

**BEFORE THE COMMITTEE ON RULES
AND JUDICIARY
35TH LEGISLATURE OF THE U.S. VIRGIN ISLANDS
JANUARY 25, 2024
APPOINTMENT TO THE OPIOID ABATEMENT COMMITTEE**

TESTIMONY

Rodney F. Querrard

Good morning Chairperson Capehart, members of the committee on Rules and Judiciary, other members of the 35th Legislature in attendance, and individuals in the listening and viewing audience, I am Rodney F. Querrard, Drug Intelligence Officer (DIO) for the U.S. Virgin Islands through the Puerto Rico-U.S. Virgin Islands High Intensity Drug Trafficking Area (HIDTA) and Overdose Response Strategy (ORS). I have been invited here today to testify on my appointment to the “Opioid Abatement Committee” by the Honorable Governor Albert Bryan Jr.

I would like to give a brief history of my background. I was a member of the Virgin Islands Police Department for approximately 28 years. During that time, I was assigned to the Drug Enforcement Administration (DEA) for approximately 10 years as a Task Force Officer/Supervisor. In 2007, I was named Police Chief for the St. Thomas/St. John District. I retired in May of 2012 as Police Chief. Approximately 7 months later, I was asked to return to the Police Department as Assistant Police Commissioner. In January 2013, a few days before I was to start, I was informed that then Commissioner White had resigned, and I would be

acting Police Commissioner. I soon after became Police Commissioner and served in that position until I again retired at the end of 2014.

In early 2021, a position for a Drug Intelligence Officer (DIO) for the US Virgin Islands through the Overdose Response Strategy (ORS) and the Puerto Rico-US Virgin Islands HIDTA was created and advertised by HIDTA. After consideration, and finding that this would be another way of continuing my work for the betterment of the people of the Virgin Islands, I applied. I was selected and started in my position in July of 2021. I work closely with the Centers for Disease Control and Prevention (CDC) Public Health Analyst (PHA) for the US Virgin Islands, as well as the other DIO's and PHA's across the nation. Our primary focus is to facilitate the exchange of intelligence across the regions to help reduce the supply of drugs, and build resilient drug free communities.

Over the past two and a half years, the USVI HIDTA Prevention Initiative was formed by PR-USVI HIDTA Deputy Director James Doby and myself, and includes representatives from the Department of Education, Virgin Islands Police Department, Department of Health, US Attorney's office, VI National Guard, Federal Bureau of Investigations, and the Drug Enforcement Administration. This initiative has allowed us to discuss Demand Reduction topics with over 6000 students in grades 6 through 12, public and private schools', territory-wide. These Demand Reduction subjects include drug abuse, peer pressure, conflict resolution, and violence in the schools. The Prevention Initiative is an ongoing effort. We will be including younger students in the near future to take part in the discussions.

You heard me mention the term "Overdose Response Strategy" a few times in my testimony. Let me state what it is, and some of our goals. I have also attached a flier to my testimony about the ORS and HIDTA.

The Overdose Response Strategy (ORS) is an unprecedented and unique public health-public safety partnership between the High Intensity Drug Trafficking Areas (HIDTA) program and the U.S. Centers for Disease Control and Prevention (CDC). At its core, it is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives across the nation.

The United States, and practically every other part of the world is fighting a serious Opioid Crisis. There are three waves to this crisis. First, between 1999 and about 2005, there was Wave 1, known as the “Rise in Prescription Opioid Overdose Deaths”. Then between 2005 and 2011, there was Wave 2, known as the “Rise in Heroin Overdose Deaths”. Then, from 2011 to present, there is Wave 3, known as the “Rise in Synthetic Opioid Overdose Deaths”. Unfortunately, this crisis is getting worse by the day.

In 2020, there were approximately 93,000 overdose deaths in the United States. In 2021, there were approximately 108,000 overdose deaths in the United States. And in 2022, there were approximately 110,000 overdose deaths in the United States. It is anticipated that the 2023 numbers will again reflect an increase in deaths. Many of these deaths were a result of fentanyl. Fentanyl is a synthetic opioid, which means it was made by chemical synthesis, to imitate a natural product.

Pharmaceutical fentanyl was developed for pain management in cancer patients in 1959. Because of its powerful opioid properties, fentanyl use is abused. Fentanyl is being added to practically every type of drug being abused. This increases the potency. Many users believe they are purchasing one thing, not realizing that it's mixed with fentanyl, which often results in overdose deaths. There are many other drugs that are causing the increase in overdose cases, but fentanyl, and now

xylazine are leading the way. (I attached informational fact sheets pertaining to fentanyl and xylazine to my testimony)

Many drug abusers do not start off with the intention of becoming addicted to the drugs they are using. Some had a legitimate reason for getting prescribed medication from a valid doctor, for a particular ailment. Unfortunately, opioids are very addictive. It is imperative that ALL Doctors and Pharmacist monitor closely their patients and customers as a way of controlling the dosages of prescriptions being written and filled that might not be necessarily needed. Unfortunately, some, not the majority, are more concerned about their daily income than the patient's health. This leads to over-prescribing medications, sometimes leading to addiction. For example, a college student goes to a doctor and tells the doctor that they have exams coming up and they are studying for the exams, staying up long hours, and stressing about the exams. The doctor prescribes them Adderall, which has a high risk of addiction. After a while, the student tells the doctor that the prescription is not working, so a stronger dosage is issued. The student returns again to the Doctor, and because of the addiction tolerance build up over time, the student tells the doctor that the medication is not working. The doctor realizes that the patient is addicted to the medication, and tells the patient that the prescription will not be renewed. The student, now addicted, finds someone in the school or elsewhere who is selling "Adderall" and starts buying from them. Unfortunately, the pills being sold many times are synthetic or "aftermarket" drugs, meaning not a pharmaceutical made drug. Many of these illicit pills are being found to contain fentanyl.

In 2021, DEA initiated the "One Pill Can Kill" campaign. At that time 4 out of every 10 pills seized and tested in a DEA laboratory proved positive for containing a potential lethal dose of fentanyl. In 2023, 7 out of every 10 pills seized and tested potentially contained a lethal dose of fentanyl. As a result, students and many young and older people overdose, and unfortunately many dies as a result of ingesting the counterfeit drug.

Some of you might be asking yourself, “what does that have to do with us in the Virgin Islands, we don’t have an opioid problem!” I will say this, if we don’t take necessary action NOW, and ensure that our people are knowledgeable about substances like fentanyl and xylazine, and other threats that are affecting parts of the United States and the world, and medications like naloxone, we are fooling ourselves. We do have fentanyl coming in to the territory. We do have fentanyl deaths in the US Virgin Islands. In 2023 there were 6 confirmed fentanyl related deaths, 3 on St. Thomas/St. John, and 3 on St. Croix. Again, we are not immune. We have locations/businesses in the territory that cater to illicit activity that have a high possibility of having a number of OD cases at one time. Knowledge is power. We have family and friends who frequent some of these locations. Friends are not always your friends. Peer pressure is real, and wanting to be part of the crowd is also real. We must instill in our loved ones that “not all that glitter is gold”, and “being a leader and NOT a follower” is a must. We have to ensure a number of things to be in front of this pending threat. Our people again have to be knowledgeable, especially parents of teenagers. A simple message, for example, to “ONLY take a prescription medication that was prescribed for only YOU, and bought from a legitimate pharmacy could save your life”. Times have changed, chances people took long ago sharing medication should be no more. People are playing Russian roulette with their lives every time they use a drug other than what is being prescribed, and even to that sometimes make one wonder. Our First Responders, all, civilians and all government first responders, MUST be knowledgeable and trained in the use of naloxone, a life saving drug for fentanyl overdoses.

The Opioid Abatement Trust Fund Committee, for which I was selected to be a member, was established under the Virgin Islands Department of Health to provide recommendations to the Commissioner of Health on how the opioid abatement funds received as a result of opioid litigation settlements and judgements are to be allocated and distributed consistent with approved uses. Under the terms of the

settlement agreement, eighty-five percent of these funds is to go directly to support treatment, recovery, harm reduction, and other strategies to address opioid abuse and addiction. I believe that priority one should be made in the areas of PREVENTION, by educating our people about the dangers of drugs, all kinds, and the possible ramifications of taking that “one chance”, and, as I stated above, training for ALL FIRST RESPONDERS as it relates to knowing what to look for, the handling of any substances, and what to do in the event of an exposure. Naloxone training and issuance upon completion of training should be mandatory for all First Responders. It is best to have it and not need it, than need it, and not have it. There will be many other approved uses of the abatement funds for the betterment of our people’s health and safety in the Virgin Islands. That will be determined as the committee convenes and determines all of the guidelines as to the fund’s usage.

I thank you for the opportunity to testify here today. I will do my best to answer any questions you may have at the appropriate time.

Xylazine

According to the DEA, xylazine was found in 23% of seized fentanyl powder in 2022¹. Between 2015 and 2020, overdose deaths involving xylazine has increased 20-fold in all major US regions where xylazine testing was done².

Frequently Asked Questions About Xylazine

What is xylazine?

Xylazine, also known as “tranq,” “tranq dope,” “sleep-cut,” “Philly dope,” or “zombie drug,” is a non-opioid tranquilizer used in veterinary medicine to sedate animals that is not approved for any use with humans³. It has been increasingly found in illicit fentanyl and heroin supplies nationwide since 2015 and has more recently been found in some illicit stimulant supplies (cocaine, methamphetamine, MDMA, etc.) as well^{4,5}. While some people knowingly use xylazine on its own or in combination with fentanyl or heroin, many people do not know if their drug supply contains either fentanyl or xylazine^{3,4}.

Due to the severe effects of xylazine in combination with fentanyl and its growing role in overdose deaths nationwide, the White House designated fentanyl combined with xylazine an emerging threat to the United States on April 12th, 2023⁶.

What are the effects of xylazine?

Xylazine causes sedation and drowsiness, difficulty breathing, dangerously low blood pressure, and slow heart rate⁷. Repeated use of xylazine can result in dependence and severe withdrawal symptoms^{3,4,7}, and repeated injection has been associated with severe wounds and skin ulcers which can cause necrosis that may lead to amputation^{3,4}. Other symptoms that have been reported include high blood sugar, less bladder control, feeling tired frequently, slower reflexes, trouble swallowing, and severe dry mouth⁸.

What should I do if someone overdoses with xylazine?

While naloxone will not reverse the effects of xylazine, it is still recommended that naloxone be used since xylazine is often used in combination with opioids⁹. After administering 1 dose of naloxone, check to see if the breathing. If they are not breathing or have slow, shallow breaths, call 911 immediately and do rescue breaths for 3-5 minutes (see how to do rescue breathing here: bit.ly/Rescue-Breathing-Ex).

Once the person is breathing, do not administer any more naloxone! Xylazine will keep someone sedated until it wears off. Stay with the person until EMS arrives and keep an eye on them in case breathing slows or stops. Put the person in the rescue position on their side so they do not choke on vomit.

References

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ODL
education

www.overdoselifeline.org

PR-USVI High Intensity Drug Trafficking Area

Mission Statement

The primary mission of the PR-USVI HIDTA Program is to enhance and coordinate drug control efforts among federal, state, and local law enforcement agencies. These coordinated efforts, in conjunction with prevention and treatment programs, are focused on reducing drug trafficking and its harmful consequences in our geographic area of responsibility and other affected areas of the United States. PRVI HIDTA's goals are to reduce the production, manufacturing, distribution, transportation, and chronic use of illegal drugs.



Drug Education: The Science Behind The Drugs



The USVI HIDTA Prevention Initiative partners with the local Health Department to educate and inform the youth population on the dangers and deadly effects of opioids. Focusing on

school children, the mission is to prevent opioid abuse before it ruins lives.

Investigative Support Center (ISC)



The operational mission of the ISC is to provide actionable, accurate, detailed, and timely tactical, investigative, and strategic criminal intelligence to HIDTA initiatives, HIDTA participating agencies and other law enforcement agencies as appropriate, enabling effective and efficient utilization of valuable investigative resources.

Overdose Response Strategy (ORS)



PR-USVI HIDTA's ORS is a collaborative partnership between public health and public safety professionals that gathers, analyzes, and disseminates vital information to reduce fatal and non-fatal overdoses. Data sharing, collaboration, education, and prevention are the four pillars of the ORS strategy to aid communities in saving lives in response to the opioid epidemic.

Initiatives



PR-USVI HIDTA facilitates 12 enforcement initiatives comprised of federal, state and local law enforcement agencies. Their mission is to investigate, disrupt, and dismantle local, regional, and international Drug Trafficking Organizations (DTOs) operating in the PRVI-HIDTA region. Other initiatives include diversion, prevention, education and training.

PRVI HIDTA is federally funded and locally administered, supporting many agencies and 3.3 million people.

Drugs and Assets Seized 2022

Cocaine: 71,090.08 Kilograms
Heroin: 26.91 Kilograms
Marijuana: 6727.63 Kilograms
Fentanyl: 7.81 Kilograms
Assets Seized: \$16,143,249.30

PR/USVI HIDTA Investigative Support Center

Investigative support Watch Center
Telephone extraction Laboratory
Deconfliction Center 24/7 - (787) 397-1364

vihidta@gmail.com

Overdose Response Strategy

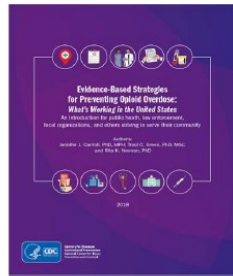
Program Goals

The mission of the HIDTA Overdose Response Strategy (ORS) is to help communities reduce fatal and non-fatal overdoses by connecting public health and public safety agencies, share critical information, and support evidence-based interventions. The ORS has four goals that shape Public Health Analysts (PHA) and Drug Intelligence Officer (DIO) priorities within each state:



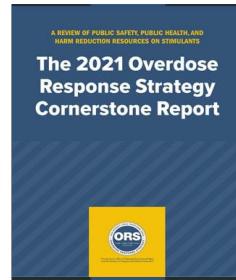
DATA SHARING SYSTEMS

Share data systems to inform rapid and effective community overdose prevention efforts.



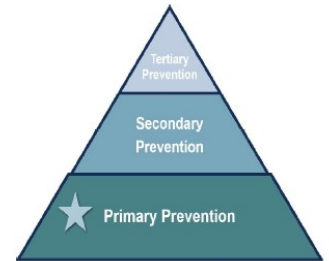
EVIDENCE-BASED RESPONSES

Support immediate, evidence-based response efforts that can directly reduce overdose deaths



NOVEL & PROMISING STRATEGIES

Design and use promising strategies at the intersection of public health and public safety



PREVENTION STRATEGIES

Use effective and efficient primary prevention strategies that can reduce substance use and overdose long term

The ORS also has four strategic directions that shape the boundaries of the program:

Law Enforcement

Response

Prevention

Treatment & Recovery

The ORS allows us to...



Collaborate

Across public health and public safety sectors

By creating opportunities to...



Share

Data, insights, and trends we are seeing related to drug overdose in our communities

We use that information to...



Inform & Help

Local communities develop local solutions to reduce overdoses and save lives

ORS Teams

The ORS is implemented and run by state teams made up of Drug Intelligence Officers and Public Health Analysts who work together on drug overdose issues with and across sectors and counties. These teams form the foundation of the ORS and are able to simultaneously promote public health and public safety efforts. This unique partnership allows for a wide range of issues to be addressed more effectively and efficiently.

Drug Intelligence Officer (DIO) Rodney F. Querrard

ONDCP/PR-USVI HIDTA

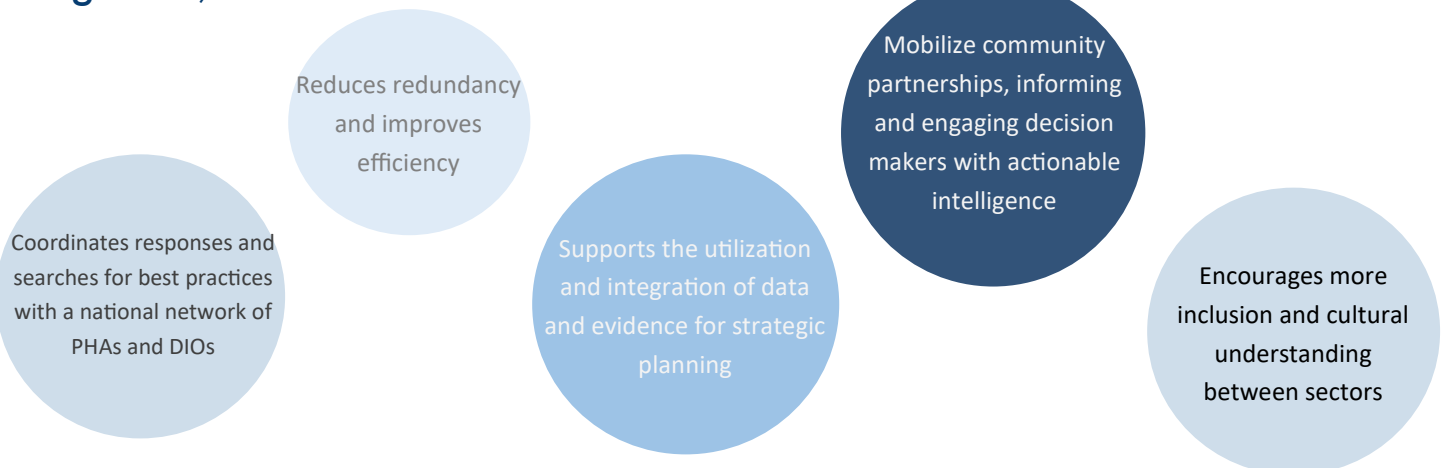
- Bridges a critical gap in intelligence sharing by reporting cross-jurisdictional links, facilitates interstate intelligence communication, relays case referrals between agencies, and drafts timely intelligence reports for law enforcement audiences
- Connects investigators with each other, deconflicts investigations, and alerts law enforcement to otherwise unknown drug trafficking organizations
- Leverages the DIO network to support drug trafficking investigations, thus reducing exposure of vulnerable individuals to potent substances
- Assigned to the PRVI HIDTA Investigative Support Center and St. Thomas HIDTA Initiative

Public Health Analyst (PHA) Amulen Wirsiy

CDC Foundation/ PR-USVI HIDTA

- Serves a critical role in enhance territorial overdose reporting and data systems, increasing interagency data sharing
- Analyzes and interprets data for the development of relevant products, reports and bulletins that inform community action
- Develops and disseminates reports about overdose trends and supports the development of evidence-based responses
- Shares data relating to overdose spikes with law enforcement and public health officials in the impacted areas
- Embedded within the Departamento de Salud de Puerto Rico, the Virgin Islands Department of Health, Center for Disease Control, and the PRVI HIDTA Investigative Support Center

Together, the ORS Teams...





Fentanyl

WHAT IS FENTANYL?

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

WHAT IS ITS ORIGIN?

Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic. It is legally manufactured and distributed in the United States. Licit fentanyl pharmaceutical products are diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, nurses, physician assistants, nurse practitioners, and pharmacists.

From 2011 through 2021, both fatal overdoses associated with abuse of clandestinely produced fentanyl and fentanyl analogs, and law enforcement encounters increased markedly.

According to the Centers for Disease Control and Prevention (CDC), overdose deaths involving synthetic opioids, excluding methadone were involved in roughly 2,600 drug overdose deaths each year in 2011 and 2012, but from 2013 through 2021, the number of drug overdose deaths involving synthetic opioids, excluding methadone increased dramatically each year, to more than 68,000 in 2021. The total number of overdose deaths for this category was greater than 258,000 for 2013 through 2021. These overdose deaths involving synthetic opioids is primarily driven by illicitly manufactured fentanyl, including fentanyl analogs. Consistent with overdose death data, the trafficking, distribution, and abuse of illicitly produced fentanyl and fentanyl analogs positively correlates with the associated dramatic increase in overdose fatalities.



A lethal dose of fentanyl

What are common street names?

Common street names include:

- Apache, China Girl, China Town, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, and Tango & Cash.

What does it look like?

Clandestinely produced fentanyl is encountered either as a powder or in fake tablets and is sold alone or in combination with other drugs such as heroin or cocaine.

Fentanyl pharmaceutical products are currently available in the following dosage forms: oral transmucosal lozenges commonly referred to as fentanyl “lollipops” (Actiq®), effervescent buccal tablets (Fentora®), sublingual tablets (Abstral®), sublingual sprays (Subsys®), nasal sprays (Lazanda®), transdermal patches (Duragesic®), and injectable formulations.

How is it abused?

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances

and has been identified in fake pills, mimicking pharmaceutical drugs such as oxycodone. Fentanyl patches are abused by removing its gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity. According to the National Forensic Laboratory Information System - National Estimates Based on All Reports estimates, reports on fentanyl (both pharmaceutical and clandestinely produced) increased from 4,697 in 2014 to over 117,045 in 2020, as reported by federal, state, and local forensic laboratories in the United States.

What is the effect on the body?

Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.

What are the overdose effects?

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

Which drugs cause similar effects?

Drugs that cause similar effects include other opioids such as morphine, hydrocodone, oxycodone, hydromorphone, methadone, and heroin.

What is the legal status in the Federal Control Substances Act?

Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970.



Fake rainbow oxycodone M30 tablets containing fentanyl