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# INDIANA HIDTA THREAT ASSESSMENT



2023

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Prepared for the Office of National Drug Control Policy (ONDCP)



**Pete Sormaz**  
Chief of Police  
Schererville Police Department  
Chairman

**Zachary Myers**  
United States Attorney  
Southern District of Indiana  
Vice-Chairman

**Charles Porucznik**  
Director  
Indiana HIDTA

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## SCOPE

The purpose of the Indiana High Intensity Drug Trafficking Area (HIDTA) Threat Assessment is to identify current and emerging drug-related trends within the designated area and deliver accurate and timely strategic intelligence to assist law enforcement agencies in the development of drug enforcement strategies. This document provides a narcotic threat activity overview depicting the regional extent of illicit narcotic abuse and activities, actors and organizations, smuggling methods and routes of transportation, and evolutions in trends, tactics, and procedures. This document also fulfills statutory and grant requirements issued by the Office of National Drug Control Policy and has been approved by the Indiana HIDTA Executive Board.

## ACKNOWLEDGEMENTS

The Indiana HIDTA extends its thanks and appreciation to the Indiana National Guard Counterdrug Task Force, the Drug Enforcement Administration (DEA), the Indiana State Police (ISP), Center for Disease Control (CDC), and numerous federal, state, local, and private and public health/public safety partners whose collective efforts and talents made this assessment possible. We also extend a special note of appreciation to the State Epidemiological Outcomes Workgroup (SEOW) team for their assistance.

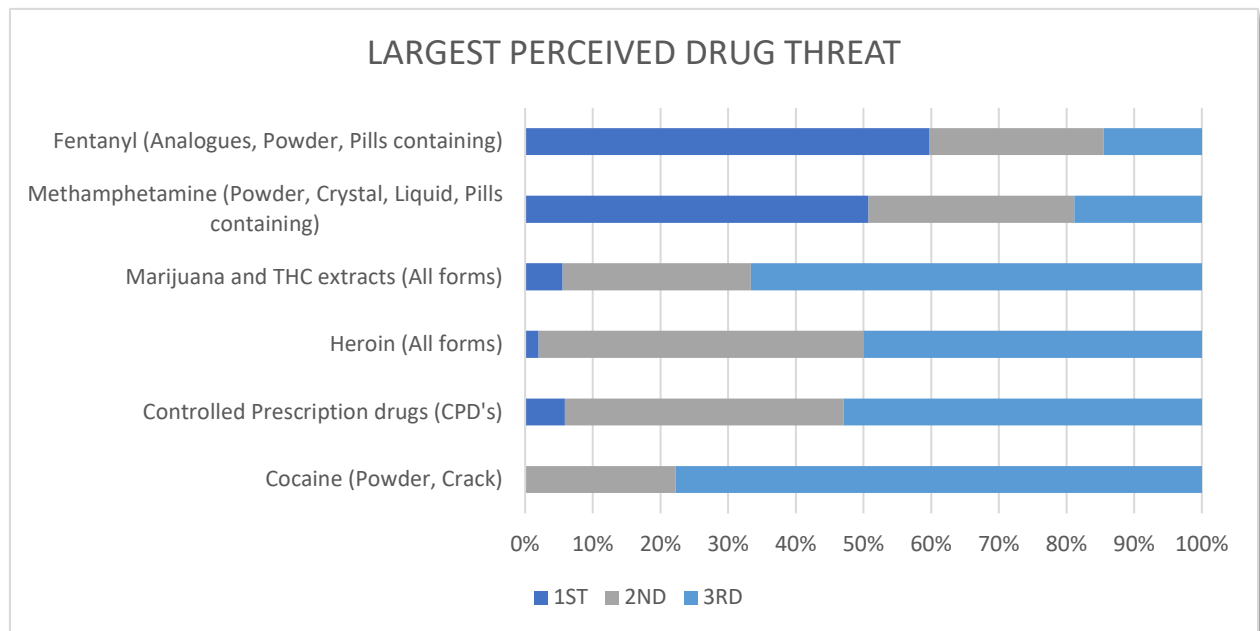
## INFORMATION SOURCING

The primary sources of information utilized to produce the 2023 Indiana HIDTA Drug Threat Assessment include: the Indiana HIDTA's 2023 Drug Trends Survey (IN HIDTA Drug Survey), data from the HIDTA's Performance Management Process (PMP) System, and the Indiana Department of Health (IDOH) drug-related death and substance abuse/substance use disorder treatment admission reporting. General information and non-statistical data may not be specifically cited as it may have been obtained via interviews, survey responses, or documentation provided by participating agencies.

## EXECUTIVE SUMMARY

The Indiana High Intensity Drug Trafficking Area (IN HIDTA) Threat Assessment is an identification of the current and emerging threats posed to the seven (7) HIDTA designated counties located throughout the state.

The threat from trafficking and abuse of illicit drugs continues to plague Indiana. In 2022, record breaking amounts of cocaine, methamphetamine, and fentanyl were seized by IN HIDTA enforcement initiatives (see Figure 1). The Cartel de Sinaloa (CDS) and Cartel Jalisco Nueva Generación (CJNG) drug trafficking organizations (DTO) account for the largest suppliers of these illicit drugs making their way into Indiana. For this and other reasons, IN HIDTA Drug Survey respondents indicated fentanyl and methamphetamine were the most significant drug threats in their Area of Responsibility (AOR).



(U//FOUO) Figure 1 - Perceived Threat Ranking. Source: IN IN HIDTA Drug Survey

According to the IN HIDTA Drug Survey, the overall availability for fentanyl, methamphetamine, and marijuana significantly increased or increased while cocaine, controlled prescription drugs (CPD), and hallucinogens largely remained the same or increased slightly. Similar results were reported for the demand change, year over year (2021 to 2022).

The following key findings were derived from a thorough review of all submitted survey responses, follow up interview notes, and drug seizure data:

- ❖ Fentanyl, specifically in pill form, continues to increase in availability and potency. It remains to be the number one perceived threat throughout most regions in the state. Fentanyl, when mixed with other illicit drugs such as cocaine and methamphetamine, is contributing to the increase in fatal overdoses for those drugs.
- ❖ Methamphetamine is a close second in overall drug threat, however in some areas in the state, the availability and abuse of methamphetamine surpasses all other drugs.
- ❖ Cocaine seizures by Indiana HIDTA initiatives increased significantly in 2022 after a series of lean years and are expected to rise as availability and demand increase.
- ❖ Heroin is sold and used interchangeably with fentanyl, in most cases retail sellers are indicating that products marketed as heroin contain only fentanyl and filler substances. 2022 Seizure data supports a decrease in availability.
- ❖ Marijuana continues to be the most popular recreational drug abused within the state. Indiana is surrounded by states that legalized recreational use (IL and MI) and legalized medical use (OH and KY); Indiana still currently has no programs for legal THC use.
- ❖ Drug Trafficking Organizations (DTO) and Money Laundering Organizations (MLO) continue to infiltrate several Indiana communities, especially in HIDTA designated counties. Independent DTOs appear to be taking over distribution from street gangs.
- ❖ The number of drug related deaths decreased slightly in 2022 but continues to be alarming. The emergence of Xylazine and other naloxone resistant drugs is a dangerous emerging threat.
- ❖ Privately owned vehicles, the United States Postal Service (USPS), and commercial parcel services (e.g. FedEx, UPS) are the most common methods used by DTOs to traffic drugs into and throughout Indiana. Postal seizures increased by 46% in 2022.

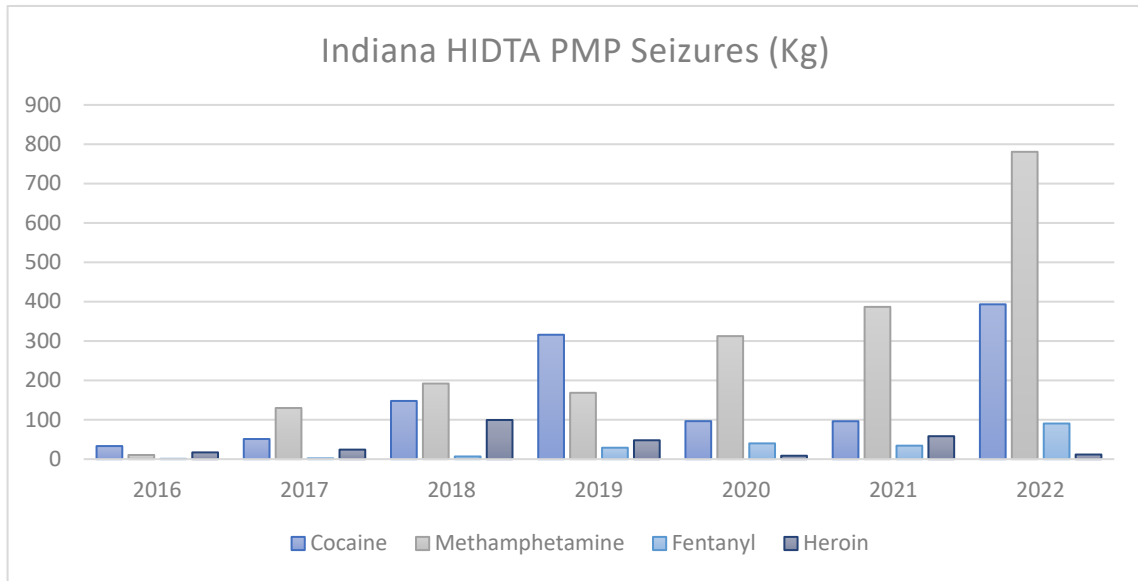


Figure 2- Indiana HIDTA kilogram seizures. Source: PMP

According to IN HIDTA Performance Management Process (PMP) entries, IN HIDTA initiatives seized significantly more fentanyl, methamphetamine, and cocaine in 2022. IN HIDTA initiatives recovered approximately 780 kilograms of methamphetamine which represents over 7 million dosage units in 2022.<sup>1</sup> This is an increase of over 102% from the previous year and a more than quadrupling of the amount of drug seized in 2019. For fentanyl, IN HIDTA initiatives seized approximately 90 kilograms representing over 60 million dosage units, an increase of over 160% from the previous year.<sup>2</sup>

<sup>1</sup> HIDTA Performance Management Process (PMP)

<sup>2</sup> Ibid.

## INDIANA HIDTA REGION



Figure 3- IN HIDTA Counties. Source: IN HIDTA

Indiana is the 17th most populous state in the nation with a population of over 6.8 million people. Indiana's population grew 4.9% from the 6.5 million people who lived there in 2010. The northern belt along Lake Michigan is industrialized, while most of the central and southern areas support a rural, agricultural lifestyle. Most interstates in Indiana cross through Indianapolis, the state's largest city. Indiana is surrounded by several larger cities that act as drug distribution centers including Chicago, IL, Cincinnati, OH, and Louisville, KY.

The Indiana HIDTA AOR is comprised of Allen, Lake, La Porte, Marion, Porter, Vanderburgh, and Vigo counties. Together these counties make up 26% of the population of Indiana, and include the top three populous counties: Marion, Lake, and Allen.

The Indiana HIDTA was created in 1996 and began operations in 1997. In January 2017, the Executive Board changed the name from Lake County HIDTA to the Indiana HIDTA to better reflect the expansion of drug trafficking across the state. In accordance with the National HIDTA mission, the HIDTA was founded to combat illicit narcotics trafficking in and transiting Indiana. The following counties were added to our AOR: Porter County (2011), La Porte and Marion Counties (2017), Allen County (2019), Vanderburgh County (2020) and Vigo County (2022). This expanded the Indiana HIDTA focus beyond Northwest Indiana to assist not only regional law enforcement but also to better support the National Drug Control Strategy. In 2022, the HIDTA had nineteen (19) primary law enforcement initiatives, each in turn focusing on drug trafficking, gangs, illegal firearms, money laundering and fugitives.

The proximity of Lake, La Porte and Porter Counties to the Chicago metropolitan area and the major highway systems which intersect these counties significantly impact and affect drug trafficking in the region. The more urban cities of Indianapolis, Fort Wayne, Terre Haute and Evansville contribute to much of the drug trafficking in the other HIDTA counties.

## INDIANA HIDTA AREA OF RESPONSIBILITY (AOR)

### ALLEN COUNTY

Allen County has a total area of 660.02 square miles, the largest county in Indiana. It borders the state of Ohio and is within a 200-mile radius of major population centers, including Chicago, Cincinnati, Cleveland, Columbus, Detroit, Indianapolis, Louisville, and Milwaukee. As of the 2022 US Census Bureau estimate, Allen County had a population of 391,449. The three largest cities are Fort Wayne, New Haven, and Woodburn. The major interstates include I-69 and I-469.<sup>3</sup> The U.S. highways include US-24, US-27, US-30, and US-33 (See Figure 4). Allen County HIDTA enforcement initiatives include FBI led Fort Wayne Safe Streets Task Force (FWSSTF), DEA led Northeast Indiana Drug Task Force (NEIDTF), and ATF led Project Bullet - BATFE (PB).

### LAKE COUNTY

Lake County, the home of the Indiana HIDTA in Crown Point, is approximately 500 square miles in size. It is situated in the northwestern corner of Indiana and has a population of 499,689 (2022 – US Census Bureau estimate).<sup>4</sup> It is heavily populated and industrialized to the north, which borders Lake Michigan. The area contains major railroad lines, two airports and is home to several riverboat gambling casinos. The three largest cities in the northern region are Gary, Hammond, and East Chicago. Lake County serves as a major transshipment and distribution point for drug shipments destined for the Great Lakes region. The major interstates include I-65, I-80, I-90, and I-94 (See Figure 4). Lake County HIDTA



Figure 4- Major roadways in Indiana, Source: Geology.com

<sup>3</sup> Population estimates, July 1, 2022", U.S. Census Bureau, QuickFacts, [U.S. Census Bureau QuickFacts: United States](https://www.census.gov/quickfacts/states)

<sup>4</sup> Ibid

enforcement initiatives include ATF led Firearms Interdiction Regional Enforcement (FIRE), FBI led Gang Response Investigative Team (GRIT), DEA led Lake County Combined Task Force (LCCTF), Indiana State Police led Highway Enforcement Team (DHE), US Marshals led Marshal's Fugitive Task Force (MFTF), IRS led Money Laundering and Financial Crimes (MLFC), Lake County Sheriff's Office led Regional Enforcement Team (RET). The Indiana HIDTA Investigative Support Center (ISC) and management initiatives are also located in Lake County.

## LAPORTE COUNTY

La Porte County has a total area of 613 square miles of which 598 square miles are land and 15 square miles is water. It is located east of Porter County, borders the state of Michigan and Lake Michigan, and has a population of 111,675 (2022 – US Census Bureau estimate).<sup>5</sup> The largest cities are Michigan City and La Porte City. In addition to the Indiana Toll Road, the Interstate highways in La Porte County include I-80, I-90, and I-94 (See Figure 4). LaPorte County includes the Michigan Police Department led LaPorte County Drug Task Force (LPCDTF) HIDTA enforcement initiative.

## MARION COUNTY

Marion County is the most populous county in the state with a population of 969,466 (2022 – US Census Bureau estimate).<sup>6</sup> Indianapolis is the county seat as well as the capital of the state. The county covers 403 square miles with 396 square miles of land and 7 square miles of water. The major highways include I-65, I-69, I-70, I-74, I-465 and I-865. As the fifteenth most populous city in the U.S., it is a prime target for illegal drug activity. (See Figure 4) Marion County HIDTA enforcement initiatives include the ATF led ATF Achilles Unit/ Crime Gun Intel Center (AAU), the DEA led Central Indiana Drug Task Force (CIDTF), the IMPD led Indianapolis Hotel Interdiction and Truck Stops (IHITS). Marion County also includes the Marion County Prosecutor's Office (MCPO) and the Marion County Sheriff's Office Criminal Intelligence initiatives (MCSO-CIU).

## PORTER COUNTY

Porter County is 418 square miles and borders Lake County in northwest Indiana. It has a population of 174,791 (2022 – US Census Bureau estimate).<sup>7</sup> Like its western neighbor Lake County, the area contains major railroad lines, major industrialized areas including the Port of Indiana and an airport. Of the 22 cities and towns, Chesterton, Portage and Valparaiso are the largest by population (See Figure 4) Porter County includes the Porter County Multi-Enforcement Group (PCMEG) HIDTA enforcement initiative.

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<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> Ibid

## VANDERBURGH COUNTY

Vanderburgh County is the eighth smallest county, in area, at 236 square miles in Indiana. It borders the Ohio River and Henderson County, Kentucky to the south. It has a population of 179,744 (2022 – US Census Bureau estimate).<sup>8</sup> The area is a transportation hub for rail, trucking, barge, and container transport. The county is also designated as a U.S. Customs Port of Entry. It has major industrialized areas, two airports, and five (5) universities/colleges. The following major roads cross the county: I-64, I-69, and U.S. Route 41. The county is close to major cities: Louisville, KY (120 miles), St. Louis, MO (150 miles), Nashville, TN (160 miles) and Indianapolis, IN (170 miles). Of the 33 cities and towns, Evansville and Darmstadt are the largest (See Figure 4). Vanderburgh County includes the River City Drug Task Force (RCDTF) HIDTA enforcement initiative.

## VIGO COUNTY

Vigo County is 403 square miles and borders Illinois to the west. It has a population of 106,006 (2022 – US Census Bureau estimate).<sup>9</sup> The county seat is in Terre Haute. Interstate 70 passes through the southern part of Terre Haute from east to west on its way from Indianapolis to Saint Louis, Missouri; U.S. Route 40 roughly parallels Interstate 70 and passes through the middle of the city. Both highways intersect U.S. Route 41, coming from Chicago to the north (See Figure 4). Vigo County includes the Wabash Valley Drug Task Force (WVDTF) HIDTA enforcement initiative.

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<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

## OVERVIEW

## Case Highlight

In May 2022, in LaPorte County, DHE initiated a traffic stop on a commercial Greyhound Bus, traveling from Chicago, IL to Cleveland, OH.

A probable cause search yielded 105 grams black tar heroin, 127 grams crack cocaine, 1.15 pounds of fentanyl, and four firearms including an AR-15 assault rifle. Five passengers were arrested for state narcotics and weapons violations.



Availability of fentanyl remained high as 65% of IN HIDTA Drug Survey respondents indicated availability was high and 71% indicated that availability increased or significantly increased over the previous year.<sup>12</sup> Calculating the average amount per seizure also indicated availability of fentanyl has increased. Although the amount per seizure has not reached the level of 2019, before the pandemic, it has increased 118% from the previous year, and will likely

<sup>12</sup> Indiana HIDTA Threat Assessment Survey 2023.

surpass 2019 levels soon, as the price continues to fall (See Figure 9).<sup>13</sup> Table 1 below shows fentanyl seizures over the past five years.

Year	2018	2019	2020	2021	2022
<b>Fentanyl (KG)</b>	<b>6.77</b>	<b>29</b>	<b>40</b>	<b>34.21</b>	<b>90.52</b>
<b>Fentanyl (DU)</b>		<b>4,500</b>	<b>6,564</b>	<b>134,408</b>	<b>6,383</b>

Table 1: Indiana HIDTA Fentanyl Seizures; Source: Indiana HIDTA PMP

Fentanyl use, in all forms, was still in high demand throughout the state. In the IN HIDTA Drug Survey, 69% of respondents indicated demand for fentanyl was high and 67% indicated demand increased or significantly increased over the previous year.<sup>14</sup> However, there appeared to be an increase in the interchangeability of heroin and fentanyl at the retail level. Two independent Confidential Sources (CSs) in northern Indiana advised all (that they are aware) retail level heroin being sold contains fentanyl and little to no heroin.<sup>15</sup>

Of the responding agencies that seized fentanyl, 92% seized it in powder form, while 72% seized it in pill form.<sup>16</sup> Combined, the amount of fentanyl seized by Indiana HIDTA initiatives surged 174% in 2022 in comparison to 2021.<sup>17</sup> Indiana, like most states nationwide, has experienced an increase in the availability of fentanyl pills manufactured to look like oxycodone, or other legitimately prescribed pills. DEA reporting indicates that in each year between 2019 and 2021, the vast bulk of fentanyl seized was in powder form, however in 2022 more than one-half of the fentanyl seized was in pill form.<sup>18</sup> The number of pills seized by DEA in Indiana went from less than 1,000 in 2020 to over 320,000 in 2022 (See Figure 5).<sup>19</sup>

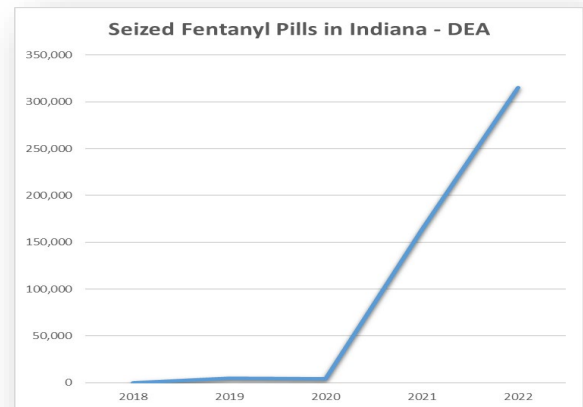


Figure 5: Counterfeit Pills Seized by DEA; Source: U.S. Drug Enforcement Administration

Several national public health warnings were issued over the last two years to educate users on the dangers of fake pills containing fentanyl. Beginning in summer 2022, encounters with “rainbow” (multi-color) fentanyl pills began to surface in Indiana. There were no seizures of multicolor fentanyl pills by HIDTA Initiatives in 2022. The availability and demand for these marketed pills appears to have decreased. We assess that the cartels and/or other DTOs, like

<sup>13</sup> Indiana HIDTA PMP, queried 3/29/2023.

<sup>14</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>15</sup> HIDTA Initiative Source Interview, January 2023.

<sup>16</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>17</sup> Indiana HIDTA PMP, queried 3/29/2023.

<sup>18</sup> United States Drug Enforcement Administration, 2023.

<sup>19</sup> Ibid.

legitimate businesses, adjust their strategies according to public perception. As happened with the nationwide media campaign suggesting rainbow pills were targeting younger users.

Fatal drug overdoses related to fentanyl are increasingly found to contain other drug types such as cocaine and methamphetamine. Figure 6 below depicts the relationship between substances found in toxicology reports. According to the map, fentanyl, all other opioids besides fentanyl, and methamphetamine were the most common drugs found in toxicology. Fentanyl was more frequently found together with methamphetamine or all other opioids. Multiple substances in toxicology reflect two different mechanisms. First, traffickers increasingly are insinuating fentanyl into the drug supply, especially for methamphetamine and cocaine and second, people who use drugs report intentional co-use of opioids and stimulants.<sup>20</sup>

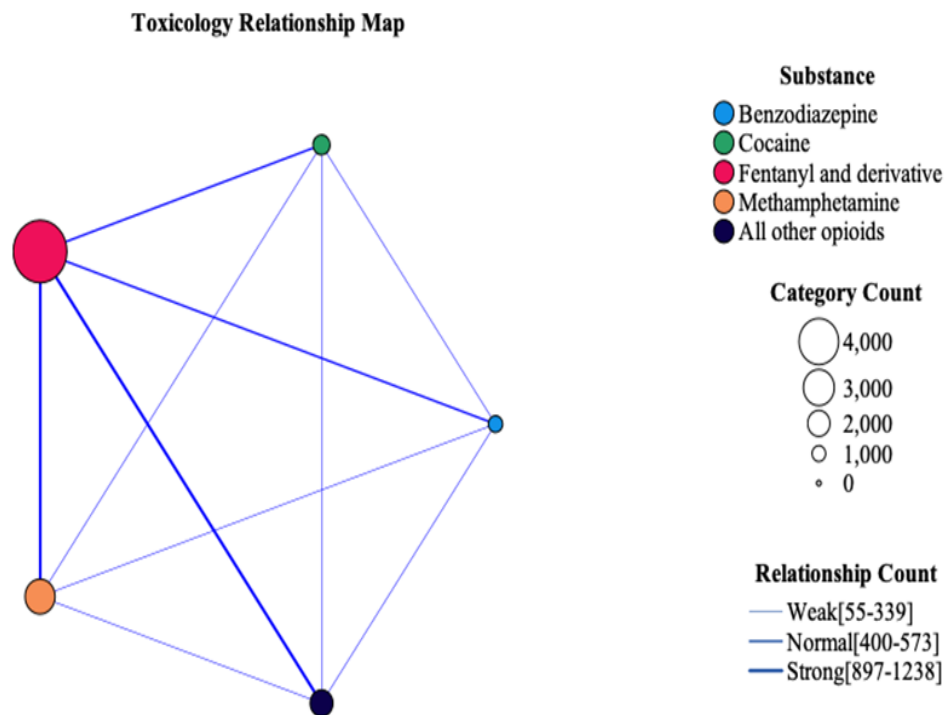


Figure 6: Toxicology Relationship Map; Source: Centers for Disease Control and Prevention

<sup>20</sup> Centers for Disease Control and Prevention [CDC]. (2023b, February 13). Stimulant guide. <https://www.cdc.gov/drugoverdose/featured-topics/stimulant-guide.html>

Fentanyl, in all forms, continued to account for the high number of fatal and non-fatal overdoses plaguing not just Indiana, but the entire nation. The number of Indiana opioid-related deaths for 2022 are still provisional but indicate there were fewer fatal overdoses than in 2021. However, the number of fatal drug overdoses for Indiana and the nation is still alarmingly high. As seen in Figure 7, synthetic opioid deaths (primarily fentanyl), have been on the rise in Indiana since 2016, followed by a gradual increase in fatal overdoses with other drugs, including cocaine and methamphetamines. This has affected people of all ages. Nationally, there were about 1,550 pediatric deaths from fentanyl in 2021, over 30 times more than in 2013, when the wave of overdose deaths involving synthetic opioids started in the US.<sup>21</sup> In Avon High School, located in Avon, IN, two students fatally overdosed within six weeks of each other in spring 2023.<sup>22</sup> School leaders and law enforcement are working together to raise awareness to prevent future deaths.

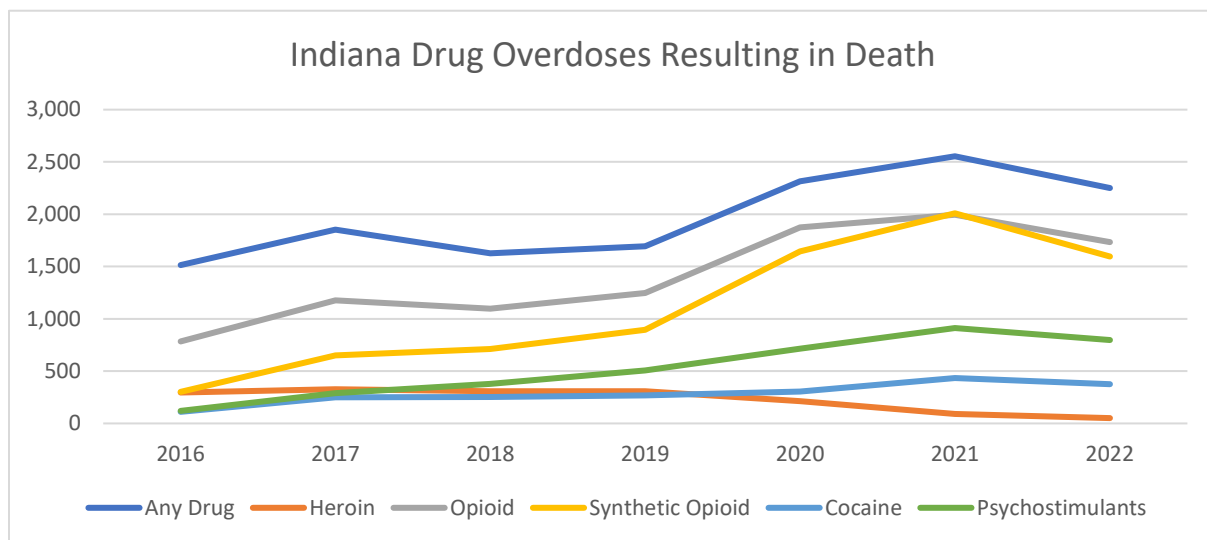


Figure 7- Indiana Drug Overdose Deaths; Source: Indiana Department of Health.

Non-fatal overdoses have declined slightly in 2022, down 9%. Figure 8 shows the rate of deaths caused by any drug, compared to the rate of hospitalizations in Indiana from 2016-2022. The rate of hospitalizations due to drug overdoses has steadily decreased, while the rate of deaths due to drug overdoses has increased. Potency of these drugs have continued to increase since the introduction of fentanyl either cut or mixed with drugs, whether its powder or pill form. This could be the main contributor to this trend as increasingly more users do not have a chance to make it to the hospital where they could have been saved by Naloxone, or they are

<sup>21</sup> Gaither JR. National Trends in Pediatric Deaths From Fentanyl, 1999-2021. JAMA Pediatr. Published online May 08, 2023. doi:10.1001/jamapediatrics.2023.0793

<sup>22</sup> Sarah Nelson, "Second Avon High school student dies from suspected drug overdose in just over a month," IndyStar, May 3, 2023, <https://www.indystar.com/story/news/local/hendricks-county/2023/05/03/avon-student-noah-pillow-dies-from-suspected-drug-overdose-weeks-after-teen-died-fentanyl/70175855007/>.

using Naloxone themselves, instead of going to the hospital. Reported Indiana Naloxone administration events in 2022 decreased 19% to 18,268 or a rate of 28.2 events per 10,000 residents.<sup>23</sup> However, this number does not account for the publicly available use of Naloxone in Indiana. Naloxone distribution from the Indiana Department of Health (there are a few other distributors of Naloxone in Indiana as well) increased from 62,000 doses in 2021 to over 76,000 in 2022, a 20% increase.<sup>24</sup> We believe this may be a major contributing factor to the decrease in deaths, down 13% for any opioids, in Indiana in 2022 (See Figure 7). For more information on Naloxone events please refer to Appendix V.

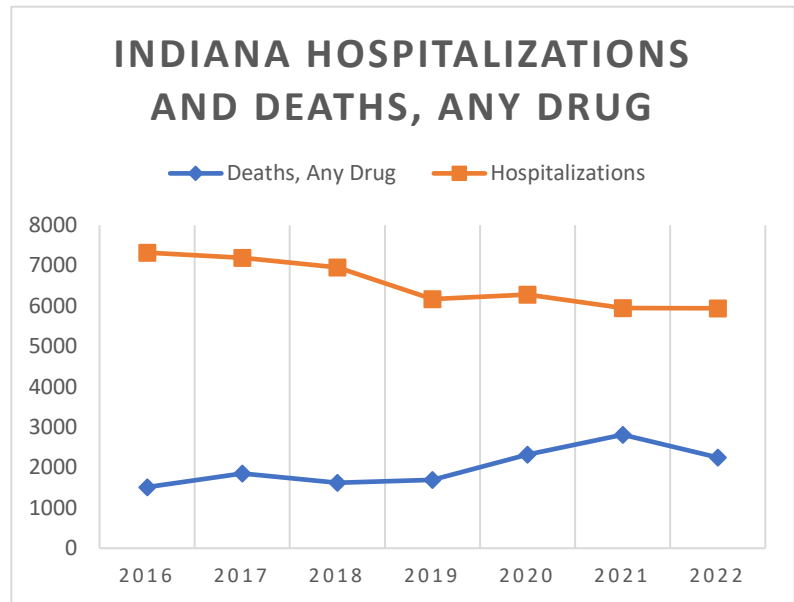


Figure 8: Indiana Hospitalizations and Deaths, Any Drug; Source: Indiana Department of Health

## PRICING

As the demand for fentanyl has steadily increased in recent years, the price of fentanyl has decreased. In 2018 the median price for a kilogram of fentanyl was around \$90,000, by the end

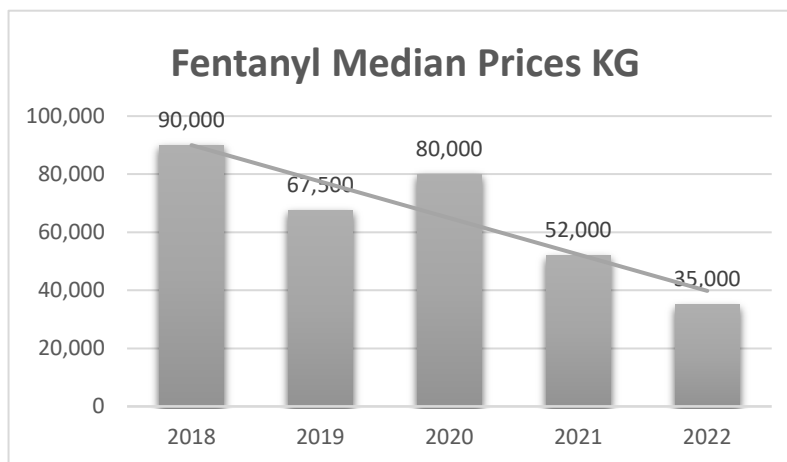


Figure 9- Kilogram median prices. Source IN HIDTA Drug Survey 2019-2023

of 2022 it was approximately \$35,000. There was a brief increase in 2020 that may have been a consequence of market disruption due to the pandemic. For a more thorough summary of drug prices, refer to Appendix IV.

<sup>23</sup> Next Level Recovery Data Dashboard, Indiana State Government, accessed May 16, 2023, <https://www.in.gov/recovery/data/>.

<sup>24</sup> Indiana Department of Health Naloxone Distribution, Division of Trauma and Injury Prevention, email to author, April 12, 2023.

## TRANSPORTATION AND DISTRIBUTION

Passenger vehicles remained the most prevalent method of transportation for fentanyl according to 94% of IN HIDTA Drug Survey respondents. Respondents found mail carriers to be the second most prevalent mode of transportation (34%) and commercial motor vehicles third (16%).<sup>25</sup>

Fentanyl seizures coming into Indiana through the mail increased considerably in 2022, indicating how popular using the mail system has become (See Figure 7).<sup>26</sup> The overwhelming majority of these parcels of fentanyl came from California, Texas, or Arizona.

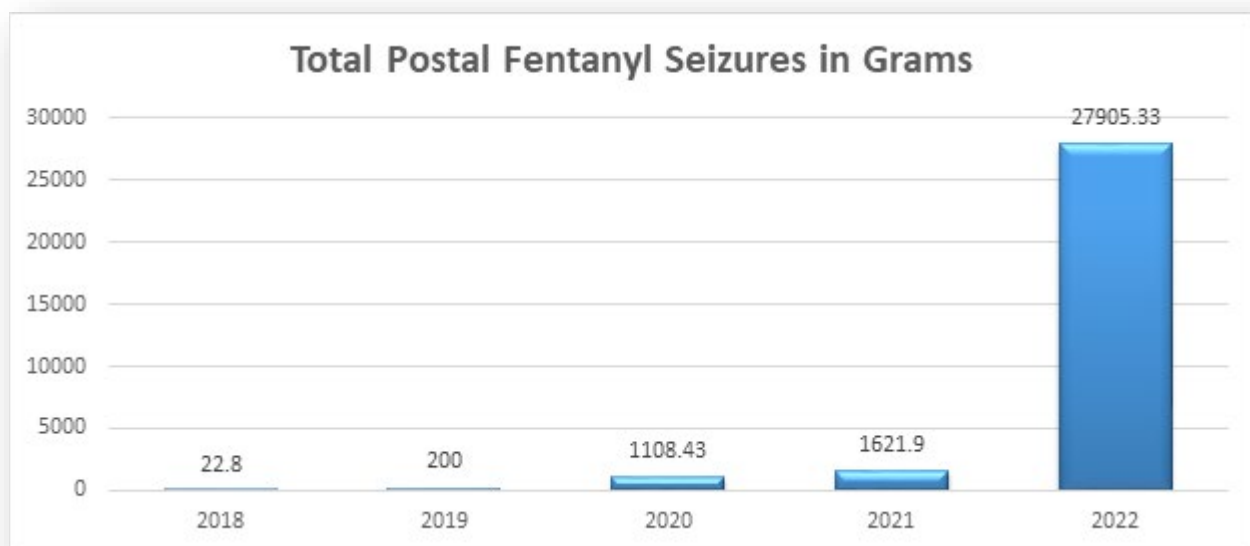


Figure 10- Indiana Fentanyl Seizures in grams. Source US Postal Service

## INTELLIGENCE GAPS

What percentage of users believe they are purchasing heroin when being supplied with fentanyl?

Do DTOs change manufacturing products based on US media reporting?

Is there a measurable delay in distribution after a large seizure or a DTO disruption or dismantlement?

<sup>25</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>26</sup> U.S. Postal Seizures 2018-2022, Indiana.

## METHAMPHETAMINE

### OVERVIEW

Methamphetamine is a highly addictive and dangerous stimulant drug that can cause a range of physical and mental health problems.<sup>27</sup> The dangers of methamphetamine continue to rise throughout the state, as availability continues to increase, and price continues to

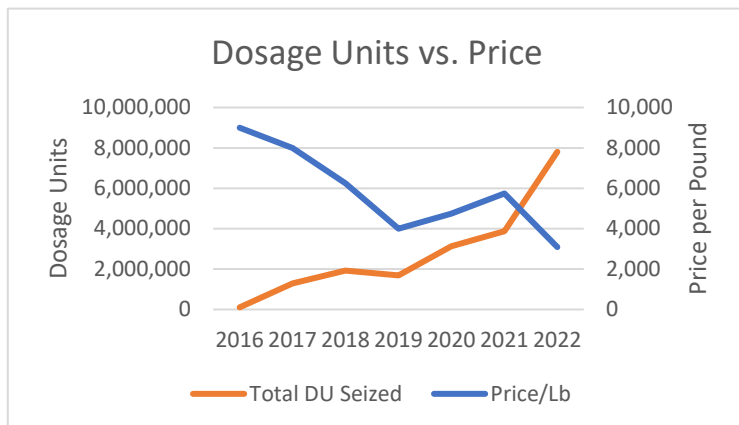


Figure 11: Dosage Units vs. Price; Source: Indiana HIDTA PMP and Indiana HIDTA Price Survey Data

decrease (See Figure 1).<sup>28</sup> Methamphetamine was ranked as the second biggest drug threat in Indiana, except in parts of southern Indiana, where it ranked first.<sup>29</sup> A River City Drug Task Force Officer working in Southern Indiana stated, “meth has been and will continue to be number 1 [threat] in Evansville. Price continues to drop. Supply continues to increase”.<sup>30</sup>

Indiana has a long history with methamphetamine use, being a top state for the number of clandestine laboratories dismantled.<sup>31</sup> While clandestine laboratory seizure numbers have dropped in recent years, Indiana still ranked second nationally for the number of laboratories processed in 2022.<sup>32</sup>

### Case Highlight

Three exhibits of methamphetamine pills were acquired in June 2022 by the Northeast Indiana Drug Task Force (Fort Wayne). Investigators found a large bag of 428 multi-colored pills that contained methamphetamine and caffeine (see figure 5). They also found an additional matching powder/chunky substance which consisted of methamphetamine and caffeine, indicating the local presence of a pill press operation.



<sup>27</sup> “Methamphetamine DrugFacts”, National Institute on Drug Abuse, accessed May 16, 2022, <https://nida.nih.gov/publications/drugfacts/methamphetamine>.

<sup>28</sup> Indiana HIDTA Threat Assessment Survey 2016-2023.

<sup>29</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>30</sup> Indiana HIDTA Threat Assessment Interview, 3/24/2023.

<sup>31</sup> Indiana HIDTA Threat Assessment Interview, 5/11/2023.

<sup>32</sup> EPIC, Collections Management Unit, Email to author, April 17, 2023.

Availability continues to be strong in Indiana due to Mexican DTOs assuming the supply chain. This, as well as it being mixed with fentanyl in the last few years,<sup>33</sup> has led to an increase in the number of drug deaths in Indiana involving methamphetamines.

#### AVAILABILITY AND USE

Availability of methamphetamines was high in 2022, according to 85% (75% for HIDTA Counties) of IN HIDTA Drug Survey respondents, and 59% (75% for HIDTA Counties) of respondents indicated availability increased or significantly increased over the previous year in Indiana.<sup>34</sup> Indiana HIDTA methamphetamine/ice seizures paint a similar picture, as the amount per seizure of methamphetamines spiked in 2022 from 2021, a 149% increase. Methamphetamine is found in many forms in Indiana. Crystal/ICE was seized most frequently according to IN HIDTA Drug Survey respondents at 34%, followed by powder/fluff form at 16% (See Figure 12).<sup>35</sup>

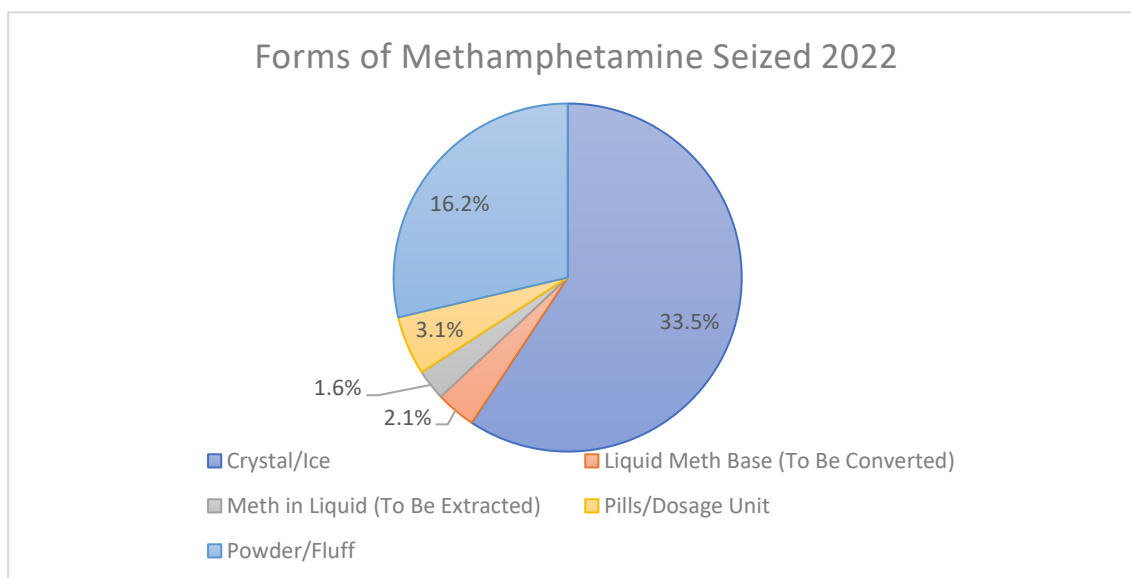


Figure 12: Forms of Methamphetamine Seized 2022; Source: Indiana HIDTA Threat Assessment Survey 2023.

Methamphetamines in pill form is limited but increased in 2022. The LaPorte County Drug Task Force reported two separate seizures of fake ecstasy pills containing methamphetamine in 2022. Table 2 below shows the Indiana HIDTA methamphetamine seizures for the last five years.

<sup>33</sup> NIDA. "Fentanyl DrugFacts." National Institute on Drug Abuse, 1 Jun. 2021, <https://nida.nih.gov/publications/drugfacts/fentanyl> Accessed 2 Jun. 2023.

<sup>34</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>35</sup> Ibid.

YEAR	2018	2019	2020	2021	2022
<b>Methamphetamine (KG)</b>	187	156	253	256	512
<b>Methamphetamine (DU)</b>		973	477	92	
<b>ICE (KG)</b>	5	12	60	131	69

Table 2: Indiana HIDTA Fentanyl Seizures; Source: Indiana HIDTA PMP.

Demand of methamphetamine is also high, with 87% of IN HIDTA Drug Survey respondents indicating demand was high and 59% indicated demand increased or significantly increased over the previous year.<sup>36</sup> According to an Initiative Commander in Lake County with over 20 years of drug investigation experience, meth use is rapidly increasing and, “not just in rural areas anymore”.<sup>37</sup> This increase in use of methamphetamines in all parts of Indiana, coupled with a rise of fentanyl being mixed in, has resulted in an increase in psychostimulant deaths over the years.<sup>38</sup>

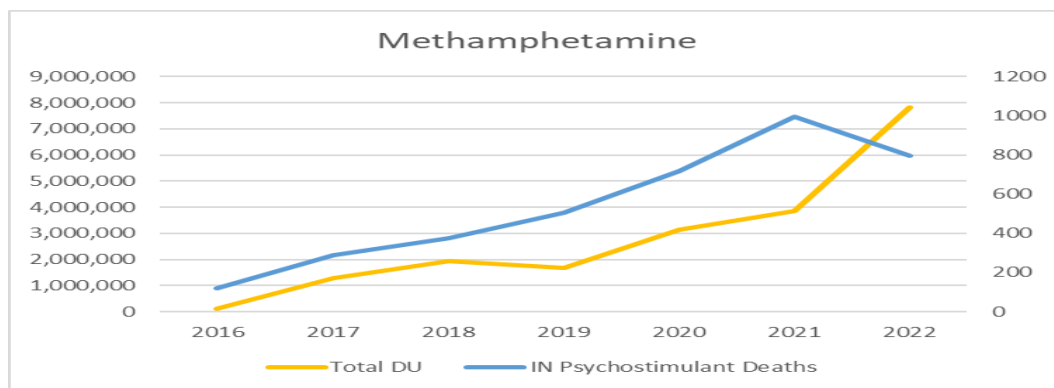


Figure 13: Indiana HIDTA Psychostimulant Deaths and Methamphetamine Seizures. Source: Indiana HIDTA PMP and IDOH.

Psychostimulant overdoses accounted for 36% of total overdose deaths in Indiana in 2022, up from only 8% in 2016.<sup>39</sup> This gradual increase in methamphetamine-related fatal overdoses coincides with the decrease in Indiana methamphetamine laboratory seizures, and the increase in Mexican DTO methamphetamine production. The availability of methamphetamine,

<sup>36</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>37</sup> Indiana HIDTA Threat Assessment Interview, 3/14/2023.

<sup>38</sup> Indiana Drug Overdose Dashboard, Indiana Department of Health, accessed March 31, 2023, <https://www.in.gov/health/overdose-prevention/data/indiana/>.

<sup>39</sup> Indiana Drug Overdose Dashboard, Indiana Department of Health, accessed March 31, 2023, <https://www.in.gov/health/overdose-prevention/data/indiana/>.

indicated by Indiana HIDTA seizures, (See Figure 4) and methamphetamine overdoses, began to rise gradually since 2016, when fentanyl was introduced to methamphetamines (See Figure 13).

## PRICING

The price of methamphetamine has declined steadily in recent years in wholesale and retail prices in the Indiana HIDTA region (See Figure 14). Reported pricing in 2022 indicates the price per pound of methamphetamine hovers around \$3,000. The price for a methamphetamine pill ranges broadly between \$10-\$22.<sup>40</sup> For a more thorough summary of drug prices, refer to the Appendix IV on drug pricing.

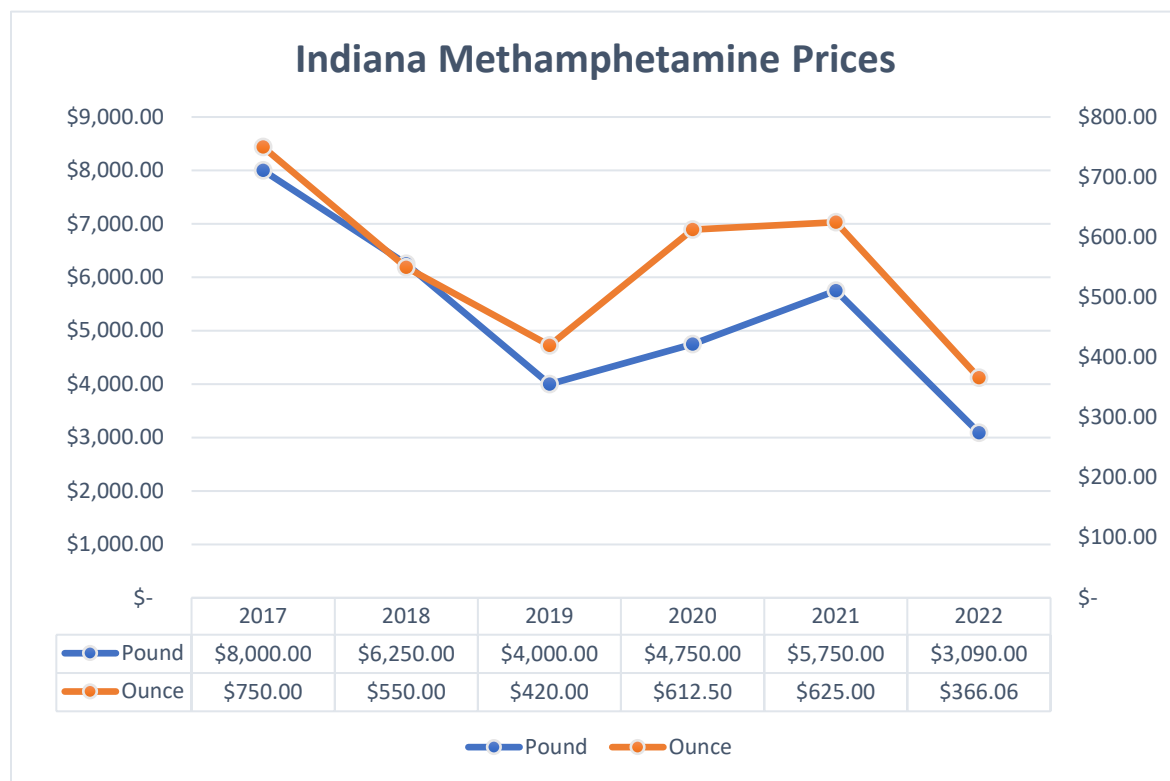


Figure 14: Indiana Meth Price Pound and Ounce; Source: Indiana HIDTA Survey Data.

## TRANSPORTATION AND DISTRIBUTION

In 2022, there were several loads containing methamphetamine plus either fentanyl or cocaine seized in the AOR.<sup>41</sup> It is common for DTOs to use the same routes and shipments to combine multiple types of illicit drugs. Methamphetamine and fentanyl are both manufactured in

<sup>40</sup> Indiana HIDTA Threat Assessment Survey 2023

<sup>41</sup> Indiana HIDTA PMP, queried May 11, 2023.

“superlabs” in Mexico, mostly the states of Sinaloa and Michoacán, controlled by the Cartel de Sinaloa (CDS) and Cartel Jalisco Nuevo Generación CJNG, respectively.

Nearly 90% of respondents indicated that passenger vehicles were a common means of methamphetamine transport. There has also been an increase in the use of mail carriers, with 50% of respondents encountering methamphetamine in parcels. Although down slightly in 2022, utilizing the mail system still seems to be a popular method of transport compared to 2018 (See Figure 15).<sup>42</sup>

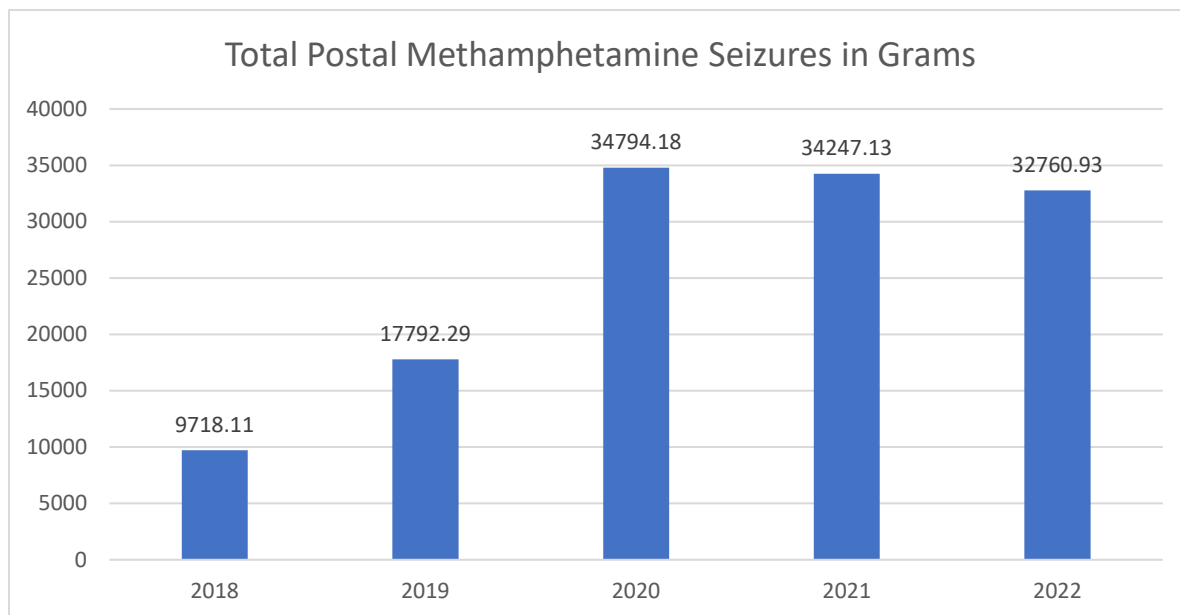


Figure 15: U.S. Postal Methamphetamine Seizures; Source: U.S. Postal Service

## INTELLIGENCE GAPS

Will clandestine laboratories in Indiana continue to decline?

Will methamphetamine pills or any other form increase in usage, whether knowingly or unknowingly, further blurring the lines like heroin and fentanyl?

<sup>42</sup> U.S. Postal Seizures.

## HEROIN

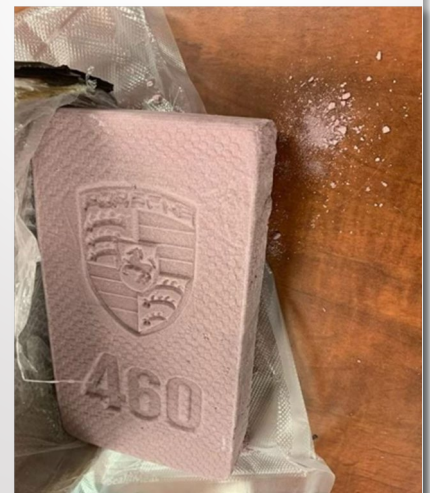
### OVERVIEW

While respondents perceived heroin to be a significant threat, ranking it number three overall,<sup>43</sup> deaths from heroin overdoses dropped in 2022.<sup>44</sup> Furthermore, less heroin was seized by Indiana HIDTA initiatives.<sup>45</sup> When assessing the threat heroin posed to Indiana in 2022 and looking forward to 2023, IN HIDTA Drug Survey results may be inconsistent due to the uncertainty of whether Law Enforcement is dealing with heroin or fentanyl or both. In interviews, officers reported that sellers and users may not necessarily distinguish heroin from synthetic opioids in their sales and purchases. Therefore, we assert that the heroin threat in Indiana is decreasing, and its use supplanted by synthetic opioids. As one Drug Task Force Officer put it concisely, “the heroin threat is decreasing because fentanyl is replacing it”.<sup>46</sup>

According to the Commission on Combating Synthetic Opioid Trafficking, “People with substance-use disorder, unable to continue obtaining prescription drugs, often turned to heroin and then—sometimes unknowingly—to powerful synthetic opioids. In less than a decade, illegal U.S. drug markets that were once dominated by diverted prescription opioids and heroin became saturated with illegally manufactured synthetic opioids. Some of these synthetic variants are cheaper and easier to produce than heroin, making them attractive alternatives to criminals who lace them into heroin and other illicit drugs or press them into often-deadly counterfeit pills”.<sup>47</sup>

### CASE HIGHLIGHT

In April 2022, Indiana HIDTA’s Domestic Highway Enforcement (DHE) stopped a car hauler truck travelling from Fontana, California to the Detroit, Michigan area. One of vehicles on the hauler’s trailer had an electronic false compartment containing five (5) kilograms of purple (heroin) fentanyl, along with 50 pounds of methamphetamine, 6,000 fentanyl tablets, and 2 kilograms of cocaine.



<sup>43</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>44</sup> Indiana Drug Overdose Dashboard, Indiana Department of Health, accessed May 16, 2023, <https://www.in.gov/health/overdose-prevention/data/indiana/>.

<sup>45</sup> Indiana HIDTA PMP, queried May 16, 2023.

<sup>46</sup> Indiana HIDTA Threat Assessment Interview, 3/21/2023.

<sup>47</sup> Rand Corporation, Commission on Combating Synthetic Opioid Trafficking, [https://www.rand.org/content/dam/rand/pubs/external\\_publications/EP60000/EP68838/RAND\\_EP68838.pdf](https://www.rand.org/content/dam/rand/pubs/external_publications/EP60000/EP68838/RAND_EP68838.pdf), February 2022.

## AVAILABILITY AND USE

According to the IN HIDTA Drug Survey, 49% of law enforcement respondents indicated availability of heroin was high, and 35% indicated availability increased or significantly increased over the previous year.<sup>48</sup> Indiana HIDTA seizures of heroin were down 80%, with the average amount per seizure down 64%, further implying a decrease of availability of heroin in Indiana (See Table 3).<sup>49</sup>

Year	2018	2019	2020	2021	2022
<b>Heroin (KG)</b>	99	48	9	58	11

Table 3- Indiana HIDTA Heroin Seizures. Source: Indiana HIDTA PMP

Demand for heroin was still viewed as significant, as 54% of law enforcement respondents indicated demand was high in 2022, while 41% indicated demand increased or significantly increased over the previous year.<sup>50</sup> However, as seen in Figure 1 from U.S. Customs and Border for the last few years, the amount of fentanyl coming into the U.S. each year increases, as heroin decreases. Furthermore, poppy cultivation in Mexico has also been decreasing since 2017.<sup>51</sup> Therefore, we assess that the demand for heroin is being met with fentanyl-based products. Also, according to the IN HIDTA Drug Survey 85% of respondents saw fentanyl mixed

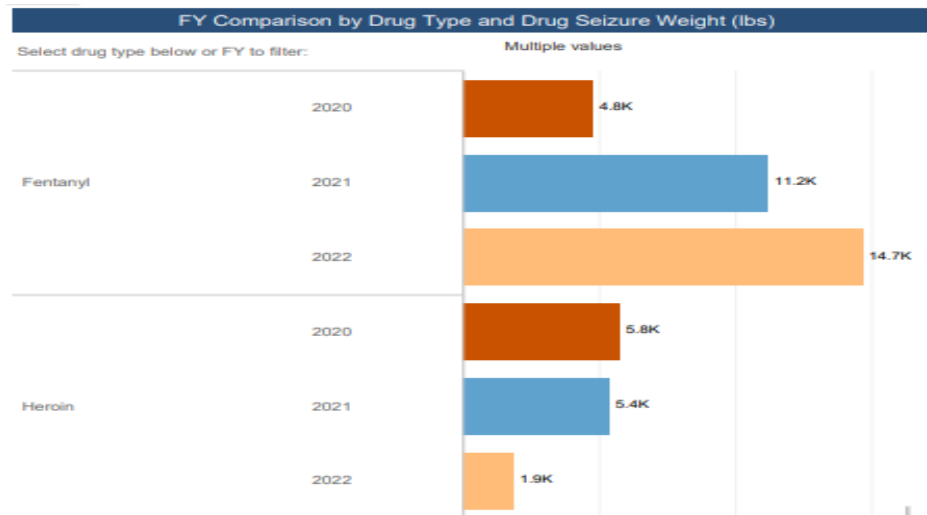


Figure 16: FY Comparison by Drug Type and Drug Seizure Weight (lbs). Source: USBP and OFO Official year end reporting for FY20-FY22

with heroin, more than any other drug.<sup>52</sup> According to an Indiana HIDTA Drug Task Force Officer describing the heroin threat, “same dealer [and] same customer, as fentanyl buyers [and] sellers. Customers [are] indifferent as to whether they receive fentanyl or heroin”.<sup>53</sup>

<sup>48</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>49</sup> Indiana HIDTA PMP, queried May 11, 2023.

<sup>50</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>51</sup> DEA National Drug Threat Assessment; DEA-DCT-DIR-008-21; March 2021

<sup>52</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>53</sup> Indiana HIDTA Threat Assessment Interview, 3/25/2023.

Drug overdose deaths and hospitalizations paint the same picture as seizures. Nationwide, emergency room visits for possible heroin overdoses are down 33% from last year, and down 44% in Indiana.<sup>54</sup> From 2021 to 2022 Indiana deaths due to heroin dropped 45% and were down 84% from 2017.<sup>55</sup> In 2016, heroin accounted for 20% of all drug overdoses. In 2022, heroin accounted for only 2% (See Figure 17).<sup>56</sup>

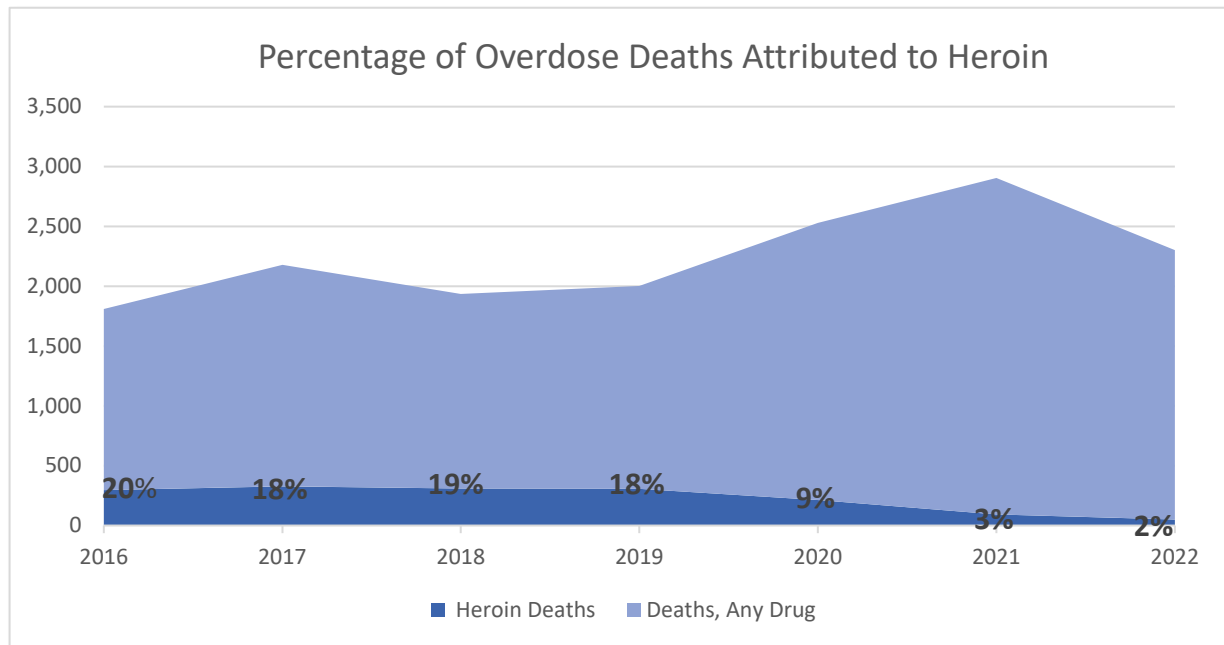


Figure 17- Percentage of Overdose Deaths Attributed to Heroin. Source: Indiana Department of Health (IDOH)

DTOs continue to find ways to use synthetic opioids to meet the demands of heroin users. In Tucson, AZ in 2018, Tucson Police seized fake black tar heroin, which was fentanyl mixed with sugar.<sup>57</sup> Additionally, Indiana saw an uptick in purple heroin/fentanyl, also known as “purp” throughout HIDTA’s AOR. Although sometimes referred to as “Purple Heroin”, based on laboratory testing, it is believed to usually contain a blend of heroin, fentanyl, and carfentanyl.<sup>58</sup>

<sup>54</sup> Centers for Disease Control and Prevention. Drug Overdose Surveillance and Epidemiology (DOSE) System. Atlanta, GA: US Department of Health and Human Services, CDC; [2023, May, 08]. Access at:

<https://www.cdc.gov/drugoverdose/nonfatal/dashboard>

<sup>55</sup> Indiana Drug Overdose Dashboard, Indiana Department of Health, accessed May 16, 2023,

<https://www.in.gov/health/overdose-prevention/data/indiana/>.

<sup>56</sup> Indiana Drug Overdose Dashboard, Indiana Department of Health, accessed May 16, 2023,

<https://www.in.gov/health/overdose-prevention/data/indiana/>.

<sup>57</sup> “Fentanyl Disguised as Black Tar Heroin”, Arizona HIDTA, Opioid Monitoring Initiative, October 24, 2018.

<sup>58</sup> Thomas Christiansen, “The Dangers of Purple Heroin”, The Recovery Village, Last Updated April 29, 2022, <https://www.therecoveryvillage.com/heroin-addiction/dangers-purple-heroin/>.

## PRICING

The price of heroin has been steadily decreasing year after year. The drop was especially noticeable following the pandemic. The retail value for gram quantities has proven to be inelastic, holding near \$100 per gram. This once again may demonstrate the blurred lines between fentanyl and heroin. A falling price in conjunction with an apparent shrinking supply based on state and federal seizures tends to support the idea that the typical heroin purchaser is receiving a fentanyl mixture rather than heroin. While there is a disparity between kilogram prices for heroin and fentanyl, street level prices for ounces and grams are equal, further strengthening the concept of confusion between the two drugs at the street level. For a more thorough summary of drug prices, refer to Drug Pricing Appendix IV.

## TRANSPORTATION AND DISTRIBUTION

Heroin or what is believed to be heroin continues to be trafficked in passenger vehicles along major routes. According to the IN HIDTA Drug Survey, 96% of law enforcement respondents say heroin is being trafficked by passenger vehicles. Although 20% say it is trafficked by mail, there were no heroin postal seizures in 2022 for Indiana.<sup>59</sup>

## INTELLIGENCE GAPS

Will the prevalence of counterfeit black tar heroin rise?

Will heroin become completely supplanted by fentanyl-based products?

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<sup>59</sup> U.S. Postal.

## COCAINE

### OVERVIEW

Although cocaine ranked sixth out of eight for largest drug threat in Indiana,<sup>60</sup> seizures and availability indicate cocaine remains a significant drug of concern. The specific nature and scale of the cocaine threat varies throughout the state depending on factors such as location and demographics. Most of the cocaine reaching Indiana is transported from source countries like Colombia and Peru into Mexico, then distributed through major cities like Indianapolis, Fort Wayne, and Evansville and finally into smaller Indiana communities.

Both supply of and demand for cocaine appear strong in Indiana.<sup>61</sup> Seizures have increased, and prices appear to be trending downward. Strong supplies seem to be related, at least in part, to more efficient production methods in South America driven by Mexican DTOs.<sup>62</sup>

Cocaine, when mixed with fentanyl, becomes exponentially more dangerous. Unsuspecting cocaine users may not know their cocaine is mixed with fentanyl and are therefore at a higher risk of drug poisoning. Over the last several years, cocaine fatal overdoses have increased both nationally, and in the state of Indiana (see Figure 18). When cocaine is used in combination with synthetic opioids repeatedly, greater physiological damage occurs.<sup>63</sup> In Indiana, cocaine is now involved in roughly 15% of overdose deaths, compared to 7% in 2016, before fentanyl flooded the market.<sup>64</sup>

### CASE HIGHLIGHT

In January 2022, in Putnam County, an Indiana State Trooper (DHE) initiated a traffic stop on a tractor-trailer going east bound. The driver was traveling from Houston, TX to Indianapolis, IN without cargo. A search of the semi found 53 kilograms of cocaine concealed in two cardboard boxes. This had a street value of approximately 3 million dollars.



<sup>60</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>61</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>62</sup> Luis Jaime Acosta, "Pushing productive coca seeds, Mexican reshape Colombia's drug industry, May 9, 2022, <https://www.reuters.com/world/americas/pushing-productive-coca-seeds-mexican-cartels-reshape-colombias-drug-industry-2022-05-09/>.

<sup>63</sup> NIDA. 2020, November 12. Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis. Retrieved from <http://nida.nih.gov/about-nida/noras-blog/2020/11/rising-stimulant-deaths-show-we-face-more-than-just-opioid-crisis> on 2023, April 7

<sup>64</sup> Indiana Department of Health Drug Overdose Dashboard.

## AVAILABILITY AND USE

According to the IN HIDTA Drug Survey, 65% of respondents claimed cocaine availability was high or moderate, with the majority leaning towards moderate. Respondents from HIDTA counties tended to view cocaine availability as higher than those from non-HIDTA counties with approximately 48% seeing it as high compared to approximately 13% from non-HIDTA counties. When asked about availability change from the previous year, 66% of all respondents claimed cocaine had remained the same.<sup>65</sup> However, cocaine seizures are up from 2021-2022, with a 309% increase in overall seizures (See Table 1 Below), and a 174% increase in amount per seizure for Indiana HIDTA Initiatives, implying a higher level of availability than reported in the IN HIDTA Drug survey.<sup>66</sup> Over half of Law enforcement respondents to the IN HIDTA Drug Survey said demand was high or moderate, while 65% said demand remained the same compared to the previous year.<sup>67</sup>

Year	2018	2019	2020	2021	2022
<b>Cocaine (KG)</b>	148	316	96	96	359

Table3: Indiana HIDTA Cocaine Seizures; Source: Indiana HIDTA PMP.

Mexican cartels are placing themselves directly in cocaine production rather than being satisfied to simply be a buyer. They are sending emissaries to Columbia to influence all aspects of production, in an attempt to drive coca leaf production toward greater efficiency. Production per hectare in 2020 increased by 18% over the previous year, according to Reuters.<sup>68</sup>

Indiana drug overdose deaths from cocaine have risen in Indiana gradually over the last five years. This may be attributable to the introduction of fentanyl into the cocaine supply, along with the increase in availability. Some cocaine users likely are not aware their cocaine is mixed with fentanyl; however, some do report using the mixture intentionally.<sup>69</sup>

Another factor adding to the increase in cocaine overdose deaths is using the combination repeatedly, eventually wearing down the heart. According to Volkow (2020), some individuals report using stimulants to help balance out the effects of opiates to allow them to function “normally”. These combinations can enhance lethality because stimulants and opiates both

<sup>65</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>66</sup> Indiana HIDTA PMP.

<sup>67</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>68</sup> Luis Jaime Acosta, “Pushing productive coca seeds, Mexican reshape Colombia’s drug industry, May 9, 2022, <https://www.reuters.com/world/americas/pushing-productive-coca-seeds-mexican-cartels-reshape-colombias-drug-industry-2022-05-09/>.

<sup>69</sup> NIDA. 2020, November 12. Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis. Retrieved from <http://nida.nih.gov/about-nida/noras-blog/2020/11/rising-stimulant-deaths-show-we-face-more-than-just-opioid-crisis> on 2023, April 7.

affect the cardiovascular and pulmonary systems.<sup>70</sup> Furthermore, a study conducted by LaRue et al. in 2019 assessed 1 million unique urine drug tests to assess rates of fentanyl positivity when screening for cocaine or methamphetamine. The report indicated that between 2013 and 2018, rates of fentanyl positivity increased by 1850% in individuals that tested positive for cocaine and by 798% in individuals that tested positive for methamphetamine.<sup>71</sup>

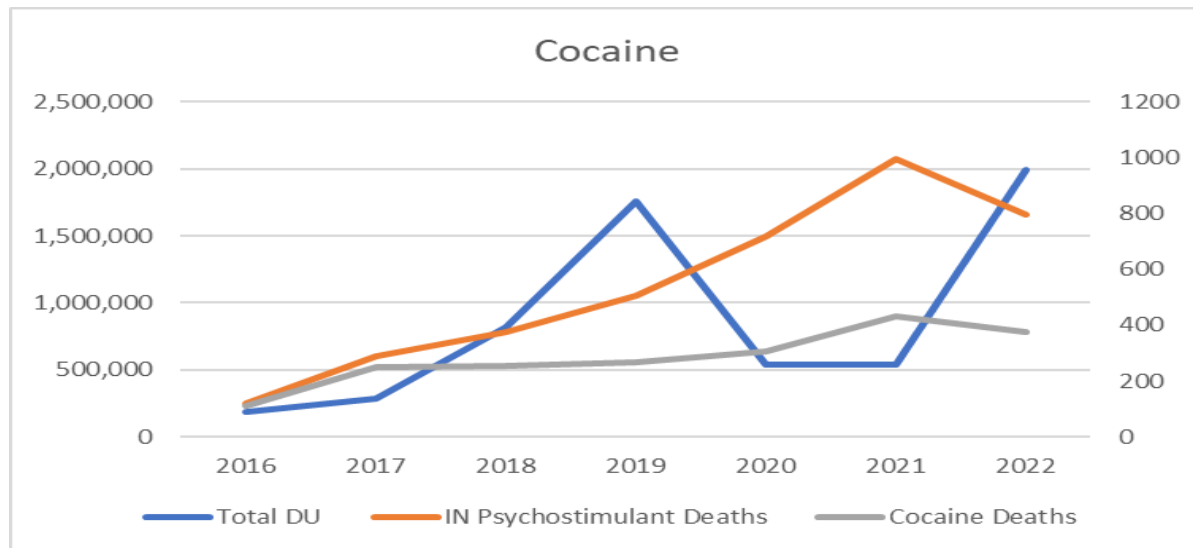


Figure 18: Indiana HIDTA Cocaine Deaths and Cocaine Seizures. Source: Indiana HIDTA PMP and IDOH.

Overall, 35% of respondents indicated cocaine was converted to crack in their AOR; in central Indiana it was 44% and in southern Indiana 20%.<sup>72</sup> According to a DEA Agent with 20 plus years of drug investigative experience, there is a rise in crack due to the change in the statutory limits law, which made the sentences the same for crack and cocaine. This means less risk and more profit for the dealer.<sup>73</sup>

## PRICING

Cocaine has had the most stable pricing out of the listed illicit drugs over recent years, although a rise in price was noted during the pandemic. The average wholesale and retail prices of cocaine have remained relatively inelastic. The only major change can be seen during the start

<sup>70</sup> NIDA. 2020, November 12. Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis. Retrieved from <http://nida.nih.gov/about-nida/noras-blog/2020/11/rising-stimulant-deaths-show-we-face-more-than-just-opioid-crisis> on 2023, April 7.

<sup>71</sup> LaRue, L., Twillman, R. K., Dawson, E., Whitley, P., Frasco, M. A., Huskey A., and Guevara, M. G. (2019). Rate of Fentanyl Positivity Among Urine Drug Test Results Positive for Cocaine or Methamphetamine. JAMA Network Open, 2(4): e192851. doi:10.1001/jamanetworkopen.2019.2851

<sup>72</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>73</sup> Indiana HIDTA Threat Assessment Interview, 3/21/2023.

of the Covid-19 pandemic, where the average price for a kilogram increased by approximately \$8,000. For a more thorough summary of drug prices, refer to Drug Pricing Appendix IV.

## TRANSPORTATION AND DISTRIBUTION

Passenger vehicles continued to be seen by respondents as the preferred method of transporting cocaine into and throughout Indiana. However, 27% of respondents say they are seeing cocaine trafficked through the U.S. Mail.<sup>74</sup> Postal seizures in Indiana saw a 33% increase from 2021 to 2022 (See Figure 1).<sup>75</sup>

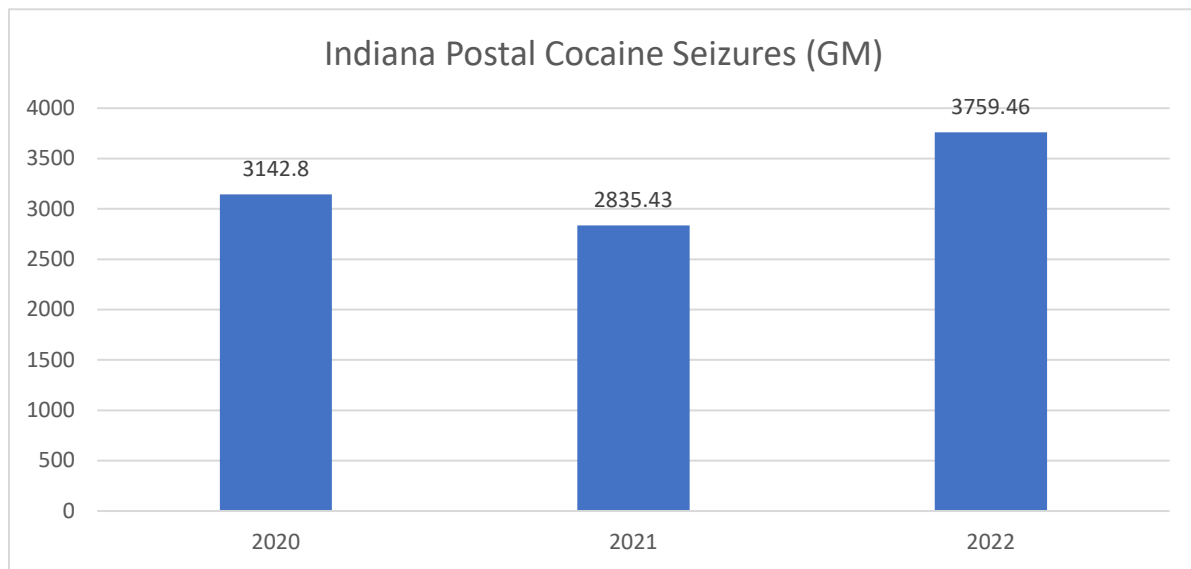


Figure 19 : Indiana Postal Cocaine Seizures (GM); Source: U.S. Postal Service.

## INTELLIGENCE GAPS

Will the increase in the production efficiency of coca leaf lead to lower street prices?

Will fentanyl-infused cocaine change user behavior toward or away from cocaine use?

<sup>74</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>75</sup> U.S. Postal.

## MARIJUANA

### OVERVIEW

Marijuana ranked as the fourth most serious drug threat overall and fifth in HIDTA counties.<sup>76</sup> Indiana is surrounded by four states that have legalized the use of marijuana. Illinois and Michigan have legalized recreational use of marijuana, and Kentucky and Ohio have legalized the medical use of marijuana. Ohio has decriminalized marijuana possession up to 100 grams. Indiana remains one of six states where cannabis remains illegal (see figure 1).<sup>77</sup> Over 90% of IN HIDTA Drug Survey respondents indicated that marijuana products diverted from legal states were seen in 2022.<sup>78</sup>

Based on PMP seizure data coupled with Indiana's proximity to states with legalized cannabis products, availability of and demand for marijuana remained high. This includes traditional leaf/bud products as well as other modalities like vape cartridges and edibles. Over 97% of IN HIDTA Drug Survey respondents indicated that they have encountered marijuana in the bud/flower/leaf form with nearly 90% indicating vape cartridges and oils were seen.<sup>79</sup>

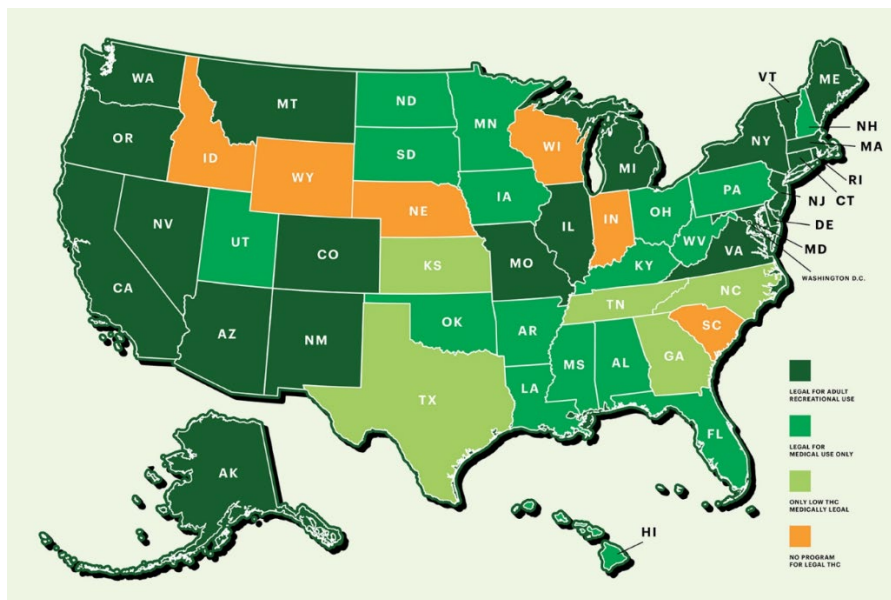


Figure 20: Status of Pot Legalization Across America--Rolling Stone<sup>80</sup>

<sup>76</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>77</sup> Ryan Bort, Elisabeth Garber-Paul, Andrew Ward, "The United States of Weed", April 18, 2023, <https://www.rollingstone.com/feature/cannabis-legalization-states-map-831885/>.

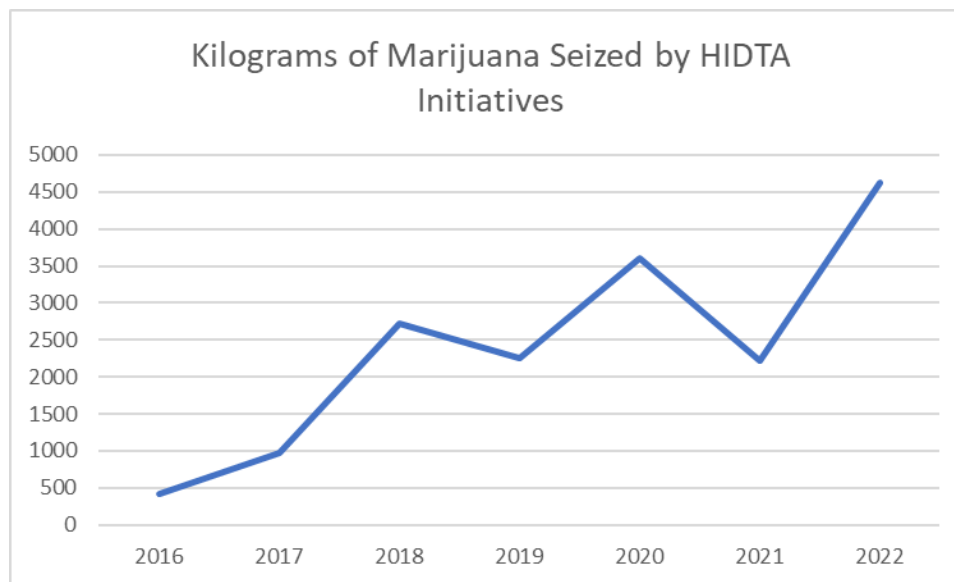
<sup>78</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>79</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>80</sup> Ryan Bort, Elisabeth Garber-Paul, Andrew Ward, "The United States of Weed", April 18, 2023, <https://www.rollingstone.com/feature/cannabis-legalization-states-map-831885/>.

## AVAILABILITY AND USE

According to the IN HIDTA Drug Survey, 88% of respondents indicated availability of marijuana was high and 85% indicated demand was high.<sup>81</sup> Diverted products from states where marijuana is legal are commonly seen throughout Indiana. While plant material is most encountered, edibles and THC vape cartridges are regularly seized. Seizures by Indiana HIDTA initiatives in 2022 were the greatest in the past seven years, surpassing pre-pandemic levels (see Table 5 and Figure 21). The increase in seizures, coupled with steadily falling prices, indicates a strong supply chain for marijuana.



Year	2018	2019	2020	2021	2022
<b>Marijuana (KG)</b>	2,718	2,261	3,610	2,216	4,626

Figure 21 & Table5: Indiana HIDTA Marijuana Seizures; Source: Indiana HIDTA PMP

According to the 2021 Substance Abuse and Mental Health Services Administration (SAMHSA) survey, an estimated 1,008,000 Hoosiers, 18 and older, reported using marijuana in the past year and an estimated 18,000 children aged 12-17 reported using marijuana for the first time in the past year.<sup>82</sup>

## PRICING

The price of illegally sourced Marijuana rose during the pandemic, but prices seem to have returned to near 2019 levels. At the time of writing, illegally sourced marijuana in Indiana was

<sup>81</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>82</sup> SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

approximately 30% per ounce lower than the average Michigan dispensary price for the same quantity.<sup>83</sup> For a more detailed discussion on drug pricing, see Appendix IV.

## TRANSPORTATION AND DISTRIBUTION

The most used mode for the transportation of marijuana, according to IN HIDTA Drug Survey respondents, was passenger cars at 92% followed by mail and delivery services at 48%. Marijuana seizures by mail were up slightly from 2021, however, they have not reached 2018 seizure levels.<sup>84</sup> Proximity of major cities in Indiana to Illinois and Michigan where recreational marijuana is legalized makes it very easy to transport the drug across state lines.

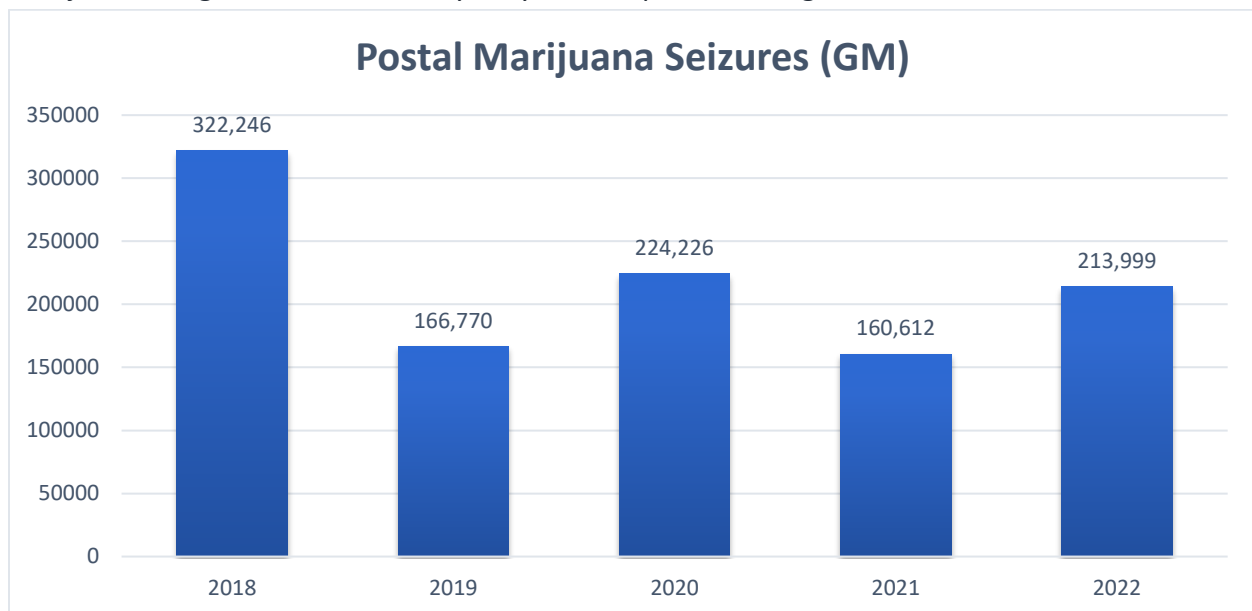


Figure 22: Indiana Postal Marijuana Seizures (GM); Source: U.S. Postal Service.

## INTELLIGENCE GAPS

What is the price point difference that would drive purchasers away from illegally sourced marijuana?

<sup>83</sup> “Data for the price of weed in Michigan, United States”, Price of Weed: A Global Price Index for Marijuana, accessed May 12, 2023, <https://www.priceofweed.com/prices/United-States/Michigan.html>.

<sup>84</sup> U.S. Postal.

## CONTROLLED PRESCRIPTION DRUGS (CPD)

### OVERVIEW

Controlled Prescription Drugs (CPDs) were ranked fifth in our AOR, the same position as the previous year. CPDs continue to be a threat throughout the country, as well as in Indiana but due to increased diversion actions and lawsuits, CPDs are being more carefully prescribed.<sup>85</sup> One of the primary reasons for the diversion of prescription drugs in Indiana is the high demand for these drugs, particularly opioids. Opioid drugs like oxycodone and hydrocodone are highly addictive and can be easily abused, leading to a significant risk of overdose and death.<sup>86</sup>

The diversion of CPDs in Indiana refers to the illegal distribution or use of prescription drugs that are intended for legitimate medical purposes. This can occur in several ways, including theft from pharmacies or hospitals, prescription fraud, or the illegal sale or distribution of prescription drugs. This threat is different than the distribution of fake or counterfeit pills that are flooding the illegal drug market. Those fake pills are manufactured to look like prescription drugs such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®).<sup>87</sup>

### AVAILABILITY AND USE

According to the IN HIDTA Drug Survey, 42% of law enforcement respondents indicated availability of CPDs was high, and 71% indicated availability remained the same from the previous year. Indiana HIDTA seizures of CPDs were up slightly from 2021 but have not reached 2020 levels (See Figure 23).

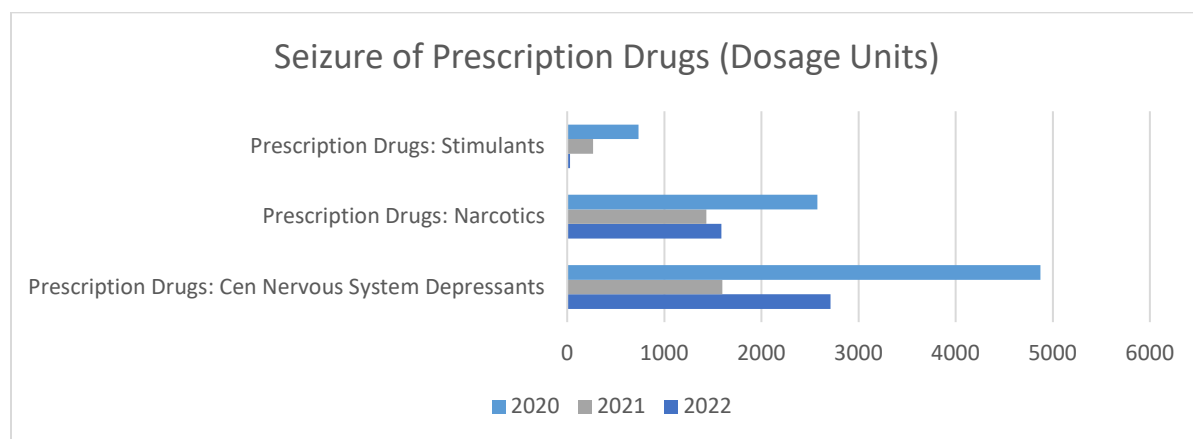


Figure 23 : Indiana HIDTA CPD Seizures); Source: HIDTA PMP

<sup>85</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>86</sup> [Prescription Opioids DrugFacts | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

<sup>87</sup> [Drug Fact Sheets | DEA.gov](#)

The retail sale of CPDs is primarily sourced via prescription fraud, mostly by Independent DTOs. Starting Jan. 1, 2022, controlled substance prescriptions written in Indiana must be issued in an electronic format and transmitted electronically to a pharmacy unless an exception applies, or unless the prescriber has received a waiver from the Indiana Board of Pharmacy. This requirement extends to several types of prescribers, including physicians, advanced practice registered nurses, and physician assistants.<sup>88</sup> The aftereffects of this measure are still being determined. It is more difficult to print fraudulent prescriptions, which may have an unintended consequence of increased black-market sales or encourage the use of fake pills.

With the new legislation, there has been an increase in electronic prescription fraud. Individuals or DTOs create fraudulent electronic prescription accounts using legitimate practitioner identities. This allows the non-registrants to send fraudulent prescriptions that appear legitimate to pharmacies anywhere in the country.<sup>89</sup>

Beginning in late 2021, Promethazine with codeine cough syrup, a Schedule V drug, is no longer being stocked in major pharmacies and will no longer be available via prescription to cut down on abuse.<sup>90</sup> This combination of cough syrup containing codeine, an opiate, and promethazine, an antihistamine, is combined with soda and Jolly Rancher hard candies to make “Sizzurp”. When abused, the syrup can induce feelings of euphoria and excitement. The concoction was made popular by rap stars and members of the hip-hop community.<sup>91</sup> This regulation may push a popular drug of abuse (codeine) further into the black market.

## PRICING

Pricing of illicit prescription drugs can vary depending on the strength, dosage, and type. The average price of oxycodone ranges between \$10-\$30 per 30mg pill. The average price for alprazolam pills ranges between \$10-\$20 per 2mg pill.<sup>92</sup>

## INTELLIGENCE GAPS

Will counterfeit prescription pills increase in demand and availability over diverted prescription pills?

<sup>88</sup> “Indiana’s e-prescribing mandate for controlled substances begins Jan. 1”, Indiana State Medical Association, Accessed May 23, 2023, [https://www.ismanet.org/ISMA/Resources/e-Reports/11-18-21/Indiana\\_e-prescribing\\_mandate.aspx](https://www.ismanet.org/ISMA/Resources/e-Reports/11-18-21/Indiana_e-prescribing_mandate.aspx).

<sup>89</sup> Threat Assessment Interview, May 18, 2023.

<sup>90</sup> “Walmart and Sam’s Club pharmacies will no longer fill Promethazine/Codeine”, CHUG: Healthcare Users Group, Accessed May 23, 2023, <https://www.chugusers.com/walmart-and-sams-club-pharmacies-will-no-longer-fill-promethazine-codeine/>.

<sup>91</sup> “Sizzurp Cough Syrup Pulled: The End of an Era”, American Addiction Centers, Accessed May 23, 2023, <https://rehab.com/blog/sizzurp-cough-syrup-pulled-the-end-of-an-era/>.

<sup>92</sup> Threat Assessment Interview, May 18, 2023

## DRUG TRAFFICKING ORGANIZATIONS (DTO)

### THREAT OVERVIEW

The main DTOs operating inside of and supplying drugs to the Indiana HIDTA AOR are CDS and CJNG. CJNG continues to expand with some reporting that it has overtaken the drug market in Chicago and Indiana from CDS.<sup>93</sup> According to Sugeyry Romina Gandara, “The major feature of the current criminal landscape in Mexico, according to several observers who monitor organized crime in Mexico, is the battle between an emergent *Cartel Jalisco Nueva Generación* (CJNG), whose primary business is synthetic drugs (both methamphetamine and fentanyl), and Sinaloa Cartel, the historically dominant and most extensive crime organization”.<sup>94</sup> However, of the 84 DTOs investigated by Indiana HIDTA Initiatives, only 2 were reported as cartel affiliated. Although we know most drugs are sourced through Mexico and the cartels, transporters and retail dealers in the US rarely know which cartel they are working with or if they are working with a cartel at all.<sup>95</sup> According to an officer who has worked drug enforcement for several years, “CJNG more often uses couriers who are not members of CJNG but are loosely associated with the organization. This protects the organization so that if arrests are made, the organization has plausible deniability”.<sup>96</sup> Furthermore, DTOs in Mexico have been fracturing for the past decade. According to Crisisgroup.org, the number of armed groups went from 76 in 2010 (the first full year of data), to 205 in late 2020. However, Mexican cartels still control the production, transportation, wholesale, and are starting to take over the retail distribution of illicit drugs in the U.S. According to the IN HIDTA Drug Survey, 29% of respondents say cartels are involved in retail distribution of fentanyl, with only 24% saying street gangs are involved.<sup>97</sup> A drug investigator in Marion County said, “Cartel associates, Hispanic population in Indianapolis as well as black drug dealers in Indianapolis”, are involved in the retail distribution of drugs.<sup>98</sup>

Indiana HIDTA initiatives investigated a total of 84 DTOs in 2022. Most DTOs are polydrug distributors and transporters. In PMP, eighteen (18) of the 84 DTOs were designated as fentanyl DTOs, 44 as methamphetamine/ice DTOs, 31 as heroin DTOs, 30 as cocaine DTOs, 28 as Marijuana DTOs, 10 as crack cocaine DTOs.

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<sup>93</sup> Indiana HIDTA Threat Assessment Interview, 3/14/2023.

<sup>94</sup> Sugeyry Romina Gándara, “Mexico Ablaze as Jalisco Cartel Seeks Criminal Hegemony,” InSight Crime, January 5, 2022.

<sup>95</sup> Indiana HIDTA Threat Assessment Interview, 3/14/2023.

<sup>96</sup> Indiana HIDTA Threat Assessment Interview, 3/21/2023.

<sup>97</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>98</sup> Indiana HIDTA Threat Assessment Interview, 3/21/2023.

The average amount per seizure for Indiana HIDTA initiatives has increased drastically for methamphetamine, cocaine, and fentanyl, according to 2022 PMP seizure data. This is an increase in the bulk shipments of illicit drugs that transporters and wholesale dealers are willing to lose if seized. As an Indiana HIDTA Initiative manager put it, “more parcels and more vehicles with large quantities of drugs” are being transported into or through the Indiana HIDTA’s AOR.<sup>99</sup> This is an indicator of the availability of these drugs in the region, as well as the decrease in prices. The cost of conducting business in the drug business has decreased.

## INTERNATIONAL DRUG TRAFFICKING ORGANIZATIONS

### Overview

China continues to play a big role in fentanyl and methamphetamine production, as the precursors and pre-precursors are shipped mainly through the ports of Lazaro Cardenas in Michoacan and Manzanillo in Colima.<sup>100</sup> It is reported that, “despite being locked in fierce competition over control of a wide array of criminal economies, Mexico’s two most powerful organized crime groups are reportedly sourcing precursor chemicals from the very same suppliers to produce fentanyl”.<sup>101</sup> Synthetic drug production from Mexico often takes place in clandestine laboratories in states like Michoacan and Sinaloa. Fentanyl powder and pills are brought into the U.S. through the southwest border states and distributed throughout the HIDTA counties.

In 2022, the Indiana HIDTA investigated seven International Drug Trafficking Organizations (IDTO). These IDTOs totaled 251 (35.86 average) members and 11 (1.6 average) leaders. The biggest

International DTOs Identified by the Indiana HIDTA Characteristics	
Total International DTOs	7
Total Members (Leaders)	251 (11)
Average DTO Size	35.9
Multi-ethnic	4
Gang Related	5
Cartel Affiliated	2
Violent	7
Polydrug	4
Money Laundering Activities	0
Federal Case Designations	
OCDTF	3
CPOT	1
RPOT	0
PTO	2

Figure 24: Required Table: Identified International DTO Characteristics; Source: HIDTA PMP

<sup>99</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>100</sup> Steven Dudley, Deborah Bonello, Jaime López-Aranda, Mario Moreno, Tristan Clavel, Bjorn Kjelstad, and Juan José Restrepo, “Mexico’s Role in the Deadly Rise of Fentanyl,” (Washington, DC: Wilson Center and InSight Crime, February 2019), <https://www.wilsoncenter.org/publication/mexicosrole-the-deadly-rise-fentanyl>.

<sup>101</sup> InSight Crime, Mexico’s Sinaloa Cartel, CJNG Share Fentanyl Chemical Suppliers, 16 Nov 2022; <https://insightcrime.org/news/mexico-sinaloa-cartel-cjng-chemical-suppliers-fentanyl/>.

organization consisted of 133 members and only one leader.

### Affiliations and Membership

All seven International Drug Trafficking Organizations (IDTOs) were considered violent, five (71%) were gang related, and two were cartel affiliated. The source area for all seven IDTOs was Mexico. According to the IN HIDTA Drug Survey, 38% of respondents said the Cartel Source of Supply (SOS) was CDS, with 29% of respondents saying it was CJNG (See Figure 25 below),<sup>102</sup> although it is reported that CJNG is now the majority stakeholder of the markets in Chicago and Northwest Indiana (NWI), overtaking CDS.<sup>103</sup>

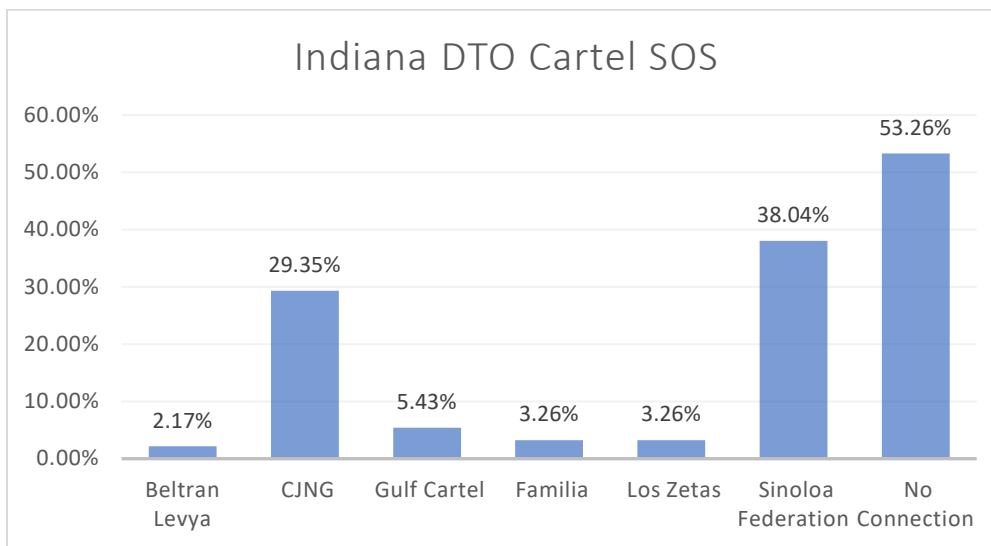


Figure 25: Indiana Cartel Source of Supply; Source: IN HIDTA Drug Survey

### Activities and Methods

One of the IDTOs was a CJNG cell directed from Mexico. The leadership in Mexico connected with the leadership locally, then directed and supplied the rest of the CJNG cell in Chicago and NWI. They transported cocaine, heroin, and marijuana in semi-truck transports concealed in heavy machinery. There is believed to be more than 10 members but so far, the members identified have been traffickers, money launderers, and members of the Gangster Disciples used for local distribution in Chicago and NWI.<sup>104</sup>

Four of the seven IDTOs were poly-drug traffickers, the remaining three trafficked in methamphetamine, marijuana, and cocaine respectively. A DTO operating out of Allen County was trafficking cocaine, fentanyl, heroin, marijuana, methamphetamine, and oxycodone. The

<sup>102</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>103</sup> Indiana HIDTA Threat Assessment Interview, 3/14/2023.

<sup>104</sup> Indiana HIDTA PMP, queried May 18, 2023.

Fort Wayne Safe Streets Task Force seized over 44 kilograms of various drugs off the street from this DTO, with a street value of \$396,417.

## MULTI-STATE DRUG TRAFFICKING ORGANIZATIONS

### Overview

Multi-state DTOs/MLOs are primarily responsible for distributing gram to kilogram quantities of fentanyl, cocaine, crystal methamphetamine, heroin, and marijuana as well as prescription drugs throughout Indiana and to other states. These DTOs/MLOs work with other criminal organizations, travel to source locations, and facilitate the transportation of narcotics to Indiana. In 2022, there were a total of 34 multi-state DTOs/MLOs investigated by Indiana HIDTA initiatives. Of those 34 investigated, 27 were disrupted or dismantled.

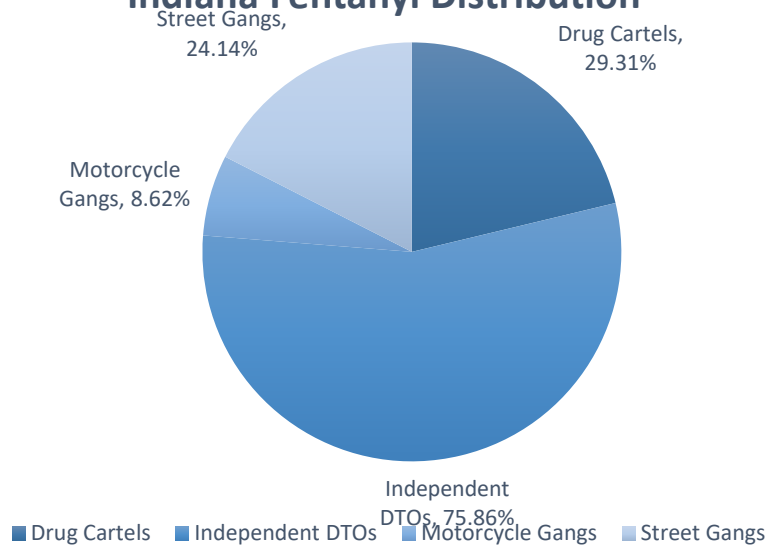
According to the IN HIDTA Drug Survey, 76% of respondents say Independent DTOs are distributing fentanyl, with only 23% indicating gangs are distributing fentanyl. The results are similar for all other drugs (See Figure 27).<sup>105</sup>

Multi-State/Regional DTOs Identified by the Indiana HIDTA Characteristics	
Total Multi-State/Regional DTOs	34
Total Members (Leaders)	476 (55)
Average DTO Size	14
Multi-ethnic	16
Gang Related	12
Cartel Affiliated	0
Violent	15
Polydrug	17
Money Laundering Activities	1
Federal Case Designations	
OCDTF	8
CPOT	3
RPOT	1
PTO	2

Figure 26: Required Table: Identified Multi-state DTO Characteristics; Source: HIDTA PMP

<sup>105</sup> Indiana HIDTA Threat Assessment Survey 2023.

### Indiana Fentanyl Distribution



### Affiliations and Membership

The total number of members of the 34 multi-state/regional DTOs is 476 (14) with a total of 55 (1.6) leaders (See Figure 26). The case with the most members is a DTO case investigated by the River City Drug Task Force (RCDTF). The DTO has 102 members and 4 leaders.<sup>106</sup> A majority of their members were arrested, and several seizures were made,

totaling over \$300,000 USC, 30 firearms, 101 pounds of methamphetamines, 2 kilograms of fentanyl, approximately 40,000 fake “fentanyl” M-30 pills, along with several other narcotics. This DTO, which had connections to Indianapolis, Evansville, Kentucky, and Florida, facilitated the transportation and distribution of mainly cocaine, fentanyl, and ice coming from Durango, Mexico.

None of the 34 multi-state DTOs in 2022 were cartel affiliated but 12 (35%) were gang related. All twelve, gang related DTOs were also considered violent. According to the IN HIDTA Drug Survey, only 20% of respondents say street gangs are distributing the major drugs, with independent DTOs drastically increasing. However, gang related drug trafficking is still a significant threat. A violent, gang related multi-state DTO out of Marion County, Indiana, which contained 24 members and 8 leaders, had 26 firearms seized from them, along with heroin, fentanyl, meth, marijuana, cocaine, suboxone, and \$272,000 USC.

<sup>106</sup> Indiana HIDTA PMP, queried May 18, 2023.

### Activities and Methods

Half of the 34 Multi-State DTOs were polydrug traffickers, with 15 of them being violent, up 17% from last year. Of the multi-state DTOs, 23% Trafficked in Fentanyl, 74% Trafficked in Meth/ICE, 32% Trafficked in Heroin, 35% Trafficked in Crack/Cocaine (3 in Crack), 32% in Marijuana (See Figure 28).<sup>107</sup>

Most of the cocaine and methamphetamine sent in the mail enroute to Indiana comes from Arizona or California, whose borders are controlled by CJNG with its ally the Tijuana Cartel. This is of interest because 31% of respondents to the IN HIDTA Drug Survey replied that the Drug Cartels are involved in street level distribution of methamphetamine. Similar responses were given for cocaine, fentanyl, and heroin.

### Multi-state DTO Trafficking by Drug

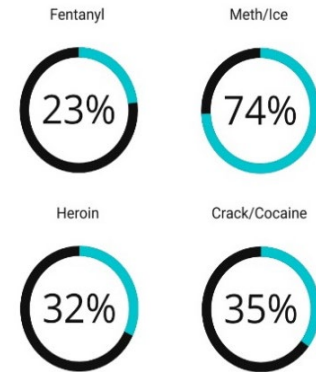


Figure 28: Multi-state trafficking by Drug; Source: IN HIDTA Drug Survey

## LOCAL DRUG TRAFFICKING ORGANIZATIONS

### Overview

Local-based DTOs/MLOs pose a significant threat to Indiana HIDTA's AOR and are primarily responsible for distributing gram to kilogram quantities of cocaine, crystal methamphetamine, heroin, fentanyl, and marijuana, as well as prescription drugs throughout the area. These DTOs/MLOs work with other criminal organizations to facilitate the distribution of narcotics throughout Indiana. In 2022, there were a total of 44 local DTOs/MLOs investigated by Indiana HIDTA initiatives, compared to 34 in 2021. Of the 44 investigated, 32 were disrupted or dismantled.

Independent DTOs are increasingly controlling the street level distribution of drugs, as opposed to street gangs and motorcycle gangs, who traditionally controlled that aspect of the market. While they still pose a significant and violent threat

Local DTOs Identified by the Indiana HIDTA Characteristics	
Total Multi-State/Regional DTOs	43
Total Members (Leaders)	510 (50)
Average DTO Size	11.9
Multi-ethnic	12
Gang Related	20
Cartel Affiliated	0
Violent	28
Polydrug	15
Money Laundering Activities	0
Federal Case Designations	
OCDTF	6
CPOT	1
RPOT	0
PTO	1

Figure 29: Required Table: Identified International DTO Characteristics; Source: HIDTA PMP

<sup>107</sup> Indiana HIDTA PMP, queried May 18, 2023.

to the public, only about 20% of respondents say street gangs are involved in retail distribution of drugs in Indiana.

### **Affiliations and Membership**

Gangs account for 47% of the local DTOs investigated by HIDTA Initiatives.<sup>108</sup> Roughly 30% of IN HIDTA Drug Survey respondents say Drug Cartels are involved in the retail distribution of fentanyl, cocaine, heroin, and methamphetamines, while only 5% of respondents say motorcycle gangs are involved. Independent DTOs overwhelmingly control street level distribution for Hallucinogens, MDMA, and New Psychoactive Substances, with drug cartels and gangs mostly leaving those markets alone.

### **Activities and Methods**

Polydrug traffickers made up 35% of the 43 Local DTOs, down 15% from last year. The number of violent Local DTOs is up 7%, with 65% being violent in 2022. Of the 43 Local DTOs investigated by Indiana HIDTA initiatives, 16% Trafficked in Fentanyl, 30% Trafficked in Meth/ICE, 33% Trafficked in Heroin, 40% Trafficked in Cocaine, 16% Trafficked in Crack, and 33% in Marijuana. A violent, local DTO operating in Indianapolis and Fort Wayne, was disrupted when law enforcement seized 47 firearms and rifles, 2 Glock switches, over \$640,000 USC, and multiple kilograms of cocaine, fentanyl, methamphetamine, heroin, and marijuana. According to Fox59.com, this Independent DTO used the mail system to ship drugs from a supplier in southern California. These drugs were shipped to various locations, including residences, strip malls, and store parking lots. One of the main targets in this case used Facetime to order the drugs from his supplier in California.<sup>109</sup>

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<sup>108</sup> Indiana HIDTA 2022 PMP Data

<sup>109</sup> Matt Adams, Fox59.com, "Feds: Indy-based meth and cocaine ring brought in drugs from California; 21 people indicted", Posted Jul 22, 2022, <https://fox59.com/news/indycrime/feds-indy-based-meth-and-cocaine-ring-brought-in-drugs-from-california-21-people-indicted/>.

## MONEY LAUNDERING ORGANIZATIONS (MLO)

### THREAT OVERVIEW

The Indiana HIDTA investigated one money laundering organization. This multi-state MLO had 15 members and 2 leaders, they were gang related and considered violent. The organization spanned throughout the Chicago region, northwest Indiana, and Wisconsin. The DTO/MLO were running a healthcare fraud scam using their business fronts to launder drug proceeds, as well as generate millions of dollars in profit from defrauding the WI Medicaid system.

According to the IN HIDTA Drug Survey, bulk cash movement is still the preferred method to move illicit drug funds. “Cash generated in [our] AOR eventually is transported to Chicago or elsewhere. Bulk cash pick-ups and then using vehicle transportation is still very common”, stated a Law Enforcement Officer in Northwest Indiana.<sup>110</sup>

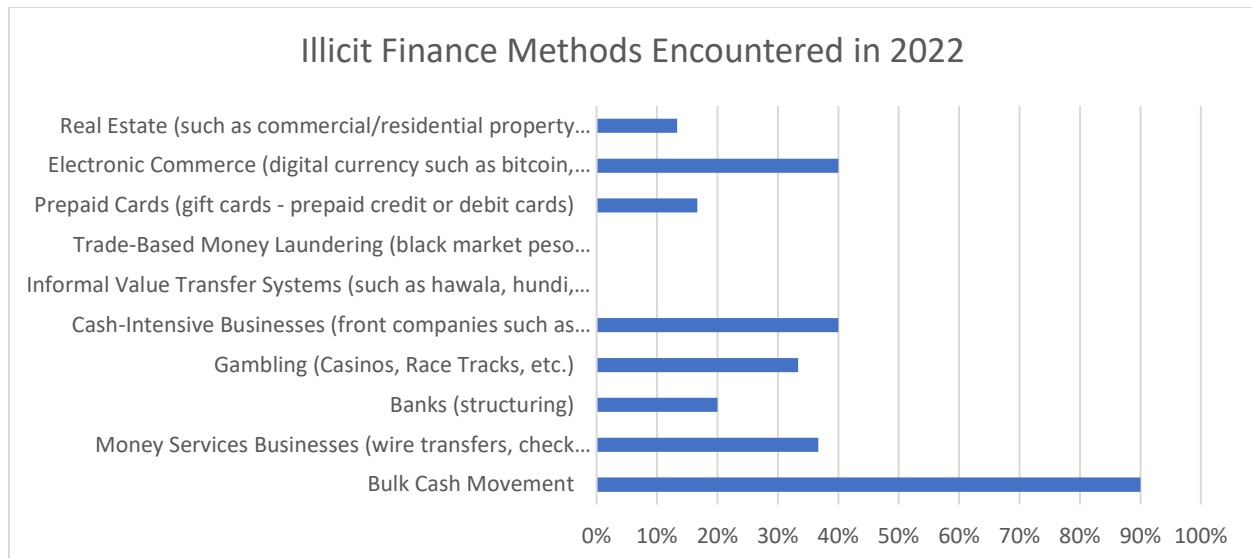


Figure 30: Illicit finance methods used by DTOs in 2022. Source: IN HIDTA Drug Survey

Drug trafficking and payment using internet apps is occurring throughout Indiana across urban, suburban, and rural communities. The use of digital currency to move illicit funds is increasing in popularity, 40% of respondents stated they had encountered its use in 2022.<sup>111</sup> Drug traffickers advertise on social media platforms like Facebook, Instagram and Snapchat using known code words and emojis. Prospective buyers will typically respond using encrypted communication apps like WhatsApp, Signal, and Telegram. After the deal is agreed upon, the buyer will pay using one-click apps like Zelle, Cash App, and Remitly.<sup>112</sup> One such example of

<sup>110</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>111</sup> Indiana HIDTA Threat Assessment Survey 2023.

<sup>112</sup> [20220208-DEA20220208-DEA Social Media Drug Trafficking Threat Overview](#)

this methodology occurred in Evansville, Indiana. In June 2022, a teen used Snapchat to market marijuana, blue pills, and firearms. Two women and a minor who bought pills from the teen all overdosed and one of the women died.<sup>113</sup>

Chinese Money Laundering Organizations (CMLO) are still prevalent in Indiana HIDTA's AOR. According to the IN HIDTA Drug Survey, 14% of respondents encountered Chinese-based couriers and/or money laundering organizations in 2022. According to a drug investigator out of Indianapolis, "Asian groups are moving lots of cash for the cartels based on surveillance and money seizures". Another drug investigator stated, "Chinese couriers, who are mostly Chinese citizens, are moving illicit funds from east to west, or from Chicago to the west, for MLOs".<sup>114</sup>



CMLOs not only assist drug cartels in moving and laundering their illicit funds, but they are also helping wealthy Chinese get their money out of China as part of the scheme.<sup>115</sup>

Furthermore, according to the National Association of Realtors, over half of these purchases by wealthy Chinese are cash used to buy mainly single family homes in the U.S., with Indiana one of their top targets (See Figure 31).<sup>116</sup>

Figure 31: Chinese Investors in the U.S. Source: National Association of Realtors

<sup>113</sup> USA Today, "Indiana teen charged with using Snapchat to sell fentanyl that caused overdoses, 1 death". Published May 19, 2023. <https://www.usatoday.com/story/news/nation/2023/05/19/jeremial-leach-indicted-by-federal-grand-jury-fentanyl-overdoses-evansville-elizabeth-duncan/70238000007/>

<sup>114</sup> Indiana HIDTA Threat Assessment Interview, 3/14/2023.

<sup>115</sup> Sebastian Rotella and Kirsten Berg, ProPublica, "How a Chinese American Gangster Transformed Money Laundering for Drug Cartels", Oct. 11, 2022, <https://www.propublica.org/article/china-cartels-xizhi-li-money-laundering>.

<sup>116</sup> "2022 International Transactions in U.S. Residential Real Estate", National Association of Realtors, <https://www.nar.realtor/research-and-statistics/research-reports/international-transactions-in-u-s-residential-real-estate>.

## OUTLOOK AND EMERGING TRENDS

The Indiana HIDTA defines confidence levels as either high or medium. High confidence generally indicates that the judgments are based on high-quality information or that the nature of the issue makes it possible to render a solid judgment. Medium confidence generally means that the information is credibly sourced and plausible but can be interpreted in various ways or is not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence.

In our 2022 threat assessment, we assessed that demand for fentanyl would continue to increase in the AOR, and that was borne out with subsequent data. We assess with high confidence that fentanyl demand will continue to rise in the AOR. This assertion is based on several factors including price point, availability, targeted marketing on the part of cartels and DTOs, and fentanyl's prominence in illicit polydrug products including fake pills. Additionally, anecdotal evidence indicates that fentanyl is surreptitiously replacing heroin at the street level.

The HIDTA assesses with high confidence that heroin availability will decrease throughout the AOR. This assessment is made based on interviews indicating fentanyl continues to be sold at the street level as purported heroin. Additionally, the synthetic nature of fentanyl largely frees producers from environmental impacts to which agriculture-based products such as heroin are tied. Furthermore, the low-dosage nature of fentanyl continues to make it an easier product to transport in a dose-to-dose comparison with heroin. The HIDTA further assesses with high confidence that heroin demand will remain high. We assert this demand will be met by non-heroin narcotics sold to users as heroin.

The HIDTA assesses with high confidence methamphetamine demand and availability will remain high in the AOR. We see the continued demand to be driven by price and supply factors. Cartel-manufactured methamphetamine seizures have risen in the AOR over the four years while price has continued to decrease implying a strong supply. In addition to favorable pricing, the increase in polydrug concoctions containing methamphetamine appears to be on the rise, further increasing the demand, and by default, making it available to additional potential users.

The HIDTA assesses with high confidence that availability and demand for cocaine will continue to be strong. Cocaine seizures in the AOR exceeded pre-pandemic levels in 2022 implying a strong supply. The median price for kilogram and ounce quantities decreased slightly from the previous year implying higher availability throughout the state.

The HIDTA assesses with high confidence the demand and use of controlled prescription drugs will continue in the AOR, but with a caveat. The presence of counterfeit, aka 'fake' pills in the area's illicit drug stream has been clearly discerned. There seems to be a perceived sense by users that these products may be safer to use as they require neither injection nor inhalation and, in some cases, appear to be diverted prescription drugs. However, these products often are not what buyers believe them to be. While we assess demand and use will likely remain high, we acknowledge that the delivered product will likely not be genuine.

The HIDTA assesses with high confidence that the use of social media and communication applications will continue to gain broader usage in illegal drug marketing. The conclusion is based upon the evolution of the social media space and advances in encryption and anonymization technologies along with the ephemeral nature of many applications' data. The features of these evolving technologies will make it more difficult for law enforcement to utilize seized devices.

The HIDTA assesses with high confidence marijuana demand in the AOR will increase. Indiana is surrounded on two sides by states with legal recreational use of marijuana (Illinois and Michigan), and the other two states with some legalization. Ohio decriminalizing marijuana possession up to 100 grams, and Kentucky allowing for medicinal use. This offers Indiana citizens ready access to commercially grown products and implies broad social acceptance. Seizures of illicitly transported bulk quantities of marijuana by HIDTA initiatives exceeded pre-pandemic levels indicating a strong supply stream and implying strong demand.

In 2022, it was predicted that the use of the postal system for the transportation of illicit drugs would increase. Data from the US Postal Service shows the prediction was warranted, especially in the case of fentanyl distribution. Nothing in the data indicates that the use of the mail will decrease; therefore, the HIDTA assesses with high confidence the use of the US Postal Service will remain strong or increase.

Cash seizures by Indiana HIDTA initiatives have fallen over the last two years. The use of cryptocurrency was predicted to increase in the 2022 Threat Assessment. The prediction was based on the premise that digital currency would provide a lower risk of interdiction than traditional bulk currency movements. By its very nature, digital currencies are more difficult for law enforcement to detect. Because of this, it is equally difficult to determine if the previous year's prediction regarding cryptocurrency was demonstrated accurate. Additionally, Chinese money laundering organizations have been noted in the country. Therefore, the HIDTA assess with medium confidence that cash seizures will remain at reduced levels in the coming year.

This conclusion and its certainty are based upon the diversity of money-moving options available to drug traffickers.

The HIDTA assesses with high confidence the prevalence of Xylazine will increase in the coming year. Open-source information indicates Xylazine has been noted in 48 states. Data released by the Indiana Department of Health indicated Xylazine was found in recovered syringes from Marion County. Given the reported low price for Xylazine, it seems that from an economic standpoint, it will likely gain a stronger foothold in the state. Indiana coroners are now testing for Xylazine in suspected overdose cases which should produce data to affirm or refute this assessment.

The HIDTA assesses with high confidence that polydrug products will continue to be widely available. We further assess with equal confidence that the make-up of these products will continue to evolve. The introduction of Xylazine in recent years has demonstrated that cartels and traffickers will augment the mixtures delivered. It seems safe to assume that this trend will continue as new compounds are developed or diverted and nations change their respective drug laws.

The HIDTA assesses with high confidence dimethyltryptamine (DMT) availability will increase in the AOR. Sizeable seizures of DMT at ports of entry are evidence that imported products are entering the country. Three clandestine laboratories making DMT were processed by Indiana State Police in 2022 indicating an interest in the product on the part of local drug cooks. *Mimosa hostilis* root bark, the primary precursor, is not controlled in the United States. We acknowledge that proof of the correctness of our assessment will be difficult to obtain as many officers are not familiar with DMT and field testing for DMT is rare.

The HIDTA assesses with medium confidence the number of deaths due to opioids will continue to decrease in the coming year. This assessment is based largely on two factors. The availability of naloxone in the state is on the rise. Naloxone will be available without a prescription beginning July 2023. In addition, the Indiana Department of Health is set to release nearly 80,000 doses to the public, up from 62,000 doses the previous year. This should have an impact on the opioid death rate. If we are accurate in our assessment of Xylazine, it will necessarily lead to greater deaths, but those deaths will not be attributable to opioids.

# APPENDICES

## APPENDIX I – METHODOLOGY

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The 2023 Indiana HIDTA Threat Assessment was organized and drafted by the Indiana HIDTA Investigative Support Center (ISC). The quantitative data collected for this assessment was primarily obtained from the annual Indiana HIDTA Threat Assessment Survey. This survey was designed to request information on the availability and demand of different drugs, drug trends, drug production, criminal organizations involved in trafficking, transportation methods, DTO/MLO threat, and methods of illicit finance within the Indiana HIDTA AOR. Follow up interviews were conducted with subject matter experts and task force officers based off the analysis and findings of 2023 survey submissions.

Additional data sets include the Indiana HIDTA Performance Management Process, Drug Enforcement Administration reporting, and Indiana Department of Health. The seizure data does not reflect analyzed findings, only suspected drug type at the time of seizure. Secondary qualitative analysis was conducted on information obtained through standardized open-ended interviews with multiple Subject Matter Experts in selected participating agencies and initiatives. Information from open-source websites and local media reporting was also utilized in the creation of this assessment.

## APPENDIX II – IN HIDTA COUNTY FATAL DRUG OVERDOSES

Figures 1 & 2 illustrate overdose death rates for all seven HIDTA counties and Indiana. Please note, 2022 overdose death information remains provisional. Not all counties, including Marion County, have completed all overdose death investigations. For this reason, Indiana's overdose rate for 2022 was excluded from this analysis, and a linear trendline has replaced Indiana's overdose death rates below. All counties, except Marion, demonstrated a decrease in overdoses in 2022. We urge caution in how these numbers are interpreted.

County	2018	2019	2020	2021	2022
Indiana	1626	1695	2316	2812	*
Allen	85	112	120	156	136
Lake	130	151	214	244	193
LaPorte	21	28	53	54	49
Marion	335	377	605	741	832
Porter	39	40	50	55	37
Vanderburgh	41	35	53	96	73
Vigo	17	20	22	39	35

Figure 1: Overdose death counts for HIDTA Counties and Indiana, 2018-2022. Source: Indiana Department of Health; County Coroners' Offices of Allen, Lake, LaPorte, Marion, Porter, Vanderburgh, and Vigo

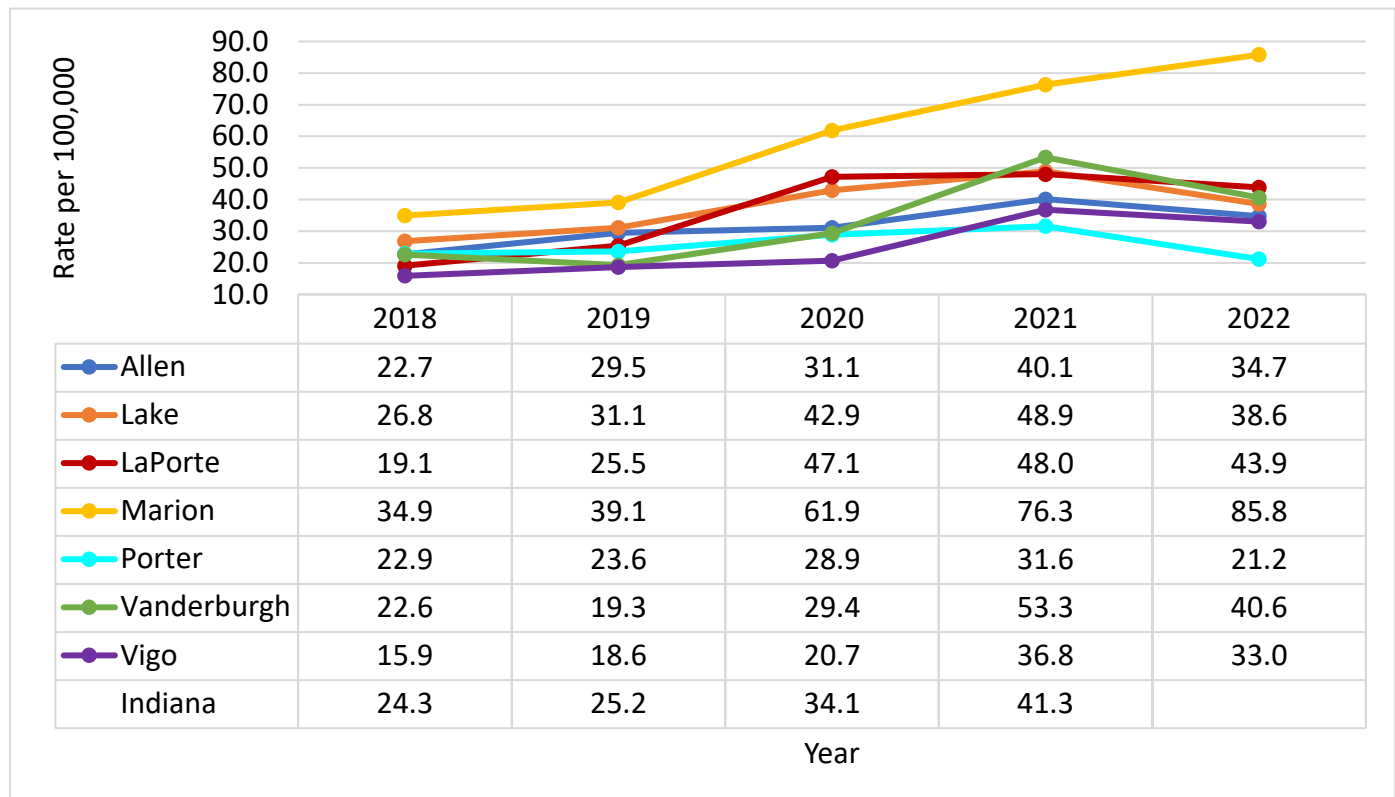


Figure 2: Overdose death rates per 100,000 for HIDTA Counties and Indiana, 2018-2020. Source: Indiana Department of Health; County Coroners' Offices of Allen, Lake, LaPorte, Marion, Porter, Vanderburgh, and Vigo

## AGE

Proportions are used to compare localities because populations vary substantially by jurisdiction. Below, each row highlighted in blue adds up to 100 percent. Nationally, from 2020 to 2021, rates of overdose death were highest for adults ages 35-44 and lowest for those 65 and older.<sup>117</sup> However, all age groups saw an increase in overdose deaths during this time period, with adults over 65 experiencing the largest increase in overdose deaths (28%). From 2020-2022, for all HIDTA counties, individuals ages 35-54 had the largest proportion of overdose deaths (see Figure 3 below). The next largest age group for all counties, except Vigo, was 18-34.

Age	Less than 18		18-34		35-54		55+		Total	
	#	%	#	%	#	%	#	%	#	%
Allen	8	2	166	40	175	42	63	15	412	100
Lake	2	0	190	29	303	47	156	24	651	100
LaPorte	1	1	62	40	68	44	25	16	156	100
Marion	12	1	688	32	1018	47	460	21	2178	100
Porter	2	1	51	36	76	54	13	9	142	100
Vanderburgh	1	0	76	36	81	38	54	25	212	100
Vigo	0	0	24	25	44	46	28	29	96	100

Figure 3: Overdose death by age for HIDTA Counties and Indiana, 2020-2022. Source: Indiana Department of Health; County Coroners' Offices of Allen, Lake, LaPorte, Marion, Porter, Vanderburgh, and Vigo

## RACE AND ETHNICITY

Proportions are used to compare localities because populations vary substantially by jurisdiction. Below, each row highlighted in blue adds up to 100 percent. In a perfect world, the burden of a disease (quantified by proportion) would match the proportion of the group in the entire population of the jurisdiction. For example, according to the US Census Bureau, 84.9% of individuals in Allen County<sup>118</sup> are White, non-Hispanic. We would expect then to see that 84.9% of all overdose deaths were White, non-Hispanic. Unfortunately, the CDC has shown over the last 20 years that, nationally, African American, and Hispanic/LatinX individuals are overrepresented in overdose deaths.<sup>119</sup> This means, that compared to White, non-Hispanic

<sup>117</sup> CDC. (2022, December). *Drug overdose deaths in the United States, 2001-2021*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db457.htm#:~:text=In%20both%2020%20and%202021%2C%20rates%20were%20highest%20for%20adults,%2C%20with%20a%2028%25%20increase>.

<sup>118</sup> Allen County was chosen because they were first alphabetically.

<sup>119</sup> CDC. (2022, November 18). *QuickStats: Death rates for drug overdose among persons age 25-44 years, by race and ethnicity—United States, 2000-2020*. Retrieved from <https://www.cdc.gov/mmwr/volumes/71/wr/mm7146a4.htm#:~:text=From%202019%20to%202020%2C%20all,by%20Black%20and%20Hispanic%20persons>.

individuals, Black/African American, Hispanic/LatinX, and Native American/Alaska Native/other indigenous individuals are more likely to die by a drug overdose. When CDC controlled for substance use patterns and income inequality, the CDC attributed these disparities to several factors, including that Black, Hispanic, and indigenous communities did not have access to life-saving interventions such as medications for opioid use disorder, naloxone, and harm reduction services.<sup>120</sup> However, all individuals, regardless of race and ethnicity, are more likely to have problematic substance in communities with greater income inequality. Figure 4 below shows the race and ethnicity of overdose decedents for HIDTA counties.

Race/Ethnicity	White only		Black only		Other only		Hispanic, any race		Total	
	#	%	#	%	#	%	#	%	#	%
Allen	275	67	103	25	6	1	28	7	412	100
Lake	389	60	175	27	7	1	80	12	651	100
LaPorte	130	83	15	10	1	1	10	6	156	100
Marion	1418	65	674	31	21	1	65	3	2178	100
Porter	121	88	6	4	0	0	10	7	137	100
Vanderburgh	183	82	37	17	0	0	2	1	222	100
Vigo	87	91	8	8	0	0	1	1	96	100

Figure 4: Overdose death by race and ethnicity for HIDTA Counties and Indiana, 2020-2022. Source: Indiana Department of Health; County Coroners' Offices of Allen, Lake, LaPorte, Marion, Porter, Vanderburgh, and Vigo

## RURALITY

One other important demographic to consider is the disease burden by geography, specifically urban compared to rural settings. Nationally, overdose death rates for cocaine, heroin, and fentanyl and its derivatives are higher in urban settings, while overdose death rates for prescription pain medications and amphetamines and methamphetamine are higher in rural settings.<sup>121</sup> Additionally, CDC notes that overall rates for overdoses in general are higher in urban counties. However, there are some important reasons why individuals in rural counties may be undercounted. First, census undercounts are more common in rural areas and census

<sup>120</sup> CDC. (2022, July 22). *Vital Signs: Drug overdose deaths, by selected sociodemographic and social determinants of health characteristics—25 states and the District of Columbia, 2019-2020*. Retrieved from [https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm?s\\_cid=mm7129e2\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm?s_cid=mm7129e2_w)

<sup>121</sup> CDC. (2022, July). *Urban-rural differences in drug overdose death rates, 2020*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db440.htm>

overcounts are more common in urban areas.<sup>122</sup> Additionally, rural counties may have fewer resources to properly investigate and document overdose deaths.<sup>123</sup> Indiana coroners have reported many barriers and challenges when investigating suspected overdose deaths resulting in a high number of undetermined manners of death cases. Fortunately, because of partnerships between Indiana's county coroners and the Indiana Department of Health, undetermined manner of death cases in Indiana have decreased from 35.8% in 2016 to 2.8% in 2020 (below the national rate).<sup>124</sup>

## TOXICOLOGY SUBSTANCES

On average, decedents had two drugs identified in their toxicology. Below, we illustrate the two most common substances identified at time of death and the proportion of decedents with the respective substance for each HIDTA county (see Figure 5). The most common substance identified was fentanyl for all HIDTA counties except for Vigo, where methamphetamine was most common. The most common mix of substances identified were fentanyl and a stimulant (i.e., cocaine or methamphetamine), except in Porter County where another opioid beside fentanyl was the second most common substance. In Allen County, cocaine and methamphetamine were tied for the second most common substance identified.

Two most common substances identified	
Allen	Fentanyl (79%), and cocaine (28%) or methamphetamine (28%)
Lake	Fentanyl (71%) and cocaine (42%)
LaPorte	Fentanyl (72%) and methamphetamine (38%)
Marion	Fentanyl (78%) and methamphetamine (34%)
Porter	Fentanyl (75%) and other opioids (35%)
Vanderburgh	Fentanyl (64%) and methamphetamine (43%)
Vigo	Methamphetamine (64%) and fentanyl (33%)

Figure 5: Two most common substances in toxicology for HIDTA Counties and Indiana, 2020-2022. Source: Indiana Department of Health; County Coroners' Offices of Allen, Lake, LaPorte, Marion, Porter, Vanderburgh, and Vigo

<sup>122</sup> US Census Bureau. (2022, May 19). *US Census Bureau releases undercount and overcount rates by state and the District of Columbia*. Retrieved from <https://www.census.gov/newsroom/press-releases/2022/pes-2020-undercount-overcount-by-state.html>.

<sup>123</sup> Slavova S, Delcher C, Buchanich JM, Bunn TL, Goldberger BA, Costich JF. (2019). Methodological complexities in quantifying rates of fatal opioid-related overdose. *Current Epidemiology Reports*, 6(2), 263-274. doi:10.1007/s40471-019-00201-9

<sup>124</sup> CDC. (2021). CDC wide-ranging online data for epidemiological research (WONDER) online database. Retrieved from <https://wonder.cdc.gov/mcd-icd10.html>

## APPENDIX III – PARTICIPATING AGENCIES

**FEDERAL**

Alcohol, Tobacco, Firearms and Explosives (ATF)  
 – Indianapolis, Merrillville  
 DHS-HSI-ICE - Indiana  
 Drug Enforcement Administration (DEA) –  
 Indianapolis DO, Merrillville DO  
 Federal Bureau of Investigation (FBI) –  
 Indianapolis, Merrillville  
 Internal Revenue Service - Indiana  
 U.S. Attorney's Office – Northern District of  
 Indiana  
 U.S. Marshals – Northern District of Indiana  
 U.S. Postal Inspection Service

**STATE**

Indiana Department of Corrections  
 Indiana National Guard Counterdrug Task  
 Force  
 Indiana State Police  
 Indiana State Excise Police

**LOCAL**

Allen County Police Department  
 Bartholomew County Sheriff's Office  
 Benton County Sheriff's Office  
 Blackford County Sheriff's Office  
 Bluffton Police Department  
 Brookston Police Department  
 Carmel Police Department  
 Cass County Sheriff's Office  
 Clarksville Police Department  
 Clay County Sheriff's Office  
 Converse Police Department  
 Dearborn/Ohio County Prosecutor's Office  
 Decatur Police Department  
 Dubois County Sheriff's Office  
 East Chicago Police Department  
 Elkhart County Sheriff's Office  
 Fayette County Sheriff's Office  
 Fort Wayne Police Department  
 Frankfort Police Department  
 Franklin County Sheriff's Office

Jeffersonville Police Department  
 Ligonier Police Department  
 Marion County Sheriff's Office  
 Miami County Sheriff's Office  
 Monroe County Sheriff's Office  
 Montgomery County Sheriff's Office  
 Monticello Police Department  
 Morgan County Sheriff's Office  
 Mount Vernon Police Department  
 Newton County Sheriff's Office  
 Gibson County Sheriff's Office  
 Greenfield Police Department  
 Greensburg Police Department  
 Hagerstown Police Department  
 Hendricks County Sheriff's Office  
 Howard County Sheriff's Office  
 Huntington County Sheriff's Office  
 Huntington Police Department  
 J.E.A.N. Team Drug Task Force  
 Jasper County Sheriff's Office  
 Jay County Prosecutor's Office

Noble County Sheriff's Office  
 North Vernon Police Department  
 Parke County Sheriff's Office  
 Perry County Sheriff's Office  
 Peru Police Department  
 Posey County Sheriff's Office  
 Princeton Police Department  
 Pulaski County Sheriff's Office  
 Putnam County Sheriff's Office  
 Rush County Sheriff's Office  
 Shelby County Sheriff's Office  
 Shelbyville Police Department  
 Switzerland County Sheriff's Office  
 Tell City Police Department  
 Wabash County Sheriff's Office  
 Warrick County Sheriff's Office  
 Wayne County Sheriff's Office  
 Wells County Sheriff's Office  
 West Lafayette Police Department  
 Whitley County Sheriff's Office

## APPENDIX IV: DRUG PRICING



Average Price per Unit 2022				
	Northern	Central	Southern	Overall Average Price
<b>COCAINE</b>				
Gram	\$ 74.72	\$ 99.42	\$ 100.00	\$ 81.53
Kilogram	\$ 26,400.00	\$ 36,666.67	\$ 30,000.00	\$ 30,222.22
Ounce	\$ 1,122.22	\$ 1,066.67	\$ 1,200.00	\$ 1,106.25
<b>FENTANYL</b>				
Gram	\$ 110.36	\$ 105.00	\$ 94.17	\$ 105.81
Kilogram	\$ 32,000.00	\$ 27,463.33	\$ 43,333.33	\$ 34,039.00
Ounce	\$ 1,750.00	\$ 1,094.44	\$ 1,600.00	\$ 1,423.68
Pill	\$ 27.02	\$ 18.98	\$ 21.57	\$ 23.69
<b>HEROIN</b>				
Gram	\$ 100.91	\$ 258.57	\$ 90.00	\$ 181.85
Kilogram	\$ 46,500.00	\$ 33,000.00	\$ 35,000.00	\$ 41,100.00
Ounce	\$ 1,993.75	\$ 880.00	\$ 1,000.00	\$ 1,355.26
<b>MARIJUANA</b>				
Edibles/DU	\$ 10.00	\$ 15.00	\$ 30.00	\$ 16.67
Gram	\$ 26.25	\$ 25.00	\$ 33.33	\$ 27.73
Ounce	\$ 186.00	\$ 222.86	\$ 200.00	\$ 206.00
Pound	\$ 1,962.50	\$ 1,900.00	\$ 2,000.00	\$ 1,937.50
<b>METHAMPHETAMINE</b>				
Gram	\$ 47.05	\$ 41.06	\$ 84.38	\$ 50.26
Kilogram	\$ 7,000.00	\$ 8,333.33	\$ 6,600.00	\$ 7,666.67
Ounce	\$ 348.40	\$ 373.89	\$ 375.00	\$ 366.06
Pill	\$ 22.60	\$ 11.67		\$ 18.50
Pound	\$ 2,880.00	\$ 3,416.67	\$ 3,125.00	\$ 3,090.00

Figure 1 - Average price per region. Source: Indiana HIDTA Annual drug survey

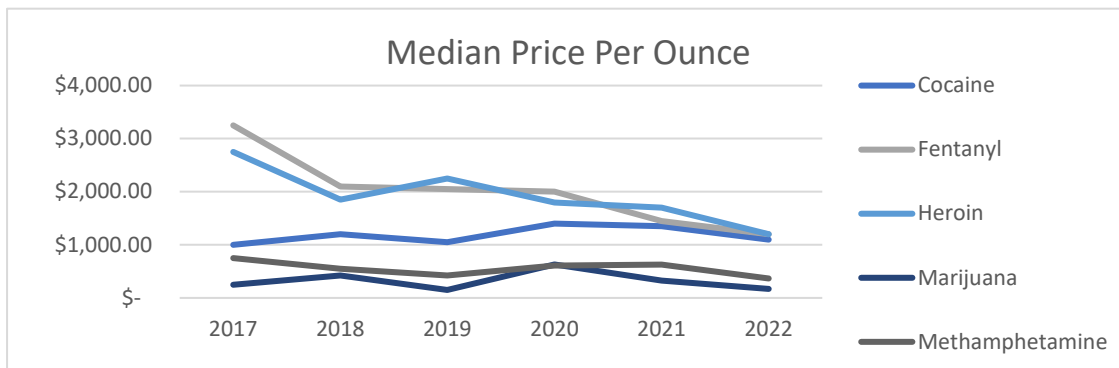


Figure 2 - Median price per ounce. Source: Indiana HIDTA Annual drug survey

## APPENDIX V – NALOXONE

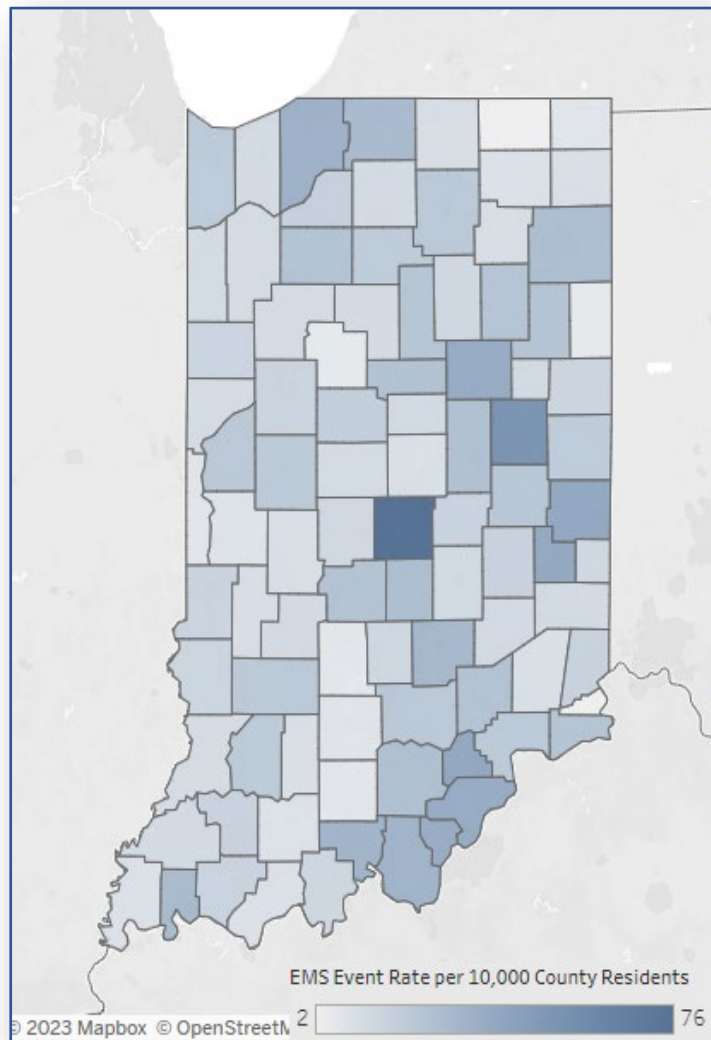


Figure 1 – Naloxone administrations by EMS in 2022. Source: IDOH

Figure 1 provides insight into naloxone administrations reported by Emergency Medical Services (EMS) providers throughout the State of Indiana in 2022. According to Next Level Recovery Indiana, there were over 5,000 naloxone events and over 18,000 dosages provided in 2022 which is approximately 15% less than 2021.

In March 2023, Narcan®, the naloxone nasal spray used to reverse opioid overdoses was approved for over-the-counter sale by the Food and Drug Administration (FDA).

Indiana reports doses distributed (not administered) at around 30,000 in 2020 and at almost 80,000 in 2022.

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The 2023 Indiana HIDTA Threat Assessment was produced by the Indiana High Intensity Drug Trafficking Area Investigative Support Center which consists of personnel from the City of Crown Point, Drug Enforcement Administration, and the Indiana National Guard Counterdrug Program.

This report is limited in scope to Indiana HIDTA jurisdictional boundaries and draws upon a wide variety of sources.

The Indiana HIDTA would like to thank all their partners at the local, state, and federal level that contributed information and made the 2023 Threat Assessment possible.