

PRESCRIPTION DRUG OVERDOSE PREVENTION *in* NORTH CAROLINA



THE STATE RESPONSE:

- ▶ The state created a joint task force of the NC Department of Health and Human Services and NC Department of Justice, which was tasked with providing recommendations related to preventing unintentional drug overdose in North Carolina..
- ▶ In 2005, legislation was passed to create the state's Controlled Substances Reporting System (CSRS), NC's prescription drug monitoring program (PDMP) which became operational in July 2007 and is housed in the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The state public health agency is barred from lobbying for legislation, but facilitated the bill's passage by identifying relevant evidence-based strategies and model legal language. Since July 2007, the CSRS—has been recording about 19 million prescriptions/year, on average, for a state population of about 9.5 million residents.
- ▶ In 2008, Project Lazarus, a non-profit organization was established and spearheaded a community-based intervention including the use of the drug naloxone to reverse opioid overdoses. Originally based in Wilkes County, Project Lazarus has now become a statewide effort and works closely with North Carolina's Medicaid management entity (Community Care of North Carolina) to help communities craft their own locally-tailored drug overdose prevention programs.
- ▶ In early 2013, the state enacted a 911 Good Samaritan/naloxone bill (S20), permitting third party prescribing and administration of an opioid "antidote" or rescue drug. The law also allows individuals to call 911 to report an overdose-in-progress without fear of prosecution. Use of naloxone was one of several policies recommended by the State Advisory Council on Overdose (a stakeholder group convened by the health agency) to reduce overdose deaths.
- ▶ Legislation passed in June 2013 (S222) made the CSRS more robust and proactive (1) allowing providers to delegate subordinates to access the CSRS on their behalf, (2) stiffening penalties for misuse of CSRS data, (3) reducing pharmacy reporting time to three days, down from a week, (4) requiring the reporting of physician-dispensed medications, (5) allowing collection of prescription drug payment source (including cash) and (6) allowing the system to alert physicians and prescribers when patients meet certain threshold criteria and to alert the NC Medical Board when providers meet certain criteria.
- ▶ The US Bureau of Justice and the Injury Prevention Research Center at the University of North Carolina-Chapel Hill are developing an algorithm for identifying unusual prescriber or patient practices, such as writing a high proportion of maximum-strength opioid prescriptions or purchasing prescription opioids with cash. The algorithm will be integrated into the CSRS to help identify individuals at high risk of overdose or death.
- ▶ The state injury prevention program is linking overdose deaths to medical examiner and CSRS data to identify at risk populations and identify interventions. To strengthen prevention efforts, officials are looking at provisional, rather than final, death data.

SUCCESSSES:

- ▶ Since passage of the naloxone bill in 2013, the North Carolina Harm Reduction Coalition has reported more than 153 opioid overdose reversals and distribution of 4,200 kits. Between 2009 and 2011, overdose deaths fell by 69 percent in Wilkes County, North Carolina, from 46.0/100,000 population to 14.4/100,000. In 2011, no Wilkes County residents died from overdose of an opioid prescribed within the county.
- ▶ A state evaluation of the CSRS found that consistent use of the CSRS by physicians was strongly linked with the likelihood that high risk patients received opioid dependence treatment (i.e. buprenorphine).

THE PROBLEM:

- ▶ In 1999, NC recorded just under 100 unintentional prescription opioid drug deaths compared with over 565 in 2012.
- ▶ In 2007, Wilkes County, a small western county in North Carolina, had the third highest drug overdose death rate in the nation.
- ▶ When the prescription drug overdose problem first came to the attention of state authorities (circa 2002), 60 percent of NC prescription drug overdose victims were dying before the arrival of emergency medical services.

"When people hear about unintentional poisoning, they think either of the kid drinking drano under the sink or the drug addict in the alley. Instead it's a middle-aged man or woman reaching into the medicine cabinet."

— Scott Proescholdbell, MPH
State Injury Epidemiologist
North Carolina Division of Public Health