WELCOME

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Thursday, June 15, 2023







Appalachia HIDTA: Drug Trends in the Commonwealth Review

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The presenter has no financial interest to disclose	

Upon completion of this activity, participants will be able to

Explain the Appalachia HITDA Program and its role in combatting illicit drug threat in the Commonwealth thought supply and harm reduction.

Assess illicit drug threats, seizure trends, and emerging threats in the Commonwealth



Appalachia HIDTA: Drug Trends in the Commonwealth

Agenda

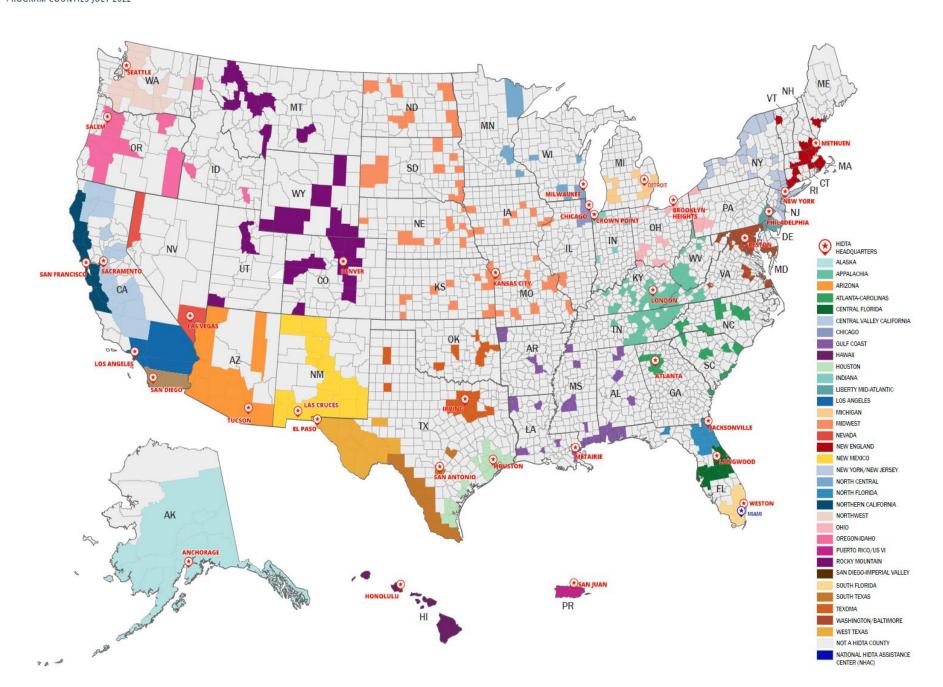
- Introduction to Appalachia HIDTA
- Drug Trends in the Commonwealth
- Overdose Response Strategy (ORS)
- Question & Answer Session



National HIDTA Overview

- Created by Congress in 1988, the High Intensity Drug Trafficking Areas (HIDTA) Program coordinates with Law Enforcement Agencies to address regional drug threats.
- The purpose of HIDTA is to reduce drug trafficking activity and drug production in the Unites States.
- The HIDTA Program oversees 33 regional HIDTAs in all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia.
- In all, there are over 600 HIDTA designated counties. (*Appalachia HIDTA 94)





Goals of the HIDTA Program

 Disrupt the market for illegal drugs by dismantling and disrupting drug trafficking and/or money laundering organizations; and

Improve the efficiency and effectiveness of HIDTA initiatives.



HIDTA Designations

- In 1990, Congress appropriated federal funds to five areas of the United States that were considered the most critical high intensity drug trafficking areas "gateways" for drugs entering the United States.
 - South Florida (Miami)
 - New York/New Jersey
 - Los Angeles
 - Houston
 - Southwest Border (CA, AR, NM and TX)



HIDTA Designations

1994: Washington/Baltimore and Puerto Rico/U.S. Virgin Islands;

1995: Atlanta, Chicago, and Philadelphia/Camden;

1996: Rocky Mountain (Colorado, Utah, and Wyoming), Gulf Coast (Alabama, Louisiana, and Mississippi), Lake County (Indiana), Midwest (Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota), and Northwest (Washington);

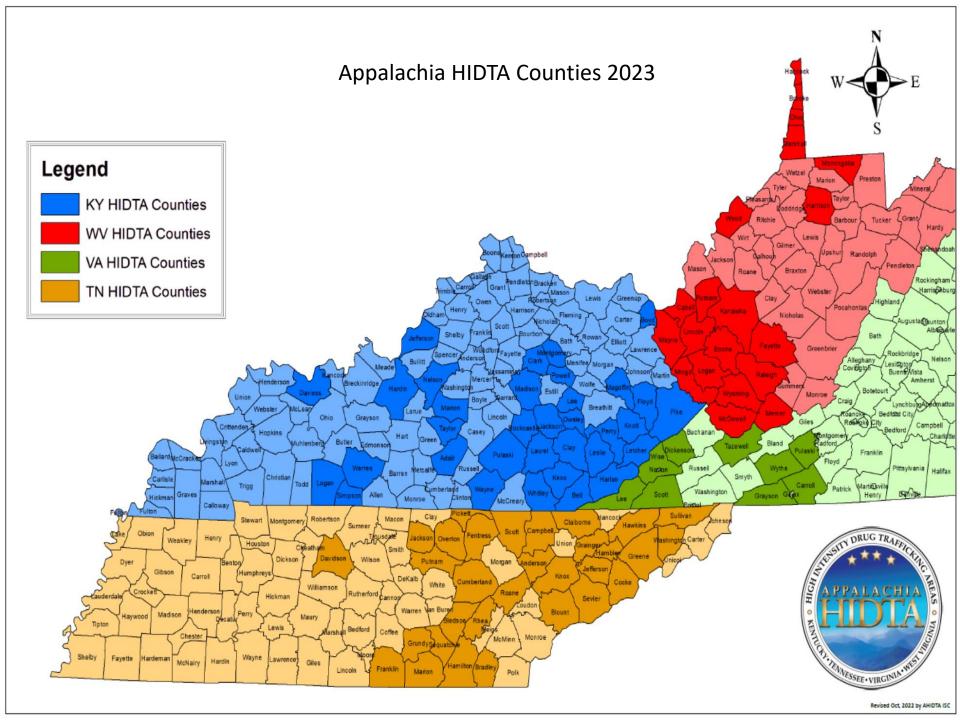
1997: Southeast Michigan and Northern California;

1998: Appalachia, Central Florida, Milwaukee, and North Texas;

1999: Central Valley (California), Hawaii, New England Ohio, and Oregon

2018: Alaska





34 HIDTA Counties & 20 Task Forces





Appalachia HIDTA Mission

To <u>enhance and coordinate drug enforcement efforts of local, state, and federal law enforcement agencies</u> within areas designated as High Intensity Drug Trafficking Areas by pursuing the disruption/dismantlement of Drug Trafficking Organizations, particularly as it relates to the specific drug threat of the Appalachian region.

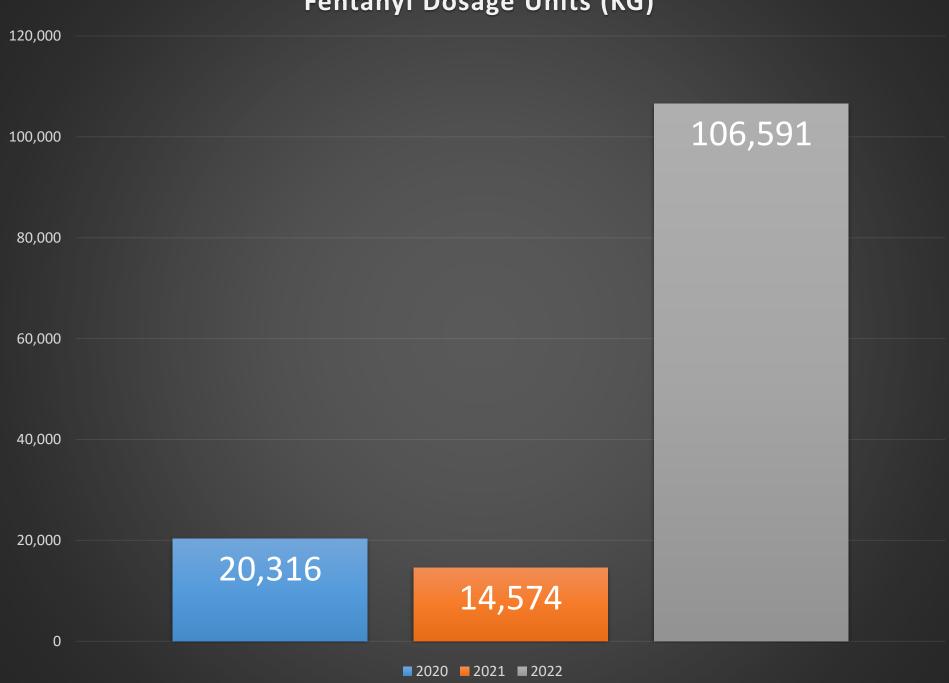


Drug Threats to Appalachian Region

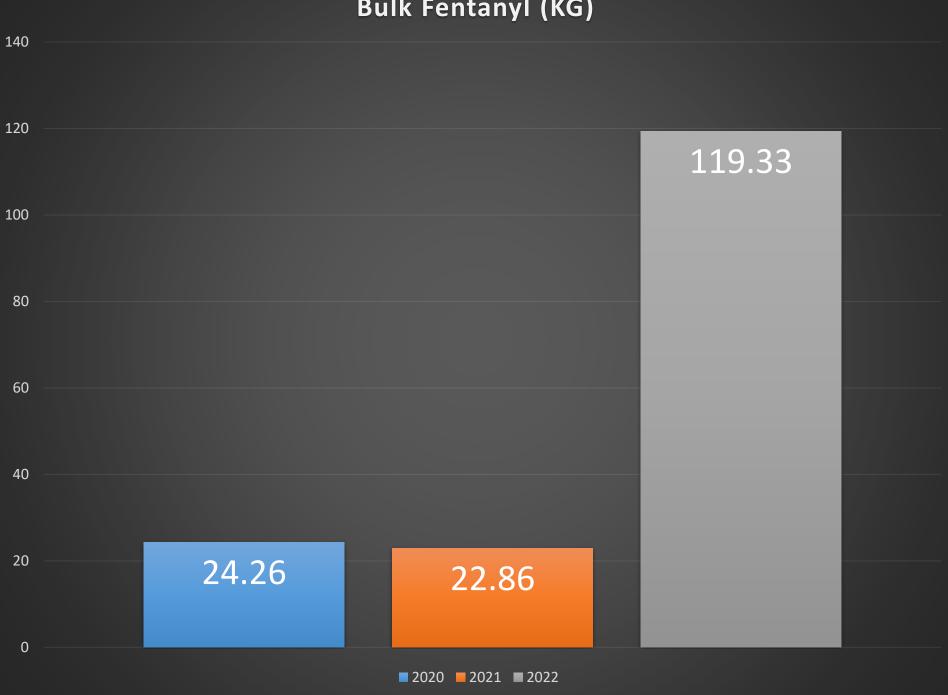
- Fentanyl
- Crystal Methamphetamine (ICE)
- Cocaine & Crack Cocaine
- Heroin
- Marijuana (Bulk & Plants)
- Emerging Threats*



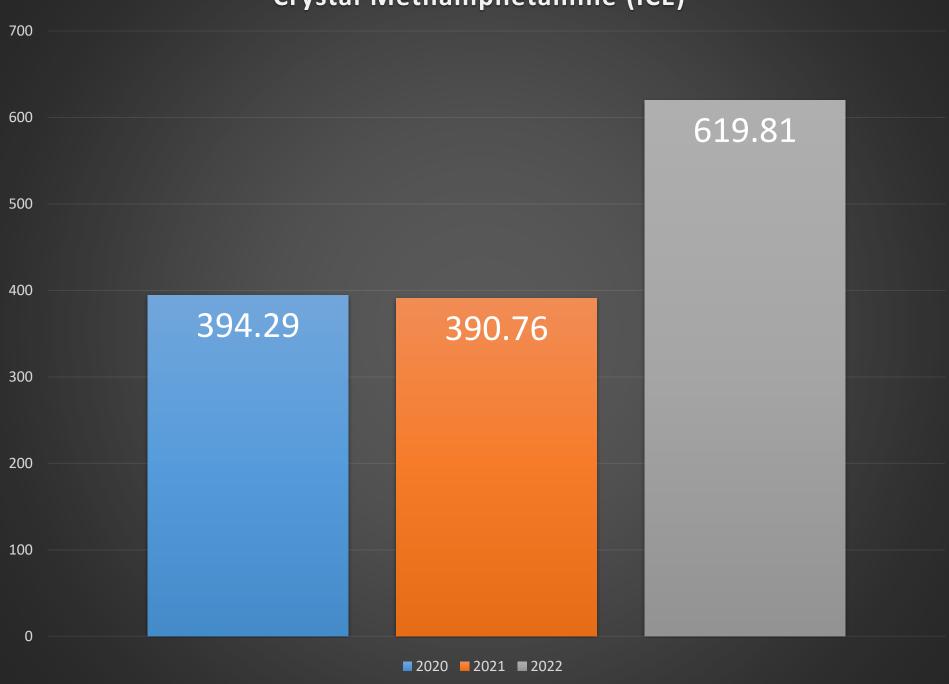




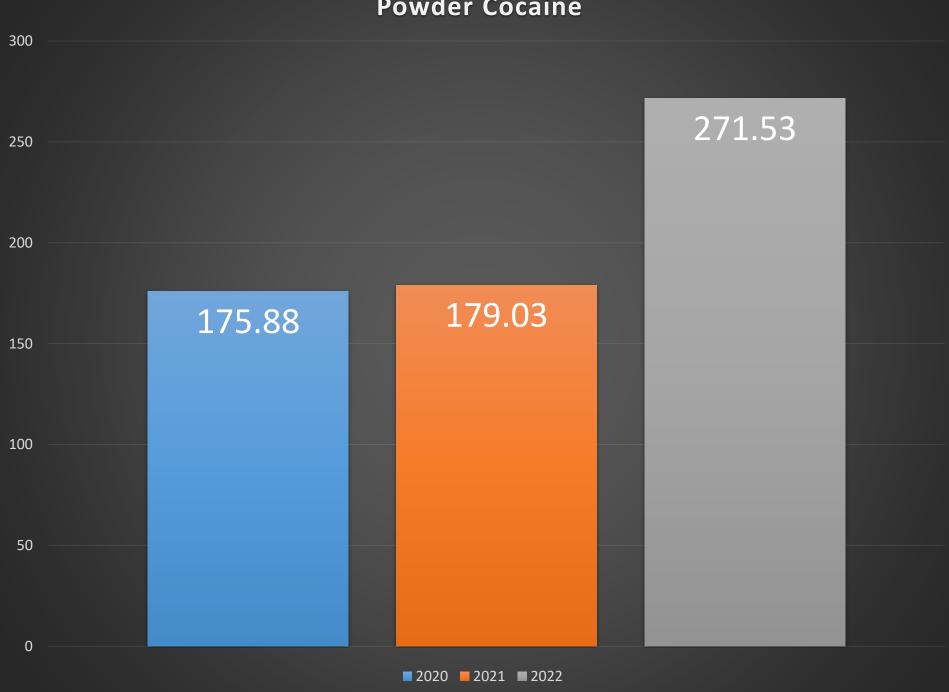




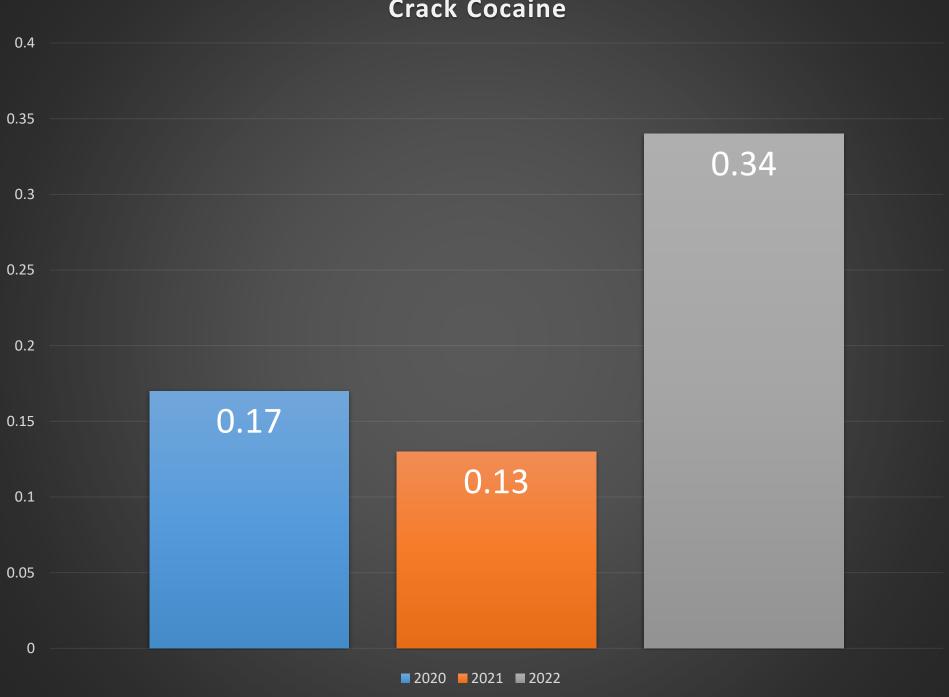


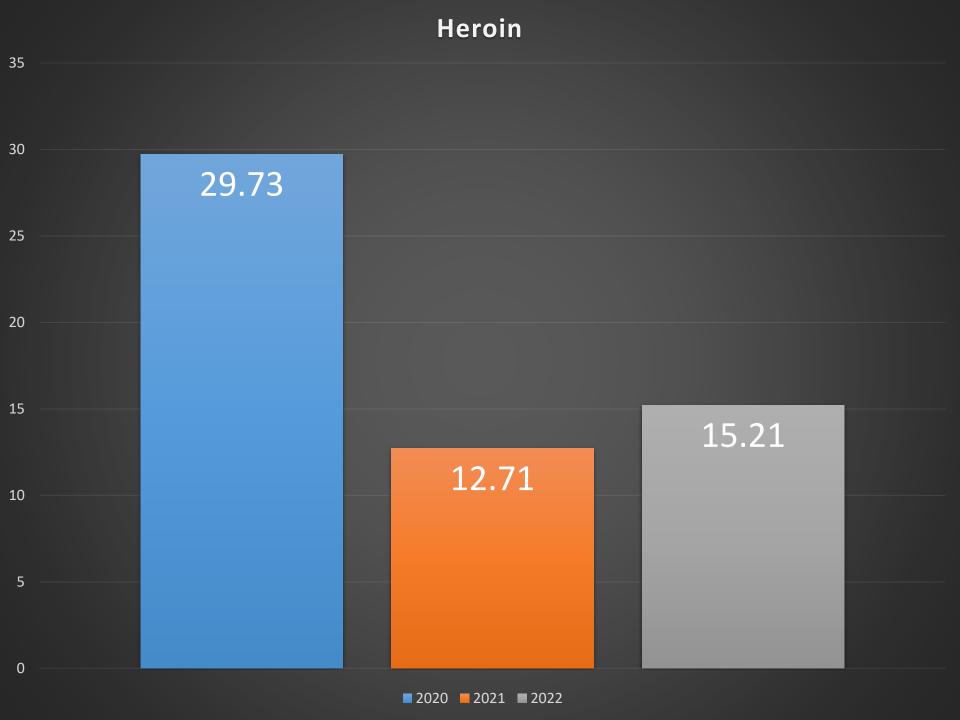




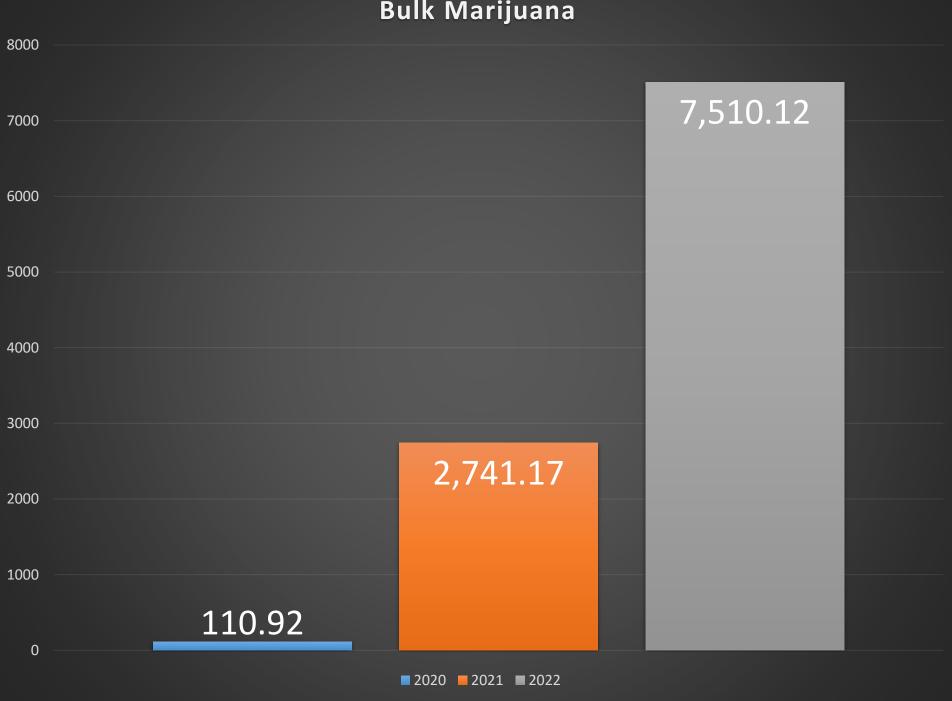




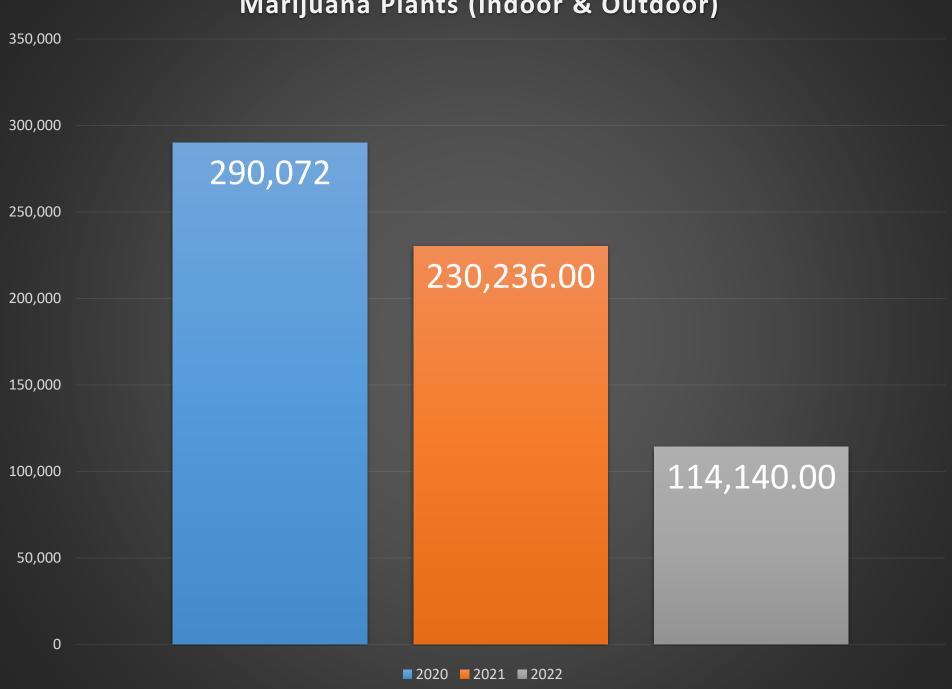




Bulk Marijuana



Marijuana Plants (Indoor & Outdoor)

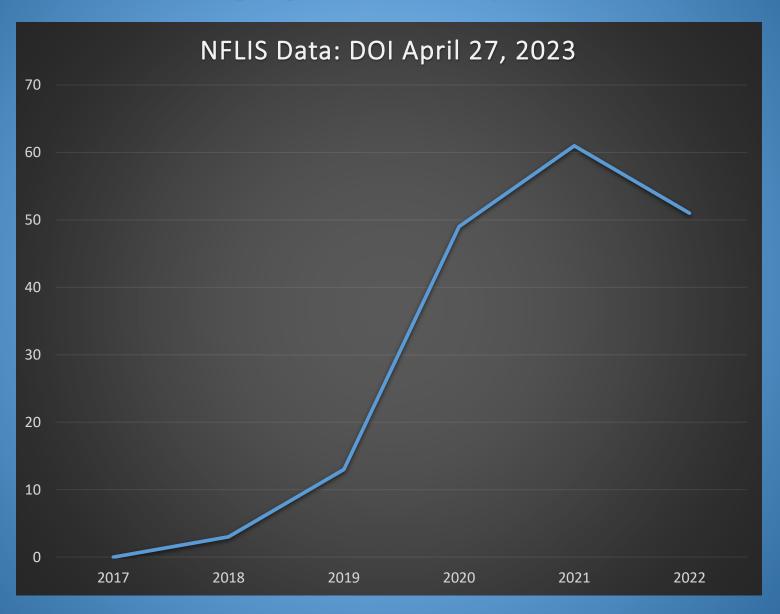


Emerging Threats – Multicolored Fentanyl





Emerging Threats - Xylazine



Appalachia HIDTA Vision Statement

"There is no limit to what we can accomplish if we don't worry about who gets the credit."



OVERDOSE RESPONSE STRATEGY

Funded by the Office of National Drug Control Policy and the Centers for Disease Control and Prevention



INVESTING IN PARTNERSHIPS TO BUILD SAFE AND HEALTHY COMMUNITIES



ORS Mission Statement

To help communities reduce fatal and nonfatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.



The ORS allows us to...



Collaborate across public health and public safety sectors

By creating opportunities to...



Share data, insights, and trends we are seeing related to drug overdose in our communities

We use that information to...



Inform and help local communities develop local solutions to reduce overdoses and save lives



The ORS allows us to...



Collaborate across public health and public safety sectors



The ORS is implemented by state teams made up of **Drug Intelligence Officers** and **Public Health Analysts**, who work together on drug overdose issues within and across sectors and states.











Law enforcement, first responders, public health officials, and people who use drugs **intersect naturally**.

The ORS is designed to increase the **positive** impact and outcomes of those intersections.



The ORS creates opportunities to...



Share data, insights, and trends we are seeing related to drug overdose in our communities



By sharing information across sectors, the ORS is growing the body of evidence related to early warning signs and prevention strategies.

Drug Intelligence Officers have a finger on the pulse of emerging trends and threats.

Public Health Analysts can obtain, analyze and act on data more quickly than in more traditional settings.



The ORS uses that information to...



<u>Inform and help</u> local communities develop local solutions to reduce overdoses and save lives



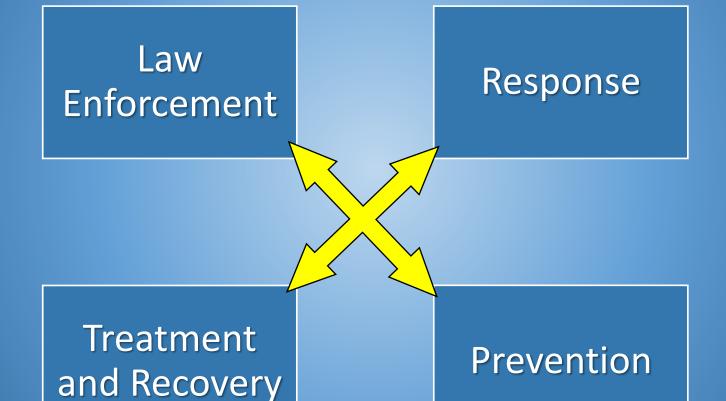
With the information shared, and programs inspired by ORS, we are helping communities and individuals make healthier, safer choices.

The ORS creates an infrastructure and environment to address overdose threats, utilizing the best existing strategies to help save lives.

Public safety agencies are already responding to overdoses.

The ORS helps equip these partners with the best available public health information to help them save lives.

ORS Strategic Directions





Drug Intelligence Officers (DIO)

- Partner with public health agencies and public health analysts to bridge communication gap with law enforcement
- DIOs fill a critical gap in intelligence sharing by:
 - reporting cross-jurisdictional links
 - communicating interstate intelligence
 - relaying case referrals between agencies
 - developing timely intelligence reports for law enforcement audiences
- Felony Arrest Notifications (FANs):
 - Track and relay drug-related felony arrests of out-of-state residents and report this information to the individual's home law enforcement agency and other law enforcement agencies with a vested interest



Public Health Analysts (PHA)

- Work with key public health agencies, non-governmental (e.g. treatment and prevention) organizations, and law enforcement to increase interagency data sharing
- Majority of work supports or collaborates with law enforcement agencies
- PHA Goals:
 - Create and coordinate shared data regimes that allow public health, law enforcement, and others to respond quickly and effectively to emerging overdose crises
 - Develop and support strategic, evidence-based responses to generate immediate reductions in the number of overdose-related fatalities
 - Promote and support prevention efforts to prevent or reduce opioid misuse

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 Promote the active engagement of local communities in the discussion, planning, and implementation of ORS goals and activities

DIO and PHA Partnership

- The ORS builds upon existing public health and public safety infrastructures to create strong, lasting information sharing systems, response initiatives, and other innovations to combat the opioid epidemic.
- Examples of collaborative areas:
 - FAN analysis
 - Targeted public health responses
 - Overdose spike alerts and responses



Closing Remarks

- AHIDTA law enforcement task forces in Kentucky reported three-year highs in four major drug categories: fentanyl, crystal methamphetamine (ICE), cocaine, and bulk marijuana.
- The relationship between PHAs and DIOs under the ORS can assist both public health and law enforcement sectors in reducing the number of overdose deaths while directly deterring drug trafficking activity.



Questions?



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