The Opioid and Heroin Overdose Epidemic in Virginia

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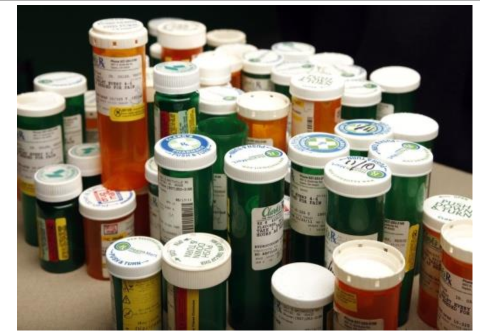
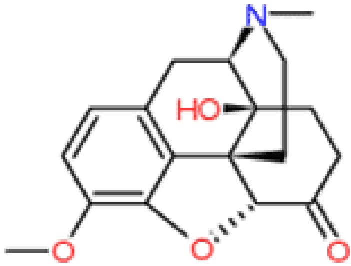
Opiate Versus Opioid



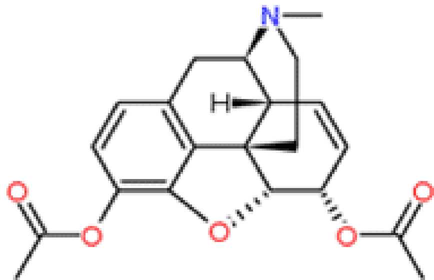
Natural	Semi-synthetic	Synthetic
codeine	hydrocodone	methadone
morphine	oxycodone	fentanyl
*heroin	meperidine	tramadol
	hydromorphone	
	oxymorphone	
	buprenorphine	

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

Similarities between Heroin and Prescription Opioids



OXYCONTIN (OXYCODONE)



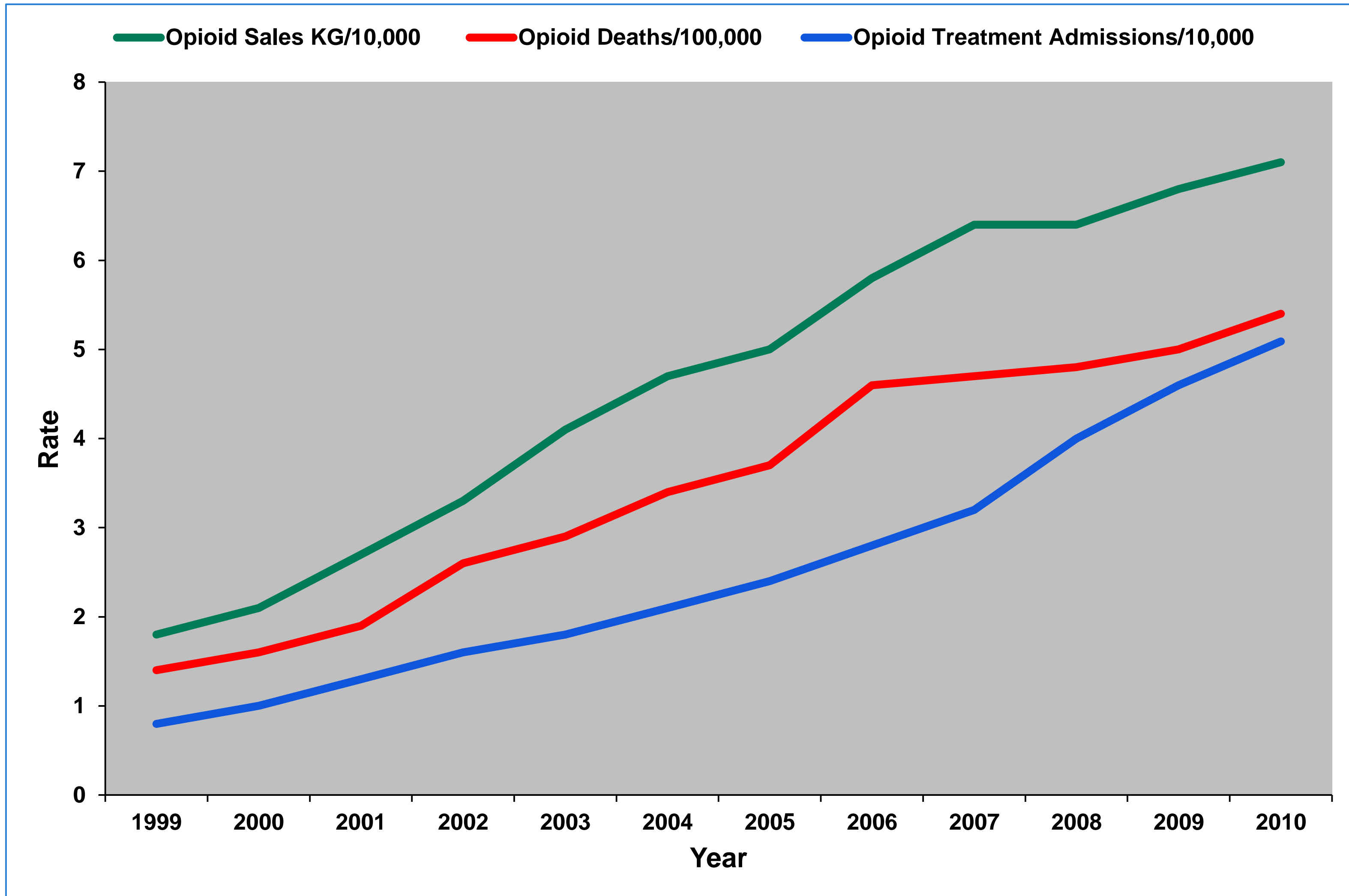
HEROIN

- *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.*

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.

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)

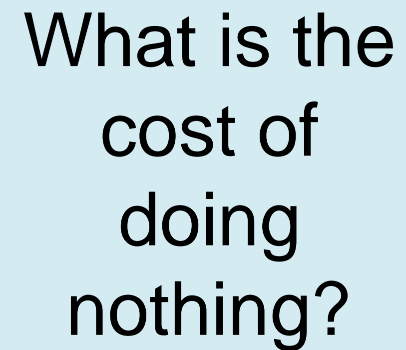
DSM-V Diagnostic Criteria for Addiction

- 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

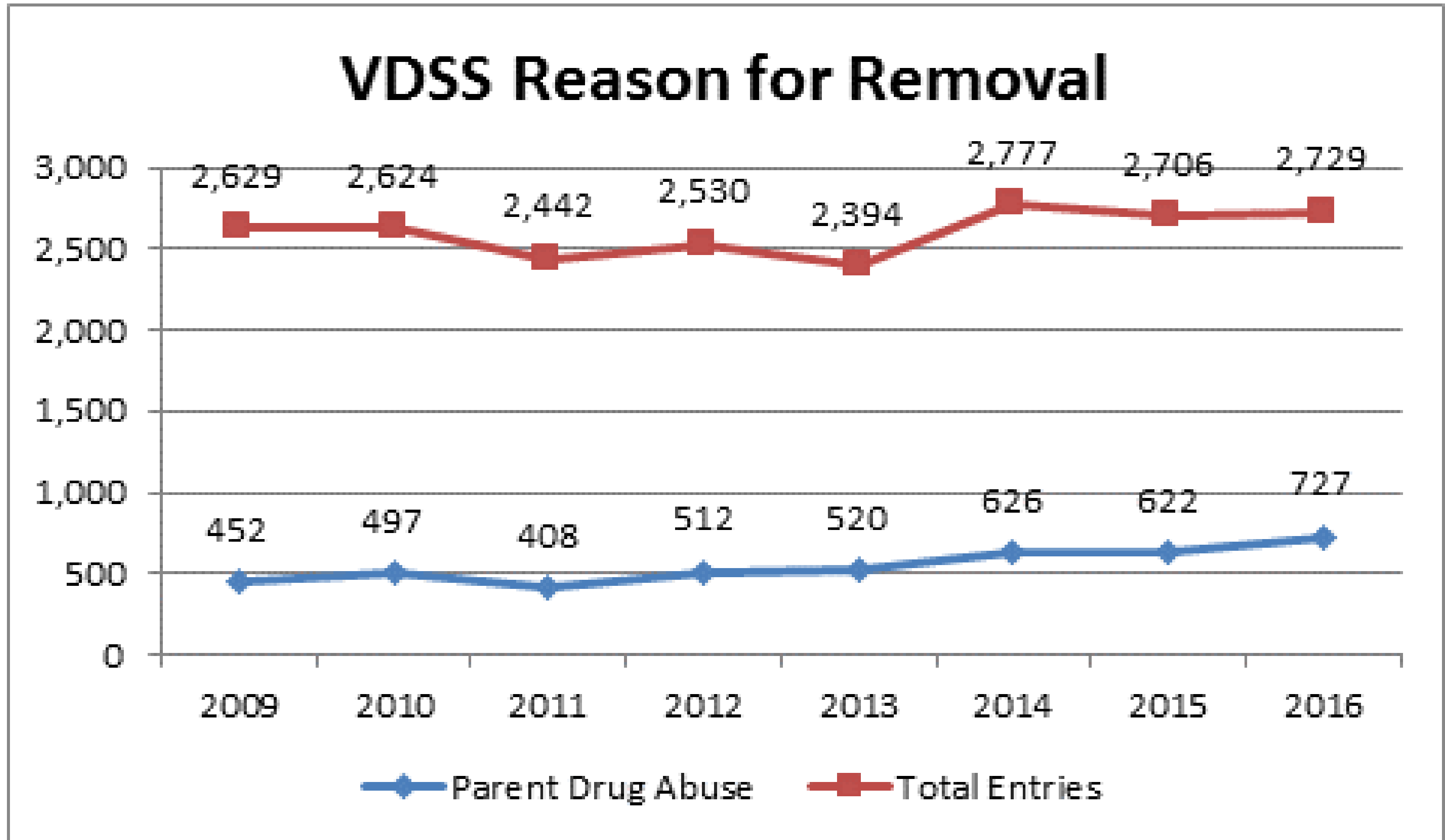
Societal Implications

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



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
  - Sept 26, 2014: ED29 as part of Healthy Virginia Plan
  - December 12, 2016: EO (Current Executive Leadership Team (HHR & PSHS)
- Development of policy framework
- Legislation (2015, 2016, 2017)
- Prescribing regulations
- Treatment regulations
- Budget – treatment funding and Medicaid benefit

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

- *Healthy VA* Plan: Executive Order 29

- Co-chaired by Secretary Hazel & Secretary Moran; 32 multi-disciplinary members, 5 workgroups

  - ❖Education
  - ❖Treatment
  - ❖Storage & Disposal
  - ❖Data & Monitoring
  - ❖Law Enforcement

Executive Directive 9 “Key Objectives”

The Executive Leadership Team shall

1. Provide guidance and assistance in the implementation and oversight of the Task Force recommendations.
2. Identify and support implementation of new initiatives in the areas of public safety and health response to the shifting nature of Virginia’s opioid and addiction epidemic.
3. Collaborate with local entities, task forces and agencies to develop a coordinated and consistent state, regional, and local responses.
4. Work with Federal, state and private entities to leverage existing resources, identify grant opportunities that will support and improve Virginia’s response to the complex public safety and health challenges of licit and illicit opioid and drug addiction problems in the Commonwealth.
5. Integrate and analyze data from healthcare, law enforcement, and other sources to increase understanding of and improve response to this dynamic challenge.

Addiction Policy Framework

1) **Prevention** through reducing the supply of legal opiates
2) **Interdiction** through tracking and reducing the supply of illegal opiates
3) **Harm reduction** until treatment is available and accepted
4) **Treatment** for those who are addicted
5) **Culture** changes in 3 areas

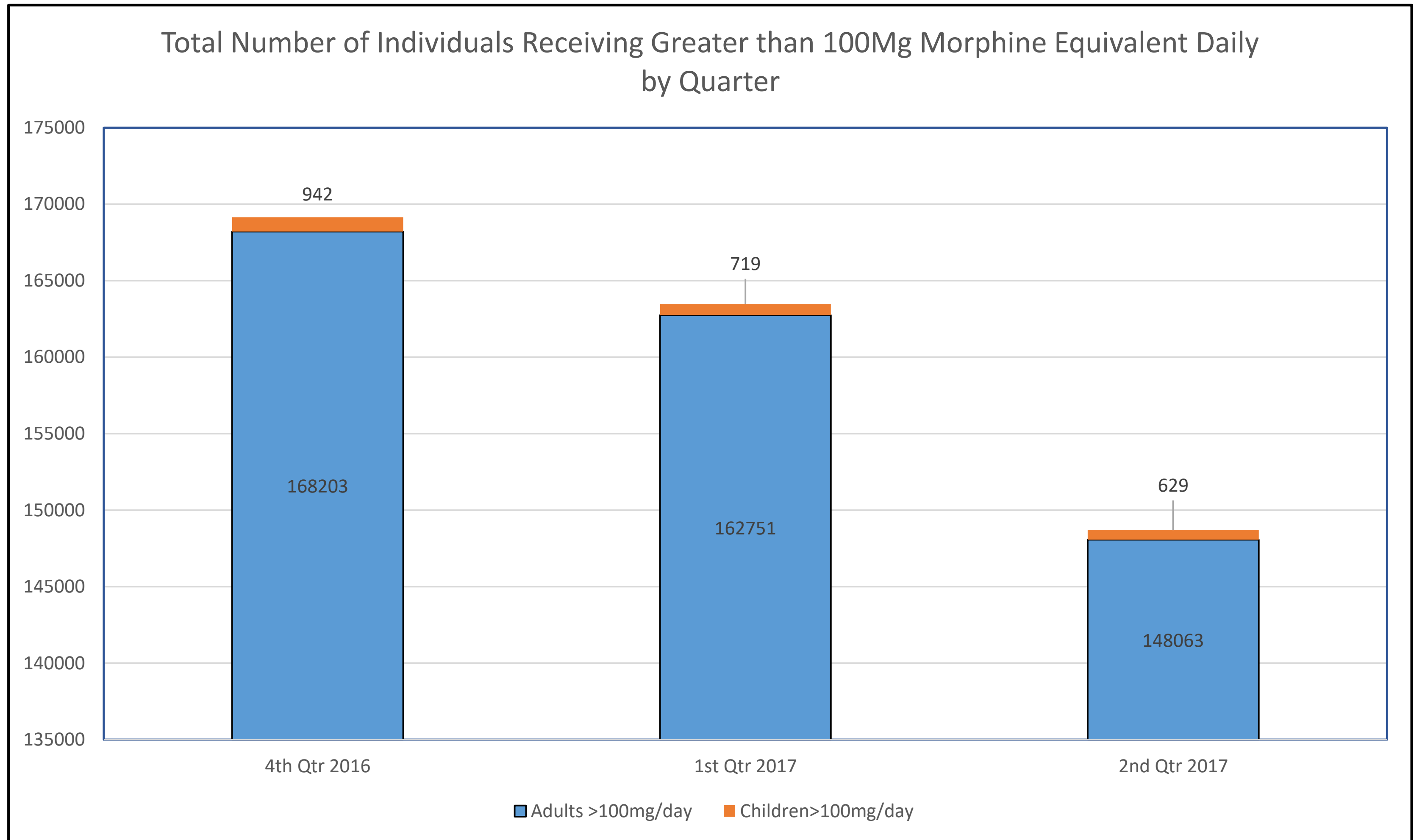
Actions: 2017 Legislative Changes

- Governor's bills
  - Mandated e-prescribing, SB1230/HB2165 (Dunnavant/Pillion)
  - Naloxone dispensing, SB848 (Wexton)
  - Peer recovery registration, SB1020/HB2095 (Barker/Price)
  - Substance exposed infants, SB1086/HB1786 (Wexton/Stolle/Herring)
  - Harm reduction pilot programs, HB2317 (O'Bannon)
  - PMP initial opioid Rx reduction HB1885/SB1232 (Hugo/Dunnavant)

Actions: Boards of Medicine and Dentistry Regulations – Pain Management

- Initial acute pain opioid prescriptions not to exceed 7 days
- Document reasons to exceed 50 MME/day, refer to pain specialist over 120 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 Rx
- Consider non-opioid treatment first
- Document rationale to continue opioids every 3 mos
- Regular opioid use disorder screens and referral to Tx

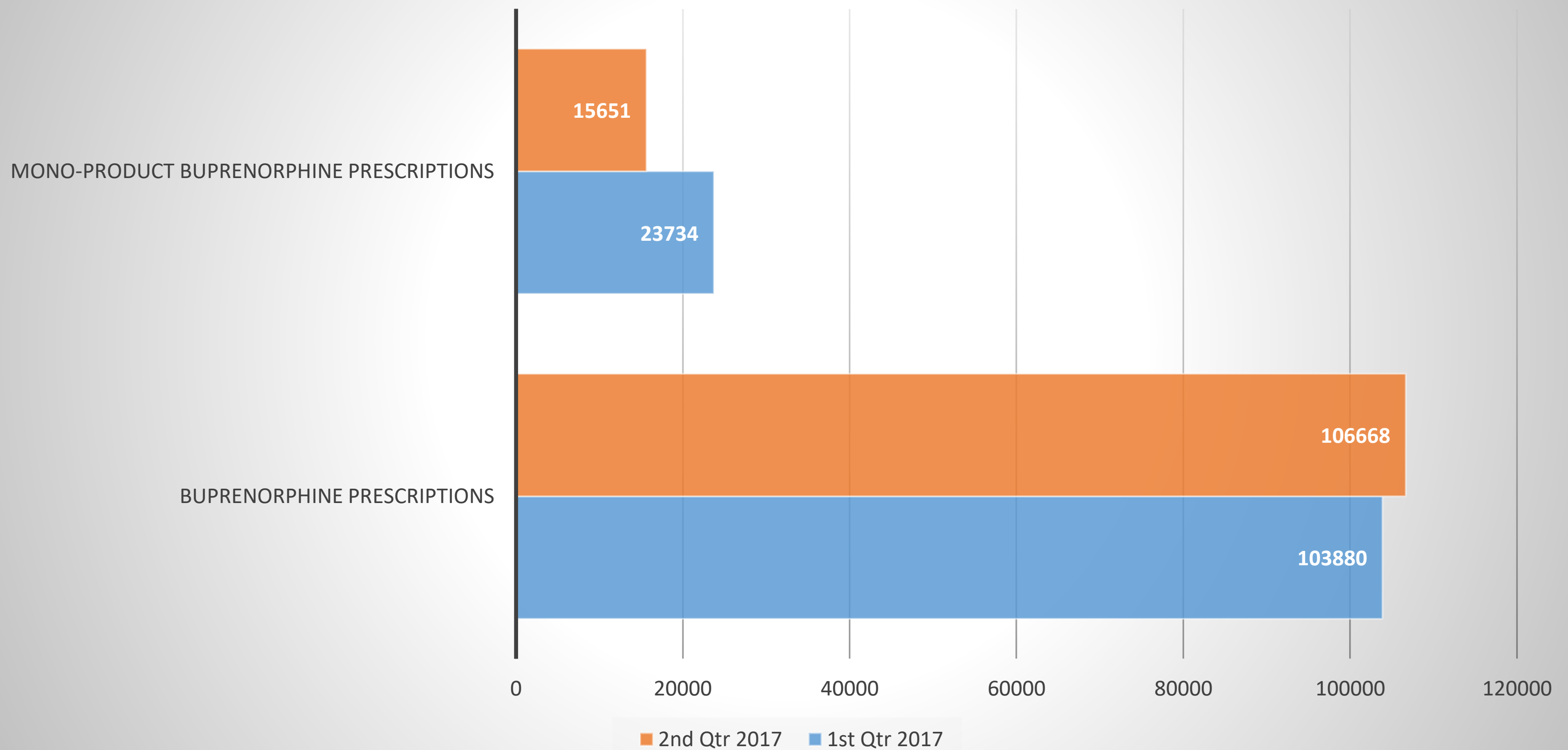
IMPACT: Morphine Milligram Equivalents



Actions: Board of Medicine Regulations – Addiction Treatment

- Require MAT be prescribed alongside counseling
- Require use of less-abusable/divertable suboxone as opposed to subutex
- Subutex (monoproduct) for pregnant women only

IMPACT: BUPRENORPHINE PRESCRIBING

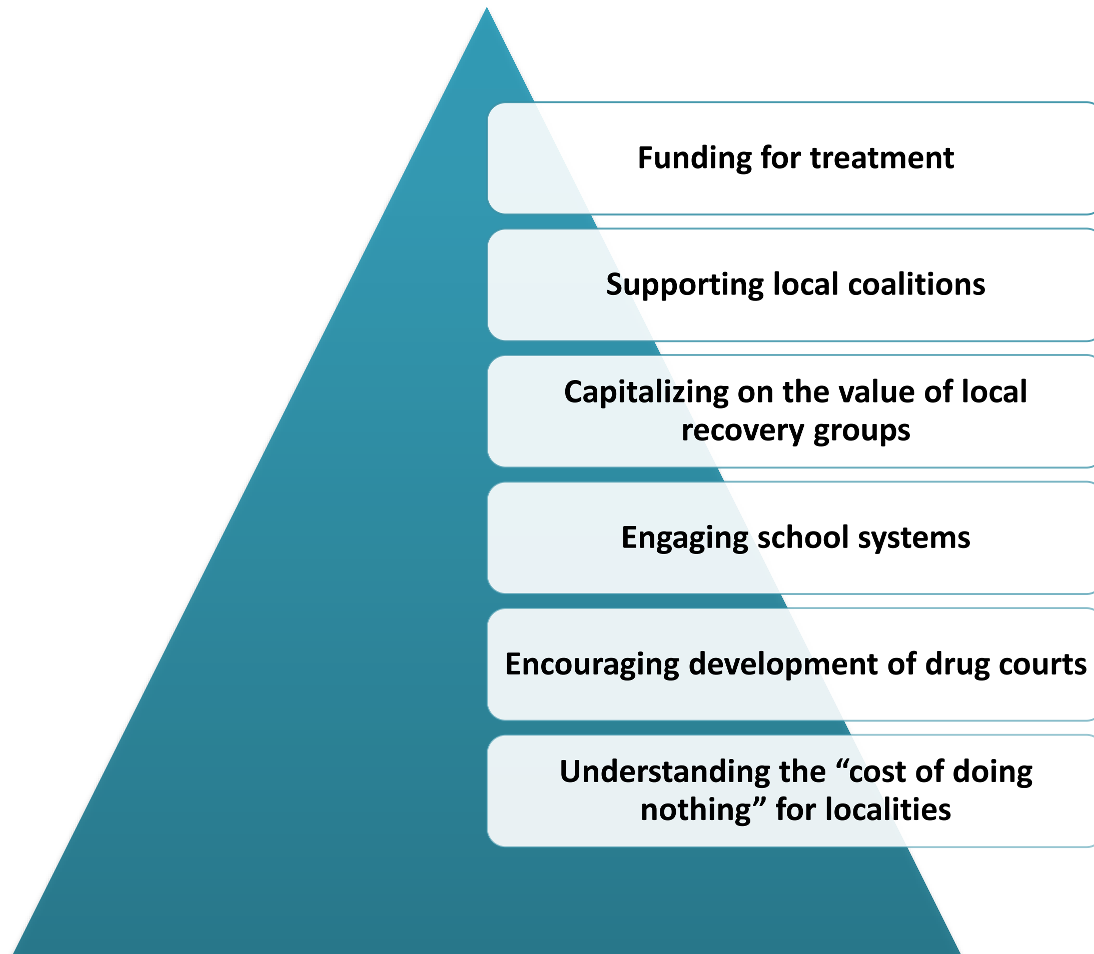


Current Focus

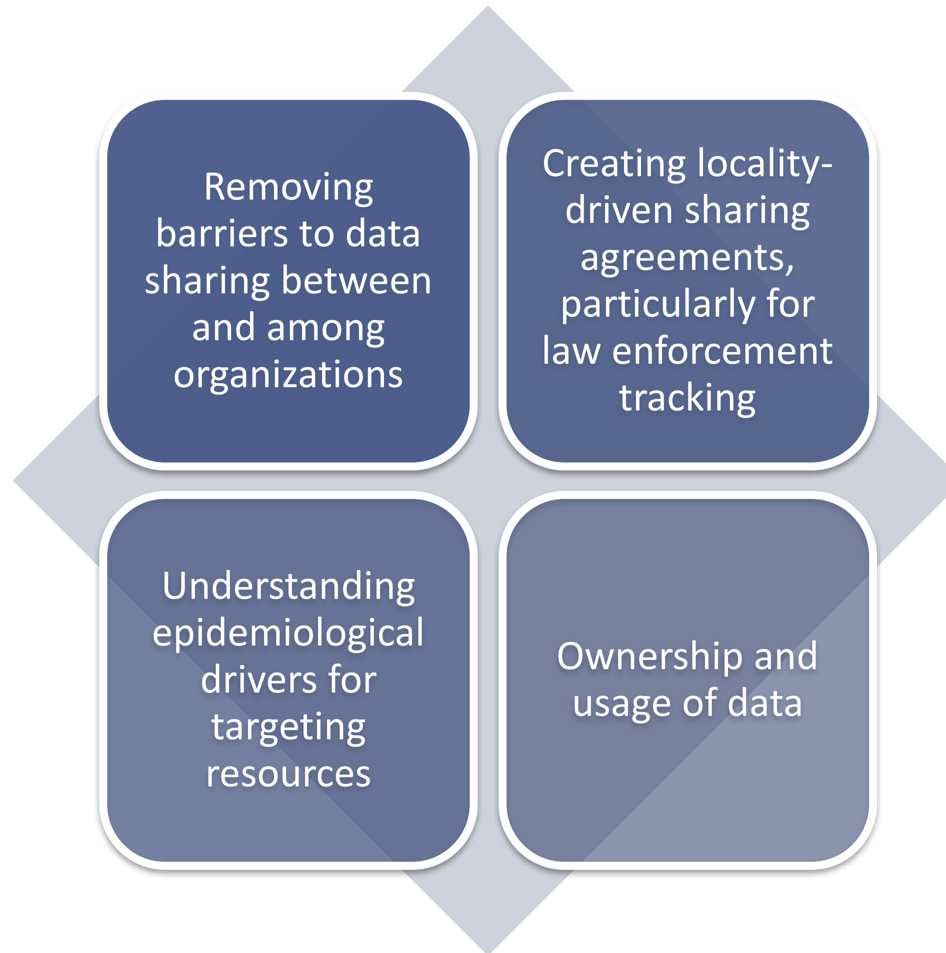
Set the new Administration up for success!

- ❑Local Resources
- ❑Data Integration and Governance
- ❑Institutionalization to continue fostering agency collaboration

Local Resources



Data Integration and Governance



Institutionalization of State-Level Leadership

Using established framework:

- Continue fostering agency and secretariat collaboration
- Establish state-local communication that informs legislation and policy
- Resource allocation/grant funding

Questions & Contact Info

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Task Force Website
http://www.dhp.virginia.gov/taskforce/default.htm

State Opioid and Heroin Resource Website
http://vaaware.com/