

2021 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 2021 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 2021 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

2021 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. Ranked alongside marijuana as most available drug in the GC HIDTA.
2	Fentanyl and Other Opioids	Significant increase in availability, demand, distribution, transportation, and fentanyl-related overdose deaths. Greater threat in urban areas of Gulf Coast.
3	Heroin	Continued increase in availability, demand, distribution, and transportation; second greatest contributor to violent crime and law enforcement resources used. Greater threat in urban areas of Gulf Coast.
4	Controlled Prescription Drugs	High availability, abuse, and demand. Moderate levels of transportation and distribution across the Gulf Coast.
5	Marijuana	Most abused drug and ranked alongside methamphetamine as most available drug in region. 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. Third greatest contributor to violent crime in the GC HIDTA.
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 2021 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 (57 percent), as well as the drug that contributed the most to violent crime (53 percent), property crime (58 percent), and law enforcement resources used (51 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 not encountering methamphetamine production and conversion laboratories. 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. The DEA Methamphetamine Profiling Program reported an average of 97.5 percent purity of methamphetamine samples in the second half of 2018.¹

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. Eighteen percent of respondents to the Law Enforcement Survey reported

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fentanyl as their greatest drug threat, while this increased to 33 percent in highly urban areas of the GC HIDTA (Memphis, TN and New Orleans, LA). Fifty-four percent of those same respondents claimed an increase in availability over the past 12 months.

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. Heroin-related overdose deaths remain a concern across the GC HIDTA. Forty-six percent of respondents to the 2021 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. Twenty-two percent of the Law Enforcement Survey participants identified CPDs as increasing in availability, while only four percent reported a decrease. Area youth experiment with CPDs as opposed to other illicit drugs but often switch to heroin because of availability restrictions. Respondents from both the Law Enforcement survey and Treatment and Prevention Survey report Hydrocodone (e.g., Vicodin, Lorcet, Lortab) to be the most frequently diverted CPDs in the GC HIDTA. This is closely followed by Oxycodone (e.g., Percocet, OxyContin), Alprazolam (e.g., Xanax), and Suboxone. Respondents to the Treatment and Prevention Survey indicated that the main sources of diverted pharmaceuticals are street dealers, followed by friends, family members, theft from family members/friends, and doctor shopping. Additionally, respondents reported that the level of CPD abuse in the region is high, at 51 percent.

Marijuana is the most abused drug in the GC HIDTA and has for the past several years been the most available drug in the region. However, in 2019, law enforcement personnel ranked marijuana alongside methamphetamine as the most available drug in 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, Texas, and Colorado. 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 the third greatest drug contributor to violent crime by nine 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 American DTOs, often affiliated with neighborhood criminal groups, are the primary distributors of crack cocaine. Only one 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

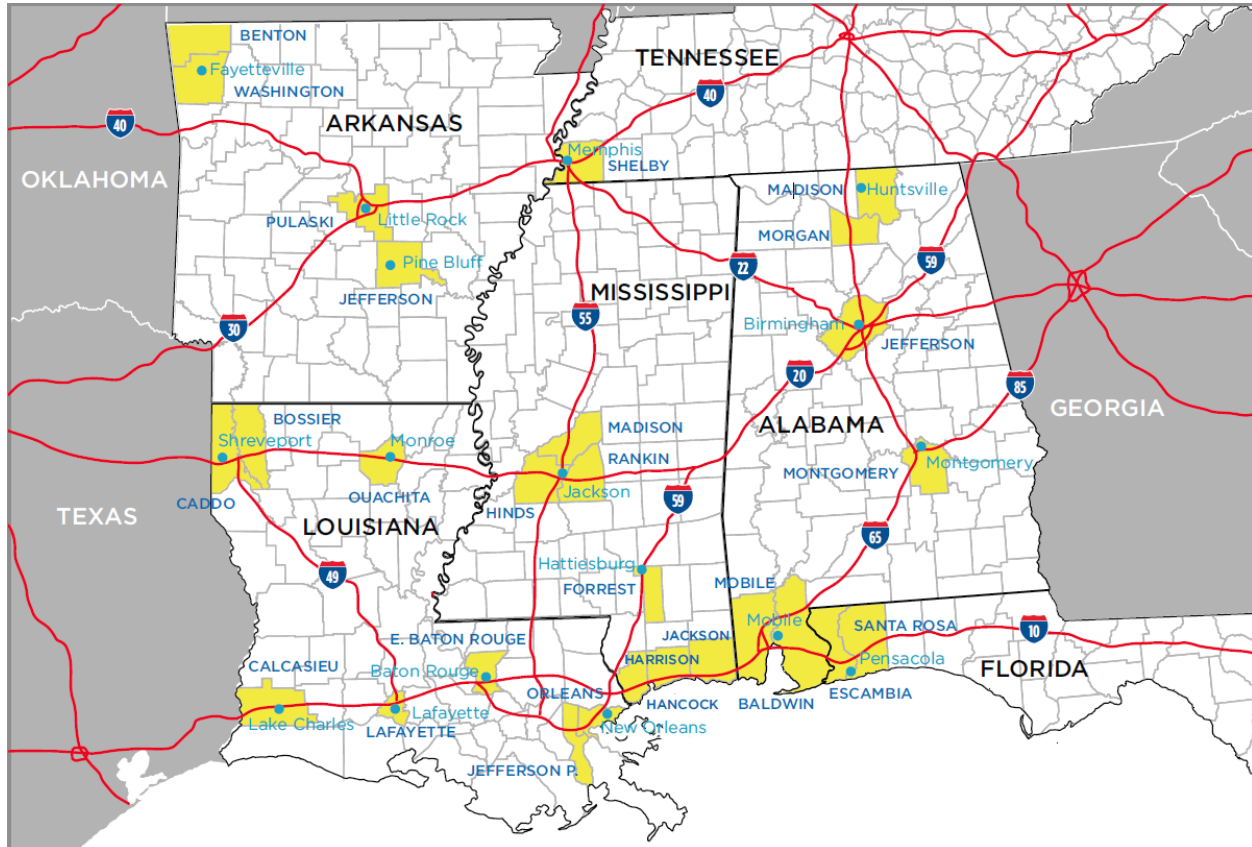
Law enforcement across the GC HIDTA encounter an assortment of money laundering methods. Cash-intensive businesses utilized by DTOs for money laundering include nail salons, restaurants, bars, nightclubs, casinos, check-cashing businesses, and the fishing industry. Casinos have become less popular for 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 2.5 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
2019 United States Census Estimate HIDTA Population ²	16,976,579
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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 2019 census estimates, there are approximately 16.98 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.^a The

^a Metropolitan statistical areas are based on United States Census Bureau population estimates as of July 1, 2018. They include the population of at least one urbanized area of 50,000 or more inhabitants. Metropolitan statistical areas in the GC HIDTA include: Anniston-Oxford-Jacksonville, AL; Auburn-Opelika, AL; Birmingham-Hoover, AL; Daphne-Fairhope-Foley, AL; Decatur, AL; Dothan, AL; Florence-Muscle Shoals, AL; Gadsden, AL;

United States Census Bureau reports approximately 62 percent of residents are White, 28 percent are Black, five percent are Hispanic or Latino, and two percent are Asian within the GC HIDTA.³

B. Economics

According to the most recent 2018 United States Census Bureau estimates, Alabama's median household income is \$48,486 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 2018 United States Census Bureau estimates, Arkansas's median household income is \$45,726 and approximately 17 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 2018 United States Census Bureau estimates, 15 percent of Escambia County is considered to be below the poverty level with a median household income of \$49,286. Santa Rosa County has a median household income of \$66,242 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 2018 United States Census Bureau estimates that the median household income is \$47,942 and approximately 19 percent of the population lives below the poverty line.

According to the United States Census Bureau estimates, Mississippi's 2018 household median income is \$43,567 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 2018 United States Census Bureau statistics, the median household income is an estimated \$49,782. Approximately 22 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.

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.

IV. Description of the Threat

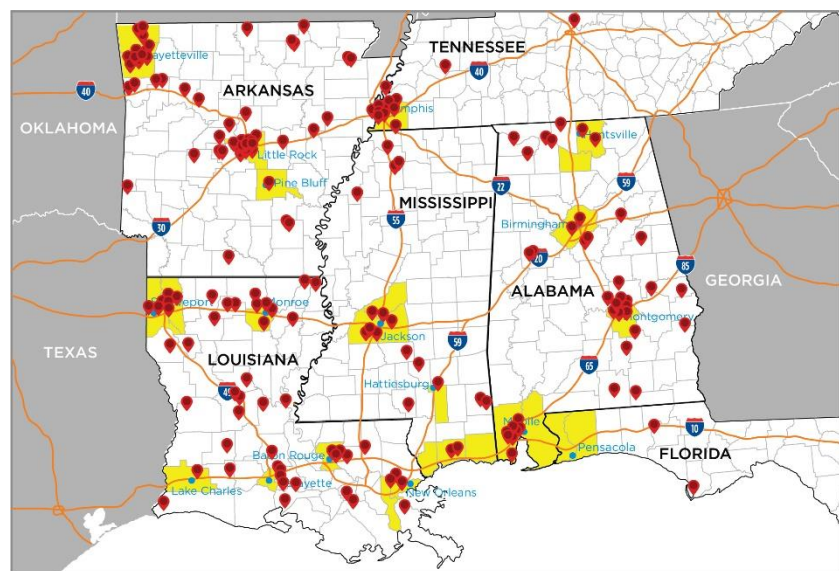
A. Overall Scope of Drug Threat

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, Louisiana, Mississippi and Tennessee. The figure to the right demonstrates the law enforcement agencies throughout the GC HIDTA reporting methamphetamine as the greatest drug threat. In February 2020, DEA identified the New Orleans Field Division (Alabama, Arkansas, Louisiana, and Mississippi) as one of the major methamphetamine transportation hubs in the US to the steady increase in methamphetamine trafficking through the region. In addition, the majority (51 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.



Gulf Coast HIDTA Agencies Reporting Methamphetamine as Greatest Drug Threat

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to the steady increase in methamphetamine trafficking through the region. In addition, the majority (51 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 the past several years, marijuana was the most available drug in the GC HIDTA; however, in 2019, methamphetamine and marijuana were equally ranked by law enforcement officials as the most available drugs. Eighty-five percent of law enforcement officials reported a high availability of methamphetamine, compared to 76 percent in 2018. Additionally, 66 percent reported an increase in availability from 2018. Fifty-nine percent of those same respondents also believed the demand for the drug had increased in the past year.

While methamphetamine is ranked as the second greatest drug threat in Northwest Florida, it is the most commonly submitted drug to the National Forensic Laboratory Information System (NFLIS) database.

Drug submissions identified as methamphetamine in Northwest Florida accounted for 42.39 percent of all NFLIS submissions in 2019, an increase from 37.52 percent in 2018.⁴

Methamphetamine is available from two primary sources: locally produced for personal consumption and Mexico-produced. Over 70 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.

Methamphetamine in pill form, resembling MDMA, Adderall, and other pharmaceutical tablets, had been identified in several states in 2019. Methamphetamine pills were reported by law enforcement in Central Florida and have the potential to infiltrate the GC HIDTA.⁵

III. Use

Methamphetamine abuse and trafficking is the leading drug contributor to both violent and property crime in the GC HIDTA. Fifty-three percent of law enforcement officials reported methamphetamine as the primary contributor to violent crime and 58 percent reported it as the primary contributor to property crime in 2019. This represents an ongoing upward trend since 2013.

Seventy-four percent of respondents to the Treatment and Prevention Survey stated that methamphetamine use is high in their areas. Of those same respondents, 60 percent noted an increase in inpatient admissions for methamphetamine in their areas. GC HIDTA treatment and prevention partners reported that methamphetamine is often combined with other drugs to achieve a wide range of effects, most commonly marijuana, heroin, cocaine, and alcohol.

Based on TEDS data in the table to the right, the number of patients seeking treatment for amphetamine abuse in Arkansas increased from 2018 to 2019. In 2019, admissions declined for Alabama and Mississippi.

Treatment Episode Data Sets (TEDS)				
Amphetamines				
	Alabama	Arkansas	Louisiana	Mississippi
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	3,081	3,794	2,060	1,456
2019	2,773	4,371	N/A	1,371

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).⁶

The most recent psychostimulant overdose death statistics from the CDC show that in 2018 there were 170 deaths in Alabama, 148 in Arkansas, 172 in Louisiana, and 101 in Mississippi.⁷ The Medical Examiner in Northwest Florida reports indicated 67 methamphetamine/amphetamine-related deaths in 2019 compared to 37 related such deaths in 2018.⁸

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 \$300 and \$600. An ounce of powder methamphetamine can cost between \$100 and \$1,000 and a kilogram between \$4,000 and \$8,500.⁹

V. Transportation

Fifty-nine percent of Law Enforcement Survey respondents indicated that methamphetamine distribution increased in 2019 and 53 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 2013 to 2018, methamphetamine seizures

along the SWB increased 246 percent.¹⁰ EPIC reports 5,757 total methamphetamine seizures at the SWB in 2019, compared to 4,990 in 2018 and 3,758 in 2017.

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 1,302 pounds of methamphetamine in 2019, an increase from 807.9 pounds 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 into powder or crystal form before ingested. Methamphetamine in solution poses a threat to law enforcement and border security agents because of a drug trafficker's ability to disguise the drug as ordinary items, such as antifreeze, apple juice, dish soap, and multipurpose cleaner bottles.¹¹ There were 66 reports of methamphetamine in solution seizures at the SWB, as reported by EPIC in 2019.¹² Eleven 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 the past 10 calendar years.

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 was one individual injured by a methamphetamine lab in the GC HIDTA during 2019, as reported by EPIC.

In 2019, 11 methamphetamine clandestine laboratory seizures were reported to EPIC in the GC HIDTA: two in Alabama, three in Arkansas, one in Santa Rosa County Florida, and five in Shelby County Tennessee. Seven 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. There were 10 precursor/chemical laboratories (e.g., ammonium nitrate, sodium hydroxide, lithium metal, Coleman fuel) reported to EPIC in 2019 in the GC HIDTA: five in Shelby County Tennessee, four in Alabama, and one in Arkansas. In addition to EPIC reports, the Mississippi Bureau of Narcotics reported seizing two methamphetamine labs in the state in 2019.¹³



Top photo: Average yield from one-pot method.
Bottom photo: Two of the precursor chemicals used in the manufacturing process.

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 one anhydrous ammonia labs were reported to EPIC in 2019 in the GC HIDTA.¹⁴

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.

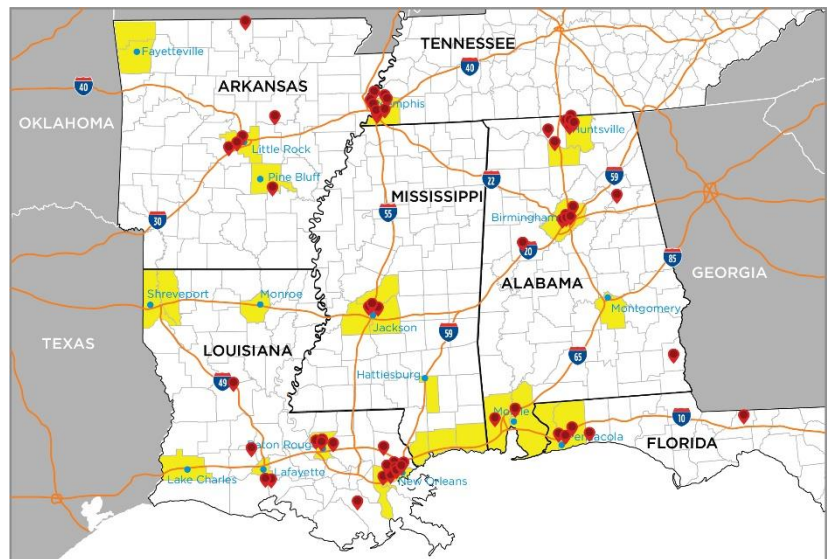
VII. Intelligence Gaps

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

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II. Availability

The above map demonstrates each law enforcement agency that recorded fentanyl and other opioids as their primary drug threat. This figure and the table below demonstrate that this drug threat is even greater in urban areas of the Gulf Coast region. Thirty-three 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 18 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	18%	36%	12%
Urban Areas*	33%	55%	18%
Semi-Urban Areas**	28%	49%	19%

Source: 2021 GC HIDTA Law Enforcement Survey
 *Urban areas include Memphis, TN (July 2018 United States Census population estimate of 650,618) and New Orleans, LA (July 2018 United States Census population estimate of 391,006)
 **Semi-urban areas include populations over 180,000: Memphis, TN; New Orleans, LA; Baton Rouge, LA (July 2018 United States Census population estimate of 221,599); Birmingham, AL (July 2018 United States Census population estimate of 209,880); Montgomery, AL (July 2018 United States Census population estimate of 198,218); Little Rock, AR (July 2018 United States Census population estimate of 197,881); Huntsville, AL (July 2018 United States Census population estimate of 197,318); Mobile, AL (July 2018 United States Census population estimate of 189,572).

Population density also affects the availability of fentanyl and other opioids. Thirty-six percent of law enforcement respondents across the Gulf Coast region indicate that fentanyl and other opioids are highly available, while 55 percent of those in urban areas indicate the drug is highly available.

III. Use

Fifty percent of Treatment and Prevention Survey respondents indicated fentanyl and other opioid usage as high. Furthermore, 54 percent indicated an increase in inpatient admissions for fentanyl and other opioids in 2019.

The CDC reports that in 2018, synthetic opioid overdose deaths totaled 150 in Alabama, 96 in Arkansas, 220 in Louisiana, and 72 in Mississippi.¹⁵ Preliminary data from the Louisiana Department of Health for the first quarter of 2019 demonstrates that there were 58 synthetic opioid-involved deaths in Louisiana, compared to 215 throughout 2018.^b This represents an annual increase since 2014 across the state, as well as an increased number of synthetic opioid-involved deaths in urban parishes (e.g., Jefferson, St. Tammany, Orleans parishes). Jefferson Parish accounted for 77 of the 215 synthetic opioid-involved deaths in Louisiana in 2018, St. Tammany Parish accounted for 27, and Orleans Parish accounted for 19.¹⁶ Other urban areas of the GC HIDTA also report high opioid-involved overdose deaths, such as Shelby County, TN. Preliminary data from January through September 2019 demonstrates there were 90 suspected overdose-related deaths in Shelby County, a 62 percent increase from January through September 2018. Further, 89 percent of these deaths occurred within Memphis.¹⁷

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.¹⁸

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

^b Overdose death data reported by state health departments may differ slightly from CDC reporting due to variations in drug categorization.

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amendment to House Bill 165, which strengthens the criminal penalties for the manufacture, distribution, and possession with intent to distribute fentanyl and fentanyl analogues.¹⁹

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, fentanyl analogues (e.g., Carfentanil), and U-47700. Gray death emerged in St. Mary and St. Landry parishes, Louisiana in January and February 2020. 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 a fentanyl analogue and is considered to be the most potent opioid used commercially. It is approximately 10,000 times stronger than morphine. It is primarily used as a tranquilizer for large animals and a small dose is reportedly powerful enough to sedate an elephant. In November 2019, two kilograms of Carfentanil were seized by the DEA Huntsville Resident Office.

IV. Transportation

The majority of law enforcement believe that most fentanyl and fentanyl analogues are imported into the United States from Canada, China, and Mexico. Forty percent of Law Enforcement Survey respondents recorded an increase in fentanyl and other opioid transportation and 49 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. Black American DTOs were ranked as the second most identified transporters and distributors. Fentanyl and its analogues are largely transported into the United States through border checkpoints, the Interstate Highway System, and mail carrier services. There were 1,211 separate incidents along the SWB involving fentanyl in 2019, with over 1,807.45 kilograms and an additional 902,296.75 dosage units seized.²⁰ The GC BLOC/HIDTA Watch Center reported one fentanyl DHE seizure (4.9 kg) in 2019, compared to three in 2018. Additional reported DHE seizures of other illicit drugs, including heroin and oxycodone, were laced with fentanyl.

In August 2018, law enforcement agencies based in New Orleans, Louisiana completed an investigation into a China-based fentanyl supplier, “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.²¹ 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.²²

V. Production

There were no clandestine fentanyl manufacturing sites discovered in the Gulf Coast region in 2019.²³

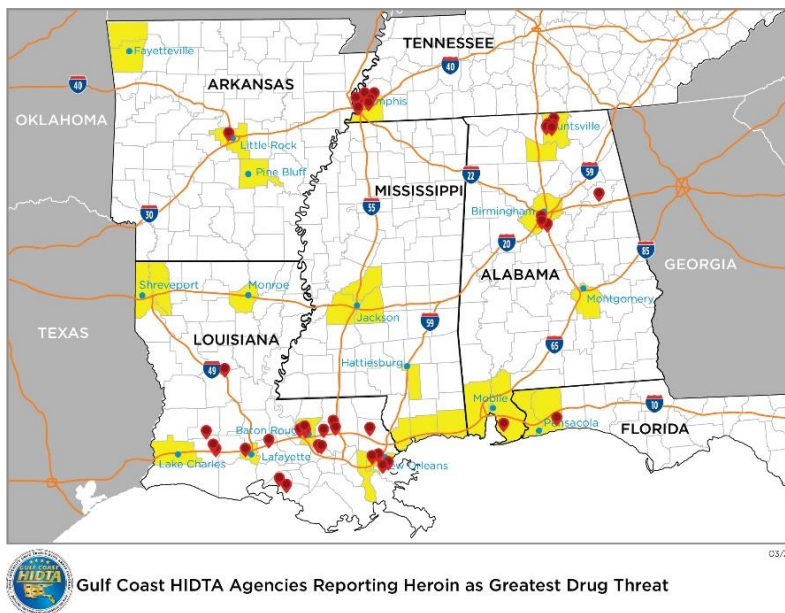
VI. Intelligence Gap

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. Additionally, pricing information for fentanyl is not included as there were not sufficient documented purchases or other reliable source information to establish a retail value of the drug.

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. Thirteen 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.



II. Availability

Heroin availability is increasing within the GC HIDTA region overall, with 53 percent of Law Enforcement Survey respondents indicating an increase in 2019. Similar to other opioids, heroin is a heightened drug threat and more highly available in urban areas throughout the GC HIDTA. Forty-three percent of Law Enforcement Survey participants identify it as highly available, while this increases to 68 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	13%	43%	10%	14%
Urban Areas*	23%	68%	15%	43%
Semi-Urban Areas**	18%	58%	13%	22%

Source: 2021 GC HIDTA Law Enforcement Survey
 *Urban areas include Memphis, TN (July 2018 United States Census population estimate of 650,618) and New Orleans, LA (July 2018 United States Census population estimate of 391,006)
 **Semi-urban areas include populations over 180,000: Memphis, TN; New Orleans, LA; Baton Rouge, LA (July 2018 United States Census population estimate of 221,599); Birmingham, AL (July 2018 United States Census population estimate of 209,880); Montgomery, AL (July 2018 United States Census population estimate of 198,218); Little Rock, AR (July 2018 United States Census population estimate of 197,881); Huntsville, AL (July 2018 United States Census population estimate of 197,318); Mobile, AL (July 2018 United States Census population estimate of 189,572).

III. Use

It is evident that a large percentage of heroin abuse in the GC HIDTA occurs in metropolitan areas. Heroin data from Law Enforcement Survey participants indicates that it is the second largest drug contributor to violent crime. 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.

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Fifteen percent of participants in the Treatment and Prevention Survey reported heroin as the greatest drug threat. Additionally, 46 percent of respondents indicated high levels of heroin abuse and 60 percent indicated an increase in inpatient admissions. 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 pill form. In addition, it is also likely that users are purchasing heroin in pill form out of disdain for intravenous consumption or to avoid the social stigma associated with heroin use.

According to TEDS data, the total number of individuals seeking treatment for heroin abuse decreased for Alabama and Mississippi in 2019 after trending upward since 2015. However, treatment admissions for heroin in Arkansas continued to trend upward since 2015.

Treatment Episode Data Sets (TEDS)				
Heroin				
	Alabama	Arkansas	Louisiana	Mississippi
2015	859	132	1,033	235
2016	1,018	211	1,102	299
2017	1,258	251	1,204	525
2018	2,810	305	1,452	590
2019	2,395	367	N/A	486

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).²⁴

The CDC reports heroin overdose deaths in 2018 included 140 in Alabama, 19 in Arkansas, 173 in Louisiana, and 39 in Mississippi.²⁵ Preliminary Louisiana Department of Health data from the first quarter of 2019 demonstrates that there were 46 heroin-involved deaths in Louisiana, compared to 178 in all of 2018. This represents an annual increase since 2014 across the state, as well as an increased number of heroin-involved deaths in urban parishes (e.g., Jefferson, St. Tammany, Orleans parishes). Jefferson Parish accounted for 55 of the 178 heroin-involved deaths in Louisiana, St. Tammany Parish accounted for 31, and Orleans Parish accounted for 16.²⁶ The Florida Medical Examiner’s Office in Northwest Florida reported 32 heroin-related deaths in 2019, compared to 24 in 2018.²⁷

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. Following the trend of increased heroin abuse in urban areas of the GC HIDTA, the Memphis Fire Department, Emergency Medical Services Dispatch reported 2,317 Naloxone administrations for January through September 2019, an increase of about 18 percent compared to January through September 2018.²⁸ In addition, Jefferson Parish Sheriff’s Office, Louisiana reported administering 66 Naloxone doses in 2019.

IV. Price

Mexican brown heroin powder costs between \$1,400 and \$1,800 for an ounce and Mexican white powder heroin costs approximately \$1,000 for an ounce.²⁹ 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).

V. Transportation

Forty-six percent of Law Enforcement Survey respondents indicated an increase in the distribution of heroin and 40 percent indicated an increase in transportation. The GC BLOC/HIDTA Watch Center reported that 84 pounds of heroin were seized in 2019 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.

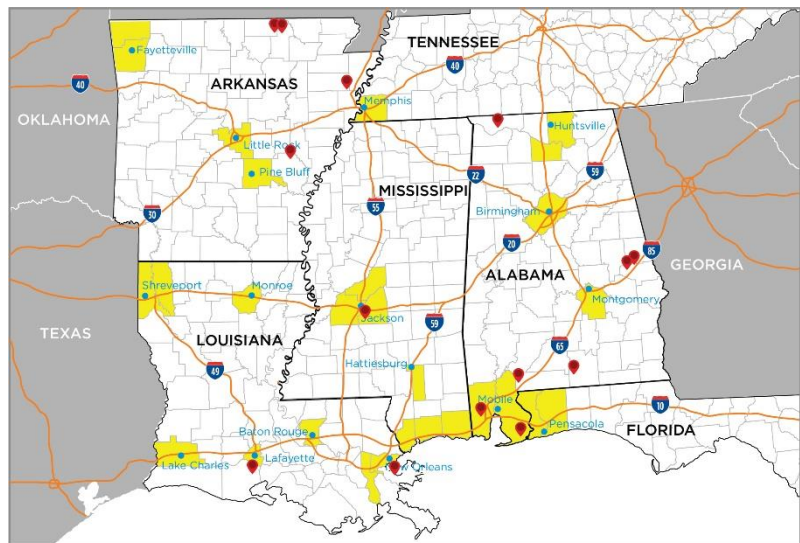
VII. Intelligence Gaps

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

Forty-seven percent of Law Enforcement officials surveyed reported a high availability of controlled pharmaceutical drugs (CPDs). While five percent of Law Enforcement Survey respondents across the region ranked CPDs the greatest drug threat, this number was greater in Alabama (9 percent) and Arkansas (9 percent), and among treatment and prevention providers (12 percent). The 2021 Mississippi Threat Assessment ranks CPDs as a primary drug threat due to their widespread abuse.



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

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II. Availability

Based on results from the Law Enforcement Survey, 24 percent of respondents identified CPDs as having increased in availability. Respondents from both the Law Enforcement survey and Treatment and Prevention Survey report Hydrocodone (e.g., Vicodin, Lorcet, Lortab) to be the most frequently diverted CPDs in the GC HIDTA. This is closely followed by Oxycodone (e.g., Percocet, OxyContin), Alprazolam (e.g., Xanax), and Suboxone.

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. Twelve percent of treatment and prevention providers reported that pharmaceuticals are their greatest threat and 51 percent reported CPD abuse as high. Forty-four percent indicated an increase in inpatient admissions for CPDs in 2019. More specifically, respondents reported highest increases in inpatient admissions for Oxycodone, Hydrocodone, Suboxone, 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 for opiate

addiction (including methadone, oxycodone, hydrocodone, hydromorphone and morphine) decreased for Alabama and Mississippi, but rose for Arkansas in 2019.

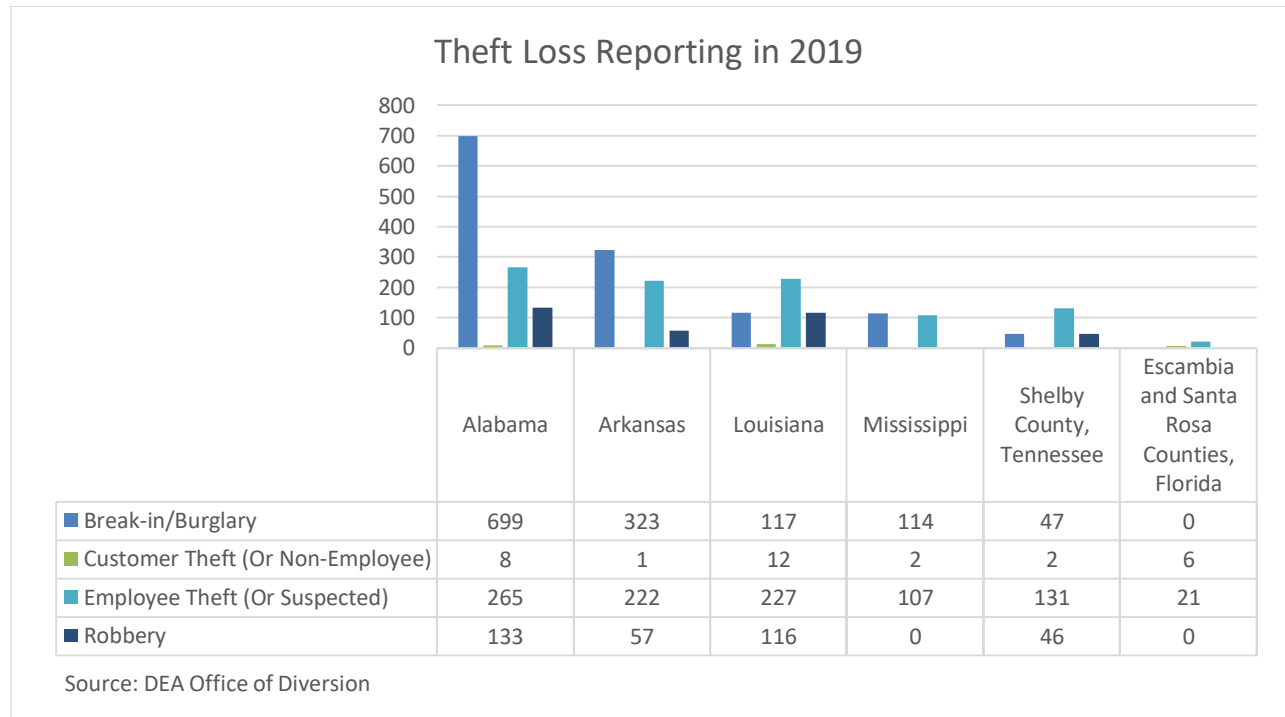
Treatment and prevention providers report the majority of their clients obtain CPDs through street dealers, followed by friends, family members, theft from family members/friends, and doctor shopping. While CPDs are not a leading contributor to violent

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 32 pharmacy burglaries or attempted burglaries in 2019 in Mississippi, an increase from 25 in 2018.³¹

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

Treatment Episode Data Sets (TEDS)				
Other Opiates**				
	Alabama	Arkansas	Louisiana	Mississippi
2015	1,895	1,666	997	762
2016	1,487	1,573	749	696
2017	1,662	1,303	825	1,001
2018	3,894	1,260	757	1,003
2019	2,752	1,422	N/A	524

**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).³⁰



IV. Price

The price of Hydrocodone pills vary from \$5 to \$10, Xanax pills vary from \$5 to \$7, Adderall pills vary from \$5 to \$7, Oxycodone pills vary from \$1 to \$35, OxyContin pills vary from \$1 to \$40, Suboxone pills vary from \$20 to \$40, Dilaudid pills vary from \$10 to \$40, and Ritalin pills vary from \$5 to \$7. There is no accurate data on the pricing of other CPDs.³²

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 25,306 dosage units of opioid pharmaceutical narcotics and 12,255 non-opioid pharmaceutical narcotics were seized in 2019 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.

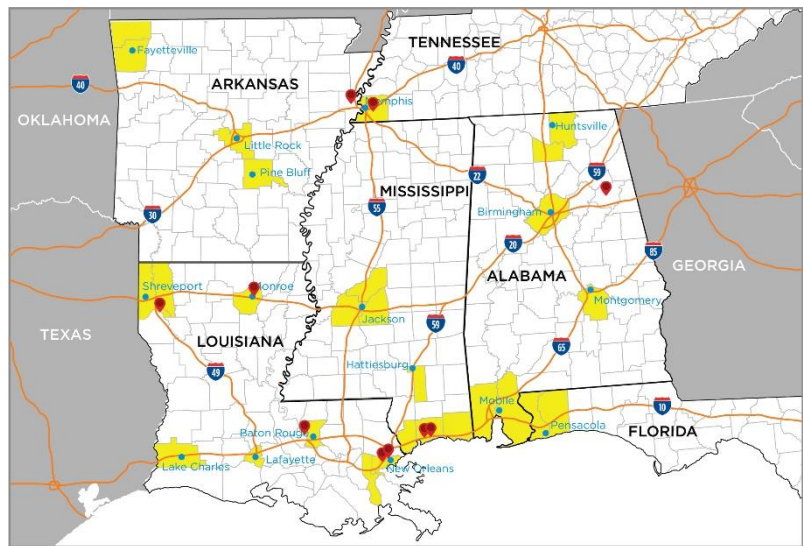
VI. Production

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, alongside methamphetamine.³³ In many areas, the price has decreased due to its abundance, although certain strains of highly potent diverted marijuana are typically two to three times more expensive. Law enforcement officials frequently encounter shipments of diverted high-grade marijuana originating from the West Coast, as well as THC in the form of wax, oil, edibles, and vapor for the use of electronic cigarettes or e-cigarettes. Tetrahydrocannabinolic Acid (THC-A) Crystalline (i.e., THCA crystals, diamonds) is the purest form of cannabis, estimated to be 95-99.997% 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

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II. Availability

Eighty-five percent of Law Enforcement Survey respondents reported marijuana had a high level of availability in 2019. This was equal to the rating of methamphetamine availability in the GC HIDTA in 2019. Further, 33 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 2019 were CO2 Oil (Vaporizers), followed by edibles (gummies, candy), Hashish, and Hash Oil (e.g., Shatter, BHO).

III. Use

Marijuana is widely used throughout the GC HIDTA and transcends all racial, social, and economic boundaries in the GC HIDTA. Eighty 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 in August 2019 the first round of medical marijuana was released to the nine pharmacies licensed to dispense medical marijuana across the state.³⁴ Arkansas also legalized medical marijuana in 2016 and began dispensing in May 2019 at 32 licensed dispensaries. As of March 6, 2020, there are 41,336 approved medical marijuana ID cards in Arkansas.³⁵ Florida also legalized medical marijuana in 2016. As of February 28, 2020, there are 321,144 approved medical marijuana ID cards in Florida and 233 dispensing locations.³⁶

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. In November 2020, medical marijuana legalization will be voted on during the state election.³⁷ During the 2020 legislative session, a medical marijuana bill was introduced in Alabama. This demonstrates the initial stages of legalizing medical marijuana are beginning throughout the GC HIDTA.

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

Thirty-four percent of respondents to the Treatment and Prevention Survey reported an increase in admissions for marijuana in 2019. 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 and methamphetamine. According to TEDS data, the number of patients admitted to rehabilitation centers for marijuana abuse declined in Alabama, Arkansas, and Mississippi in 2019.

Treatment Episode Data Sets (TEDS)				
Marijuana				
	Alabama	Arkansas	Louisiana	Mississippi
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	3,806	2,410	1,209	1,121
2019	3,199	2,125	N/A	813

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).³⁸

E-cigarette products (e.g., vapes, vape pens, e-vaporizers, e-hookahs) have been linked to an outbreak of E-cigarette, or Vaping, product use Associated Lung Injury (EVALI) in 2019. There have been 84 recorded cases in the GC HIDTA: 23 in Arkansas, 15 in Alabama, 35 in Louisiana, and 11 in Mississippi. EVALI has led to deaths nationwide, including five in the GC HIDTA: one in Alabama, three in Louisiana, and one in Mississippi.³⁹

According to CDC statistics, the majority of those who became sick used THC-containing vape products. In January 2020, 82 percent of 2,022 hospitalized EVALI patients across the US reported using THC-containing vape products.⁴⁰ Louisiana Department of Health recorded 68 percent of EVALI patients reported using THC-containing vape products and Mississippi State Department of Health recorded 73 percent.⁴¹ Furthermore, 36 percent of Law Enforcement Survey respondents indicated a high availability of THC vape products and 38 percent reported a moderate availability in 2019. Vape products with THC or additional harmful additives are widely available in the GC HIDTA. For example, 41 percent of Law Enforcement Survey respondents indicated encountering THC vape cartridges with fentanyl.

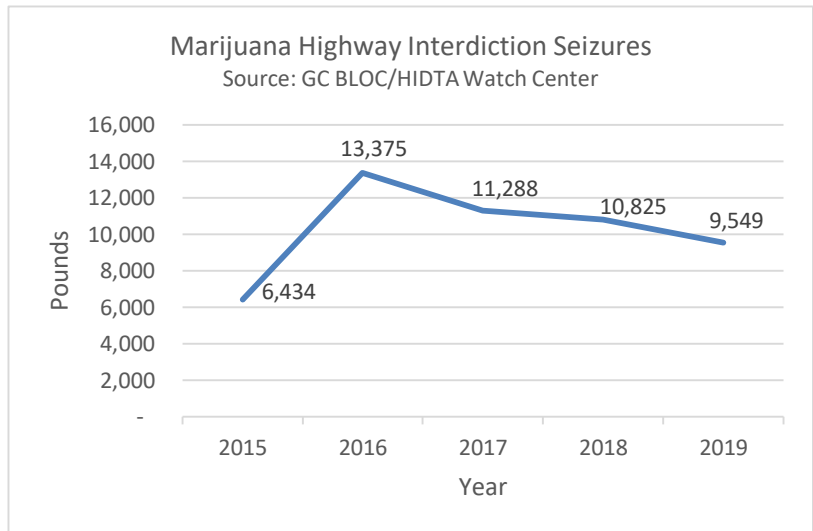
IV. Price

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 \$40 and \$80 and a pound between \$2,400 and \$4,500. An ounce of Mexican marijuana retails between \$50 and \$160 and a pound from \$300 to \$1,200. High-grade medicinal marijuana varies greatly across the region.⁴²

V. Transportation

Twenty-eight percent of Law Enforcement Survey respondents reported an increase in the transportation of marijuana and 64 percent reported that it remained stable in 2019. 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 9,549 pounds of marijuana in 2019. Seized THC products increased from 2,116,270 in 2018 to 23,571,060 in 2019. According to surveyed law enforcement, the primary source state for high-grade marijuana for the GC HIDTA region is California, followed by Texas and Colorado.



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



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irrigation systems, water pumps, hoses, portable sprayers, portable gas generators, as well as advanced chemical and fertilizer applications. Cannabis producers continue to cultivate in national forests, parks, and on other public land in an attempt to avoid detection and seizure of personal property.

The below table details the most recent results of the DEA Cannabis Eradication program in the GC HIDTA for 2018. Available data for 2019 demonstrates that in Alabama 34 outdoor grow sites, two indoor grow sites, 15,330 plants, and 20 arrests were reported.⁴³ In 2019, Mississippi Bureau of Narcotics seized 626 marijuana plants from an outdoor grow in Carroll County.⁴⁴

2018 Domestic Cannabis Eradication				
	Eradicated Outdoor Grow Sites	Eradicated Indoor Grow Sites	Indoor and Outdoor Cultivated Plants	Arrests
Alabama	38	3	4,286	28
Arkansas	19	0	393	31
Louisiana	11	21	920	102
Mississippi	27	21	69,548	65
Source: DEA Domestic Cannabis Eradication/Suppression Program				
Note: In 2018, Mississippi Bureau of Narcotics reported a greater amount of marijuana plants due to seizing a large outdoor grow spread across 12 acres of land in Jefferson County.				

In December 2018, Congress passed the Agriculture Improvement Act of 2018 (i.e., 2018 Farm Bill) legalizing the production of industrial hemp and removing hemp from classification as a Schedule I substance. While derived from the same plant as marijuana, Cannabis sativa L, hemp has lower levels of THC than marijuana and legally cannot contain more than 0.3 percent THC. States may create a regulation plan for the production of hemp, which must be approved by the USDA, or states may apply for licenses under the USDA regulation plan. On October 31, 2019 the USDA established the interim final rule specifying the regulations to produce hemp during the 2020 hemp growing season. The rule is effective through November 1, 2020. Within the GC HIDTA, Alabama, Arkansas, Florida, Louisiana, and Tennessee have established a legal framework for producing and processing hemp within the state.

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

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 third-most drug contributors to violent crime in the region. The majority of Law Enforcement Survey respondents believe the availability, demand, distribution, and transportation of cocaine is similar to last year.

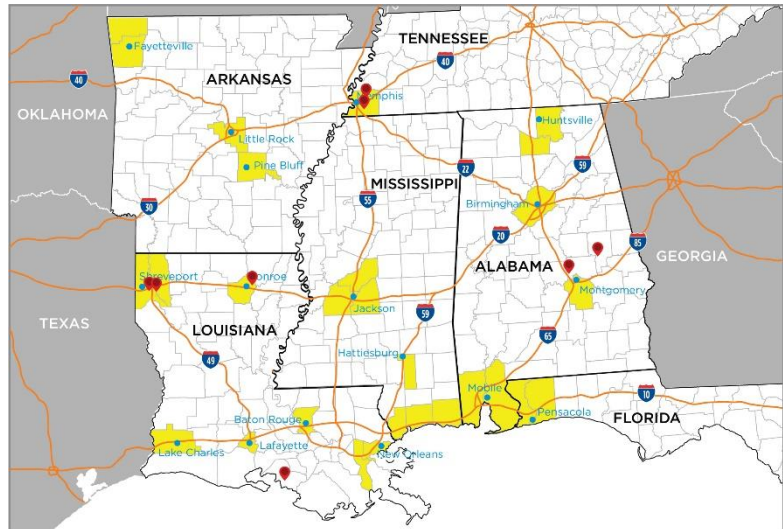
II. Availability

Cocaine and crack continue to be readily available. Forty-seven percent of Law Enforcement Survey respondents claim that cocaine and crack have a moderate level of availability while 33 percent rank it as high. Seventy-one percent report that the availability of cocaine and crack over the past 12 months has remained the same. In 2019, the Alabama Department of Forensic Sciences analyzed 10,044.91 grams of cocaine and cocaine accounted for 15.34 percent of NFLIS submissions in Northwest Florida.⁴⁵

III. Use

According to 59 percent of Treatment and Prevention Survey respondents, cocaine and crack use has remained moderate in the previous 12 months. Additionally, 68 percent of respondents reported that inpatient admissions for cocaine and crack have stayed the same. Cocaine is frequently used in combination with a variety of other drugs. According to treatment and prevention professionals along the Gulf Coast, marijuana and alcohol are most frequently used in combination with cocaine, followed by methamphetamine and heroin.

According to TEDS data, the number of patients admitted to drug treatment centers for cocaine (smoked) and cocaine (ingested via other route) abuse decreased in Alabama, Arkansas, and Mississippi in 2019.



 Gulf Coast HIDTA Agencies Reporting Cocaine (Powder, Crack) as Greatest Drug Threat 03/20

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)
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	588	386	297	176	514	198	361	203
2019	481	271	240	116	N/A	N/A	312	183

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).⁴⁶

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The CDC reports cocaine overdose deaths in 2018 to total 98 in Alabama, 28 in Arkansas, 133 in Louisiana, and 42 in Mississippi.⁴⁷

IV. Price

The average price for an ounce of powder cocaine in the GC HIDTA is between \$500 and \$1,400 and a kilogram of powder cocaine is between \$25,000 and \$35,000. The average price for a rock of crack cocaine is between \$10 and \$30, whereas a gram may cost between \$80 and \$125.⁴⁸

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 2019. Information reported to the GC BLOC/HIDTA Watch Center from HIDTA's DHE program indicates that 1,267 pounds of cocaine were seized in 2019.

In 2000, the Colombian and United States governments launched Plan Colombia, an eradication program intended to destroy coca and poppy crops used to produce cocaine and heroin. Colombia rolled back the aerial chemical spraying in mid-2015 after an agency of the World Health Organization declared that the active ingredient in the spray had the potential to cause cancer in humans. The end of Colombia's eradication program resulted in a surge of coca production as government intervention in the crop's production ceased. In 2019, coca cultivation estimates in Colombia reached 212,000 hectares- a nearly two percent rise from 2018 and the highest recorded amount. ONDCP reports this increases potential pure cocaine production by eight percent from 2018 to 2019.⁴⁹ The production of cocaine in the years since has reflected on the increasing amount seized along United States borders. According to EPIC, approximately 14,896 kilograms of cocaine were seized along the United States' SWB in 2019, as compared to 10,874 kilograms seized in the last year of Plan Colombia in 2014.

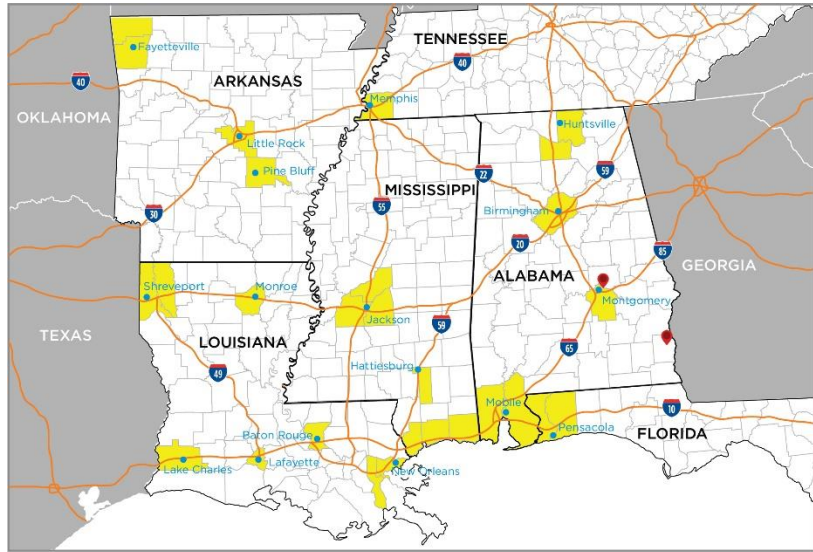
VI. Production

Coca is neither cultivated nor produced within the GC HIDTA, but originates in South America. According to the DEA's Cocaine Signature Program in 2018, approximately 90 percent of tested cocaine samples originated from Colombia.⁵⁰

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



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drug class and the effects are similar to drugs such as cocaine, MDMA, or methamphetamine. Synthetic phenethylamines mimic popular hallucinogens and can be found in powder and liquid forms.

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

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

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



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

II. Availability

The majority (38 percent) of the Law Enforcement Survey respondents reported low availability of NPSs, the majority (43 percent) reported availability as being the same as last year. Forty-six percent of Law Enforcement Survey respondents reported MDMA's overall availability as moderate and 30 percent reported it as low. The majority (61 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-five percent of treatment and prevention professionals reported an increase of NPS inpatient admissions in the previous twelve months. The majority (42 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 \$1 and \$30 per dosage unit (pill). There is no accurate data on the pricing of other NPS.⁵¹

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. Even though MDMA is the most widely abused and seized NPS in the GC HIDTA, area law enforcement personnel remain vigilant in their efforts to combat other synthetic drugs such as Molly, PCP, LSD, GHB, and GBL.

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.⁵²

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.

DHE Seizure	Amount Seized
Heroin	84 lbs.
Cocaine	1,267 lbs.
Marijuana	9,549 lbs.
THC Products	23,571,060
Methamphetamine	1,302 lbs.
Fentanyl	4.9 kg.
Opioid Pharmaceutical Narcotics	25,306 dosage units
Non-Opioid Pharmaceutical	12,255 dosage units
Currency	\$12,009,399
Drugs removed from the marketplace in CY2019 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

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international packages transited throughout the United States, this threat poses a difficult challenge and overwhelms the limited manpower focused on examining these packages.

The Federal Express (FedEx) hub in Memphis, TN opened in 1973. The hub encompasses a five-mile perimeter with slots for 175 aircraft and 42 miles of conveyer belts. Approximately 2.5 million packages move through the facility daily. Department of Homeland Security personnel at the FedEx hub reported 450 total seizures in FY2019, with marijuana and methamphetamine being the highest volume of drugs seized, as depicted in the table to the right.⁵³

FY2019 FedEx Hub Seizures	
Seizure	Amount
Cocaine	377.62 Kg
Methamphetamine	1,189.67 Kg
Marijuana	3,209.77 Kg
Heroin	51 Kg
Synthetic Cannabinoids and Designer Drugs	13.74 Kg
Undeclared Currency	\$132,258
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.

Commercial carriers are also involved in the transport of illicit contraband across the country through the use of portable storage containers. Companies such as PODS and U-Haul deliver portable storage containers directly to customers and transport them on their behalf anywhere in the US. DTOs and criminal actors

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exploit these services by filling the units with illicit drugs. In November 2019, law enforcement interdicted a portable storage container containing 325 pounds of marijuana delivered from California to a business in Jefferson Parish, LA.

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

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

The high volume of commercial shipping activity arriving directly from foreign ports entering the ports along our maritime domain make the GC HIDTA highly vulnerable to drug smuggling activity. Inbound vessels arriving at northern Gulf Coast major ports in 2017 most commonly had their last port of call in or originated from Mexico, followed by Venezuela, Colombia, and Brazil.⁵⁴ HSI reports that Vermilion Bay is the most vulnerable area to illicit maritime smuggling and immigration violations in southwestern Louisiana.⁵⁵ Criminal networks also use abandoned oil rigs off the coast of Louisiana to stage drug loads for follow-on delivery mostly to south Texas, Louisiana, Alabama, and Florida. The GC HIDTA is also susceptible to drug smuggling via other maritime platforms, including recreational vessels, commercial shipping vessels, towing vessels, submersibles, and rail ferry vessels. Go-fast boats (e.g., lanchas) are used by Mexican TCOs to smuggle drugs directly into southern Texas via the Gulf of Mexico; however, according to Coast Guard Intelligence, there are no reports of go-fast boat interdictions in the northern Gulf Coast.

Drug wash-ups, most commonly marijuana or cocaine, occur in the GC HIDTA maritime domain due to unknown drug movements. It is highly likely wash-ups occur due to a number of scenarios, including failed air drops, jettisoned packages from vessels in the Gulf of Mexico or Caribbean Sea, vessels sinking, or loss while transferring loads from a larger vessel to a smaller vessel at sea. Most recently available Coast Guard Intelligence data for part of FY2019 (October 1, 2018 to June 18, 2019) demonstrates there were 12 drug wash-ups in the Gulf of Mexico including 8 marijuana wash-ups totaling 74.1 pounds and four cocaine wash-ups totaling 62 kilograms. Comparatively, in all of FY2018 there were 15 drug wash-ups in the Gulf of Mexico including four marijuana wash-ups totaling 32.9 pounds and 11 cocaine wash-ups totaling 42.7 kilograms. As depicted in the below map, all wash-ups occurred along the Texas, Louisiana, and Northwest Florida coastline.⁵⁶



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

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with an unlimited battery life and 150 meter range.⁵⁷ 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.⁵⁸ This is an example of how DTOs exploit the Gulf of Mexico for trafficking drugs into the GC HIDTA.

VII. Maritime Intelligence Gap

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

V. Drug Trafficking Organizations

A. Overview

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

B. International DTOs

I. Overview

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

II. Affiliations and Membership

According to the DEA, the Gulf Coast region is primarily impacted by the Gulf Cartel and Los Zetas due to their prominence in East Texas, namely Dallas and Houston. The Sinaloa Cartel and Cártel de Jalisco Nueva Generación (CJNG) also maintain an influence in the region.⁵⁹ Southeastern Louisiana is heavily influenced by the Beltran-Leyva Organization (BLO), Sinaloa, and Gulf Cartels. Gulfport, MS is influenced by the Gulf and CJNG cartels. CJNG and BLO impact the Birmingham, AL area. The Little Rock, AR area is primarily influenced by the BLO, while the Fayetteville, AR area is impacted by the Sinaloa and CJNG cartels. The Sinaloa Cartel also exerts control over Memphis, TN and Jackson, MS.⁶⁰

International DTOs Identified by the GC HIDTA in 2019	
Characteristics	
Total International DTOs	158
Asian	3
Black American	20
Caucasian American	18
Hispanic (non-Mexican)	20
Mexican	52
Multi-ethnic	40
Average DTO Size	7.4
Total Members (Leaders)	1,170 (234)
Gang Related	0
Violent	13
Poly-drug	38
Money Laundering Activities	0
Federal Case Designations	
OCDETF	38
CPOT	7
RPOT	2
PTO	14
Source: PMP, Table 2 Spreadsheet, Accessed 3/9/2020	

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.

III. Activities and Methods

Mexican DTOs play a significant role in the transportation of cocaine, fentanyl, heroin, marijuana, and methamphetamine into the GC HIDTA. They are ranked within the top three contributors to the transportation and wholesale distribution of five of the major drug categories surveyed by the GC HIDTA in 2019 (i.e., cocaine, fentanyl and other opioids, hallucinogens, heroin, marijuana, MDMA, methamphetamine). More specifically, Mexican DTOs are the number two contributors to the

transportation and wholesale distribution of cocaine and methamphetamine. They are less involved in the retail distribution of illicit drugs and instead, transport large quantities of drugs to a variety of distributors operating within the area who control retail distribution. These distributors range from legitimate DTOs to small neighborhood gangs.

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

C. Multi-State/Regional DTOs

I. Overview

The table to the right demonstrates that of the 285 multi-state/regional DTOs identified in the GC HIDTA in 2019, the majority were Black American DTOs, followed by Caucasian American DTOs, Hispanic (non-Mexican) DTOs, Mexican DTOs, and Asian DTOs.

II. Affiliations and Membership

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

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

Multi-State DTOs Identified by the GC HIDTA in 2019	
Characteristics	
Total Regional DTOs	285
Asian	5
Black American	134
Caucasian American	53
Hispanic (non-Mexican)	22
Mexican	15
Multi-ethnic	50
Average DTO Size	6.9
Total Members (Leaders)	1,968 (389)
Gang Related	7
Violent	27
Poly-drug	102
Money Laundering Activities	0
Federal Case Designations	
OCDETF	50
CPOT	2
RPOT	2
PTO	18
Source: PMP, Table 2 Spreadsheet, Accessed 3/20/19	

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

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Vagos and Iron Coffins have a presence in Mississippi. Hells Angels established a start-up chapter in Jacksonville, Arkansas. Outlaws have a presence across Alabama. Black Pistons, Lower Class, Chaotic Few, and Southern Tribe are support clubs for Outlaws in Alabama. Devils Disciples have chapters throughout Alabama, as well as a support club known as the Sinisters in Tuscaloosa, Alabama. Wheels of Soul has chapters in Alabama. The Sons of Silence have a chapter in Rankin County, Mississippi. Outcast has chapters in Alabama as well as in Mississippi.⁶¹

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

III. Activities and Methods

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 Colombian heroin from Mexican sources in Houston and transport the drug to New Orleans for retail distribution. Atlanta, Georgia is a major source-of-supply for mid-level distributors; especially in certain parts of Alabama and Mississippi. The SWB remains the primary wholesale and mid-level source for the remainder of the GC HIDTA.

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

Asian DTOs have a low involvement in the transportation and distribution of drugs in the region. Law enforcement officials report that the minimal involvement is related to the transportation, wholesale distribution, and retail distribution of fentanyl and other opioids, marijuana, and MDMA. Asian DTOs are also highly entrenched in money laundering activities, gambling, and prostitution. Increasingly, Asian MLOs are laundering drug proceeds on behalf of Mexican DTOs due to the Chinese government's cap on foreign exchange transactions and overseas withdrawals creating a high demand for Chinese nationals to transfer wealth abroad.⁶²

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

White supremacist gangs are also involved in the distribution of illicit drugs. In February 2019, dozens of NAE members were charged in a RICO indictment in Little Rock, Arkansas, which alleged attempted murder, kidnapping, and maiming in support of its organization and wide-ranging drug trafficking.⁶³

D. Local DTOs

I. Overview

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

II. Affiliations and Membership

While the local gangs have no affiliation with national street gangs, they often claim the name and other identifiers of national street gangs. For example, local gangs in Mississippi and Alabama identify as the Gangster Disciples. 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 230 gangs and 14,075 gang members. Similar to the rest of the GC HIDTA, the majority of the gangs in the Shelby County area are operated locally and have loose affiliations with national gangs (e.g., Crips, Bloods, Vice Lords, Gangster Disciples). Gangs in Shelby County, TN are the predominant source of violent crime in the metropolitan area and responsible for a significant portion of drug distribution across the county.⁶⁴

Some of the more organized local gangs that have been observed in Alabama operate under names such as the Bloods, Crips, and Folk. The six southernmost counties in Mississippi are influenced by the Simon City Royals, Gangster Disciples, Latin Kings, and Vice Lord and Subsets. The Mississippi Bureau of Narcotics reported eight gangs and 27 total gang cases in 2019.⁶⁵

III. Activities and Methods

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

Local DTOs Identified by the GC HIDTA in 2019	
Characteristics	
Total Local DTOs	541
Asian	7
Black American	240
Caucasian American	130
Hispanic (non-Mexican)	20
Mexican	34
Multi-ethnic	101
Average DTO Size	6.9
Total Members (Leaders)	3,777 (704)
Gang Related	56
Violent	57
Poly-drug	198
Money Laundering Activities	3
Federal Case Designations	
OCDETF	36
CPOT	4
RPOT	0
PTO	24
Source: PMP, Table 2 Spreadsheet, Accessed 3/9/20	

VI. Money Laundering Organizations

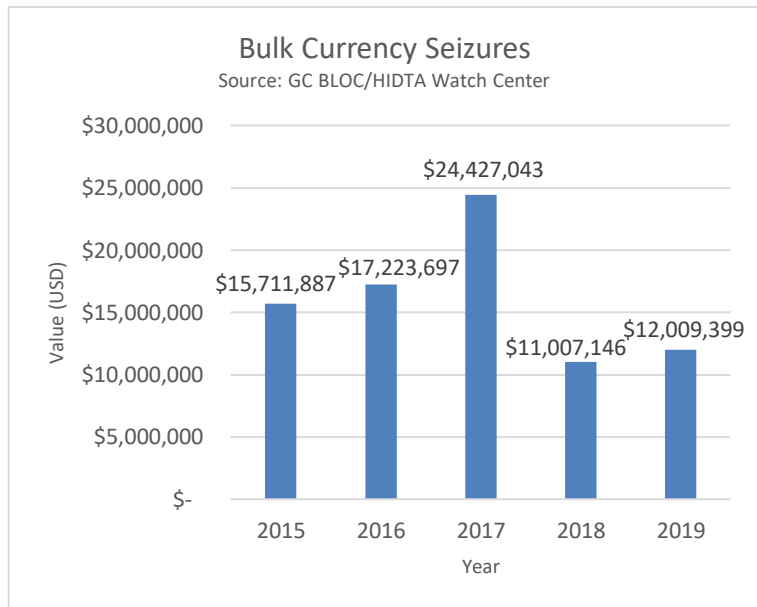
Fifteen money laundering organizations (MLOs) were identified in the GC HIDTA in 2019. Eight were international, five were regional, and two were local MLOs. Notably, eight of these MLOs were associated with trafficking cocaine and five were associated with trafficking methamphetamine.

MLOs Identified by the GC HIDTA in 2019			
Total Identified	International	Regional	Local
15	8	5	2

Source: HIDTA PMP, Accessed 3/9/20

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 2019 is bulk cash movement, followed by prepaid cards, money services and cash-intensive businesses, structuring through legitimate banking institutions (“smurfing”), informal value transfer systems, electronic commerce, cryptocurrencies (e.g., Bitcoin), trade-based, and finally real estate. Financial “smurfing” is the act of breaking down a transaction into smaller transactions to avoid regulatory requirements or an investigation by the authorities. Cash-intensive businesses utilized by DTOs for money laundering include nail salons, restaurants, bars, nightclubs, casinos, check-cashing businesses, and the fishing industry.

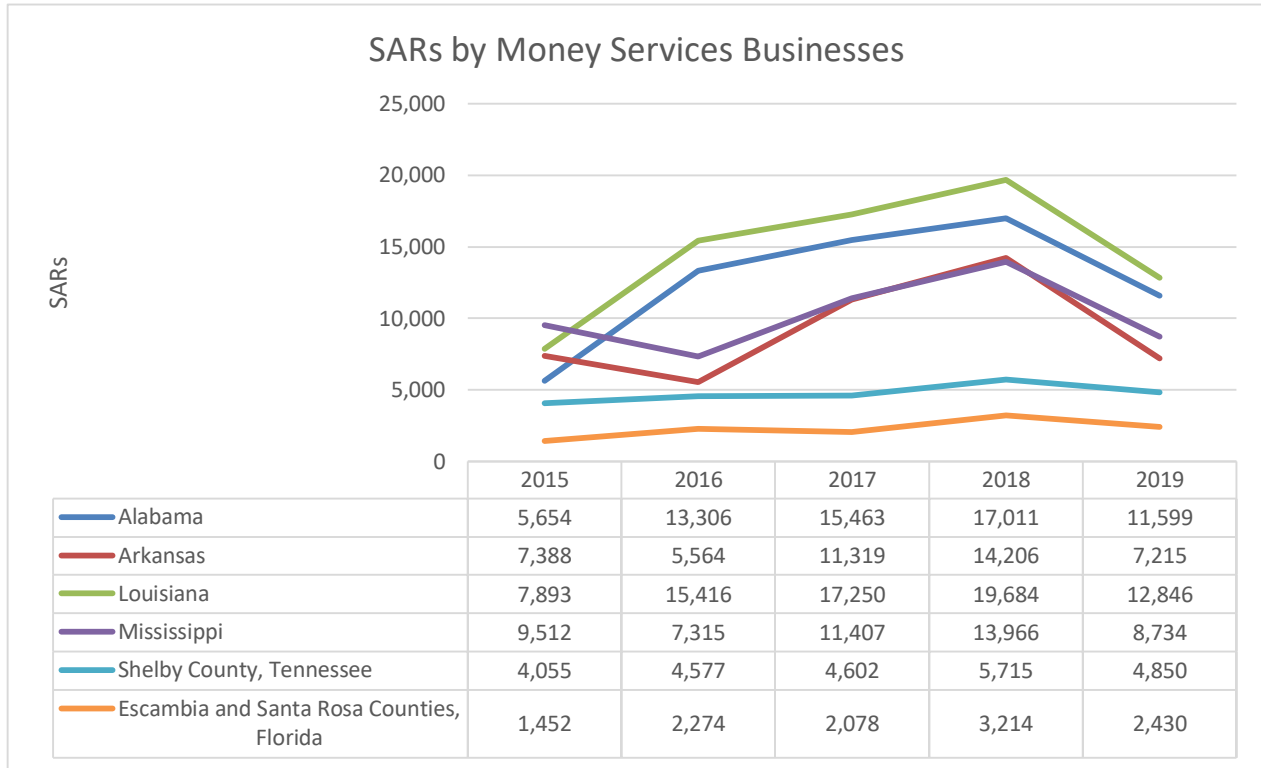
Current intelligence indicates DTOs, whether local, regional, or international, are pursuing more creative and sophisticated methods to conceal drug proceeds in an effort to elude law enforcement. Law enforcement agencies have heightened DHE in an attempt to thwart bulk currency movement activities by DTOs. Through aggressive and successful law enforcement campaigns, DTOs have been greatly impacted. Nonetheless, money laundering, due to continued DTO operations, remains a significant threat in the GC HIDTA. The chart to the right demonstrates bulk currency seizures in the GC HIDTA. In 2019, there were 146 currency seizures reported by the GC BLOC/HIDTA Watch Center totaling \$12,009,399.



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.

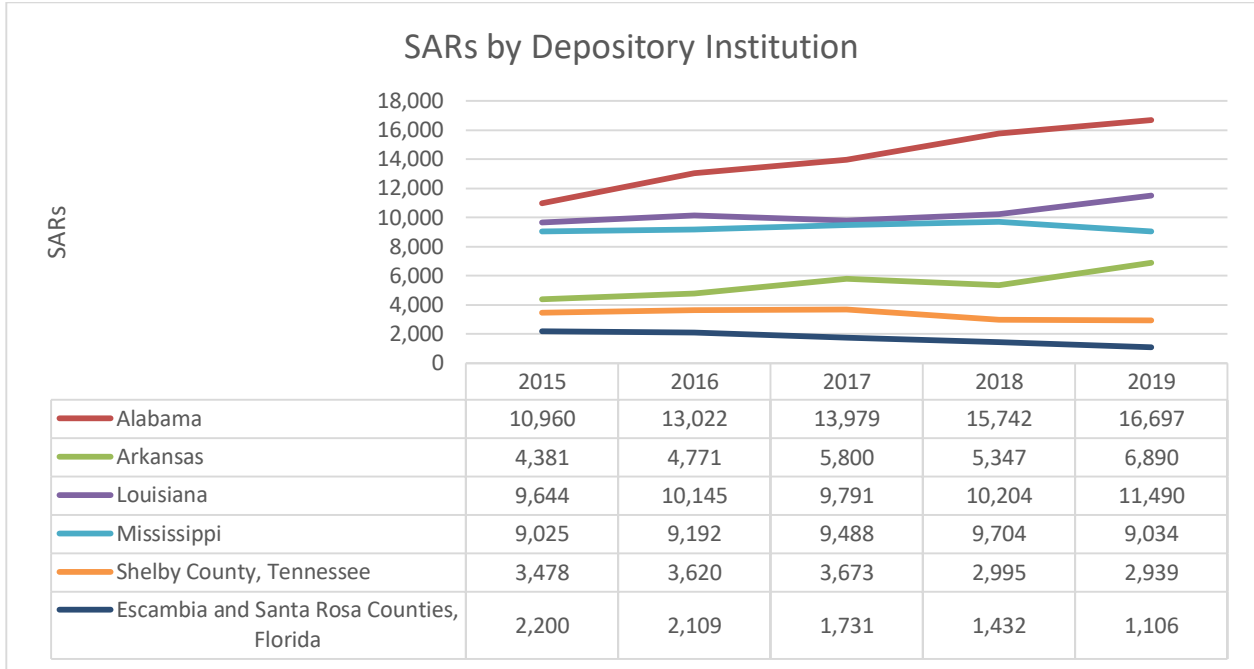


Source: FinCEN, Accessed 3/16/2020

The majority of SARs filed in the GC HIDTA are from money service businesses such as wire transmitters.^c Many DTOs have several of their members wire money in amounts under \$2,000 to circumvent reporting requirements.^d The number of SARs by money service businesses for Alabama, Arkansas, Louisiana, Mississippi, and Northwest Florida steadily increased in 2017 and 2018, yet decreased throughout the GC HIDTA in 2019. The number of SARs by depository institution increased for Alabama, Arkansas, and Louisiana in 2019; however, the number of SARs by depository institution slightly decreased in the past year for Mississippi, Shelby County Tennessee, and Northwest Florida.

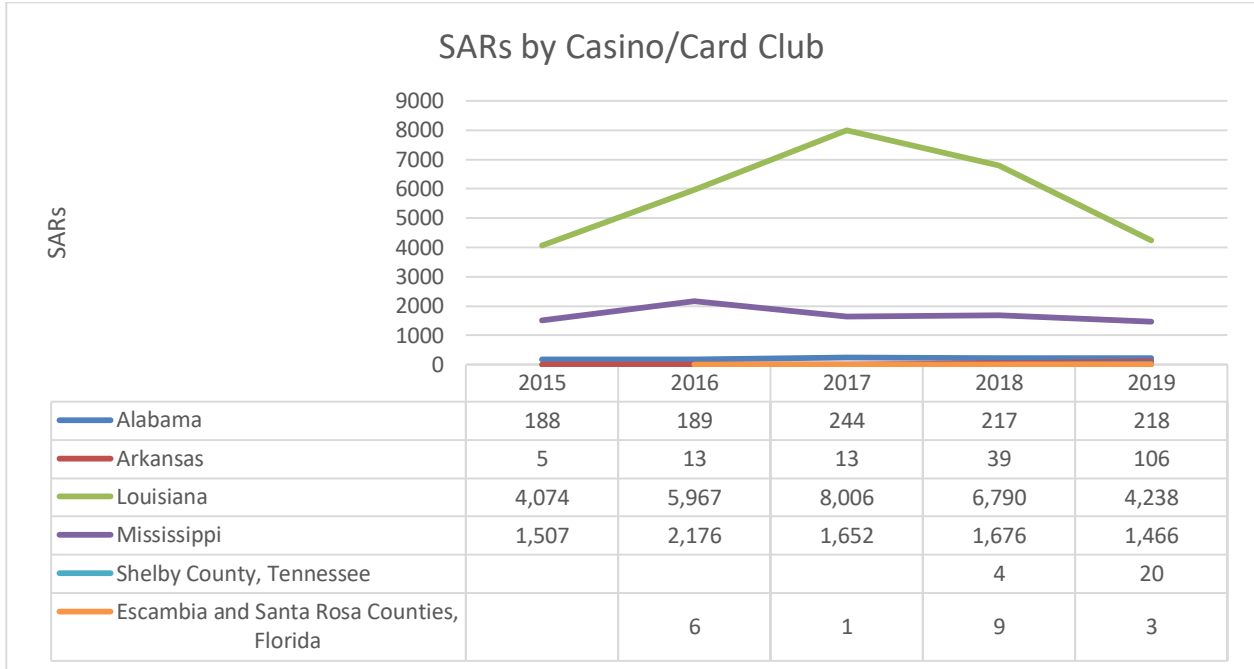
^c Money service businesses include any person in one or more of the following capacities: Currency dealer or exchanger; check casher; issuer of traveler's checks, money orders or stored value; seller or redeemer of traveler's checks, money orders or stored value; money transmitter; U.S. Postal Service.

^d FinCEN requires the reporting of a money transmission when the transaction is both suspicious and in amounts of more than \$2,000.



Source: FinCEN, Accessed 3/16/2020

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 2019, the number of SARs filed by casinos and card clubs increased in Alabama, Arkansas, and Shelby County Tennessee, yet decreased in Louisiana, Mississippi, and Northwest Florida.



Source: FinCEN, Accessed 3/16/2020

Note: Data unavailable for 2015-2017 for Shelby County, Tennessee and 2015 in Escambia and Santa Rosa Counties, Florida

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, specifically:

- We assess with high confidence methamphetamine will remain the greatest drug threat in the GC HIDTA. It is the drug most related to violent crime, property crime, and law enforcement resources. In 2019, methamphetamine availability rose to the same high level as marijuana in the GC HIDTA due to the high influx of low-cost Mexico-produced methamphetamine. It is likely that the number of traditional methamphetamine labs will remain low, with most domestic clandestine laboratories consisting of either one-pot labs or conversion laboratories for methamphetamine in solution. Since all six states have enacted methamphetamine precursor laws, Mexico-based DTOs will continue to fill the void of domestic high-purity methamphetamine.
- We assess with medium confidence 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 2019 as the Dark Web connects producers in China with American consumers. High numbers of synthetic opioid overdoses, as well as naloxone administrations, are very likely to continue due to the increasing use of fentanyl-based additives and adulterants in powder and pill form.
- We assess with medium confidence heroin use is likely to remain high in the Gulf Coast's urban areas because of its increased availability and transportation into the region. High numbers of heroin related overdoses will likely continue due to the increase in lethal adulterants.
- We assess with medium confidence the abuse of CPDs is likely to continue at a rate similar to 2019.
- We assess with medium confidence marijuana will continue to be the most highly abused and one of the most available drugs in the GC HIDTA. Increasing legalization efforts throughout the GC HIDTA, including the availability of medical marijuana in Arkansas, Florida, and Louisiana, will likely escalate abuse and availability rates. Marijuana and THC-based products will continue to affect a younger consumer base as they are marketed towards teenagers and children. Additionally, the legalization of industrial hemp production ushers in a new challenge for law enforcement in distinguishing the difference between hemp and illegal marijuana.
- We assess with medium confidence cocaine will remain a moderate threat to the GC HIDTA and a major contributor to violent crime.
- We assess with medium confidence the abuse of NPSs will remain at a low to moderate rate. Spice and other synthetic drugs will remain a low to moderate threat. Manufacturers will continue to alter the molecular structure of these substances to circumvent legal restrictions.
- We assess with high confidence Mexico-based poly-drug DTOs will remain key suppliers of methamphetamine, heroin, cocaine, and Mexico-produced marijuana. Mexico-based DTOs will continue to evolve and increase their influence in the GC HIDTA's illegal drug trade.
- We assess with high confidence Atlanta, Houston, New Orleans, and Dallas will remain source cites for illicit drug trafficking.
- We assess with high confidence bulk currency movement westward along the interstate highways and state roadways will remain the preferred transfer method for traffickers. DTOs will utilize waterways along the Gulf Coast to smuggle drugs and currency. Money service businesses and casinos will remain an avenue for money laundering in the GC HIDTA.

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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. 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.

The COVID-19 pandemic will impact the drug market in the GC HIDTA in various ways. Shipments of synthetic opioids, including fentanyl, and precursor substances from China may be slowed by a reduction in exports. Restrictions on the US and Mexico SWB were enacted on March 21, 2020, halting nonessential travel (e.g., tourism, recreation) between the two countries. As trade and freight border crossings continue, there may be increased drug trafficking in larger quantities via commercial vehicles. These international export and border changes may lead to a decreased supply of synthetic opioids and Mexico-produced methamphetamine, causing a rise in pricing as well as a rise in replacement drug demand. DTOs may also seek alternative drug trafficking routes into the US. The closure of financial institutions and high number of populations under lockdown due to the pandemic may also limit movement of drug proceeds back through the SWB to Mexico.

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 2021 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

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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 2021 Gulf Coast HIDTA Law Enforcement Survey

7th Judicial Circuit of Alabama	Bossier City Police Department
Abbeville Police Department	Brandon Police Department
Addiction Prevention Coalition	Breaux Bridge Police Department
Alabama 7th Judicial Major Crimes Unit	Brookhaven Police Department
Alabama Attorney General's Office	Broussard Police Department
Alabama Board of Pharmacy	Caddo Parish Sheriff's Office
Alabama Department of Corrections	Calcasieu Parish Sheriff Department
Alabama Law Enforcement Agency	Caldwell Parish Sheriff Department
Alabama National Guard Counterdrug	Cameron Parish Sheriff Office
Alabama Office of the Attorney General	Cammack Village Police Dept
Alabama Office of the Governor	Chambers County Drug Task Force
Alexander City Police Department	Chicot County Sheriff's Office
Allen Parish Sheriff Office	Chitimacha Tribal Police Department
Amite City Police Department	City of Andalusia
Arkansas 1st Judicial District Drug Task Force	City of Biloxi Police Department
Arkansas 5th Judicial District Drug Task Force	City of Carencro Police Department
Arkansas 5th Judicial District Drug Task Force	City of Cherokee Village
Arkansas 9th West Drug Task Force	City of Florence
Arkansas 10 th Judicial District Drug Task Force	City of Franklin Police Department
Arkansas 12th Judicial District Drug Task Force	City of Geneva Police Department
Arkansas 14th Judicial District Drug Task Force	City of Huntsville (STAC)
Arkansas 15th Judicial District Drug Task Force	City of Luverne
Arkansas 18th East Drug Task Force	City of Perryville
Arkansas 20th Judicial District Drug Task Force	City of Port Allen
Arkansas Highway Police	City of Springdale Police
Arkansas National Guard Counterdrug	City of Thibodaux Police Department
Arkansas State Crime Laboratory	City of Tuscaloosa
Arkansas State Police	Clarksville Police Department
Arkansas State Police- Arkansas Counter Drug	Colbert County Drug Task Force
Ascension Parish Sheriff's Office	Collierville Police Department
Assumption Parish Sheriff's Office	Concordia Parish Sheriff's Office
ATF Memphis	Coushatta Tribal Police
ATF Montgomery	Covington County Sheriff's Office
Athens Police Department	Covington Police Department
Auburn Police Department	Dauphin Island Police Department
Avoyelles Parish Sheriff's Office	DEA Baton Rouge
Baldwin County Drug Task Force	DEA Birmingham
Bartlett Police Department	DEA Fayetteville
Batesville Police Department	DEA Hattiesburg
Baton Rouge Police Department	DEA Jackson
Benton County Sheriff's Office	DEA Little Rock
Benton Police Department	DEA Memphis
Bessemer Police Department	DEA Mobile
Bethel Heights Police Department	DEA Montgomery
Bienville Parish Sheriff's Office	DEA Nashville
Biloxi Police Department	DEA New Orleans
Board of Dental Examiners of Alabama	DEA Oxford

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DEA Shreveport
Delcambre Police Department
Denham Springs Police Department
Department of Homeland Security
Desoto Parish Sheriff's Office
DOJ Eastern District of Arkansas
East Baton Rouge Sheriff's Office
East Carroll Sheriff's Office
East Jefferson Levee District Police
Eufaula Police Department
Eunice Police Department
Farmington Police Department
Fayetteville Police Department
Florida Department of Law Enforcement
Florida Highway Patrol
Flowood Police Department
Foley Police Department
Fort Walton Beach Police Department
Franklin County Sheriff's Office
Franklin Parish Sheriff's Department
Franklin Police Department
George County Sheriff's Department
Germantown Police Department
Gonzales Police Department
Gramercy Police Department
Greene County Sheriff's Office
Greenwood Police Department
Gulf Breeze Police Department
Gulf Coast HIDTA
Gulf County Sheriff's Office
Hammond Police Department
Harahan Police Department
Harrison Police Department
Haughton Police Department
Headland Police Department
Highland Police Department
Hinds County Sheriff Department
Hoover Police Department
Horn Lake Police Department
HSI Gulfport
HSI Mobile
Huntsville Police Department
Iberia Parish Sheriff's Office
Iota Police Department
Jackson County Sheriff's Office
Jackson Parish Sheriff's Office
Jacksonville State University Police Department
Jefferson County Sheriff's Office
Jefferson Davis Parish Sheriff's Office
Jefferson Parish District Attorney
Jefferson Parish Sheriff's Office
Jefferson State Community College
Jonesboro Police Department
Kenner Police Department
Lafayette Police Department
Lakeview Police Department
LaSalle Parish Sheriff's Office
Lee County Coroner's Office
Limestone County District Attorney
Lincoln Parish Sheriff's Office
Livingston Parish Sheriff's Office
Livingston Police Department
Louisiana Counter Drug Program
Louisiana Department of Public Safety & Corrections, Division of Probation & Parole
Louisiana Department of Wildlife and Fisheries
Louisiana Department Public Safety & Corrections
Louisiana Governor's Office of Homeland Security and Emergency Preparedness
Louisiana State Police
Louisiana State University Shreveport Police Department
Madison County Sheriff's Department
Mansfield Police Department
Marion County Sheriff's Office
Marion Police Department
Memphis Police Department
Millbrook Police Department
Millington Police Department
Mississippi Bureau of Narcotics
Mississippi Gaming Commission
Mobile County Sheriff's Office
Montgomery County Sheriff's Office
Montgomery Police Department
Monticello Police Department
Mountain Home Police Department
National Guard Mobile
New Iberia Police Department
New Orleans Harbor Police
North Little Rock Police Department
Oak Grove Police Department
Okaloosa county Sheriff's Office
Olive Branch Police Department
Opelika Police Department
Opp Police Department/22nd Drug Task Force
Alabama
Orange Beach Police Department
Orleans Levee District Police
Orleans Parish Sheriff's Office
Ouachita Parish Sheriff's Office
Ozark Police Department

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Pea Ridge Police Department	Tensas Basin Levee District Police
Pelham Police Department	Tontitown Police Department
Plaquemine Police Department	Trinity Police Department
Plaquemines Parish Sheriff's Office	Troy Police Department
Poarch Creek Tribal Police Department	Trumann Police Department
Pocahontas Police Department	Tuscaloosa Police Department
Prattville Police Department	U.S. Marshals Service Little Rock
Prentiss Police Department	Union County Sheriff's Office
Pulaski County Sheriff's Office	Union Parish Sheriff's Office
Rapides Parish District Attorney	United States Attorney's Office- Middle District of Louisiana
Rapides Parish Sheriff Office	United States Attorney's Office-Western District of Tennessee
Red River Parish Sheriff's Office	University of Arkansas at Monticello Police Department
Rogers Police Department	University of Louisiana at Monroe Police Department
Russell County Sheriff's Office	University of Memphis Police Department
Ruston Police Department	University of New Orleans Police Department
Santa Rosa County Sheriff's Office	University of North Alabama Police Department
Saraland Police Department	University of Southern Mississippi Police Department
Searcy Police Department	US Border Patrol New Orleans
Shelby County District Attorney	Van Buren Police Department
Shelby County Drug Enforcement Task Force	Vernon Parish Sheriff's Office
Shelby County Sheriff's Office	Ville Platte Police Department
Shreveport Police Department	Ward Police Department
Southaven Police Department	Washington County Sheriff's Office
St. Charles Sheriff's Office	West TN Drug Task Force
St. Martin Parish Sheriff's Office	Westwego Police Department
St. Tammany Parish Sheriff's Office	Woodworth Police Department
State of Arkansas, Office of the Drug Director	Youngsville Police Department
Stuttgart Police Department	
Sunset Police Department	
Talladega County Drug Task Force	
Tangipahoa Parish Sheriff's Office	
Tennessee 25th Judicial Drug Task Force	
Tennessee Bureau of Investigation	

D. Appendix II: Agencies Participating in the 2021 Gulf Coast HIDTA Drug Treatment and Prevention Survey

ADAPT, Inc.	Arkansas Department of Health
Addiction Prevention Coalition	Aspell Recovery Center
Alabama Department of Mental Health	Auburn University
Alabama Department Public Health	Baptist Health Behavioral Services
Alabama Drug & Alcohol Testing, LLC	Barefoot Counseling, LLC
Alabama State Nurses Association	Beacon Behavioral Hospital
Aletheia House	Behavioral Health Group
Alliance Healthcare Services	BHG Shoals Treatment Center
AltaPointe Health	Board of Dental Examiners of Alabama
Anniston Fellowship House	Bradford Health Services
Arkansas 10th District Substance Abuse Program	Bridge House Corporation
Arkansas Community Correction	CADA Prevention & Recovery Center

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Capital Area Human Services District
CDAC Behavioral Healthcare Inc.
CED Fellowship House
Cenikor
Chemical Addictions Program
Clearview Recovery
Colonial Management Group
Colonial Management Group, LP Opioid
Addiction Treatment Center
Complete Family Care
Covington Behavioral Health
Daniel Ministries of Louisiana
Delta Counseling Associates, Arkansas
Department of Human Services
Diversity Health Services
Drug Education Council
East Central Mental Health Center
East Feliciana Drug and Alcohol Awareness
Council
East Jefferson General Hospital
Extraordinary Behavioral Services
Family Life Center
Family Service Agency
Fellowship House, Inc. Birmingham
First Step Recovery Centers, Inc.
Freedom House
Global Drug Consultants
Greater New Orleans Drug Demand Reduction
Coalition
Gulf Coast Treatment Center
Harbor House Inc.
Health Connect America
Health Services Center
Huntsville Recovery, Inc.
Indian Rivers Mental Health Center
Insight Treatment Program
Jackson Area Council on Alcoholism and Drug
Dependency
JeffCare
Jefferson Parish Coroner
Jefferson Parish Human Services Authority
Jewish Family Service
Life Strategies Counseling Inc.
Lighthouse of Cullman
Lighthouse of Tallapoosa County
Louisiana 1st Judicial District Court, Adult Drug
Court
Louisiana 24th Judicial District Court
Louisiana Department of Health
Louisiana Department of Health Office of
Behavioral Health (OBH)

Marwin Counseling Services
Memphis Recovery Centers
Mental Health Center of North Central Alabama
Methodist Children's Home
Mid-South Health Systems, Inc.
Mission of Mercy Shoals
Mississippi Public Health Institute
Mississippi Region 4 Mental Health Services
Mississippi Region 6 Mental Health
Mississippi Region 9
Mississippi State Department of Health
MOMS, Inc.
Mountain Lakes Behavioral Healthcare
New Directions at Highland Health Systems
New Season Mobile Metro
NW Alabama Mental Health
Oceans Healthcare
Odyssey House Louisiana
Ouachita Behavioral Health and Wellness
Owner Journey Home Services, LLC.
Oxford Treatment Centers
Ozark Guidance
Parents Resource Institute for Drug Education
Phoenix Youth & Family Services
Pinnacle Behavioral Health
Quad YouthBuild
Quality Living Center
Reclamation Center of Alabama
Recovery Centers of Arkansas
Recovery Services
Resources for Human Development (RHD
Louisiana)
Responsibility House
Riverbend
Rural Health Medical Program
Shelby County COMPACT 2020
Shelby County Health Department, Bureau of
Epidemiology & Infectious Diseases
Shreveport Behavioral Health Clinic
Southwest Arkansas Counseling and Mental
Health Center
South Central Alabama Mental Health Center
Southeast Alabama Court Services
Southeast Intervention Group
Southeastern Louisiana University Community
Counseling Center
Southern Wellness Services
SpectraCare Health Systems
Springdale Treatment Center
State of Louisiana

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Tennessee Department of Mental Health &
Substance Abuse Services
The Grove Behavioral Health Services, Inc.
The Grove Recovery Center
The Salvation Army Tx Services
The Serenity Center of Louisiana
The Shoulder
University of Alabama at Birmingham Department
of Pediatrics

University of Arkansas for Medical Sciences
Walker Area Community Foundation
Walker Recovery Center Inc.
Weems Community Mental Health Center
WellStone Inc.
West Alabama Mental Health
Youth Bridge

E. Appendix III: 2021 Law Enforcement Survey Notes (Printed as Reported by Agency/Department)

ALABAMA

7th Judicial Major Crimes Unit: Increase in fentanyl and fentanyl-laced heroin and methamphetamine.

Alabama Department of Corrections: 1. Increased seizures, and inmates abuse of synthetic cathinones, primarily Flakka. 2. Intelligence has been received indicating Alabama inmates have purchased Rizzy, a product utilized as a cutting agent for heroin and other synthetic cathinones. Rizzy, which is found online is marketed as a chemical to enhance floral arrangements, it's sold in several colors. Rizzy is very dangerous as it causes severe skin necrosis near the drug injection area, very similar the necrosis caused by the drug Krokodil. While Alabama DOC has received intelligence regarding its usage, no incidents regarding necrosis have been reported as of this survey.

Alabama Law Enforcement Agency: A trafficking amount of LSD was recently seized from a local dealer selling in the Lee County area of Alabama.

Auburn Police Department: Attempting to pass hemp as marijuana.

Baldwin County Drug Task Force: We have seen an increase in magnetic boxes and different types of concealment methods to include hollowed out batteries.

Bessemer Police Department: Increase of Mexican methamphetamine and an increase in poly-drug distribution.

City of Geneva: Fentanyl has become more prevalent. Influx of people choosing to live on the streets and a lot of them are acting like zombies.

City of Tuscaloosa: The rapidly dropping price of Mexican methamphetamine.

DEA Mobile: Marijuana and other drugs secreted in checked luggage in California and transported to the Mobile area. Methamphetamine remains readily available. Due several previous diversion investigations resulting in the prosecution of the doctors, diversion of controlled substances in the area became more limited. However, with controlled substances less readily available, there is an increase in heroin/fentanyl availability.

Foley Police Department: Definite increase in heroin and fentanyl-laced heroin.

Franklin County Sheriff's Office: Gang members from Colbert and Lauderdale Counties extending deep connected relations into Franklin County to sell large quantities of Methamphetamine. 15 years ago, there were no gangs in Franklin County at all.

Hoover Police Department: Higher levels of methamphetamine in the black community

Huntsville Police Department: (1) The purchasing or distribution of illegal narcotics on the dark web is increasing in our area. (2) The majority of our drugs come in through the US Postal Service. (3) Mainly the increase in heroin and fentanyl. (4) The increase of users having dealer amounts of narcotics due to the overwhelming supply. Also, synthetic opioids causing ODs and the fact that the new synthetic opioids do not test positive in field test kits.

Jacksonville State University Police Department: Increased marijuana because of the lack of Judicial prosecution at the Court level.

Limestone County District Attorney: Methamphetamine is readily available and extremely inexpensive.

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Mobile County Sheriff's Office: Increase distribution and use of heroin.

Montgomery County Sheriff's Office: A massive amount of methamphetamine has hit the streets. The value has gone through the floor. We have also had several instances where meth was given at no cost.

National Guard Mobile: Prescription pills seem to be recovering from the large crack down on doctors two years ago.

Opp Police Department/22nd Drug Task Force: More synthetic controlled substances being located

Prattville Police Department: Possession of hemp products.

Tuscaloosa Police Department: Drug Dealers doing more white collar type crimes.

ARKANSAS

12th Judicial District: Significant increase in heroin in our area.

14th Judicial District Drug Task Force: The seizure of a conversion lab along with over 50 kilograms of methamphetamine at the lab is very unusual for our area. It was the only conversion lab seized so far in our four-county area. 50 kilos of methamphetamine are also an extremely large amount of methamphetamine for our area. We have also seen an increase in heroin due to the large amount of opioid abuse we have.

18th East Drug Task Force: Using Psilocybin mushrooms with methamphetamine.

20th Judicial District Drug Task Force: Use of fentanyl.

5th Judicial District Drug Task Force: Increase in Aryan Prison Gang activity.

9th West Drug Task Force: High increase in the availability of MDMA.

15th Judicial Drug Task Force: The transportation of Marijuana from the state of California and the increase of methamphetamine ice from Mexico up through Texas.

Arkansas State Police: Increase in Fentanyl seizures on Highways. In addition, increase of heroin with fentanyl.

City of Perryville: An increase in methamphetamine availability.

Clarksville Police Department: We are seeing our normal narcotics activity with the street price of methamphetamine decreasing which is causing the increase of using.

DEA Little Rock: Increase in methamphetamine, heroin, and fentanyl distribution and use. Large number of DTO's utilizing parcels to ship drugs into AO and then currency back to source locations.

Methamphetamine conversion labs on the rise. Almost all crystal meth is 98-100% pure and the cost is as low as \$300 per ounce.

DOJ Eastern District of Arkansas: Increased heroin availability and use. Increased quantities of liquid methamphetamine, and methamphetamine in general.

Fayetteville Police Department: The evolution of the traditional Drug Trafficking Organization (DTO) has moved DTOs into a less traditional structure to one that is more polymorphic. Local DTOs are willing to come in more due to high availability and price comparison.

Harrison Police Department: Drugs coming in to the area from other states.

Jefferson County Sheriff's Office: Crack cocaine and PCP deliveries have escalated.

Jonesboro Police Department: Much more THC Vape cartridges being found.

Mansfield Police Department: Increase in high school kids with the vape cartridge that has THC in it.

Montgomery County Sheriff's Office: Increase use of prescription drugs, increase use of high-grade marijuana, increase use of THC vape oils, increase use of THC edibles, increase use of methamphetamine, and decrease use of methamphetamine labs.

Mountain Home Police Department: More selections of drugs and more in quantity of different drugs.

North Little Rock Police Department: Significant increase in fentanyl to include pills and powder form.

Ozark Police Department: Increase in members of Aryan Brotherhood type gangs and distribution by its members.

Pea Ridge Police Department: THC Vape use is very high among our juvenile suspects.

Pulaski County Sheriff's Office: Dealers willingness to "front" substantial amounts of narcotics, specifically methamphetamine.

UNCLASSIFIED

State of Arkansas, Office of Drug Director: Increases in poly-drug combinations, especially mixed with fentanyl.

Stuttgart Police Department: More available than ever with internet.

Trumann Police Department: Rise in high school students using drugs, namely marijuana and ecstasy. The use of vapes are also high, but the use of marijuana in the vapes has not yet been reported. Traffickers are still bringing drugs into our city through vehicles as well as the mail.

Union County Sheriff's Office: The cost of methamphetamine has decreased where it is the drug of choice here.

Washington County Sheriff's Office: An increase in heroin and fentanyl use and overdose related deaths. More drugs and guns involved together.

FLORIDA

Florida Department of Law Enforcement: The increase in "ICE" methamphetamine quantities is staggering. Multi-ounce dealers are now dealing in multi pounds due to pricing and availability. The use of shipping versus rental car is believed to be a use of transportation.

Florida Highway Patrol: Increase in fraud and money laundering techniques.

Okaloosa County Sheriff's Office: Increase of methamphetamine and heroin sales and transportation to Okaloosa County, mostly from Atlanta.

Santa Rosa County Sheriff's Office: MDMA coming in from Belgium.

Washington County Sheriff's Office: More THC vape cartridges and heroin.

LOUISIANA

Allen Parish Sheriff Office: One-pot cooks disappeared due to lower Mexican methamphetamine prices, more high marijuana and less Mexican marijuana.

Avoyelles Parish Sheriff's Office: We have seen an increase in synthetic cannabinoids, which result in several hospitalizations.

Bossier City Police Department: Store owners selling drugs out of the store and taking payment on credit/debit cards.

Caddo Parish Sheriff's Office: Pre-packaged THC products.

Chitimacha Tribal Police Department: Heroin seems to cycle in and out. When it cycles through we have it everywhere then it dries up for awhile

City of Franklin Police Department: Most of our area has the old money and drugs exchange of hands.

Concordia Parish Sheriff's Office: More arrests for methamphetamine.

Delcambre Police Department: Vape for the younger kids.

Desoto Parish Sheriff's Office: Synthetic weed.

Gonzales Police Department: Increase in synthetic forms of CDS.

Gramercy Police Department: Increase in Heroin overdoses.

Gulf Coast HIDTA: There is an increasing presence of fentanyl in the Northern District of Mississippi. There is an increased use of social media apps such as Facebook messenger, WhatsApp, other phone-based apps making it almost impossible to use phone toll information in investigations. Online game chat rooms are being used more to facilitate drug trafficking.

Hammond Police Department: Over the past 12 months we have seen a large influx of fentanyl mixed with heroin and self-pressed counterfeit pills. We have also seen a large influx of high-grade marijuana being shipped into the area via Fed Ex, US Mail and UPS.

Harahan Police Department: Opiates are still a huge problem, marijuana is becoming more and more frequent during traffic stops.

Iberia Parish Sheriff's Office: Almost disappearance of cocaine in all forms, significant increase in methamphetamine use in the black community. Increase of fentanyl mixed with marijuana.

Iota Police Department: More THC edibles among 14- to 20-year-olds.

Jefferson Davis Sheriff's Office: Dealers or designating stash houses with little to no activity at them and no longer holding large amounts of narcotics on them.

UNCLASSIFIED

Jefferson Parish Sheriff's Office: Large scale marijuana distribution organizations involving the seizures of marijuana and currency. Seized substances containing fentanyl is on the rise. Individuals making their own methamphetamine is almost nonexistent, however, methamphetamine seizures are on the rise and the street value of methamphetamine is continuously declining. Large scale marijuana distribution by Asian groups. Marijuana coming from illegal grows in California and some out of Canada. Kilograms of methamphetamine and heroin being transported from Mexico through Texas to Louisiana, New Orleans Metro area.

Kenner Police Department: An increase in marijuana being delivered via mail service.

Lafayette Police Department: Spike in heroin overdoses.

Louisiana Department of Corrections: Everyone is involved in distribution of methamphetamine.

Louisiana Department Public Safety & Corrections: Methamphetamine overdoses.

Louisiana Governor's Office of Homeland Security and Emergency Preparedness: Rental cars, vehicle owners not present, occupants of different races.

Louisiana State Police: Increase in methamphetamine trafficking and increase in domestic high-grade marijuana/THC Products. Fentanyl is being sold as "heroin" and described as "White Boy." Bulk cash transfers combined with "Wal-Mart to Wal-Mart" wire transfers. A higher volume of parcel use whether it be private or U.S. Postal. Bulk shipments through US and/or private mail and/or package delivery systems.

LSU Shreveport: Just the appearances of THC oils for vaping.

Oak Grove Police Department: Methamphetamines users are more commonly eating it now than smoking or using needles. Females are "plugging" (injecting liquid into the anus) methamphetamines.

Orleans Levee District Police: Increase in methamphetamine.

Orleans Parish Sheriff's Office: Drug trade effecting the murder rate.

Plaquemines Parish Sheriff's Office: ATVs are being used to transport narcotics on the Mississippi River batcher, which is done to detect law enforcement presence and in turn create an easy escape.

Red River Parish Sheriff's Office: More drugs being laced with other drugs, such as synthetic drugs being added to marijuana or methamphetamine pills being mixed with caffeine, cocaine with heroin; this sort of thing is much more prominent now than ever before.

Shreveport Police Department: Increase in specialty marijuana such as edibles, oils and THC vape cartridges which are shipped thru USPS and shipping companies.

St. Tammany Parish Sheriff's Office: The use of phone transactions apps, such as Venmo or Cash apps, for drug purchases.

United States Attorney's Office- Middle District of Louisiana: Counterfeit prescription drugs being pressed in homemade labs.

Vernon Parish Sheriff's Office: Use of hotels.

Ville Platte Police Department: Subjects are dying/overdosing on heroin containing fentanyl.

MISSISSIPPI

Batesville Police Department: Suspected MDMA is coming back from crime lab as methamphetamine. High volume of illegal narcotics is being distributed using parcel services (Fed-Ex, UPS, USPS, and etc.).

Brandon Police Department: Tobacco shops attempting to sale psychoactive chemicals in vape form to general public. Wholesalers from other states are bringing the chemicals in as vape additives or juice and informing the retailers it is legal. Teenage high schoolers then purchase the items and begin to distribute substances in concentrate form which has caused numerous hospitalizations of teenagers experimenting with the synthetic cannabinoids. We have also seen an increase in overdose deaths from heroin/fentanyl. We're finding that heroin addicts are also methamphetamine addicts. The addicts admitted to using heroin and after the high is gone to using meth to be able to function.

Flowood Police Department: Methamphetamine is as easy to find as marijuana and sells for around \$15 to \$20 a gram now. THC Vape in middle and high schools is epidemic. Heroin is testing 100% fentanyl in most cases now.

George County Sheriff's Office: CBD products are on an increase.

UNCLASSIFIED

Hinds County Sheriff Department: FedEx has been used frequently to distribute methamphetamine.

Mississippi Bureau of Narcotics: Drug traffickers receiving large quantities of narcotics through the mail and other shipping companies. There has been an increase in the diversion of promethazine with codeine. Use of social media as an encrypted form of communication, cash app and other apps to transfer funds to sources of supply, use of parcel services to transport. Synthetic cannabinoids in the form liquid/vape additives.

TENNESSEE

Bartlett Police Department: Rise in cocaine and methamphetamines.

Collierville Police Department: Seeing a lot more THC vape cartridges.

DEA Memphis: Use of Apps to communicate.

DEA Nashville: Methamphetamine, cocaine, and heroin are the most commonly analyzed drugs at my laboratory.

Department of Homeland Security Memphis: Increase in pill and tablet fabrication, increase in drug supply from India.

Memphis Police Department: The increase of CBD oils and other products containing CBD has increased exponentially; especially amongst kids in their late teens and early twenties.

Shelby County District Attorney: In almost 8 years of working on TIII investigations, I've never encountered the use of end-to-end encryption during an investigation. Within the last year, I believe I can now say that I have. I say believe because you can't know for sure unless they admit to it and they haven't yet and we haven't gotten to analyze the phone with any detail just yet. Another emerging trend is the use of a "customer phone" which is a number used by the DTO exclusively for customers to order drugs. The fulfillment of that order and re-supply is then accomplished via a second device or even a third device. The "customer phone" is passed around amongst members of the DTO to keep it rolling 24/7.

Tennessee Bureau of Investigation: Paper confiscated from penal institutions that has been soaked in synthetic cannabinoids (specifically 5-Fluoro MDMB-PICA and 4-Fluoro MDMB-Butinaca). Not really new, but still seeing a lot of suspected Ecstasy tablets that actually contain a mixture of caffeine and methamphetamine, or recently that have only contained caffeine. We have not seen marijuana, THC vape cartridges or methamphetamine mixed with Fentanyl. It continues to be heroin that is mainly mixed with fentanyl and counterfeit pharmaceutical preparations that contain fentanyl. Alprazolam tablets still seem to be the preferred type of tablets for counterfeit preparations; mainly containing Etizolam and Flubromazolam. We see a large influx of synthetic cannabinoids soaked on to paper products submitted from jails/prisons. Individuals harvesting legal hemp plants, drying and processing and adding diverted drugs to them to sell and/or use.

University of Memphis Police: Marijuana laced with fentanyl.

West TN Drug Task Force: Big loads of THC vape pens and oil out of California. Parcels being shipped through US mail, FedEx and UPS.

F. Appendix IV: 2021 Treatment and Prevention Survey Notes (Printed as Reported by Agency/Department)

ALABAMA:

AltaPointe Health: High diversion of Suboxone. Increase in cocaine and methamphetamine.

Anniston Fellowship House: OTC/gas station drugs like Tiannas

Behavioral Health Group: Methamphetamine use has increased and remained steady over the past 6 months.

CED Fellowship House: Spice is everywhere.

Family Life Center: Bold drug use while on color code urinalysis due to flush kit availability at every area gas station.

Gulf Coast Treatment Center: There has been an increase in prescribed Adderall for ADD.

UNCLASSIFIED

Huntsville Recovery: We treat those who are primarily addicted to opioids/opiates. Beside these substances, our patients also tend to abuse benzodiazepines. We have seen an increase in methamphetamine abuse amongst our patients, and consistent use of THC amongst others. Higher usage of heroin.

Indian Rivers Mental Health Center: Increased IV use.

Lighthouse of Cullman: Increase in Tianna use & other "gas station" drugs.

Lighthouse of Tallapoosa County: Mainly the use of Spice and psychoactive substances in the belief they will not test positive on drug screens/tests.

Marwin Counseling Services: Switching from various drugs to alcohol; increased use in OTC synthetic opiates that are found in convenience stores.

MOMS, Inc.: Methadone abuse.

Mountain Lakes Behavioral Healthcare: They are taking Suboxone with anything they can get access to. More clients are being admitted to residential treatment and stating that their drug of choice is Suboxone. A change in trend seen in our area is that clients are switching from opioid use to methamphetamine use.

New Directions at Highland Health Systems: Increase in combination IV use of heroin and methamphetamine.

NW Alabama Mental Health: Clients that want opioids and cannot get them use a combination of methamphetamine and marijuana until they can get the opioid of choice.

Recovery Services: More combination in lethal quantities causing overdose/hospital visits.

Riverbend: Our area has experienced an increase in IV use for all drugs.

Shelby County COMPACT 2020: Marijuana is the baseline. All of our contacts currently use or started with using marijuana.

South Central Alabama Mental Health Center: More opiate users.

Southeast Alabama Court Services: More methamphetamine.

Southern Wellness: Just that they always make a way to get what they want whether they have a job or any income but they always manage to find a way to get the drugs that they want.

The Shoulder: Clients testing positive for THC on drug screens when smoking CBD oil in their vapes. Clients using Tianaa have been showing positive on their rapid drug screen for tramadol but when sent off for confirmation it comes back negative for tramadol, but positive for barbiturates.

The Shoulder: Use of Tianaa/ZaZa.

WellStone Inc.: With the decrease in opioids due to regulations there has been an influx in methamphetamines.

West Alabama Mental Health: Methamphetamine is rising again.

ARKANSAS

Life Strategies Counseling Inc.: There are more drug-related crimes and violent crimes in our area that involve the use or sale of drugs.

Methodist Children's Home: Methamphetamine use continues to rise despite the focus on opioid use at the state and federal level. Arkansas clients are all methamphetamine users in combination with other drugs, but methamphetamine being their drug of choice.

Mid-South Health Systems: Vaping.

Ouachita Behavioral Health: Vaping THC.

Ozark Guidance: Increasing marijuana use due to the medical marijuana card being approved in Arkansas. Increasing use of meth and heroin with the increasing focus on prescribers of opiates.

Quality Living Center: Increased minority use of methamphetamine and prescription drugs.

Recovery Centers of Arkansas: The most significant shift is the large number of family members being willing to acknowledge drug abuse on the part of a family member. So many people were of the opinion that if a medication was prescribed by a physician that it was safe to take, ignoring any signs of addiction. It is unfortunate that so many people have had to die to bring this issue to the attention of the general public. As someone who has been in the substance use treatment field for over 45 years, I see this as the best opportunity we have had to dispel the stereotypical concept of the addict.

UNCLASSIFIED

Springdale Treatment Center: People are getting Suboxone and many are selling it to buy other drugs or overtaking it because it does not help them enough with cravings. They are also turning to heroin since they cannot get RX opiates.

LOUISIANA

Barefoot Counseling, LLC: An increase in methamphetamine use.

Bridge House Corporation: Increase in methamphetamine use.

Daniel Ministries of LA: Snorting Wellbutrin and gabapentin.

East Jefferson General Hospital: Occasional LSD and PCP usage.

Greater New Orleans Drug Demand Reduction Coalition: Sharing Suboxone, methadone and Adderall with friends. Adderall parties particularly among college students.

Jefferson Parish Human Services Authority: Pot and vaping.

Rapides Parish DA: Methamphetamine use is rampant.

Responsibility House: Increase in methamphetamine and cocaine.

Responsibility House: Increasing use of stimulants (i.e., cocaine and methamphetamine).

MISSISSIPPI

Clearview Recovery: Clients are willing to knowingly use heroin laced with fentanyl.

Oxford Treatment Centers: There seems to be an increase in medical staff diverting from employers (Nurses and/or Prescribers stealing meds).

Region IV Mental Health Services: Since beginning a MAT clinic, many individuals with OUD are switching to Suboxone or Subutex.

TENNESSEE

Aspell Recovery Center: Increase in individuals presenting for treatment for Suboxone. Also, individuals switching from opioids to methamphetamine.

First Step Recovery Centers, Inc.: Methamphetamine in combination with heroin and fentanyl

G. Appendix V: 2021 GC HIDTA Law Enforcement Survey Drug Availability Rates

	Cocaine (Crack, Powder)		Controlled Prescription Drugs		Fentanyl and Other Opioids	
	Count	Percentage	Count	Percentage	Count	Percentage
High	102	33%	143	47%	109	36%
Moderate	144	47%	141	46%	117	38%
Low	48	16%	14	5%	64	21%
Don't Know/ N/A	11	4%	7	2%	15	5%

	Hallucinogens (LSD, PCP, etc.)		Heroin		Marijuana	
	Count	Percentage	Count	Percentage	Count	Percentage
High	6	2%	130	43%	259	85%
Moderate	93	30%	97	32%	42	14%
Low	162	53%	61	20%	2	1%
Don't Know/ N/A	44	15%	17	6%	2	1%

	MDMA		Methamphetamine		New Psychoactive Substances	
	Count	Percentage	Count	Percentage	Count	Percentage
High	46	15%	258	85%	19	6%
Moderate	140	46%	32	10%	82	27%
Low	92	30%	9	3%	116	38%
Don't Know/ N/A	27	9%	6	2%	88	29%

H. Appendix VI: Crime Rates

Crime statistics are addressed on a state-by-state basis. The following table compares the 2018 FBI Uniform Crime Report (UCR) statistics for cities with a population size of 100,000 or greater within the GC HIDTA area with preliminary 2019 statistics. The FBI UCR statistics include only the first six months of the year. The GC HIDTA reviews the drug related crime rates for each state including the violent crimes of homicide, rape, robbery, aggravated assault, and burglary. The FBI UCR data was acquired on March 9, 2020 and data from some HIDTA areas with 100,000 minimum populations was not available.

HIDTA Areas of 100,000 Minimum Population							
Huntsville, AL	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	196,620	N/A	N/A	N/A	N/A	N/A	N/A
January-June 2019 Total		872	12	79	159	622	554
Tuscaloosa, AL	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	101,764	253	3	20	71	159	414
January-June 2019 Total		311	4	18	92	197	347
Little Rock, AR	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	199,288	1,336	19	121	150	1,046	1,068
January-June 2019 Total		1,464	20	105	170	1,169	817
Baton Rouge, LA	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	224,790	1,025	44	46	335	600	1,438
January-June 2019 Total		1,094	28	24	316	726	1,006
Lafayette, LA	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	127,592	359	3	14	87	255	512
January-June 2019 Total		330	9	7	63	251	527
New Orleans, LA	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary

UNCLASSIFIED

January-June 2017 Total	396,374	2,244	90	338	612	1,204	956
January-June 2019 Total		2,325	58	359	502	1,406	1,017
Shreveport, LA	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	190,808	805	17	68	168	552	924
January-June 2019 Total		728	15	70	142	501	787
Jackson, MS	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	166,024	N/A	46	N/A	202	284	955
January-June 2019 Total		N/A	48	N/A	203	338	815
Memphis, TN	Est. Population	Violent Crime Total	Murder	Rape	Robbery	Aggravated Assault	Burglary
January-June 2018 Total	652,226	6,085	76	254	1,410	4,345	4,118
January-June 2019 Total		6,238	90	216	1,150	4,782	3,733

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
CDC	Centers for Disease Control and Prevention	NSS	National Seizure System
CPDs	Controlled Prescription Drugs	O	
CPOT	Consolidated Priority Organization Target	ODDs	Other Dangerous Drugs
CTR	Currency Transaction Report	ONDCP	Office of National Drug Control Policy
D		OMGs	Outlaw Motorcycle Gangs
DEA	Drug Enforcement Administration	P	
DHE	Domestic Highway Enforcement	PCP	Phencyclidine
DOT	Department of Transportation	PDMP	Prescription Drug Monitoring Program
DTOs	Drug Trafficking Organizations	PMP	Performance Management Process
E		R	
EPIC	El Paso Intelligence Center	RPOT	Regional Priority Organization Target
F		RTCC	Real Time Crime Center
FBI	Federal Bureau of Investigation	S	
FinCEN	Financial Crimes Enforcement Network	SAC	Special Agent in Charge
G		SAR	Suspicious Activity Report
GBL	Gamma Butyrolatone	SWB	Southwest Border
GC HIDTA	Gulf Coast High Intensity Drug Trafficking Area	T	
GHB	Gamma Hydroxybutyrate	TCO	Transnational Criminal Organization
GSN	Global Safety Network	TEDS	Treatment Episode Data Sets
H		TEU	Twenty-Foot Equivalent Unit
HSI	Homeland Security Investigations	U	
I		US	United States
ISN	Investigative Support Network	UCR	Uniform Crime Report
J		V	
K		W	
L		X	
LEERS	Louisiana Electronic Event Registration System	Y	
LSD	D-Lysergic Acid Diethylamide	Z	

J. Appendix VIII: Likelihood and Confidence Levels

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

Quantifying the Likelihood of Occurrence						
Almost no chance	Very unlikely	Unlikely	Roughly even chance	Likely	Very likely	Almost certainly
1-5%	5-20%	20-45%	45-55%	55-80%	80-95%	95-99%

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

Defining Confidence Levels		
Low Confidence	Moderate Confidence	High Confidence
<ul style="list-style-type: none"> - The nature of the issue may not be knowable (e.g., complex or future-oriented) - Uncorroborated information from marginal-to-good sources - High potential for deception - Key assumptions are critical to analysis - Mostly weak inferences 	<ul style="list-style-type: none"> - The nature of the issue is knowable or sufficient evidence minimizes uncertainty - Partially corroborated information from good sources - Moderate potential for deception - Assumptions are potentially critical to analysis 	<ul style="list-style-type: none"> - The nature of the issue is knowable - Well-corroborated information from proven sources - Low potential for deception - Assumptions are not critical to analysis - Undisputed reasoning

K. Endnotes

- ¹ “2019 National Drug Threat Assessment.” Drug Enforcement Administration. December 2019. <https://www.dea.gov/press-releases/2020/01/30/dea-releases-2019-national-drug-threat-assessment>.
- ² United States Census Bureau population estimates as of July 1, 2019 for Alabama; Arkansas; Louisiana; Mississippi; Shelby County, Tennessee; Escambia County and Santa Rosa County, Florida. <https://www.census.gov/quickfacts/fact/table/US/PST045218>.
- ³ United States Census Bureau 2010 statistic on land area and July 1, 2019 estimate of population for Alabama; Arkansas; Louisiana; Mississippi; Shelby County, Tennessee; Escambia County and Santa Rosa County, Florida. <https://www.census.gov/quickfacts/fact/table/US/PST045218>.
- ⁴ 2021 Northwest Florida Drug Threat Assessment
- ⁵ “2019 National Drug Threat Assessment.” Drug Enforcement Administration. December 2019. <https://www.dea.gov/press-releases/2020/01/30/dea-releases-2019-national-drug-threat-assessment>.
- ⁶ “Quick Statistics.” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). <https://www.dasis.samhsa.gov/webt/>. (Accessed March 5, 2020). TEDS is based on administrative data reported by states to TEDS through January 2020. Calendar year 2019 statistics are subject to change over the next calendar year as additional administrative data is reported.
- ⁷ Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released in 2020. <http://wonder.cdc.gov/mcd-icd10.html>.
- ⁸ 2021 Northwest Florida Drug Threat Assessment
- ⁹ DEA NOFD; Trends in the Traffic Report, Calendar Year 2019
- ¹⁰ “2019 National Drug Threat Assessment.” Drug Enforcement Administration. December 2019. <https://www.dea.gov/press-releases/2020/01/30/dea-releases-2019-national-drug-threat-assessment>.
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- ¹² EPIC Southwest Border Portal Guide for CY 2019 (Accessed April 15, 2020)
- ¹³ 2021 Mississippi Drug Threat Assessment
- ¹⁴ “Clandestine Lab Report.” El Paso Intelligence Center. 21 February 2020. <https://esp.usdoj.gov/group/reports-all/report-clan-lab>.
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- ¹⁶ “Louisiana Opioid Data and Surveillance System.” Louisiana Department of Health. <https://lodss.ldh.la.gov/>. (Accessed March 6, 2020).
- ¹⁷ “Provisional Opioid Report, Quarter 3- 2019.” Shelby County Health Department, Bureau of Epidemiology and Infectious Diseases. October 31, 2019. <http://www.shelbytnhealth.com/399/Provisional-Opioid-Related-Data-Reports>.
- ¹⁸ “Three first responders sent to hospital after fentanyl exposure during traffic stop.” WKRG News. 11 Dec. 2018. <https://www.wkrg.com/news/northwest-florida/three-first-responders-sent-to-hospital-after-fentanyl-exposure-during-traffic-stop/1653914195>.
- ¹⁹ Mack, Rep. Sherman Q. “HB165.” Louisiana State Legislature. <http://www.legis.la.gov/legis/BillInfo.aspx?s=18rs&b=HB165&sbi=y>.
- ²⁰ EPIC Southwest Border Portal Guide for CY 2019 (Accessed February 21, 2020). Kilogram/DU dosage numbers are meant to be counted separately.
- ²¹ Rhoden, Robert and Maria Clark. “N.O.-born probe leads to breakup of international fentanyl supplier in China.” Nola Media Group. 29 Aug. 2018. https://www.nola.com/crime/2018/08/no-born_probe_leads_to_breakup.html.
- ²² Myers, Steven Lee and Abby Goodnough. “China Bans All Types of Fentanyl, Cutting Supply of Deadly Drug U.S. and Fulfilling Pledge to Trump.” New York Times. 1 April 2019. <https://www.nytimes.com/2019/04/01/world/asia/china-bans-fentanyl-trump.html>.
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- ²⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released in 2020. <http://wonder.cdc.gov/mcd-icd10.html>.
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- ⁴⁴ 2021 Mississippi Drug Threat Assessment
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