



DEA
INTELLIGENCE
REPORT

Illicit Stimulant Availability in Pennsylvania, 2020

DEA-PHL-DIR-004-21

NOVEMBER 2020



Executive Summary

The Drug Enforcement Administration (DEA) Philadelphia Field Division (PFD) analyzed intelligence and investigative trends, as well as various data indicators, to assess the current illicit stimulant availability threat in Pennsylvania. The analysis revealed increasing illicit stimulant availability in Pennsylvania between 2017 and 2019, showing that it remains among Pennsylvania's most dangerous drug threats as demonstrated by the following key findings:

- Cocaine availability increased substantially between 2017 and 2019; although the number of DEA cocaine seizures in Pennsylvania declined slightly, the total amount of cocaine seized nearly tripled, and the average weight per seizure more than doubled.
- Increases in the number of DEA methamphetamine seizures in Pennsylvania, total weight of methamphetamine seized, and average weight per methamphetamine seizure clearly demonstrate increased methamphetamine availability, especially of Mexican-sourced, highly pure, crystal methamphetamine.
- Laboratory analysis concluded that cocaine-positive seizures increased in about half of Pennsylvania's counties, while methamphetamine-positive seizures increased in 82 percent of Pennsylvania's counties, further exemplifying the increased levels of stimulants in the illicit drug supply.
- A trend of some opioid users either migrating to stimulants or using stimulants periodically during the week to control the physical effects of opioids is emerging out of fear from death due to opioid-related overdoses.
- Illicit stimulant presence in toxicology screens of overdose death victims rose slightly in recent years; however, illicit opioids were also found in the vast majority of toxicology screens reporting stimulants, rendering it difficult to assess the true impact of stimulants in overdose deaths, especially as stimulant use tends to physically impact users in the long term.

Details

The ongoing opioid crisis in Pennsylvania deservedly garnered significant attention and analysis in recent years; however, the threat posed by illicit stimulants is persistent and growing. The PFD monitors this threat closely, periodically reviewing multiple data indicators in conjunction with investigative information, to continually assess the threat, then share analytical findings with stakeholders in federal, state, and municipal governments.

Illicit stimulants, specifically cocaine^a and methamphetamine, remain a pervasive drug threat in Pennsylvania. PFD offices, state/local law enforcement agencies, and other stakeholders throughout Pennsylvania report persistent increases since 2017 in various indicators that demonstrate availability, such as the total quantity of illicit stimulants seized by law enforcement, identification of seized drugs as illicit stimulants by laboratory analysis, and the presence of illicit stimulants in drug-related overdose deaths. Surges in foreign cocaine and methamphetamine production, as reported by DEA investigations, intelligence, and U.S. Government estimates in recent years, are driving increased regional and local availability.

^a Unless otherwise noted, the term cocaine includes powder and solid ("crack") forms.

Supply

The supply of cocaine and methamphetamine remains high in Pennsylvania, where Mexican transnational criminal organizations (TCOs) maintain a dominant influence over importation, wholesale transportation, and distribution within and beyond the Commonwealth. Mexican TCOs employ a well-established transportation infrastructure and long-standing relationships with major Colombian and Dominican TCOs to move drugs in multi-kilogram to multi-hundred kilogram quantities to Pennsylvania primarily from the Southwest Border (SWB), via domestic source areas such as New York, northern New Jersey, and Chicago. Within Pennsylvania, Philadelphia is a regional source hub from where numerous distribution networks obtain cocaine and methamphetamine to sell in cities and towns elsewhere in Pennsylvania and throughout the Mid-Atlantic region. Pittsburgh serves as a mid-level source area for western Pennsylvania and parts of Ohio and West Virginia, while smaller cities such as Reading and Hazleton, Pennsylvania, are commonly recognized as mid-level to retail distribution centers in eastern Pennsylvania. Distribution of smaller wholesale (kilogram/multi-ounce) and retail (ounce/gram) amounts is concentrated among various Hispanic (Dominican/Puerto Rican) and African-American organized criminal groups who often violently protect their territories and illegal activities. In addition, less organized Caucasian criminal groups and individual violators are frequently identified in investigations as cocaine and methamphetamine distributors in Pennsylvania.

Local Production

Crack cocaine production occurs locally in Pennsylvania, where street-level organizations acquire powder cocaine from foreign or domestic sources and “cook” the cocaine into a solid form also known as “rocks” for street-level distribution. Methamphetamine production at the local level occurs sparingly; when discovered, the “one-pot” production method is most frequently encountered. The one-pot method utilizes household or readily available items, such as cold medicine (pseudoephedrine), household drain opener (lye), lithium batteries, camping fuel, cold packs (ammonium nitrate), and soda bottles, to produce small quantities (primarily for self-use but occasionally for sale to recoup production costs) of methamphetamine. Pennsylvania State Police data supports the trend of decreasing methamphetamine production, as they report declining one-pot laboratory seizures in recent years, coinciding with increases in seizures of methamphetamine from foreign sources.

Trafficking

Mexican TCOs and their local affiliates dominate drug trafficking throughout Pennsylvania. Wholesale quantities of cocaine and methamphetamine are generally stored outside urban areas to insulate these traffickers and the drugs from violence-prone inner city neighborhoods, thereby forcing mid-level drug trafficking organizations (DTOs) to assume the risk of transporting the drugs to retail/street-level distributors. Such diffusion or specialization of roles minimizes the exposure of the high-level Mexican organizations and effectively isolates them from the low-level, retail organizations that are more vulnerable to law enforcement.

Trafficking routes and transportation methods into Pennsylvania are generally consistent, regardless of the drug being smuggled. For example, numerous highways enter and traverse Pennsylvania, such as Interstates 70, 78, 79, 80, 81, 90, 95, the Pennsylvania Turnpike, and U.S. Route 1, providing easy access to/from all parts of the Commonwealth as well as domestic source/distribution areas beyond its borders. More sophisticated DTOs typically use commercial vehicles to transport cocaine

or methamphetamine and return the proceeds over Pennsylvania's highways. Drugs or currency are commonly concealed in hidden compartments or among legitimate cargo; drug loads transported in this manner from the SWB to Pennsylvania typically range from 100-200 kilograms of cocaine and 10-20 pounds of methamphetamine (sometimes suspended in liquid as an additional means of concealment). Other common transportation methods include rental or personal vehicles (some equipped with hidden compartments); shipments via commercial parcel/mail services (increasingly frequent); concealment among cargo or personal luggage transported aboard commercial air, bus, or rail transportation; or concealment among cargo or in voids aboard merchant and cargo ships destined for the maritime ports of Philadelphia; Camden, New Jersey; and Wilmington, Delaware.

Pennsylvania's Maritime Cocaine Threat

The threat of maritime drug trafficking in Pennsylvania is clearly demonstrated by the amount of cocaine seized by the PFD and its federal, state, and local law enforcement partners at the Port of Philadelphia in recent months. Since March 2019, authorities seized more than 19,000 kilograms of cocaine from cargo vessels docking in Philadelphia, including a record nearly 18,000 kilogram seizure in June 2019 that was destined for Europe. Although most of the cocaine seized at the Port of Philadelphia was destined elsewhere, these seizures, along with other bulk cocaine shipments that either passed or were due to pass through Philadelphia, reveal a consistent vulnerability that is frequently exploited by major cocaine trafficking organizations.

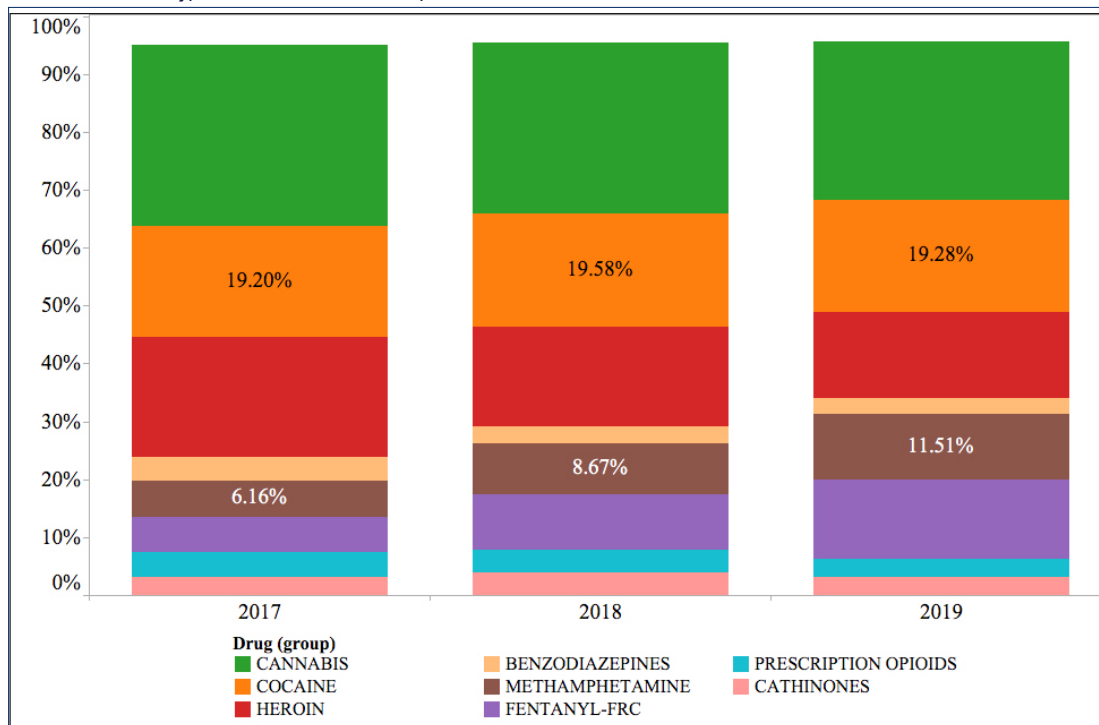
Availability

Data from laboratory-analyzed drug seizure exhibits, housed in the National Forensic Laboratory Information System (NFLIS), is a reliable indicator of existing and emerging trends in drug availability.^b NFLIS was queried for the 25 drugs most frequently identified in Pennsylvania from 2017 through 2019.

Analysis revealed the percentage of cocaine-positive cases remained stable, while the percentage of methamphetamine-positive cases nearly doubled from 2017 to 2019 (see Figure 1). Cocaine-positive and methamphetamine-positive cases were submitted from 98 and 100 percent, respectively, of Pennsylvania counties during the reviewed time period.

^b 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 drugs seized by law enforcement and is a source of information for monitoring drug trafficking and availability in the United States.

(U) FIGURE 1. TOP 25 SEIZED AND ANALYZED DRUGS (GROUPED AND EXCERPTED), PENNSYLVANIA, 2017-2019

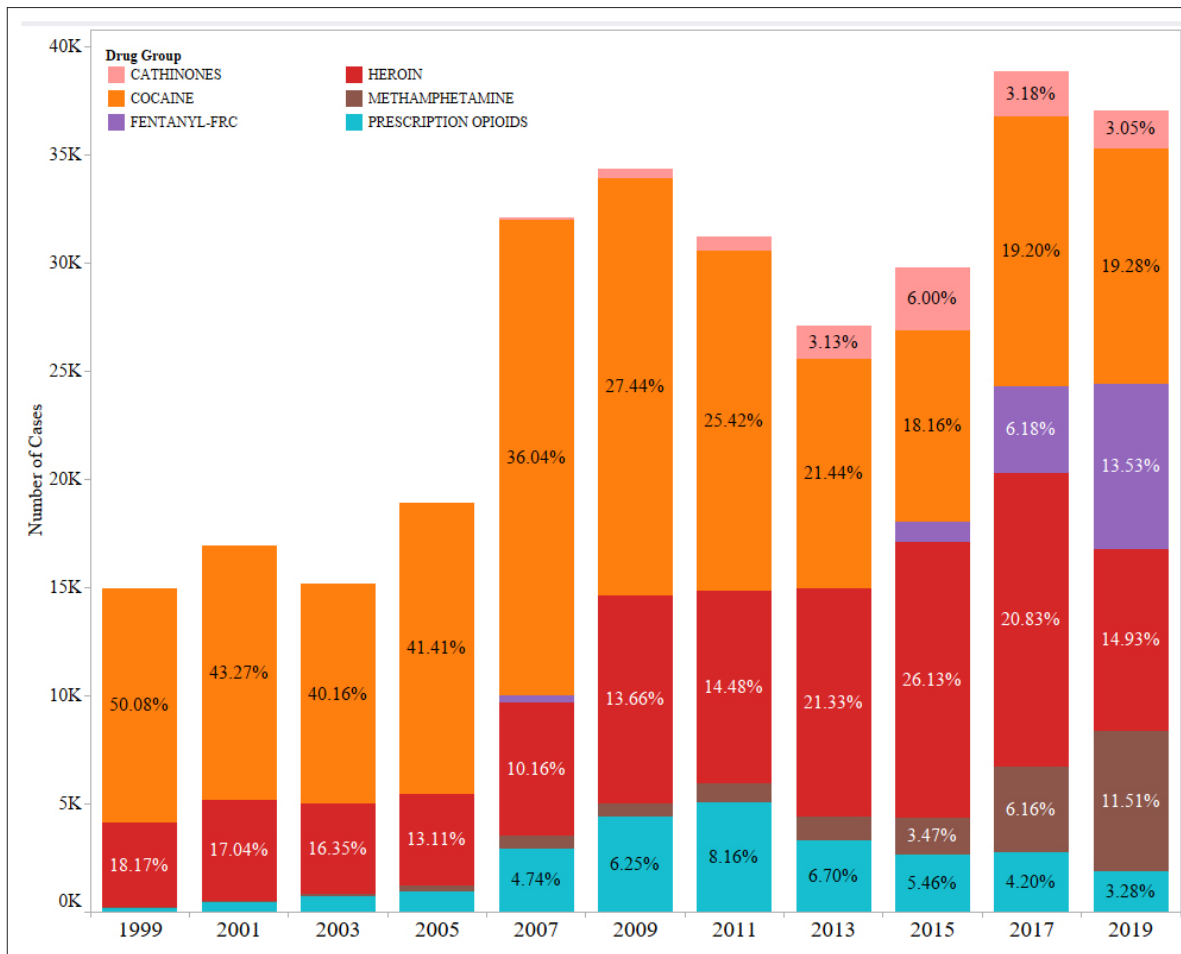


Source: National Forensic Laboratory Information System

Cocaine-positive cases comprised approximately 19 percent of the statewide total in 2019; which, while relatively stable from 2017, represented a dramatic decrease from about 50 percent of cases in 1999 (data beyond the reviewed time period provided for long-term trend analysis). Interestingly, the whole number of cocaine-positive exhibits in 2019 was similar to that of 1999; however, the diversification of the drug supply in the intervening years decreased the overall statewide percentage of cocaine-positive exhibits (see Figure 2).

Methamphetamine-positive cases increased significantly during the reviewed time period, comprising more than 11 percent of statewide cases in 2019; methamphetamine-positive cases were approximately 6 percent of the statewide cases in 2017. Of note, the number and overall percentage of methamphetamine-positive cases has increased every year since 2010. This increase corresponds directly to the acceleration of production in Mexico that ultimately feeds the methamphetamine supply in Pennsylvania.

(U) FIGURE 2. NUMBER OF ANALYZED DRUG SEIZURE CASES AND STATEWIDE DRUG PERCENTAGES BY EXCERPTED DRUG GROUPS, PENNSYLVANIA, 1999-2019

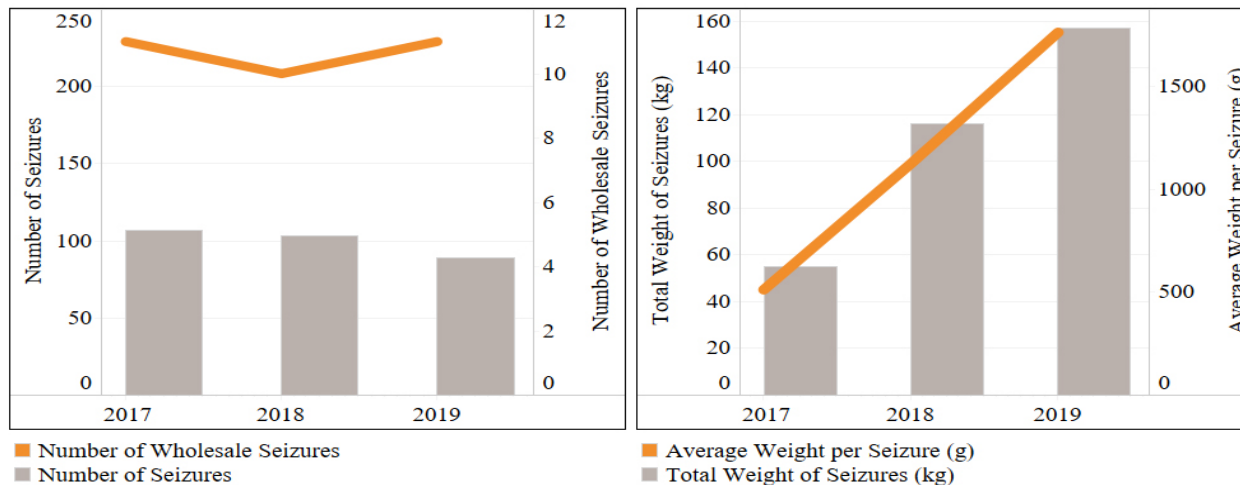


Source: National Forensic Laboratory Information System

Cocaine Availability

Cocaine availability in Pennsylvania remains increasingly high, due primarily to heightened production in South America over recent years, and as demonstrated by increases in the overall total weight of seizures, the number of individual seizures of wholesale quantity seizures (one kilogram or more), and the average amount of cocaine per seizure in Pennsylvania since 2017. Of note, while the number of DEA cocaine seizures in Pennsylvania declined slightly from 2017 to 2019, the total amount of cocaine seized nearly tripled, and the average weight per seizure increased by more than 200 percent (see Figure 3).

(U) FIGURE 3. COCAINE SEIZED BY DEA IN PENNSYLVANIA, 2017-2019



Source: DEA Philadelphia Field Division

Several bulk cocaine seizures by the PFD between 2017 and 2019 exemplify the trend of increased availability in Pennsylvania:

- The PFD seized 45 kilograms of cocaine from a warehouse in northeastern Pennsylvania in 2017. The cocaine was transported via tractor-trailer from the SWB (see Figure 4).

(U) FIGURE 4. FORTY-FIVE KILOGRAMS OF COCAINE SEIZED IN PENNSYLVANIA, 2017



Source: DEA Philadelphia Field Division

- A PFD investigation with ties to the Caribbean and Mexico led agents to seize more than 21 kilograms of cocaine from a Philadelphia residence in 2019 (see Figure 5).

(U) FIGURE 5. COCAINE SEIZED IN PHILADELPHIA, 2019



Source: DEA Philadelphia Field Division

- Several PFD seizures occurred after cocaine was shipped via parcel/mail services from the western United States into Pennsylvania, including a seizure of seven kilograms of cocaine originating in Las Vegas and destined for Philadelphia in 2018 (see Figure 6).

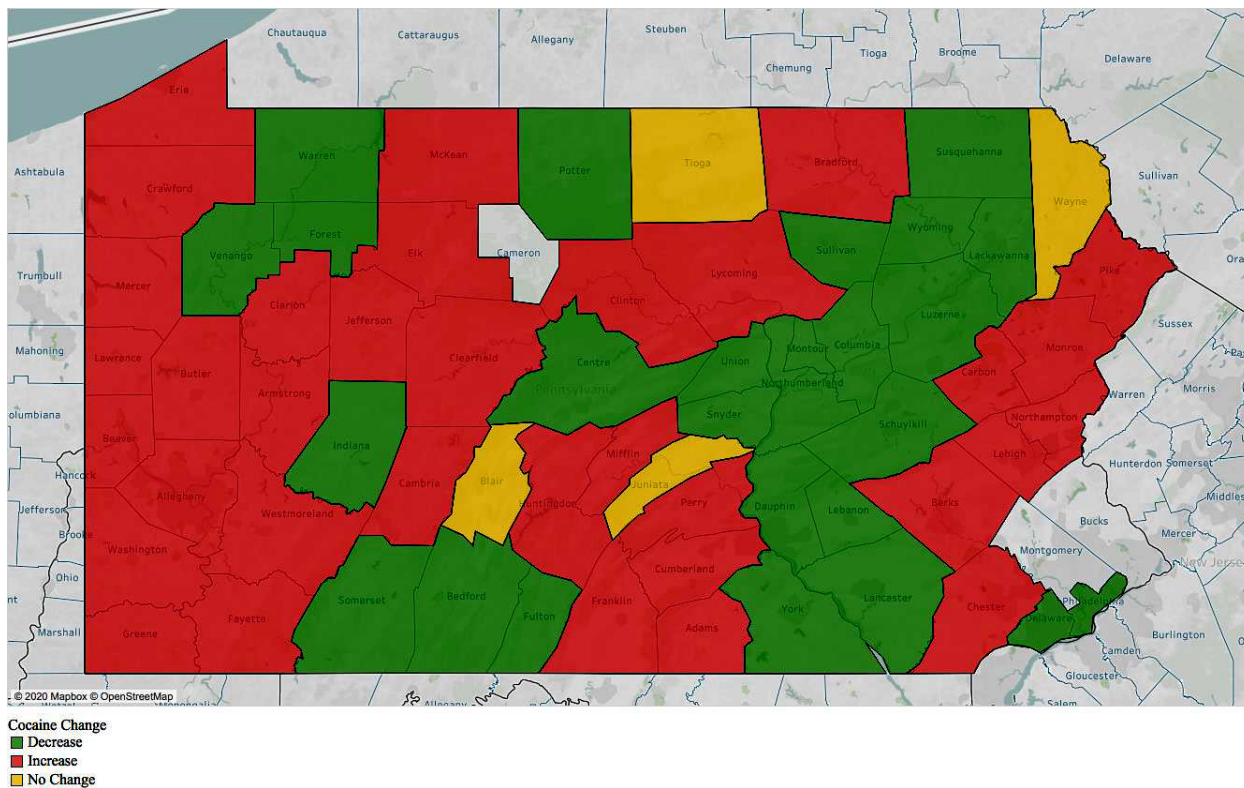
(U) FIGURE 6. COCAINE SEIZED IN PHILADELPHIA, 2018



Source: DEA Philadelphia Field Division

Despite widespread reporting of increased South American cocaine production and a resulting increase in local/regional seizures, the presence of cocaine at the county level in Pennsylvania appeared relatively stable during the reviewed time period. Laboratory analysis revealed that the percentage of cocaine-positive exhibits increased in 34 Pennsylvania counties^c (about 50 percent), while not changing or decreasing in the remaining counties from 2017 to 2019 (see Figure 7).

(U) FIGURE 7. CHANGE IN COCAINE PRESENCE AS PERCENTAGE OF ANALYZED SEIZURES BY PENNSYLVANIA COUNTY, 2017-2019^d



Source: National Forensic Laboratory Information System

^c Analysis includes counties reporting seizures in all three reviewed years and for which data was reported to NFLIS.

^d Montgomery and Bucks counties 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 drugs in those counties.

Cocaine Purity and Form

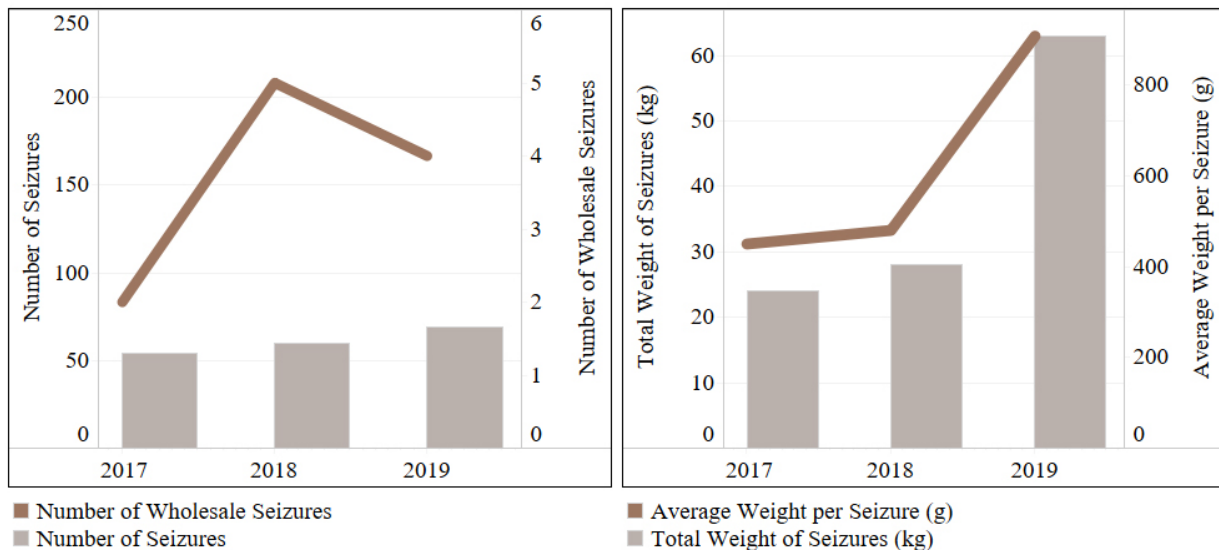
DEA cocaine seizures in Pennsylvania were primarily in powder form (about 66 percent) with the remainder in solid form (“crack”) during the reviewed time period. Seizures of crack cocaine were concentrated in the urban areas of Philadelphia and Pittsburgh. Cocaine purity averaged about 65 percent, similar to the national average.

Methamphetamine Availability

Mexican TCOs continue to supply wholesale quantities of methamphetamine to regional and local DTOs in Pennsylvania, usually co-mingled (packaged separately) in shipments of cocaine, heroin, and fentanyl. In recent years, suppliers instructed local DTOs to offer methamphetamine for free or at discounted prices in order to entice users and establish new markets.

As a result, methamphetamine availability remains high, as DEA noted increases in the overall total weight of seizures and the average amount of methamphetamine per seizure in Pennsylvania in recent years. Of note, while the number of DEA methamphetamine seizures in Pennsylvania grew slightly from 2017 to 2019, the total amount of methamphetamine seized more than doubled, due in no small part to the average weight per seizure also doubling (see Figure 8).

(U) FIGURE 8. METHAMPHETAMINE SEIZED BY DEA IN PENNSYLVANIA, 2017-2019



Source: DEA Philadelphia Field Division

Bulk quantities of methamphetamine seized by the PFD between 2017 and 2019 help demonstrate increased availability in Pennsylvania:

- During a recent PFD investigation, agents seized more than 30 kilograms of methamphetamine from a Mexican-sourced organization operating in northwest Pennsylvania. The organization used both air and land transportation to supply rural counties in Pennsylvania from a base of operations near Erie, Pennsylvania (see Figure 9).
- The PFD dismantled an eastern Pennsylvania-based methamphetamine DTO in 2019, during which investigators seized approximately seven pounds (more than three kilograms) of methamphetamine. The investigation revealed conclusive links to Mexican *Cártel de Jalisco Nueva Generación* (CJNG) leaders facilitating methamphetamine shipments while incarcerated in federal prison.
- The PFD seized approximately eight pounds (four kilograms) of methamphetamine pursuant to an investigation into methamphetamine distribution in suburban Philadelphia. The methamphetamine was acquired from sources in California and, as shown in Figure 10, concealed in various brand-name food packaging containers and vacuum-sealed food storage bags.

(U) FIGURE 9. CRYSTAL METHAMPHETAMINE SEIZURE IN WESTERN PENNSYLVANIA, 2019



Source: DEA Philadelphia Field Division

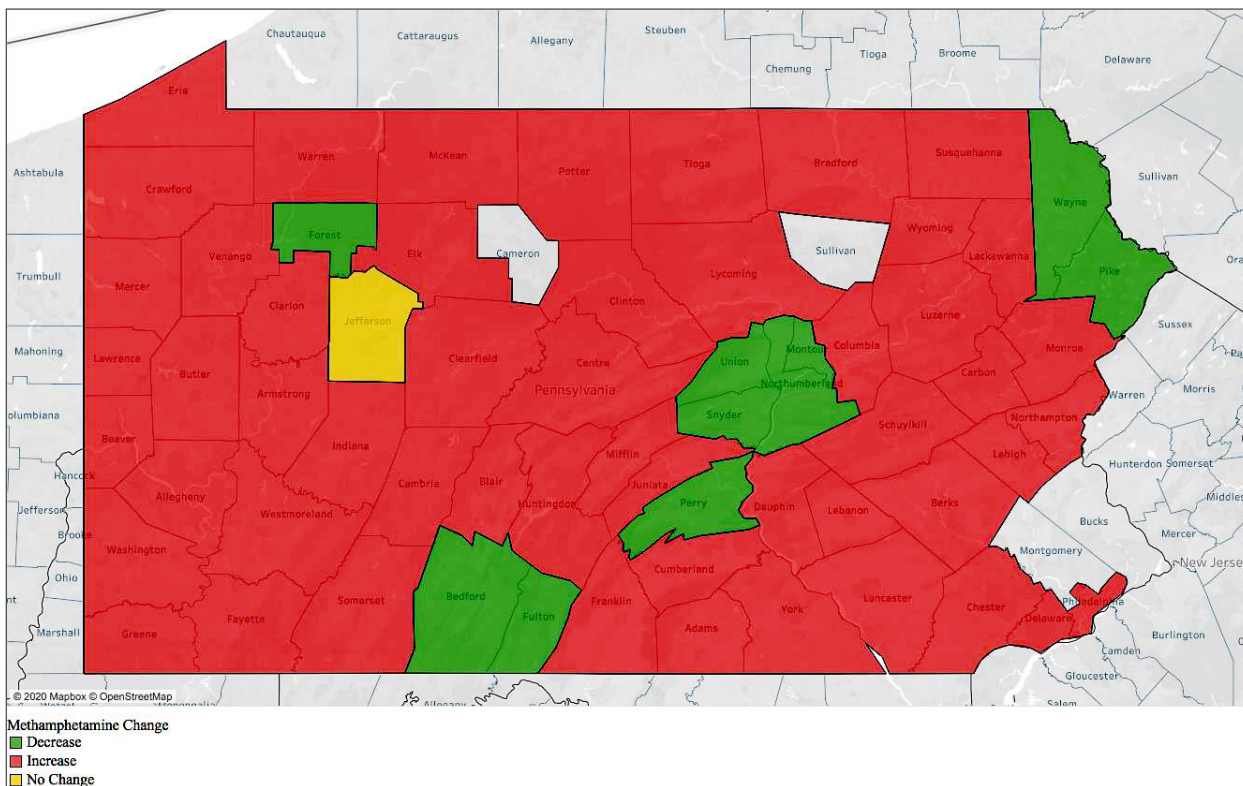
(U) FIGURE 10. CRYSTAL METHAMPHETAMINE SEIZURE IN SUBURBAN PHILADELPHIA, 2019



Source: DEA Philadelphia Field Division

Unlike cocaine, analysis of methamphetamine presence at the county level revealed significant changes during the reviewed time period. As noted previously, the statewide percentage of methamphetamine-positive exhibits grew to approximately 11 percent in 2019, compared to approximately 6 percent in 2017. Marked changes were noted at the county level as well, as methamphetamine-positive exhibits increased in 82 percent of Pennsylvania’s counties^e (see Figure 11). Anecdotal reporting indicates a corresponding increase in demand in some localities; however, measuring or extrapolating geographically scattered increases to the rest of Pennsylvania’s population is difficult.

(U) FIGURE 11. CHANGE IN METHAMPHETAMINE PRESENCE AS PERCENTAGE OF ANALYZED SEIZURES BY PENNSYLVANIA COUNTY, 2017-2019^f



Source: National Forensic Laboratory Information System

^e Analysis includes counties reporting seizures in all three reviewed years and for which data was reported to NFLIS.

^f Montgomery and Bucks counties 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 drugs in those counties.

Methamphetamine Purity and Form

Methamphetamine seized by the DEA in Pennsylvania was found primarily in a highly pure crystal form (approximately 80 percent), with the remainder in powder form. In contrast to other areas of the United States, and although an increasingly frequent method of concealment, methamphetamine in solution was not seized in Pennsylvania during the reporting timeframe. DEA laboratory analysis revealed that Pennsylvania methamphetamine seizures averaged 95 percent purity, slightly higher than the national average (about 90 percent) and clearly demonstrating that Mexican-sourced crystal methamphetamine is available throughout the Commonwealth.

Combinations

Analysis of DEA seizure and NFLIS data identified limited reports of cocaine combined with other controlled substances in Pennsylvania. Fentanyl, heroin, or methamphetamine were found in combination with cocaine, but in fewer than three percent of exhibits reported from both datasets. Reporting from DEA investigations revealed that common dynamics such as cross-contamination at packaging locations, use of oversupplied drugs as adulterants, and local distributors' unfamiliarity with the drugs they sell, may explain stimulants and opioids co-mingled at the retail level. Furthermore, there is little information available on local DTOs deliberately combining drugs for a specific effect or customer.

Cocaine adulterated with non-controlled substances was noted in more than 50 percent of DEA cocaine seizures in Pennsylvania during the reviewed time period. Levamisole (phenyltetrahydroimidazothiazole) and phenacetin, both known cocaine adulterants, were most frequently identified. Methamphetamine combinations with other controlled or non-controlled substances were negligible in both reviewed datasets.

Abuse

Law enforcement and public health/treatment sources reported in recent months that methamphetamine use may be increasing in Pennsylvania due to users' fear of overdose death from opioids; similarly, some treatment providers reported the use of a stimulant such as methamphetamine or cocaine during the work week, then use of a depressant narcotic such as fentanyl or heroin on the weekend. A medical professional providing drug treatment services in the greater Philadelphia area stated the following:

"Individuals, to include young and old opiate users, are trying to curb opiate use with stimulants, as they have become overly concerned with dying from fentanyl. Some of these patients have seen five or more friends die from heroin/fentanyl and it has taken a significant toll on the patients' desire to seek an opiate, as the fentanyl has scared them away. Additionally, the stimulant drug, just like a depressant, also highjacks the limbic system of the brain. This allows the user to obtain a "high," while also experiencing a lessening of the opiate withdrawal effects. Methamphetamine, in effect, has become a form of "street-based" treatment from the undesired effects of opiates and a perceived "safer" solution from opiates. Users are aware that long term methamphetamine use will "rot you from the inside out," but the users are more concerned about achieving a short-term high, with less risk of immediately dying."

Analysis of drug-related overdose death data is a key indicator in identifying emerging and existing trends in drug availability. As widely reported, increases in Pennsylvania's overdose death rates were driven by illicit opioids, specifically fentanyl, since 2014. However, assessing the impact of increased illicit stimulant availability through drug overdose death data is problematic as compared to illicit opioids. Potent opioids are known to cause immediate respiratory depression leading to overdose and death, whereas stimulants often impact users cumulatively over a longer period of time. In addition, as previously discussed, polydrug use complicates the identification of specific drugs causing deaths. DEA analysis shows more than 85 percent of overdose deaths in Pennsylvania from 2017-2019 were polydrug.

Cocaine presence in Pennsylvania's overdose deaths remained stable (approximately 32 percent) for the last several years, mirroring the trend seen in the percentage of drug seizures at the local level. However, only about six percent of cocaine-positive deaths were negative for the presence of an illicit opioid (see Figure 12). This is likely an indicator of polydrug use, as described by users who report using stimulants and opioids separately to mitigate individual drug effects or to control for environmental/lifestyle needs.

Methamphetamine presence in Pennsylvania's drug-related overdose deaths grew in recent years, concurrent with its increase in presence among seizures by county discussed above. Similar to cocaine, methamphetamine-positive deaths were tied closely with illicit opioid-positive deaths, with only about two percent of methamphetamine-positive deaths negative for the presence of an illicit opioid (see Figure 12). Again, anecdotal reporting of polydrug use for managing symptoms may play a role in this trend.

(U) FIGURE 12. PRESENCE OF COCAINE AND METHAMPHETAMINE IN DRUG-RELATED OVERDOSE DEATHS, PENNSYLVANIA, 2017-2019

	Methamphetamine	Cocaine	Methamphetamine - No Illicit Opioids	Cocaine - No Illicit Opioids
Year	% of Total Deaths	% of Total Deaths	% of Total Deaths	% of Total Deaths
2017	6.69%	32.15%	1.58%	6.85%
2018	10.02%	32.60%	2.38%	6.70%
2019*	9.63%	33.75%	2.22%	6.11%

**Data not finalized as of September 2020*

Source: DEA Philadelphia Field Division

Outlook

The trends and analytical findings documented herein show that illicit stimulant availability will likely continue to evolve and remain among the top drug threats to Pennsylvania for the foreseeable future. The relentless push by Mexican TCOs to inundate the Pennsylvania's drug supply with illicit stimulants may ultimately result in increased demand and a subsequent negative impact on public health and safety. Although illicit stimulants comprise a smaller portion of statewide drug seizures than opioids, the confirmed increases in availability together with reporting of increased demand, specifically for methamphetamine, requires vigilance in assessing this evolving threat.

PRB 10-20-20-35



(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.

DFN-701-03--Destroy 2 years after issuance or when the DEA Intelligence Report is superseded or obsolete.



DEA Intelligence Product Feedback Database



Name of Organization: _____
 Point of Contact: _____ Telephone Number: _____
 Email: _____

DEA Product #: DEA- _____
 Title: _____

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
Overall satisfaction with DEA Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readability/Understanding of DEA Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value/Usefulness of NNP Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report Increased my Understanding or Knowledge of the report subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Relevance to my agency's mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How will you use this report? (Check all that apply)	<input type="checkbox"/> Policy Formulation <input type="checkbox"/> Situational Awareness <input type="checkbox"/> Operational Planning <input type="checkbox"/> Training <input type="checkbox"/> Resource Allocation <input type="checkbox"/> Other				

Additional Comments: