We’re experiencing the consequences of managing pain with *prescription opioids* for 25 years.

This practice has improved the quality of life for many, created *unintended opioid addictions*, and *eroded the inhibition* to use opioids recreationally; *combined with*

*Unprecedented availability* of inexpensive, easy to find heroin and fentanyl.

The drivers of the opioid epidemic are easier to identify than resolve, *this is a deceptively complex epidemic*.

Many groups across North Carolina are coordinating to address the Opioid Epidemic.

North Carolina has made progress, has successes, and more work to do.
Opioid Related Deaths

Public Health primarily works on the top 3 layers; coordinates across all layers.

Injury Prevention
Focuses on top 2 layers

Acute injurious exposure to Opioids are poisonings. Poisonings are injuries.

- Epidemiology
- Convene Partners
- Evidence-based strategies and policy.

Deaths
Emergency care
EMS, Hospital

Disease Spread
HepC, HIV-AIDS, STD’s

Behavior Health Services
Substance Abuse treatment, Suicide

Law Enforcement, Criminal Justice, Corrections

Social Services
family destruction, foster care services

Increased demand on public services across the spectrum
Medical Examiner, EMS, crime, Medicaid charges, foster care, dependence/addiction treatment, employment, education
Sharp rate increases in opioid prescribing

Sharp rate increases in prescription opioid deaths

Source: CDC, Len Paulozzi
Death Rates* for Two Selected Causes of Injury,
North Carolina, 1968-2015

Deaths per 100,000 population

Year

Motor Vehicle Traffic (Unintentional)
Drug Poisoning (All Intents)

1989 – Pain added as 5th Vital Sign

*Per 100,00, age-adjusted to the 2000 U.S. Standard Population
α - Transition from ICD-8 to ICD-9
β – Transition from ICD-9 to ICD-10

Source: Death files, 1968-2015, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
North Carolina among the top 13 states in prescriptions per person.

Average mortality rate: 6.4 per 100,000 persons
Average dispensing rate: 82.9 Rx per 100 persons

Analysis: Injury and Epidemiology Surveillance Unit
Almost 20% of North Carolina High School Students have reported using prescription drugs recreationally.

Source: NC Department of Public Instruction, NC Youth Risk Behavioral Survey (YRBS), 2013-2015
Analysis: Injury Epidemiology and Surveillance Unit
North Carolina Data Overview
Unintentional opioid deaths have increased more than 10 fold. Heroin or other synthetic narcotics are now involved in over 50% of deaths.

Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4. Analysis by Injury Epidemiology and Surveillance Unit.
With unprecedented availability of cheap heroin and fentanyl...

MORE PEOPLE ARE DYING

Opioid Potency

Carfentanil: 10,000x
Fentanyl: 100x
Heroin: 2x
Morphine: 1x
Strategies
Drug Take Back in North Carolina
Since 2010

• Collected **53 million** pills at **1,600 events**
• **150+ Permanent Take-Back Locations**

NC Medical Journal Article Jan 2016
http://www.ncmedicaljournal.com/content/77/1/59.full

**Largest Drug Take Back Program in the Country, National Model**

2013 North Carolina
Good Samaritan/Naloxone Access Law

Since August 1, 2013

52,489 overdose rescue kits distributed
7,598 confirmed overdose reversals

www.nchrc.org/programs-and-services
Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-7/31/2017

52,489 naloxone kits distributed* and 7,598 community reversals reported**

*87 kits distributed in an unknown location in North Carolina and 12 kits distributed to individuals living in states outside of North Carolina; includes 3,541 kits distributed to Law Enforcement Agencies

**29 reversals in an unknown location in North Carolina and 128 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC), August 2017
Analysis by Injury Epidemiology and Surveillance Unit
NC’s Statewide Standing Order for Naloxone

June 20, 2016 – Law authorizes state health director to issue statewide standing order for naloxone

1,393 (69%) Retail pharmacies in North Carolina are dispensing Naloxone under a standing order

www.NaloxoneSaves.org
Increase in Acute Hepatitis C Cases
North Carolina, 2000–2016*

2009 to 2016*
Reported Hep C cases increased more than 500%

Note: Case definition for acute Hepatitis C changed in 2016.
*Data from 2016 are preliminary and subject to change
^ Estimated true number 10–15x higher than number of reported cases.
Medicaid Gross Drug Expenditure for Hep C
North Carolina, SFY 2011–16

• Medicaid treatment expenditures for Hep C increased from $3.8M in 2011 to $85.6M in 2016.

• Increases are from new medications on the market and increased cases.

*Does not account for drug rebates
NC Syringe Exchange Programs (SEP)

• **July 11, 2016** - Legalized in NC

• Any governmental or nongovernmental organization “that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors” can start a SEP

• **Legal Protections**
  “No employee, volunteer or participant of the syringe exchange can be charged with possession of syringes or other injection supplies, or with residual amounts of controlled substances in them, obtained from or returned to a syringe exchange”
**Counties served by Syringe Exchange Programs (SEPs) as of September 2017**

25 active SEPs covering 30 counties, with individuals commuting from an additional 24 counties and out of state

*Residents from these counties without SEP coverage traveled to receive services in a SEP target county*

Source: North Carolina Division of Public Health, September 2017
Analysis: Injury Epidemiology and Surveillance Unit
Syringe Exchange Starts a Conversation

Syringe Exchange

Access to Unused Needles/Syringes

Safer Injection

Harm Reduction Messaging

Overdose Prevention and Naloxone

HIV/HBV/HCV Testing

Integrated Care

Connection to Care

Substance Use/Mental Health Treatment

Housing, Food Security Services

Safer Sex
Strengthen Opioid Misuse Prevention (STOP) Act (House Bill 243)

• Passed unanimously by both houses of the General Assembly on June 28, 2017
• Signed by Governor Roy Cooper on June 29, 2017
• Targeted controlled substances under the Act
  – Schedule II and Schedule III Opioids
Strengthen Opioid Misuse Prevention (STOP) Act

Smarter Prescribing
- Reduce unused, misused, and diverted pills with **5-day limit** on initial prescriptions for acute pain.
- Reduce doctor shopping and improve care with **required check** of state prescription database.
- Reduce fraud through **e-prescribing**.

Smarter Dispensing
- Universal registration and reporting.
- Near-time reporting to detect and stop doctor-shopping.

A Renewed Commitment to Treatment, Recovery and Saving Lives
- Improve health and save money by investing in local treatment and recovery services.
- Reverse overdoses and save lives.

Many organizations* across NC are addressing the opioid overdose epidemic.

*Logos not all inclusive
North Carolina Prescription Drug Abuse Advisory Committee

About Us · Meetings · Agendas & Presentations · Workgroups · Strategic Plan · Contact

Upcoming Events
- Opioid Misuse and Overdose Prevention Summit, June 27 - 28, 2017
  - Register here for the upcoming summit!
- The next PDAAC meeting will be held in September. Please join us at the Opioid Misuse and Overdose Prevention Summit!

Quick Links
- Naloxone Saves
- North Carolina Safer Syringe Initiative
- North Carolina Injury and Violence Prevention Strategic Plan, 2015 - 2020

Resource website: https://sites.google.com/view/ncpdaac
FOCUS AREAS

Given that the opioid epidemic is complex, we plan to implement comprehensive strategies in the following focus areas to reduce opioid addiction and overdose death:

1. Create a coordinated infrastructure
2. Reduce oversupply of prescription opioids
3. Reduce diversion of prescription drugs and flow of illicit drugs
4. Increase community awareness and prevention
5. Make naloxone widely available and link overdose survivors to care
6. Expand treatment and recovery oriented systems of care
7. Measure our impact and revise strategies based on results
Treatment and Recovery Providers: Transportation, Housing, and Employment
**Possible ACTION:** Explore options to provide transportation assistance to individuals seeking treatment

Consider

- **Align transportation** master plans, services, and public transportation routes with **treatment opportunities and recovery supports in community**
- Include people with substance use disorders as priority population in transportation needs assessments (throughout process and in Plans)
- Provide transportation or gas vouchers
- Find ways to minimize need for transportation by meeting people where they are in the community
- Allocate county funding for more transportation options
Housing

• **Possible ACTION**: Increase recovery-supported transitional housing options to provide a supportive living environment and improve the chance of a successful recovery

• **Consider**
  - Increasing access to affordable housing for all
  - Include people with substance use disorders as priority population in housing needs assessments (throughout process and in Plans)
  - Establish and maintain transitional housing for people leaving incarceration
  - Provide rental assistance
  - Allocate county funding for more housing options
Employment

**Possible ACTION:** Reduce barriers to employment for those with criminal history

**Consider:** Fair Chance Hiring Policies

- Delay employment application questions regarding person’s criminal record until *after* applicant has had a chance to demonstrate skills, qualifications, and rehabilitation
- 18 states and 100+ municipalities have implemented fair chance hiring practices

Reduce crime and recidivism, Boost tax contributions

More Information:

Thank You

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