



NC Department of Health and Human
Services

NC Opioid and Prescription Drug
Abuse Advisory Committee
(OPDAAC)

June 22, 2018

Welcome and Introductions of Attendees

Alan Dellapenna, Head, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health

- *Take breaks as needed*

Spotlight: One Year Anniversary of the Opioid Action Plan

Dr. Susan Kansagra, Section Chief, Chronic Disease and Injury, Division of Public Health, Department of Health and Human Services

Opioid Misuse & Overdose Prevention Summit Wrap-up

- <https://www.youtube.com/watch?v=j2jgMHd-wJ4>



SAVE THE DATE
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.
Registration Opens February 2017
OpioidPreventionSummit.org



Supported by the NC DHHS, DMHDDSAS, with funding from SAMHSA, NC SPI-Rx (Grant #1U79SP022087-01) and the NC Division of Public Health with funding from CDC's PFS-PDO Cooperative Agreement.

Strategies of the Opioid Action Plan

- Coordinated infrastructure
- Reduce oversupply of prescription drugs
- Reduce diversion and flow of illicit drugs
- Increase community awareness and prevention
- Increase naloxone availability
- Expand treatment access and recovery supports
- Measure impact

Creation of OPDAAC Coordination Cmte

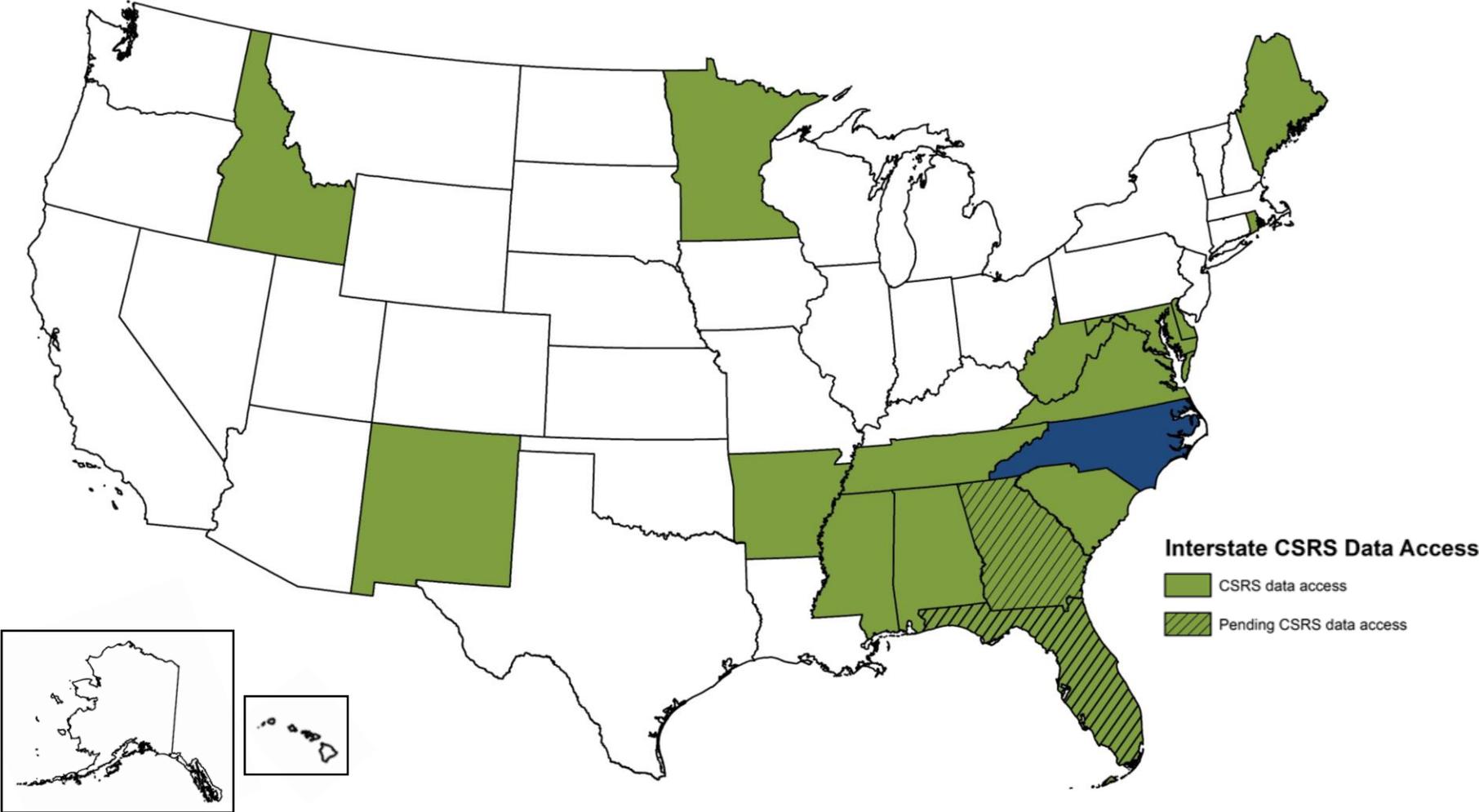
- Formed in August 2017
 - Smaller subset of OPDAAC
 - 62 members
- Meets 2nd Thursdays
- Topics
 - Post hospital/ED discharge
 - OTP and OBOTs
 - Policy agenda



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States sharing data with NC CSRS



SOURCE: PMP Interconnect, May 2018

Strengthen Opioid Misuse Prevention (STOP) Act

- NC GS 2017-74
- General Assembly passed unanimously by both houses
- Signed by Governor Roy Cooper on June 29, 2017



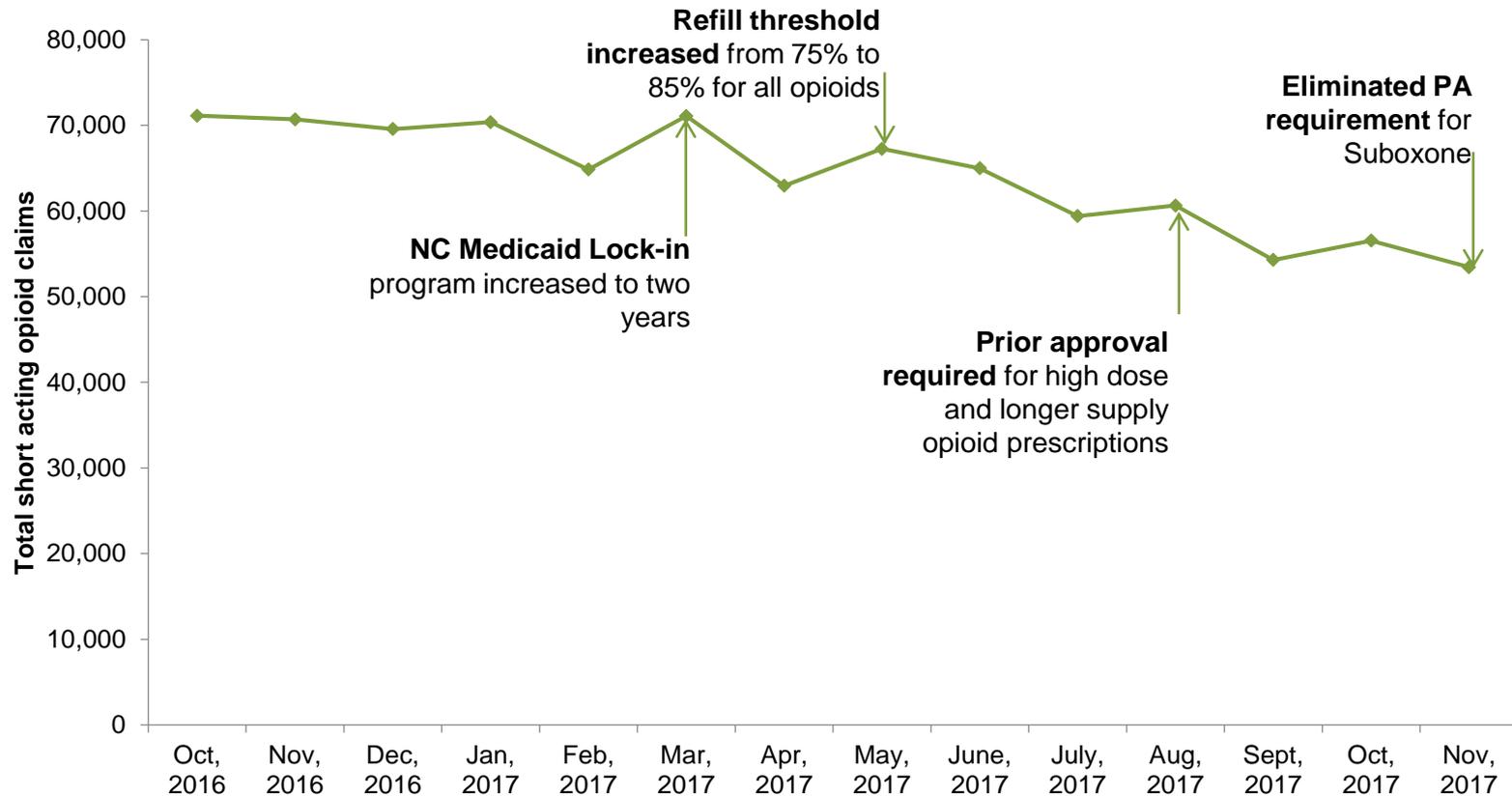
Reduce oversupply of
prescription drugs

Payers Council

- DHHS convened all health plans/payers operating in NC to discuss opioid strategies
 - Safer prescribing
 - Non-opioid pain management
 - Use of telemedicine
 - Coverage of medication-assisted treatment
 - And other topics
- Met monthly from December 2017-June 2018
- The Payers Council will jointly put out a list of recommendations

Reduce oversupply of
prescription drugs

Medicaid Opioid Prescriptions Decreased ~25%



Reduce oversupply of prescription drugs

Opioid Prescribing for Workers' Compensation Claimants: 2018 Rules

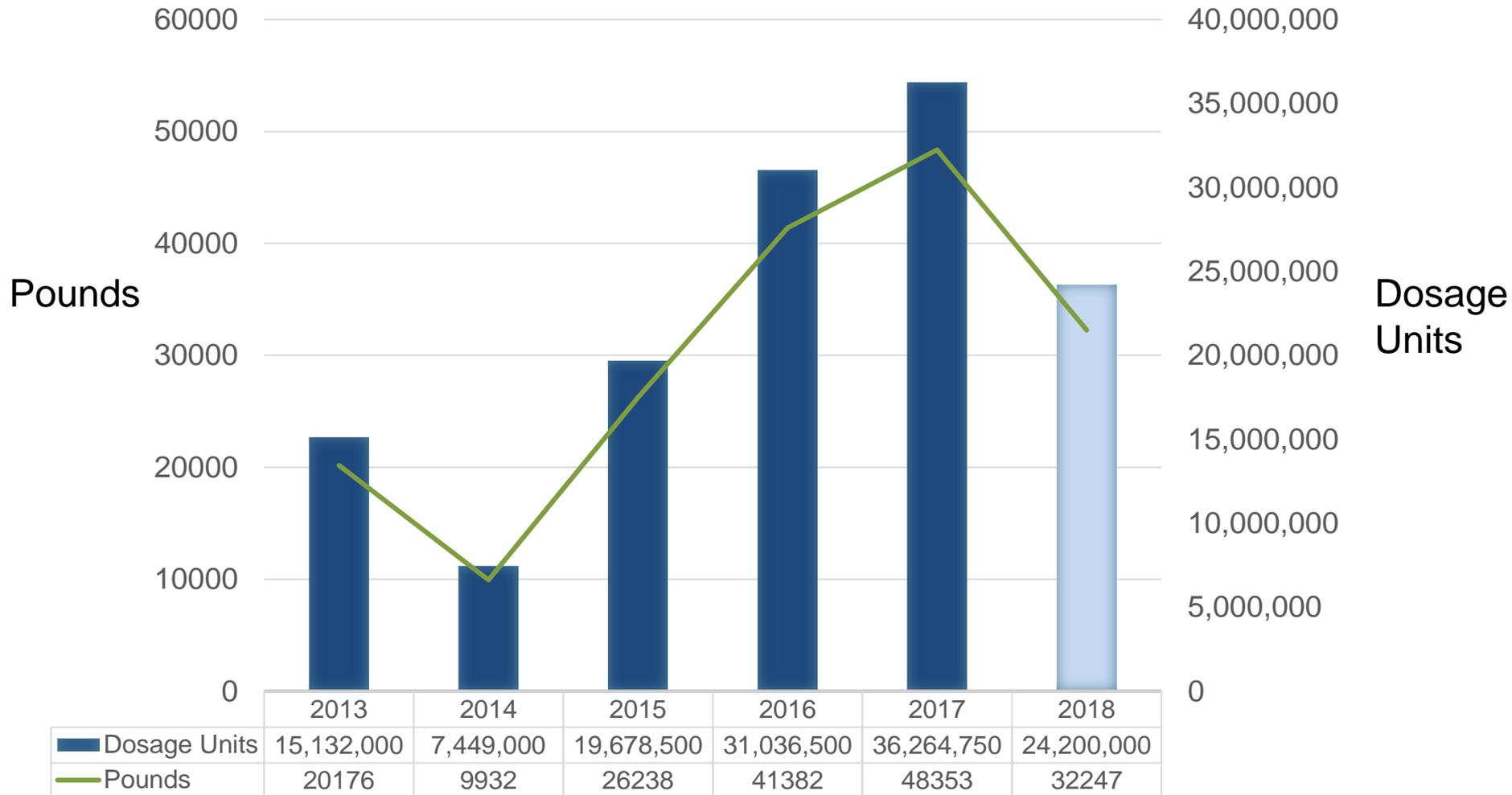
- Effective May 1, 2018
- Proposed rules created by Industrial Commission Opioid Task Force
- Guided heavily by CDC prescribing guidelines
- Momentum provided by STOP Act
- Included feedback from prescribers
- No official opposition to final product

Reduce oversupply of
prescription drugs

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Operation Medicine Drop Incinerated Amounts Increasing



Source: North Carolina State Bureau of Investigation; 2018 data thru first quarter of 2018

HOPE Act

- Next Panel with Representative Murphy and Steve Mange

Reduce oversupply of
prescription drugs

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CDC Rx Awareness Campaign

- June 11 – August 19, 2018
- Digital and TV



Prescription opioids can be addictive and dangerous.



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES



www.ncdhhs.gov/opioids
Developed by the Centers for Disease Control and Prevention

Increase community awareness and prevention

Lock Your Meds Campaign

He gets his music online.
His t-shirts at the mall.
And his drugs from his
friend's medicine cabinet.

BE AWARE. DON'T SHARE.®
LOCK YOUR MEDS.®
www.lockyourmeds.org/nc



Supported by the NC DHHS, DMHDDAS, with funding from SAMHSA, Opioid STR/Cures (Grant#1H79TI080257) and SPF-RX (Grant # 1U79SP022087).



www.lockyourmeds.org/nc

Increase community
awareness and prevention



**LOCK
YOUR
MEDS™**

Youth Prevention Work

- **Breakout workgroup this afternoon**

Increase community
awareness and prevention

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More Pharmacies Offer Naloxone thru Statewide Standing Order

Naloxone Dispensers - Naloxone User Survey - General Information -

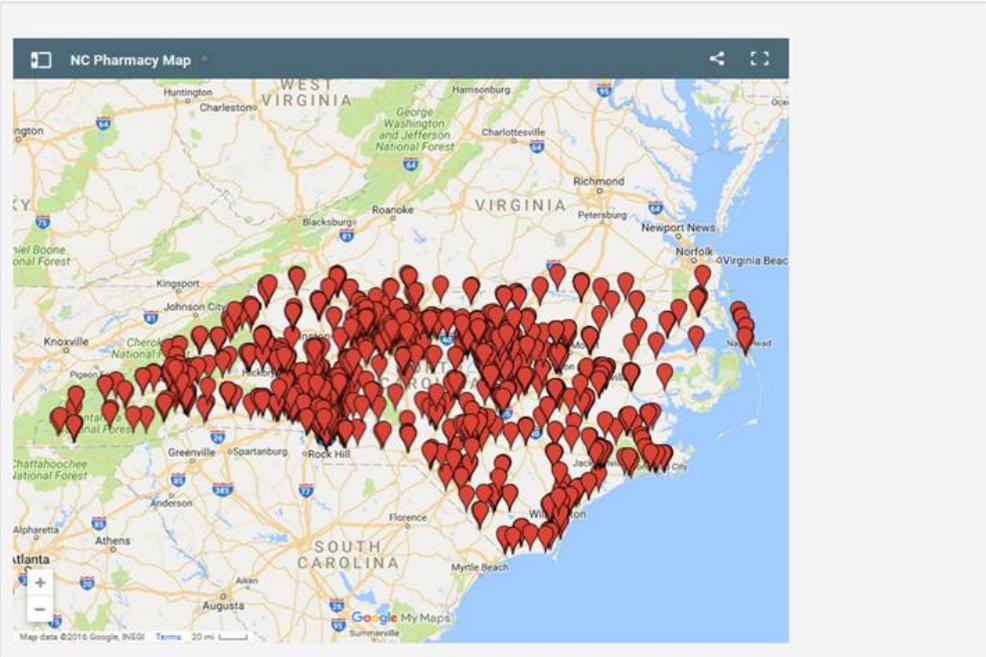
Home / N.C. Pharmacies that Offer Naloxone Under a Standing Order

GENERAL INFORMATION

- North Carolina's Standing Order for Naloxone
- N.C. Pharmacies that Offer Naloxone Under a Standing Order
- Naloxone and Overdose Prevention FAQs
- Local Resources
- N.C. Good Samaritan/Naloxone Access Law
- N.C. Health Departments that Offer Naloxone

N.C. Pharmacies that Offer Naloxone Under a Standing Order

Please check back to this page. We will be adding pharmacies as they indicate their participation in the standing order.



NC Pharmacy Map

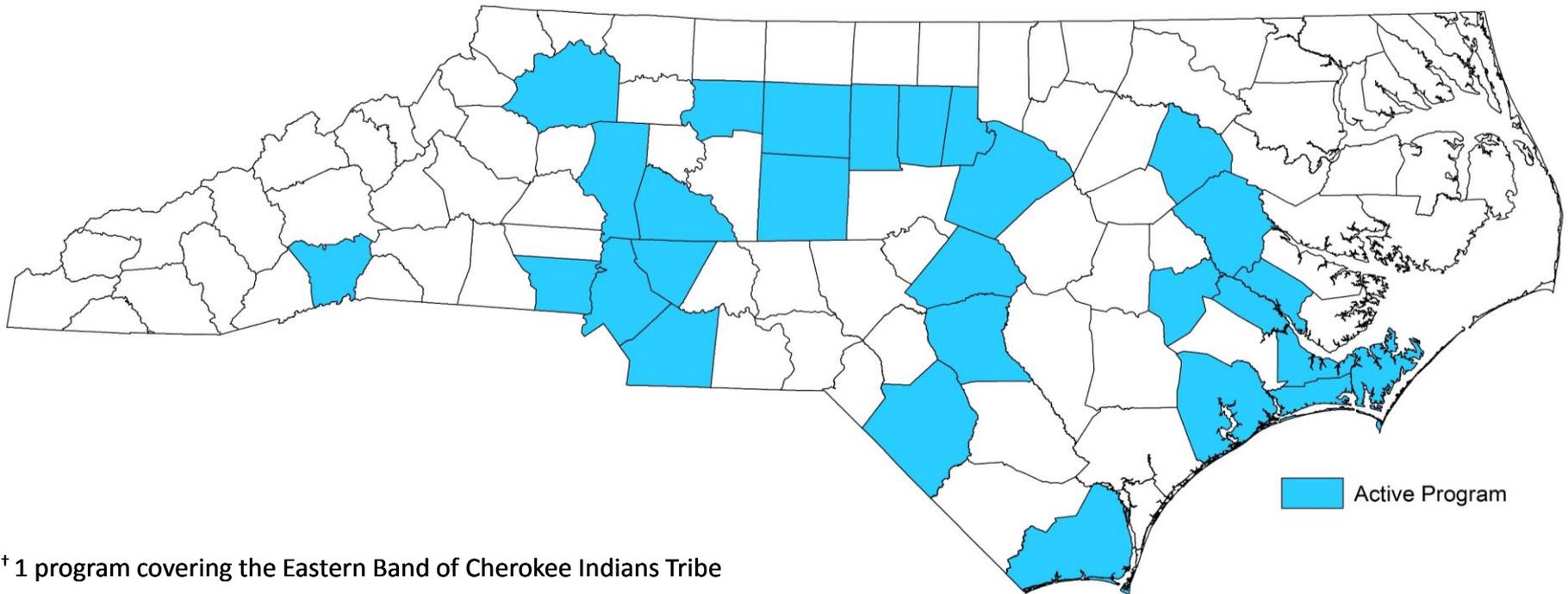
1,688 Retail pharmacies in North Carolina are dispensing Naloxone under a standing order

www.NaloxoneSaves.org

Increase naloxone availability

40,000 Naloxone Kits Distributed in November

26 Active EMS Naloxone Take Home Programs

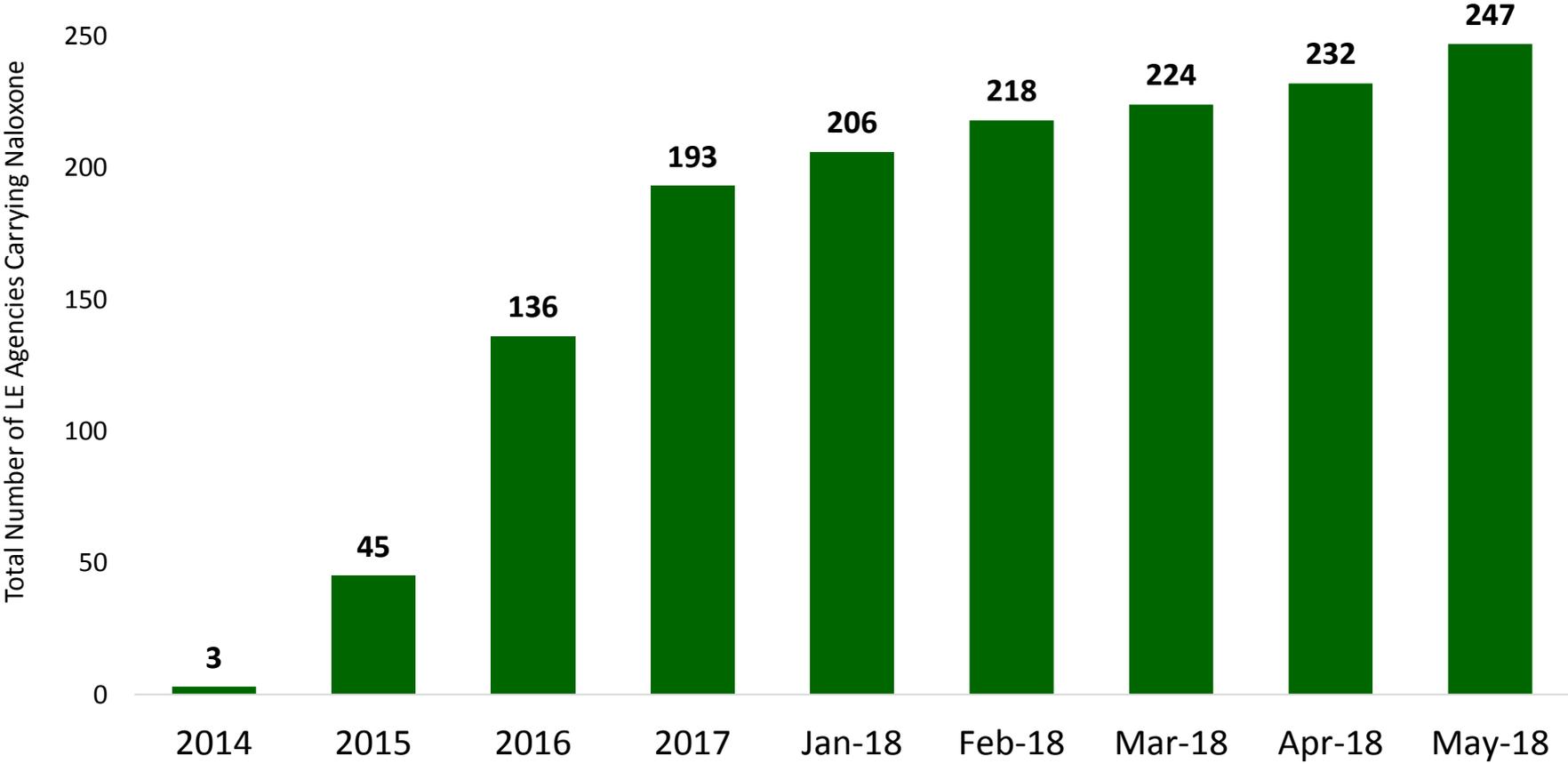


† 1 program covering the Eastern Band of Cherokee Indians Tribe

Increase naloxone
availability

Source: The North Carolina Office of EMS (NC OEMS) and North Carolina Harm Reduction Coalition, June 2018
Analysis: Injury Epidemiology and Surveillance Unit

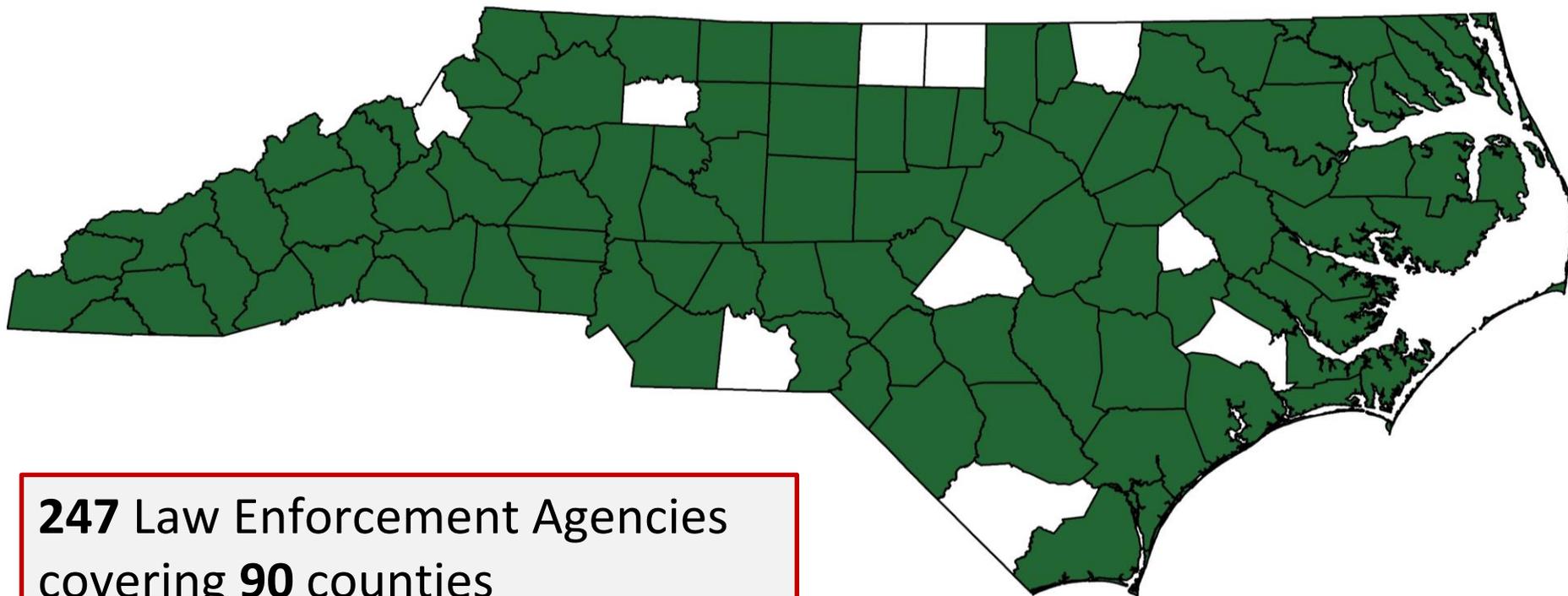
247 NC Law Enforcement Agencies Now Carry Naloxone, 1/1/2015-5/31/2018



Source: North Carolina Harm Reduction Coalition (NCHRC), June 2018
Analysis by Injury Epidemiology and Surveillance Unit

Counties with Law Enforcement Carrying Naloxone*

as of May 31, 2018



247 Law Enforcement Agencies
covering **90** counties

*As reported by the NC Harm Reduction Coalition.

For the full list of known Law Enforcement Agencies carrying naloxone visit:

<http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>

Source: North Carolina Harm Reduction Coalition (NCHRC), June 2018

Analysis by Injury Epidemiology and Surveillance Unit

Safer Syringe Initiative Data, 2016-2017

Participants

3,983 program participants

14,997 total contacts with participants

1,154,420 syringes distributed

489,301 syringes collected for disposal

Naloxone

5,682 naloxone kits distributed

1,311 referrals made for naloxone kits

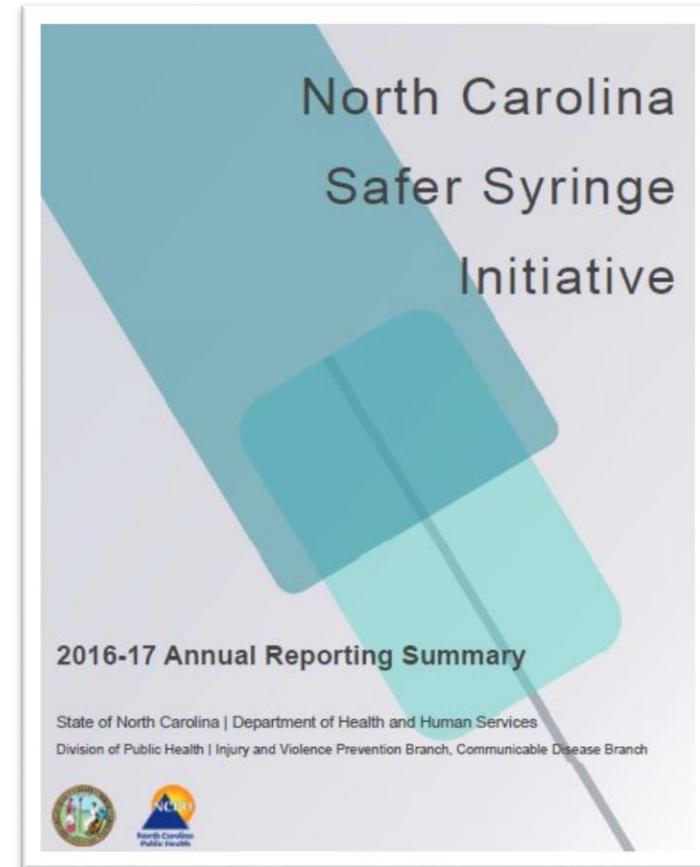
2,187+ overdose reversals reported to SEPs

Testing & Referral

3,766+ referrals to mental health, SUD treatment

2,599 HIV tests administered

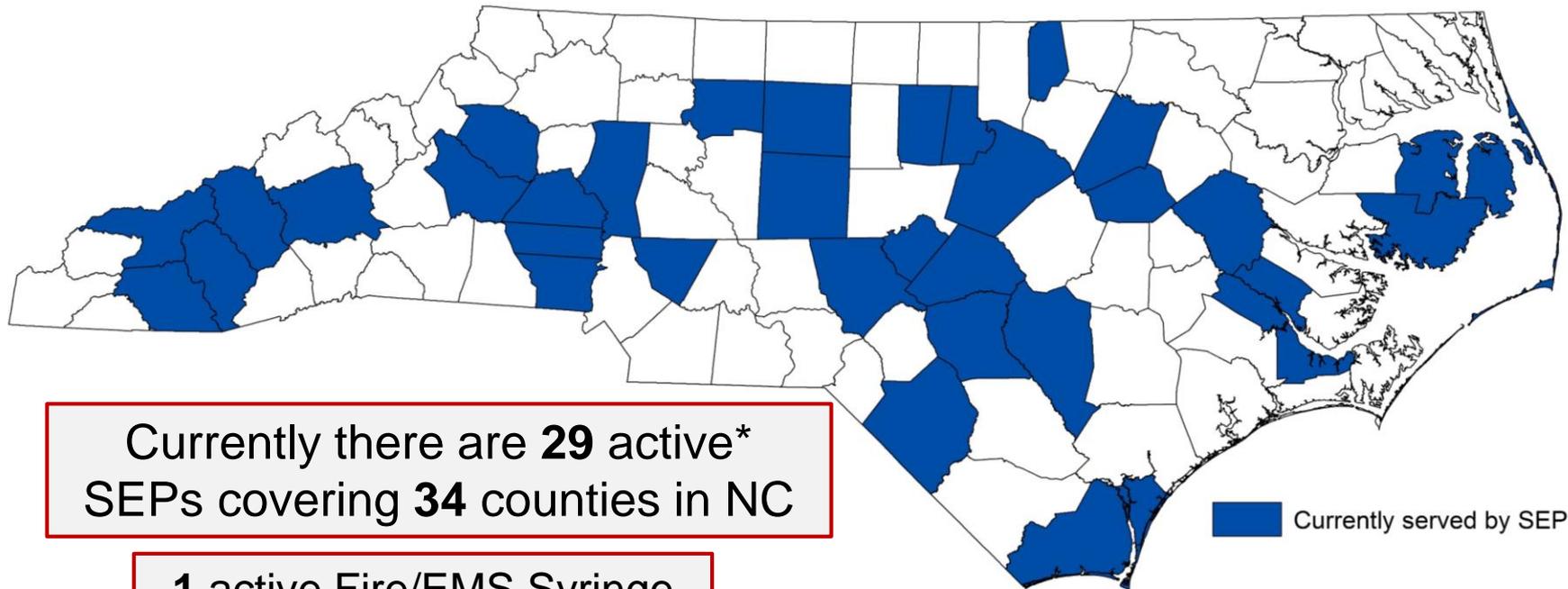
738 hepatitis C tests administered



[2016-17 Summary Report](#)

Increase naloxone availability

Counties currently served by Syringe Exchange Programs (SEPs) as of April 30, 2018



Currently there are **29** active* SEPs covering **34** counties in NC

1 active Fire/EMS Syringe Exchange Program

North Carolina
Injury & Violence
PREVENTION Branch

Increase naloxone availability

*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, May 2018
Analysis: Injury Epidemiology and Surveillance Unit

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More than 5,700 Treated Thru First Year of Opioid STR Funding

- 5,717 individuals were provided treatment and/or recovery supports since May 2017
- Outpatient treatment reached 4,175 people
- 2,000+ received MAT services
- 2,000+ received crisis services

- Other initiatives funded
 - ED Peer Support

Expand treatment access
and recovery supports

Funding Awarded to 6 Hospitals for ED Peer Support

One year project with the North Carolina Healthcare Association

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



Photo courtesy of Wake Forest Baptist Medical Center.

Expand treatment access
and recovery supports

Opioid Action Plan Implementation Funding Released

- Implement strategies to prevent opioid overdoses, increase access to treatment, build local capacity to respond
- Funds activities in the NC Opioid Action Plan e.g. establishment of pre-arrest diversion programs, post-overdose response teams etc
- 99 applicants, requested over \$12.5 million in funds
- 12 awardees

Expand treatment access
and recovery supports

Congrats to Awardees of Opioid Action Plan Implementation Funding

- Appalachian District Health Department and Watauga County Sheriff's Office
- Appalachian Mountain Community Health Center
- Bakersville Community Medical Clinic, Inc.
- C. W. Williams Community Health Center
- Fayetteville Area Health Education Foundation, Inc. /Southern Regional Area Health Education Center
- Haywood Pathways Center
- Johnston County Public Health Department
- Lumbee Tribe of NC
- Metropolitan County Health Services, Inc.
- Public Health Authority of Cabarrus County/ Cabarrus Health Alliance
- Scotland County Health Department (Serving Scotland County)
- Wayne County Health Department (Serving Wayne County) ^{Expand treatment access and recovery supports}

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NC Opioid Dashboard:

<https://injuryfreenc.shinyapps.io/OpioidA>

Reduce Death / ED Outcomes

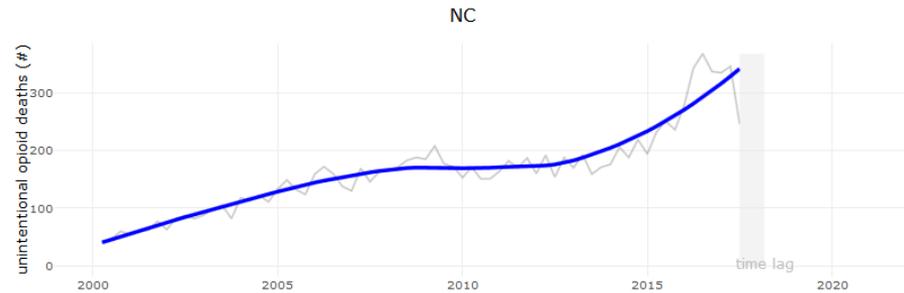
In 2016, for every 1 opioid overdose death there were nearly 3 Emergency Department (ED) visits due to opioid overdose. The NC OAP calls for the tracking of key metrics, like opioid overdose deaths and ED visits, to monitor the impact of the strategies laid out in the plan.

Unintentional opioid-related deaths are increasing in NC

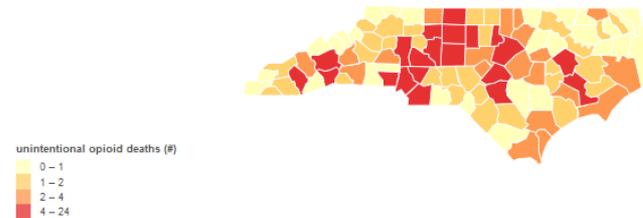
This metric tracks the number of unintentional opioid-related overdose deaths occurring to North Carolina residents and includes deaths involving all types of opioids: commonly prescribed opioids, heroin, and other synthetic narcotics. If unintentional opioid-related deaths continue to increase as they did from 2013-2016, we expect there to be 607 deaths in the fourth quarter (Q4) of 2021. Our goal is to reduce this expected number by 20%, which would result in 486 unintentional opioid-related deaths in Q4 of 2021.

Death data are updated quarterly, and due to a lag in reporting time, the most current data are three quarters behind. 2017 death data are provisional and subject to change until finalized by the NC State Center for Health Statistics.

Unintentional Opioid Deaths



Unintentional Opioid Deaths by County



Data Source: North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-2017. See Technical Notes.

- [Naloxone Saves NC](#)
- [Injury Free NC: Overdose](#)
- [Harm Reduction Coalition](#)
- [NC Division of Mental Health](#)
- [NC CSRS](#)
- [NC DOJ](#)
- [NC SBI](#)

Reduce Outcomes							
Unintentional Opioid Deaths (#)	345.75	1383	< 486 /Q	246	592	2017 Q2	↓
Opioid ED Visits (#)	1045.5	4182	< ... /Q	500	3096	2017 Q3	↑
Reduce Oversupply of Prescription Opioids							
Multiple Provider Episodes (Rate/100,000)	1743	1743	↓	136	586	2017 Q3	↓
Opioid Pills Dispensed (# in Millions)	150.085	600.34	↓	153.26	446.28	2017 Q3	↑
Patients w/ > 90 MME Opioids (%)	7	7	↓	6	6	2017 Q3	↓
Rx Days w/ >1 Opioid and Benzo Rx (%)	27.25	27.25	↓	27	25	2017 Q3	↑
Reduce Diversion/Flow of Illicit Drugs							
Heroin / Fentanyl+ Opioid Deaths (%)	58.7	58.7	↑	73.4	73.4	2017 Q4	↑
Acute Hepatitis C Cases (#)	46.25	185	↓	45	45	2017 Q1	↓
Increase Access to Naloxone							
Number of EMS Naloxone Administrations	3275.75	13103	↑	ERR	13930	2017 Q4	
Number of Community Naloxone Reversals	921	3684	↓	367	4176	2017 Q4	↓
Treatment and Recovery							

Creating an NC Opioid Research Agenda

- In May, DHHS, UNC-IPRC, and others convened a meeting of key research partners working on opioids
- Participants identified high priority research questions to North Carolina in order to continue progressing on the opioid epidemic
- Will be used to create research agenda



Measure
impact

Data Trends

Metrics for NC's Opioid Action Plan

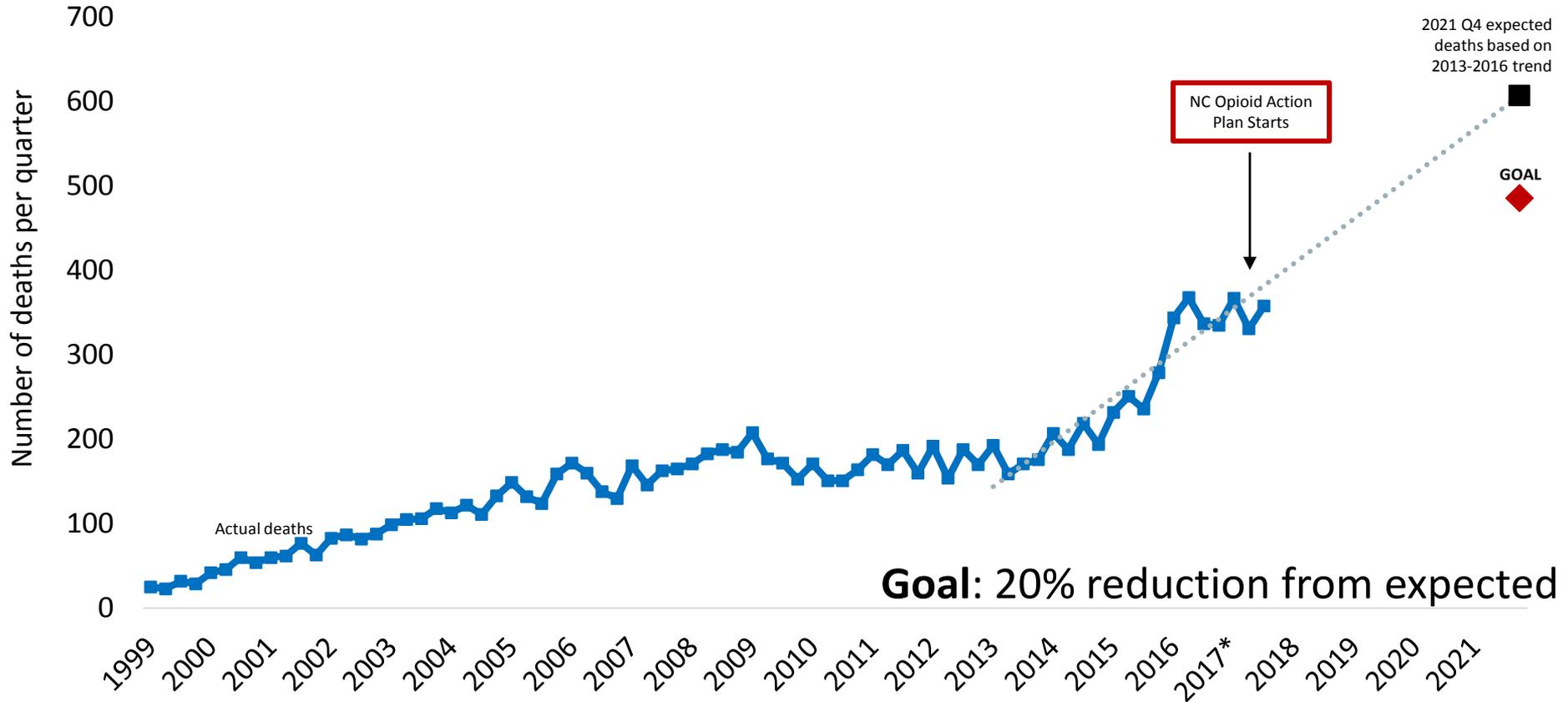
Metrics	Baseline Data*	Most Current Provisional Data†	
	(2016 - Q4)	Quarterly Data	Time Period
OVERALL			
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	335	358	2017 - Q3
Number of ED visits that received an opioid overdose diagnosis (all intents)	998	1,321	2018 - Q1
Reduce oversupply of prescription opioids			
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents	29.9 per 100,000	12.7 per 100,000	2017 - Q4
Total number of opioid pills dispensed	141,258,340	120,950,092	2017 - Q4
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.7%	6.3%	2017 - Q4
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	25.1%	20.3%	2017 - Q4
Reduce Diversion/Flow of Illicit Drugs			
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	81.1%	2017 - Q4
Number of acute Hepatitis C cases	50	47	2017 - Q3
Increase Access to Naloxone			
Number of EMS naloxone administrations	3,185	2,836 [^]	2018 - Q1
Number of community naloxone reversals	817	1,316	2018 - Q1
Treatment and Recovery			
Number of buprenorphine prescriptions dispensed	128,162	154,631	2017 - Q4
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	15,187	17,259	2017 - Q3
Number of certified peer support specialists (CPSS) across NC	2,352	3,025	2018 - Q1

*Baseline Data for Q4 of 2016 are continually updated as additional cases, visits, claims, and other data points are finalized in each system.

†Most Current Provisional Data as of April 2018, these data are provisional and subject to change.

[^]EMS data currently transitioning to a new system resulting in a decrease in counts during this period.

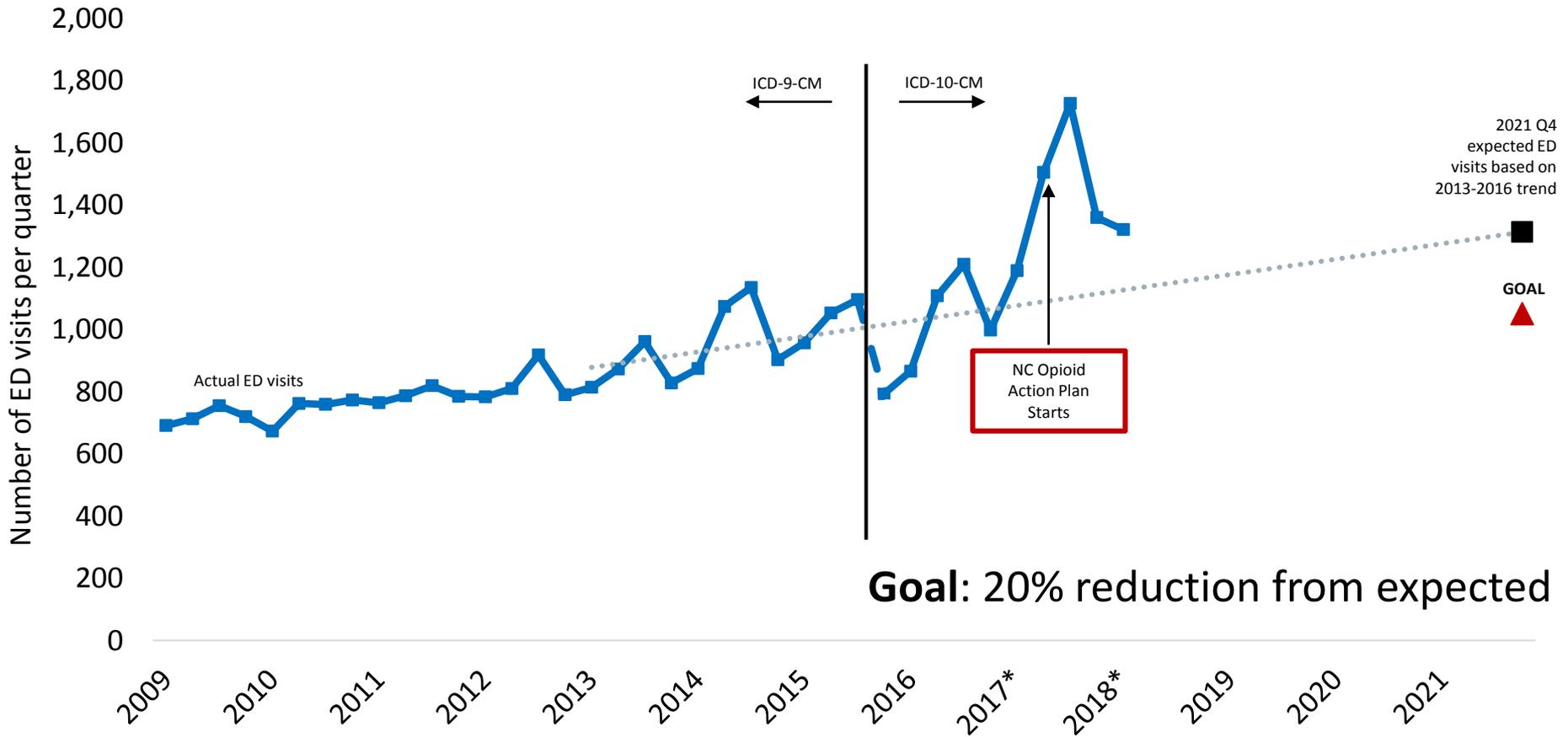
Number of Unintentional Opioid Related Deaths to NC Residents



*Data are preliminary and subject to change

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data, includes NC Resident deaths occurring out of state, 1999-2017 Q3
 Detailed technical notes on all metrics available from NC DHHS; Updated April 2018

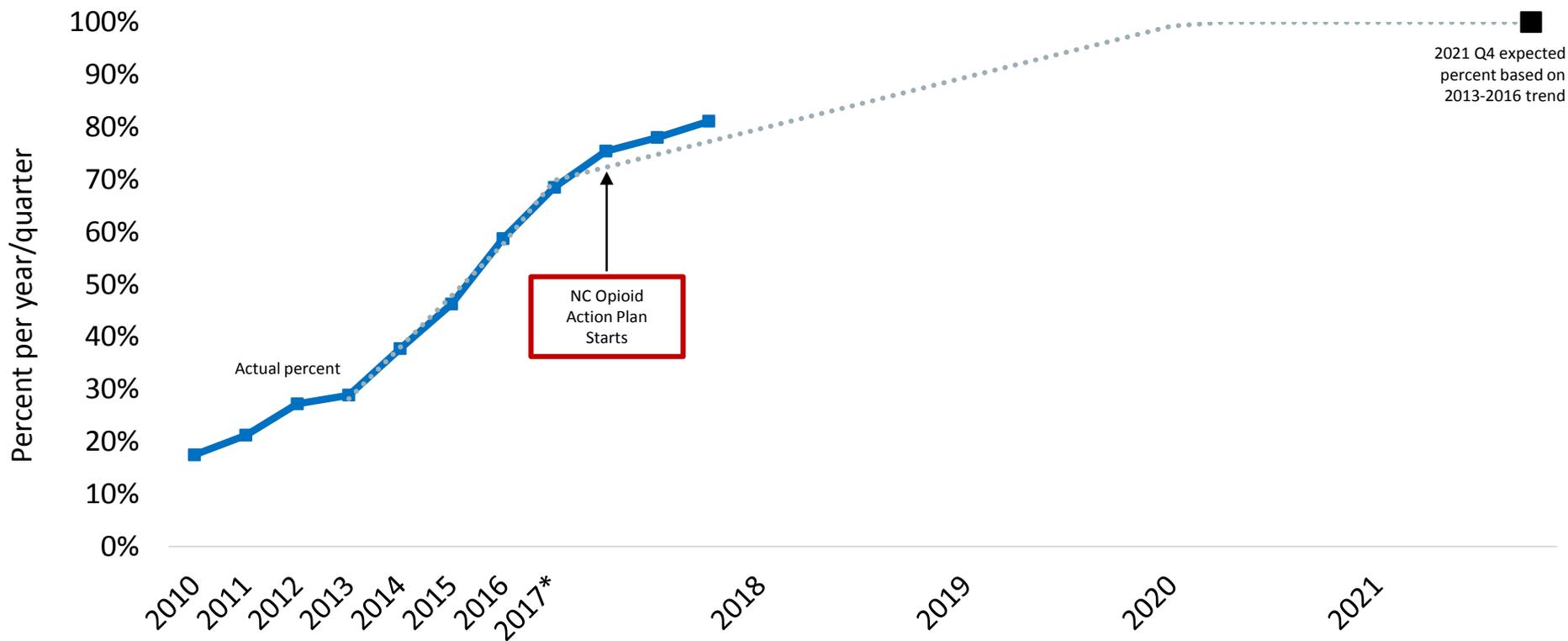
Number of Opioid Overdose ED Visits



Goal: 20% reduction from expected

*Data are preliminary and subject to change
 Source: NC Division of Public Health, Epidemiology Section, NC DETECT, 2009-2018 Q1
 Detailed technical notes on all metrics available from NC DHHS; Updated April 2018

Percent of Opioid Deaths Involving Heroin or Fentanyl/Fentanyl Analogues[^]

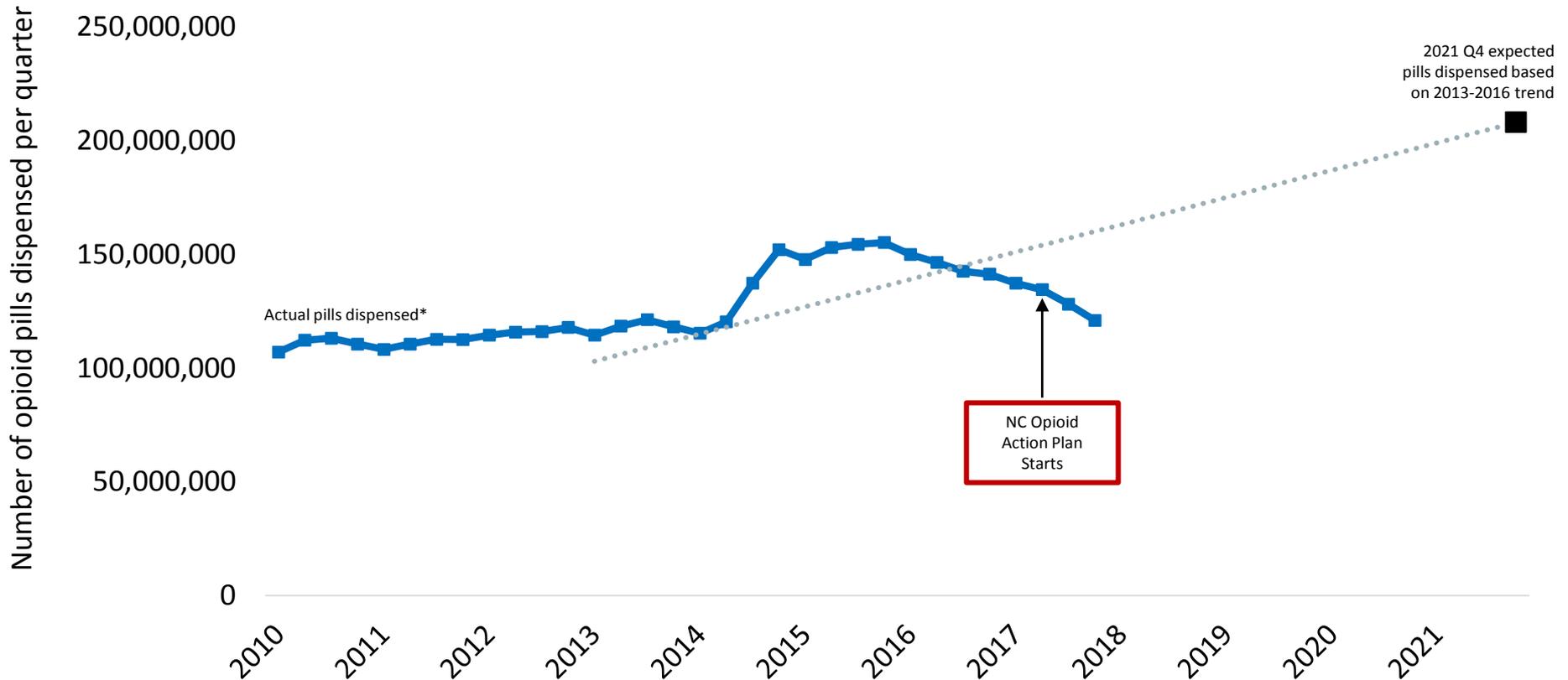


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[^]Increasing numbers of deaths due to other classes of designer opioids are expected

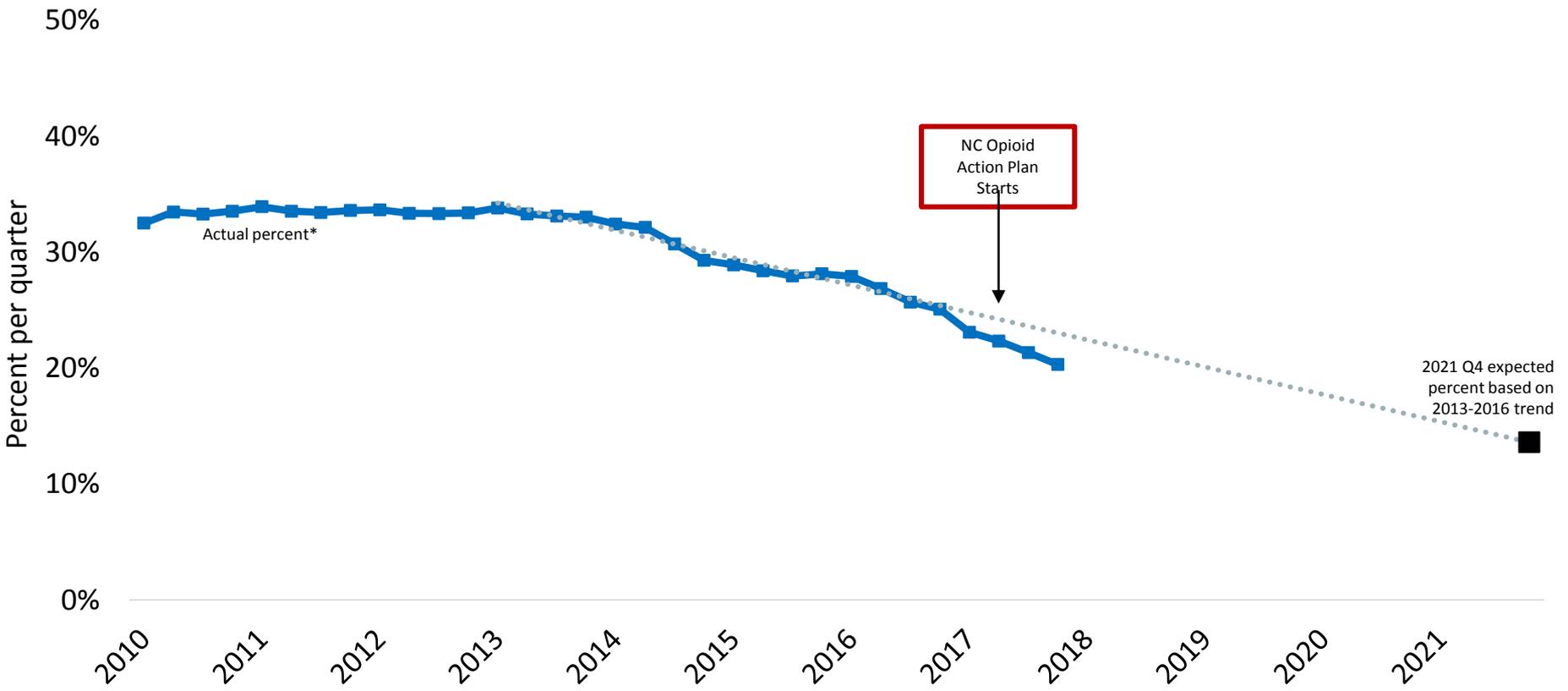
Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q4

Total Number of Opioid Pills Dispensed



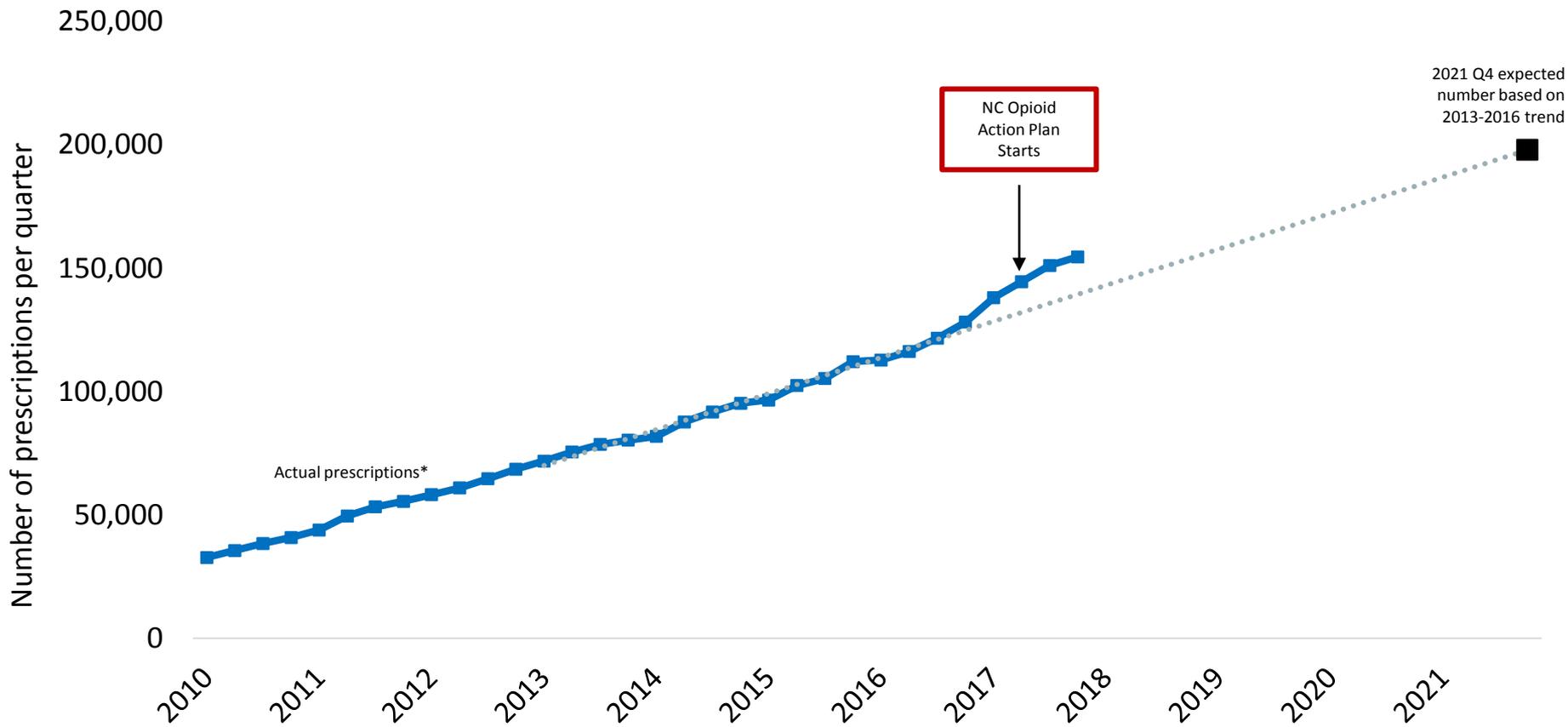
*Data are subject to change as additional data are entered into the system
 Source: NC Division of Mental Health, Controlled Substance Reporting System, 2010-2017 Q4
 Detailed technical notes on all metrics available from NC DHHS; Updated April 2018

Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day



*Data are subject to change as additional data are entered into the system
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 Detailed technical notes on all metrics available from NC DHHS; Updated April 2018

Number of Buprenorphine Prescriptions Dispensed



*Data are subject to change as additional data are entered into the system
 Source: NC Division of Mental Health, Controlled Substance Reporting System, 2010-2017 Q4
 Detailed technical notes on all metrics available from NC DHHS; Updated April 2018

NC OAP DATA DASHBOARD: <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Metric Summary Table

Reduce Death / ED Outcomes

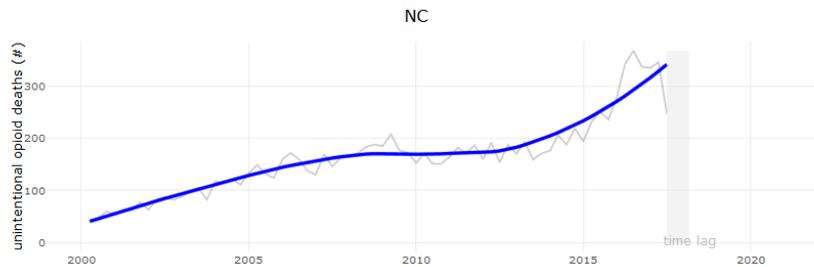
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Unintentional opioid-related deaths are increasing in NC

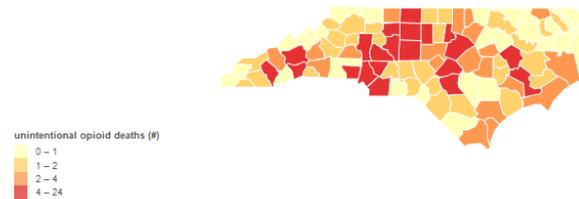
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Unintentional Opioid Deaths



Unintentional Opioid Deaths by County



Data Source: North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-2017. See Technical Notes.

Number of EMS naloxone administrations	2018 - Q1	2,836	2,836
Number of community naloxone reversals	2018 - Q1	1,316	1,316
Treatment and Recovery			
Number of buprenorphine prescriptions dispensed	2017 - Q4	154,631	588,316
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	2017 - Q3	17,259	49,209
Number of certified peer support specialists (CPSS)	2018 - Q1	3,025	3,025



Questions?

Mary Beth Cox, MPH

Injury and Violence Prevention Branch

NC Division of Public Health

MaryBeth.Cox@dhhs.nc.gov

www.injuryfreenc.ncdhhs.gov

What's Next for the NC Opioid Action Plan

Dr. Susan Kansagra

Future

- **Federal Funding**

Spotlight: Legislative Town Hall

Representative Gregory Murphy & Steve Mange

Spotlight: Youth Prevention

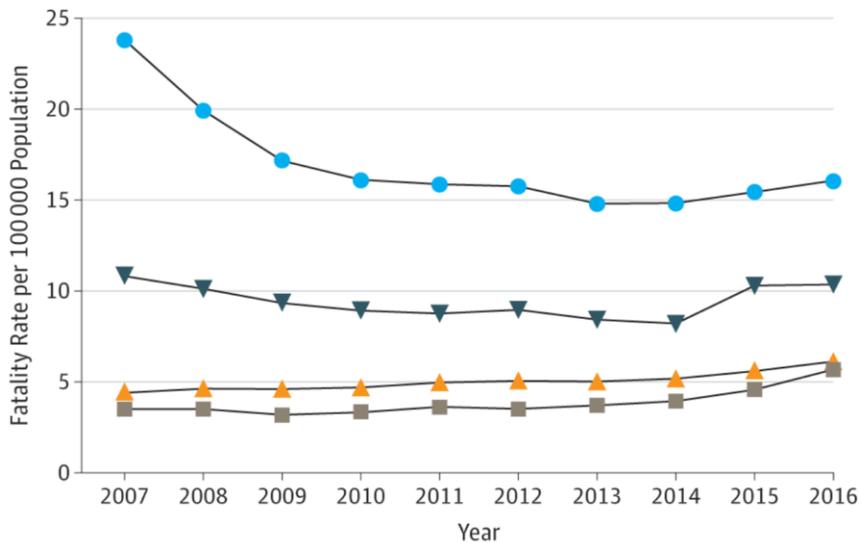
Mary Beth Cox

Overview

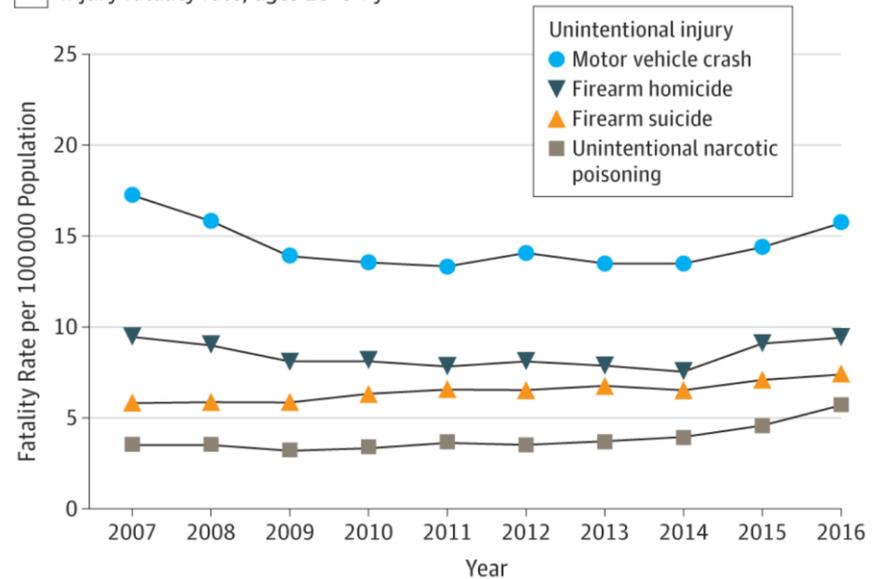
- Overdose by age group
- Youth Lifetime Use Data
- Other impacts of the epidemic

Increasing Fatality Rates From Preventable Deaths in Teenagers and Young Adults

A Injury fatality rate, ages 15-24 y



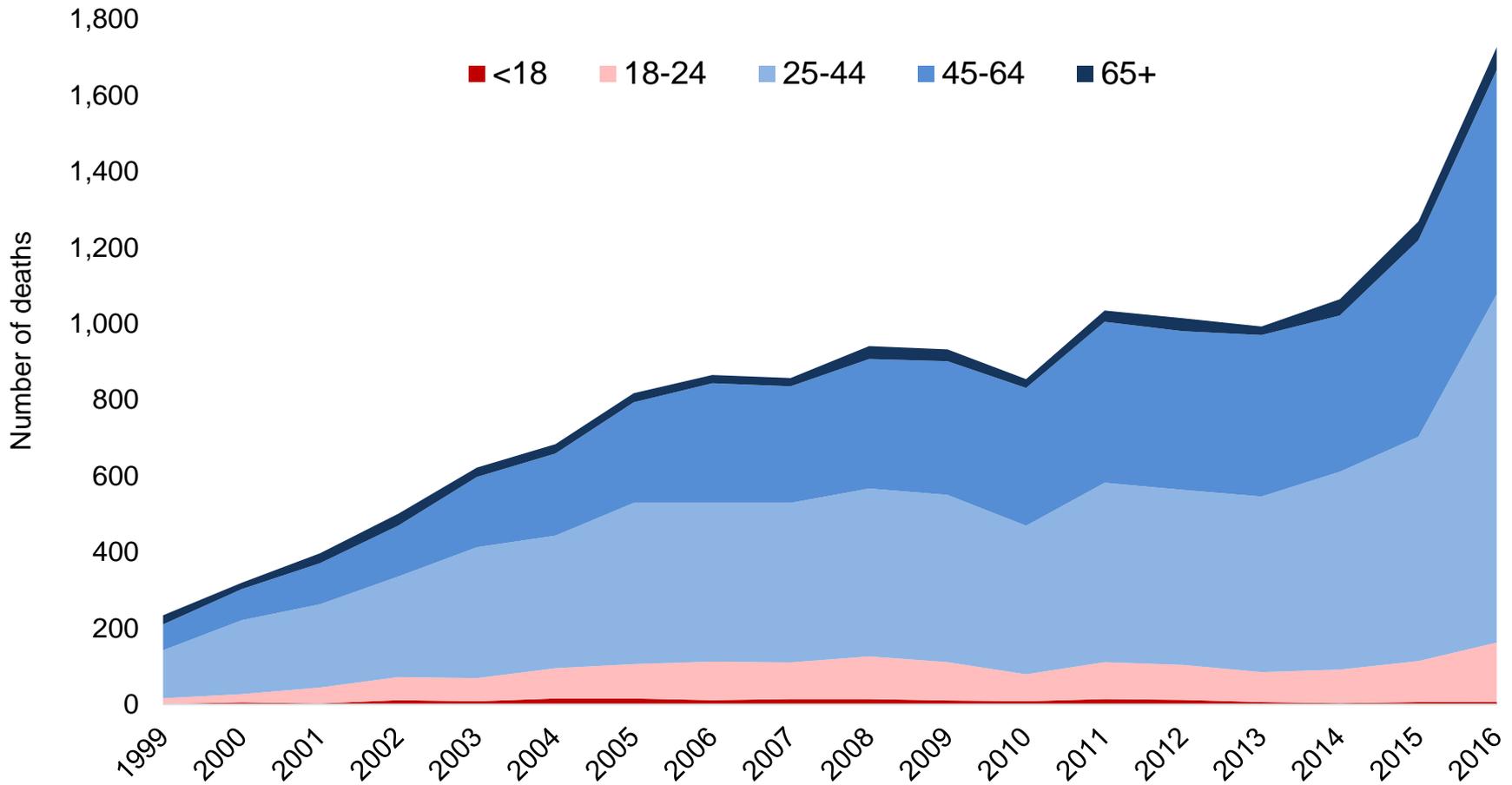
B Injury fatality rate, ages 25-34 y



Fatality Rates From Motor Vehicle Crashes, Firearms, and Unintentional Narcotic Poisoning in US Teens and Young Adults Age-specific fatality rates are based on population data from the US Census. Underlying leading causes of death data from 2007 to 2016 are from WISQARS (Web-based Injury Statistics Query and Reporting System), which is maintained by the Centers for Disease Control and Prevention. Since 1999, mortality data in WISQARS has been assembled using codes from the International Classification of Diseases, Tenth Revision (ICD-10). Mechanism and cause of injury are based on ICD-10 external cause of injury codes.

Source: JAMA. Published online May 31, 2018. doi:10.1001/jama.2018.6566

Unintentional Medication and Drug Overdose Deaths by Age Group, NC Residents, 1999-2016



Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016,
 Unintentional medication or drug overdose: X40-X44/Population-National Center for Health Statistics, 2012-2016
 Analysis by Injury Epidemiology and Surveillance Unit

Youth Use Data

National Trends of Usage among Youth

PAST-YEAR MISUSE OF PRESCRIPTION/OVER-THE-COUNTER VS. ILLICIT DRUGS



Past-year misuse of Vicodin among 12th graders has dropped dramatically in the past 15 years. Misuse of all Rx opioids among 12th graders has also dropped dramatically, despite high opioid overdose rates among adults.



Past-year use among 12th graders

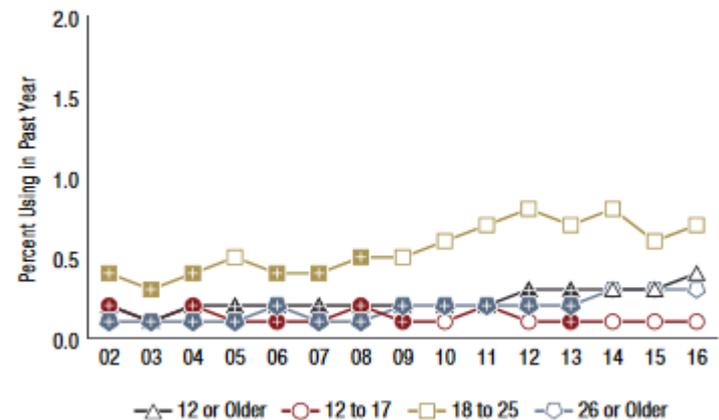
STUDENTS REPORT LOWEST RATES SINCE START OF THE SURVEY

Across all grades, past-year use of heroin, methamphetamine, cigarettes, and synthetic cannabinoids* are at their lowest by many measures.

*Called "synthetic marijuana" in survey

Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health

Figure 29. Past Year Heroin Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2016

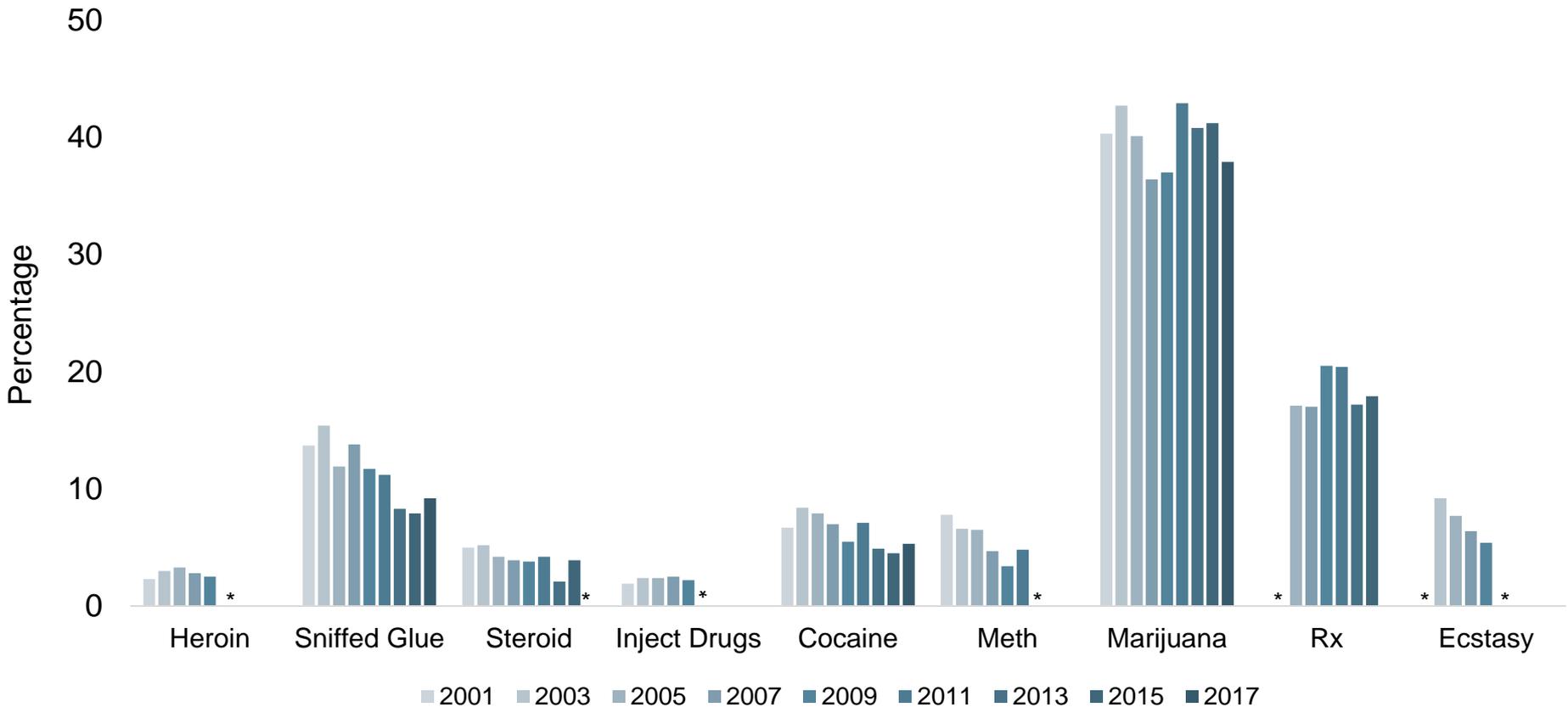


* Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.

NC Youth Risk Behavior Survey

- Statewide survey of High School and Middle School Students
- Implemented spring of every odd numbered year
- Questions on violence, personal safety, physical activity, nutrition, mental health, tobacco, drugs and alcohol, protective factors, and sexual behavior questions
- Data posted to:
<http://www.nchealthyschools.org/data/yrbs/>

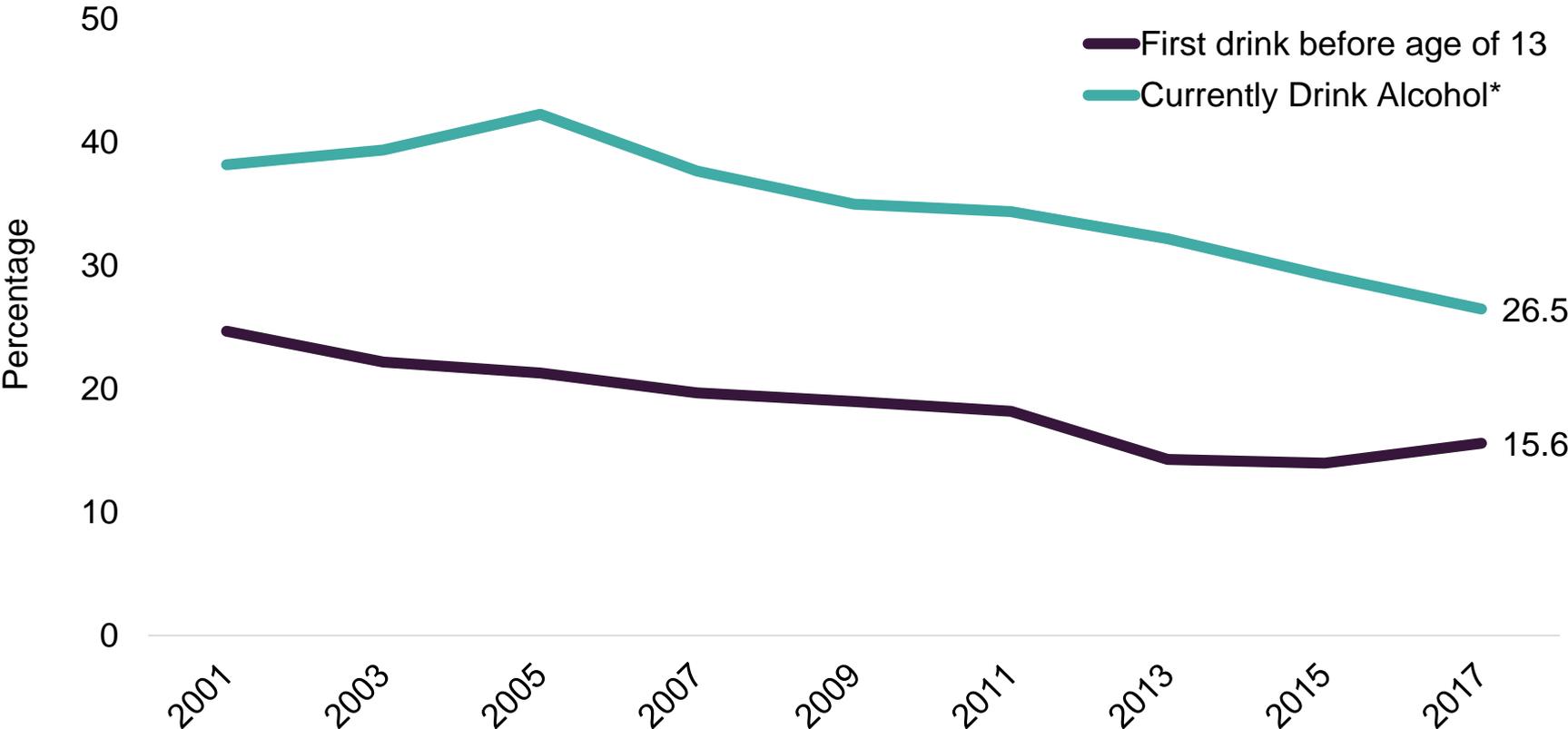
Self-reported Lifetime Use of Substances among North Carolina High School Students



* Question not asked

Source: NC Department of Public Instruction, NC Youth Risk Behavioral Survey (YRBS), 2001-2017
 Analysis: Injury Epidemiology and Surveillance Unit

Self-reported Alcohol Consumption among North Carolina High School Students



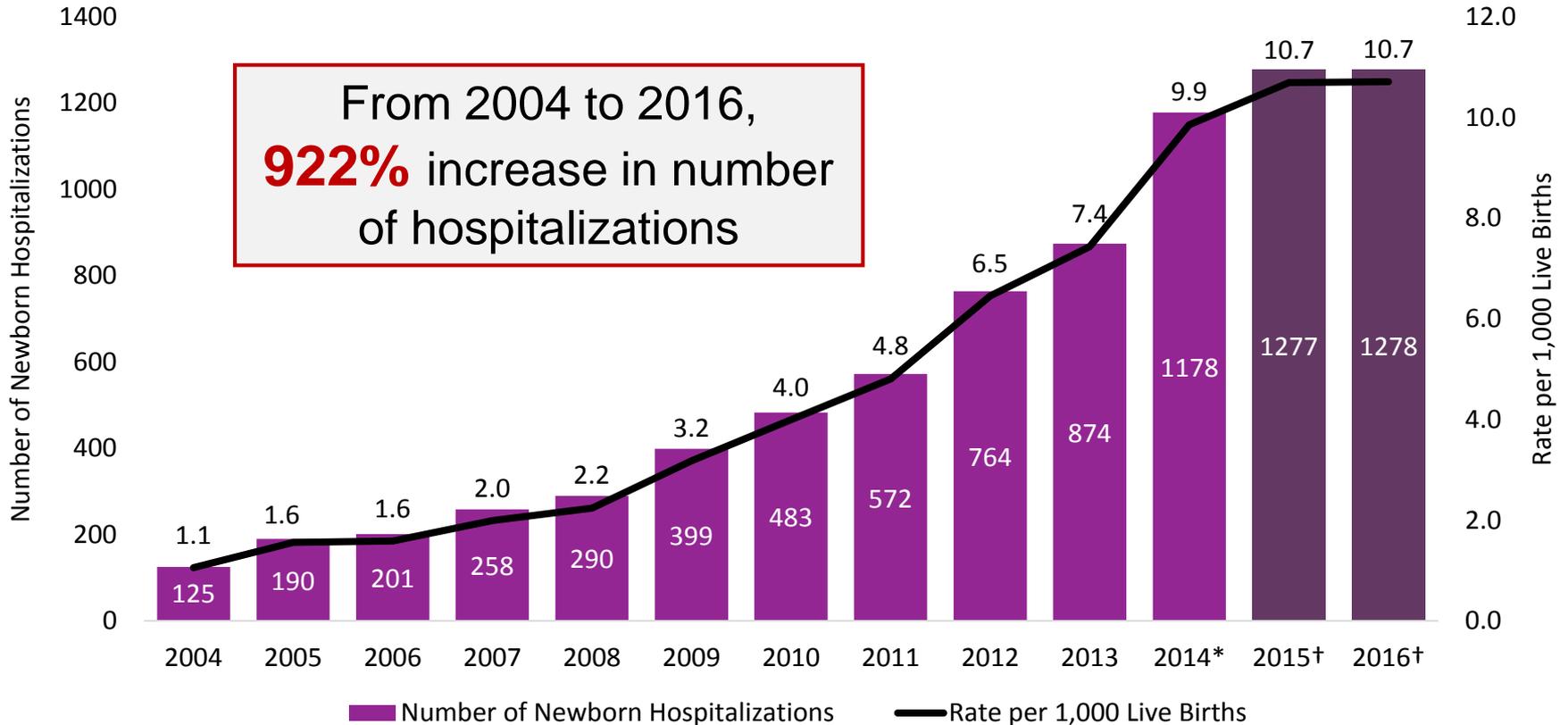
*At least one alcoholic drink in past 30 days: Percent of students who currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey).

Source: NC Department of Public Instruction, YRBS 2015
Analysis by Injury Epidemiology and Surveillance Unit



Other Impacts...

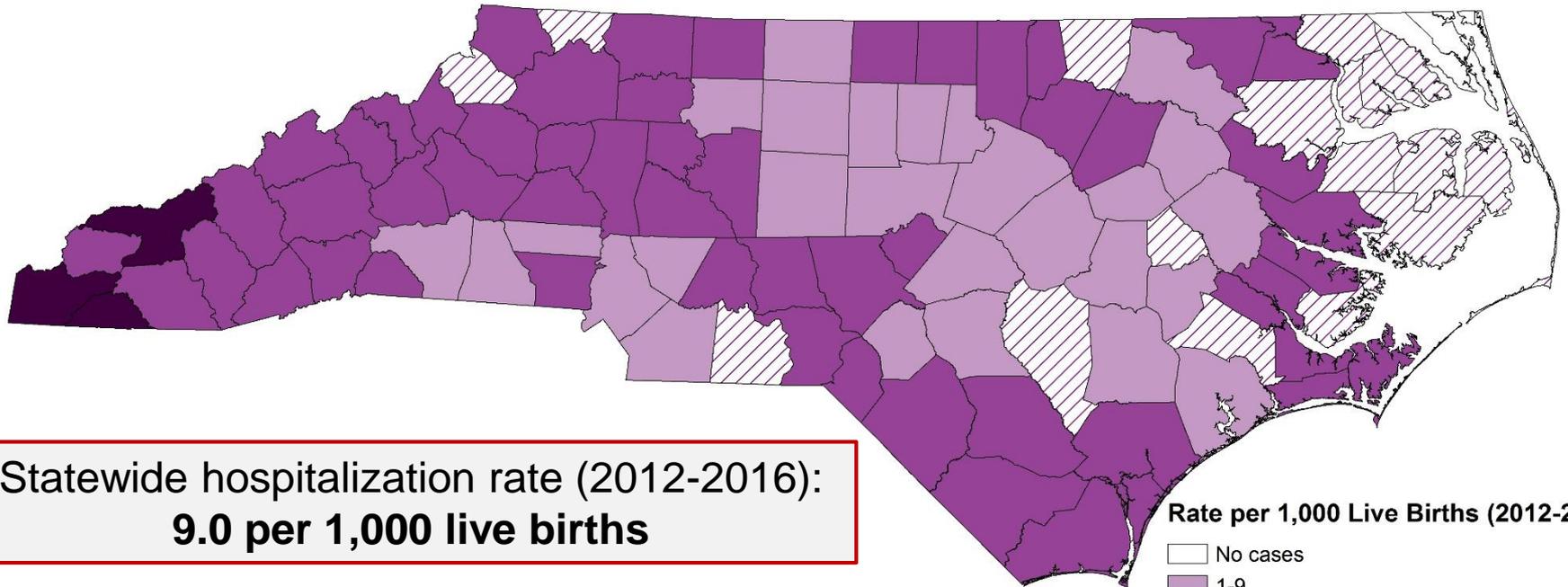
Number & Rate of Hospitalizations Associated with Drug Withdrawal in Newborns, North Carolina Residents, 2004-2016



*2014 data structure changed to include up to 95 diagnosis codes. Impact on surveillance unclear.

†2015 ICD 9 CM coding system transitioned to ICD10 CM. Impact on surveillance unclear.

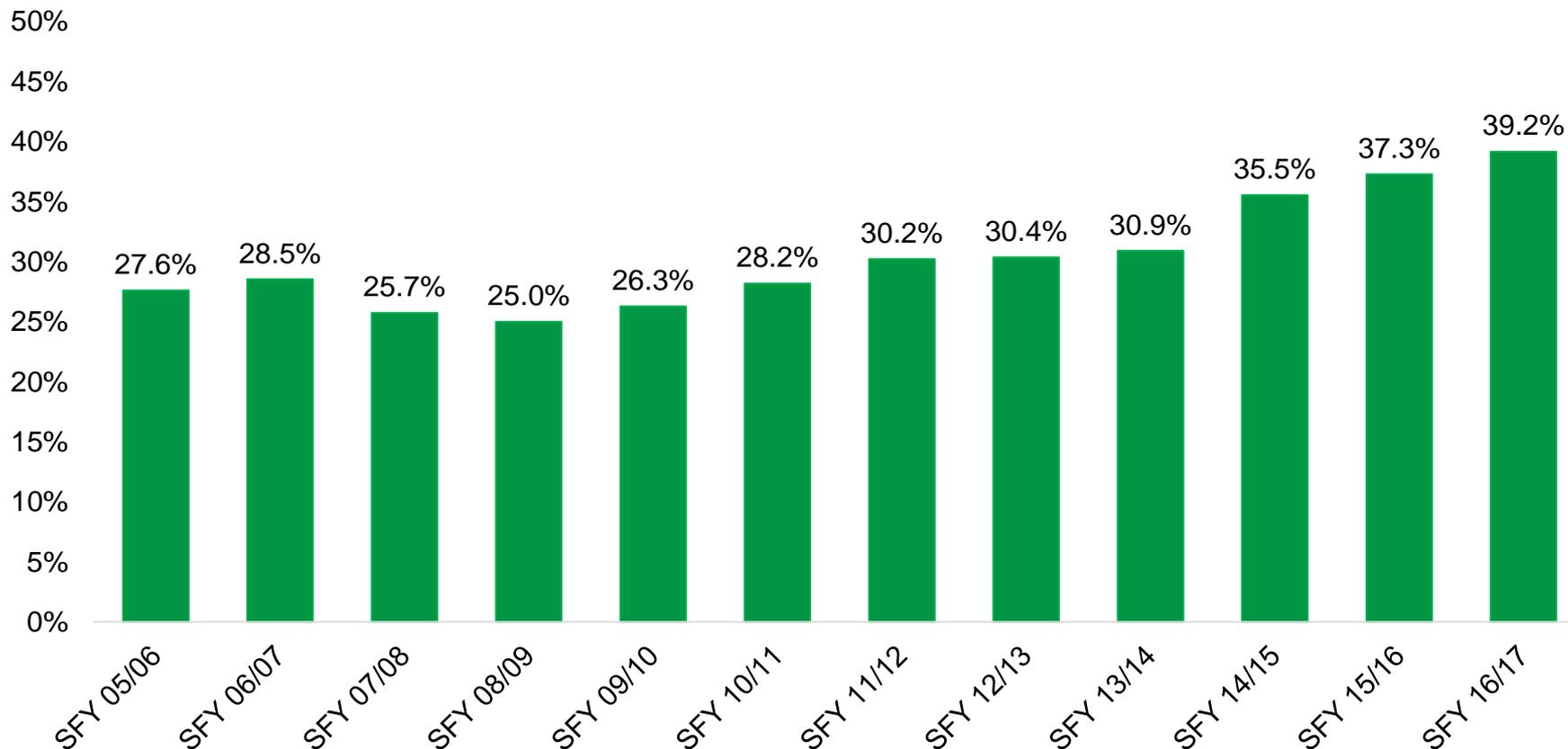
Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 1,000 Live Births, North Carolina Residents, 2012-2016



NOTE: 2014 data structure changed to include up to 95 diagnosis codes. 2015 ICD 9 CM coding system transitioned to ICD10 CM. The impact of these changes on surveillance is unclear.

Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

Percent of Children Entering Foster Care in NC with Parental Substance Use as a Factor in Out-of-Home Placement

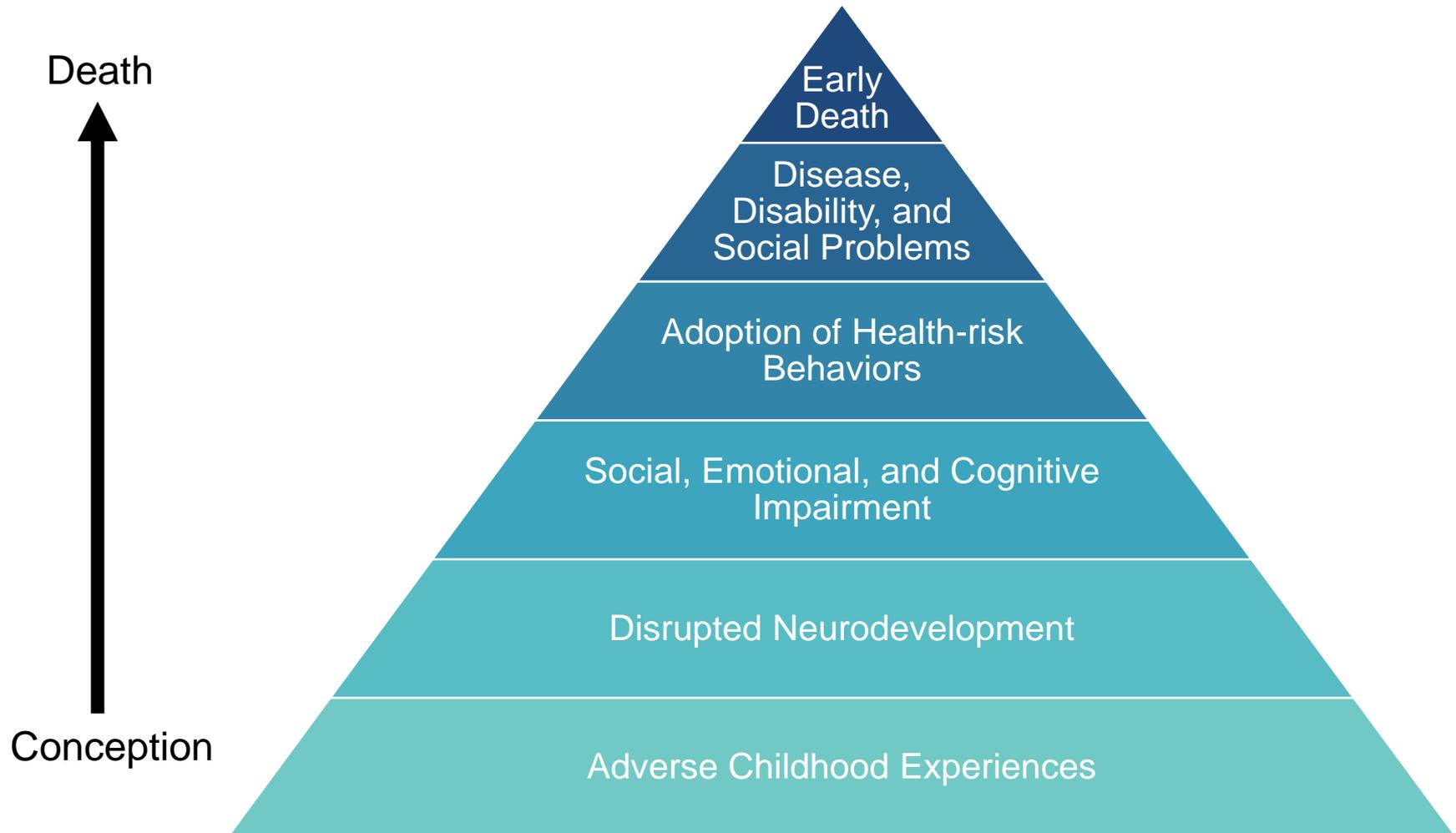


All children entering care are ages 0-17 and spent at least one day in out of home care.

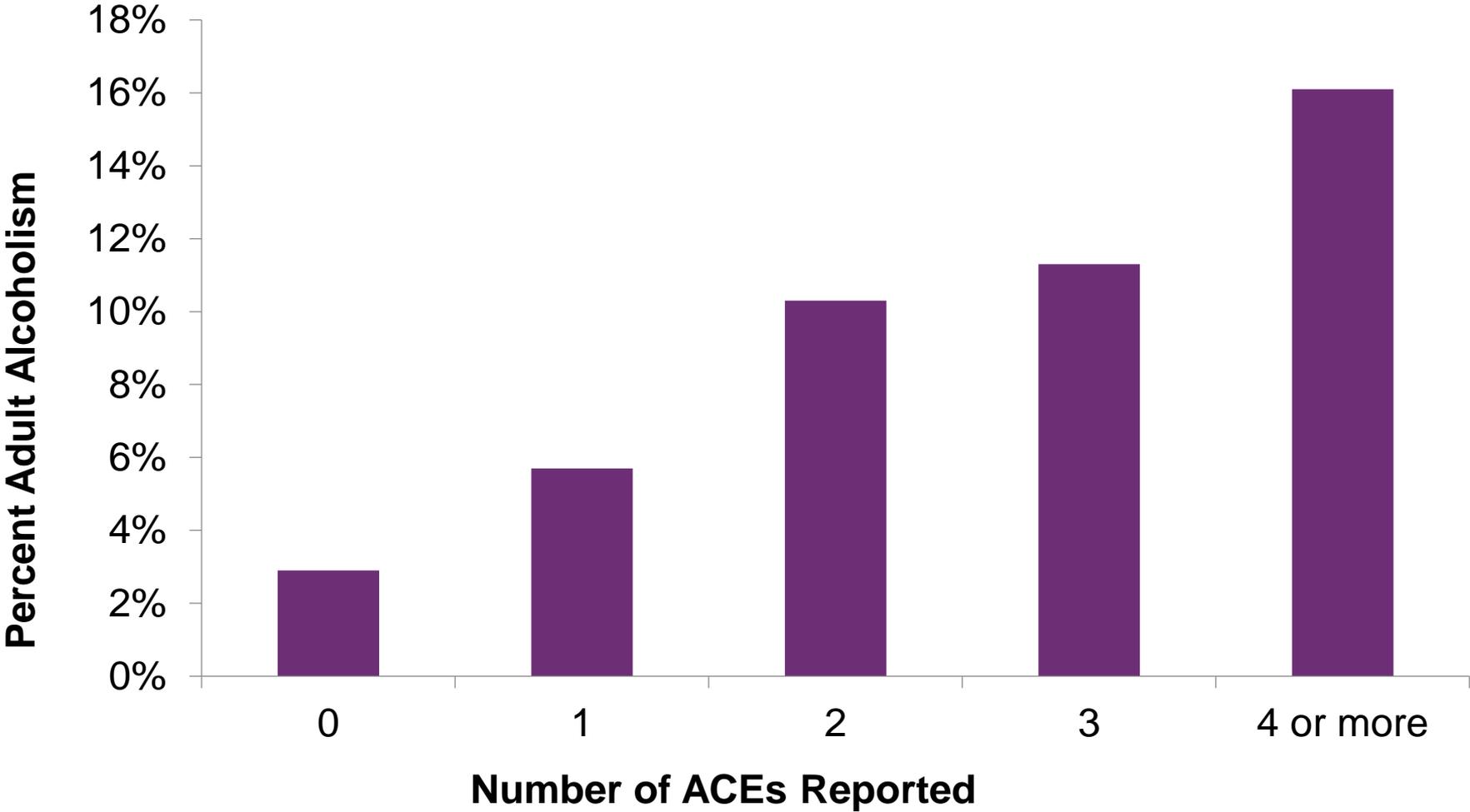
Source: NC DHHS Client Services Data Warehouse, Child Placement and Payment System
Prepared by Performance Management/Reporting & Evaluation Management, June 2018

ACEs

Mechanisms by Which ACEs Influence Health and Well-being throughout the Lifespan

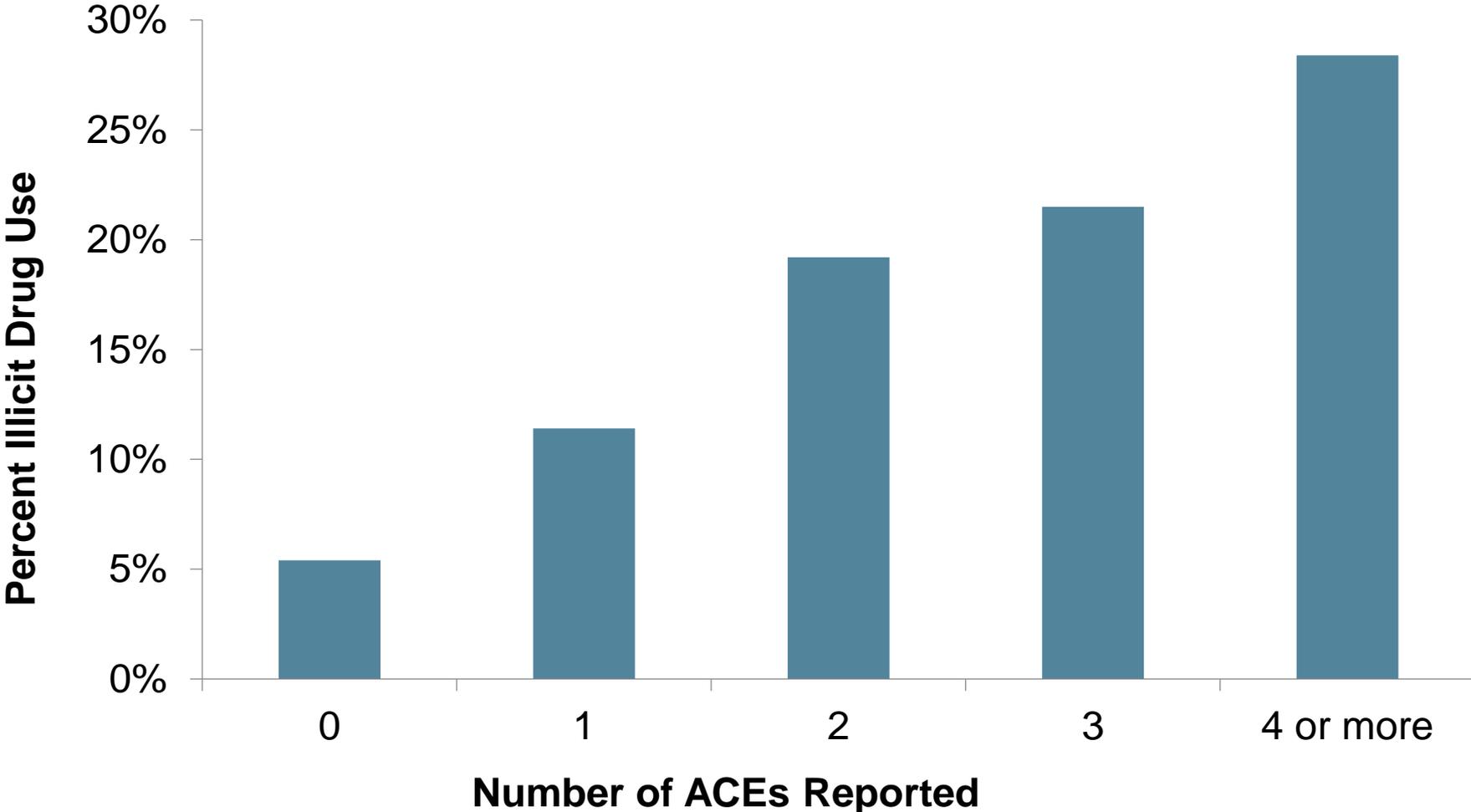


Childhood Experiences vs. Adult Alcoholism



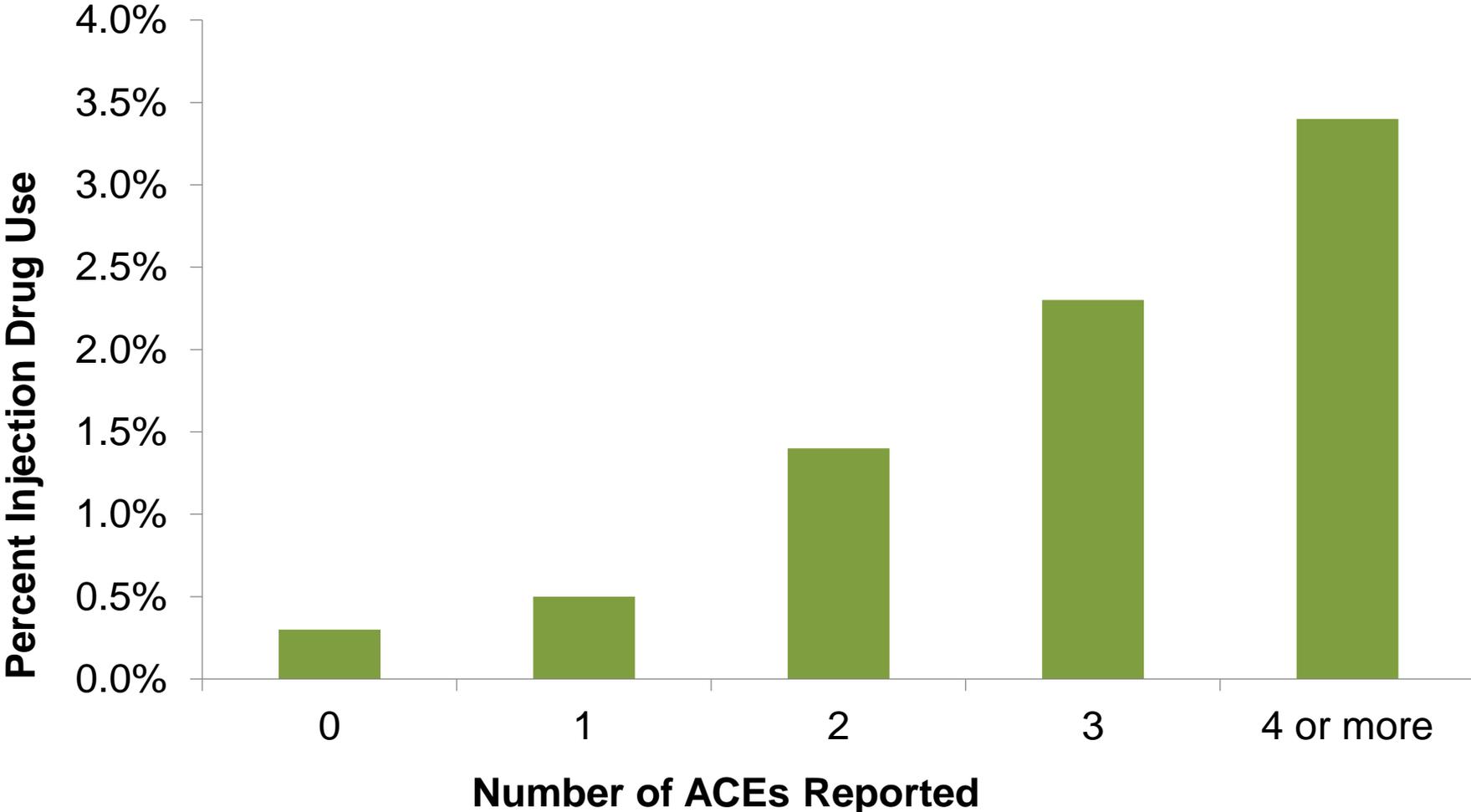
Source: Felitti., *American Journal of Preventive Medicine*

Childhood Experiences vs. Illicit Drug Use



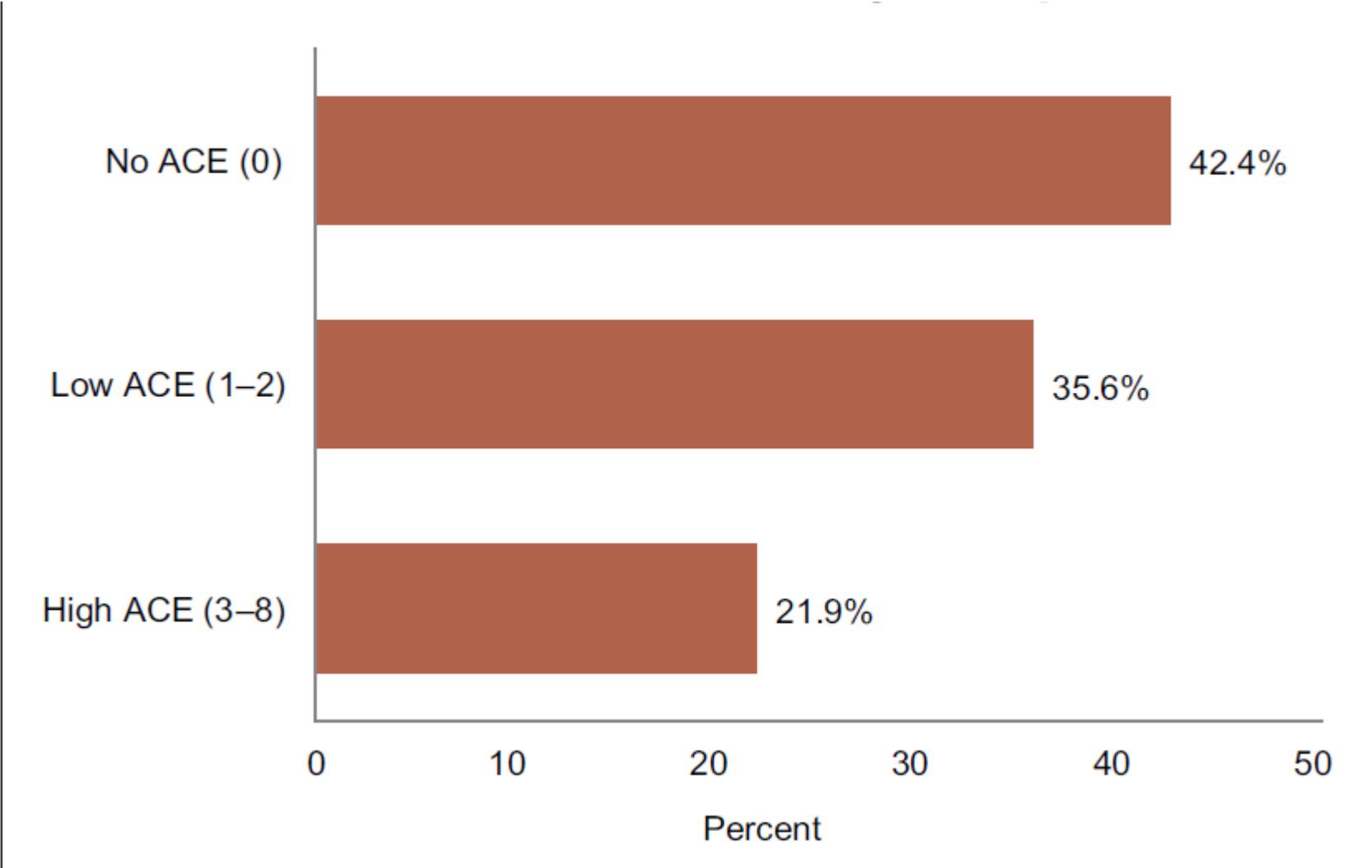
Source: Felitti., *American Journal of Preventive Medicine*

Childhood Experiences vs. Injection Drug Use

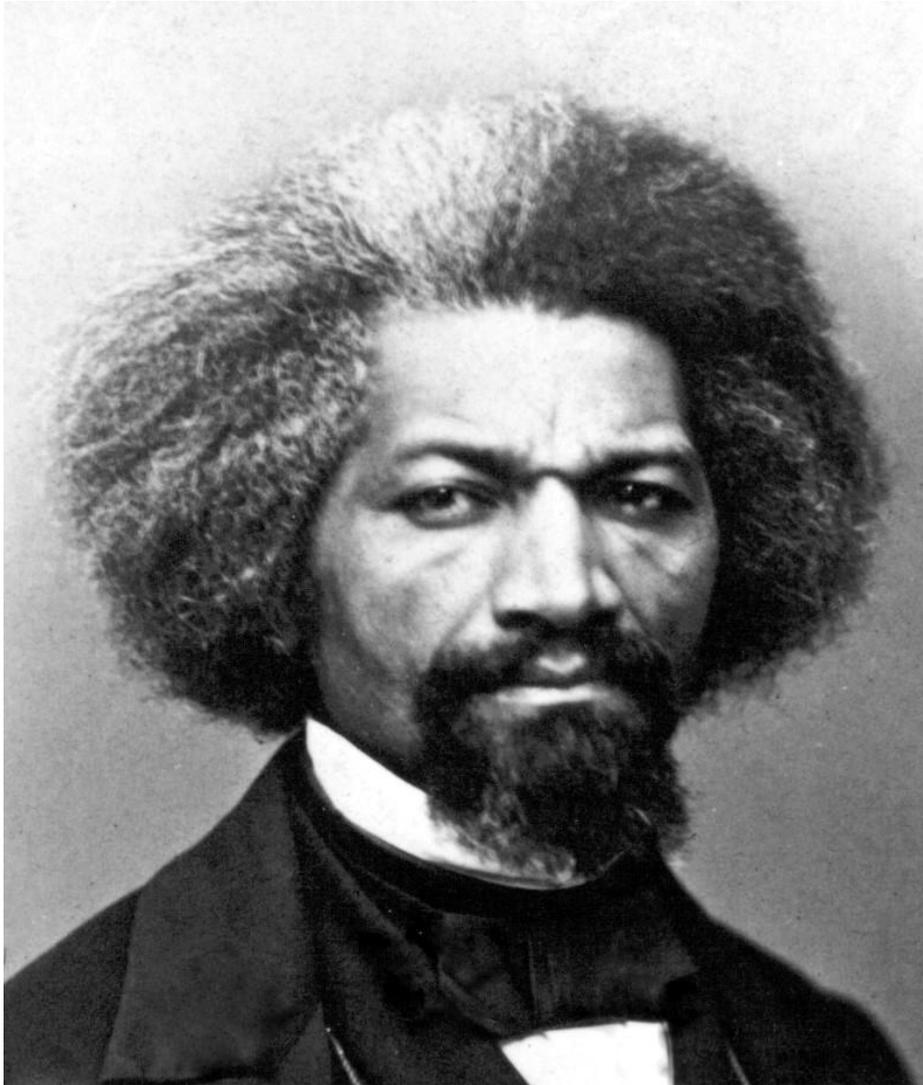


Source: Felitti., *American Journal of Preventive Medicine*

Prevalence of ACE Groups among NC Adults



Source: NC BRFSS 2012



"It is easier to build strong
children than to repair
broken men."

Frederick Douglass

1817-1895

Opioid Prevention Efforts

Sarah Potter

DMH: Community Wellness, Prevention, and Health Integration Section

- Substance Abuse Prevention and Treatment Block Grant Prevention Set-Aside: 30 non-profit service providers that cover all 100 counties.
- Synar Program: Prevention and enforcement of NC Youth Access to Tobacco Law.
- FDA Tobacco Enforcement Program: Education and enforcement of Federal Youth Tobacco Law.
- Strategic Prevention Framework- Partnership for Success Grant (Opioid Prevention)
- Strategic Prevention Framework – Rx Grant (Opioid and other Rx Drug Prevention)
- Prevention Training and Technical Assistance Center
- NC Evaluation Center
- NC Behavioral Health Equity Center
- Early Child Mental Health initiatives
- NC Preventing Underage Drinking Initiative
- Suicide Lifeline
- NC Higher Ed AOD Coalition
- Parent Resource Center

DMH: Community Wellness, Prevention, and Health Integration Section

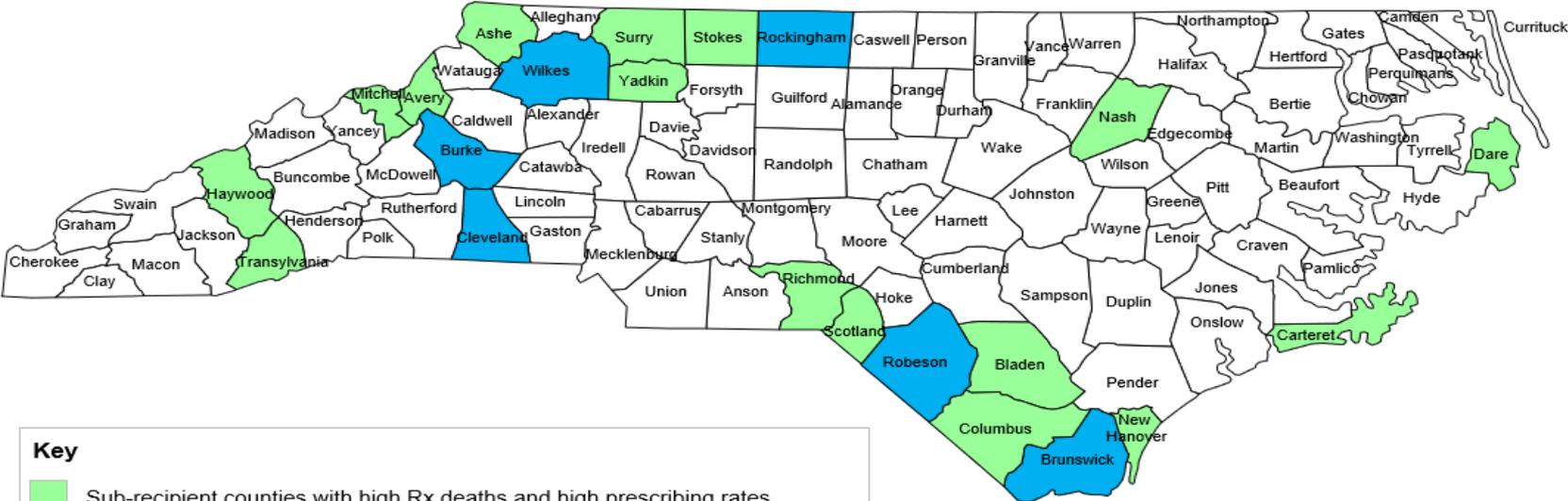
- Sarah Potter, Chief
- Jessica Dicken, Prevention Block Grant Manager
- Ronda Sanders, Tobacco Prevention and Control Manager
- Olaunda Green, Synar Program Manager
- Michael Eisen, Underage Drinking and Special Projects Coordinator (STR-Prevention)
- Susan Robinson, Mental Health Coordinator
- Kendall Wood, SPF-Rx Manager

STR Prevention Overview

- Targeted Opioid Prevention efforts in 16 counties experiencing both high prescription medication misuse and overdose rates: Stokes, Bladen, Columbus, Scotland, Surry, Yadkin, Richmond, New Hanover, Carteret, Nash, Dare, Haywood, Mitchell, Transylvania, Ashe, Avery
- Involvement in community collaborations, coalitions and groups dedicated to preventing opioid overprescribing, misuse and overdose
- Provision of 6 experienced prevention mentors to serve the 16 counties

Communities of Focus

North Carolina Counties



Strategic Prevention Framework (SPF)



Interventions/Strategies

- Lock Your Meds Campaign
- Controlled Substance Reporting System (CSRS) Utilization/Registration
- Safer Prescriber Trainings
- Medication Take Back Events
- Medication Lockbox Distribution
- Chemical Medication Disposal Kits
- Naloxone/Narcan distribution
- Community Presentations / Forums: PACT 360
- Strengthening Coalitions are bringing together new collaborations
- Modifying Prescribing Policies and Medical Provider Practices around Opioids
- Modifying School Policy
- Promoting Proper Storage with Partners/ Reducing Social Access
- Expanding prevention and recovery connections

SPF-Rx Overview

- Supports 5 counties and statewide efforts on Rx Drugs
- Opioid Summit: June 27-28, 2017 and NC Coalition Summit: June 12-13, 2018
- Uses similar approaches in STR-Prevention, but also...
- Dispenser Webinars: Topics Include: Starting the Conversation, STOP Act- CSRS- and the role of the pharmacist, Chronic Pain and Addiction, CDC Guidelines on Treatment of Addiction, Needle Exchange Programs, Treatment of Opioid Use Disorders.
<https://www.ncpharmacists.org/content.asp?contentid=268>
- College Policy Symposiums on Stimulants and Benzodiazapines. In partnership with NC Higher Ed Alcohol and Other Drug Coalition.

SPF-PFS Overview

- Supports 13 counties focusing on Opioids and Underage Drinking
- Grant ends 9/30/18. 8 out of 13 projects secured sustained funding beyond grant.

Spotlight: Youth Prevention

Anna Godwin



PARENT RESOURCE CENTER

AT FAMILIES IN ACTION

www.ncparentresourcecenter.org

Families in Action

- Families in Action- Formed in 1982
- Parent Resource Center- Formed in 2004
 - engage and support parents and communities in their effort to reduce substance misuse** through parent engagement and parent involvement
 - expand prevention capacity** through parent-centered prevention

- Addiction Professionals of North Carolina (APNC)
- Prevention Providers Association (PPA)
- Community Anti-Drug Coalitions of America (CADCA)

Lock Your Meds

Opioid STR/Cures

- Community Level
 - Implemented in over 50 counties
 - Medication lock box distribution
 - Theater/TV/Radio PSA
 - Social Media
 - Rack Cards
 - Billboards



She gets her hair from her mom.

Her eyes from her dad.

And her drugs from her parents' kitchen cabinet.

67% of people who abuse prescription drugs get them from family or friends. Prevent your children, friends and relatives from abusing your own medication by securing your meds in places they cannot access.

BE AWARE. DON'T SHARE.®
LOCK YOUR MEDS.®
www.lockyourmeds.org/nc



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Supported by the N.C. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with funding from the Substance Abuse and Mental Health Services Administration, Opioid STR/Cures (Grant#1H79TI080257) and SPF-RX (Grant # 1U79SP022087).

Supported by the N.C. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with funding from the Substance Abuse and Mental Health Services Administration, Opioid STR/Cures (Grant#1H79TI080257) and SPF-RX (Grant # 1U79SP022087).



Lock Your Meds

- State Level
 - Digital Reach Estimates
 - Websites & Social Media
 - 5,925,722 impressions
 - TV Reach Estimates
 - Greensboro, High Point, Winston Salem
 - 9,474,193 impressions
 - 837,254 net population reach adults 35+
 - Greenville, New Bern, Jacksonville
 - 2,518,000 impressions
 - 330,664 net population reach adults 35+
 - Charlotte
 - 21,940,975 impressions
 - 1,536,277 net population reach adults 35+
 - Asheville
 - 3,254,438 impressions
 - 373,321 net population reach adults 35+
 - Raleigh-Durham-Fayetteville
 - 19,110,344 impressions
 - 1,500,000 net population reach adults 35+
 - Wilmington
 - 1,748,700 estimated impressions
 - 161,115 net population reach adults 35+

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Lock Your Meds

He gets his
music online.

His t-shirts
at the mall.

And his drugs
from his uncle's
medicine cabinet.

67% of people who abuse prescription drugs
get them from family or friends. Prevent your
children, friends and relatives from abusing
your own medication by securing your meds
in places they cannot access.

BE AWARE. DON'T SHARE.®
LOCK YOUR MEDS.®

www.lockyourmeds.org/nc



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- Partnerships
 - Coalitions
 - Social services
 - University
 - School
 - Law enforcement
 - State Area Health Education Center (AHEC)
 - Hospice
 - Media
 - Medical community
 - Senior center
 - Medication assisted treatment provider
 - Movie theater
 - Faith based organization
 - Shelter
 - Food bank

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Opioid Misuse & Overdose **PREVENTION SUMMIT**

Sponsored by NCDHHS Divisions of MHDDSAS and Public Health

- June 27-28, 2017
- Opioid Action Plan
- Over 500 in attendance

- 2019 Summit
 - Venue for showing State Opioid Action Plan progress
 - More information coming soon!



Supported by the N.C. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with funding from the Substance Abuse and Mental Health Services Administration, Opioid STR/Cures (Grant#1H79TI080257) and SPF-RX (Grant # 1U79SP022087).

North Carolina Coalition Summit

- June 12-13, 2018
- Coalitions and Youth advocates from across NC
- Sessions/Topics
 - State Targeted Response/Cures grantee successes
 - Capacity
 - Prevention & Recovery Partnership
 - Etc.



Supported by the N.C. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with funding from the Substance Abuse and Mental Health Services Administration, Opioid STR/Cures (Grant#1H79TI080257) and SPF-RX (Grant # 1U79SP022087).

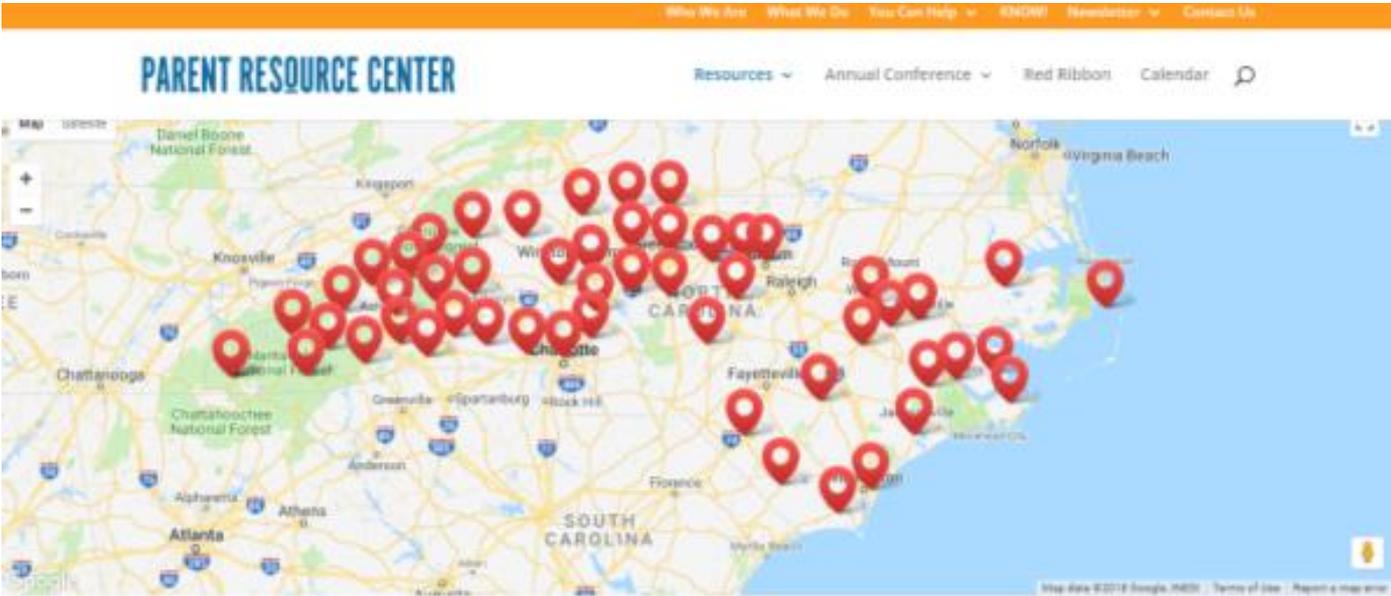
Annual NC Substance Misuse Prevention Conference



- Prevention/treatment/recovery, substance abuse coalition participants, school counselors, social workers, parents, community members, etc.
- Examples of Topics
 - Coalitions
 - Policy
 - Social Influences
 - Adverse Childhood Experiences
 - Health Disparities



Coalitions/Collaboratives



If you are seeking information for a county not listed or additional information for those that are listed, contact Anna Godwin.

Alamance

Alamance Citizens for a Drug Free Community
Karen Webb
kwebb7@bellsouth.net
336-266-1695
www.acdfc.org

Mecklenburg

Charlotte Mecklenburg Drug Free Coalition
Melanie Wilkinson
melanie.wilkinson@drugfreecharlotte.org
980-538-0151
DrugFreeCharlotte.org
Allianza-Latino Drug Free Coalition

www.ncparentresourcecenter.org/resources/nc-coalitions

What's Going On

- Bi-monthly newsletter
 - Funding opportunities
 - Training
 - Resources
 - Highlight community successes

Anna Godwin, MS, LCAS
anna@ncparentresourcecenter.org
252-237-1242



Spotlight: Youth Prevention

Mike and Becky Cannon

Q&A and Group Discussion

Wrap up and THANK YOU!

- Optional Break-outs (12:30 – 1:30 PM)
 - Overview of Media Campaigns (Room 7A)
 - Advisory Group Planning Meeting (Room 7B)
 - Prevention, Education, and Treatment for Young Adults (Room 8A)
- OPDAAC Website:
<https://sites.google.com/view/ncpdaac>
- THANK YOU!!!!