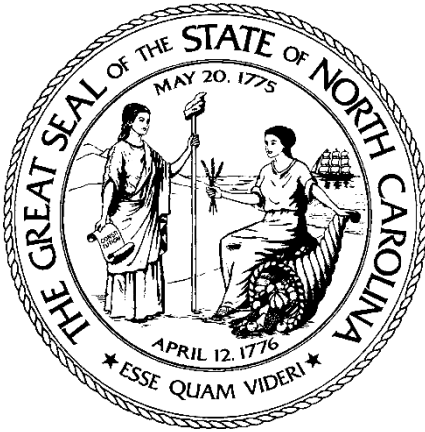


**JOINT LEGISLATIVE EMERGENCY MANAGEMENT
OVERSIGHT COMMITTEE**



The Opioid Epidemic: The State of the State

Susan Kansagra, MD, MBA

Section Chief, Chronic Disease and Injury

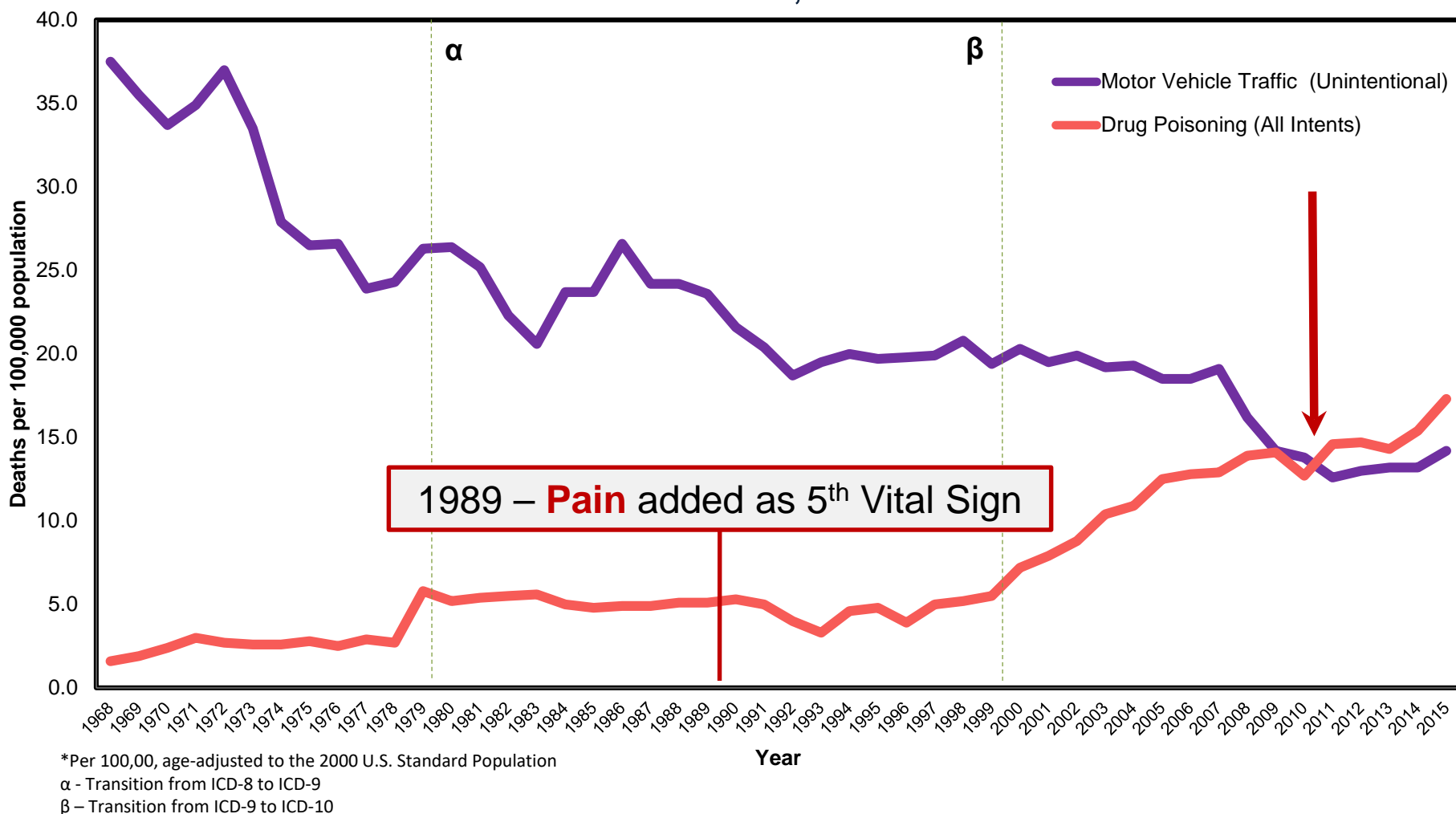
Opioids Response Lead

NC Department of Health and Human Services

Oct. 12, 2017

Death Rates* for Two Selected Causes of Injury

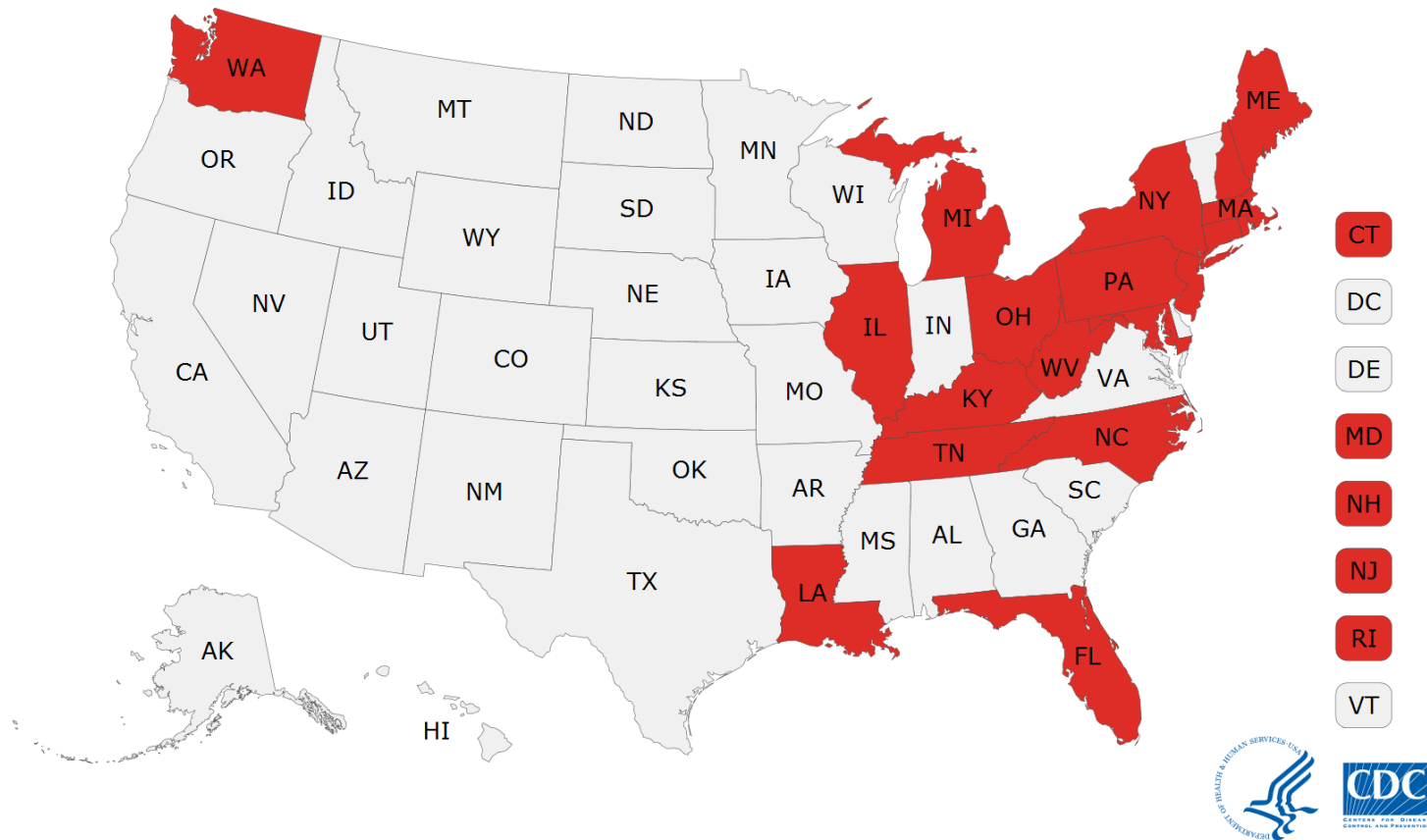
North Carolina, 1968-2015



National Vital Statistics System, <http://wonder.cdc.gov>, multiple cause dataset
 Source: Death files, 1968-2015, CDC WONDER
 Analysis by Injury Epidemiology and Surveillance Unit

Significant increase in drug overdose death rate from 2014 to 2015 in North Carolina

Statistically significant drug overdose death rate increase from 2014 to 2015, US states

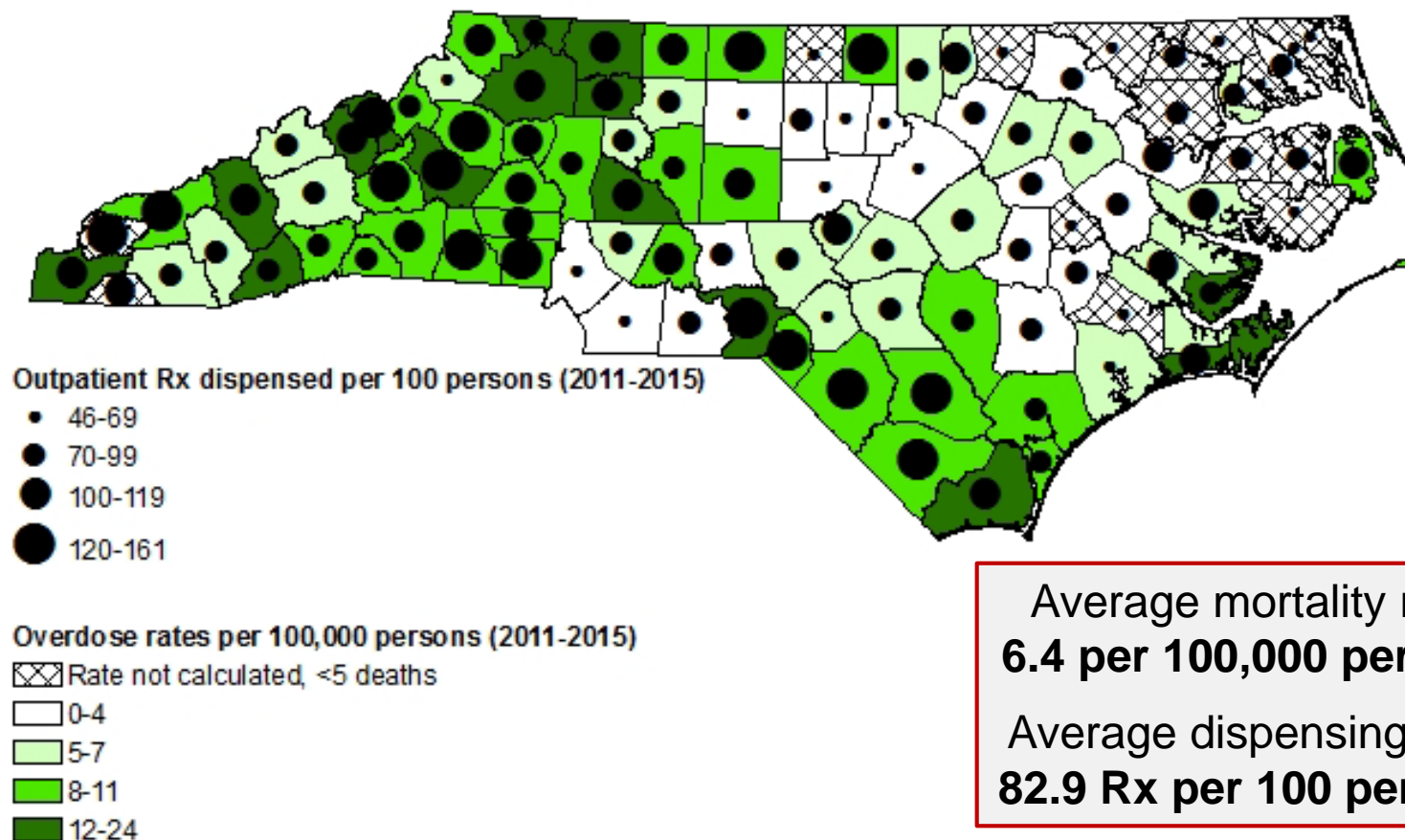


**3 PEOPLE DIE EACH DAY FROM
OPIOID OVERDOSE IN NC**

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



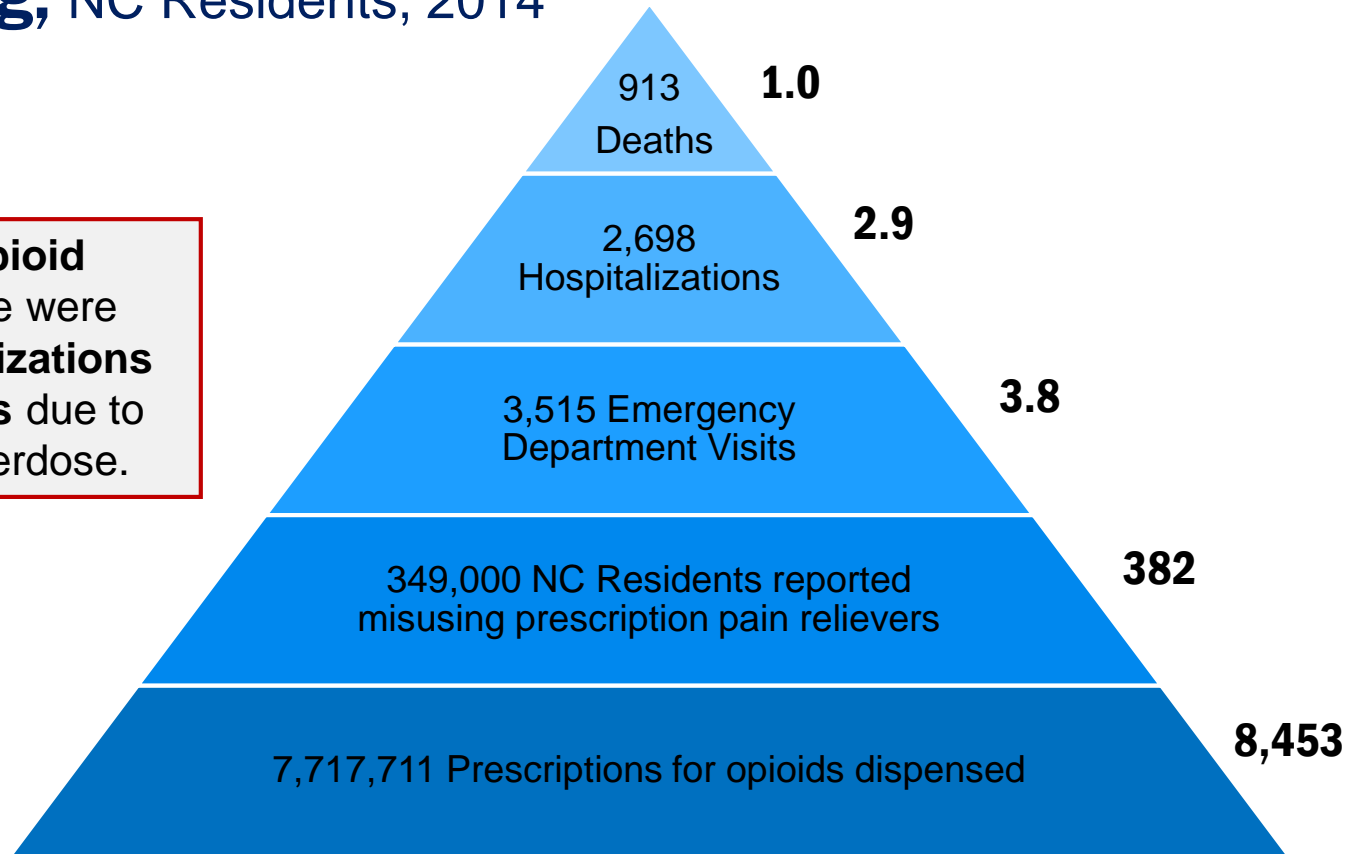
Average mortality rate:
6.4 per 100,000 persons

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, NC 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.

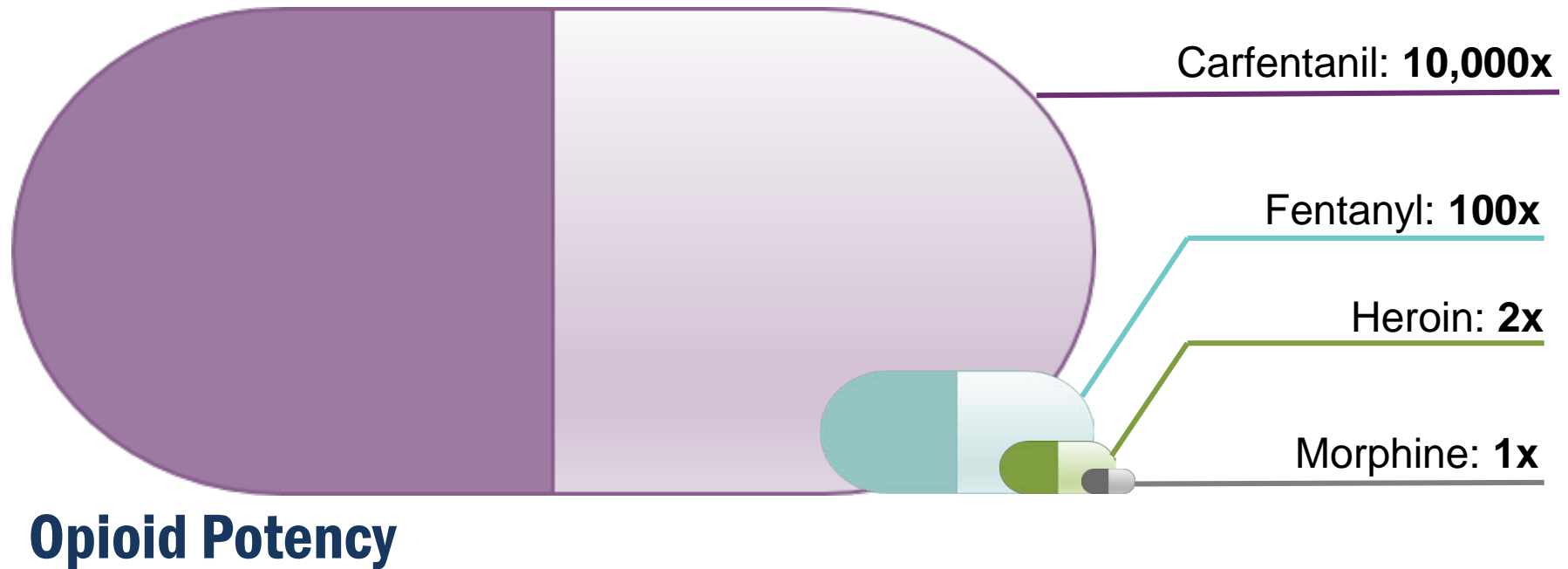


Overdose Pyramid

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

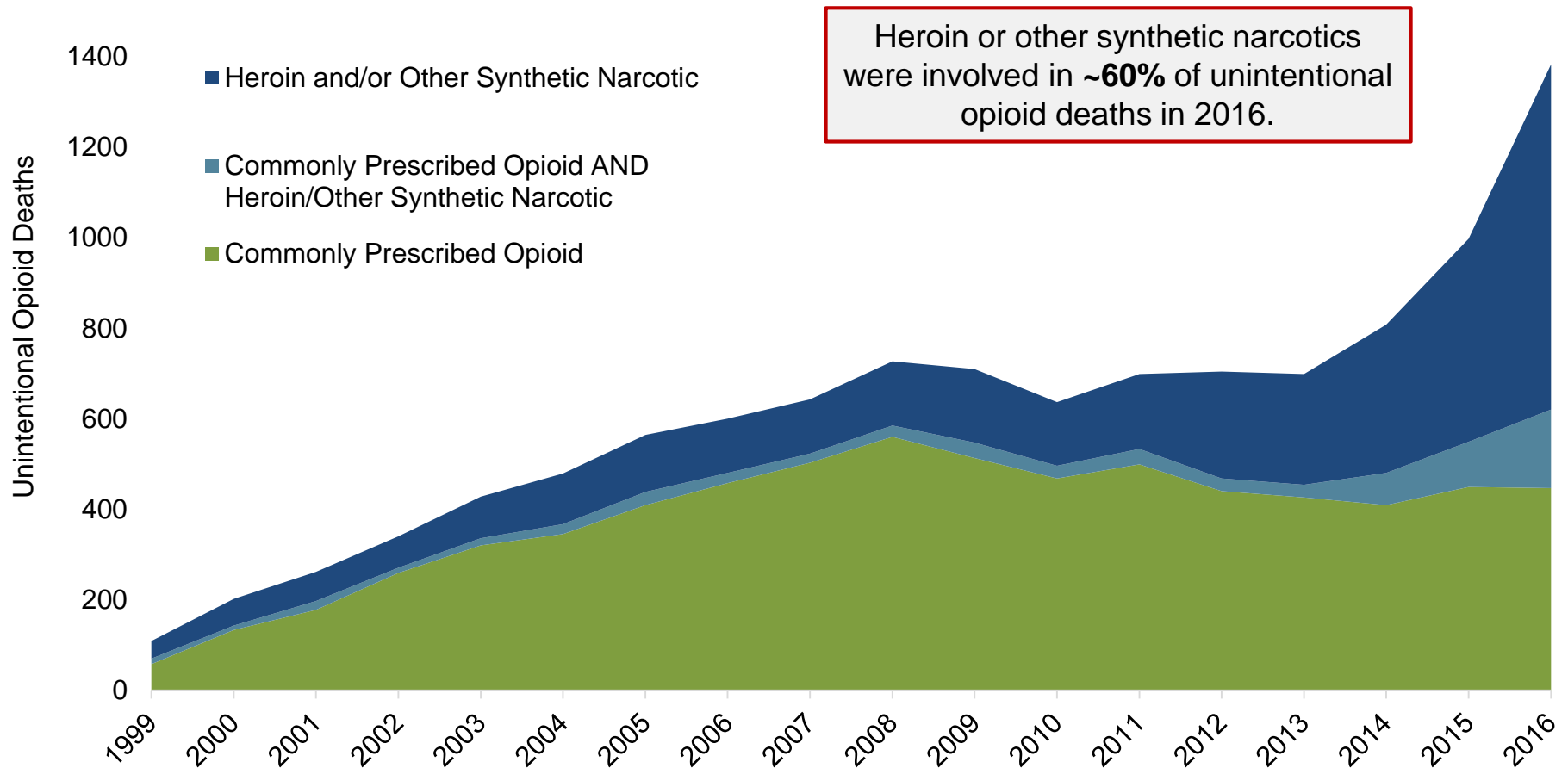
**With unprecedented availability of cheap
heroin and fentanyl...**

MORE PEOPLE ARE DYING



Unintentional Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2016



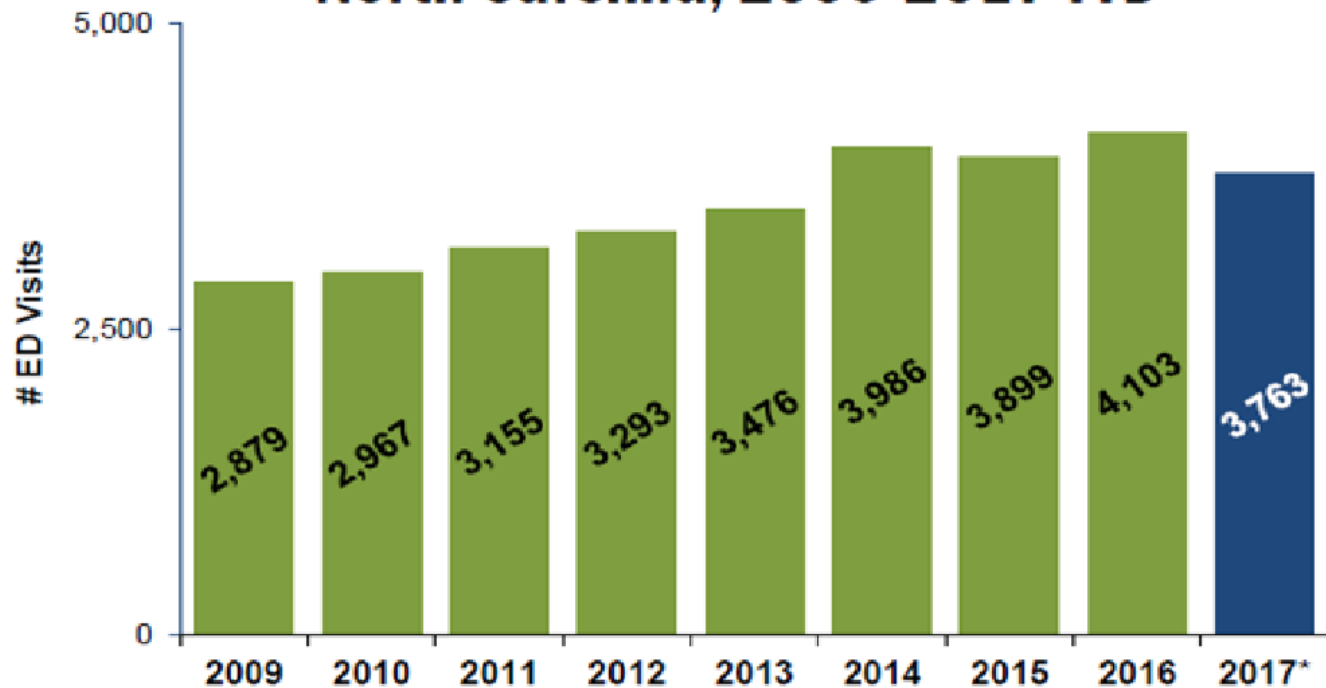
Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016

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



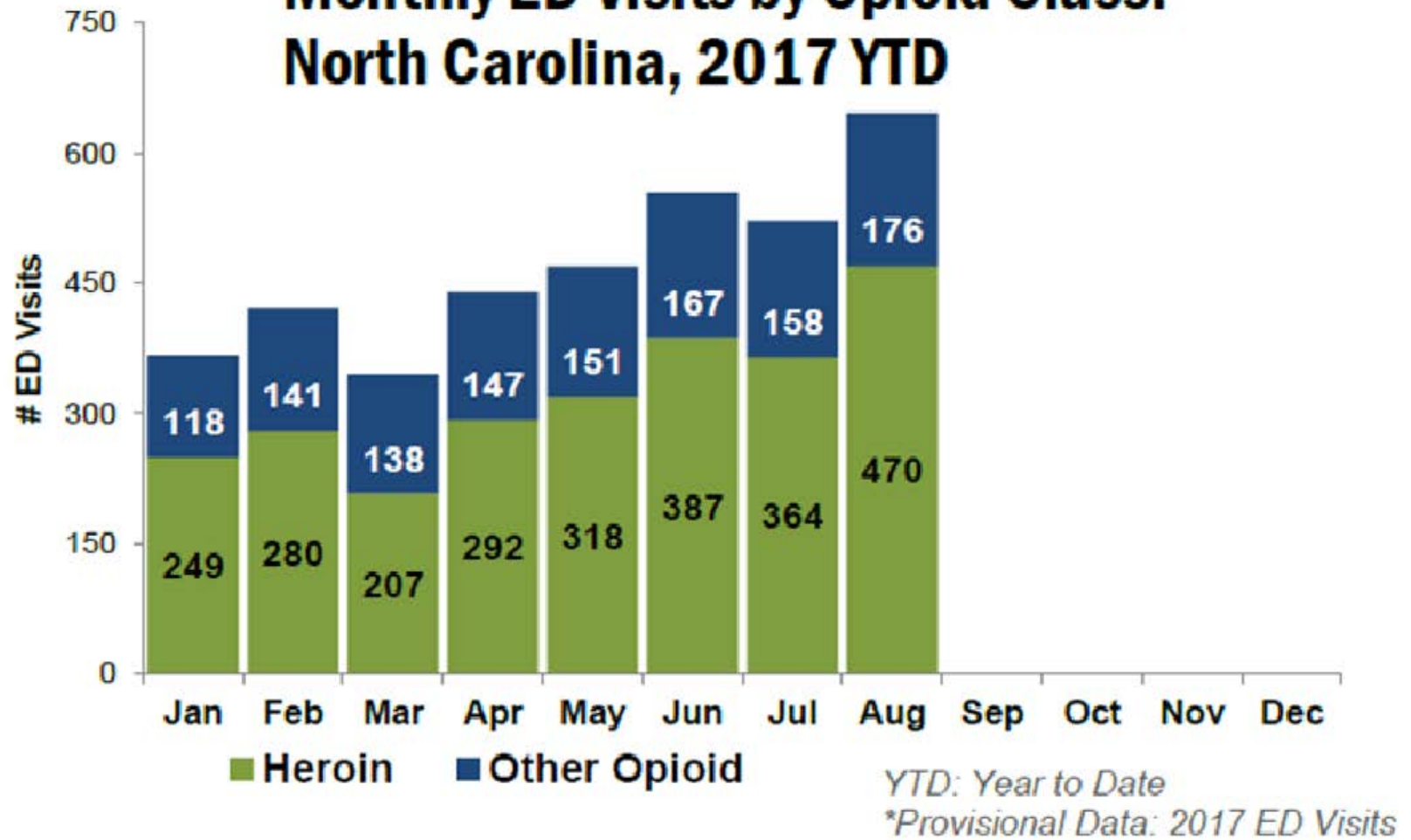
YTD: Year to Date

*Provisional Data: 2017 ED Visits

North Carolina
Injury & Violence
PREVENTION Branch



Monthly ED Visits by Opioid Class: North Carolina, 2017 YTD



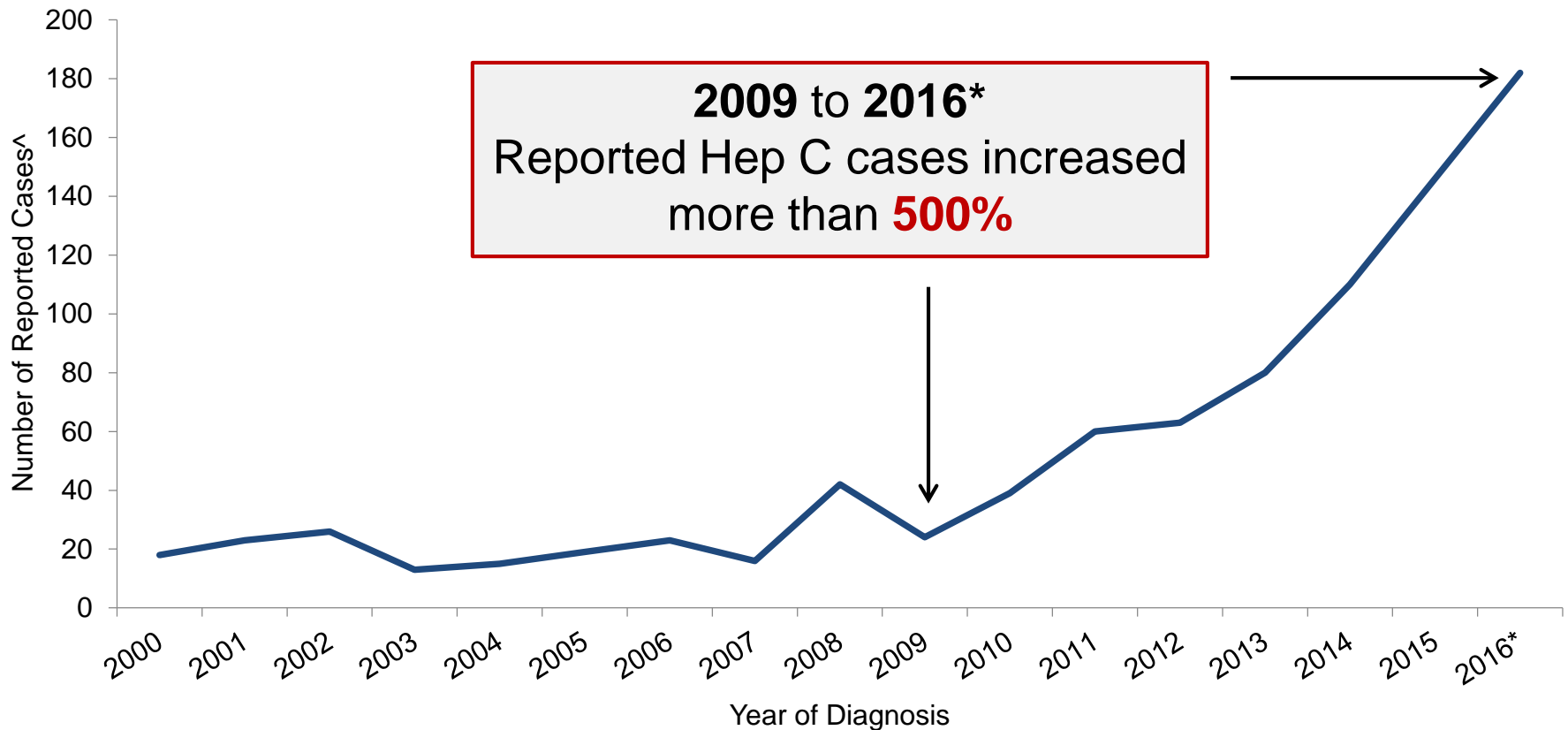
Opioid Overdose ED Visits by Insurance Coverage: 2017 YTD

Insurance Coverage	
Private insurance	14%
Medicaid/Medicare	28%
Uninsured/Self-pay	49%
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.

Increase in Acute Hepatitis C Cases

North Carolina, 2000–2016*



Note: Case definition for acute Hepatitis C changed in 2016.

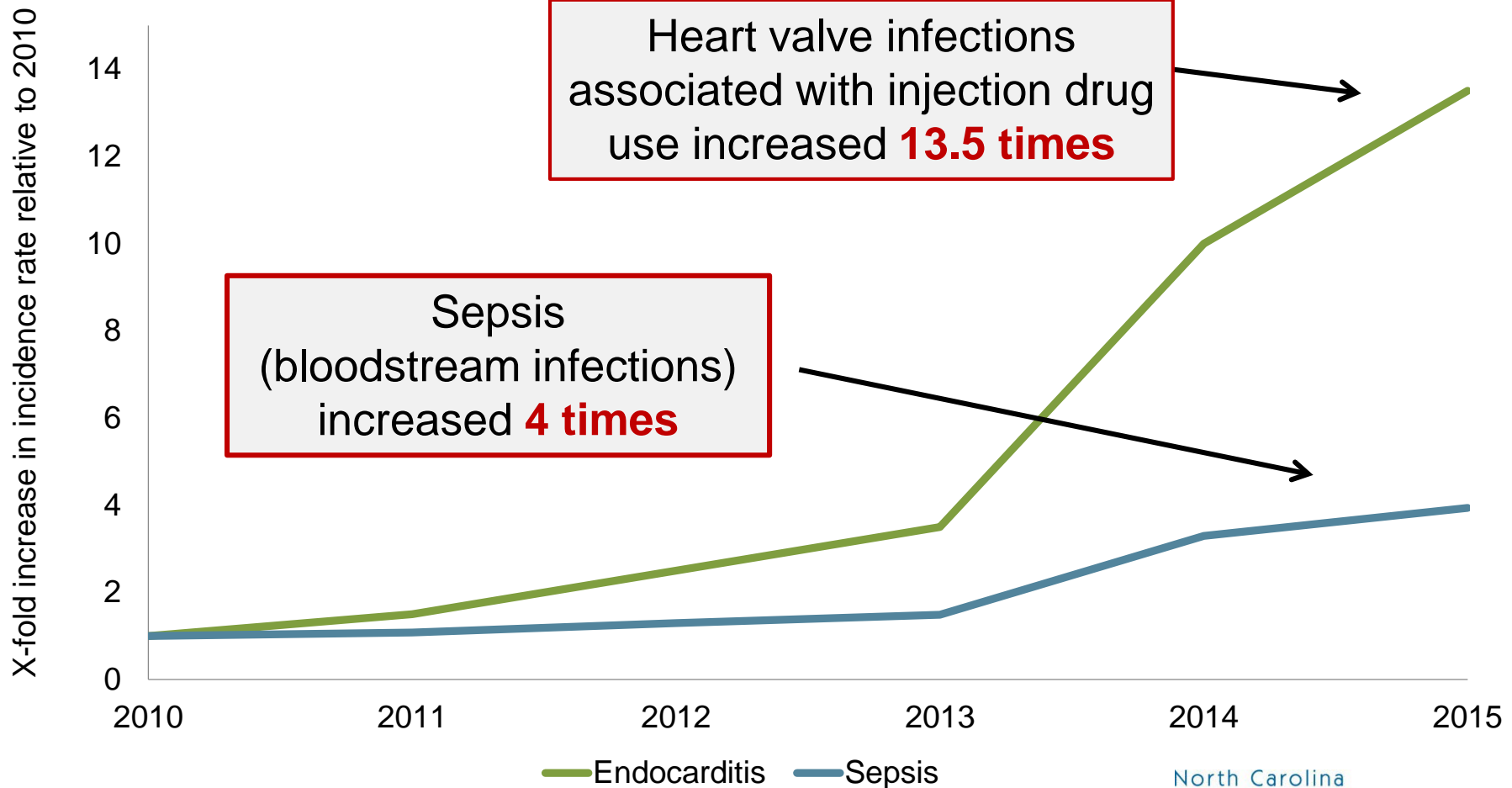
*Data from 2016 are preliminary and subject to change

^ Estimated true number 10–15x higher than number of reported cases

*2016 data are preliminary and subject to change

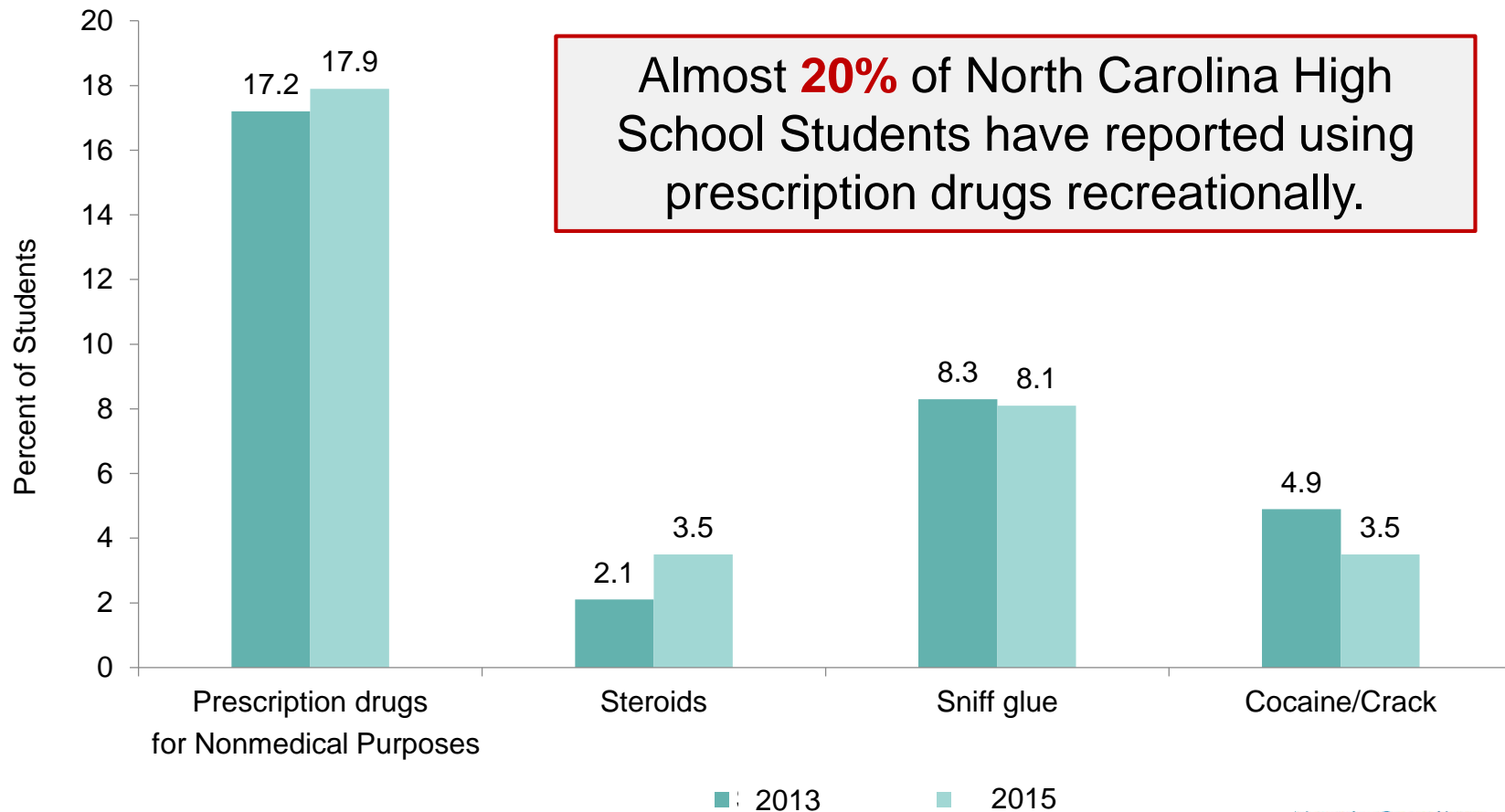
Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2000-2016

Endocarditis & Sepsis Among People Likely Using Drugs, North Carolina, 2010–2015



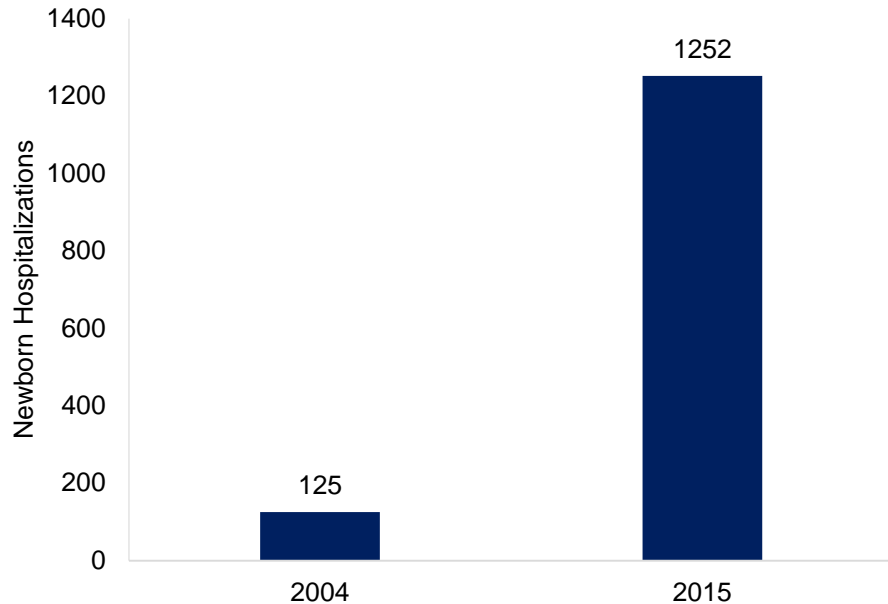
Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2010-2015

Self-reported Lifetime Use of Drugs among North Carolina High School Students



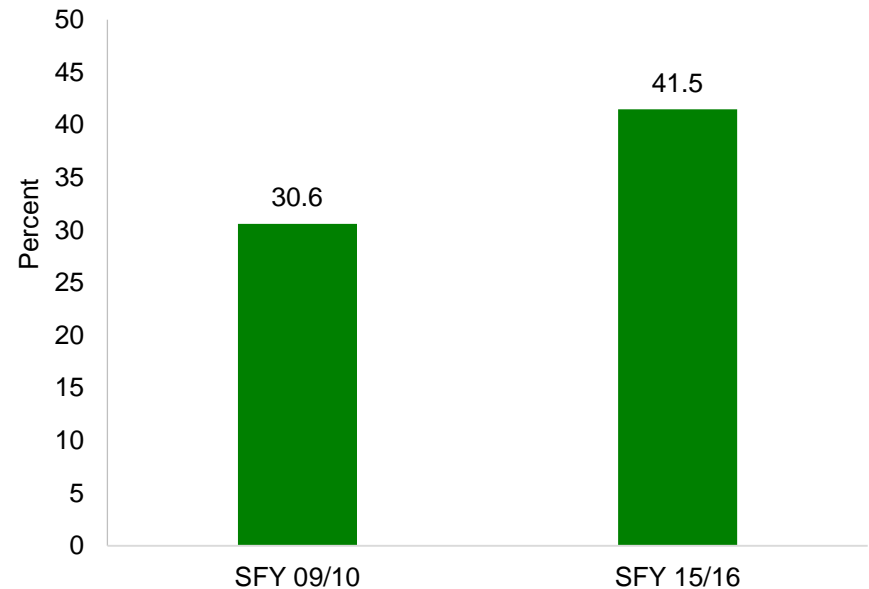
The epidemic is devastating our families...

**Number of Hospitalizations
Associated with Drug Withdrawal in
Newborns
North Carolina Residents, 2004-2015**



Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2004-2015 and Birth Certificate records, 2004-2015
Analysis by Injury Epidemiology and Surveillance Unit

**Percent of Children Entering
Foster Care in NC with Parental
Substance Use as a Factor in Out-
of-Home Placement
SFY 09/10-15/16**



Source: NC DHHS Client Services Data Warehouse, Child Placement and Payment System
Prepared by Performance Management/Reporting & Evaluation Management, July 2016

N.C.'s Response Coordination

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



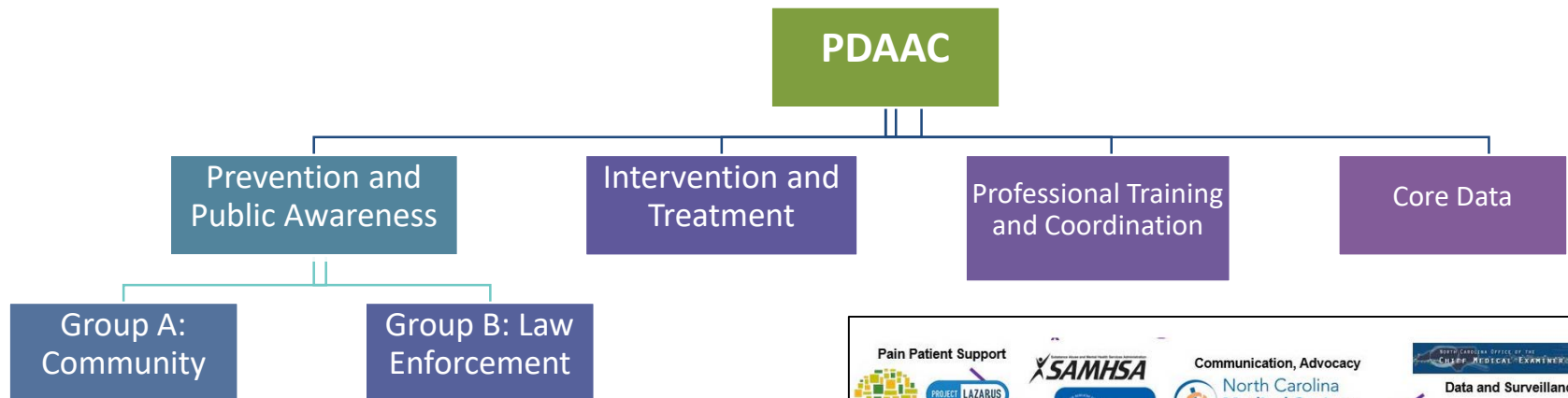
North Carolina
Injury & Violence
PREVENTION Branch

Opioid and Prescription Drug Abuse Advisory Committee

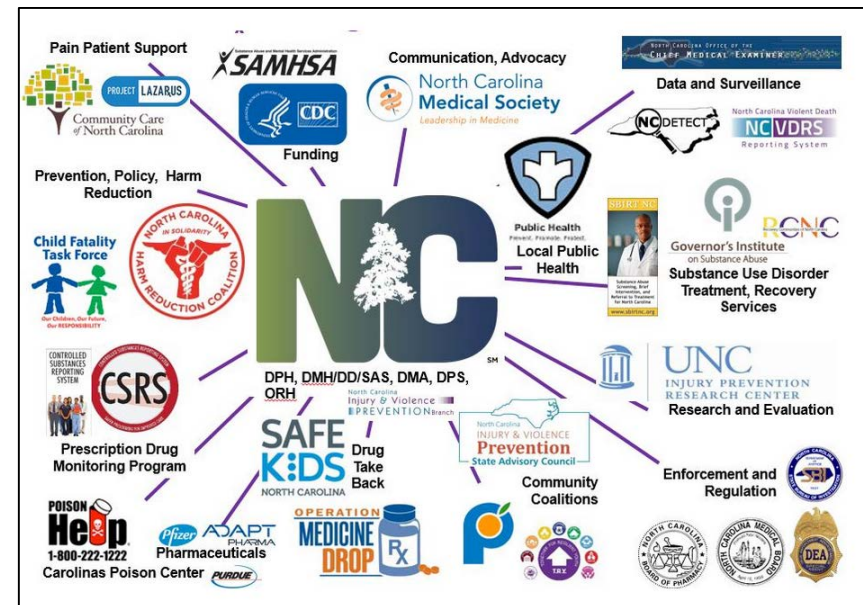
Mandated Coordination of State Response to the Opioid Epidemic

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; anyone working on the opioid epidemic



NC Opioid Action Plan Strategies

- Create a coordinated infrastructure
- 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>

2. REDUCE OVERSUPPLY OF PRESCRIPTION DRUGS

Strategy	Action	Leads
Safe prescribing policies	Develop and adopt model health system policies on safe prescribing (e.g. ED and surgical prescribing policies, co-prescribing of naloxone, checking the CSRS)	NCHA, DMA, Licensing boards and professional societies
	Create and maintain continuing education opportunities and resources for prescribers to manage chronic pain	GI, AHEC, CCNC, DMA, Licensing boards and professional societies
CSRS utilization	Register 100% of eligible prescribers and dispensers in CSRS	DMH, Licensing boards and professional societies
	Provide better visualization of the data (easy to read charts and graphs) to enable providers to make informed decisions at the point of care	DMH, IPRC, CHS, GDAC, DIT
	Develop connections that would enable providers to make CSRS queries from the electronic health record	DMH, GDAC, NCHA, DIT
	Report data to all NC professional boards so they can investigate aberrant prescribing or dispensing behaviors	Licensing boards and professional societies
Medicaid and commercial payer policies	Convene a Payers Council to identify and implement policies that reduce oversupply of prescription opioids (e.g. lock-in programs) and improve access to SUD treatment and recovery supports	DHHS, DMA, BCBSNC, SHP and other payers, CCNC, LME/MCOs
Workers' compensation policies	Identify and implement policies to promote safer prescribing of opioids to workers' compensation claimants	Industrial Commission, workers' compensation carriers

3. REDUCE DIVERSION AND FLOW OF ILLICIT DRUGS

Strategy	Action	Leads
Trafficking investigation and response	Establish a trafficking investigation and enforcement workgroup to identify actions required to curb the flow of diverted prescription drugs (e.g. CSRS access for case investigation) and illicit drugs like heroin, fentanyl, and fentanyl analogues	AG, HIDTA, SBI, DEA, Local law enforcement
Diversion prevention and response	Develop model healthcare worker diversion prevention protocols and work with health systems, long-term care facilities, nursing homes, and hospice providers to adopt them	NCHA, AG, DMH, Licensing boards and professional societies
Drug takeback, disposal, and safe storage	Increase the number of drug disposal drop boxes in NC – including in pharmacies, secure funding for incineration, and promote safe storage	DOI Safe Kids NC, SBI, Local law enforcement, AG, NCAP, NCRMA, CCNC, LHDs
Law enforcement and public employee protection	Train law enforcement and public sector employees in recognizing presence of opioids, opioid processing operations, and personal protection against exposure to opioids	DPH, Local law enforcement

4. INCREASE COMMUNITY AWARENESS AND PREVENTION

Strategy	Action	Leads
Public education campaign	<p>Identify funding to launch a large-scale public education campaign to be developed by content experts using evidence-based messaging and communication strategies</p> <p>Potential messages could include:</p> <ul style="list-style-type: none"> ▪ Naloxone access and use ▪ Patient education regarding expectations around pain management/opioid alternatives ▪ Patient education to be safe users of controlled substances ▪ Linkage to care, how to navigate treatment ▪ Safe drug disposal and storage ▪ Stigma reduction ▪ Addiction as a disease: recovery is possible 	DHHS, Advisory Council, PDAAC, Partners
Youth primary prevention	Build on community-based prevention activities to prevent youth and young adult initiation of drug use (e.g. primary prevention education in schools, colleges, and universities)	DMH, LME/MCOs, Local coalitions

5. INCREASE NALOXONE AVAILABILITY

Strategy	Action	Leads
Law enforcement naloxone administration	Increase the number of law enforcement agencies that carry naloxone to reverse overdose among the public	NCHRC, DPS, OEMS, Local law enforcement, AG
Community naloxone distribution	Increase the number of naloxone overdose rescue kits distributed through communities to lay people	NCHRC, DPH, LHDs, LME/MCOs, OTPs, CCNC
Naloxone co-prescribing	Create and adopt strategies to increase naloxone co-prescribing within health systems, PCPs	NCHA, NCAP, CCNC, Licensing boards and professional societies
Pharmacist naloxone dispensing	Train pharmacists to provide overdose prevention education to patients receiving opioids and increase pharmacist dispensing of naloxone under the statewide standing order	NCAP, NCBP, CCNC
Safer Syringe Initiative	Increase the number of SEP programs and distribute naloxone through them	NCHRC, DPH, LHDs

6. EXPAND TREATMENT ACCESS

Strategy	Action	Leads
Care linkages	Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care	NCHA, LME/MCOs
	Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists	DMH, RCOs, APNC, CCNC, LME/MCOs, NCATOD
Treatment access	Increase state and federal funding to serve greater numbers of North Carolinians who need treatment	All
MAT access: Office-based opioid treatment	Offer DATA waiver training in all primary care residency programs and NP/PA training programs in NC	DHHS, NCHA, AHEC, NCAFP, Medical Schools
	Increase providers' ability to prescribe MAT through ECHO spokes and other training opportunities	DMH, UNC, ORH, AHEC, FQHCs
	Increase opportunities for pharmacists to collaborate with PCPs and specialty SUD providers to coordinate MAT	NCAP, NCBP, AHEC, UNC
Integrated care	Increase access to integrated physical and behavioral healthcare for people with opioid use disorder	DHHS, Health systems, LHDs

6. EXPAND TREATMENT ACCESS, Cont'd

Strategy	Action	Leads
Transportation	Explore options to provide transportation assistance to individuals seeking treatment	DMH, LME/MCOs, DSS, Local government
Law Enforcement Assisted Diversion	Implement additional Law Enforcement Assisted Diversion (LEAD) programs to divert low level offenders to community-based programs and services	NCHRC, AG, DAs, DMH
Special Populations: Pregnant women	Increase number of OB/GYN and prenatal prescribers with DATA waivers to prescribe MAT	NCOGS, Professional societies
	Support pregnant women with opioid addiction in receiving prenatal care, SUD treatment, and promoting healthy birth outcomes	DMA, CCNC, DPH, DMH, LME/MCOs, DSS
Special populations: Justice-involved persons	Provide education on opioid use disorders and overdose risk and response at reentry facilities, local community corrections, and TASC offices	DPS, DMH, NCHRC
	Expand in-prison/jail and post-release MAT and on-release naloxone for justice involved persons with opioid use disorder	DPS, DMH, Local government

6. EXPAND RECOVERY SUPPORT

Strategy	Action	Leads
Community paramedicine	Increase the number of community paramedicine programs whereby EMS links overdose victims to treatment and support	OEMS, DMH, LMEs/MCOs
Post-reversal response	Increase the number of post-reversal response programs coordinated between law enforcement, EMS, and/or peer support/case workers	NCHRC, Local LE, OEMS, RCOs, AG, LME/MCOs
Community-based support	Increase the number of community-based recovery supports (e.g. support groups, recovery centers, peer recovery coaches)	DMH, RCOs, ORH, LME/MCOs
Housing	Increase recovery-supported transitional housing options to provide a supportive living environment and improve the chance of a successful recovery	DMH, LME/MCOs, Local government and coalitions
Employment	Reduce barriers to employment for those with criminal history	Local government and coalitions
Recovery Courts	Maintain and enhance therapeutic (mental health, recovery and veteran) courts	Local government, Judges and DAs

7. MEASURE IMPACT

Strategy	Action	Leads
Metrics/Data	Create publicly accessible data dashboard of key metrics to monitor impact of this plan	DPH, DMH
Surveillance	Establish a standardized data collection system to track law enforcement and lay person administered naloxone reversal attempts	OEMS, Law Enforcement, CPC, NCHRC
	Create a multi-directional notification protocol to provide close to real-time information on overdose clusters (i.e. EMS calls, hospitalizations, arrests, drug seizures) to alert EMS, law enforcement, healthcare providers	HIDTA, SBI, DEA, DPH, OEMS, CPC, LHDs, Local law enforcement
Research/Evaluation	Establish an opioid research consortium and a research agenda among state agencies and research institutions to inform future work and evaluate existing work	UNC, Duke, RTI, other Universities/colleges, DPH, DMH, AHEC/Academic Research Centers

Select Initiatives

New Partnership

HIDTA (High Intensity Drug Traffic Area)

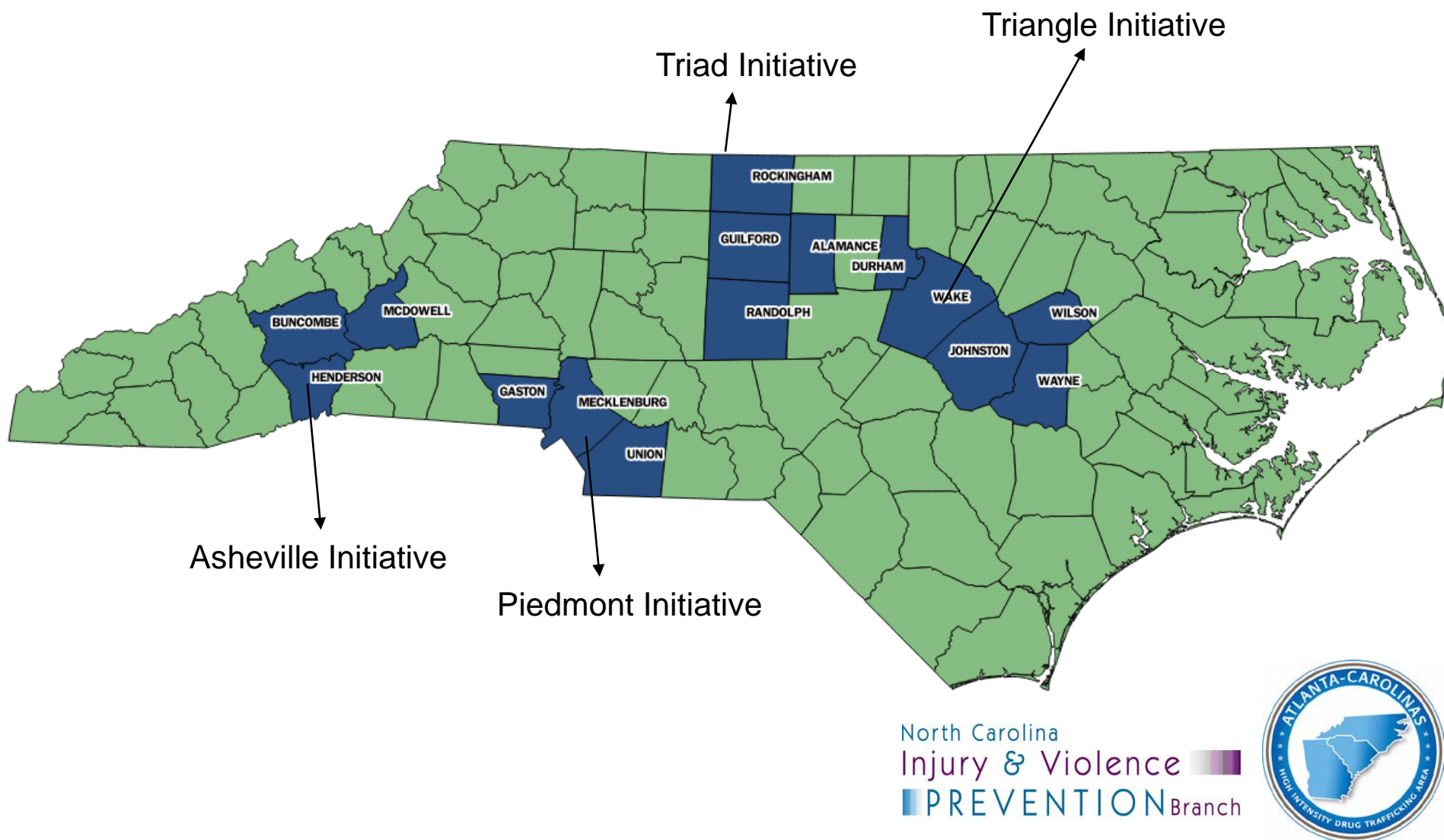
Coalitions funded by White House Drug Coordinating Office and CDC/DEA

- Initiative in NC - create public safety/public health collaboration
- February 2017 - Placed a full-time DEA funded Data Analyst in the Division of Public Health
 - New reports using NC DETECT data
 - Moving from *passive* to *active* to outbreak surveillance



North Carolina
Injury & Violence
PREVENTION Branch

NC High Intensity Drug Trafficking Areas (HIDTA) Counties

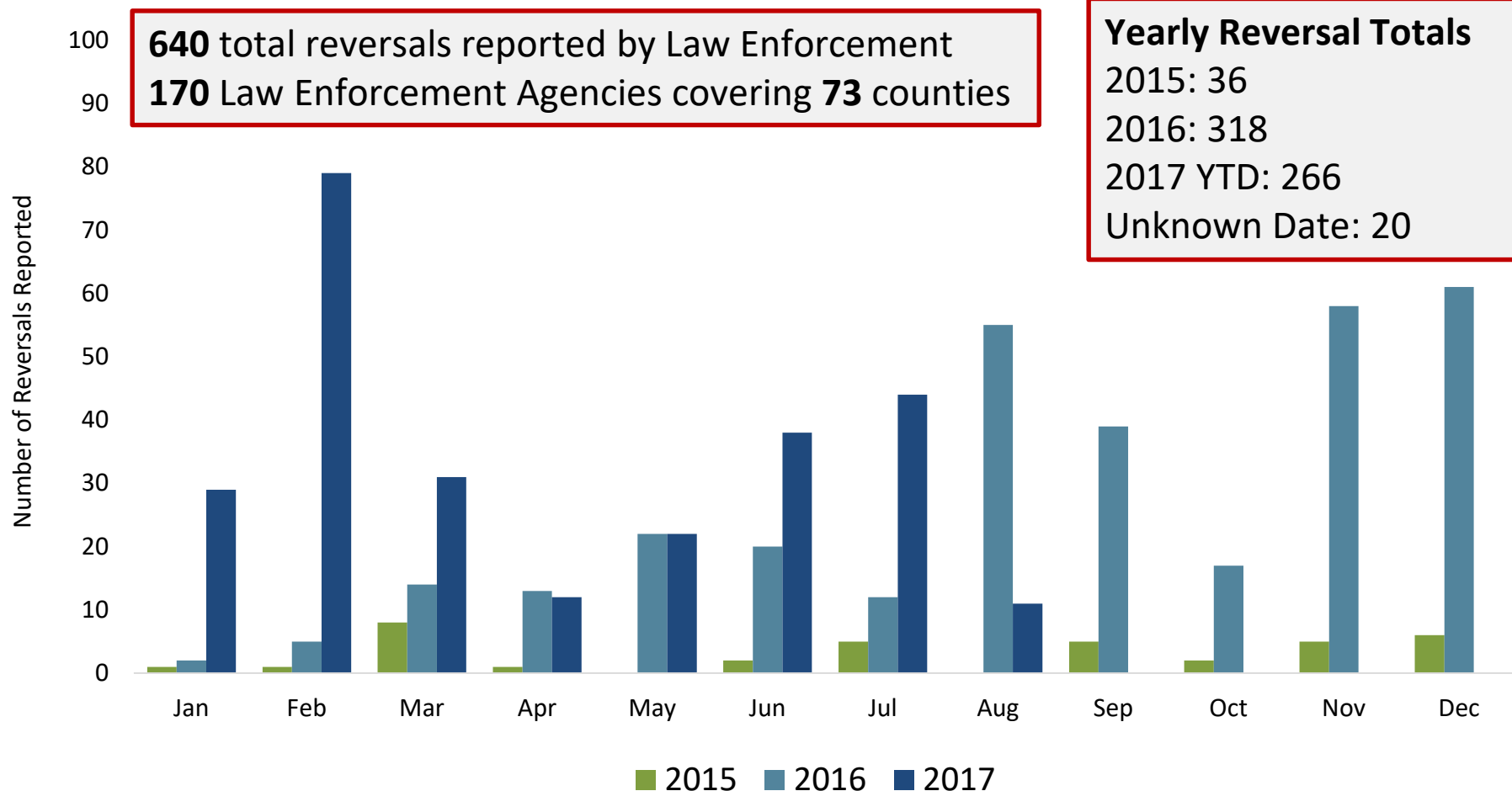


Law Enforcement Naloxone Management and Reporting System

Partnership with NC DHHS, NC DOJ, OEMS, and Law Enforcement

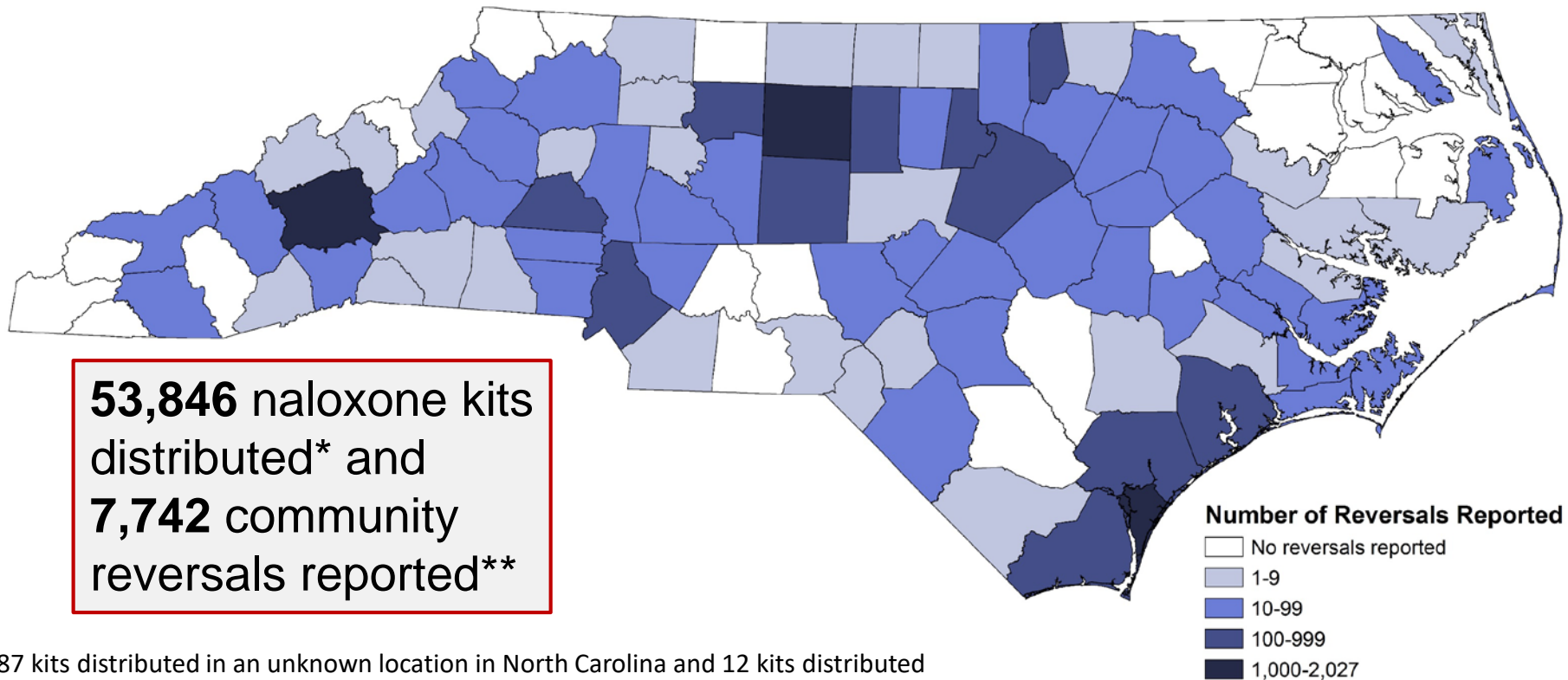
- Initiative in NC - create state-wide surveillance of opioid overdose reversals with naloxone by NC Law Enforcement
- Would Provide:
 - Tracking of deployment of naloxone by Law Enforcement Officers
 - Management of inventory across Law Enforcement Agencies and Emergency Medical Services Providers

Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement Agencies, 1/1/2015-8/31/2017



2013 Good Samaritan/Naloxone Access Law

Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-7/31/2017



*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

Naloxone Dispensers ▾ Naloxone User Survey General Information ▾

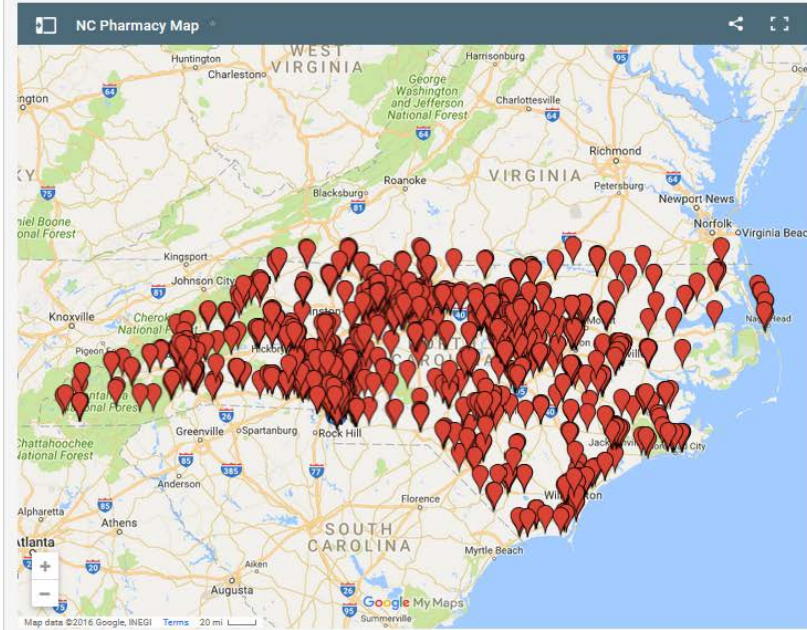
Home / N.C. Pharmacies that Offer Naloxone Under a Standing Order

GENERAL INFORMATION

- North Carolina's Standing Order for Naloxone
- N.C. Pharmacies that Offer Naloxone Under a Standing Order
- Naloxone and Overdose Prevention FAQs
- Local Resources
- N.C. Good Samaritan/Naloxone Access Law
- N.C. Health Departments that Offer Naloxone

N.C. Pharmacies that Offer Naloxone Under a Standing Order

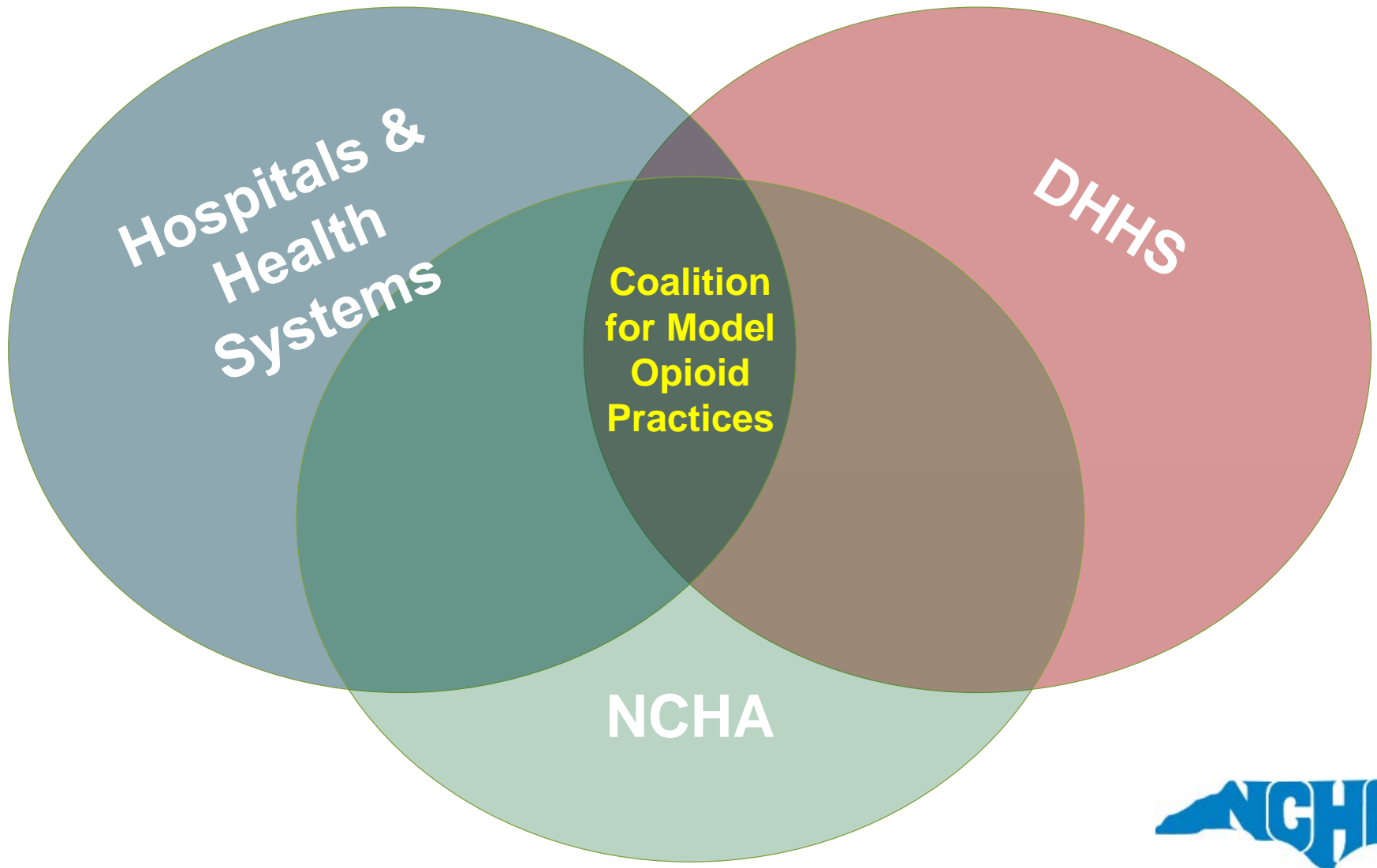
Please check back to this page. We will be adding pharmacies as they indicate their participation in the standing order.



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

www.NaloxoneSaves.org

Coalition for Model Opioid Practices

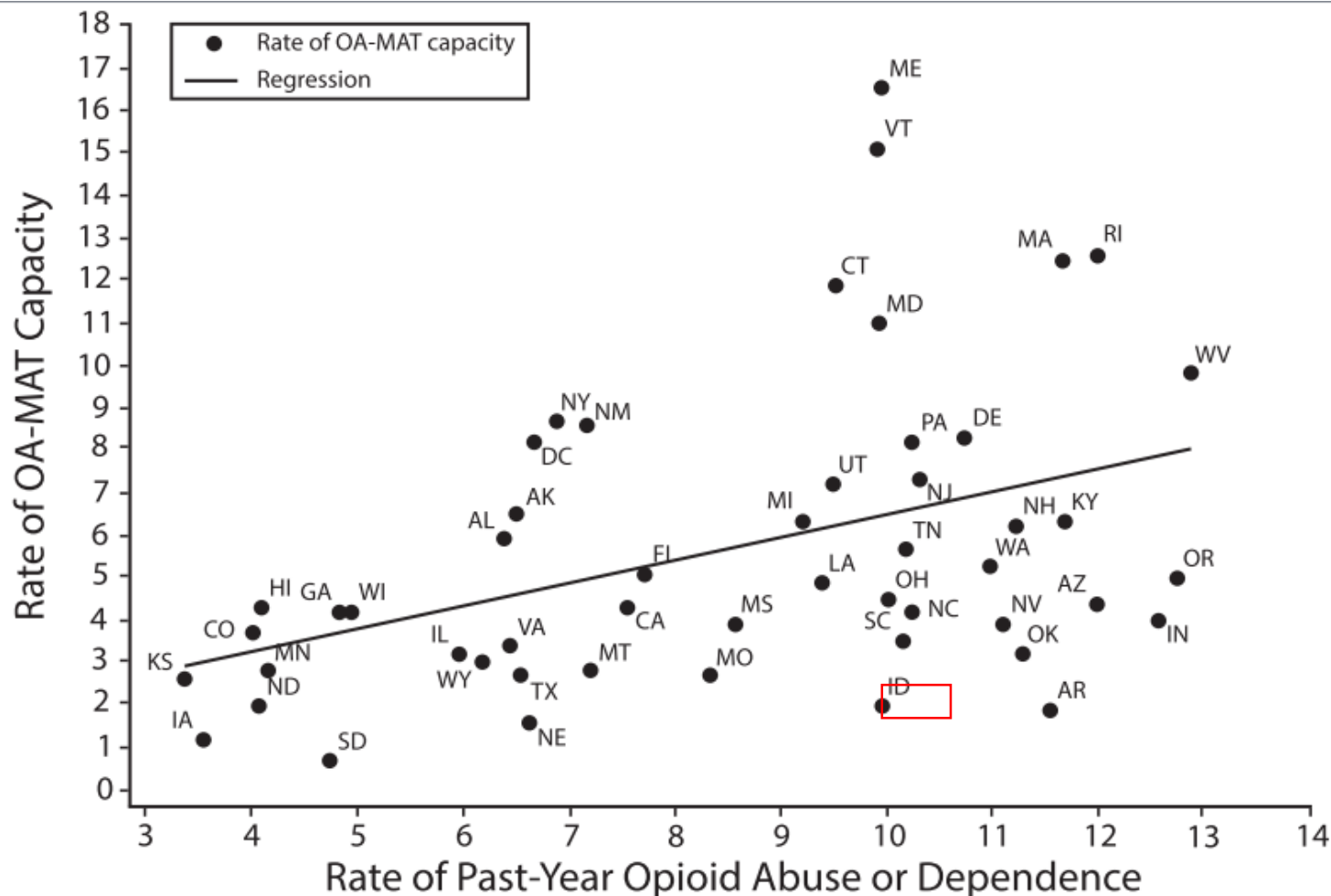


STOP Act - Prescriber Provisions

- 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

Opioid Abuse vs Treatment Capacity by State



Note. OA-MAT = opioid agonist medication-assisted treatment.

[Am J Public Health. 2015 August; 105\(8\): e55-e63.](#)

Opioid STR Grant Funding

- **\$8,336,423 for formal clinical treatment services**
- **Funds allocated to LME/MCO based on the population of their service areas, number of naloxone administrations by EMS during 2015, number of opioid-related ED visits and number of opioid overdose deaths**
- **Additional 1,100 served thus far**

ECHO Project Pilot

- For providers in 22 rural counties, UNC is offering:
 - Free DATA – 2000 training for primary care providers
 - 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.

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