



2018

Greater New Orleans Situational Drug Report

Gulf Coast HIDTA

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Heroin

A. Availability

The availability of heroin in Louisiana has increased for the past several years. Southeast Louisiana, particularly the New Orleans area, has experienced a surge in heroin availability. Thirty-eight percent of Louisiana law enforcement responses taken from the Drug Survey reported heroin availability as increasing over the past 12 months. According to statistics from the Louisiana State Police, a total of 70.16 pounds of heroin were seized across the state in 2017. This amount has increased from the 33.73 pounds seized in 2016 and from 19.74 pounds in 2015. Using the results from the Treatment and Prevention Survey, more than half of Louisiana respondents reported that their clients have switched from prescription opioids to heroin. This may be due to a decrease in availability of prescription opioids or to the lesser cost of heroin in comparison. Heroin sold on the street is typically in “bag” or “paper” quantities, with the occasional bundle reported in the GNO.

B. Abuse

Heroin abuse is not limited to a single age group or ethnicity. It is likely that many of the new and current users of heroin were once prescription drug users. The Center for Disease Control reports that, while the amount of prescription opioids sold in the United States has quadrupled since 1999, there has been no difference in the amount of pain Americans reported.¹ It is likely that many abusers initially received legitimate prescriptions. The switch from pharmaceuticals to heroin can be attributed to the rise in pharmaceutical prices, a decrease in availability, or increased production of abuse-deterrent formulations. Seventy-five percent of participating treatment and prevention agencies described a switch from opioid-related CPDs to heroin. While the size of the heroin user population is smaller than that of other major drugs, heroin is much more deadly. For example, the amount of CPD abusers is approximately 10 times the size of heroin abusers, yet, the number of CPD-related overdose deaths is only twice that of heroin-involved deaths.²

Forty-four percent of respondents to the Drug Survey ranked the demand for heroin as high, and 72 percent of respondents to the Treatment and Prevention Survey report a high level of use in their area. Seventy-eight percent of respondents to the Treatment and Prevention Survey reported an inpatient admission increase for heroin. The preliminary 2017 data provided by the Louisiana Electronic Event Registration System (LEERS) recorded 82 drug-related overdose deaths in Jefferson Parish, LA. Of those deaths, 69 (84 percent) were opioid related. LEERS recorded 35 opioid-related overdoses in St. Tammany Parish during the same timeframe. According to the Orleans Parish Coroner’s Report on 2017 Accidental Drug-Related Deaths, Orleans Parish saw 166 opiate-related deaths.

As a result of the increasing overdoses caused by the use of heroin and other opioids in both New Orleans and the rest of the United States, many law enforcement officers are now trained in the administration of naloxone. Naloxone is a medication used to block the effects of opioids and is especially useful in the prevention of opioid-related overdoses. The medication can be administered via intramuscular or intravenous injection, in addition to an intranasal spray. According to data from New Orleans EMS, 912 patients received Narcan in 2016. That number

jumped to 1,224 in 2017, a 34 percent increase. There have been 342 patients who have received Narcan in the first quarter of 2018, which is proportionate to the first quarter of last year.

C. Production

Neither opium nor heroin are cultivated or produced in Louisiana. Heroin is produced primarily in four source regions: South America, Mexico, Southeast Asia and Southwest Asia. It generally moves across the Southwest Border of the United States (SWB), and is trafficked into the Houston area, where it is transported to (and through) New Orleans.

D. Transportation

Mexican drug trafficking organizations (DTOs) are the chief source for heroin in the Greater New Orleans area and DTOs transport the drug into the region through private vehicles, commercial parcel delivery services, passenger buses, and maritime vessels from the Southwest Border and Colombian ports. Couriers arrested in the area are often of Hispanic origin and usually reside along the SWB.

Fentanyl & Other Opioids

A. Availability

Over the course of a few years, fentanyl and other opioids have exploded in popularity. Whether users are actively seeking out fentanyl and its analogues or are unaware of these drugs in their heroin supply, the presence of fentanyl has increased dramatically. Thirty-one percent of respondents to the 2019 GC HIDTA Drug Survey claim the availability of fentanyl and other opioids has increased in the past 12 months, while thirty-eight percent reported an increase in demand. Rising availability rates for fentanyl and other opioids may be due to the ease of purchasing these drugs online via the Dark Web. High production of fentanyl and fentanyl analogues in China, and the variety of international mail carrier services available to the American consumer, contribute in the ease of obtaining these dangerous drugs.

B. Abuse

Fentanyl has become a popular addition to the heroin market. It is of increasing concern for law enforcement and treatment/prevention professionals in recent years because of its high potency. Pharmaceutically, it is allotted on a microgram scale, as a dose of two milligrams or more is considered lethal to humans. The New Orleans metropolitan area continues to report an increase in the amount of fentanyl analogues found mixed in with heroin or marketed as heroin outright. In many cases, fentanyl is used in combination with another drug or disguised as something else altogether. Fentanyl-laced heroin is worsening the national overdose crisis as numerous drug dealers are using fentanyl to increase the potency of diluted heroin in order to minimize costs and maximize profit margins.

The Louisiana Department of Health recorded 204 opioid-involved overdoses in the state for the first half of 2017.³ Sixty-seven percent of respondents to the Treatment and Prevention Survey reported a high level of fentanyl use in their area. Furthermore, 83 percent stated an increase in inpatient admissions for fentanyl and other opioids. The Orleans Parish Coroner's Office reported that, in 2017, 87 people died accidentally with fentanyl in their system, compared to 48 in 2016

and 13 in 2015. Fentanyl and other opioid-related deaths are likely much higher than reported, as many coroner's offices and state laboratories do not test for fentanyl and its analogues unless specifically requested.

C. Production

There are no reported clandestine fentanyl laboratories in the Greater New Orleans area.

D. Transportation

A significant portion of fentanyl, fentanyl analogues, and other opioids are shipped into the Greater New Orleans area from Chinese clandestine laboratories. The most successful laboratories are able to adapt to the changes in the U.S. Customs and Border Protection's screening processes to ensure their product is delivered to the customer. Chinese manufacturers utilize a global delivery system known as the Express Mail Service (EMS). This system will transport a package to its destination using the postal services of each country along the way. Using the EMS, packages are shipped either directly from China to the U.S. or through European countries that the United States Postal Inspection Service deems as low risk.⁴

The United States Postal Service is a popular method of trafficking drugs because the agency is not required to collect advanced electronic data (AED), which is the basic package information. Express consignment operators such as UPS, FedEx, and DHL are required to collect this information and seize significantly more contraband as a result. AED includes names, addresses, and a description of the package contents. AED is sent to U.S. Customs and Border Protection, who can screen and inspect suspicious packages on their way into and throughout the country. Congress mandated that all private mail carriers collect AED following the September 11 attacks, which applied to all mail services except the USPS.⁵

Methamphetamine

A. Availability

Sixty-three percent of Drug Survey respondents indicated an increase in methamphetamine availability over the past 12 months. Methamphetamine is available from two primary sources: methamphetamine manufactured in Mexico and locally produced methamphetamine intended for personal consumption.

B. Abuse

Methamphetamine trafficking and abuse significantly contribute to both violent and property crime in the Greater New Orleans area. Sixty-three percent of respondents to the Drug Survey believe the demand for methamphetamine has increased over the past year. Thirty-three percent of Treatment and Prevention Survey respondents claimed a high level of methamphetamine use in their area, while another 33 percent claimed a moderate level of use. The majority of respondents also described inpatient admissions for methamphetamine as remaining the same as last year. Alprazolam (Xanax) and heroin are the two most commonly reported drugs in the GNO area that are used in conjunction with methamphetamine. In Orleans Parish, methamphetamines/amphetamines were found in 14 drug-related deaths in 2017.⁶ This number is lower than the 18 in 2016 but higher than the four in 2015.

C. Production

The use of the one pot methamphetamine production method continued as the restrictions on the purchase of pseudoephedrine remained the same. All respondents to the Drug Survey reported a decrease in one-pot, traditional, and methamphetamine conversion laboratories over the past 12 months. This data supports 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.

D. Transportation

The high-purity methamphetamine often found in the Greater New Orleans area is typically of Mexican origin. Drug traffickers transport methamphetamine from their Houston, TX and Dallas, TX distribution hubs along the eastbound interstates into the local region. Postal services are also utilized to ship methamphetamine into the area, with one seizure containing 37 pounds.⁷ Fifty percent of the local respondents to the Drug Survey indicated an increase in methamphetamine transportation over the past 12 months.

Marijuana

A. Availability

Marijuana is the most commonly abused and most widely available drug in the Greater New Orleans area with 69 percent of local respondents to the Drug Survey indicating a high level of availability. Additionally, 31 percent of respondents reported an increase in marijuana availability over the past 12 months. Data from the Drug Survey suggests high-grade hydroponic and domestically-produced marijuana are the most commonly encountered forms in the area.

On 11 May 2016, the Louisiana legislature passed SB 271, which provides patients with access to medical marijuana. Two further bills have been introduced into the state legislature which aim to expand medical marijuana access for a wider range of disorders. Abuse and availability rates for marijuana will likely increase as a result of this endeavor.

B. Abuse

Marijuana is the most commonly abused drug in the Greater New Orleans area. Its use transcends all racial, social, and economic boundaries. Fifty-six percent of treatment and prevention personnel reported a high level of use in their area. Sixty-one percent revealed the inpatient admission rate for marijuana remained the same as the previous year. Many treatment and prevention personnel across the region also report that marijuana is used in combination with a host of other drugs. These include, but are not limited to, heroin, methamphetamine, controlled prescription drugs, and alcohol.

C. Production

Louisiana's temperate climate enables marijuana cultivators to grow their own plants during most of the year. Most locally grown marijuana is intended for in-state consumption. Marijuana is typically grown outdoors in small plots with five to ten plants scattered throughout an acre to avoid aerial detection. Local criminals using outdoor grow sites use sophisticated means of production

and concealment. Outdoor grow sites are often found on public land in an effort to avoid seizure of personal property and the plants are often embedded within other groups of crops to disguise their distinguishable features. Indoor marijuana growing techniques are the preferred methods for growers seeking a high potency, high quality product. Indoor grows range in size from small closets to large warehouses. Indoor cultivation requires diligent oversight because the grower must provide plants with light, heat, humidity, and fertilizer. Using the Internet, cannabis growers can research the latest methods of hydroponic techniques.

Drug Survey data indicates that that California, Texas, and Colorado are responsible for the majority of high-grade or medical marijuana found in the Greater New Orleans area. Statistics from highway interdictions and the Domestic Cannabis Eradication/Suppression Program (DCE/SP) confirm that marijuana is the most commonly seized illicit drug in Louisiana. Increases in drug seizures on highways in Louisiana, and on extensions of those highways in the neighboring states of Texas and Mississippi, indicate that the problem is not abating, despite increased law enforcement attention.

D. Transportation

Marijuana that is not cultivated in the Greater New Orleans area is often transported via private vehicles from Western states, as they produce high-grade recreational and medicinal marijuana. Mail carrier services are also utilized and make up a large percentage of seized packages. After analyzing local data from the United States Postal Inspection Service Prohibited Mail Narcotics Seizures and Profiles for Q2 FY 2018, marijuana represented 90 percent of all package seizures.

Controlled Prescription Drugs

A. Availability

Controlled Prescription Drugs (CPDs) are obtained illicitly via many different methods, including theft, forgery, fraud, internet pharmacies, and pain management clinics. Some abusers may even sell extra pills from their supply to support their habit. Fraudulent prescriptions are sometimes written using stolen prescription pads. Local respondents to the Treatment and Prevention Survey claimed that their clients obtained CPDs through street dealers and friends more than any other source. Results from the Drug Survey place the level of availability for CPDs as high.

The availability of CPDs may change in the near future with the passing of Louisiana's Senate Bill 55 (SB 55). Passed in mid-2017, SB 55 was designed to lower the abuse and diversion of opioid medications. The bill requires licensed opioid prescribers to enroll in Louisiana's Prescription Drug Monitoring Program.

B. Abuse

Controlled prescription drugs are some of the most frequently abused in the Greater New Orleans area. Fifty percent of respondents to the Treatment and Prevention Survey indicated a high level of use and 39 percent reported a moderate level of abuse. Oxycodone and pharmaceutical-grade fentanyl were reported as the most commonly diverted CPDs, followed by hydrocodone and Adderall. According to information obtained from the Treatment and Prevention Survey, pharmaceutical-grade fentanyl, oxycodone, and hydrocodone had the highest rates of inpatient admissions in the Greater New Orleans area.

Data from the Drug Survey suggests that narcotic prescription drugs are the most diverted and illicitly used CPDs in the GNO area. Depressants and stimulants are the second most diverted CPDs, followed by steroids. Depressants are the second most illicitly used CPD in the GNO, with stimulant CPDs and steroids less common.

C. Production

While there may be pharmaceutical companies operating within the Greater New Orleans area, the production and manufacture of controlled prescription drugs occurs outside of the area.

D. Transportation

Controlled prescription drugs that are not prescribed and/or diverted within the Greater New Orleans area are most commonly transported via private vehicles and mail carrier services.

Cocaine

A. Availability

While cocaine is not as prevalent as it once was, it remains a constant threat to both law enforcement and drug treatment and prevention organizations. Cocaine maintains a low to moderate level of availability and has retained the same availability rate as last year. The increase in cocaine production across South America is responsible for the recent surge in supply within the United States. This is corroborated by increased highway interdiction and United States point of entry seizure amounts.

B. Abuse

Sixty-one percent of local responses to the Treatment and Prevention Survey rank powder and crack cocaine use as moderate. Additionally, 61 percent of respondents reported that inpatient admissions for both powdered and crack cocaine have stayed the same. Cocaine demand has remained the same in the past year, according to 56 percent of Drug Survey respondents. Cocaine is commonly used in combination with a variety of other drugs, with alcohol and marijuana being the most common. As stated by the Orleans Parish Coroner's Report on 2017 Accidental Drug-Related Deaths, cocaine was discovered in 116 overdose deaths. This number is slightly higher than the 105 cocaine-related overdose deaths in 2016.⁸

C. Production

Coca is neither cultivated nor produced within the Greater New Orleans area. The coca plant is native to South America.

D. Transportation

After processing in Columbia, cocaine is smuggled into the United States via Mexico. It is then transported into the Greater New Orleans area via the SWB and Atlanta, GA.

New Psychoactive Substances

A. Availability

Synthetic cannabinoids and cathinones are most commonly sold in headshops, gas stations, and convenience stores. Phenethylamines are often illicitly distributed for experimental purposes and became available on the Internet around 2010. Synthetic cannabinoid, cathinone, and phenethylamine products are often labeled “not for human consumption” and are sold in colorful packaging and bottles to attract consumers. The majority of the Drug Survey respondents reported the availability of NPSs as moderate, with 38 percent citing an increase in availability over the past 12 months. Thirty-one percent of respondents reported MDMA’s overall availability as low and the majority claim MDMA’s availability is about the same as last year.

B. Abuse

New psychoactive substances are said to have no legitimate industrial or medical use. The misuse of these chemicals in the past decade represents an ongoing public health and safety threat. Forty-four percent of local responders to the Treatment and Prevention Survey categorize NPS use as low. Seventy-two percent of treatment and prevention professionals report NPS admissions as remaining the same over the past 12 months. Half of the Drug Survey respondents report an increase in NPS demand, while the other half did not notice a change from the previous year.

Product inconsistency poses a serious concern for those who abuse NPSs. Importers and retail traffickers care little about the chemical makeup of their product or how it may impact a user. Those who use NPSs risk their physical and mental health when consuming these substances, as they are unregulated and can vary in potency with each batch.

C. Production

According to crime lab professionals, a chemistry background is required to manufacture phenethylamines. Law enforcement officials report that phenethylamines are usually produced in industrial size laboratories overseas.

D. Transportation

New psychoactive substances are typically transported to U.S. markets from overseas laboratories.

Forecast

Heroin continues to be the primary drug threat to the Greater New Orleans area. Heroin abuse will likely continue at its current rate because of its high levels of abuse, demand, and distribution. New Orleans' standing as the regional heroin marketplace also ensures a steady incoming supply. In the past several years, fentanyl and other opioids have increasingly been found in samples of heroin and counterfeit pharmaceuticals. The increased availability and distribution of fentanyl and other opioids is responsible for the increasing overdose death rate. More consumers will be able to purchase fentanyl products with the advent of the Dark Web, which may also increase accidental exposures to mail carrier personnel. Despite the decrease in domestic methamphetamine production, its abuse and availability remain a concern. Mexican-based organizations will continue to supply high purity, low-cost methamphetamine to U.S. markets. Marijuana is likely to remain the most abused drug in New Orleans, as Louisiana and nearby states decrease the penalties for possession and lay the infrastructure for the implementation of medical marijuana. The abuse and diversion of controlled prescription drugs are widespread in New Orleans. The passing of SB 55 may reduce CPD availability in the near future, possibly forcing some opioid abusers to turn to heroin. Although regional cocaine use is moderate, and less of a concern than in previous years, violent crime surrounds both its abuse and distribution. Increased South American coca production will likely keep domestic cocaine supply high. NPS abuse in the Greater New Orleans area is likely to remain low and will continue to be popular among individuals who are regularly drug tested.

Methodology

The Greater New Orleans Situational Drug report was produced to identify, quantify, and prioritize the nature, extent, and scope of the threat of illegal drugs and related issues in the New Orleans region. A variety of state and local agencies assisted 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.

This report utilized the 2019 Gulf Coast HIDTA Drug Survey, the 2019 Gulf Coast HIDTA Drug Treatment and Prevention Survey, open source documents, law enforcement sensitive information from investigative agencies, and anecdotal information from reliable sources. Only the survey responses from the Greater New Orleans area were used in the above analysis. For all intents and purposes, the Greater New Orleans area is represented in this document by the following cities in

Southeast Louisiana: Arabi, Belle Chasse, Covington, Hammond, Harahan, Harvey, Kenner, Luling, Mandeville, Metairie, New Orleans, Slidell, and Westwego.

The Greater New Orleans Situational Drug Report focuses on seven major drug categories: heroin, fentanyl and other opioids, methamphetamine, marijuana, controlled prescription drugs, cocaine, and new psychoactive substances. Each category is presented in detail and identifies trends, developments, and anticipated impacts on the area.

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

A moderate level of confidence has been assigned to both the Drug Survey and Treatment and Prevention Survey results as they do not represent the entirety of the New Orleans region.

Sources

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