DEA
INTELLIGENCE
REPORT

Drug Availability and Abuse in Delaware, 2017

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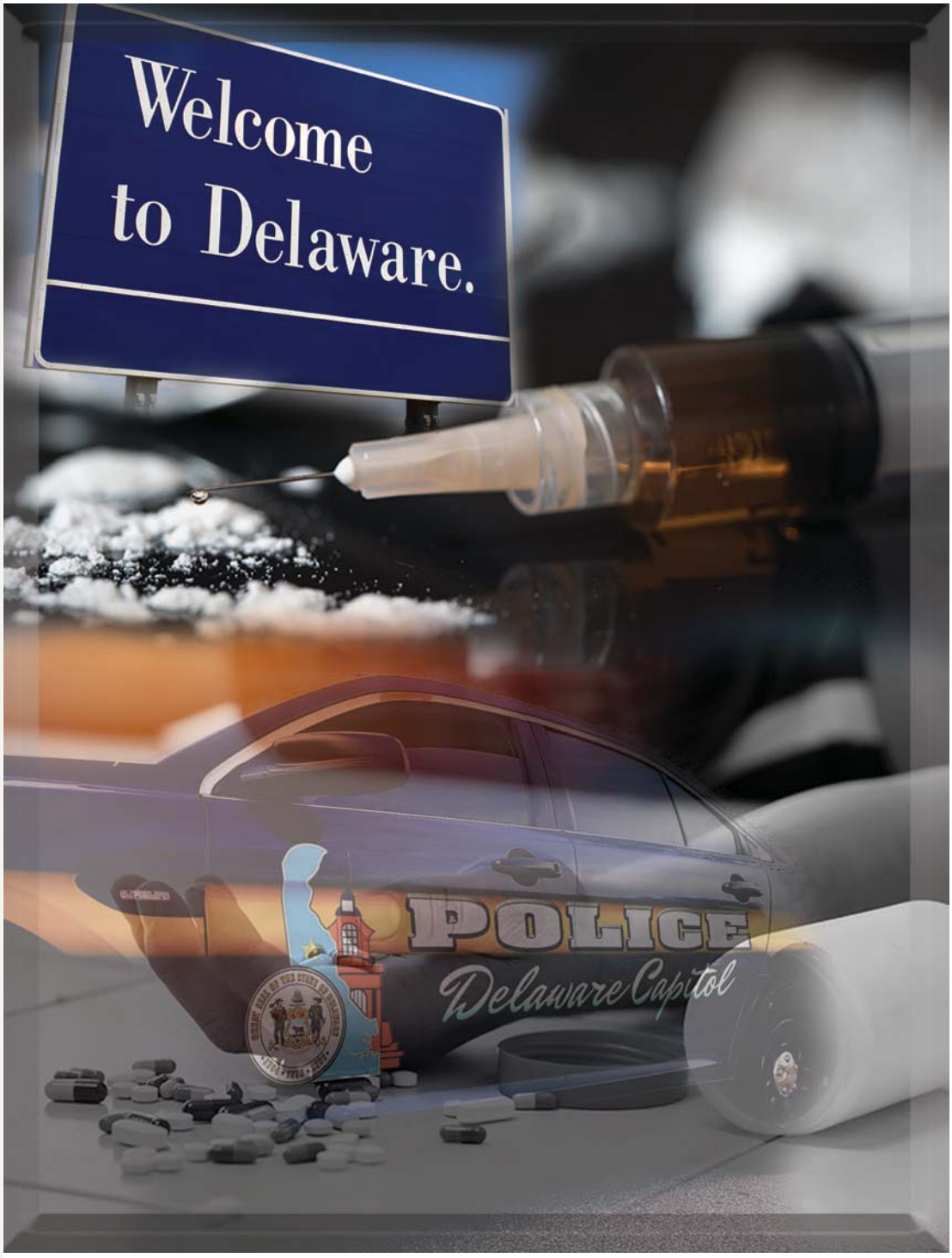

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Executive Summary

The United States is in the midst of a drug abuse crisis; the state of Delaware, mirroring national trends, is experiencing increased drug availability and demand, ultimately resulting in escalating numbers of fatal and non-fatal drug-related overdoses.

The Drug Enforcement Administration's (DEA) Philadelphia Field Division (PFD) Intelligence Program conducted an analysis of drug availability and abuse for Delaware. This report highlights significant findings regarding various drug trends.

The primary drug threats identified in Delaware are heroin, fentanyl, controlled prescription drugs, and cocaine. The determination of drug threats in Delaware is determined by a variety of factors, to include: 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 drug and controlled prescription drug availability; drug prices and purity; significant (quantity and/or type) drug seizures; fatal drug-related overdoses; Prescription Monitoring Program (PMP) data; naloxone administrations, and treatment admission data.

Analysis of the aforementioned data indicates heroin and fentanyl remain the gravest drug threats in Delaware, but the demand for, an illicit availability of, controlled prescription drugs is also of concern. The persistent availability of, and demand for, these opioids make the population of Delaware increasingly vulnerable to the disease of addiction and related overdose.

Gary Tuggle
Special Agent in Charge
Philadelphia Field Division
Drug Enforcement Administration

Availability and Trafficking

Heroin

Heroin is the primary drug threat in Delaware, as DEA, state/local law enforcement agencies, and other stakeholders report annual increases in heroin trafficking, seizures, abuse, and heroin-related overdose deaths. Several factors are responsible for the continuing heroin threat, including an abundance of cheap, high-purity heroin, as well as an increased risk of persons dependent on illicitly obtained prescription opioids to resort to heroin as a substitute for expensive controlled prescription drugs with limited availability.

Heroin is the primary drug threat in Delaware, as DEA, state/local law enforcement agencies, and other stakeholders report annual increases in heroin trafficking, seizures, abuse, and heroin-related overdose deaths.

DEA investigations indicate that heroin distributed in Delaware is primarily supplied by Philadelphia-based sources, though other regional cities (such as Baltimore) also act as source cities. Several Philadelphia-based drug trafficking organizations (DTOs) are in direct contact with Mexican sources of supply utilizing a variety of communication methods to facilitate the importation of kilogram-sized quantities of heroin from the southwest border through Phoenix, Chicago, New York, and the Caribbean. In Delaware, the city of Wilmington represents the largest local heroin supply base. Land vehicle transport of heroin into Delaware is common, often achieved by using hidden compartments. Delaware's location at the convergence of several major north-south highways makes it a critical transit zone for heroin and other drugs transiting the east coast. Delaware is also a logical choke point to focus interdiction and investigative efforts.

The purity of heroin drug exhibits seized in Delaware by DEA averaged 64 percent in 2015 and 50 percent in 2016.[2] Similarly, heroin exhibits purchased in Philadelphia had an average purity of 50 percent in 2015 and 76 percent in 2016.[3] Despite year-to-year fluctuations, Philadelphia's heroin purity averages are consistently among the highest in the country. As a result, heroin purity in Delaware, a market for Philadelphia-based sources, is elevated as well.

In March 2016, federal, state, and local law enforcement investigators dismantled two DTOs involved in heroin transportation and distribution throughout New Castle County, Delaware, as well as Cecil County, Maryland. This enforcement operation resulted in two arrests, the seizure of 90.5 "logs"[a] of heroin (totaling 11,765 individual bags), a .25 caliber semi-automatic handgun, approximately $11,730 U.S. currency (USC), one vehicle, a money counter, and miscellaneous drug-related paraphernalia.

Delaware State Police (DSP), in coordination with 13 other agencies, culminated a 2 year investigation into a heroin DTO operating between Kent and Sussex Counties in May 2016. The resulting seizure was one of the largest in Delaware history—116,675 bags of packaged

a A "log" of heroin is approximately 130 individual bags of heroin packaged for street sale.

heroin, $200,000 in USC and assets, four handguns, a rifle, and 23 vehicles.

In July 2016, federal, state, and local law enforcement investigators coordinated the arrests of members of a Dominican DTO with the execution of multiple warrants in Maryland, Delaware, and Pennsylvania. The enforcement operation resulted in nine arrests, the seizure of 2,700 grams of heroin (6,500 individual bags for street-level distribution) and approximately 12 ounces of loose heroin in brick form, three semi-automatic handguns, approximately $13,500 USC, four vehicles, and manufacturing and drug-related paraphernalia from a "mill house" in Pennsylvania. The DTO is believed to have been responsible for the transportation and distribution of more than 16,000 bags of heroin throughout Cecil County, Maryland, and New Castle County, Delaware, on a weekly basis for approximately 9 months.

In August 2016, federal law enforcement investigators arrested two Mexican nationals and seized 3.2 kilograms of heroin, approximately $5,000 USC, and one vehicle in New Castle, Delaware. The kilogram bricks of heroin were submerged in gasoline within the fuel tank of an automobile. Further investigation revealed that the heroin couriers were employed by members of the Sinaloa Cartel.

In November 2016, federal and state investigators executed three search warrants and one consent search in Newark, Delaware, that resulted in four arrests, the seizure of 17 "logs" of heroin totaling 801 grams (2,210 individual bags), two semi-automatic handguns, three vehicles, and approximately $50,580 USC in suspected drug proceeds.

Fentanyl

Delaware's opioid abuse and overdose crisis is exacerbated by the proliferation of highly potent illicit fentanyl and fentanyl related substances (FRSs) that are being abused independently and used as adulterants to enhance the potency of other drugs. The diversion of transdermal and sublingual pharmaceutical fentanyl is also of concern in Delaware, though on a smaller scale.[4]

Historically, fentanyl has been illicitly manufactured in Mexico and trafficked to the United States through traditional narcotics trade routes. More recently, however, fentanyl and related substances produced in China have become readily available for mail order on clandestine dark web drug markets. Novel FRSs that have not yet been controlled in the United States or China are also accessible on the traditional internet where they are marketed as "research chemicals." The growing accessibility of fentanyl and FRSs online streamlines the sale and trafficking of wholesale quantities and provides end users with the ability to have personal use quantities delivered to their home.[5]

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Availability and Trafficking

Cocaine

According to local law enforcement and substance use disorder treatment officials, cocaine is readily available in Delaware and demand remains stable. Cocaine is primarily supplied to Delaware by Mexican DTOs operating in Philadelphia and New York City, though local traffickers are increasingly being supplied by sources in California, Texas, and Arizona. Investigative and law enforcement reporting indicate that wholesale and retail cocaine distribution is concentrated among African American, Hispanic, and independent Caucasian groups operating throughout the state. White males between 25 to 35 years of age comprise the main user population for cocaine.[6]

The most common cocaine transportation methods reported in Delaware are vehicles equipped with hidden compartments and parcel shipments. In addition, the Delaware River Shipping Channel acts as a maritime trafficking corridor for illicit drugs arriving to Delaware or transiting to points north. The Port of Wilmington is the largest port in Delaware for the importation of fruit and goods originating in South and Central America. Cargo ships arrive from drug source and transshipment countries daily, and investigative reporting indicates that kilogram-sized quantities of cocaine are found on board these ships for subsequent distribution throughout the East Coast of the United States.[7]

In July 2017, federal law enforcement officers, in conjunction with DSP, seized more than 20 kilograms of cocaine packaged in brick form from a Panamanian-flagged tanker while the vessel was at anchor in the Breakwater Anchorage in the Delaware Bay. The vessel's voyage originated in Colombia and was destined for a Philadelphia-area port.
In a separate case in May 2017, following a lengthy investigation, federal law enforcement investigators interdicted a multi-kilogram-sized cocaine transaction in Newark, Delaware, and seized $382,045 bulk USC and 17 kilograms of cocaine packaged in brick form. The cocaine was elaborately concealed in metal welding-style oxygen tanks. Shortly thereafter, investigators executed multiple search warrants that resulted in the seizure of an additional $537,863 USC, three handguns, 12 vehicles, and two cocaine presses. The investigation revealed that the primary trafficker had been supplied with large quantities of cocaine by co-conspirators with links to the Sinaloa Cartel for approximately 7 years.[8]

Cocaine is primarily supplied to Delaware by Mexican DTOs operating in Philadelphia and New York City, though local traffickers are increasingly being supplied by sources in California, Texas, and Arizona.

Crack cocaine use is widespread in Delaware, with the main user population reported as being African American males between 20 and 40 years of age.[9] Crack cocaine is primarily produced in local "cook houses" throughout the state and sold through street distribution and at open air drug markets, mainly in Kent and Sussex Counties. Crack cocaine is also produced and distributed in several areas of Wilmington, including low-income housing areas.[10]

In April 2017, state and local law enforcement officers executed several search warrants targeting a DTO operating in Kent County. Pursuant to the search warrants, investigators

seized more than 101 grams of crack cocaine, along with 531 individual bags of heroin packaged for retail sale, 48 grams of marijuana, five firearms, and $2,300 USC in suspected drug proceeds.

Marijuana

DEA reporting indicates that marijuana is readily available in Delaware. Marijuana in Delaware often originates in California and the Southwest Border region; however, Philadelphia also occasionally serves as a regional source of supply. Marijuana is generally transported into Delaware in pound-sized quantities using commercial and passenger vehicles, and commercial and postal delivery services. DEA does not consider the illicit cultivation of marijuana a serious threat in Delaware; however, in May 2017, federal investigators uncovered an underground tunnel in Bear, Delaware, that contained sophisticated and elaborate indoor marijuana grow capable of cultivating several hundred plants.

Although marijuana remains a Schedule I drug in Delaware, state legislation has been amended over the past several years to relax criminal penalties for possession of personal use quantities and to allow for doctor-recommended medical use marijuana for patients with serious medical conditions.[b] Home cultivation of marijuana remains prohibited in Delaware, and smoking marijuana in a moving vehicle, public areas, or outdoors on private property within 10 feet of a street, sidewalk, or other area accessible to the public is a misdemeanor under current state law.

Delaware currently has one medical marijuana distribution center, known as a compassion center, in Wilmington. A second compassion center is expected to open in Kent County by the end of 2017, and the Delaware Department of Health and Social Services (DHSS) has published a proposal for a third compassion center to be built in Sussex County.[11]

Methamphetamine

DEA reporting indicates that methamphetamine availability in Delaware is currently at a moderate level and rising. Methamphetamine is available in both powder and crystal forms, and is most commonly sourced from Mexico. Recent reporting indicates that Outlaw Motorcycle Gangs, Caucasian DTOs, and Mexican DTOs are involved in the transportation and wholesale distribution of methamphetamine in Delaware, while the retail distribution of methamphetamine is primarily dominated by independent Caucasian DTOs.[12]

Regarding local production, the Delaware Department of Natural Resources and Environmental Control's (DNREC) Emergency Response Team reported responding to 22 methamphetamine laboratory incidents in 2016. Of the 22 total incidents, 14 were in Kent County, one was in New Castle County, six were in Sussex County, and one was in Sudlersville, Maryland, a rural town that borders Delaware near Kent County. The DNREC estimates that it responds to at least 95 percent of reported methamphetamine laboratories.[13] Investigative and post-arrest information indicates laboratory operators are not selling large amounts of methamphetamine, but rather supplying themselves and immediate associates.[14]

b. Physicians may authorize a patient to use marijuana to treat symptoms of cancer, multiple sclerosis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), decompensated cirrhosis, amyotrophic lateral sclerosis, agitation of Alzheimer's disease, autism with aggressive or self-injurious behavior, intractable epilepsy, or the physical manifestations of post-traumatic stress disorder. Conditions that cause severe, debilitating pain, wasting syndrome, intractable nausea, and seizures also fall under Delaware's medical marijuana law.

Availability and Trafficking

In March 2017, DSP executed a search warrant in Claymont, Delaware, and arrested two individuals found to be in possession of equipment, precursor chemicals, and component mixtures used in the manufacture of methamphetamine.

Controlled Prescription Drugs

Controlled prescription drugs are in high demand and readily available in Delaware. Analysis of statistical indicators from various law enforcement and public health agencies, including rehabilitation facilities, revealed that the abuse of controlled prescription drugs, including pain-relieving opioids and anti-anxiety medications, increased over the last several years in Delaware. The main user population is comprised of Caucasian males and females in their 20s to mid-40s.[15]

According to the DSP Drug Diversion Unit, prescription drugs are diverted in various ways in Delaware. Legitimate prescriptions and/or prescription pads are being sold to third parties, or are filled by the "patient" and the pills sold to third parties. "Doctor shopping"—where individuals obtain prescriptions from multiple doctors—also occurs. Recently identified trends include prescriptions being called in to pharmacies by individuals who illicitly acquired DEA registrant numbers belonging to practitioners, and theft from nursing homes and long-term health care facilities by staff members.

In February 2016, federal investigators intercepted a package containing 800 alprazolam tablets sent from India to a post office box in New Castle, Delaware. Further investigation into the mailing address led to the identification of numerous Indian nationals suspected of being involved in an international conspiracy to distribute large quantities of controlled prescription drugs throughout the United States. A search warrant executed at a New Castle residence in March 2016 resulted in four federal arrests and the seizure of 49,969 Schedule II and Schedule IV tablets, including, but not limited to hydrocodone, alprazolam, carisoprodol, clonazepam, diazepam, lorazepam, tramadol, and zolpidem. This collective seizure represented the largest known pharmaceutical drug seizure in history of Delaware. A subsequent federal search warrant was executed in March 2016 and resulted in the seizure of 110 parcels mailed by the targets of investigation and an additional 17,494 Schedule II and IV tablets. Recipient addresses for the parcels spanned across the United States and included Alaska, South Dakota, Utah, Louisiana, California, Pennsylvania, New York, New Jersey, Texas, Michigan, and Montana.

A search warrant executed at a New Castle residence in March 2016 resulted in four federal arrests and the seizure of 49,969 Schedule II and Schedule IV pharmaceutical tablets, including, but not limited to hydrocodone, alprazolam, carisoprodol, clonazepam, diazepam, lorazepam, tramadol, and zolpidem. This collective seizure represented the largest known pharmaceutical drug seizure in history of Delaware.

Pricing

The following drug pricing information originated from federal, state, and local law enforcement investigations and sources of information. Fentanyl pricing was not reported, as law enforcement sources and investigations indicate that local drug traffickers and consumers are frequently unaware that they are selling and consuming fentanyl, and these products are most often sold as heroin at heroin street-level prices.

(U) Figure 1: Drug Prices (USC) Reported in Delaware, 2016

Drug	Price	Quantity
Cocaine	$50-$125	gram
	$1,000-$1,600	ounce
	$30,000-$42,000	kilogram
Crack Cocaine	$100-$150	gram
	$900-$1,200	ounce
Heroin	$5-$10	bag (~.015 grams)
	$20-$50	bundle (~13 bags)
	$75-$150	gram
	$180-$400	"log" (~ 10 bundles)
	$2,500-$5,000	ounce
Marijuana		
Domestic	$120-$180	ounce
	$800-$1,000	pound
BC Bud (Canadian)	$300-$600	ounce
	$2,800-$5,000	pound
Methamphetamine	$300-$500	8-ball
	$1,200-$2,000	ounce
Controlled Prescription Drugs		
Oxycodone 30mg	$14-$30	pill
Percocet® 7.5mg	$8-$10	pill
Alprazolam	$5-$7	pill

Source: DEA Philadelphia Field Division

Overdose Deaths

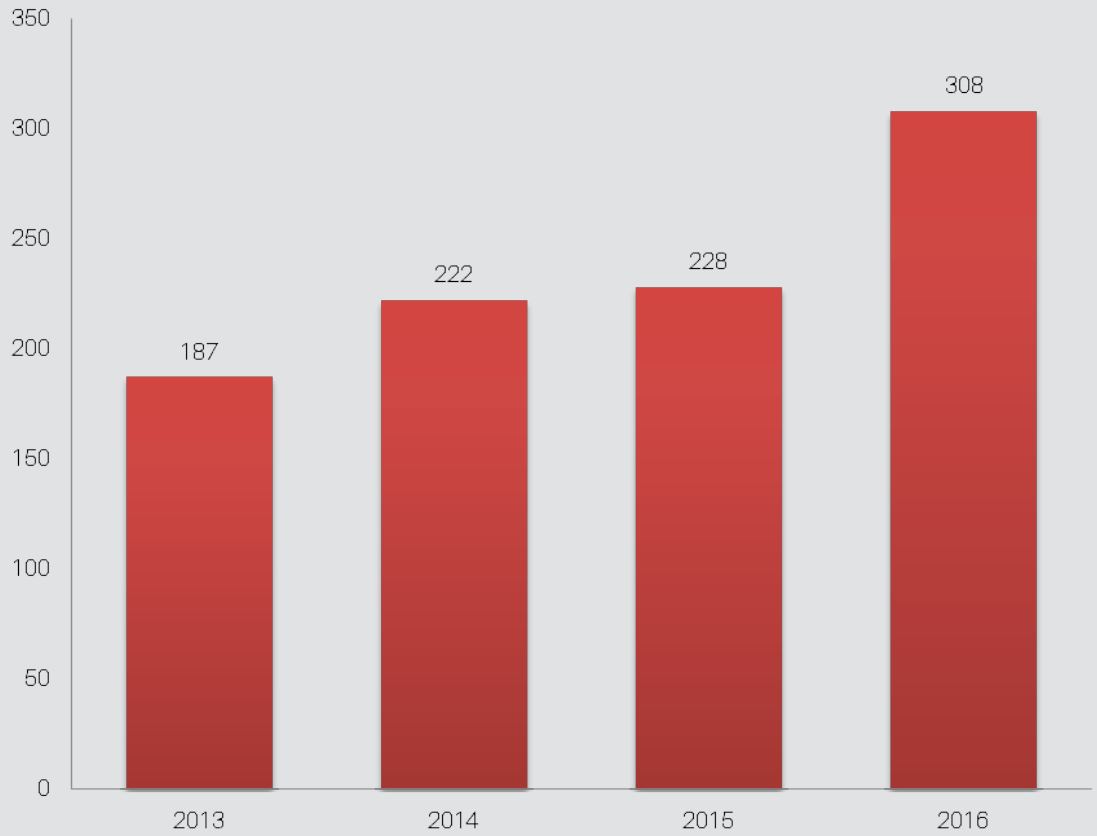
Deaths that result from the abuse or misuse of illicit street drugs and diverted controlled prescription drugs reflect one of the many ways that drugs damage and destroy lives. Data derived from confirmed drug-related overdose deaths are an indicator of drug availability and trends, and help to identify at-risk populations. Delaware's drug-related overdose death data was obtained from the Department of Safety and Homeland Security's (DSHS) Division of Forensic Science for 2016, and was compared to previously reported drug-related overdose data.[16]

There were 308 drug-related overdose deaths in Delaware, an increase of 35 percent from 2015 to 2016.

Drug-related overdose deaths in Delaware increased 35 percent from 2015 to 2016 (see Figure 2). Similar to previous years, deaths continued to climb in New Castle County, with a 20.5 percent increase from 2015 to 2016. Despite a decrease in Kent and Sussex Counties from 2014 to 2015, both counties experienced sharp increases in overdose deaths in 2016, with 50 deaths and 76 deaths, respectively.

Analysis of demographic information related to drug overdose decedents revealed that 87

(U) Figure 2: Drug-Related Overdose Deaths in Delaware, 2013-16



Source: Delaware Medical Examiner's Office and the Department of Safety and Homeland Security's Division of Forensic Science

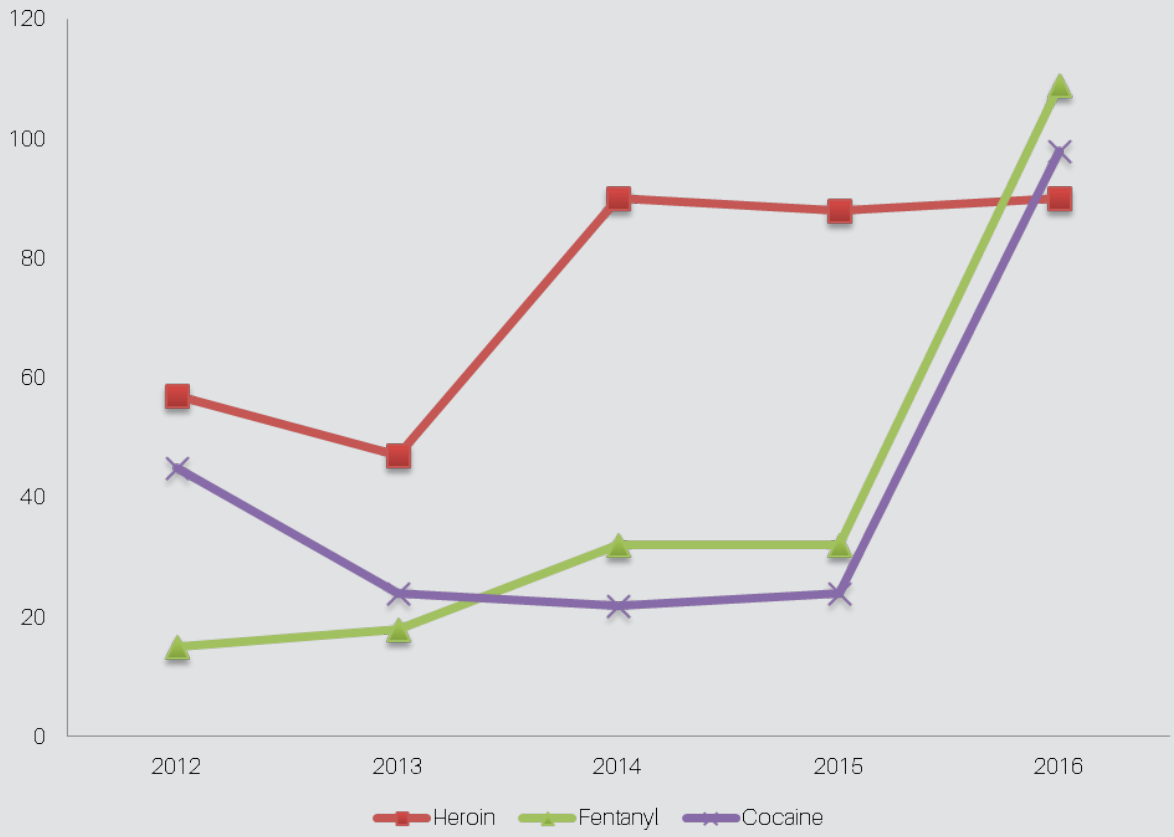
percent were White, 13 percent were African American, and less than 1 percent were Asian. A total of 69 percent of 2016 overdose decedents were male and 31 percent were female. A comparative analysis to previous years was not conducted, due to lack of available demographic data.

The Delaware Medical Examiner's Office identified the following information pertaining to drug-related overdose deaths by drug type (see Figure 3). The Toxicology Unit of the Delaware Medical Examiner's Office uses 11 confirmatory procedures to identify the presence and concentrations of drugs in overdose decedents. The procedures test for the following drug types: antidepressants, cannabinoids, cocaine, fentanyl, methadone, opioid, phencyclidine, and alkaline drugs including benzodiazepines, cyclobenzaprine, diphenhydramine, and tramadol.

Cocaine Positive Deaths

Overdose deaths in which cocaine was present in decedent toxicology remained relatively stable between 2012 and 2015. However, in 2016, deaths with the presence of cocaine increased more than 300 percent. Of the 98 deaths related to cocaine in 2016, 58 percent occurred in New Castle County, 19 percent occurred in Kent County, and 22 percent occurred in Sussex County.

(U) Figure 3: Illicit Drug Presence in Overdose Death Toxicology by Drug Type, 2012-16



Source: Delaware Medical Examiner's Office and the Department of Safety and Homeland Security's Division of Forensic Science

Overdose Deaths

Heroin Positive Deaths

In 2016, heroin was identified in the toxicology of 29 percent of overdose decedents. From 2015 to 2016, deaths with the presence of heroin in Delaware increased approximately 2 percent. Most of the 2016 heroin-positive deaths (61 percent) occurred in New Castle County, while 13 percent occurred in Kent County and 26 percent occurred in Sussex County.

Fentanyl Positive Deaths

Toxicology testing determined that 35 percent of the overdose deaths in 2016 involved fentanyl, a 241 percent increase from 2015. When examined longitudinally, the presence of fentanyl in overdose decedent toxicology has increased more than 500 percent since 2013. Approximately 54 percent of 2016 fentanyl-positive deaths occurred in New Castle County, 14 percent occurred in Kent County, and 32 percent occurred in Sussex County.

The presence of fentanyl in overdose decedent toxicology has increased more than 500 percent since 2013.

Of the 109 fentanyl-positive decedents in 2016, 32 percent were positive for fentanyl only, 16 percent also showed the presence of cocaine, 12 percent tested positive for heroin, and 15 percent had heroin, cocaine, and fentanyl present in toxicology. Among fentanyl-positive overdose decedents, 80 percent were men. The ages of decedents ranged from 17 to 64, with 59 percent of decedents between the ages of 30 and 50.

Controlled Prescription Drug Positive Deaths

Controlled prescription drugs, including benzodiazepines, opioids, antidepressants, and methadone frequently co-occur in drug overdose deaths. In 2016, controlled prescription drugs were present in 257 (83 percent) of drug overdose decedent toxicology. As with the other listed drugs, controlled prescription drugs were most common among decedents in New Castle County (58 percent). Approximately 18 percent of prescription drug-positive overdose deaths occurred in Kent County and 23 percent occurred in Sussex County.

Despite a slight increase between 2013 and 2014, controlled pharmaceutical drug-positive deaths have declined statewide since 2012.

Despite a slight increase between 2013 and 2014, controlled prescription drug-positive deaths have declined statewide since 2012. A review of 2014 to 2015 data indicated that Kent and Sussex Counties experienced a decrease of 34.6 percent in controlled prescription drug-positive overdose deaths, while New Castle County experienced an increase of 8.1 percent during the same period.

Naloxone Administrations

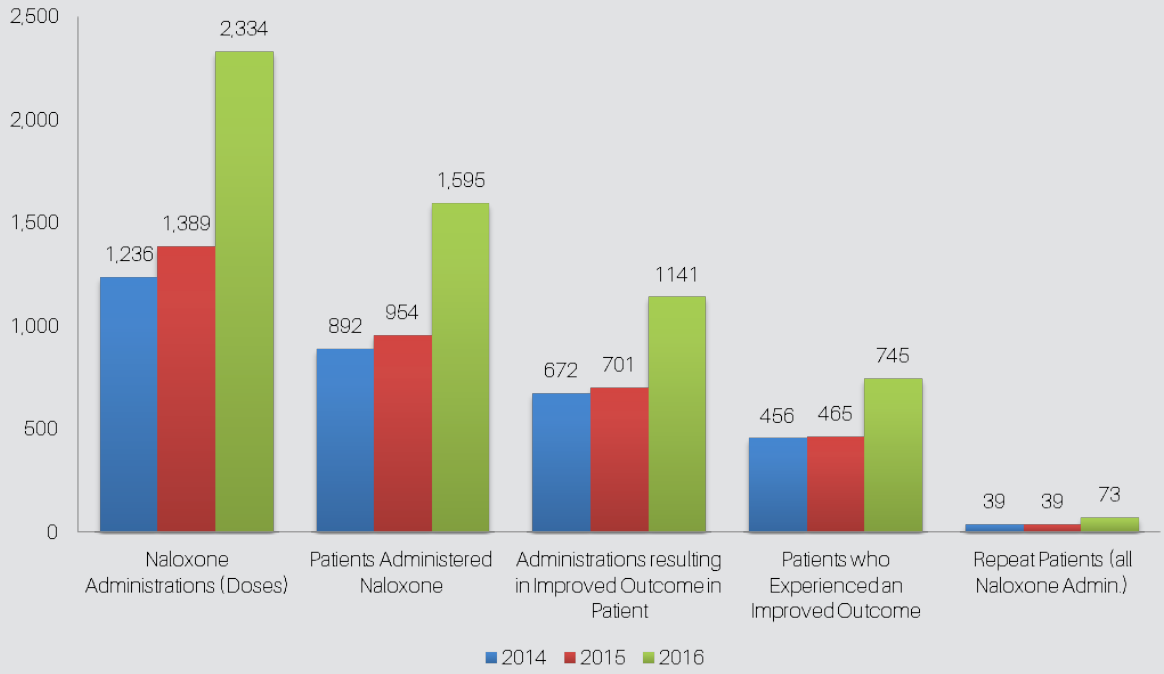
Data regarding naloxone administration by emergency medical services (EMS) personnel in Delaware indicates that the number of naloxone doses administered increased approximately 68 percent from calendar year 2015 (1,389 doses) to 2016 (2,334 doses). The number of patients to whom naloxone was administered increased 67 percent during the same period (954 patients in 2015 and 1,595 patients in 2016) (see Figure 4). Of the 1,595 reported naloxone patients, 61 were administered the drug by police officers in the field; consequently, demographic data is only available from DHSS for 1,534 patients.

For the 1,534 naloxone patients for whom demographic data was available:

- Males accounted for the majority—approximately 62 percent.
- 62 percent were White.
- Patients within the age range of 30-39 years accounted for the largest portion of administrations (395 administrations), followed by the 20-29 age group (392 administrations) (see Figure 5).

Analysis of naloxone administrations in 2016 (based on zip code of administration location) revealed that the five cities with the most occurrences in descending order were Wilmington, Newark, Dover, New Castle, and Millsboro. Wilmington, Newark, and Dover are the three most populated municipalities in Delaware. Although the towns of New Castle and Millsboro have significantly smaller populations, their zip codes encompass large geographic areas beyond city limits, which may explain why they are represented among the top naloxone administration areas.

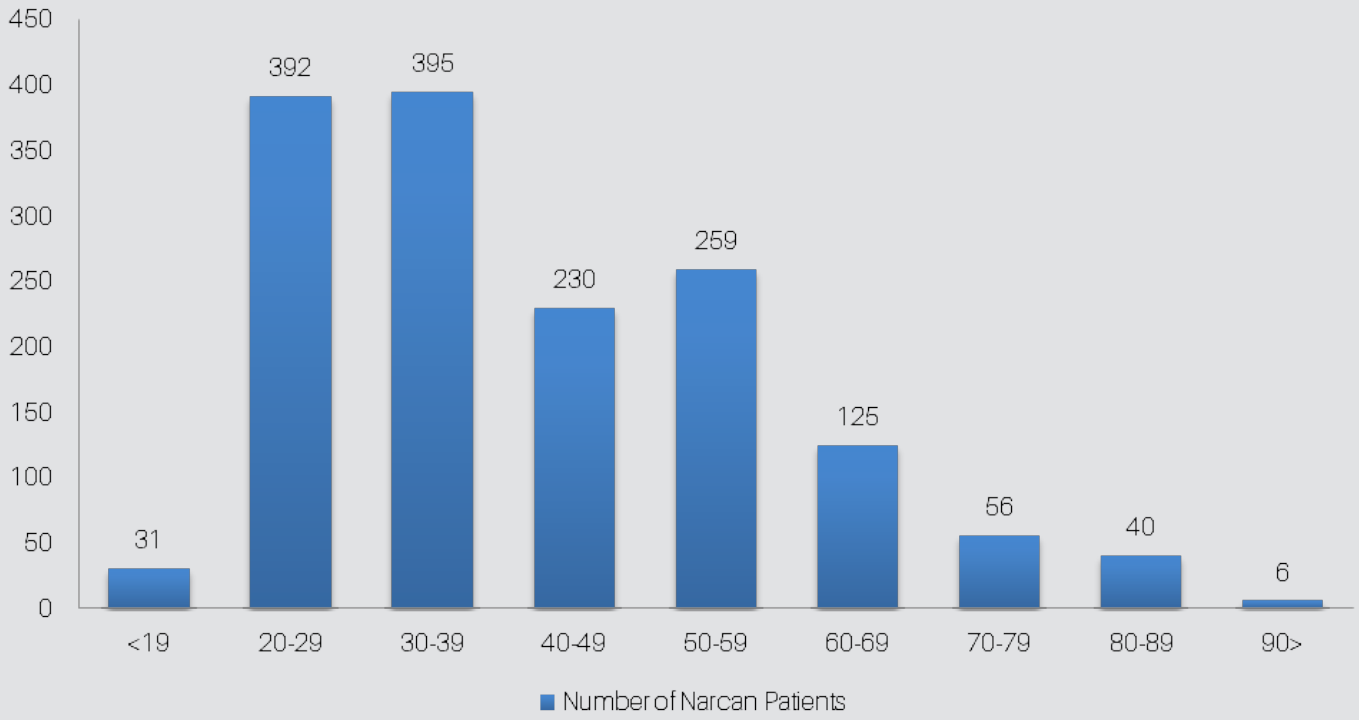
(U) Figure 4: Naloxone Data for EMS and Police Administrations in Delaware, 2014-16

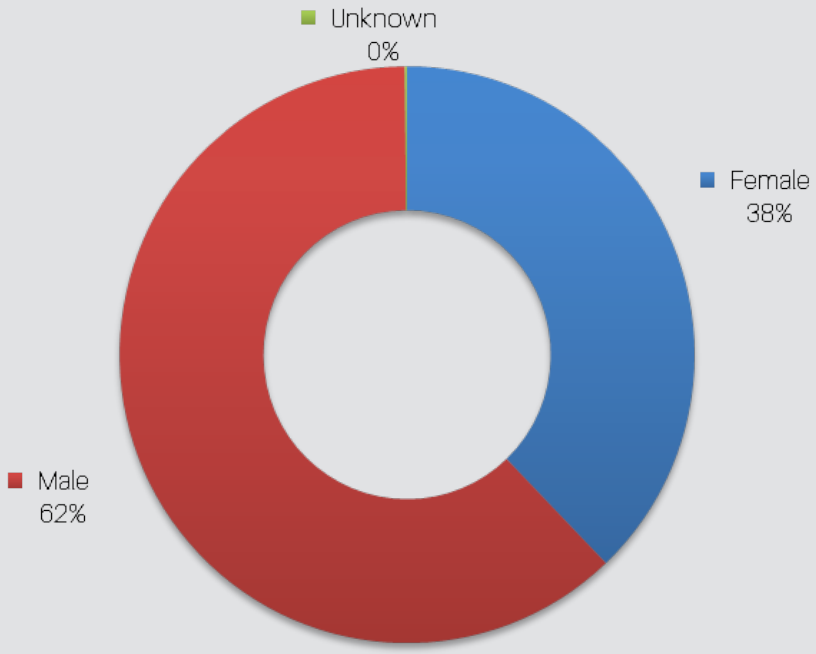


Source: Delaware Office of Emergency Medical Services, Emergency Medical Services and Preparedness Section

Naloxone Administrations

(U) Figure 5: Age and Gender of EMS Naloxone Recipients in Delaware, 2016





Source: Delaware Office of Emergency Medical Services, Emergency Medical Services and Preparedness Section

Prescription Monitoring

The Delaware Prescription Monitoring Program (PMP) was established January 1, 2014, and is managed by the Office of Controlled Substances within the Delaware Division of Professional Regulation (DPR). All prescribers who hold a Delaware Controlled Substance Registration (CSR) are required to register with the Delaware PMP and report all controlled substance prescriptions (Schedules II-V). In addition, pharmacies must also report dispensation of controlled substance prescriptions, including those distributed for non-Delaware residents or mailed/shipped out of state.[c] Registered prescribers and dispensers are provided direct access to PMP reports for the purposes of screening current or prospective patients for suspicious prescription histories. Law enforcement agencies do not have direct access to Delaware PMP reports, but requests for information can be submitted to the DPR when situations are related to a narcotics investigation. It should be noted that substance abuse treatment programs such as methadone clinics and opioid treatment programs are not required to report to the PMP controlled substance prescriptions dispensed within the course of business.[17]

On May 30, 2017, Delaware's Governor signed House Bill 91 into law. The bill is designed to enhance the ability of the PMP to make informed determinations regarding prescribers who may be making extraordinary prescriptions of opiates or other controlled substances, and to refer such cases to law enforcement agencies or professional licensing organizations for further review. The bill also provides a more usable standard for provision of specified information to law enforcement agencies upon a showing of need.

According to Delaware PMP data, 864,535 Schedule II prescriptions were written in 2016, for an approximate total of 51.4 million dispensed dosage units. This represents a 10 percent decrease in prescriptions and 12 percent decrease in dosage units from 2015. Approximately 4 percent of filled 2016 Schedule II prescriptions were identified as "private pay;" however, another 1 percent of filled prescriptions were identified as "other," payment, which may make the total out-of-pocket payment approximately 5 percent. Out-of-pocket payment for filled prescriptions is indicative of potential illicit diversion.

864,535 Schedule II prescriptions were written in 2016, for an approximate total of 51.4 million dispensed dosage units. This represents a 10 percent decrease in prescriptions and 12 percent decrease in dosage units from 2015.

c. Exceptions to dispenser (pharmacies and dispensing practitioners) reporting requirements include:

(a) Licensed health care facility pharmacies which dispense/distribute the drugs for inpatient care.
(b) Emergency departments which dispense/distribute the drugs for immediate use.
(c) Any Delaware-licensed pharmacy (in-state or non-resident) or a controlled substance registrant that dispenses/distributes up to a 72-hour supply of the drugs (including samples) at the time of a patient's discharge from emergency department care.
(d) Dispensing of controlled substance(s) prescribed by a veterinarian for the purposes of providing veterinary services.
(e) Substance abuse treatment programs, such as methadone clinics and opioid treatment programs, which are exempted by federal regulations.

Heroin was identified as the primary substance of abuse among 38 percent of state-funded treatment patients in 2015, which reflects a 195 percent overall increase from FY11 to FY15.

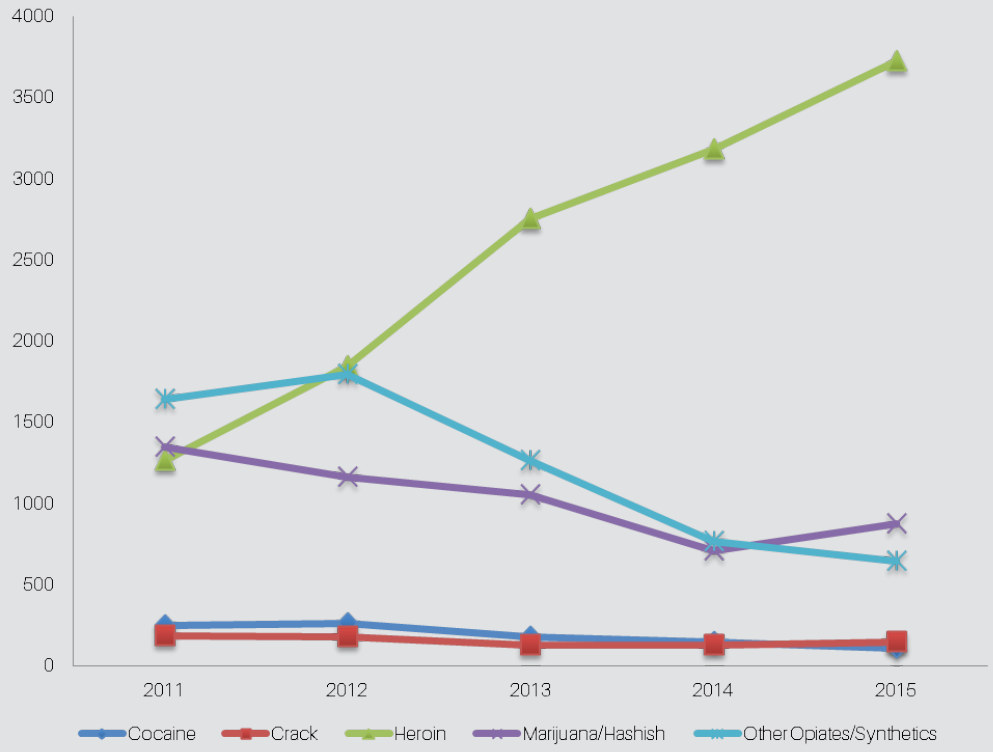
Delaware Treatment Demographics

Reporting from the Substance Abuse and Mental Health Services Administration for Fiscal Year (FY) 2011 through 2015[d] shows that, on average, 69 percent of substance abuse treatment patients in Delaware were male, 35 percent were in the 25 to 34 age range, 76 percent reported to be Non-Hispanic White, 21 percent were African American, and 5 percent were Hispanic.

Division of Substance Abuse and Mental Health Data

A review of the DHSS's Division of Substance Abuse and Mental Health data indicated that 9,877 adults sought treatment from State-funded programs during Delaware's FY15.[e] Approximately 43 percent of 2015 treatment patients were ages 21 to 30 at the time of admission.

(U) Figure 6: Excerpted Primary Substances of Abuse for Adults in State-Funded Treatment Programs, Delaware, 2011-15[c]



Source: Delaware Health and Social Services Division of Substance Abuse and Mental Health

d. Demographic information for particular substances was not reported
e. Delaware fiscal years run July 1 to June 30.

Heroin was identified as the primary substance of abuse among 38 percent of state-funded treatment patients in 2015, which reflects a 195 percent overall increase from FY11 to FY15.

The number of adults who identified "other opiates and synthetics" as their primary substance of abuse from FY13 to FY15 decreased by 61 percent from FY11. Although the implementation of Delaware's Prescription Monitoring Program and Secure Script Program in FY12 likely impacted this category, DEA reporting suggests that the decrease also correlates to user migration from prescription opioids to heroin.

Marijuana/hashish was also among the top three primary substances identified in adult treatment admissions. After decreasing 48 percent from FY11 to FY14, the primary drug category of marijuana/hashish increased 24 percent in 2015 (see Figure 6).

Delaware Department of Justice

According to a study commissioned by the Delaware Department of Corrections (DOC) and conducted by a public sector research company, the approximate number of Delaware residents with opioid use disorder has increased from 6,000 to 11,000 since 2007. Over the same time period, the number of citizens receiving treatment for opioid use disorders increased by 500 percent.

Despite the vast increase in the number of opioid use disorder treatment patients, as of 2014, an estimated 6,000 people remained in need of treatment.[18]

Despite the vast increase in the number of opioid use disorder treatment patients, as of 2014, an estimated 6,000 people remained in need of treatment.[18]

It is estimated that 13 percent of Delaware's offender population has committed drug-related crimes and 46 percent have substance use issues. By using the ratio of opioid use disorder among those with substance use disorder in the general population, the public sector research company estimated that more than 3,500 offenders in Delaware have opioid use disorders. Furthermore, DOC estimates that recidivism can be as high as 70 percent among offenders with substance abuse disorders who do not receive treatment, an alarming rate given that as of early 2017, the Delaware prison system did not have an accredited opioid treatment program, nor did it allow medication-assisted treatment, except for pregnant female inmates.[19]

Law Enforcement Response

Operation Trojan Horse

The PFD initiated Operation Trojan Horse in early 2016, an OCDETF-funded initiative to assist state/local law enforcement with overdose investigations. Through a combination of training, enforcement funding, and intelligence analysis, the PFD has assisted more than 18 law enforcement agencies in Delaware in identifying sources of supply tied to overdose deaths. Several of these investigations have resulted in federal indictments for drug-delivery resulting in death under 21 U.S. Code § 841.

Drug Market Initiative

In May of 2017, the DEA Wilmington Resident Office—in partnership with the Wilmington Department of Police, Delaware Department of Justice, and the United States Attorney's Office for the District of Delaware—initiated a collaborative program focused on Wilmington's most violent open air drug markets. The program, called the Drug Market Initiative targets the "West Center City" area of Wilmington, which is a well-known distribution point for heroin and crack cocaine and is victim to the violence associated with low-to-mid level DTOs battling over control of narcotic distribution locales.

The goals of the initiative are to:

- Strategically identify, contact, and interview community members living within the highest risk areas of West Center City.
- Generate investigative leads regarding drug traffickers and past homicides that have occurred in the area.

Drug Monitoring Initiative

As part of the Delaware State Government's effort to reduce heroin overdoses and deaths throughout the state, the Drug Monitoring Initiative was created in January 2017.

The Drug Monitoring Initiative is an information sharing agreement between:

- Delaware Division of Forensic Science
- Delaware Division of Public Health
- Delaware Office of Emergency Medical Services and Preparedness
- Delaware Information and Analysis Center

The Drug Monitoring Initiative is designed to centralize the collection, analysis, and dissemination of actionable information from public health organizations, law enforcement agencies, and other stakeholders. It has committed to produce statewide quarterly and annual reports highlighting data from each respective discipline, and to share the reports locally, regionally, and nationally.

Legislative Measures

Government leaders in Delaware are proactively working to combat the statewide public health epidemic related to substance abuse, namely with the introduction of legislation designed to target the issue from multiple angles:

- Senate Bill 41 ensures that insurance companies provide direct access to treatment by removing pre-authorization requirements as well as requiring insurance companies to fund inpatient residential treatment when deemed medically necessary for those with Delaware plans. This would guarantee patients immediate access to 14 days of inpatient treatment before a "utilization review" or determination whether treatment is medically necessary occurs.[20]

- House Bill 100 grants the insurance commissioner and the Delaware Office of the Attorney General the resources to offer legal advice and representation for people appealing denials for treatment. This would primarily be funded from the Consumer Protection Fund, to cover the cost of providing medical and legal expertise. Preliminary cost estimates are unknown because it is difficult to predict how many people may seek help under these new regulations.[21]

- House Bill 91 supports the creation of the Delaware Prescription Monitoring Program Advisory Committee, which would make recommendations regarding improvements to the existing program and would have the power to make direct referrals to licensing agencies regarding doctors and prescribers not adhering to state requirements. Furthermore, this committee would be able to provide investigators with information that would speed up the investigatory process.[22]

- House Bill 250 imposes a 10 percent tax on the sellers, manufacturers, producers, importers, and distributors of opioids. The tax would be imposed at the wholesale level on the first sale in Delaware. However, prescription opioids used exclusively for the treatment of opioid addiction as part of a medically assisted treatment effort would be exempt. Any opioids sold outside of Delaware would also be exempt from the tax. Revenue generated through this proposed tax would be earmarked for state-run addiction treatment programs.[23]

- On July 21, 2016, House Bill 239 was signed into law. The bill created the state crime of "Drug Dealing – Resulting in Death" (DE Title 16 §4752B). The law makes the delivery of a Schedule I or II drug to anyone who later dies as a result of ingesting the substance a class B felony. There is a provision in the law that provides a valid defense for anyone who makes a good faith effort to seek emergency care for an overdose victim, after delivering a Schedule I or II substance to them. According to the Delaware Department of Justice, the charge has not yet been used in prosecution in Delaware, though there have been federal indictments for drug delivery resulting in death in Delaware (USC Title 21 §841 (b) (1) (A) (viii).

Outlook

Heroin and fentanyl abuse remain the gravest drug threats in Delaware, but the demand for and illicit availability of controlled prescription drugs in Delaware are also of concern. Delaware's proximity to Philadelphia, which serves as a source of supply for inexpensive, highly potent heroin—at least some of which may be substituted by or mixed with fentanyl and FRSs—make the population of Delaware vulnerable to addiction, overdose, and violence commonly associated with drug trafficking.

DEA's Philadelphia Field Division will continue to aggressively target DTOs operating in Delaware and Pennsylvania, while also working in conjunction with state and local law enforcement and public health officials to mitigate the threat posed by drug trafficking and its related crimes.

1. United States Census Bureau, 2016 estimated population.
2. DEA Investigative Reporting.
3. The Heroin Signature Program and Heroin Domestic Monitor Program 2014 Reports, DEA, September 2016.
4. DEA Investigative Reporting.
5. Ibid.
6. DEA Philadelphia Field Division Intelligence Reporting, 2016.
7. Ibid.
8. DEA Investigative Reporting.
9. Ibid.
10. Ibid.
11. Online Publication; Delaware Medical Marijuana Program Annual Report; URL: http://dhss.delaware.gov/dph/hsp/files/mmpannrpt2015.pdf; Published January 2016; Accessed on June 1, 2017.
12. DEA Philadelphia Field Division Intelligence Reporting, 2016.
13. DEA Investigative Reporting.
14. DEA Philadelphia Field Division Intelligence Reporting, 2016.
15. Ibid.
16. DEA Investigative Reporting.
17. Online Publication; http://dpr.delaware.gov/boards/controlledsubstances/practitioner_CSR _shtml; February 4, 2016.
18. Online Publication; "Prescription Opioid and Heroin Addiction Treatment Needs Assessment: Final Report;" http://news.delaware.gov/files/2017/09/DE-DOJ-Opioid-Needs-Assessment-1.pdf; accessed on September 7, 2017.
19. Ibid.
20. Delaware Senate Bill 41; https://legiscan.com/DE/bill/SB41/2017; accessed on July 5, 2017.
21. Delaware House Bill 100; https://legis.delaware.gov/BillDetail?LegislationID=25520; accessed on July 5, 2017.
22. Delaware Senate Bill 41; https://legiscan.com/DE/bill/HB91/2017; accessed on July 5, 2017.
23. Ibid.

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