

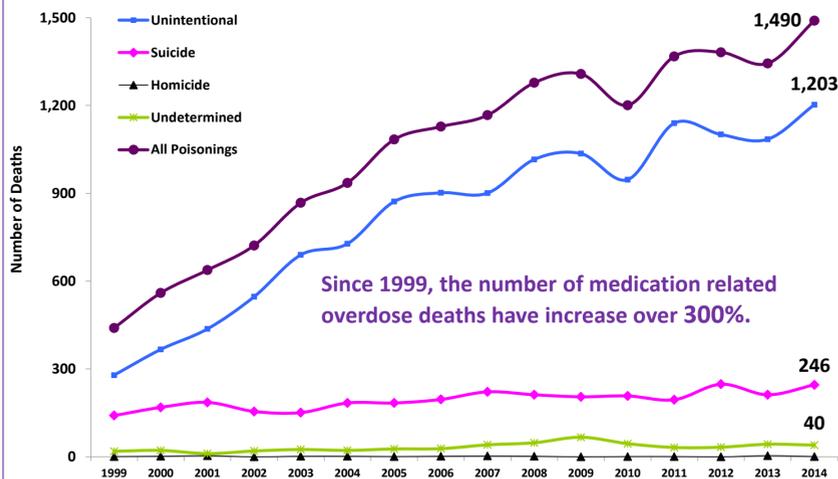
# North Carolina's Response to the Medication and Drug Overdose Epidemic: 2000 to 2015

## Summary of Key Milestones and Prevention Strategies

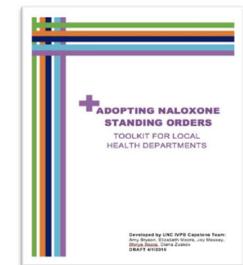
Injury and Violence Prevention Branch, Chronic Disease and Injury Section, N.C. Division of Public Health

Since an increase in prescription opioids related deaths was identified in 2000, the NC Division of Public Health has collaborated with a broad network of partners to combat the epidemic with policy, epidemiology, and community-based strategies.

### Prescription medications are the leading cause of overdose deaths in NC



The Injury and Violence Prevention State Advisory Council (SAC) on Poisoning/Overdose was established. The workgroup advises and coordinates overdose communications, research, and policy efforts.

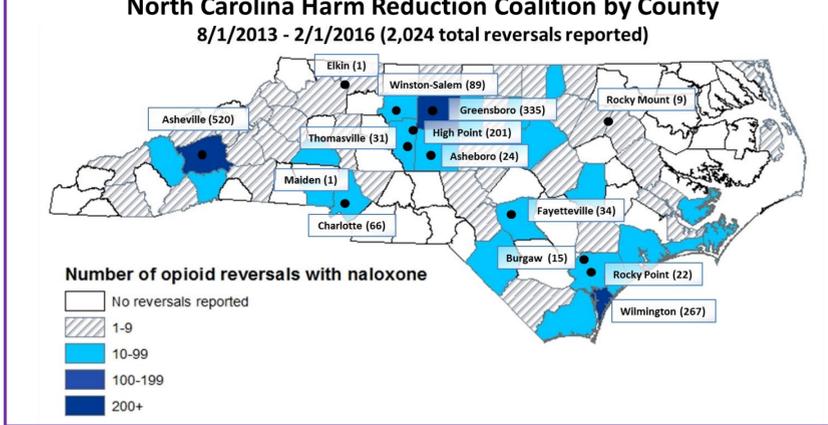


NC Pharmacy Board approves changes to naloxone rule, establish standing orders for PHN distribution of Naloxone by local health departments.

State EMS Medical Director revises policy, establishes protocol for EMS and law enforcement distribution of naloxone

Program Evaluation Division (PED) of the General Assembly conducts evaluation of CSRS, legislation introduced to further revise CSRS

### Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by County



A tipping point was reached in October, more naloxone overdose reversals were reported with naloxone than overdose deaths for 2015.

NC was one of 16 states to receive CDC grant funding to support the public health response to medication and drug overdose epidemic.

Further refinements to the Good Samaritan/Naloxone Access Law were enacted \$50,000 was provided in state budget for the NC Harm Reduction Coalition to expand naloxone availability.

Toolkit developed for local health departments to guide the development of their naloxone standing orders and distribution programs.

\$120,000 was provided in state budget for disposal of medication collected through Operation Medicine Drop and other drug take back efforts.

2014 recommendations for CSRS improvement by the PED of the General Assembly were enacted in legislation, including: development of a state strategic plan for drug overdose and establishing a DHHS advisory committee to implement the plan.

CSRS issued the first automated reports to prescribers alerting them of patients with potentially excessive prescriptions for controlled substances.

Following a cluster of contaminated heroin cases in Durham, an epidemiology response system was developed for drug overdose cases.

Legislation was enacted to establish pilot project for used needle disposal.

A 500% increase in heroin deaths over the past 3 years marked a new phase of the opioid epidemic; prescription drug deaths are 3 times the number of heroin deaths, but the sharp rise in heroin deaths is being monitored closely.

An alarming rise in Medicaid treatment costs for Hepatitis C mobilized a coordinated DHHS response. Intravenous drug use associated with the opioid epidemic is recognized as key contributor to the increase in Hepatitis C cases.

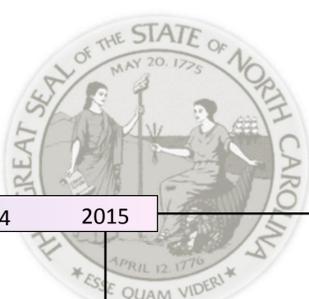
Governor Pat McCrory's Task Force on Mental Health and Substance Use was established.

CDC EPI Aide conduct investigation of increased poisoning deaths. Findings lead to establishment of a Governor's Task Force.

The North Carolina Controlled Substances Reporting System Act (CSRS) enacted. CSRS is a statewide reporting system and medical tool to improve the ability to identify people who abuse and misuse prescription drugs.

North Carolinians have safely disposed of approximately 61 million total doses of medication at Operation Medicine Drop events since the campaign's establishment.

The Revise the Controlled Substances Reporting System Act enacted. Components include: automated reporting of questionable patient and provider behavior, steps to increase provider utilization of CSRS, and enhanced public health surveillance using CSRS.



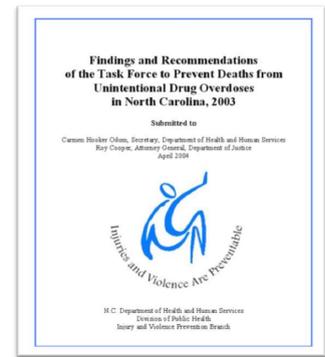
NC Harm Reduction Coalition distributes over 20,000 reversal kits and documents over 2,000 overdose reversals with legal use of Naloxone.



Surveillance identifies an increase in drug poisoning deaths

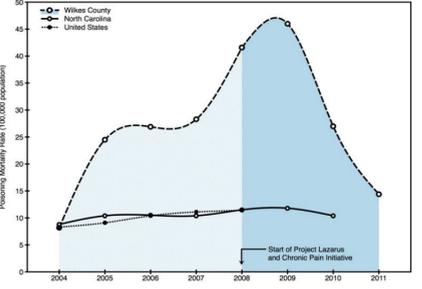
2000

Governor's Task Force to Prevent Deaths from Unintentional Drug Overdoses convened. Recommendations include establishment of a controlled substance reporting system.



2002

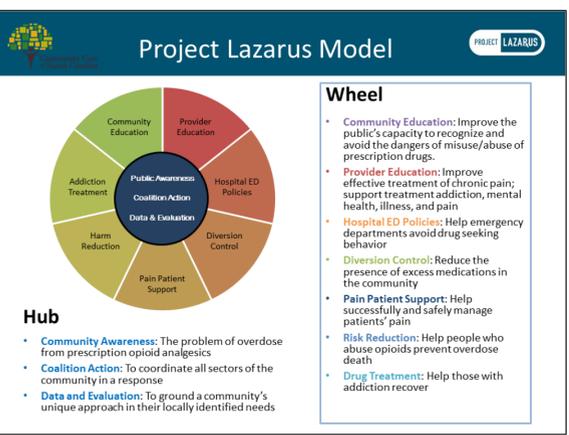
Wilkes County, NC has the 3<sup>rd</sup> highest drug overdose death rate in the nation. Drug overdose deaths in Wilkes County drop 69%.



DPH initiates enhanced surveillance of drug overdose deaths

2007

Project Lazarus established in Wilkes County combats the overdose epidemic.



Collaboration with UNC Injury Prevention Research Center (IPRC) on overdose epidemic begins

2009



Community Care of North Carolina, supported by a \$2.6 million grant from the Kate B. Reynolds Charitable Trust and matching funds from the Office of Rural Health expands Project Lazarus approach statewide



UNC IPRC conducts a CSRS users evaluation

2011

The Good Samaritan/Naloxone Access Law enacted; establishes limited immunity from prosecution for reporting drug and alcohol overdose, and prescribing and administering the opioid antigen naloxone.

