Conjunction not Collision

Exploring and defining the common space between Clinicians, Clients, and Law Enforcement in Substance Abuse

Lieutenant Jason Freedman, Dane County Narcotics Task Force

I have no financial interests to disclose

Describe current efforts implemented by law enforcement to address the opioid epidemic and other drug abuse in Wisconsin.

Describe barriers, as perceived by law enforcement officers, to the effective combating of the opioid epidemic in Wisconsin.

Evaluate collaboration efforts among clinicians, law enforcement and patients in addressing the opioid epidemic in Wisconsin.

Conjunction

Why we have to work together

The Client
Space (Life)

Clinician
Space

Law
Enforcement
Space

Non-Opioid
Abuse

The Client Space (Life)

Clinician Space

Law Enforcement Space

Opioid Abuse

Conjunction: Common Goals

- Preserve life
  - Buying time
    - Arrest; supply chain interruption; Narcan
- Break the cycle of addiction
  - Preserves life
  - Reduces corollary crimes
  - Allows resources to be used elsewhere
  - But how? And by whom?
    - What are the barriers? What is the role/limitation of Law Enforcement?
- Return to productivity, health

Common Goals, Uncommon Environments

- 'The Field' versus 'The Clinic'

THE FIELD	THE CLINIC
Crisis Driven, i.e. overdose	Directed, i.e. appointment
Chaotic/dynamic	Controlled/static
Limited time of interaction	Multiple interactions over time
Training and experience	Training and experience
Resources	Resources
Tactical	Strategic

Common Goals, Uncommon Environments

- The environment may drive very different outcomes (and perceptions)
  - People generally do not want to encounter law enforcement
    - Especially people who are selling, buying, or using narcotics
  - People may want certain things from a health-care provider
    - May change behavior, attitude, appearance
    - May be ordered by court, probation agent
  - What's possible in a given environment?
    - Triage versus treatment

Law Enforcement (LE) Efforts to Address the Opioid Epidemic in Wisconsin

What is the role of law enforcement (LE)?

What LE Sees. What LE feels.

(Does everyone involved in this crisis feel this way?)

"The gods had condemned Sisyphus to ceaselessly rolling a rock to the top of a mountain, whence the stone would fall back of its own weight. They had thought with some reason that there is no more dreadful punishment than futile and hopeless labor."

~ Albert Camus ~

Motivational Quotes About.com

The Role of Police: Main Efforts

- 1) Triage field encounters (narcan, arrest and etc.)
- 2) Locate, investigate, and arrest heroin/drug dealers
  - Along with other partners in the criminal justice system
    - Courts, District Attorney, Probation and Parole
- 3) Work with non-LE partners and in non-traditional methods/roles
  - Safe Communities
  - Public Health, Emergency Medical Services
  - Education and outreach

The Role of Police

- We say ‘no’ and stop unacceptable behaviors
- We arrest
- Reduce crime, fear, and disorder
- And while we must wear many hats, no one else is legally empowered to stop people and take away their freedom

The Role of Police

- We also save lives and buy time
- Some recent changes:
  - Good Samaritan Law 961.443
    - Immunity from criminal prosecution (limited)
  - Narcan/Naloxone
    - MPD—600 doses, 455 trained in use, 16 saves (9/28/15)
    - DCSO—All field personnel to be trained by end of 2015
    - Numerous other local agencies also following suit
  - Drug Courts—better options for users

The Role of Police: Priorities

- Save lives

- Investigate (drug) crimes
  - We want the dealers; the bigger the fish the better
  - We often find the user first
    - Including the user/dealer

- Getting from the user to the dealer
  - Criminal charges as leverage
  - Desire to 'get out'
  - Evidence on personal electronics
  - Friends and family—no where else to go

The Role of Police: Conclusions

- Ultimately, the police cannot solve a public health crisis that is deeply rooted in our culture and behaviors

- Preventing the cycle
  - Education, limiting access

- Our goal is to ‘break the cycle,’ but right now we are mainly just by buying time
  - The cycle ends in one of two ways
    - Treatment (Success)
    - Death (Failure)

Barriers to Effectively Combat the Opioid Epidemic

As Perceived by Law Enforcement

Barriers: Law Enforcement

- Law Enforcement recognition and response
  - Took several years to realize the magnitude of the problem; during this phase the problem spread
  - Initial response is very traditional

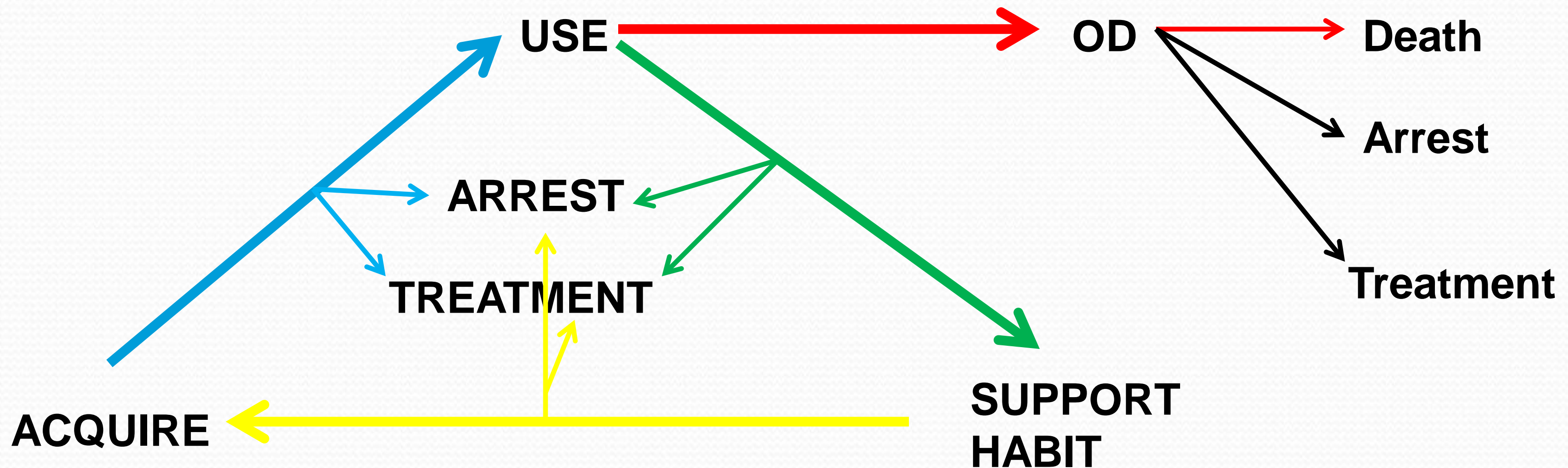
- LE as a blunt instrument
  - We get a lot of resources, but not every problem requires a hammer for a solution

Barriers: Criminal Justice System

- Opioid addiction cannot be solved by law enforcement
- Consequences derived from the CJ system have a necessary role, they are not sufficient
- The 'war on drugs' skewed consequence scale
  - Cocaine versus heroin
  - Q and Whitestone Mo case, 2015
- The criminal justice system *can* mandate treatment:
  - Consistency?
  - Efficacy?
  - Resources?

Barriers: The Cycle

The Cycle as Law Enforcement Sees it



Barriers

- Law enforcement traditional response (arrest) is not an effective remedy
  - But could become a ‘door opener’

- There is insufficient linkage between arrest and treatment

- Lack of effective treatment options:
  - The injectable naltrexone (Vivitrol®) possibility

Barriers to Lasting Solution

- Managing the source of the problem: narcotics prescriptions and availability
  - And unintended consequences
- After a save, now what?
  - Lack of resources applied towards effective treatments
  - The user/dealer escape
  - Traditional treatments (methadone, buprenorphine) carry the risk of diversion and abuse
- The broader culture

Evaluating Collaboration Efforts

Clinicians, Law Enforcement, Patients and Patient Advocates

Collaboration: New Territory

- To successfully combat opioids requires a multi-disciplinary, long-term approach that is new for drug related law enforcement
- Structures and systems needed to effectively deal with this problem either did not exist or required significant retooling
  - The difficulty of collecting data

Collaboration: Evaluation

- Progress has been made:
  - In restricting the supply chain
    - Prescriptions and interdictions
  - In communication between LE and non-LE
  - Better routes to treatment (drug court)
  - Better treatment options (injectable naltrexone)
  - Wider availability of naloxone has the potential to reduce opioid related deaths

Collaboration: Evaluation

OPIOID DEATHS (Heroin and prescription opioids)

- From 2000 to 2013, there has been a steady increase in opioid death rates in Dane County, with an annual percent increase of 12.8. In 2000, there were 15 opioid-related deaths (3.5 per 100,000) and in 2013, there were 73 opioid-related deaths (14.5 per 100,000).

- The majority (72 %) of opioid deaths in Dane County involve prescription opioids (alone or combined with heroin); heroin was involved in 38% of these deaths. However, 28% of these heroin-related deaths were a combination of heroin and prescription drugs. (2009-2013). In 2013, 15 out of 37 (41%) heroin-related deaths were heroin and prescription opioids combined. In 2014, although there were fewer heroin deaths, the total drug overdose deaths did not change, compared to 2013.

- Many of the opioid deaths in Dane County are a result of a combination of opioids and other drugs. A notable fatal combination is opioids and benzodiazepines: 38% of the opioid-related deaths include both opioids and benzodiazepines (2009-2013). In 2014, this fatal combination continued to be a problem.

Additional materials

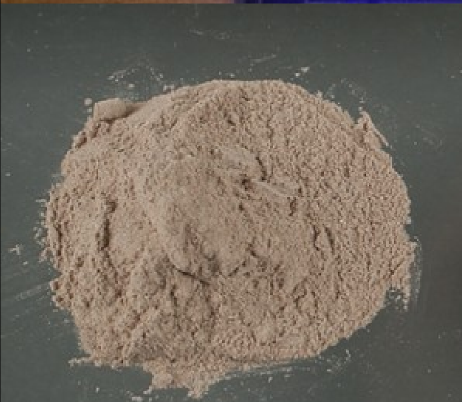
(not presented at the conference)

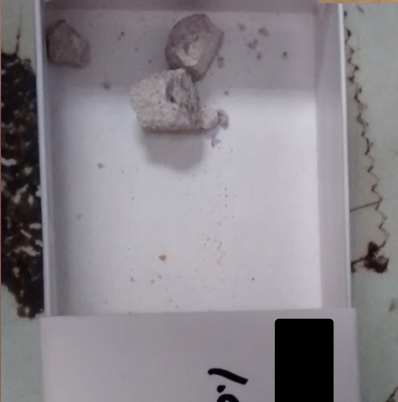
Heroin 101

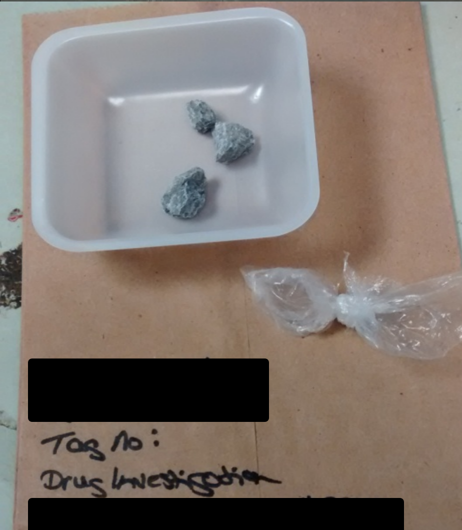
Heroin 101

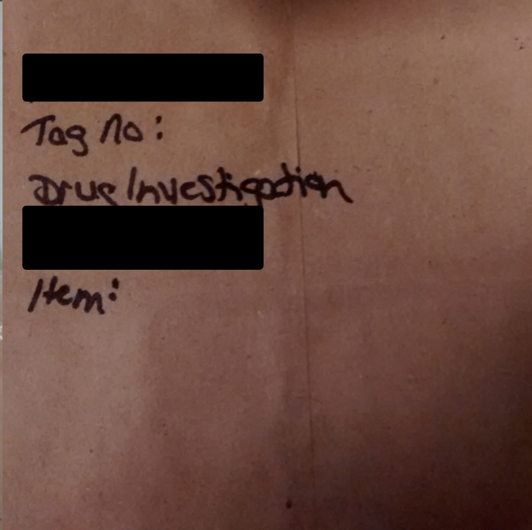
- Heroin is available in virtually any community in the State of WI; almost all of it comes from Chicago
- Heroin in the US is from the Americas (South American source)
- Heroin is more addictive now than in decades past
  - Potency=demand
- Heroin is often 'cut,' which increases its volume (more to sell); the cut may be 'inactive' (inositol) or active (fentanyl, alprazolam)
- Heroin may be bought as powder, chunk, tar
- Heroin may be snorted or injected
- Heroin doses are typically 0.1-0.3 g; a gram of heroin costs approximately $100-$150 in our area
- Heroin dealing takes place in all venues
  - malls, grocery stores, busy parking lots
  - 'methadone maintenance clinics'
- Heroin is usually the end of the progression of opiate addiction
  - We usually don't see the 'pill addicts' (more functional?)

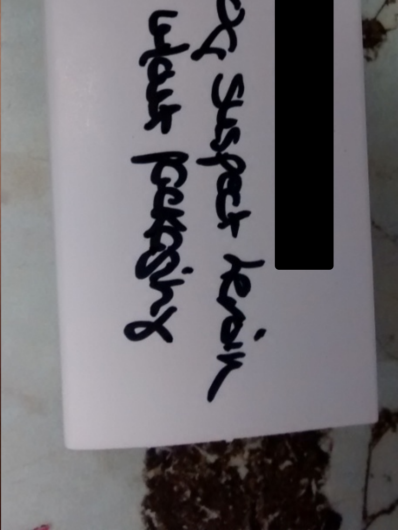
25.2

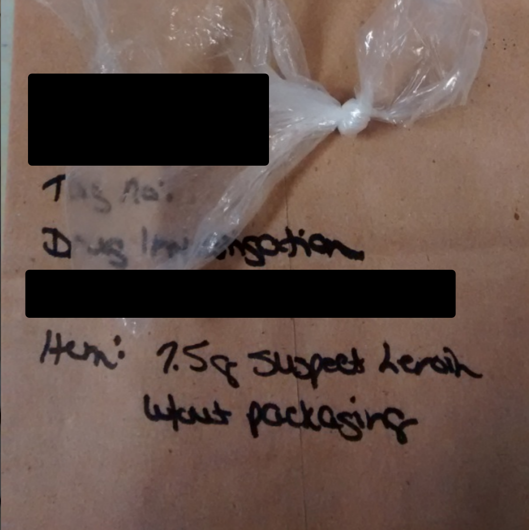





Tag No:
Drug Investigation


Tag No:
Drug Investigation
Item:


1.0g Suspect heroin
w/out packaging


Item: 7.5g Suspect heroin
w/out packaging

Heroin 101: The Users

- Heroin users purchase small amounts frequently
  - Typically ¼ gm to 1 gm at a time ($50-$200)
  - 2-3 to 10-15 times per week
- Users typically have multiple sources; usually one of the sources is preferred
  - better price, better product, better service
- It is not unusual for a user to provide LE with information about one of their dealers but not their primary source
- *Almost all heroin users started on prescription opioids*
  - *legally and/or illegally obtained*

Heroin 101: The Dealers

- Most dealers get their heroin from Chicago
  - Usually car trips; but bus, plane, US mail are not unusual
    - 5 to 100+ g at a time
  - Some heroin comes directly from Mexico (black tar)
- Dealers may sell anywhere from 0.5 to 30+ g at a time in our area
- Dealers may or may not be gang affiliated
- Dealers typically have an established customer network
- Many dealers who used to deal exclusively heroin have resumed dealing cocaine and crack
- Dealers may reside/deal in the central city *or* reside/deal in outlying communities (supply and demand)

Heroin 101: The User-Dealer

- The user-dealer is a person who supports his/her personal drug use by dealing to others
- The user-dealer is both a victim of their addiction and a suspect in the addiction /related problems of others
- User-dealers are part of the reason that heroin is ubiquitous
- User-dealers pose a particular challenge for law enforcement and the criminal justice system
  - What consequences?
  - What treatment?
  - The user-dealer defense

Heroin 101: How LE gets involved

- Overdoses (ODs)
  - But only a fraction of ODs are ever heard about (naloxone)
- Proactive policing
  - Complaint and observation driven (short-term traffic)
- Confidential Informants (C.I.s)
  - Revenge, civic duty, rival, self interest
- Concerned family
  - No where else to turn
- Anonymous tips

For more information:

Lieutenant Jason Freedman
Dane County Narcotics Task Force
JFreedman@cityofmadison.com