

**Governor's Task Force on
Prescription Drug and Heroin Abuse**

Wednesday November 12, 2014

1:00 p.m. – 5:00 p.m.

***Patrick Henry Building, West Reading Room
Richmond, Virginia***

MEETING MINUTES - APPROVED

Members Present

Co-Chairs

The Honorable Bill Hazel, MD, Secretary of Health and Human Resources

The Honorable Brian Moran, Secretary of Public Safety and Homeland Security

Members

Craig Branch, Chief of Police, Germanna Community College Police Department

David E. Brown, DC, Director, Virginia Department of Health Professions

Jan M. Brown, Executive Director, SpiritWorks Foundation and SAARA of Virginia

The Honorable Bill Carrico, Member, Senate of Virginia

James A. Cervera, Chief of Police, Virginia Beach Police Department

Lillian Chamberlain, Substance Abuse Services Team Leader, Norfolk Community Services Board

Rick Clark, Chief of Police, Galax Police Department

Karl C. Colder, Special Agent in Charge, U.S. Drug Enforcement Administration, Washington Division Office

Kim W. Craig, MSN, RN, Executive Director, Staunton-Augusta County Rescue Squad and Vice President, Virginia Association of Volunteer Rescue Squads

Terry D. Dickinson, DDS, Executive Director, Virginia Dental Association

Francine C. Ecker, Director, Virginia Department of Criminal Justice Services

Don Flattery, Impacted parent and community advocate for response to prescription drug and heroin abuse

Carol Forster, MD, Physician Director, Pharmacy & Therapeutics/Medication Safety, Mid-Atlantic Permanente Medical Group

Mary Gavin, Chief of Police, Falls Church Police Department

The Honorable Charniele L. Herring, Member, Virginia House of Delegates

The Honorable David R. Hines, Sheriff, Hanover County Sheriff's Office

The Honorable M. Keith Hodges, RPh, Member, Virginia House of Delegates

Cynthia E. Hudson, Chief Deputy Attorney General, Office of the Attorney General of Virginia

Rick Jenkins, Deputy Director, Bureau of Criminal Investigation, Virginia Department of State Police

The Honorable Jerrauld C. Jones, Judge, Norfolk Circuit Court

Mary G. McMasters, MD, FASAM, Addictionologist, Comprehensive Behavioral Health

Sarah Tollison Melton, PharmD, Chair, One Care of Southwest Virginia

The Honorable John M. O'Bannon, Member, Virginia House of Delegates

Juan Santacoloma, Multicultural Liaison, Chesterfield County and SAFE Latino Coordinator

Patricia Shaw, Administrator, Henrico Drug Treatment Court and President, Virginia Drug Court Association

The Honorable Jennifer T. Wexton, Member, Senate of Virginia

Staff Present

Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

Shannon Dion, Director of Policy and Legislative Affairs, Virginia Department of Criminal Justice Services

Teresa P. Gooch, Division Director of Law Enforcement and Security Services, Virginia Department of Criminal Justice Services

Katya Herndon, Chief Deputy, Virginia Department of Forensic Science

Jaime H. Hoyle, Chief Deputy Director, Virginia Department of Health Professions

Caroline D. Juran, Executive Director, Board of Pharmacy, Virginia Department of Health Professions

Jennifer S. Lee, MD, Deputy Secretary, Office of the Secretary of Health & Human Resources

Jodi Manz, MSW, Policy Advisor, Office of the Secretary of Health & Human Resources

Ralph Orr, Director, Prescription Monitoring Program, Virginia Department of Health Professions

Chris Palmer, Graduate Student-Intern, Office of the Secretary of Health & Human Resources

Mellie Randall, Director, Office of Substance Abuse Services, Virginia Department of Behavioral Health and Developmental Services

Laura Z. Rothrock, Executive Assistant and Operations Manager, Virginia Department of Health Professions

Jessica Smith, School and Campus Security Specialist, Division of Law Enforcement and Security Services, Virginia Department of Criminal Justice Services

Karen Sullivan, Administrative Planning Specialist, Virginia Department of Criminal Justice Services

Jennifer Wicker, Deputy Legislative Director, Office of the Governor

Members Absent

Debra Ferguson, PhD, Commissioner, Virginia Department of Behavioral Health & Developmental Services

Marissa J. Levine, MD MPH, State Health Commissioner, Virginia Department of Health
The Honorable Nancy G. Parr, Commonwealth's Attorney, City of Chesapeake; President,
Virginia Association of Commonwealth's Attorneys

Swearing-In of Task Force Members

Kelly Thomasson Mercer, Deputy, Secretary of the Commonwealth

Ms. Thomasson Mercer conducted the swearing-in of the Task Force Members and reminded them to submit their financial disclosure forms if they have not already done so.

Task Force Member Introductions

Brian Moran, Secretary of Public Safety and Homeland Security

Secretary Moran asked all of the Task Force members to introduce themselves.

Opening Remarks and Charge to the Task Force

Bill Hazel, Secretary of Health and Human Resources

Brian Moran, Secretary of Public Safety and Homeland Security

Secretaries Hazel and Moran both welcomed all of the Task Force participants and thanked them for their commitment. It was noted that a diverse group of stakeholders (e.g., law enforcement, health professionals, scientists, people in recovery, government) was represented at the meeting. Heroin and prescription drug abuse is both a public health and public safety concern, as there has been a dramatic rise in the number of overdose deaths and crime related to drug abuse. The workgroups addressing the five major areas outlined in Executive Order 29 (education, treatment, data and monitoring, drug storage and disposal, and enforcement) will meet following this Task Force meeting and again after Thanksgiving.

Overview of Prescription Drugs and Heroin Abuse in Virginia

Basic information and numbers to understand the problem were given by various presenters:

Rosie Hobron, MPH, Statewide Forensic Epidemiologist, Office of the Chief Medical Examiner

Heroin and Prescription Opiates in Virginia: An Overview

Ms. Hobron presented data related to the number of heroin and prescription opiate drug deaths throughout Virginia. Secretary Hazel indicated that this data will serve the workgroups in performing their mission.

(Handout provided – see attached)

Mellie Randall, Director, Office of Substance Abuse Services, Virginia Department of Behavioral Health and Developmental Services

Treatment for Opioid Addiction - Public Community Treatment in Virginia

Ms. Randall discussed what addiction is, how substance use may trigger mental health issues, components of recovery, and treatment for substance abuse. The use of methadone as a treatment for opioid addiction must be done in a regulated treatment facility of which there are 26 in Virginia. Detox as a treatment method was questioned as it deals with the physical dependence and not the addiction. Every jurisdiction within Virginia is part of one of the 40 Community Services Boards who deal with substance abuse admissions.

(Handout provided – see attached)

NOTE: On the bottom slide on page 5 regarding the Community Service Board Admissions in 2013, Districts 4 and 6 had been combined upon request for the Virginia Heroin and Prescription Drug Summit in Charlottesville on October 2, 2014.

Dr. David Brown, Director, Virginia Department of Health Professions
Prescription Drug Abuse Reduction Strategy & Virginia Prescription Monitoring Program

The Department of Health Professions intersects with the Task Force through the licensing of providers, pharmacists, and pharmacies and through the Prescription Monitoring Program. In 2012 to 2013, a National Governor's Association Policy Academy was convened which resulted in the "Prescription Drug Abuse Reduction Strategic Plan." Some of the recommendations were implemented in 2014 while others were not. Delegate Hodges noted that some of the recommendations which were not implemented need additional work. In reference to PMP's reports, Secretary Hazel indicated that thought needs to be given to PMP being able to provide unsolicited reports for investigators and law enforcement. The question of what constitutes an "open case" within law enforcement was also raised.

(Handout provided – see attached)

Linda Jackson, Director, Virginia Department of Forensic Science
DFS Drug Data

Ms. Jackson presented data related to testing done by DFS after an arrest or after death. Heroin breaks down in the body and is not actually identifiable. The top 15 jurisdictions with criminal cases submitted to DFS for identification of a substance in 2013 was discussed. Wise County had the highest number of prescription opioid cases. Mr. Dickinson suggested that this could be due to the twice yearly dental clinic in the county having no internet access to check the PMP report prior to writing a prescription. Secretary Moran asked Ms. Jackson to see if there is a spike in July/August and October/November when the dental clinic takes place.

(Handout provided – see attached)

Major Rick Jenkins, Deputy Director, Bureau of Criminal Investigation, Virginia Department of State Police

VSP Drug Data

Major Jenkins provided information on the supply and demand of heroin and prescription drugs and what the law enforcement community is doing about the problem. Narcotics traffickers are very responsive to demand. As soon as there is a void in the supply side, it is filled. There has been a reduction in the seizure of hydrocodone and oxycodone but an increase in heroin. Senator Carrico indicated that heroin had been a hot topic twenty years ago and questioned whether suppliers from that time were getting out of jail and starting up again. There is no data to show that is the case.

(Handout provided – see attached)

Public Comment

Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

Ms. Cochran announced that no one signed up for public comment.

Next Meeting

Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

The next meeting of the Task Force will be Tuesday, December 16, 2014. Mr. Colder requested that someone from the Diversion Unit at the U.S. Drug Enforcement Administration be able to do a presentation at the next meeting.

Adjourn

The meeting of the Task Force adjourned at 3:15 p.m. so that the members could attend the Workgroup meetings after a short break.

Workgroup Meetings

Task Force members, Staff, and Workgroup Members met in separate areas until approximately 5:00 p.m. as follows:

Education Workgroup – West Reading Room

Treatment Workgroup – Conference Room 1

Data/Monitoring Workgroup – Conference Room 2

Enforcement Workgroup – Conference Room 3

Storage/Disposal Workgroup – Basement Conference Room (B030)

Heroin and Prescription Opiates in Virginia: An Overview

Prescription Drug and Heroin Abuse Task Force
November 12, 2014

Marissa Levine, MD, MPH
Commissioner, Virginia Department of Health



Opiate Versus Opioid

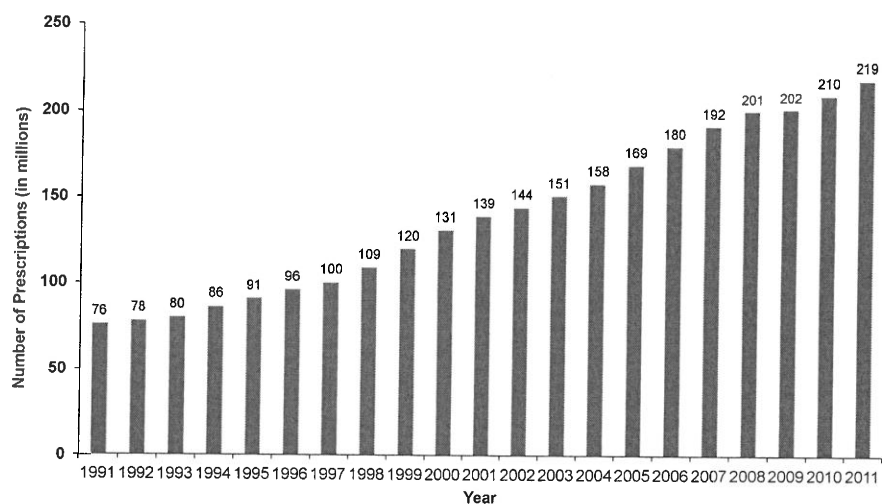


Natural	Semi-synthetic	Synthetic
codeine	hydrocodone	methadone
morphine	oxycodone	fentanyl
*heroin	meperidine	tramadol
	hydromorphone	
	oxymorphone	
	buprenorphine	

Image credits: heroinaddiction.com and data: drug use SOI HEALTH



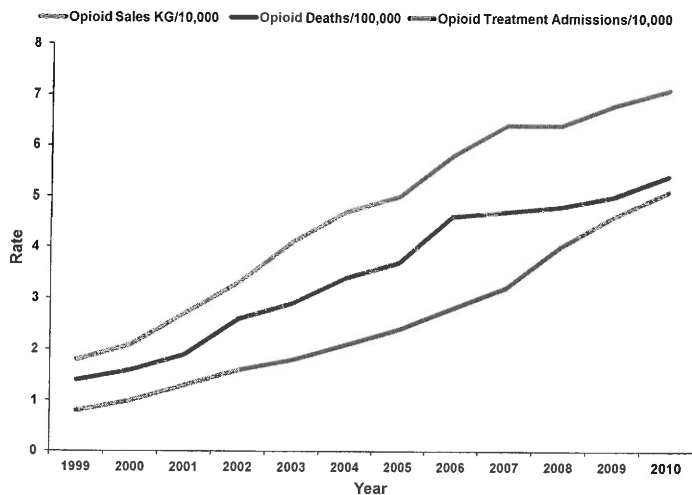
Opioid Prescriptions Dispensed by Retail Pharmacies United States, 1991-2011



IMS Vector One. From "Prescription Drug Abuse: It's Not what the doctor ordered." Nora Volkow National Prescription Drug 2012. Available at <http://www.slideshare.net/OPUNITE/nora-volkow-final-edits>.

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Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999-2010

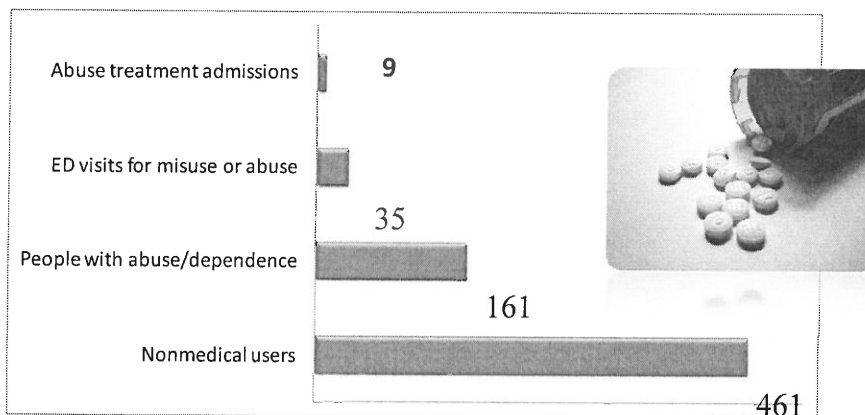


CDC. MMWR 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w. Updated and 2010 treatment admission data.

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Public Health Impact of Opioid Analgesic Use

For every 1 overdose death there are

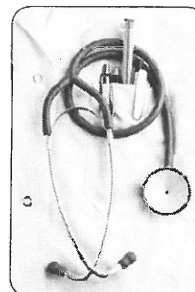
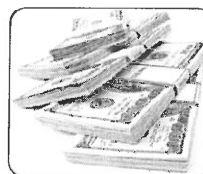


Treatment admissions are for primary use of opioids from Treatment Exposure Data set
Emergency department (ED) visits are from DAWN, Drug Abuse Warning Network, <https://dawninfo.samhsa.gov/>
Abuse/dependence and nonmedical use in the past month are from the National Survey on Drug Use and Health

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Economic Costs

- ❑ \$72.5 billion in health care costs¹
- ❑ Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers²

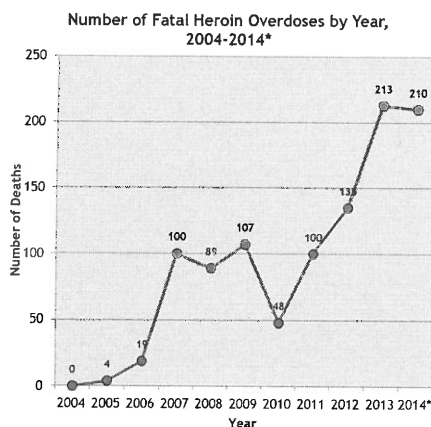


1. Coalition Against Insurance Fraud. Prescription for peril: how insurance fraud finances theft and abuse of addictive prescription drugs. Washington, DC: Coalition Against Insurance Fraud; 2007.

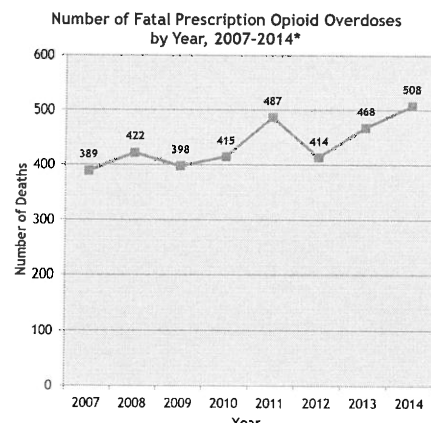
2. White AG, Birnbaum, HG, Mareva MN, et al. Direct costs of opioid abuse in an insured population in the United States. 2005;11(6):469-479.

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Deaths from Heroin and Rx Opiates in Virginia



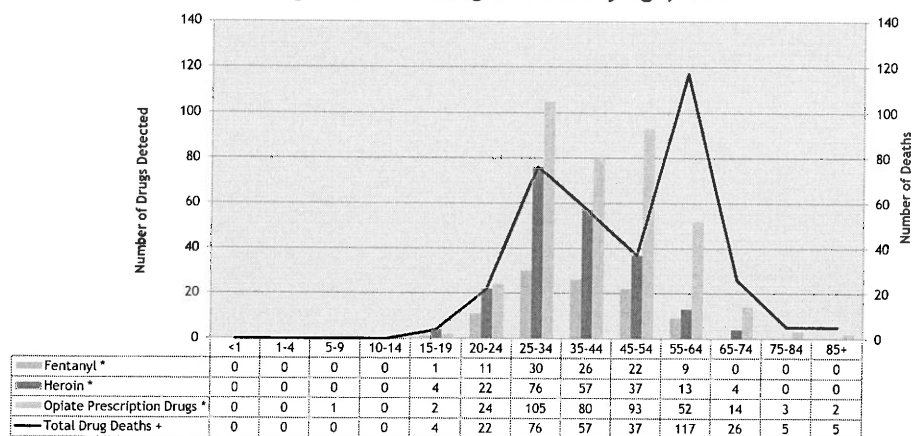
* Fatal heroin overdoses may have one or more drug or poisons contributing to death.
 * The number of fatal heroin overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.



* Heroin and prescription drug deaths are tallied separately. Where heroin and prescription opioids caused or contributed to death, decedents will be counted twice.
 * Prescription opioid deaths are drug/poison deaths where one or more prescription opioids caused or contributed to death.
 * The number of fatal heroin overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

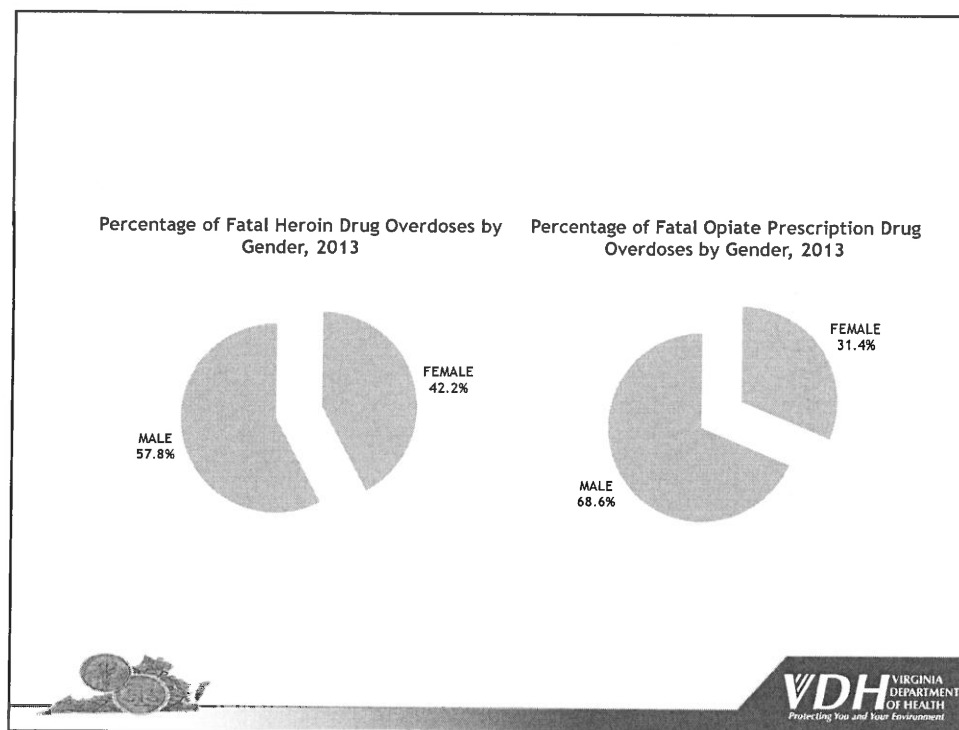
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Total Number of Fentanyl, Heroin, and Opiate Prescription Drugs Causing or Contributing to Death by Age, 2013

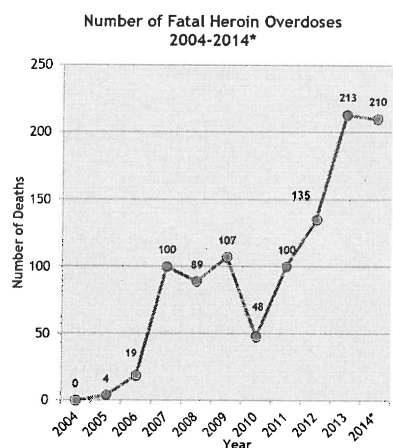


* Deaths due to fentanyl, heroin, and opiate prescription drug overdoses are tallied by the drugs causing or contributing to death. Fatalities involving more than one of these drugs will be represented more than once in the relevant age group.
 + Total drug deaths represent all fatalities due to drugs and are counted as one occurrence, even though one or more drugs caused or contributed to that death.

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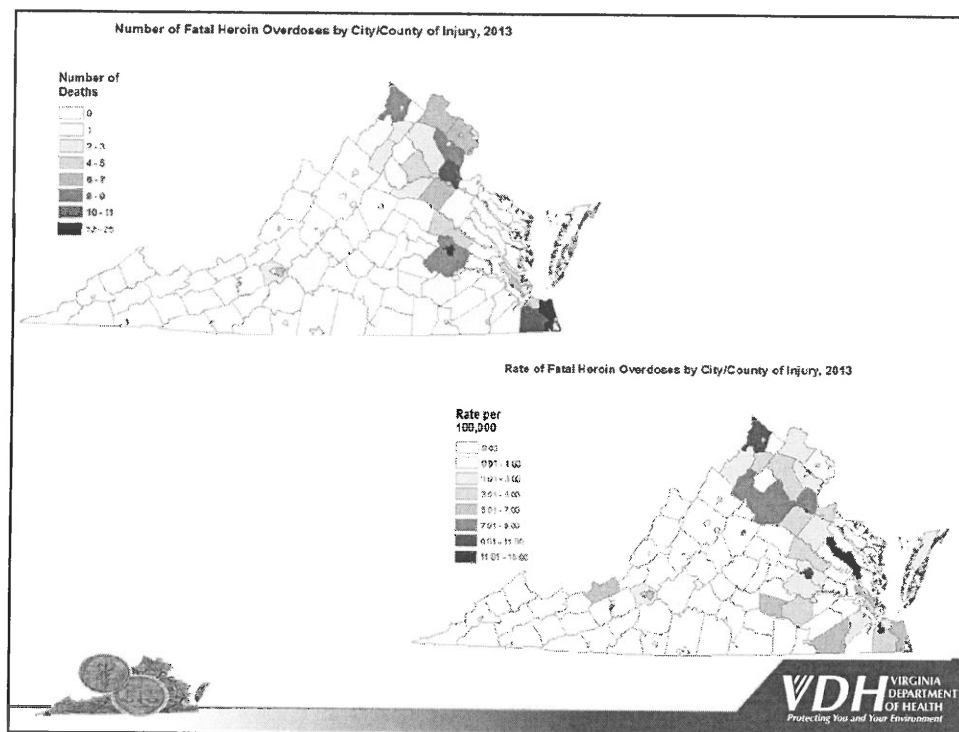
Heroin



- > 20% average annual increase over decade
- 35% increase from 2011 to 2012
- 58% increase from 2012 to 2013

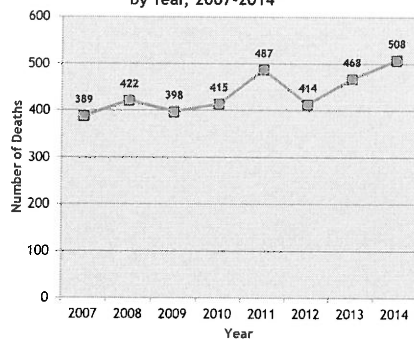
* Fatal heroin overdoses may have one or more drug/poisons contributing to death.

* The number of fatal heroin overdoses in 2014 is estimated based upon six months of data for January 1, 2014 to June 30, 2014.



Prescription Opiate Drugs

Number of Fatal Prescription Opioid Overdoses by Year, 2007-2014*



- 4 % average annual increase over 7 years
- 13% increase from 2012 to 2013
- 9% projected increase from 2013 to 2014

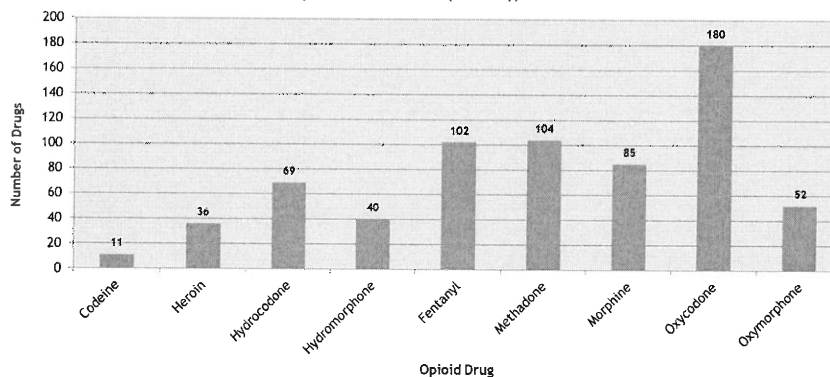
* Heroin and prescription drug deaths are tallied separately. Where heroin and prescription opioids caused or contributed to death, decedents will be counted twice.

² Prescription opioid deaths are drug/poison deaths where one or more prescription opioids caused or contributed to death.

³ The number of fatal prescription opioid overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

Prescription Opioids

Number of Opioid Drugs Causing or Contributing to Death in Fatal Prescription Opioid Overdoses (n=468), 2013



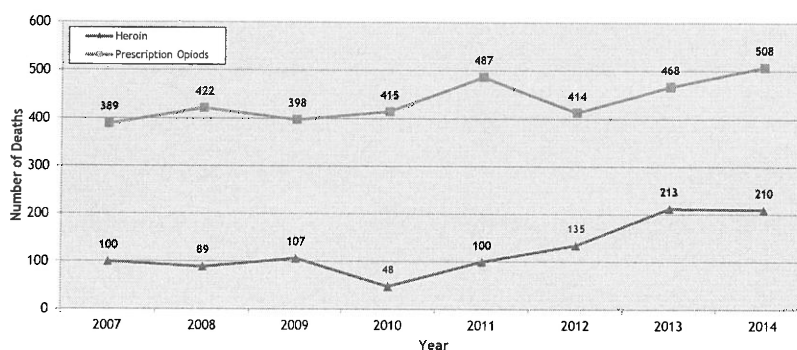
¹ Prescription opioid deaths may have more than 1 opioid causing or contributing to death.
² Morphine is not reported for heroin deaths due to it being a metabolite of heroin.

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Heroin and Prescription Opiate Drugs

From 2007-2013, nearly 70% of all drug/poison deaths were attributed to opiates.

Number of Fatal Heroin and Prescription Opiate Overdoses by Year, 2007-2013

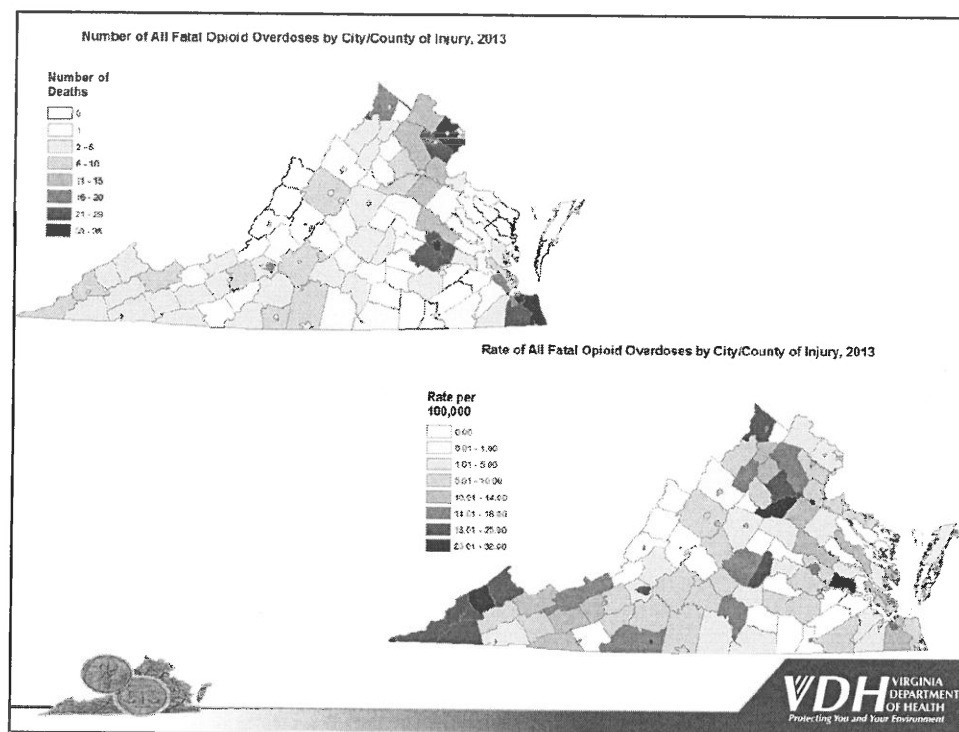


¹ Heroin and prescription drug deaths are tallied separately. Where heroin and prescription opioids caused or contributed to death, decedents will be counted twice.

² Prescription opioid deaths are drug/poison deaths where one or more prescription opioids caused or contributed to death.

³ The number of fatal heroin and prescription opioid overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

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Surveillance Roles

Situational Awareness

- Monitor death incidence as close to real time as possible.
- Forecast and warn public.

Prevention

- Identify strategies.
- Evaluate and document result of strategy implementation.

Surveillance Data

OCME Death data delayed by 3 to 6 months

Other data streams include:

- Hospital and ER admissions - VDH
- Law enforcement drug seizures - DFS
- Law enforcement intelligence - i.e. Fusion
- Prescription Monitoring Program (PMP)





Virginia Department of
Behavioral Health &
Developmental Services

Treatment for Opioid Addiction Public Community Treatment in Virginia

Mellie Randall

Director, Office of Substance Abuse Services

DBHDS Vision: A life of possibilities for all Virginians

What is Addiction?

- A chronic relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences.
 - Drugs change the brain structure and how the brain works (neurochemical and molecular)
 - Dependence and tolerance are components of addiction to opiates but are not synonymous with addiction
 - Changes can be long lasting and can lead to harmful, self-destructive behaviors.
 - Using larger amounts than intended
 - Inability to reduce drug use
 - Focus of activity is on those necessary to obtain drugs
 - Continued use in spite of knowing harm (social and health)

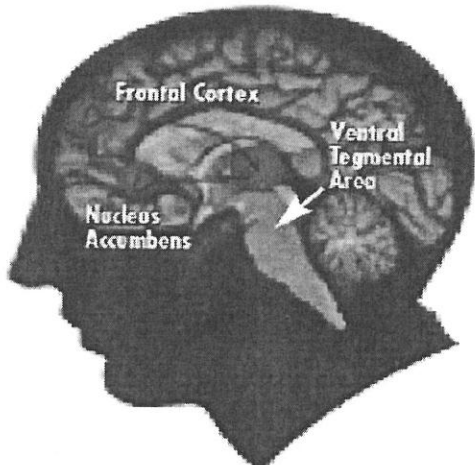


Virginia Department of
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Developmental Services

Slide 2

Addiction is a Brain Disease

Brain reward (dopamine) pathways



Frontal Cortex

Ventral Tegmental Area

Nucleus Accumbens

Virginia Department of Behavioral Health & Developmental Services

Slide 3

Addiction Often Occurs with Other Mental Illness

- About 60% of people with substance use disorders have another mental health issue.
 - Developmentally, the disorders may emerge at about the same time (young adult)
 - Individuals may attempt to self-medicate the symptoms of their mental illness by using substances
 - Anxiety
 - Mood disorders (depression, mania)
 - Youth with psychiatric conditions are at higher risk for SA
 - Use of substances may trigger onset of mental illness in some vulnerable individuals
 - Trauma is a common experience for both SA and MI

Virginia Department of Behavioral Health & Developmental Services

Slide 4

What is Recovery?

“... a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.”

Components of Recovery

- Health – managing disease symptoms
- Home – a stable, safe place to live
- Purpose – meaningful, daily activities
 - Work
 - Education/training
 - Volunteering
 - Family caretaking
 - Creative outlets
 - Independent income and resources
- Community – Relationships and social networks that provide support, friendship, love and hope

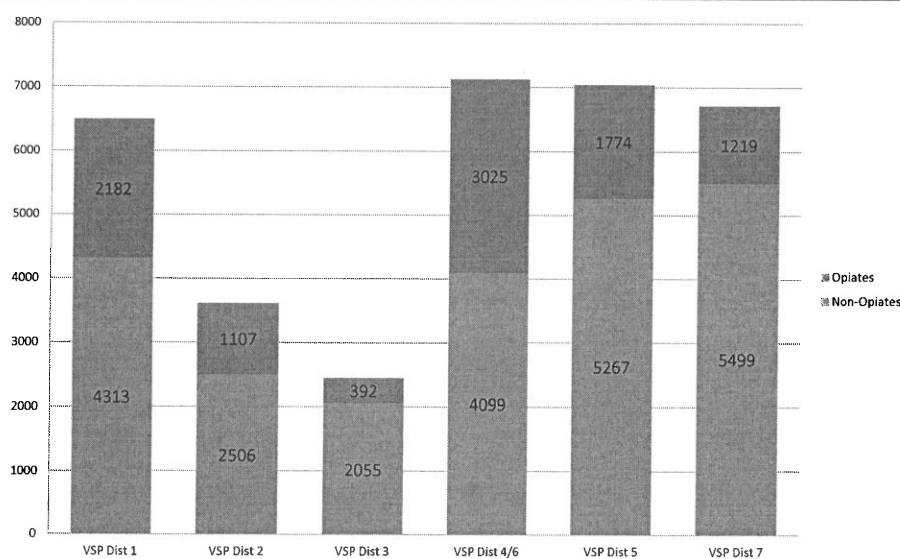
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Behavioral Health &
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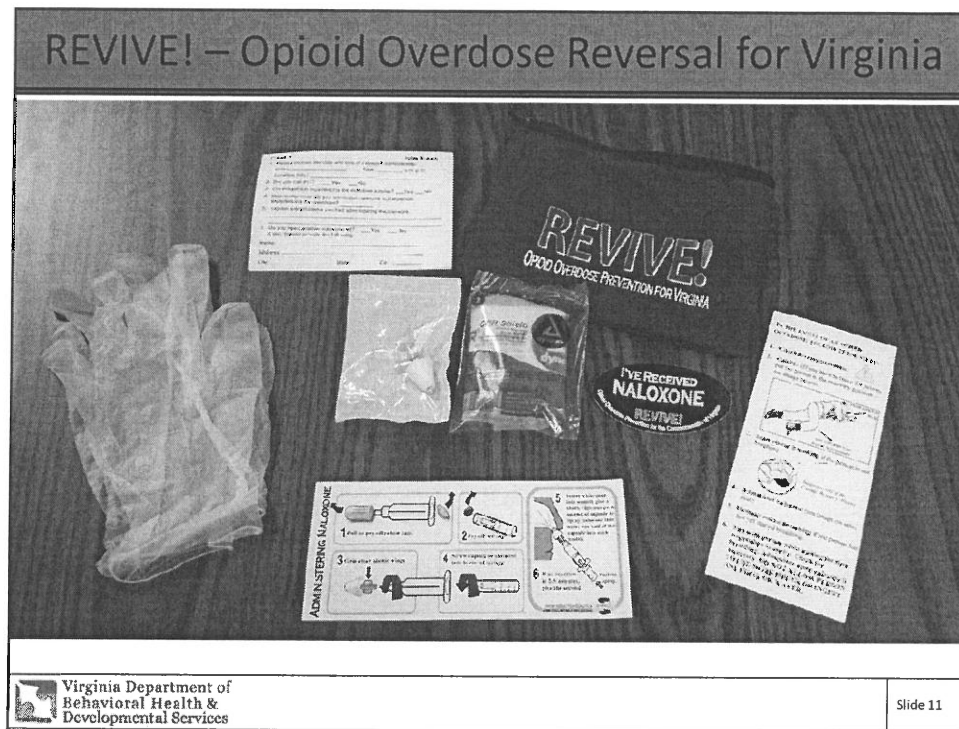
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What are Community Services Boards?

- Established in the *Code of Virginia* (COV §37.2) to function as the single points of entry into publicly funded behavioral health and developmental services.
- Provide ID, MH and SUD services either directly or through contract
- DBHDS executes Performance Contract with each CSB
 - DBHDS allocates state general funds and SAPT BG based on formula and special needs
 - Code requires 10% local match
 - CSBs also bill Medicaid and private insurance
 - CSBs also charge fees

CSB SA Admissions – Opioid and Non – Opioid by VSP District - 2013





What Happens in an Opioid Overdose

- The amount of opioid introduced is higher than the person's tolerance (amount or potency).
- The opioid slows down the central nervous system (CNS) to the extent that the person's breathing slows and then stops.
- Onset of overdose symptoms occurs over 1-3 hours.
- Once CNS depression occurs to the extent that breathing is shallow, Seconds Count:
 - When the brain is deprived of oxygen, irreversible damage can occur even if the person is later revived;
 - Death can occur very quickly.

REVIVE! – Opioid Overdose Reversal for Virginia

- Naloxone works by pushing off the opioids from the opioid receptors in the brain and sealing them over so that opioids in the body cannot affect the brain.
- The effect is to put the person into immediate withdrawal – a powerful and painful experience for the person being rescued.
- Naloxone stays active about 30-45 minutes, so individuals are advised to always have two doses on hand and to be ready to administer the second dose and to

Call 9-1-1.

- Naloxone works only for opioid overdose and is otherwise harmless.
- To minimize any danger to the lay rescuer or to the victim, it is administered intranasally, but usually injected if administered by EMT

REVIVE! – Opioid Overdose Reversal for Virginia

- HB 1672 (2013) required DBHDS to work with DHP and VDH, law enforcement and recovery programs to establish a pilot program that would equip lay people to use naloxone to reverse opioid overdose.
- Physicians in pilot areas may write a non-patient specific prescription for lay rescuer.
- Lay rescuers participate in two-hour training to ID signs of opioid overdose, administer rescue breathing, administer the medication intranasally, and call 9-1-1.
- Provides civil immunity for the lay rescuer, but not criminal immunity.



**Prescription Drug Abuse Reduction Strategy
&
Virginia Prescription Monitoring Program**

Prescription Drug and Heroin Abuse
Task Force
November 12, 2014

David E. Brown, DC
Director, Virginia Department of Health
Professions



Prescription Drug Abuse Reduction Strategic Plan

www.dhp.virginia.gov/dhp_programs/pmp/docs/PrescriptionDrugAbuseReductionPlan.pdf

- 2012 – 2013 NGA Policy Academy
- Leadership
 - Secretary Bill Hazel
 - Secretary Maria Decker
 - Dianne Reynolds-Cane (DHP)
 - Jim Stewart (DBHDS)
 - Colonel Steven Flaherty (VSP)
- Large, diverse workgroup



VIRGINIA

Department of Health Professions



Strategy Recommendations: Implemented 2014

- Mandatory PMP registration of prescribers
 - Mandatory use of PMP in certain cases
 - Pharmacy delegates for PMP
 - "Drugs of concern" reporting to PMP
 - Patient can direct his PMP history to 3rd party
 - Statute of limitations for falsifying patient records extended to 3 years
 - Statewide Taskforce
-



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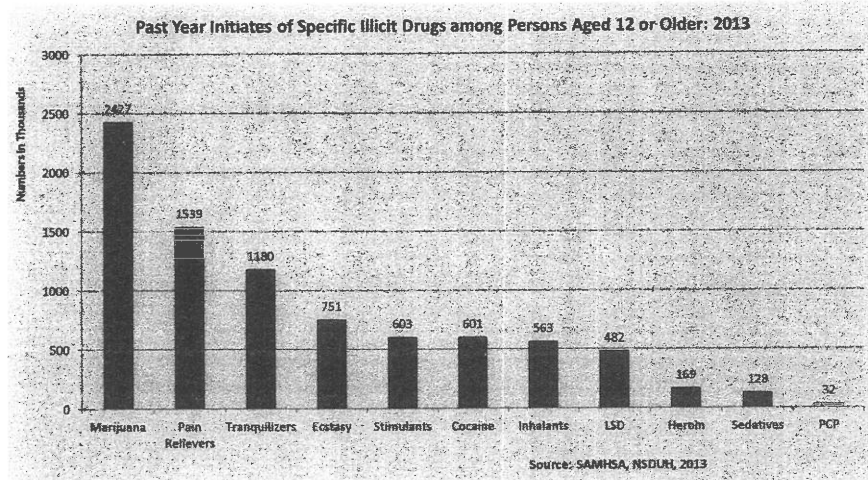
Department of Health Professions



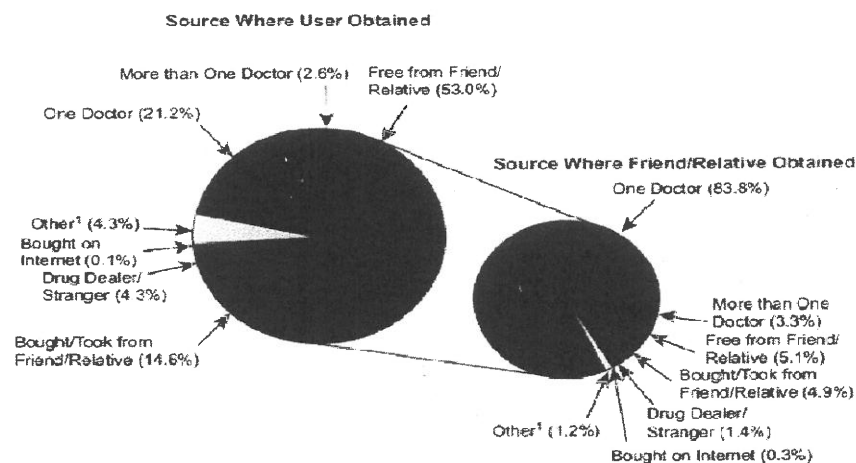
Strategy Recommendations: Not implemented

- Wholesaler notification of BOP and VSP when they cease supplying a dispenser
 - Expand PMP authority to report indiscriminate prescribing
 - Expand drug collection availability
 - Address access to treatment issues
 - Online resource center
-

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**VIRGINIA**

Department of Health Professions



Prescription Monitoring Program

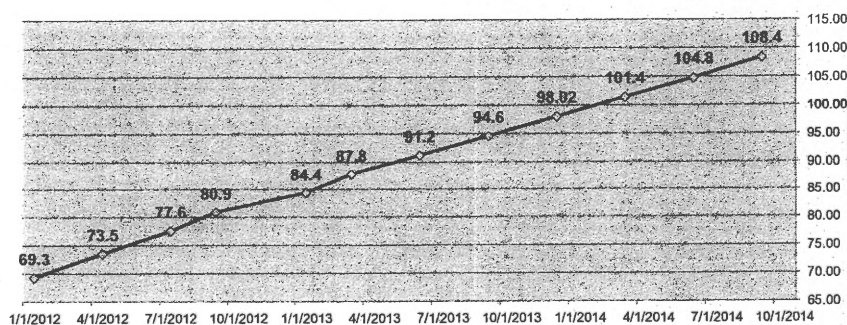
- 24/7 Database of Schedule II – IV Prescriptions
- Pharmacies, dispensing physicians report within 7 days
- Reporting exemptions include: samples; emergencies; administration of covered substances; dispensing to patients in nursing homes, hospitals, hospice; veterinarians; narcotic maintenance treatment program
- PMP is interoperable with 24 states, including WV, KY & TN
- *Mandatory registration of prescribers begins July 2015*
– *Mandated use in certain circumstances*

**VIRGINIA**

Department of Health Professions



Total Prescription Records in Millions from 1/1/2011 through 9/30/2014



Source: Virginia PMP



VIRGINIA
Department of Health Professions



Who May Get PMP Information?

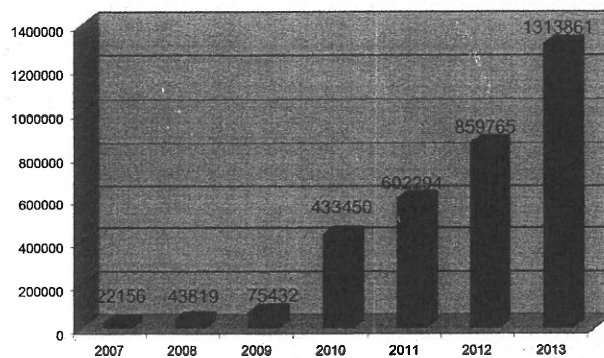
- Prescribers and Pharmacists for their patients
- Investigators for licensing boards, if there is an open investigation
- Certain law enforcement agents, if there is an open investigation
- Patients for their own prescription history
- PMP may provide unsolicited reports on recipients to their prescribers or law enforcement, if criteria for potential misuse are met
- PMP may not provide unsolicited reports on prescribers to DHP investigators or law enforcement



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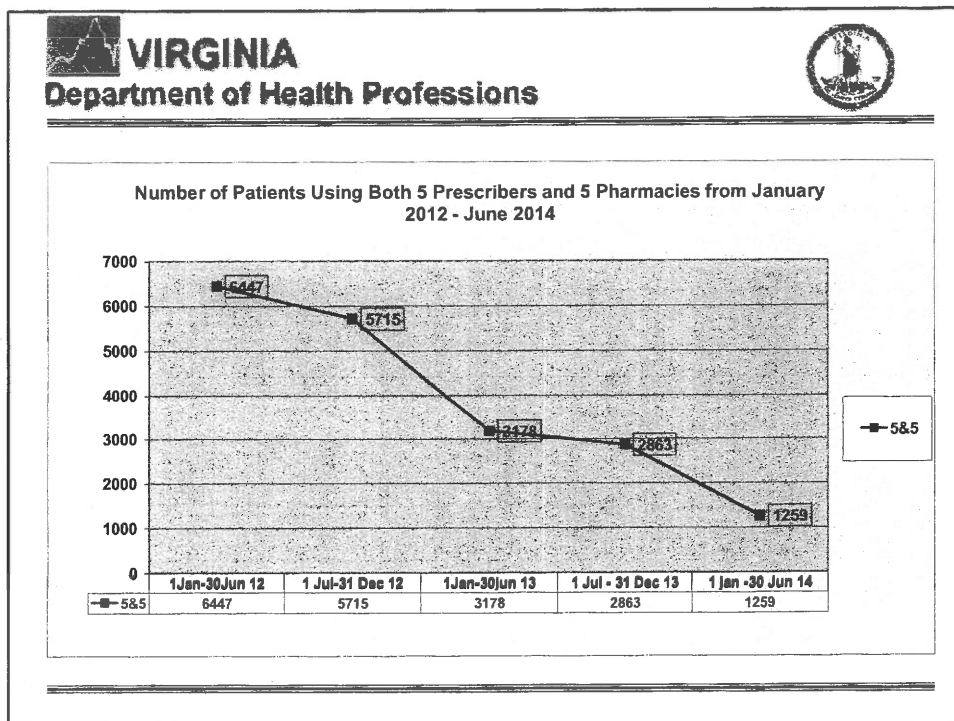
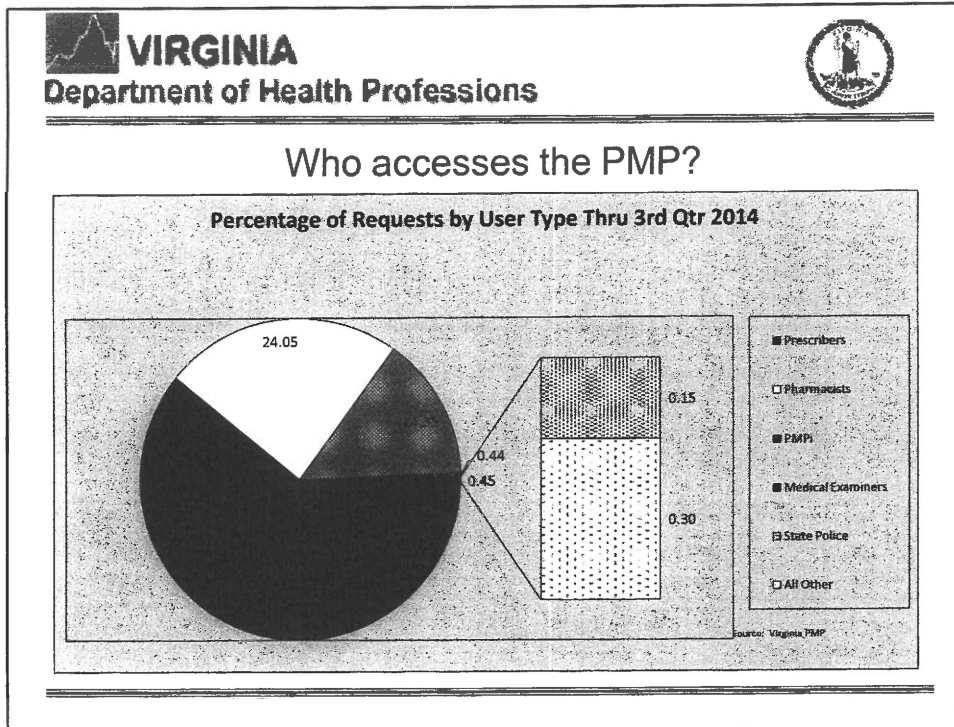


Virginia PMP Total Annual Requests 2007 - 2013



24/7 Access was introduced on October 1, 2009.

Time Period



DFS Drug Data Prescription Drug and Heroin Abuse Task Force

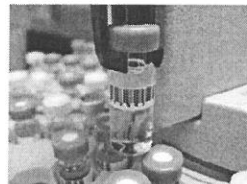
Linda C. Jackson, Director
Virginia Department of Forensic Science
November 12, 2014



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Types of Data

- Seized Drugs
- Toxicology – Post-Mortem
 - Reported by OCME if determined to be related to the cause of death
- Toxicology – Human Performance (DUID)
 - Not a complete set of data
 - All implied consent cases are tested for alcohol, only those with BAC < 0.10% are tested for drugs





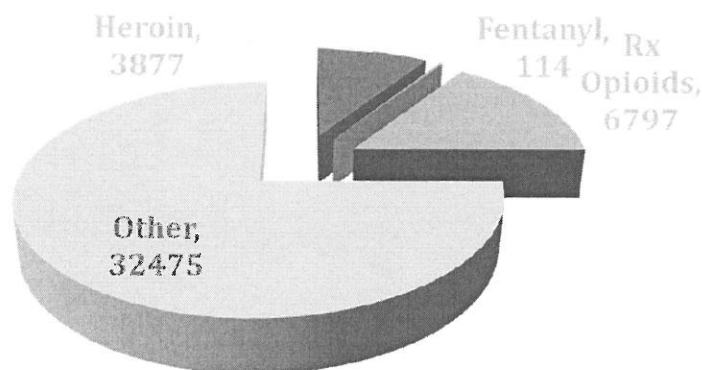
Seized Drugs



- Received in 2013
- When multiple drug samples of the same type of drug were submitted as part of the same case, they were only counted a single time, as one case.
- When multiple samples of different drug types were submitted as part of the same case, they were counted as individual cases for each drug type.

3

2013 - Number of Cases



32,718 Individual Cases

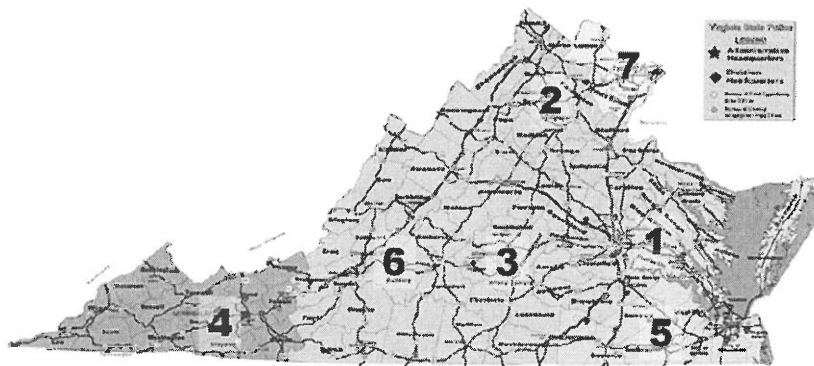
4

Top Fifteen in 2013

Jurisdiction	Heroin	Rx Opioids	Total
City of Richmond	547	239	789
Prince William County	218	268	494
Fairfax County	185	280	473
Chesterfield County	194	184	379
Henrico County	226	143	373
Wise County	4	350	355
Tazewell County	5	342	348
City of Roanoke	197	73	272
Warren County	145	111	260
City of Virginia Beach	128	114	254
Spotsylvania County	100	151	253
City of Chesapeake	140	93	239
Stafford County	78	153	232
City of Norfolk	160	57	230
City of Portsmouth	164	38	204

5

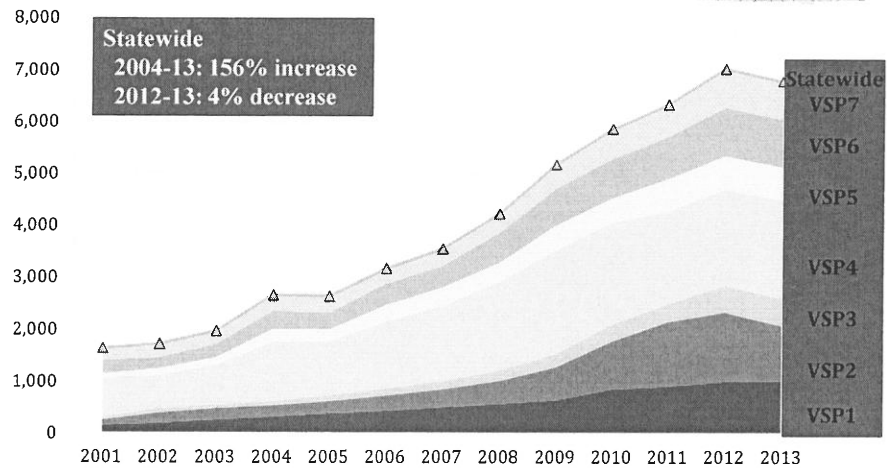
Data Organized by VSP Division



6

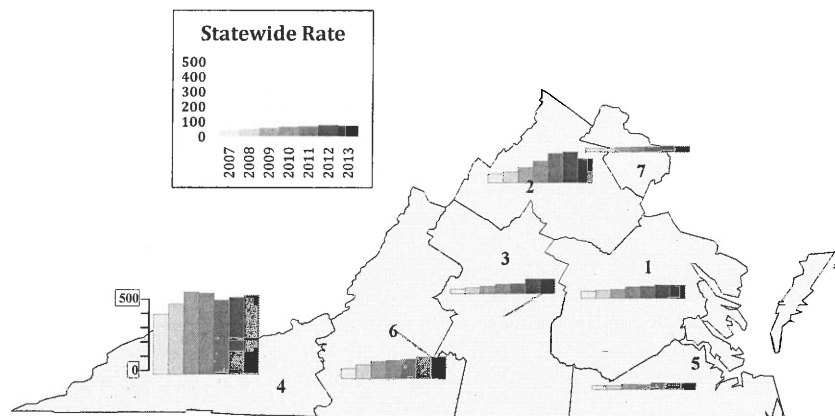
Prescription Opioid Cases Dropped in 2013

Total Prescription Opioid Cases Received by the
Department of Forensic Science, CY 2001-2013



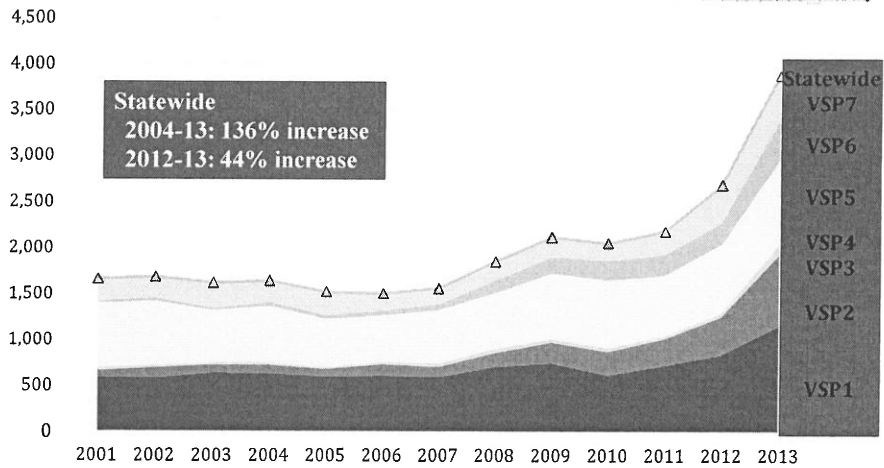
Data Source: Department of Forensic Science, monthly data submitted to the National Forensic Laboratory Information System (NFLIS), and shared with DCIS

DFS Prescription Opioid Cases Received Rate per 100,000 Statewide and by State Police Division



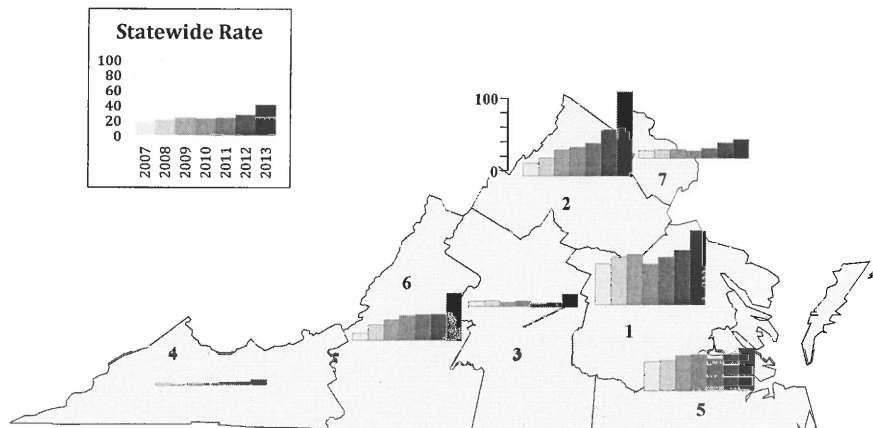
Heroin Cases Rose Sharply in 2013

Total Heroin Cases Received by the
Department of Forensic Science, CY 2001-2013



Data Source: Department of Forensic Science, monthly data submitted to the National Forensic Laboratory Information System (NFLIS), and shared with DCJS

DFS Heroin Cases Received Rate per 100,000 Statewide and by State Police Division

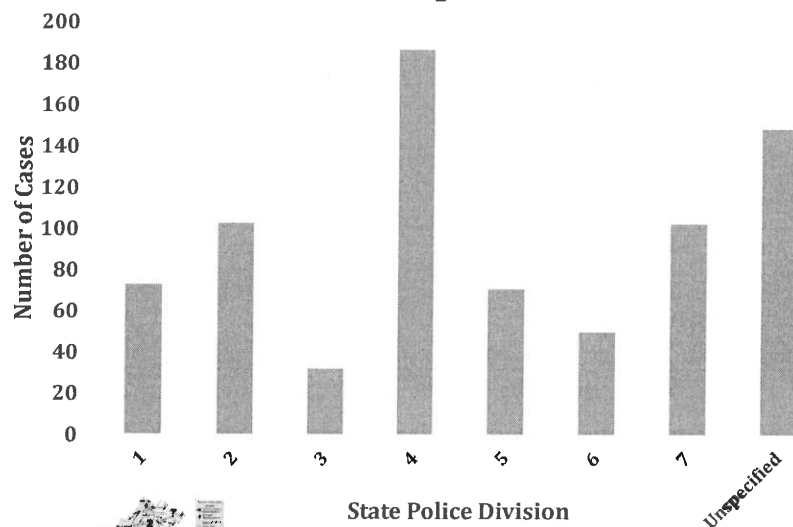


DUID Opioids

- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Meperidine
- Methadone
- Morphine
- Oxycodone
- Oxymorphone
- Pentazocine
- Propoxyphene
- Tapentadol
- Tramadol

11

2013 DUID Opioid Cases



12



Acknowledgements to Baron Blakely from
DCJS for data analysis and graphics.



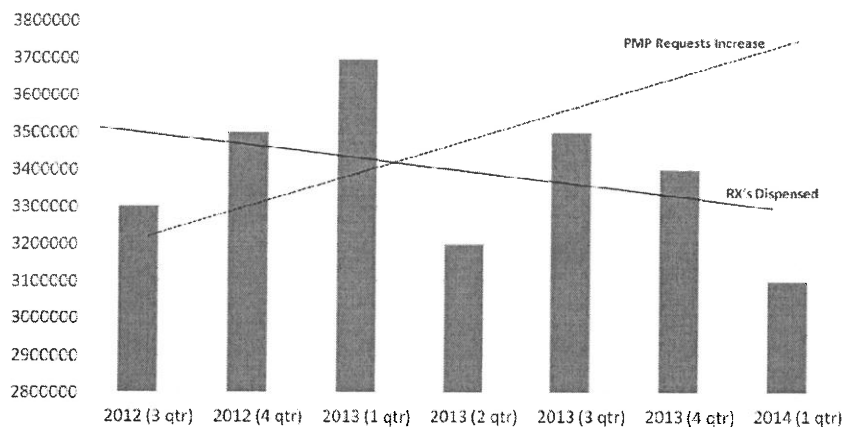
Supply and Demand

Of more than 22 million Americans age 12 and older; nearly 9% of the U.S. population use illegal drugs, according to the government's 2010 National Survey on Drug Use and Health.

Americans, who constitute only 4.6% of the world's population, consume 80% of the global supply of opioids and 99% of the global supply of Hydrocodone, as well as two-thirds (66%) of the world's illegal drugs.

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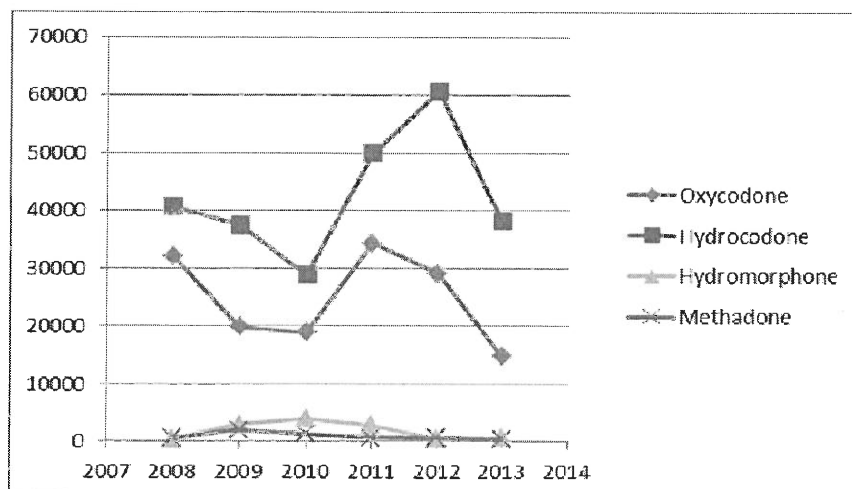
Prescriptions Records Added and Request Percentage



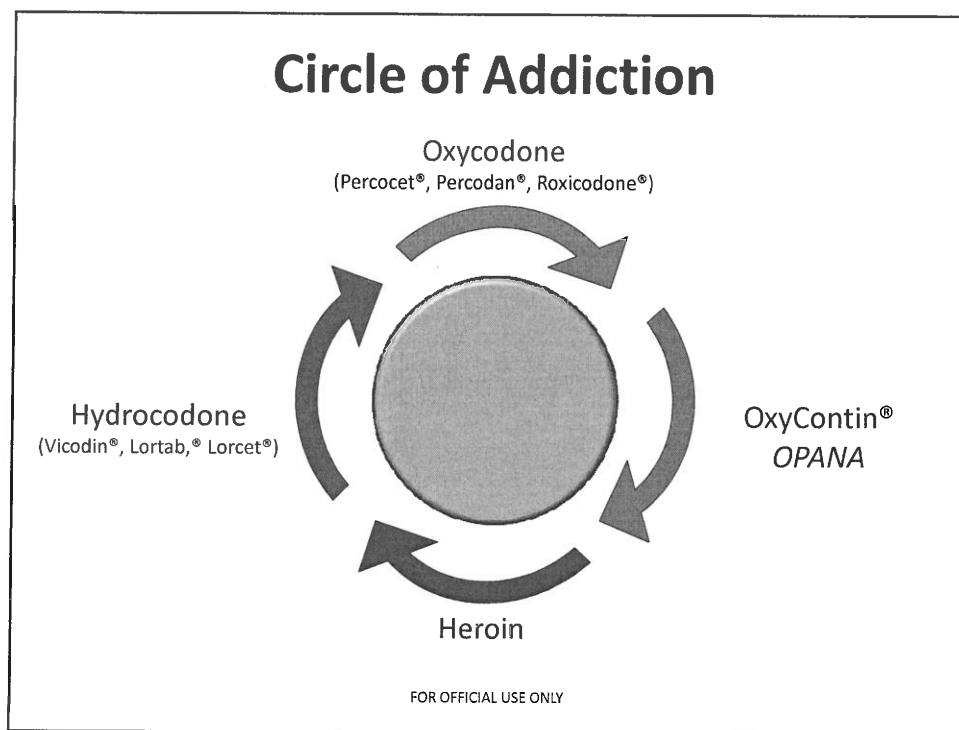
The number of prescriptions being dispensed is trending downward while the percentage of PMP requests to prescriptions dispensed is increasing.

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VSP Prescriptions Opiate Data



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Progression from RX to Heroin

Addicts turn to Heroin because it is cheaper, easier to obtain and offers users a more intense high -

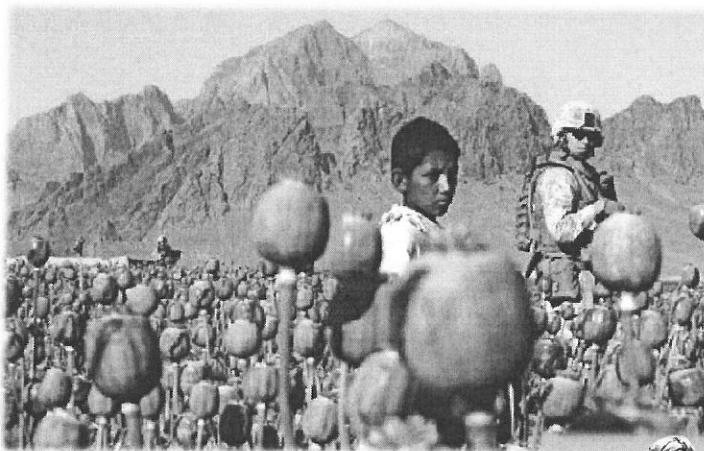
- Local users will make multiple trips a day to source cities where Heroin is cheaper and readily available through open air drug markets.
- Heroin users typically inject .10 -.25 gram of Heroin at a time.
- We have interviewed users that have a 2.5 gram a day habit. (\$1,000 a day habit)

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75% of Heroin Users were Addicted to Rx (Opioids)



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**\$121 for an acre of wheat
OR
\$5,200 for an acre of Opium?**



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Heroin: Cost/Weights/Purity

\$10 packs = 1/20 gram

\$20 packs = 1/10 gram – Most Common on the Street

\$50 packs = 1/4 gram

\$100 packs = 1/2 gram

\$200 packs = 1 Gram

\$500 bags/8ball = 3 Grams

A kilo is 2.2 pounds and equals 36 ounces

- also called a bird, key brick

Purity – 5% - 25%

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Reason for Spike in Overdose Deaths

- **High Heroin purity.**
- **Increasing number of Heroin abusers initiating use at a younger age (15-25).**
- **High school and college students in the area are increasingly abusing Heroin and has led to Heroin-related deaths. These students pool their money to drive to Washington, D.C., or Baltimore, to purchase the Heroin.**
- **Inexperienced abusers switching from prescription Opioids (Rx) to Heroin.**

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Source Cities

- DEA Virginia reports indicate that users travel to source cities to buy heroin and then return home with small quantities.
- Drug “entrepreneurs” who buy 100 grams or more for distribution in Virginia localities also make their purchases from source cities and return to the localities to re-sell.
- Several cities have been identified as source cities for heroin to Virginia: Washington, D.C.; Baltimore, MD; Philadelphia, PA; Trenton, New Jersey; and New York, NY.
- Specific locations in Virginia do not appear to be supplied exclusively by any one source city of preference.

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What is Law Enforcement Doing About the Drug and Heroin Problem?

EDUCATION

Presentations to Civic Groups, Medical Professionals, Behavioral Health and Developmental Services, Elected Officials, Law Enforcement Partners, Prosecutors, Schools etc.



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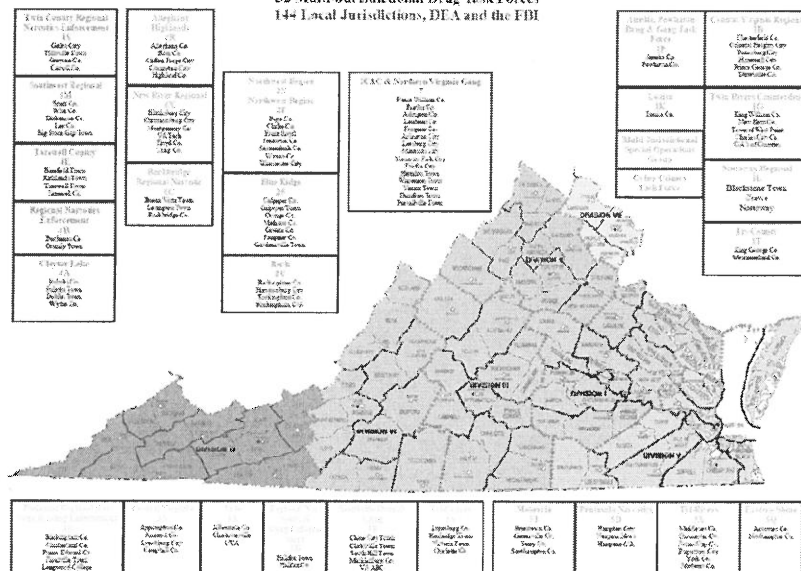
What is Law Enforcement Doing About the Drug and Heroin Problem? ENFORCEMENT

Working Closely with LE Agencies and
Legislators, Intelligence Analysis, O.C.D.E.T.F
Investigations with Federal Agencies



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32 Multi-Jurisdictional Drug Task Forces
144 Local Jurisdictions, DEA and the FBI



Rev. 06/10/14

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Multi-Jurisdictional Drug Task Forces

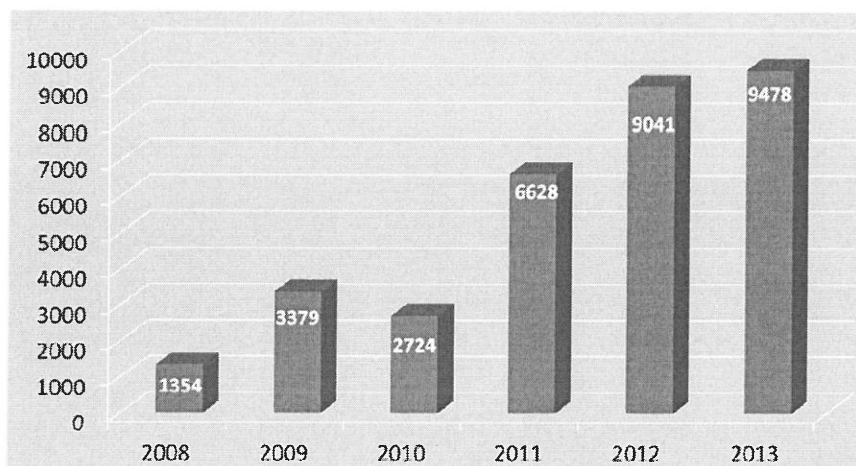
During 2013, State Police participated in 38 federal, state and local multi-jurisdictional task forces, encompassing 106 jurisdictions.

These task forces participated in 6,154 investigations accounting for \$14,465,247 in illicit drug seizures, with 3,398 people arrested on 4,365 charges, and \$905,320 in cash seized.

These task forces also seized 405 weapons and 83 vehicles .

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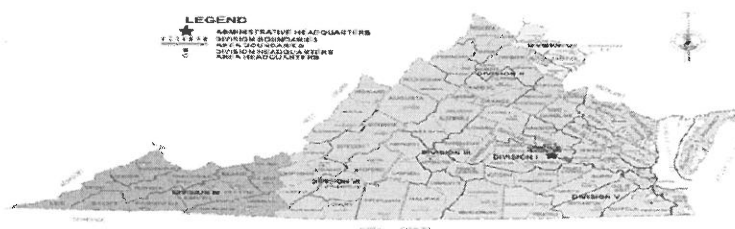
Heroin Seizures 2008-2013 (VSP/BCI)



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Conclusions of Heroin Report

- There is reason for concern that a major increase/expansion of heroin volume has occurred in VSP Divisions I, V and VI
- Specific regions have become secondary trafficking zones from the major wholesale markets
- Divisions II, III, IV and VII are congruent with minimal change of seized numbers reported under DES offices



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Conclusions of Heroin Report

- There is a potential for a future rise in heroin trafficking/use in Division Four (Wytheville)
- This is possible due to the collision of contributing factors.
 - The established pool of prescription drug abusers.
 - The notable increase of available product injected into Roanoke, observed along the I-81 corridor northward into the adjoining Division.
 - Lower prices and ease of obtainment in close geographic proximity

Conclusions of Heroin Report

- The nationally observed spike in adulteration of street heroin with fentanyl is identifiable in the 2013 data from the Department of Forensic Science
- Current evidence indicates an inverse relationship may exist between prescription opiate usage and heroin abuse in the Commonwealth.
 - The increasing difficulty in obtaining prescription opiates appears to have made street heroin appealing to some users.
 - Decreased costs of street heroin
 - Availability of product

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Recommendations

- It is recommended future agency planning account for information indicating a rise in heroin trafficking in the Commonwealth of Virginia
 - benchmark seizure data has been surpassed
- The following tactics may be considered to address heroin trafficking:
 - Supply reduction (identifying and disrupting distribution networks)
 - Demand reduction (drug education partnerships, treatment)
 - Support coordination with local and federal authorities in the Commonwealth and across jurisdictions.

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Recommendations

- **Develop a process to provide near real-time receipt of heroin seizure information to analytic units for monthly analysis**
- **Develop and disseminate intelligence requirements regarding heroin trafficking that must be reported on by relevant units within the Virginia State Police**
- **Provide resources to compile and analyze information in order to produce intelligence regarding monthly heroin seizures for 2014**

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