Counterfeit Controlled Prescription Drug Availability in Pennsylvania & Delaware

DEA-PHL-DIR-035-20

September 2020
Event

The Drug Enforcement Administration (DEA) Philadelphia Field Division (PFD) is advising law enforcement and public health counterparts of the increased availability of counterfeit controlled prescription drugs (CPDs) – commonly sold as legitimate CPDs with most containing fentanyl/fentanyl-related compounds (FRC) – in Pennsylvania and Delaware. First observed as early as 2015, when they were acquired primarily through Dark Web suppliers, counterfeit CPDs have been seized with increasing frequency and quantity since that time, while several local production operations have also been identified and subsequently dismantled. Most recently, the increase in wholesale production and trafficking of counterfeit CPDs by Mexican transnational criminal organizations (TCOs) further demonstrates this emerging threat.

SIGNIFICANCE

Counterfeit CPDs can be attractive to users who not only face decreased supplies of legitimate CPDs, but also seek a perceived safer form of use to avoid the stigma and health problems associated with injection of illicit opioids. Additionally, counterfeit CPDs can benefit trafficking and distribution organizations seeking access to wider user markets, while significantly increasing profit margins in distribution. Similar to the emergence of fentanyl and FRCs that were marketed and sold as heroin, counterfeit CPDs may continue to proliferate among unsuspecting users who believe they are using oxycodone or hydrocodone. In some instances, production techniques have reportedly improved to where clandestinely manufactured counterfeit CPDs can be virtually indistinguishable from authentic CPDs; therefore, laboratory testing is crucial to determine the true content of tablets appearing as authentic CPDs to mitigate danger as well as help law enforcement authorities to determine appropriate offenses to charge distributors.

DETAILS

Information collected from PFD investigations and reporting identified significant trends in the availability of fentanyl/FRC-laced counterfeit CPDs in Pennsylvania and Delaware.

Local Production

Local production of counterfeit CPDs was first identified in 2016. At that time, local/regional production or Dark Web acquisition accounted for the majority of counterfeit CPDs in the region’s illicit drug supply. Since 2016, the PFD and law enforcement counterparts dismantled numerous counterfeit CPD production operations in Pennsylvania. Several locally identified manufacturers had the capability of producing multi-thousand tablet quantities using fentanyl/FRC procured from foreign sources of supply.
and equipment ordered via the internet (see Figure 1). Reporting indicates that locally produced counterfeit CPDs have been recognized to contain “speckles”, are often off-color from legitimate tablets, have distorted pressing/markings (see Figure 2), and are easily crushable.

Users often refer to locally produced counterfeit CPDs as “pressed percs” and report pricing of approximately $20 per tablet. The method of ingestion is reported as swallowing, or crushing and snorting, and knowledge of the tablet’s alleged or actual contents varies among users.

**Foreign Production**

While local production continues, PFD investigations and reporting indicate that foreign sources are likely responsible for the marked increase in supply of fentanyl/FRC-laced counterfeit CPDs in the region since approximately 2018. DEA reporting supports the conclusion that Mexican TCOs are producing increased quantities of fentanyl and illicit fentanyl-laced tablets, with some TCOs using increasingly sophisticated clandestine laboratories and processing methods (e.g. laboratory grade glassware, unregulated chemicals, and industrial size tablet presses). DEA reporting also indicates that the Sinaloa Cartel and the New Generation Jalisco Cartel (Cártel de Jalisco Nueva Generación - CJNG) are the primary trafficking groups responsible for smuggling fentanyl into the United States from Mexico. To date, the fentanyl synthesis and fentanyl-laced pill production operations dismantled in Mexico occurred either in territories controlled by these cartels or territories where members/associates of these cartels operate. In addition, these TCOs are known to control the trafficking corridors in Mexico that connect to California and Arizona, indicating drugs passing through these associated areas would need to be approved by these organizations. As an indicator of increased production by Mexican TCOs, the DEA Phoenix Division seized more than 1.1 million fentanyl-laced counterfeit CPDs in Fiscal Year (FY) 2019, after seizing 380,000 in FY 2018.
DEA reporting indicates that Mexican-produced counterfeit CPDs, specifically blue pills mirroring oxycodone 30 mg tablets, known as “Mexican Blues” or “M Boxes” currently dominate the local illicit drug market. Local drug trafficking organizations (DTOs) receive these pills through Mexican TCO sources located in California and other Southwest Border locations. Transportation methods for the counterfeit CPDs include hidden compartments in personal and commercial vehicles, as well as mail and parcel shipments.

According to local forensic chemistry experts, the overall quality of Mexican-sourced fentanyl-laced counterfeit CPDs is high. The imprint markings appear legitimate and forensic chemists are often unable to differentiate between counterfeit and authentic oxycodone without testing. Several reports indicate that DTOs selling counterfeit CPDs attempt to market them as legitimate products. However, sources have noted that customers are increasingly aware of counterfeit CPDs containing fentanyl, similar to when fentanyl replaced, or was combined with, heroin in retail bags. Sources indicate the demand for fentanyl-laced counterfeit CPDs over powdered heroin/fentanyl packaged in bags is increasing, as pills are easier to hide/justify to law enforcement authorities if encountered.

The local street pricing for Mexican-produced counterfeit CPDs ranges from $15-30 per tablet. When acquired from a source of supply in Mexico, counterfeit CPDs can be purchased for as little as $3 per tablet. The profit potential in selling counterfeit CPDs in the region is substantial (see Figure 4). When coupled with the perception of eluding law enforcement scrutiny, the benefits of distributing counterfeit pills for local DTOs are increasingly attractive.

(U) FIGURE 3. SEIZURE OF FENTANYL-LACED COUNTERFEIT CONTROLLED PRESCRIPTION DRUGS, PHILADELPHIA, PENNSYLVANIA, 2018

Source: DEA Philadelphia Field Division

(U) FIGURE 4. POTENTIAL REVENUE GENERATED FROM FENTANYL-LACED COUNTERFEIT PILL SALES USING ONE KILOGRAM OF FENTANYL (IN U.S. DOLLARS)

<table>
<thead>
<tr>
<th>Amount of Fentanyl Per Pill</th>
<th>Price Per Pill</th>
<th>Price Per Pill</th>
<th>Price Per Pill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>1.5 mg*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Yields approximately 667,000 pills per kilogram of pure fentanyl)</td>
<td>$6.6 million</td>
<td>$9.9 million</td>
<td>$13.3 million</td>
</tr>
</tbody>
</table>

Source: DEA

* There is not a standard as to how much fentanyl is in the counterfeit pills, and the dosage varies between vendors and batches.
Tablets seized in Pennsylvania and analyzed by DEA's Fentanyl Signature Profiling Program in 2019 contained between 1.7 and 2.0 mg of fentanyl. A lethal dose of fentanyl is postulated to be about 2 mg for opioid naïve consumers.

Seizures

DEA seizures of fentanyl/FRC in Pennsylvania and Delaware are predominantly in powder form; there were no analyzed seizures of fentanyl/FRC in tablet form in 2017. However, by 2019, more than nine percent of DEA's fentanyl/FRC seizures in Pennsylvania and Delaware were in tablet form. Of greater importance, in 2019, more than 11 percent of the total weight of DEA's fentanyl/FRC seizures in Pennsylvania and Delaware were tablets (compared to .05 percent in 2018) (see Figure 5). PFD investigations yielded individual seizures ranging from 100 to 40,000 tablets of fentanyl/FRC-laced counterfeit CPDs in 2019.

(U) FIGURE 5. DEA FENTANYL/FENTANYL–RELATED COMPOUNDS SEIZURES BY FORM IN PENNSYLVANIA AND DELAWARE, 2017-2019

Source: DEA Philadelphia Field Division Seizure Data
Laboratory-analyzed drug seizure data is beneficial in identifying emerging trends in drug availability. Federal, state, and local law enforcement agencies submit drug seizures to laboratories, for which data is compiled by the National Forensic Lab Information System (NFLIS).\(^b\) A review of pill/tablet form exhibits analyzed by forensic laboratories between 2016 and 2019 supports the trend of an increasing presence of counterfeit CPDs in Pennsylvania and Delaware.

Analysis of NFLIS data shows the percentage of fentanyl/FRC exhibits seized in tablet form grew from 2017 to 2019. In addition, the number of counties reporting such seizures grew concurrently, further illustrating the increased availability of these relatively new products in the illicit drug supply.

NFLIS data reports multiple drugs found during analysis of individual exhibits, an indicator of drug combinations in seized samples.\(^c\) For analyzed fentanyl/FRC exhibits in tablet form, the most common drug present was fentanyl (75 percent of total exhibits), followed by cyclopropyl fentanyl and furanyl fentanyl. Other identified FRCs included acetyl fentanyl, valeryl fentanyl, carfentanil,\(^d\) and fluoroisobutyrylfentanyl. When combinations were noted, they included heroin, tramadol, and alprazolam. Non-controlled substances found in combination with fentanyl/FRC-laced tablets included acetaminophen and caffeine.

Geographically, seizures were concentrated in urban areas of Pennsylvania, to include Philadelphia and its western suburban counties; Pittsburgh and suburban Beaver County; the Harrisburg, Allentown, Lancaster, Reading, and Erie areas; and urban parts of northeastern Pennsylvania (see Figure 6). Note: An exhibit represents a sample sent to a laboratory for analysis and is not reflective of the size/weight of the original seizure made by law enforcement.

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

\(^c\) NFLIS data includes multiple drug fields, however, individual laboratories test and report differently. Therefore, the lack of reporting of additional drug fields does not conclusively mean that there were none present in the sample.

\(^d\) NFLIS data indicated that between 2017 and 2019 there were 9 counterfeit CPD exhibits seized that included carfentanil, primarily in western Pennsylvania.
The majority of fentanyl-laced counterfeit CPDs seized in Pennsylvania and Delaware had the M/30 marking (Mallinckrodt Pharmaceutical - oxycodone 30 mg); however, additional markings recently arrived in the local market, to include “Endo 602” (Endo Pharmaceuticals –oxycodone 5 mg), “A 215” (Actavis - oxycodone 10 mg), and “RP 10” (Rhodes Pharmaceutical - Oxycodone 10 mg).

**Overdoses**

According to statewide reporting, fentanyl/FRC exacerbated the opioid overdose crises in Pennsylvania and Delaware, as these substances have been most frequently identified in overdose deaths since 2016. Although the form of fentanyl ingested is difficult to assess in decedents, the ease of use of fentanyl/FRC in tablet form may lead to even higher numbers of overdose deaths as supply expands.

\* The counties of Montgomery and Bucks use a private laboratory for drug chemistry analysis - this data is not included in NFLIS at this time. The lack of reported data herein does not indicate a lack of presence of these drugs in those counties.
OUTLOOK

As the availability of counterfeit CPDs rises in the region, the danger to users grows as well. Fentanyl/FRC-laced counterfeit CPDs intensify a market already saturated with licit and illicit opioids and provide an increased ease of use and concealment. As with all illicitly produced opioids, the lack of knowledge of supply sources, content, and potency of the substances significantly elevates the risk of overdose and death.