Performance of North Carolina's System for Monitoring Opioid and Prescription Drug Abuse

Session Law 2017-57, Section 11F.10.(e)

Report to the

Joint Legislative Oversight Committee on Health and Human Services

And

Joint Legislative Oversight Committee on Justice and Public Safety

And

Fiscal Research Division

By

North Carolina Department of Health and Human Services

November 30, 2018

INTRODUCTION

Session Law (S.L.) 2015-241, Section 12F.16(q), updated in S.L. 2017-57, Section 11F.10, directs the NC Department of Health and Human Services (DHHS) to submit an annual report on the performance of North Carolina's system for monitoring opioid and prescription drug abuse to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety, and the Fiscal Research Division beginning on December 1, 2016, and annually thereafter.

BURDEN OF THE OPIOID EPIDEMIC IN NC

In NC, as in the United States as a whole, deaths due to medication and drug overdoses have been steadily increasing since 1999, and the vast majority (~88%) of these are unintentional. In 2017, an average of 5 people a day died from opioid overdose in North Carolina. Unintentional opioid deaths have increased from just over 100 deaths in 1999 to over 1,884 deaths in 2017. The epidemic of medication and drug overdose is mostly driven by opiates, specifically prescription opioids. Historically, prescription opioids (drugs like hydrocodone, oxycodone, and morphine) have contributed to an increasing number of medication/drug overdose deaths. More recently, other synthetic narcotics (heroin, fentanyl, and fentanyl analogues) are resulting in increased deaths. The percent of opioid overdose deaths involving illicit opioids, such as heroin and fentanyl, grew from 18% in 2010 to over 80% by the end of 2017.

Use of multiple substances concurrently, known as polysubstance use, is also a growing problem. Over a quarter of drug overdose deaths involve two or more types of drugs, and 44% of prescription opioid overdose deaths also involved a benzodiazepine. The number of deaths involving cocaine is also on the rise.

The statewide outpatient opioid dispensing rate for 2017 was 51 pills per resident, a decrease from 2016. Previous analyses in NC have shown that opioid overdose deaths are more common in counties where more opioids are dispensed.

BACKGROUND

Session Law 2015-241 mandated the development of a strategic plan and creation of the Prescription Drug Abuse Advisory Committee (PDAAC), which is tasked with implementing activities guided by strategies within the Plan. With the leadership of the NC DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), and support from the National Governors Association (NGA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), a group of more than 150 stakeholders worked together to develop the *2016 N.C. Strategic Plan to Reduce Prescription Drug Abuse*.

Session Law 2017-57 renamed the group the ***Opioid and Prescription Drug Abuse Advisory Committee*** (OPDAAC), which in the last year has accomplished a number of actions to address the opioid epidemic in NC. These accomplishments are highlighted below.

OPIOID AND PRESCRIPTION DRUG ABUSE ADVISORY COMMITTEE

In accordance with Session Law 2015-241, Section 12F.16. (m), the OPDAAC was established in early 2016, and has met in Raleigh quarterly since then. In 2018, meetings were held on March 16, June 22 and December 14. The September 2018 meeting was cancelled due to statewide devastation caused by Hurricane Florence. OPDAAC membership has grown significantly since its start and now includes over 600 members from diverse disciplines, including representatives from: DHHS's Division of Medical Assistance (DMA), DMHDDSAS, Division of Public Health (DPH), and the Office of Rural Health; Division of Adult Correction and Juvenile Justice of the Department of Public Safety; the State Bureau of Investigation; the Attorney General's Office; health care regulatory boards with oversight of prescribers and dispensers of opioids and other prescription drugs; the University of North Carolina (UNC) Injury Prevention Research Center; the substance use treatment and recovery community; the Governor's Institute; and the Department of Insurance's drug take-back program, Operation Medicine Drop.

NC OPIOID ACTION PLAN

Work of OPDAAC in 2018 continued to focus on implementing strategies in ***NC's Opioid Action Plan (2017-2021)***. The intent of the *NC Opioid Action Plan* is to identify specific and achievable steps that will have the greatest impact on reducing the burden of death from the opioid epidemic. The *Action Plan* is a concise document and thus does not capture all of the work going on in the state around this topic. The *Action Plan* is a living document that will be updated as NC makes progress on the epidemic and is faced with new issues and innovative solutions in a fast-changing environment. The full *NC Opioid Action Plan* can be found here https://www.ncdhhs.gov/opioids.

Given the complexity of the epidemic, numerous strategies are outlined in the *Action Plan*, all of which will assist in reducing the impact of the opioid crisis. The *Action Plan* focus areas include: creating a coordinated infrastructure; reducing the oversupply of prescription drugs; reducing diversion and flow of illicit drugs; increasing community awareness and prevention; increasing naloxone availability and links to care; expanding access to treatment and recovery; and, measuring impact.

Opioid Action Plan Highlights

Select 2018 highlights for each of the seven *NC Opioid Action Plan* focus areas are below.

Strategy 1 – Create a Coordinated Infrastructure

In addition to convening the OPDAAC to implement the *NC Opioid Action Plan* as described above, DHHS is continuing to work on building and sustaining local coalitions. This past year DHHS supported 14 local county coalitions focused on substance use prevention. In June, DHHS awarded 13 awards of up to $150,000 (over $1.5 million in total awards) to community coalitions and organizations to implement projects that advance strategies of the NC Opioid Action Plan. DHHS further recently funded 20 local health department led coalitions to increase naloxone access, among other interventions.

There are over 50 active county coalitions that address substance misuse in their communities, working to advance a variety of prevention and treatment strategies in their area. For example, the Western

North Carolina Substance Use Alliance, convened by Vaya Health, is in the process of implementing their strategic plan adopted to expand medication-assisted treatment (MAT), enhance substance use treatment for pregnant women, strengthen the continuum of treatment and crisis services for adults, and strengthen the continuum of treatment and prevention services for children and adolescents.

Strategy 2 - Reduce Oversupply of Prescription Opioids

Since the launch of the NC Opioid Action Plan, there has been a decrease in supply of opioid pills dispensed statewide. The number of opioid pills dispensed has decreased 25% from the beginning of 2016 to the beginning of 2018.

Operation and utilization of the Controlled Substances Reporting System (CSRS) continues to grow. As of August 31, 2018, over 71% of prescribers and dispensers were registered with CSRS, up from 60% in September 2017.

DHHS signed a contract with APPRISS May 2018, which included a purchase of a new software (NarxCare), which will provide easy-to-use visualization and an overdose risk score to help providers make informed decisions at the point of care. The migration to the new CSRS platform went live on September 19, 2018. DHHS has further initiated roll out of integration of CSRS with electronic health records (EHRs) and pharmacy management systems (PMS) to improve ease of access and use of CSRS.

DHHS further supported oversight and regulation of prescribers by state health care regulatory boards. DHHS' DMHDDSAS sends quarterly reports to the NC Medical Board (NCMB) and NC Board of Nursing of prescribers who met reporting criteria pursuant to rules adopted by the boards for further investigation. Additionally, DMHDDSAS sends proactive reports to prescribers whose patients exceed a threshold of a number of physicians and pharmacies visited, indicating potential concerning behavior.

DHHS supported the Governors Institute in training 3,300 participants covering best practices for prescribing, managing chronic pain, and recognizing signs of misuse and abuse in FY 2017. To date, it has trained nearly 1,200 participants in FY 2018. The Governor's Institute has additionally worked with the North Carolina Medical Board and AHEC to implement a series of opioid prescribing trainings across the state, including in person events (reached nearly 2,200 prescribers in 20 counties), webinars (>5,000 views by prescribers), and recorded videos. Additionally, over 300 medical practitioners and licensed clinical staff participated in ASAM (American Society of Addiction Medicine) level of care and medication-assisted treatment training through funding from the Opioid State Targeted Response (STR) grant in 2018.

DHHS established a NC Payers Council to bring together health care payers across the state to partner on benefit design, member services, and pharmacy policies that reduce oversupply of prescription opioids (e.g. lock in programs) and improve access to substance use disorder treatment. The Payers Council met monthly from December 2017 until June 2018. The final report and recommendations were released in September. The full report can be found here.

A Dental Workgroup of the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) has been created. The Dental Workgroup will adopt a NC Dental Opioid Action Plan – modeled on the broader NC Opioid Action Plan – which will largely focus on promoting safe prescribing policies among dentists.

The NC Rules Commission adopted the *"NC Industrial Commission Rules for the Utilization of Opioids, Related Prescriptions, and Pain Management in Workers' Compensation Claims,"* which went into effect on May 1, 2018. The Industrial Commission created a *Companion Guide*, which was released concurrently with the rules. The rules set limits on the prescribing on opioids during the acute and chronic phases of treatment, and also promote the co-prescription of naloxone, the provision of non-pharmacological treatment for pain, and treatment for substance use disorder when necessary.

NC Medicaid continues to operate the State's Beneficiary Management Lock-in Program (MLIP). As required by S.L. 2015-268, Section 4.4, key enhancements were made to the program effective January 2017. The enhancements included program revisions to extend the lock-in duration to two years and to increase MLIP capacity to ensure that all individuals who meet revised program criteria are locked in. Since the MLIP was expanded, there are currently 13,161 beneficiaries in the program. From 2016-2017, gross program savings from both outpatient pharmacy and medical services for all beneficiaries newly locked in and all carry over beneficiaries were $30,192,507 (State share $10,048,066). The gross program savings are comprised of $1,837,875 (State share $611,645) attributable to outpatient pharmacy and $28,354,632 (State share $9,436,422) resulting from medical services.

NC Medicaid also implemented a pharmacy edit which stops a claim for filling a concurrent opioid and benzodiazepine prescription – a potentially deadly combination. The dispensing pharmacist is allowed to override the claim only after consulting the prescriber(s) for justification for the concurrent use of an opioid with a benzodiazepine. NC Medicaid has also implemented FDA recommended dosage limits for all covered buprenorphine/naloxone combination products. The dispensing pharmacist is allowed to override the claim for dosages exceeding the FDA recommended limit and no more than the maximum FDA approved dosage limit only after consulting the prescriber(s) for justification.

Strategy 3 – Reduce Diversion of Prescription Drugs and Flow of Illicit Drugs

In 2018, North Carolina passed S.L. 2018-44, the Heroin & Opioid Prevention and Enforcement (HOPE) Act, which strengthens laws related to drug diversion and trafficking, clarifies drug trafficking statues to cover fentanyl trafficking, improves local law enforcements authorities' ability to better investigate diversion cases, and enhances penalties for diversion by health care workers.

North Carolina is one of 22 states that receives funding from the Office of National Drug Control and Policy High Intensity Drug Trafficking Areas Program (HIDTA). The Atlanta-North Carolina HIDTA has partnered with over 60 North Carolina federal, state and local agencies to conduct investigations targeting drug trafficking and money laundering criminal syndicates. These task forces utilize all means of investigations that are worked in conjunction with the NC Attorney General's Office and the NC State Bureau of Investigation. These task forces have initiated investigations resulting in seizures and arrests, which would not have been possible without the cooperation of all agencies involved. As an additional part of this work, the Division of Public Health is producing monthly surveillance reports of opioid-related emergency department visits to distribute to law enforcement agencies, as well as local public health partners. The program also provides funding support to 15 counties in North Carolina to investigate drug trafficking and production. These counties are grouped into four regional initiatives; each regional initiative has representative law enforcement officers from counties within their region that are based in a central investigative office to work collaboratively on drug trafficking cases.

The Healthcare Worker Diversion Prevention Toolkit has been developed through the NC Healthcare

Association's (NCHA) Coalition for Model Opioids Practices in Health Systems and is posted on the NCHA website. The toolkit will also be disseminated among health systems. Presentations to local health care professionals and facilities have been conducted in several counties. In addition, NCHA will hold in-person trainings in the six NCHA regions over the next six months.

Pounds of medication incinerated for 2018 is projected to exceed 2017 levels. In 2017, an estimated 28 million pills were incinerated. During the week of March 18-24, 2018, the NC Department of Insurance (NCDOI), Safe Kids NC and the NC Attorney General's Office conducted five Operation Medicine Drop take back events across NC to encourage communities to take back medications for proper disposal. Along with those highly advertised events, communities hosted over 100 local Operation Medicine Drop events across NC. In addition, the Governor proclaimed March 18-24, 2018 as Operation Medicine Drop Week and March 24, 2018 as Take Back Saturday for the first time.

The NC Association of Pharmacists developed a training module for pharmacists to increase the number of pharmacies that serve as permanent take back sites, sell drug lock boxes, and educate patients on safe drug disposal options.

Strategy 4 – Increase Community Awareness and Prevention

Fourteen counties in North Carolina (Haywood, Transylvania, Mitchell, Avery, Ashe, Surry, Yadkin, Columbus, Bladen, Scotland, Richmond, Stokes, Carteret and New Hanover) were selected for mentoring due to high prescribing and high overdose rates. These counties have been receiving mentoring from six experienced counties with subject matter expertise and demonstrated success in specific prevention strategies. Mentors are Robeson Health Care Corporation, Burke Recovery, Cleveland County Health Department, Insight Human Services, Coastal Horizons Center and Project Lazarus. Specified areas have included: prescribing policy (Burke County), medication disposal (Cleveland County), communication campaigns (Brunswick County), youth empowerment and advocacy (Rockingham County), community engagement (Robeson County), and partner involvement (Wilkes County). All sites and mentors have been trained on using the Strategic Prevention Framework (required by SAMHSA), and continue to update needs assessments to reflect the most current local data around prescription drugs to tailor strategies for their communities.

Counties that had been receiving opioid prevention funding through the Strategic Prevention Framework-Partnership for Success grant have built upon demonstrated successes and overall have succeeded in sustaining those efforts. Three counties (Cleveland, Transylvania, and Mitchell) received funding from federal Drug Free Communities grants for an additional five years and one county (Burke) is a new funding recipient.

DHHS aired the Centers for Disease Control and Prevention's (CDC) *R_x Awareness Campaign* from June 11- August 19, 2018. Focusing on TV and digital ads, the campaign aimed to raise public awareness around the risks of prescription opioid overdose. The campaign tells real stories of real people whose lives have been deeply impacted by opioid use. The campaign exceeded national benchmarks in terms of reach and engagement.

DHHS also aired the *Lock Your Meds* campaign from October 2017 through April 2018 and June - August 2018 to raise awareness of safe medicine storage. The statewide *Lock Your Meds* campaign builds upon community-based prevention to influence parents and adult caregivers of youth with a TV

reach of 3.5 million estimated net population reach to adults 35+ and a digital reach of 3,413,288 overall impressions.

Strategy 5 – Increase Naloxone Availability and Link Overdose Survivors to Care

Under the NC Good Samaritan/Naloxone Access Laws (S.L. 2013-23, S.L. 2015-94, and S.L. 2017-74), the NC Harm Reduction Coalition has distributed 94,000 naloxone rescue kits as of September 30, 2018 and has recorded 11,925 community reversals. In addition, more than 40,000 kits have been distributed through opioid treatment programs, Oxford Houses, other treatment programs and recovery organizations.

As of October 31, 2018, 249 law enforcement agencies in 90 different counties carry naloxone. This represents approximately 50 more counties than the previous year. Records to date indicate law enforcement agencies have reported 1,410 reversals since their programs started. 26 Emergency Medical Services (EMS) agencies have implemented naloxone leave behind programs, where a paramedic who reverses an opioid overdose will leave behind an extra dose of naloxone in case of a subsequent overdose in the home.

People who are at risk of experiencing an opioid-related overdose, a family member or friend, or a person in the position to assist a person at risk of experiencing an opioid-related overdose can request naloxone without seeing a doctor first at any pharmacy in NC under the State Health Director's standing order for naloxone. Naloxone is available by statewide standing order from over 1,700 pharmacies (85% of retail pharmacies in the state).

In addition, 35 local health departments in NC have adopted standing orders for naloxone dispensing by public health nurses.

Since the legalization of syringe exchange programs in 2016 and by the end of the second implementation year, there are 29 active registered syringe exchange programs covering more than 40 counties. In the past year, syringe exchange programs in North Carolina made over 18,000 contacts with more than 5,300 people. The programs made over 1,000 referrals to treatment, distributed 19,000 naloxone kits, collected over 470,000 used syringes, and conducted more than 4,700 HIV and Hep C tests.

Strategy 6 – Expand Treatment and Recovery Oriented Systems of Care

Year 1 funding from the Opioid State Targeted Response (STR) Grant, also known as the Cures grant, provided treatment and recovery supports to more than 5,700 individuals. This included medication-assisted treatment to over 2,000 individuals as well as other types of clinical treatment and recovery services. Opioid STR funds were also used to cover the cost of buprenorphine products, an FDA-approved medication for the treatment of opioid use disorders, for individuals who could not afford this medication.

An Emergency Department Peer Support Program, also funded through the Opioid STR grant, began in May 2018. This collaboration with the NC Healthcare Association placed Certified Peer Support Specialists in six hospital emergency departments (Carolina Healthcare System Northeast, Cone Health, Novant Health Presbyterian Medical Center, Southeastern Regional Medical Center, UNC Hospital, Wake Forest Baptist Medical) that applied for the funding through a competitive process. Certified Peer

Support Specialists who have been in recovery for at least three years connect patients who have presented in the emergency department due to an opioid overdose incident to treatment, recovery supports, and harm reduction services to better ensure that patients are connected to care after they leave the emergency department.

DMHDDSAS was recently awarded the State Opioid Response (SOR) grant, which will continue and expand treatment for uninsured individuals, in addition to launching innovative pilot programs to improve access to care for vulnerable populations. Initiatives will focus on people recently released from incarceration or in re-entry programs and parents with an opioid use disorder involved with the Division of Social Services (DSS).

DHHS recently also had their 1115 Medicaid Waiver approved, under which standard plans will be required to have a Chronic Pain/Opioid Care Management Programs and network adequacy standards related to chronic pain providers.

The Governors Institute received SAMHSA funding to convene area medical schools and representatives from DHHS to incorporate substance use disorder curriculum and buprenorphine waiver training into medical schools. DHHS is funding complementary work with the Mountain Area Health Education Center (MAHEC) to incorporate buprenorphine waiver training and prescribing experience into at least 10 residency programs in the state. These complimentary initiatives aim to expand access to treatment by training the next generation of physicians to provide medication-assisted treatment.

DHHS released funding to support local and community strategies to establish pre-arrest diversion programs and services and supports for justice-involved individuals, rapid response and post-overdose response teams, peer support specialist placement programs, and safer syringe programs. DHHS received 99 applications covering all 100 counties, with a total request of more than $12.5 million. The award winners were announced June 2018.

Strategy 7: Measure Impact and Revise Strategies Based on Results

The Opioid Action Plan Dashboard was launched in June 2018 and provides county level data on the key Opioid Action Plan metrics. This dashboard enables local, county, and state partners to directly access the data to monitor the opioid epidemic in their counties. The dashboard has been presented at numerous stakeholder meetings to educate partners on its availability and application. The table below presents the final 2017 numbers for each of the Opioid Action Plan metrics. The most recent 2018 year-to-date data can be viewed on the dashboard online.

Metrics	2017 Data
OVERALL	
Number of unintentional opioid-related deaths to NC Residents (ICD10)	1,884
Number of ED visits that received an opioid overdose diagnosis (all intents)	5,850
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	16.2 per 100,000 residents
Total number of opioid pills dispensed	523,250,000
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.4%
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	22.4%
Reduce Diversion/Flow of Illicit Drugs	
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	75.4%
Number of acute Hepatitis C cases	187
Increase Access to Naloxone	
Number of EMS naloxone administrations	15,282
Number of community naloxone reversals	4,176
Treatment and Recovery	
Number of buprenorphine prescriptions dispensed	590,491
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	31,758
Number of certified peer support specialists (CPSS) across NC	2,778

SUMMARY

OPDAAC, led by the NC DHHS DPH and DMHDDSAS and guided by the *NC Opioid Action Plan*, is coordinating and implementing strategies to reduce the impact of North Carolina's deadly opioid crisis. NC has made progress in recent years and has more work to do. Given the complexity of the epidemic, maintaining and strengthening NC's coordinated infrastructure is vital to NC's success. With the STOP Act now in effect, NC saw a decrease in overprescribing of opioids. However, current data shows a steep rise in illicit drug use.

One of the most powerful tools for addressing the opioid epidemic is providing access to health care through affordable insurance coverage, not only to individuals who already have substance use disorders

but also to those who are at-risk of developing addictions in the future. Nearly 900,000 North Carolinians are currently uninsured. Only 20% of uninsured people with opioid use disorders have received outpatient treatment for their addiction in the past year. This is nearly half the rate of people with insurance that receive addiction treatment. Ensuring that working-age adults with low incomes have access to health insurance would ensure that up to 150,000 individuals with mental health and/or substance use disorder needs have access to affordable healthcare. Evidence shows that access to coverage is essential to turning the tide against opioid use disorders, overdose and death due to opioids.

NC will need to continue to ramp up efforts to increase access to and availability of the life-saving opioid overdose reversal medication naloxone and sustainably fund opioid use disorder treatment and recovery supports.