



On pills & needles:

Counties fight the opioid drug crisis

Counties on the Frontlines: The Escalating Substance Abuse Epidemic

By Charles Taylor
senior staff writer

Counties fight two-front war on substance abuse

The supply and demand issues of the opioid drug abuse epidemic exist on two levels — macro and micro.

On the macro level, the nation's 32 High Intensity Drug Trafficking Areas (HIDTA) are bent on disrupting the supply of heroin and other opioids from major dealers. At the micro level, individual physicians are examining their prescribing practices.

Panels of law enforcement and medical professionals advised counties on attacking the problem on both fronts during a two-part workshop, *Counties on the Frontlines: The Escalating Substance Abuse Epidemic*, in February at NACo's 2016 Legislative Conference.

Mary Lou Leary, deputy director of State, Local and Tribal Affairs at the Office of National Control Policy (ONDCP), said at the county level, the past 15 years have seen a dramatic increase in drug overdose deaths. From 2000 to 2004, the average annual death rate nationally was 7.9 drug overdose deaths per 100,000, but it increased to 11.5 from 2005–2009, and to 13.5 from 2010–2014.

In 2014, there were more than 41,000 drug overdose deaths in the United States, she said, and opioid pain reliev-

ers were involved in almost 21,000 of those.

Thomas Carr, executive director of the Washington, D.C.-Baltimore HIDTA, explained how five HDTAs are collaborating in a regional effort to interrupt the flow and consumption of illegal prescription and street drugs. HIDTA programs are funded by grants from ONDC. They focus on interagency collaboration, promote information and intelligence sharing, and offer specialized training and other resources to participating law enforcement, treatment and criminal justice agencies, he said.

The pipeline for drugs flowing into Carr's HIDTA follow a path down Interstate 95, from New York to Philadelphia, to the Washington, D.C. area and beyond into West Virginia.

"Five HDTAs got together and said we have a similar problem," Carr said, "it's regional and it's time we looked at sharing and trading information." Using a \$2.5 million grant from ONDCP, the HDTAs have embarked on an intelligence and information gathering project.

"The purpose of our strategy is to develop actionable intelligence," he said — by analyzing communications, the dots between user and dealer can often be connected.

"If you look at these folks that overdose, the last person they called is not their priest; it was their dealer," Carr explained. "And when you look at all these different overdoses, you can see a lot of them are calling the same person."

Public health agencies deal with more of the demand-side consequences of the opioid overdose epidemic. Dr. Lamar Hasbrouck is executive director of the National Association of County/City Health Officials (NACCHO). There, too, coordination and collaboration are essential.

He said the most significant threat to solving the heroin-prescription opioids abuse problem isn't lack of funding or resources. It's "denial."

"We can't hope ourselves out of this; we can't pray ourselves out of this. We can't arrest our way and talk ourselves out of this," he said. "The solution really lies in how we act."

"...I realize that counties... don't have the bandwidth for a problem this large sometimes. It seems overwhelming so they can't do everything," he added. "My challenge to every county is to choose one or two things off of the menu of best practices and things that we know work, and get started there."

One piece of low-hanging fruit is education — for doctors and patients.

"Oftentimes the medical community underestimates the addictive potential of prescription pain killers," ONDCP's Leary said. But patients play a role too and should be asking their doctors if painkillers being prescribed are appropriate in dosage and quantity, Hasbrouck added.

"We have to do physician education, but we also have to do consumer education. That's the link between supply and demand that I'd like to highlight," he said.

Leary said that prescription drug monitoring programs play an important role in the doctor-patient relationship. Such programs provide a repository of physician-reported data on prescribed controlled substances. "They can be used to point to medical providers who are overprescribing," she added. But they can also be useful to prescribers themselves, as a tool to identify patients who might be "doctor-shopping" to obtain multiple prescriptions.

The methods of opioid drug abuse can range from ingestion to injection.

Injection drug use has in some areas led to an increase in reported cases of hepatitis C and HIV viral infections, Leary said. In those cases, "safe syringe services" can avert the type of public health crisis that's been seen in several southern Indiana counties. These are more than just "needle exchanges."

"What safe syringe services are all about is coming in, bringing in your dirty needles and not just picking up a batch of clean ones," she explained, "but getting tested for



infectious diseases, getting referrals to treatment, getting assessment, counseling and so on. It's kind of a one-stop-shop."

Safe drug disposal is an area where consumers can play a greater role in stemming the prescription opioid supply, Leary and Hasbrouck agree — even in areas that don't have formal drug take-back programs. Home disposal is an option that the Food and Drug Administration endorses.

Hasbrouck said that absent Drug Enforcement Administration-approved collection sites, some leftover or expired medications can be discarded with household trash.

The FDA recommends mixing medicines with an unappealing substance such as dirt, kitty litter or used coffee grounds; placing the mixture in a container such as a sealed plastic bag; and throwing the container into the household trash.

A small number of medicines can be flushed down a toilet or sink once they're no longer needed.

FDA maintains a list of prescription drugs that can be flushed, which includes several opioids such as Percocet, extended-release OxyContin pills and Duragesic (fentanyl patches).

There are no simple answers to solving the opioid abuse crisis, but all of the sessions' speakers pointed to interagency collaboration between public health, law enforcement and the criminal justice system — at the federal, state and local levels — as being essential.

"It's going to take resources," Hasbrouck said, "and by that I mean money, by that I mean people. But more important than resources is resourcefulness." **CN**

Joint opioid task force takes first steps

By **Beverly Schlotterbeck**
executive editor

A toolkit for counties, a social media strategy, one voice with one message on the national level — these are a few of the hoped-for outcomes from members of the National City-County Task Force on Opioid Abuse that met for the first time April 7 in Washington, D.C.

The 24 task force members, led by co-chairs Judge-Executive Gary Moore, Boone County, Ky., and Mayor Mark Stodola, Little Rock, Ark., engaged in daylong discussions about prevention campaigns, treatment options and public safety challenges.

A joint effort by NACo and the National League of Cities (NLC), the task force was formed to foster collaboration and ramp up local leadership in the fight against prescription drug abuse and heroin use.

There are 11 deaths per week from drug overdoses in Erie County, N.Y. — more than enough to move Erie County Executive Mark Poloncarz to issue an emergency executive order in January 2016, in part to draw attention to the overdose outbreak and in part to mobilize the county's resources to tackle the escalating loss of life.

Poloncarz's story was one of many anecdotes from city

and county leaders grappling with the opioid epidemic in their communities.

On their agenda were three discussion topics: prevention and education; treatment; and public safety and community well being.

To set the stage, members were first presented with a big data picture on the growth of the heroin epidemic, a trail of despair and death that has moved out from an urban core into the nation's suburbs and rural areas, killing more people in 2014 than automobile accidents. Drug overdose was the leading cause of accidental death in the U.S., with 47,055 lethal drug overdoses in 2014, according to the American Society of Addiction Medicine.

The mapped review of the spread of heroin and pain prescription abuse, by Chris Reith from Socrata, a cloud software company focused on digital government, sparked discussion about the accuracy of the data used to illustrate the locations and penetration of prescription drug and heroin abuse. "Some communities underreport their overdoses," said Manchester, N.H. Police Chief Nick Willard, afraid that accurate reporting would reflect poorly on their cities and counties and make them less attractive places for business.

Even with possible underreported data, the maps Socrata had prepared (based on CDC data) showed the dramat-



Boone County, Ky. Judge Gary Moore (center), co-chair of the National City-County Task Force on the Opioid Epidemic, makes opening remarks at the task force's inaugural meeting. Seated next to Moore is fellow co-chair, Little Rock, Ark. Mayor Mark Stodola. Photo by Alix Kashdan

ic spread of abuse over the last decade and a half. A CDC report has stated, "Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin)."

Following the data review, prevention and treatment discussions dominated the day.

Robert Morrison, executive director, National Association of State Alcohol and Drug Abuse Directors (NASADAD), led the discussion on prevention and education. In Morrison's opening remarks, he said NASADAD is working "to elevate prevention as a core part of our strategy to combat the opioid epidemic."

A wide-ranging discussion followed that touched on the importance of coalitions, funding for coalitions, observations that too much of federal support for local prevention efforts is taken by states for administrative costs, the importance of having a "youth track" in all prevention efforts, the impact stigma can have in blocking prevention efforts and back again to the importance of educating children and youth on the dangers of drug abuse.

Morrison urged task force members to take control of their communities and "not let drug overdoses become the norm." He also urged them to institute an addiction initiative

"because in five to 10 years, there will be another epidemic."

Addiction treatment was next on the agenda, focused primarily on medication-assisted methods such as methadone and Suboxone.

Treatment professionals have a nearly a 50-year history with methadone and a shorter time, 10 years, with Suboxone, but enough in both cases to know that mortality rates from all causes are reduced in half and the risk of HIV infection is also halved, said Melinda Campopiano, medical officer at the Substance Abuse Mental Health Services Administration (SAMHSA), who led the discussion.

The presentation prompted a lively discussion about stressed capacity

"In Multnomah County, there are way more people seeking treatment than slots available," Multnomah County Commissioner Judy Shiprack said. Judge Moore said the methadone clinic in his county sees 1,000 to 1,100 people a day, and the community is beginning to push back, afraid that centralizing treatment will increase crime rates in the area.

Anne Arundel County, Md. Executive Steve Schuh offered three impediments to mounting treatment programs, and "community resistance" was number one.

Ross County, Ohio Commissioner Doug Corcoran added

HELP FROM THE FEDS

Several executive branch agencies have announced initiatives to attack various facets of opioid and heroin abuse, many of which will reach the county level. These were announced at the National Rx Drug Abuse and Heroin Summit in Atlanta in March.

JUSTICE

- The Office of National Drug Control and Policy is adding Ohio and Michigan to the existing High Intensity Drug Trafficking Areas, a designation which supports local law enforcement agencies, including sheriffs' offices, to reduce drug trafficking.
- The Department of Justice's COPS Anti-Heroin Task Force Program is distributing \$7 million to local law enforcement agencies to investigate distribution of heroin, unlawful distribution of prescription opioids and unlawful heroin and prescription opioid traffickers. This money will go to states with high rates of treatment admissions for heroin and opioid abuse.

TREATMENT

- The Department of Health and Human Services is expanding access to buprenorphine, a drug used to treat opioid addiction. HHS's proposed rule increases the patient limit per physician, currently 100, to 200.
- The Substance Abuse and Mental Health Services Administration is funding \$11 million to up to 11 states to expand their medication-assisted treatment services.
- HHS is requiring that Medicaid and the Children's Health Insurance Program offer mental health and substance abuse services be offered at parity – comparable to medical and surgical benefits.
- HHS is issuing guidance for the use of federal funds in maintaining syringe services to reduce the spread of diseases through needle sharing.

another dimension to the problem of more demand than available slots. Inadequate capacity at one end means more people in jails, and more people in jail means more cost for counties as they pick up the tab for treatment, he said.

The final discussion took its color from the streets of Manchester, N.H., as Willard, who led the Public Safety and Community Wellness discussion along with Kern County, Calif. Supervisor Leticia Perez, described his department's efforts to stem the drug traffic in his city and the philosophy that guides it.

"Addressing opioid abuse is not just getting the bad guys off the street, but it's providing social interventions as well," he said. Willard also talked about his department's child advocacy program that "circles back with services after a SWAT raid," its recovery coaches and the importance of having peer-to-peer programs for children and youth in any prevention efforts.

Yet, getting the "bad guy" off the street was clearly an important objective as illustrated by Willard's recitation of a long list of arrest and drug seizures numbers. In the end though, "despite law enforcement's best efforts, we're not winning." **CN**



Weber County, Utah Commissioner Matthew Bell (r) discusses prevention efforts as Covina, Calif. Mayor Walter Allen listens. By Alix Kashdan



HIDTA designation offers resources for counties' heroin fight

Sheriff Pete Dougherty, Jefferson County, W.Va., says working with police across state lines in Maryland and Virginia counties helps to combat opioid drug traffic and abuse. Photo by Charlie Ban

By Charlie Ban
senior staff writer

The country roads of West Virginia's Eastern Panhandle are carrying more and more heroin to markets far and wide.

Because those panhandle counties serve as a corridor for the drug trade, they qualify for federal aid to help fight the opioid epidemic, which has seen accelerated growth over the last four years. In Maryland, West Virginia and Virginia, heroin has been coming out of Baltimore and passing through dozens of counties along the way.

Jefferson County, population 55,073, is one of the latest to become part of a High Intensity Drug Trafficking Area (HIDTA), a designation that brings with it programmatic support and federal grants to disrupt the large-scale drug trade and aid in rehabilitation for county residents.

The fact that no interstates run through Jefferson County is one reason Sheriff Pete Dougherty is seeing more heroin coming through.

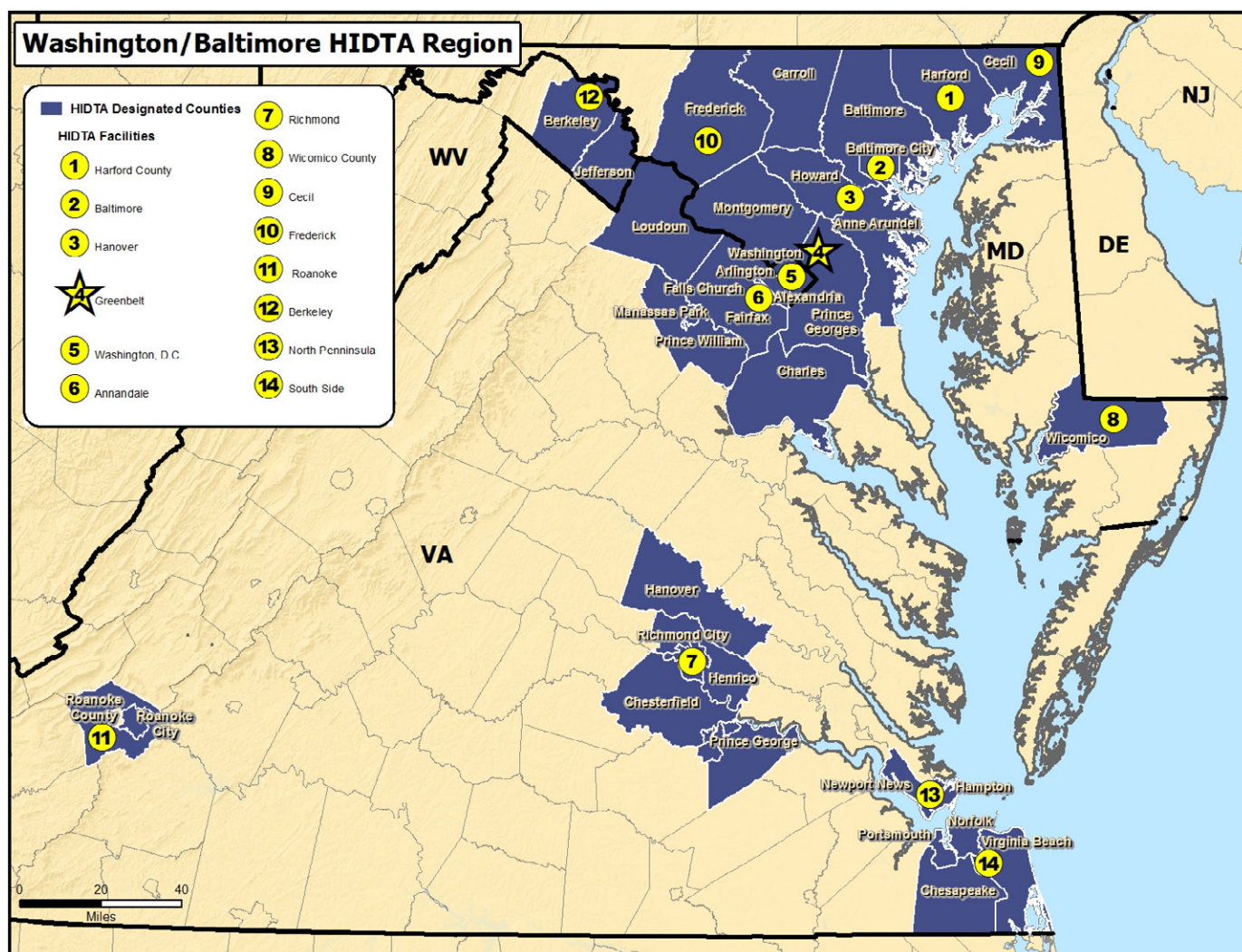
"As interdiction gets better on (Interstates) 81 and 70, drivers are looking for a good, quick alternative," he said. "That becomes crossing the Potomac River and coming through Jefferson County and on into Virginia."

By cooperating with its neighbors, Jefferson County is meeting another HIDTA criteria: participants must be willing to cooperate with other agencies, and state and federal agency sponsors.

"I have Loudoun County and Clark County in Virginia, Berkeley County in West Virginia on my borders and we're right across the river from Washington County in Maryland," he said. "We're used to working with our neighbors, and we're improving communication with them."

But that's something relatively new to law enforcement agencies, in Tom Carr's experience as the HIDTA director for the Washington-Baltimore region.

"Law enforcement, by its very nature, is competitive," he said. "Agencies aren't used to sharing, but problems aren't isolated to one county. Increased cooperation among county law enforcement agencies has been one of the biggest changes I've



seen since I started” as director in 1994.

The national HIDTA program, administered by the Office of National Drug Control Policy, paid out \$250 million in FY16. Designations are renewed on an annual basis. More than 17 percent of counties are represented in 32 HIDTAs, which cover 60 percent of the U.S. population.

What Do They Do

Dougherty has a personnel shortage, with 25 deputies spread over 210 square miles and roughly 1,000 miles of public road. They handle everything from emergency calls to requests for livestock movement.

For Jefferson County, HIDTA is funding the purchase of license plate-reading cameras, which Dougherty sees as a way to free up his deputies and improve surveillance.

“It doesn’t bring you more manpower, but this technology will give us the technology to work better and smarter

with the deputies that we have,” he said. “I’d like to be able to watch some of that traffic coming out of Baltimore, but following drug dealers is very time consuming and very difficult to maintain coverage without being spotted.”

Instead, once the cameras are installed, Dougherty will be able to track travel patterns of cars suspected to be part of drug distribution operations. He can forward that information to his neighboring sheriffs — information sharing is another HIDTA requirement. And the lawmen can figure out the best way to spring their trap.

Most often, the driver makes a mistake and gives deputies a reason to stop the car and then give the department’s drug-sniffing dogs a chance.

“They can smell a little bit of heroin like I can smell a pot of coffee brewing 10 feet away,” Dougherty said. “And it’s usually distracted driving, looking at their phone while they’re driving, that gives us a reason to pull them over.”

While Jefferson County just became HIDTA-designated in January 2016, Frederick County in Maryland, population 241,409, has been in the program for more than three years. Sheriff Charles Jenkins has seen HIDTA contributions increase as the county matures and demonstrates its capability, which can serve as a motivation to Dougherty's force.

Frederick now has personnel from the Department of Homeland Security operating out of the sheriff's office, and Jenkins is seeing the benefit that comes with his new coworkers.

"Homeland Security's involvement is increasing our capacity locally and bringing federal jurisdictional authority that we didn't have before," he said. "Our cases often go out of state and what starts as a small, localized complaint could take us up into New York, the Southwest, the Midwest, anywhere."

Adjacent to Jefferson County, Berkeley County, W.Va., which surrounds Interstate 81, immediately launched a wiretap effort after earning a HIDTA designation in 2014, which led to the dismantling of a drug ring.

"We don't want to measure in terms of individual arrests, we want the number of drug distribution operations disrupted," Carr said. "Every time we make a move, there's an opposite reaction. If we cut off a supply line, it increases the bad guys' search time for more drugs and more 'safe' routes."

More than Manacles

Though their counties are thoroughfares for drug shipments, their residents are getting hooked like nothing before.

"HIDTA isn't just enforcement, it's rehabilitation," Dougherty said. "That doesn't get as much attention, but that's a big part of it."

It's born of the realization and reality that law enforcement agencies can't arrest their way out of the drug trade. If the goal is to end the sale of illegal drugs, the demand needs to be addressed.

"There are market conditions at play," Dougherty said. "Arresting drug dealers is a good thing to do. We're going to do it, but if we arrest Johnny A., Johnny B. is going to take his job the next day because it's lucrative for him."

"We want to get to a point where there's not much of a market for dealers."

So counties are taking advantage of HIDTA's funding for rehabilitation services. For Jefferson County, it's the Day Reporting Center community corrections service. Dougherty hopes to adapt an adult version of the youth drug rehab model that has been successful.

"We put a lot of focus on the parents, keeping them in the

loop," he said. "Counselors meet with the parents once a week and help them out, understand how to react to their child's recovery. There's a way to be firm with a child dealing with addiction that won't trigger them and make things worse."

Those rehabilitation efforts will need a boost to keep pace with the spread of drug use, which shows no sign of abating.

The typical Washington-Baltimore HIDTA drug user is a man in his 30s, with 10 arrests and six convictions, Carr said, which demographically gives the epidemic even more room for growth. Jenkins said most of Frederick County's users are in the upper middle class, with money to spend.

"And it's spread all over the county," he said. "It's no worse in one part than the other."

Dougherty said heroin use has moved out of the low-income areas of county seat Charles Town and into rural areas. "We're seeing three times as many overdoses as we did three years ago," he said. "It's not uncommon to have four in a 24-hour period, over two days."

And the sales are getting more brazen.

"One of my deputies was filling up his car at a gas station and saw a deal going down across the street, in open view," he said.

Meanwhile, Frederick County recorded nearly five times as many overdoses through mid-May 2016 than it did for all of 2012. Jenkins said he expects at least 280 overdoses by the end of 2016, which will double the 2015 total.

"I don't expect it to decrease any time soon," he said. And, to his chagrin, some users are counting double, having survived thanks to the administration of anti-overdose drug naloxone.

"We revived one user three times in one year," he said. "It's great that we have this chance to give people a second chance, but they're not all getting the help they need."

Dougherty laments that there are few intensive therapy programs for youths nearby. Most are sent hours away.

And just as he has seen law enforcement change dramatically during his 22 years at the Washington-Baltimore HIDTA bureau, Carr has seen the epidemic change.

"Back when we started, in the '90s, it was all cocaine," he said. "Even a few years ago you wouldn't find any heroin in Northern Virginia — it was unknown. You had prescription drugs, then, a year later, when those supplies dried up, heroin moved in with cheaper prices."

"It's straining resources beyond just law enforcement — human services, for instances, taking care of children whose parents are locked up. It's not just the demand on deputies."

CN



Michael Botticelli, director of the White House Office of National Drug Control Policy. Photo by Alix Kashdan

By Charles Taylor
senior staff writer

White House fully engaged in fight against heroin abuse in rural U.S.

The director of the White House Office of National Drug Control Policy (ONDCP) knows addiction firsthand.

Michael Botticelli has successfully been in recovery from alcoholism for 26 years — of which he's made no secret.

Recently, he sat down with *County News* to discuss the heroin and prescription opioid crisis sweeping the nation and how the federal government is responding.

Heroin abuse has historically been seen as a big-city problem, but rural America has been hit hard in recent years. Botticelli cited the over-prescribing of prescription pain relievers by physicians as a major factor.

Doctors are prescribing enough prescription medications to “give every adult American a bottle of pain pills,” he said. “That is one of the reasons why we’ve seen ... the explosion of the opioid epidemic beyond just our urban communities.”

The link between prescription opioids and heroin is well established. “We know that about four-fifths (80 percent) of newer users to heroin started by misusing prescription pain medications,” he said.

That's why part of ONDCP's strategy to stem the problem includes educating physicians.

Widely known as the drug czar, Botticelli dislikes the label's militaristic, "war on drugs" connotations. He brings a public health background to the job.

"Clearly, we want to make sure that people have access to good prevention and good treatment services," he said. "One of the refreshing things that I have seen as I travel the country...local law enforcement understand that we can't arrest and incarcerate our way out of the problem and [they're] really looking at ways to divert people away from the criminal justice system."

In 2015, the U.S. Department of Health and Human Services (HHS) announced \$100 million in support for community health centers, he said. "We know that many parts of the country, particularly rural parts of the country, might not have access to a substance abuse treatment program, but have a community health center, and that's a really good opportunity to look at how do we increase access"

The Affordable Care Act has helped in that regard, he said. "We know that many people are not able to access treatment because they haven't had insurance coverage before, and the act mandates that those marketplace plans, Medicaid expansion plans have a dedicated substance abuse treatment benefit to it."

Botticelli said some of the best ideas for combating the opioid epidemic have come from local communities. In 2010, the Quincy, Mass. police department was the first in the nation to carry naloxone, a drug that can reverse an opioid overdose, he said.

"Since then, we have just seen it explode across the country in terms of other law enforcement and other first responders taking it on, and other bystanders.

"I think it's a really good example of how something can happen at the local level and then, through our office, we can amplify it...."

One bright spot in the epidemic, if there is one, Botticelli said, is the availability of prescription drugs such as buprenorphine, which can help users break their dependence on opioids. Buprenorphine is a mild opiate that targets the same areas of the brain as heroin but without the same intense "high" or dangerous side effects.

"Clearly, we want to make sure that people have access to good prevention and good treatment services."

Weighing treatment outcomes, he said that people with opioid use disorders do far better on medication along with counseling and other recovery supports than those not receiving medication-assisted treatment.

The Obama Administration's proposed budget for FY17 included \$1 billion in new funding over two years to expand access to treatment for opioid drug abuse and heroin use.

Included in that funding would be \$500 million for U.S. Departments of Justice and Health and Human Services, a portion of which would fund targeted enforcement activities — specifically in rural areas — and to improve access to the overdose-reversal drug naloxone.


The vast majority of that money, \$920 million, would go to states to expand access to medication-assisted treatment for "opioid use disorders."

"Part of what we've been trying to promote here is a balanced strategy with both public health and law enforcement," he explained. "I'm happy to say, for the first time in the history of our office, (in) the president's FY17 budget, we actually have a balanced budget in terms of demand-reduction strategies: those public health approaches, as well as our supply-reduction strategies."

Botticelli said he's encouraged by the breadth of support in Congress for addressing the opioid addiction problem. "From an overall perspective this has been a bipartisan issue," he said, "and there's been a tremendous amount of interest and leadership across the aisle...."

For any of these efforts to succeed, the conversation about addictive disorders needs to change. Words like addict, junkie and substance abuser can be stigmatizing, he said.

"We have great partners in the broader community who are working with us to change the language of addiction to reflect a nonjudgmental, therapeutic response to people with addictive disorders.

"Part of our work is how do we make sure that we're working with state and local and county governments, and our stakeholders to make sure that we are implementing good responses? And that we are bringing everybody together to really come to common agreement in terms of the strategies." You can view a video of Director Botticelli's full interview with County News at https://youtu.be/7jsFVdwfI_4 

Opioid crisis presents tough questions for local leaders

By Hadi Sedigh
associate legislative director

Shortly after Prince died in April, rumors began circulating that the musician had succumbed to an opioid addiction.

These rumors were validated in early June, when toxicology reports revealed that an overdose of fentanyl had caused his death.

Fentanyl is a painkiller prescribed primarily to cancer patients and is said to be up to 100 times stronger than morphine. It is also produced illegally in synthetic form. In March 2016, deputies in Bartow County, Ga. seized 40 kilograms of the drug during a traffic stop. At the April meeting of the National City-County Task Force on the Opioid Epidemic, county and city officials labeled the drug as a “deadlier and cheaper cousin of heroin,” and warned that its increasing prevalence represents a new and more deadly wave of the opioid crisis.

As the crisis has escalated over the last several years, national lawmakers and local officials have faced difficult, and sometimes contentious, decisions in determining how best to reduce rates of opioid abuse.

The rising rates of deaths caused by fentanyl, for example, prompted Sen. Kelly Ayotte (R-N.H.) to introduce legislation that would significantly reduce the amount of fentanyl required to trigger five-year mandatory minimum sentences for individuals caught in possession of the drug. Under amendments submitted by Ayotte to a defense authorization bill, S. 2943, the threshold for such mandatory minimums would drop from possession of 10 grams of fentanyl to as little as half a gram.

The enforcement approach proposed by Ayotte’s amendment contrasts with the “harm-reduction” approach taken

by King County, Wash. and its Law Enforcement Assisted Diversion, or LEAD Program.

LEAD is a collaborative program between King County and Seattle and was — as its website states — “motivated by a shared dissatisfaction with the outcomes and costs of traditional drug law enforcement.” The program allows officers to divert low-level drug users into community-based treatment and support services rather than booking them into local jails. A PBS *Frontline* documentary titled *Chasing Heroin* recently highlighted the program and described it as “stopping just short of decriminalizing drug use.” A final evaluation report on the LEAD program is set to be released later this summer.

The harm-reduction approach taken in the LEAD program is perhaps most commonly associated with often-controversial needle exchanges that allow individuals who inject drugs with syringes to exchange used needles for new, clean ones. The objective of these programs is to reduce the risk of such individuals contracting HIV or hepatitis through the use of shared or contaminated needles.

Needle exchanges received much national attention following a 2015 opioid-related HIV outbreak in Scott County, Ind. that resulted in 190 HIV cases in a town with a population of roughly 4,000. Indiana Gov. Mike Pence (R), who had previously been opposed to needle exchanges, issued a public health emergency declaration that allowed an exchange to be established in Scott County. The outbreak of HIV was contained, although Scott County still saw more than a dozen new HIV cases after the emergency declaration.

Despite the evident effectiveness of needle exchanges in preventing HIV and hepatitis outbreaks in communities struggling with opioid abuse — and the support of the Centers for Disease Control and the American Medical Association

tion for these programs — there remains a widely held perception that these programs simply enable drug addiction. In May, in Boone County, Ky., a resolution that would have allowed needle exchanges in the county failed to receive enough support. County Judge-Executive Gary Moore was among those who spoke in favor of needle exchanges as a means of preventing the spread of HIV and hepatitis.

Others spoke in opposition, and a cartoon was circulated in Northern Kentucky that showed county officials from nearby Campbell County — which had recently approved a needle exchange — thrusting a large needle into the arm of a man as a young child looked on. In the background, the Campbell County Fiscal Court had been renamed “Needle Paraphernalia Supply.” Although the needle exchange resolution failed, Boone County commissioners approved other resolutions that aim to reduce the impact of the opioid crisis

on their communities. A measure to divert tax funds to set up a regional helpline was unanimously approved, as was another measure supporting a comprehensive education and prevention initiative.

Moore and the other members of the National City-County Task Force on the Opioid Epidemic will reconvene in Northern Kentucky Aug. 19 and 20 to work towards finalizing a report that will feature policy recommendations and best practices to help local leaders address the opioid crisis. The report will feature recommendations related to law enforcement approaches and needle exchange programs, as well as other difficult questions that local leaders face in this crisis. The report will be released in mid-October.

NACo also hosted a series of Virtual Town Halls on the opioid crisis in June to discuss various aspects of the local response to drug abuse. **CN**

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vital signs, July 2015

Erie County, N.Y. teaches residents to reverse opioid overdoses, provides means to do it

By Charles Taylor
senior staff writer



During a training session, Anne Arundel County Police Cpl. Steven Almendarez demonstrates on a medical dummy how to administer a dose of the opioid-overdose-reversing drug Narcan. Erie County, N.Y. offers the same type of training. By Josh McKerrow / Courtesy The Capital Gazette

Between Jan. 29 and the first week of February, 23 people died from heroin overdoses in Erie County, N.Y. Authorities say a bad batch of the drug was to blame. The victims ranged in age from 20 to 60.

As in many areas of the United States, the county that surrounds Buffalo has an opioid-abuse problem — involving street drugs or prescription medicines, and sometimes a combination of the two.

County public health officials believe the recent fatal doses may have been heroin mixed with fentanyl, a powerful synthetic opiate pain killer, according to Dr. Gale Burstein, the county's health commissioner.

Erie County, like a number of counties nationwide, is attacking the problem through education and advocacy. The health department offers frequent, free trainings for professionals and the lay public in opioid overdose recognition and how to use naloxone (also known by its brand name, Narcan) to reverse an overdose.

Between July and September, five sessions are scheduled throughout the community at churches, community centers and county facilities.

Burstein added that the outreach is an outgrowth of training for first responders.

"We were very aggressive about training first responders, and then we realized that opioid addiction is so widespread that we really needed to reach out to Erie county residents," she said, "so we've opened up our training to both first responders and ... county residents."

The health department posts its training schedule on its website, and the sessions are held during daytime and evening hours, and some Saturdays. Instruction includes how to use naloxone nasal spray to reverse an overdose. Upon completion, participants can receive a kit with two doses of Narcan.



Hennepin County, Minn. Sheriff Rich Stanek shows how easy it can be to dispose of unwanted prescription medications, including opioid painkillers. By Alix Kashdan

After one or both are used, the person must complete an Overdose Reporting Form, which is submitted to the health department, before they can receive a replacement Narcan kit. It asks questions such as where the overdose occurred, how many Narcan doses were used, was 911 called and was rescue breathing performed?

"We're really trying to empower Erie County residents — either for their professional work, or because their lives are affected by loved ones who are using or addicted — to help them be empowered to resuscitate a victim if they're encountered," Burstein added.

Since 2014, she estimates that more than 1,000 people have been trained, including "train the trainers," who can then act as force multipliers and reach even more people. Classes are usually a mixture of first responders and residents, some of whom work in health-related fields or come in contact with narcotics in their jobs, Burstein said.

"We're also trying to reach out to schools to train staff in schools to be able to recognize a drug overdose and use naloxone," she added. "There are many areas where people need to be trained."

The county's outreach doesn't stop with training. On April 12, the health department held a daylong "free drive-through

disposal for all types of prescription and all types of over-the-counter ... medications and all types of needles — no questions asked."

Burstein said the object is to save lives — people who may eventually be able to benefit from treatment programs and other interventions.

Data from the county medical examiner's office for 2015 show a higher number of overdoses in suburban and rural areas compared to the city of Buffalo, she said.

"Many of these misuses and addiction problems stem from originally receiving legitimate pain medication prescriptions," she said. "You can imagine this would touch many people, different socioeconomic statuses, in different living environments, suburban, rural and urban areas. This is really a problem throughout our community." **CN**

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