2019 Gulf Coast HIDTA Drug Threat Assessment

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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. State police agencies oversee the production of state drug threat assessments which include the drug situation in each state's designated HIDTA counties/parishes.

A multi-agency team from each state prepares and submits a draft state drug threat assessment for review and approval by its GC HIDTA State Committee. The GC HIDTA Investigative Support Network (ISN), Network Coordination Group (NCG) 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 which 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 2019 GC HIDTA Drug Threat Assessment focuses on seven major drug categories: methamphetamine, fentanyl and other opioids, heroin, controlled prescription drugs, cocaine, marijuana, 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 also identifies the problems posed by the threat and its anticipated impact on the GC HIDTA.

Timothy D. Valenti
Executive Director, Gulf Coast HIDTA

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I. Scope

The purpose of the 2019 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, smuggling methods, and routes of transportation, 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.

II. Executive Summary

The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) encompasses a six-state area comprised of 29 HIDTA designated counties/parishes; eight in Louisiana: Bossier Parish, Caddo Parish, Calcasieu Parish, East Baton Rough Parish, Jefferson Parish, Lafayette Parish, Orleans Parish and Ouachita Parish; eight counties in Mississippi: Forrest County, Hancock County, Harrison County, Hinds County, Jackson County, Lafayette County, Madison County and Rankin County; six in Alabama: Baldwin County, Jefferson County, Madison County, Mobile County, Montgomery County and Morgan County; four in Arkansas: Benton County, Jefferson County, Pulaski County and Washington County; two in Florida: Escambia County and Santa Rosa County; and Shelby County, Tennessee. Of the 29 counties/parishes, ten are located along the Gulf Coast border. The GC HIDTA region serves as a gateway for drugs entering the United States as well as a transit and staging area for drug distribution. 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. Accordingly, many of the larger drug and currency seizures are a result of enforcement efforts coordinated by the HIDTA Domestic Highway Enforcement (DHE) Program. The primary focus of the DHE program is to support the enforcement efforts of the local, state and federal member agencies of the GC HIDTA.

In addition to the region's geographical proximity to the Southwest Border, other factors contribute to and influence drug-related crimes and social problems including the industrial, cultural, and economic diversity of the region. The drug threat to GC HIDTA designated counties/parishes covers the full spectrum of drugs trafficked and abused, trafficking modalities, and types of criminal organizations. This assessment details the drug threat in Alabama, Arkansas, Louisiana, Mississippi, Northwest Florida, and Shelby County, TN.

This document is produced to assist in the planning of enforcement strategies, efficient and effective utilization of available resources, and the budgeting and staffing for future operations. The following table lists the drugs in order of their assessed threat.

2019 Gulf Coast HIDTA Drug Survey Ranking		
Ranking	**Drug**	**Impact**
1	Methamphetamine	Most significant threat in the GC HIDTA; leading contributor to violent crime, property crime, and law enforcement resources used.
2	Fentanyl & Other Opioids	Significant increase in availability, demand, distribution, and transportation. High level of availability.
3	Heroin	Continued Increase in availability, demand, distribution, and transportation; major contributor to law enforcement resources used.
4	Controlled Prescription Drugs	Highly available with a high demand. Moderate levels of transportation and distribution across the Gulf Coast.
5	Cocaine	Moderate availability; remains a consistent drug of abuse.
6	Marijuana	Most readily available drug in the region with moderate demand, distribution, and transportation.
7	New Psychoactive Substances	Abuse rates are relatively low, though the threat still persists.

Methamphetamine's continued increase in availability, demand, distribution, and transportation makes it the primary drug threat in the Gulf Coast region. It remains of the upmost concern to both law enforcement and the public. According to the 2019 Gulf Coast HIDTA Drug Survey (hereafter referred to as the Drug Survey), respondents listed Methamphetamine as the drug that contributed the most to violent crime (43 percent), property crime (50 percent), and law enforcement resources used (39 percent). The one-pot production 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. To circumvent precursor laws limiting purchasing quantities, many methamphetamine producers travel to out-of-state pharmacies, multiple local pharmacies and pay multiple individuals to make purchases. These methods to evade detection force law enforcement to counter with their own tactics to disrupt methamphetamine production. The majority of law enforcement respondents claimed a decrease in the number of methamphetamine production and conversion laboratories encountered. This is because most of the methamphetamine in this region is thought to originate from Mexico as drug cartels can produce vast quantities of the drug at a higher purity and lower cost than domestically-produced methamphetamine.

Fentanyl and other synthetic opioids are considered the second greatest drug threat to the region. In recent years, fentanyl has been found more frequently in samples of heroin and counterfeit pharmaceuticals. Although the media typically attributes it as accompanying other drugs, interdiction teams across the Gulf Coast seize significant amounts of unadulterated fentanyl. Nineteen percent of respondents to the Drug Survey reported fentanyl as their greatest drug threat. Fifty-three percent of those same respondents claimed an increase in availability over the past 12 months. Reports of fentanyl overdoses outside of the major cities of the GC HIDTA indicate that its use, both alone and as a cutting agent, have become more commonplace. Treatment and prevention professionals similarly rated fentanyl as a significant drug threat, with 28 percent reporting it as their primary concern.

Heroin trafficking and abuse remained a serious threat over the past year. Every state in the GC HIDTA listed heroin in their top drug threats. Dallas and Houston, Texas; along with Atlanta, Georgia are the key distribution hubs for the Gulf Coast; while New Orleans remains a heroin source city for Southeast Louisiana and Southern Mississippi. Widespread areas of Alabama, particularly the north, have been

significantly impacted by heroin abuse. Birmingham, Alabama continues to report high levels of abuse and availability. Heroin-related overdose deaths continue to be a concern across the region. Overdose deaths across the state have increased nearly 17 percent since last year. The overwhelming majority of these deaths occurred in Jefferson County, with 98 of Alabama's 145 total. The coroner's office for East Baton Rouge, Jefferson, Lafayette, and Orleans Parishes reported 102 overdoses, collectively. Treatment and prevention professionals report a high level of heroin abuse in the GC HIDTA at 53 percent and a moderate level of 27 percent. Many Black American DTOs have chosen heroin as their primary commodity. Using this approach, distributors acknowledge that they can achieve a higher profit margin while simultaneously transporting smaller quantities of product. As the price of opioid-based pharmaceuticals rises, the demand for heroin continues to increase.

The diversion, abuse and misuse of controlled prescription drugs (CPDs) remain a significant problem in the area. Forty-two percent of the Drug Survey participants identified CPDs as increasing in availability, while only four percent reported a decrease. These deaths are attributed to individuals consuming multiple CPDs or combining them with other illicit drugs or alcohol. Officials worry that pharmaceuticals may be replacing marijuana as the first drug of choice among young adults. Area youth experiment with CPDs as opposed to other illicit drugs but often switch to heroin because of availability restrictions. Respondents to the 2019 Gulf Coast HIDTA Drug Treatment and Prevention Survey (hereafter referred to as the Treatment and Prevention Survey) indicated that the main sources of diverted pharmaceuticals are street dealers, friends, family members, and doctor shopping. Drug treatment personnel reported that the level of CPD abuse in the region is high, at 53 percent. Controlled prescription drug abuse is second only to marijuana.

Cocaine and its derivative, crack cocaine, remain a steady threat and are ranked as the fifth greatest drug threat in the GC HIDTA. Cocaine is of moderate availability and is steadily abused throughout the six-states. Cocaine was listed as a major contributor to violent crime by 20 percent of Drug Survey respondents. A substantial percentage (11 percent) of respondents listed cocaine attributing to property crimes. Cocaine is transported into the GC HIDTA in private and commercial vehicles via the interstate highway system, express mail service, and commercial and private sea-going vessels by Mexican poly-drug trafficking organizations. Local DTOs, often affiliated with neighborhood criminal groups, are the primary distributors of crack cocaine. Drug traffickers utilize stash houses to elude law enforcement and prevent the forfeiture of personal residences. Only two percent of our treatment and prevention partners reported cocaine as the primary drug of abuse in their area. Fifty-one percent of respondents to the Treatment and Prevention Survey claim that inpatient admissions for cocaine over the past 12 months have remained the same.

Marijuana is cultivated indoors, outdoors, and hydroponically in all areas of the GC HIDTA. Historically, the majority of grow sites have been located on public lands, federal reserves, clear cuts, or on large tracts owned by the timber industry. This trend continues, although law enforcement officials believe marijuana cultivators are moving their operations indoors for several reasons. These include attaining a higher THC level, seasonal drought that affects portions of the GC HIDTA, and greater profits associated with higher quality marijuana. Domestically-produced marijuana accounts for the majority of the drug available in the GC HIDTA. Marijuana is routinely seized via domestic highway enforcement stops on the interstates/highways traversing the six-state area. Traffic stops involving hydroponic, medicinal, and other high-grade marijuana transported from California, Colorado, Oregon, and Texas are on the rise. The availability of hydroponic, medicinal, and other high-grade marijuana continues to rise within the GC HIDTA. Interdiction stops along major interstates in Arkansas continue to yield large quantities of high-grade marijuana originating from the West Coast; particularly California, Colorado, Oregon, and Washington. Marijuana is considered by many in law enforcement to be the initial drug of abuse; however, data indicates marijuana is competing with controlled prescription drugs for this claim within the GC HIDTA.

The abuse of new psychoactive substances, specifically synthetics, is relatively low. Abuse of MDMA, hallucinogens, inhalants, and anabolic steroids remain steady. Fifty-seven percent of the Drug Survey participants ranked MDMA as remaining the same in availability as the previous year. MDMA use was traditionally limited to college towns due to higher concentrations of bars and nightclubs. The Drug Survey indicates that Caucasian Americans are the primary transporters, wholesale and retail distributors of MDMA. Black Americans fall behind Caucasian Americans as the secondary group for each of the previous categories.

Synthetic cannabinoids and cathinones are chemically infused herbal mixtures aimed at mimicking the effects of marijuana and LSD; the abuse of which remains a threat to the GC HIDTA. Users commonly dub these drugs as "synthetic marijuana" or "bath salts". These products have risen in popularity since their debut in 2008, particularly in the 12-29 age group. 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 (DTOs)

Mexican DTOs pose the greatest criminal drug threat to the Gulf Coast HIDTA. The proximity of the Southwest Border to the Gulf Coast positions the region as a key drug trafficking route. Mexican DTOs are responsible for the importation and transportation of illicit and diverted drugs throughout the Gulf Coast states. Caucasian American DTOs are involved in the transportation and distribution of virtually every drug category in the area of responsibility. Black Americans overwhelmingly dominate the retail distribution sector and are also the primary transporters of cocaine and marijuana. These criminal networks rely upon organizational strength as well as violence, coercion, and intimidation to maintain control of illicit drug markets.

Alien Smuggling Organizations (ASOs)

Organized alien smuggling crossing the GC HIDTA area of responsibility is primarily based in the hub cities of Houston, Dallas, and San Antonio, Texas. Transportation cells normally employ large capacity SUVs and have demonstrated a preference for the Honda Odyssey and Toyota Sequoia. Contact between alien smugglers, stash house operators, and drivers is normally limited and vehicles are frequently registered to a third party.

Smugglers operating out of the hub cities of Houston, Dallas, and San Antonio continually change their tactics, techniques, procedures, and routes of travel to avoid interdiction on I-10 by taking Interstates 20, 30, and 40 to transport their illicit cargo further into the United States. The trend for alien smugglers traveling east from Houston on I-10 continues to be the movement of small loads of undocumented aliens (one-three passengers).

Although the majority of illegal aliens encountered within the GC HIDTA crossed the border from Mexico, aliens from countries other than Mexico (OTM) accounted for approximately 54 percent of apprehensions reported by New Orleans Sector Border Patrol in FY17. The top four countries of origin during this period were: Mexico – 43 percent, Honduras – 27 percent, Guatemala – 17 percent, and El Salvador at 10 percent.

Illicit Financing

Law enforcement investigators across the GC HIDTA encounter an assortment of money laundering methods. Common examples include the use of cash-intensive businesses such as nail salons, restaurants, bars, and nightclubs. Other forms of cash-intensive businesses utilized by DTOs for money laundering are casinos, check-cashing businesses, and the fishing industry. Casinos have become less popular for laundering money due to the collaborative relationship between casino security and local, state, and federal

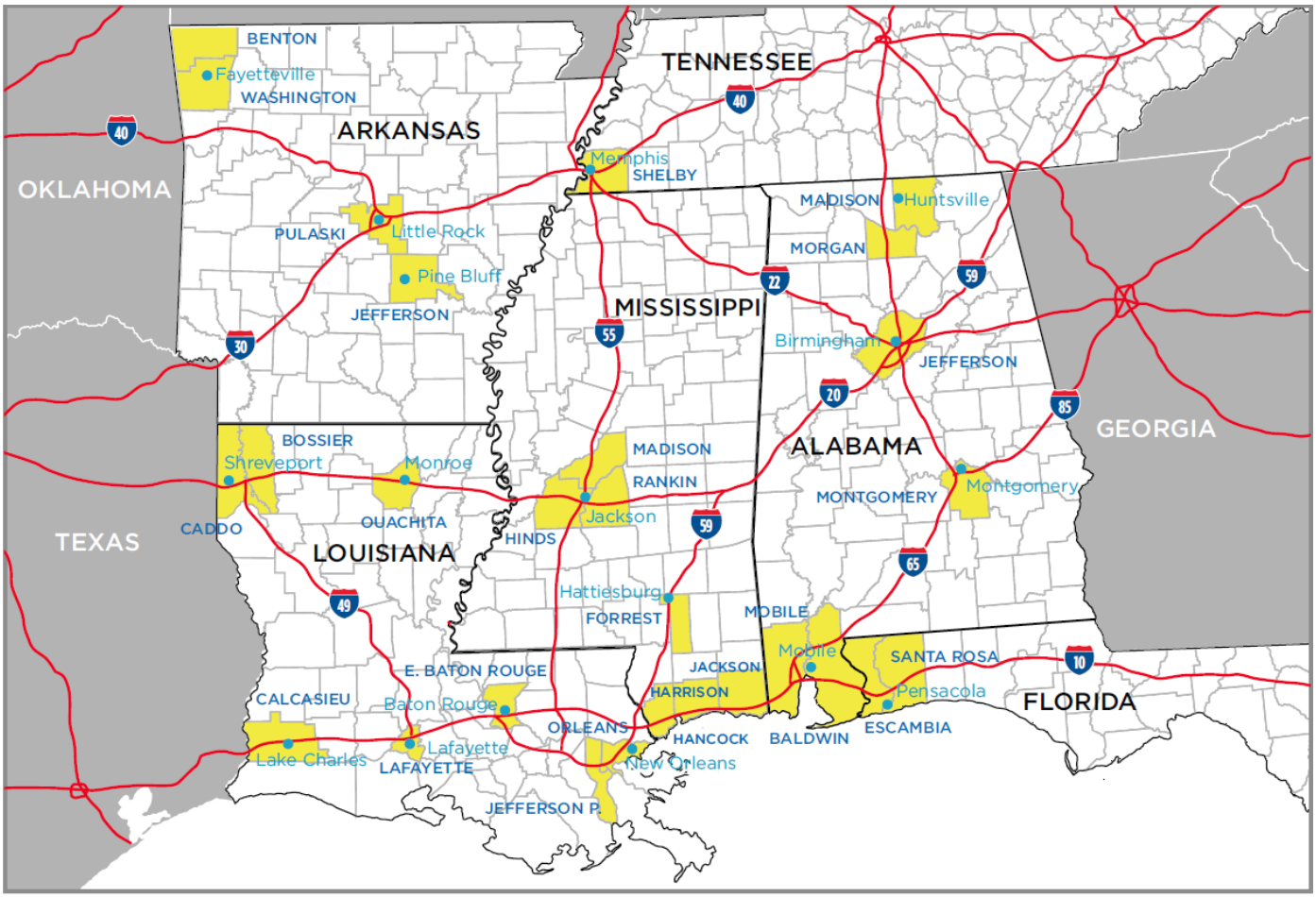
law enforcement officials, although it continues to occur in lesser amounts than the past. The real estate market is another popular method of money laundering. Mortgage loan fraud is also prevalent along the Gulf Coast. Money launderers purchase real estate properties to renovate and resell or rent in order to clean the money. All of these methods make the region conducive for money laundering and other illicit financing. 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.

Federal Express Hub

Express mail /parcel post services have remained a popular method for DTOs to transport illicit drugs and currency. DTOs use variations of packaging and concealment methods to thwart law enforcement detection. This allows for quick, reliable, low-risk delivery of drugs and currency. Memphis is the home to the world's largest cargo hub, with approximately four million packages transiting the Federal Express Hub (FedEx) nightly. Homeland Security Investigations (HSI) and Customs and Border Protection (CBP) use sophisticated enforcement protocols to locate suspect packages originating from outside of the United States. The Drug Enforcement Administration (DEA) conducts investigations involving domestic currency and drug seizures while HSI conducts investigations regarding international currency seizures. DEA and HSI share responsibility investigating international drug seizures. In addition to federal presence, the Memphis Police Department and the Shelby County Sheriff's Office conduct investigations at the FedEx Hub in Memphis as part of a Shelby County HIDTA Initiative. The Richland Police Department, a member of the Mississippi Operations Center Mobile Deployment Team, investigates FedEx seizures in Mississippi.

III. The Gulf Coast HIDTA Region

Regional Characteristics	Description
Designated Counties	29
HIDTA Population	7,511,057
Metropolitan Statistical Areas (MSAs)	Daphne, AL; Decatur, AL; Fairhope, AL; Foley, AL; Huntsville, AL; Mobile, AL; Montgomery, AL; Conway, AR; Fayetteville, AR; Brent, FL; Crestview, FL; Destin, FL; Ferry Pass, FL; Fort Walton Beach, FL; Baton Rouge, LA; Bossier City, LA; Lafayette, LA; Lake Charles, LA; Metairie, LA; Monroe, LA; New Orleans, LA; Shreveport, LA; Biloxi, MS; Gulfport, MS; Hattiesburg, MS; Jackson, MS; Oxford, MS; Pascagoula, MS; Memphis, TN
HIDTA Initiatives & Task Forces	41
Law Enforcement Partners	147 Full-Time 14 Part-Time



Gulf Coast HIDTA Counties Participating In Threat Assessment

Demographics

According to the U.S. Census Bureau, the Gulf Coast HIDTA area encompasses 210,329 square miles; 196,180 square miles of that are land and 14,149 square miles are water. Based on the most recent 2016 census information, there are approximately 17.1 million people residing within the GC HIDTA's area of responsibility. The U.S. Census Bureau reports 69 percent of its residents are White, 26 percent are Black, five percent are Hispanic, and two percent are Asian.

Economics

According to the 2015 U.S. Census Bureau estimates, Alabama's median income is $43,623 per year. Approximately 19 percent of the population lived 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. 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. Seventeen percent of Escambia County is considered to be below the poverty level with a median household income of $43,707. Santa Rosa County has a median household income of $41,881 and approximately ten percent of its population living below the poverty level. Just over 11 percent of Okaloosa County's residents live below the poverty level, though the U.S. Census Bureau reports that the median household income is $55,880.

Louisiana's economy is made up of agriculture, fishing, manufacturing, mining, and service-oriented businesses. As of 2015, the median household income was $45,047 and approximately 20 percent of the population lived below the poverty line.

According to the United States Census Bureau, Mississippi's 2015 household median income was $39,665 per year. According to the Bureau of Labor and Statistics the unemployment rate for Mississippi as of December 2016 was 5.7 percent compared to a national rate of 4.5 percent with Issaquena County being the highest. Twenty-two percent of the state population is reportedly in poverty.

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 most recent 2015 U.S. Census Bureau statistics, the median household income was an estimated $36,445. Approximately 27.6 percent of Shelby County's population lives below the poverty level. The most common occupations are in management, professional, sales and office, service, production, transportation, and construction. Top ranked industries for Memphis's employed population are educational services, health care, social assistance, transportation, warehousing, and utilities. According to the Memphis Police Department Real Time Crime Center (RTCC), in 2017 there were 493 drug-related incidents that involved juveniles in the city of Memphis, compared to 427 in 2016. In 2017, there were 7,727 drug-related incidents involving adults over 18 years of age in the city of Memphis, compared to 7,456 in 2016.

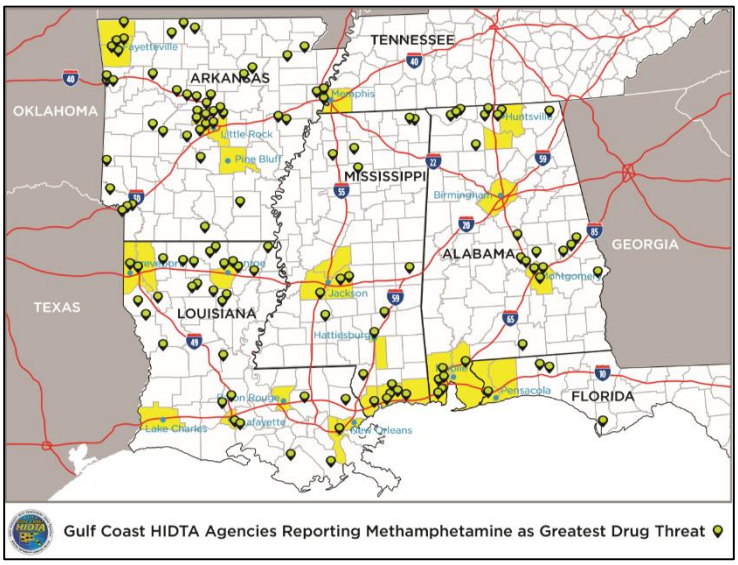
IV. Description of the Threat

A. 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, cocaine, and marijuana pose a moderate threat, while new psychoactive substances pose a low threat. The majority of these drugs are transported into the GC HIDTA from Mexico via the Southwest Border (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.

B. Methamphetamine

I. Overview



Based on intelligence reports, law enforcement data, and treatment/prevention information, methamphetamine is the greatest drug threat in the GC HIDTA and rates as the primary contributor to violent and property crime. Methamphetamine is considered the greatest drug threat in Alabama, Arkansas, Louisiana, and Northwest Florida. Eighty-two percent of Arkansas respondents to the Drug Survey report methamphetamine as their primary drug threat. This number rose 17 percent from the previous year. Law enforcement officials in Arkansas seized 11 clandestine methamphetamine laboratories statewide; a decrease from the 19 seized in 2016. State officials believe this is due to the increased volume of ice methamphetamine imported from Mexico. Forty-four percent of Alabama's respondents to the Drug Survey indicated methamphetamine as their greatest drug threat; a nine percent decrease since the previous year.

II. Availability

In the figure above, each of the GC HIDTA's six states are ranked according to the number of respondents that recorded methamphetamine as their primary threat. During the past twelve months, 95 percent of Drug Survey respondents indicated a decrease in traditional or one-pot laboratories in their areas; supporting the idea that the majority of methamphetamine is now imported from Mexico. Methamphetamine is available from two primary sources: that which is locally manufactured for personal consumption and that which is manufactured in Mexico. Mexican methamphetamine is transported via the Interstate Highway System from the SWB and California in larger, wholesale quantities.

Fifty-six percent of respondents to the Drug Survey claimed that methamphetamine had increased in availability in the past 12 months. Fifty-two percent of those same respondents also believed the demand for the drug had increased.

III. Use

Crime and violence associated with methamphetamine abuse and trafficking are the leading contributors to both violent and property crime in the GC HIDTA. Forty-three percent of law enforcement officials report methamphetamine as the primary contributor to violent crime and 50 percent report it as the primary contributor to property crime in 2017. This represents an ongoing upward trend since 2013.

In the past several years, Northwest Florida has experienced the violent and property crime that often accompany methamphetamine. According to the 2016 FDLE Medical Examiner's Commission report (ME Report), occurrences of methamphetamine in autopsies increased 104 percent since 2015. Additionally, there were 171 more deaths caused by methamphetamine than the previous year.

Thirty-seven percent of respondents to the Treatment and Prevention Survey stated that methamphetamine use is high in their areas. Of those same respondents, 29 percent noted an increase in inpatient admissions for methamphetamine in their areas. Our treatment and prevention partners report that methamphetamine is often combined with a variety of other drugs in order to achieve a wide range of effects. The most popular drugs taken in combination with methamphetamine are marijuana, alcohol, and prescription drugs.

Treatment Episode Data Sets (TEDS)				
Amphetamines				
	Alabama	**Arkansas**	**Louisiana**	**Mississippi**
2012	1,011	2,297	707	N/A
2013	1,220	N/A	849	N/A
2014	1,181	2,169	833	515
2015	1,504	3,510	1,106	1,020
2016	2,041	3,844	1,025	1,360
*SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through March 13, 2018.				

Based on TEDS data in the table above, the number of patients seeking treatment for amphetamine abuse in Alabama, Arkansas, and Mississippi has increased since 2014. Data from 2012 and 2013 is not available at this time for Mississippi. The Alabama Department of Mental Health reported 4,398 admissions for amphetamine abuse in 2017, which increased from the 3,129 in 2016.

IV. Price

The importation of high-grade Mexican methamphetamine has driven down the cost of the drug. Using information from DEA's Trends In Traffic for the New Orleans Field Division (NOFD) in 2017, an ounce of ICE methamphetamine can retail anywhere between $225 and $3,500. A kilogram can retail between $12,000 and $125,000. An ounce of powder methamphetamine in the NOFD retails between $500 and $2,800, while a kilogram retails between $30,000 and $40,000.

V. Transportation

Although Mexican DTOs are the dominant producers of both powder and ice methamphetamine, they are not the primary transporters or distributors. Once brought across the SWB into the United States, Caucasian American DTOs are the primary transporters, wholesale and retail distributors of methamphetamine in the Gulf Coast HIDTA. Mexican DTOs are ranked second by Drug Survey participants as transporters and wholesale distributors of methamphetamine, followed by Black American DTOs. In recent years, encounters with liquid methamphetamine have become commonplace.[1] 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, from antifreeze to apple juice. Over 2,000 liters of the liquid methamphetamine were seized along the Southwest Border, as reported by EPIC.

VI. Production

Overall the number of reported traditional methamphetamine laboratories seized in the GC HIDTA continued to decline in 2017. As state legislatures enact regulations designed to limit access to medications containing precursors and law enforcement continues to develop more sophisticated methods of tracking pharmaceutical purchases, lab operators have altered their means of obtaining the necessary ingredients to produce methamphetamine.

Methamphetamine production poses profound risks to the public as well as law enforcement. Law enforcement officials who encounter methamphetamine laboratories risk injury by exposure to hazardous materials during production and booby traps. Anyone in close proximity to methamphetamine laboratories can be exposed to poisonous gases, hazardous waste, and potential explosions. The dangers of methamphetamine laboratories affect every person as well as the environment and surrounding areas that may come in contact with the site. There were three reports of children affected by methamphetamine labs in the GC HIDTA during 2017, as reported by the El Paso Intelligence Center (EPIC). According to Gulf Coast HIDTA Watch Center data, methamphetamine domestic highway enforcement (DHE) seizures in the six-state area increased from 1,059 pounds in CY 2016 to 1,227 pounds in CY 2017.

The number of reported traditional methamphetamine laboratories seized in the GC HIDTA continued a downward trend in 2017. The enactment of laws and regulations by state legislatures designed to limit access to medications containing precursors has altered lab operators' ability to obtain the necessary ingredients to produce methamphetamine. Law enforcement officials throughout the area have instituted and are utilizing more sophisticated methods of tracking pharmaceutical purchases. Most methamphetamine laboratories seized in the region are now one-pot labs, which typically produce less than two ounces of methamphetamine per production cycle. This is the preferred production method since it reduces the number of necessary steps in the production process. Precursor chemicals are mixed together prior to the addition of ammonia nitrate, a substitute for anhydrous ammonia.

The availability of precursor chemicals such as pseudoephedrine has become limited by relatively new state laws. Chemicals that are not available at retail stores 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. Law enforcement continues to see an influx in Mexico-produced methamphetamine.

Two of many precursor chemicals used in the manufacturing process.

Since state laws require pharmacies to maintain logs of all pseudoephedrine purchases, producers have established new methods of obtaining precursors including purchases from multiple pharmacies and traveling to out-of-state pharmacies. These 'smurfing' methods enable producers to obtain the necessary ingredients for methamphetamine production and avoid legal limits placed on the purchasing of precursor materials.

The passing of Mississippi House Bill 512, which placed purchasing restrictions on ephedrine products, is responsible for the steady decline in methamphetamine lab seizures within the state since 2010. However, precursor 'smurfing' has been identified in Louisiana and Alabama; particularly the greater Mobile area. Methamphetamine laboratory operators in Mississippi seek out new sources of ephedrine and pseudoephedrine in neighboring states. To combat 'smurfers' from Mississippi, the Alabama State Legislature enacted House Bill 363 in 2012 prohibiting the sale of products containing prescription level pseudoephedrine to residents from other states.
The continuing spike of "ice" methamphetamine-related cases in Mississippi is believed to be the result of an influx of Mexican DTOs to the area. Mississippi law enforcement has linked "ice" to "super labs" in Mexico following the arrest of cartel members throughout Mississippi in multiple methamphetamine investigations.

Average yield from 'one-pot' method.

As Mexican DTOs become more influential in the production and wholesale distribution of methamphetamine, encounters with methamphetamine in solution are frequent along eastbound interstate lanes. There were no domestic methamphetamine conversion laboratories reported to EPIC from the Gulf Coast HIDTA in 2017.[2]

VII. Intelligence Gaps

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

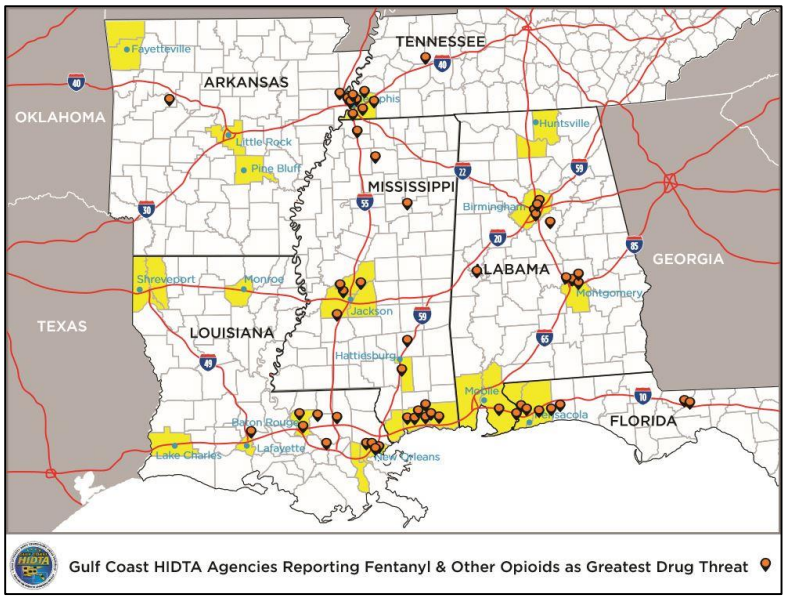
C. Fentanyl & Other Opioids

I. 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 100 times more potent that morphine. Pharmaceutically, it is allotted on a microgram scale, as a dose of two milligrams or more is considered lethal to humans. Many times fentanyl is used in combination with another drug or disguised as something else altogether. Fentanyl-laced heroin is worsening the national overdose crisis as numerous drug dealers are using fentanyl to increase the potency of diluted heroin in order to minimize costs and maximize profit margins.

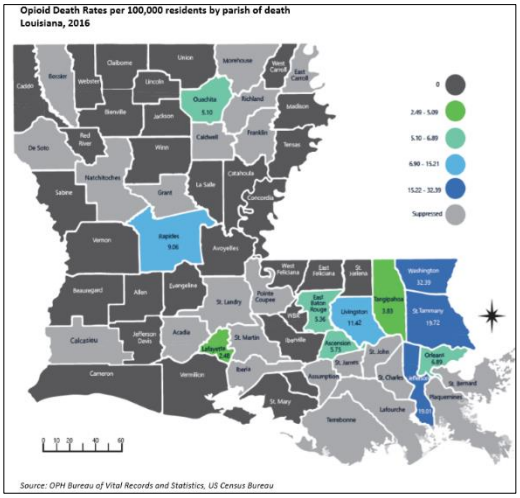
II. Availability

In the figure to the right, each of the GC HIDTA's six states are ranked according to the number of respondents that recorded fentanyl and other opioids as their primary threat. Nineteen percent of respondents to the Drug Survey claimed fentanyl and other opioids were their primary drug threats. For this reason, as well as a surge in availability, fentanyl is ranked as the second greatest drug threat to the Gulf Coast region. During the past 12 months, 53 percent of Drug Survey respondents indicated an increase in the availability of fentanyl and 51 percent claim that there has been an increase in its distribution.



III. Use

Non-pharmaceutical fentanyl use is rising in Louisiana. Reports of fentanyl overdoses indicate that its use has spread across the state. The Louisiana Department of Health recorded 204 opioid-involved overdoses in the state for the first half of 2017.[3] The most recent data for this type of information is completely dependent upon the time it takes to obtain toxicology reports throughout the state. Forty-three percent of respondents to the Treatment and Prevention Survey indicate fentanyl and other opioid usage as high. Furthermore, 47 percent indicated an increase in inpatient admissions for fentanyl and other opioids in 2017. East Baton Rouge Parish reported 11 opioid overdoses through June 2017, while the Orleans Parish Coroner's Office reported 16, and the Lafayette Parish Coroner's Office reported six. There has been a 48 percent increase in Louisiana's total opioid deaths between 2014 and 2016.[4] Opioid hospitalizations nearly doubled in that same time frame. The New Orleans Coroner reported that 87 people died with fentanyl in their system, an increase from the 48 in 2016 and 13 in 2015.[5]



In addition to Louisiana, non-pharmaceutical fentanyl is a major concern to the remaining GC HIDTA states. In Escambia, Santa Rosa, and Okaloosa Counties in Florida, there were 34 heroin-related deaths in 2016. Of those deaths, fentanyl and/or morphine were present in every one.

An amendment to Louisiana House Bill 165 has proposed that the manufacture, distribution, and possession with intent to distribute fentanyl and fentanyl analogues would result in criminal penalties for schedule II substances. Punishment under the statute includes imprisonment at hard labor facilities for sentences between five and forty years, as well as a fine up to $50,000.[6]

U-47700 is an opioid analgesic drug with approximately 7.5 times the potency of morphine and can be injected, snorted, or taken orally. The DEA placed U-47700 into Schedule I of the Controlled Substances Act in November 2016, where it will remain for at least 24 months. The abuse of U-47700 often happens unknowingly to the user. It can be encountered as a single substance, but is often mixed with other drugs, including fentanyl and heroin. An example of this identified in 2017 was known as "gray death," which is a combination of varying amounts of heroin, fentanyl, and U-47700. U-47700 alone produces effects similar to other potent opioids when consumed, although it has never been studied on humans. As with other synthetic and analogous drugs, the lack of regulation ensures that there is virtually no quality control and that dosages and product purity remain inconsistent.

Carfentanil is an analogue of fentanyl 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. A small dose is reportedly powerful enough to sedate an elephant. It is classified as a Schedule II controlled substance in the United States. In June 2017, members of the Louisiana State Police HIDTA Group and the U.S. Postal Inspection Service identified and seized a package containing 0.33 grams of Carfentanil that was shipped to a post office box in Metairie, Louisiana.

In January 2018, a north central Ohio drug enforcement unit called METRICH made a controlled buy of an unknown substance. The street name for the drug was Bromadol. The drug appeared to be clear and odorless and was dropped like LSD onto a Tylenol pill during the controlled buy. The lab reported it as the first submission of the drug in the United States. The drug can be absorbed through the skin and is unlikely to show up on toxicology reports. It is also unknown whether K-9's will alert to it. It is possible that Bromadol may be used as an adulterant in heroin to increase the potency of the batch. First responders are encouraged to take full precautions if they encounter a substance that matches this description until more information is released. Bromadol has not yet been identified in the GC HIDTA.

IV. Transportation

The majority of law enforcement believe that most fentanyl and fentanyl analogues are imported into the United States from Canada, China, and Mexico. Forty percent of Drug Survey respondents recorded an increase in fentanyl and other opioid transportation in their respective areas. Caucasian American DTOs were ranked as the primary transporters and wholesale and retail distributors of the drug in 2017. There were 206 separate incidents along the SWB involving fentanyl in 2017, with over 826 kilograms and an additional 92,104 dosage units seized.[7] Fifty-one pounds of fentanyl were seized in interdiction stops, as reported by the GC HIDA Watch Center. Fentanyl and its analogues are largely transported into the United States by using border checkpoints, the Interstate Highway System, and mail carrier services.

V. Production

There were no clandestine fentanyl manufacturing sites discovered in the Gulf Coast region.[8]

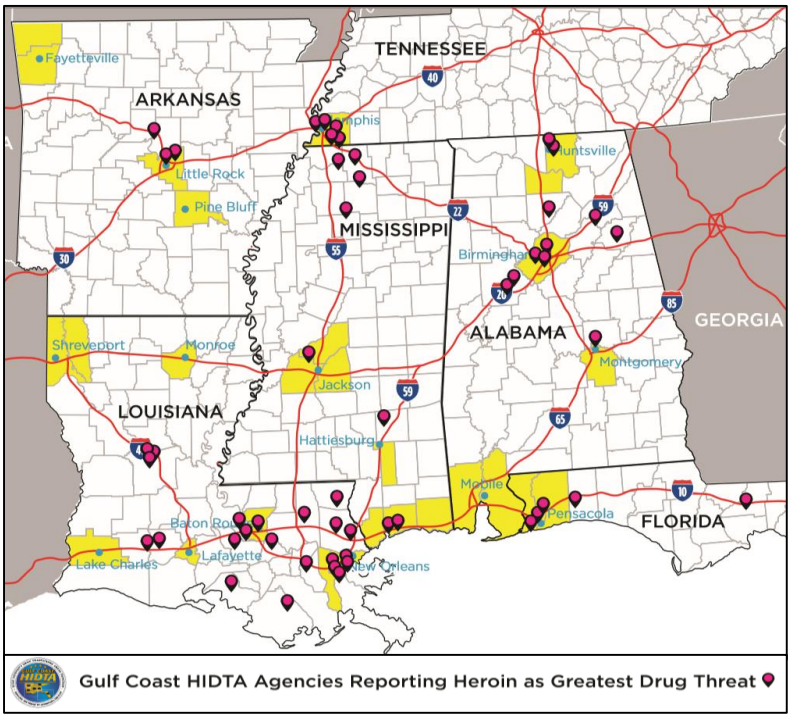
VI. Intelligence Gap

The absence of a standardized overdose death investigation protocol makes it challenging to compare overdose death data with data from other 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.

D. Heroin

I. Overview

Heroin dropped to the third greatest drug threat in the GC HIDTA over the course of 2017. In the past, law enforcement officials within the Gulf Coast HIDTA had reported low levels of availability across the region with the exception of several major metropolitan areas. Sixteen percent of Drug Survey respondents reported heroin as the greatest drug threat. The distribution and transportation of the drug has also increased over the past year. 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.



II. Availability

Heroin availability is increasing within the GC HIDTA region overall. Southeast Louisiana, particularly the New Orleans area, has experienced a surge in heroin availability. Law enforcement agencies in Alabama also report an increase in heroin availability. Thirty percent of Drug Survey participants identify it as highly available and 56 percent claim its availability has increased in the past 12 months. Fifty-five percent report an increase in demand and 53 percent claim that its distribution has increased.

III. Use

It is evident that a large percentage of heroin abuse in the Gulf Coast is centered on three metropolitan areas: Birmingham, AL; Memphis, TN; and New Orleans, LA. The majority of the heroin found in the New Orleans area is of South American origin while Mexican brown heroin is usually found in the remaining areas of the GC HIDTA. Heroin data from Drug Survey participants indicates that it is the third largest contributor to violent crime. As the abuse of heroin spreads, so does the potential for more violent crime.

According to the New Orleans Police Department, heroin trafficking and abuse is partially responsible for the high murder rate in New Orleans. Across the remainder of the region, heroin is a leading contributor to violent crimes, ranking third overall. Louisiana respondents to the Drug Survey also claimed that it has increased in availability from the previous year.

Law enforcement agencies in Alabama report an increase in heroin availability. Alabama also reports a 17 percent increase in heroin related overdoses and overdose deaths. Shelby County, TN reports a rising level of abuse, particularly among young adults in the suburban region. Young adults' addictions often begin through experimentation with pharmaceuticals, such as Lortab and hydrocodone, and escalate to heroin. The abuse of heroin affects all ethnic groups in Shelby County, TN. There were 370 incidents involving heroin in Shelby County, TN in 2017. These incidents included both violent crimes and non-violent

property related crimes. According to the Memphis PD Real Time Crime Center, this is an increase of 95 percent in just four years.

Twenty-eight percent of participants in the Treatment and Prevention Survey reported heroin as the greatest drug threat. Additionally, 37 percent of respondents indicated heroin as having a high level of abuse. Admission rates to treatment centers for heroin have increased across the region, more so than any of the other drugs reported. A relatively new method by which drug dealers are marketing heroin is in pill form. It is likely that their clients are purchasing this either because they believe the pills are legitimate pharmaceuticals or because of distain for intravenous consumption. Law enforcement around the country report that many drug users, who think they are buying pain pills such as OxyContin or Percocet, are unknowingly buying heroin or other opioids. For others, heroin in pill form reduces much of the social stigma associated with heroin use.

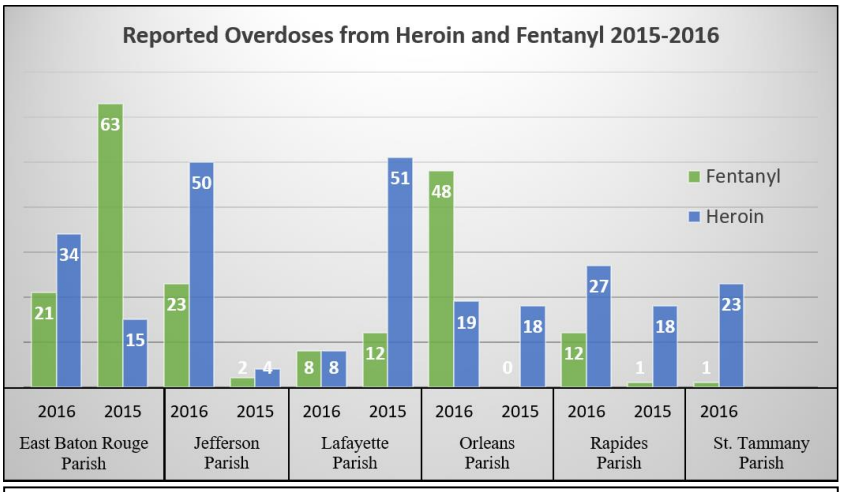
Treatment Episode Data Sets (TEDS)

Heroin

	Alabama	Arkansas	Louisiana	Mississippi
2012	217	79	1,526	N/A
2013	347	75	1,955	N/A
2014	562	77	1,758	157
2015	859	132	1,033	235
2016	1,018	211	1,102	299

*SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through March 13, 2018.

According to TEDS data, the total number of individuals seeking treatment for heroin abuse in Alabama, Arkansas, and Mississippi increased from 2013 to 2016. Data for Louisiana showed that treatment admissions for heroin has been steadily declining from 2012 to 2015, but rose slightly in 2016.

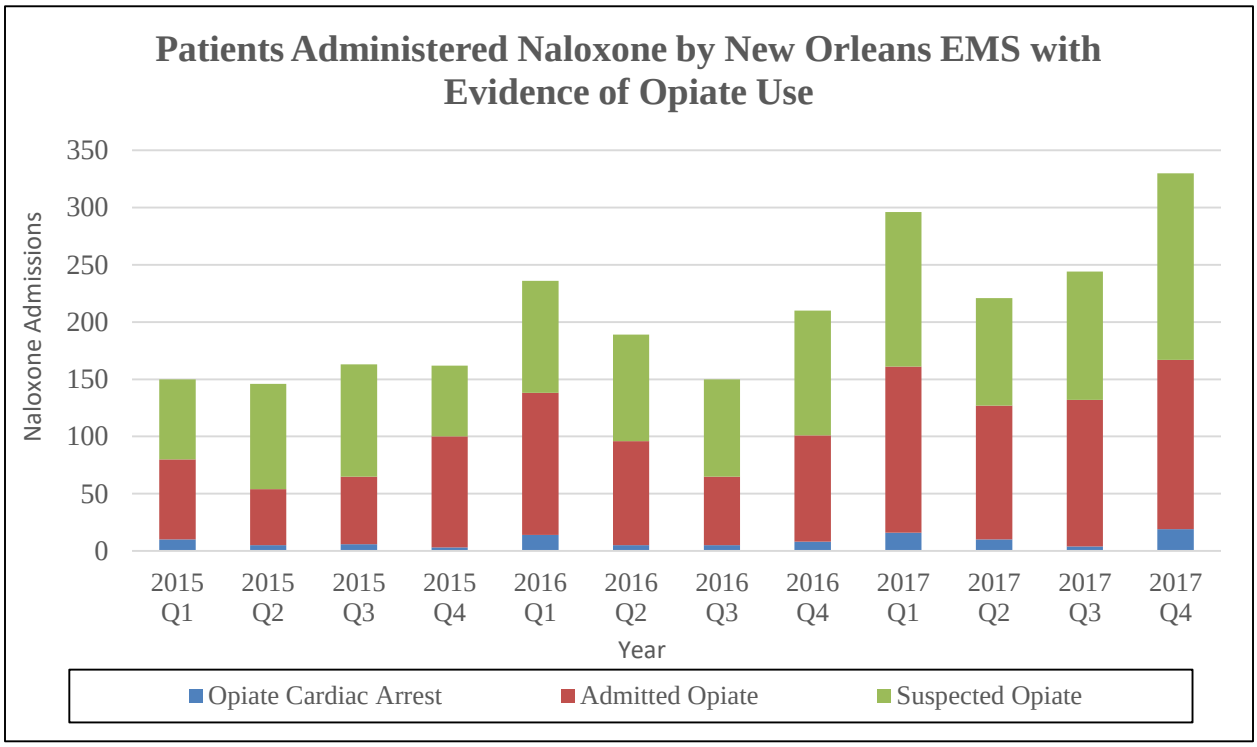


This information was sourced from various Coroner's Offices in Louisiana. St. Tammany Parish data for 2015 was unavailable at the time of writing.

There were at least twice as many drug-related deaths in Jefferson Parish, Louisiana than homicides in 2017. Jefferson Parish is one of several parishes belonging to the New Orleans Metropolitan Area. The 2017 data, provided by the Louisiana Electronic Event Registration System (LEERS), spans January through June. According to data released from the Jefferson Parish Coroner's Office, there were 42 homicides in 2017, while LEERS reports there were 82 drug-related deaths. Of the overdose deaths, 69 (84 percent) were opioid related. This was also the case in 2016, where there were 145 overdose deaths and 54 homicides. In New Orleans, opiates were discovered in 166 drug-related deaths in 2017.[9] Louisiana legislators responded to the heroin surge by enacting Senate Bill No. 87 (SB 87). This bill increased the mandatory minimum sentence for heroin possession with the intent to distribute or manufacture from five to 10 years and set the maximum penalty for repeat offenders to 99 years.[10]

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. Naloxone may be administered intravenously, intramuscularly, or sprayed into the nose. In 2017, Alabama documented 4,611 administrations of Naloxone; down 14 percent from last year. Jefferson County alone accounted for 1,226 administrations. Memphis Fire Department administered 2,432 doses of NARCAN in 2017. The increase in these administrations since 2015 suggests that opiate and opioid abuse is becoming more widespread. The Greater New Orleans metropolitan area is also plagued by opiate/opioid overdoses. According to data from New Orleans EMS, 912 patients received Narcan in 2016. That number jumped to 1,224 in 2017. There have been 342 patients who have received Narcan in the first quarter of 2018, which is proportionate to last year's first quarter. Data reflecting naloxone administrations in Orleans Parish, Louisiana are shown in the following chart:



Definitions
Opiate Related Cardiac Arrest - The patient presented in full arrest, and there was either admission of heroin usage or paraphernalia indicating such at the scene.
Admitted Heroin Usage - Patient was found unresponsive or with a decreased mental status. The patient received Narcan and admitted to using heroin
Suspected Opiate Usage - Patients that presented with a decreased GCS, Pinpoint Pupils, and improved their GCS with administration of Narcan.
No Evidence of Opiates - Patient that presented with a decreased GCS, normal pupils, and did not improve their GCS with administration of Narcan. These patients were noted to be under the influence mostly of ETOH or Benzodiazepines

IV. Price

Mexican brown heroin costs between $2,200 and $3,000 for an ounce and approximately $40,000 for a kilogram. An ounce of South American heroin costs between $2,600 and $3,500, and a kilogram costs approximately $50,000. The most common unit of heroin sold at the retail level in New Orleans is referred to as a bag or paper (0.3 to 0.5 gram quantities individually wrapped in small foil packages).

V. Transportation

Forty-five percent of Drug Survey respondents indicated an increase in the transportation of heroin. The GC HIDTA Watch Center reported that 123 pounds of heroin were seized in 2017 along the region's interstates. Caucasian American DTOs were ranked as the primary transporters and wholesale distributors of heroin in the Gulf Coast region as a whole. Black American DTOs in the New Orleans area continue to distribute heroin as their principle product due to increased profit margins and availability. They are both the primary transporters and distributors in New Orleans. Mexican brown heroin is present throughout the remainder of the area. New Orleans is known as a heroin source city for Southeast Louisiana and Southern Mississippi.

VI. Production

Heroin is neither produced nor cultivated in the six-state region.

VII. Intelligence Gaps

Due to the end of the Drug Enforcement Administration's Heroin Domestic Monitoring Program, it is unclear whether the purity of heroin samples across the Gulf Coast HIDTA have increased or decreased from previous years.

E. Controlled Prescription Drugs

I. Overview

Hydrocodone, oxycodone, alprazolam, and Adderall are most frequently abused and diverted pharmaceutical drugs in the GC HIDTA.[11] The primary sources for diverted pharmaceuticals are street dealers, friends, family members, and doctor shopping.

II. Availability

Based on results from the Drug Survey, 42 percent of respondents identified CPDs as having increased in availability. Law enforcement continues to report an increase in pharmaceutical-related arrests and seizures.

The enactment of new regulations for pain management clinics in Louisiana has diminished their standing as a major source-of-supply in the state. According to treatment/prevention providers in the region, the majority of their clients obtain prescriptions through family, friends or street dealers. Diversion levels are highest for narcotics (Vicodin, OxyContin) and depressants (Valium, Xanax), while stimulant diversion is considered to be moderate. Steroids are consistently diverted less than the other three drug types in the region. Associated crime and methods of diversion for pharmaceutical drugs include robberies/burglaries, pharmacy theft, doctor shopping, and forged prescriptions. Even though pharmaceuticals are not a leading contributor to violent crime, these diversion methods are commonly encountered across the Gulf Coast and should remain a concern for area law enforcement.

The passing of Louisiana Senate Bill 55 (SB 55) in April 2017 may curb the abuse in Louisiana in the near future. The bill was designed to lower the abuse and diversion of opioid medications like oxycodone. The bill requires that anyone who is licensed to prescribe opioids must enroll in the Louisiana's PDMP. The goal of the bill is to help prescribers identify opioid abusers who may be doctor or pharmacy shopping.

III. 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 diverted pharmaceuticals by law enforcement and treatment professionals.

Seventeen percent of treatment/prevention providers reported that pharmaceuticals are their greatest threat. Forty-one percent of those same respondents indicated an increase in inpatient admissions for CPDs in 2017. More specifically, 40 percent of treatment and prevention professionals indicated an increase in admissions for fentanyl, while 30 percent noted an increase for hydrocodone. The primary wholesale sources for diverted pharmaceuticals are DTOs, pharmacy burglaries, and internet pharmacies, though seventy-five percent of treatment facilitators stated that their clients primarily obtain diverted pharmaceuticals from street dealers. The enactment of new regulations for pain management clinics in Louisiana has diminished their standing as a major source-of-supply in the state.

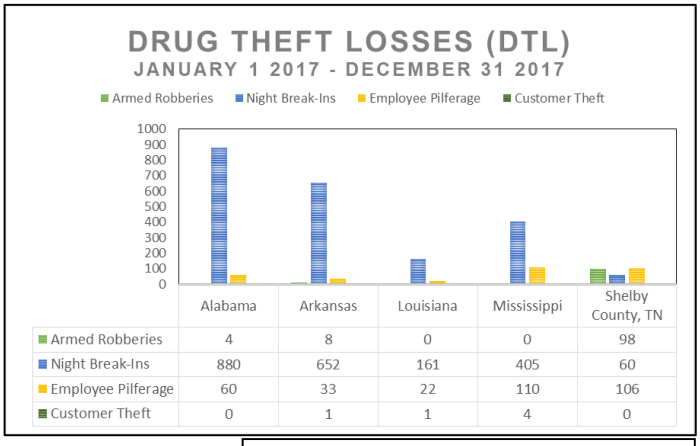
Diverted pharmaceuticals are commonly abused in the GC HIDTA. Hydrocodone, alprazolam, and oxycodone are the primary pharmaceuticals of abuse and misuse in the region according to the Treatment and Prevention Survey. As pharmaceutical use increased, so have emergency room visits, overdoses, and overdose-related deaths. The abuse of pharmaceuticals without knowledge of their side effects and their combination with alcohol accounts for the increase.

Treatment Episode Data Sets (TEDS)				
Other Opiates**				
	Alabama	**Arkansas**	**Louisiana**	**Mississippi**
2012	1,539	2,046	3,024	N/A
2013	1,761	1,987	2,185	834
2014	1,533	1,329	1,290	562
2015	1,895	1,666	997	762
2016	1,487	1,573	749	696

**Other Opiates includes: Non-heroin opiates include methadone, codeine, Dilaudid, morphine, Demerol, oxycodone, and any other drug with morphine-like effects.
*SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).
Based on administrative data reported by States to TEDS through March 13, 2018.

According to TEDS data, the total number of patients seeking treatment at local drug rehabilitation centers for non-heroin opioid addiction (including methadone, oxycodone, hydrocodone, hydromorphone and morphine) decreased in all four states in 2016 (see table).

In order to better track controlled substances reported as lost or stolen, the DEA maintains statistics including armed robberies, night break-ins, employee pilferage, and customer theft reported by registered handlers. The accompanying chart shows the most common form of loss is via night break-ins.



Source: Drug Enforcement Administration

DHE seizures of pharmaceuticals continue with large quantities across the GC HIDTA. 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. Caucasian American DTOs are the most prominent group transporting pharmaceuticals into the GC HIDTA, as well as distributing them on both a wholesale and retail level. Black American street dealers have become more involved in the retail distribution of pharmaceuticals.

IV. Price

A four milligram tablet of Dilaudid in the GC HIDTA may cost as much as $50. A 10 milligram tablet of hydrocodone costs between five and eight dollars. Percocet and Vicodin range between eight and ten dollars per pill. There is no accurate data on the pricing of other controlled prescription drugs.

V. Transportation

The majority of Drug Survey respondents reported the transportation of controlled prescription drugs as remaining the same as last year. Caucasian American DTOs were cited as the primary transporters of CPDs, followed by Black American DTOs. Caucasian American DTOs overwhelmingly control the wholesale and retail distribution of CPDs, with African American and Mexican DTOs distributing to a much smaller extent.

VI. Production

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

F. Cocaine & Crack Cocaine

I. 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 second-most contributors to violent crime in the region. The majority of Drug Survey respondents believe the availability, demand, distribution, and transportation of cocaine is similar to last year.

II. Availability

Cocaine and crack continue to be readily available. Forty-two percent of Drug Survey respondents claim that cocaine and crack have a moderate level of availability while 35 percent rank it as high. Sixty-seven percent report that the availability of cocaine and crack over the past 12 months has remained the same.

III. Use

According to 43 percent of treatment and prevention responders across the region, both powder and crack cocaine use have remained relatively stable in the previous 12 months. Additionally, 51 percent of respondents reported that admissions for both powdered and crack cocaine have stayed the same. Only two percent of treatment/prevention professionals in the GC HIDTA reported cocaine and crack cocaine as the greatest drug threat. 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.

Treatment Episode Data Sets (TEDS)								
	Alabama		**Arkansas**		**Louisiana**		**Mississippi**	
	Cocaine (smoked)	**Cocaine (other route)**	**Cocaine (smoked)**	**Cocaine (other route)**	**Cocaine (smoked)**	**Cocaine (other route)**	**Cocaine (smoked)**	**Cocaine (other route)**
2012	782	313	593	222	1,457	476	N/A	N/A
2013	753	279	N/A	N/A	935	353	N/A	N/A
2014	604	308	286	109	567	206	322	153
2015	596	327	312	187	193	185	408	239
2016	661	323	385	206	378	152	297	232
*SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through March 22, 2018.								

Analyst Note: Current TEDS information is not available for Northwest Florida or Shelby County, TN. Data was gathered on March 22, 2017.

According to Treatment Episode Data Sets (TEDS), the number of patients admitted to licensed or certified drug treatment centers for crack (smoked) abuse increased in Alabama, Arkansas, and Louisiana. There is a decrease in the number of TEDS admissions for Alabama, Louisiana, and Mississippi for powder cocaine. TEDS data for the 2012 and 2013 calendar years are not available for Mississippi. (See table). The Alabama Department of Mental Health reported 2,105 admissions for both powder and crack cocaine in 2017; an increase of 19 percent from the preceding year.

Cocaine in both powder and crack form are readily available in Northwest Florida. It is the second most frequently found drug in the toxicology reports of the three counties and ranked as the second greatest drug threat to the region behind methamphetamine.

IV. Price

The average price for an ounce of powder cocaine in the GC HIDTA is between $700 and $1,800. The average price for a kilogram of powder cocaine is between $22,000 and $38,000. The average price for a rock of crack cocaine is between $10 and $50, whereas a gram may cost between $35 and $150.

V. Transportation

After processing in Columbia, cocaine is smuggled into the United States via Mexico. It is then transported into the GC HIDTA via the SWB and Atlanta. Large quantities are transported into the GC HIDTA primarily by Black American DTOs, with the same group dominating both wholesale and retail distribution. This group is also responsible for converting powder cocaine into crack prior to retail distribution. Information reported to the GC HIDTA Watch Center from HIDTA's Domestic Highway Enforcement (DHE) program indicates that 2,030 pounds of cocaine were seized in 2017 during traffic interdiction activities.

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. The strategy involved the repeated spraying of glyphosate and other chemicals from airplanes. Colombia rolled back the aerial 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. The production of cocaine in the years since has reflected on the increasing amount seized along United States borders. According to EPIC, approximately 18,479 kilograms of cocaine were seized along the United States' Southwest Border in 2017. A nearly twofold increase from the 10,874 kilograms seized in the last year of Plan Colombia in 2014.

VI. Production

Coca is neither cultivated nor produced within the GC HIDTA, but originates in South America.

G. Marijuana

I. Overview

Marijuana remains the most widely available drug in the GC HIDTA. Although marijuana is highly available and widely abused, the GC HIDTA places it as a low threat to the area because of its low propensity for violence. Marijuana, either Mexico-produced or locally grown, is highly available. 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. Domestically grown marijuana can be produced using several methods including indoor, outdoor, and hydroponic grow operations. Because indoor and hydroponically grown marijuana are often more potent and more lucrative than the Mexico-produced marijuana, many local growers have opted for these types of grow operations. High-grade hydroponic, domestic, and Mexican strains are the most popular types of marijuana found in the region. Law enforcement officials in Arkansas frequently encounter shipments of diverted high-grade marijuana originating from the West Coast and Colorado.

II. Availability

Marijuana is the most commonly abused and widely available drug in the region. Fifty-eight percent of respondents from the Treatment and Prevention Survey indicated that marijuana had a high level of use and 80 percent of law enforcement claimed it had a high level of availability in 2017. A further 23 percent believe it has increased in availability over the past 12 months. Using data from the Drug Survey, law enforcement encountered more diverted high-grade hydroponic marijuana than any other type. Domestic and Mexican marijuana were also frequently encountered at a lesser rate.

III. Use

Violent crime is usually not associated with marijuana abuse in the GC HIDTA; however, 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.

In 2016, Arkansas voters passed a ballot measure to legalize medical marijuana. This measure, which is still in the formative stages, will establish a system for the cultivation, acquisition, and distribution of marijuana for qualifying patients through medical marijuana dispensaries. This measure also applied state and local taxes on the sales of medical marijuana and permits voters to ban marijuana dispensaries and cultivation facilities in their municipalities. The law was to be initiated in February of 2018 via issuance of permits to growers and dispensaries, however a local judge has stopped this process due to complications in the issuance of permits. There is great concern within the law enforcement community that the legalization of medical marijuana will result in widespread diversion, as has been noted in Colorado, California, and other states where the drug has been legalized.

On 11 May 2016, the Louisiana legislature passed SB 271, which provides patients with access to medical marijuana. Governor John Bel Edwards signed the bill into law and claimed the program will have a beneficial effect on Louisiana's families. Two further bills have been introduced into the state legislature which aim to expand medical marijuana access for a wider range of disorders. Abuse and availability rates for marijuana will likely increase as a result of this endeavor.

In April 2014, legislators in Mississippi passed a bill legalizing marijuana extract for medicinal use under controlled circumstances. This extract is only available by prescription and dispensed through a University of Mississippi Medical Center pharmacy. The medical center obtains its supply from the University of Mississippi's National Center for Natural Product Research in Oxford, Mississippi. The center grows marijuana for medical research sponsored by the National Institute of Drug Abuse. The law became effective July 1, 2014. Currently medical marijuana is legal in 30 states including Arizona, California,

Massachusetts and New York. Recreational use of marijuana has been legalized in nine states and the District of Columbia.

Fourteen percent of respondents to the Treatment and Prevention Survey reported an increase in admissions for marijuana in the preceding year. Many treatment and prevention personnel across the region also reported that marijuana is used in combination with a host of other drugs. These include, but are not limited to heroin, methamphetamine, MDMA, controlled prescription drugs, and alcohol.

Marijuana abuse transcends all racial, social and economic boundaries in the GC HIDTA. It is not uncommon for marijuana to be used or sold in conjunction with other drugs. According to TEDS data, the number of patients admitted to rehabilitation centers for marijuana abuse declined in Louisiana between 2012 and 2016. Conversely, Alabama, Arkansas, and Mississippi recorded an increase in admissions between 2014 and 2016.

Treatment Episode Data Sets (TEDS)				
Marijuana				
	Alabama	**Arkansas**	**Louisiana**	**Mississippi**
2012	2,387	2,233	2,345	N/A
2013	2,426	1,940	1,621	1,183
2014	2,187	1,414	1,238	1,084
2015	2,780	2,253	1,020	1,479
2016	3,020	2,597	584	1,671

*SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by states to TEDS through March 13, 2018.

IV. Price

The price of marijuana can vary depending on the quality of the plant, the potency of the strain, where it was produced, and whether it is in flower, wax, oil, or edible form. In the flower form, the price for an ounce of BC Bud in the Gulf Coast region may cost between $350 and $500, whereas a pound may cost $3,500 to $5,000. An ounce of domestic marijuana costs between $50 and $500 and a pound between $400 and $4,500.

An ounce of Mexican marijuana retails between $50 and $150 and a pound from $400 to $900. High-grade medicinal marijuana varies greatly across the region.

V. Transportation

Twenty-two percent of Drug Survey respondents recorded an increase in the transportation of marijuana since 2016. Black American DTOs are the primary transporters, wholesale and retail distributors of marijuana in the region.

The Department of Homeland Security's Blue Lightning Operations Center/GC HIDTA Watch Center (BLOC) reported that interdiction officers along GC HIDTA interstates seized 11,243 pounds of marijuana for CY 2017. Marijuana is the most commonly seized drug in Domestic Highway Enforcement encounters.

VI. Production

Violent crime is usually not associated with marijuana abuse in the GC HIDTA; however 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.

Marijuana, both Mexico-produced and locally grown, is highly available in the GC HIDTA. Domestically grown marijuana is cultivated utilizing different methods, such as indoor, outdoor and hydroponic grow operations. Since indoor and hydroponically grown marijuana are more potent and therefore more lucrative than the Mexico-produced marijuana, many local growers have opted for these types of grow operations.

Although not indigenous to the region, marijuana is grown in all states within the GC HIDTA. The region's temperate climate enables marijuana cultivators to easily grow cannabis that can be intermixed with other

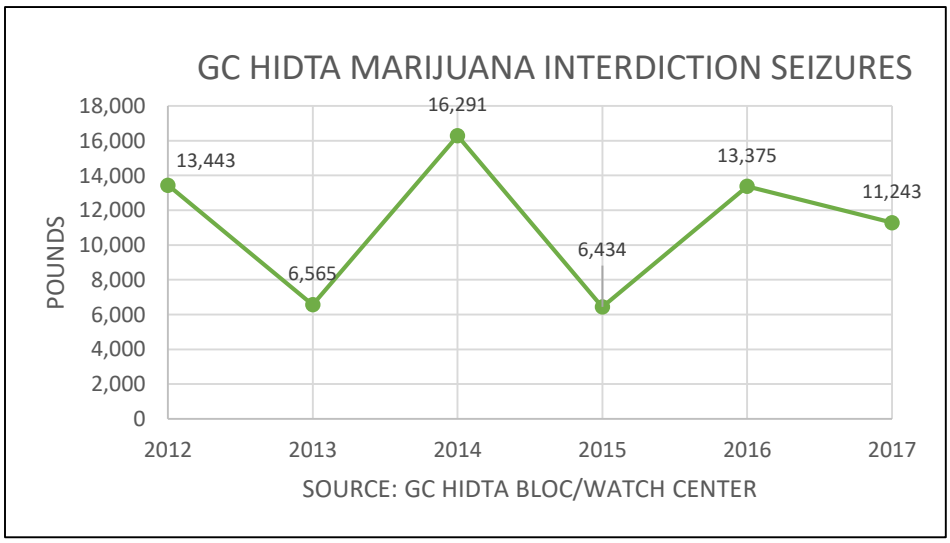
crops to deter detection by law enforcement. Cannabis producers continue to cultivate in national forests, parks, and on other public land in an attempt to avoid detection and seizure of personal property.

Similarly, 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. 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.

In 2017, GC HIDTA initiatives seized approximately 11,243 pounds of marijuana via highway interdiction efforts. The Alabama DCE/SP reported the eradication of 8,974 outdoor plots of land used for growing marijuana and 3,608 plants in 2017. Louisiana State Police seized or purchased 701 plants in 2017; a decrease of 275 from the previous year.[12] Arkansas' Domestic Cannabis Eradication and Suppression Program (DCE/SP) reported 62,320 plants eradicated throughout the state in 2017; up from 14,726 in 2015. Mississippi Bureau of Narcotics' (MBN) Domestic Cannabis Eradication/Suppression Program seized approximately 20,182 marijuana plants, valued at approximately $20 million, on a six acre plot of land in Jefferson Davis County, MS in 2017. MBN reported the seizure as the largest outdoor grow found in the state in over 35 years.

There was a decrease in the amount of marijuana seized during Domestic Highway Enforcement interdiction stops within the GC HIDTA in 2017, as noted in the following data:



H. New Psychoactive Substances

I. Overview

Synthetic cannabinoids and cathinones are chemically infused herbal mixtures aimed at mimicking the effects of marijuana, LSD, and stimulants; the abuse of which remains a threat to the GC HIDTA. Users commonly dub these drugs as "synthetic marijuana" or "bath salts". These products have risen in popularity since their debut in 2008, particularly between the ages of 12-29. Sold as herbal incense, products such as K2, Spice, Genie, and Mojo are readily available in head shops and convenience stores throughout the region. Of the treatment facilities surveyed, 14 percent report a high level of abuse over the past 12 months, while 18 percent reported moderate abuse over the same time period.

Spice is a well-known brand of synthetic cannabinoid products.

II. Availability

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 compounds 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. The majority of the Drug Survey respondents reported the availability of NPSs as low. Forty-one percent of respondents reported MDMA's overall availability as moderate and the majority claim MDMA's availability is about the same as last year.

III. Use

Also referred to as designer synthetic drugs, new psychoactive substances (NPSs) are said to have no legitimate industrial or medical use. 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 methamphetamine, MDMA, or cocaine. Synthetic phenethylamines mimic popular hallucinogens and can be found in powder and liquid forms. The most notable versions of synthetic phenethylamines are "N-bomb" and "Smiles."

Product inconsistency poses another 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. Abusers dangerously expose their physical and mental health when consuming these unregulated and illegal substances. During the spring of 2015, public health and law enforcement officials in Montgomery, Alabama were confronted with a public health crisis when a bad batch of spice was distributed across the metropolitan area. An explosion of emergency calls and more than 50 patients were treated for overdose episodes after ingesting the synthetic cannabinoid spice.

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 PCP 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.

Twenty-two percent of treatment and prevention professionals recounted an increase of synthetic drug admissions in the previous twelve months. The majority (39 percent) of Drug Survey respondents stated the demand for NPSs has remained the same as last year.

IV. Price

Synthetic cannabinoids range between $10 and $30 per package and the price depends on the potency or formulation of the batch.

V. Transportation

Caucasian American DTOs are the primary transporters, wholesale and retail distributors of new psychoactive substances within the GC HIDTA.

MDMA, also known as ecstasy, is most commonly transported into the region by Caucasian American DTOs. The wholesale and retail distribution of the substance is also predominantly controlled by Caucasian American DTOs. A different form of ecstasy known as “Molly” has gained popularity in recent years. Even though MDMA is the most widely abused and widely seized NPS in the GC HIDTA, area law enforcement personnel remain vigilant in their efforts to combat other synthetic drugs such as PCP, LSD, GHB, and GBL.

VI. 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-methylenedioxypyrovalerone, 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. It is often used in combination with heroin, cocaine, or fentanyl to increase their overall potency. Acting as an extremely powerful analgesic, it is approximately 100 times more potent than fentanyl and 10,000 times stronger than morphine. Although W-18 is not an opioid, its effects are described as being similar to various opiates and opioids. Detecting W-18 during autopsies is a challenge because it is difficult to determine the patterns of use in overdose victims.[13]

I. Drug Transportation Methods

The GC HIDTA region experiences all drug smuggling and transportation methods including air, roadway, package distribution services, railway, and marine. Therefore, it is essential to explain each category and its impact on the region. The majority of the Gulf Coast region is both rural and agricultural. The abundance of interstate highways includes major drug corridors such as I-10, I-12, I-20, I-30, I-40, I-49, I-55, I-59, I-65, I-85 and several U.S. highways ideal 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 international airports, extensive general aviation airports, and many private airstrips allowing DTOs the opportunity to smuggle via small and private aircraft. The GC HIDTA includes over 8,000 miles of coastline and 5.3 million acres of swamp. Thousands of miles of navigable lakes, rivers, and bayous allow ample accessibility to various types of watercraft and limited accessibility to cars or trucks. Drug traffickers 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.

Land Threat

Drugs Seized	Amount Seized (lb. /units)
Heroin	123 lbs.
Cocaine	2,030 lbs.
Marijuana	11,243 lbs.
Methamphetamine	1,227 lbs.
Tabs (Dosage Units)	243,637
Fentanyl	51 lbs.
Currency	$24,427,043

Drugs removed from the marketplace in 2017 by law enforcement along interstates and highways as reported to the BLOC/HIDTA Watch Center.

Despite the real and potential threat from marine and air smuggling, the most significant threat to the GC HIDTA is the use of the Interstate Highway System by DTOs. Overland transportation utilizing private and commercial vehicles is the most commonly encountered smuggling method in the GC HIDTA. DTOs are most successful utilizing commercial vehicles to transport contraband in large quantities. Drugs originating from the SWB are transported through the GC HIDTA to destinations throughout the United States. This is indicated by the number and size of HIDTA DHE seizures in the past year.

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 and I-65. Most domestic highway interdiction 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. Trains, buses, and postal services are also utilized to transport drugs through the GC HIDTA. Each type of conveyance provides drug traffickers tremendous latitude for concealing contraband.

Intelligence gap: The reporting of domestic highway enforcement successes is fragmented because 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 (NSS).

Express Mail/Parcel Post

The second most common mode of drug transportation by DTOs is via mail carrier services. 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 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 Alabama Mobile/Baldwin Street Enforcement Team in Mobile, Alabama.

Federal Express Hub

The Federal Express (FedEx) hub in Memphis, TN opened in 1973. Currently it encompasses a five-mile perimeter with slots for 175 aircraft and 42 miles of conveyer belts. Almost four-million packages move through the facility daily. Drugs of all types and U.S. currency are commonly shipped in Federal Express packages. In addition, hundreds of pounds of marijuana, cocaine, diverted pharmaceuticals, and other drugs were intercepted by law enforcement.

Interdiction agents at the FedEx hub noted diverted medical marijuana as the most frequently seized substance in 2017. Department of Homeland Security personnel at the hub reported 2,198 drug seizures in 2017; up from the 516 seizures in 2016.[14]

FedEx Hub Drug Seizures 2017

Drug	Amount (Kg)
Cocaine	386.9
Fentanyl & Analogues	31.16
Heroin	30.75
Khat	1,399.80
Marijuana	296.54
MDMA	15.15
Methamphetmaine	347.72
Pill Press	4
Currency	$1,301,146.00

Source: 2019 Shelby County, TN Threat Assessment.

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 is a low cost/low risk method. Luggage often goes unsearched and is not required to be tagged with owner identification. Therefore, a traveler can 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 personnel 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 operating within the region. Many smaller, independent charter companies enter the Gulf Coast from bordering states transporting tourists into the area. For example, Shreveport receives carriers from Texas via I-20 as well as carriers from Mississippi and Arkansas. On the other hand, Lake Charles and Lafayette receive traffic from Houston on I-10.

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 domestic highway enforcement 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.

Air Threat

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 and are prime locations for drug smuggling activities. The 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 (AMOC), a unit within U.S. Customs and Border Protection (CBP), many private and small commercial air craft travel from Texas and other 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. In addition, aircraft are used to transport illegal aliens from the SWB to communities located within the GC HIDTA. As law enforcement aggressively pursues highway interdiction, the smuggling of illicit drugs and illegal aliens via aircraft is likely to increase.

There are eight international airports within the GC HIDTA that 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. Of the eight internationally designated airports, two are in Alabama (Birmingham and Huntsville), two in Louisiana (Alexandria and New Orleans), and two in Mississippi (Gulfport/Biloxi and Jackson). The Arkansas International Airport is part of the Arkansas Aeroplex, a multi-modal transportation facility. It should be noted that some Arkansas residents conduct their travel via the Memphis International Airport in Memphis, TN.

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 U.S., 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. Traffickers use private aircraft to smuggle drugs from Mexico into Baton Rouge and the Lake Martin area in Louisiana.

There are currently direct international flights arriving and departing from London, England, Panama City, Panama, and Toronto, Ontario, Canada to the Louis Armstrong New Orleans International Airport as well

as seasonal direct flights to Cancun, Mexico, Frankfurt, Germany, and Punta Cana, Dominican Republic. 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 US.

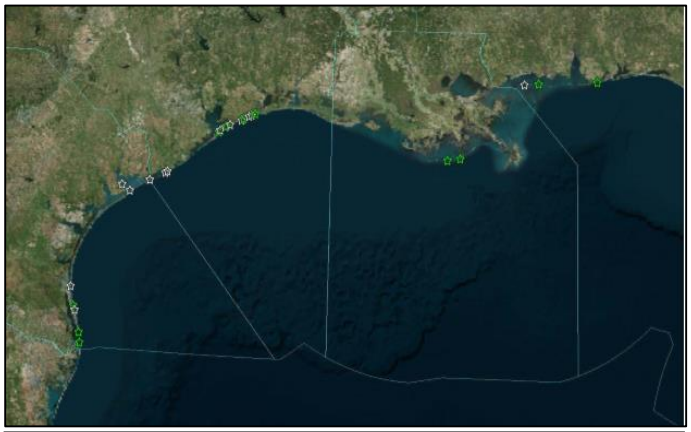
Marine Threat

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 U.S. foreign waterborne commerce. The numerous ports in Louisiana receiving commerce every day from source countries coupled with the 233 miles of the Mississippi River within the New Orleans and Baton Rouge areas 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, and one Royal Caribbean 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 cruise ship terminals in foreign ports make it easy for passengers to purchase pharmaceuticals at a cheaper rate and without a prescription then transport the drugs into the U.S. These ships depart the Port of New Orleans weekly, increasing the threat of counterfeit pharmaceuticals smuggled into the U.S. from the international ports of call by not only passengers, but crew members as well.

Two Mississippi River cruise lines currently travel the upper and lower Mississippi River offering seven-night river cruises year round. The American Cruise Line operates two ships offering a seven-night trip. The American Queen Steamboat Company operates the American Queen riverboat and offers five and nine-night river cruises. Mississippi River cruises may offer an inconspicuous avenue to transport illicit drugs and bulk cash to other states that border the river. Mexican DTOs are using 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 U. S. and there are 138 public and private port facilities within its jurisdiction.

Drug smuggling activities within our maritime domain are primarily destined to the south shores of Texas and the Louisiana coastline. This illicit activity remains significantly underreported due to lack of collection emphasis and human sources. During 2017, there were four coastal drug wash-ups in the Louisiana, Mississippi, and Alabama area of responsibility. Three of the four wash-ups were marijuana bales and the other was one kilogram of cocaine. There were 19 wash-ups reported around the Texas shoreline for 2017. Fifteen of those were cocaine packages and four were marijuana bales.



FY 2017 drug wash-up locations. Green Icons represent marijuana, white icons represent cocaine. Source: U.S. Coast Guard Intelligence.

Individuals smuggle drugs via the Gulf of Mexico using cargo ships from Mexico, Colombia, Peru, Honduras and Venezuela; cruise ships from Jamaica; commercial fishing boats from the United States and Mexico; and recreational fishing boats from the United States. 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 Homeland Security Investigation (HSI) Border Enforcement Security Task Forces (BESTs) were established to organize a partnership among the Department of Homeland Security (DHS) and other federal and local law enforcement agencies along the Mississippi River and the central Gulf Coast regional maritime environment. There are three BESTs in the HSI Special Agents in Charge's (SAC) New Orleans area of responsibility: HSI New Orleans BEST, HSI Gulfport BEST, and HSI Mobile BEST. Collaborative participation by federal, state, and local law enforcement assists HSI agents in aggressively investigating criminal activity and security threats relating to the maritime and intercostal environment.

It is highly probable that Transcontinental Criminal Organizations (TCOs) will seek to exploit the Panama Canal expansion to increase drug smuggling into U.S. ports along the Gulf of Mexico. The Panama Canal expansion, completed in June of 2016, is expected to more than double the amount of twenty-foot equivalents (TEUs) entering Gulf of Mexico ports due to the canal's new capacity of traversing larger cargo ships. The low risk and costs of moving illicit goods using TEUs coupled with the expected doubling of container volumes will likely be an attractive option for TCOs to move drugs into Gulf of Mexico ports. This confidence statement may increase if intent or activity is confirmed through intelligence or investigative reporting.

Intelligence gap: DHS is unaware of further details on the drug smuggling activities of TCOs for both land and maritime domains within the Gulf Coast. This is due to a lack of intelligence sources reporting specific smuggling routes or patterns.

V. Drug Trafficking Organizations

A. Overview

There are numerous drug trafficking and money laundering organizations operating within the Gulf Coast High Intensity Drug Trafficking Area. These groups utilize a variety of lucrative methods to further their criminal activities and, ultimately, their profits.

B. International DTOs

Mexican Drug Trafficking Organizations

Mexican drug trafficking organizations remain the greatest criminal drug threat to the GC HIDTA. They are primarily responsible for the importation and transportation of illicit and diverted drugs throughout the Gulf Coast region. The proximity of the Southwest Border 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. Southeastern Louisiana is heavily influenced by the Beltran-Leyva Organization (BLO), Sinaloa, and Gulf Cartels.[15] The Little Rock, Arkansas area is primarily influenced by the BLO, while the Sinaloa Cartel exerts control over Memphis, TN and Jackson, MS.

International DTOs Identified by the Gulf Coast HIDTA in 2017	
Characteristics	
Total International DTOs	38
Asian	2
Black American	26
Caucasian American	17
Hispanic (non-Mexican)	16
Mexican	41
Multi-ethnic	44
Average DTO Size	8.1
Total Members (Leaders)	1216 (221)
Gang Related	0
Violent	15
Poly-drug	34
Money Laundering Activities	7
Federal Case Designations	
OCDETF	35
CPOT	3
RPOT	2
PTO	12

Data retrieved from HIDTA PMP 17 April 2018.

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

Mexican DTOs play a significant role in the transportation of cocaine, non-pharmaceutical fentanyl, heroin, marijuana, and methamphetamine into the GC HIDTA. They are ranked within the top three contributors to the wholesale distribution of methamphetamine, heroin, marijuana, fentanyl and other opioids, cocaine, MDMA, Hallucinogens, and controlled prescription drugs. 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 U.S. 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, personal, and rental vehicles, Mexican DTOs attempt to diversify their smuggling tactics to minimize law enforcement seizure.

C. Multi-state/Regional DTOs

Caucasian American Drug Trafficking Organizations

Caucasian American DTOs are responsible for more poly-drug distribution than any other group in the Gulf Coast HIDTA. Their operations are widespread and they are involved in every step of the transportation, wholesale, and retail distribution process. They vary in their organizational abilities and willingness to commit violence. Caucasian American DTOs utilize air, land, marine, and parcel delivery services to transport drugs.

Caucasian American DTOs are the primary transporters of controlled prescription drugs, fentanyl, other opioids, hallucinogens, heroin, MDMA, methamphetamine, and NPSs in the region. They are also the primary wholesale and retail distributors of controlled prescription drugs, fentanyl, other opioids, hallucinogens, MDMA, meth, and NPSs. Comments from the Drug Survey report that a growing number of Caucasian males are establishing contacts in Colorado in order to procure high-potency marijuana that can be shipped in the mail.

Multi-State DTOs Identified by the Gulf Coast HIDTA in 2017

Characteristics	
Total Regional DTOs	102
Asian	5
Black American	165
Caucasian American	66
Hispanic (non-Mexican)	25
Mexican	12
Multi-ethnic	46
Average DTO Size	7
Total Members (Leaders)	2279 (431)
Gang Related	0
Violent	41
Poly-drug	95
Money Laundering Activities	4
Federal Case Designations	
OCDETF	57
CPOT	4
RPOT	3
PTO	15

Data retrieved from HIDTA PMP 17 April 2018.

Black American Drug Trafficking Organizations

According to the Drug Survey, Black American DTOs are the primary transporters of cocaine and marijuana into and throughout the GC HIDTA. They are the primary wholesale distributors of cocaine and marijuana, and are involved in the wholesale distribution of controlled prescription drugs, fentanyl, hallucinogens, heroin, MDMA, methamphetamine and NPSs to a lesser extent. Black American DTOs dominate the retail distribution of cocaine, heroin, and marijuana. In recent years, Black American DTOs have expanded their operations to include the distribution of large quantities of MDMA/Molly and are becoming more involved in methamphetamine trafficking.

Based on numerous cases investigated by HIDTA task forces in Southeastern Louisiana, many Black American traffickers obtain multi-pound quantities of Columbian 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.

Black American drug trafficking organizations 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 Drug Trafficking Organizations

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. Asian DTOs are most notably involved in MDMA (also known as ecstasy) and marijuana drug trafficking operations. Asian DTOs are also highly entrenched in money laundering activities, gambling, and prostitution. Typically, these groups will recruit Asian Americans. This allows them to blend into immigrant communities to exploit U.S. drug markets.[16]

Asian DTOs have historically run indoor marijuana grow houses in residential areas and are significantly involved in grow operations in the region. Often times they learn growing techniques and procedures by spending time in California and Colorado. Asian DTOs continue to transport and distribute MDMA and marijuana, though at lower levels than Caucasian American and Black American DTOs.

Outlaw Motorcycle Gangs (OMGs)

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 Hells Angels, Bandidos, and Sons of Silence. Due to their organizational structure, secrecy among members, and security, these OMGs are difficult to penetrate. Law enforcement sources indicate OMGs operating in the GC HIDTA are involved in the distribution of illicit drugs; primarily cocaine, 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.

The Bandidos have chapters in Baton Rouge, Louisiana; Birmingham, Alabama; Biloxi/Gulfport, Mississippi; Huntsville, Alabama; Jackson, Mississippi; Houma, Louisiana; Lafayette, Louisiana; Lake Charles, Louisiana; Little Rock, Arkansas; Minden, Louisiana; Mobile, Alabama; Montgomery, Alabama; New Orleans, Louisiana; and Shreveport, Louisiana. Galloping Goose have chapters in New Orleans and Houma, Louisiana. Hells Angels established a start-up chapter in Jacksonville, Arkansas. LA Riders have chapters in New Orleans, LA. The Tri-Parish chapter includes Lafourche, Terrebonne, and Assumption Parishes. Pistoleros are a support club for the Bandidos with chapters in Birmingham, Alabama; DeSoto County, Mississippi; Dothan, Alabama; Forest County, Mississippi; Harrison County, Mississippi; Hinds County, Mississippi; Huntsville, Alabama; Jasper, Alabama; Lauderdale County, Mississippi; Mobile, Alabama; and Montgomery, Alabama. The Sons of Silence have chapters in Baton Rouge, Louisiana; Lake Charles, Louisiana; Little Rock, Arkansas; New Orleans, Louisiana; and Minden, Louisiana.[17]

Aryan Brotherhood

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 of mostly young Caucasian males.

D. Local DTOs

Street Gangs/Neighborhood Criminal Organizations

All major metropolitan areas in the GC HIDTA have reported some street gang activity. While these gangs may not be as highly organized as those operating in larger cities such as Chicago, Los Angeles or New York, they are no less dangerous or violent. Most street gangs are loosely-affiliated criminal organizations in the larger metropolitan areas of Birmingham, AL; Jackson, MS; and New Orleans, LA. 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 gangs are independent and have no affiliation to larger groups or national gangs. They are typically responsible for their own operations. Members of local street gangs typically distribute cocaine/crack, heroin, and marijuana, but are increasingly distributing methamphetamine and MDMA.

Local DTOs Identified by the Gulf Coast HIDTA in 2017	
Characteristics	
Total Local DTOs	74
Asian	3
Black American	104
Caucasian American	54
Hispanic (non-Mexican)	10
Mexican	5
Multi-ethnic	40
Average DTO Size	6.9
Total Members (Leaders)	1526 (298)
Gang Related	0
Violent	23
Poly-drug	67
Money Laundering Activities	0
Federal Case Designations	
OCDETF	22
CPOT	1
RPOT	0

Data retrieved from HIDTA PMP 17 April 2018

National street gangs operating within the GC HIDTA include the Gangster Disciples in Mississippi and Alabama. Several gangs utilize the Crip name such as the Brownsville Crips in Lake Charles, LA. The Memphis, TN area maintains a strong gang presence with approximately 182 gangs and 8,400 gang members. Major gangs in the area include Gangster Disciples, Crips, Bloods, and Vice Lords. Also present are the Latino gangs including the La Raza Nation, MS-13, Mexican Mafia, Latin Eagles, Maniac Latin Disciples, and the Latin Kings.

Gangs in Shelby County, TN occupy high-crime areas of the county, although their presence is felt county-wide. They participate in drug trafficking, sex trafficking, and counterfeiting of monetary instruments as their means of financial support. The majority of drug investigations conducted by Shelby County law enforcement have a gang nexus.

Law enforcement in Jackson, MS report that 1,200 members of various gangs reside in the area, with an age range between 13 and 28. A troubling new trend seen in the GC HIDTA area is gang members enlisting in the military. By enlisting, members get military combat training among other skills that can be brought back to the gang and taught to other members.[18]

VI. Money Laundering Organizations

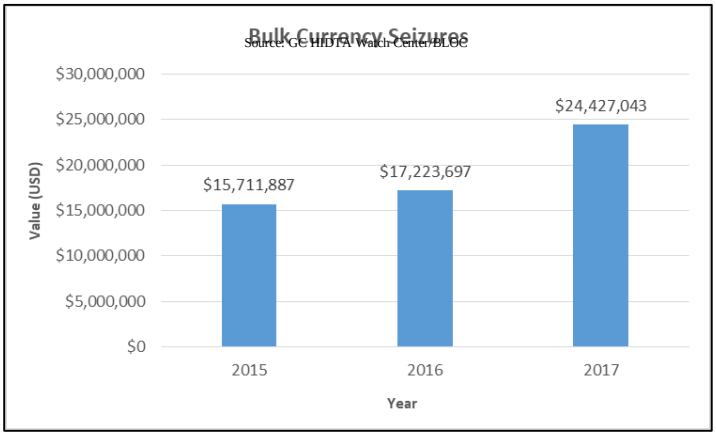
Many drug trafficking organizations in GC HIDTA have now adopted a variety of money laundering techniques in an attempt to legitimize their profits. Some of these techniques include the use of gambling casinos, real estate, and restaurants. Although a variety of money laundering activities were reported in the Gulf Coast region during 2017, no independent MLOs were identified, dismantled, or disrupted. However, a number of dismantled or disrupted DTOs contained money laundering components.

The ultimate goal of DTOs is monetary gain. 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 highway enforcement efforts in an attempt to thwart bulk currency movement activities by trafficking organizations. Through aggressive and successful law enforcement campaigns, DTOs have been greatly impacted. Nonetheless, money laundering remains a significant threat in the GC HIDTA. The threat is primarily due to the continued DTO operations in the area. These organizations have recognized the area's diverse money laundering possibilities and attempt to exploit them through a variety of lucrative methods.

Money Laundering Techniques Used by Traffickers in GC HIDTA

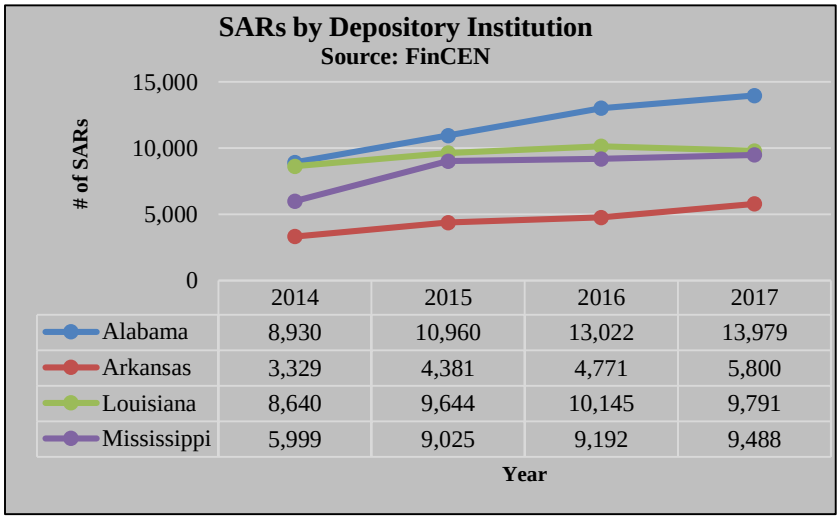
Method	Percent Indicating Yes
Bulk Cash Movement	51
Money Services Businesses	18
Bank Structuring[19]	17
Informal Value Transfer Systems[20]	7
Prepaid Cards	33
Real Estate	5
Front Companies	15
Trade Based	5

Source: 2019 GC HIDTA Drug Survey Responses



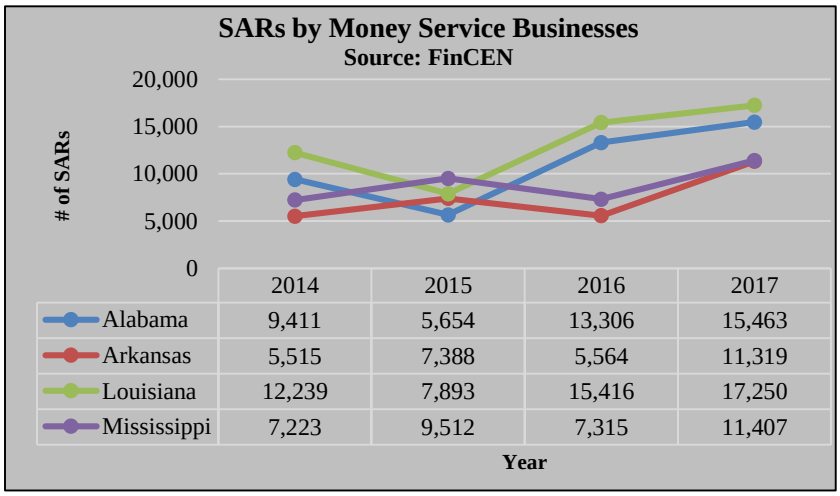
Since most drugs distributed in the GC HIDTA originate outside its borders, trafficking organizations must find efficient and ingenious methods to transfer illicit proceeds to their sources of supply. Most Mexican DTOs use bulk currency shipments as their primary method of repatriating drug proceeds to their home country. A cottage industry has evolved to service these organizations. They have developed sophisticated methods of concealment in mechanically operated hidden compartments in personal and commercial vehicles to hide drugs and proceeds. These organizations 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) and Currency Transaction Reports (CTRs) (see chart). 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.



	2014	2015	2016	2017
Alabama	8,930	10,960	13,022	13,979
Arkansas	3,329	4,381	4,771	5,800
Louisiana	8,640	9,644	10,145	9,791
Mississippi	5,999	9,025	9,192	9,488

Other money laundering techniques uncovered in the region include structuring of currency transactions through legitimate banking institutions known as "smurfing," the use of commercial businesses such as check cashing establishments, pawn shops and casinos; purchases of real estate including automotive detail shops, liquor stores, record stores, restaurants, beauty salons, and the utilization of courier services.[21] 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. Even though casinos and gambling provide an advantageous money laundering environment, 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 $2000 to circumvent reporting requirements.[22]

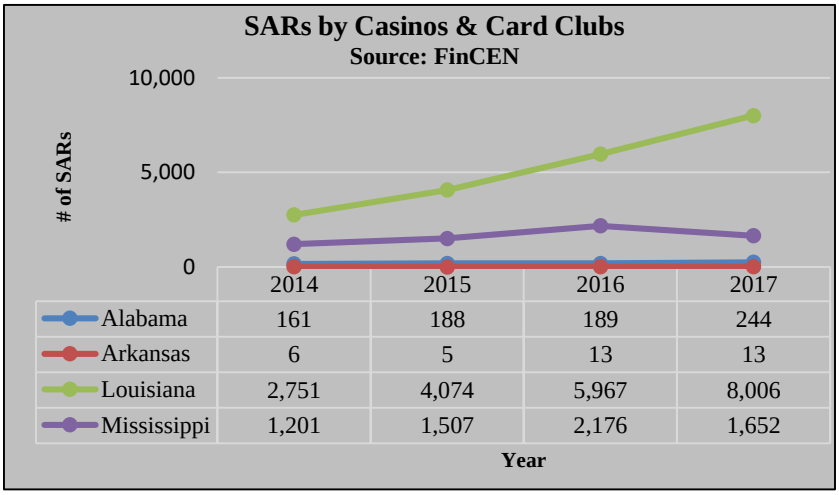


	2014	2015	2016	2017
Alabama	9,411	5,654	13,306	15,463
Arkansas	5,515	7,388	5,564	11,319
Louisiana	12,239	7,893	15,416	17,250
Mississippi	7,223	9,512	7,315	11,407

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.

The Gulf Coast has a large fishing/seafood, shipping, and tourism industry; as well 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. In addition, the GC HIDTA has major interstates, highways, airports, and seaports that are used as drug trafficking routes and a coastline that provides easy access without detection. 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.



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. On numerous occasions, casino security members have notified law enforcement authorities of individuals suspected of money laundering via casinos.

VII. Forecast

The GC HIDTA serves as an attractive area for DTOs due to its strategic proximity to the Southwest Border, 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 and consumption of drugs and its related violent crime pose major problems to both urban and rural communities throughout the GC HIDTA.

Methamphetamine remains the greatest drug threat in the GC HIDTA. 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. Beyond urban areas, fentanyl and its analogues pose an increasing threat as its supply is readily available from foreign manufacturers. Mail carrier services are likely to encounter fentanyl and its analogues at a similar rate to 2017 as the Dark Web connects producers in China with American consumers. High numbers of heroin and synthetic opioid overdoses, as well as naloxone administrations, are likely to continue due to the increasing use of fentanyl-based additives and adulterants in powder and pill form. Heroin use is likely to remain high in the Gulf Coast's urban areas because of its increased availability and transportation into the region. The abuse of CPDs is likely to continue at a rate similar to 2017, although recent legislation such as Louisiana SB 55 may reduce CPD availability. Cocaine will remain a moderate threat to the GC HIDTA and a major contributor to violent and property crime. Marijuana continues to be the most highly abused and widely available drug in the GC HIDTA. Increasing legalization efforts throughout the GC HIDTA, as well as Arkansas and Louisiana's passing of medical marijuana will further escalate abuse and availability rates. It is likely that the abuse of new psychoactive substances will remain at a low to moderate rate. Spice and other synthetic drugs will remain a low to moderate threat while manufacturers continue to alter the molecular structure of these substances to circumvent legal restrictions.

Treatment and prevention facilitators mirror the concerns of law enforcement regarding the drug trends within the Gulf Coast region. Respondents to the GC HIDTA Treatment and Prevention Survey reported high abuse of marijuana, CPDs, heroin, and methamphetamine. Treatment and prevention professionals in Alabama, Louisiana, and Mississippi report heroin as the most significant threat. Fentanyl and other opioids are considered the primary treatment and prevention threats in Northwest Florida and Shelby County, TN. Illegal drug abuse will continue to affect a younger consumer base as a variety of drugs are marketed towards teenagers and children; particularly marijuana and THC-based products.

Mexico-based poly-drug organizations are the main suppliers of methamphetamine, 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. Atlanta, Houston, and New Orleans will remain source cites for illicit drug trafficking to certain areas of Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee. 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-grade marijuana from west coast states. Thousands of pounds are seized through interdiction efforts alone. In addition to the physical threat posed by marijuana entering the region, many trafficking organizations, gangs, and

individuals have received informal training and hands on experience from grow operations in states with legalized marijuana. This knowledge is then implemented in clandestine grow operations within the GC HIDTA and contributes to the increasing availability of high-grade marijuana. The popularity of the Dark Web enables drug users and mid-level distributors to purchase fentanyl analogues. The seizure of Carfentanil at a post office in Metairie, LA in 2017 demonstrates how dangerous drugs can be delivered virtually anywhere.

PDMP Data for the Gulf Coast HIDTA			
	Arkansas - Pills Sold	**Mississippi - Prescriptions Written**	**NW Florida - Prescriptions Written**
2012	N/A	N/A	194,144
2013	N/A	N/A	209,754
2014	N/A	N/A	221,639
2015	22,000,000*	658,617	237,112
2016	28,095,936	702,258	N/A
2017	N/A	724,793	N/A
2018	N/A	209,826*	N/A

*Arkansas' 2015 PDMP did not have the total number of prescriptions. The number provided is the result of calculating the total based on one of the known percentages.

In the shadow of the opioid epidemic lies an increasing number of people abusing stimulants. A look at history suggests a surge in the popularity of stimulant drugs that is similar to the crack cocaine epidemic of the 1980s and 1990s. Of the 67,000 drug – related deaths in the United States due to drug overdoses in 2017, approximately 18,000, or 27 percent, involved prescription or illicit stimulants.[23] Although the combined total deaths for cocaine and methamphetamine are less than fentanyl and its analogues, stimulant deaths have risen abruptly over the past few years. Florida is one of a growing number of states beginning to see the effects of stimulant abuse surface. Florida's 2016 Medical Examiners Commission Drug Report stated that cocaine was cited as the cause of death in more drug-related fatalities than any other substance.[24] Stimulant abuse in the GC HIDTA is also on the rise. Using the information from each state's prescription drug monitoring programs (PDMP), Arkansas, Mississippi, and Northwest Florida are all experiencing a rise in the number of stimulant-based prescriptions written by physicians. Approximately 22,000,000 dextroamphetamine/amphetamine pills were dispensed in Arkansas during 2015. This number increased to 28,095,936 pills in 2016. Mississippi experienced a consecutive increase in the number of stimulant prescriptions written between 2015 and 2017; with preliminary data for 2018 following the trend. Mississippi's PDMP data indicates that stimulants are the second most prescribed substance in the state. For Escambia, Santa Rosa, and Okaloosa Counties in Northwest Florida, their combined stimulant prescription rates steadily increased from 194,144 in 2012 to 237,112 in 2015.[25] Trends in stimulant use are not going unnoticed in the treatment community. The absence of approved medication treatments for cocaine and other stimulants adds to the concern about the implications of a worsening problem. When looking at SAMHSA's Treatment Episode Data Sets (TEDS) data for the Gulf Coast states, amphetamine admissions to treatment facilities show a dramatic increase from 2014 to 2015. Admissions for cocaine also increased in Alabama, Arkansas, and Mississippi.

VIII. Appendices

A. Methodology / Source Considerations

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 the states of Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee. State police agencies are responsible for the production of their respective state threat assessment including the drug situation in each state's designated HIDTA counties/parishes.

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, Network Coordination Group (NCG) compiles and edits the agency's draft documents into a comprehensive regional threat assessment that encompasses all GC HIDTA counties/parishes and the six-state area as a whole.

Each year, threat assessment teams are led by the GC HIDTA ISN, the Alabama Law Enforcement Agency, the Arkansas State Police, the Louisiana State Police, the Mississippi Bureau of Narcotics, Pensacola DEA, and Shelby County Sheriff's 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.

Please refer to Appendix I and Appendix II to review the agency survey respondents. Appendix III and IV contain drug notes. Appendix V identifies the availability of individual drugs as indicated by survey respondents.

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.

The GC HIDTA Executive Board grants final approval of the regional threat assessment. It is then forwarded to the Office of National Drug Control Policy (ONDCP). The GC HIDTA Threat Assessment adheres to the guidelines set forth by ONDCP.

The 2019 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.

As in previous years, the threat assessment encompasses events during the previous calendar year.

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

El Paso Intelligence Center (EPIC) Domestic Drug Pricing Report: EPIC is a multiagency intelligence center that offers tactical, operational, and strategic intelligence support to law enforcement organizations of all levels. EPIC provides information to law enforcement on international and domestic drug trafficking, alien smuggling, weapons trafficking, bulk currency movement and other criminal investigations.

EPIC National Seizure System (NSS) – 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 Drug Survey is distributed to a variety of law enforcement agencies and first responders across the AOR. This allows the GC HIDTA to capture information pertaining to specific drug threats, drug-related violence and crime, smuggling, distribution, DTOs, and MLOs. 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) Data: A database is used to record and maintain information related to drug trafficking organizations (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 HIDTA region. The HIDTA funded task forces and 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, including when a DTO/MLO has been disrupted or dismantled, are also regularly updated.

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 Examiner's reports to Watch Center/Blue Lightening Operations 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.
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 all 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: National Drug Control Policy: A component of the Executive Office of the President, the Office of National Drug Control Policy (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.

B. Appendix I: Agencies Participating in the 2019 Gulf Coast HIDTA Drug Survey

10th Judicial District Drug Task Force
12/21st Drug Task Force
12th Judicial District Drug Task Force
13th DTF
14th Drug Task Force
14th Judicial District Drug Task Force
16th Judicial District DTF
17th Circuit Drug Task Force
18th West Drug Task Force
18th West DTF
1st District Drug Task Force
1st Judicial District DTF
1st Special Ops Security Forces
20th Judicial District Drug Crime Task Force
20th Judicial District Drug Task Force
20th Judicial DTF
25th Judicial District DTF
3rd District Drug Task Force
4th Judicial District Drug Task Force/Fayetteville PD
5th Judicial District Drug Task Force
5th Judicial Drug Task Force
7th Judicial Major Crimes Unit
8th Judicial South Bi State Narcotics Task Force
Abbeville police department
Addis PD
ADPH
Air Force Office of Special Investigations
Alabama Department of Corrections
Alabama Law Enforcement Agency
Alabama Office of the Attorney General
Alabama State University Police Department
ALEA / HIDTA
ALEA / Public Safety
ALEA/Fusion Center
ALEA/SBI Region F Narcotics
Alexander City Police Dept.
ALNG Counterdrug
Arkansas 15th Drug Task Force
Arkansas Highway Police
Arkansas State Fusion Center
Arkansas State Police
Ascension Parish Sheriff's Office
ATF
Athens Police Department
Autauga County
Avoyelles Parish Sheriff’s Office
Baldwin County S.O.
Bartlett, TN Police
Batesville Police Department
BATON ROUGE
Bayou La Batre PD
Benton Fire District #4
Berwick Police Department
Bessemer
Bienville parish S.O.
Biloxi
BLOC/GCHIDTA
Bogalusa Police Department
Booneville Police Department
Bossier City Police Department
Bossier Sheriff's Office
Brandon PD
Brookhaven PD
Broussard
Cabot Police Department
Caddo Parish Sheriff's Office
Camamack Village Police Dept.
City of Carencro Police Dept.
Clanton Police Department
Clarksville Police Department
Colbert County Drug Task Force
Collierville
Conway County Sheriff's Office
Crenshaw County Sheriff Office
Crittenden County Sheriff's Department Narcotics Division
Cullman Police Department
DEA
DEA Memphis RO
DEA Pensacola Resident Office
DEA TFO
DEA/DOJ
DEA/HIDTA
DEA/New Orleans/Shreveport
Desoto County Sheriff's Dept.
Desoto Parish S.O.
Desoto Sheriff/Tri Parish Drug Task Force

DHS/HSI
D'Iberville Police Dept.
DOJ / DEA
DOJ USAO EDAR
DOJ/DEA
East Baton Rouge SO
East Carroll Sheriff's Department
East Jefferson Levee District
Elkins
Elmore County Sheriff's Department
Eufaula Police Department
First judicial district drug task force
First Step Recovery Centers/MidSouth Sober Living
Florence Police Department
Florida Dept. of Law Enforcement
Flowood Police Department
Foley Police Department
Forrest county SO
Fort Smith Police Department
Fort Walton Beach Police Department
Franklin County Sheriff's Office
Franklin Police Department
FWC
Gautier Police Department - FBI Southeast Mississippi Safe Streets Task Force
GC HIDTA
GC HIDTA/DEA Lafayette POD
Geneva County sheriff
Germantown Police Department
Grambling State University Police Department
Gramercy Police Department
Grannis PD
GREENBRIER POLICE DEPT.
Gulf Breeze Police Department
Gulf County Sheriff's Office
Gulfport Police Department
Hammond Police
Hancock County SO
Harahan Police Department
Harrison County Sheriff's Department
Harrison Police Department
Henry County Sheriff's Office
Hinds Co. Sheriff office
Homeland Security Investigations
Hoover
Hot Springs PD/ 18th East DTF
Hueytown Police Department
Huntsville Police Dept.
ICE/HSI
Jackson County Sheriff's Office
Jackson Parish Sheriff's Office
Jackson Police Department
Jacksonville Police Department
JCSO/TCDTF
Jeff Davis Sheriff Office
Jefferson County S/O
Jefferson Davis Parish Sheriff's Office
Jefferson Parish Sheriff's Office
Jefferson State Community College
Jones Co. SO / DEA
Jones County Sheriff's Dept.
Jonesboro Police
Jonesboro Police Department
JSU Police Dept.
K.A.F.B.
Kenner Police Department
Killian Police Department
LA & Delta RR
Lafayette Co. (MS) Metro Narcotics Unit
Lakeview Police Department
Lamar County S.O.
LaSalle Parish Sheriff's Office
Lauderdale Co. S.O
Lauderdale County Drug Task Force
Laurel PD
LDH/OPH/BCP
Lee County Sheriff's Office
Limestone County District Attorney's Office
Lincoln Parish Sheriff's Department
Little Rock Police Dept.
Livingston Parish SO / Narcotics Division
Long Beach Police Department
Louisiana State Police
Louisiana State Police-CPU
Louisiana State University Police
LSU Police Department

LSU Shreveport PD
Madison County Sheriff's Department
Madison county Sheriff's Office
Mandeville PD
Mansfield Police Department
Marion Police
MBI
MBI/DEA
McNeese Police Department
McNeese State University Police
MDLA US Attorney's Office
Memphis PD
Millbrook PD / DEA task force
Millbrook Police Department
Miller County Sheriff
miller County SO
Minden Police Dept.
Mississippi Bureau of Narcotics / DEA Gulfport Office
Mississippi Bureau of Narcotics / Intel
Mississippi County 2nd Dtf
Mississippi Dept. of Corrections
Mobile County Sheriff's Office
Mobile Police Department
Monroe District Probation & Parole
Monroe Metro Drug Task Force
Monroe Police Department
Montgomery County Sheriff's Office
Monticello Police Department
Morgan City Police Dept.
Moss Point
MS Gaming Commission
MS Highway Patrol
Ms. Bureau of Narcotics
Mountain View Police Dept.
Narcotics
NLHSD/SBHC
North Little Rock Police
Northport Police
Oak Grove Police Dept.
Ocean Springs Police Department
Okaloosa County Sheriff's Office
Olive Branch Police Department
Opelika Police Department
Panama City Beach Police Department
PCPD
Pensacola Police
PLAQUEMINES PARISH SHERIFF'S OFFICE
Poarch Creek Tribal Police
Pointe Coupee Sheriff
Poplarville PD
Port Allen Police Department
Port Fourchon Harbor Police
Prattville Police Department
Pulaski County Sheriff's Office
Rainbow City Police Department
Rankin County Sheriff's Department
Rapides Parish SO
RED RIVER PARISHSHERIFF'S OFFICE
Richland Parish Sheriff's Office/ Narcotics
Rogers Police Department
Ruston Police Department
Sabine Parish Sheriff Office
saline county sheriff's office
Santa Rosa County Sheriff's Office
SARALAND POLICE DEPARTMENT
Sebastian County
Sebastian County Sheriff's Office
Sheffield Police Department
Shelby County Drug Enforcement Task Force
Shelby County Sheriff's Office
Sheridan P.D.
Sherwood Police Department
Shreveport Police Department
Siloam Springs Police
Slidell Police Department
South Central Drug Task Force
St. Bernard Parish SID
St. Charles Sheriff's office
St. Helena Parish Sheriff's Office
St. James Sheriff's Office
St. Landry Parish Sheriff Dept.
St. Martin Parish Sheriff's Office
St. Tammany Parish Sheriff's Office
Starkville Police Dept.
State of Arkansas
Stone County S.O.

SW MS DTF
Talladega Co DTF
Tallassee Police Department
Tangipahoa Parish Sheriff Office
TBI
Texarkana Arkansas Police Dept.
Texarkana Arkansas Police Department
Texarkana Police Department
Thibodaux Police Department
Tippah County S.O.
Trinity Police Department
Troy Police Department
Trumann Police Department
Tulane SPHTM
UAH Police Department
Union County Sheriff's Office
Union Parish Sheriff's Office
University of New Orleans Police Department
University of Southern Mississippi Police Department
US Border Patrol
US Marshals Service
USAO, NDFL
Vernon Parish Narcotics Task Force
Washington Co Sheriff's Office
Washington County Sheriff's Office/
4th Judicial District Drug Task Force
Waveland
West Alabama Narcotics Task Force
West Carroll Parish Sheriff Department
West Carroll Sheriff's Department
West Tennessee Drug Task Force
Westlake Police Department
WESTWEGO PD
Winn Parish Sheriff
Yalobusha County Sheriff DEPT
Youngsville Police Department

C. Appendix II: Agencies Participating in the 2019 Gulf Coast HIDTA Drug Treatment and Prevention Survey

2 NTP'S Shelby and Chilton County Treatment Ctr.
AAC
AAC dba Thrive Alabama
Acadiana Area Human Services District
ADAPT
Addiction Recovery Program at UAB
Addiction Recovery Resources, Inc.
ADPH
Agency for Substance Abuse Prevention
AIDS Alabama
Alcohol & Drug Abuse Treatment Centers
Aletheia House
AltaPointe Health Systems, Inc.
Anniston Fellowship House
Arkansas Community Correction
Aspell Recovery Center
Batesville PD
Bienville Community Coalition
Birmingham Metro Treatment Center
Bradford Health Services
Bridge House Corporation
Capital Area Human Services District
CED Fellowship House, Inc.
CED Mental Health Center
Center For Independent Learning
Chemical Addictions Program
Chilton Shelby Mental Health
Communicare
Council on Alcohol & Drug Abuse (CADA) for Greater New Orleans
Cullman County Treatment Center
DBHS
Denton House CDC
Dept. of Health
DISC Village, Inc.
Drug Education Council, Inc.
EAST ALABAMA MENTAL HEALTH
East Central Mental Health
East Feliciana Drug & Alcohol Awareness Council
ECD Program, Inc.
Family Life Center, Inc.
Family Network Services
Family Service of Greater New Orleans
Fellowship House
Florida Dept. of Health
Florida Parishes Human Services Authority
FPHC
Franklin Primary Health Center, Inc.
Freedom House
Gadsden Treatment Center
Grace Recovery/Coosa Community Services Inc.
Greater New Orleans Drug Demand Reduction
Gulf Coast Treatment Center
Healing Hearts Foundation
Health and Education Alliance of Louisiana
Health Connect America
Health Services Center
Highland Health Systems
Hinds County Sheriff's Department
HRA/PFH
Huntsville Recovery
Indian Rivers Mental Health Center
JACOA
Jefferson Davis BHC
Jefferson Parish Human Services Authority
LA DH, ImCal HSA
Lakeview Center Inc.
Lifecore Health Group
Lighthouse Counseling Center
Louisiana Tech University
MedMark Treatment Center Oxford
MedMark, Inc.
Memphis Area Prevention Coalition
MHSD
Mission of Mercy Shoals
Mississippi Bureau of Narcotics
Mississippi Department of Corrections
MLBHC/Cedar Lodge
Montgomery County Family Court
Montgomery Metro Treatment Center

Mountain Lakes Behavioral Healthcare
MS Dept. of Mental Health
MTC/Gadsden Correctional Facility
New Life for Women
New Pathways
Northwest Al. MHC
Northwest Alabama Mental Health
Northwest Alabama Treatment Center
Odyssey House Louisiana, INC
Parents Resource Institute for Drug Education
Pathways For Change
Recovery Services
Region I Mental Health
RIVERBEND CENTER FOR MENTAL HEALTH
Ruston Police Department
S.E. Intervention Group, Inc.
SCAMHC
Serenity Recovery Centers
Shoals Treatment Center
Singing River Services
SLVHCS
Southeast Intervention Group, Inc.
Southern Wellness Services
Southwest Arkansas Counseling and Mental Health
SpectraCare Health Systems, Inc.
Springdale Treatment Center
St Clair County Day Program
SWABHCS
TDMHSAS
TEARS Inc.
The Bridge, Inc.
The Knowledge Effect
The Lighthouse of Cullman, Inc.
The Salvation Army of Coastal Alabama
The Shoulder of Central Gulf Coast
The Treatment Centers Inc.
TMH- BHC
Tri County
Tuscaloosa Treatment Center
UAB TASC - Drug Court
UAB TASC/JCCCP
UAB/ARP
UABSAP Beacon Treatment
Walker Recovery Center
WellStone
Wellstone-Cullman
West Alabama Mental Health Center
WiNGS/PCCRP

D. Appendix III: Drug Survey Notes (Printed as Reported by Agency/Department)

ALABAMA

DEA/HIDTA: 1. Cocaine remains low in supply. 2. Blacks getting into selling methamphetamine. 3. Increase in Fentanyl.
Eufaula Police Department: Appears to be more Black Americans using and distributing methamphetamine, specifically "ice"
West Alabama Narcotics Task Force: Black male selling Methamphetamine.
Shelby County Drug Enforcement Task Force: Cocaine & Heroin combined for "speed balls"
JSU Police Dept.: College Campus has recreational drug use. Anything can be obtained, off campus. Nothing new in patterns or trends, yet.
Troy Police Department: Drug traffickers are in the used car lot business and in the transportation business.
Madison County Sheriff's Office: fentanyl laced Heroin and Marihuana
Alabama Department of Corrections: Fentanyl laced tobacco
Clanton Police Department: Increase in Black Americans using and distributing heroin, and methamphetamine crystal form.
Huntsville Police Dept.: Increase in heroin and fentanyl causing overdose.
Montgomery County Sheriff's Office: Increase in heroin and opiate use
Foley Police Department: Increase in heroin/fentanyl as prescription opioids decrease. Increase in meth lab activity as ice methamphetamine availability decreases.
Lauderdale County Drug Task Force: Increase in opiate abuse. High quality marijuana has replaced Mexican marijuana. Availability if ICE has replaced Meth labs.
Trinity Police Department: Increase in the use/abuse of Suboxone
Hoover: Increase of heroin sales in our area. We are seeing more individuals moving to our area from the inner city to sale narcotics.
Franklin County Sheriff's Office: large dealers of Ice selling product by the grams in attempt to make real profits. Hispanic car lot not selling any cars, and has grocery store attached to it but makes no business transactions. Owner runs people off the lot when they look at cars. Rotates most of his inventory every three days never has any customers. Information is it is a cartel front business for trafficking meth from Arizona.
DEA: Liquid Meth transported in operational gas tanks. Meth laced edibles
Elmore County Sheriff's Department: Mainly just an increase in quantity of methamphetamine and the decrease in the price. Also the presence of "grey death" and other heroin related narcotics.
ALEA / HIDTA: More subjects are using special apps on their phone to avoid having conversation/txt recorded or documented on phone tolls.
Colbert County Drug Task Force: Most heroin cases involve partial fentanyl or some cases all fentanyl
ALNG Counterdrug: Prisoner telephone money scams, pre-loaded green dot card scams.
Talladega Co DTF: Seeing more and more drugs being shipped by common carrier and mail. Internet being used to order Marihuana edibles, oils and medical grade Marihuana.
Athens Police Department: Staying in motels for only a few days.
Prattville Police Department: Suspects from Atlanta area possessing and passing copies of prescriptions for controlled medication from doctors in the local area.
Alabama Law Enforcement Agency: THC Oil Use. Also THC Resin from Colorado. Associated with W/M Hippie types. Encountered with Ecstasy and Adderall.
Mobile Police Department: Uptick in ICE coming in from Mississippi and other states west of Alabama.
Baldwin County S.O.: We continue to see increased Heroin distribution in our area. Pensacola, FL is our main source area for Heroin and ICE methamphetamine. DEA has had several high profile pill mill cases and that has put many of our prescribers on notice. There has been a noticeable increase of opiate addicted people going to heroin because of this.

ARKANSAS

3rd District Drug Task Force: African Americans have switched from Cocaine use to almost strictly Methamphetamine. I've noticed/Dealt with a lot of elderly people selling their prescription to supplement their income.
Pulaski County Sheriff's Office: An increase in the cocaine trade.
JCSO/TCDTF: Black males using Hispanic or Caucasian women to drive the narcotics back to Arkansas
Little Rock Police Dept.: Different type of concealments, especially on Interdiction side, such as: in candles, and different types of masking odors such as red axle grease.
20th Judicial District Drug Task Force: Drug trafficking via parcel services.
16th Judicial District DTF: FedEx shipments Liquid Meth
14th Judicial District Drug Task Force: Heroin and Fentanyl have come into our area.
12th Judicial District Drug Task Force: Heroin being trafficked into our area by sources in TX, AZ and CA to get people started using the drug in rural Arkansas.
Texarkana Police Department: Heroin has surfaced in our community within the past year.
Washington County Sheriff's Office/4th Judicial District Drug Task Force: Heroin use in our area and the amount coming from Dallas TX.
Sheridan P.D.: higher usage of Cocaine (Powder) and, higher usage of pills
Trumann Police Department: In the past 12 months we have noticed that there has been an influx of Mexican Ice on the streets and Molly is hitting the streets.
First Judicial District Drug Task Force: Increase in discussion of heroin in Little Rock, Jonesboro, and Memphis.
DOJ / DEA: Increase in Heroin and Fentanyl transiting the state via interstate highways. Slight increases in retail distribution of heroin/fentanyl.
Rogers Police Department: Increase in Heroin coming from Dallas, TX
Texarkana Arkansas Police Department: Individuals having the narcotics mailed to them or vacant addresses.
Arkansas 15th Drug Task Force: Just an increase in the selling and using of opioids and methamphetamine.
State of Arkansas: K-2 SPICE IN CORRECTIONAL SETTINGS
First Judicial District Drug Task Force: Larger quantities of meth being distributed at whole sale prices.
South Central Drug Task Force: Mexico linked drug traffickers are using used car dealerships to launder money.
Jonesboro Police: More drugs sent through the mail. More 1 pot meth labs
Arkansas State Police: More Escort Vehicles, More people in the car than normal while trafficking drugs.
14th Judicial District Drug Task Force: More networking and cooperation among the dealers.
DOJ USAO EDAR: More street level heroin use. Not a lot of large seizures, but switch from pills to heroin in users.
18th West DTF: None just an increase in volume of meth and marijuana.
Jonesboro Police: Parcel Deliveries to local residences.
Grannis PD: smoking Blunts smoking Meth mixing prescriptions
10th Judicial District Drug Task Force: Social media outlets being the main form of networking for traffickers.
Sebastian County Sheriff's Office: The cost of methamphetamine has dropped drastically in our area.
20th Judicial DTF: The main new trend here is probably the fact that we have seen a significant increase in marijuana distribution because prosecution has significantly lightened up and it is almost looked like as legal and the prescription drug epidemic has increased.
DOJ/DEA: There has been an increase in Fentanyl transiting Arkansas by way of highways and interstate.
18th West DTF: There has been an increase in high-grade marijuana from other states.
Arkansas State Police: Usual patterns, nothing unusual
Sherwood Police Department: Utilizing bitcoin on the dark web to purchase prescription drugs, observed black Xanax pills

Jacksonville Police Department: We are starting to see a little more Heroin. It is also being cut with Fentanyl.
4th Judicial District Drug Task Force/Fayetteville PD: We have seen an increase in heroin and opioids. Methamphetamine remains our largest concern and most available drug.

LOUISIANA

Hammond Police: 1- confirmed overdose death involving U-47700. Overdose deaths involving heroin, fentanyl & other opioids are on the rise. Overdose deaths for 2017 has exceeded previous years.
Benton Fire District #4: A continuation of use of synthetic drugs have been noted in the pre-hospital setting. These drugs create very manic, paranoid, and agitated individuals. The increase in synthetic opioids has been noted regionally but not yet locally, but we have trained in preparations for the increase in users and the issues that arise from its use.
Thibodaux Police Department: a little more of the medical marijuana
Lincoln Parish Sheriff's Department: Black community selling meth. Synthetics up, due to willingness to pass drug screens. Incoming CDS thru US Postal Svc.
Louisiana State Police: Cocaine Dealers switching to Methamphetamine
McNeese State University Police: Continued use of prescription drugs, forged scripts.
Plaquemines Parish Sheriff's Office: Dealers are starting to hide/store their narcotics in the wooded areas surrounding their residence. This makes it hard as the logistics of our jurisdiction are spread out. Conventional surveillance techniques cannot be used.
LaSalle Parish Sheriff's Office: Dirt cheap methamphetamine. Lack of crack cocaine Increase in heroin
LA & Delta RR: Employed by railroad company, we have not seen anything out of the ordinary. If any packages (etc.) we notify proper authorities.
US Marshals Service: Have not seen anything out of the ordinary.
Morgan City Police Dept.: Heroin and Opioid Overdoes are slowly in an uptick.
Vernon Parish Narcotics Task Force: Heroin influx, prescription med use increased. Doctor shopping decreased. High-grade marijuana has exploded.
St. Charles Sheriff's office: Heroin laced with fentanyl
US Border Patrol: High-grade marijuana seizures from CA not bothering to conceal. CA plates, rentals, high end luxury cars. No deep concealments, suicide loads. Driver/passenger non-Hispanic, middle aged white/black M/F. Not hard core, old school, calm criminals. Show high levels of distress when stopped, which may translate into their driving. Nexus to CA...DL, address or visiting.
Addis PD: Increase in Heroin use.
Bogalusa Police Department: increase in heroin use younger street dealers
Oak Grove Police Dept.: Increase in Methadone
GC HIDTA/DEA Lafayette POD: Increase in oxycodone and meth.
Homeland Security Investigations: Increase in synthetic cannabinoids and fentanyl
University of New Orleans Police Department: Increase in use of LSD
West Carroll Sheriff's Department: Increase of Methamphetamine reported to be buying it for $26 a gram out of Tyler TX.
Broussard: Injecting Meth quickly followed by heroin. This is so the user doesn't fall asleep after injecting heroin and allows them to enjoy the heroin awake longer
Jefferson Parish Sheriff's Office: Larger quantities of Heroin being brought into area. 10-12 pounds of marijuana being smuggled onto domestic flights to New Orleans and other cities from California
LaSalle Parish Sheriff's Office: Lower prices on methamphetamine
Richland Parish Sheriff's Office/ Narcotics: Methamphetamine Epidemic
West Carroll Parish Sheriff Department: Methamphetamine price drop from $100 per gram to $50 per gram. Increased number of misdemeanor marijuana possession cases.
Winn Parish Sheriff: Methods of shipment. Using US Postal Service, large trucks, UPS and FedEx
Berwick Police Department: More Activity involving Outlaw Motorcycle Gang

East Baton Rouge SO: More street level and mid-level distributors of narcotics are more likely to set up and execute drug deals in the parking lots of public areas.
Franklin Police Department: More use of Heroin and MDMA
Jonesboro Police Department: No real patters or trends except for local drug dealers who work on mostly an individual basis with the same or a few local suppliers. The suppliers in this area bring drugs in from Texas, South Louisiana, and Arkansas.
St. Bernard Parish SID: rental car transport
Abbeville Police Department: Synthetic Marijuana is absolutely the biggest problem in Abbeville, LA
Sabine Parish Sheriff Office: The increase in the amount of methamphetamine in the area and how low the price is.
Louisiana State Police: The increase involvement of Black violators in the use and sale of methamphetamine, as well as an increase in the presence and availability of heroin.
Avoyelles Parish Sheriff's Office: The level of Heroin being distributed and used has increased significantly
Monroe Police Department: The price of methamphetamine has dropped tremendously.
Grambling State University Police Department: The rise of marijuana with an extreme level of THC
Louisiana State Police: US Postal and Federal Express is utilized to ship narcotics and currency. Each of our major cases have involved packages going to and from source cities. Interdiction details have been productive.
Mandeville PD: Use of Social Media (Snap Chat, FB, IG) to facilitate narcotics sales
BATON ROUGE: Using the elderly as a mode of transportation; travelling as family groups
Kenner Police Department: We have seen a lot of hidden compartments and false bottoms.
Gramercy Police Department: We have seen an increase in overdose cases with heroin and Prescription Opioids.

MISSISSIPPI

Gautier, Mississippi Police Department - FBI Southeast Mississippi Safe Streets Task Force: Cost of cocaine and methamphetamine continually decreasing.
Laurel PD: Counterfeit currency, auto burglaries in upscale neighborhoods, meth sales, car thefts
Batesville Police Department: Drug distributers have been using UPS, FED-EX and ETC.. to transport large quantities of drugs into different cities. The increase has been significant the past year.
BLOC/GCHIDTA: Drugs in rental vehicles.
Mississippi Dept. of Corrections: Fentanyl is really on the upswing.
Brandon PD: Has remand about the same
Lafayette Co. (MS) Metro Narcotics Unit: Heroin is becoming more available. Xanax and ADHD medicine are widely abused by college students.
Hinds Co. Sheriff office: Heroin use
DEA: I believe that dealers are now using Apps like Snap chat to do drug related communications.
Jones Co. SO / DEA: In the past twelve months we've seen an increase in multi-kilo seizures of Heroin coming into Mississippi.
Harrison County Sheriff's Department: Increase in the distribution of high-graded marijuana and the decrease in availability of cocaine.
Air Force Office of Special Investigations: Internet sales of synthetic drugs from overseas
Gulfport PD: Large increase in methamphetamine! Large increase in CPD abuse huge increase in THC derivatives
Stone County S.O.: Liquid meth packed in 5 gallon paint buckets; also in candles
Lauderdale Co. S.O: Meth being sold as ecstasy
MBI/DEA: Methods of shipping
Jones County Sheriff's Dept.: Most of the heroin we buy using a UC or CI is coming back from the crime lab as fentanyl rather than heroin. Bulk shipments of marijuana, methamphetamine and heroin continue to come from source cities via mail, UPS or FedEx.

Starkville Police Dept.: Much more crystal methamphetamine related drugs
DEA/DOJ: Northern Mississippi drug law enforcement officers have noticed trends that Black drug traffickers has transition from distributing crack cocaine to Methamphetamines (ICE).
Desoto County Sheriff's Dept.: OMGs have moved into small portion of the county and have been using a local bar to sell narcotics
Forrest county SO: Organizations are becoming more disciplined when transporting bulk narcotics. Retail dealers are becoming more effective in selling and discarding narcotics.
Mississippi Bureau of Narcotics / Intel: Price of heroin has gone down and supply has gone up. Higher grade marijuana being shipped through the mail.
Olive Branch Police Dept.: Small uptick in heroin overdoses
Rankin County Sheriff's Department: The increase of heroin and synthetic heroin. Primarily introduced into Rankin County, MS from Hinds County, MS. Increase of methamphetamine (ice or Mexican meth) from Scott County and Hinds County, MS. Majority of larger amounts of medium to high-grade marijuana is being mailed through the postal service of other various carriers from California.
Flowood Police Department: The THC Wax has increased
Olive Branch Police Department: U-4 disguised as Alprazolam tablets
Poplarville PD: Vaping THC oils
Biloxi: Vehicle transport
University of Southern Mississippi Police Department: We have seen a sharp increase in the use and distribution of prescription pills and marijuana.
DEA TFO : A much higher use of parcel services and the United States Postal Service for delivering large quantities of cocaine, methamphetamine, and marijuana from California. Also, the use of prepaid cards, Green Dot cards instead of U.S. Currency.
Long Beach Police Department: increase in customer walk up to dealer inside home.

FLORIDA

Santa Rosa County Sheriff's Office: Decrease in meth labs. Increase in crystal meth and heroin.
Pensacola Police: Increase in meth throughout city
Gulf Breeze Police Department: Increase in THC vaporizer pen use
Washington Co Sheriff's Office: Use of mail to order drugs.
Okaloosa County Sheriff's Office: Major increase in heroin overdose incidents.
USAO, NDFL: Opioid/Heroin Related Deaths are increasing.
DEA Pensacola Resident Office: There has been an increase in the use of FedEx and the US Postal Service to transport controlled substances into the Panhandle of Florida. The use of Snap Chat to further drug trafficking endeavors is prevalent.
Panama City Beach Police Department: Younger (16-22) age drug traffickers.

TENNESSEE

Memphis PD: An increase in the introduction of Fentanyl laced Heroin.
Shelby County Sheriff's Office: Bulk cash seizures have increasingly gotten harder to locate and recover.
Shelby County Sheriff's Office: Heroin mixed with Fentanyl. Illegal narcotics shipped via mail to Air B&B
West Tennessee Drug Task Force: Heroin overdoses are up.
DEA: Liquid Meth has appeared. Car hauler with load cars on board
DHS/HSI: Parcel/express consignment smuggling of drugs has greatly increased. Rapid rate increase in the distribution/use of synthetics.
TBI: Steady increase in cutting controlled substances with fentanyl. Also, methamphetamine is flooding rural areas and the price per unit of weight is dropping.
DEA Memphis RO: There have been no new or unusual patterns seen.

Collierville: We have seen more young Caucasians getting their marijuana contacts in Colorado where it is legal to easily ship or transport the drug here.

E. Appendix IV: Treatment Survey Notes (Printed as Reported by Agency/Department)

ALABAMA

Gulf Coast Treatment Center: GCTC remained relatively low with heroin users (below 5%) but there was a spike during the first quarter of 2017 to 13%. The spike went back down the following 2 quarters to 4%.
Anniston Fellowship House: Heroin is more available and potent than ever in Calhoun Co.
Tri County: increase in heroin
WellStone: increase in heroin usage and deaths
Medmark, Inc.: Increase in Heroin use Increase in benzodiazepines use Increase in Synthetic Cannabinoids
Lighthouse Counseling Center: Increase in number of intravenous drug users.
AIDS Alabama: increased treatment admission of adult white males for methamphetamine use
Southern Wellness Services: Increased use of marijuana and fentanyl.
The Shoulder: Increased use of synthetic drugs, undetectable by urine drug screens
RIVERBEND CENTER FOR MENTAL HEALTH: Marijuana has boomed, relaxed attitudes about MJ use have impacted the thought process of younger people. More and more, we see that they often think they are just smoking marijuana but are failing for other drugs because it is laced.
AltaPointe Health Systems: More abuse of Muscle Relaxers and Gabapentin.
New Pathways: More clients using Suboxone recommended by doctors to replace other opioids and more IV heroin users
Chilton Shelby Mental Health: More frequent reporting of opioid use
Indian Rivers Mental Health Center: More IV use
2 NTP'S Shelby and Chilton County Treatment Center: o, drug courts still are uneducated and blind in Alabama! That's why our population suffers so much!
MLBHC/Cedar Lodge: nothing other than going to Suboxone
Aids Alabama: nothing unusual. 76-100% will use any drug available.
Chemical Addictions Program: Seems to be a greater willingness to experiment with different combinations without regard for life threatening risks.
UAB TASC/JCCCP: There seems to be an increase in methamphetamine use (Bessemer area)
Montgomery County Family Court: Use which is easier and cheaper to obtain

ARKANSAS

Springdale Treatment Center: Illicit Marijuana use is going up since being approved for medical uses in the state. Also use of Kratom continues to be an issue. More heroin is starting to come into the area as doctors decrease subscribing. Benzodiazepines are a major problem.
Arkansas Community Correction: Misuse of Suboxone. Tramadol has also been a problem in general and we do test out for Tramadol. Our Drug Court Program allows Medically Assisted Treatment and we are very vigilant as far as these treatment providers are considered. In addition to their Drug Court groups and individual sessions, they also have to attend individual sessions and group at the clinics.
Southwest Arkansas Counseling and Mental Health: What clients believe is Methamphetamine is being cut with bath salts or other substances, producing more psychiatric symptoms.

LOUISIANA

Acadiana Area Human Services District: An insistence that marijuana is going to be legal everywhere and it isn't bad for you. Especially my adolescent clients when they first get to treatment. The marijuana industry owns the internet search engines and are providing a lot of bad information.
Florida Parishes Human Services Authority: Crystal meth IV with heroin IV
Florida Parishes Human Services Authority: increased desperation

ADAPT: Increased heroin use among college aged population
Greater New Orleans Drug Demand Reduction: More drug combinations than using one specific substance. Adderall parties have increased in young adults
Bridge House Corporation: Nothing other than rise in Heroin use
Addiction Recovery Resources, Inc.: seeing younger patients who were using THC graduate to opiates, heroine and Xanax much faster than before. Used to take years to see such an increase yet now due to availability they are increasing use and type faster

MISSISSIPPI

Mississippi Department of Corrections: combining drugs like Tylenol PM with codeine, heroin and fentanyl,
Center For Independent Learning: have went from inhaling drugs to shooting drugs intravenously.
Lifecore Health Group: Increase in IV use.
Singing River Services: Increase in opioids.
Denton House CDC: More IV users.
Region I Mental Health: The use of harder to detect chemicals.

FLORIDA

TMH- BHC: Increase in Alcohol plus some drug as opposed to drugs only
DISC Village, Inc.: using whatever may be available at the time rather than what preference may be

TENNESSEE

Memphis Area Prevention Coalition: 80 fatal deaths from Fentanyl reported for 2017 by the Organized Crime Unit.
Serenity Recovery Centers: Usually more than 2 substances used on all admits. More comorbidity

F. Appendix V: 2019 GC HIDTA Drug Survey Drug Availability Rates

	Cocaine (Crack, Powder)		*CPDs*		*Fentanyl & Other Opioids*		*Hallucinogens (LSD, PCP, etc.)*	
	Count	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
High	115	35	216	66	98	30	11	3
Moderate	138	42	94	29	110	34	77	24
Low	62	19	11	3	90	27	177	54
None	12	4	6	2	30	9	62	19

	Heroin		*Marijuana*		*MDMA*		*Methamphetamine*		*NPS*	
	Count	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
High	99	30	263	80	40	12	250	76	51	16
Moderate	96	29	59	18	133	41	50	15	78	24
Low	103	31	3	1	106	32	21	6	124	38
None	29	9	4	1	48	15	7	2	74	23

G. Appendix VI: Crime Rates

The GC HIDTA encompasses a six-state-area that includes Alabama, Arkansas, Louisiana, Mississippi, Northwest Florida, and Shelby County, TN. Crime statistics are addressed on a state-by-state basis. The following table compares the 2015 FBI Uniform Crime Report (UCR) statistics for certain cities within the HIDTA area with 2016 and preliminary 2017 figure. The preliminary FBI UCR statistics include only the first six months of the year. Included is a percentage of increase or decrease in the quantity of violent crimes reported to law enforcement. The GC HIDTA reviews the drug related crime rates for each state including the violent crimes of homicide, robbery, aggravated assault, rape, and burglary.

Analyst Note: The FBI UCR data was acquired on January 24, 2018. All 2017 data is preliminary.

HIDTA Region or Targeted Areas							
Area 1: Baton Rouge, LA	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2015	228,727	2,001	60	102	808	1,031	2,377
Total # of each crime in 2016	228,389	979	15	53	348	563	1,058
% up or down	N/A	23.1%	120%	-11.3%	28.7%	20.3%	23.6%
Total # of each crime in 2017	N/A	1,205	33	47	448	677	1,308
Area 2: Birmingham, AL	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2015	212,291	3,707	79	159	1,114	2,355	3,146
Total # of each crime in 2016	212,549	1,732	44	75	460	1,153	1,318
% up or down	N/A	5.6%	-4.5%	22.7%	2.6%	6.1%	-2%
Total # of each crime in 2017	N/A	1,829	42	92	472	1,223	1,292
Area 3: Fayetteville, AR	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	80,263	399	1	45	45	308	544

Total # of each crime in 2015	82,377	409	5	40	56	308	426
% up or down	2.3%	12.7	-40%	45%	16%	8.7%	17.1%
Total # of each crime in 2016	84,276	461	3	58	65	335	499
Area 4: Gulfport, MS	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	71,000	180	7	22	90	61	622
Total # of each crime in 2015	72,736	187	8	15	70	94	645
% up or down	-0.1%	21.9%	25%	80%	38.5%	0%	N/A
Total # of each crime in 2016	72,668	228	10	27	97	94	638
Area 5: Huntsville, AL	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	187,624	1,467	15	104	390	958	1,912
Total # of each crime in 2015	190,106	1,541	18	132	368	1,023	1,761
% up or down	1.3%	15.9%	0%	15.1%	12.5%	17.5%	-3.9%
Total # of each crime in 2016	192,587	1,787	18	152	414	1,203	1,692
Area 6: Jackson, MS	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	172,376	1,593	61	117	801	614	2,952
Total # of each crime in 2015	170,508	1,571	53	139	781	598	2395
% up or down	N/A	-56.9%	-49.0%	N/A	-61.9%	-47.9%	-61.5%
Total # of each crime in 2016	N/A	677	27	N/A	297	311	922

Area 7: Little Rock, AR	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2015	198,647	3,035	32	169	677	2,157	2,419
Total # of each crime in 2016	198,800	3,089	42	155	664	2,228	2,239
% up or down	0.3%	6.7%	30.9%	4.5%	-22.7%	15.1%	3.3%
Total # of each crime in 2017	199,314	3,295	55	162	513	2,565	2,314
Area 8: Memphis, TN	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	654,922	1,1399	140	501	3,285	7,473	11,451
Total # of each crime in 2015	657,936	11,449	135	530	3,131	7,653	10,272
% up or down	N/A	-49.9%	-34.8%	-56.7%	-50.9%	-49.3%	-57.6%
Total # of each crime in 2016	N/A	5,733	88	229	1,537	3,879	4,348
Area 9: Mobile, AL	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2015	193,393	1,529	24	116	402	987	2,208
Total # of each crime in 2016	249,921	793	18	47	181	547	1,100
% up or down	N/A	16.7%	11.1%	12.8	29.9%	12.8%	37%
Total # of each crime in 2017	N/A	925	20	53	235	617	1,507
Area 10: Montgomery, AL	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2015	193,079	1,042	33	40	391	578	2,342
Total # of each crime in 2016	199,139	563	18	42	187	316	1,043

% up or down	N/A	16.5%	5.6%	-16.7%	-1.1%	32%	-1.2%
Total # of each crime in 2017	N/A	656	19	35	185	417	1,031
Area 11: New Orleans, LA	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	387,113	3,770	150	244	1,470	1,906	3,458
Total # of each crime in 2015	393,447	3,736	164	409	1,497	1,666	2,898
% up or down	N/A	-45%	-59%	-27%	-54%	-41%	-56%
Total # of each crime in 2016	N/A	2,041	67	299	685	990	1,277
Area 12: Oxford, MS	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of each crime in 2015	22,314	N/A	N/A	N/A	N/A	N/A	N/A
% up or down	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of each crime in 2016	N/A	22	1	5	9	7	60
Area 13: Pine Bluff, AR	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	45,402	576	13	39	141	383	991
Total # of each crime in 2015	44,466	569	10	32	104	423	921
% up or down	-1.1%	23.6%	-10%	9.4%	26%	24.8%	11.4%
Total # of each crime in 2016	43,976	703	9	35	131	528	1,026
Area 14: Roger, AR	**Est. Population**	**Violent Crime Total**	**Homicide**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**
Total # of each crime in 2014	61,105	204	0	24	17	163	221
Total # of each crime in 2015	62,819	276	1	32	12	231	261
% up or down	2.9%	15.6%	-100%	84.4%	66.7%	3.9%	2.7%
Total # of each crime in 2016	64,616	319	0	59	20	240	268

Area 15: Shreveport, LA	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
Total # of each crime in 2014	197,592	1,619	22	128	460	1,009	2,234
Total # of each crime in 2015	198,467	1,865	42	57	492	1,174	2,318
% up or down	0.1%	-0.5%	33.3%	55.4%	1.2%	-2.0%	-2.7%
Total # of each crime in 2016	198,571	1,854	56	150	498	1,150	2,255
Area 16: Pensacola, FL	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
Total # of each crime in 2014	52,873	373	3	28	82	260	451
Total # of each crime in 2015	53,331	382	4	26	85	267	423
% up or down	0.1%	-8.9%	75%	3.8%	-24.7	-6.3%	-19.3%
Total # of each crime in 2016	53,424	348	7	27	64	250	341

H. Appendix VII. Threat Assessment Acronyms

A		**M**	
AB	Aryan Brotherhood	MDMA	3-4 Methylenedioxymethamphetamine
AMOC	Air, Marine Operations Center	ME	Medical Examiner
ASOs	Alien Smuggling Operations	MSA	Metropolitan Statistical Area
B		**N**	
BEST	Border Enforcement Security Task Forces	NCG	Network Coordination Group
BLO	Beltran Leyva Organization	NOFD	New Orleans Field Division
BLOC	Blue Lightning Operations Center	NDIC	National Drug Intelligence Center
C		NOAA	National Oceanic and Atmospheric Administration
CBP	Customs and Border Protection	NSS	National Seizure System
CPDs	Controlled Prescription Drugs	**O**	
CPOT	Consolidated Priority Organization Target	ODDs	Other Dangerous Drugs
CTR	Currency Transaction Report	ONDCP	Office of National Drug Control Policy
D		OMGs	Outlaw Motorcycle Gangs
		OTM	Other Than Mexico
DEA	Drug Enforcement Administration	**P**	
DHE	Domestic Highway Enforcement	PCP	Phencyclidine
DOT	Department of Transportation	PDMP	Prescription Drug Monitoring Program
DTOs	Drug Trafficking Organizations	PMP	Performance Management Process
E		**R**	
EPIC	El Paso Intelligence Center	RPOT	Regional Priority Organization Target
F		RTCC	Real Time Crime Center
FBI	Federal Bureau of Investigation	**S**	
FINCEN	Financial Crimes Enforcement Network	SAC	Special Agent In-Charge
G		SAR	Suspicious Activity Report
GBL	Gamma Butyrolatone	**T**	
GC HIDTA	Gulf Coast High Intensity Drug Trafficking Area	TCOs	Transnational Criminal Organizations
GHB	Gamma Hydroxybutyrate	TEDS	Treatment Episode Data Sets
GSN	Global Safety Network	TEU	Twenty Foot Equivalent
H		**U**	
HSI	Homeland Security Investigations	US	United States
I			
ISN	Investigative Support Network	UCR	Uniform Crime Report
J		**V**	
K		**W**	
L		**X**	
LEERS	Louisiana Electronic Event Registration System	**Y**	
LSD	D-Lysergic Acid Diethylamide	**Z**	

IX. Endnotes

[1] Information and statistics regarding methamphetamine in solution were gathered from the Gulf Coast HIDTA Watch Center in their BLOC reports.
[2] Methamphetamine in solution is a partially refined unfinished product that needs to be converted into a usable powder or crystal through a chemical process.
[3] Tyndall Snow, Lily. "Louisiana Electronic Event Registration System (LEERS)." Louisiana, U.S.A., 24 Apr. 2018.
[4] Wilson, Nell, and Lily Tindall Snow. "Louisiana Health Report Card." *2017 Louisiana Health Report Card*, Ds, new.dhh.louisiana.gov/index.cfm/newsroom/detail/2202.
[5] Rouse, Jeffrey. "Coroner's Report on 2017 Accidental Drug-Related Deaths." New Orleans Coroner's Office, 27 Apr. 2018.
[6] Mack, Rep. "House Bill No. 165." Legis.LA.gov, Louisiana State Legislature, www.legis.la.gov/legis/ViewDocument.aspx?d=1067648.
[7] This data was sourced from EPIC's Southwest Border Portal Guide for CY 2017. Kilogram/DU dosage numbers are meant to be counted separately.
[8] "Clandestine Lab Report." Esp.usdoj.gov, El Paso Intelligence Center, esp.usdoj.gov/group/reports-all/report-clan-lab.
[9] Rouse, Jeffrey. "Coroner's Report on 2017 Accidental Drug-Related Deaths." New Orleans Coroner's Office, 27 Apr. 2018.
[10] CLAITOR, Reps., et al. "Act No. 368." Senate Bill 87, Louisiana State Legislature, 30 May 2014, www.legis.la.gov/legis/BillInfo.aspx?i=223926.
[11] This information was gathered from the 2019 GC HIDTA Drug Survey.
[12] This information was sourced from the 2019 Louisiana Drug Threat Assessment.
[13] United States, Congress, El Paso Intelligence Center. "High Potency Research Chemical, W-18, Suspected in Overdoses." High Potency Research Chemical, W-18, Suspected in Overdoses, EPIC, 2016.
[14] Information sourced from the 2019 Shelby County Drug Threat Assessment.
[15] Cartel presence is measured by active Consolidated Priority Target cases.
[16] 2017 National Drug Threat Assessment. DEA, 2017, 2017 National Drug Threat Assessment, www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf.
[17] Sources for OMG information were taken from the 2019 Alabama, Arkansas, Louisiana, and Mississippi state threat assessments
[18] Sources for gang information were taken from the 2019 Alabama, Louisiana, Mississippi, and Tennessee state threat assessments.
[19] FinCEN describes "structuring" as the practice of executing financial transactions, such as the making of bank deposits, in a specific pattern calculated to avoid the creation of records and reports required by law. Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading reporting requirements.
[20] These transfers generally take place outside of the conventional banking system through non-bank financial institutions or other business entities whose primary business activity may be the transmission of money.
[21] Financial "smurfing" is the act of breaking down a transaction into smaller transactions to avoid regulatory requirements or an investigation by the authorities.
[22] FinCEN requires the reporting of a money transmission when the transaction is both suspicious and in amounts of more than $2000.
[23] Enos, Gary A. "Is a New Drug Crisis Looming?" Is a New Drug Crisis Looming? | Addiction Professional Magazine, 30 Oct. 2017, www.addictionpro.com/article/stimulants/new-drug-crisis-looming.
[24] Enos, Gary. "Cocaine Prominent in Florida Report on Drug Deaths." Cocaine Prominent in Florida Report on Drug Deaths | Addiction Professional Magazine, Addiction Professional, 4 Dec. 2017, www.addictionpro.com/news-item/stimulants/cocaine-prominent-florida-report-drug-deaths.
[25] 2015 is the most recent data available for NW Florida. Data sourced from University of Florida's FROST program.