

Issue: VA Opioids

Opioid Crisis in Virginia

Introduction

In November 2016, Virginia's Health Commissioner, Marissa J. Levine, declared the state's opioid addiction crisis a public health emergency. In announcing her decision, Levine cited the dramatic increase in overdose deaths in recent years and this startling fact: starting in 2013 drug overdoses surpassed car crashes as the leading cause of unnatural deaths. Evidence of the growing crisis was the rise in emergency room visits for heroin overdoses, which rose 89 percent in the first nine months of 2016 compared to the same period in the previous year.¹

Drug-Related Overdose Data

In 2016 in Virginia, 1,130 people died from opioid-related overdoses, an increase of nearly 40 percent over the 812 deaths in 2015. This was the largest increase in the number of fatal overdoses on record. Virginia's rate of overdose is comparable to the national average.

Neonatal abstinence syndrome, which occurs when an unborn baby is exposed to opioids from a pregnant mother's use, is another serious public health problem. In 2017, 768 babies in Virginia were born with this condition (a rate of 7.7 per 1,000 live births), compared to 686 in 2016 (a rate of 6.7). Virginia's rate is approximately 30 percent higher than the national average.²

During 2017 the number of fatalities grew, with 1,229 Virginia residents dying from drug overdoses. Fentanyl caused or contributed to over 50 percent of the fatal overdoses in 2017. The Department of Health has not yet reported the number for 2018, but it is expected to be about the same as 2017.³ Most drug overdose deaths occurred in people between the ages of 25 to 45, with the age group 45 to 54 overdosing at the next highest rate.⁴ In Virginia, overdose rates are the highest for non-Hispanic whites, followed by blacks, whose rates are about half of those of whites.⁵

The Areas Most Affected

Until the early 2000's, southwest Virginia had the highest rate of opioid addiction due mostly to prescription opioids. From about 2013 onward, illicit fentanyl became more widely available, and drug dealers moved into the urban areas. Thus, by 2017 northern Virginia had the highest number of drug overdose deaths:

Fairfax County (121), Richmond City (116), Prince William County (60) and Arlington County (23). The Tidewater areas of Newport News City, Norfolk City, Virginia Beach City and Chesapeake City account for another cluster of deaths totaling 247. Roanoke County and City combined reported 73 deaths.⁶

In November 2016, eight, mainly far western Virginia counties—Buchanan, Lee, Patrick, Dickenson, Wise, Wythe, Russell, and Tazewell—were identified by the U.S. Centers for Disease Control and Prevention as among the top 5% in the nation that are most vulnerable to an HIV or Hepatitis C outbreak.⁷ The spread of HIV or Hepatitis C is associated with sharing of needles in opioid injections, as well as with poverty and limited access to healthcare.

Medications to Treat Opioid Addiction

The primary external signs of an opioid overdose are pinpoint pupils, very shallow and slow breathing, and a lack of response to stimuli such as pinching, shaking, or calling the person's name. There are three basic treatment options.

- **Naloxone** is a prescription drug that, if administered in time, can reverse the effects of an overdose and possibly prevent an overdose death. Naloxone blocks the effects of opioids on the brain and may restore breathing within two to eight minutes. It is available as an injection or a nasal spray and is not intended for long-term use.
- **Methadone** has been used for decades to treat people who are addicted to heroin and narcotic pain medicines. It can be addictive, so it must be used exactly as prescribed. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs. Methadone treatment is administered daily in a clinic under the supervision of a physician. The length of methadone treatment should be a minimum of 12 months; some patients may require years of treatment.
- **Buprenorphine** was approved for clinical use in October 2002 by the Food and Drug Administration (FDA). It can produce opioid-like effects such as euphoria or respiratory depression. With buprenorphine, however, these effects are weaker than those caused by heroin and methadone, thus lowering the risk of dependency. It is longer lasting than methadone and is available as a sublingual tablet, buccal film, or under-the-skin implant. It may be dispensed in physicians' offices, community hospitals, health departments, or correctional facilities under physician supervision. Naloxone is frequently added to buprenorphine; the combination decreasing the likelihood of misuse.⁸

Virginia's Efforts

Virginia started the **Addiction and Recovery Treatment Services (ARTS)** in April 2017. After obtaining a federal Medicaid section 1115 waiver, the state was able to increase reimbursement rates to addiction treatment providers and attract more providers. The program expanded substance-use treatment benefits to all 1.1 million members covered by Medicaid and Family Access to Medical Insurance Security (FAMIS), resulting in an approximately 400 percent increase in addiction treatment providers participating in Medicaid. Also, increased coverage by Medicaid reduces costs for consumers. The program offers the full range of treatment options, from outpatient office treatments to intensive longer-term treatment in residential facilities, depending on the patient's needs. The General Assembly allocated \$5.2 million in 2017 and \$16.8 million in 2018 for the program. It is anticipated that the program could save the state money in the long run by lowering both the medical and social costs of opioid addiction.

Independent evaluations of the program from researchers at Virginia Commonwealth University (VCU) have found some promising results. The percent of Medicaid members with an opioid use disorder who received treatment went up 29 percent from April to December 2017 compared to the same period the previous year, while emergency department visits related to opioid use disorders went down by 31 percent.⁹

REVIVE! is free education program that helps lay people recognize and respond to opioid overdose emergencies by administering naloxone. After training, the attendee receives a free REVIVE! kit which includes all the supplies needed to administer naloxone. The program is led by the Virginia Department of Behavioral Health and Developmental Services.

Virginia's **Prescription Monitoring Program** is a 24/7 database of prescription and patient history. It contains information on dispensed controlled substances and all other drugs of concern. Prescribers and pharmacies must be registered with the Prescription Monitoring Program and may query the database to assist in determining treatment history, thereby ruling out the possibility that a patient is doctor shopping or scamming in order to obtain controlled substances. The program is digitally connected to with 30 other states, the District of Columbia, and Puerto Rico. Currently more than 54,000 prescribers and 13,000 pharmacists are registered.¹⁰

The Governor's Advisory Commission on Opioids and Addiction was formed in October 2018. Its members include public officials, health experts, law

enforcement and family members affected by opioid addiction. The commission will review the state's current approach and provide suggestions and direction.

Legislation on Measures to Deal with the Epidemic

Recent legislation and administrative regulations to combat the opioid crisis have had bi-partisan support with many bills passing unanimously.

Limits on Opioid Prescriptions

The Virginia Board of Medicine adopted new regulations relating to opioid prescriptions that became effective on March 15, 2017. These regulations limit the amount of opioid medication that can be prescribed for a 7-day supply for acute pain and for a 14-day supply for post-surgical pain. While there are no limitations placed on medications for chronic pain lasting more than 30 days, the prescribing physician must document the reasons for the prescription.¹¹

Increased Access to Naxolone

As a result of legislation enacted December 2016, the Virginia Department of Health began issuing a "standing order" which serves as a prescription written for the general public, rather than specifically for an individual.

Virginia residents can now purchase naloxone directly from a pharmacy, without a visit to a medical provider. Additionally, the Virginia Department of Health will dispense naloxone free in the form of a spray (Narcan Nasal Spray) through local health departments.¹² Naloxone is available without a prescription in 46 states.¹³

Patients prescribed an opioid pain medication by a doctor in Virginia, by law, will also get a prescription for naloxone, which, if filled, is covered by insurance.

Various bills seek to increase the number of individuals who can possess and administer naloxone in an emergency. An unlicensed individual given training through Revive! or by a pharmacist can administer the drug for an overdose.

The Virginia Department of Health is developing a pilot program to train law-enforcement personnel and to provide them with nasal-delivery naloxone for emergency use. Pending bills add qualified personnel in public schools and emergency service personnel. Further, a person who dispenses naloxone would not be liable for civil damages resulting if he acted in good faith.

Electronic Prescriptions

In the 2017 legislative session, HB 2165 was passed to reduce prescription fraud by requiring a prescription for any controlled substance to be transmitted electronically. Beginning July 1, 2020, a pharmacist is prohibited from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription.

Improved Data Sharing

SB 580 improves the sharing of data among agencies. It focuses on the sharing, analysis, and dissemination of data related to opioid addiction, abuse, and overdoses.

Quality of Care and Harm Reduction

HB 1157 requires the Virginia Department of Health to implement a plan of care for a child and mother if the child is found to have been exposed to opioids in utero. The plan will improve screening and identification of substance-using pregnant women. It will also provide continuing treatment services during both the prenatal and postnatal periods.¹⁴

A 2017 bill, signed by the governor, created a needle exchange program for addicts to reduce the spread of HIV, hepatitis, and other blood-borne diseases.¹⁵ The first program was in Wise County, where the rate of hepatitis C is double the state rate. Chris Hurst (HD12) introduced a bill, pending the Governor's signature, that for the first time will specify regulations for certification of recovery residences for recovering addicts.

Elimination of Liability When Reporting Overdoses

On Feb 20, 2019, the Senate and House unanimously passed SB 1349, known as Dillon's Law. It will eliminate liability for individuals who call emergency to report an overdose, potentially saving lives. This is a change from the Good Samaritan law of 2015, which required the caller to "substantially cooperate with a criminal investigation reasonably related to the drug or alcohol that resulted in the overdose." In the past, an individual might have been afraid to call because they might be implicated in illegal activity, if they had drugs in the house, were in possession of drugs, or were taking drugs themselves. Under the new law, there is no requirement a caller must cooperate in an investigation.

Federal Funding for the Opioid Programs in 2018

Virginia received significant funding from various federal agencies in 2018. In May, the State received a \$9.7 million grant, and in September received another grant of \$16 million from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). These grants are part of Congress's \$1 billion effort to combat opioid addiction. In total, over three consecutive years, SAMHSA's grants to Virginia amounted to \$35.3 million.

Additionally, in September, Virginia received a grant of \$6.35 million from the federal Department of Health and Human Services to expand access to substance use disorder and mental health services. In October, the state received a \$3.75 million grant from the U.S. Department of Education to improve outcomes and support services for students in rural school divisions most affected by the opioid crisis.

In November, the Center for Disease Control and Prevention awarded Virginia \$4.9 million to strengthen its emergency response to the opioid addiction epidemic and to purchase equipment for analysis of opioid samples.

With Medicaid expansion taking effect in January 2019, 400,000 additional people will have access to screening, prevention, treatment, and recovery services that can reduce addiction and overdosing. It is too early to assess the benefits.

¹ https://www.richmond.com/news/virginia/opioid-addiction-crisis-declared-public-health-emergency-in-virginia/article_894d3238-097f-5483-b62d-d0440073d94f.html

² <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/virginia-opioid-summary>

³ <http://www.vdh.virginia.gov/content/uploads/sites/18/2019/01/Quarterly-Drug-Death-Report-FINAL-Q3-2018.pdf>

⁴ <http://www.vdh.virginia.gov/data/opioid-overdose/>

⁵ Virginia Department of Health, Statewide Forensic Epidemiologist, correspondence Feb. 25, 2019

⁶ <http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

⁷ <http://www.vdh.virginia.gov/commissioner/opioid-addiction-in-virginia/declaration-of-public-health-emergency/>

⁸ <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

⁹ <https://www.vox.com/policy-and-politics/2018/5/10/17256572/opioid-epidemic-virginia-medicaid-expansion-arts>

¹⁰ https://www.dhp.virginia.gov/dhp_programs/pmp/pmp_desc.asp

¹¹ https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state#Virginia

¹² <http://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive>

¹³ <https://www.pharmacist.com/article/overdose-drug-naloxone-available-many-states-without-prescription>

¹⁴ <http://www.richmondsunlight.com/bill/2018/hb1157/>

¹⁵ <https://www.vagazette.com/news/va-vg-cns-opioids-0225-20170225-story.html>