

## Virginia Opioid and Heroin Stakeholders

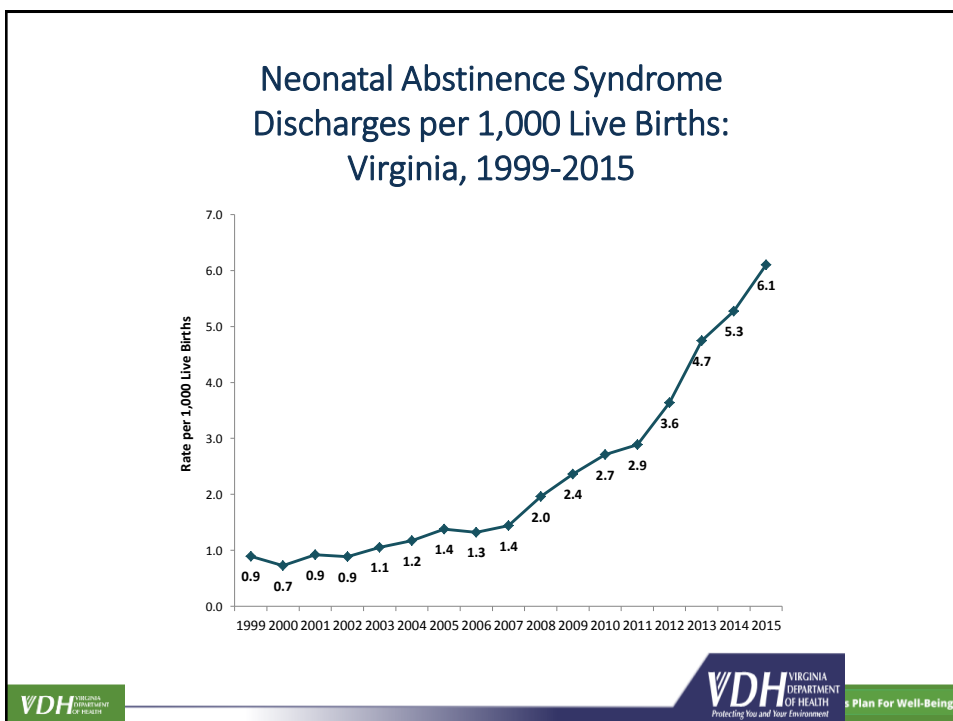
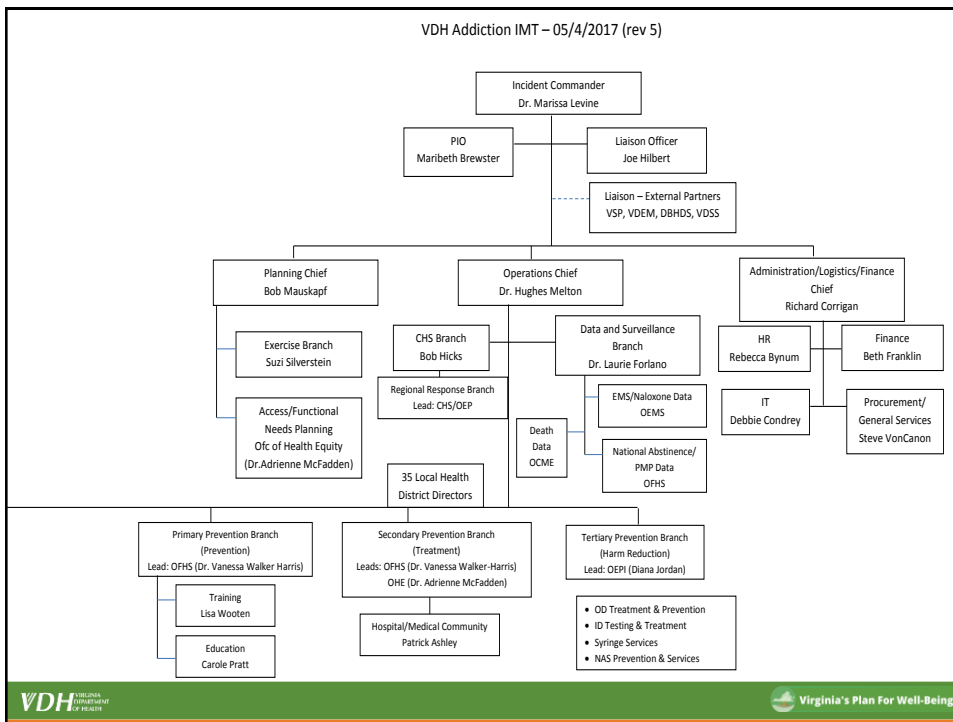
### Harm Reduction Activities in the Commonwealth

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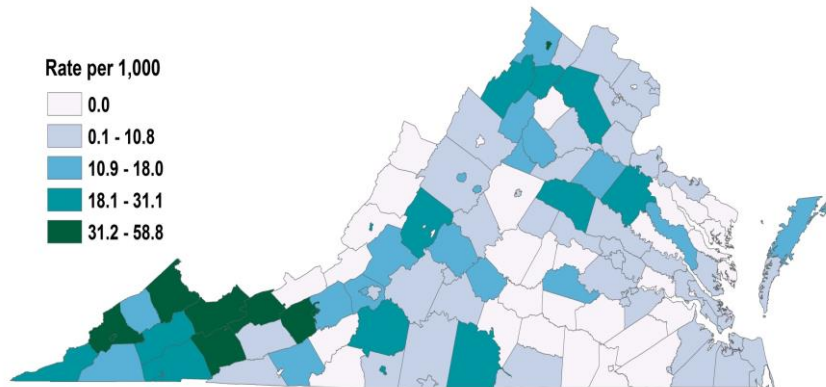
**“PROTECT THE HEALTH AND PROMOTE THE  
WELL-BEING OF ALL VIRGINIANS.”**

## Overview

- VDH Incident Command Structure and Incident Management Team
- Neonatal Abstinence Syndrome
- Comprehensive Harm Reduction with Syringe Services
- Naloxone Use and Availability
- Data Collection, Sharing and Analysis



## Neonatal Abstinence Syndrome Discharges per 1,000 Live Births, by Locality: Virginia, 2015



## NAS: Data and Surveillance

- VDH publishes quarterly opioid reports, [vaaware.com](http://vaaware.com)
  - Includes data on infants discharged with NAS
- NAS reporting for public health surveillance
  - HB 1467, SB 1323
    - Act to require the Board of Health to adopt regulations to include neonatal abstinence syndrome on the list of reportable diseases
  - Information will be used to inform program and policy efforts

## NAS: Prevention and Treatment

- Virginia Neonatal Perinatal Collaborative
  - Members include neonatologists, OB/Gyn, maternal fetal medicine
  - Focus on NAS by implementing Vermont Oxford Network NAS quality improvement project statewide
    - Data collection, audits, toolkits
  - Focus on pregnant women with substance use disorder using the Alliance for Innovation on Maternal Health quality improvement toolkit addressing opioid use among pregnant women
  - General Assembly provided funding support
    - \$124,470 from the general fund and \$82,980 from nongeneral funds (Medicaid match)

## NAS: Prevention and Treatment

- Virginia's Handle with C.A.R.E. Initiative
  - Interagency effort led by DBHDS to identify a coordinated, state level response to maternal substance abuse
  - Goals:
    - Develop a system of care that ensures women of child bearing age receive SBIRT
    - Develop Plans of Safe Care that identify needs of mother, infant, and family support system
- Substance Exposed Infant Workgroup
  - Multisector stakeholder effort led by DSS in response to HB2162
  - Analyze current polices, identify barriers to treatment, make recommendations to the GA

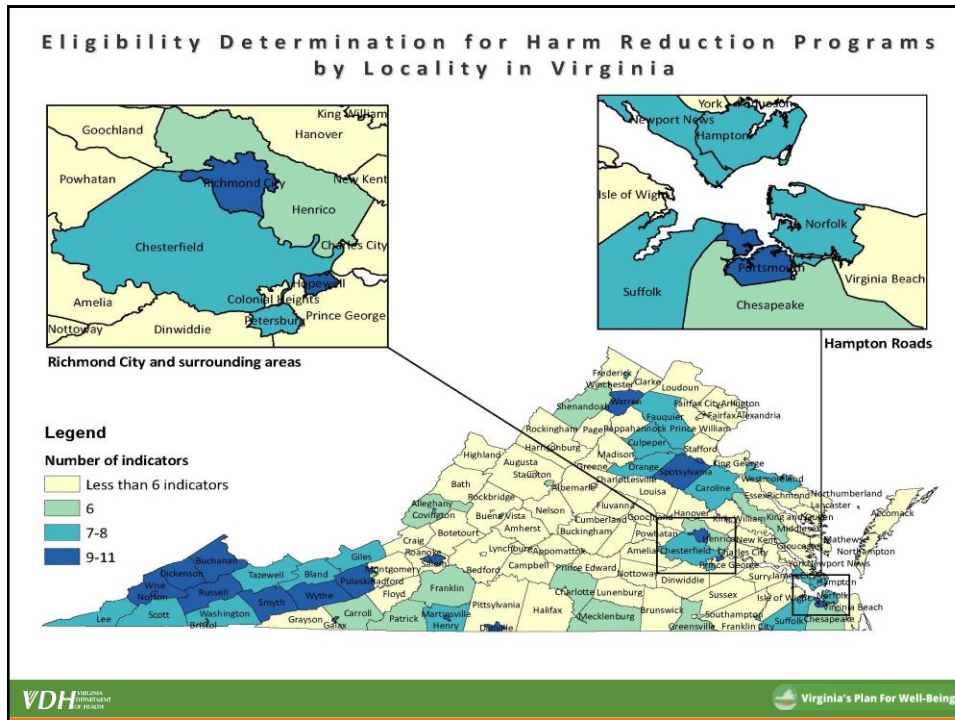
## Comprehensive Harm Reduction with Syringe Services Program

Per HB2317, VDH has **drafted standards and protocols** which will be used by authorized CHR programs which will include but not be limited to syringe services program (SSP) components.

## SSP Determination of Need- Methodology

Locality (city/county) rates of:

- Hepatitis C morbidity among 18-30 year olds
- HIV morbidity
- Heroin and prescription opioid overdose fatalities
- Poverty level
- Unemployment
- Prescription opioid volume
- Buprenorphine prescription volume
- Emergency medical services utilization due to heroin and prescription opioid overdose
- Administration of naloxone (Narcan®) with positive response
- Drug treatment admissions to publicly-funded community service boards (CSBs)
- Arrests for drug/narcotic offenses



## Readiness Criteria

- Demonstrate support from locality's governing body
- Demonstrate support from locality's law enforcement
- Demonstrate support from the local health department
- Demonstrate support from partner agencies that will accept referrals for key services
- Demonstrate and document a plan for community engagement.
- Demonstration of sufficient administrative capacity including but not limited to budget and source of funding.

## Standards for CHR Programs

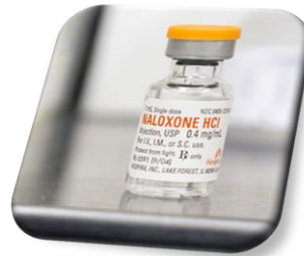
1. Work Plan
2. Identify localities
3. Demonstrate readiness
4. Provide appropriate disposal
5. Provide sterile equipment
6. Ensure reasonable and adequate security
7. Ability to verify a needle/syringe was obtained from the program
8. Directly provide certain services
9. Provide other services directly or through referral
10. Establish policies and procedures
11. Report required data

## What data will SSPs be required to report to VDH and when?

- SSP will report quarterly to VDH
  - 3 quarterly reports and annual report
- Data to be reported per quarter and annually will quantify:
  - Participation
  - Tests for select infectious diseases (e.g., HIV, HCV, STD)
  - Educational materials and condoms distributed
  - Number of persons provided access to overdose prevention kits
  - Referrals to other important services (e.g., medical care, methal health, social services)
  - Referrals and linkages to nPEP and PrEP
  - Sterile syringes distributed and syringes returned for disposal
- Success and Challenges

## Naloxone Use & Availability

- Pilot project:
  - January-April
  - Developed clinical protocol for dispensing naloxone in Lenowisco and Central Shenandoah health district clinics
  - Partner with CSBs that offer REVIVE! training to dispense
- Expanded naloxone dispensing to 11 more districts based on epidemiological risk profile



## Naloxone Use & Availability

- Expanding access to naloxone to EMS agencies
  - Will begin utilizing Rescue Squad Assistance Fund (RSAF) Grant Program to offer grants to non-profit EMS Agencies
  - Grant funds derived from \$4 fee paid when registering motor vehicles or trucks
  - RSAF naloxone grant awards begin June 23:
    - Non-profit EMS agencies will make application for RSAF
    - VDH will procure naloxone using our national purchasing agreement (OAG approved)
    - Distribute naloxone free of charge to EMS agencies for use



# Data Sources

Emergency Room Data (ESSENCE)

Reportable Disease Data (HIV, HCV)

Neonatal Abstinence Data (hospitalization)

Overdose Death Data (OCME)

Prescription Data (PMP)

Naloxone Administration Data

[Opioid Indicators Dashboard](#)

https://public.tableau.com/views/VirginiaOpioidAddictionInd

### Virginia Opioid Addiction Indicators

Year: 2015 | Geographic Grouping: VDH Health Region | Select Detail: (All)

2015 Virginia State Summary							
Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	EMS Narcosis	Reported Hepatitis C (18-39 year olds)	Diagnosed HIV	
Deaths: 471	Deaths: 398	Visits: 800	Visits: 7,326	Administrations: 2,858	New Cases: 1,382	New Cases: 969	
Mortality Rate: 5.6	Mortality Rate: 4.7	Visit Rate: 9.5	Visit Rate: 87.4	Administration Rate: 33.9	New Case Rate: 89.7	New Case Rate: 11.6	

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

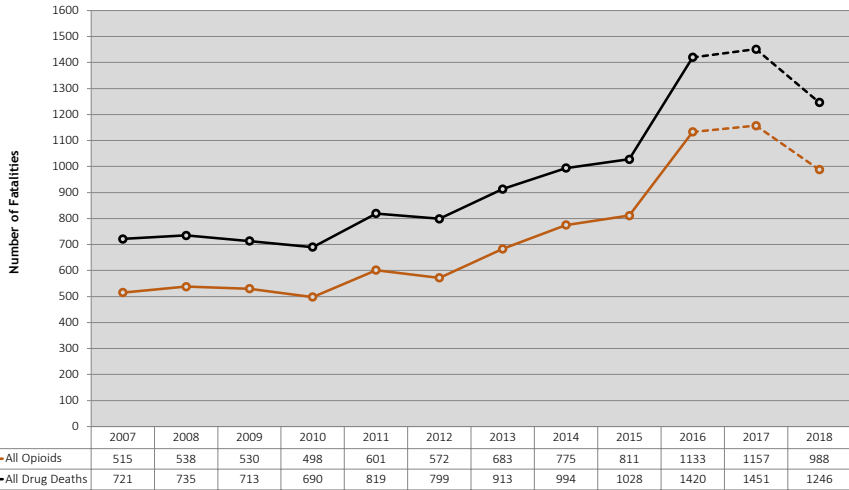
#### 2015 VDH Health Region Rate Summary by Age Group

Age Group	Overdose Deaths			ED Visits for Overdose			EMS	HIV
	Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	Narcosis Administrations	Diagnosed HIV		
0-14	0.0	0.1	0.0	0.0	0.0	0.0	0.0	
15-24	0.5	2.4	10.2	106.6	31.4	22.7	27.2	
25-34	11.3	3.4	13.7	100.9	61.2	16.7	10.2	
35-44	6.0	0.7	7.4	66.1	42.7	6.8	1.4	
45-54	3.9	0.0	3.7	66.5	30.7	0.0	0.0	
55+	0.4	0.0	1.3	23.2	20.6	0.0	0.0	
All Ages	5.6	4.7	9.5	87.4	33.9	11.6		

VDH Virginia Department of Health | Virginia's Plan For Well-Being

## ALL OPIOID DEATHS VS. ALL DRUG DEATHS AN ENVISIONED FUTURE...

Total Number of All Opioid Overdoses Versus All Drug Deaths by Year of Death, 2007-2016



<sup>1</sup> All Opioids<sup>1</sup> include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified  
<sup>2</sup> 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.)