

The Opioid Epidemic in Virginia: Individual, Family and Community Consequences

Virginia Rural Health Association

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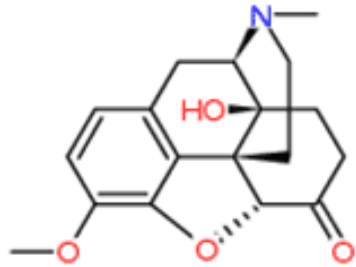
Opiate Versus Opioid



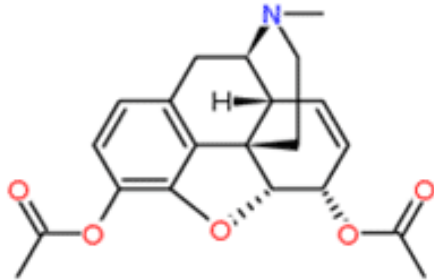
Natural	Semi-synthetic	Synthetic
codeine	hydrocodone	methadone
morphine	oxycodone	fentanyl
*heroin	meperidine	tramadol
	hydromorphone	
	oxymorphone	
	buprenorphine	

Your body makes its own opioids, which are called
“endorphins.”

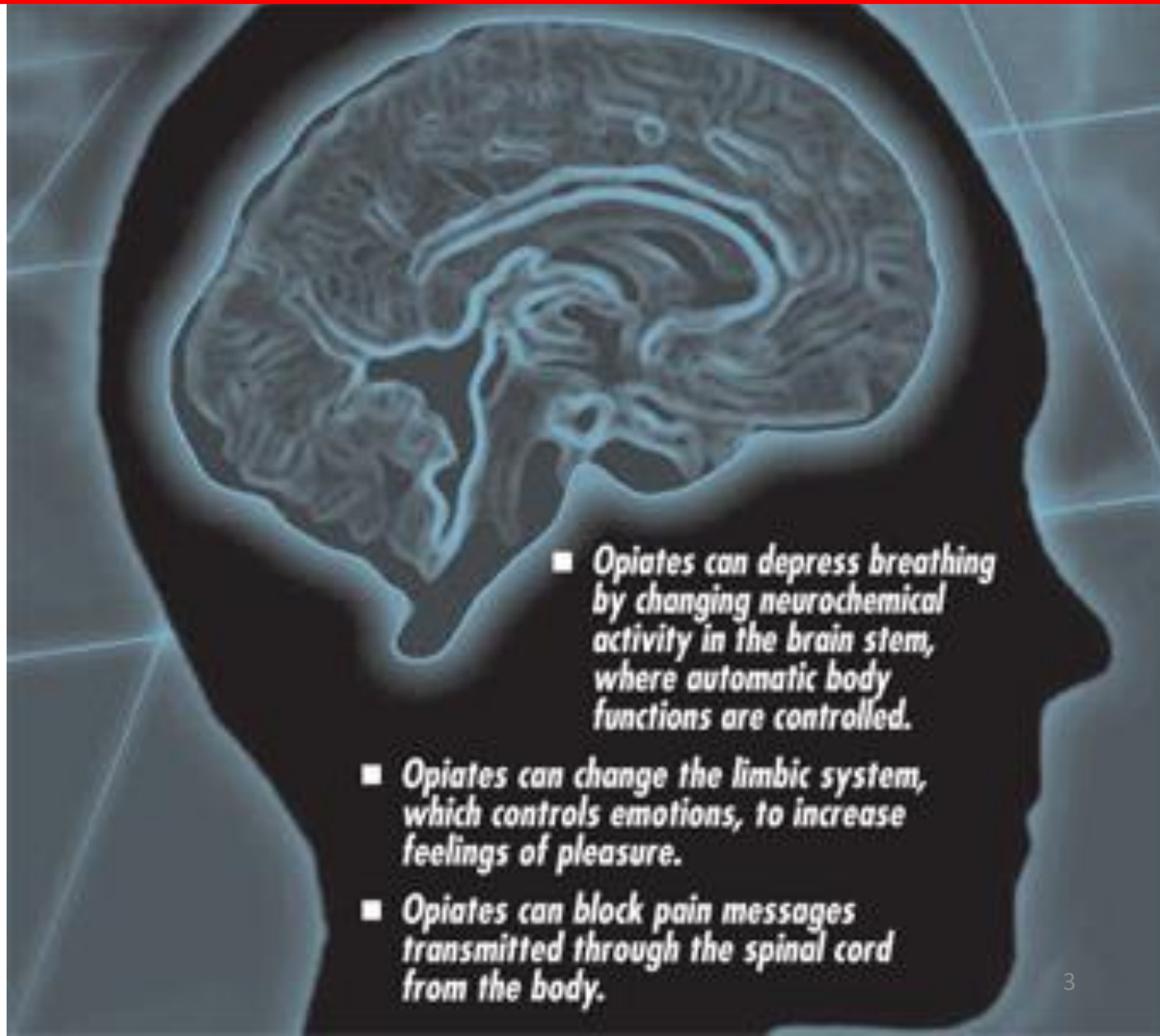
Similarities between Heroin and Prescription Opioids



OXYCONTIN (OXYCODONE)

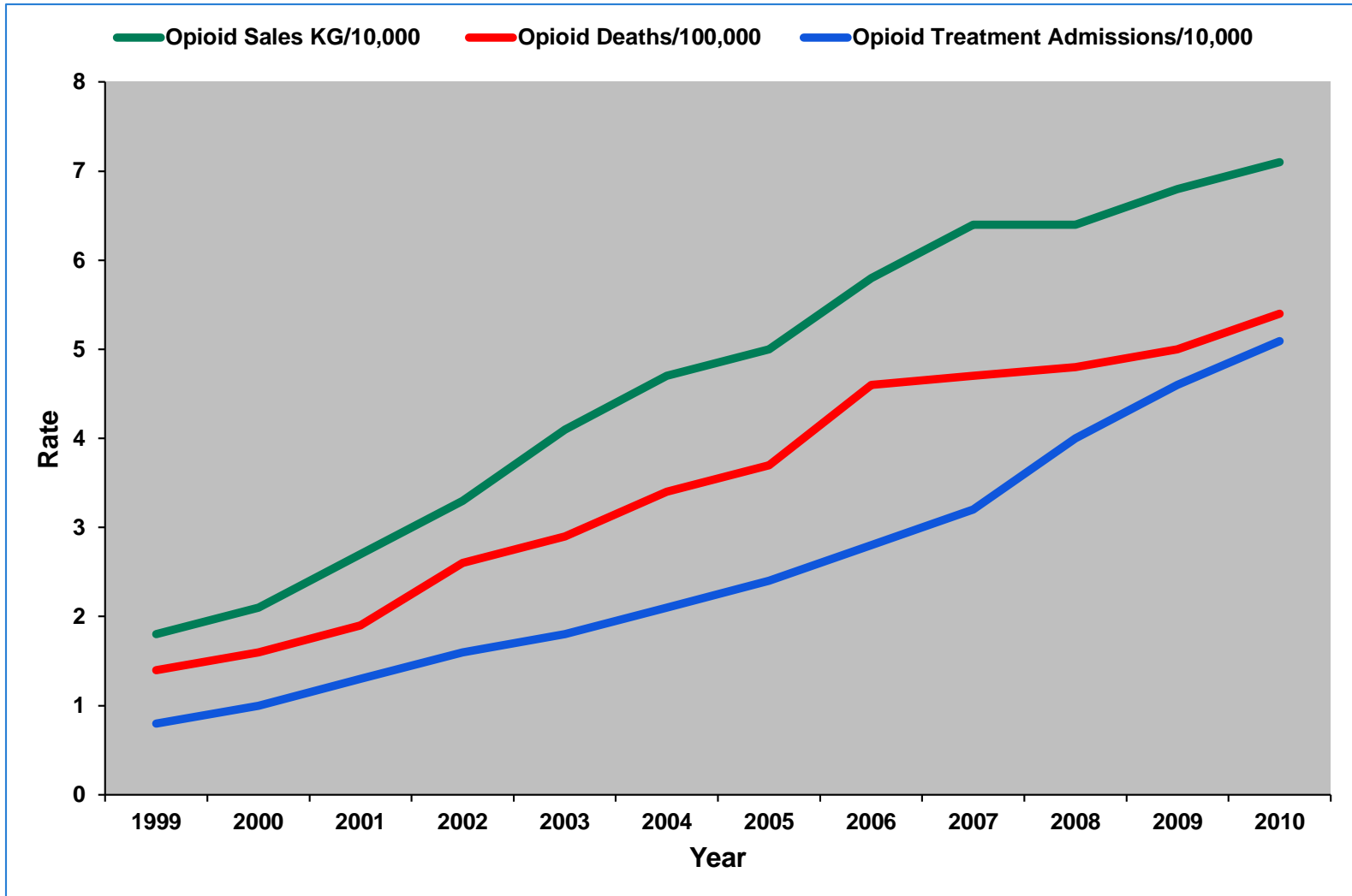


HEROIN



- *Opiates can depress breathing by changing neurochemical activity in the brain stem, where automatic body functions are controlled.*
- *Opiates can change the limbic system, which controls emotions, to increase feelings of pleasure.*
- *Opiates can block pain messages transmitted through the spinal cord from the body.*

Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010

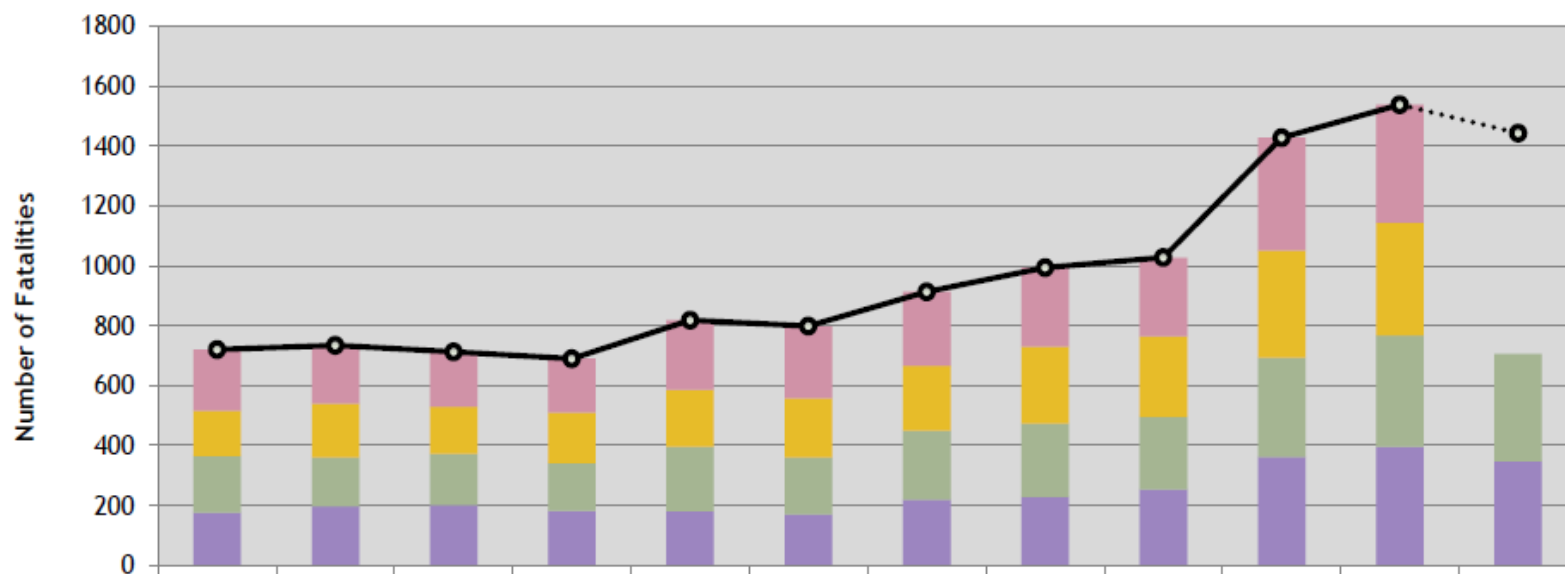


CDC. *MMWR* 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w.
Updated with 2009 mortality and 2010 treatment admission data.

ALL DRUGS

The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. The number of all fatal overdoses in 2016 compared to 2015 increased by 38.9%—a record setting statistic. In 2017 compared to 2016, fatal overdoses increased 7.7%.

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



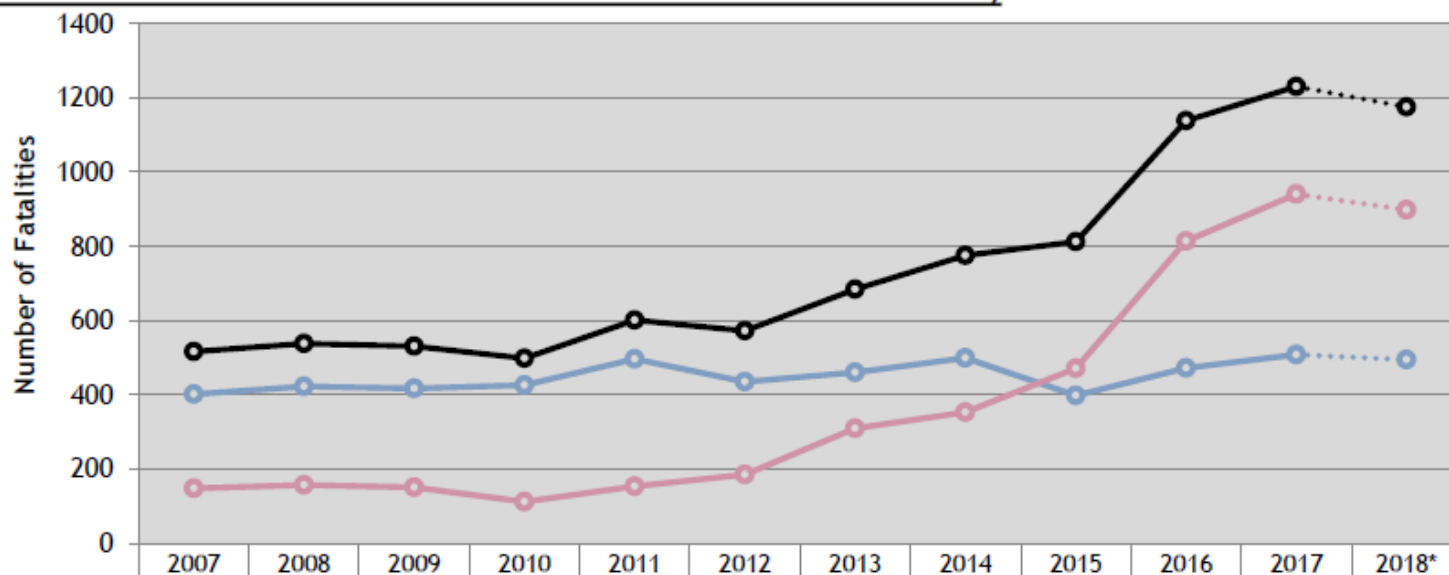
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*
Q4	205	195	183	179	232	240	248	263	262	375	394	
Q3	152	180	157	170	191	199	217	257	270	359	376	
Q2	188	162	172	159	215	190	230	246	243	332	372	359
Q1	176	198	201	182	181	170	219	228	253	362	396	347
Total Fatalities	721	735	713	690	819	799	914	994	1028	1428	1538	1444

OPIOIDS- A DIFFERENT PERSPECTIVE

Prescription opioids are a group of drugs that are commercially made by pharmaceutical companies in certified laboratories that act upon the opioid receptors in the brain. Historically, fentanyl has been one of these drugs. However, in late 2013, early 2014, illicitly made fentanyl began showing up in Virginia and by 2016, most fatal fentanyl overdoses were of illicit production of the drug. Separating fentanyl from the grouping of prescription opioids for this reason demonstrates a slight decrease in fatal prescription opioid overdoses in 2015 and a dramatic increase in the number of fatal fentanyl and/or heroin overdoses. This has caused the significant rise in all fatal opioid overdoses in the Commonwealth since 2012.

Total Number of Prescription Opioid (Excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2018

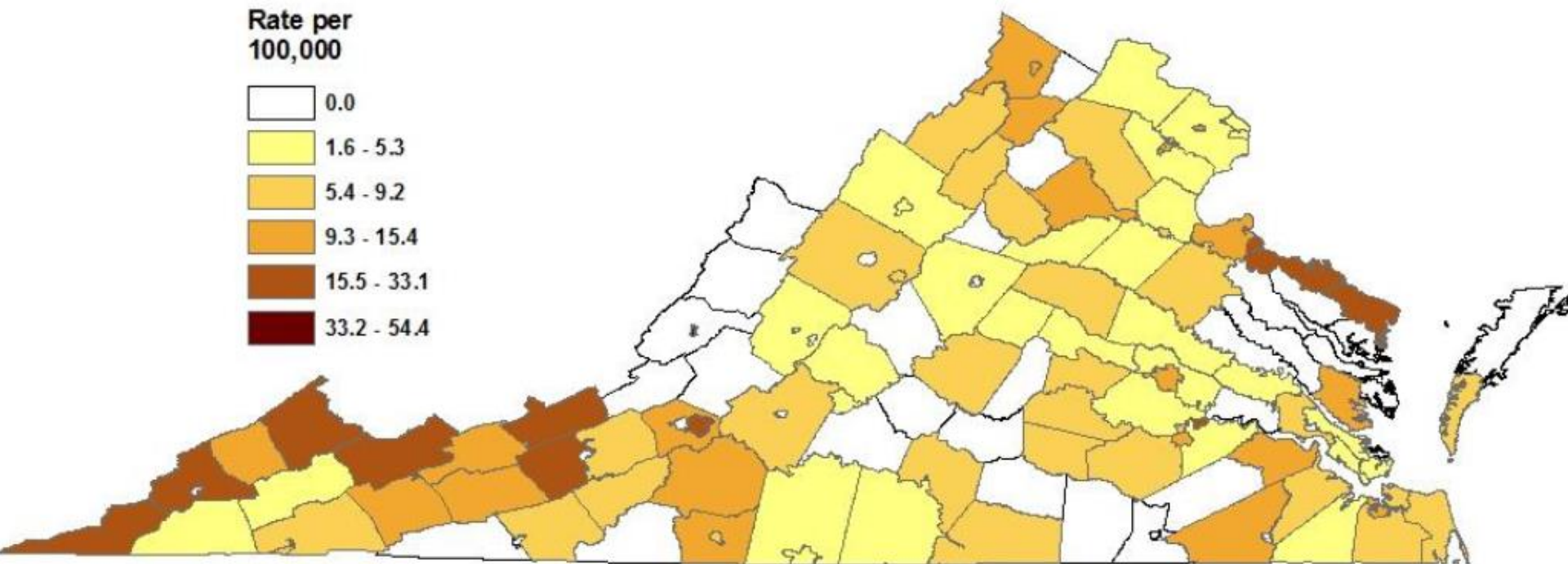
(‘Total Fatalities’ for 2018 is a Predicted Total for the Entire Year)



All Opioids	516	538	530	498	601	572	684	775	812	1138	1230	1175
Prescription Opioids (excluding fentanyl)	401	422	417	426	496	435	460	499	398	472	508	494
Fentanyl and/or Heroin	148	157	150	112	153	185	309	353	471	814	940	898

Prescription Overdose Deaths: Rural Concentration

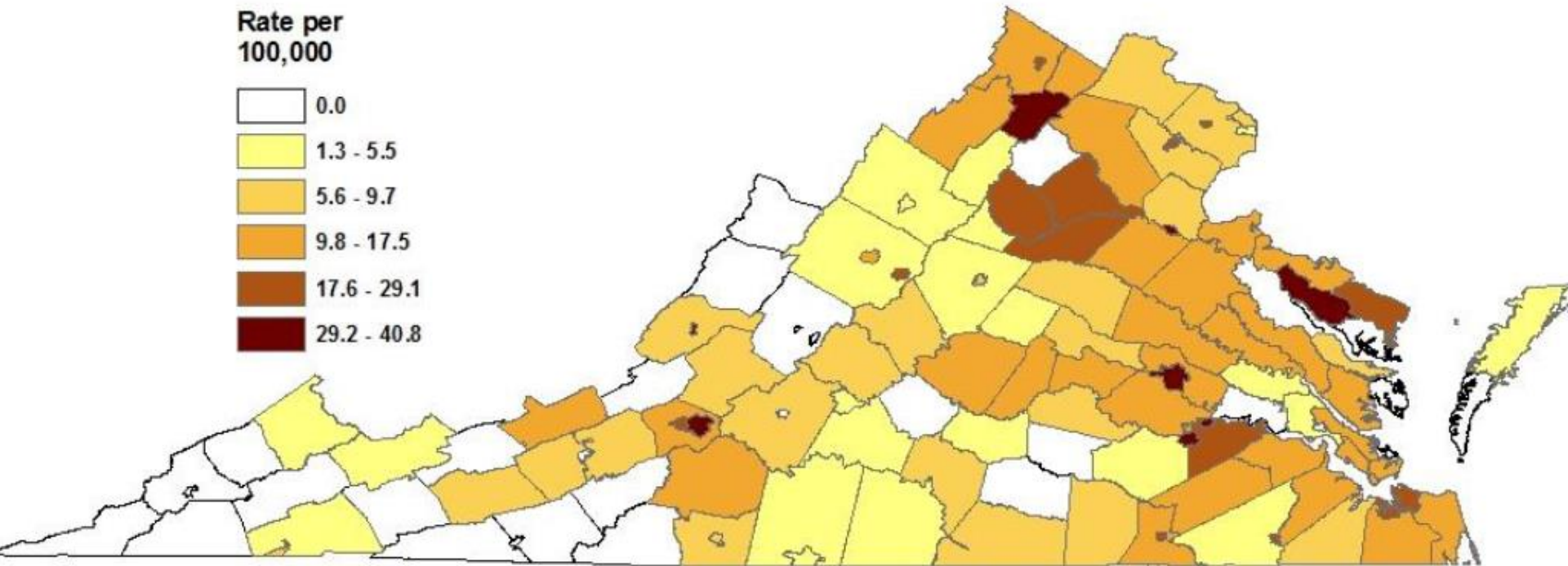
Rate of Fatal Prescription Opioid (Excluding Fentanyl) Overdoses by Locality of Overdose, 2017



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

Fentanyl and Heroin Overdose Deaths: Urban/Ex-Urban Concentration

Rate of Fatal Fentanyl (Rx, Illicit, or Analogs) and/or Heroin Overdoses
by Locality of Overdose, 2017



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

2015 – 17 Legislative Changes

2015

- Expanded pilot to make Naloxone and training available for first responders statewide, HB1458 (O'Bannon)
- Allowed pharmacists to dispense naloxone under proper protocols, HB1458 (O'Bannon)
- Expanded mandatory PMP registration and amended use of PMP data, HB1841 (Herring)
- Required hospices to notify pharmacies about the death of a patient HB, 1738 (Hodges)

2016

- Mandated Continuing Medical Education for providers regarding proper prescribing, addiction, and treatment, HB829 (Stolle)
- Reduced dispenser reporting time from 7 days to 24 hours, allows clinical consultation with pharmacists regarding patient history, and place copy of PMP report in patients' medical history, SB287 (Wexton)
- Allowed unsolicited reports on egregious prescribing/dispensing behavior to agency enforcement, HB657 (O'Bannon/Herring)
- Required query of PMP for all opioid prescriptions over 14 days, SB513 (Dunnavant)/ HB293 (Herring)
- Provided certification for substance abuse peer support, HB583 (Yost)

2017

- Mandated e-prescribing, SB1230/HB2165 (Dunnavant/Pillion)
- Naloxone dispensing, SB848 (Wexton)
- Peer recovery registration, SB1020/HB2095 (Barker/Price)
- Substance exposed infants, SB1086/HB1786 (Wexton/Stolle/Herring)
- Harm reduction pilot programs, HB2317 (O'Bannon)
- PMP initial opioid Rx reduction, HB1885/SB1232 (Hugo/Dunnavant)

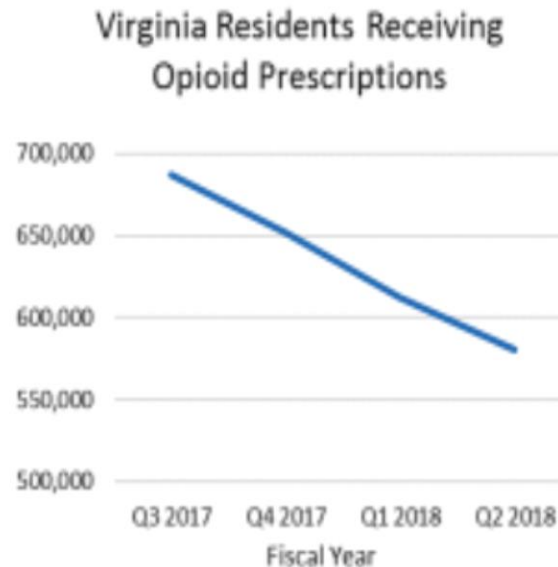
2018 Legislative Changes

- Added Schedule V drugs and naloxone to PMP, HB1556 (Pillion) SB832 (Carrico)
- Removed 14 day surgical exemption to 7-day initial opioid prescription law, HB1173 (Pillion) SB632 (Dunnavant)
- Required veterinarians to register with PMP and requires check for Rx above 7 days on owner and animal, SB226 (Stanley)
- Added Department of Corrections to those carrying and trained on Naloxone, HB322 (Bourne)
- Removed burglary as barrier crime for SUD and MH providers, SB555 (Mason)

2017 Regulatory Changes: Boards of Medicine and Dentistry Regulations – Pain Management

- Initial acute pain opioid prescriptions not to exceed 7 days
- Document reasons to exceed 50 MME/day, refer to pain specialist over 120 and co-prescribe naloxone
- Limit co-prescribing of benzos, sedative hypnotics, carisoprodol, and tramadol
- Buprenorphine primarily indicated for addiction
- Requirement of patient history and risk prior to Rx
- Consider non-opioid treatment first
- Document rationale to continue opioids every 3 mos
- Regular opioid use disorder screens and referral to Tx

Prescribing Regulation Impact

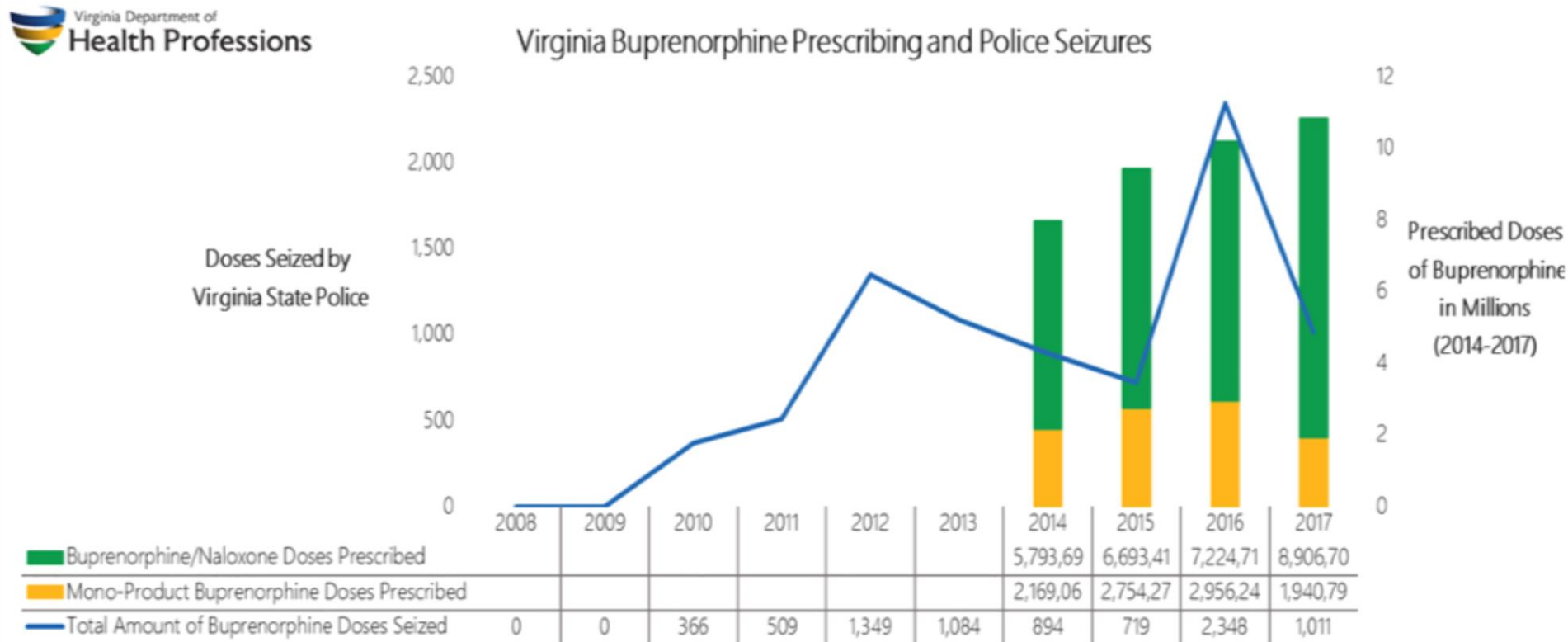


The Virginia Prescription Monitoring Program recorded 580,256 Virginia Residents received an opioid prescription in Q2 2018. This is a decline from the previous quarter and is part of a general downward trend in the number of Virginia residents who receive opioid prescriptions.

2017 Regulatory Changes: Board of Medicine Regulations – Addiction Treatment

- Requires MAT be prescribed alongside counseling
- Requires use of less-abusable/divertable suboxone as opposed to subutex
- Requires that Subutex (monoproduct) is to be prescribed only for pregnant women and people with documented allergies

Treatment Regulation Impact



Source: Buprenorphine Seizures Data 2008-2017 Virginia State Police Bureau of Criminal Investigations. Buprenorphine prescription doses (2014-2017) from Virginia Prescription Monitoring Program

Budgetary Changes

2016

- Medicaid Addiction, Recovery, and Treatment Services Benefit
 - Implemented April 1, 2017
 - Increased treatment rates by 50%
 - Increased number of members receiving pharmacotherapy for Opioid Use Disorder by 30%
 - Number of practitioners providing outpatient psychotherapy or counseling to Medicaid members more than doubled

2018

- Medicaid expansion to 138% FPL approved
 - To be implemented via Managed Care January 1, 2018
 - Will include all services under ARTS benefit

Governor's Executive Leadership Team on Opioids and Addiction

- 2015 Governor McAuliffe's Task Force on Prescription Drug and Heroin Abuse
 - Resulting Executive Leadership Team (ED9)
- Existing initiatives + Governor Northam's 2017 Transition Council recommendations
- Supplemented by Governor's Advisory Commission on Opioids and Addiction

ELT Organization

Goal: To provide leadership and guidance on work that must be done collaboratively

- ✓ Co-chair: Secretary of Health and Human Resources Daniel Carey, MD
- ✓ Co-chair: Secretary of Public Safety and Homeland Security Brian Moran

Agencies Represented:

- VDH
- DBHDS
- DHP
- DMAS
- DSS
- DCJS
- DOC
- DFS
- VSP
- DOE
- SCHEV
- DVS

Working across silos

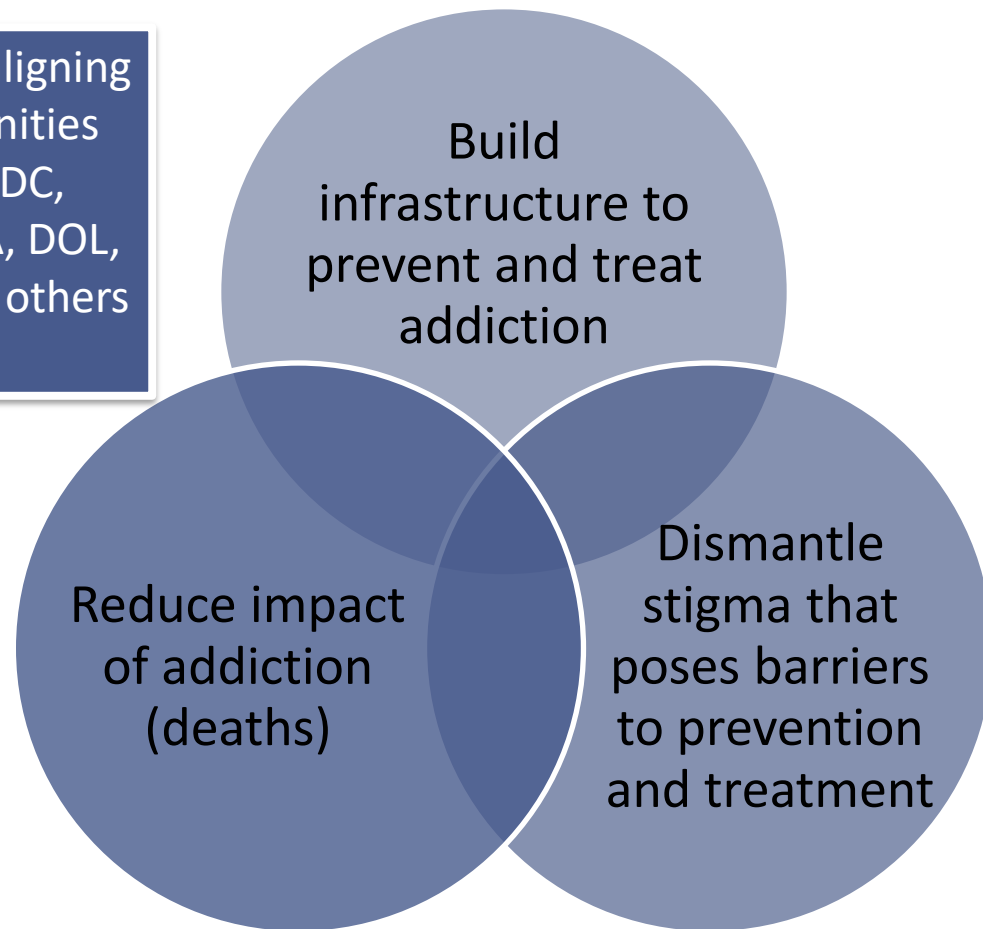


High-level strategies

- Establish comprehensive harm reduction programs
- Build capacity in communities
- Limit availability of prescription opioids for misuse
- Increase treatment availability and recovery supports
- Develop model protocols for MAT for individuals being released from correctional settings

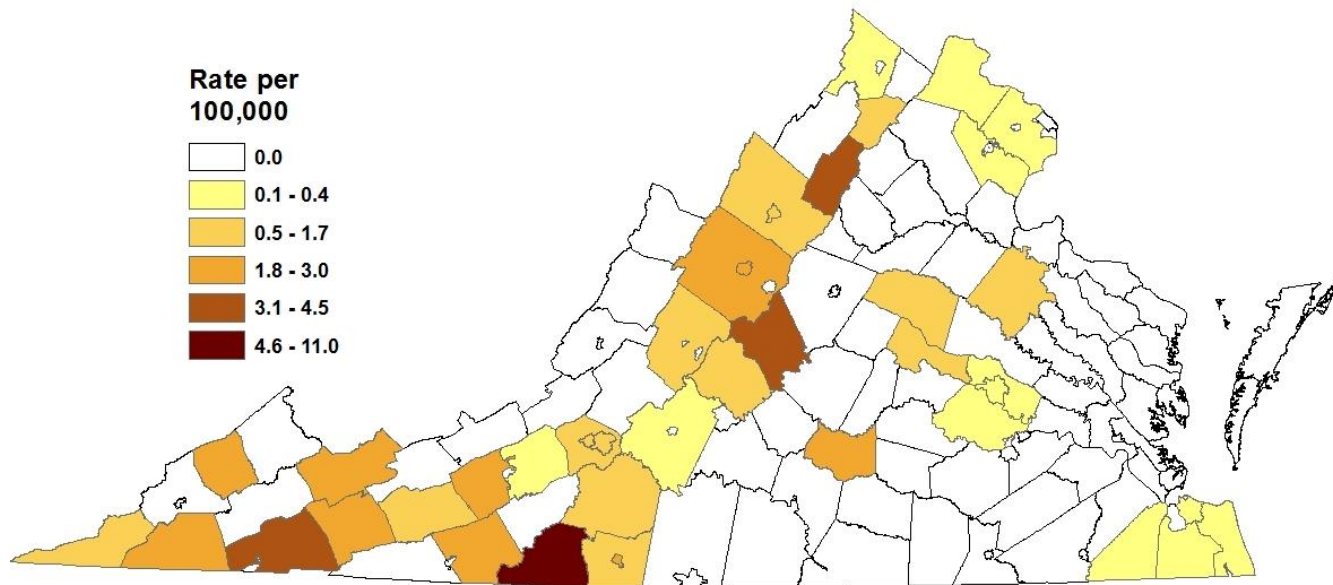
Responding to the Federal Response

Leveraging and aligning funding opportunities from SAMHSA, CDC, USDA, HRSA, BJA, DOL, NIDA...and likely others



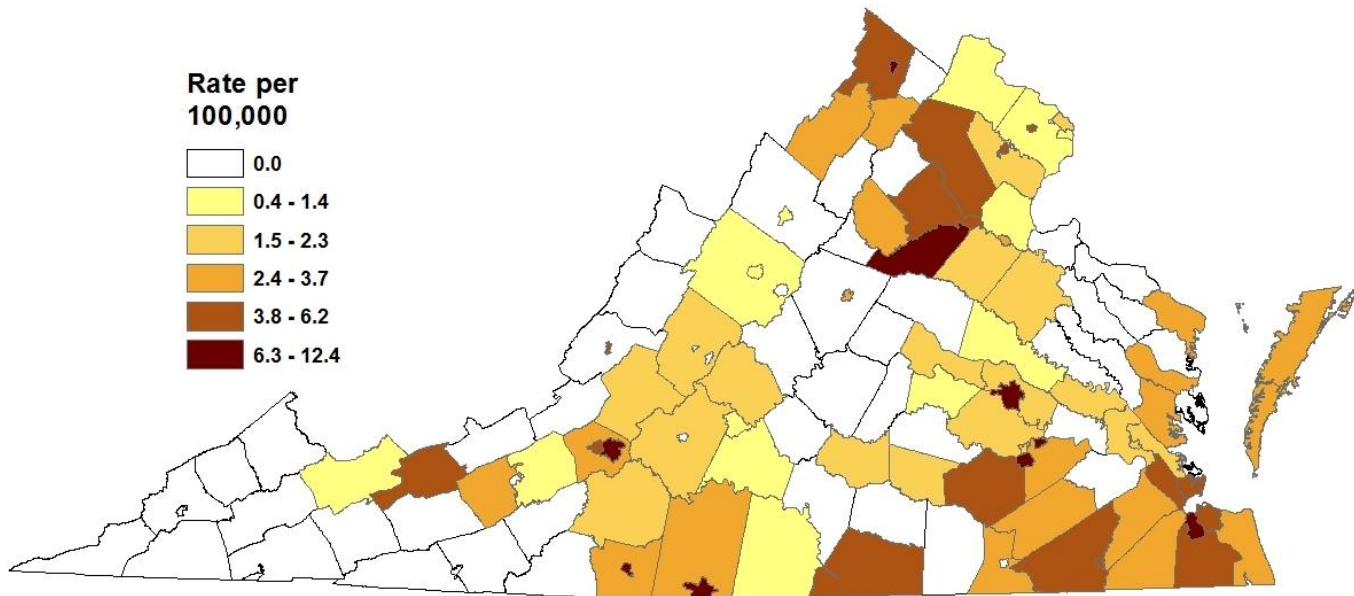
Methamphetamine Overdose Deaths

Rate of Fatal Methamphetamine Overdoses by Locality of Overdose, 2014 - 2016



Cocaine Overdose Deaths

Rate of Fatal Cocaine Overdoses by Locality of Overdose, 2014 - 2016



Questions & Contact Info

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Task Force Website

<http://www.dhp.virginia.gov/taskforce/default.htm>

State Opioid and Heroin Resource Website

Curbthecrisis.com