

The Opioid Crisis in Virginia



Fatal Drug Overdose Quarterly Report: 2nd Quarter 2018

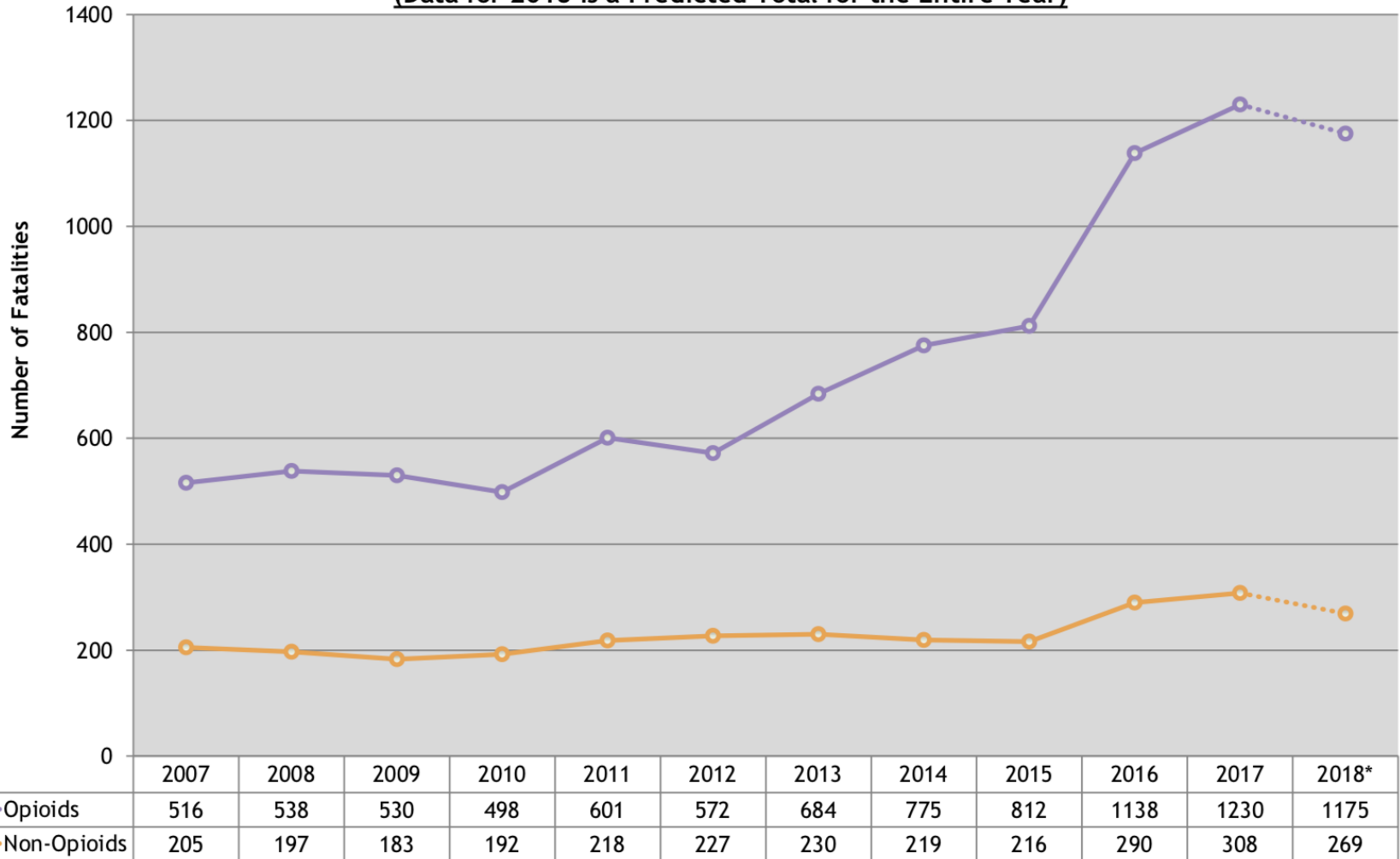
- Fatal drug overdoses leading cause of unnatural death in Virginia since 2013
- Opioids driving force behind large increases in fatal overdoses since 2013
- No significant increase or decrease in fatal Rx opioid overdoses from 2007-2016
- Number of illicit opioids deaths surpassed Rx opioid deaths in 2015

Fatal Drug Overdose Quarterly Report: 2nd Quarter 2018

- Fentanyl (Rx, illicit, and analogs) caused or contributed to over 50% of fatal overdoses in 2017
- Rural Virginia has highest mortality rates from Rx opioids
- Urban areas have highest mortality rates due to illicit opioids
- Predicted 2018 totals suggest fatal overdoses may decrease compared to 2017

OPIOIDS VS. NON-OPIOIDS

Total Number of Fatal Opioid Overdoses vs. Non-Opioid Overdoses by Year of Death, 2007-2018
(Data for 2018 is a Predicted Total for the Entire Year)



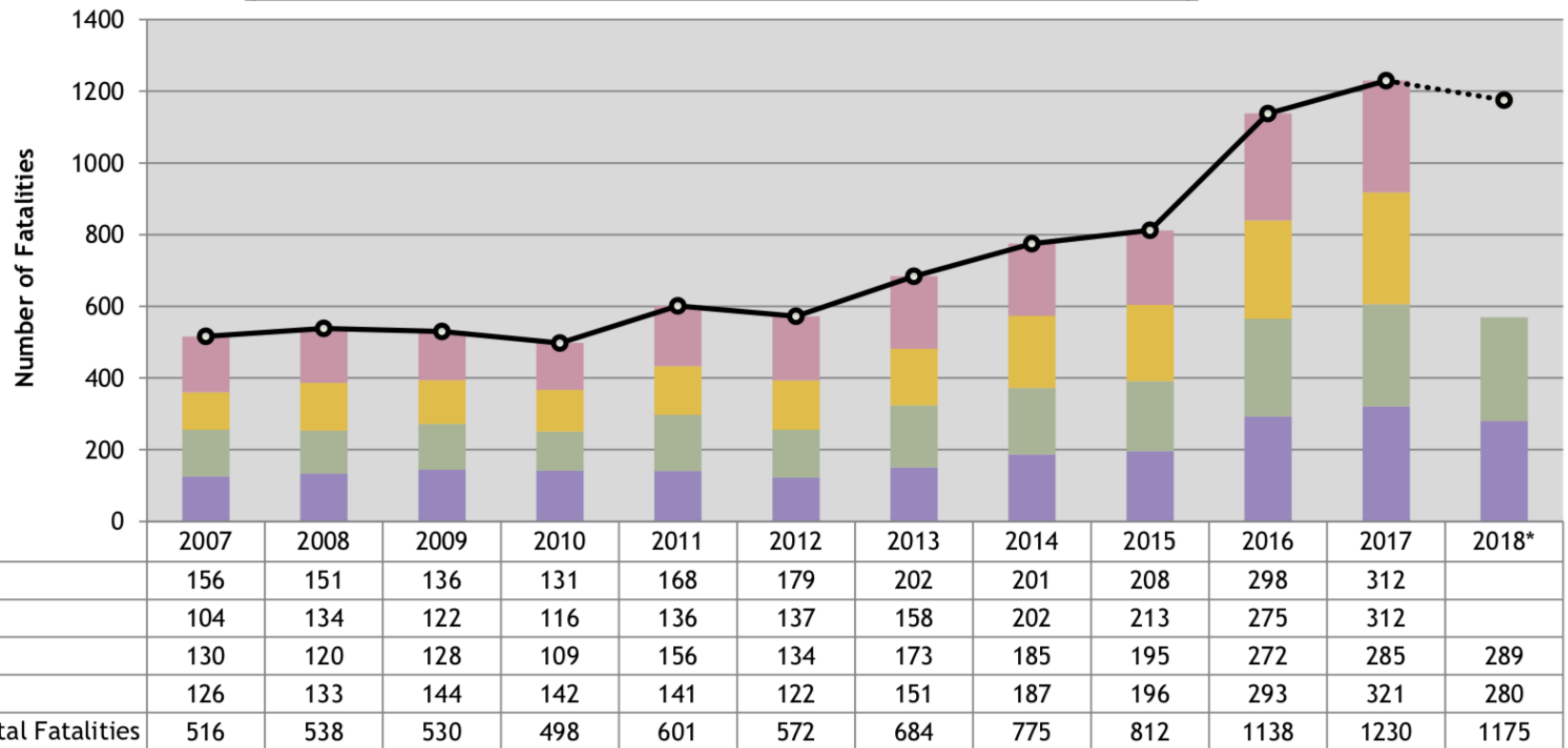
¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, U-47700, and opioids unspecified

² '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.

ALL OPIOIDS

From 2007-2015, opioids (fentanyl, heroin, U-47700, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses which began in late 2013 and early 2014. Fatal opioid overdoses increased by 8.1% in 2017 when compared to 2016.

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



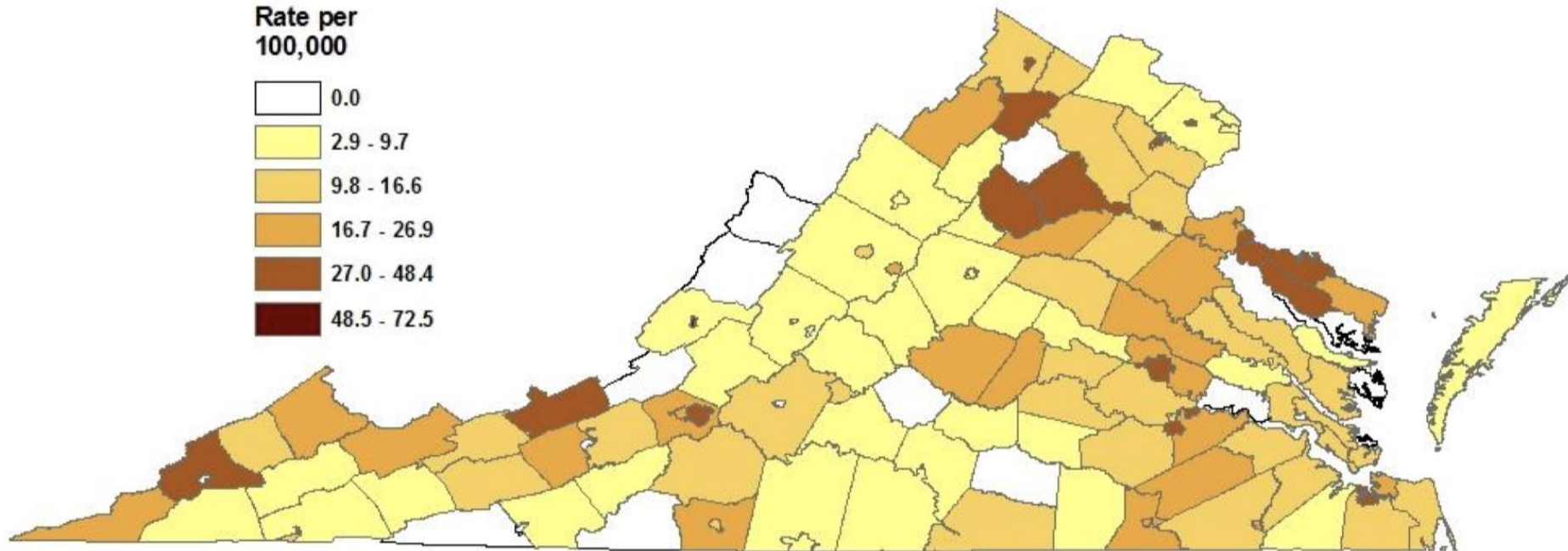
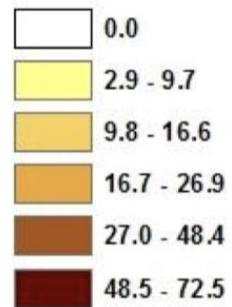
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³ Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

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

Rate per
100,000



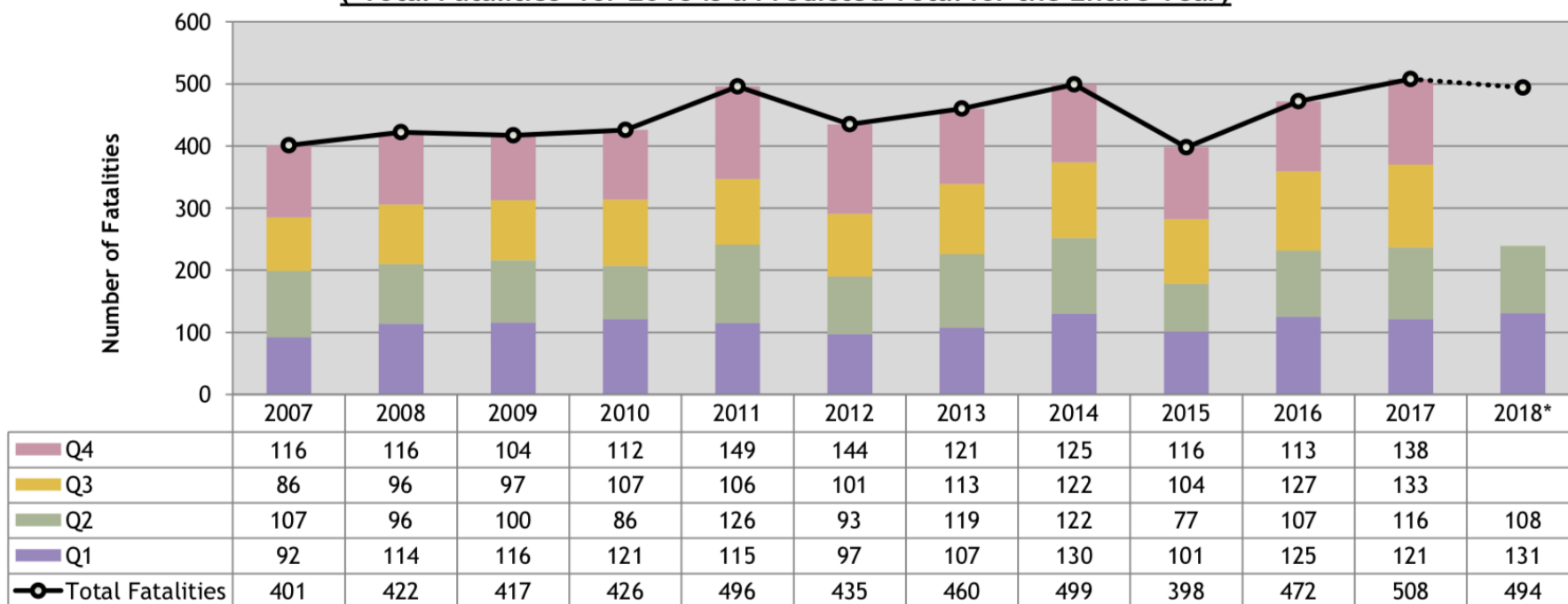
Source: Virginia Department of Health, Office of the Chief Medical Examiner

PRESCRIPTION OPIOIDS (EXCLUDING FENTANYL)

Since 2007, fatal prescription (Rx) opioid overdoses have been the leading category of drugs causing or contributing to death in the Commonwealth, with historically, oxycodone being the most common drug. Given the transition in fatal fentanyl overdoses from pharmaceutically produced fentanyl (2007-2014) to nearly all illicitly produced fentanyl (2015-present), fentanyl needs to be removed from the Rx opioid category and analyzed separately. This allows one to see the significant impact the drug is having on fatal overdose numbers in Virginia. By removing fentanyl from this Rx category, it is to be expected that Rx opioid fatalities from 2007-2013 to be slightly undercounted because true Rx fentanyl overdoses are excluded and combined with all 'fentanyl' to capture recent trends of illicit fentanyl in Virginia.

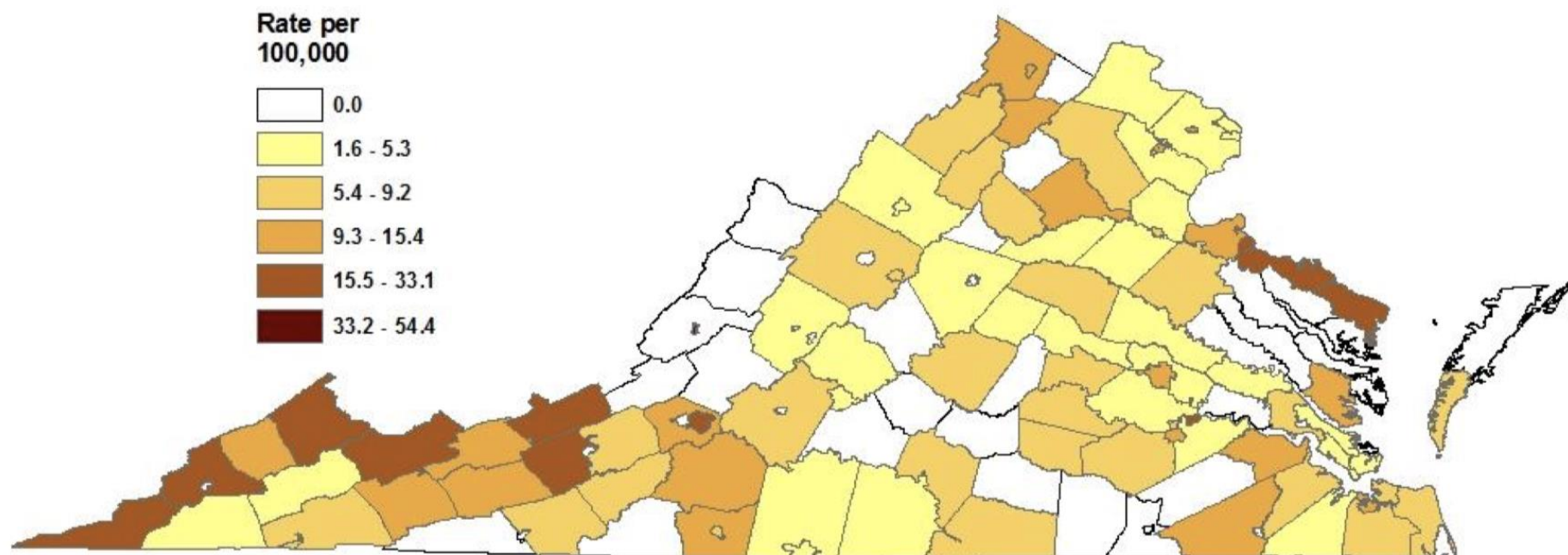
Total Number of Fatal Prescription Opioid Overdoses (Excluding Fentanyl) by Quarter and Year of Death, 2007-2018

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



¹ 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the **required list** of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

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

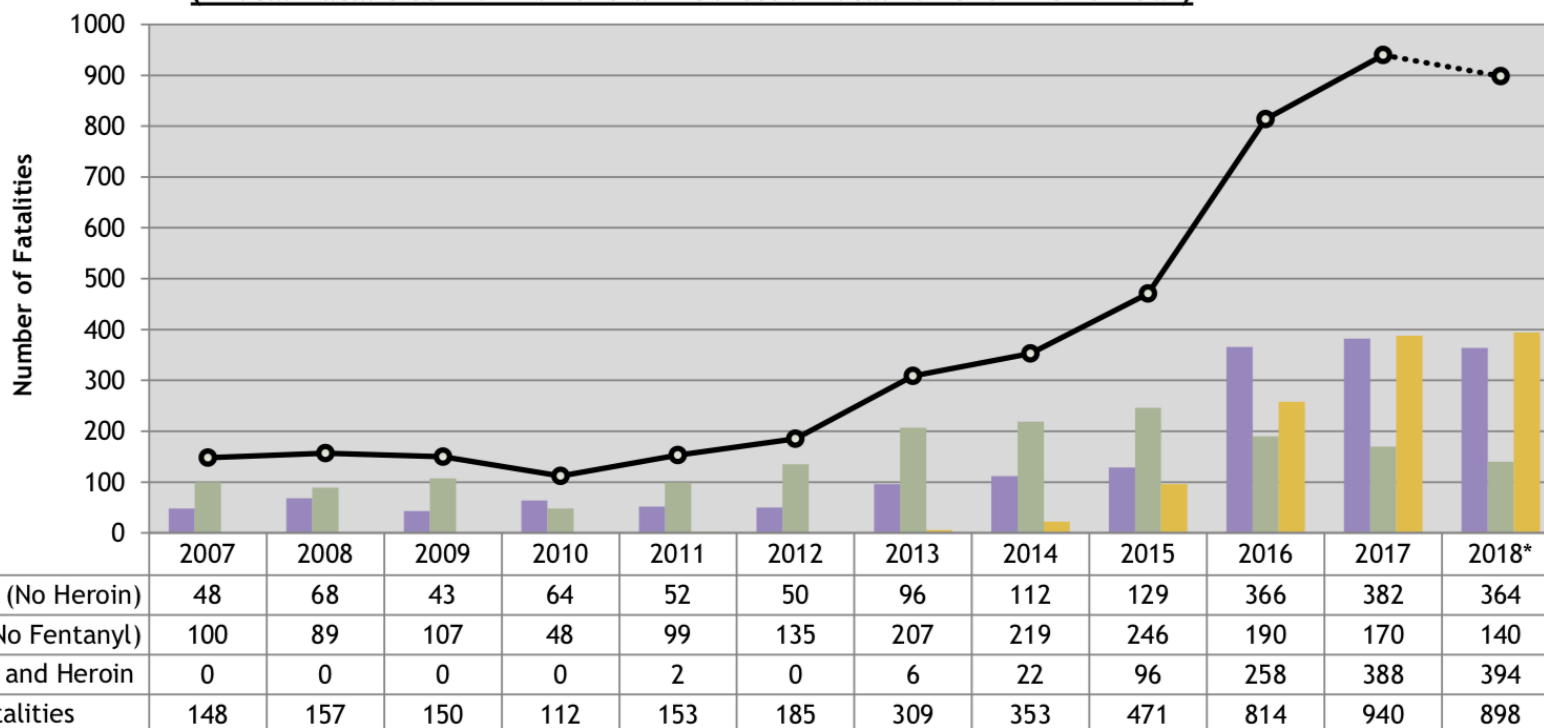


Source: Virginia Department of Health, Office of the Chief Medical Examiner

FENTANYL AND/OR HEROIN

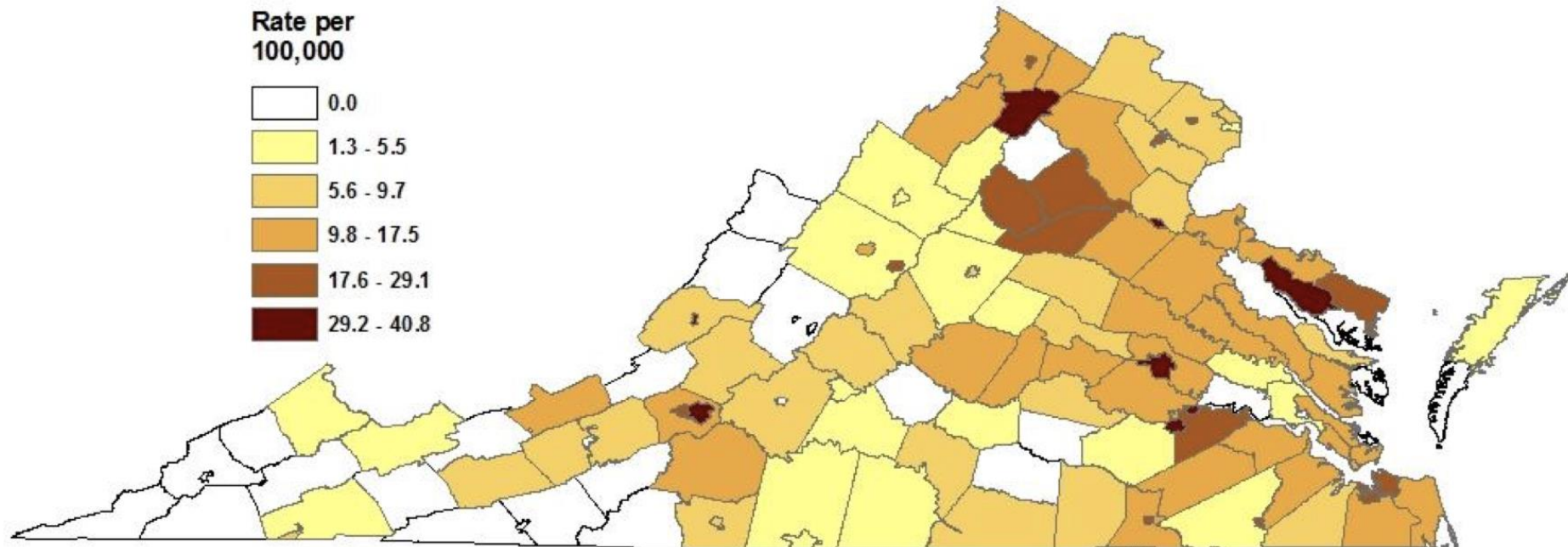
The total number of fatal fentanyl and/or heroin overdoses have significantly increased since late 2012. It is important to look at these two drugs together because as heroin became more popular in 2010, fentanyl occasionally began showing up as an additive to the heroin. By late 2013 and early 2014, some heroin being sold on the street was actually completely fentanyl, unbeknownst to the user. It is essential to look at these fentanyl (no heroin), heroin (no fentanyl), and fentanyl and heroin combination deaths together because users never know exactly what is in the illegal drugs purchased off the streets. Fatal fentanyl and/or heroin overdoses increased by 15.5% in 2017 when compared to 2016.

Total Number of Fatal Fentanyl and/or Heroin Overdoses by Year of Death, 2007-2018
('Total Fatalities' for 2018 is a Predicted Total for the Entire Year)



¹ 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.)

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

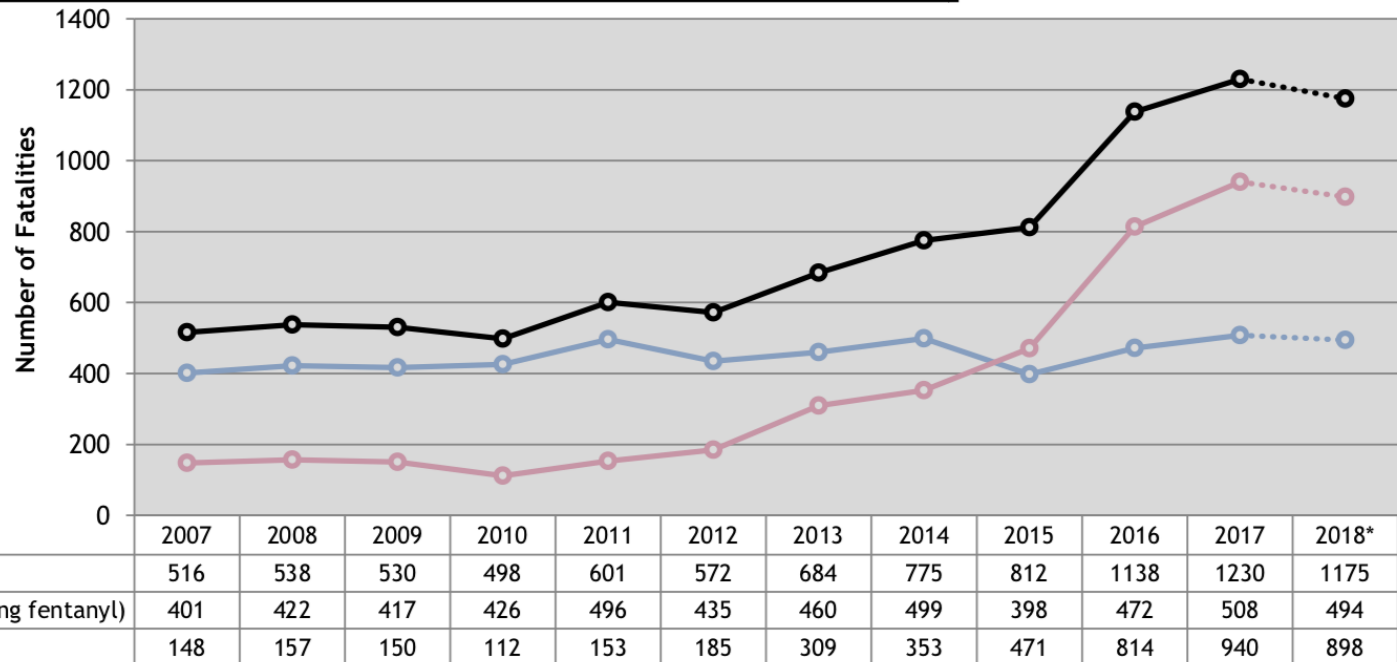


Source: Virginia Department of Health, Office of the Chief Medical Examiner

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)



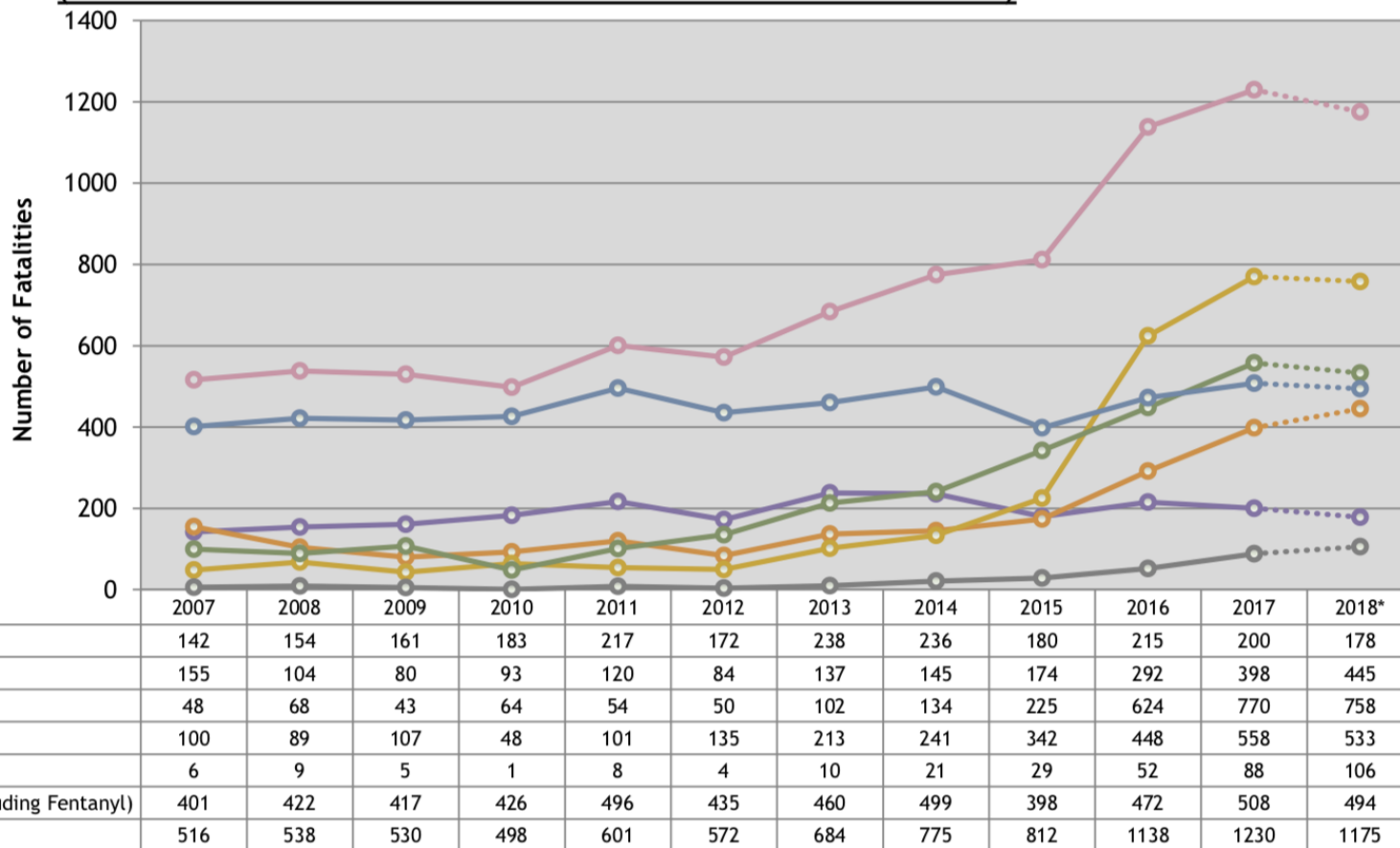
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ALL DRUGS

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)



¹ Deaths may be represented in more than one category due to groupings of drug categories (e.g. heroin)

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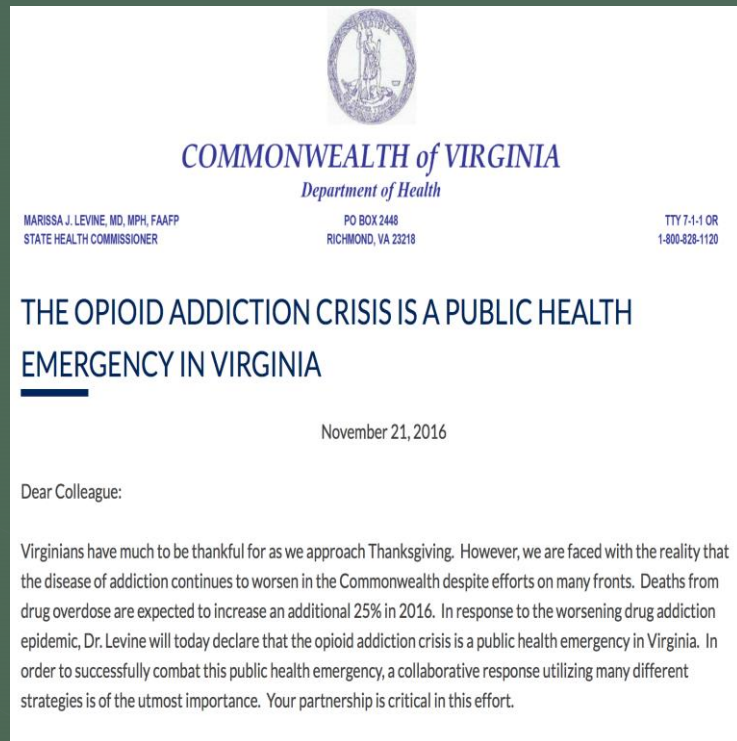
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⁴ Historically, fentanyl has been categorized as a prescription opioid because it is mass produced by pharmaceutical companies. However, recent law enforcement investigations and toxicology results have demonstrated that several recent fentanyl seizures 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.)

Opioid Crisis

- Public Health Emergency
11/21/2016
- Standing Order
11/21/2016
- Harm Reduction Programs
7/1/2017



High Risk Patient Education Program

- Started by a pharmacist at Carilion New River Valley
 - ID patients on opioids
 - Train patients and family to dispense naloxone
 - Assist them in affordably filling the prescription

Do you understand the risks?

- 30% of the patient population were using opioids to manage chronic pain
- Many patients did not realize that the pain medication they had been prescribed was an opioid.
- Many patients had not been informed of the risk associated with their opioid chronic pain medications.

Can you manage the risk?

- Patients believed that recovery medications were too expensive to purchase.
- Patients did not know how to access programs which would provide recovery medications at a low cost (\$17 vs. \$125)
- Patients knew someone who had experienced an overdose.
- Many of the patients also had family members who were at risk.

Resources we provide

- iPads to support education and curriculum updates
- Rescue kits for patients
 - Lockable storage bag
 - Detera Medication Disposal pouch
 - Instructions on how to acquire naloxone
 - Instructions for using 2 FDA approved versions of naloxone
 - Magnet with link to VRHA resource page

HRPEP Curriculum

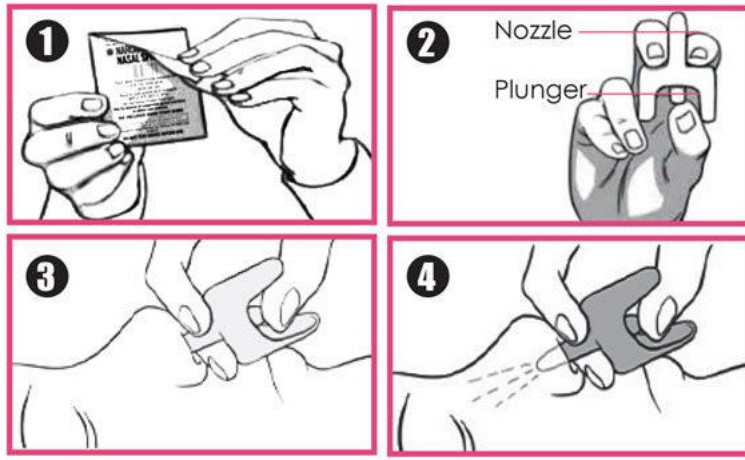
1. Screen for high-risk patients
2. Provide education on opioids and their risks
3. Train to respond to an overdose emergency
4. Offer medication assistance
5. Connect with local resources
6. Make referrals as appropriate

HRPEP Curriculum

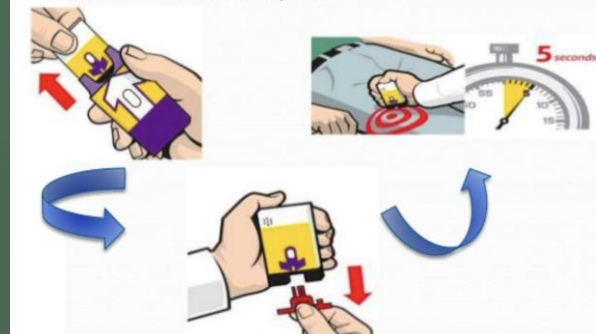
- What is an opioid?
- Common brand names of opioid medications
- Risks associated with taking opioids
- How to safely store and dispose of unused prescriptions

Responding to an Overdose Emergency

How to administer Narcan Nasal Spray



• Intramuscular Auto-Injector Evzio®



Community Resources

- Directory of:
 - MAT Providers
 - Drug Take-back Locations
 - Pain Management Providers
 - Recovery Programs
- Where to get naloxone
- How to obtain naloxone at low/no cost

DRUG DROP BOXES in Southwest Virginia

The public is encouraged to take advantage of the Drug Drop Boxes located in Southwest Virginia whenever there are old or unused medicines in the home. By disposing of the medicine, citizens are protecting themselves and their family members.

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|--|--|---|--|
| 1 Buchanan County Sheriff's Office 1327 Lover's Gap Road, Vansant 24/7 Availability | 5 Galax Police Department 353 North Main St, Galax 24/7 Availability | 9 Saltville Police Department 217 Palmer St, Saltville 8:30 a.m.—5:00 p.m. | 12 Washington County Sheriff's Office 20281 Rustic Lane, Abingdon 8:30 a.m.—4:30 p.m. |
| 2 Carroll County Sheriff's Office 605 Pine Street, Hillsville 24/7 Availability | 6 Grayson County Sheriff's Office 304 Davis Street, Independence 24/7 Availability | 10 Smyth County Sheriff's Office 859 Matson Drive, Marion 8:30 a.m.—4:30 p.m. | 13 Wise County Sheriff's Office 5605 Patriot Drive, Wise 8:00 a.m.—4:30 p.m. |
| 3 Chilhowie Police Department 325 E. Lee Hwy, Chilhowie 24/7 Availability | 7 Johnston Memorial Pharmacy 16000 Johnston Memorial Drive, Abingdon 9:00 a.m.—6:00 p.m. Mon—Fri 9:00 a.m.—4:00 p.m. Sat/Sun | 11 Tazewell County Sheriff's Office 315 School Street, Tazewell 7:00 a.m.—4:00 p.m. | 14 Wythe County Sheriff's Office 245 S. 4th Street, Wytheville 8:00 a.m.—4:00 p.m. |
| 4 Dickenson County Sheriff's Office 293 Main Street, Clintwood 24/7 Availability | 8 Lee County Sheriff's Office 33640 Main St, Suite 101, Jonesville 8:30 a.m.—4:30 p.m. | SHARPS ARE NOT TO BE DROPPED INTO THE DRUG DISPOSAL BOXES. It is a hazard to those handling the bags when being removed for final disposal. | |

■ Pilot Sites

- Carilion New River Valley
- Page Memorial Hospital
- Bath Community Hospital
- Carilion Tazewell Memorial Hospital
- Dickenson Community Hospital
- Stone Mountain Health Services
- Tri Area Community Health—Laurel Fork (Mt Rogers)

■ Harm Reduction Alliance

- New planning grant for One Care of Southwest Virginia to develop a comprehensive harm reduction plan specific to Southwest Virginia
 - Conduct an OUD Needs Analysis
 - Create a Workforce Development Plan
 - Update the Blueprint for the Control of SU in SWVA
 - Launch a Stigma Awareness Campaign

Other Planning Grant Awardees

- Ballad Health
- Holy Friendship Collaborative
 - Summit Foundation
 - Eastern Tennessee State University
- Virginia Department of Health
 - Appalachian Substance Abuse Coalition



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