North Carolina’s Response to the Opioid Epidemic

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National Rates of Opioid Prescribing and Rates of Opioid Death

North Carolina among the top 13 states in prescriptions per person.

Some states have more painkiller prescriptions per person than others.

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

Opioid Potency

Carfentanil: 10,000x
Fentanyl: 100x
Heroin: 2x
Morphine: 1x

The Financial incentive to smuggle Fentanyl are Staggering

If you bought $1,000 worth of product and chopped it up for retail sale...

Bloomberg
Abuses of all addictive drugs, including alcohol and marijuana, have especially harmful effects on the adolescent brain.

Individual behavior or choice & genetic predisposition are involved in the onset of many chronic conditions.

Effective medical treatment is available.

Living with the condition often includes personal behavior change.

Treatment is marked by cycles of relapse and recovery.

Medication can enable someone to live a long life as a stable, productive member of society.

Illicit opioids* were involved in ~80% of unintentional opioid overdose deaths.
Opioid Overdose ED Visits by Insurance Coverage

2017 YTD

Insurance Coverage

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance</td>
<td>14%</td>
</tr>
<tr>
<td>Medicaid/Medicare</td>
<td>27%</td>
</tr>
<tr>
<td>Uninsured/Self-pay</td>
<td>50%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: The North Carolina Disease Event Tracking and Epidemiologic Surveillance Tool (NC DETECT). Counts based on diagnosis ICD-9-CM/ICD-10-CM code of 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.

Since the launch of the Opioid Action Plan, we’ve advanced many strategies:

- Received over $84 million in federal funding which provided treatment for over 13,000 people.
- Increased the number of Syringe Exchange Programs, and served over 9,000 people annually.
- Trained over 3,000 providers on clinical issues related to the epidemic, including safe prescribing of opioids and pain treatment.
- Funded peer support specialists with lived experience in emergency departments to connect people with substance use disorders (SUDs) to ongoing services and supports.
- Launched a medical residency training project that will give over 400 prescribers their DATA 2000 waiver to prescribe buprenorphine, and work with over 20 residency programs to incorporate the DATA 2000 waiver into their curriculum ongoing.
- Funded 34 local organizations to implement action plan strategies in their communities.
- Integrated CSRS with electronic health records and established data exchange with 29 states.
- Established an opioid research consortium and created a NC Opioid Research Agenda.

Since the launch of the Plan:

- Opioid dispensing has decreased by 25%
- Buprenorphine dispensing has increased 15%
- Uninsured and Medicaid beneficiaries who have received opioid use disorder treatment has increased by 20%

Focus Areas

Given that the opioid epidemic is complex, we plan to implement comprehensive strategies in the following focus areas to reduce opioid addiction and overdose deaths:

1. Create a coordinated infrastructure
2. Reduce oversupply of prescription opioids
3. Reduce diversion of prescription drugs and flow of illicit drugs
4. Increase community awareness and prevention
5. Make naloxone widely available and link overdose survivors to care
6. Expand treatment and recovery-oriented systems of care
7. Measure our impact and evolve strategies based on results
Opioid & Prescription Drug Abuse Advisory Committee (OPDAAC)
Mandated Coordination of State Response to the Opioid Epidemic

2015 Session Law 241 mandates
State strategic plan • DHHS creates PDAAC • Annual report to General Assembly

- Meets quarterly
- 5 work groups & action plans
- 450+ participate
- State agencies, partner organizations; anyone working on the opioid epidemic

STOP Act
(Strengthen Opioid Misuse Prevention)
June 29, 2017

DHHS convened all health plans/payers operating in NC
to discuss opioid strategies

- December 2017-June 2018 – Monthly Meetings
- Joint recommendations on opioid safety, including:
  - Safer prescribing
  - Non-opioid pain management
  - Use of telemedicine
  - Coverage of medication-assisted treatment

Industrial Commission
Opioid Task Force

- Guided heavily by CDC Prescribing Guidelines
- STOP Act provided momentum
- Included feedback from prescribers
- No opposition to final product

Operation Medicine Drop
Established in 2010
The national model of drug take back.

States sharing data with NC’s Controlled Substances Reporting System

SOURCE: PMP Interconnect, May 2018

Since 2010
Nearly 89.2 million pills collected at more than 2,000 events
Since August 1, 2013
101,000 overdose rescue kits distributed
13,394 confirmed overdose reversals

www.nchrc.org/programs-and-services

**2013 Good Samaritan/Naloxone Access Law**

Since August 1, 2013
101,000 overdose rescue kits distributed
13,394 confirmed overdose reversals

Naloxone for overdose is like an
AED Defibrillator for a heart attack.
AED Defibrillators are widely available in public spaces, saving lives every day.

They aren’t changing the underlying condition that led to the rescue; they are just saving a life & giving the opportunity to get help.

Our Goal - If you have someone in your life at risk for an overdose, you will have no barriers to Naloxone access.

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**Pharmacies Offer Naloxone thru the Naloxone Statewide Standing Order Law**

Over 85% of retail pharmacies in North Carolina dispense Naloxone under the standing order law.

www.NaloxoneSaves.org

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**Medicaid Gross Drug Expenditure for Hep C**
North Carolina, SFY 2011–16

Medicaid treatment expenditures for Hep C increased from $3.8M in 2011 to $85.6M in 2016.
Increases are from new medications on the market and increased cases.

Does not account for drug rebates
Syringe Exchanges are an opportunity to engage with active drug users about their health.

Syringe Exchange Overview

- Legalized in NC July 11, 2016
- DPH responsible for registration & reporting under the law
- Also provide: Coordination, TA, best practices, support to foster new SEPs

People who use exchanges care about their health and their friends health.

Safer Syringe Initiative Data

<table>
<thead>
<tr>
<th></th>
<th>2016-17</th>
<th>2018-19</th>
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</thead>
<tbody>
<tr>
<td>Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program participants</td>
<td>3,983</td>
<td>9,616</td>
</tr>
<tr>
<td>Total contacts</td>
<td>14,997</td>
<td>42,384</td>
</tr>
<tr>
<td>Syringes distributed</td>
<td>1,154,420</td>
<td>3,295,085</td>
</tr>
<tr>
<td>Syringes collected</td>
<td>489,301</td>
<td>1,196,302</td>
</tr>
<tr>
<td>Naloxone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone kits distributed</td>
<td>5,682</td>
<td>35,205</td>
</tr>
<tr>
<td>Overdose reversals</td>
<td>2,187</td>
<td>4,817</td>
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<tr>
<td>Testing &amp; Referral</td>
<td></td>
<td></td>
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<tr>
<td>Referrals to mental health, SUD treatment</td>
<td>3,766</td>
<td>4,163</td>
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<tr>
<td>HIV tests administered</td>
<td>2,599</td>
<td>2,175</td>
</tr>
<tr>
<td>Hepatitis C tests administered</td>
<td>738</td>
<td>1,905</td>
</tr>
</tbody>
</table>

Funding Awarded to 6 Hospitals for Emergency Department Peer Support

- Carolinas Healthcare - NE
- Cone Health
- Novant Health Presbyterian
- Southeastern Regional
- UNC Hospital
- Wake Forest Baptist

To learn more, visit DHHS Opioid website.
BUT THERE IS STILL MUCH MORE WORK TO DO...

The Opioid Action Plan 2.0 aims to identify impactful, feasible strategies to reduce opioid overdoses in North Carolina and prevent the next wave of the epidemic.

Connect to Care

AN ESTIMATED 89% OF PEOPLE DON'T RECEIVE THE SUBSTANCE USE DISORDER TREATMENT THEY NEED.

PEOPLE ARE 40 TIMES MORE LIKELY TO DIE OF AN OVERDOSE IN THE TWO WEEKS POST INCARCERATION THAN THE GENERAL POPULATION.

Prevent: Reduce the supply of prescription and illicit opioids
Increase the use of opioid-sparing pain treatment
- Increase adoption of model safe opioid prescribing policies in hospitals and health systems.
- Identify and educate high opioid prescribers on safe opioid prescribing practices.
- Develop provider trainings on multi-modal evidence-based pain treatment for different populations including the elderly and people with substance use disorders.

Thank you