



OFFICE OF THE GOVERNOR OF THE COMMONWEALTH OF VIRGINIA

FROM PRACTICE TO POLICY

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HEALTH CARE PROVIDER OPIOID SUMMIT

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Broken dreams,
ruined lives

<https://www.youtube.com/watch?v=f4g4AwKv2Hk&feature=youtu.be>

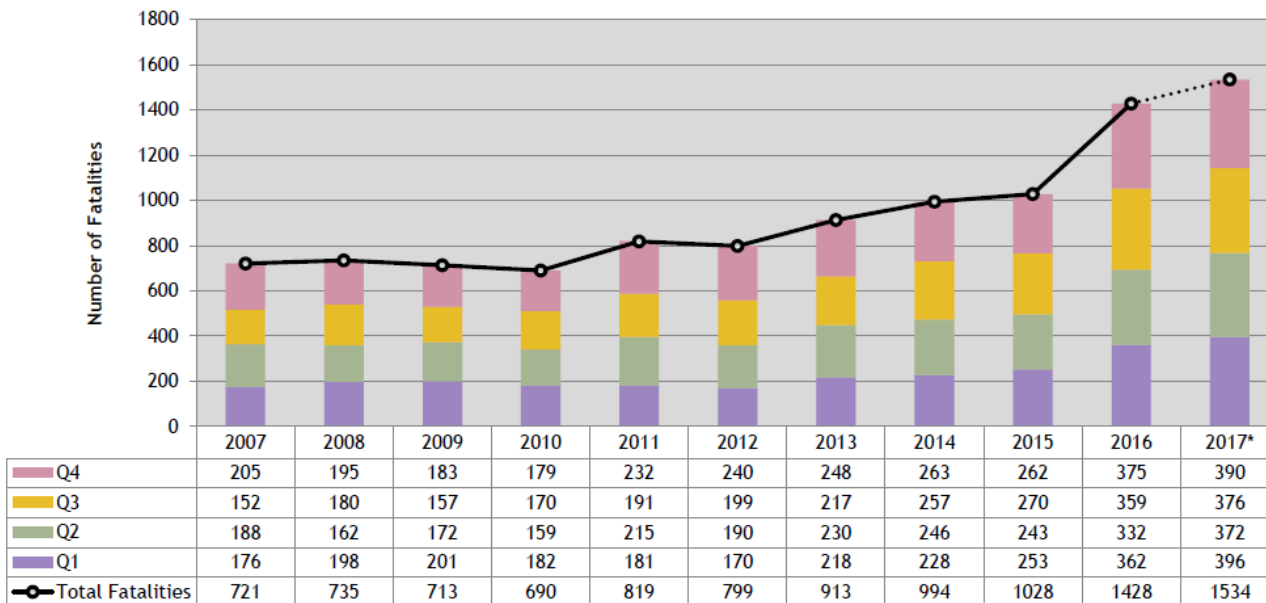
ADDICTION

- Chronic relapsing disorder of the brain
- Genetic predisposition a contributing factor
- 1,227 opioid overdose deaths in 2017
- 1,534 addiction deaths in 2017
- Addiction often starts with a Rx from providers
- As common as diabetes and depression

ALL DRUGS

The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. The number of all fatal overdoses in 2016 compared to 2015 increased by 38.9%—a record setting statistic—and preliminary estimates indicate an over 7.5% increase in the number of all fatal overdoses from 2016 to 2017.

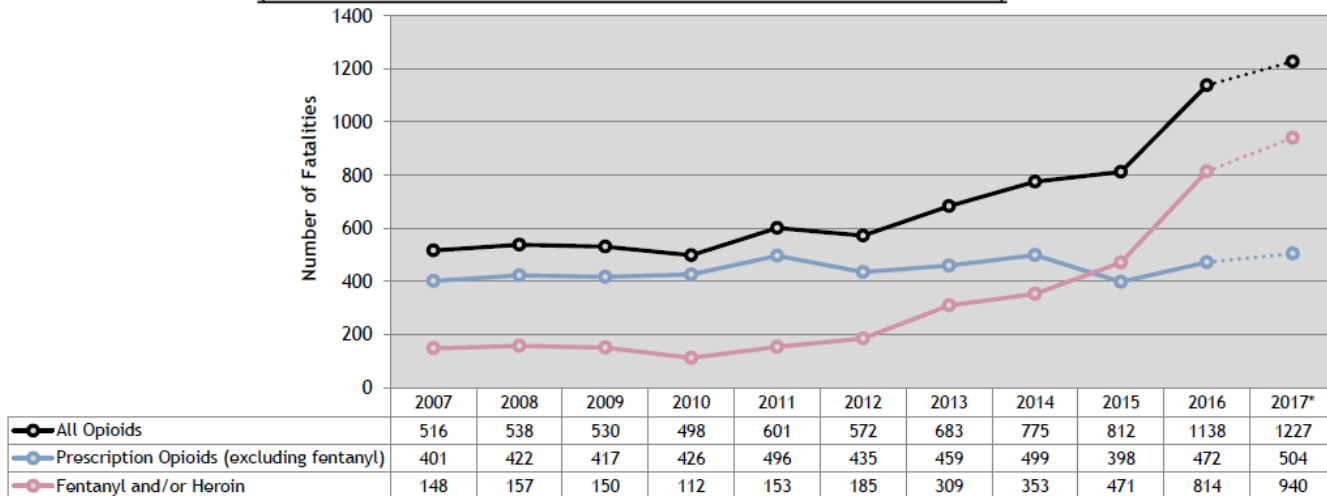
Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2017
 ('Total Fatalities' for 2017 is a Predicted Total for the Entire Year)



OPIOIDS- A DIFFERENT PERSPECTIVE

Prescription opioids are a group of drugs that are commercially made by pharmaceutical companies in certified laboratories that act upon the opioid receptors in the brain. Historically, fentanyl has been one of these drugs. However, in late 2013, early 2014, illicitly made fentanyl began showing up in Virginia and by 2016, most fatal fentanyl overdoses were of illicit production of the drug. Separating fentanyl from the grouping of prescription opioids for this reason demonstrates a slight decrease in fatal prescription opioid overdoses in 2015 and a dramatic increase in the number of fatal fentanyl and/or heroin overdoses. This has caused the significant rise in all fatal opioid overdoses in the Commonwealth since 2012.

Total Number of Prescription Opioid (Excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2017
 ('Total Fatalities' for 2017 is a Predicted Total for the Entire Year)



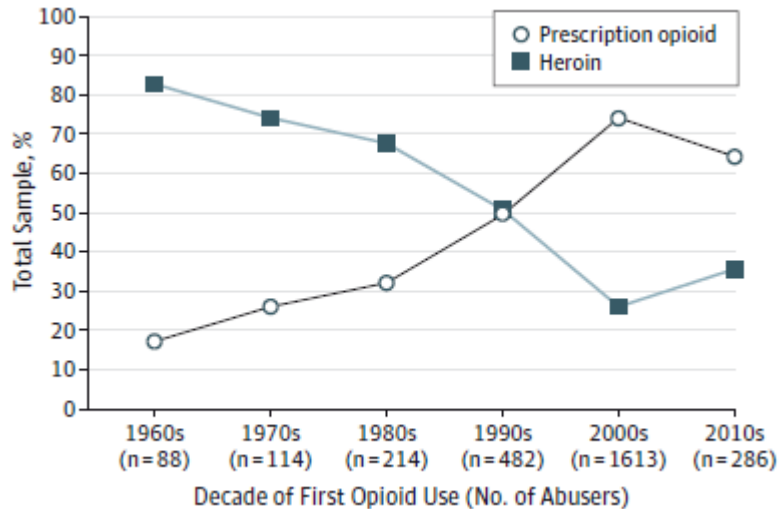
¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

² 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.)

³ 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the required list of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

SHIFTING PATTERN OF HEROIN VS. PRESCRIPTION OPIOID FIRST

- Percentage of Heroin-Addicted Treatment Admissions that Used Heroin or Prescription Opioid as First Opioid



VS

1960s
more than 80% started with heroin

2000s
75%+ started with prescription opioids

SOURCE: CICERO ET AL. JAMA PSYCHIATRY. 2014;71(7):821-826

MODALITIES OF TREATING PAIN

NON- OPIOID ACUTE PAIN TREATMENT INTERVENTIONS

- Acetaminophen
- NSAIDs:
 Ibuprophen, Naproxen, IV Toradol
- Regional nerve blocks



NON-OPIOID CHRONIC PAIN TREATMENT INTERVENTIONS

- Tricyclic antidepressants: Amitriptyline
- Anticonvulsants:
 Tegretol, Topamax, Trileptal, Neurontin
- Cymbalta
- Lyrica
- Acupuncture
- Interventions for psychosocial factors of chronic pain

VIRGINIA'S APPROACH TO ADDICTION TREATMENT

- Medicaid Addiction and Recovery Treatment Services (ARTS)
- Medicaid expansion
- Provider development/awareness
 - Certified substance abuse counselors (CSAC)
 - X-waivered primary care providers
- Medically-Assisted Treatment (MAT) as opposed to abstinence-only
- Board of Medicine treatment regulations require counseling alongside buprenorphine Rx

POLICIES FOR COMBATTING ADDICTION

SUPPLY PREVENTION

- Opioid prescribing regulations
- Drug take-backs
- PMP reports

HARM REDUCTION

- Naloxone access for both first responders and lay rescuers
- Comprehensive harm reduction programs

TREATMENT

- CSBs (*same day access*)
- Drug courts and incarceration-based treatment (*not enough of these!*)

RECOVERY

- Peer recovery specialists as part of treatment team
- Supporting recovery community to combat stigma

SUMMARY

- Addiction is a chronic, relapsing disorder of the brain.
- Addiction can often be prevented.
- When prevention fails, treatment works.
- Efforts across Virginia are having a positive impact.
- Primary care and behavioral health care are inextricably linked.

HOPE

MY PARTING ADVICE

When you take away someone's hope, you take away their will to live.