Prescription Drug Abuse in Southwest Virginia

Recommendations from the Summit
November 14, 2012
Wytheville, Virginia

Sponsored by the U.S. Attorney's Office

During my service as the United States Attorney for the Western District of Virginia, I have seen the scourge of prescription drug abuse cripple the communities of Southwest Virginia. This problem impacts public safety, public health, and the economic vitality of our communities.

We cannot simply arrest and prosecute our way to safe communities, but need to take a holistic approach to this and other law enforcement challenges. To this end, my office joined with professionals in law enforcement, health care, and economic development to convene a Southwest Virginia Prescription Drug Abuse Summit on November 14, 2012, in Wytheville, Virginia.

As a result, our day-long meeting featured advocates, persons with addiction, pharmacists, law enforcement officers, White House executives, prescribers, attorneys, and experts in treatment, recovery, prevention, and education. The discussions focused on identifying solutions to the problems of prescription drug abuse, with an eye not only toward prosecuting those who break the law, but also developing a comprehensive and integrated community response to prevention and addiction.

This report sets forth recommendations for policy makers in the areas of law enforcement, treatment and prevention, and the workforce. We appreciate assistance from the University of Virginia - Wise, the University of Virginia, and Radford University for recording and organizing the Summit data and recommendations. The full set of Summit presentations is housed on our office's webpage, http://www.justice.gov/usao/vaw.

TIMOTHY J. HEAPHY
United States Attorney
Spring 2013

Heard at the Summit

"Southwest Virginia has been hit hard by prescription drug abuse. All of us know a neighbor, a loved one, or a friend that has turned to substance abuse."

U.S. Senator Mark R. Warner
Washington, D.C.

"No matter what I said, it was bunk. The first thing I thought about was drug availability."

Stephen Loyd, M.D., Summit Speaker
Recovering addict to opioids and benzodiazepines
Associate Chief of Staff of Education and Associate Professor of Medicine
James H. Quillen Veterans Administration Medical Center
Mountain Home, Tennessee

"If you are treating pain, functioning gets better. If you are feeding addiction, functioning gets worse."

Dr. Mary G. McMasters
Expert Witness, Adjunct Instructor, and Addictionologist
Fishersville, Virginia

"We have to make sure that we are all invested in getting better together."

Ms. Rebecca Holmes, Panelist
Director of Mental Health and Substance Abuse Outpatient Services
Highlands Community Services Board
Abingdon, Virginia

Table of Contents

Prescription Drug Abuse in Southwest Virginia

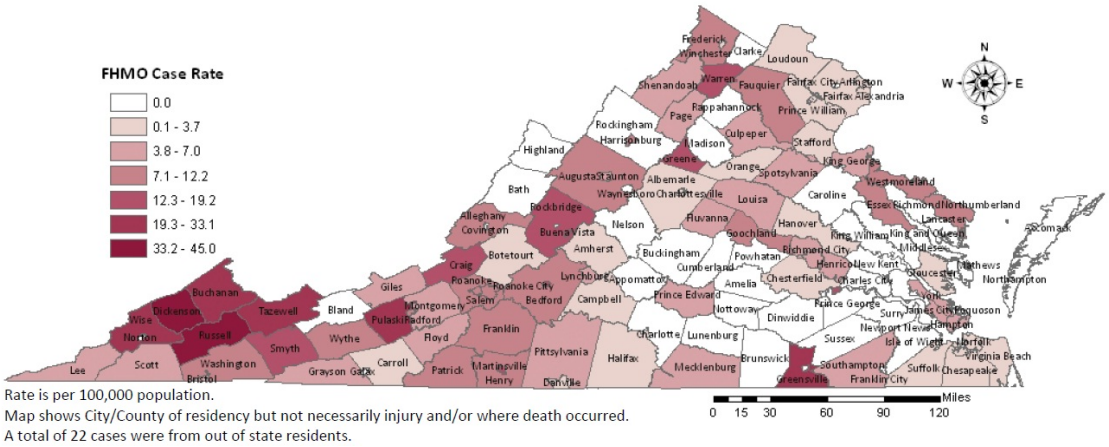
Background

Prescription drugs, particularly opioids used to treat pain, have the potential to bring relief to patients who would otherwise suffer. Yet these extremely strong and effective drugs also bring great risk to those who use them inappropriately or illegally.

Abuse of prescription drugs is at crisis proportions in the United States, reported by the Centers for Disease Control and Prevention as an epidemic, and overshadowing other serious substance abuse problems in the country. Appalachia is particularly hard hit; the sparse population of Southwest Virginia is impacted at alarmingly higher rates than the rest of the Commonwealth.

According to the Office of the Chief Medical Examiner for the Western District of Virginia, drug deaths have increased throughout Virginia over 80 percent since 1999 and 41 percent in Western Virginia from 2007 to 2011. In 2010, the majority of drug-related deaths were accidental. Fentanyl, hydrocodone, methadone and oxycodone, all prescription opioids, were found to be wholly responsible for 53.8 percent of drug-only deaths.

Prescription drugs are causing high rates of accidental deaths in Southwest Virginia.



FHMO - Fentanyl, Hydrocodone, Methadone and Oxycodone Accidental Death Rates by City/County 2010

Law Enforcement

Regulation

Through the Drug Enforcement Administration (DEA), prescription drugs are "scheduled" into four classes of drugs. Schedule I drugs do not have a medical application. Schedules II, III, and IV have legitimate medical purposes and are closely monitored during production, transportation, and legal distribution through a closed system. Misuse and illegal distribution, or ***diversion,*** of prescription drugs result in varying punishments depending on the schedule of the substance.

Federal law makes it unlawful for anyone to knowingly or intentionally distribute or dispense a controlled substance, except with a valid prescription in a professional medical practice. The Commonwealth of Virginia provides for different penalties and punishments. Investigators and prosecutors work together to determine whether to charge an offender in federal or state court.

Drugs become "diverted" when practitioners, pharmacists, employees, or patients use prescribed drugs for purposes other than that for which the drugs were intended.

The most commonly abused prescription drugs in Southwest Virginia are listed below by federal schedule and brand name. The penalties and punishments differ by jurisdiction (federal or state), schedule, by distribution, and by profit intent.

Abuse Ranking	Schedule	Common Names
Oxycodone products	Schedule II	Percocet®, Oxycontin®, Roxicodone®, Roxicet®
Methadone	Schedule II	Dolphine®, Generic
Hydrocodone	Schedule III	Lortab®, Vicodin®
Benzodiazepines	Schedule IV	Valium®, Xanax®, Halcion®, Ativan®, Klonopin®

Emerging Trends Identified at the Summit

Suboxone® and Subutex® (Schedule III) are used to treat opioid dependence in the outpatient setting. According to federal and state law enforcement, investigations for the illegal use, sale, and possession of buprenorphine are sharply on the rise. The reasons behind this can be attributed to increasing numbers of physicians using buprenorphine for treatment of pain. It is unknown how many of these patients also have opioid dependence. These patients represent a

diversion risk as well and may be more difficult to track. Buprenorphine is used on the street by patients with addiction to "self-treat" when legitimate treatment programs are not available. Special laws that protect patient confidentiality of Substance Abuse Treatment Programs, which include buprenorphine and methadone clinics, make it challenging for law enforcement to investigate abuse.

Subutex® is buprenorphine hydrochloride. Suboxone® is buprenorphine hydrochloride combined with naloxone hydrochloride.

How Law Enforcement Responds

The abuse of prescription drugs leads to property crimes, violent crimes, and other related criminal offenses. Addicts with significant craving or withdrawal often engage in desperate criminal activities to obtain money or other valuables that can be sold or traded for drugs. It is not surprising that law enforcement in Southwest Virginia has felt a profound strain on its resources.

Since the mid-1990's, as much as 85 percent of all drug cases in Lee, Scott, Wise, and Dickenson counties involve prescription drugs. These four counties are home to only 1 percent of Virginia's population, yet the Virginia State Police spent 25 percent of their statewide, undercover purchase funds buying prescription medications here in FY 2011. In Wise County, nearly 70 percent of the total police caseload is directly related to drug abuse. There are approximately 2,000 active felony cases in the region, the highest in the state when compared to population.

As a simple matter, there are not enough trained law enforcement professionals to investigate cases of prescription drug diversion in an area the size of Southwest Virginia. In prosecuting prescription fraud, federal or state prosecutors must prove a prescriber knew or was willfully blind to that fact that a patient had no legitimate need for a prescription drug, was abusing the medication, or was selling it.

Coordinating Law Enforcement

The DEA encourages the use of Tactical Diversion Squads to target rogue pain clinics and pharmacies, as well as the providers illegally prescribing medications. An organized law

enforcement team, the Southwest Regional Drug Task Force, is currently operating successfully in Lee, Scott, Dickenson, and Wise counties.

HIDTA stands for High Intensity Drug Trafficking Area and is a designation given by the Office on National Drug Control Policy in the Executive Office of the President. HIDTA designation gives local and regional law enforcement tools and training to investigate illegal drug distribution. Lee, Scott, and Wise counties were given HIDTA designation and funding in FY 2011. Law enforcement officers associated with HIDTA in Southwest Virginia estimate 6,000 prescription pills are seized there ***every two weeks*.**

Data in Investigations

The lifeblood of law enforcement is information. In most cases, the problem is not an absence of data, but the disaggregated and uncoordinated nature of it that prevents it being leveraged effectively by law enforcement. Raw data is useful only when it is converted into an actionable intelligence product through analysis.

Prescription drug abuse in Southwest Virginia would be an ideal application for the FBI's Law Enforcement National Data Exchange (N-Dex). With a central intelligence operations center at the HIDTA, each agency in Southwest Virginia could access the regional data through the N-Dex data-sharing standard.

The mission of Virginia's Prescription Monitoring Program is to promote the appropriate use of controlled substances for legitimate medical purposes while deterring the misuse, abuse, and diversion of controlled substances.

Another source of information, the Prescription Monitoring Program, or PMP, is a database run by Virginia's Department of Healthcare Professions. It contains 82 million records of medications in Schedules II-IV dispensed in Virginia, with 11,000 prescribers currently using the system. Prescribers and pharmacists are not required to use the PMP to check and see if a patient or customer is getting prescriptions filled illegally. Law enforcement accounts for only 1% of the use of the PMP, and Virginia Code limits and restricts access by law enforcement in protection of patients' rights.

There is no Virginia law or regulation that requires a prescriber or pharmacist to report suspected criminal behavior based on information deduced from a PMP report. If a health care professional chooses to report suspected criminal behavior, the PMP report may not be used as the basis for the complaint nor may a copy of the report be provided.

Most other states, including those that border Southwest Virginia (Kentucky, North Carolina, Tennessee, and West Virginia) also have PMP's, but these databases are not all interoperable across state lines or available to law enforcement.

Best Practices

Focusing on individuals whose criminal justice involvement stems from alcohol and other drug use, Drug Courts offer individuals a chance to change their lives by participating in an intensive treatment experience. This is done through the cooperation of judicial, law enforcement, and substance abuse treatment personnel and others involved in the criminal justice system. By successfully intervening in a person's criminal and drug use career, Drug Courts help individuals have a better chance of becoming productive citizens, and the communities in which they live will be safer.

The Russell County Drug Court, located at the Courthouse, started in 2012.

Many of the drug court programs in Southwest Virginia have only come into existence recently, because of legislative concerns over program authority and funding. However, those citizens who successfully complete the rigorous Drug Court programs are able to become responsible, tax-paying citizens, engaged parents, and solid workers.

SUMMIT RECOMMENDATIONS

Increase law enforcement resources to investigate and prosecute illegal drug trafficking, by adding DEA agents in Southwest Virginia, increasing HIDTA designated areas, and improving coordination among all levels of law enforcement, including the use of data management.

Make better use of the Prescription Monitoring Program by requiring prescribers to use it, making Virginia's system interoperable with other states (Tennessee, Kentucky, North Carolina, and West Virginia being priorities) and allowing law enforcement broader access to the data to identify abuse. Explore the use of other law enforcement data tools, such as the FBI's Law Enforcement National Data Exchange (N-Dex).

Financially support existing Drug Courts in Southwest Virginia and expand the model to additional communities.

Addiction, Treatment, Prevention, and Recovery

Patients and the State of Treatment in Southwest Virginia

As presented at the Summit, addiction is a complex but treatable disease that affects brain function and behavior. The user abuses a substance despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. Trauma is a particularly significant factor in contributing to substance abuse and addiction.

Investing in effective treatment and recovery realizes a cost savings of 7:1.

Addiction treatments vary, but practitioners agree that the longer a patient with addiction can stay in treatment, the greater their likelihood for long-term recovery. The rural landscape of Southwest Virginia makes treatment access more difficult because of geographical and transportation challenges.

According to the Substance Abuse and Mental Health Services Administration, Recovery-Oriented Systems of Care (ROSC) are "networks of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance abuse problems and disorders." Several states have reorganized the delivery of substance abuse services around the recovery-oriented system of care, which emphasizes an active role on the part of the individual recovering.

ROSC will require developing supports and services that respect the role of personal choice and commitment in pursuit of health and wellness. Developing a ROSC also requires helping engage people and families in support networks in their communities, to ease their integration back into the community, and get their lives back on track.

Linking people to services and supports helps sustain ***long-term*** recovery. The services and supports may include resources such as recovery centers in the community, recovery activities and websites, peer support, mutual help groups, faith-based supports, housing, transportation, education and vocational training, mental health services, medical care, including HIV and hepatitis services, financial and budget counseling, legal and advocacy services, alcohol and drug services, prevention for children and adolescents, and parenting and family services.

Developing a ROSC built on the strengths and resilience of individuals, families, and communities who are actively taking responsibility for their health and wellness drives the continued efforts to build a foundation for recovery in the communities of Southwest Virginia.

Facilities and Payment

A barrier to treatment for long-term recovery is lack of sufficient inpatient treatment facilities in Southwest Virginia. Speakers at the Summit echoed conclusions from the Appalachian Regional Commission's report on disparities to access to treatment for substance abuse in the Appalachian region. Access to inpatient treatment, and short and long-term non-hospital residential treatment for substance abuse or mental health illnesses, is less common within the Appalachian region. There are clear barriers to treatment for substance abuse such as transportation, cultural factors, and stigma. A common theme expressed from providers regarded frustration over the lack of payment for inpatient substance abuse treatment by many insurance carriers, including Virginia Medicaid.

Two presenters at the Summit described physicians who improperly prescribe do so because they are:

- ***Dishonest,***
- ***Disabled,***
- ***Duped,* or**
- ***Dated.***

Lack of training

Some physicians, dentists, nurse practitioners, physician assistants, and pharmacists get little to no didactic or experiential education on appropriate treatment of chronic pain, substance abuse, and addiction. They are not trained on diversion or identification of patients with patterns of medication misuse. It is not a requirement in most healthcare curricula or a requirement for continuing medical education while in clinical practice. Therefore, many healthcare providers are prescribing or dispensing controlled substances without the appropriate knowledge base to apply key standards of care in these difficult patient populations.

A key education component for doctors is the Universal Precautions for prescribing controlled substances, modeled after standards developed in treating AIDS patients in the 1980's.

These *Universal Precautions for Prescribing Controlled Substances*, presented by Mary G. McMasters, MD, are based on the work of Douglas L. Gourlay, MD (Pain Medicine, Volume 6, Number 2, 2005).

1. Confirm the diagnosis.
2. Try the less risky interventions first.
3. Develop a treatment agreement.
4. Do a urine drug screen.
5. Assess risk factors for substance abuse disorders.
6. Assess functioning.
7. Do a time-limited trial.
8. Have an exit strategy.
9. Periodic reassessment.
10. Prescribe the fewest number of pills possible with the lowest abuse potential.
11. Document.

Adopting simple procedures such as these can prevent doctors from becoming dishonest, disabled, duped, or dated.

How Communities Can Be Prepared

President Obama's administration, in recognition of a nationwide prescription drug abuse epidemic, released the National Drug Control Strategy in 2012. The Strategy takes a science-based, public health approach to drug policy, guided by three principles:

1. Addiction is a brain disease that can be treated.
2. People with substance use disorders can recover.
3. Criminal justice reforms can stop the revolving door of drug use and crime.

70 percent of addicts get their prescription drugs from family, friends, or through doctor shopping (the practice of going from doctor to doctor to obtain drugs to abuse).

The Partnership at DrugFree.org is the nation's largest clearinghouse for support, tools, and resources to help parents educate themselves and their children about the dangers of prescription drug abuse. Their research shows that children who learn a lot about the risk of drugs are up to 50 percent less likely to use drugs. The Partnership recommends safeguarding medicines, keeping prescription medicines in a secure place, and counting and monitoring the number of pills.

Within the federal government, the DEA, partnering with law enforcement and non-profit organizations, sponsors Drug Take Back Days two times a year in communities across the United States. These drop off sites for prescription drugs are made available throughout Southwest Virginia at the Take Back events, which are well attended and supported. The DEA is currently considering giving local law enforcement the authority to "take back" drugs throughout the year.

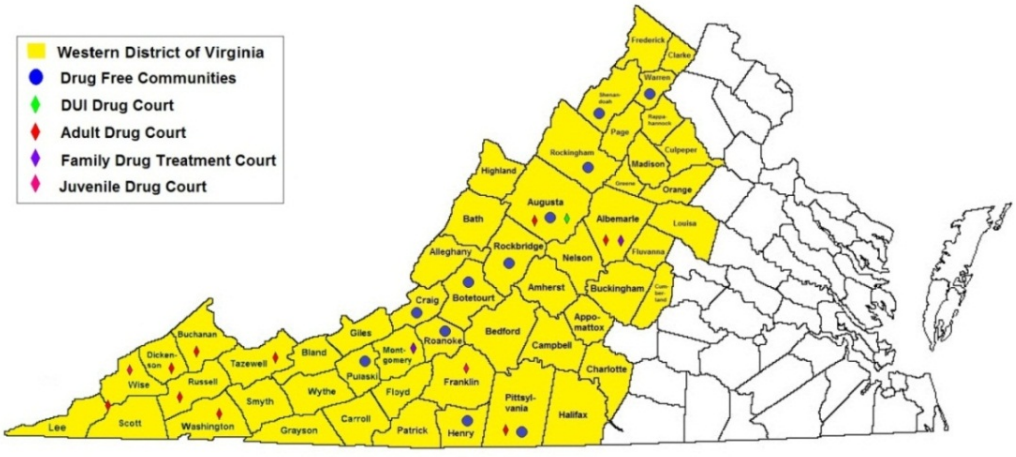
The Office of National Drug Control Policy has a highly competitive, data-driven grant program for Drug Free Communities. Drug Free Communities get resources and planning tools to help educate young adults on the dangers of drug use and abuse and bring community awareness and action to bear.

Summit Recommendations:

Improve the treatment and care of those suffering from addiction with more inpatient, residential, and family treatment centers that practice recovery-oriented systems of care.

Require prescribers to be consistently and thoroughly trained in responsible pain management, including the Universal Precautions.

Improve public education on prescription drug abuse and addiction by getting Drug Free Community status from the Office of National Drug Control Policy.



Drug Courts and Drug Free Communities are evidence-based programs that have been thoroughly researched and proven to be effective. The following map shows the gaps in Southwest Virginia for these programs.

Industry, Economic Development, and Prescription Drug Abuse

Industry Innovation

At the Summit, an opioid manufacturer outlined the precautionary measures his firm is taking through financial controls, chargebacks for excess pills, and cooperation with law enforcement. A research and development expert voiced hope in a new, integrated monitoring system for individual drug doses that will prevent diversion.

The Workforce

Though the Commonwealth of Virginia is relatively robust economically, the population and income growth enjoyed in eastern parts of the state are not duplicated in the western part of the Commonwealth's 21 counties and cities. Growing existing businesses and attracting new industry requires sound infrastructure: available land, transportation systems, capital, and a prepared work force.

Appalachia still does not enjoy the same economic vitality and living conditions as the rest of the nation. The region's traditional industries such as mining, manufacturing, textiles, and paper and wood products have faced intense global competition and are in decline. – Appalachian Regional Commission

Economic development panelists at the Summit representing commercial, packaging, healthcare, and construction entities pointed to their experience as human resource professionals with job applicants in Southwest Virginia. The impact of prescription drug abuse is profound. One speaker noted that twenty-five percent of construction workers reported using drugs. Of ten random job applicants, the panelists reported:

- only two will actually show up for the job interview,
- five will have listed the wrong telephone number on the application, and
- three will not show up because a drug test is required.

Successful Strategies

Among the strategies offered by employers were pre-screen drug testing all for applicants prior to employment, random drug tests while employed and post-accident testing. Employers work closely with law enforcement and have K-9 units come to search for illegal drugs in cars. Employers in the construction field have zero tolerance for employees who use drugs while operating heavy equipment, cranes, and the like.

Every employer should have written drug policies in place and should communicate those requirements clearly. The panel found Employee Assistance Programs to be cost effective. Investing in the health of an employee, being forthright about addiction, and getting addicted employees treatment protects the sunk costs and investments companies make in their employees.

Summit Recommendations:

Encourage employers to recognize and treat prescription drug abuse in the workforce.

Increase the availability of employer-provided addiction treatment.

Use Employee Assistance Programs as a recruiting tool to attract new industry to Southwest Virginia.

Support regional coordination in job recruitment and employee development that is critical to successful improved economic development.

Final Summit Recommendations

1. **Increase law enforcement resources to investigate and prosecute illegal drug trafficking, by adding DEA agents in Southwest Virginia, increasing HIDTA designated areas, and improving coordination among all levels of law enforcement, including the use of data mangement.**

2. **Make better use of the Prescription Monitoring Program by requiring prescribers to use it, making Virginia's system interoperable with other states (with Tennessee, Kentucky, West Virginia, and North Carolina being priorities) and allowing law enforcement broader access to the data to identify abuse. Explore the use of other law enforcement data tools, such as the FBI's Law Enforcement National Data Exchange (N-Dex).**

3. **Financially support existing Drug Courts in Southwest Virginia and expand the model to other communities.**

4. **Improve the treatment and care of those suffering from addiction with more inpatient, residential, and family treatment centers that practice recovery-oriented systems of care.**

5. **Require prescribers to be consistently and thoroughly trained in responsible pain management, including the Universal Precautions.**

6. **Improve public education on prescription drug abuse and addiction in Southwest Virginia by securing Drug Free Community status from the Office of National Drug Control Policy.**

7. **Encourage employers to recognize and treat prescription drug abuse in the workforce.**

8. **Increase the availability of employer-provided addiction treatment.**

9. **Use Employee Assistance Programs as a recruiting tool to attract new industry to Southwest Virginia.**

10. **Support regional coordination in job recruitment and employee development that is critical to successful improved economic development.**