



# Virginia Association of Counties

ILLEGAL DRUG USE: LOCAL AND STATE CHALLENGES

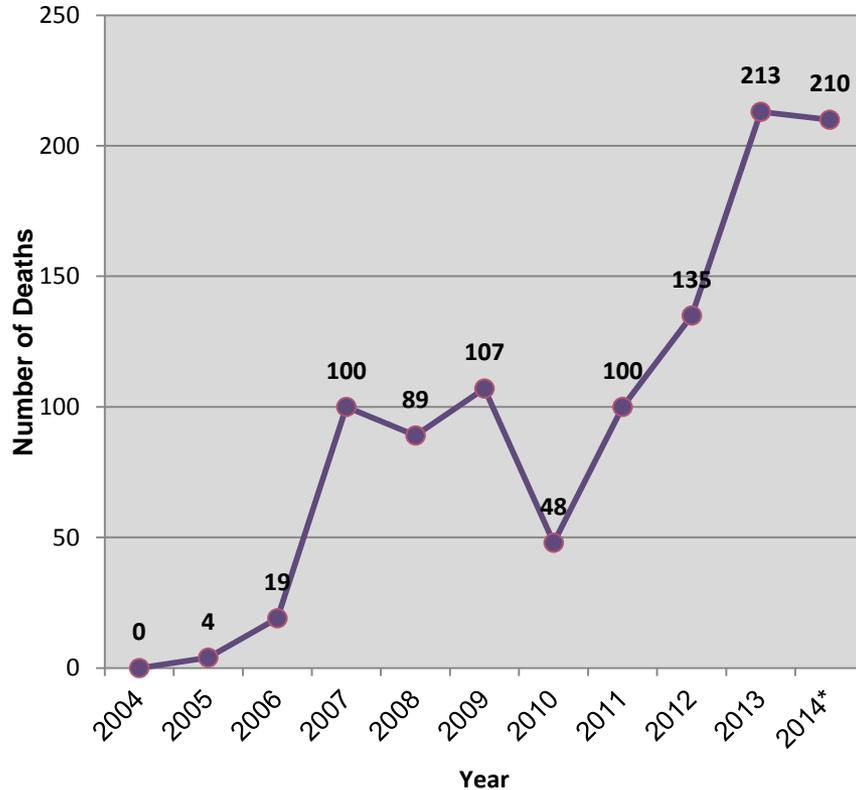
October 9, 2015

The Honorable William A. Hazel, Jr., M.D.  
Secretary of Health and Human Resources,  
Virginia, USA



# Deaths from Heroin and Rx Opiates in Virginia

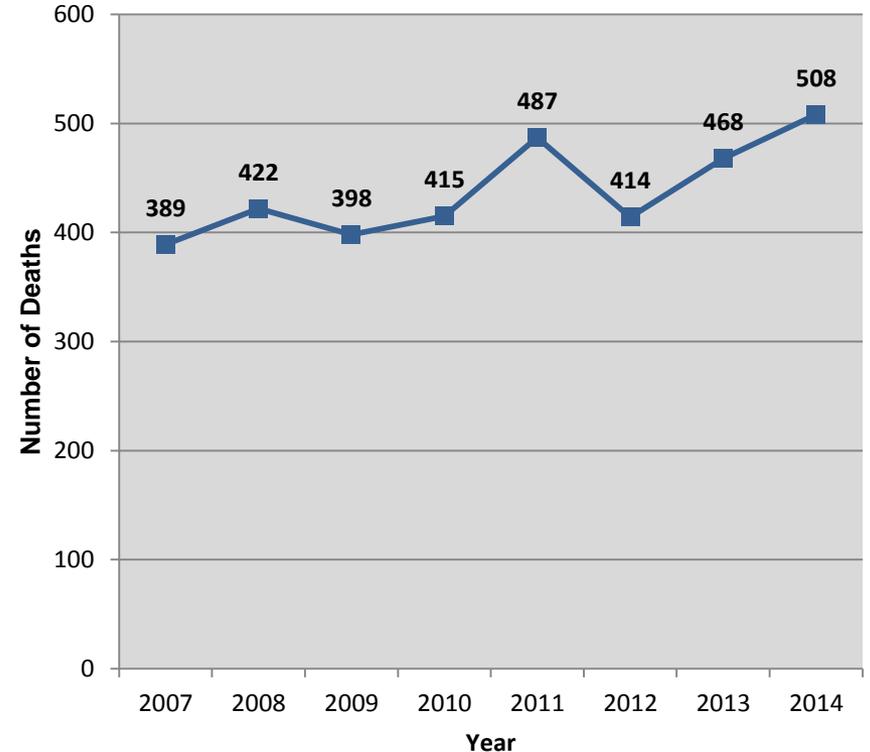
**Number of Fatal Heroin Overdoses by Year, 2004-2014\***



<sup>1</sup> Fatal heroin overdoses may have one or more drug or poisons contributing to death.

<sup>2</sup> The number of fatal heroin overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

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



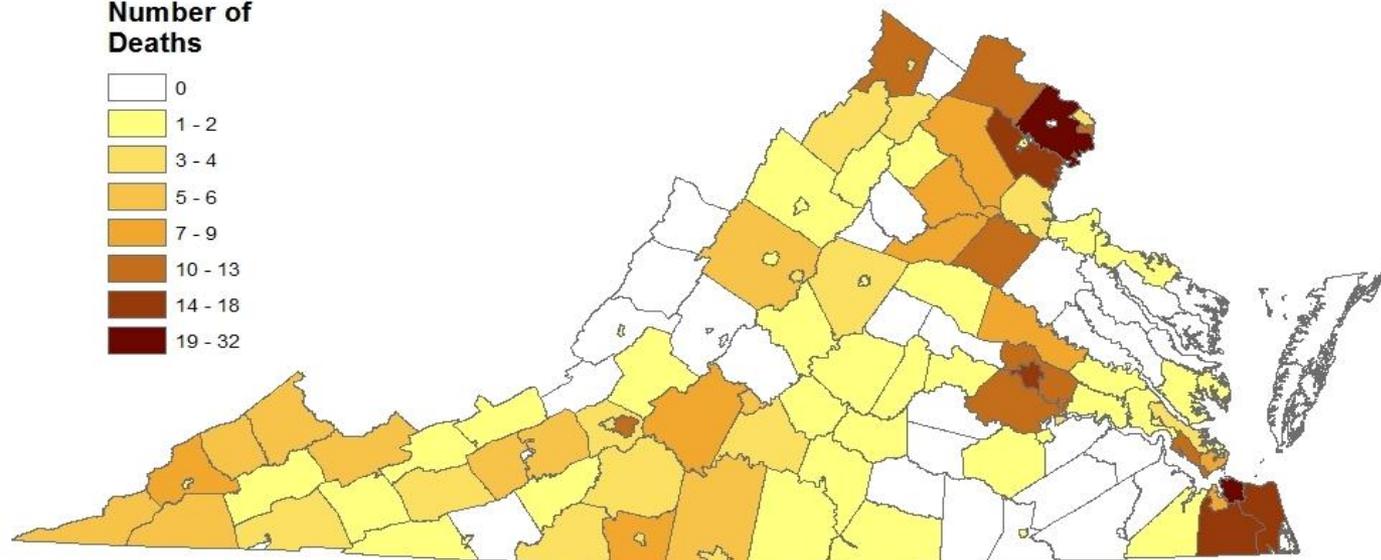
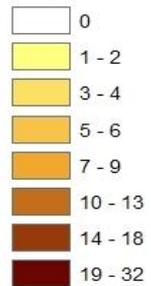
<sup>1</sup> Heroin and prescription drug deaths are tallied separately. Where heroin and prescription opioids caused or contributed to death, decedents will be counted twice.

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

<sup>3</sup> The number of fatal heroin overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

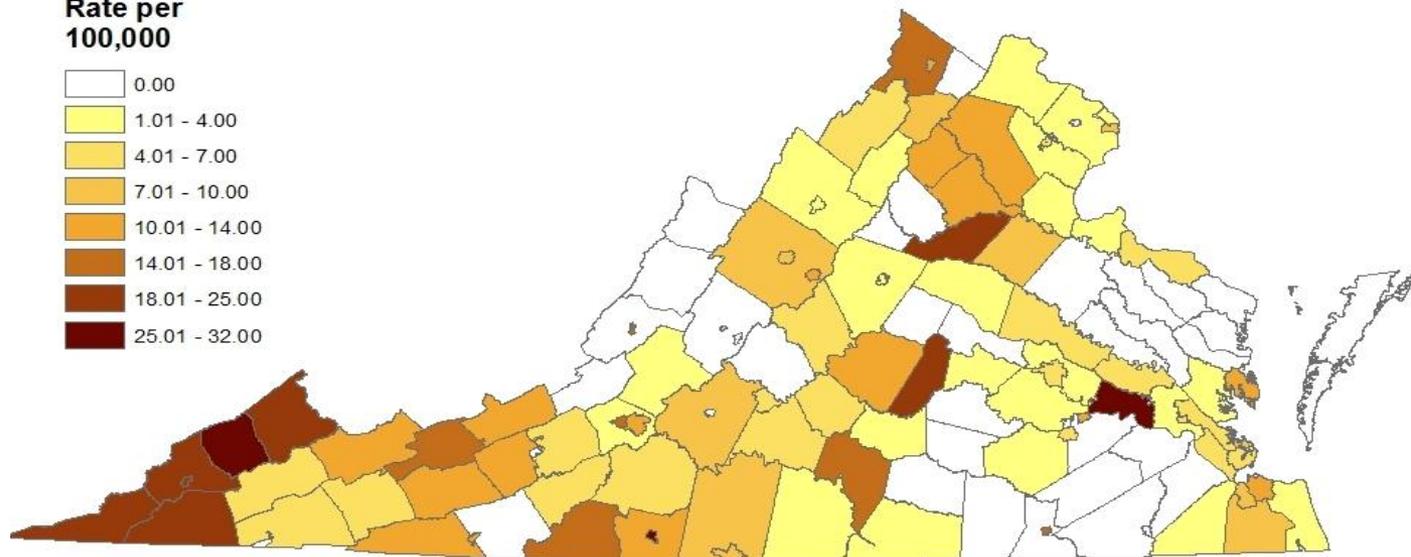
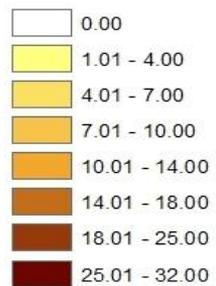
# Number of Fatal Prescription Opioid Overdoses by City/County of Injury, 2013

## Number of Deaths



# Rate of Fatal Prescription Opioid Overdoses by City/County of Injury, 2013

## Rate per 100,000



Source: Virginia Department of Health

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

- *Healthy VA Plan*: Executive Order 29
- Co-chaired by Secretary Hazel & Secretary Moran
- Five meetings between November 2014 and September 2015, resulting in **51 recommendations**
- 32 members, 5 workgroups
  - Education
  - Treatment
  - Storage & Disposal
  - Data & Monitoring
  - Law Enforcement



# Recommendations: Major Themes

Access to Naloxone

Maximization of  
Prescription  
Monitoring Program

Provider education  
and proper  
prescribing/dispensing

Access to and  
availability of  
treatment

Drug courts and  
incarceration-based  
programs; further  
support for law  
enforcement

# Recommendations implemented

- Expand access to naloxone by lay rescuers and law enforcement
- Expand mandatory PMP registration and amend mandatory use of PMP data.
- Require hospice to notify pharmacies about the death of a patient
- Develop a law enforcement training program regarding naloxone administration
- Add the Morphine Equivalent Doses per Day (MEDD) Score to PMP patient reports
- Exploring storage and disposal options
- PMP data not available for use in civil proceedings

# Recommendations in progress

- Develop a state website as an informational hub on prescription drug and heroin abuse
- Increase awareness and disposal opportunities via drug take-back events
- Develop an opioid educational curriculum for law enforcement
- Reduce stigma and increase access to treatment services, provide education about addiction and Medication Assisted Treatment (MAT)
- Explore and expand use of appropriate peer support services, with necessary oversight
- Examine and enhance Medicaid reimbursement for substance abuse treatment services
- Ensure health plans are complying with the Mental Health Parity and Addiction Equity Act (MHPAEA) by providing adequate coverage for treatment, including medication-assisted treatment.

# Law enforcement recommendations

- Evidence-based practices should be used to provide the criminal justice system with viable alternatives to incarceration for all drug abusers.
- Enact legislation allowing prosecutors to criminally charge predatory dealers who distribute drugs which directly cause fatal overdoses.
- Expand access to naloxone for all first responders as optional, not mandatory, resource and include immunity from liability.
- As a matter of policy, if the state determines that incarceration is an appropriate punishment for addicts who have continued contact with the criminal justice system, treatment options should be made available during their periods of confinement.
- Data on overdoses should be reported to a non-law enforcement agency whereby certain people, such as law-enforcement, would have limited access to the information (similar to the PMP).
- The Executive Branch should publicize the passage of Senate Bill 892/House Bill 1500, which provides a 'safe harbor' affirmative defense for an individual who calls 911 or notifies emergency personnel that someone in his presence is suffering from an overdose.

# Drug Courts & Law Enforcement Support

- *“We cannot arrest our way out of this problem.”*



- Pursue opportunities to increase the number and the capacity of Drug Treatment Courts operating in Virginia
- Evidence-based practices should be used to provide the criminal justice system with viable alternatives to incarceration for all drug abusers
- Availability of disposal containers in every locality
- Allow prosecutors to criminally charge predatory dealers whose actions directly lead to fatal overdose

# Drug Court Costs

The range of costs associated with participation on an annualized basis Ranges from **\$7,485.35** to **\$14,615.67**

Transaction	Unit Cost	Average # of Events for all DC Participants Per Person	Average Cost per DC Participant Per Person Per Event (n = 748)
Drug Court Assessment	\$183.20	1	\$183.20
Drug Court Staffing and Court Session	\$19.99	67	\$1,343.03
Drug Court Treatment	\$50.81	278	\$14,113.27
Drug Testing	\$6.76	126	\$854.27
Drug Court Supervision	\$15.19	142	\$2,160.85
Subtotal			\$18,654.62
Participant Fees	(\$753.80)	1	(\$753.80)
Total			\$17,900.82

The total average cost to taxpayer from referral to exit was **\$17,900.82**. (*typically longer than one year*)

# Drug Court Savings

On average, Virginia's Drug Courts save \$19,234 per person as compared to traditional case processing.

Virginia drug courts have a robust and **sustained impact** on the **recidivism** compared to the "business-as-usual" alternatives.

The **lower recidivism rate** of drug court participants leads to lower outcome and victimization costs for the drug court group

These **lower outcome and victimization costs, & placement costs** result in average savings of almost \$20,000 per drug court participant, relative to the costs of "business-as-usual" processing.

Virginia drug courts are cost-effective.



# Winchester's response

- The Winchester region has pulled together to develop a response to its drug abuse problem.

**April 2014** – Summit at Shenandoah University – 200+ in attendance: US Attorney's Office, DEA, Valley Health, local law enforcement and community members

**June 2014** – Valley Health implemented proper prescriptive practices for all providers (including emergency dept.) – number of pills, prescription monitoring program, patient education

**July 2014-** Partnered with Casey Family Programs, launched extensive community outreach

# Winchester's response

## Turning Point

November 2014 day-long summit with 100 critical leaders from three communities to address public health crisis

- The participants were presented with key data highlighting the community-wide effects of opioid and heroin addiction in our community
- Launched The Road to Recovery website with information and links to community resources for treatment and help ([roadtorecovery.info](http://roadtorecovery.info))

# Appalachian Opioid Summit

- Six states, more than 100 participants
- Takeaways:
  - Support and resources for law enforcement and judiciary through incarceration-based treatment and drug courts. **Next step:** do a high level review of other states' drug court programs and aggressively pursue further funding.
  - Utilization of local resources. Community involvement and resource sharing are what made both Winchester and Operation Unite successful. By focusing on existing resources, communities can best assess and implement what they need rather than waiting for state and federal governments to push policy. **Next steps** are to identify those local groups. This needs to cross borders.
  - Medically-Assisted Treatment for a medically-oriented disease.
  - Engagement of recovery community (including in policy discussions) is crucial to actually understanding the issues.
  - Harm reduction (needle exchanges) and community prevention efforts, before another Hepatitis C or HIV outbreak.
- **Next step:** Planning a follow-up session at the National Rx Summit in Atlanta next spring.

# Next Steps

- Potential legislation around:
  - Changes/improvements to the PMP
  - Provider and dispenser education
- Center for Behavioral Health and Justice, already in the works

# Questions?

