

**U.S. DEPARTMENT OF JUSTICE**  
**APPENDIX: CURRENT EFFORTS TO COMBAT OPIOID EPIDEMIC**

The following is a non-exhaustive summary of Department programs and resources that have been committed to combatting the heroin and opioid abuse and overdose epidemic. These initiatives reflect the Department’s multi-faceted approach to tackling this issue and include efforts relating to prevention, enforcement, and treatment.

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**Asset Forfeiture and Money Laundering Section**

Law enforcement and prosecutors are using asset forfeiture and money laundering laws to interrupt, dismantle, and ultimately punish drug organizations and individual narcotics distributors, including those unlawfully supplying heroin and opioids. These laws enable law enforcement to seize and forfeit the instruments of criminal activity—guns, drug paraphernalia, computers, cell phones, businesses, cars, boats, and planes—and also the properties used to facilitate the criminal activity, including drug houses, laboratories, drug storage properties, and land or houses used in grow or manufacturing operations. The laws also enable law enforcement to forfeit the criminal proceeds of narcotic organizations and of individual criminals that fuel the criminal activity. Forfeiture takes the profit out of crime, thereby depriving criminals of their ill-gotten gains. It also sends a message to communities that the material benefits of a criminal lifestyle are ultimately fleeting and illusory and encourages collaboration with community leaders to return blighted (or otherwise criminally used or derived) property to productive use. Finally, forfeiture serves as an additional form of punishment for those who acquire wealth through illegitimate means. Forfeiture (and the accompanying financial investigation) provides capabilities to target and sometimes recover foreign assets of targets, as well. The two primary statutes authorizing forfeiture in drug cases are 21 U.S.C. §§ 853(a) and 881(a), criminal and civil forfeiture, respectively. Federal courts may order the forfeiture of both the drug proceeds

and any real or personal property used to commit or to facilitate the commission of the drug offense. Money laundering charges also enhance our prosecutions and enable additional forfeitures.

### Bureau of Prisons

The Bureau of Prison's (Bureau) drug abuse treatment strategy has grown and changed as advances have occurred in substance treatment programs. This multi-pronged treatment delivery system accommodates inmate treatment needs via four programs: the Drug Abuse Education Course, the Nonresidential Drug Abuse Treatment Program, the Residential Drug Abuse Program, and Community Treatment Services.

- The Drug Abuse Education Course is available at every Bureau institution through the Psychology Services Department. This educational course is designed to motivate qualified inmates to participate in drug treatment.
- The Nonresidential Drug Abuse Treatment Program is a flexible program designed to meet the specific individualized treatment needs of the inmates. It is available to inmates at every institution as a 12-24 week program conducted primarily in a group setting, utilizing a cognitive-behavioral model of treatment. The content addresses criminal lifestyles and provides skill-building opportunities in the areas of rational thinking, communication skills, and institution/community adjustment.
- The Residential Drug Abuse Program (RDAP) is the Bureau's most intensive treatment program, in which participants live in a housing unit separate from the general population, participate in half-day programming and half-day work, and participate in school or vocational activities. At present, 90 RDAPs operate at 77 locations. The RDAP provides intensive drug abuse treatment to inmates diagnosed with a substance use disorder as defined by the American Psychiatric Association. It is typically nine months in duration and is grounded in the cognitive-behavioral theoretical model. The residential treatment unit operates as a modified therapeutic community, which is designed to enable individual members to view themselves from other perspectives and in roles different from the ones they have created for themselves. The Bureau and the National Institute on Drug Abuse combined funding and expertise to conduct a rigorous analysis of the Bureau's RDAP. Research findings have demonstrated that RDAP participants are significantly less likely to recidivate and less likely to relapse to drug use than non-participants. The studies also suggest that RDAPs make a significant difference in the lives of offenders following their release from custody and return to the community.
- Additionally, Community Treatment Services (CTS) is a reentry effort of the Bureau's Psychology Services Branch. CTS provides continuity of care for offenders placed in Residential Reentry Centers (RRCs) and on Home Confinement. Research has found this period to be the most vulnerable time for an offender to relapse into substance use and/or criminal behavior. Research also demonstrates continued treatment and supervision are essential elements of the offender's treatment and success. CTS provides a comprehensive

network of contracted community-based treatment providers in all 50 states, three U.S. Territories, and the District of Columbia. The network of professionals consists of licensed individuals (e.g. certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies providing a variety of services available in the community. Significantly, CTS staff work closely with U.S. Probation and, where appropriate, the Court Services Offender Supervisory Agency (CSOSA), to establish a continuum of care as the offender leaves the Bureau's custody and moves to supervised release. To facilitate this process, the U.S. Probation and Pretrial Services System and CSOSA are provided a comprehensive discharge/termination report on all offenders who have participated in treatment in the community. This provides the supervising officers valuable information regarding the offender's treatment progress and ongoing treatment needs.

### Community Oriented Policing Services

#### *Grants*

In FY 2015, the Office of Community Oriented Policing Services (COPS Office) was appropriated \$7 million for a new Anti-Heroin Task Force (AHTF) grant program. An additional \$7 million was appropriated for the AHTF program in FY 2016. This program funds competitive grants to statewide law enforcement agencies in states with high rates of primary treatment admissions for heroin and other opioids. Funding must be used for investigative purposes to locate or investigate through statewide collaboration (a) illicit activities, including activities related to the distribution of heroin or unlawful distribution of prescription opioids, or (b) unlawful heroin and prescription opioid traffickers. A total of 6 AHTF awards were made to statewide law enforcement agencies in FY 2015. The FY 2016 solicitation for new AHTF grant applications closed on June 1, 2016, and awards are expected to be announced by September 30, 2016.

The COPS Hiring Program (CHP) is the COPS Office's largest grant program, and is designed to assist state, local, and tribal law enforcement in hiring police officers to address specific community policing problems. The applicant must select from one of seven different broad problem areas in the grant application. One of the problem areas applicants may select is "Drug Related Problems," to include drug manufacturing/trafficking, dealing, and abuse. Within this category, applicants must describe in detail the specific drug issue they are planning to address. Programs addressing heroin manufacturing, trafficking, dealing, and abuse may qualify for CHP funding.

#### *Knowledge Resources*

The COPS Office has a substantial library of practical resources, guidebooks, and publications covering a wide range of topics. Two recent publications, developed in partnership with the Office of National Drug Control Policy (ONDCP), warrant special mention:

- *Safe Drug Disposal: A Guide for Communities Seeking Solutions.* Many people are unaware of how safely to dispose of unwanted drugs, which can pose a threat to families. Drugs can be misused, accidentally ingested, and targeted for theft. They can also pose a danger to the environment. This guide provides background on these issues and helps community leaders understand how to safely dispose of drugs, who should be involved in developing a safe drug disposal program, and ways in which to promote such programs to community members. The guide also identifies key issues for program developers to consider and resources they can use. It is available on the COPS Office website at <https://cops.usdoj.gov/RIC/ric.php?page=detail&id=COPS-W0786>.
- *Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use.* As the incidence of opioid and heroin addiction grows, American law enforcement has sought new treatment and control approaches, stressing prevention and treatment as well as enforcement. To identify the most effective of these approaches, The COPS Office hosted the *Law Enforcement and Public Health: Successful Partnerships in Addressing Opioid Use Forum*, in partnership with the Office of National Drug Control Policy and the Police Executive Research Forum. Participants, including public health agencies, law enforcement executives, and other stakeholders, discussed the establishment of treatment and prevention partnerships, the use of naloxone deployment programs, and best practices to mitigate drug use. They also discussed methods for sharing access to data and intelligence. In addition to documenting these discussions, this report describes innovative programs based on collaboration between public health and public safety sectors. This report will be released in conjunction with National Opioid Week and will be made available on the COPS Office website.

### Drug Enforcement Administration

#### *Drug Enforcement Administration's 360 Strategy*

In response to the opioid crisis, the Drug Enforcement Administration (DEA) has developed and deployed a 360 Strategy, which takes an innovative three-pronged approach to combating the epidemic through (1) coordinated Law Enforcement actions against drug cartels and traffickers in specific communities; (2) Diversion Control actions against DEA registrants operating outside the law and long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners; and (3) Community Outreach through local partnerships that empower communities to take back affected neighborhoods after enforcement actions and prevent the same problems from cropping up again.

While law enforcement plays a central role in DEA's 360 Strategy (described below), Diversion Control efforts also are being enhanced. These efforts are designed to prevent diversion by providing education and training within the pharmaceutical and medical community and to pursue those registrants prescribing and dispensing controlled substances outside of the usual course of their professional practice or failing to comply with their corresponding responsibility in filling those prescriptions. DEA is actively engaging with industry, practitioners, and government health organizations to facilitate an honest and frank discussion

about the prescription drug abuse fueling the current heroin crisis. DEA is also working to enhance data collection and tracking through prescription drug monitoring programs (PDMP), medical examiners, and other sources to identify the nature of the drug abuse problem plaguing a particular area.

Further, recognizing that abused prescription drugs often are obtained from family and friends, including from the home medicine cabinet, DEA conducts nationwide prescription drug take-backs to collect pharmaceuticals and promulgates comprehensive, expansive disposal regulations to allow the public more options to dispose of their pharmaceuticals. These regulations effectuate the Disposal Act by establishing requirements that allow authorized registrants to develop secure, ongoing, and responsible methods for ultimate users and long-term care facilities to dispose of pharmaceutical controlled substances.

Another key component of the 360 Strategy is the Community Outreach effort, which is designed to maximize all available resources to help communities turn around the recurring problems that have historically allowed the drug and violent crime problems to resurface after enforcement operations. In order to succeed in eradicating this public health crisis, the DEA 360 Strategy campaign aims to change public perception, attitude, and behavior among its target audiences, including especially our youth and their circle of influence—parents, caregivers and educators. With an overall campaign goal of establishing key partnerships with community coalitions, including members of federal, state, local and tribal government agencies, the DEA 360 Strategy campaign uses a comprehensive communication approach, with aggressive public messaging through mass media, television, radio, and social media outlets, as well as creating a grassroots movement within each community to empower its citizens to take back their neighborhood and create a safer place for their children.

### *Prevention*

DEA also has developed prevention programs focused on communicating information about the dangers of illicit drug use to a variety of audiences through a variety of media. For example, DEA maintains three publicly accessible websites that provide information about heroin and opioids. The websites are (1) the DEA website, [www.dea.gov](http://www.dea.gov); (2) the website for parents, caregivers, and educators, [www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com); and (3) the website for teens, [www.justthinktwice.com](http://www.justthinktwice.com). All three websites include heroin and opiate drug information, fact sheets, and drug fact cards that can be viewed or downloaded. DEA has also written several publications, put on workshops and presentations, and offers exhibits at its museum outlining the dangers of heroin and opioids.

DEA recently partnered with Discovery Education, a division of Discovery Communications, to develop and distribute a prescription opioid and heroin education curriculum to middle and high school students, their teachers, and parents. The name of the DEA/Discovery Education program is called “Operation Prevention.” Operation Prevention will be rolled out nationwide during Red Ribbon Week this October. Its goal is to educate kids about the true danger of prescription opioids and heroin, and to kick-start lifesaving conversations in the home and classroom. This program will be available at no cost to schools nationwide and

include resources such as standards-aligned lesson plans, interactive student activities, parent resources and more—all available online. It will run for at least three consecutive school years (through spring 2019) and will be free for all law enforcement, prevention, treatment, and community groups to use and distribute.

### *General enforcement*

As mentioned above, a key component of DEA's 360 Strategy is coordinated law enforcement operations, using local, tribal, state, and federal partnerships to identify, target, and address the unique drug trafficking and diversion problems that confront our communities. The DEA team knows that drug problems are often unique to the communities they serve—the strategies that work in one particular area may not work in another. With that in mind, the leaders within DEA's field divisions are working closely with their state, local, and tribal counterparts to identify major drug trafficking threats and develop unique enforcement strategies to effectively combat those problems. Those strategies include targeting and prosecuting the most significant drug traffickers and taking advantage of enhanced penalties provided by law for dealers linked to drug overdoses.

In addition to its important role in partnering with the Organized Crime Drug Enforcement Task Force (OCDETF), DEA has increased heroin-related enforcement efforts nationwide. The number of DEA cases involving heroin has increased steadily since 2007. During FY 2015, DEA opened 2,359 heroin cases, an increase of 117 percent over the number opened in 2007. Additionally, heroin-related arrests surged to 6,276 in FY 2015, an increase of 190 percent during this same time period. For example, during Operation Green Treasure, DEA, with the assistance of its domestic and international law enforcement partners, targeted a Mexican drug trafficking organization responsible for trafficking large quantities of heroin into the United States on a monthly basis and Colombian nationals responsible for laundering the illicit profits. Since June 2013, as part of Operation Green Treasure, DEA has seized 211 kilograms of heroin, 23,295 kilograms of cocaine, 13 kilograms of methamphetamine, and nearly \$56 million in assets from traffickers operating in the United States.

Large-scale operations such as Green Treasure benefit from DEA's international Sensitive Investigative Unit (SIU) program. As part of the SIU program, DEA partners with host nations to combat illegal drug trafficking at the source country. SIUs are comprised of groups of host nation investigators that are polygraphed, trained, equipped, and guided by DEA. DEA currently manages 13 SIUs including programs in Mexico and Colombia, countries with strong links to the heroin trade in the United States. SIU host nation law enforcement trainees receive five weeks of instruction at the DEA Training Center located in Quantico, Virginia; ongoing and advanced training; supplemental salaries; as well as access to safe houses and investigative equipment. DEA's SIU program uses proven investigative methodologies and modern technology for law enforcement intelligence gathering to target major drug trafficking organizations dealing in the production and distribution of heroin and other drugs. In reference to Operation Green Treasure, the Colombian National Police SIU, working with the Colombian Attorney General's Office, seized over \$350 million in assets in Colombia.

## *Partnerships and Information Sharing*

Externally, DEA is working with federal, state, local, and tribal partners to address increases in heroin abuse and availability. The DEA Intelligence Division, in conjunction with the New Jersey State Police, the national High Intensity Drug Trafficking Area Program, the Regional Information Sharing Systems (RISS), and the National Network of Fusion Centers (a national conglomeration of information-sharing centers that serve as focal points within the state and local environments for the receipt, analysis, gathering, and sharing of threat-related information between the federal government and state, local, tribal, territorial, and private sector partners) is leading an interagency effort. The goals of the effort are to provide a national assessment of the heroin problem; enhance the capacity to share and exchange information related to heroin investigations and threats; and work with states to coordinate the work of medical examiners, state forensic labs, and treatment providers to gather and share information important to the different communities. DEA Headquarters held the kickoff for this effort in June 2014, with attendance from state and local partners as well as the FBI, the Department of Homeland Security (DHS), and the Office of National Drug Control Policy (ONDCP) and its HIDTA program.

At the request of state, local, and tribal partners, DEA has instituted a Community of Interest (COI) site on the El Paso Intelligence Center (EPIC) web portal, specifically for the exchange of information related to heroin. EPIC's primary mission is to support federal, state, local, tribal, and international law enforcement and interdiction components through improved information sharing within the law enforcement community. EPIC Heroin COI users can post and review law enforcement sensitive reporting related to heroin investigations and trends, as well as access links to investigation de-confliction tools. The COI also provides users with group and individual communication capabilities. EPIC, working closely with the Department of Homeland Security, has established connectivity between EPIC and the DHS HSIN network to further expand information sharing among federal, state, local and tribal law enforcement agencies.

Also, in partnership with the HIDTA Program, state agencies (including the New Jersey State Police), and nontraditional partners (such as the Centers for Disease Control (CDC)), DEA and EPIC are establishing a platform to encourage and promote the sharing of information to all partners involved in addressing the heroin/opioid epidemic. This platform will ensure greater and more timely access to information by the law enforcement community, medical examiners and coroners, and others connected to demand reduction, treatment, and prevention efforts. Further, in order to enhance information sharing and coordination with the medical and treatment communities, DEA has developed a partnership with the Centers for Disease Control. DEA and CDC have done two joint opioid-related health alerts this year. Additionally, beginning in October 2016, DEA and CDC will begin an exchange of personnel to further strengthen information sharing.

## *National Drug Threat Assessment*

DEA is also coordinating and disseminating a multiagency National Heroin Threat Assessment based on responses to a heroin survey of state, local, and tribal law enforcement and on a meeting of all DEA Field Intelligence Managers (FIM) focused specifically on heroin. This report, marked law enforcement sensitive, was completed in April 2015 and updated in June 2016. It has been widely disseminated to federal, state, local and tribal law enforcement partners.

### *Drug Take-Back Programs*

In 2014, DEA announced new rules for implementing the Secure and Responsible Drug Disposal Act of 2010.<sup>1</sup> These rules expand the options available for collecting controlled substances for disposal. Options include drug mail-back programs and collection receptacles at registered locations, such as law enforcement agencies, hospitals and clinics with on-site pharmacies, and retail pharmacies. The goal of the new rules is to expand the options for safe and environmentally sound disposal. Prior to each National Take-Back Day, communities can view eligible collection sites at [http://deادiversion.usdoj.gov/drug\\_disposal/](http://deادiversion.usdoj.gov/drug_disposal/).

### *American Indian and Alaska Native efforts*

DEA diversion units are working with Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) specifically in the area of prescription drug abuse, as there has been a rise in the abuse and sale of prescription drugs on reservations. To prevent deaths from opioid overdose, IHS and BIA partnered to provide naloxone to law enforcement and other first responders in American Indian and Alaska Native communities. DEA has conducted National Drug Take-Back Days in special tribal areas, and DOJ's Bureau of Justice Assistance and the National Congress of American Indians (NCAI) have partnered for crime investigation training for tribal law enforcement agencies regarding prescription drugs.

Rural communities are encouraged to participate in "Telehealth," a new Medicare system created to provide care to underserved and rural areas of America. Telehealth provides two-way telecommunication systems, with real-time audio and video, to connect rural patients with qualified medical professionals. There are also teleconference and email communication capabilities. Such services are covered in rural areas when they take place in a doctor's office, hospital, critical access hospital (CAH), rural health clinic (RHC), federally qualified health center (FQHC), hospital-based dialysis facility, skilled nursing facility, or community health center.

Telehealth and its Medicaid counterpart, telemedicine have been used, for example, to augment evaluation processes for substance use disorders when qualified professionals are not personally available, to conduct psychiatric diagnostic interview examinations, and to facilitate

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<sup>1</sup> These rules can be found online at <https://www.federalregister.gov/articles/2014/09/09/2014-20926/disposal-of-controlled-substances>.



teleconference therapy sessions. As a consequence, children in remote Alaskan villages have been able to access mental health care by way of video-conference from providers physically located hundreds of miles away. Rural communities are interested in Telehealth for the access to services it provides, at comparable costs to in-person sessions. Advanced encryption and other security measures allow Telehealth services to meet HIPAA requirements for confidentiality.

#### Executive Office for U.S. Attorneys

##### *Training and Resources for Federal Prosecutors*

- **Funding:** The Executive Office for United States Attorneys (EOUSA) and the Resource Allocation Working Group of the Attorney General's Advisory Committee (AGAC) set aside funding that can be used to support opioid prevention events in requesting districts, including a showing of the Department-sponsored film, *Chasing the Dragon*. Up to \$5,000 is available for each district to use in support of such an event.
- **Advanced Narcotics Course June 21-24, 2016:** EOUSA and the Criminal Division developed the agenda, which features five and half hours of training on various aspects of prosecuting heroin, fentanyl, and prescription drug cases during this three and half day course.
- **U.S. Attorneys' Bulletin, *Addressing the Opioid Epidemic*** (Anticipated Publication September 2016): EOUSA developed writing topics and solicited writers from throughout the Department, including DEA, OCDETF, Office of Justice Programs, Office of the Deputy Attorney General, and five U.S. Attorneys. The content will feature cross-collaboration and coordinated community efforts focused on education, prevention, treatment, and enforcement.
- **Training Webinars:** In 2003 and 2014, EOUSA produced three webinars focused on addressing the opioid epidemic. In 2013, EOUSA hosted an assistant U.S. Attorney (AUSA) from the Southern District of Florida and the Office of Diversion of the DEA. The AUSA presented on a recent large "pill mill" prosecution and the DEA representatives provided subject matter expertise on prescription drug trends and investigative techniques to an audience of federal prosecutors from around the country. In May 2014, EOUSA co-sponsored a webinar, titled *Opiate Abuse Enforcement and Prevention*, with the Bureau of Justice Assistance (BJA), which focused on community engagement, available federal resources, and Prescription Drug Monitoring Programs. The U.S. Attorneys for the District of Vermont and the Northern District of Ohio talked about their efforts working with community members, victims' families, medical professionals, and others. In December 2014, EOUSA, the Attorney General's Advisory Committee, and BJA co-produced a webinar, *Combating the Opioid Epidemic: Utilizing the U.S. Attorneys' Opioid Toolkit & Department of Justice's Naloxone Toolkit*, in an effort to promote additional resources for the U.S. Attorneys' offices. This webinar included a presentation by medical professionals from western Pennsylvania who have worked closely with the U.S. Attorney's Office in the Western District of Pennsylvania.

### *The National Heroin Coordination Group (NHCG)*

The National Security Council (NSC) Transborder Security and Western Hemisphere Directorate's Interagency Policy Committee (IPC) on Mexico Security Priorities directed the formation of the National Heroin Coordination Group (NHCG) within the Office of National Drug Control Policy (ONDCP). This group produced a Heroin Availability Reduction Plan (HARP) and holds a monthly HARP Law Enforcement Secure Video Teleconference (SVTC). EOUSA and a U.S. Attorney from the AGAC's Controlled Substance and Asset Forfeiture Working Group participate in these monthly meetings.

### *Indian Country*

American Indian and Alaska Native Populations are often affected by substance abuse. EOUSA has recently met with DEA Diversion and Indian Health Services to understand the prevalence of opioids on tribal land and the current efforts of federal agencies to address this issue. The Native American Issues Subcommittee of the Attorney General's Advisory Committee addressed this issue at its most recent meeting in June 2016 with tribal partners.

### *Opioid Toolkit*

At the request of the Attorney General Advisory Committee, EOUSA and the U.S. Attorney's Office (USAO) for the Western District of Pennsylvania developed an internal Department of Justice Opioid Toolkit to assist the U.S. Attorneys' offices with the opioid epidemic and the rise in heroin usage and overdoses. The Toolkit provides USAOs with templates for community outreach, training, and litigation efforts.

### Federal Bureau of Investigation

The FBI has adopted a three-pronged approach to the national heroin epidemic. The strategy is based on lowering demand, lowering the supply, and enhancing intelligence collection and dissemination.

### *Prevention:*

On February 4, 2015, the FBI, in partnership with the DEA, released *Chasing the Dragon*, a 45-minute documentary produced by the FBI that focused on the victims of prescription drug and opioid abuse. The documentary featured unscripted interviews from a cross-section of individuals who were either addicted to opiates, or suffered as a loved one was addicted. Since the film debuted, we have distributed at least 200 copies of the DVD and corresponding study guide to every field office (56) throughout the country. To date, the FBI has, in partnership with the DEA, hosted more than 35 screenings in front of educators, counselors, school resource officers, addiction counselors, medical executives and recovery groups, among others, in cities across the country.

In addition to the screenings, the film has been the subject of at least three film festivals. The Reel Recover Film Festival has asked to show the documentary at two of their festivals in Los Angeles and New York this fall. In addition, the American Public Health Association Film Festival has made the film the centerpiece of their annual meeting in December of this year, which more than 15,000 people are expected to attend.

The FBI has also made *Chasing the Dragon* available for free on FBI.gov, where the film has received 250,000 hits since it debuted in February.

### *General Enforcement*

The FBI participates in the Airport, Heroin, and Money Laundering Initiatives, which are national initiatives of the Organized Drug Enforcement Task Force (OCDETF). These issues affect all OCDETF regions, all OCDETF participating federal agencies and numerous state, local and tribal law enforcement partners.

- The National Money Laundering Initiative (NML) seeks to map and dismantle the heroin-funded financial networks operated by Transnational Criminal Organizations based in the Western Hemisphere (TOC West) that have a global reach. The intelligence gathered will help to generate leads for field offices as well as identify crossover between field offices, common facilitation platforms, threat actors, and emerging trends in money laundering. Conservatively, it is estimated that TOC West actors launder hundreds of millions of dollars annually. The scope of money laundering by TOC West actors is a priority intelligence gap for U.S. law enforcement and intelligence agencies.
- The Airport Security National Strategic Initiative targets the use of commercial airlines and airports by TOCs to transport narcotics, illicit proceeds and/or other contraband. This phenomenon is a significant and growing problem in the United States and is particularly troubling because these groups breach airport security is on a regular basis. The extent of exploitation of airports by TOC West actors is an intelligence gap and poses a potential national security threat.
- The Heroin Initiative is in response to the increased use of heroin in the United States between 2007 and 2015. Two key components in the epidemic are the increased availability of low priced high-potency heroin and rising opioid addiction stemming from abuse of controlled prescription drugs. In response to US demand for heroin, opium poppy cultivation by Mexican Transnational Criminal Organizations (MTCO) almost tripled from 26 metric tons in 2013 to 70 metric tons in 2015. While MTCOs have become the largest supplier of heroin, Colombian and Dominican organizations also traffic heroin into the United States. The rise in heroin use is accompanied by a dramatic increase in opioid deaths. Moreover, fentanyl, a potent synthetic opiate analgesic, is often mixed into heroin or sold as heroin. Fentanyl and its variants are also linked to the increase in opioid deaths in the United States.
- The substantial and increasing threat associated with prescription drug fraud and abuse is noted in the estimated national health expenditures for prescription drugs, exceeding \$300

billion in FY 2016, and the associated Medicare expenditures exceeding \$85 billion. In response to the threat, the Financial Crimes Section/Health Care Fraud Unit of the FBI has established a Prescription Drug Initiative (PDI). The objectives of the PDI are to identify and target criminal enterprises and other groups engaged in prescription drug schemes, identify and prosecute, where appropriate, organizations with improper corporate policies related to prescription drugs, and identify and prosecute, where appropriate, organizations with improper provider drug-prescribing and dispensing practices.

### *Transnational Criminal Organizations*

In 2011, the Congressional Supplemental Appropriations Bill funded the establishment of the Hybrid program to target MTCOs through a cross-programmatic approach along the southwest border of the United States. The bill funded FBI personnel, operations, and logistics. Through this funding, Hybrid Squads were established in the following seven field offices: San Diego, San Antonio, Dallas, San Juan (disbanded in 2013), Phoenix, Albuquerque, and El Paso. Subsequently, Task Force Officer funding was allocated for FBI Hybrid Squads through the FBI's Task Force Budget.

In February 2016, because of the heroin epidemic, the Hybrid program changed its name at the request of executive management at FBI Headquarters to Criminal Enterprise Task Force Program (CETF). The name was changed to more clearly define the mission of the task force, to identify the criminal enterprise, and to make clear that the criminal enterprise threat uses a myriad of criminal activities to perpetuate its existence.

The FBI has established 17 CETFs throughout the United States: Albuquerque, Boston, Charlotte, Chicago, Dallas, El Paso, Kansas City, Knoxville, Los Angeles, Newark, Oklahoma City, Phoenix, San Antonio, San Diego, San Juan, Salt Lake City, and St. Louis. Four of these—in Charlotte, Kansas City, Knoxville, and San Juan—are new, established between December 2015 and August 2016.

### *Gangs*

The FBI's National Gang Intelligence Center (NGIC) has found gangs are selling and distributing heroin and fentanyl-laced heroin in the US, leading to growing concerns about user overdose and handling precautions for law enforcement. The FBI's Safe Streets and Gang Unit has seen an alarming trend of gangs selling heroin and fentanyl-laced heroin versus traditional gang-related drugs such as cocaine and crack cocaine. Gangs often receive the heroin and fentanyl from MTCOs, specifically the Sinaloa Cartel. Greater heroin supplies have resulted in lower prices in the United States. MTCOs use private vehicles, commercial trucks, buses, and body carry techniques to transport heroin into Arizona, southern California, or Texas. From these points of entry, the heroin is moved to hubs such as Los Angeles, Chicago, Detroit, Atlanta, or Utah. For example, in June 2015, MTCOs attempted to conceal heroin in lollipops and transport them on a commercial bus from Mexico, via the Laredo, Texas port of entry, to Chicago. After reaching hubs, the heroin is transported to secondary markets, where it is often distributed by violent gangs. The primary heroin consumption markets are in the Northeast and Midwest.

Although MTCOs have become the largest supplier of heroin, Colombian, Dominican, and, to a lesser extent, West African organizations traffic heroin into the United States as well. Colombian and Dominican traffickers primarily operate in the Northeast and Caribbean, transporting drugs on commercial aircraft through New York City, Newark, Miami, and Orlando. West African organizations typically transport southwest Asian heroin using couriers on commercial aircraft or containerized cargo. This heroin is typically destined for markets on the East Coast, such as Washington and Baltimore.

The FBI has been steering operational resources to address increasing number heroin-related deaths. For example, in May 2016, FBI Pennsylvania indicted a known Outlaw Motorcycle Gang member who sold fentanyl-laced heroin that resulted in a fatal overdose; the seller reportedly obtained the heroin from a Bloods street gang member. Additionally, in April 2016, FBI Buffalo disrupted the Ortiz Brothers Gang following the arrest of one of its members who was a known distributor of fentanyl-laced heroin. In September 2015, FBI Baltimore reported an alleged Black Guerrilla Family member who sold fentanyl-laced heroin to a customer who died as a result of an overdose.

Additionally, the FBI has had considerable success in disrupting and dismantling those violent gangs responsible for the distribution of heroin. For example, in July 2016, The West Resident Agency (WRA) Safe Streets Gang Task Force (SSGTF), out of the Chicago Field Office (CG), executed a federal search warrant at the residence of a Latin Kings gang member and arrested 10 Latin King subjects. Following the execution of the arrest warrants, FBI CG conducted a federal search warrant for the premises resulting in the seizure of 14 kilograms of heroin, three kilograms of cocaine, and three guns.

The NGIC believes gangs will likely continue to distribute heroin and fentanyl-laced heroin due to its lucrative profits. The distribution of fentanyl-laced heroin is not linked to a specific gang but rather spread among neighborhood-based gangs, as well as national-level gangs.

As a result of the heroin and heroin laced with fentanyl threat, the FBI has developed a Key Intelligence Question for FY 17 asking the FBI's field offices to collect intelligence on the issue. The FBI considers it a priority to collect vital intelligence in order to enhance our understanding of the extent gangs to which are involved in the sale and distribution of heroin and fentanyl-laced heroin.

#### Narcotic and Dangerous Drug Section

The Criminal Division's Narcotic and Dangerous Drug Section (NDDS) assisted in the development of the agenda for EOUSA's Advanced Narcotics Course on June 21-24, 2016, an event that featured five and half hours of training on various aspects of prosecuting heroin, fentanyl, and prescription drug cases during this three and half day course. NDDS also participates in the Office of National Drug Control Policy's National Heroin Coordination Group (NHCG). Established at the direction of the National Security Council's Transborder Security and Western Hemisphere Directorates, this group produced a Heroin Availability Reduction Plan

(HARP), currently meets on a weekly basis to share heroin and fentanyl-related intelligence, and holds a monthly HARP Law Enforcement SVTC. Starting in April 2016, the NDDS deputy legal attaché in Mexico City has served on the embassy's Heroin/Fentanyl Working Group. In this capacity, the deputy attaché meets biweekly with AUSAs and stateside agents to address bilateral heroin and fentanyl investigations, attends a DEA-hosted monthly multi-agency meeting to coordinate agency efforts with the Government of Mexico to attack and eradicate the heroin and fentanyl problem, and is working with Mexico's Assistant Attorney General's Office for Special Investigations on Organized Crime (SEIDO) on the creation of a working group composed of three prosecutors and two intelligence analysts dedicated to working on heroin and fentanyl cases under the supervision of SEIDO's anti-drug unit chief.

### National Heroin Task Force Report

The National Heroin Task Force, mandated by Congress and led by the Department, met several times during the past year, ultimately submitting a report to Congress in December 2015 that outlined a comprehensive strategy for addressing the heroin and prescription opioid crisis. The report's signature feature was to call for an integrated public safety and health response to this multi-faceted problem. The report can be found online at <http://www.justice.gov/file/822231/download>.

### Office of Justice Programs

#### *Harold Rogers Prescription Drug Monitoring Program*

As of August 2015, 49 states, the District of Columbia, and Guam have passed legislation authorizing a Prescription Drug Monitoring Program (PDMP) and have active programs. These programs have proven very effective in reducing prescription drug abuse. Attempting to capitalize on these efforts, the Bureau of Justice Assistance (BJA) works to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze data on controlled substance prescriptions and other scheduled chemical products through a centralized database administered by an authorized state agency. In FY 2015,<sup>2</sup> BJA awarded 12 PDMP implementation and enhancement grants through the Harold Rogers PDMP grant program. These grants are used to establish PDMP programs where one does not exist, to enhance and modernize established PDMP programs, to facilitate interstate data sharing, to develop training program for physicians and other PDMP users, or to assess the efficiency and effectiveness of PDMP programs.

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<sup>2</sup> The FY15 Harold Rogers Implementation and Enhancement Grantees include the Florida Department of Health, the Texas State Board of Pharmacy, the New Hampshire Department of Justice, Wisconsin Department of Safety and Professional Services, Kentucky Cabinet for Health and Family Services, New Jersey Department of Law and Public Safety, Nebraska Department of Health and Human Services, Nevada State Board of Pharmacy, Pennsylvania Department of Health, Montana Board of Crime Control, Oklahoma Bureau of Narcotics and Dangerous Drugs Control, and the Ohio Board of Pharmacy.

As of 2015, BJA has also invested in more than a dozen multidisciplinary, data-driven grants that use PDMP data and other local, tribal, state, and national data sources to inform approaches to combat the opioid crisis, including researcher-practitioner partnerships. These innovative multidisciplinary pilot programs focus on increasing use of the PDMP as the focal point of a comprehensive drug abuse prevention strategy and enhancing the capacity of state, local and tribal organizations to analyze and leverage data from diverse sources to monitor drug addiction trends, identify sources of diversion, and improve decision-making. This project is unique and represents an analytical, data-driven approach to local and regional problem solving not found in other federal efforts to address opioid and heroin abuse. The following three multidisciplinary, data-driven grants represent innovative approaches advancing policy, practices, and successful programs in the field.

- **Arizona’s Prescriber Report Cards:** In 2014, the Arizona Board of Pharmacy, which operates Arizona’s PDMP, began issuing prescriber report cards based on data maintained in the state’s PDMP. The report cards detail the provider’s prescribing history, including their ranking compared to the “average” prescriber of the same specialty, and a summary or graphical representation of their prescribing history. The project began as a pilot program in four counties (Yavapai, Pinal, Graham and Greenlee) and was later expanded statewide. The prescriber report cards are generated and distributed by the PDMP every quarter and sent to prescribers who have issued at least one controlled substance prescription during the previous quarter. Approximately 26,000 prescribers in Arizona receive the reports which represent 84% of the registrants with authority to prescribe controlled substances in Arizona. Each prescriber receives a report specific to his or her prescribing history. The report also shows comparisons to other prescribers with the same specialty within the county and statewide. The report cards focus on five major drugs: Carisoprodol, benzodiazepines, hydrocodone, oxycodone and other pain relievers. The report card categorizes the prescriber’s prescribing as “normal,” “high,” “severe” or “extreme.” A letter is sent with the report explaining the program and emphasizing its purpose in promoting appropriate prescribing for the selected drugs. The Arizona PDMP has seen evidence that more prescribers are querying the PDMP and have adjusted their prescribing habits since they began issuing prescriber report cards. In Pinal County, for example, the percentage of prescribers meeting the “outlier” criteria for total dosage units fell 26% and prescriber PDMP usage increased 14% in just one year. For additional information about how prescriber report cards are being used in other states, please see the following publication:  
[http://www.pdmpassist.org/pdf/Report\\_Card\\_TAG\\_20160315\\_final.pdf](http://www.pdmpassist.org/pdf/Report_Card_TAG_20160315_final.pdf).
- **Maryland’s Overdose Fatality Review Teams:** In 2013, the Maryland Department of Health & Mental Hygiene implemented pilot Overdose Fatality Review (OFR) teams in Cecil County, Wicomico County and Baltimore City. OFR teams were modeled after the successful Child Fatality Review program. OFR teams conduct confidential reviews of fatal overdose incidents within their counties to identify key risk factors for overdose; opportunities for intervention with high-risk individuals; and changes to laws, policies, procedures, and programs that may prevent future fatal and nonfatal overdoses. To facilitate the case review process, the Maryland Department of Health and Mental Hygiene (DHMH)

Behavioral Health Administration, in cooperation with the DHMH Office of the Chief Medical Examiner and Vital Statistics Administration, provides OFR teams with detailed information on overdose decedents and the circumstances of death. This state-level information augments data available from local health departments, probation departments, the courts, community healthcare providers, hospital emergency departments, EMS providers, social services, law enforcement and other sources. A State Overdose Advisory Council, composed of public health and safety authorities and overdose prevention experts, advises and provides support for the OFR process, including issuing reports on best practices in data sharing and analysis. As of March 2015, Maryland's OFR program had been expanded to 15 operational teams. Some notable trends have emerged from the teams, which have led to changes in intake questionnaires to include questions about overdose history, increased focus on outreach to families to provide treatment services and overdose prevention training, and improvements to the quality of referral systems. Several states are presently trying to replicate this review process.

- **New York RxStat:** In 2012, New York City launched the RxStat initiative in response to the growing number of overdose deaths. Led by the New York City Department of Health and Mental Hygiene, in partnership with the New York/New Jersey HIDTA, a multidisciplinary data-focused group began examining data related to overdose deaths, physician prescribing patterns, and crime rates. The RxStat initiative used existing datasets to compare and triangulate findings across all datasets. The information generated from this analysis was used to target interventions and policy responses to reduce deaths and illness. The datasets used by the RxStat initiative are documented in a BJA-funded technical assistance manual available at <http://www.pdmpassist.org/pdf/RxStat.pdf>. The technical assistance manual also provides a roadmap that can be used by communities interested in replicating the RxStat approach.

Although PDMPs focus on monitoring legal controlled substances, the link in abuse patterns between opioid analgesics and heroin cannot be ignored. Therefore, PDMPs play an important role in identifying doctor shopping and diversion. The PDMP Training and Technical Assistance Center (TTAC) at Brandeis University, in partnership with BJA, hosts an annual PDMP National Meeting. The meeting helps government agencies and partnering organizations to better understand PDMPs, their capabilities, interstate data sharing, and how agencies can collaborate to use PDMPs to most efficiently address the issues of prescription drug abuse and diversion.

Finally, BJA has supported the development of consensus-based national standards to enable interstate sharing of PDMP data. The evolution of these standards over time has resulted in the creation of the National PMIX Architecture, which is currently in use or being implemented by all existing interstate data-sharing hubs. This architecture provides a framework supporting the ability of states to share data seamlessly and securely across state borders regardless of their chosen technical solution. These capabilities will also prove useful in establishing connectivity between PDMP programs and state Health Information Exchanges, thereby putting up-to-date prescription dispensing data in the hands of the physicians that are



prescribing these potentially dangerous controlled substances. This effectively ‘closes the loop,’ creating a complete view of a patient’s medication history to better inform prescribers prior to issuance of new prescriptions and providing regulators and law enforcement with the tools they need to take enforcement action against those engaged in illegal drug seeking and diversion.

#### *Prescription Behavior Surveillance System (PBSS)*

The BJA, the CDC’s Unintentional Injury Center, and the Food and Drug Administration’s Safe Use Initiative are collaborating with the PDMP Center of Excellence (COE) at Brandeis University to undertake the Prescription Behavior Surveillance System (PBSS) project. The goal of the PBSS project is to create an early warning surveillance and evaluation tool based on de-identified, longitudinal data from state PDMPs. This tool is intended to measure trends in controlled substance prescribing and indicators of medical use and possible non-medical prescription drug abuse and diversion. A second goal of the project is to inventory, assess the evidence base for, and evaluate prescriber educational initiatives that aim to enable safer prescribing of controlled substances, using the PBSS database when feasible to assess the effectiveness of selected prescriber initiatives.

There are 12 states currently involved in the PBSS project. Eight of the states have provided data back to 2010. Four additional states have Memoranda of Understanding under review by their counsel. At least 16 studies have been initiated using PBSS data, many of them by federal agencies. Examples of how the data is being used include hotspot analysis in five New England states, state-level analysis of Zohydro prescribing patterns, an examination of associations between neonatal abstinence syndrome rates and PBSS opioid risk indicators, analysis of the effect of state prescriber mandates on data indicators, and a study of prescribing patterns for Medical-Assisted Treatment (MAT).

#### *Girls Inc.’s Friendly PEERsuasion*

Girls Inc.’s Friendly PEERsuasion program is a prevention program designed to help girls ages 11 to 14 avoid substance use. The program aims to develop girls’ skills to resist pressure to use harmful substances, such as drugs, and learn healthy ways to manage stress. It reaches approximately 10,000 girls nationwide each year. Supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Manila Consulting Group, Inc. conducted a process and impact evaluation of PEERsuasion using an experimental design to determine if the program is effective in reducing girls’ substance use and attitudes toward substance use, as well as their association with peers who use substances. While preliminary evaluation results are promising, the longer- term evaluation will investigate whether the positive short-term impacts are sustained for one year following program participation. A final report is anticipated to be published in late summer 2016.

#### *Service for Victims of Crime*

The Office for Victims of Crime (OVC) Victim Assistance Program is a formula grant program authorized by Section 1404 of the Victims of Crime Act of 1984, Public Law 98-473,

codified at 42 U.S.C. 10603. The new implementing regulation supersedes the Victims of Crime Act (VOCA) Guidelines (published at 62 FR 19607) that have been in effect since April 22, 1997, and reflects changes in OVC policy and the needs of the crime victim services' field. The final rule allows grant-funded service providers who meet local professional credentialing standards to provide mental health counseling and care, including outpatient substance-abuse treatment, so long as the treatment is directly related to the victimization..

#### *Data-Sharing Initiative*

In July 2012, ONDCP convened top officials from the Department of Justice, the Department of Health and Human Services (HHS), and the Department of Defense (DOD) to discuss the latest data regarding heroin trends in the United States and the administration response. ONDCP directed Federal public health and safety officials to increase data sharing, identify trends in substitution between prescription painkiller abuse and heroin use, and coordinate a timely and evidenced-based response to any emerging trends in the abuse of opioids.

Consistent with that directive, the Global Justice Information Sharing Initiative (Global) Advisory Committee (GAC), a Federal Advisory Committee to the Attorney General, is tasked with providing recommendations on promising national information-sharing policies, practices, and technologies to solve priority problems and improve the administration of justice. In 2015, the GAC formally recommended *Justice System Use of Prescription Drug Monitoring Programs: Addressing the Nation's Prescription Drug and Opioid Abuse Epidemic* as a challenge and call to action for its members, partners, and national leaders from the justice and health domains toward developing and adopting necessary information-sharing capabilities, leveraging existing solutions, and collaborating across domains. BJA's and Global's overarching goal is to facilitate policymaker and practitioner access to critical data from a variety of sources to better inform public health and public safety responses to this national crisis.

#### *Bureau of Justice Assistance's Smart Policing Initiative (SPI)*

BJA's Smart Policing Initiative supports jurisdictions throughout the United States in implementing and rigorously testing innovative, evidence-based policing strategies. A subset of grantees have identified heroin and drug addiction as significant contributing factors affecting crime rates and associated challenges to be addressed as part of their Smart Policing Initiative project.

For example, in Reno, Nevada, the Smart Policing Initiative project team provided specialized prescription drug abuse training for police and relevant professionals, distributed "MedSafe" locking medicine cabinets for members of the public's homes use as well as other educational materials, and deployed kiosks for the proper disposal of unused and expired prescriptions and over-the-counter medication.

#### *National Institute of Justice (NIJ) Research Projects*

NIJ furthers the Department's crime prevention and law enforcement goals by supporting research on drug-related crime to promote effective law enforcement, court, and corrections responses to illegal drug markets (including diversion of legal drugs) and criminal behavior related to drug use. Under its Controlled Substances and Forensic Toxicology program, NIJ's Office of Investigative and Forensic Sciences funds research to improve drug recognition and detection for law enforcement and offender monitoring. NIJ's research on illegal prescription drug market interventions examines the following:

- Strategies and resources for High Intensity Drug Trafficking Areas (HIDTAs)
- Using the North Carolina Controlled Substances Reporting System to identify providers manifesting unusual prescribing practices
- Optimizing PDMPs to support law enforcement activities
- Policy analysis of Florida House Bill 7095 for diversion of psychoactive prescription drugs

Under an FY2016 solicitation, NIJ intends to fund research on criminal justice tools, protocols, and policies that focus on drug intelligence and community surveillance, criminal (including medico-legal) investigation, and prosecution. For more information on NIJ's drugs and crime research portfolio, visit <http://www.nij.gov/topics/drugs/Pages/welcome.aspx>.

#### *Multi-Jurisdictional Drug Interdiction Training*

BJA offers a Multi-Jurisdictional Drug Interdiction training, which is a 24-hour course designed for law enforcement officers who patrol major highways and city streets in all parts of their communities, including rural areas and tribal land. This course addresses issues commonly encountered by officers during a criminal interdiction encounter. The course covers basic legal information concerning search and seizure; the primary types of legal searches, including traffic stops and in-depth vehicle search (including rental cars, motor homes, trailers and trucks); common concealment methods; and detection practices. Search techniques are taught for all areas of these conveyances. The course covers common methods suspects use to defeat law enforcement. Students learn pre-search objectives, officer safety during vehicle searches, and an understanding of the common pitfalls associated with vehicle contraband searches, and are taught to locate after-market hidden compartments and contraband concealed in container trucks and to detect electronically hidden compartments. More information and upcoming training dates can be found at <https://www.ncjtc.org/IASAP/Pages/Training.aspx>.

#### *BJA's Law Enforcement Naloxone Toolkit*

Many states, localities, and tribes are facing historic levels of opioid abuse and the consequences it brings, including an increase in overdose deaths. Every day, over 100 Americans die from drug overdoses, which outnumber deaths from gunshot wounds or motor vehicle crashes. More than half of these deaths involve opioids such as heroin and prescription pain relievers. In the five years between 2006 and 2010, heroin-related deaths in the United States rose a dramatic 45 percent. It's clear that opiate addiction is an urgent public health crisis.

Police officers and sheriffs' deputies are often the first on the scene of an overdose, and their actions can mean the difference between life and death. In March 2014, then Attorney General Eric Holder urged local law enforcement authorities to routinely carry naloxone, a drug proven to be effective at restoring breathing to a victim of an opioid overdose. Naloxone, also known as Narcan, is a fast-acting prescription medicine that works to reverse overdoses caused by opioids. An opioid overdose typically takes 45-90 minutes to turn fatal, meaning that there is a critical window for lifesaving intervention. Naloxone helps restore breathing within two to five minutes and can stabilize an overdose victim until proper medical care can be delivered.

As part of his outreach efforts, then Attorney General Holder requested assistance from BJA to convene an expert panel to determine what additional efforts could be taken to encourage law enforcement agencies to carry naloxone. Within three months of the request, the panel was convened. The expert advisory panel included leaders from the law enforcement and public health community, academia, and the federal government, including representatives from BJA, the Office of Justice Programs, the Drug Enforcement Administration, the Office of Communities Oriented Policing Services, the Office of National Drug Control Policy, the Center for Substance Abuse Treatment, the Substance Abuse and Mental Health Services Administration, the Bureau of Indian Affairs, and the Food and Drug Administration.

Following the meeting, BJA worked closely with the members of the expert panel and other federal partners to produce an online toolkit that includes comprehensive information a law enforcement agency would need to start a naloxone program. In October 2014, just three months after the convening, BJA launched the online Law Enforcement Naloxone Toolkit and website.

The online toolkit is a one-stop clearinghouse of resources on naloxone. This toolkit, available at [www.bja.gov/naloxone](http://www.bja.gov/naloxone), offers more than 80 resources—from training guides and data-collection forms to community outreach materials and standard operating procedures—from 30 contributing law enforcement and public health agencies. These resources can be downloaded and customized by users. Technical assistance is available through the naloxone website to help law enforcement departments develop or enhance naloxone programs. The toolkit has been updated twice since its initial release to include updated material.

Since its release, the Law Enforcement Naloxone Toolkit has received approximately 1,000 new visitors each month and an additional 300 returning visitors each month. There are approximately 300 pdf downloads of materials from the toolkit each month. Since the release of the toolkit, the number of law enforcement agencies carrying naloxone has expanded greatly. As of April 2016 there are an estimated 970 law enforcement agencies in the United States carrying naloxone.

### *Drug Courts and Other Criminal Justice System Programs*

Drug Courts are specialized court docket programs that target criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have alcohol and other drug dependency problems, including opioid addiction. BJA and OJJDP administer grants that support adult, juvenile, and family drug courts, veterans treatment courts, tribal healing to

wellness courts, and other problem-solving courts. NIJ's multisite evaluation of adult treatment drug courts found that these programs significantly reduce drug use and criminal offending — both during and after program participation. Compared to traditional case processing and supervision, drug courts have higher investment costs, especially in treatment services. However, savings associated with victim and criminal justice system costs are greater due to fewer crimes, rearrests and incarceration. Drug courts that target offenders with high criminogenic risk and high substance abuse treatment needs yield the most effective interventions and maximize return on investment. As Medication-Assisted Treatment (MAT) has been proven to be an effective evidence-based intervention in the reduction of opioid dependence, BJA has developed new resources to assist drug court practitioners. The following resources provide more information of how to integrate MAT into drug courts programming:

- [Educating Drug Courts on Medication-Assisted Treatment \(MAT\)](#). A certificate is provided for each training module completed.
- Drug Court Practitioner Fact Sheet on MAT, "[Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts](#)."

USAOs have begun to initiate, along with the judiciary, creative presentence diversion-based drug court programs. These diversion programs do not uniformly rest upon avoidance of a federal conviction. While some result in a full dismissal of charges, others result in a probationary sentence or very little incarceration. Currently, 16 districts have a diversion court program, 12 of which deal with drug-related issues. In addition to diversion programs, 53 districts participate in a reentry court. Reentry courts are a form of heightened supervised release. There are considerable variations with respect to the structure, focus, and approach of reentry courts; however, many of these programs target substance abuse.

Juvenile drug courts have been established in many jurisdictions. The HHS Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the OJJDP combined efforts in 2007 with the Robert Wood Johnson Foundation (RWJ) to improve the effectiveness and efficacy of juvenile drug courts. These agencies and the private foundation sponsored an initiative to treat nonviolent, substance-using youth by integrating two models: The Juvenile Drug Court: Strategies in Practice and the RWJ Reclaiming Futures Model. Reclaiming Futures has operated in juvenile drug courts and has improved outcomes by linking community system reforms, treatment for substance use disorders, and community engagement to break the cycle of drug use and crime. Combined, the two models form a systems approach to the delivery of juvenile drug court services to help youth by using evidence-based practices.

BJA also provides support, through their administration of Second Chance Act funds, to improve outcomes for adults with substance use disorders who are reentering the community following incarceration. Finally, BJA supports the Residential Substance Abuse Treatment (RSAT) for State Prisoners Program, which assists states and local governments to develop and implement substance use disorder treatment programs in state, local, and tribal correctional and detention facilities. A portion of RSAT funds is made available to create or maintain community-

based reintegration services for clients. To assist in this reintegration, BJA has established an eLearning curriculum, as well as peer learning opportunities, to educate RSAT practitioners and administrators. These resources provide examples of how all RSAT programs can integrate MAT as a condition upon release for those with opioid or alcohol use disorders. A complementary training video with a sample prison/jail MAT manual is also available. As of September 1, 2016, BJA's guidance has helped to expand the number of state department of corrections MAT programs to 12 and county jail MAT programs to more than 120 in 21 states.

OJJDP also provides funding to support family drug court programs and the Family Drug Courts Training and Technical Assistance (FDC TTA) Program. A 2013 survey of approximately 200 drug courts found that 98% of responding courts reported clients with opioid use disorders. Yet, less than half (47%) reported being able to facilitate access to MAT. In response to this, the FDC TTA Program has worked with family drug courts across the nation to identify strategies that family drug courts can implement to address clients with opioid disorders. These strategies include improving access to comprehensive treatment for opioid use disorders, understanding evidence-based treatment of opioid use disorders, and improving services to pregnant women with opioid use disorders. In 2014, the FDC TTA Program facilitated a webinar, *Closed Doors or Welcome MAT? Opening the Way for Medically Assisted Treatment in FDCs*. The webinar provided an overview of MAT, presented practice and policy examples, and explored implications for collaborative practice between child welfare, treatment, and court systems. The webinar is available at <http://www.cffutures.org/presentations/closed-doors-or-welcome-mat-opening-way-medically-assisted-treatment-fdcs>.

### *Tribal Drug Identification*

BJA offers Tribal Drug Identification training which is designed to help law enforcement or parole/probation officers meet the ever-increasing needs for professionals working in Indian Country to remain current on the most abused drugs in today's society. Participants learn to recognize drug influence through a systematic approach using the seven-step drug recognition process. The hands-on instruction and practical exercises help students develop the skills necessary to recognize the signs and symptoms of persons under the influence of stimulants, hallucinogens, opiates, marijuana, alcohol, depressants, inhalants, and dissociative anesthetics. Law enforcement or parole/probation officers gain the skills needed to recognize impairment caused by the most abused drugs (including alcohol) in Indian Country.

### Office of Victims of Crime

The Department recognizes the strength of Native culture and the healing power of tradition. The Office for Victims of Crime published a new video series titled *A Circle of Healing for Native Children Endangered by Drugs*, which tells the story of historical trauma and shows the impact of this trauma on communities today. But this video series also goes beyond the problems and challenges to show the strength of our Native communities and how cultural practices lead them back to their traditional way of life and bring healing to multiple generations.

The video series is free and available to order at <http://www.ovc.gov/library/videoclips.html>. The full-length video series will soon be online at [www.ovc.gov](http://www.ovc.gov).

### Organized Crime Drug Enforcement Task Forces (OCDETF)

#### *General*

OCDETF is the Department's premier program for supporting law enforcement efforts to disrupt and dismantle large-scale drug trafficking organizations. Its agency members include the DEA, Federal Bureau of Investigation (FBI), Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), United States Marshals Service (USMS), Internal Revenue Service (IRS), Homeland Security Investigations (HSI)/Immigration and Customs Enforcement (ICE), and the United States Coast Guard (USCG). Over the last four fiscal years, the OCDETF Program has seen a significant increase in the percentage of new cases involving prescription drugs and heroin. At the end of the third quarter of FY 2016, 618 cases, or 13% of OCDETF's active caseload, involved the diversion and abuse of prescription drugs. Further, 44% of OCDETF active cases involved heroin distribution.

#### *National Heroin Initiative*

In addition to supporting the large volume of traditional OCDETF cases focusing on disrupting and dismantling high-level criminal networks responsible for distribution of heroin in the United States, OCDETF has developed a new national initiative designed to combat the rise in heroin overdoses and deaths. On December 15, 2014, OCDETF Director Bruce Ohr disseminated to the OCDETF components the OCDETF National Heroin Initiative. The Initiative has two major components: (1) coordinate national information sharing in heroin investigations and prosecutions, and (2) fund local and regional "outside-the-box" initiatives designed to fill in existing gaps in the development of significant heroin cases. In addition, the objectives for the Initiative include the following:

- Obtaining high quality actionable intelligence on heroin transportation and distribution throughout the United States.
- Facilitating national coordination of drug law enforcement efforts among multiple law enforcement agencies in order to assess and analyze the information, evidence, and intelligence obtained through their respective heroin investigations and to focus law enforcement efforts against heroin distributors affecting multiple large cities and communities in the OCDETF regions and nationwide.
- Enabling a concerted, proactive effort among multiple jurisdictions to prosecute the most culpable offenders for drug and financial crimes, to seize and forfeit criminally-derived assets and facilitating property, and to dismantle the criminal organizations and their financial infrastructure.

### Special Operations Division Heroin Fentanyl Task Force Working Group

The United States currently faces a heroin/opioid epidemic of staggering proportions. The impact of heroin, fentanyl, fentanyl analogues, and other novel opioid substances continues to have devastating consequences to our citizens. In an effort to address those issues with workable enforcement solutions, the DEA has established the Heroin Fentanyl Task Force Working Group (HFTFWG) through the multi-agency Special Operations Division (SOD). Members of the HFTFWG include representatives from DEA, HSI, CBP, and the Criminal Division, who meet biweekly to discuss, coordinate, and implement a collaborative enforcement strategy related to the substantial increase in the importation of heroin, fentanyl, fentanyl analogue, and other novel opioid substances into the United States.

The HFTFWG has actively engaged Chinese, Mexican, and Canadian law enforcement counterparts in the fight against the proliferation of illicit opioids available for U.S. consumption. This effort has included several productive meetings in the United States, Mexico, and China since 2015. The work and analysis of the HFTFWG has benefited field components of DEA, HSI, and CBP through coordination and support of ongoing SOD-initiated operations including, among others, SOD Operation Deadly Merchant and Widow Maker. These efforts have resulted in significant opioid seizures, arrests and, most recently, the submission for nomination of two major China-based fentanyl traffickers to the OCDETF Consolidated Priority Organization Target (CPOT) list.

#### United States Attorney's Offices

##### *Summits*

The USAOs also have initiated aggressive public outreach and education campaigns. USAOs hosted or co-sponsored over two dozen opioid-related summits since 2011. These summits involved law enforcement officers, social service workers, medical professionals, academics, and business and community leaders from the impacted district. In some instances, the summits included multi-district and regional participation. The summits all generally promoted the reduction of opioid abuse and overdose deaths. However, each USAO tailors its summit to subject matter and audiences specific to its district or region, and some include the training of local medical professionals. As an illustration, the U.S. Attorney's Office for the Western District of Washington co-sponsored a summit in February 2015 with the University of Washington's Alcohol & Drug Abuse Institute. This summit brought law enforcement officers together with the public health community to seek solutions to the opioid overdose death and heroin use issue in Washington. These summits have led to coordinated efforts spearheaded by the U.S. Attorneys' offices and involving local public health and education partners, including the New Mexico Heroin and Opioid Prevention and Education (HOPE) initiative involving the UNM Health Sciences Center and the U.S. Attorney's Office for the District of New Mexico; the District of Maine's Opiate Collaborative; the District of Maryland's Heroin Task Force; the Community Action Plan for the Northern District of Ohio; the U.S. Attorney's Working Group on Addiction: Prevention, Intervention, Treatment and Recovery in the Western District of Pennsylvania; the Northern District of West Virginia's Project Future; and the Northern District of Alabama's Pills to Needles Initiative; to name a few.



OCDETF partnered with DEA, the U.S. Attorney's Office in Minnesota, and the Hazelden Betty Ford Foundation in holding a national public health and public safety collaborative conference at the Minneapolis Convention Center on September 7-8, 2016.

### *Medicine Abuse Project*

Since 2012, the United States Attorney's Offices have partnered with the Partnership For Drug-Free Kids to promote its national Medicine Abuse Project. The Medicine Abuse Project is a five-year action campaign that aims to reduce the number of teens abusing medicine by half a million by the year 2017. The USAOs have promoted this important effort by chairing panels, giving television interviews, hosting webinars, writing op-eds, and using social media to educate kids on the dangers of abusing prescription and over-the-counter medicines.

### *Successful Regional Approaches:*

- U.S. Attorney's Office for the Northern District of Ohio

In 2012, the district partnered with the Cleveland Clinic to host a daylong summit on the prescription pill crisis to educate the public and law enforcement about the issue. In 2013, the death rate due to heroin overdose continued to increase, and the District chose to hold a second summit, this time focused on heroin. The District wanted the summit to result in real action, and so they began to draft a community-wide action plan that would identify specific actions that every member of the community could take to combat this crisis. With the help of people from all facets of the community, the Northern District of Ohio succeeded in putting together a comprehensive community action plan.

The plan itself is broken down into various sections: Law Enforcement, Education/Prevention, Healthcare Policy, and Treatment. Law Enforcement's initial goals were to create a specialized unit of detectives and prosecutors that respond to every fatal heroin overdose to gather evidence in order to indict dealers in federal court, to create a notification system to alert law enforcement officials when there is a fatal overdose in the district, and to continue to push for treatment for heroin users. The Education/Prevention Subcommittee's initial priorities were to create a local speakers' bureau to coordinate public meetings about the epidemic, expand the drop-box program, and expand a public awareness campaign about the dangers of heroin and opioids. The Healthcare Policy Subcommittee's goals were to advocate for passage of state laws that expand access to Narcan; needle exchange programs; a Good Samaritan law that gives limited immunity to those that report an overdose; a requirement for all doctors to enter data into the state prescription database so they can identify doctor-shopping patients; and expanded training for doctors on the dangers of overprescribing painkillers. The Treatment Subcommittee's priorities were to increase access to MAT and to treatment beds and to train clinicians to recognize substance abuse and respond effectively.

Since the implementation of this community action plan, the district has reached 47,000 people through more than 200 meetings; has passed legislation making Narcan available to friends and relatives of addicts without a prescription, which has saved more than 500 lives to

date; and ensures detectives now respond to every fatal overdose and treat it as a crime scene, making sentences for dealers who sell drugs that have killed people longer. There is still much to be achieved, but the Northern District of Ohio has succeeded in bringing the entire community together to combat this epidemic and has seen tangible, impressive results. More information is available online at <https://www.justice.gov/usao-ndoh/heroin-epidemic>.

- U.S. Attorney's Office for the Eastern District of Kentucky

The Eastern District of Kentucky suffers from a debilitating and widening opioid epidemic, and the District strives to deploy every available tool to fight this issue. After the death of a young woman in the community and a hard-fought success in charging her distributor, the district felt that it needed to do more to save others from the same fate. The district launched two initiatives that have since shown promising results.

The first initiative is the Overdose Prosecution Initiative, which aims to create more effective partnerships with local law enforcement agencies to prosecute overdose cases. They have worked to impose a 20-year mandatory minimum sentence on anyone who unlawfully distributes a Schedule I or Schedule II drug when death or serious bodily injury results from the use of that substance, and have also worked to assure that if the defendant has been previously convicted of a felony drug charge, the penalty is mandatory life imprisonment. In order to prosecute these cases, the district has worked with law enforcement to train them to treat overdose sites as crime scenes. Through intensive training courses, discussions with law enforcement officials about the magnitude of the problem, and providing law enforcement partners with direct dials for the three AUSAs who prosecute overdose cases, the district has been able to charge approximately twenty defendants in overdose cases as of July 1, 2016 and has seen increasing participation by law enforcement officials.

The second initiative is the United States Attorney's Heroin Education Action Team (USA HEAT), which aims to raise public awareness about the heroin epidemic through forming a group of surviving family members of overdose victims who meet once a month to talk about outreach activities and create a dialogue around their observations and experiences. USA HEAT creates presentations featuring childhood photographs and stories memorializing the loved ones of its members, to show the public audience that addiction can happen to anyone and to help them recognize the signs of a drug problem. More information is available online at <https://www.justice.gov/usao-edky/heat>.

- U.S. Attorney's Office for the Western District of Pennsylvania

In 2012, The U.S. Attorney's Office (USAO) held a Prescription Pill Summit at Washington & Jefferson College to increase awareness among healthcare providers and law enforcement and educate the community at large about this problem. The USAO chose that venue because in Washington County and several other counties in Western Pennsylvania, it was clear that an alarming rise in overdose deaths—four times prior recorded levels and much higher than the national average—foreshadowed the convergence of the problems of prescription pill abuse and street heroin. In sum, the country was awash with prescription pills and opportunistic

drug trafficking organizations here and abroad were supplying unprecedented volumes of powerful heroin at the lowest prices ever seen.

In early 2014, the first of at least three acute fentanyl outbreaks occurred in the district. Drug users died by the dozens in proximate locations due to extremely potent fentanyl-laced heroin. The total number of those who died remains unclear due to antiquated reporting protocols and the shame and stigma that are associated with opioid abuse. United States Attorney David J. Hickton subsequently announced the creation of a working group in an effort to halt and reduce overdose deaths in Western Pennsylvania in 2014. Since opioid addictions touch every stratum of society, this working group brought together citizens, parents, physicians, regional leaders, law enforcement, public health experts, human services, pharmacologists, and drug treatment specialists.

In order to improve the prevention, treatment, and recovery of opioid-related overdoses, the working group divided itself into three advisory committees: the Prevention and Education Committee, the Treatment Committee, and the Quality Improvement, Adverse Events and Interdiction Committee (Q/A/I). These committees develop recommendations drawn from the needs of their communities that are submitted to an Executive Committee for implementation. Some of these recommendations include the development of a comprehensive public awareness and education plan to reduce overdose deaths, compilation of informative and resourceful websites, promotion of a regional hotline, education of officers about addiction and MAT, increasing the availability and accessibility of naloxone as a safe antidote for opioid overdoses, establishment and use of a drug overdose database, and promotion of the DEA's National Prescription Take-Back Day initiative. More information is available online at <https://www.justice.gov/usao-wdpa/pr/us-attorney-western-pennsylvania-convenes-working-group-addiction-prevention>.

DEA selected Western Pennsylvania as one of four pilot sites to develop a new enforcement/prevention/diversion model to replicate across the nation. The U.S. Attorney's Office has worked closely with DEA to facilitate this effort.

In January of 2016, U.S. Attorney Hickton asked the University of Pittsburgh Institute of Politics to partner with the USAO to develop a community-based demonstration model along a continuum of care for the purpose of increasing intervention points to divert opioid addicts. This represents the next step in combining public health and public safety, taking into account all of the present challenges to build an effective and sustainable model which can be replicated in other towns, cities, and states and is portable for use in both urban and rural settings.

- U.S. Attorney's Office for the District of New Mexico

On January 8, 2015, New Mexico United States Attorney Damon P. Martinez addressed the opioid abuse crisis prevalent throughout New Mexico at the Bernalillo County Opioid Accountability Summit. Between 2006 and 2010, New Mexico's heroin-related deaths increased at a rate two times greater than the national average of 45%.

U.S. Attorney Martinez and Dr. Paul Roth, Chancellor of the University of New Mexico Health Sciences Center, have agreed their respective organizations will collaborate on the New Mexico Heroin and Opioid Prevention and Education Initiative (HOPE Initiative) in order to reduce the number of opioid-related deaths in New Mexico. This initiative brings together dedicated experts, advocates, and leaders in public health, research and education, law enforcement, and substance use disorder prevention and treatment to combat the opioid epidemic. In addition, the HOPE Initiative serves an integral role in the implementation of the federal Smart on Crime Initiative, an effort to achieve better outcomes throughout the federal criminal justice system, especially with regard to nonviolent, drug-related crimes.

The HOPE Initiative is composed of five components: prevention and education, treatment, law enforcement, reentry, and strategic planning. In accordance with achieving the goals of the HOPE Initiative, the U.S. Attorney's Office will expand on prevention and education programs as well as available treatment options, focus law enforcement efforts to combat the opioid abuse issue, and collaborate with local district attorneys to target heroin and opioid traffickers to effectively remove them from communities. More information is available online at <https://www.justice.gov/usao-nm/pr/remarks-us-attorney-damon-p-martinez-second-bernalillo-county-opioid-accountability>.

In April of 2016, the USAO of New Mexico promoted two efforts at spreading awareness of its community opioid abuse issue. As part of a coalition with Healing Addiction in our Community (HAC) and Bernalillo County, the USAO provided two days of community education, featuring Sam Quinones, acclaimed author of *Dreamland: The True Tale of America's Opiate Epidemic*. The book recounts the personal journeys of addicts, drug traffickers, doctors, pharmaceutical executives, law enforcement officers, and the many families affected by the disease of addiction, explaining how prescription painkillers spawned a new generation of heroin addicts and how heroin traveled from Mexico to Santa Fe and Española. Quinones gave a free book signing and keynote address On April 11th.

In addition, on April 30, 2016, U.S.A. Martinez, Bernalillo County Commissioner Maggie Hart Stebbins, City Councilor Diane Gibson, and Ryan P. Cangiolosi, Chief Strategic Advisor for UNM's Health Sciences Center, joined DEA Assistant Special Agent in Charge Sean R. Waite at a DEA Drug Take Back collection site in Albuquerque, NM, to discuss the impact of DEA's National Take Back Initiative on New Mexico's opioid epidemic. This media opportunity is part of the prevention and education component of the New Mexico Heroin and Opioid Prevention and Education (HOPE) Initiative. More information is available online at <https://www.justice.gov/usao-nm/pr/media-advisory-13> and <https://www.justice.gov/usao-nm/pr/media-advisory-new-mexico-hope-initiative-partners-discuss-impact-dea-s-national-take>.

- U.S. Attorney's Office for the Northern District of Alabama

Pills to Needles is a collaborative initiative begun in 2014 to respond to the sharp spike in heroin deaths in northern Alabama. Beginning in 2012, the U.S. Attorney's Office for the Northern District led a law enforcement push that resulted in the dismantling of a major heroin- and cocaine-trafficking organization in Birmingham, as well as the roundup and prosecution of

more than 40 heroin street dealers and suppliers in the area. Following those prosecutions, the U.S. Attorney's Office collaborated with key partners—including the University of Alabama at the Birmingham School of Public Health, the Jefferson County Department of Health, and the non-profit Addiction Prevention Coalition—to present a one-day summit focused on building awareness of the growing epidemic of opioid abuse and overdose death in Alabama and throughout the country.

Not content to present a summit and be done, the partners used the momentum from the summit to build the community-engaged Pills to Needles Initiative. The initiative's mission is to create a comprehensive and responsive community infrastructure to address this serious public health issue, develop strategies to reduce the ill effects of heroin and prescription drug abuse, and give voice to those affected by heroin and prescription drug abuse. The initiative developed by focusing on coalition building and strategic planning. It has six active working groups formed around key impact areas: public awareness, partnership with law enforcement, medical community engagement, research, policy, and access to treatment. The Pills to Needles steering committee currently is planning a September summit focused on building solutions to the opioid abuse problem.

As part of its contribution to the initiative, the U.S. Attorney's Office, working with University of Alabama at Birmingham Digital Media, created six public service announcement videos on opioid abuse and a short documentary on the effects of heroin addiction on families in the area. The PSAs and documentary are housed on a public website, [www.knowdope.org](http://www.knowdope.org).

- U.S. Attorney's Office for the District of Maine

The Maine Opiate Collaborative (the Collaborative) recognizes that a broad, multi-dimensional approach is necessary to address the public health crisis caused by opiate abuse. Education, prevention, treatment, recovery, and law enforcement must all be significant parts of any solution. The Collaborative brings together people from each of these fields with the goals of identifying and addressing the causes of opiate abuse and proposing solutions. Collaborative members will meet regularly over the coming months and suggest comprehensive proposals to address the opiate crisis. The Collaborative will investigate efforts in other states to determine whether similar approaches would work in Maine. In addition, the Collaborative will solicit input in a series of public forums during which members of the public may share their experiences and ideas. More information on the Collaborative is available online at <https://www.justice.gov/usao-me/maine-opiate-collaborative>.

The Collaborative recognizes three basic tenets: (1) leaders in the fields of education, prevention, treatment, recovery, and law enforcement should seek to raise public awareness about substance use disorders in an effort to diminish the stigma associated with addiction; (2) although law enforcement alone cannot bring an end to this crisis, an effective law enforcement strategy aimed at arresting and prosecuting significant drug traffickers is a necessary component of this effort; and (3) the potential power of education, prevention, treatment and recovery is substantial and should be recognized and publicly promoted.

The crisis we face is not just a crime problem. It is a community public health problem with no simple answers. Addressing this crisis demands that leaders and the public come together to develop a comprehensive strategy that seeks to address all aspects of this crisis. Through collaboration and cooperation among stakeholders at every level, we will make significant strides to build a better, brighter, and more secure future for all Maine citizens.