



2016 Annual Report of the Substance Abuse Services Council *to the Governor and the General Assembly*

October 1, 2016

DBHDS Vision: A Life of Possibilities for All Virginians



COMMONWEALTH of VIRGINIA

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To: The Honorable Terence R. McAuliffe
and
Members, Virginia General Assembly

In accordance with §2.2-2696 of the *Code of Virginia*, I am pleased to present the 2016 Annual Report of the Substance Abuse Services Council. The *Code* charges the Council with recommending policies and goals relating to substance abuse and dependence and with coordinating efforts to control substance abuse. It also requires the Council to make an annual report on its activities. The membership of the Council includes representatives of state agencies, delegates, senators, and representatives of provider and advocacy organizations appointed by the Governor.

On behalf of the Council, I appreciate the opportunity to provide you with our annual report detailing the Council's study of several critical issues. We hope it will contribute to improving the lives of the many Virginians affected by substance use disorders.

Sincerely,

A handwritten signature in blue ink that reads "Sandra O'Dell".

Sandra O'Dell

cc: The Honorable William A. Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Dietra Trent, Ph.D., Secretary of Education
The Honorable Brian Moran, J.D., Secretary of Public Safety and Homeland Security
Jack Barber, M.D., Interim Commissioner, Department of Behavioral Health and
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Paula Mitchell, Chair, State Board of Behavioral Health and Developmental Services

2016 Annual Report of the Substance Abuse Services Council

Preface

Section §2.2-2696 of the Code of Virginia establishes the Substance Abuse Services Council and defines its duties and responsibilities.

§ 2.2-2696. Substance Abuse Services Council.

A. The Substance Abuse Services Council (the Council) is established as an advisory council, within the meaning of § 2.2-2100, in the executive branch of state government. The purpose of the Council is to advise and make recommendations to the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services on broad policies and goals and on the coordination of the Commonwealth's public and private efforts to control substance abuse, as defined in § 37.2-100.

B. (Effective until July 1, 2018) The Council shall consist of 29 members. Four members of the House of Delegates shall be appointed by the Speaker of the House of Delegates, in accordance with the principles of proportional representation contained in the Rules of the House of Delegates, and two members of the Senate shall be appointed by the Senate Committee on Rules. The Governor shall appoint one member representing the Virginia Sheriffs' Association, one member representing the Virginia Drug Courts Association, one member representing the Substance Abuse Certification Alliance of Virginia, two members representing the Virginia Association of Community Services Boards, and two members representing statewide consumer and advocacy organizations. The Council shall also include the Commissioner of Behavioral Health and Developmental Services; the Commissioner of Health; the Commissioner of the Department of Motor Vehicles; the Superintendent of Public Instruction; the Directors of the Departments of Juvenile Justice, Corrections, Criminal Justice Services, Medical Assistance Services, and Social Services; the Chief Operating Officer of the Department of Alcoholic Beverage Control; the Executive Director of the Virginia Foundation for Healthy Youth or his designee; the Executive Director of the Commission on the Virginia Alcohol Safety Action Program or his designee; and the chairs or their designees of the Virginia Association of Drug and Alcohol Programs, the Virginia Association of Addiction Professionals, and the Substance Abuse Council and the Prevention Task Force of the Virginia Association of Community Services Boards.

C. Appointments of legislative members and heads of agencies or representatives of organizations shall be for terms consistent with their terms of office. Beginning July 1, 2011, the Governor's appointments of the seven nonlegislative citizen members shall be staggered as follows: two members for a term of one year, three members for a term of two years, and two members for a term of three years. Thereafter, appointments of

nonlegislative members shall be for terms of three years, except an appointment to fill a vacancy, which shall be for the unexpired term. The Governor shall appoint a chairman from among the members for a two-year term. No member shall be eligible to serve more than two consecutive terms as chairman.

No person shall be eligible to serve more than two successive terms, provided that a person appointed to fill a vacancy may serve two full successive terms.

D. The Council shall meet at least four times annually and more often if deemed necessary or advisable by the chairman.

E. Members of the Council shall receive no compensation for their services but shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the cost of expenses shall be provided by the Department of Behavioral Health and Developmental Services.

F. The duties of the Council shall be:

1. To recommend policies and goals to the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services;

2. To coordinate agency programs and activities, to prevent duplication of functions, and to combine all agency plans into a comprehensive interagency state plan for substance abuse services;

3. To review and comment on annual state agency budget requests regarding substance abuse and on all applications for state or federal funds or services to be used in substance abuse programs;

4. To define responsibilities among state agencies for various programs for persons with substance abuse and to encourage cooperation among agencies; and

5. To make investigations, issue annual reports to the Governor and the General Assembly, and make recommendations relevant to substance abuse upon the request of the Governor.

G. Staff assistance shall be provided to the Council by the Office of Substance Abuse Services of the Department of Behavioral Health and Developmental Services.

2016 Annual Report of the Substance Abuse Services Council

Table of Contents

Introduction.....	2
The Governor’s Task Force on Prescription Drug and Heroin Abuse.....	2
New Initiatives in Behavioral Health and Wellness	3
2016 Youth Survey: Results and Trends	4
Snapshot of Alcohol Usage and Related Trends.....	4
The 2016 Reduce Tobacco Use Conference: Current Trends in Tobacco, E-cigarettes, and Vaping	5
Young Adult Substance Abuse Treatment Grant.....	5
The Opioid Epidemic in Virginia: The Public Treatment System Response	6
Conclusion	7
Appendix - Council Roster	8

Introduction

The Substance Abuse Services Council is established in the Code of Virginia [§2.2-2696] to advise the Governor, the General Assembly and the State Board of Behavioral Health and Developmental Services on matters pertaining to substance abuse in the Commonwealth. As required, the Council met four times during calendar year 2016 (April 6, May 11, June 14 and August 3). All meetings were conducted in the metropolitan Richmond area. Meeting notices and approved minutes are posted on the Council's web page at <http://www.dbhds.virginia.gov/about-dbhds/boards-and-councils/substance-abuse-services-council>. PowerPoint presentations and other information distributed at the meetings are also available at this website.

The contents of this report cover the activities of the Council in calendar year 2016. During this period, Council members heard presentations on critical topics related to providing services for people with substance use disorders.

During 2016, the Substance Abuse Services Council continued to study and discuss critical topics related to the prevention and treatment of substance use disorders in the Commonwealth. The following sections describe the Council's activities and presentations that informed its discussions.

The Governor's Task Force on Prescription Drug and Heroin Abuse

Jodi Manz, Policy Advisor in the Office of the Secretary of Health and Human Resources, presented a review and update on the activities of the Governor's Task Force on Prescription Drug and Heroin Abuse. Ms. Manz reported that the number of fatal opioid overdoses in Virginia increased from 491 in 2007 to 801 in 2015. Opiates cause death by changing the neurochemical activity of the brain stem which depresses respiration. Ms. Manz reported on the emergence of fentanyl and its synthetic analogues, and she noted the shifting pattern of heroin versus prescription opioids as first-use by individuals who later become addicted. Opioid overdoses now result in more deaths than deaths from either motor vehicles or from guns.

Ms. Manz stated that recognition of the opioid epidemic in Virginia led to the establishment of the Governor's Task Force on Prescription Drug and Heroin Abuse through Executive Order 29. The Task Force was co-chaired by William A. Hazel, Jr., M.D., Secretary of Health and Human Resources, and Brian J. Moran, Secretary of Public Safety and Homeland Security. It included 32 members representing various state and federal agencies, treatment providers, individuals in recovery and affected family members. Its year-long work was accomplished in five workgroups: Education, Treatment, Storage and Disposal, Data and Monitoring, and Enforcement.

Meetings and discussion by Task Force members resulted in 51 recommendations and nine legislative initiatives, including those proposed by SASC Council members Senator Jennifer T. Wexton and Delegate M. Keith Hodges. Senator Wexton's bill reduced from seven days to 24 hours the time dispensers have to report to the Prescription Monitoring Program (PMP), allows clinical consultation with pharmacists regarding patient history, and places a copy of the PMP-

report in patients' medical histories. Delegate Hodges' bill requires hospices to notify pharmacies about the death of a patient.

Task Force policy and programmatic initiatives included: hosting the Appalachian Opioid Summit to discuss cross-border policy and practice to address the overdose epidemic with neighboring states; initiating an ongoing public education collaborative with neighboring states; creating the Health and Criminal Justice Data Committee; and developing a dedicated website, *Virginia Aware*, to be launched before the Fall of 2016 through the Department of Health Professions. The Task Force also recommended several professional education initiatives: collaboration with Virginia's medical schools to develop a curriculum to train medical students about addiction, treatment, and recovery; specific training and education for professional counselors and social workers; and training in administration of naloxone for law enforcement officers and firefighters.

New Initiatives in Behavioral Health and Wellness

Gail Taylor, Director, Behavioral Health Wellness in the Department of Behavioral Health and Developmental Services (DBHDS), reported prevention activities are now provided by the Office of Behavioral Health and Wellness (OBHW). Its responsibilities are to monitor how the 40 community services boards (CSBs) utilize the prevention funds from the federal Substance Abuse Prevention and Treatment Block Grant, oversee the mental health first aid and suicide prevention initiatives for DBHDS, and promote mental health in the Commonwealth.

Ms. Taylor noted that paradigms are shifting to include integration of substance abuse prevention, mental health promotion, and primary care across the lifespan. She defined behavioral health as a state of mental and emotional being that affects a person's wellness. Wellness, or overall well-being, directly relates to the quality and longevity of life. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Mounting evidence indicates that there is significant overlap of risk-factors among populations affected by behavioral health problems. When resilience can be improved related to a specific behavioral health issue, on other behavioral health problems are also positively affected. The OBHW supports the Family Wellness Initiative, the ASIST Suicide Prevention program, and the statewide Mental Health First Aid program. Citing the importance of collaboration and capacity building to strengthen prevention systems, Ms. Taylor reported that OBHW partnered with the Virginia Foundation for Healthy Youth (VFHY) to provide Substance Abuse Prevention Skills Training (SAPST) to CSBs and their partner coalitions. OBHW also provided scholarships to each CSB for the CSB Prevention manager leader to attend National Prevention Network Research Conference in 2014 and 2015.

2016 Youth Survey: Results and Trends

Danielle Henderson, Population Health Surveys Supervisor in the Virginia Department of Health (VDH), reported on the Virginia Youth Survey (VYS), which is a statewide survey conducted by VDH in collaboration with the VFHY. This survey has been developed to monitor priority risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults. In 2015, the VYS was completed by 5,195 students in 83 Virginia public

high schools with an 84 percent student response rate. The VYS was also completed by 2,246 students in 45 public and charter middle schools in Virginia with an 85 percent student response rate.

Among the 350,000 high school students in Virginia, there are significant decreases in those using tobacco, alcohol, and other drugs from 2011-2015. The proportion of high school students that currently smoke has decreased from 15 percent in 2011 to eight percent in 2015. The proportion of students who drank alcohol before the age of 13 decreased from 18 percent in 2011 to 15 percent in 2015. For the first time in 2015, the survey collected information on the use of electronic vapor products, finding that 17 percent of high school students reported current use of electronic vapor products such as e-cigarettes.

Ms. Henderson noted that although marijuana is the number one choice because it is easier to obtain, over-the-counter medication use by teens is a growing problem. Substance use among Virginia high school students decreased for most substances between 2011 and 2015, but use of electronic vapor products is a growing concern and will continue to be monitored. Additional information gleaned from the VYS is available on the VDH LiveWell webpage (<http://www.vdh.virginia.gov/livewell/data/surveys/youthsurvey/>).

Snapshot of Alcohol Usage and Related Trends

W. Eddie Wirt, Chief Communications and Research Officer, and Katie Weaks, Education and Prevention Manager, in the Department of Alcoholic Beverage Control (ABC) updated the Council on current trends and issues in beverage alcohol consumption identified by ABC Board.

According to 2014 statistics, U.S. annual sales of alcohol totaled \$101 billion from the sale of beer (51 percent), \$76 billion from sale of spirits (34 percent), and \$30 billion from sale of wine (15 percent). Sales of spirits, which were 14 percent in 1995, are projected to increase to 35 percent by 2020. Virginia ABC reported a five-year average growth in sales of 4.6 percent.

Underage alcohol consumption continues to be a major concern. Citing the 2015 Virginia Middle School Youth Risk Behavior Survey, the presenters noted that 7.9 percent of responders reported drinking alcohol before age 11. The High School Youth Risk Behavior Survey indicated that more than 23 percent of Virginia students had consumed at least one drink of alcohol on at least one day during the 30 days before the survey. More than 86 percent of 12th graders reported that alcohol is fairly easy or very easy to get. Over a million college students (age 18-22) report consuming alcohol on an average day.

In 2014, the Virginia Department of Motor Vehicles reported 24,895 DUI convictions and 237 alcohol-related deaths.

Virginia is one of 17 states that have some form of a control model at the wholesale level and one of 13 states that exercise control over retail sales for off-premises consumption through state stores. Virginia regulates the number of ABC stores, maintains limits on days of operation and hours of sale, and levies excise taxes on spirits, wine, and beer. The Commonwealth also supports responsible beverage service training through its *Responsible Sellers/Servers: Virginia's Program* and *Managers Alcohol Responsibility Training*

Ms. Weaks and Mr. Wirt reported that Virginia ABC will continue to monitor the following issues: high risk drinking; compliance rates for retail licensees; expanding privileges of licensees, e.g., tastings or samplings; mixed beverage ratio, i.e., the percentage of food to alcohol sales; and distribution of grain spirits.

The 2016 Reduce Tobacco Use Conference: Current Trends in Tobacco, E-cigarettes, and Vaping

Henry Harper, Director of Community Outreach and Development at the VFHY, reported on the findings, programs and activities of the 2016 Reduce Tobacco Use Conference and outlined specific trends in the use of tobacco, e-cigarettes and vaping. Mr. Harper noted that over 20 million Americans have died since 1964 because of smoking, including 2.5 million nonsmokers subjected to second-hand smoke.

Mr. Harper identified electronic nicotine delivery systems (ENDS) as e-cigarettes, e-cigars, e-pipes hookah pens, vape pens, and e-hookahs. There are currently at least 450 brands. In 2014, more than \$115 million was spent to advertise e-cigarettes. ENDS are used by current and former cigarette smokers and by people who have never been cigarette smokers. Use is increasing among U.S. middle and high school students and may lead to conventional cigarette use. From 2011-2013, the number of youth who reported never smoking who used an e-cigarette increased three-fold. Adolescents who had never smoked but used e-cigarettes were 8.3 times more likely to progress to cigarette smoking after one year than nonusers of e-cigarettes.

Adverse health effects are caused by harmful and potentially harmful ingredients in ENDS aerosol, such as: heavy metals, nicotine, fine particulates, volatile organic compounds, and other compounds. Mr. Harper noted that ENDS pose unique dangers to the developing human since nicotine is toxic to the developing fetus and impairs fetal brain and lung development. Also, ENDS can be modified to accommodate other psychoactive substances such as marijuana.

Mr. Harper reported that the 2016 Reduce Tobacco Use Conference recommended consideration of the following policy options: tobacco control policies; public health actions by federal, state, local, and tribal authorities; evidence-based interventions; and the Food and Drug Administration (FDA) ban on sale of electronic cigarettes to minors. Mr. Harper noted that the FDA is seeking to expand its authority over ENDS in much the same way it already regulates traditional cigarettes.

Young Adult Substance Abuse Treatment Planning Grant

Richard Firth, Youth Substance Abuse Grant Coordinator in the DBHDS Office of Child and Family Services, reported on the Young Adult Substance Abuse Treatment Planning Grant. The purpose of this grant is to develop a comprehensive strategic plan to improve treatment for transition-aged youth (ages 16-25) with substance use disorder (SUD) or co-occurring substance abuse and mental health disorders. The strategic plan will help assure transition-aged youth have access to evidence-based assessments and treatments and recovery support services by strengthening the existing state infrastructure.

- Link and coordinate with other systems serving transition-aged youth by establishing a new Interagency Council or adding to an existing one;
- Develop a cross-agency statewide financial map that includes federal and state resources;
- Create a statewide three-year workforce training implementation plan;
- Design and implement a workforce map to identify the composition and expertise of the statewide workforce that assess, treats, and delivers recovery support services to transition aged youth with SUD or co-occurring substance use and mental health disorders; and
- Develop a comprehensive, three-year strategic plan to improve treatment for transition aged youth with SUD or co-occurring substance use and mental health disorders that addresses improved collaboration among treatment providers.

The expected outcomes of the Young Adult Substance Abuse Initiative are:

- Identification of issues and barriers that affect screening, assessment, and treatment for SUD and co-occurring mental health disorder and recovery practices and procedures;
- Identification of disparities that influence access to treatment;
- Development of a strategic plan to change any state policies or procedures to better support coordinated treatment and a recovery system for transition age youth with SUD or co-occurring substance use and mental health disorders;
- Development of financing structures that support a coordinated treatment and recovery system for transition age youth with SUD or co-occurring substance use and mental health disorders system;
- Produce a state workforce training plan on EBPs and recovery support services;
- Develop a document for providers that can be used to widen the use of effective treatment and recovery services; and
- Support for a strengthened voice for transition-age youth and their family members/primary caregivers at the policy and practice levels.

Mr. Firth stated the Young Adult Substance Abuse Treatment project focus on evidence-based practices and recovery-oriented services will improve treatment outcomes and will foster support for young people in recovery.

The Opioid Epidemic in Virginia: The Public Treatment System Response

Mellie Randall, the Substance Use Disorder System of Care Policy Advisor, in the DBHDS Office of Adult Community Behavioral Health Services, reported on the public treatment system's response to Virginia's opioid epidemic. Ms. Randall presented a brief overview of CSBs as the single points of entry into publicly-funded behavioral health and developmental services for individuals seeking treatment for substance abuse, mental health disorders, or co-occurring disorders in the Commonwealth. DBHDS allocates state general funds and funds from the federal Substance Abuse Prevention and Treatment Block Grant and CSBs receive additional funds from local governments, fees, reimbursement from Medicaid and private insurance carriers, and other sources.

The current epidemic of opioid abuse is one of the most critical problems confronting the public treatment system nationwide. Ms. Randall presented the most recent demographic statistics from FY 2015 for individuals receiving substance abuse services from CSBs.

- Of the approximately 32,964 total individuals who received services for substance use disorders in 2015, one-third sought treatment for opioid misuse.
- While nearly 40 percent of the total was female, nearly one-half of those seeking help for opioids was female.
- 62 percent of the total seeking services was white, but 75 percent of those seeking services for opiates was white.

There was some discussion about how national attention had not focused on the dangerous impact of opioids until it affected white, middle-class suburban individuals. Its impact on poor black or Appalachian populations had not garnered much attention.

Ms. Randall described *REVIVE! – Opioid Overdose Reversal for Virginia*, a DBHDS initiative that trains lay rescuers, law enforcement officers, and firefighters in the use of naloxone, a medication that reverses opioids when administered quickly. She also discussed medication assisted treatment (MAT), such as using opioid replacement medications (buprenorphine/naloxone, and methadone), and naltrexone. MAT is the evidence-based treatment that is most effective for individuals with opioid use disorder, when combined with other supports and evidence-based clinical care, such as Cognitive Behavioral Therapy (CBT). CBT teaches the individual about addiction and seeks to engage the person in the process of behavioral change. Ms. Randall outlined the American Society of Addiction Medicine (ASAM) levels of care for treating addiction that are based on the severity of an individual's addiction, from early intervention through medically-managed, inpatient hospital-based services. ASAM Levels of Care is the placement standard in the field of addiction treatment. Additionally, social and practical supports for persons in recovery include peer recovery coaches, family and friends, and structured peer support programs.

Conclusion

During 2016, Council members reviewed new initiatives in behavioral health wellness, and studied a number of critical issues related to current trends in consumption of beverage alcohol and use of tobacco, e-cigarettes, and vaping devices. They reviewed the results and trends identified in the 2016 Youth Survey, and studied a major initiative, the Young Adult Substance Abuse Treatment Grant that is designed to develop a comprehensive strategic plan to improve treatment for transition aged youth (ages 16-25) with SUD or co-occurring substance abuse and mental health disorders.

Following the presentations described above, the Council members agreed that opioid addiction is the most critical issue related to substance use disorders and that it is endangering the health and well-being of all Virginians, particularly young people and their families.

Therefore, for its work in the coming year, the Council decided to undertake a thorough study of opioid addiction in Virginia through the lens of youth and family. The Council will report on its findings and will present its recommendations to the Governor and members of the General Assembly in its 2017 Annual Report.

Appendix

Substance Abuse Services Council 2016 Membership Roster

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