

Answered and Unanswered Questions about Counterfeit Drugs

Targeted Literature Review

Joshua Black PhD

Rocky Mountain Poison & Drug Safety

Denver Health and Hospital Authority

17 May 2022 - RADARS® System Annual Meeting

Funding Disclosures

This work was performed by the Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®) System. The RADARS System operations are supported by subscriptions from pharmaceutical manufacturers, government and non-government agencies for surveillance, research, and reporting services. RADARS System is the property of DHHA, a political subdivision of the State of Colorado.

No other competing conflicts of interest are declared.



Goal of Presentation

- Substantial concern for adulterated products in the recreational drug supply, particularly fentanyl
- What is known (and not known) about use, prevalence, and identification of counterfeit drugs?
- Examined literature for 5 foundational questions about recreational counterfeit drugs
 - Implications for surveillance
 - If you are doing research in this area and I don't highlight it, please connect with me!



Q1: How are counterfeits defined?

World Health Organaization¹

"Falsified medical products": Medical products that deliberately/fraudulently misrepresent their identity, composition or source

<u>Drugs sold illicitly by unlicensed</u> <u>individuals (in person or online)</u>

- Number of active chemicals detected via chemical analysis
- Comparison of composition to look

Fraudulent pharmaceuticals sold in unlicensed online pharmacies

- Important area of research
- Direct composition studies not conducted

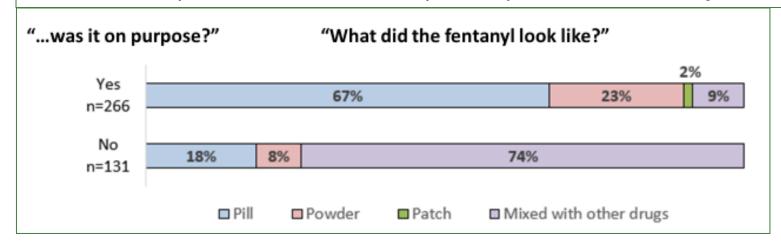
Fraudulent pharmaceuticals sold in licensed pharmacies

- Concern in low- & middleincome countries
- Drug does not contain full or expected amount of drug



Q2: What attitude(s) do PWUD have toward counterfeits?

2021 Study² of people who use drugs (PWUD) and utilize a syringe exchange program in Washington showed that 42% of respondents had used fentanyl in the past 3 months; among those, 67% used fentanyl intentionally.





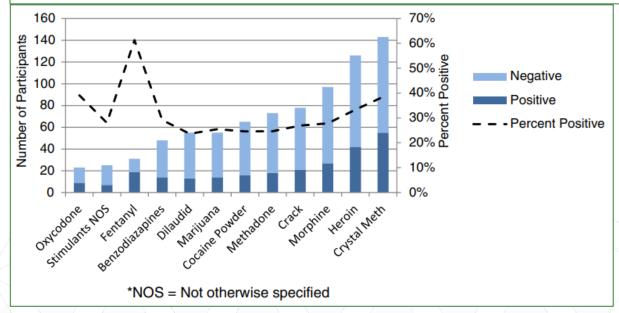


Q2: What attitude(s) do PWUD have toward counterfeits?

However, those who are exposed to fentanyl might not know it.

From among PWUD at harm reduction sites in British Columbia in 2015³, 29% tested positive in urine screen for fentanyl; among those, only 27% reported knowingly using fentanyl in the past 3 days.

Among 5 reporting overdose in the past week, all tested positive for fentanyl, 2 unknowingly.



- True (unbiased) exposure challenging to know in any given study
- Changing perceptions from 2015 to 2022?
- Would PWUD seek fraudulent pills over other forms?
- Does emulation of pharmaceutical translate to perception of safety among PWUD?



Q3: How do PWUD identify counterfeits?

2021 literature review of mobile apps⁴, most from Apple's and Google's app stores. Apps claimed to detect via imprint, color, or shape. Few via photograph or bar code. App assessment lacked direct evaluation of accuracy; user perception is the only standard.

2020 street interview study⁵ in Baltimore indicated PWUD can be empowered by test strips by promoting market transparency, but people were wary of constantly changing market conditions.

- How do tools, such as apps and test strips, compare to a personal network of trust (e.g., an impersonal dealer vs a friend vs an app)?
- Uptake of different technologies by PWUD? How many unique users of each technology are there and are groups being missed?
- How agile can technologies be in changing market conditions, such as emerging drug combinations?



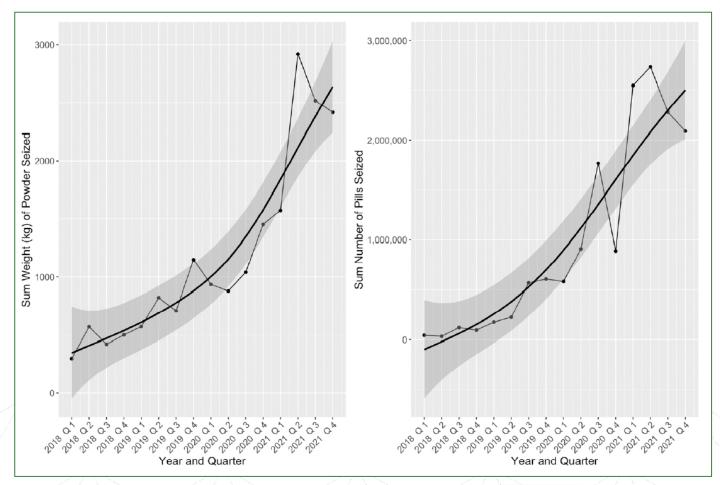
Q4: What is the size of the market for counterfeits?

The market for fentanyl is only going up.

Assessment of seizures over the past 4 years shows ever increasing amount of drug, both in powder and in pill forms.⁶

Pill seizures grew from near zero in 2018 to over 2M pills in 2021; pills constituted >25% of seizures in 2021.

- True market may be impossible to know
- How does market growth translate to changes in exposure for PWUD? Are the same individuals exposed more often, more individuals exposed, or both?







Q5: What drugs are being emulated?

Case reports show fentanyl emulation of:

- Alprazolam in 2016⁷
- Hydrocodone/Acetaminophen in 2016⁸
- Hydrocodone in 2017⁹
- Oxycodone in pediatric patients in 2021¹⁰

Pills from patients at UCD show emulation not involving primarily fentanyl^a

- How and why are pharmaceuticals selected as candidates for emulation?
- What level of skepticism or risk perception (if any) do PWUD have toward "pharmaceuticals" purchased on the street?
- Beyond fentanyl



| Concentration | Yellow Pill | Green Pill |
|-------------------|-----------------|-----------------|
| Major | Etizolam | Etizolam |
| Possibly Moderate | Cocaine | Cocaine |
| | | Ketamine |
| | | Methamphetamine |
| Trace-Minor | Clonazolam | Clonzolam |
| | Ketamine | Flualprazolam |
| | Lidocaine | Lidocaine |
| | Methamphetamine | MDMA |
| Trace-Minor | | |
| | MDMA | Oxycodone |
| | Oxycodone | Fentanyl |
| | Fentanyl | Furanylfentanyl |

Implications for Drug Surveillance

- Counterfeit drugs should be separately identified in data sources, when possible
- Potential to misclassify exposures or outcomes
- Confounding in estimates of effects a substantial issue
 - Ex: Difference in cocaine overdose trends with and without fentanyl¹¹
- Need to assess risks from online pharmacies¹², as one study indicated a third of pharmacy-related internet traffic is directed to illicit online pharmacies, rather than legitimate pharmacies¹³



Q1 – How are counterfeits defined?

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Q2 – What attitudes to PWUD have toward countefeits?

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Q3 – How do PWUD identify counterfeits?

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Q4 – What is the size of the market for counterfeits?

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Q5 - What drugs are being emulated?

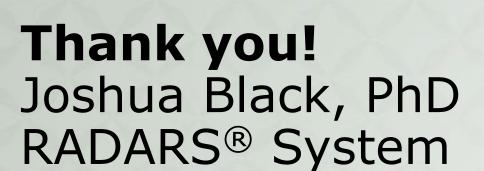
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Implications for Drug Surveillance

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Joshua.Black@RMPDS.org

