

2020 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.

A multi-agency team from each state prepares a draft state drug threat assessment which include the drug situation in each state's designated GC HIDTA counties/parishes. Each GC HIDTA State Committee reviews and approves their respective state's drug threat assessment. The GC HIDTA Investigative Support Network (ISN) Network Coordination Group compiles and edits each team's state drug threat assessment into a comprehensive regional threat assessment that encompasses all GC HIDTA counties/parishes. As mentioned in further detail in the Methodology (Appendix VII), the GC HIDTA utilizes drug surveys 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 2020 GC HIDTA Drug Threat Assessment focuses on seven major drug categories: cocaine, controlled prescription drugs, fentanyl and other opioids, heroin, marijuana, methamphetamine, and new psychoactive substances. The identification of trends by drug type, as well as the developments and projections for the future, are also included in the threat assessment. The threat assessment identifies the problems posed by the threat and their anticipated impact on the GC HIDTA.

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

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

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I. Scope

The purpose of the 2020 Gulf Coast High Intensity Drug Trafficking Area Threat Assessment is to identify current and emerging drug-related trends within the designated area, recognize the source locations and organizations that traffic drugs into the area, and deliver accurate and timely strategic intelligence to assist law enforcement agencies in the development of drug enforcement strategies. This assessment provides an overview depicting the regional extent of illicit drug abuse and activities, actors and organizations, transportation methods and routes, and evolutions in trends, tactics, and procedures. This document fulfills statutory and grant requirements issued by the Office of National Drug Control Policy, and has been approved by the Gulf Coast HIDTA Executive Board.

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 Rouge 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 (SWB). 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 SWB, 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.

A. Drug Threats

2020 GC HIDTA Law Enforcement 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 and Other Opioids	Significant increase in availability, demand, distribution, transportation, and fentanyl-related overdose deaths. Greater threat in urban area of Gulf Coast.
3	Heroin	Continued increase in availability, demand, distribution, and transportation; major contributor to law enforcement resources used. Greater threat in urban area of Gulf Coast.
4	Controlled Prescription Drugs	High availability and demand. Moderate levels of transportation and distribution across the Gulf Coast.
5	Marijuana	Most abused and available drug in the region with moderate demand, distribution, and transportation. Marijuana and THC products most commonly seized along highways in the GC HIDTA.
6	Cocaine and Crack Cocaine	Moderate availability; remains a consistent drug of abuse.
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 2020 Gulf Coast HIDTA Law Enforcement Survey (hereafter referred to as the Law Enforcement Survey), the majority of respondents listed methamphetamine as the greatest drug threat (54 percent), as well as the drug that contributed the most to violent crime (49 percent), property crime (53 percent), and law enforcement resources used (46 percent). Local methamphetamine producers use the one-pot method and obtain precursor materials by circumventing state precursor laws and traveling to out-of-state or multiple pharmacies to make purchases. 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 DHE stops, as well as a cutting agent in heroin and counterfeit pharmaceuticals. Fifteen percent of respondents to the Law Enforcement Survey reported fentanyl as their greatest drug threat. Forty-nine percent of those same respondents claimed an increase in availability over the past 12 months. Nationally, synthetic opioids, including fentanyl, were involved in 40.5 percent of all drug overdose deaths and 59.8 percent of all opioid-involved overdose deaths in 2017.¹

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, along with Atlanta are the key distribution hubs

for the Gulf Coast; while New Orleans remains a heroin source city for Southeast Louisiana and Southern Mississippi. Heroin abuse and availability are higher in urban areas of the Gulf Coast: Memphis, TN; New Orleans, LA; Baton Rouge, LA; Birmingham, AL; Montgomery, AL. Nationally, heroin-related overdose deaths accounted for 15,000 deaths in 2017 and continues to be a concern across the GC region.² Forty-seven percent of respondents to the 2020 Gulf Coast HIDTA Drug Treatment and Prevention Survey (hereafter referred to as the Treatment and Prevention Survey) reported a high level of heroin abuse in the GC HIDTA. 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. Thirty-one percent of the Law Enforcement Survey participants identified CPDs as increasing in availability, while only four percent reported a decrease. 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 Treatment and Prevention Survey indicated that the main sources of diverted pharmaceuticals are street dealers, theft from family members/friends, purchase from friends, and doctor shopping. Additionally, respondents reported that the level of CPD abuse in the region is high, at 53 percent, second only to marijuana.

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. DHE stops along major interstates continue to yield large quantities of high-grade marijuana originating from western states; particularly California, Colorado, Texas, Arizona, and Washington. The availability of domestic, high-grade hydroponic, BC Bud, and other high-grade marijuana continues to rise within the GC HIDTA.

Cocaine and its derivative, crack cocaine, remain a steady threat and are ranked as the sixth 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 Law Enforcement Survey respondents. 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 DTOs. Local Black America DTOs, often affiliated with neighborhood criminal groups, are the primary distributors of crack cocaine. Only three percent of our treatment and prevention partners reported cocaine as the primary drug of abuse in their area and the majority report that inpatient admissions have remained the same.

The abuse of new psychoactive substances (NPSs), including MDMA, hallucinogens, inhalants, and anabolic steroids, remains steady. MDMA use was traditionally limited to college towns due to higher concentrations of bars and nightclubs. The Law Enforcement Survey indicates that Caucasian Americans are the primary transporters, wholesale distributors, and retail distributors of MDMA. 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.

B. Drug Trafficking Organizations (DTOs)

Mexican DTOs pose the greatest criminal drug threat to the Gulf Coast HIDTA. The proximity of the SWB 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.

C. Illicit Financing

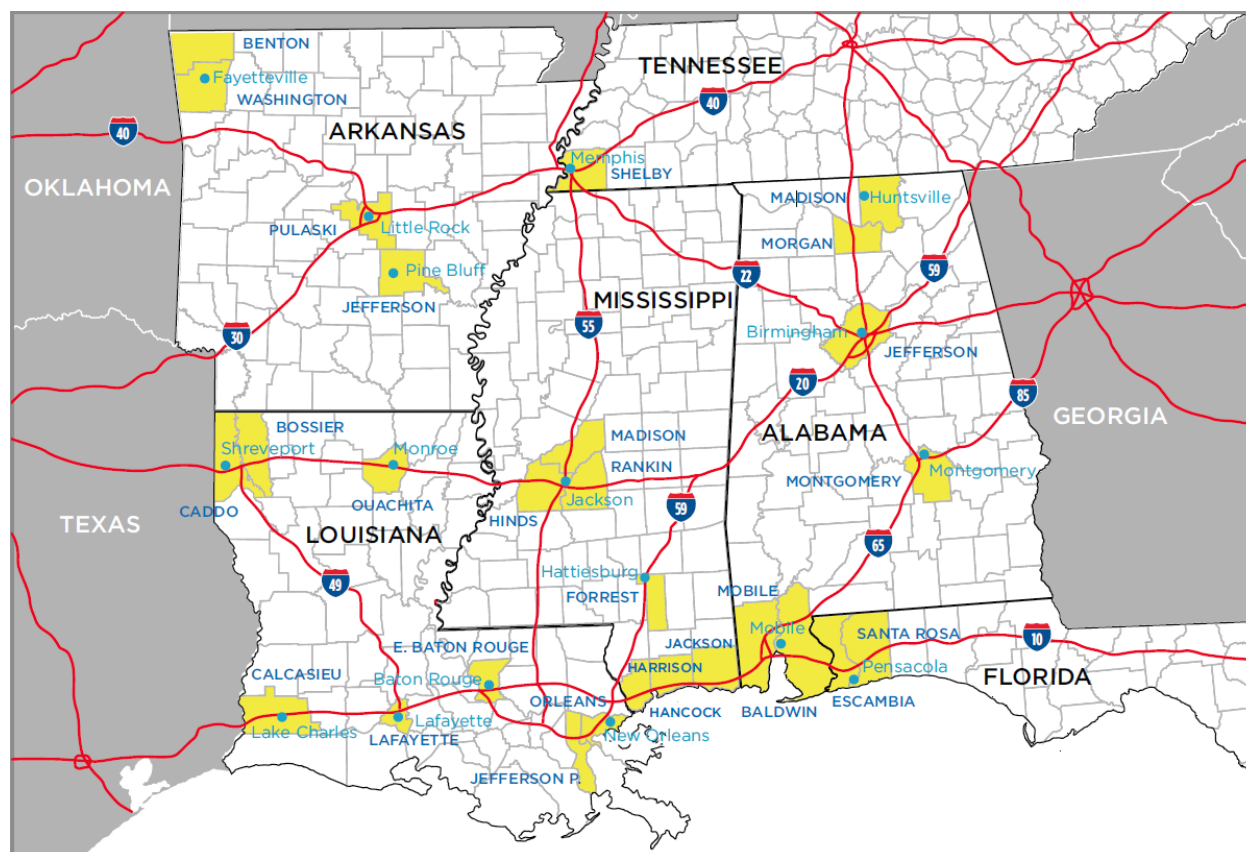
Law enforcement across the GC HIDTA encounter an assortment of money laundering methods. Cash-intensive businesses utilized by DTOs for money laundering include nail salons, restaurants, bars, nightclubs, casinos, check-cashing businesses, and the fishing industry. Casinos have become less popular for laundering money due to the collaborative relationship between casino security and law enforcement, 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, such as Bitcoin, a type of unregulated, digital money issued and controlled by its developers, traffickers are able to promote their illegal enterprises with increased anonymity.

D. Mail

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 considered the world's largest cargo hub, with approximately 1.3 million packages transiting the Federal Express Hub (FedEx) daily. 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. 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.

III. The Gulf Coast HIDTA Region

Regional Characteristics	Description
Designated Counties	29
2018 United States Census Estimate HIDTA Population ³	16,972,204
HIDTA Initiatives	41
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Gulf Coast HIDTA Counties Participating In Threat Assessment

A. Demographics

According to the 2010 United States Census Bureau statistics, the GC HIDTA area encompasses 195,239 square miles. Based on the most recent July 2018 census estimates, there are approximately 16.97 million people residing within the GC HIDTA's area of responsibility. Within Alabama, Arkansas, Louisiana, Mississippi, Northwest Florida, and Shelby County, TN, there are 32 metropolitan statistical areas.⁴ The United States Census Bureau reports approximately 55 percent of residents are White, 25 percent are Black, five percent are Hispanic or Latino, and two percent are Asian within the GC HIDTA.⁵

B. Economics

According to the 2017 United States Census Bureau estimates, Alabama's median household income is \$46,472 and approximately 17 percent of the population lives in poverty. Leading employers in the state include manufacturing jobs, retail sales, and health care services.

The state of Arkansas is predominately rural, agricultural, and impoverished. According to the 2017 United States Census Bureau estimates, Arkansas's median household income is \$43,813 and approximately 16 percent of the population lives in poverty. A major cotton-producing state in the 19th century, Arkansas has since diversified its agricultural production and overall economy. The state's most important mineral products are petroleum, bromine, bromine compounds, and natural gas, and it is the nation's leading bauxite producer. Principal manufactures are food products, chemicals, lumber, paper goods, electrical equipment, furniture, automobile, airplane parts, and machinery. Also contributing to the Arkansas economy are the military installations of Pine Bluff Arsenal, Little Rock Air Force Base, Camp Robinson, and Fort Chaffee.

The economy of Northwest Florida is driven substantially by the numerous military bases in the region, tourism, and the hospitality industry. According to 2017 United States Census Bureau estimates, 16 percent of Escambia County is considered to be below the poverty level with a median household income of \$47,361. Santa Rosa County has a median household income of \$62,731 and approximately ten percent of its population living below the poverty level.

Louisiana's economy is made up of agriculture, fishing, manufacturing, mining, and service-oriented businesses. The 2017 United States Census Bureau estimates that the median household income is \$46,710 and approximately 20 percent of the population lives below the poverty line.

According to the United States Census Bureau estimates, Mississippi's 2017 household median income is \$42,009 and approximately 20 percent of the population lives below the poverty line. Agriculture is Mississippi's number one industry, employing 30 percent of the state's workforce either directly or indirectly. Mississippi has diversified its economy by concentrating on a broader spectrum of business, industrial and technical operations, to include the Stennis Space Center, Toyota and Nissan plants, and casinos along the Mississippi River and Gulf Coast.

Shelby County, Tennessee is home to three *Fortune 500* company headquarters and a variety of businesses involved in banking, finance, and real estate. According to the most recent 2017 United States Census Bureau statistics, the median household income is an estimated \$48,415. Approximately 19 percent of Shelby County's population lives below the poverty level. Top ranked industries in Shelby County include educational services, health care, social assistance, transportation, warehousing, and utilities.

IV. Description of the Threat

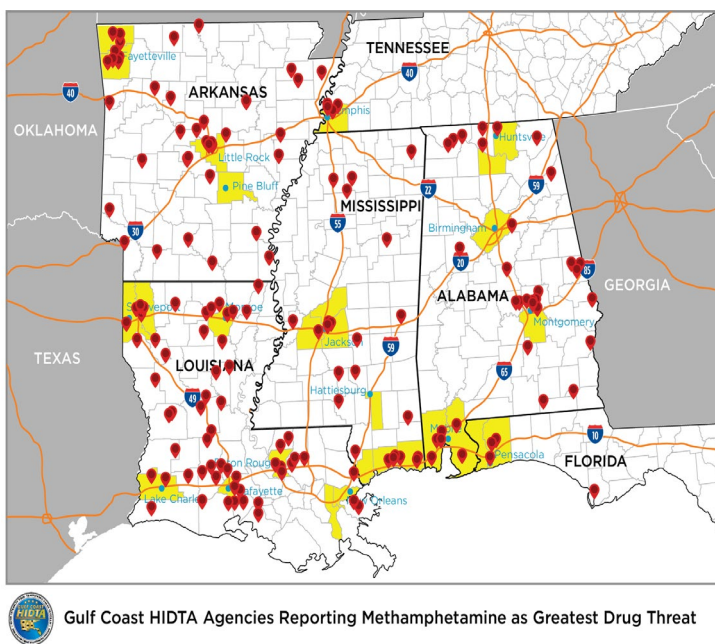
A. Overall Scope of Drug Threat

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, marijuana, and cocaine 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 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 and prevention information, methamphetamine is the greatest drug threat in the GC HIDTA. Methamphetamine is ranked the greatest drug threat in Alabama, Arkansas, and Louisiana, as well as a primary drug threat alongside opioids in Mississippi. The figure to the right demonstrates the law enforcement agencies throughout the GC HIDTA reporting methamphetamine as the greatest drug threat. In addition, the majority (46 percent) of law enforcement officials indicated methamphetamine to be the drug that takes up the most law enforcement resources and the primary drug contributing to violent crime and property crime. Law enforcement agencies across the GC HIDTA report decreasing numbers of methamphetamine laboratory seizures in recent years, hypothesized to be due to the increased volume of Ice methamphetamine imported from Mexico.



II. Availability

In 2018, 75 percent of law enforcement officials reported a high availability of methamphetamine. Additionally, 54 percent reported an increase in availability from 2017, 39 percent reported it remained the same, and only two percent reported a decrease in availability. Fifty-one percent of those same respondents also believed the demand for the drug had increased.

Methamphetamine is available from two primary sources: locally produced for personal consumption and Mexico-produced. Over 80 percent of Law Enforcement Survey respondents indicated a decrease or no encounters of one-pot and traditional methamphetamine laboratories; supporting the idea that the majority of methamphetamine is now imported from Mexico. Mexico-produced methamphetamine is transported via the Interstate Highway System from the SWB and California in larger, wholesale quantities.

III. Use

Methamphetamine abuse and trafficking is the leading drug contributor to both violent and property crime in the GC HIDTA. Forty-nine percent of law enforcement officials report methamphetamine as the primary contributor to violent crime and 53 percent report it as the primary contributor to property crime in 2018. 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. The percent of National Forensic Laboratory Information System (NFLIS) submissions identified as methamphetamine in Northwest Florida for 2018 was 37.52 percent, an increase of 8.49 percent from 2017. Medical Examiner reports indicated 37 methamphetamine/amphetamine-related deaths in 2018 compared to four related such deaths in 2016.

Sixty-two percent of respondents to the Treatment and Prevention Survey stated that methamphetamine use is high in their areas. Of those same respondents, 47 percent noted an increase in inpatient admissions for methamphetamine in their areas. Our treatment and prevention partners report that methamphetamine is often combined with other drugs to achieve a wide range of effects, most commonly marijuana, alcohol, and prescription drugs (e.g., benzodiazepines).

Based on TEDS data in the table to the right, the number of patients seeking treatment for amphetamine abuse in Alabama, Arkansas, and Mississippi increased each year from 2014 through 2017. In 2018, admissions increased for Alabama, but declined for Arkansas, Louisiana, and Mississippi. The Alabama Department of Mental Health also reported an increase in admissions for methamphetamine abuse from 4,398 in 2017 to 5,575 in 2018.⁶

Treatment Episode Data Sets (TEDS)				
Amphetamines				
	Alabama	Arkansas	Louisiana	Mississippi
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
2017	2,481	3,832	1,651	1,689
2018	2,624	3,401	1,470	1,302
Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 1, 2019.				

IV. Price

The importation of high-grade Mexican methamphetamine has driven down the cost of the drug. An ounce of Ice methamphetamine can retail between \$200 and \$1,100, while a kilogram between \$11,000 and \$25,000. An ounce of powder methamphetamine can cost between \$400 and \$2,500 and a kilogram between \$30,000 and \$40,000.⁷

V. Transportation

Forty-nine percent of Law Enforcement Survey respondents indicated that methamphetamine distribution increased in 2018 and 43 percent indicated that transportation increased. Mexican DTOs are the dominant producers of both powder and Ice methamphetamine and the SWB remains the main entry point for the majority of methamphetamine entering the United States. From 2012 to 2017, methamphetamine seizures along the SWB increased 255 percent. At the SWB corridor closest to GC HIDTA, Rio Grande Valley, methamphetamine seizures rose 30 percent from 2016 to 2017 alone.⁸

Once brought across the SWB into the United States, Caucasian American DTOs are the primary transporters, wholesale distributors, and retail distributors of methamphetamine in the GC HIDTA. Mexican DTOs are ranked second by Law Enforcement Survey participants as transporters, wholesale distributors, and retail distributors of methamphetamine, followed by Black American DTOs. According to GC BLOC/HIDTA Watch Center data, DHE seized 807.9 pounds of methamphetamine in the six-state area in 2018.

As Mexican DTOs become more influential in the production and wholesale distribution of methamphetamine, concealed methamphetamine in solution (i.e., Liquid Meth) encounters along eastbound interstate highways have become commonplace. Methamphetamine is mixed with a solvent, typically methanol, acetone, or water, and then reconstituted before ingested. Methamphetamine in solution poses a threat to law enforcement and border security agents because of a drug trafficker's ability to disguise the drug as ordinary items, from antifreeze to apple juice.⁹ There were 55 reports of liquid methamphetamine seizures at the SWB, as reported by EPIC in 2018.¹⁰ Eighteen percent of Law Enforcement Survey respondents indicated an increase in methamphetamine in solution. There were no domestic methamphetamine conversion laboratories reported to EPIC from the GC HIDTA in 2018 and the majority (66 percent) of Law Enforcement Survey respondents indicated not encountering these labs.¹¹

VI. Production

Law enforcement continues to see an influx in Mexico-produced methamphetamine and a decline in the number of reported traditional methamphetamine laboratories seized in the GC HIDTA. 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. There were no reports of children affected by methamphetamine labs in the GC HIDTA during 2018, compared to three reports the previous year, as reported by EPIC.

In 2018, 11 methamphetamine clandestine laboratory seizures were reported to EPIC in the GC HIDTA- this does not include precursor/chemical laboratories (e.g., ammonium nitrate, sodium hydroxide, lithium metal, Coleman fuel). Two methamphetamine laboratories in Alabama, four in Arkansas, four in Santa Rosa County Florida, and one in Louisiana were reported. Two of these labs were reported by Gulf Coast HIDTA initiatives. Eight of these methamphetamine laboratories used the one-pot method, which typically produces less than two ounces of methamphetamine per production cycle. The one-pot method, also referred to as “shake and bake,” has traditionally been favored by local methamphetamine producers because it requires fewer ingredients and can be easily created inside a plastic container. Precursor chemicals are mixed together prior to the addition of ammonia nitrate, a substitute for anhydrous ammonia. Ephedrine, pseudoephedrine, and phenylpropanolamine are the most common precursor chemicals used in manufacturing methamphetamine.



Top photo: Average yield from one-pot method.
Bottom photo: Two of the precursor

State laws require the documentation of all pseudoephedrine purchases and limit the availability of these chemicals at retail stores, causing methamphetamine producers to establish new methods of securing precursors. Chemicals such as anhydrous ammonia are clandestinely produced, purchased, or stolen from fixed tanks throughout the GC HIDTA. The number of anhydrous ammonia labs has continued to decrease throughout the GC HIDTA due to the ease and mobility of the one-pot production method. Only two anhydrous ammonia labs were reported to EPIC in 2018 in the GC HIDTA.¹²

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

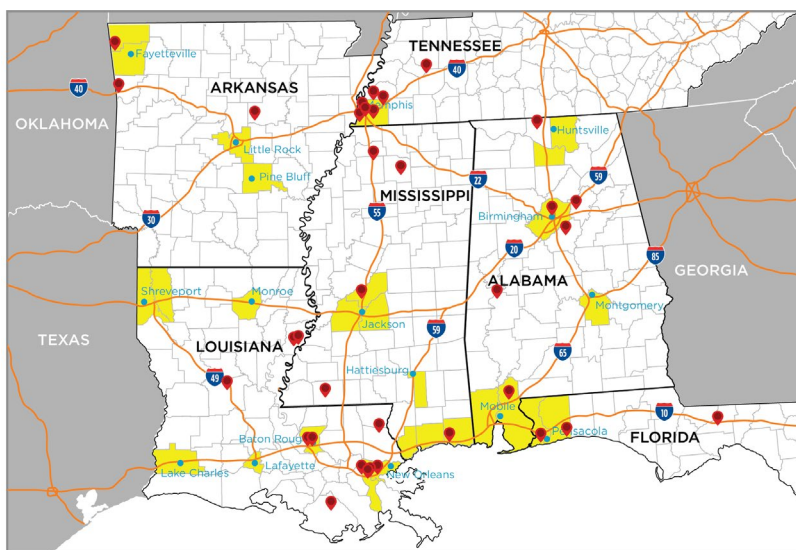
VII. Intelligence Gaps

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

C. Fentanyl and 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 80 to 100 times stronger than morphine. Pharmaceutically, it is allotted on a microgram scale, as a dose of two milligrams or more is considered lethal to humans. Many times fentanyl is used in combination with another drug or completely disguised in a pill form. 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 maximize profit margins.



Gulf Coast HIDTA Agencies Reporting Fentanyl & Other Opioids as Greatest Drug Threat

II. Availability

The above figure demonstrates each law enforcement agency that recorded fentanyl and other opioids as their primary drug threat. This figure and the table below demonstrate that this drug threat is even greater in urban areas of the Gulf Coast region. Fifty-four percent of Law Enforcement Survey respondents in urban areas (greater Memphis, TN and greater New Orleans, LA) indicated fentanyl and other opioids was the greatest drug threat, compared to 15 percent across the entire GC HIDTA.

Fentanyl and Other Opioids Threat by Population Density			
	Percent of Respondents Indicating Fentanyl and Other Opioids are Greatest Drug Threat	Percent of Respondents Indicating Fentanyl and Other Opioids are Highly Available	Percent of Respondents Indicating Fentanyl and Other Opioids Contribute to Most Use of Law Enforcement Resources
Gulf Coast Region	15%	27%	13%
Urban Areas*	54%	50%	44%
Semi-Urban Areas**	45%	51%	36%

Source: 2020 GC HIDTA Law Enforcement Survey

*Urban areas include greater Memphis, TN (2017 United States Census population estimate of 654,723) and greater New Orleans, LA (2017 United States Census population estimate of 388,182)

**Semi-urban areas include populations over 200,000: greater Memphis, TN; greater New Orleans, LA; Baton Rouge, LA (2017 United States Census population estimate of 227,549); Birmingham, AL (2017 United States Census population estimate of 212,265); Montgomery, AL (2017 United States Census population estimate of 200,761)

Population density also affects the availability of fentanyl and other opioids. Twenty-seven percent of law enforcement respondents across the Gulf Coast region indicate that fentanyl and other opioids are highly available, while 50 percent of those in urban areas indicate the drug is highly available.

III. Use

Forty-seven percent of Treatment and Prevention Survey respondents indicated fentanyl and other opioid usage as high. Furthermore, 56 percent indicated an increase in inpatient admissions for fentanyl and other opioids in 2018. This is the highest increase in inpatient admissions for any drug category reported by Treatment and Prevention Survey respondents.

Nationally, synthetic opioids, including fentanyl, were involved in 40.5 percent of all drug overdose deaths and 59.8 percent of all opioid-involved overdose deaths in 2017.¹³ Preliminary data from the first half of 2018 demonstrates that there were 122 synthetic opioid-involved deaths in Louisiana, compared to 148 throughout 2017. This represents an increase since 2014 across the state, as well as an increased number of synthetic opioid-involved deaths in urban parishes (e.g., Jefferson, St. Tammany, Orleans parishes).¹⁴ In Jefferson Parish, LA, 77 of 172 overdose deaths, or almost 45 percent, were related to fentanyl in 2018. In New Orleans, LA, 168 drug deaths were related to opiates and 106 of those included fentanyl in 2018.¹⁵

The lethality of fentanyl is leading to an increase in fentanyl-related overdose deaths, as well as harming first responders. In December 2018, three first responders were sent to the hospital after fentanyl exposure during a traffic stop in Northwest Florida. Two of the first responders were taken to the hospital and while there were no lasting injuries or deaths, this is an example of the dangers of fentanyl for law enforcement and the public in the GC HIDTA.¹⁶

In alignment with the increase in fentanyl availability and its lethal exposure, some states have taken measures to further criminalize this dangerous drug. For example, in August 2018, Louisiana enacted an amendment to House Bill 165, which strengthens the criminal penalties for the manufacture, distribution, and possession with intent to distribute fentanyl and fentanyl analogues.¹⁷

Additionally, GC HIDTA has identified other emerging opioid threats, such as U-47700. This opioid analgesic drug with approximately 7.5 times the potency of morphine and can be encountered as a single substance, but is often unknowingly mixed with other drugs, including fentanyl and heroin. For example, “gray death,” which is a combination of varying amounts of heroin, fentanyl, and U-47700. 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 and a small dose is reportedly powerful enough to sedate an elephant. In June 2017, members of the Louisiana State Police HIDTA Group and the United States 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.

Another emerging opioid threat, Bromadol, is reportedly ten times more potent than fentanyl and was identified in Ohio in January 2018. The drug appeared to be clear and odorless and was dropped like LSD onto a Tylenol pill during a controlled buy. The drug can be absorbed through the skin and is unlikely to show up on toxicology reports. It is possible that Bromadol may be used as an adulterant in heroin to increase the potency of the batch. 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. Thirty-four percent of Law Enforcement Survey

respondents recorded an increase in fentanyl and other opioid transportation and 43 percent indicated an increase in distribution. Caucasian American DTOs were ranked as the primary transporters, wholesale distributors, and retail distributors of the drug in 2018. Fentanyl and its analogues are largely transported into the United States by using border checkpoints, the Interstate Highway System, and mail carrier services. The GC BLOC/HIDTA Watch Center reported three fentanyl seizures in highway interdiction stops in 2018, totaling 63.6 pounds of fentanyl. There were 538 separate incidents along the SWB involving fentanyl in 2018, with over 1,001.7 kilograms and an additional 204,763 dosage units seized.¹⁸

In August 2018, law enforcement agencies based in New Orleans, Louisiana completed an investigation into a China-based fentanyl supplier, “Diana.” Between November 2017 and January 2018, more than 20 million doses of fentanyl bound for the United States were seized and 21 people were arrested.¹⁹ In April 2019, Chinese authorities announced that all varieties of fentanyl will be controlled substances. While this move has potential to greatly reduce the amount of fentanyl smuggled into the United States, law enforcement emphasizes the need for Chinese authorities to regulate illicit production of fentanyl as well as the precursor materials used to produce it.²⁰

V. Production

There were no clandestine fentanyl manufacturing sites discovered in the Gulf Coast region.²¹

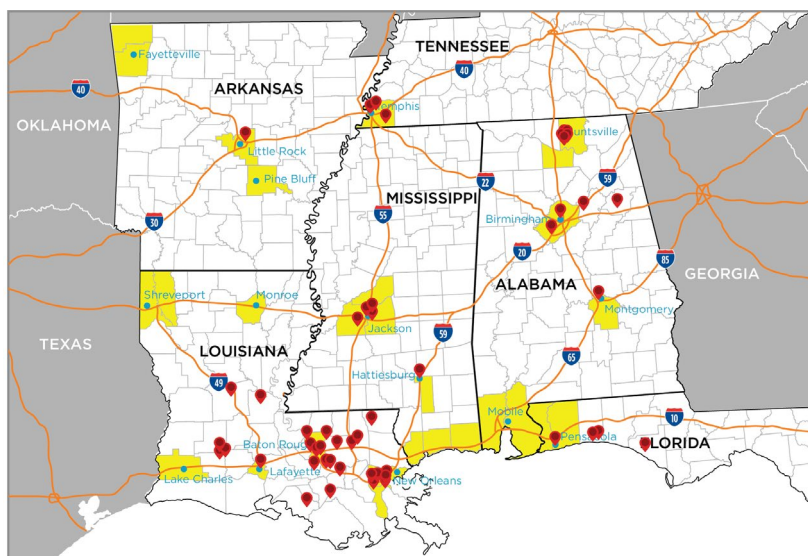
VI. Intelligence Gap

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

In the past, law enforcement officials within the GC HIDTA had reported low levels of heroin availability across the region with the exception of several major metropolitan areas. Fifteen percent of Law Enforcement Survey respondents reported heroin as the greatest drug threat. 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.



Gulf Coast HIDTA Agencies Reporting Heroin as Greatest Drug Threat

II. Availability

Heroin availability is increasing within the GC HIDTA region overall, with 50 percent of Law Enforcement Survey respondents indicating an increase in 2018. Similar to other opioids, heroin is a heightened drug threat and more highly available in urban areas throughout the GC HIDTA. Thirty-four percent of Law

Enforcement Survey participants identify it as highly available, while this increases to 59 percent in urban areas of the region.

Heroin Threat by Population Density				
	Percent of Respondents Indicating Heroin is Greatest Drug Threat	Percent of Respondents Indicating Heroin is Highly Available	Percent of Respondents Indicating Heroin is Greatest Drug Contributor to Violent Crime	Percent of Respondents Indicating Heroin is Greatest Drug Contributor to Property Crime
Gulf Coast Region	15%	34%	11%	12%
Urban Areas*	20%	59%	24%	33%
Semi-Urban Areas**	19%	53%	18%	28%

Source: 2020 GC HIDTA Law Enforcement Survey
 *Urban areas include greater Memphis, TN (2017 United States Census population estimate of 654,723) and greater New Orleans, LA (2017 United States Census population estimate of 388,182)
 **Semi-urban areas include populations over 200,000: greater Memphis, TN; greater New Orleans, LA; Baton Rouge, LA (2017 United States Census population estimate of 227,549); Birmingham, AL (2017 United States Census population estimate of 212,265); Montgomery, AL (2017 United States Census population estimate of 200,761)

III. Use

It is evident that a large percentage of heroin abuse in the GC HIDTA occurs in metropolitan areas: Memphis, TN; New Orleans, LA; Baton Rouge, LA; Birmingham, AL; and Montgomery, AL. Heroin data from Law Enforcement Survey participants indicates that it is the third largest contributor to violent crime and the number one drug contributing to violent crime in urban areas. According to the New Orleans Police Department, heroin trafficking and abuse is partially responsible for the high murder rate in New Orleans. There were 146 homicides in 2018 in New Orleans, as compared to an average of 158.4 homicides in the past five years.²² Heroin is also the number one drug contributing to property crime in urban areas according to the Law Enforcement Survey and second overall for the Gulf Coast region.

Twenty-two percent of participants in the Treatment and Prevention Survey reported heroin as the greatest drug threat. Additionally, 47 percent of respondents indicated high levels of heroin abuse and 55 percent indicated an increase in inpatient admissions. A relatively new method by which drug dealers are marketing heroin is in pill form. 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. In addition, it is also likely that users are purchasing heroin in pill form out of disdain for intravenous consumption or to avoid the social stigma associated with heroin use.

According to TEDS data, the total number of individuals seeking treatment for heroin abuse in Alabama, Arkansas, and Mississippi increased from 2014 through 2018. Treatment admissions for heroin abuse decreased for Louisiana in 2018.

Preliminary data from the first half of 2018 demonstrates that there were 82 heroin-involved deaths in Louisiana, compared to 170 in all of 2017. This represents an increase since 2014 across the state, as well as an increased number

Treatment Episode Data Sets (TEDS)				
Heroin				
	Alabama	Arkansas	Louisiana	Mississippi
2014	562	77	1,758	157
2015	859	132	1,033	235
2016	1,018	211	1,102	299
2017	1,258	251	1,204	525
2018	2,305	269	1,051	539

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 1, 2019.

of heroin-involved deaths in urban parishes (e.g., Jefferson, St. Tammany, Orleans, East Baton Rouge parishes).²³

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. For the first three quarters of 2018, 1,293 Naloxone administrations were reported by Mississippi Emergency Medical Services.²⁴ In 2018, Alabama Emergency Medical Services reported that 5,934 doses of Naloxone were administered statewide, an increase from 4,611 in 2017. Following the trend of increased heroin abuse in urban areas of the GC HIDTA, Jefferson County, AL (includes Birmingham, AL) accounted for 1,516 of Naloxone administrations.²⁵ Similarly, the Memphis, TN Fire Department administered 1,463 doses of Naloxone in 2018.²⁶ In addition, New Orleans EMS, Police, and Fire departments collectively administered 1,207 doses in 2018.²⁷ Jefferson Parish Sheriff's Office, Louisiana reported administering 74 Naloxone doses in 2018.

IV. Price

Mexican brown heroin costs between \$1,500 and \$3,200 for an ounce and between \$40,000 and \$75,000 for a kilogram. An ounce of South American heroin costs between \$2,000 and \$2,800 and a kilogram costs approximately \$45,000. The most common unit of heroin sold at the retail level in New Orleans is referred to as a bag or paper (i.e., 0.3 to 0.5 gram quantities individually wrapped in small foil packages).²⁸

V. Transportation

Thirty-eight percent of Law Enforcement Survey respondents indicated an increase in the distribution of heroin and 45 percent indicated an increase in transportation. The GC BLOC/HIDTA Watch Center reported that 72.3 pounds of heroin were seized in 2018 along the region's interstates. Black American DTOs were ranked as the primary transporters and wholesale and retail distributors of heroin in the Gulf Coast region as a whole. Caucasian American DTOs closely follow in transportation and distribution of heroin. Black American DTOs in the New Orleans area continue to transport and distribute heroin as their principle product due to increased profit margins and availability. New Orleans is known as a heroin source city for Southeast Louisiana and Southern Mississippi. The majority of the heroin found in greater New Orleans is of South American origin, while Mexican brown heroin is usually found in the remaining areas of the GC HIDTA.

VI. Production

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

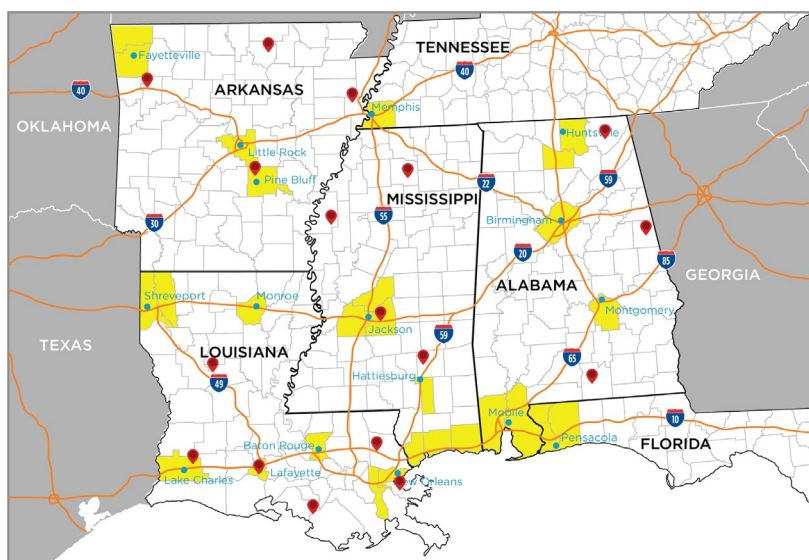
VII. Intelligence Gaps

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

E. Controlled Prescription Drugs

I. Overview

Oxycodone (e.g., Percocet, OxyContin), Hydrocodone (e.g., Vicodin, Lorcet, Lortab), Alprazolam (e.g., Xanax), and Adderall are most frequently abused and diverted controlled pharmaceutical drugs (CPDs) in the GC HIDTA.²⁹ While five percent of Law Enforcement Survey respondents across the region ranked CPDs the greatest drug threat, this number was greater in Arkansas (8 percent), Mississippi (8 percent), and among treatment and prevention providers (14 percent).



Gulf Coast HIDTA Agencies Reporting Controlled Prescription Drugs as Greatest Drug Threat

II. Availability

Based on results from the Law Enforcement Survey, 31 percent of respondents identified CPDs as having increased in availability. According to treatment and prevention providers in the region, diversion levels are highest for Hydrocodone and Oxycodone, followed by Suboxone and Fentanyl, Alprazolam, and Hydromorphone and Methadone. The majority of their clients obtain CPDs through street dealers, family members, friends, theft from family members/friends, and doctor shopping. While CPDs are not a leading contributor to violent crime, these diversion methods are commonly encountered across the Gulf Coast and remain a concern for law enforcement. For example, the Mississippi Bureau of Narcotics documented 25 pharmacy burglaries or attempted burglaries in 2018 in Mississippi, this number has decreased the past two years.³⁰

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 CPDs by law enforcement and treatment professionals. Fourteen percent of treatment and prevention providers reported that pharmaceuticals are their greatest threat and 53 percent reported CPD abuse as high. Fifty percent indicated an increase in inpatient admissions for CPDs in 2018. More specifically, respondents reported highest increases in inpatient admissions for Hydrocodone, Oxycodone, and Fentanyl.

As pharmaceutical use increased, so have emergency room visits, overdoses, and drug-related deaths. The abuse of pharmaceuticals without knowledge of their side effects and their combination with alcohol accounts for the increase. According to TEDS data, the total number of patients seeking treatment

Treatment Episode Data Sets (TEDS)

Other Opiates**

	Alabama	Arkansas	Louisiana	Mississippi
2014	1,533	1,329	1,290	562
2015	1,895	1,666	997	762
2016	1,487	1,573	749	696
2017	1,662	1,303	825	1,001
2018	3,182	1,131	550	926

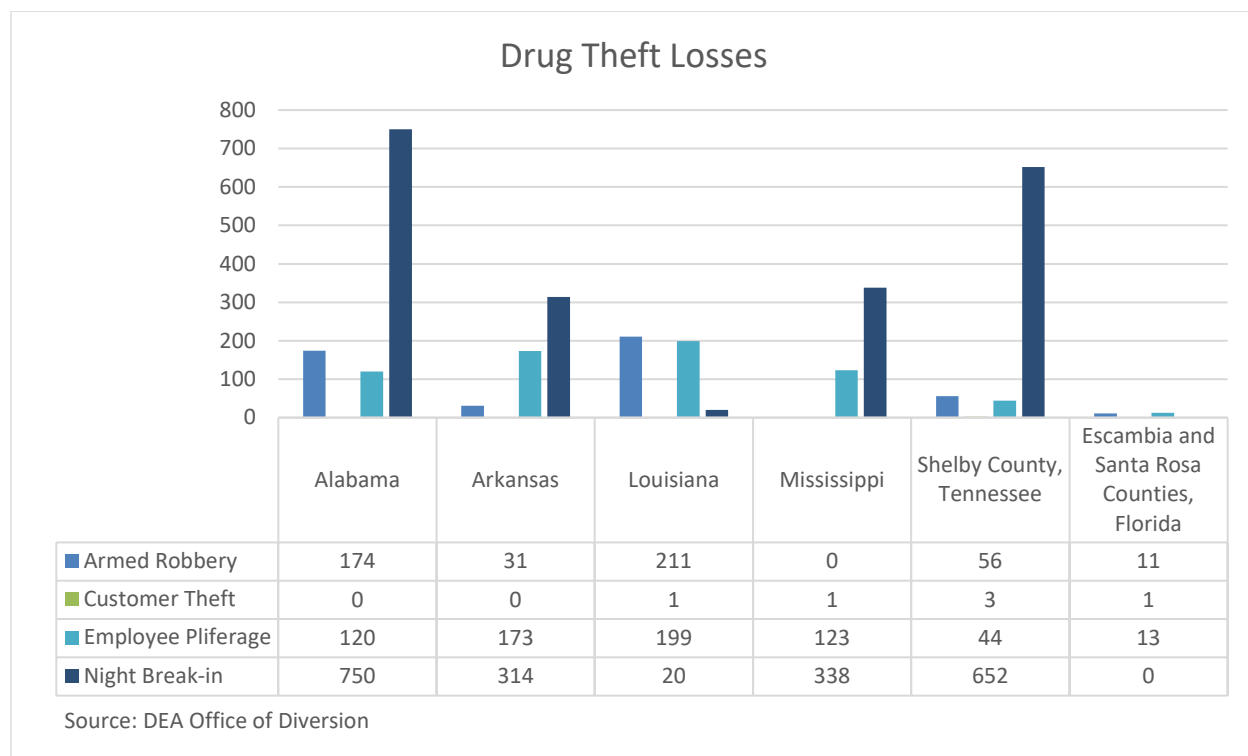
**Other Opiates include: Non-heroin opiates include methadone, codeine, Dilaudid, morphine, Demerol, oxycodone, and any other drug with morphine-like effects.

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 1, 2019.

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for opiate addiction (including methadone, oxycodone, hydrocodone, hydromorphone and morphine) decreased for Arkansas, Louisiana, and Mississippi, but rose dramatically for Alabama in 2018.

In order to better track CPDs reported as lost or stolen, the DEA Office of Diversion maintains a database including armed robberies, night break-ins, employee pilferage, and customer theft reported by registered handlers. The below chart shows the most common form of loss in the GC HIDTA is overwhelmingly via night break-ins, followed by employee pilferage and armed robbery. In addition, DEA reports a number of CPDs as being lost in transit. The most commonly diverted drug in the DEA drug theft losses report is Oxycodone, followed by Hydrocodone.



IV. Price

The price of Hydrocodone pills vary from \$5 to \$20, Xanax pills vary from \$1.50 to \$7, and Adderall pills vary from \$3 to \$30. Oxycodone and OxyContin can range from \$1 to \$10 for a milligram. There is no accurate data on the pricing of other CPDs.³¹

V. Transportation

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

DHE seizures of pharmaceuticals continue with large quantities across the GC HIDTA. The GC BLOC/HIDTA Watch Center reported that 144,399,508 dosage units of opioid pharmaceutical narcotics and 6,685 non-opioid pharmaceutical narcotics were seized in 2018 along the region's interstates. 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.

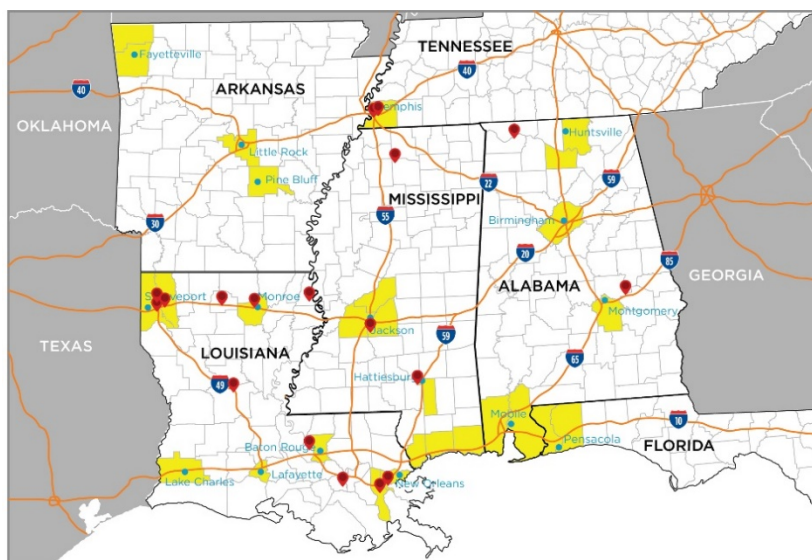
VI. Production

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. Marijuana

I. Overview

Marijuana, either Mexico-produced or locally grown, remains the most widely available drug in the GC HIDTA.³² In many areas, the price has decreased due to its abundance, although certain strains of highly potent diverted marijuana are typically two to three times more expensive. Law enforcement officials frequently encounter shipments of diverted high-grade marijuana originating from the West Coast, as well as THC in wax form, in edibles, and in vapor form via the use of electronic cigarettes or e-cigarettes. Tetrahydrocannabinolic Acid (THC-A) Crystalline (i.e., THCA crystals, diamonds) is the purest form of cannabis, estimated to be 95-99.997% pure. While not reported within the GC HIDTA yet, THC-A has been identified in seizures and prosecutions in California, Idaho, and Arizona.



Gulf Coast HIDTA Agencies Reporting Marijuana as Greatest Drug Threat

II. Availability

Eighty percent of Law Enforcement Survey respondents reported marijuana had a high level of availability in 2018. This was the highest availability percentage of all drug categories. Further, 28 percent believe it has increased in availability over the past 12 months. Law Enforcement Survey respondents encountered more diverted domestic marijuana than any other type. This is followed by high-grade hydroponic, BC Bud, and Mexican marijuana strains. The most commonly encountered THC compounds by Law Enforcement Survey respondents in 2018 were CO2 Oil (Vaporizers), followed by Hash Oil (e.g., Shatter, BHO) and Hashish.

III. Use

Marijuana is widely used throughout the GC HIDTA and transcends all racial, social, and economic boundaries in the GC HIDTA. Seventy-seven percent of respondents from the Treatment and Prevention Survey indicated that marijuana had a high level of use. Medical marijuana has been legalized in Louisiana, Arkansas, and Florida. This became law in 2016 in Louisiana and the first dispensaries are scheduled to open in May 2019. As of March 2019, over 60 physicians have been approved to recommend use of medical marijuana across the state.³³ Arkansas legalized medical marijuana in 2016 and it is expected to be available starting in April 2019. Florida also legalized medical marijuana in 2016.

Mississippi, Alabama, and Tennessee passed similar legislations allowing medical CBD oil with low THC. Mississippi passed this legislation in 2014, allowing marijuana extract by prescription and dispensed through a University of Mississippi Medical Center pharmacy.

The legalization of medical marijuana is expected to create multiple obstacles for law enforcement, such as widespread diversion, as has been noted in Colorado, California, and other states where the drug has been legalized. Abuse and availability rates for marijuana will also likely increase as a result of this endeavor.

Twenty-three percent of respondents to the Treatment and Prevention Survey reported an increase in admissions for marijuana in 2018. Many treatment and prevention personnel across the region also reported that marijuana is used in combination with a host of other drugs. Frequently these drugs include alcohol, methamphetamine, CPDs, and cocaine. According to TEDS data, the number of patients admitted to rehabilitation centers for marijuana abuse declined in Arkansas, Louisiana, and Mississippi, but increased in Alabama in 2018.

Treatment Episode Data Sets (TEDS)				
Marijuana				
	Alabama	Arkansas	Louisiana	Mississippi
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
2017	3,136	2,525	1,315	1,508
2018	3,274	2,177	685	1,043

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 1, 2019.

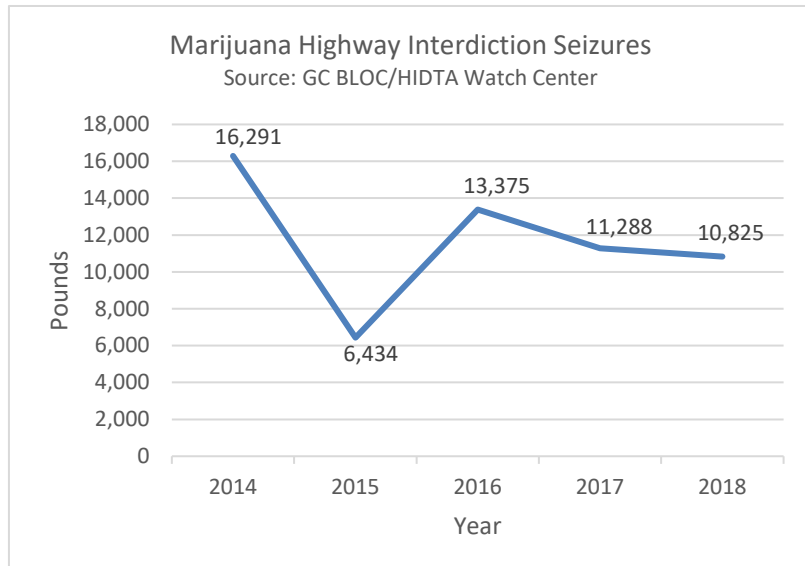
IV. Price

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. 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.³⁴

V. Transportation

Twenty-four percent of Law Enforcement Survey respondents reported an increase in the transportation of marijuana and 66 percent reported that it remained stable in 2018. Black American DTOs are the primary transporters, wholesale and retail distributors of marijuana in the region, followed by Caucasian American DTOs.

Marijuana is the most commonly seized drug in DHE encounters. The GC BLOC/HIDTA Watch Center reported that interdiction officers along GC HIDTA interstates seized 10,825 pounds of marijuana and 2,116,270 dosage units of THC products in 2018. According to surveyed law enforcement, the primary source state for high-grade or medicinal marijuana for the GC HIDTA region is California, followed by Colorado, Texas, Arizona, and Washington State.



VI. Production

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

Since indoor and hydroponically grown marijuana are more potent and therefore more lucrative than Mexico-produced marijuana, many local growers have opted for these types of grow operations. Indoor local grow operations employ sophisticated means of production and concealment. These range in size from small closets to entire residences. Indoor cannabis cultivation requires diligent oversight because the grower must provide plants with light, heat, humidity, and fertilizer.

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



The below table details the DEA Cannabis Eradication program results for 2017 in the GC HIDTA. Available data for 2018 demonstrates that in Alabama 27 outdoor grow sites, three indoor grow sites, 3,152 plants, and 21 arrests were reported.³⁵ In 2018 in Mississippi, 69,504 marijuana plants were seized, valued at approximately \$150 million, spread across 12 acres of land in Jefferson Davis County.^{36, 37}

2017 Domestic Cannabis Eradication				
	Eradicated Outdoor Grow Sites	Eradicated Indoor Grow Sites	Indoor and Outdoor Cultivated Plants	Arrests
Alabama	41	3	9,394	43
Arkansas	42	0	62,323	31
Louisiana	5	5	284	38
Mississippi	48	6	20,728	79
Source: DEA Domestic Cannabis Eradication/Suppression Program				

In December 2018, Congress passed the 2018 Agriculture and Nutrition Act (i.e., 2018 Farm Bill), legalizing the production of industrial hemp and removing hemp from classification as a Schedule I substance. While a form of cannabis, hemp has lower levels of THC and under the Farm Bill, hemp cannot contain more than 0.3 percent THC. States may create a regulation plan for the production of hemp, which the USDA must approve or states may apply for licenses under a USDA regulation plan.³⁸

Within the GC HIDTA, Alabama has legalized the production, sale, and possession of industrial hemp upon approval for a permit.³⁹ In April 2019, Louisiana HB491 was introduced proposing to legalize the production of hemp in Louisiana. If this became law, the Louisiana Agriculture Commissioner would implement a plan to license each farmer, track their production, file reports to the USDA, test THC levels, and potentially seize and destroy hemp plants with a THC content over 0.3 percent.⁴⁰ With the legalization of hemp production comes obstacles for law enforcement, as it can be difficult to accurately test the percentage of THC in legally grown hemp across an entire state. Further, states have different methods of testing THC levels, making slight differentiations in THC levels potentially legal with one test but illegal with another test or state. This also ushers in a challenge for the transportation of industrial hemp throughout the GC HIDTA region.

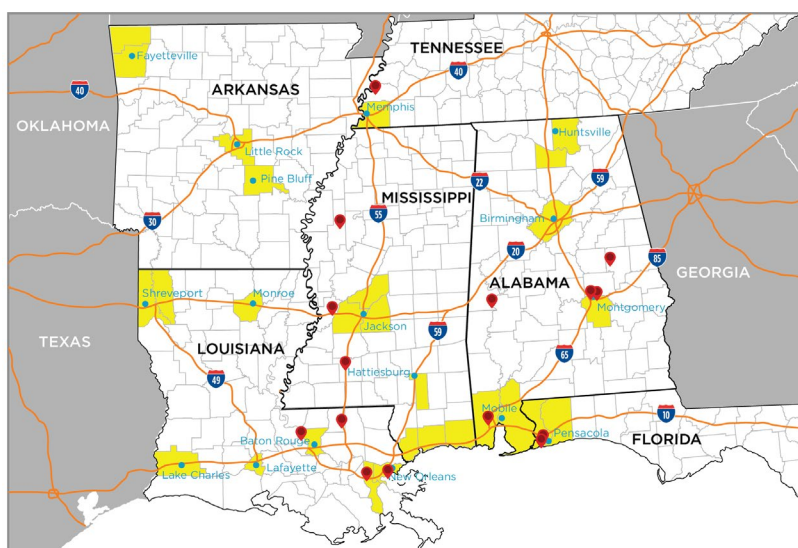
G. Cocaine and Crack Cocaine

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 Law Enforcement 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. Fifty-two percent of Law Enforcement Survey respondents claim that cocaine and crack have a moderate level of availability while 26 percent rank it as high. Sixty-eight percent report that the availability of cocaine and crack over the past 12 months has remained the same.



Gulf Coast HIDTA Agencies Reporting New Cocaine (Powder, Crack) as Greatest Drug Threat

While the threat of cocaine and crack remain a lower drug threat across the GC HIDTA, Law Enforcement Survey respondents ranked this drug as the fourth greatest drug threat in Alabama, Mississippi, and Northwest Florida. In 2018, the Alabama Department of Forensic Sciences analyzed 10,340.32 grams of cocaine and cocaine accounted for 16 percent of NFLIS submissions in Northwest Florida.⁴¹

III. Use

According to 50 percent of Treatment and Prevention Survey respondents cocaine and crack use has remained moderate in the previous 12 months. Additionally, 75 percent of respondents reported that inpatient admissions for cocaine and crack have stayed the same. Cocaine is frequently used in combination with a variety of other drugs. According to treatment and prevention professionals along the Gulf Coast, marijuana and alcohol are most frequently used in combination with cocaine.

According to Treatment Episode Data Sets (TEDS), the number of patients admitted to licensed or certified drug treatment centers for cocaine (smoked) and cocaine (ingested via other route) abuse decreased in

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Alabama, Arkansas, Louisiana, and Mississippi in 2018. The Alabama Department of Mental Health reported 2,230 admissions for both powder and crack cocaine in 2018, an increase of six percent from the preceding year.⁴²

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)
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
2017	577	390	329	198	688	277	406	245
2018	500	335	270	161	514	198	328	179
Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 1, 2019.								

IV. Price

The average price for an ounce of powder cocaine in the GC HIDTA is between \$800 and \$1,400 and a kilogram of powder cocaine is between \$22,000 and \$37,000. The average price for a rock of crack cocaine is between \$10 and \$50, whereas a gram may cost between \$75 and \$150.⁴³

V. Transportation

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 wholesale and retail distribution. This group is also responsible for converting powder cocaine into crack prior to retail distribution. The majority of Law Enforcement Survey respondents indicated that the distribution and transportation of cocaine remained moderate in 2018. Information reported to the GC BLOC/HIDTA Watch Center from HIDTA's DHE program indicates that 1,125.5 pounds of cocaine were seized in 2018.

In 2000, the Colombian and United States governments launched Plan Colombia, an eradication program intended to destroy coca and poppy crops used to produce cocaine and heroin. Colombia rolled back the aerial chemical spraying in mid-2015 after an agency of the World Health Organization declared that the active ingredient in the spray had the potential to cause cancer in humans. The end of Colombia's eradication program resulted in a surge of coca production as government intervention in the crop's production ceased. The production of cocaine in the years since has reflected on the increasing amount seized along United States borders. According to EPIC, approximately 14,139 kilograms of cocaine were seized along the United States' SWB in 2018, as compared to 10,874 kilograms seized in the last year of Plan Colombia in 2014.

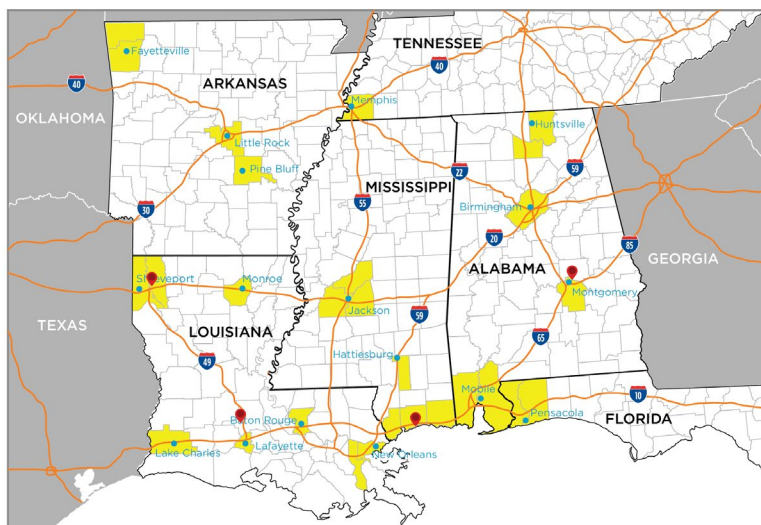
VI. Production

Coca is neither cultivated nor produced within the GC HIDTA, but originates in South America. According to the DEA's Cocaine Signature Program in 2017, approximately 93 percent of tested cocaine samples originated from Columbia.⁴⁴

H. New Psychoactive Substances

I. Overview

Also referred to as designer synthetic drugs, new psychoactive substances (NPSs) are classified as having no legitimate industrial or medical uses. The misuse of these chemicals in the past decade represents an ongoing public health and safety threat. There are three main categories of NPSs: synthetic cannabinoids, synthetic cathinones, and phenethylamines. Synthetic cannabinoids are comprised of various plant materials that are coated with chemicals to produce a strong intoxicating effect. Synthetic cathinones have stimulant properties related to the cathinone drug class and the effects are similar to drugs such as cocaine, MDMA, or methamphetamine. Synthetic phenethylamines mimic popular hallucinogens and can be found in powder and liquid forms.



Gulf Coast HIDTA Agencies Reporting New Psychoactive Substances as Greatest Drug Threat

Synthetic cannabinoids and cathinones were designed to mimic the effects of marijuana and stimulants and are commonly referred to as “synthetic marijuana” or “bath salts.” These products have risen in popularity since their debut in 2008, particularly for those between 12 and 29 years of age. Sold as herbal incense, products such as K2, Spice, Genie, and Mojo are readily available in head shops and convenience stores throughout the region.



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

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

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

II. Availability

While the majority (76 percent) of the Law Enforcement Survey respondents reported high availability of NPSs, the majority (36 percent) reported availability as being the same as last year.

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Thirty-seven percent of Law Enforcement Survey respondents reported MDMA's overall availability as moderate and 33 percent reported it as low. The majority (60 percent) report MDMA's availability is the same as last year.

III. Use

Of the treatment and prevention providers surveyed, 12 percent reported a high level of abuse and 28 percent reported moderate abuse. While NPSs may not be a primary contributor to violent and property crimes, some of these drugs are known to cause violent behavior. Synthetic cathinones, phenethylamines, and 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 reported an increase of NPS inpatient admissions in the previous twelve months. The majority (40 percent) of Law Enforcement Survey respondents stated the demand for NPSs has remained the same as last year.

Product inconsistency poses a serious concern for those who choose to abuse synthetic cathinones and cannabinoids. Importers and retail traffickers care little about the chemical makeup of their product. NPS abusers dangerously risk their physical and mental health when consuming these unregulated and illegal substances.

IV. Price

MDMA can cost between \$5 and \$30 per pill. There is no accurate data on the pricing of other NPS.⁴⁵

V. Transportation

Caucasian American DTOs are the primary transporters, wholesale distributors, and retail distributors of NPSs and MDMA (i.e., ecstasy) within the GC HIDTA. This is followed by Black American DTOs. 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 Molly, 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. Acting as an extremely powerful analgesic, it is approximately 100 times more potent than fentanyl and 10,000 times stronger than morphine. It is often used in combination with heroin, cocaine, or fentanyl to increase their overall potency. Detecting W-18 during autopsies is a challenge because it is difficult to determine the patterns of use in overdose victims.⁴⁶

I. Drug Transportation Methods

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

I. Interstate Highways

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

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

Seizure	Amount Seized
Heroin	72.3 lbs.
Cocaine	1,125.5 lbs.
Marijuana	10,825 lbs.
THC Products	2,116,270 dosage units
Methamphetamine	807.9 lbs.
Fentanyl	63.6 lbs.
Opioid Pharmaceutical Narcotics	144,399,508 dosage units
Non-Opioid Pharmaceutical	6,685 dosage units
Currency	\$11,007,146
Drugs removed from the marketplace in CY2018 by law enforcement along interstates and highways as reported to the GC BLOC/ HIDTA Watch Center.	

The reporting of DHE seizures represents an intelligence gap, as many state and local law enforcement seizures go unreported. Data collection will improve as more law enforcement authorities are trained to report interdiction seizures via EPIC's National Seizure System and partner with the GC BLOC/HIDTA Watch Center.

II. Mail Carrier Services

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 Federal Express (FedEx) hub in Memphis, TN opened in 1973. The hub encompasses a five-mile perimeter with slots for 175 aircraft and 42 miles of conveyor belts. Approximately 2.5 million packages move through the facility daily. Interdiction agents at the FedEx hub noted marijuana was the most frequently seized substance in 2018, but methamphetamine and cocaine were the highest volume of drugs seized, as depicted in the table to the right. Department of Homeland Security personnel at the hub reported 619 drug seizures in 2018; down from 2,198 seizures in 2017. Additionally, in August 2018, HSI Memphis in conjunction with several offices, conducted a controlled delivery of 572.50 Kg of marijuana.⁴⁷

2018 FedEx Hub Seizures	
Seizure	Amount
Cocaine	1,303.03 Kg
Methamphetamine	948.30 Kg
Marijuana	231.00 Kg
Heroin	68.06 Kg
Fentanyl	15.19 Kg
Source: DHS Memphis	

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

III. Railways and Bus Lines

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

Law enforcement in the GC HIDTA continue to make significant cases through increased enforcement focus on commercial bus terminals and railway stations. There are numerous commercial bus companies operating within the region. Many smaller, independent charter companies enter the Gulf Coast from bordering states transporting tourists into the area. For example, Shreveport, LA receives carriers from Texas via I-20 as well as carriers from Mississippi and Arkansas.

IV. Commercial Carriers

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

V. Air Traffic

The GC HIDTA faces a significant threat via commercial air traffic from drug source countries. All states in the GC HIDTA contain an international airport; however, regional airports are of greatest concern to law

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

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

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

VI. Maritime

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

New Orleans is currently home to two Carnival cruise ships, one Norwegian cruise ship, one Royal Caribbean cruise ship, and a Disney cruise ship is expected in 2020. Over 700,000 passengers travel annually through the Port of New Orleans increasing the threat of drug and currency smuggling via maritime means. Pharmacies located in foreign cruise ship terminals make it easy for passengers to purchase pharmaceuticals at a cheaper rate and without a prescription. This provides passengers the opportunity to transport the drugs into the United States. These ships depart the Port of New Orleans weekly, increasing the threat of counterfeit pharmaceuticals smuggled into the United States from the international ports by passengers and crew members.

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

Drug smuggling activities within our maritime domain are primarily destined for the south shores of Texas and the Louisiana coastline. 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. According to HSI Intelligence, inbound vessels arriving at southwestern Louisiana ports in 2017 most commonly had their last port of call in or originated from Mexico, followed by Venezuela, Colombia, and Brazil. HSI also reports that Vermillion Bay is the most vulnerable area to illicit maritime smuggling and immigration violations in southwestern Louisiana.⁴⁸ 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.

According to Coast Guard Intelligence, the greatest threat in the GC region is marijuana drug lanchas in South Texas. Lanchas are 20 to 30 foot long fiberglass open hull vessels with a single outboard engine. Lanchas are recruited by Mexican TCOs, such as the Gulf Cartel, to smuggle drugs into South Texas. Coast Guard intelligence assesses that two to three lancha events occur per week in South Texas, with an estimated flow of 1,600 to 2,400 pounds of marijuana per week or 56 tons per year. In FY2018, law enforcement interdicted or disrupted four lancha drug movements. Additionally, in FY2018 there were 15 drug wash-ups including 11 cocaine wash-ups totaling 42.7 kilograms and four marijuana wash-ups totaling 32.9 pounds. As depicted in the below map, all wash-ups occurred along the Texas, Louisiana, and Northwest Florida coastline.⁴⁹



Figure 2: (U) Documented drug wash-ups for FY18.

In October 2018, United States Border Patrol in Cameron Parish, LA located a Marine Instruments M3i Sounder Buoy tethered to a raft on the beach and pieces of a raft further down the beach. The buoy is intended to detect the presence of fish and reports sounder data and its GPS position every five minutes with an unlimited battery life and 150 meter range.⁵⁰ South American DTOs are increasingly using equipment similar to this GPS enabled buoy to abandon drugs in the Pacific and Gulf, then later retrieve them and bring them onto United States shores.⁵¹ This is an example of how DTOs exploit the Gulf of Mexico for trafficking drugs into the GC HIDTA.

It is highly probable that DTOs will seek to exploit the Panama Canal expansion to increase drug smuggling into United States 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 DTOs to move drugs into Gulf of Mexico ports.

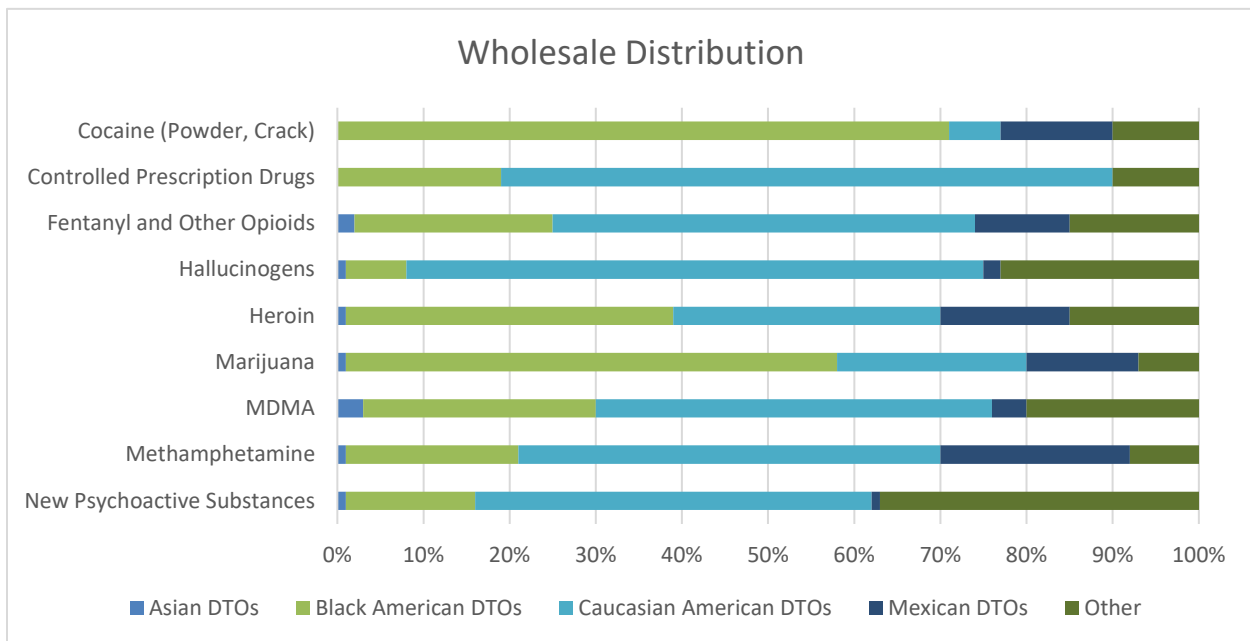
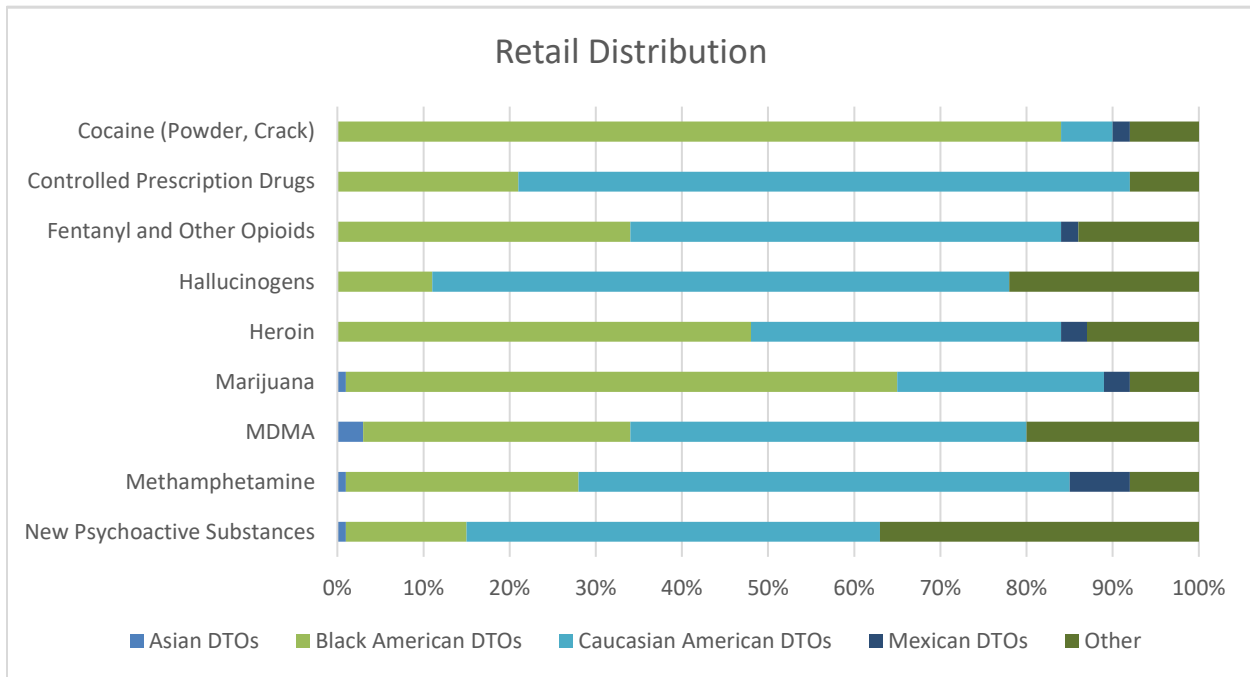
VII. Maritime Intelligence Gap

Lack of human intelligence as well as criminal intelligence leads developed from sources outside the GC HIDTA (i.e., foreign maritime leads) creates significant gaps in available information that would allow higher confidence levels in maritime threat forecasting. Analysts also note that wash-ups are reported more commonly during spring and summer months possibly due to increased activity on shorelines.

V. Drug Trafficking Organizations

A. Overview

There are numerous DTOs and money laundering organizations (MLOs) operating within the GC HIDTA. These groups utilize a variety of lucrative methods to further their criminal activities and ultimately, their profits. Below are charts based on Law Enforcement Survey respondents indicating the type of DTO dominating the transportation, wholesale distribution, and retail distribution of drugs in the GC HIDTA.



B. International DTOs

I. Mexican DTOs

Mexican DTOs 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 SWB to the Gulf Coast positions the region as a key drug trafficking route. Mexico is a major source country for many of the illicit drugs that enter the United States. Many of these DTOs have ties to the cartels in Mexico which act as their source of supply. According to the DEA, the Gulf Coast region is primarily impacted by the Gulf Cartel and Los Zetas due to their prominence in East Texas, namely Dallas and Houston. The Sinaloa Cartel and CJNG also maintain an influence in the region.⁵² Southeastern Louisiana is heavily influenced by the Beltran-Leyva Organization (BLO), Sinaloa, and Gulf Cartels. The Little Rock, AR area is primarily influenced by the BLO, while the Sinaloa Cartel exerts control over Memphis, TN and Jackson, MS.⁵³

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

Mexican DTOs play a significant role in the transportation of cocaine, fentanyl, heroin, marijuana, and methamphetamine into the GC HIDTA. They are ranked within the top three contributors to the transportation and wholesale distribution of all drug categories surveyed by the GC HIDTA in 2018 (i.e., cocaine, CPDs, fentanyl and other opioids, hallucinogens, heroin, marijuana, MDMA, methamphetamine, and NPSs). More specifically, Mexican DTOs are the number two contributors to the transportation and wholesale distribution of cocaine and methamphetamine. They are less involved in the retail distribution of illicit drugs and instead, transport large quantities of drugs to a variety of distributors operating within the area who control retail distribution. These distributors range from legitimate DTOs to small neighborhood gangs.

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

International DTOs Identified by the GC HIDTA in 2018	
Characteristics	
Total International DTOs	176
Asian	1
Black American	29
Caucasian American	15
Hispanic (non-Mexican)	14
Mexican	54
Multi-ethnic	47
Average DTO Size	9.3
Total Members (Leaders)	1,629 (263)
Gang Related	1
Violent	16
Poly-drug	48
Money Laundering Activities	6
Federal Case Designations	
OCDEF	40
CPOT	5
RPOT	2
PTO	14
Source: PMP, Table 2 Spreadsheet, Accessed 3/20/19	

C. Multi-State/Regional DTOs

I. Caucasian American DTOs

Caucasian American DTOs are responsible for more poly-drug distribution than any other group in GC HIDTA. Their operations are widespread and they are involved in every step of the transportation, wholesale, and retail distribution process. Caucasian American DTOs utilize air, land, marine, and parcel delivery services to transport drugs.

Caucasian American DTOs are the primary transporters, wholesale distributors, and retail distributors of CPDs, fentanyl and other opioids, hallucinogens, MDMA, methamphetamine, and NPSs. They rank among the top three transporters, wholesale distributors, and retail distributors for the remaining drug categories (i.e., cocaine, heroin, and marijuana).

II. Black American DTOs

According to the Law Enforcement Survey, Black American DTOs are the primary transporters, wholesale distributors, and retail distributors of cocaine, heroin, and marijuana. They rank among the top three transporters, wholesale distributors, and retail distributors for the remaining drug categories.

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

III. Asian DTOs

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 the transportation and wholesale distribution of fentanyl and other opioids and NPSs. They are also notably involved in the transportation, retail distribution, and wholesale distribution of MDMA. Asian DTOs are also highly entrenched in money laundering activities, gambling, and prostitution. Typically, these groups recruit Asian Americans, allowing them to blend into immigrant communities to exploit United States drug markets.⁵⁴

Multi-State DTOs Identified by the GC HIDTA in 2018	
Characteristics	
Total Regional DTOs	356
Asian	4
Black American	176
Caucasian American	72
Hispanic (non-Mexican)	28
Mexican	12
Multi-ethnic	53
Average DTO Size	8.4
Total Members (Leaders)	3,005 (466)
Gang Related	3
Violent	44
Poly-drug	115
Money Laundering Activities	3
Federal Case Designations	
OCDETF	60
CPOT	4
RPOT	2
PTO	19
Source: PMP, Table 2 Spreadsheet, Accessed 3/20/19	

IV. 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 Bandidos, Hells Angels, Sons of Silence, Vagos, Outlaws, Devils Disciples, and Outcast. Due to their organizational structure, secrecy among members, and security, these OMGs are difficult to penetrate. Law Enforcement Survey respondents indicate OMGs operating in the GC HIDTA are involved in the distribution of illicit drugs; primarily marijuana and methamphetamine. In addition, instances of violence and other criminal acts attributed to the OMGs operating in the GC HIDTA include homicide, intimidation, weapons violations, extortion, and racketeering.

The Bandidos have chapters in Baton Rouge, Houma, Lafayette, Lake Charles, Minden, New Orleans and Shreveport, Louisiana; Birmingham, Huntsville, Mobile, and Montgomery, Alabama; Jackson, and Biloxi/Gulfport, Mississippi; and Little Rock, Arkansas. Pistoleros are a support club for the Bandidos with chapters in Birmingham, Dothan, Huntsville, Jasper, Mobile, and Montgomery, Alabama; DeSoto County, Forest County, Harrison County, Hinds County, and Lauderdale County, Mississippi.

Galloping Goose has chapters in New Orleans and Houma, Louisiana, as well as Picayune, Mississippi. Vagos and Iron Coffins have a presence in Mississippi. Hells Angels established a start-up chapter in Jacksonville, Arkansas. LA Riders have chapters in New Orleans, Louisiana. The Tri-Parish chapter includes Lafourche, Terrebonne, and Assumption Parishes, Louisiana. Outlaws have a presence in Birmingham, Dothan, and East Orange, Alabama. Black Pistons and Lower Class are support clubs for Outlaws in Alabama. Devils Disciples have chapters in Albertville, Anniston, Atmore, Birmingham, Dozier, Tuscaloosa, Lillian and Mobile, Alabama, as well as a support club known as the Sinisters in Tuscaloosa, Alabama. The Sons of Silence have chapters in Baton Rouge, Gonzales, Lake Charles, Minden, and New Orleans, Louisiana; Little Rock, Arkansas; and Rankin County, Mississippi. Outcast has chapters in Dothan, Montgomery, Birmingham, Bessemer, and Huntsville, Alabama, as well as in Mississippi.⁵⁵

V. 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 mostly of young Caucasian males.

D. Local DTOs

I. Street Gangs

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. According to the Law Enforcement Survey respondents, members of local street gangs typically distribute cocaine, heroin, marijuana, and methamphetamine.

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 109 gangs and 13,513 gang members.⁵⁶

The majority of the gangs in the Shelby County area are subsets of nationally affiliated gangs (e.g., Crips (Grape St.), Bloods, Vice Lords, Gangster Disciples, various hybrids (e.g., Fast Cash, F.A.M., Young Mob, Trulla). 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.

Some of the more organized gangs that have been observed in Alabama include the Bloods, Crips, and Folk. The six southernmost counties in Mississippi are influenced by the Simon City Royals, Gangster Disciples, Latin Kings, Vice Lord and Subsets, and Black Gangster Disciples.

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.⁵⁷

Local DTOs Identified by the GC HIDTA in 2018	
Characteristics	
Total Local DTOs	318
Asian	2
Black American	144
Caucasian American	71
Hispanic (non-Mexican)	8
Mexican	12
Multi-ethnic	71
Average DTO Size	7.9
Total Members (Leaders)	2,499 (400)
Gang Related	6
Violent	31
Poly-drug	104
Money Laundering Activities	0
Federal Case Designations	
OCDETF	26
CPOT	2
RPOT	0
PTO	15
Source: PMP, Table 2 Spreadsheet, Accessed 3/20/19	

VI. Money Laundering Organizations

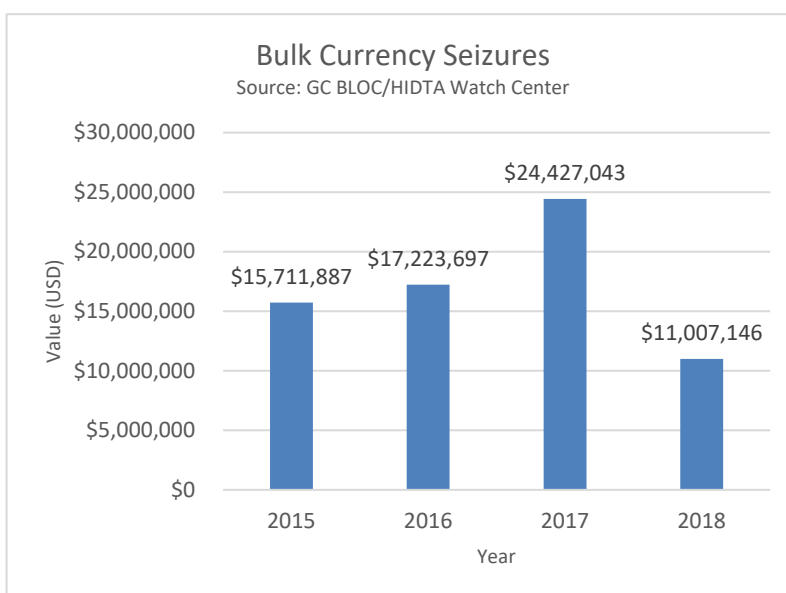
Three money laundering organizations (MLOs) were identified in the GC HIDTA in 2018. All three were multi-state/regional and two were associated with trafficking cocaine.

MLOs Identified by the GC HIDTA in 2018			
Total Identified	International	Multi-State/Regional	Local
3	0	3	0

Source: HIDTA PMP, Accessed 3/20/19

In addition to these MLOs, many DTOs in the GC HIDTA have adopted a variety of money laundering techniques in an attempt to legitimize their profits. Respondents to the Law Enforcement Survey indicated the most common money laundering technique present in the GC HIDTA in 2018 is bulk cash movement, followed by prepaid cards, money services and cash-intensive businesses, structuring through legitimate banking institutions (“smurfing”), electronic commerce, cryptocurrencies (e.g., Bitcoin), trade-based, informal value transfer systems, and finally real estate. Financial “smurfing” is the act of breaking down a transaction into smaller transactions to avoid regulatory requirements or an investigation by the authorities. Cash-intensive businesses utilized by DTOs for money laundering include nail salons, restaurants, bars, nightclubs, casinos, check-cashing businesses, and the fishing industry.

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



Since most drugs distributed in the GC HIDTA originate outside its borders, DTOs must find efficient and ingenious methods to transfer illicit proceeds to their sources of supply. Most Mexican DTOs use bulk currency shipments as their primary method of repatriating drug proceeds to their home country. DTOs also use more traditional methods to move currency including money wire transmitters. Transmitters often turn a blind eye to customers who structure transfers to multiple recipients in order to circumvent required currency reporting requirements.

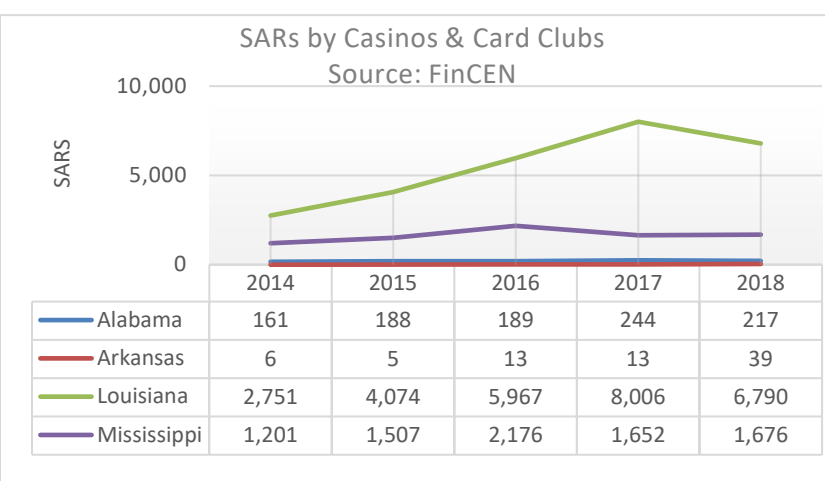
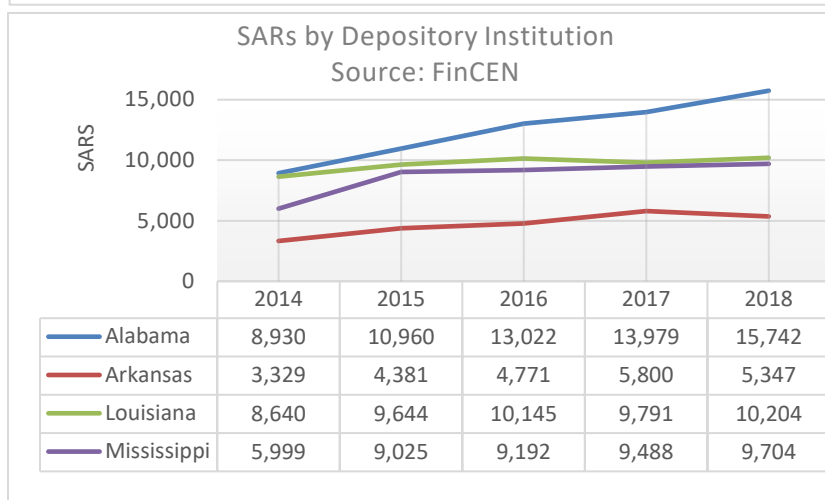
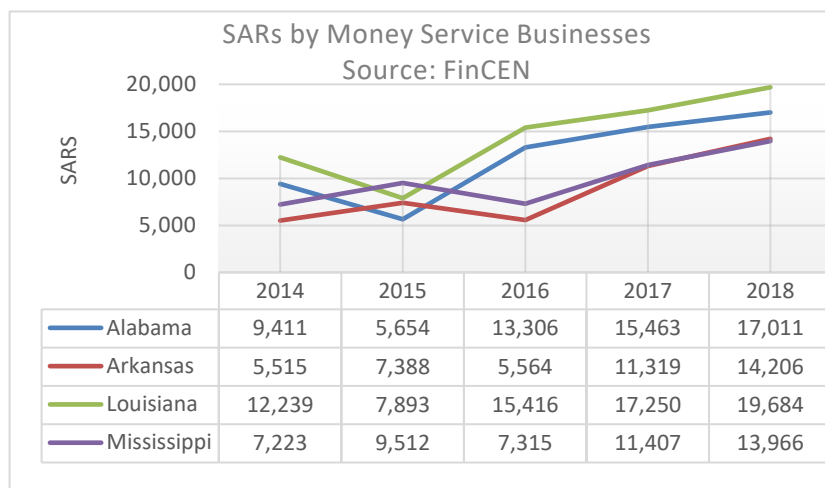
In coordination with the Financial Crimes Enforcement Network (FinCEN), the GC HIDTA detected evidence of money laundering via gambling casinos and financial institutions through the examination of Suspicious Activity Reports (SARs). Although assistance by FinCEN helps address the difficulties of

tracking wired currency and/or currency moved via financial institutions, the bulk movement of currency out of the United States and into transit and source countries remains a problem for law enforcement.

The majority of SARs filed in the GC HIDTA are from money service businesses such as wire transmitters.⁵⁸ Many DTOs have several of their members wire money in amounts under \$2,000 to circumvent reporting requirements.⁵⁹ The number of SARs by money service businesses for Alabama, Arkansas, Louisiana, and Mississippi has steadily increased in 2017 and 2018. The number of SARs by depository institution also increased for Alabama, Louisiana, and Mississippi in 2018.

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. In 2018, the number of SARs filed by casinos and card clubs increased in Arkansas and Mississippi.

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

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

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

VII. Forecast

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

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 2018 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 2018. 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, Florida, and Louisiana's passing of medical marijuana, will further escalate abuse and availability rates. Marijuana and THC-based products will continue to affect a younger consumer base as they are marketed towards teenagers and children. Additionally, with the passing of the 2018 Farm Bill, Alabama legalized the production, sale, and possession of industrial hemp. This will present a challenge for law enforcement as it has not become legal in other states in the GC HIDTA yet and tests must demonstrate less than 0.3 percent

THC. Cocaine will remain a moderate threat to the GC HIDTA and a major contributor to violent and property crime. It is likely that the abuse of NPSs will remain at a low to moderate rate. Spice and other synthetic drugs will remain a low to moderate threat. Manufacturers will continue to alter the molecular structure of these substances to circumvent legal restrictions.

Mexico-based poly-drug DTOs remain key 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, New Orleans, and Dallas will remain source cites for illicit drug trafficking. 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 western states. Thousands of pounds are seized through interdiction efforts alone. In addition to the physical threat posed by marijuana entering the region, many DTOs, 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. In addition, law enforcement partners throughout the GC HIDTA express increased concern over poly-drug DTOs distributing a number of drugs, rather than supplying one type of drug.

VIII. Appendices

A. Methodology

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

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

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

The GC HIDTA ISN compiles and edits the 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. The GC HIDTA Executive Board grants final approval of the regional threat assessment. The GC HIDTA Threat Assessment adheres to the guidelines set forth by ONDCP and is forwarded to ONDCP upon approval from the Executive Board.

The 2020 GC HIDTA Drug Threat Assessment focuses on seven major drug categories: methamphetamine, heroin, fentanyl and other opioids, cocaine, controlled prescription drugs, new psychoactive substances, and marijuana. Each category is presented in detail. The identification of trends, developments, and projections for the future by drug type are also included in the threat assessment. In addition, the threat assessment identifies the problems posed by the threat and the anticipated impact on the GC HIDTA.

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

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

B. Source Consideration and Explanation

EPIC National Seizure System (NSS): EPIC is a multiagency intelligence center that offers tactical, operational, and strategic intelligence support to law enforcement organizations of all levels. NSS is an

information repository run by EPIC. It contains drug seizure data from 2000 to the present-day and captures drug, weapon, and currency seizure information that meet or exceed the federal threshold limit.

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

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

HIDTA Performance Management Process (PMP): A database is used to record and maintain information related to DTOs, money laundering organizations (MLOs), Regional Priority Organization Targets (RPOT), and Consolidated Priority Organization Target (CPOT)-related DTOs and MLOs known to operate in the GC HIDTA region. The GC HIDTA funded task forces and GC HIDTA are required to update the PMP database with the most recent information regarding drug seizures and drug-related assets. Changes in the status of a DTO/MLO (e.g., disruption, dismantlement) are also regularly updated.

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

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

C. Appendix I: Agencies Participating in the 2020 Gulf Coast HIDTA Law Enforcement Survey

1st District Drug Task Force	Birmingham Police Department
1st Judicial District Drug Task Force	Bossier City Police Department
1st Special Ops Security Forces Squadron	Brandon Police Department
4th Judicial District Drug Task Force/ Western	Breaux Bridge Police Department
Arkansas Mobile Deployment Team	Bridge House Corporation
5th Drug Task Force	Brookhaven Police Department
8th Judicial South Bi State Narcotics Task Force	Broussard Police Department
9 West Judicial Drug Task Force	Caddo Parish Sheriff's Office
10th Drug Task Force	Calcasieu Parish Sheriff's Office
12th Drug Task Force	Caldwell Parish Sheriff's Office
13th Judicial Drug Task Force	Calhoun County Sheriff's Office
14th Drug Task Force	Cameron Parish Sheriff's Office
18th West Drug Task Force	Carencro Police Department
20th Judicial District Drug Task Force	Catahoula Parish Sheriff's Office
25th Judicial Drug Task Force	Centenary College Police Department
38th Circuit District Attorney	Chambers County Drug Task Force
Acadia Parish Sheriff's Office	Chambers County Sheriff's Office
Alabama Department of Corrections	Cherokee County Sheriff's Office
Alabama Law Enforcement Agency	Cherokee Village Police Department
Alabama National Guard/ JCDTF	Chicot County Sheriff's Office
Alabama Office of the Attorney General	Chilton County Sheriff's Office
Alexandria Police Department	Chitimacha Tribal Police Department
Allen Parish Sheriff's Office	Church Point Police Department
Amite City Police Department	Clarksville Police Department
Andalusia Police Department	Cleveland Police Department
Arkansas 15th Drug Task Force	Colbert County Drug Task Force
Arkansas State Crime Lab	Collierville Police Department
Arkansas State Police	Concordia Parish Sheriff's Office
Ascension Parish Sheriff's Office	Coushatta Tribal Police Department
Atchafalaya Basin Levee District Police	Covington County Sheriff's Office
Athens Police Department	Covington Police Department
Auburn Police Department	Crenshaw County Sheriff's Office
Autauga County Sheriff's Office	Crowley Police Department
Avoyelles Parish Sheriff's Office	De Witt Police Department
Baker Police Department	DEA Fayetteville
Bartlett Police Department	DEA Little Rock
Baton Rouge Community College Police	DEA Memphis
Department	DEA Mobile
Baton Rouge Police Department	DEA Montgomery
Bayou La Batre Police Department	DEA New Orleans
Beauregard Parish Sheriff's Office	DEA Pensacola
Benton County Sheriff's Office	Delcambre Police Department
Benton Police Department	Demopolis Police Department
Berwick Police Department	Denham Springs Police Department
Bessemer Police Department	Department of Homeland Security
Bienville Parish Sheriff's Office	Department of Justice
Biloxi Police Department	

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Desoto Parish Sheriff's Office/Tri Parish Drug Task Force	Iberia Parish Sheriff's Office
Dothan Police Department	Iberville Sheriff's Office
Drug Enforcement Administration	Independence Police Department
East Baton Rouge Sheriff's Office	Indianola Police Department
East Brewton Police Department	Iota Police Department
East Carroll Sheriff's Office	Jackson County Sheriff's Office
East Jefferson and Orleans Levee District Police	Jackson Parish Sheriff's Office
East Jefferson Levee District Police Department	Jacksonville Police Department
East Mississippi Drug Task Force/ Lauderdale County Sheriff's Department	Jefferson County Sheriff's Office
Ellisville Police Department	Jefferson County Sheriff's Office/ TCDTF
Elmore County Sheriff's Office	Jefferson Parish Sheriff's Office
Eufaula Police Department	Jefferson Davis Sheriff Office
Eunice Police Department	Jonesboro Police Department
Farmington Police Department	Kaplan Police Department
Fayetteville Police Department	Kenner Police Department
Federal Bureau of Investigation	Killian Police Department
Florence Police Department	Lafayette County Metro Narcotics Unit
Florida Fusion Center	Lafayette Police Department
Florida Highway Patrol	LaSalle Parish Sheriff's Office
Foley Police Department	Leesville Police Department
Fort Smith Police Department	Limestone County District Attorney's Office
Franklin City Police Department	Lincoln Parish Sheriff's Office
Franklin County Sheriff's Office	Little Rock Police Department
Franklin Parish Sheriff's Office	Livingston Parish Sheriff's Office
Ft. Walton Beach Police Department	Livingston Police Department
Geneva Police Department	Long Beach Police Department
George County Sheriff's Office	Louisiana Bureau of Investigation
Germantown Police Department	Louisiana Department of Corrections, Probation & Parole Division
Gonzales Police Department	Louisiana Department of Public Safety and Corrections
Gramercy Police Department	Louisiana Department of Wildlife and Fisheries Enforcement Division
Grant Sheriff's Office	Louisiana Governor's Office of Homeland Security and Emergency Preparedness/HSI
Gretna Police Department	Louisiana Probation and Parole
Gulf Breeze Police Department	Louisiana State Police
Gulf Coast HIDTA	Louisiana State University, Alexandria Police Department
Gulf County Sheriff's Office	Louisiana State University, Shreveport Police Department
Gulfport Police Department	Louisiana Tech University Police Department
Hammond Fire Department	Luverne Police Department
Hammond Police Department	Madison County Sheriff's Office
Harbor Police Department	Madison Police Department
Harrison County Sheriff's Office	Magnolia Police Department
Hartselle Police Department	Marengo County Sheriff's Office
Hinds County Sheriff's Office	Marion County Sheriff's Office
Homeland Security Investigations	Memphis Police Department
Houma Police Department	
HSI BEST	
HSI Fayetteville	
Huntsville Police Department	

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Millbrook Police Department	Prentiss County Sheriff's Office
Millington Police Department	Prentiss Police Department
Mississippi Bureau of Narcotics	Public Safety & Corrections
Mississippi Bureau of Narcotics, Intelligence	Pulaski County Sheriff's Office
Mississippi Bureau of Narcotics/FBI Safe Streets	Rankin County Sheriff's Office
Mississippi County 2nd Drug Task Force	Rapides Parish Sheriff's Office
Mississippi Department of Transportation	Rayne Police Department
Mississippi Gaming Commission Enforcement Division	Red River Parish Sheriff's Office
Mobile County Sheriff's Office	Richland Parish Sheriff's Office/ Narcotics
Monroe Metro Drug Task Force	Roanoke Police Department
Monroe Police Department	Rogers Police Department
Montgomery County Sheriff's Office	Rosepine Police Department
Montgomery Police Department	Russell County Sheriff's Office
Morgan City Police Department	Ruston Police Department
Moss Point Police Department	Sabine Parish Sheriff's Office
Mountain Home Police Department	Saline County Sheriff's Office
Natchitoches Parish Sheriff's Office	Santa Rosa Sheriff's Office
Naval Criminal Investigative Service	Saraland Police Department
New Iberia Police Department	Searcy Police Department
New Orleans Harbor Police Department	Shelby County District Attorney's Office
New Orleans Police Department	Shelby County Sheriff's Office
New Roads Police Department	Sheridan Police Department
Northport Police Department	Sherman Police Department
Oak Grove Police Department	Sherwood Police Department
Ocean Springs Police Department	Shreveport Police Department
Office of Juvenile Justice	Siloam Springs Police Department
Okaloosa County Sheriff's Office	Smith County Sheriff Office
Opelika Police Department	Springfield Police Department
Opelousas Police Department	St. Bernard Parish Sheriff's Office
Orleans Parish Sheriff's Office	St. Bernard Port, Harbor & Terminal District
Ouachita Parish Sheriff's Office	St. Charles Parish Sheriff's Office
Oxford Police Department	St. Clair County District Attorney's Office
Ozark Police Department	St. Francisville Police Department
Panama City Beach Police Department	St. Martin Sheriff's Office
Panola County Sheriff's Office	St. Tammany Parish Sheriff's Office
Pass Christian Police Department	Starkville Police Department
Pell City Police Department	State of Arkansas
Pensacola Police Department	Sulphur City Police Department
Perryville Police Department	Talladega County Drug Task Force
Petal Police Department	Tangipahoa Parish Office of Homeland Security & Emergency Preparedness
Picayune Police Department	Tangipahoa Parish Sheriff's Office
Pine Prairie Police Department	Tate County Sheriff's Office
Plaquemines Parish Sheriff's Office	Tennessee Bureau of Investigation
Plaquemines Port, Harbor and Terminal District	Tensas Basin Levee District Police Department
Poarch Creek Tribal Police	Texarkana Police Department
Pointe Coupee Sheriff's Office	The University of Southern Mississippi Police Department
Port Allen Police Department	Thibodaux Police Department
Prattville Police Department	Tickfaw Police Department

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Town of Franklinton Police Department
Trinity Police Department
Trumann Police Department
Tulane University Police Department
Union County Sheriff's Office
Union Pacific Railroad Police
Union Parish Sheriff's Office
University of Louisiana Monroe Police Department
University of Memphis Police Department
University of New Orleans Police Department
University of North Alabama Police Department
US Attorney's Office
US Attorney's Office, Northern District of Florida
US Marshals Service
Vermilion Parish Sheriff's Office

Vernon Parish Sheriff's Office Narcotics Task Force
Vicksburg Police Department
Vidalia Police Department
Ville Platte Police Department
Walker Police Department
Ward Police Department
Warren County Sheriff's Office
Washington County Sheriff's Office
Washington Parish Sheriff's Office
West Alabama Narcotics Task Force
West Carroll Parish Sheriff Office
West Tennessee Drug Task Force
West Tennessee Violent Crime & Drug Task Force
Woodworth Police Department
Yalobusha County Sheriff's Department

D. Appendix II: Agencies Participating in the 2020 Gulf Coast HIDTA Drug Treatment and Prevention Survey

ADAPT Inc.
Addiction Recovery Resources
Adult Outpatient Services
Adult Services
AIDS Alabama
Alabama Department of Public Health
Alcohol and Drug Abuse Treatment Centers Inc.
Aletheia House
AltaPointe Health, Adult Outpatient Services
AltaPointe Health, Fairpoint Adult Outpatient
AltaPointe Health, Substance Abuse
Ambulatory Detoxification Program
Anniston Fellowship Halfway House
Arkansas Department of Community Correction
Arkansas Department of Human Services
Arkansas Treatment Services
Aspell Recovery Center
Baptist Health Medical Center, Psychiatry
Behavioral Health Center
Behavioral Health Group
Behavioral Health Services, Florida Parishes
Human Services Authority
Behavioral Health Therapy
BHG Bessemer Opioid Addiction Treatment & Rehabilitation Center
BHG Gadsden Opioid Addiction Treatment & Rehabilitation Center
BHG Shoals Treatment Center

BHG Tuscaloosa Treatment Center
Bradford Health Services
Bridge House Corporation
Bureau of Community Preparedness, Louisiana
Department of Health
Capital Area Human Services District
CATAR (Center for Addiction Treatment and Rehabilitation) Clinic
Catholic Addiction Support
CDAC Behavioral Healthcare
CED Fellowship House
CED Mental Health Center, Mental Illness, Substance Abuse/Prevention
Center for Addiction Services and Treatment (CAST)
Center for Independent Learning
Central Arkansas Treatment Services, LLC
CHI St. Vincent Hospital Hot Springs
Client Care Continuum
CMG Mobile Metro Treatment Center, Medication-Assisted Treatment
CMG Montgomery Metro Treatment Center
Communicare
Community Development
Community Service Youth Foundation, Prevention Dept.
Community Service, Inc.

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Council on Alcohol & Drug Abuse for Greater New Orleans	Louisiana Department of Health, Office of Public Health
Counseling Associates, Inc.	LSUHSC School of Public Health
Counseling Associates, Inc., Outpatient Services	Marwin Counseling Services
Covington County Treatment Courts	MedMark Treatment Centers- Dothan
Criminal Justice Institute	MedMark Treatment Centers- Oxford
Dauphin Way Lodge	Memphis Recovery Centers
Delta Counseling Associates, Inc.	Mental Health and Substance Abuse Services
Division of Behavioral Health Services (Arkansas Department of Human Services)	Methodist Family Health
Drug and Alcohol Safety Educational Programs (Arkansas Department of Human Services)	Metropolitan Human Services District
East Alabama Mental Health Center, Opelika Addictions Center	Mid-South Health Systems, Adult OP
East Central Mental Health Center	Mission of Mercy Shoals, Inc.
ECD Program Inc.	Mississippi Department of Mental Health
Family Life Center	Mississippi Department of Mental Health, Division of Behavioral Health, Addictive Services
Family Service Agency	Mountain Lakes Behavioral Healthcare
Fellowship House	Mountain Lakes Behavioral Healthcare, Substance Abuse Service
First Step Recovery Centers	New Beginnings C.A.S.A.
Franklin Primary Health Center, Inc., Behavioral Health	New Horizon Recovery Center
Freedom House	New Orleans EMS
Greater New Orleans Drug Demand Reduction Coalition	New Pathways, LLC
Gulf Coast Treatment Center	NewLife for Women
Harbor House, Inc.	North Arkansas College
Health and Education Alliance of Louisiana	North Central Alabama Association for Alcoholism dba Cullman Lighthouse, Level III.01: Transitional Residential Program
Health Connect America	Ochsner Hospital Medicine
Health Services Center, Inc., Substance Abuse	Odyssey House Louisiana
Highland Health Systems, New Direction Substance Abuse Services	Ouachita Behavioral Health and Wellness
Hoover Treatment Center	Ozark Guidance
Huntsville and Stevenson Recovery Centers	Parents Resource Institute for Drug Education
Huntsville Metro Treatment Center	Pathways Addiction Recovery
Huntsville Recovery	People Advocating Transition (The P.A.T. Center)
Imperial Calcasieu Human Services Authority	Phenix City Area Court Referral Program
Indian Rivers Mental Health Center	Phoenix House of Tuscaloosa
Insight Treatment Program, Outpatient Treatment	Phoenix Youth and Family Services
JeffCare Community Health Center, Jefferson	Pinnacle Behavioral Health, Inc.
Parish Human Services Authority	Qualis Care of Louisiana
Jefferson Parish District Attorney's Office	Quapaw House
Jefferson Parish Human Services Authority	Reclamation Center of Alabama, Inc.
Lafayette Alcohol Traffic ACTN	Recovery Centers of Arkansas
Life Strategies Counseling, Inc.	Recovery Services
Lighthouse Counseling Center, Inc.	Region One Mental Health, Alcohol and Drug Services
Lighthouse of Tallapoosa County	Responsibility House, Inc.
Lighthouse, Inc.	Riverbend Center for Mental Health, Adult Outpatient/Substance Abuse
Louisiana Department of Corrections	Shelby County Treatment Center

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South Central Alabama Mental Health Center, Substance Abuse	The Bridge, Inc.
Southeast Arkansas Behavioral Healthcare System	The Grove Clinic
Southeast Intervention Group, Inc.	The Herring Houses of Dothan
Southeastern Louisiana University, Department of Student Affairs	The Hope House
Southern Wellness Services, Inc.	The Salvation Army
Southwest Alabama Mental Health	The Shoulder of Central Gulf Coast
Southwest Arkansas Counseling and Mental Health	Thrive Alabama, Behavioral Health
Specialty Treatment Courts, 24th Judicial District Court	Tri County Treatment Center
SpectraCare Health Systems, SA Division	Tulane University, School of Medicine, Preventive Medicine
Springdale Treatment Center	United Family Service, Mental Health Substance Use
St Clair County Day Program, Inc.	University of Alabama at Birmingham, School of Medicine, Treatment Alternatives for Safer Communities (TASC)
State of Arkansas, Office of the Drug Director Substance Abuse Services	Urban Family Ministries
TEARS Inc. (Teens Empowerment Awareness with Resolutions, Inc.)	Walker Recovery Center Inc.
Teen Challenge Adventure Ranch	Well-Ahead Louisiana
Terrebonne Behavioral Health Center, South Central Louisiana Human Services Authority	WellStone
	WellStone Behavioral Health, Substance Abuse
	West Alabama Mental Health Center
	Youth Bridge

E. Appendix III: Law Enforcement Survey Notes (Printed as Reported by Agency/Department)

ALABAMA

Athens Police Department: Individuals staying in local motels for a few days.

Auburn Police Department: Methamphetamine use on the rise again

Bayou La Batre Police Department: The use of Ice.

Birmingham Police Department: Big increase in Ice in inner city Birmingham being distributed by black DTO's that have historically sold crack and heroin

City of Hartselle Police Department: Less one pot labs, more Ice available. Cheap on the streets, \$300/ounce.

Colbert County Drug Task Force: Most of our heroin seized has high concentrations of fentanyl or all fentanyl.

DEA Mobile: Seeing a decline in overall methamphetamine prices.

Dothan Police Department: Influx of methamphetamine use and possession

Elmore County Sheriff's Office: Increase in heroin use/availability, meth pressed into pills sold as ecstasy, and increase in Spice

Eufaula Police Department: Increase in "Purple Drank" and synthetic marijuana

Franklin County Sheriff's Office: Drugs being trafficked to cities outside our jurisdiction and stashed there. People from our jurisdiction going to buy from that point moderate amounts in ounces.

Geneva Police Department: It appears that the officer encounters with suspects are becoming more hostile. Some of the suspects seem to be more enraged.

Gulf Coast HIDTA: Increase in Met and Flaka

Huntsville Police Department: Mexicans are flooding the markets with Ice which had lower the cost of meth and virtually eliminated one pot labs or Red P labs. Consequently, cartel violence is starting to appear in Alabama. Heroin has taken the place of pharmaceutical opioids. Consequently, there is a large amount

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of overdoses and deaths. Additionally, more people are using USPS/Fed-Ex/UPS to distribute narcotics and we see lots of Ice in our area

Limestone County District Attorney's Office: Everyone is using and selling Meth (Ice) from Mexico. We very rarely see labs anymore. It has become so cheap that we have seen a large number of simple users buying trafficking amounts and starting to distribute it. Also have seen an increase in pain clinics in the area.

Madison County Sheriff's Office: Due to the cost of an ounce of Ice costing 25% of what the market price used to be. We have seen a large increase in the sale of Ice and decrease in the home type lab production of Ice. Also using the gold Dot loadable cards

Millbrook Police Department: Illegal use of prescription drugs seems more prevalent and steady

Mobile County Sheriff's Office: Increase in Heroin use.

Montgomery County Sheriff's Office: There has been an increase in the movement of Methamphetamine. We have seen recently where addicts are buying heroin and they are given methamphetamine too, no cost. The overall cost of meth is way down and there is an enormous amount of it on the streets right now.

Northport Police Department: Have been noticing less cash money held by suspects in their residences.

Pell City Police Department: Most of our concerns are from Hispanics trafficking illegal drugs to citizens in our city and county.

Prattville Police Department: African-Americans are beginning to sell more methamphetamine in our region.

Saraland Police Department: Meth solution being transported in gas tanks.

Shelby County Sheriff's Office: A significant increase in the amount of synthetics and "research drugs" being purchased over the dark web with bitcoins. The investigations are often difficult to follow through. This is in addition to fentanyl-laced drugs being encountered on the street by our patrol officers. In addition, our narcotics investigators and patrol officers have seen an increase in illicit substances testing for traces for fentanyl. This includes MDMA and methamphetamine.

ARKANSAS

1st Judicial District Drug Task Force: Sending money for drug transactions through Walmart

4th Judicial District Drug Task Force/ Western Arkansas Mobile Deployment Team: Heroin and fentanyl increase has been tremendous.

9 West Judicial Drug Task Force: In the last twelve months we have seen a very drastic drop in the price of ice methamphetamine. From \$600 to \$700 an ounce to \$475 to \$500 an ounce. Arkansas is seeing an uptick in heroin/fentanyl use with many dealers traveling to Oklahoma and Texas to meet with sources and bring back product. We are experiencing more overdoses due to fentanyl.

10th Drug Task Force: Dealers conducting transactions solely using cellular device messenger apps.

20th Judicial District Drug Task Force: The increase of human trafficking mainly children from Mexico with shipments of methamphetamine.

Arkansas State Police: Seizure of fentanyl by our Interstate Criminal Patrol Team

Benton Police Department: We are hearing from multiple confidential informants that the area is now seeing an influx of methamphetamine laced with fentanyl, however we have not yet received any confirmatory results of these claims on any lab analysis reports.

Clarksville Police Department: Drug dealers have become increasingly violent and drug related murders have been on the rise. We have had several murders that were due to the speculation that the victim was a confidential informant when he/she was not.

DEA Fayetteville: Heroin distribution has increased.

DOJ: Significant increase in drugs and bulk shipped via the postal service. One of the biggest challenges currently facing Arkansas law enforcement. The Arkansas Department of Corrections has seen a staggering number of overdose deaths due to synthetic cannabinoids which have been smuggled into the prison system. Additionally, an increase in liquid meth.

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Fayetteville Police Department: Heroin and Fentanyl distribution has increased.

HSI Fayetteville: Transportation through parcel delivery.

Jacksonville Police Department: Increase in mixing fentanyl and heroin. Mostly fentanyl.

Jefferson County Sheriff's Office/ TCDTF: Violence has escalated between two new African American gangs involving murder mob and murder gang.

Jonesboro Police Department: Large amounts of marijuana being shipped through the USPS. Large amount of money paid for drugs via money remitters. Example would be the ability for a DTO to transfer up to \$2,000 USC via Walmart at a time. We are seeing larger amounts of methamphetamine and heroin shipped via postal service (up to 5lbs at a time) and after arrival and it is sold, then money sent out electronically to sources in California. Many of the DTO's now have members who live in California. The DTO members in California will purchase from the source and send via the mail to DTO members in Arkansas who will in turn sell the product and send proceeds back electronically or in bulk shipments through the mail.

Little Rock Police Department: Huge amount of medical grade marijuana from the western states and seeing a large increase in vapes with THC cartridges, gummies, other candies, etc.

Magnolia Police Department: Most of our drugs are coming through the mail (USPS, FedEx, and UPS). We need resources and contacts with these companies to help battle this. Methamphetamine availability and purity are higher than ever and the price continues to go down.

Montgomery County Sheriff's Office: The growing number of encounters that we have with medicinal marijuana and related products in our area.

Mountain Home Police Department: Seeing THC wax, BHO, using in vapes, seeing a little more heroin

Pulaski County Sheriff's Office: People going to Memphis to purchase meth.

Searcy Police Department: THC food products distributed in the area. Fentanyl being introduced in the area laced in pills and methamphetamine.

Sheridan Police Department: Narcotics brought in by vehicle or shipped. People in low-income areas seem to be trending towards prescription pills. Meth is still in high demand.

Sherwood Police Department: We do not see a lot of gang activity in our area. Most of the trends we are seeing lately involve the abuse of heroin/opioids and the mixture of those substances with fentanyl.

State of Arkansas: K2 overdose death increase in correctional facilities

Texarkana Police Department: Increase in MDMA.

Trumann Police Department: In the last 12 months we have noticed that subjects are using Western Union to send money to other states such as California and have shipments of narcotics shipped by USPS to address in Trumann and Marked Tree.

Washington County Sheriff's Office: Heroin and fentanyl distribution has increased.

FLORIDA

Florida Fusion Center: Increase in fentanyl and synthetic cannabinoids

Florida Highway Patrol: Identity theft has been an ongoing trend, but over the past 12 months identity theft along with fuel theft has been a growing trend.

Gulf Breeze Police Department: Transportation of bulk cash via commercial bus and airlines.

Naval Criminal Investigative Service: Military use of mail to move prescription drugs to include steroids, ecstasy, and narcotics (Vicodin, Percocet, etc.). Use of CBD oils in vape form. Military members' preference for cocaine for its fast. Metabolic breakdown to pass drug tests. Adderall for studying and gaming.

Panama City Beach Police Department: We have seen an increase in the amount of crack cocaine and powder cocaine distribution.

LOUISIANA

Allen Parish Sheriff's Office: More frequent arrests on Highway 165 North bound transporting narcotics

Avoyelles Parish Sheriff's Office: The amount of heroin being used and distributed has greatly increased along with overdoses.

UNCLASSIFIED

Baker Police Department: An increase in prescription pills, marijuana, and cocaine

Baton Rouge Police Department: No longer see methamphetamine labs, etc. Everything appears to be processed methamphetamine from Mexico.

Berwick Police Department: More Outlaw Motorcycle clubs

Bienville Parish Sheriff's Office: Middle-Eastern sales of MoJo through Mom and Pop convenience and liquor stores

Caddo Parish Sheriff's Office: THC oil

Catahoula Parish Sheriff's Office: Increase of meth use among the African American communities.

Centenary College Police Department: Reports of Marijuana usage in dorms, odors detected. No evidence located. During the past 12 months third party information has been relayed that there is an increase in marijuana usage from students.

Chitimacha Tribal Police Department: Large amounts of marijuana sent by United States mail and money laundering

Concordia Parish Sheriff's Office: Increased use of meth and schedule III and IV drugs.

Crowley Police Department: Blacks have become more involved in the distribution of traditionally white dominated drug trades such as Crystal Meth. Blacks and whites are more keen on working together in distribution and wholesale of drugs.

Delcambre Police Department: Using our town as a drop off point because of proximity to larger towns but small, police presence due to small community's Police Department

DOJ: The increase in the number of pill presses have increased in the Baton Rouge metropolitan area. Pill presses are used to generate an enormous amount of fentanyl/opioid based pills in a short timeframe.

East Baton Rouge Parish Sheriff's Office: There is a decrease in the observance of persons using crack cocaine compared to heroin users/dealers.

Eunice Police Department: Evidence of individuals spraying insecticides, specifically "Raid", onto Synthetic Cannabinoids before smoking it.

Franklin Parish Sheriff's Office: Heroin usage

Gramercy Police Department: Street level individual dealers

Grant Sheriff's Office: Controlled prescription drugs abuse has risen. Increased methamphetamine use and sales by black people.

Gretna Police Department: Social media being used to distribute illegal substances.

Hammond Police Department: Heroin laced with fentanyl in our area. Methamphetamine in its crystal form has exploded on the scene in our area. No labs have been located within the past 12 months. Heroin also has had a big influx in our area. High grade marijuana has also been on the rise in the area and is being mailed to Hammond in bulk from the states that have legalized it within the past few years.

Iberia Parish Sheriff's Office: Using Casinos to launder funds, the significant decrease of cocaine use/demand, the increase of extremely high quality methamphetamine from Mexican lab, the rumored cartel involvement in trafficking and cooperation with local African American street level gangs.

Iberville Sheriff's Office: High heroin sells along with fentanyl

Jefferson Parish Sheriff's Office: Caucasian males and females organized marijuana distribution network using mules to bring in pounds of marijuana on commercial airline flights. Using Cryptocurrency to conceal currency. Also, heroin retail dealers offering and selling firearms along with heroin.

Jonesboro Police Department: Individuals coming from other states with narcotics which are mainly found during traffic violations.

Kaplan Police Department: The use of fentanyl in mixed in with methamphetamines and the use of the use of synthetic marijuana laced with some other drug has been increasing the results of heart attacks and stroke.

Killian Police Department: Prescription pills continue to be on the rise

Lincoln Parish Sheriff's Office: Use of Snapchat & Facebook messenger for communicating. Use of cash apps for online money transfer.

Livingston Parish Sheriff's Office: Increase in receiving Marijuana through the mail via USPS

UNCLASSIFIED

Louisiana Department of Public Safety and Corrections: Methamphetamine use has increased tremendously.

Louisiana Governor's Office of Homeland Security and Emergency Preparedness/HSI: More Hispanics involved in transportation.

Louisiana State Police: The price of methamphetamine has significantly dropped which has made it more available.

Louisiana State University, Alexandria Police Department: Recreational marijuana rising.

Monroe Police Department: Heroin and fentanyl in the area. Heroin being cut with fentanyl, which caused several drug overdoses. Some in several of the cases survived, but not all were lucky.

Morgan City Police Department: Introduction of heroin. Fentanyl use increase, liquid Fentanyl

Natchitoches Parish Sheriff's Office: More transportation through compartments of vehicles.

Oak Grove Police Department: Subjects in the area have gone away from smoking methamphetamine and using intravenous methods instead. Individuals are also using spots under the hood of the vehicle to conceal the narcotics as well as compartments within the vehicle.

Opelousas Police Department: No specific pattern as far as change. It has been the same for the past 12 months for gang related violence due to methamphetamine, synthetic cannabinoids, and high grade marijuana.

Plaquemines Parish Sheriff's Office: Narcotics being shipped via mail and merchandise carriers. Dealers storing and stashing their narcotics supply in different locations outside of their residence. Dealers using ATVs to transport their supply of narcotics from stash location to point of sale, usually on the levee system.

Public Safety & Corrections: More offenders are being diagnosed with mental health issues. Additionally, the use of Tramadol has increased.

Rapides Parish Sheriff's Office: Narcotics being moved by Post Office and FedEx

Sabine Parish Sheriff's Office: Murder rate has increased and appears to be drug related.

St. Charles Parish Sheriff's Office: Cutting heroin with fentanyl

Sulphur City Police Department: With the influx of plant workers, going trend is synthetic Cannabinoids to replace marijuana due to the drug screen process. Heroine is starting to pop back up but transported in from surrounding city (Lake Charles)

Tangipahoa Parish Sheriff's Office: A lot of meth being distributed.

Thibodaux Police Department: A lot through the mail. More with USPS than any other sources.

Tulane University Police Department: The use of "Green Dragon:" students soak marijuana in high concentrate alcohol for a few days. THC joins with the alcohol and they do shots with it for both alcohol and THC hits.

University of New Orleans Police Department: Increase in marijuana usage

Vermilion Parish Sheriff's Office: Deals done using internet

Vernon Parish Sheriff's Office Narcotics Task Force: The United States Mail is the main source for the survey question, "Transportation." Other carriers follow close behind. Local Task Force Agents must have authority to interdict/profile these packages at a local level.

Ville Platte Police Department: It is becoming more and more popular for African Americans to distribute crystal meth. Even though it is considered to be more of a "white person's drug" of choice.

West Carroll Parish Sheriff's Office: Increase in use of synthetic cannabinoids by those on probation for possession of methamphetamine.

MISSISSIPPI

Brandon Police Department: Money laundering moving from bulk cash to wire services like western union. Controlled substances being transported through mail to destination cities.

Drug Enforcement Administration: Methamphetamine has taken over as the drug of choice over all demographics.

East Mississippi Drug Task Force/ Lauderdale County Sheriff's Office: Selling drugs as MDMA, but it is actually meth in pill form.

UNCLASSIFIED

GC HIDTA: Privately owned prison in Tutwiler, MS area moving gang related prisoners into Mississippi from California and other states resulting in an increase in prison employee participation in illegal transport and distribution of controlled substances. Also resulting in increase in illicit involvement by citizens in the surrounding counties.

Hinds County Sheriff's Office: Multiple kilos of methamphetamine and heroin mailed via USPS, FedEx and UPS into the Jackson, MS Metro Area.

HSI BEST: In the past 12 months, we have seen a near exclusivity in the use of parcel services for the distribution of narcotics and bulk cash.

Mississippi Bureau of Narcotics: Vape shops popping up everywhere

Ocean Springs Police Department: Influx of heroin and fentanyl

Pass Christian Police Department: Still seeing Simon City Royals dealing pills and methamphetamine. Gangster Disciples dealing marijuana, cocaine, methamphetamine, and pills.

Petal Police Department: More overdose deaths

Picayune Police Department: Car lots are being used as a money laundering technique by traffickers.

Rankin County Sheriff's Office: Distribution of illicit drugs heroin, methamphetamine and marijuana are distributed out of the Jackson, Hinds County MS area into Rankin County.

TENNESSEE

25th Judicial Drug Task Force: Increase in the use of the United States Postal system for acquiring controlled substances in lieu of trafficking back and forth to Memphis, Nashville and other source cities.

Bartlett Police Department: Over the past 12 months we have mainly dealt with low volume sellers and users in our area.

Collierville Police Department: A lot more shipments via the Postal service or delivery services.

Homeland Security Investigations: We deal with FedEx hub. We have seen slight increase in synthetics.

HSI: Marked increase in clandestine tablet/pill labs

Memphis Police Department: Megabus seizures of narcotics has increased drastically as a whole. Methamphetamine (Ice) being sold cheap in Memphis. Pharmacy Burglars and Robberies are still on the rise. THC Wax and vaporizers increase. We encounter dealers that are pressing their own pills. Everything from Xanax to ecstasy. We've found that they make a mixture of pills and vitamin mix.

Millington Police Department: High amounts of fentanyl, opioids, and meth distribution and usage.

Shelby County District Attorney's Office: Long term heroin users are starting to ask for Fentanyl instead. The cost of methamphetamine has plummeted. Mexican made meth is selling in Memphis for \$4,000 a pound.

Shelby County Sheriff's Office: Beginning to see a notable increase in THC edibles, vaping supplies, tinctures, etc.

Tennessee Bureau of Investigation: Despite the availability of methamphetamine from trafficking organizations, one-pot cooks and smurfers remain on a small scale. More and more of the variations of THC products are flooding the streets.

US Attorney's Office: Gangs targeting pharmacies; heroin cut with fentanyl; use of the mail for the transportation of marijuana, and prescription pills

West Tennessee Drug Task Force: Big increase of THC oils and shatter moving on highways. Outlaws M/C is establishing a presence. Almost no Mexican marijuana seen. All high grade and mostly imported from Colorado. Ice keeps on growing out of control. Waspings is increasing. Adding wasp spray to Ice to intensify the high.

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

Alabama

Alcohol and Drug Abuse Treatment Centers Inc.: More criminal behavior within the treatment center.

UNCLASSIFIED

AltaPointe Health, Adult Outpatient Services: Increase in methamphetamine use due to a decrease in opiates prescriptions.

AltaPointe Health, Substance Abuse: Heroin is becoming more prevalent in this area.

Anniston Fellowship Halfway House: OTC drugs changes. Sleepwalkers and Zaza's.

BHG Bessemer Opioid Addiction Treatment & Rehabilitation Center: More use of Crystal methamphetamine

BHG Gadsden Opioid Addiction Treatment & Rehabilitation Center: Stimulant use has increased again

CED Mental Health Center, Mental Illness, Substance Abuse/Prevention: More are coming for treatment, whether by choice or by court order.

CMG Mobile Metro Treatment Center, Medication-Assisted Treatment: We have had an influx of patients that have tested positive for cocaine but are denying it. They admit to taking a Benzo or smoking marijuana.

CMG Montgomery Metro Treatment Center: Heroin increase

Covington County Treatment Courts: We are seeing an increase in Heroin in our area as well as an increase in meth users testing positive for MDMA as well.

Dauphin Way Lodge: Abuse of Gabapentin regularly. More experimentation with synthetics and drugs that are not on the typical drug screen

East Alabama Mental Health Center, Opelika Addictions Center: Increased in IV meth use

ECD Program, Inc.: Lots of amphetamine use

Gulf Coast Treatment Center: Significant increase over the past year of prescribed amphetamines during their treatment with methadone. Clients say they've been diagnosed with ADD.

Health Connect America: Moving from opioid use to stimulant use.

Highland Health Systems, New Direction Substance Abuse Services: Several clients reported that it was a friend that first injected them with heroin. Smoking crystal meth at a party is being reported to be common like how people smoke marijuana. Synthetics for opiate replacement are common at local gas stations. Replacing opiates for methamphetamines when starting medication assisted therapy.

Huntsville and Stevenson Recovery Centers: Increase in marijuana use and methamphetamines.

Huntsville Metro Treatment Center: Increase in heroin use coming into treatment as patients report heroin is really cheap on the street.

Indian Rivers Mental Health Center: Increase in IV

Lighthouse Counseling Center, Inc.: More opioid use.

Lighthouse of Tallapoosa County: Just the increase of Opioid clients.

Marwin Counseling Services: More clients are abusing Gabapentin (i.e., neurotonin)

MedMark Treatment Centers- Dothan: Observed a trend in switching from "drug of choice" to alcohol

New Pathways, LLC: More heroin use

North Central Alabama Association for Alcoholism dba Cullman Lighthouse, Level III.01: Transitional Residential Program: Availability of over the counter "Tianna"

Parents Resource Institute for Drug Education: Adderall and Xanax are largely ignored due to the focus on opioids. The opioid epidemic has leveled and is showing decreases in Rx abuse. The opioid replacement market, however, is thriving primarily due to ill-advised legislation on legitimate pain management practices. We need to be looking to the future instead of dwelling in the past. This preparation would include synthetics, the new potencies associated with marijuana, meth, and the exploding resurgence of cocaine.

Phoenix House of Tuscaloosa: Clients are using spice (K2) and others like CBD, Tianna red, and Zaza Recovery Services: More overdoses

Shelby County Treatment Center: The methamphetamine dealers are dangerous and pursue the customer. I have been in field over 25 years and see violence in the world of meth. I have spoken to local DA office they will not do anything they say because an arrest costs them at least 15k. So increase is happening!

South Central Alabama Mental Health Center, Substance Abuse: More GHB use in Tuscaloosa

Southeast Intervention Group, Inc.: Continuing to seek synthetic marijuana

UNCLASSIFIED

Southwest Alabama Mental Health: No trends at this time. Seems to be the same ebb and flow of methamphetamine/Cocaine/Prescription Drugs with Marijuana remaining a constant among all individuals with SUDs

SpectraCare Health Systems, SA Division: Methamphetamine use is on the rise and is likely to overtake opioids as the substance of abuse.

TEARS, Inc. (Teens Empowerment Awareness with Resolutions, Inc.): The population for our organization is teens. They have reported that marijuana is their drug of choice and it is easy to find. They seem to get recreational use and medicinal use confused by stating that they use it to help with medical conditions.

The Bridge, Inc.: Switch and alternate drug use.

The Herring Houses of Dothan: We are getting more court orders for marijuana users.

The Hope House: Increase in Heroin users in Blount County, AL.

The Salvation Army: Clients are using marijuana on a daily basis along with their drug of choice. Clients don't see marijuana use as an issue.

The Shoulder of Central Gulf Coast: Suboxone is now being identified as a drug of choice. Use of Tianna and sleepwalkers have increased.

University of Alabama at Birmingham, School of Medicine, Treatment Alternatives for Safer Communities (TASC): Increase in heroin, fentanyl, and methamphetamine.

WellStone Behavioral Health, Substance Abuse: Tianna use has drastically increased

ARKANSAS

Arkansas Department of Human Services, Division of Behavioral Health Services: Seeing more meth and more medications for anxiety

Arkansas Treatment Services: Decrease in opiates due to methadone maintenance

Baptist Health Medical Center, Psychiatry: Increase in Heroin

Behavioral Health Therapy: Increased use of Designer Drugs such as synthetic cannabinoids and other hallucinogens. Increase use in Psilocybin.

Center for Addiction Services and Treatment (CAST): Increase of fentanyl with other substances or just fentanyl

Counseling Associates, Inc., Outpatient Services: Increased use of antipsychotic major tranquilizers to "come down" from methamphetamine highs.

Family Service Agency: Increase in heroin use

Freedom House: There has been an increase in alcohol admissions recently. Other than that there have been a few unusual trends that a few clients have been abusing Gabapentin and Imodium type drugs for the opiate effects.

Harbor House, Inc.: They are seeking pain medication from street sources because they have been cut off from their RX after it was excessively prescribed by doctors. They were given no alternative to managing pain other than "take some ibuprofen". This does NOT compute. They need a solution to the pain, not take it away offering no substitute.

Methodist Family Health: Despite the increase within the community of Fentanyl and Opioid use, clients entering treatment in our treatment facility do not report opioid use. The drug of choice we see that continues to increase is methamphetamine in combination with Alcohol, Marijuana, and Roxicodone.

Mid-South Health Systems, Adult OP: Races and genders are starting to blend with the drug usage

New Beginnings C.A.S.A.: More Clients are coming in for heroin and other opioids.

Ouachita Behavioral Health and Wellness: Increase in use of fentanyl patches and heroin.

Quapaw House: Increase in use of IV heroin and presence of fentanyl.

Recovery Centers of Arkansas: More of a tendency to combine marijuana with any other drug use than a few years ago. More reports of purchasing drugs on-line.

Southeast Arkansas Behavioral Healthcare System: More violent

Springdale Treatment Center: Much more heroin use now, less pills, much more Subutex, Xanax, and Suboxone on the street.

UNCLASSIFIED

State of Arkansas, Office of the Drug Director: Heroin comprises roughly 32% of overdoses; mixed opioids comprises roughly 41% of overdoses

Substance Abuse Services: Clients and parents feel it's just a matter of time until marijuana is legal, so it's acceptable. Much more dab use/abuse and meth use is on the rise. Experimenting with drugs that do not stay in your system or appear on Drug Screens.

FLORIDA

Behavioral Health Center: Increase in alcohol use with all other drugs.

CDAC Behavioral Healthcare: Higher marijuana use

LOUISIANA

Addiction Recovery Resources: Increased risk in using IV heroin and fentanyl.

Ambulatory Detoxification Program: Clients are staying sober for longer periods of time before any relapse

Capital Area Human Services District: Increase in stimulant abuse

Greater New Orleans Drug Demand Reduction Coalition: Increase in fentanyl use and analogue drugs, marijuana use, vaping with psychoactive substances, and internet prescription drug shopping.

Health and Education Alliance of Louisiana: Increased vaping everything possible. Selling and acquiring vaping equipment from other high school students on snapchat is very common

Ochsner Hospital Medicine: Reduced admissions for opioid withdrawal and intoxication after Ochsner's opioid stewardship efforts.

Pathways Addiction Recovery: Increasing heroin use

Responsibility House, Inc.: Stimulant dependence is making a comeback (i.e., cocaine, methamphetamine). Clients are mixing heroin and other opioids with stimulants (Speedballing)

Tulane University, School of Medicine, Preventive Medicine: I have had patients tell me that when they have vivitrol injections they will use non-narcotics until vivitrol wears off; they may stockpile narcotics for use when vivitrol wears off (around 20d)

MISSISSIPPI

Mississippi Department of Mental Health, Division of Behavioral Health, Addictive Services: More dangerous substances.

TENNESSEE

Aspell Recovery Center: Increase in Gabapentin and Adderall

Memphis Recovery Centers: Taking Gabapentin to keep the high going longer.

Urban Family Ministries: Higher usage of Kush (THC) and Alcohol

G. Appendix V: 2020 GC HIDTA Law Enforcement Survey Drug Availability Rates

	Cocaine (Crack, Powder)		Controlled Prescription Drugs		Fentanyl and Other Opioids		Hallucinogens (LSD, PCP, etc.)	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
High	97	26%	171	46%	100	27%	9	2%
Moderate	191	52%	175	47%	145	39%	83	22%
Low	58	16%	14	4%	85	23%	197	54%
Don't Know/ N/A	22	6%	11	3%	39	11%	80	21%

	Marijuana		MDMA		Methamphetamine		New Psychoactive Substances	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
High	295	80%	52	14%	280	76%	32	9%
Moderate	63	17%	136	37%	63	17%	91	25%
Low	4	1%	120	33%	12	3%	120	32%
Don't Know/ N/A	7	2%	59	17%	15	4%	127	32%

H. Appendix VI: Crime Rates

Crime statistics are addressed on a state-by-state basis. The following table compares the 2017 FBI Uniform Crime Report (UCR) statistics for cities with a population size of 100,000 or greater within the GC HIDTA area with preliminary 2018 statistics. The FBI UCR statistics include only the first six months of the year. The GC HIDTA reviews the drug related crime rates for each state including the violent crimes of homicide, rape, robbery, aggravated assault, and burglary. The FBI UCR data was acquired on April 1, 2019 and data from Mississippi was unavailable.

HIDTA Areas of 100,000 Minimum Population							
Birmingham, AL	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	212,178	1,833	42	92	473	1,226	1,293
January-June 2018 Total		1,978	47	86	398	1,447	1,152
Mobile, AL	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	248,431	937	22	57	236	622	1,509
January-June 2018 Total		820	15	73	185	547	1,235
Montgomery, AL	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	199,099	656	19	35	185	417	1,031
January-June 2018 Total		559	12	22	152	373	995
Tuscaloosa, AL	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	101,124	212	2	18	69	123	390
January-June 2018 Total		253	3	20	71	159	414
Little Rock, AR	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	199,314	1,759	25	102	258	1,374	1,260
January-June 2018 Total		1,326	20	120	149	1,037	1,060
Baton Rouge, LA	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary

UNCLASSIFIED

January-June 2017 Total	227,403	1,205	33	47	448	677	1,308
January-June 2018 Total		1,025	44	46	335	600	1,438
Lafayette, LA	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	128,691	359	11	8	94	246	523
January-June 2018 Total		359	3	14	87	255	512
New Orleans, LA	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	397,447	2,228	94	263	682	1,189	1,178
January-June 2018 Total		2,244	90	338	612	1,204	956
Shreveport, LA	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	193,937	941	27	74	251	589	1,160
January-June 2018 Total		805	17	68	168	552	924
Memphis, TN	Est. Population	Violent Crime Total	Homicide	Rape	Robbery	Aggravated Assault	Burglary
January-June 2017 Total	652,765	6,465	91	300	1,562	4,512	4,553
January-June 2018 Total		6,006	71	230	1,401	4,304	4,101

I. Appendix VII: Threat Assessment Acronyms

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

J. Endnotes

- ¹ Alabama Representative for CDC; Scholl, Lawrence, et al. “Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017.” Centers for Disease Control and Prevention. 4 Jan. 2019. https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm?s_cid=mm675152e1_w.
- ² Alabama Representative for CDC; “Heroin Overdose Data.” Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/data/heroin.html>.
- ³ United States Census Bureau population estimates as of July 1, 2018 for Alabama; Arkansas; Louisiana; Mississippi; Shelby County, Tennessee; Escambia County and Santa Rosa County, Florida. <https://www.census.gov/quickfacts/fact/table/US/PST045218>.
- ⁴ Metropolitan statistical areas are based on United States Census Bureau population estimates as of July 1, 2017. They include the population of at least one urbanized area of 50,000 or more inhabitants. Metropolitan statistical areas in the GC HIDTA include: Anniston-Oxford-Jacksonville, AL; Auburn-Opelika, AL; Birmingham-Hoover, AL; Daphne-Fairhope-Foley, AL; Decatur, AL; Dothan, AL; Florence-Muscle Shoals, AL; Gadsden, AL; Huntsville, AL; Mobile, AL; Montgomery, AL; Tuscaloosa, AL; Hot Springs, AR; Jonesboro, AR; Little Rock-North Little Rock-Conway, AR; Pine Bluff, AR; Fayetteville-Springdale-Rogers, AR; Fort Smith, AR; Pensacola-Ferry Pass-Brent, FL; Alexandria, LA; Baton Rouge, LA; Hammond, LA; Houma-Thibodaux, LA; Lafayette, LA; Lake Charles, LA; Monroe, LA; New Orleans-Metairie, LA; Shreveport-Bossier City, LA; Gulfport-Biloxi, MS; Hattiesburg, MS; Jackson, MS; Memphis, TN.
- ⁵ United States Census Bureau 2010 statistic on land area and July 1, 2018 estimate of population for Alabama; Arkansas; Louisiana; Mississippi; Shelby County, Tennessee; Escambia County and Santa Rosa County, Florida. <https://www.census.gov/quickfacts/fact/table/US/PST045218>.
- ⁶ 2020 Alabama Drug Threat Assessment
- ⁷ DEA NOFD Trends in the Traffic Report for January 1-June 30, 2018
- ⁸ “2018 National Drug Threat Assessment.” Drug Enforcement Administration. October 2018. <https://www.dea.gov/press-releases/2018/11/02/dea-releases-2018-national-drug-threat-assessment-0>.
- ⁹ GC BLOC/HIDTA Watch Center reports
- ¹⁰ EPIC Southwest Border Portal Guide for CY 2018 (Accessed March 12, 2019)
- ¹¹ Methamphetamine in solution is a partially refined unfinished product that needs to be converted into a usable powder or crystal through a chemical process.
- ¹² “Clandestine Lab Report.” El Paso Intelligence Center. 12 March 2019. <https://esp.usdoj.gov/group/reports-all/report-clan-lab>.
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- 58 Money service businesses include any person in one or more of the following capacities: Currency dealer or exchanger; check casher; issuer of traveler's checks, money orders or stored value; seller or redeemer of traveler's checks, money orders or stored value; money transmitter; U.S. Postal Service.
- 59 FinCEN requires the reporting of a money transmission when the transaction is both suspicious and in amounts of more than \$2,000.