Virginia Department of Health Needs Assessment Tool for Drug Overdose and Related Outcomes Frequently Asked Questions (FAQs)

Why were these indicators selected?

The indicators were chosen because:

- They are directly related to drug overdose burden, such as drug overdose emergency department visits or deaths.
- They are disease outcomes that can be spread through injection drug use, like hepatitis C and HIV.
- They are indicators related to the economic health of a community, such as poverty or unemployment. Communities with lower income and fewer jobs can be at increased risk for drug overdose.

Do all the indicators weigh the same when determining the score, and if so, why was that method chosen?

Yes, each indicator is weighed the same. All indicators show potential higher risk for drug overdose in a community.

Why were socioeconomic indicators, such as poverty and unemployment, included?

Communities with lower income and fewer jobs can be at increased risk for drug overdose and related health outcomes.

Why do the indicators include all drugs versus only opioids (e.g., all-drug overdose deaths, all-drug overdose emergency department visits, etc.)?

The indicators include all drugs for a few reasons.

- There is an increasing trend in use of more than one substance in drug overdose deaths. There is also an increase in drug overdose deaths due to cocaine or methamphetamine, which are not opioids.
- Sometimes a less lethal drug used by a person is unknowingly mixed with a more lethal drug, like fentanyl.
- Not all drug overdose deaths involve an opioid. In 2021, 15% of drug overdose deaths did not involve an opioid.

If a locality does not have an emergency department, how does that impact the data for the second indicator?

Data for drug overdose emergency department visits in this tool are based on where the patient lived at the time of their visit.

Why does the hepatitis C indicator only include 18-30-year-olds?

Injection drug use is the most common risk factor for hepatitis C in younger adult age groups.

Were all the data sources counted at the individual-level?

Not all data indicators were able to be counted at the individual level. For example, hospitalizations are the number of hospital stays, not the number of people who stayed at the hospital. Even if an indicator is not at the individual level, it still shows drug overdose burden or risk in an area.

Why were counts and rates considered?

Counts and rates can better identify localities at higher need, than looking at only counts or only rates.

Rates	Counts
Benefits:	Benefits:
 Used to compare equally across different population sizes Allows for smaller, and sometimes more rural, localities to be considered 	 Reflects higher number of cases (like nonfatal drug overdose) and/or death (to assess burden Easy to understand by all different audiences
Limitations:	Limitations:
May underestimate burden in localities with larger population sizes	 Counts are typically higher in larger population sizes (more drug overdoses where there are more people) and may leave out smaller, and sometimes more rural localities from being considered

Why were 2020 population estimates used to calculate some of the rates?

They were the most recent population estimates at the time VDH created the tool.

Will the tool be updated, or will it be a one-time document?

VDH plans to update the model as more data becomes available.

If my locality is identified as higher need, where can I find more information about available drug overdose prevention resources or programs?

Resources and programs can be found on the VDH <u>website</u>. If you have any questions, please email **overdose@vdh.virginia.gov**.

If my city or county is not identified as higher need, does that mean that there is not an issue in my area?

No, drug overdose and substance use impact all Virginia communities. Together with state and local partners, VDH's goal is to support all communities in their efforts to reduce the harms of drug use, as resources allow.