Welcome and Introductions of Attendees

Alan Dellapenna, Head, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health

Please share with us...

• Your name
• Your organization/affiliation

• Take breaks as needed
Heroin & Fentanyl Trafficking Trends and Law Enforcement Approaches

Leslie Cooley Dismukes
Criminal Bureau Chief
North Carolina
Department of Justice

I have no financial interest in the content of this presentation.
Thank you to DHHS, DEA and HIDTA for these statistics.
Why are we here?

- Every day, more than 4 North Carolinians die of an accidental drug overdose.
- 58% of these involve heroin, fentanyl, or fentanyl analogues
- Dramatic increase in prescribing – pain as 5th vital sign
- Shift in source of supply for heroin and fentanyl
- This epidemic knows no boundaries
- Method of use has changed = wide acceptance
Unintentional Opioid Overdose Deaths by Opioid Type
North Carolina Residents, 1999-2016

Heroin or other synthetic narcotics were involved in over 60% of unintentional opioid deaths in 2016.

Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.
Analysis by Injury Epidemiology and Surveillance Unit
Heroin at a glance:

• Sources
  • Southeast Asia
  • Colombia
  • Mexico

• Types
  • Brown tar – typically west of Mississippi
  • White powder – typically east of Mississippi
    • By 2014, 79% of DEA heroin seizures were Mexican white powder

• Transportation routes & methods
  • White powder markets in northeast are dominated by Mexican cartels
  • Personal vehicles, car carriers, busses, airports (452 in NC), ports
Increase in purity + decrease in price = BIG PROBLEM

Purity in 1980’s = 10%

Purity in 2000 = ~40%

1981 = $3,200 per gram

2012 = ~$600 per gram
How does Fentanyl factor in?

• What is the benefit of fentanyl?
  • Cheaper to manufacture – farm vs. lab

• Where does it come from?
  • Pharmaceutical fentanyl – transdermal patches and lozenges
  • Clandestine fentanyl – analogues and precursors
    • China
    • Mexico

• How does it get here?
  • The dark web
  • Shipping services – FedEx, UPS, etc
  • Mexican trafficking routes
How is Fentanyl used by opioid traffickers?

- As a cutting agent
- Disguised as prescription pills
- Whole kilos sold as heroin
- 1g heroin costs $125-$175, 1g heroin cut with fentanyl is $60-$120
- 1kg of heroin, purchased for ~$5k generates ~$80k, where 1kg of fentanyl, purchased for ~$3.3k generates ~$1mil
Arrest/Seizure statistics

• Heroin arrests nearly doubled between 2007 and 2014

• Heroin seizures have increased 80% over 5 years (3,733 kg in 2011 to 6,722 kg in 2015) (DEA 2016 Heroin Threat Assessment)

• Bindles/bundles/bricks = prepackaged
Heroin + Fentanyl = larger supply

Heroin + Fentanyl = better high

Heroin + Fentanyl = greater profit

Heroin + Fentanyl = unable to be detected

Heroin + Fentanyl = GREATEST THREAT
Law Enforcement Response

• Partnering with SBI, HIDTA, and DEA for best practices

• Change in traditional investigative methods
  • Homicide vs narcotics
  • Field testing
  • Increase in number of overdose death prosecutions

• Partnering with community groups, nonprofits, treatment providers
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Spotlight: Drug Trafficking Panel

Donny Hansen, Atlanta-Carolinas HIDTA
Brian Flemming, Drug Enforcement Administration
Eddie McCormack, Wake County Sheriff's Office
Chief Tony Godwin, Cary Police
Q&A/Discussion: Drug Trafficking
Anna Stein, Division of Public Health
Barbara Moore, Administrative Office of the Courts
Judge Jay Corpening, Chief District Judge, New Hanover & Pender Counties

Spotlight: NC Court System – Role and Response to Opioid Epidemic
PSA – What can I do?

https://www.youtube.com/watch?v=vs5aYyfuJ9o
Role of the Judicial Branch

• Educate the Branch

• Evolve our service delivery
Response to the Opioid Epidemic

- Regional Judicial Opioid Initiative
  - 8 States: Illinois, Indiana, Kentucky, Michigan, North Carolina, Ohio, Tennessee and West Virginia
  - Provide education, training and technical assistance across systems regarding the epidemic, and tools to combat it
  - Share data to study trends and target areas for intervention
RJOI

- Create pilot programs for evidence based interventions, and programs in targeted multi-state sites, as in cities and counties along state borders
- Chief Justice Mark Martin joined in 2017
- One major conference to date (one being rescheduled soon)
- Monthly conference calls
- Frequent Webinars
• Membership:
  o Public Safety
  o Public Health, State and County
  o Health
  o Courts
    ▪ Judges
    ▪ Corrections
Two Components for us

• JMARC

• Education Across the Branch
Judicially Managed Accountability and Recovery Court (JMARC)
Coordinating resources for accountability and recovery in our communities

Same People. Different Outcomes.
Accountability and Recovery as a Community Collaborative
Eligibility Requirements

- Charged with criminal offense
- Must be referred, have a behavioral disorder/substance abuse issue and the inability to navigate treatment
- The District Attorney screens all cases for public safety
- Willingness to come to court monthly and be held accountable
- Participant must be willing to engage in treatment and work toward recovery
Two Critical Components for a Successful JMARC:

- Case management
- Access to medical and behavioral health therapy
In a Recovery Court model...

The Court does NOT dictate treatment

...The Court supports the individual’s treatment plan as determined by the treatment provider
Quotes from Participants:

• I am always going to face obstacles. What has changed is how I deal with them.

• ‘Recovery Court’ saved my life.

• Thank you for believing in me.
“Do you know what your birthright is? To be safe and happy. I did not say rich, or famous or with a big job or even healthy. But we all deserve to be safe and happy.”

• Judge Joe Buckner to Recovery Court participants
JMARC - What’s Next?

• ISSUES
  • Drug courts only in 22 of the 44 Judicial Districts
  • Lack of resources - staff and services

• SOLUTIONS
  • Building a comprehensive template for JMARC
  • Developing statewide and community collaborations
  • Identifying and coordinating statewide and community resources for accountability and recovery
Education Across the Branch

- 2017- Judge Duane Slone, Tennessee
  - District and Superior Court Judges Fall Educational Conferences
- Corey Ellis, Assistant US Attorney Western District
  - Court Managers Fall Educational Conference
  - Elected Clerks of Superior Court Fall Educational Conference
- Dr. Blake Fagan, Mountain Area Health Education Center
  - Court Managers Spring Educational Conference
  - District and Superior Court Judges Summer Educational Conferences
  - Magistrates Fall Conference
- More to come!
New Hanover County Response

• Intensive Reunification
  o NAS births
  o SW caseload: 3-5 families
  o Intensive Reunification Specialist: Methodist Homes
  o Parenting Coach
  o Contract Therapist
  o Intensive In Home Services, Coastal Horizons
  o Public Health: CC4C
Intensive Reunification Program

• Bi-weekly child and family team meetings with entire team
• 3-5 extended supervised visits a week (sometimes more)
• Goal: trial home placement in 90 days
• Custody in 6 months
• The changes I see?

• Results: placement 70% of cases in 4 months or less
What’s Driving the need?

• Wilmington, NC: #1 in America in prescription opioid abuse
  o Castlight Health Study, 2016

• NAS births: tripled 2016 to 2017

• DSS caseload up dramatically in last 5 years: 93%
More Responses:

• Community Partners Coalition
• Health Leadership Council
• CJAG and PSA’s
• LARC Education Program
QUESTIONS?
Thank You

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NC Opioid Action Plan Data Dashboard
## METRICS FOR NC’S OPIOID ACTION PLAN

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Baseline Data (2016, Q4)</th>
<th>2021 Trend/Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERALL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of unintentional opioid-related deaths to NC Residents (ICD-10)</td>
<td>335</td>
<td>20% reduction in expected 2021 number</td>
</tr>
<tr>
<td>Number of ED visits that received an opioid overdose diagnosis (all intents)</td>
<td>998</td>
<td>20% reduction in expected 2021 number</td>
</tr>
<tr>
<td><strong>Reduce oversupply of prescription opioids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents</td>
<td>29.9 per 100,000</td>
<td>Decreasing trend</td>
</tr>
<tr>
<td>Total number of opioid pills dispensed</td>
<td>145,997,895</td>
<td>Decreasing trend</td>
</tr>
<tr>
<td>Percent of patients receiving more than an average daily dose of &gt;90 MME of opioid analgesics</td>
<td>6.7%</td>
<td>Decreasing trend</td>
</tr>
<tr>
<td>Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day</td>
<td>25.3%</td>
<td>Decreasing trend</td>
</tr>
<tr>
<td><strong>Reduce Diversion/Flow of Illicit Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues</td>
<td>58.7%</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Number of acute Hepatitis C cases</td>
<td>43</td>
<td>Decreasing trend</td>
</tr>
<tr>
<td><strong>Increase Access to Naloxone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of EMS naloxone administrations</td>
<td>3,185</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Number of community naloxone reversals</td>
<td>817</td>
<td>Increasing trend</td>
</tr>
<tr>
<td><strong>Treatment and Recovery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of buprenorphine prescriptions dispensed</td>
<td>133,712</td>
<td>Increasing trend</td>
</tr>
<tr>
<td>Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs</td>
<td>15,187</td>
<td>Increasing trend</td>
</tr>
<tr>
<td>Number of certified peer support specialists (CPSS) across NC</td>
<td>2,352</td>
<td>Increasing trend</td>
</tr>
</tbody>
</table>

Source: North Carolina’s Opioid Action Plan, January 2018
Announcements and News

Scott Proescholdbell, Epidemiologist, Injury and Violence Prevention Branch, Division of Public Health

• Have 3 breakout rooms available to talk and network
  − Rooms 2a, 2b & 9
  − Available until 1:30

• OPDAAC Website: https://sites.google.com/view/ncpdaac

• THANK YOU!

(Please take food and travel safely!)
Questions

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Thank you!