

# Virginia Overdose Incident Management Team Updates

Health and Human Resources (HHR) Sub-Panel  
Governor's Secure and Resilient Commonwealth Panel

May 21, 2024

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# The Opioid Epidemic



The rise of opioid-related deaths began increasing in the **1990s** with increased opioid prescribing practices, beginning the opioid epidemic.



Since then, the opioid epidemic has impacted every state; the CDC reports that there were nearly **83,000 fatal opioid overdoses in 2022**.

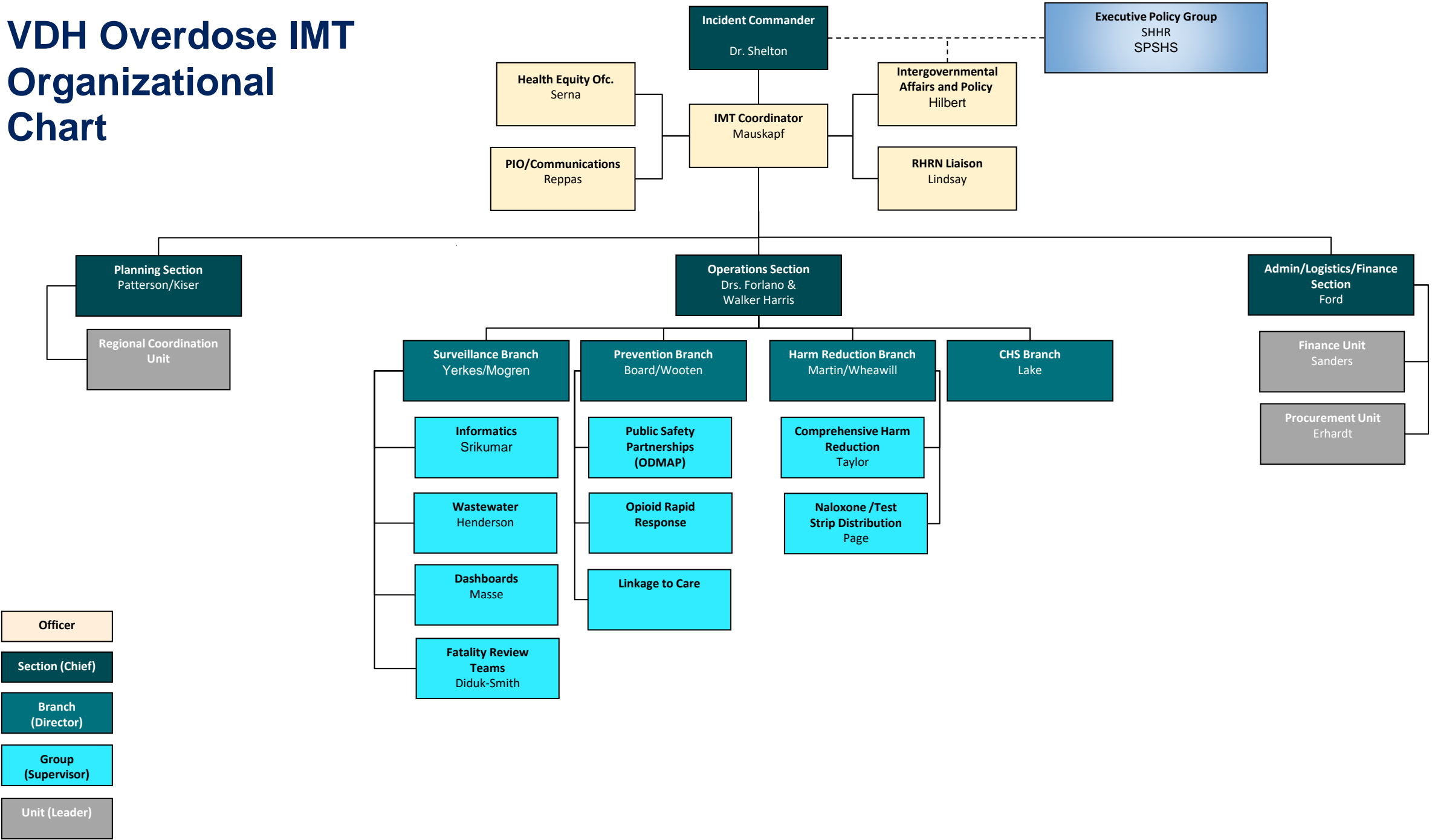


In 2022, **2,102** Virginians died of an opioid-related drug overdose. The opioid-related drug overdose death rate was **24.5 per 100,000 Virginia residents**.



Opioids can be legally prescribed or illicitly obtained. In Virginia, the epidemic is largely driven by **illegally made fentanyl**.

# VDH Overdose IMT Organizational Chart



**Officer**

**Section (Chief)**

**Branch (Director)**

**Group (Supervisor)**

**Unit (Leader)**

# Major Operational Workstreams

## Prevention

- Opioid Impact Reduction Registry
- Opioid Rapid Response Program
- VDH Overdose Prevention Workgroup

## Harm Reduction

- Naloxone Distribution Planning and Implementation
- Expansion of Comprehensive Harm Reduction

## Surveillance

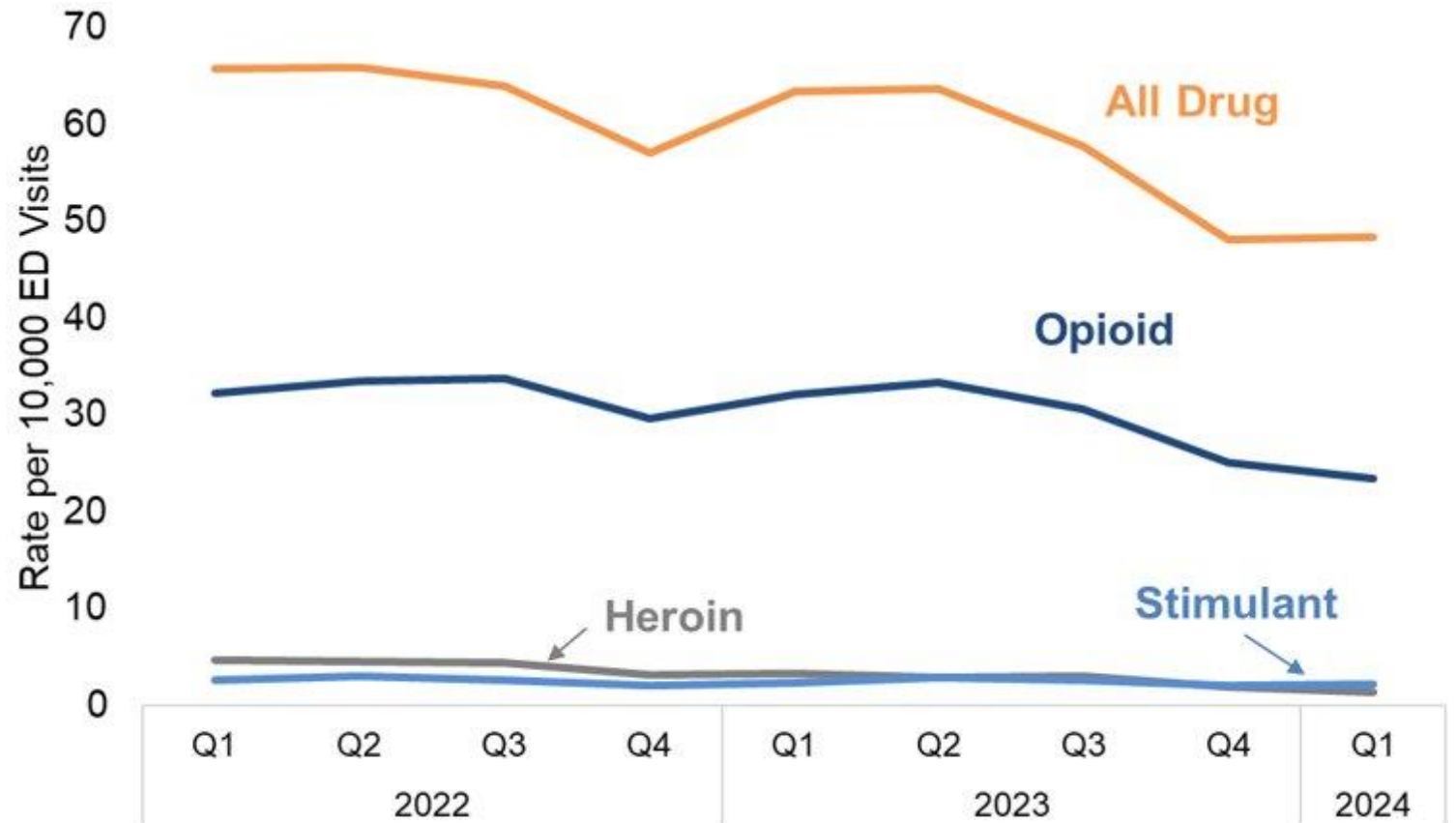
- VDH Overdose Surveillance Workgroup
- Enhancement of VDH Drug Overdose Data Dashboards
- RHRN Prioritization Model – Overdose Needs Assessment Tool
- Wastewater Surveillance Planning
- Fatality Review Teams

# Surveillance

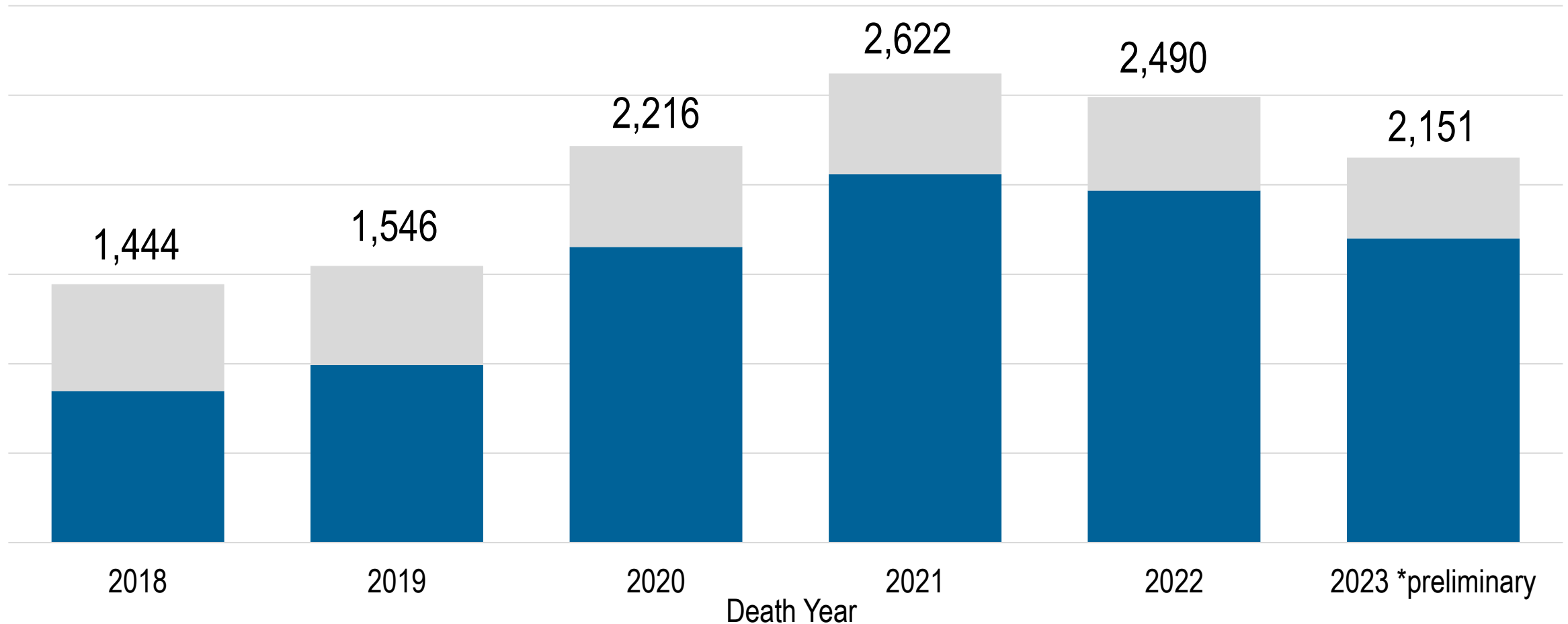
- VDH Overdose Surveillance Workgroup
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- RHRN Prioritization Model – Needs Assessment Tool
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# The rate of drug overdose emergency department visits is gradually declining.

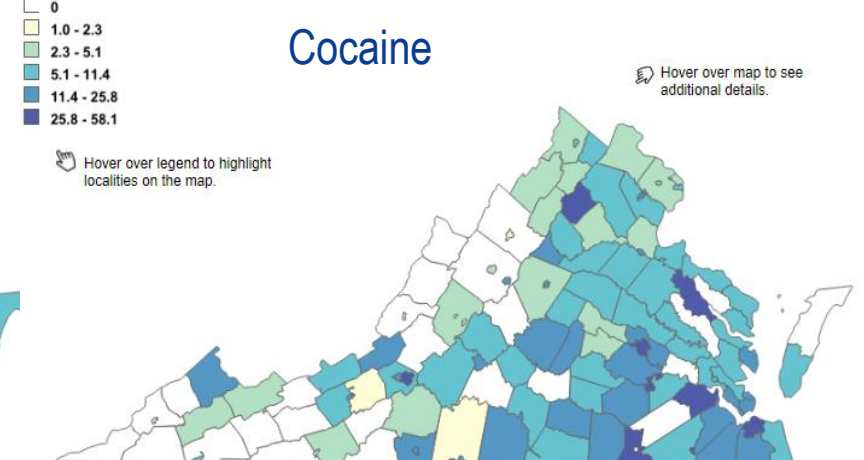
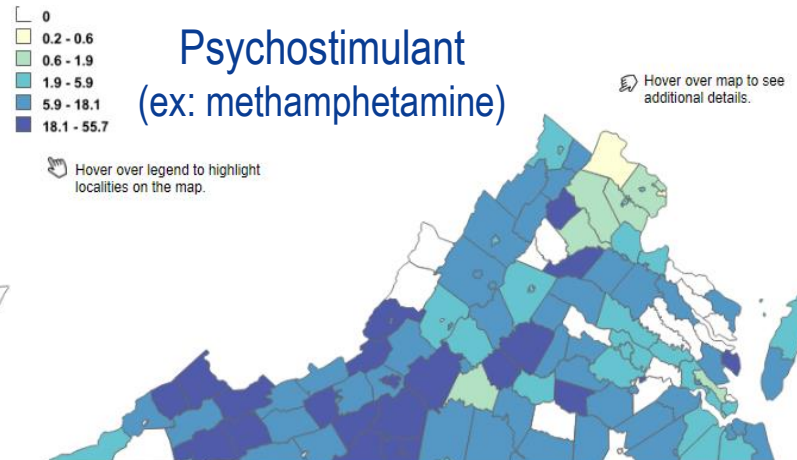
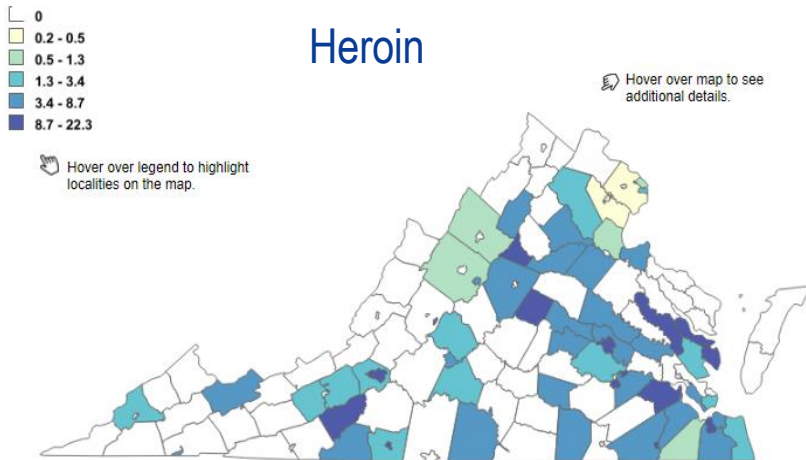
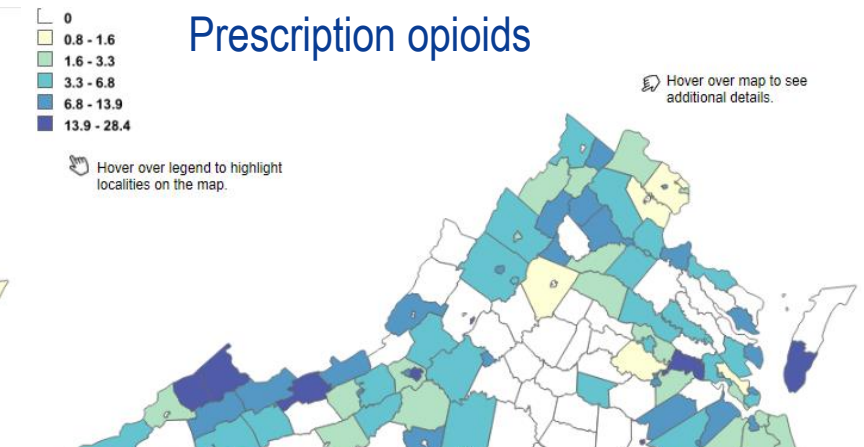
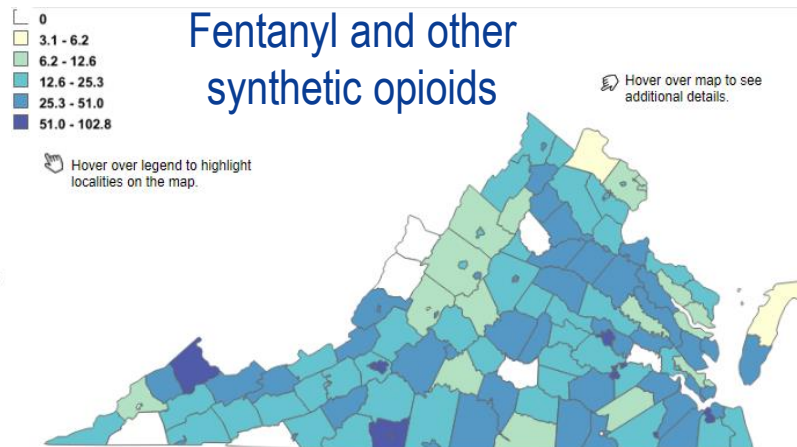
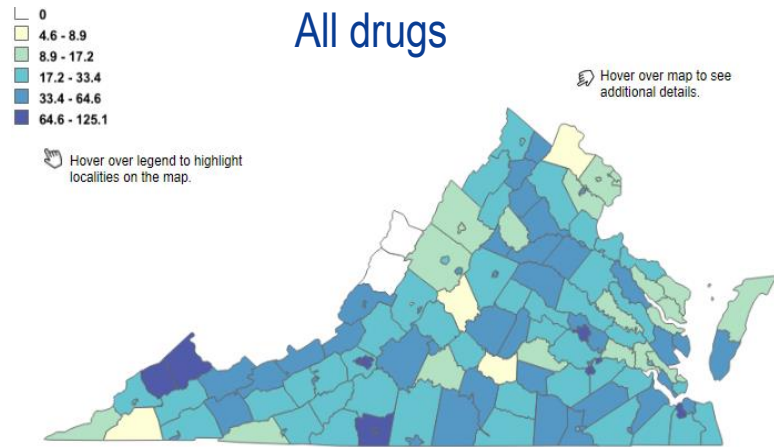
- Though, emergency department visits for drug overdoses remain high.
- There were **21,851** drug overdose emergency department visits among Virginians in 2023.



On average, **almost 6** Virginians died by drug overdose every day from 2018 to 2023; **74% involved fentanyl, fentanyl analogs, or tramadol.**



# Drugs involved in an overdose death impact Virginia communities in different ways.





# Drug overdose and substance use continues to impact Virginians...

- Increase in drug overdose deaths:
  - Involving stimulants (psychostimulants and cocaine)
  - Among Black or African American Virginians
  - Among Hispanic or Latino Virginians
- Most drug overdose deaths:
  - Are male
  - Are among Virginians aged 44 years or younger
  - Involve fentanyl, fentanyl analogs, or tramadol (synthetic opioids, not methadone)
- Increase in hospitalizations due to drug use and dependence
  - 21% from 2018 to 2022
  - Increase among opioid use, cannabis use, cocaine use, and stimulant use disorders

...But Virginia is seeing some positive trends, **thanks to your work** to protect and promote the health of all Virginians.

- Decrease in 2022 drug overdose emergency department visits, inpatient hospitalizations, and deaths compared to 2021
  - Anticipated sustained decrease in 2023, comparable to 2022
  - Mirrors national trends
- Decrease in diagnoses from 2018 to 2022 of:
  - Maternal opioid use disorder
  - Neonatal abstinence syndrome



# Adding Fentanyl to Wastewater Surveillance

- Fentanyl and norfentanyl to be monitored.
- No known mechanism to distinguish between illicit and prescribed Fentanyl.
- The most common techniques for analysis are Liquid Chromatography-Mass Spectrometry (LC-MS), Gas Chromatography-Mass Spectrometry (GC-MS), and Ultra-High Performance Liquid Chromatography (UHPLC).
- Fentanyl Wastewater Surveillance Workgroup is meeting quarterly.
  - Wastewater Surveillance Plan submitted August, 2023.
  - Funding for a pilot project was included in the Governor's initial budget, but was not included in the final approved budget.
- VDH is developing a submission to the Opioid Abatement Authority for pilot project funding per request from Deputy Secretary Williams.
  - Proposing use of third-party contractor for pilot project.

# Fatality Review Teams

- VDH Office of the Chief Medical Examiner (OCME) has identified the tasks that are necessary to carry out this work, including models, infrastructure, and funding.
- The OCME submitted an OAA proposal that was approved to move forward. This funding would provide financial support for an Overdose Review Team Coordinator that would provide outreach and support to localities to build local and regional review teams.
  - This funding would also support the development of a database for the collection of local and regional review team data.
- In January 2024, Henrico/Richmond Health District has reached out to the OCME about starting an overdose fatality review team. There was an initial meeting with the LHD, law enforcement, and others community agencies to discuss the feasibility and address other concerns this past Spring.
- Virginia Code § 32.1- 283.7 mandates that the OCME provide a model for local teams to use to support the development of teams in their localities. The protocol and proposed model was recently reviewed SHHR and OCME is awaiting the feedback to amend the protocol and share the final version with local partners.

# Learn more about drug overdose data.

- [Drug Overdose and Related Health Outcomes dashboard](#)
  - Includes data on:
    - Drug overdose deaths
    - Drug overdose ED visits
    - Neonatal abstinence syndrome
    - HIV
    - Hepatitis C among people aged 18-30 years
- [Costs of the Opioid Epidemic in Virginia](#)
  - Looks at economic burden (sector and payer costs) of the opioid epidemic in Virginia
  - Economic costs at Virginia city or county level
    - Interactive website
    - Downloadable PDFs
- [Overdose Needs Assessment Tool](#)
  - Tool that uses 12 data indicators to assess communities at higher need for drug overdose prevention strategies
- [Drug Overdose ED Visits Reports](#)
  - Reports on unintentional drug overdose ED visits available:
    - Monthly
    - Quarterly
    - Annual
- [VDH Office of the Chief Medical Examiner \(OCME\) Forensic Epidemiology Reports](#)
  - Reports on overdose deaths investigated by VDH OCME

# OAA & OD2A Updates

## Opioid Abatement Authority (OAA)

- OAA is part of a negotiated plan for Virginia to accept national settlement offers from opioid manufacturers & distributors. This settlement is intended to be used to reduce the effects the opioid crisis has taken on individuals & the Commonwealth and must be used for abatement activities.
- VDH's OAA proposal was submitted on June 21, 2023 & funds were allocated to 4 out of the 5 submitted VDH projects.
- This year, applications are due May 24th. VDH intends to submit a proposal for 6 projects.

## Overdose Data to Action for States (OD2A-S)

- The OD2A-S funding period began on September 1, 2023, and supports state agencies to continue substance use & drug overdose response activities
- Required three Surveillance Activities - Surveillance Infrastructure, Morbidity & Mortality
- There are four Required Prevention Activities

# Communications

## 2024 VDH Media Interviews

### February:

Naloxone Distribution & Revive Training—**CBS 19**

Fentanyl Wastewater Surveillance—**WSLS**

Overdoses in Children in Spotsylvania--**Fredericksburg Free Lance Star**

Overview of Overdose Response Training--**WSLS**

### March:

PWHD-VDH ARPA Opioid Grant—**The Fauquier Times**

Wastewater Surveillance Testing Pilot--**AXIOS**

### April:

National Fentanyl Awareness Day—**WVEC**

Xylazine-Involved Overdose Deaths—**WTKR**

Chesterfield HD-Fentanyl Awareness Day (2)—**CBS6**

Fentanyl and Overdose—**Wall Street Journal**

# Policy and Funding Overview

## Deliverables:

### Executive Order 26

- Right Help Right Now
- Cost effective plan for wastewater surveillance
- Develop response strategy that includes a naloxone distribution plan
- Public awareness campaign
- Report due to SHHR on 9/6/2023

### SB1415

- Opioid Impact Reduction Registry
- Comprehensive Naloxone Distribution Plan (VDH, DBHDS, DOC)
  - Guidance to localities
- EMS guidance on naloxone distribution to high-risk areas

## Funding:




- CDC Overdose Data to Action
- SAMHSA State Opioid Response (SOR) (via DBHDS to VDH)
- SAMHSA First Responder Grant (via DBHDS to VACP to VDH)
- Opioid Abatement Authority
- General Funds
  - Harm Reduction
  - Naloxone



# Communications

## Social Media Campaigns

Organized a social media team that includes VDH and communicators from DBHDS.

-  **Goals:** Provide Information, Combat Misinformation, Encourage Action
-  **Three-Prong Approach:** Back to Basics, Myth Busters, Take Action
-  **Audience:** Residents seeking help for overdose prevention for themselves or others

## VDH Categories

Social media messaging divided into four categories / mini campaigns:

- Back2Basics – straightforward definitions
- Q&A – presenting line between safe vs unsafe using a Q&A format.
  - *Replacing Myth Busters – breaking common myths & providing the facts*
- Take Action – how to recognize and treat an overdose
- Conversational Awareness – prep kits for professionals in the field

## Other Campaigns

DDP: Anti-stigma campaign focusing on humanizing drug users

DEA: New One Pill Can Kill Campaign

OAA: Communications Request



# Prevention: Opioid Impact Reduction Registry

- Senate Bill 1415 directs the Department of Health to begin the development of a Commonwealth opioid impact reduction registry consisting of nonprofit organizations that work to reduce the impact of opioids in the Commonwealth
- VDH developed a work plan reflecting information from other organizations with similar registries and aims to leverage existing resources
- VDH work plan had its initial SHHR level review and feedback has been sent to VDH for incorporation and review

# Prevention: Opioid Rapid Response Program

ORRP (Opioid Rapid Response Program) is an interagency, coordinated federal and state effort to help mitigate overdose risks among patients who lose access to a prescriber of opioids, medications for opioid use disorder, or other controlled substances, such as benzodiazepines.

## Immediate Goals

Inform patients, families, community of resources

Support patients during transitions in care

Provide on-demand care, treatment, and harm reduction tools

Inform and prepare health care, emergency response, and harm reduction professionals

## Outcomes

Care Continuity

Prepared Workforce

Overdose Risk Mitigation

# Harm Reduction: Opioid Reversal Agent Distribution Program

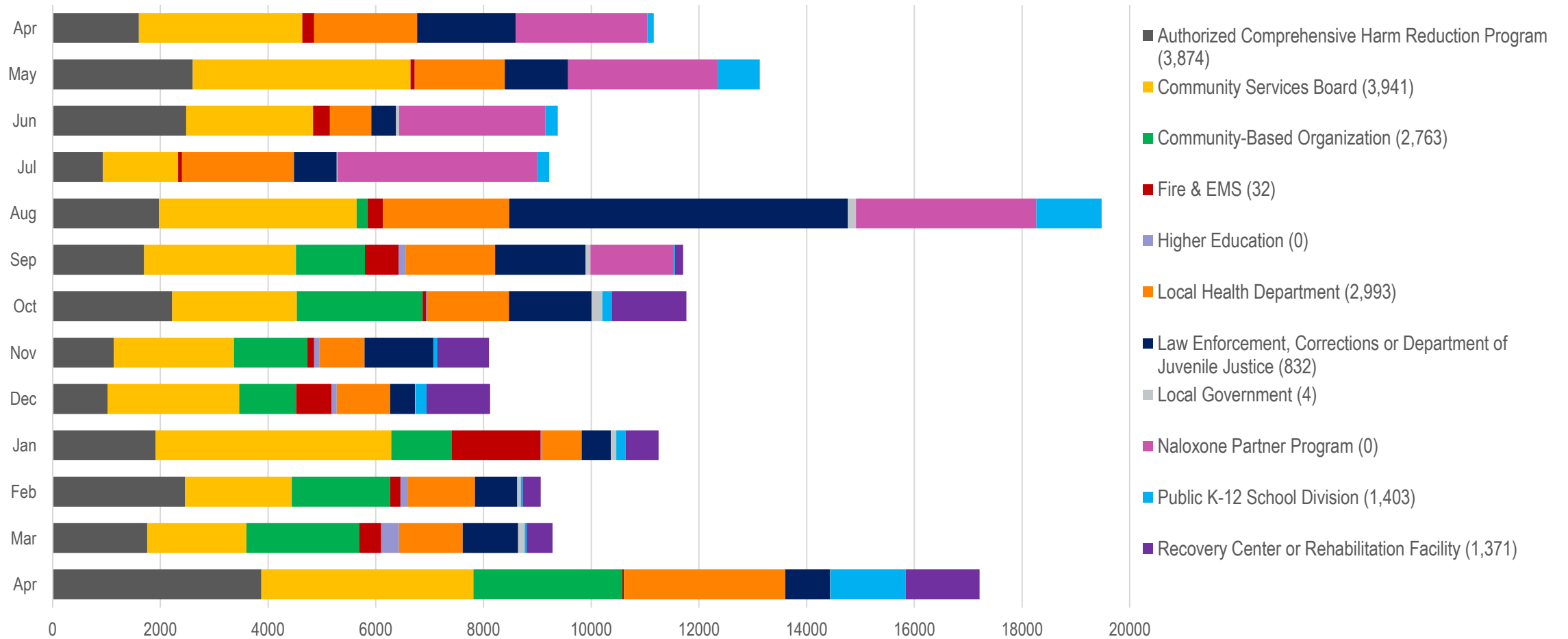
Division of Pharmacy Services

# Opioid Reversal Agent Distribution Program Overview

- The Virginia Department of Health (VDH) distributes **opioid reversal agents, such as naloxone, and harm reduction test strips** to eligible entities and individuals at no cost across Virginia.
- Current focus is distribution of **no-cost naloxone to high-priority populations and settings**, including:
  - People who use drugs (PWUD)
  - Friends, family, and caregivers of people who use drugs
  - People who work with people who use drugs
  - High-priority locations within communities, including authorized comprehensive harm reduction sites, community services boards, local health departments, first responders (law enforcement agencies, fire service organizations, licensed emergency medical services (EMS) agencies), public school divisions and other community organizations that have high levels of interaction with people who use drugs and their friends and family
- This targeted distribution ensures that available funds are used effectively, that naloxone distributed by VDH is highly likely to reach people and organizations with the greatest need, and that VDH naloxone distribution has the greatest possible impact on VDH's ultimate goal of reducing overdose deaths.

# Distribution to Partners (2023-2024)

Monthly Naloxone Distributed by Partner Type



## Comprehensive Harm Reduction in Virginia

- Aims to prevent disease and reduce adverse consequences of drug use
- Infectious Disease Testing + Syringe Services + Referrals + Linkage to Care + Counseling and Health Education + Health Equity= Comprehensive Harm Reduction (CHR)
- VDH currently has programs in nine health districts, with an additional five sites in development
  - Lenowisco Health District -Wise, Scott, and Tazewell Counties
  - Mt Rogers Health District -Smyth County
  - Health Brigade- Richmond City
  - Council of Community Services- Roanoke
  - Strength in Peers- Harrisonburg, Page, Shenandoah Counties
  - Chris Atwood Foundation- Fairfax, Prince William, Loudoun Counties
  - Virginia Harm Reduction Coalition-Roanoke, Martinsville, Henry County
  - Minority AIDS Support Services-Newport News, Norfolk, VA Beach
  - AIDS Response Effort-Winchester and Berryville
  - Hampton & Peninsula Health District- James City and York Counties, and the cities of Williamsburg, Newport News and Hampton.
  - New River Health District- Radford City and the counties of Montgomery, Pulaski, Floyd and Giles.

# Acknowledgements

- Office of Family Health Services
- Office of Epidemiology
  - Division of Surveillance and Investigation
  - Division of Disease Prevention
  - Division of Pharmacy Services
- Office of Chief Medical Examiner
- Office of Communications



# Thank you

[OpioidReversal@vdh.virginia.gov](mailto:OpioidReversal@vdh.virginia.gov)  
[Overdose@vdh.virginia.gov](mailto:Overdose@vdh.virginia.gov)

# Extra Slides

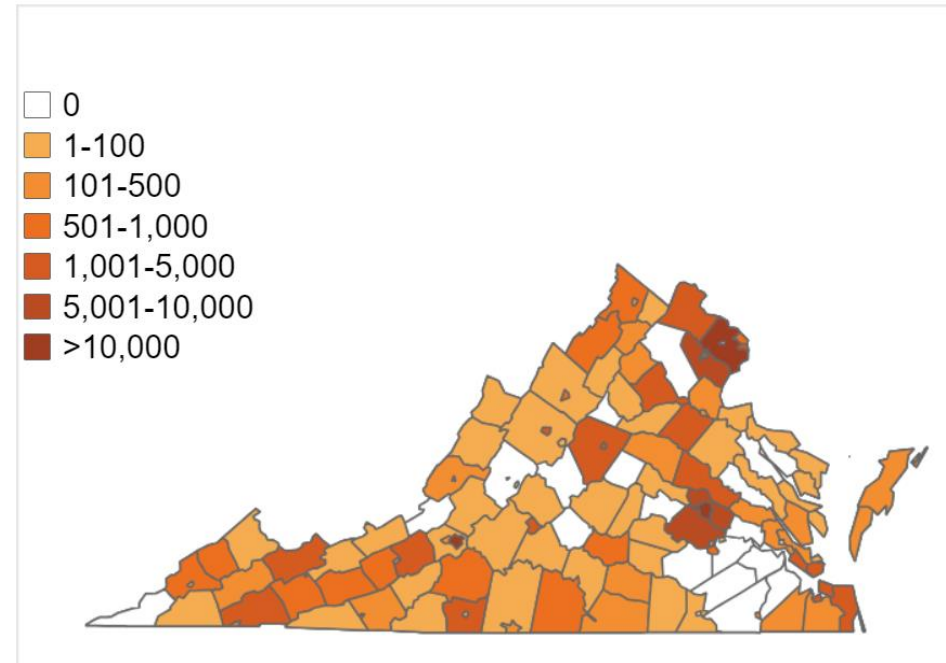
## 2024-2024 OAA application

Name	New or renewal/ amendment?	Summary
Naloxone Infrastructure	RENEWAL/ AMENDMENT	Staffing for naloxone distribution; 200,000 harm reduction test strips
Comprehensive harm reduction sites	RENEWAL/ AMENDMENT	Funding support for 10 CHR sites
OUD Coordinators	RENEWAL/ AMENDMENT	Fund salary for OUD Coordinators at RHHD, PHD, and HPHD
Overdose Prevention Strategist– West Piedmont	NEW	Salary, fringe, travel for 1 staff at West Piedmont to coordinate overdose strategy.
OCME – Overdose Review	NEW	1.1 FTE to provide support for locality overdose fatality review teams
Wastewater Testing	NEW	Funding to support contracted testing of wastewater for fentanyl.

# Current Distribution Activities, Continued

- VDH is actively reaching out to key partners, including holding webinars specific to priority types such as LHDs, community services boards, comprehensive harm reduction sites, K-12 public schools, free clinics/FQHCs, and first responders.
- VDH has produced informational products, including an internal dashboard for local health districts and other VDH users (screenshot right), a quarterly report for LHDs, and a quarterly newsletter for all partners.
- These and other activities have increased the number of partners, while also increasing partner engagement.

**Naloxone Kits (Counts) by Shipping Address**



Map: Naloxone Kits (Counts) by Shipping Address, July 1, 2023-April 30, 2024

## Current Distribution Activities, Continued

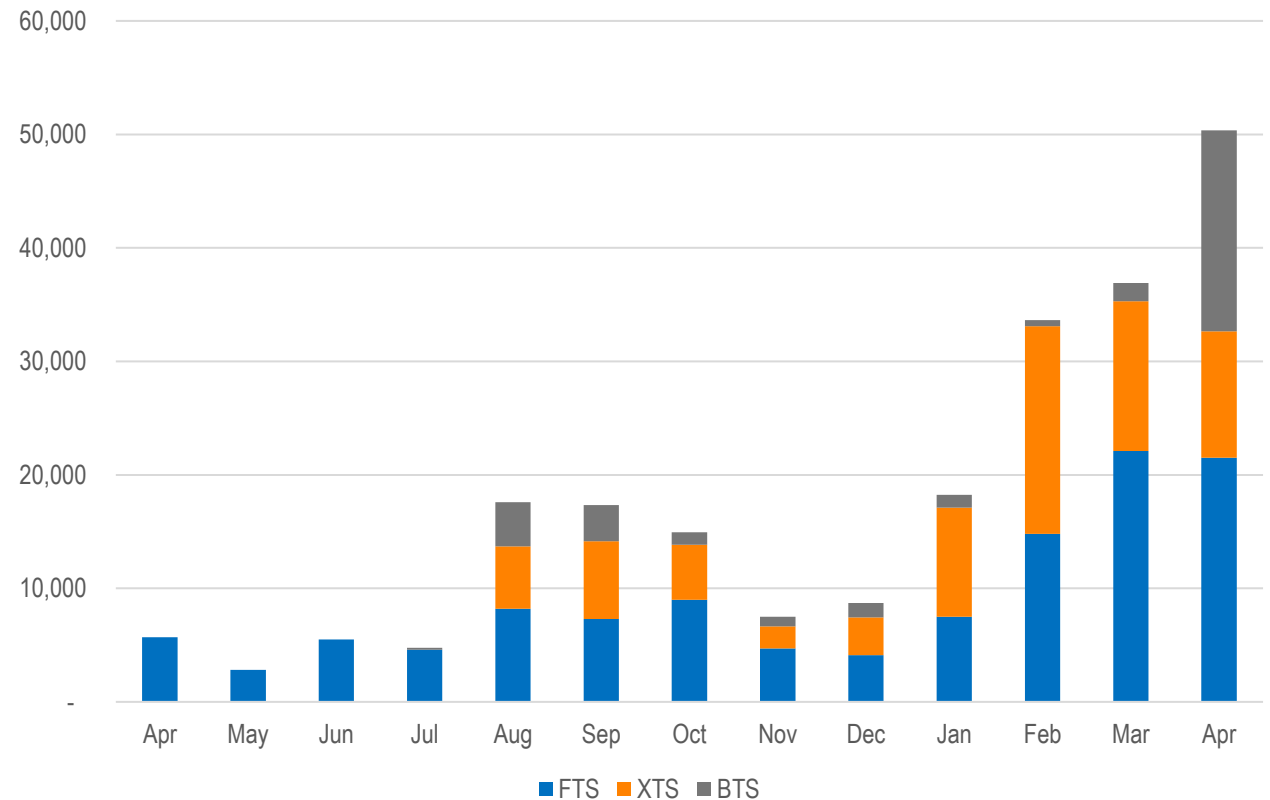
VDH supports distribution of harm reduction test strips, including fentanyl test strips, xylazine test strips, and benzodiazepine test strips.

LHDs, community service boards, comprehensive harm reduction sites, and free clinics/federally qualified health centers are eligible to receive test strips.

In commemoration of Fentanyl Awareness Day, all community-based organizations were eligible to order test strips between April 17-May 10, 2021.

Demand for test strips has substantially increased beginning in 2024! Comprehensive harm reduction sites typically order the greatest quantity of test strips, but there is increasing interest from community services boards and local health districts.

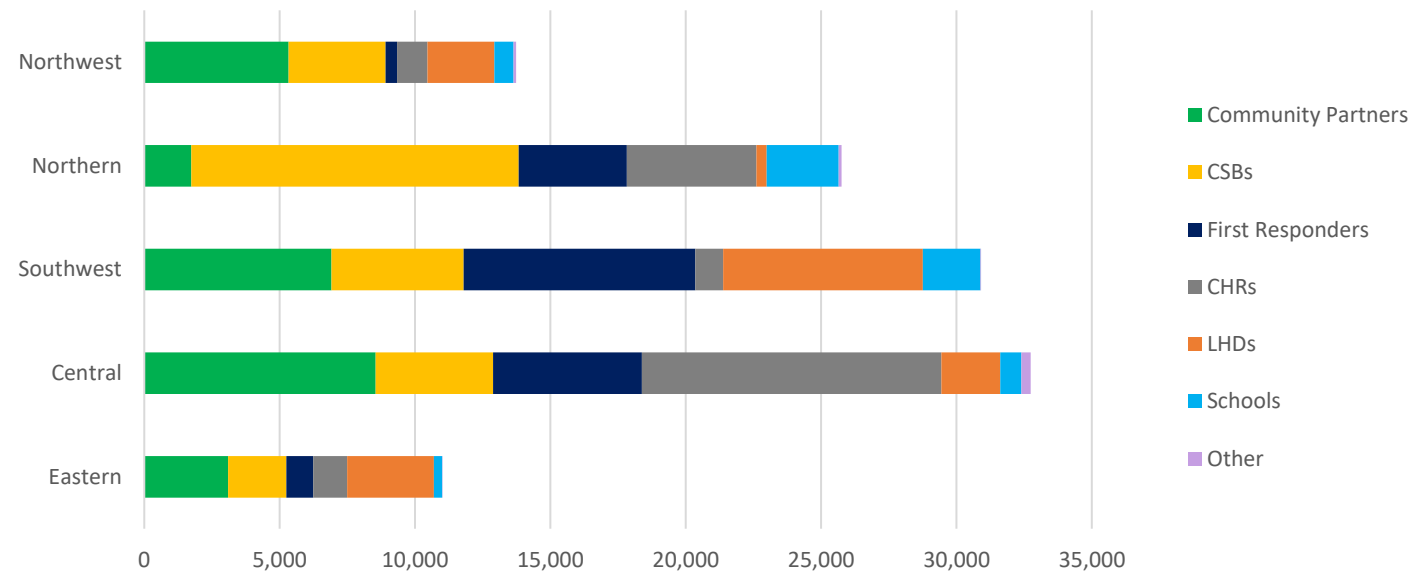
Test Strips Shipped by Month (Apr 2023 – Apr 2024)



# Current Distribution Activities, Continued

- VDH assess naloxone distribution on a regional basis, to determine whether naloxone distribution is equitable across the Commonwealth.
- VDH has held discussions with each health region to share distribution data and strategize about ongoing needs for naloxone distribution.

Naloxone Shipped to Regions by Org Type (FY24)



# Partner Organizations

**VDH currently partners with and provides no-cost naloxone to the following organization types\*:**

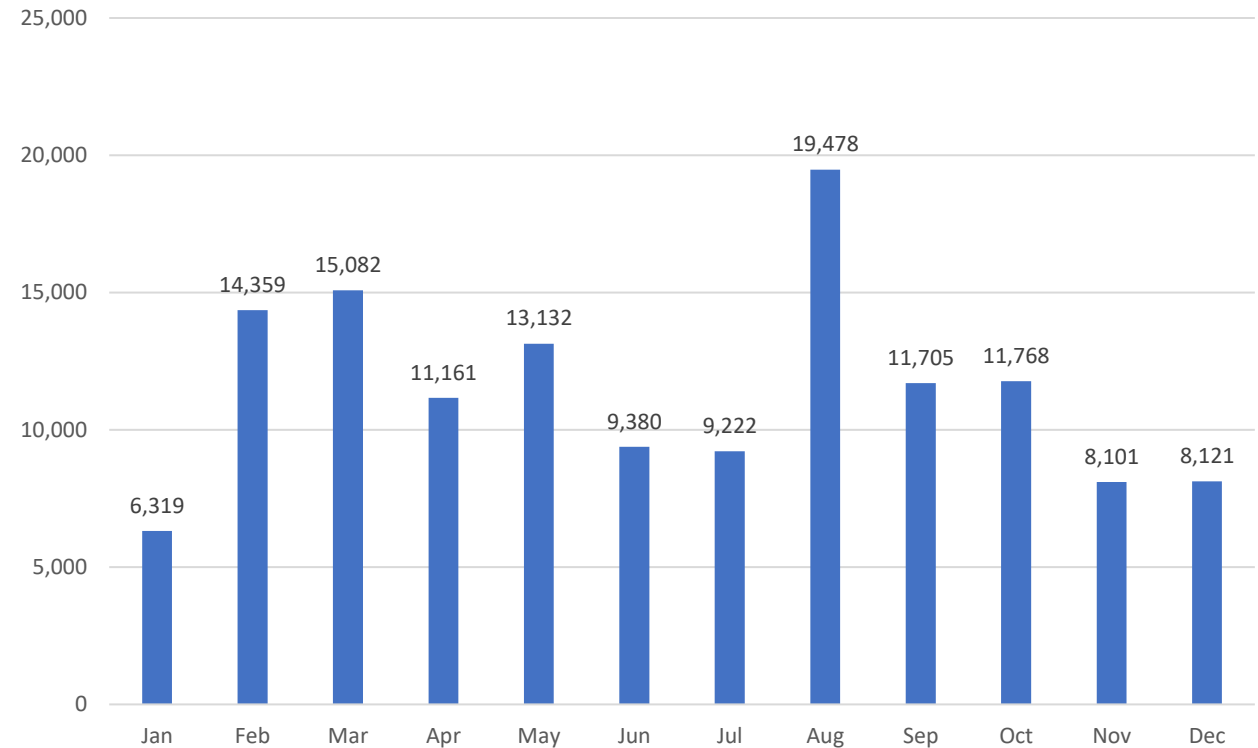
- Authorized Comprehensive Harm Reduction Sites
- Community Services Boards
- Department of Corrections facilities
- Department of Juvenile Justice facilities
- Fire departments (non-EMS)
- Law enforcement (e.g., police departments)
- Licensed EMS
- Public K-12 school divisions
- Local Health Departments
- Treatment and Recovery Centers
- High-Impact Community Based Organizations (e.g., Homeless Service Providers, Free Clinics and FQHCs)

\*VDH will continue to assess demand for naloxone and will be able to identify additional high-priority entities as needed.

# Current Distribution Activities

- The Division of Pharmacy Services (DPS) provides:
  - Naloxone 4 mg nasal spray upon request
  - Fentanyl, xylazine and benzodiazepine test strips to local health departments, authorized comprehensive harm reduction sites, community service boards, free clinics and FQHCs.
- DPS has distributed over **68,000 naloxone kits in FY24 (as of 12/31/23)**
- Eligible organizations may keep naloxone on-hand as **undesignated stock** available to use in the event of suspected overdose, to **dispense to individuals** and/or **leave behind doses** following an emergency call

Total Naloxone Shipped by Month (2023)



Note: VDH began distributing XTS and BTS in August 2023



# OTC Narcan

- VDH DPS still has a supply of prescription naloxone that we will continue to ship.
- All prescription product must be dispensed pursuant to Board of Pharmacy protocol.
- VDH DPS anticipates shipping OTC Narcan in February 2024



# How will OTC Narcan change dispensing requirements for partners?

## What will change?

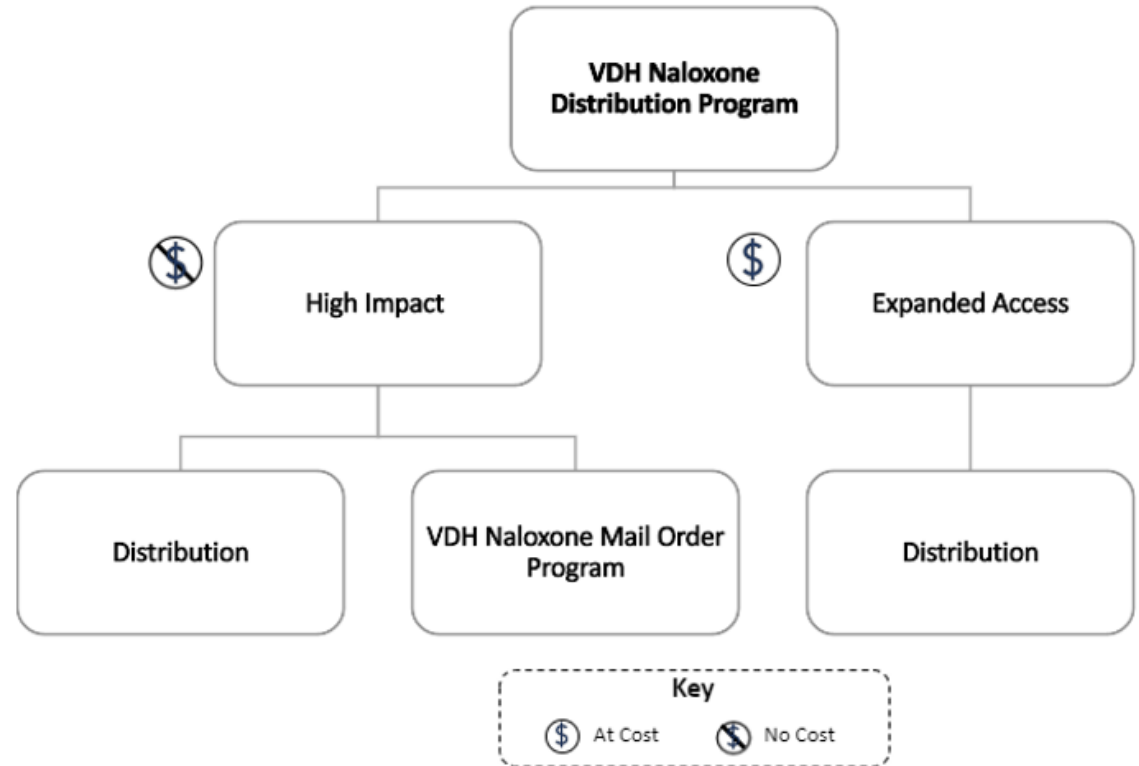
- Modification of agreements between VDH and CHR
- Virginia Board of Pharmacy Naloxone Protocol for prescription naloxone does not apply.

## What will not change?

- Manage inventory securely
- Monitor expiration dates
- Refrain from distributing to other organizations (refer interested organizations to VDH)
- Obtain patient consent in accordance to the agreement and entity policies

# Expanded Access to Naloxone

- **Local funding sources** may be available to organizations that want to **purchase/obtain naloxone and enable wider access.**
- These funds supplement federal and state-funded naloxone.
- These organizations **may not have high levels of interaction with PWUD**, but as opioid use touches the whole of communities, may wish to access naloxone.
- Organizations not eligible for no-cost naloxone but may purchase naloxone from VDH at competitive pricing.



## Alternative Access to Naloxone

- Virginia has a standing order allowing for anyone to receive **prescription naloxone** from a retail pharmacy without an individual prescription. While there is a cost, individuals can access via their insurance, if applicable.
- Organizations may work directly with manufacturers and/or wholesalers to purchase naloxone.
- Name brand Narcan® 4mg nasal spray is now available in stores as an **OTC product**. Narcan 4mg nasal spray 2-pack can be purchased in stores for \$44.99.
- VDH recognizes that responding to the opioid crisis is a whole community effort and is committed to promoting naloxone access while reserving state resources for the highest priority and highest impact settings.

***High-Impact Partner Organizations Eligible to Receive No-Cost  
Naloxone From VDH, Including Allowable Use for Naloxone Distributed***

<b>Partner Organization Type</b>	<b>Maintain Undesignated Stock</b>	<b>Dispense</b>	<b>Leave Behind</b>
<b>Authorized Comprehensive Harm Reduction Site</b>	X	X	
<b>Community Services Board</b>	X	X	
<b>Department of Behavioral Health and Developmental Services</b>	X	X	
<b>Department of Corrections</b>	X	X	
<b>Department of Juvenile Justice</b>	X	X	
<b>Law enforcement</b>	X		X
<b>Local Health Department</b>	X	X	
<b>Fire services (non-EMS)</b>	X		X
<b>EMS</b>			X
<b>Institute of higher education</b>		X	
<b>Public K-12 school division</b>	X		
<b>High-Impact Community Based Organization</b>	X	X	
<b>Recovery/treatment program</b>		X	

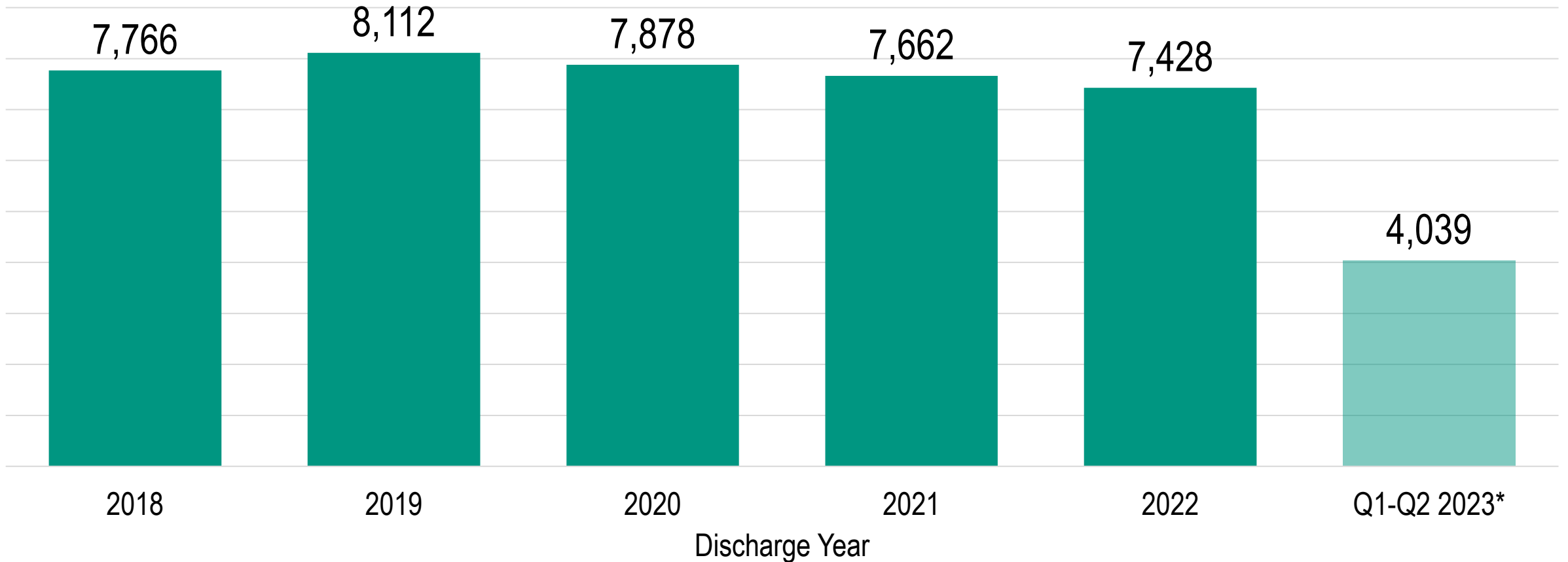
# Opioid Reversal Agents

- **Intranasal Naloxone**
  - Rapid onset; within ~8 to 13 minutes
  - Time to peak is ~20-30 minutes
  - Duration of action ~30 to 120 minutes
  
- **Intranasal Nalmefene**
  - Rapid onset; within 2.5 to 5 minutes
  - Time to peak is ~15 minutes
  - Duration of action is not available
  
- **Pearls of Opioid Reversal Agents**
  - **Opioid reversal agents won't harm someone** if they're overdosing on drugs other than opioids
  - More than one dose of an opioid reversal agent may be required to revive someone, **space intranasal doses by 2-3 minutes**
  - Risk of **opioid withdrawal syndrome**, including vomiting, tremors, sweating, rapid heart rate and headaches
  - Risk of opioid withdrawal syndrome increases with **higher doses** or **shorter intervals between doses**

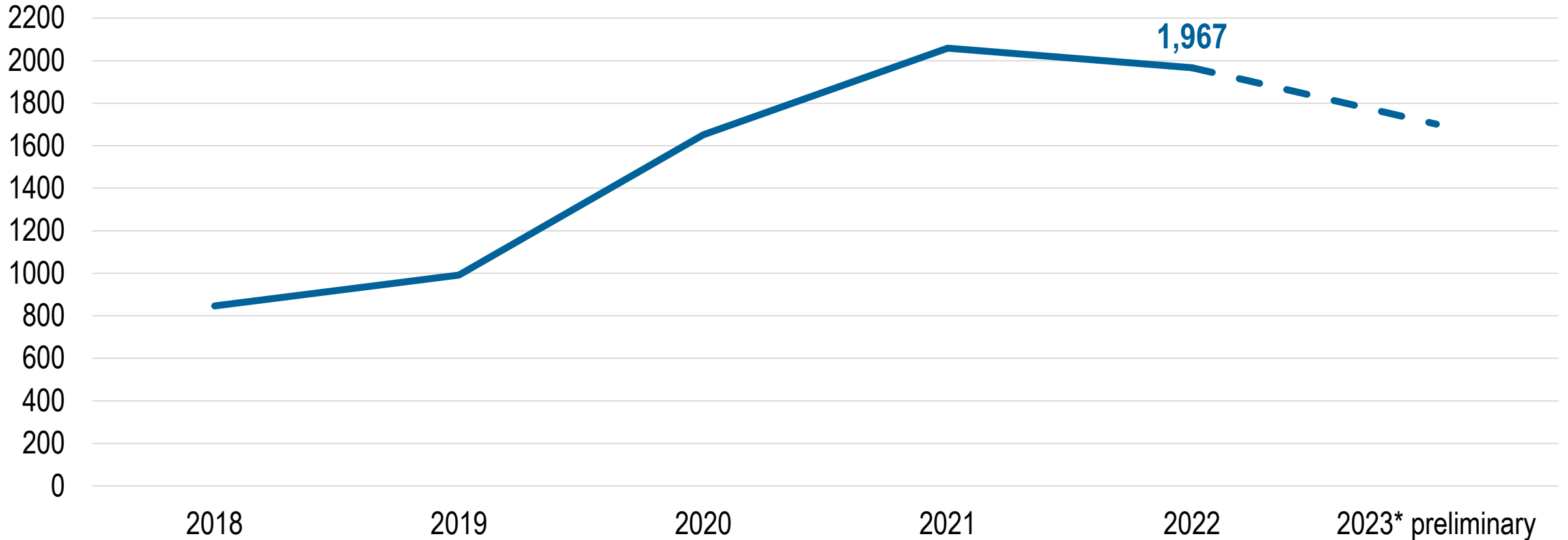
Naloxone Products			
Name	Formulation	Dose	Access
RiVive	Intranasal	3mg	OTC
Naloxone (generic)	Intranasal	4mg	OTC and RX
Narcan	Intranasal	4mg	OTC and RX
Kloxxado	Intranasal	8mg	RX
Naloxone (generic)	Injectable (IV/IM/SQ)	0.4 to 2mg	RX
Zimhi	Injectable (IM/SQ)	5mg	RX

Nalmefene Products			
Name	Formulation	Dose	Access
OPVEE	Intranasal	2.7mg	RX
Nalmefene (generic)	Injectable (IV/IM/SQ)	0.1-0.5mg	RX

There was an average of **7,769** drug overdose inpatient hospitalizations each year among Virginians from 2018 to 2022.

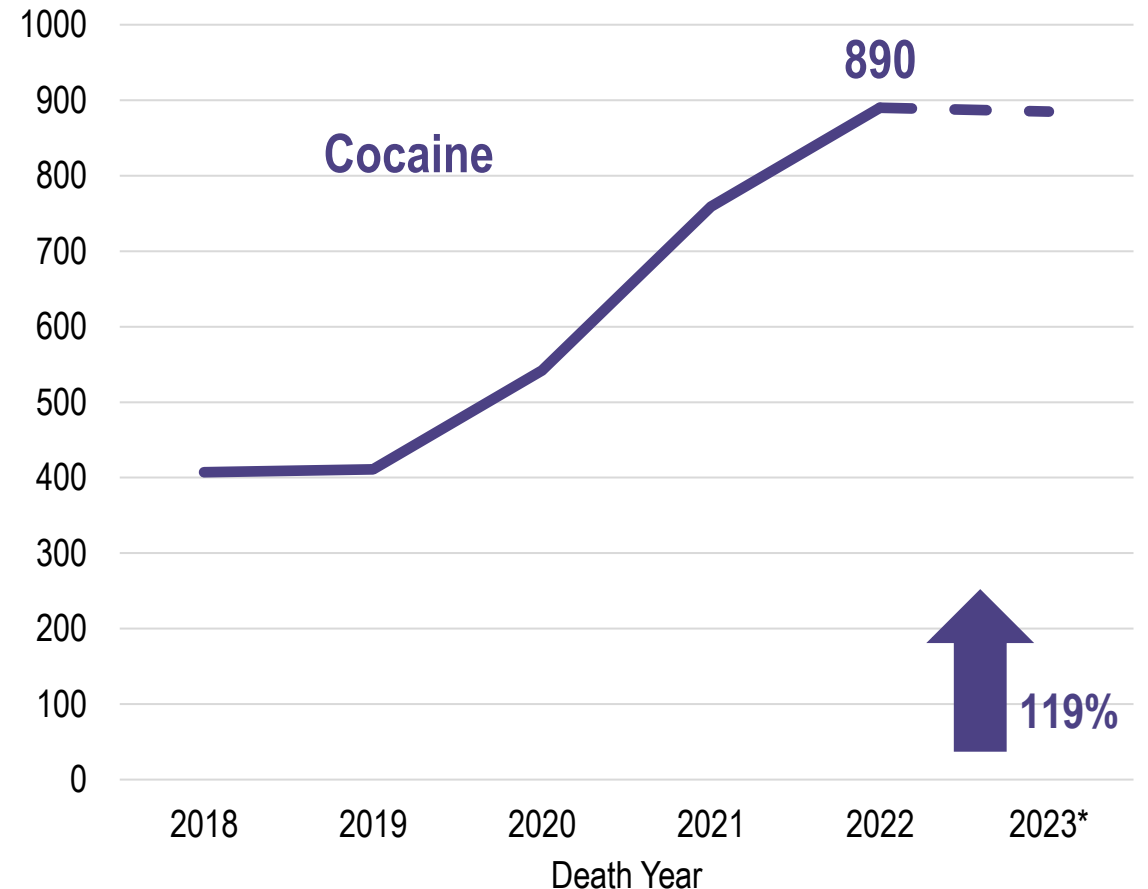
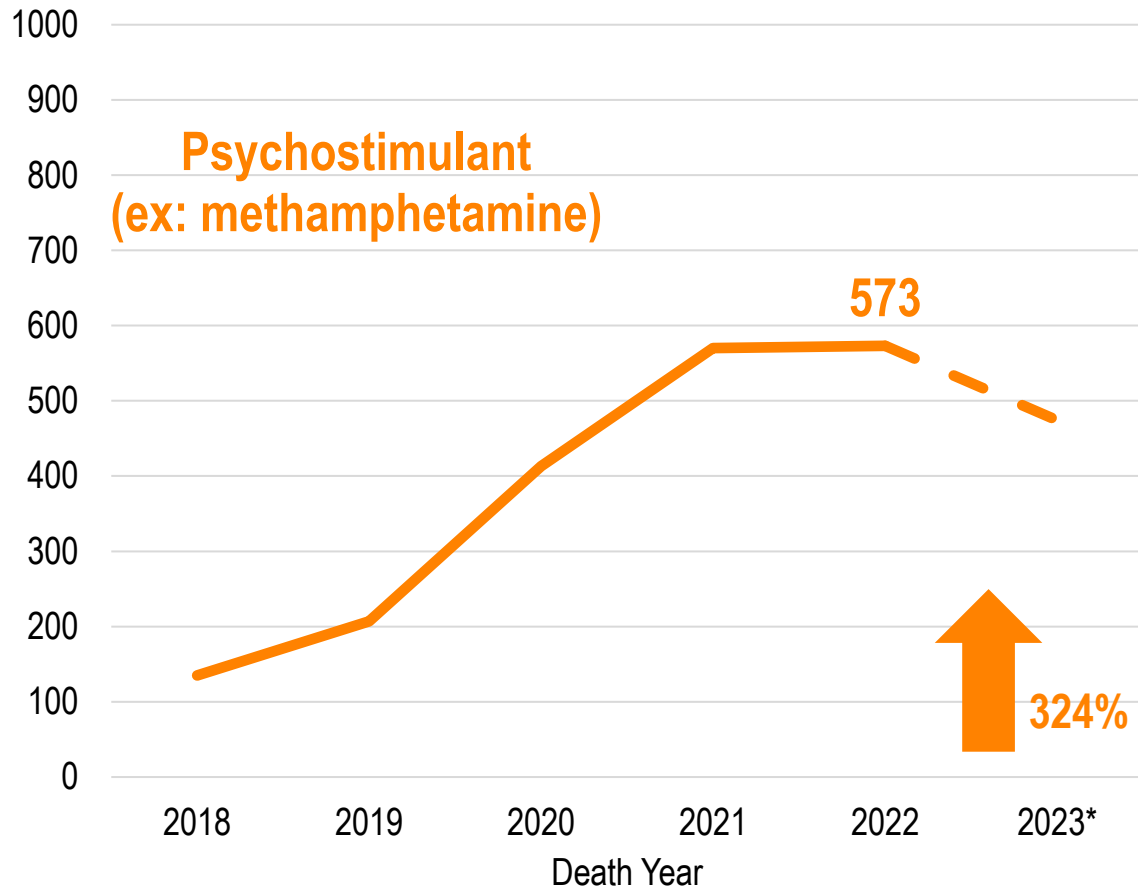


# Drug overdose deaths involving **fentanyl, fentanyl analogs, and tramadol** increased **132%** from 2018 to 2022.

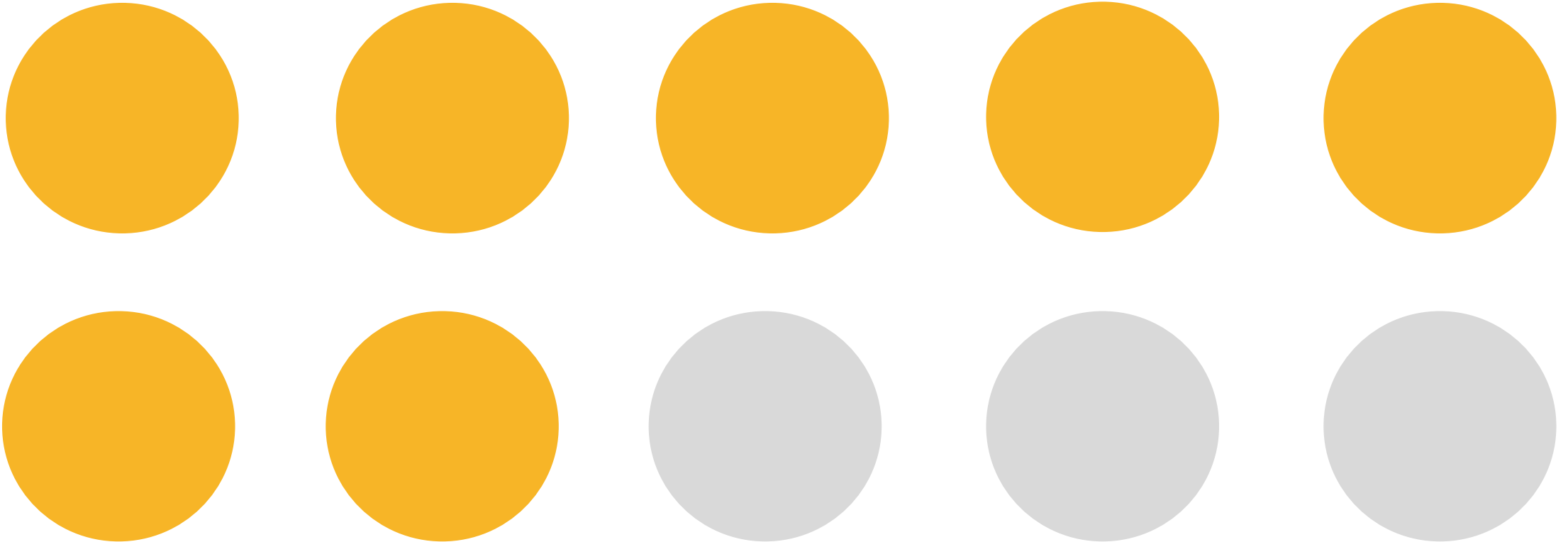




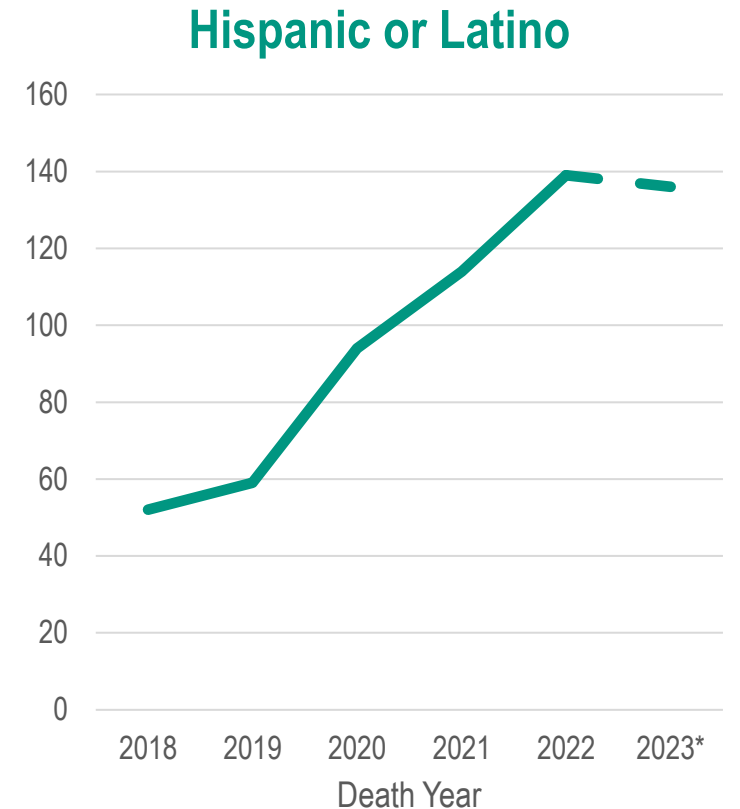
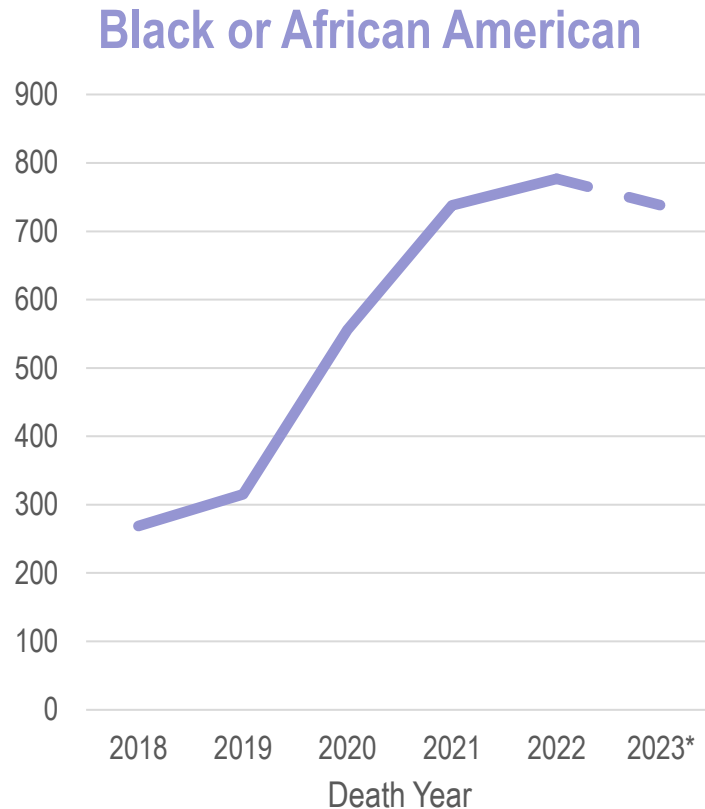
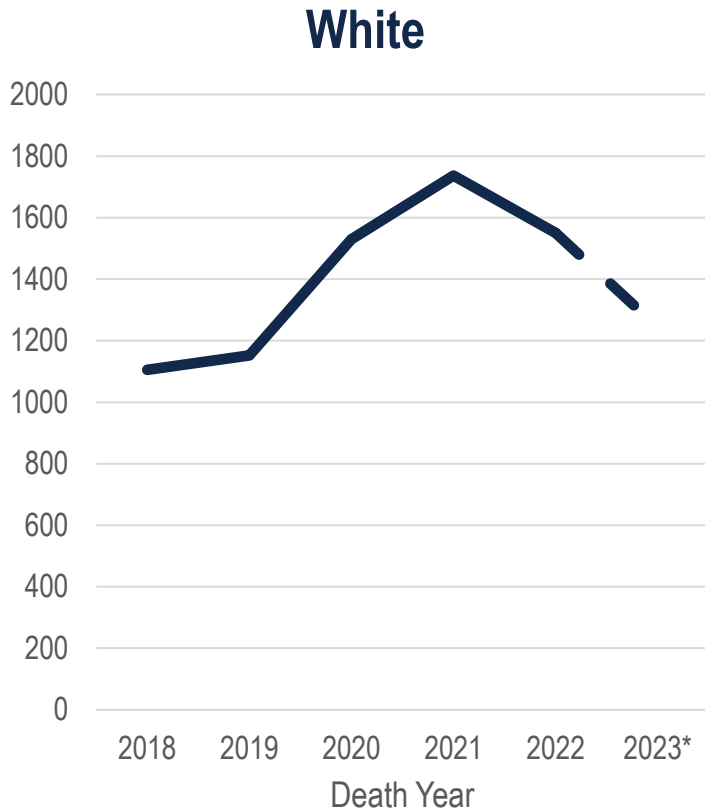
# Psychostimulant- and cocaine-related drug overdose deaths increased from 2018 to 2022.



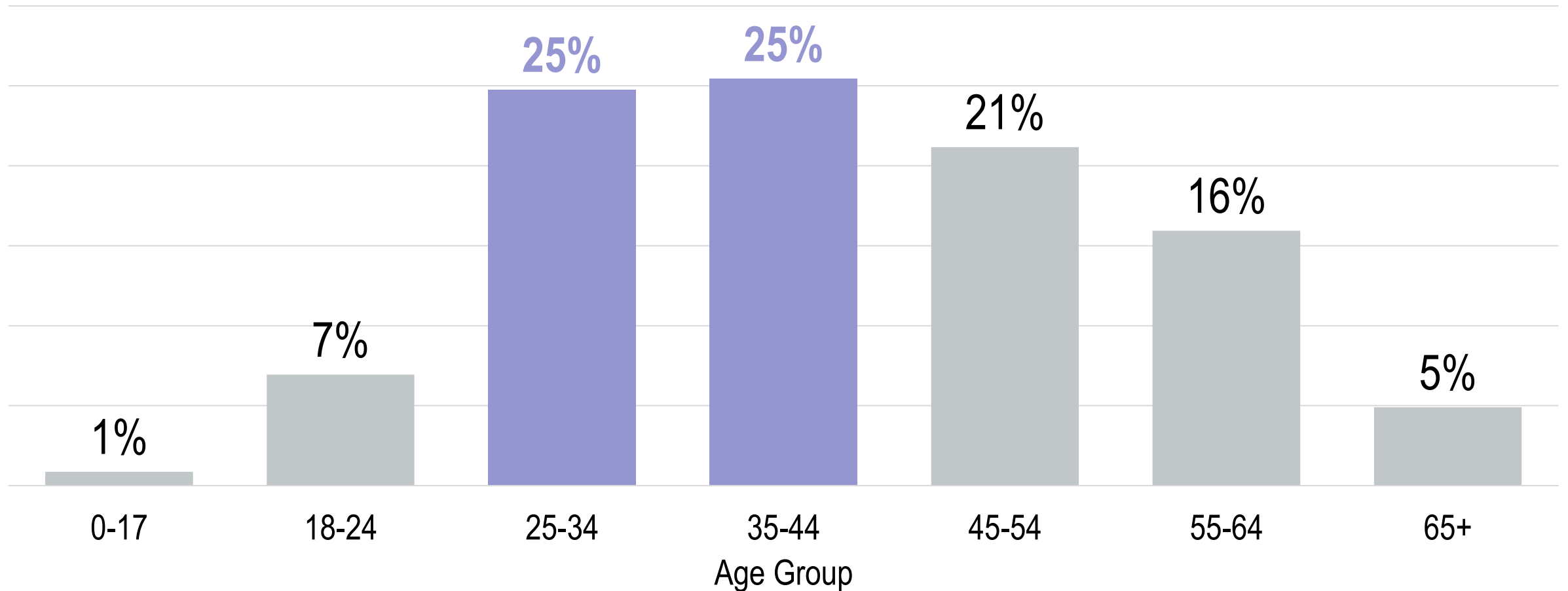
From 2018 to 2022, approximately **7 out of 10** drug overdose deaths were male.



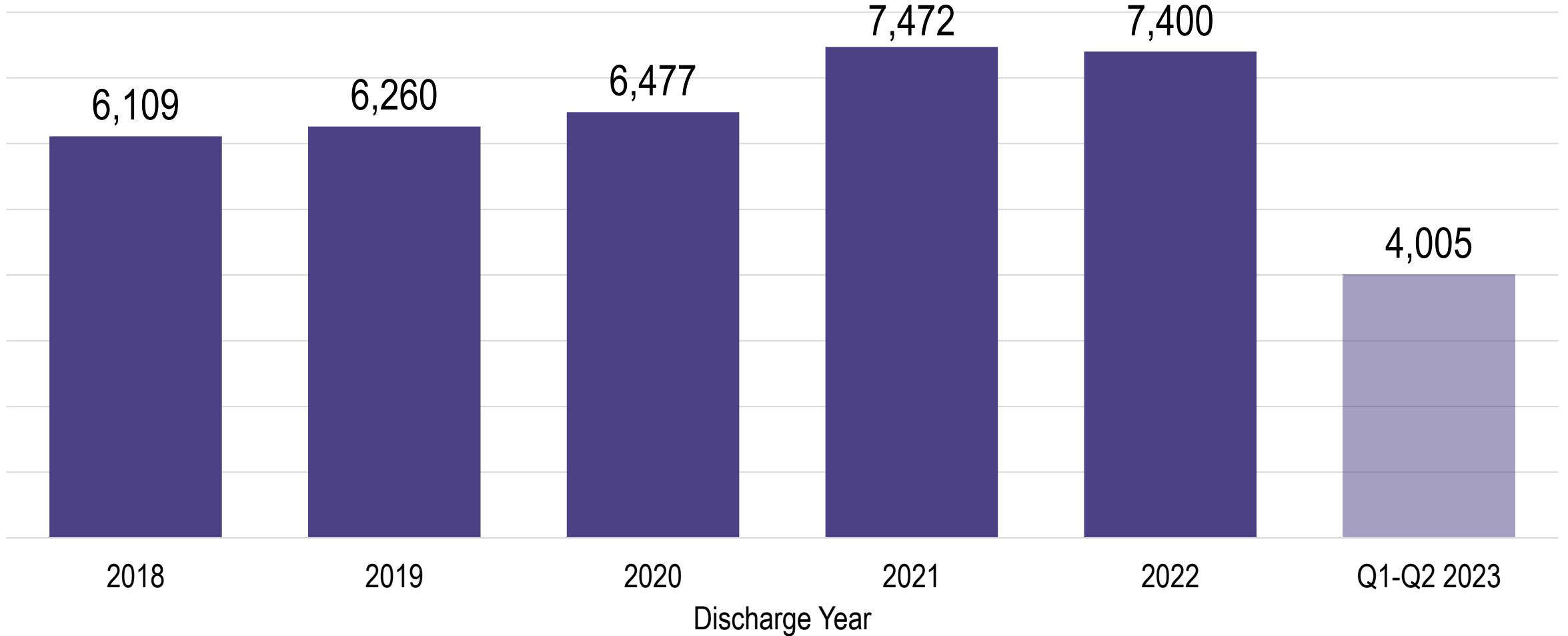
Although the majority of drug overdose deaths from 2018 to 2022 were among **White** Virginians, drug overdose deaths among **Black or African American** and **Hispanic or Latino** Virginians continue to increase more steeply.



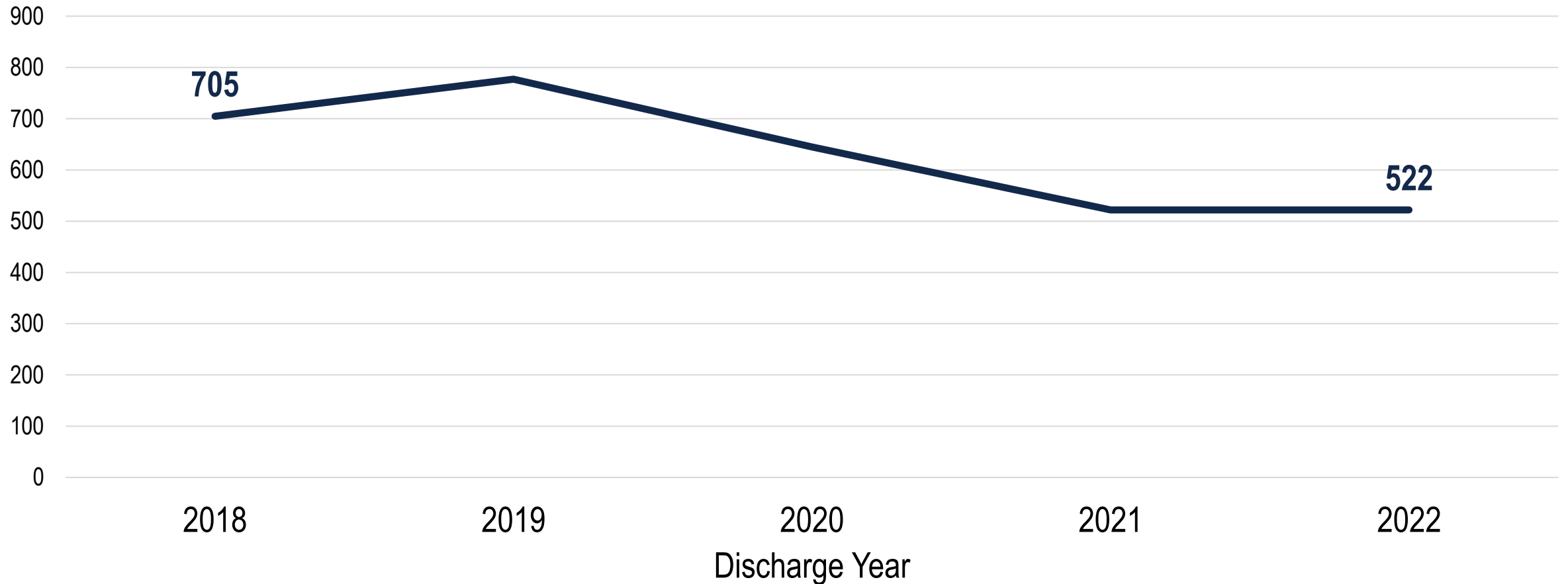
# Half of drug overdose deaths from 2018 to 2022 were among Virginians aged 25-44 years.



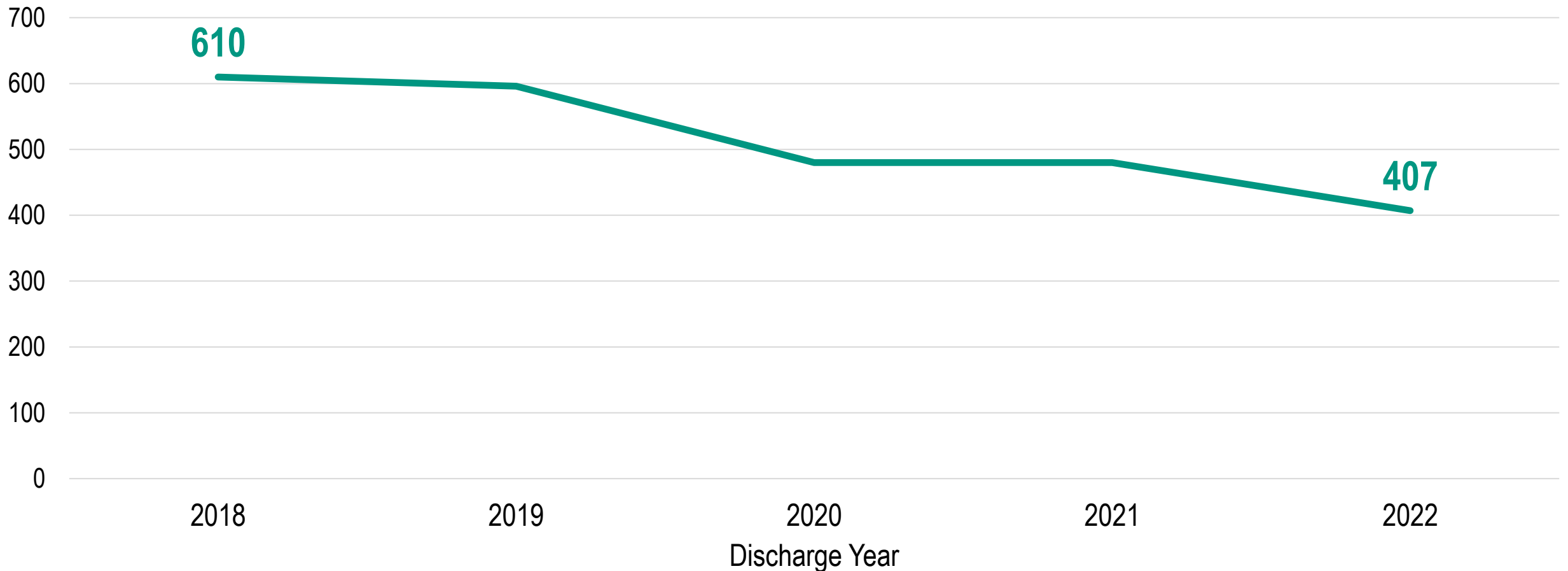
# Hospitalizations related to **drug use and dependence** increased **21%** from 2018 to 2022.



# Maternal opioid use diagnosed at delivery decreased **26%** from 2018 to 2022.



Infants diagnosed with **neonatal abstinence syndrome** decreased **33%** from 2018 to 2022.



# Communications

## Media Inquiries

### January 2024 Media Inquiries: One

- Managing a SCRIPPS News inquiry involving fentanyl overdose and children.

### February 2024 Media Inquiries: Nine

- RTD: Narcan inquiry: aggregate-level data focusing on annual Narcan usage data by the Richmond Police Department and Richmond Fire/EMS, including list of responders.
- CNN: Inquired about naloxone vending machines
- WTKR: Two Xylazine related overdose inquiries
- Fox 5: 2023 Fentanyl overdose data
- SCRIPPS News: Fentanyl screening
- WJLA: Non-fatal opioid overdoses
- WJLA: Overdose visits to hospital Eds
- WAKG: Fatal Drug Overdose Quarterly Report
- CBS19: Naloxone distribution & Revive

### March 2024 Media inquiries: Four

- Opioid Research Grants in Fauquier County
- Overdose ED visits follow up
- PWHD-VDH ARPA Opioid Grant
- Wastewater monitoring (2 inquiries)

### April 2024 Media Inquiries: Nine

- WDBJ: Overdose-Related Data
- WVEC: National Fentanyl Awareness Day
- WTKR: Xylazine-Involved Overdose Deaths

### May 2024 Media Inquires: Six

- WRIC: Chesterfield HD: Fentanyl Awareness Day (2)
- CBS 6: Chesterfield HD: Fentanyl Awareness Day
- WRIC: Fentanyl Overdose Deaths
- NBC 4: Fentanyl Overdose Data
- Wall Street Journal: Fentanyl and Overdose Deaths