March 18, 2016

Department of Health and Human Services
Prescription Drug Abuse Advisory Committee
First Meeting
Welcome and Overview

Courtney Cantrell, Director
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Dr. Randall Williams, State Health Director and Deputy Secretary of Health Services
NC Department of Health and Human Services
**Introductions of Attendees**

**Dr. Ruth Petersen**, Chronic Disease and Injury Section Chief  
NC Division of Public Health

**Flo Stein**, Deputy Director, Community Policy Management Section  
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Please share with us…

- Your name
- Your organization/affiliation
Purpose and Goals of Prescription Drug Abuse Advisory Committee

Courtney Cantrell, Director
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Danny Staley, Director
NC Division of Public Health
Purpose and Goals of PDAAC

2014
- House Bill 97 introduced
- Proactive development of Strategic Plan begins...
- National Governors Association and SAMHSA Policy Academies to develop Strategic Plan

2015
- Session Law-241 (HB97) Adopted, Mandates:
  - Development of Strategic Plan
  - Creation of the NC DHHS Prescription Drug Abuse Advisory Committee (PDAAC)
  - Annual Report to Joint Legislative Oversight Committees on Health and Human Services and Justice and Public Safety (Due December 1, 2016)

2016
- S.L. 2015-241 Enacted
- Strategic Plan completed, January!
- First PDAAC Meeting!
- Develop and implement Action Plans
- Monitor progress
- Draft Annual Report by October 1, 2016
Convergence – PDAAC Development
CDC Prescription Drug Overdose (PDO) Prevention for States (PfS)

Prevention for States Program COMPONENTS

1. Enhance and Maximize PDMPs
   - Move toward universal PDMP registration and use
   - Make PDMPs easier to use and access
   - Move toward a real-time PDMP
   - Expand and improve proactive reporting
   - Conduct public health surveillance with PDMP

2. Community or Health System Interventions
   - Implement or improve opioid prescribing interventions for insurers, health systems, or pharmacy benefit managers. This includes:
     - Prior authorization, prescribing rules, academic detailing, CCPs, PRRs,
     - Enhance adoption of opioid prescribing guidelines

3. State Policy Evaluation
   - Build evidence base for policy prevention strategies that work like pain clinic laws and regulations, or naloxone access laws

4. Rapid Response Projects
   - Allow states to move on quick, flexible projects to respond to changing circumstances on the ground and move fast to capitalize on new prevention opportunities.
NC’s Prescription Drug, Heroin Overdose Epidemic

Danny Staley, Director
NC Division of Public Health

Public Health
HEALTH AND HUMAN SERVICES
The Public Health Model

1. Define the Problem
2. Identify Risk and Protective Factors
3. Develop and Test Prevention Strategies
4. Assure Widespread Adoption
Death Rates* for Three Selected Causes of Injury
North Carolina, 1968-2014

*Per 100,00, age-adjusted to the 2000 U.S. Standard Population
α - Transition from ICD-8 to ICD-9
β – Transition from ICD-9 to ICD-10

Source: Death files, 1968-2014, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
Medication or Drug Overdose Deaths by Intent
North Carolina Residents, 1999-2014

Analysis by Injury Epidemiology and Surveillance Unit
Medication or drug overdose: X40-X44, X60-X64, Y10-Y14, X85
Substances Contributing to Medication or Drug Overdose Deaths
North Carolina Residents, 1999-2014

Analysis by Injury Epidemiology and Surveillance Unit
NC Heroin Deaths: 2008-2015*

554% increase from 2010 to 2014


*2015 data are provisional and likely increase as cases are finalized
Analysis by Injury Epidemiology and Surveillance Unit
Rate of Heroin Overdose Death and Emergency Department Visits
by NC County of Residence, 2008-2013

Rate of ED visits for heroin overdose
(per 100,000 residents)
- 0.0 - 1.8
- 1.9 - 5.1
- 5.2 - 9.2
- 9.3 - 21.2
- <10 visits; rate suppressed

Rate of heroin overdose deaths
(per 100,000 residents)
- 0
- 0.8 - 1.1
- 1.2 - 1.5
- 1.6 - 1.9
- 2.0 - 4.8
*Counties without a dot represented counties with <10 deaths; rate suppressed.

Date: N.C. State Center for Health Statistics, Vital Statistics, 2008-2013
NC-DETECT, 2008-2013
Analysis: Injury Epidemiology and Surveillance Unit
From 2010 to 2014 a 429% increase for ED visits

NC DETECT- Statewide ED Visit data, 2008-2014
Analysis by Injury Epidemiology and Surveillance Unit
Recent Publications on Heroin Increases

MMWR
Morbidity and Mortality Weekly Report

In an article in the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR), published in October 2014, researchers analyzed data from 28 states to demonstrate trends in heroin overdose deaths between 2010 and 2012. The article suggests a trend of observed transition from opioid analgesic deaths toward heroin overdoses in various regions.
Rate of Unintentional/Undetermined Prescription Opioid Overdose Deaths and Rate of Outpatient Prescriptions Dispensed for Opioids
North Carolina Residents, 2012-2013

Outpatient Rx Opioid Dispensing
Rate per 100,000 county residents
- 42,583 - 62,539
- 62,540 - 81,917
- 81,918 - 100,497
- 100,498 - 120,549
- 120,550 - 163,510

Unintentional/Undetermined Rx Opioid Deaths
Rate per 100,000 county residents
- 0.0
- 1.9 - 5.2
- 5.2 - 7.8
- 7.9 - 12.0
- 12.1 - 21.7
- <5 deaths; rate suppressed

Average death rate: 5.8 deaths per 100,000 residents
Average dispensing rate: 77,621 prescriptions per 100,000 residents

N.C. Controlled Substance Reporting System, 2012-2013
Analysis: Injury Epidemiology and Surveillance Unit
Enhanced Public Health Surveillance

- Death Certificate data
- Medical Examiner data
- Controlled Substances Reporting System (CSRS)
- Hospital discharge data
- Emergency Department data, NC DETECT
- Treatment admissions
- Self-report methods
- Emergency medical system (EMS/PreMIS)
- Naloxone
  - N.C. Harm Reduction Coalition
  - Project Lazarus
  - County reports
North Carolina Strategic Plan to Reduce Prescription Drug Abuse

Courtney Cantrell, Director
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
NC Strategic Plan to Reduce Prescription Drug Abuse
Development Timeline

Dec. 2014

Jan. 2014

Feb. 2015

March 2015

May 2015

August 2015

January 2016

NGA and SAMHSA Consolidation

Consolidate and Review Recommendations to Develop the NC Strategic Plan to Reduce Rx Drug Abuse

Define Focus Strategies

Develop Individual Strategies

Refine Strategic Plan with Key Stakeholders

Two-day Workshop Sponsored by the NGA to Review Recommendations with Key Stakeholders and Further Refine Recommendations

Create a Final Version of the NC Strategic Plan to Reduce Rx Drug Abuse

Two-day NGA Policy Academy to Finalize Strategic Plan

The Governor’s Taskforce approves the Strategic Plan
Strategic Plan Focus Areas

I. Prevention and Public Awareness
II. Intervention and Treatment
III. Professional Training and Coordination
IV. Identification of Core Data
I. Prevention and Public Awareness

• Develop a creative and effective public outreach campaign utilizing evidence-based prevention programs to increase awareness of accidental overdose and the dangers of prescription drug use
II. Intervention & Treatment

- Identify and implement strategies to improve access to intervention and treatment, particularly medication assisted treatment
III. Professional Training and Coordination

• Develop and implement training programs that will increase the effectiveness of public safety, health care, education and other professionals
IV. Identification of Core Data

- Assess existing data sources and develop a data inventory specific to prescription & drug use and overdose

- Update existing and identify new sources of data in order to develop a comprehensive plan for utilization of new and existing data sources for prevention, surveillance and research
Thank you

• The prescription drug and heroin epidemic can and will be successfully addressed by the best minds, working together, to implement strategies that tackle every aspect of this crises in NC

• **Thank you** for your time and commitment to this committee!
**PDAAC Structure: Membership, Schedule**

**Nidhi Sachdeva**, Injury Prevention Consultant  
**Margaret Vaughn**, Public Health Program Consultant  
Injury and Violence Prevention Branch, NC Division of Public Health

- Membership  
  - Consolidation of multiple workgroups  
  - Required Members + Technical Advisors  
- Quarterly Meetings – March, June, September, December 2016  
- ACTION and Implementation!
PDAAC Structure and Staff Support

PDAAC
NC DHHS + Partners

Prevention and Public Awareness
Nidhi Sachdeva, DPH

Group A: Community
Sarah Potter, DMH

Group B: Law Enforcement
Donnie Varnell, NCHRC
Melinda Pankratz, DMH

Intervention and Treatment
Spencer Clark, DMH
Alan Dellapenna/
Margaret Vaughn, DPH

Professional Training and Coordination
Sara McEwen, GI
Anna Stein, DPH
Alex Asbun, DMH

Core Data
Scott Proescholdbell, DPH
Anna Perry, DMH
First Tasks

• **Review** the *North Carolina Strategic Plan to Reduce Prescription Drug Abuse* to inform your implementation/action planning

• **SWOT Inventory** for your workgroup’s focus area, template provided
  • Thinking exercise

• **Create an Action Plan** for your workgroup using the Strategic Plan as a guide
  • Template provided
  • Due before June meeting
Workgroup Time

- **Reintroduce** yourself
- **Designate** a note taker for today
- **Review** your section of the Strategic Plan
- **Review** SWOT Inventory and Action Planning templates together
- Discuss expectations and next steps to prepare
  1. SWOT Inventory
  2. Action Plans with performance metrics
  - In-person meetings, conference calls?
## Workgroup Time

<table>
<thead>
<tr>
<th>Workgroup Name</th>
<th>Today’s Staff Facilitator</th>
<th>Meeting Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Public Awareness, <em>Group A: Community</em></td>
<td><strong>Melinda Pankratz</strong>&lt;br&gt;Nidhi Sachdeva</td>
<td>Cardinal Room A (Here)</td>
</tr>
<tr>
<td>Prevention and Public Awareness, <em>Group B: Law enforcement</em></td>
<td><strong>Donnie Varnell</strong></td>
<td>Sparrow Room (same floor, down hall)</td>
</tr>
<tr>
<td>Intervention and Treatment for Opioid Dependence</td>
<td><strong>Spencer Clark</strong>&lt;br&gt;Alan Dellapenna</td>
<td>Cardinal Room B (back there)</td>
</tr>
<tr>
<td>Professional Training and Coordination</td>
<td><strong>Sara McEwen</strong>&lt;br&gt;Anna Stein&lt;br&gt;Alex Asbun</td>
<td>Computer Training Room (2nd Floor)</td>
</tr>
<tr>
<td>Core Data and Surveillance</td>
<td><strong>Scott Proescholdbell</strong>&lt;br&gt;Anna Perry</td>
<td>Wolfe Room (Building 2)</td>
</tr>
</tbody>
</table>
WORKGROUPS
Announcements and News

Scott Proescholdbell, Epidemiologist
Injury and Violence Prevention Branch, Division of Public Health
Summary and Wrap-up, Thank you!!

Dr. Ruth Petersen, Chronic Disease and Injury Section Chief
NC Division of Public Health

Flo Stein, Deputy Director, Community Policy Management Section
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services