Opioid and Addiction Response Overview

Commissioner's Advisory Council on
Health Disparity and Health Equity
April 16, 2019

Presentation Overview

- Waves of the opioid overdose epidemic.
- How the Virginia Department of Health is responding.
- How VDH is using the CDC Opioid Crisis Response Cooperative Agreement to enhance response efforts.

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

399,000 **people died** from an opioid overdose (1999–2017)

1990s
mark a rise in **prescription opioid** overdose deaths

2010
marks a rise in **heroin** overdose deaths

2013
marks a rise in **synthetic opioid** overdose deaths

Rx OPIOIDS
Include natural, semi-synthetic, and methadone and can be prescribed by doctors

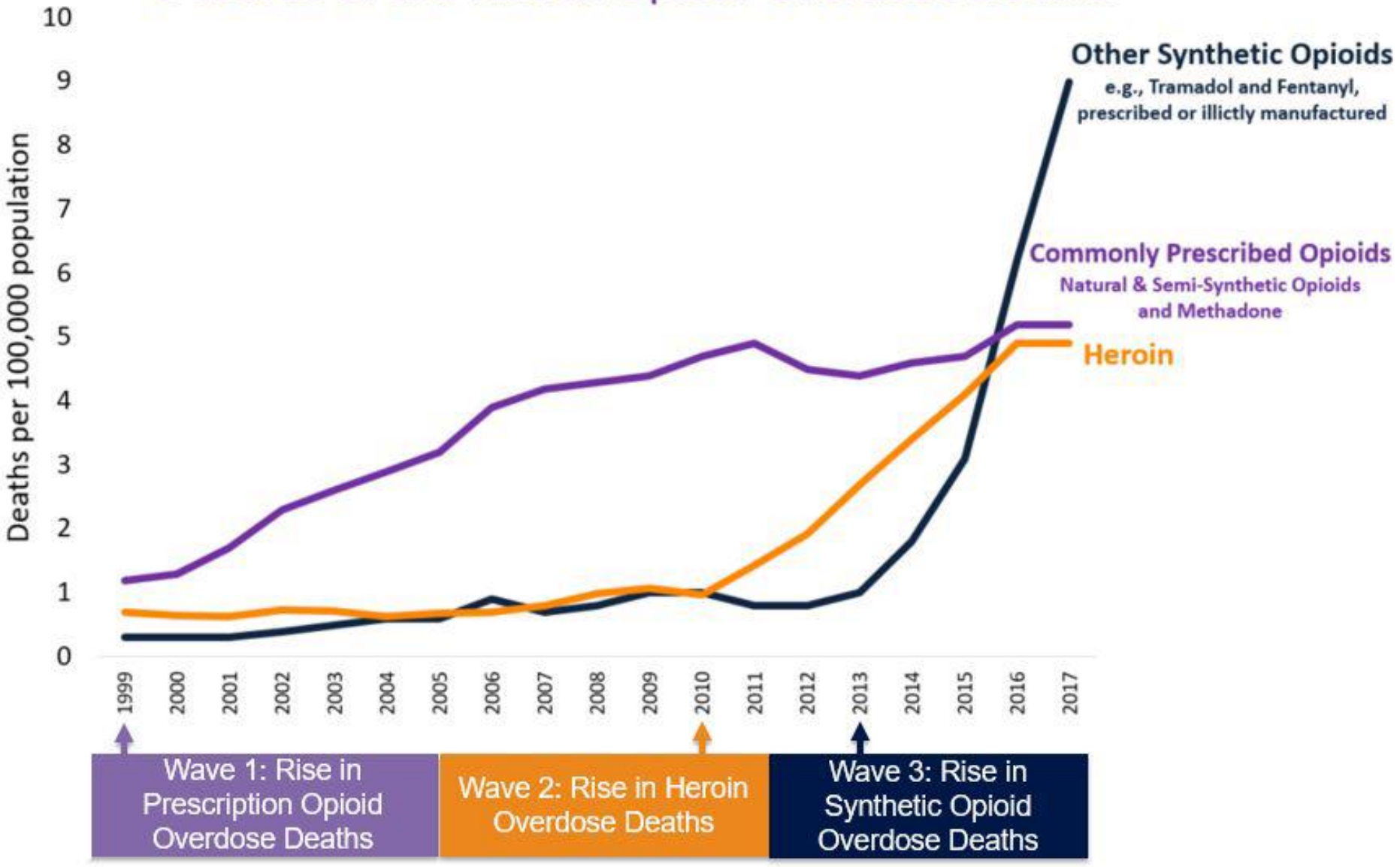
HEROIN
An illegal opioid

SYNTHETIC OPIOIDS
Such as fentanyl and tramadol are very powerful and can be illegally made

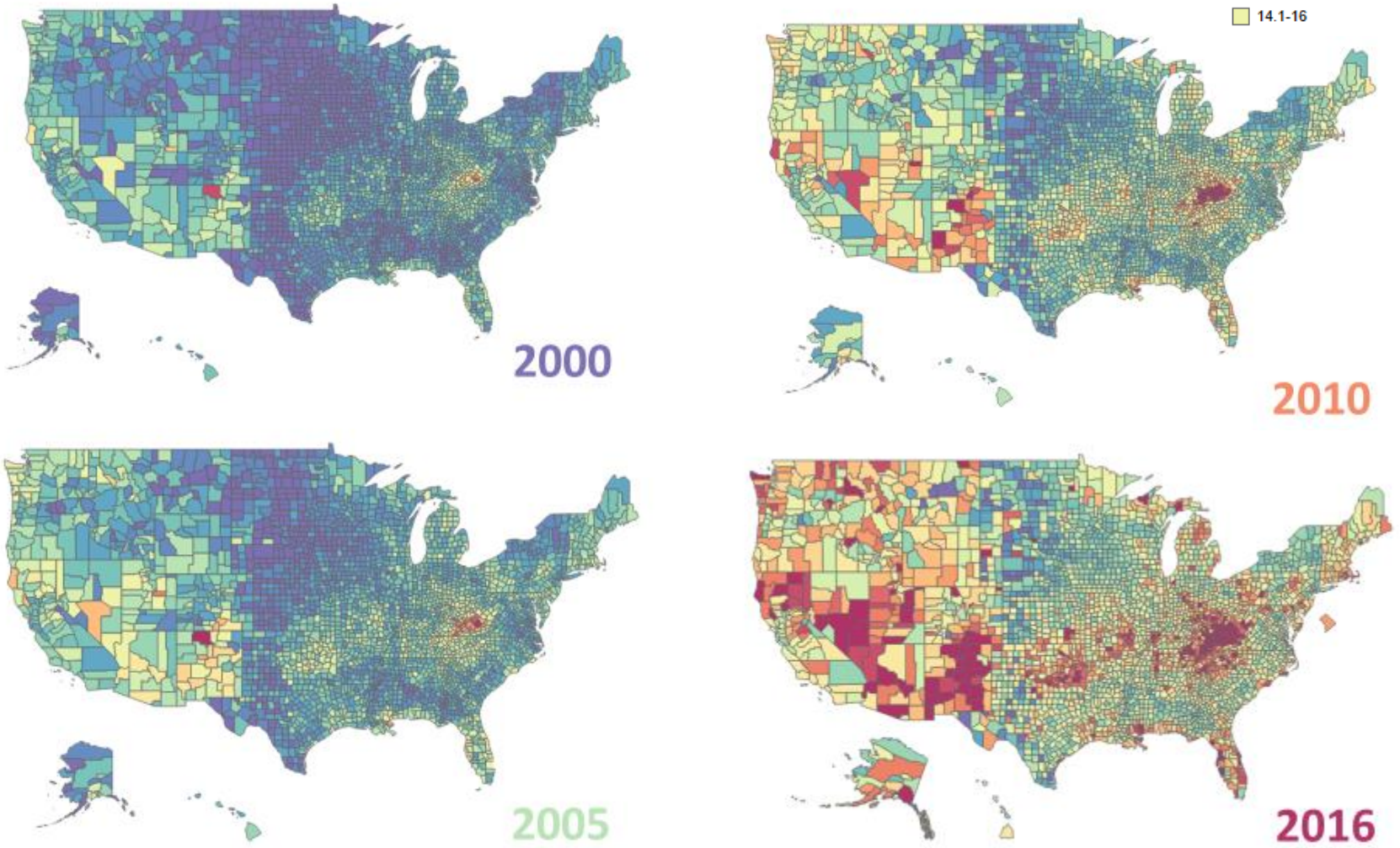
Learn more about the evolving opioid overdose crisis: **www.cdc.gov/drugoverdose**

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

3 Waves of the Rise in Opioid Overdose Deaths

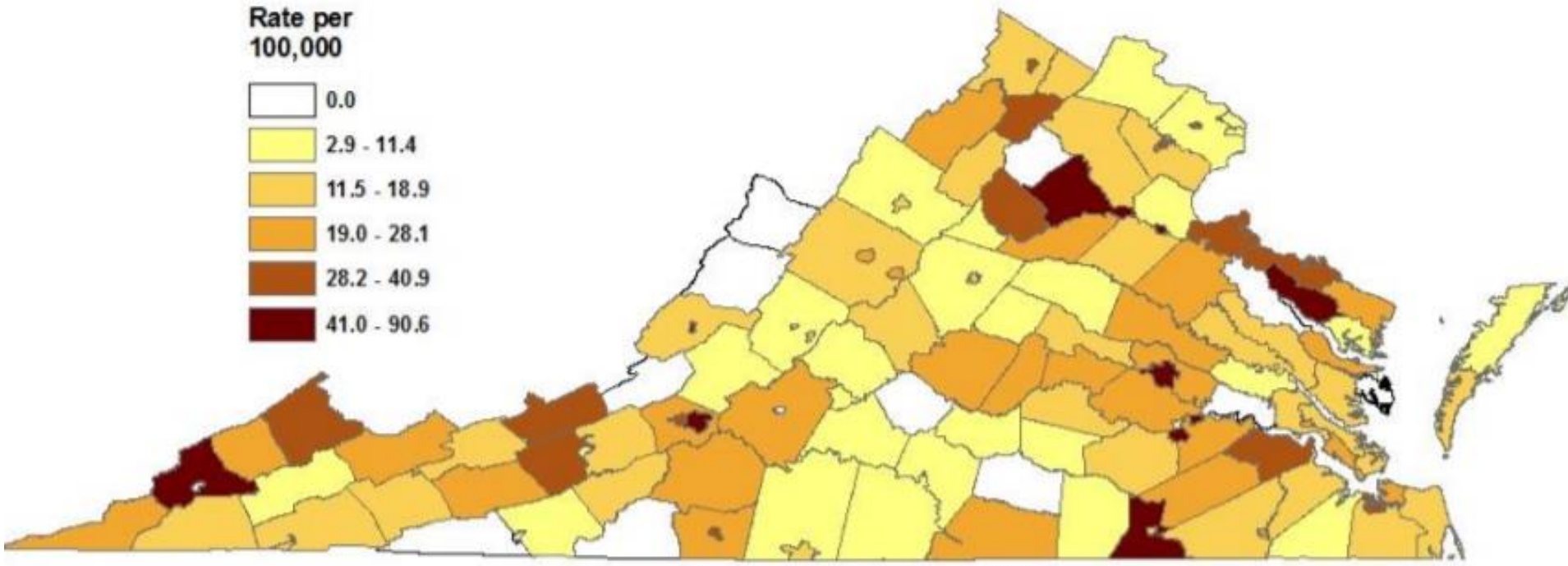


SOURCE: National Vital Statistics System Mortality File.



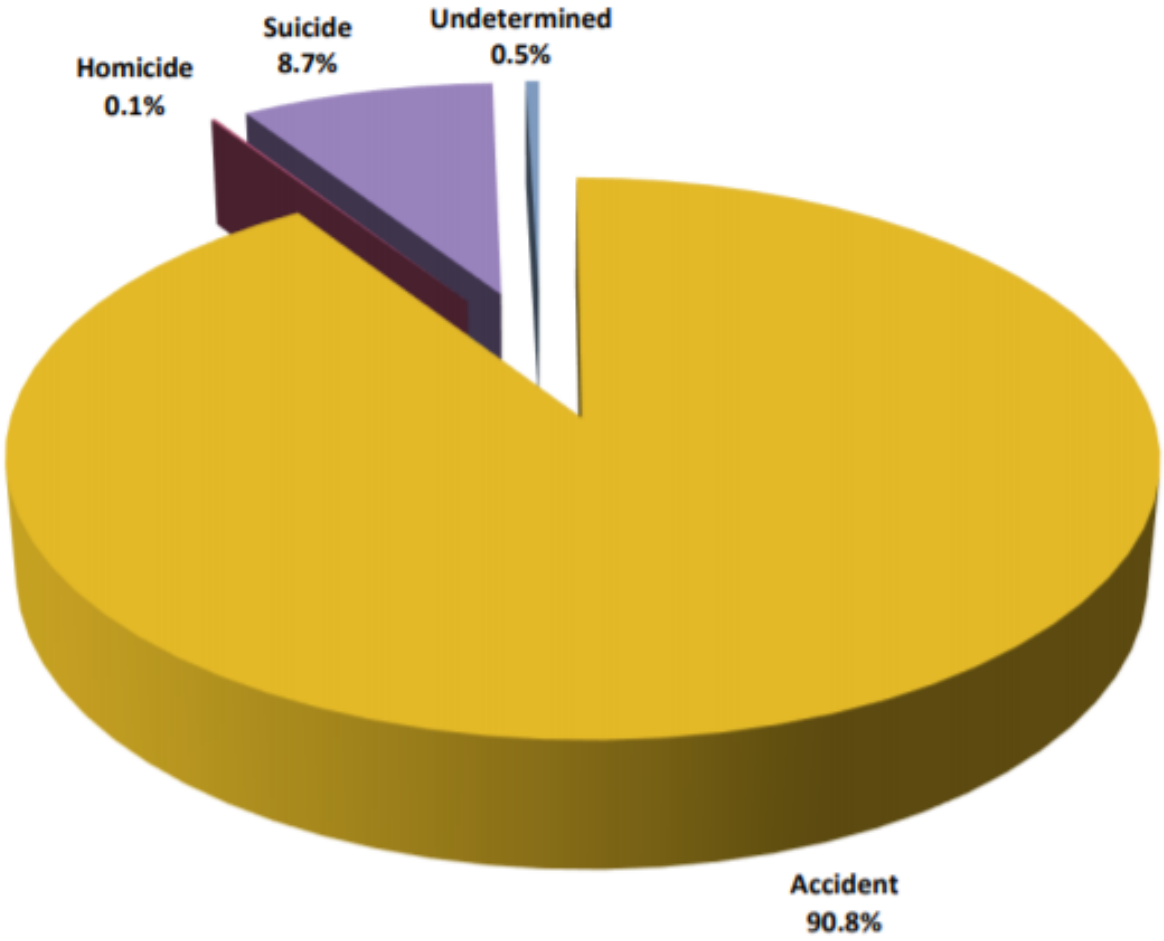
SOURCE: NCHS Data Visualization Gallery

Rate of All Fatal Drug Overdoses by Locality of Overdose, 2017



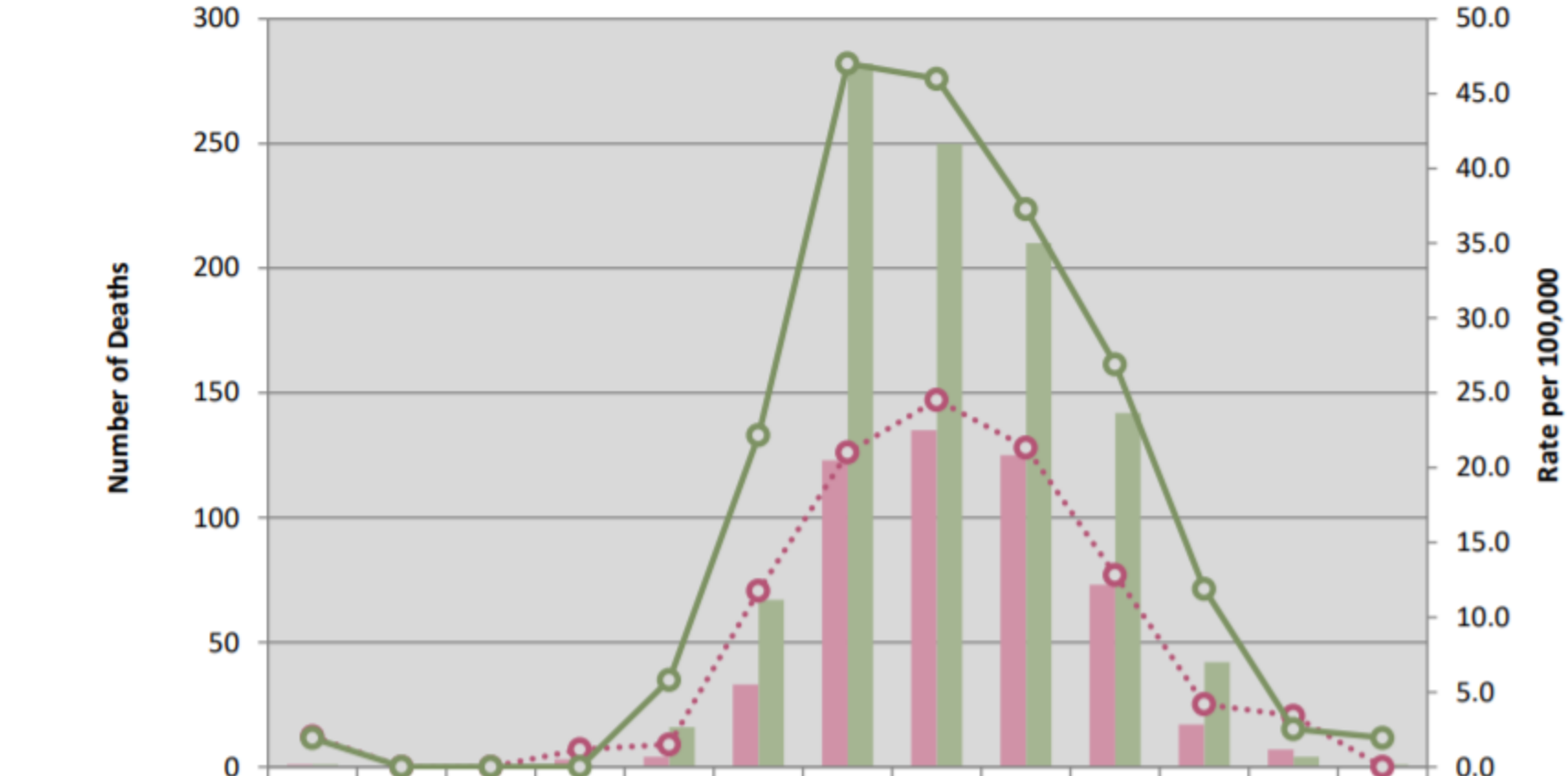
Source: Virginia Department of Health, Office of the Chief Medical Examiner

Figure 5.2 Percentage of Fatal Drug/Poison Overdoses by Manner of Death, 2017



Source: Virginia Department of Health, Office of the Chief Medical Examiner, Annual Report 2017

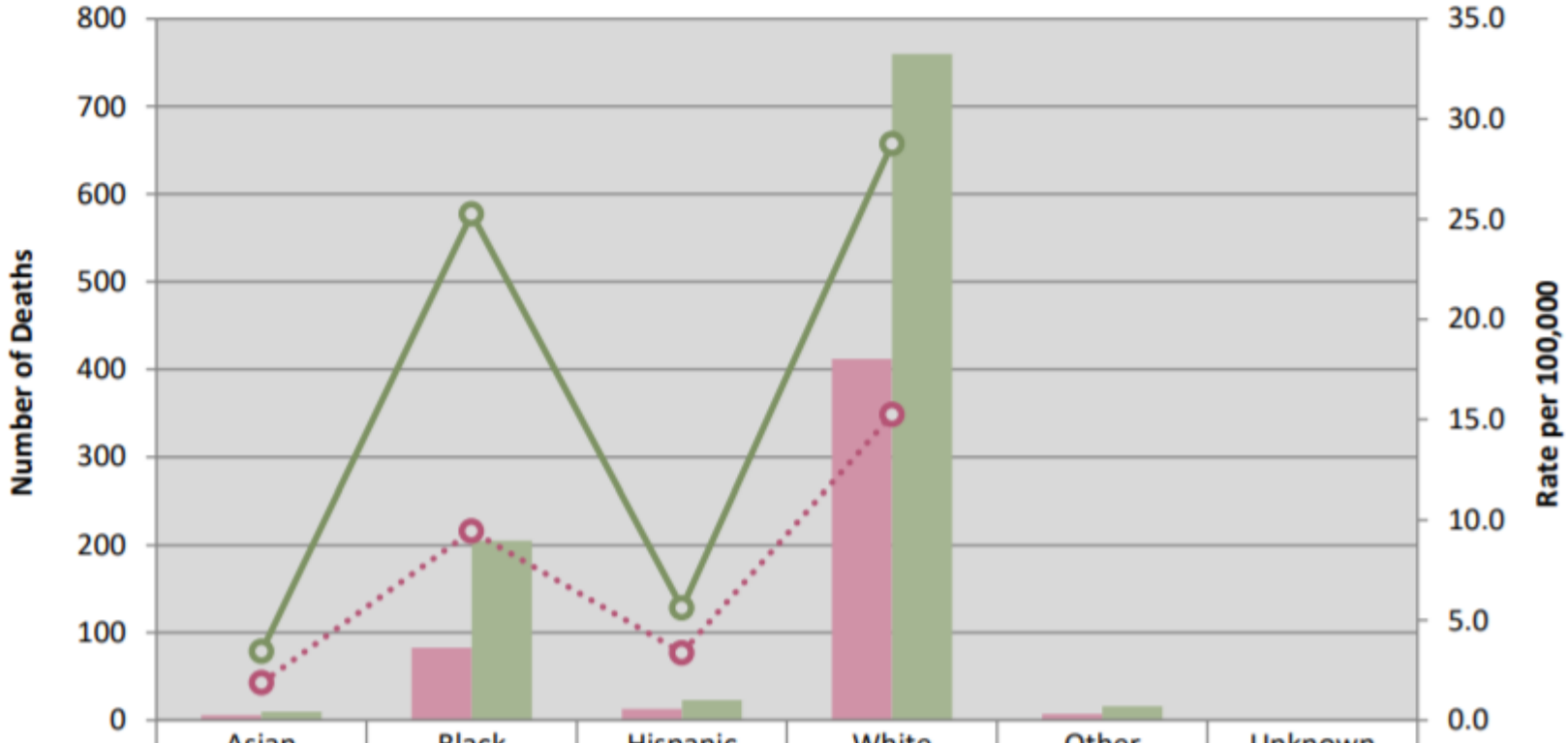
Figure 5.3 Number and Rate of Fatal Drug/Poison Overdoses by Age Group and Gender, 2017



	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Female	1	0	0	3	4	33	123	135	125	73	17	7	0
Male	1	0	0	0	16	67	282	250	210	142	42	4	1
Female Rate	2.0	0.0	0.0	1.2	1.5	11.8	21.0	24.5	21.3	12.8	4.2	3.4	0.0
Male Rate	1.9	0.0	0.0	0.0	5.8	22.2	47.0	46.0	37.3	26.9	11.9	2.5	1.9

Source: Virginia Department of Health, Office of the Chief Medical Examiner, Annual Report 2017

Figure 5.5 Number and Rate of Fatal Drug/Poison Overdoses by Race/Ethnicity and Gender, 2017



	Asian	Black	Hispanic	White	Other	Unknown
Female	6	83	13	412	7	0
Male	10	205	23	760	16	1
Female Rate	1.9	9.4	3.4	15.2	*	*
Male Rate	3.4	25.3	5.6	28.8	*	*

*No rate can be calculated

Source: Virginia Department of Health, Office of the Chief Medical Examiner, Annual Report 2017

OCME Fatal Drug Overdose Quarterly Report – Q3 2018

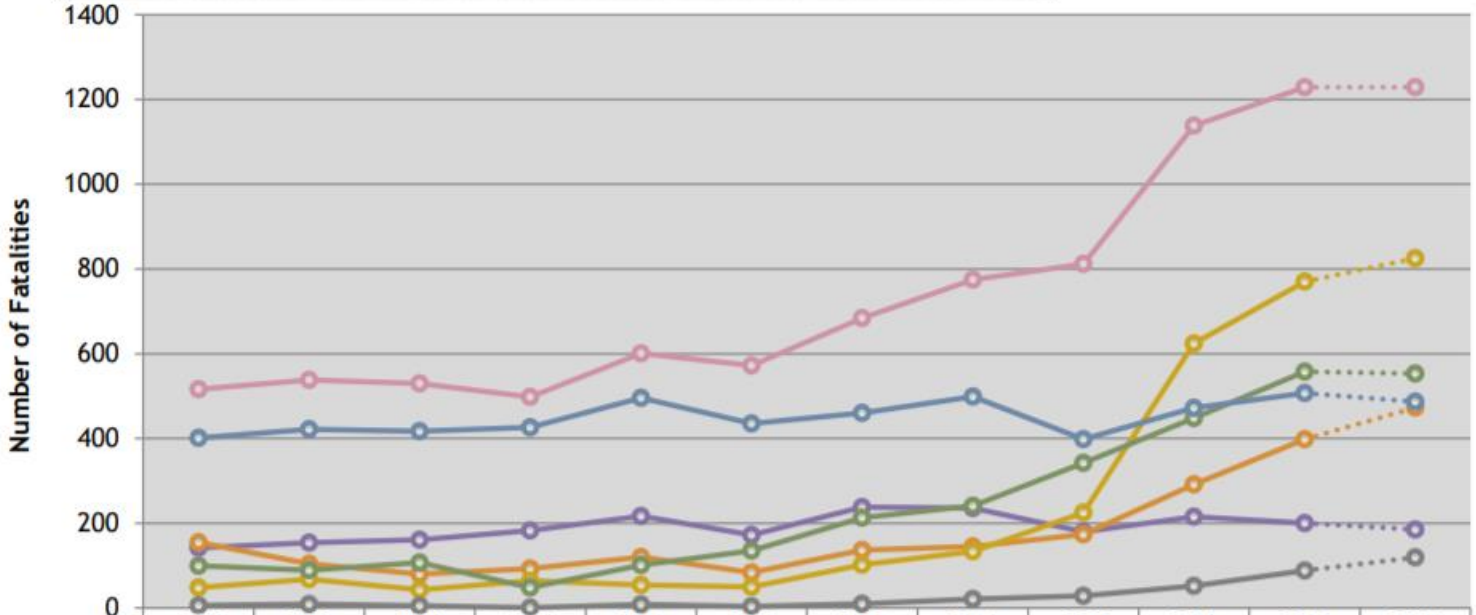
- Fatal drug overdose has been the leading method of unnatural death in Virginia since 2013. Opioids have been the driving force behind the large increases in fatal overdoses since 2013.
- In 2015 statewide, the number of illicit opioids deaths surpassed prescription (Rx) opioid deaths. This trend continued at a greater magnitude in 2016, 2017, and 2018.
- There has not been a significant increase or decrease in fatal prescription (Rx) opioid overdoses over the 10 year time span (2007-2016).

OCME Fatal Drug Overdose Quarterly Report – Q3 2018

- Fentanyl (prescription, illicit, and analogs) caused or contributed to death in over 50% of fatal overdoses in 2017.
- Virginia experienced the largest increase (38.9%) in the number of fatal overdoses on record in 2016 compared to 2015. Although 2017 numbers surpassed those of 2016, the rate of change (7.4% increase) was not as significant as that seen in 2016 compared to 2015.
- Preliminary Q3 2018 totals had the largest number of fatal overdoses (all substances) in Virginia history.

ALL DRUGS

Total Number of Fatal Drug Overdoses Drug Name/Category and Year of Death, 2007-2018
('Total Fatalities' for 2018 is a Predicted Total for the Entire Year)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*
Benzodiazepines	142	154	161	183	217	172	238	236	180	215	200	185
Cocaine	155	104	80	93	120	84	137	145	174	292	398	473
Fentanyl	48	68	43	64	54	50	102	134	225	624	770	825
Heroin	100	89	107	48	101	135	213	241	342	448	558	553
Methamphetamine	6	9	5	1	8	4	10	21	29	52	88	119
Prescription Opioids (excluding Fentanyl)	401	422	417	426	496	435	460	499	398	472	507	487
All Opioids	516	538	530	498	601	572	684	775	812	1138	1229	1229

[1] Deaths may be represented in more than one category due to groupings of drug categories (e.g. heroin)
[2] 'All Opioids' includes all versions of fentanyl, heroin, prescription opioids, U-47700, and opioids unspecified
[3] 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.
[4] Historically, fentanyl has been categorized as a prescription opioid because it is mass produced by pharmaceutical companies. However, recent law enforcement investigations and toxicology results have demonstrated that several recent fentanyl seizures have ***not*** been pharmaceutically produced, but illicitly produced. This illicit form of fentanyl is produced by international drug traffickers who import the drug into the United States and often, mix it into heroin being sold. This illicitly produced fentanyl has been the biggest contributor to the significant increase in the number of fatal opioid overdoses in Virginia.
[5] Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

Virginia Opioid Addiction Indicators

This dashboard displays the Opioid Addiction Indicators (Overdose Deaths, ED Visits, Narcan Adminstrations, Hepatitis C, Diagnosed HIV and NAS) in Virginia. Use the '**Year**', '**Geographic Grouping**' and '**Select Detail**' filters to change the values in the tables and maps below.

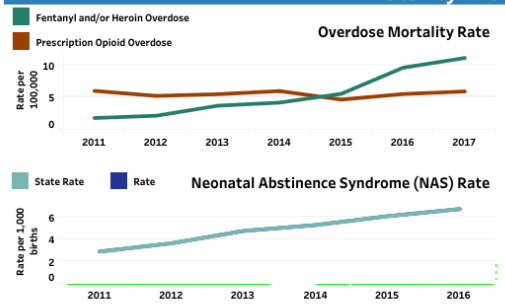
Year 2017 **Geographic Grouping** Locality **Select Detail** All

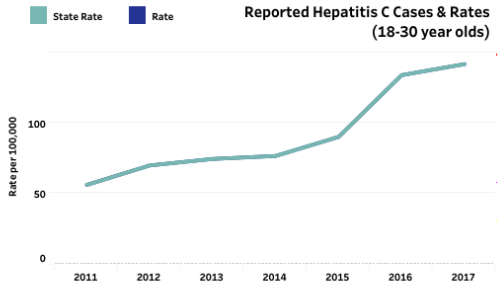
2017 Virginia State Summary

Fentanyl and/or ..	Prescription ..	ED Heroin..	ED Opioid..	EMS Narcan	Reported Hepatitis C ..	Diagnosed HIV
Deaths	Deaths	Visits	Visits	Administrations	New Cases	New Cases
938	507	1,586	8,578	4,533	2,141	894
Mortality Rate	Mortality Rate	Visit Rate	Visit Rate	Administration Rate	New Case Rate	New Case Rate
11.0	5.9	18.9	102.0	53.9	140.9	10.6

Rates are calculated as per 100,000 Virginia residents, except for Neonatal Abstinence Syndrome (NAS), which is calculated as per 1,000 live births.

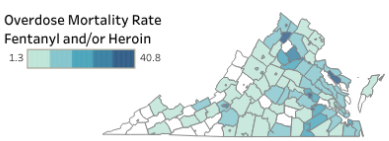
Locality Trends by Year

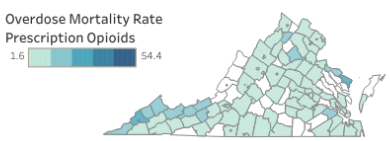


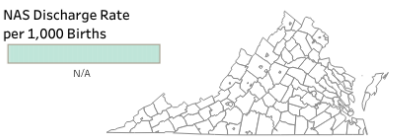


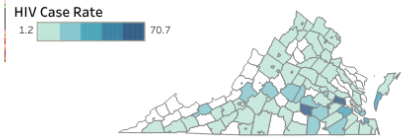
2017 Locality Rate Summary by Age Group

	Overdose Deaths		ED Visits for Overdose		EMS	HIV
Age Group	Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	Narcan Administrations	Diagnosed HIV
0-14	0.1	0.1	0.0	38.4	1.2	0.3
15-24	7.3	2.1	22.5	155.0	48.6	19.7
25-34	25.9	9.0	55.0	173.3	115.5	24.4
35-44	22.2	11.1	28.7	127.4	75.9	16.0
45-54	15.7	10.7	18.3	106.3	68.4	9.8
55-64	9.3	8.6	11.8	81.6	50.4	6.7
65+	1.3	2.3	2.8	56.8	35.2	1.6
All Ages	11.0	5.9	18.9	102.0	53.9	10.6









Data sources included in this dashboard vary in availability by year. An "N/A" indicates a data source is currently not available for the selected year. Use caution when interpreting rates for localities with small populations. Case and visit counts between 1 to 4 in the dataset are suppressed with an asterisk(*) to maintain confidentiality and accurate rate calculations.

Local Emergency Department

- Offer naloxone and training to patient's family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

First Responders | Public Safety | Law Enforcement Officers

- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

Mental Health and Substance Abuse Treatment Providers

- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

Coordinated, informed efforts can better prevent opioid overdoses and deaths

Community Members

- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

Community-Based Organizations

- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

Local Health Departments

- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and respond to any changes in illicit drug use.

SOURCE: CDC Vital Signs, March 2018.

Public Health Emergency Declaration

- Declared by State Health Commissioner on November 21, 2016
- Statewide standing order for naloxone issued concurrently
- State Health Commissioner is now authorized to establish and operate comprehensive harm reduction programs during a declared public health emergency [HB 2317, 2017]

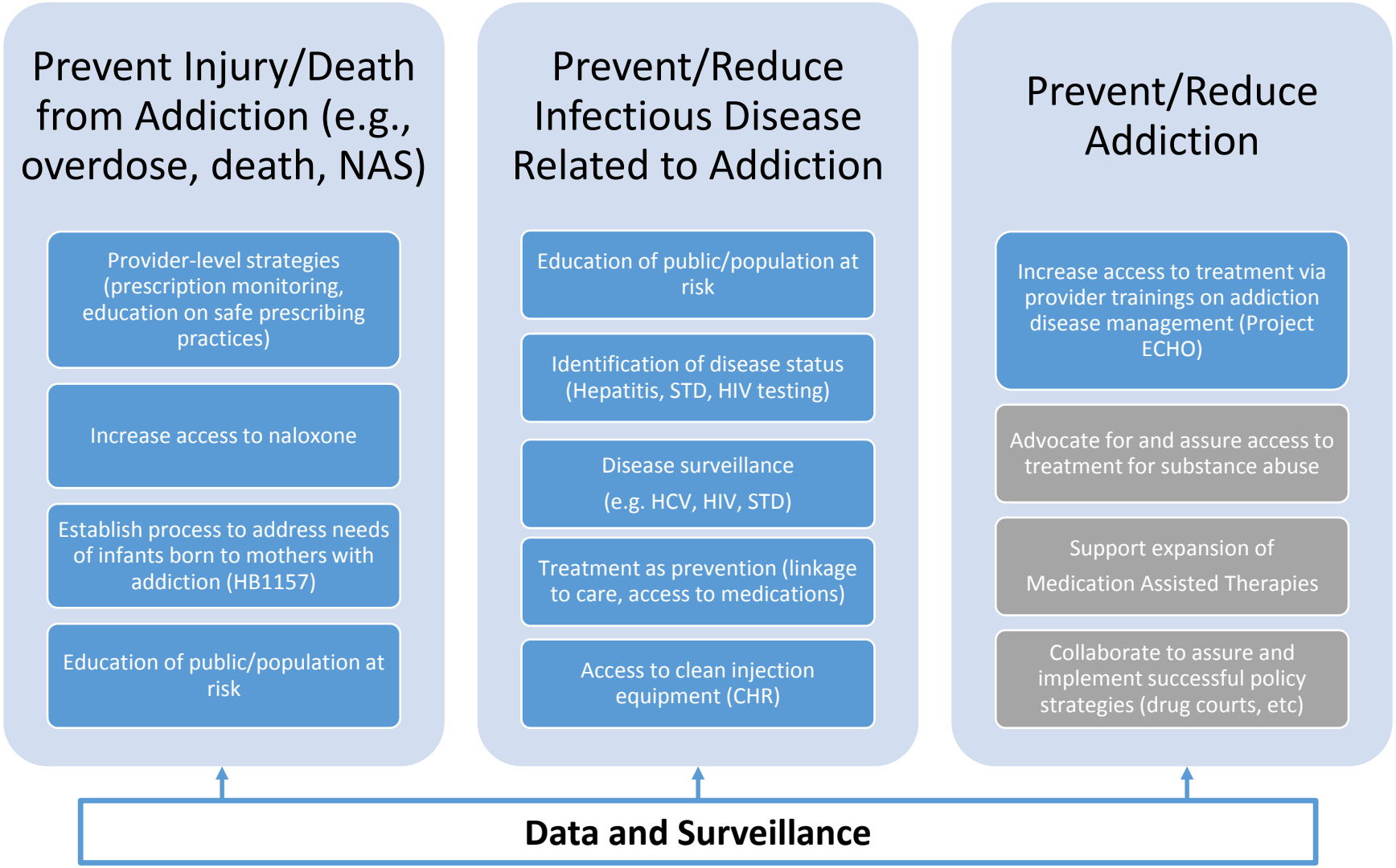
VDH Incident Management Team (IMT) Activation

- Incident Command System (ICS) Structure
- Incident Action Planning
- Situation Reporting

Governor's Executive Leadership Team on Opioids and Addiction

- Co-chaired by Secretary of Health & Human Resources and Secretary of Public Safety and Homeland Security
- Five work-groups comprised of state agency leadership: Prevention & Community Support; Supply Prevention; Treatment & Recovery; Harm Reduction; Justice-Involved Individuals.

VDH Opioid/Addiction Response

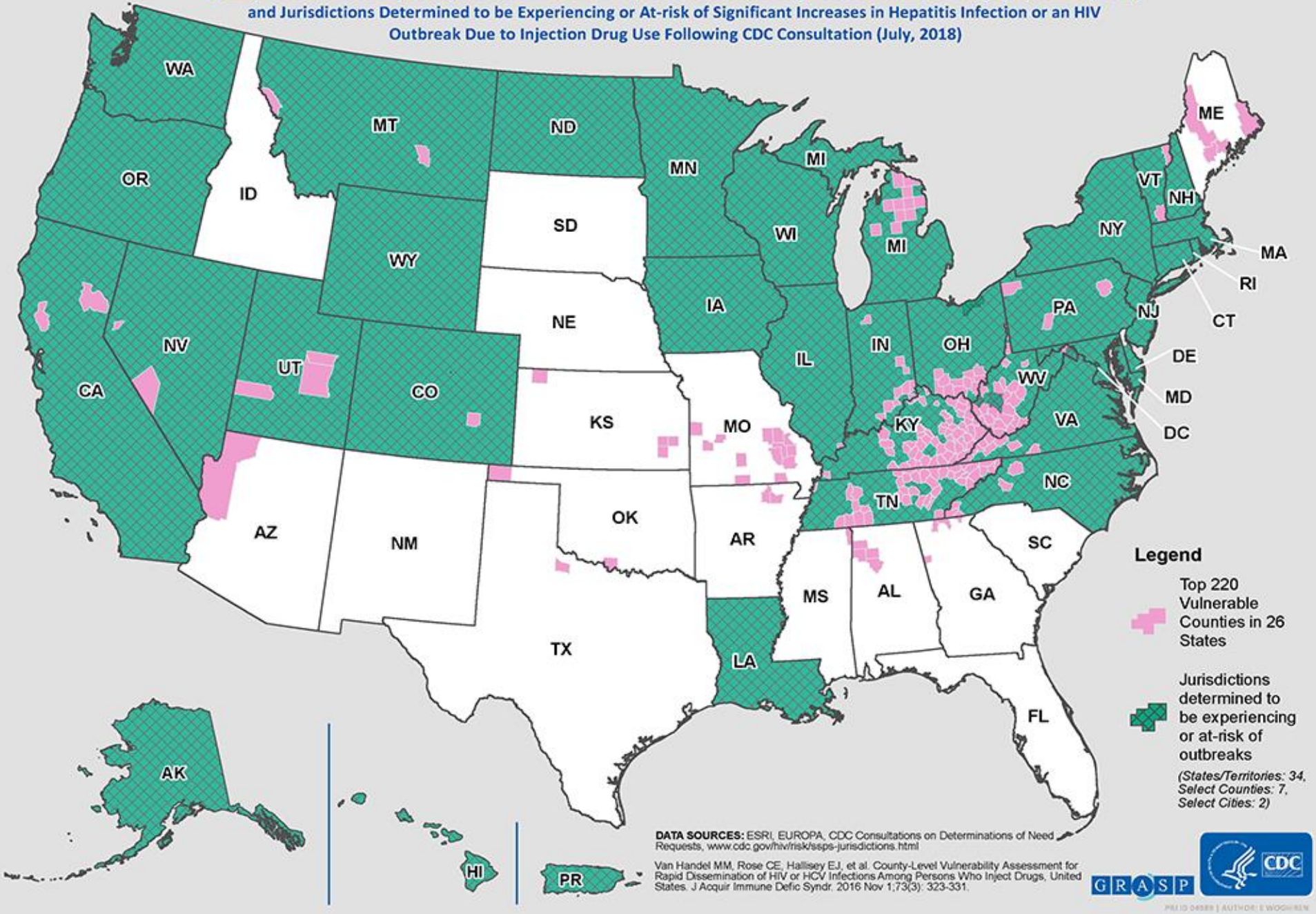


Increasing Access to Naloxone

- The Commissioner's standing order makes naloxone available at pharmacies in Virginia without a prescription from an individual's personal healthcare provider.
- VDH is currently providing NARCAN® to individuals at no cost through local health districts and community services boards, with support in part from the Department of Behavioral Health and Developmental Services.
- As of January 2019, VDH has distributed over 35,000 doses of Narcan® to local health districts, community services boards, law enforcement agencies and emergency medical services (EMS) agencies.
- Naloxone became reportable to Virginia's Prescription Monitoring Program (PMP) in July 2018.

Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September, 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (July, 2018)



DATA SOURCES: ESRI, EUROPA, CDC Consultations on Determinations of Need Requests, www.cdc.gov/hiv/risk/ssps-jurisdictions.html

Van Handel MM, Rose CE, Hallisey EJ, et al. County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States. J Acquir Immune Defic Syndr. 2016 Nov 1;73(3): 323-331.

GRASP

CDC

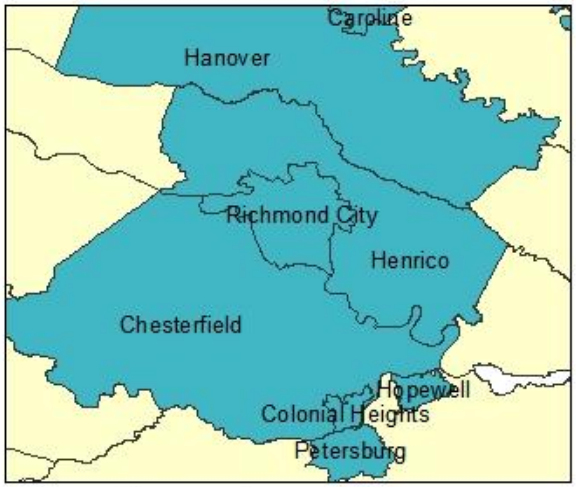
Syringe Services Programs:
Vital Part of Efforts to Combat Opioid, HIV, and Hepatitis Epidemics

What is an SSP?

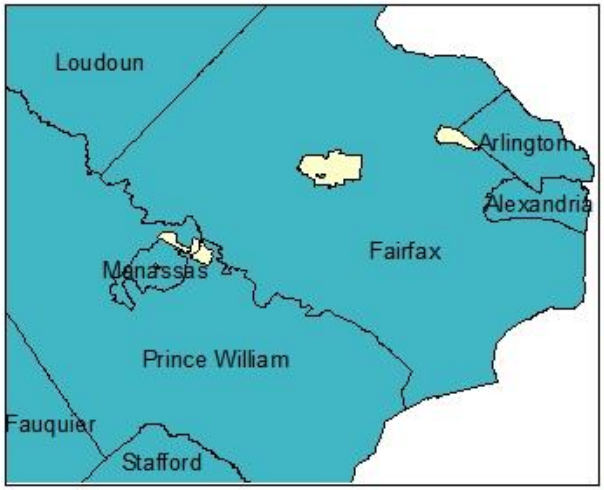
A community-based program that provides key pathway to services to prevent drug use, HIV, and viral hepatitis

- Free sterile needles and syringes
- Safe disposal of needles and syringes
- Referral to mental health services
- Referral to substance use disorder treatment, including medication-assisted treatment
- HIV and hepatitis testing and linkage to treatment
- Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)
- Hepatitis A and B vaccination
- Overdose treatment and education

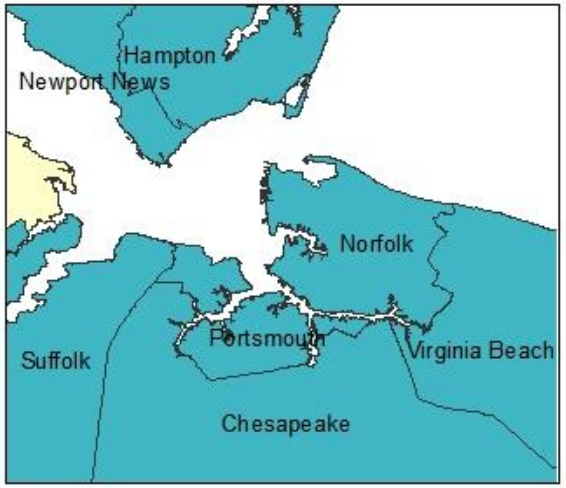
Eligibility Determination for Comprehensive Harm Reduction Programs by Locality in Virginia as of January 2018



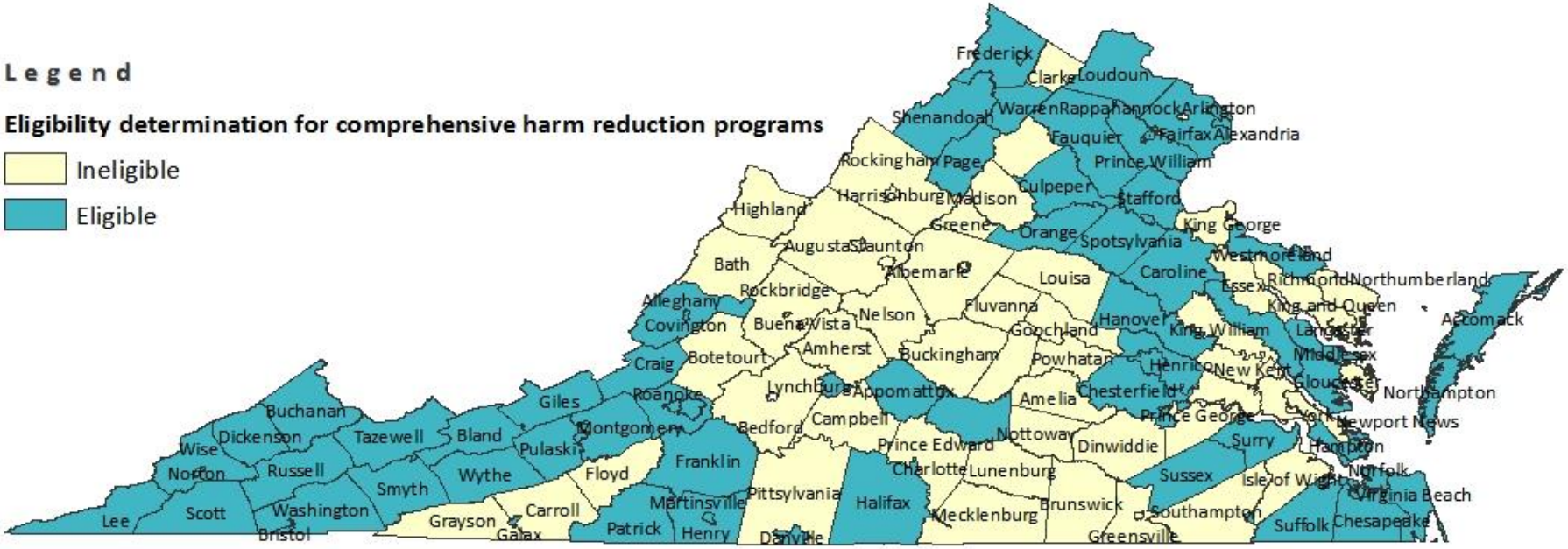
Richmond City and surrounding areas



Northern Virginia



Hampton Roads



Eligibility determination for comprehensive harm reduction programs is based on public health criteria outlined in House Bill 2317.
Version: January 2018, Division of Disease Prevention, Virginia Department of Health

CDC Opioid Crisis Response Cooperative Agreement

- FY 2018 Consolidated Appropriations Act and Accompanying Report includes funding appropriated to CDC to “advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C.”
- CDC activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response to award a portion of these funds to those affected by the opioid epidemic.
- This is one-time, one-year funding.

Budget Summary: CDC Opioid Crisis Response Cooperative Agreement

CDC Funding Source	Award Ceiling Established by CDC	Total Awarded to Virginia
National Center for Injury Prevention & Control (NCIPC)	$3,235,577	$3,235,577
Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)	$200,000	$200,000
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)	$114,700	$114,700
NCIPC - Special Project	$500,000	$500,000
Partner Support Notice of Funding Opportunity *Separate cooperative agreement*	Not established	$948,000

Awarded Activities

This funding is supporting several initiatives, including but not limited to:

- Developing and disseminating enhanced jurisdiction-level vulnerability assessments;
- Collaborating with the Department of Behavioral Health and Developmental Services to expand the statewide workforce capacity of certified peer recovery specialists;
- Enhancing the VDH Opioid Indicators Dashboard so local communities and other stakeholders have access to better data;

- Enhancing the functionality of the Emergency Department Care Coordination Project to support healthcare providers;
- Developing standardized guidelines and collaborating with emergency departments to improve access to care at the point of non-fatal overdoses and abuse-related visits;
- Expanding training opportunities for clinicians and pharmacists (naloxone education, MAT waiver training, ECHO learning labs);
- Establishing a pilot program to improve Neonatal Abstinence Syndrome (NAS) education and outreach;

- Improving follow-up of persons reported with newly identified hepatitis C infection by hiring a community outreach worker in each health planning region;
- Sponsoring a local Comprehensive Harm Reduction peer symposium;
- Expanding opportunities for employment of peer recovery specialists;
- Offering new training opportunities for staff and residents;
- Additionally, the CDC will provide the Virginia Department of Forensic Science (DFS) with $948,000 in equipment and supplies through its *Opioid Overdose Crisis Partnership Cooperative Agreement*.

Opioid Response Outreach Coordinator Pilot Program

- Goal: Provide support to Local Health Districts (LHDs) and Offices by coordinating opioid-related program activities and increasing public education.
- Participating LHDs/Offices:
  - Mount Rogers Health District
  - Central Shenandoah Health District
  - Piedmont Health District
  - Virginia Beach Health District
  - Thomas Jefferson Health District
  - Three Rivers Health District
  - Henrico Health District
  - Richmond City Health District
  - Crater Health District
  - Office of Family Health Services
  - Office of Health Equity
  - Office of Communications
  - Chesterfield Health District
  - Chickahominy Health District
  - Roanoke/Alleghany Health District

Thank you!

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