



U.S. Department of Justice
National Drug Intelligence Center



Midwest High Intensity Drug Trafficking Area



Drug Market Analysis 2011

Source Summary Statement

The National Drug Intelligence Center (NDIC) has high confidence in this drug market analysis as it is based on multiple sources of information that have proved highly reliable in prior NDIC, law enforcement, and intelligence community reporting. Quantitative data, including seizure, eradication, and arrest statistics, were drawn from data sets maintained by federal, state, or local government agencies. Discussions of the prevalence and consequences of drug abuse are based on published reports from U.S. Government agencies and interviews with public health officials deemed reliable because of their expertise in the diagnosis and treatment of drug abuse. Trends and patterns related to drug production, trafficking, and abuse were identified through detailed analysis of coordinated counterdrug agency reporting and information. NDIC intelligence analysts and field intelligence officers obtained this information through numerous interviews with law enforcement and public health officials (federal, state, and local) in whom NDIC has a high level of confidence based on previous contact and reporting, their recognized expertise, and their professional standing and reputation within the U.S. counterdrug community. This report was reviewed and corroborated by law enforcement officials who have jurisdiction in the Midwest High Intensity Drug Trafficking Area and possess an expert knowledge of its drug situation.



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This assessment is an outgrowth of a partnership between the NDIC and HIDTA Program for preparation of annual assessments depicting drug trafficking trends and developments in HIDTA Program areas. The report has been coordinated with the HIDTA, is limited in scope to HIDTA jurisdictional boundaries, and draws upon a wide variety of sources within those boundaries.

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Executive Summary

The overall drug threat to the Midwest High Intensity Drug Trafficking Area (HIDTA) remained fairly consistent from 2009 through 2010. Methamphetamine remains the foremost drug threat to the HIDTA region because of high levels of availability and abuse, overall negative societal impact, and increased local production. Other drug threats vary throughout the region. Crack cocaine poses a significant threat because of its close association with violence in urban areas. Mexican black tar and brown powder heroin, controlled prescription drugs (CPDs), and marijuana are typically available and widely abused in most drug markets. While the drug threat level has remained relatively consistent over the past year, several key issues have developed, compounding the drug threat facing the HIDTA region.

Key issues identified in the Midwest HIDTA region include the following:

- A steady supply of Mexican methamphetamine, along with close cooperation among local methamphetamine users and producers, is sustaining high levels of methamphetamine availability and abuse that exceed those of all other drugs except marijuana in Midwest HIDTA counties. As such, methamphetamine is the drug that consumes the most law enforcement and social services resources.
- Widespread heroin trafficking and demand from oxycodone users who substitute heroin for prescription opioids have increased the prevalence and abuse of heroin throughout the Midwest HIDTA region.
- The trafficking of cocaine, particularly crack cocaine, is a persistent threat to the Midwest HIDTA region's urban areas, largely because the drug is readily available and is consistently connected with urban violence.
- CPD distributors and abusers in the Midwest HIDTA region are acquiring their drugs with relative ease, contributing to widespread abuse and rising treatment costs for prescription drug addiction.
- Sustained high demand for marijuana promotes high levels of marijuana availability and abuse in the region. Local demand for high-potency marijuana has increased during the last 3 years—fueling both increased indoor hydroponic grows and importation from California and Colorado.

Key Issues^a

A steady supply of Mexican methamphetamine, along with close cooperation among local methamphetamine users and producers, is sustaining high levels of methamphetamine availability and abuse that exceed those of all other drugs except marijuana in Midwest HIDTA counties. As such, methamphetamine is the drug that consumes the most law enforcement and social services resources.

Methamphetamine is readily available throughout the Midwest HIDTA region, in large part because of well-established Mexican traffickers who provide a steady supply of the drug to the region.¹ (See text box.) They are able to do so because of rising methamphetamine production in Mexico. Increased Mexican methamphetamine production is indicated by increased laboratory seizures in Mexico (217 in 2009^b compared with 47 in 2008), as well as increased seizures of the drug along the Southwest Border.² The wide availability of Mexican methamphetamine in the HIDTA region is evidenced by law enforcement reporting and seizure data. Law enforcement officials identified increasing Mexican methamphetamine availability in the Midwest HIDTA region in 2009, and by mid-2010 most law enforcement agencies reported that Mexican methamphetamine was readily available in their areas.³ Survey data also indicate wide availability of the drug—130 of 182 law enforcement agency respondents to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2011^c in the Midwest HIDTA region categorize ice methamphetamine availability as moderate or high in their jurisdictions. Additionally, law enforcement officials in the region seized 137 kilograms of ice methamphetamine in 2010 compared with 64 kilograms in 2009—a 115 percent increase and an indicator of the drug’s wide availability.^{d, 4}

Mexican Methamphetamine in the Midwest

In November 2010, two Kansas men pleaded guilty to conspiracy to distribute methamphetamine, admitting that they had led a drug trafficking organization (DTO) that distributed methamphetamine from Mexico through Arizona to Great Bend, Topeka, and Kansas City (KS). Drug Enforcement Administration (DEA) agents seized more than \$690,000 and 10 pounds of methamphetamine from the men, as well as firearms and vehicles. The DTO had also used stash houses in Great Bend, Topeka, and Kansas City to store and process the methamphetamine for daily distribution in 2008 and 2009.

Source: U.S. Attorneys Office, District of Kansas.⁵

- a. For a general overview of the drug threat in the Midwest HIDTA region, see [Appendix A](#).
- b. Data for 2009 are the latest available. As of May 20, 2010, the Government of Mexico reported the seizure of 63 methamphetamine laboratories in 2010.
- c. The NDTS is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies’ perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. NDTS 2011 data cited in this report are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program as of February 22, 2011.
- d. Kilogram amounts have been rounded.

High levels of local production in HIDTA counties also contribute to the region’s methamphetamine supply. Methamphetamine production by independent Caucasian dealers/abusers and criminal groups in the Midwest HIDTA region has increased each year since 2007, following a decrease attributed to 2005 precursor control legislation. (See Table 1.) The increase in local methamphetamine production is supported largely by pseudoephedrine smurfing operations.⁶ These operations often involve methamphetamine users and producers working together, with users assisting producers by obtaining pseudoephedrine from retail establishments in exchange for methamphetamine.⁷ The cooperative relationships between producers and users and the resulting organized smurfing operations has led to increased legislative interest in combating illegal diversion of the drug—either by linking all pharmacy pseudoephedrine purchase records electronically or by requiring a prescription for the drug.⁸

Rising levels of local methamphetamine production are indicated by increasing seizures of methamphetamine laboratories, chemicals, equipment, and dumpsites in the HIDTA counties. Such seizures grew from an aggregate total of 2,666 in 2009 to 2,816 in 2010. (See Table 1.)⁹ Law enforcement agencies in Missouri reported more seizures of methamphetamine laboratories, chemicals, equipment, and dumpsites statewide in 2010 (1,917) than agencies in any other state in the nation.¹⁰ Moreover, some law enforcement officials in Missouri and Kansas, including the Rolla Police Department and the Southeast Kansas Drug Enforcement Task Force, report that the majority of methamphetamine available or seized in their jurisdictions is locally produced.¹¹

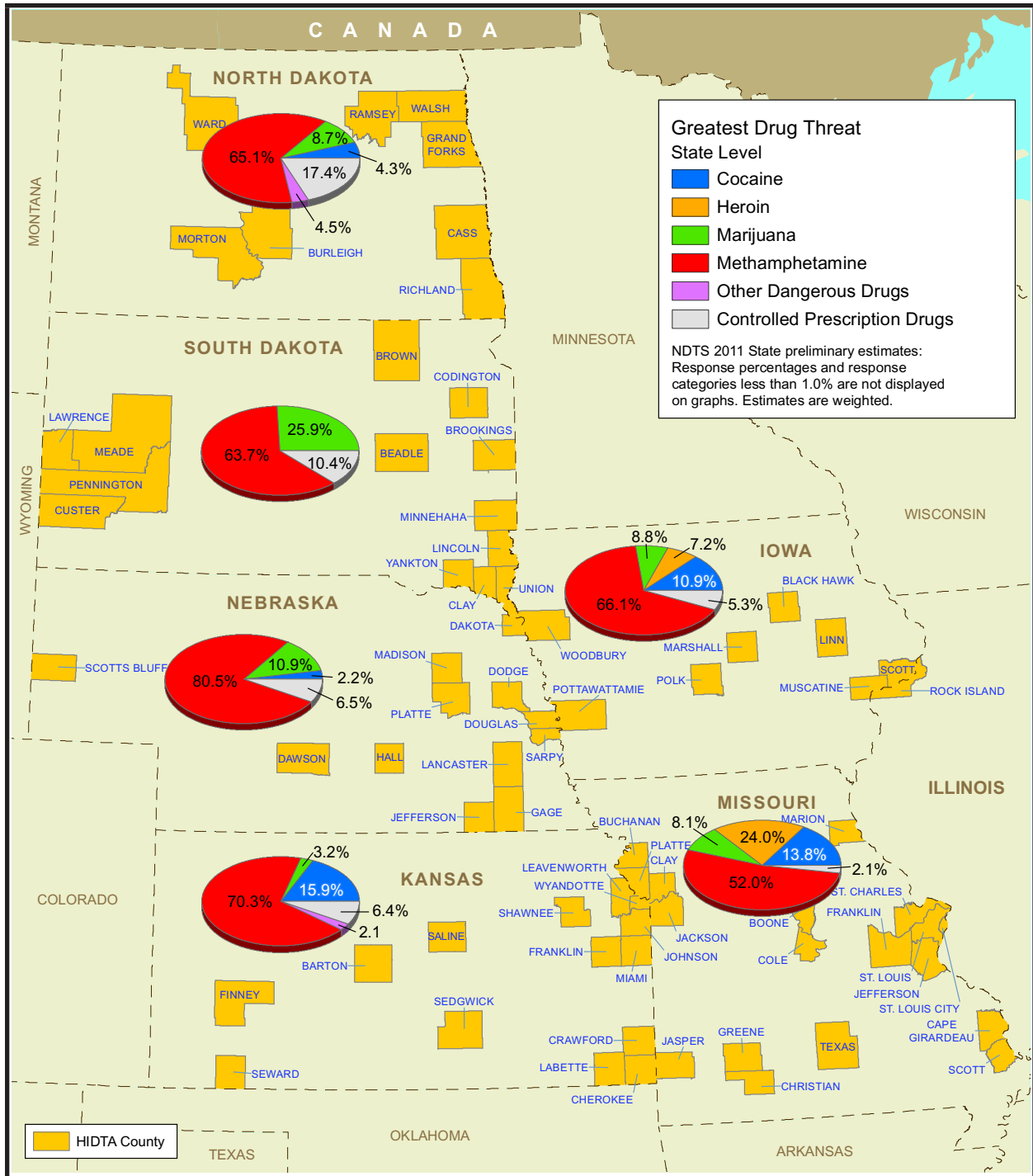
Table 1. Methamphetamine Production Seizures in Midwest HIDTA Counties, 2005–2011*

Type seized	2005	2006	2007	2008	2009	2010	2011*
Chemical only or equipment only	1,294	727	559	649	673	668	131
Dumpsite	2,053	1,065	684	740	742	794	162
Laboratory	1,444	859	722	862	1,251	1,354	307
All seizures	4,791	2,651	1,965	2,251	2,666	2,816	600

Source: National Seizure System.

*Data reported as of March 2011.

Figure 1. Greatest Drug Threat as Reported by Law Enforcement Agencies in the Midwest HIDTA, 2011



The high availability of Mexican methamphetamine and increased local production are the foremost drug concerns to law enforcement officials in the Midwest HIDTA region.¹² According to NDTs 2011 data, 107 of the 182 law enforcement agency respondents in the region identify methamphetamine as the drug that poses the greatest threat to their jurisdictions. The threat from methamphetamine is exacerbated by the geographical makeup of the HIDTA and dire resource limitations. Many small, rural law enforcement agencies are interspersed throughout the HIDTA region, complicating cohesive law enforcement efforts.¹³ Moreover, many agencies lack the resources to engage in the time-intensive practices required for methamphetamine investigations, such as visiting pharmacies to manually gather logbooks of pseudoephedrine purchases or developing intelligence to help disrupt or dismantle DTOs.¹⁴ In addition, methamphetamine laboratories are a significant safety threat to law enforcement personnel, emergency responders, and those who live at or near methamphetamine production sites, since fires, explosions, and exposure to dangerous chemicals can result in serious injury or death. Law enforcement officials in Iowa, Kansas City (KS/MO),^e Omaha, southern Missouri, St. Louis County, and western Nebraska report the use of the one-pot cook method^f—in many cases with associated consequences such as explosions and fires.¹⁵

Methamphetamine is also the drug most associated with property and violent crime in the HIDTA region. According to the NDTs 2011, 99 of the 182 law enforcement respondents identify methamphetamine as the drug that most contributes to violent crime in their jurisdictions, while 100 respondents identify it as the drug that most contributes to property crime. Moreover, of the 1,205 drug-related arrests made by DEA offices in six HIDTA states^g in 2010, 496 (or 41% of the total) were amphetamine/methamphetamine-related.¹⁶ (See Figure 2 on page 7.)

Methamphetamine abuse in the Midwest HIDTA region strains limited public health and social services resources in many areas, particularly in rural counties.¹⁷ In 2010, the number of amphetamine-related treatment admissions to publicly funded treatment facilities in Midwest HIDTA states (9,447) was nearly double the number for cocaine-related admissions (5,171), the next highest category.^{h, 18} (See Table 2 on page 6.) Methamphetamine's highly addictive nature requires longer, and often multiple, courses of treatment, overburdening treatment centers in the region.¹⁹

e. The Kansas City metropolitan area includes Kansas City (KS) and Kansas City (MO).

f. A one-pot cook yields methamphetamine in approximately 30 minutes at nearly any location; ingredients are mixed in easily found containers, such as a 2-liter plastic soda bottle. Producers often use the one-pot cook while traveling in vehicles and then dispose of waste components along roadsides.

g. Arrests made by DEA in Illinois are not included in these totals.

h. Treatment Episode Data Set information for 2010 included in this report is as of March 23, 2011.

**Table 2. Drug-Related Treatment Admissions to Publicly Funded Facilities
in Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota, 2006–2010***

Drug	2006	2007	2008	2009	2010
Amphetamine	14,583	12,661	10,972	11,832	9,447
Heroin	2,289	2,508	3,402	4,307	3,693
Cocaine, smoked and other route	13,590	11,997	10,651	8,328	5,171
Other opiates	2,468	2,659	3,828	5,226	4,307
Marijuana	26,814	25,668	27,550	29,873	21,548
Total	59,744	55,493	56,403	59,566	44,166

Source: Treatment Episode Data Set, as of March 23, 2011.

*Treatment admission numbers for Illinois are not included. Table totals account only for admissions of stated drug categories.

Widespread heroin trafficking and demand from oxycodone users who substitute heroin for prescription opioids have increased the prevalence and abuse of heroin throughout the Midwest HIDTA region.²⁰

Mexican DTOs have increased sales of black tar and Mexican brown heroin primarily in Omaha and Kansas City, and white powder heroin in eastern Missouri.²¹ As a result, heroin is being heavily marketed to existing opioid abusers, particularly young Caucasians, in suburban and rural communities and in smaller markets in Kansas and Missouri, where the drug was previously not available.²² Law enforcement reporting indicates that many of these abusers have transitioned to heroin abuse from prescription opioid abuse, as they can acquire heroin at a lower price.²³ For example, oxycodone abusers with a high tolerance may typically ingest 400 milligrams of the drug daily (five 80-mg tablets) at a cost of \$400, while the reported price for one dosage unit of heroin in St. Louis in mid-year 2010 was \$10 to \$20, and the average price for one-fourth of a gram of heroin in Wichita was \$20.²⁴

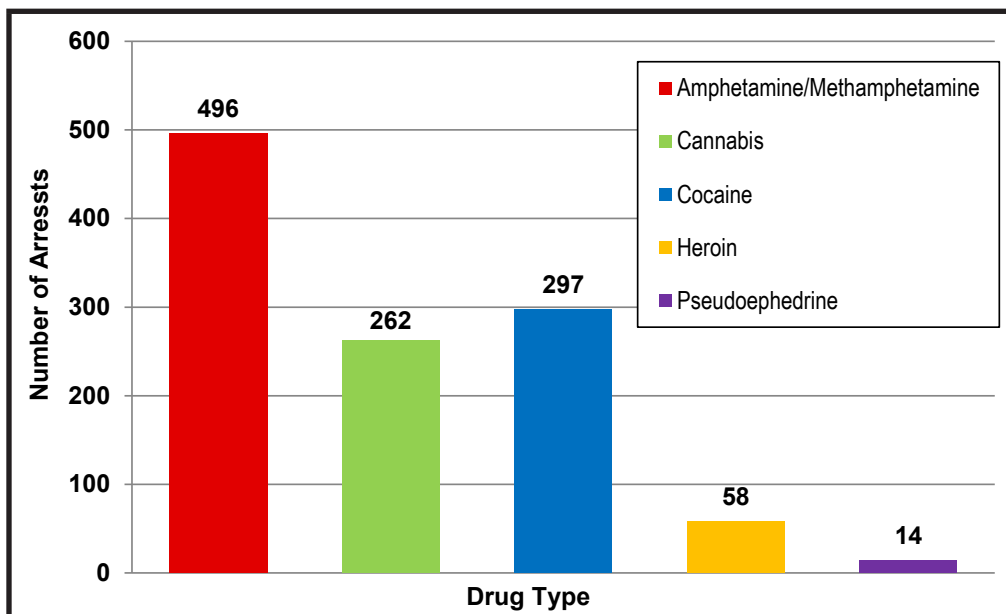
The threat posed to the region by heroin trafficking and abuse is increasing slightly—23 of 182 respondents to the NDTs 2011 in the Midwest HIDTA region identify heroin as the greatest drug threat in their jurisdictions, compared with 13 of 188 respondents in 2009. Moreover, drug treatment providers indicate that heroin addiction is a growing threat in the HIDTA region.²⁵ In addition, the number of admissions to publicly funded treatment facilities for heroin abuse within the six HIDTA region states was significant in 2010 (3,693) compared with 2008 (3,402), despite a decrease in admissions from 2009 to 2010. (See Table 2.) The actual number of treatment admissions for heroin abuse may be even higher than reported because many young, suburban drug abusers (who constitute many of the new heroin users) are covered by private health insurance and are not included in these data.²⁶

The trafficking of cocaine, particularly crack cocaine, is a persistent threat to the Midwest HIDTA region’s urban areas, largely because the drug is readily available and associated with violent crime.

Cocaine (both crack and powder) is consistently cited by law enforcement officials as a threat within the HIDTA region. For example, 24 of the 182 law enforcement respondents to the NDTs 2011 identify crack cocaine as the greatest drug threat in their jurisdictions, while 3 respondents report the same for powder cocaine.²⁷ Additionally, 136 of the 182 respondents in the HIDTA region, particularly those from urban areas, report that powder cocaine availability is high or moderate in their jurisdictions, while 116 respondents report the same for crack cocaine.²⁸ High levels of cocaine availability are also indicated by steady wholesale prices in many HIDTA markets.²⁹ For example, the reported average price for 1 kilogram of powder cocaine remained constant from the end of 2009 to midyear 2010 in both Kansas City (MO) (\$23,000) and St. Louis (\$27,500).^{i, 30} Further, Omaha officials report that cocaine prices per kilogram actually decreased, from an average of \$26,500 per kilogram at the end of 2009 to an average of \$23,500 per kilogram in midyear 2010.³¹ Omaha officials also note that cocaine availability and prices often fluctuate with changes in enforcement activities along the Southwest Border.³²

Cocaine-related crime is a significant threat to the HIDTA region. According to NDTs 2011 data, 47 of 182 law enforcement respondents to the survey identify crack cocaine as the drug most associated with both violent and property crime. Crack cocaine distributors commonly commit a variety of violent crimes, including assault, carjacking, drive-by shootings, home invasions, robbery, and firearms violations, in order to protect and expand their drug operations.³³ For example, in March 2011, nine Missouri men were indicted by a federal grand jury in Springfield for conspiracy to distribute cocaine and to manufacture and distribute crack cocaine—two of the defendants were also charged with being a felon in possession of firearms.³⁴ In addition, according to DEA drug arrest data, the number of cocaine-related arrests was second only to methamphetamine-related arrests from 2007 to 2010.^j

Figure 2. Drug-Related Arrests in Midwest HIDTA States, 2010



Source: Drug Enforcement Administration.

i. Prices cited reflect average of high to low prices reported for each period in each market.

j. Cocaine-related arrests reported by DEA as are follows: 542 in 2007, 454 in 2008, 421 in 2009, and 297 in 2010.

CPD distributors and abusers in the Midwest HIDTA region are acquiring their drugs with relative ease, contributing to widespread abuse and rising treatment costs for prescription drug addiction.

CPDs are widely available and abused throughout the HIDTA region. According to the NDTs 2011, 127 of 182 law enforcement respondents in the Midwest HIDTA region indicate that CPD availability is high in their areas, compared with 85 of 188 respondents to the 2009 NDTs. Moreover, CPD diversion by common methods such as doctor-shopping, prescription fraud, and theft is occurring at high levels in the Midwest HIDTA region.³⁵ For example, two Kansas City (MO) area men were indicted in January 2011 for a \$1.4 million drug trafficking conspiracy that included nearly 100,000 pills stolen in a series of pharmacy burglaries in Missouri and Kansas from May 2010 through January 2011.³⁶ The full scope of CPD diversion and abuse is difficult for investigators to accurately assess because CPD abusers (unlike many major illicit drug abusers) maintain a low profile and may not be involved in any other criminal activity.³⁷

Widespread CPD abuse in the region has resulted in more patients seeking treatment for CPD abuse.³⁸ For example, a clinical supervisor at a treatment center in South Dakota estimated that 20 percent of adult inpatients seeking treatment at the facility in 2009 were admitted for a primary CPD addiction, compared with 5 percent in 2002.³⁹ Data from the Treatment Episode Data Set (TEDS) further depict rising treatment admissions for CPD abuse—admissions to publicly funded facilities in Midwest HIDTA states^k for other opioids,^l as reported by TEDS, increased 62 percent between 2007 (2,659) and 2010 (4,307).⁴⁰

Sustained high demand for marijuana promotes high levels of marijuana availability and abuse in the region. Local demand for high-potency marijuana has increased during the last 3 years—fueling both increased indoor hydroponic grows and importation from California and Colorado.⁴¹

Law enforcement officials indicate that marijuana is the most widely available^m and commonly abused illicit drug in the region. Mexican commercial-grade marijuana is the most common form of the drug available; however, high-potency marijuana (typically from California and increasingly from Coloradoⁿ and grow sites within the HIDTA region) is in greatest demand and draws a much higher price for producers and distributors.⁴² High levels of demand and the profit incentive associated with high-potency marijuana have fueled increased indoor cannabis cultivation in the HIDTA region.⁴³ According to the NDTs 2011, 146 of 182 law enforcement agency respondents in the Midwest HIDTA report that marijuana is cultivated indoors in their jurisdiction, while 99 respondents note the existence of hydroponic (high-potency) grows in their areas. Increased availability of high-potency marijuana is also indicated by decreasing prices in some HIDTA markets.⁴⁴ Such is the case in Rolla (MO), where the price for a quarter pound of high-potency marijuana decreased from \$1,300 in 2005

k. Data reported do not include Illinois admissions.

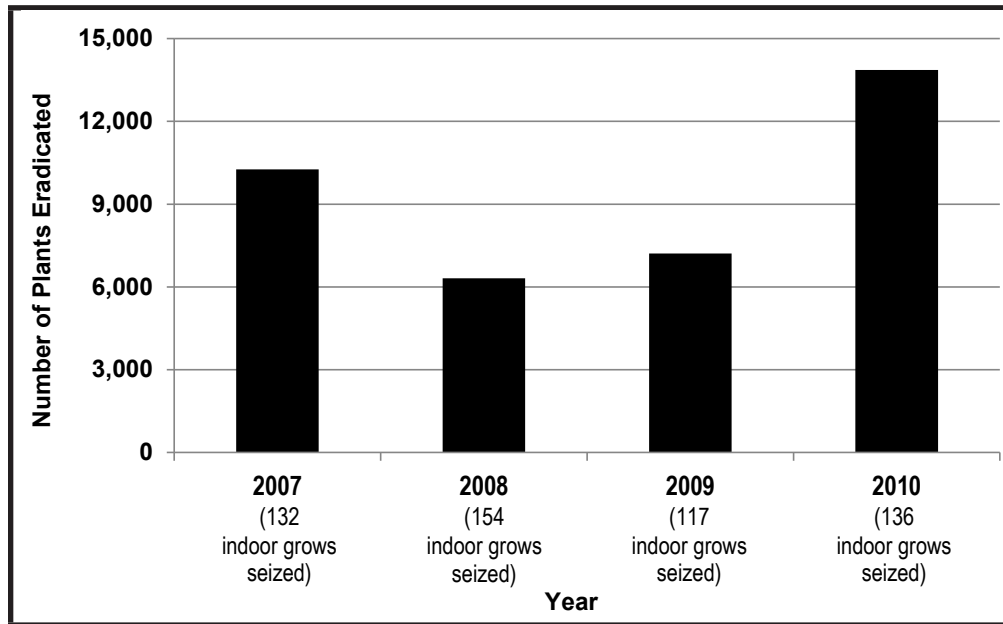
l. The TEDS category is labeled “other opiates” and includes admissions for nonprescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

m. According to the NDTs 2011, 171 of 182 respondents in the Midwest HIDTA categorize marijuana as highly available.

n. Law enforcement in Kansas, Kansas City (MO), and Omaha report increased seizures of marijuana from Colorado.

to \$1,000 in 2010.⁴⁵ Increased high-potency marijuana availability and distribution are further indicated by increasing seizures of hydroponic marijuana and indoor grows.⁴⁶ For instance, data from the DEA Domestic Cannabis Eradication/Suppression Program reveal that law enforcement officials in Midwest HIDTA states^o seized 13,864 plants from 136 indoor grows in 2010, compared with 7,212 plants from 117 indoor grows in 2009—a 92 percent increase in the number of plants seized.⁴⁷ (See Figure 3.)

Figure 3. Cannabis Plants Seized From Indoor Grows in Six Midwest HIDTA States,* 2007–2010



Source: Domestic Cannabis Eradication/Suppression Program.

*Figures represent seizures made in six HIDTA states—Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota.

Marijuana is the most commonly abused illicit drug in the region. In 2010, marijuana abuse accounted for 21,548 of 94,805 admissions to publicly funded treatment facilities in six Midwest HIDTA states—the highest number of admissions for any illicit drug.⁴⁸ The prevalence of marijuana throughout the Midwest HIDTA is of particular concern to law enforcement, not only because of widespread abuse but also because of the crime associated with it.⁴⁹ According to Midwest HIDTA reporting, more firearms were seized in 2010 in connection with marijuana/cannabis activity than for any other drug-related activity (454 of 1,306 firearms seized).

o. Data reported do not include seizures made in the state of Illinois.

Outlook

NDIC assesses with high confidence^p that local methamphetamine production will continue at high levels or increase slightly in the near term. However, if prescription requirements to purchase pseudoephedrine are implemented, they would, at least for a period of time, diminish supplies of pseudoephedrine and lower domestic production levels.

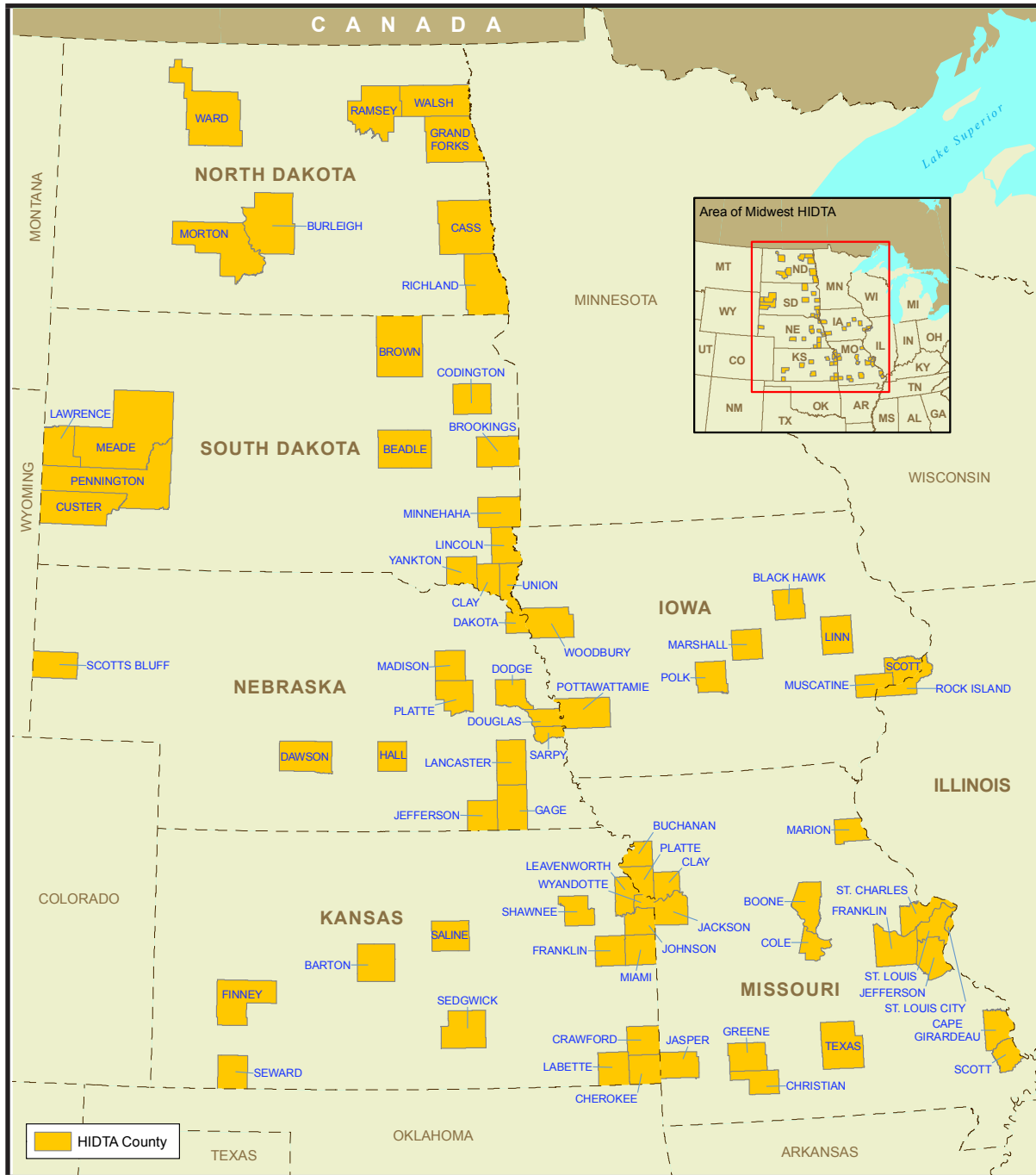
NDIC assesses with high confidence that heroin abuse in the Midwest HIDTA region will increase slightly in the near term as more CPD abusers switch to heroin. Moreover, increased heroin abuse will be fueled by rising supplies of high-purity heroin.

NDIC assesses with high confidence that marijuana availability will remain at very high levels in the long term, and demand, particularly for high-potency marijuana, will increase. Both indoor and outdoor cannabis cultivation in the Midwest HIDTA region will increase in the near term as traffickers attempt to expand their market share for marijuana sales. High profits associated with marijuana will continue to lead to violent disputes, particularly among traffickers in the HIDTA's primary and secondary markets.

p. **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. **Low Confidence** generally means that the information is too fragmented or poorly corroborated to make a solid analytic inference, or that there are significant concerns or problems with the sources.

Appendix A. Midwest HIDTA Overview

Map A1. Midwest High Intensity Drug Trafficking Area



The Midwest HIDTA region consists of 73 counties in a seven-state area that stretches from North Dakota to Missouri. (See Map A1 in Appendix A.)⁵⁰ Mexican traffickers exploit the extensive interstate highway network and central location of the HIDTA region to transship wholesale quantities of ice methamphetamine, cocaine, marijuana, and heroin from the Southwest Border area to national-level markets in the Midwest and Northeast, including Chicago and New York City.⁵¹ The HIDTA region also is vulnerable to drug trafficking from the Northern Border, since North Dakota shares a 300-mile-long border and 18 official land ports of entry (POEs) with Canada. (See Map A2 in Appendix A.) The area between Northern Border POEs is isolated, rural, and rife with opportunities for drug traffickers and criminal groups to smuggle Canadian marijuana, MDMA (3,4-methylenedioxymethamphetamine, also referred to as ecstasy), and methamphetamine precursor chemicals such as pseudoephedrine and ephedrine into the HIDTA region.^{9, 52}

Widespread availability and abuse of methamphetamine and cocaine along with associated violence, the local production of methamphetamine, increased Mexican heroin availability and abuse, and CPD abuse are the most significant drug concerns in the Midwest HIDTA region.⁵³

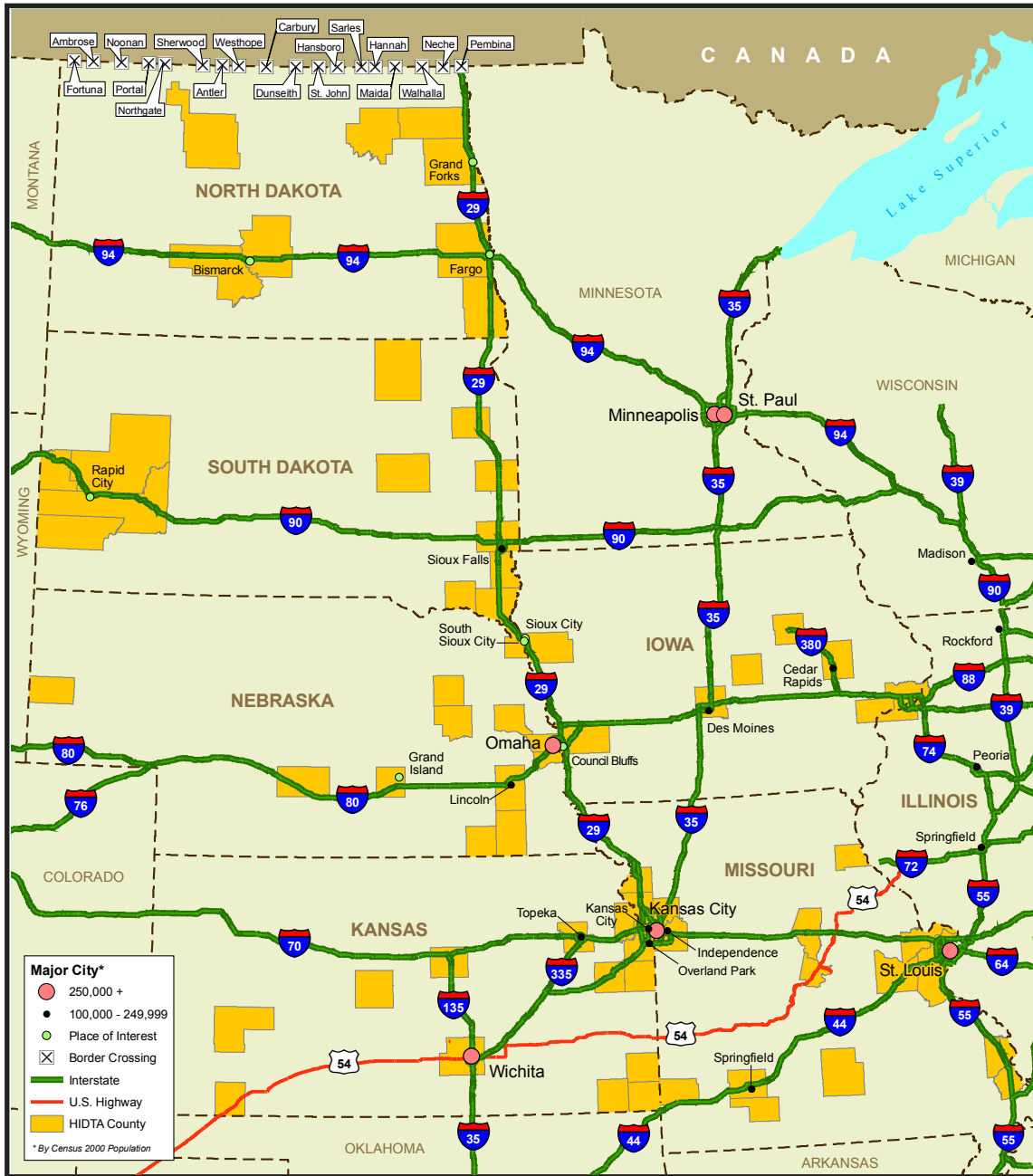
Mexican DTOs maintain unrivaled dominance over the wholesale distribution of cocaine, heroin, ice methamphetamine, and marijuana in the Midwest HIDTA region and thus represent the single greatest drug trafficking threat.⁵⁴ These DTOs, often based in Mexico or on the U.S. side of the Southwest Border, manage sophisticated smuggling, transportation, and distribution networks that compartmentalize duties, employ advanced security and communication techniques, gather intelligence, and use violence and intimidation to control organization members and secure smuggling territories.⁵⁵

African American and Hispanic street gangs are the principal retail-level drug distributors in metropolitan areas of the HIDTA region.⁵⁶ African American street gangs (often Bloods and Crips gang factions) dominate distribution of crack cocaine and also distribute retail quantities of marijuana in markets such as Kansas City, Omaha, St. Louis, Cedar Rapids, Des Moines, Springfield, and Wichita.⁵⁷ Sureños^r factions (including Florencia 13, also known as F-13) are the predominant Hispanic street gangs operating in the Midwest HIDTA. Hispanic street gangs operate in markets such as Kansas City, Omaha, St. Louis, Wichita, and Cedar Rapids. Members of street gangs operating within the HIDTA region are often difficult to classify or affiliate with a specific gang, and turf boundaries are not clearly defined.⁵⁸

q. Law enforcement officials believe that available arrest and seizure statistics underrepresent the level of smuggling along the U.S.–Canada border.

r. Sureños and Norteños are affiliations of Hispanic street gangs that initially were formed in the California Department of Corrections by members who wanted to join together to protect themselves from incarcerated street gang members from other areas. Hispanic street gangs in southern California (Bakersfield and points south) were known as Sureños street gangs, while those from central and northern California (north of Bakersfield) were known as Norteños street gangs. Hispanic street gangs operating in the Midwest HIDTA typically claim Sureños affiliation but often are not connected to gangs in southern California.

Map A2. Midwest HIDTA Transportation Infrastructure



Overview of Drug Markets

The Midwest HIDTA region contains several primary drug market areas, including the Kansas City, Omaha, St. Louis, and Des Moines/Cedar Rapids metropolitan areas, and a number of secondary markets, including Fargo/Grand Forks, Sioux City/Sioux Falls, Springfield, and Wichita. Individual market discussions are intended to augment the overall discussion of drug trafficking and abuse in the Midwest HIDTA region, highlighting localized trends and deviations. The general drug situation in the Midwest HIDTA region applies to an individual market unless otherwise stated.⁵⁹

Primary Markets

Kansas City, Kansas/Missouri

The Kansas City metropolitan area includes Clay, Jackson, and Platte Counties in Missouri and Johnson and Wyandotte Counties in Kansas and has a combined population of almost 1.6 million. Kansas City is located near the geographic center of the United States at the intersection of several of the nation's busiest highways (Interstates 29, 35, and 70), making it a major transshipment point for illicit drugs and drug proceeds to, from, and between significant market areas in the West (Arizona, California, Colorado, Texas), the Midwest (Kansas, Missouri, Nebraska), and the East (Illinois, Michigan, New York).⁶⁰

The Kansas City metropolitan area is also a significant consumer market. Combating crack cocaine distribution and abuse consumes public resources in the inner city of Kansas City, while methamphetamine distribution and abuse are the major drug problems in outlying areas.⁶¹ African American crack distributors frequently obtain powder cocaine for conversion from Mexican and Hispanic midlevel dealers located in the northeast section of Kansas City (MO) and from Mexican wholesale and midlevel dealers in Kansas City (KS).⁶² Mexican wholesale and midlevel dealers are typically supplied by sources in the El Paso, Los Angeles, Phoenix, and Tucson areas. Mexican wholesale and midlevel dealers typically distribute methamphetamine in outlying and suburban areas of the metropolitan area; most of the methamphetamine available and abused is Mexican ice methamphetamine.⁶³ While the quantity of heroin available in the market is not comparable to that of methamphetamine or cocaine, the availability of the drug has greatly increased in the Kansas City metropolitan area since 2007.⁶⁴ Oxycodone and hydrocodone are the most commonly abused controlled prescription narcotics. Law enforcement officials report CPD abuse is increasing, particularly among Caucasians ages 16 to 24.⁶⁵

Drug-related violent crime poses a problem in the Kansas City metropolitan area.⁶⁶ African American and Hispanic street gangs are the primary perpetrators, and both rely on illicit drug distribution for revenue. African American gangs are dominant; while many of these gangs claim Bloods or Crips affiliation, they are local and tend to be loosely organized and based on neighborhood affiliations.⁶⁷ Hispanic street gangs are increasing in number and are more organized and tied to nationally affiliated gangs such as Sureños and F-13.⁶⁸

Omaha, Nebraska

The Omaha metropolitan area, which includes the city of Omaha and Douglas and Sarpy Counties in Nebraska, and Pottawattamie County in Iowa, is located on the eastern Nebraska border along the Missouri River and has a combined population of more than 670,000. Interstates 29 and 80 intersect in the Omaha metropolitan area, providing drug traffickers easy access to the Kansas City metropolitan area and national drug markets in California and southwestern states.⁶⁹ Omaha is a regional distribution center for illicit drugs—cocaine, methamphetamine, and marijuana are distributed from Omaha to neighboring states, including Iowa and South Dakota.⁷⁰

Mexican DTOs and criminal groups transport wholesale quantities of methamphetamine, powder cocaine, and marijuana to and through Omaha from distribution hubs in the state of Sinaloa, Mexico, and, to a lesser degree, Chihuahua and Durango states, as well as numerous Southwest region cities,

including Phoenix, Tucson, San Diego, and Los Angeles.⁷¹ In addition, Mexican DTOs maintain connections throughout many smaller Nebraska towns near Omaha, such as Fremont, Grand Island, Lexington, and Norfolk, where large numbers of Mexican nationals have sought employment in meat-packing and poultry-processing plants. Mexican DTOs use their connections in these cities to smuggle illicit drugs into the Omaha metropolitan area.⁷²

Mexican DTOs have supplanted locally produced methamphetamine with Mexican ice methamphetamine in Omaha and surrounding counties, and law enforcement reporting indicates that cocaine availability increased from 2009 into 2010.⁷³ (See cocaine discussion beginning on page 6 for further information.) In addition, law enforcement reporting indicates that heroin availability is increasing, with Mexican black tar heroin being the most frequently seized type. Common sources, in addition to Mexico, are cities including Tucson, Denver, and Kansas City.⁷⁴

St. Louis, Missouri

The St. Louis metropolitan areas that are part of the Midwest HIDTA region include St. Louis, Jefferson, Franklin, and St. Charles Counties, which are located in east central Missouri along the Mississippi River. St. Louis is a significant consumer market and also serves as a transshipment and distribution hub for Mexican traffickers who supply cocaine, heroin, marijuana, and methamphetamine throughout Missouri and to markets in other states, including Illinois, Iowa, Kansas, Nebraska, and Wisconsin.⁷⁵ The convergence of Interstates 44, 55, 64, and 70 in St. Louis provides easy access for distributors to transport illicit drugs from the Southwest Border to St. Louis and markets outside the HIDTA region.⁷⁶

Mexican DTOs in St. Louis have primary sources of supply in Phoenix and Tucson; they also acquire heroin, cocaine, methamphetamine, and marijuana from sources in Atlanta, Chicago, Dallas, Denver, El Paso, Houston, and Los Angeles.⁷⁷ Local law enforcement investigations have also discovered that Mexican traffickers operating in St. Louis frequently have connections in Chicago, Memphis, and New York City.⁷⁸

Heroin and crack distribution and abuse are major drug problems in St. Louis, and law enforcement officials report that some local crack cocaine dealers have also begun to sell heroin, which is increasing as a problem in St. Louis as more of the drug is being supplied by the same Mexican wholesale sources.⁷⁹ Investigations in St. Louis have revealed that Houston and Brownsville (TX) serve as sources of supply for cocaine.⁸⁰

Methamphetamine is rarely encountered in the city of St. Louis, but it is the primary drug problem in surrounding counties, including St. Louis and Jefferson Counties.⁸¹ Methamphetamine production remains relatively high in eastern and southern Missouri, particularly in the areas adjacent to St. Louis.⁸² According to law enforcement officials, laboratory operators in these locations travel to neighboring counties and states to purchase large amounts of precursor chemicals and return to the area to manufacture methamphetamine.⁸³

Des Moines/Cedar Rapids, Iowa

The Des Moines metropolitan area, which includes the city of Des Moines as well as the rest of Polk County, has almost 375,000 residents. The highway infrastructure in the Des Moines area facilitates the transportation of illicit drugs and drug proceeds to and from the area. Interstates 35 and 80 intersect in Polk County northeast of Des Moines and are the principal highways that serve the area.⁸⁴ Des Moines is primarily a consumer market, but Mexican DTOs also use Des Moines as a transshipment center for ice methamphetamine destined for northeastern markets.⁸⁵

Cedar Rapids is the second-largest city in Iowa and is located in the eastern part of the state on the Cedar River in Linn County, which has a population of more than 197,000. Cedar Rapids is primarily a consumer market for illicit drugs, but some cocaine and marijuana are supplied from Cedar Rapids to neighboring cities in Iowa, particularly Cedar Falls, Waterloo, and Dubuque.⁸⁶

Law enforcement and public health officials in Cedar Rapids cite crack cocaine distribution and abuse as significant drug concerns and are increasingly concerned about heroin, while law enforcement officials in Des Moines consider ice methamphetamine to be the greatest drug threat.⁸⁷ Chicago serves as a major source of all drugs supplying both cities, and Chicago-based street gangs, primarily Latin Kings, Gangster Disciples, and Vice Lords, dominate the retail distribution of crack and powder cocaine in Cedar Rapids and Des Moines.⁸⁸ Additionally, law enforcement officials representing these cities report an increase in local methamphetamine production, and officials throughout Iowa reported use of the one-pot method in 2010.⁸⁹

Secondary Markets

Fargo/Grand Forks, North Dakota

The Fargo/Grand Forks area includes Cass, Grand Forks, Ramsey, Richland, and Walsh Counties in North Dakota. The population of the area's five counties is approximately 215,000, roughly one-third of the total population of the state. The Fargo/Grand Forks area is primarily a consumer market for illicit drugs; however, it does serve as a distribution center for small communities in eastern and central North Dakota.⁹⁰

Cocaine and methamphetamine distribution and abuse are significant drug concerns to law enforcement and public health officials in Fargo and Grand Forks.⁹¹ State and local law enforcement officials in Fargo and Grand Forks reported an increase in ice methamphetamine availability during 2010.⁹² Law enforcement officials in the area increasingly reported encountering diverted CPDs during 2010.⁹³ Despite the proximity of the Fargo/Grand Forks area to Canada, Mexican commercial-grade marijuana is more available than Canadian high-potency marijuana.⁹⁴ However, the North Dakota Bureau of Criminal Investigation reported an increase in high-potency marijuana availability in both cities in 2009.⁹⁵

Sioux City, Iowa/Sioux Falls, South Dakota

The Sioux City/Sioux Falls area—which includes Woodbury County (IA); Dakota County (NE); and Clay, Lincoln, Minnehaha, Union, and Yankton Counties (SD)—is located along the I-29 corridor in northwestern Iowa (Sioux City), northeastern Nebraska (South Sioux City), and southeastern South Dakota (Sioux Falls). Sioux City/Sioux Falls is a regional distribution center for methamphetamine, marijuana, cocaine, and MDMA; these drugs are distributed from the area to markets in Iowa, Minnesota, Montana, Nebraska, and South Dakota.⁹⁶

Mexican criminal groups transport wholesale quantities of methamphetamine, marijuana, and powder cocaine and limited quantities of Mexican black tar heroin to the area from California and Arizona as well as from Omaha.⁹⁷ Mexican wholesale traffickers sell methamphetamine and other illicit drugs to Mexican and Caucasian midlevel dealers, who in turn sell the drugs to the area's retail distributors.⁹⁸ Caucasian independent dealers are the primary retail distributors in the Sioux City/Sioux Falls area; African American, Mexican, and Native American independent dealers also distribute drugs at the retail level.⁹⁹ In addition, law enforcement officials in Sioux Falls report that Asian criminal groups are transporting methamphetamine to the metropolitan area from Worthington (MN).¹⁰⁰

The distribution and abuse of crack cocaine, powder cocaine, and methamphetamine are significant drug problems in the Sioux City/Sioux Falls area and are frequently associated with violent and property crimes.

Springfield, Missouri

Springfield, with a population of more than 150,000, is the county seat of Greene County and is situated along I-44, which connects Springfield to St. Louis and Oklahoma City. Springfield is a consumer market and a state distribution center. Mexican traffickers transport wholesale quantities of ice methamphetamine, cocaine, and marijuana from Fayetteville (AR), Bakersfield (CA), Phoenix, and Texas to Springfield for distribution. Cocaine, marijuana, and methamphetamine are distributed from Springfield to areas throughout Missouri.¹⁰¹

Ice methamphetamine and crack cocaine distribution and abuse are major drug threats to Springfield and are frequently associated with violent crimes.¹⁰² Local law enforcement officials also report that CPD abuse is a growing concern in the area.¹⁰³ A slight increase in high-potency marijuana availability and abuse is attributed to the large college population in Springfield, which typically prefers this type of marijuana, and to increased seizures of small-scale cannabis grows (both indoor and outdoor) in the Springfield area.¹⁰⁴ In addition, area law enforcement officials report an increase in 2010 of the availability of heroin, which is often supplied from Chicago or Kansas City.¹⁰⁵

Wichita, Kansas

The Wichita metropolitan area, which includes Wichita as well as the rest of Sedgwick County, has more than 450,000 residents and is in south central Kansas. Situated at the intersection of I-35 and US 54, two major drug transportation routes from the Southwest Border, Wichita is a drug-distribution hub and a significant consumer market.¹⁰⁶ Mexican DTOs and criminal groups are the principal transporters of most illicit drugs available in Wichita and Sedgwick County.¹⁰⁷ Mexican ice methamphetamine, powder cocaine, and marijuana are distributed from Wichita to many southeast and south central Kansas towns.¹⁰⁸ Asian criminal groups from Canada and Washington transport MDMA to Wichita, where it is distributed by Asian street gangs and criminals as well as by independent college age users.¹⁰⁹

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Local, State, and Regional

Illinois

Quad City Metropolitan Enforcement Group

Iowa

Cedar Rapids Drug Enforcement Administration (DEA) Task Force

Cedar Rapids Police Department

Denison Police Department

Des Moines DEA Task Force

Harrison County Sheriff's Office

Iowa Division of Narcotics Enforcement

Iowa State Patrol

Linn County Sheriff's Department

Muscatine Task Force

Sioux City Police Department

Southeast Iowa Inter-Agency Drug Task Force

Tri-State Drug Task Force

Kansas

Garden City DEA Task Force

Kansas Highway Patrol

Kansas Office of Attorney General

 Kansas Bureau of Investigation

 Southeast Kansas Drug Task Force

Kearney County Sheriff's Department

Merriam Police Department

Overland Park Police Department

Sedgwick County Sheriff's Office

Wichita DEA Task Force

Wichita Police Department

 Gang/Felony Assault Unit

Missouri

Combined Ozarks Multijurisdictional Enforcement Team

Franklin County Narcotics Enforcement Unit

Grandview Police Department

Jackson County Drug Task Force

Jasper County Drug Task Force

Jefferson County Municipal Enforcement Group

Joplin Police Department

Kansas City DEA Interdiction Task Force

Kansas City Metropolitan Enforcement Task Force

Kansas City Police Department

 Administrative Squad

 Drug Enforcement Unit

 Drug Interdiction Squad

 Narcotics Administrative Squad

 Street Gang Squad

 Street Illicit Drugs Unit

Lake Area Narcotics Enforcement Group
Mid-Missouri Unified Strike Team and Narcotics Group
Mineral Area Drug Task Force
Missouri Department of Mental Health
Missouri State Highway Patrol
Rolla Police Department
Sedalia Police Department
Southeast Missouri Drug Task Force
South Central Drug Task Force
Springfield Police Department
St. Charles County Drug Task Force
St. Louis County Drug Task Force
St. Louis FBI Combined Enforcement Task Force
St. Louis Interdiction Groups
St. Louis Metropolitan Police Department
 Criminal Forensics Section
 Narcotics Division
St. Louis Multijurisdictional Drug Enforcement

Nebraska

III Corps Drug Task Force
Cass County Sheriff's Department
Lincoln/Lancaster Drug Task Force
Nebraska State Patrol
Omaha Metro Drug Task Force
Tri-City Federal Drug Task Force
Western Intelligence Narcotics Group

North Dakota

Devils Lake Police Department
Fargo DEA Task Force
Grand Forks County Drug Task Force
Grand Forks Police Department
Metro Area Safe Trails Task Force (Bismarck)
North Dakota Bureau of Criminal Investigation
North Dakota Highway Patrol

South Dakota

Keystone Treatment Center
Madison Police Department
Mitchell Police Department
Pennington County Drug Task Force
Pierre Police Department
Sioux Falls Area Drug Task Force
Sioux Falls Metro Gang Task Force
Sioux Falls Police Department
South Dakota Division of Criminal Investigation

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Executive Office of the President
Office of National Drug Control Policy
High Intensity Drug Trafficking Area
Midwest

U.S. Department of Commerce
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