

# The Opioid Epidemic – Broad Strategies and Local Impacts

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

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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.

the WHITE HOUSE PRESIDENT DONALD J. TRUMP

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- Council on Environmental Quality
- Office of Management and Budget
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## High Intensity Drug Trafficking Areas (HIDTA) Program

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States.

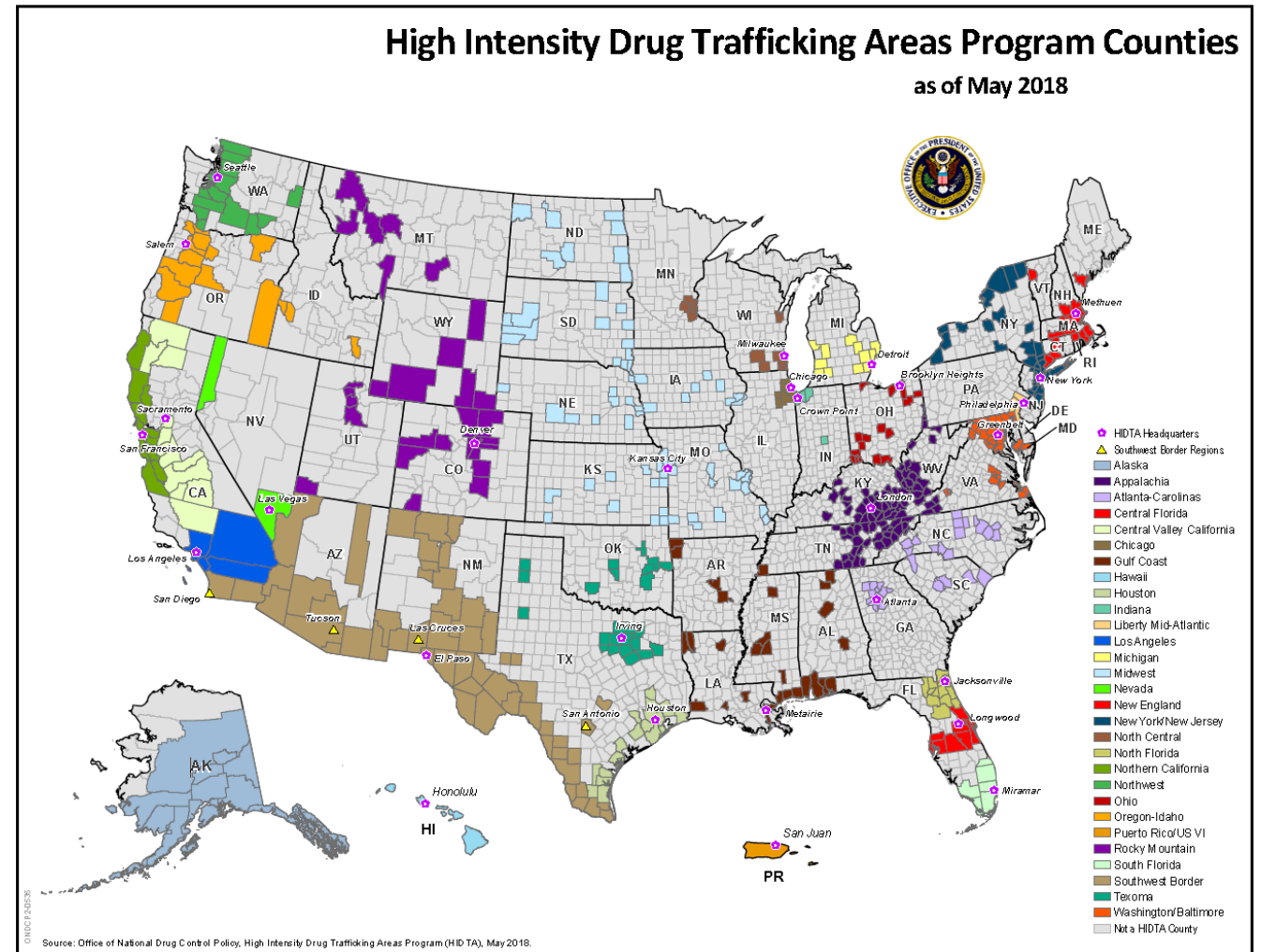
The purpose of the program is to reduce drug trafficking and production in the United States by:

- Facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- Enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- Providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and
- Supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

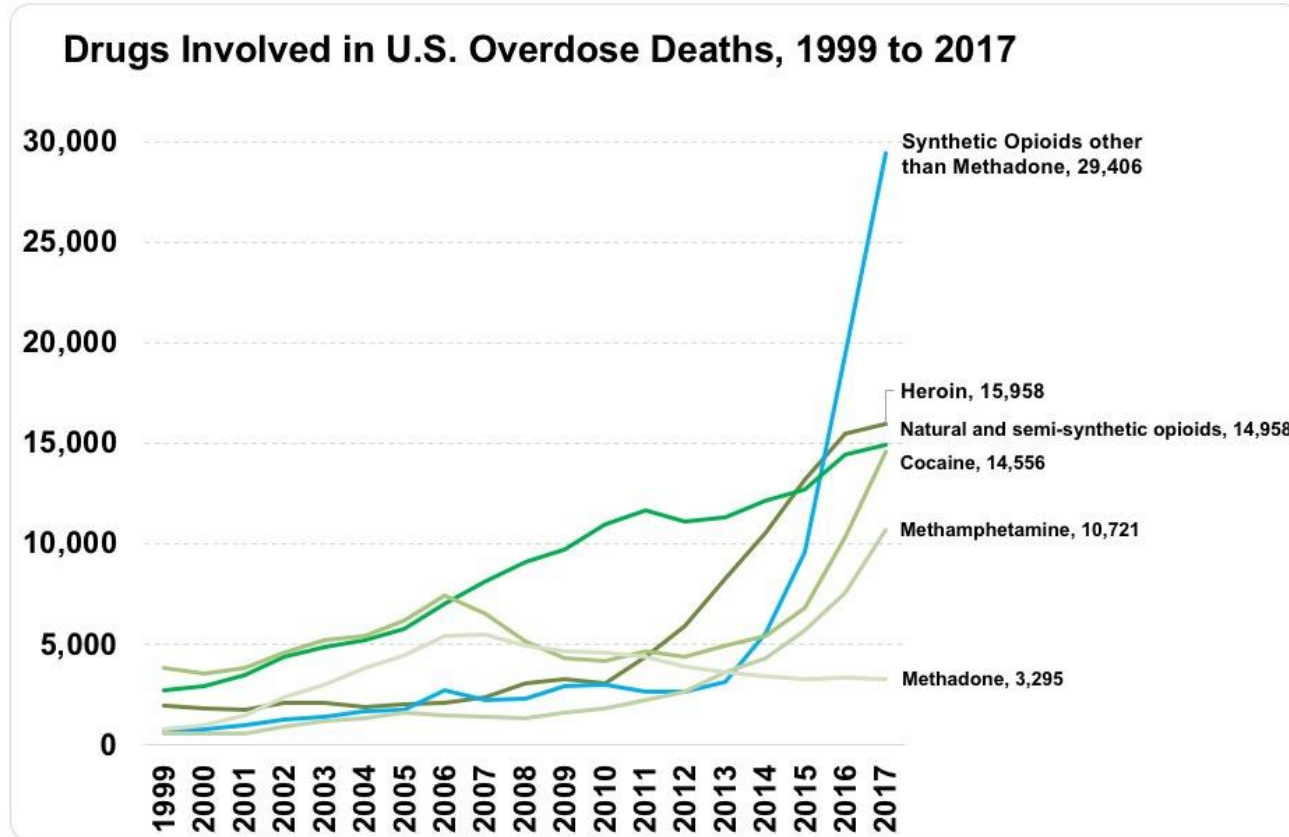


# HIDTA Goals

1. Disrupt and Dismantle Drug Trafficking Organizations and Money Laundering Organizations
2. Improve the efficiency and effectiveness of HIDTA initiatives



# US Overdose Deaths



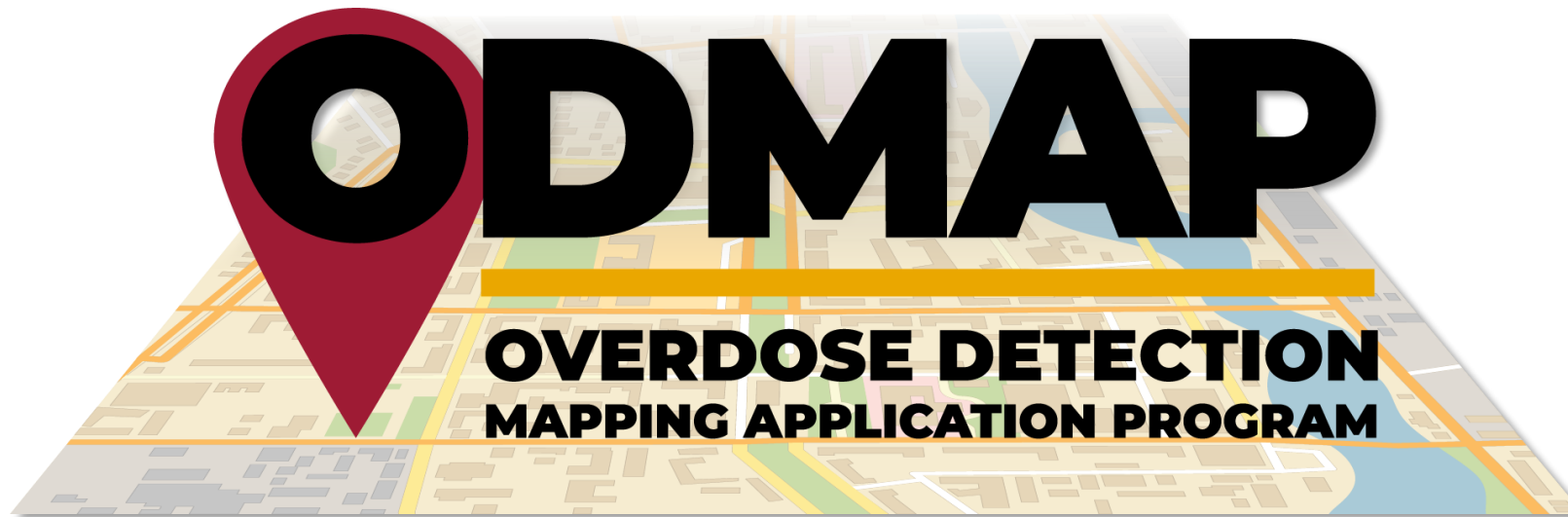
- Over 72,000 overdose deaths in 2017
- Surpassed Peak Gun, HIV, and car crash deaths
- Leading cause of death for individuals under 50

# Overdose deaths in the W/B HIDTA region

Heroin-related fatal overdoses, 2012-2017								
State	2012	2013	2014	2015	2016	2017	2018*	% Increase 2012-2018
Maryland	392	464	578	748	1212	1078	822	110%
Virginia	135	213	241	342	448	558	555	311%
West Virginia	67	157	165	201	250	249		272%
Fentanyl-related fatal overdoses, 2012-2017								
State	2012	2013	2014	2015	2016	2017	2018*	% Increase 2012-2018
Maryland	29	58	186	340	1119	1596	1866	6334%
Virginia	50	102	134	225	624	770	813	1526%
West Virginia	32	40	55	180	354	545		1440%

# 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](http://www.odmap.org)



# ODMAP – Data Reporting

ODMAP Home Contact Overdoses - Manage - Account ⚙

Use An Address

Address (include State, City & Zipcode)

Ex: 123 Anyroad, Anyplace, CA 12345

Use Coordinates

Latitude Longitude

Ex: 35.048230 Ex: 176.0985405

### CASE INFORMATION

Case Number	Age	Gender	Primary Suspected Drug
<input type="text"/>	<input type="text"/>	Select	Select
Victim Was Taken to the Hospital	Additional Suspected Drug		
Select	Alcohol Benzodiazepine Cocaine Crack Fentanyl		
Part of Multiple Overdose Victim Incident			
Select			

### NON-FATAL OVERDOSES

Naloxone Administration Unknown	Naloxone Not Administered
Single Dose (2mg IN or 0.4mg IV) Naloxone Administered	Multiple Doses (>2mg IN or >0.4mg IV) Naloxone Administered

### FATAL OVERDOSES

Naloxone Administration Unknown	Naloxone Not Administered
Single Dose (2mg IN or 0.4mg IV) Naloxone Administered	Multiple Doses (>2mg IN or >0.4mg IV) Naloxone Administered





# ODFORM

### OFFICER INFORMATION

<b>First Name</b> Aliese	<b>Last Name</b> Alter	<b>Badge Number</b> Ex: 5466
<b>Email</b> aalter@wb.hidta.org	<b>Phone</b> 301-489-1754	<b>Agency</b> W/B HIDTA

### CASE INFORMATION

<b>Police Department</b> Select	<b>Case Number</b> 181102198	<b>Disposition</b> Select	<b>Date of Report</b> 11/05/2018
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**Notes/Comments**  
Enter your case notes here

### INCIDENT INFORMATION

<b>Type of Overdose</b> <input checked="" type="radio"/> Fatal <input type="radio"/> Non-Fatal	<b>Date of Overdose</b> 11/02/2018	<b>Time of Overdose</b> 10:58 <input checked="" type="radio"/> AM <input type="radio"/> PM
---	---------------------------------------	---

Please enter EITHER a Street Address or Lat/Long Coordinates

Use An Address

<b>Incident Address</b> Ex: 123 Anyroad, Anyplace, AS 12345	<b>Apartment #</b>
--	--------------------

Use Coordinates

<b>Latitude</b> 38.9986961	<b>Longitude</b> -76.8994038
-------------------------------	---------------------------------

**Type of Address**  
 Business  Residential  Motor Vehicle  Other

**Was There/Were There...**  
 Drug Packaging Present  Drugs Seized  Drug Paraphernalia Seized

### VICTIM INFORMATION

<b>First Name</b> John	<b>Last Name</b> Doe	
<b>DOB</b> MM/DD/YYYY	<b>Gender</b> Male	<b>Race</b> Select
<b>Phone 1</b> 555-555-5555	<b>Phone 2</b> 555-555-5555	

Seized  Uploaded to CAP  Sent to DICE/DARTS

Naloxone Administered  Refused Treatment On Scene  
 History of Prior Overdoses  Referred to Treatment  
 Treatment Resources Information Provided

<b>Previously Administered Naloxone</b> Select	<b>Number of Times</b> 0
---	-----------------------------

**Victim Address**  
Ex: 123 Anyroad, Anyplace, AS 12345

**Apartment #**  
23B

Check To Use Incident Address

### DETAILS OF NALOXONE ADMINISTRATION

**Doses Administered:**

<b>Law Enforcement</b> 0	<b>Fire Department</b> 0	<b>Emergency Medical Service</b> 0	<b>Other</b> 0
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**Did Naloxone Work**  
Select

**Time to Work**  
Select

**Taken to Hospital**  
Yes

**Hospital Name**

### SUSPECT INFORMATION

<b>First Name</b>	<b>Last Name</b> Vader	
<b>DOB</b> //	<b>Gender</b> Select	<b>Moniker</b> Jimmy 'The Nose' McCee <input type="button" value="Add"/>
<b>Phone 1</b> 555-555-5555	<b>Phone 2</b> 555-555-5555	

Seized  Uploaded to CAP  Sent to DICE/DARTS

Seized  Uploaded to CAP  Sent to DICE/DARTS



# Deconfliction

### WITNESS INFORMATION

**First Name**  **Last Name**  **DOB**  **Gender**

**Phone 1**  **Phone 2**

Uploaded to CAP  Uploaded to CAP

**Witness Address**  **Apartment #**

Check To Use Incident Address

### PRIMARY DRUG INFORMATION

**Primary Drug**  **Other Drug Name**  **Drug Form**

**Pill Brand**

**Packaging Type**  **Packaging Color**  **Parcel Tracking #**

**Stamp Description**  **Stamp Text**  **Stamp Color**  **Stamp Image**  No file chosen

**Doctor First Name**  **Doctor Last Name**

### SECONDARY DRUG INFORMATION

**Secondary Drug**  **Other Drug Name**  **Drug Form**

**Pill Brand**

**Packaging Type**  **Packaging Color**  **Parcel Tracking #**

**Stamp Description**  **Stamp Text**  **Stamp Color**  **Stamp Image**  No file chosen

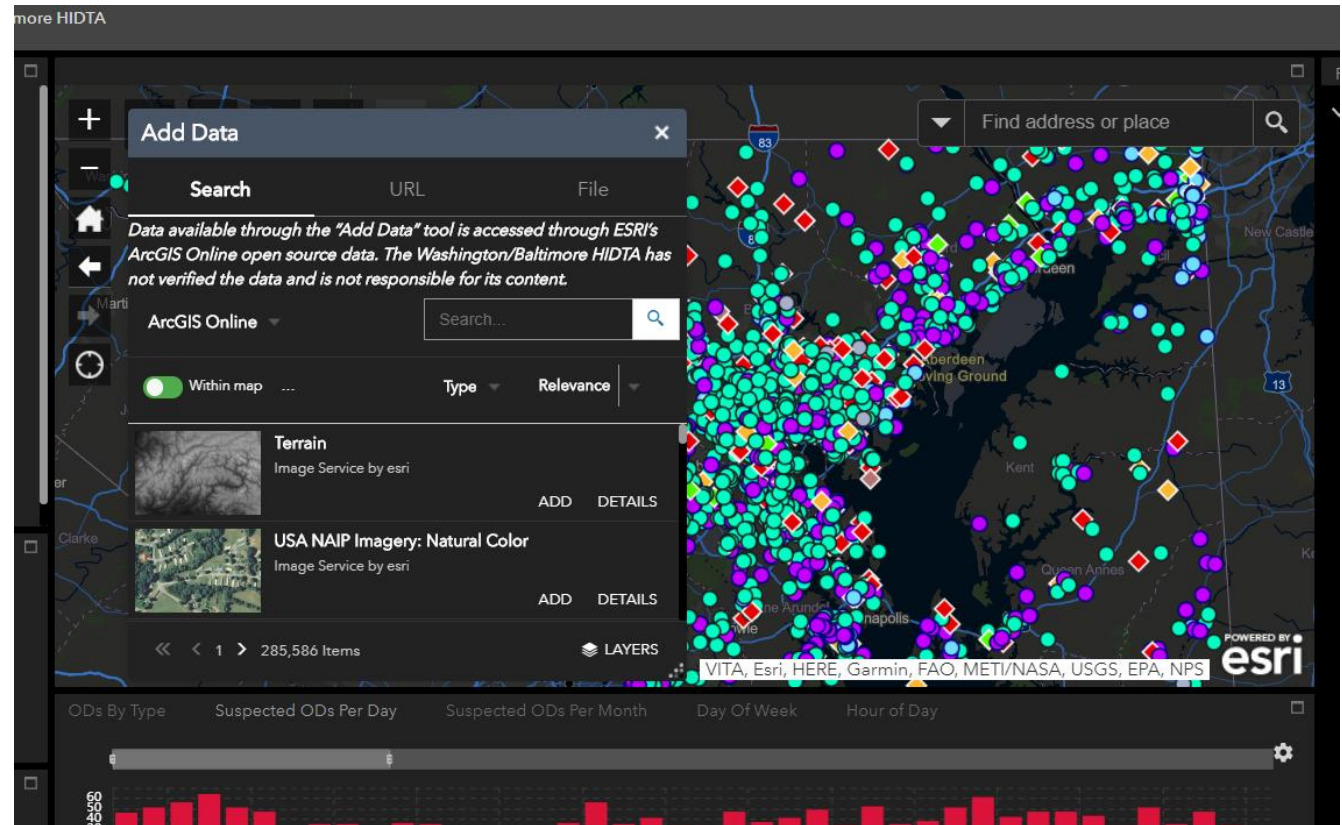
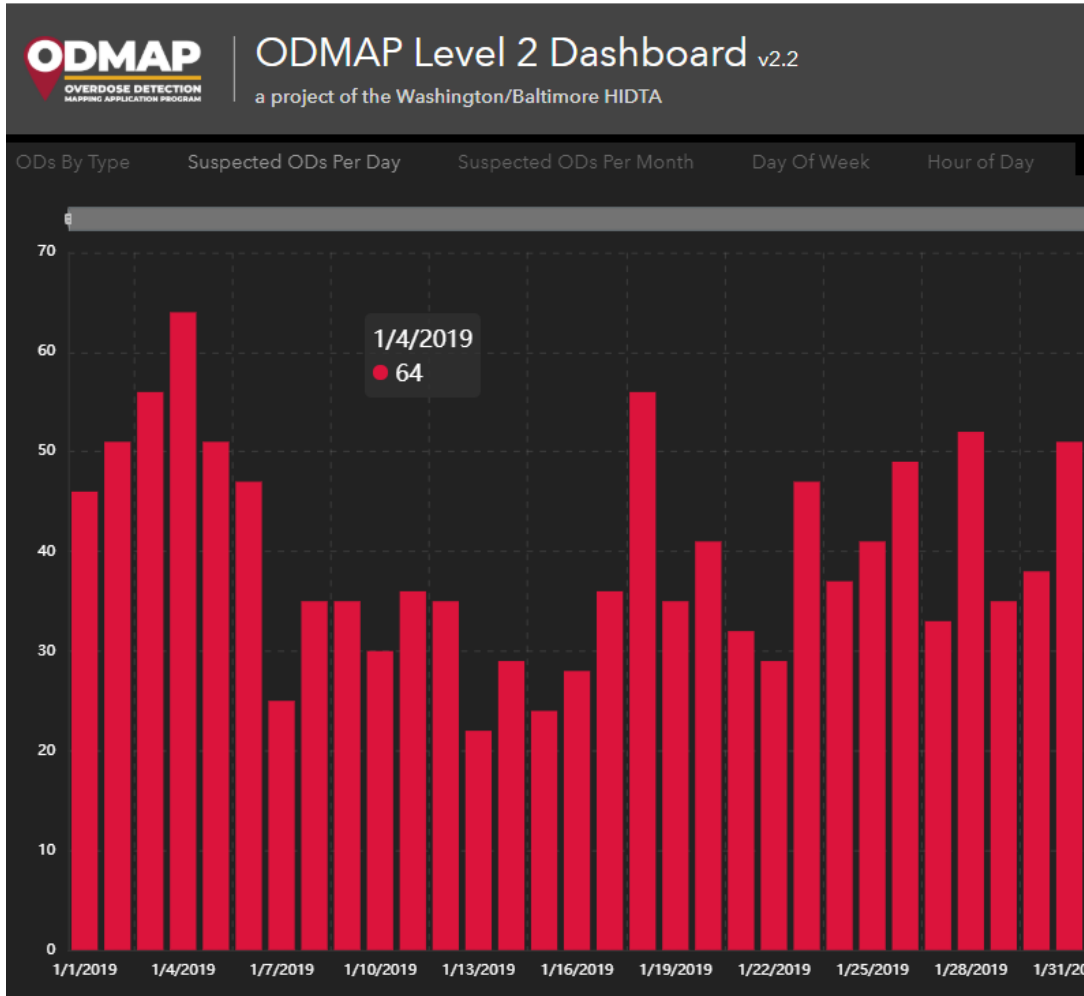
**Doctor First Name**  **Doctor Last Name**



# 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)

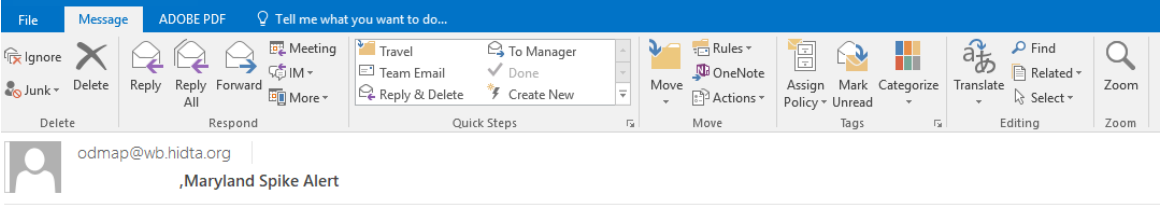
# Analytics



# Spike Alert System

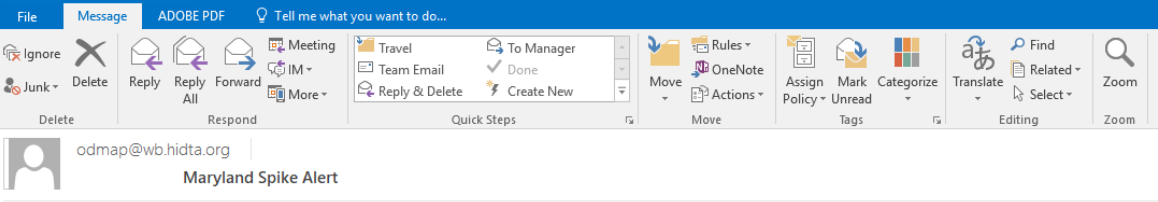
- ODMAP is designed to alert users when an overdose spike occurs in real time
- Users can receive a spike alert within their jurisdiction or surrounding jurisdictions
- It is intended to give the public safety and public health community real time alerts to mobilize a response strategy
- W/B HIDTA created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

# Spike Alert Notification



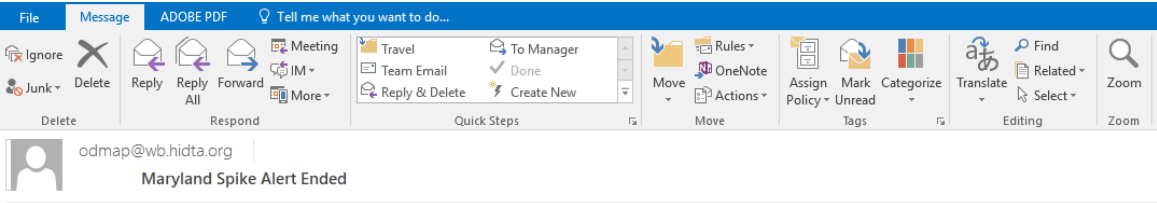
Spike Alert Triggered

.,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 8 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

# Law Enforcement Success Story



Office of the Attorney General  
Washington, D. C. 20530

November 29, 2017

MEMORANDUM FOR ALL UNITED STATES ATTORNEYS

FROM: THE ATTORNEY GENERAL

SUBJECT: Designation of Opioid Coordinators

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.





# Law Enforcement Success Story



## Baltimore man linked to 27 overdoses pleads guilty to heroin distribution conspiracy



By **Christina Tkacik** · Contact Reporter  
The Baltimore Sun

JULY 19, 2018, 4:40 PM

**A** Baltimore man linked to nine fatal drug overdoses pleaded guilty Wednesday to a heroin distribution conspiracy, according to federal officials.

**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.

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# Grant Announcement – Feb. 2019

- 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 Area (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)**

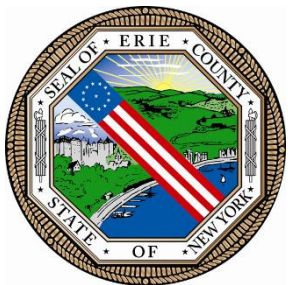
Activities: applicants may select activities that establish partnerships with Public Safety	Recommended Sub-activities: below CDC has listed some recommended sub-activities applicants can select to meet this category goal. These sub-activities are not required; applicants can choose from the recommended activities or applicants can propose sub-activities that are not listed below – please provide detail on how these actions support the strategy.
Data Sharing	Syndromic or sentinel data systems that utilize data from different government agencies to locate emerging hot-spots or drug threats. (For example, RxStat model). <b>Implement High Intensity Drug Trafficking Area’s (HIDTA) Overdose Detection Mapping Application (ODMAP).</b> 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.
Programmatic	Pre-arrest or pre-trial diversion, which use interactions with public



# Contact Information

- **Jeff Beeson**  
Deputy Director  
[jbeeson@wb.hidta.org](mailto:jbeeson@wb.hidta.org)

# Erie County New York Peer and First Responder Response After Overdose Utilizing ODMAP





**Erie County  
Department of  
Health**

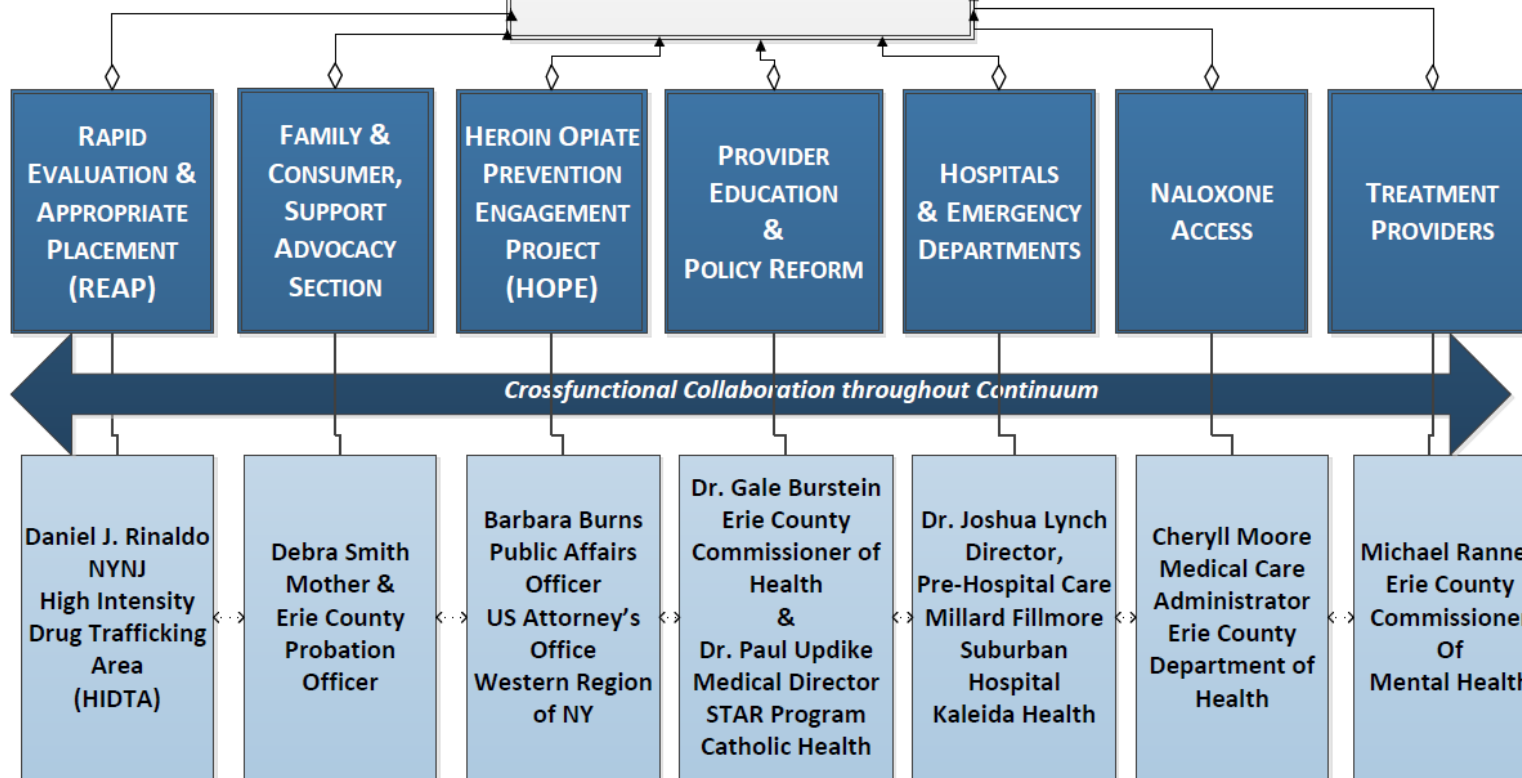


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**Erie County  
Opiate Epidemic  
Task Force**

Revised 2/15/2017



Erie County  
Opiate Epidemic Task Force:  
Family & Consumer Support  
and Advocacy Section



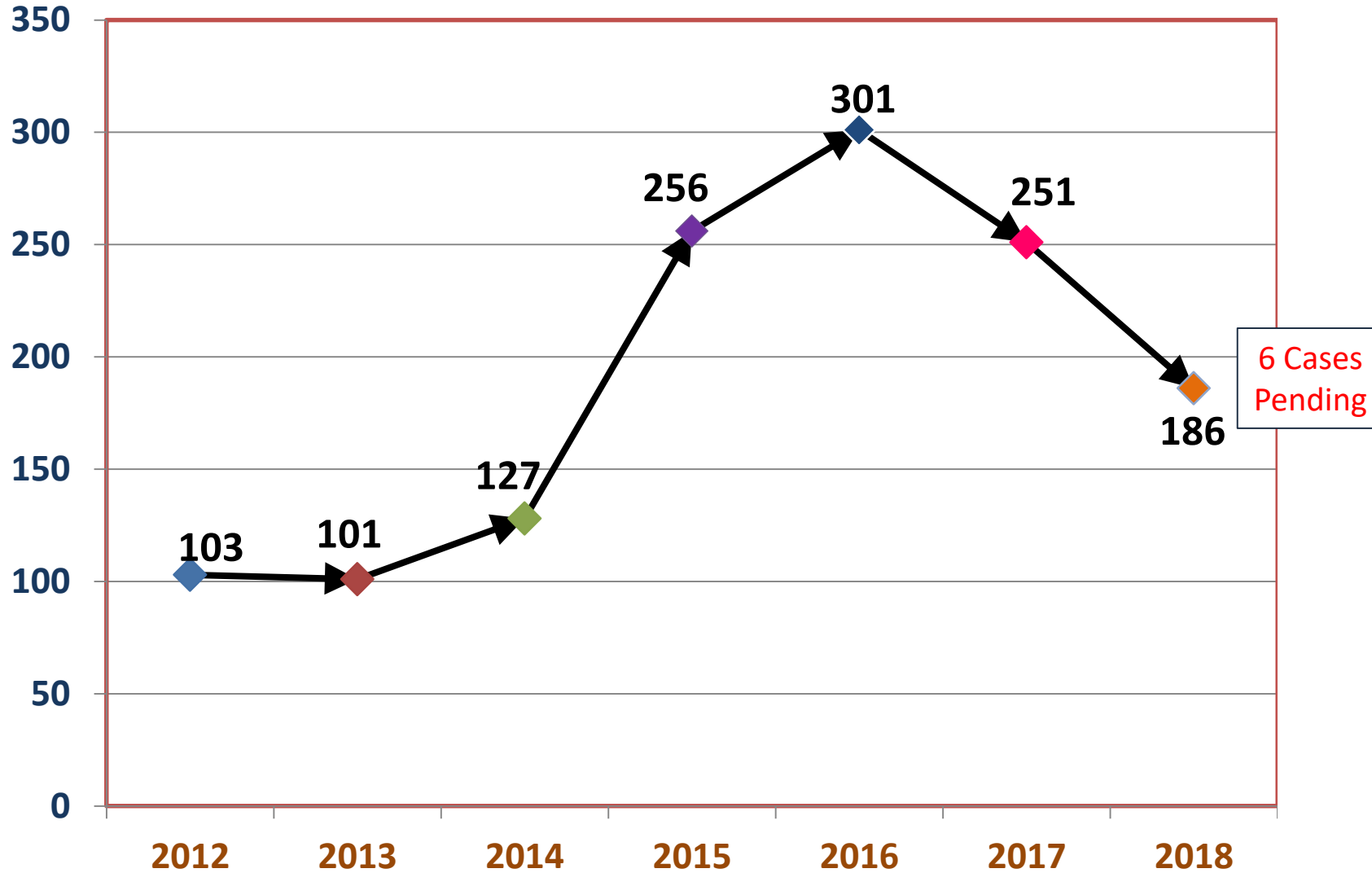
Catholic Health

Kaleida Health



**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.

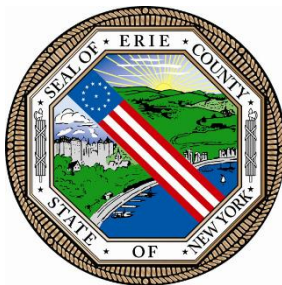
# 2012 – 2018 OPIOID RELATED DEATHS ERIE COUNTY



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.

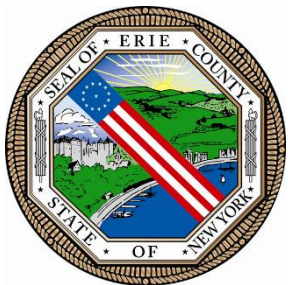


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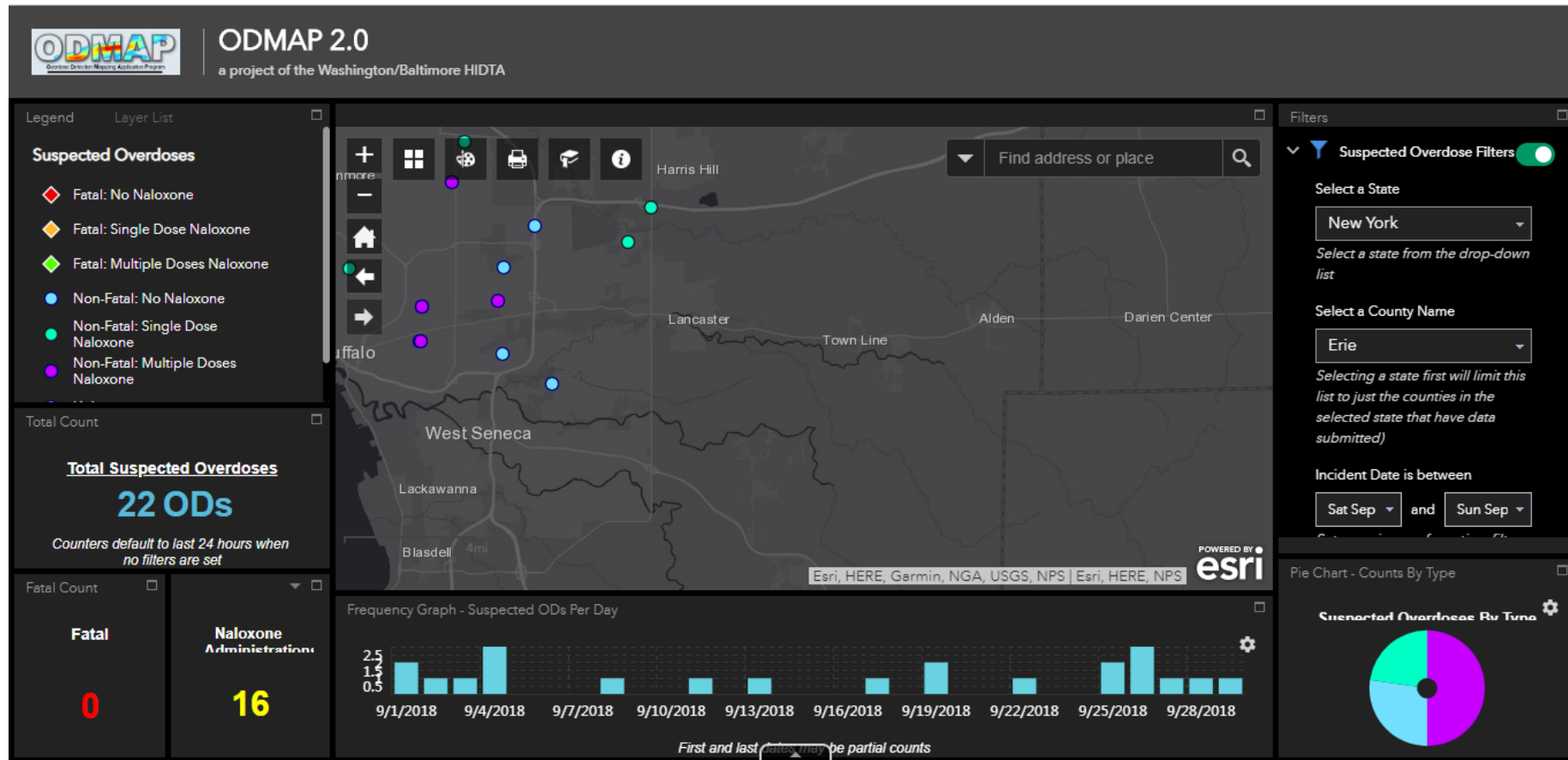
# Steps to development (3):

- ❑ 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.



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# 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).



## Cheektowaga Police Department

3223 Union Road Cheektowaga, New York 14227  
Phone (716) 686-3500 Fax (716) 686-3935

David J. Zack, Chief of Police

### 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: 716-858-7690  
Contact Person: Cheryll 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

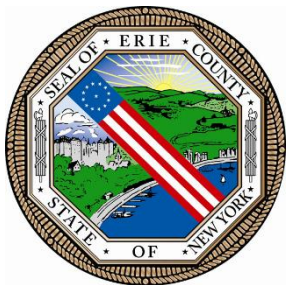
Authorizing Officers: Lt. Patrick Chludzinski

Date: May 14, 2019

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

# Outcomes:

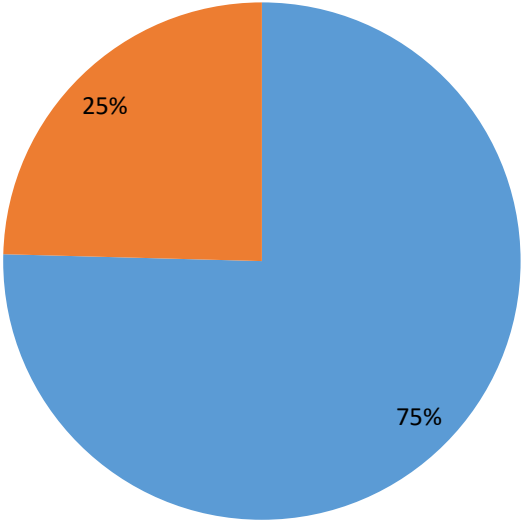
- ❑ Outcomes are from pilot implementation in multiple local police departments, with strong internal leadership and support for the project.
- ❑ 103 clients interacted with
- ❑ 8 local police departments currently participating in referral project (1/3 of Erie County police departments)



# Where are we today?

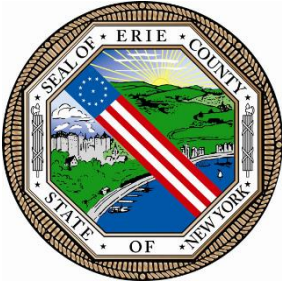
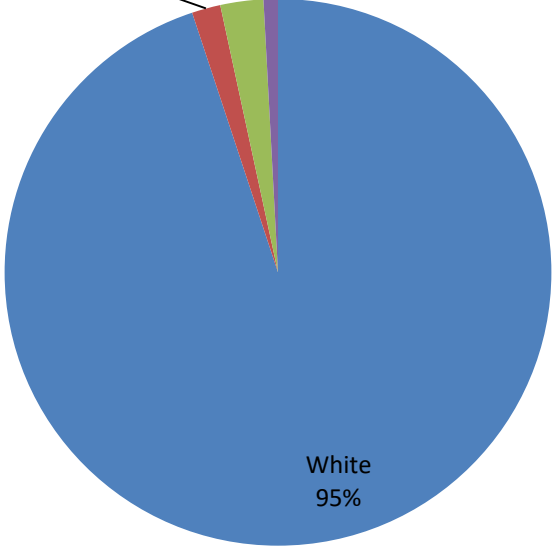
Client Gender

Male Female



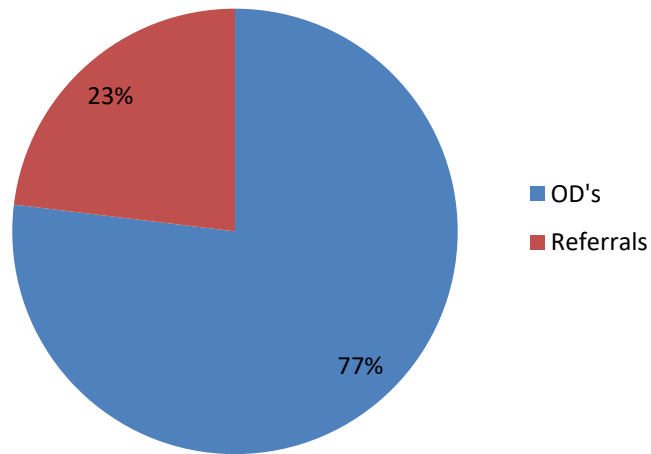
Client Race

Black 2% Hispanic 2% Other 1%

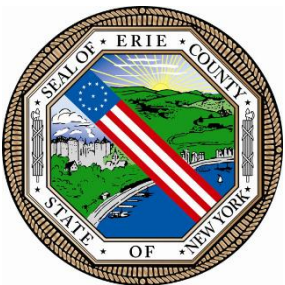


# Unexpected Results:

Client Source

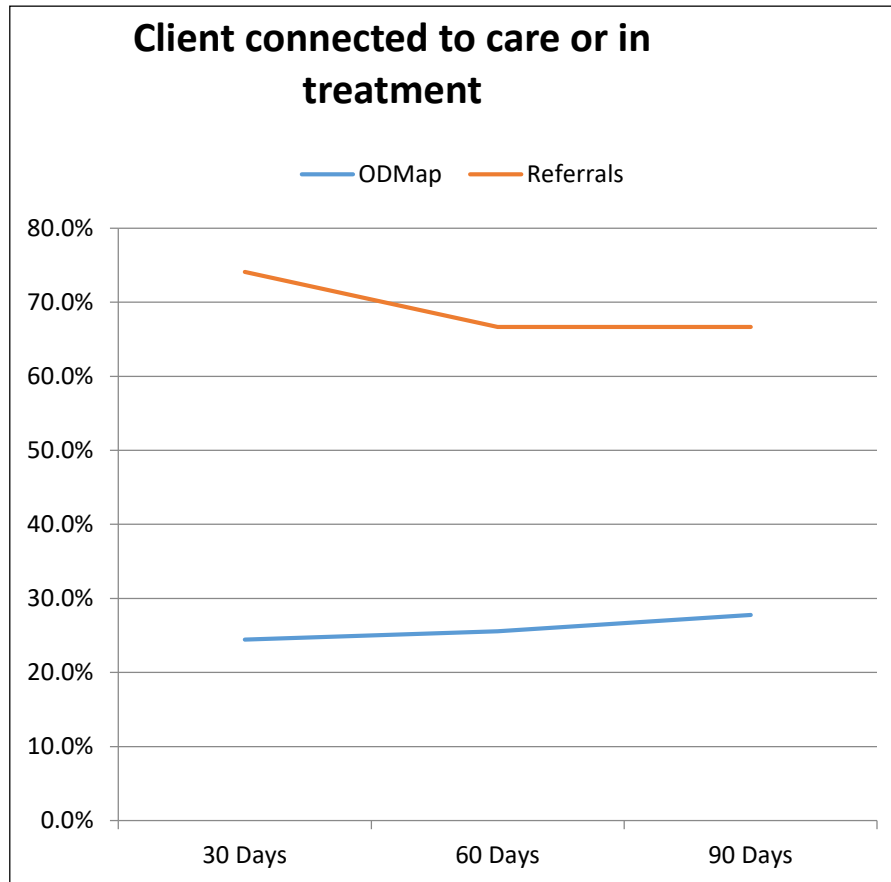


- 3 months into program:  
Overdoses decrease significantly in Town of Cheektowaga
- Police initiated direct referral process at time of slowing number of overdoses
- Officers referred individuals known to them as potentially struggling with the disease of substance use disorder for linkages to medication-assisted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



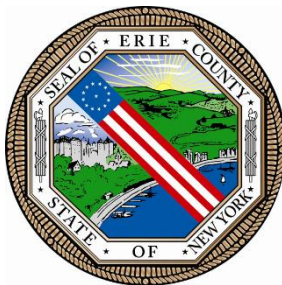
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# So what happened?



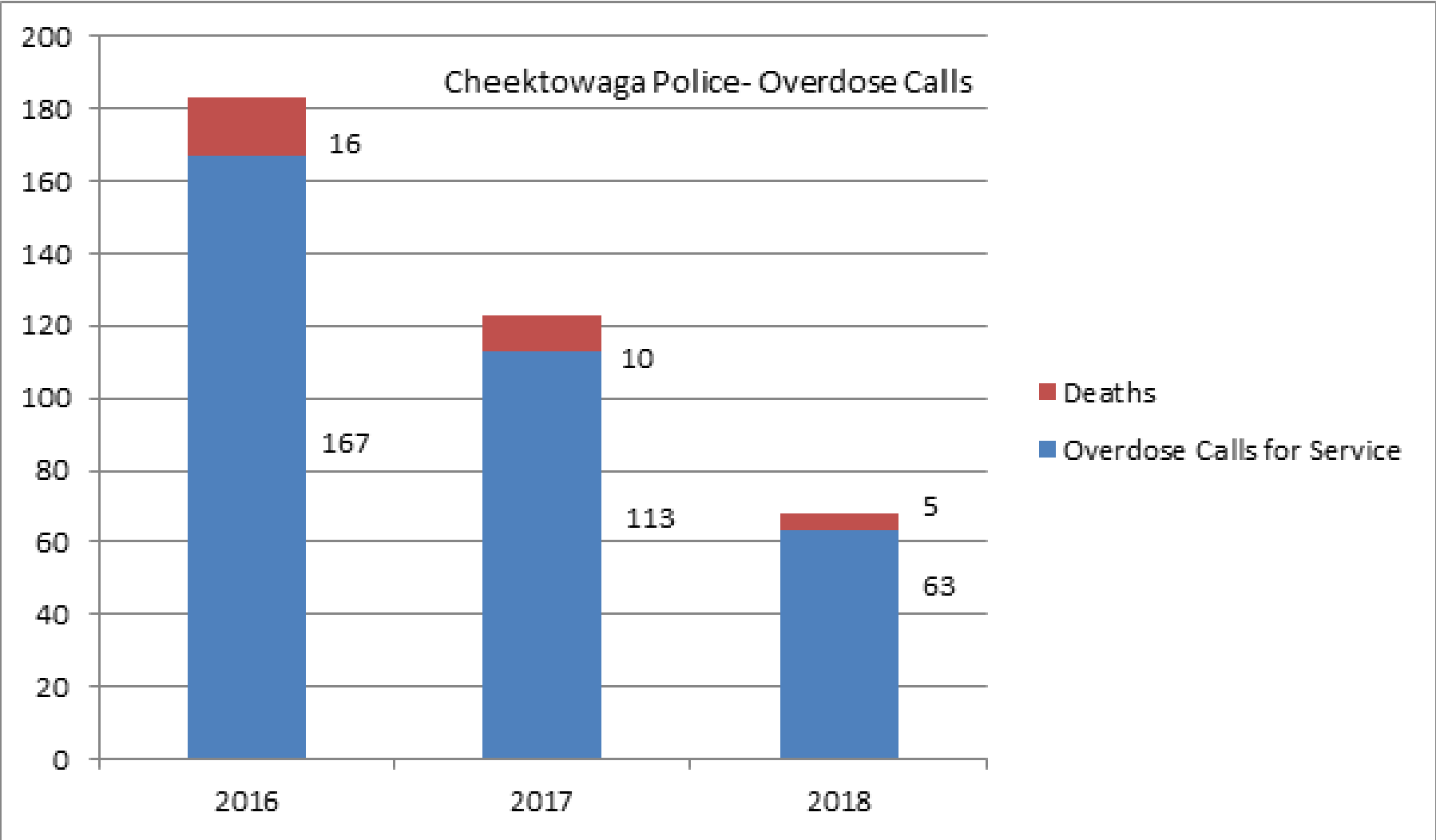
**Two definite categories of clients with defined success rates of initiated and continued connection to care:**

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.



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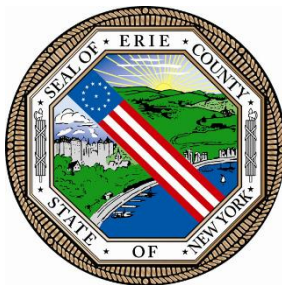
# Exciting Results!





# 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.



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# 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

Cheryll Moore  
716-858-7695  
[Cheryll.moore@erie.gov](mailto:Cheryll.moore@erie.gov)