



# **Responding to the Overdose Crisis Community-Based Drug User Health Services**

**Lillie Armstrong**  
**NC Division of Public Health**

**November 16, 2018**

North Carolina  
Injury & Violence  
PREVENTION Branch



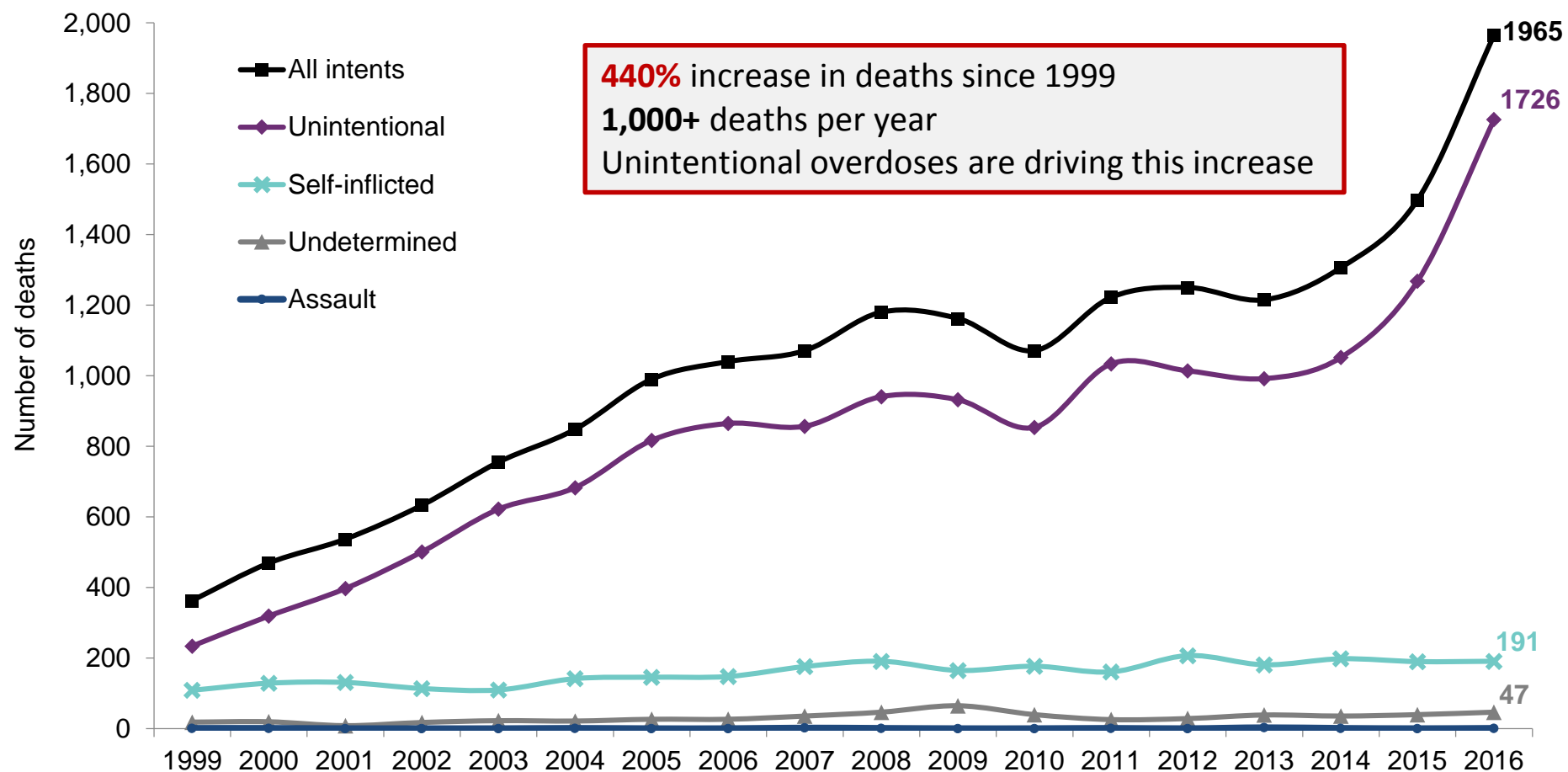
**In 2016, nearly 5 North Carolinians died each day from unintentional medication or drug overdose.**

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2016,  
Unintentional medication/drug overdose: X40-X44  
Analysis by Injury Epidemiology and Surveillance Unit

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# Medication or Drug Overdose Deaths by Intent

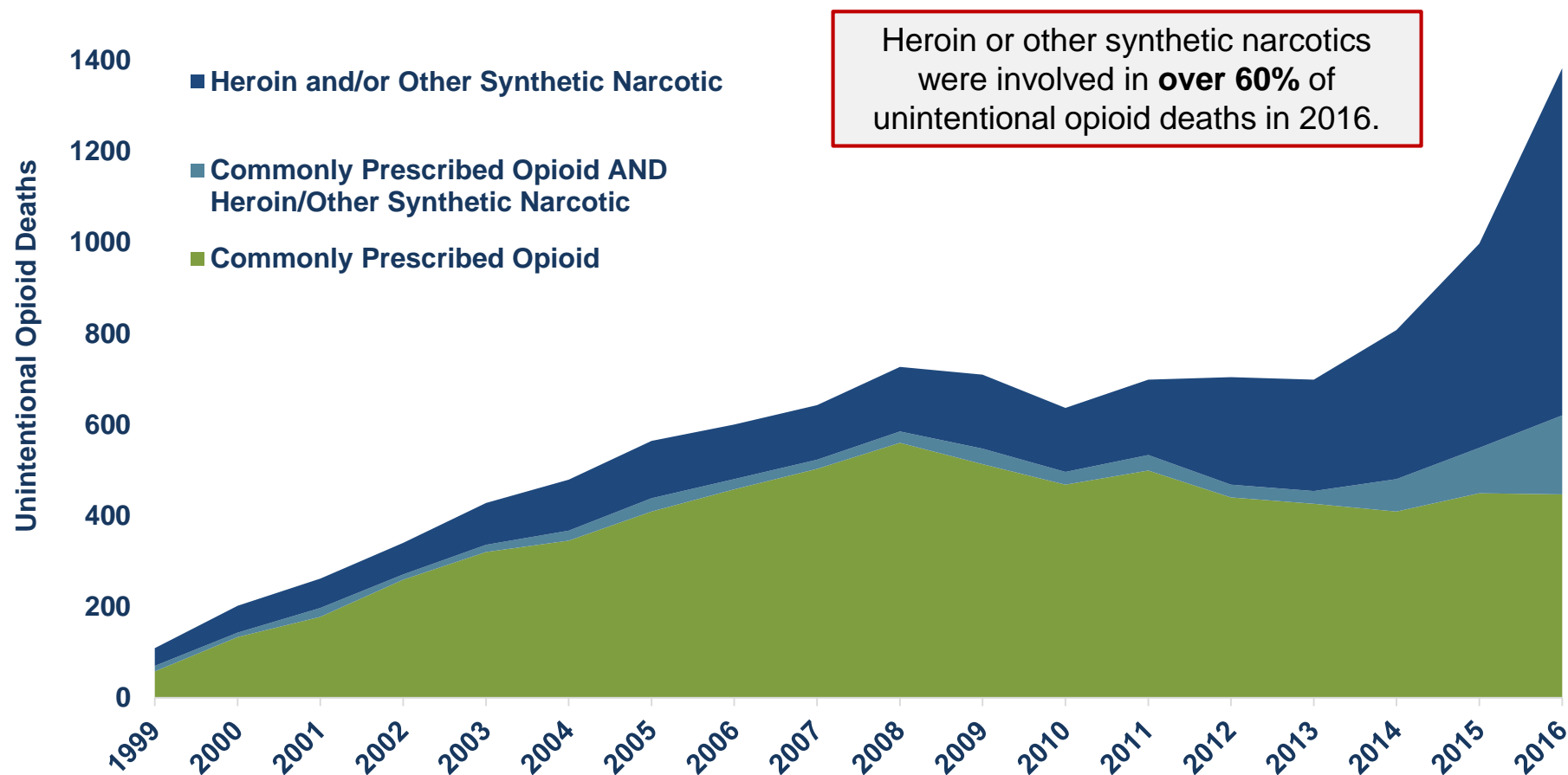
## NC Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016  
Medication or drug overdose: X40-X44, X60-X64, Y10-Y14, X85.  
Analysis by Injury Epidemiology and Surveillance Unit

# 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

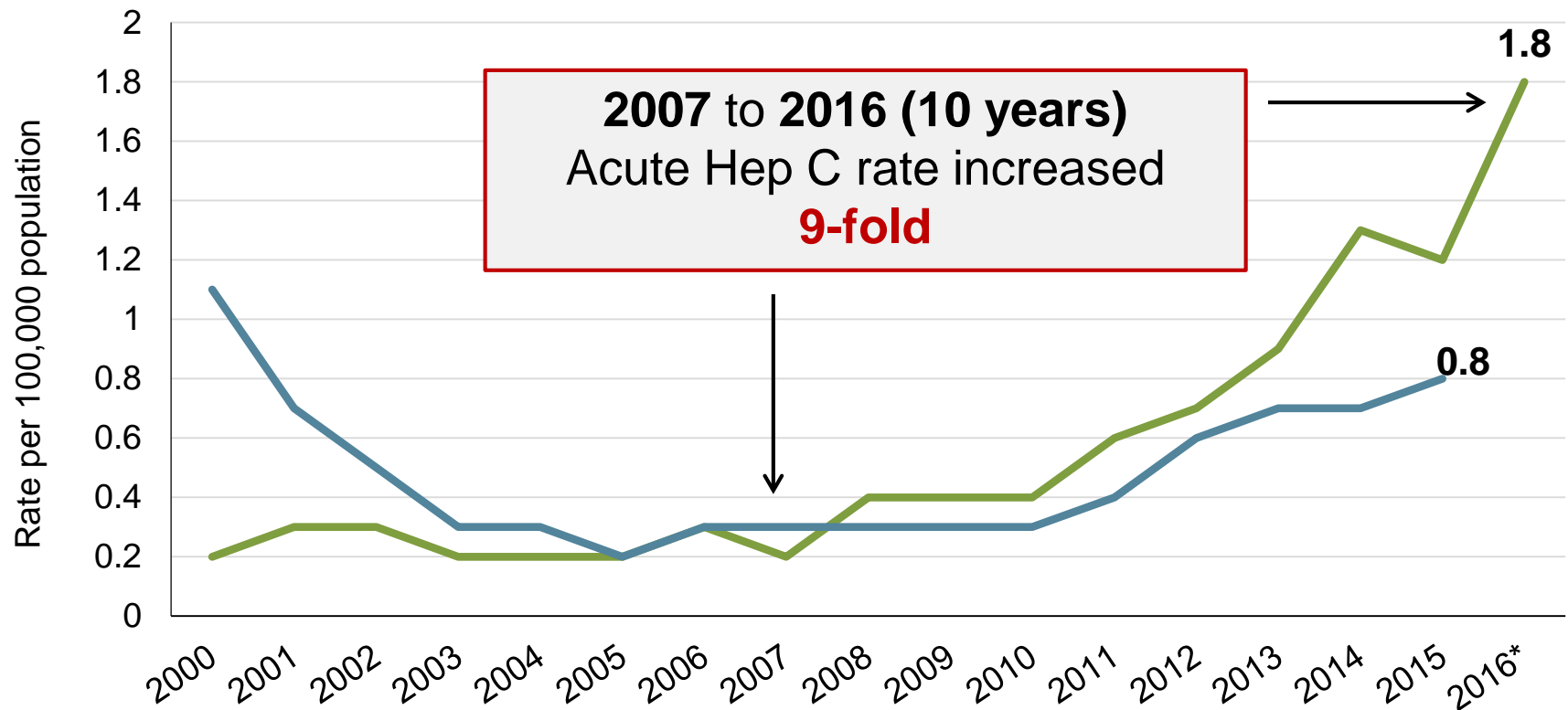
Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.

Analysis by Injury Epidemiology and Surveillance Unit

# Increase in Acute Hepatitis C Cases<sup>^</sup>

North Carolina, 2000–2016

— NC Rate — US Rate



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

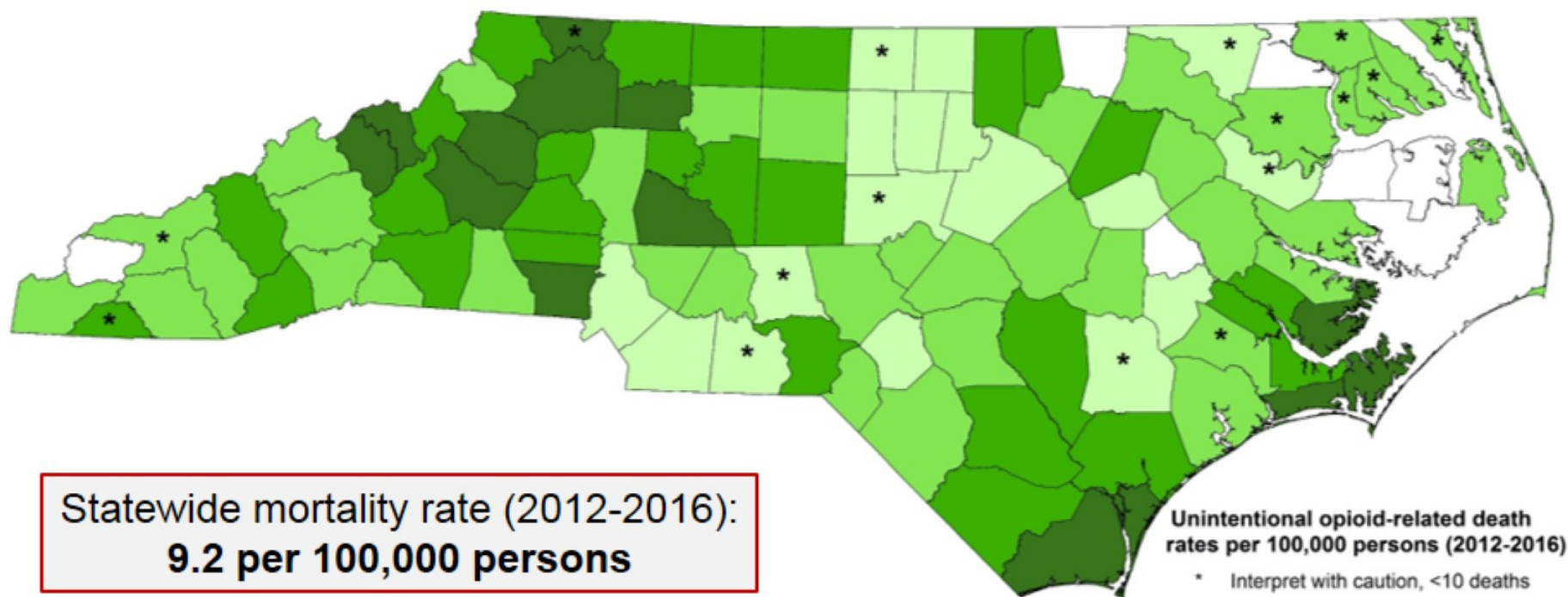
<sup>^</sup> Estimated true number 10–15x higher than number of reported cases

Source: NC Electronic Disease Surveillance System, 2000-2016

Analysis by NC DPH Epidemiology Section, Communicable Disease Branch

# Unintentional Opioid-related Death Rates by County

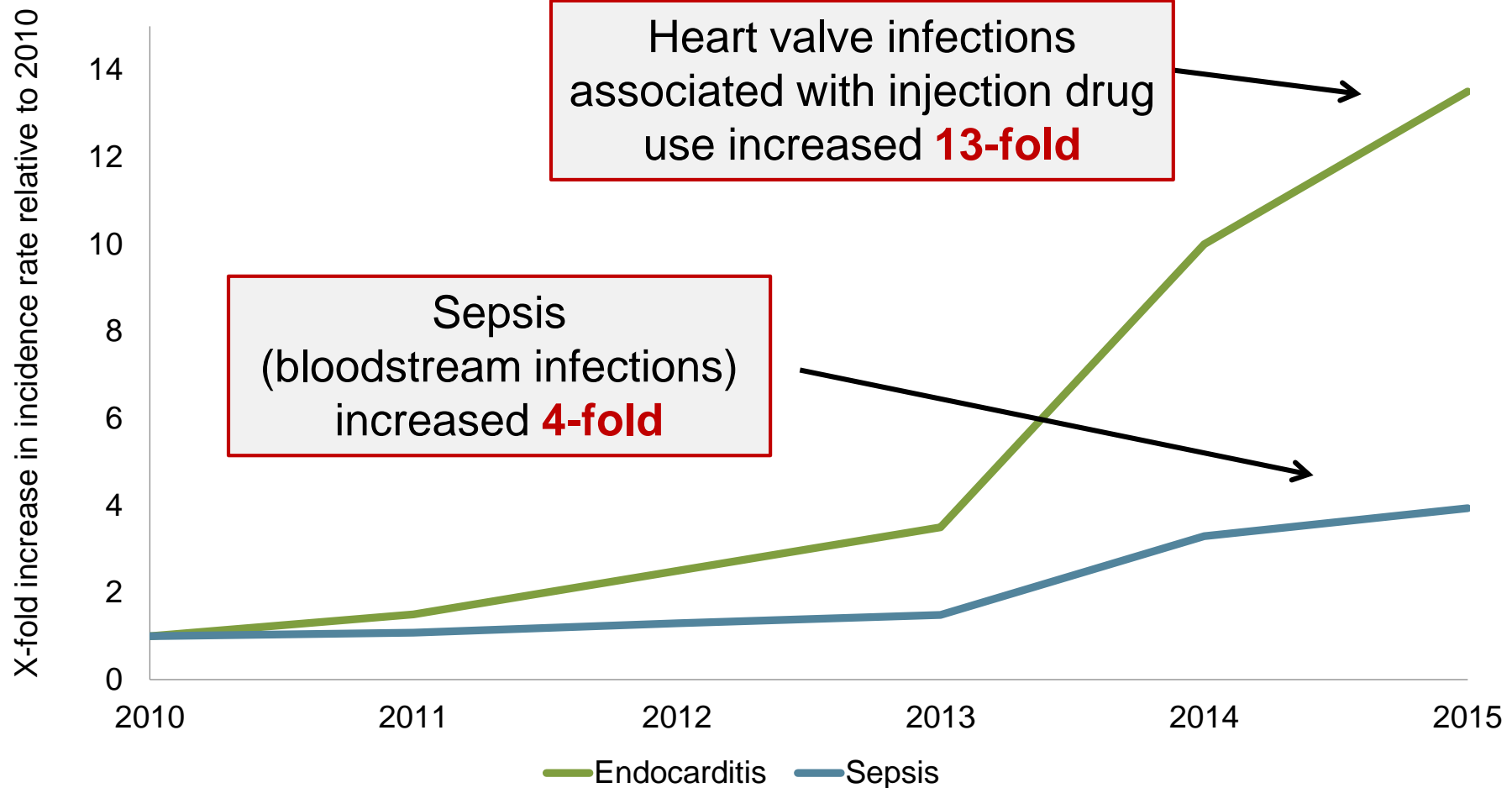
per 100,000 North Carolina Residents, 2012-2016



Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016,  
Any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone) and/or  
T40.4 (Other synthetic opioid) and unintentional intent (X40-X44)/Population-NCHS, 2012-2016  
Analysis by Injury Epidemiology and Surveillance Unit

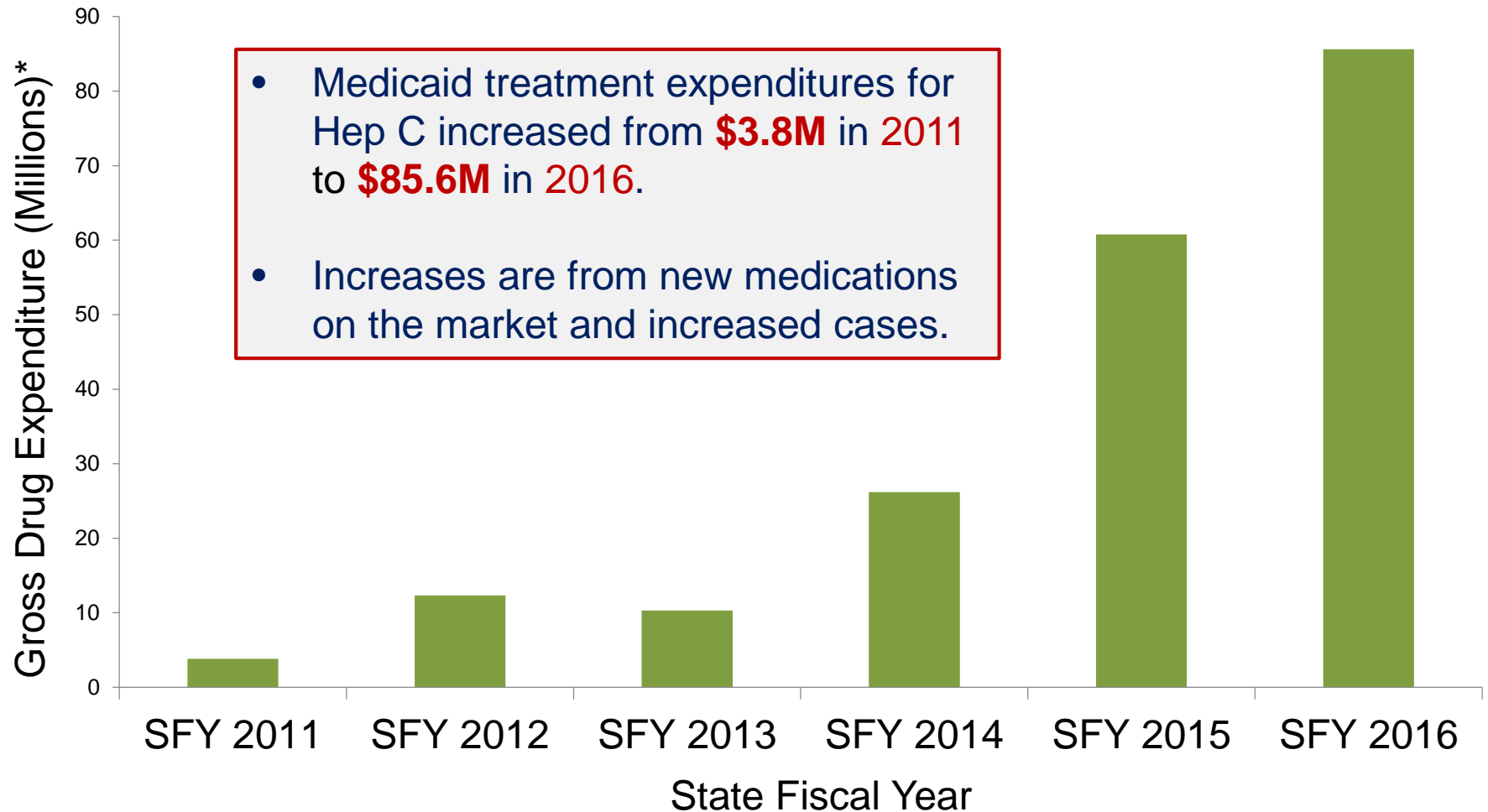
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# Drug-Associated Endocarditis & Sepsis, North Carolina, 2010–2015



# Medicaid Gross Drug Expenditure for Hep C

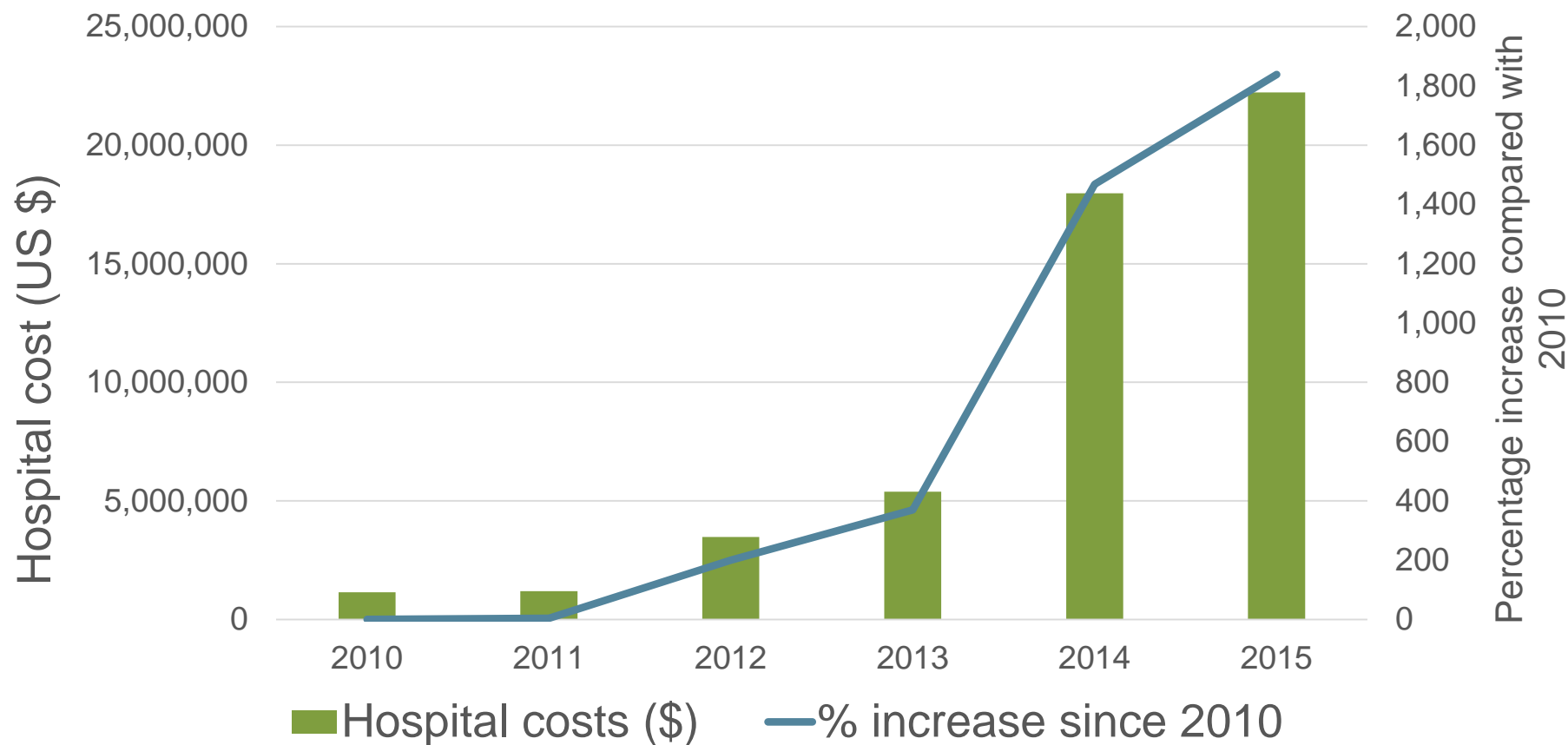
North Carolina, SFY 2011–16



Does not account for drug rebates



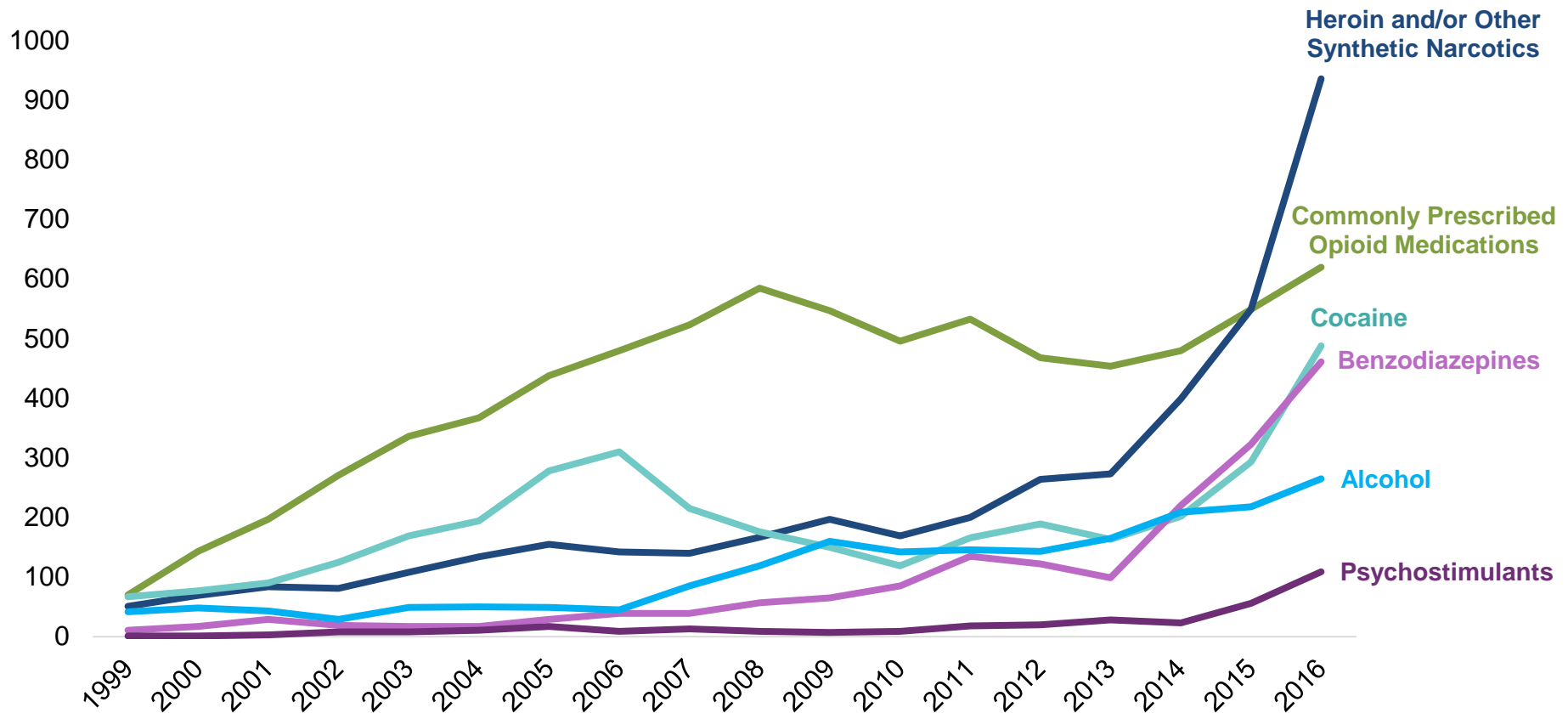
# Hospital Costs of Drug-Associated Endocarditis, North Carolina, 2010–2015





# Substances\* Contributing to Unintentional Medication, Drug, and Alcohol Poisoning Deaths

North Carolina Residents, 1999-2016



\*These counts are not mutually exclusive. If the death involved multiple drugs it can be counted on multiple lines.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016,  
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, Alcohol, and Psychostimulants).  
Analysis by Injury Epidemiology and Surveillance Unit



## Overdose Prevention and Response



## **Communicable Disease and Infection Prevention and Response**





## Connection to SUD Treatment, Engagement with Recovery Community

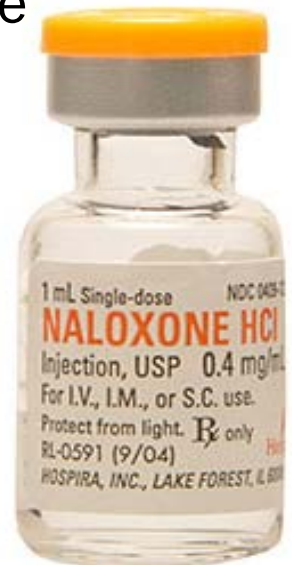
# Syringe Exchange Overview

- Legalized in NC **July 11, 2016**  
(NCGS § 90-113.27)
- NC Safer Syringe Initiative
- Coordination, TA, best practices, support to new SEPs
- 2017 STOP Act
- Opioid Action Plan, 2017-2021



# NC Good Samaritan Laws

- **NCGS § 90-12.7**
  - Immunity for persons administering naloxone to someone who is experiencing an overdose
- **NCGS § 90-96.2**
  - Immunity (for paraphernalia charges and certain possession charges) for persons seeking medical assistance for someone else experiencing an overdose and for the overdose victim for whom help is sought
- **NCGS § 90-113.22**
  - Immunity for paraphernalia charges for persons alerting officers they are carrying needles or other sharp objects prior to being searched



# 2016: Statewide Standing Order for Naloxone



**Legislature amended Good Samaritan law to allow the State Health Director to create a statewide standing order allowing pharmacists to dispense naloxone to persons at risk and anyone in a position to assist a person at risk**





Public Health  
HEALTH AND HUMAN SERVICES

## 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



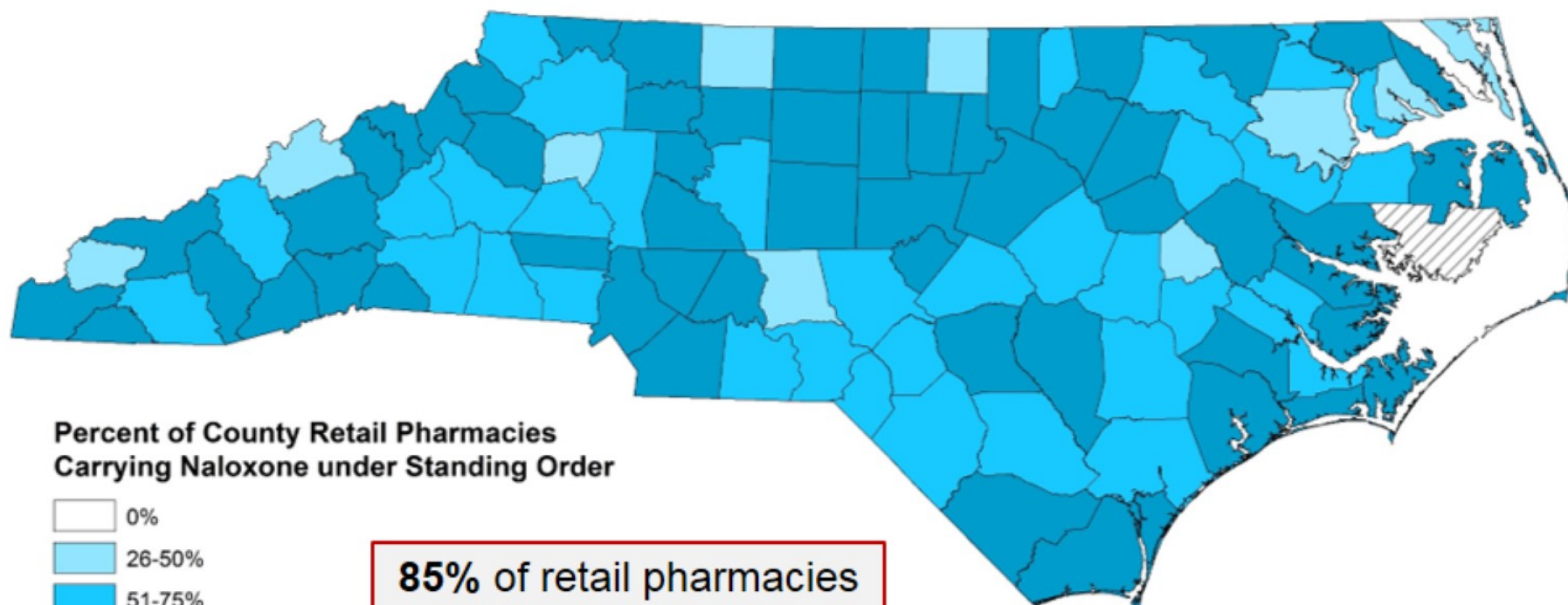
### **GENERAL INFORMATION**

I am looking for more  
information about  
naloxone

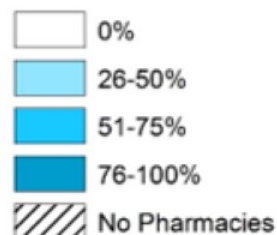
## **NORTH CAROLINA'S STANDING ORDER**

On June of 2016, the State Health Director of North Carolina authorized North Carolina pharmacists to dispense naloxone to people who meet the criteria of the standing order.

# Percent of Pharmacies Carrying Naloxone under Statewide Standing Order as of July 2018 (N=1,707)



Percent of County Retail Pharmacies  
Carrying Naloxone under Standing Order



**85%** of retail pharmacies  
in North Carolina  
dispense Naloxone under  
the Standing Order

Source: Injury and Violence Prevention Branch, July 2018  
Analysis: Injury Epidemiology and Surveillance Unit

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# North Carolina Opioid Action Plan

Prescription Drug Abuse Advisory Committee (PDAAC)

Public education

Advisory council

## First Responders/ Communities

### Law Enforcement

Law  
Enforcement  
Assisted  
Diversion

Trafficking  
investigation &  
response

LE naloxone  
administration

Post-reversal  
response

### Local Response

Build & sustain  
local coalitions

Community  
naloxone  
distribution

Safer syringe  
initiative

Community  
paramedicine

Drug  
takeback,  
disposal,  
storage

Youth primary  
prevention

## Health Care

### Health Systems & Providers

Safe  
prescribing

Pain  
management

CSRS

Care linkages

Diversion  
prevention &  
response

Naloxone co-  
prescribing

Pharmacist  
naloxone  
dispensing

### Payers

Medicaid &  
commercial  
payer policies

Workers'  
comp policies

## Treatment and Recovery Providers

### Treatment Access

Treatment  
access

MAT access:  
OBOT

Telemedicine:  
SUD & MAT

Transportation

Special  
population:  
Pregnant women

Special population:  
Justice-involved  
persons

### Recovery Support

Community  
based support

Housing

Employment

Recovery  
courts

## Data, Surveillance, & Research Teams

### Data

Track metrics

Surveillance

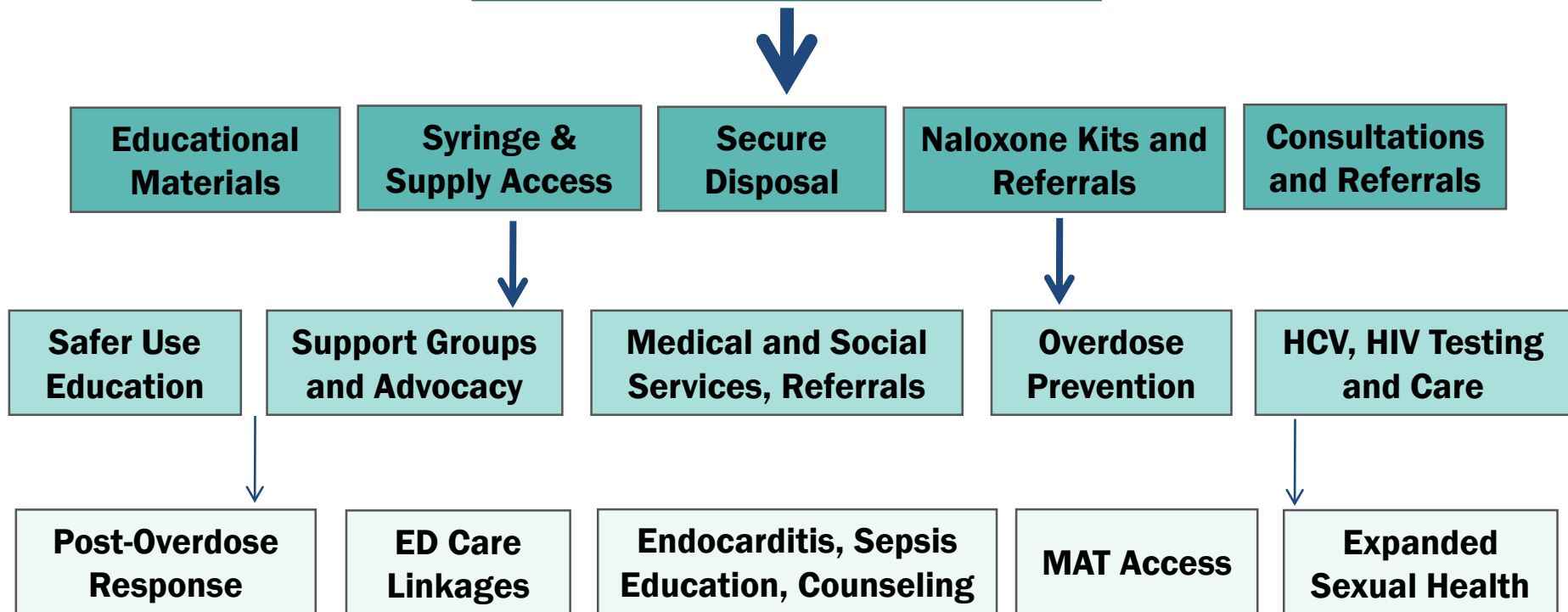
### Research/ Evaluation

Consortium



**Syringe exchange starts a conversation.**

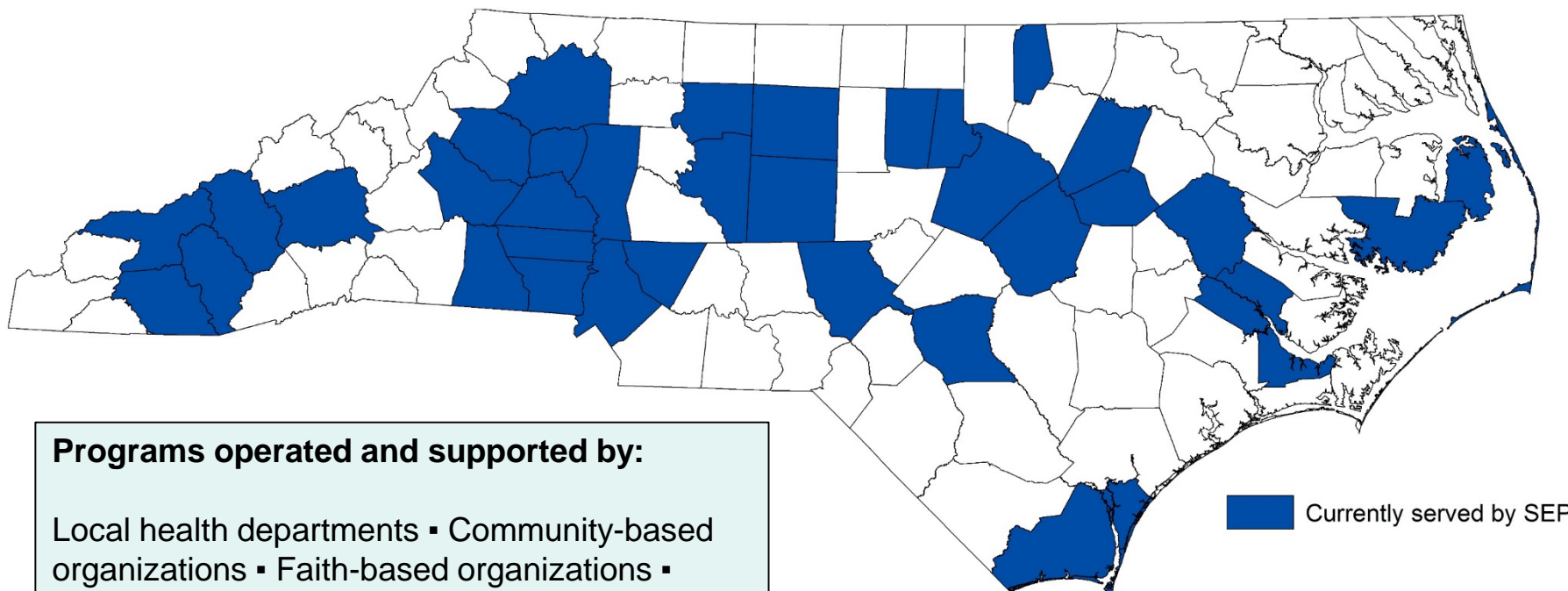
## Syringe Exchange Services



*People who use exchanges care about their health and the health of their communities*



# Counties currently served by Syringe Exchange Programs (SEPs) as of October 3, 2018



## Programs operated and supported by:

Local health departments ▪ Community-based organizations ▪ Faith-based organizations ▪ Health systems ▪ SUD treatment providers ▪ AIDS service organizations ▪ First responders ▪ Directly impacted people

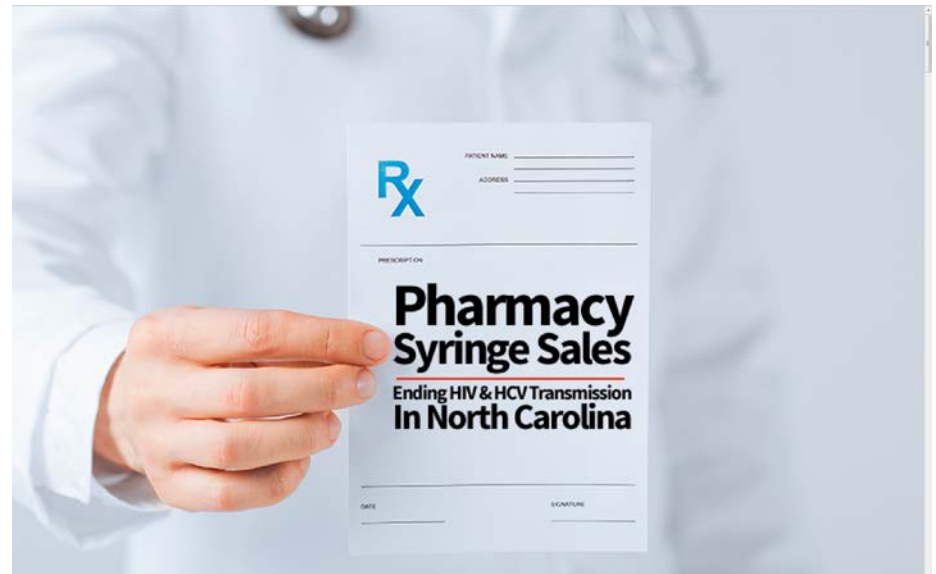
Currently there are **29** active\*  
SEPs covering **35+** counties in NC

\*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 Division of Public Health, September 2018  
Analysis: Injury Epidemiology and Surveillance Unit

# Statement from the NC Board of Pharmacy

- <http://www.ncbop.org/faqs/FAQsNonPrescriptionSyringeSalesNC.pdf>
- “Under NC law, pharmacists are allowed to sell syringes to anyone without a prescription.”
- “The best public health decision is to sell syringes regardless of their intended use.”



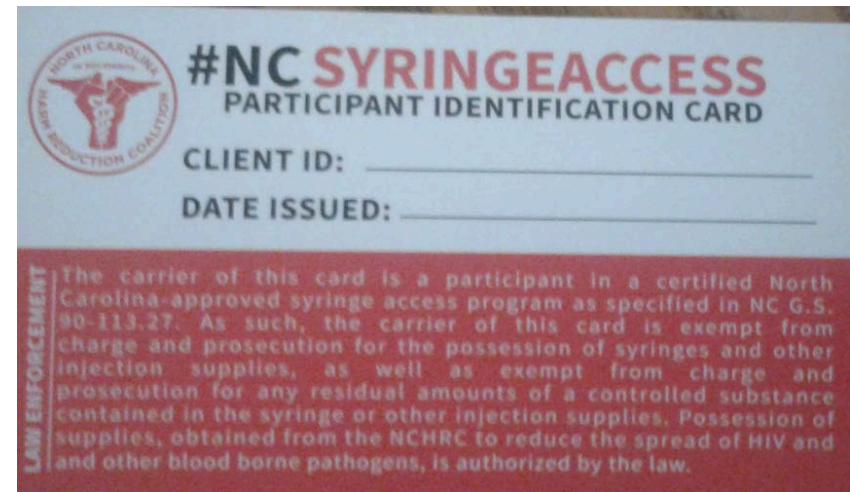
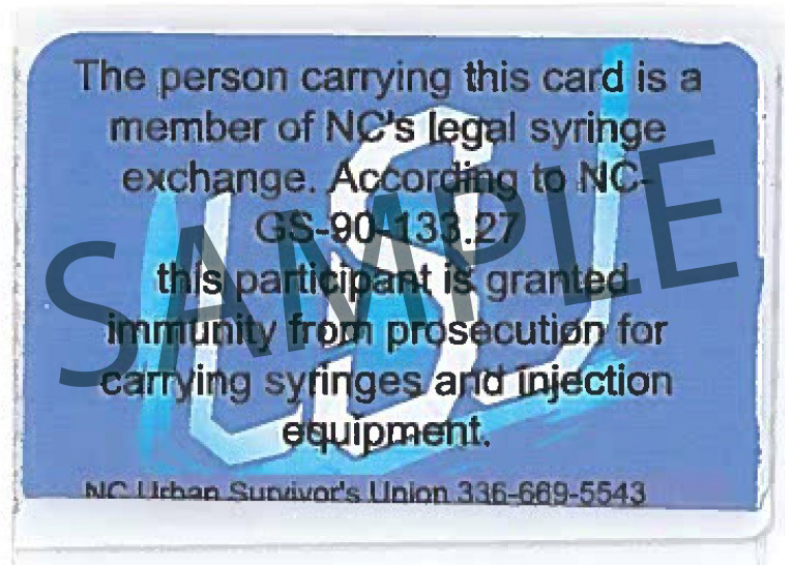


# Limited Immunity


- No SEP employee, volunteer, or participant may be charged with possession of needles, syringes, or other injection supplies (or for residual amounts of controlled substances contained in them) if they are obtained from or being returned to a SEP
- Person claiming immunity must provide written verification that needles, syringes, or injection supplies were obtained from a SEP
- If a law enforcement officer in good faith arrests someone who is later determined to be immune under the law, he or she will not be subject to civil liability for the arrest or filing of charges



# Participant IDs



CARE of Nash County  
Syringe Exchange Program  
Participant Identification Card

 Client ID: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Law Enforcement:  
The carrier of this card is an active participant in a certified, North Carolina-approved syringe access program as specified in NC G.S. 90-113.27. As such, the carrier of this card is exempt from arrest, charge, and prosecution for the possession of syringes and other injection supplies, as well as exempt from arrest, charge, and prosecution for any residual amounts of a controlled substance contained in the syringe or other injection supplies. Possession of syringes, obtained from the CARE SEP to reduce the spread of HIV and other bloodborne pathogens, is authorized by law.






# North Carolina Safer Syringe Initiative

Welcome to the North Carolina Safer Syringe Initiative. Here you will be able to find information about existing syringe exchange programs in the state, resources for healthcare providers and law enforcement agencies, testing and treatment programs, details about the limited immunity provided under the syringe exchange law, and information for health departments, community-based organizations, and other agencies interested in starting their own exchanges. Please find an updating list of active programs and contact information [here](#).

## North Carolina Safer Syringe Initiative Assistance

As of July 11, 2016, North Carolina ([S.L. 2016-88](#))  allows for the legal establishment of hypodermic syringe and needle exchange programs. Any governmental or nongovernmental organization “that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors” can start a syringe exchange program (SEP). The Division of Public Health and the Department of Health and Human Services do not operate syringe exchanges in North Carolina.

Included in the law is a provision that protects SEP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of controlled substances present, if obtained or returned to a SEP. SEP

## Public Health

[Child Service Coordination](#)

### North Carolina Safer Syringe Initiative

[Syringe Exchange Programs in North Carolina](#)

[Syringe Exchange FAQs](#)

[Quick Answers for Law Enforcement Personnel](#)

[Participant Cards and Limited Immunity](#)

[Resources for Providers](#)

[Preventing Transmission of Infections](#)

[HIV and Hepatitis C Prevention and Treatment Resources](#)



# Questions?

**Lillie Armstrong, [lillie.armstrong@dhhs.nc.gov](mailto:lillie.armstrong@dhhs.nc.gov)**

[www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative](http://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative)