

Drug Presence in Pennsylvania 1999-2016



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BULLETIN



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Division



(U) This DEA Bulletin is based on preliminary reporting and may be subject to updating as additional information becomes available.

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(U) Event

The Drug Enforcement Administration (DEA) Philadelphia Field Division (PFD) conducted a review of laboratory-analyzed drug seizures for the Commonwealth of Pennsylvania. The resulting analysis of this data formed the basis for estimating the level of drug presence in Pennsylvania and highlighted trends in drug availability between 1999 and 2016.

(U) Significance

Laboratory-analyzed drug seizure data is submitted by federal, state, and local laboratories pursuant to seizure by a law enforcement agency and is compiled by the National Forensic Laboratory Information System (NFLIS). Analysis of laboratory-analyzed drug seizure data is beneficial in identifying emerging trends in drug availability.

(U) Details

NFLIS was queried for the 25 drugs most frequently analyzed from 1999 through 2016 in Pennsylvania. During that time period, 61 distinct compounds (controlled and non-controlled) were reported among the top 25. Of note, nine drugs (alprazolam, cannabis, clonazepam, cocaine, heroin, hydrocodone, methamphetamine, oxycodone, and phencyclidine [PCP]) were found in the top 25 in every year queried.

Individually reported drugs were grouped into categories, to include benzodiazepines, cathinones, medication-assisted treatment (MAT) drugs, and prescription opioids. As seen in Figure 1, the largest number of cases were found to contain cannabis, followed by cocaine and heroin.

Cannabis, the most frequently identified drug over the analyzed years, peaked in 2009-10, but has steadily decreased in the number of cases since that time. Generally, this coincides with the shift in legal regulations and cultural norms surrounding cannabis.

Following national trends, cocaine cases in Pennsylvania have dropped steadily since 2007. However, Pennsylvania has seen a slight increase in cocaine cases

since 2014, when nationwide cocaine availability indicators began to show strong signs of rebounding.

Drugs included in the category of benzodiazepines were present in each of the reviewed years and saw steady increases through 2011, with slight declines since that time. Within the benzodiazepine category, alprazolam (68 percent) and clonazepam (22 percent) comprised a combined 90 percent of cases.

The emergence of synthetic cathinones is visible in 2007 and has continued to be in the top 25 through 2016, though with fewer cases. Conversely, 3,4-methylenedioxymethamphetamine (MDMA), part of the top 25 from 1999 through 2011, disappears from the top 25 shortly after synthetic cathinones emerge. PCP cases remained somewhat stable over the reviewed years, with a peak in 2008-09, before returning to previous levels. Lysergic acid diethylamide (LSD) was only once included in the top 25 (2000), with sporadic reporting in Pennsylvania since that time.

(U) Figure 1. Top 25 Drugs/Drug Groups, Number of Cases, 1999-2016

	BENZODIAZEPINES	CANNABIS	CATHINONES	COCAINE	FENTANYL	FURANYL FENTANYL	HEROIN	LSD	MAT	MDMA	METHAMPHETAMIL.	PCP	PRESCRIPTION OPIOIDS
1999	342	5,284		10,825			3,928			31	35	533	178
2000	461	6,964		10,765			3,999	31	30	115	59	340	330
2001	467	8,405		11,781			4,639			34	173	46	466
2002	499	6,654		8,993			3,801			34	95	61	482
2003	715	7,691		10,197			4,151			59	73	136	704
2004	1,021	9,459		12,365			4,056			69	83	193	1,018
2005	1,123	10,677		13,441			4,257			139	115	260	942
2006	1,997	22,197		23,227	634		6,591			419	277	634	2,351
2007	2,191	23,761	95	21,963	311		6,192			567	332	489	2,891
2008	2,421	25,874	234	20,571			7,801			783	244	397	3,268
2009	3,231	28,480	441	19,262			9,585			1,208	381	368	4,390
2010	3,327	27,807	402	18,219			8,971			1,379	433	337	4,676
2011	3,330	23,750	645	15,694			8,942			1,346	174	478	5,036
2012	2,975	19,395	1,467	12,017			9,868			1,127		555	4,038
2013	2,600	15,832	1,547	10,597			10,543			1,001		728	3,312
2014	2,618	15,097	2,687	8,608	354		12,459			1,347		1,137	2,997
2015	2,191	13,478	2,922	8,850	903		12,734			1,090		1,301	2,662
2016	2,276	12,476	886	9,154	2,388	231	11,577			1,053		1,812	2,234

Source: National Forensic Laboratory Information System

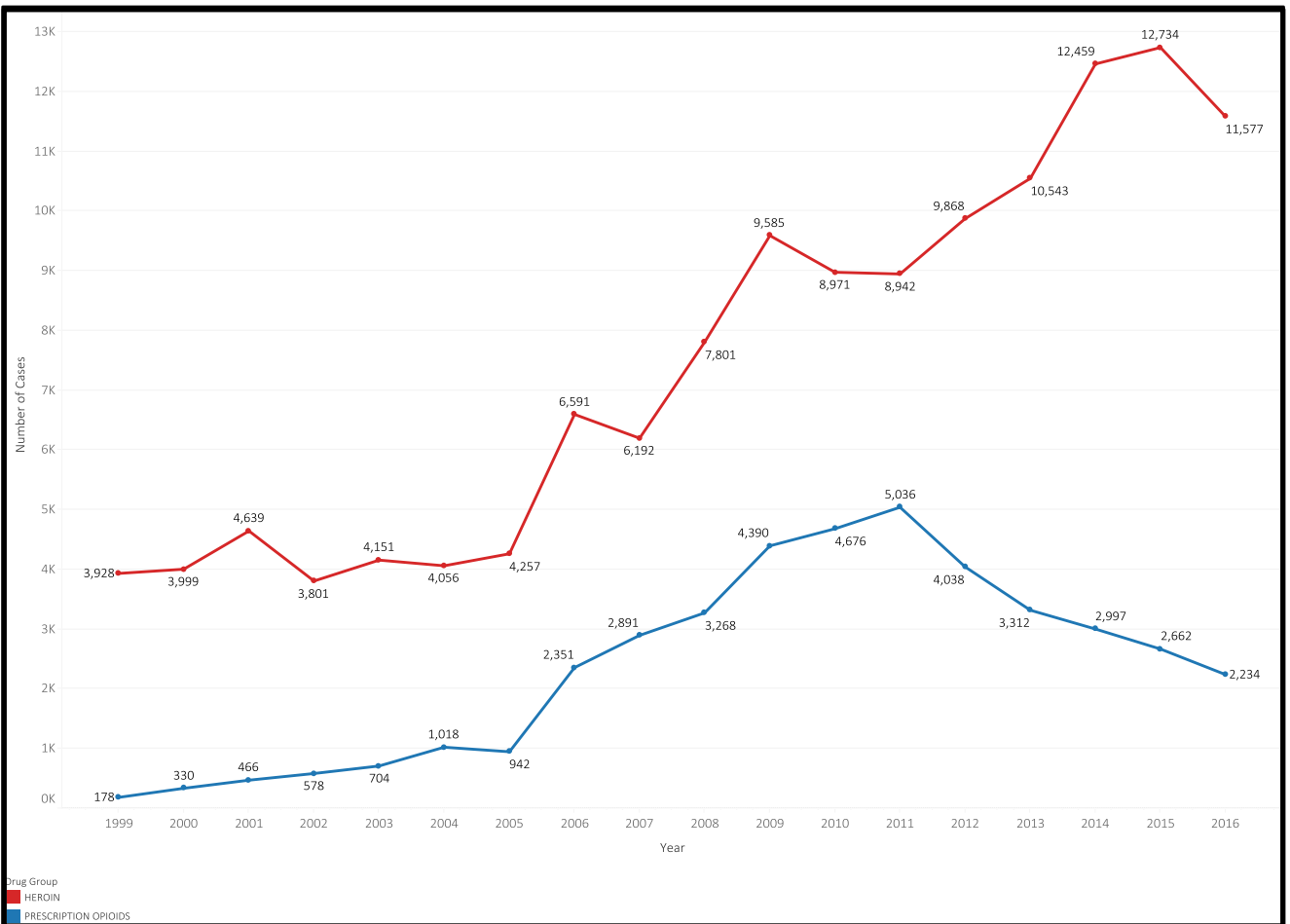
Trends in prescription opioid presence in the illicit drug market are visible through analysis of this NFLIS data. Law enforcement and public health officials have reported extensively on the epidemic of prescription opioid abuse in Pennsylvania in recent years.

Laboratory analysis of seized drugs displays this trend, with a 700 percent increase in cases involving prescription opioids between 2002 and 2011. Within the prescription opioids

category, oxycodone (64 percent) and hydrocodone (23 percent) comprised 87 percent of the cases. It is important to note that though law enforcement strategies can drive increases or decreases in seizures of particular drugs, analysis over a long period of time minimizes the impact of short-term strategies that may influence cases per year.

As prescription opioid abusers find themselves unable to obtain or afford pills, they transition to heroin as a cheaper and available alternative. This trend is also visible in analysis of laboratory-analyzed drug seizure data. The surge in prescription opioid cases between 2006 and 2011 was immediately followed by a sharp increase in heroin cases in 2012 through 2015 (see Figure 2).

(U) Figure 2. Heroin and Prescription Opioid Cases, 1999-2016.



Source: National Forensic Laboratory Information System

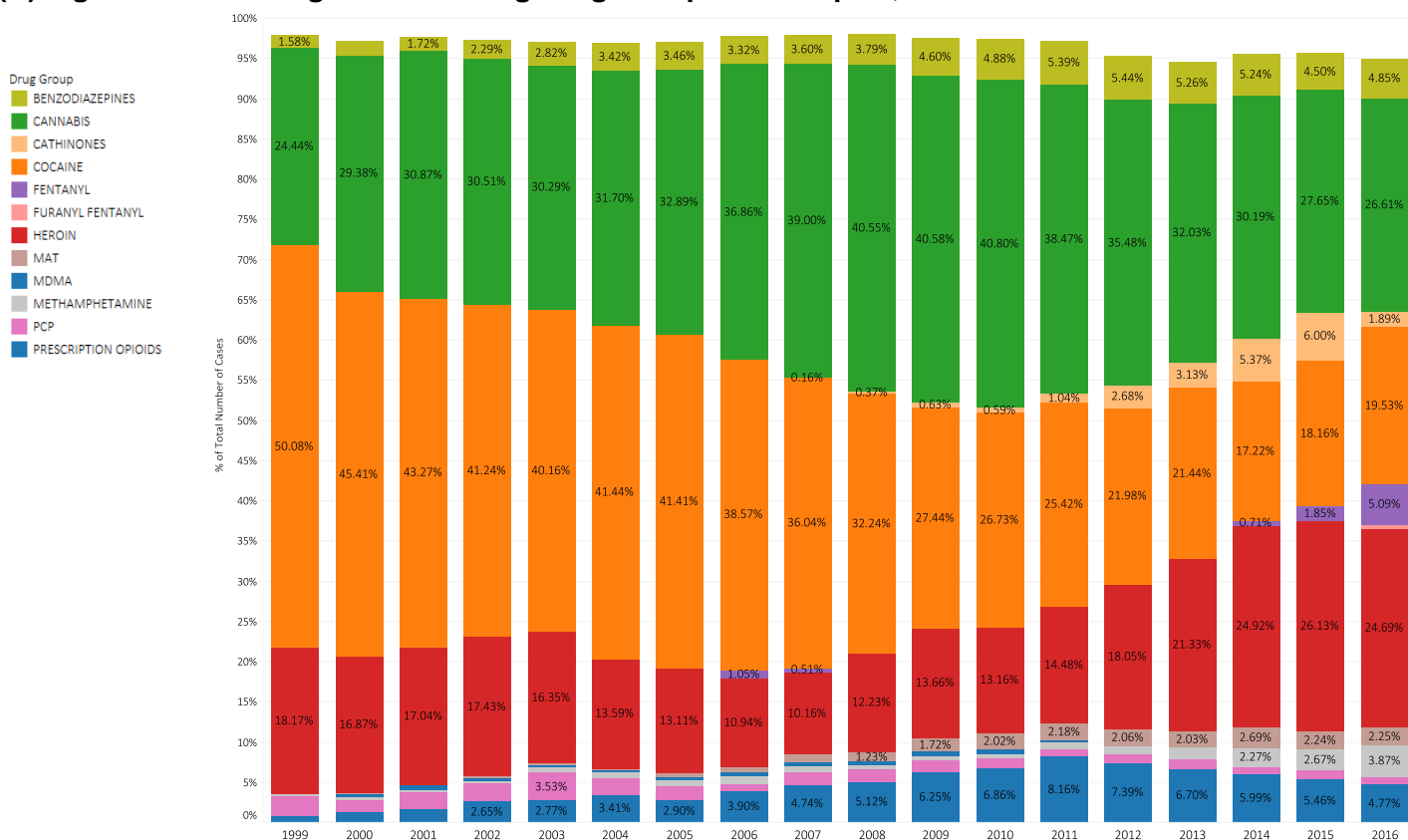
In 2016, heroin cases dropped slightly, for the first time in 6 years. This decrease coincided with a marked increase in fentanyl cases. Fentanyl and fentanyl-related substances (FRSs) infiltrated the Pennsylvania illicit drug market in 2013. Although some users in Pennsylvania actively seek fentanyl, many are trying to buy heroin and are unknowingly purchasing heroin mixed with fentanyl or fentanyl marketed as heroin.

Fentanyl first appeared in the 25 most frequently analyzed drugs for Pennsylvania in 2006. This corresponds with the first time clandestinely produced fentanyl appeared in the U.S. drug supply. Approximately 1,000 people in Philadelphia, Chicago, and Detroit fatally overdosed on fentanyl during that time. When the lab supplying the fentanyl was seized and dismantled in Mexico, the fentanyl crisis subsided and the drug fell out of the top 25.

Clandestinely produced fentanyl resurfaced in the U.S. drug supply at the end of 2013, usually being mixed in with or disguised as heroin and later as counterfeit opioid tablets. By 2014, fentanyl was again one of the top 25 drugs, and its presence has grown exponentially since then, both in the number of analyzed fentanyl cases and the overall percentage of cases it represents (see Figure 3).

Analysis of 2017 data to date shows that fentanyl and FRS cases continue to increase dramatically. Additional reporting will follow when 2017 data is complete.

(U) Figure 3. Percentage of Each Drug/Drug Group in the Top 25, 1999-2016.



Source: National Forensic Laboratory Information System

(U) This product was prepared by the DEA Philadelphia Field Division. Comments and questions may be addressed to the Chief, Analysis and Production Section at dea.onst@usdoj.gov. For media/press inquiries call (202) 307-7977.