



# Developing a Community Focused Toolkit to Address Spiking Opioid Mortality in Virginia

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# Opioid Abatement Fund

The state of Virginia is set to receive a pot of money from 3 national-level opioid settlements

As a result the General Assembly created the Opioid Abatement Authority

- the intent of the OAA is to distribute money from the Opioid Abatement Fund to cities and counties in the state in order to counter the opioid crisis

# Toolkit Background

Goal: Provide a resource for counties and cities in Virginia to plan how they will utilize the money in the Opioid Abatement Fund

# Methods

- Reviewed team's previous mortality and risk data
- Conducted an informal literature review
  - CDC, Journal of Harm Reduction, other national guidelines
- Discussions with Dr. Britz, Louisa, community organizations

# Six Tenets of the Toolkit



# Stigma Against People Who Use Drugs

## Stigma at 3 levels

01

### Community

- Increased education decreases stigma
- Focus on community educators and those with lived experience

02

### Healthcare

- Can lead to delayed or substandard care
- Focus on training healthcare providers (SAMHSA webcast)

03

### Self

- Due to internalized community and healthcare stigma
- Focus on recovery spaces that do not place morality on MOUD

# Harm Reduction

What is harm reduction?

- Overdose prevention
- Infectious disease prevention
- Medications for opioid use disorder



# Harm Reduction Kits





# Educational Resources

## Three Levels of Education

Advocacy  
Organizations

Healthcare  
Spaces

Existing resources  
and new resources

Patients and  
Community



# WHAT IS HARM REDUCTION

## SYRINGE ACCESS

Locations (permanent or mobile) that both provide access to clean syringes, and enable people who use drugs to safely dispose of used syringes

Medications (most commonly buprenorphine or methadone) that reduce withdrawal symptoms and cravings and can help people to decrease or stop opioid use

## MEDICATION FOR OPIOID USE DISORDER

## SAFE CONSUMPTION SITES

Locations where people can use drugs under safety and support of trained professionals. They decrease overdoses and connect people who use drugs to resources and support

Fentanyl test strips, Naloxone trainings, overdose education, and supervised consumption prevent overdose and decrease rates of opioid mortality

## OVERDOSE PREVENTION

**EVERY PERSON DESERVES TO BE TREATED WITH DIGNITY, AND HARM REDUCTION  
DECREASES PHYSICAL, MENTAL, AND SOCIAL HARMS OF USING DRUGS  
MORE INFO: [HARMREDUCTION.ORG](https://harmreduction.org)**

# WHY HARM REDUCTION?



## Decreases Overdoses

Access to safe consumption sites, medications for opioid use disorder, fentanyl testing strips, and naloxone trainings decrease overdoses

1

## Decreases Disease

Testing for infectious diseases, vaccination, syringe programs, and wound care decrease diseases such as HIV, hepatitis B and C, and skin infections

2

## Decreases Crime

Harm reduction is associated with a decrease in criminal activity, arrest, and incarceration rates

3

## Treats People with Dignity

Harm reduction sees people who use drugs as people first, focusing on helping them to use safely and connect them to necessary resources

4

# Opioid Overdose Prevention

## RECOGNIZING AN OVERDOSE AND WHAT TO DO ABOUT IT

### Signs of an Opioid Overdose

- ✓ They are **not breathing**, or are **gurgling**
- ✓ Their skin may be **gray or blue**
- ✓ They often have **pinpoint pupils**
- ✓ They are **unresponsive**

### HOW TO USE NALOXONE



### What Do You Do?

- ✓ Try to **wake them up**
- ✓ Administer **naloxone**
- ✓ **Call 911**
- ✓ Provide **rescue breathing**
- ✓ Roll them into **the recovery position**

### THE RECOVERY POSITION



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The Good Samaritan Law says that you **cannot** be arrested for seeking medical attention for someone experiencing an overdose, or administering naloxone

# Harm Reduction Myths

MORE INFO HERE!



**1 Syringe access programs increase drug use**  
Syringe access has **NOT** been proven to increase drug use. Access to sterile syringes helps people who already use to use safely, and decreases prevalence of used needles in public spaces.

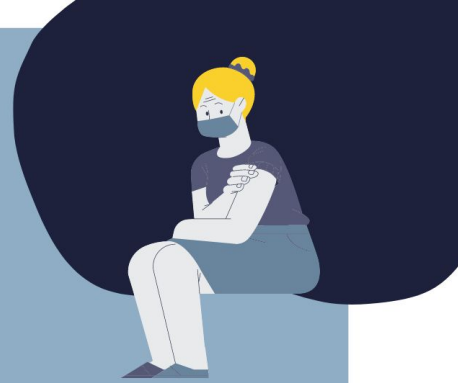
**2 Methadone and buprenorphine are legalized heroin**  
Though medications for opioid use disorder do bind the same receptors in the brain as opioids, they are more tightly regulated than street drugs, and are used to decrease withdrawal symptoms and cravings so people who wish to stop using can do so

**3 Harm reduction services make neighborhoods less safe**  
Harm reduction services actually improve community safety and cleanliness: services decrease improper syringe disposal and open air drug use as well as overdoses and infectious diseases

**4 Harm reduction encourages drug use**  
Harm reduction doesn't encourage drug use it simply helps decrease the harms associated with drug use and help connect people to recovery resources if they wish



# MEDICATIONS FOR OPIOID USE DISORDER (MOUD)



**MOUD is NOT just replacing one drug with another, it is an evidence based treatment for opioid use disorder**

1

Most commonly buprenorphine or methadone

2

Binds to the same receptors in the brain as opioids to decrease withdrawal symptoms and cravings

3

Decrease risk of overdose because tolerance is not reduced in the event of an episode of reuse

4

Must be prescribed by a healthcare provider and have consistent follow up and monitoring

5

Helps people who want to stop using opioids stop their drug use, and increases the likelihood that they will continue to not use drugs



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# Primary Care Access

Focus on funding for more primary care providers and purposeful, non-stigmatizing access to primary care for people who use drugs

- Medication access
- Mental health support
- Infectious disease care
- Wound care
- Longitudinal care

# Stable Housing

Many people who use drugs experience homelessness or housing instability, which makes accessing support services or recovery more difficult

- Focus on providing housing first
  - **Housing First movement**

# Community Collaboration

Solving the opioid epidemic will not happen in isolation, must be interdisciplinary and community based

- Task forces
  - Ex: Rappahannock Area Opioid Work Group
- Fatality Review Boards
- Peer Recovery Specialists

# Conclusion

- There are already things that are working across the country
- Utilize these resources to make the toolkit
- Development must occur in conjunction with community discussion



# Future Directions

Community interviews

# Discussion

# Sources

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# Jackie Notes

Black individuals less likely to be diagnosed with OUD even though they have higher overdose rates

Mean comparisons for mental health, primary care, outpatient diagnoses

Show ED vs outpatient

Discuss overall data and then zeroing in on Bright and Cold spots (outliers)

2-3 top data findings, what story do we want to tell?

1. Healthcare access/usage is protective (mental health, PCP, buprenorphine)
2. ED/Community overdoses risk factor for mortality
3. Mapping data, significant clustering differences (SW VA vs the rest of the state and historically funds going to rural VA)- research ARTs program (funding works!)
4. Nugget on opioid mortality racial disparity