

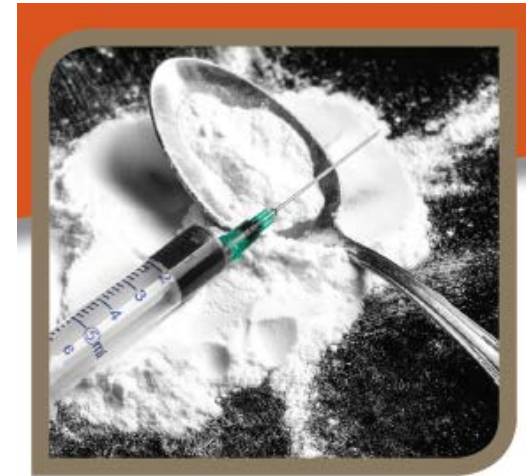
# VIRGINIA'S OPIOID ADDICTION CRISIS: A PUBLIC HEALTH EMERGENCY

3<sup>rd</sup> Annual EVMS Mental Health Summit- May 9, 2017

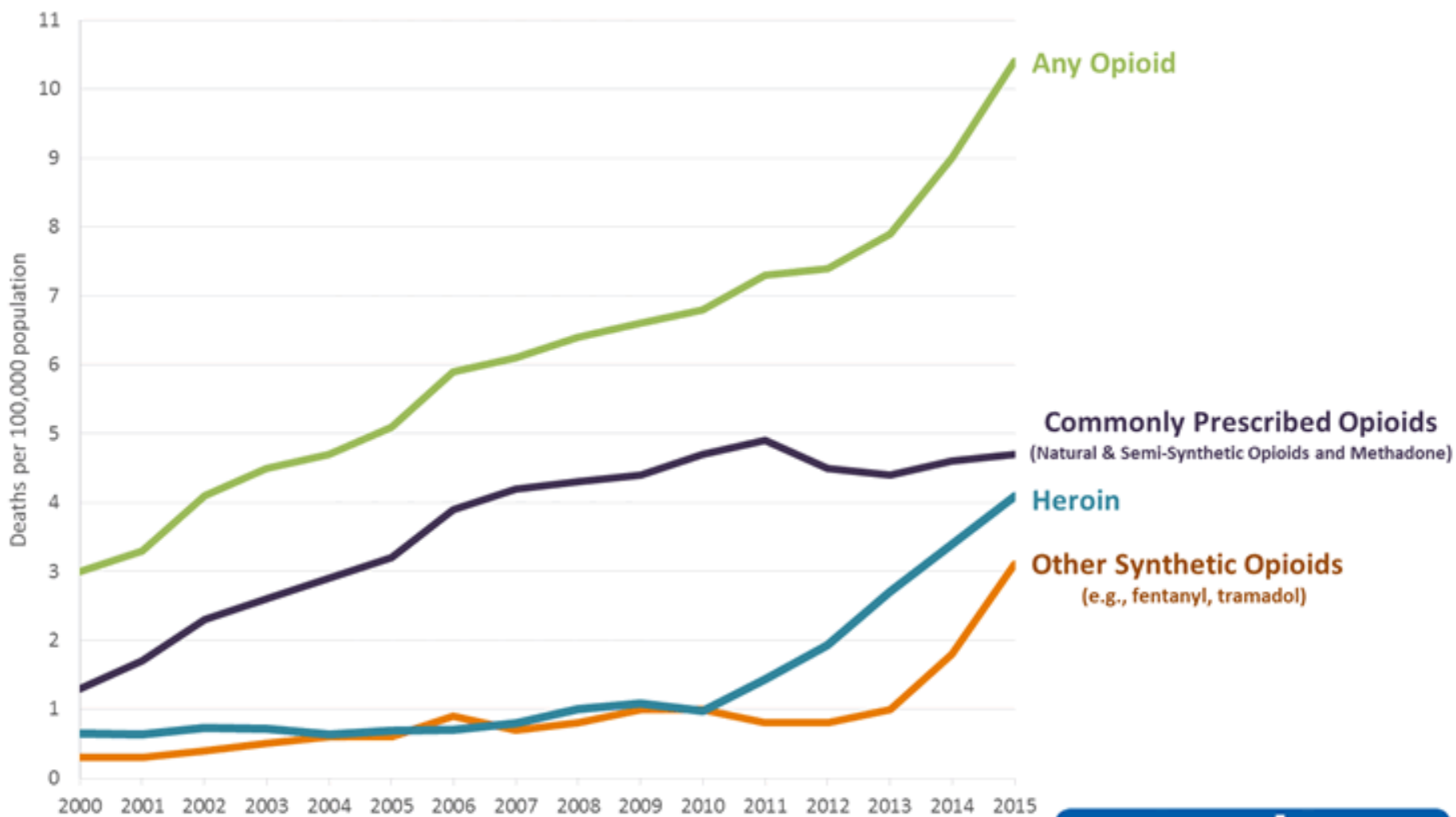
Heidi A. Kulberg, MD, MPH: Director, VB Dept. of Public Health

# Overview

- ❑ Opioid impact by the numbers
- ❑ Five Policy Approach
- ❑ Addiction as a chronic disease
- ❑ Call to action



# Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.





# Opioid Overdose Deaths

## Virginia, 2016

---

- 1,133 opioid overdose deaths
  - 39.7% increase from 2015
  - 174.7% increase in fentanyl deaths in last year
  - 31.0% increase in heroin deaths
- More than 3 Virginians die every day from an opioid overdose



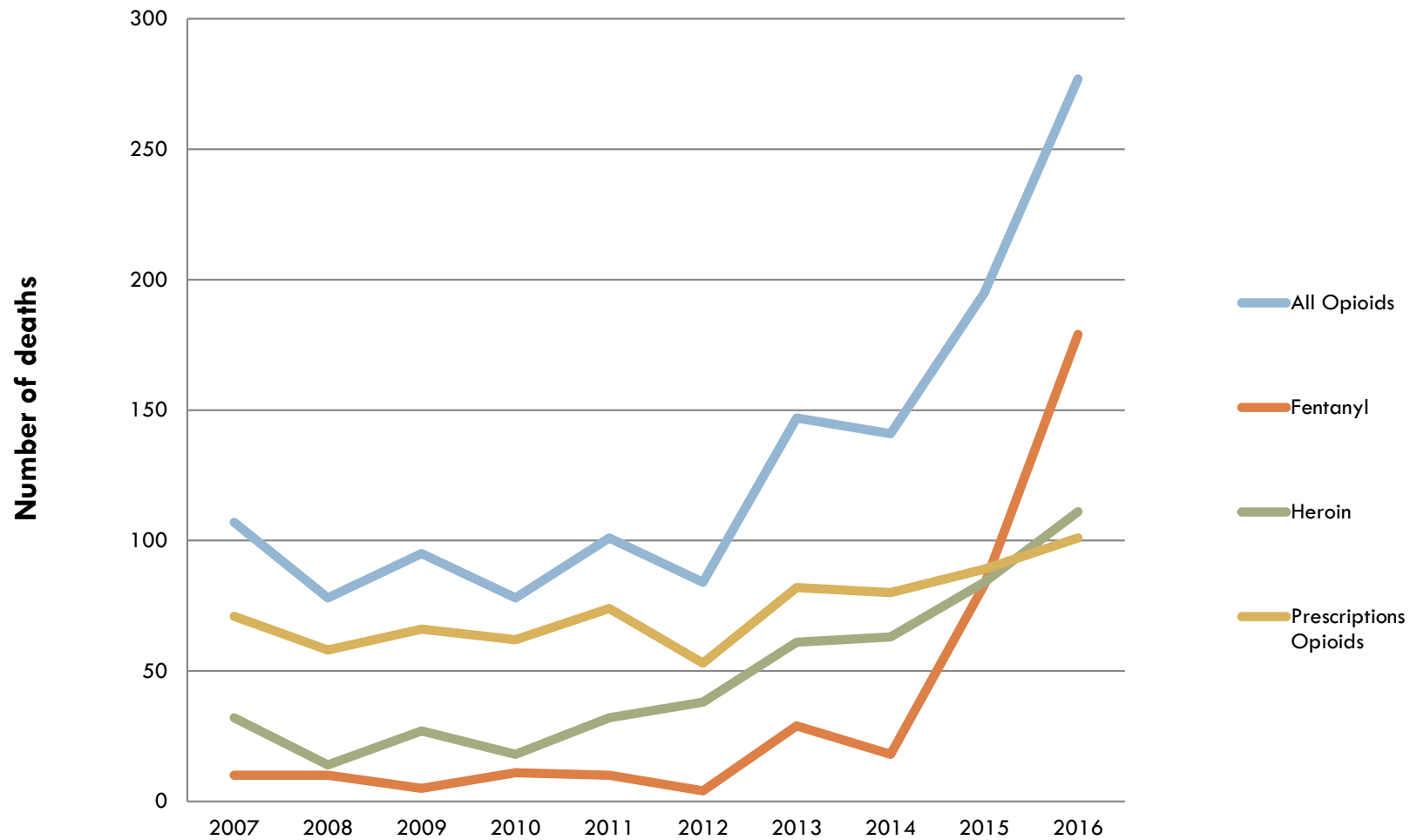
# Opioid Overdose Deaths in Hampton Roads in 2016

---

- 277 opioid overdose deaths
  - ▣ 42% increase from 2015
  - ▣ 116% increase in fentanyl deaths from 2015
    - Nearly 900% from 2014
  - ▣ 32% increase in heroin deaths
- > 5 persons a week die in Hampton Roads from an opioid overdose

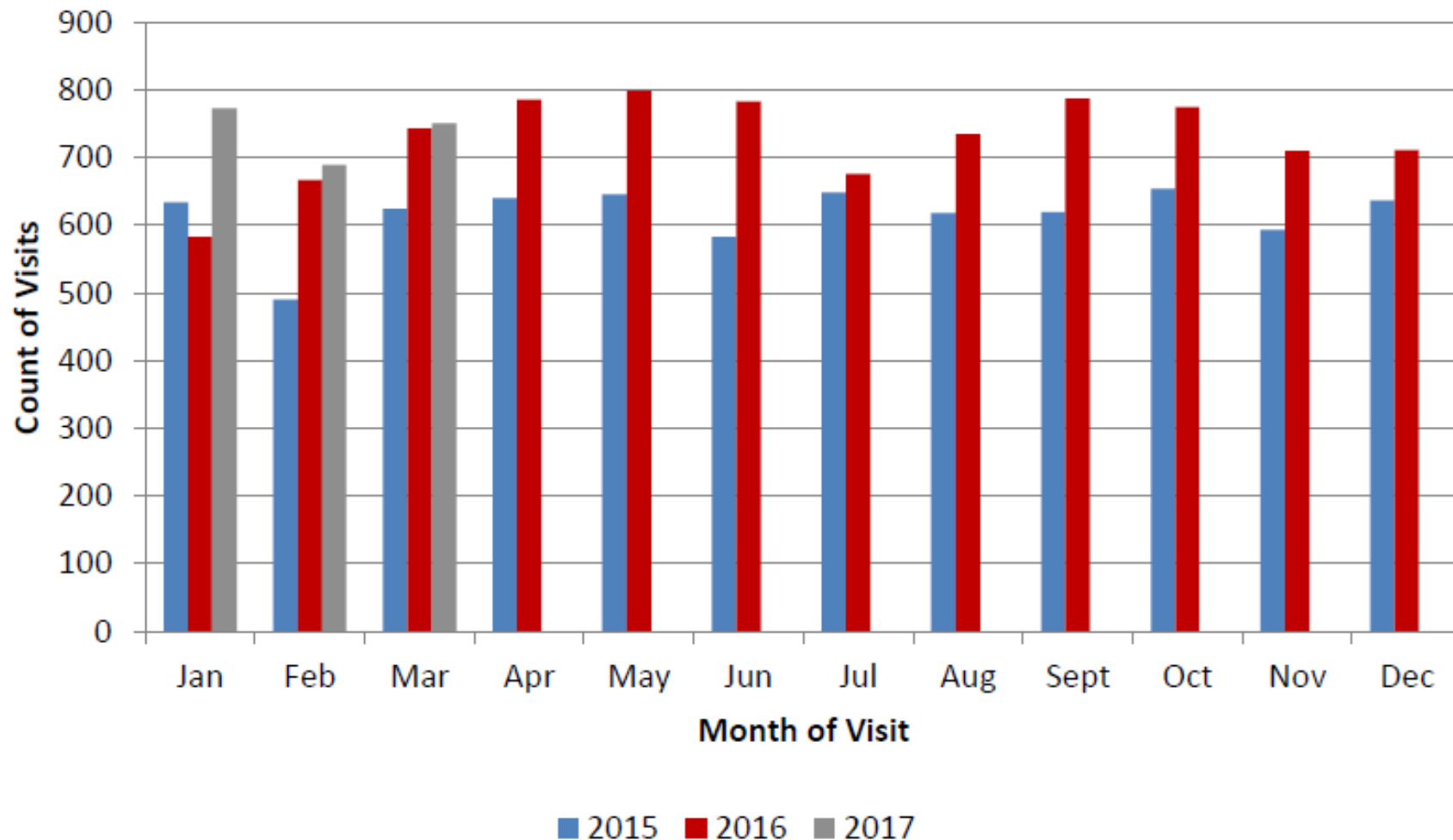


# Opioid Overdose Deaths In Hampton Roads 2007-2016



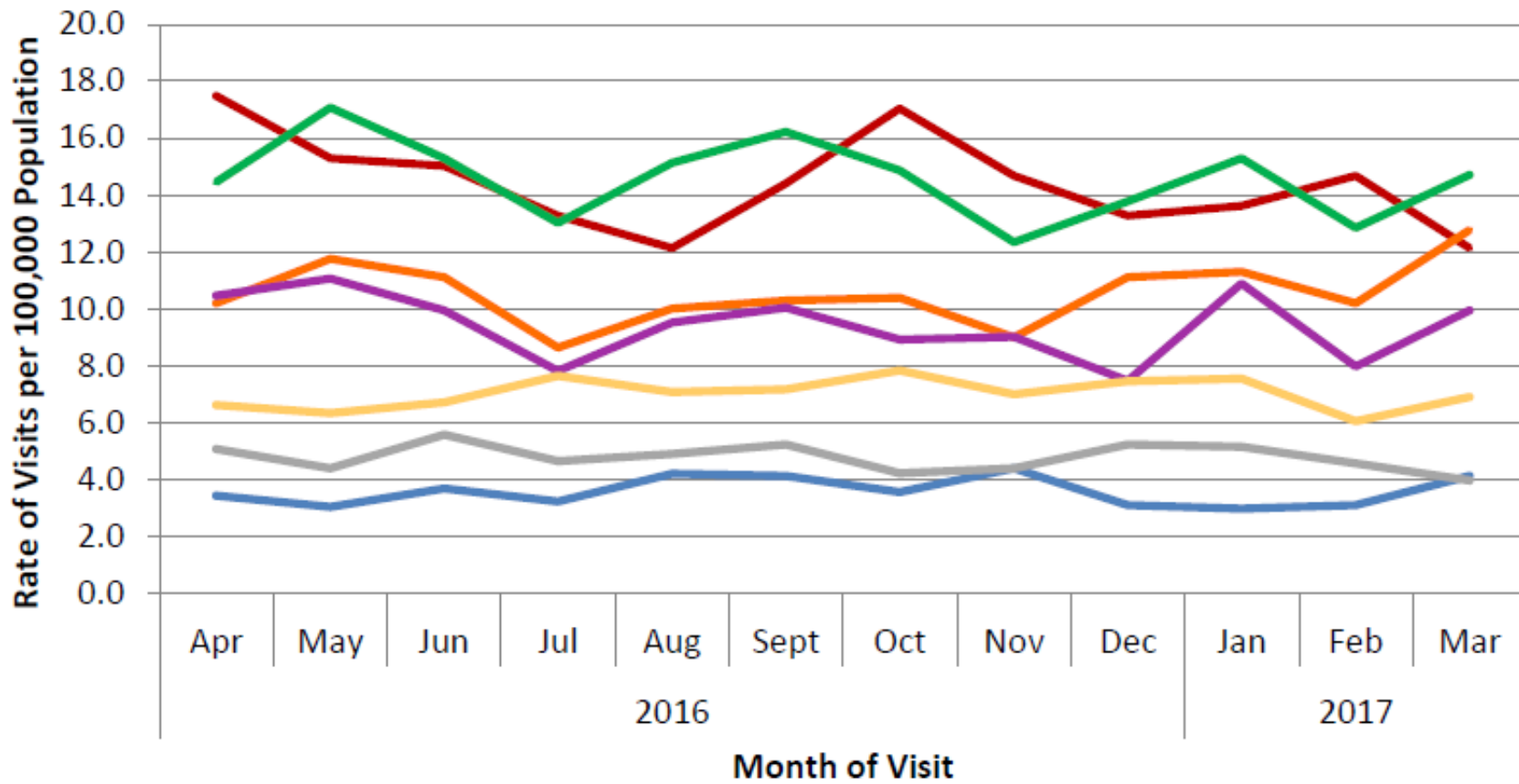


# Count of ED Visits for Unintentional Overdose by Opioid or Unspecified Substance among Virginia Residents by Month, 2015 - 2017





# Rate of ED Visits for Unintentional Overdose by Opioid or Unspecified Substance among Virginia Residents by Month and Age Group (Years), Previous 12 Months

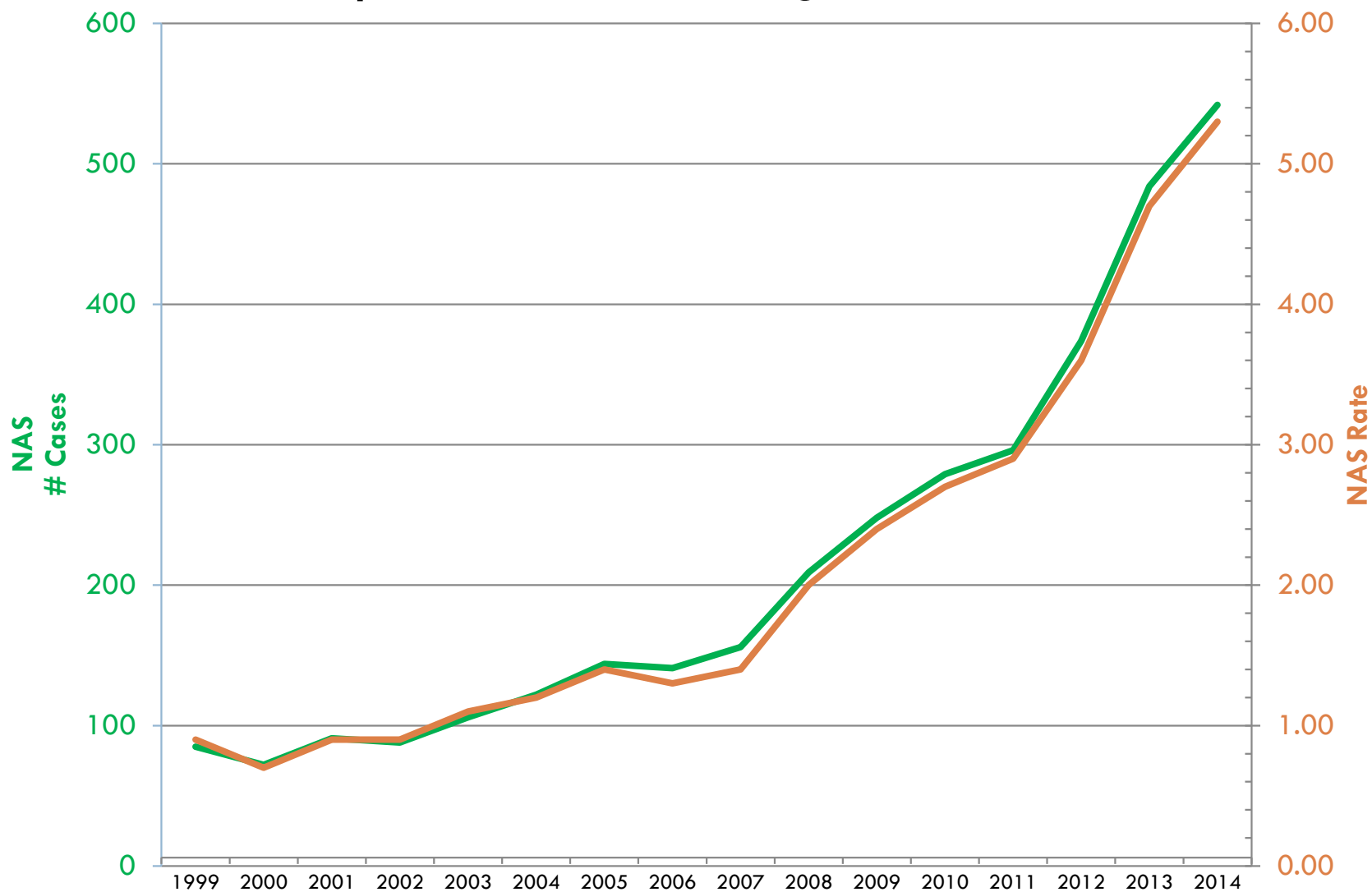


0-14 15-24 25-34 35-44 45-54 55-64 65+





# Neonatal Abstinence Syndrome, Cases Counts and Rates per 1000 Live Births: Virginia 1999-2014



# Data by Age Groups for VA

## 2015 VDH Health Region Rate Summary by Age Group

Age Group	Overdose Deaths		ED Visits for Overdose		EMS	HIV
	Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	Narcan Administrations	Diagnosed HIV
0-14	0.0	0.1	0.0	39.9	0.6	0.1
15-24	5.6	2.4	15.2	156.8	31.4	22.7
25-34	13.3	7.4	28.4	132.9	61.2	27.2
35-44	11.2	9.4	13.7	96.3	40.6	16.7
45-54	6.6	8.7	7.4	84.1	42.7	10.2
55-64	3.8	6.0	3.7	66.5	38.7	6.6
65+	0.4	0.8	1.3	51.2	33.6	1.4
<b>All Ages</b>	5.6	4.7	9.5	87.4	33.9	11.6

# Virginia Opioid Addiction Indicators



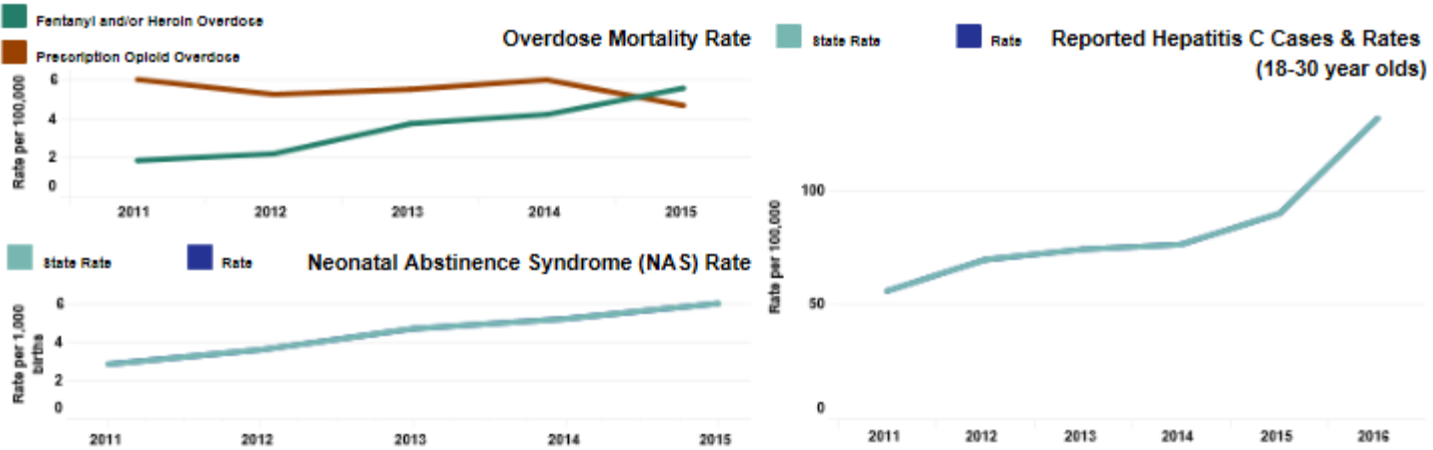
Year:  Geographic Grouping:  Select Detail:

## 2015 Virginia State Summary

Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	EMS Narcan	Reported Hepatitis C (18-30 year olds)	Diagnosed HIV
Deaths	Deaths	Visits	Visits	Administrations	New Cases	New Cases
<b>471</b>	<b>398</b>	<b>800</b>	<b>7,326</b>	<b>2,858</b>	<b>1,382</b>	<b>969</b>
Mortality Rate	Mortality Rate	Visit Rate	Visit Rate	Administration Rate	New Case Rate	New Case Rate
<b>5.6</b>	<b>4.7</b>	<b>9.5</b>	<b>87.4</b>	<b>33.9</b>	<b>89.7</b>	<b>11.6</b>

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

## VDH Health Region Trends by Year





# Virginia Leadership

---

- 2014: Governor's Task Force
- 2016: Local coalitions form in Hampton Roads
  - PCOR, HROWG
  - Law enforcement, medical and outreach
- 11/2016: Opioid Addiction Crisis declared a Public Health Emergency by Dr. Levine
- 12/2016: Governor's Executive Leadership Team on Addiction
  - VDH, VSP and VBHDS lead agencies

# 5 Policy Addiction Framework in VA

1. **Harm reduction**
2. **Treatment**
3. **Prevention- legal opiates**
4. **Prevention- illegal opiates**
5. **Culture changes**





# 1. Harm Reduction

---

- Reduce overdose deaths- Naloxone
  - ▣ First responders- Police
  - ▣ REVIVE!- lay persons
  - ▣ Standing order with pharmacies
  - ▣ New law: HB1453/SB848- community orgns
- Reduce spread of infectious disease
  - ▣ New law: HB2317- needle exchange, testing for Hep C and HIV, connect to treatment

# Recognizing an Opioid Overdose

## Key Triad:

- Pinpoint pupils
- Unconscious
- Respiratory depression

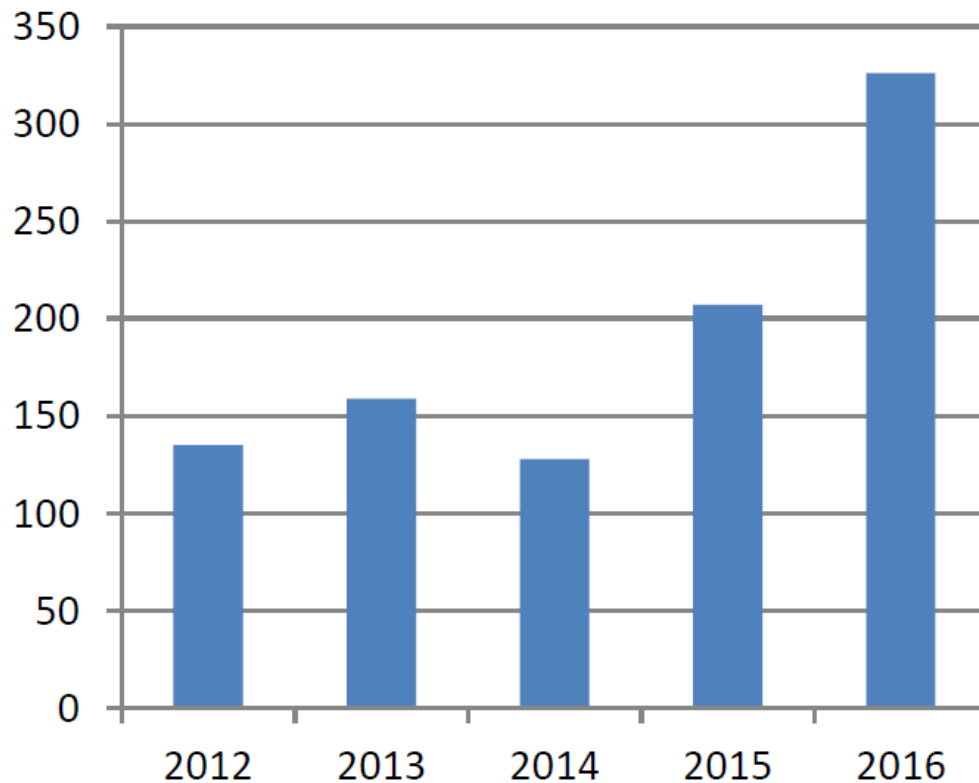


## Other symptoms:

- Awake- unable to talk
- Body limp
- Face- pale and clammy
- Lips- blue/purple-black
- Pulse-erratic, slow, gone
- Choking sounds or snore-like gurgle
- Vomiting

# Naloxone in Virginia Beach

Naloxone Administration



2016

- 326 patients
  - 18 > 1 occasion
- Ages: 17-90s
  - 42 average
- EMS/Fire: 284
- Police: 42 (13%)





# REVIVE!

## OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA





## 2. Treatment

---

- Expanded use of MAT (medication-assisted treatment)
- Improve access to treatment
- Continuum of care system
- Drug Court
- Correctional facilities



# Medication Assisted Treatment (MAT)

- Use of medications in combination with counseling and behavioral therapies for SUD
- Recovery rates of 40-60%
  - 5-20% in abstinence-only models
- Provided by
  - Opioid Treatment Providers (OTP)
  - Office-based Opioid Treatment Providers (OBOT)



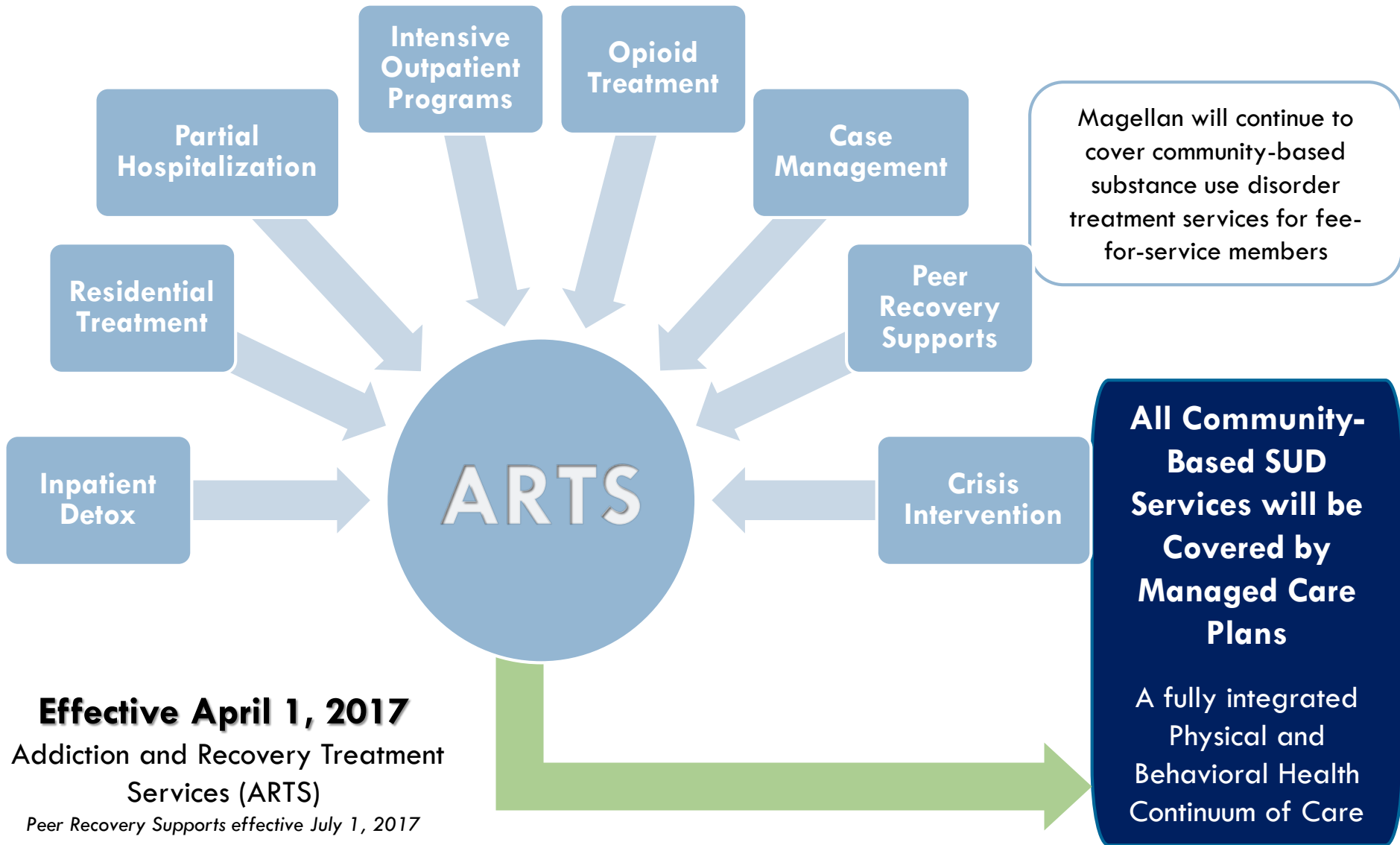
# MAT: Medications

---

- Methadone: Agonist
  - ▣ Highly regulated- only from OTPs
- Buprenorphine: Partial agonist
  - ▣ Can be prescribed from clinician offices
  - ▣ Very high affinity and slow dissociation from mu
  - ▣ Favorable safety profile: ceiling effect
- Naltrexone: Antagonist
  - ▣ Blocks opioid without agonist effects



# Improve Access Through DMAS Payment Reform



**Effective April 1, 2017**

Addiction and Recovery Treatment Services (ARTS)

*Peer Recovery Supports effective July 1, 2017*

# 3. Prevention: Rx drugs

- ❑ Reduce the supply
- ❑ Better pain management
- ❑ Proper storage and disposal





# History of Opioid Prescribing

---

- Pre-1990s: Acute and cancer pain
- 1996: Perdue Pharma introduces OxyContin
- Late 1990s: Pain as the 5<sup>th</sup> Vital Sign
- Early 2000s: JCAHO and lawsuits
  - ▣ Pain management = use of opiates
- 2006: HCAHPS- patient satisfaction survey
  - ▣ CMS ties to reimbursement
- Late 2000's: Problem recognized

# Magnitude of Rx Drug Problem

- 259 million rx for painkillers in 2012
  - ▣ ~ bottle for every American adult
- Rx nearly quadrupled since 1999
  - ▣ No change in amount of pain reported
- 9.4 million- opioids for chronic pain
  - ▣ 2.1 million hooked
- 99% of world's hydrocodone







# Opioid prescriptions continue...

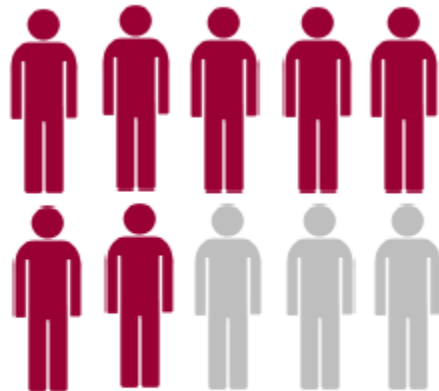
---

- 91% patients who had a non-fatal overdose
- 63% of these continued to get high doses
- 17% overdosed again

# Nonmedical use of Rx opioids significant risk factor for heroin use



**3 out of 4 people**  
who used heroin in the  
past year misused  
opioids first



**7 out of 10 people**  
who used heroin in the  
past year also misused  
opioids in the past year



# Other Substance Abuse or Dependence Elevates Risk for Heroin Abuse or Dependence

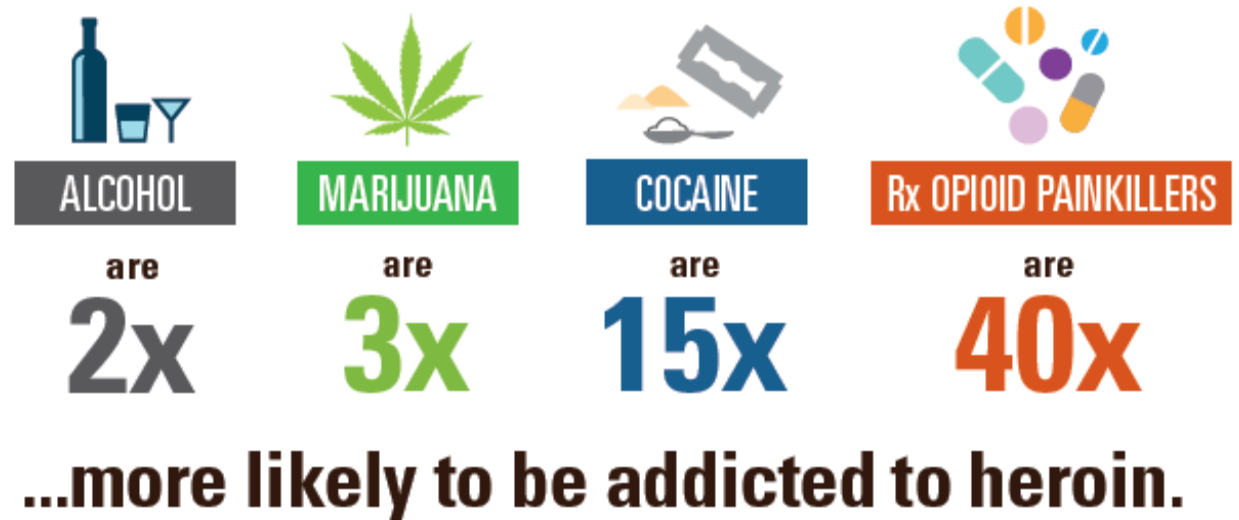
**Heroin use is part of a larger substance abuse problem.**

Nearly all people who used heroin also used at least 1 other drug.

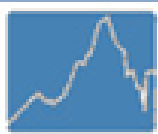
Most used at least **3** other drugs.

**Heroin** is a highly addictive opioid drug with a high risk of overdose and **death** for users.

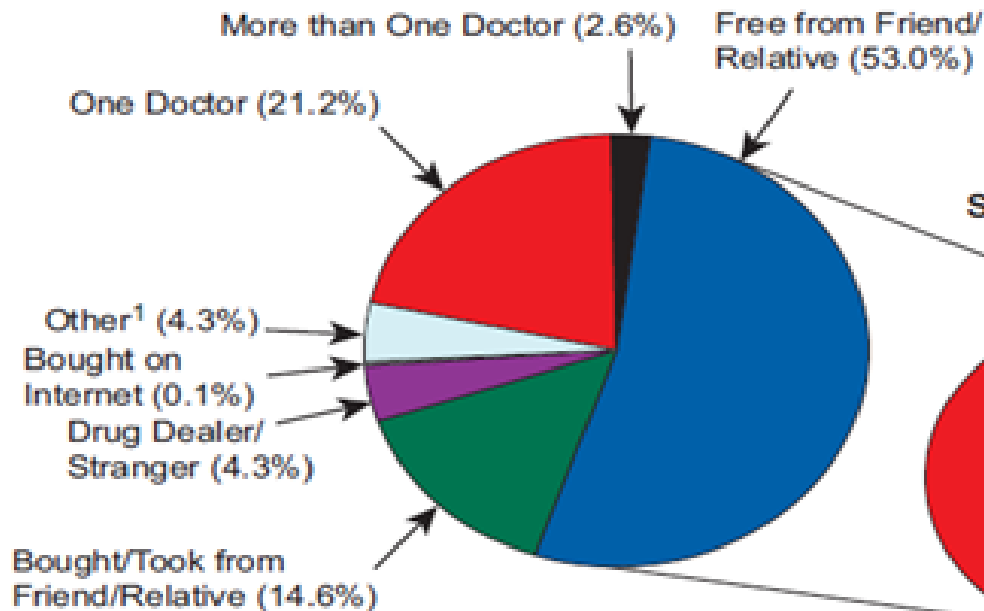
**People who are addicted to...**



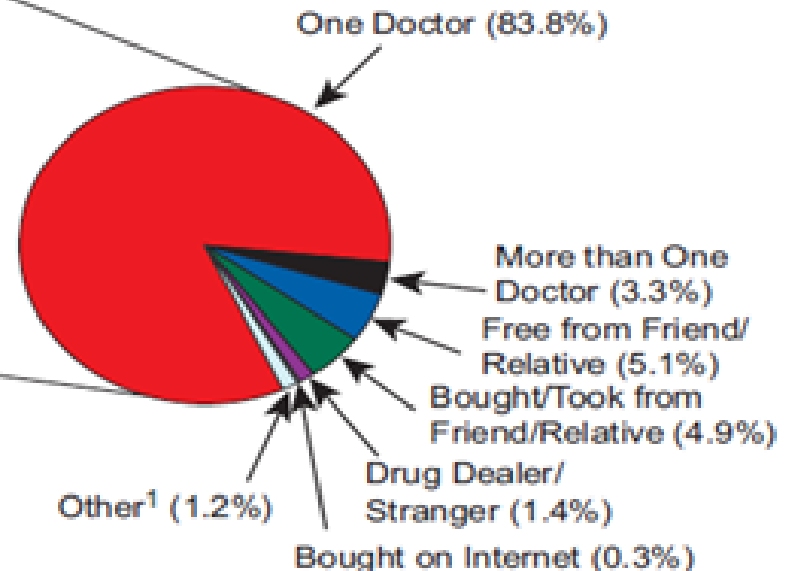
SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.



### Source Where User Obtained



### Source Where Friend/Relative Obtained



<sup>1</sup> The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."



# Actions to Address the Problem: 2016

- CDC “Chronic Pain Treatment Guidelines”
- CMS drops pain management question- HCAHPS
- US HHS releases a “National Pain Strategy”
- VHHA “Virginia Hospital Emergency Department Opioid Prescribing Guidelines”
- “Facing Addiction in America” Surgeon General’s Report on Alcohol, Drugs and Health
- Public Health Emergency in Virginia



# Actions for All VA Clinicians

- Prescription Monitoring Program- required
- CME/CE- 2 units required
- Emergency Regulations for Opioid Prescribing- effective 3/15/17
  - ▣ Consider non-opioid treatment for pain
  - ▣ Query the PMP
  - ▣ No more than 7-day supply
  - ▣ Surgical procedure- no more than 14 consecutive days



# Where do we go from here?

---

- Educate patients
- Divorce “Pain Management” from “Opiate Management”
  - ▣ “Pain Medicine” does not = “Opiates”
- Emphasize non-opioid analgesics as 1<sup>st</sup> line
- Alternative forms of pain control
- Decrease variation between prescribers

# Drug Take Back







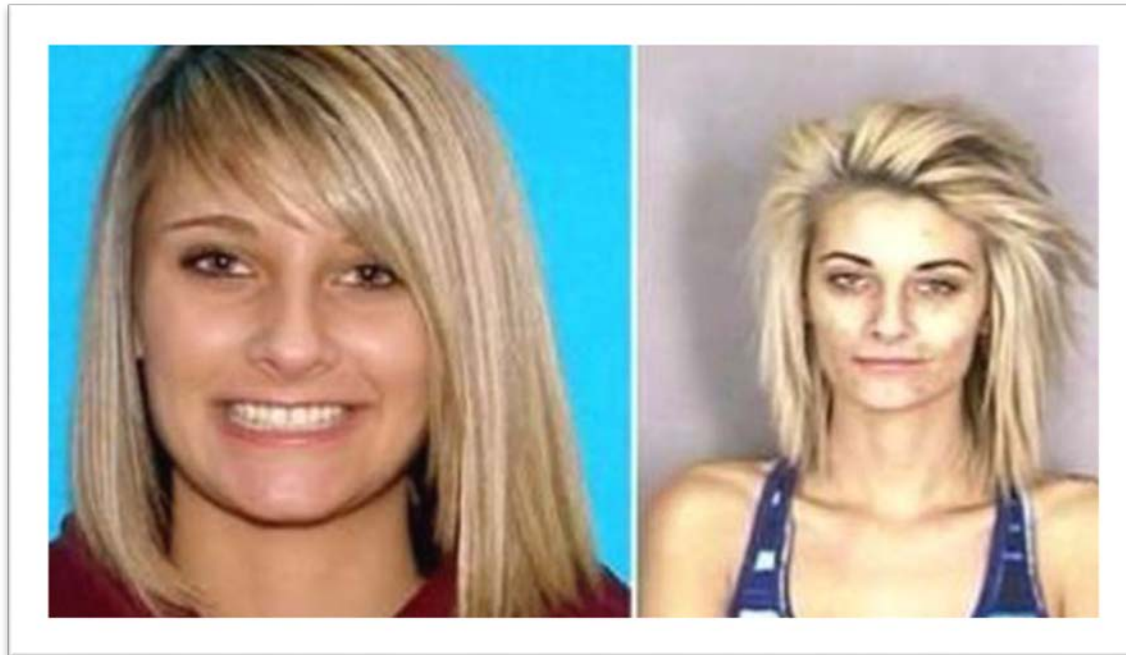
# 4. Prevention: Illicit Drugs

---

- Track and reduce the supply of illegal opioids
- Law enforcement- primarily
- Local LE, VSP, DEA, FBI
- U.S. Attorney, Attorney General
- Data sharing is key

# 5. Culture changes

- Keep kids from starting
- Culture of pain and suffering has to change
- Remove stigma



# Changing Demographics of Heroin Use

## Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
<b>SEX</b>			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
<b>AGE, YEARS</b>			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
<b>RACE/ETHNICITY</b>			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
<b>ANNUAL HOUSEHOLD INCOME</b>			
Less than \$20,000	3.4	5.5	62%
\$20,000-\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
<b>HEALTH INSURANCE COVERAGE</b>			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

\*Annual average rate of heroin use (per 1,000 people in each group)

CS257392C

# Addiction Prevention

- 70% vs. 27% develop a SUD
  - <13 y.o. when first try illicit drug= 70%
  - > 17 y.o. when first try = 27%
- EtOH: 4 times more likely to become addicted
  - <15 y.o. first use
- 4-23% from trying it to developing a SUD





# U.S. Surgeon General Report

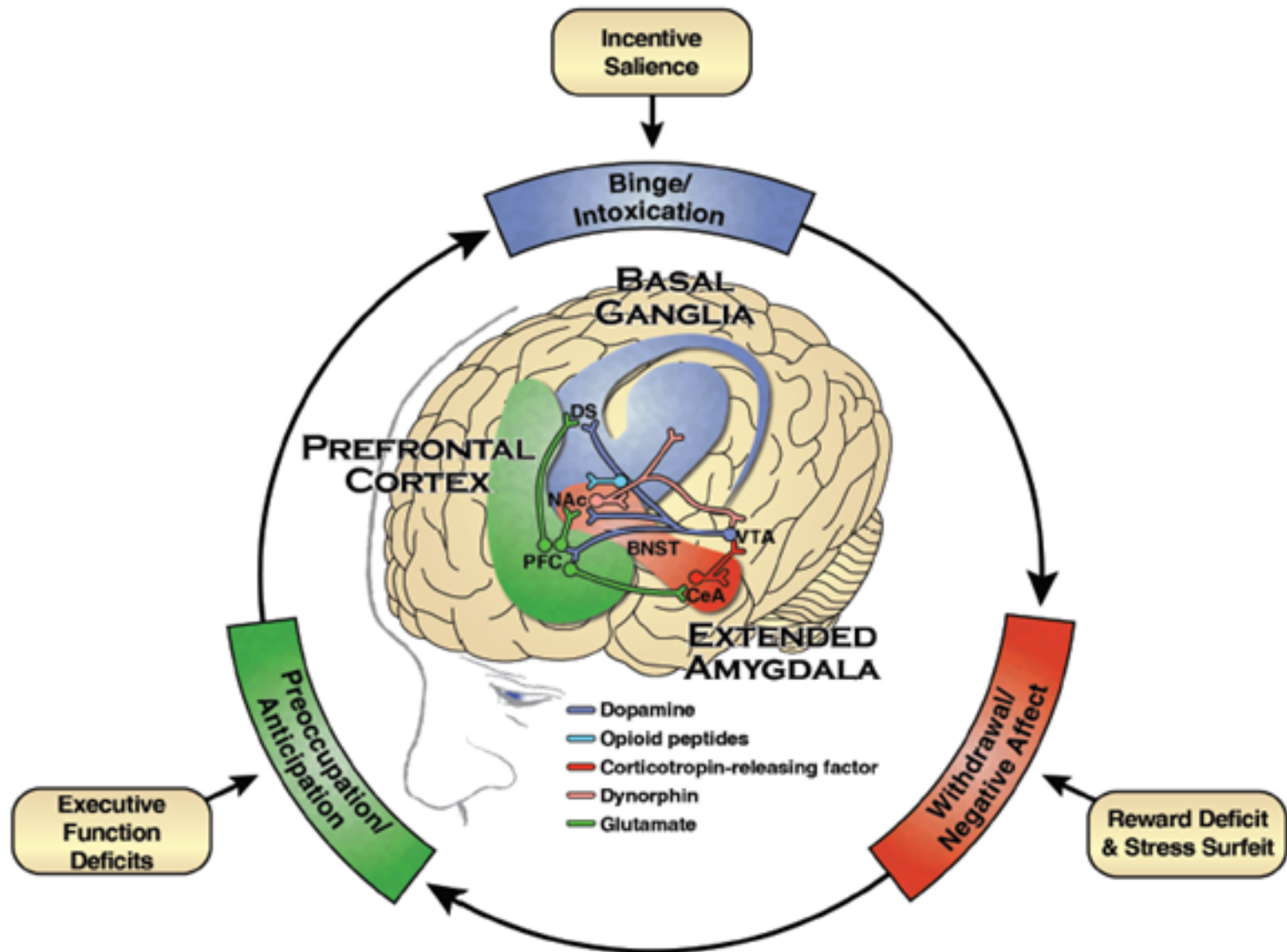
---

1 IN 7

20.8 MILLION

78 A DAY

# Neurobiology of Addiction







# Call to Action- Community members

---

- Know the signs of addiction and substance use
- Talk to your loved ones
- Visit [www.VaAware.com](http://www.VaAware.com)
- Properly dispose of medications
- Learn more about REVIVE and obtain Naloxone
- Reduce the stigma- share information with others about addiction as a chronic disease
- Be an empowered patient and empower others
- Get involved





Heidi A. Kulberg, MD, MPH

Director, Virginia Beach Dept. of Public Health

[Heidi.Kulberg@vdh.virginia.gov](mailto:Heidi.Kulberg@vdh.virginia.gov)

757-518-2630