



Opioid Needs Assessment

Greater Prince William Region

Potential Opportunities for Intervention prior to Overdose

Among overdose victims from 2019-2022 --

7%

were currently receiving treatment for SUDs

39%

had a history of mental illness

79%

had a bystander present

23%

had a prior overdose

39%

were recently released from the criminal justice system (very small sample size)

Percentages are only among victims with the data available on medical examiner or coroner report, leading to varied sample sizes.

In the Greater Prince William Region, there were 454 opioid-use disorder (OUD) deaths from 2018 to 2023. Nonfatal opioid-related overdoses have more than doubled since 2017. Overdoses are increasing among the 20-24 age group, adolescent females, and Black and Latino adults. There is also a heavy cost burden related to OUD, with hospitalizations mirroring the trends seen in overdose injury and fatality. 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. The following is a summary of some of these and related variables. Please see the full July 2024 Opioid Needs Assessment report for more detail.



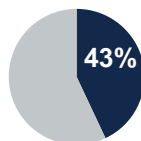
\$8.78 million

spent on substance use related hospitalizations in 2022 alone

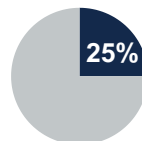
Hospitalizations have nearly doubled since 2018 for individuals ages 20 to 24 years. The cost burden for newborns affected by neonatal opioid withdrawal syndrome was over \$1 million in 2022.

Nearly half of overdose victims (43%) had a depression diagnosis, 25% anxiety disorder, and 10% bipolar disorder

Depression



Anxiety



Bipolar Disorder



Current receipt of treatment is low with only 7% of 2019-2022 overdose victims receiving mental health care, despite nearly half of victims (43%) having a depression diagnosis. Additionally, treatment providers across the region shared a need for protocols for adolescent care, particularly given the rise in opioid use in the younger age groups.



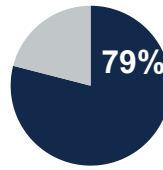
My anxiety as a kid was really bad. The first time I tried opiates, I was 15, and I knew immediately that I was in love. I'll never forget the first time. It was amazing. All my anxiety disappeared.

--Listening Session Participant

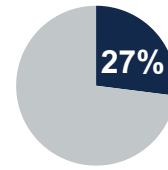


Despite 79% of fatal overdoses from 2019-2022 having at least one bystander present, only 27% of the victims received Naloxone. This underscores the need for harm reduction programs, including education, access to Naloxone, and anti-stigma campaigns. Data on whether a child was present during the fatal overdose was available for 101 incidents, and of those, 26% had a child witness.

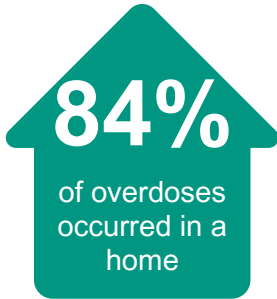
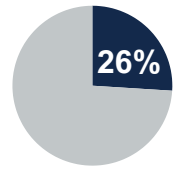
Bystander Present



Naloxone Administered



Child Witness



In addition to the data showing a high frequency of bystander presence at fatal overdoses, 84% of overdose incidents occurred at a home or apartment. While 66% of deaths also happened at home, 22% of victims were able to reach emergency services before passing. When exploring intervention opportunities, stigma reduction and harm reduction strategies emerge as critical needs.

Aside from any available bystanders, first responders are typically the first to intervene in the event of a drug overdose. According to law enforcement officers interviewed for the overall needs assessment, close to half of their calls are drug related offenses. Officers frequently respond to intersecting community issues, including increased violence, substance use, poverty, lack of housing, and limited access to services. Informing first responders with current programs and services allows them to serve as a bridge point to recovery.

“If people’s basic needs aren’t being met, recovery is not the priority. 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

“Substance use is not a crime, it’s an illness, but it can be related to ancillary issues like prostitution, theft, violence, death, loitering, panhandling, all paired with an underlying mental health issue. Our ability to use law enforcement as a connection to recovery seems impossible.”
--Key Informant Interviewee

Calls to Action



Build Understanding

Educate about opioids and their impact to help everyone see addiction as a health issue, not a moral one.



Help Everyone Get Help

Explore how to ensure everyone has the same access to care, no matter who they are or where they live.



Improve Communication

Find ways to improve cross-sector communication to break down barriers that make it harder for people to get the help they need.



Work Together

Train across different systems to work better together and refer people more effectively.



Keep Checking In

Monitor the data to see what’s working, what’s not, and find new ways to help as the issues shift.

