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## 2016 Symposium Keynote Address

Mark Herring  
*Attorney General, Virginia*

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## 2016 SYMPOSIUM KEYNOTE ADDRESS

*Mark Herring\**

\* Mark Herring is the current Attorney General of Virginia. General Herring studied foreign affairs and economics at the University of Virginia and received his J.D. from the University of Richmond in 1990. He went on to serve as a state senator before being elected as Attorney General in 2013.

## INTRODUCTION

Good morning everyone. My name is Emily Bowles and I am the Symposium Editor for the *Richmond Public Interest Law Review*. Thank you all so much for being here this morning and thank you, Dr. May, for your very informative backdrop for the rest of the program today.

I now have the pleasure of introducing you all to the forty-eighth Attorney General of the Commonwealth of Virginia and, also, Richmond Law alumni, Attorney General Mark Herring. Attorney General Mark Herring has lived most of his life in Loudoun County, where he and his wife Laura have raised their two children, daughter Peyton and son Tim. After receiving a Bachelors and Masters degree from the University of Virginia, he graduated with honors from the University of Richmond Law School. Attorney General Herring got his start in public service as the town attorney for Lovettsville and was then elected as a member of the Loudoun county Board of Supervisors. Prior to serving as Attorney General, he also served in the Virginia State Senate for eight years, representing Loudoun and Fairfax counties.

General Herring was sworn in as the Attorney General of Virginia on January 11, 2014. Since his inauguration, General Herring has been fighting for the safety and fundamental rights of all Virginians, starting with a public safety tour around the Commonwealth to address the biggest issues facing our citizens. General Herring has made addressing the growing heroin and prescription opioid addiction a top priority in his administration.

This fall he has launched a major education and prevention campaign to educate Virginians on the dangers of heroin and prescription drugs. His initiative has included a powerful documentary, entitled *Heroin: The Hardest Hit*, featuring stories of Virginians suffering from opioid addiction. His initiative has also included materials for teens, a comprehensive website, drug disposal programs, and new partnerships connecting the public, law enforcement, the medical community and many more.

Please join me in welcoming Attorney General Mark Herring.

## KEYNOTE ADDRESS

Good Morning, and Emily, before you go thank you very much for that nice introduction. Some of you might know that before she started law school, Emily Bowles worked in our office, and Emily, we in the Attorney General's office still miss you a lot, and not to put too much pressure on

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you, but we all have high expectations for you and your future. And I also confess that it's a bit surreal coming back to the law school after twenty-six years, so I am having both a flood of fond memories and scary flashbacks. The moot Courtroom looks a little different than before, but it is really great to be back at the law school.

And I also want to thank you all for coming to discuss and learn more about this issue. It has become really personal for me because of so many people who I have met and gotten to know who have battled addiction and are working their way through recovery, as well as all of the mothers and fathers and brothers and sisters in Virginia who have lost loved ones due to these dangerous drugs. And so I want to thank you for coming today, and I'd like to talk with you a little about how I got involved in this fight, what we're doing to help get the problem turned around, what work remains ahead, and a little bit about what I've learned and what this work has meant to me.

It was just about three years ago. I was a newly inaugurated Attorney General and I wanted to better know and understand what was going on in the communities around the state, especially in public safety. Emily mentioned that I had served as the town attorney. I got my start in politics as a county supervisor representing the Leesburg district, so that focus that I've always had has always been community focused, local government focused, and so I wanted to get around the state. We did a public safety tour. We covered something like twenty-five hundred miles in two weeks, and met with sixty different agencies, and I was really struck by how many people in law enforcement, I think in three quarters of the meetings we that had around the state, law enforcement told me that heroin and prescription drug overdoses were a serious problem in their area and that it was getting worse.

And it was, you know, an open forum really for those government officials to tell me what was going on. And they told me about the devastation that was happening in the communities, and how it affected families, and that it was happening in places they had never seen it before to people they never would have expected it to be happening to. And so this is a problem that I had already, you know, begun to hear a lot about, but got a really different perspective from those conversations. And I'm one of the lucky ones whose family has not been touched by this kind of addiction in the way that so many have. And every indicator that we found – as I heard that anecdotally, I started asking our staff to go back and take a look at the data – and it was matching what we were hearing. Every indicator, whether it was cases worked by the state lab, numbers of ER visits, numbers of heroin overdose

deaths, prescription opioid deaths, and I realized that we had a real crisis on our hands and that unless we jumped in front of it, right now as a state, and that was over two and a half years ago, that we were going to see these numbers continue to rise. And more families were going to be broken by the loss of a loved one, and I just could not stand by and let it happen. And I felt that I needed to make it a priority in our office. These communities are our communities and these people who are dying are our friends, our neighbors, and they're someone's child and brother and sister.

When we closed the books on 2015, just to give you the scope of the problem, it is likely that heroin and prescription overdose deaths in Virginia will top a thousand deaths. So it should pass, it will probably pass that mark for the first time. In 2016, it's looking like we are on a similar trajectory, to be at a thousand or more deaths. That's more than car crashes, and it's a number that is shocking and it's heartbreaking, and it means that far too many families in Virginia are missing someone that they love. And it's easy to sort of gloss over that personal aspect when you talk about statistics, but that's a thousand people, a thousand families in Virginia, being devastated by that kind of a loss. Heroin and prescription drug abuse and the fatal overdoses that are following are cutting across all demographic and geographic divides. There's no such thing as a typical heroin or opioid addict. This is not a white problem, or a black problem, or a Latino or an Asian problem. This is not a rich or poor problem. This is not a rural, urban, suburban problem. It is a national problem and Virginia is not immune from it.

The problem often has its roots in the medicine cabinet, as opposed to the streets. Something as simple as a sports injury, an automobile accident, or a back injury, can expose a patient to prescription drugs and painkillers that can lead to a dependence and addiction. And when the pills run out, they do something they never ever thought they would do: buy the prescriptions illicitly out on the street, or eventually turn to heroin. And when you look at the numbers, you can see when that shift really began, starting at about 2010, maybe 2011, you see the prescription drug overdose numbers flattening out, albeit at a level that is way, way too high, and you start to see heroin and heroin-related deaths ticking up, and that that's getting more and more vertical.

In 2008, Virginia had eighty-nine fatal heroin overdoses. In 2015, we had 342. The scariest thing right now that we are seeing on the street is the inconsistency in the purity and content of the heroin on the streets. Users have absolutely no idea what they're buying, how pure it is, and that makes it incredibly dangerous. Someone who might have known how much heroin they could use at 50% purity tries to take the same amount and it's ninety

percent pure heroin and their life is immediately in danger. And we're also seeing a very scary rise in the additives that are cut into heroin, especially fentanyl. Fentanyl is about a hundred times more powerful than morphine and it is so dangerous that I've heard DEA agents talk about how they consider it a hazmat. So, when they go to a scene where it's there, they have to treat it as a hazardous material. It can be deadly with just two milligrams. So it's extremely powerful and deadly. Fentanyl is incredibly profitable, as well, for the dealers and the traffickers. Mexican cartels are purchasing the precursor chemicals from China, they're creating it in labs, and then they're importing it directly into Virginia. In 2007, Virginia had forty-eight fentanyl overdose deaths. Last year, we had 224. So, from 48 to 224. And throughout the first six months of this year, we've already had 136.

So, there are a number of factors that make this crisis particularly deadly and dangerous. And I knew that if we didn't get in front of it, we could see this really spiral out of control. So, back in 2014, we started looking at what other states had done. We started looking at what communities here in the Commonwealth and around the country have done to tackle the problem, and we came up with a comprehensive approach of things that we could do out of the Attorney General's Office to help address the opioid addiction and save lives. And it truly is comprehensive because even in those initial conversations with law enforcement that I had in the very early part of 2014, they were telling me that this is not a problem we were going to arrest our way out of – that's not ever going to solve the problem, that we need treatment and education resources, and that we need somewhere for these folks to turn to, to turn around, to turn to for treatment and support.

So the strategy that we came up with includes every tool that we have at our disposal: prevention, education, and treatment, alongside of enforcement against dealers and traffickers and those who profit off of addiction. And it also recognizes that in many cases this is a problem that has its roots in the medicine cabinet, not in the streets, and that the medical community has to be a part of the conversation and the solution. So, the first thing that we did, in September of 2014, was host a summit that brought together law enforcement, judges, public health professionals, affected families, and more from every corner of the Commonwealth, to start talking about what folks were seeing, what was working, and what more we could use. Even then, it was an approach that integrated law enforcement, community resources, and healthcare. And from that initial summit, we began building coalitions and momentum for the strategies that we started pursuing.

One of those was strong enforcement efforts in conjunction with state and local partners. There is a role for law enforcement in this fight and we

have been relentless in going after dealers and traffickers who profit off of addiction. We have taken unprecedented steps to go after these criminals, working alongside state and local partners, especially the U.S. Attorney for the Eastern District, Dana Boente, who has been an incredible partner in this fight. In the last year and a half our prosecutors have teamed up to convict twenty-eight traffickers involving more than 200 kilograms of heroin. 200 kilograms equates to about 550,000 daily doses, with an estimated street value of about more than \$15 million. And that is in addition to the cases worked by local prosecutors and other federal cases. It has been an incredibly productive partnership. I'm really proud of the resources we have been able to bring to the fight, but again, I have understood from the very beginning that arrests and enforcement and other supply-side solutions will only go so far. We have got to focus on the demand-side as well, and that is where we are really doing some great work.

We have really honed in on education and prevention efforts, targeting young people. We want to reach these kids before they ever start experimenting with these dangerous drugs and we are bringing new education resources to middle and high school aged children throughout Virginia with our Virginia Rules Program. It's a legal education program, it's out of our office, but it's also about teaching young people how to make good decisions while they are growing up. It's targeted at middle and high schoolers, which is when kids really need to hear this message about the risks and dangers of these drugs.

We've also created a cutting edge documentary, and an award-winning documentary, called *Heroine: the Hardest Hit*. And this documentary features Virginians telling their own stories about how the crisis has affected them. And we wanted folks to get a chance to tell their own story, we didn't want to have a message to young people that, "drugs are bad, don't do 'em." It really needed to be told in a different way that really resonated with them, and so what we did was give folks a chance to talk for themselves and share their stories. So you hear from people who are in long-term recovery about how their lives got off track before they found treatment and talk about the recovery plan that worked for them. You hear from friends and family members of some folks in Virginia who unfortunately lost that fight.

And if you have a chance to see the movie, you'll meet Caitlyn Weems and her mother Carolyn. Carolyn, I'm sorry. Caitlyn was a twenty-one year old mother of one, from a perfect family in Virginia Beach. She was an incredible soccer player, but after some back and dental injuries she went to opioids as a teenager and they just slowly consumed her life. She overdosed

and died in a sober living house and left behind a beautiful baby who is being raised by her grandparents now. And I have heard so many stories like that. As a parent myself, stories like that scare me to death. I mean, not an hour goes by when I don't think about my children and think about think about whether they're making good decision while they're away from home. And if any of you are interested in seeing it, it's available online, it's called HardestHitVA.com, and that's really why I made the film, because as a parent, I know how we are always thinking about our children. I've seen, firsthand, the devastation to the families and we have got to make sure that families all across Virginia are talking about it now, before even more lives are lost.

We all also need to be comfortable bringing this up and talking about it with our families, our friends, our co-workers, our neighbors. Everybody that we come into contact with, everybody needs to understand the dangers of these opioids and how easy it is to develop an addiction. You never know when someone that you're talking to, a friend, will open their eyes to the dangers of these drugs even someone who may be struggling with an addiction and looking for support.

We also put together a bi-partisan package of legislation to help address the problem to save lives. And I'm happy to report that they were enacted into law with support from both parties, and they are truly saving lives right now. And I know a lot of folks are frustrated sometimes with the state of our politics. I am too sometimes. Sometimes it seems like there is so much gridlock that nothing seems to get done, but this was something where I've really been encouraged, to see folks from both parties approach the problem with an open mind towards solutions. And where the final product had been even better than when it started because the input and the cooperation amongst the stakeholders.

One of those bills from 2015 was a new law to allow first responders in the state to carry Naloxone, which is a lifesaving antidote, as you've heard, it can reverse the effects of an overdose almost immediately. And during an overdose, literally seconds matter, and being able to quickly administer Naloxone can mean the difference between life and death. And that is something that has been something of a bright spot in that we have saved hundreds of lives just through the administration of Naloxone. Nationwide, the CDC says Naloxone has successfully reversed over ten thousand overdoses between 1996 and 2010. Ten thousand. Especially in rural areas where EMS services are often stretched really thin, it could be the sheriff's deputies or other law enforcement officers who are the first ones who arrive on the scene of an overdose, allowing them to carry Naloxone means that

they can administer it and save lives and that has happened a lot in Virginia and that presents an opportunity for intervention, as well, that can steer that person toward treatment that they need.

And just to put the problem in context a bit I'll let you know some stats around Richmond. I went on a ride-along with Richmond Ambulance Authority just last week and the Richmond Ambulance Authority are the ones who carry and administer the Naloxone. In 2015, they administered 398 doses of Naloxone. That's more than one a day. In the 24 hours around our visit – it was a Friday night, last weekend – they administered five times and ended up having eight overdoses just that weekend. I heard from a rural sheriff since they've been allowed to carry Naloxone and they started carrying it, they administered it twelve times and he said that's twelve lives that have been saved.

That same bill also made Naloxone available without a prescription in pharmacies that can have what's called a "standing order." Basically, a doctor can write a pharmacy standing prescription to essentially provide Naloxone over the counter similar to the way a flu shot is handled. And this means that if someone's friend or a family member is struggling with an addiction or even if there are just powerful opioids in the house because of chronic pain or an injury or a surgery, a Virginian can walk into most of the big brand pharmacies – Walgreens, CVS – and get Naloxone. And that can literally save lives, and it is saving lives every day in Virginia.

We also got a "Good Samaritan Safe Reporting Law" passed to encourage people to report an overdose in progress. When a life is on the line, you know, we can sort out the legal consequences later, but what we need is for the people who are there to know that they can call 911 and save the life of their friend or relative without fear of getting in trouble and ending up in jail themselves. This was a really progressive step for Virginia and the way we've dealt with it and with these sort of crimes and that's, you know, when I talk about the bipartisan effort to come up with pragmatic solutions this is an example of that. And when paired with a Naloxone expansion those two measures are really, really effective at getting someone the treatment that they need as quickly as possible.

This year I think you're going to see additional legislation out of our office to try to give law enforcement and families even more tools to save lives, including another expansion of Naloxone to non-profits that are working to fight addiction. And I'd also like to see more meaningful resources and investment in treatment because when someone makes the decision to ask for help and to reach out they need to be able to find that network of

people who want to help them but getting the medically-sound evidence based, intensive, sustained treatment that they need can be difficult. You can beat addiction. You can enter long-term recovery. It can be successful. I know people right now who are long-term recovery, but it takes a lot of hard work and it takes a long period of time. It usually takes several tries. Relapse is a part of recovery. President Obama has called for about a billion dollars nationwide for a new investment in treatment resources. Congress agreed to put in about \$181 million. That's a step but honestly it is a drop in the bucket of what's needed. And in an area that we've met with resistance in the general assembly. They have been resistant to putting additional resources into treatment through Medicaid expansion, which would be a big help. And the fact that we haven't done it, I think, is an embarrassment and it would be a help, as an aside, not only addressing the heroin and prescription opioid crisis, but mental health as well. So there is still a lot of work to be done for treatment and the likelihood of successfully entering long term recovery is so much higher if you're able to get the treatment you need. So I'm going to continue to keep advocating for it alongside of all the other efforts that we're doing with education, prevention and enforcement.

One last thing I wanted to mention is a new group that our office is leading and I think it may offer a real model for communities and regions around the state for their working hard to combat this crisis. Two weeks ago, my office and the U.S. Attorney's Office, with Dana Boente, launched the Hampton Roads Heroin Working Group. It includes representatives from local law enforcement, the medical community, community leaders, and others, to develop a holistic, community driven solution. So they're wrestling with the questions that every community is confronting.

How do we intervene in the lives of folks who are at risk of heroin or prescription drugs?

How do we reduce the demand for these products and put dealers and traffickers out of business?

What can we tell young people to make them understand that there is no safe way to experiment with heroin?

What can the medical community bring to the table? Or the school system or sports teams or faith based organizations, who else can be a part of the solution?

These are all questions that need to be answered by the community itself and that means that everyone needs to have a seat at the table. When communities are engaged in developing their own solutions that work for them,

that's when we tend to have the best success. And I'm hoping that this community-driven model proves successful for Hampton Roads, and later today you are going to hear from my friend Tim Coyne, from Winchester, to talk a little bit about what they are doing, at Winchester, it's another community that has really come together and brought people to cross disciplinary lines to develop community based solutions and strategies. And so I'm really looking forward to hearing what comes out of the Hampton Roads working group, and we're gonna keep a close eye on Winchester's experience. And I'm hopeful that these groups will prove successful and serve as a model for other communities around the state because the stakes are so high and so urgent.

So finally today I just wanted to say one quick word about some of the folks that I have met during our work on this problem, and I'm really proud of the work that we have been doing, and I want to let you know about it and to let folks know. But if you take just one thing away from this, I want you to remember that addiction and substance abuse disorder does not make someone a bad person. There is no typical heroin user. And it can touch any one of us. Along the way, the thing that has kept me committed to this fight, and the thing that has kept me going, and the thing that I always will be grateful for, is the relationships that I have built with the families that have been affected by this crisis.

And if you get involved in this fight, in any depth and way, you will never forget the people that you meet along the way. And what started as something that I felt I needed to do as Attorney General has really been something much more personal and more powerful for me. Every day as we're thinking about working on this problem I think to myself, I do not want another parent to have to bury a child, or another child to lose a parent to these dangerous drugs.

I have met so many parents and siblings who have shared with me just who and what they lost to addiction. Every time, I think, every time, there are two common threads. First of all, you talk with them and they talk glowingly about the person that they lost, what a wonderful person they were, and, what a bright future they had ahead of them—if they hadn't, if they had been successful in shaking their addiction.

And second, also without exception, they all say, "I never thought it could happen to our family." And so many families have taken that tragedy—as a parent I can't even begin to imagine what it would be like to lose a child. But, they have taken that tragedy and they have turned it into a resolve, and become active in the fight against this addiction. And they do it

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because they know how devastating it was for them and they don't want another family to have to go through it. It never gets easier, but it is important that we talk about these problems, that we share the stories and the lives of the people that we're losing. Every Virginian has to understand the power of this disease and the drugs that we are talking about and get in the fight in their own way. And it is just as important to have the conversations with the child or stepping in with a friend before a problem escalates because that's how we are going to help save them from the kind of devastation that we have seen. And every single person has a role to play in turning this problem around.

I really believe that the most powerful resources we can bring to this fight are honesty, and talking about the problem openly, without shame, and without stigma. And also talking about it with a sense of hope and purpose. I cannot begin to imagine what it must feel like to wake up in the morning and feel ashamed because you feel powerless over an addiction that you absolutely hate. Or what it must feel like to wake up and feel like your child or your spouse or the person you love most in the world is suffering and you don't know where to turn. And so often shame or stigma force families and those with substance abuse to suffer in silence.

We cannot let ourselves and others become hopeless or discouraged, and we have to make sure that people who are struggling know that you can beat addiction, there is life after addiction, there is hope in recovery. And as a community we need to be supportive of those who are in recovery and seeking it. We have to make sure that those stories are told because the fact is, good people struggle with addiction, too. When I sit with a recovery group, I don't see bad people. I see good people struggling with an addiction and recovering. I see people who deserve to be treated with respect and who should find a community that is supportive of them and when they show the courage to seek help.

So, again, I want to thank all of you for coming. For your interest in this issue as you could hear, I am all in on this there is a lot great work being done through our office as well as through communities around the state. There is a role for our profession in this, and there is a role for each of us as advocates and as members of our communities that want to be supportive of those who are struggling. Thank you for your interest and for your advocacy.

