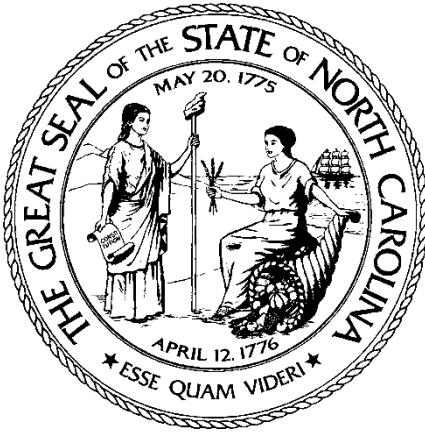


JOINT LEGISLATIVE OVERSIGHT COMMITTEE
ON HEALTH AND HUMAN SERVICES



North Carolina's Opioid Epidemic Response: Updates and Opportunities

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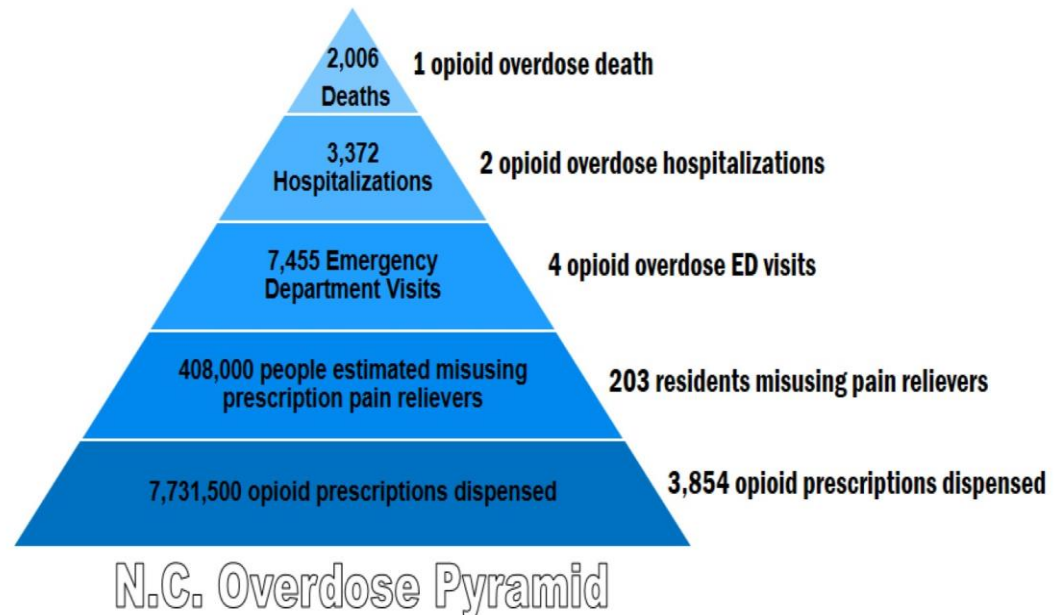
March 10, 2020

North Carolina has been hit hard by the opioid epidemic

- Over the past two decades, we have lost more than 12,000 people to an opioid overdose
- Since 1999, an estimated 99,700 NC workers have been kept out of the workforce because of the opioid epidemic.

- Impacts every system:

- Economy
- County EMS
- Hospitals
- Jails and Prisons
- DSS



Laws were passed with bipartisan support to combat the epidemic

- **STOP Act (2017)**
 - Implemented prescribing limits on certain types of acute opioid prescriptions
- **Synthetic Opioid Control Act (2017)**
 - Helped law enforcement authorities go after fentanyl traffickers by ensuring that all analogues were included under trafficking laws
- **HOPE Act (2018)**
 - Gave law enforcement authorities the tools they need to investigate diversion and articulated support for recovery courts
- **Opioid Epidemic Response Act (2019)**
 - Removed barriers to outpatient treatment providers, removed ban on state funds for syringe exchange programs, and decriminalized fentanyl test strips

The North Carolina Opioid Action Plan guides our efforts



North Carolina has been a leader in its opioid epidemic response

- Leveraged federal opioid grants to provide addiction treatment to more than 12,000 people for opioid use disorder
- Building a pipeline for the next generation of doctors to provide addiction treatment
 - Trained more than 1,500 providers
 - 4 out of the 5 medical schools and more than 30 residency, NP, and PA training programs have incorporated addiction training into their curriculum
- Expanding the use and usefulness of CSRS
 - More than 94% of registered users regularly check
 - 74% of users are now integrated through an EHR
- Responding to the shift in the epidemic and new emerging substances
 - Distributed more than 75,000 naloxone kits
 - Decriminalization of drug checking equipment like fentanyl test strips
 - Expanded overdose prevention and infectious disease prevention through SEPs
- Expanding critical treatment access through jails, courts and prisons
 - More than 11 operating pre-arrest diversion programs
 - 4 counties operating jail based medication assisted treatment
 - 16 operating drug treatment courts

Partnering with local community to drive proven efforts

- NC Opioid and Prescription Drug Abuse Advisory Committee
- Menu of Local Actions and other Resource Guides
- Grants to local communities

Last Updated: July 2019

Menu of Local Actions to Prevent Opioid Overdose in NC

The following *Menu of Local Actions to Prevent Opioid Overdose in North Carolina* provides an overview of various impactful activities that can be done at the local level by partners like community organizations, government agencies, and others interested in this work. This list of local actions is intended to be dynamic and updated as additional ideas and recommendations arise. Refer to the [NC Opioid Action Plan](#) for statewide recommendations for priority strategies to address the opioid crisis.

1. Build a Strong Local Coalition

- Build and sustain a local coalition** to convene stakeholders and coordinate activities. Ensure there is a broad group of stakeholders "at the table," such as: affected individuals and families, including people who use drugs; local government; local health department; healthcare providers, e.g., substance use treatment providers, pain treatment providers, pharmacists; healthcare institutions, e.g., hospitals, substance use treatment facilities; law enforcement; first responders; court system, e.g., judges, district attorney; social services; schools; youth-serving organizations; institutions of higher education, e.g., community college, university; religious organizations; civic and volunteer groups; local employers; media.
- Connect local efforts to state-level efforts through participation in the [NC Opioid and Prescription Drug Abuse Advisory Committee \(OPDAAC\)](#).
- Create an action plan that is informed by local data, evidence, and the [NC Opioid Action Plan](#).

2. Use Data to Inform Actions

- Use data at the county and local level to understand the burden, evaluate ongoing programs, and inform future decision-making. Please contact us at SubstanceUseData@dhhs.nc.gov with any questions. Helpful links to data resources include:
 - The [NC Opioid Data Dashboard](#) displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.
 - The [IVPB Poisoning Data](#) page for monthly surveillance reports, county-level overdose slide sets, as well as data tables on overdose deaths, hospitalizations, and emergency department visits.
 - Use the [North Carolina Communicable Disease Data Dashboard](#) to track infections such as hepatitis C that can spread through unsafe drug use practices. Consider local disease burden, trends, and prevention when planning programs and events.
 - Additional data can be found on the [NC DHHS Opioid Data webpage](#).
- Partner with your Local Health Department or healthcare system that can access [NC DETECT](#). NC DETECT tracks statewide Emergency Department (ED) and Emergency Medical Services (EMS) data and is used primarily by public health. County level data are made available through partners with authorized access.
- Be familiar with and consider working with local law enforcement agencies to implement HIDTA's [OCMAPs](#), which provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts.
- Partner with other local agencies (law enforcement, EMS, social services, etc.) that may be able to share additional data that would better enable local stakeholders to take more timely action.

3. Map Treatment Resources

- Develop an inventory of treatment and recovery options in the local area to inform referrals and to inform policy work around increasing treatment capacity where needed. Consider working with local social workers or health navigators as they may already have these types of lists available for their own work.

4. Improve Naloxone Access

- Conduct an inventory of who is distributing naloxone and how much; and match this information with data regarding need for naloxone; e.g., where overdoses are occurring.

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<https://files.nc.gov/ncdhhs/Menu-of-Local-Actions-to-Prevent-Opioid-Overdose-in-NC-7.26.19.pdf>

Since the launch of the Opioid Action Plan in 2017:



Opioid dispensing has decreased by 24%



Buprenorphine dispensing has increased 15%



Uninsured and Medicaid beneficiaries who have received opioid use disorder treatment has increased by 20%

Opioid overdose deaths have declined for the first time in over a decade



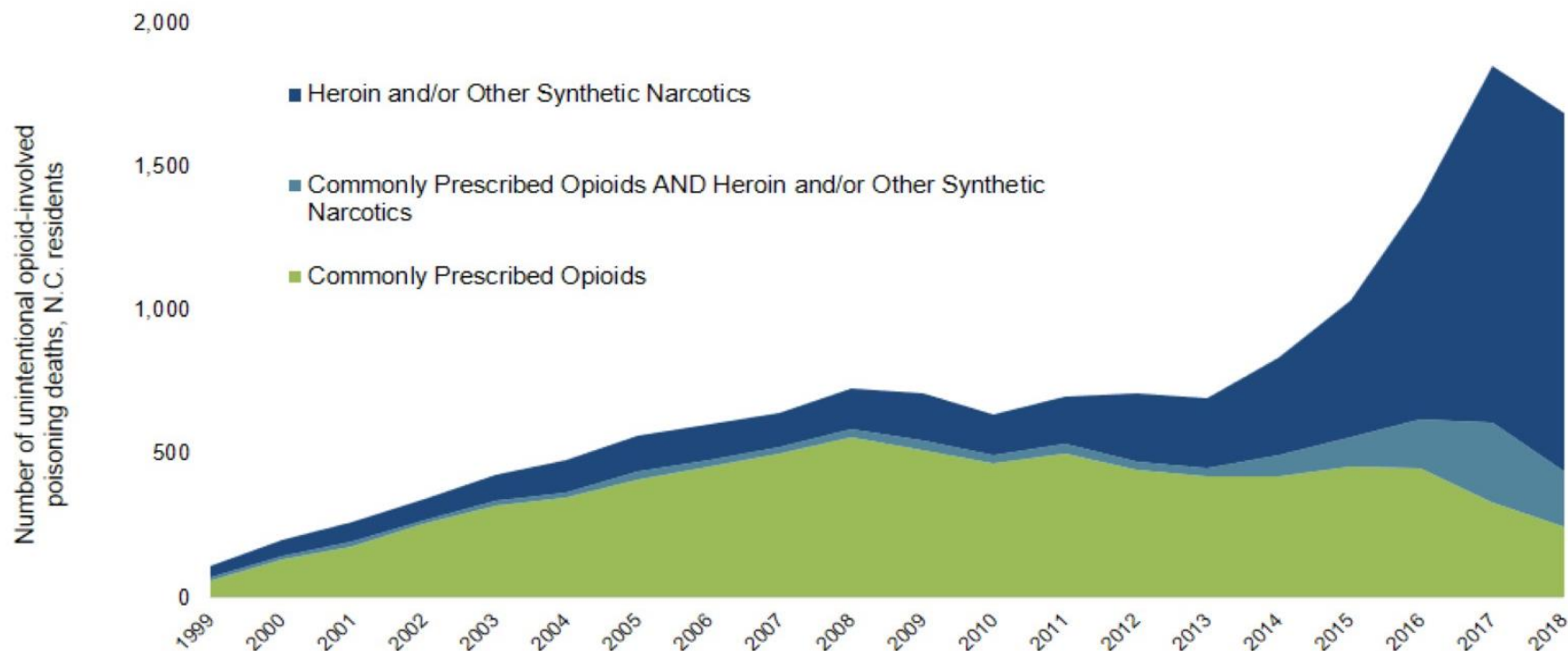
Technical Notes: Unintentional medication and drug poisoning: X40-X44 and any mention of T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics); Limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2009-2018

Analysis by Injury Epidemiology and Surveillance Unit



The epidemic has shifted beyond prescription opioids



*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

Technical Notes: Cases with only an Opium (T40.0) or only Other and Unspecified Narcotics (T40.6) code are excluded; Unintentional medication and drug poisoning: X40-X44 and any mention of T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics); Limited to N.C. residents

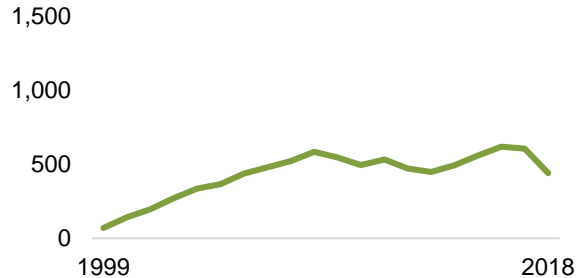
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2018

Analysis by Injury Epidemiology and Surveillance Unit

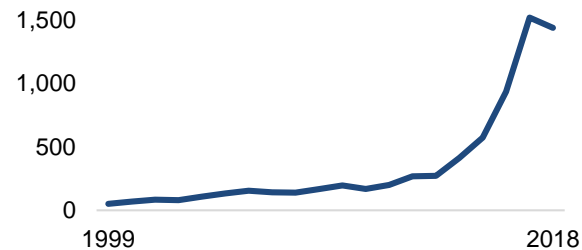


Emerging Substances

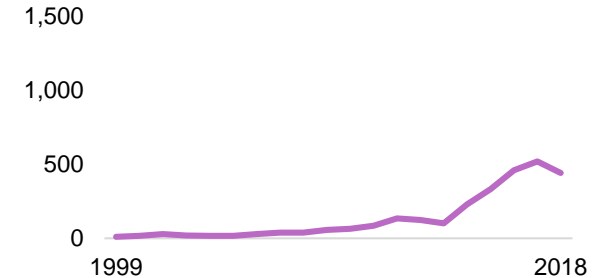
Commonly Prescribed Opioids



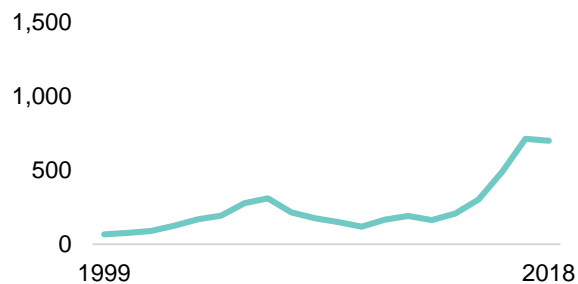
**Heroin and/or
Other Synthetic Opioids**



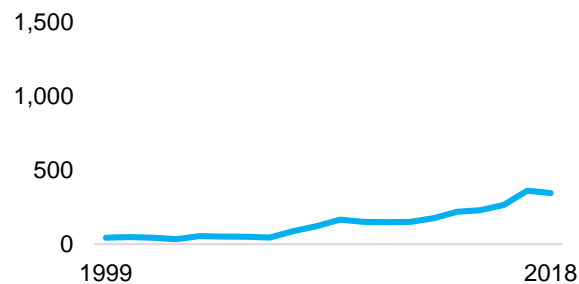
Benzodizepines



Cocaine



Alcohol



Psychostimulants



Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances it can be counted on multiple lines;
 Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type; limited to N.C. residents
 Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2018
 Analysis by Injury Epidemiology and Surveillance Unit

NC has spent more than two thirds of its federal opioid grant funds on treatment for the uninsured

- While NC has provided addiction treatment to over 12,000 people, an estimated **426,000** people misuse prescription or illicit opioids in NC
- The short term funding cycles of federal opioid grants discourage providers from expanding capacity, particularly in rural areas
- 46% of people who are brought to the emergency department with an opioid overdose are uninsured

Medicaid Expansion – Proven Strategy to Impact the Opioid Epidemic

- Sustainable, affordable health care is the single most important tool to provide long term stable care, and help rural providers grow the capacity they need
- The uninsured rate for opioid-related hospitalizations in expansion states plummeted by 79%, from 13.4% in 2013 to 2.9% in 2015.
- Dayton, OH saw opioid deaths decline by >50% after expansion.

Recommendations that don't require General Funds

- Expand Medicaid
- Strengthen service requirements and oversight of licensed Opioid Treatment Programs
- Require checking the CSRS before prescribing benzodiazepines
- Increase oversight and enforcement against deceptive marketing, patient brokering and kickbacks for addiction treatment
- Expand capacity to respond and manage innovative projects through approving already funded positions in the Substance Abuse Prevention and Treatment Block Grant