The Opioid Epidemic – Broad Strategies and Local Impacts

Jeff Beeson
Washington/Baltimore High Intensity Drug Trafficking Areas (W/B HIDTA)

Cheryll Moore
Erie County Department of Health
HIDTA Program

- To disrupt the market for illegal drugs in the United States by assisting Federal, state, local, and tribal law enforcement entities participating in the HIDTA program to dismantle and disrupt drug trafficking organizations, with particular emphasis on drug trafficking regions that have harmful effects on other parts of the United States.
HIDTA Goals

1. Disrupt and Dismantle Drug Trafficking Organizations and Money Laundering Organizations

2. Improve the efficiency and effectiveness of HIDTA initiatives
US Overdose Deaths

- Over 72,000 overdose deaths in 2017
- Surpassed Peak Gun, HIV, and car crash deaths
- Leading cause of death for individuals under 50
Overdose deaths in the W/B HIDTA region

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<tr>
<th>Heroin-related fatal overdoses, 2012-2017</th>
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<td>2012</td>
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<td>2014</td>
<td>2015</td>
<td>2016</td>
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<tr>
<th>Fentanyl-related fatal overdoses, 2012-2017</th>
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<td>55</td>
<td>180</td>
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The Problem

• Increase in lethal drugs on the streets – Fentanyl
• Lack of real time data and non-fatal reporting
• Insufficient information sharing
• No consensus on what constitutes a spike
Overdose Detection Mapping Application Program

www.odmap.org
ODMAP – Data Reporting
Deconfliction
Application Programming Interface (API)

• An Application Programming Interface (API) has become a popular method for stakeholder agencies to contribute data without creating additional reporting or processes. The API allows for data integration connecting with the agency or state’s Record Management Software (RMS) to ODMAP.

• Examples of Agencies currently utilizing the API:
  • Wisconsin State Patrol (WI)
  • Philadelphia PD (PA)
  • Guilford County (NC)
  • Fayetteville PD (NC)
  • All Maryland EMS data (MD)
  • Suffolk County PD (NY)
  • Los Angeles County Fire (CA)
  • Memphis Fire & Rescue (TN)
Analytics
Spike Alert System

- ODMAP is designed to alert users when an overdose spike occurs in real time
- Users can receive a spike alert within their jurisdiction or surrounding jurisdictions
- It is intended to give the public safety and public health community real time alerts to mobilize a response strategy
- W/B HIDTA created a Overdose Spike Response Framework
**Spike Alert Notification**

Spike Alert Triggered

Maryland is in a spike. There have been 7 total overdose incidents in the last 24 hours. Currently your spike alert threshold is 7 overdose incidents in 24 hours.

This spike alert was requested by the Washington/Baltimore HIDTA.

Spike continues

(Maryland is STILL in a spike. There have been 13 total overdose incidents since your spike started.

Currently there are 6 overdose incidents in the last 24 hours. Your spike alert threshold is 7 overdose incidents in 24 hours.

This spike alert was requested by the Washington/Baltimore HIDTA.

Spike ends

Maryland spike alert has ended
Spike Alert Success Story

Berkeley Day Report Center
(Berkeley, West Virginia)

• Created an automated system clients can enroll in
  • Clients have the ability to receive text alerts when a spike is occurring
  • When a spike is occurring, clients who have opted in receive a text
MEMORANDUM FOR ALL UNITED STATES ATTORNEYS

FROM: THE ATTORNEY GENERAL

SUBJECT: Designation of Opioid Coordinators

November 29, 2017

To further our Department’s response to the opioid crisis, I now direct each U.S. Attorney to designate an Opioid Coordinator by the close of business on December 15, 2017.

The ongoing opioid epidemic is destroying the lives of countless Americans. Many victims abuse prescription opioids and heroin, and more and more of our citizens are killed by fentanyl, a lethal synthetic drug.
Baltimore man linked to 27 overdoses pleads guilty to heroin distribution conspiracy

Karon Elijah Peoples, 24, admitted to being involved with the distribution of between nine and 10 kilograms of heroin. He also admitted that nine fatal overdose victims and 18 overdose survivors had contacted his phone to buy drugs before they overdosed.
The Centers for Disease Control and Prevention (CDC) has announced a grant opportunity on February 1, 2019 titled “Overdose Data to Action.” The grant incorporates a strategy for partnerships with Public Safety and First Responders and prioritizes the use of ODMAP.

**STRATEGY 8: Partnerships with Public Safety and First Responders (Optional)**

**Overview:** Public safety partners play a critical role in responding to opioid overdoses and should be engaged in prevention efforts aimed at reducing opioid-related morbidity, mortality, and associated harms. This domain is an opportunity for funded partners to either develop new partnerships, or build upon existing partnerships, with state and local public safety entities. For the purposes of this funding opportunity, public safety entities include police and public safety and first responder agencies, courts and corrections, as well as fire and paramedic/emergency services. Within regions where they exist, funded states can also choose to develop partnerships with regional entities, such as High-Intensity Drug Trafficking Areas (HIDTA) units and the Drug Enforcement Administration (DEA). There are two broad types of partnerships, and funded states can choose to engage in one or both types: 1) data sharing and 2) programmatic partnerships to advance evidence-based strategies. Public safety partnerships that incorporate both data and programming are strongly encouraged. Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), purchasing fentanyl test strips, or directly funding or expanding direct provision of substance abuse treatment programs.

**TABLE 8.1: Partnerships with Public Safety and First Responders (Optional)**

<table>
<thead>
<tr>
<th>Activities: applicants may select activities that establish partnerships with Public Safety</th>
<th>Recommended Sub-activities: below CDC has listed some recommended sub-activities applicants can select to meet this category goal. These sub-activities are not required; applicants can choose from the recommended activities or applicants can propose sub-activities that are not listed below. Please provide detail on how these actions support the strategy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Sharing</td>
<td>Syndromic or sentinel data systems that utilize data from different government agencies to locate emerging hot-spots or drug threats. (For example, RxStat model).</td>
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<td>Implement High Intensity Drug Trafficking Area’s (HIDTA) Overdose Detection Mapping Application (ODMAP).</td>
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<td>Implement other systems that utilize arrest and/or seizure data to identify the possibility of a spike in overdose and to inform response and communication protocols within specific communities.</td>
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<tr>
<td>Programmatic</td>
<td>Pre-arrest or pre-trial diversion, which use interactions with public</td>
</tr>
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</table>
Contact Information

• Jeff Beeson
  Deputy Director
  jbeeson@wb.hidta.org
Erie County New York Peer and First Responder Response After Overdose Utilizing ODMAP
**Task Force Mission:**

To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices through timely sharing of information to assist individuals and their loved ones fighting the disease of addiction and to undertake prevention efforts that educate the community on the perils of addiction.
2012 – 2018 OPIOID RELATED DEATHS
ERIE COUNTY

SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 5/31/2019
Steps to development:

- Naloxone training for law enforcement was provided by the public health department. Tracking of use of naloxone and provision of supplies offered the opportunity to forge new relationships with local police departments.

- The frustration and burnout by officers with multiple uses of naloxone on individuals was occurring and was noted, a new response to the incidents was needed as overdoses often were not learned about by treatment providers or public health surveillance until long after the occurrence of the event, well outside the window of opportunity to intervene and offer the individual assistance.
Steps to development (2):

- At the same time the Erie County Executive created the Erie County Opiate Epidemic Task Force (ECOETF) through Executive Order 14 in the year 2016.
- The seven workgroups that create the ECOETF work collaboratively to look at the epidemic and create solutions to address and save lives. They include REAP (law enforcement); Families and Consumers; Community Education; Physicians and other medical providers; Naloxone Access; Emergency Department and Hospitals; and Treatment Providers.
- Baltimore HIDTA presented a new tool to track overdoses and naloxone usage electronically in a real time GIS environment.
- Training for local first responders and law enforcement departments was co-sponsored by the Naloxone and the REAP workgroups of the task force. Participants were offered the opportunity to register for use on the spot.
Steps to development (3):

- Cheektowaga Police reached out to ECDOH, looking for solutions to their increasing deaths in their town, local champions included a Councilwoman and Police Lieutenant.
- A response pilot was developed collaboratively taking parts of existing promising practices.
- Trainings were provided for select officers with leading roles within the department.
- Introductions were made between officers and health department staff they would be working with, numerous face to face meetings were held to begin to establish trust.
- ODMAP created a real time police record that is accessible through the foil process by public health so a response can be provided and help offered to the individual who has overdosed in a timely way.
ECDOH Response after Overdose Program – ODMAP Screenshot

This is a naloxone use reporting tool for first responders, developed and maintained by Baltimore HIDTA (High Intensity Drug Trafficking Area).
Application To Inspect Police Records
Freedom of Information (FOIA) Request Form

Ongoing Request from Collaborating Agency/Organization

Application Information

Agency: Erie County Department of Health
Address: 95 Franklin Street Buffalo, NY 14202
Phone: 716-856-7690
Contact Person: Cheryl Moore

Description of Records Requested and Purpose for Request

The Erie County Department of Health is participating in a Response After Overdose Program. In order to provide timely assistance and direct those who overdose to treatment, the Erie County Department of Health is requesting a copy of all police reports filed by the Cheektowaga Police Department at the scenes of drug overdoses which are documented using ODMAP. This request will remain active until cancelled by either party of the agreement.

To be completed by Cheektowaga Police Department:

___ Approved  ___ Denied

Authorizing Officer: Lt. Patrick Chladzinski
Date: May 14, 2019

Method of Record Sharing: Email to authorized representative of Erie County Health Dept.
Outcomes:

- Outcomes are from pilot implementation in multiple local police departments, with strong internal leadership and support for the project.
- 103 clients interacted with
- 8 local police departments currently participating in referral project (1/3 of Erie County police departments)
Where are we today?

Client Gender
- Male: 75%
- Female: 25%

Client Race
- White: 95%
- Black: 2%
- Hispanic: 2%
- Other: 1%
Unexpected Results:

- 3 months into program: Overdoses decrease significantly in Town of Cheektowaga
- Police initiated direct referral process at time of slowing number of overdoses
- Officers referred individuals known to them as potentially struggling with the disease of substance use disorder for linkages to medication-assisted treatment
So what happened?

Two definite categories of clients with defined success rates of initiated and continued connection to care:

1. Direct referral to peer by law enforcement – much higher preliminary connection rate at 90 day point than identification of client through overdose event. Direct referral clients appear to experience a disconnection to care around the 60 day point, further investigation of the data is needed.

2. Client identified through overdose event that does connect to care appears to stay connected through the 90 day contact point more consistently, but at a much lower rate. Supported by associated research that suggests an overdose event is not a reason to agree to or feel that one needs treatment.
Exciting Results!

Cheektowaga Police - Overdose Calls

- 2016: 167 (16 Deaths, 151 Overdose Calls for Service)
- 2017: 113 (10 Deaths, 103 Overdose Calls for Service)
- 2018: 63 (5 Deaths, 58 Overdose Calls for Service)
Lessons Learned:

- Collaboration and trust are essential to success.
- Use Data!
- If something isn’t working, change it and move on.
- Constantly assess data and results, work as a team to create new processes to increase connection to care. Develop community provider relationships to assist clients with accessing care in a timely manner.
- Provide consistent evidence based training for Peers and Police.
- Families and loved ones can be the person struggling with SUD’s best support or worst barrier to care. Working with them is essential.
- Relapse will happen, assist the person with reconnection to care, do not judge, assist first responders in dealing with their frustrations.
Changes Being Implemented:

- Formal release of information process being developed to allow Peer to follow up with providers to hopefully assist with relapse prevention support at a higher rate with access to provider recommendation as well as individual reports of treatment success.
- Support for law enforcement being developed in future training.
- Recognition of lifesaving efforts of officers being implemented.
- Team is meeting weekly to assess data, working with Peer team to develop new and additional strategies for keeping clients connected with care.
QUESTIONS??

THANK YOU

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