



2018 Midwest HIDTA Threat Assessment

Midwest HIDTA Investigative Support Center

June 6, 2018

Table of Contents

Scope	3
Executive Summary	3
The Midwest HIDTA Region	5
Drug Threats	8
Overview	8
Methamphetamine	9
Heroin	11
Controlled Prescription Drugs	14
Marijuana	15
Cocaine	17
Synthetics/Club Drugs	18
Drug Threat Analysis by State	19
Iowa.....	19
Kansas.....	20
Missouri	21
Nebraska	22
North Dakota.....	23
South Dakota.....	24
Transportation	24
Intelligence Gaps	26
Drug Trafficking Organizations	27
Overview	27
International Drug Trafficking Organizations	29
Multi-State Drug Trafficking Organizations	32
Local Drug Trafficking Organizations	35
Intelligence Gaps	37
Money Laundering Organizations	38
Overview	38
Intelligence Gaps	39
Drug-Related Overdose Fatalities in the Midwest HIDTA Region.....	39
Outlook	40
Appendices	42
Appendix I: Methodology	42
Appendix II: Midwest HIDTA Initiatives	44
Appendix III: State Maps	46
Appendix IV: Drug Trafficking Organization Summary Table	52
Appendix V: Drug Trafficking Organization Summary Table by State	53
Appendix VI: List of Figures and Tables	57
Appendix VII: Endnotes	59

Scope

The 2018 Midwest High Intensity Drug Trafficking Area (HIDTA) Threat Assessment identifies current and emerging illicit drug trends within the region's seven-state area. It strives to deliver accurate and timely strategic intelligence to assist law enforcement executives and other officials in the development of drug enforcement strategies to ensure the safety of our communities. This document provides an illicit drug threat overview with respect to abuse, transportation, and organizations involved in drug trafficking. This document fulfills the statutory and grant requirements issued by the Office of National Drug Control Policy (ONDCP), and has been approved by the Midwest HIDTA Executive Board.

Executive Summary

The Midwest HIDTA region spans over 428,000 square miles, encompasses 72 HIDTA-designated counties in seven states, and is considered the largest of ONDCP's 28 HIDTA regions. It is as varied as it is vast, and incorporates major urban cities, separated by suburban sprawl and rural bucolic settings. Within the Midwest HIDTA are more than 4,300 miles of interstate highways and an international border stretching over 300 miles. Its central location and intertwining roadways make the region ideal for drug trafficking organizations and criminal entrepreneurs intent on moving drugs into or through to other destinations.

Though the drug threat varies significantly across the geographic area of the Midwest HIDTA, methamphetamine remains the greatest danger when considering its nexus to violence and other criminal activity used by traffickers to advance or protect their illegitimate trade. This is evidenced in the Midwest HIDTA Threat Assessment Survey (MHTAS), wherein a majority of the respondents noted that methamphetamine is the greatest drug threat in their areas of responsibility (AORs). More alarming, methamphetamine availability and use was higher than any other drug type, which indicates its popularity is unlikely to fade. Methamphetamine's pervasiveness is further apparent in the staggering amount seized by Midwest HIDTA initiatives. In 2017, HIDTA designated task forces removed approximately 1,968 kilograms (4,338 pounds) of methamphetamine, which was the highest amount of methamphetamine recorded by initiatives.

Heroin is another significant drug threat ranked at the top or second by a substantial number of MHTAS respondents; however, it is more prevalent in localized geographic centers, such as the St. Louis metropolitan area and Eastern Iowa. Heroin's impact is expected to increase throughout smaller cities and more suburban/rural areas as indicated by respondents to the MHTAS coupled with the *2015-2016 National Survey on Drug Abuse and Health (NSDUH)*, which shows an increase in estimated heroin use by those 18 and older for all states within the Midwest HIDTA. The increase in heroin abuse over the past several years is attributed to drug trafficking organizations (DTOs) exploiting opioid-based controlled prescription drug (CPD) users that have substituted heroin for their addiction because of its lower cost and high potency.

Equally disconcerting, the increased abuse of heroin has coincided with an attendant growth in the abuse of synthetic opioids. Synthetic opioids, which include non-pharmaceutical fentanyl, its analogs, and other synthetic opioids such as U-47700, are frequently illicitly produced by transnational criminal organizations in China and Mexico before being transported to the heartland. Midwest HIDTA initiatives seized 132 kilograms of fentanyl during 2017, which was over 400% more than the 26 kilograms seized during 2016. Fentanyl is a significant threat to law enforcement officers, since it may not be readily identifiable when seized and can be absorbed through the skin.

Apart from the use and abuse of heroin and synthetic opioids, CPDs continue to pose a threat within the Midwest HIDTA. According to a majority of MHTAS respondents, the diversion of CPDs readily occurs in their AORs, which results in CPDs being abundantly available.

Marijuana is the fourth-ranked drug threat in the Midwest HIDTA, with both availability and abuse at extremely high levels throughout the region. Efforts to decriminalize marijuana are currently underway in nearly all states in the region. States that have decriminalized marijuana have experienced a significantly higher number of drugged driving incidents and fatalities, as well as an increased number of emergency room visits for exposure to marijuana, especially in children.

Only a small number of MHTAS respondents ranked cocaine as one of the top three drug threats in their AOR, even as cocaine's availability remains moderate to high. According to Drug Enforcement Administration (DEA) reporting, coca cultivation in Colombia has increased by 134% over the past four years, leading to the assessment that availability of cocaine in the Midwest HIDTA region will increase in 2018 and perhaps several years to follow.

A total of 654 DTOs were identified as operating in the Midwest HIDTA region in 2017. They are diverse in terms of size, structure, and trafficking activities and their presence has been felt in both urban and rural areas. A majority of the DTOs were primarily engaged in trafficking methamphetamine followed by heroin. Mexico-based DTOs are the most prevalent criminal enterprises operating in the Midwest HIDTA and therefore have a significant impact on the region. The Sinaloa cartel, based out of the Mexican state of Sinaloa, is the drug cartel most linked to drug trafficking in the Midwest HIDTA region. Almost one-third of all DTOs were associated with a propensity for violence and violent DTOs were identified as operating in every state within Midwest HIDTA. Moreover, the states with the highest percentage of violent DTOs also had the highest percentage of gang-related DTOs, indicating a direct correlation between gangs and violence in the region.

DTOs operating in the Midwest HIDTA typically take advantage of the expansive network of interstate and United States (U.S.) highways to transport drugs or currency into and through the region. Reporting has shown that methamphetamine is increasingly concealed while

suspended in a solution making it harder to detect and necessitating the need for makeshift conversion laboratories. A number of these labs, capable of converting several hundred pounds of methamphetamine, have been reported in parts of the Midwest HIDTA. In addition to the highway system, DTOs are known to use the U.S. Postal Service (USPS) and commercial parcel services to transport their illegal goods.

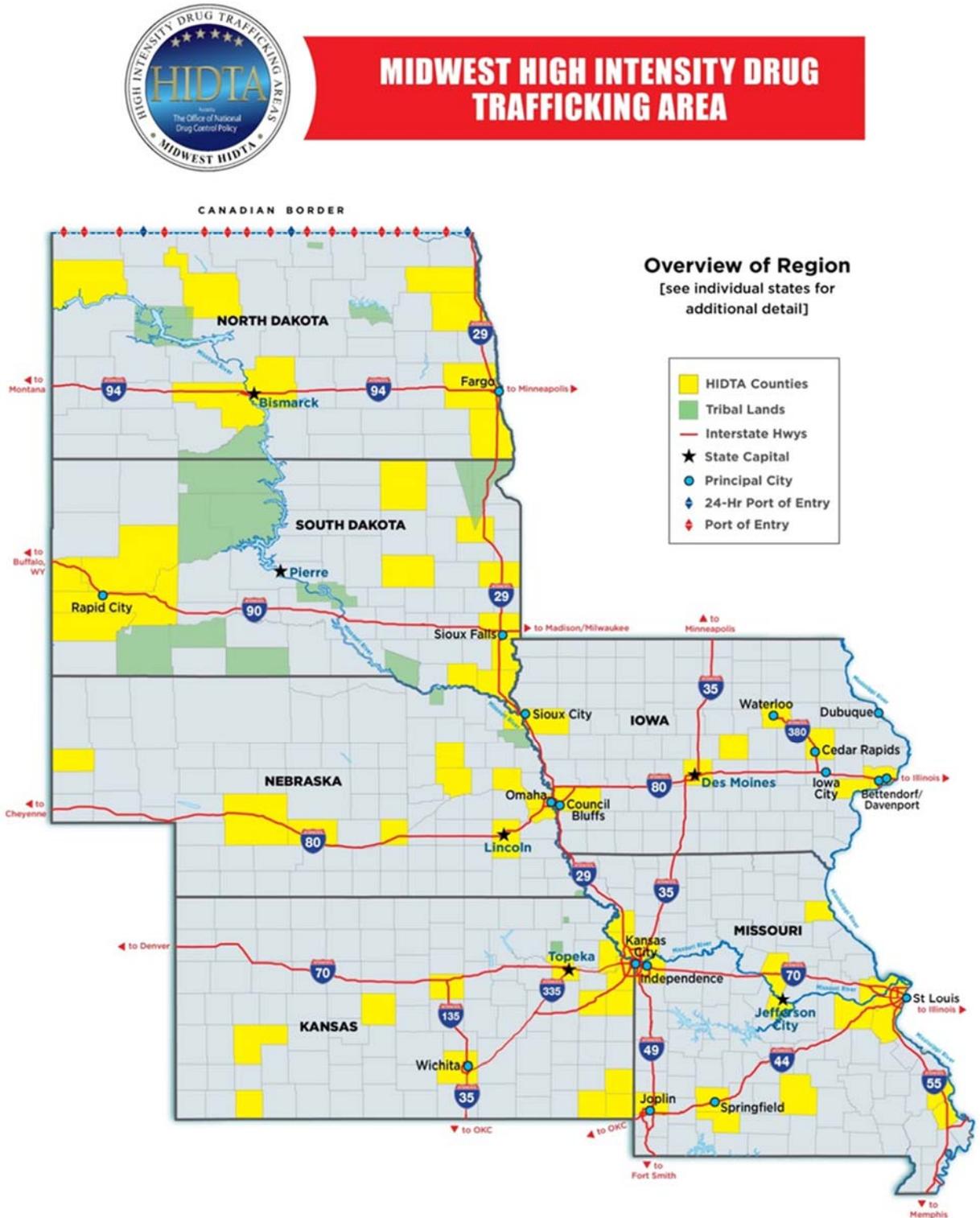
Most DTOs operating in the Midwest HIDTA conduct their own money laundering activities without the use of separate and distinct money laundering organizations (MLOs). Midwest HIDTA initiatives identified only two MLOs operating within the region in 2017. However, DTOs in the Midwest HIDTA are utilizing increasingly complex technology platforms to facilitate communication and payment.

Going forward, the drug threat in the Midwest HIDTA is expected to remain varied due to the vast geographic area. Methamphetamine will continue to pose the greatest drug threat, while heroin and synthetic opioid abuse will expand into more suburban and rural areas of the region. Marijuana decriminalization efforts are anticipated to continue with some success; however, states in which marijuana is decriminalized will experience a myriad of adverse effects. The significant increase in coca cultivation and cocaine production in Colombia will result in the increased availability of cocaine in the Midwest HIDTA. DTO use of the dark web and cryptocurrency is expected to expand.

The Midwest HIDTA Region

The Midwest HIDTA region is a varied and vast area with an equally varied drug threat. The region spans over approximately 428,000 square miles, making it the largest geographic area of the 28 HIDTAs. There are 72 HIDTA-designated counties that fall within the following seven states: Iowa (IA), Kansas (KS), Missouri (MO), Nebraska (NE), North Dakota (ND), South Dakota (SD), and Illinois (IL). The Midwest HIDTA has a total of 57 initiatives (see Appendix II for complete list, by state), including 40 drug enforcement task forces, six domestic highway interdiction initiatives, six intelligence initiatives, two prevention initiatives, and three support initiatives. The 57 initiatives include a total of 156 participating agencies from federal, state and local law enforcement. A map of the Midwest HIDTA region is shown in Figure 1 depicting HIDTA designated counties, interstate highway system and ports of entry with Canada. Additional state maps may be found in Appendix III: State Maps.

Figure 1. Overall Map of the Midwest HIDTA Region Depicting HIDTA Designated Counties, Interstate Highway System and Ports of Entry with Canada.



The U.S. Census Bureau estimates the population in the Midwest HIDTA to be 15.85 million in 2017. The region is comprised of metropolitan districts, medium and small cities, and many rural areas. The most populous urban centers are St. Louis, MO, and Kansas City, KS-MO, which rank 21st and 30th, respectively, amongst the largest metropolitan statistical areas in the United States. Omaha-Council Bluffs, NE-IA, Des Moines, IA, and Wichita, KS, are other cities ranking in the top 100 most populated metropolitan statistical areas, according to 2017 U.S. Census Bureau information. However, less than half of the overall population of the Midwest HIDTA resides in these large urban areas. Table 1 presents information on the most populous metropolitan areas in the Midwest HIDTA region.

Table 1. 2017 U.S. Population Ranking of the Most Populated Metropolitan Statistical Areas in the Midwest HIDTA Region.¹

2017 Ranking of the Most Populated Metropolitan Areas		
U.S. Population Ranking	City, State	2017 Estimated Population
21	St. Louis, MO-IL	2,807,338
30	Kansas City, KS-MO	2,128,912
59	Omaha-Council Bluffs , NE-IA	933,316
88	Des Moines, IA	645,911
89	Wichita, KS	645,628

Although considered the heartland of the country, the population of Midwest HIDTA is as diverse as the rest of the United States with all races, classes, genders, religions, and socioeconomic statuses represented. Criminal organizations can easily assimilate within any of the communities and conceal their operations to avoid detection.

Within the Midwest HIDTA is more than 4,300 miles of interstate highways and an international border stretching over 300 miles. The key transportation routes are Interstate (I)-70, I-80, I-90, I-94, I-29, and I-35. With its central location, there are a number of transportation hubs in the Midwest HIDTA allowing easy access to other points in the United States. For instance, Kansas City, KS-MO, located near the geographic center of the United States and at the intersection of several of the nation's busiest interstate highways (I-29, I-49, I-35, I-70), is a major transit point for the transportation of drugs and drug proceeds to and from significant market areas across the country. Furthermore, the convergence of I-44, I-55, I-64, and I-70 in St. Louis, MO, provides easy access for the transportation of drugs and bulk cash via commercial and privately-owned vehicles. Other smaller transportation hubs include Fargo, ND, where I-29 and I-94 intersect, and Des Moines, IA, where I-80 and I-35 intersect. Given the 310 mile border, including 18 ports of entry, which North Dakota shares with Canada, there is an expansive roadway infrastructure and a large international border for drug traffickers to exploit within the Midwest HIDTA.

Drug Threats

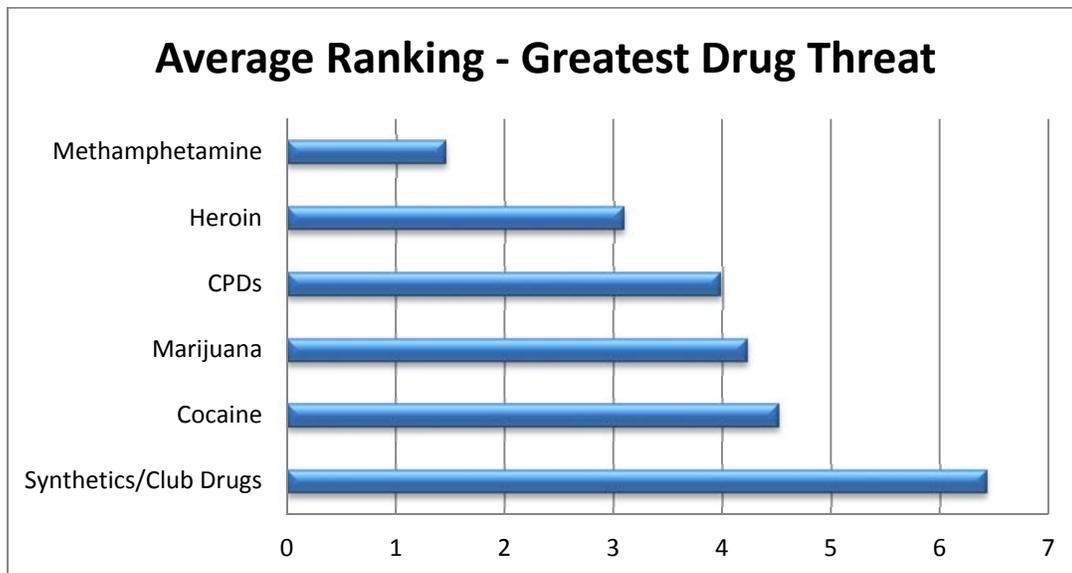
Overview

Drug trafficking activities in the Midwest HIDTA pose a significant threat, acting as a driving force of both violent and property crimes. Given the diverse makeup of the region, the drug threat is varied, but there are many common concerns facing law enforcement throughout the region. An evaluation of the unique threat posed by each drug type was completed to determine a ranking of drug threats in the Midwest HIDTA. Particular emphasis was placed on the ranking of drug threats by the 44 respondents of the MHTAS. Survey respondents were asked to consider primarily the nexus of the drug type to violent and property crimes when determining their rankings. Other factors that were considered include the availability and abuse in the region as well as the propensity for abuse of the drug type to result in overdoses and related fatalities. Figure 2 shows the average ranking by MHTAS respondents for each primary drug type.

Based upon these criteria, the overall Midwest HIDTA ranking of drug threats by drug type, in order from greatest threat, includes:

- (1) Methamphetamine
- (2) Heroin
- (3) CPDs
- (4) Marijuana
- (5) Cocaine
- (6) Synthetics/Club Drugs

Figure 2. MHTAS: Average Ranking – Greatest Drug Threat.²



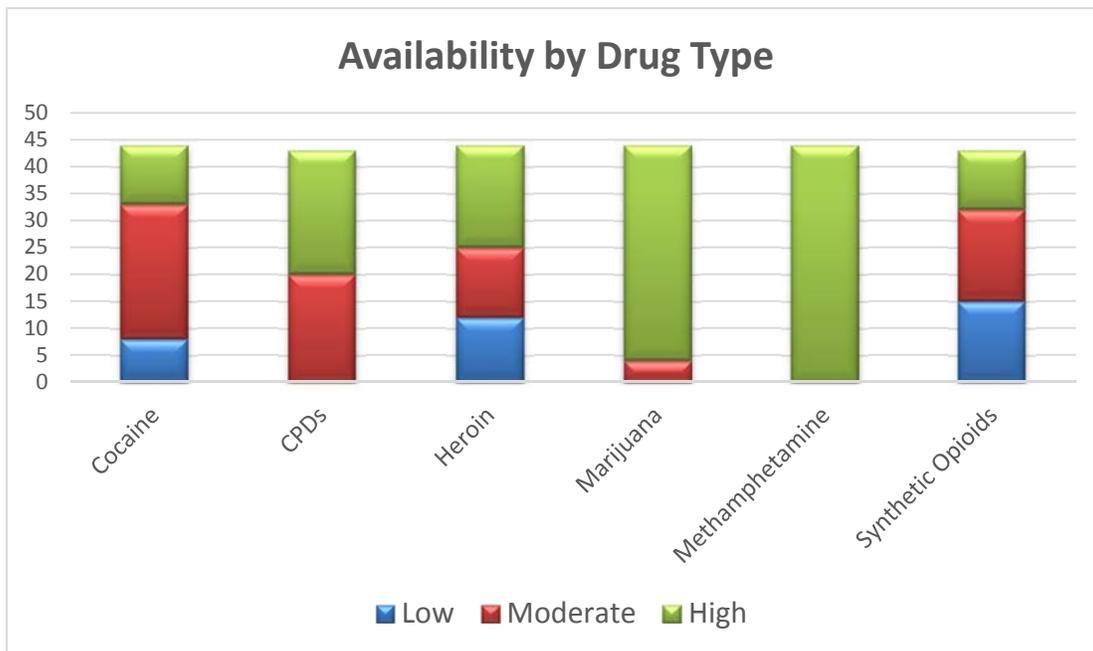
The following sections of Methamphetamine, Heroin, Controlled Prescription Drugs, Marijuana, Cocaine, and Synthetics/Club Drugs outline the unique threat posed by each drug type in the Midwest HIDTA. After these sections is a state-by-state analysis of unique drug trends in the region.

Methamphetamine

Consistent with previous Threat Assessments, methamphetamine remains the greatest drug threat in the Midwest HIDTA, particularly when considering its nexus to violence and other criminal activity used by traffickers to advance or protect their illegitimate trade. Approximately 70% of MHTAS survey respondents indicated that methamphetamine was the greatest drug threat in their AORs, more than any other drug type, with 20% of respondents stating that it was the second greatest threat and 7% stating it was the third greatest threat. Only one respondent (2%) ranked methamphetamine below the top three threats in their AOR.

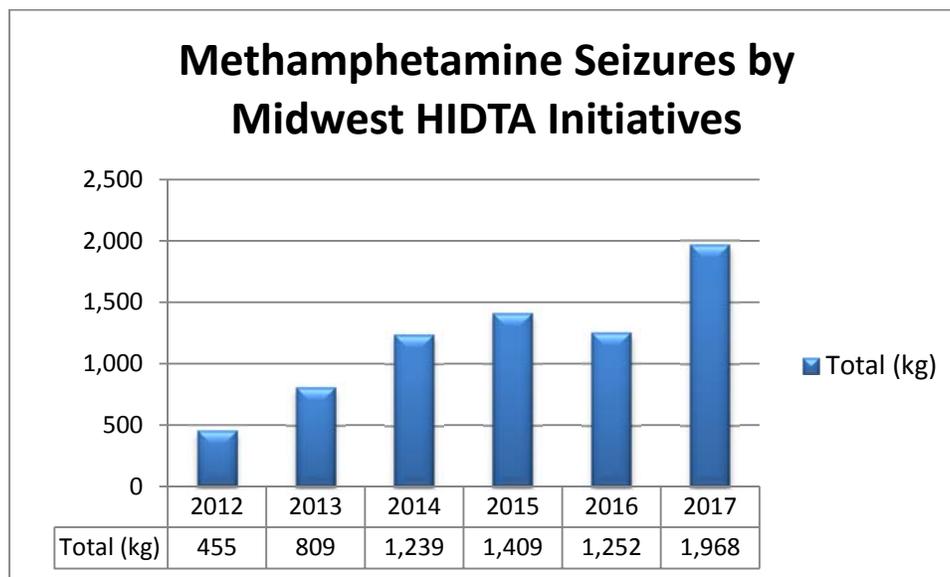
Methamphetamine supply continues to surge in the region, which indicates its popularity is unlikely to fade. MHTAS respondents ranked methamphetamine as more highly available than any other drug type. In fact, each of the 44 survey respondents indicated that methamphetamine is highly available in their respective AOR, making it the only drug type which received a highly available response from all survey respondents. By comparison, 91% of respondents indicated marijuana is highly available and only 52% of respondents indicated CPDs are highly available. Figure 3 shows the total number of MHTAS responses indicating “low,” “moderate,” and “high” availability for each drug type.

Figure 3. MHTAS: Availability by Drug Type.³



Midwest HIDTA initiatives seized a staggering total of 1,968 kilograms (4,338 pounds) of methamphetamine during 2017, up approximately 57% from the previous year and the highest amount of methamphetamine recorded by initiatives.⁴ Figure 4 shows the amount of methamphetamine seized by Midwest HIDTA initiatives from 2012 to 2017, as reported through ONDCP Performance Measurement Process (PMP) data. Additionally, several areas in the region have reported that the price for methamphetamine has decreased significantly over the past year, another indicator that supply in the region has remained abundant. For example, MHTAS respondents from Omaha, NE, Fargo, ND, and Sioux Falls, SD, have each noted an increase in availability and decrease in price for methamphetamine in their AORs.

Figure 4. Methamphetamine Seizures by Midwest HIDTA Initiatives, 2012-2017.⁵

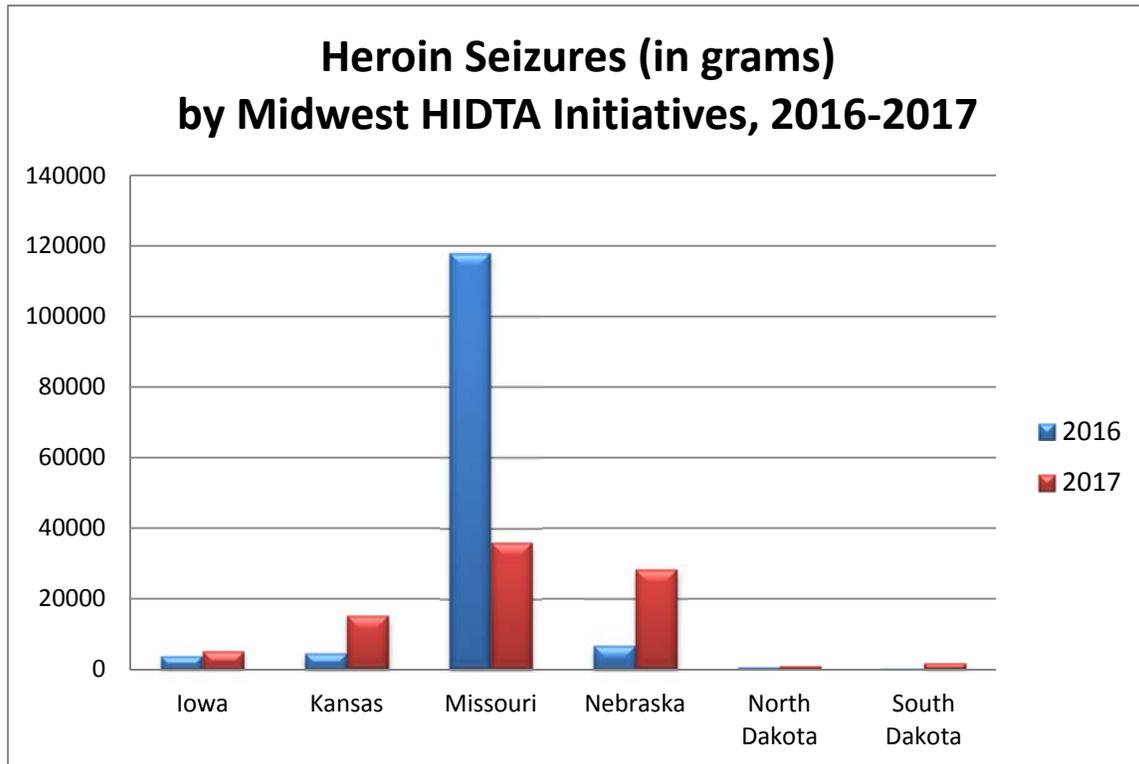


The inability of law enforcement to impact supply levels in the region is assessed to be related to a shift in sources of the drug over the past decade. During the past decade, the supply of methamphetamine in the Midwest HIDTA has shifted from a majority being locally-produced to a majority being imported from other regions, primarily Mexico. So-called “super labs” in Mexico are able to efficiently produce massive quantities of highly potent methamphetamine. Concurrent with the shift to Mexican sources of supply, purity levels for methamphetamine in the region have increased and are now typically over 90%, with some areas reporting methamphetamine with 99% or greater purity. Domestic producers of methamphetamine in the Midwest HIDTA have been unable to match production methods of Mexican producers, in part due to laws restricting sales of precursor chemicals utilized during production. While some methamphetamine production still occurs in the region, production is generally limited to smaller personal-use quantities utilizing the “one-pot” or “shake-n-bake” method.

Methamphetamine is increasingly transported into the Midwest HIDTA suspended in solution. Methamphetamine in solution is seen by drug traffickers as a low-risk concealment method, difficult for law enforcement to detect because this method often masks the smell of the drug. Methamphetamine in solution is transported into the region in large quantities by commercial vehicle or in smaller quantities while being concealed in windshield washer fluid reservoirs or other containers in privately-owned vehicles. Once transported into the region, methamphetamine in solution is converted to crystal methamphetamine form in conversion laboratories using a variety of highly flammable materials. An increasing number of makeshift conversion laboratories, capable of converting several hundred pounds of methamphetamine, have been uncovered in parts of the Midwest HIDTA, particularly the Kansas City metropolitan area, causing several fires during late 2017 and early 2018.

Heroin

The second greatest drug threat in the Midwest HIDTA is heroin. Heroin poses a significant threat in the region due to the combination of its link to both violent and property crimes, its availability, and the likelihood of related overdose. Approximately 48% of MHTAS respondents ranked heroin as either the top or second greatest threat in their respective AORs, ranking behind only methamphetamine (91%). Though seizures of heroin by Midwest HIDTA initiatives were down nearly 39% overall in 2017 (from 145 kilograms in 2016 to 89 kilograms in 2017), availability of heroin remains moderate to high in a majority of the region. Nearly two thirds of MHTAS respondents indicated heroin is moderately or highly available in their AORs, with 43% indicating heroin is highly available and an additional 30% indicating heroin is moderately available. Moreover, seizures of heroin by Midwest HIDTA initiatives were higher in 2017 in every state other than Missouri, led by a 559% increase in seizures of heroin by initiatives in South Dakota (from 283 grams in 2016 to 1,866 grams in 2017). Heroin seizures were up by 314% for Nebraska initiatives (from 6,824 grams to 28,240 grams), 231% for Kansas initiatives (from 4,580 grams to 15,162 grams), 74% for North Dakota initiatives (from 485 grams to 846 grams), and 37% for Iowa initiatives⁶ (from 3,755 grams to 5,136). Figure 5 shows a comparison of the amount of heroin seized by Midwest HIDTA initiatives between 2016 and 2017 for each state in the region, as reported through ONDCP PMP data. Similarly, the *2015-2016 NSDUH*, administered annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), shows a recent increase in estimated heroin use by those 18 and older for all states of the Midwest HIDTA.⁷

Figure 5. Heroin Seizures by Midwest HIDTA Initiatives, 2016-2017.⁸

Though it remains the most significant threat in regionalized areas, including the St. Louis metropolitan area and Eastern Iowa, MHTAS respondents who ranked heroin in the top two drug threats in their AORs come from all states of the Midwest HIDTA, indicating its expansion from larger metropolitan areas to smaller cities and more rural areas of the region. For example, all three MHTAS respondents from the state of North Dakota ranked heroin in the top two drug threats in their AORs and each noted the increasing heroin threat in their state. Other areas from which MHTAS respondents cited heroin as a top drug threat, showing the diversity of the geographic threat in the region, include: Des Moines, IA, Garden City, KS, Kansas City, MO-KS, Quad Cities, IA-IL, Scottsbluff, NE, Sioux Falls, SD, Springfield, MO, and St. Louis, MO. Through the analysis of all available information, it is assessed that heroin's impact will continue to increase throughout smaller cities and more suburban/rural areas of the region.

The source and type of heroin varies by area within the Midwest HIDTA. Though heroin in the northern and easternmost parts of the region, typically white powder, tends to be sourced by gangs and other DTOs from the Chicago area, heroin in the southern and westernmost parts of the region tends to be transported into the area through the Southwest Border region and is typically in either black tar or crude brown powder form. The price for white powder heroin, typically of much higher purity than black tar or crude brown powder, is significantly higher than the price for other forms of heroin available in the region. Increasingly, members of Chicago-based street gangs are being sent to the region specifically to traffic heroin and fentanyl and to

create a broader customer base for their product. MHTAS respondents from multiple areas of the region, including: Des Moines, IA, Garden City, KS, Moline, IL, Omaha, NE, and Springfield, MO, cited the influx of Chicago-based street gang members in their region. The MHTAS survey respondent from the Greater Omaha Safe Streets Task Force stated, “Chicago-based gangs are introducing a heroin addiction to the local community. They are not filling a void, but introducing the addiction.”⁹

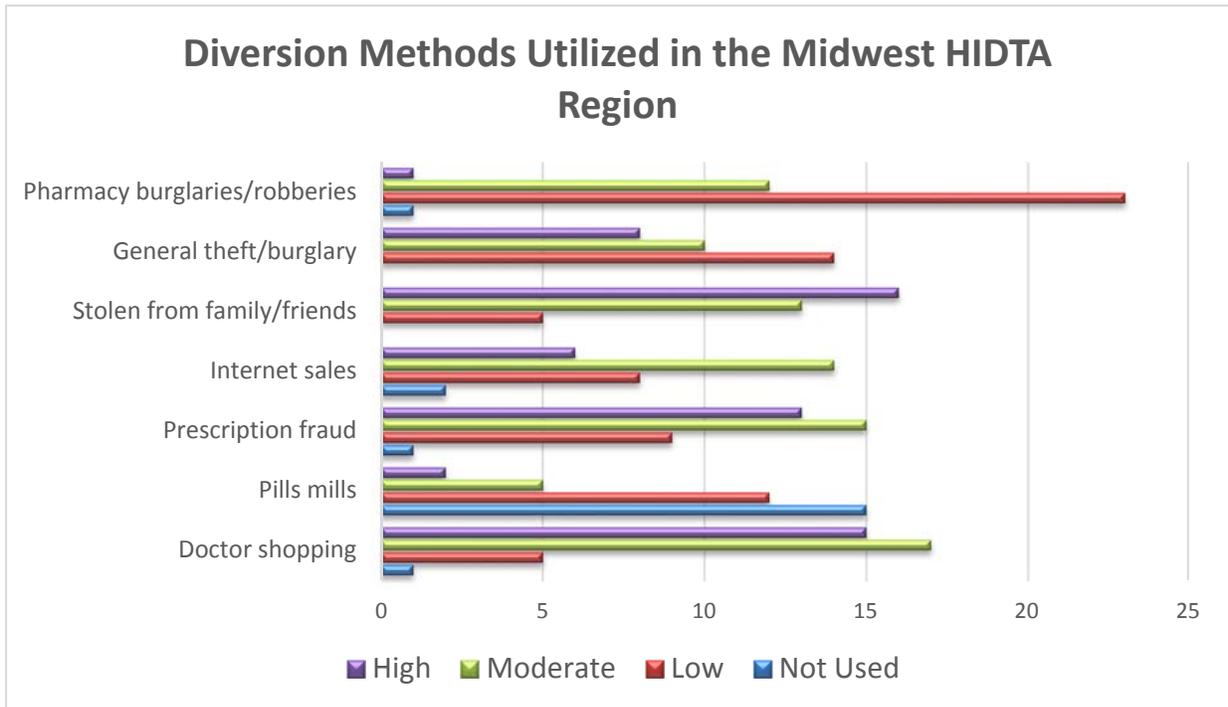
Equally disconcerting, the increased abuse of heroin in the Midwest HIDTA has coincided with an attendant increase in the abuse of synthetic opioids¹⁰ throughout the region. Synthetic opioids, which include non-pharmaceutical fentanyl, its analogs, and other synthetic opioids such as U-47700, are usually produced in laboratories by transnational criminal organizations in China and Mexico before being shipped or transported to the Midwest HIDTA through use of the USPS, commercial parcel services, or privately-owned and commercial vehicles entering the country through the Northern or Southwest Border. Some synthetic opioid abusers in the region purchase the drugs directly through the internet or dark web sources. Synthetic opioids have been identified in the Midwest HIDTA as being mixed with other drug types, including heroin, cocaine, and methamphetamine. The user is sometimes unaware that the drugs they purchase and abuse have been mixed with synthetic opioids, leading to an increased risk of overdose. However, law enforcement in parts of the region have also reported an increased specific demand for more potent forms of fentanyl and other synthetic opioids by heroin and other drug users. For example, law enforcement in the St. Louis metropolitan area has reported that the demand for fentanyl has significantly impacted the heroin market, which had been increasing for the past several years.

Midwest HIDTA initiatives seized 132 kilograms of fentanyl during 2017, which was over 400% more than the 26 kilograms seized during 2016.¹¹ Fentanyl poses a significant threat to law enforcement officers in the region, since it may not be readily identifiable when seized and can be absorbed through the skin, resulting in the risk of overdose. Multiple fentanyl analogs have been seized or reported by law enforcement as being utilized in the Midwest HIDTA, including: carfentanil, cyclopropyl fentanyl, methoxy fentanyl, and tetrahydrofuran fentanyl, amongst others. Carfentanil, a particularly potent analog, is 10,000 times more potent than morphine and 100 times more potent than fentanyl.¹² Additionally, other synthetic opioids, including U-47700, have also been seized or reported by law enforcement as being utilized in the region.

Controlled Prescription Drugs

The use and abuse of CPDs is ubiquitous in the Midwest HIDTA and poses a significant drug threat. Although no MHTAS respondents ranked CPDs as the greatest drug threat, approximately 41% of respondents ranked CPDs within the top three drug threats in their AORs, ranking behind only methamphetamine and heroin and tying with marijuana for top three drug threat rankings by MHTAS respondents. Their legal but controlled status results in CPDs being abundantly available and used in the region. Approximately 98% of MHTAS respondents stated that the availability of CPDs was either moderate (46%) or high (52%) in their AORs. Additionally, 45% of MHTAS respondents indicated that the level of CPD use in their AORs was high, ranking third behind methamphetamine (97%), and marijuana (91%). Pricing for diverted CPDs has remained relatively stagnant in the Midwest HIDTA, with most CPDs of all types generally purchased for about \$1 per milligram.

Often, CPD users, particularly users of opioid-based CPDs, are prescribed drugs legally by a doctor for an injury or pain when they initially become addicted. Even when used according to doctor and pharmacist instructions, users of opioid-based CPDs in particular may develop an addiction and tolerance to the legally prescribed drugs over time, leading to eventual illicit use or possible transition to use of a cheaper, more potent opioid such as heroin. 89% of MHTAS respondents indicated that diversion of CPDs occurs in their AORs. According to MHTAS respondents, the most often used methods of diversion in the Midwest HIDTA include: theft from family/friends, doctor shopping, and prescription fraud. Methods of diversion occurring to a lesser extent in the region include: internet sales, the use of so-called “pill mills,” and pharmacy burglaries/robberies. Figure 6 shows the levels to which a variety of diversion methods are utilized in the Midwest HIDTA region, as indicated by MHTAS respondents.

Figure 6. MHTAS: Diversion Methods Utilized in the Midwest HIDTA Region.¹³

Missouri remains the only state in the country that has yet to enact a Prescription Drug Monitoring Program (PDMP).¹⁴ The lack of a statewide PDMP in Missouri remains a significant hurdle to law enforcement. Though some counties and municipalities in the state have enacted their own monitoring programs, the effect is greatly diminished due to neighboring cities or counties not having similar programs and/or not sharing information. The prohibition of law enforcement in most Midwest HIDTA states from obtaining PDMP information to identify over-prescribing doctors also limits the overall effectiveness of these programs in addressing the opioid epidemic.

Marijuana

Marijuana is the fourth-ranked drug threat in the Midwest HIDTA, with both availability and abuse at extremely high levels throughout the region. 41% of MHTAS respondents ranked marijuana as one of the top three drug threats in their AORs, which ranked third of all drug types, behind methamphetamine (98%), and heroin (68%), and tied with CPDs. Moreover, 91% of MHTAS respondents indicated that both availability and abuse of marijuana is high in their AORs, ranking behind only methamphetamine for both high availability (100%) and high use (98%).

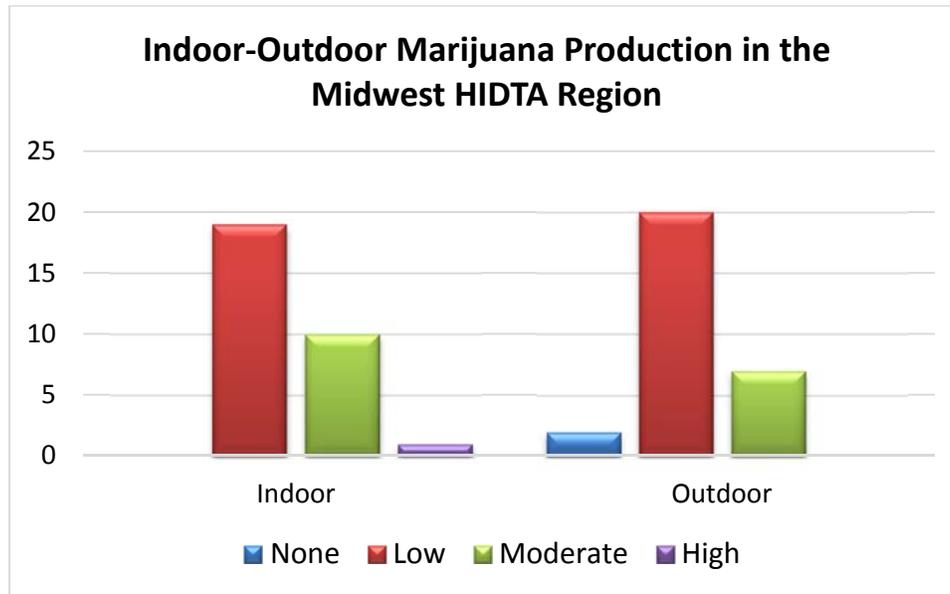
Similar to methamphetamine, the region has experienced a change in sources of marijuana during the past decade. Whereas previously much of the marijuana in the Midwest HIDTA was grown in Mexico and transported into the region after being smuggled through the

Southwest Border, a majority of the marijuana in the region today comes from sources within the U.S. Domestically-produced marijuana, a majority of which is grown hydroponically in states where marijuana has been decriminalized, typically has much higher tetrahydrocannabinol (THC) content than Mexican-sourced marijuana. Marijuana decriminalization has created a readily available supply of highly potent domestically-cultivated marijuana for transport into the region. Higher THC content is assessed as being associated with the increased nexus between marijuana and both violent and property crimes noted by law enforcement in the region over the past several years.

Midwest HIDTA initiatives seized 51% more marijuana in 2017 than in the previous year, with 23,811 pounds of marijuana being seized in 2017 compared to 15,751 pounds in 2016.¹⁵ The seizure of marijuana concentrated products, as well as marijuana edibles, by Midwest HIDTA initiatives was also up significantly during 2017. Midwest HIDTA initiatives seized 155 pounds of hash/hash oil in 2017 compared to 92 pounds in 2016, and 760 pounds of marijuana edibles in 2017 compared to 257 pounds the previous year. Some of these products have reported concentrations of greater than 80% THC.

Despite the relative ease of transporting marijuana into the region from areas in which marijuana has been decriminalized, 71% of MHTAS respondents indicated that marijuana production occurs in their AORs. Indoor marijuana production is more prevalent in the region than outdoor production, with 25% of all MHTAS respondents indicating indoor marijuana production occurs at a moderate or high level in their AORs and only 16% of respondents indicating outdoor marijuana production occurs at a moderate or high level. Indoor production methods, which protect plants from the harsh weather conditions in the region, also allow producers greater control over THC content in marijuana. Additionally, the production sites are more concealed from law enforcement. Figure 7 shows levels of indoor and outdoor marijuana production in the Midwest HIDTA, as indicated by MHTAS respondents. Efforts to decriminalize marijuana are currently underway in nearly all states in the Midwest HIDTA.¹⁶ North Dakota legalized medical marijuana through regulations that became effective in April 2018. Illinois has also legalized medical marijuana, while both Iowa and Missouri allow for cannabidiol (CBD) products. States that have decriminalized marijuana have experienced a significantly higher number of drugged driving incidents and fatalities, as well as an increased number of emergency room visits for exposure to marijuana, especially in children.¹⁷

Figure 7. MHTAS: Indoor-Outdoor Marijuana Production in the Midwest HIDTA Region.¹⁸



Pricing for marijuana reflects the wide variety of marijuana types available in the region, with pound quantities of lower grade marijuana available for only a few hundred dollars per pound and prices for domestically-cultivated marijuana with the highest THC content routinely reaching several thousand dollars per pound.

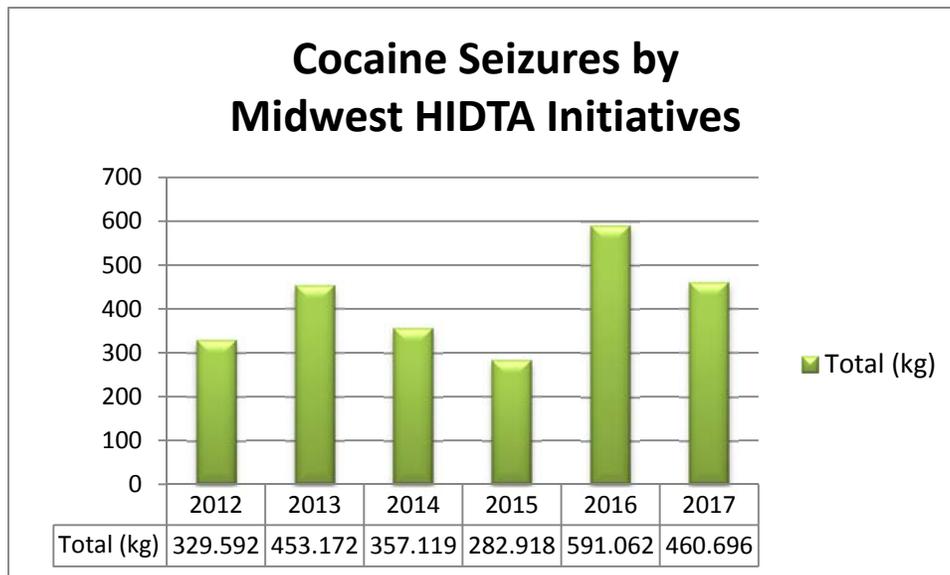
Cocaine

Only 30% MHTAS respondents ranked cocaine in the top three drug threats in their AORs, fourth of the major drug types behind methamphetamine, heroin, CPDs, and marijuana. However, 82% of MHTAS respondents indicated that cocaine is available at either moderate or high levels in their AORs, and 75% of MHTAS respondents indicated that cocaine is abused at either moderate or high levels. It is assessed that cocaine is a significant threat in the Midwest HIDTA, but that the greater nexus between other drugs, such as methamphetamine and heroin, and both violent and property crimes have made cocaine appear less threatening, comparatively.

Despite record-setting coca production in Colombia, the primary source country for cocaine in the U.S., seizures of cocaine by Midwest HIDTA initiatives were down approximately 22% in 2017, from approximately 591 kilograms in 2016 to approximately 461 kilograms in 2017.¹⁹ Cocaine seizures by Midwest HIDTA initiatives from 2012 to 2017 can be found in Figure 8. As reported by DEA, coca cultivation in Colombia increased by 134% from 2013 to 2016.²⁰ Some areas of the U.S. have already experienced significant increases in cocaine supply, likely due to the increased cultivation and production in Colombia. It is assessed that the Midwest HIDTA will likely experience a similar trend in 2018. In fact, indicative of the beginning stages of a trend, some areas of the region, including those in the state of Kansas, have

already seen an increase in the cocaine supply in their AORs. The MHTAS respondent from the Garden City-Finney County Drug Task Force in Garden City, KS, noted that “cocaine is on the rise”.²¹ The MHTAS respondent from the Wichita DEA Task Force stated that “cocaine has seen a slight increase in availability”.²² The MHTAS respondent from the St. Louis DEA Intelligence Group said that “cocaine has been steadily increasing in popularity once again in the St. Louis metropolitan area”.²³ It is assessed that many areas of the region will experience an increased cocaine threat in 2018 and perhaps several years to follow.

Figure 8. Cocaine Seizures by Midwest HIDTA Initiatives, 2012-2017.²⁴



Synthetics/Club Drugs

A wide variety of synthetic/club drugs are abused in the Midwest HIDTA. The threat posed by these drugs in the region is ever-changing due to the development of new synthetic drugs in source countries such as China. Some types of synthetic drugs available in the region include methylenedioxymethamphetamine (MDMA), phencyclidine (PCP), synthetic LSD (251-NBOMe), synthetic cannabinoids (such as K2), and synthetic cathinones (also known as bath salts). The breadth of the threat and the variance between areas in the region make it difficult to assess the overall drug threat created by synthetics/club drugs compared to other drug types. However, no MHTAS respondents ranked synthetics/club drugs as a top three drug threat in their AOR and the average ranking by survey respondents of this drug type was 6.4, the lowest for any drug type. 39% of MHTAS respondents indicated that availability of synthetics/club drugs is low in their AORs, with 43% indicating availability is moderate and 17% stating availability is high. It is assessed that the region has experienced a decrease in synthetic cannabinoids, in particular, due to evolving marijuana extraction methods in states that have decriminalized marijuana resulting in the increased availability of high THC content marijuana concentrates and edibles in the region.

Drug Threat Analysis by State

Due to the geographic size and diverse make-up of the Midwest HIDTA, the drug threat varies throughout the region. These variances in the drug threat are thoroughly examined in this section of the Threat Assessment.

Iowa²⁵

Table 2. MHTAS: Average Ranking – Greatest Drug Threat (Iowa Respondents)²⁶

Average Ranking – Greatest Drug Threat (Iowa Respondents)		
Overall Ranking	Drug Type	Average Ranking
(1)	Methamphetamine	1.17
(2)	Heroin	2.67
(3)	Marijuana	2.83
(4)	Cocaine	3.83
(5)	CPDs	5.0
(6)	Synthetics/Club Drugs	6.67

MHTAS respondents from Iowa ranked methamphetamine as their greatest drug threat, followed by heroin and marijuana. 83% of survey respondents from Iowa indicated that methamphetamine is the greatest threat in their AORs, while all respondents indicated that methamphetamine is highly available. Respondents reported methamphetamine in the state testing in excess of 99% purity. Some respondents noted the increased size of methamphetamine shipments coming to the state from Mexican cartels, including the Sinaloa cartel and Cartel Jalisco Nueva Generación (CJNG). Once transported to the state, these bulk shipments are then disbursed to a large number of mid-level distributors. Heroin is the second greatest drug threat in the state of Iowa, a change from last year when it ranked as the third greatest drug threat. Marijuana, which ranked second last year, was ranked by survey respondents as the third greatest drug threat in the state in 2017.

Parts of Iowa, including Sioux City, noted an increase in heroin and fentanyl related overdose deaths in 2017. Respondents across the state indicated street gang members from Chicago and Detroit come to the area to distribute heroin and fentanyl, some arriving in the state via bus. Street gang members are also involved in cocaine and marijuana distribution in the state. Most shootings in the Des Moines area are reportedly due to an ongoing battle between gang members from Chicago and Detroit related to control of drug distribution in certain areas of the city.

The survey respondent from the Quad Cities Metropolitan Enforcement Group indicated that Mexican cartels are more heavily involved in methamphetamine, heroin, and fentanyl distribution in the state due to the decriminalization of marijuana in some states. The respondent

indicated that the “increase in domestic production of marijuana is a major factor in the increased availability of methamphetamine, heroin, and fentanyl, as the cartels are using these drugs to make up for lost marijuana profits”.²⁷

Kansas

Table 3. MHTAS: Average Ranking – Greatest Drug Threat (Kansas Respondents)²⁸

Average Ranking – Greatest Drug Threat (Kansas Respondents)		
Overall Ranking	Drug Type	Average Ranking
(1)	Methamphetamine	1.17
(2)	Heroin	2.67
(3)	CPDs	3.67
(4)	Marijuana	4.5
(5)	Cocaine	4.67
(6)	Synthetics/Club Drugs	6.67

MHTAS respondents from Kansas ranked methamphetamine as the greatest drug threat in their state, followed by heroin and CPDs. The ranking was identical to the previous year. All respondents ranked methamphetamine as either the greatest drug threat (83%) or second greatest threat (17%) in their AORs. Additionally, all MHTAS respondents from Kansas ranked heroin in the top three drug threats in their AORs. Respondents from Kansas noted the high demand in the state for methamphetamine, heroin, and cocaine. While the MHTAS respondent from the Garden City-Finney County Drug Task Force indicated that “cocaine is on the rise,” the respondent also emphasized that methamphetamine remains the greatest threat in the region.²⁹ Similar to the Garden City-Finney County Drug Task Force respondent, the respondent from the Wichita DEA Task Force also mentioned an increase in cocaine availability.³⁰

The state of Kansas continues to be greatly affected by the decriminalization of marijuana in its neighboring state of Colorado, with overall availability of domestically-produced marijuana associated with high THC content on the rise.

*Missouri***Table 4. MHTAS: Average Ranking – Greatest Drug Threat (Missouri Respondents)³¹**

Average Ranking – Greatest Drug Threat (Missouri Respondents)		
Overall Ranking	Drug Type	Average Ranking
(1)	Methamphetamine	1.94
(2)	Heroin	2.82
(3)	CPDs	4.18
(4)	Marijuana	4.59
(5)	Cocaine	4.94
(6)	Synthetics/Club Drugs	6.24

Like respondents from Kansas, MHTAS respondents from Missouri ranked the top three drug threats identically to the previous year. Respondents ranked methamphetamine as the greatest drug threat in their state, followed by heroin and CPDs. 47% of respondents ranked methamphetamine as the greatest drug threat in their AORs, with 94% ranking methamphetamine in the top three. Similarly, heroin was ranked by 82% respondents in the top three drug threats in their AORs. Heroin is a growing threat in some areas of the state, including Jasper County and Springfield. Synthetic opioids pose a significant threat throughout the state, with 94% of respondents indicating synthetic opioids are used at either a moderate or high level. Drug-related overdose deaths, primarily related to the abuse of opioid drugs, have increased significantly in the state of Missouri, with reported opioid-related overdose deaths increasing approximately 32% from 2015 to 2016, the most recent year for which data is available.³²

In the St. Louis metropolitan area, heroin and fentanyl remain the top drug threats. Many heroin users in the area have transitioned to fentanyl use over the past year, significantly impacting the heroin market. St. Louis has also experienced an increased demand for fentanyl mixed with other drugs, primarily heroin. Survey respondents indicated a rising methamphetamine threat in the St. Louis area. Whereas last year all survey respondents indicated heroin was the greatest drug threat, this year only 67% stated heroin is the greatest drug threat, with the remaining 33% indicating methamphetamine is the greatest drug threat. Criminal laboratory submissions of drug samples also show a growing methamphetamine threat in the St. Louis area. Over the past year, the drug most submitted to criminal labs for testing in the St. Louis area was methamphetamine, exceeding submissions of both heroin and fentanyl.

Law enforcement in the Kansas City metropolitan area have identified the area as a primary market for methamphetamine in solution, with several conversion labs capable of converting hundreds of pounds of methamphetamine identified in the area. Heroin remains an increasing threat in the Kansas City area. It is assessed that Kansas City will

experience the transition of a significant number of heroin users to fentanyl use in the near future, similar to the trend already experienced in St. Louis.

Neighborhood-based street gangs overwhelmingly control the street level distribution of heroin, cocaine, and methamphetamine throughout the state of Missouri. Gangs are the primary drivers of rising violent crime and homicide rates in the state. Violence often relates to unpaid drug debts or territory battles between rival gangs. The threat posed by neighborhood street gangs is most acute in densely populated metropolitan areas, such as St. Louis and Kansas City. St. Louis has been heavily influenced by Chicago-based street gangs, who source much of the heroin in the area. In the southeast part of the state, members of Memphis street gangs have moved to the area and are heavily involved in drug trafficking.

Nebraska

Table 5. MHTAS: Average Ranking – Greatest Drug Threat (Nebraska Respondents)³³

Average Ranking – Greatest Drug Threat (Nebraska Respondents)		
Overall Ranking	Drug Type	Average Ranking
(1)	Methamphetamine	1.11
(2)	CPDs	3.22
(3)	Marijuana	3.44
(4)	Cocaine	3.56
(5)	Heroin	4.56
(6)	Synthetics/Club Drugs	6.44

MHTAS respondents from Nebraska ranked methamphetamine as their greatest drug threat, followed by CPDs and marijuana. Methamphetamine continues to increase in availability and decrease in price throughout the state. Identified as a rising threat in the state, Chicago-based street gangs have moved to Omaha to distribute heroin to members of the local community. The MHTAS respondent from the Omaha ATF Illegal Firearms Task Force indicated that “illicit drug trafficking fuels violent gang activity in the Omaha metro area”.³⁴ Fentanyl is a relatively new threat in the Omaha metropolitan area with numerous associated overdose fatalities identified in the past year. Respondents from more rural areas of the state have not yet reported fentanyl in their areas, but it is assessed that fentanyl will be impact even less populated areas of the state soon. Survey respondents noted the increased use of trains and buses by drug traffickers in the state of Nebraska, with some taking the train to the outskirts of Omaha and then using a privately-owned vehicle to enter the city and distribute drugs. Another potential rising threat, 44% of MHTAS respondents from Nebraska ranked cocaine amongst the top two drug threats in their AORs, second only to methamphetamine (100%).

*North Dakota***Table 6. MHTAS: Average Ranking – Greatest Drug Threat (North Dakota Respondents)³⁵**

Average Ranking – Greatest Drug Threat (North Dakota Respondents)		
Overall Ranking	Drug Type	Average Ranking
(1)	Methamphetamine	1.33
(2)	Heroin	1.67
(3)	CPDs	4.0
(4) (tied)	Cocaine	5.67
(4) (tied)	Marijuana	5.67
(6)	Synthetics/Club Drugs	6.33

As with survey respondents in all other states of the region, MHTAS respondents from North Dakota ranked methamphetamine as the top drug threat in their AORs. Survey respondents indicated that large amounts of methamphetamine emerged in the state in 2017, a trend that is expected to continue into 2018. Heroin ranked as the second greatest drug threat in North Dakota. MHTAS respondents from the state reported seeing a rise in drug-related gun violence, which is assessed as being at least partially the result of increased street gang activity related to heroin trafficking. One survey respondent reported that drug-related gun seizures doubled from last year. Another indicated that firearm possession and usage are at historically high levels in the state. Unlike many other areas of the region, in which gang members from Chicago have driven the heroin market, street gang members from Minneapolis, Milwaukee, and Detroit are reported as coming to North Dakota to sell heroin and synthetic opioids. Commensurate with an increase of heroin and synthetic opioids, opioid-related overdose fatalities in North Dakota also increased in 2017, with similar increases already being reported in early 2018.

South Dakota**Table 7. MHTAS: Average Ranking – Greatest Drug Threat (South Dakota Respondents)³⁶**

Average Ranking – Greatest Drug Threat (South Dakota Respondents)		
Overall Ranking	Drug Type	Average Ranking
(1)	Methamphetamine	1.0
(2)	Heroin	3.33
(3) (tied)	CPDs	3.67
(3) (tied)	Marijuana	3.67
(5)	Cocaine	5.0
(6)	Synthetics/Club Drugs	6.67

Methamphetamine became the greatest drug threat in South Dakota in 2017, according to MHTAS respondents from the state, who ranked methamphetamine as the second greatest threat in 2016. In reporting a related increase in property crimes, the survey respondent from the Sioux Falls Task Force stated: “Methamphetamine continues to be brought into our area in large quantities. It is more widely available than ever, driving the price down considerably. The large number of methamphetamine users continues to keep property crimes rising in our area.”³⁷ Additionally, drug-related violent crime is also reported as becoming more common. Heroin rose to the second greatest drug threat in the state in 2017, after being ranked by respondents as the third greatest threat in 2016. MHTAS respondents from South Dakota reported a substantial increase in heroin-related overdose fatalities during the past year.

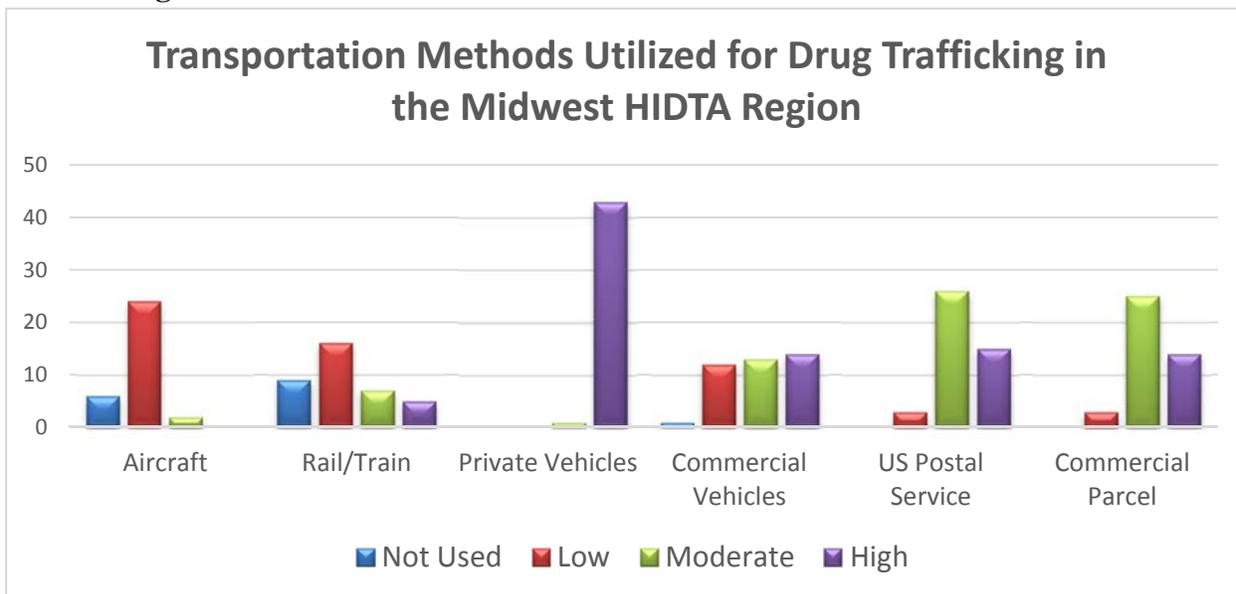
Transportation

The central location of the Midwest HIDTA makes it a transportation hub for the trafficking and distribution of drugs. For instance, Kansas City, MO-KS, located near the geographic center of the United States and at the intersection of several of the nation’s busiest interstate highways (I-29, I-49, I-35, I-70), is a major transit point for the transportation of drugs and drug proceeds to and from significant market areas across the country. Furthermore, the convergence of I-44, I-55, I-64, and I-70 in St. Louis, MO, provides easy access for the transportation of drugs and bulk cash via commercial and privately-owned vehicles.

I-35 is particularly useful as a transportation route for Mexican DTOs. I-35, which converges with I-70 and I-29 in Kansas City, covers approximately 1,568 miles in the U.S., from Laredo, Texas, to Duluth, Minnesota, and runs directly through the Midwest HIDTA in Kansas, Missouri, and Iowa. Following I-35 into Mexico, it becomes Federal Highway 85, which runs southward from Nuevo Laredo, just across the Mexican border from the U.S., through Monterrey, Ciudad Victoria, Pachuca, and to the southern edge of Mexico City.³⁸

When asked to indicate the levels at which various transportation methods are utilized in the Midwest HIDTA to traffic drugs, 98% of MHTAS respondents indicated that privately-owned vehicles are used at a high level, the highest percentage for any transportation method, followed by the USPS (34%), and commercial vehicles and commercial parcel services (each at 32%). Aircraft and rail/trains are utilized to traffic drugs to a much lesser extent in the Midwest HIDTA region with only 11% of MHTAS respondents indicating rail/trains are utilized at a high level, and no respondents indicating aircraft are utilized at a high level. The use of USPS and commercial parcel services has increased over the past several years, with DTOs possibly assessing that there is a lower risk of seizure or arrest when shipping drugs utilizing these methods. Figure 9 shows the levels that various transportation methods are utilized to traffic drugs in the Midwest HIDTA, according to MHTAS respondents.

Figure 9. MHTAS: Transportation Methods Utilized for Drug Trafficking in the Midwest HIDTA Region.³⁹



Intelligence Gaps

There are several intelligence gaps related to information on the drug threat in the Midwest HIDTA. The source of supply for drugs is not always known with a high degree of confidence and is not always reported by the investigative task force or agency. Information related to cartel associations to drug trafficking in the region, in particular, is often imprecise or unconfirmed and obtained through interviews of unreliable sources. Use and availability of drugs in the Midwest HIDTA is based on inferences and imprecise tools. Surveys provide only a glimpse into drug use in the region. Survey responses, including those from the MHTAS, are based on subjective criteria of the individual respondent. Law enforcement agencies seize only a fraction of the total drug supply that is available at any one time. Data sources for drug seizure information are often incomplete. For instance, ONDCP PMP data only provides information on drugs seized by Midwest HIDTA initiatives. Due to the limited sample size of drug seizure data available, large seizures may skew an entire year's statistics and, therefore, be over-emphasized during analysis. Some sources may be dated, with available information nearly two years old by the time of publication. Laboratory results indicating drug type and purity are usually quite delayed in the region, sometimes not being reported until a year following submission. This has become increasingly problematic with the increase in powder substances in the region creating a backlog in drug testing laboratories. Powder substances, including the many strains of fentanyl and its analogs in the region, are not always tested by law enforcement in the field, due to safety concerns. Additionally, field testing procedures are often unable to identify a powder substance accurately. Similar to information on cartel associations, drug price information is often unreported or obtained through unconfirmed and unreliable sources of information. In order to minimize the effect of known intelligence gaps on the development of the drug threats section, Midwest HIDTA analysts used a mixture of quantitative and qualitative data to ensure complete analysis of all available information.

Drug Trafficking Organizations

Overview

In 2017, Midwest HIDTA enforcement initiatives identified a total of 654 DTOs operating in the region, with 5,246 members and 700 leaders identified.⁴⁰ Mexico-based DTOs continue to have the most significant impact in the region. The average identified membership of DTOs operating in the Midwest HIDTA was approximately nine individuals, of which, on average, eight are members and one is a leader. DTOs in the Midwest HIDTA operate in both urban and rural areas and are varied in terms of size, structure, and trafficking activities. Of all DTOs identified as operating in the region, a majority of them (52%) were primarily engaged in trafficking methamphetamine, by far the most for any drug type, while 12% were primarily involved in trafficking heroin, 9% cocaine, 8% marijuana, and 4% all other drug types. Additionally, 15% of DTOs identified as operating in the region were identified as poly-drug trafficking organizations. Not surprisingly, when analyzing the primary drug type trafficked by DTOs in the Midwest HIDTA, initiatives in the state of Missouri – the most populous state in the region and the state with the most HIDTA initiatives – have identified a majority of the DTOs trafficking each drug type. While initiatives from Missouri identified 52% of methamphetamine trafficking organizations operating in the Midwest HIDTA, they identified a higher percentage of heroin trafficking organizations operating in the region (58%), which coincides with the heroin threat discussed previously in this Assessment. Though having the lowest population in the region and having the fewest HIDTA initiatives, initiatives in the state of North Dakota identified approximately 15% of the heroin trafficking organizations operating in the region in 2017, ranking third of all states in the region behind only Missouri and Iowa (16%). As noted previously in this Assessment, MHTAS respondents from initiatives in North Dakota all noted a rising heroin threat in their AORs. Relatedly, Midwest HIDTA initiatives in North Dakota also identified 80% of the fentanyl trafficking DTOs in the region.

Of all DTOs identified as operating in the Midwest HIDTA, 13% were international in scope, 51% were multi-state, and 36% were local. The summary table for those DTOs identified as operating in the Midwest HIDTA can be found in Appendix IV, while Appendix V includes a summary table for DTOs identified as operating in each state of the Midwest HIDTA. 29% of all DTOs identified by Midwest HIDTA initiatives were identified as being violent, posing a significant threat throughout the region. 41% of international DTOs operating in the Midwest HIDTA were identified as being violent, compared to 28% of multi-state and 26% of local DTOs. Violent DTOs were identified as operating in every state of the region, though a higher percentage of DTOs in states with larger populations were identified as being violent. For example, 58% of DTOs identified by Midwest HIDTA initiatives in Missouri, the most populous state in the region, were identified as being violent compared to only 3% of DTOs identified by initiatives in North Dakota, the least populous state in the region. A state-by-state review of violent DTOs identified by Midwest HIDTA initiatives can be found in Table 8. The states with the highest percentage of violent DTOs also had the highest percentage of gang-related DTOs,

indicating a direct correlation between gangs and violence in the region. 36% of the DTOs identified by Midwest HIDTA initiatives in Missouri were gang-related, the highest percentage for any state in the region. The number of weapons seized by Midwest HIDTA initiatives offers further evidence of the increasing tendency towards violent behavior exhibited by DTOs in the region. Midwest HIDTA initiatives seized 1,900 weapons in 2017, up slightly from 2016 numbers when 1,848 weapons were seized. In the first quarter of 2018, 564 weapons were seized by Midwest HIDTA initiatives, far out-pacing numbers from each of the previous two years.

Table 8. Violent DTOs Identified by Midwest HIDTA Initiatives.⁴¹

Violent DTOs identified by Midwest HIDTA Initiatives			
	Total DTOs	Violent DTOs	% Violent DTOs
Illinois	28	3	11%
Iowa	103	19	18%
Kansas	32	10	31%
Missouri	239	139	58%
Nebraska	115	9	8%
North Dakota	70	2	3%
South Dakota	67	2	3%
All Initiatives	654	184	28%

DTOs in the Midwest HIDTA are utilizing increasingly complex technology platforms to facilitate communication and payment. These platforms include the dark web, social media, messaging systems available through gaming systems, and secure communications apps available through mobile devices. Many of the apps utilized by DTOs in the region have now implemented end-to-end encryption. Apps with end-to-end encryption, such as WhatsApp, provide an investigative hurdle to law enforcement due to the encryption aspect inherent in their infrastructure. Apps identified by MHTAS respondents as being most utilized in the region include Facebook messenger, Snapchat, and WhatsApp. Cryptocurrency, usually concurrent with dark web use, is utilized by DTOs to transfer drug proceeds in and outside of the Midwest HIDTA. The increased use of complex technology by DTOs in the region is expected to expand in the future.

DTOs operating in the Midwest HIDTA typically exploit the expansive network of interstate and U.S. highways to transport drugs into the region. 98% of MHTAS respondents indicated that DTOs use interstate highways at a high level to transport drugs in their AORs, the most for any category, with 77% indicating the use of U.S. highways is high, followed by 50% indicating use of state highways or rural roads is high. DTOs operating in the region typically utilize privately-owned vehicles, though commercial and rental vehicles are also used. Within privately-owned or rental vehicles, drugs are hidden for transport by DTO couriers in post-manufactured hidden compartments, natural voids, and within luggage or other containers in the vehicle. Marijuana has been noted by law enforcement in the Midwest HIDTA as being

transported out in the open in privately-owned vehicles, generally from states where it has been decriminalized, without any concealment method being utilized. MHTAS respondents also noted large volumes of crystal methamphetamine or methamphetamine in solution being transported by DTOs into the region utilizing commercial vehicles, such as tractor trailers. Drugs transported via tractor trailer are often hidden within legitimate cargo items to avoid law enforcement detection. MHTAS respondents also noted the use of trains to transport drugs and money into and out of the region. DTOs in the Midwest HIDTA are known to use trains to get drugs close to their final destination, and then utilize a courier to drive to the destination using a privately-owned vehicle in order to avoid law enforcement interdiction efforts. Increasingly, DTOs are utilizing USPS and commercial parcel services to ship drugs and bulk currency into and out of the Midwest HIDTA. DTOs may use abandoned buildings as delivery addresses for drugs or money to avoid law enforcement detection. Drugs that are shipped through USPS or commercial services may be hidden within legal products. DTOs in the region, whether using parcel services, privately-owned vehicles, or commercial vehicles, are known to try to mask the smell of drugs in order to avoid detection from law enforcement canines. Some items utilized by DTOs in the Midwest HIDTA as masking agents are mentholated topical ointments, coffee grounds, grease, charcoal paper, air fresheners, and dryer sheets.

International, multi-state, and local DTOs are discussed in further detail in the following sections.

International Drug Trafficking Organizations

A total of 86 international DTOs were identified as operating in the Midwest HIDTA region in 2017, with 97 leaders and 870 other members of international DTOs identified.⁴² ONDCP PMP data shows approximately 78% of these international DTOs were identified as having a nexus to Mexico. Similarly, 68% of MHTAS respondents indicated that international DTOs were operating in their AORs, all of which indicated that Mexico is the top country affiliated with those DTOs.⁴³ Additionally, 20% of MHTAS respondents stated that China is a secondary country affiliated with international DTOs in their AORs. China is believed to be the source country for many of the synthetic drugs, including non-pharmaceutical fentanyl and its analogs, in the region.

International DTOs have been identified and operate in each state of the Midwest HIDTA. International DTOs, with their larger scope of operations, generally have higher numbers of identified membership than multi-state or local DTOs. Moreover, the targeted disruption and dismantlement of international DTOs by Midwest HIDTA initiatives generally requires a high level of cooperation and coordination amongst HIDTA initiatives, law enforcement task forces, and law enforcement agencies. Thus, investigations targeting the illicit activities of international DTOs often result in a larger number of identified DTO members and leaders. International DTOs operating in the region have an average of approximately 11 identified members and generally have more identified members than multi-state or local DTOs,

each of which average approximately nine identified members. Table 9 shows a variety of characteristics of international DTOs identified as operating in the Midwest HIDTA region.

Table 9. International DTOs Identified as Operating in the Midwest HIDTA Region.⁴⁴

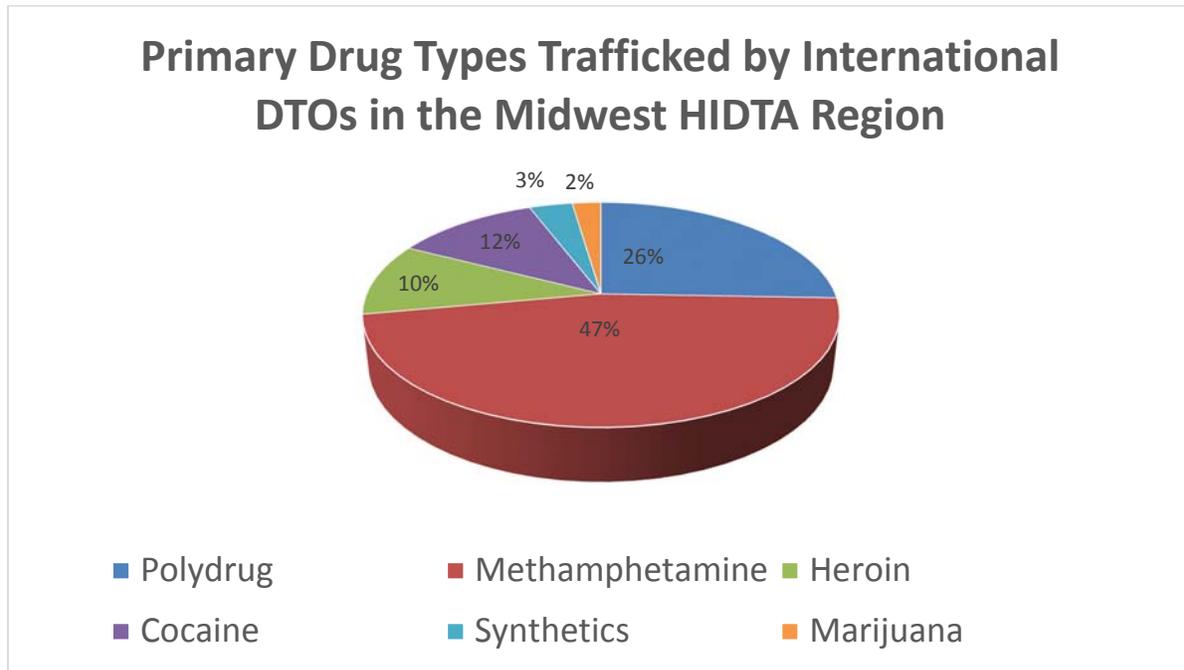
International DTOs Identified by Midwest HIDTA Initiatives	
Characteristics	
Total International DTOs	86
- Mexican	67
Total Members (Leaders)	870 (97)
Average DTO Size	11.24
Multi-ethnic	50
Gang Related	22
Violent	35
Poly-drug	22
Money Laundering Activities	6
Federal Case Designations	
OCDETF	30
CPOT	7
RPOT	1
PTO	10

As discussed previously, 41% of international DTOs operating in the Midwest HIDTA were identified as being violent. According to MHTAS respondents, violence associated to international DTOs operating in the region is directly related to their associations with violent Mexico-based drug cartels. Mexican cartels have significant influence in drug trafficking activities conducted throughout the Midwest HIDTA. MHTAS respondents indicated that the Sinaloa cartel, based out of the Mexican state of Sinaloa, is the drug cartel most linked to drug trafficking in the region and is involved in international, multi-state, and local DTOs. Likewise, the *2017 National Drug Threat Assessment*, published by DEA, also indicated the Sinaloa cartel is the most influential and pervasive in the Midwest HIDTA region.⁴⁵ The Sinaloa cartel serves as a source of supply for multiple drug types in the Midwest HIDTA, including methamphetamine, cocaine, heroin, and marijuana. Two other cartels most involved in drug trafficking activities in the Midwest HIDTA region include the CJNG and Los Zetas. CJNG is based in the Mexican state of Jalisco and primarily traffics methamphetamine, though they also traffic smaller amounts of cocaine, heroin, and marijuana.⁴⁶ Los Zetas are based in Nuevo Laredo, Mexico, and traffic methamphetamine, cocaine, heroin, and marijuana.⁴⁷

Approximately 26% of international DTOs identified as operating in the Midwest HIDTA have connections to street gangs or outlaw motorcycle gangs. According to MHTAS respondents, international DTOs operating in the region are linked to nationally-affiliated street gangs such as MS-13, Bloods, and Crips. MHTAS respondents also linked international DTOs to outlaw motorcycle gangs including Hells Angels, Bandidos, and Sons of Silence. Though only six international DTOs operating in the region were identified through ONDCP PMP data as conducting money laundering activities, it is believed that this data does not accurately track money laundering activities conducted by DTOs in the Midwest HIDTA. Survey responses, interviews, and anecdotal evidence suggests that a majority of all DTOs operating in the region conduct money laundering activities. For instance, 67% of MHTAS respondents indicated that DTOs engage in money laundering activities in their AORs, while 23% were unsure and only 10% responded that DTOs do not engage in money laundering activities. The top two money laundering methods utilized by international DTOs in the region, according to MHTAS respondents, are bulk cash smuggling and money remittances. 65% of MHTAS respondents indicated that bulk cash smuggling was used at a high level by international DTOs in their AORs, while 50% indicated that money remittances were highly used.

26% of all international DTOs identified as operating in the Midwest HIDTA were poly-drug trafficking organizations. Most of the international poly-drug trafficking organizations in the region traffic cocaine and/or methamphetamine. 47% of international DTOs were identified as methamphetamine trafficking organizations, the highest percentage for any drug type. Other primary drug types trafficked by international DTOs in the Midwest HIDTA include cocaine (12%), heroin (10%) and marijuana (2%), as well as various synthetics (including ecstasy and fentanyl). Figure 10 shows the primary drug types trafficked by international DTOs identified as operating in the Midwest HIDTA region.

Figure 10. Primary Drug Types Trafficked by International DTOs Identified as Operating in the Midwest HIDTA Region.⁴⁸



Multi-State Drug Trafficking Organizations

A total of 335 multi-state DTOs were identified as operating in the Midwest HIDTA in 2017.⁴⁹ Within those 335 DTOs, initiatives identified 363 leaders and 2,608 other members. Though not tied directly into the cartel hierarchy and therefore not categorized as international DTOs, 56% of MHTAS respondents indicated that multi-state DTOs operating in their AORs are connected with drug cartels.⁵⁰ Multi-state DTOs identified in the Midwest HIDTA are often loosely affiliated with Mexican drug cartels and may use cartel members as sources for drug supply. Often these connections are revealed during interviews of confidential informants or defendants and unable to be confirmed by investigators. As with international DTOs, MHTAS respondents indicated that the Sinaloa cartel has the strongest nexus to multi-state DTOs in the region. Other cartels that are affiliated with multi-state DTOs operating in the region include the CJNG and Juarez cartels. The Juarez drug cartel is based in the Mexican state of Chihuahua and is primarily involved in the trafficking of marijuana and cocaine, though they recently expanded into methamphetamine and cocaine.⁵¹

Multi-state DTOs have been identified as operating in each state of the Midwest HIDTA. 88% of MHTAS respondents indicated that multi-state DTOs were operating in their AORs, with 31% of those respondents naming California as the state most connected to multi-state DTOs. Illinois, Texas, Arizona, and Colorado are the other states most closely tied to multi-state DTOs operating in the region, according to MHTAS respondents. Additionally, multi-state DTOs operating in the region are often connected to other states within the Midwest HIDTA. Multi-

state DTOs operating in the region have an average of approximately nine identified members per organization, including one leader and eight additional members. This is slightly lower than the average identified membership of international DTOs in the region. Table 10 shows the characteristics of multi-state DTOs identified as operating in the Midwest HIDTA region.

Table 10. Multi-State DTOs Identified as Operating in the Midwest HIDTA Region.⁵²

Multi-State DTOs Identified by Midwest HIDTA Initiatives	
Characteristics	
Total Multi-State DTOs	335
- California	73
- Illinois	43
- Texas	43
- Arizona	31
Total Members (Leaders)	2608 (363)
Average DTO Size	8.87
Multi-ethnic	150
Gang Related	54
Violent	95
Poly-drug	53
Money Laundering Activities	5
Federal Case Designations	
OCDETF	38
CPOT	4
RPOT	2
PTO	39

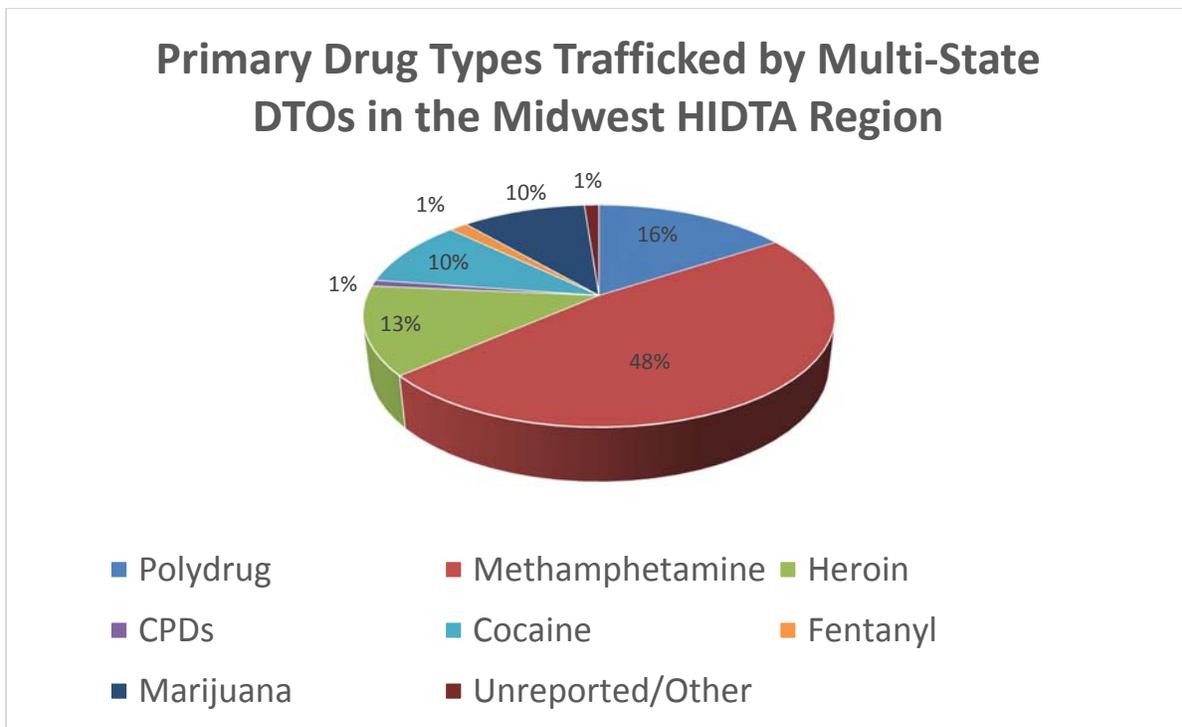
28% of multi-state DTOs identified as operating in the Midwest HIDTA were identified as being violent. According to MHTAS respondents, multi-state DTO violence is influenced by the DTO's connection to street and outlaw motorcycle gangs. ONDCP PMP data shows approximately 16% of multi-state DTOs operating in the region have connections to street gangs or outlaw motorcycle gangs. A higher percentage of multi-state DTOs were identified by initiatives in Missouri as being either violent (60%) or associated with gangs (35%) than any other state in the region. According to MHTAS respondents, multi-state DTOs operating in the region are linked to nationally-affiliated street gangs such as the Latin Kings, Gangsters Disciples, Bloods, and Crips. They are also linked to outlaw motorcycle gangs including Sons of Silence, Hells Angels, Galloping Goose, and Bandidos.

Similar to data on international DTOs operating in the Midwest HIDTA, only five multi-state DTOs were identified through ONDCP PMP data as conducting money laundering activities. However, it is believed that most multi-state DTOs operating in the region are involved in money laundering. 72% of MHTAS respondents indicated that multi-state DTOs operating in their AORs are engaged in money laundering activities, with only 5% indicating

multi-state DTOs in their AORs are not engaged in money laundering activities and 23% indicating they were unsure. According to MHTAS respondents, the top money laundering methods utilized by multi-state DTOs in the Midwest HIDTA are bulk cash smuggling and money remittances. 64% of MHTAS respondents indicated that multi-state DTOs operating in their AORs use bulk cash smuggling at a high level and 54% of respondents indicated multi-state DTOs in their AORs use money remittances at a high level.

16% of multi-state DTOs operating in the region were identified as poly-drug trafficking organizations, 10% lower than the percentage of international DTOs. Of these poly-drug trafficking organizations, 58% were involved in marijuana trafficking. Methamphetamine trafficking organizations accounted for 48% of multi-state DTOs operating in the Midwest HIDTA, the highest percentage of any drug type. Other primary drug types trafficked by multi-state DTOs operating in the region include heroin (13%), marijuana, and cocaine (10% each). Not surprisingly, a higher percentage of multi-state DTOs are involved in marijuana trafficking in the region than any other DTO type. Most of the supply of marijuana in the Midwest HIDTA is transported into the region from states that have decriminalized the drug, such as Colorado or California. Figure 11 shows the primary drug types trafficked by multi-state DTOs identified as operating in the Midwest HIDTA region.

Figure 11. Primary Drug Types Trafficked by Multi-State DTOs Identified as Operating in the Midwest HIDTA Region.⁵³



Local Drug Trafficking Organizations

A total of 233 local DTOs were identified as operating in the Midwest HIDTA in 2017.⁵⁴ Within those 233 DTOs, Midwest HIDTA initiatives identified 240 leaders and 1,768 other members. Due to the limited knowledge investigators have related to local DTOs and their organizational hierarchy and connections outside a single geographic area, only 34% of MHTAS respondents indicated that local DTOs operating in their AORs are known to have connections to drug cartels.⁵⁵ Of note is that 51% of MHTAS respondents stated they were unsure about connections between local DTOs and drug cartels, while 15% indicated that no connections exist between local DTOs and drug cartels. As with all other DTO types, the Sinaloa cartel is the cartel most often connected to local DTOs operating in the region with 93% of MHTAS respondents who noted a known connection in their AORs between local DTOs and cartels indicating the Sinaloa cartel was associated. Other cartels reported by MHTAS respondents as being associated with local DTOs include Los Zetas, Juarez, and Beltrán-Leyva Organization (BLO). The BLO is based in the Mexican states of Guerrero, Morelos, Nayarit, and Sinaloa and is primarily involved in the trafficking of marijuana, cocaine, heroin, and methamphetamine.⁵⁶

Local DTOs have been identified as operating in each state of the Midwest HIDTA. 93% of MHTAS respondents indicated that local DTOs were operating in their AORs, the most of any DTO type. Local DTOs operating in the region have an average of approximately nine identified members per organization, including one leader and eight additional members. Table 11 breaks down the traits of local DTOs identified as operating in the Midwest HIDTA region.

Table 11. Local DTOs Identified as Operating in the Midwest HIDTA Region.⁵⁷

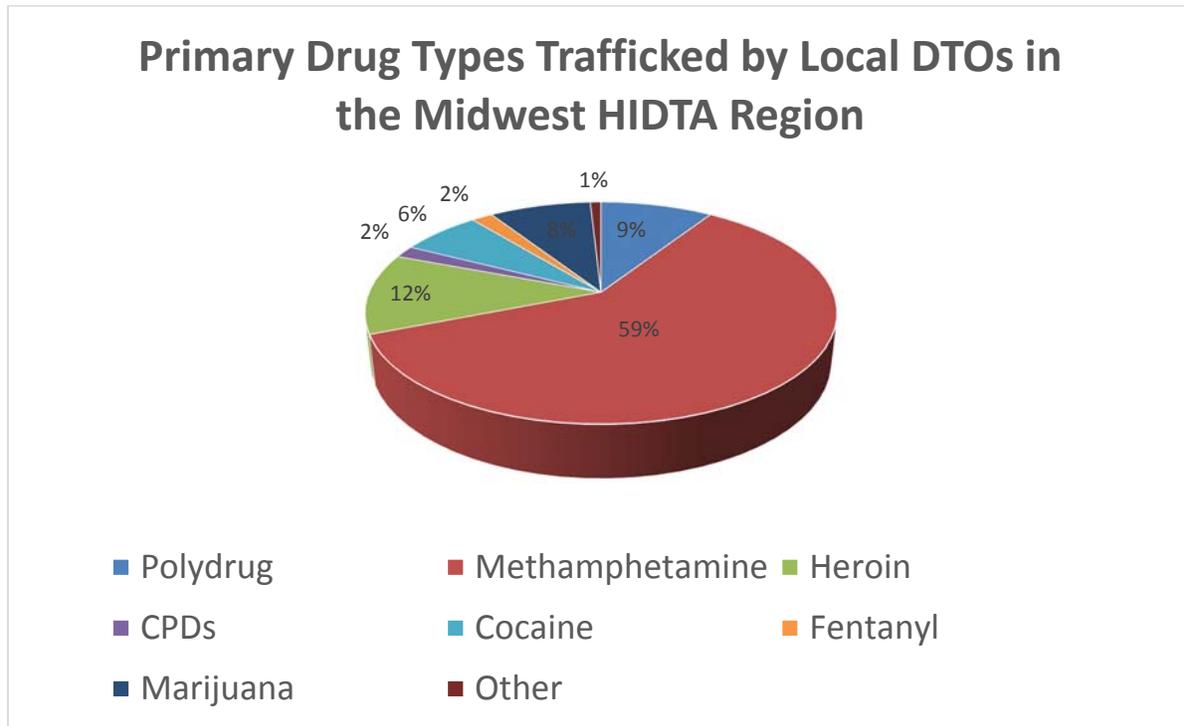
Local DTOs Identified by Midwest HIDTA Initiatives	
Characteristics	
Total Local DTOs	233
Total Members (Leaders)	1768 (240)
Average DTO Size	8.62
Multi-ethnic	80
Gang Related	41
Violent	60
Poly-drug	21
Money Laundering Activities	1
Federal Case Designations	
OCDETF	5
CPOT	0
RPOT	0
PTO	7

26% of local DTOs identified as operating in the Midwest HIDTA were identified as being violent. According to MHTAS respondents, local DTO violence is influenced by the DTO's connection to street gangs. ONDCP PMP data shows 18% of local DTOs operating in the region had connections to street gangs or outlaw motorcycle gangs. According to MHTAS respondents, local DTOs in the region are linked to nationally-affiliated street gangs such as the Bloods and Crips. Also, many local DTOs are associated with localized street gangs having no national affiliation. In fact, neighborhood-based street gangs are assessed as having a greater nexus to drug trafficking in the Midwest HIDTA than nationally-affiliated street gangs. MHTAS respondents linked local DTOs operating in the region to outlaw motorcycle gangs including the Galloping Goose and Bandidos, as well as local outlaw motorcycle clubs. Local DTOs identified as operating in the state of Missouri were most likely to be affiliated with both violence and gangs. 51% of local DTOs in Missouri were identified as being violent, with 32% identified as having a gang affiliation.

Similar to data for other DTO types, only one local DTO identified as operating in the Midwest HIDTA was connected to money laundering activities through ONDCP PMP data. However, 61% of MHTAS respondents stated that local DTOs operating in their AORs did engage in money laundering activities, with only 15% stating local DTOs do not engage in money laundering activities. 24% of respondents were unsure of local DTO involvement in money laundering. As with the other DTO types, MHTAS respondents indicated that the top money laundering method utilized by DTOs is bulk cash smuggling, followed by money remittances. 32% of MHTAS respondents indicated bulk cash smuggling is used at a high level by local DTOs operating in their AORs, with 28% of respondents stating money remittances are used at a high level by local DTOs.

Only 9% of local DTOs identified as operating in the Midwest HIDTA were identified as poly-drug trafficking organizations, the lowest percentage of any DTO type. It is believed that local DTOs, more so than any other DTO type, have limited sources of supply in their areas and are more likely to have access to only one drug type due to their limited resources and geographic scope. The drug most likely to be trafficked by local poly-drug trafficking organizations in the region is heroin and a majority of those local poly-drug trafficking organizations operate in the state of Missouri, the state in the Midwest HIDTA with the greatest heroin threat. Methamphetamine trafficking organizations accounted for 59% of local DTOs operating in the region, the highest percentage of any drug type. Other primary drug types trafficked by local DTOs operating in the region include heroin (12%) and marijuana (8%). Figure 12 shows the primary drug type trafficked by local DTOs identified as operating in the Midwest HIDTA region.

Figure 12. Primary Drug Types Trafficked by Local DTOs Identified as Operating in the Midwest HIDTA Region.⁵⁸



Intelligence Gaps

ONDCP PMP data related to money laundering activities conducted by DTOs operating in the Midwest HIDTA region does not appear to be accurate. It is believed that money laundering by DTOs occurs at a much higher rate in the Midwest HIDTA region than ONDCP PMP data indicates. Midwest HIDTA analysts used other resources, such as the MHTAS, to provide a more accurate assessment of the extent to which international, multi-state, and local DTOs engage in money laundering activities.

Money Laundering Organizations

Overview

Most DTOs operating in the Midwest HIDTA conduct their own money laundering activities without the use of separate and distinct MLOs. Only 9% of MHTAS respondents indicated that MLOs, separate and distinct from DTOs, operate in their AORs.⁵⁹ DTOs conducting money laundering activities often use similar methods and trafficking routes as those utilized to conduct drug trafficking activities. For example, many DTOs operating in the region transport bulk currency to DTO leaders either within or outside of the region utilizing privately-owned or commercial vehicles on interstate or U.S. highways. DTOs operating in the region also may use stored value cards to transport large amounts of drug proceeds while avoiding law enforcement detection. DTOs also move money towards the ultimate geographic destination utilizing so-called “funnel accounts,” which are bank accounts into which money is deposited from one geographic area and then withdrawn, sometimes almost immediately, from an associate at a location in a different geographic area. DTOs operating in the Midwest HIDTA generally utilize funnel accounts to get money closer to the Southwest Border region of the U.S., often for subsequent transport into Mexico via privately-owned or commercial vehicles. DTOs in the region, particularly local DTOs, own businesses into which they commingle legally obtained money with drug proceeds. High cash businesses such as convenience stores are generally favored by DTOs when laundering drug proceeds in the Midwest HIDTA. Increasingly, cryptocurrency, such as Bitcoin, has been utilized by DTOs operating in the region.

Midwest HIDTA initiatives identified only two identified MLOs operating within the region in 2017.⁶⁰ Information on these MLOs is shown in Table 12. Both MLOs identified as operating in the region were identified by initiatives in the state of Kansas and are international MLOs, associated with Mexico, and linked to drug trafficking. One of the identified MLOs has links to China and Honduras as well as Mexico. One identified MLO is utilizing a black market peso exchange and a Casa de Cambios, a currency exchange house.

Table 12. Money Laundering Organizations Identified as Operating in the Midwest HIDTA Region.⁶¹

Money Laundering Organizations Identified by Midwest HIDTA Initiatives			
Total Identified	International	Multi-State	Local
2	2	0	0

Intelligence Gaps

Because their primary mission is to disrupt and dismantle DTOs in the region, Midwest HIDTA initiatives may not focus significantly on targeting MLOs in the region and may be unaware of MLO presence in their AORs. For example, when asked whether MLOs that are separate and distinct from DTOs operate in their AORs, 59% of MHTAS respondents indicated “unknown.” However, as stated previously, based upon an evaluation of all available data, it is assessed that a majority of DTOs operating in the Midwest HIDTA conduct money laundering activities and a separate MLO structure in the region is rare. MLO presence within the region is assessed to be minimal.

Drug-Related Overdose Fatalities in the Midwest HIDTA Region

According to information from the Centers for Disease Control and Prevention (CDC), the Midwest HIDTA experienced an approximate 16% increase in drug-related overdose fatalities from 2015 to 2016, the most recent year for which data is available.⁶² This mirrors the 21% increase in drug overdose deaths nationwide during that timeframe. States in the Midwest HIDTA reported 2,264 drug overdose deaths in 2016, up from 1,956 in 2015. The state of Missouri, which reported a nearly 30% increase in drug overdose deaths from 2015 to 2016, experienced the most significant increase in drug overdose deaths in the region during that timeframe. Table 13 shows information on drug overdose deaths in the Midwest HIDTA in 2015 and 2016.

Table 13. Drug Overdose Deaths in the Midwest HIDTA Region, 2015 and 2016.⁶³

Drug Overdose Deaths in the Midwest HIDTA Region, 2015 and 2016			
	2015	2016	Percent Change from 2015 to 2016
Iowa	309	314	+ 1.6%
Kansas	329	313	- 4.9%
Missouri	1,066	1,371	+ 29.6%
Nebraska	126	120	- 4.8%
North Dakota	61	77	+ 26.2%
South Dakota	65	69	+ 6.2%
All Midwest HIDTA states	1,956	2,264	+ 15.7%

It is estimated that opioids were involved in over 60% of all drug overdose deaths nationwide. Though opioid-specific overdose death rates are not available for all states in the Midwest HIDTA, it is assessed that the majority of the increase in drug overdose deaths in the region is attributable to opioid abuse, particularly the abuse of heroin and synthetic opioids. For example, the state of North Dakota reported an approximate 26% increase in drug overdose deaths from 2015 to 2016. As previously reported in the drug threats section of this Assessment, around the time of this noteworthy rise in the number of drug overdose deaths in the state of North Dakota, MHTAS respondents from the state of North Dakota all reported a rising heroin

threat in their AORs. Missouri reported an approximate 32% increase in opioid-related overdose deaths, from 692 deaths in 2015 to 914 in 2016.⁶⁴ Specifically, Missouri experienced a 25% increase in heroin-related overdose deaths⁶⁵ and an alarming 141% increase in synthetic opioid deaths⁶⁶ in 2016, while prescription overdose deaths actually decreased in the state by approximately 7%.⁶⁷ The increasing availability and potency of synthetic opioids in the Midwest HIDTA, including non-pharmaceutical fentanyl and its analogs, has significantly impacted overdose death rates. Additionally, synthetic opioids are increasingly mixed with other drugs, often unbeknownst to the users, which is assessed to have further contributed to the increased overall drug overdose death rate in the region. As opioid abusers in the region continue to transition from CPDs to heroin and synthetic opioids, including non-pharmaceutical fentanyl and its analogs, it is assessed that the numbers of drug overdose deaths in the region will also rise.

The drug naloxone, which reverses the effects of an opioid overdose, has been increasingly used by first responders and others in the Midwest HIDTA to help mitigate the effects of opioid drug overdoses.⁶⁸ Law enforcement and emergency medical services (EMS) staff in many areas of the region are now able to legally administer naloxone to individuals suspected to be overdosing from opioid use. Some opioid users in the Midwest HIDTA are reportedly designating a person in their user group to administer naloxone should an overdose occur. However, naloxone has a relatively short active time period and, depending on the amount and potency of the opioid that caused the overdose, multiple doses of naloxone may be needed to successfully reverse overdose effects. Also, many opioids have a longer active time period than naloxone and can require multiple doses of naloxone to prevent subsequent overdose after the initial dose of naloxone wears off.⁶⁹ Synthetic opioids, with their high potency, usually require a number of doses to reverse the depressed breathing and may require additional subsequent doses to prevent a relapse.

Outlook

Based upon feedback from Midwest HIDTA initiatives, as well as analysis of historic and current drug trends identified through all available information, the following assessment is made regarding the future drug threat in the region.

The drug threat in the Midwest HIDTA will continue to be varied due to the vast geographic area of responsibility covered by the HIDTA region. Mexico-based poly-drug trafficking cartels will continue to have the greatest influence in drug trafficking in the Midwest HIDTA. The Sinaloa cartel, which has wielded the greatest influence on drug trafficking in the region for many years, will continue to be the most involved cartel in the region. The number of gang-affiliated DTOs operating in the region is expected to rise, with a concurrent increase in drug-related violence and other criminal behavior likely to occur. Street gang-affiliated DTOs, in particular, will continue to infiltrate the region from large metropolitan areas such as Chicago. International and multi-state DTOs will continue to utilize commercial and privately-owned vehicles and the expansive highway system to transport drugs into, and bulk currency out of, the

region. DTOs will also continue to use USPS and commercial parcel services in the hopes of reducing the risk of detection and identification by law enforcement. Communication methods with end-to-end encryption will be increasingly favored by DTOs in the region in the hopes that their use will prevent law enforcement detection.

Methamphetamine will continue to be the drug type posing the greatest threat in the Midwest HIDTA, based upon its association with violent and property crime as well as its high level of addictiveness. The impact of methamphetamine on crime rates will continue to rise due to decreasing methamphetamine prices and increasing purity levels and availability in the region. It is further assessed that an increase in methamphetamine-related overdose fatalities is likely to occur in the region due to the ease with which addicts can obtain large amounts of high purity methamphetamine. An increased amount of methamphetamine suspended in solution will continue to be transported into the region, and related loss of life and property will occur due to fires caused during the process of converting the solution into finished crystal methamphetamine product.

Opioid abuse will continue to significantly impact vast areas of the Midwest HIDTA, with heroin and synthetic opioid abuse continuing their expansion into more suburban and rural areas of the region. Prescription opioid abusers will continue to shift their abuse to heroin and synthetic opioids at a high rate. As more of the Midwest HIDTA's population becomes addicted to opioids, there will be an increased specific demand by addicts for potent strains of synthetic opioids, resulting in an increased number of related overdose fatalities in the region. Areas of the region that have experienced the most significant recent increases in heroin abuse will see those users transition to synthetic opioids, due to their higher potency. Synthetic opioids will continue to be mixed with other drugs, including heroin, cocaine, and methamphetamine, sometimes unbeknownst to the user. As the use of synthetic opioids in the Midwest HIDTA increases, use of the dark web by DTOs to obtain bulk product from China and other source countries will also continue to rise. DTOs will also increasingly utilize cryptocurrency for payment of drugs obtained through the dark web. Diversion and abuse of CPDs is expected to remain at a higher level in Missouri due to the lack of a statewide PDMP.

Marijuana decriminalization efforts will continue in the region with varied success. Those states in which marijuana is decriminalized will experience a myriad of adverse effects, including an increased number of drugged driving incidents and fatalities. An increase in emergency room visits due to marijuana exposure, especially in children, is also likely to occur.

The significant increase in coca cultivation and cocaine production in Colombia will result in the increased supply of cocaine in the Midwest HIDTA. Like users of other drug types, cocaine users will increasingly experiment with mixtures of potent synthetic opioids, leading to an increased number of related overdose fatalities.

Appendices

Appendix I: Methodology

The 2018 Midwest HIDTA Threat Assessment addresses the current drug threat within the region. The Threat Assessment was prepared by Midwest HIDTA Investigative Support Center (ISC) analysts. Quantitative data and qualitative information were utilized to complete the Threat Assessment. The process to complete the Threat Assessment began with the development of a survey which was created in order to help assess the drug threat in the Midwest HIDTA and fulfill the guidelines put forth by the ONDCP. The survey was sent to all HIDTA enforcement and intelligence initiatives. Survey respondents were able to choose between two response mechanisms: an online survey available via SurveyMonkey or an electronic fillable PDF survey. Respondents were asked to consider only their initiative's area of responsibility when responding to survey questions. The results of the survey, combined with information from other data sources, were used to inform the Midwest HIDTA Threat Assessment. Additional informational sources that were utilized to develop the Threat Assessment include: information from the U.S. Census Bureau, ONDCP PMP data, DEA's *National Drug Threat Assessment*, SAMHSA's *NSDUH*, and information from the El Paso Intelligence Center (EPIC). Information from all of the above-listed sources was analyzed and used to inform the development of the Threat Assessment.

The assessment of the drug threat in the Midwest HIDTA region was made while considering limitations of data sources utilized. For example, the survey was only disseminated to Midwest HIDTA enforcement and intelligence initiatives and may not represent the illicit drug threat outside of those areas represented by Midwest HIDTA initiatives. However, HIDTA initiatives have been established in areas of the region that are believed to have the greatest drug threats. Likewise, ONDCP PMP data is obtained only from HIDTA initiatives. Quantitative data reported in the Threat Assessment was obtained on the following dates: ONDCP PMP (MLO-related information) – February 21, 2018; ONDCP PMP (DTO-related information) – February 28, 2018; ONDCP PMP (drug seizure-related information) – March 21, 2018. The information provided by these sources, though incomplete, provides an important perspective into the Midwest HIDTA drug threat and DTO/MLO presence in 2017. An explanation of primary sources utilized to inform the development of the Threat Assessment is provided below.

Explanation of Sources

Office of National Drug Control Policy (ONDCP) Performance Management Process (PMP) Data – A component of the Executive Office of the President, ONDCP was created by the Anti-Drug Abuse Act of 1988. ONDCP advises the President on drug-control issues, coordinates drug-control activities and related funding across the Federal government, and produces the annual National Drug Control Strategy, which outlines Administration efforts to reduce illicit drug use, manufacturing and trafficking, drug-related crime and violence, and drug-related health consequences. ONDCP PMP data contains information related to drug seizures, drug trafficking organizations (DTOs), and money laundering organizations (MLOs) known to operate in the HIDTA region. At least quarterly, each HIDTA funded task force and HIDTA are required to update the PMP database with information regarding seizures of drugs and drug-related assets, as well as changes in the status of a DTO/MLO, including when a DTO/MLO has been disrupted or dismantled.

El Paso Intelligence Center (EPIC) Domestic Drug Pricing Report – EPIC is a multiagency intelligence center that assists international and domestic drug trafficking, alien smuggling, weapons trafficking, bulk currency movement and other criminal investigations by collecting and disseminating information. The Domestic Drug Pricing Report is accessible through EPIC and provides price ranges for each drug type by domestic area and is updated in six month increments.

EPIC National Seizure System (NSS) – NSS is an EPIC-managed repository for seizure information from 2000 to the present containing drugs, weapons, and currency seized above federal threshold limits.

National Survey on Drug Use and Health (NSDUH) – Annual Survey used to obtain national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

Midwest HIDTA Threat Assessment Survey (MHTAS) – Annual Survey administered by the Midwest HIDTA ISC and used to obtain information related to the various drug threats within the Midwest HIDTA region covering: specific threats, related violence and crime, distribution, smuggling, money laundering, and drug trafficking organizations. Responses are collected from HIDTA funded task forces within the Midwest HIDTA region. There were 44 responses to this year's Midwest HIDTA Threat Assessment Survey. Midwest HIDTA initiatives responding to this year's MHTAS are listed in Appendix IV.

Appendix II: Midwest HIDTA Initiatives

The following Midwest HIDTA initiatives are grouped according to the state in which they are located. Those marked with an * participated in the 2018 MHTAS.

Illinois

Quad Cities Metropolitan Enforcement Group*

Iowa

Cedar Rapids DEA Task Force*
Des Moines DEA Task Force*
Iowa Interdiction Support*
Muscatine Drug Task Force*
Tri-State Sioux City DEA Task Force*

Kansas

Garden City DEA Task Force/Garden City-Finney County Drug Task Force*ⁱ
Kansas City/Overland Park DEA Combined Task Force*
Kansas Intelligence and Information Exchange*
Kansas Interdiction Support*
Topeka DEA Task Force*
Wichita DEA Task Force*

Missouri

ATF Crime Gun Intelligence Center
Cape Girardeau DEA Drug Task Force*
Franklin County Narcotics Enforcement Unit*
Jackson County Drug Task Force*
Jasper County Drug Task Force*
Jefferson City DEA Task Force*
Jefferson County Municipal Enforcement Group*
Kansas City DEA Interdiction Task Force*
Kansas City FBI Combined Task Force*
Kansas City, Missouri Metro Task Force*
Kansas City Violent Crimes Task Force*
Midwest HIDTA ISC
Missouri Interdiction and Information Exchange*
St. Charles County Drug Task Force*
St. Louis County Multi-jurisdictional Drug Enforcement Task Force*
St. Louis DEA Intelligence Group* (Filled out one survey for all three St Louis DEA Initiatives)
St. Louis DEA Major Investigations/Conspiracy Group 37
St. Louis DEA Violent Traffickers Task Force

ⁱ The name of the Midwest HIDTA initiative in Garden City, KS, was changed from the Garden City DEA Task Force to the Garden City-Finney County Drug Task Force following the closure of the DEA Garden City Resident Office in late 2017. The survey respondent participating in the MHTAS for this Threat Assessment was from the Garden City-Finney County Drug Task Force.

St. Louis FBI Squad 5*
Southeast Missouri Drug Task Force*
Springfield DEA Task Force*

Nebraska

Central Nebraska Drug and Safe Streets Task Force*
C.O.D.E Task Force*
Greater Omaha Safe Streets Task Force*
Lincoln/Lancaster Drug Task Force*
Nebraska Interdiction Support*
Omaha ATF Illegal Firearms Task Force*
Omaha DEA Drug Task Force*
Omaha Metro Drug Task Force*
WING Drug Task Force*

North Dakota

Fargo DEA Task Force*
Grand Forks County Task Force*
Metro Area Narcotics Task Force*

South Dakota

Pennington County Drug Task Force*
Sioux Falls Task Force*
South Dakota Interdiction Support*

Appendix III: State Maps

Individual state maps may be found in the following figures: Iowa may be found in Figure 13, Kansas in Figure 14, Missouri in Figure 15, Nebraska in Figure 16, North Dakota in Figure 17, and South Dakota in Figure 18. The maps include HIDTA designated counties, major highways and, in North Dakota’s case, the ports of entries shared with Canada.

Figure 13. Detailed Map of Iowa Depicting HIDTA Designated Counties and Major Highway Systems.

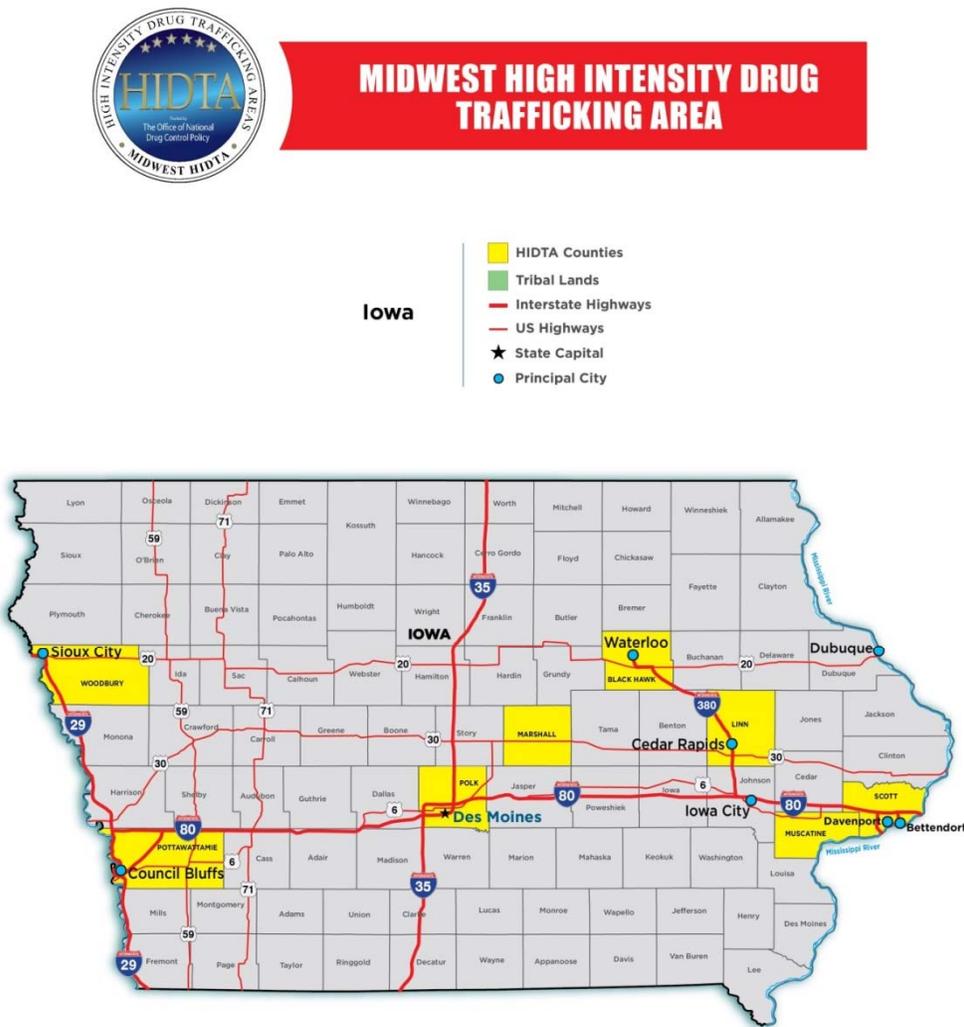


Figure 14. Detailed Map of Kansas Depicting HIDTA Designated Counties and Major Highway Systems.



MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREA

Kansas

- HIDTA Counties
- Tribal Lands
- Interstate Highways
- US Highways
- ★ State Capital
- Principal City

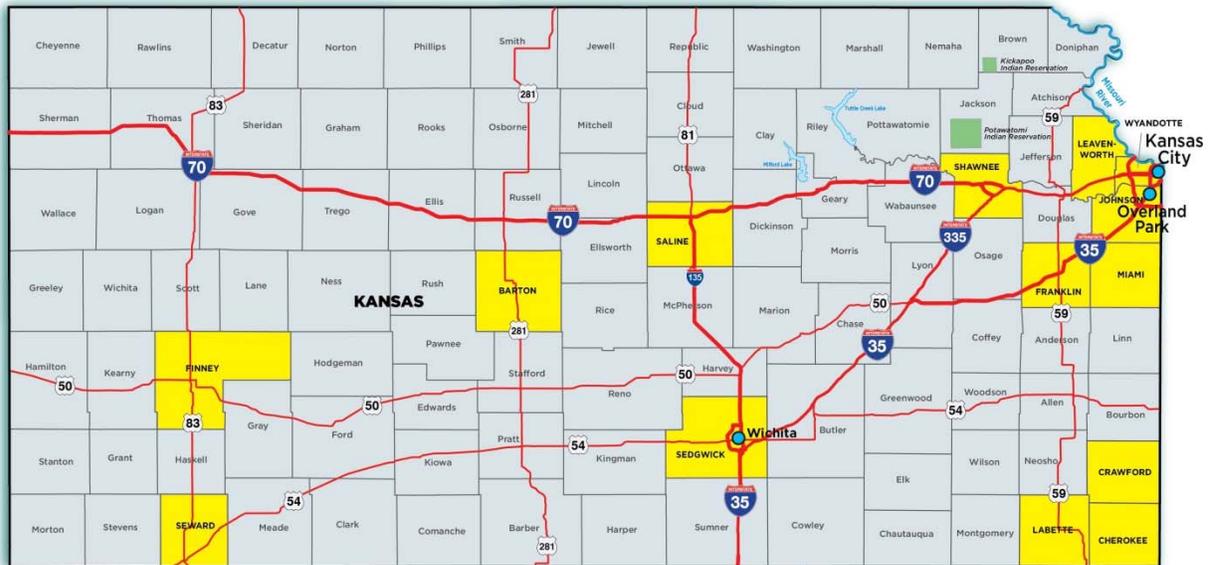


Figure 15. Detailed Map of Missouri Depicting HIDTA Designated Counties and Major Highway Systems.



MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREA

Missouri

- HIDTA Counties
- Tribal Lands
- Interstate Highways
- US Highways
- ★ State Capital
- Principal City

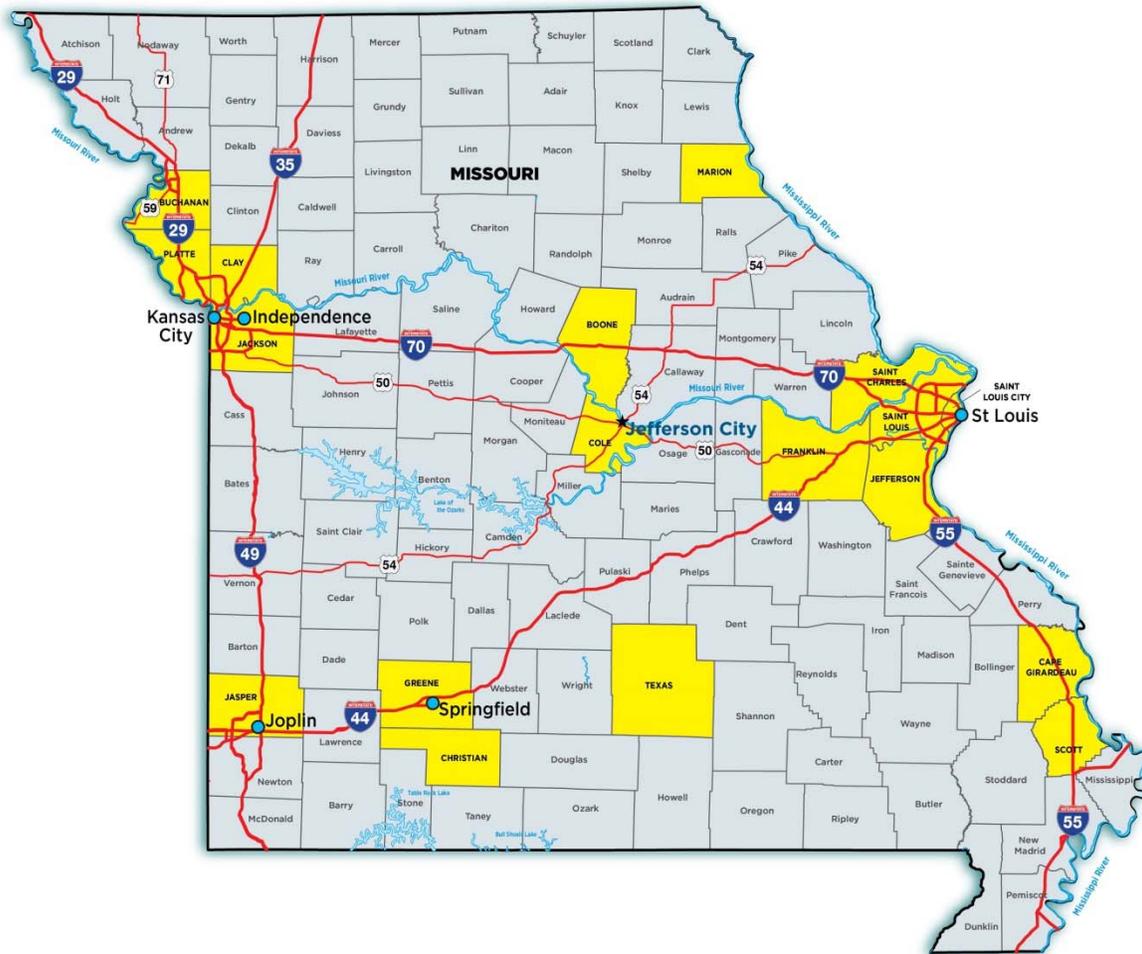


Figure 16. Detailed Map of Nebraska Depicting HIDTA Designated Counties and Major Highway Systems.

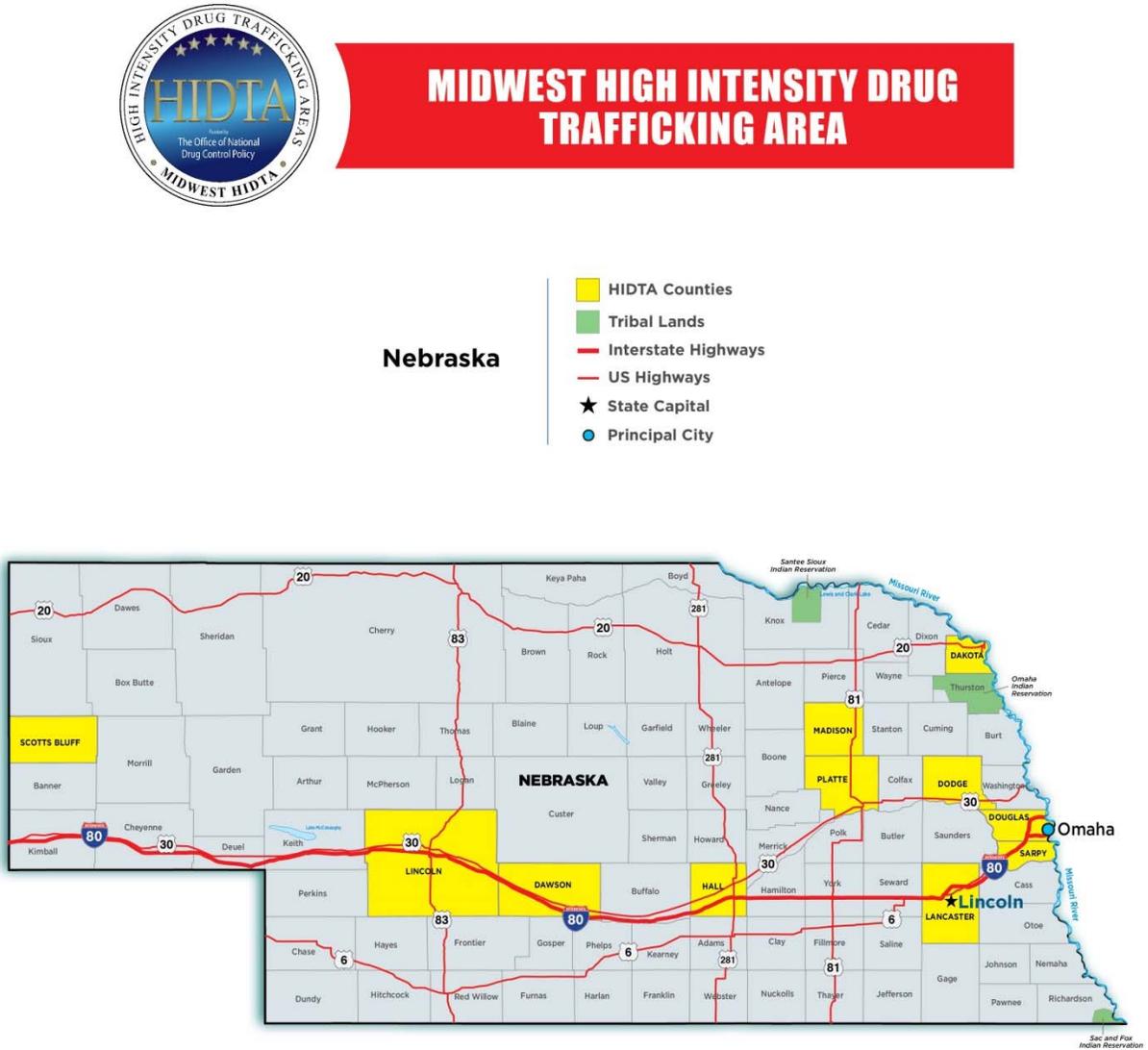
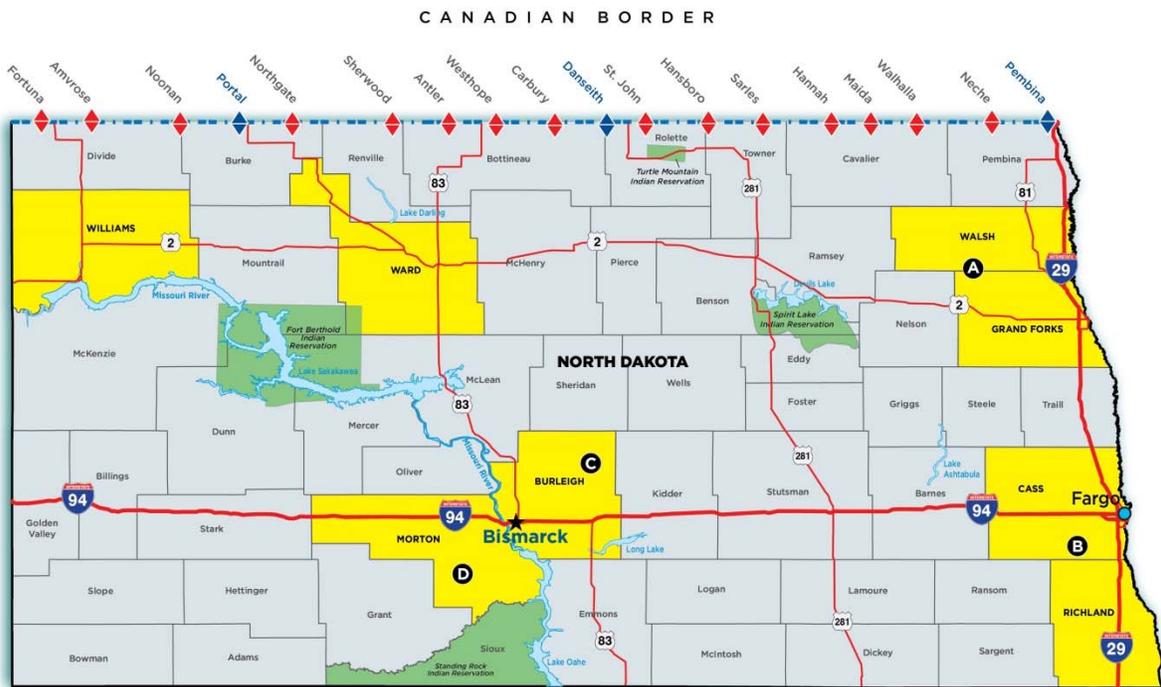


Figure 17. Detailed Map of North Dakota Depicting HIDTA Designated Counties, Ports of Entry with Canada, and Major Highway Systems.



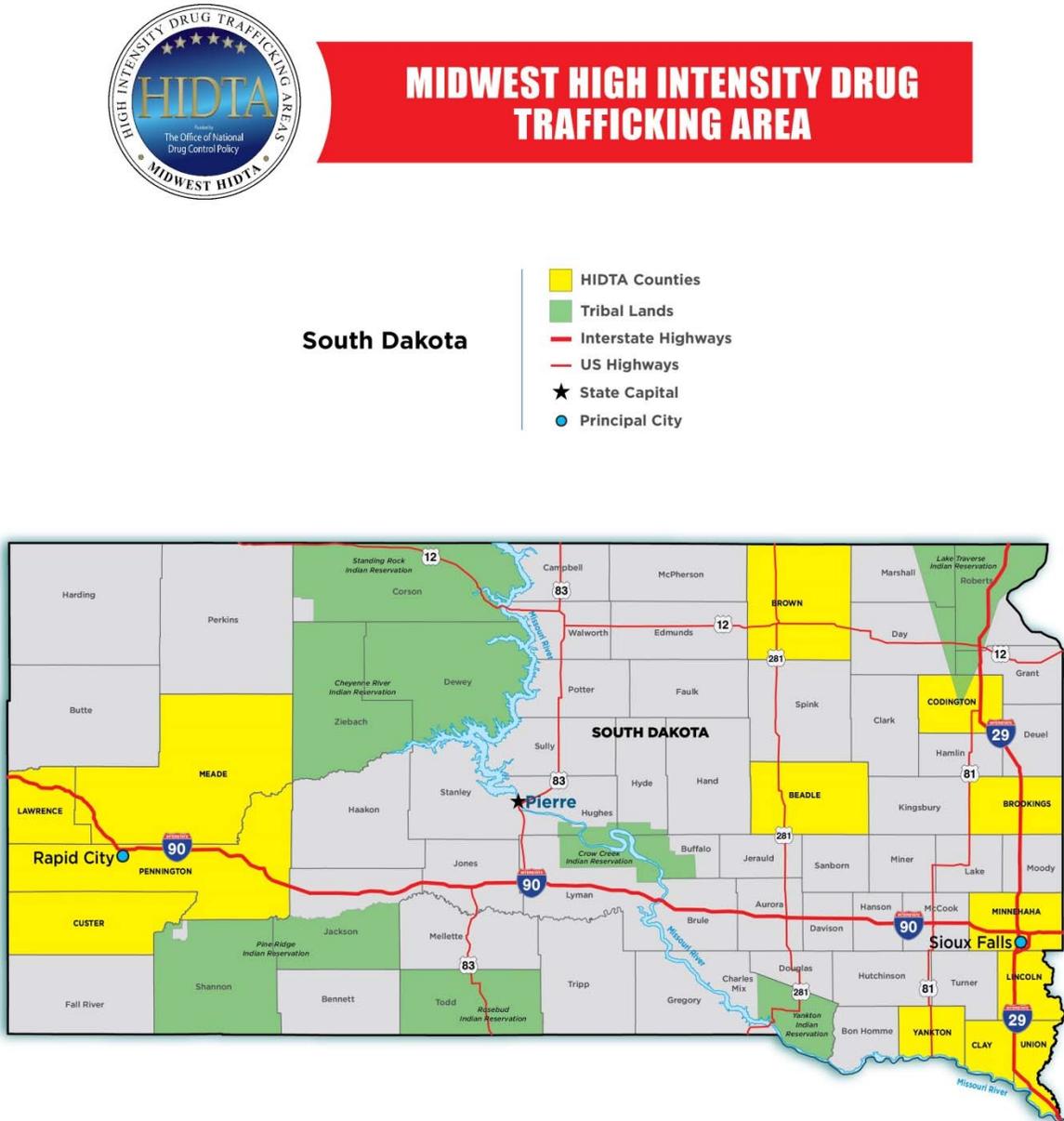
MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREA



North Dakota

- HIDTA Counties
- Tribal Lands
- Interstate Highways
- US Highways
- State Capital
- Principal City
- 24-Hr Port of Entry
- Port of Entry

Figure 18. Detailed Map of South Dakota Depicting HIDTA Designated Counties and Major Highway Systems.



Appendix IV: Drug Trafficking Organization Summary Table**Table 14. DTO Summary Table for all Identified DTOs Operating in the Midwest HIDTA Region.**

Midwest HIDTA DTOs Identified	
Characteristics	
Identified	654
- International	86
- Multi-State	335
- Local	233
Total Members (Leaders)	5246 (700)
Average DTO Size	9.09
Multi-ethnic	280
Gang Related	117
Violent	190
Poly-drug	96
Money Laundering Activities	12
Federal Case Designations	
OCDETF	73
CPOT	11
RPOT	3
PTO	56

Appendix V: Drug Trafficking Organization Summary Table by State

The individual DTO summary table for each state may be found in the following figures. Quad Cities Metropolitan Enforcement Group (Rock Island County, IL) may be found in Table 15, Iowa may be found in Table 16, Kansas in Table 17, Missouri in Table 18, Nebraska in Table 19, North Dakota in Table 20, and South Dakota in Table 21. The tables present information on the DTOs found in each state that were identified in 2017.

Table 15. DTO Summary Table for all DTOs Identified by Quad Cities Metropolitan Enforcement Group (IL).

DTOs Identified by Quad Cities Metropolitan Enforcement Group	
Characteristics	
Identified	28
- International	2
- Multi-State	22
- Local	4
Total Members (Leaders)	116 (28)
Average DTO Size	5.14
Multi-ethnic	1
Gang Related	3
Violent	3
Poly-drug	4
Money Laundering Activities	1
Federal Case Designations	
OCDETF	0
CPOT	0
RPOT	0
PTO	0

Table 16. DTO Summary Table for all Identified DTOs Operating in Iowa.

Iowa DTOs Identified	
Characteristics	
Identified	103
- International	4
- Multi-State	67
- Local	32
Total Members (Leaders)	776 (117)
Average DTO Size	8.67
Multi-ethnic	36
Gang Related	10
Violent	19
Poly-drug	16
Money Laundering Activities	0
Federal Case Designations	
OCDETF	15
CPOT	1
RPOT	0
PTO	35

Table 17. DTO Summary Table for all Identified DTOs Operating in Kansas.

Kansas DTOs Identified	
Characteristics	
Identified	32
- International	19
- Multi-State	6
- Local	7
Total Members (Leaders)	292 (36)
Average DTO Size	10.25
Multi-ethnic	15
Gang Related	6
Violent	10
Poly-drug	6
Money Laundering Activities	4
Federal Case Designations	
OCDETF	9
CPOT	2
RPOT	0
PTO	11

Table 18. DTO Summary Table for all Identified DTOs Operating in Missouri.

Missouri DTOs Identified	
Characteristics	
Identified	239
- International	36
- Multi-State	107
- Local	96
Total Members (Leaders)	2211 (264)
Average DTO Size	10.36
Multi-ethnic	114
Gang Related	86
Violent	139
Poly-drug	33
Money Laundering Activities	7
Federal Case Designations	
OCDETF	42
CPOT	6
RPOT	2
PTO	10

Table 19. DTO Summary Table for all Identified DTOs Operating in Nebraska.

Nebraska DTOs Identified	
Characteristics	
Identified	115
- International	18
- Multi-State	31
- Local	66
Total Members (Leaders)	870 (118)
Average DTO Size	8.59
Multi-ethnic	48
Gang Related	5
Violent	9
Poly-drug	17
Money Laundering Activities	0
Federal Case Designations	
OCDETF	5
CPOT	0
RPOT	0
PTO	0

Table 20. DTO Summary Table for all Identified DTOs Operating in North Dakota.

North Dakota DTOs Identified	
Characteristics	
Identified	70
- International	4
- Multi-State	48
- Local	18
Total Members (Leaders)	607 (70)
Average DTO Size	9.67
Multi-ethnic	30
Gang Related	0
Violent	2
Poly-drug	5
Money Laundering Activities	0
Federal Case Designations	
OCDETF	2
CPOT	1
RPOT	0
PTO	0

Table 21. DTO Summary Table for all Identified DTOs Operating in South Dakota.

South Dakota DTOs Identified	
Characteristics	
Identified	37
- International	3
- Multi-State	54
- Local	10
Total Members (Leaders)	374 (67)
Average DTO Size	6.58
Multi-ethnic	36
Gang Related	7
Violent	8
Poly-drug	15
Money Laundering Activities	0
Federal Case Designations	
OCDETF	0
CPOT	1
RPOT	1
PTO	0

Appendix VI: List of Figures and Tables

Figures

1. Overall Map of the Midwest HIDTA Region Depicting HIDTA Designated Counties, Interstate Highway System and Ports of Entry with Canada.	6
2. MHTAS: Average Ranking – Greatest Drug Threat	8
3. MHTAS: Availability by Drug Type.	9
4. Methamphetamine Seizures by Midwest HIDTA Initiatives, 2012-2017.	10
5. Heroin Seizures by Midwest HIDTA Initiatives, 2016-2017	12
6. MHTAS: Diversion Methods Utilized in the Midwest HIDTA Region.	15
7. MHTAS: Indoor-Outdoor Marijuana Production in the Midwest HIDTA Region.	17
8. Cocaine Seizures by Midwest HIDTA Initiatives, 2012-2017.	18
9. MHTAS: Transportation Methods Utilized for Drug Trafficking in the Midwest HIDTA Region.	25
10. Primary Drug Types Trafficked by International DTOs Identified as Operating in the Midwest HIDTA Region.	32
11. Primary Drug Types Trafficked by Multi-State DTOs Identified as Operating in the Midwest HIDTA Region.	34
12. Primary Drug Types Trafficked by Local DTOs Identified as Operating in the Midwest HIDTA Region.	37
13. Detailed Map of Iowa Depicting HIDTA Designated Counties and Major Highway Systems.	46
14. Detailed Map of Kansas Depicting HIDTA Designated Counties and Major Highway Systems.	47
15. Detailed Map of Missouri Depicting HIDTA Designated Counties and Major Highway Systems.	48
16. Detailed Map of Nebraska Depicting HIDTA Designated Counties and Major Highway Systems.	49
17. Detailed Map of North Dakota Depicting HIDTA Designated Counties, Ports of Entry with Canada, and Major Highway Systems.	50
18. Detailed Map of South Dakota Depicting HIDTA Designated Counties and Major Highway Systems.	51

Tables

1. 2017 U.S. Population Ranking of the Most Populated Metropolitan Statistical Areas in the Midwest HIDTA Region.	7
2. MHTAS: Average Ranking – Greatest Drug Threat (Iowa Respondents)	19
3. MHTAS: Average Ranking – Greatest Drug Threat (Kansas Respondents).....	20
4. MHTAS: Average Ranking – Greatest Drug Threat (Missouri Respondents).....	21
5. MHTAS: Average Ranking – Greatest Drug Threat (Nebraska Respondents)	22
6. MHTAS: Average Ranking – Greatest Drug Threat (North Dakota Respondents)	23
7. MHTAS: Average Ranking – Greatest Drug Threat (South Dakota Respondents)	24
8. Violent DTOs Identified by Midwest HIDTA Initiatives.	28
9. International DTOs Identified as Operating in the Midwest HIDTA Region.	30
10. Multi-State DTOs Identified as Operating in the Midwest HIDTA Region.	33
11. Local DTOs Identified as Operating in the Midwest HIDTA Region.	35
12. Money Laundering Organizations Identified as Operating in the Midwest HIDTA Region.	38
13. Drug Overdose Deaths in the Midwest HIDTA Region, 2015 and 2016.	39
14. DTO Summary Table for all Identified DTOs Operating in the Midwest HIDTA Region.	52
15. DTO Summary Table for all DTOs Identified by Quad Cities Metropolitan Enforcement Group (IL).	53
16. DTO Summary Table for all Identified DTOs Operating in Iowa.	54
17. DTO Summary Table for all Identified DTOs Operating in Kansas.	54
18. DTO Summary Table for all Identified DTOs Operating in Missouri.	55
19. DTO Summary Table for all Identified DTOs Operating in Nebraska.	55
20. DTO Summary Table for all Identified DTOs Operating in North Dakota.	56
21. DTO Summary Table for all Identified DTOs Operating in South Dakota.	56

Appendix VII: Endnotes

¹ United States Census Bureau. (2017, July). *Metropolitan and Micropolitan Statistical Area Totals Dataset: Population and Estimated Components of Change: April 1, 2010 to July 1, 2017*. Retrieved April 27, 2018, from <https://www.census.gov/data/tables/2017/demo/pepest/total-metro-and-micro-statistical-areas.html>

² Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

³ Ibid.

⁴ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.

⁵ Ibid.

⁶ For the purposes of analysis contained throughout this Threat Assessment, the Quad Cities Metropolitan Enforcement Group, located in the state of Illinois but on the border of Iowa and Illinois, is included in the Iowa assessment.

⁷ Substance Abuse and Mental Health Services Administration. (2017, September). *2015-2016 NSDUH State Prevalence Estimates*. Retrieved February 14, 2018, from <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/state-reports-NSDUH-2016>

⁸ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.

⁹ Greater Omaha Safe Streets Task Force. (2018, January). [Greater Omaha Safe Streets Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

¹⁰ Though synthetic drugs, the threat posed specifically by synthetic opioids was included as part of the heroin section of this Assessment.

¹¹ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.

¹² Drug Enforcement Administration. (2016, September). *DEA Issues Carfentanil Warning to Police and Public: Dangerous Opioid 10,000 Times More Potent than Morphine and 100 Times More Potent than Fentanyl*. Retrieved May 9, 2018, from <https://www.dea.gov/divisions/hq/2016/hq092216.shtml>

¹³ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

-
- ¹⁴ National Alliance for Model State Drug Laws. Established and Operational Prescription Drug Monitoring Programs – Map. Retrieved May 11, 2018, from <http://www.namsdl.org/Maps/Status%20of%20PMPs%20-%20Established-Operational%20%20Map%20REV%207-21-17.pdf>
- ¹⁵ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.
- ¹⁶ Kansas is the only Midwest HIDTA state without some form of decriminalization of marijuana and without pending decriminalization legislation for 2018.
- ¹⁷ Rocky Mountain HIDTA. (2017, October). *The Legalization of Marijuana in Colorado: The Impact Volume 5*. Retrieved on April 6, 2018, from <https://rmhidta.org/default.aspx?act=documents2.aspx&DocumentCategoryID=27>
- ¹⁸ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ¹⁹ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.
- ²⁰ Drug Enforcement Administration. (2017, August). *Colombian Cocaine Production Expansion Contributes to Rise in Supply in the United States*. Retrieved April 30, 2018, from <https://www.dea.gov/docs/DIB-014-17%20Colombian%20Cocaine%20Production%20Expansion.pdf>
- ²¹ Garden City DEA Task Force. (2018, January). [Garden City DEA Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ²² Wichita DEA Task Force. (2018, January). [Wichita DEA Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ²³ St Louis DEA Intelligence Group. (2018, January). [St Louis DEA Intelligence Group responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ²⁴ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.
- ²⁵ For the purposes of analysis contained throughout this Threat Assessment, the Quad Cities Metropolitan Enforcement Group, located in the state of Illinois but on the border of Iowa and Illinois, is included in the Iowa assessment.
- ²⁶ Iowa Initiatives. (2018, January). [Iowa Initiatives' responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ²⁷ Quad Cities Metropolitan Enforcement Group. (2018, January). [Quad Cities Metropolitan Enforcement Group responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

-
- ²⁸ Kansas Initiatives. (2018, January). [Kansas Initiatives' responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ²⁹ Garden City DEA Task Force. (2018, January). [Garden City DEA Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³⁰ Wichita DEA Task Force. (2018, January). [Wichita DEA Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³¹ Missouri Task Forces and Intelligence Groups. (2018, January). [Missouri Task Forces and Intelligence Groups' responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³² Centers for Disease Control and Prevention. (2018, March). *Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants – United States, 2015-2016*. Retrieved April 5, 2018, from https://www.cdc.gov/mmwr/volumes/67/wr/mm6712a1.htm?s_cid=mm6712a1_w
- ³³ Nebraska Initiatives. (2018, January). [Nebraska Initiatives' responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³⁴ Omaha ATF Illegal Firearms Task Force. (2018, January). [Omaha ATF Illegal Firearms Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³⁵ North Dakota Initiatives. (2018, January). [North Dakota Initiatives' responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³⁶ South Dakota Initiatives. (2018, January). [South Dakota Initiatives' responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³⁷ Sioux Falls Task Force. (2018, January). [Sioux Falls Task Force responses from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ³⁸ Mennem, K. (2014). *I-35: A major artery to the nation's drug trade*. Retrieved May 1, 2018, from <http://newsok.com/article/3965353>
- ³⁹ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.
- ⁴⁰ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Seizures]. Unpublished raw data retrieved on March 21, 2018.
- ⁴¹ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Trafficking Organizations]. Unpublished raw data retrieved on February 28, 2018.
- ⁴² Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Trafficking Organizations]. Unpublished raw data retrieved on February 28, 2018.

⁴³ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

⁴⁴ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Trafficking Organizations]. Unpublished raw data retrieved on February 28, 2018.

⁴⁵ Drug Enforcement Administration. (2017, October). *2017 National Drug Threat Assessment*. Retrieved October 26, 2017, from https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Trafficking Organizations]. Unpublished raw data retrieved on February 28, 2018.

⁴⁹ Ibid.

⁵⁰ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

⁵¹ Drug Enforcement Administration. (2017, October). *2017 National Drug Threat Assessment*. Retrieved October 26, 2017, from https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

⁵² Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Trafficking Organizations]. Unpublished raw data retrieved on February 28, 2018.

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

⁵⁶ Drug Enforcement Administration. (2017, October). *2017 National Drug Threat Assessment*. Retrieved October 26, 2017, from https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

⁵⁷ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Drug Trafficking Organizations]. Unpublished raw data retrieved on February 28, 2018.

⁵⁸ Ibid.

⁵⁹ Midwest HIDTA Investigative Support Center. (2018, January). [Results from the 2018 Midwest HIDTA Threat Assessment Survey]. Unpublished raw data.

⁶⁰ Midwest HIDTA. (2018). [Information Network: ONDCP PMP for the Midwest HIDTA for Money Laundering Organizations]. Unpublished raw data retrieved on February 21, 2018.

⁶¹ Ibid.

⁶² Centers for Disease Control and Prevention. (2017, December). *Drug Overdose Death Data*. Retrieved February 12, 2018, from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁶³ Ibid.

⁶⁴ Centers for Disease Control and Prevention. (2018, March). *Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants – United States, 2015-2016*. Retrieved April 5, 2018, from https://www.cdc.gov/mmwr/volumes/67/wr/mm6712a1.htm?s_cid=mm6712a1_w

⁶⁵ Centers for Disease Control and Prevention. (2017, January). *Heroin Overdose Data*. Retrieved April 5, 2018, from <https://www.cdc.gov/drugoverdose/data/heroin.html>

⁶⁶ Centers for Disease Control and Prevention. (2016, December). *Synthetic Opioid Data*. Retrieved April 5, 2018, from <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

⁶⁷ Centers for Disease Control and Prevention. (2017, August). *Prescription Opioid Overdose Data*. Retrieved April 5, 2018, from <https://www.cdc.gov/drugoverdose/data/overdose.html>

⁶⁸ National Institute on Drug Abuse. (2018, April). *Opioid Overdose Reversal with Naloxone (Narcan, Evzio)*. Retrieved on May 1, 2018, from <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

⁶⁹ Blau, M. (2018, April) *The Next Naloxone? Companies, Academics Search for Better Overdose-Reversal Drug*. Retrieved April 13, 2018, from <https://www.statnews.com/2018/04/10/next-naloxone-overdose-reversal-drugs/>