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
## 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
- NC Medicaid Lock-in program increased to two years
- Refill threshold increased from 75% to 85% for all opioids
- Prior approval required for high dose and longer supply opioid prescriptions
- Eliminated PA requirement for Suboxone
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Pounds</th>
<th>Dosage Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>20176</td>
<td>15,132,000</td>
</tr>
<tr>
<td>2014</td>
<td>9932</td>
<td>7,449,000</td>
</tr>
<tr>
<td>2015</td>
<td>26238</td>
<td>19,678,500</td>
</tr>
<tr>
<td>2016</td>
<td>41382</td>
<td>31,036,500</td>
</tr>
<tr>
<td>2017</td>
<td>48353</td>
<td>36,264,750</td>
</tr>
<tr>
<td>2018</td>
<td>32247</td>
<td>24,200,000</td>
</tr>
</tbody>
</table>

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

• Next Panel with Representative Murphy and Steve Mange
## Strategies of the Opioid Action Plan

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- **Increase community awareness and prevention**
- Increase naloxone availability
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- Measure impact
CDC Rx Awareness Campaign

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

Prescription opioids can be addictive and dangerous.

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, DMHDDSAS, with funding from SAMHSA, Opioid STR/Cures (Grant #H79T080257) and SPF-RX (Grant #1U79PO22087).

www.lockyourmeds.org/nc

Increase community awareness and prevention
Youth Prevention Work

• Breakout workgroup this afternoon
## Strategies of the Opioid Action Plan

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- **Increase naloxone availability**
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- Measure impact
More Pharmacies Offer Naloxone thru Statewide Standing Order

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

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

*As reported by the NC Harm Reduction Coalition.
For the full list of known Law Enforcement Agencies carrying naloxone visit:

247 Law Enforcement Agencies covering 90 counties

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

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

1 active Fire/EMS Syringe Exchange Program

*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

Increase naloxone availability
## Strategies of the Opioid Action Plan

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- Increase naloxone availability
- **Expand treatment access and recovery supports**
- Measure impact
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
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
## Strategies of the Opioid Action Plan

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- **Expand treatment access and recovery supports**
- **Measure impact**

**Reduce Death / ED Outcomes**

In 2016, for every 1 opioid overdose death there were nearly 5 Emergency Department (ED) visits due to opioid overdoses. 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 2013-2015, 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 by County

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
Data Trends
### Metrics for NC’s Opioid Action Plan

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

*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

Goal: 20% reduction from expected 2021 Q4 expected deaths based on 2013-2016 trend

*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

Actual ED visits

ICD-9-CM

ICD-10-CM

NC Opioid Action Plan Starts

2021 Q4 expected ED visits based on 2013-2016 trend

*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

*Data are preliminary and subject to change

^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

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*Actual percent

NC Opioid Action Plan Starts

2021 Q4 expected percent based on 2013-2016 trend
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

Actual percent*

NC Opioid Action Plan Starts

2021 Q4 expected percent based on 2013-2016 trend

*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
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

*Actual prescriptions*
NC OAP DATA DASHBOARD:
https://injuryfreenc.shinyapps.io/OpioidActionPlan/

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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

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 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.

**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

Source: NIH, National Institute on Drug Abuse; Monitoring the Future 2017 Survey Results; NSDUH 2016 results
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

![Bar chart showing self-reported lifetime use of substances among North Carolina high school students from 2001 to 2017. The chart includes data for substances such as Heroin, Sniffed Glue, Steroid, Inject Drugs, Cocaine, Meth, Marijuana, Rx, and Ecstasy.](image)

*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

From 2004 to 2016, **922%** increase in number of hospitalizations

*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.

Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2004-2016 and Birth Certificate records, 2004-2016 Analysis by Injury Epidemiology and Surveillance Unit
Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 1,000 Live Births, North Carolina Residents, 2012-2016

Statewide hospitalization rate (2012-2016): 9.0 per 1,000 live births

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

- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional, and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death

Death

Conception
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

- No ACE (0): 42.4%
- Low ACE (1–2): 35.6%
- High ACE (3–8): 21.9%

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

Key
- Sub-recipient counties with high Rx deaths and high prescribing rates
- Opioid prevention TA/mentoring provider
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 Benzodiazepines. 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
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

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+

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

• 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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• 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.

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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

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!!!!