DBHDS

Virginia Department of Behavioral Health and Developmental Services

2011 Biennial Report on Substance Abuse Services
Per Code of Virginia § 37.2-310

to the

Governor

and

Members of the Virginia General Assembly

January 31, 2012

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF
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January 31, 2012

To: The Honorable Robert F. McDonnell

and

Members, Virginia General Assembly

I am pleased to present to you the 2011 Biennial Report on Substance Abuse Services, required by the *Code of Virginia* § 37.2-310.

The Department of Behavioral Health and Developmental Services is committed to the highest standards of stewardship with the public funds allocated to it for the treatment and prevention of substance abuse. This report provides epidemiological information about the incidence and prevalence of substance use disorders in the Commonwealth, the resources available to address these needs, and provides highlights of the activities undertaken by this department in the past two years to provide services for prevention and treatment.

Substance use disorders, a group of disabling illnesses characterized by continued use of alcohol, drugs, and other substances in the face of known harm, affect all residents of Virginia, even those who do not imbibe or use any drugs, with widespread consequences for public health, safety, and economic loss. However, with appropriate help and support, recovery is possible. Persons in recovery can lead full lives as contributing tax-paying citizens who are fully engaged in the communities in which they live.

This report describes the major initiatives of this department in the last two years. I hope you will find it useful.

Sincerely,

James W. Stewart, III

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Per Code of Virginia § 37.2-310
to the Governor
and Members of the Virginia General Assembly
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EXECUTIVE SUMMARY

Overview

Title 37.2 of the *Code of Virginia* establishes the Virginia Department Behavioral Health and Developmental Services (DBHDS) as the state authority for alcoholism and drug abuse services. DBHDS works to make efficient, accountable and effective services available for citizens with substance use disorders. The department is responsible for the administration, planning and regulation of services for substance use disorders in the Commonwealth.

This report provides epidemiological information about the extent to which substance use disorders affect the residents of the commonwealth and reports on major activities of the department on their behalf.

Nature, Scope and Degree of Substance Abuse in Virginia

Epidemiological information about the numbers of residents using, abusing and dependent on alcohol and other drugs in Virginia is derived from the National Survey on Drug Use and Health (NSDUH), conducted annually under the auspices of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH data, collected from individuals age 12 and older, can be analyzed regionally and by age groups. Another source of information is the Office of the Chief Medical Examiner at the Virginia Department of Health which reports drug caused deaths on an annual basis.

Over half (52.37%) of Virginians drink alcohol, and nearly half of these (22.9% of all Virginians) engaged in binge drinking (drinking five or more drinks in one occasion) in the month prior to the survey. This proportion increases to 42.98% for those 18-25. Almost 8% of Virginians meet the criteria for abuse or dependence on alcohol (see Appendix C for definitions), and this rises to 19.45% for those 18-25. The proportion needing but not receiving treatment for alcohol use is 7.23% for the general population, rising to 18.44% in the 18-25 age group.

Illicit drugs include legal drugs that are used illicitly as well as drugs that are illegal. While fewer than 8% (7.56%) of Virginians age 12 and older used illegal drugs in the month prior to the survey, the proportion was about one-fourth (25.79%) for those between the ages of 12-25. In the past year, 9.84% Virginians used marijuana but, following the same pattern, 13.77% of those between 12-17 and 26.94% of those between 18-25 used this drug. The proportion of Virginians 12 and older using cocaine, including “crack”, was only 2.37%, but that is slightly higher than the national rate of 2.32%. The rate of use nonmedical use of pain relievers in the past year is 4.89% for the commonwealth as a whole, slightly lower than the national rate of 5%, but the rate in the southwestern region of the state is 5.62%. Age data indicate that this is a significant problem among youth in Virginia, with 6.91% of those 12-17 and 11.15% of those

18-25 reporting nonmedical use of pain relievers in the past year. The proportion of Virginians needing but not receiving treatment for illegal drug use is slightly less, at 2.45%, than the national rate of 2.53%, but the rate among youth is 4.07%, climbing to 6.99% for young adults ages 18-25.

The Office of the Chief Medical Examiner reports that drug caused deaths have increased 85.7% since 1999. In 2009, 713 individuals died due to this cause, with 38% of these deaths attributed to narcotics. Rates in the western part of the state (which includes the southwestern region discussed above) are considerably higher than other parts of the state, but the problem is clearly spreading.

Major Activities

Creating Opportunities for People in Need of Substance Abuse Services: An Interagency Approach to Strategic Resource Development. At the request of the Governor, DBHDS prepared a strategic plan for substance abuse services and placed the plan on its website on November 21, 2011. This plan was the result of a two-stage, two-year process, involving advocates and consumers, providers, and other key state agencies. The resulting plan, *Creating Opportunities for People in Need of Substance Abuse Services: An Interagency Approach to Strategic Resource Development* (http://www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf), indicates that nearly $54 million is needed to improve access to services, address gaps in the array of services and provide adequate support services to those in need of substance abuse treatment.

Senate Joint Resolution 73: The Study of Strategies and Models for Substance Abuse Prevention and Treatment. Chaired by Senator Emmett W. Hanger, Jr., this was the third and final year of a joint subcommittee that heard extensive testimony about a variety of programs and services in the commonwealth. These include regional approaches currently in place to address the problem of prescription drug abuse; the importance of prevention and other community coalitions; federal initiatives, including the Wellstone-Domenici Act and the Affordable Care Act; Recovery-Oriented Systems of Care models of service provision; homelessness and addiction; medication-assisted treatment; and the state's Prescription Monitoring Program.

Project REMOTE (Rural Enhanced Model for Opioid Treatment Expansion). Project REMOTE was funded by a federal grant of $500,000 annually from SAMHSA for three years, starting in the fall of 2006. It concluded its federal funding in November, 2009. Project REMOTE provided treatment to 229 persons addicted to opiates, often through abuse of prescription pain medication. Evaluation data indicated that project participants were less likely to use drugs by injection, more likely to be abstinent from drug or alcohol use, and more likely to be employed or engaged in education than they were before receiving treatment through the project. DBHDS received funding from the Virginia Office of the Attorney General to continue to project for an additional year.

Strengthening Families Prevention Grants. DBHDS used funds from the federal Substance Abuse Prevention and Treatment block grant to support Strengthening Families in 16 communities. These projects provided a weekly family meal and facilitation to "at-risk" families to improve communication.

Interagency Prevention Grant. As a member of the Governor's Office for Substance Abuse Prevention Collaborative, DBHDS partnered in the commonwealth's application to SAMHSA for funds to develop a major statewide prevention initiative. Virginia was awarded $2,135,724 annually through 2015 and is targeting underage alcohol use. DBHDS is the administrator of the grant and is partnering with the Virginia Commonwealth University Center for School and Community Collaboration.

Preventing Youth Tobacco Use**.** DBHDS worked with CSBs and the Virginia Foundation for a Healthy Youth to strengthen prevention activities aimed at reducing tobacco use by youth. Funded by the foundation and federal funds from the Substance Abuse Prevention and Treatment block grant, the programs reached over 35,000 individuals.

Training in Clinical Supervision for CSBs and Other State Agencies. DBHDS provided skill and knowledge training to over 200 clinical supervisors from CSBs, state mental health facilities and the Department of Juvenile Justice Services to improve the quality of treatment services. The training also provided necessary training hours to qualify these professionals to provide supervision to those seeking licensing as clinical social workers or professional counselors, per regulations promulgated by the Department of Health Professions. Provided in nine sites over multiple days, these events were funded by the Substance Abuse Prevention and Treatment block grant.

2010 Annual Meeting of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). The Virginia Department of Behavioral Health and Developmental Services hosted the 2010 annual meeting of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) in Norfolk, Virginia. Approximately 250 individuals representing other states and national programs participated in the meeting.

Virginia Summer Institute for Addiction Studies (VSIAS). DBHDS provided staff and financial support from the Substance Abuse Prevention and Treatment block grant for the 2009 and 2010 VSIAS events held in Williamsburg. VSIAS provides an opportunity for Virginia substance abuse professionals to learn from national experts through lectures and participatory workshops in an intensive learning environment. In 2009, 339 persons participated and 304 participated in 2010.

Virginia Association of Medication Assisted Recovery Programs (VAMARP). This annual training event provides current information to professionals working with opiate-dependent individuals. DBHDS provides staff support and funding from the Substance Abuse Prevention and Treatment block grant. More than 250 persons attended each of the conferences offered in 2009 and 2010.

Statewide Peer Services Conference. DBHDS collaborated with SAARA of Virginia and the Central Virginia Evidence-Based Practice Implementation Network in the planning and executing of the second conference focused on services for persons with substance use disorders and/or mental illness that are provided by people in recovery from these illnesses. Funded with federal Substance Abuse Prevention and Treatment and Community Mental Health Services

block grant funds, the conference was attended by over 225 participants who represented a broad range of stakeholders.

Regional Professional Development Conferences. To improve the quality of services offered in the community, DBHDS offered a variety of knowledge and skill building workshops on a regional level. These events were funded by the federal Substance Abuse Prevention and Treatment block grant.

OVERVIEW

Purpose

This biennial report provides information about the extent to which Virginians are affected by substance use disorders and the activities supported by the Department of Behavioral Health and Developmental Disorders to address these needs during the biennium (2009-2011). National statistical information analyzed at the state level was used to identify state, regional and age-related issues.

The Department Behavioral Health and Developmental Services

Title 37.2 of the *Code of Virginia* establishes the Virginia Department Behavioral Health and Developmental Services (DBHDS) as the state authority for alcoholism and drug abuse services. DBHDS works to make efficient, accountable and effective services available for citizens with substance use disorders. The department is responsible for the administration, planning and regulation of services for substance use disorders in the Commonwealth.

Treatment for individuals with alcohol and other drug problems is generally best provided in a community setting. DBHDS supports substance use disorder prevention and treatment services provided in local communities through the allocation of State General Funds (GF) and federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funds to 40 community services boards (CSBs) and behavioral health authorities (BHAs). These organizations are entities of local government. The department's relationship with all CSBs/BHAs is based on the community services performance contract. DBHDS funds, monitors, licenses, and regulates the CSBs which function as:

- The single point of entry into the publicly-funded substance abuse services system;
- Providers of treatment and prevention services, directly and through contracts with other providers;
- Advocates for consumers and individuals in need of services; and
- Advisors to the local governments.

Substance Related Disorders

Substance use disorders involve the dependence on or abuse of alcohol and other drugs, which include the non-medical use of prescription drugs, are defined using the American Psychiatric Association's criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition-Revised (DSM-IV-R). There are two distinct levels of substance use disorders: substance dependence (addiction) and substance abuse. Dependence reflects a more severe substance problem than abuse. The National Survey of Drug Use and Health (NSDUH, 2008[1]), conducted by the federal government, indicates that 9.16% of Virginians, or 620,595 individuals, meet criteria for dependence on or abuse of illicit drug or alcohol in the past year.

[1] 2008 NSDUH data is the most current data available with state and intrastate analysis.

NATURE, SCOPE AND DEGREE OF SUBSTANCE ABUSE IN VIRGINIA

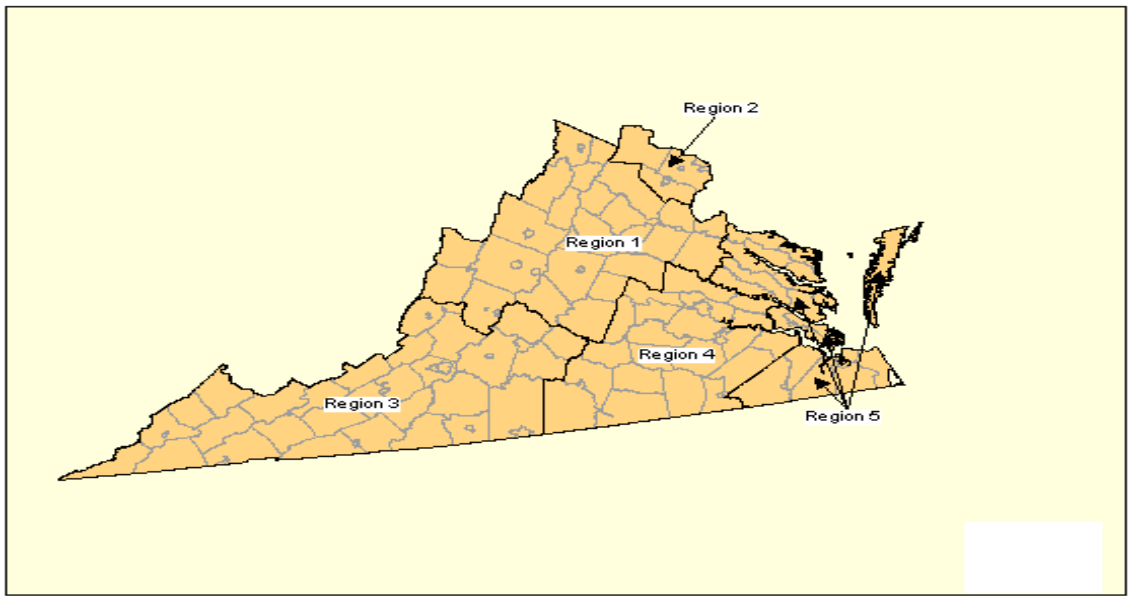
Sources of Information

Information about the types and extent of substance abuse in the commonwealth comes from several resources. A major source of epidemiological information (the measure of the occurrence of the disorder) is the National Survey on Drug Use and Health (NSDUH) conducted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Another important source of information is provided by the Office of the Chief Medical Examiner at the Virginia Department of Health concerning causes of death related to substance abuse.

National Household Survey of Drug Use and Health

This survey is conducted annually by interviewing enough individuals age twelve and older in the population to allow statistically valid generalizations to be made. In Virginia, a valid sample of individuals representing each of five regions of the state is interviewed, which is helpful in tracking regional trends to assist in planning and allocating resources. A list of Virginia cities and counties grouped by these five regions is included as Appendix B.

Map of Virginia Displaying Five NSDUH Regions



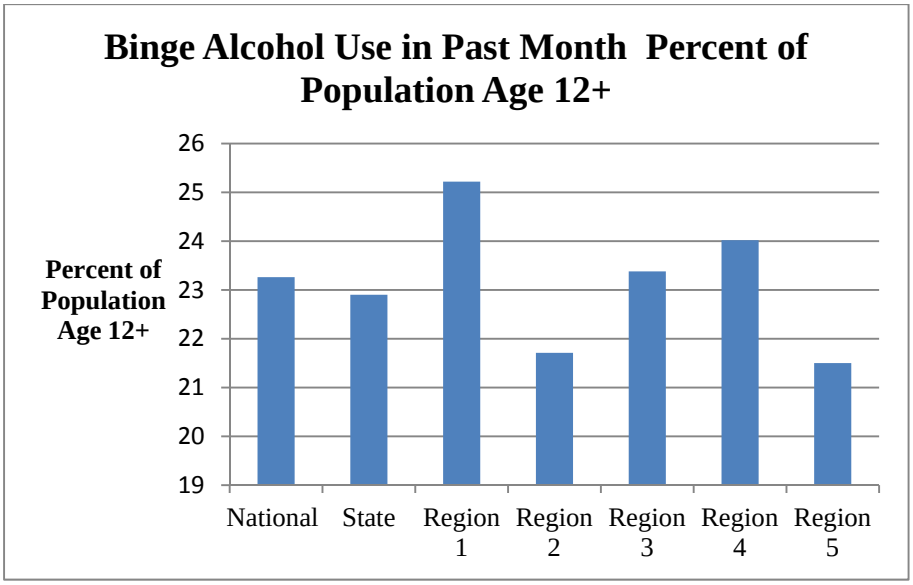
In addition, valid samples are collected by age groups so that developmental trends can be identified. To strengthen the power of the data analysis of these smaller groups, SAMHSA combines two or three years of data for analysis when it issues its official reports. The NSDUH data that is reported in this document provides regional analysis of data collected in 2006, 2007, and 2008. The age-group data was collected in 2008 and 2009. The population figures are for Virginia in 2010, based on the U. S. Census.

NSDUH collects data on the same issues each year. The charts below depict the responses to selected questions in three ways. The first chart shows the proportion of the population impacted by nation, state and region. The second chart shows the actual population impacted

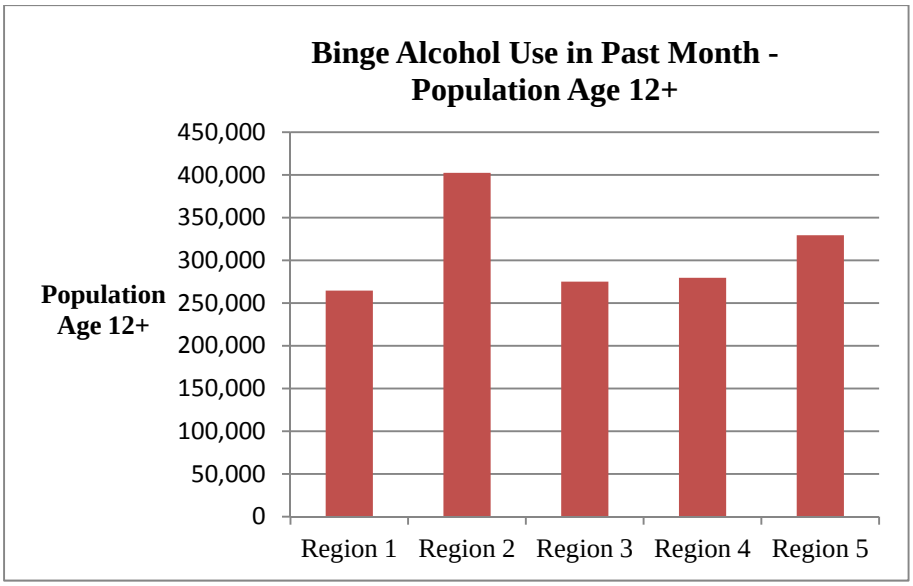
displayed by state region. The regions are not equal in population size, and in some instances a larger number of individuals may be affected by an issue even when the proportion of the population affected is smaller. The third chart displays the responses by percent of population divided by age groups of 12-17, 18-25, and 26 and older. Analysis by age is important, as substance use disorders can have long-term effects if not addressed.

Alcohol is both the most used and abused drug in the nation. NSDUH data indicate that, nationally, 51.23% of the population older than twelve years used alcohol in the month prior to the survey. In Virginia, the rate of alcohol use, 52.37%, is slightly higher.

a. Binge Drinking. About half of those who use alcohol engaged in binge drinking (five or more drinks on one occasion) in the month prior to the survey. The national rate for binge drinking is 23.26% and the rate in Virginia, is slightly lower, 22.9%, with the highest rate in Region 1 (25.22%) and the lowest rate in Region 5 (21.5%). The chart below displays the percent of the population that engaged in binge drinking



The chart on the next page displays estimates of the actual numbers of people who engaged in binge drinking by region. Although the proportion of binge drinkers in Region 1 is the highest, the actual numbers of people who engaged in binge drinking was the highest in Region 2, followed by Region 5.



	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	23.26	22.90	25.22	21.71	23.38	24.02	21.50
Population Figure	57,742,312	1,551,487	264,664	402,379	275,068	279,559	329,343

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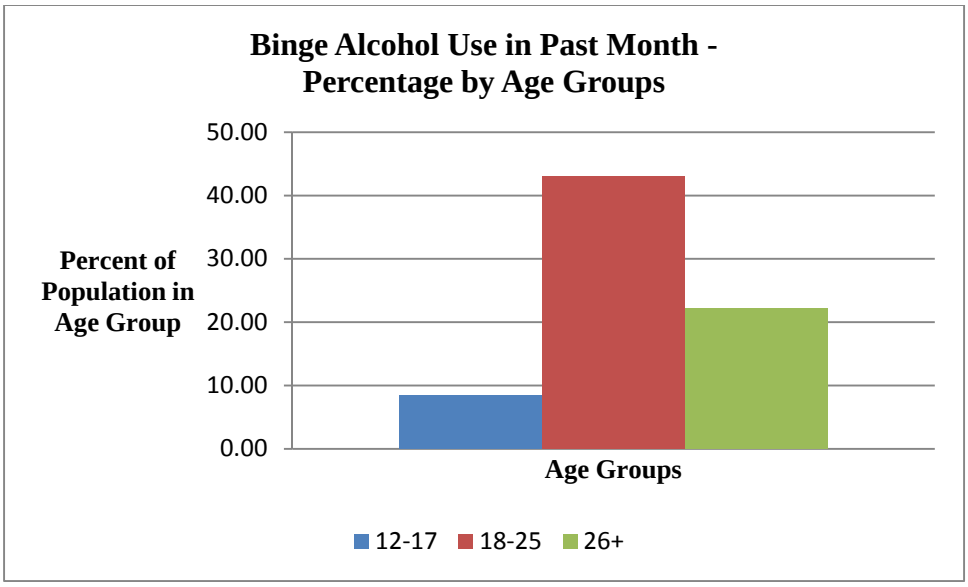
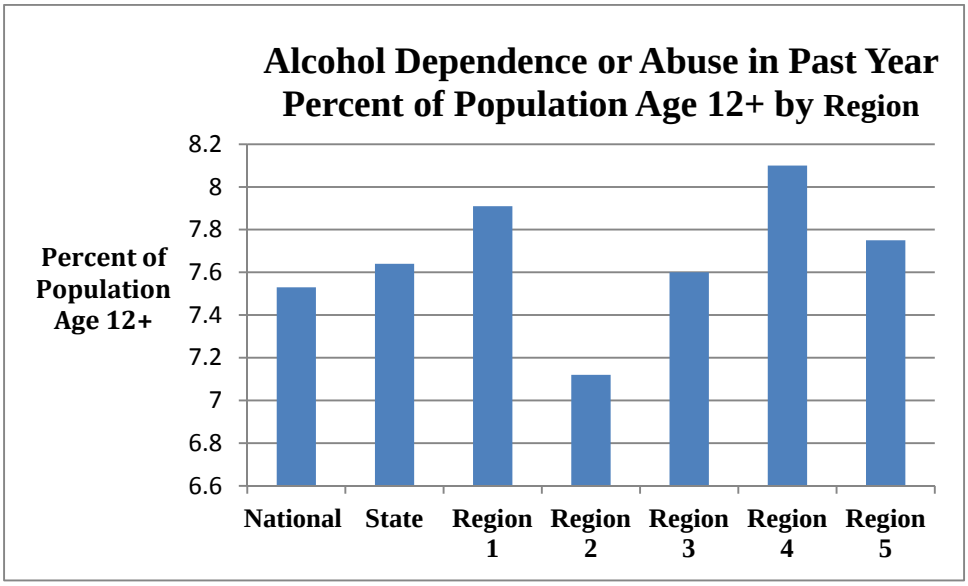
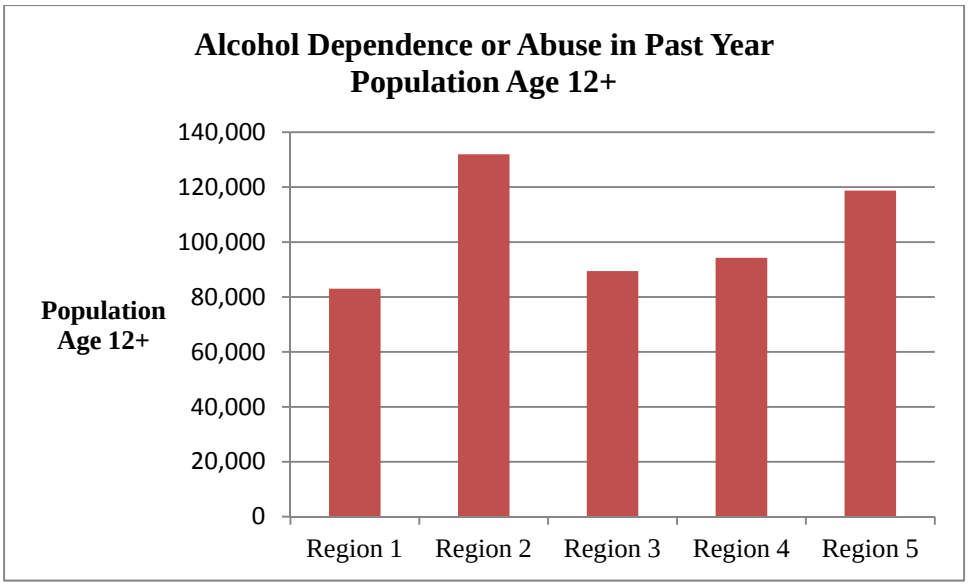


	12-17	18-25	26+
Percent of Population	8.41	42.98	22.15
Population Figure	53,599	389,117	1,158,972

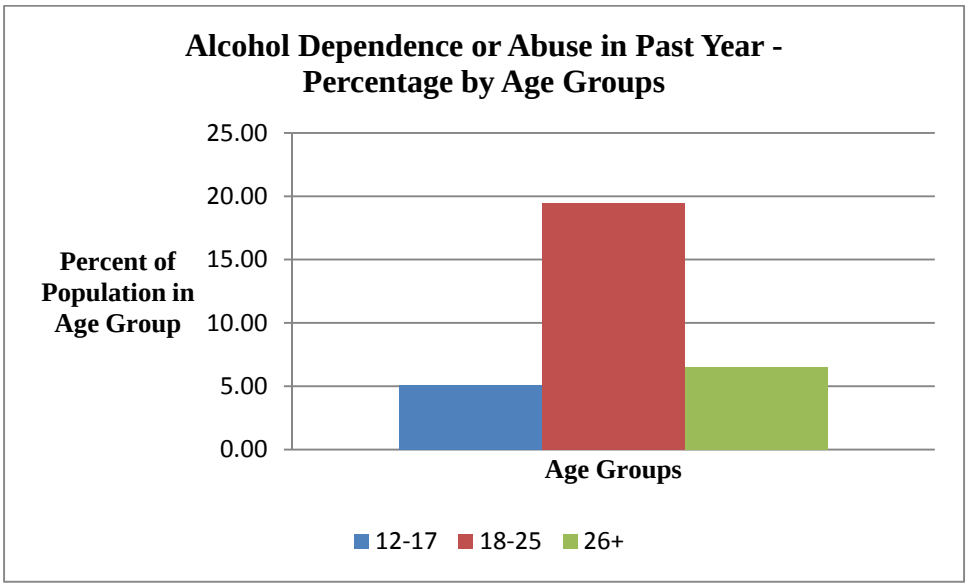
The chart above displays an alarming trend among Virginia youth. Although possession of alcohol is illegal for those under 21, more than 8% of Virginia's youth engaged in binge drinking the month prior to the survey, and nearly 43% of those between 18 and 25 drank to this excess. For those who are 26 and older, more than one in five engaged in binge drinking in the month prior to the survey.

b. Alcohol Dependence or Abuse. In the context of the NSDUH survey, the terms "dependence" and "abuse" have specific clinical meanings. The Diagnostic and Statistical Manual, the standard reference of the American Psychiatric Association used to diagnose psychiatric disorders, sets forth distinct criteria for dependence and for abuse (found in Appendix C). The chart above indicates that nationally, 7.53% of Americans met criteria for one of these disorders, and that a slightly higher proportion of Virginians (7.64%) met criteria for either abuse of or dependence on alcohol. Region 4 had the greatest proportion while Region 2 had the lowest. In raw numbers, however, Region 2 had the greatest number of people who met one of these clinical criteria, and Region 5 was a close second.





	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	7.53	7.64	7.91	7.12	7.60	8.10	7.75
Population Figure	18,693,018	517,614	83,009	131,964	89,415	94,273	118,717

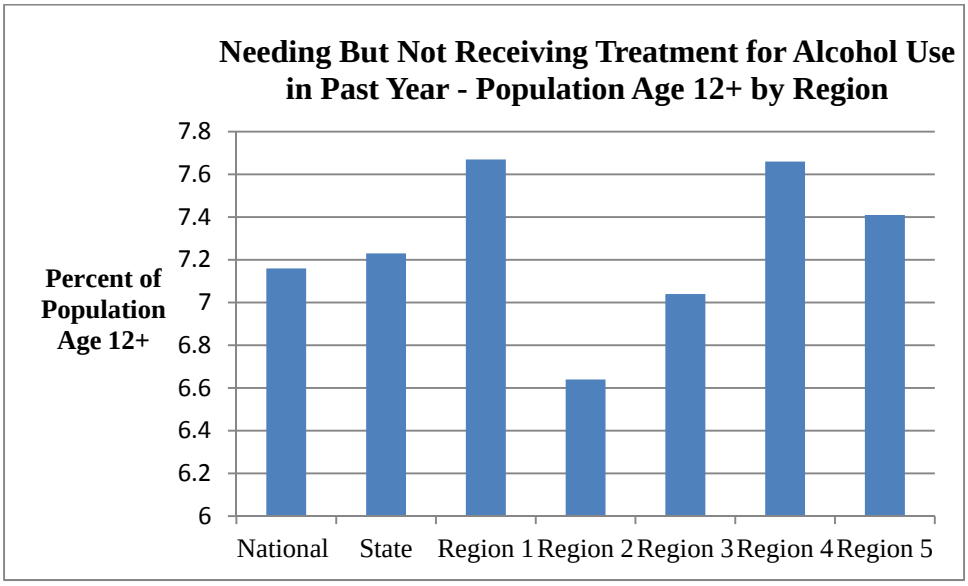


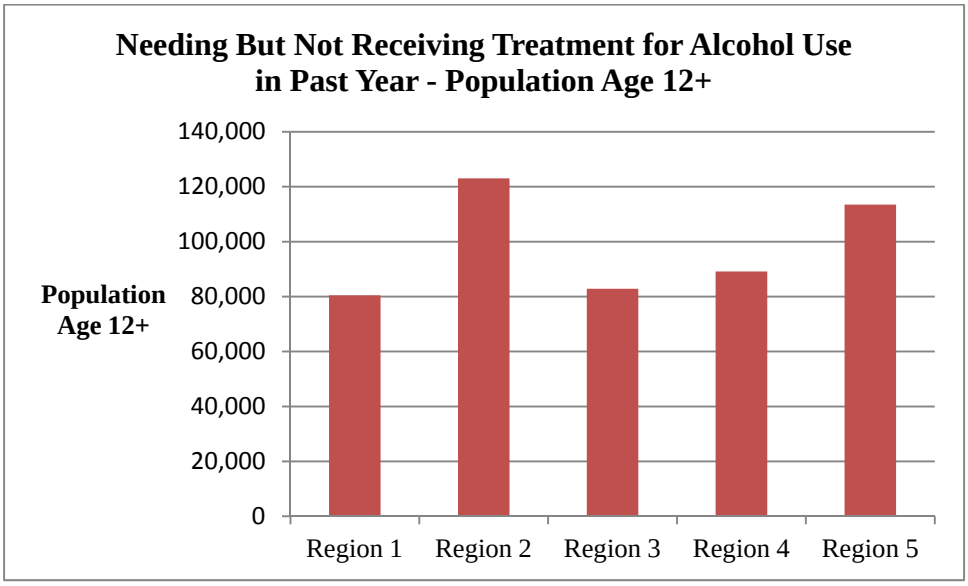
	12-17	18-25	26+
Percent of Population	5.07	19.45	6.48
Population Figure	32,312	176,090	339,058

The chart above provides a startling picture of the degree of the problem of alcohol dependence among youth in Virginia. More than 5% of children ages 12-17 suffer from alcohol dependence or abuse, and that number is higher (nearly 20 %) for young adults

ages 18-25. All told, nearly one-quarter of all Virginians ages 12-25 suffer from alcohol dependence.

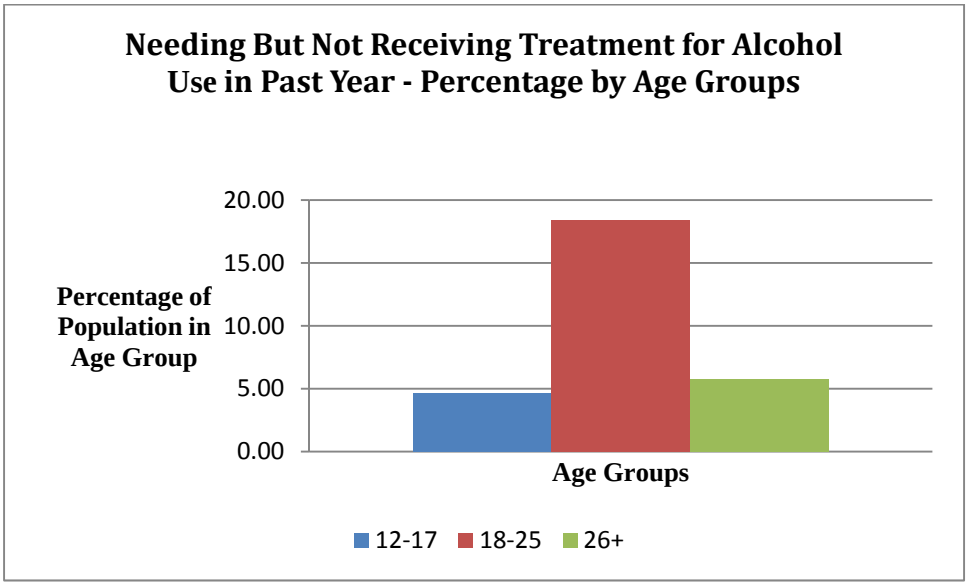
c. <u>Needing but not receiving treatment for alcohol use.</u> The next three charts illustrate the extent to which individuals in Virginia need treatment for alcohol dependence but do not receive any. The greatest proportions of individuals needing but not receiving treatment are in Regions 1 and 4, but the greatest overall numbers of those individuals are greatest in Regions 2 and 5.





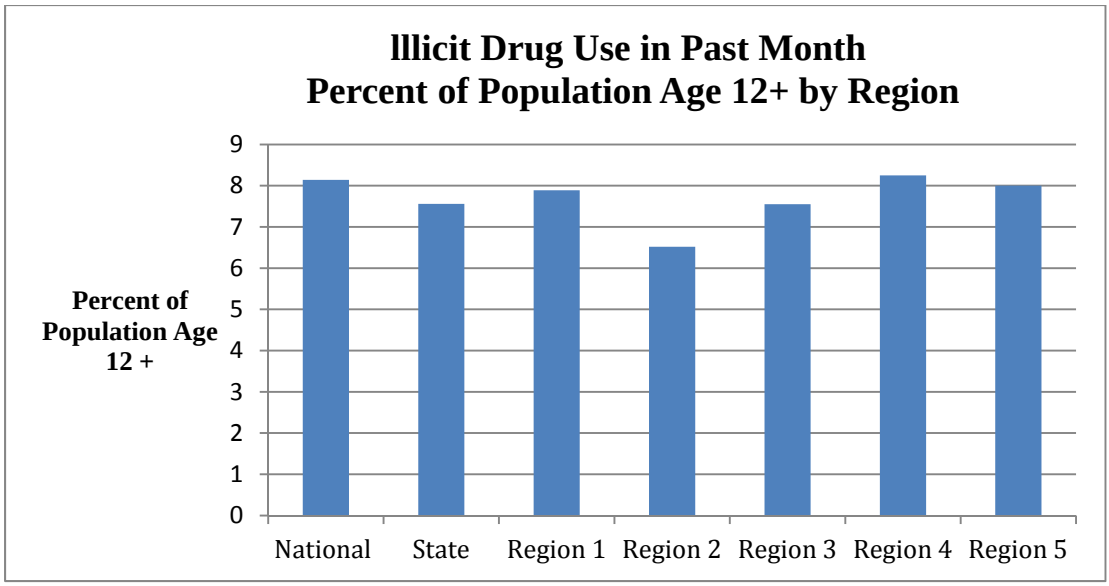
	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	7.16	7.23	7.67	6.64	7.04	7.66	7.41
Population Figure	17,774,504	453,756	74,774	109,714	78,327	82,368	108,253

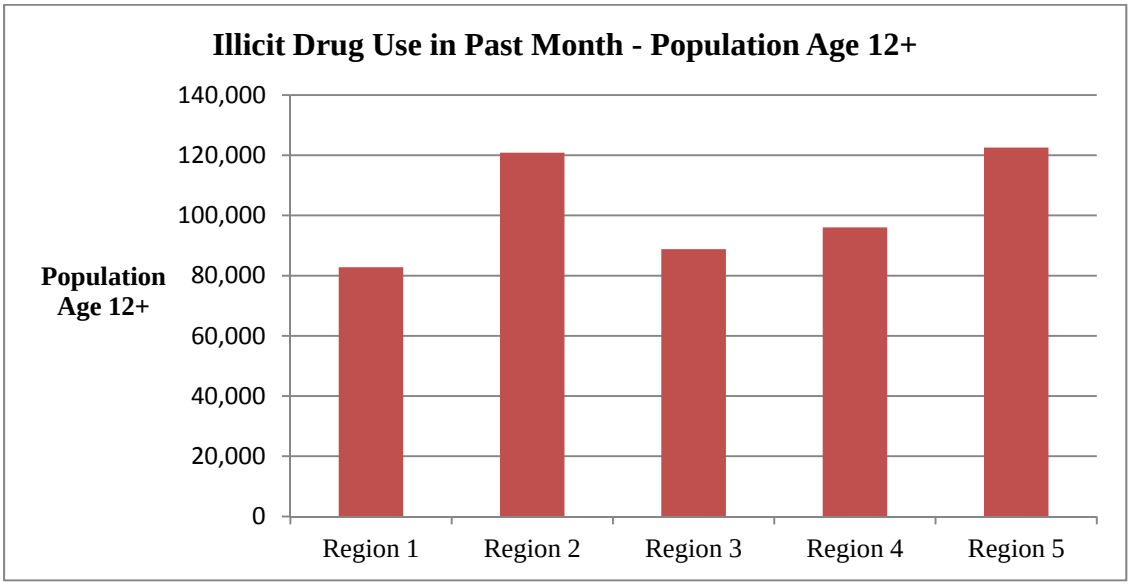
As illustrated earlier, adolescents and young adults in Virginia exhibit higher rates of alcohol dependence than in the general population. Those same age groups also have higher rates of needing but not receiving treatment, as the chart below indicates.



	12-17	18-25	26+
Percent of Population	4.68	18.44	5.80
Population Figure	29,827	166,946	303,478

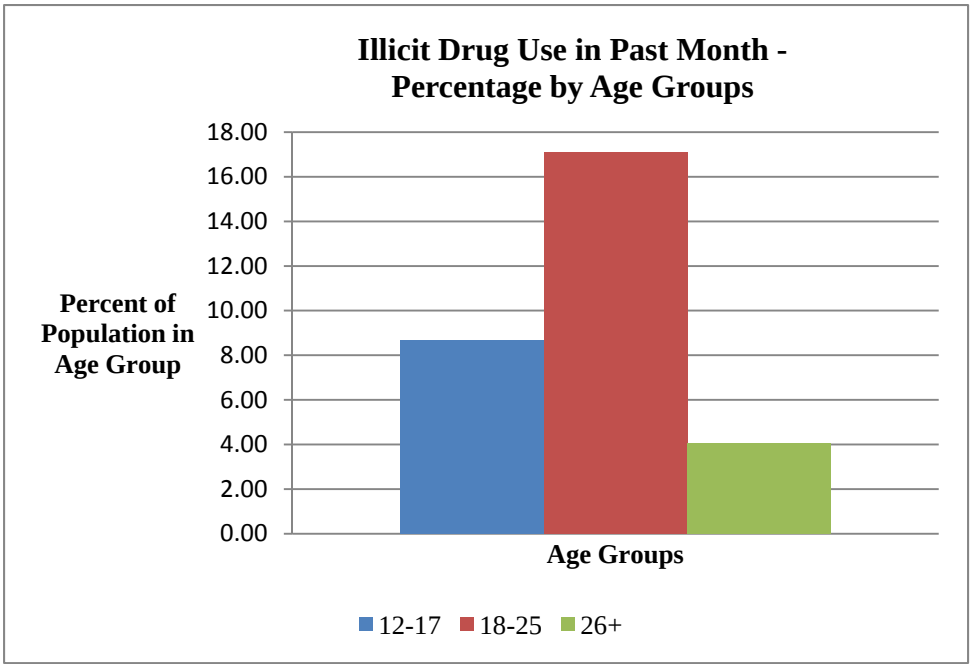
Illicit drugs include legal drugs that are used illicitly as well as drugs that are illegal. Illicit drug use is on the rise in the United States. In 2009, an estimated 21.8 million (8.7%) Americans aged 12 or older were current (in the last 30 days) illicit drug users. This is an upward trend, from 8.0% in 2008 and 7.9% in 2004. Marijuana, psychotherapeutics, and cocaine lead the list of the most abused illicit drugs. In Virginia, the incidence of illicit drug use is similar to national averages, with the exception of Region 2, whose percentage is well below the national average. However, note that in actual numbers, Region 2 is among the highest actual numbers of people using illegal drugs, topped only by Region 5. Region 1 has the fewest overall number of individuals identified as current illicit drug users.





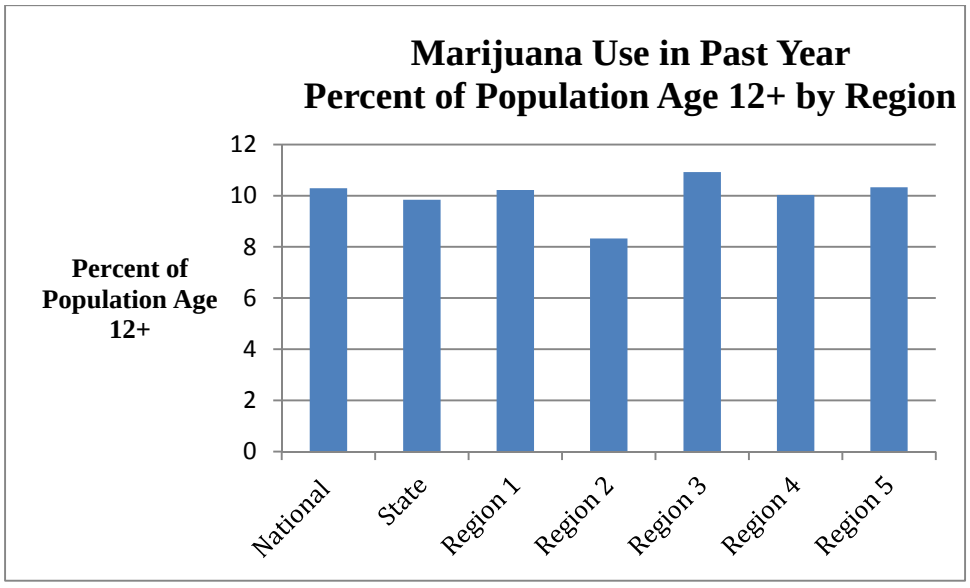
	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	8.14	7.56	7.89	6.53	7.55	8.25	8.00
Population Figure	20,207,327	512,194	82,799	120,844	88,827	96,019	122,546

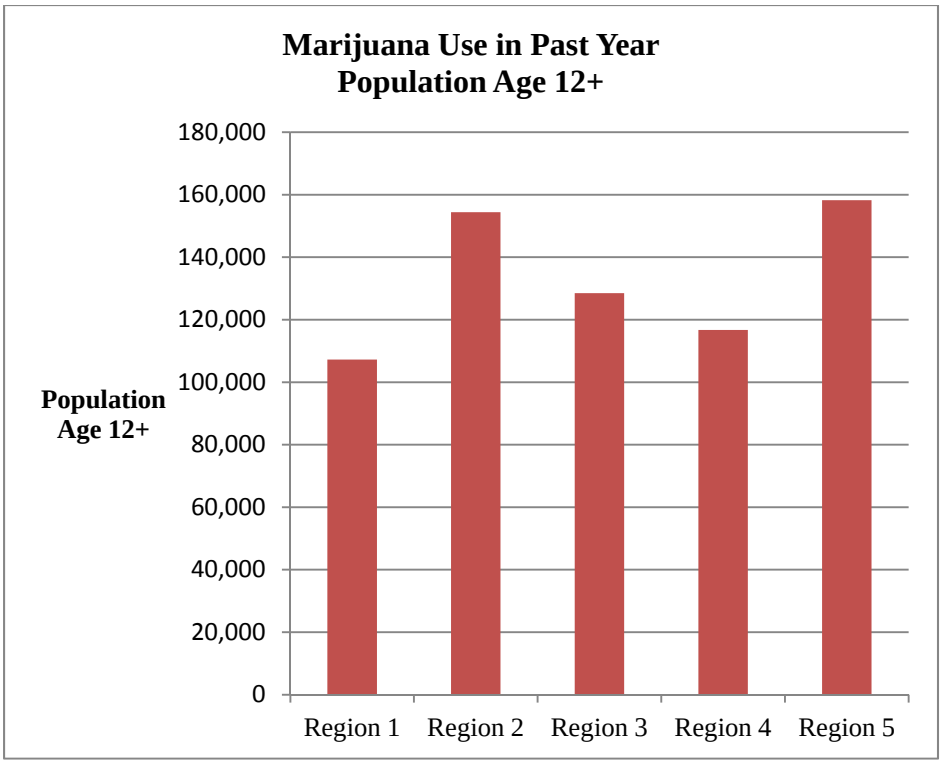
When viewed by age group, the incidence of current illicit drug use is very similar to that of alcohol dependence in Virginia. Just as with alcohol dependence, around one-quarter of Virginians ages 12-25 are current illicit drug users. The exception for illicit drug use is the 12-17 age group, which represents a much higher proportion of users (8.7%) than for alcohol dependence.



	12-17	18-25	26+
Percent of Population	8.69	17.10	4.05
Population Figure	55,384	154,814	211,911

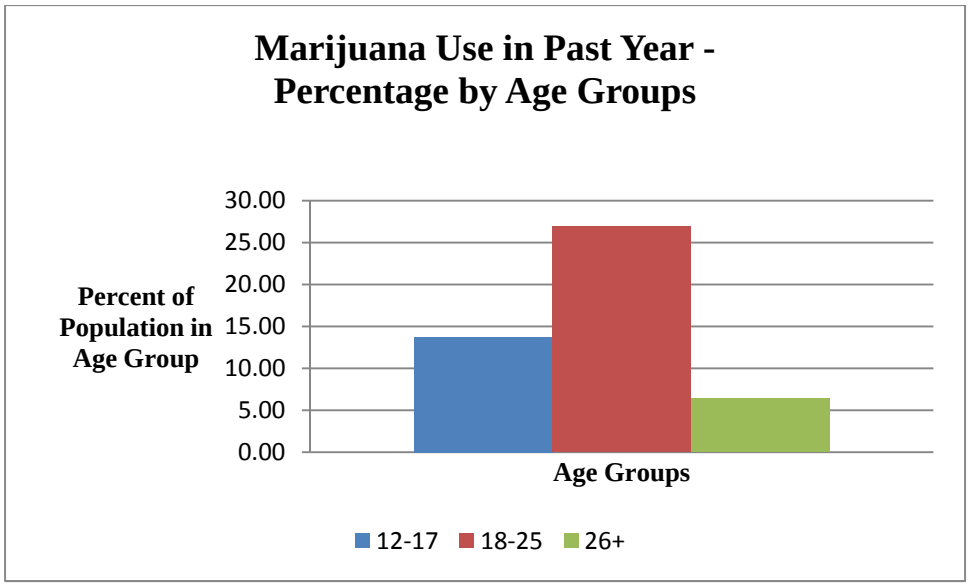
a. Marijuana use follows closely along national averages for proportions of the population. Although the proportion of people in Region 2 using marijuana is nearly two full percentage points below the national average, the numbers of actual persons ranks right behind Region 5. Region 4 has the highest proportion of marijuana use.





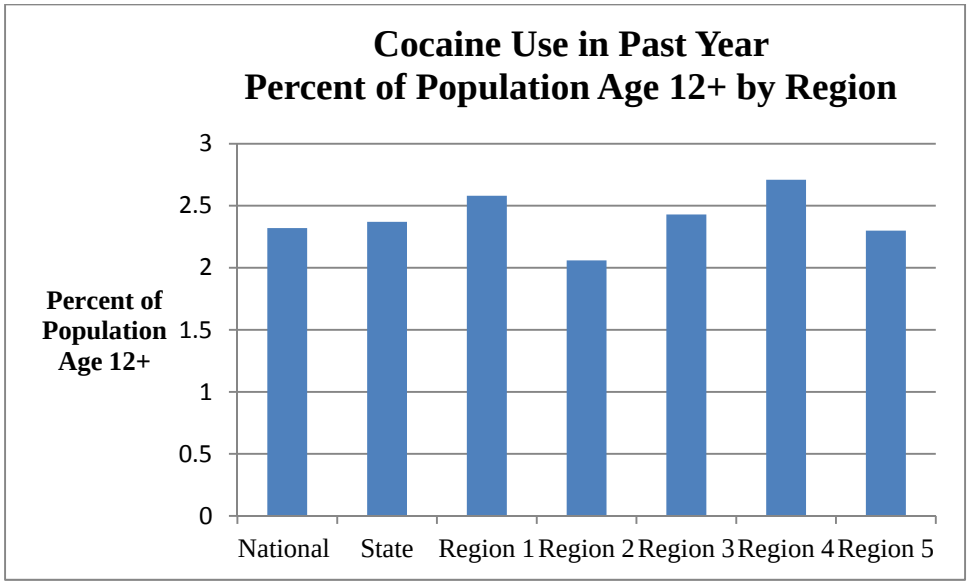
	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	10.29	9.84	10.22	8.33	10.92	10.03	10.33
Population Figure	25,544,643	666,665	107,251	154,391	128,475	116,735	158,238

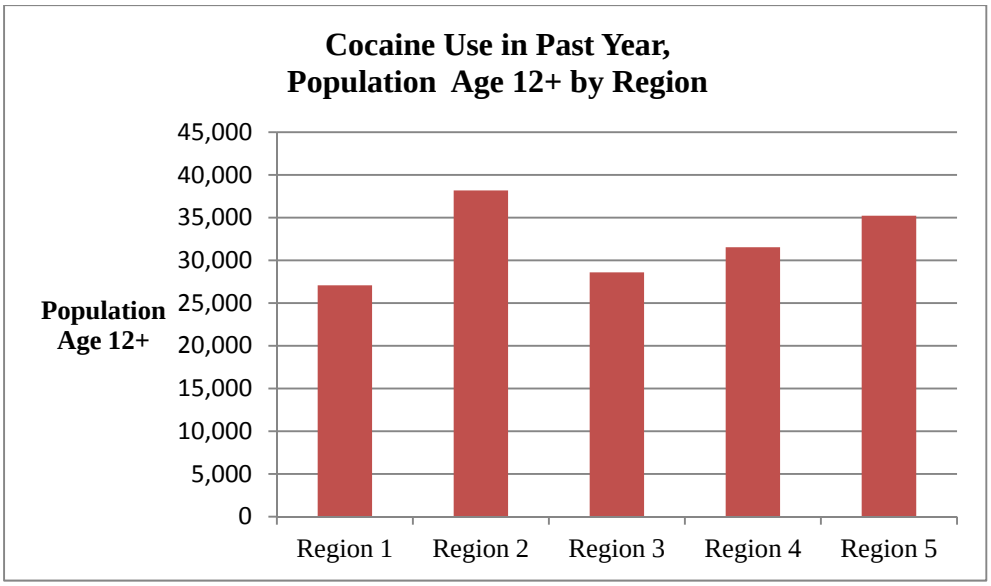
More than 13% of those between the ages of 12-17 and nearly 27% of those between the ages of 18-25 currently use marijuana in Virginia, proportions higher than alcohol or illicit drugs as a whole. These numbers dwarf the proportion of adults age 26 and older who currently use marijuana, and provide a startling picture of the prevalence of marijuana use by Virginia's adolescents and young adults.



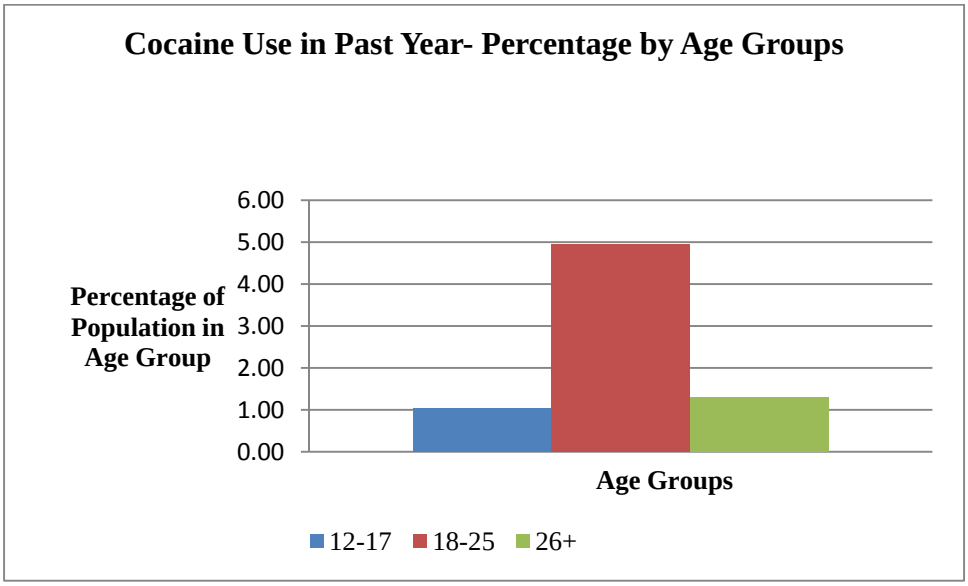
	12-17	18-25	26+
Percent of Population	13.77	26.94	6.39
Population Figure	87,760	243,900	334,349

b. <u>Cocaine use</u> is highest by proportion of the population in Region 4 and 1, while Regions 2 and 5 have the highest overall number of cocaine users. Cocaine use is of greatest concern for young adults between the ages of 18-25 who use cocaine nearly four times as much as adults age 26 and older.



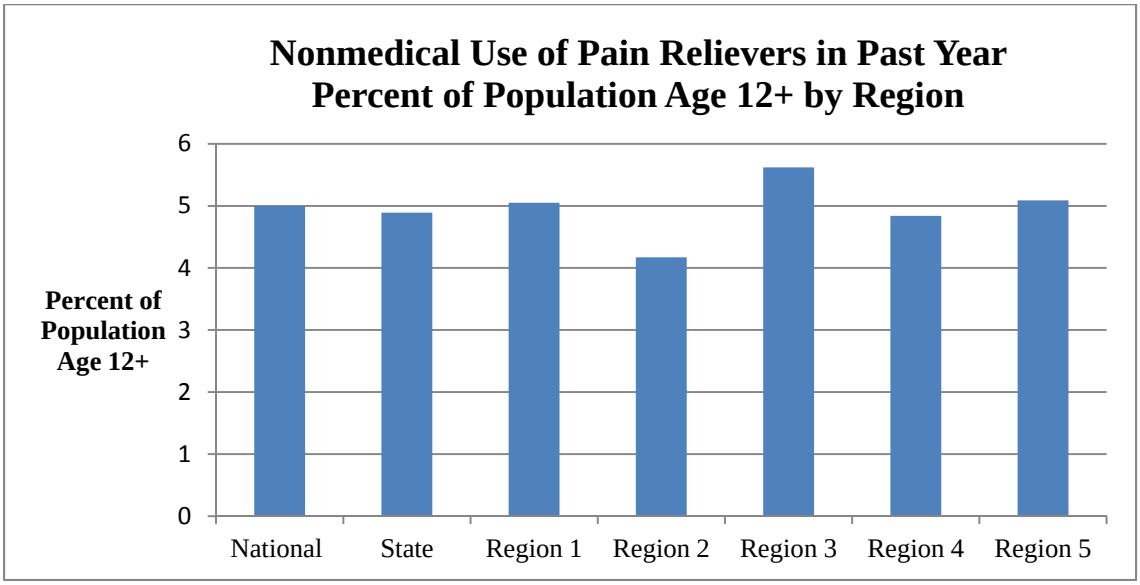


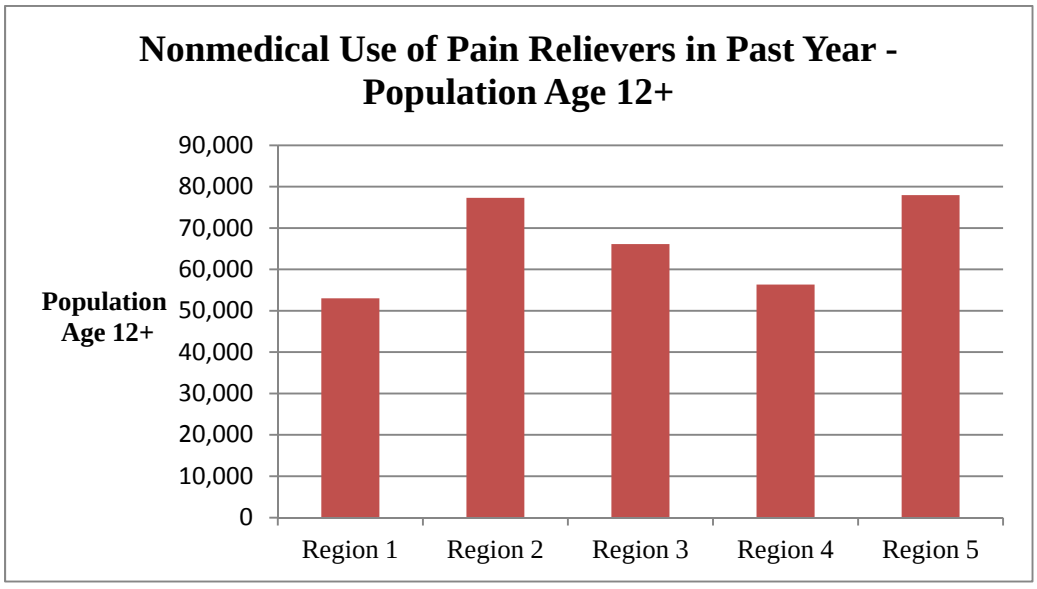
	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	2.32	2.37	2.58	2.06	2.43	2.71	2.30
Population Figure	5,759,336	160,569	27,075	38,181	28,589	31,541	35,232



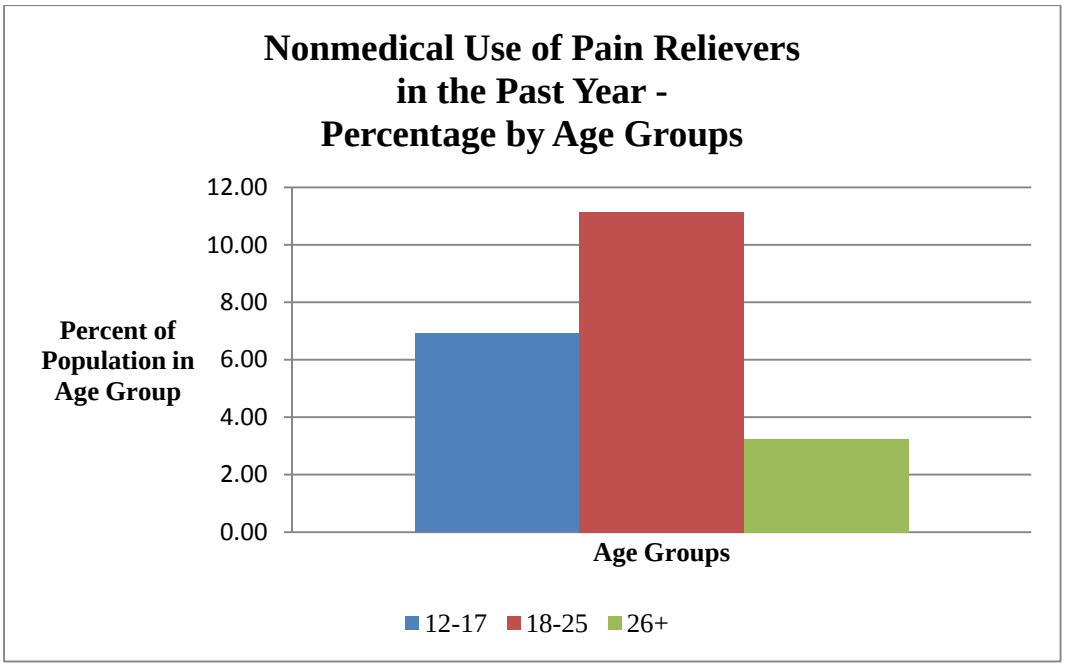
	12-17	18-25	26+
Percent of Population	1.04	4.95	1.31
Population Figure	6,267	41,916	64,987

c. Nonmedical use of pain relievers (commonly referred to as prescription drug abuse) continues to be an area of primary concern for Virginia. The southwest region of the state continues to be disproportionately affected by this phenomenon, as Region 3 has the highest proportion of nonmedical use of pain relievers. Region 5 has the highest overall number of individuals using pain relievers for nonmedical use. The abuse of these drugs by young people presents a serious concern, as abuse rates are more than twice as high for adolescents between the ages of 12-17 and nearly four times as high for young adults between the ages of 18-25 than for adults ages 26 and older.



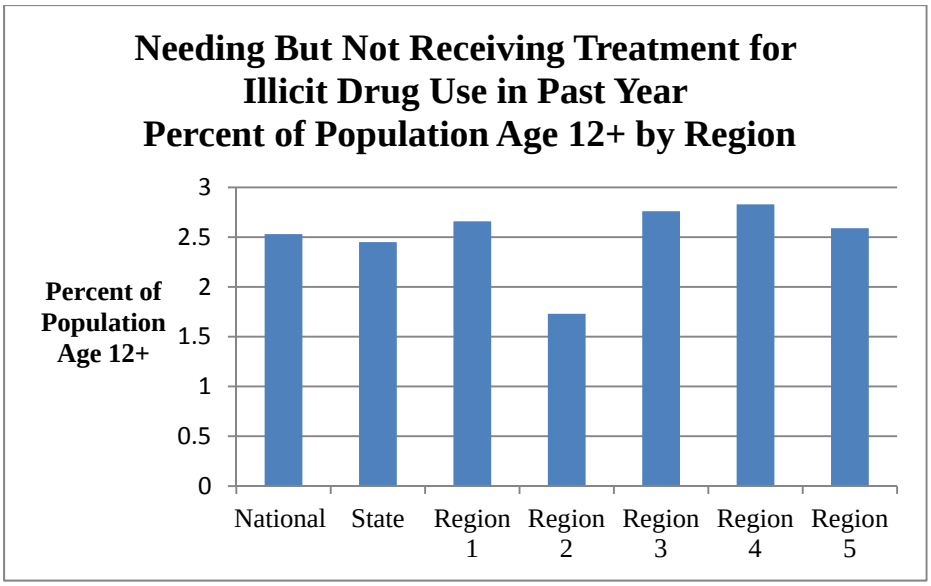


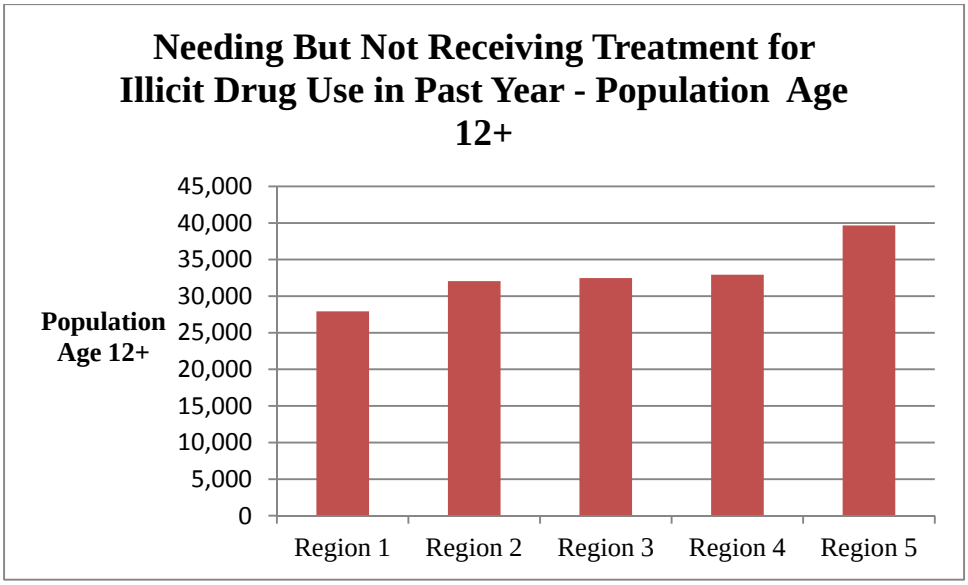
.	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	5.00	4.89	5.05	4.17	5.62	4.84	5.09
Population Figure	12,412,363	331,300	52,996	77,288	66,120	56,331	77,970



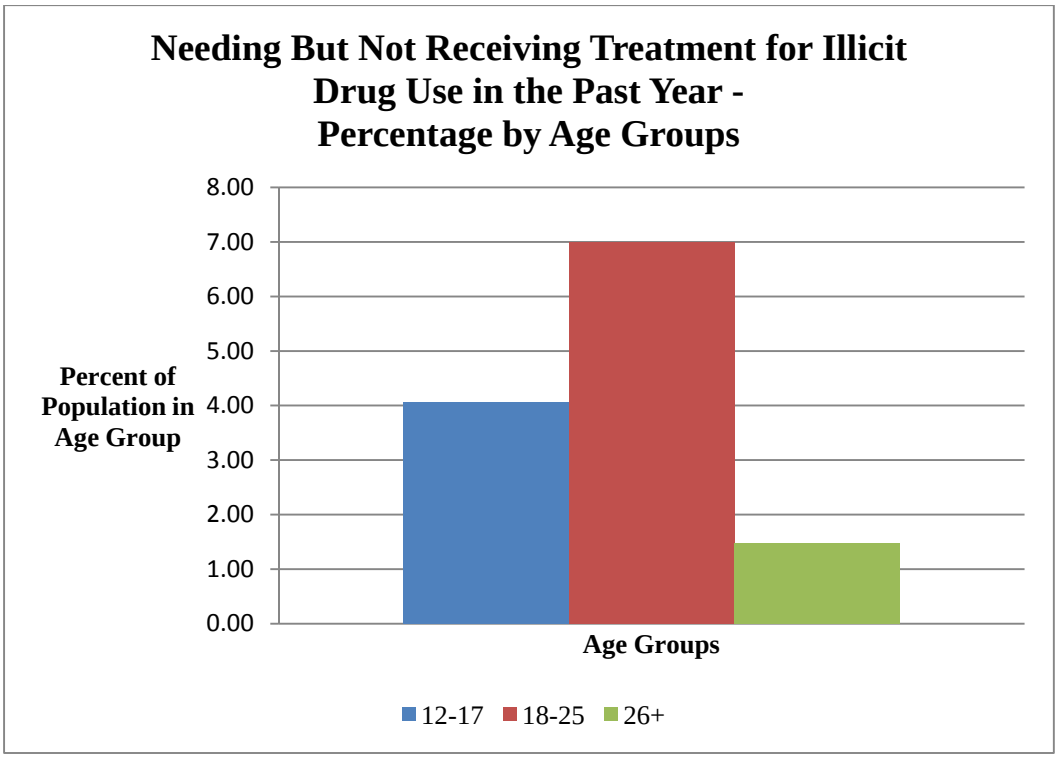
	12-17	18-25	26+
Percent of Population	6.91	11.15	3.24
Population Figure	41,640	94,416	160,731

d. Needing but not receiving treatment for illicit drug use is more prevalent in Region 4, than in any other region followed closely by Regions 3 and 1. However, more individuals are in need of treatment in Region 5. In spite of the high prevalence rates for illicit drug use for the 12-17 and 18-25 age groups in Virginia, the percentages of individuals needing but not receiving treatment are low - approximately 4% for ages 12-17 and 7% for ages 18-25. However, in actual numbers, nearly 26,000 youth between the ages of 12-17 who need treatment are not receiving it, while over 63,000 young adults between the ages of 18-25 who need treatment are not receiving the help they need.





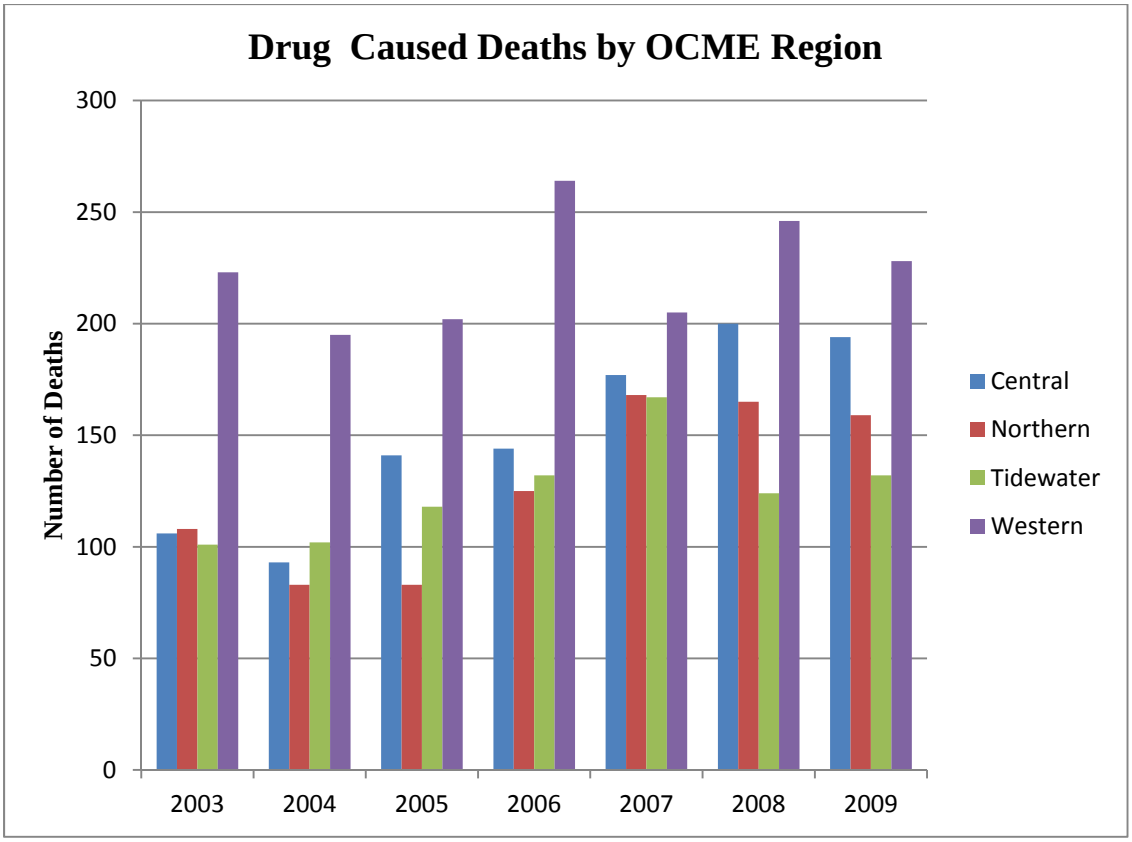
	National	State	Region 1	Region 2	Region 3	Region 4	Region 5
Percent of Population	2.53	2.45	2.66	1.73	2.76	2.83	2.59
Population Figure	6,280,656	165,989	27,915	32,064	32,472	32,937	39,674



	12-17	18-25	26+
Percent of Population	4.07	6.99	1.48
Population Figure	25,939	63,284	77,439

Office of the Chief Medical Examiner

The Office of the Chief Medical Examiner produces an annual report on causes of death in the Commonwealth. The most recent report available, *The Office of the Chief Medical Examiner 2009 Annual Report* indicates that the number of drug-caused deaths since 1999 has increased 85.7%. In 2009, 713 individuals died from this cause, and 38% of these deaths were due to narcotics. Although the statewide death rate from drug caused deaths in 2009 was 9 per 100,000, the rate was as high as 32 per 100,000 in some localities. Although this problem started in the far southwestern region of the state due to abuse of prescription pain medication, it is spreading eastward as illustrated by the chart below. Appendix D displays a list of localities by OCME region.



	2003	2004	2005	2006	2007	2008	2009
Central	106	93	141	144	177	200	194
Northern	108	83	83	125	168	165	159
Tidewater	101	102	118	132	167	124	132
Western	223	195	202	264	205	246	228
Total	538	473	544	665	717	735	713

MAJOR ACTIVITIES RELATED TO SUBSTANCE ABUSE SERVICES

Creating Opportunities for People in Need of Substance Abuse Services: An Interagency Approach to Strategic Resource Development. In the spring of 2010, DBHDS began the development of an agency-wide strategic planning process which focused on critical aspects of the agency's mission. Among these was an initiative focused on substance abuse services. Numerous reports had identified weaknesses in the state's substance abuse treatment system that seriously affected its ability to provide effective services to those in need. The goal of this project was to create a strategic planning document that would provide long-term guidance for developing and strengthening the publicly-funded substance abuse treatment system in Virginia. To assure input from a wide-range of stakeholders, this task was accomplished in a two-stage process. The first stage was built upon the input of a workgroup that included advocates, and public and private providers. The mix included providers of services to offenders, adolescents, women and the general population served by CSBs. This group focused on improving access to the array of services necessary to support recovery, services to people with co-occurring mental illness and substance use disorders, and services needed by adults in criminal justice populations. Discussion concerning the needs other special populations (i.e., women, adolescents) were included in the discussion about the necessary array of services.

The second phase of this project built on this work and utilized input from state agency representatives from Health and Human Resources (departments of Behavioral Health and Developmental Services, Health, Health Professions, Medical Assistance Services, Rehabilitative Service, Social Services) and Public Safety (departments of Corrections, Criminal Justice Services, Juvenile Justice,). The intent was to get systemic input into the plan for a cohesive system across state agencies, as those in need of treatment for substance use disorders typically have complex issues that require resolution in order to support recovery.

The resulting plan document, *Creating Opportunities for People in Need of Substance Abuse Services: An Interagency Approach to Strategic Resource Development*, was posted on the DBHDS website on November 21, 2011 (http://www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf). This plan identified a need for nearly $54 million to assure timely access to services, address gaps in the service array, and develop other community-based supports. In addition to significant initiatives for which DBHDS is responsible, the plan includes initiatives designed to be implemented by Public Safety agencies to reduce relapse associated with recidivism. This document will provide direction for the development of resources to treatment substance abuse for several years.

Senate Joint Resolution 73: The Study of Strategies and Models for Substance Abuse Prevention and Treatment. This joint subcommittee, chaired by Senator Emmett W. Hanger, Jr., concluded its work after its third and final year. The joint subcommittee heard extensive testimony about regional approaches currently in place to address the problem of prescription drug abuse; the importance of prevention and other community coalitions; federal initiatives, including the Wellstone-Domenici Act and the Affordable Care Act; Recovery-Oriented Systems of Care models of service provision; homelessness and addiction; medication-assisted treatment; and the state's Prescription Monitoring Program. Staff from DBHDS, CSBs, consumer and advocacy groups provided technical assistance and participated in workgroups.

Project REMOTE (Rural Enhanced Model for Opioid Treatment Expansion). In 2006, as a result of a competitive federal grant opportunity, DBHDS received a three year grant from SAMHSA in the amount of $500,000 per year. These funds were used to support Project REMOTE which was designed to address the problem of abuse of and dependence on opioid prescription pain medication by providing treatment and educating the community about the problem. Developed in conjunction with the three CSBs (Cumberland Mountain, Dickenson County and Planning District One) that serve the area most affected by this problem, the project treated 229 individuals during its implementation (October, 2006 through November, 2009). Evaluation data indicate an 86% decrease in injection drug use, a four-fold increase in abstinence from all drug and alcohol use, and a 65% increase in employment or educational activities. In addition, Project REMOTE had a substantial affect on the community at large by training over 60 physicians about addiction and pain management and involving other health professionals, law enforcement, commonwealth attorneys, and other community leaders in activities designed to educate the community about the problem of abusing prescription pain medication. DBHDS was able to extend the activities of the grant for another year by obtaining a competitive grant from the Virginia Office of the Attorney General funded by a civil settlement with a manufacturer of prescription pain medication.

Strengthening Families Prevention Grants. In 2009 and 2010, DBHDS awarded funds to 16 localities to develop and execute community prevention programs that would improve the frequency and quality of communication within families. This initiative, Strengthening Families, uses evidence-based structured approaches that funded projects employ in the context of a weekly community-based supper for families who are identified as "at-risk." The funds support transportation, childcare, food purchase for dinners, and trained facilitators who help families improve their communication skills and learn how to provide an environment that will encourage healthy emotional development and growth for children and adolescents in the family. These events are supported with funds from the Substance Abuse Prevention and Treatment block grant.

Interagency Prevention Grant. As a member of the Governor Office for Substance Abuse Prevention (GOSAP) Collaborative, a 13 member group of state agencies, DBHDS partnered in the commonwealth's application to the federal Substance Abuse and Mental Health Services Administration for funding to identify, study and implement a major prevention initiative for the state. SAMHSA awarded grant funds in the amount of $2,135,724 (annually) through 2015, and DBHDS is the administrator of the grant fund. The grant required that the initial year's funding support a major epidemiological study to target program development for the rest of the grant. The resulting study identified underage alcohol use as the problem area. GOSAP will use the remaining funds to support competitive grants to localities to prevent underage alcohol use, and to evaluate the impact of these local projects. The Virginia Commonwealth University Center for School and Community Collaboration is also a partner in this grant project.

Preventing Youth Tobacco Use. DBHDS worked with CSBs and the Virginia Foundation for a Healthy Youth to strengthen prevention activities aimed at reducing tobacco use by youth. These activities included strategic inclusion of tobacco prevention materials in existing prevention programs, and providing extensive training for prevention specialists in this topic. Over 35,000 individuals participated in prevention programs that included material about

tobacco use prevention. These events were supported with funds from the Substance Abuse Prevention and Treatment block grant and funds from the foundation.

Training in Clinical Supervision for CSBs and Other State Agencies. In order to improve the skills of clinical supervisors in the CSBs and state mental health facilities who supervise treatment services for people with substance use disorders and those with co-occurring mental illness, DBHDS arranged for experts to provide intensive training at nine regional sites. The training utilized a national supervision curriculum and focused on developing skills among current clinical supervisors. The Virginia Department of Health Professions now requires any supervisor who wishes to supervise candidates seeking to be licensed as clinical social workers or professional counselors to complete a specified number of hours in training about clinical supervision. The Clinical Supervision Workshop enabled supervisory staff in public settings to obtain the necessary training hours. As many as 25 supervisors attended at each site and participated in the five-day training process. Overall, 200 new and experienced clinical supervisors from 32 CSBs and seven state facilities attended. Clinical supervisors from the Department of Juvenile Justice also participated. These events were supported with funds from the Substance Abuse Prevention and Treatment block grant.

2010 Annual Meeting of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). The Virginia Department of Behavioral Health and Developmental Services hosted the 2010 annual meeting of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) in Norfolk, Virginia. The theme of the 2010 NASADAD Annual Meeting was "Fostering Success in an Evolving Health Care Environment." Presentations included updates from: Pamela S. Hyde, Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA); R. Gil Kerlikowske, Director, Office of National Drug Control Policy (ONDCP); H. Westley Clark, M.D., J.D., Director, Center for Substance Abuse Treatment (SAMHSA); Frances M. Harding, Director, Center for Substance Abuse Prevention (SAMHSA); and Peter J. Delany, Director, Office of Applied Studies (SAMHSA). Approximately 250 individuals representing other states and national programs participated in the meeting.

Virginia Summer Institute for Addiction Studies (VSIAS). DBHDS, a founding sponsor of VSIAS, provided staff assistance and financial support, using federal Substance Abuse Prevention and Treatment block grant funds, for the annual Virginia Summer Institute for Addiction Studies (VSIAS) conducted in Williamsburg, July 20-22, 2009. The organization's purposes are the development and management of training and education for continuing professional education of those providing substance abuse treatment and prevention services within the Commonwealth of Virginia. DBHDS collaborated with the Virginia Association of Alcohol and Drug Abuse Counselors (VADAC), the Virginia Association of Drug and Alcohol Programs (VADAP), the Substance Abuse Certification Alliance of Virginia (SACAVA), the Substance Abuse Recovery Alliance (SAARA), the Virginia Association of Community Services Boards (VACSB), the Mid-Atlantic Addiction Technology Transfer Center (MAATTC), and the Virginia Drug Court Association (VDCA) to organize and coordinate VSIAS. Held annually, VSIAS connects participants with contemporary experts in the field of addictions through workshop sessions, featured forums, and hands-on workshops. Examples of

topics addressed include: core competencies, skills training, prevention, recovery, and cultural competency.

The theme of the 2009 VSIAS was "Intervention and Treatment of Co-Occurring Illness, and Substance Use Disorders." VSIAS provided training and continuing education for prevention specialists and substance use disorder counselors in basic and advanced skill development. The Institute also targeted mental health counselors in order to improve professional capacity to serve persons with co-occurring substance use and mental health disorders. Training focused on: use of specific assessment instruments suitable for specific populations; addressing stigma; specific evidence-based counseling techniques appropriate for persons with co-occurring mental illness and substance use disorders; person-centered treatment planning with co-occurring disorders; techniques for treating trauma; and ethics. DBHDS also sponsored a curriculum designed to contribute to the development of knowledgeable and competent prevention professionals by advancing prevention science knowledge and its application to prevention program planning. A total of 339 persons from across the state participated in the 2009 Summer Institute.

The theme of the 2010 VSIAS, held in Williamsburg, July 19-22, 2010, was "Theories, Tools and Techniques: Implementation Strategies for the 21st Century." The learning objectives were to provide knowledge improvement and skill development opportunities to treatment providers, prevention staff, probation and corrections staff, school personnel, social services staff and others who work with adults and youth with substance use and co-occurring disorders in a cost effective statewide conference. Presenters included: Dr. Michael Flaherty and Dr. Alexandre Lauder on "Recovery Oriented Systems of Care"; Dr. Gerald Lawson on "Essential Elements of Clinical Supervision in Virginia"; Dr. Michael Weaver, M.D. on "Medication Assisted Therapies for Addiction" and on "Alcohol and Prescription Drug Abuse in the Older Adult"; and Michael Gillette, Ph.D., on "Ethics Case Studies in Addiction Services" and "Ethics and Dual Diagnosis: Does Categorization Matter?" DBHDS's sponsored Dr. Gillette's presentations. A total of 304 persons from across the state participated in the 2010 Summer Institute.

Virginia Association of Medication Assisted Recovery Programs (VAMARP). This annual conference provides current, knowledge-based training to professionals and other persons who work with clients who suffer from dependence on opiates, including staff providing direct clinical care, community corrections staff and local and state health department staff. DBHDS contributed staff support and funding from the federal Substance Abuse Prevention and Treatment block grant.

The 2009 VAMARP conference focused on **i**mproving the clinical knowledge of counselors and nurses working in opiate treatment programs about working with people with both mental illness and substance use disorder; enhancing knowledge about the connection between hepatitis and IVDU; reducing stigma; and improving knowledge of person-centered treatment focusing on recovery. More than 250 attendees participated in the 2009 conference.

The 2010 VAMARP conference focused on identifying and addressing specific issues that influence treatment of opioid addiction; medical and clinical issues for counselors, nurses,

pharmacists and physicians; strategies to assist patients with recovery support and in dealing with stigma. More than 250 attendees participated in the 2010 conference.

Statewide Peer Services Conference. DBHDS collaborated with SAARA of Virginia and the Central Virginia Evidence-Based Practice Implementation Network in the planning and executing of the second conference focused on services for persons with substance use disorders and/or mental illness that are provided by people in recovery from these illnesses. Funded with federal Substance Abuse Prevention and Treatment block grant funds, the conference took place on September 13-14, 2010 in Richmond with the theme of "Peer Support Services: Expanding the System of Care." Learning Objectives were to: 1) provide educational opportunities for peer providers and treatment providers regarding building relationships between peer and treatment services in various topical areas, and 2) to provide opportunities for peer specialists and treatment providers to network. Over 225 attendees (peer providers, CSB clinical staff, CSB supervisors, advocacy groups, sheriff's office and jail staff, and other community organizations) participated in the conference. DBHDS contributed staff support and funding from the federal Substance Abuse Prevention and Treatment and the Community Mental Health Services block grants.

Regional Professional Development Conferences. To improve the quality of prevention and clinical treatment services offered, DBHDS supported a variety of events, collaborating with regional partners to address specific regional needs. Topics included providing services to people with co-occurring mental illness and substance use disorders, use of medication in treating substance use disorders, treating people with chronic pain and substance use disorders, providing treatment for adolescents with substance use disorders, including families in treatment, and specific counseling approaches that have proven to be effective for people with substance use disorders. DBHDS also provided training to support prevention specialists by improving their knowledge about the field and their management and leadership skills. These training events were funded by the federal Substance Abuse Prevention and Treatment block grant.

Appendices

Code of Virginia

§ 37.2-310. Powers and duties of Department related to substance abuse.

The Department shall have the following powers and duties related to substance abuse:

1. To act as the sole state agency for the planning, coordination, and evaluation of the comprehensive interagency state plan for substance abuse services.

2. To provide staff assistance to the Substance Abuse Services Council pursuant to § 2.2-2696.

3. To (i) develop, implement, and promote, in cooperation with federal, state, local, and other publicly-funded agencies, a comprehensive interagency state plan for substance abuse services, consistent with federal guidelines and regulations, for the long-range development of adequate and coordinated programs, services, and facilities for the research, prevention, and control of substance abuse and the treatment and rehabilitation of persons with substance abuse; (ii) review the plan annually; and (iii) make revisions in the plan that are necessary or desirable.

4. To report biennially to the General Assembly on the comprehensive interagency state plan for substance abuse services and the Department's activities in administering, planning, and regulating substance abuse services and specifically on the extent to which the Department's duties as specified in this title have been performed.

5. To develop, in cooperation with the Department of Corrections, Virginia Parole Board, Department of Juvenile Justice, Department of Criminal Justice Services, Commission on the Virginia Alcohol Safety Action Program, Office of the Executive Secretary of the Supreme Court of Virginia, Department of Education, Department of Health, Department of Social Services, and other appropriate agencies, a section of the comprehensive interagency state plan for substance abuse services that addresses the need for treatment programs for persons with substance abuse who are involved with these agencies.

6. To specify uniform methods for keeping statistical information for inclusion in the comprehensive interagency state plan for substance abuse services.

7. To provide technical assistance and consultation services to state and local agencies in planning, developing, and implementing services for persons with substance abuse.

8. To review and comment on all applications for state or federal funds or services to be used in substance abuse programs in accordance with § 37.2-311 and on all requests by state agencies for appropriations from the General Assembly for use in substance abuse programs.

9. To recommend to the Governor and the General Assembly legislation necessary to implement programs, services, and facilities for the prevention and control of substance abuse and the treatment and rehabilitation of persons with substance abuse.

10. To organize and foster training programs for all persons engaged in the treatment of substance abuse.

11. To identify, coordinate, mobilize, and use the research and public service resources of institutions of higher education, all levels of government, business, industry, and the community at large in the understanding and solution of problems relating to substance abuse.

12. To inspect substance abuse treatment programs at reasonable times and in a reasonable manner.

13. To maintain a current list of substance abuse treatment programs, which shall be made available upon request.

(1976, cc. 739, 767, §§ 37.1-205, 37.1-205.1, 37.1-219; 1977, c. 18; 1980, c. 582; 1988, c. 212, § 37.1-205.1; 1998, c. 724; 2005, c. 716.)

Appendix B

Virginia Localities Sorted by National Survey of Drug Use and Health (NSDUH) Region

Region 1
Albemarle, Augusta, Bath, Buckingham, Buena Vista City, Caroline, Charlottesville City, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Fredericksburg City, Greene, Harrisonburg City, Highland, King George, Lexington City, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, Staunton City, Warren, Waynesboro City, Winchester City

Region 2
Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City, Loudoun, Manassas City, Manassas Park City, Prince William

Region 3
Alleghany, Amherst, Appomattox, Bedford, Bedford City, Bland, Botetourt, Bristol City, Buchanan, Campbell, Carroll, Clifton Forge City, Covington City, Craig, Danville City, Dickenson, Floyd, Franklin, Galax City, Giles, Grayson, Henry, Lee, Lynchburg City, Martinsville City, Montgomery, Norton City, Patrick, Pittsylvania, Pulaski, Radford City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Tazewell, Washington, Wise, Wythe

Region 4
Amelia, Brunswick, Charles City, Charlotte, Chesterfield, Colonial Heights City, Cumberland, Dinwiddie, Emporia City, Goochland, Greensville, Halifax, Hanover, Henrico, Hopewell City, Lunenburg, Mecklenburg, New Kent, Nottoway, Petersburg City, Powhatan, Prince Edward, Prince George, Richmond City, Surry, Sussex

Region 5
Accomack, Chesapeake City, Essex, Franklin City, Gloucester, Hampton City, Isle of Wight, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, Newport News City, Norfolk City, Northampton, Northumberland, Poquoson City, Portsmouth City, Richmond, Southampton, Suffolk City, Virginia Beach City, Westmoreland, Williamsburg City, York

Substance Use Disorders[2]

Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

(1) Tolerance, as defined by either of the following:
   a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect;
   b. Markedly diminished effect with continued use of the same amount of the substance;

(2) Withdrawal, as manifested by either of the following:
   a. The characteristic withdrawal syndrome for the substance (physiological symptoms that are specific to the substance, i.e., alcohol or other drug);
   b. The same (or a closely related) substance is taken to relive or avoid withdrawal symptoms;

(3) The substance is often taken in larger amounts or over a longer period than was intended;

(4) There is a persistent desire of unsuccessful efforts to cut down or control substance use;

(5) A great deal of time is spend in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances to obtain a supply of the substance), use the substance, or recover from its effects;

(6) Important social, occupational, or recreational activities are given up or reduced because of substance use;

(7) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Criteria for Substance Abuse

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
   (1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance –related absences, suspensions or expulsions from school; neglect of children or household);
   (2) Recurrent substance use in situations in which it is physically hazardous;
   (3) Recurrent substance-related legal problems;
   (4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

B. The symptoms have never met the criteria for Substance Dependence for this class of substance (e.g., a person may have had symptoms for cocaine abuse but not for alcohol abuse).

[2] Adapted from American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR), 2000.

List of Virginia Cities and Counties by Region
Office of the Chief Medical Examiner – Virginia Department of Health

CENTRAL *Counties of* Albemarle, Amelia, Brunswick, Buckingham, Caroline, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Essex, Fluvanna, Gloucester, Goochland, Greene, Greensville, Halifax, Hanover, Henrico, James City, King and Queen, King George, King William, Lancaster, Louisa, Lunenburg, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Spotsylvania, Stafford, Surry, Sussex, Richmond, and Westmoreland. *Cities of* Charlottesville, Colonial Heights, Emporia, Fredericksburg, Hopewell, Petersburg, Richmond, and Williamsburg.

NORTHERN *Counties of* Arlington, Clarke, Culpeper, Fairfax, Fauquier, Frederick, Loudoun, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, and Warren. *Cities of* Alexandria, Fairfax, Falls Church, Manassas, Manassas Park, and Winchester.

TIDEWATER *Counties of* Accomack, Isle of Wight, Northampton, Southampton, and York. *Cities of* Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, and Virginia Beach.

WESTERN *Counties of* Alleghany, Amherst, Appomattox, August, Bath, Bedford, Bland, Botetourt, Buchanan, Campbell, Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Highland, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Rockbridge, Rockingham, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe. *Cities of* Bedford, Bristol, Buena Vista, Covington, Danville, Galax, Harrisonburg, Lexington, Lynchburg, Martinsville, Norton, Radford, Roanoke, Salem, Staunton, and Waynesboro.