



Governor's Advisory Commission on Opioids and Addiction

Harm Reduction Workgroup

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Harm Reduction Workgroup

- Workgroup Composition: VDH, DCJS, DHP, DBHDS, VACP, VSA, DMAS, VDSS, VSP, DVS
- Public Health Emergency declared by State Health Commissioner on November 21, 2016.
 - Statewide standing order for naloxone issued concurrently.
- State Health Commissioner is authorized to establish and operate comprehensive harm reduction programs in designated localities during a declared public health emergency [HB 2317, 2017].



Workgroup Initiatives

- **Increase access to naloxone and its usage.**
 - Explore funding sources to support and sustain free/low-cost naloxone to populations at risk.
 - Increase points of access for no-cost naloxone for populations at risk.
 - Increase naloxone training for public-sector employees.
 - Establish method to evaluate the distribution and use of naloxone by law enforcement and other organizations.



Workgroup Initiatives- Naloxone Metrics

METRIC	
Number of naloxone kits dispensed by Virginia pharmacies with an individual prescription as reported to the prescription monitoring program (PMP)	11,560 (July-August 2018)
Number of naloxone kits dispensed by Virginia pharmacies under the State Health Commissioner's standing order as reported to the PMP:	1176 (July-August 2018)
Number of REVIVE! training sessions held.	645 (2017-current)

VDH Pharmacy Naloxone Kit Distribution through 9/21/2018

	# KITS DISTRIBUTED
Dispensed by VDH Pharmacy using Commissioner's Standing Order	197
Health Districts	10,813
Pharmacy Distributed to CSBs	540
Pharmacy Distributed to DCLS	5
Pharmacy Distributed to EMS	2830
Pharmacy Distributed to Law Enforcement	758



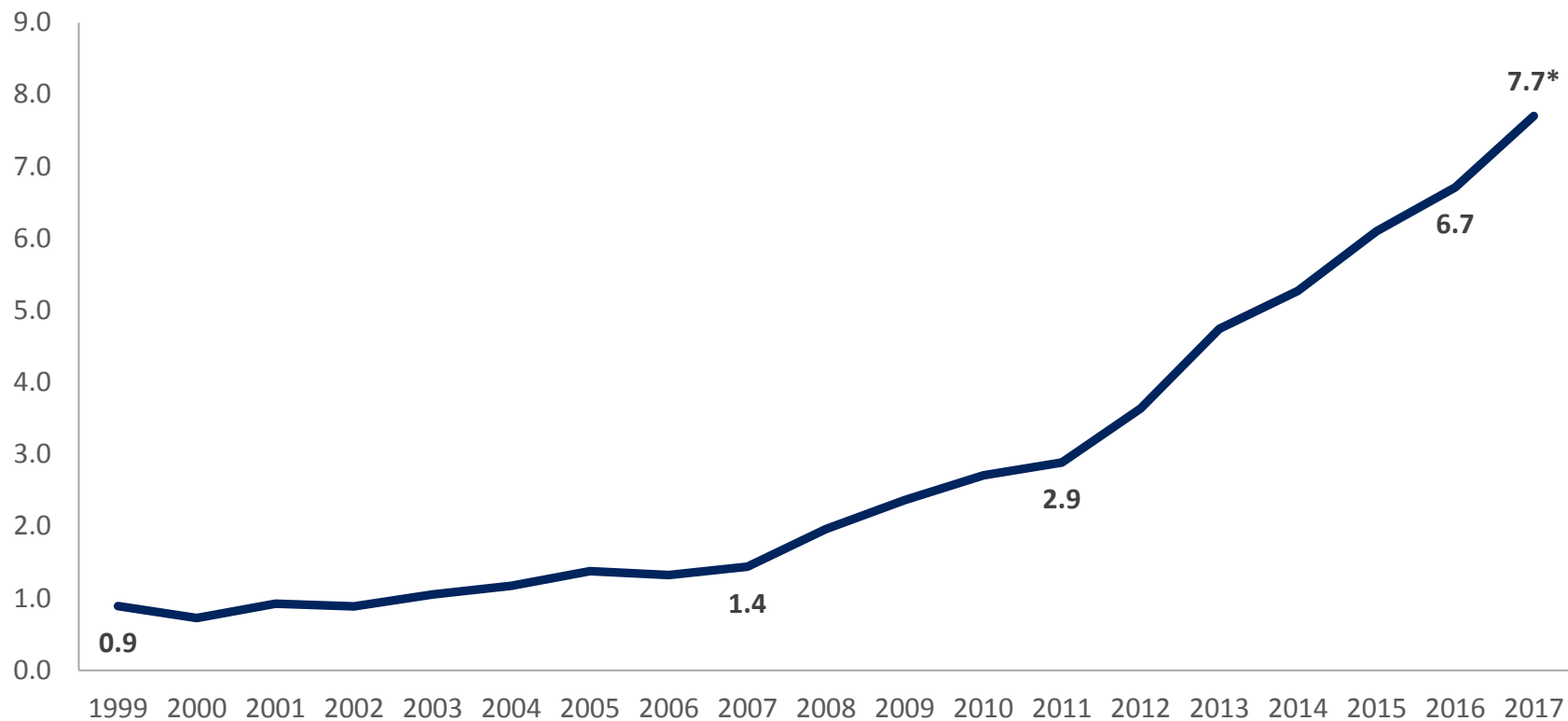
Workgroup Initiatives

- Decrease the rate of Neonatal Abstinence Syndrome (NAS).
 - Establish a process to address needs of substance exposed infants/infants with NAS [HB 1157].
 - Continue newly established (2018) surveillance via provider reporting of NAS to VDH and explore uses of this data to drive decision-making.
 - Metric: Number of NAS Cases Reported to VDH



Neonatal Abstinence Syndrome Discharges

Rate per 1,000 Live Births: Virginia, 1999-2017



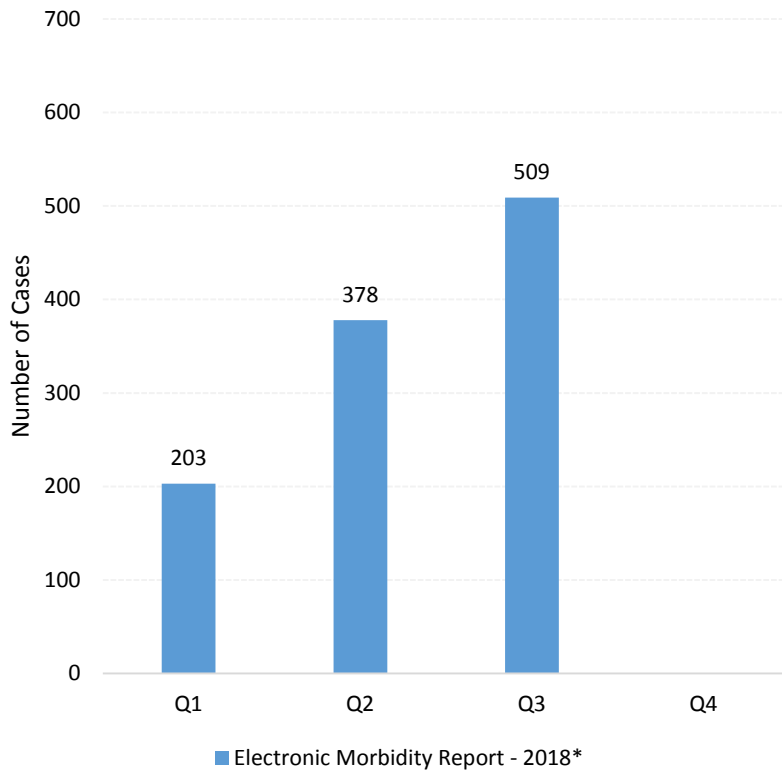


Neonatal Abstinence Syndrome

Active Case Reporting vs. Quarterly Discharges

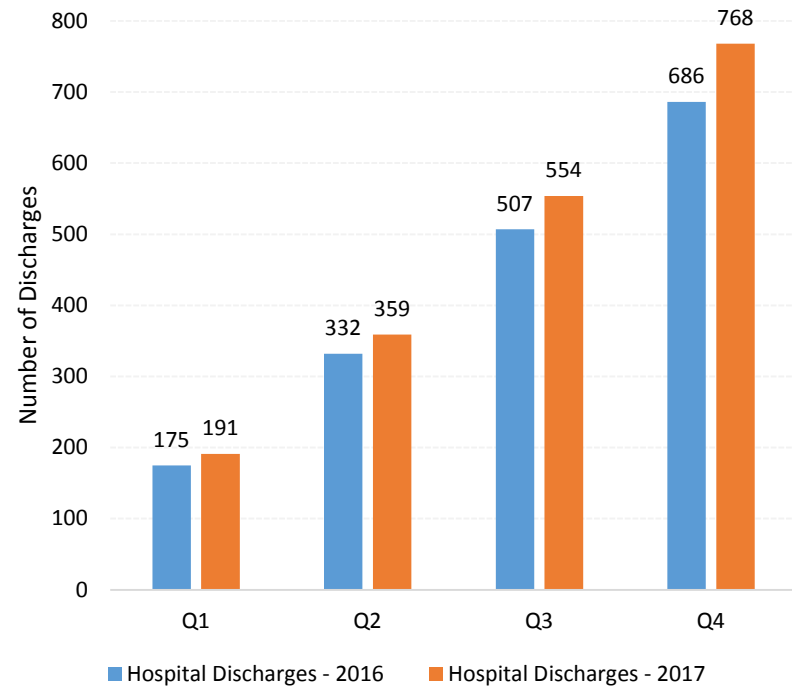
Active Case Reporting

Cumulative NAS Cases Reported
(Virginia Residents)



Quarterly Discharges

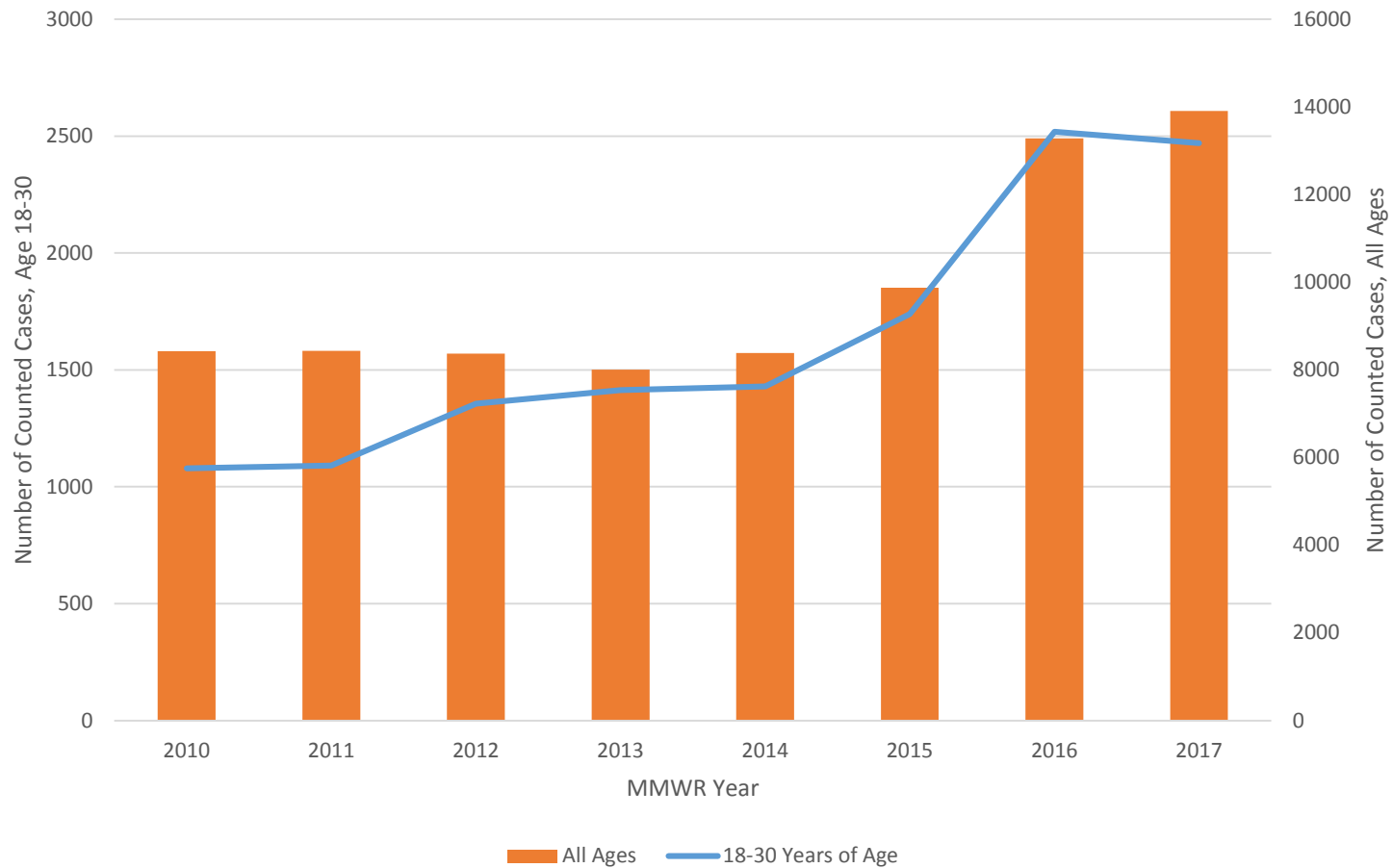
Cumulative NAS Hospital Discharges
(Virginia Residents)



Workgroup Initiatives

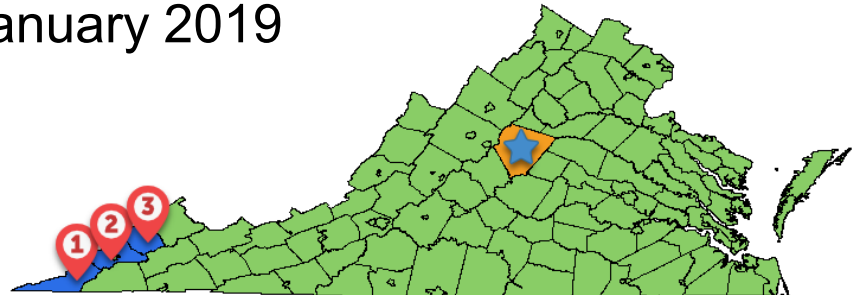
- Increase capacity for prevention and treatment of hepatitis C.
 - Establish pilot program for treatment of hepatitis C via telemedicine sites and integrated treatment with office-based opioid treatment (OBOT) locations.
 - Metric: Number of new acute hepatitis C cases.

Number of Chronic Hepatitis C Cases in Virginia, 2010-2017



Hepatitis C Treatment Pilot Update

- Partnership with VDH and UVA to treat and cure patients living with Hepatitis C (HCV) in Southwest region
- Pilot model includes telemedicine through UVA and training of 3 new local providers to continue treatment at sites
 - 41 patient referrals made since July 1, 2018
 - 22 patients attended a first appointment
 - 12 medication approvals (Mavyret or Harvoni)
 - 7 patients on 8-week course of treatment
 - 5 patients on 12-week course of treatment
 - 5 patients currently awaiting medication approval
 - 5 patients awaiting a fibroscan required for medication approval
 - First round of lab work to determine sustained virologic response (SVR) is due at the end of January 2019



Workgroup Initiatives

- Establish surveillance for other infectious conditions associated with injection drug use (e.g. endocarditis, wound infections, etc.).
 - Increase awareness of infectious conditions associated with injection drug use and available referral networks for care.
 - Engage hospital community in surveillance, prevention and treatment of these conditions.
 - Metric: Number of new cases of infectious conditions associated with injection drug use.



Workgroup Initiatives

- Continue to support provider-level strategies to prevent addiction and substance use disorder.
 - Support provider education on safe prescribing practices.
 - Support provider trainings on addiction disease management (Project ECHO).
 - Metrics: Number of providers reached through education sessions on safe prescribing practices; Number of providers reached through training sessions on addiction disease management.

Workgroup Initiatives

- Increase the number of Comprehensive Harm Reduction (CHR) programs operating in the Commonwealth.
 - Establish CHR programs in at least 5 eligible localities.
 - Engage with law enforcement at all levels, including full service and jail-responsible sheriffs and local police chiefs.
 - Engage with local planning district commissions in eligible regions.
 - Metrics: Number of operational CHR programs; Number of referrals made to treatment from CHR programs.

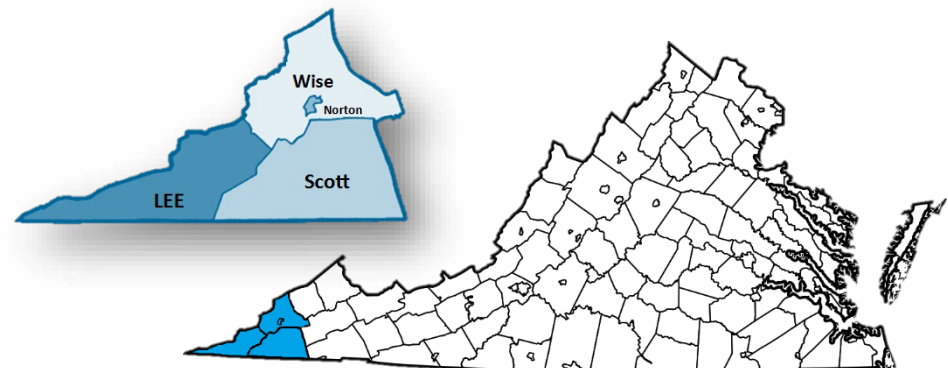


CHR Program Updates

- As of June 2018, VDH implemented a change in methodology for establishing epidemiological eligibility for localities to apply for CHR programs resulting in 9 additional localities becoming eligible primarily in more populous regions of state
- As of July 2018, 1 CHR site operational in Southwest region (Lenowisco HD) and 1 site approved and preparing to launch in Central region (Health Brigade)
- Several additional program applications expected within next 2 months

Lenowisco Health District CHR and Syringe Exchange Program

- Operational as of July 2, 2018
- 1 for 1 Exchange
- Safe Injection Supplies
- Other services include:
 - HIV PrEP
 - Hepatitis/HIV screening
 - Vaccinations
 - Linkages to recovery/treatment services
 - Family Planning
 - STI Screening and Treatment
 - Naloxone/overdose prevention education
 - Linkage to food banks, housing support



Lenowisco Program Update: September 2018

- Unique Participants: 25
- Total Visits: 62
- Authorized Program Staff: 7
- Volunteers: 4
- Syringes Dispensed: 1,081
- Syringes Returned/Collected: 2,343
- Syringe Return Rate: 217%
- Average Injections Per Day: 4



Other Harm Reduction Efforts in Southwest

- Council of Community Services (CCS) in Roanoke VA, initiated harm reduction pilot program in 2014.
- Initially provided HIV/HCV testing to Opiate treatment programs across the region.
- Interventions at multiple sites in SW region now include:
 - Testing-HIV/HCV
 - RESPECT: Brief and Enhanced Client-focused HIV Prevention Counseling Interventions
 - Harm Reduction Skill Building 101
 - CLEAR (Choosing Life: Empowerment, Action, Results!)
 - Patient Navigation
 - Safe Injection Kit Distribution
 - REVIVE! Layperson Overdose Prevention Training
 - Street Outreach

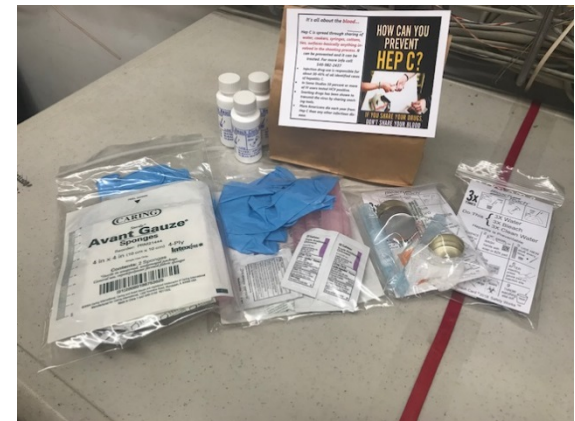


Photo Credit: CCS, Roanoke, VA.



CCS Harm Reduction 2017-2018 Program Highlights

- 41 outreach events reaching 1,400 people
- 350 wound care and safe injection kits distributed
- 24,000 condoms distributed to partner sites
- 340 people participated in 42 harm reduction 101 sessions
- 500 received HIV testing
- 325 received HCV testing
- 77 HCV+ clients identified
- 24% HCV positivity rate for the year
- Efforts to establish CHR program including a syringe exchange component have been underway since 2017.

Questions/Comments