Pharmaceutical/Heroin Overview
Atlanta-Carolinas High Intensity Drug Trafficking Area

- One of 28
- Funded by the Office of National Drug Control Policy
- Co-located, comingled, initiatives of Federal, State and local officers
- Intelligence, Training, Prevention
- Collaboration with Treatment, Prevention, Public Health
- Atlanta-Carolinas HIDTA Area of Operation is the epicenter of Mexican cartel operations east of the Mississippi River
Pharmaceutical Trends – Abuse

• Georgia has the 36th highest drug overdose mortality rate in the United States, with 10.7 overdoses per 100,000 people

• According to the Georgia Bureau of Investigation Medical Examiner’s Office, prescription drugs have accounted for the most drug-related deaths throughout metropolitan Atlanta, encompassing more deaths than methamphetamine, cocaine and heroin combined

• The Fulton County Medical Examiner’s Office reported a total of 123 drug-related deaths in 2013. Of the 123 drug-related deaths, 41 were solely attributed to prescription drugs while 25 were noted as due to prescription drugs combined with an illicit drug or alcohol; totaling 53%
Correlation Between Pharmaceuticals Opiates and Heroin

- A majority of interviewed LEA’s indicated an increasing number of pharmaceutical abusers are switching to heroin

- Reasons Pharmaceutical Abusers are switching to Heroin
  
  - **Price**: a single dosage is typically half the price of a single dosage unit

  - **Effects**: pharmaceutical opiates and heroin produce similar highs, but heroin’s high is reportedly more intense and last longer

  - **Availability**: media, public health, legislative and law enforcement attention on pharmaceuticals has impacted the readily available supply of pharmaceuticals through prescriptions.
Correlation Between Pharmaceutical Opiates and Heroin

*CDC information
Heroin Overdoses by Sex

Heroin Overdoses by Age

*CDC: Number of drug-poisoning deaths involving heroin, by selected age groups: United States, 2000-2013*
Heroin Overdoses by Age, Race and Ethnicity

*CDC: Rates for drug-poisoning deaths involving heroin, by selected age, race, and ethnicity groups: United States, 2000-2013*
Pharmaceutical/Heroin Trends - Abuse

Georgia Bureau of Investigation (GBI) Medical Examiner 2013 Drug-related Death Data
Heroin Overview

- Availability – high
- Prices - stable
- In DEA’s Atlanta Division – The Carolinas are seen as base for increasing distribution cells and noted as expanding hubs for distribution – MX DTOS
- Increased number of transportation cells travelling to region – moving heroin from the Southwest Border throughout the eastern U.S.
- Large growth in heroin-involved poly-drug abuse
Increasing Heroin Availability in the U.S.

- Increasing seizures nationwide
- Seizures up 87% over five years
- Average seizure size up 81%
- Mexican DTOs

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Seizure Size (kg)</th>
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<tr>
<td>2009</td>
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<tr>
<td>2012</td>
<td>1.29</td>
</tr>
<tr>
<td>2013</td>
<td>1.56</td>
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Mexican Heroin Prices

- **Average Price Per Kilogram:**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$30,000 - $85,000</td>
<td>$40,000 - $82,000</td>
</tr>
<tr>
<td>2013</td>
<td>$40,000 - $72,000</td>
<td>$52,000 - $70,000</td>
</tr>
<tr>
<td>2014</td>
<td>$52,000 - $70,000</td>
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</tr>
</tbody>
</table>

- **Heroin availability** – high
- **Prices** - stable
Heroin Overdoses

- Heroin starts metabolizing into morphine as soon as it is ingested.
- Medical Examiners are reluctant to note heroin as a cause of death if no paraphernalia is present.
- Cause of death will be listed as heroin, morphine, or opium toxicity.
Heroin Submissions to the GBI Lab

![Graph showing the number of heroin submissions from 2010 to 2014. The number of submissions increased significantly from 2010 to 2014.](image)
Georgia Treatment Data

- 1,195 individuals were admitted to Georgia treatment centers for heroin abuse in 2014, an increase of 30.74% in comparison to 2013

- 69.4% of the admitted individuals were between the ages of 21 and 35

- In 2014, 56.6% of the admitted individuals were Male and 43.4% were Female

- In terms of race, individuals treated for heroin abuse are overwhelmingly Caucasian.
  - In 2014, 81.5% of the admitted individuals were Caucasian

*Data from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Treatment Episode Data Set (TEDS)*
Conclusions

- The abuse of pharmaceutical drugs and heroin use are intertwined. Most overdoses are a mix of heroin with other substances.

- Significant attention needs to be paid to the capability, funding and use of Prescription Drug Monitoring Programs.

- Based on police laboratory submissions, heroin availability is spreading and is presumed to be a leading indicator of overdoses.

- The lack of centralized, standardized and timely data needs to be improved.

- Given lag times due to toxicological analyses the most current data on overdoses should be viewed as preliminary.

- The spread of Fentanyl as an additive in heroin and other drugs is cause for increased alarm.

- Naloxone deployment is a matter of both community response and officer safety.
US 911 Good Samaritan, Naloxone and Syringe Exchange Laws

ROBERT CHILDS, EXECUTIVE DIRECTOR, MPH
NORTH CAROLINA HARM REDUCTION COALITION
North Carolina Harm Reduction Coalition (NCHRC) is North Carolina’s only comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis.
HARM REDUCTION/NALOXONE LEGISLATION IN NORTH CAROLINA

2013
- SB 20
- HB 850

2015
- SB154 (Passed with a unanimous vote, Effective 8/1/2015)
- $50,000 for naloxone in state budget
- HB 712 (Passed House 116-0, Passed Senate 47-0) - On Governor’s Desk
- HB 612 (Did not make Crossover)
ORGANIZING-Users/Sex Workers
- SEP/IDU hangouts
- Pharmacies that serve IDUs
- MATs
- Sex worker venues
- Jails
- Prisons
- Criminal Justice Service Groups

ORGANIZING-LAW ENFORCEMENT/ARMED SERVICES/VETERANS
- Camp Lajeune
- Fort Bragg
- Jacksonville City
- Fayetteville
- VA
- Law enforcement stations
- Naloxone programming
MEDIA WORK

- NCHRC averages 284 major media mentions and features per year
  - Huffington Post
  - Wall Street Journal
  - Alternet
  - FOX, NBC, CBS, ABC, CNN
  - BBC
  - Doctor Drew Show
  - New York Times
  - FDA
  - Daily Beast
NALOXONE

- Non-addictive prescription medication reverses opiate overdose
- Naloxone distribution is associated with up to a 50% drop in OD fatalities

- Administer via intramuscular injection or nasal spray
- Cannot be abused nor cause overdose

- Restores breathing and consciousness
- Onset: One to three minutes
- Duration: 30 to 90 minutes
- NCHRC’s program has 1053 saves
Drug Poisoning Deaths Involving Heroin by County, 2009-2013

U.S. National Age Adjusted Rate: 1.6 Deaths per 100,000 Population

Age-adjusted rate per 100,000 population:
- green: less than 1.0 (24 counties)
- yellow: 1.0 to 1.7 (38 counties)
- orange: 1.8 to 2.7 (61 counties)
- red: greater than 2.7 (124 counties)
- grey: counties with fewer than 20 deaths

Note: Rates for counties with fewer than 20 deaths during the 2009-2013 time period have been suppressed.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death Data on CDC WONDER Online Database, extracted February 6, 2015.
Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by Date

8/1/2013 - 10/1/2015

Source: North Carolina Harm Reduction Coalition, Sept 2015
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by County
8/1/2013 - 10/1/2015

5 reversals in an unknown location in North Carolina and 12 reversals in other states reported to NCHRC.

Source: North Carolina Harm Reduction Coalition, Oct. 2015
Analysis: Injury Epidemiology and Surveillance Unit
US 911 Good Samaritan, Naloxone and SEP Laws
Good Samaritan Laws

34 states have Good Sam (2 of these have affirmative defense only)

Affirmative Defense: Defendant can defeat or mitigate the legal consequences of unlawful conduct

States without Good Sam
Arizona, Iowa, Kansas, Maine, Michigan, Montana, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, Wyoming
Good Sam laws vary ......

- **Immunity: Paraphernalia**
  - Arrest, Charge, Prosecution

- **Immunity: Controlled Substance Possession**
  - Arrest, Charge, Prosecution

- **Immunity: Other Violations**
  - Protective/Restraining Order, Pretrial, Probation or Parole Conditions,

- **Other Protections**
  - Reporting, Mitigating Factor, Civil Forfeiture
Naloxone Access laws

42 of 50 states have naloxone access laws

States without naloxone access: Alaska, Arizona, Hawaiii, Iowa, Kansas, Montana, South Dakota, Wyoming
Naloxone Access also varies

- **Immunity: Dispensers**
  - Civil, Criminal, Disciplinary

- **Immunity: Lay Administrators**
  - Civil, Criminal

- **Immunity: Prescribers**
  - Civil, Criminal, Disciplinary

- **Prescribing Permitted?**
  - 3rd Party or Standing Order

- **Distribution:**
  - Lay Distribution or Possession with Prescription
States with Syringe Exchange

22 states plus District of Columbia authorize syringe exchange either explicitly or by removing legal barriers

28 states with syringe distribution (removed or limited barriers in purchasing syringes)

Important parts of effective laws

► What protection, if any, does the law provide...
  ► from controlled substance possession laws?
  ► from alcohol-related crime laws?
  ► from drug paraphernalia laws?
  ► from probation or parole violations?

► Is reporting an overdose considered a mitigating factor in sentencing?

Stakeholders

- Conservatives and Liberals
- Law Enforcement
- EMT
- Powerful allies in state legislature to introduce bills
- Medical community
- User community
- Friends/family members of the user community
Next Steps after Passage of Good Sam or Naloxone Access laws?

- Spread the word!
- Educate and train law enforcement departments
- Distribute naloxone (MAT clinics, IDU hangouts, SEPs, law enforcement, family/friends, residential treatment facilities, etc.)
- Evaluate effectiveness of Good Sam law
  - Conduct surveys/focus groups to understand effectiveness of Good Sam and if changes need to be made to make people feel safer to call 911
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Heroin in the Commonwealth

Representative John Tilley
House Judiciary Committee, Chair
Kentucky General Assembly
Kentucky Heroin Overdose Deaths

2014: 233
2013: 230
2012: 143
2011: 22

Drug overdose is the leading cause of accidental death in the state
Most Detected Substances in Kentucky Overdose Autopsies (2014)

1. Morphine*
2. Cannabinoids (i.e. Marijuana)
3. 6-Monacetylmorphine*
4. Ethanol (i.e. Alcohol)
5. Alprazolam (i.e. Xanax®)
6. Codeine
7. Hydromorphone (i.e. Dilaudid®)
8. Oxycodone (i.e. OxyContin®)
9. 7-Aminoclonazepam (i.e. Klonopin® metabolite)
10. A-OH-Alprazolam (i.e. Xanax® metabolite)

*Both are metabolites of Heroin (Diacetylmorphine)
Heroin, Disease, & Cost

- From 2000 to 2012, there was a 1,556% increase in Kentucky patients co-diagnosed with opioid dependence and viral hepatitis.

- Of heroin-related hospitalizations in 2012, 17% of these (or 1,653) were associated with $37 million in charges.

- In 2014, 16,000 Medicaid patients were diagnosed with Hepatitis C – a 100% increase from 2013.

- In 2014, Kentucky Medicaid spent $50 million, or 7% of its total budget, on providing two new Hepatitis C drugs to just 861 residents.
Neonatal Abstinence Syndrome in Kentucky

- In 2012, there were 824 reported cases of NAS in Kentucky – an **increase of 2,843%** since 2000

- Of the $40 million total NAS expenses in Kentucky in 2012, Medicaid was billed **$35 million**
Heroin Cost to Medicaid

In 2012, overall costs billed to Medicaid for Kentucky resident opioid-related hospitalizations was $55 million.
Improperly Discarded Syringes

Discarded Needles

If you come across discarded needles, whether they have a syringe on them or not, do not pick them up. Write down the location (i.e., mile point, east/westbound, north/southbound, county) and give that information to the Superintendent at the County Maintenance Garage.

There is no way of knowing what might be on those needles or in the syringes. DO NOT touch or attempt to pick up. We do not want anyone to be stuck with a needle.

Don’t let this happen to you!

BE SAFE! Follow these steps.

Step 1: DO NOT TOUCH!

Step 2: Write down location
(County, Route Number, Mile Point, Direction)

Step 3: Write down how many you found

Step 4: Inform Superintendent at County Maintenance Garage

What to look for as you clean your roadways
Syringes Encountered by KYTC Employees
Senate Bill 192

- Culmination of a truly bipartisan effort which spanned multiple sessions
- Three-pronged approach: prevention, treatment, and targeting of traffickers
- Designed to protect public health and safety
Justice Reinvestment Savings

SB 192 allocated **50% of savings** achieved under HB 463 to:

- Substance abuse treatment programs in county jails and community mental health centers
- Fund grants for Neonatal Abstinence Syndrome
- Funding for traditional drug abuse prevention
- Medically assisted treatment in state prisons
- Department of Public Advocacy’s alternative sentence social worker program
- Prosecutors Advisory Council for rocket docket initiative

The General Assembly included an emergency **$10 million appropriation** to immediately fund these programs
Naloxone Access

• Allows any person or agency to receive, possess, and administer naloxone

• Allows pharmacists to dispense naloxone **without** an individual prescription pursuant to a physician-approved protocol

• Allows school employees to store and administer naloxone with school board approval
Good Samaritan Protection

• Persons who, in good faith, report a drug overdose to authorities, stay with the victim, and follow emergency dispatch instructions receive **criminal immunity** against drug possession and paraphernalia charges.
• Applies to the victim as well.
• **Does not apply** during the execution of a warrant.
• Police officers are granted **civil liability protection** for wrongful arrests of those protected under Good Samaritan laws.
Suspects are granted immunity if, when questioned by an officer prior to search, the suspect alerts the officer to the presence of a syringe or other sharp object.

Immunity is limited to the declared drug paraphernalia.

The syringe exchange exemption empowers local health departments to operate syringe exchanges as part of substance abuse treatment outreach programs with the permission of local government.
Heroin Trafficking

• Those convicted of trafficking 2 or more grams of heroin must serve **at least 50% of their sentence** before probation or parole eligibility

• New “stackable” offense for those importing heroin into Kentucky with the intent of trafficking it—**5-10 year sentence with 50% time served requirement**

• New offense of **aggravated trafficking** in a controlled substance in the first degree for those trafficking 100 or more grams of heroin—**10-20 year sentence with 50% time served requirement**
Fentanyl and Acetylfentanyl

- Fentanyl and Acetylfentanyl are synthetic opioids which are more potent than heroin.
- Fentanyl, a Schedule II controlled substance being sold as heroin, has been blamed for a sudden spike in overdose deaths.
- Strengthened coverage of Fentanyl in the Commonwealth's controlled substances trafficking law.
- Acetylfentanyl was designated a Schedule I controlled substance.
Neonatal Abstinence Syndrome Provisions

- Pregnant women have **priority access** to state-funded drug treatment programs, and these facilities are **barred from discriminating** against them if appropriate care is available.

- **Safe Harbor** from the termination of parental rights by the Cabinet for Health & Family Services (CHFS) under certain conditions.
Safe Harbor

- CHFS cannot petition for the termination of parental rights solely because of the use of a controlled substance during pregnancy if the pregnant woman enrolls and maintains compliance with both a substance abuse treatment program and neonatal care regimen for the duration of the pregnancy.

- After the successful completion of a substance abuse treatment program, CHFS cannot use any previous cabinet record of substance abuse against the mother in subsequent actions.
Louisville Syringe Exchange Program

Since 06/06/2015, the Louisville Metro Department of Health’s syringe exchange program has:

• Seen **822** clients
• Collected and properly disposed **24,364 used syringes**
• Provided Hepatitis C testing to **36 clients** and HIV testing to **103 clients**
• Referred **55 clients** to drug treatment programs
Lexington-Fayette County Syringe Exchange Results

Since 09/04/2015, the LFC Health Department's syringe exchange program has:

- Seen **46 clients**
- Collected and properly disposed of **1,211 used syringes**
Questions?

Please submit them in the question box of the GoToWebinar taskbar.