

Opioid Data for Local Governments in North Carolina

Mary Beth Cox, Stacy Taylor, and Adam Lovelady

October 10, 2018





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Speakers

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Outline

- Introduction
- Overview of Shared Measures
- State of the Opioid Crisis and NC Opioid Action Plan
- State Data
- Local Data
- Questions and Answers



Using Data in Public Policy

- Educate the community
- Quantify challenges and identify trends
- Monitor performance of interventions
- Evaluate effectiveness/
Continuously improve the response
- Tell a story

Measurement is Difficult

- Limited resources
- Fear of judgment
- Dedication of time and energy



Especially for Complex Problems

■ Complex Problems

- many factors
- many stakeholders
- no simple recipe
- no guarantee of success

■ Shared Measurement

- “the use of a common set of measures [across organizations] to monitor performance, track progress toward goals, and learn what is or is not working”

(Hanleybrown, Kania, & Kramer, “Channeling Change: Making Collective Impact Work,” *Stanford Social Innovation Review*, 2012)



Measurement is Essential

- Educate, Quantify, Monitor, Evaluate
- Shared Measurement
 - Establish a common language
 - Measure progress along the common agenda
 - Align among the goals of different organizations
 - Encourage collaborative problem-solving and mutually reinforcing activities
 - Create platform for an ongoing learning community

Shared, not overly complicated

- What?
- How?
- How Often?
- Sharing Method?



Shared . . . not overly complicated

Collective Effort to Increase College Enrollment among Low-Income Students

WHAT	FAFSA Completion (strongest predictor of college enrollment for low-income students)
HOW	District FAFSA data
HOW OFTEN	Weekly
SHARING METHOD	Weekly newsletter from backbone organization



Ongoing Process

- Put data to work
share results, track progress, and refine work
- Iterative process to refine measures
- Continuous improvement

Questions about Opioid-Related Data

- How is your community using state data?
- How could the state data be improved?
- What other data are you collecting and using?
- What other data could be helpful in addressing the local impacts of the opioid crisis?





Opioid Data for Local Governments in North Carolina

Injury and Violence Prevention Branch

Division of Public Health

October 10, 2018

North Carolina
Injury & Violence
PREVENTION Branch

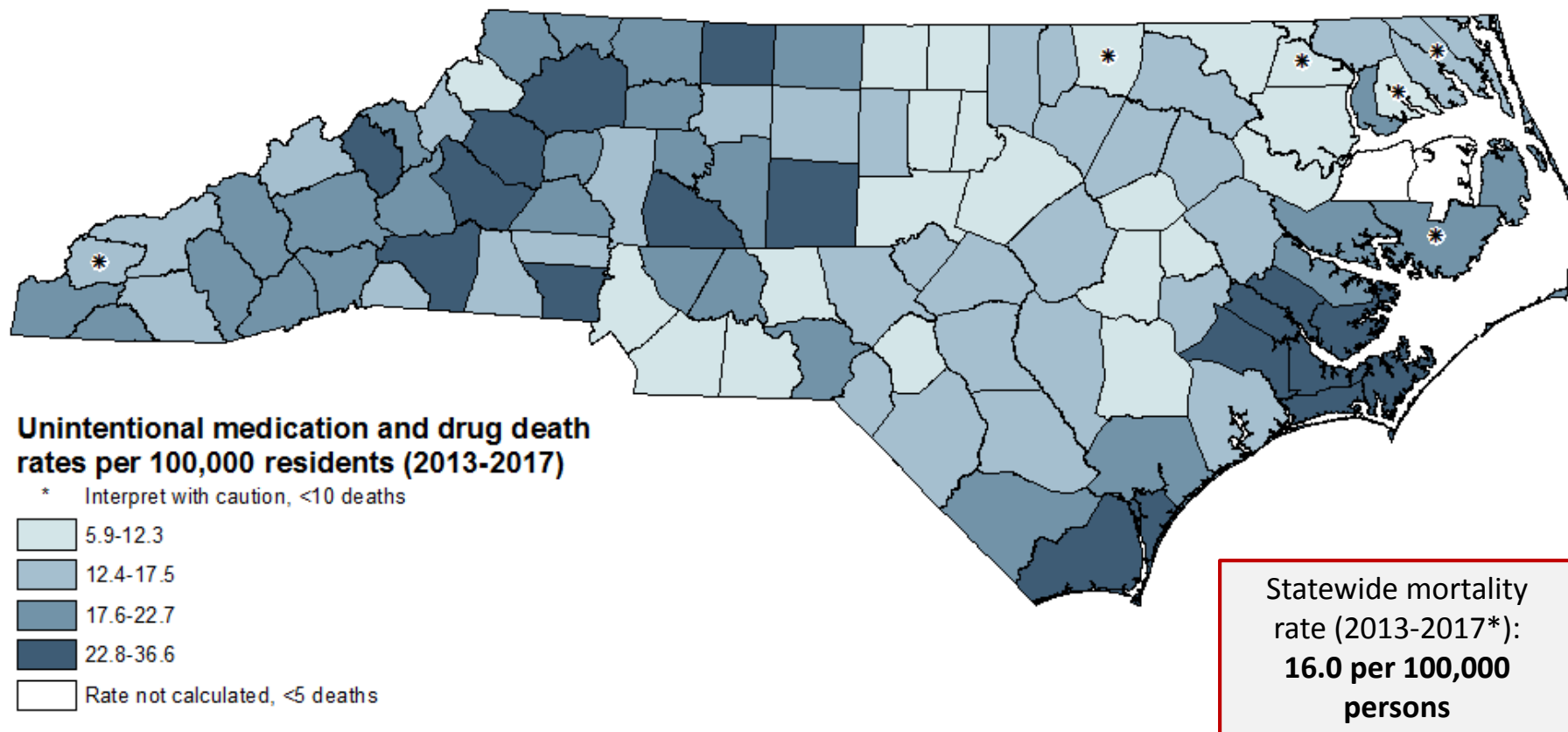
Overview

- Background of overdose in North Carolina
 - Changing Landscape
 - NC's Response Coordination
- Data Resources
 - IVPB Poisoning Data Page
 - Monthly Surveillance Reports
 - NC OAP Metrics & Dashboard
- Final Thoughts

In 2017, nearly 6 North Carolinians died each day from unintentional medication or drug overdose.

- Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2017, Unintentional medication or drug overdose: X40-X44
- Analysis by Injury Epidemiology and Surveillance Unit

Unintentional Medication & Drug Deaths by County North Carolina Residents, 2013-2017*



*Data are provisional and subject to change.

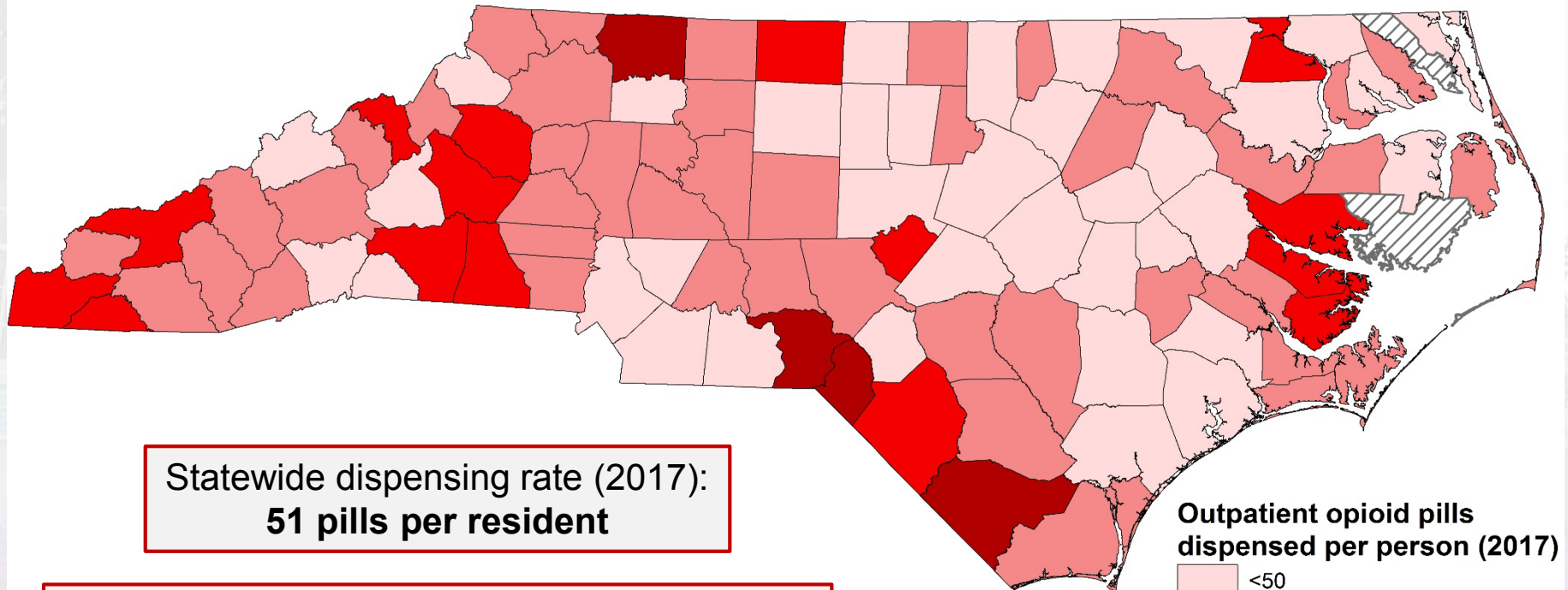
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2017,
Unintentional medication or drug overdose: X40-X44/Population-National Center for Health Statistics, 2012-2017
Analysis by Injury Epidemiology and Surveillance Unit

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NC is experiencing the consequences of 25+ years of prescribing more opioids at higher doses.

Rate of Outpatient Opioid Pills Dispensed by County

per North Carolina Resident, 2017



Opioid overdose is more common in counties where more pills are dispensed.

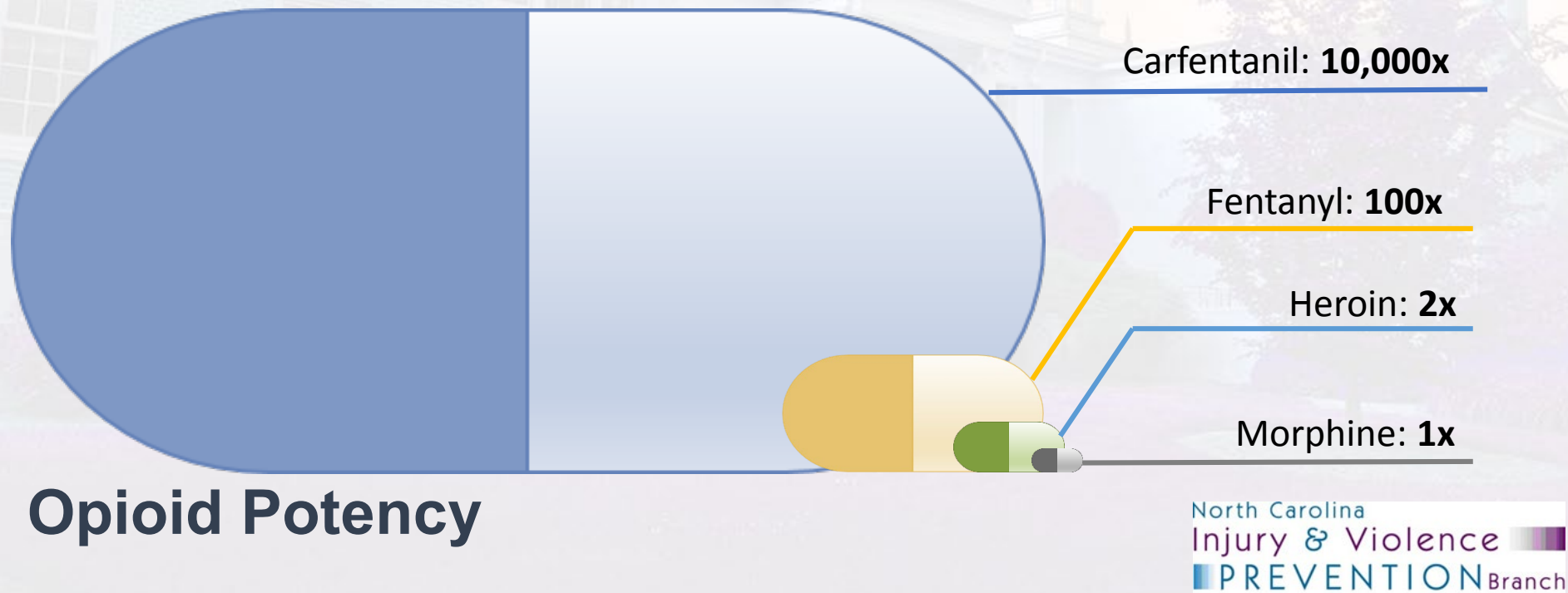
- Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2017;
- Population- National Center for Health Statistics, 2017
- Analysis: Injury Epidemiology and Surveillance Unit



While this medical practice has improved pain control for some...

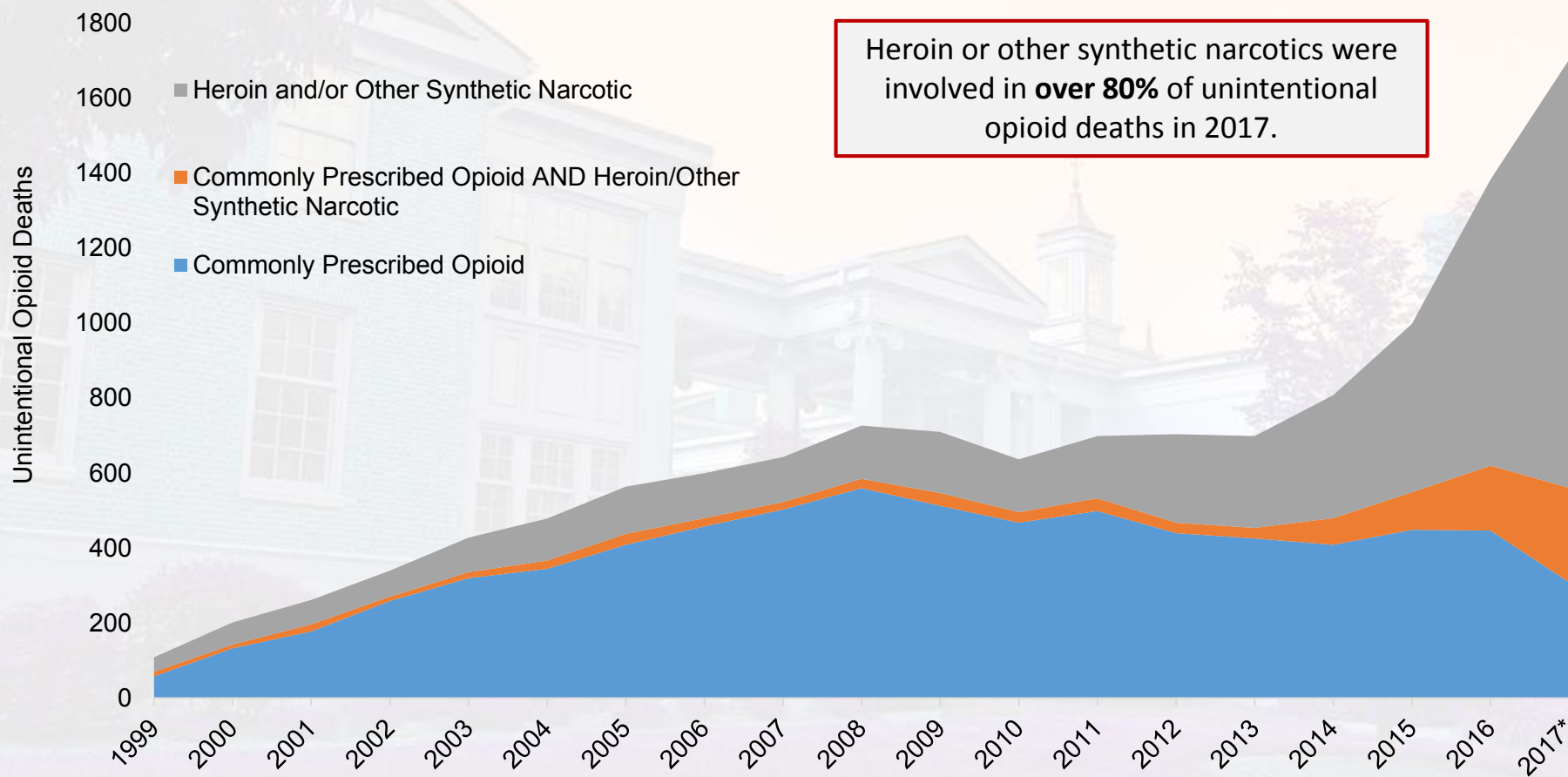
...it has also contributed to **opioid addiction, overdose, and death.**

With unprecedented availability of cheap heroin and fentanyl... **MORE PEOPLE ARE DYING**



Unintentional Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2017*



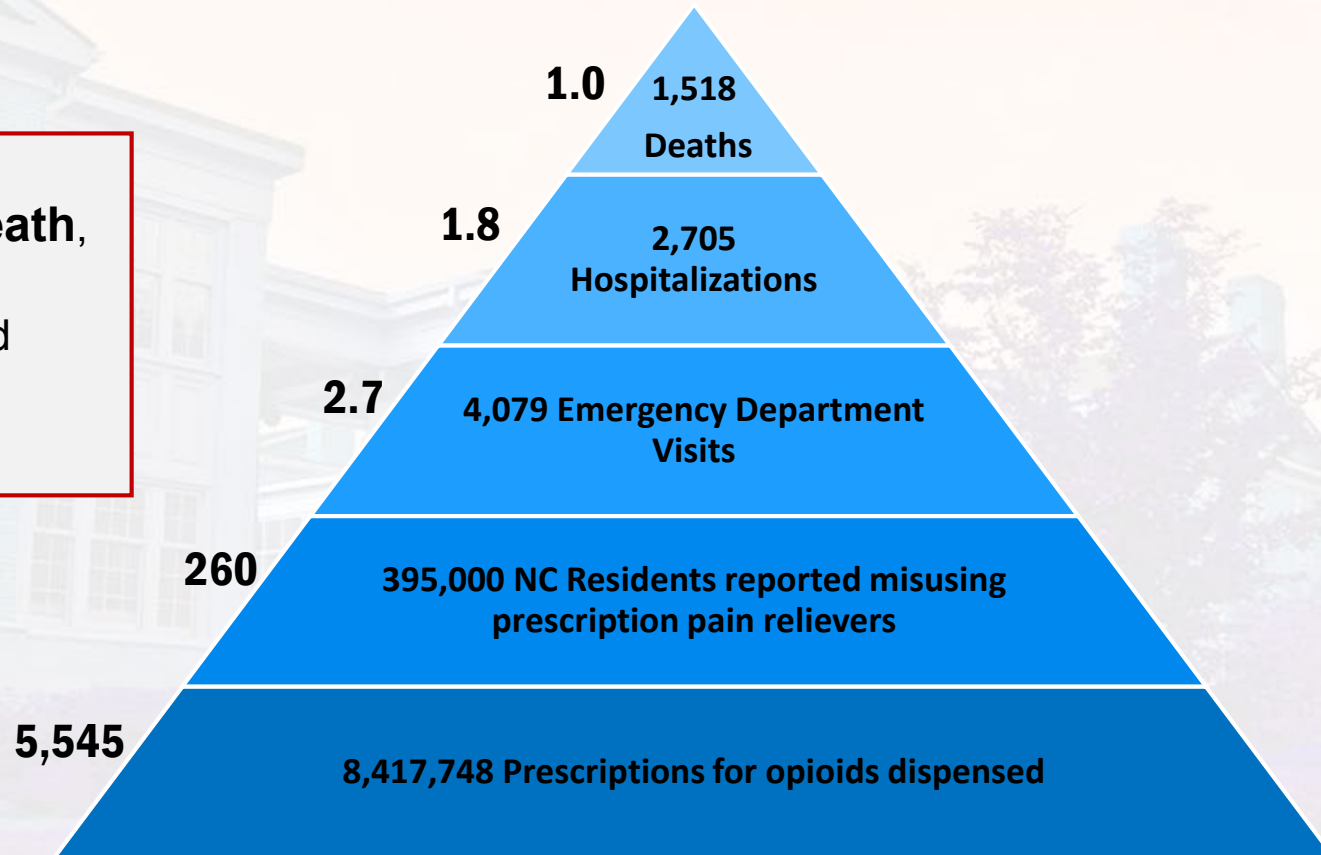
*Data provisional and subject to change

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2017
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 Deaths, Hospitalizations, ED Visits, Misuse and Dispensing, NC Residents, 2016

In 2016, for every **1 opioid overdose death**, there were just under **2 hospitalizations** and nearly **3 ED visits** due to opioid overdose.

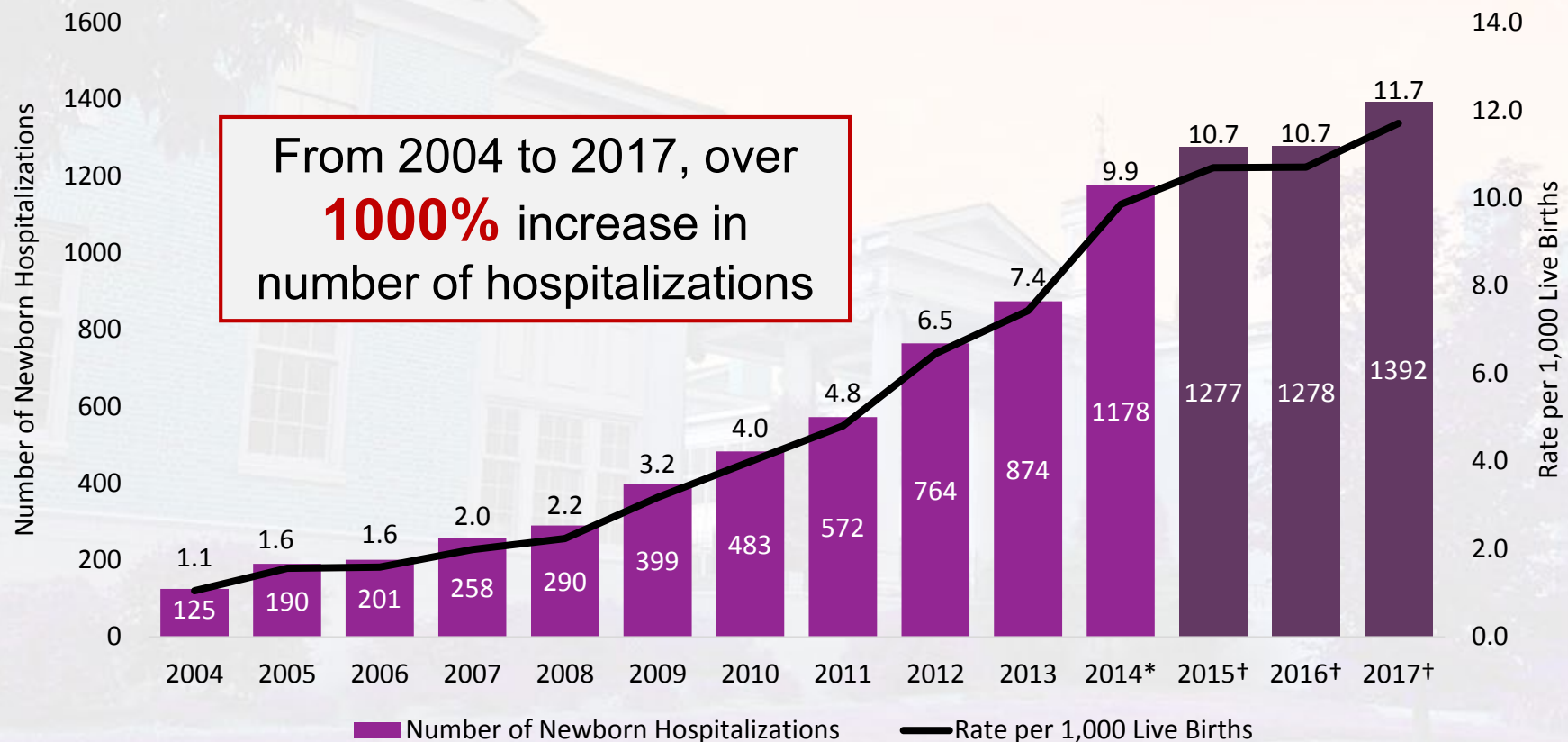


Overdose Pyramid

- Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2016/ Hospitalizations-N.C. State Center for Health Statistics, Vital Statistics, 2016/ED-NC DETECT, 2016/ Misuse-NSDUH, 2012-2014 applied to 2016 population data/Prescriptions-CSRS, 2016.
- Analysis by Injury Epidemiology and Surveillance Unit



Number & Rate of Hospitalizations Associated with Drug Withdrawal in Newborns, North Carolina Residents, 2004-2017



*2014 data structure changed to include up to 95 diagnosis codes. Impact on surveillance unclear.

†2015 ICD 9 CM coding system transitioned to ICD10 CM. Impact on surveillance unclear.

Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2004-2016 and Birth Certificate records, 2004-2017
Analysis by Injury Epidemiology and Surveillance Unit

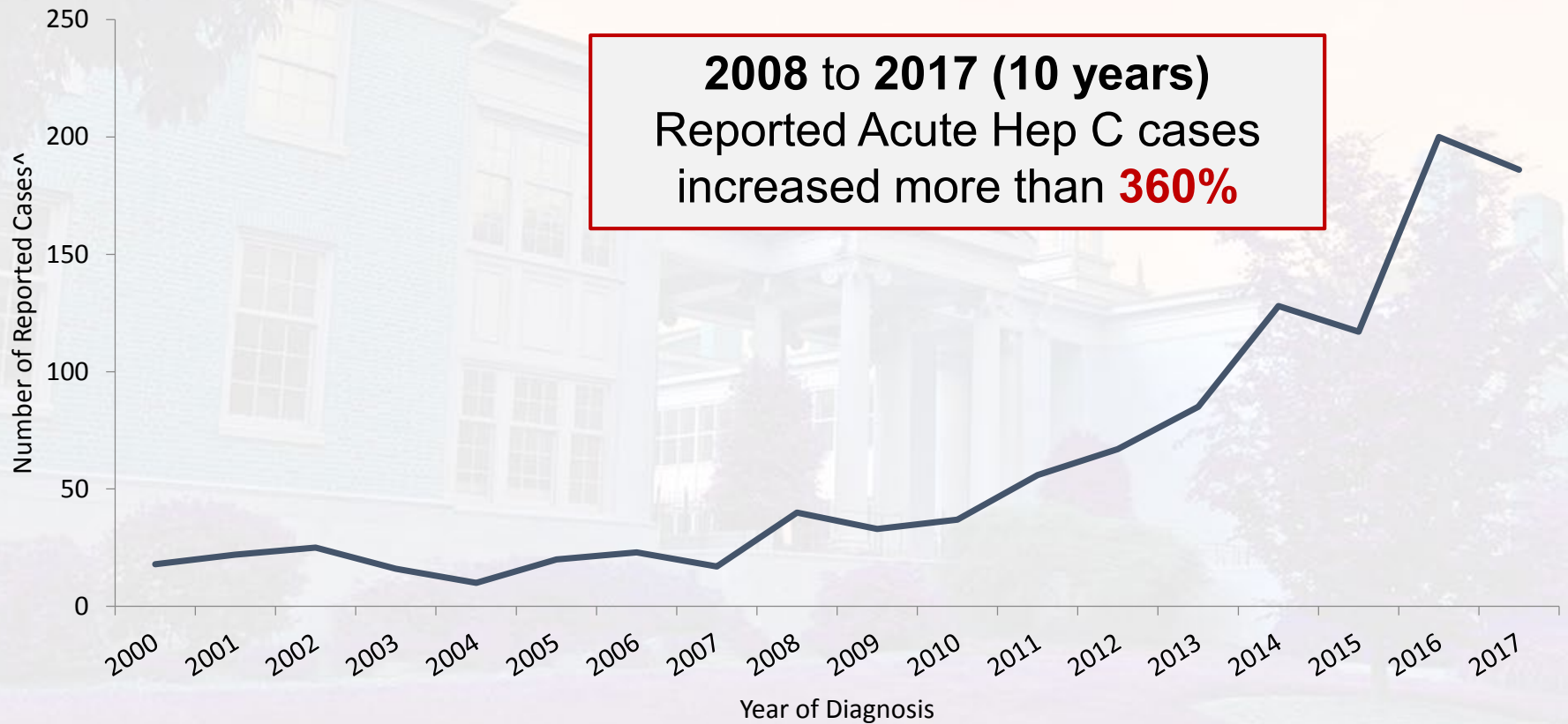
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Increase in Acute Hepatitis C Cases[^]

North Carolina, 2000–2017



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

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

Source: NC Electronic Disease Surveillance System, 2000–2017

Analysis by NC DPH Epidemiology Section, Communicable Disease Branch

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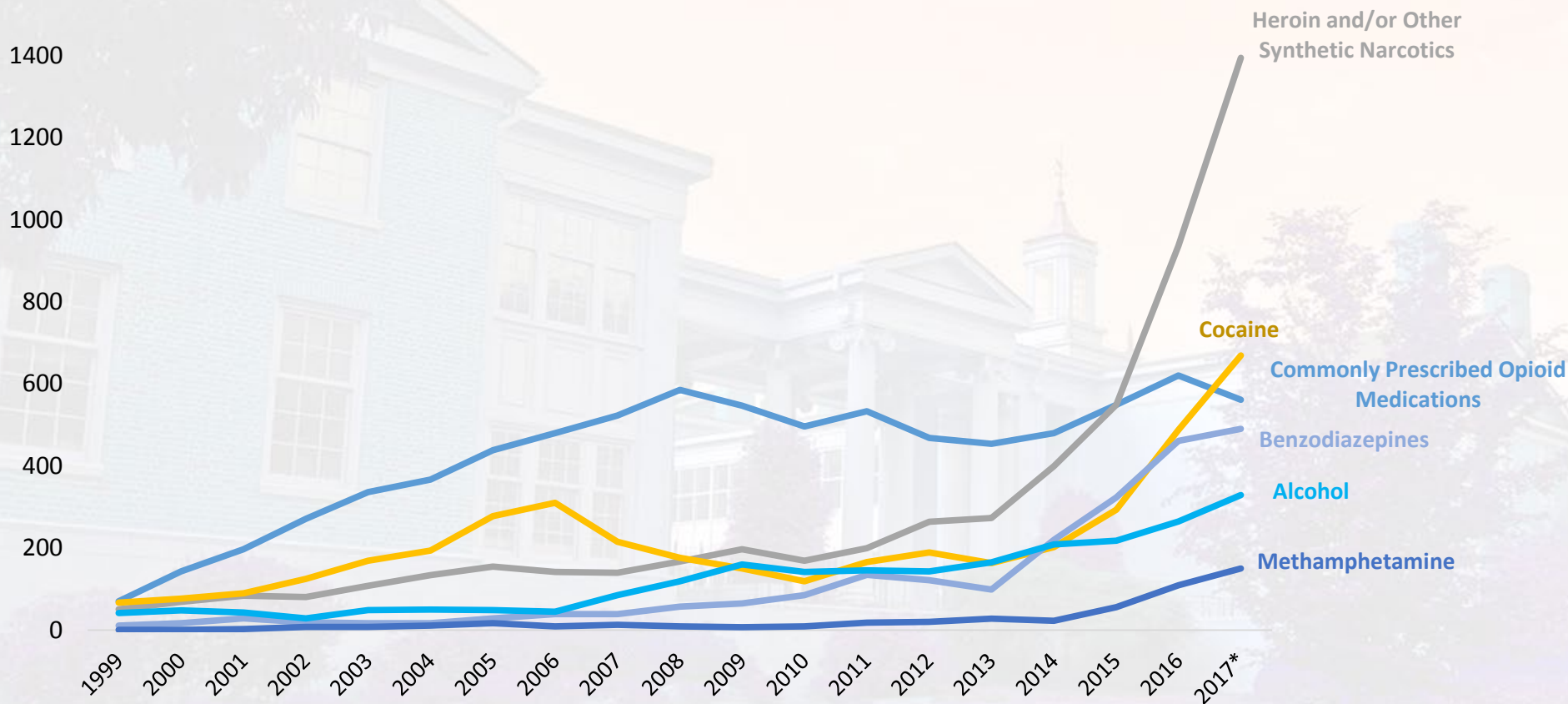
Changing Landscape



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Substances^ Contributing to Unintentional Medication, Drug, and Alcohol Poisoning Deaths, North Carolina Residents, 1999-2017*



^These counts are not mutually exclusive. If the death involved multiple substances it can be counted on multiple lines.

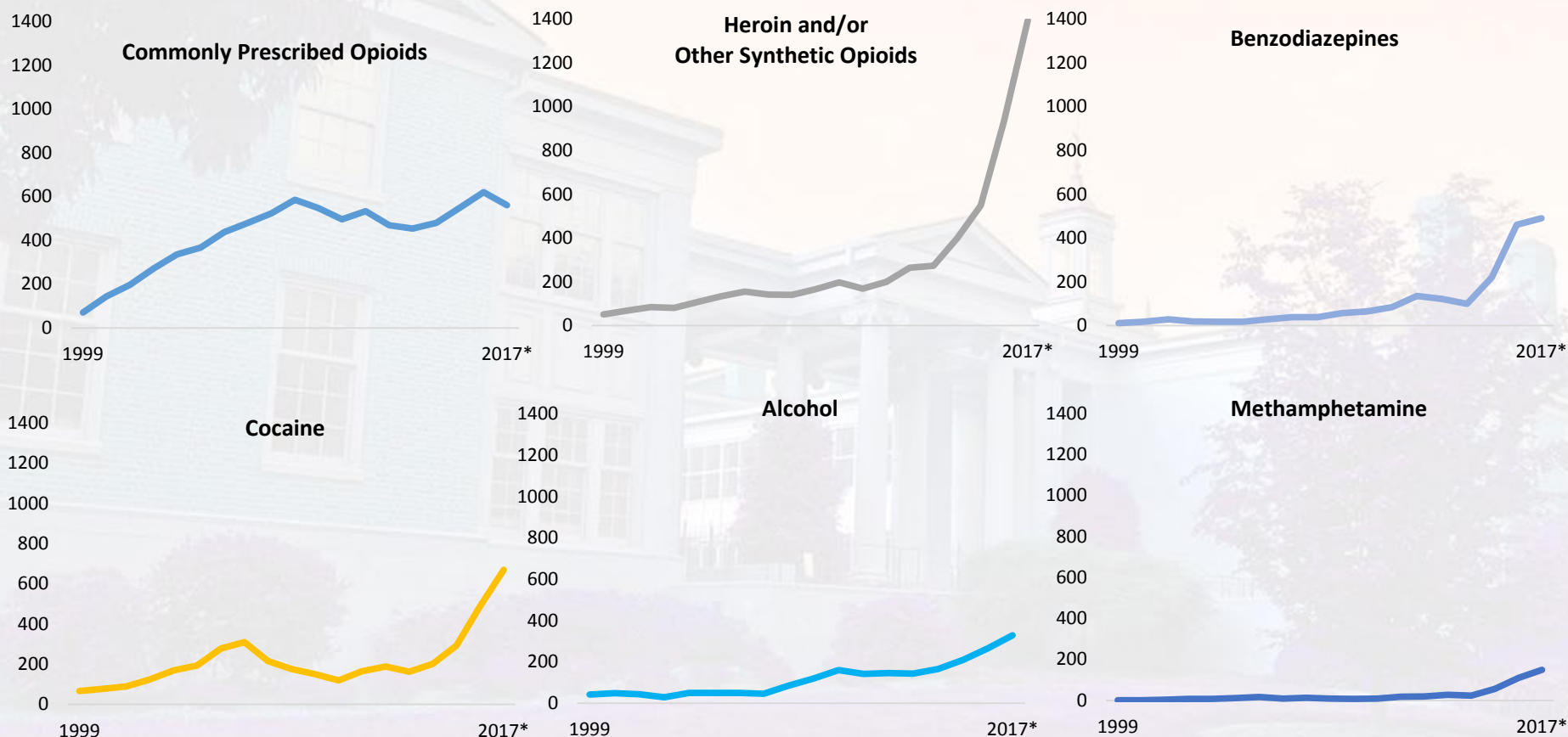
*Data are provisional and subject to change.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2017, Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, and Alcohol).

Analysis by Injury Epidemiology and Surveillance Unit



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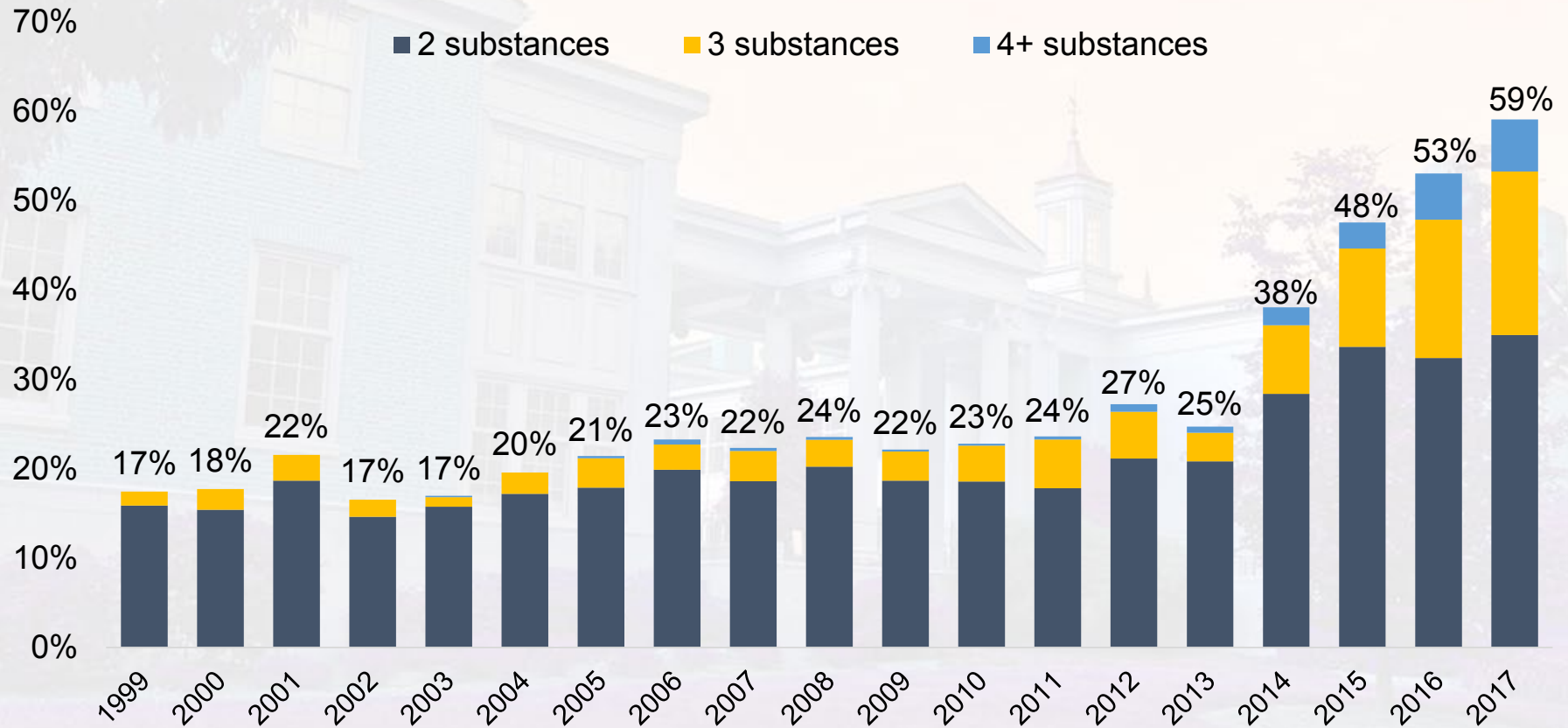


^These counts are not mutually exclusive. If the death involved multiple substances it can be counted on multiple lines.

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(Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, and Alcohol).
Analysis by Injury Epidemiology and Surveillance Unit

Percent of Unintentional Medication, Drug, and Alcohol Poisoning Deaths involving Multiple Substances, NC Residents, 1999-2017*



*Data are provisional and subject to change

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2017, Unintentional medication, drug, or alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, and Alcohol).

Analysis by Injury Epidemiology and Surveillance Unit

NC's Response Coordination

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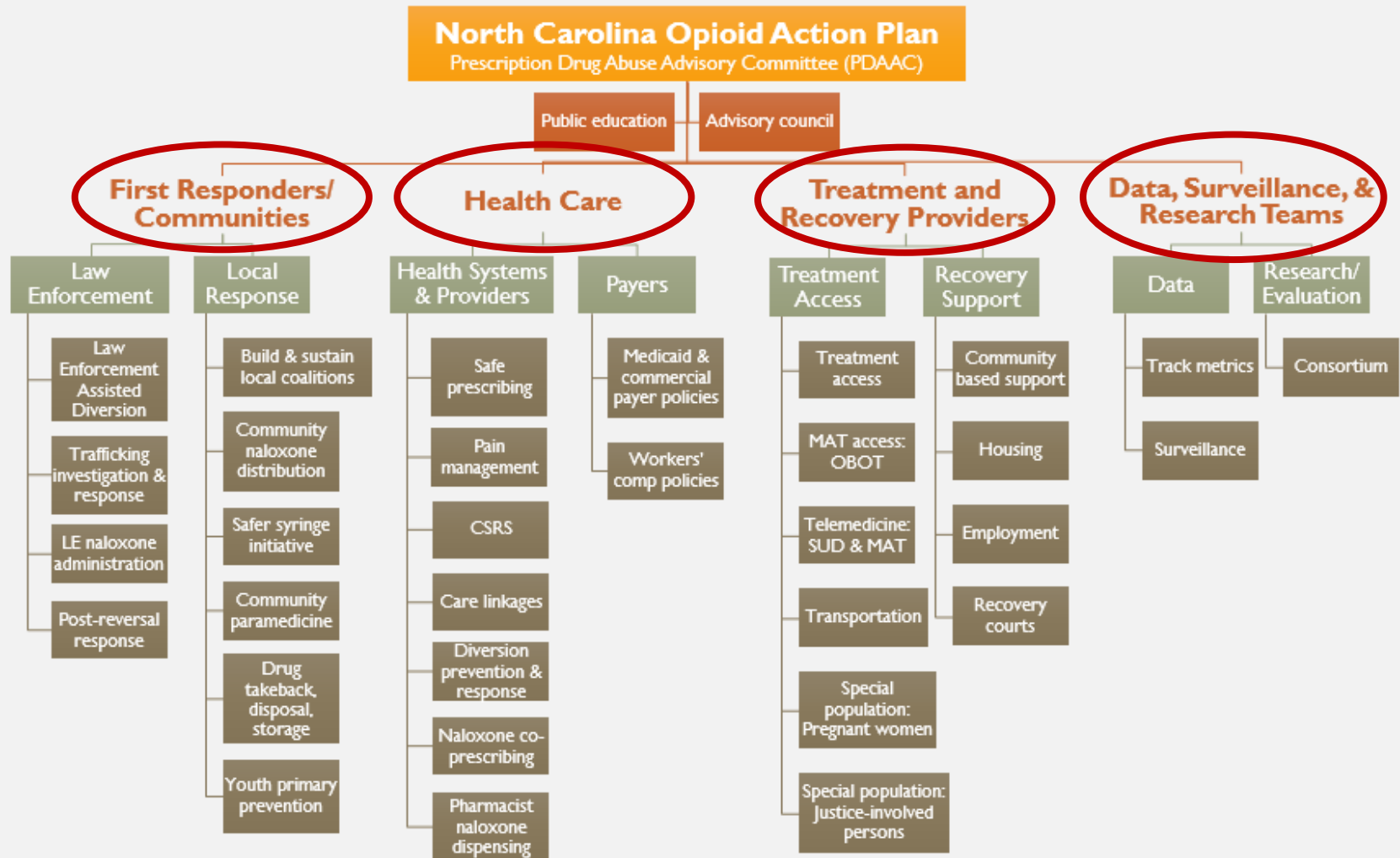
NC Opioid Action Plan: FOCUS AREAS

- 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 treatment and recovery oriented systems of care
- Measure our impact and revise strategies based on results

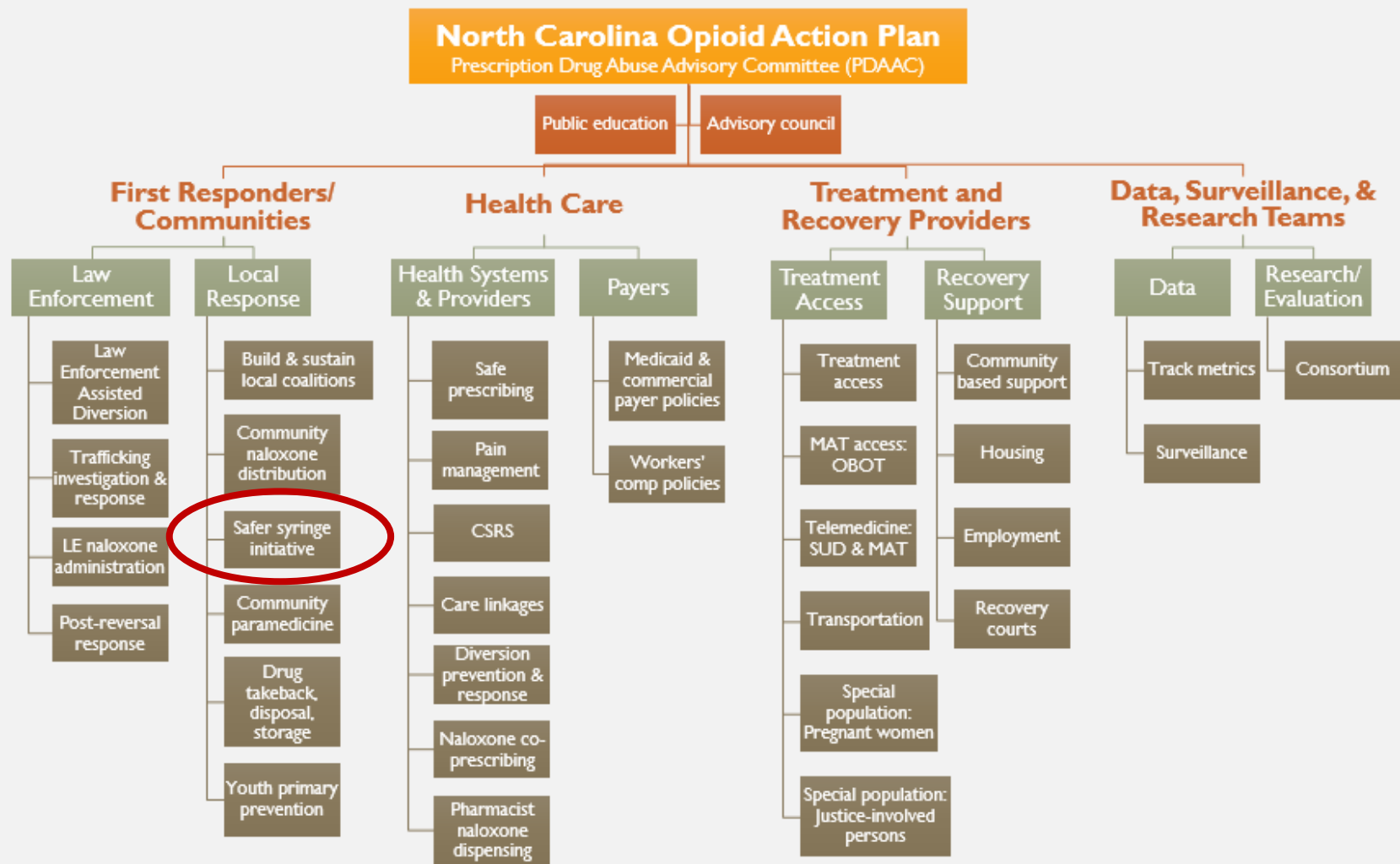
<https://www.ncdhhs.gov/opioids>



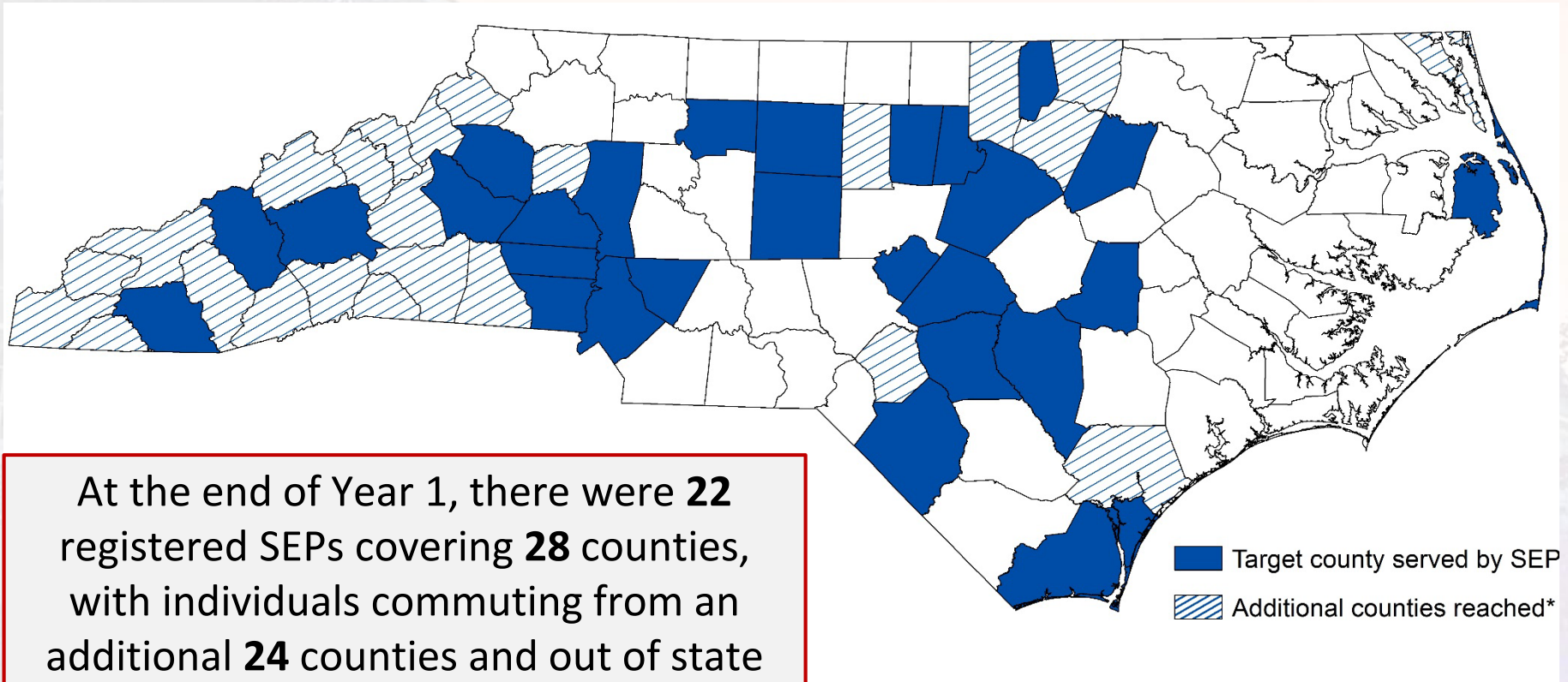
NC Opioid Action Plan



Local Response



Counties served by Syringe Exchange Programs (SEPs) as of Year 1 Annual Reporting (June 2017)

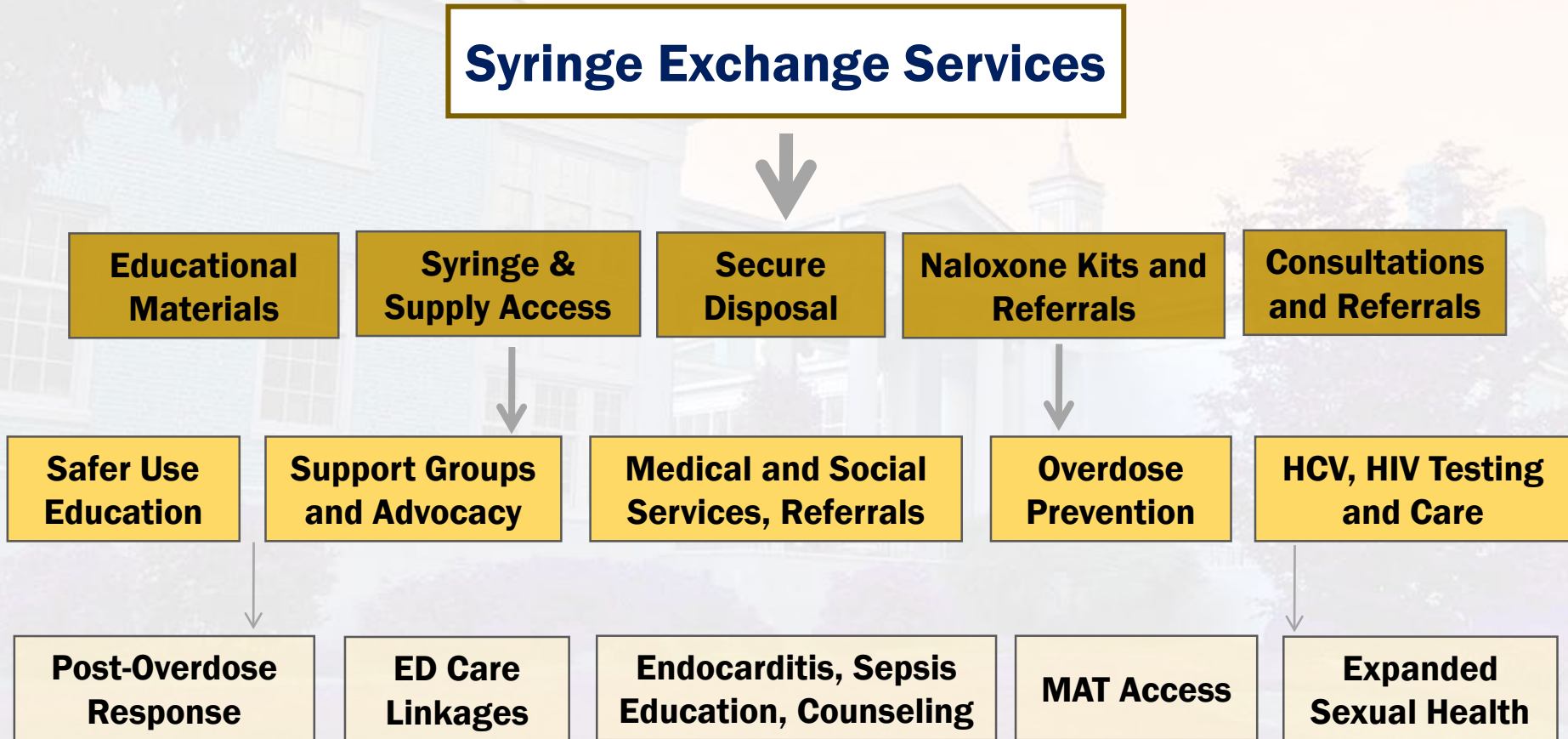


*Residents from these counties without SEP coverage traveled to receive services in a SEP target county

Source: North Carolina Division of Public Health, October 2017

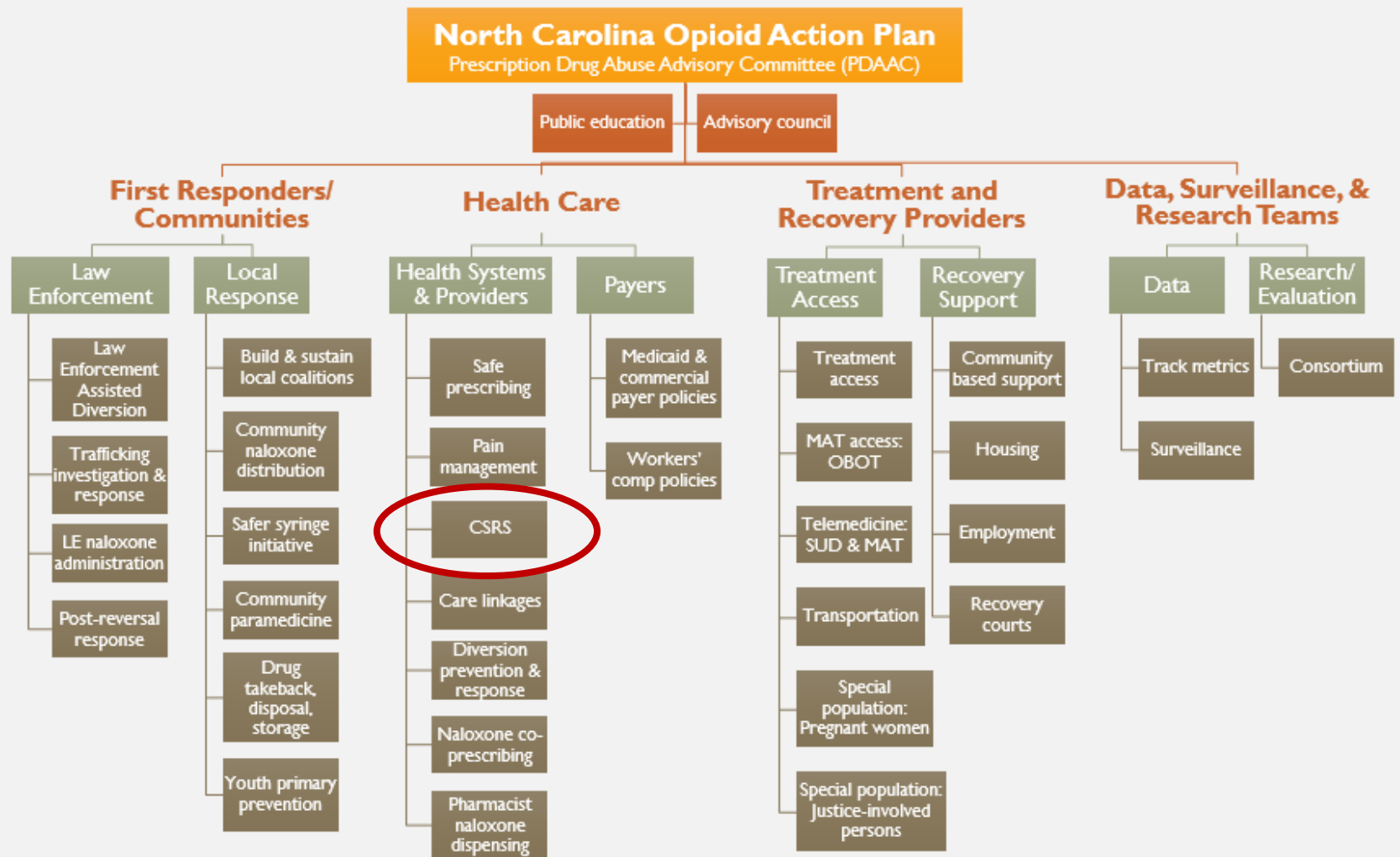
Analysis: Injury Epidemiology and Surveillance Unit

Syringe Exchanges Starts a Conversation about Health

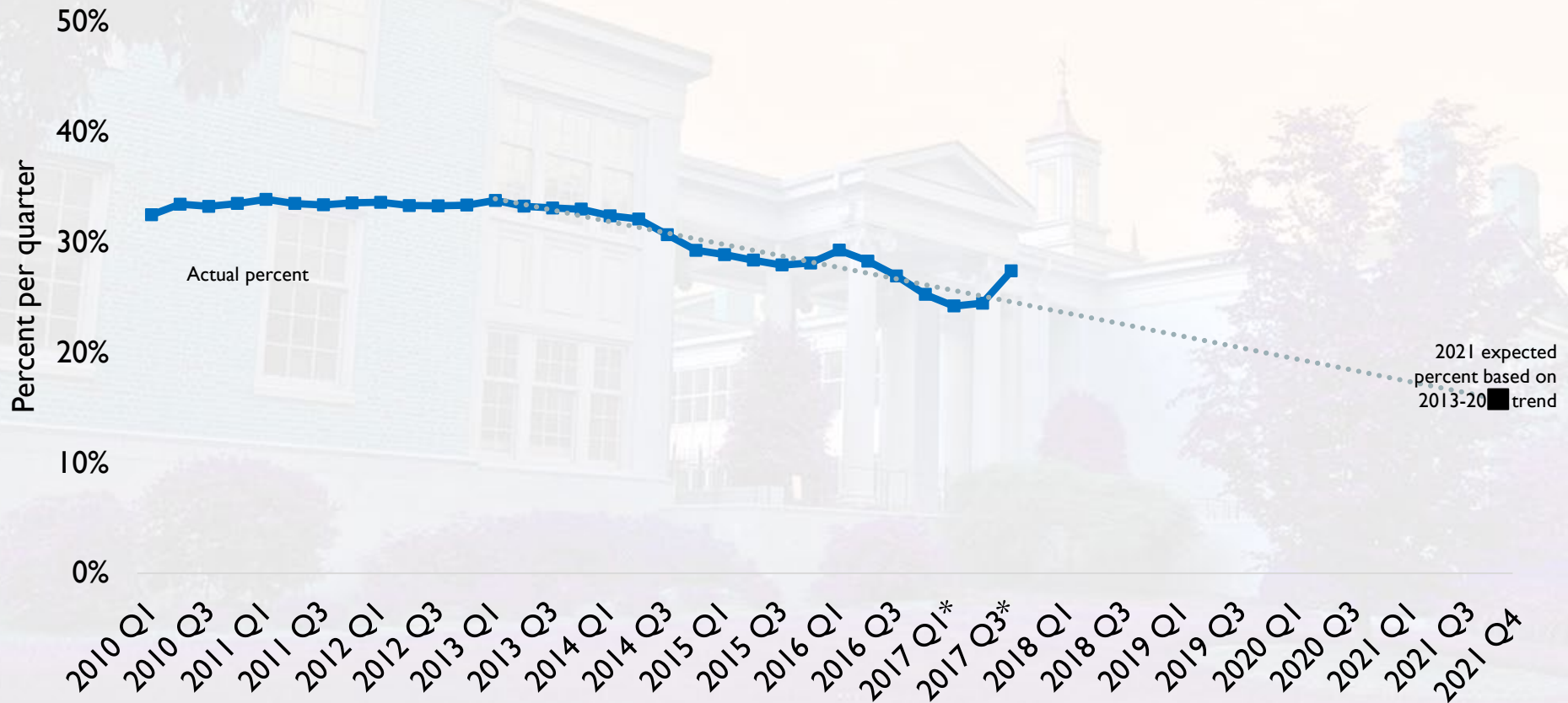


People who use exchanges care about their health

Health Care



Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day



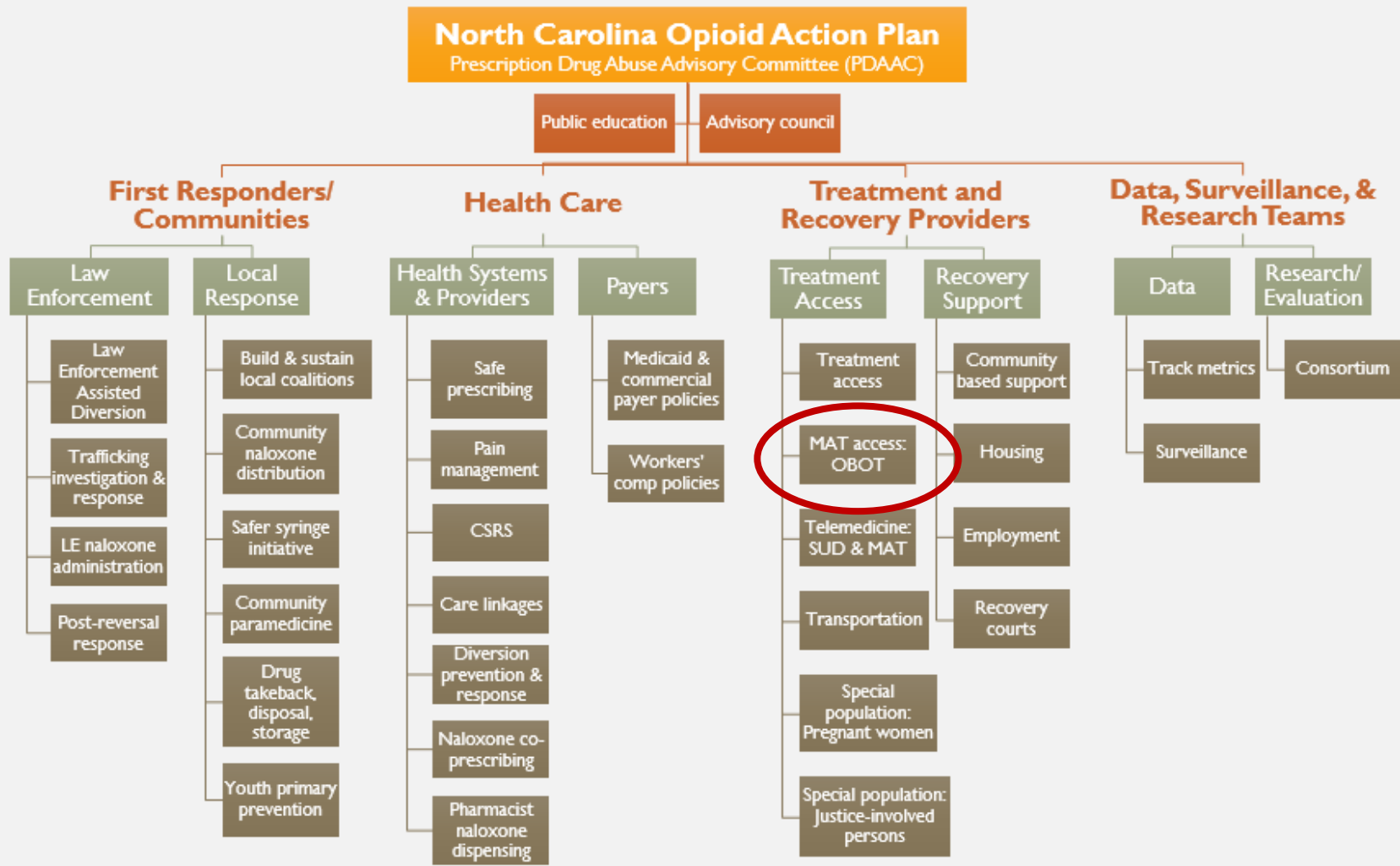
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011- 2017 Q3

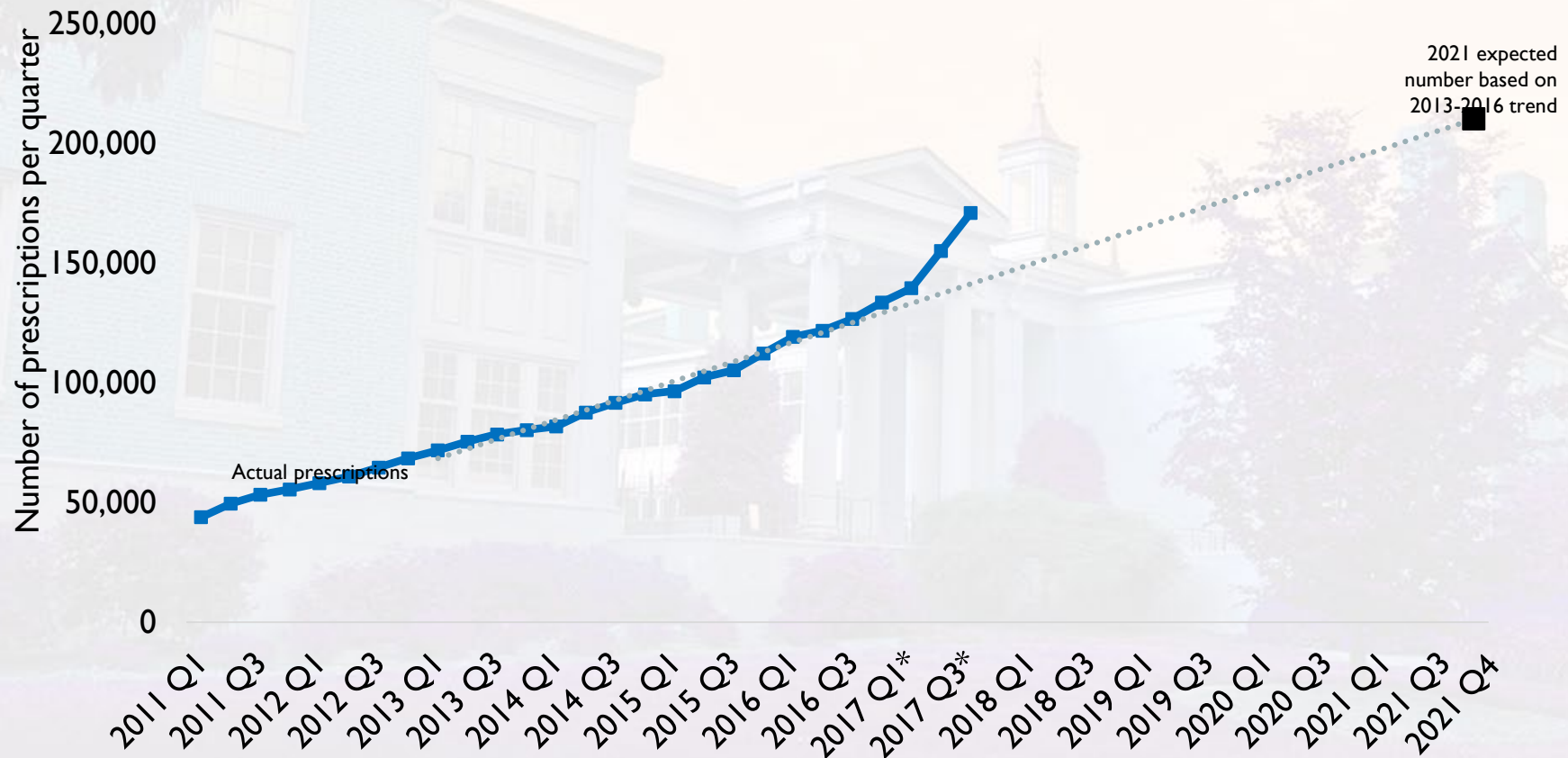
Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Updated December 2017

Treatment and Recovery Providers



Number of buprenorphine prescriptions dispensed



*2017 data are preliminary and subject to change

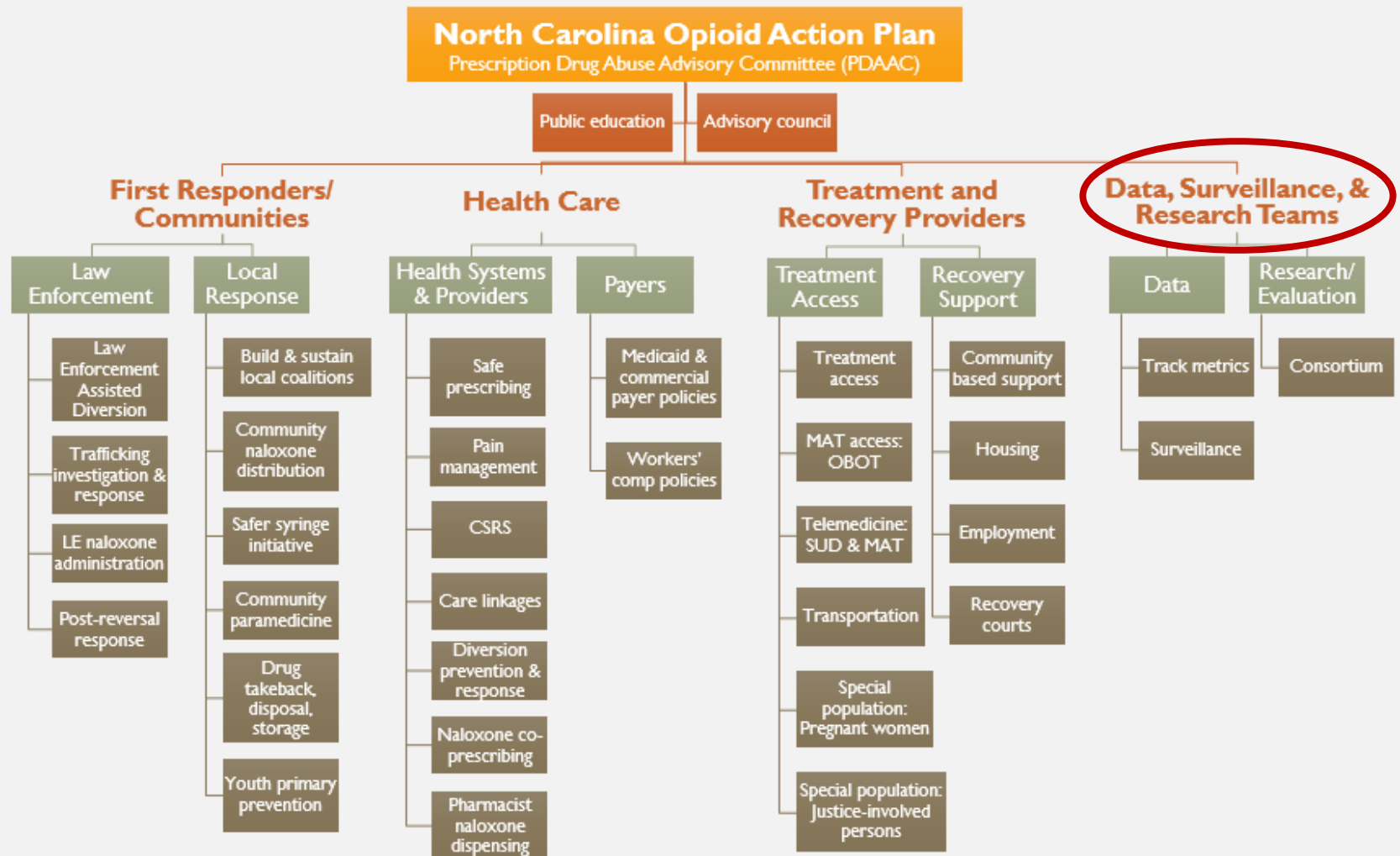
Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017



Data, Surveillance, & Research Teams



Metrics for NC's Opioid Action Plan


Metrics	Baseline Data*	Most Current Provisional Data†	
	(2016 - Q4)	Quarterly Data	Time Period
OVERALL			
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	335	358	2017 - Q3
Number of ED visits that received an opioid overdose diagnosis (all intents)	998	1,321	2018 - Q1
Reduce oversupply of prescription opioids			
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents	29.9 per 100,000	12.7 per 100,000	2017 - Q4
Total number of opioid pills dispensed	141,258,340	120,950,092	2017 - Q4
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.7%	6.3%	2017 - Q4
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	25.1%	20.3%	2017 - Q4
Reduce Diversion/Flow of Illicit Drugs			
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	81.1%	2017 - Q4
Number of acute Hepatitis C cases	50	47	2017 - Q3
Increase Access to Naloxone			
Number of EMS naloxone administrations	3,185	2,836^	2018 - Q1
Number of community naloxone reversals	817	1,316	2018 - Q1
Treatment and Recovery			
Number of buprenorphine prescriptions dispensed	128,162	154,631	2017 - Q4
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	15,187	17,259	2017 - Q3
Number of certified peer support specialists (CPSS) across NC	2,352	3,025	2018




Data Resources

IVPB Poisoning Data Website

<http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

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Poisoning Data

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Deaths, hospitalizations, and emergency department (ED) visits due to poisoning, particularly medication and drug poisoning, have become a growing public health concern nationally and in North Carolina. Since 1999 the number of drug poisoning deaths in North Carolina has increased by 440%, from 363 to 1,965 in 2016. Additionally, in 2014 there were nearly 12,000 hospitalizations and almost 22,000 ED visits related to medication and drug poisoning. (More recent hospital and ED data are not currently available due to a [coding transition](#).)

Historically, prescription drugs have been a major driver of this epidemic. However, illicit drugs are also contributing to this problem in increasing numbers. Heroin or other synthetic narcotics (like fentanyl) were involved in over 60 percent of unintentional opioid deaths in 2016. The number of cocaine overdose deaths is also on the rise.

Visit [Poisoning Prevention](#) and [Unintentional Poisoning from Prescription Drugs](#) for more information on preventing poisoning deaths in North Carolina.

N.C. Summary Data

- [NC Overdose Data: Trends and Surveillance](#) is a recorded presentation of core overdose data.
- Download the slides: [Core Overdose Data Slides January 2018](#) (PPTX, 6.7 MB)
- [The Prescription and Drug Overdose Fact Sheet](#) (PDF, 180 KB) provides a snapshot of prescription drug overdose deaths.
- [The Opioid-related Overdose Fact Sheet](#) provides information specific to the opioid epidemic.

N.C. Opioid Action Plan Data Dashboard - Updated Quarterly


- [Data dashboard](#) to track and monitor the N.C. Opioid Action Plan metrics; data available for the state and individual counties.
- [North Carolina's Opioid Action Plan](#)

County Overdose Slide Sets


Note: When downloading and opening a slide set, within PowerPoint you may see a security notice warning you about links to other files. If so, you

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Core NC Overdose Slide Set

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**N.C. Overdose Data:
Trends and Surveillance**








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Injury and Violence Prevention Branch**


As of December 2017

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IVPB Core NC Overdose Slide Recording

120 views

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InjuryFreeNC
Published on Dec 28, 2017

[EDIT VIDEO](#)

This slide set was created to provide basic data trends and public health surveillance around the drug overdose epidemic in North Carolina. For more information contact Mary Beth Cox at marybeth.cox@dhhs.nc.gov

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County-Level Data Tables



All Intent Heroin Poisoning Deaths by County: N.C. Residents, 1999-2016

County	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Alamance	1	0	1	0	0	0	0	1	0	1	1	1	0	3	4	0	6	2	21
Alexander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Alleghany	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Anson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ashe	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Avery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Beaufort	0	0	0	0	1	0	1	0	0	0	1	0	0	2	1	1	1	1	9
Bertie	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
Bladen	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Brunswick	1	1	0	1	1	1	2	2	2	2	3	1	2	5	10	5	10	10	59
Buncombe	1	1	0	0	0	2	4	2	1	0	2	1	0	0	3	13	14	26	70
Burke	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	3	7
Cabarrus	0	2	0	0	0	2	1	1	2	1	5	3	1	0	8	9	3	13	51
Caldwell	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	4	2	9
Camden	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	3
Carteret	0	0	1	0	1	0	0	0	0	0	1	0	1	0	1	1	4	4	14
Caswell	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Catawba	0	0	1	0	3	0	0	0	2	1	2	1	1	4	1	5	4	12	37
Chatham	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3
Cherokee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Chowan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Clay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cleveland	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	3	1	6
Columbus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	4
Craven	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2	5	9	18
Cumberland	4	1	1	2	1	3	2	0	2	1	1	0	2	10	4	11	22	19	86
Currituck	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	4
Dare	1	0	1	0	1	2	2	0	0	0	0	0	0	0	0	3	0	1	11
Davidson	0	1	1	2	2	0	1	2	0	0	1	0	3	3	7	8	5	17	53
Davie	0	0	0	0	0	0	2	1	1	0	0	0	1	1	0	1	3	6	16
Duplin	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2
Durham	4	5	1	5	0	1	2	4	2	8	2	2	4	6	6	11	9	11	83
Edgecombe	0	0	1	0	0	1	0	0	1	1	0	0	0	1	1	1	2	4	13
Forsyth	0	2	0	2	4	2	1	4	0	0	3	1	7	8	9	21	23	31	118
Franklin	0	0	0	0	0	0	0	0	0	0	0	1	0	3	1	0	4	3	12
Gaston	0	1	5	3	4	4	4	5	3	2	10	2	2	10	11	9	10	26	111
Gates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Graham	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Granville	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	4	2	4	14
Greene	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Guilford	4	7	7	5	5	5	4	3	3	5	5	1	7	9	9	24	23	41	167
Halifax	1	1	1	0	0	0	0	0	0	1	0	0	0	0	2	1	6	6	19
Harnett	0	1	1	0	1	0	0	1	0	1	0	0	0	0	0	0	1	5	11

County Overdose Slides



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12/31/2017



Medication and Drug Overdose in Wilson County, 1999-2016

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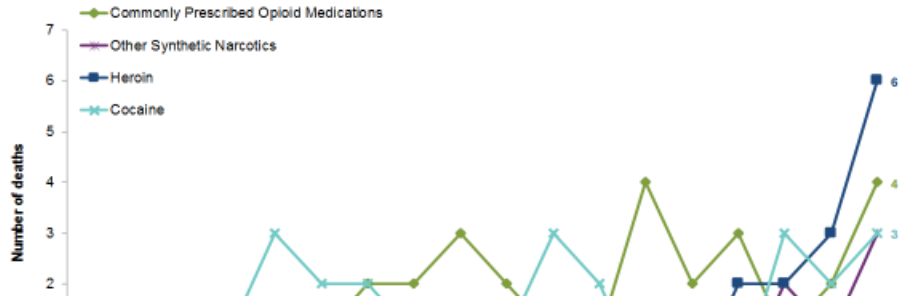
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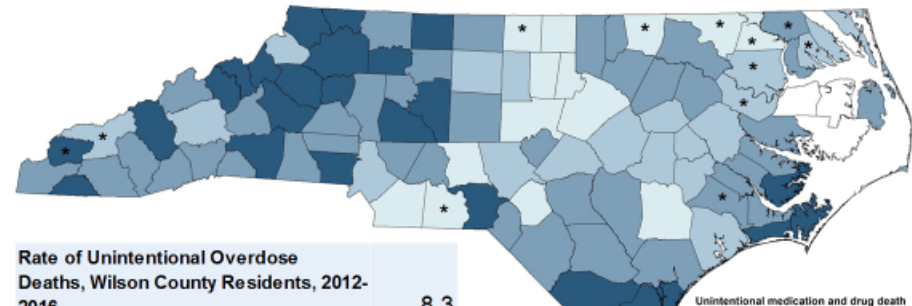
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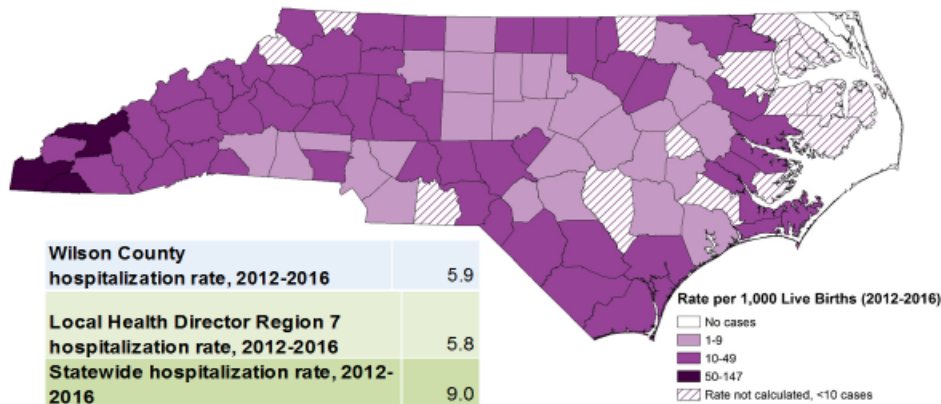
Substances* Contributing to Unintentional Medication and Drug Overdose Deaths, Wilson County Residents, 1999-2016



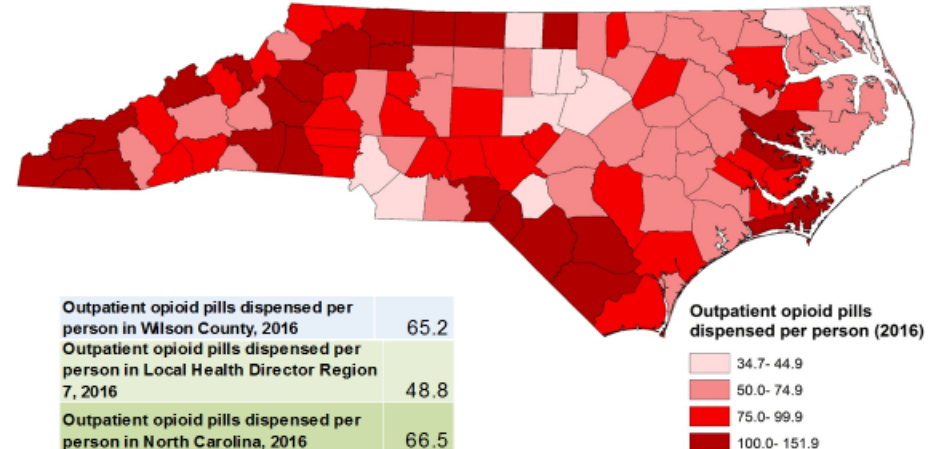
Rate of Unintentional Medication & Drug Deaths by County per 100,000 North Carolina Residents, 2012-2016



Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 1,000 Live Births, North Carolina Residents, 2012-2016



Rate of Outpatient Opioid Pills Dispensed by County per North Carolina Resident, 2016



NOTE: 2014 data structure changed to include up to 95 diagnosis codes. 2015 ICD 9 CM coding system transitioned to ICD10 CM. The impact of these changes on surveillance is unclear.

Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

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Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2016/ Population- National Center for Health Statistics, 2016
Analysis: Injury Epidemiology and Surveillance Unit

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PREVENTION Branch



UNC
SCHOOL OF GOVERNMENT

Monthly Surveillance Report

North Carolina
Injury & Violence
PREVENTION Branch



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NC Poisoning Data Webpage

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Related Pages

[CDC: Unintentional Poisoning](#)

[CDC: Prescription Drug Overdose](#)

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Injury and Violence Prevention Branch

Poisoning Data

[+ Data and Surveillance Navigation](#)

Deaths, hospitalizations, and emergency department (ED) visits due to poisoning, particularly medication and drug poisoning, have become a growing public health concern nationally and in North Carolina. Since 1999 the number of drug poisoning deaths in North Carolina has increased by 440%, from 363 to 1,965 in 2016. Additionally, in 2014 there were nearly 12,000 hospitalizations and almost 22,000 ED visits related to medication and drug poisoning. (More recent hospital and ED data are not currently available due to a [coding transition](#).)

Historically, prescription drugs have been a major driver of this epidemic. However, illicit drugs are also contributing to this problem in increasing numbers. Heroin or other synthetic narcotics (like fentanyl) were involved in over 60 percent of unintentional opioid deaths in 2016. The number of cocaine overdose deaths is also on the rise.

Visit [Poisoning Prevention](#) and [Unintentional Poisoning from Prescription Drugs](#) for more information on preventing poisoning deaths in North Carolina.

N.C. Summary Data

- [NC Overdose Data: Trends and Surveillance](#) is a recorded presentation of core overdose data.
 - **03/19/18:** Download the slides: [Core Overdose Data Slides January 2018](#) (PPTX, 6.7 MB)
- [The Prescription and Drug Overdose Fact Sheet](#) (PDF, 180 KB) provides a snapshot of prescription drug overdose deaths.
- [The Opioid-related Overdose Fact Sheet](#) provides information specific to the opioid epidemic.

County Overdose Slide Sets

Note: When downloading and opening a slide set, within PowerPoint you may see a security notice warning you about links to other files. If so, you can ignore the notice and click the "Cancel" button to continue opening the file. Do not click the "Update Links" button.

Select County

[Get County Report](#)

[\[+\] Expand All Items Below](#) | [\[-\] Collapse All Items Below](#)

NC DETECT Opioid Overdose ED Visits Reports - Updated Monthly

- [Opioid Surveillance ED Data, February 2018](#) (PDF, 375 KB)
- [Opioid Overdose Emergency Department Visits Heat Maps, February 2018](#) (PDF, 292 KB)
- [County Reports \(For counties with average visits > 9\): 2018 Opioid Overdose Emergency Department Visits](#) +
- [Archive](#) +

NC OCME Poisoning Deaths Surveillance Reports - Updated Monthly

- [NC OCME Overdose Surveillance February 2018](#) (PDF, 512 KB)
- Additional NC OCME data and reports can be found at <http://www.ocme.dhhs.nc.gov/annreport/index.shtml>.



Constant Contact Monthly Updates

North Carolina Statewide Overdose Surveillance Reports

April 2018 Update

Good afternoon,

We've just posted an update of provisional data on opioid-related poisoning deaths ([NC OCME](#)), opioid overdose emergency department visits ([NC DETECT](#)), and statewide harm reduction data ([NCHRC](#)).

All reports are posted to the website linked below:

[Click Here for Statewide Overdose Surveillance Reports](#)

Opioid-Related Poisoning Deaths

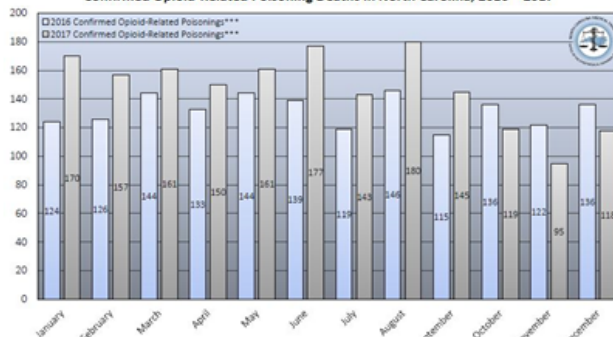
NC OCME Highlights:

There are currently [1,776 confirmed opioid-related poisoning deaths](#) for 2017.

Provisional data shows a [20.8% increase](#) in opioid-related poisoning deaths in the first 8 months of 2017 (1,299) compared to 2016 (1,075).

[43.2% of autopsies](#) performed in January-August 2017 have been confirmed as poisonings.

Confirmed Opioid-Related Poisoning Deaths in North Carolina, 2016 – 2017



Opioid Overdose Emergency Department Visits

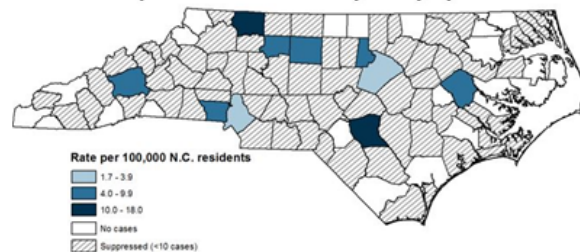
NC DETECT Highlights:

There were [431 opioid overdose ED visits \(April 2018\)](#) compared to [453 this time last year \(April 2017\)](#). The majority were white (84%), male (59%), and between the ages 25 to 34 (38%).

There were [263 heroin overdose ED Visits \(April 2018\)](#) compared to [300 this time last year \(April 2017\)](#). The majority were white (88%), male (69%), and between the ages 25 to 34 (46%).

[Heroin](#) and [Other Synthetic Narcotic](#) overdoses account for 70% of all opioid overdose ED visits for April 2018.

Rate of Opioid Overdose ED Visits by County: April 2018*



The highest rates of opioid overdose ED visits occurred in [Surry](#) (18.0 per 100,000 residents), [Cumberland](#) (11.0 per 100,000 residents), and [Gaston](#) (6.5 per 100,000 residents) counties. Rates were suppressed for counties with <10 cases.

*Emergency department visit data from NC DETECT are [provisional](#) and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. For training on NCDETECT, contact Amy Ising, ising@ad.unc.edu. For additional information regarding this report, please contact Sherani.Jagroop@dohs.nc.gov.

Harm Reduction Data

NCHRC Highlights:

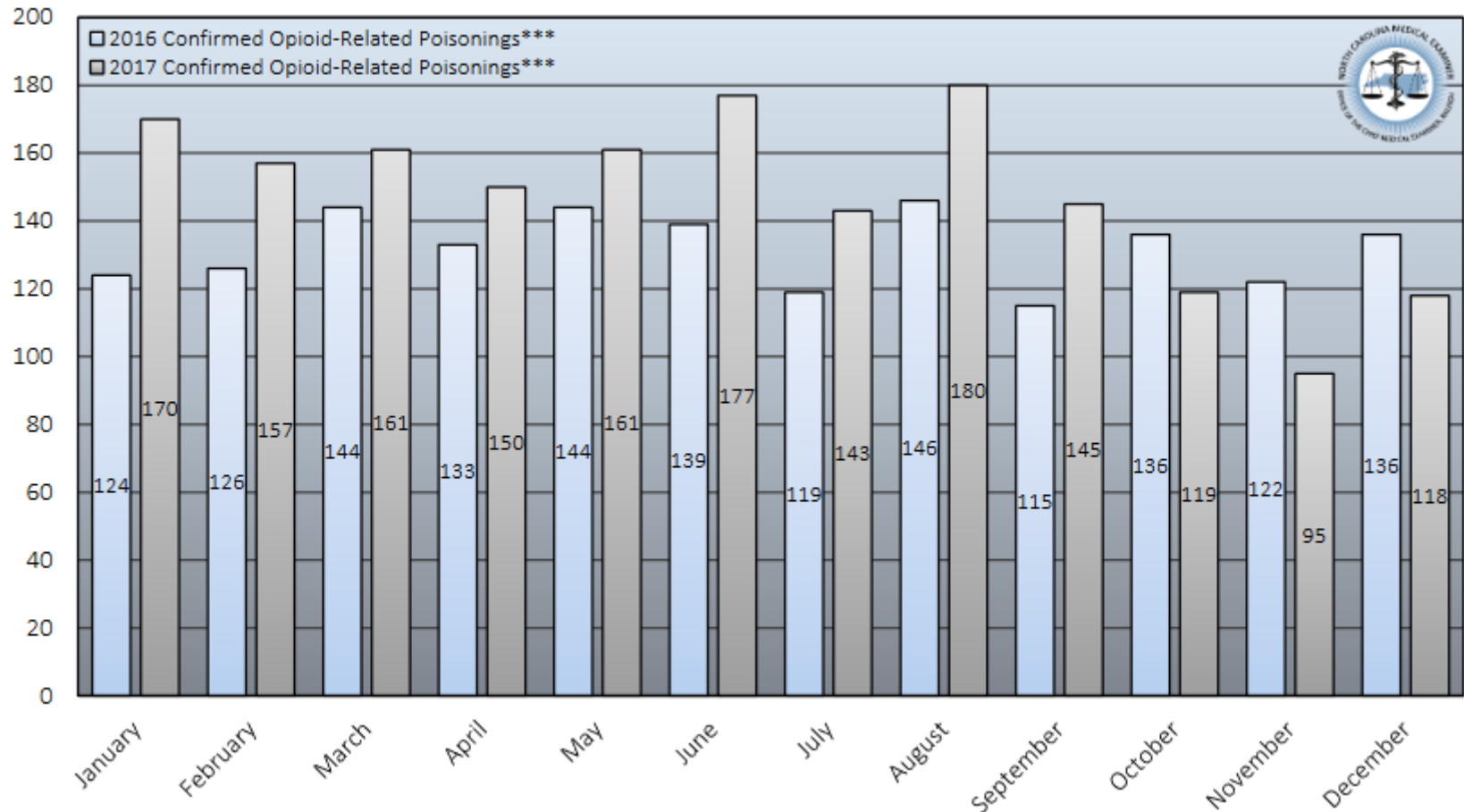
There are currently [1,081 year to date opioid overdose reversals](#) reported to NCHRC by a community member, compared to [1,269 this time last year](#).

From 8/1/2013 to 4/30/2018, NCHRC distributed [77,276 reversal kits](#) to community members and Law Enforcement Agencies across North Carolina.



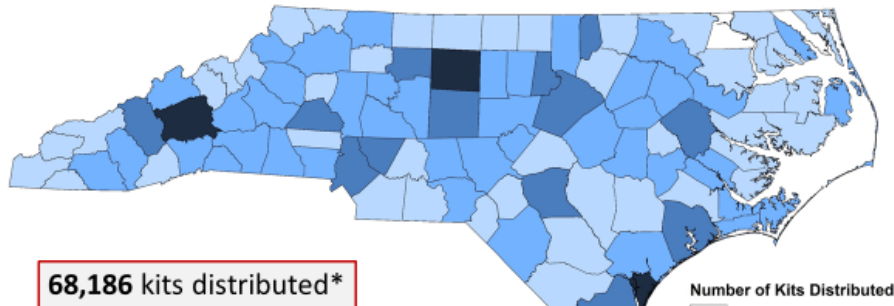
OCME Overdose Data Monthly Update

Confirmed Opioid-Related Poisoning Deaths in North Carolina, 2016 – 2017

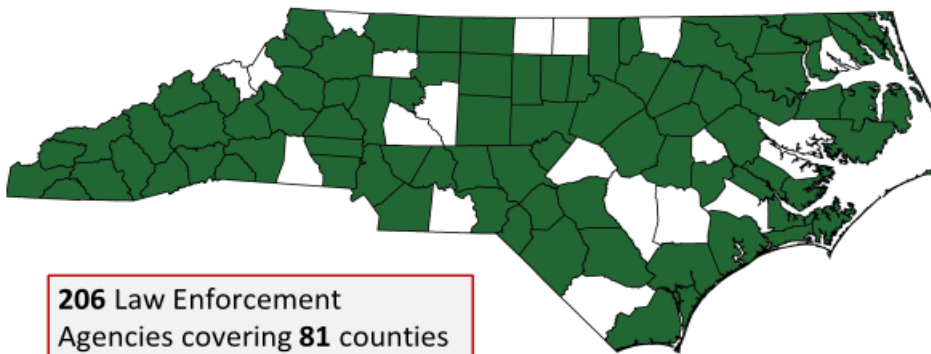


NC Harm Reduction Data Monthly Updates

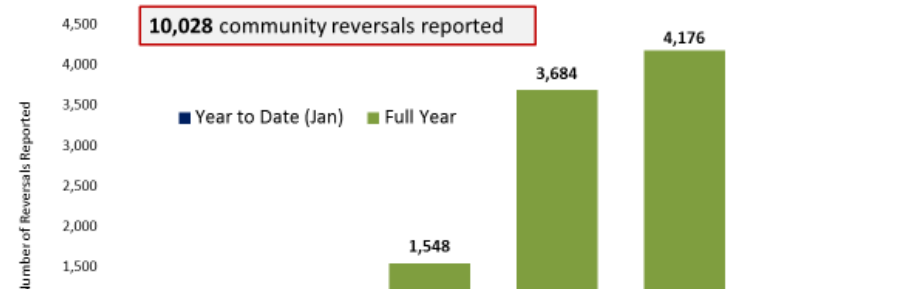
Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition, 8/1/2013- 1/31/2018



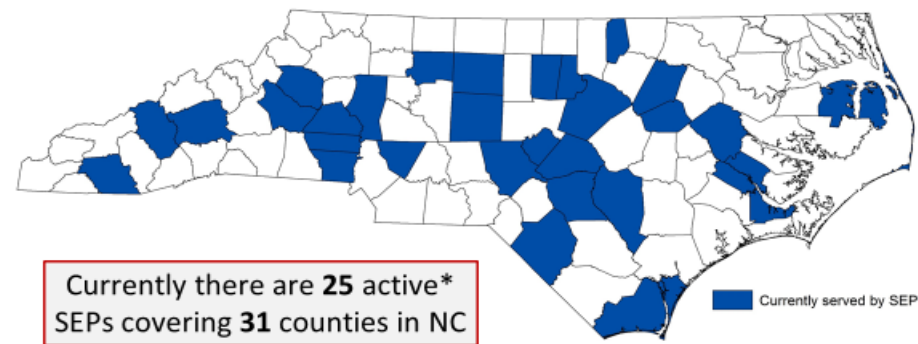
Counties with Law Enforcement Carrying Naloxone as of January 31, 2018



Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-1/31/2018



Counties currently served by Syringe Exchange Programs (SEPs) as of January 31, 2018



*There may be SEPs operating that are not represented on this map; in order to be counted as an active SEP, paperwork must be submitted to the NC Division of Public Health.

Source: North Carolina Harm Reduction Coalition (NCHRC), February 2018
Analysis by Injury Epidemiology and Surveillance Unit

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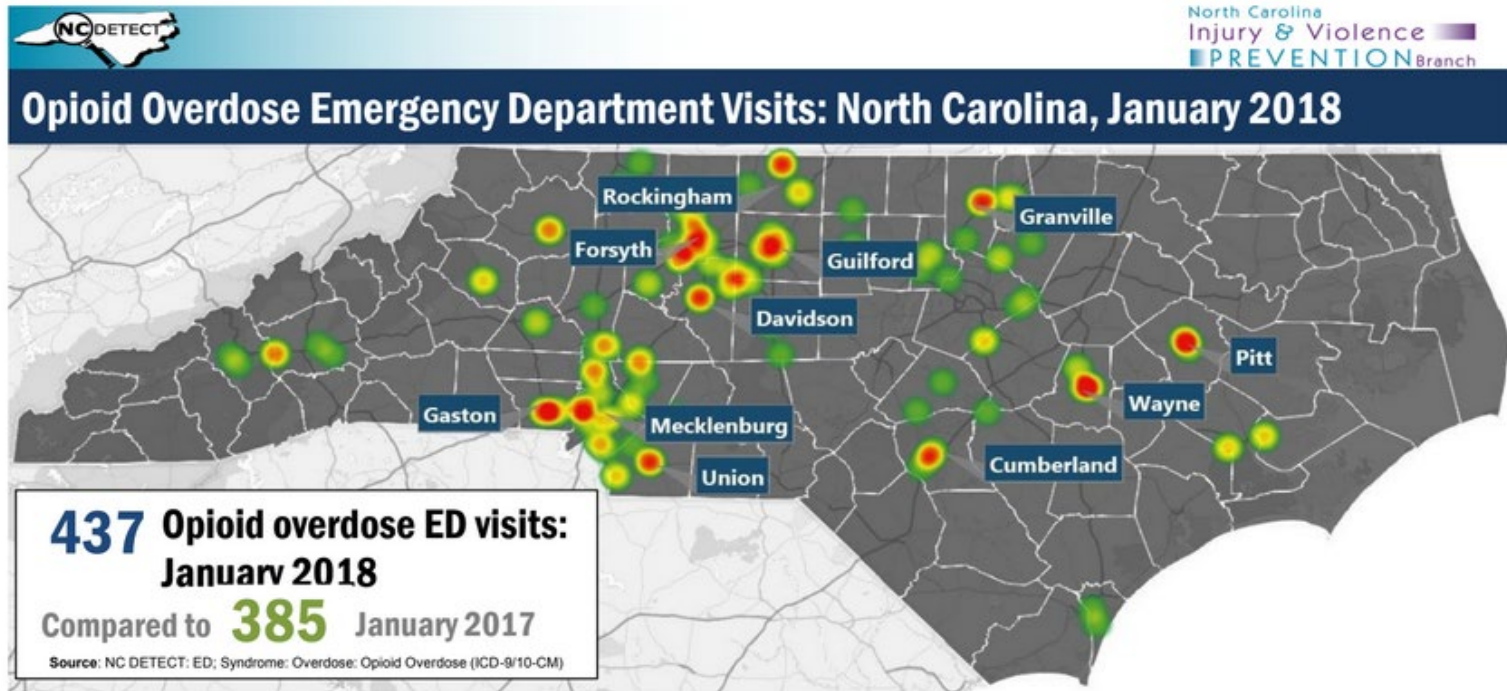
Source: North Carolina Division of Public Health, February 2018
Analysis: Injury Epidemiology and Surveillance Unit

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ED Monthly Reports



The highest concentration of cases occurred in Mecklenburg, Guilford, Forsyth, Wake and Cumberland counties. With the highest rates occurring in Rockingham (15.3 per 100,000 residents) and Wayne (11.3 per 100,000 residents) counties.

Cases were predominantly **male (63%), white (88%),** and between **25-34 years of age (38%).**

Gender:	n	%
Male	275	63%
Female	162	37%

Race:	n	%
White	385	88%
Black	39	9%
Other	11	3%
Missing	2	0%

Age:	n	%
<15	5	1%
15-24	82	19%
25-34	168	38%
35-44	79	18%
45-54	49	11%
55-64	40	9%
65+	14	3%

Note: 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.

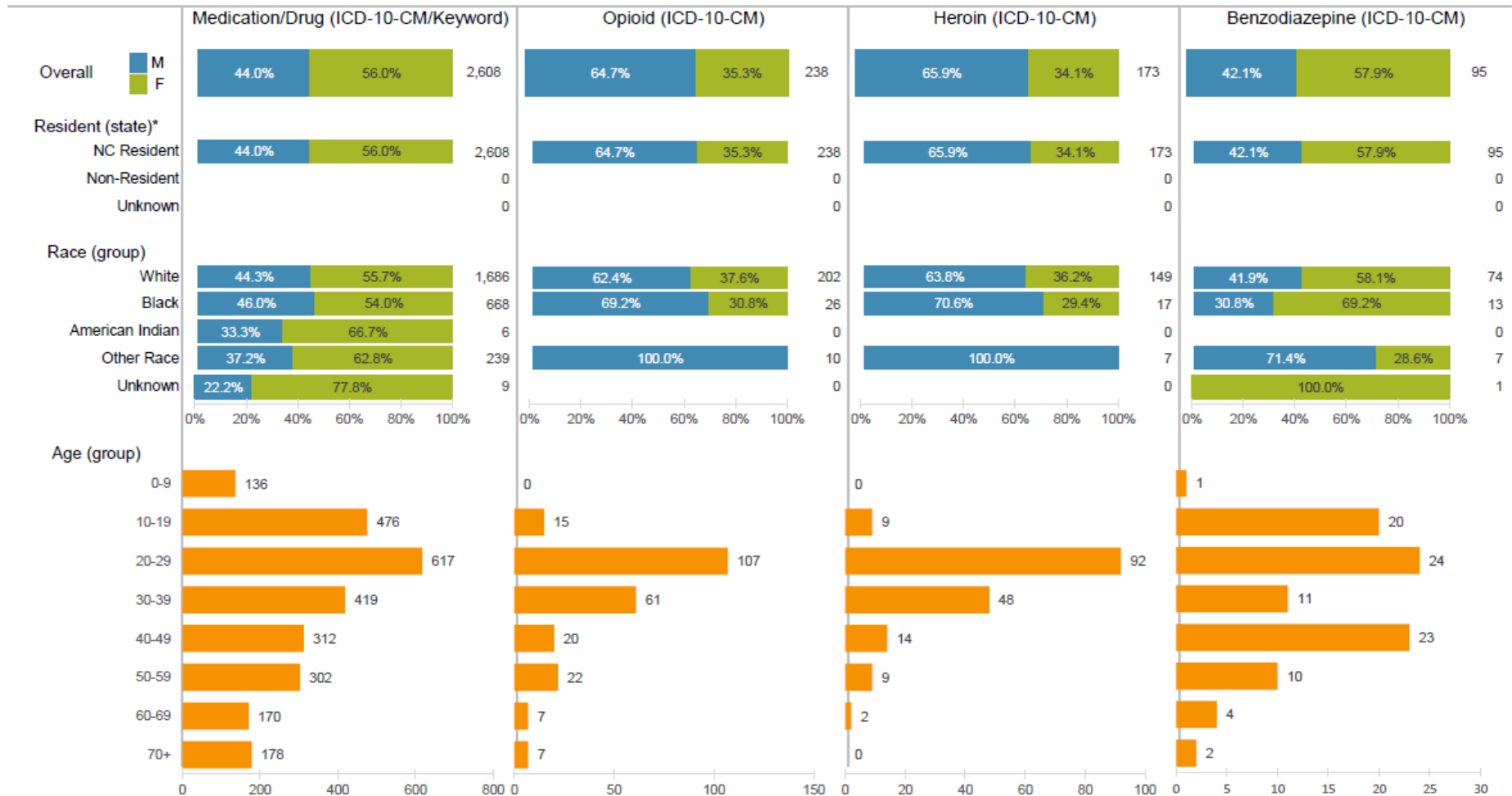
NORTH CAROLINA INJURY AND VIOLENCE PREVENTION

www.injuryfreenc.ncdhhs.gov

2/15/2018



NC DETECT Overdose Dashboard



*Only visits to NC residents are included in county level reports. All visits are included in the statewide report.

Source: NC DETECT (www.ncdetect.org)

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NC OAP Metrics & Dashboard

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METRICS FOR NC'S OPIOID ACTION PLAN

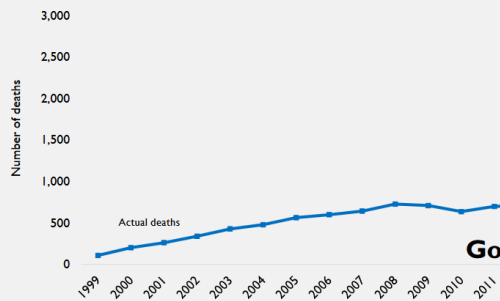
Metrics	Baseline Data (2016, Q4)	2021 Trend/Goal
OVERALL		
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	335	20% reduction in expected 2021 number
Number of ED visits that received an opioid overdose diagnosis (all intents)	998	20% reduction in expected 2021 number
Reduce oversupply of prescription opioids		
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents	29.9 per 100,000	Decreasing trend
Total number of opioid pills dispensed	145,997,895	Decreasing trend
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.7%	Decreasing trend
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	25.3%	Decreasing trend
Reduce Diversion/Flow of Illicit Drugs		
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	-----
Number of acute Hepatitis C cases	43	Decreasing trend
Increase Access to Naloxone		
Number of EMS naloxone administrations	3,185	-----
Number of community naloxone reversals	817	Increasing trend
Treatment and Recovery		
Number of buprenorphine prescriptions dispensed	133,712	Increasing trend
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	15,187	Increasing trend
Number of certified peer support specialists (CPSS) across NC	2,352	Increasing trend

Source: North Carolina's Opioid Action Plan, January 2018

https://files.nc.gov/ncdhhs/documents/Opioid%20Action%20Plan%20Metrics_UPDATED-Jan%202018.pdf

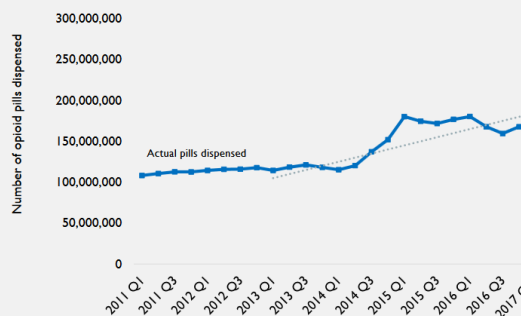
Opioid Action

NUMBER OF UNINTENTIONAL OPIOID-RELATED DEATHS



Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data, includes NC Resident deaths occurring in 2011. Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time. Detailed technical notes on all metrics available from NC DHHS; Updated September 2017

TOTAL NUMBER OF OPIOID DISPENSES



*2017 data are preliminary and subject to change
Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q1
Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time. Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

Opioid Epidemic

Combating North Carolina's Opioid Crisis

Due to decades of prescribing more opioids at higher doses, North Carolina is experiencing an opioid epidemic.



From 1999 to 2016 more than 12,000 North Carolinians died from opioid-related overdoses. This epidemic is devastating families and communities. It is overwhelming medical providers and is straining prevention and treatment efforts.

To tackle this health crisis, the NC Department of Health and Human Services is working to connect people with preventative healthcare, substance use disorder treatment and community supports. This is a complex issue requiring partnership from many sectors and is an effort that needs to be supported through funding and resources to be successful. Learn more below about how North Carolina and its partners are working to reduce opioid overdose deaths by 20 percent by 2021.



What Are Opioids?

Definitions and examples of opioids.



Opioid Action Plan

NC's strategies to turn the tide.



Safe Syringe and Naloxone

Learn about syringe exchange and the use of naloxone.



Treatment

How to get help.



First Responders

Information on fentanyl safety.



Providers

How providers can help.



News

The latest on NC's efforts to combat the opioid crisis.



Data

Statistics on the opioid crisis.

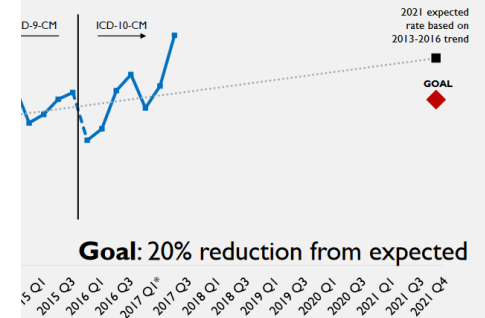


How to Get Connected



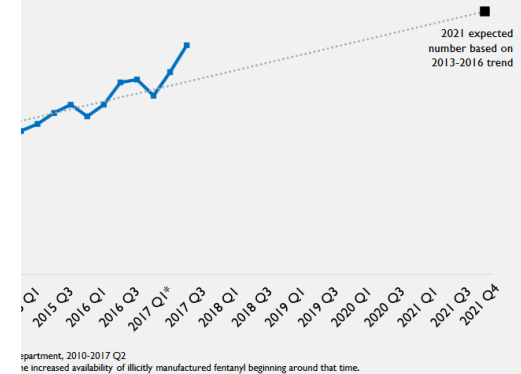
Cures Act Grant

OVERDOSE ED VISITS



Increased availability of illicitly manufactured fentanyl beginning around that time. Updated September 2017

EMS NALOXONE DISTRIBUTIONS



Department, 2010-2017 Q2
Increased availability of illicitly manufactured fentanyl beginning around that time.



NC Opioid Action Plan Data Dashboard

Metric Summary Table: Wilson

Metrics	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Reduce Death/ED Outcomes			
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	2017 - Q3	1	6
Number of ED visits that received an opioid overdose diagnosis (all intents)	2017 - Q4	< 10	28
Reduce Oversupply of Prescription Opioids			
Average rate of multiple provider episodes for prescription opioids, per 100,000 residents	2017 - Q3	1	3.5
Number of opioid pills dispensed	2017 - Q3	1,225,000	3,604,000
Percent of patients with an opioid prescription receiving more than an average daily dose of 90+ MME of opioid analgesics	2017 - Q3	5	5.3
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	2017 - Q3	25	23.7
Reduce Diversion/Flow of Illicit Drugs			
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	2017 - Q4	80	80
Number of acute hepatitis C cases	2017 - Q1	0	0
Increase Access to Naloxone			
Number of EMS naloxone administrations	2017 - Q3	10	27
Number of community naloxone reversals	2017 - Q4	0	3
Treatment and Recovery			
Number of buprenorphine prescriptions dispensed	2017 - Q3	623	1,864
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	2017 - Q3	119	306
Number of certified peer support specialists (CPSS)	2017 - Q4	9	9



Final Thoughts...

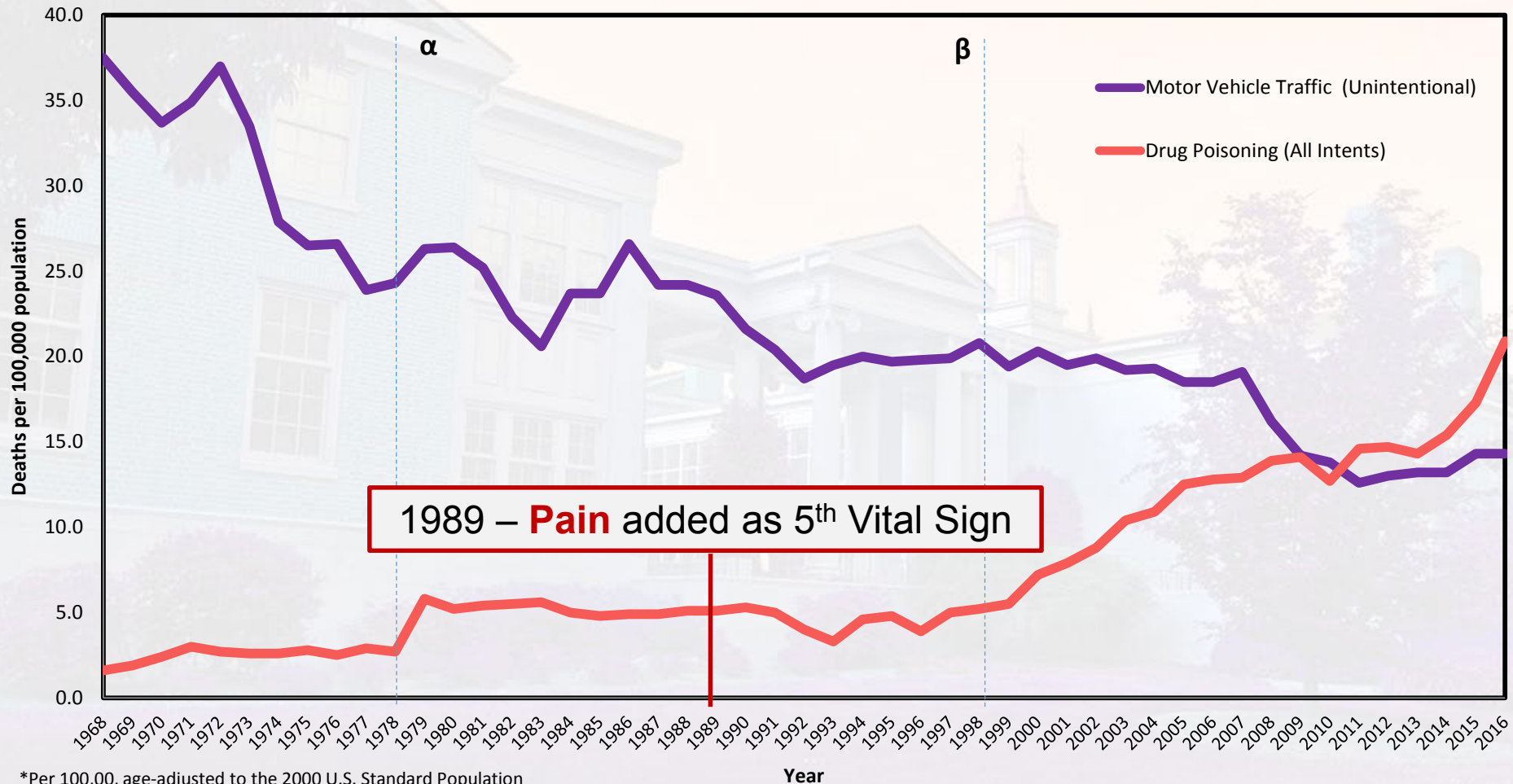
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Death Rates* for Two Selected Causes of Injury

North Carolina, 1968-2016



*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, 1968-2016, CDC WONDER

Analysis by Injury Epidemiology and Surveillance Unit



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North Carolina has achieved
some **successes...**

AND has more work to do.

**OVERDOSE
DEATH IS
PREVENTABLE.**

31 AUGUST

—
**INTERNATIONAL OVERDOSE
AWARENESS DAY**



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Questions?

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NC Division of Public Health

MaryBeth.Cox@dhhs.nc.gov

www.injuryfreenc.ncdhhs.gov

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Opioid Data for Local Govt.

Henderson County





The background of the slide is a faded, light-colored image of a large, multi-story building with many windows, surrounded by trees and greenery.A vertical rectangular area in the center of the slide features a pattern of bold, diagonal yellow and black stripes, reminiscent of a construction barrier or caution tape. A white rectangular box is centered within this striped area.

Work in Progress







COMMUNITY HEALTH ASSESSMENT



2011

Henderson County



Henderson County Department of Public Health
1200 Spartanburg Hwy, Suite 100
Hendersonville, NC 28792
828.692.4223
www.hendersoncountync.org/health

- Henderson County had 164 deaths due to poisoning from 2002-2011.
- The unintentional poisoning death rate for 2002-2011 was 12.5, a rate higher than the state's 9.8.
- The rate of hospital discharges due to unintentional poisoning in Henderson County was 48.0 discharges per 100,000 residents.



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2,000,000

people reported using Rx painkillers for the first time in 2011.

100

people die from Rx drug overdoses every day in the United States.

Rx drug overdose death rates in the U.S. have more than tripled since 1990.

The drug overdose epidemic is most severe in the Southwest & Appalachian regions.



This is a problem. But there is HOPE.

Please join us for a Community Conversation
Thursday, November 7, 2013
8:00 a.m. to 10:00 a.m.

Gala Room at the Blue Ridge Community College
(BRCC) Conference Hall

Please RSVP to Todd Singer by November 1st to
hoperxhc@gmail.com or (828) 808-6238.

HOPE Rx

A project of the Partnership for Health.



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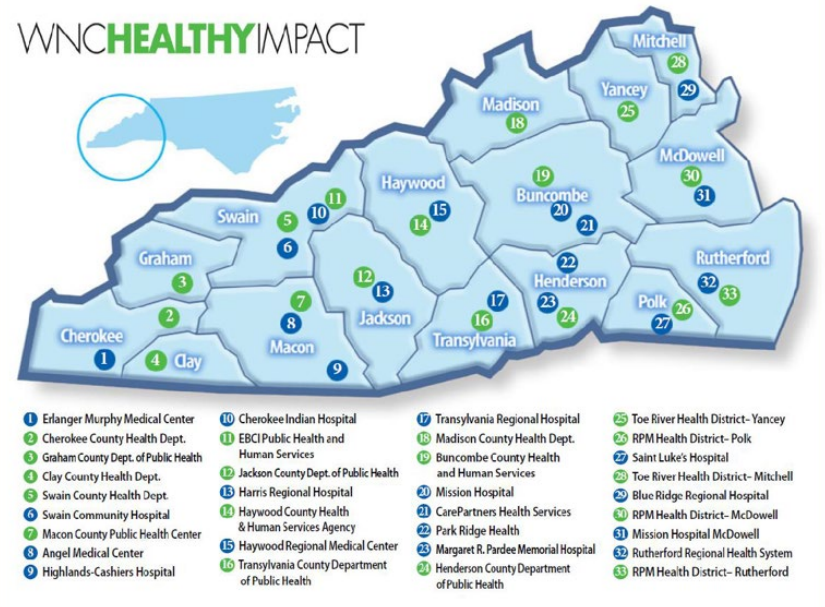
Henderson County Community Health Assessment

2015



Henderson County Department of Public Health
1200 Spartanburg Hwy, Suite 100
Hendersonville, NC 28792
828.692.4223
www.hendersoncountync.org/health

WNCHEALTHYIMPACT



CLEAR IMPACT
reach your peak



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DATA TRENDS We Are Following

Residents of Henderson County are Free from Prescription Drug Abuse	Time Period	Actual Value	Current Trend	Baseline % Change
Rate of death due to unintentional poisoning in Henderson County	2015	15.5%	3	13%
% of individuals reporting having taken a prescription drug in the past month that was not prescribed to them in Henderson County	2015	3.7%	1	640%
ED - Count of Medication or Drug Overdose	Aug 2018	32	1	-20%
Henderson County Prescription Rate Trend, Opioid Pills Per Resident	2016	74.5	1	29%
PreMIS - Count of Responses to Overdose/Poisoning/Ingestion	May 2018	1	1	-94%
ED - Count of Heroin Overdose	Aug 2018	3	1	50%
ED - Count of Opioid Overdose	Aug 2018	3	2	0%
PreMIS - Count of Naloxone Administered	May 2018	1	1	-95%



POWERED BY CLEAR IMPACT



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Hope RX Scorecard:

<https://app.resultsscorecard.com/Scorecard/Embed/21990>

Behavioral Health Summit Group Scorecard:

<https://app.resultsscorecard.com/Scorecard/Embed/34400>



Questions?

Stacy Taylor, MPH

Henderson County Department of Public Health

staylor@hendersoncountync.gov





- Thank You -

Evaluation: https://unc.az1.qualtrics.com/jfe/form/SV_dnxbmgxvZy304cd

