

County Data Tables

- **Deaths:**
 - 1) Poisoning, 2) Medication/Drug, 3) Opiate, 4) RX Opioid, 5) Heroin, 6) Methadone, 7) Other Opioid, 8) Synthetic Opioid (by county & intent)
- **Hospital Discharge:**
 - 1) Poisoning, 2) Medication/Drug, 3) Opiate, 4) RX Opioid, 5) Heroin, 6) Methadone (by county & intent)
- **ED Visit:**
 - 1) Poisoning, 2) Medication/Drug, 3) Opiate, 4) RX Opioid, 5) Heroin, 6) Methadone (by county & intent)

Available online:

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



<https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/prescription-rates-by-county>

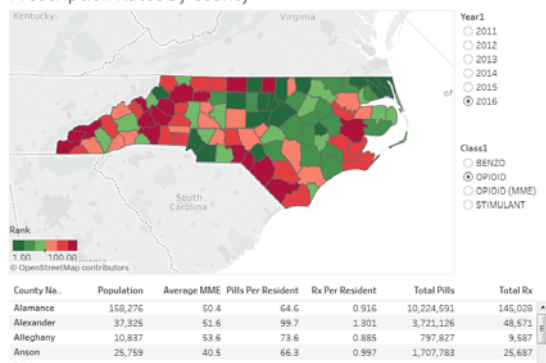
Prescription Rates by County

NC Controlled
Substances Reporting
System (CSRS)

CSRS Utilization by County

Prescription Rates by
County

Prescription Rates by County



Source: CSRS- Division of Mental Health, Developmental Disability and Substance Abuse Services (MH/DD/SAS)



<https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/prescription-rates-by-county>

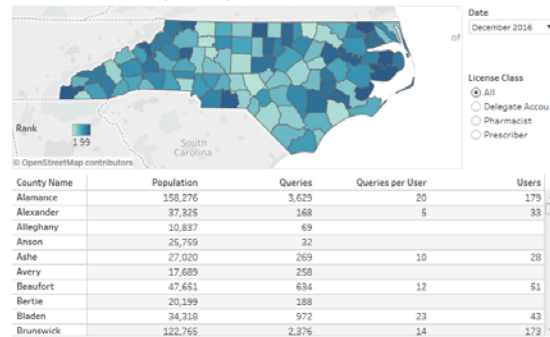
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Opioid Overdose: NC Legislative Response

North Carolina
Injury & Violence
PREVENTION Branch



2013 Good Samaritan Law

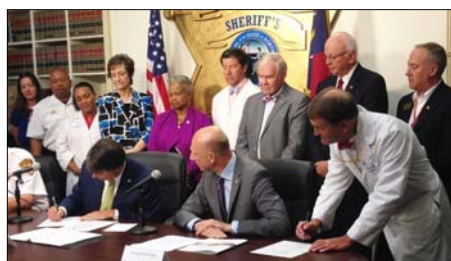
NCGS § 90-96.2

- Provides immunity for possession of a small amount of drugs for people seeking help for an overdose
- Provides civil and criminal immunity for persons who administer naloxone to someone experiencing an overdose
- Allows health care practitioners to prescribe naloxone by standing order and allows 3rd party prescribing (to friends, relatives, or anyone in a position to help someone at risk of an overdose)



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2016 Statewide Standing Order for Naloxone



NC's statewide standing order authorizes any pharmacist practicing in the state and licensed by the N.C. Board of Pharmacy to dispense naloxone to:

- A **person at risk** of experiencing an opiate-related overdose
- A **family member or friend** of a person at risk of experiencing an opiate-related overdose.
- A person in the position to **assist a person at risk** of experiencing an opiate-related overdose.

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www.NaloxoneSaves.Org

NaloxoneSaves.Org

Providing information to pharmacies and
the public about North Carolina's
statewide standing order for naloxone



**FOR NALOXONE
DISPENSERS**
My pharmacy wants to
participate in the standing
order



**NALOXONE
USER SURVEY**
I recently used
naloxone

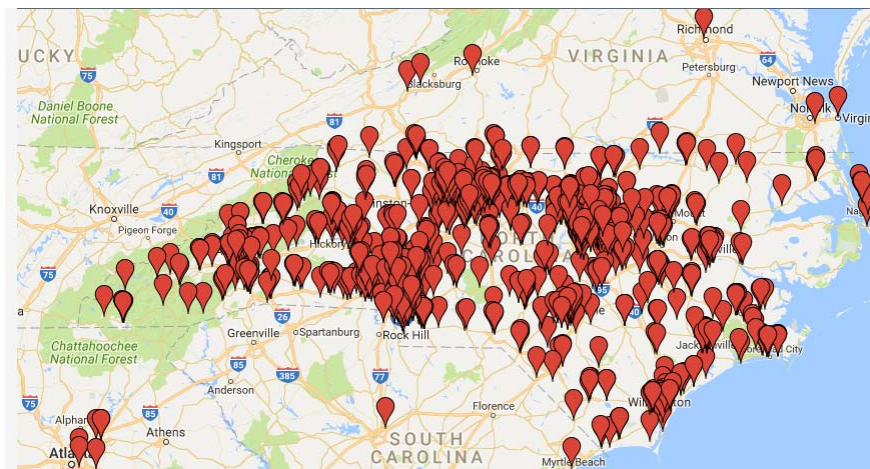


**GENERAL
INFORMATION**
I am looking for more
information about
naloxone



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1,300+ NC Pharmacies operating under standing order.



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Law Proposed to Allow Community Distribution of Naloxone

- STOP Act amends naloxone standing order statute (NCGS § 90-12.7) to allow practitioners to write a standing order to an organization, “including a local health department,” for the purpose of allowing the distribution of naloxone by the organization’s agents
- Distribution must include “basic instruction on how to administer” naloxone
- Current pharmacy regulations allow the dispensing of naloxone by public health nurses
- STOP Act amendment allows naloxone distribution by “agents” of the health department; therefore STOP Act represents a significant broadening of health department authority
- Provision set to go into effect July 1, 2017 (if STOP Act passed as it currently reads)



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Syringe Exchange Programs (SEP) Legalized

- SEPs legalized in NC effective July 2016; NCGS § 90-113.27
- Any governmental or nongovernmental organization can start a SEP
- 2 local health departments currently have/are about to open a SEP
 - Orange County Health Department
 - Cabarrus Health Alliance
- Immunity provision: Participants in syringe exchanges cannot be charged with possession of syringes or other injection supplies, or with residual amounts of controlled substances in them, obtained from or returned to a syringe exchange
- SEP must provide access to naloxone and treatment referrals
- **NC Safer Syringe Initiative** of the Division of Public Health
 - DPH stands ready to assist LHDs in setting up syringe exchanges

<https://www.ncdhhs.gov/north-carolina-safer-syringe-initiative>



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Syringe Exchange Programs Required to Register with the Division of Public Health

Sign-up Form: Starting a Syringe Exchange Program in North Carolina

Complete and submit prior to commencement of operations to SyringeExchangeNC@dhhs.nc.gov

1. Legal name of the organization or agency operating the Syringe Exchange Program:

2. Contact Information

Primary Contact Secondary Contact

Name _____ Name _____

Phone _____ Phone _____

Email _____ Email _____

3. Type of Syringe Exchange Program (check all that apply):

- ☐ Fixed site: exchange run from a permanent, constant location
☐ Mobile: exchange run from a vehicle
☐ Peer-based: exchange run through peer networks distributing in the community, but no fixed location
☐ Integrated: exchange built into an existing agency/program such as a drug treatment program or pharmacy

4. When will this Syringe Exchange Program start? Month: _____ Year: _____

5. Geographic area served by the Syringe Exchange Program (select county/counties):

For multiple counties, press the CTR button on your keyboard as you select each one.

Note: This line only applies to Syringe Exchange Programs within North Carolina.

6. List physical address(es) of Syringe Exchange Programs (if applicable):

Location 1

Street Address 1: _____

City/Town: _____ Zip Code: _____

Location 2

Street Address 2: _____

City/Town: _____ Zip Code: _____

Location 3

Street Address 3: _____

City/Town: _____ Zip Code: _____

Location 4

Street Address 4: _____

City/Town: _____ Zip Code: _____

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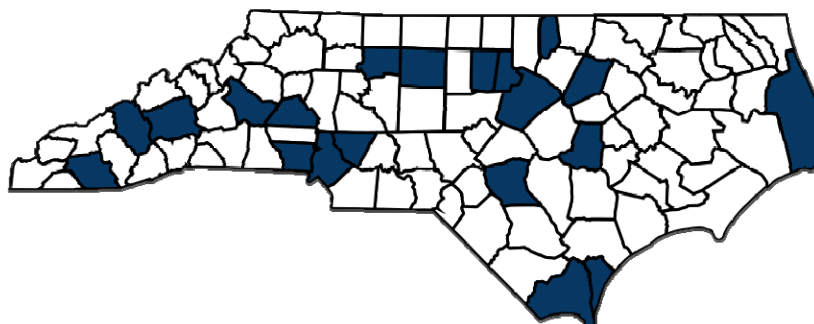
Registration

- Sign-up Form: Starting a Syringe Exchange Program in NC
- Complete and submit form **prior to commencement** of operations to SyringeExchangeNC@dhhs.nc.gov



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Counties with Syringe Exchange Programs As of May 24, 2017 (21 SEPs covering 20 counties)



Source: North Carolina Division of Public Health, May 2017
 Analysis: Injury Epidemiology and Surveillance Unit

North Carolina
 Injury & Violence
 PREVENTION Branch



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Strengthen Opioid Misuse Prevention (STOP) Act

House Bill 243/Senate Bill 175

(Note: Bill summary written 5.25.17; bill language may change)

- Targeted controlled substances = Schedule II and Schedule III Opioids
- Limits first-time prescriptions of targeted controlled substances for acute pain to ≤ 5 days
 - Prescriptions following a surgical procedure limited to ≤ 7 days
 - Allows unlimited follow-up prescriptions
 - Limit does not apply to prescriptions for chronic pain, pain as part of hospice, palliative or cancer care, or MAT for treatment of addiction
 - Effective January 1, 2018



- Requires physician assistants and nurse practitioners to “personally consult” with their supervising physician prior to prescribing a targeted controlled substance if use of the substance will exceed/is expected to exceed a period of 30 days
 - Must verify with supervising physician that prescription is medically appropriate
 - Must re-consult with physician every 90 days if prescription continues
 - Effective July 1, 2017
- Requires electronic prescribing of targeted controlled substances
 - Effective January 1, 2020



- **Requires prescribers to check the CSRS prior to prescribing targeted controlled substances for the first time and then every 90 days thereafter if prescription continues**
 - Prescriber must review patient information in CSRS for past 12 months
 - Prescriber must document CSRS check in medical record
 - CSRS check not required for controlled substances administered in a health care setting, nursing home, or residential care facility, or prescribed for hospice or palliative care or for the treatment of cancer pain
 - Effective date: only after CSRS achieves certain improvements, TBD



- **Requires dispensers of targeted controlled substances to check CSRS if they have reason to believe patient is seeking drugs for reasons other than treatment or if there are other red flags**
 - Examples of red flags listed in statute:
 - Prescriber or patient from outside dispenser's geographic area
 - Patient pays in cash when he/she has insurance
 - Requests for early refills
 - Multiple prescribers
 - Patient requests drug by specific name or color
 - If concerned about fraudulent or duplicative prescriptions, dispenser required to contact prescriber and verify that prescription is medically appropriate before dispensing
 - Failure to conduct CSRS review does not constitute negligence (standard is subjective)
 - Effective date: only after CSRS achieves certain improvements, TBD



- Requires that prescriptions dispensed for animals be reported to the CSRS
- Requires pharmacies to report prescriptions to CSRS by the close of business the day after a prescription is delivered (current law is within 3 days after the day a prescription is delivered)
- Allows DHHS to assess monetary penalties against pharmacies that do not supply correct data to CSRS after being informed that information is missing or incomplete
- Streamlines the process of creating delegate CSRS accounts for prescribers in emergency departments
- Requires certain reporting of CSRS data by DHHS to General Assembly and licensing boards



- Allows community distribution of naloxone by organizations that have a standing order to do so
- Rescinds ban on the use of “public” funds to purchase needles, syringes, or injection supplies for SEPs; instead bans the use of “State” funds
- Requires in-home hospice providers to educate families about proper disposal of medications



Prescription Drug Abuse Advisory Committee (PDAAC)

- Statutorily created by General Assembly in Session Law 2015-241
- DHHS tasked with creating a statewide strategic plan to combat prescription drug abuse
- DHHS facilitates quarterly meetings of PDAAC with multiple stakeholders
 - Licensing boards (medical, nursing, dental, podiatry, pharmacy)
 - Medical providers
 - Payers (Medicaid, BCBSNC, State Health Plan)
 - Law enforcement
 - Treatment and recovery professionals
 - Community coalitions
 - Local health directors



NC PDAAC

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North Carolina Prescription Drug Abuse Advisory Committee

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Upcoming Events

- Opioid Misuse and Overdose Prevention Summit, June 27 - 28, 2017
 - [Register here](#) for the upcoming summit!
- The next PDAAC meeting will be held in September. Please join us at the Opioid Misuse and Overdose Prevention Summit!

Quick Links

- [Naloxone Saves](#)
- [North Carolina Safer Syringe Initiative](#)
- [North Carolina Injury and Violence Prevention Strategic Plan, 2015 - 2020](#)

Resource website:
<https://sites.google.com/view/ncpdaac>

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**Opioid Misuse & Overdose
PREVENTION SUMMIT**
Sponsored by NCDHHS Divisions of MHDDAS and Public Health

REGISTER NOW
Raleigh, NC | June 27-28, 2017

Be a part of the solution to address opioid misuse, addiction, and overdose as we discuss:

- Local, State, and National Efforts
- Social Determinants
- Innovative Policies
- Community Strategies
- Harm Reduction
- Criminal Justice
- Addiction Prevention and Treatment

Engage. Educate. Energize.

[Register Now](#)

OpioidPreventionSummit.org





Supported by the NC DHHS, DSHHS, with funding from SAMHSA, NC SP-10, NC State, and UNC-CH, and the NC Division of Public Health with funding from CDC's PHS-PHO Cooperative Agreement.

**4TH North Carolina
Summit on the Opioid
Epidemic since 2014**

www.OpioidPreventionSummit.org

**Planning &
Sponsorship:
DMH/DD/SAS and
DPH**

