven percent indicated an increase in inpatient admissions for CPDs in 2020. More specifically, respondents reported highest increases in inpatient admissions for hydrocodone, oxycodone, fentanyl, and suboxone.

As pharmaceutical use increased, so have emergency room visits, overdoses, and drug-related deaths. The abuse of pharmaceuticals without knowledge of their side effects and their combination with alcohol accounts for the increase. According to TEDS data, the total number of patients seeking treatment for opiate addiction (including methadone, oxycodone, hydrocodone, hydromorphone and morphine) decreased for Alabama, Mississippi, and Louisiana, but rose for Arkansas in 2019. Further, according to the

<table>
<thead>
<tr>
<th>Treatment Episode Data Sets (TEDS)</th>
<th>Other Opiates**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Arkansas</td>
</tr>
<tr>
<td>2015</td>
<td>1,895</td>
</tr>
<tr>
<td>2016</td>
<td>1,487</td>
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<td>2017</td>
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<tr>
<td>2018</td>
<td>3,894</td>
</tr>
<tr>
<td>2019</td>
<td>3,082</td>
</tr>
</tbody>
</table>

**Other Opiates include: Non-heroine opiates include methadone, codeine, Dilaudid, morphine, Demerol, oxycodone, and any other drug with morphine-like effects. Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).\(^39\)

\(^d\) CPDs include hydrocodone, codeine, tramadol, hydromorphone, morphine, oxycodone, oxymorphone, buprenorphine, methadone.
Mississippi Crime Lab, approximately 75% of overdoses that occurred in 2020 reported by Mississippi coroners were related to or involved controlled prescription drugs. Treatment and prevention providers report the majority of their clients obtain CPDs through street dealers, followed by friends, and family members. While CPDs are not a leading contributor to violent crime, these diversion methods are commonly encountered across the Gulf Coast and remain a concern for law enforcement. For example, the Mississippi Bureau of Narcotics documented 30 pharmacy burglaries or attempted burglaries in 2020 in Mississippi, a decrease from 32 in 2019. In order to better track CPDs reported as lost or stolen, the DEA Office of Diversion maintains a database of reported losses by registered handlers. The below chart shows the most common form of loss in the GC HIDTA is overwhelmingly via break-ins/burglaries, followed by employee theft, robbery, and then customer theft. In addition, DEA reports a number of CPDs as being lost in transit. The most commonly diverted drug in the DEA drug theft losses report is hydrocodone, followed by oxycodone. In order to better track CPDs reported as lost or stolen, the DEA Office of Diversion maintains a database of reported losses by registered handlers. The below chart shows the most common form of loss in the GC HIDTA is overwhelmingly via break-ins/burglaries, followed by employee theft, robbery, and then customer theft. In addition, DEA reports a number of CPDs as being lost in transit. The most commonly diverted drug in the DEA drug theft losses report is hydrocodone, followed by oxycodone.

![Theft Loss Reporting in 2020](chart)

**Transportation**

The majority of Law Enforcement Survey respondents reported the transportation and distribution of CPDs as remaining the same as last year. Caucasian American DTOs were cited as the primary transporters, wholesale distributors, and retail distributors of CPDs, followed by Black American DTOs to a lesser extent.

DHE seizures of pharmaceuticals have significantly increased across the GC HIDTA. The GC BLOC/HIDTA Watch Center reported 25,019,395 dosage units of opioid pharmaceutical narcotics along the region’s interstates in 2020, compared to 25,306 dosage units in 2019. Additionally, there were 152,033 non-opioid pharmaceutical narcotic dosage units seized in 2020, compared to 12,255 dosage units in 2019. The source is often foreign countries; however, pain management clinics operating in the Houston area have become a major source for portions of the region, particularly Western Louisiana.
Production

There are few pharmaceutical manufacturers in the GC HIDTA that produce legal drugs intended for medicinal purposes. Because of this, there is no evidence of pharmaceutical diversion from area manufacturers.

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Overview

Marijuana, either Mexico-produced, west coast sourced, or locally grown, has remained the most widely available drug in the GC HIDTA over the past several years; however, in 2020, the availability of marijuana was ranked second to methamphetamine. There are three types of marijuana markets operating in the United States: illicit markets, state-approved medical marijuana markets, and state-approved personal use/recreational markets. In many areas, the price has decreased due to its abundance, although certain strains of highly potent diverted marijuana are typically two to three times more expensive. Law enforcement officials frequently encounter shipments of diverted high-grade marijuana originating from the West Coast, as well as THC in the form of wax, oil, edibles, and vapor for the use of electronic cigarettes or e-cigarettes. Tetrahydrocannabinolic Acid (THC-A) Crystalline (i.e., THCA crystals, diamonds) is the purest form of cannabis, estimated to be 95 percent to 99.997 percent pure. While not reported within the GC HIDTA yet, THC-A has been identified in seizures and prosecutions in California, Idaho, and Arizona.
Availability

Seventy-eight percent of Law Enforcement Survey respondents reported marijuana had a high level of availability in 2020. In 2019, this was equal to the ranking of methamphetamine availability in the GC HIDTA; however, in 2020, the availability of methamphetamine was ranked higher than marijuana. Further, 30 percent believe it has increased in availability over the past 12 months. However, according to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, the number of marijuana submissions to NFLIS decreased across the GC HIDTA in 2020. Law Enforcement Survey respondents encountered more diverted domestic and high-grade hydroponic marijuana than any other type. This is followed by BC Bud, and Mexican marijuana strains. The most commonly encountered THC compounds by Law Enforcement Survey respondents in 2020 were CO2 Oil (Vaporizers), followed by edibles (gummies, candy), hashish, and hash oil (e.g., Shatter, BHO).

Use

Marijuana is widely used throughout the GC HIDTA and transcends all racial, social, and economic boundaries. Seventy-eight percent of respondents from the Treatment and Prevention Survey indicated that marijuana had a high level of use.

Medical marijuana has been legalized in Louisiana, Arkansas, Florida, and Mississippi. This became law in 2016 in Louisiana and in August 2019 the first round of medical marijuana was released to the nine pharmacies licensed to dispense medical marijuana across the state. Arkansas also legalized medical marijuana in 2016 and began dispensing in May 2019 at 32 licensed dispensaries. As of March 6, 2020, there are 41,336 approved medical marijuana ID cards in Arkansas. Florida also legalized medical marijuana in 2016. As of February 28, 2020, there are 321,144 approved medical marijuana ID cards in Florida and 233 dispensing locations. In November 2020, Mississippi voters approved Initiative 65, effectively legalizing medical marijuana in the state. Initiative 65 requires the Mississippi Department of Health to create rules and regulations for the medical marijuana program by July 1, 2021. The Health Department is also required to issue identification cards and licenses for treatment centers by August 15, 2021, but actual cannabis products may not be available for purchase until later in 2021.

Alabama and Tennessee passed similar legislations allowing medical CBD oil with low THC. During the February 2021 legislative session, a medical marijuana bill was reintroduced in Alabama. Alabama senators passed the bill to regulate the production, sale, and use of medical marijuana. However, the legislation still requires approval from House of Representatives to become a law. The bill, called the Compassion Act, would make Alabama the 37th state to allow medical marijuana. This demonstrates that the legalization of medical marijuana is expanding throughout the GC HIDTA. In March 2021, Tennessee Senate Government Operations Committee approved SB 854, and the bill has been referred to the state Senate Judiciary Committee.

The legalization of medical marijuana is expected to create multiple obstacles for law enforcement, such as widespread diversion, as has been noted in Colorado, California, and other states where the drug has been legalized. Abuse and availability rates for marijuana will also likely increase as a result of this endeavor.
Thirty percent of respondents to the Treatment and Prevention Survey reported an increase in admissions for marijuana in 2020. Many treatment and prevention professionals across the region also reported that marijuana is used in combination with a host of other drugs. Frequently these drugs include alcohol and cocaine. According to TEDS data, the number of patients admitted to rehabilitation centers for marijuana abuse declined in Alabama, and Mississippi in 2019.

E-cigarette products (e.g., vapes, vape pens, e-vaporizers, e-hookahs) have been linked to an outbreak of E-cigarette or vaping product use Associated Lung Injury (EVALI) in 2019. There have been 84 recorded cases in the GC HIDTA: 23 in Arkansas, 17 in Alabama, 35 in Louisiana, and 11 in Mississippi. EVALI has led to deaths nationwide, including six in the GC HIDTA in 2020: two in Louisiana, two in Florida and two in Mississippi.

According to CDC statistics, the majority of those who became sick used THC-containing vape products. In January 2020, 82 percent of 2,022 hospitalized EVALI patients across the US reported using THC-containing vape products. Louisiana Department of Health recorded 68 percent of EVALI patients reported using THC-containing vape products and Mississippi State Department of Health recorded 73 percent. Furthermore, 36 percent of Law Enforcement Survey respondents indicated a high availability of THC vape products and 40 percent reported a moderate availability in 2020. Vape products with THC or additional harmful additives are widely available in the GC HIDTA. For example, 13 percent of Law Enforcement Survey respondents indicated encountering THC vape cartridges with fentanyl.

**Transportation**

Twenty-six percent of Law Enforcement Survey respondents reported an increase in the transportation of marijuana and 65 percent reported that it remained stable in 2020. Black American DTOs are the primary transporters, wholesale and retail distributors of marijuana in the region, followed by Caucasian American DTOs.

Marijuana is the most commonly seized drug in DHE encounters. The GC BLOC/HIDTA Watch Center reported that interdiction officers along GC HIDTA interstates seized 5,476 pounds of marijuana in 2020.

Analyst note: Decreases in total weight of marijuana seized is likely attributed to reduction in Domestic Highway Enforcement efforts due to COVID-19 mitigation requirements.

Seized THC products increased by 1,082 percent from 2018 to 2020. In 2020, there were a total of 25,019,395 THC products seized along GC HIDTA interstates. According to the TEDS data, the number of patients admitted to rehabilitation centers for marijuana abuse declined in Alabama, and Mississippi in 2019.
surveyed law enforcement, the primary source state for high-grade marijuana for the GC HIDTA region is California, followed by Texas and Colorado.

**Production**

Marijuana, both Mexico-produced and locally grown, is highly available in the GC HIDTA. Although not indigenous to the region, marijuana is grown in all states within the GC HIDTA utilizing different methods, such as indoor, outdoor, and hydroponic grow operations. Some marijuana cultivators resort to counter-surveillance, trip wires, and explosives to protect their cultivation sites. Law enforcement officers must remain vigilant during enforcement operations to avoid potential injury.

Since indoor and hydroponically grown marijuana are more potent and therefore more lucrative than Mexico-produced marijuana, many local growers have opted for these types of grow operations. According to the University of Mississippi’s Potency Monitoring Program, the average THC potency in both traditional and concentrated marijuana decreased from 2019 to 2018, although still high.\(^5\) Indoor local grow operations employ sophisticated means of production and concealment. These range in size from small closets to entire residences. Indoor cannabis cultivation requires diligent oversight because the grower must provide plants with light, heat, humidity, and fertilizer.

Outdoor marijuana growing operations have traditionally employed very basic cultivation techniques. The region’s temperate climate enables marijuana cultivators to easily grow cannabis that can be intermixed with other crops to deter detection by law enforcement. Mexican DTOs continue to utilize more sophisticated approaches to cultivating marijuana in the region. Employing a variety of methods used by traffickers in Mexico, DTOs are directing workers to reside on-site and tend to the marijuana plants on a daily basis. They use elaborate equipment including irrigation systems, water pumps, hoses, portable sprayers, portable gas generators, as well as advanced chemical and fertilizer applications. Cannabis producers continue to cultivate in national forests, parks, and on other public land in an attempt to avoid detection and seizure of personal property.

The below table details the most recent results of the DEA Cannabis Eradication program in the GC HIDTA for 2019. In 2019, Mississippi Bureau of Narcotics seized 320 marijuana plants from an outdoor grow, 81 of which in Lee County.\(^6\)

<table>
<thead>
<tr>
<th>2019 Domestic Cannabis Eradication</th>
<th>Eradicated Outdoor Grow Sites</th>
<th>Eradicated Indoor Grow Sites</th>
<th>Indoor and Outdoor Cultivated Plants</th>
<th>Arrests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>39</td>
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<td>17,062</td>
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<tr>
<td>Arkansas</td>
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<td>Louisiana</td>
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<tr>
<td>Mississippi</td>
<td>40</td>
<td>5</td>
<td>630</td>
<td>72</td>
</tr>
</tbody>
</table>

Source: DEA Domestic Cannabis Eradication/Suppression Program
Available data for 2020 demonstrates that in Alabama 40 outdoor grow sites, 6 indoor grow sites, 2,166 plants, and 35 arrests were reported.\textsuperscript{57} In December 2018, Congress passed the Agriculture Improvement Act of 2018 (i.e., 2018 Farm Bill) legalizing the production of industrial hemp and removing hemp from classification as a Schedule I substance. While derived from the same plant as marijuana, Cannabis sativa L, hemp has lower levels of THC than marijuana and legally cannot contain more than 0.3 percent THC. States may create a regulation plan for the production of hemp, which must be approved by the USDA, or states may apply for licenses under the USDA regulation plan. On October 31, 2019 the USDA established the interim final rule specifying the regulations to produce hemp during the 2020 hemp growing season effective through November 1, 2020. In December 2019, the House of Representatives introduced a bill amending the Agriculture Improvement Act of 2018 (i.e., 2018 Farm Bill); however, it did not receive voting approval by Congress.\textsuperscript{58}

In the GC HIDTA, there were 932 acres of hemp grown in Louisiana; 732 acres in Arkansas; and there was no hemp grown in Alabama, Mississippi, or Florida.\textsuperscript{59} Although the number of acres of hemp grown in Tennessee was not available in 2020, there were 17,000 acres of hemp grown in Tennessee in 2019. In June 2020, the Louisiana governor signed House Bill 491 into law, making Louisiana the 44\textsuperscript{th} hemp state. In July 2020, the Mississippi governor signed into law SB 2725, also known as the Mississippi Cultivation Act, legalizing the cultivation of hemp under a state plan to be creates and implemented by the Commissioner of Agriculture and Commerce. However, necessary funding to implement the state hemp cultivation program was not appropriated by the Mississippi legislature, leaving the only acquisition of a hemp license from the USDA under the USDA Domestic Hemp Production Program as the legal option for hemp cultivation. In March 2021, Florida approved 22,000 acres for hemp cultivation but is expected to increase to 300,000 acres in the next three to five years.\textsuperscript{60} Within the GC HIDTA, Alabama, Arkansas, Florida, Louisiana, and Tennessee have established a legal framework for producing and processing hemp within their respective states.

With the legalization of hemp production comes obstacles for law enforcement, as it can be difficult to accurately test the percentage of THC in legally grown hemp across an entire state. This also ushers in a challenge for the transportation of industrial hemp throughout the GC HIDTA region. Current field test kits only indicate the presence of THC and not the level of THC. K-9s cannot distinguish between THC and marijuana. Due to the high difficulty in differentiating the two substances, criminal actors have attempted to transport marijuana under the guise of legal hemp within the GC HIDTA. Finally, there have been reports of hemp crop theft, often due to criminals perceiving the crop to be marijuana.

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Overview

Cocaine continues to be a threat in the GC HIDTA. Cocaine, in both powder-form and base-form (hereafter referred to as crack), remains a serious concern to law enforcement agencies. Cocaine and crack are the third-most drug contributors to violent crime in the region. The majority of Law Enforcement Survey respondents believe the availability, demand, distribution, and transportation of cocaine is similar to last year. However, the number of cocaine-related overdose deaths continue to increase across the GC HIDTA, likely due to the increase in opioid use among cocaine users.
Availability

Cocaine and crack continue to be readily available. Forty-eight percent of Law Enforcement Survey respondents claim that cocaine and crack have a moderate level of availability while 32 percent rank it as high. Sixty-six percent report that the availability of cocaine and crack over the past 12 months has remained the same. In 2020, the Alabama Department of Forensic Sciences analyzed 8,848.32 grams of cocaine, a 12% decrease from 2019.\textsuperscript{61} The Mississippi Bureau of Narcotics reported 165 cases involving cocaine in 2020, a 42% decrease from 2019.\textsuperscript{62} Additionally, cocaine was the second most reported drug in Northwest Florida, accounting for 15.64 percent of NFLIS submissions in 2020.\textsuperscript{63}

According to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, the number of cocaine submissions to NFLIS increased in Mississippi, Shelby County Tennessee, and Northwest Florida; however, submissions decreased in Louisiana, Alabama, and Arkansas in 2020. Notably, the number of cocaine submissions to NFLIS increased by 47 percent in Northwest Florida, 37 percent in Mississippi, and 21 percent in Shelby County, Tennessee. The number of cocaine submissions decreased by 43 percent in Arkansas, 34 percent in Louisiana, and 16 percent in Alabama. Further, Alabama accounted for state with the highest number of cocaine submissions in the GC HIDTA, totaling 2,994 cocaine submissions in 2020.

Use

According to 43 percent of Treatment and Prevention Survey respondents, cocaine and crack use has remained moderate in the previous 12 months. Additionally, 75 percent of respondents reported that inpatient admissions for cocaine and crack have stayed the same. Cocaine is frequently used in combination with a variety of other drugs. According to treatment and prevention professionals along the Gulf Coast, marijuana and alcohol are most frequently used in combination with cocaine, followed by heroin and fentanyl.

According to TEDS data, the number of patients admitted to drug treatment centers for cocaine (smoked) and cocaine (ingested via other route) abuse decreased in Alabama and Arkansas and increased in Louisiana and Mississippi in 2020.

<table>
<thead>
<tr>
<th>Treatment Episode Data Sets (TEDS)</th>
<th>Alabama</th>
<th>Arkansas</th>
<th>Louisiana</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cocaine (smoked)</td>
<td>Cocaine (other route)</td>
<td>Cocaine (smoked)</td>
<td>Cocaine (other route)</td>
</tr>
<tr>
<td>2015</td>
<td>596</td>
<td>327</td>
<td>312</td>
<td>187</td>
</tr>
<tr>
<td>2016</td>
<td>661</td>
<td>323</td>
<td>385</td>
<td>206</td>
</tr>
<tr>
<td>2017</td>
<td>577</td>
<td>390</td>
<td>329</td>
<td>198</td>
</tr>
<tr>
<td>2018</td>
<td>588</td>
<td>386</td>
<td>297</td>
<td>176</td>
</tr>
<tr>
<td>2019</td>
<td>540</td>
<td>330</td>
<td>263</td>
<td>135</td>
</tr>
</tbody>
</table>

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).\textsuperscript{64}
The CDC reports cocaine related overdose deaths in 2019 totaled 109 in Alabama, 31 in Arkansas, 132 in Louisiana, and 49 in Mississippi. The number of cocaine related overdose deaths increased in every state across the GC HIDTA except for Louisiana, where there was a 1% decrease from the previous year. The increase in cocaine related overdose deaths is likely attributed to the increase in opioid use among cocaine users. In recent years, the growing supply and use of fentanyl and heroin has driven the number of cocaine-related overdose deaths across the United States as drug suppliers attempt to increase their profit. The graph below indicates the steep increase in cocaine and synthetic opioid overdose deaths across the nation beginning in 2015. The second upward trend in cocaine and synthetic opioid related overdose deaths occurred in 2017 and continues throughout 2019.

### National Drug Overdose Deaths Involving Cocaine*, by Opioid Involvement
**Number by All Ages, 1999-2019**

Transportation

Regionally, cocaine is smuggled into the United States via Mexico. It is then transported into the GC HIDTA via the SWB and Atlanta by local DTOs. While Black American DTOs are primarily responsible for the transportation, wholesale and retail distribution, Columbian DTOs dominate the national production and supply of cocaine. Black American DTOs are also responsible for converting powder cocaine into crack prior to retail distribution. The majority of Law Enforcement Survey respondents indicated that the distribution and transportation of cocaine remained moderate in 2020. Florida had the largest amount of cocaine seizures by weight in 2019 likely due to its close proximity to the Caribbean Corridor. Information reported to the GC BLOC/HIDTA Watch Center from HIDTA’s DHE program indicates that 890 pounds of cocaine were seized in 2020, a 42% decrease from 2019.

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* Decreases in seizure numbers and total weight of cocaine are likely attributed to reduction in Domestic Highway Enforcement (DHE) efforts due to COVID-19 mitigation requirements.
In 2000, the Colombian and United States governments launched Plan Colombia, an eradication program intended to destroy coca and poppy crops used to produce cocaine and heroin. Colombia rolled back the aerial chemical spraying in mid-2015 after an agency of the World Health Organization declared that the active ingredient in the spray had the potential to cause cancer in humans. The end of Colombia’s eradication program resulted in a surge of coca production as government intervention in the crop’s production ceased. In 2019, coca cultivation estimates in Colombia reached 212,000 hectares - a nearly two percent rise from 2018 and the highest recorded amount. ONDCP reports this increased potential pure cocaine production by eight percent from 2018 to 2019. The production of cocaine in the years since has reflected on the increasing amount seized along United States borders. According to EPIC, approximately 23,123 kilograms of cocaine was seized along the United States’ SWB in 2020, as compared to 10,874 kilograms seized in the last year of Plan Colombia in 2014.

**Production**

Coca is neither cultivated nor produced within the GC HIDTA, but originates in South America. According to the DEA’s Cocaine Signature Program, approximately 95 percent of tested cocaine samples originated from Colombian coca growing regions.

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Overview

Also referred to as designer synthetic drugs, new psychoactive substances (NPSs) are classified as having no legitimate industrial or medical uses. The misuse of these chemicals in the past decade represents an ongoing public health and safety threat. There are three main categories of NPSs: synthetic cannabinoids, synthetic cathinones, and phenethylamines. Synthetic cannabinoids are comprised of various plant materials that are coated with chemicals to produce a strong intoxicating effect. Synthetic cathinones have stimulant properties related to the cathinone drug class and the effects are similar to drugs such as cocaine, MDMA, or methamphetamine. Synthetic phenethylamines mimic popular hallucinogens and can be found in powder and liquid forms.
Synthetic cannabinoids and cathinones were designed to, respectfully, mimic the effects of marijuana and stimulants and are commonly referred to as “synthetic marijuana” or “bath salts.” These products have risen in popularity since their debut in 2008, particularly for those between 12 and 29 years of age. Sold as herbal incense, products such as K2, Spice, Genie, and Mojo are readily available in head shops and convenience stores throughout the region.

Research chemicals developed under the category of phenethylamines are often illicitly distributed for experimental purposes. These drugs mimic the effects of LSD and ecstasy and are referred to as “synthetic hallucinogens.” Street names for specific formulations of these drugs include “Smiles” (2C-I) and its derivative “N-BOMB” (2C-I-NBOMe, 25I-NBOMe). Other derivatives of the drug are 25I and NBOMe-2C-I. These drugs are currently abused across the GC HIDTA and throughout the United States. Phenethylamines became available on the Internet around 2010 and were originally promoted during concerts and music festivals.

Synthetic marijuana is usually touted as a legal form of marijuana and is most commonly abused by young adults and those who are frequently drug tested. These two drugs are most commonly sold in headshops, gas stations, and convenience stores. Synthetic cannabinoid, cathinone, and phenethylamine products are often labeled “not for human consumption” and are sold in colorful packaging and bottles to attract consumers.

**Availability**

The majority of the Law Enforcement Survey respondents reported low availability of NPSs, and the availability as being the same as last year. Forty-six percent of Law Enforcement Survey respondents reported MDMA’s overall availability as moderate while 23 percent reported it as low. The majority of Law Enforcement respondents (64 percent) also reported MDMA’s availability remained the same as last year.

Notably, PCP is increasingly encountered by law enforcement in North Louisiana. According to the North Louisiana Crime Lab in West Monroe, there were a total of 70 PCP cases in 2020, a 52% increase from 2018. The number of PCP cases in Arkansas also increased by 21% from 2019 to 2020 according to the Arkansas Crime Lab. Further, the number of synthetic cannabinoid cases initiated by the Mississippi Bureau of Narcotics increased by 167% in 2020, totaling 32 cases involving synthetic cannabinoids.99

There was a significant decrease in the number of synthetic cannabinoids analyzed at the Alabama Crime Lab. In 2020, the Alabama Crime Lab analyzed 408 cases of synthetic cannabinoids, compared to 858 cases in 2019. Additionally, synthetic cannabinoid, 5F-MDMB-PICA was the 5th most common drug submitted to NFLIS in Northwest Florida, totaling 62 submissions.70 5F-MDMB-PICA was placed in Schedule I of the CSA in April 2019.71 Further, according to data provided by the Louisiana Office of Public Health, Bureau of Health Informatics, there was a significant decrease in the number of NPS submissions to NFLIS across the GC HIDTA in 2020.

Several states in the GC HIDTA have reported the infiltration of synthetic cannabinoid-soaked paper in their prisons systems, raising concerns to not just the inmates who seek out the drug, but also the correctional officers who are exposed to the chemicals. In February 2020, Terre Haute federal prison in Mississippi seized a package containing two legal sized envelopes. DEA’s Gulfport, Mississippi Resident
Office analyzed the package believed to contain papers soaked in FUB-AMB, leading to a DTO suspected of trafficking synthetic cannabinoids into at least 13 different federal prisons. Similarly, the Alabama Department of Corrections reported an increase in incidents involving chemically sprayed paper, “flakka paper”, and/or “flakka strips.”

**Use**

Synthetic cannabinoids can be used and consumed in a variety of ways, including, but not limited to, 1) being sprayed or otherwise soaked into a plant or other base material such as paper then typically smoked, 2) suspended in an oil form to be used in e-cigarettes or, 3) pressed into counterfeit prescription pills. Synthetic cannabinoids are also used in oil form or in e-cigarettes or vape pens. The Alabama Poison Information Center at Children’s of Alabama reported 35 instances of exposure for the categories of synthetic cathinones and synthetic cannabinoids combined with 15 hospital admissions in 2020.

Of the treatment and prevention providers surveyed, 10 percent reported a high level of abuse and 30 percent reported moderate abuse. While NPSs may not be a primary contributor to violent and property crimes, some of these drugs are known to cause violent behavior. Synthetic cathinones, phenethylamines, and phencyclidines have been known to cause severe aggression in certain instances. Other synthetics, such as GHB or Rohypnol, are used in drug-facilitated sexual assaults because of their sedative properties. Eighteen percent of treatment and prevention professionals reported an increase of NPS inpatient admissions in the previous twelve months. The majority (59 percent) of Law Enforcement Survey respondents stated the demand for NPSs has remained the same as last year.

Product inconsistency poses a serious concern for those who choose to abuse synthetic cathinones and cannabinoids. Importers and retail traffickers care little about the chemical makeup of their product. NPS abusers dangerously risk their physical and mental health when consuming these unregulated and illegal substances. Overdose deaths related to cannabis derivatives, LSD, and unspecified psychodysleptics decreased in Alabama and Arkansas, but increased in Louisiana and Mississippi from the previous year. The CDC reports overdose deaths related to cannabis derivatives, LSD, and unspecified psychodysleptics in 2019 include 10 in Alabama, 18 in Arkansas, 33 in Louisiana, and 11 in Mississippi.

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**Isotonitazene**

Isotonitazene, also known as “iso” or “toni”, is a synthetic opioid that was first identified in 2019, although mostly prominent in Midwestern states. Five postmortem isotonitazene cases were identified in the GC HIDTA from January 2020 to April 2020. Isotonitazene is a benzimidazole that is structurally similar to etonitazene, a potent internationally controlled opioid. Isotonitazene reportedly has a similar potency to fentanyl. The synthetic opioid has been found concealed as counterfeit Dilaudid (hydromorphone) tablets, as shown in the figure to the right, circulating in the United States. DEA published a temporary scheduling order placing isotonitazene in Schedule I of the Controlled Substance Act (CSA) in June 2020.


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\(^f\) Cannabis derivatives, LSD, and unspecified psychodysleptics includes ICD 10 T40.7; T40.8; and T40.9.
Transportation

Wholesale quantities of NPSs are sourced from China and often trafficked to the United States via commercial mail carriers. Caucasian American DTOs are the primary transporters, wholesale distributors, and retail distributors of NPSs and MDMA (i.e., ecstasy) within the GC HIDTA. Even though MDMA is the most widely abused and seized NPS in the GC HIDTA, area law enforcement personnel remain vigilant in their efforts to combat other synthetic drugs such as Molly, PCP, LSD, GHB, and GBL.

DHE seizures of other dangerous drugs continue with large quantities across the GC HIDTA. The GC HIDTA BLOC/HIDTA Watch Center reported that 500,300 dosage units of other dangerous drugs were seized in 2020, compared to 242,010 dosage units in 2019.

Production

Synthetic manufacturers continue to modify their chemical recipes to avoid the most recent legislative efforts at restricting the distribution of their products. A recent example is the introduction of “Flakka.” A synthetic cathinone similar to other products popularly called bath salts, Flakka takes the form of a white or pink foul-smelling crystal that can be eaten, snorted, injected, or vaporized through e-cigarettes. These drugs are often labeled as “Bath Salts” and sold under such brand names as "Ivory Wave" or "Purple Wave." Synthetic cathinones may sometimes contain the synthetic stimulants MDPV, 3, 4-methylenedioxypyrvalerone, and/or mephedrone.

According to crime lab professionals, a chemistry background is required to manufacture phenethylamines. The ingredients for these drugs can be found and ordered on the Internet. Law enforcement officials report that phenethylamines are produced in industrial size laboratories overseas and shipped to the United States for distribution.

The research chemical W-18 was developed by the University of Alberta in the 1980s for use as an experimental pain medicine. The drug has been re-released onto the black market by opportunistic traffickers. W-18 is the most potent of the W-series drug group and is readily available online from laboratories in China. Acting as an extremely powerful analgesic, it is approximately 100 times more potent than fentanyl and 10,000 times stronger than morphine. It is often used in combination with heroin, cocaine, or fentanyl to increase their overall potency. Detecting W-18 during autopsies is a challenge because it is difficult to determine the patterns of use in overdose victims.75

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Overview

The GC HIDTA region experiences all drug smuggling and transportation methods including roadway, package distribution services, railway, air, and marine. The majority of the Gulf Coast region is both rural and agricultural. The abundance of interstate highways creates an ideal method for DTOs to transport drugs from the SWB into and through the GC HIDTA to lucrative markets in the Midwest and East Coast. The area has several local and international airports, over 8,000 miles of coastline, and 5.3 million acres of swamp. DTOs from Central and South America have established a labyrinth of smuggling routes through the Caribbean and the SWB using a variety of techniques that pose a constant threat to the Gulf Coast. Law Enforcement Survey respondents indicated the most frequent source cities for drugs transported into and within the GC HIDTA are Houston, Atlanta, New Orleans, Dallas, Memphis, Birmingham, Baton Rouge, Denver, and Los Angeles.

Interstate Highways

The most commonly encountered transportation method in the GC HIDTA is the use of the Interstate Highway. DTOs are most successful utilizing commercial vehicles to transport contraband in large quantities. Drugs originating from the SWB transit the GC HIDTA to destinations throughout the United States.

The east/west interstates of I-10, I-12, I-20, I-30 and I-40 traverse the states and intersect with the major north/south interstates of I-49, I-55, I-59, I-85, and I-65. Most DHE seizures within the GC HIDTA occur on I-10 and I-40. The GC HIDTA’s central location ensures its roadways are utilized by traffickers from both coasts since smugglers can easily move their cargo through the GC HIDTA in a one or two-day trip. The table to the right demonstrates the total weight of drugs and currency seized by law enforcement throughout the GC HIDTA reported to the GC BLOC/HIDTA Watch Center.

<table>
<thead>
<tr>
<th>DHE Seizure</th>
<th>Amount Seized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>59 lbs.</td>
</tr>
<tr>
<td>Cocaine</td>
<td>890 lbs.</td>
</tr>
<tr>
<td>Marijuana</td>
<td>5,476 lbs.</td>
</tr>
<tr>
<td>THC Products</td>
<td>1,358,381</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1,478 lbs.</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>10.12 lbs and 4400</td>
</tr>
<tr>
<td>Opioid Pharmaceutical Narcotics</td>
<td>25,019,395 dosage</td>
</tr>
<tr>
<td>Non-Opioid Pharmaceutical</td>
<td>152,033 dosage units</td>
</tr>
<tr>
<td>Currency</td>
<td>$13,213,813</td>
</tr>
</tbody>
</table>

Drugs removed from the marketplace in CY2020 by law enforcement along interstates and highways as reported to the GC BLOC/HIDTA Watch Center.

DTOs also utilize noncommercial vehicles such as cars, pick-up trucks, passenger vans, and cargo vans to transport contraband in large quantities, often exploiting various concealment methods. In June 2020, the Hancock County Sheriff’s Office in Mississippi seized 960 pounds of methamphetamine pressed into various shapes and disguised as candles.
The reporting of DHE seizures represents an intelligence gap, as many state and local law enforcement seizures go unreported. Data collection will improve as more law enforcement authorities are trained to report interdiction seizures via EPIC’s National Seizure System and partner with the GC BLOC/HIDTA Watch Center.

**Mail Carrier Services**

The second most common mode of drug transportation by DTOs is via mail carrier services. Fifty-six percent of law enforcement survey respondents reported an increase in the number of illicit packages trafficked by mail or parcel transportation in 2020. These shipping methods provide fast, reliable, and low-risk delivery of illegal drugs. DTOs use variations of packaging and concealment methods to continually thwart law enforcement detection such as fictitious names on shipping and receiving labels, concealing drugs with odor such as coffee grounds, or utilizing vacuum-sealed bundles. The mail system is a particularly popular avenue for the transport of prescription drugs, which are easily mixed with large-scale legitimate mailings. Considering the immense volume of domestic and international packages transited throughout the United States, this threat poses a difficult challenge and overwhelms the limited manpower focused on examining these packages.

The Federal Express (FedEx) hub in Memphis, TN opened in 1973. The hub encompasses a five-mile perimeter with slots for 175 aircraft and 42 miles of conveyer belts. Approximately 2.5 million packages move through the facility daily. Department of Homeland Security personnel at the FedEx hub reported 476 total seizures in CY2020, with marijuana and methamphetamine being the highest volume of drugs seized, as depicted in the table to the right.

<table>
<thead>
<tr>
<th>CY2020 FedEx Hub Seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizure</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td>Heroin</td>
</tr>
<tr>
<td>Fentanyl</td>
</tr>
<tr>
<td>Synthetic Cannabinoids and Designer Drugs</td>
</tr>
<tr>
<td>Undeclared Currency</td>
</tr>
</tbody>
</table>

The GC HIDTA’s Mississippi Mobile Deployment Team operating from the Mississippi Operations Center conducts routine checks on suspicious packages at express mail centers in the Greater Jackson, Mississippi area. This group routinely encounters packages of marijuana shipped in five to 10-pound bundles and, on occasion, shipments of other dangerous drugs. Similar operations are conducted with great success by the Mobile/Baldwin Street Enforcement Team in Mobile, Alabama.

**Railways and Bus Lines**

Because security measures are not as stringent for commercial bus and railway travelers as they are with commercial airlines, transporting illicit drugs and currency through railway luggage is a low cost/low risk method. Luggage often goes unsearched and is not required to be tagged with owner identification. Therefore, a traveler could board a commercial bus with a suitcase containing drugs or currency, and should the vehicle be stopped during highway interdiction, the luggage would not be traced back to the smuggler. Typically, the drugs or currency are seized and the commercial bus and its passengers are free to continue.

Law enforcement in the GC HIDTA continue to make significant cases through increased enforcement focus on commercial bus terminals and railway stations. There are numerous commercial bus companies

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8 Synthetic Cannabinoids and Designer Drugs seized include synthetic marijuana, MDMA, Ketamine, LSD, PCP, DMT, GHB, and GBL.
operating within the region. Many smaller, independent charter companies enter the Gulf Coast from bordering states transporting tourists into the area. For example, Shreveport, LA receives carriers from Texas via I-20 as well as carriers from Mississippi and Arkansas.

**Commercial Carriers**

DTOs continue to exploit the use of commercial carriers to move illicit contraband into and through the GC HIDTA area because of their ability to transport and conceal large quantities. Commercial carrier companies involved in the drug trade attempt various techniques to bypass law enforcement detection. The United States Department of Transportation (DOT) requires that all trucking company names be displayed on the door of the tractor/trailer. Consequently, some traffickers create fictitious trucking firms or companies for the purpose of appearing to comply with these regulations. In reality, only one or two shipments of drugs are made under the company name before it is discarded or replaced by another. This practice diminishes name recognition by law enforcement. The DOT estimates that only half of the tractor-trailers found transporting drugs are actually legitimately registered trucking companies. Common practices among traffickers are to alter or use legitimate DOT numbers and for drivers to use false documentation and identification. Based on DHE reports, many tractor-trailers transporting drugs or currency through the GC HIDTA are registered in South Texas or California. While some of these trucking companies are involved in illegal activities, companies may be legitimate but hire unscrupulous employees.

Commercial carriers are also involved in the transport of illicit contraband across the country through the use of portable storage containers. Companies such as PODS and U-Haul deliver portable storage containers directly to customers and transport them on their behalf anywhere in the US. DTOs and criminal actors exploit these services by filling the units with illicit drugs. In November 2019, law enforcement interdicted a portable storage container containing 325 pounds of marijuana delivered from California to a business in Jefferson Parish, LA.

**Air Traffic**

The GC HIDTA faces a significant threat via commercial air traffic from drug source countries. All states in the GC HIDTA contain an international airport; however, regional airports are of greatest concern to law enforcement. Since major airports are required to maintain stringent restrictions and conduct searches, most drug and currency smugglers have opted for private flights to regional and other general aviation airports. Many private and charter planes use regional airports operating in the GC HIDTA either as a refueling location or a distribution point. According to the Air Marine Operations Center, a unit within United States Customs and Border Protection (CBP), many private and small commercial air craft travel from Texas and SWB towns to Atlanta with stops at regional airports in the GC HIDTA. Flights originating from Southern California typically stop in Jackson, Mississippi to refuel or unload passengers before continuing on to their final destination. As law enforcement aggressively pursues highway interdiction, the smuggling of illicit drugs via aircraft is likely to increase.

There have been several seizures and arrests of individuals transporting narcotics in private aircraft. Due to lax screening and regulations in place for private aircraft, it is not difficult for individuals to fly on a private plane with narcotics and bulk cash. Passengers and luggage are rarely screened which provides a clear path for drug smuggling. Once the narcotics cross into the United States, a private plane can easily transport the drugs to destinations throughout the country. Traffickers with private aircraft at their disposal have the opportunity to smuggle contraband as long as they have proper paperwork and file a flight plan.

International airports within the GC HIDTA provide direct and connecting flights from drug source countries as well as transit and distribution areas such as Atlanta, Dallas, Houston, Los Angeles, Memphis,
and Miami. Internationally designated airports are located in Birmingham, AL; Huntsville, AL; Alexandria, LA; New Orleans, LA; Gulfport/Biloxi, MS; Jackson, MS; Pensacola, FL; Blytheville, AR; and Memphis, TN. With direct international flights into the United States, there is a corresponding increase in the smuggling threat. Due to lack of cleared personnel in foreign countries, there is a greater risk for lax baggage handling and security screening and therefore an increased vulnerability to drugs and money being smuggled to the United States.

**Maritime**

The ports of New Orleans, Baton Rouge, St. Bernard, Plaquemines, and South Louisiana make up the world’s largest continuous port district and are responsible for moving one fifth of all United States foreign waterborne commerce. The numerous ports in Louisiana receiving commerce every day from source countries coupled with the approximately 230 miles of the Mississippi River from the Gulf of Mexico to the Baton Rouge area makes it difficult for law enforcement to survey every smuggling avenue. Many miles of river and the Gulf of Mexico coastline can be remotely accessed by local fisherman familiar with the area, thus increasing their ability to smuggle drugs without being detected.

New Orleans is currently home to two Carnival cruise ships, one Norwegian cruise ship, one Royal Caribbean cruise ship, and one Disney cruise ship. Over 700,000 passengers travel annually through the Port of New Orleans increasing the threat of drug and currency smuggling via maritime means. Pharmacies located in foreign cruise ship terminals make it easy for passengers to purchase pharmaceuticals at a cheaper rate and without a prescription. This provides passengers the opportunity to transport the drugs into the United States. These ships depart the Port of New Orleans weekly, increasing the threat of counterfeit pharmaceuticals smuggled into the United States from the international ports by passengers and crew members.

There are two Mississippi River cruise lines that travel the upper and lower Mississippi River, which may offer an inconspicuous avenue to transport illicit drugs and bulk cash to other states that border the river. Mexican DTOs use Mississippi River barges to transport narcotics and illicit proceeds in and out of Shelby County, TN. The port of Memphis is the fourth largest inland port in the United States and there are 138 public and private port facilities within its jurisdiction.

The high volume of commercial shipping activity arriving directly from foreign ports entering the ports along our maritime domain make the GC HIDTA highly vulnerable to drug smuggling activity. Inbound vessels arriving at northern Gulf Coast major ports in 2017 most commonly had their last port of call in or originating from Mexico, followed by Venezuela, Colombia, and Brazil. HSI reports that Vermilion Bay is the most vulnerable area to illicit maritime smuggling and immigration violations in southwestern Louisiana. Criminal networks also use abandoned oil rigs off the coast of Louisiana to stage drug loads for follow-on delivery, mostly to south Texas, Louisiana, Alabama, and Florida. The GC HIDTA is also susceptible to drug smuggling via other maritime platforms, including recreational vessels, commercial shipping vessels, towing vessels, submersibles, and rail ferry vessels. Go-fast boats (e.g., lanchas) are used by Mexican TCOs to smuggle drugs directly into southern Texas via the Gulf of Mexico; however, according to Coast Guard Intelligence, there are no reports of go-fast boat interdictions in the northern Gulf Coast. Drug wash-ups, most commonly marijuana or cocaine, occur in the GC HIDTA maritime domain due to unknown drug movements. It is highly likely wash-ups occur due to a number of scenarios, including failed air drops, jettisoned packages from vessels in the Gulf of Mexico or Caribbean Sea, vessels sinking, or loss while transferring loads from a larger vessel to a smaller vessel at sea. In FY2020, there were approximately two marijuana wash up events totaling 39 pounds and six cocaine events totaling 152
kilograms recovered throughout the U.S. Coast Guard’s (USGC) District 8 AOR.\textsuperscript{h} Comparatively, in FY2019, approximately 22 marijuana drug wash-ups events totaling 1,231 pounds, nine cocaine events totaling 67 kilograms, and one methamphetamine event totaling 1 kilogram were recovered throughout the USCG’s District 8 AOR. As depicted in the below map, all wash-ups in FY2020 occurred along the Texas, Mississippi, Alabama, and Northwest Florida coastline.\textsuperscript{78}

In October 2018, United States Border Patrol in Cameron Parish, LA located a Marine Instruments M3i Sounder Buoy tethered to a raft on the beach and pieces of a raft further down the beach. The buoy is intended to detect the presence of fish and reports sounder data and its GPS position every five minutes with an unlimited battery life and 150 meter range.\textsuperscript{79} South American DTOs are increasingly using equipment similar to this GPS enabled buoy to abandon drugs in the Pacific and Gulf, then later retrieve them and bring them onto United States shores.\textsuperscript{80} This is an example of how DTOs exploit the Gulf of Mexico for trafficking drugs into the GC HIDTA.

**Maritime Intelligence Gap**

It is highly likely drug smuggling activity in the GC HIDTA maritime domain is underreported. Lack of human intelligence creates a significant gap in available information that would allow higher confidence levels in maritime threat forecasting. Analysts also note that drug wash-ups are reported more commonly during spring and summer months possibly due to increased activity on shorelines.

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\textsuperscript{h} The green points represent marijuana wash up events and the red points represent cocaine wash up events. One of the marijuana wash up events is located within the cluster of cocaine wash up events near Galveston, Texas.
Overview

There are numerous DTOs operating within the GC HIDTA. These groups utilize a variety of lucrative methods to further their criminal activities and ultimately, their profits. The below section provides an overview of known international, regional, and local DTO affiliations, memberships, activities, and methods.

International DTOs

Overview

Mexican DTOs remain the greatest international DTO threat to the GC HIDTA. This is demonstrated by the table to the right. Mexican DTOs are primarily responsible for the importation and transportation of illicit and diverted drugs throughout the Gulf Coast region. The proximity of the SWB to the Gulf Coast positions the region as a key drug trafficking route. Mexico is a major source country for many of the illicit drugs that enter the United States. Many of these DTOs have ties to the cartels in Mexico which act as their source of supply.

Affiliations and Membership

According to the DEA, the Gulf Coast region is primarily impacted by the Gulf Cartel and Los Zetas due to their prominence in East Texas, namely Dallas and Houston. The Sinaloa Cartel and Cárteel de Jalisco Nueva Generación (CJNG) also maintain an influence in the region. Southeastern Louisiana is heavily influenced by the Beltran-Leyva Organization (BLO), Sinaloa, and Gulf Cartels. Gulfport, MS is influenced by the Gulf and CJNG cartels. CJNG and BLO impact the Birmingham, AL area. The Little Rock, AR area is primarily influenced by the BLO, while the Fayetteville, AR area is impacted by the Sinaloa and CJNG cartels. The Sinaloa Cartel also exerts control over Memphis, TN and Jackson, MS.

Mexican DTO activity in the United States is commonly overseen by Mexican nationals affiliated with major cartels or by United States citizens of Mexican origin. US-based Mexican DTOs consist of various cells, each with specific tasks assigned to them such as distribution or transportation. This benefits the DTO as a whole by limiting the information their members could share with law enforcement if placed under arrest.

### International DTOs Identified by the GC HIDTA in 2020

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total International DTOs</th>
<th>Asian</th>
<th>Black American</th>
<th>Caucasian American</th>
<th>Hispanic (non-Mexican)</th>
<th>Mexican</th>
<th>Multi-ethnic</th>
<th>Average DTO Size</th>
<th>Total Members (Leaders)</th>
<th>Gang Related</th>
<th>Violent</th>
<th>Poly-drug</th>
<th>Money Laundering Activities</th>
<th>Federal Case Designations</th>
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<td>2</td>
<td>22</td>
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</tbody>
</table>
Activities and Methods

Mexican DTOs play a significant role in the transportation of cocaine, fentanyl, heroin, marijuana, and methamphetamine into the GC HIDTA. They are ranked within the top three contributors to the transportation and wholesale distribution of five of the major drug categories surveyed by the GC HIDTA in 2020 (i.e., cocaine, fentanyl and other opioids, heroin, marijuana, MDMA, methamphetamine). More specifically, Mexican DTOs are the number two contributors to the transportation and wholesale distribution of cocaine and methamphetamine. They are less involved in the retail distribution of illicit drugs and instead, transport large quantities of drugs to a variety of distributors operating within the area who control retail distribution. These distributors range from legitimate DTOs to small neighborhood gangs.

Mexican DTOs are highly organized and effectively control the majority of drug movement within Mexico and across the United States border into California, Arizona, New Mexico, and Texas. Within the Gulf Coast region, the highway system is the most common method DTOs use to transport drugs. Using tractor-trailers and personal and rental vehicles, Mexican DTOs attempt to diversify their smuggling tactics to minimize law enforcement seizures.

Multi-State DTOs

Overview

The table to the right demonstrates that of the 407 multi-state/regional DTOs identified in the GC HIDTA in 2020, the majority were Black American DTOs, followed by Caucasian American DTOs, Hispanic (non-Mexican) DTOs, Mexican DTOs, and Asian DTOs.

Affiliations and Membership

Black American DTOs throughout the region vary in their structure and hierarchy depending on the size and location of the group. The leaders are typically male and have a criminal history of drug trafficking and violent crimes. Members of the organization are often relatives of the same extended family or from the same neighborhood. Females are often used as couriers and distributors, especially when dealing with money. These groups are traditionally very difficult to penetrate with outside informants and can best be investigated by enlisting the cooperation of existing members of the group. Black American DTOs can be extremely violent and vindictive toward informants if they discover their cooperation with law enforcement.

Asian DTOs are primarily active on the East and West Coasts of the United States, but operate distribution networks across other parts of the country, including the GC HIDTA.

There are numerous OMGs operating in the GC HIDTA. In many instances, these OMGs are support clubs for larger national and international OMGs such as the Bandidos, Hells Angels, Sons of Silence, Vagos, Outlaws, Devils Disciples, and Outcast. Due to their organizational structure, secrecy among members, and security, these OMGs are difficult to penetrate. The Bandidos have chapters in Louisiana, Alabama,
Mississippi, and Little Rock, Arkansas. Pistoleros, a Bandidos support club, has a presence in Alabama and Mississippi. Additional Bandidos support clubs exist in Louisiana, including the Gray Ghosts, Los Solitarios, LA Riders, Iron Cross Riders, Hole-In-Da-Wall, and Bayou Country Riders. Additionally, a chapter of the Brothers East (B*EAST) OMG has been identified in western Louisiana as of September 2019.

Vagos and Iron Coffins have a presence in Mississippi. Hells Angels established a start-up chapter in Jacksonville, Arkansas. Outlaws have a presence across Alabama. Black Pistons, Lower Class, Chaotic Few, and Southern Tribe are support clubs for Outlaws in Alabama. Devils Disciples have chapters throughout Alabama, as well as a support club known as the Sinisters in Tuscaloosa, Alabama. Wheels of Soul has chapters in Alabama. The Sons of Silence have a chapter in Rankin County, Mississippi. Outcast has chapters in Alabama as well as in Mississippi.83

The GC HIDTA is also impacted by white supremacist prison gangs. The Aryan Brotherhood (AB), also known as the Brand, is a white supremacist prison gang that has 10,000 members throughout the United States. Although the members only make up one tenth percent of the prison population, they are responsible for 20 percent of murders that take place in United States correctional facilities. Their emergence in Mississippi is a serious concern to law enforcement. Throughout the state of Mississippi there are approximately 400 known AB members consisting mostly of young Caucasian males. In addition, the New Aryan Empire (NAE) gang is an Arkansas-based white supremacist prison gang.

### Activities and Methods

According to the Law Enforcement Survey, Black American DTOs are the primary transporters, wholesale distributors, and retail distributors of cocaine, fentanyl and other opioids, heroin, and marijuana. They rank among the top three transporters, wholesale distributors, and retail distributors for the remaining drug categories. Based on numerous cases investigated by GC HIDTA task forces in Southeastern Louisiana, many Black American traffickers obtain multi-pound quantities of Colombian heroin from Mexican sources in Houston and transport the drug to New Orleans for retail distribution. Atlanta, Georgia is a major source-of-supply for mid-level distributors; especially in certain parts of Alabama and Mississippi. The SWB remains the primary wholesale and mid-level source for the remainder of the GC HIDTA.

Caucasian American DTOs are responsible for more poly-drug distribution than any other group in the GC HIDTA. Their operations are widespread and they are involved in every step of the transportation, wholesale, and retail distribution process. Caucasian American DTOs are the primary transporters, wholesale distributors, and retail distributors of CPDs, hallucinogens, MDMA, methamphetamine, and NPSs. They rank among the top three transporters, wholesale distributors, and retail distributors for the remaining drug categories (i.e., cocaine, heroin, and marijuana). Caucasian American DTOs utilize air, land, marine, and parcel delivery services to transport drugs.

Asian DTOs have a low involvement in the transportation and distribution of drugs in the region. Law enforcement officials report that the minimal involvement is related to the transportation, wholesale distribution, and retail distribution of marijuana, NPSs, and MDMA. Asian DTOs are also highly entrenched in money laundering activities, gambling, and prostitution. Increasingly, Asian MLOs are laundering drug proceeds on behalf of Mexican DTOs due to the Chinese government’s cap on foreign exchange transactions and overseas withdrawals creating a high demand for Chinese nationals to transfer wealth abroad.84

Law Enforcement Survey respondents indicate OMGs operating in the GC HIDTA are involved in the distribution of illicit drugs; primarily marijuana and methamphetamine. In addition, instances of violence
and other criminal acts attributed to the OMGs operating in the GC HIDTA include homicide, intimidation, weapons violations, extortion, and racketeering.

White supremacist gangs are also involved in the distribution of illicit drugs. In February 2019, dozens of NAE members were charged in a RICO indictment in Little Rock, Arkansas, which alleged attempted murder, kidnapping, and maiming in support of its organization and wide-ranging drug trafficking.  

**Local DTOs**

**Overview**

All major metropolitan areas in the GC HIDTA have reported some street gang activity. Most street gangs are loosely-affiliated criminal organizations in the larger metropolitan areas of Birmingham, AL; Jackson, MS; New Orleans, LA; and Memphis, TN. These groups often control very small areas which, in some instances, can be as small as a few blocks. Much of the illicit drug trade, as well as the associated violence, can be attributed to local street gangs. Local street gangs are independently operated and have no affiliation to larger groups or national gangs.

**Affiliations and Membership**

While the local gangs have no affiliation with national street gangs, they often claim the name and other identifiers of national street gangs. For example, local gangs in Mississippi, Alabama, and Arkansas identify as the Gangster Disciples. Several gangs utilize the Crip name such as the Brownsville Crips in Lake Charles, LA.

In March 2021, Operation Central Sweep led to dozens of Gangster Disciple members arrested and charged with various drug and firearm offenses in Searcy, Arkansas. The investigation resulted in the seizure of 105 pounds of methamphetamine, 3.3 pounds of cocaine, and 44 firearms.

The Shelby County area maintains a strong gang presence with approximately 194 gangs and 11,875 gang members. There has been a decrease in the number of documented gang members in Shelby County, TN due to members no longer openly claiming affiliation as veteran members instruct recruits to minimize their social media footprint. Similar to the rest of the GC HIDTA, the majority of the gangs in the Shelby County area are operated locally and have loose affiliations with national gangs (e.g., Crips, Bloods, Vice Lords, Gangster Disciples). Gangs in Shelby County, TN are the predominant source of violent crime in the metropolitan area and responsible for a significant portion of drug distribution across the county.

Some of the more organized local gangs that have been observed in Alabama operate under names such as the Bloods, Crips, and Folk. The six southernmost counties in Mississippi are influenced by the Simon City Royals, Gangster Disciples, Latin Kings, and Vice Lord and Subsets. The Mississippi Bureau of Narcotics reported five gangs and 36 total gang cases in 2020.
Activities and Methods

Local street gangs are typically responsible for their own operations. According to the Law Enforcement Survey respondents, members of local street gangs typically distribute cocaine, heroin, marijuana, and methamphetamine.

Exploitation of Social Media

The expansion and availability of communication technology via the internet, particularly various platforms of social media, has expanded the marketplace for illicit drugs. International, multi-state, and local DTOs continue to exploit the convenience of social media while increasingly becoming mindful of being monitored by law enforcement. Various social media platforms such as Snapchat, Instagram, and Facebook are utilized to advertise various illicit drugs while encrypted messaging apps such as WhatsApp and Signal are used to communicate. Furthermore, online payment systems such as PayPal, Venmo, and CashApp are used for the transaction of illicit drugs. Sellers and buyers often communicate in code by using emojis and acronyms in an attempt to avoid detection. Hashtags are also used to facilitate the process of pairing buyers with sellers, making transactions of illicit drugs almost effortless.

The exploitation of social media in the drug marketplace has presented investigative hurdles for law enforcement. Law enforcement survey respondents reported Facebook Messenger as the most common social media platform used for communication in the drug marketplace, followed by Snapchat and WhatsApp. With roughly 2.8 billion monthly active users as of the fourth quarter of 2020, Facebook is the biggest social network worldwide. Private Facebook groups are created as a secure drug marketplace, making them unsearchable and requiring granted access. In 2019, Chicago Police arrested 53 people as part of “Operation FaceBOOKED,” a two-year operation to infiltrate secret groups selling drugs and guns on Facebook. Police recovered seven weapons totaling approximately $4,100 and 23 types of narcotics totaling approximately $105,000. Snapchat has also become a popular avenue for buying and selling illicit drugs as messages are only available to the user upon opening the message. Once the user exits the message, it is no longer viewable. Snapchat stories are also only available for 24 hours before automatically deleting, but can be deleted at any time by the account holder. The use of social media not only presents investigative hurdles for law enforcement, but also raises a serious public health concern. In February 2021, a 16-year-old boy from California overdosed after taking fentanyl-laced Xanax obtained from a drug dealer on Snapchat. Young teens account for a large population of social media users, and as a result are more frequently exposed to illicit drugs marketed on social media.

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1 A snapchat story is a series of pictures and/ or videos captured within the past 24 hours.
Twenty-nine money laundering organizations (MLOs) were identified in the GC HIDTA in 2020. Nine were international, seventeen were regional, and three were local MLOs. Notably, sixteen of these MLOs were associated with trafficking cocaine, four were associated with trafficking methamphetamine, and four were associated with trafficking marijuana.

| MLOs Identified by the GC HIDTA in 2020 |
|-------------------------------|-----------------|-----------------|-----------------|
| Total Identified | International | Regional | Local |
| 29 | 9 | 17 | 3 |

Source: HIDTA PMP, Accessed 3/16/21

In addition to these MLOs, many DTOs in the GC HIDTA have adopted a variety of money laundering techniques in an attempt to legitimize their profits. Respondents to the Law Enforcement Survey indicated the most common money laundering technique present in the GC HIDTA in 2020 is bulk cash movement, followed by prepaid cards, money services and cash-intensive businesses, structuring through legitimate banking institutions (“smurfing”), informal value transfer systems, electronic commerce, cryptocurrencies (e.g., Bitcoin), trade-based, and finally real estate. Financial “smurfing” is the act of breaking down a transaction into smaller transactions to avoid regulatory requirements or an investigation by the authorities. Cash-intensive businesses utilized by DTOs for money laundering include nail salons, restaurants, bars, nightclubs, casinos, check-cashing businesses, and the fishing industry.

Current intelligence indicates DTOs, whether local, regional, or international, are pursuing more creative and sophisticated methods to conceal drug proceeds in an effort to elude law enforcement. Law enforcement agencies have heightened DHE in an attempt to thwart bulk currency movement activities by DTOs. Through aggressive and successful law enforcement campaigns, DTOs have been greatly impacted. Nonetheless, money laundering, due to continued DTO operations, remains a significant threat in the GC HIDTA. The chart to the right demonstrates bulk currency seizures in the GC HIDTA. In 2020, there were 146 currency seizures reported by the GC BLOC/HIDTA Watch Center totaling $13,213,813.

Since most drugs distributed in the GC HIDTA originate outside its borders, DTOs must find efficient and ingenious methods to transfer illicit proceeds to their sources of supply. Most Mexican DTOs use bulk currency shipments as their primary method of repatriating drug proceeds to their home country. The COVID-19 pandemic created hurdles for MLOs and DTOs to led to maintain the flow of drugs and money.
Border restrictions imposed due to the pandemic increased the difficulty to transport large quantities of bulk currency from the United States across the SWB. DTOs also use more traditional methods to move currency including money wire transmitters. Transmitters often turn a blind eye to customers who structure transfers to multiple recipients in order to circumvent required currency reporting requirements.

In coordination with the Financial Crimes Enforcement Network (FinCEN), the GC HIDTA detected evidence of money laundering via gambling casinos and financial institutions through the examination of Suspicious Activity Reports (SARs). Although assistance by FinCEN helps address the difficulties of tracking wired currency and/or currency moved via financial institutions, the bulk movement of currency out of the United States and into transit and source countries remains a problem for law enforcement.

![SARs by Money Services Businesses](chart)

<table>
<thead>
<tr>
<th>State/County</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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</thead>
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<td>Alabama</td>
<td>13,306</td>
<td>15,463</td>
<td>17,011</td>
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<td>Arkansas</td>
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<td>17,250</td>
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<td>Mississippi</td>
<td>7,315</td>
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<tr>
<td>Escambia and Santa Rosa Counties, Florida</td>
<td>2,274</td>
<td>2,078</td>
<td>3,214</td>
<td>2,430</td>
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The majority of SARs filed in the GC HIDTA are from money service businesses such as wire transmitters. Many DTOs have several of their members wire money in amounts under $2,000 to circumvent reporting requirements. The number of SARs by money service businesses for Alabama, Arkansas, Louisiana, Mississippi, and Northwest Florida steadily increased in 2017 and 2018, yet decreased throughout the GC HIDTA in 2020.

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\[j\] Money service businesses include any person in one or more of the following capacities: Currency dealer or exchanger; check casher; issuer of traveler’s checks, money orders or stored value; seller or redeemer of traveler’s checks, money orders or stored value; money transmitter; U.S. Postal Service.

\[k\] FinCEN requires the reporting of a money transmission when the transaction is both suspicious and in amounts of more than $2,000.
As shown in the graph below, the number of SARs by depository institutions increased for Louisiana, Mississippi, Alabama, and Arkansas in 2020.

![SARs by Depository Institution graph]

<table>
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Major DTOs operating along the Gulf Coast make extensive use of casinos in Alabama, Louisiana, and Mississippi for money laundering. As the number of casinos increase, so does the amount of money wagered and number of patrons, creating more opportunities for individuals to launder their ill-obtained profits in the fast-paced environment of casino gambling. Casinos are very vulnerable to manipulation by money launderers and tax evaders due to their cash volume. Casinos have installed “cash in/ticket out” slot machines. This process makes it very easy for individuals to launder money through the casino by simply putting money into the slot machine and then cashing out, producing a paper voucher for the money. Launderers then take the voucher to the cashier and receive the amount listed. In most cases, they never actually play the slot machines. Gaming has the potential of having the largest single impact upon laundering and trafficking patterns in the GC HIDTA. Casino security remains vigilant in deterring money-laundering actions by maintaining a working relationship with law enforcement officials.
As shown in the graph below, the number of SARs filed by casinos and card clubs decreased in Alabama, Arkansas, Louisiana, and Mississippi in 2020.

![Graph showing SARs by Casino/Card Club](image)

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<td>218</td>
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The Gulf Coast has a large fishing/seafood, shipping, and tourism industry, as well as long-standing business relationships with source and transit countries. This supports an environment conducive to money laundering by sharing the same channels that support the movement of international goods and services. Intelligence reports reveal some members of the seafood industry are heavily involved in smuggling and money laundering. Because it is largely a cash business, the commercial seafood industry affords violators the opportunity to operate within the camouflage of legitimate business practices. Shell companies and businesses are established and maintained for money laundering operations. It is difficult to differentiate fraudulent businesses from legitimate ones and expose illegal activities.

Other ways in which proceeds are laundered are certificates of deposit used to secure personal loans to acquire assets, legal counsel used to purchase assets, and the use of nominees to purchase and/or make substantial improvements to real property. The purchase of real estate under an assumable mortgage where there is no qualification and no credit check is yet another laundering method. Violators often place real property in nominee names in order to hide ownership or origin.

With the advent of virtual currency, a type of unregulated, digital money issued and controlled by its developers, traffickers are able to promote their illegal enterprises with increased anonymity. Bitcoin, the first decentralized digital currency, has been at the forefront of encrypted trafficking.
Forecast

The GC HIDTA serves as an attractive area for DTOs due to its strategic proximity to the SWB, ideal geography, climate, demographics, and interstate systems that offer many opportunities for the transportation of drugs and currency. For these reasons, the GC HIDTA is a major transit corridor for drug trafficking between the SWB and the Central and Eastern United States. Internal distribution, consumption of drugs, and related violent crime pose major problems to both urban and rural communities throughout the GC HIDTA, specifically:

- We assess with high confidence methamphetamine will remain the greatest drug threat in the GC HIDTA. It is the drug most related to violent crime, property crime, and law enforcement resources. In 2020, methamphetamine availability rose above the availability of marijuana in the GC HIDTA due to the high influx of low-cost Mexico-produced methamphetamine. It is likely that the number of traditional methamphetamine labs will remain low, with most domestic clandestine laboratories consisting of either one-pot labs or conversion laboratories for methamphetamine in solution. Since all six states have enacted methamphetamine precursor laws, Mexico-based DTOs will continue to fill the void of domestic high-purity methamphetamine.

- We assess with high confidence that drug-poisoning deaths and seizures involving methamphetamine with continue to rise sharply as Mexican DTOs increase the drug’s availability and expand the domestic market.

- We assess with medium confidence fentanyl and its analogues pose an increasing threat as Mexican DTOs are increasingly responsible for the production and supply of fentanyl to the United States market. China remains a key source of supply for the precursor chemicals that Mexican DTOs utilize to produce the large quantities of fentanyl they are smuggling into the United States. Mail carrier services are likely to encounter fentanyl and its analogues at a similar rate to 2020 as the Dark Web connects producers in China with American consumers. High numbers of synthetic opioid overdoses, as well as naloxone administrations, are very likely to continue due to the increasing use of fentanyl-based additives and adulterants in powder and pill form.

- We assess with medium confidence heroin use is likely to remain high in the Gulf Coast’s urban areas because of its increased availability and transportation into the region. High numbers of heroin related overdoses will likely continue due to the increase in lethal adulterants.

- We assess with medium confidence the abuse of CPDs is likely to continue at a rate similar to 2020.

- We assess with medium confidence marijuana will continue to be the most highly abused and one of the most available drugs in the GC HIDTA. Increasing legalization efforts throughout the GC HIDTA, including the availability of medical marijuana in Arkansas, Florida, Louisiana, and Mississippi will likely escalate abuse and availability rates. Marijuana and THC-based products will continue to affect a younger consumer base as they are marketed towards teenagers and children. Additionally, the legalization of industrial hemp production ushers in a new challenge for law enforcement in distinguishing the difference between hemp and illegal marijuana.

- We assess with medium confidence cocaine will remain a moderate threat to the GC HIDTA and a major contributor to violent crime.

- We assess with medium confidence the abuse of NPSs will remain at a low to moderate rate. Spice and other synthetic drugs will remain a low to moderate threat. Manufacturers will continue to alter the molecular structure of these substances to circumvent legal restrictions.

- We assess with high confidence Mexico-based poly-drug DTOs will remain key suppliers of methamphetamine, fentanyl, heroin, cocaine, and Mexico-produced marijuana. Mexico-based DTOs will continue to evolve and increase their influence in the GC HIDTA’s illegal drug trade.

- We assess with high confidence Atlanta, Houston, New Orleans, and Dallas will remain source cites for illicit drug trafficking.

- We assess with high confidence bulk currency movement westward along the interstate highways
and state roadways will remain the preferred transfer method for traffickers. DTOs will utilize waterways along the Gulf Coast to smuggle drugs and currency. Money service businesses and casinos will remain an avenue for money laundering in the GC HIDTA.

Every year, the GC HIDTA experiences new trends and previously unseen drug threats reported by law enforcement. A major threat to the Gulf Coast is the increasing availability of high purity methamphetamine originating from Mexico. Treatment and prevention professionals also reported an increase in methamphetamine use as well as methamphetamine use combined with opioids among clients. The popularity of the Dark Web enables drug users and mid-level distributors to purchase fentanyl analogues. However, Mexican DTOs are increasingly becoming involved in the fentanyl drug market. In addition, law enforcement partners throughout the GC HIDTA express increased concern over poly-drug DTOs distributing a number of drugs, rather than supplying one type of drug.

Constraints associated with the 2020 COVID-19 pandemic – daily travel restrictions, U.S. Border closings, closure of nonessential businesses, and broad shelter-in-place orders – temporarily posed new challenges to criminal organizations’ movement of drugs during the first half of 2020. Mexican DTOs inflated the price of Mexico-produced methamphetamine while anticipating the effects of diminished supplies and precursor chemicals. The cocaine market was also affected by the COVID-19 pandemic as it led to fewer opportunities to engage in drug trafficking activities via air and land. Pandemic-related challenges for DTOs trafficking heroin, fentanyl, and other synthetic opioids have included supply uncertainty due to fluctuation of state lockdown orders and border restrictions. However, DTOs have adapted to the aforementioned obstacles and will continue to smuggle large quantities of drugs into the United States in 2021. It is likely that the COVID-19 pandemic will not have a lasting long-term impact on the supply chain, production, and trafficking of illicit drugs.

Appendices

Methodology

The GC HIDTA Drug Threat Assessment is produced annually to identify, quantify, and prioritize the nature, extent, and scope of the threat of illegal drugs and related issues in the GC HIDTA. The GC HIDTA Threat Assessment encompasses a six-state area including Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee.

Each year, state threat assessment teams are led by the GC HIDTA Investigative Support Network (ISN), Alabama Law Enforcement Agency, DEA Little Rock District Office, Louisiana State Police, Mississippi Bureau of Narcotics, DEA Pensacola Resident Office, and DEA Memphis Resident Office. Each state agency aids in the collection and analysis of the information necessary to quantify the threat and to identify trafficking trends by requesting information on availability of illicit drugs.

State teams produce their drug threat assessment by utilizing the survey results, open source documents, law enforcement sensitive information from investigative agencies, and anecdotal information from reliable sources. Analysts verify information supplied by contributing agencies. Where confirmation of the data or conclusions cannot be made, qualifying statements have been inserted. The draft documents are circulated through appropriate agencies for comments or corrections. Each state’s multi-agency team prepares and submits a draft drug threat assessment for review and approval by its GC HIDTA State Committee.

The GC HIDTA ISN compiles and edits the states’ draft documents into a comprehensive regional threat assessment that encompasses all GC HIDTA counties/parishes and the six-state area as a whole. The GC HIDTA Executive Board grants final approval of the regional threat assessment. The GC HIDTA Threat
Assessment adheres to the guidelines set forth by ONDCP and is forwarded to ONDCP upon approval from the Executive Board.

The 2022 GC HIDTA Drug Threat Assessment focuses on seven major drug categories: methamphetamine, heroin, fentanyl and other opioids, cocaine, controlled prescription drugs, new psychoactive substances, and marijuana. Each category is presented in detail. The identification of trends, developments, and projections for the future by drug type are also included in the threat assessment. In addition, the threat assessment identifies the problems posed by the threat and the anticipated impact on the GC HIDTA.

A moderate level of confidence has been assigned to methamphetamine laboratory seizure data because of the sporadic underreporting of laboratory seizures across the GC HIDTA region. It is difficult to establish with any certainty the level of clandestine laboratory activity. A high level of confidence has been assigned to the remainder of data used in the preparation of this threat assessment. This includes information from participating federal, state, and local agencies as well as data from treatment and prevention professionals across the GC HIDTA region.

The GC HIDTA Executive Board has reviewed the status of each of the designated areas in this HIDTA area of responsibility and has determined that each area continues to meet the required statutory criteria for designation.

Source Consideration and Explanation

EPIC National Seizure System (NSS): EPIC is a multiagency intelligence center that offers tactical, operational, and strategic intelligence support to law enforcement organizations of all levels. NSS is an information repository run by EPIC. It contains drug seizure data from 2000 to the present-day and captures drug, weapon, and currency seizure information that meet or exceed the federal threshold limit.

Gulf Coast HIDTA Threat Assessment Surveys: The GC HIDTA administers two annual surveys which target two separate audiences. The Law Enforcement Survey is distributed to a variety of law enforcement agencies and first responders across the GC HIDTA. This allows the GC HIDTA to capture information pertaining to specific drug threats, drug-related violence and crime, smuggling, distribution, DTOs, and money laundering. The Treatment and Prevention Survey is intended for personnel in the drug treatment, prevention, and education fields and focuses on client-level data and emerging trends. The information obtained from survey responses plays a significant role in the formation of the annual GC HIDTA’s Threat Assessment.

Gulf Coast HIDTA State Threat Assessments: Each of the GC HIDTA’s states are required to produce an annual threat assessment for their own state. In doing so, information from the threat assessment surveys is interpreted and incorporated into the state document, as well as information gathered from law enforcement and treatment and prevention personnel throughout the state. After all participating states in the GC HIDTA complete their state’s threat assessments, the information is used to produce the GC HIDTA Drug Threat Assessment.

HIDTA Performance Management Process (PMP): A database is used to record and maintain information related to DTOs, money laundering organizations (MLOs), Regional Priority Organization Targets (RPOT), and Consolidated Priority Organization Target (CPOT)-related DTOs and MLOs known to operate in the GC HIDTA region. The GC HIDTA funded task forces and GC HIDTA are required to update the PMP database with the most recent information regarding drug seizures and drug-related assets. Changes in the status of a DTO/MLO (e.g., disruption, dismantlement) are also regularly updated.
National Forensic Laboratory Information System (NFLIS): A Drug Enforcement Administration (DEA) program that systematically collects results of forensic analysis, and other related information from local, regional, and national entities. NFLIS has become an operational information system that includes data from forensic laboratories that conduct analysis of about 98 percent of the Nation’s approximate 1.5 million annual drug cases. These laboratories analyze substances secured in law enforcement operations across the country. NFLIS offers a valuable resource for monitoring illegal drug abuse and trafficking, including the diversion of legally manufactured pharmaceutical drugs into illegal markets.

Investigative Data: Some information contained in this document, such as naloxone administration statistics or highway interdiction data, were found using investigative sources. These sources range from Medical Examiners’ reports to the GC BLOC/HIDTA Watch Center and reflect the most accurate data available at the time of publication. Individual state crime lab data was also used in the production and/or identification of drug trends, encounters, and production techniques.

Drug Enforcement Administration National Drug Threat Assessment (DEA NDTA): A comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs, the diversion and abuse of illicit drugs, and the laundering of proceeds generated through illicit drug sales. It also addresses the role domestic groups, including organized violent gangs, service in domestic drug trafficking. The most widely trafficking drugs are discussed in terms of their availability, consumption and overdose related deaths, production and cultivation, transportation, and distribution.

Open Source Material: A variety of open source information was used in the production of this document. Statistics from the FBI’s Uniform Crime Reporting Program, characteristics of drug trafficking organizations, drug-based information, and other material were compiled using varying amounts of open source information. Individual state health departments provided epidemiological and PDMP data for use in this report. SAMSHA and the Centers for Disease Control and Prevention provided both current and historical drug overdose death data, as well as TEDS information.

Office of National Drug Control Policy (ONDCP): A component of the Executive Office of the President, ONDCP was created by the Anti-Drug Abuse Act of 1988. The ONDCP Director advises the President on drug-control issues, coordinates drug-control activities and related funding across sixteen Federal Departments and Agencies. The ONDCP also produces the annual National Drug Control Strategy, which outlines Administration efforts to reduce illegal drug use, manufacturing and trafficking, drug-related crime and violence, and drug-related health consequences.

Appendix I: Agencies Participating in the 2022 Gulf Coast HIDTA Law Enforcement Survey

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<td>Baton Rouge Fire Department</td>
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Benton County Sheriff’s Office
Bessemer Police Department
Bienville Parish Sheriff’s Office
Birmingham Police Department
Board of Dental Examiners of Alabama
Breaux Bridge Police Department
Caddo Parish Sheriff’s Office
Calcasieu Parish Sheriff’s Office
Cameron Parish Sheriff’s Office
Chambers County Drug Task Force
Chilton County Sheriff’s Department
Chitimacha Tribal Police Department
City of Alabaster Police Department
City of Andalusia Police Department
City of Carencro Police Department
City of Denham Springs Police Department
City of Eunice Police Department
City of Hammond Police Department
City of Huntsville Police Department
City of Jacksonville Police Department
City of Lutcher Police Department
City of Madison Police Department
City of North Little Rock Police Department
City of Thibodaux Police Department
Clarksville Police Department
DEA Mobile
DEA Baton Rouge
DEA Birmingham
DEA Fayetteville
DEA Gulfport
DEA Hattiesburg
DEA Huntsville
DEA Lafayette
DEA Little Rock
DEA Mobile
DEA Montgomery
DEA New Orleans
DEA Pensacola
Desoto Parish Sheriff’s Office
Dothan Police Department
East Carroll Sheriff’s Office
East Jeff Levee District Police Department
Elmore County Sheriff’s Office
Escambia County Sheriff’s Office
Eufaula Police Department
Fayetteville Police Department
FBI Shreveport
Florida Department of Law Enforcement
Forrest County Sheriff’s Office
Franklin Parish Sheriff’s Office
Franklin Police Department
Gonzales Police Department
Gramercy Police Department
Gretna Police Department
Gulf Breeze Police Department
Gulf Coast HIDTA
Hancock County Sheriff’s Office
Harrison County Sheriff’s Office
Hinds County Sheriff’s Office
Hoover Police Department
HSI Memphis
HSI Mobile
Huntsville Police Department
Iberia Parish Sheriff’s Office
Jefferson County Sheriff’s Office
Jefferson Davis Parish Sheriff’s Office
Jefferson Parish Sheriff’s Office
Kaplan Police Department
Kenner Police Department
Lafayette Police Department
Lake Charles Police Department
LaSalle Parish Sheriff’s Office
Lincoln Parish Sheriff’s Office
Louisiana Department of Wildlife and Fisheries
Louisiana Department of Public Safety & Corrections, Division of Probation and Parole
Louisiana Governor's Office of Homeland Security and Emergency Management
Louisiana State Police
Louisiana State University Shreveport Police Department
Madison County Sheriff’s Department
Madison County Police Department
Marion County Sheriff’s Office
Millbrook Police Department
Mississippi Attorney General’s Office
Mississippi Bureau of Narcotics
Mississippi Highway Patrol
Mobile County Sheriff’s Office
Montgomery County Sheriff’s Office
Montgomery Police Department
Monticello Police Department
New Iberia Police Department
New Orleans Harbor Police Department
Oak Grove Police Department
Ocean Springs Police Department
Okaloosa County Sheriff’s Office
Orleans Levee District Police Department
Ouachita Parish Sheriff’s Office
Pascagoula Police Department
Pensacola Police Department
Perryville Police Department
Petal Police Department
Plaquemines Parish Sheriff’s Office
Poarch Creek Tribal Police Department
Prattville Police Department
Rankin County Sheriff’s Office
Rapides Parish Sheriff’s Office
Red River Parish Sheriff’s Office
Ridgeland Police Department
Rogers Police Department
Russell County Sheriff’s Office
Ruston Police Department
Santa Rosa County Sheriff’s Office
Saraland Police Department
Shelby County Sheriff’s Office
Sherwood Police Department
Shreveport Police Department
Springdale Police Department
St. Charles Parish Sheriff’s Office
St. Martin Parish Sheriff’s Office
St. Tammany Parish Sheriff’s Office
Tangipahoa Parish Sheriff’s Office
Tate County Sheriff’s Office
Tensas Basin Levee District Police Department
Tulane University Police Department
Turkey Creek Police Department
United States Attorney's Office- Middle District of Louisiana
United States Attorney's Office- Western District of Tennessee
United States Border Patrol
United States Marshals Service
University of Louisiana at Monroe Police Department
University of Memphis Police Department
University of New Orleans Police Department
University of New Orleans Police Department Vernon Parish Sheriff’s Office Narcotics Task Force
Ville Platte Police Department
Washington County Sheriff’s Office
Westwego Police Department
Woodworth Police Department
Youngsville Police Department

Appendix II: Agencies Participating in the 2022 Gulf Coast HIDTA Drug Treatment and Prevention Survey

24th Judicial District Court
A New Direction. Breaking the Cycle of Poverty (ANDBTCOP)
ADAPT
AIDS Alabama

Alabama Department of Community Corrections
Aletheia House
AltaPointe Health
Anniston Fellowship House, Inc.
Arisa Health / CA
Arkansas Department of Community Corrections
Aspell Recovery Center
Barefoot Counseling, LLC
Behavioral Health Group (Mobile, Alabama)
Behavioral Health Group (Tuscaloosa, Alabama)
Behavioral Health Group (Grand Bay, Alabama)
Behavioral Health Group (Sheffield, Alabama)
Behavioral Health Group (Bessemer, Alabama)
Behavioral Health Group (Cullman, Alabama)
Bradford Health Services
Bridge House Corporation
Capital Area Human Services District
Capstone Rural Health Center
Central Louisiana Human Services District
Complete Family Care
Council on Substance Abuse
Crossroads to Intervention, Inc.
DASEP/DELTA Counseling
Drug Education Council
Drug University
Earl C. Jones, Inc., dba., DHCDT
East Alabama Mental Health Center
East Feliciana Drug Council
Family Life Center
Fellowship House (Jasper, Alabama)
First Step Recovery Centers
Florida Parishes Human Services Authority
Foundry Ministries
Franklin Primary Health Center
Gardere Initiative
Goodwill Industries of North Louisiana
Grace House of Memphis
Greater New Orleans Drug Demand Reduction Coalition (GNDDRC)
Harbor House (Memphis, Tennessee)
Harbor House (Fort Smith, Arkansas)
Health Connect America (Mobile, Alabama)
Health Connect America (Russellville, Alabama)
Health Services Center
Highland Health Systems
Hope Restored Counseling
Huntsville Recovery
Indian Rivers Behavioral Health
Innovative Counseling
Insight Treatment Program
JeffCare Community Health Center
Jefferson Parish Human Services Authority
Jefferson Parish District Attorney’s Office
Kolbe Clinic
Lighthouse of Tallapoosa County
Louisiana Air National Guard
Louisiana Department of Health/Office of Behavioral Health (OBH)
Lyfe Skills Collaboration
Marion County Treatment Center
Marwin Counseling Service
Metropolitan Human Services District
Mobile County Health Department
Mountain Lakes Behavioral Healthcare
New Beginnings C.A.S.A.
New Day Recovery
New Pathways
North Central Alabama Association for Alcoholism
Northeast Delta Human Services Authority
Northwest Alabama Mental Health
O’Brien House
Odyssey House Louisiana
Ozark Guidance / Arisa Health
Pathways for Change
Phenix City Court Referral Program
Quad Area
Reclamation Center of Alabama
Recovery Centers of Arkansas
Recovery Services (Fort Payne, Alabama)
Responsibility House
Riverbend Center for Mental Health
Rosenzweig
ROSS
Sabine Prevention Alliance
Shreveport Behavior Health Clinic
South Central Alabama Mental Health Center
Southeast Intervention Group, Inc
Southeastern Louisiana University Community Counseling Center
Southern Wellness Services
Appendix III: 2022 Law Enforcement Survey Notes (Print as Reported by Agency/Department)

ALABAMA:
Alabama Board of Medical Examiners: Diversion of Buprenorphine.
Alabama Law Enforcement Agency: More one pot labs due to shortage of ICE from Mexico.
Alabama Law Enforcement Agency: Delta 8 THC has been coming through North Alabama and we have seen 18-25-year-old subjects hospitalized for using the product. Fentanyl is becoming more available by the day through traditional platforms as well as the dark web being purchased with bitcoin. Methamphetamine slowed down and price increased drastically when COVID hit. In the past two months methamphetamine has ramped back up and the price has dropped in half.
Alabama Law Enforcement Agency: The supply was interrupted this spring due to the pandemic. However, it has picked up again at the end of the year.
Alabama Law Enforcement Agency: Drug dealers are now poly drug dealers dealing with multiple types of drugs instead of just specializing in one particular drug.
Alabama State Bureau of Investigations: heroin overdoses.
Autauga County Sheriff’s Office: Increase in GHB usage.
Baldwin County Sheriff’s Office: Heroin laced with fentanyl.
Baldwin County Sheriff’s Office: Heroin OD deaths and availability of heroin/fentanyl has increased.
Baldwin County Sheriff’s Office: With the pandemic we saw a decrease across the board on all subject matters, but that was short lived. The ending of the second quarter and the third and fourth has brought the drug trade back with a huge uptick.
Chambers County Drug Task Force: Marijuana and methamphetamine is on the rise.
Chilton County Sheriff’s Department: Prices of methamphetamine increased at the beginning of the year, but have decreased in the past two months. Heroin has increased in being transported from Birmingham to our county.
City of Huntsville Police Department: Increased overdoses.
City of Huntsville Police Department: More and more heroin users.
City of Madison Police Department: Increase in flakka to the area. Fentanyl (possibly carfentanyl) that has the appearance of methamphetamine (crystalized like meth).
DEA Mobile: During the past 12 Months, the DEA Mobile RO has seen an increase in the use of UPS/USPS/FEDEX for transportation and distribution purposes.
DEA Birmingham: During the onset of COVID, the availability of all controlled substances were impacted. CSs were not able to find retail sellers and when they did, the prices were inflated. Now the drug flow has returned to pre-COVID levels. The prices are slightly higher than 12 months ago.
DEA Birmingham: Availability of methamphetamine is steadily increasing, along with parcel delivery systems; UPS, FedEx and the USPS.
DEA Birmingham: COVID-19 created a dramatic decrease in drug trafficking and increase in meth prices (doubled) during the spring and summer of 2020. During the fall and winter of 2020, drug trafficking and prices returned to normal levels.

DEA Birmingham: Decease of all operations across the board due to COVID-19.

DEA Huntsville: COVID concerns have decreased the amount of drugs available and have raised prices.

DEA Mobile: Marijuana being transported from California to Mobile, AL in checked bags in commercial airlines.

DEA Montgomery: Increase in crack cocaine and higher demand in price for ICE.

Dothan Police Department: Due to COVID 19, the prices of cocaine and methamphetamine rose. As the months went on, the drug prices decreased. There has been a number of overdoses that have increased in our area. The Fire Department is having a hard time determining the substance being used.

Elmore County Sheriff's Office: COVID-related issues reduced availability of methamphetamine and cocaine in spring and summer months. Availability has recovered during fall and winter months.

Hoover Police Department: Spike in mailed narcotics.

Huntsville Police Department: We have had a major increase in overdoses while using fentanyl and heroin.

Huntsville Police Department: During COVID-19 and the shutdown of the border, I noticed a monumental decrease in cocaine and methamphetamine, but a huge increase in heroin and fentanyl.

Madison County Sheriff's Department: Drugs appearing to be crystal methamphetamine field testing and determined to be heroin.

Mobile County Sheriff's Office: No new patterns, just the increase of cocaine, heroin and fentanyl.

Saraland Police Department: Methamphetamine concealed in fire extinguishers. Though it's not new, but I haven't seen it in many years.

Shelby County Sheriff's Office: Dark Web purchases for direct mail delivery. Research drugs being purchased with little criminal detection to mirror controlled substances. Homemade pill presses.

Shelby County Sheriff's Office: Research drugs being purchased from the Dark Web.

ARKANSAS:

Arkansas 4th Judicial District Drug Task Force: Increase in methamphetamine and heroin coming from Oklahoma.

Arkansas 4th Judicial District Drug Task Force: K2 use in state prisons has increased.

Benton County Sheriff's Office: Substantial increase in overdose deaths relating to counterfeit prescription pills.

DEA Fayetteville: Bond is nonexistent or so low they are out of the facility before the arresting officer completes PC and the crime continues.

DEA Fayetteville: The use of encrypted messenger apps (WhatsApp, signal, etc) and money transfer apps (Venmo, CashApp) to conduct and conceal drug trafficking and money laundering activities.

DEA Little Rock: Methamphetamine distribution has increased in Arkansas. MDMA distribution has increased.

DEA Little Rock: Use of bitcoin for transactions, mostly steroid related.

Fayetteville Police Department: Out of state meth and heroin traffickers will travel to our area for the sole purpose of distributing drugs. They will return home for a couple weeks and repeat. They do this because they are unknown away from home; it's very effective.

Fayetteville Police Department: COVID has caused more people to attempt to pick up large amounts of methamphetamine to bring to the area and sell at a higher cost.

Monticello Police Department: The vast majority of narcotics seized in large quantities are being sent via mail services, USPS, UPS, FedEx, etc.

Rogers Police Department: We've seen an increase in Caucasian drug dealers going directly to source states and even communicating with Mexico suppliers directly.

Springdale Police Department: Increase in heroin distribution specifically from the Tulsa, OK area to our area.

Springdale Police Department: Suboxone, fentanyl, and heroin have increased dramatically.
**FLORIDA:**
- Escambia County Sheriff's Office: Structuring payments to auto-dealerships, then requesting refunds in an attempt to legitimize funds. Many more poly-intoxications deaths.
- Florida Department of Law Enforcement: Fentanyl tablets and pill press seized.
- Gulf Breeze Police Department: Older individuals with overdose in residence with no prior history.
- Okaloosa County Sheriff's Office: Users applying and using Narcan on themselves. Increase in heroin being cut with fentanyl. Decrease in user prosecution for repeat offenders

**LOUISIANA:**
- Alexandria Police Department: suboxone strips increase.
- Allen Parish Sheriff’s Department: Majority of addicts went from smoking methamphetamine to injection. Heroin use has escalated resulting in several overdose cases.
- Baton Rouge Fire Department: Overdose and violent crime increase shootings stabbings, domestics and batteries.
- Chitimacha Tribal Police Department: Synthetic marijuana has exploded in our small area. Methamphetamine remains the drug of choice with opioids a close second.
- City of Hammond Police Department: Seeing a big movement to high grade marijuana, methamphetamine and heroin. Overdose deaths are at an all-time high for our area.
- City of Thibodaux Police Department: Methamphetamine pressed into "MDMA" pills.
- DEA Baton Rouge: Since the beginning of outbreak of the COVID-19 pandemic (February/March 2020), the transportation of illegal drug substances slowed down significantly due to US and Mexico border crossing closures. However, since, approximately August 2020, there has been an uptick in transportation and distribution of those aforementioned substances. Even more, at the onset of the pandemic, illegal drug substances retailed at higher costs, due in part to the lower frequency trafficking used by Drug Trafficking Organizations thus affecting the demand of illegal substances.
- DEA Baton Rouge: In February/March 2020, the COVID-19 pandemic caused the transportation and distribution of illegal drugs to slow and cost of those aforementioned drugs to increase, approximately, 20% over the pre-pandemic costs.
- Gonzales Police Department: Uptick in products laced with fentanyl.
- Gretna Police Department: Increase in illicit narcotics being shipped through various mail services and airlines.
- Iberia Parish Sheriff’s Office: Almost all major narcotics movement/trafficking discovered to be processed via UPS/FedEx services. Multiple shipments of large amounts discovered.
- Jefferson Parish Sheriff’s Office: More methamphetamine and high-grade marijuana with larger currency seizures.
- Louisiana Department of Public Safety & Corrections, Division of Probation and Parole: All of the ecstasy we have encountered does not contain MDMA at all, it is all methamphetamine based.
- Louisiana Department of Public Safety & Corrections, Division of Probation and Parole: Noticed offenders on Probation/Parole supervision have started to relapse/overdose more due to several inpatient/outpatient substance programs having limited occupancy due to COVID-19.
- Louisiana State Police: Increase in parcel delivery for all CDS. Seeing more personal use quantities being delivered.
- Louisiana State Police: USPS, UPS, and FedEx are the major distributors in our area. This trend has gone up each year.
- New Orleans Harbor Police Department: Receiving less intel possibly due to pandemic.
- Oak Grove Police Department: African Americans are increasingly beginning to use methamphetamine over cocaine. Methamphetamine has increased in availability throughout. The most unusual trend is the using of horse salts to cut the methamphetamine before resale.
- Plaquemines Parish Sheriff's Office: Hand pressed pills containing fentanyl such as MDMA tabs, Oxy pills, and Xanax.
Ruston Police Department: Nothing necessarily new. Just streamlining the use of apps and cashless transactions among sources, middle management, and end users. Further complicating enforcement efforts.

St. Tammany Parish Sheriff’s Office: The rise of gang activities through social media platforms.

Tangipahoa Parish Sheriff’s Office: An increase of counterfeit prescription medication is coming back from the crime labs with positive test for heroin/ fentanyl mixtures.

Turkey Creek Police Department: Nothing unusual, just trafficking and discovery of several empty vehicle traps.

United States Border Patrol: Methamphetamine and fentanyl have become more readily available in the New Orleans area as the prices of cocaine and heroin have increased during the pandemic.

Vernon Parish Sheriff’s Office Narcotics Task Force: Mexican cartel are using local hotels/motels, car rentals for transportation and distribution of illegal narcotics and human trafficking.

Ville Platte Police Department: More African Americans involved in the sales and usage of crystal meth.

Woodworth Police Department: Big increase in plain promethazine transportations for source cities and increase in users of gabapentin.

**MISSISSIPPI:**

Forrest County Sheriff’s Office: Increase in narcotics sent via FedEx, UPS and USPS.

Forrest County Sheriff’s Office: We've experienced an increase in mail in packages from out of state including Marijuana, methamphetamine, THC Gummies. The dealers purchase items then have them delivered to their clients addresses. The packages are then picked up by the dealers and the clients get a small cut of the product for their cooperation.

Hinds County Sheriff's Office: Cash app is utilized tremendously between inmates and outsiders to obtain contraband and drugs in jail facilities.

Mississippi Bureau of Narcotics: Due to the COVID-19 pandemic we have seen a sharp decrease in the availability in methamphetamine and cocaine. With the decrease the price of methamphetamine and cocaine has dramatically increased. Since about 6 weeks to 8 weeks ago, we have seen the availability start to increase more and the price of methamphetamine and cocaine began to slowly decrease. During the peak time of when no methamphetamine was coming from the Southern border, we had DTO’s, with suppliers in California still able to supply customers on a regular basis. We do not believe the supply on the California border was disrupted at all or much at all during the pandemic.

Mississippi Highway Patrol: Delivery by way of FED-X, UPS and one-way rentals from the west coast going east. Money being moved by way of electronic means to prevent seizures resulting from traffic stops.

Ridgeland Police Department: Drug dealers are flying out from MS to travel to Los Angeles, California area and purchasing large amounts of high-grade marijuana and flying back with the drugs for redistribution in the Jackson, MS.

Tate County Sheriff's Office: Paper stamped Xanax, looks like the acid strips.

**TENNESSEE:**

HSI Memphis: At FedEx hub we have seen an increase in meth from Mexico. We have also seen precursors for fentanyl labs going to Mexico.

**Appendix IV: 2022 Treatment and Prevention Survey Notes (Print as Reported by Agency/Department)**

**ALABAMA:**

Anniston Fellowship House, Inc.: More methamphetamine is imported from Mexico.

AIDS Alabama: A lot of relapse of clients in full sustained remission due to social isolation.

AltaPointe Health: Additional use of heroin that is laced with fentanyl. Methamphetamine is also laced with heroin.
ANDBTCOP INC: Increase in overdosed clients statewide. Increased severe methamphetamine usage statewide.
Behavioral Health Group: Increased methamphetamine use.
Behavioral Health Group: use of Tianna.
Capstone Rural Health: Tianeptine supplements.
Chilton Count Treatment Center: Methamphetamine seems to create less body sores and harder to determine just by looking at them initially. There is a point where they step over, and then they have no interest in anything.
Chilton Count Treatment Center: Methamphetamine is a huge problem. At a point there is almost no return. The sores that were occurring before on the body has reduced drastically. They are still losing teeth at a point and it is in abundance!!!!!! Everywhere and people that never tried it get a taste, and throw away even their kids which I have never seen with any drug!!
Council on Substance Abuse: More opioids and methamphetamine.
Crossroads to Intervention: As a result of COVID 19, we have an increase in client relapse.
Family Life Center, Inc.: Increase in the use/availability of over-the-counter substances such as tianeptine.
Fellowship House: Increase in methamphetamine use. Increase in use of Tiana.
Foundry Ministries: Significant use of FDA banned substances; Tianeptine & Phenibut.
Health Connect America, Inc.: Obtaining suboxone on the street, combination of opioid and methamphetamine use.
Highland Health Systems: We have observed a drastic increase in the use of GHB as well as an increase in clients taking a variety of drugs within a drug class (Ex - using meth, cocaine, Adderall instead of just having a singular primary substance used in that class).
Huntsville Recovery: Tiana and Zaza sold at gas stations has become a huge problem. People who have previously used heroin say its worse withdrawals then heroin. It needs to be taken off the gas station shelves and online. We also need clean needle exchange programs and widespread access to free naloxone in our state for harm reduction.
Insight Treatment Program: Decrease in Rx, increase in methamphetamine, decrease in synthetic but with those who use it, more hospitalizations and medical issues.
Marwin Counseling: More heroin.
Mobile County Health Department: More people are using fentanyl mixed with other drugs.
Mobile County Health Department: Drug overdose, misuse, and abuse has increased since the COVID-19 pandemic.
Mountain Lakes Behavioral Healthcare: Clients use of opioids is decreasing and methamphetamine/cocaine use disorders are increasing.
New Pathways: They will use Tiana, GHB as it is easily obtained and cheap, and there is no test that can accurately determine if they have used unless use was within the last 12 hours.
Northwest Alabama Mental Health: Increase vape usage. Increase in mixing of meth and opiates.
Recovery Services: Clients more commonly using Naloxone in combination with drug use. Using the "buddy system" for friend to administer Narcan to avert overdose and vice versa.
Recovery Services: Higher level of devices and bringing in urine for drug screens because they are not monitored as closely by medical staff due to COVID. I’ve seen as many devices as well as fake or another person’s urine in last year as I have seen in over 30 years combined of doing treatment.
Rosenzweig LLC: More binging, more abuse of controlled substances, increase of addicts that were first to DOC by MD.
ROSS: They’ll use anything in desperation.
South Central Alabama Mental Health Center: "Eating" methamphetamine.
The Salvation Army: Increase in methadone and suboxone abuse.
The Shoulder: Continued increase in clients identifying methadone, suboxone, and subutex as drug of choice.
Thrive Alabama: Increased substance abuse, along with increased mental health issues, due in part, I believe, to the pandemic and other societal stressors present in the last 12 months.
WellStone Inc.: It has been noticed that clients are engaging in adding fentanyl to their current drug of choice. It has also been noticed that the use of “spice” is on the rise.
West Alabama Mental Health Center: I have noticed an increase in relapse in general.

ARKANSAS:
Arkansas Department of Corrections, Division of Community Correction: Since the pandemic began in March we have seen an increase in those that use substances their use has increased and they tend to isolate more than in times past.
New Beginnings C.A.S.A.: The majority of our clients are using methamphetamines.

TENNESSEE:
Aspell Recovery: The spike in Meth admissions and Suboxone as a drug of choice.
First Step Recovery Centers: Drug usage has increased, especially since COVID isolation and quarantine.
Harbor House, Inc.: Clients are beginning to use fentanyl more than drugs being laced with fentanyl.

LOUISIANA:
Barefoot Counseling, LLC: more use of over the counter medications - Mucinex DR Robitussin DM etc. Increase in alcoholism.
Central Louisiana Human Services District: Only by hearsay of "Narcan" parties.
Greater New Orleans Drug Demand Reduction Coalition: High use of all available drugs, high use of alcohol and benzodiazepines.
JeffCare: Fentanyl has increased dramatically.
New Day Recovery: More variety.
Responsibility House: Increasing use of stimulants (cocaine, methamphetamine), kratom, and synthetic marijuana.
Southeastern Louisiana University: Increased availability of marijuana, marijuana use throughout the day.

FLORIDA:
Pathways for Change: The biggest thing that stands out is the use of both opiates and methamphetamine. They believe they will not overdose if they shoot up methamphetamine with it.

This section intentionally left blank.
## Appendix V: 2022 GC HIDTA Law Enforcement Survey Drug Availability Rates

<table>
<thead>
<tr>
<th></th>
<th>Cocaine (Crack, Powder)</th>
<th>Controlled Prescription Drugs</th>
<th>Fentanyl and Other Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
</tr>
<tr>
<td>High</td>
<td>77</td>
<td>32%</td>
<td>89</td>
</tr>
<tr>
<td>Moderate</td>
<td>115</td>
<td>48%</td>
<td>119</td>
</tr>
<tr>
<td>Low</td>
<td>37</td>
<td>15%</td>
<td>23</td>
</tr>
<tr>
<td>Don’t Know/N/A</td>
<td>10</td>
<td>4%</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Hallucinogens (LSD, PCP, etc.)</th>
<th>Heroin</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>4%</td>
<td>113</td>
</tr>
<tr>
<td>Moderate</td>
<td>77</td>
<td>32%</td>
<td>73</td>
</tr>
<tr>
<td>Low</td>
<td>107</td>
<td>45%</td>
<td>40</td>
</tr>
<tr>
<td>Don’t Know/N/A</td>
<td>44</td>
<td>18%</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MDMA</th>
<th>Methamphetamine</th>
<th>New Psychoactive Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
</tr>
<tr>
<td>High</td>
<td>43</td>
<td>18%</td>
<td>189</td>
</tr>
<tr>
<td>Moderate</td>
<td>125</td>
<td>52%</td>
<td>37</td>
</tr>
<tr>
<td>Low</td>
<td>54</td>
<td>23%</td>
<td>9</td>
</tr>
<tr>
<td>Don’t Know/N/A</td>
<td>16</td>
<td>6%</td>
<td>4</td>
</tr>
</tbody>
</table>
### Methamphetamine

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>42.00</td>
<td>1200.00</td>
</tr>
<tr>
<td>Gram</td>
<td>3.00</td>
<td>169.00</td>
</tr>
<tr>
<td>Pound</td>
<td>2,000.00</td>
<td>25,000.00</td>
</tr>
</tbody>
</table>

### Ice

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>200.00</td>
<td>800.00</td>
</tr>
<tr>
<td>Gram</td>
<td>10.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>3500.00</td>
<td>1700.00</td>
</tr>
<tr>
<td>Pound</td>
<td>3,000.00</td>
<td>8,000.00</td>
</tr>
</tbody>
</table>

### Powder

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>200.00</td>
<td>550.00</td>
</tr>
<tr>
<td>Gram</td>
<td>80.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>4,000.00</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Pound</td>
<td>3,000.00</td>
<td>6,000.00</td>
</tr>
</tbody>
</table>

### Heroin

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>1500.00</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Gram</td>
<td>40.00</td>
<td>350.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>35,000.00</td>
<td>80,000.00</td>
</tr>
<tr>
<td>Pound</td>
<td>3,000.00</td>
<td>25,000.00</td>
</tr>
</tbody>
</table>

#### MEX/T (Mexican Black Tar)

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose</td>
<td>30.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Gram</td>
<td>250.00</td>
<td>400.00</td>
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</table>

#### MEX/BP (Mexican Brown Powder)

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>2,200.00</td>
<td>2,400.00</td>
</tr>
</tbody>
</table>

### Cocaine

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>850.00</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Gram</td>
<td>40.00</td>
<td>150.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>28,000.00</td>
<td>40,000.00</td>
</tr>
<tr>
<td>Pound</td>
<td>13,500.00</td>
<td>17,500.00</td>
</tr>
</tbody>
</table>

### Crack Cocaine

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>400.00</td>
<td>1,700.00</td>
</tr>
<tr>
<td>Gram</td>
<td>40.00</td>
<td>120.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>29,000.00</td>
<td>32,000.00</td>
</tr>
<tr>
<td>Rock</td>
<td>10.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Pound</td>
<td>15,000.00</td>
<td>17,000.00</td>
</tr>
</tbody>
</table>

### Fentanyl

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>800.00</td>
<td>4500.00</td>
</tr>
<tr>
<td>Gram</td>
<td>150.00</td>
<td>200.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>25,000.00</td>
<td>30,000.00</td>
</tr>
<tr>
<td>Pound</td>
<td>35,200.00</td>
<td>40,000.00</td>
</tr>
</tbody>
</table>

### Marijuana

#### Domestic

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>150.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Gram</td>
<td>20.00</td>
<td>80.00</td>
</tr>
<tr>
<td>Pound</td>
<td>1200.00</td>
<td>6000.00</td>
</tr>
</tbody>
</table>

#### Mexican

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>50.00</td>
<td>200.00</td>
</tr>
<tr>
<td>Gram</td>
<td>5.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Kilogram</td>
<td>800.00</td>
<td>1400.00</td>
</tr>
<tr>
<td>Pound</td>
<td>350.00</td>
<td>750.00</td>
</tr>
</tbody>
</table>

#### High Grade Hydroponic

<table>
<thead>
<tr>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounce</td>
<td>250.00</td>
<td>300.00</td>
</tr>
<tr>
<td>Gram</td>
<td>10.00</td>
<td>24.00</td>
</tr>
<tr>
<td>Pound</td>
<td>2500.00</td>
<td>3000.00</td>
</tr>
</tbody>
</table>
Appendix VI: Crime Rates

Crime statistics are addressed on a state-by-state basis. The following table compares the 2018 FBI Uniform Crime Report (UCR) statistics for cities with a population size of 100,000 or greater within the GC HIDTA area with preliminary 2019 statistics. The FBI UCR statistics include only the first six months of the year. The GC HIDTA reviews the drug related crime rates for each state including the violent crimes of homicide, rape, robbery, aggravated assault, and burglary. The FBI UCR data was acquired on March 23, 2021 and data from some HIDTA areas with 100,000 minimum populations was not available.

<table>
<thead>
<tr>
<th>HIDTA Areas of 100,000 Minimum Population</th>
<th>Huntsville, AL</th>
<th>Tuscaloosa, AL</th>
<th>Little Rock, AR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Huntsville, AL</strong></td>
<td><strong>Tuscaloosa, AL</strong></td>
<td><strong>Little Rock, AR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Est. Population</strong></td>
<td><strong>Violent Crime Total</strong></td>
<td><strong>Violent Crime Total</strong></td>
<td><strong>Violent Crime Total</strong></td>
</tr>
<tr>
<td><strong>January-June 2018 Total</strong></td>
<td><strong>Huntington</strong></td>
<td><strong>Tuscaloosa</strong></td>
<td><strong>Little Rock</strong></td>
</tr>
<tr>
<td><strong>January-June 2019 Total</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Murder</strong></td>
<td><strong>N/A</strong></td>
<td><strong>12</strong></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>Rape</strong></td>
<td><strong>79</strong></td>
<td><strong>4</strong></td>
<td><strong>18</strong></td>
</tr>
<tr>
<td><strong>Robbery</strong></td>
<td><strong>159</strong></td>
<td><strong>71</strong></td>
<td><strong>92</strong></td>
</tr>
<tr>
<td><strong>Aggravated Assault</strong></td>
<td><strong>622</strong></td>
<td><strong>159</strong></td>
<td><strong>197</strong></td>
</tr>
<tr>
<td><strong>Burglary</strong></td>
<td><strong>554</strong></td>
<td><strong>414</strong></td>
<td><strong>347</strong></td>
</tr>
</tbody>
</table>

### Controlled Prescription Drugs

<table>
<thead>
<tr>
<th>Hydrocodone</th>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Pill</td>
<td>9.00</td>
<td>30.00</td>
<td></td>
</tr>
<tr>
<td>Suboxone/Buprenorphine</td>
<td>Film</td>
<td>20.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Adderall</td>
<td>Per Pill</td>
<td>30.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Per Dosage</td>
<td>3.00</td>
<td>11.00</td>
<td></td>
</tr>
<tr>
<td>Per Pill</td>
<td>3.00</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>Ritalin</td>
<td>Per Pill</td>
<td>3.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Per Dosage</td>
<td>4.00</td>
<td>3.00</td>
<td></td>
</tr>
<tr>
<td>Roxicodone</td>
<td>Per Pill</td>
<td>3.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Per Dosage</td>
<td>4.00</td>
<td>40.00</td>
<td></td>
</tr>
</tbody>
</table>

### New Psychoactive Substances

<table>
<thead>
<tr>
<th>Cannabinoids</th>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gram</td>
<td>3.00</td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td>Ounce</td>
<td>40.00</td>
<td>70.00</td>
<td></td>
</tr>
<tr>
<td>Pound</td>
<td>800.00</td>
<td>1,200.00</td>
<td></td>
</tr>
<tr>
<td>Per Dosage</td>
<td>90.00</td>
<td>105.00</td>
<td></td>
</tr>
<tr>
<td>Cathinones</td>
<td>Gram</td>
<td>180.00</td>
<td>210.00</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td>Per Cigarette</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td>Psilocybin</td>
<td>Per Dosage</td>
<td>9.00</td>
<td>12.00</td>
</tr>
<tr>
<td>Per Dosage</td>
<td>15.00</td>
<td>15.00</td>
<td></td>
</tr>
<tr>
<td>Per Dosage</td>
<td>4.00</td>
<td>6.00</td>
<td></td>
</tr>
</tbody>
</table>

### Controlled Prescription Drugs

<table>
<thead>
<tr>
<th>Hydrocodone</th>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Pill</td>
<td>10.00</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Per Dosage</td>
<td>9.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Per Pill</td>
<td>1.00</td>
<td>35.00</td>
<td></td>
</tr>
<tr>
<td>Suboxone/Buprenorphine</td>
<td>Film</td>
<td>20.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Adderall</td>
<td>Per Pill</td>
<td>30.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Per Dosage</td>
<td>3.00</td>
<td>11.00</td>
<td></td>
</tr>
<tr>
<td>Per Pill</td>
<td>3.00</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>Ritalin</td>
<td>Per Pill</td>
<td>3.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Per Dosage</td>
<td>4.00</td>
<td>40.00</td>
<td></td>
</tr>
</tbody>
</table>

### New Psychoactive Substances

<table>
<thead>
<tr>
<th>Cannabinoids</th>
<th>Unit</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gram</td>
<td>3.00</td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td>Ounce</td>
<td>40.00</td>
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## Appendix VIII: Threat Assessment Acronyms

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<td>F</td>
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<td>G</td>
<td>GBL</td>
<td>R</td>
</tr>
<tr>
<td>H</td>
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<td>T</td>
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<tr>
<td>H</td>
<td>HSNI</td>
<td>U</td>
</tr>
<tr>
<td>I</td>
<td>Investigative Support Network</td>
<td>V</td>
</tr>
<tr>
<td>J</td>
<td>Louisiana Electronic Event Registration System</td>
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<tr>
<td>K</td>
<td>Lysergic Acid Diethylamide</td>
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<tr>
<td>L</td>
<td>MSA</td>
<td>Y</td>
</tr>
<tr>
<td>L</td>
<td>Metabo</td>
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### Acronyms

- **AB**: Aryan Brotherhood
- **AMOC**: Air and Marine Operations Center
- **ASOs**: Alien Smuggling Operations
- **BEST**: Border Enforcement Security Task Force
- **BLO**: Beltran Leyva Organization
- **BLOC**: Blue Lightning Operations Center
- **CBP**: Customs and Border Protection
- **CDC**: Centers for Disease Control and Prevention
- **CPDs**: Controlled Prescription Drugs
- **CPOT**: Consolidated Priority Organization Target
- **CTR**: Currency Transaction Report
- **DEA**: Drug Enforcement Administration
- **DHE**: Domestic Highway Enforcement
- **DOT**: Department of Transportation
- **DTOs**: Drug Trafficking Organizations
- **EPIC**: El Paso Intelligence Center
- **FBI**: Federal Bureau of Investigation
- **FinCEN**: Financial Crimes Enforcement Network
- **GBL**: Gamma Butyrolactone
- **GC HIDTA**: Gulf Coast High Intensity Drug Trafficking Area
- **GHB**: Gamma Hydroxybutyrate
- **GSN**: Global Safety Network
- **HSI**: Homeland Security Investigations
- **HSNI**: Homeland Security Investigations
- **ISN**: Investigative Support Network
- **LEERS**: Louisiana Electronic Event Registration System
- **LSD**: D-Lysergic Acid Diethylamide
- **MDMA**: 3-4 Methylenedioxyamphetamine
- **MLOs**: Money Laundering Organizations
- **MSA**: Metropolitan Statistical Area
- **NCG**: Network Coordination Group
- **NFLIS**: National Forensic Laboratory Information System
- **NOFD**: New Orleans Field Division
- **NOAA**: National Oceanic and Atmospheric Administration
- **NSS**: National Seizure System
- **OMGs**: Outlaw Motorcycle Gangs
- **OUD**: Opioid Use Disorder
- **P**: Performance Management Process
- **PCP**: Phencyclidine
- **PDMP**: Prescription Drug Monitoring Program
- **PMP**: Performance Management Process
- **ONDCP**: Office of National Drug Control Policy
- **OUT**: Outlaw Motorcycle Gangs
- **PCP**: Phencyclidine
- **PDMP**: Prescription Drug Monitoring Program
- **PMP**: Performance Management Process
- **SAC**: Special Agent in Charge
- **SAR**: Suspicious Activity Report
- **SBE**: Southwest Border
- **TEDS**: Treatment Episode Data Sets
- **TEU**: Twenty-Foot Equivalent Unit
- **UCR**: Uniform Crime Report
- **US**: United States
- **V**: Transnational Criminal Organization
- **W**: Twenty-Foot Equivalent Unit
- **X**: Transnational Criminal Organization
- **Y**: Transnational Criminal Organization
- **Z**: Transnational Criminal Organization
Appendix IX: Likelihood and Confidence Levels

We use estimative language to express the probability that an event of development will happen. The below chart details how expressions of likelihood correlate with percentages of chance.

Our assessments are supported by information that varies in quality and sourcing. Consequently, we ascribe high, moderate, or low levels of confidence to our assessments, as follows:

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<th>Quantifying the Likelihood of Occurrence</th>
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<tr>
<td>Almost no chance</td>
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<table>
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<th>Defining Confidence Levels</th>
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<td>Low Confidence</td>
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<td>- The nature of the issue may not be knowable (e.g., complex or future-oriented)</td>
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<td>- Uncorroborated information from marginal-to-good sources</td>
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<tr>
<td>- High potential for deception</td>
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<tr>
<td>- Key assumptions are critical to analysis</td>
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<tr>
<td>- Mostly weak inferences</td>
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Endnotes

1 United States Census Bureau population estimates as of July 1, 2019 for Alabama; Arkansas; Louisiana; Mississippi; Shelby County, Tennessee; Escambia County and Santa Rosa County, Florida. https://www.census.gov/quickfacts/fact/table/US/PST045218.

2 United States Census Bureau 2010 statistic on land area and July 1, 2019 estimate of population for Alabama; Arkansas; Louisiana; Mississippi; Shelby County, Tennessee; Escambia County and Santa Rosa County, Florida. https://www.census.gov/quickfacts/fact/table/US/PST045218.


5 2022 Northwest Florida Drug Threat Assessment

6 “Quick Statistics.” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). https://wwwdasis.samhsa.gov/webt/ (Accessed February 19, 2021). TEDs is based on administrative data reported by states to TEDS through January 2020. Calendar year 2019 statistics are subject to change over the next calendar year as additional administrative data is reported.


8 2021 Northwest Florida Drug Threat Assessment

10 GC BLOC/HIDTA Watch Center reports
14 2022 Arkansas Drug Threat Assessment
20 NPS Discovery, Fluorofentanyl Identified in Forensic Casework as Wave of Fentanyl-Related Substances Appears in the United States, December 2020.
32 2021 Northwest Florida Drug Threat Assessment
33 2020 Louisiana State Threat Assessment
34 2022 Alabama Drug Threat Assessment
35 “The Mississippi Opioid and Heroin Data Collaborative Provisional Data Report Third Quarter of 2020.” Mississippi Board of Pharmacy; Mississippi Bureau of Narcotics; Mississippi State Department of Health; Mississippi Department of Mental Health.
Calendar year 2019 statistics are subject to change over the next calendar year as additional administrative data is reported.

2022 Mississippi Drug Threat Assessment
2022 Mississippi Drug Threat Assessment
2022 GC HIDTA Law Enforcement Survey

“Medical Marijuana.” State of Louisiana, Department of Agriculture & Forestry.
http://www.ldaf.state.la.us/medical-marijuana/


Mississippi State Department of Health, Mississippi Medical Marijuana Program.
https://msdh.ms.gov/msdhsite/_static/30.0.425.html


2022 Alabama Drug Threat Assessment
2022 Mississippi Drug Threat Assessment
2022 Northwest Florida Drug Threat Assessment

“Quick Statistics.” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). https://wwwdasis.samhsa.gov/webt/. (Accessed March 5, 2020). TEDs is based on administrative data reported by states to TEDS through January 2020. Calendar year 2019 statistics are subject to change over the next calendar year as additional administrative data is reported.


2020 DEA National Drug Threat Assessment
2022 Mississippi Drug Threat Assessment
2022 Alabama Drug Threat Assessment

https://www.govtrack.us/congress/bills/116/hr5436


2022 Alabama Drug Threat Assessment
2022 Mississippi Drug Threat Assessment
2022 Northwest Florida Drug Threat Assessment

Calendar year 2019 statistics are subject to change over the next calendar year as additional administrative data is reported.


67 2021 Mississippi Drug Threat Assessment; 2022 Mississippi Drug Threat Assessment.

68 2022 Northwest Florida Drug Threat Assessment.


71 2022 Alabama Drug Threat Assessment.


74 2019 Northern Gulf Coast Maritime Smuggling Threat Assessment. Northern Gulf Coast major ports include Mobile, AL; New Orleans, LA; Gulfport, MS; Panama City, FL.


76 United States Coast Guard, Sector Houston, Galvestone. “Maritime Intelligence Bulletin Quarterly No.1” 15 November 2020.


80 Cartel presence is measured by active Consolidated Priority Target cases in FY2016 by the DEA and OCDETF.

81 Sources for OMG information were taken from the 2022 Alabama, Arkansas, Louisiana, and Mississippi drug threat assessments.


83 Sources for OMG information were taken from the 2022 Alabama, Arkansas, Louisiana, and Mississippi drug threat assessments.


87 2021 Shelby County Drug Threat Assessment

88 Sources for gang information were taken from the 2022 Alabama, Louisiana, Mississippi, and Shelby County drug threat assessments.

