

Governor's Task Force on Prescription Drug and Heroin Abuse Enforcement Workgroup

**Patrick Henry Building, Conference Room 1
1111 East Broad Street, Richmond, Virginia
December 2, 2014**

FINAL MEETING MINUTES

Members Present:

Co- Chair: Michael Herring, Commonwealth's Attorney, City of Richmond
Co- Chair: James Cervera, Chief of Police, Virginia Beach
Keith Alger II, Commonwealth's Attorney, Page County
Shawn Buckner, Senior Recovery Coach, SAARA of NOVA
Trevor Chapmon, MD, Section Chief, Carilion Clinic Physical Medicine
Kim Craig, Executive Director, Staunton-Augusta Rescue Squad
Francine Ecker, Director, Department of Criminal Justice Services
David Vermeer, Hanover County Sheriff's Office (for Colonel David Hines)
Judge Jerrauld Jones, Norfolk Circuit Court
Honesty Liller, CEO, The McShinn Foundation
Nancy Parr, Commonwealth's Attorney, City of Chesapeake
Anna Powers, Drug Treatment Court Coordinator, Supreme Court of Virginia
Carole Pratt, DDS, Virginia Department of Health
Sheriff Anthony Roper, Clarke County
Ray Tarasovic, Chief of Police, City of Richmond
Tonya Vincent, Deputy Secretary of Public Safety

Members Not Present:

Keith Alger II, Commonwealth's Attorney, Page County
Senator Charles 'Bill' Carrico, Sr., Senate of Virginia
John Jones, Executive Director, Virginia Sheriff's Association

Other Attendees:

Stephanie Arnold, Department of Criminal Justice Services
William Dean, Virginia Beach Police Department
Shannon Dion, Department of Criminal Justice Services
Frank Genova, Virginia Beach Police Department
Teresa Gooch, Department of Criminal Justice Services
Robert Hess, Hanover Sheriff's Office
Sp. Agent Jay Perry, Virginia State Police

Welcome & Introductions:

The meeting was convened at 12:00 p.m. and Sheriff Anthony Roper was introduced as a new task force member.

Presentation from Special Agent Jay Perry, Virginia State Police

Special Agent Jay Perry gave a presentation on law enforcement efforts to combat prescription drug and heroin abuse in the Division 2 Region.

Action Step Updates

- A. **Evidenced Based Practices.** Members discussed that while many EBP are available for treatment, there are not many identifiable programs specifically tailored for law enforcement efforts at combating heroin and prescription drug abuse. Information about an experiment from the 1980/90s was shared, in which law enforcement had immediate access to treatment providers and could bring people for services; however there was no mandatory holding of the person needing services. CIT programs were recognized as helpful but not as useful to law enforcement. More robust CIT programs tend to overload systems that are incapable of meeting needs based on system capacity. To effectively work, systems must have resources.

Recommendation: Members felt that applying EBP to Incarceration Alternatives (see Section D) was useful.

- B. **Drug Arrest Data and HIDTA.** Members discussed utilizing existing statutes criminalizing the sale/giving/distributing of illegal substances as a way to enhance punishment for dealers who cause fatal overdoses. Members were mindful of the need to enforce this epidemic with the same attention as has been done with past drug epidemics. Members discussed whether aggravating factors could be included during the sentencing phase of criminal cases where a defendant caused a fatal overdose by distributing an illegal substance. Members recognized that recent case law from the Virginia Court of Appeals requires a nexus between the distribution and the fatal overdose in order to secure a conviction.

Recommendation: Members agreed that legislation is needed to allow prosecutions of cases involving overdose deaths caused by distribution of illegal substances. No specific language was endorsed.

- C. **Lifesaving Intervention.** Members discussed the utility of Naloxone and are interested in seeing reports from the Department of Behavioral Health and Developmental Services pilot "Revive" program currently underway in several localities throughout the Commonwealth.

Recommendation: Members agreed that access to Naloxone should be expanded to all first responders as an optional, not mandatory, resource.

Members also agreed that immunity should be granted to first responders opting to use Naloxone.

D. Incarceration Alternatives. Members discussed various alternative programs to incarceration. Such alternatives can be utilized at several junctures in the criminal justice system – pre-arrest, post-arrest, pre-conviction, and post-conviction. Programs such as CIT, jail treatment programs and day reporting centers were discussed. Members shared a concern for making sure any alternative program be targeted to the right population of users and addicts, and not dealers. Members recognized that alternative incarceration programs are “smart on crime” in that they are typically cheaper and more effective than incarceration. Alternatives incarceration programs are a long-term investment requiring significant resources, which local governments tend to bear the financial burden of such programs, not the state.

Recommendation: Members agreed that evidenced based practices should be used to provide the criminal justice system with alternatives to incarceration for all drug abusers.

E. Cross-system Collaboration. Members recognized that drug abusers have significantly higher health care costs – the Center for Disease Controls estimates health care costs are 8x higher for abusers. Mandatory reporting for drug overdose and abuse data was discussed; some members felt that mandates will impact reporting while others felt mandatory data is the only way for government to really know what is happening in communities. Questions arose about to whom data should be reported (non-law enforcement versus law enforcement) and who would have access to the data. Caution was raised to protect patients’ identities and to use existing systems so that doctors do not spend more time reporting than treating. Members recognized that data is needed to help maintain a balance of resource allocation for enforcement, treatment, education and prevention.

Recommendation: Members agreed that data on overdoses should be reported to a non-law enforcement agency whereby certain people, such as law enforcement, would have limited access to it (similar to the PMP).

Members also agreed that cross-system multi-discipline training is needed. Such training should focus on awareness, scope of epidemic, education, substance abuse recognition, etc. Every part of the community should be involved, including first responders, law enforcement, treatment, educators, parents, etc.

Committee members agreed that no further meeting was necessary before the December 16th Task Force.

Meeting Adjourned - The meeting was adjourned at approximately 2:40 p.m.