



COMMONWEALTH of VIRGINIA

Department of Health

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The Opioid Addiction Crisis is a Public Health Emergency in Virginia

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Dear Colleague:

Virginians have much to be thankful for as we approach Thanksgiving. However, we are faced with the reality that the disease of addiction continues to worsen in the Commonwealth despite efforts on many fronts. Deaths from drug overdose are expected to increase an additional 25% in 2016. In response to the worsening drug addiction epidemic, Dr. Levine will today declare that the opioid addiction crisis is a public health emergency in Virginia. In order to successfully combat this public health emergency, a collaborative response utilizing many different strategies is of the utmost importance. Your partnership is critical in this effort.

Key topics in this letter include:

- [Opioid Addiction Public Health Emergency](#)
- [Naloxone Statewide Standing Order](#)
- [Prescription Monitoring Program \(PMP\) Usage](#)
- [Benzodiazepines, Opiates and the New FDA Black Box Warning](#)
- [Resources for you and your patients](#)

Opioid Addiction Public Health Emergency

Recent data shows these alarming trends in Virginia:

- Emergency department visits for heroin overdose for January-September 2016 increased 89% compared to the same nine month period in 2015.
- The total number of fatal drug overdoses in Virginia during the first half of 2016 has increased 35% when compared to the same time period in 2015.
- Fatal drug overdoses became the number one method of unnatural death in 2013.
- The rate of reported cases of Hepatitis C (HCV) increased 28% between 2010 and 2015, with the primary risk factor being injection drug use.

Most recently, Carfentanil has been identified this month for the first time in Virginia.

Carfentanil is a synthetic opioid that is 100 times more potent than fentanyl, and has been linked

to a significant number of overdose deaths around the country. Improper handling of Carfentanil can have dangerous, even deadly, consequences. As the product can be absorbed through the skin or airborne powder accidentally inhaled this product and other fentanyl-related compounds present a danger to first responders and other individuals who are exposed. I encourage you and your staff to review the Drug Enforcement Administration (DEA) [Officer Safety Alert](#) which includes more information, and how to avoid accidental exposure.

Naloxone Statewide Standing Order

One solution to help prevent overdose deaths is to make naloxone more available to the public. Naloxone temporarily reverses the effect of opiates. In addition to the declaration of a public health emergency, today Dr. Levine issued a naloxone statewide standing order that authorizes pharmacists who maintain a current active pharmacist license to dispense naloxone in accordance with the Virginia Drug Control Act, [§54.1-3408](#), and the current Board of Pharmacy-approved protocol. The standing order, protocol and Revive educational materials are located on the [VDH Website](#).

One of the best ways for the public to learn about the use of naloxone is through the [Revive!](#) training course on the Department of Behavioral Health and Developmental Services website. Please let your staff and patients know about Revive!

Prescription Monitoring Program (PMP) Usage

The [PMP](#) tells you where and when patients have filled controlled substance prescriptions, to help determine treatment history and if a patient is trying to obtain controlled substances for illegitimate use. As of January 2016, all newly licensed prescribers and pharmacists are automatically registered for the PMP. To activate your account and use the program, visit the [PMP website](#). Once your account is activated, [best practice in Virginia](#) is to always check the database before prescribing controlled substances and then recheck every 3-6 months to ensure the patient is compliant with your treatment agreement.

Benzodiazepines, Opiates and the New FDA Black Box Warning

On August 31, 2016 the FDA issued a [black box warning](#) for the concomitant use of opiates and benzodiazepines. An extensive review of the latest scientific evidence revealed serious risks associated with using these medications together. These risks include extreme lethargy, respiratory depression, coma and death.

Resources for you and your patients

- On March 16, 2016, the Centers for Disease Control and Prevention (CDC) issued its Guidance on [Chronic Pain Treatment Guidelines](#)
- The Virginia Department of Health, Department of Behavioral Health and Developmental Services and Department of Medical Assistance Services have teamed up

to offer twenty-four [Addiction Disease Management Sessions](#) across the state this winter. Whether or not you treat addiction, the disease affects ten percent of your patients. This free, eight hour course will provide you and your staff with the most up-to-date information on the use of controlled substances and management of patients with the disease of addiction. Registration links are coming soon. To learn more, please visit The [Department of Medical Assistance Services Addiction and Recovery Treatment Services website](#).

- [VaAware Website](#): The Department of Health Professions established a state website to serve as a central point for information on drug addiction in the Commonwealth. Information is added to the site on a regular basis and we encourage you share awareness of the site which was designed for multiple audiences.

Thank you for all you do on behalf of your patients. This public health emergency will require us to continue our important partnership to reduce overdose deaths and assist affected patients and their families get the needed help to break the cycle of addiction.

We look forward to working with you and wish you a peaceful and healthy holiday.

Sincerely,

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A pdf version of this letter is available on the VDH [Resources for Health Care Professionals](#) web page.