April 19, 2016
Prescription and Drug Overdose in NC
Division of Public Health
Injury and Violence Prevention Branch

Scott Proescholdbell, MPH – NC’s Epidemic

Death Rates* for Three Selected Causes of Injury
North Carolina, 1968-2014

*Per 100,000, age-adjusted to the 2000 U.S. Standard Population

Source: Death files, 1968-2014, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
Medication or Drug Overdose Deaths by Intent
North Carolina Residents, 1999-2014

Analysis by Injury Epidemiology and Surveillance Unit

Medication or drug overdose: X40-X44, X60-X64, Y10-Y14, X85

Substances Contributing to Medication or Drug Overdose Deaths
North Carolina Residents, 1999-2014

Analysis by Injury Epidemiology and Surveillance Unit

NC Heroin Deaths: 2008-2015*

554% increase from 2010 to 2014

Analysis by Injury Epidemiology and Surveillance Unit
Rate of Heroin Overdose Death and Emergency Department Visits
by NC County of Residence, 2008-2013

NC Heroin Hospitalizations and ED Overdoses
2008-2013

From 2010 to 2014 a 429% increase for ED visits

Recent Publications on Heroin Increases
Prescription Opioid Overdose Deaths Rates + Outpatient Prescriptions Dispensed for Opioids Rate
North Carolina Residents, 2012-2013

CDC Prescription Drug Overdose (PDO) Prevention for States (PfS)

Anna Stein, JD, MPH – NC Policy Update
### NC Policy Update

- Proposed legislation for statewide standing order for naloxone
- New CME requirement for provider education on controlled substances prescribing
- Prescriber guidelines
  - NC Medical Board (2014)
  - CDC (2016)

### NC Policy Update

- Controlled Substances Reporting System (CSRS)
  - Proposed legislation to prevent data purging
  - Proactive reporting by the NC Medical Board
  - Discussions re: development of guidelines on when to check CSRS by health care systems
- NC Strategic Plan to Prevent Prescription Drug Overdose
- Commercial pharmacy chain initiatives
  - CVS: naloxone available by standing order?
  - Walgreens: in-store medication drop-boxes?

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### Nidhi Sachdeva, MPH – Community and Health System Interventions
Agreement Addendum 472 (FY 16-17) + Amd 1

• Under CDC Prevention for States PDO + NC DPH IVPB Cooperative Agreement

• Phase 1: Core
  – June – August 31, 2016
  – $1,500/county
  – Available to all LHDs

• Phase 2: Amendment 1, Enhancement
  – September 1, 2016 – May 30, 2017
  – Additional $7,500/county (total $9,000)
  – Available to 20 high burden counties, ONLY if accept Phase 1
    - Brunswick, Buncombe, Cabarrus, Carteret, Cumberland, Dare, Davidson, Durham, Forsyth, Gaston, Guilford, Haywood, Henderson, Iredell, Johnston, New Hanover, Pitt, Vance, Wake, Wilkes

Community and Health System Interventions

• Coalition Action/Community Awareness/Education
  – Support community coalitions

• Data Surveillance and Evaluation
  – NC DETECT Portal and Dashboards

• Provider Education
  – Safer and proper prescribing and dispensing of opioids

• Addiction Treatment
  – Prescribers who are certified to prescribe buprenorphine for opioid use disorder treatment
Community and Health System Interventions

- Diversion Control
  - Use of NC Controlled Substances Reporting System

- Harm Reduction – Naloxone
  - Medical Providers co-prescribing
  - EMS/Law Enforcement carrying naloxone
  - Pharmacies stocking and dispensing
  - Local standing orders, dispensing from LHDs

Coalition Action/Community Awareness/Education

- Coalition Action
  - LHD, Hospital, and Healthy Carolinians Coalitions
  - Drug Free Communities
  - NC Coalition Initiative
  - Project Lazarus Coalitions
  - SAMHSA SPF-PIS Coalitions
  - HRSA supported
  - Other youth serving, school or faith based, and substance use, mental health, and advocacy groups

- Community Awareness and Education
  - Media and messaging
  - Drug take back programs

Data Surveillance and Evaluation

Access to NC DETECT

- NC DETECT web application access for
  - Local Health Departments
  - Data Providers (Hospitals, EMS, Poison Center)

- Authorized users are able to view data from
  - Emergency Departments
  - Carolinas Poison Center
  - Pre-hospital Medical Information System (PreMIS)

- Training webinars provided by DPH, NC DETECT

- Datasets shared with researchers after DUA and IRB approval

NC DETECT Hot Topics Dashboard

Click on a point to access line listing

NC DETECT Overdose Visits

NC ED Visits for Opioid Overdose
Source: NC DETECT

Provider Education and Training

- Safer and proper prescribing and dispensing of opioids
  - CDC: http://www.cdc.gov/drugoverdose/prescribing/guideline.html
- NC Training: Governor’s Institute on Substance Abuse, Medical and Pharmacy Boards
Addiction/Medication Assisted Treatment

- Prescribers who are certified to prescribe buprenorphine for opioid use disorder treatment
  - Information on buprenorphine waivers and training for physicians
    - [http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management](http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management)
- Increasing limit to 200 patients/physician
- Recovery is possible!

Diversion Control

- Law enforcement, State Bureau of Investigation, DEA
- Physician and patients
  - Use of NC Controlled Substances Reporting System, NC’s prescription drug monitoring program
  - Registration and Use
    - Delegate accounts
    - Proactive reports

Harm Reduction, Naloxone

*Effects of Opioids and Naloxone*

- Death
- Respiratory depression
- Delirium, agitation, motor control
- Nodding, unresponsive
- Euphoria, Relief from dope sickness
- Pain relief
- Pain, withdrawal, craving, dope sickness, boredom
Response to Fatal Drug Overdoses

Traditionally, does not arrive in time
- FINDINGS: Most people who die from a drug overdose never receive any medical care
- Lay community needs to know how to recognize and reverse OD’s

<table>
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<tr>
<th>Dead at scene</th>
<th>Rx @ scene/died</th>
<th>Transported/DOA</th>
<th>Rx in ED/died</th>
<th>Admitted</th>
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<tbody>
<tr>
<td>59%</td>
<td>8%</td>
<td>9%</td>
<td>17%</td>
<td>7%</td>
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</table>


Harm Reduction, Naloxone

- Naloxone (Narcan®, Evzio®)
  - Providers can and always could prescribe
  - EMS/EMT already carry it with them
  - Project Lazarus of CCNC
  - Project Lazarus of Wilkes County
  - NC Harm Reduction Coalition

- Pharmacies
  - Stock and dispense

- Law Enforcement
  - 70 agencies carrying, 61 reported reversals

Harm Reduction, Naloxone

- Local Health Departments! (20+)
- N.C. Harm Reduction Coalition
  - As of April 1, 2016
  - More than 25,000 kits distributed
  - 2,642+ overdose reversals reported!
Number of Two Dose Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition by County (24,390 kits distributed)
Reported to NC Harm Reduction Coalition 8/1/2013 to 3/1/2016

Number of kits distributed

<table>
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<tr>
<th>No. kits distributed</th>
<th>1-9</th>
<th>10-99</th>
<th>100-999</th>
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<tr>
<td>NC</td>
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Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition (24,390 total kits distributed)
Reported to NC Harm Reduction Coalition 8/1/2013 to 4/1/2016

Overall 2,637

Opioid Overdose Reversals with Naloxone (2,637 total reported)
Reported to NC Harm Reduction Coalition 8/1/2013 to 4/1/2016

Number of opioid reversals with naloxone

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<th>No. Reversals Reported</th>
<th>0</th>
<th>1</th>
<th>10-99</th>
<th>100-999</th>
<th>1000+</th>
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<tbody>
<tr>
<td>NC</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Fayetteville
Halifax

Safe States PfS Panel- NC Naloxone, Injury and Violence Prevention Branch

Naloxone reported to NCHRC

Reported to NC Harm Reduction Coalition 1/1/2015 to 4/1/2016

As of April 1, 2016 (61 reported reversals)

Counties with Law Enforcement Carrying Naloxone (70)

As of April 1, 2015 (61 reported reversals)

Reported to NC Harm Reduction Coalition 1/1/2015 to 4/1/2016

NC Counties with Local Health Department Standing Order/Protocol for Naloxone (20)

- Alexander, Chatham, Davie, Duplin, Durham, Granville-Vance, Halifax, Hoke, Hyde, Johnston, Madison, New Hanover, Orange, Pender, Union, Wake, Wilkes, Wilson... Others?
Adopting Naloxone Standing Orders: A Toolkit for LHDs

Dr. Marilyn Pearson, MD – Johnston County
Integration of Behavioral Health and Primary Care, LHD Co-prescribing of naloxone

Lisa Macon Harrison, MPH – Granville-Vance District
Project VIBRANT and LHD standing order for off-site pharmacy dispensing
Project VIBRANT
Vance Initiating Bringing Resources and Naloxone Training

What is VIBRANT?
ROOR: HRSA Rural Opioid Overdose Reversal Grant

Purpose: Project V.I.B.R.A.N.T is a collaborative partnership across many different local agencies in Vance County to prevent overdose and save lives through the distribution of overdose rescue kits containing naloxone, a medicine that reverses opiate/opioid overdoses.

Local Community Health Priorities
- Mental Health and Substance Abuse
- Nutrition and Physical Activity
- Education and Success in School
Emerging Issue – Prescription Drug Abuse

- Drug overdoses are the leading cause of unintentional injury death in America
- 16,651 overdoses from Opioid painkillers
- There is a relationship of sales of opioid painkillers and overdose death rates

Rural – Urban Continuum
3 Economic Tier Designations

North Carolina has 100 Independent Geo-Political Counties
North Carolinians have access to 100+ physical locations for local public health

There are 85 Local Health Department Administrative Units (85 local health directors)
Including 1 Local Hospital Authority (pink), 1 Local Public Health Authority (green)
and 6 Local Public Health Districts
Recent Accomplishments

• Naloxone kit distribution
  – Over 200 kits distributed in Vance County since October 2015
• Reversals
  – 40 reported in Vance County since October 2015

Coalition Members

- Lisa Harrison
  GVPH, Project Director
- Tyoka Terry
  GVPH, Project Manager
- Shirley Gardner
  GVPH, Health Education Lead
- Kelly Darnell
  GVPH, Public Health Educator
- Dr. Shavonne Gardner
  GVPH, Medical Director
- Deborah Greffy
  GVPH, Training Director
- LaShika Wilson
  NCHRC, Outreach Worker
- Cindy Young
  Duke CCNC, Chronic Pain Coordinator
- Leilani Attilio
  NCHRC, Grant Manager and National Affairs Liaison
- Sylvia Goldstone
  GVPH, Drug and Prevention Specialist

North Carolina

Complexity

Visual Complexity
Mapping Patterns of Information

Manuel Lima

Riveting Architectural Press
New York
Healthier Communities Moving Forward

- Local stakeholder engagement in community
- Evidence-based policy, programs and interventions
- Statewide health objectives to inform policy

Benjamin Disraeli

“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.”

Questions?

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