

Staff Report: Heroin Use in Virginia

Joint Commission on Health Care

October 17, 2017 Meeting

Stephen Weiss

Senior Health Policy Analyst

Study Mandate

- HJR 597 (Delegate Marshall) requested that JCHC study heroin use in Virginia.
 - Determine rates of heroin use and overdose in the Commonwealth
 - Study the reasons individuals become addicted to heroin and the pathways that lead individuals to heroin use, including whether individuals who overdose on heroin have also used other illegal substances; identify initiatives underway in the Commonwealth to address the problem.
 - Study the impact of state and federal laws and regulations on the availability of naloxone and other drugs used for the prevention of heroin overdose, including who may possess and administer naloxone, the processes by which individuals may obtain naloxone, whether law-enforcement agencies and other individuals authorized to possess and administer naloxone actually do so to prevent overdoses, and how often naloxone has been used to prevent overdoses in the Commonwealth
 - Make recommendations for improving the Commonwealth's response to the heroin crisis and its efforts to reduce heroin use and the incidence of heroin overdoses.
- HJR 597 did not pass out of House Rules committee but was approved by JCHC members at the May 23, 2017 Work Plan Meeting

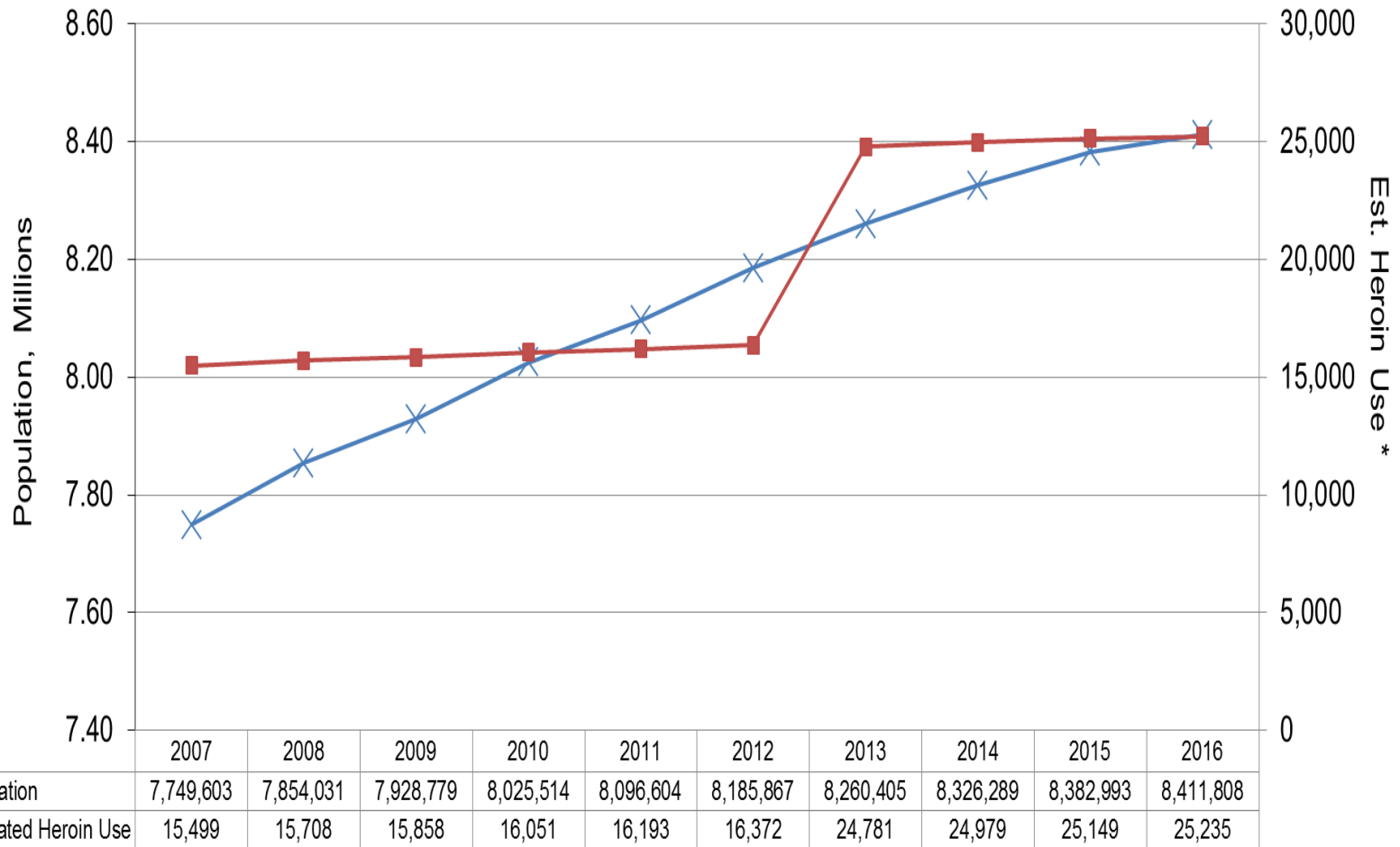
Background

- Non-cancer chronic pain affects over 30% of Americans (Volkow)
- Treatment alternatives for chronic pain are elusive, resulting in an over reliance on opioid medications
- The CDC reports that between 2000 and 2015 there was over a 137% increase in fatal drug poisonings, 63% involved opioids
- Deaths from drug overdose involving heroin tripled from 8% in 2010 to 25% in 2015 (Hedegaard)
- The number of people indicating heroin use on the National Survey on Drug Use and Health (NSDUH) increased by 150% from 2007 (207,000) to 2013 (517,000)
- The increase in use was found to be greatest among white men between the ages of 18 and 25 (Harris)
- Deaths in 2013 from prescription painkiller overdoses among women have increased more than 400% since 1999, compared to 265% among men (CDC)

Rates of Heroin Use and Overdose in Virginia

- According to the 2014-2015 National Survey of Drug Use and Health Surveys, 25,000 Virginians over the age of 12 used heroin in the last year; or approximately 0.3% of the state population
- The survey reports that heroin use went from 0.2% to 0.3% of the U.S. population from 2007 to 2015

Virginia Estimate Heroin Use, 2007 to 2016



* Estimate: state population times the national percent of heroin users as determined by the National Survey of Drug Use and Health Surveys , 2015

Source: Opioid prescription drug rates: CDC Prescribing Rate Maps (<https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>)

Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>

Prepared by JCHC

From 2002 to 2015 there was a 6.2-fold increase in the total number of deaths; from 1,200 to over 15,000 (NIDA)

In 2013, 59% of the heroin deaths involved one other drug (marijuana, cocaine and/or opioid pain relievers)

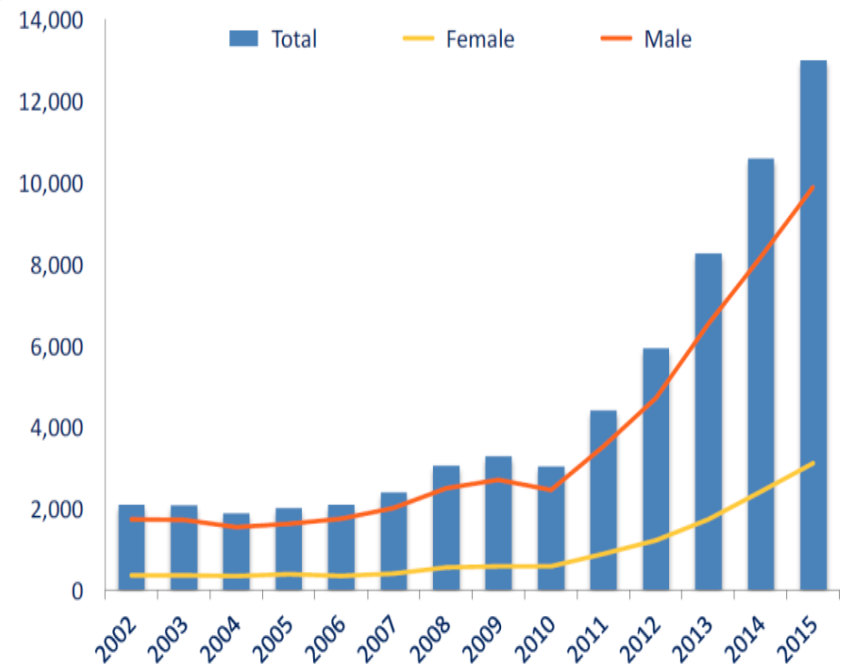
From 2002 to 2013 the percent of heroin users with opioid pain reliever abuse or dependence more than doubled from 20.7% to 45.2%

During the 1960s, 82% of heroin users seeking treatment reported using heroin as their first opioid; by 2010 the percent flipped, 75% of heroin users seeking treatment reported using prescription painkillers first

National Heroin Data



National Overdose Deaths Number of Deaths from Heroin

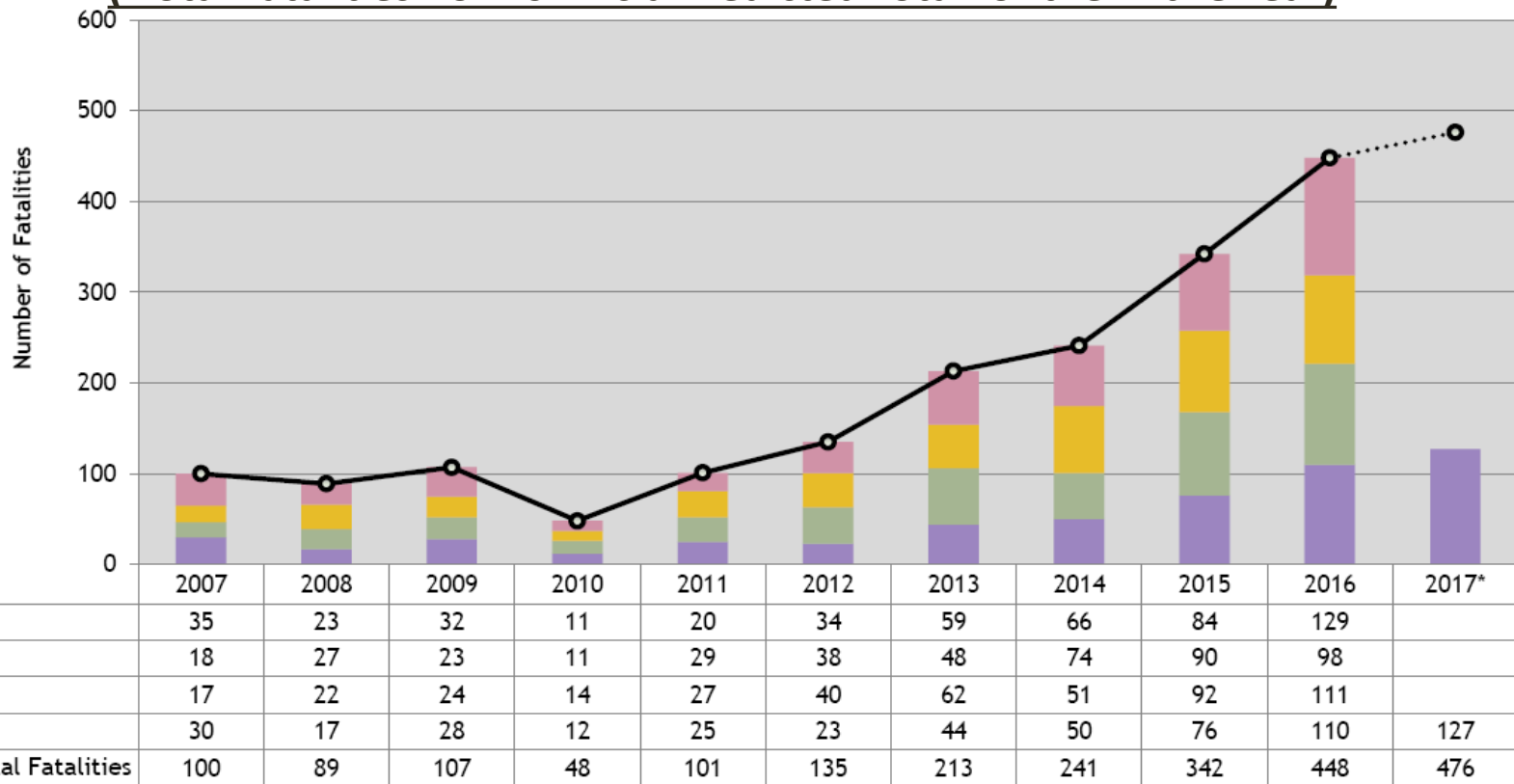


Source: National Center for Health Statistics, CDC Wonder

Virginia Heroin Fatalities

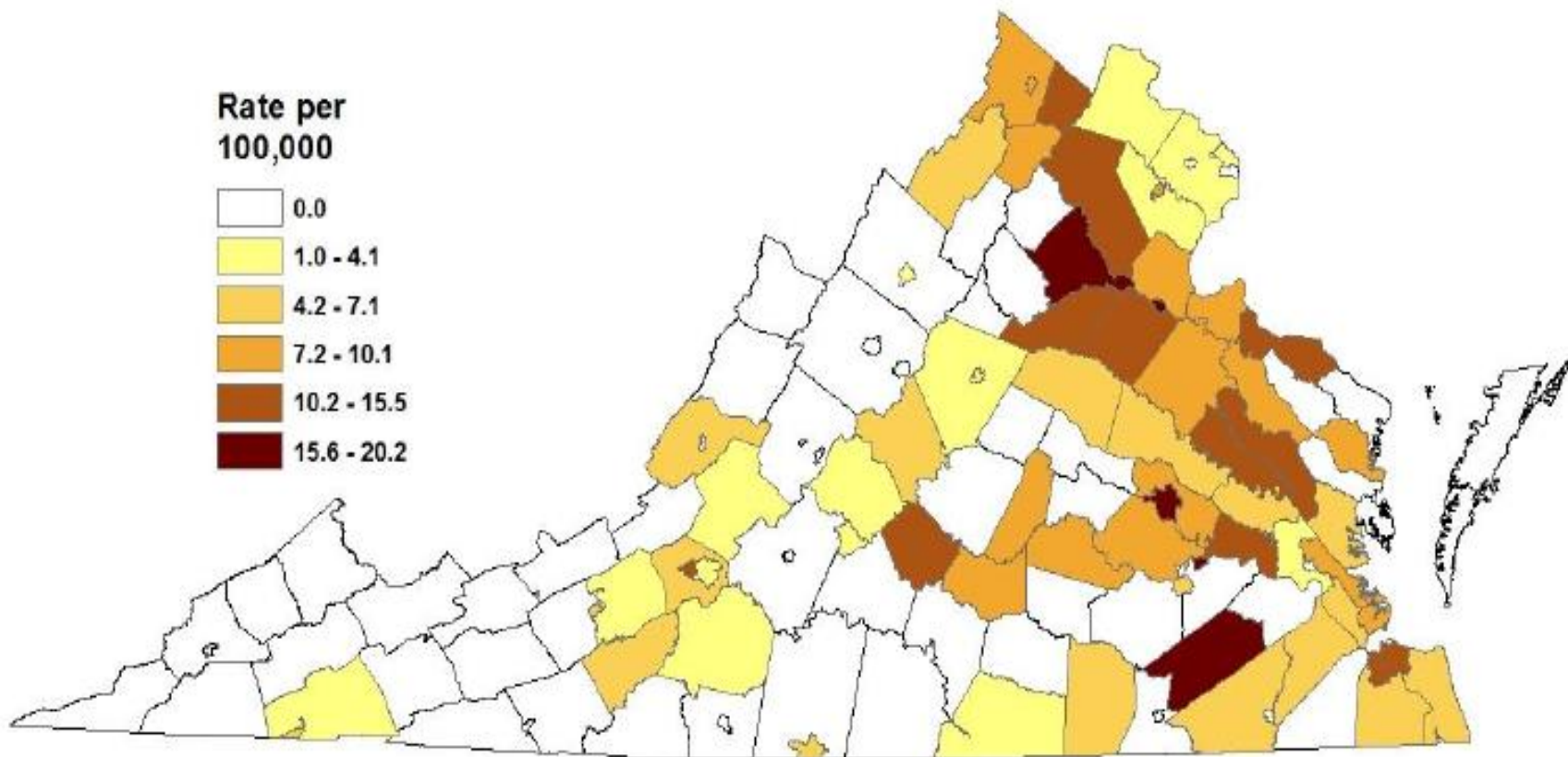
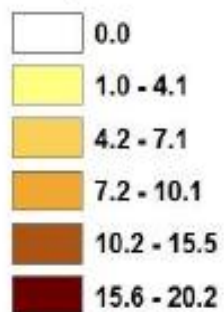
The total number of fatal heroin-related overdoses have been increasing since 2010. Fatal heroin overdoses often occur as the primary drug causing death, but more recently, fentanyl and/or fentanyl analogs in addition to heroin have caused fatal overdoses. Fatal heroin overdoses increased by 31.0% in 2016 when compared to 2015.

Total Number of Fatal Heroin Overdoses by Quarter and Year of Death, 2007-2017
 ('Total Fatalities' for 2017 is a Predicted Total for the Entire Year)



Rate of Fatal Heroin Overdoses by Locality of Overdose, 2016

Rate per
100,000



Why Heroin?

Heroin has the same effect on the brain and body as prescription opioid painkillers (i.e. OxyContin and Vicodin)

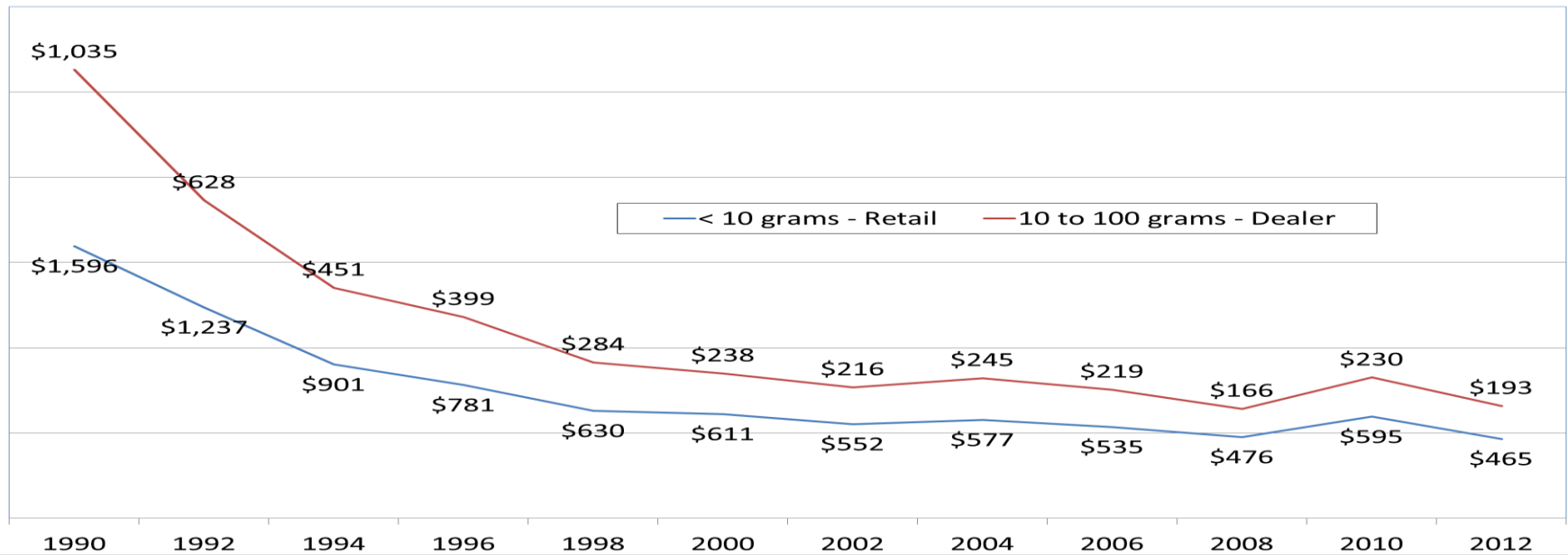
A complex chain of events related to pain relief, intense euphoria and cravings for more are triggered

Tolerance to prescription opioids leads to overuse but as the opioids become more costly and difficult to obtain a small percent of prescription opioid users seek heroin as an alternative

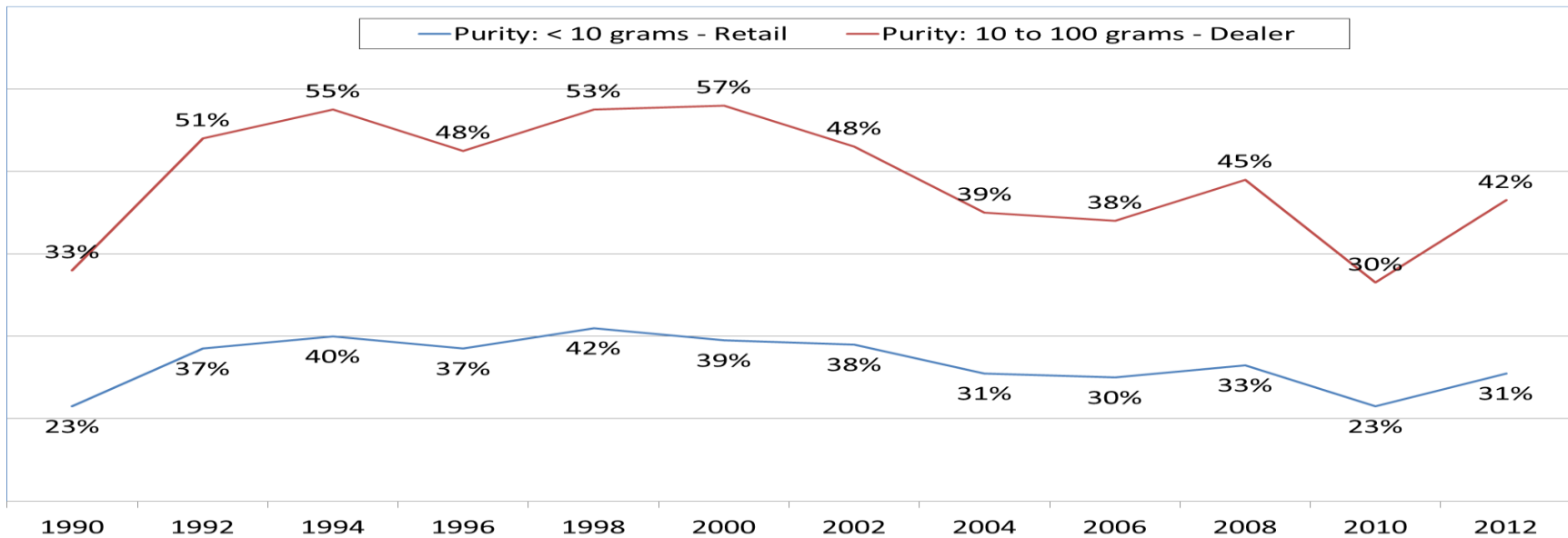
People who use opioid painkillers are 40-times more likely to be addicted to heroin

Heroin is more available, more potent, easier to administer, and it is more cost-effective than prescription opioids

The Price of Heroin
1990 to 2012, DEA



The Percent Purity of Heroin
1990 to 2012, DEA



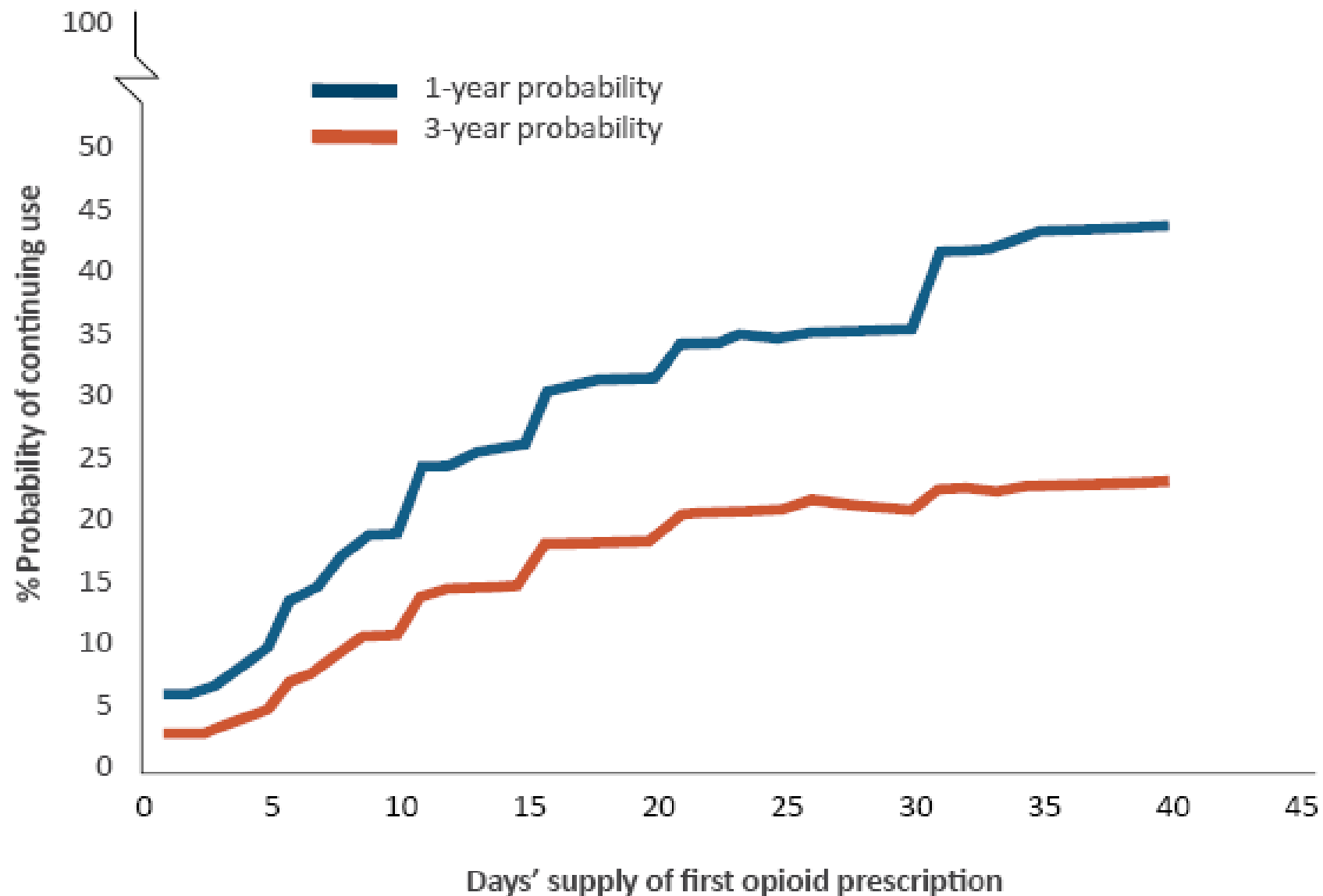
Source: Natalia Bronshtein/Stat. 2015 National Drug Control Strategy Data Supplement; Drug Enforcement Administration's System to Retrieve Information from Drug Evidence (STRIDE) database. (<https://www.statnews.com/2016/11/16/illegal-drugs-price-potency/>)

Misuse of Prescription Opioids and Heroin

- The rate of opioids prescribed in the United States peaked in 2012
- In spite of this, the CDC reports that the amount remains three times as high as it was in 1999
- The longer a person takes a prescription opioid the more likely they will become addicted or dependent
- Past misuse of prescription opioids is the strongest predictor and risk factor for starting heroin use

Probability of Continued Opioid Use After One and Three Years

By number of days' supply of the first opioid prescription, 2006–2015



Source: Centers for Disease Control and Prevention, 2017

The Path to Addiction

- Addiction is highly individualistic, genetics account for 35% to 40% of risk
- Opioid addiction and abuse often begin with routine events to control pain from: wisdom teeth extraction, arthritis, back pain, surgery, injuries (i.e. car accidents, etc.)
- During the 1980s and 1990s there was a growing concern with a lack of treatment for patient pain, which led to pain being considered a “vital sign”
- Several lawsuits during this period found health care facilities and physicians negligent for not adequately treating patient pain
- In 1995 OxyContin was approved by the FDA as the first 12-hour painkiller
- OxyContin was wildly promoted as a long term painkiller and marketed as non-addictive
- In 2002 the federal government included pain in patient satisfaction surveys

Two important facts emerged

OxyContin was not a 12-hour pain reliever for many patients

- Once the drug wore off pain returned, withdrawal symptoms began and patients “craved” the drug; higher doses by the manufacturer were the recommended remedy
- In 2007, the drug company and three of its executives pleaded guilty to fraud, paying \$635 million in fines for downplaying the drug’s risk of addiction

Opioids are addictive

- Experienced drug abusers, including teenagers, discovered that chewing, crushing and snorting, or injecting OxyContin tablets produced a high as powerful as heroin

Overdose and Naloxone

Heroin overdoses can occur at any time, even the very first time

Overdose signs may include: loss of consciousness; unresponsiveness; inability to talk; shallow, erratic breath or no breathing; skin color may turn blue; gurgle or choking sounds – referred to as the 'death rattle'; slow, erratic or no heartbeat

Naloxone reverses effects from heroin and other opioids overdoses, preventing death

When administered it has an immediate reaction, sending a person into withdrawal

People given naloxone can become anxious, angry, and violent; and some begin to crave the opioid drug once revived

Naloxone begins to wear off within 30 to 90 minutes, however, the effects of an opioid may last much longer

Naloxone does not address addiction

State and Federal Laws for Naloxone

- Naloxone is a prescription drug, it is not a controlled substance and has no abuse potential
- State law regulates its distribution and use. The laws involve two issues:
 - Availability
 - Good Samaritanism
- According to the Network for Public Health Law:
 - All 50 states and the District of Columbia passed legislation designed to improve layperson naloxone access
 - 40 states and the District of Columbia passed overdose Good Samaritan laws
 - A recent study reported that the adoption of naloxone access and good Samaritan laws are associated with a 9% to 11% decrease in opioid-related deaths in a state
 - The general assembly in Virginia has passed legislation related to both the availability of Naloxone and Good Samaritan laws

Naloxone in Virginia

- | | |
|---|--|
| <ul style="list-style-type: none">• There is a lack of adequate data on the use of naloxone in Virginia• Heroin and the opioid crisis are still an emerging event• Many entities and agencies did not separate heroin use and overdose from other “illicit drugs” in their data | <ul style="list-style-type: none">• Emergency Medical Services is the only agency collecting and reporting on the administration of naloxone (brand-named narcan)• The following slides document the cost of naloxone and an EMS summary report <p>(see Appendix I for other emergency room and law enforcement indicator reports that outline the heroin crisis in Virginia)</p> |
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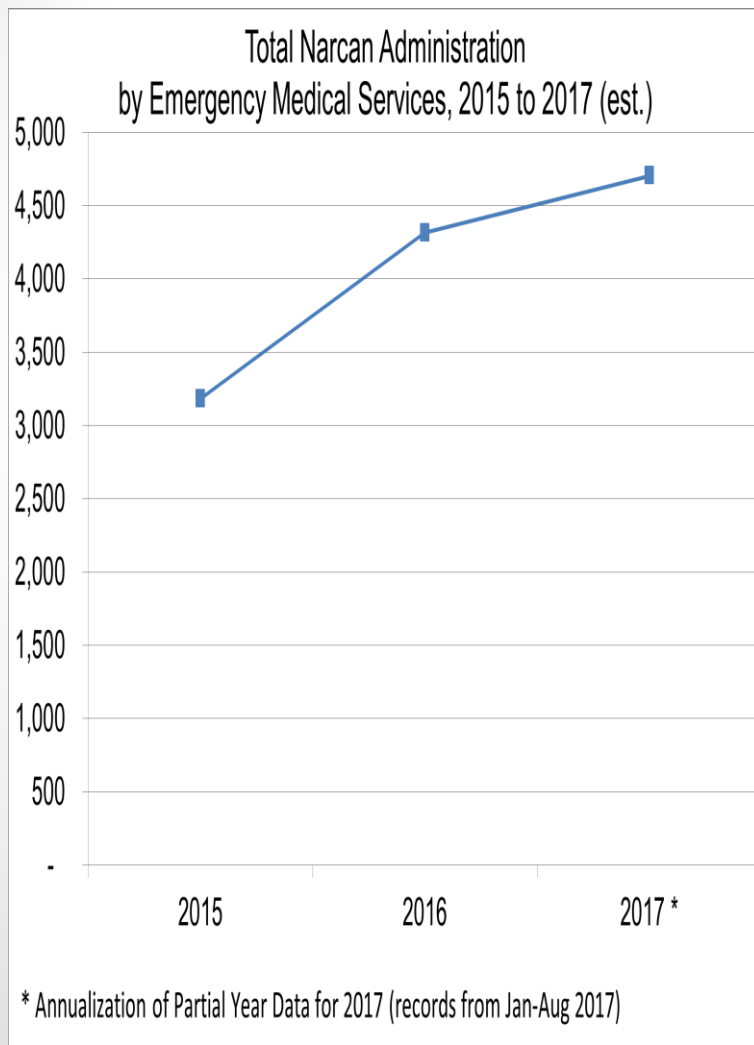
The Cost of Naloxone

- As with all drug prices, the price of naloxone varies. Insurance companies negotiate price and often have built in rebates. The information is considered proprietary
- A person can price Naloxone on the web and if they use a prescription savings card may only pay the amounts displayed in the chart below
- Many non-profit and government agencies may receive naloxone at highly discounted rates or for free depending on the manufacturer
- Virginia based Kaleo reports that patients with commercial insurance making less than \$100,000 and uninsured people pay nothing for their manufactured device. People paying cash can get it for \$360 by calling a hotline
- While the price of naloxone can be expensive, there appear to be avenues that can be pursued to mitigate price

Lowest Med - with coupon
Email: info@lowestmed.com
Naloxone HCL Spray / Evzio - Auto Injection

Drug Store	Evzio - Auto Injection		Narcan Spray	Generic Syringe		Generic Vial	
	0.4 MG (1 syringe)	2 MG/0.4 ML (1 syringe)	4 MG (2/pack)	1 MG/2 ML (2 syringes)	0.4 MG/ML (1 syringe)	0.4 MG/ML (10ML - 1 vial)	0.4 MG/ML (1 ML - 1 vial)
Rite Aid	\$1,863.25	\$2,171.55	\$140.50	\$39.47	\$19.90	\$112.44	\$19.54
Target	\$1,891.43	\$2,145.95	\$136.25	\$53.72	\$19.65	\$109.84	\$22.01
Smiths	\$1,920.25	\$2,098.75	\$135.70	\$43.60	\$19.40	\$108.84	\$19.75
Kmart	\$1,941.40	\$2,122.00	\$138.40	\$41.87	\$23.30		\$20.06
Walmart	\$1,962.07	\$2,144.77	\$135.07	\$42.71	\$18.47	\$111.01	\$18.82
CVS	\$1,965.50	\$2,147.20	\$141.00	\$50.89	\$23.47	\$109.84	\$25.06
Walgreens	\$1,988.56	\$2,173.36	\$138.13	\$42.47	\$22.10	\$109.34	\$12.18
SHOPKO					\$25.09		\$25.09
Average Price with Coupon	\$1,933.21	\$2,143.37	\$137.86	\$44.96	\$21.42	\$110.22	\$20.31

In Virginia, the only data being collected thus far related to the administration of Narcan is from the Office of Emergency Medical Services. The data collection began in 2015

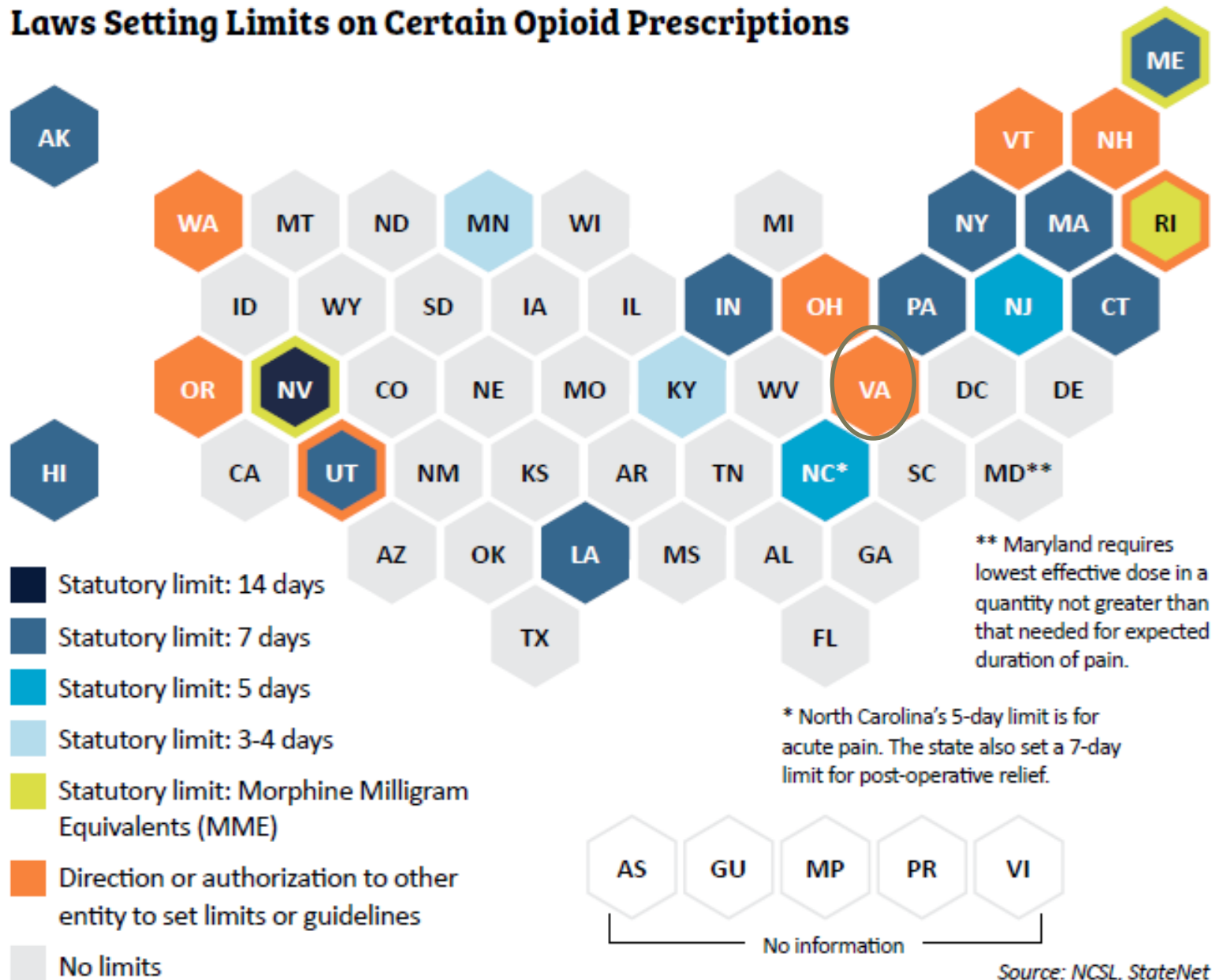


Narcan Summary Report By VDH Health District By Year, VA, 2015-2017

VDH Health District	2015	2016	2017 *	Grand Total
Alexandria	40	74	32	146
Alleghany	66	74	108	248
Arlington	43	83	68	194
Central Shenandoah	76	87	65	228
Central Virginia	129	138	65	332
Chesapeake	97	154	78	329
Chesterfield	151	232	178	561
Chickahominy	44	26	39	109
Crater	49	95	108	252
Cumberland Plateau	49	53	43	145
Eastern Shore	4	18	11	33
Fairfax	238	316	237	791
Hampton	95	178	54	327
Henrico	173	231	190	594
Lenowisco	35	26	20	81
Lord Fairfax	83	165	116	364
Loudoun	56	105	41	202
Mount Rogers	85	63	59	207
New River	28	28	21	77
Norfolk	42	65	92	199
Peninsula	200	262	115	577
Piedmont	25	29	32	86
Pittsylvania/Danvill	31	30	20	81
Portsmouth	84	135	76	295
Prince William	20	82	32	134
Rappahannock	218	247	205	670
Rappahannock/Rapi	119	155	96	370
Richmond	354	507	397	1,258
Roanoke	91	120	163	374
Southside	20	17	20	57
Thomas Jefferson	112	94	62	268
Three Rivers	43	56	46	145
Virginia Beach	147	222	137	506
West Piedmont	57	55	46	158
Western Tidewater	69	80	60	209
Out of State	10	13	4	27
Grand Total	3,183	4,315	3,136	10,634

* Partial Year Data for 2017 (records from Jan-Aug 2017)

Laws Setting Limits on Certain Opioid Prescriptions

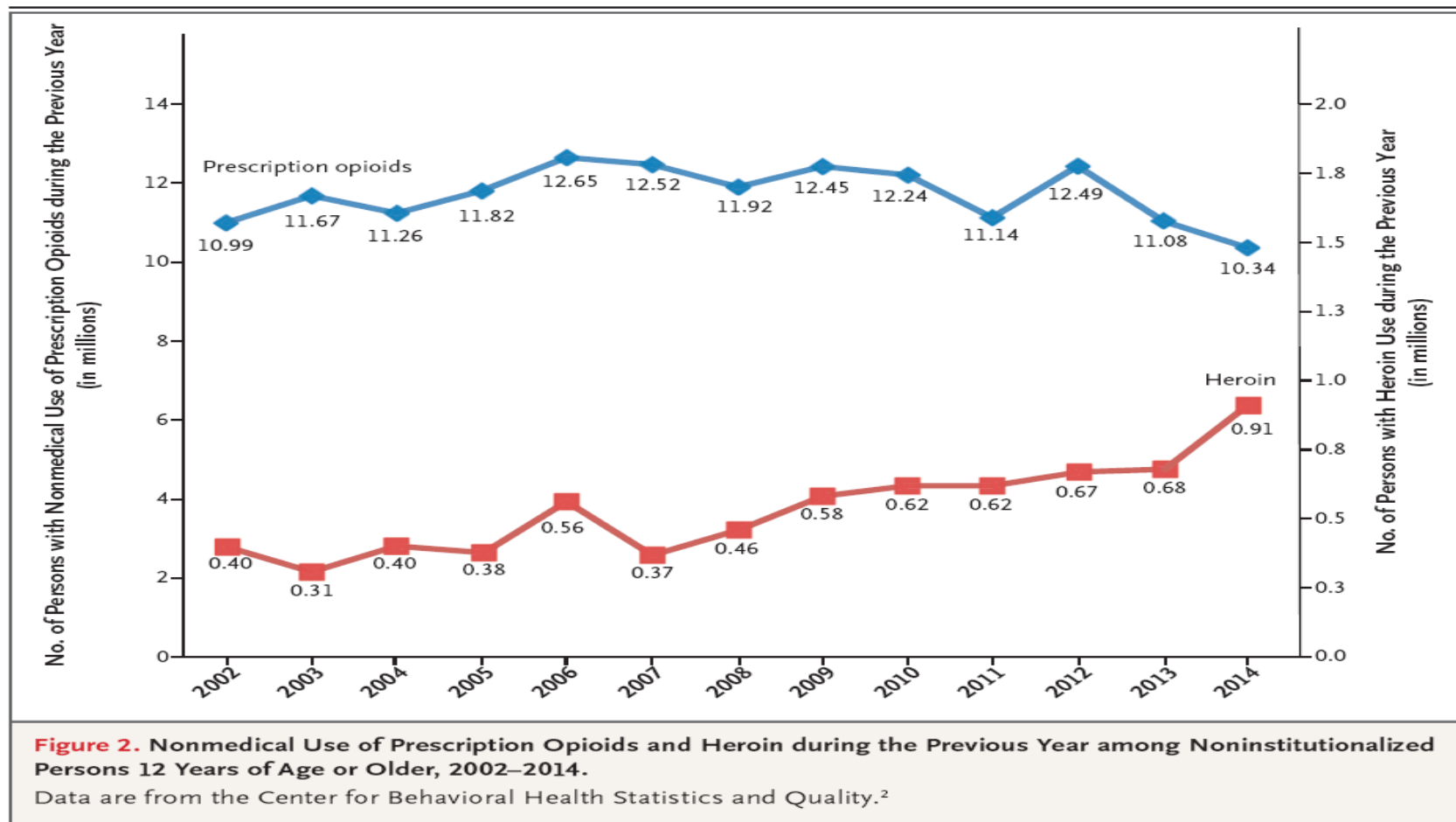


Source: NCSL, StateNet

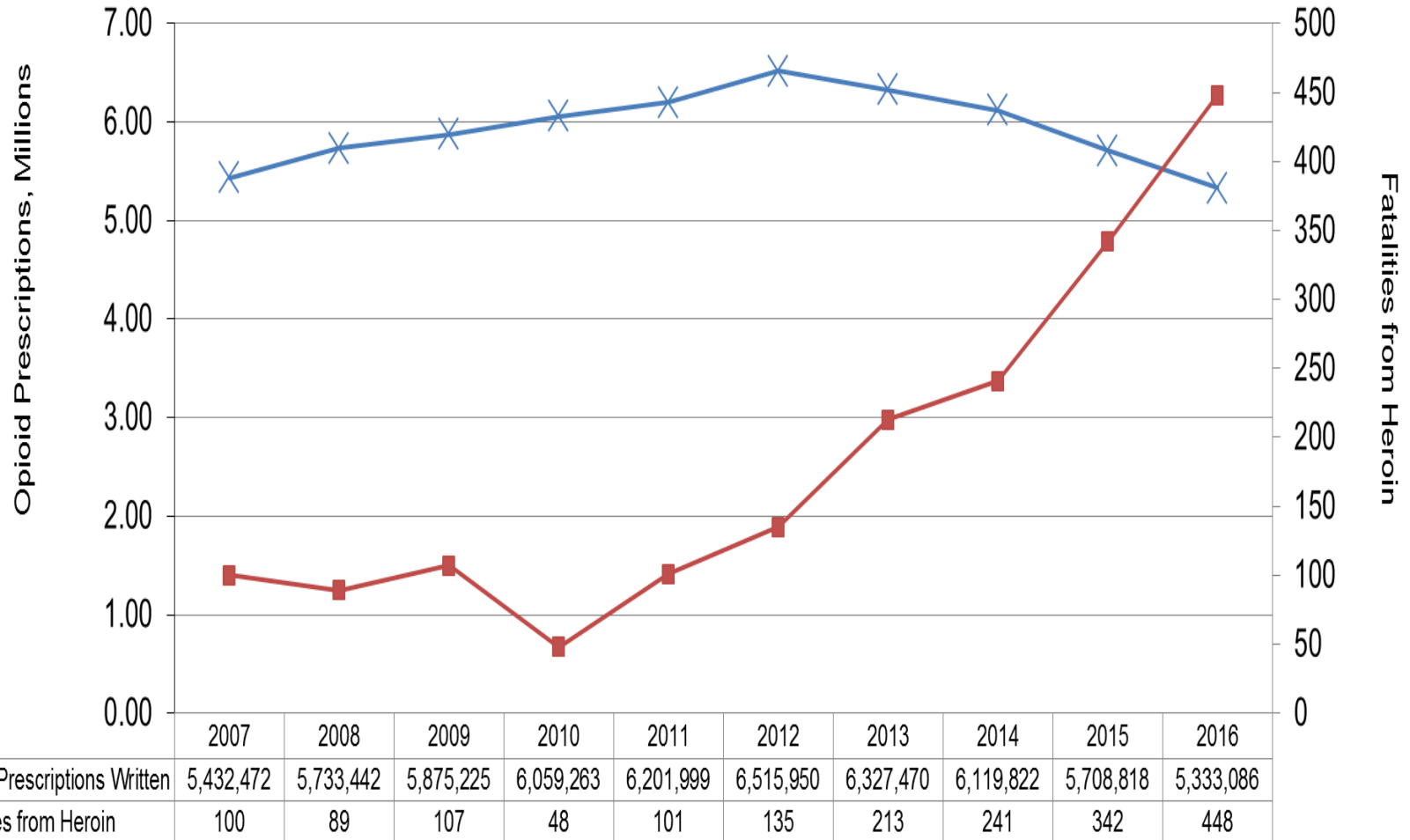
Unintended Consequences of Prescription Opioid Limits?

- Some researchers suggest that the very policies and practices designed to address inappropriate prescribing of opioids are fueling heroin use and death

RELATIONSHIP BETWEEN PRESCRIPTION-OPIOD AND HEROIN USE



Virginia Opioid Prescriptions Written Compared to Fatalities from Heroin, 2007 to 2016



Source: Opioid prescription drug rates: CDC Prescribing Rate Maps (<https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>)
 Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>
 Fatalities from Heroin: Virginia Department of Health, Office of Chief Medical Examiner
 * Estimate: state population times the national percent of heroin users as determined by the National Survey of Drug Use and Health Surveys , 2015
 Prepared by JCHC

The next emerging crisis: synthetic fentanyl

Fentanyl is a synthetic opioid pain reliever often given to people with advanced cancer

The CDC reports that it is 50 to 100 times more potent than morphine

Fentanyl is often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge

According to data from the National Forensic Laboratory Information System, confiscations, or seizures, of fentanyl increased by nearly 7 times from 2012 to 2014

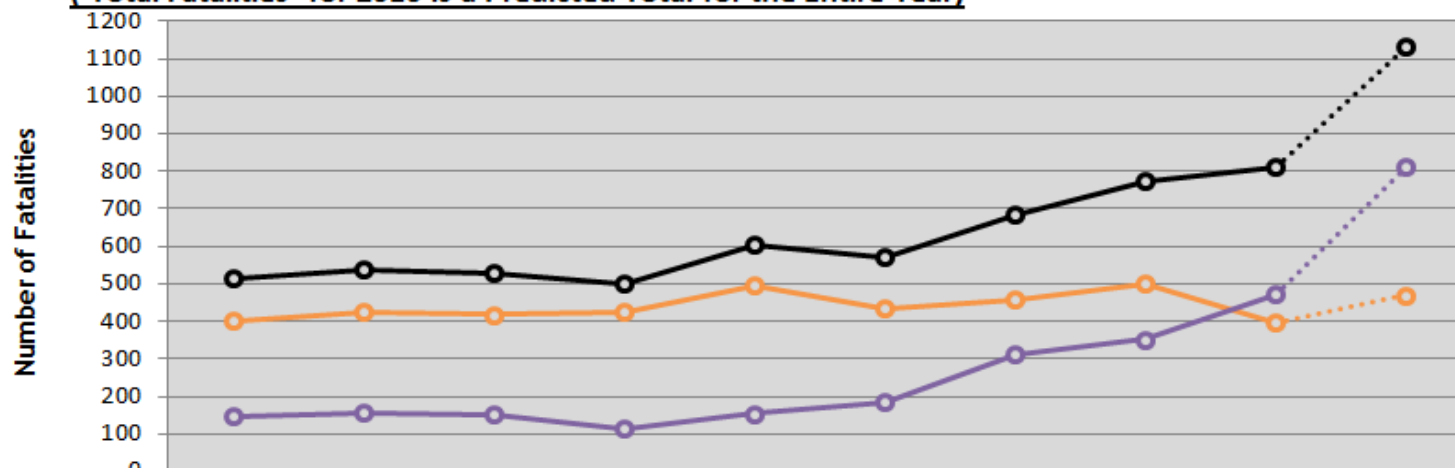
The Virginia Office of Chief Medical Examiner (OCME) reports that in 2016, 57.4% of heroin deaths also included fentanyl

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 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, 2007-2016

(**'Total Fatalities' for 2016 is a Predicted Total for the Entire Year**)



● All Opioids

● Prescription Opioids (excluding fentanyl)

● Fentanyl and/or Heroin

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016*

515

538

530

498

601

572

683

775

811

1133

400

422

417

426

496

435

459

501

398

469

148

157

150

112

153

185

309

351

471

810

* All Opioids include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

* 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.)

* '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.

* 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.

Actions taken by Virginia to address the opioid and heroin crisis

- Governor's Task force on Prescription Drug and Opioid Abuse (created in 2014); continuing as the Governor's Executive Leadership Team on Opioids and Addiction (created December of 2016 to oversee the ongoing response to the crisis)
 - Declared the opioid addiction crisis a Public Health Emergency
 - State Health Commissioner issued standing order for naloxone
 - Legislative changes include the passage of 7 laws and 2 budget amendments addressing:
 - Expanded availability of naloxone
 - Broadened immunity from civil liability
 - Mandated e-prescribing to ensure that all opioid prescriptions are transmitted electronically by 2020
 - Peer recovery registration for Medicaid reimbursement
- Naloxone dispensing by community organizations
 - Reports of substance-exposed infants to ensure treatment for mother and child if necessary
 - Harm reduction pilot programs at local health departments
 - Mandate to check the PMP for initial opioid prescription over 7 days
 - Administering federal grants to address opioid crisis
 - Issued at least 11 regulatory actions related to pain management and addiction treatment
- (see Appendix II for details)

Conclusions

- The heroin crisis has been fast moving and it is changing into yet another crisis involving the distribution and use of the synthetic drug fentanyl
 - The Commonwealth response to the heroin crisis, including making naloxone available statewide, appears to be consistent with what other states have done/are doing
 - The Commonwealth may want to explore alternative ways of treating and caring for heroin addicts by reviewing options related to the opening of 'safe injection sites.' Supervised injection sites will help reduce the spread of HIV and hepatitis C among intravenous drug users, as well as provide locations where people can be directed into treatment, and prevent overdose death (see Appendix III for an article on safe injection sites)
 - Data collection and reporting is an area that needs to be reviewed for all agencies involved in order to improve the programs and to identify and respond to emerging trend
 - The Governor's Task Force/Executive Leadership Team on Prescription Drug and Heroin Abuse is comprehensive and all inclusive and has been studying the topic, making recommendations and overseeing the State's ongoing response to the crisis.
- The Task Force website is:
<https://www.dhp.virginia.gov/taskforce/>

Policy Options

Option 1	Take no action
Option 2	Introduce legislation to amend the Code of Virginia by adding in § 2.2-200 a section to make the Governor's Executive Leadership Team on Opioids and Addiction permanent.
Option 3	Introduce legislation to amend the Code of Virginia by adding in § 2.2-200 a section to require that all Governor's Secretaries coordinate and identify data related to substance abuse that can be used to identify current and emerging substance abuse trends, and to develop local, regional and statewide plans to address the changing landscape as new substances are introduced to the Commonwealth. Require that all state and local agencies, including local law enforcement agencies, government and non-government hospitals, Community Services Board Boards, and any other entities receiving public funds from the Commonwealth, provide such data to the appropriate state agencies identified by the Governor's Secretaries.
Option 4	Request by letter of the JCHC Chair that the DBHDS or VDH (to be determined) study the feasibility of licensing "safe-injection" sites for users of heroin and other illegal drugs. Such study should include a review of sites already operating in other locations, legal barriers to licensing such sites and the costs and benefits associated with operating such sites. A report to the Commission detailing the results of the study will be provided by October 1, 2018.

Public Comment Slide

Written public comments on the proposed options may be submitted to JCHC by close of business on November 7, 2017.

Comments may be submitted via:

- ❖ E-mail: jchcpubliccomments@jchc.virginia.gov
- ❖ Fax: 804-786-5538
- ❖ Mail: Joint Commission on Health Care
- ❖ P.O. Box 1322
- ❖ Richmond, Virginia 23218

Comments will be provided to Commission members and summarized during the JCHC November decision matrix meeting.

(All public comments are subject to FOIA release of records)

Appendix I

Other Indicators of the Virginia Opioid and Heroin Crisis

Repeat Emergency Department Visits for Unintentional Overdose by Opioids or Unspecified Substance and Heroin
among Virginia Residents by Health Region, from January 1, 2015 to June 30, 2017

Visits by Type	Central	Eastern	Northern	Northwest	Southwest	Total
Total Opioid Visits	4,309	4,594	4,155	3,341	4,138	20,537
Total Heroin Visits	593	1,024	476	703	248	3,044
Repeat Opioid Visits	375	370	404	305	357	1,811
Repeat Heroin Visits	29	102	47	67	24	269
Percent of Opioid Repeat Visits	8.70%	8.05%	9.72%	9.13%	8.63%	8.82%
Percent of Heroin Repeat Visits	4.89%	9.96%	9.87%	9.53%	9.68%	8.84%

Opioid Repeat Visits Summary

- The 20,537 total opioid visits involved 18,727 individuals
- Of this amount, 17,287 had 1 visit
- 1,439 had at least 2 visits totaling 3,250 visits

Heroin Repeat Visits Summary:

- The 3,044 total heroin visits involved 2,775 individuals
- Of this amount, 2,548 had 1 visit
- 227 had at least 2 visits for a total of 496 visits

Source: Virginia Department of Health

**There may be some over/undercounting of ED repeat visits due to data limitations based on the way the records are reported for identification purposes.*

Virginia State Police
Trooper Calls 2016 through 9-15-2017

Years	Sex	Injury	Death	Grand Total
2016	Females	79	20	99
2017 (through 9-15-2017)	Females	79	14	93
2016	Males	177	40	217
2017 (through 9-15-2017)	Males	178	33	211
2016 Total		256	60	316
2017 (through 9-15-2017)		257	47	304
Percent Female 2016		30.86%	33.33%	31.33%
Percent Male 2016		69.14%	66.67%	68.67%
Percent Female 2017		30.74%	29.79%	30.59%
Percent Male 2017		69.26%	70.21%	69.41%

Source: Bureau of Criminal Investigation. Virginia State Police.

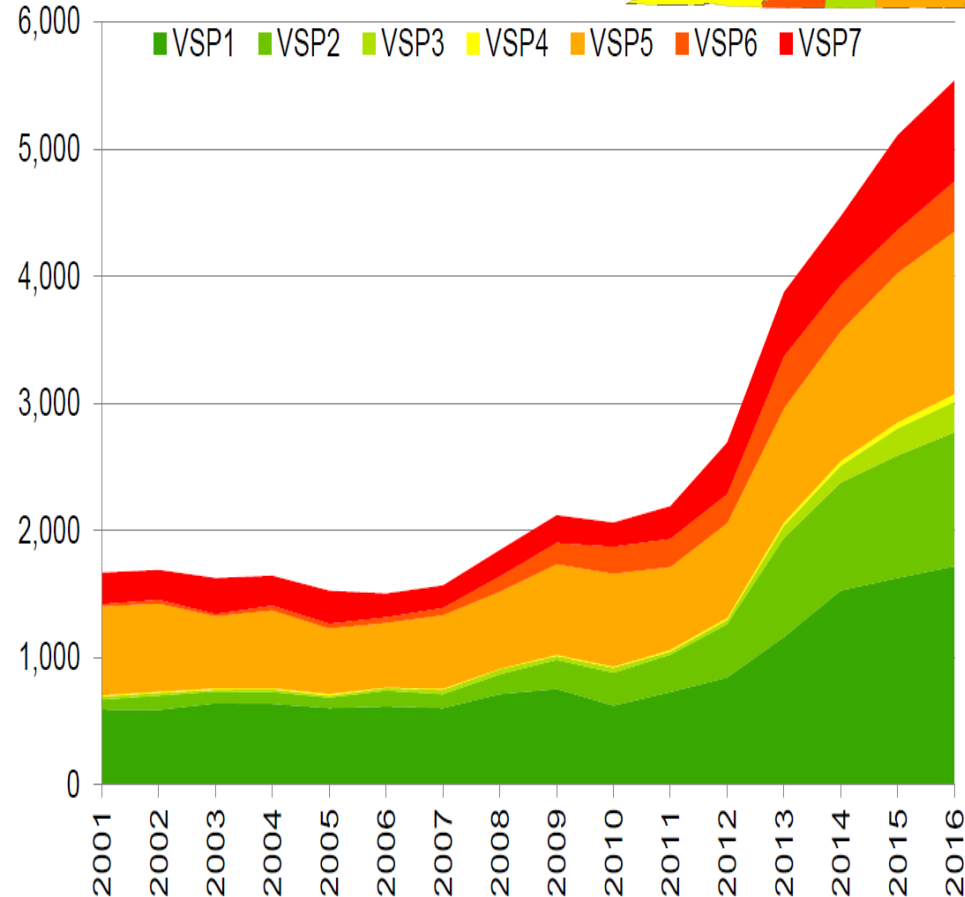
The Virginia State Police have responded to almost the same number of heroin overdose related calls through September 15, 2017 than they did during all of 2016.

Data is not currently being collected by the state on the administration of naran.

Heroin Submissions

Cases submitted to DFS, calendar years 2001-2016

VA State Police Divisions



Appendix II

Details of some of the actions
taken by Virginia to address
the opioid and heroin crisis

Administrative Activity Addressing Opioid and Heroin Crisis

- Standing Order for dispensing of Naloxone issued: November 21st, 2016; expires in 2 years
 - Authorizes licensed pharmacists who are permitted to dispense naloxone in accordance with § 54.1-3408 of the Virginia Code and the current Board of Pharmacy-approved protocol.
 - § 54.1-3408 of the Virginia Code: allows for dispensing of naloxone to any person making the request. Requires law enforcement officers and other officials to complete a training program and authorizes the DBHDS to train individuals on the administration of naloxone.
 - Board of Pharmacy Protocol: requires pharmacist to provide comprehensive counseling to requestor that cannot be waived unless the person has completed the REVIVE! training program.

Opioid Information and Prevention Resources:

- Virginia Opioid Addiction Indicators:
<http://www.vdh.virginia.gov/data/opioid-overdose/>
- VaAware (addiction, prevention and recovery resources):
<http://vaaware.com/>
- REVIVE! Provides training to professionals and laypersons on how to recognize and respond to an opioid overdose emergency with the administration of naloxone
- Training Curriculum available at
<http://www.dhp.virginia.gov/pharmacy/docs/osas-revive-training-curriculum.pdf>
- Substance Abuse Mental Health Services Administration's "Opioid Prevention Toolkit" (2014), available at
<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>
- Prescribe to Prevent,
<http://prescribetoprevent.org/pharmacists>
- Harm Reduction Coalition,
<http://harmreduction.org/issues/opioid-overdose-prevention/tools-best-practices/od-kit-materials>

New Federal Grants to Virginia

- \$9.76 million from the Substance Abuse and Mental Health Services Administration to support prevention, treatment and recovery efforts in 18 Virginia communities. The grant will be administered by the Department of Behavioral Health and Developmental Services (DBHDS)
- \$596,000 from the U.S. Department of Justice, Bureau of Justice Assistance. The grant will be used for the development of a statewide plan focusing on collaboration and enhanced data sharing between criminal justice and health agencies and will be administered by the Department of Criminal Justice Services (DCJS)

Legislative Changes and Budget Amendments

Legislative Changes

- House Bill 1458 (2015) expanded REVIVE!; broadened immunity from civil liability; allowed for an oral, written, or standing order; allowed individual to obtain naloxone from a pharmacy without a prescription; explicitly allowed law enforcement officers and fire fighters to carry and administer naloxone
- Mandated e-prescribing, SB1230/HB2165 (2017)
- Naloxone dispensing – Community organizations storage and distribution, SB848 (2017)
- Peer recovery registration, SB1020/HB2095 (2017)
- Substance exposed infants, SB1086/HB1786 (2017)
- Harm reduction pilot programs, HB2317 (2017)
- PMP initial opioid Rx reduction HB1885/SB1232 (2017)

Budget Amendments

- Addition of Addiction, Recovery, and Treatment Services benefit in Medicaid (2016)
- Federal CARA funding (\$9.7 M, ~\$5 M)
- Various grants for public safety and prevention

Governor's Task Force on Prescription Drug and Opioid Abuse: Establishment and Structure

- *September 26, 2014 -- Healthy VA Plan: Executive Order 29*
(Continued as the Governor's Executive Leadership Team on Opioids and Addiction in December of 2016)
- Co-chairs
 - Secretary of Health and Human Resources, William A. Hazel
 - Secretary of Public Safety and Homeland Security, Brian Moran
- 32 multi-disciplinary members, 5 workgroups
 - ❖ Education
 - ❖ Treatment
 - ❖ Storage & Disposal
 - ❖ Data & Monitoring
 - ❖ Law Enforcement

Boards of Medicine and Dentistry Regulations for Pain Management and Addiction Treatment

- | | |
|--|--|
| <ul style="list-style-type: none">• Initial acute pain opioid prescriptions not to exceed 7 days• Document reasons to exceed 50 MME/day, refer to pain specialist if over 120 MME/day 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 prescribing• Consider non-opioid treatment first | <ul style="list-style-type: none">• Document rationale to continue opioids every 3 months• Regular opioid use disorder screens and referral to treatment• Require Buprenorphine – Medication Assisted Treatment (MAT) of Addiction be prescribed alongside counseling• Require use of less-abusable/divertable suboxone as opposed to subutex• Subutex (monoproduct) for pregnant women only |
|--|--|

Centralized Website & Data Source

VaAware: <http://vaaware.com/>

The banner features a scenic background of a body of water at sunset or sunrise, with a dark treeline in the distance. The text 'VaAware' is prominently displayed in a large, light blue, serif font. Below it, the tagline 'Addiction, prevention & recovery resources' is written in a smaller, white, sans-serif font. At the bottom of the banner, a dark blue navigation bar contains the links 'HOME', 'TREATMENT & RECOVERY', 'STORAGE & DISPOSAL', and 'LEARN' in white, uppercase, sans-serif font.

VaAware

Addiction, prevention & recovery resources

HOME TREATMENT & RECOVERY STORAGE & DISPOSAL LEARN

A Crisis of Addiction

In 2014 Virginia Governor Terry McAuliffe convened a [Task Force on Prescription Drug and Heroin Abuse](#) to address the crisis in opioid addiction and overdose that the Commonwealth – and indeed, our entire country – is facing. More Virginians now die every year from an overdose than in automobile accidents, and nationally there is an overdose death every 20 minutes.

Useful Links

- [Centers for Disease Control & Prevention](#)
- [Comprehensive Harm Reduction](#)
- [National Institute on Drug Abuse](#)
- [Provider and Facility Resource Catalogue](#)
- [Substance Abuse and Mental Health Services Administration](#)
- [Where to Find Treatment](#)

Collaboration

Department of Health

Department of Behavioral Health and Developmental Services

Department of Criminal Justice Services

Department of Health Professions

Department of Social Services

The Public

treatment

access to resources

latest research and data

Practitioners

information on prescribing

pain management

addiction

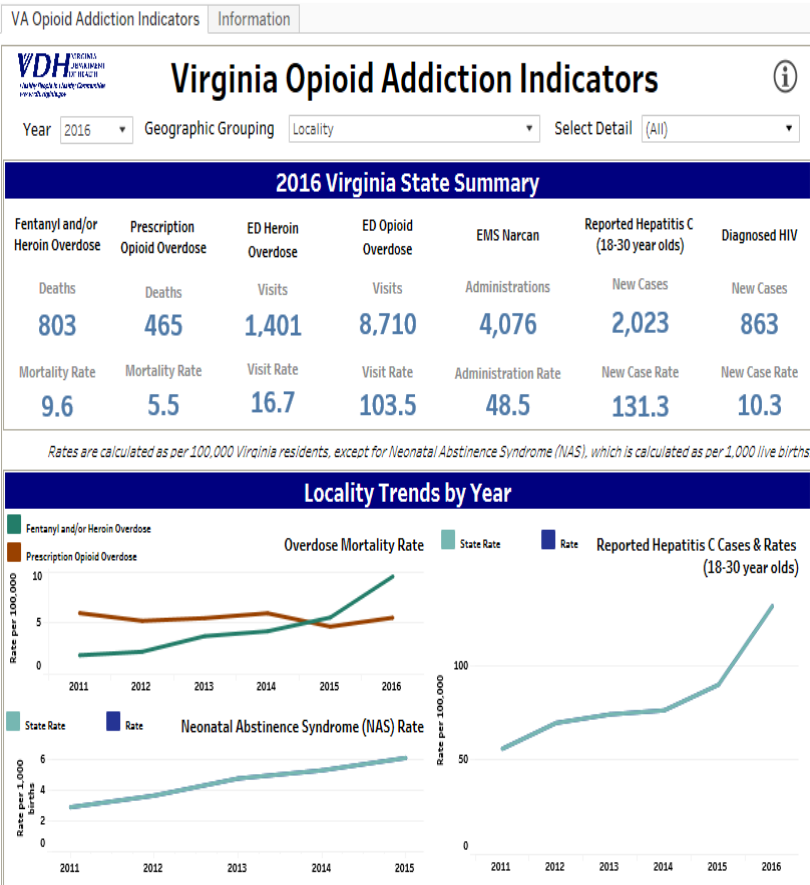
continuing education opportunities

Law Enforcement

Information for first responders

disposal options for Virginians

Virginia Department of Health Opioid Addiction Dashboard & Virginia Department of Behavioral Health & Developmental Services REVIVE! Website



REVIVE! OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

View the August REVIVE! Newsletter [HERE](#) for training and naloxone updates.

For information on upcoming REVIVE! trainings, visit the Events tab at the bottom of the page.

REVIVE! is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia. REVIVE! provides training to professionals, stakeholders, and others on how to recognize and respond to an opioid overdose emergency with the administration of naloxone (Narcan®). REVIVE! is a collaborative effort led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) working alongside the Virginia Department of Health, the Virginia Department of Health Professions, recovery community organizations such as the McShin Foundation, OneCare of Southwest Virginia, the Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA), and other stakeholders.

REVIVE! offers two different types of trainings:

- Lay Rescuer trainings are between 1-1.5 hours long. This training covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone.
- Lay Rescuer Training of Trainers is approximately 3 hours long and covers everything in the lay rescuer training with additional focus and discussion of each specific training objective to ensure a thorough understanding of the materials trainers will be presenting on. This training teaches trainers how to conduct trainings and is appropriate for individuals who intend on leading trainings in the community.

For information on upcoming REVIVE! trainings, visit the Events tab at the bottom of the page. Law enforcement is required to go through a separate Law Enforcement Officer training offered directly through DBHDS. To request the Law Enforcement REVIVE! training for your agency, please contact revive@dbhds.virginia.gov

<http://www.vdh.virginia.gov/data/opioid-overdose/>

<http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive>

Appendix III

Article on 'Safe Injection Sites'

Awash in overdoses, Seattle creates safe sites for addicts to inject illegal drugs
The Washington Post. By Katie Zezima January 27, 2017

Officials in Seattle on Friday approved the nation's first "safe-injection" sites for users of heroin and other illegal drugs, calling the move a drastic but necessary response to an epidemic of addiction that is claiming tens of thousands of lives each year. The sites — which offer addicts clean needles, medical supervision and quick access to drugs that reverse the effects of an overdose — have long been popular in Europe. Now, with the U.S. death toll rising, the idea is gaining traction in a number of American cities, including Boston, New York City and Ithaca, N.Y.

The rest of the article can be found on the Washington Post website:

https://www.washingtonpost.com/politics/awash-in-overdoses-seattle-creates-safe-sites-for-addicts-to-inject-illegal-drugs/2017/01/27/ddc58842-e415-11e6-ba11-63c4b4fb5a63_story.html?utm_term=.69d2dacd6d77

or through this link:



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