

JOINT LEGISLATIVE COMMITTEE  
ON HEALTH AND HUMAN SERVICES

# **The Opioid Epidemic: The State of the State**

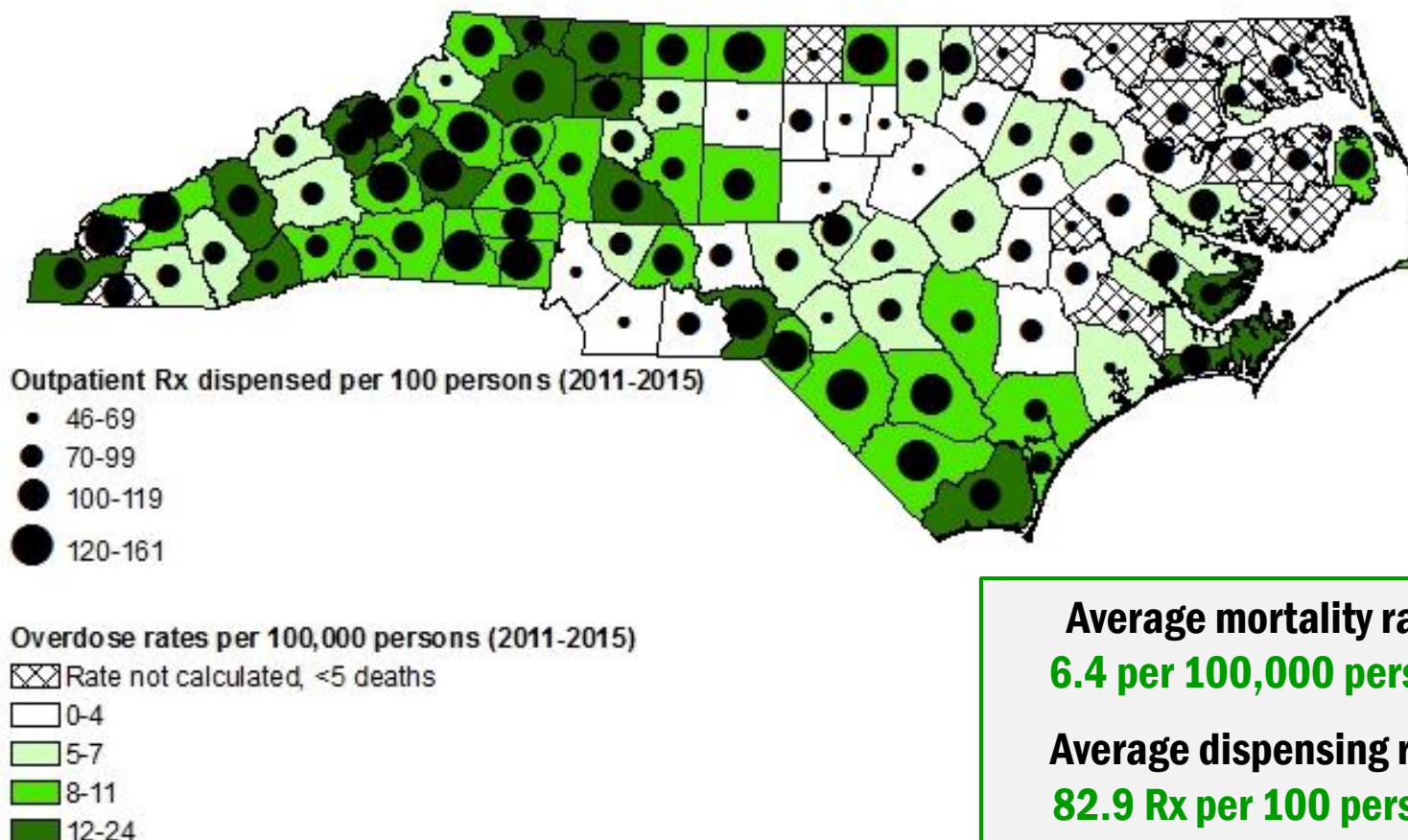
**Dr. Mandy Cohen, Dr. Susan Kansagra  
Department of Health and Human Services**

**Nov. 14, 2017**

**3 PEOPLE DIE EACH DAY  
FROM OPIOID OVERDOSE IN NC**

Source: Average daily deaths using N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2015-2016.

# Rates of Unintentional/Undetermined Prescription Opioid Overdose Deaths & Outpatient Opioid Analgesic Prescriptions Dispensed North Carolina Residents, 2011-2015



**Average mortality rate:**  
**6.4 per 100,000 persons**

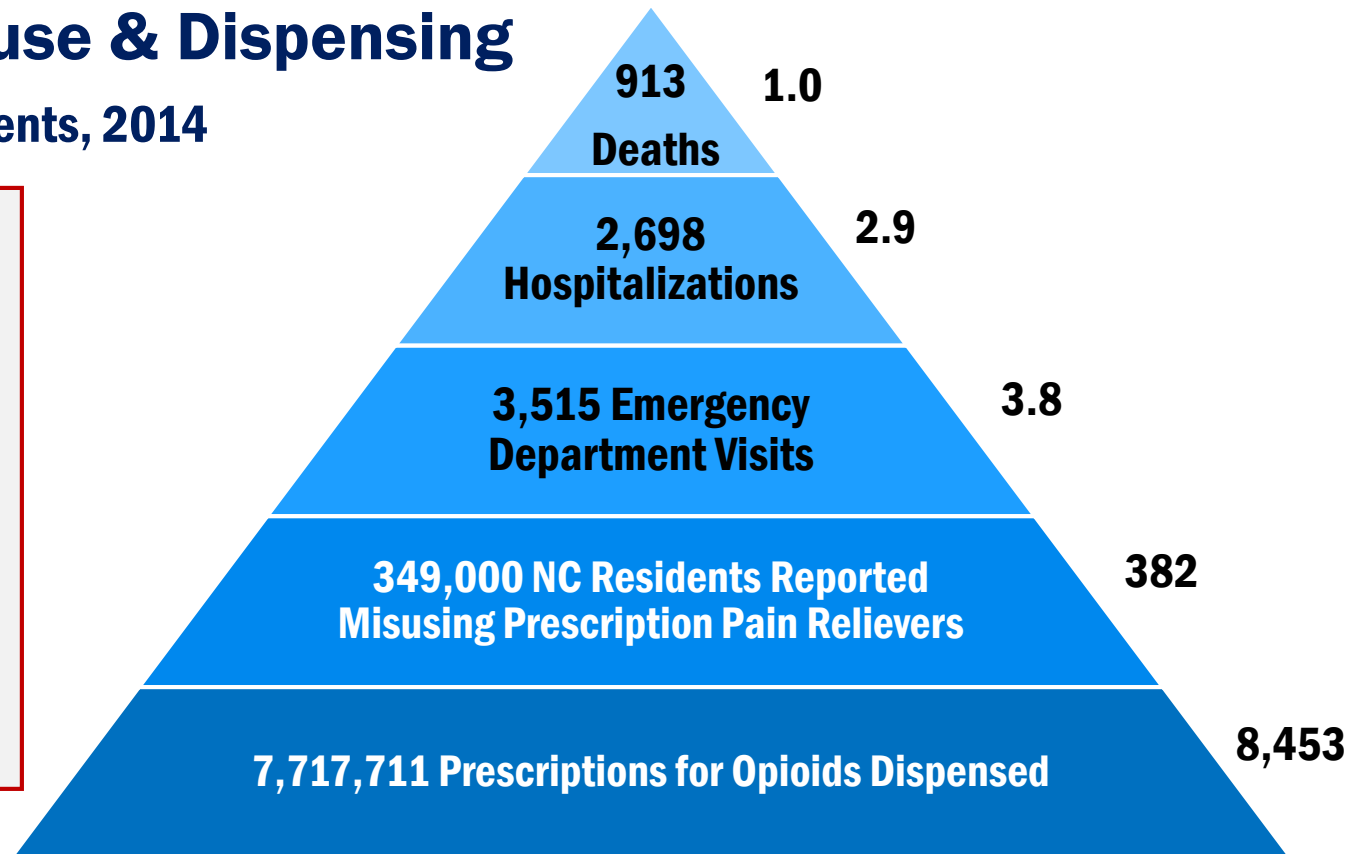
**Average dispensing rate:**  
**82.9 Rx per 100 persons**

Source: Deaths- N.C. State Center for Health Statistics, Vital Statistics, 2011-2015, Overdose: (X40-X44 & Y10-Y14) and commonly prescribed opioid T-codes (T40.2 and T40.3)/Population-National Center for Health Statistics, 2011-2015/Opioid Dispensing- Controlled Substance Reporting System, NC Division of Mental Health, 2011-2015  
Analysis: Injury and Epidemiology Surveillance Unit

# Opioid Deaths, Hospitalizations, ED Visits, Misuse & Dispensing

North Carolina Residents, 2014

**In 2014, for every  
1 opioid overdose  
death, there were just  
under  
3 hospitalizations and  
nearly 4 ED visits due  
to medication or drug  
overdose.**



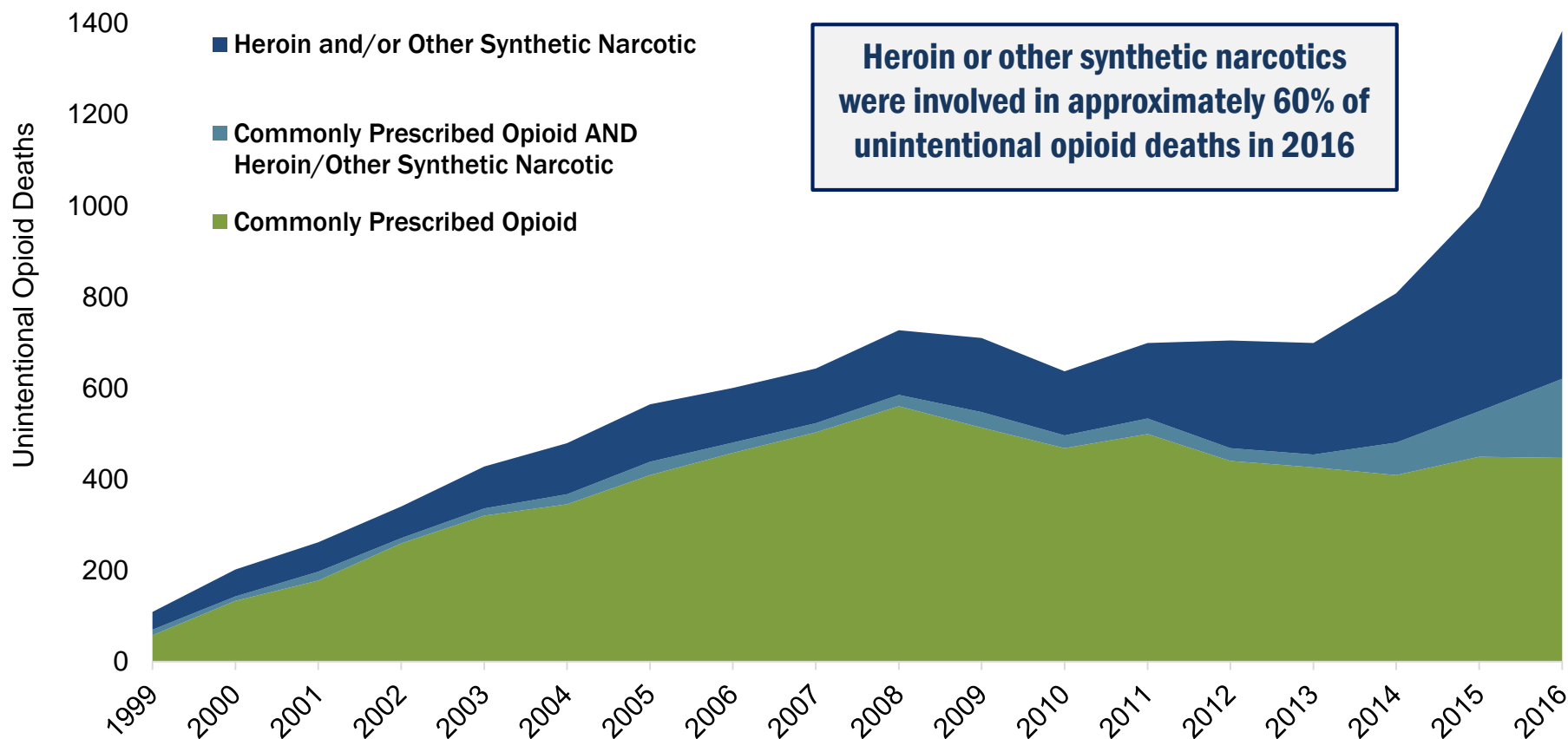
## Overdose Pyramid

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2014/  
Hospitalizations-N.C. State Center for Health Statistics, Vital Statistics, 2014/ED-NC  
DETECT, 2014/ Misuse-NSDUH 2013-2014/Prescriptions-CSRS, 2014/  
Analysis by Injury Epidemiology and Surveillance Unit

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# Unintentional Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2016



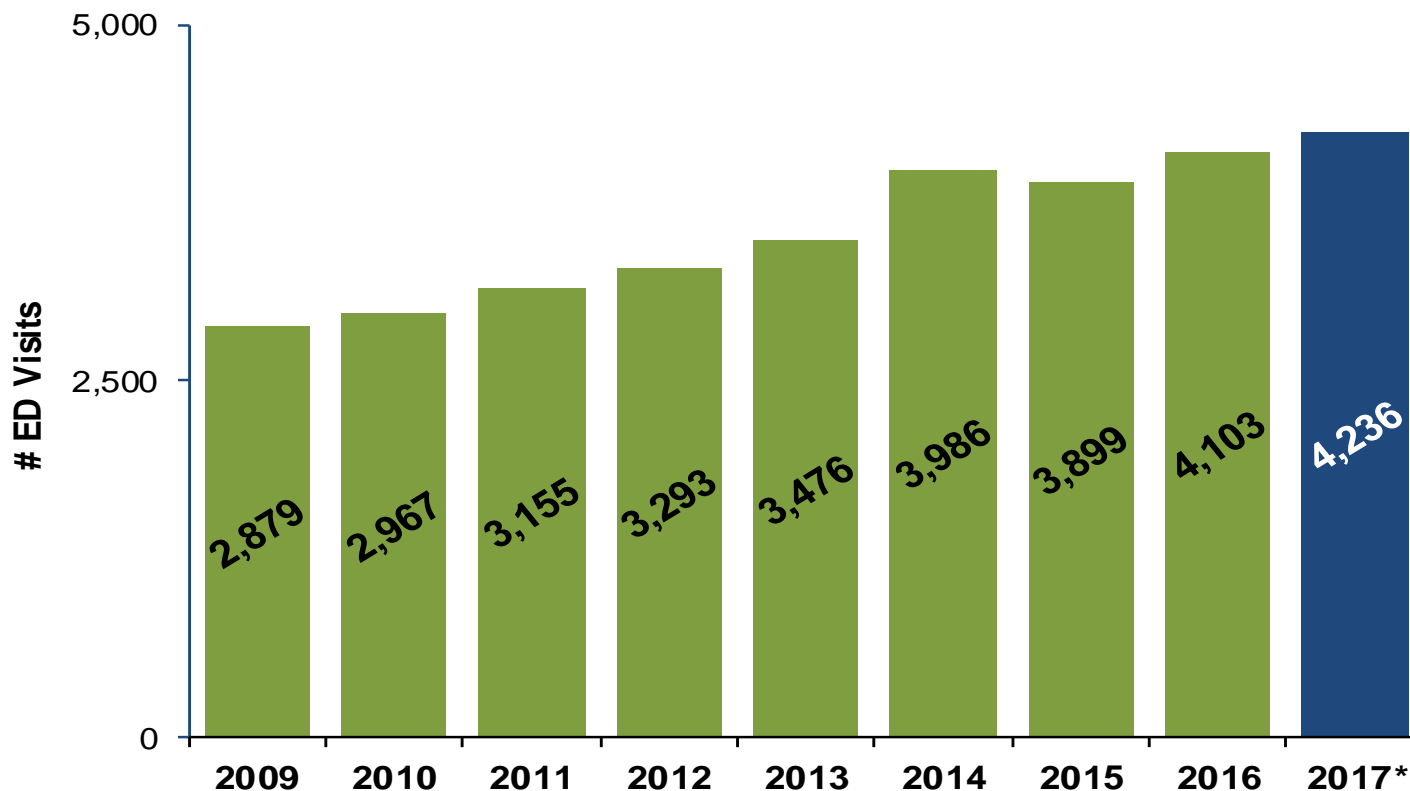
Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016

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

# Opioid Overdose ED Visits by Year

## North Carolina, 2009-2017 YTD



YTD: Year to Date

\*Provisional Data: 2017 ED Visits



Source: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT). Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics. Analysis by Injury Epidemiology and Surveillance Unit

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# Opioid Overdose ED Visits by Insurance Coverage

## 2017 YTD

Insurance Coverage	
Private Insurance	14%
Medicaid/Medicare	27%
Uninsured/Self-pay	50%
Other/Unknown	9%

**Data Source:** The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT). Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics.

# **N.C.'s Response Coordination**



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



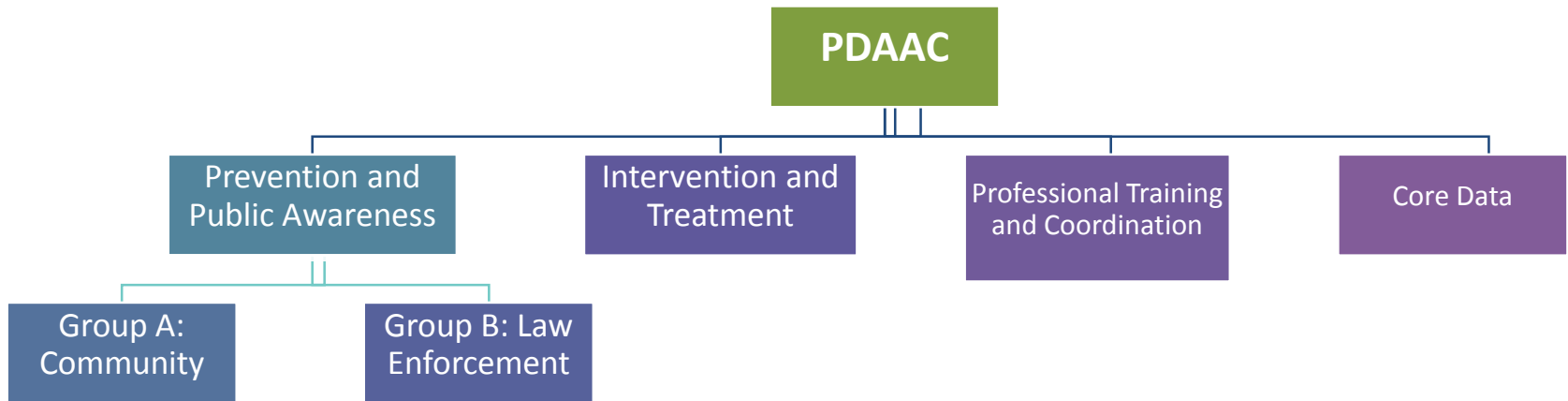
\*Logos not all inclusive

# Opioid and Prescription Drug Abuse Advisory Committee

## Mandated Coordination of State Response to the Opioid Epidemic

### 2015 Session Law 241 mandates

State strategic plan • DHHS creates PDAAC • Annual report to General Assembly



- **Meets quarterly**
- **5 work groups & action plans**
- **150+ participate**
- **State agencies, partner organizations working on the opioid epidemic**

# NC Opioid Action Plan Strategies

- Reduce oversupply of prescription opioids
- Reduce diversion of prescription drugs and flow of illicit drugs
- Increase community awareness and prevention
- Make naloxone widely available and link overdose survivors to care
- Expand access to treatment and recovery oriented systems of care
- Measure our impact and revise strategies based on results

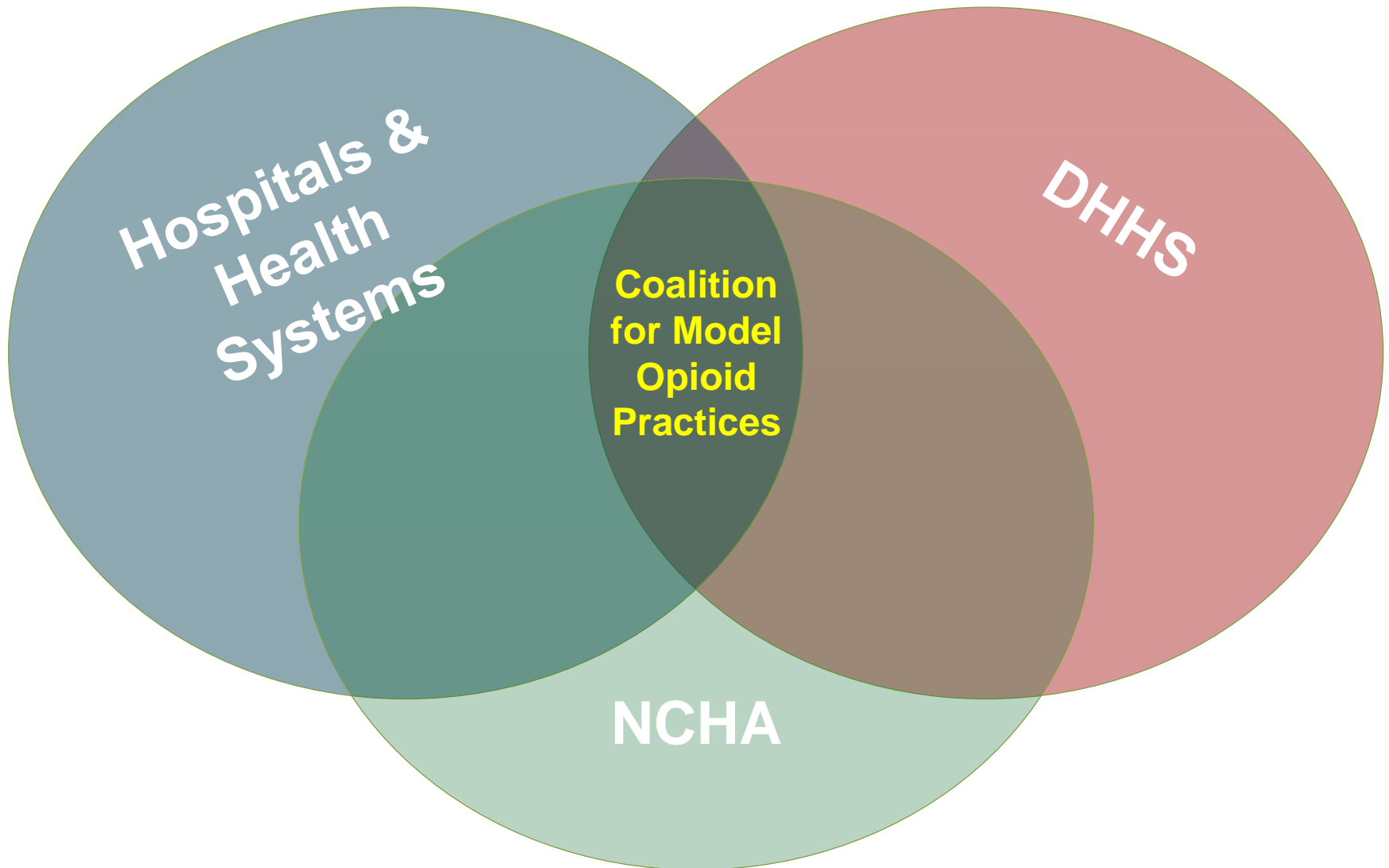
<https://www.ncdhhs.gov/opioids>

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# Coalition for Model Opioid Practices



# STOP Act - Prescriber Provisions

- Limits first-time prescriptions of targeted controlled substances for acute pain to ≤5 days
- Prescriptions following a surgical procedure limited to ≤7 days
- Allows follow-up prescriptions as needed for pain
- Limit does not apply to controlled substances to be wholly administered in a:
  - hospital, nursing home, hospice facility, or residential care facility
- Dispensers not liable for dispensing a prescription that violates this limit

Effective January 1, 2018

# Payers Council

- Will bring together public and private payers to identify, align, and implement policies that:
  - Support providers in judicious prescribing of opioids;
  - Promote safer and more comprehensive alternatives to pain management;
  - Improve access to naloxone, substance use disorder treatment and recovery supports; and
  - Engage and empower patients in the management of their health.
- First meeting in December

# Medicaid pharmacy benefit changes

- In August, implemented prior approval for opioid analgesic doses which:
  - Exceed 120 mg of morphine equivalents per day
  - Are greater than a 14-day supply of any opioid, or,
  - Are non-preferred opioids on the NC Medicaid Preferred Drug List (PDL)



# NC Opioid Action Plan Strategies

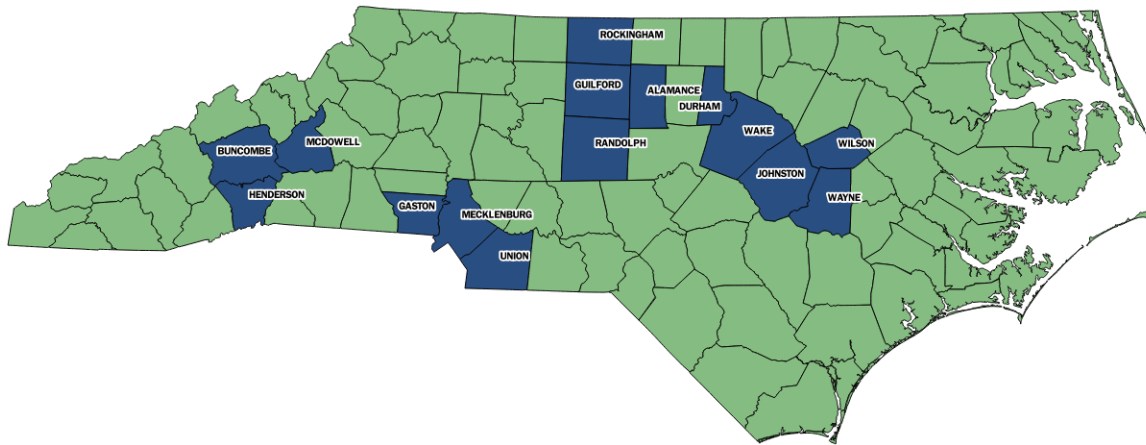
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# New Partnership

## HIDTA (High Intensity Drug Traffic Area)

- Coalitions funded by White House Drug Coordinating Office and CDC/DEA
- In NC, has created **public safety/public health collaboration**
- Providing new reports using ED data to move from passive to active outbreak surveillance



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# **Synthetic Opioid Control Act (SB-347 / HB 464)**

- **Synthetic Opioid & Other Dangerous Drug Control Act lists all known fentanyl derivatives as controlled substances and by creating a new “catch-all” provision describing the chemical backbone structure of the fentanyl molecule in order to capture any future fentanyl derivative that may be encountered here.**
- **Various other changes to update and modernize controlled substance act, at request of law enforcement.**

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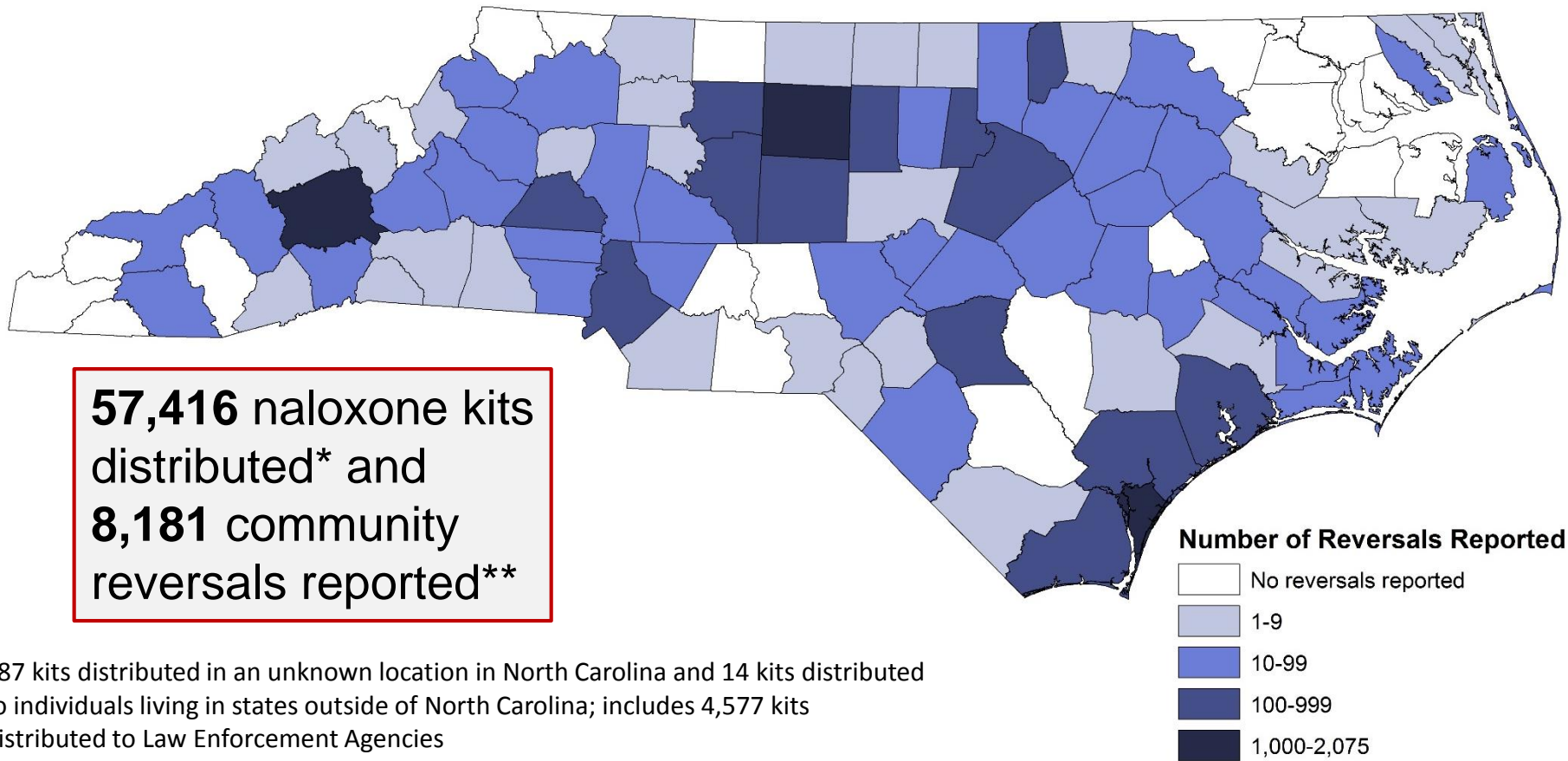
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# Naloxone Distribution

- **DHHS purchased and distributed nearly 40,000 units of naloxone in October.**
- **Distribution via opioid treatment programs, NC Harm Reduction Coalition, EMS agencies/first responders, and other community partners**

# 2013 Good Samaritan/Naloxone Access Law

## Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-9/30/2017



\*87 kits distributed in an unknown location in North Carolina and 14 kits distributed to individuals living in states outside of North Carolina; includes 4,577 kits distributed to Law Enforcement Agencies

\*\*21 reversals in an unknown location in North Carolina and 134 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC), October 2017  
Analysis by Injury Epidemiology and Surveillance Unit

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# Opioid STR Grant Funding

- **\$2,728,727 in CURES grant expenditures from 07/01/17 -10/24/17 through the LME/MCOs**
- **Types of services provided include:**
  - non-hospital medical detox
  - individual and group therapies
  - opioid treatment (medication administration)
  - intensive outpatient treatment
  - group/supervised living (supportive, recovery housing)
  - recovery supports



# ECHO Project Pilot

- **DHHS funding UNC to offer for providers:**
  - Free DATA – 2000 training
  - Weekly case-based learning ECHO clinic
  - In office support for providers interested in training and strategy support for medical assistants, nurses, and office staff in their practices.
  - One to one provider case consultation
- Working on an expansion of access to the ECHO clinic, DATA-2000 training, and CME credits to providers in all 100 counties.

# Medicaid pharmacy benefit changes

- In November, prior authorization removed for suboxone film.
  - Suboxone is a prescription drug used for Medication-Assisted Treatment (MAT)
  - Allows quicker access for patients who are ready to commit to treatment

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**North Carolina has achieved  
some successes...  
*AND has more work to do.***