



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!

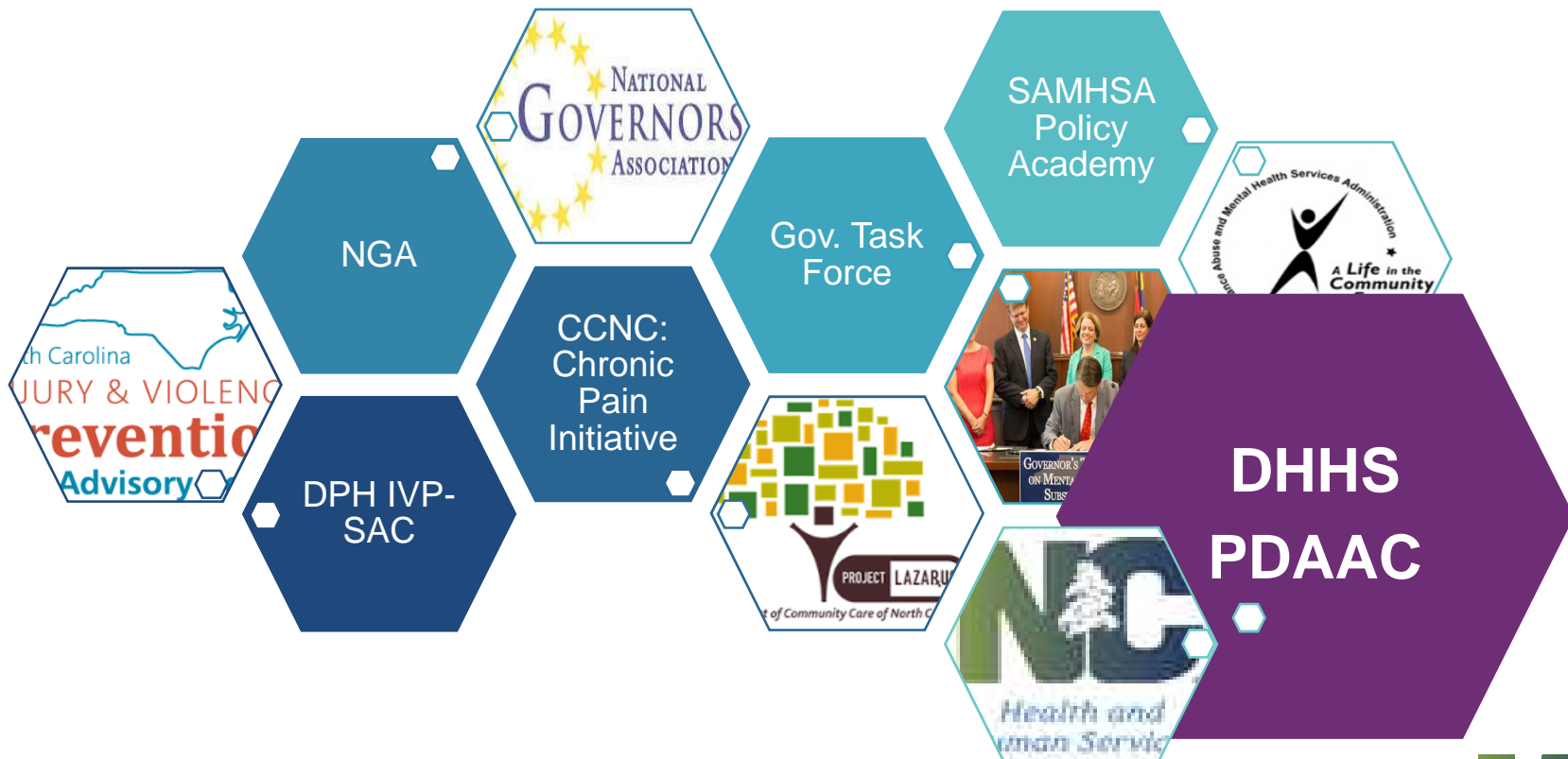
Develop and implement Action Plans

Monitor progress

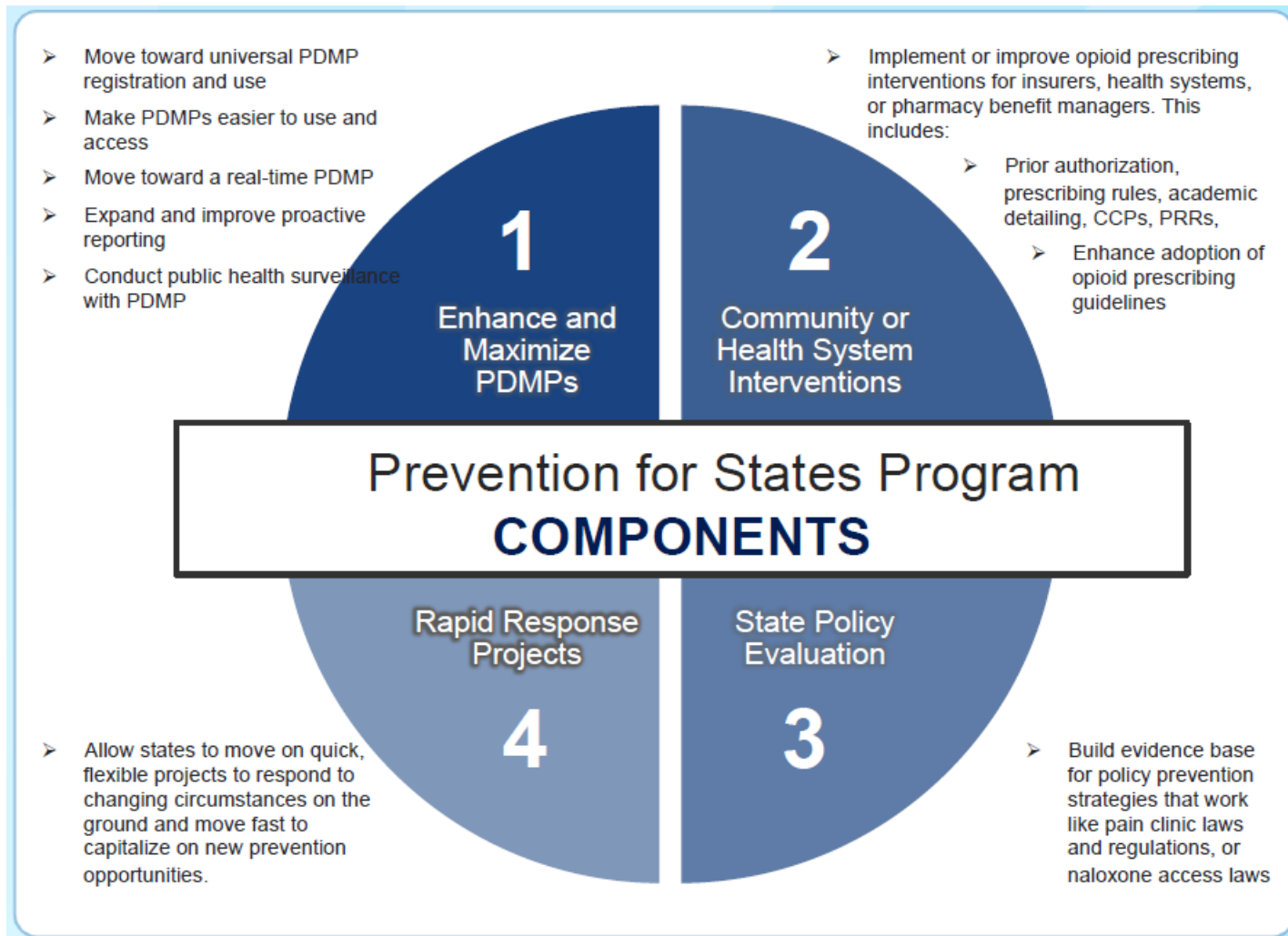
Draft Annual Report by October 1, 2016



Convergence – PDAAC Development



CDC Prescription Drug Overdose (PDO) Prevention for States (Pfs)



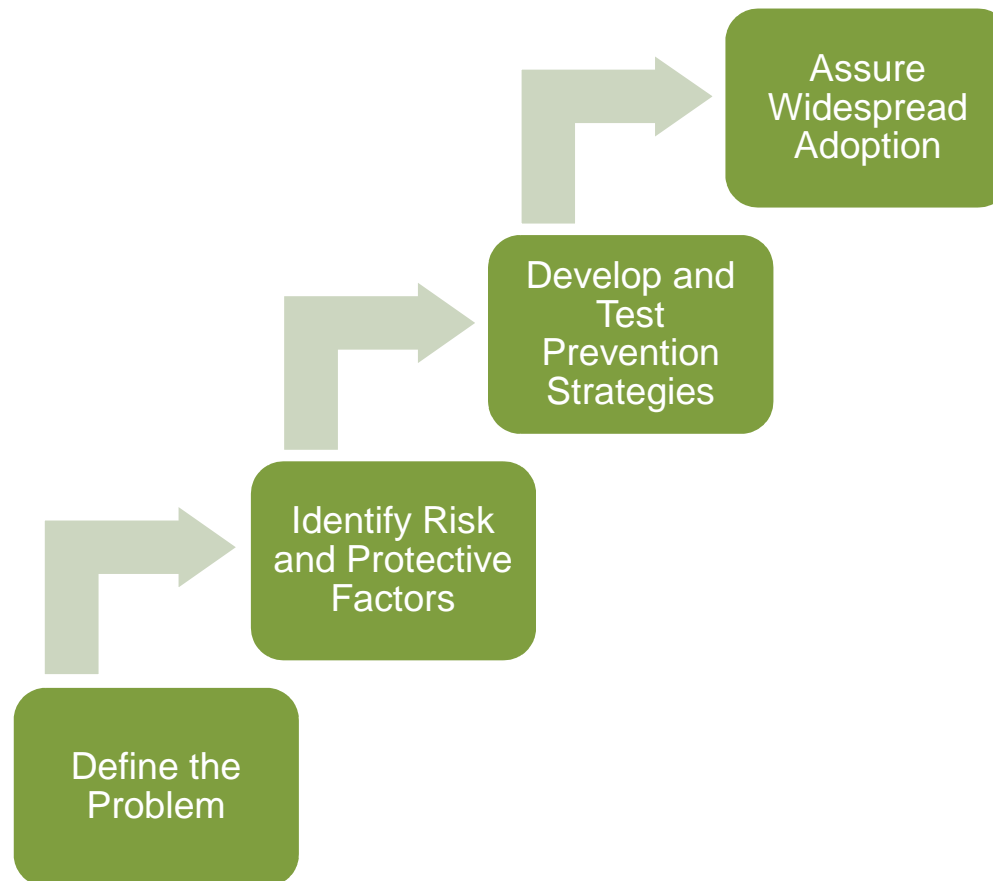
NC's Prescription Drug, Heroin Overdose Epidemic

Danny Staley, Director
NC Division of Public Health



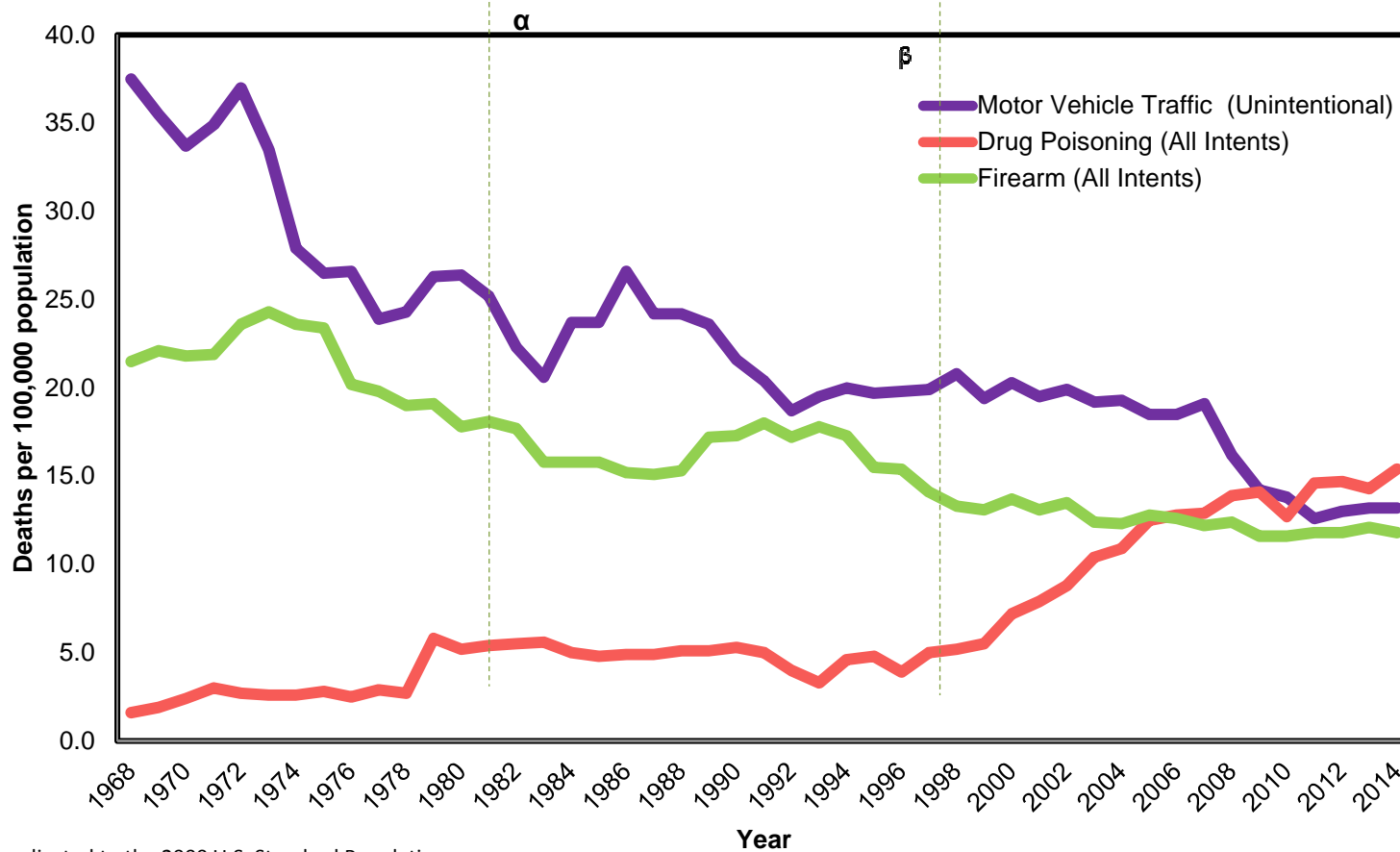
Public Health
HEALTH AND HUMAN SERVICES

The Public Health Model



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

National Vital Statistics System, <http://wonder.cdc.gov>, multiple cause dataset

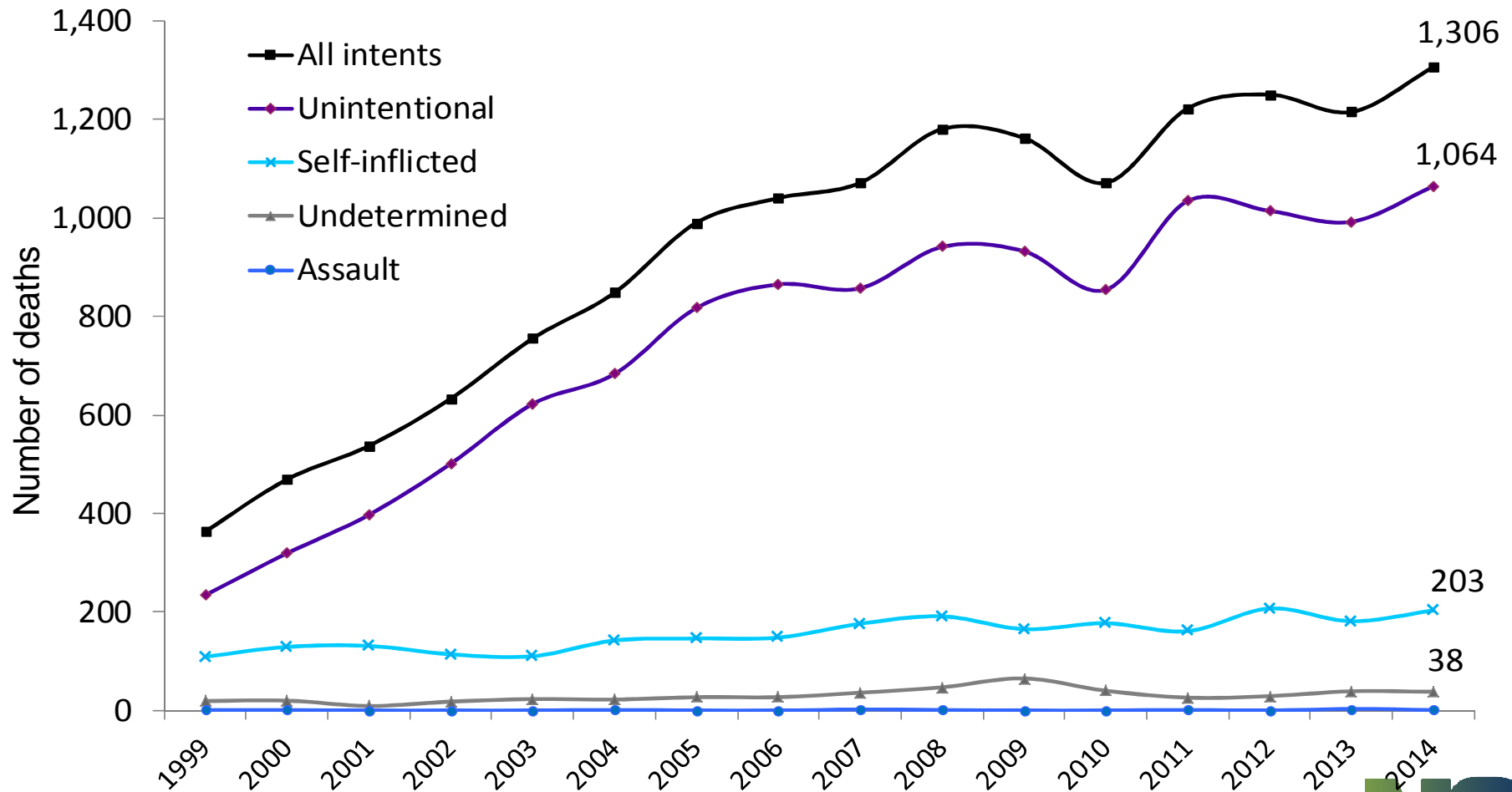
Source: Death files, 1968-2014, CDC WONDER

Analysis by Injury Epidemiology and Surveillance Unit



Medication or Drug Overdose Deaths by Intent

North Carolina Residents, 1999-2014

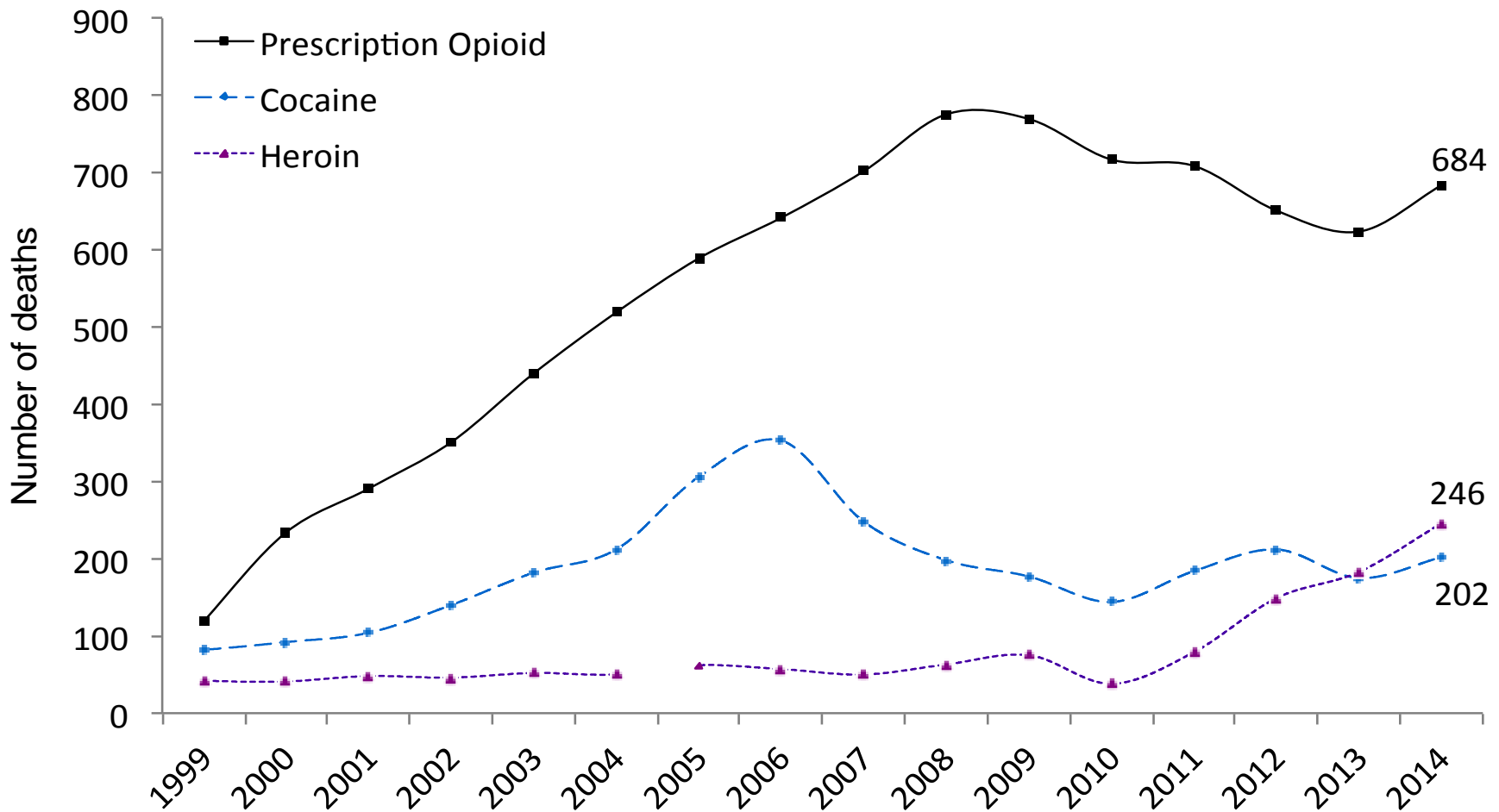


Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2014
Analysis by Injury Epidemiology and Surveillance Unit
Medication or drug overdose: X40-X44, X60-X64, Y10-Y14, X85



Substances Contributing to Medication or Drug Overdose Deaths

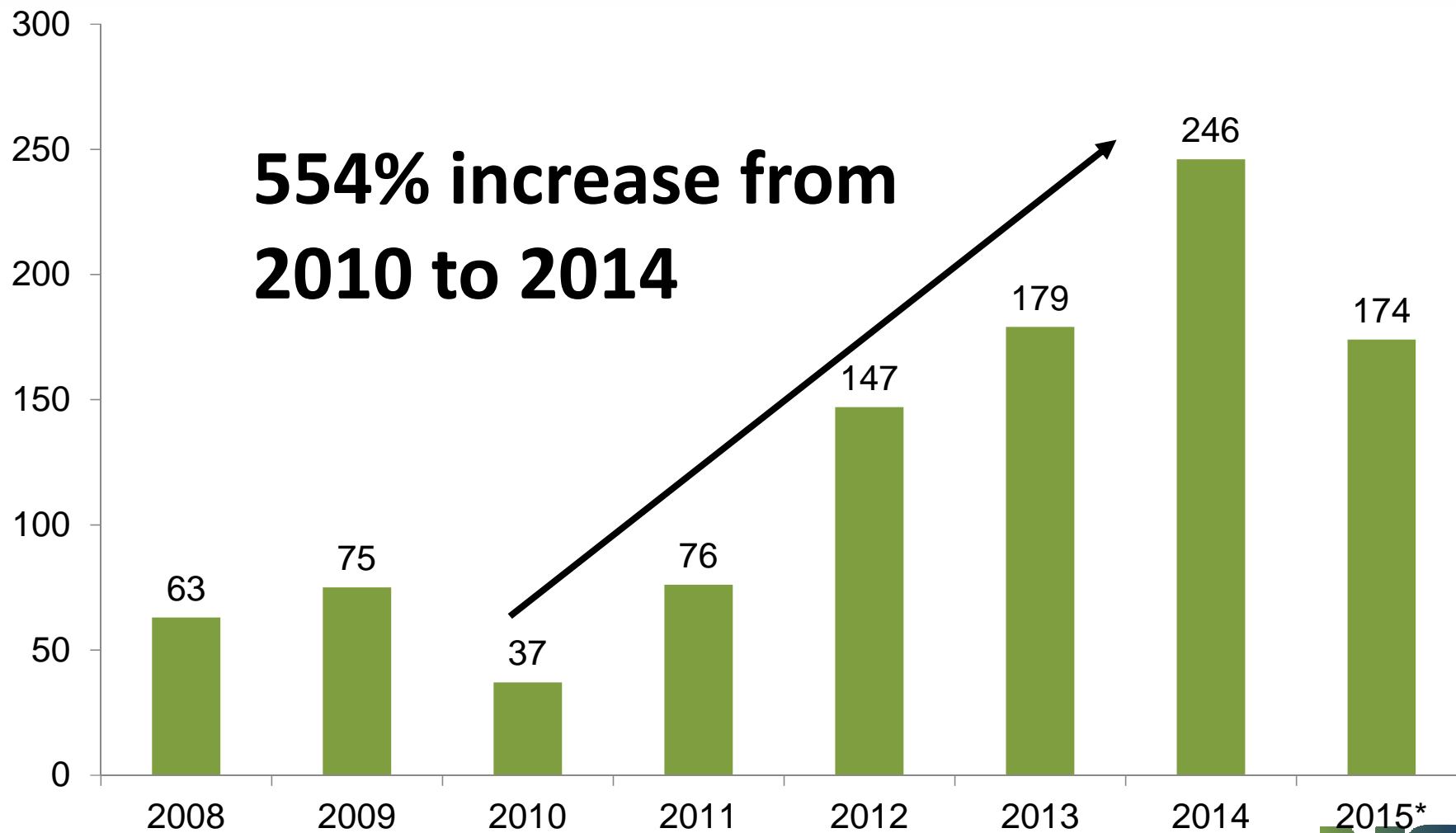
North Carolina Residents, 1999-2014



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2014
Analysis by Injury Epidemiology and Surveillance Unit



NC Heroin Deaths: 2008-2015*



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2008- 2015*

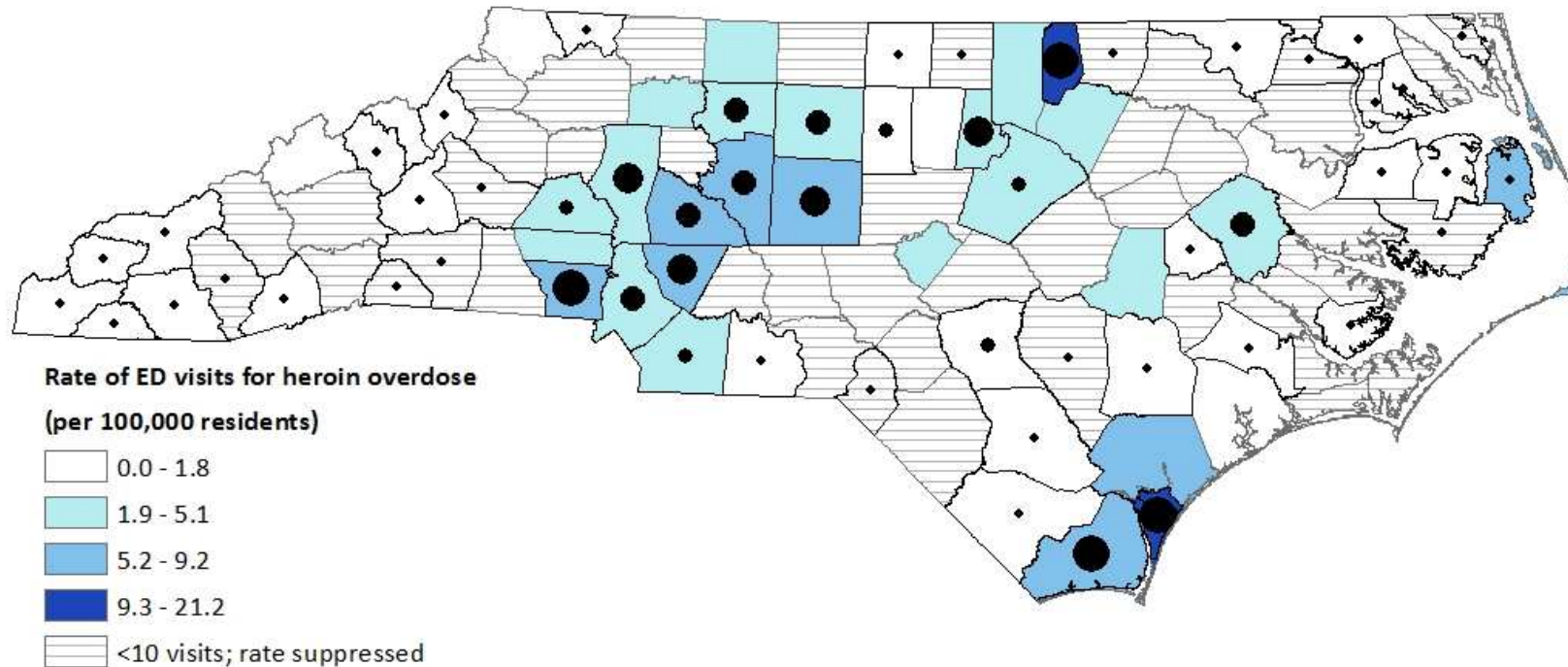
*2015 data are provisional and likely increase as cases are finalized

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)**

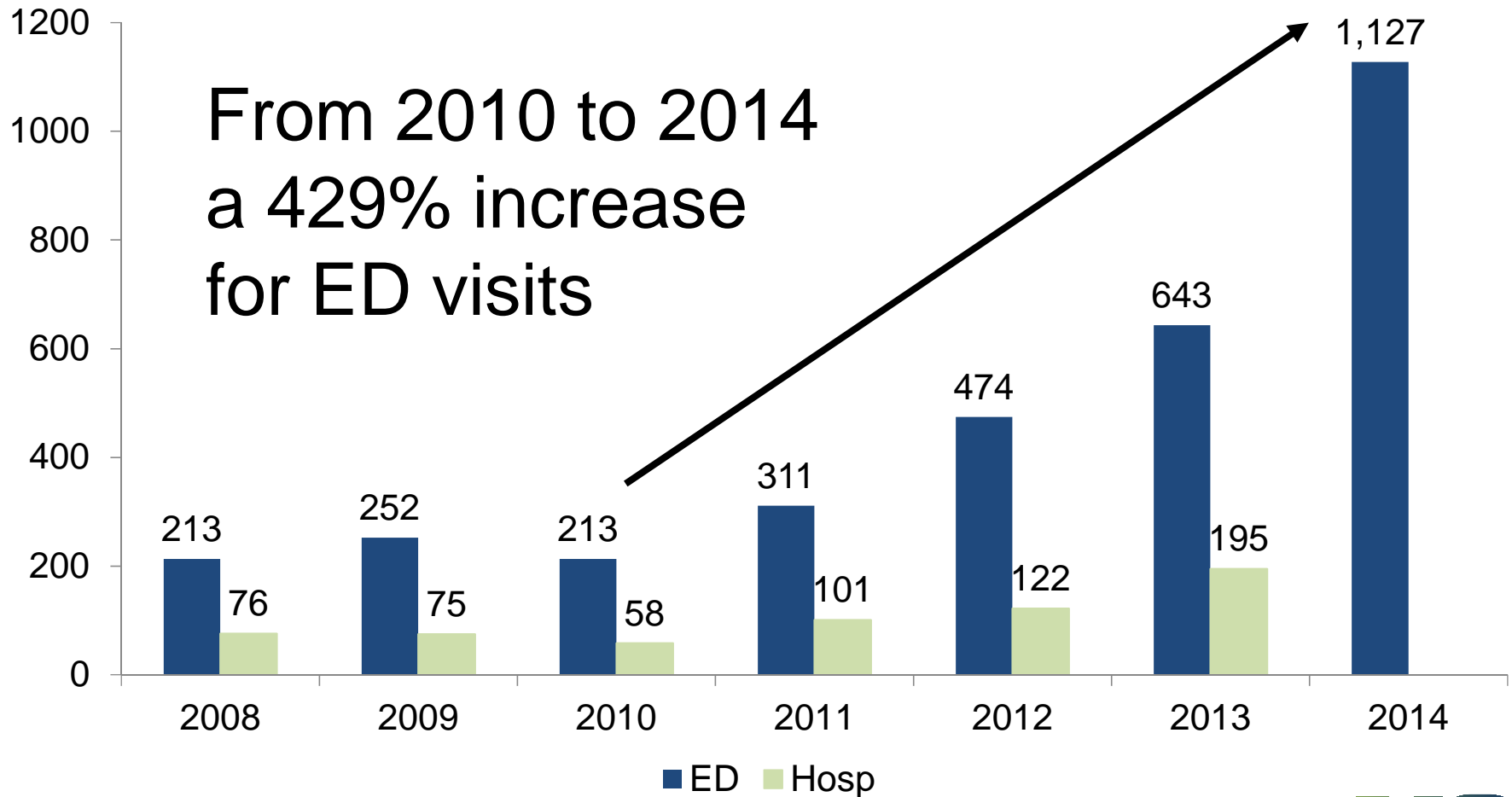
- 0
 - 0.8 - 1.1
 - 1.2 - 1.5
 - 1.6 - 1.9
 - 2.0 - 4.8
- *Counties without a dot represented counties with <10 deaths; rate suppressed.

Data: N.C. State Center for Health Statistics, Vital Statistics, 2008-2013;
NC-DETECT, 2008-2013
Analysis: Injury Epidemiology and Surveillance Unit



NC Heroin Hospitalizations and ED Overdoses

2008-2014



Source: N.C. State Center for Health Statistics, Vital Statistics-Hospital Discharge 2008- 2013
NC DETECT- Statewide ED Visit data, 2008-2014
Analysis by Injury Epidemiology and Surveillance Unit



Recent Publications on Heroin Increases

Centers for Disease Control and Prevention
MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 63 / No. 39

October 3, 2014

Increases in Heroin Overdose Deaths — 28 States, 2010 to 2012

Rose A. Rudd, MSPH
Dan Dao, PhD
Anna Fondar
Thomas W. Large
Scott K. Proesch
John M. Tharp, MD

Nationally, death
(OPR) overdoses qu
from heroin overdo
and cities have rep
heroin overdose sin
data from 28 state
overdose death inc
were associated wit
since 2010. This rep



ELSEVIER

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdp



Short communication

Observed transition from opioid analgesic deaths toward heroin

Nabarun Dasgupta^{a,*}, Kathleen Creppage^{b,1}, Anna Austin^{c,1}, Christopher Ringwalt^a,
Catherine Sanford^a, Scott K. Proescholdbell^c

^a Injury Prevention Research Center, University of North Carolina at Chapel Hill, 137 East Franklin Street, Suite 500, Campus Box 7505, Chapel Hill, NC 27599-7505, USA

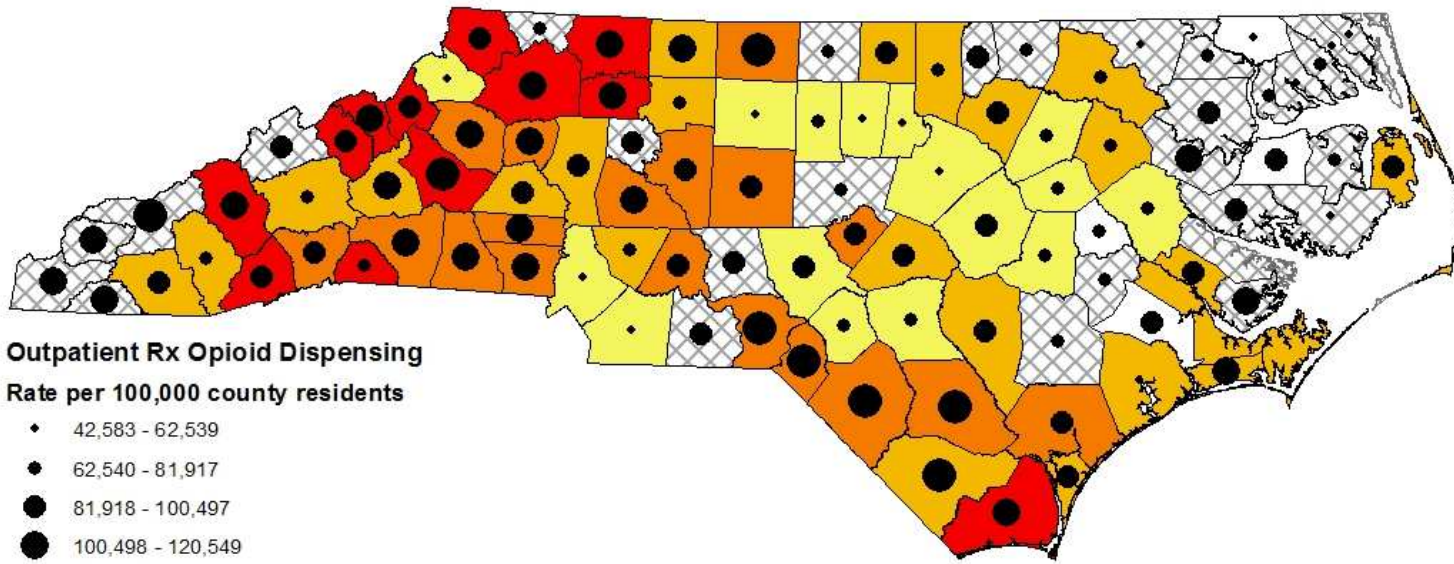
^b CDC/CSTE Applied Epidemiology Fellowship, N.C. Department of Health and Human Services, Injury Epidemiology and Surveillance Unit, Division of Public Health, 1915 Mail Service Center, Raleigh, NC 27699-1915, USA

^c N.C. Department of Health and Human Services, Injury Epidemiology and Surveillance Unit, Injury Violence Prevention Branch Chronic Disease and Injury Section, Division of Public Health, 1915 Mail Service Center, Raleigh, NC 27699-1915, USA



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 - 153,510

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

Data Source: N.C. State Center for Health Statistics, Vital Statistics, 2012-2013;
 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

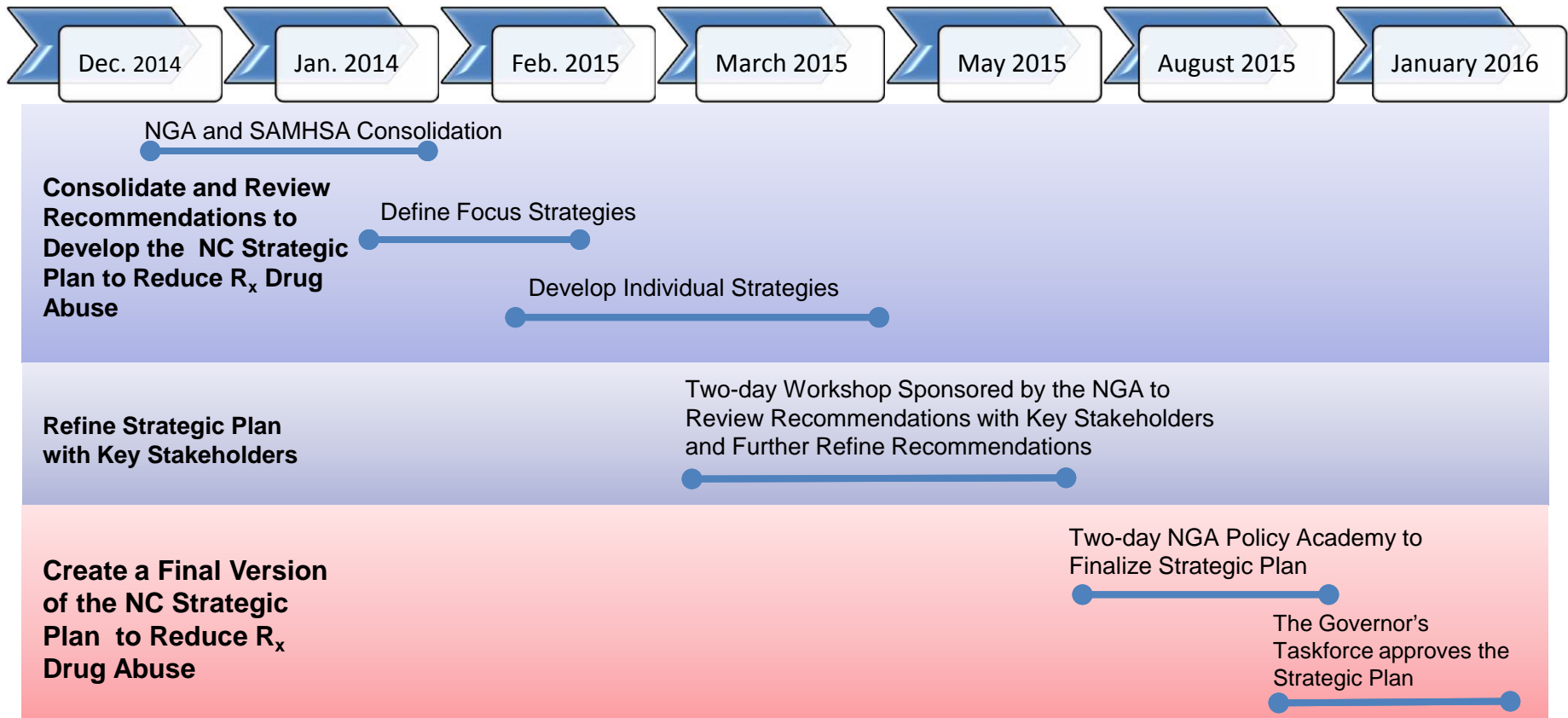
Courtney Cantrell, Director

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



*Health and
Human Services*

NC Strategic Plan to Reduce Prescription Drug Abuse Development Timeline



Strategic Plan Focus Areas

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

2016



North Carolina

Strategic Plan to Reduce Prescription Drug Abuse



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!





BREAK!



PDAAC Structure: Membership, Schedule

Nidhi Sachdeva, Injury Prevention Consultant

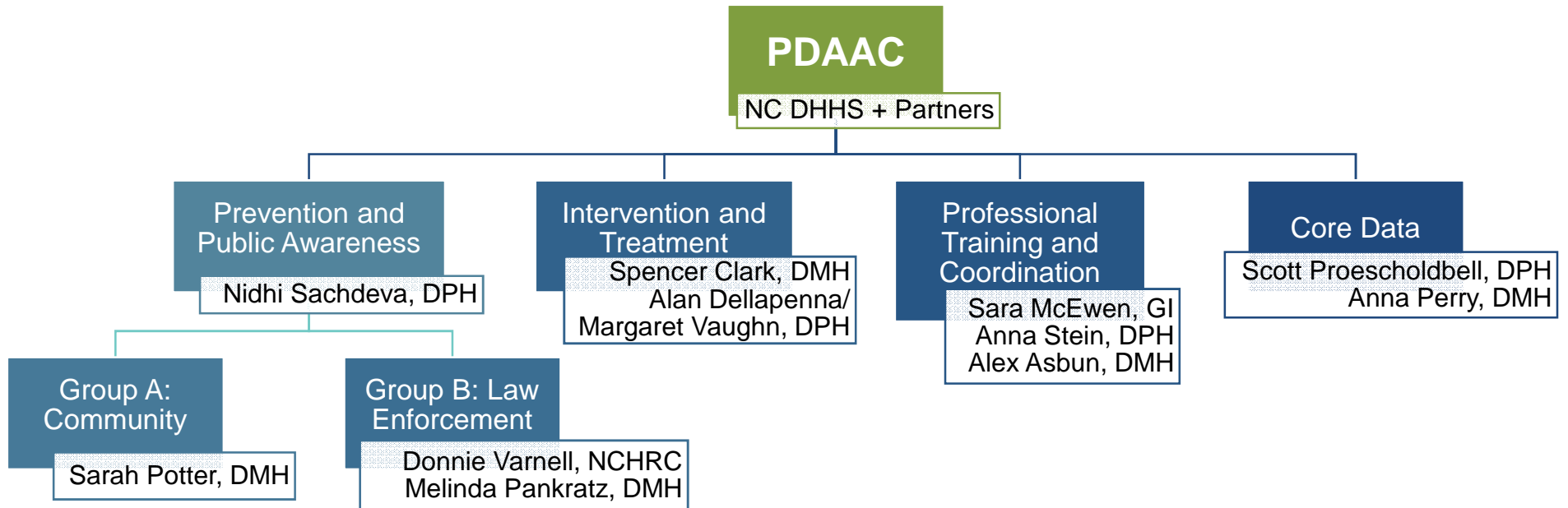
Margaret Vaughn, Public Health Program Consultant

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



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

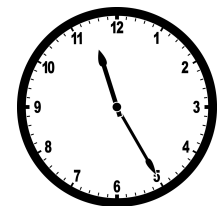
- **Reintroduce** yourself
- **Designate** a note taker for today
- **Review** your section of the Strategic Plan
- **Review** SWOT Inventory and Action Planning templates together
- Discuss expectations and next steps to prepare
 1. SWOT Inventory
 2. Action Plans with performance metrics
 - In-person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



Workgroup Time



Workgroup Name	Today's Staff Facilitator	Meeting Room
Prevention and Public Awareness, <i>Group A: Community</i>	Melinda Pankratz Nidhi Sachdeva	Cardinal Room A (Here)
Prevention and Public Awareness, <i>Group B: Law enforcement</i>	Donnie Varnell	Sparrow Room (same floor, down hall)
Intervention and Treatment for Opioid Dependence	Spencer Clark Alan Dellapenna	Cardinal Room B (back there)
Professional Training and Coordination	Sara McEwen Anna Stein Alex Asbun	Computer Training Room (2 nd Floor)
Core Data and Surveillance	Scott Proescholdbell Anna Perry	Wolfe Room (Building 2)





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

