

Remarks for Regional Perspectives Panel Discussion

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The recent outbreak of overdose events in the greater Philadelphia region attributable to Fentanyl-laced heroin highlight the need for public safety and public health agencies, along with treatment and prevention disciplines, to adopt a collaborative approach to information gathering, exchange and analysis to enable timely and reliable assessment and response for this and other outbreaks. “Informal” and relationship-based exchanges of information, media reports, seemingly unrelated intelligence bulletins, analytical instincts and past experience converged in a way that pointed to an uncharacteristic problem of inter-regional scope being identified. It was hardly a “scientific” approach, but one that sufficed for the purpose of problem identification in this instance. Going forward, though, it seems apparent that channels for information exchange between first responders, law enforcement entities, health agencies, treatment providers and prevention specialists need to be created, and continued collaboration is called for.

Events leading to our awareness of a Fentanyl-related outbreak in the tri-state region of Pennsylvania, New Jersey and Delaware provide a glimpse of the complexity facing public safety and public health disciplines who are charged with staying “out-in-front” of these often rapidly developing and geographically dispersed events.

- The region experienced an unusually sudden and severe upsurge in presumed heroin overdose episodes in the third week of April 2006. These episodes were first reported to us from the middle part of Pennsylvania, in and near Harrisburg, whose historical source of heroin is Philadelphia. On 4/19/06, Penna. Attorney General’s Office, Bureau of Narcotics Enforcement (Region III) and OAG Intelligence alerted the Philadelphia-Camden HIDTA (PCHIDTA) via an e-mail message of an unusual increase in heroin overdoses, following multiple episode attributed to one heroin packaging “brand name” - “Apollo”. “Brand name” tracking has been employed in heroin trafficking investigations for some time, though its usefulness is limited, given the multiple number of “brands” employed by a distributor, and frequency with which dealers change “brands”. Still, they provide some investigative direction in the absence of more reliable information. PCHIDTA pushed this along to other law enforcement agencies in our area of responsibility in order to alert them to the events in Harrisburg, and to seek any potential information on sourcing. Over the next 48 hours, though, overdoses continued in the Harrisburg area, with additional brand names involved. At this point, Fentanyl had not been identified as being a contributing factor. The assumption was that this was some “bad heroin.”
- Almost simultaneously, Camden County (NJ) experienced a similar upsurge in overdose episodes in and around the city of Camden. In the following few days, authorities from the Camden Co. Prosecutor’s Office reported both non-fatal and fatal episodes, which were relayed to PCHIDTA’s Investigative Support Center. Again, the presence of Fentanyl was not immediately noted, as conventional field testing procedures would not identify its presence. The episodes were transmitted to law enforcement agencies in our area. “Something’s up with heroin,” we began to think, because two distinct but related market areas, relatively close in geographic proximity, experienced the problem’s manifestation virtually simultaneously. Still, no one has Fentanyl on the radar screen.

- Over the weekend of April 22-23, Philadelphia media outlets reported multiple confirmed overdoses, including several fatalities, attributed to a heroin brand name of “Fefe” being distributed in the city of Philadelphia. Those reports originated with Philadelphia Police Department’s Public Affairs Office alerting residents to “bad heroin” being distributed and leading to the overdoses. By Monday, 4/24/06, expedited forensic testing of samples of “Fefe” brand heroin obtained by the PPD detected in the heroin the presence of common cutting agents procaine and quinine, and also Fentanyl. This was our first awareness of a Fentanyl presence in heroin supplies by public authorities here.
- By now, we were recognizing that something well out of the ordinary was happening, and that it was larger than a localized event. While still very much unclear, we believed a regional event was underway. Aware that the Detroit and Chicago metropolitan areas experienced Fentanyl-related overdose episodes earlier in the year, and that they were currently experiencing an acute upsurge of overdoses, PCHIDTA began to coordinate intelligence with those region’s respective HIDTAs and DEA Field Divisions.
- Communicating through its Intelligence Operations and Coordination Group, made up of representatives from the area’s federal, state and local law enforcement agencies, PCHIDTA produced and disseminated several “law enforcement sensitive” intelligence bulletins providing situational updates and current investigative intelligence involving the overdose outbreaks and law enforcement efforts to identify source(s) of supply. These bulletins were also sent to all 28 HIDTAs throughout the US. Parallel reporting was also provided to the CDC and state health departments, absent “sensitive” investigative information. Through mid-May, overdose episodes continued to be reported from across this region, as well as in other areas, including Delaware, Maryland, and western Pennsylvania.
- Forensic labs operated by Philadelphia Police, State Police in Pennsylvania and New Jersey, and the DEA’s Northeast Regional lab were queried for data related to Fentanyl in seizure they examined.
- State & local law enforcement efforts in the Philadelphia area focused on retail-level dealers and mid-level suppliers of Fentanyl-laced heroin, and with federal agencies’ assistance, sought to identify sources of supply into the local drug marketplace. Concurrently, similar efforts were being applied in New Jersey and Delaware. In the midst of this, PCHIDTA assisted these investigations by facilitating sharing of information between disparate agencies and jurisdictions in the tri-state area.

Defining the scope of the outbreak required an enormous amount of time & effort, and what would be minimally considered “creative” and probably unorthodox measures. Law enforcement agencies typically had not interacted with public health agencies, except in pre-determined, well-defined and/or controlled circumstances, such as bio-terror exercises or investigations of single-event incidents, such as a detective obtaining a toxicology report for a homicide investigation. Even within the law enforcement discipline, information-sharing disconnects existed, particularly in the absence of the “informal” channels made by personal relationships. Simply identifying what offices or people in them held what data (defining the “who’s who” and what did they know) was the first dilemma, exacerbated by the multiple and overlapping jurisdictions, disparate means and capabilities of capturing and retrieving information, and apparent lack of centralized reporting requirements that prevail across agency and discipline boundaries.

Consequently, PCHIDTA “begged, borrowed, stole and cobbled together” information from state & local Medical Examiners Offices, EMS services, Poison Information Centers, Health Departments, drug abuse prevention programs and the media to provide contextual and statistical data to assist in determining the scope and magnitude of the outbreak in our region. In return, we were unable to share much in the way of investigative information, due to its sensitivity. To their credit, those agencies we interacted with really didn’t want to know investigative details, only the broader conclusions that law enforcement might possess regarding the source of Fentanyl, which, unfortunately, remains unclear. We began communicating with CDC-Atlanta, attempting to identify additional sources of public health surveillance information, and seeking best means of communicating and sharing information going forward.

Comparisons of “hard” and “soft” data available to us suggest that the magnitude of the outbreak in the tri-state area rivals those of the Chicago and Detroit areas. Our analysis indicates that well over 150 deaths and more than 300 non-fatal overdose episodes have occurred since the week of April 14th. As of this moment, the outbreak has “stabilized” to the extent that we haven’t recently seen precipitous “spikes” in overdoses, but it is nonetheless continuing.

Profiles of overdose victims in this region are consistent with national heroin abuse demographics: Caucasian males, aged 25 – 45 dominate. We might assume, but do not know, if these subjects have histories of drug abuse treatment, law enforcement contact, or other indicia of past substance abuse.

The problem of the acute Fentanyl-involved overdoses is, in reality, a sub-set of the larger issue of persistent heroin abuse and trafficking affecting our region for several decades. This outbreak illuminates the perniciousness of the problem and serves to bring out of the shadows and remind us of its effects on families, communities, government agencies and health care providers.