

Summary Opioid Needs Assessment for Greater Prince William Region

With funding from the Virginia Department of Health American Rescue Plan Act State & Local Fiscal Recovery Funds Targeted Community Outreach grant, centered around community engagement in the post COVID-19 era, the Prince William Health District (PWHD) conducted an opioid needs assessment to identify gaps in services and protective factors. The needs assessment was designed to allow key stakeholders to strategically plan and implement a cohesive response to the opioid epidemic in the Greater Prince William Region, comprised of Prince William County and the cities of Manassas and Manassas Park. The needs assessment followed a mixed-methods approach using available VDH data for the region and listening sessions and key informant interviews with various stakeholders and community partners. Below is a summary of the needs assessment. For more details, please refer to the full body of the report.

Key Findings

Overdoses



There were **454 opioid-use disorder (OUD) deaths** in the Greater Prince William Region from 2018-2023, with the highest spike in deaths in the second quarters of 2020 and 2021.

- The number of nonfatal opioid-related **overdoses has more than doubled since 2017**, with over 300 per year since 2020.
- White males ages 24 to 45 still make up the burden of the nonfatal overdoses, overdose trends have steadily dropped since 2021. In contrast, **overdoses are increasing** among the 20 to 24 age group, adolescent females, and Black and Latino adults.
 - From 2017 to 2023, **500% Hispanic increase**, 237% Black increase, and 106% white increase.
- The heaviest burden of nonfatal opioid overdoses is in the central and east ends of the Greater Prince William region, with the greatest need for resources in the 20111, 20193, and 20191 zip codes.
- While overdoses decreased in 2023 for most age groups, there was an **increase in opioid-related overdoses** among those **ages 0-10 years and 45-64 years**.

Injury Hospitalization



Injury hospitalization data show a **massive cost burden** related to substance use disorder, OUD in particular. Hospitalizations also mirror the trends seen in overall overdose injury and fatality, with minority group increases.

- **Hospitalizations** have **nearly doubled** since 2018 for individuals **ages 20-24** years, while all other age groups show a decrease or minimal increase.
- While other races have decreased since 2021, **Black and Hispanic** individuals have **increasing** OUD hospitalizations.
- **\$8.78 million** in hospital costs related to substance use disorder in 2022 alone, with \$3.33 million in hospital costs related specifically to OUD.
- **\$1.03 million** in hospital costs related to 11 infants treated for neo-natal abstinence syndrome in 2022.

Related Behaviors



Data related to the behaviors surrounding fatal overdoses show that there are **several potential opportunities for intervention** prior to overdose, including mental health factors, criminal justice system involvement, and bystander presence.

- **52%** of fatal overdoses **ingested** the substance, 32% snorted, 28% injected, and 15% smoked.
- **84%** of **overdose** incidents **occurred in a home** or apartment, with 66% of deaths occurring at home.
- **79%** of overdose victims had **at least one bystander present**, with 27% receiving Naloxone.
- **26%** of fatal overdoses **had a child witness** the event.

Priority Populations



Listening sessions included representatives of the Latino community, adolescents, individuals in active drug use, and those in recovery. Three voiced needs are listed below. Please see the body of the report for more details.

- Address **stigma** at all levels as it inhibits access to care, communication with potential resources, and services received.
- Establish **peer recovery specialist services** to bolster knowledge of and access to current systems.
- Recognize the **need for a multifaceted, cross-systems approach** to address commonly co-occurring disorders with the connection between OUD and mental health hurdles.

The Ecosystem



Key informant interviews included treatment providers, first responders, community-based organizations, the faith community, representatives of the criminal justice system, local education agencies, the child welfare system, and housing services. Three key action steps are listed below. Please see the body of the report for more detail by sector.

- Offer **educational support** to increase understanding of available resources and capacity building to increase skilled staff.
- Focus on **collaboration as a bridge to services** to address gaps and data communication to understand breadth of and trends in opioid use.
- Strive for a **holistic approach**, addressing connected issues such as housing and mental health and emphasizing adolescent outreach.

Recommendations

Based on the findings of this assessment, we present the following recommendations for all interested stakeholders to consider as they work to support population health with a thriving, supportive, and well-connected community of resources.

1. Evaluate opportunities to address disparities in minority and adolescent access to the system to mitigate their burden in the epidemic.
2. Consider ways to address communication barriers, both within and across the various systems of the opioid ecosystem, to ease accessibility to resources.
3. Explore opportunities for cross-systems training to maximize opportunities for collaboration and referrals.
4. Increase awareness and education to reduce stigma and improve the capacity of the overall ecosystem.
5. Maintain collaborative structures for continual reassessment of progress, improvements, and incorporation of community voice to be able to identify and address any new barriers that may arise.

*"There's a **very small window** when individuals are ready to quit using and we need to get them signed up for immediate services. **We miss that small window more and more because we don't have the resources available.**"*

– Listening Session Participant