

SUBSTANCE ABUSE SERVICES COUNCIL

ANNUAL REPORT

2020

*to the Governor and
the
General Assembly*



COMMONWEALTH OF VIRGINIA

December 1, 2020



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Mary McMasters, MD
Chair

Substance Abuse Services Council
P.O. Box 1797
Richmond, Virginia 23218-1797

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To: The Honorable Ralph Northam
And
Members, Virginia General Assembly

In accordance with §2.2-2696 of *Code of Virginia*, I am pleased to present the 2020 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, state delegates, state 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 identifying major themes in the council's work in 2020, determining gaps and disparities in the substance misuse treatment and prevention services fields, and providing conclusions and recommendations from the council based on its work this year. We hope it will contribute to improving the lives of the many Virginians affected by substance use disorders.

Sincerely,

Mary McMasters, MD
SASC Chairperson

Cc:

The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources
Alison Land, Commissioner, Department of Behavioral Health and Developmental Services (DBHDS)

2020 SASC Annual Report

Central Themes and Challenges Targeted in 2020

Challenging the stigmatization and mischaracterization of addiction

Both substance misuse and the disease of addiction cause an enormous burden of mortality, morbidity and poor life quality for citizens of the Commonwealth of Virginia. It also results in enormous economic burdens to individuals and society. Stigma makes obtaining correct diagnosis and treatment difficult.

One of the biggest difficulties in dealing with addiction is a plethora of definitions of the disease. It is *not* physical dependence and withdrawal. It is *not* secondary to other psychopathology, and it will *not* “go away” if the correct psychiatric medication for that psychopathology is prescribed. It is *not* a choice (unlike substance misuse). It *is* a chronic relapsing brain disease which occurs in susceptible individuals exposed to substances which spike dopamine in the forebrain.ⁱ Like other chronic diseases, such as diabetes, it requires daily attention and lifelong maintenance.

Diabetes type 2 currently affects one out of ten Americans.ⁱⁱ So does addiction.ⁱⁱⁱ However, unlike Diabetes, very little education about addiction is offered in America’s medical provider schools. For example, whereas diabetes is discussed in to almost every medical school rotation--- Diabetic retinopathy (ophthalmology), Diabetic neuropathy (Neurology), risk factors due to diabetes for heart disease (Cardiology)—Addiction is often relegated to a few lectures as part of a psychiatry rotation, and those lectures are often given by instructors who are not board certified in addiction medicine and do not practice addiction medicine. Allied health care disciplines have similar problems as does law enforcement and the judicial system.

The commonality among all disciplines is poor functioning among those affected by addiction. Whether the point of view is from medicine, corrections or the economy, citizens with undiagnosed and poorly treated addiction do not have good physical, mental, employment or social outcomes. The worst functioning outcome, and the most heart wrenching, is early death due to overdose.

The Substance Abuse Services Council (SASC) has long been devoted to promoting evidence based treatment of the disease of addiction, and evidence-based standards have been presented from medicine, counseling, law enforcement, prevention and administration. Prior to the “Opioid Crisis”, my opinion is that SASC served as, “the voices crying in the wilderness”, i.e. we helped to disseminate warnings about the impending crisis as well as information necessary to define the problem. When the Opioid Crisis, better referred to the Addiction Crisis, brought much needed attention and funds, SASC began considering ways to be more effective within the Commonwealth of Virginia.

In the last year, SASC, like most other entities, has been impacted by COVID 19 in addition to also undergoing significant transition related to staffing and membership changes. Meetings have been converted to online and scheduling has been problematic. However, the group received various presentations from subject matter experts such as the Definitions: Defining what addiction Is and Isn’t (Mary McMasters, June 17 meeting) Prevention Services (Gail Taylor, July 15 meeting), SUD Treatment and Prevention Federal and State Funding Streams (Nathanael Rudney, June 17 meeting) and it spent several meetings discussing ways to become more effective in the future.

Prevention Services

Gail Taylor, Director of the Office of Behavioral Health Wellness at DBHDS, facilitated a presentation on prevention services provided in the Commonwealth for SUD and related behavioral health concerns. She shared some of the guiding principles behind prevention services which include: community responsiveness; strategies that focus on people across the lifespan not just youth; practices and strategies that address individuals and environments; and trauma and its broad impact on behavioral health.

Some of the evidence based models for planning and implementation of prevention services that the Commonwealth is utilizing includes: Utilizing data such as the Behavioral Health Needs Assessment; Work on recognizing and reducing Adverse Childhood Experiences (ACEs) which are childhood traumas heightening the risk of substance misuse and other behavioral health concerns; Capacity Building around cross-sector collaboration; Utilizing direct and indirect services such as education, community engagement and training, environmental norms change with marketing and social media, and increased problem identification and referral at the individual and community level; and also focusing on DBHDS Priority Prevention Strategies around prevention measures for misuse of alcohol, tobacco, and other drugs as well suicide prevention.

Finally, prevention services are also identifying and addressing emerging impacts of COVID 19 which feature heightened risk of suicide, substance misuse, depression, and anxiety. Prevention professionals are working to keep the community informed on wellness and coping measures, engaging community collaboration through creative messaging and technology, enhancing telecommunication capability for program participants, enhancing community protective factors to decrease risk of suicide and other behavioral health concerns.

SUD Treatment and Prevention Federal and State Funding Streams

Tracking SUD treatment and funding streams was a much emphasized focus in 2020 for SASC as it is difficult to be able to identify and distinguish all of the federal and state funds at a broad level and then how they are actually utilized including at the local level. This also includes the challenge of understanding funding formulas and working to improve them as well which is an ongoing challenge for which DBHDS is trying to address following the JLARC study in 2019 that highlighted the issues with funding to localities utilizing outdated historical funding formulas and being difficult to track at a granular level.

Nathanael Rudney, behavioral health project coordinator with the DBHDS Office of Adult Community Behavioral Health Services presented to SASC on funding streams for SUD treatment and prevention in June. The two biggest non-Medicaid funding streams for SUD prevention and treatment that are awarded to the Commonwealth are the Substance Abuse and Prevention Block Grant often referred to as SABG or SAPT (\$42M in 2019) and the State Opioid Response (SOR) Grants (\$24M in 2019).

The SABG provides funds to plan, implement, and evaluate activities that prevent and treat substance misuse and promote public health primarily for clients without insurance coverage as well as evidence based practices which are not currently covered under Medicaid or private insurance.

The SOR Grant funds are used to respond to the needs and challenges related to opioid use disorders and opioid overdose deaths. Using a comprehensive, multi-pronged approach, Virginia is ensuring the

SOR funds support state and local initiatives across the continuum of care; from prevention to treatment to recovery.

Virginia also received smaller awards of federal funds for SUD treatment and prevention which include: Strategic Prevention Framework Partnerships for Success (SPF-PFS) which focuses on underage drinking and prescription drug misuse for youth and young adults; Screening, Brief Intervention and Referral to Treatment (SBIRT) which is an integrated, public health approach for early identification and intervention for patients with high health risk due to alcohol and/or drug misuse; Young Adult Substance Abuse Treatment (YSAT) which seeks to improve treatment for adolescents and young adults with SUD and/or co-occurring substance use and mental health disorders by improving access to evidence-based assessments and treatment models and recovery services; Project Link which has piloted increased use of intensive case management for pregnant, post-partum, and parenting women affected by substance use and/or co-occurring disorders; and the First Responders Program for Opioid Overdose which funds Project REVIVE! in Virginia helping to train first responders in administration of Naloxone those patients suspected of possible opioid overdose for emergency treatment.

Two funding needs that were identified in the presentation and highlighted throughout the year in SASC were the need for increased prevention funds as most of the dollars go to treatment and improved funding formulas and tracking of funds that are allocated to localities. Evidence based prevention practices can be cost effective and help reduce the burden on the state and localities that are combatting addiction over the long term. As for improved allocation and tracking of how funding streams are used at the local level, DBHDS in partnership with VCU has been developing the Behavioral Health Equity Index which weighs regional needs and resources to determine more accurately the need for funding. DBHDS has also put in place more rigorous measures regarding performance contracting for local community services boards to maintain fidelity in utilizing funds under federal and state guidelines.

Recommendations of SASC

1. Addressing stigma surrounding the disease of addiction. The related question is how many individuals receiving any services related to the disease of addiction receive evidence-based standard of care? And if not, why not? Some measures to explore would be re-education and training of providers and stakeholders on utilizing non-stigmatizing language and practices which encourage people to seek treatment and services for substance misuse and substance use disorders
2. Obtaining more information: Presentations from individuals within the state who manage grant money earmarked for substance abuse issues with the goal of ascertaining those monies are spent on cost-effective evidence-based practices. This also includes review of data from the ARTS program and the Behavioral Health Equity Index.
3. Doing a gap analysis by identifying data requests from participating agencies that can provide a more accurate snapshot of the SUD treatment and prevention landscape and the service gaps and disparities
4. Review current SUD treatment provider education on evidence based best practices as well as destigmatization of addiction in order to determine what the council can do to advocate for procedural, legislative, and policy changes.

5. Determine what steps can be taken to improve SUD prevention funding, resources, and services in the Commonwealth as there is an enormous disparity between the resources dedicated to treatment vs. prevention which receives far less funding federally and at the state level.
6. Continued monitoring of Workforce issues: redundant and expensive credentialing conflicts, aging of the addiction treatment workforce, inappropriate use of providers due to cost issues contrary to the standard of care
7. Continued monitoring of the effect of COVID on Substance Misuse and Addiction. Please note that a brief presentation about this was given by Dr. McMasters, and that information is given below.^{iv}
8. Finally, the group considered structural changes within SASC including the possible use of by-laws, formation of subgroups, and additional officers. Senator John Bell was elected the new Chairman of SASC and Mr. McKenzie was elected Secretary.

<https://www.vdh.virginia.gov/opioid-data/monitoring-surveillance/>

<https://ndews.org/>

ⁱ <https://www.asam.org/Quality-Science/definition-of-addiction>

ⁱⁱ

<https://www.cdc.gov/diabetes/basics/type2.html#:~:text=More%20than%2034%20million%20Americans,adults%20are%20also%20developing%20it.>

ⁱⁱⁱ <https://drugfree.org/drug-and-alcohol-news/new-data-show-millions-of-americans-with-alcohol-and-drug-addiction-could-benefit-from-health-care-reform/>

^{iv}

HOW IS COVID AFFECTING addiction treatment?

Physical Distancing

SUPPORT GROUP MEETINGS!!!! Essential to treatment, attendance is down, isolation is detrimental to individuals with the disease

Appointments including Counseling- physical attendance is down

Supervision- much harder to supervise clients, harder to detect risky behaviors

Fear of seeking services

Resources to Treat: WE HAD A PROBLEM BEFORE COVID!!!!

<https://www.tcpalm.com/story/opinion/contributors/2020/01/06/lets-talk-severe-shortage-addiction-treatment-doctors/2804575001/>

Increased access to substances

Drug Dealers know how to take advantage of a crisis!!!!

“At COVID-19 briefing, Trump announces mobilization against drug cartels, saying traffickers are trying to exploit coronavirus” April 1, 2020 KTLA5

Issued surrounding the Nuts and Bolts of close patient contact

Law Enforcement and First Responders Administering Naloxone (SAMHSA)

Continuing Shame

“Why are Alcohol stores considered essential?”

Increased Suicide among individuals with the disease of Addiction

“The COVID Pandemic Could Lead to 75,000 Additional Deaths from Alcohol and Drug Misuse and Suicide” Well Being Trust & The Robert Graham Center Analysis, May 8 2020 <https://wellbeingtrust.org/news/new-wbt-robert-graham-center-analysis-the-covid-pandemic-could-lead-to-75000-additional-deaths-from-alcohol-and-drug-misuse-and-suicide/>

There are some bright spots:

Telemedicine- expanding with positive reports from many health care providers, more money being allocated in Virginia for Broad Band

CARES Act- VASAM working with Senator Warner to ensure the distribution of resources does not discriminate against those with the disease of Addiction

Revision of 42CFR part 2 making it easier for health care providers to share information, decrease stigmatization of individuals with the disease of Addiction

Good summation:

When Epidemics Collide: Coronavirus Disease 2019 (COVID-19) and the Opioid Crisis, William C. Becker, MD, David A. Fiellin, MD <https://doi.org/10.7326/M20-1210><https://www.acpjournals.org/doi/10.7326/M20-1210> Annals of Internal Medicine 2 April 2020