

# OPIOID AND SUBSTANCE USE TASK FORCE PLAN

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# EXECUTIVE SUMMARY

The initial Opioid Task Force Plan established a strong framework for meeting the goals of reducing deaths from opioids through prevention, treatment, and harm reduction; and using data to describe the scope of the problem, target interventions, and evaluate effectiveness. Building on that foundation, the next iteration of the plan has been developed, which outlines how the goals will be further achieved through work in five priority areas.

This plan was finalized in February 2020 and editorial changes were made in February 2021.

## EDUCATION, PREVENTION, AND COLLABORATION

Actions in this area aim to increase awareness of substance use disorders and support recovery. Efforts are also targeted at working with community and nonprofit partners to reduce the supply of unused prescription opioids in the community and to reach more people.

## EARLY INTERVENTION AND TREATMENT

Treatment addresses those who are already experiencing substance misuse issues or have overdosed and need access to treatment for opioid use disorder and other substance use disorders. It includes medication assisted treatment. Strategies focus on incarcerated populations, expanding treatment options and providing support throughout other parts of the Human Services System in the county.

## ENFORCEMENT & CRIMINAL JUSTICE

This section of the plan focuses on additional support for law enforcement to expand capacity for investigating opioid overdose-related deaths and to identify and arrest people who sell drugs or are involved in the distribution of drugs that result in overdose deaths.

## DATA & MONITORING

Building on the foundation established in the first iteration of the Opioid Task Force Plan, strategies in this area support data sharing across county agencies to inform data-driven decision making. Analyzing data builds capacity to describe the scope of the problem, target interventions appropriately, and determine whether actions taken to address the problem are effective.

## HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. Initiatives in this area are aimed at building relationships with people who have substance use disorders and keeping them safe from harm until they are ready to seek treatment. Initiatives also support those in recovery who are at high risk of relapse, and help to reduce the stigma that often accompanies opioid and substance use.

### OPIOID AND SUBSTANCE USE TASK FORCE PLAN SUMMARY

#### Goals

- Reduce deaths from opioids through prevention, treatment, and harm reduction
- Use data to describe the problem, target interventions, and evaluate effectiveness

#### Priority Areas

- Education, Prevention, & Collaboration
- Early Intervention & Treatment
- Enforcement & Criminal Justice
- Data & Monitoring
- Harm Reduction

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# BACKGROUND AND ACCOMPLISHMENTS

To support development and enhancement of the county's response to the opioid epidemic, in September 2017, the Fairfax County Board of Supervisors appropriated \$3.6 million in one-time funds to address the crisis. In January 2018, the Board of Supervisors approved a comprehensive Opioid Task Force Plan. Additionally, the FY 2019 and FY 2020 budgets allocated \$1.5 million and \$2.8 million respectively in recurring/baseline funding to address the crisis.

## NOTEWORTHY ACCOMPLISHMENTS OF THE OPIOID TASK FORCE

The Opioid Task Force Plan approved by the Board of Supervisors in January, 2018 listed 41 different activities and initiatives to be taken by the community to help reduce deaths by opioid overdose. Significant progress was made towards achieving the objectives, and in addition to the original 41 areas identified, 11 additional activities and initiatives were added as new needs emerged, or to capture the full range of interventions in Fairfax County.

To view the original plan in detail [click here](#).

### Some significant achievements include:

#### **Reduction of Wait Times for Residential and Detoxification Treatment at the Community Services Board**

Since the inception of the Opioid Task Force, the average wait time for residential treatment has been significantly reduced to an average current wait time of four to six weeks (down from two to six months in October 2017). This was accomplished through the Community Services Board's prioritization and expansion of medication assisted treatment for those with opioid use disorders. The Community Services Board expanded contracts for residential medication assisted treatment with other community providers. The Community Services Board also expanded contracts for some hospital detoxification services, particularly for medically-complex situations.

#### **Establishment of Drug Disposal Boxes at Pharmacies and all Police District Stations**

Drug disposal boxes were added at 12 pharmacy sites: (CVS [5], Walgreens [4], Spectrum [1],

Kaiser [1], and Inova Fair Oaks Hospital [1]), and installed at eight district police stations (Fair Oaks, Franconia, Mason, McLean, Mount Vernon, Reston, Sully, and West Springfield).

#### **Establishment of the Overdose Investigation Unit within the Fairfax County Police Department**

This unit, which investigates approximately 100 cases per year, was established to investigate opioid overdose-related deaths. They identify and arrest people involved in the distribution of the drugs that resulted in the deaths. Currently, the unit is staffed with two detectives and one crime analyst.

#### **Substance Abuse Prevention Counselors Established in Fairfax County Public Schools**

Fairfax County Public Schools hired six substance abuse prevention counselors in several targeted high schools. The top substances for intervention were vaping nicotine and vaping/smoking cannabis products. Interventions were also provided for alcohol and other drug use (benzodiazepines, opioids, etc.).

### **Launch of a Public Communications Campaign**

A new website ([www.couldbeyouproj.com](http://www.couldbeyouproj.com)), Facebook page ([www.facebook.com/CouldBeYouProj](https://www.facebook.com/CouldBeYouProj)), and Instagram page ([www.instagram.com/couldbeyouproject](https://www.instagram.com/couldbeyouproject)) were launched for the #CouldBeYou opioids awareness campaign. The campaign developed several videos and GIFs warning of the dangers of opioids and provided information on how residents can get help. Paid advertising was also run on social media, which was viewed 3.7 million times by 675,418 Fairfax County residents between the ages of 13-34.

### **Establishment of a Community Coalition**

The newly established Fairfax Prevention Coalition held its first meeting on April 10, 2019. The mission of the coalition is to empower the community to understand, prevent and reduce substance misuse. The Fairfax Prevention Coalition meets monthly and membership is comprised of 12 community sectors: healthcare, schools, civic organizations, parent/PTA, youth, communications, county government, organizations working with substance use, youth-serving organizations, police, faith, and business. The coalition has received technical assistance from the Community Anti-Drug Coalitions of America.

### **Creation of an Internal Data Dashboard**

The Health Department's Division of Epidemiology and Population Health has established a comprehensive data dashboard to share key opioid data internally. Data populating the dashboard comes from the Virginia Department of Health, hospital emergency rooms, police reports, and other county agencies.

### **Distribution of Naloxone in the Community**

The Community Services Board's Wellness, Health Promotion & Prevention team has trained over 2,800 individuals on REVIVE!, the Commonwealth of Virginia's program to teach residents to respond to an overdose emergency. The training is offered through regularly scheduled bi-monthly trainings and customized

classes. The Community Services Board also provides regular REVIVE! trainings in its residential treatment programs and at the Adult Detention Center. The team has also facilitated REVIVE! trainings at four houses of worship, 15 shelters and numerous other county agencies and community organizations. The Christopher Atwood Foundation also provides REVIVE! training and naloxone, an overdose reversal medication, in the community. In addition, Fairfax County Police officers carry naloxone so that they are prepared to respond to and reverse an overdose if they encounter this emergency in the course of their patrol duties.

### **Community Surveillance**

The Health Department's Division of Epidemiology and Population Health has initiated two surveillance projects. The first is the study of over 200 pharmacies in Fairfax County to see what consumers are told about the proper disposal of unused opioids. The second project examines Neonatal Abstinence Syndrome reporting at local hospitals. The resulting data from both studies will be used to inform future interventions and linkages to service.

### **Jail Based Recovery Program at the Adult Detention Center**

The Striving to Achieve Recovery (STAR) program began in November 2018, serving men with substance use disorders. The STAR program is housed in a special unit in the Adult Detention Center. Peer counselors use the Living in Balance curriculum and the Community Services Board facilitates a trauma treatment group. Outside facilitators come to the unit four evenings per week to run 12-step groups and/or other recovery groups and provide the participants a connection to the recovery community.

### **Facilitation of a Provider Educational Summit**

A provider educational summit on how to navigate new prescribing laws and their unintended consequences was held in November 2018. The event was attended by 134 physicians, pharmacists, dentists, and other providers.

# MOVING FORWARD

83

Number of 2018 Fairfax County  
Fatal Opioid Overdoses

Source: Virginia Department of Health<sup>1</sup>

## THE NEED TO ADDRESS MORE THAN JUST OPIOIDS

According to the Centers For Disease Control, polysubstance drug use occurs when there is exposure to more than one drug, with or without the person's knowledge.<sup>3</sup>

### Some of the common combinations include:

- Illicitly-manufactured fentanyl and heroin.
- Illicitly-manufactured fentanyl and cocaine.
- Heroin and methamphetamine.
- Prescription or illicit opioids and benzodiazepines.
- Stimulants that are illegally manufactured and laced with fentanyl.

103

Number of 2018 Fairfax County  
Fatal Overdoses for All Drugs

Source: Virginia Department of Health<sup>2</sup>

## NATIONALLY

Of the synthetic opioid-involved overdose deaths in 2016, almost 80% involved another drug (opioid, heroin, cocaine, benzodiazepines, psychostimulants, and antidepressants) or alcohol.<sup>4</sup>

- Synthetic opioids accounted for 23.7% of deaths involving prescription opioids.
- Heroin accounted for 37.4% of deaths.
- **Cocaine accounted for 40.3% of deaths.**

### “OPIATES” VS. “OPIOIDS”

Although these terms are often used interchangeably they are different:

- **Opiates** refer to natural opioids such as heroin, morphine and codeine.
- **Opioids** refer to all natural, semisynthetic, and synthetic opioids.

Source: <https://www.cdc.gov/drugoverdose/opioids/terms.html>

Experts have identified polysubstance or co-substance addiction as a possible “fourth wave” in the opioid epidemic.<sup>5</sup> The Centers for Disease Control monitored the changes in opioid deaths across 25 states and DC from July-December 2017 and January-June 2018. This resulted in three key findings:

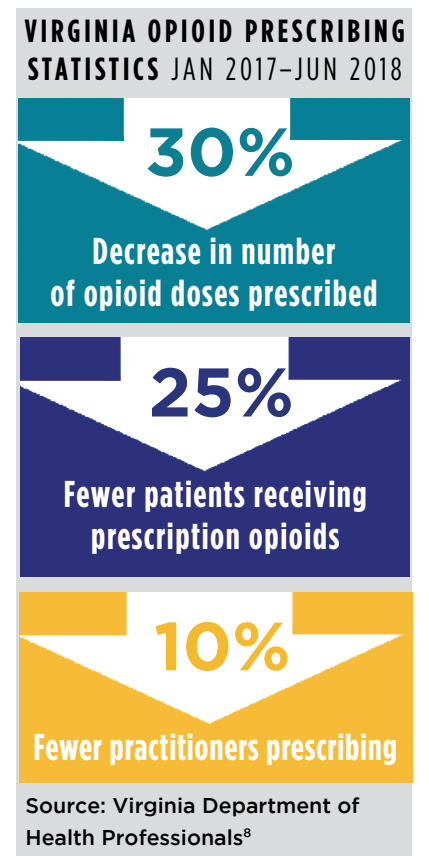
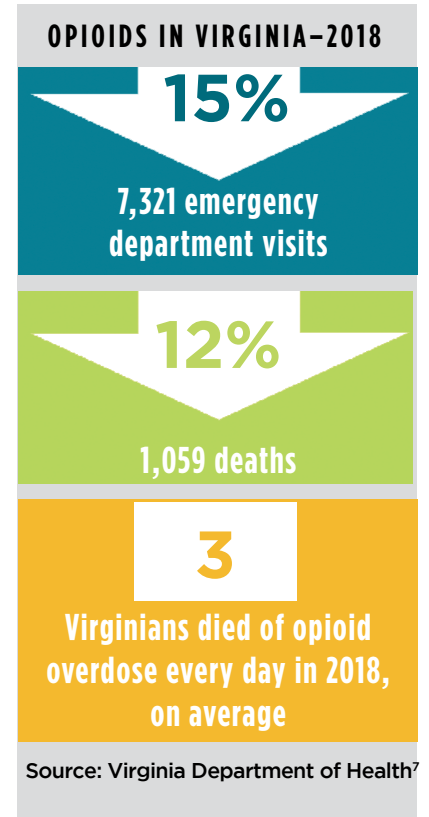
- Increase in fentanyl deaths.
  - o From January-June 2018, illicitly-manufactured fentanyl was involved in about two-thirds of the opioid deaths.
  - o 62.6% of all opioid deaths co-occurred with at least one common non-opioid drug: benzodiazepines (32.5%), cocaine (34%), and methamphetamine (12.1%).
- Decrease in opioid deaths.
- Decrease in prescription opioid deaths.

## COMMONWEALTH OF VIRGINIA

According to the Virginia Department of Health, Office of the Chief Medical Examiner, non opioid overdoses resulting in fatalities are also on the rise. The increase in both stimulant and fentanyl-related deaths is alarming. Information from the 2019 Quarter 2 Fatal Drug Overdose Report<sup>6</sup> shows:

- Fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in nearly 55% of all fatal overdoses in 2018. The number of fatal fentanyl overdoses in 2018 increased by 5.6% from 2017.
- Fatal non-opioid illicit drug overdoses are on the rise. In 2018, fatal cocaine overdoses increased 11.5% and fatal methamphetamine overdoses increased 44.3% from 2017.

There is increasing awareness of the need to address more than opioids. In order to be effective, the Task Force needs to be flexible enough to respond to emerging needs in the community, and it must remain responsive to the effects of multiple classes of drugs, not just opioids. From this point on, the Opioid Task Force will be known as the Opioid and Substance Use Task Force.



# GUIDING PRINCIPLES

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## INTRODUCTION

In 2018, the Centers for Disease Control compiled a list of four guiding principles for preventing opioid overdose.<sup>9</sup> The Opioid and Substance Use Task Force Plan was developed to closely align with these principles.

## CDC'S GUIDING PRINCIPLE<sup>9</sup>

### Know your epidemic, know your response

It is important to know the causes and characteristics of local health problems such as opioid misuse, and for the response to be driven by evidence and data. The strategies used to address opioid use should be known to be effective, and communities must maintain an ongoing understanding of who is at risk of fatal overdose and what can be done to reduce that risk.

### Make collaboration your strategy

Effective solutions to the crisis will only be possible with collaboration across different sectors of government, legal, medical, and other community stakeholders.

### Nothing about us without us

Strategies, policies, and initiatives need to factor in the experiences and perspectives of those who have substance use disorders and people affected by opioid/substance use and overdose risk to ensure efforts are aligned with local realities.

### Meet people where they are

In order to help people with substance use disorders, it is important to understand their lives, circumstances, and objectives. This understanding results in better supports in their progress toward healthy behavior change.

## WHAT IS THE DIFFERENCE BETWEEN “TOLERANCE,” “DEPENDENCE,” AND “ADDICTION”?<sup>10</sup>

**Opioid tolerance** occurs when a person using opioids begins to experience a reduced response to medication, requiring more opioids to experience the same effect.

**Opioid dependence** occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when medication is stopped.

**Opioid addiction** Opioid use disorder (OUD) occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid addiction often comes after the person has developed opioid tolerance and dependence, making it physically challenging to stop opioid use and increasing the risk of withdrawal.

Source: <https://www.cdc.gov/drugoverdose/opioids/terms.html>



# FY 2021 AND FY 2022 FAIRFAX COUNTY OPIOID AND SUBSTANCE USE TASK FORCE PLAN SUMMARY

Building off the successes and lessons learned from working through the initiatives of the first plan, the next iteration proposes expanding the work in several ways. To prepare this next two-year plan, county agencies that were not involved in the original plan were consulted. Input from those with lived experience was also received through focus groups with clients at residential treatment facilities.

As a result, several initiatives were developed to reach additional populations, such as persons in the Adult Detention Center. There is also an increased focus on harm reduction and recovery, not only with an emphasis on treatment resources at the Community Services Board, but also with initiatives to support families affected by substance misuse in the child welfare system, youth in juvenile detention, and those in recovery.

The actions that will be pursued over the next two years by the Opioid and Substance Use Task Force Plan are listed below by priority area. These are the needs that have been identified, but they will go through an evaluation and review process to determine programmatic and funding needs, as well as budget availability.

## EDUCATION, PREVENTION, AND COLLABORATION

Actions in this area seek to increase awareness of substance use disorders and support recovery. Efforts are also aimed at working with community partners to reduce the supply of unused prescription opioids in the community and to take advantage of a wide variety of resources to reach more people who are affected by the crisis.

AGENCIES CONSULTED		
PARK AUTHORITY	LIBRARIES	DEPARTMENT OF FAMILY SERVICES
CODE COMPLIANCE	ANIMAL SHELTER	OFFICE TO PREVENT AND END HOMELESSNESS
HOUSING AND COMMUNITY DEVELOPMENT	NEIGHBORHOOD AND COMMUNITY SERVICES	OFFICE OF THE SHERIFF
RESTON COMMUNITY CENTER	HEALTH DEPARTMENT	DEPARTMENT OF PUBLIC WORKS AND ENVIRONMENTAL SERVICES
OFFICE OF PUBLIC AFFAIRS	COMMUNITY SERVICES BOARD	OFFICE OF STRATEGY MANAGEMENT
POLICE DEPARTMENT	FIRE AND RESCUE DEPARTMENT	FAIRFAX COUNTY PUBLIC SCHOOLS

## Objectives:

- **Increase awareness of substance use disorder, treatment, and recovery resources.**
- **Promote safe disposal and storage of all prescription medications.**
- **Collaborate with nonprofit and philanthropic groups to take advantage of a wide variety of non-county government resources.**

## Needs Identified:

### **Provide staff trainings and train-the-trainer certification for the Department of Family Services.**

Trainings will provide foundational information on substance use disorders, the impact on the family system, and how child protection practitioners can best support families and children impacted by substance use disorders. (FY21)

### **Offer substance use prevention education in the community.**

This initiative will support the conversion of 1.0 FTE grant staff to regular merit staff status to implement substance use prevention programming in the community, particularly outside of Fairfax County Public School settings. This initiative would also allow the Department of Neighborhood and Community Services greater flexibility in implementing a Prescription Drug Abuse Prevention module and other substance misuse prevention programs. (FY22)

### **Increase the number of drug take back boxes at pharmacies in Fairfax County.**

While the Opioid Task Force successfully installed drug disposal boxes at all Police Department district stations, residents may be reluctant to dispose of unwanted medications at those locations. There is a strong need to encourage more pharmacies to install boxes and to find innovative ways to fund these programs. This initiative will coordinate the ongoing efforts of the Wastewater Management Program, Health Department, and community partners to seek creative ways to help fund additional drug take back boxes. (FY21 and FY22)

### **Train Fairfax County Public Schools staff on the Cannabis Youth Treatment Series.**

This five-volume resource for substance use disorder treatment professionals provides a unique perspective on treating adolescents for marijuana use and presents effective, detailed treatment resources for teens and their family. The 2018 Fairfax County Youth Survey showed that after several years of declining marijuana use, consumption by students increased 9% from 2016 to 2018. Fairfax County Public Schools will offer this training to substance abuse prevention specialists, to school psychologists and social workers. (FY21)

## Continuing Initiatives:

Several initiatives relating to Education, Prevention, and Collaboration that were funded and/or started during the first iteration of the Opioid Task Force Plan will continue. These include:

### **Public communications campaign.**

The public communications campaign will continue to address the dangers of opioids through the new website ([www.couldbeyouproj.com](http://www.couldbeyouproj.com)), Facebook page ([www.facebook.com/CouldBeYouProj](http://www.facebook.com/CouldBeYouProj)), and Instagram account ([www.instagram.com/couldbeyouproject](http://www.instagram.com/couldbeyouproject)). The next phase of the communications campaign will include expanded digital reach using Twitter, Snapchat, and Nextdoor, as well as non-digital platforms, such as flyers and posters placed in county facilities and ads on buses, at transit stops, and in movie theaters.

### **Community coalition.**

The Fairfax Prevention Coalition will continue to implement awareness campaigns, advocate for policy, and coordinate anti-drug strategies.

### **Partnerships with civic organizations.**

Several partnerships with community nonprofits and civic associations, such as the Atwood Foundation, NovaSalud, and the Rotary Club were initiated or expanded during the initial years of the Opioid Task Force Plan. These partnerships will continue and new partnerships will be established to focus on areas such as proper drug disposal, recovery support, and naloxone distribution.

### **Drug Disposal Programs.**

Drug Take Back Day promotional campaigns currently take place twice a year, in the spring and fall. These will be expanded upon and new drug disposal campaigns will be initiated.

## **EARLY INTERVENTION AND TREATMENT**

This area addresses those who are already at risk of substance use disorder or have overdosed and need access to treatment, including medication assisted treatment. New strategies are focusing on populations in the Adult Detention Center and expanding treatment options at the Community Services Board. There is also support for families in the foster care system and youth in residential settings.

### **Objectives:**

- **Increase access and reduce wait times to treatment for opioid use disorder, including medication assisted treatment.**
- **Expand treatment options, including medication assisted treatment at the Adult Detention Center.**
- **Provide specialized substance misuse counseling for youth in juvenile detention facilities.**
- **Achieve treatment efficiencies at the Community Services Board detoxification and residential facilities.**
- **Expand staff capacity to assist families affected by opioid and substance use disorders.**

### **Needs Identified:**

#### **Substance abuse prevention counselors within Fairfax County Public Schools.**

There is a need to expand capacity for prevention, early intervention, and referral services for youth who are at high risk for substance misuse. (FY21 and FY22)

#### **Parent Support Specialist Services in the Department of Family Services.**

A parent support specialist would work across all mandated child welfare programs to support families where substance use is the primary presenting problem and separation of the children from the parents is likely due to safety concerns. (FY21)

#### **Juvenile and Domestic Relations District Court Services.**

There is a need to address service gaps within the Juvenile and Domestic Relations District Court for youth with substance use disorders in juvenile detention. This would include providing substance misuse assessments, developing individual service plans, coordinating group and family therapy, and supporting care coordination. (FY21)

#### **Peer Recovery Services for jail-based medication assisted treatment program.**

The Sheriff's Office is launching a jail-based medication assisted treatment program at the Adult Detention Center to establish high impact, evidence-based approaches to the opioid epidemic that will support community members at greatest risk of overdose, as well as recidivism and ongoing involvement with the criminal justice system. The peer recovery specialist will provide engagement, education, and coordination within the Medical Services Branch. (FY21)

#### **Medical Staff for jail-based medication assisted treatment program.**

The medical staff will coordinate and manage the initiative. They will assure solid reentry strategies and transition to community-based medication assisted treatment and behavioral health services. (FY21 and FY22)

#### **Medication for a jail-based medication assisted treatment program.**

Funding for medication is necessary to secure so that jail-based medication assisted treatment program can continue after one-time grant funds have been expended. (FY21)

### **Support for the Maternal and Child Health Program.**

This program at the Health Department provides service coordination, conducts home visits, and serves as an expert resource for nursing staff supporting opioid-exposed infants and families in Fairfax County. The program also provides support to the infant and family, addressing both health needs and social determinants that affect infant and family outcomes. (FY22)

### **Contracts for intensive residential substance use disorder treatment.**

As of August 1, 2019, the average wait time for residential treatment was between four and six weeks. These individuals are among those with the highest level of need and at most risk for overdoses and criminal recidivism. They are often unable to wait safely in the community and will often continue with high-risk behaviors. Negative outcomes, including overdose, often results. By contracting services, the wait time for services will be reduced. (FY21 and FY22)

### **Contracted hospital detoxification services.**

This would allow individuals with medical complexity to be provided with hospital detoxification services. (FY21 and FY22)

### **Additional treatment beds at the Fairfax Detoxification center.**

By adding nine new opioid detoxification beds, an additional 525 additional opioid dependent individuals can be served annually, significantly reducing wait times for service. (FY21)

### **Continuing Initiatives:**

Several initiatives relating to Early Intervention and Treatment that were funded and/or started during the first iteration of the Task Force Plan will continue. These include:

#### **Continuation of the Addictions Medicine Clinic.**

The clinic at the Merrifield Center provides medication assisted treatment and other substance use disorder treatment to adults in an out patient setting.

#### **Short term residential detoxification services.**

These services are for adults who need help to

safely detoxify from the effects of opioids and other drugs and/or alcohol.

### **Residential treatment services for individuals with substance use disorders.**

Services include intermediate and long term treatment.

### **Vivitrol at the Adult Detention Center.**

Prior to release, pre-screened inmates are provided with an injection of Vivitrol (a type of medication used in opioid treatment) and a follow-up treatment plan. This program has been operational since 2017.

### **Peer Overdose Response Team.**

This Community Services Board team, comprised of peer recovery support specialists hired during the first iteration of the Opioid Task Force Plan, reaches out and provides support to individuals who have overdosed while receiving services and treatment or those who are at high risk of relapse.

## **ENFORCEMENT AND CRIMINAL JUSTICE**

This portion of the plan focuses on support for the Police Department to expand capacity for investigating opioid overdose-related deaths. The positions will be used to support the Overdose Investigation Unit that was formed in the first iteration of the plan.

### **Objectives:**

- **Expand capacity for investigating opioid related deaths.**
- **Increase the capacity for prosecuting those who are involved with bringing illegal drugs into the community.**

### **Needs Identified:**

#### **Support for Opioid Overdose Investigation Unit.**

With original Opioid Task Force funding, this unit was established to investigate fatal opioid overdoses and seek prosecution of persons involved in the distribution of drugs. This unit investigates between 80-120 deaths per year. One death takes approximately 90 hours for the opioid detectives to investigate. (FY21 and FY22)

### Continuing Initiatives:

Several initiatives relating to Enforcement and Criminal Justice that were started and/or funded during the first iteration of the Opioid Task Force Plan will continue. These include:

#### **The Opioid Overdose Investigation Unit.**

This team identifies and arrests persons involved in the distribution of the drugs that resulted in overdose deaths.

#### **Drug Treatment Docket.**

These courts have been proven to reduce rearrests, reincarceration, and substance misuse. The goal is a successful criminal justice intervention that keeps people living with substance use and mental health disorders out of jails and into lives of recovery and stability.

## DATA AND MONITORING

Strategies in this area build on the foundation established in the first iteration of the Opioid Task Force Plan to support data sharing across agencies to inform data-driven decision making. Analyzing data effectively builds capacity to describe the scope of the problem, target interventions appropriately, and determine whether actions taken to address the problem are effective.

### Objectives:

- **Identify and collect data from relevant county agencies regarding opioids.**
- **Use data to inform interventions.**

### Needs Identified:

#### **Support for opioid data governance initiative.**

The Office of Strategy Management received a grant from the U.S. Department of Justice, which will enable collaboration among behavioral health, human services, Virginia's Prescription Drug Monitoring Program representatives, and justice professionals in Fairfax County to support informed decision making and improve outcomes for individuals needing help for treatment. The successful implementation of this comprehensive data sharing will promote true

collaboration across systems and allow for better efficiencies and use of existing resources. (FY22)

#### **Interventions from Surveillance Data.**

In 2019, the Health Department's Epidemiology and Population Health Division performed surveillance on Fairfax County pharmacies and on the prevalence of Neonatal Abstinence Syndrome in Fairfax County. Data from the surveillance can be turned into action to help reduce the number of unused prescription medications in the community and to support children born with Neonatal Abstinence Syndrome. (FY21 and FY22)

### Continuing Initiatives:

Several initiatives relating to data and monitoring that were started and/or funded during the first iteration of the Opioid Task Force Plan will continue. These include:

#### **Continue to develop and support internal and external data dashboards.**

The dashboards present a comprehensive guide to specific data points from public safety, emergency rooms, county agencies, and the Virginia Department of Health. The Health Department's Epidemiology and Population Health division manages this work.

## HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Initiatives in this area are aimed at building relationships with people who have substance use disorders and keeping them safe from harm until they are ready to seek treatment. Initiatives also support those in recovery who are at high risk of relapse.

### Objectives:

- **Provide harm mitigating resources to individuals with substance use disorders and their families.**
- **Increase support to individuals in recovery.**
- **Reduce stigma and increase help-seeking behaviors for substance use disorders.**

## Needs Identified:

### Transportation assistance.

Support is needed to help people in recovery who can't afford transportation get to their medication assisted treatment program or recovery group appointments. (FY22)

### Early alert system.

Several jurisdictions, including Baltimore City, have developed early alert systems to help persons living with substance use disorders identify when deadly batches of heroin and other drugs are in the area. An early alert system could also point persons using the system to locations for treatment, clean syringes, health care, and other sources of support. (FY21)

### Naloxone and treatment materials on Emergency Medical Services overdose runs.

There were over 100 emergency runs in 2018 to assist persons experiencing an overdose. Those who have overdosed once are at a higher probability of overdosing again. This initiative would provide Emergency Medical Services teams with treatment information and naloxone to leave behind at the homes where the overdoses occur. (FY21)

### Support center.

Explore options for establishing a support center for people with substance use disorders to receive social, educational, legal, research, and health care resources and services that support treatment and recovery. (FY22)

### Peer recovery support resources with Coordinated Services Planning.

Directly connect people calling Coordinated Services Planning who screen positive for substance misuse to treatment support from the Community Services Board's Peer Overdose Support Team. (FY21)

## Continuing Initiatives:

Several initiatives relating to harm reduction that were started and/or funded during the first iteration of the Opioid Task Force Plan will continue. These include:

### Comprehensive Harm Reduction Program.

The Task Force supports NovaSalud as they apply to the Virginia Department of Health for permission to open a Comprehensive Harm Reduction Program. The Comprehensive Harm Reduction Program will include a syringe exchange, medical treatment, HIV and hepatitis C testing, treatment referrals, and other supportive services for persons with substance use disorders.

### Anti-stigma program.

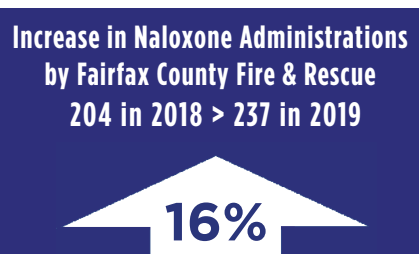
Build off the foundational work of the Written Off! initiative and continue to develop programs to address the stigma people with substance use disorders face, which is often a barrier to treatment and recovery.

### Continue to provide REVIVE! training in the community.

The Community Services Board will continue to provide free training on REVIVE!, the Commonwealth of Virginia's training program for the use of naloxone to reverse an opioid overdose.

### Provide naloxone to persons released from the Adult Detention Center.

The Community Services Board provides training on REVIVE! to persons incarcerated at the Adult Detention Center. Naloxone is given to persons who have been trained upon their release.



Source: Fairfax County Fire and Rescue Department

PRIORITY AREA	NEEDS IDENTIFIED FY21		NEEDS IDENTIFIED FY22	
	Cost	FTE	Cost	FTE
<b>Education, Prevention, and Collaboration</b>				
Substance Use Prevention Community Education (NCS)			104,707	1
Specialized Child Welfare Training (DFS)			23,000	
<b>Early Intervention and Treatment</b>				
Substance Abuse Prevention Counselors (FCPS)	200,813		267,751	
Parent Support Specialist (DFS; net cost)	50,370	1		
Positions and Medications for jail-based MAT (Sheriff)	280,405	2		
Case Management in Juvenile Detention (JDRC)	125,325	1		
Treatment staff positions (CSB)	442,669	3		
Deputy Sheriffs for jail-based MAT (Sheriff)			514,221	5
Correctional Health Nurses for Jail Based MAT (Sheriff)			542,845	5
Public Health Nurse for MCHP (Health)			131,143	1
Hospital Based Detox/Ongoing Residential Treatment Contracts (CSB)			500,000	
<b>Enforcement and Criminal Justice</b>				
Staff for Opioid Overdose Investigation Unit (FCPD)	324,153	2	700,209	3
<b>Data and Monitoring</b>				
Staff support for opioid data governance initiative (OSM)			129,668	1
<b>Harm Reduction</b>				
Human Services Transportation Program (NCS)			50,000	
<b>TOTAL</b>	<b>\$1,423,735</b>	<b>9</b>	<b>\$2,963,544</b>	<b>14</b>

**Note: These needs were identified as of February 2020 and are periodically reviewed to determine programmatic and funding needs, as well as budget availability.**

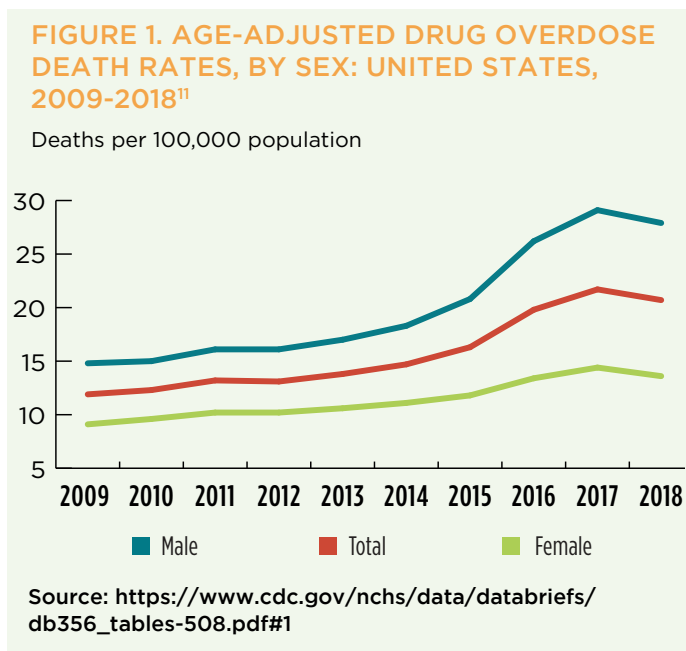
# Appendix 1: Opioid Use Data

Data in this section comes from the Centers for Disease Control and Prevention, Virginia Department of Health,\* the Office of the Chief Medical Examiner, and various Fairfax County agencies. The information in this update is based on information from 2017, 2018 and 2019 (where available).

## NATIONAL DATA

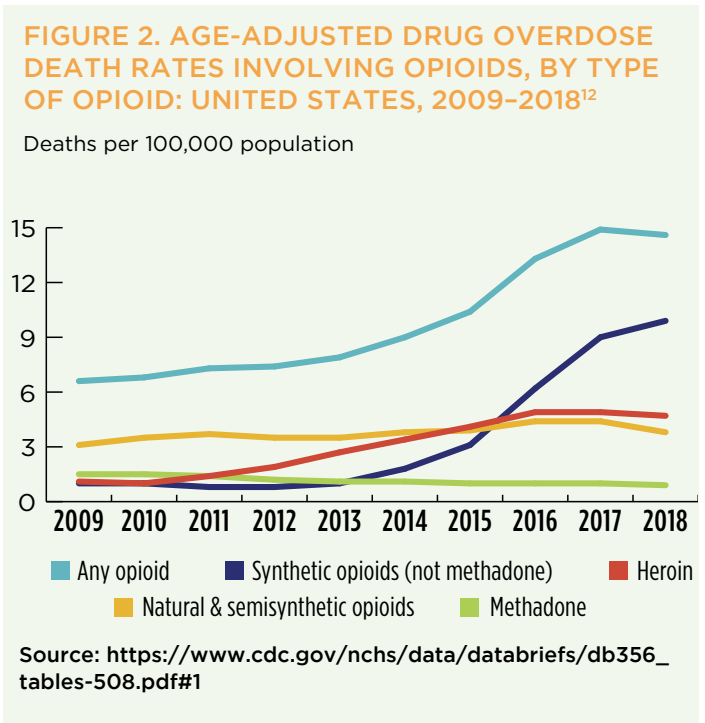
In 2018, the age adjusted rate of drug overdose deaths in the United States was 4.6% lower than the rate in 2017 (Figure 1).

- In 2018, there were 67,367 drug overdose deaths in the United States, a 4.1% decline from 2017 (70,237 deaths).



- For 14 states and the District of Columbia, the drug overdose death rate was lower in 2018 than in 2017. The rate in Virginia stayed the same.
- For each year, rates were higher for males than females.

The age adjusted rate of drug overdose deaths involving synthetic opioids other than methadone increased by 10% from 2017 to 2018 (Figure 2).



\* In October 2019, Virginia Department of Health (VDH) redesigned its website and some data that were public are no longer accessible in the same way due to changes in data sources.

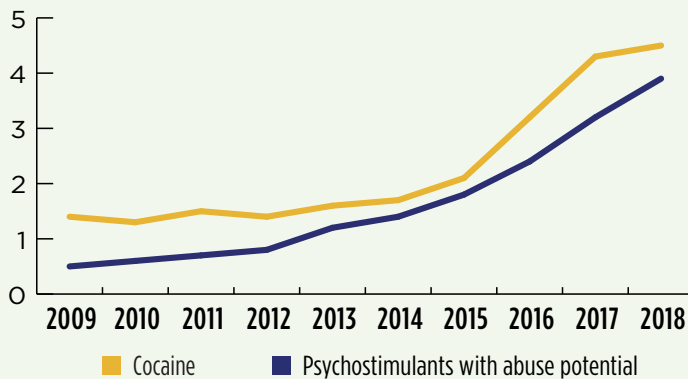


From 2012 through 2018, the age adjusted rate of drug overdose deaths involving cocaine more than tripled, and the rate of deaths involving psychostimulants with abuse potential increased nearly 5-fold (Figure 3).

- From 2012 through 2018, the rate of overdose deaths involving cocaine more than tripled (from 1.4 to 4.5).
- The rate for deaths involving psychostimulants with abuse (drugs such as methamphetamine) increased nearly 5-fold (from 0.8 to 3.9).

**FIGURE 3. AGE-ADJUSTED DRUG OVERDOSE DEATH RATES INVOLVING STIMULANTS, BY TYPE OF STIMULANT: UNITED STATES, 2009–2018<sup>13</sup>**

Deaths per 100,000 population

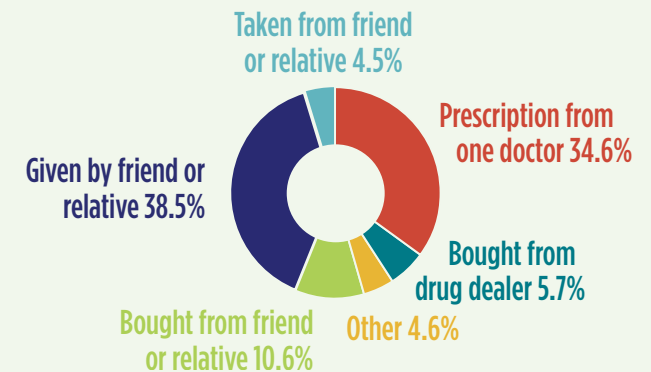


Source: [https://www.cdc.gov/nchs/data/databriefs/db356\\_tables-508.pdf#1](https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#1)

## OPIOID PRESCRIBING RATES IN THE U.S.

The national average rate of opioid prescribing was 51.4 prescriptions per 100 people in 2018, an 11-year low. Rates among states ranged from 37 to 107 prescriptions per 100 people in 2017.<sup>14</sup> In 2017, the rate of opioid prescriptions in Virginia was 61 per 100 people.<sup>17</sup>

**FIGURE 4. SOURCE OF PAIN MEDICATION MISUSE BY PEOPLE AGED 12 OR OLDER IN THE PAST YEAR, 2017**



Source: Substance Abuse and Mental Health Services Administration

## SOURCE OF PRESCRIPTION PAIN MEDICATION

According to the Substance Abuse and Mental Health Services Administration’s 2017 National Survey of Drug Use and Health, friends and relatives are the most frequent source of prescription pain medications for people 12 and older who misused these drugs in the past 12 months (Figure 4).<sup>15</sup> Whether given freely, purchased or taken without permission, 53.6% of people acquired pain medications from friends or relatives. Just over one-third obtained pain medications from a doctor’s prescription.

## COMMONWEALTH OF VIRGINIA DATA

In 2017, Virginia had 1,507 drug overdose deaths, for a 17.9 age-adjusted overdose death rate.<sup>16</sup> This was not significantly different from the rate in 2016.

In 2018, the picture improved slightly for overall drug overdoses and prescription opioid overdoses. Based on data from the Office of the Chief Medical Examiner<sup>17</sup> the number of fatal overdoses decreased 3% to 1,486 deaths with 81.8% involving one or more opioids. All variations of fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in nearly 55% of all fatal overdoses; illicit fentanyl is estimated to have contributed to 97% of fatal fentanyl overdoses.

Fatal, non-opioid overdoses increased in 2018 compared with 2017: fatal cocaine overdoses increased 11.5% and fatal methamphetamine overdoses increased 44.3%.

## ALL DRUG OVERDOSE DEATHS IN VIRGINIA

Figure 5 shows the rates of all drug overdose deaths by age group in Virginia for the past four years. The rate was highest among the 25-34 age group in 2017, followed closely by the 35-44 age group. In 2018, the rate for all age groups fell, except for the 65+ age group, which remained stable.<sup>18</sup>

## PRELIMINARY 2019 VDH DATA\*

VDH data based on reporting from the first two quarters of 2019 (January 1 – June 30) indicates a potential 4% increase in the rate and number of all drug fatalities in the commonwealth (Figure 6A). Figure 6B shows a projected increase of 5% in the number of fatal opioid overdoses in 2019.<sup>19\*\*</sup>

## OPIOID PRESCRIBING IN VIRGINIA

To better track prescribing rates and reduce theft and forgery of prescriptions, Virginia lawmakers passed a law mandating electronic prescribing of opioids and other controlled drugs. Beginning July 1, 2020, any prescription containing an opioid must be transmitted electronically from the prescribing practitioner to the dispensing entity.

In 2017, the rate of opioid prescriptions in Virginia was 61 per 100 people. This is down from 63 per 100 people in 2016 and 68 per 100 people in 2015.<sup>20</sup>

FIGURE 5. VIRGINIA ALL DRUG OVERDOSE DEATHS BY AGE, 2015-2018

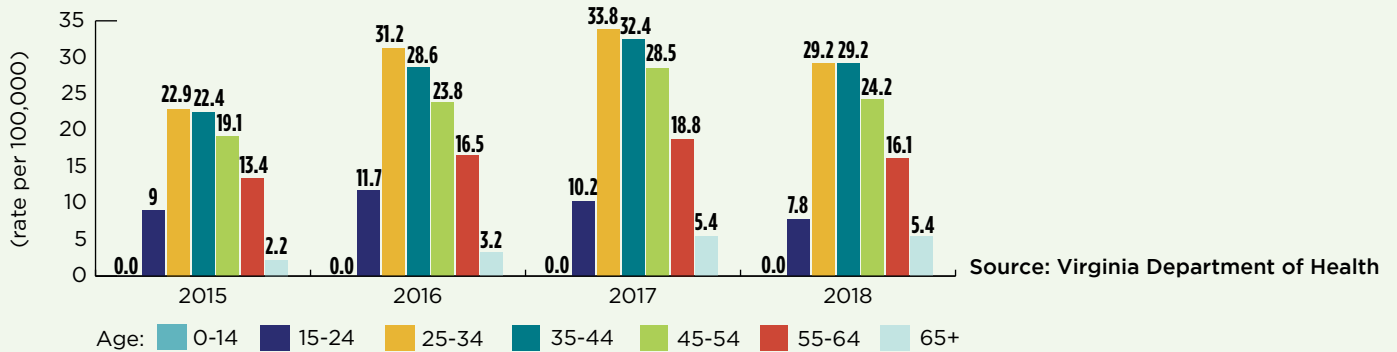
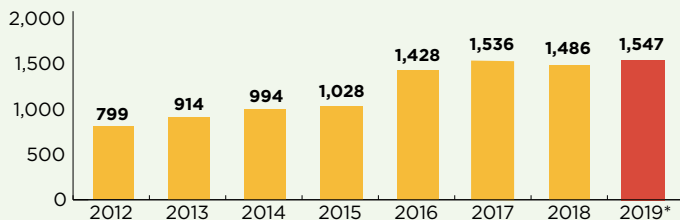
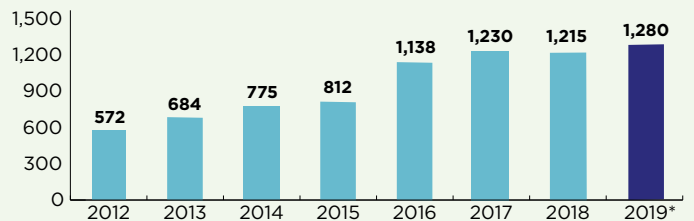


FIGURE 6A. NUMBER OF FATAL DRUG OVERDOSES IN VIRGINIA, 2012-2019\*



Source: Office of the Chief Medical Examiner of Virginia

FIGURE 6B. NUMBER OF FATAL OPIOID OVERDOSES IN VIRGINIA, 2012-2019\*



\*2019 data from OCME and the Virginia Department of Health are preliminary and may change slightly when final numbers are tabulated. 2019 predictions are based on materials published by OCME.

\*\*2019 Figure is a prediction based on 2nd quarter data.

## FAIRFAX COUNTY DATA

### OPIOIDS REMAIN A CONSISTENT PROBLEM IN THE FAIRFAX COMMUNITY

Based on data maintained by the Health Department:

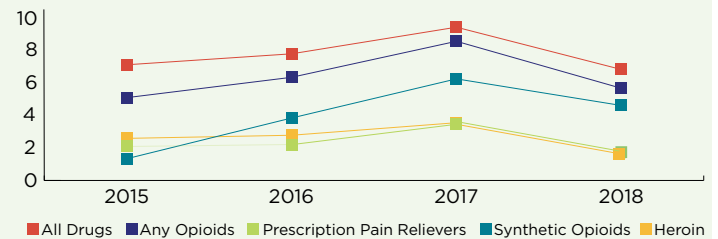
- The number of deaths with opioids as a cause or contributing factor increased substantially between 2013 and 2017, before declining in 2018.
  - o In 2018, there were 83 reported deaths from opioid related overdoses, down from 114 in 2017.
  - o Of those deaths, 42% were from prescription opioids. The rest were fatal overdoses involving heroin and/or illicit fentanyl.
- From January 1 to June 30, 2019, a total of 38 opioid related deaths were reported.
  - o Of these, 45% were from prescription opioids and 55% from heroin and/or illicit fentanyl (Mortality data for July-December 2019 are not yet available).
- Fentanyl and fentanyl analogs have been found in combination with cocaine, methamphetamine, heroin, ketamine and alprazolam.
- Opioid related overdoses reported through surveillance at local emergency departments increased substantially between 2013 and 2016 and peaked at 246 overdoses in 2017.
  - o Reported overdoses declined in 2018 when 212 overdoses were reported and again in 2019 with 201 overdoses.
  - o In 2018 and 2019, non-heroin opioids (including fentanyl) were reported to be the primary drug causing or contributing to the overdose.
- Since 2010, the highest rates of opioid related overdoses have been among those in 20- 34- year-olds.

## OPIOID AND OTHER DRUG OVERDOSE DEATHS IN FAIRFAX COUNTY

Overdose mortality rates due to all drugs are lower in Fairfax than the rest of Virginia. After rates of overdose deaths peaked in 2017 reaching 121 deaths (10.5 per 100,000), fatality rates declined in 2018.<sup>21</sup>

2018 data show a decline of approximately 20% in fatalities caused by all drug types tracked (Figure 7).<sup>22</sup>

**FIGURE 7. RATE OF FATAL OVERDOSES BY DRUG TYPE IN FAIRFAX COUNTY, 2012 - 2018**



Source: Virginia Department of Health

## EMERGENCY DEPARTMENT VISITS FOR OVERDOSE IN FAIRFAX COUNTY

Most Fairfax County hospital emergency departments report all drug overdoses, both fatal and non-fatal, to the Virginia Department of Health. The data are entered into the Electronic Surveillance System for the Early Notification of Community-Based Epidemics surveillance system. In Fairfax County, the system is maintained by the Fairfax County Health Department in collaboration with VDH. Based on data from the system, Figure 8 shows the number of all opioid overdoses in Fairfax County, including prescription and illicit opioids.<sup>23</sup>

## USE OF HEROIN AND OPIOIDS BY CLIENTS OF THE COMMUNITY SERVICES BOARD

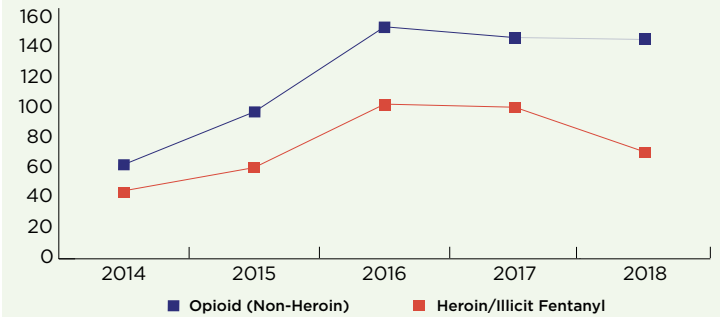
Between FY 2011 and FY 2019, the Community Services Board (CSB) saw a 25% increase in reported use by its clients of any opioid, including heroin, non-prescription methadone, and prescription opioids.<sup>24</sup>

During the same period, the overall number of clients who reported using prescription opioids decreased annually through FY 2018, with a slight increase observed in FY 2019.<sup>25</sup>

The number of people receiving Community Services Board services who reported heroin use increased 37% from FY 2014 to FY 2019.<sup>26</sup> Among the population who reported use of alcohol or any drugs, the percentage who reported use of heroin and/or any opioid increased from 16% in FY 2014 to 20% in FY 2019.<sup>27</sup>

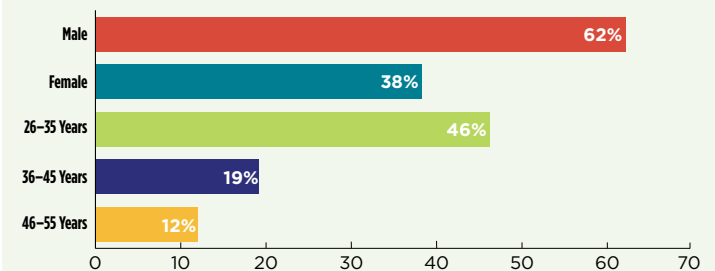
Figure 9 provides demographic information about the 1,328 CSB clients who reported heroin or other opioid use in FY 2019.

**FIGURE 8. NUMBER OF OVERDOSES (FATAL AND NON-FATAL) FOR SELECTED OPIOIDS REPORTS BY EMERGENCY DEPARTMENTS IN FAIRFAX COUNTY, 2014 - 2018**



Source: Fairfax County Health Department ESSENCE Surveillance System

**FIGURE 9. DEMOGRAPHICS OF CSB CLIENTS REPORTING HEROIN OR OTHER OPIOID USE, FY 2019**



(Age categories are top three encountered)

Source: Fairfax-Falls Church County Community Services Board<sup>28</sup>

## NALOXONE ADMINISTRATION IN FAIRFAX COUNTY<sup>28</sup>

Naloxone is a Food and Drug Administration approved generic drug that works to reverse an opioid overdose, including fentanyl overdose, by blocking the effects of the opioids on the brain and restoring breathing. First responders in Fairfax County administer naloxone whenever there is a suspected opioid overdose. Fairfax County Fire and Rescue personnel increased naloxone administration by 16% between FY 2018 and FY 2019.

## YOUTH USE OF OPIOIDS AND OTHER SUBSTANCES IN FAIRFAX COUNTY<sup>29</sup>

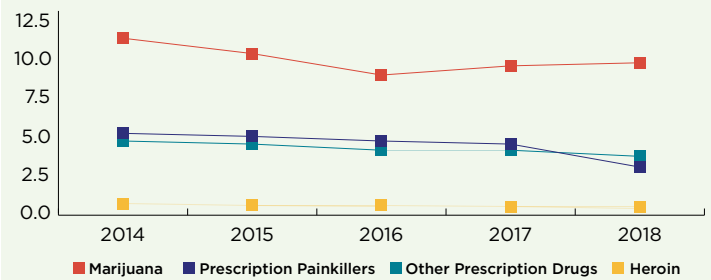
The Fairfax County Youth Survey<sup>29</sup> provides information about substance use by 8th, 10th, and 12th grade students attending Fairfax County Public Schools. In the 2018 survey, there were approximately 33,000 valid responses to questions about substance use.

Use of prescription medications among students has decreased 43% since 2014, with less than 3% of Fairfax County students reporting they misused prescription medications in the past month. This is the lowest rate since 2010.

Figure 10 shows this trend as well as a decrease in other prescription drug use and a slight but steady decrease in heroin use.

While rates of reported heroin use are low, Figure 11 shows that Fairfax County youth are slightly more likely than their national peers to report using heroin in the past month.

**FIGURE 10. PERCENTAGE OF STUDENTS REPORTING USE OF SELECTED SUBSTANCES IN THE PAST MONTH, 2014-2018**



Source: 2018 Fairfax County Youth Survey<sup>29</sup>

**FIGURE 11. PAST MONTH PREVALENCE OF HEROIN USE BY GRADE, FAIRFAX COUNTY AND U.S., 2015-2018**

VALUES ARE PERCENTAGES						
	2016		2017		2018	
	FCPS	US*	FCPS	US*	FCPS	US*
<b>Overall</b>	0.4	0.2	0.3	0.2	0.3	0.1
<b>Grade</b>						
<b>8th</b>	0.3	0.2	0.3	0.2	0.2	0.1
<b>10th</b>	0.3	0.2	0.2	0.1	0.4	0.1
<b>12th</b>	0.5	0.2	0.5	0.3	0.3	0.2

*Note:* All percentages were calculated from valid cases (missing responses were not included).

\*US (national) data are from the Monitoring the Future Surveys (Johnston et al., 2019). The national data are not available by gender or race/ethnicity.

Source: 2018 Fairfax County Youth Survey.<sup>29</sup>

## Appendix 2: CDC Best Practices

### **CDC EVIDENCE-BASED STRATEGIES CURRENTLY USED IN FAIRFAX COUNTY OR PROPOSED FOR IMPLEMENTATION<sup>30</sup>:**

#### **Targeted Naloxone Distribution**

Naloxone is an opioid antagonist that can quickly and safely reverse the harmful effects of an opioid overdose. Targeted naloxone distribution programs aim to equip and train individuals who are most likely to encounter or witness an overdose—i.e., drug users and first responders. The task force has successfully distributed naloxone to over 2,800 people in the community.

#### **Medication Assisted Treatment (MAT)**

Medication assisted treatment is a proven pharmacological strategy that can be used to treat opioid use disorder. With Food and Drug Administration approved medications like methadone and buprenorphine, opioid receptors in the brain are activated to prevent painful withdrawal symptoms without creating euphoric effects. Supporting research has found medication assisted treatment to be an effective strategy that reduces use and helps individuals live normal lives. Medication assisted treatment continues to be a critical strategy in Fairfax County.

#### **Naloxone Distribution in Treatment Centers and Criminal Justice Settings**

This strategy establishes naloxone distribution programs in criminal justice and treatment facilities to target individuals who are about to be released from supervision or treatment. These individuals receive overdose response training and naloxone kits prior to their exit from the program or facility. The Community Services Board provides training on naloxone to people in the Adult Detention Center and distributes naloxone kits upon release.

#### **Medication Assisted Treatment in Criminal Justice Settings and Upon Release**

Medication assisted treatment is made available as a standard of care for incarcerated individuals with opioid use disorder. Those who receive treatment when they enter a criminal justice setting may want to continue receiving treatment, and those who are not in treatment may initiate and continue this care while incarcerated. Upon release, individuals are linked with appropriate care providers to continue medication assisted treatment. For FY 2021, a strategy to provide medication assisted treatment services at the Adult Detention Center will be initiated.

#### **Syringe Service Programs**

These programs, also known as needle exchange or syringe exchange, provide access to clean and sterile equipment used for the preparation and consumption of drugs, as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution and fentanyl testing strips. They also provide additional social and medical services, including safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs; tools to prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and connections to additional medical, mental health, and social services. Fairfax County is partnering with NovaSalud to bring a syringe service program to the community.

## Appendix 3: Commonwealth of Virginia: Strategies to Address the Opioid Epidemic

### THE COMMONWEALTH HAS REPORTED THE FOLLOWING SUCCESSES IN THEIR EFFORTS TO ADDRESS THE OPIOID CRISIS:

**Creation of a statewide standing order for naloxone in 2016, which was renewed in 2018<sup>31</sup>**

**Implementation of treatment protocols like Medication Assisted Treatment<sup>32</sup>**

**Creation and implementation of changes made to the Prescription Monitoring Program**

- Changes to the Prescription Monitoring Program were found to be successful by the second quarter of 2018, demonstrated by a downward trend in the number of Virginia residents who are receiving prescriptions.<sup>33</sup>
- During the first quarter, the Prescription Monitoring Program recorded that about 600,000 Virginians had received an opioid prescription. By the end of the second quarter, the Prescription

Monitoring Program recorded that 580,256 Virginians had received an opioid prescription.<sup>34</sup>

**Formation of the Governor's Advisory Commission on Opioids and Addiction**

**Expansion of Medicaid, which has made more treatment services available to Virginians who did not have coverage for substance use disorder treatment**

**Implementation of a comprehensive addiction treatment benefit, the Addiction and Recovery Services (ARTS)**

- The percent of Medicaid members with opioid use disorder who received any treatment increased from 45 percent before ARTS to 65 percent during the first 15 months of ARTS.<sup>34</sup>
- The number of opioid pain medications prescribed/distributed among Medicaid members has decreased by 28 percent during the first 15 months of ARTS.<sup>34</sup>

## Appendix 4: Best Practices from Other Jurisdictions

**IN THE DEVELOPMENT OF THE OPIOID AND SUBSTANCE USE TASK FORCE PLAN, JURISDICTIONS OF SIMILAR SIZE WERE EXAMINED TO SEE HOW THEY HAVE BEEN SUCCESSFUL WITH ADDRESSING THE OPIOID CRISIS. SEVERAL HAD PROMISING PRACTICES AND PROGRAMS. EXAMPLES INCLUDE:**

### **Clackamas, Multnomah, and Washington Counties, Oregon<sup>35</sup>**

Created a Tri-County Coalition to address and decrease opioid misuse by coordinating the efforts of public health, medical, behavioral health, payer, and patient communities.<sup>7</sup>

- **Fairfax County:** The county has an opioid data governance initiative that seeks to coordinate data sharing efforts across jurisdictions in Northern Virginia.

### Saint Louis County, Missouri<sup>36</sup>

“Anyone Can” campaign: Saint Louis County Department of Public Health expanded the “Anyone Can” campaign, which spreads awareness that anyone can be affected by addiction, anyone can get help for themselves or a loved one, and anyone can save a life with naloxone.

- **Fairfax County:** This is similar to the #CouldBeYou opioid awareness campaign.

#### MO Network Mobile Outreach

Missouri Network for Opiate Reform and Recovery uses an outreach vehicle to drive around the St. Louis metro area and reach people who use drugs and provide free naloxone, testing for hepatitis C and HIV, and referrals to treatment.

- **Fairfax County:** This approach for ongoing distribution of naloxone, along with other harm reduction services from the health department, is part of the Comprehensive Harm Reduction Program.

#### RecoverSTL Dashboard

Informs the community about the implementation of opioid initiatives and the impact of the addiction and overdose crisis.

- **Fairfax County:** The Task Force has a similar dashboard in development.

### Kentucky<sup>37</sup>

Created “Recovery Kentucky” to help state residents recover from substance use disorder, which often leads to chronic homelessness. It provides affordable housing and supportive services.<sup>8</sup> The centers and program are funded as a joint effort by the Department for Local Government, the Department of Corrections, and Kentucky Housing Corporation. Section 8 project-based vouchers fund most of the housing

costs and the state assists with operating costs through the Community Development Block Grant. Each center uses a recovery model that includes peer support, daily living skills classes, job responsibilities, and establishes new behaviors.

- **Fairfax County:** The task force will be conducting a feasibility study to see if a similar project can be started in Fairfax County.

### Richmond, VA<sup>38</sup>

Created The Healing Place, a long-term (between seven and nine months) peer-driven residential recovery program that creates pathways to sobriety, employment, and spiritual wellness.<sup>9</sup>

- **Fairfax County:** The task force will be exploring options for creating a similar peer recovery support center.

### Rhode Island<sup>39</sup>

The Department of Corrections established a medication assisted treatment program. All incoming inmates are screened and assessed for appropriateness, and the treatment is initiated upon commitment. Peer recovery coaches are embedded in the correctional facility to work

with the inmates. The program reduced post-release deaths by sixty percent.

- **Fairfax County:** The Adult Detention Center plans to launch a medication assisted treatment program in FY 2021.



## Appendix 5: Key Terms

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The CDC has created a list of Commonly Used Terms related to opioids on their website:<sup>40</sup>

- **Acute Pain** — Pain that usually starts suddenly and has a known cause, like an injury or surgery. It normally gets better as your body heals and lasts less than three months.
- **Analog** — Drugs that are similar in chemical structure or pharmacologic effect to another drug, but are not identical.
- **Benzodiazepines** — Sometimes called “benzos,” these are sedatives often used to treat anxiety, insomnia, and other conditions. Combining benzodiazepines with opioids increases a person’s risk of overdose and death.
- **Chronic pain** — Pain that lasts three months or more and can be caused by a disease or condition, injury, medical treatment, inflammation, or an unknown reason.
- **Drug misuse** — The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else’s prescription.
- **Drug addiction** — The preferred term is substance use disorder. When referring to opioids, see the Opioid Use Disorder (OUD) definition below and text box discussing the difference between “tolerance,” “dependence,” and “addiction.”
- **Fentanyl** — Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illicit drug markets for its heroin-like effect, and it is often mixed with heroin or other drugs, such as cocaine, or pressed into counterfeit prescription pills.
- **Heroin** — An illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants.
- **Illicit drugs** — The non-medical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine-type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly-manufactured fentanyl (IMF) and ecstasy (MDMA).
- **Medication assisted treatment (MAT)** — Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.
- **Naloxone** — A drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.
- **Narcotic drugs** — Originally referred to any substance that dulled the senses and relieved pain. Some people use the term to refer to all illegal drugs but technically, it refers only to opioids. Opioid is now the preferred term to avoid confusion.
- **Nonmedical use** — Taking prescribed or diverted prescription drugs (drugs not prescribed to the person using them) not in the way, for the reasons, in the amount, or during the time-period prescribed.
- **Opioid** — Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.
- **Opioid analgesics** — Commonly referred to as prescription opioids, medications that have been used to treat moderate to severe pain in some patients. Categories of opioids for mortality data include:
  - **Natural opioid analgesics**, including morphine and codeine;

- **Semi-synthetic opioid analgesics**, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone;
- **Methadone**, a synthetic opioid that can be prescribed for pain reduction or for use in MAT for opioid use disorder (OUD). For MAT, methadone is used under direct supervision of a healthcare provider;
- **Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl.
- **Opioid use disorder (OUD)** — A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder is preferred over other terms with similar definitions, “opioid abuse or dependence” or “opioid addiction.”
- **Overdose** — Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.
- **Physical dependence** — Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.
- **Prescription drug monitoring programs (PDMPs)** — State or territorial-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, opioid use disorder, and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.
- **Tolerance** — Reduced response to a drug with repeated use.

## Appendix 6: References

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- <sup>4</sup> National Center for Injury Prevention and Control. Retrieved from <https://www.cdc.gov/drugoverdose/data/otherdrugs.html>)
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- <sup>12</sup> Ibid.
- <sup>13</sup> Ibid.
- <sup>14</sup> U.S. Opioid Prescribing Rate Maps, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
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## Contact Information

### **Christopher Leonard**

*Deputy County Executive for Health and Human Services*  
Christopher.Leonard@fairfaxcounty.gov

### **Dave Rohrer**

*Deputy County Executive for Public Safety*  
Dave.Rohrer@fairfaxcounty.gov

### **G. Michael Lane**

*Director*  
Office of Strategy Management  
Gmichael.lane@fairfaxcounty.gov

### **Ellen Volo**

*Opioid and Substance Use Task Force Coordinator*  
Office of Strategy Management  
Ellen.Volo@fairfaxcounty.gov

### **Lisa Potter**

*Director of Diversion Initiatives*  
Office of Strategy Management  
Lisa.Potter@fairfaxcounty.gov

This report was researched and compiled by Sarah White, Terry Reardon, and DeAnni Smalls of the Office of Strategy Management.



12000 Government Center Parkway  
Fairfax, VA 22035