Medication/Drug Overdoses
North Carolina

LHD Legal Conference
April 23, 2014

Updated April 2014
Agenda

• Brief North Carolina Background/History
  – Overdose problem
  – Creation of NC’s Prescription Monitoring Program: the Controlled Substances Reporting System (CSRS)
  – Role of naloxone
North Carolina Deaths
In 1999, the number of unintentional poisoning deaths was 279; in 2012, the number of deaths was 1,101, an increase of over 300%.

Analysis by Injury Epidemiology and Surveillance Unit
Opioid analgesics users in the past month

Medical users: 9.0 million
Nonmedical users: 4.9 million

Overdose deaths are the tip of the iceberg

For every 1 opioid overdose death in 2010 there were...

- 15 abuse treatment admissions
- 26 emergency department visits
- 115 who abuse/are dependent
- 733 nonmedical users

$4,350,000 in healthcare-related costs
Deaths vs. ED visits for drug overdose, NC 2011

22,992 ED visits

1,222 deaths

The number of ED visits for overdose dwarfs the number of overdose deaths.

Average NC county has about one overdose death per month but just under one overdose ED visit per day.
N.C. Division of Public Health
- 2000: Routine surveillance
- 2002: CDC Epi-Aid on Poisoning
- 2003: Task Force DPH and DOJ
- 2004: Task Force Recommendations
- 2005-2007: PMP (NC CSRS)
- 2008: Enhanced surveillance
- 2009: Partner with UNC IPRC
Legislative Update
S.B. 222 Revise Controlled Substances Reporting

Signed into law June 19, 2013

- 48 Hour reporting by all physicians dispensing controlled substances
- Up to 3 days to report dispensing in CSRS
- Method of Payment recorded in CSRS
- Unsolicited Alerts to practitioners of questionable patient activity
- Reporting to the appropriate NC licensing board questionable practitioner prescription practices.
- Delegate Accounts
- Increased fines for disclosing CSRS data.
- Law enforcement access to CSRS data.

Primary Bill Sponsors

Sen. Austin M. Allran (Rep)
Alexander, Catawba Counties

Rep. Craig Horn (Rep)
Union County
S 20 Good Samaritan/Naloxone Access

Signed into law April 9, 2013

- Limited Immunity from prosecution when acting in good faith to seek medical assistance for a drug-related overdose.
  - Covers victim and reporter of overdose
- Limited Immunity from prosecution for prescribing and administering the “opioid antagonist” Naloxone.
- Limited Immunity from prosecution for underage alcohol overdose
  - Covers victim and reporter of overdose

Primary Bill Sponsors

Sen. Stan Bingham (Rep) Davidson, Montgomery
Sen. Austin M. Allran (Rep) Alexander, Catawba
N.C. Controlled Substance Reporting System (CSRS)

North Carolina’s Prescription Drug Monitoring Program (PDMP), housed at the Division of Mental Health, Developmental Disabilities and Substance Abuse Services
NC CSRS Timeline

2005: Legislature establishes CSRS

August 2008: Pharmacies report bimonthly

June 2011-June 2012: Evaluation conducted

July 1, 2007: System starts: pharmacies report monthly

January 2012: Pharmacies report weekly

January 2013: Legislation to update system proposed

Approved in July 2013
Senate Bill 222
Controlled Substances Reporting System (CSRS)

In 2013, Senate Bill 222:
- Allows delegate accounts with approval by DHHS
- Requires 72-hour reporting by pharmacies (but encourages 24)
- Physician-dispensed medications now reported
- Veterinarians and < 48 hour supplies exempt
- Allow alerts (unsolicited reports) to physicians and pharmacists
- Gathers payment source (including cash)
- Allows SBI Diversion/Environmental Crimes Unit to share with other SBI
- Allows reports to law enforcement with court order
- Allows alerts to N.C. Medical Board
CSRS Data Overview

- Nearly 115,000,000 prescriptions in the database (started July 1, 2007)
- Approximately 19 million per year
- Over 5,700,000 queries have been made of the system
- Over 18,700 dispensers and practitioners are currently registered to use the system
- Average of over 5,500 queries per day

Source: CSRS- Division of Mental Health, Developmental Disability and Substance Abuse Services (MH/DD/SAS)
What is Naloxone?
What is an opioid overdose?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.
The antidote to fatal respiratory depression: Naloxone HCL (Narcan®)

- Mu-opioid receptor antagonist
- Prescription; not a controlled substance
- Can’t get high from it (no potential for abuse)
- Decades of experience
- Uses: anesthesia & emergency
- Quick acting, works 30-90 minutes.
- Generic (inexpensive)
- Delivered via injection (IM, SC, IV) or nasal
Naloxone in the Brain

**opioid receptors activated by heroin and prescription opioids**

- Heroin
- Methadone
- Other Opioids

**Pain Relief**
**Pleasure**
**Reward**
**Respiratory Depression**
**Death**

**opioids broken down and excreted**

- Heroin (H)
- Methadone (M)
- Other Opioids (O)

**Reversal of Respiratory Depression**

**Opioid Withdrawal**

Adapted from N. Dasgupta, 2008
Coordinating with Many Partners
North Carolina Injury and Violence Prevention Branch
Epidemiology, Policy, Partners, Community

Comprehensive Community Approach
Chronic Pain Initiative

Opioid Death Task Force

Poisoning Death Study

Policy & Advocacy

Controlled Substances Reporting System

Monitoring System

Prescription Drug

Carolinas Poison Center

Drug Take Back

Safe Kids North Carolina

North Carolina Medical Society
Leadership in Medicine

SAC Poisoning Workgroup

Governor's Institute on Substance Abuse

Substance Abuse

Policy & Practice
Research

Enforcement SBI & Medical Board

Div. of Public Health
Div. Medical Assistance
Div. Mental Health/Substance Abuse

Healthy North Carolina
A Better State of Health 2020
NC State Advisory Council (SAC) on Poisoning/Overdose

- Public Health Policy Recommendations
  - CFTF: CSRS and Good Sam/Naloxone
- Partnership summaries
  - Updated website
- Fact Sheet
- Communications, Research and Policy
- Ad hoc groups around specific issues
Key Functions

- Epidemiology/Data collection (DPH, CSRS, OCME)
- Direct/Clinical Service (CPC, CSRS, Medical Society, DMA)
- Research (IPRC, DPH)
- Policy (CFTF, PL/CCNC)
- Education and Community Programming (GI, PL/CCNC, Safe Kids)
- Enforcement (SBI, Medical Board)
¿Preguntas?

Scott Proescholdbell, MPH
Injury and Violence Prevention Branch
NC Division of Public Health
Scott.proescholdbell@dhhs.nc.gov

www.injuryfreenc.ncdhhs.gov