Issue: Healthcare and Opioid Crisis

Opioid Epidemic Backgrounder

Summary

Prior to the turn of the century opioid analgesia was largely limited to end of life palliation, the classic example being treatment of cancer pain, and prescribing was largely limited to specialists, (pain specialists, oncologists, etc.) In the mid-1990's long-acting opioids became available (OxyContin, an oxycodone formulation manufactured by Purdue, Duragesic, a fentanyl patch manufactured by Janssen/JNJ, etc.) The drugs' manufacturers began promoting to primary care physicians, urging PCPs to address an "epidemic of pain under-treatment" and over the course of the next couple decades, the conditions for which opioids were prescribed expanded dramatically, including conditions as prosaic as tooth extraction and lower back pain. Since 1999 the number of opioid prescriptions has nearly quadrupled and the number of overdose deaths has quadrupled.[i]

Demographics: The epidemic has followed a different demographic pattern than past drug epidemics. Overdose rates were highest among people aged 25 to 54 years, men are more likely than women to die of opioid overdose, and overdose rates are higher for non-Hispanic whites than any other racial/ethnic group but native Americans.

Virginia's Epidemic:

Virginia Topline:

- 72-82 opioid prescriptions were written for every 100 residents of Virginia in 2012.[ii] As many as 1 in 4 people who receive prescription opioids long-term for noncancer pain in primary care settings struggles with addiction.[iii]
- Virginia's emergency room visits for heroin overdose for January-September 2016 increased 89 percent, compared to the same period in 2015.[iv]
- Opioid overdose deaths exceeded fatal car accidents as the leading cause of unnatural death in Virginia by 2014.[v]
- Synthetic opioid deaths increased nearly 60% between 2014 and 2015.[vi]
- The Commonwealth of Virginia lost 1,039 people to drug overdose in 2015.[vii]
- Opioid deaths continued their relentless increase in the first half of 2016 with a 35% increase over the same period in 2015.[viii]
- There is evidence that overdose estimates undercount deaths by up to 50%.[ix]
- Virginia is one of the seven states in the nation with the highest level of reported law enforcement fentanyl encounters (500 or greater)[x]

On November 21st, 2016, Governor Terry McAuliffe declared the opioid addiction crisis a public health emergency in the Commonwealth of Virginia. In early 2017, the Governor worked with Democrats and Republicans to pass bills to 1) allow community organizations to use naloxone, a drug that can treat an opioid overdose in emergency situations (Greason, Lingamfelter, LeMunyon, Marshall all sponsored this bill) 2) mandate all opioid prescriptions be transmitted to pharmacies electronically by 2020, 3) allows local health departments to administer harm reduction programs in parts of the state with high rates of HIV and hepatitis

(needle exchange, hepatitis C and HIV testing, addiction treatment facilitation), (Greason, Marshall and LeMunyon voted against or failed to support the bill) 4) initiates a family assessment and plan of care from local social services if a child is found to have been exposed to substances in utero, (includes connecting mother to treatment if necessary and ensures the safety of both mother and child.) [xi] See targeted seven delegates voting record below.

***US Context*:** Virginia is middle of the pack as measured against other states in the Union on various metrics. Virginia's in the bottom quartile as measured by overdose deaths/100,000. According to the Pew charitable trusts, Virginia is better than average in terms of how many treatment providers it has per 1000 adults with addictions (40+ vs 32 nationally), and a bit worse than average on prevalence of SUD among low income Medicaid expansion populations, 18.3% vs. 14% nationally.[xii] (NB: This is not West Virginia. West Virginia, not Virginia, leads the pack in most statistics for severity of the epidemic.)

Virginia Healthcare Context: Optional Medicaid services in Virginia include Substance Abuse Services, however Virginia had not expanded Medicaid as allowed under the ACA for most low-income adults up to 138% of the federal poverty level ($20,160 for 2016 for a family of three) as of Jan 1, 2017[xiii] Following Governor McAuliffe's election, new analysis in 2014 by William A. Hazel Jr., Virginia's secretary of health and human resources, estimated expansion would save the commonwealth $1 billion through 2022 and cover an additional 400,000 people.[xiv] In the fall of 2014, the lower chamber considered various bills to expand Medicaid (including one by Del Rus (r-Fairfax)), but none of them passed the GOP controlled body.[xv]

Opioid Epidemic Legislation	HD	SB 848/ HB 1453[xvi]/ HB 1449	HB 2165	HB 2317	HB 1786
		allow community organizations to dispense and train individuals to use naloxone, a drug that can treat an opioid overdose in emergency situations	mandate all opioid prescriptions be trans-mitted to pharmacies electronically by 2020	allows local health departments to administer harm reduction programs in parts of the state with high rates of HIV and hepatitis. These programs will exchange dirty syringes for clean ones, offer testing for hepatitis C and HIV, and connect people to addiction treatment	initiates a family assessment and plan of care from local social services if a child is found to have been exposed to substances in utero. This connects the mother to treatment if necessary and provides services to ensure the safety of both the mother and the child.
Joseph R Yost	12	Yes	Yes	Yes	Yes
Robert G Marshall	13, DC	Sponsor, Yes	Yes	**No**	Yes
Scott Lingamfelter	31, DC	Sponsor, Yes	Yes	Yes	Yes
Thomas A (Tag) Greason	32, DC	Sponsor, Yes	Yes	**Didn't vote**	Yes
David B Albo*	42, DC	Yes	Yes	Yes	Yes
James M LeMunyon	67, DC	Sponsor, Yes	Yes	**No**	Yes
David E Yancey	94, Norfolk	Yes	Yes	Yes	Yes

Voting data from: https://www.richmondsunlight.com/

*David Albo has introduced a couple of relevant bills:

HB170 Possession of controlled paraphernalia. Reduces from a Class 1 misdemeanor to a Class 2 misdemeanor the penalty for possession of controlled paraphernalia, currently defined as (i) a hypodermic syringe or other instrument adapted for the administration of controlled substances under circumstances that reasonably indicate an intention to use such controlled paraphernalia for purposes of illegally administering any controlled substance or (ii) gelatin capsules, glassine envelopes, or any other container suitable for the packaging of individual quantities of controlled substances… Status: the bill passed the House and Senate and was signed by the Governor but has yet to become law.

HB1445 Possession or distribution of marijuana for medical purposes; epilepsy. Allows a person to possess marijuana or tetrahydrocannabinol and allows a medical doctor or pharmacist to distribute such substances without being subject to prosecution if a doctor determines in the course of his professional practice that such substances should be used for the treatment of the person's epilepsy. Currently, the use of medical marijuana is allowed only for the treatment of cancer and glaucoma. The bill also provides that a valid recommendation from a medical doctor that medical marijuana be used for treatment is a necessary prerequisite for the immunity from prosecution for the possession or distribution of such substances to apply. The current law requires a valid prescription from a medical doctor. The bill also clarifies that the penalties for forging or altering a recommendation for medical marijuana or for making or uttering a false or forged recommendation are the same as the penalties for committing the same acts with regard to prescriptions. Status: the bill passed the house and senate and was signed by the Governor but has yet to become law.

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[i] https://www.cdc.gov/drugoverdose/epidemic/index.html
[ii] https://www.cdc.gov/drugoverdose/data/prescribing.html
[iii] https://www.cdc.gov/drugoverdose/data/overdose.html
[iv] https://governor.virginia.gov/newsroom/newsarticle?articleId=18348
[v] https://governor.virginia.gov/newsroom/newsarticle?articleId=18348
[vi] https://www.cdc.gov/drugoverdose/data/fentanyl.html
[vii] https://www.cdc.gov/drugoverdose/data/statedeaths.html
[viii] https://governor.virginia.gov/newsroom/newsarticle?articleId=18348
[ix] https://news.virginia.edu/content/professor-opioid-epidemic-even-worse-we-thought
[x] https://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html
[xi] http://www.vagazette.com/news/va-vg-cns-opiods-0225-20170225-story.html
[xii] http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/4/01/how-severe-is-the-shortage-of-substance-abuse-specialists
[xiii] http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[xiv] https://www.washingtonpost.com/local/virginia-politics/medicaid-expansion-in-va-gets-a-boost/2014/01/22/9fcaea0c-83a9-11e3-9dd4-e7278db80d86_story.html?utm_term=.839793eeb13c
[xv] https://www.washingtonpost.com/local/virginia-politics/va-house-of-delegates-plans-to-vote-on-medicaid-expansion/2014/09/17/beccfb88-3dfe-11e4-b0ea-8141703bbf6f_story.html?utm_term=.cf8a4d0406ac
[xvi] http://lis.virginia.gov/cgi-bin/legp604.exe?171+mbr+HB1453