



Virginia's Opioid Crisis: Strategies to Find Solutions

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Opiate Versus Opioid



Natural

codeine
morphine
*heroin

Semi-synthetic

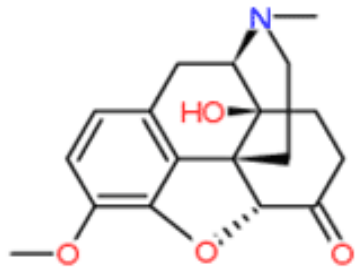
hydrocodone
oxycodone
meperidine
hydromorphone
oxymorphone
buprenorphine

Synthetic

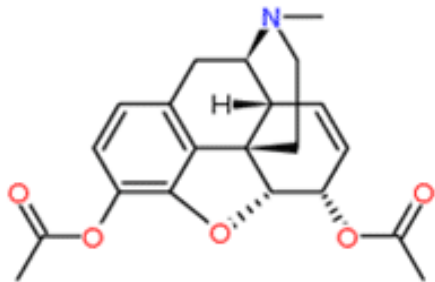
methadone
fentanyl
tramadol

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

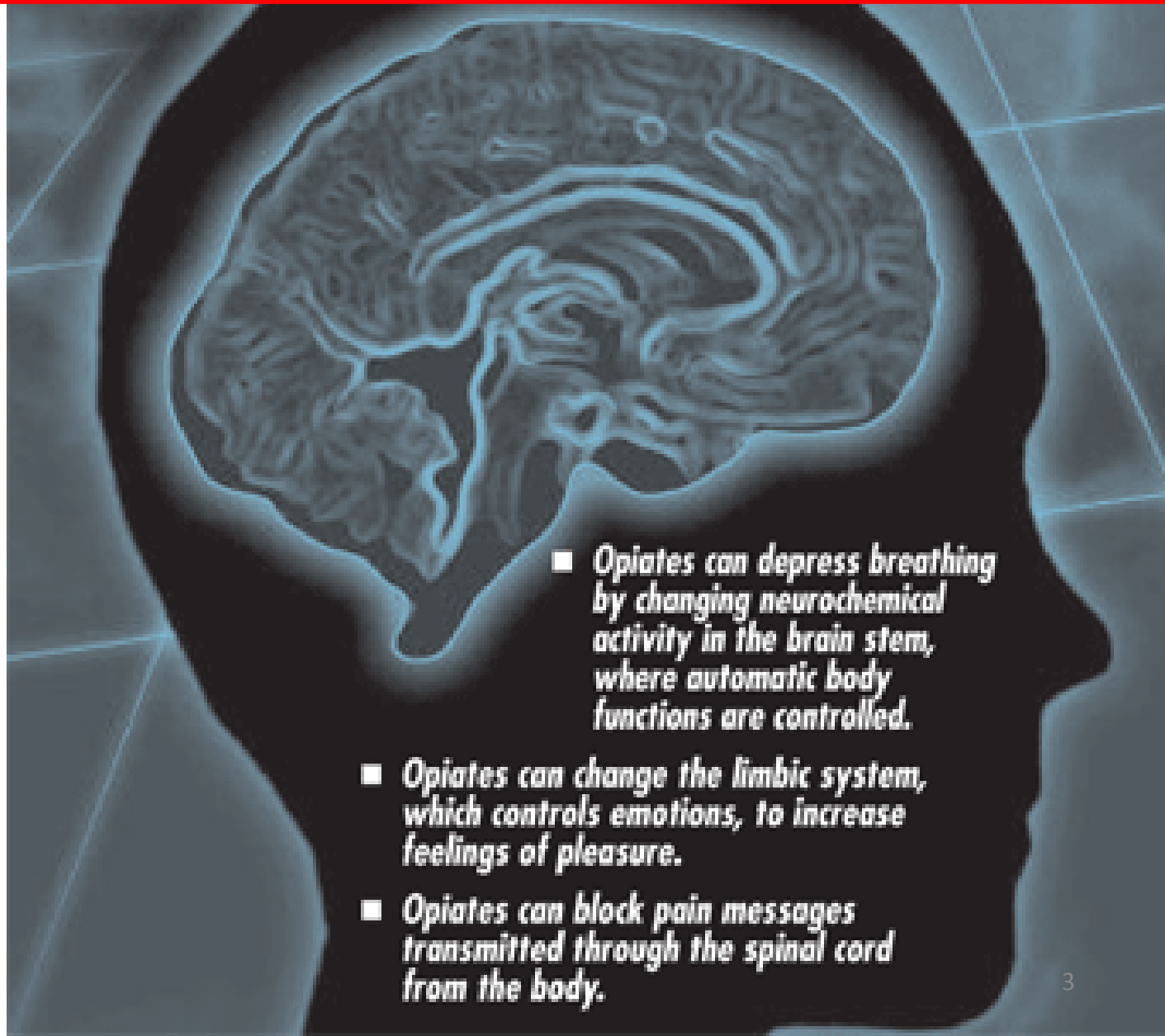
Similarities between Heroin and Prescription Opioids



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.*

DSM-V Diagnostic Criteria for Addiction

- Taking the substance in larger amounts or for longer than the you meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school, because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational or recreational activities because of substance use
- Using substances again and again, even when it puts the you in danger
- Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

3 or more of these indicate addiction diagnosis

Understanding Addiction

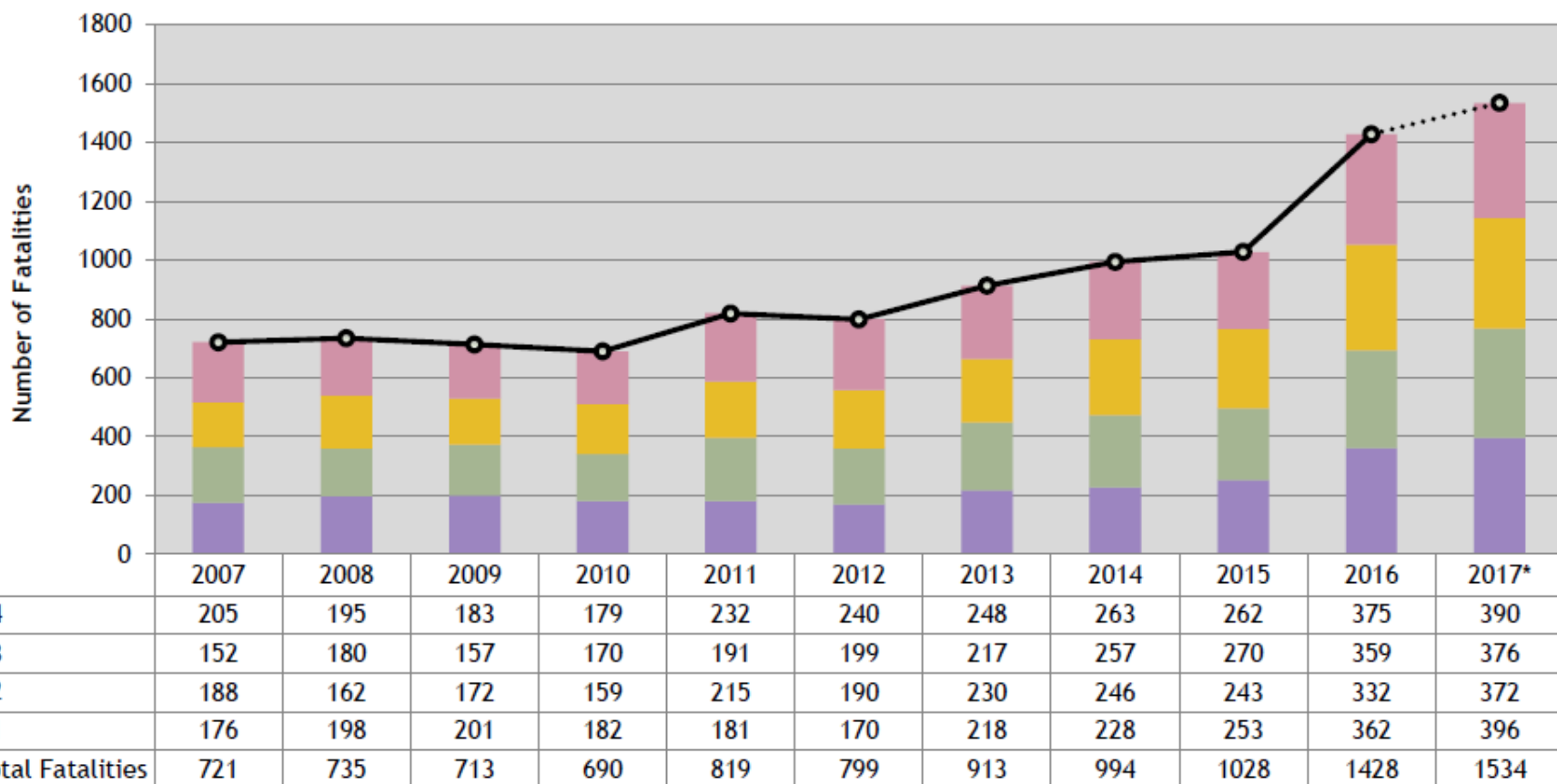
- Addiction is not substance specific, but some substances are more addictive (like opioids).
- Biopsychosocial risk factors contribute to development.
- Trauma relationship

Predisposition + exposure (certain social determinants make both of these more or less likely)

ALL DRUGS

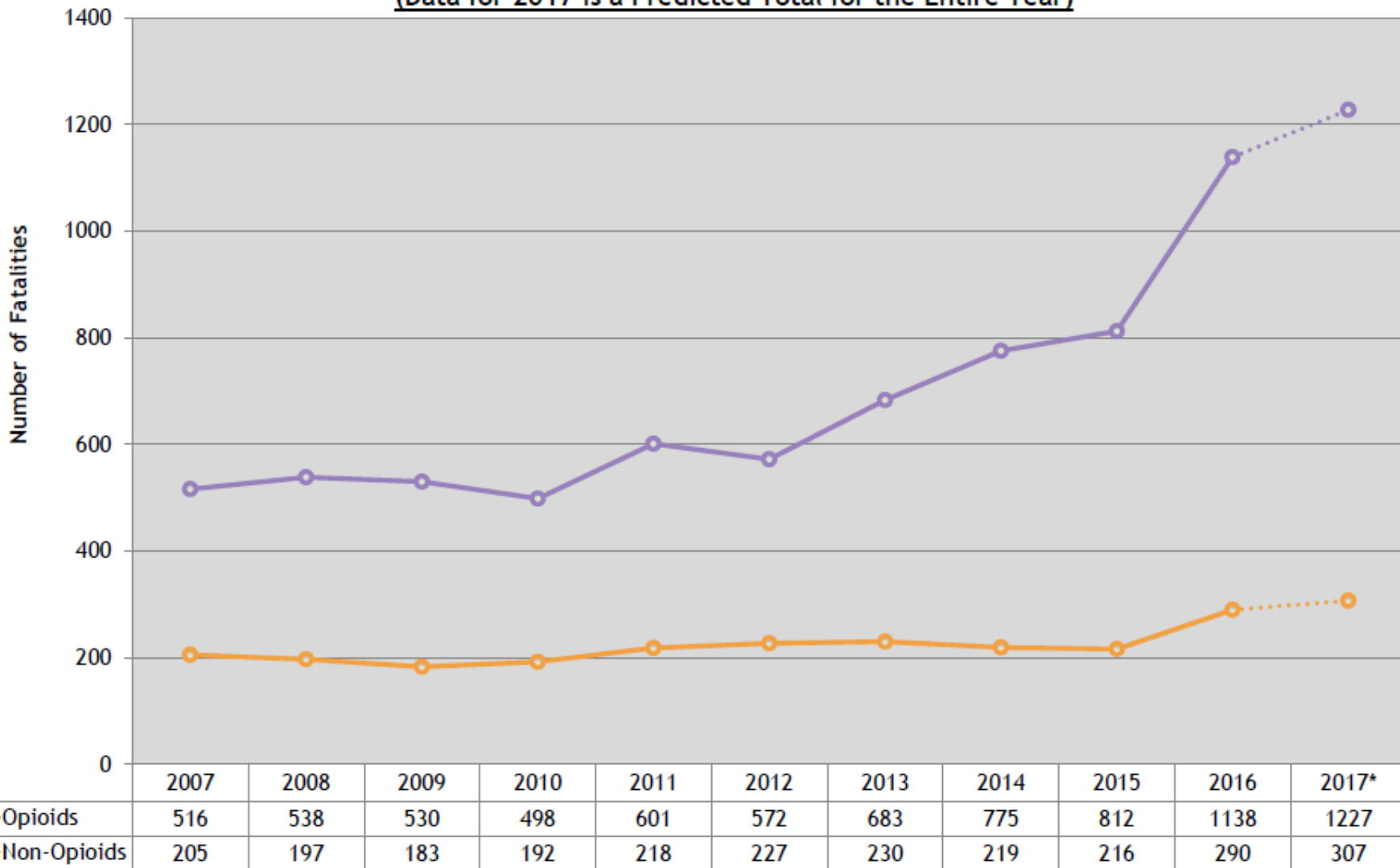
The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. The number of all fatal overdoses in 2016 compared to 2015 increased by 38.9%—a record setting statistic—and preliminary estimates indicate an over 7.5% increase in the number of all fatal overdoses from 2016 to 2017.

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



OPIOIDS VS. NON-OPIOIDS

Total Number of Fatal Opioid Overdoses vs. Non-Opioid Overdoses by Year of Death, 2007-2017
 (Data for 2017 is a Predicted Total for the Entire Year)



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

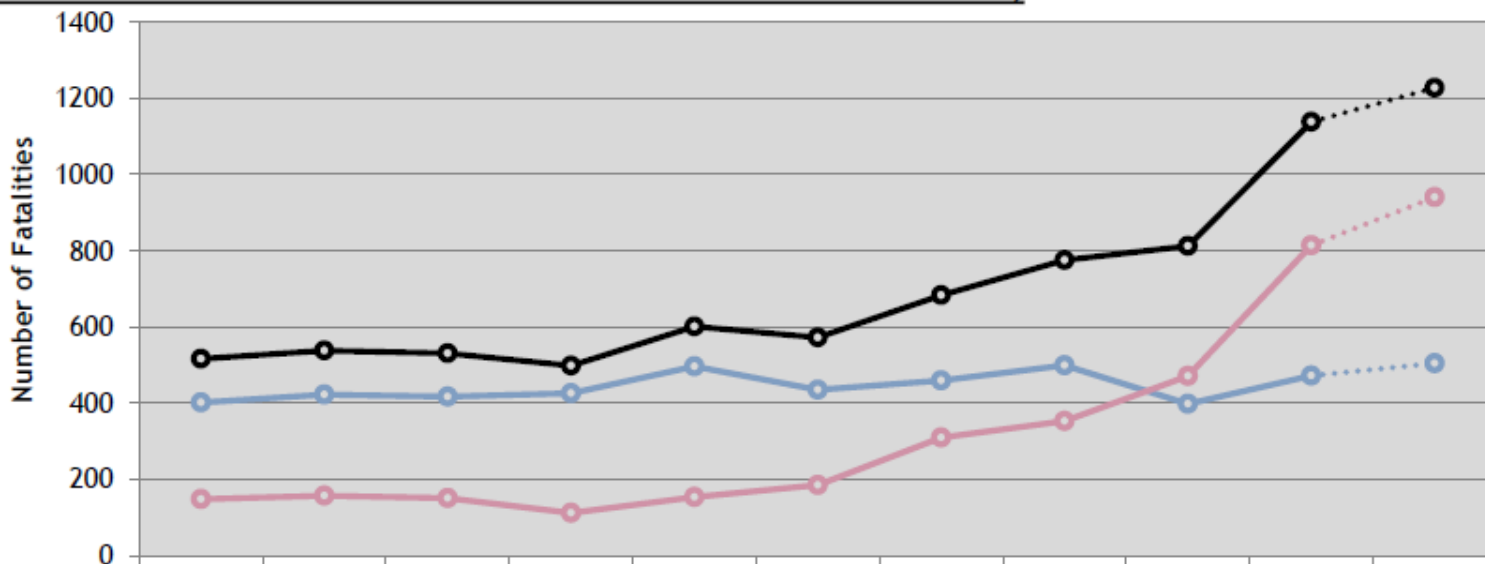
² 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

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, 2007-2017

('Total Fatalities' for 2017 is a Predicted Total for the Entire Year)



● All Opioids

● Prescription Opioids (excluding fentanyl)

● Fentanyl and/or Heroin

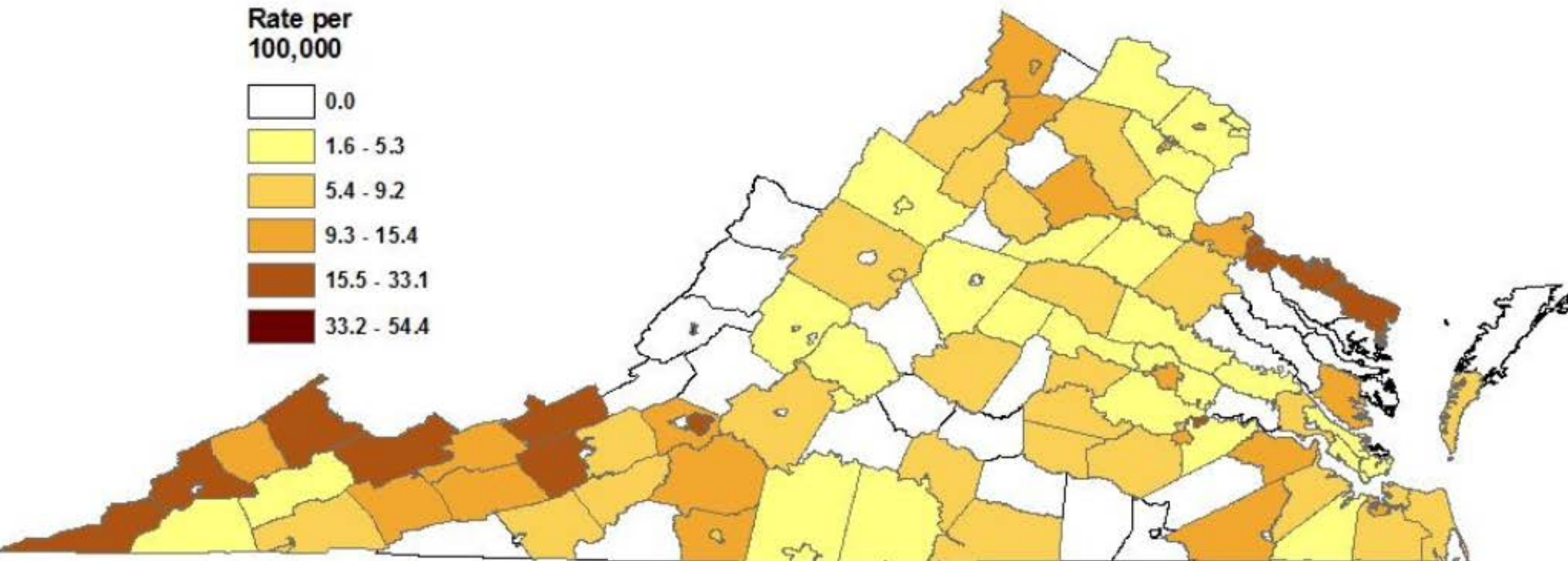
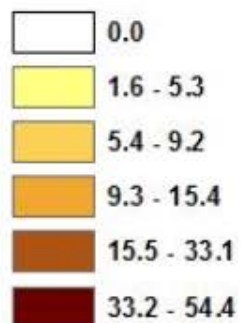
¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

² 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.)

³ '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

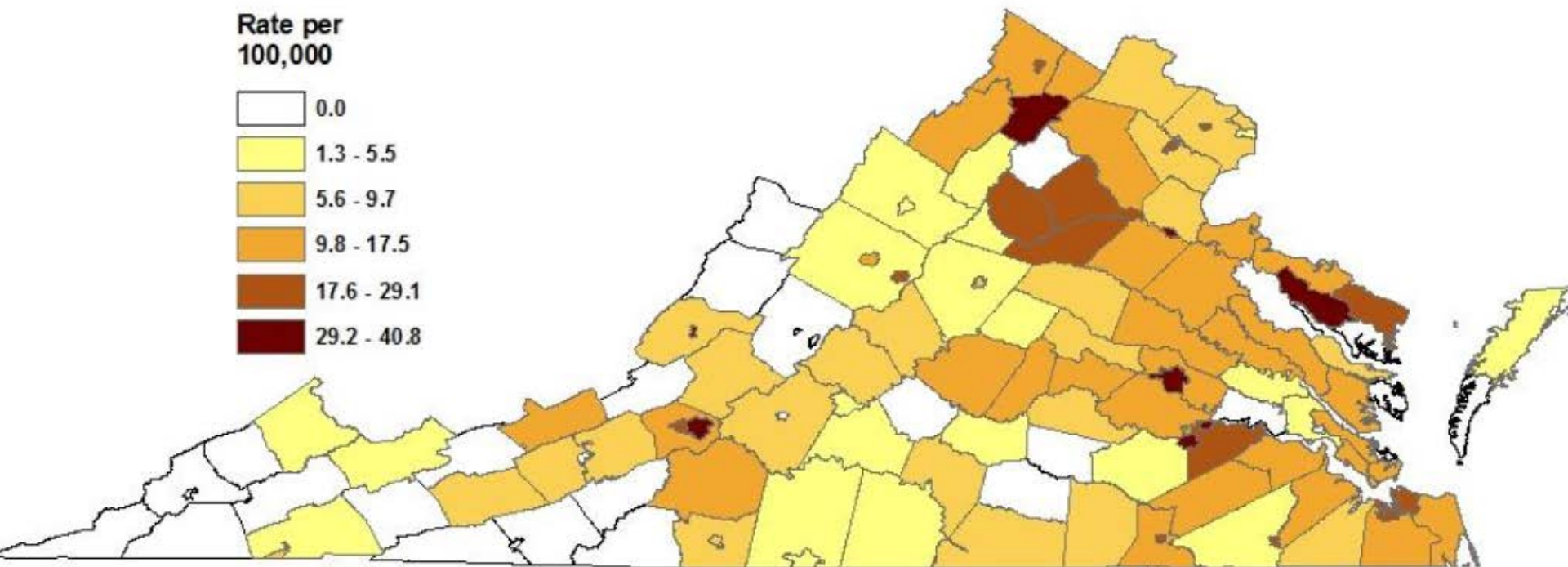
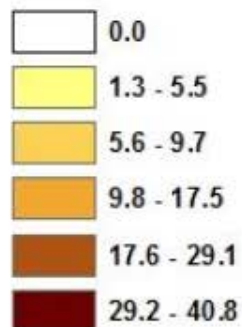
Rate per
100,000



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

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

Rate per
100,000

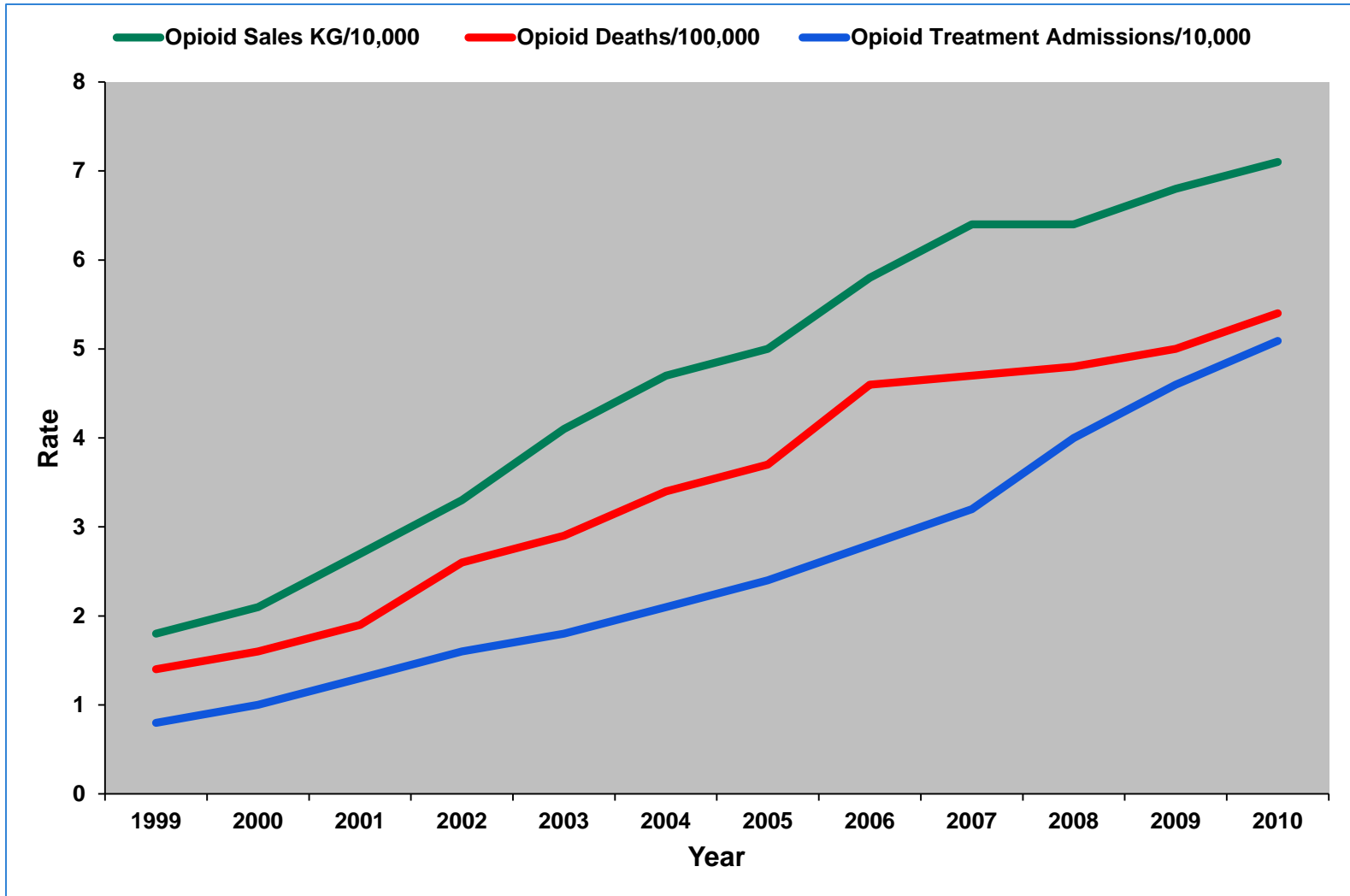


Source: Virginia Department of Health, Office of the Chief Medical Examiner

How did we get here?

- **1996**, Purdue Pharma released OxyContin, a controlled-release formulation of oxycodone
- **1996**, Purdue mounted an aggressive marketing campaign to prescribers, claiming (based on one very small, very old study) that OxyContin was not addictive
- **1997**, FDA relaxed guidelines for direct-to-consumer advertising
- **2007**, Purdue pled guilty to misleading public about risk of addiction (\$600 M settlement)
- **2007**, Kentucky sued Purdue for the impact on abuse in Appalachia (\$24 M settlement in 2015)
- **2010**, Purdue released abuse deterrent formulation
- **2017**, Everett, Washington files suit accusing Purdue of complicity in criminal distribution
- **2017**, Missouri, Mississippi, Ohio, and Oklahoma AGs have filed suits alleging misrepresentation of safety in marketing practices


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.

Societal Implications

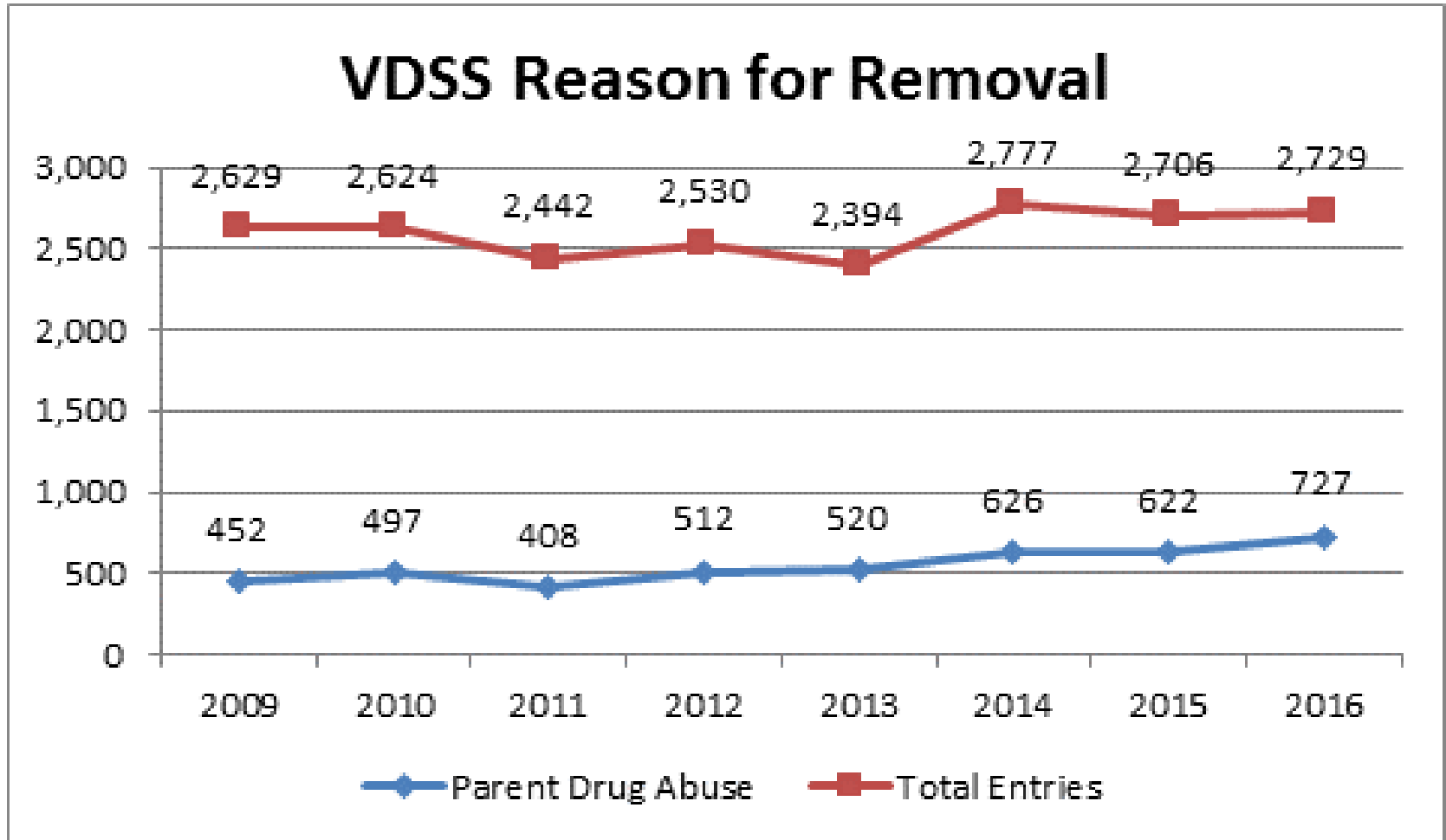
- Crime/Incarceration
- Unemployment/local economies
- Neonatal Abstinence Syndrome
- Family disruption
- Childhood trauma
- Death



What is the
cost of
doing
nothing?

The mark of addiction is that these consequences are not always enough to create behavior change that will end the cycle permanently.

DSS removal for parental drug abuse



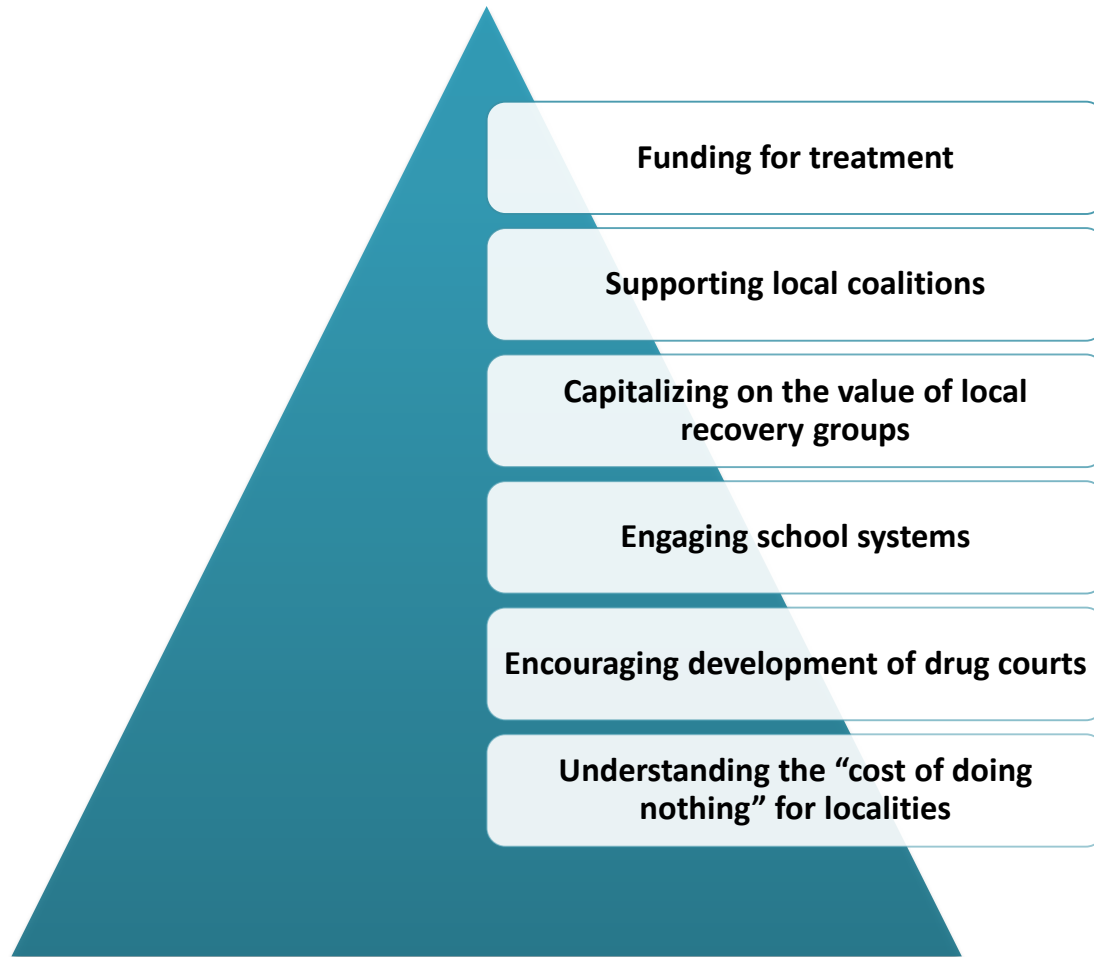
What is Virginia doing?

- Organization
 - McAuliffe Task Force on Rx Drug and Heroin Abuse
 - Executive Leadership Team
 - Stakeholder group
- Development major initiative framework
- Legislation (2015, 2016, 2017)
- Prescribing regulations
- Treatment regulations
- Budget – treatment funding (federal) and Medicaid benefit
- DOC Re-entry Pilot

Local Initiatives

- Local and Regional Coalitions
 - Northern Shenandoah Valley Substance Abuse Coalition
 - Chesterfield SAFE
 - Roanoke HOPE Initiative
- Jail treatment and recovery models
- Comprehensive Harm Reduction programs
- Treatment funding at CSBs

State to Local Resources



What is going on in your
communities?

Engagement Opportunities

*Limitations at one level
create opportunities at others*

- Creativity with grant funding
- Get involved with a coalition!
- Awareness and messaging campaigns
- Drug take-backs
- Model consumer behavior
- Mentor/supervise in helping professions
- Engage with people in recovery

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