The Opioid Epidemic: The State of the State

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3 PEOPLE DIE EACH DAY FROM OPIOID OVERDOSE IN NC

Rates of Unintentional/Undetermined Prescription Opioid Overdose Deaths & Outpatient Opioid Analgesic Prescriptions Dispensed

Analysis: Injury and Epidemiology Surveillance Unit

Average mortality rate: 6.4 per 100,000 persons
Average dispensing rate: 82.9 Rx per 100 persons
In 2014, for every 1 opioid overdose death, there were just under 3 hospitalizations and nearly 4 ED visits due to medication or drug overdose.

Analysis by Injury Epidemiology and Surveillance Unit
Unintentional Opioid Overdose Deaths by Opioid Type
North Carolina Residents, 1999-2016

Heroin or other synthetic narcotics were involved in approximately 60% of unintentional opioid deaths in 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
Opioid Overdose ED Visits by Year
North Carolina, 2009-2017 YTD

Source: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT). Counts based on diagnosis (ICD-9/10-CM code) of an 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.
Analysis by Injury Epidemiology and Surveillance Unit

YTD: Year to Date
*Provisional Data: 2017 ED Visits
Opioid Overdose ED Visits by Insurance Coverage
2017 YTD

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th>Percentage</th>
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</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>

Data Source: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT). Counts based on diagnosis (ICD-9/10-CM code) of an 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.
N.C.’s Response Coordination
Many organizations across NC are addressing the opioid overdose epidemic.

*Logos not all inclusive*
Opioid and Prescription Drug Abuse Advisory Committee
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

- Prevention and Public Awareness
- Intervention and Treatment
- Professional Training and Coordination
- Core Data

Group A: Community
Group B: Law Enforcement

- Meets quarterly
- 5 work groups & action plans
- 150+ participate
- State agencies, partner organizations working on the opioid epidemic
NC Opioid Action Plan Strategies

• Reduce oversupply of prescription opioids
• Reduce diversion of prescription drugs and flow of illicit drugs
• Increase community awareness and prevention
• Make naloxone widely available and link overdose survivors to care
• Expand access to treatment and recovery oriented systems of care
• Measure our impact and revise strategies based on results

https://www.ncdhhs.gov/opioids
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Coalition for Model Opioid Practices
STOP Act - Prescriber Provisions

• Limits **first-time** prescriptions of targeted controlled substances for **acute pain** to \( \leq 5 \text{ days} \)

• Prescriptions following a surgical procedure limited to \( \leq 7 \text{ days} \)

• Allows follow-up prescriptions **as needed** for pain

• Limit **does not apply** to controlled substances to be wholly administered in a:
  – hospital, nursing home, hospice facility, or residential care facility

• Dispensers not liable for dispensing a prescription that violates this limit

**Effective January 1, 2018**
Payers Council

• Will bring together public and private payers to identify, align, and implement policies that:
  – Support providers in judicious prescribing of opioids;
  – Promote safer and more comprehensive alternatives to pain management;
  – Improve access to naloxone, substance use disorder treatment and recovery supports; and
  – Engage and empower patients in the management of their health.

• First meeting in December
Medicaid pharmacy benefit changes

• In August, implemented prior approval for opioid analgesic doses which:
  – Exceed 120 mg of morphine equivalents per day
  – Are greater than a 14-day supply of any opioid, or,
  – Are non-preferred opioids on the NC Medicaid Preferred Drug List (PDL)
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New Partnership
HIDTA (High Intensity Drug Traffic Area)

- Coalitions funded by White House Drug Coordinating Office and CDC/DEA

- In NC, has created public safety/public health collaboration

- Providing new reports using ED data to move from passive to active outbreak surveillance
Synthetic Opioid Control Act (SB-347 / HB 464)

• Synthetic Opioid & Other Dangerous Drug Control Act lists all known fentanyl derivatives as controlled substances and by creating a new “catch-all” provision describing the chemical backbone structure of the fentanyl molecule in order to capture any future fentanyl derivative that may be encountered here.

• Various other changes to update and modernize controlled substance act, at request of law enforcement.
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Naloxone Distribution

• DHHS purchased and distributed nearly 40,000 units of naloxone in October.

• Distribution via opioid treatment programs, NC Harm Reduction Coalition, EMS agencies/first responders, and other community partners
2013 Good Samaritan/Naloxone Access Law
Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-9/30/2017

57,416 naloxone kits distributed* and 8,181 community reversals reported**

*87 kits distributed in an unknown location in North Carolina and 14 kits distributed to individuals living in states outside of North Carolina; includes 4,577 kits distributed to Law Enforcement Agencies

**21 reversals in an unknown location in North Carolina and 134 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC), October 2017
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Opioid STR Grant Funding

• $2,728,727 in CURES grant expenditures from 07/01/17 - 10/24/17 through the LME/MCOs

• Types of services provided include:
  – non-hospital medical detox
  – individual and group therapies
  – opioid treatment (medication administration)
  – intensive outpatient treatment
  – group/supervised living (supportive, recovery housing)
  – recovery supports
ECHO Project Pilot

• DHHS funding UNC to offer for providers:
  – Free DATA – 2000 training
  – Weekly case-based learning ECHO clinic
  – In office support for providers interested in training and strategy support for medical assistants, nurses, and office staff in their practices.
  – One to one provider case consultation

• Working on an expansion of access to the ECHO clinic, DATA-2000 training, and CME credits to providers in all 100 counties.
Medicaid pharmacy benefit changes

• In November, prior authorization removed for suboxone film.
  – Suboxone is a prescription drug used for Medication-Assisted Treatment (MAT)
  – Allows quicker access for patients who are ready to commit to treatment
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North Carolina has achieved some successes... AND has more work to do.