HIGH
INTENSITY
DRUG
TRAFFICKING
AREAS

2022 EFFORTS TO STOP METHAMPHETAMINE TRAFFICKING

THE WHITE HOUSE EXECUTIVE OFFICE OF THE PRESIDENT OFFICE OF NATIONAL DRUG CONTROL POLICY





EXECUTIVE SUMMARY

Through the Office of National Drug Control Policy (ONDCP) High Intensity Drug Trafficking Areas (HIDTA) Program, federal, state, local, territorial, and Tribal law enforcement agencies and their partners lead aggressive efforts to disrupt and dismantle methamphetamine production and trafficking organizations, and reduce its use across the Nation.

During 2022, methamphetamine trafficking correlated with serious public health and safety concerns for communities nationwide. At the end of 2022, every indicator of methamphetamine availability, use, and purity trended downward but remained high.

Indicators of the threat posed by methamphetamine, and the actions taken by the regional HIDTAs to address that threat are as follows:

- All availability measures of highly-pure, low-cost Mexican methamphetamine at the street-level trended downward but remained high.
 - To address this threat, the 33 regional HIDTAs seized drugs, shuttered clandestine laboratories, and coordinated initiatives aimed at reducing availability and use of methamphetamine.
 - In 2022, HIDTAs seized more than 119 metric tons of methamphetamine, of which 57 metric tons were seized along the Southwest Border, representing 39 percent and 30 percent decreases from peaks in 2021, respectively. ^{1 2} HIDTAs also seized an historic low of 50 clandestine methamphetamine laboratories in 2022.
- The consequences of methamphetamine trafficking threatened the safety and wellbeing of communities and citizens. From 2021 to 2022, overdose deaths involving a combination of psychostimulants³ and other illicit synthetic drugs such as fentanyl increased slightly from 32,537 to 33,728, but overdose deaths from psychostimulants alone decreased.⁴ Methamphetamine trafficking continued to correlate with violence. Of the 1,656 drug trafficking organizations (DTOs), money laundering organizations (MLOs), and criminal organizations under investigation by HIDTAs in 2022 for methamphetamine trafficking, nearly 40 percent had engaged in documented acts of violence.
 - To counter efforts to traffic methamphetamine into and throughout the Nation's communities, the HIDTA Program coordinated law enforcement at all levels to identify, disrupt, and dismantle DTOs, MLOs, and criminal organizations.
 - In 2022, HIDTAs identified 1,656 DTOs, money laundering organizations, and criminal organizations trafficking quantities of methamphetamine, and disrupted and/or dismantled 1,483 of them.



INTRODUCTION

Pursuant to the Substance Use-Disorder Prevention that Supports Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), 21 U.S.C. § 1706(o), ONDCP is providing Congress with this report on the HIDTA Program. This document is an overview of the program's 2022 efforts to stop methamphetamine trafficking in the United States.

The HIDTA Program, administered by ONDCP, consisted of 33 regional HIDTAs during 2022. All HIDTA regions, which are designated by county, are affected by methamphetamine and dedicate resources to address the threat posed by trafficking of this drug. Relying upon a variety of data sources, this report summarizes 2022 trends and patterns associated with methamphetamine trafficking in the United States and the HIDTA Program's efforts to address it.

The report begins with a situation assessment, highlighting the continued prevalence of Mexican methamphetamine in the United States in 2022, according to 33 regional HIDTA threat assessments, the *National Forensic Laboratory Information System 2022 Midyear Report* and other reporting by the Drug Enforcement Administration (DEA), and reporting from the Office of the Director of National Intelligence (ODNI) and U.S. Customs and Border Protection (CBP). It summarizes the HIDTA Program's accomplishments, and highlights several methamphetamine-focused initiatives. The report concludes with a summary, and a forward-looking assessment of the challenges faced by the law enforcement community.

SITUATION ASSESSMENT

Mexican DTOs continue to be the primary producers and suppliers of low-cost, high-purity methamphetamine available in the United States.⁵ Domestic production of methamphetamine does occur; however, clandestine methamphetamine laboratory seizures by HIDTA initiatives across the United States have declined from 5,000 lab seizures in 2012 to just 50 lab seizures in 2022 according to HIDTA Performance Management Process (PMP) data.⁷



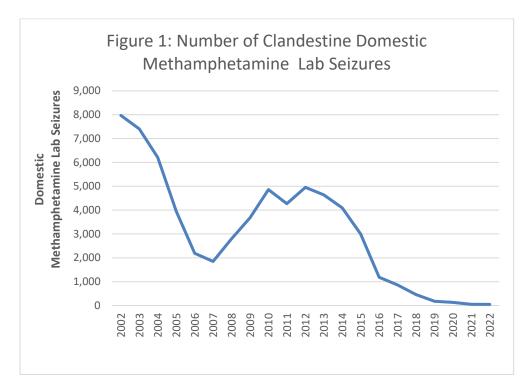


FIGURE 1. This chart demonstrates the significant decrease in the number of clandestine methamphetamine laboratories seized by regional HIDTAs in the United States, as reported in the HIDTA PMP system. This decrease, coupled with methamphetamine seizure data, indicates that much of the methamphetamine available domestically is trafficked into the United States.⁸

The Southwest Border remains the main entry point for the majority of methamphetamine entering the United States. CBP reports that more methamphetamine was seized than any other drug in fiscal year (FY) 2022, and that most methamphetamine seizures occur at ports of entry. Mexican DTOs control wholesale methamphetamine distribution, while both Mexican and domestic criminal groups typically control retail distribution in the United States. While methamphetamine precursors are often transported from China and India to Mexico, finished methamphetamine is commonly trafficked into the United States by land across the Southwest Border. The preferred smuggling method among Mexican DTOs to place small, multikilogram loads in privately owned vehicles, which can more easily blend into the large volume of traffic at major ports of entry. CBP estimates that approximately 85 percent of the methamphetamine seized at the Southwest Border is located in privately owned vehicles.

In addition, the transportation of Mexican methamphetamine smuggled in commercial tractor trailers has increased in prevalence since 2020, according to DEA and CBP. ¹⁶ ¹⁷ To a lesser extent, methamphetamine is also smuggled through ports of entry (POEs) using commercial buses and pedestrians as couriers. ¹⁸ Smuggling methamphetamine in its liquid form, often mixed with other liquids (referred to as "in solution") remains prevalent and continues to pose additional challenges to law enforcement efforts to detect and seize methamphetamine entering the United States. ¹⁹ Both DEA reporting and regional HIDTA threat assessments report methamphetamine conversion laboratories within the United States, where methamphetamine or methamphetamine in solution produced in Mexico is processed into crystalline form once in the United States. ²⁰ ²¹



Methamphetamine is available throughout the United States, and is most prevalent in the West, Midwest, and Southeast regions of the country.²² As of the most recent data from 2022, seizures sampled through the DEA Methamphetamine Profiling Program (MPP) continue to reflect high purity. In the second half of 2022, methamphetamine sampled through the MPP averaged 96.6 percent purity.²³

Methamphetamine seizures have generally decreased since 2019 after a long period of increase, as reported by Southwest Border HIDTAs, according to PMP data.²⁴ Despite that decline, the HIDTA Program reports that 21 out of 33 regional HIDTAs identified methamphetamine as their first or second most serious drug threat. Of those, four regional HIDTAs identified methamphetamine as their top drug threat.²⁵

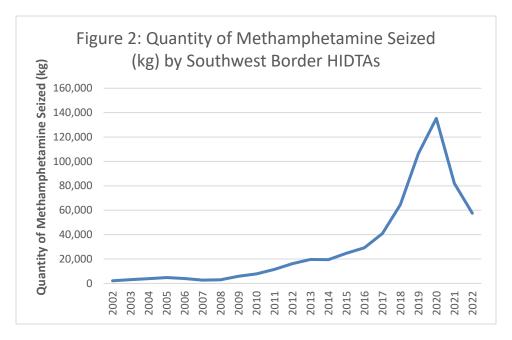


FIGURE 2. This chart depicts a decrease in the methamphetamine seizures (in kilograms) reported by the Southwest Border HIDTAs since 2020.²⁶

In 2022, the growth in drug poisoning deaths in the United States was limited to an increase of 0.3 percent. Provisional fatalities due to overdose increased from 106,699 in 2021 to 107,056 in 2022. Psychostimulants, including methamphetamine, were estimated to have been involved in 31.5 percent of the overdose deaths in 2022. Sixty-three percent of deaths involving psychostimulants in 2022 also involved synthetic opioids such as fentanyl.²⁷



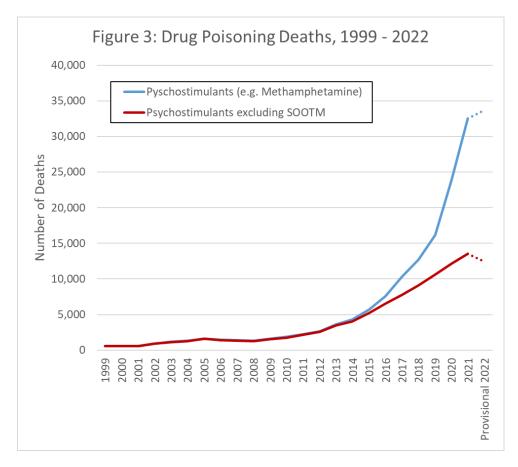


FIGURE 3. This chart depicts the increase in the overall number of drug poisoning deaths involving psychostimulants (including methamphetamine).²⁸ The chart also indicates a projected decrease in the number of overdose deaths associated with psychostimulants alone. To demonstrate the primary role played by synthetic opioids, such as fentanyl, the chart also depicts drug poisoning deaths excluding synthetic opioids other than methadone.

HIDTA PROGRAM ACCOMPLISHMENTS IN 2022

HIDTA initiatives (task forces) work to disrupt and dismantle DTO networks that traffic methamphetamine into and throughout the United States. The HIDTA Program's continued efforts to address methamphetamine trafficking played a significant role in the response to this threat. Specifically, HIDTA initiatives reported the following in 2022:

- Methamphetamine seizures exceeded 119 metric tons, a 39 percent decrease from 195 metric tons in 2021, ending a steady annual increase from 2012.²⁹
- Disruption and/or dismantlement of 1,483 DTOs, MLOs, and criminal organizations trafficking methamphetamine—representing 90 percent of all 1,656 DTOs, money laundering organizations, and criminal organizations identified by the HIDTA Program as trafficking methamphetamine.³⁰



• Dismantling of 50 clandestine methamphetamine laboratories within the United States, depriving domestic methamphetamine producers of facilities and revenue.³¹

Each regional HIDTA has a strategy to guide, organize, and coordinate efforts aimed at eliminating methamphetamine trafficking. Based on these strategies, HIDTAs channeled resources for the coordination of law enforcement, public health agencies, other community stakeholders, and the public through locally-tailored initiatives. Examples of these efforts in 2022 include the following:

- HIDTAs created or continued to fund specialized, intelligence-led, interagency methamphetamine task forces to counter the threat from Mexican DTOs operating across the United States.
- Due to their position as a transit point, HIDTAs located along the Southwest Border focused their interdiction efforts on the importation and transport of methamphetamine from Mexico with a concerted strategy linking information, resources, and law enforcement activities across a four-state area.
- HIDTA interdiction task forces intercepted methamphetamine trafficked across the United States through air and rail travel, highway transit, parcel shipment, and maritime shipping.

Finally, law enforcement partners affiliated with the HIDTA Program continue to identify and report alarming connections between methamphetamine trafficking and violent crime. Of the 1,656 DTOs, MLOs, and criminal organizations identified by HIDTAs as trafficking methamphetamine in 2022, 647 (39 percent of the total) were considered violent.³²

THE HIDTA PROGRAM'S NATIONAL INITIATIVES

In addition to regional HIDTA initiatives and specialized task forces, the HIDTA-funded National Emerging Threats Initiative (NETI) supports a coordinated strategy for emerging drug-related threats, which includes methamphetamine.³³ NETI works with state and local leaders to explore policy, regulatory, and enforcement options to reduce the availability of methamphetamine throughout the United States.

Furthermore, throughout 2022, the HIDTA-funded Domestic Highway Enforcement (DHE) initiative provided assistance to HIDTA interdiction task forces through a nationwide highway enforcement information-sharing platform.³⁴ The coordinated highway enforcement strategy combines traffic safety efforts with information regarding criminals and associated organizations that use the Nation's highways to transport their contraband, weapons, illegal proceeds, and other illicit commodities. The DHE information sharing community, in collaboration with the El Paso Intelligence Center (EPIC), is actively engaged in providing methamphetamine trafficking trends and analysis to federal, state, local, and Tribal law enforcement nationwide. These efforts are leading to results. In 2022, nationwide DHE-reported seizures included 27,057 kilograms of methamphetamine, 1,640 kilograms of methamphetamine in solution, and 2,069 kilograms of methamphetamine powder. ³⁵



SUMMARY

Despite the successes of the regional HIDTAs and national initiatives, methamphetamine remained a significant challenge for law enforcement and public health partners in 2022. The threats posed by domestic and Mexican methamphetamine are serious and persistent. Disrupting the movement and sale of this drug is a high priority for communities, and is essential to reversing the rise in overdose deaths associated with psychostimulants.

ONDCP and the HIDTA Program are well positioned to build on past successes by continuing to support initiatives that integrate law enforcement and public health partners by facilitating information sharing, equipping law enforcement, and reducing demand through public awareness and education. The holistic approach supported by the HIDTA Program, its task forces, and its national initiatives ensures the necessary flexibility and adaptability to address observed trends in the production, trafficking, and use of methamphetamine in the United States.

https://www.dni.gov/files/ODNI/documents/assessments/ATA-2022-Unclassified-Report.pdf

¹ HIDTA. Data from Performance Management Process (PMP) system. Accessed July, 27, 2023.

² HIDTA. Data from PMP system. Accessed July, 27, 2023.

³ The *Drug Enforcement Administration 2017 Drugs of Abuse* resource guide classifies methamphetamine as a psychostimulant, which speeds up the human body's systems to produce a "rush" or other sensation (pg. 54). Other psychostimulants include caffeine, amphetamines (such as the prescription drug Adderall), and methylphenidate. According to the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, methamphetamine is the primary contributor to overdose deaths involving psychostimulants.

⁴ Centers for Disease Control. Data from WONDER. Accessed July 27, 2023. Note that 2022 is provisional data at the date of access.

⁵ DEA, (response to request for information). August 2, 2023.

⁶ Office of the Director of National Intelligence. 2022 Annual Threat Assessment of the US Intelligence Community. Published February, 2022. Accessed July 27, 2023.

⁷ HIDTA. Data from: PMP system. Accessed July, 27, 2023.

⁸ HIDTA. Data from: PMP system. Accessed July, 27, 2023.

⁹ DEA, (response to request for information). August 2, 2023.

¹⁰ Customs and Border Protection (CBP). Data from: The CBP Public Data Portal. Accessed August 2, 2023. https://www.cbp.gov/newsroom/stats/cbp-public-data-portal

¹¹ Office of the Director of National Intelligence. 2022 Annual Threat Assessment of the U.S. Intelligence Community. Published February, 2022. https://www.dni.gov/files/ODNI/documents/assessments/ATA-2022-Unclassified-Report.pdf

¹² HIDTA threat assessment reporting. June, 2023.

¹³ Office of the Director of National Intelligence. 2022 Annual Threat Assessment of the U.S. Intelligence Community. Published February, 2022. https://www.dni.gov/files/ODNI/documents/assessments/ATA-2022-Unclassified-Report.pdf

¹⁴ DEA, (response to request for information). August 2, 2023.

¹⁵ CBP, (response to request for information). August 24, 2023.

¹⁶ DEA, (response to request for information). August 2, 2023.

¹⁷ CBP, (response to request for information). August 24, 2023.

¹⁸ CBP, (response to request for information). August 24, 2023.

¹⁹ DEA, (response to request for information). August 2, 2023.

²⁰ DEA, (response to request for information). August 2, 2023.

²¹ HIDTA threat assessment reporting. June, 2023.

²² HIDTA threat assessment reporting. June, 2023.

²³ DEA, (response to request for information). August 2, 2023.



HIDTA. Data from: PMP system. Accessed July, 27, 2023.
 HIDTA threat assessment reporting. June, 2023.

https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm Accessed July 27, 2023. 2022 data is provisional.

- ²⁹ HIDTA. Data from: PMP system. Accessed October, 18, 2023.
- ³⁰ HIDTA. Data from: PMP system. Accessed July, 27, 2023.
- ³¹ HIDTA. Data from: PMP system. Accessed July, 27, 2023.
- ³² HIDTA. Data from: PMP system. Accessed July, 27, 2023.
- ³³ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding NETI can be found at https://hittagroup.net/ Additional information regarding regard
- ³⁴ Additional information regarding DHE can be found at https://hittagray.org/dhe.php
- ³⁵ El Paso Intelligence Center. Data from: National Seizure System. Accessed July, 19, 2023.

²⁶ HIDTA. Data from: PMP system. Accessed July, 27, 2023.

²⁷ Centers for Disease Control and Prevention. Vital Statistics Rapid Release.

²⁸ Centers for Disease Control. Data from: WONDER. Accessed July 27, 2023. Note that 2022 is provisional data at the date of access.