



Responding to Law Enforcement Efforts to Disrupt the Drug Market

January 11, 2023

This project was supported by Grant No. 2019-AR-BX-K061 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Research Background

iatrogenic effects from law enforcement efforts to disrupt drug markets

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RTI International



an iatrogenic study **DRUG SEIZURES & OVERDOSE**



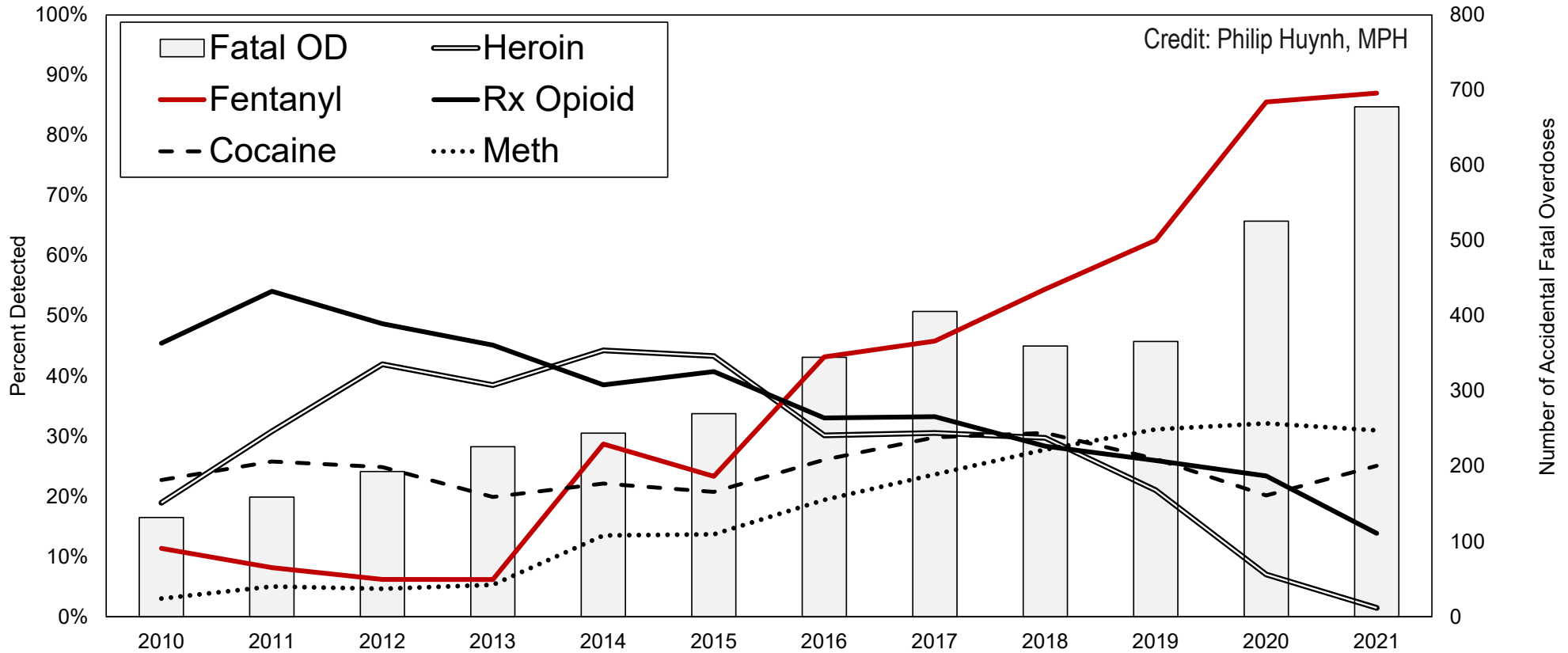
Do law enforcement drug market disruption of specific substances – methamphetamine, cocaine, heroin, fentanyl, or other opioids – increase fatal or nonfatal overdose events in the surrounding area and where are the opportunities to intervene and mitigate these harms?

Examining the iatrogenic effect of law enforcement disruptions to the illicit drug market on overdose in the surrounding community. Funding from Centers for Disease Control and Prevention (R01CE003362)

Research Team: Brad Ray (MPI), RTI International; Grant Victor (MPI), Rutgers University; Erin Comartin (MPI), Wayne State University; Jennifer Carroll (Co-I), North Carolina State University; Brandon del Pozo (Co-I), Brown University; George Mohler (Co-I), IUPUI; Steven Korzeniewski (Co-I) Wayne State University; Bethany Hedden (Project Manager) and Philip Huynh (Data Manager)



Overdose Trends in Marion County, IN 2010-2021



Naloxone Training with Law Enforcement (April 2014)

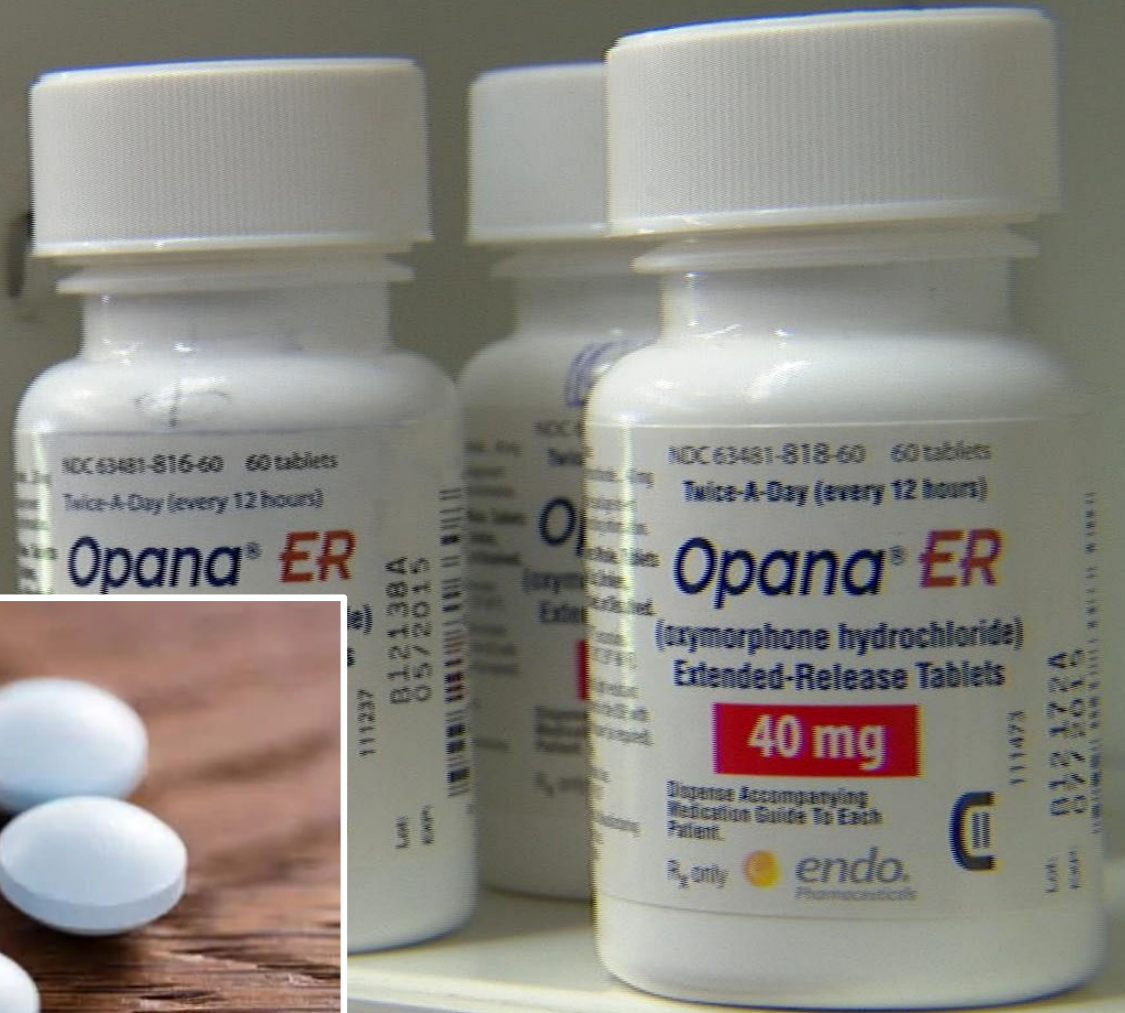
Summary of Findings:

Officers have positive attitudes regarding naloxone training (Ray, et al., 2015)

Officers can effectively administer naloxone (Fisher, et al., 2016)

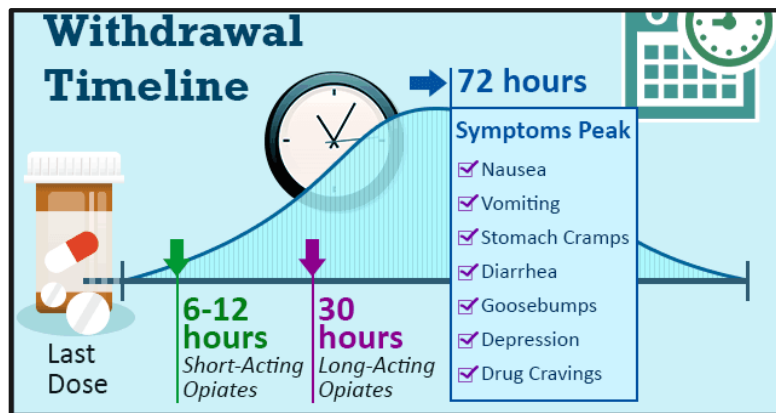
Arrest is more likely when officers administer naloxone (Lowder, et al., 2020)





Law Enforcement Drug Seizures and Overdose

- Rapidly develop and lose tolerance for opioids
- New opioid supply can increase the risk of overdose

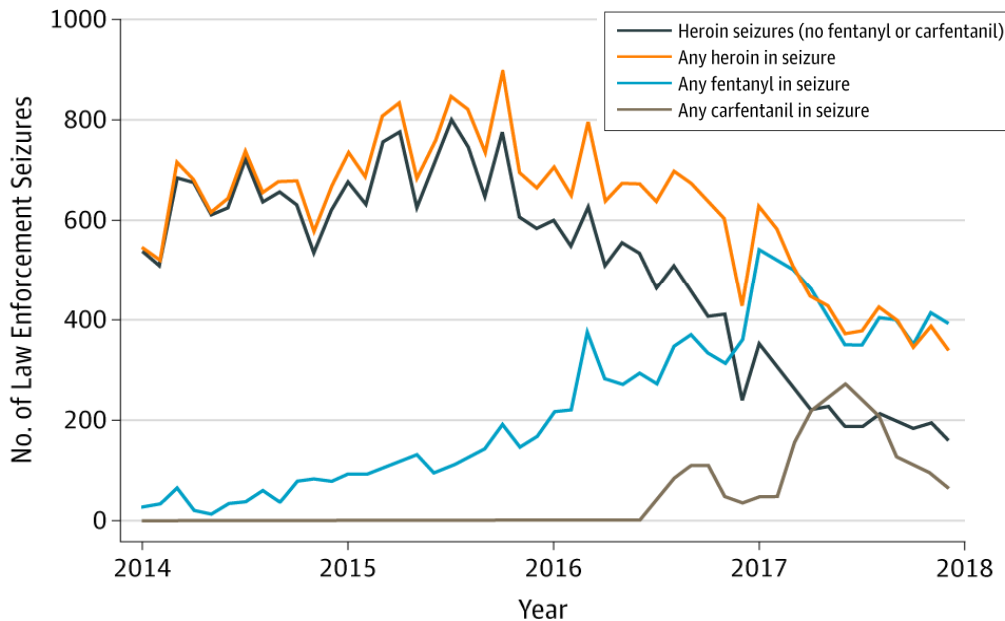


“People who use drugs consequently may be forced to obtain heroin from people they do not know and, according to our participants, **purchasing from an unknown source more frequently results in a fentanyl-induced overdose**. Similar patterns have been observed in Manchester NH, where first responders have **informally reported localized spikes in overdoses immediately following law enforcement interdiction in the local drug market** (Chris Hickey, Manchester Fire Department EMS Officer, personal communication).” (Rhodes, et al., 2019)

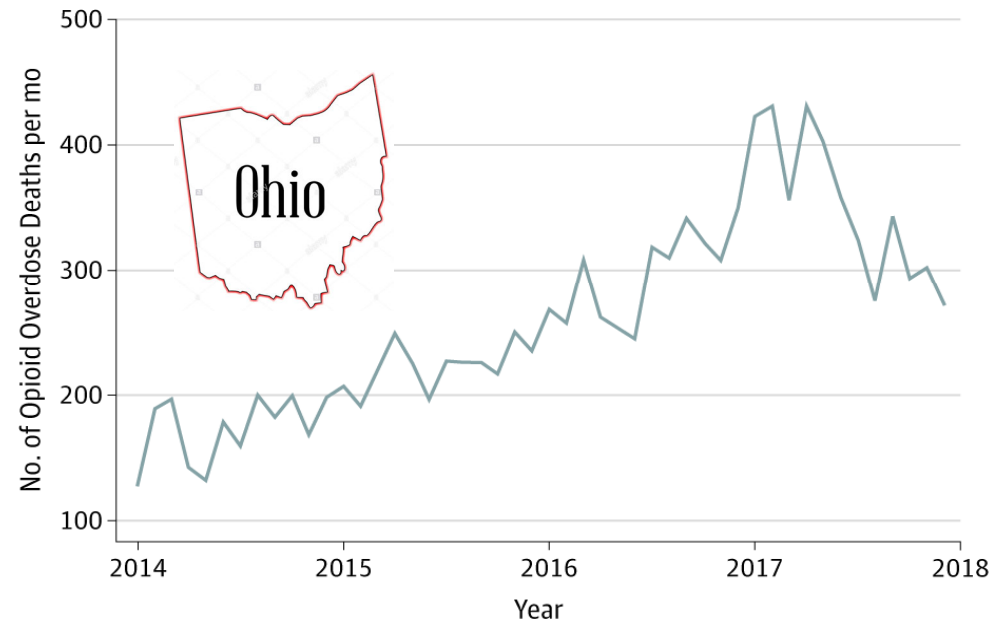
Reference: Rhodes, B.; Costenbader, B.; Wilson, L.; Hershov, R.; Carroll, J.; Zule, W.; ... & Brinkley-Rubinstein, L. (2019). Urban, individuals of color are impacted by fentanyl-contaminated heroin. *International Journal of Drug Policy*, 73, 1-6.

Empirical Research on Drug Seizures and Overdose (Ohio)

A Law enforcement seizures of heroin, fentanyl, and carfentanil



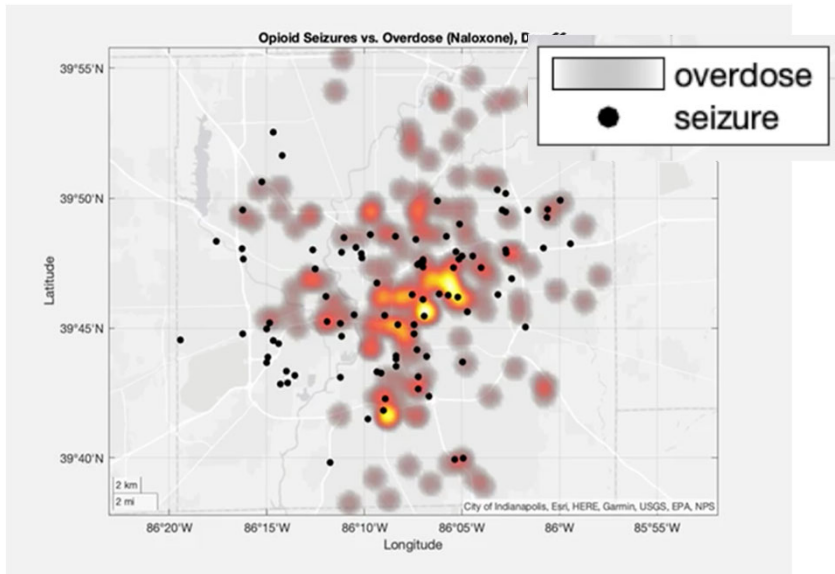
B Opioid overdose deaths



Reference: Zibbell, J. E.; Aldridge, A. P.; Cauchon, D.; DeFiore-Hyrmer, J.; & Conway, K. P. (2019). Association of law enforcement seizures of heroin, fentanyl, and carfentanil with opioid overdose deaths in Ohio, 2014-2017. *JAMA network open*, 2(11), e1914666-e1914666.

Latrogenic Effects of Drug Seizures on Overdose

- Indianapolis, Indiana
- Jan. 2020 through Dec. 2021

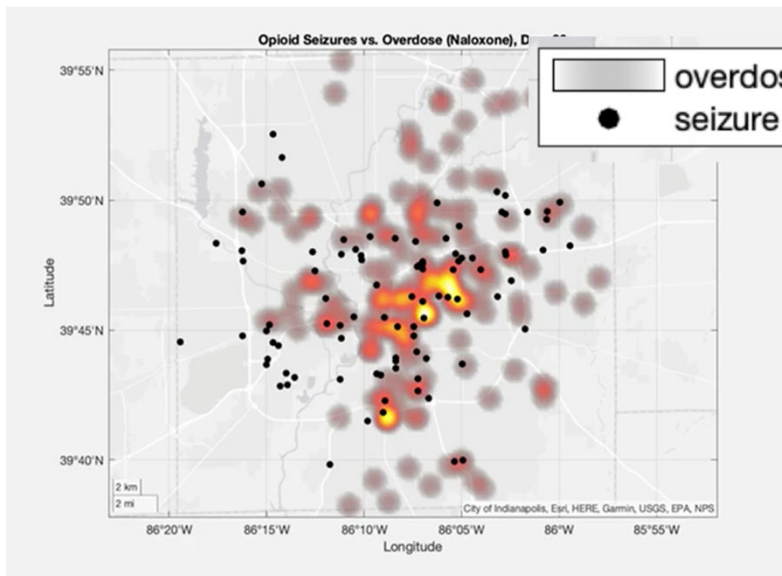


Exclusion criteria	Removed cases
<i>Legal</i>	
Seizures not occurring purposefully	5,931
<i>Geographic</i>	
Seizures at airport, hospital, or police district	1,092
<i>Substance</i>	
Seizures with non-opioid/non-stimulant drugs	914
Seizures that are cannabis-related	4,852
Seizures that involve paraphernalia only	4,278
<i>Missing Information</i>	
Seizures with missing/unknown drug types	876
Drug seizure events	5,149

PRELIMINARY RESULT

Latrogenic Effects of Drug Seizures on Overdose

- Fatal overdose
- Nonfatal overdose (EMS)
- Naloxone (EMS)

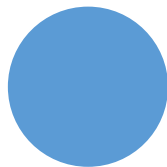


Drug seizure events	N	Average (day)	
		Mean (S.D.)	Range
Total	5,149	7.0 (4.0)	0 - 22
Opioid-related	2,110	2.9 (2.2)	0 - 12
Stimulant-related	3,039	4.2 (2.7)	0 - 14
Overdose events			
Fatal overdose	1,171	1.6 (1.4)	0 - 7
Nonfatal overdose	12,590	17.2 (5.2)	4 - 35
Naloxone administration	6,419	8.8 (3.6)	0 - 21

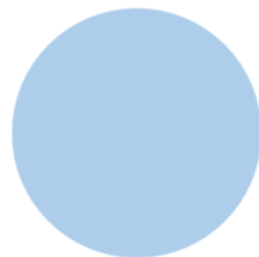
PRELIMINARY RESULT

Iatrogenic Effects of Drug Seizures on Overdose

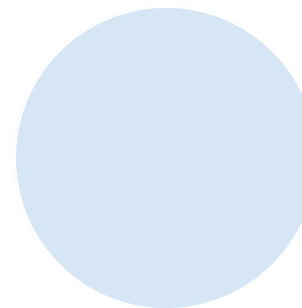
Interdiction event	100 meters (7 days)				250 meters (14 days)				500 meters (21 days)				Outcome
	Before	After	Expected difference under null distribution (95%CI)	Observed difference ($\Delta\kappa$)	Before	After	Expected difference under null distribution (95%CI)	Observed difference ($\Delta\kappa$)	Before	After	Expected difference under null distribution (95%CI)	Observed difference ($\Delta\kappa$)	
Opioid-related seizure	0.3	2.6	-0.6, 0.3	2.2***	2.6	4.6	-1.1, 0.9	2.0***	10.6	12.9	-2.4, 2.2	2.4*	Fatal overdose
	7.3	12.0	-1.2, 1.9	4.7***	42.5	45.6	-4.1, 5.3	3.2	155.5	160.9	-6.6, 11.6	5.4	Nonfatal overdose
	3.5	5.6	-0.9, 1.2	2.1***	19.3	23.6	-2.5, 3.5	4.3**	72.7	81.4	-5.2, 5.5	8.6**	Naloxone administration
Stimulant-related seizure	0.2	1.1	-0.3, 0.3	1.0***	2.4	2.9	-1.0, 0.9	0.5	11.3	11.5	-1.8, 2.3	0.2	Fatal overdose
	6.2	6.2	-1.3, 1.2	0.0	37.9	34.6	-3.1, 3.6	-3.3*	143.6	142.4	-6.9, 7.8	-1.2	Nonfatal overdose
	2.9	2.6	-0.8, 0.9	-0.3	18.9	17.4	-2.2, 3.1	-1.4	73.8	70.8	-5.1, 5.6	-3.0	Naloxone administration



7 days at 100 meters



14 days at 250 meters



21 days at 500 meters

PRELIMINARY RESULT



Iatrogenic Effects of Drug Seizures on Overdose

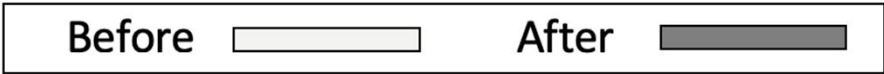
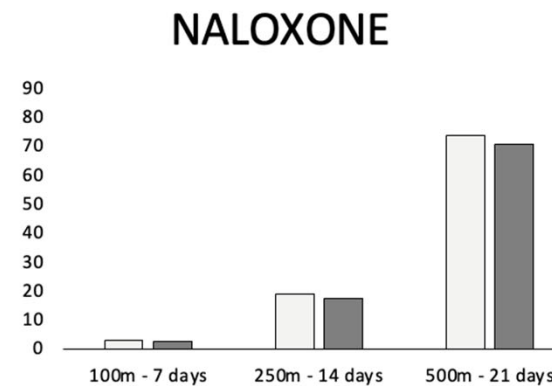
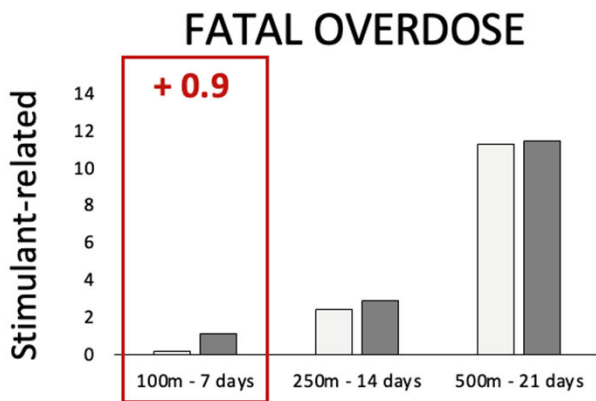
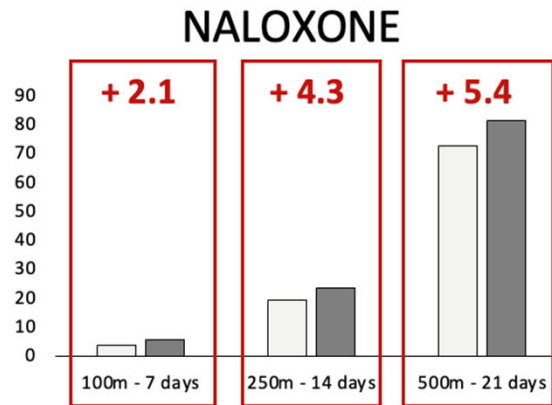
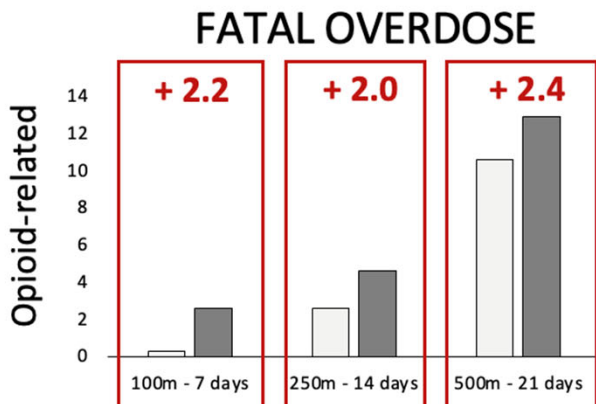
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Stimulant-related seizure	0.2	1.1	-0.3, 0.3	1.0***	2.4	2.9	-1.0, 0.9	0.5	11.3	11.5	-1.8, 2.3	0.2	Fatal overdose
	6.2	6.2	-1.3, 1.2	0.0	37.9	34.6	-3.1, 3.6	-3.3*	143.6	142.4	-6.9, 7.8	-1.2	Nonfatal overdose
	2.9	2.6	-0.8, 0.9	-0.3	18.9	17.4	-2.2, 3.1	-1.4	73.8	70.8	-5.1, 5.6	-3.0	Naloxone administration

- 100 meters around **opioid** seizures
 - Increases in fatal overdose, nonfatal overdose, naloxone administration
- 250-500 meters around **opioid** seizures
 - Increases in fatal overdose and naloxone administration

- 100 meters around **stimulant** seizures
 - Increases in fatal overdose
- 250 meters around **stimulant** seizures
 - Increases in nonfatal overdose

PRELIMINARY RESULT





Qualitative research

Harms from seizure-related enforcement policies on officer safety and investigation

“Well, they can’t flush their guns!”
... only a fraction of the illicit drug market

Community members who use drugs highlight the importance of harm reduction and mutual aid

“Who the hell wants everybody to die?”

We need to consider both policy and programs to address harms

PRELIMINARY RESULT

Opioid Rapid Response Program

Mitigating overdose risks among patients experiencing disrupted access to prescribers

Stephanie Rubel

Health Scientist

U.S. Centers for Disease Control and Prevention



Opioid Rapid Response Program (ORRP)

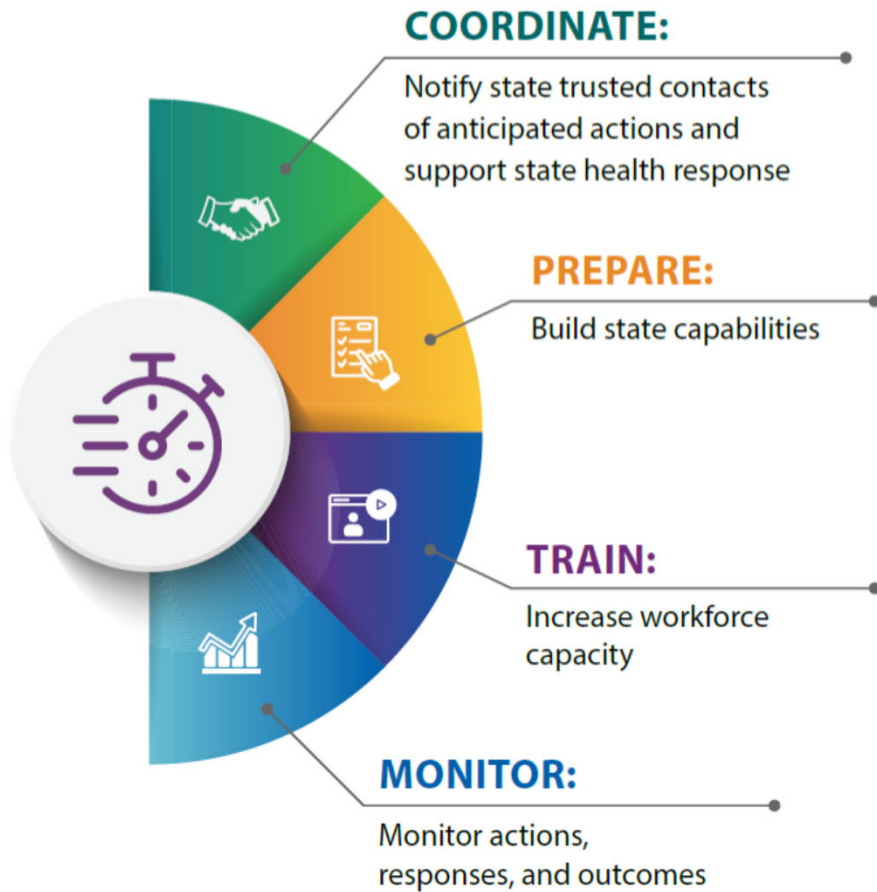
ORRP is an interagency, coordinated federal effort to help mitigate overdose risks among patients who lose access to a prescriber of opioids, medications for opioid use disorder, or other controlled substances, such as benzodiazepines.

CDC does not participate in active law enforcement investigations taken by federal or state agencies, nor does CDC deploy health professionals to states in response to disruptions in patient care.

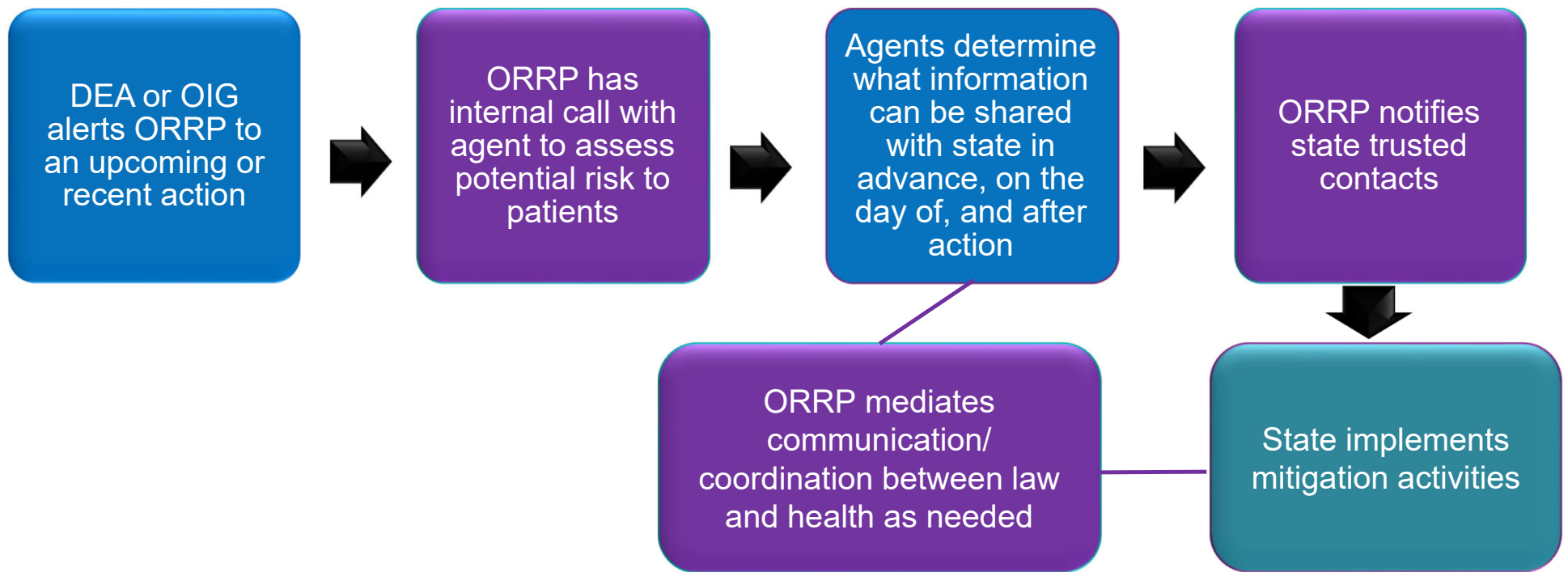
Why are patients at increased overdose risk when they lose access to a prescriber?

- Rapid tapering can cause harms to patients who are physically dependent on opioid medications, including serious withdrawal symptoms, uncontrolled pain, psychological distress, and suicide.
 - Rapid discontinuation can result in uncontrolled pain or withdrawal symptoms. Patients may seek other sources of opioid pain medicines, which may be confused with drug-seeking for abuse.
- Patients taking long term opioid therapy often have difficulty finding a new clinician.
- Illicitly-manufactured fentanyl + counterfeit pills present increased risk

ORRP Strategic Components



ORRP Coordination/Notification Protocol



Common Challenges

- Receiving low (or no) standards of care
- Taking high-dose, possibly combinations of medications associated with high risk
- May or may not have a substance use disorder
- May or may not know the risks and symptoms of withdrawal
- Experience isolation and stigma
- Lost access to prescriber can be traumatic
- Poor/no access to patient records
- Most state health departments cannot identify, contact affected patients

Health Needs

- Compassion
- Health assessments
- Risk communication
- Immediate bridge medications
- Harm reduction
- Case management
- Care coordination
- Referrals to accepting pain management or primary care
- Referrals to treatment and recovery support services

Key Response Elements

- Notification
- Risk Assessment
- Communication
 - To patients and response partners
- Care continuity/transition facilitation
- Evaluate response

Rapid Response

- On-site support (when warranted)
- Coordination with law enforcement resource information
- Notification to health insurance plans
- Notifications to local emergency departments, Federally Qualified Health Centers, local health departments, harm reduction organizations, other health system partners and first responders.
- Clinical champions statewide that can provide patients critical gap care
- Clinical training and support to increase workforce capacity (immediate and long-term needs)



Communication Flyers

- What's happening?
- What are my risks?
- What do I need to do?
- Who can I call for help?

WHERE TO SEEK CARE | You are

This resource provides an overview of options for patients who are on substance medication and have lost access to their healthcare providers. The information promoted below may not be applicable to all patients.

Patients Prescribed Opioids (e.g., oxycodone) or Benzodiazepines (e.g., alprazolam)

If you have a primary care provider, contact them to discuss next steps in care.

If you do not have a primary care provider or if they are unable to provide care, find a provider by calling the number on the back of your health insurance card or check your insurer's website for in-network providers.

If you do not have insurance, you may find a community healthcare provider at a health center near you. Visit findahealthcenter.hrsa.gov.

Please note, a new provider may recommend a new treatment plan.

Patient Advocacy Program

The Patient Advocacy Program is available to help patients decide on next steps and may make referrals.

Email ra-dh-advocacy@pa.gov or call 844.377.7367 (option 3), Monday through Friday 8:00 AM- 4:00 PM.

Find more resources online. Scan the code to the left with your phone camera or visit bit.ly/patientadvocacyPA.

If you are feeling overwhelmed or are having trouble coping, call the National Suicide Prevention Lifeline at 1.800.273.8255.

If someone takes drugs and becomes unresponsive, call 911.

Patients Prescribed Buprenorphine (Suboxone or Subutex)

If you have health insurance on the back of your health insurance card, visit your insurer's website for in-network providers.

Or, search for a provider by scanning the QR code. Scan the QR code with your phone camera to find treatment options.

Patients who are prescribed the treatment for opioid use disorder (Suboxone or Subutex) can visit ddap.pa.gov for more resources.

Get Help Now

24/7 help is always available for those battling substance use disorder.

Call 1.800.662.4357

Or, text 1.800.662.4357

Pain Clinic Closure

A pain clinic has closed in this area. After a clinic closes, former patients may turn to other potentially dangerous sources to avoid withdrawal. We want you to know help is available.

We are here to help!

To get trained and to obtain naloxone to reverse an overdose, contact a Regional Overdose Prevention Specialist.

Michael Bare: 919-698-2306
Will Taylor: 615-203-9066

To get connected with treatment for substance use disorder, contact a Lifeline:

Will Taylor: 615-203-9066
Allen Burnette: 931-308-7689

Other Clinics in the Area

The Pain Management Group
1547 Warrior Lane, Murfreesboro
615-941-8538

Comprehensive Pain and Neurology Group
1548 Rideout Lane, Murfreesboro
615-941-8538

The **TN REDLINE** is toll free and available 24/7 for up-to-date addiction information and referrals.

TN REDLINE
1.800.889.9789
CALL OR TEXT

Recognize an Overdose

Loss of consciousness
Breathing is slow, shallow, erratic, or has stopped
Pulse (heart rate) is slow, erratic, or not

If you are a patient who is prescribed buprenorphine (suboxone) and have lost access to care, help is available.

The **Patient Advocacy Program** can help you decide what to do next.

Monday through Friday 8:00 AM- 4:00 PM,
email ra-dh-advocacy@pa.gov, or
call **844.377.7367, option 3.**

Visit bit.ly/patientadvocacyPA for more information and resources.

Avoid Opioid Overdose

Naloxone can reverse an opioid overdose and is available through a state-wide standing order, which means you do not need a prescription. Most pharmacies carry naloxone.

Find Drug Treatment

24/7 help is available for those battling substance use disorder.

Call: **1.800.662.4357**
Or visit: ddap.pa.gov

For more information, visit:
PA.gov/opioids

NOTICE

ARE YOU A WV RESIDENT WHO HAS BEEN AFFECTED BY THIS CLINIC'S CLOSURE?

If you are having a mental health crisis, struggling with withdrawal symptoms, or want to help someone get into treatment, contact HELP4WV 24/7

844 HELP4WV
CALL - CHAT - TEXT

help4wv.com

OHFLAC Licensed and regulated facilities can be searched here by type of facility:
<https://ohflac.wvdhiv.org/Apps/Lookup/FacilitySearch>

West Virginia Board of Medicine providers can be searched here:
<https://wvbm.wv.gov/public/search/index.asp>

BJA's
Comprehensive Opioid, Stimulant, and Substance Abuse Program



If somebody has taken drugs and becomes unresponsive, call 911 immediately.

Pharmaceutical vs Illicit Supply Disruptions

Similarities

- Disruption of known supply
- Risk of turning to more dangerous, unknown supply
- Need for rapid communication to people affected
- Rapid need for overdose education and harm reduction
- Potential opportunity to link individuals to treatment and other services

Illicit Supply Differences

- Ongoing, covert investigations
- Risk of harm to informants
- Healthcare systems' role is limited
- Different communication strategies needed
- No established ORRP protocols to facilitate communication between health and law enforcement

Thank you!

Stephanie K. Rubel, MPH
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Division of Overdose Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
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For more information visit: <https://www.cdc.gov/opioids/opioid-rapid-response-program.html>
Or email ORRP@cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Bridging Recovery & Interdiction Data Gathering Enforcement

Coordinating public safety and treatment providers to simultaneously address supply and demand

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Ohio Department of Public Safety

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Ohio Department of Public Safety





Operation BRIDGE



Bridging Recovery and Interdiction Data Gathering Enforcement

Operation BRIDGE combines the resources of law enforcement and substance use treatment in a coordinated effort, focusing on the reduction of supply and demand simultaneously, prioritizing treatment for those who qualify.

There are two parts to Operation BRIDGE:

Interdiction and Significant Arrest Notification

Interdiction and arrest notification: First, a law enforcement agency notifies local outreach programs that a drug dealer has been arrested or a large quantity of drugs has been diverted. During this phase, we ask outreach partners to be proactive in their hot spots and supply these areas with more NARCAN and prevention & education information.

Narcotic Enforcement Saturation with Outreach Programming

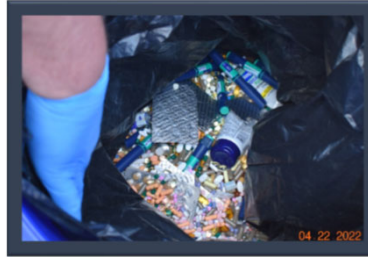
Narcotic enforcement *saturation with outreach:* Next, federal, state, and local law enforcement combine resources for 2-3 days to aggressively enforce drug laws with a focus on individuals supplying drugs to communities. State and local recovery resources combine on outreach teams to assist people who suffer from SUD. Deflection teams provide a proactive approach with NARCAN, distribution of prevention & education information, facilitating entry into treatment, and a prescription pill take-back event.





Operation BRIDGE

Bridging Recovery and Interdiction Data Gathering Enforcement



Prevention, Treatment & Recovery Partners

- Recovery and Treatment Centers
- Pill Take Back Programs
- Narcan Distribution Networks
- QRTs
- Public Health
- RecoveryOhio

Law Enforcement Partners

- Police Departments
- Sheriff's Offices
- Drug Task Forces
- Ohio State Highway Patrol
- Prosecutors
- Judges
- Ohio Narcotics Intelligence Center- Intel and Forensics
- Deflection Teams

UNCLASSIFIED





Operation BRIDGE

Bridging Recovery and Interdiction Data Gathering Enforcement
2022 Combined Statistics Totals



INTERDICTION

SEIZURES

Cocaine	1044 grams	Methamphetamine	82 grams
Marijuana	56 grams	Counterfeit Pills	16 unit doses
Fentanyl	468 grams	RX Pills	62 unit doses
Heroin	1 gram		
Crack	6 grams		

Traffic Stops Initiated	624
Felony Arrests (Non-Drug Related)	12
Felony Arrests (Drug Related)	35
Misdemeanor Arrest (Non-Drug Related)	18
Misdemeanor Arrest (Drug Related)	23
Search Warrants	4
Criminal Cases Initiated (Non-Drug Related)	13
Criminal Cases Initiated (Drug Related)	45
Citations Issued	113



OUTREACH



QRT Contacts	121
Narcan Distributions	147
People Connected to Treatment	34
Outreach Referrals	69



Pill Takeback Total Weight: 121.4 lbs.



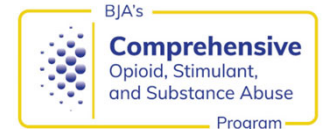
Guns Seized 4



Warrants Served 41



Devices Submitted for Digital Forensic Examination 32





Questions?



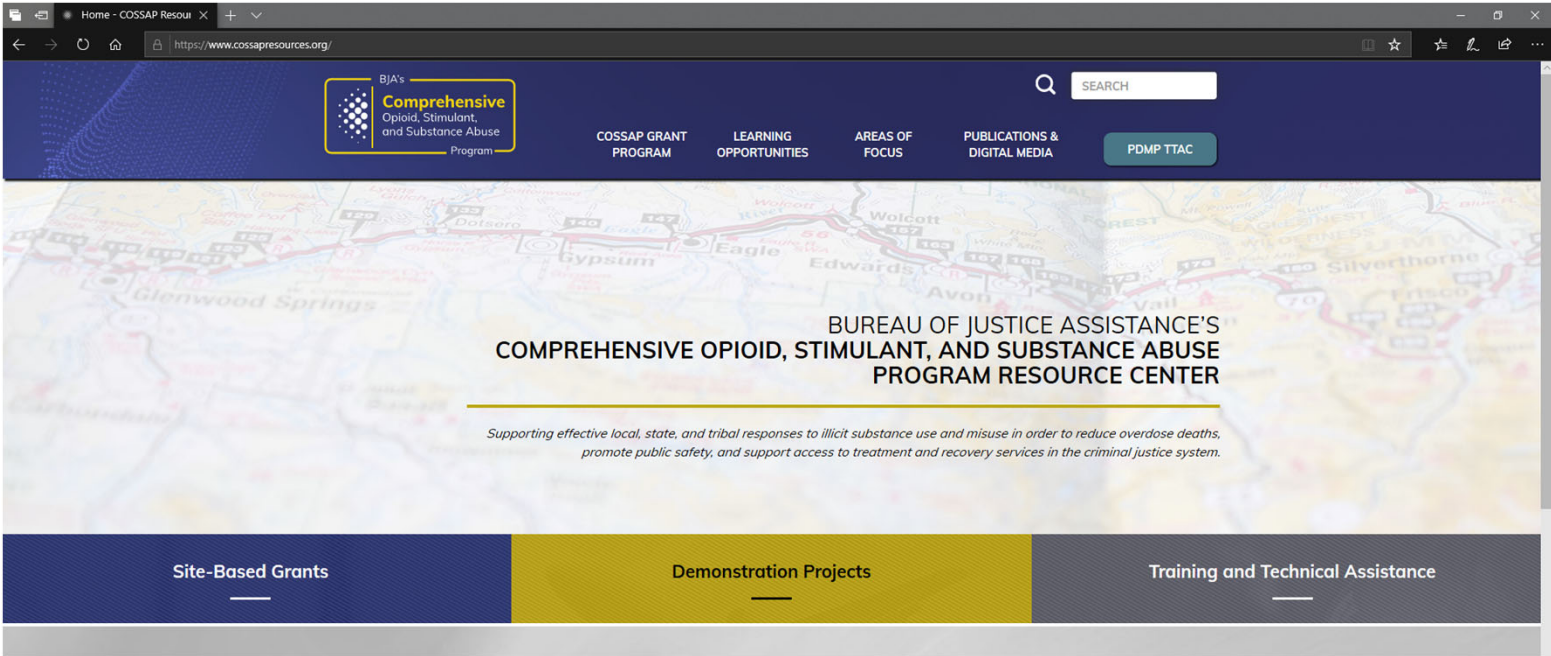
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Questions?

Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center



www.cossapresources.org



COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

BJA's



Comprehensive

Opioid, Stimulant,
and Substance Abuse

Program