



# **“Barbecue and Sweet Tea”: The Changing Role of Law Enforcement in the Opioid Crisis and Building Partnerships with Public Health**

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**Rise25 Treatment Court Conference Nov. 5th**

**Blue Lights to Lifelines**



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**Law Enforcement & Recovery Programs**

# South Dakota RISE25 Treatment Court Conference

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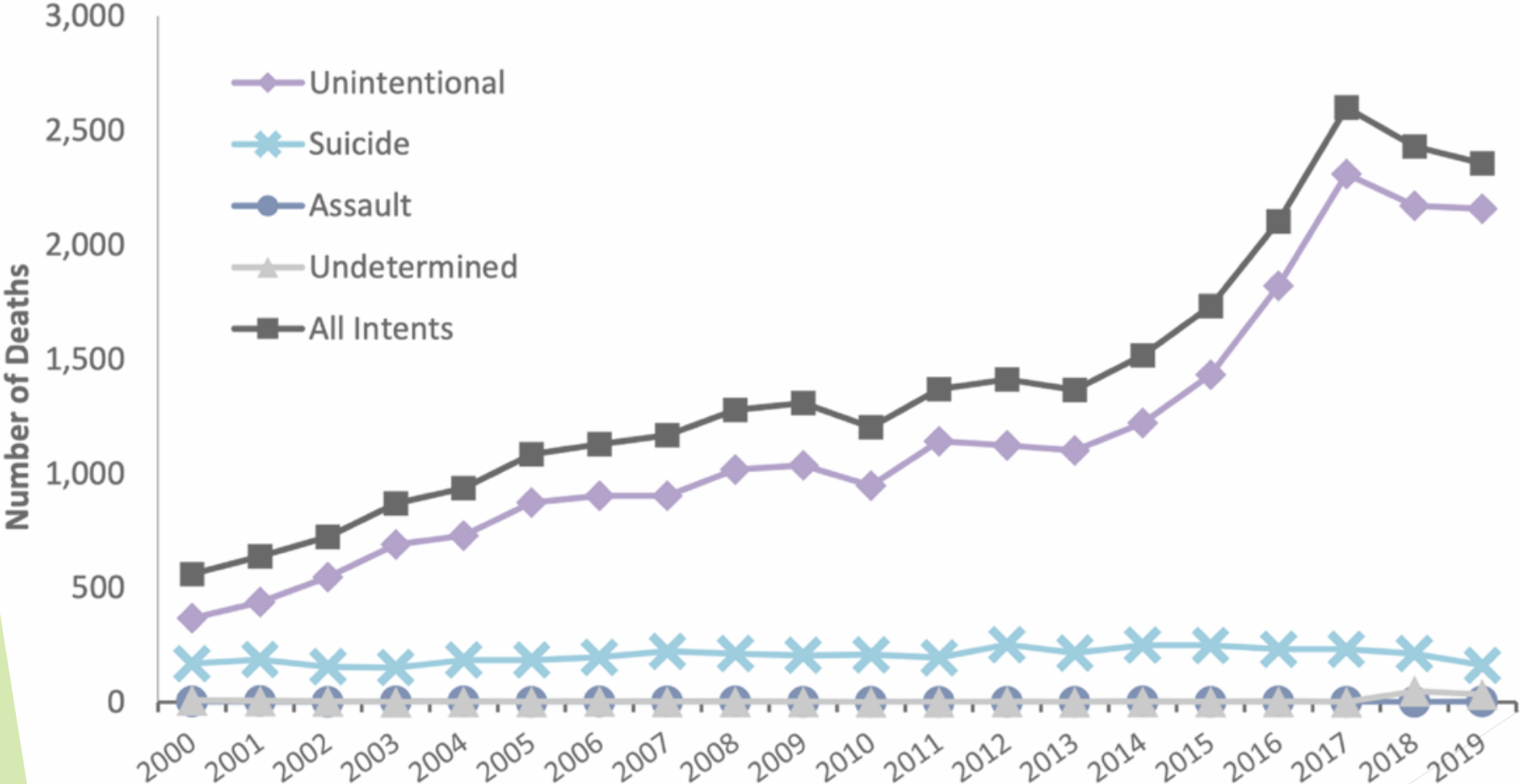
# Overview

- Opioid Overdose Epidemiology
- Stigma
- Harm Reduction Philosophy
- Engaging Law Enforcement
- Harm Reduction & Law Enforcement Strategies
  - 911 Good Samaritan and Access to Naloxone Law
  - Syringe Access
  - Naloxone
  - Law Enforcement Assisted Diversion (LEAD)
  - MAT
- Promising Practices
  - EMS Take Home Kits
  - Contingency Management



The percent of unintentional medication and drug overdose deaths involving multiple substances is on the rise, and we continue to see increases not only in opiate-involved overdose deaths, but also stimulant-involved overdose deaths. Fentanyl is now present in both opiate and stimulant products, which may be adding to the potency of these products, and in turn, leading to increased risk of unintentional overdose deaths.

Medication and Drug Overdose Deaths by Intent: NC Residents, 2000-2019



Unintentional medication and drug overdose deaths continue to make up the majority of all medication and drug overdose deaths, at 83% in 2019.

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, 2000-2019

# How do people feel with LE?

- Embarrassed
- Distraught
- Overwhelmed
- Scared about legal action
- Potentially sick
- May not be treatment ready

**PANIC ATTACK**

**WORDS  
MATTER!**

Great training: “Trauma Informed Care”

# Harm Reduction

Harm reduction refers to a range of public health policies designed to reduce the harmful consequences associated with drug use, sex work and other high-risk activities.

Harm reduction is a way of preventing disease and promoting health that **“meets people where they are”** rather than making judgments about where they should be in terms of their personal health and lifestyle.





# 686

## NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: OCTOBER 2023

**686 Opioid overdose ED visits October 2023\***

Compared to **744** October 2022

Data Source: NC DETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

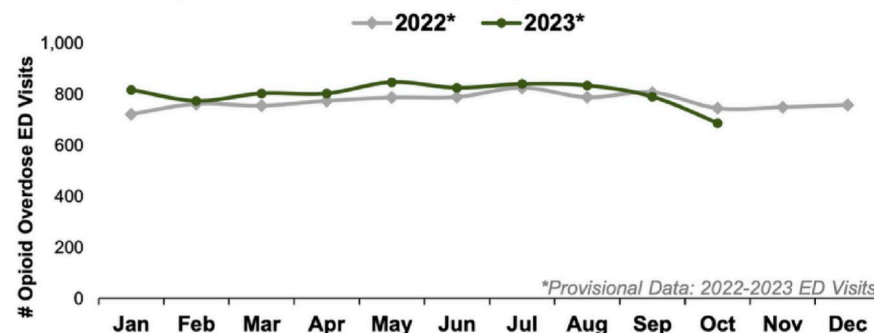
**Note:** Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

### Opioid Overdose ED Visits by Year: 2014-2023\*



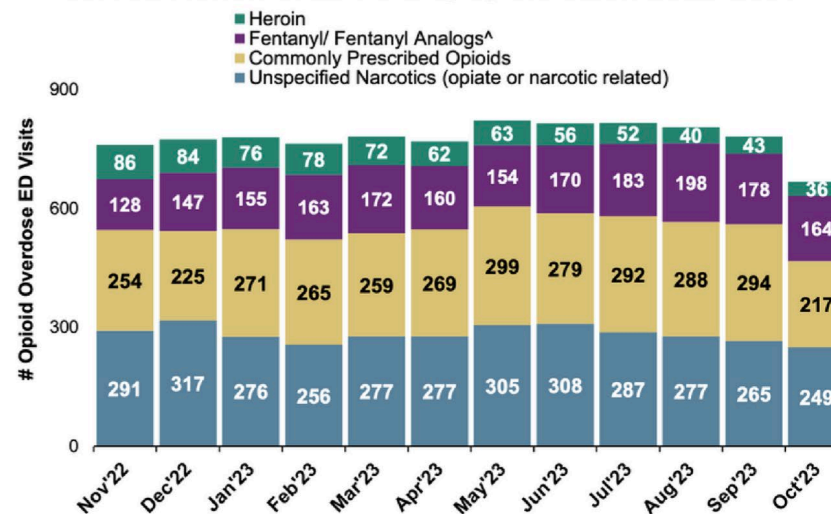
Percent change: YTD total compared to YTD total of previous year; \*There are known data quality gaps for May-June 2021 that are impacting the shown trends. Interpret the data for this year with caution, \* Provisional Data: 2022-2023 ED Visits

### Opioid Overdose ED Visits by Month: 2022-2023\*



\*Provisional Data: 2022-2023 ED Visits

### Last 12 Months of ED Visits by Opioid Class: 2022-2023\*



**Note:** ED visit data is provisional; For case definitions, go to <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/poisoning/SummaryTableforPoisoningDefinitions.pdf>

## COMPLEXITY!

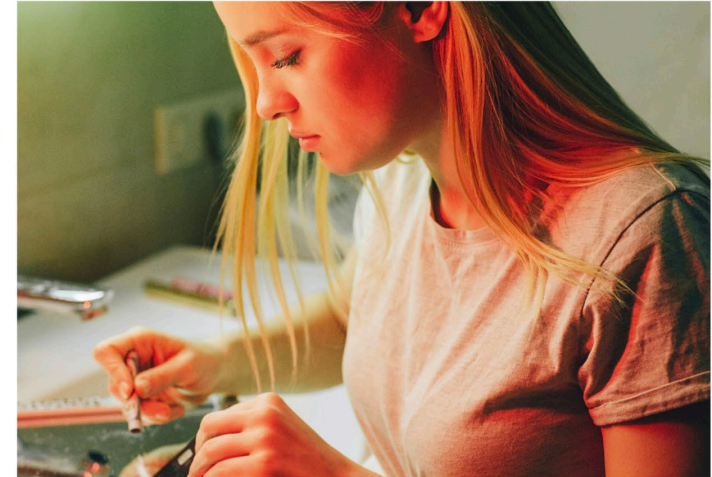
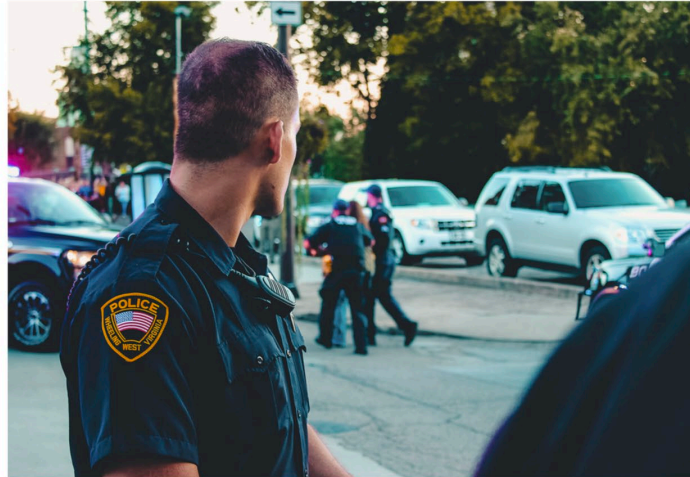
Police have been tasked to respond to complex social issues as well as criminal issues in communities

- Complex drug addiction and mental illness issues.
- Chronic homelessness.
- Chronic alcoholism and the associated social issues
- Severe mental illness.

The Criminal Justice system is not equipped to handle these complex issues

CJ system is completely overwhelmed (you can't incarcerate your way out of this).

The traditional response has not worked and has created other issues as a result.





How We Got  
Here!



# Engaging Law Enforcement

- ▶ Barbecue & Sweet Tea (meet as people first)
- ▶ Early Contact
- ▶ The Lions Den
- ▶ Champions







## NORTH CAROLINA LAW ENFORCEMENT & SYRINGE EXCHANGE PROGRAMS

*"I support syringe exchange programs as a common sense tactic to address the issue of drug use in our communities. It's clear to me that these programs do not encourage drug use and that they can work in conjunction with the continuing enforcement of drug laws."*

**Chief Harold Medlock, Fayetteville Police Department**

*"I'm in favor of syringe exchange programs to reduce the number of HIV and hepatitis C cases in the community. This is a public health issue. These programs would help the citizens of our state [who struggle with addiction] and protect others from injuries with dirty needles."*

**Chief Marty Sumner, High Point Police Department**

*"Law enforcement has been at the front lines of the drug problem and has witnessed the devastating effects of drug use and abuse. We are currently seeing more and more people use heroin, more people inject prescription drugs, and more people get sick from diseases like HIV and Hepatitis C. Although the enforcement of drug laws is and always will be an integral part of police work, we also realize that we will not solely arrest our way out of this problem. I support syringe exchange programs because they are shown to lower the rates of disease and help connect drug users to the treatment that they need to combat this epidemic."*

**Chief Bill Hollingsed, Waynesville Police Department**

*"Over the past few years, we have seen a tragic surge in deaths due to opioid overdose. Along with the escalation of injectable drugs comes the increased opportunity for needle sticks. With preventative measures such as improving syringe access, we are protecting the health and safety of law enforcement officers. Of course, I support any measures to keep our officers safe."*

**Sheriff Neil Elks, Pitt County Sheriff's Office**

*"I can't see how anyone could be against syringe exchange programs. Syringes are a public safety issue and exchange programs would cut down on the number of cases of HIV and hepatitis C. They would also reduce first responder's exposure to needle-stick injury and connect subjects to treatment resources during contact with the exchange."*

**Chief Kevin Brinkley, Nags Head Police Department**

*"Anyone who supports naloxone as a tool to save lives should support syringe exchange programs as well. They both give people a second chance. I would support having a syringe exchange program in my county, especially if people get treatment information along with clean syringes."*

**Sheriff Doug Doughtie, Dare County Sheriff's Office**

*"I used to be an officer in a city in Connecticut that ran an active, successful syringe exchange program. I saw first hand that the program reduced the number of dirty syringes in circulation and the number of accidental needle-sticks sustained by first responders. Syringe exchange programs are a good way for those dealing with addiction to avoid diseases and to get information on treatment options."*

**Chief John Cucto, Town of Duck Police Department**

*"I would support syringe exchange programs that provide treatment information to those participating. I can see the advantages of a program that reduces disease transmission passed from people sharing dirty needles and also cuts down on the number of people and first responders accidentally stuck with infected needles."*

**Chief Joseph Barone, Statesville Police Department**

*"I am all for syringe exchange programs. Anything that would reduce the chance of a person getting HIV or another disease is a win. Law enforcement has tried everything else and we need to look into other options. Being able to provide treatment options to people is a great part of the program and reducing the danger of needle-stick injury to officers is another big positive. We have seen citizens who we know personally suffer from addiction and overdoses, so I would have no problem with syringe exchange programs."*

**Chief Vance Haskett, Manteo Police Department**

*"I fully support the syringe exchange program. The program would improve officer safety and improve safety for our children. This program would eliminate the danger of discarded syringes in our public parks and other places that our citizens frequent."*

**Chief Mike James, Leland Police Department**

*"As the opioid drug problem worsens, we need to start thinking outside the box when it comes to solutions. Syringe exchange programs would not only address the HIV and hepatitis C epidemic, but also provide wraparound services to address the drug problem at its roots."*

**Chief Brad Shirley, Boiling Spring Lakes Police Department**

*"Syringe exchange programs make a lot of sense. I'm especially supportive of connecting people to drug treatment through these programs. I wish we had a syringe exchange here in Lenoir."*

**Chief Scott Brown, Lenoir Police Department**

*"Syringe exchange programs make good sense. I support efforts to prevent young people and children from suffering accidental sticks and developing HIV or hepatitis C. I also like that these programs would offer access to treatment."*

**Chief Chris Hunt, Bladenboro Police Department**

*"I never envisioned myself supporting a syringe exchange program, but I now understand that ultimately it comes down to public safety and public health. I certainly now have a very different opinion of syringe exchange programs."*

**Sheriff John Ingram, Brunswick County Sheriff's Office**

*"As an advocate for public safety and rehabilitation, I see syringe exchange programs as an exciting opportunity to reach out to drug users with education that could increase the chances of them getting help, including rehabilitation."*

**Sheriff Greg Christopher, Haywood County Sheriff's Office**

*"I am in favor of syringe exchange programs and see no downside to the negative consequences connected to these programs. By providing clean needles, a syringe exchange program would increase officer safety and benefit communities that have individuals working through problems that pertain to an addiction."*

**Chief Barry Rountree, Winston Salem Police Department**

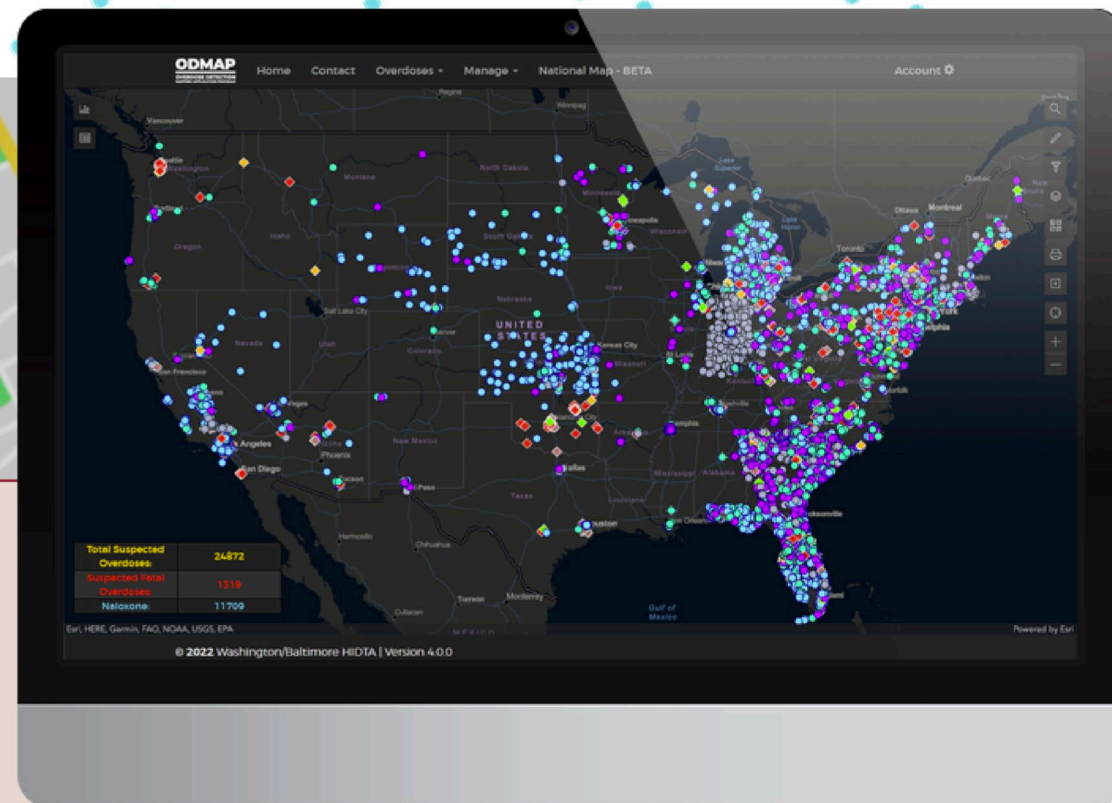






Provides near real-time suspected overdose surveillance data across jurisdictions to support public health and public safety efforts

Facilitates near real-time data sharing and timely responses to changes in overdose patterns such as a sudden increase, or spike in overdose events



# LE Strategic Responses

- Operation Medicine Drop
- Permanent Drop-Off boxes
- Prescription Fraud & Diversion Investigation
- CIT training
- Use of Mobile Crisis
- Naloxone
- Overdose Follow-ups
- Pre-Arrest Diversion
- Jail Based Education





# WHY DO PEOPLE USE DRUGS?

Drugs are appealing for many different reasons. People may use drugs to

- feel good
- self-medicate uncomfortable emotions
- enhance performance
- experiment
- grief
- stress
- boredom

Regardless of the reason, many drugs and alcohol affect dopamine levels in the brain, which can cause repeated use and lead to addiction.

Not everyone who uses drugs becomes addicted. But certain risk factors — like a family history of addiction, trauma, depression, ACEs, and PTSD.

# 911 GOOD SAMARITAN LAW / NALOXONE ACCESS

**Originally passed in 2013**

**Encourages people to call 911 to report an overdose**

**The law provides legal immunity from prosecution for the caller and the victim on the following**

**Drug paraphernalia**

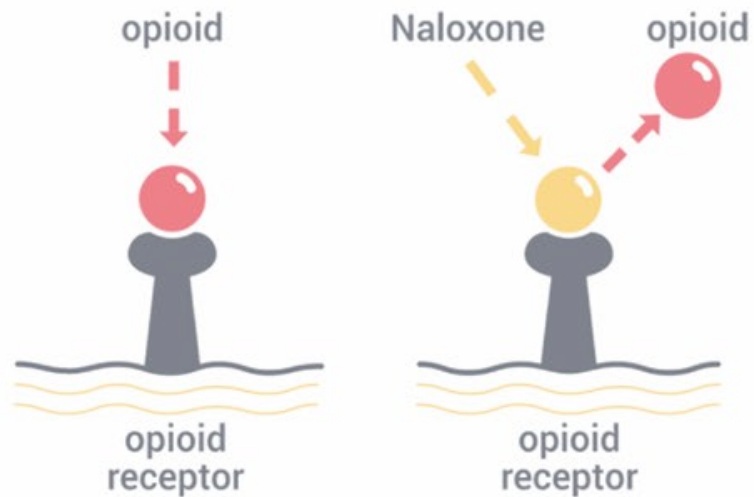
**Up to a gram of any drug**

**Underage drinking or possession of alcohol**

# NARCAN / NALOXONE

Anyone can purchase Narcan, no age limit, prescription, or ID required

Safe to use even if no opioids are in the system



Onset: 2-3 mins

Duration: 30-90 mins

**Individuals released  
from jail are 40% more  
likely to overdose within  
the first two weeks.  
(than the general pop.)**





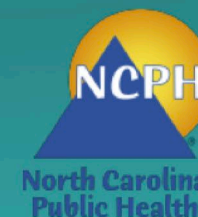
# SYRINGE EXCHANGE PROGRAMS







# Viral Hepatitis C in North Carolina, 2021



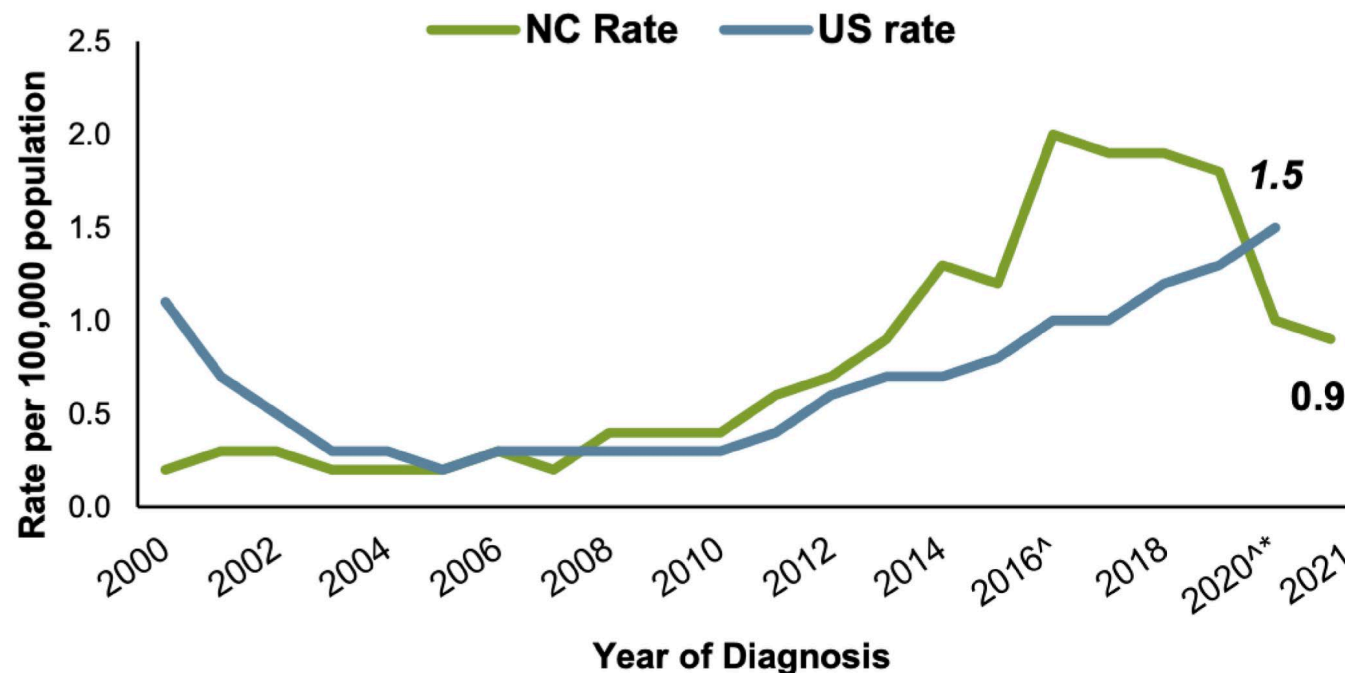
The decline in acute hepatitis C reflects overall decreases in testing during 2020.

## Acute Hepatitis C

- There were 100 newly diagnosed acute hepatitis C cases in 2021, a rate of 0.9 per 100,000 population.
- Between 75-85% of acute infections will progress to a chronic infection.

## Chronic Hepatitis C

- In 2021, 13,546 people were diagnosed with chronic hepatitis C in North Carolina.
- It is estimated that at least 200,000 people living in North Carolina are infected with chronic hepatitis C.
- As of December 31, 2021, there were 80,707 reported cases of chronic hepatitis C.



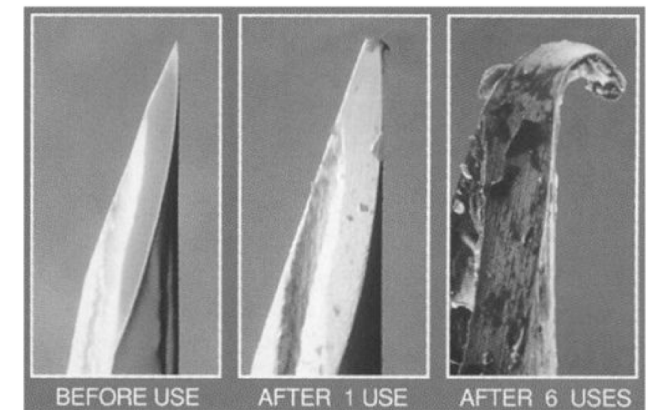
^Case definition for hepatitis C changed in 2016 and then again in 2020; these changes made it more likely that a case was classified as acute.

# SYRINGE EXCHANGE LEGALIZED

2016: G.S. 90-113.27 legalizes syringe exchange programs (also called “needle exchange” or “syringe access program”)

Under G.S. 90-113.27, no employee, volunteer, or participant of a syringe exchange can be charged or prosecuted for possession of syringes, other injection supplies, or drug residue on supplies obtained from or returned to a syringe exchange

**1 in 3 officers will be stuck in their career and 28% will get multiple sticks.**





# OTHER SSP BENEFITS

Reduction in HIV and HEP C transmission among participants & decrease in taxpayer burden to treat these diseases.

Fewer syringes discarded in the streets (SSPs collect and incinerate used syringes).

SSPs are required to provide information pertaining to treatment services.

## SSPs connect with people who are often disconnected from traditional health services.

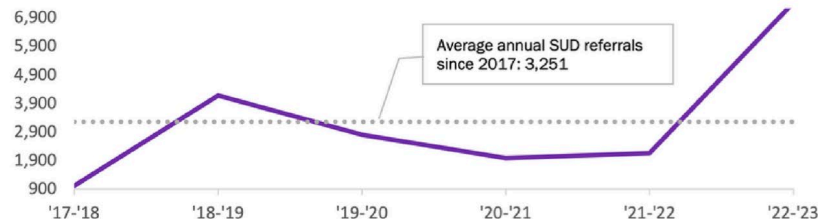
Among those offering testing on-site this year:

**24** SSPs administered **960** HIV tests  
**23** SSPs administered **1,000** HCV tests

In 2022-2023, SSPs also made  
**5,505** referrals  
to HIV and HCV testing and treatment  
providers for participants.

## Participants were referred to a wide variety of SUD treatment providers based on their unique needs.

SSPs made over **7,421** referrals to substance use disorder (SUD) or mental health treatment in the 2022-2023 reporting year. This is an **increase of over 246%** from the previous year.



Nearly 80% of SSPs referred participants to detox, buprenorphine, inpatient and/or outpatient treatment providers for their SUDs.

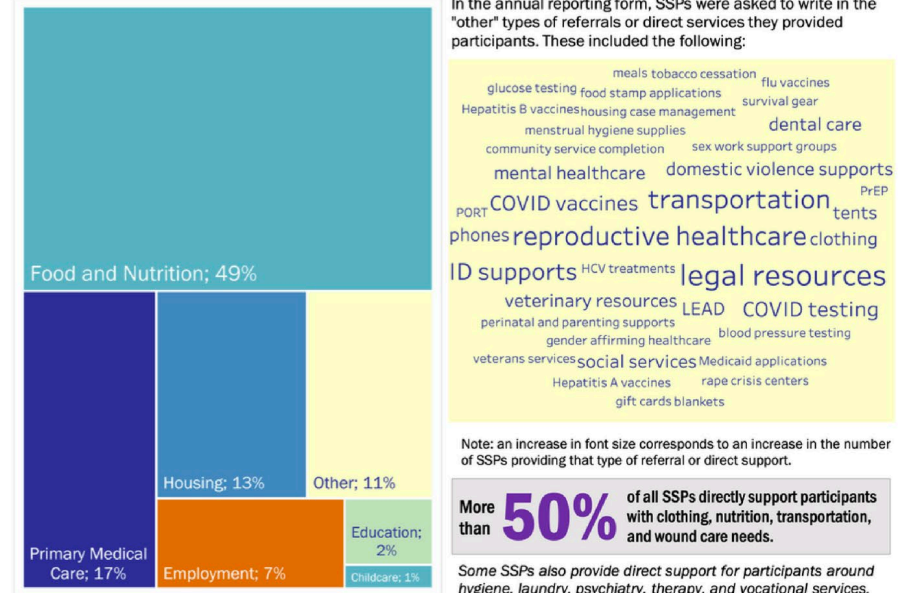
Additionally, SSPs referred participants to faith-based, methadone, and naltrexone treatment providers.

Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2023.

## SSPs connect participants to more than just substance use-related services and supplies.

In 2022-2023, SSPs made over **8,500** referrals to social determinants of health services including: **4,192** referrals to food and nutrition providers, 1,428 referrals to primary medical care, 1,119 referrals to housing, 610 referrals to employment, 210 referrals to education, and 76 referrals to childcare.

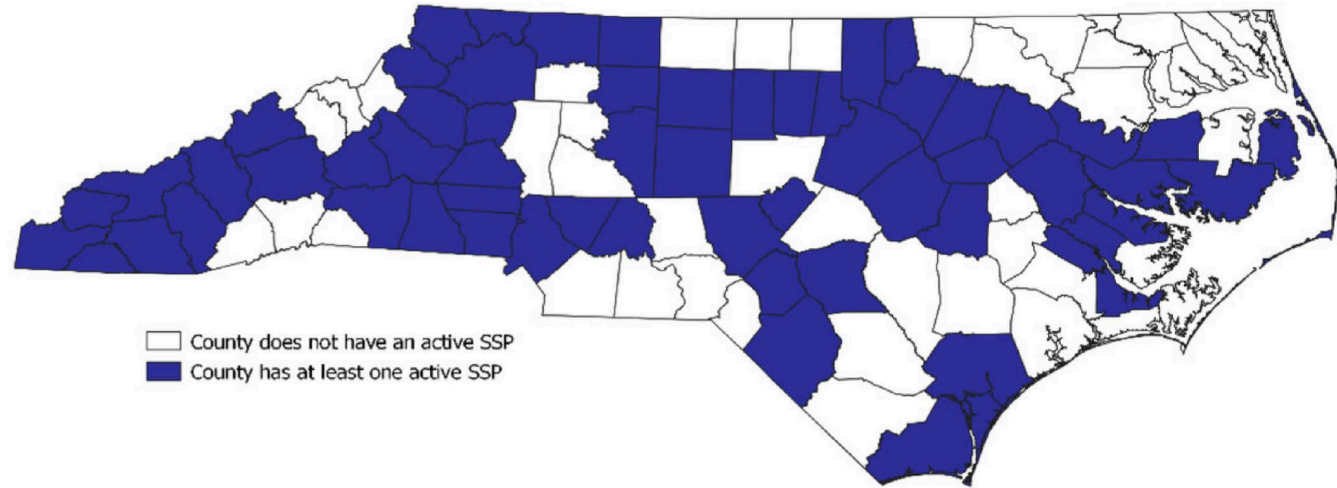
In the annual reporting form, SSPs were asked to write in the "other" types of referrals or direct services they provided participants. These included the following:



## SSPs directly serve over half of all North Carolina counties.

There are 50 Syringe Services Programs that have filed security plans in 58 counties and 1 federally recognized tribe across NC.

Despite the increased coverage over time, there are many North Carolinians who still need access to syringe services programs, as evidenced by entire pockets of the state still lacking any programs.



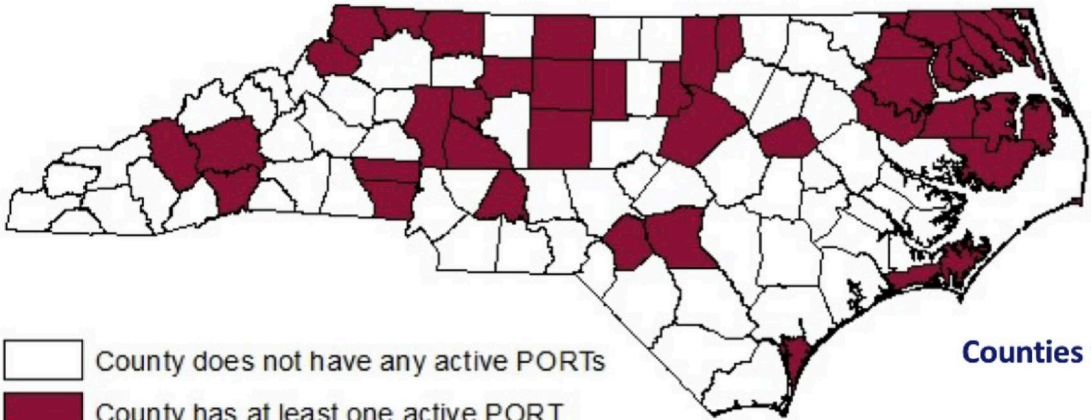
*The North Carolina Safer Syringe Initiative aims to ensure that anyone in NC can access SSP services. While these programs do not entice people to start using drugs, they do connect people who already use drugs to critical health and social supports.*

For a continuously updated list of registered SSPs, visit <https://tinyurl.com/NCSSIList>

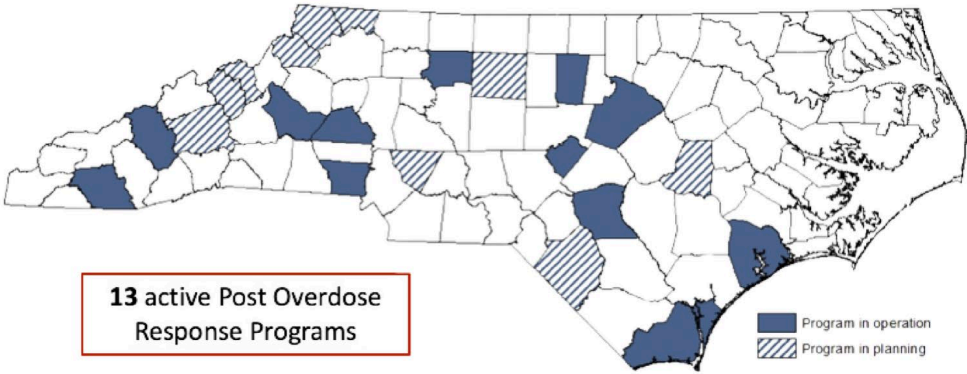
Of these 50 SSPs, 31 operate using a fixed-site location, 33 operate using mobile services, 25 operate using peer-based distribution, 25 operate in an integrated space, and 16 operate using delivery services. Note that many SSPs utilize more than one program model. For more information about program model types, visit <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-models>.



# Current Counties with Post Overdose Response Programs



Counties with Post Overdose Response Programs\* as of January 31, 2019



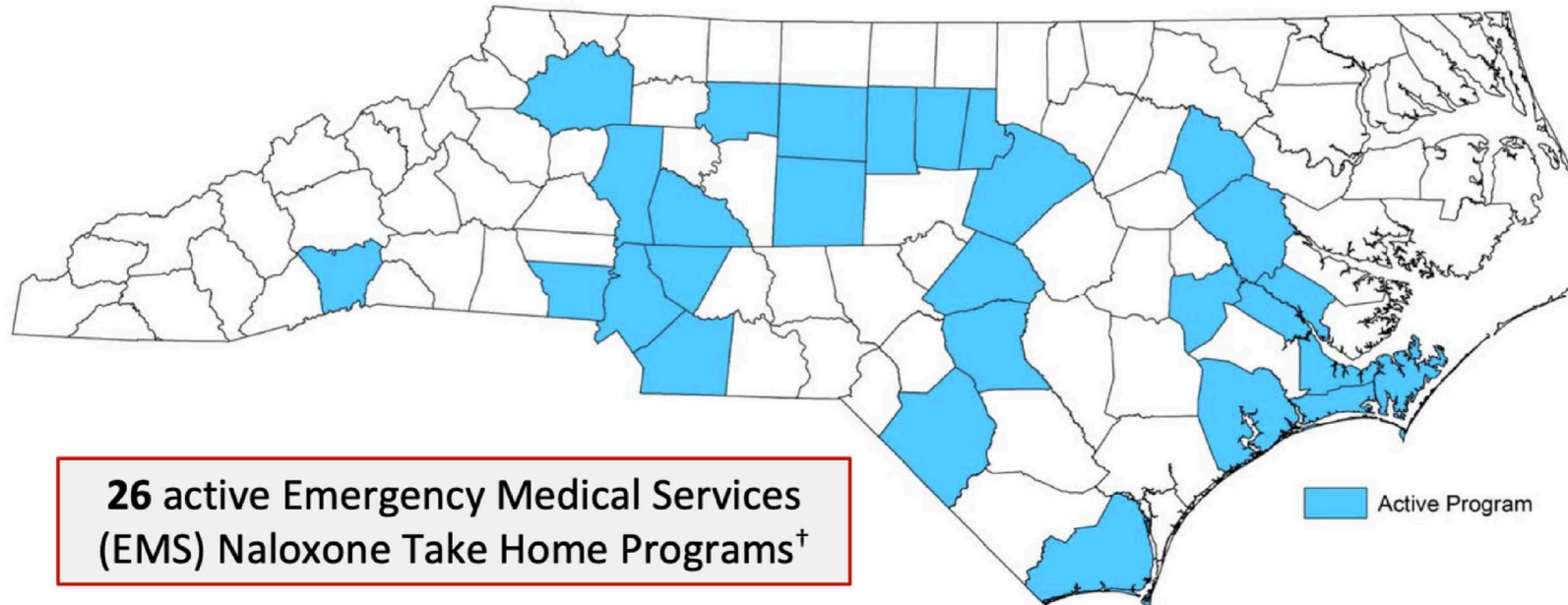
13 active Post Overdose Response Programs



\*The Post Overdose Response Programs (or Rapid Response Teams) offer support, recovery resources and links to substance use disorder treatment options, overdose prevention education, naloxone, case management, and referrals to syringe exchange programs.

Source: North Carolina Harm Reduction Coalition  
Analysis: Injury Epidemiology and Surveillance Unit

## Counties with EMS Naloxone Take Home Programs for IDUs\* as of January 31, 2019



\*Naloxone Take Home Programs provide naloxone to Injection Drug Users (IDUs) who refuse transport to the hospital after an overdose.

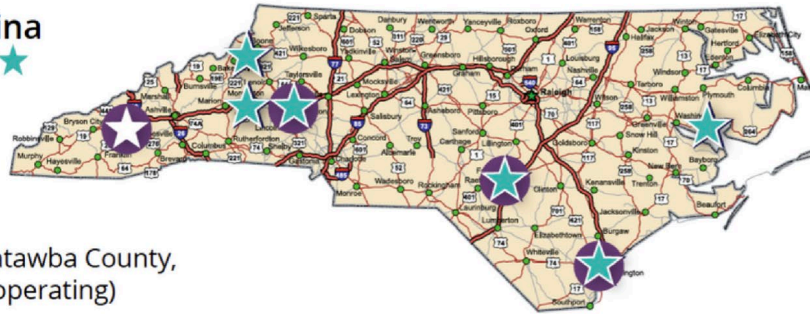
<sup>†</sup> 1 program covering the Eastern Band of Cherokee Indians Tribe

Source: The North Carolina Office of EMS (NC OEMS) and North Carolina Harm Reduction Coalition  
Analysis: Injury Epidemiology and Surveillance Unit

# LAW ENFORCEMENT ASSISTED DIVERSION (LEAD)

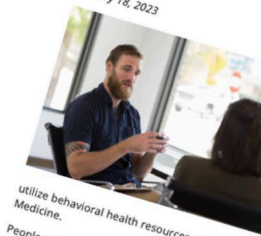
LEAD is a pre-arrest diversion program that utilizes officer discretion to divert low level drug offenders and sex workers from the traditional criminal justice system and link them into treatment. This linkage to services operates within a **harm reduction framework** to include intensive case management and peer support services.

LEAD in North Carolina  
Currently active programs ★



Duke evaluation sites ●  
Wilmington, Fayetteville, Catawba County,  
Waynesville (not currently operating)

Duke Researchers Find Promising Results in  
Pre-Arrest Diversion Program for People who  
use Drugs  
January 18, 2023



Active participants in Law Enforcement Assisted Diversion were significantly less likely to be re-arrested and more likely to use behavioral health treatment, according to a study of four programs in North Carolina.

Participants in a pre-arrest diversion program in North Carolina for people who use drugs had substantially fewer arrests after enrollment and were more likely to utilize behavioral health resources, according to researchers from the Duke University School of Medicine.

People who actively participated in Law Enforcement Assisted Diversion (LEAD) had a 50% lower rate of citations or arrests in the six months after referral than the six months prior, according to an evaluation of four NC LEAD sites released in January 2023.

Additionally, 71% of LEAD enrollees utilized behavioral health services in the year after joining the program, compared to only 34% in the year prior, and the number of enrollees using medications for treating opioid use disorder (also known as medication-assisted treatment or MAT) quadrupled. Behavioral health service utilization varied quite widely across programs. That may have been influenced, in part, by the availability of behavioral health resources and treatment infrastructure across the different communities.

"Our evaluation shows promising criminal justice and service utilization outcomes among participants who consistently engaged with LEAD staff, as well as potential cost savings for crisis-related services like behavioral health-related emergency department visits for those localities with a LEAD program," said [Allison B. Gilbert, PhD, MPH](#), principal investigator for the project.

"In evaluating the program sites in North Carolina, we were also able to identify factors that facilitated successful implementation of LEAD programs and recommend ways to overcome barriers to enrollment and continuous engagement."



Allison Gilbert,  
PhD, MPH

"I hope this important research inspires more agencies to implement diversion programs, using either opioid settlement funds or other sources of funding. These programs must treat everyone equally and not disadvantage people on the basis of race or gender."

— North Carolina Attorney General Josh Stein



LEAD | FAYETTEVILLE



LEAD | WILMINGTON



# Application of the LEAD Program

- Originally designed to address racial disparities in drug arrests
- Address the negative impact of mass incarceration on individuals and communities
- Address valid business and neighborhood concerns about health and safety
- Reduce harmful impact of criminalization on the marginalized populations within the sex trade continuum
- Help communities respond to public order issues stemming from unaddressed public health and human services needs – addiction, untreated mental illness, homelessness, and extreme poverty

# PROGRAM CRITERIA & ELIGIBILITY

## POTENTIAL LEAD PARTICIPANTS

Adults suspected of a criminal offense (primarily low level drugs and/or survival sex work and addicted to an illicit and licit substance

Open to being connected to services

Willing to sign release of information to allow stakeholders to share information for treatment purposes

## REFERRAL TYPES

**Charge Diversion:** restrictions already agreed upon by MOU stakeholders

**Social Referral:** based on history & knowledge

# CLARIFYING POINTS FOR LEAD PROGRAM

Abstinence is not required like traditional treatment programs expect.

This is a journey for most. Continued criminal activity may occur, especially for problematic users. Being in LEAD does not mean people have a free pass for subsequent crimes.

The intake process completed within 14 days means initiating charge will not be pursued, as directed in signed MOU.

Most people you engage with about entering LEAD are not treatment ready.

## What is required of me in this program?

- Sign forms indicating they agree to release information (your screening form & eventually other forms with the case manager)
- Physically meet with the LEAD Case Manager within 14 days to complete the Intake assessment. Contact the case manager to schedule your assessment.

The Intake Assessment will help the Case Manager learn about the individual's history and experiences with substance use in order to connect him or her to appropriate services.

Both diversion and social referrals require an intake assessment to be completed in 14 days. For charge diversions, failure to complete the assessment may result in your charges being reinstated.

Failure to complete the Intake Assessment will result in the person no longer being eligible for LEAD services unless referred again at a later time. You may still receive Harm Reduction services.



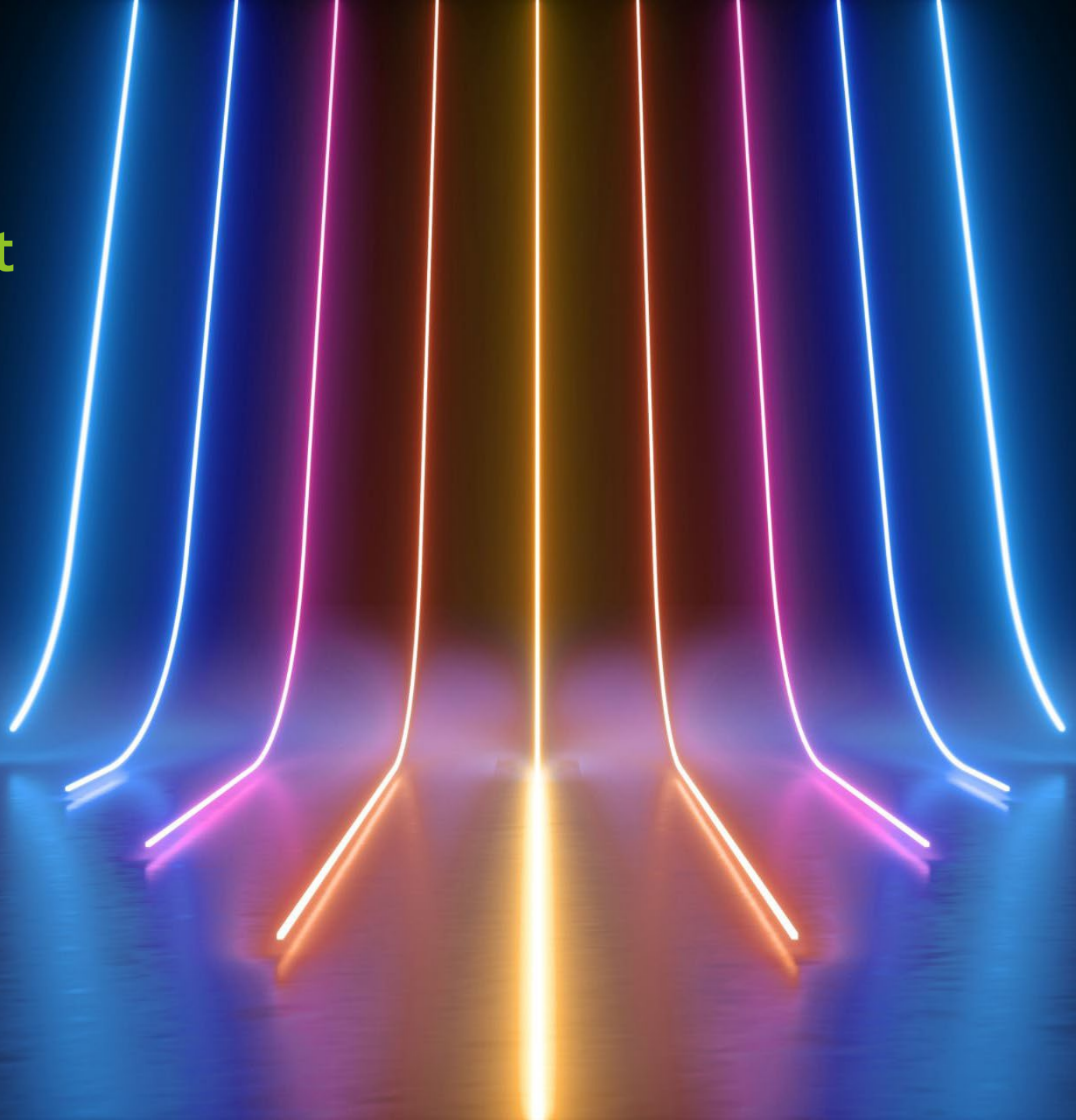
# Partnerships & Reducing Criminal Justice Involvement

## ► Key Stakeholders

- Public Safety
- District Attorney's Office
- Case Management
- LME/MCO
- Harm Reduction Agency/Peer Support

## ► Great time to problem solve

## ► Removes silos between entities



# PROMISING PRACTICES

## POST OVERDOSE RESPONSE

- Process of connecting people at risk of opioid overdose to a range of harm reduction and treatment related services. Peer Support is key.
  - Typically within 24-72 hours.
  - Recognizes the challenges.
- 
- Sharing information to connect people.
  - Identifying skill sets.
  - Compassion Fatigue is real!



# SAMHSA Funded Programs

- ▶ Contingency Management Services
- ▶ MAT: Medication Assisted Treatment
  - ▶ Jail Based

# QUESTIONS ?

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Donnie Varnell, Lieutenant

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Dare County Sheriff's Office

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NC State Bureau of Investigation

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NCHRC.org

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