

GENERAL SESSIONS COURT CONFERENCE

February 28, 2018

THE OPIOID DRIVEN ADDICTION CRISIS
“SCALING UP THE COURTS RESPONSE”

Duane Slone

Circuit Court Judge

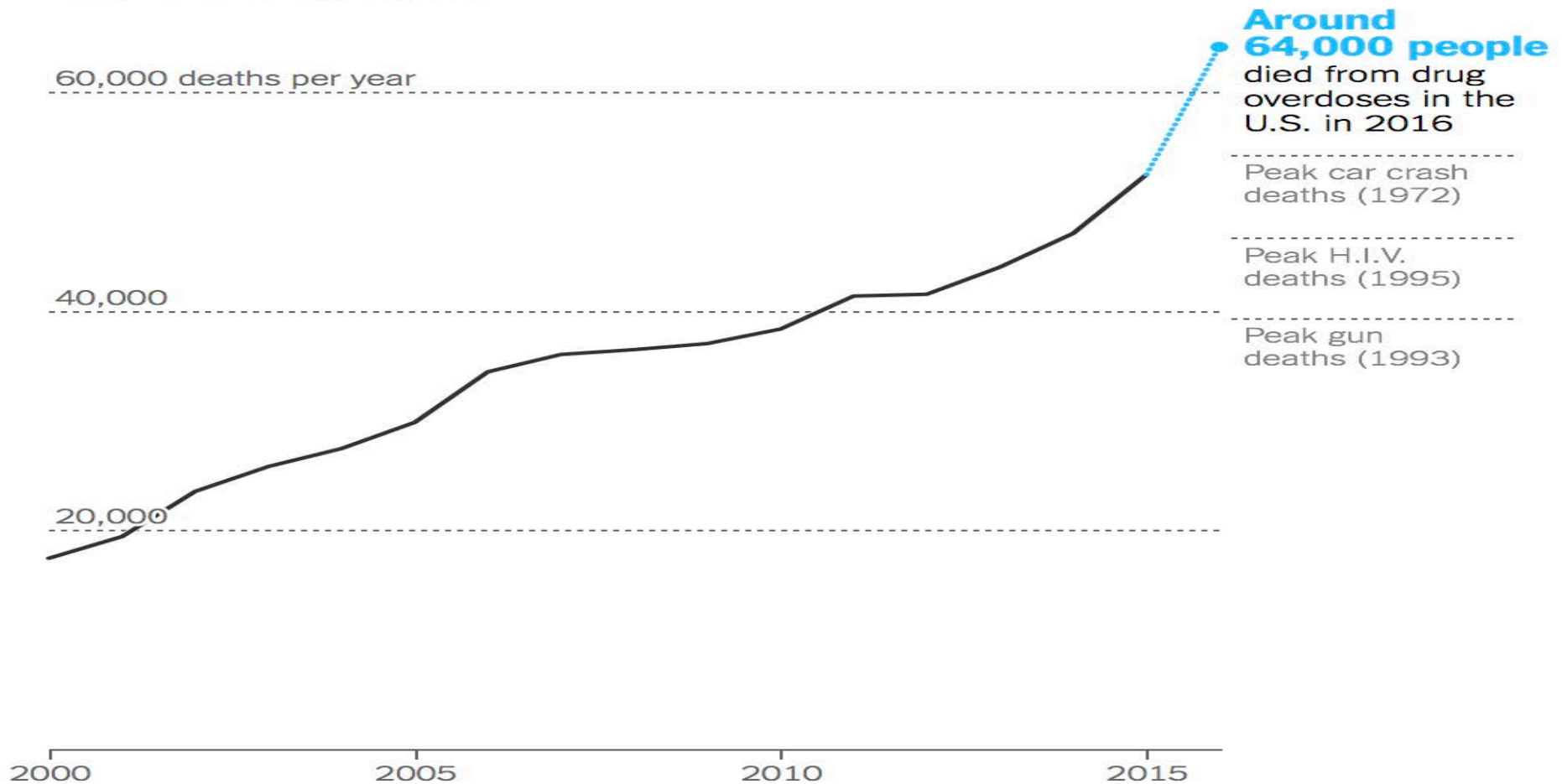
4th Judicial District

THE OPIOID CRISIS

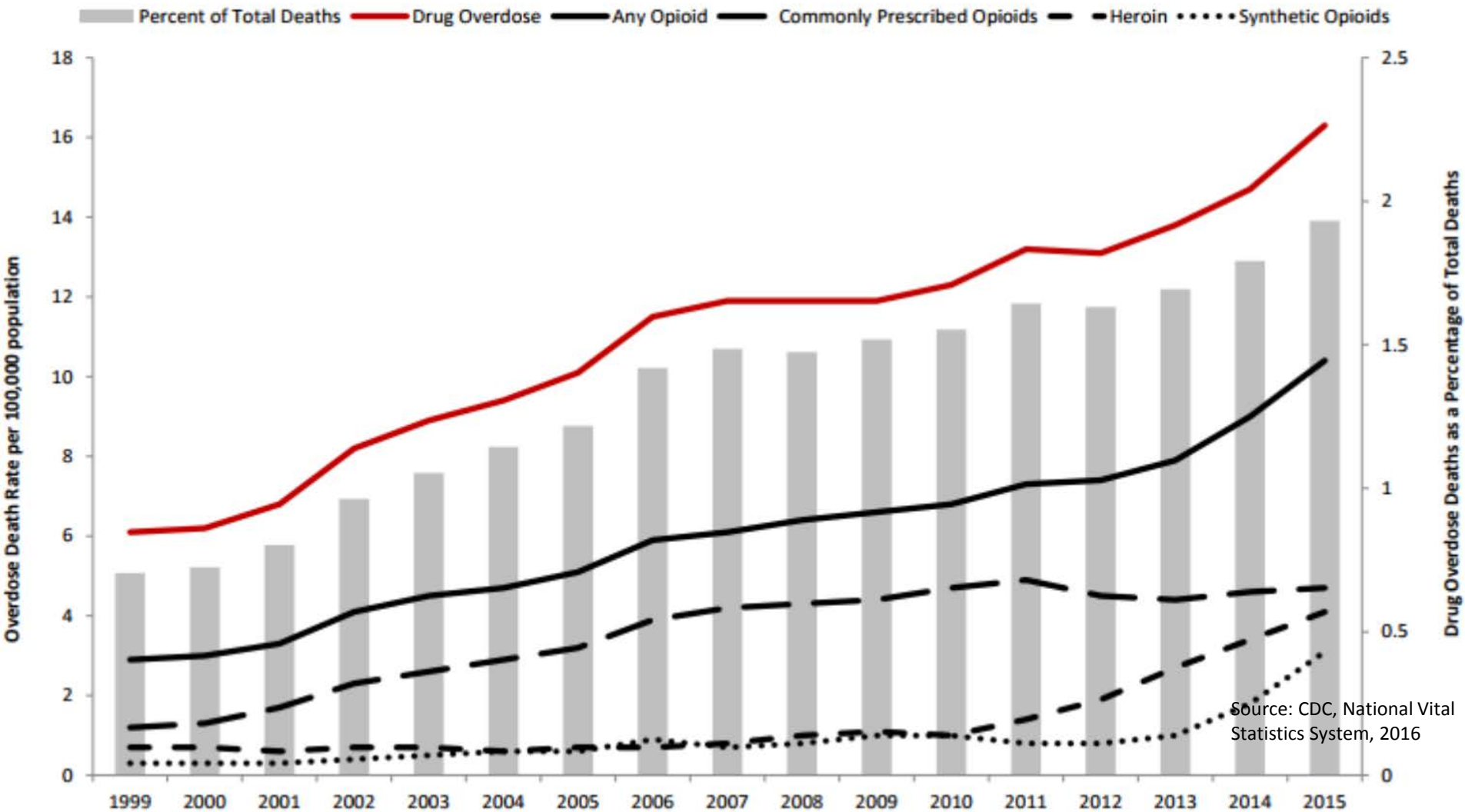
OVERDOSE DEATHS

U.S. Overdose Deaths in Context

Total U.S. drug deaths



U.S. Overdose Death Trends

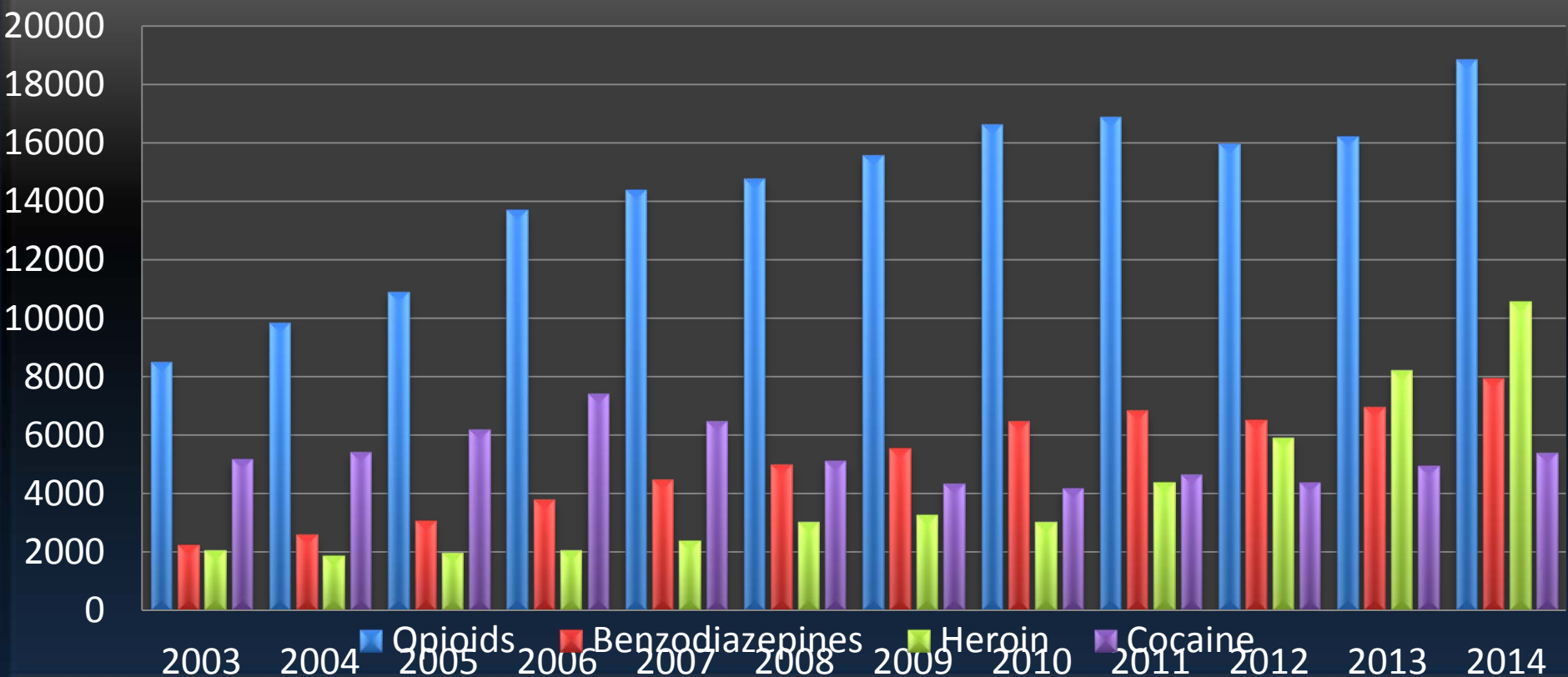


Drug Overview – How Big is the Problem

- More than 259 million opioid prescriptions were written in 2012
- 1.9 million Americans are addicted to opioids
- 4.3 million adolescent and adult reported non-medical use of prescription opioids in 2014
- 4 out of 5 heroin users started on prescription opioids
- Prescription Opioid overdoses kill 52 people every day in the U.S.
- More Americans abuse prescription drugs than number of Cocaine, Hallucinogen, Heroin, and Inhalants abusers..... **COMBINED!!!**

National Overdose Deaths Opioids Benzodiazepines Heroin and Cocaine 2003-2014

National Overdose Deaths Opioids Benzodiazepines Heroin and Cocaine 2003 - 2014



Source: NIH National Overdose
Deaths from Select Prescription
and Illicit Drugs (2016)



World Usage Top 10 List

➤10 Guatemala	10 kilograms
➤09 India	10 kilograms
➤08 Vietnam	20 kilograms
➤07 China	20 kilograms
➤06 Denmark	25.5 kilograms
➤05 Columbia	30 kilograms
➤04 Syrian Republic	50 kilograms
➤03 Canada	115.5 kilograms
➤02 United Kingdom	200 kilograms
➤01 United States	79,700 kilograms 99.3%

The US was the country with highest global consumption of:

- Hydrocodone- 99%
- Oxycodone- 82%
- Morphine- 57%
- Methadone- 49%
- Hydromorphone- 42%
- Fentanyl- 37%
- **The U.S. consumes over 83% of Worlds Opioid Production**

C-II Controlled Substance Utilization by State

A State Comparison: Annual Prescriptions per Capita 2014 CII Products

Rank	State	Rx per Capita	Rank	State	Rx per Capita
1	Alabama	1.4	27	District of Columbia	0.8
2	Tennessee	1.3	28	Massachusetts	0.8
3	Louisiana	1.2	29	Virginia	0.8
4	West Virginia	1.2	30	Iowa	0.8
5	Mississippi	1.2	31	Nebraska	0.8
6	Kentucky	1.2	32	Montana	0.8
7	Arkansas	1.2	33	Vermont	0.8
8	South Carolina	1.1	34	Washington	0.8
9	Oklahoma	1.1	35	Connecticut	0.8
10	Michigan	1.0	36	Arizona	0.7
11	Indiana	1.0	37	Maryland	0.7
12	North Carolina	1.0	38	Wyoming	0.7
13	Delaware	1.0	39	North Dakota	0.7
14	Kansas	1.0	40	Colorado	0.7
15	Ohio	1.0	41	South Dakota	0.7
16	Rhode Island	0.9	42	Illinois	0.7
17	Maine	0.9	43	New Mexico	0.7
18	Missouri	0.9	44	Florida	0.7
19	Utah	0.9	45	Minnesota	0.7
20	Oregon	0.9	46	Texas	0.7
21	Georgia	0.9	47	Alaska	0.6
22	Pennsylvania	0.9	48	New Jersey	0.6
23	New Hampshire	0.9	49	New York	0.6
24	Idaho	0.8	50	California	0.5
25	Nevada	0.8	51	Hawaii	0.5
26	Wisconsin	0.8	52	Puerto Rico	N/A

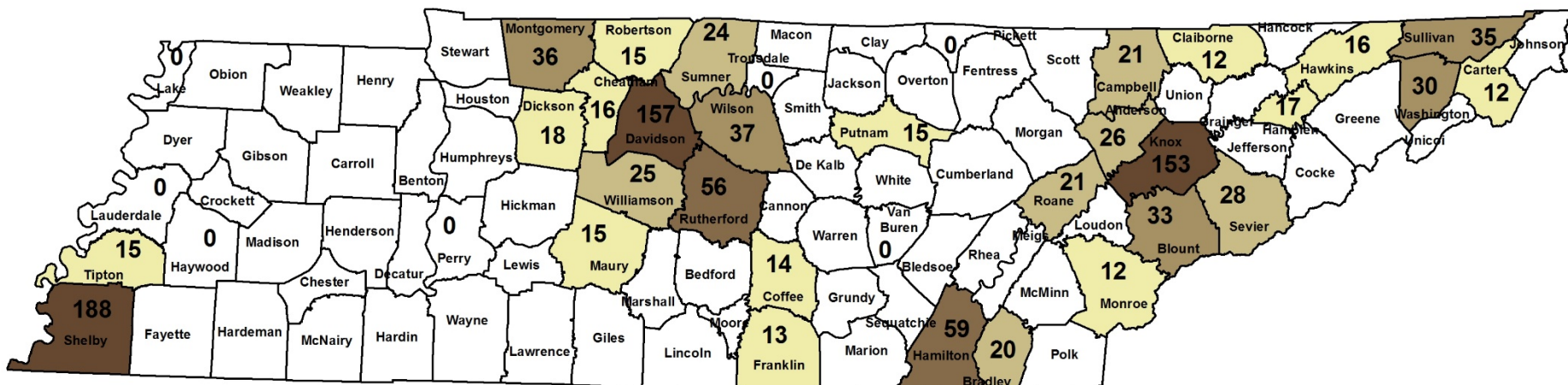
All states = 0.8 annual prescriptions per capita

2013 USA total CII prescriptions = 257,450,331; TN total = 8,954,973
2014 USA total CII prescriptions = 249,953,231; TN total = 8,668,742

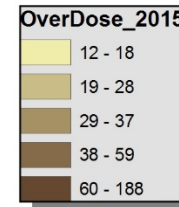
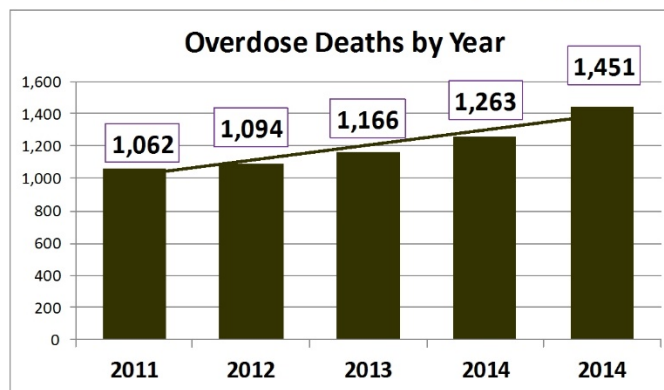


Tennessee Overdose Deaths - 2015

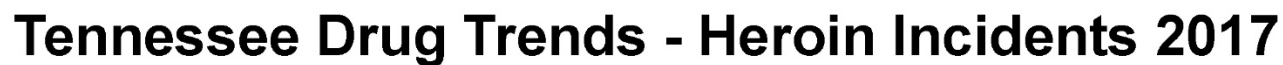
1,451 Drug Overdose Deaths were reported in Tennessee in 2015. 22 people died from a drug overdose for every 100,000 citizens in Tennessee.



Top Five Counties	
Shelby	188
Davidson	157
Knox	153
Hamilton	59
Rutherford	56



Counties with no value displayed had less than five overdose deaths, but more than zero.



There have been 2,179 Heroin incidents reported in Tennessee in 2017.







Heroin Incidents Comparison

Year	Incidents
2013	626
2014	903
2015	1383
2016	1988
2017	2179

Legend

Heroin_Trends

Heroin_2017

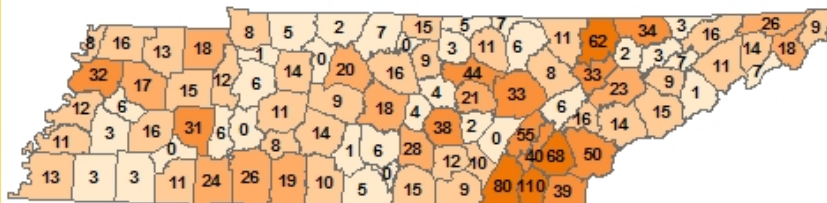
	1 - 10
	11 - 40
	41 - 94
	95 - 233
	234 - 765



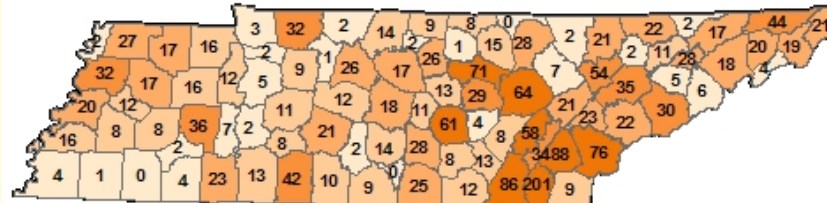
Tennessee Drug Trends - Meth Forensics Cases



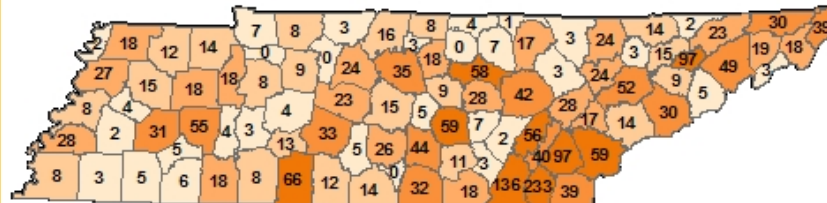
2012 Meth Forensic Cases - 1,542



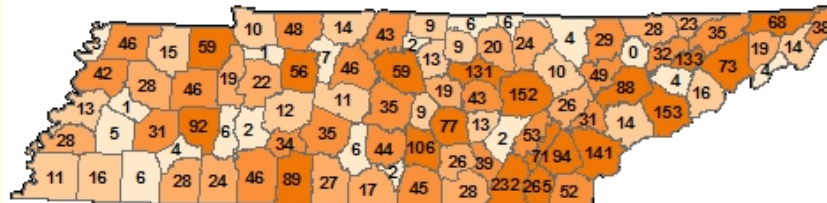
2013 Meth Forensics Cases - 1,975



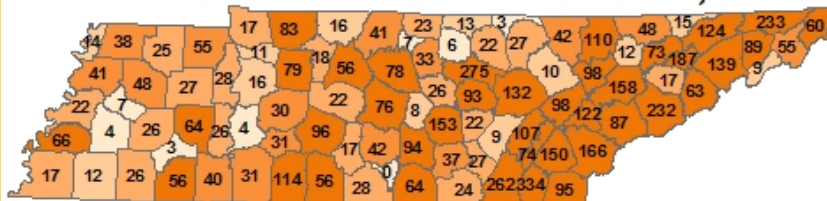
2014 Meth Forensics Cases - 2,190



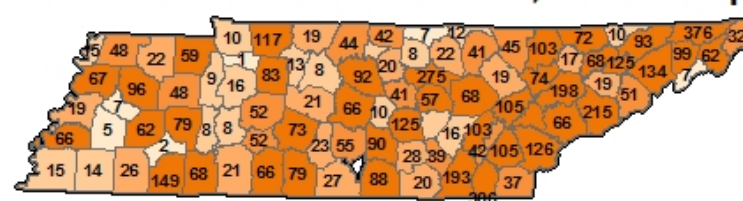
2015 Meth Forensics Cases - 3,747



2016 Meth Forensics Cases - 5,920

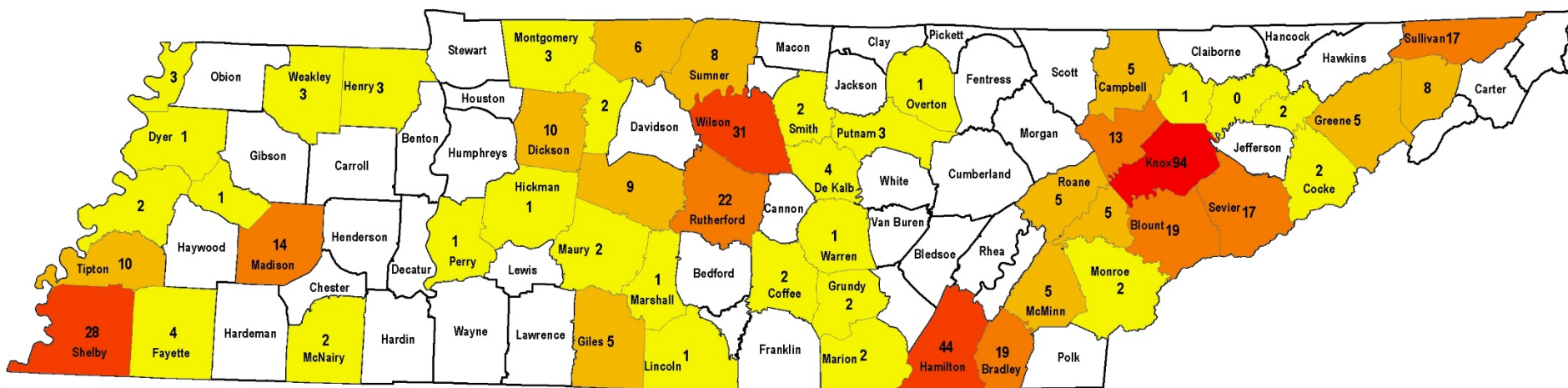


2017 Meth Forensics Cases - 5,868 thru Sept

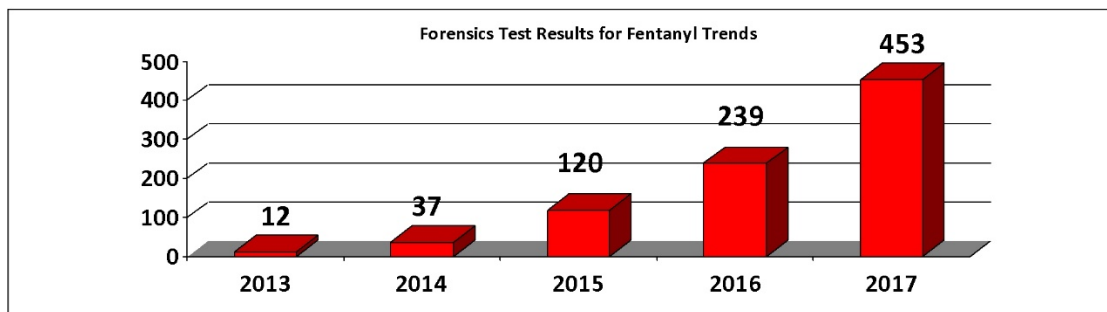


TBI Crime Lab Forensic Results for Fentanyl

The TBI Crime Lab identified 453 results of one of the Fentanyl Analogs from samples tested in 2017.

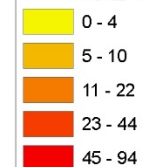


TOP FIVE	
Knox	94
Hamilton	44
Wilson	31
Shelby	28
Rutherford	22



Legend

Fentanyl_2017







“Therapeutic” Index

- Effective Dose (Buzzed) vs. Deadly Dose (Dead)
- Alcohol 10:1
- Cocaine 15:1
- LSD 1000:1
- Marijuana infinite
- Heroin 6:1

*R.S. Gable, “Comparison of acute lethal toxicity of Commonly Used Psychoactive Substances,” *Addiction* 99(6)2004

The Current Crisis Began in 1980

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

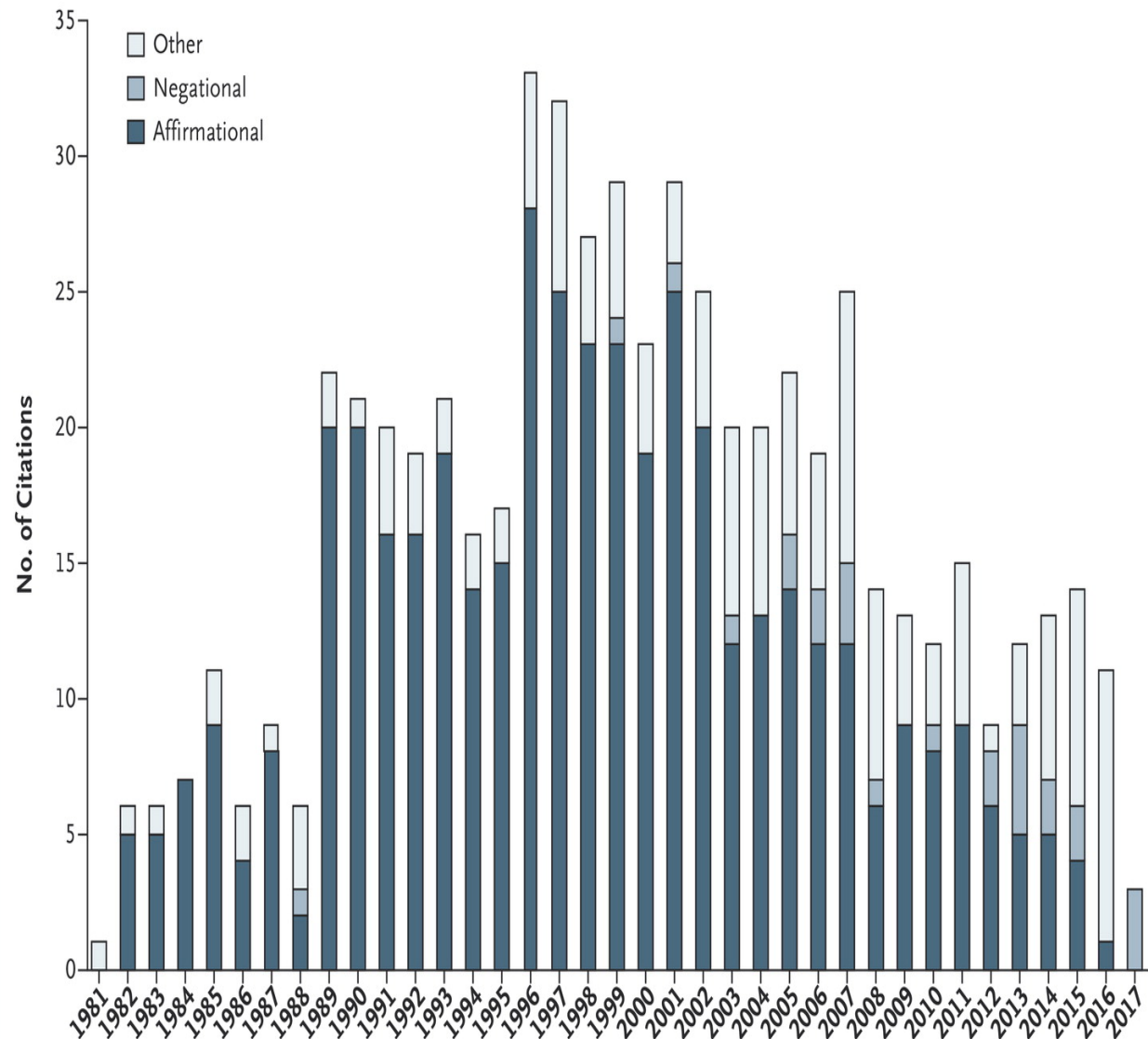
JANE PORTER
HERSHEL JICK, M.D.

Boston Collaborative Drug
Surveillance Program

Waltham, MA 02154

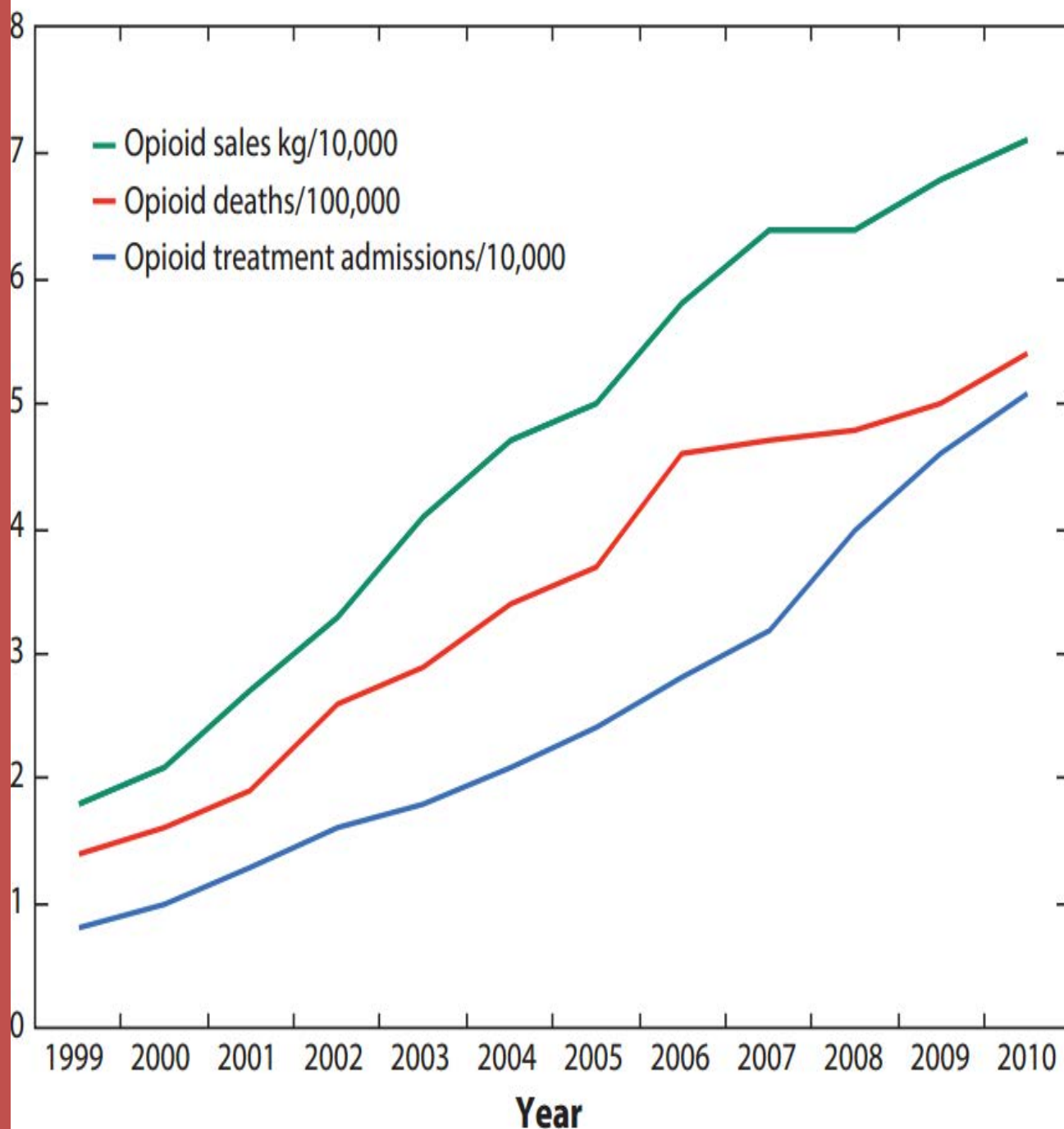
Boston University Medical Center

1. Jick H, Mietinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.



The five sentence letter to the NEJM was cited over 600 times. In 491 articles (81%), the authors did not note the patients were hospitalized. Other stand-alone letters that were published at the same time were cited a median of 11 times.

By the mid-1990s, there was a significant change in the marketing of pain medications with a focus on patient satisfaction and the elimination of pain.

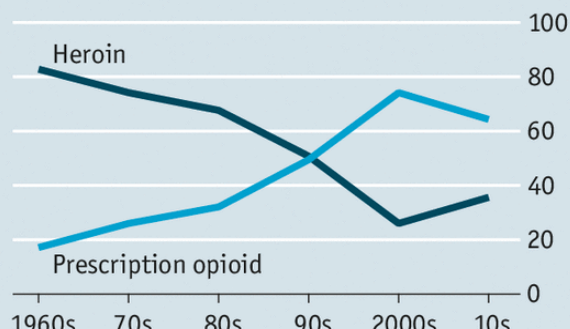


By 2013, the heroin market was changing. Price plummeted.

Decentralized drug distribution networks pushed heroin and counterfeit pharmaceuticals into suburban and rural areas.

New means, same end

Heroin-dependent sample that used heroin or a prescription opioid as their first opioid of abuse
% of total

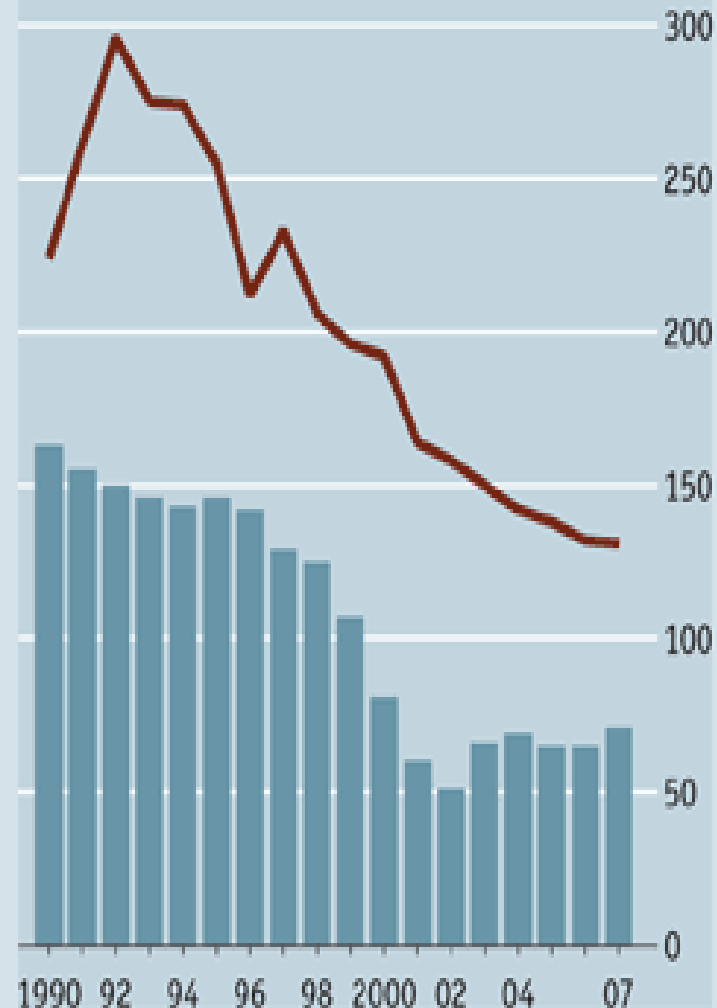


Heroin prices

US, \$ per gram

Retail

Wholesale



Source: United Nations Office on Drugs and Crime

THE OPIOID CRISIS

OVERDOSE DEATHS

DISPLACED CHILDREN

WHERE DO WE PLACE THE CHILDREN?

- GRANDPARENTS?

Grandparents



THE OPIOID CRISIS

OVERDOSE DEATHS

DISPLACED CHILDREN

MURDER

SUICIDE

NEONATAL ABSTINENCE SYNDROME

52 Days to Life

Neonatal Abstinence Syndrome (NAS)





Neonatal Abstinence Syndrome

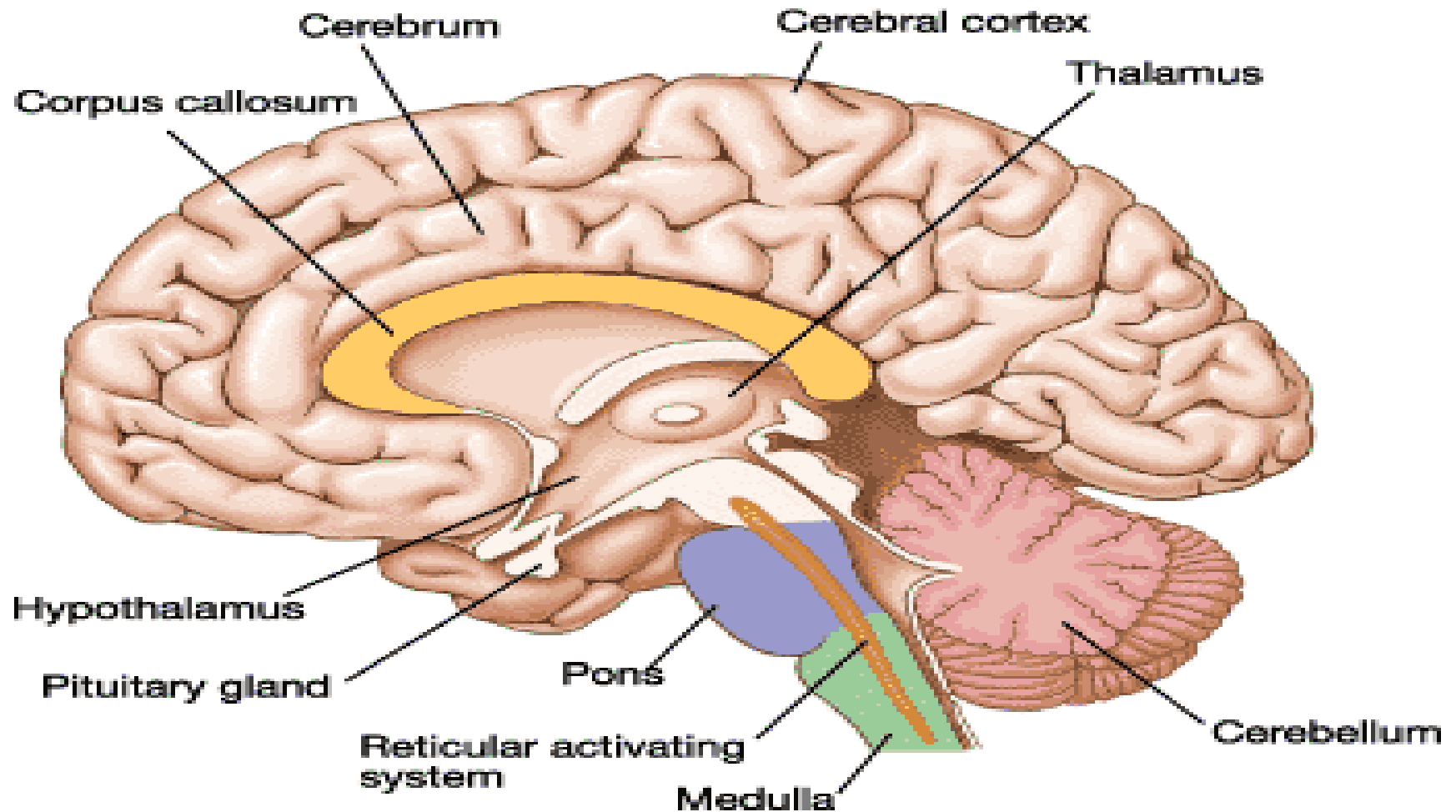
- *WHAT WAS SO POWERFUL THAT IT WOULD CAUSE A PREGNANT WOMEN TO CONTINUE USING A SUBSTANCE THROUGHOUT HER PREGNANCY KNOWING THAT IT WOULD RESULT IN SO MUCH SUFFERING TO HER CHILD?*

STEPHEN LOYD, M.D.

FORMER SAS ASSISTANT COMMISSIONER & MEDICAL
DIRECTOR, TENNESSEE DEPARTMENT OF MENTAL HEALTH &
SUBSTANCE ABUSE SERVICES



Hi-Jacking of the Limbic System (Rewards)

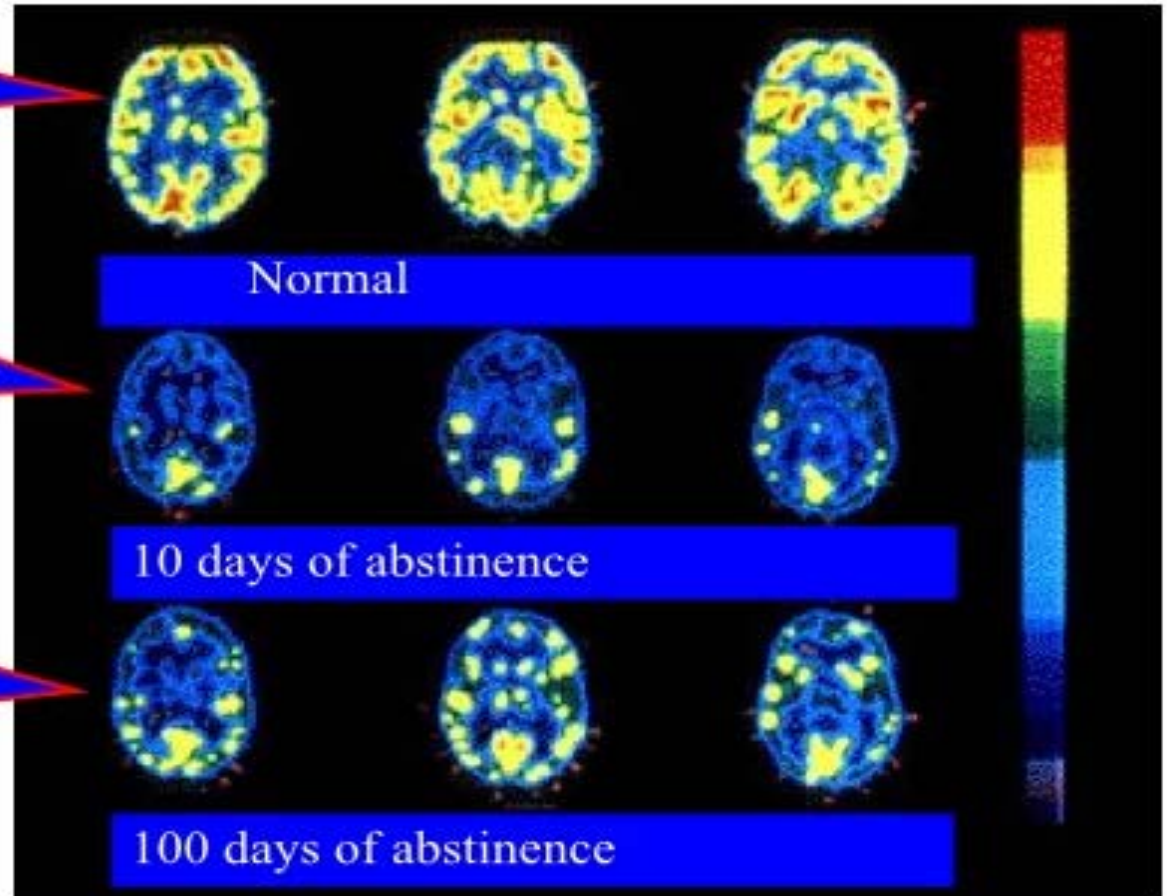


Brain Healing Takes Time

Normal levels of brain activity in PET scans show up in yellow to red

Reduced brain activity after regular use can be seen even after 10 days of abstinence

After 100 days of abstinence, we can see brain activity “starting” to recover



Source: Volkow ND, et al. *Synapse* 11:184-190, 1992; Volkow ND, et al. *Synapse* 14:169-177, 1993.

Science = Solutions

1930's Mental Health Treatment



What's the picture that changes the face of addiction? (David Kirby)



Does this change the face of drug addiction?



Stephen Loyd, M.D.

- <https://www.youtube.com/watch?v=u1idlX1c21k&feature=youtu.be>

WE MUST *RETHINK*
HOW WE VIEW
PEOPLE WHO ARE
DRUG ADDICTED

HISTORICALLY WE
HAVE VIEWED DRUG
ADDICTION AS A
MORAL FAILURE



WE MUST *RETHINK* THE WAR ON
DRUGS

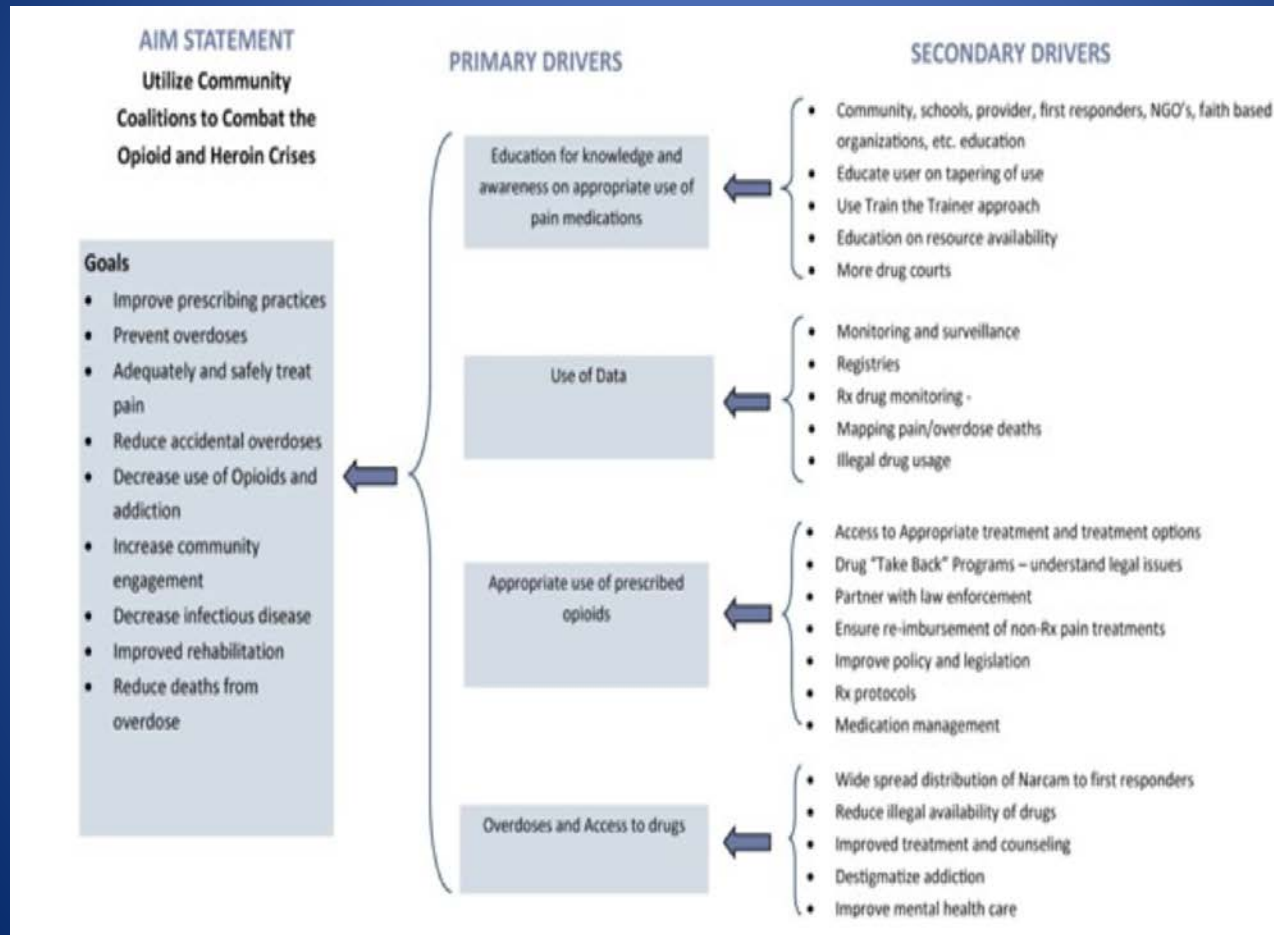
“We Americans must own this
problem. It is ours.”
Secretary of State, Rex Tillerson



*“We have to develop a comprehensive drug demand
reduction program in United States”
Former DHS Secretary, General John Kelly*



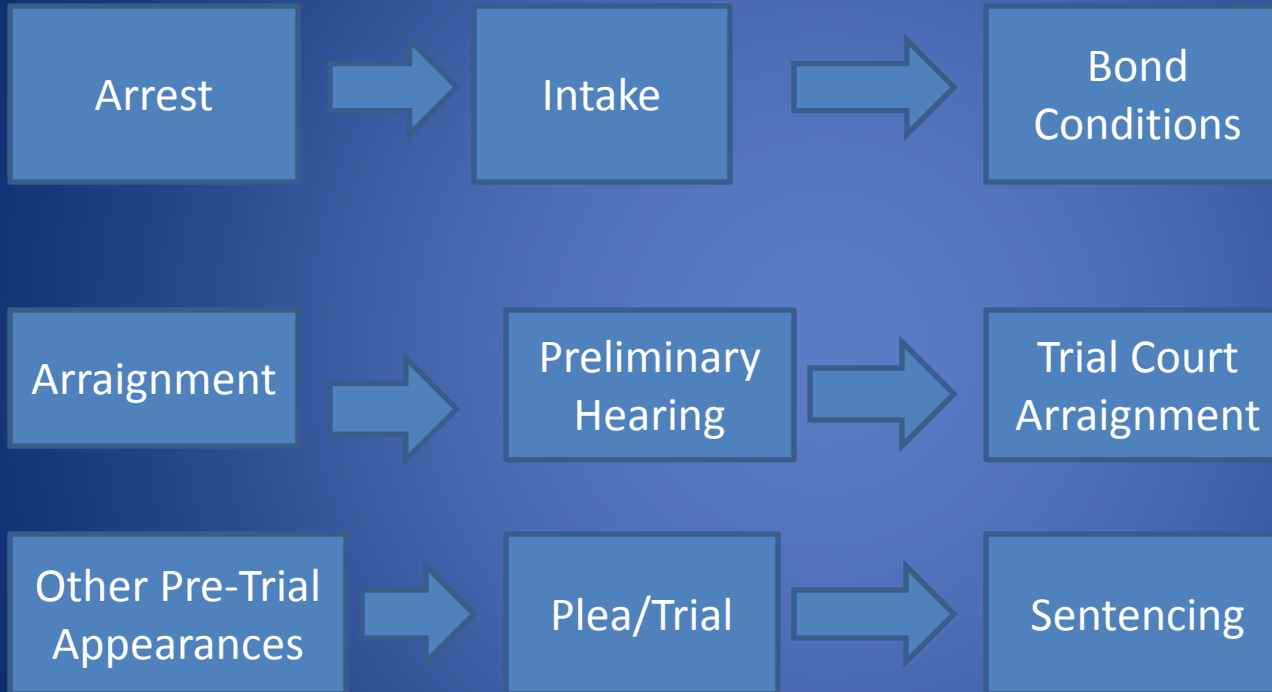
Common State Approaches to the Opioid Epidemic



HOW DO WE MAXIMIZE OUR OPPORTUNITIES IN THE CRIMINAL JUSTICE SYSTEM?



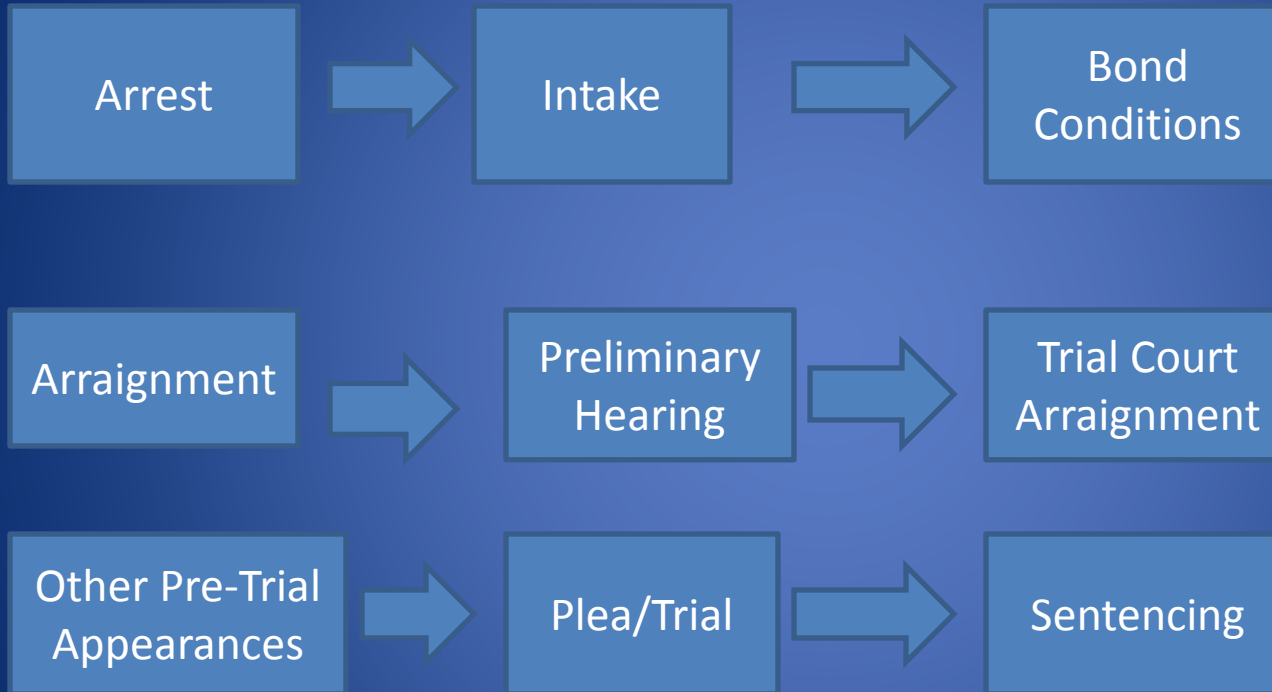
Opportunities for Intervention



COURT RELATED OPPORTUNITIES

- IMPLEMENT UNIVERSAL SCREENING FOR RISK OF OVERDOSE DEATHS
- FOCUS ON STRENGTHENING DRUG RECOVERY COURTS BUT ALSO FOCUS ON PRE-TRIAL & PROBATION POPULATION WHERE THERE IS MUCH GREATER OPPORTUNITY
- IT MUCH LESS IMPORTANT TO THINK ABOUT STAND ALONE COURTS AND MORE IMPORTANT TO THINK ABOUT PRIORITIZING SERVICES

Opportunities for Intervention



BUFFALO OPIOID TRIAGE COURT

- When a defendant is arrested, they're evaluated by medical professionals and the Erie County District Attorney's Office to see if they qualify for Opioid Crisis Intervention Court
- Defendants who qualify are then almost immediately taken through detox, and placed in an in-patient or out-patient program
- They're, and meet with the judge daily for at least 30 days given strict curfews
- After completing their Opioid Court program, the defendants are processed into traditional drug court, where they face their charges

COURT RELATED OPPORTUNITIES

- CHILD WELFARE NEEDS SIGNIFICANT ATTENTION
- EXPLORE USING TELEHEALTH & TELEMONITORING TO EXPAND ACCESS TO SERVICES
- MAT = MEDICATION + BEHAVIORAL HEALTH TREATMENT SERVICES ARE NEEDED
- NOT JUST THE MEDICATION
- ACTIVE JUDICIAL INVOLVEMENT IN BROADER OPIOID RELATED EFFORTS CAN BRING ADDITIONAL RESOURCES TO THE COURT

NATIONAL JUDICIAL OPIOID TASK FORCE

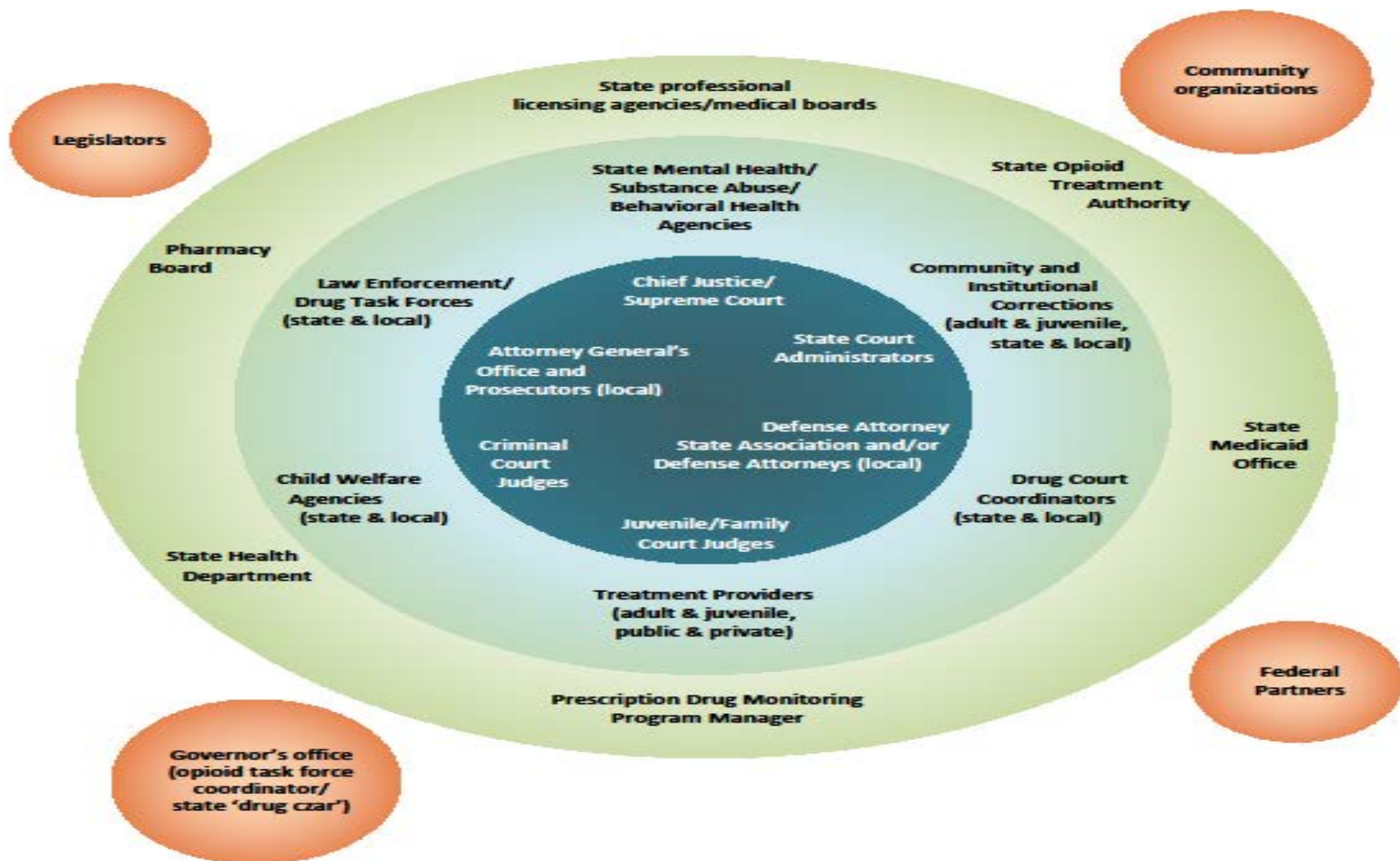
REGIONAL JUDICIAL OPIOID INITIATIVE



WE HAVE TO RE-THINK OUR *ROLES* AS JUDGES

- CONVENERS
- CHAMPIONS
- COMMUNITY LEADERS

State Team Workflow



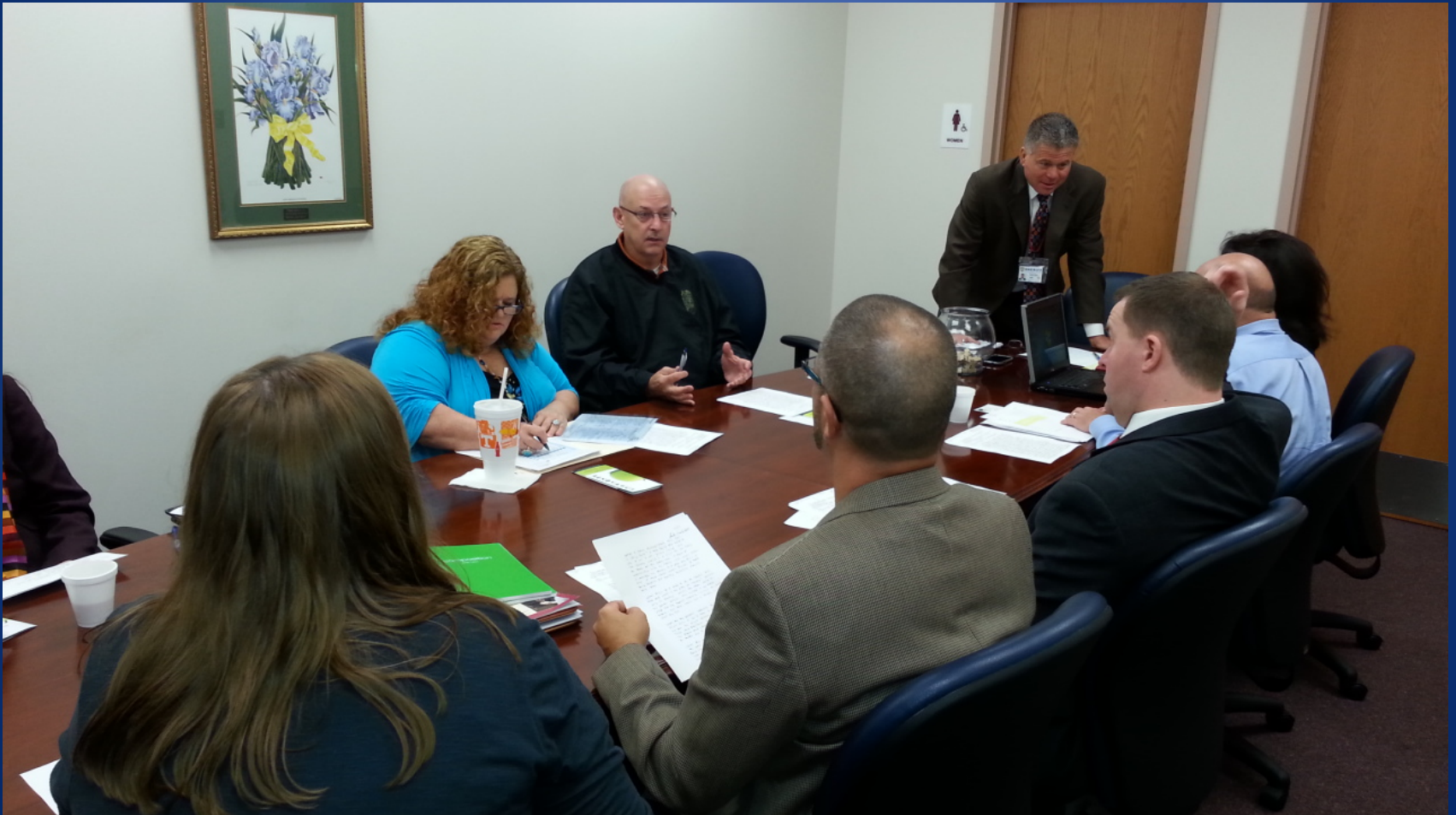
COURT RELATED OPPORTUNITIED

- Templates or models designed for flexible implementation in every community.
- **Training & Tools** are needed for implementation

4 Strategies

- Drug Recovery Court
- NAS/VRLAC Primary Prevention Effort
- Safe Housing
- Recovery Oriented Court Compliance Docket

DRUG RECOVERY COURTS



DRUG RECOVERY COURT TEAM

- JUDGE
- DISTRICT ATTORNEY GENERAL
- DEFENSE COUNSEL
- LAW ENFORCEMENT
- CORRECTIONS OFFICER
- TREATMENT PROFESSIONAL
- DRUG RECOVERY COURT DIRECTOR
- DRUG RECOVERY COURT STAFF
- PROGRAM EVALUATOR

DRUG RECOVERY COURT

- SERVES NON-VIOLENT HIGH RISK/HIGH NEED INDIVIDUALS
- APPLICATION REQUIRED/VOLUNTARY
- STRICT ADHERENCE TO 10 KEY COMPONENTS
- MULTIPLE PHASES AND CLOSED ENDED
- HEAVY DEMAND ON TIME & ENERGY OF TEAM MEMBERS
- HEAVILY DEPENDENT ON VOLUNTEER HUMAN RESOURCES
- POPULATION SERVED LIMITED TO A SMALL PERCENTAGE OF JUSTICE INVOLVED PEOPLE WITH BEHAVIORAL HEALTH DISORDERS
- IMPLEMENTATION & SCALABILITY ARE LIMITED

NEONATAL ABSTINENCE SYNDROME/VOLUNTARY REVERSIBLE LONG ACTING CONTRACEPTION *NAS/VRLAC INITIATIVE*

- 3 PHASE INITIATIVE
 - JAIL
 - CONDITION OF SUPERVISED RELEASE
 - COMMUNITY ORGANIZATIONS

TN NAS/VRLAC Primary Prevention Initiative- Court Involvement

1.Sentencing

2. Drug Recovery Court Contract

***3. Process Is User Friendly for
Judges, Supervising Officers &
Health Department Staff***

DOES THE NAS/VRLAC PPI WORK?



**Reported Cases of Neonatal Abstinence Syndrome, Hamblen
and Sevier Counties, East Tennessee Region, 2013 - 2016**

	2013	2014	2015	2016	Total 2013 - 2016
Hamblen	27	24	41	20	112
Sevier	35	44	19	15	113

SAFE HOUSING



TENNESSEE RECOVERY ORIENTED COMPLIANCE COURT STRATEGY “TN ROCCS”

- KEY POINT: TN ROCCS IS A *RECOVERY ORIENTED COMPLIANCE STRATEGY*

TN ROCCS-BACKGROUND

- Pregnant Women with Opioid Use Disorder (OUD) & Medication Assisted Treatment (MAT)

OPIOID ADDICTED PREGNANT WOMEN

- POSITIVE DRUG SCREEN-ILLICIT SUBSTANCES
- ARREST WARRANT. TAKEN INTO CUSTODY
- POSITIVE DRUG SCREEN-PRESCRIBED
MEDICATION:BUPRENORPHINE/METHADONE

MEDICATION ASSISTED TREATMENT

-





MEDICATION ASSISTED TREATMENT

-



OPIOID ADDICTED PREGNANT WOMEN

- PLACED HER ON THE NEXT COURT DOCKET TO REVIEW HER CIRCUMSTANCES

PATHS TO PLACEMENT INTO TN ROCCS

- **Original Charge:** Behavioral Health Treatment Plan is a condition of Pre-Disposition Release or Sentence
- **Violation of Probation:** Behavioral Health Treatment plan is a condition of Pre-Disposition Release or Sentence
- Not eligible or accepted into Drug Recovery Court

Purpose & Potential of TN ROCCs

Court Intervention Strategy

The TNROCCS docket serves the “*GAP*” population. The “GAP” population is comprised of individuals that are commonly at a Lower Risk of recidivism yet they have High Needs related to a Substance Abuse Disorder and frequently a Mental Health Disorder.

Utilize the 3 essential components Drug Recovery Court Model of the Drug Recovery Court Model to scale up the court’s response to the Opioid Crisis in all Criminal & Civil Courts (Specifically Juvenile Courts)

3 ESSENTIAL COMPONENTS OF DRUG RECOVERY COURTS & TN ROCCs

- 1. ACCURATE BEHAVIORAL HEALTH SCREENINGS & ASSESSMENTS TO DETERMINE APPROPRIATE LEVELS OF TREATMENT
- 2. FREQUENT ACCOUNTABILITY (Drug Screening, Treatment, & Court Appearances)
- 3. LEVERAGE OF THE COURT TO PROVIDE INCENTIVES & SANCTIONS

3 NECESSARY REQUIREMENTS FOR TN ROCCs

1. PERSON OR ORGANIZATION PROVIDES ACCURATE
SCREENING, ASSESSMENTS AND REFERRALS TO
APPROPRIATE LEVEL OF TREATMENT

(CRIMINAL JUSTICE LIAISON)

2. PERSON OR ORGANIZATION PROVIDES
APPROPRIATE LEVEL OF SUPERVISION

*(TDOC, COMMUNITY CORRECTIONS, DCS
CASEWORKER OR JUVENILE JUSTICE OFFICER)*

3. JUDGE

(TENNESSEE JUDICIARY)

Criminal Justice Liaison

- Available to the court to reduce incarcerated population suffering from a Behavioral Health disorder
- Using a variety of screening tools such as ASI and CAGE, the CJL then engages the client in clinical assessment, relying on techniques of motivational interviewing and the client's biopsychosocial information.



HOW ASSESSMENTS & RECOMMENDATIONS ARE USED

- **CRIMINAL JUSTICE LIAISON** DISTRIBUTES TO:
 - **DEFENSE COUNSEL**: OBTAINS THE FULL ASSESSMENT
 - **PROSECUTING ATTORNEY**: OBTAINS SUMMARY OF RECOMMENDATIONS
 - **JUDGE**: OBTAINS SUMMARY OF RECOMMENDATIONS

Community Supervision Officer

- Begin TN ROCCs supervision by reporting weekly to the Community Supervision Officer for Drug Screening and to monitor compliance with Behavioral Health Treatment Plan
- Random Drug Screening
- Direct Communication with Court when non-compliance occurs



Tennessee Judiciary

- The individual on the TN ROCCs docket appears before the court once per month to review compliance with Behavioral Health Treatment Plan & make adjustments to terms & conditions of supervision where necessary
- Affirmation by the judge is critical to the success of the individual

IMPORTANCE OF AFFIRMATION BY THE JUDGE







DOES TN ROCCS WORK?

- IF A PICTURE COULD SAY A THOUSAND WORDS...

































**DOES A TN ROCCS
DOCKET WORK?
YOU BE THE JUDGE**



DRUG RECOVERY COURTS V. RECOVERY ORIENTED COMPLIANCE STRATEGY

DRUG RECOVERY COURT

- Multi-Discipline Approach
- Population served is a limited percentage of justice involved people with Behavioral Health Disorders
 - HIGH RISK/HIGH NEED
 - APPLICATION REQUIRED/VOLUNTARY
- Strict Adherence to 10 Key Components of DRC
- Highly Structured, Multiple Phases & Closed Ended
- Application Required/Voluntary
- Heavy Demand on Time & Energy
- Heavily Dependent on Voluntary Human Resources
- Serves 65 people in 4 Urban/Rural Counties (pop. 215k)
- Implementation & scalability by other courts limited

TN ROCCS

- Tennessee Recovery Oriented Compliance Court Strategy
- Application of the 3 Essential Components of Drug Recovery Court
- Serves “the gap” population (Not accepted, eligible or have access to Drug Recovery Court)
- No application to TN ROCCS docket is required.
- Flexible & Open Ended
- Release or Sentencing Option for the Court, i.e., Judge’s decision to impose Behavioral Health treatment recommendations as conditions of pre & post disposition release
- Eligible for TN ROCCs if eligible for a sentence including probation
- Serves 140+ people in 2 Rural Counties (pop. 80k)
- Implementation & scalability by other courts can occur much faster than Drug Recovery Courts

Barriers & Successes

BARRIERS

- Limited Resources
 - Financial
 - Human
 - Treatment Options
 - Transportation
 - Safe Housing

How to determine the appropriate intervention

How & when to move people between dockets as new needs arise

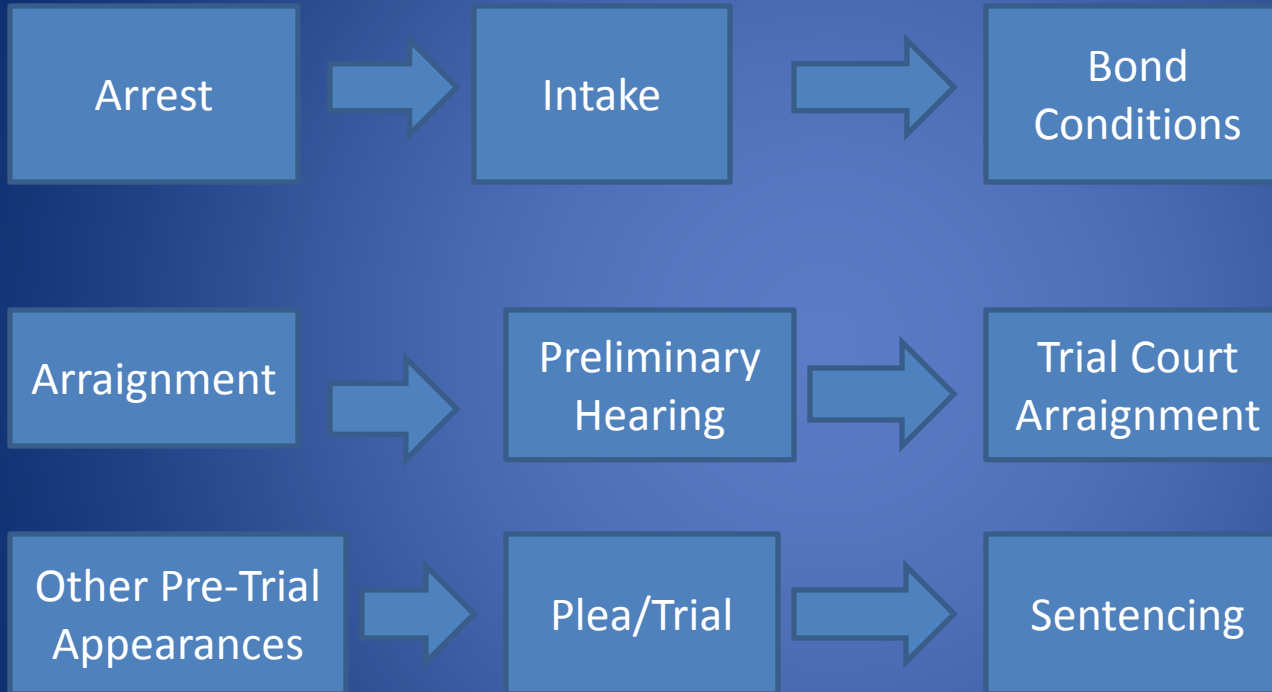
SUCCESSSES

- Outcomes of TN ROCCS similar to DRC
 - At least 34 healthy children born to TN ROCCS
 - Only 4 TN ROCCS mothers have failed to retain custody of newborn
 - Maximizing Limited Resources
 - e.g Jail overcrowding minimized TN ROCCS counties
 - Philosophical shift:
 - Members of Criminal Justice System
 - Churches
 - General Public
- “Scalability”/Implementation of TN ROCCS Easier & Faster than DRCs.

Summary of Differences DRCs & TNROCCS

	Drug Recovery Courts	TN ROCCs
Treats High Risks for Recidivism	X	
Treats High Needs for Behavioral Health & Other Services	X	X
Application Required (Voluntary Participation)	X	
Utilize 3 Essential Components of DRCs	X	X
No Eligibility Restrictions for Sentences permitting Probation		X
Highly Dependent on Justice System Volunteers	X	

Opportunities for Intervention



PROGRESSION OF INTERVENTIONS

Lower
Risks/Needs

- Regular Docket
- TN ROCCS

Higher
Risks/Needs

- Drug Recovery Court
- Residential Drug Recovery Court

Highest
Risks/Needs

- Local Jail
- Penitentiary





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2 GRATEST COMMANDMENTS

- LOVE YOUR GOD WITH ALL OF YOUR BODY, HEART & SOUL
- LOVE YOUR NEIGHBOR AS YOURSELF

ONE UNIVERSAL QUESTION

- WHAT DID YOU DO WITH WHAT I GAVE YOU?

QUESTIONS?

QUESTIONS?

duaneslone15@gmail.com

