Death Rates* for Three Selected Causes of Injury
North Carolina, 1968-2014

α - Transition from ICD-8 to ICD-9
β – Transition from ICD-9 to ICD-10

*Per 100,000, age-adjusted to the 2000 U.S. Standard Population
Source: Death files, 1968-2014, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
Medication or Drug Overdose Deaths by Intent
North Carolina Residents, 1999-2015

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, 1999-2015

Analysis by Injury Epidemiology and Surveillance Unit
The Good
NC’s Statewide Standing Order for Naloxone

• June 20, 2016, Gov. McCrory signed legislation authorizing state health director to issue statewide standing order for naloxone.

• Dr. Randall Williams signed a statewide standing order for:
  – Persons who are at risk
  – Family member or friend of a person at risk
  – Persons who are in the position to assist
NaloxoneSaves.Org: Home Page

Providing information to pharmacies and the public about North Carolina’s statewide standing order for naloxone.

FOR NALOXONE DISPENSERS
My pharmacy wants to participate in the standing order.

NALOXONE USER SURVEY
I recently used naloxone.

GENERAL INFORMATION
I am looking for more information about naloxone.
NaloxoneSaves.Org

• Developed by the Injury and Violence Prevention Branch and UNC Injury Prevention Research Center

• On the website:
  – FAQs for Pharmacists
  – Naloxone user survey to report overdose reversals
  – Patient-focused materials* with education on:
    • Risk factors for overdose
    • Signs of an overdose
    • Overdose response steps
    • Use of intranasal and intramuscular naloxone
  – Opportunity for pharmacies participating in a naloxone standing order to be included on a searchable map

*Spanish materials will be posted on website soon
Number of Pharmacies under Standing Order by County
Sept 2016 (N=1,327)

Source: North Carolina Injury and Violence Prevention Branch
UNC Injury Prevention and Research Center (IPRC), September 2016
Analysis: Injury Epidemiology and Surveillance Unit
Recent NC Legislation

• 2013 Good Samaritan/Naloxone Access legislation
• 2013 CSRS legislation for delegate accounts, reporting
• 2016 CSRS funding for analytics
Number of Opioid Overdose Reversals with Naloxone Reported by the North Carolina Harm Reduction Coalition by County

8/1/2013 - 8/31/2016 (4,384 total reversals reported)

16 reversals in an unknown location in North Carolina and 60 reversals using NCHRC kits in other states reported to NCHRC.

Source: North Carolina Harm Reduction Coalition, September 2016
Analysis: Injury Epidemiology and Surveillance Unit
Law Enforcement Carrying Naloxone by County
As of August 31, 2016 (53 Counties, 122 Agencies)

Source: North Carolina Harm Reduction Coalition, September 2016
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement

1/1/2015 - 8/31/2016 (186 total reversals reported)

Source: North Carolina Harm Reduction Coalition, September 2016
Analysis: Injury Epidemiology and Surveillance Unit
CDC 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
The Bad
Heroin Deaths
North Carolina Residents, 2008-2015

884% increase from 2010 to 2015

565% increase from 2010 to 2014

Analysis by Injury Epidemiology and Surveillance Unit
Rate of Unintentional/Undetermined Prescription Opioid Overdose Deaths and Rate of Outpatient Prescriptions Dispensed for Opioids


Outpatient Dispensing per 100 persons (2014-2015)
- 41.1 - 79.9
- 80.0 - 110.9
- 111.0 - 149.9
- 150.0 +

Overdose Rates per 100,000 persons (2011-2015)

Average mortality rate: 6.4 per 100,000 persons
Average dispensing rate: 89.4 per 100 persons

*Data:
Mortality - State Center for Health Statistics, NC Division of Public Health, 2011-2015
Opioid Dispensing - Controlled Substance Reporting System, 2014-2015
The Ugly
Rate of Hospitalizations Associated with Drug Withdrawal in Newborns
North Carolina Residents, 2004-2013

604% increase from 2004 to 2013

Source: N.C. State Center for Health Statistics, 2004-2013
Analysis: Injury Epidemiology and Surveillance Unit
Percent Non Medical Use of Pain Relievers During Past Year among Adolescents and Young Adults
North Carolina, 2004-2014

Source: National Survey on Drug Use and Health (NSDUH), SAMHSA
Analysis: Injury Epidemiology and Surveillance Unit
Self-reported Lifetime Use of Drugs among High School Students
North Carolina HS Students, 2013 & 2015

Source: NC Youth Risk Behavioral Survey (YRBS), 2013-2015
Analysis: Injury Epidemiology and Surveillance Unit
Self-reported Lifetime Use of Prescription Drugs Without Prescription by Grade

Source: NC Youth Risk Behavioral Survey (YRBS), 2009-2015
Analysis: Injury Epidemiology and Surveillance Unit
¿Preguntas?

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