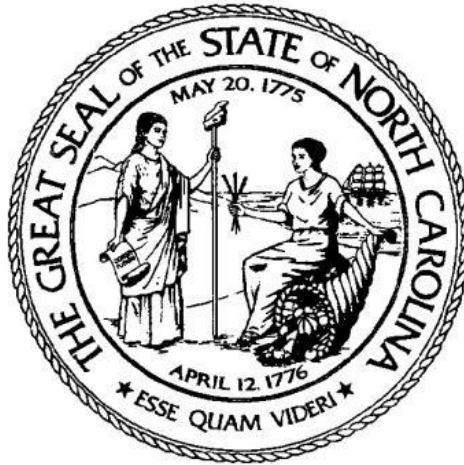


Performance of North Carolina's System for Monitoring Prescription Drug Abuse

Session Law 2015-241, Section 12F.16.(q)



**Report to the
Joint Legislative Oversight Committee on Health and Human Services
and**

Joint Legislative Oversight Committee on Justice and Public Safety

By

North Carolina Department of Health and Human Services

December 1, 2016

INTRODUCTION

SECTION 12F.16.(q) *Beginning on December 1, 2016, and annually thereafter, DHHS shall submit an annual report on the performance of North Carolina's system for monitoring prescription drug abuse to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety.*

BACKGROUND

In 2014, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, in collaboration with stakeholders from across the state, began the work of developing the *North Carolina Strategic Plan to Reduce Prescription Drug Abuse*, which was supported by the National Governor's Association and Substance Abuse and Mental Health Services Administration (SAMHSA) policy academies. The following year, Session Law 2015-241, mandated not only the development of the strategic plan, but also the creation of the Prescription Drug Abuse Advisory Committee (PDAAC), which is tasked with implementing activities guided by strategies within the plan.

PRESCRIPTION DRUG ABUSE ADVISORY COMMITTEE

In accordance with Section Law 2015-241, Section 12F.16.(m), the NC DHHS Prescription Drug Abuse Advisory Committee was established in early 2016, and met in Raleigh on March 18, June 17, and September 30. A fourth meeting is planned for December 2016. Work of the PDAAC has focused on providing guidance and leadership in the following: (1) the implementation of the *NC Strategic Plan to Reduce Prescription Drug Abuse*; and (2) the Centers for Disease Control and Prevention's Prescription Drug Overdose Prevention for States Cooperative Agreement awarded to North Carolina through 2019. PDAAC members represent a wide variety of agencies and fields, including, but not limited to: local health departments, healthcare organizations, law enforcement, substance abuse prevention, the recovery community, mental health treatment, harm reduction, emergency medicine, and regulatory boards.

PDAAC members self-selected into one of five workgroups: (1) Prevention and Public Awareness: Community; (2) Prevention and Public Awareness: Law Enforcement; (3) Intervention and Treatment; (4) Professional Training and Coordination; and (5) Core Data. At PDAAC meetings and through additional meetings and communication, workgroups constructed action plans guided by the *NC Strategic Plan to Reduce Prescription Drug Abuse* and are in the process of implementing strategies included in these action plans. Below is a summary of each workgroup's progress to date.

PDAAC Workgroup Action Plan Summaries and Progress

I. (a). Prevention and Public Awareness: Community

The Prevention and Public Awareness Community workgroup, in collaboration with the medical community, is in the process of developing clinical decision-making tools ("pocket cards") to assist medical providers in treating pain. The workgroup has also secured SAMHSA grant funding to support a statewide expansion of the "Lock your Meds" media campaign and is creating a community coalition toolkit to facilitate message dissemination. This toolkit will also include the promotion of Safe Kids NC's Operation Medicine Drop permanent drug take-back boxes. The workgroup has supported community-based access to naloxone through the creation and promotion of the website www.NaloxoneSaves.org to encourage pharmacies to sign on to the statewide

standing order for naloxone and to stock and dispense the medication. The website and corresponding outreach also encourages concerned community members to obtain naloxone through NC pharmacies.

(b). Prevention and Public Awareness: Law Enforcement

The Prevention and Public Awareness Law Enforcement workgroup identified two goals to prevent and reduce the consequences of prescription medication abuse in North Carolina. These goals are to reduce the number of unused non-controlled and controlled prescription medications in households across the state and to reduce the number of deaths associated with opioid overdose. Tasks are expected to be completed by December 2016, through a collaborative effort, with representation from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), the North Carolina Harm Reduction Coalition, the Drug Enforcement Administration (DEA), State Bureau of Investigation (SBI), Safe Kids NC, and the NC Attorney General's Office.

The goal to reduce the number of unused medications in households will be accomplished by: increasing awareness of prescription medication abuse and its prevention; increasing disposal resources for non-controlled and controlled prescription medications; and developing and implementing legislation to make illegal possession, transportation, sale and/or delivery of fentanyl patches a trafficking offense. The following tasks are expected to be completed on or before December 2016: increase the number of permanent medication disposal sites; determine how the DEA processes weight for fentanyl patches; and establish the quantity of fentanyl patches a person would need to possess in order to be charged with drug trafficking. The workgroup is on track for tasks beyond 2016. Future needs include funding for permanent medication drop boxes, medication disposal events, and medication incineration, the latter two having recurring needs.

In order to reduce the number of deaths associated with opioid overdose, the workgroup aims to: increase the number of law enforcement agencies and other first responders that carry naloxone; increase the number of people calling for emergency services due to overdose events; increase percentage of low level substance abusers who are diverted to treatment; and increase prescription medication crime enforcement. The following tasks are expected to be completed on or before December 2016: 1) increase medical directors' education and awareness of the importance of law enforcement officers and other first responders carrying naloxone; 2) raise awareness about the Good Samaritan/Naloxone Access Law, specifically with adolescents and young adults, via schools, social media, and a media campaign; 3) elevate awareness of pre-booking substance abuse treatment programs, such as Law Enforcement Assisted Diversion; and 4) provide training in prescription medication crime enforcement and investigation. The workgroup is on track for tasks beyond 2016. Future needs include funding for naloxone, pre-booking substance abuse treatment programs, and treatment; and training development related to carrying naloxone, pre-booking substance abuse treatment, and prescription medication crime enforcement and investigation.

II. Intervention and Treatment

The Treatment and Intervention workgroup has been supportive of the development and implementation of a number of new initiatives to address the opioid use disorder and overdose crisis in North Carolina. Among these initiatives are a new Medication-Assisted Opioid Use Disorder Treatment Pilot Program established by the North Carolina General Assembly to study the effectiveness of combining behavioral therapy with the utilization of an extended-release, injectable formulation of naltrexone, an opioid antagonist medication, which is marketed under the trade name of Vivitrol. Also being implemented is a new three-year federal Prescription Drug and Opioid Addiction (MAT-PDOA) grant to pilot a Medication-Assisted Treatment (MAT) Program in Wilkes and Iredell Counties for selected pre-release, post-release, and other offenders under the supervision of the NC Department of Public Safety, Division of Adult Correction and Juvenile Justice.

The workgroup has also been supportive of the adoption of the Governor's Task Force on Mental Health and Substance Use recommendations for new opioid use disorder treatment funding to expand publicly funded MAT in order to address the heroin and prescription opioid use epidemic among individuals with opioid use disorders. This includes new dedicated state funding for the immediate expansion of publicly funded opioid use disorder MAT services capacity to facilitate services for a minimum of 2,500 additional individuals in: (1) licensed opioid treatment programs; (2) certified Drug Addiction Treatment Act 2000 office-based opioid treatment physician practices; (3) Federally Qualified Health Centers; (4) correctional facilities; and (5) other state and local institutions. This initiative will target the expansion to areas of the highest level of need and to underserved communities. The workgroup is also supportive of the state's efforts to participate in planning and coordination with the Office of National Drug Control Policy, SAMHSA, and the Health Resources and Services Administration.

III. Professional Training and Coordination

The Professional Training and Coordination workgroup is focused on increasing educational opportunities for health care professionals on safer prescribing of controlled substances and the prevention and treatment of opioid use disorders. In order to achieve this goal, the workgroup is coordinating with regulatory boards of prescribers of controlled substances (i.e., the Medical, Nursing, Podiatry, and Dental Boards) to ensure they adopt clinical guidelines for prescribing controlled substances and promote these guidelines to their members. The workgroup is also tracking the training opportunities related to chronic pain management, overdose prevention, and the prevention and treatment of substance use disorders that regulatory boards and professional societies of prescribers and dispensers provide or promote to their members. Finally, the workgroup is committed to creating a website for prescribers and dispensers containing information, resources, and tools regarding the safe and effective management of pain. The website workgroup is being led by the Governor's Institute on Substance Abuse.

The data contained in the NC Controlled Substances Reporting System (CSRS), database provides an invaluable opportunity to understand prescription drug use and abuse trends. DMH/DD/SAS, in collaboration with the Division of Public Health (DPH), received Centers for Disease and Control Prevention (CDC) funding in 2015, to establish a full-time data analytic position, housed in DMH/DD/SAS. DMH/DD/SAS is producing reports not only for short-term analysis, such as monthly and quarterly, but also longitudinal studies of the data. These studies would be tremendously helpful in looking at trends across the state and in different communities over time.

DMH/DD/SAS created large de-identified data sets for the Injury Prevention Research Center (IPRC) to evaluate Project Lazarus, also known as the Chronic Pain Initiative, implemented by Community Care of North Carolina. IPRC is developing a complex system simulation model to be used to simulate both intended and unintended consequences of various policy options and longitudinal studies to better understand how the prescription drug epidemic is evolving and moving across North Carolina. In addition, DMH/DD/SAS created de-identify data sets in order to participate in the Prescription Drug Monitoring Program (PDMP) Center of Excellence Brandeis University.

IV. Core Data

The Core Data workgroup has been working to enhance understanding of potential data sources that could be used to better inform key partners and stakeholders of the scope of the drug overdose problem in NC. The Core Data workgroup has two primary goals: 1) assessing existing data sources and developing a data inventory specific to prescription and drug use and overdose; and 2) updating existing and identifying new sources of data to develop a comprehensive plan for utilization of these data sources for prevention, surveillance and research. To these ends, the Core Data workgroup is developing a data inventory and interviewing representatives of data sources to gain information about how the data can be best utilized. The workgroup anticipates that a detailed data inventory will be finalized in December 2016, and made available to the PDAAC as well as others. As the data inventory is being finalized, the workgroup aims to create a data portal or data warehouse where data could be housed and made available, at the county aggregate level, to groups working on prevention, intervention, and treatment. Given limited resources, current plans are modest. With additional resources (and data agreements), a website could be developed to house this data and provide a single site for a wide range of overdose data. Additional capacity building would focus on the ease of querying the data portal and interactive, as opposed to static, reports or tables. A number of agencies have expressed interest in housing some aspects of this data. It is not clear at this point if a single entity could house the data or website.

CONCLUSION

The PDAAC is positively impacting the coordinated response against the prescription drug misuse epidemic that NC is facing. The PDAAC has fostered many initiatives, such as: increasing awareness of the prescription medication misuse and its prevention; increasing educational opportunities for health care professionals on safer prescribing of controlled substances and the prevention and treatment of opioid use disorders; and developing a pilot Medication-Assisted Treatment (MAT) Program in Wilkes and Iredell Counties for selected pre-release, post-release, and other offenders under the supervision of the NC Department of Public Safety, Division of Adult Correction and Juvenile Justice among others. While the PDAAC work is showing many positive results there is still a lot of work to be done in the future. DPH and DMH/DD/SAS are committed to continuing to support the work of the PDAAC. The prescription drug epidemic facing NC can and will be successfully addressed by the best minds, working together, to implement strategies that tackle every aspect of this disease.