THE LEAGUE OF WOMEN VOTERS®
OF THE FAIRFAX AREA

Fairfax VOTER

March 2017 Volume 68, Issue 7

OPIOID EPIDEMIC - The United States, Virginia and Fairfax County

A state of emergency has been formally declared in Virginia. Not for weather. Not for environmental catastrophe. Not for gun violence, traffic deaths or infrastructure failure. Rather, Governor McAuliffe, state agencies, the legislature and local governments are immediately marshalling all available resources to fight a killer which is claiming lives at an exponentially-increasing rate: opioid medications. An all-time record 52,404 Americans died from drug overdoses in 2015 – more than car fatalities, or suicides, or gun deaths – and **80% of those deaths were due to misuse of opioids.** Of even greater concern**,** prescription opioids, legally-obtained, were responsible for the largest share of those deaths.

Calendar

March 2017

1-31	**Women's History Month**
3	LWVNCA Board meeting
4	LWVFA Briefing and At-Large Meeting
6	*Faimfax Voter* deadline
6	Community Election – Watergate at Landmark - Alexandria
8-13	**LWVFA** unit meetings
11	Civil Engagement workshop with Del. Ken Plum
12	Daylight savings time begins
12-18	Sunshine (Open Government) Week
15	County budget officials meeting LWVFA
16	LWVFA speaker Olga Hernandez for AARP
21	LWVUS Radio program interviews Olga Hernandez and Beth Tudan
24	FCPS school holiday

Inside This Issue

Presidents' Message

We have really enjoyed meeting our new members and learning about your interests at our new member orientations. We are energized by your enthusiasm, and we look forward to volunteering with you.

On February 23, we held three screenings of the documentary, GerryRIGGED, because of the large demand. We thank our panelists, League member Olga Hernandez and OneVirginia2021's Brian Cannon, for informative discussions on redistricting. We will continue to advocate for reforms.

We thank all of our members who went to Richmond during the legislative session to advocate for election modernization initiatives. And, many thanks to the League of Women Voters of Virginia for hosting the Women's Legislative Roundtables and for giving us a grant for these activities.

The 2017 "Facts for Voters" can now be found all throughout the county. We distributed them to our county libraries (where they are the #1 best seller!), schools (for use in government classes), government centers, and state legislature. Thank you to Maggi Luca, the "Facts for Voters" editor, and to her team of volunteers.

Please Mark Your Calendars.
For March 6, we need more volunteers to run the Watergate at Landmark Community Election. Please contact Julie Jones at dave.julie.jones@verizon.net or Anne Thomas at anneathomas@gmail.com for more information. Community elections are big fundraisers for our league!

On Wednesday, March 15 at 10 a.m., we will meet with the Fairfax County budget officials in our conference room at the Packard Center, 4026 Hummer Road, Annandale. All members are welcome!

On Saturday, April 22, please join us for our Annual Meeting at the Waterford at Fair Oaks, 12025 Lee Jackson Memorial Highway, Fairfax. Our guest speaker is Cameron Sasnett, general registrar of Fairfax County. A registration form and more information can be found in this *VOTER*.
Onward,

Peggy & Wendy

Planning Ahead . . .

Kick Off 2017 - Save the Date!

Mark your 2017 calendars for the LWVFA Fall Kick Off on Saturday August 26, 2017, at the Mason District Governmental Center, 6507 Columbia Pike, Annandale 22003.

Coffee at 8:45 a.m. with workshop starting promptly at 9 a.m. September briefing will immediately follow Kick Off at noon. All Unit Chairs please plan to attend. It is desirable that unit Voter Services chairs attend as well. All League members are welcome and encouraged to attend.

Questions? Contact Charleen Deasy, Unit Coordinator, Charleen.deasy@verizon.net

First Call for the
LWV-VA Biennial Convention

Clarion Historic Inn, Leesburg, VA

June 10-11, 2017

LWVFA *Fairfax VOTER* 2016 - 2017

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Please e-mail address corrections to the office or call 703-658-9150

Program Planning Results From December Unit Meetings

By Sherry Zachry, Program Director

In December 2016, we conducted "program planning" for LWV-VA and for LWVNCA—our regional League of which LWVFA is a member—at the unit meetings. Program Planning is the start of the "formal" League process of deciding which issues the various levels of League (local, state, regional and national) will focus on for the next biennium. LWVFA members' suggestions were submitted to the LWVFA Program Director who combined and summarized the feedback and, after Board approval, sent the following reports to LWV-VA and LWVNCA. These boards will consider feedback from all the local Leagues and recommend a "Program for 2017-19" to be approved at the 2017 LWV-VA Convention in June and the 2017 LWVNCA Annual Convention in May.

Here is what LWVFA submitted:

League of Women Voters of Virginia
Program Planning Report Form 2017-2019

112 participants met in eleven (11) separate discussion groups (units); number of responses represent number of "units" responding.

Recommend review/update of an existing League position *(also included "delete" in this category).*

Name of program position:

"Women's Rights In Virginia Law": slim majority of responses were for updating or deleting this position. Together, 6 out of 11 groups responded to **update or delete**; 4 of 6 wanted to update, 2 out of 6 wanted to delete.

Scope of review: *Reasons for updating:*

- *to verify where this position stands with regard to current law in Virginia;*
- *doubt that the LWVUS position covers tenets of this LWV-VA position; and*
- *change title/name of position to "Marriage Rights" to distinguish from LWVUS position.*

Reasons for deleting:

- *tenets of position have been accomplished in VA law;*
- *all issues involving equal treatment for women and men are covered in LWVUS position "Equality of Opportunity", including same sex marriage and civil union scenarios; and*
- *the LWVUS position can and should be used to advocate for gender-equal treatment in Virginia*

Natural Resources, entire category – Small minority of responses (2 groups) wanted to **update** this entire category.

Scope of review: *Reasons for updating:*

- *update to include emerging energy and energy transportation modes*
- *include "Fracking positions", if any, in updated Air Quality, Land Use, and Water Supply & Distribution positions; and*
- *current positions are out of date with respect to emerging energy technology and ramifications thereof.*

Additional info:

LWVFA RECOMMENDATIONS FOR ACTION ON POSITIONS:

Is there a LWV-VA position you think needs to be emphasized for **action**? If so, **what type of action** would you like to see? (such as holding a forum, lobbying elected officials, etc.) If more than one position is selected for advocacy/action, prioritize the items.

In priority order:

1st – Reapportionment & Redistricting (7): support nonpartisan process through forums, lobbying legislators personally and in writing, sponsoring a "contest", following bills in GA

2nd – Election Laws (4): support no-excuse, in person absentee voting;

LWVNCA PROGRAM PLANNING 2017 – 2019 SURVEY

Numbers indicate the number of units responding, total unit meetings: 11, total participants: 112

1. Decide whether you want to retain, edit or drop current LWVNCApositions.

Retain ALL

- Tweak language in Transportation 3.a. to change word from "citizen" to "individual"

2. Review some past ideas developed by the LWVNCA Program Directors:

- Charter Schools vs Public Schools, Human Trafficking, Regional Transportation follow-up; Metro funding, Fracking and Consequence, and Alternative Energy Sources

3. Submit ideas for a study or update of LWVNCA positions or for informational forums.

- Update Land Use with emphasis on redevelopment; (1)
- Update Controlled Substances position to include study of opioid and substance abuse; (1)
- Update Transportation w/ adding a 3rd crossing of the Potomac River for Metro; public transportation in the outer suburbs (1)
- Action to promote a dedicated funding source for Metro and public transportation, including a forum and whatever other action is needed. (7)
- Support LWVNCA Affordable Housing forum (3)
- Forum on Charter Schools (1)
- Forum on opioid abuse (1)
- Forum on Electoral College (1)

Considering all ideas from Items 1, 2 and 3 above, decide which ones you endorse and select the top three.. Add names of volunteers to help us, if possible.

1. Action to promote a dedicated funding source for Metro and public transportation, including a forum and whatever other action is needed. (Volunteer: Therese Martin)
2. Support LWVNCA Affordable Housing forum. (Volunteer: Judy Helein)
3. Tweak language in Transportation 3.a. to change word from "citizen" to "individual"

Standing Room Only at Candidate's Forum

By Sidney Johnson, Voter Service Coordinator

The audience of 140 spilled out of the doors at the City of Fairfax Regional Library meeting room on the evening of January 9. The atmosphere was serious. Questions were submitted on cards or online to Michael J. DeMarco, David L. Meyer, and Eleanor D. "Ellie" Schmidt, the candidates for the City of Fairfax Special Election for Mayor. We were inspired to organize the event by several women from the City who attended the League's December discussion briefing. It was an ideal way to involve them in LWVFA Voter Service.

We met before the holidays with Ellen Dorney, Elizabeth Yingling, Talita Lopez, and Jill Aubert. They devised questions for Vote 411 and very successfully handled the publicity, getting flyers printed for the folders that are distributed by elementary schools every Thursday, getting the notice into City Scene, and posting flyers around the town. The *Connection Newspapers* and *Fairfax Times* both reported on the event.

Environmental Update . . .

Fairfax's Future Environment

By Elizabeth Lonoff

The Fairfax County Board of Supervisors adopted an Environmental Vision in 2004 and updated it in 2007. Organized into core service areas of growth and land use, air quality and transportation, water quality, solid waste, parks/trails/open space, and environmental stewardship, it helps guide sustainability initiatives and programs. A new 20-year environmental agenda based on outreach conducted last summer soon will be available for public comment at http://www.fairfaxcounty.gov/living/environment/environmentalvision.htm. The update should be completed this year.

Things to watch:

1. Since 2011, two of 24 climate-oriented recommendations made by its Environmental Quality Advisory Council have been implemented by the Board, including establishing a greenhouse gas reporting system for individual buildings. EQAC will raise environmental concerns from their January public hearing on their latest annual report (see http://www.fairfaxcounty.gov/dpz/eqac/report2016/) to the Board.

2. The Board led an initiative with the Sierra Club for local communities to reduce carbon emissions 80% by 2050, signing the Cool Counties Climate Stabilization Declaration in 2007. While the County's website invites residents to estimate their carbon footprint (see https://www3.epa.gov/carbon-footprint-calculator/), the only progress identified is a 2% reduction in GHG emissions across all Fairfax sectors between 2005 and 2012.

OPIOID EPIDEMIC: The United States, Virginia & Fairfax County

By Sheila Iskra and Kathleen Pablo

"99 bottles of pills on the wall, 99 bottles of pills …." sings a widely-disseminated radio and television commercial warning against increasing opioid abuse by teenagers. On the wall indeed, in the medicine cabinet. Or on the bedside table. Or on the kitchen counter. Or in Mom's purse. For the easy taking.

In this article we will take a look at the nature of opioid use and abuse, how we arrived at this dangerous point, examine the latest national data, identify some national initiatives, and study with more specificity Virginia's and Fairfax County's responses to this problem. It is important to emphasize that this issue is multi-faceted, with the positive aspects (unexcelled quality of pain relief, wide availability, extended-release formulations) and negative (very high "highs," inherent addictive properties of opioids, inadequate protocols for prescription and monitoring of those prescriptions, and TOO-wide availability) so intertwined as to mitigate against neat and clear solutions.

The United States is experiencing an opioid epidemic. On the Federal level, Congress and governmental agencies are marshalling and realigning their strategies and resources, and individual states are examining and responding to this emergency on a local level. (Governor McAuliffe has recently declared a "state of emergency" in the Commonwealth --- more on that later.)

Young people constitute just a fraction of the abusing population. An all-time record 52,404 Americans died from drug overdoses in 2015, according to the latest data released by the Center for Disease Control and Prevention.(1) That's more than auto-accident fatalities, more than gun-inflicted homicides, or suicides. **80% of those deaths were due to misuse of opioids**. Of even greater concern, prescription opioids, legally-obtained, were responsible for the largest share of those deaths, at 17,536.(2) And 80% of new heroin users admit they began with prescribed opiate medications.(3)

By the 16th century, laudanum (a tincture of morphine in alcohol) was commonly used as an analgesic. A fixture in international trade by modern times, its commerce led to the "Opium Wars" (www.dictionary.com/browse/**opium-war**). Laudanum and purer derivatives morphine and codeine were prescribed so widely by the turn of the 20th century that their addictive properties were finally recognized and they were banned by Congress. The Food and Drug Act of 1906 mandated the labeling of medicine content (many medicines contained laudanum, heroin or morphine).(8)

Effects of opioids on the brain and body

Opioids reduce perception of pain by binding to receptors in the brain and other organs and are extremely effective and quick at reducing pain and simultaneously inducing euphoria. At first, the effects are mediated by the body's own opioids (such as endorphin). With repeated administration of prescription or illicit opioids, the body's own pain relief mechanisms decrease (accounting for much of the discomfort when drugs are discontinued).(9) Used repeatedly and over time – whether legally or illegallty – opioids increase the body's tolerance to medication, requiring heavier doses, at decreasing intervals, to maintain the palliative effect. And repeated receipt of opioids strengthens learned associations between taking the drug and both analgesic and pleasurable effects, thus inducing cravings. (10)

Poppy Pod

Other immediate effects include feelings of drowsiness and sedation – desirable post-surgery, but not behind the wheel of a car. Longer-term effects include lethargy, paranoia, respiratory depression, nausea and vomiting, constipation, liver damage (especially prevalent in use or abuse of drugs that combine opiates with acetaminophen (Tylenol)), brain damage due to hypoxia (deficiency in the amount of oxygen reaching the tissue), and heart arrhythmias. (11) The striking number of commercials for some of these effects ("opioid constipation" as one example) is testimony to the exponential rise in both use and in the concomitant undesirable side effects.

Another area of particular concern and continuing research is drug interaction between opioids and several other classes of commonly used – and over-the-counter or commonly prescribed – medications (sedatives, sleeping pills,

What Drugs Are Opioids?

Painkillers such as **morphine**, **methadone, buprenorphine, hydrocodone**, **oxycodone** and **fentanyl. Heroin** is also an opioid and is illegal.(4)

Opioid drugs sold under brand names include **OxyContin**®, **Percocet**®, **Vicodin**®, **Percodan**®, and **Demerol**®, among others.(5) **Carfentanil** is a relatively-new synthetic opioid, 10,000 times more potent than morphine. Originally developed for use on large animals, it began appearing in 2016 as an additive to heroin.(6)

Opioids (from *opium,* an analgesic derived from the exuded latex of the seedpod of the poppy) were first recorded historically about 3400 BC. They were grown and used by the Mesopotamians for medicinal, recreational and religious use. Opium's efficacy was such that its cultivation spread worldwide.(7)

acetaminophens) as well as alcohol. Most recent statistics claim **31% of prescribed opioid overdose deaths** involved these types of drug interactions. (12)

Sources of the opioid epidemic

A major use of opioids is for relief of chronic pain. **More than 30% of Americans have some form of acute or chronic pain.** Among older Americans the data suggest the number is closer to 40%.(13) In the 1990s, pain management became increasingly important. Physicians were urged to recognize pain as "the fifth vital sign," deserving of treatment in itself. The Joint Commission (which accredits hospitals) began requiring healthcare organizations to prove they were assessing and treating pain. As the most effective medications available for treatment of severe and chronic pain, opioids became the most commonly-prescribed class of medications and can be the difference between a life of debilitating suffering and more or less normal functioning. Between 1991 and 2013, opioid prescriptions increased from 77 million to 207 million annually.(14) Despite the lack of consensus among physicians on protocols for their long-term use, (15) that number continues to increase year to year. Currently, 80% of the global opioid supply is consumed in the U.S.(16)

Contributing to the exponential growth was aggressive marketing on the part of pharmaceutical companies, including pain-management seminars, training of speakers' (marketers') bureaus composed of medical professionals, huge advertising budgets, and now-proven-to-be-misleading representations of minimally-addictive characteristics of these drugs.(17) But still the flow of opioids builds. As Nick Mullins wrote in a recent *Washington Post* article, "With recent reports showing that many millions of pain pills have been shipped into Appalachia, evidence is building that the abuse epidemic is not entirely the fault of the addicted." (18)

Opioids are considered the most addictive medications in use today. That characteristic, plus the formulation in the 1990s of new opioid compounds with the capacity to release their medicine over an extended period of time, led to an explosion in illicit use, simultaneous with the exponential rise in prescriptions. (19) While invaluable from a pain-management perspective, extended-release has led to abuse: crushing, chewing, inhaling, dissolving and injecting or otherwise breaking down the integrity of the delivery component greatly enhances the speed and extent of the medication's effect – an almost instant "high." Exacerbating this effect, ER (extended-release) medications usually contain higher concentrations of the opioid, to compensate for their release over a longer period of time.(20)

Public-health consequences

As Congressional testimony by the National Institute on Drug Abuse emphasizes, public-health consequences of opioid use and misuse are broad and profound.(21) Significant percentages of pregnant women are given prescriptions for opioids, and the period 2000 to 2012 saw a 500% increase in neonatal abstinence syndrome among newborns -- drug withdrawal symptoms.(22) Methadone has been the go-to treatment in such cases, but methadone itself, according to growing numbers of scientists, is highly addictive. Further, there have been fast-spreading outbreaks of infectious diseases such as HIV and HCV resulting from injection drug use (most frequently, oxymorphone). Among the effects of opioids are impairment of awareness and responsiveness; in one year recently, there was a six-fold increase in positive opioid tests among drivers who died in car crashes.(23) And the financial and criminal ramifications of this problem are

growing and nearly incalculable.

Is marijuana a gateway drug to opioid addiction?

We know that opioid use led to heroin addiction in 80% of new heroin addicts. Can a similar linkage be established between use of marijuana and harder narcotics? So far, research is suggestive rather than definitive. The majority of people who use marijuana do not go on to "harder" substances. However, like alcohol and nicotine, marijuana can lead to "cross-sensitization," a heightened behavioral response to other drugs.[24] Complicating the research are three additional factors:

- Some individuals' particular biology or psychology seems to make them more vulnerable to addictive behavior.
- Social environment is critical in a person's risk for drug abuse. According to the National Institute on Drug Abuse, ". . . people who are more vulnerable to drug-taking are simply more likely to start with readily-available substances like marijuana, tobacco, or alcohol, and their subsequent social interactions with other substance users increases their chances of trying other drugs. Further research is needed to explore this question." [25]
- There has been professional disagreement among governmental agencies involved in research and enforcement. In 2016, for example, multiple studies were released which found ". . . that access to medical marijuana is associated with reductions in prescription painkiller abuse and overdose rates." But the Drug Enforcement Agency refused to reduce restrictions on marijuana use, arguing insufficient evidence.[26]
-

"The direct answer" to the question of whether marijuana is a gateway drug, said Susan Weiss, a research director at the federal National Institute on Drug Abuse, "is 'maybe.' "[27]

VIRGINIA

Last year, 806 Virginians died due to opioid use; this year that number is expected to exceed 1,000. [28] 7 % (600,000) used illicit drugs within the past month. In just the first half of 2016, drug-related fatalities increased by 35% over the previous year, and emergency room visits for heroin overdoses in the first three quarters of 2016 increased by 89% over the same period in 2015.[29]

Community Service Boards, treatment centers, and emergency rooms are swamped with overdose cases and are scrambling to be able to provide services in a timely fashion. Virginia hospitals are struggling to deal with increasing numbers of addicted newborns. **Carfentanil (**see page 1**),** responsible for a surge in overdose deaths in Ohio last year, has suddenly appeared in quantity in Virginia communities.[30]

In response, in November 2016, Governor Terry McAuliffe and State Health Commissioner Marissa Levine proclaimed a "public health emergency" and amended the Biennial Budget for 2016-18 to provide significant additional monies to address the opioid issue. McAuliffe and Dr. William Hazel, VA Secretary of Health and Human Resources, have followed up with intensive lobbying of the General Assembly in the current session, where a flurry of related bills is circulating among legislative committees. Among the most significant:

- Community dispensing of naloxone, a drug that reverses the effects of opioid overdose [31]
- Imposition of limits on the prescription of opioids in emergency rooms [32]
- Introduction of peer recovery models into first offender programs [33]
- Allocation of funding to immediately increase access to opioid addiction treatment [34]
- A prescriber who gives a patient 14 days + of narcotic prescription is currently required by VA's Perscription's Drug Monitoring Program (PDMP) to check the database. A bill currently before the General Assembly would decrease that to 7 days.

Gov. McAuliffe and state agencies are moving to increase capacity and direct-care staffing at state facilities, strengthen mental health services in jails, and undertake an in-depth statewide assessment and gap analysis.[35] Also underway are development and dissemination of new treatment protocols, specifically targeted at the effects of opioids. [36]

The PDMP in Virginia

Virginia has administered a PDMP database for 11 years with some success, but the continuing issue here – as in many states across the country – is doctors' complaints that the system has been so complicated that doctors say they simply don't have the time to maintain multiple databases in real time. So just recently, Purdue Pharma came up with a proposal to partner with Virginia to help curb "doctor shopping" for narcotics and overprescribing of narcotics. The pilot program will develop software to integrate the PDMP with existing required on-line medical record-keeping. (By the way: Purdue Pharma is blamed

for a huge increase in opioid addiction by fraudulently marketing OxyContin as a less-addictive opioid, especially in the Appalachian area. They were found guilty in 2007 of misleading the medical profession about the addictive characteristics of OxyContin, and fined $600 million in Virginia.) [37]

FAIRFAX COUNTY

Fairfax County is not immune to the national and statewide epidemic. No socioeconomic class is escaping this addiction. In Fairfax County, the majority of users appearing for treatment are in their early 20s and 30s. White males are the most common overdose statistic. According to the office of the Virginia Chief Medical Examiner, there were **42** deaths from prescription opiate overdoses in Fairfax County and Fairfax City in 2014. Of those deaths, **25** were from cocaine and/or heroin combinations[38].

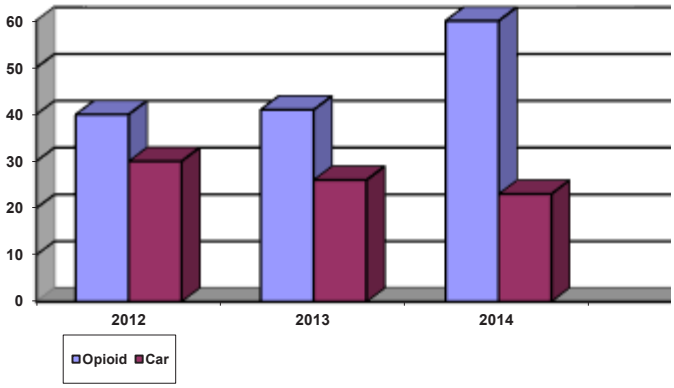
Depending on the individual, some can become addicted after two weeks of daily use of opiates, according to Peggy Cook, Director of Residential Treatment Services, Merrifield Criminal Response Cewnter.

The statistics in Fairfax County are startling:

- The CSB (Community Service Board) reported a 9% increase in the number of individuals served with a history of heroin use from FY 2014-2015; [39]
- Through the first half of 2016, the Fairfax County Fire and Rescue Department assisted 40 patients with suspected heroin or opiate overdoses; [40]
- From 2011-2013, there was a 165% increase in heroin related deaths. In both 2014 and 2015, there were 70-heroin overdoses. As of February 2016, there were at least 6 heroin overdoses; [41]
- In Fairfax County, from 2013-2014, the number of deaths from heroin overdose more than doubled; [42]
- In Fairfax County, CSB reported a 34% increase by recipients using heroin and or other opiates from 2009-2014. [43]
- The 2015 Fairfax County "Youth Behavior Survey" of 8th, 10th & 12th graders revealed that approximately 2,400 respondents or 4.9% (out of 48,089 which is 88% of enrolled students) used painkillers without a doctor's note. [44]

Fairfax-Falls Church Community Services Board (CSB)

CSB is the public agency that plans, organizes and provides services for people in our community who have mental illness, substance use disorders, and/or intellectual disability. The CSB also provides early intervention services for infants and toddlers who have developmental delays.



Deaths from Opioids Compared to Deaths from Car Accidents In Fairfax County [45]

State law requires every jurisdiction to have a CSB. Ours is one of 40 in the Commonwealth of Virginia. It operates as part of Fairfax County government's human services system. In Fairfax County, there is a 16-member administrative policy board that oversees the establishment and operation of these services. The members of the board are volunteers who are appointed by the City of Fairfax, Fairfax County Sheriff, the City of Falls Church, each district supervisor and the chair of Fairfax County Board of Supervisors. Board members may serve up to three terms consecutively, and each term lasts three years. Funding comes primarily from Fairfax County and Falls Church with contributions from federal and state agencies, along with fees collected from services provided. [46]

Who is eligible? All residents of Fairfax County and the cities of Fairfax and Falls Church can access CSB acute care and emergency services; entry and referral services; and wellness, health promotion and prevention services. For the purpose of this article, we are focusing on substance abuse and how Fairfax County's CSB is dealing with this problem. [47]

Many individuals who come to the CSB for behavioral health services have co-occurring mental health and substance use disorders. Their services are categorized not by specific disability but by how they are provided. For example, acute/therapeutic services include detoxification, crisis/emergency response, and residential therapeutic treatment services for individuals with serious mental illness and/or substance use disorders. CSB also provides services such as employment and day support, case management, supported housing and other services to help individuals live successfully in

the community. Some of these services are provided by CSB staff in offices, group homes or residential settings (approximately 27 locations), while others are provided through contracts with local partner organizations. (48)

Merrifield Crisis Response Center (MCRC), 8221 Willow Oaks Corporate Drive, Fairfax, is CSB's major treatment center. MCRC offers behavioral and primary health services and community supports to help with the challenges of mental illness, substance use disorders and intellectual and developmental disabilities. It also provides emergency services for individuals experiencing a mental or drug abuse health crisis. (49)

Treatment

The Fairfax County Fire Department currently carries naloxone to treat heroin or opiate overdoses. Naloxone blocks neural receptors for opioids and can therefore reverse the effects of an overdose from heroin or opiate prescription drugs. The Police Department does not carry this medication. According to Captain Paul Cleveland, Fairfax County Police Department's Office of Organized Crime & Narcotics, the police prefer to leave the administration of medication to medical professionals at the Fire Department.(50)

The best form of treatment is both medical (methadone or suboxone) and cognitive/behavioral therapy. The first step in many cases is detoxification, which is a controlled and medically supervised withdrawal from the drug. The administration of both methadone and suboxone reduces cravings and blocks highs, allowing for a less painful withdrawal. Methadone is an older drug treatment that is usually administered through clinics whose numbers have reduced over the years. According to Cook, methadone is the only drug typically used for pregnant women. Suboxone can only be prescribed by a doctor. The advantage of suboxone is that it was designed to not be abused. If overused, withdrawal symptoms occur. (51)

According to Cook, there is a continuum of services administered through the CSB. Although other services are also available, the treatment components typically fall into two general categories.

- Outpatient Services is usually divided into two types:
  - Intensive Outpatient Treatment - nine or more hours per week, up to approximately four months.
  - Day Treatment Services – 20 hours per week for up to four months based on needs.
- Residential Treatment is usually divided into two types:
  - Rehabilitation is a short-term treatment lasting a couple of months based on individual needs. Individuals typically step down to outpatient services after completing residential treatment.
  - Habilitation is a longer treatment schedule that averages approximately 4 to 6 months based on individual's needs. This is for individuals who have multiple issues that need assistance, such as health, drug abuse, mental health, homelessness, unemployment, etc.

Many times an individual is treated with both residential and outpatient care. Residential is needed for medical stabilization and then outpatient clinics for follow-up. (52)

Physical & Behavioral Signs of Substance Abuse

*Small pupils	*Lack of responsiveness (falling asleep when they shouldn't be)
*Marks on arms	*Itching
*Change in friends	*Lower grades
*Firing from job	*Reduced income
*Stealing and/or borrowing	

There are over 20 different programs in Fairfax County treating opioid addiction/mental health issues. Four programs are being highlighted for this study. For a detailed listing, go to www.fairfaxcounty.gov/csb/services.

Diversion First (DF)

In Fairfax County the average cost for one year of incarceration is **$66,000** vs. **$8,000** for intensive treatment through a CSB program. (53) In January 2016, the Fairfax County Sheriff's office and other government agencies consolidated a number of programs creating Diversion First, a countywide/Falls Church program that emphasizes treatment, rather than jail time, for individuals with mental health and substance abuse issues. **40 %** of all Fairfax County jailed inmates have mental health and or co-occurring substance abuse. The goals of DF are to expand Crisis Intervention Team (CIT) training, adding more mobile

crisis units, creating a mental health docket in court and increasing the capacity of the MCRC. (54)

DF is primarily for low-level, nonviolent drug users and possessors picked up for the first time. While charges aren't dismissed, police, the state and judges agree to not prosecute the offender at that time. Anyone in the program who violates that agreement, by not completing rehab, will then be charged with their original crime and prosecuted. CSB's assistant deputy director, Lyn Tomlinson, emphasized that the one-time-only policy relates only to what happens in court and doesn't affect whether someone is allowed to use the CSB's services. (55)

Substance Abuse Outreach Monitoring and Engagement Unit (SOME) – Reaches out to individuals of Fairfax County and Falls Church with diagnosed substance use disorders to connect them with resources (such as housing, food, health care, peer support and employment) to help them stabilize their living situation, engage them in Substance Use Disorder (SUD) treatment services, and prevent relapse. There are four SOME staff members at the Merrifield Crisis Center. (56)

REVIVE! – Opioid Overdose and Naloxone Education (OONE) reversal training - This is a statewide program that educates and instructs individuals in the administration of naloxone or Narcan (brand name). As mentioned above, naloxone blocks neutral receptors for opioids and can therefore reverse the effects of an overdose from heroin or opiate prescription drugs. It can be delivered through an injection or a nasal spray, and the training required to learn how to administer a dose is minimal. The average cost is $37 to $100 depending on the specific version of the drug. (57)

In 2015, Governor McAuliffe signed into law a bill permitting pharmacists to dispense naloxone to individuals with a prescription. Because of the national epidemic, pharmacies have made efforts to make naloxone more readily available. In 2016, CVS and Walgreens have made naloxone available in most states without a prescription. (59)

The Chris Atwood Foundation, a nonprofit organization in Reston, has been offering one-hour training classes in the administration of naloxone since 2013. According to Ginny Atwood Lovitt, co-founder and executive director of the Foundation, "You'd use the same dose for an adult as you would for a child. You can't overdose on it. It doesn't contribute to highs, and it's not addictive. There's also no known contraindication with other medications, so it's about as safe a medication as you can get." (58)

CORE – Coordinating Opioid Recovery & Empowerment – tailored specifically to those addicted to heroin and/or opiates. It is an intensive outpatient treatment program to increase engagement and retention in treatment and to reduce the opioid epidemic and its consequences in Fairfax County. The program will be open to both men and women, ages 18 and up, who have opioid or heroin dependency. Insurance is accepted; fees will be individually determined based on ability to pay. People will not be turned away due to financial concerns. (60)

Important Phone Numbers

* 911 for overdose emergency - If calling 911 for mental health emegency, request a CIT (Crisis Itervention Team) officer to respond.
* 24-hour CSB Emergency Services – 703-573-5679; TTY:711
* Federal website for substance abuse and mental health services - https:// findtreatment. samhsa.gov

What to do?

National Institute of Health's drug-abuse research supports simultaneous intervention on a number of fronts:

- Educational initiatives delivered in school and community settings (primary prevention).
- Supporting consistent use of Prescription Drug Monitoring Programs (PDMPs). Currently, states develop individual approaches toward building comprehensive databases listing prescription dispensation by doctor and by patient, resulting in a national patchwork of rules. Eighteen states have adopted comprehensive mandates requiring any doctor who dispenses a controlled substance to maintain and to check in real-time databases that reveal whether their patient is getting drugs elsewhere. Thirteen other states have weaker mandates. Some require that a physician check with every prescription, others only with the first dispensation, then every 90 days. Some maintain a database reflecting only their own state, despite evidence that abusers will travel great distances to obtain drugs. Some medical associations (and the lobbying groups which represent them) oppose PDMPs as a threat to patient privacy or as

an impossible burden on doctors already short on time with patients. Others claim that minimizing opportunities for "physician shopping" forces abusers to turn to heroin, which is easier to get, much cheaper, but also – as an uncontrolled substance – varies wildly as to potency and purity. *(61)*

- Implementation of overdose education and naloxone distribution programs to issue naloxone directly to opioid users and potential bystanders.
- Aggressive law-enforcement efforts to address doctor shopping and pill mills.
- Diverting justice-involved individuals with substance use disorders to Drug Courts with mandated engagement in treatment.
- Expansion of access to MAT (**M**edication-**A**ssisted **T**reatment, a holistic approach that combines intervention medication with behavioral re-training).
- Abuse-deterrent formulations for opioid analgesics. *(62)*

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Opioids Discussion Questions

1. What aspects of this article did you find most surprising? Is there additional information you would have liked to have included?
2. What factors contribute to the heavy – and growing – use of opioids in this country? (80% of opioids globally are consumed in the US.)
3. What are the benefits and problems created by extended-release medications?
4. Why is recovery so difficult for those addicted to opioids?
5. With opioid overdose deaths surging, naloxone is currently recognized as the most effective overdose treatment. Yet both patented and generic formulations of naloxone, as well as the injector devices, are increasing exponentially in cost. How can these products be made more available?
6. Should medical marijuana be made available as an alternative to opioids in the treatment of chronic pain?
7. Is there a role for the League (as an organization) or for individual members to play in responding to the opioid crisis?

What Is the "Dillon Rule?"

Do you know or want to learn about how the "Dillon Rule" is used by the Virginia General Assembly to grant power (or not!) to local government entities? We will be reviewing some of the peculiarities in the Commonwealth and how it operates, including its use of the Dillon Rule to govern; the LWV of Virginia even has a position on it. An LWVFA (one-time) committee is forming now to work on this topic, which will be presented in the May 2017 *Fairfax VOTER* and discussed in our unit meetings that month.

Let's Honor the Transfer of Power and Respect the Office of President

[Ed. Note: The following letter to the editor was published in the *Fairfax Times*, January 20.]

Dear Editor,
As Inauguration Day rapidly approaches, let us honor the transfer of power and respect the office of the President. As United States citizens it is our privilege and responsibility to support our government. As citizens we have a duty to respectfully voice our opinions to inform our elected legislators of our views.

When we support or oppose a choice for a cabinet post, key government post, and a government policy we have a duty to write to the President-elect, the transition team and our legislators. Wringing our hands in dismay or praising or criticizing planned choices and policy plans/changes privately is not enough. We must be proactive. We should be writing letters that succinctly and clearly state why we support or oppose a department head choice or policy change.

We should include facts to support our positions and send our letters to the appropriate people. Letters to the editor can be an effective tool to help inform and motivate fellow citizens. Senators will approve or disapprove key government appointments, Supreme Court Justices, and vote on treaties and trade agreements. Members of Congress, your representatives and senators, will be voting on many other issues including changes to Social Security, Medicare, foreign policy, and health care. Your state delegates and senators will be voting on such key state issues as education, transportation, Medicaid funding and much more. Our elected leaders need factual, not emotional letters, if they are going to do their jobs - represent us, the voters who elected them, and make policy decisions that are best for the country.

Exercise your right and privilege. Be a proactive and not a reactive citizen.

Peggy Knight,
Co-President League of Women Voters of the Fairfax Area

Domestic Violence Hotline
(703) 360-7273

Who Decides What Issues LWVFA Units Will Discuss?

By Sherry Zachry, LWVFA Program Director

We've noticed some comments on the unit program report forms about the monthly topics and where they originate. We thought our newer members (and we have a bunch of them!!) may like to know more about the process LWVFA uses to determine which topics will be discussed. Much of this process is **unique to the Fairfax Area League** because we print study materials in the *Fairfax VOTER* and currently meet in **ten** "units" or discussion groups, plus an At-Large meeting, eight months of the year. Most Leagues (in Virginia and U.S.) meet as **one group** several months of the year to discuss or learn about an issue.

In September 2016, we talked about the overall structure of the League of Women Voters and how that applied to LWVFA. In October, we discussed the Presidential Electoral Process. Both of those topics were **"informational"** and written by LWVFA members. Future informational meetings will take place in March (Opioid Abuse) and in May (Review of Dillon's Rule). Informational meetings do not typically result in a League support position reached by a process of consensus or concurrence; they provide information about a topic of interest to the members. Read on to find out how those topics were chosen.

On the other hand, sometimes LWVFA units discuss issues that were selected by vote, to be part of "League Program" by members attending biennial state (LWV-VA) and national League Conventions, and/or local (LWVFA) and regional (LWVNCA) Annual Meetings. This adopted "League Program" includes studies on issues that the members decided were important enough for the League to take a stand and determine its positions using a process of consensus or concurrence. If a "study" is approved at the convention or annual meeting, a study committee is formed (by the respective League) to research the topic, provide information for members, and propose consensus questions that will be used to determine the stance that the members wish the League to take. These **studies** lead to the formation of a **League position** that is used for advocacy once the position has been approved by respective League board of directors. The LWVFA Board will schedule those issues for discussion and consensus at unit meetings in the upcoming year.

For instance in the current year, LWVFA units have just participated in the **consensus study** on "Fracking In Virginia." This study was approved at the LWV of Virginia Convention in 2015 as part of the LWV-VA Adopted Program for 2015-17. Local Leagues are required to carry out the adopted programs of the state, regional and national Leagues by determining and reporting its members' responses to consensus or concurrence questions.

The topics for 2016-17 unit meetings were originally solicited as part of the "program planning process" (see other article) for LWVFA in the previous League year (2015-16) when units and members gave suggestions for local, as well as national, issues. The LWVFA Board reviewed their feedback and determined that a "study" of a new issue or restudy of a current **local** position should not be recommended as part of the 2016-18 LWVFA program to be adopted at the 2016 Annual Meeting.

The next LWVFA Annual Meeting where a program for the next biennium will be adopted will be in **April 2018**; suggestions for topics and issues will be solicited from LWVFA members in November or December of 2017 during "program planning" meetings.

However, some of the topics suggested in 2016 had enough member interest (and volunteers) to be considered as **informational topics** for LWVFA unit meetings, with materials to be provided in the *VOTER*. With advice from the LWVFA Program Director, the board approved a monthly schedule of topics for the following September through June meetings. LWVFA informational topics do not have to focus on local issues, although including information about how the locality is affected is recommended.

The LWVFA Program Director is responsible for soliciting members to research and write an eight-page article on the **informational** topics to be published in the *Fairfax VOTER* and guide the unit discussion for that month. The Program Director also oversees publication of materials in the *Fairfax VOTER* to be used by members in reaching consensus on support positions (whether local, state, regional or national).

Regardless of the topic or type of study, a "briefing" on the subject is held the first Saturday of the month (in months when a unit topic is scheduled) at the LWVFA office in order to inform the 10 discussion leaders how to lead the discussion in their respective units. In 2016, members and visitors who do not attend a unit meeting have joined the briefing; we welcome and encourage this and have changed the name of the briefing to "At-Large Meeting and Discussion Leaders Briefing."

The LWV of the Fairfax Area Annual Meeting

Saturday, April 22, 2017

Keynote Speaker: Cameron Sasnett
General Registrar, Fairfax County Office of Elections

Waterford at Fair Oaks
12025 Lee Jackson Memorial Highway
Fairfax VA 22033

9:30 a.m. - Registration and Coffee
12 noon - Luncheon

Luncheon Reservation Form

Deadline April 14, 2017 - Cost: $40 per person
No reservations accepted after April 14
Program is free; Reservations required for luncheon only

Menu: House Salad, Chicken Piccata (Chicken cooked in herb & cheese batter served with a lemon capers sauce), Virginia Style Green Beans & Honey Glazed Carrots, Bread and Butter, Dessert, Coffee Service

You may register and pay online or by mailing a check. To register and pay online, go to lwv-fairfax.org/2017AnnualMeeting or go to bit.ly/2lchgVJ To register by check, fill out the following form, make checks payable to LWVFA, and mail to:

2017 Annual Meeting, c/o Viveka Fuenzalida, 11020 Burywood Lane, Reston, VA 20194

Name _____ Lunch @$40 ea._____

Phone Number & E-mail_____

Guest(s)' Name(s)_____Lunch @$40 ea._____

Total $ enclosed _____

For special dietary needs or questions, call Viveka Fuenzalida at 703-404-0498

Unit Discussion Meeting Locations

Topic: Opioid Epidemic

Members and visitors are encouraged to attend any meeting convenient for them, including the "At Large Meeting" and briefing on Saturdays when a briefing is listed. As of February 1, 2017, the locations were correct; please use phone numbers to verify sites and advise of your intent to attend. Some meetings at restaurants may need reservations.

Saturday, March 4

10 a.m. At-Large Unit and Briefing
League Conference Room
Packard Center
(inside Annandale Community Park)
4026 Hummer Road
Annandale, VA 22003
Contact: Sherry 703-730-8118

Wednesday, March 8

9:30 a.m. McLean Day (McL)
StarNut Café
1445 Laughlin Ave.
McLean, VA 22101
Contact: Adarsh (703) 795-7281 or Anjali (703) 509-5518

9:45 a.m. Mt. Vernon Day (MVD)
Mt. Vernon District Government Center
2511 Parkers Lane
Alexandria, VA 22306
Contact: Gail (703) 360-6561 or Diane (703) 704-5325

10 a.m. Fairfax Station (FXS)
8739 Cuttermill Place
Springfield, VA
Contact: Kathleen, 703-644-1555

7:30 p.m. Reston Evening (RE)
Hunter Mill District Government Center
1801 Cameron Glen Drive
Reston 20190
Contact: Kelly, 202-263-1311

Thursday, March 9

9 a.m. Reston Day (RD)
11020 Burywood Lane
Reston, VA 20194
Contact: Mia, (703) 716-4540

9:30 a.m. Springfield (SPF)
Packard Center
4026 Hummer Road
Annandale, VA 22003
Contact: Marge, 703-451-0589

10 a.m. Centreville-Chantilly (CCD)
Sully District Government Center
4900 Stonecroft Blvd.
Chantilly, VA 20151
Contact: Leslie, 571-213-6384

1 p.m. Fairfax/Vienna (FX-V)
Oakton Regional Library
Large Meeting Room
10304 Lynnhaven Pl.
Oakton, VA 22124
Contact: Bob, 563-299-5316

7:45 p.m. Mt. Vernon Evening (MVE)
Paul Spring Retirement Community
Mt. Vernon Room
7116 Fort Hunt Road
Alexandria, VA 22307
Contact: Jane, 703-960-6820

Monday, March 13

1:30 p.m. Greenspring (GSP)
Hunters Crossing Classroom
Spring Village Drive
Springfield, VA 22150
Contact: Edith (703) 644-3970 or Gloria (703) 852-5113

April Meeting:

Annual Meeting - No Unit Meetings

The League of Women Voters of the Fairfax Area (LWVFA)
4026-B Hummer Road, Annandale, VA 22003-2403
703-658-9150. Web address: www.lwv-fairfax.org

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March, 2017
Peggy Knight, Co-President
Wendy Fox-Grage, Co-President
Ron Page, Editor
Liz Brooke, Content Editor

The League of Women Voters is a nonpartisan political organization that encourages the public to play an informed and active role in government. At the local, state, regional and national levels, the League works to influence public policy through education and advocacy. Any person at least 16 years old, male or female, may become a member.

The League of Women Voters never supports or opposes candidates for office, or political parties, and any use of the League of Women Voters name in campaign advertising or literature has not been authorized by the League.

LWVFA MEMBERSHIP FORM

Membership Dues: **Individual $65**_____ **Household $90** (2 persons, 1 *Voter*) ____ **Student $32.50** _____
Dues year is July 1 – June 30 (A subsidy fund is available; check here ____ and include whatever amount you can afford.)
Membership Status: New _____ **Renewing** _____ **Reinstatement**_____**Donation** _____
(Dues are <u>not</u> tax deductible. Tax-deductible donations must be written on a separate check or PayPal Payment to "*LWVFA Ed Fund.*")

(Please print clearly)

Name _____ **Unit** *(if renewing)*_____

Address _____

City _____ **State**_____ **Zip + 4** _____

Phone (H) _____ **(M)** _____ **E-Mail** _____

Please make checks payable to "LWVFA" and mail to: <u>LWVFA, 4026-B Hummer Road, Annandale VA 22003-2403</u>.
<u>OR</u> Join Online at: www. *LWV-Fairfax.org/join.html.*

I am interested in becoming involved in (*please indicate by circling the appropriate bullet(s)*)**:**

- **Providing organizational support** (graphics design, website development/maintenance, fundraising/ grant writing)
- **Voter Services** (e.g., voter registration drives, candidate forums, developing Voters' Guides)
- **Researching/writing about issues in which LWVFA has an interest** (e.g., environment, firearms safety, mental health, schools, domestic violence, criminal justice; or, chairing an LWVFA study committee on voter turnout or human trafficking).
- **Representing the League in governmental fora** (e.g., serving as LWVFA representative on Fairfax County citizens' committees and agencies, such as affordable housing, Fairfax County Public Schools).
- **Other** _____