Governor's Task Force on Prescription Drug and Heroin Abuse

Interim Report

April 6, 2015

Table of Contents

Section I: Introduction

Prescription drug and heroin abuse is taking a terrible toll on the Commonwealth. Since 2000, deaths from prescription drug overdoses in Virginia have more than doubled, while deaths from heroin overdoses have doubled in the past two years. Over half of the deaths from drug overdose were related to opioid-based prescription painkillers, such as oxycodone, hydrocodone, or methadone. Though prescription painkillers are considered safe when used as prescribed, the misuse, overuse, and abuse of these drugs is dangerous, leading to addiction, overdose, and sometimes death. The tragedy is that, as we work to make prescription painkillers less available, individuals who are addicted to these drugs are shifting to heroin, which often can be cheaper and easier to obtain, but has the same physical effects. Prescription pain medication and heroin abuse and addiction are not only claiming the lives of more Virginians, but have also led to an increased burden on law enforcement and elevated health care costs from drug-related emergency department visits and treatment admissions.

To address the alarming rise in opioid-related overdose deaths and the problem of opioid addiction in the Commonwealth of Virginia, Governor McAuliffe signed Executive Order 29, creating the Governor's Task Force on Prescription Drug and Heroin Abuse[1]. This initiative is a key component of "*A Healthy Virginia*," the Governor's ten-part plan to improve the health of Virginia's most vulnerable citizens. The Task Force was directed to provide a range of policy recommendations, including how to raise public awareness about the misuse of prescription painkillers, train health care providers on best practices for pain management, identify treatment options and alternatives to incarceration for people with addiction, and promote the safe storage and disposal of prescription drugs. The Executive Order instructed the Task Force to develop initial recommendations for the Governor on or before December 31, 2014. On December 16, 2014, the Task Force met and adopted a total of 36 recommendations, including five legislative proposals and one study resolution that were considered by the 2015 Virginia General Assembly[2]. This interim report will describe work to date and summarize both endorsed recommendations and legislative proposals.

Upon the adoption of an implementation plan by the Task Force in June, a full report will be released.

Co-chaired by William A. Hazel, Jr., M.D., Secretary of Health and Human Resources, and Brian Moran, Secretary of Public Safety and Homeland Security, the Task Force has a multi-disciplinary, bi-partisan composition. Members include representatives from the Office of the Attorney General, the legislature, the judicial system, relevant State and local agencies, law enforcement, health and behavioral health care providers, community advocates, and individuals who have personal experience with heroin or prescription drug addiction.

[1] A list of Task Force members is included in Appendix A.
[2] See Section IX

Section II: Background

The United States is facing an unprecedented opioid-related drug overdose epidemic. Drug overdose deaths have increased four-fold since 2000, making drug overdose now the leading cause of injury death in the US.[3] More people die from drug overdose each year now than are killed in motor vehicle accidents or by gun violence.[4] In 2011, more than 110 Americans, on average, died from overdose every day. Prescription painkillers were involved in over 16,900 deaths that year.[5] Heroin was involved in more than 4,300.

While the aggregate numbers for heroin use are still lower than those of other drugs, there has been a troubling recent uptick in the rate of people using heroin, which is thought to be related to a transition from prescription opioid abuse to heroin. As an opioid itself, heroin has the same physical effects as prescription opioids; when prescription drugs become less available or too expensive, some users who become addicted may turn to heroin. A 2012 study conducted by the Substance Abuse and Mental Health Service Administration (SAMHSA) found that "Americans ages 12 to 49 who illegally use prescription drugs are 19 times more likely than others in their age group to begin using heroin."[6] SAMHSA further points out that four out of five new heroin initiates previously misused opioid pain relievers, clearly establishing a nexus between the two types of drugs. The falling price of heroin has only increased its accessibility and use.

The Commonwealth has not escaped these disturbing trends. From 2007 to 2013, nearly 70% of all drug/poison deaths were attributed to opioids[7]. In 2013, 468 Virginians died from prescription opioid overdose and 213 died from heroin overdose. While the total number of fatal heroin overdoses was lower than for prescription opioids, the increase in heroin overdose has been dramatic. In 2004, there were no fatal overdoses from heroin in Virginia, and only four cases in 2005. Each year in Virginia the number of fatal overdoses due to heroin and prescription opioids continues to increase.

Prescription opioid and heroin abuse has led to an increased burden on law enforcement in Virginia. According to the Virginia Department of Forensic Science, the number of cases in which heroin has been seized during an arrest increased by 79% between 2006 and 2012,[8] then increased again by over 48% from 2012 to 2013.[9] Prescription opioid seizures increased by 437% during this same period.[10] Northern Virginia, Richmond, and the Tidewater region all have notable problems with opioids; various local, State, and Federal law enforcement agencies

[3] Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014) Available from URL: http://www.cdc.gov/injury/wisqars/fatal.html.
[4] Prescription Drug Overdose in the United States: Fact Sheet http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html
[5] National Center for Health Statistics/CDC, National Vital Statistics, unpublished special tabulations (June 10, 2014).
[6] "Prescription Painkiller Abuse Linked with Increased Risk of Heroin Use." *Partnership for Drug-Free Kids*. Accessed January 13, 2015. http://www.drugfree.org/join-together/prescription-painkiller-abuse-linked-with-increased-risk-of-heroin-use/
[7] Office of the Chief Medical Examiner, Virginia Department of Health
[8] Virginia Department of Forensic Science and the Virginia Department of Criminal Justice Services. *Drug Cases Submitted to the Virginia Department of Forensic Science*. Richmond, Virginia, 2014.
[9] Department of Forensic Science, monthly data submitted to the National Forensic Laboratory Information System (NFLIS), and shared with DCJS.
[10] Ibid.

have seized large amounts of these substances in these areas. However, some regions of the Commonwealth have been disproportionately affected. For instance, the Virginia State Police spent 25% of statewide drug investigation funds in Southwest Virginia. In Wise County, nearly 70% of the total police caseload is directly related to drug abuse. The Shenandoah Valley seems to be another "hot spot." In 2014, 14 people died due to heroin overdose and another 29 were severely injured in the Valley alone.[11]

These striking trends highlighted the urgent need for a comprehensive and collaborative approach to reducing heroin and prescription opioid abuse in Virginia—one that addressed both the public health and public safety aspects of the problem. In Executive Order 29, establishing the Governor's Task Force on Prescription Drug and Heroin Abuse, Governor McAuliffe outlined five main areas in which the Task Force should focus its efforts—education, treatment, data and monitoring, enforcement, and storage and disposal. Five workgroups were formed to correspond to each of these specific focus areas. Fortunately, the Task Force has been able to ramp up quickly by building on the foundation of previous work done in the Commonwealth, in other states, and at the federal level.

From 2012 to 2013, the Commonwealth participated in a policy academy on prescription drug abuse sponsored and facilitated by the National Governors Association. In 2014, the General Assembly passed several bills directly related to recommendations contained in the strategy. One of the recommendations included the creation of a statewide Task Force on Prescription Drug Abuse Reduction that would be co-chaired by the Secretary of Public Safety and the Secretary of Health and Human Resources. The work of the Task Force has also been informed by the National Drug Control Strategy, the Health and Human Services plan to reduce prescription drug abuse, best practices from other states, as well as recommendations from summits that have been held in Southwest Virginia (2012) and in Charlottesville (2014).

[11] Boughton, Melissa. "Deaths from Heroin on the Rise." Accessed October 14, 2014. Shenandoah Valley Now, June 19, 2014. http://www.shenvalleynow.com/news/article/deaths_from_heroin_on_the_rise

Section III: Task Force Structure and Responsibilities

Responsibilities of the Task Force

The overall goal of the Task Force is to reduce deaths from prescription drug and heroin overdose within five years. In order to accomplish this, the Task Force was asked to offer recommendations that would meet objectives in the following five major areas, along with specific metrics that can be used to track progress for each.

1. The Education Workgroup is required to submit recommendations on:

    - Raising public awareness about the dangers of misuse and abuse of prescription drugs
    - Distributing information about the appropriate use, secure storage, and disposal of prescription drugs
    - Training health care providers regarding best practices for opioid prescribing, pain management, the use of the Prescription Monitoring Program (PMP), and identification and treatment of individuals at risk of substance abuse through screening, intervention, and referral tools
    - Training first responders to more effectively respond to calls involving overdose, and use evidence-based interventions to reduce overdose deaths

2. The Treatment Workgroup is required to submit recommendations on:

    - Improving access to and availability of treatment services
    - Fostering best practices and adherence to standards for treatment of individuals addicted to opioids
    - Strengthening and expanding the capacity of Virginia's health workforce to respond to substance abuse treatment needs, including encouraging health professions schools and continuing education programs to provide more education about how to identify and treat substance abuse

3. The Data and Monitoring Workgroup is required to submit recommendations on the following:

    - Sharing and integrating data among relevant licensing boards, state and local agencies, law enforcement, courts, health care providers and organizations, and programs such as the PMP, in order to clarify and address public safety and public health concerns, understand emerging trends, and utilize data driven decision-making to mitigate harm

4. The Storage and Disposal Workgroup is required to submit recommendations on:

    - Advancing effective solutions that lead to safe storage and proper disposal of potentially dangerous prescription drugs

5. The Enforcement Workgroup is required to submit recommendations on:

    - Identifying and promoting evidence-based best practices and strategies across the criminal justice system to address public safety risks and treatment needs of individuals with opioid addiction, training in the use of life-saving interventions, expanded alternatives to incarceration, including drug courts, and cross-system collaboration to improve access to and the availability of treatment

Each Workgroup is led by two co-chairs and one staff person (listed in Appendix B). Since the creation of the Task Force, the full Task Force has met three times, and in addition, each Workgroup has met at least twice to develop their respective recommendations (listed in Appendix C). The co-chairs and staff of the five Workgroups have also met separately to share ideas, coordinate among the Workgroups, and reduce duplication. On December 16th, the full Task Force met to consider proposals advanced by the Workgroups and approved a total of 36 recommendations, including five legislative proposals and one study resolution. The Task Force will continue to meet until at least June 2015 to propose additional recommendations that will address opioid abuse and addiction in Virginia.

Additional information about the Task Force, as well as minutes from meetings, can be found at http://www.dhp.virginia.gov/taskforce/default.htm

Section IV: Education Workgroup

Opioid and heroin addiction does not discriminate. People from all corners of Virginia and all walks of life are affected by the growing presence and abuse of these drugs in their communities. In order to reduce fatal drug overdose, it is crucial to educate parents, youth, patients, health care providers, and first responders about the dangers of opioid abuse and how to prevent and curb abuse. Enhancing awareness around this issue and helping Virginians understand how to reverse the overdose trend involves a multi-pronged messaging approach tailored to different populations. The Education Workgroup has created recommendations related to outreach and education that are targeted to both the public as well as professional groups.

Public - There is a common misperception that prescription opioids are less dangerous than illegal drugs. Patients treated for medical issues need to be well-informed about the nature of opioid pain relievers, as well as the benefits and risks associated with improper use. Parents may not be aware that youth are abusing prescription drugs and about the strong link between prescription opioids and heroin use. From grandparents to athletic coaches, all Virginians should know what opioids are; the dangers presented by abuse, misuse, and overuse; and what to do to prevent, identify, and treat those issues.

Health Care Providers - Most prescribers receive little training on pain management or appropriate prescribing and dispensing of opioids and how to recognize, prevent, and treat substance abuse in their patients. The Education Workgroup is exploring many options to support providers in reducing opioid abuse, including: ensuring that Virginia health professions schools are educating future providers on pain management and safe prescribing; reaching out to practicing providers to offer information and ongoing education; and strengthening the functions and use of the Prescription Monitoring Program. The goal is to work with health professionals to ensure responsible prescribing practices are encouraged and become a part of any solutions developed.

First Responders - Arriving first on the scene of an overdose or potential overdose situation, Virginia's first responders often witness tragedy. Getting naloxone, an overdose-reversal drug, into the hands of all first responders, and providing training to help them use it, is a potentially life-saving intervention. The Education Workgroup is exploring ways to effectively use these situations to help first responders provide people experiencing addiction with treatment options.

Additionally, all of these groups must be made aware of safe practices around opioid prescriptions. Appropriate use and storage, as well as proper disposal, are important in helping Virginians understand how to best handle the medications that they are legitimately prescribed.

Recommendations:

Recommendation 1: **Develop a State website as an informational hub on prescription drug and heroin abuse** – This recommendation coincides with a referral from the Storage and Disposal Workgroup. A State website will be an effective tool to educate Virginians on opioid and heroin abuse, inform affected individuals and providers on accessible resources, and provide information on disposal sites.

Task Force Action: Accepted
Legislative Action: None

Recommendation 2: **Create and send "Dear Colleague" letters and stock op-eds –** "Dear Colleague" letters are an efficient way to inform prescribers and other professional leaders on prescription drug use and misuse. Op-eds and articles placed throughout the state can serve as an effective method to reach the public, informing Virginians about the nature of this problem and how it is impacting individual lives.

Task Force Action: Accepted
Legislative Action: None

Recommendation 3: **Collaborate with the Storage and Disposal Workgroup to place stationary disposal containers in every locality and subsequently inform Virginians of their locations –** Placing disposal containers in different localities and informing residents about these containers will reduce the supply of prescription drugs available to the population, aiding in prevention efforts.

Task Force Action: Accepted
Legislative Action: None

Recommendation 4: **Collaborate with the Storage and Disposal Workgroup to encourage distribution of lock boxes with controlled substance prescriptions when dispensed –** Coordinating with the Storage and Disposal Workgroup to encourage lock box distribution with controlled substance prescriptions by informing them of the risks associated with prescription opioids may reduce the in-home accessibility of these substances for which a legitimate prescription exists.

Task Force Action: Accepted
Legislative Action: None

Recommendation 5: **Send a letter to all prescribers and dispensers about the Prescription Monitoring Program (PMP), focusing on the urgency of the overdose epidemic –** Educating prescribers and dispensers about the PMP will encourage them to register with the program. This will allow doctors, pharmacists, and other prescribers to monitor their patients' use of prescription drugs.

Task Force Action: Accepted
Legislative Action: None

Recommendation 6: **Annual educational outreach to opioid prescribers (based on PMP data) regarding appropriate prescribing of controlled substances –** An annual outreach program will keep this pivotal issue salient among prescribers.

Task Force Action: Accepted
Legislative Action: None

Recommendation 7: **Send a letter to health professions schools in Virginia regarding development of pain management and addiction training curricula –** Education of health professionals is a key component in addressing the increase in overdose and addiction. Curricula that address the prevention, diagnosis, and management of addiction, as well as pain management and responsible opioid prescribing, have been developed; the Workgroup believes that this information must reach health education leadership.

Task Force Action: Accepted
Legislative Action: None

Recommendation 8: **Develop a minimum four-hour opioid educational curriculum for law enforcement, corrections probation and parole, EMTs, CIT officers, and School Resource Officers –** A collaborative group, comprised of representatives from the Department of Criminal Justice Services, the Virginia Department of Health, and the Virginia Department of Behavioral Health and Developmental Services will develop a training curriculum for those who are often first on the scene of a possible overdose or opioid-related crisis.

Task Force Action: Accepted
Legislative Action: None

Recommendation 9: **Develop a law enforcement training program regarding naloxone administration, if the existing pilot is expanded to include law enforcement; pilot expansion must include law enforcement immunity for injuries when administering naloxone –** Naloxone is a highly effective opioid antagonist used to counteract the effects of an opioid on an individual who is overdosing. Should the existing naloxone pilot be expanded to include law enforcement personnel, training will be provided to participants on the proper administration of naloxone in an overdose situation.

Task Force Action: Accepted
Legislative Action: None

Recommendation 10: **Referral from the Enforcement Workgroup: Multi-disciplinary training and education –** This recommendation originated in the Enforcement Workgroup and coincides with above recommendations of the Education Workgroup.

Task Force Action: Accepted
Legislative Action: None

Recommendation 11: **Referral from the Storage and Disposal Workgroup: Education for doctors on how to prescribe medication in proper doses to limit excess quantities of drugs –** Limiting the quantity of medication provided will also limit the availability of prescription painkillers for illicit purposes. This recommendation originated in the Storage and Disposal Workgroup but corresponds to above recommendations of the Education Workgroup.

Task Force Action: Accepted
Legislative Action: None

Section V: Treatment Workgroup

The Treatment Workgroup dedicated a significant amount of time to reviewing and understanding the evidence and practices around effective treatment of opioid addiction. All the evidence supports that, for opioid addiction, using medication such as buprenorphine or methadone, in conjunction with psychological therapy and other social supports, is the most effective method of treatment. This is known as Medication Assisted Treatment or MAT. Unlike many other addictive substances, detoxing individuals off opioids completely is often ineffective. These medications help individuals with addiction to live normal lives by removing the physiological cravings these drugs cause. The many practical benefits of MAT include: reduced mortality; reduced use of illicit drugs; reduced criminal activity; reduced exposure to risk factors for diseases such as HIV and hepatitis C; and increased positive behaviors such as employment and improved social and family relationships. The duration of treatment is most effective over a period of years; if the person is taken off the medication prematurely, studies show he/she will likely relapse.

The Workgroup also discussed a number of barriers to accessing MAT. These include stigma within the recovery community, as well as among providers and within the judicial system; inadequate reimbursement; lack of capacity for treatment and poor distribution of capacity across the state; and quality of care issues.

The Workgroup reached consensus that additional funding was needed to support treatment for addiction.

In addition, the Workgroup discussed lowering barriers to obtaining naloxone, a drug used to counteract the effects of an opioid in the setting of an acute overdose. Under the current pilot, individuals who receive training for naloxone administration still need a prescription from a physician to purchase the naloxone from a pharmacy. Having direct access from a pharmacist would save time, money, and lives. Cost can also be a barrier to obtaining naloxone.

Recommendations:

Recommendation 1: **To reduce stigma and increase access, provide education about addiction and Medical Assisted Treatment (MAT) to health care providers, students, Community Service Boards (CSBs), law enforcement, and communities –** Opioid addiction is a medical condition that requires medical treatment. Currently, stigma surrounding drug addiction and dependence is preventing individuals from seeking the help they need.

Task Force Action: Accepted
Legislative Action: None

Recommendation 2: **Explore ways to enhance access to MAT through Community Service Boards (CSBs), Drug Treatment Courts, and jail-based treatment –** Enhanced access will enable health care professionals to adequately assist individuals who have developed addiction to prescription pain medicine or heroin.

Task Force Action: Accepted
Legislative Action: None

Recommendation 3: **Increase training opportunities for health care professionals, both in training and in practice, on how to treat addiction and how to diagnose or manage chronic pain –** More individuals who are dependent on an opioid will be treated if more health care professionals are trained to treat opioid addiction.

Task Force Action: Accepted
Legislative Action: None

Recommendation 4: **Enhance and enforce a standard of care for treatment with office-based buprenorphine -** This recommendation would include leveraging federal efforts to increase buprenorphine as a drug to treat opioid addiction in the context of providing counseling and other supports for recovery. Baseline data would be needed from Virginia to measure the overall effectiveness of various treatments.

Task Force Action: Accepted
Legislative Action: None

Recommendation 5: **Ensure health plans are complying with the Mental Health Parity and Addiction Equity Act by providing adequate coverage for treatment, including MAT -** It is essential that health care plans comply with Mental Health Parity in order for treatment to be accessible.

Task Force Action: Accepted
Legislative Action: None

Recommendation 6: **Examine and enhance Medicaid reimbursement for substance abuse treatment services –** Virginians who are able to access treatment through Medicaid often have limited options for appropriate treatment services.

Task Force Action: Accepted
Legislative Action: None

Recommendation 7: **Expand access to naloxone by lay rescuers and law enforcement to prevent death from overdose –** Expanding access to naloxone to first responders could save the lives of individuals who are overdosing from an opioid.

Task Force Action: Accepted
Legislative Action: Passed House and Senate, Referred to Governor

Bill Number: HB 1458
Introduced by: Delegate John O'Bannon III

Bill Summary:
The bill provides immunity for anyone who, in good faith, prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency. It also allows pharmacists to dispense naloxone or another opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. In particular, firefighters and law enforcement officers who have completed a training program may possess and administer naloxone.

Recommendation 8: **Explore and expand use of appropriate peer support services, with necessary oversight –** Peer supports can provide an important contribution to recovery for individuals experiencing addiction.

Task Force Action: Accepted
Legislative Action: None

Recommendation 9: **Expand use of the Prescription Monitoring Program –** Expanding use of the PMP will enable prescribers and pharmacists to track their patients' opioid prescriptions. This recommendation will prevent doctors from over prescribing prescription painkillers and also prevent patients from "doctor shopping."

Task Force Action: Accepted
Legislative Action: Passed House and Senate, Referred to Governor

Bill Number: HB 1841
Introduced by: Delegate Charniele Herring

Bill Summary:
Requires every dispenser licensed by the Board of Pharmacy to register with the Prescription Monitoring Program and eliminates the requirement that such registration occur upon filing of an application for licensure or

renewal of a license. The bill also limits the requirement that a prescriber who prescribes benzodiazepine or an opiate request information from the Director of the Department of Health Professions to determine what other covered substances are currently prescribed to a patient in cases in which the course of treatment is anticipated at the onset of treatment to last more than 90 days. The provisions of the bill relating to registration of dispensers become effective on January 1, 2016.

Recommendation 10: **Increase access to naloxone by allowing pharmacists to dispense naloxone under proper protocols –** Allowing pharmacists to dispense naloxone will increase the availability of this drug to the general public, first responders, and medical professionals. Access to this drug should prevent a number of overdoses in Virginia.

Task Force Action: Accepted
Legislative Action: Passed House and Senate, Referred to Governor

Bill Number: HB 1458
Introduced by: Delegate John O'Bannon III

Bill Summary:
The bill provides immunity for anyone who, in good faith, prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency. It also allows pharmacists to dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. In particular, firefighters and law enforcement officers who have completed a training program may possess and administer naloxone.

Section VI: Data and Monitoring Workgroup

This Workgroup first focused on reviewing current sources of data—the National Drug Threat Assessment Summary and Prescription Monitoring Programs—and discussed how to fully leverage them.

2014 National Drug Threat Assessment Summary
The Threat Assessment Summary compiles survey responses from approximately 1,200 law enforcement agencies across the United States[12]. Twenty-two percent of the law enforcement agencies surveyed indicated that prescription drugs are their greatest threat. Marijuana is still the most abused drug at 65%, followed by prescription opioids at 26%. The economic cost of the abuse of prescription opioids in the United States now exceeds $53 billion annually. Heroin seizures have increased 87% in the past five years nationally, both in the number of seizures and in the amount seized. Fifty percent of all DEA investigations are dedicated to either heroin and/or prescriptions drugs.

Prescription Monitoring Programs
This Workgroup also discussed strategies for how to leverage the Prescription Monitoring Program (PMP). Arizona's PMP is providing feedback to prescribers to promote more safe and responsible opioid prescribing. Reports in this system are being generated and sent to prescribers indicating their patients' current morphine equivalent doses per day (MEDD). Different states have defined certain MEDD rates as excessive, ranging from 80 – 200 MEDD dosing. Virginia's PMP may be able to implement this as well, but may need additional authority to be able to send prescriber reports.

Each Virginia PMP report could include a MEDD score, with an additional recommendation that each Licensing Board of dispensers and prescribers develop guidelines related to the MEDD score.

Recommendations:

Recommendation 1: **Expand mandatory PMP registration and amend mandatory use of PMP data –** Expanding mandatory registration and use of the PMP would prevent and reduce the likelihood of individuals from "doctor-shopping." Section 54.1-2522.1 of the *Code of Virginia* would be amended to add pharmacists to the mandatory PMP registration requirement. Amending this law would also include the removal of language that could potentially discourage use of treatment agreements.

[12] 2014 National Drug Threat Assessment Summary; Available at: http://www.dea.gov/resource-center/dir-ndta-unclass.pdf

Task Force Action: Accepted
Legislative Action: Passed House and Senate, Referred to Governor

Bill Number: HB 1841
Introduced by: Delegate Charniele Herring

Bill Summary:
Requires the Department of Health Professions to register every dispenser licensed by the Board of Pharmacy with the Prescription Monitoring Program and eliminates the requirement that such registration occur upon filing of an application for licensure or renewal of a license. The bill also limits the requirement that a prescriber who prescribes benzodiazepine or an opiate request information from the Director of the Department of Health Professions to determine what other covered substances are currently prescribed to a patient in cases in which the course of treatment is anticipated at the onset of treatment to last more than 90 days. The provisions of the bill relating to registration of dispensers become effective on January 1, 2016.

Recommendation 2: **Require reporting of prescriber National Provider Identifier (NPI) for prescriptions for human patients and "Species Code" as a required data element –** Section 54.1-2521 of the *Code of Virginia* would be amended in order to provide meaningful prescriber feedback by practice specialty.

Task Force Action: Accepted
Legislative Action: None

Recommendation 3: **Clarify that PMP data shall not be available for use in civil proceedings** - Preventing PMP data from being used inappropriately in civil matters would allow prescribers to provide medical assistance to their patients without fear of legal action.

Task Force Action: Accepted
Legislative Action: Passed House and Senate, Referred to Governor

Bill Number: HB 1810
Introduced: Delegate Charniele Herring

Bill Summary:
Protects data in the Prescription Monitoring Program (PMP) from being used inappropriately in civil proceedings. The PMP is a vital tool for health care providers in making safe treatment and prescribing decisions.

Recommendation 4: **Add Morphine Equivalent Doses per Day information to PMP reports** – Adding MEDD to PMP reports would allow prescribers to monitor the amount of opioids that have been prescribed for a patient, would prevent doctors from over prescribing prescription painkillers, and would reduce "doctor-shopping" behavior.

Task Force Action: Accepted
Legislative Action: None

Recommendation 5: **Develop clinically-oriented criteria for unsolicited reports to prescribers on specific patients** - These reports could identify patients with high risk combinations of controlled substances and patients receiving more than 100-120 morphine equivalent doses per day (MEDD).

Task Force Action: Accepted
Legislative Action: *None*

Recommendation 6: **Develop individual prescriber feedback reports** - Reports could contain up to 7 data points to include the number of patients receiving over 100-120 morphine equivalent doses per day. This recommendation is heavily dependent on receiving NPI and Species Code information from dispensers.

Task Force Action: Accepted
Legislative Action: *None*

Recommendation 7: **Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc. to analyze information to mitigate harm.**

Task Force Action: Accepted
Legislative Action: *None*

Section VII: Storage and Disposal Workgroup

The purpose of this Workgroup is to advance effective solutions that lead to safe storage and proper disposal of potentially dangerous prescription drugs. Abusers of prescription drugs often obtain the drugs from the unwanted or unused prescription drugs that remain in the home medicine cabinet of a friend, family member, or acquaintance. It is important that Virginia increase awareness of properly securing prescription drugs in the home. Additionally, the Drug Enforcement Administration does not intend to host additional prescription drug take-back events, therefore, it is equally important that Virginia increase opportunities for residents to dispose of their unwanted prescription drugs in a safe and environmentally friendly manner.

An increase in the number of drug collection boxes for the purpose of destruction and greater awareness of collection box locations throughout the Commonwealth would reduce the supply of opioids by providing Virginians with more opportunities to properly dispose of these drugs, rather than keep them in their homes in unsecured locations. Increased awareness of drug mail-back programs for the purpose of destruction would also reduce the accessibility of prescription opioids for similar reasons. Additionally, prescription drug take-back events could reduce the supply of opioids in Virginia by encouraging people to properly dispose of their unused prescription drugs. These events could also help promote awareness of the opioid addiction problem throughout the Commonwealth and emphasize the importance of proper storage and disposal of prescription drugs.

This Workgroup has provided several short-term action recommendations, including increasing awareness and providing information on securing drugs in the home; developing best practices for providing information to citizens about storage of prescription drugs; encouraging law enforcement, pharmacies, and prescribers to promote proper storage and disposal; and encouraging law enforcement to apply for free drug collection boxes from an identified source with limited quantities.

Recommendations:

Recommendation 1: **To increase disposal opportunities via drug take-back events within the community –** Focus areas of this recommendation include increasing awareness among law enforcement, organizations, and the public on the importance of holding drug take-back events and properly disposing of unwanted prescription drugs. Informational resources will be provided to law enforcement and community organizations to encourage and facilitate the hosting of take-back events. Additionally, for organization awareness, information for health care professionals and patient disposal would be provided. A public awareness campaign would include distributing information for families on drug abuse, disposal methods, and take-back events.

Task Force Action: Accepted
Legislative Action: None

Recommendation 2: **To increase disposal opportunities via drug take-back events within law enforcement agencies; increase number of law enforcement agencies participating as drug collection sites –** Law enforcement agencies are key locations in communities to collect unused prescription drugs. Information will be disseminated on the location of drug collection boxes throughout Virginia.

Task Force Action: Accepted
Legislative Action: None

Recommendation 3: I**ncrease disposal opportunities via mail-back programs and collection boxes provided by pharmacies –** This recommendation will include determining if the Board of Pharmacy must promulgate rules in response to recently enacted federal rules that authorize pharmacies to collect unwanted prescription drugs or participate in mail-back programs for the purpose of drug destruction. Security risks and concerns for pharmacies collecting unwanted prescription drugs will be taken into consideration.

Task Force Action: Accepted
Legislative Action: None

Recommendation 4: **Determine preferred methods for disposing of unwanted/needed drugs; determine federal rule impact of existing drug disposal/take-back programs –** The Workgroup will assess the impact of recently enacted federal rules on existing drug disposal and take-back programs. Guidance to assist localities on various disposal methods for consumer disposal will also be provided.

Task Force Action: Accepted
Legislative Action: None

Recommendation 5: **Require hospice to notify pharmacies about the death of a patient –** Requiring hospice programs, under certain circumstances, to notify pharmacies of the death of a patient who has been dispensed partial quantities of a Schedule II drug will mitigate the diversion and abuse of the quantity of drug remaining on the prescription.

Task Force Action: Accepted
Legislative Action: Proposed

Bill Number: HB 1738
Introduced by: Delegate M. Keith Hodges

Bill Summary:
Any hospice licensed by the Department or exempt from licensure pursuant to § 32.1-162.2 with a hospice patient residing at home at the time of death shall notify every pharmacy that has dispensed partial quantities of a Schedule II controlled substance for a patient with a medical diagnosis documenting a terminal illness, as authorized by Federal law, within 48 hours of the patient's death.

Section VIII: Enforcement Workgroup

There are not many identifiable programs specifically tailored for law enforcement efforts to combat heroin and prescription drug abuse. In the late 1980s and early 1990s, law enforcement authorities had immediate access to treatment providers and could refer people to services; however, there was no mandatory holding of the person needing services. Crisis Intervention Teams (CIT), groups of law enforcement and mental health professionals that respond to mental health and substance abuse emergencies, were recognized by the Workgroup as helpful, but not as useful to law enforcement efforts. More robust CIT programs tend to overload systems that are incapable of meeting needs based on system capacity. To work effectively, systems must have resources.

This Workgroup discussed utilizing existing statutes criminalizing the distribution of illegal substances as a way to enhance punishment for predatory dealers who cause fatal overdoses. Aggravating factors could be included during the sentencing phase of criminal cases where a defendant caused a fatal overdose by distributing an illegal substance. Case law from the Court of Appeals of Virginia requires a nexus between the distribution and the fatal overdose in order to secure a conviction.

There are a number of various alternative programs to incarceration that could be used in regards to opioid addiction. Such alternatives can be utilized at several junctures in the criminal justice system, including 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 programs are targeted to the right population of users and addicts, and not predatory dealers. Members recognized that alternative incarceration programs are "smart on crime" in that they are typically cheaper and more effective than incarceration. However, alternative incarceration programs are a long-term investment requiring significant resources, for which local governments tend to bear the financial burden of, not the state.

Recommendations:

Recommendation 1: **Improve Evidence-Based Practices (EBP)** – Identifying successful alternatives to incarceration would help to disrupt the cycle of addiction and lead people who are addicted to the treatment that they need. At this point, no EBP has been identified as applicable to law enforcement efforts to combat the prescription and heroin abuse epidemic.

Task Force Action: Accepted
Legislative Action: House, Left in Rules Committee

Bill Number: HJ 622
Introduced by: Delegate Charniele Herring

Bill Summary:
Creates a study of drug diversion programs and their effectiveness.

Recommendation 2: **Create harsher enforcement measures** – This recommendation would include amending the *Code of Virginia* to allow the prosecution of predatory dealers who cause fatal overdoses. This recommendation would also enhance punishment for dealers who cause fatal overdoses.

Task Force Action: Accepted
Legislative Action: Senate, Left in Finance

Bill Number: SB 1035
Introduced by: Senator Jennifer Wexton

Bill Summary:
This bill, if passed, will significantly increase the punishment for predatory drug dealers when a death occurs as the direct result of illegal drug distribution. Under the felony-murder doctrine, a drug dealer would face a minimum sentence of five years, up to a maximum of 40 years, in prison.

Recommendation 3: **Access to naloxone for first responders –** Access should be expanded to include all first responders, as an optional, not mandatory, resource, and immunity should be granted to first responders opting to use naloxone.

Task Force Action: Accepted
Legislative Action: Passed

Bill Number: HB 1458
Introduced by: Delegate John O'Bannon III

Bill Summary:
The bill provides immunity for anyone who, in good faith, prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency. It also allows pharmacists to dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. In particular, firefighters and law enforcement officers who have completed a training program may possess and administer naloxone.

Recommendation 4: **Promote incarceration alternatives –** This recommendation would utilize EBP to provide the criminal justice system with alternatives to incarceration for all drug abusers that are not dealers. The EBP will be used at various points in the system including pre-arrest, pre-conviction, and post-conviction to identify those who could potentially need treatment.

Task Force Action: Accepted
Legislative Action: *None*

Recommendation 5: **Cross-system collaboration –** This recommendation would require mandatory reporting of overdoses to a non-law enforcement agency, which would only have limited access. This agency would be a pre-existing agency within the Health and Human Resources Secretariat.

Task Force Action: Accepted
Legislative Action: None

Section IX: 2015 Legislative Proposals

There were five Task Force bills and one study resolution proposed during the 2015 Virginia General Assembly to combat opioid abuse. Each of these bills was proposed by members of the Task Force, including Delegates John O'Bannon III, Charniele Herring, and M. Keith Hodges, and Senator Wexton.

Legislative Proposal 1: **HB 1458 -** Increases access to naloxone, a safe and effective rescue drug for opiate overdose, by allowing lay rescuers, law enforcement officers, and firefighters to possess and administer naloxone. The bill also provides immunity from civil damages for anyone who, in good faith, administers naloxone to an individual experiencing an overdose, and states that naloxone can be dispensed by pharmacists according to a standing protocol.

Legislative Action: Passed

Legislative Proposal 2: **HB 1810 -** Protects data in the Prescription Monitoring Program (PMP) from being used inappropriately in civil proceedings. The PMP is a vital tool for health care providers in making safe treatment and prescribing decisions.

Legislative Action: Passed

Legislative Proposal 3: **HB 1841 -** Facilitates registration of prescribers and dispensers with the Prescription Monitoring Program.

Legislative Action: Passed

Legislative Proposal 4: **HB 1738** - Requires every hospice licensed by the Department of Health or exempt from licensure to notify every pharmacy that dispensed drugs to a hospice patient for the purpose of pain management of the patient's death within 24 hours

Legislative Action: Passed

Legislative Proposal 5: **HJ 622 -** Creates a study of drug diversion programs and their effectiveness.

Legislative Action: House: Left in Rules Committee

Legislative Proposal 6: **SB 1035 -** Significantly increases the punishment for drug dealers when a death occurs as the direct result of illegal drug distribution. Under the felony-murder doctrine, a drug dealer would face a minimum sentence of five years, up to a maximum of 40 years, in prison.

Legislative Action: Senate: Left in Finance Committee

Section X: Conclusion

The Governor's Task Force on Prescription Drug and Heroin Abuse has made progress on its given mandate. The Task Force will continue to research and propose policy options to adequately address the rise in overdose deaths from prescription opioids and heroin in the Commonwealth of Virginia. Meetings will be held throughout the spring of 2015, and final recommendations are due to Governor McAuliffe on June 30, 2015.

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Appendix B: Workgroup Membership

Education Workgroup

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Terry Dickinson, DDS
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Chief Craig Branch
Juan Santacoloma
First Sergeant John Welch
Jane Chambers
Dixie Tooke-Rawlins, DO
Gail Taylor, M.Ed.
James Ray, PharmD
Maria Jankowski
Eden Freeman
Sterling Ransone, Jr., MD
Danny Saggese
Lisa Wooten, BSN, RN
Nassima Ait-Daoud, MD
Carolyn Weems

STAFF: Jodi Manz, MSW

Treatment Workgroup

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Chuck Adcock, LCSW
Jaime Areizaga-Soto
Jan Brown
Lillian Chamberlain
Duffy Ferguson
Nancy Finch
Chief Mary Gavin
Cynthia Kirkwood, PharmD
Sheriff Gabriel Morgan
Patricia Shaw
Art Van Zee, MD
Senator Jennifer Wexton
Debra Ferguson, Ph.D.
Dana Schrad
Mary McMasters, MD
Samuel Hughes Melton, MD

STAFF: Mellie Randall

Data and Monitoring Workgroup

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Baron Blakely
Greg Cherundolo
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Sheriff Brian Hieatt
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Shawn Buckner
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Kim Craig, MSN, RN
Francine Ecker
Colonel David Hines
Judge Jerrauld Jones
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Honesty Liller
John Jones
Nancy Parr
Sheriff Tony Roper
Chief Alfred Durham
Chief (Ret.) Ray Tarasovic

STAFF: Shannon Dion

Appendix C: Task Force Schedule

November 12, 2014:	Task Force Meeting Education Workgroup Meeting Treatment Workgroup Meeting Data and Monitoring Workgroup Meeting Storage and Disposal Workgroup Meeting Enforcement Workgroup Meeting
December 1, 2014:	Data and Monitoring Workgroup Meeting
December 2, 2014:	Enforcement Workgroup Meeting
December 4, 2014:	Storage and Disposal Workgroup Meeting
December 5, 2014:	Education Workgroup Meeting Treatment Workgroup Meeting
December 16, 2014:	Task Force Meeting Data and Monitoring Workgroup Meeting Treatment Workgroup Meeting
January 9, 2015:	Education Workgroup Meeting
February 25, 2015:	Data and Monitoring Workgroup Meeting
March 19, 2015:	Task Force Meeting Treatment Workgroup Meeting Education Workgroup Meeting Data and Monitoring Workgroup Meeting
March 31, 2015:	Date and Monitoring Workgroup Meeting