NC Department of Health and Human Services

Opioid and Prescription Drug Abuse Advisory Committee

March 16, 2018

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.

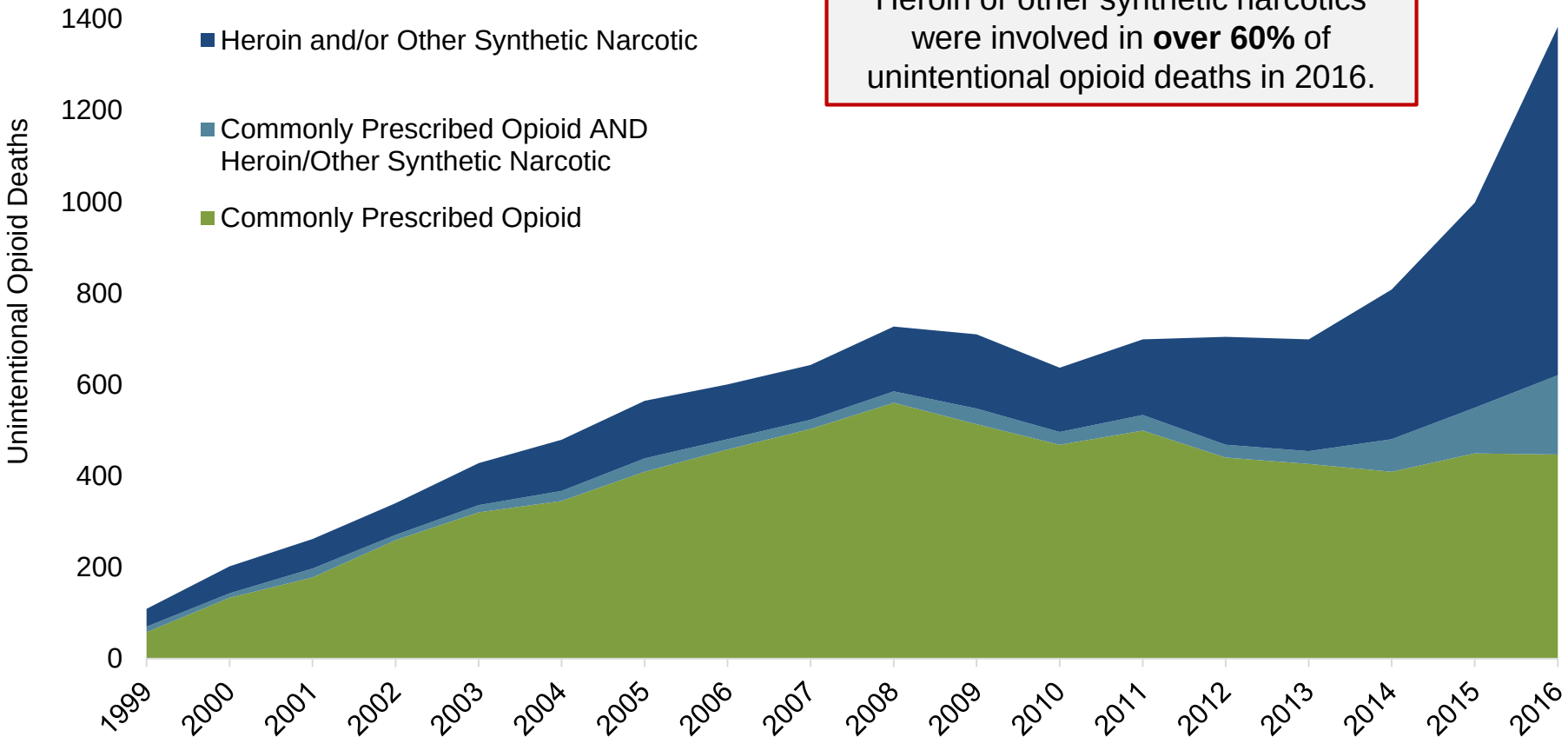
Why are we here?

- 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.



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
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

North Carolina Injury & Violence PREVENTION Branch

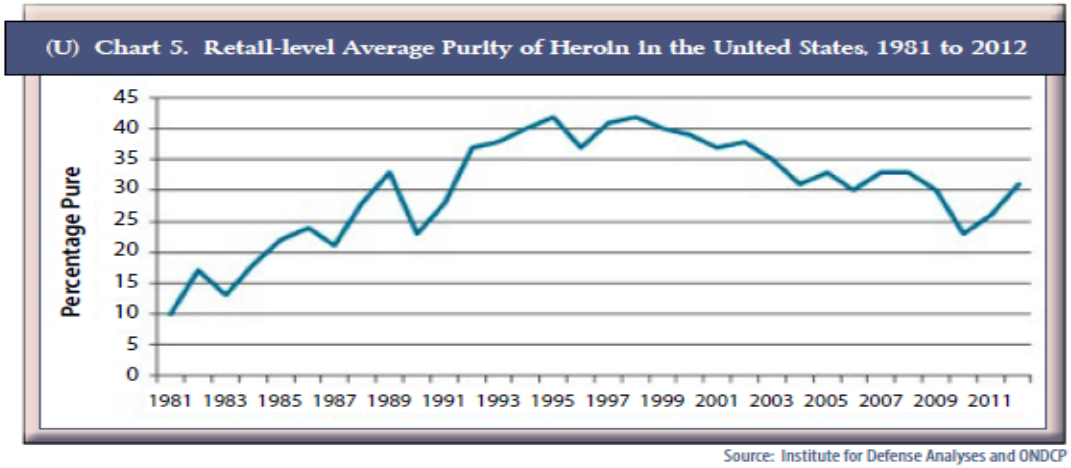
Heroin at a glance:

- 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

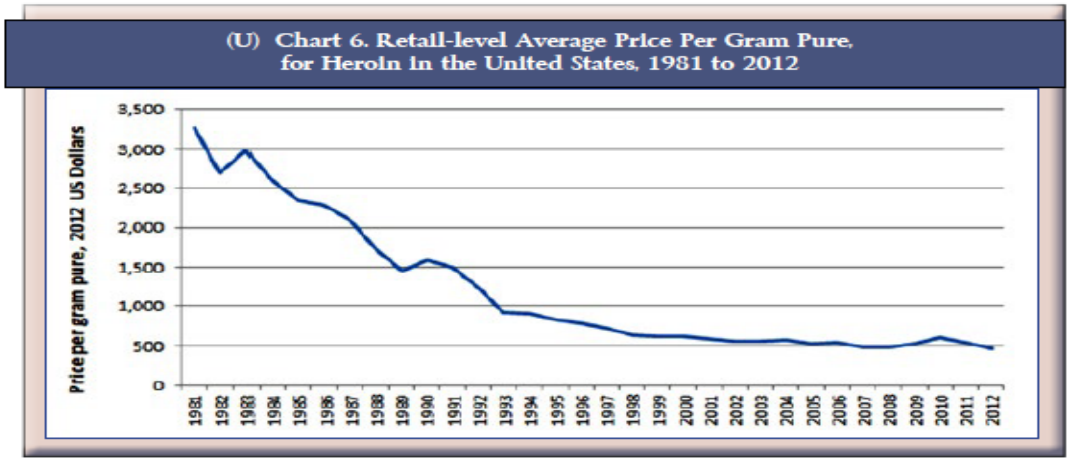
Increase in purity + decrease in price = BIG PROBLEM



Source: Institute for Defense Analyses and ONDCP

Purity in 1980's = 10%

Purity in 2000 = ~40%



Source: Institute for Defense Analyses and ONDCP

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 6,722kg 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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Donny Hansen, Atlanta-Carolinas HIDTA
Brian Flemming, Drug Enforcement Administration
Eddie McCormack, Wake County Sherriff's Office
Chief Tony Godwin, Cary Police

Spotlight: Drug Trafficking Panel

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

RJOI

- Membership:
  - Public Safety
  - Public Health, State and County
  - Health
  - 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
  - NAS births
  - SW caseload: 3-5 families
  - Intensive Reunification Specialist: Methodist Homes
  - Parenting Coach
  - Contract Therapist
  - Intensive In Home Services, Coastal Horizons
  - 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
  - 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?


JUDICIAL BRANCH of NORTH CAROLINA
SUUM CUIQUE TRIBUERE
GENERAL COURT of JUSTICE

Thank You

Barbara Moore
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Q&A/Discussion: NC Court System – Role and Response to the Opioid Epidemic

Mary Beth Cox, Division of Public Health

NC Opioid Action Plan Data Dashboard

NC Opioid Action Plan Data Dashboard Preview

METRICS FOR NC'S OPIOID ACTION PLAN

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

Source: North Carolina's Opioid Action Plan, January 2018
https://files.nc.gov/ncdhhs/documents/Opioid%20Action%20Plan%20Metrics_UPDATED-Jan%202018.pdf

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!