



Office of the Attorney General
Washington, D. C. 20530

September 21, 2016

MEMORANDUM FOR HEADS OF DEPARTMENT COMPONENTS

FROM:

THE ATTORNEY GENERAL

SUBJECT:

Department of Justice Strategy to Combat Opioid Epidemic

The primary mission of the Department of Justice is to protect the lives and safety of all Americans. That safety is being threatened by the unprecedented levels of opioid misuse, addiction, and overdose in the United States. Opioids are a class of highly addictive drugs that includes heroin and prescription painkillers such as oxycodone and hydrocodone. In 2014, more than sixty percent of the 47,000 drug overdose deaths in America involved opioids, reflecting a dramatic increase over the past two decades.

No single agency or department can solve the problem alone. But the Department is committed to doing its part—by ensuring appropriate enforcement of our nation’s drug laws; leveraging the many tools at our disposal; and working with other federal partners—to assist the broader effort to tackle this public health crisis. I am proud of the robust and thoughtful work that has already been done by the Department to address this epidemic. In addition to the daily efforts of our prosecutors, law enforcement officials, and other personnel, the Department has worked collaboratively with our state, local, and tribal partners to assist with interdiction efforts; provide training; deploy resources; and convene stakeholders to share best practices. A full list of past and current Department projects appears in the appendix to this memorandum.

Still, there is more we can do. Nationally, our strategy must rest on three pillars: prevention, enforcement, and treatment. These three pillars are interrelated, and go hand in hand. One is not sufficient; success in this endeavor requires all three.

This document outlines this strategy and identifies some of the key action items that the Department is taking now or will take in the near future to combat the opioid epidemic. And while opioid abuse is a national problem that requires a national strategy, the Department recognizes that its efforts must be tailored to the needs of each region and implemented by those who know their communities best. For that reason, concurrent with the release of this memorandum, the Deputy Attorney General is directing each U.S. Attorney who has not already done so to consult with local stakeholders—including those outside the law enforcement community—and draft a district-specific strategy that incorporates the three pillars.

Prevention

We must prevent more individuals from succumbing to addiction. The Department currently supports several programs designed to prevent misuse of prescription opioids, deter heroin use, and reduce opioid-overdose deaths. The Department's components should work to enhance the effectiveness of those programs. The Department should also seek to identify new, creative opportunities for prevention with stakeholders outside the typical law enforcement community.

ACTION ITEM: STRENGTHEN PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

Prescription Drug Monitoring Programs (PDMPs) are state-run databases that collect data about controlled substance prescriptions dispensed by pharmacies and doctors. PDMPs permit authorized users, including prescribers and dispensers, to monitor dispensing activity. In certain states, law enforcement officers may also seek and obtain authorization to access PDMP data. Evidence suggests that PDMPs improve patient care while preventing abuse and overdose deaths.

Nearly every state operates its own PDMP, but the programs vary in their effectiveness and interoperability. The Department's Bureau of Justice Assistance (BJA) supports efforts to strengthen PDMPs, including, most importantly, by administering the Harold Rogers PDMP Grant Funding Program, which provides "resources to plan, implement, and enhance prescription drug monitoring programs to prevent and reduce misuse and abuse of prescription drugs and to aid in investigations of pharmaceutical crime." BJA has used its administration function to improve adoption of best practices and to encourage improved access and connectivity between different states' PDMP systems.

In the near term, the Department will support PDMPs by taking the following steps:

- *The Bureau of Justice Assistance will prioritize requests for Harold Rogers PDMP Grant Program funding that involve the development and implementation of information exchanges between state PDMPs (or between PDMPs and other data sharing partners).*
- *The Bureau of Justice Assistance will develop and promote the use of "report cards" and other reports to alert prescribers about potentially inappropriate prescribing practices and to encourage PDMP use.*
- *The Office of Justice Programs will study the need for the creation of new grant programs or the modification of existing programs to promote formulation of timely, cleaned, de-identified PDMP information and other public data sets that are fully accessible by public health and law enforcement officials.*

ACTION ITEM: ENSURE SAFE DRUG DISPOSAL

Many Americans who abuse prescription opioids obtain their drugs from friends and family. To limit the misuse of prescribed opioids, in 2010, the Drug Enforcement Agency (DEA) coordinated with local stakeholders to launch “National Take-Back Days,” which allowed individuals to safely discard unused, unwanted, or expired prescription drugs. Four years later, in 2014, DEA announced new rules pursuant to the Secure and Responsible Drug Disposal Act that expanded the options available for disposing of controlled substances. Individuals can now dispose of controlled substances using mail-back programs as well as collection receptacles at registered locations, including certain law enforcement agencies, hospitals, and retail pharmacies. In addition, the Department’s tribal partners, including the Indian Health Service, offers a number of options for safe drug disposal at locations throughout the country. Prior to each National Take-Back Day, communities can view eligible collection sites at http://deadiversion.usdoj.gov/drug_disposal/.

In the near term, the Department will support the safe disposal of unwanted opioids and other controlled prescription drugs by taking the following steps:

- *The Drug Enforcement Administration will expand efforts to develop community coalitions to help prevent the diversion of unused prescription opioids from homes.*
- *The Drug Enforcement Administration will work with federal, state, local, and tribal law enforcement and public health officials to develop “mobile” pick-up programs, which will be designed to make take-back options available to rural and underserved communities through coordinated regional efforts.*
- *The Drug Enforcement Administration will expand efforts to engage retail pharmacies seeking to establish permanent collection receptacles.*

ACTION ITEM: PREVENT OVERDOSE DEATHS WITH NALOXONE

Naloxone is a prescription medicine that reverses the negative effects of both prescription opioids and heroin on the nervous and respiratory systems and can be used to treat an acute overdose. It can be administered in multiple ways, including as a nasal spray, and has become a critical tool for first responders and law enforcement officers in their efforts to reduce overdose deaths.

BJA released an online “Law Enforcement Naloxone Toolkit,” available at www.bja.gov/naloxone, that serves as an information clearinghouse for law enforcement agencies seeking to establish their own naloxone programs. The toolkit provides guidance on the best ways to acquire and administer naloxone, while also addressing key issues such as training and liability. In addition, the toolkit includes samples and templates, such as standard operating procedures, training materials, data collection forms, and memoranda of agreement between first responders and medical directors.

In the near term, the Department will support naloxone programs by taking the following steps:

- *The Bureau of Justice Assistance will develop a strategy to promote the use of its “Law Enforcement Naloxone Toolkit” by all state, local and tribal law enforcement agencies throughout the country that do not already have a naloxone program.*
- *The Office of Justice Programs will convene a working group to develop plans for expanding access to naloxone and for enhancing information sharing regarding the effectiveness of naloxone programs.*

Enforcement

As the primary enforcer of the nation’s federal drug laws, the Department can and must use its investigative, regulatory, and prosecutorial authority to deter and punish traffickers and others who are most responsible for this epidemic. This includes prosecutions against the leaders of traditional drug trafficking organizations as well as the rogue healthcare providers, pharmacists, and pharmaceutical employees who contribute to the available supply and overuse of prescription opioid painkillers.

ACTION ITEM: INVESTIGATE AND PROSECUTE HIGH-IMPACT CASES

The U.S. Attorneys and federal law enforcement agencies that face this issue every day already have done tremendous work in the area of enforcement. In addition, the Department also established the Organized Crime Drug Enforcement Task Force (OCDETF) “National Heroin Initiative”; launched the Drug Enforcement Administration (DEA) “360 Strategy”; and released the Final Report and Recommendations of the National Heroin Task Force, which was co-chaired by the Department.

Consistent with the principles of the Department’s Smart on Crime initiative, as set forth in the Attorney General’s August 12, 2013 memorandum, the Department must continue to think strategically and establish clear priorities for the best use of its limited resources. This requires directing the Department’s resources towards the greatest threats, including but not limited to individuals and institutions responsible for the trafficking of heroin and fentanyl, those who improperly prescribe or divert opioids, and those who use violence to further drug-trafficking activities. Accordingly, the Deputy Attorney General’s memorandum issued alongside this memorandum will provide additional guidance regarding enforcement.

ACTION ITEM: ENHANCE REGULATORY ENFORCEMENT

DEA has primary responsibility for enforcing the regulatory provisions of the Controlled Substances Act (CSA), including the registration of individuals and entities involved in the prescribing, dispensing, or distribution of controlled substances, including manufacturers, distributors, prescribing practitioners, and pharmacies (“registrants”). DEA exercises oversight

authority over the nation's 1.6 million registrants, and has the authority to investigate criminal and civil charges, and to bring administrative sanctions, against registrants who violate its requirements. In recent years, DEA has expanded its regulatory role to proactively educate registrants about the requirements of the CSA.

Recognizing the significance of its regulatory function and the need for effective enforcement targeting registrants that are violating the law, DEA has approved the addition of eight additional Tactical Diversion Squads spread throughout the country and two Mobile Tactical Diversion Squads. The Mobile Tactical Diversion Squads are designed for rapid deployment to less populated areas that may not be covered by an established Tactical Diversion Squad. These squads are comprised of agents, investigators and intelligence analysts who focus on criminal and regulatory enforcement against those who unlawfully divert controlled substances from the legitimate distribution stream. Once online and fully staffed, these enhancements will bring the total number of DEA Tactical Diversion Squads to 77. Additionally, the two new Mobile Tactical Diversion Squads will give DEA a fluid enforcement capability that can deploy into underserved areas.

In the near term, the Department will support the enforcement of its regulatory authority by taking the following steps:

- *The Drug Enforcement Administration will develop metrics for measuring the effectiveness of its expanded regulatory efforts and use these metrics to refine its regulatory efforts.*
- *The Drug Enforcement Administration will establish an internal working group to study how to expand engagement with the registrant community, especially manufacturers, doctors and pharmacists who handle opioid analgesics.*

ACTION ITEM: ENCOURAGE INFORMATION SHARING

To coordinate rapid and targeted responses to overdose events, the Department's enforcement components must share information with federal, state, local, and tribal public safety and public health partners. A number of agencies collect crucial information about infectious disease, heroin and nonmedical opioid use, and overdose. Obtaining these data and sharing it with law enforcement, as appropriate, can help officials identify overdose trends and investigate potential sources. Similarly, sharing public safety data on drug investigations, diversion reports, and changing local illicit drug supply can help inform public health preparedness and response efforts. Mapping these data can help focus enforcement and prosecution efforts on suspects who are causing the most harm, and target treatment and prevention efforts on the most vulnerable areas and users.

For example, the Department's Community Oriented Policing Service (COPS) operates an "Anti-Heroin Task Force" (AHTF) program, which issues grants to state agencies seeking funding for portable drug detection devices, automated license plate readers, lab equipment,

sworn and/or civilian personnel, expanded data collection, and information systems to manage data for mapping and other crime analysis. Other examples of the Department's information-sharing efforts are described in the appendix to this memo.

In the near term, the Department will support information sharing about federal, tribal, state, and local enforcement efforts by taking the following steps:

- *The Drug Enforcement Administration and the Organized Crime Drug Enforcement Task Force will partner with federal, state, local, and tribal law enforcement and public health to better facilitate information sharing through the use of investigative de-confliction tools, including the DEA Analysis and Response Tracking System (DARTS) and the De-confliction and Information Coordination Effort (DICE), as well as other information coordination systems. These efforts will be coordinated between DEA's Special Operations Division, the OCDETF Fusion Center, and the El Paso Intelligence Center (EPIC), with the goal of sharing de-identified, real-time data between public health and public safety, when feasible, to reach maximum harm reduction in communities.*
- *The Community Oriented Policing Services (COPS) Office will require its grant recipients to share with the OCDETF Fusion Center relevant law enforcement information collected as a result of such funding.*
- *The Drug Enforcement Administration will expand its Drug/Heroin Data Capture project, a three-part data collection and sharing initiative, based at EPIC.*
- *The Drug Enforcement Administration will convene pathologist, toxicologists, medical examiners, and state officials to better understand the challenges faced by overburdened state systems as those resource capabilities inform investigative and prosecutorial resource decisions, and to assist those systems when possible.*

ACTION ITEM: FUND ENFORCEMENT-RELATED RESEARCH

The Department's National Institute of Justice (NIJ) supports research on drug-related crime to promote effective law enforcement, court, and corrections responses to illegal drug markets and criminal behavior related to drug use. Recent projects include research on illegal prescription drug market interventions that examined High Intensity Drug Trafficking Areas' strategies, and Prescription Drug Monitoring Programs, as resources to identify unusual prescribing practices and support law enforcement activities. 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 has identified heroin and other opioids as a "drugs and crime" research priority. Concerns include variation in heroin purity and overdose risk among inexperienced users and prisoners returning to the community, and clandestinely-produced synthetic drugs like fentanyl

that are added to heroin or mixed with adulterants and diluents and sold as heroin. NIJ is currently developing plans for research in collaboration with the Drug Enforcement Administration, the Office of National Drug Control Policy, and the National Institute on Drug Abuse.

In the near term, the Department will support criminal justice research by taking the following steps:

- *The National Institute of Justice will expand its study of the forensic analysis of evidence from medico-legal death investigations and law enforcement seizures to develop profiles for fentanyl and other controlled substances and to inform trend analysis and provide tactical intelligence.*
- *The National Institute of Justice will conduct research on drug intelligence and community surveillance, which are crucial to understanding drug markets and use trends, identifying drug deterrent and interdiction opportunities, and pursuing organized crime targets.*

Treatment

No matter how robust our prevention and enforcement efforts, there will always be Americans who succumb to the agony of addiction. Substance use disorders are treatable chronic brain diseases that are very difficult to overcome, particularly without formal, evidence-based treatment services. It is crucial that the Department partners with other government agencies, non-profits, and private industries to ensure that all citizens get the treatment they need.

In addition, we must continue to acknowledge that enforcement and treatment go hand in hand. Indeed, the criminal justice system is one of the more common referral sources for treatment. And removing a large-scale drug operation from a community without addressing the addicted individuals who remain in the community only sets the stage for a new “bad actor” to fill the void. Thus, treatment is a critical part of ending this epidemic.

ACTION ITEM: SHARE BEST PRACTICES FOR EARLY INTERVENTION

As with other chronic diseases, the earlier that opioid use disorder treatment is initiated, the greater the likelihood of preventing serious or lasting consequences. The first step to helping people with substance use disorders is identifying individuals who should receive assistance in connection with risk reduction, treatment, and recovery support services. Programs are underway to educate law enforcement officers, who often interact with persons having opioid use disorders, about opioid use disorder prevention and available treatment services. This education is similar to the training received by many other assistance-providers, including medical services providers, emergency room personnel, school staff, family members, professional faith

community members, jail and prison personnel, staff at syringe service programs, and volunteers at community centers.

In the near term, the Department will support best practices for early treatment by taking the following steps:

- *The Bureau of Justice Assistance and the Community Oriented Policing Service (COPS) Office will highlight and promote successful models where law enforcement is assisting individuals who have overdosed by directing them to treatment programs, as well as connecting to treatment individuals who voluntarily seek help from law enforcement.*

ACTION ITEM: SUPPORT MEDICATION-ASSISTED TREATMENT (MAT)

In combination with counseling and behavioral therapies, medication plays an essential role in successful treatment and provides a foundation for recovery. Despite a strong evidence base supporting the use of medication-assisted treatment, it remains significantly underutilized. Medications approved for the treatment of opioid use disorders should be made available, in combination with appropriate counseling and behavioral services.

The Department provides treatment services through the Federal Bureau of Prisons (BOP), which is responsible for the incarceration and rehabilitation of federal inmates. The Bureau of Prisons supports evidence-based medication-assisted treatment (MAT) programming for the treatment of opioid addiction, beginning with residential reentry centers. Studies suggest that among the highest risk times for individuals with opioid use disorders to relapse is during their reentry to the community post-incarceration. Thus, BOP conducted a small field trial to provide medication-assisted treatment to individuals transitioning to the community from incarceration.

In the near term, subject to funding, the Department will support medication-assisted treatment by taking the following step:

- *The Bureau of Prison will commit to implementing a nationwide plan to expand medication-assisted treatment to all Residential Reentry Centers.*

ACTION ITEM: PROMOTE TREATMENT OPTIONS THROUGHOUT THE CRIMINAL JUSTICE SYSTEM

Criminal justice programs should incorporate treatment options for individuals prior to, during, after, or in lieu of incarceration. Individuals under legal supervision tend to stay in treatment longer and do as well as or better than individuals not facing the same legal pressure.

Drug courts are an evidence-based alternative to incarceration. Other programs, such as Law Enforcement Assisted Diversion (LEAD), which originated in Seattle, allow officers to direct individuals to treatment pre-booking. Drug courts are not intended to supplant incarceration for narcotics traffickers or those for whom this alternative is not otherwise deemed

viable (e.g., offenders assessed as low in risk or treatment need). For drug courts to provide maximum benefit to communities, they need to accommodate the need for many persons with opioid use disorder to receive MAT.

In the near term, the Department will support criminal justice system treatment models by taking the following steps:

- *The National Institute of Corrections will draft and release a document for state, local, and tribal correctional agencies compiling research and best practices for residential substance abuse treatment programs.*
- *The Bureau of Justice Assistance will draft and publicly release a document that highlights promising initiatives in communities throughout the United States that address the treatment needs of individuals with opioid use disorders who enter the criminal justice system.*

Conclusion

To combat the opioid epidemic, the Department's components must work together and with other federal, state, local, and tribal agencies to seek a comprehensive solution. The strategy outlined in this memo embraces an approach that focuses on prevention, enforcement, and treatment, and identifies next steps that are immediately actionable. I know many other actions are currently being taken, and this strategy is meant to complement, not supplant, the extraordinary work already underway by our federal, state, local, and tribal partners.

I am confident that by leveraging all of the resources of the Department as well as those of other federal partners such as the Department of Health and Human Services, we are more than capable of conquering this challenge. I thank you for the work that you and your respective components already have undertaken, and request that you immediately begin to take additional action, consistent with this document.