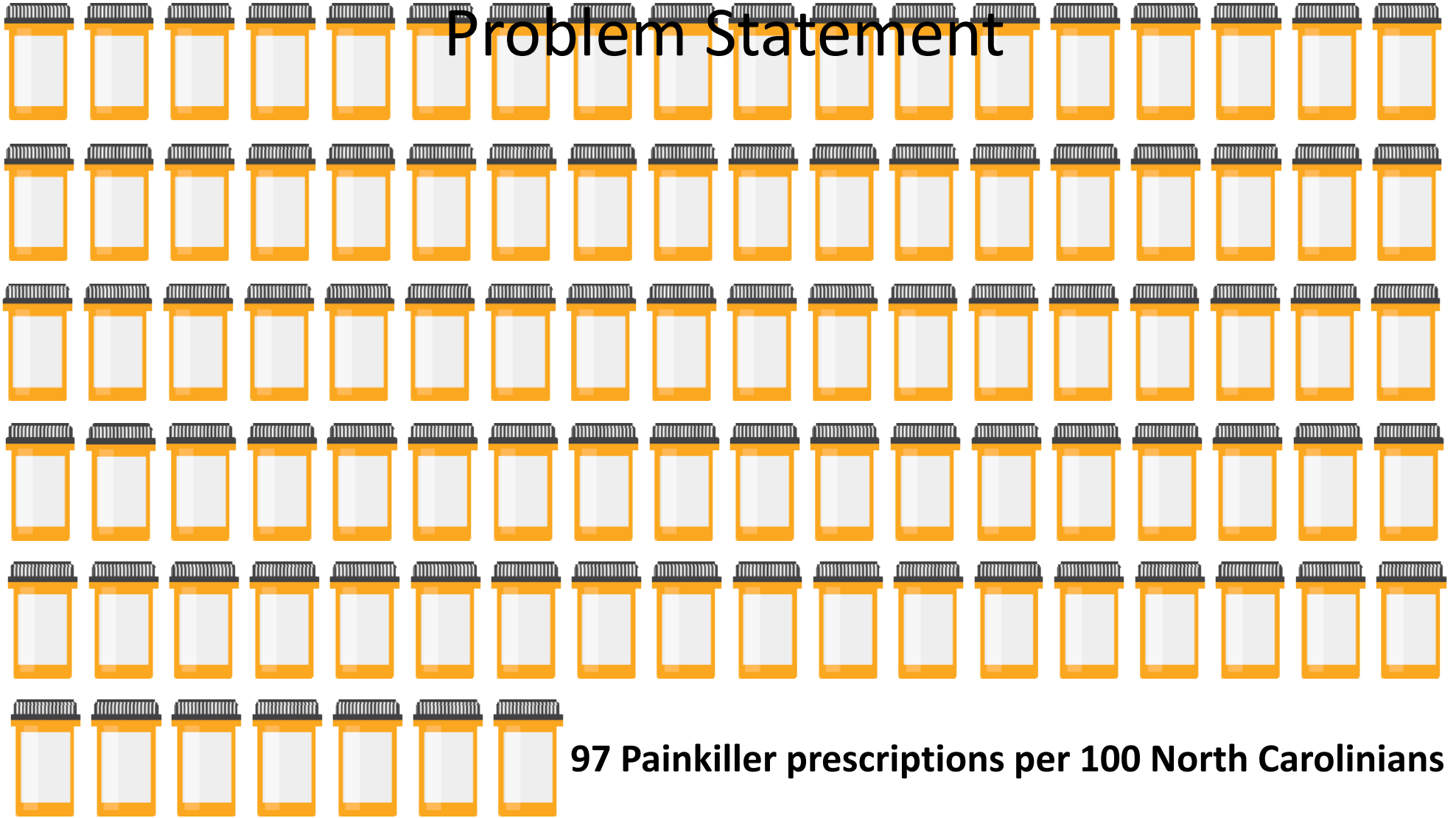




Governor's Task Force on Mental Health and Substance Use

www.ncdhhs.gov/mhsu

Problem Statement





Number of deaths by drug overdose
in North Carolina

83 *due to heroin*

In 2014, the number
of drug overdoses

was **1.5x**

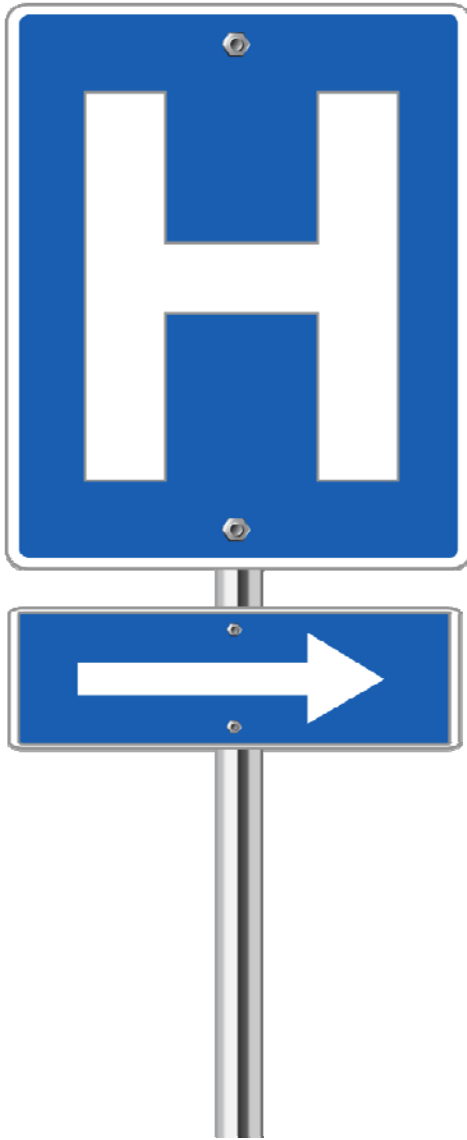
greater than the
number killed in
motor vehicle
accidents





Number of hospitalizations in North
Carolina due to drug overdose

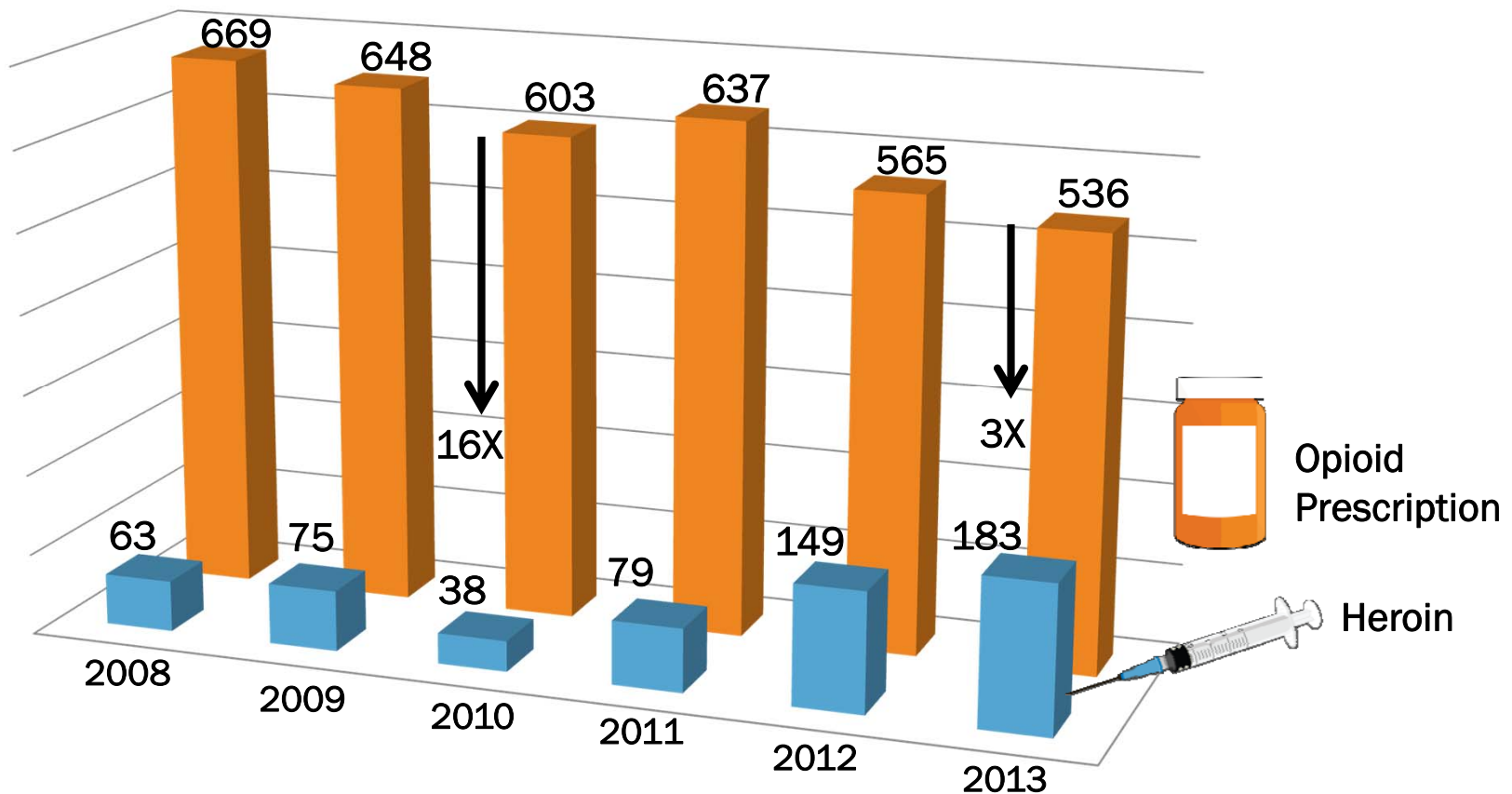
3560 *due to heroin*



20,981

Emergency Department visits
due to overdose

Making progress on reducing opioid prescription deaths, losing ground on deaths related to heroin





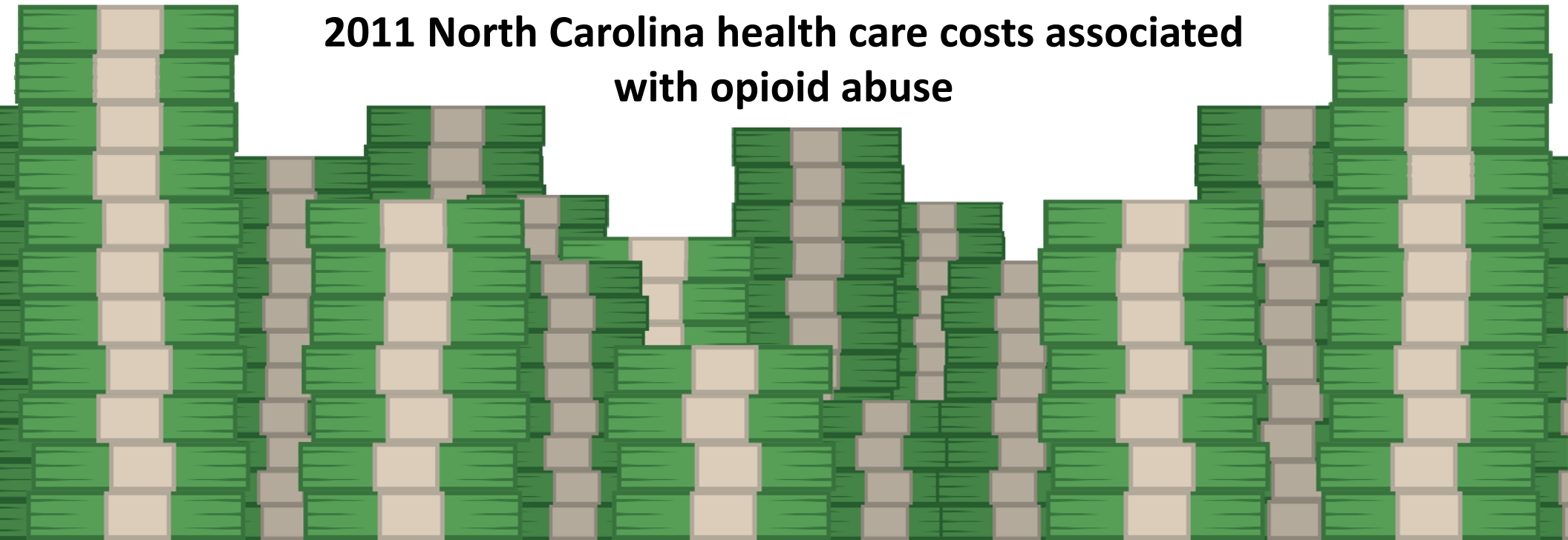
80%
of heroin users
start with
prescription painkillers

LME-MCOs reported that the number of individuals receiving treatment services for heroin in 2013 is nearly ***DOUBLE*** the number from 1997.

1,816 → 3,560

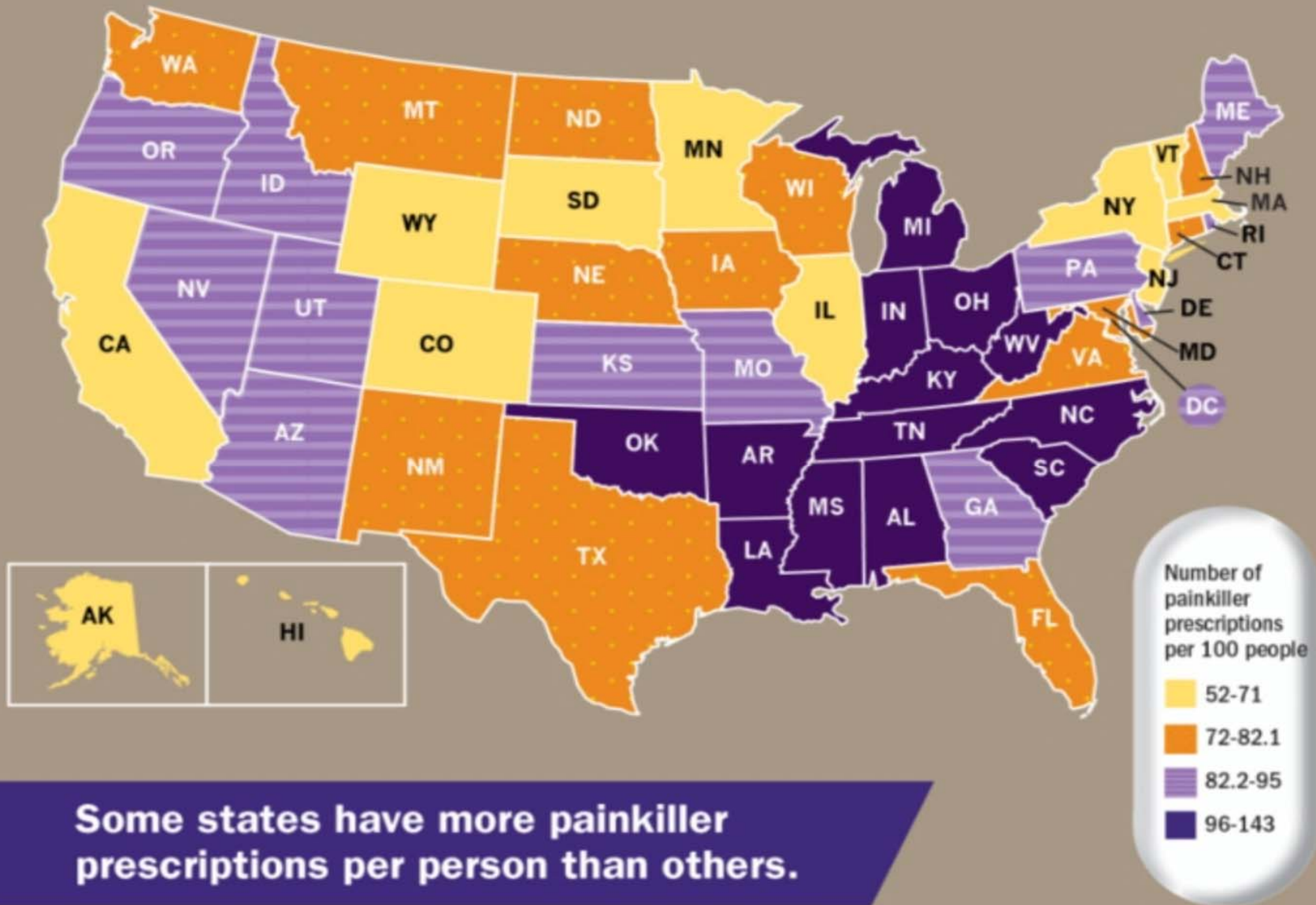
\$582,486,663

2011 North Carolina health care costs associated
with opioid abuse



This color-coded U.S. map shows the number of painkiller prescriptions per 100 people in each of the fifty states plus the District of Columbia in 2012.

Data from IMS, National Prescription Audit (NPATM), 2012.



What is North Carolina's current capacity?

Sweeping back the ocean



Current Capacity

- **51** Opioid Treatment Programs (OTPs) in North Carolina
- **432** physicians in the State can prescribe Buprenorphine
- **1,354** community heroin overdose reversals using Naloxone from August 1, 2013 to November 16, 2015
- **33** NC law enforcement departments have set up Naloxone programs, with 24 rescues thus far. Nearly all the law enforcement departments began the program in 2015
- **27,457** cumulative registered dispensers and prescribers participating in NC Controlled Substance Reporting System as of November 9, 2015 (8,402 dispensers and 19,055 prescribers)
- **6,809,298** opiate prescriptions dispensed from January 1 – September 30, 2015

Recommendations of the Workgroup on Prescription Opioid Misuse and Addiction, Heroin Resurgence, and Special Topics

1. Examine efforts to heighten awareness of the dangers of prescription opioid misuse and provide recommendations to improve these efforts.
2. Examine efforts to heighten awareness of Medication Assisted Therapy (M.A.T.) and reduce stigma.
3. Evaluate the use of heroin in NC and recommendations to support prevention, treatment, and recovery in NC.
4. DHHS recommendation: Review the state plan to reduce prescription drug use / misuse and provide recommendations.
5. Other: Judicial, legal and court-related issues

Recommendation 1: Examine efforts to heighten awareness of the dangers of prescription opioid misuse and provide recommendations to improve these efforts. (Law Enforcement and Prescribers)

- M.E.D.S.
 - Monitoring and Enforcement
 - Education and Training
 - Disposal
 - Storage
- Increase prescriber utilization of the Controlled Substance Reporting System (CSRS).
- Amend G.S. 90-113.73. to include penalties for dispensers that do not submit CS prescription information to the CSRS.
- Provide designated, trained law enforcement agents the same access to the CSRS and pharmacy prescription drug profile information as state and federal agents.
- Encourage prescribers to provide patient education, particularly about mixing various classes of drugs (including alcohol).
- Prescribers should receive more specialized training regarding the prescribing of CS medications especially opioids and benzodiazepines and advising patients of the potential negative effects and aspects of associated with CS medication.
- Encourage and support local meetings and trainings regarding safe prescribing practices. Engage local law enforcement to provide prescribers with a “real picture” perspective.

Recommendation 1: Examine efforts to heighten awareness of the dangers of prescription opioid misuse and provide recommendations to improve these efforts. (Public)

- Develop and fund a comprehensive public awareness campaign to address the dangers of prescription drug misuse/abuse and the importance of safe storage of CS medication.
- In conjunction with new campaign, continue to fund ongoing efforts, such as take back days/events and drop boxes. Provide support to participating agencies through grants or training.
- Identify funding sources (grants, pilot programs) to provide substance abuse treatment and referral services to inmates in County Jails.

Recommendation 2:

Examine efforts to heighten awareness of Medication Assisted Therapy (M.A.T.) and reduce stigma.

- Stigma impacts outcomes because of outdated beliefs and customs. Conduct both professional and public education sessions where medical professionals, individuals with lived experience, and practitioners together use science-based evidence that demonstrates the efficacy and effectiveness of M.A.T. coupled with evidence-based psychotherapy. Use powerful stories of success around M.A.T.
- Produce public service announcements (PSAs) that will air on networks across the state. PSAs should use recovery-focused language that empowers individuals to seek help when they need it.
- Increase the number of reputable treatment programs with staff trained in evidence-based interventions throughout the state.
- Increase availability of Naloxone throughout the State.
- Provide long-term recovery supports like recovery community centers, Peer Support, collegiate recovery programs, recovery coaches and recovery clubs in high schools.
- Appoint / include people with lived experience and in recovery from substance use disorders (SUDs), including Opioids, on work groups throughout the state and invite them to participate.

Recommendation 3:

Evaluate the use of heroin in NC and offer recommendations to support prevention, treatment, and recovery in NC.

- Conduct a statewide initiative for education of responsible Opioid and controlled substance reporting. Educational requirement should be mandatory in terms of meeting licensing requirements of the Medical Board.
- Expand access to Medication Assisted Treatment (M.A.T.) for Opioid addiction in the community to include approved medications and behavioral treatment with appropriate monitoring.
- Educate prescribers and users about the availability of Naloxone and advocate for greater availability in the community to reduce overdose death.
- Expand prevention and early intervention programs targeted to high risk populations (i.e., adolescents, individuals with mental illness, and those with injury and chronic pain).

Recommendation 4:

DHHS recommendation: Review the state plan to reduce prescription drug use / misuse and provide recommendations.

- Support the Prescription & Illicit Drug Use Prevention and Treatment Advisory Committee to implement & monitor the State Strategic Plan as per S.L. 2015-241, Section 12F.16.(m-p)
 - Recommended edits and consideration for more specific use of metrics related to measurable outputs and outcomes can strengthen the report
 - To maximize the impact of the Report, creating an executive summary would allow key areas to be highlighted in an easily readable manner
- Present the State Plan to the NC General Assembly to educate legislative leaders on the magnitude of the problem impacting the citizens of NC and the range of solutions available to address those problems.

Recommendation 5:

Other: Judicial, legal and court-related issues

- Establish uniform standards, eligibility criteria and goals for use by treatment courts in attempting to reduce recidivism.
- Provide adequate funding for treatment courts and uniform training for treatment court staff.
- Develop standards pursuant to which medication-assisted treatment is available to treatment court participants.
- Pair treatment court participants with appropriate peer support specialists.
- Evaluate the extent to which treatment courts implement the applicable standards, criteria and goals so as to successfully reduce recidivism.
- Identify successful treatment courts and attempt to replicate their availability in additional locations.
- Provide adequate recovery-related services for pre-trial detainees, individuals placed on probation or post-release supervisions and incarcerated individuals.