

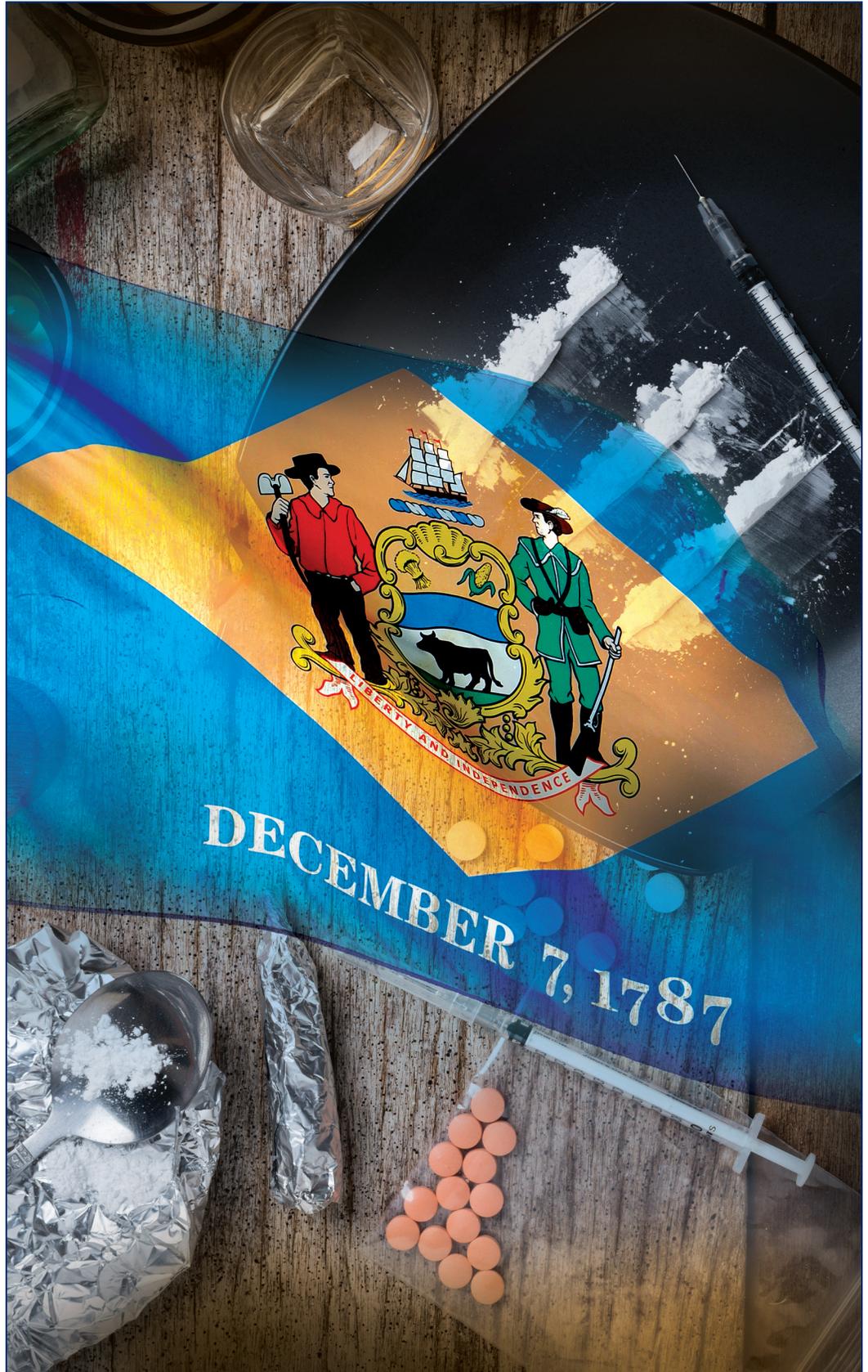
The Drug Situation in Delaware 2020

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DEA
INTELLIGENCE
REPORT



Executive Summary

The Drug Enforcement Administration's (DEA) Philadelphia Field Division (PFD) Intelligence Program conducted an analysis of drug availability and abuse for the State of Delaware. This product highlights significant findings regarding various drug trends since last reported in 2017.

The primary drug threats identified in Delaware are illicit opioids, cocaine, controlled prescription drugs, and methamphetamine. The determination of drug threats in Delaware considers a variety of factors including: availability, threat to public health, community impact, attendant crime, enforcement activity, seizures, drug abuse and treatment statistics, and propensity for abuse.

The PFD Intelligence Program analyzed the following indicators in this assessment: illicit and controlled prescription drug availability; drug prices and purity; and fatal drug-related overdose data.

Details

► Illicit Opioids

Illicit opioids are the primary drug threat in Delaware, as DEA, state/local law enforcement agencies, and other stakeholders report annual increases in fentanyl and heroin availability, trafficking, seizures, and abuse, as well as opioid-related overdose deaths. Delaware's opioid abuse and overdose crisis is exacerbated by the proliferation of highly potent illicit fentanyl and fentanyl-related substances (FRS), as well as the continued availability of inexpensive, high-purity heroin.

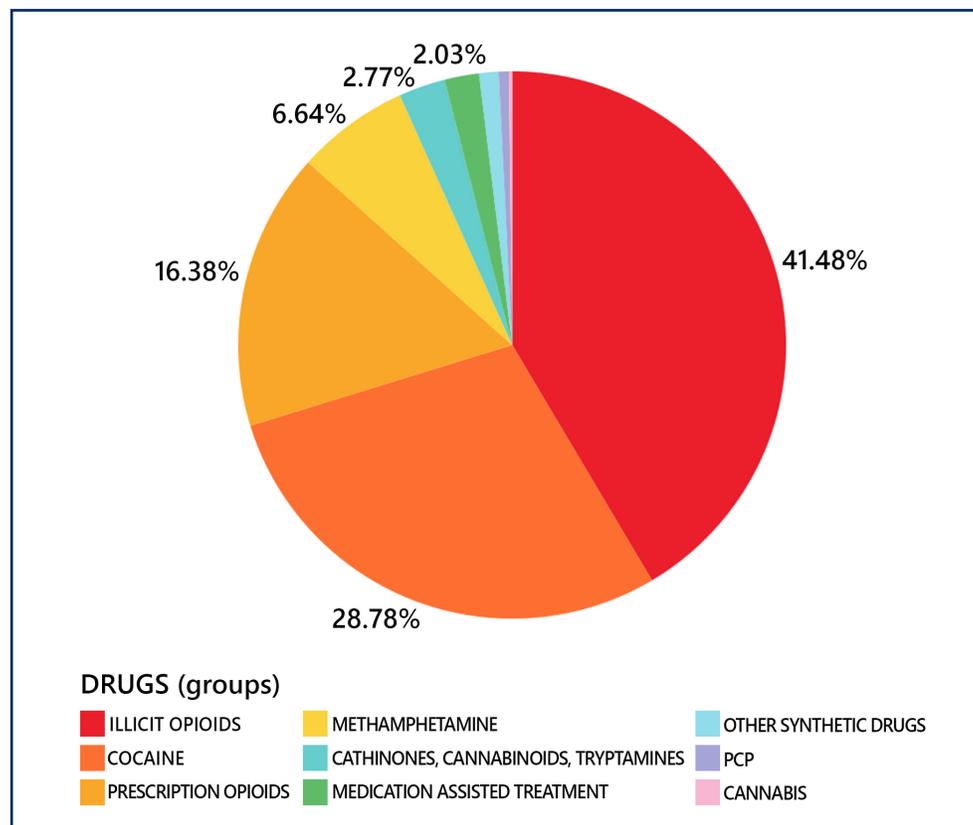
Fentanyl and heroin distributed in Delaware are primarily supplied by Philadelphia-based sources, though other regional cities (such as Baltimore) are also local source locations. Philadelphia-based drug trafficking organizations (DTOs) are in direct contact with Mexican sources of supply using a variety of communication methods to facilitate the importation of kilogram quantities of fentanyl and heroin from the Southwest Border through Phoenix, Chicago, New York, and the Caribbean, specifically the Dominican Republic. In Delaware, the city of Wilmington represents the largest local fentanyl and heroin supply base.

The primary transportation methods for illicit opioids into Delaware are interstate highways and major thoroughfares from the cities of Philadelphia, New York, and Baltimore. Similar to other illicit narcotics, opioids are concealed and transported in passenger vehicles, often equipped with hidden compartments. Due to its location, Delaware is a critical chokepoint for illicit opioids transiting the East Coast along the Interstate 95 corridor. Additionally, fentanyl and FRS produced in China are readily available in online drug markets and subsequently shipped via postal services to addresses in Delaware.

Laboratory-analyzed drug seizure data is submitted by federal, state, and local laboratories pursuant to a seizure by a law enforcement agency and is compiled by the National Forensic Laboratory Information System (NFLIS)^a. Analysis of NFLIS data revealed that illicit opioids, comprised of heroin, fentanyl, and FRS, accounted for approximately 41 percent of drug exhibits submitted for analysis from Delaware during 2018 (most recent full year data available), the highest among all drug categories (see Figure 1).

^a The DEA NFLIS collects results from drug chemistry analyses conducted by state, local, and federal forensic laboratories across the country. NFLIS provides analytical results of drug seized by law enforcement and is a source of information for monitoring drug trafficking in the United States.

(U) Figure 1. Seized and Analyzed Excerpted Drugs (grouped) Reported to National Forensic Laboratory Information System, Delaware, 2018



Source: National Forensic Laboratory Information System

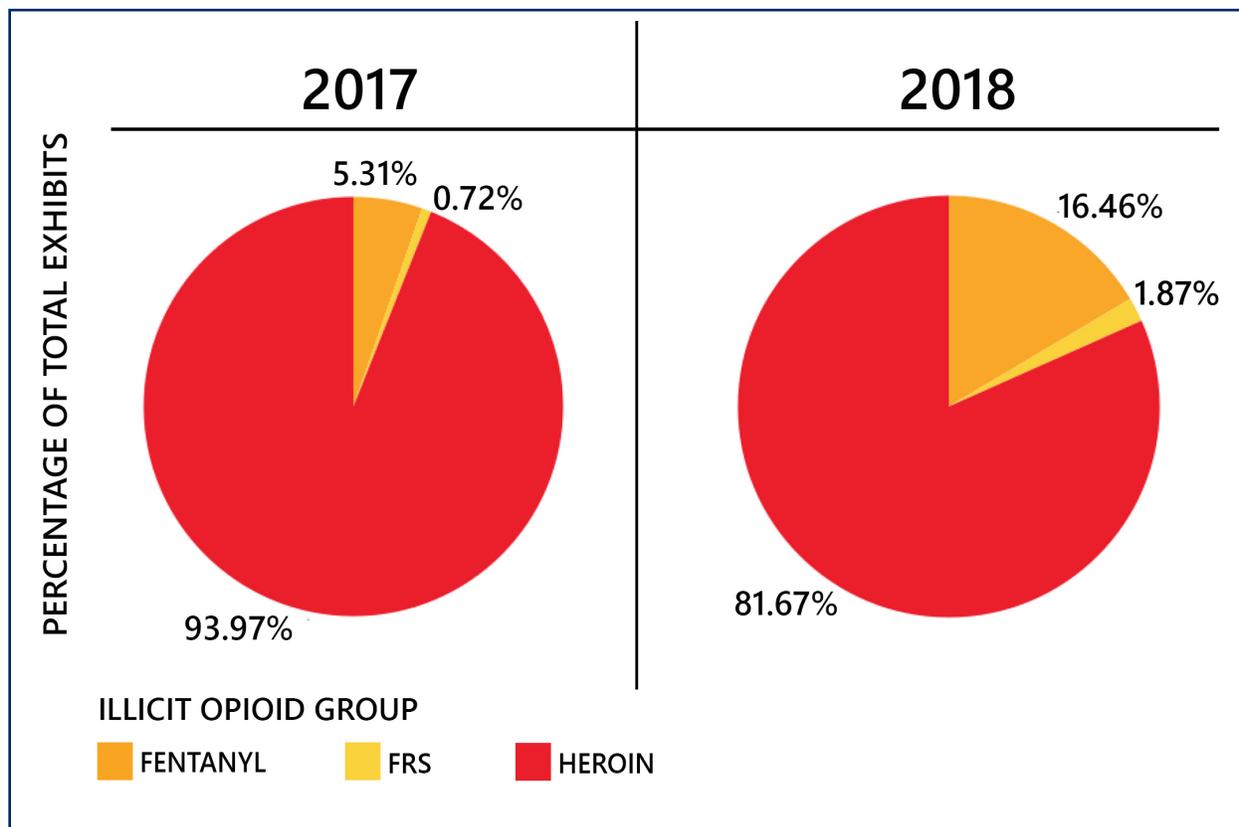
Within the illicit opioids category, heroin was most frequently reported in NFLIS in 2018, followed by fentanyl and FRS; however, analysis of prior year data shows a notable increase in fentanyl/FRS presence among analyzed submissions from 2017 to 2018 (see Figure 2).

Among heroin-positive exhibits seized by DEA in Delaware during 2019, 95 percent also contained fentanyl. The DEA Heroin Signature Program identified the likely geographic origin of heroin seized by the DEA in Delaware during 2019 as predominantly “Mexican-South American,” described as a white powder heroin (commonly associated with South American production methods) produced in Mexico.

Heroin purity in Delaware remains among the highest in the nation, mainly due to the high purity rates in the source city of Philadelphia. Laboratory analysis revealed that the purity of nearly half of the heroin seized by the DEA in Delaware during 2019, for which purity was reported, exceeded 60 percent. In contrast, less than one-quarter of heroin seizures nationwide during 2019, for which purity was reported, exceeded 60 percent purity.

Anecdotal reporting indicates that many drug users in Delaware are actively seeking fentanyl products from dealers, in lieu of heroin. The sale of fentanyl is alluring to drug traffickers, due to the potential financial benefit of selling a highly-potent product with minimal effort. Nationally, DEA has reported an increase in seizures of counterfeit prescription drugs containing fentanyl. This trend is evident in Delaware, as DEA seized approximately 14,000 tablets of illicitly-manufactured oxycodone

(U) Figure 2. Seized and Analyzed Illicit Opioids Reported to National Forensic Laboratory Information System, Delaware, 2017-2018



Source: National Forensic Laboratory Information System

(later determined to contain fentanyl) in New Castle, Delaware in 2019 (see Figure 3). Counterfeit oxycodone pills in Delaware pressed with fentanyl are sold for \$13 individually or \$10 per pill for quantities over 1,000.

(U) Figure 3: Counterfeit Controlled Prescription Drugs Containing Fentanyl Seized in Delaware, 2019



Source: DEA Philadelphia Field Division

► Cocaine

The demand for, and abuse of, cocaine remains prevalent in Delaware, with supply readily available. Cocaine is primarily supplied in wholesale quantities to Delaware by Mexican DTOs through the primary source cities of Philadelphia and New York, and secondary source locations such as North Carolina, Georgia, Texas, California, and Puerto Rico.

Wholesale quantities of cocaine are transported to Delaware in private, commercial, or rental vehicles frequently equipped with hidden compartments, as well as parcel shipments using postal and commercial

delivery services. Interstate highways and major thoroughfares enable short driving trips from Delaware to source areas such as Philadelphia and New York City. Additionally, the maritime Port of Wilmington is North America's primary destination for banana shipments, as well as other fresh fruit and juice concentrates, from drug source and transit countries in South and Central America. The Delaware River Shipping Channel acts as a maritime trafficking corridor for illicit drugs arriving in or passing through Delaware. Cargo ships arrive daily, and sources indicate that multi-kilogram quantities of cocaine are often transported aboard these vessels for distribution along the East Coast and to drug markets in Europe.

A review of data indicators showed that cocaine comprised approximately 28 percent of drug exhibits submitted for analysis from Delaware during 2018 (most recent full year data available) and reported to NFLIS (see Figure 1). Also, the average purity of cocaine seized by DEA in Delaware during 2019 was 66 percent.

The crack cocaine supply is consistent throughout Delaware, as local/regional DTOs are primarily responsible for "cooking" powder cocaine into crack cocaine for retail distribution in Delaware drug markets.

► **Controlled Prescription Drugs**

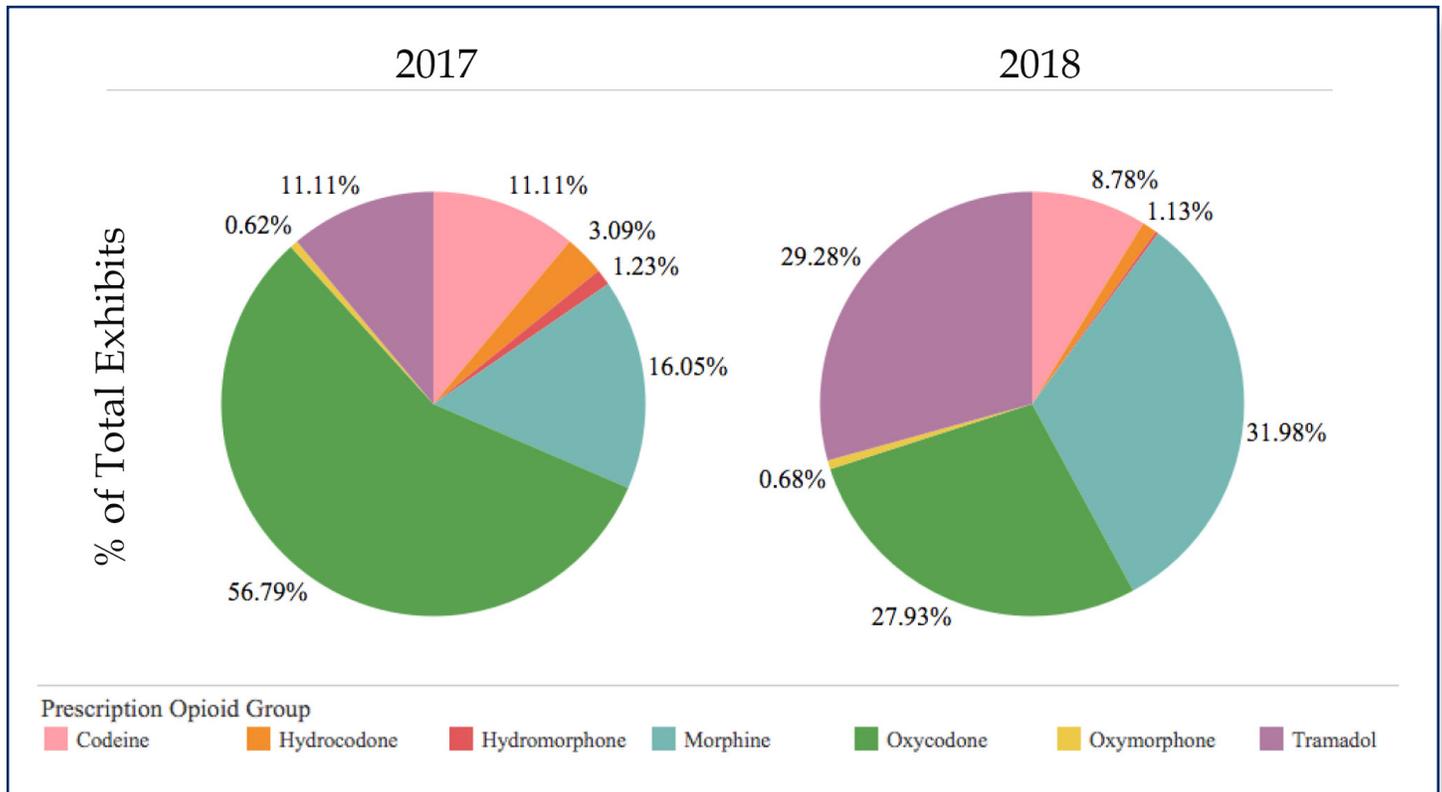
Controlled prescription drugs (CPDs), specifically opioids, continue to be diverted for illicit use in Delaware, but to a lesser extent than in recent years. This trend is supported by statistical indicators from law enforcement agencies and treatment providers suggesting decreases in CPD misuse and abuse are on the decline. According to the Delaware Division of Professional Regulations, pharmaceutical opioid prescription rates have decreased each year since 2015, including a 14 percent reduction in the number of opioid prescriptions written and an 18 percent decline in the total quantity of prescription opioids dispensed to patients in 2018 (the most recent year reported).

Methods of trafficking diverted CPDs include legitimate prescriptions and/or prescription pads sold to third parties; legitimate prescriptions filled and the pills sold to third parties; doctor shopping in which individuals visit and obtain prescriptions from multiple doctors; residential theft of pharmaceuticals; theft from family or friends; and theft by pharmacy employees and/or medical staff. By the end of 2019, the Delaware State Police Drug Diversion Unit reported steadily decreasing numbers of pharmaceutical diversion-related public complaints submitted to their unit.

Commonly diverted controlled prescription drugs in Delaware include hydrocodone, methadone, oxycodone, tramadol, suboxone, and oxymorphone.

Analysis of NFLIS data for Delaware revealed prescription opioids comprised approximately 16 percent of all submitted drug exhibits in 2018 (most recent full year data available) (see Figure 1). The prescription opioids category includes codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone, and tramadol. Of note, both morphine and tramadol showed significant increases from 2017 to 2018 (see Figure 4). Tramadol, a Schedule IV prescription opioid, has arisen in recent years as a popular prescribing alternative to oxycodone and hydrocodone. As a result, DEA reporting indicates that tramadol has emerged on the illicit drug market with increasing frequency.

(U) Figure 4. Seized and Analyzed Prescription Opioids Reported to National Forensic Laboratory Information System, Delaware, 2017-2018



Source: National Forensic Laboratory Information System

► Methamphetamine

Crystal methamphetamine is readily available in Delaware and is commonly acquired from Mexico in parcel shipments or in wholesale quantities transported via passenger or commercial vehicles equipped with hidden compartments. Laboratory analysis of crystal methamphetamine exhibits seized in Delaware during 2019 resulted in an average purity of 98 percent. Analysis of NFLIS data for Delaware revealed methamphetamine/amphetamine comprised approximately seven percent of exhibits in 2018 (most recent full year data available) (see Figure 1).

Small, clandestine, one-pot style methamphetamine production laboratories are encountered in Delaware on a minor scale, as sources indicate that such production is limited to quantities sufficient for personal supply and/or small scale retail operations, which are often done to recoup the costs of producing a personal usage supply. In Sussex County, DE, outlaw motorcycle gangs (OMGs) produce methamphetamine, which is sold at a cheaper rate than Mexican laboratory-produced methamphetamine. Mexican-produced methamphetamine is priced at \$700 per ounce, while biker methamphetamine (produced by OMGs) sells for \$500 per ounce.

► Marijuana

DEA reporting indicates that marijuana is readily available in Delaware. Higher-grade marijuana trafficked into Delaware typically originates in states where recreational marijuana was legalized at the state level, including California, Oregon, and Colorado. Additionally, bulk quantities of foreign-sourced (primarily Mexican) commercial grade marijuana arrive in Delaware from Florida and the Southwest Border region. Other cannabis products, such as tetrahydrocannabinol (THC) edibles, oils, and vape cartridges, are also increasingly available and transported to Delaware from similar origin locations. Shipments of smaller quantities of marijuana and cannabis products via postal and parcel carrier services are the primary means of transporting them to Delaware, while larger quantities are frequently transported in passenger and commercial vehicles, in which they are often concealed along with legitimate produce or scent deterrents.

At the end of 2019, six medical marijuana locations were operating in Delaware, serving 8,200 active medical marijuana card holders, a number projected to increase to 9,000 (representing about one percent of Delaware's population) by the end of 2020.

► Non-Opioid Synthetic Drugs

The availability of non-opioid synthetic drugs (other than methamphetamine), such as 3, 4-methylenedioxymethamphetamine (MDMA), phencyclidine (PCP), synthetic cannabinoids, cathinones, and lysergic acid diethylamide (LSD), remains low in Delaware; however, cathinones and synthetic cannabinoids are the most available among synthetics throughout the State. Synthetic drugs are typically supplied by DTOs operating in Philadelphia who utilize passenger vehicles to transport the products into Delaware or by DTOs who ship the product via mail or parcel carriers from other states. Reporting indicates that synthetic drugs are most concerning within Delaware's state corrections system. For example, according to reporting, mail services are used to smuggle synthetic drugs, including MDMA and LSD, into state correctional facilities. Another report indicated that individuals who are in work-release correctional programs often use synthetic cannabinoids (K2/Spice) because they believe it is undetectable on urinalysis screenings.

Analysis of NFLIS data for Delaware revealed limited seizures and exhibits of non-opioid synthetic drugs, to include cathinones, synthetic cannabinoids, tryptamines, LSD, ketamine, MDMA, and PCP. Combined, these substances comprised less than five percent of all exhibits reported in 2018 (most recent full year data available); cathinones were the largest sub-group reported.

► Financial

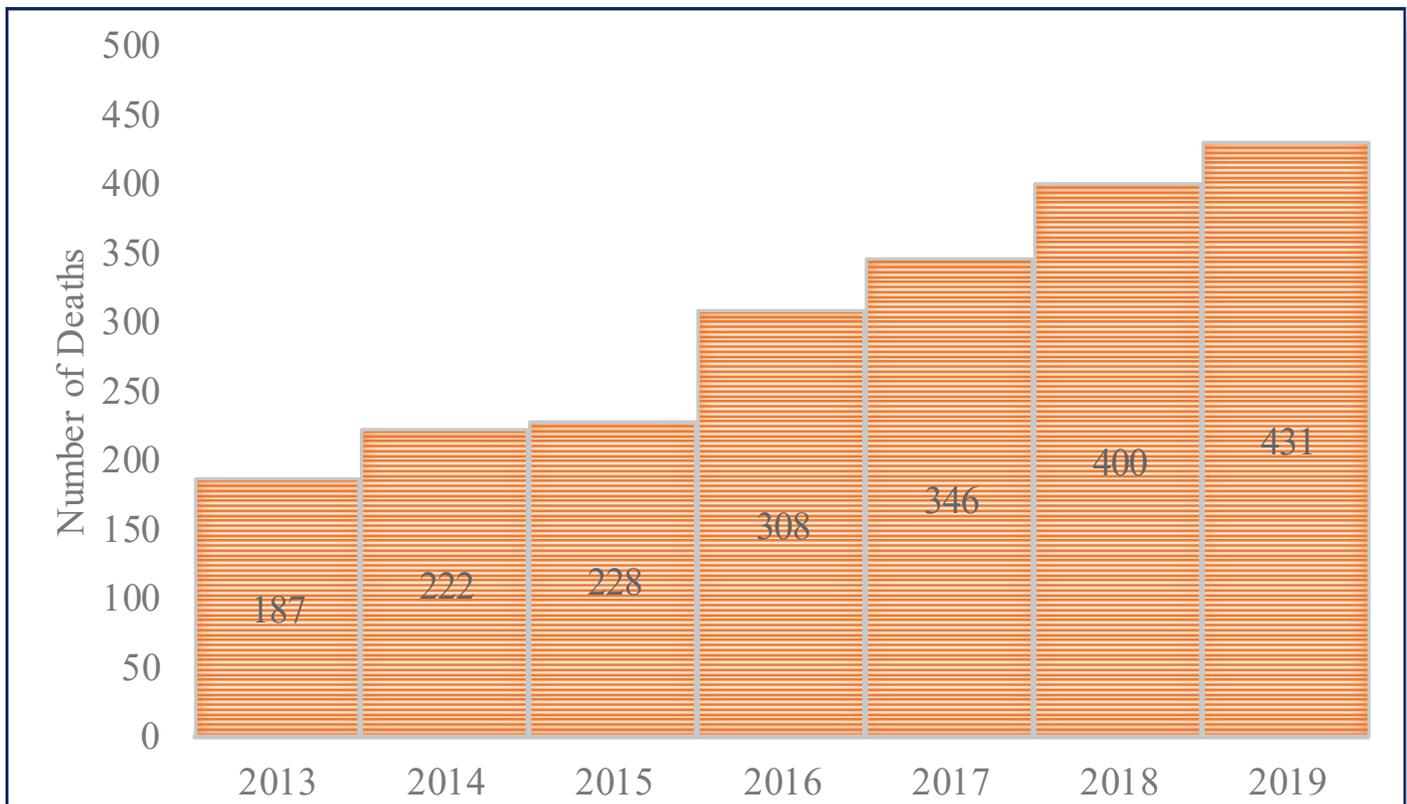
Bulk currency transport is the primary method of repatriating drug proceeds to domestic and international suppliers. Bulk currency is typically smuggled in plastic-wrapped bundles that are concealed in luggage and/or in hidden compartments inside passenger vehicles. Secondly, common money laundering methods observed in Delaware include real estate purchases; casinos; structuring of cash deposits into bank accounts; and the remitting of drug proceeds through money service businesses. Money launderers may own and/or operate businesses frequently used as fronts for illicit money movement, such as construction companies, trucking companies, bars, real estate companies, salons, barber shops, used car dealerships, and/or retail stores offering money remitter services.

► Overdose Deaths

Data derived from confirmed drug-related overdose deaths are an indicator of drug availability and trends, and help to identify at-risk populations. According to Delaware's Division of Forensic Science (DFS), 431 overdose deaths were reported in Delaware in 2019, a nearly eight percent increase from the 400 overdose deaths reported in 2018 (see Figure 5). The Centers for Disease Control and Prevention ranked Delaware sixth highest in the nation for per-capita overdose deaths in 2017 (most recent data available).

Fentanyl remains the most frequently identified drug in toxicology testing of overdose decedents. According to DFS, fentanyl was present in 79 percent of overdose fatalities in 2019, followed by cocaine at 39 percent, and other opioids at 29 percent.

(U) Figure 5. Number of Overdose Deaths, Delaware, 2013-2019



Source: Delaware Division of Forensic Science

► Drug Pricing

The following drug pricing information was derived from federal, state, and local law enforcement reporting.

(U) Figure 6. Drug Pricing Reported by Law Enforcement in Delaware, 2019

Drug	Price	Quantity
Cocaine	\$160 - \$170	Per 1/8 ounce (8-ball)
	\$850 - \$1,300	Per ounce
	\$32 - \$48	Per gram
	\$24,000 - \$40,000	Per kilogram
Crack Cocaine	\$150	Per 1/8 ounce (8-ball)
	\$1,200 - \$1,600	Per ounce
Fentanyl	\$10 - \$13	Per pill
Heroin	\$15 - \$70	Per bundle
	\$47 - \$60	Per gram
	\$170 - \$600	Per "Log" (10 bundles)
Marijuana	\$1,200 - \$2,000	Per pound
Methamphetamine	\$300 - \$700	Per ounce
	\$3,500 - \$7,500	Per pound
Controlled Prescriptions		
Oxycodone	\$10 - \$30	Per pill
Suboxone	\$75	Per strip
Adderall	\$7.50	Per pill

Source: DEA Philadelphia Field Division

Outlook

Investigations and data indicators clearly demonstrate that illicit opioids remain the most significant drug threat in Delaware, where its proximity to Philadelphia, the primary source area for inexpensive and highly potent illicit opioids, increases the vulnerability of its citizens to addiction, overdose, and violence commonly associated with drug trafficking and distribution.

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(U) This product was prepared by the DEA Intelligence Program - Philadelphia Field Division. Comments and questions may be addressed to the DEA Indicator Programs Section at: DEA.IntelligenceProducts@usdoj.gov. For media/press inquiries call (202) 307-7977.

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