

DCoDPH

Opioid Crisis Response

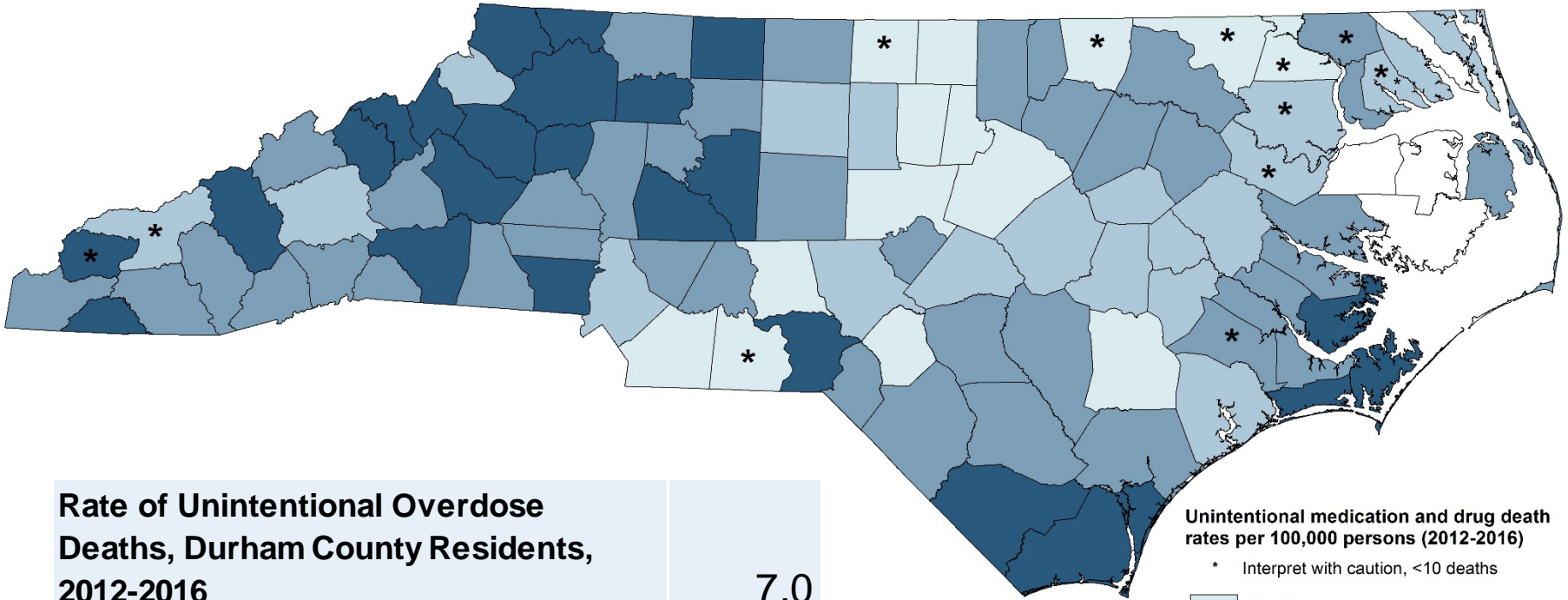
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MEDICAL AND LABORATORY DIRECTOR

NOVEMBER 8, 2017

Unintentional Medication & Drug Deaths by County

per 100,000 North Carolina Residents, 2012-2016



Rate of Unintentional Overdose Deaths, Durham County Residents, 2012-2016

7.0

Rate of Unintentional Overdose Deaths, North Carolina Residents, 2012-2016

12.2

Unintentional medication and drug death rates per 100,000 persons (2012-2016)

* Interpret with caution, <10 deaths

4.6-7.6

7.7-12.0

12.1-16.9

17.0-33.4

Rate not calculated, <5 deaths

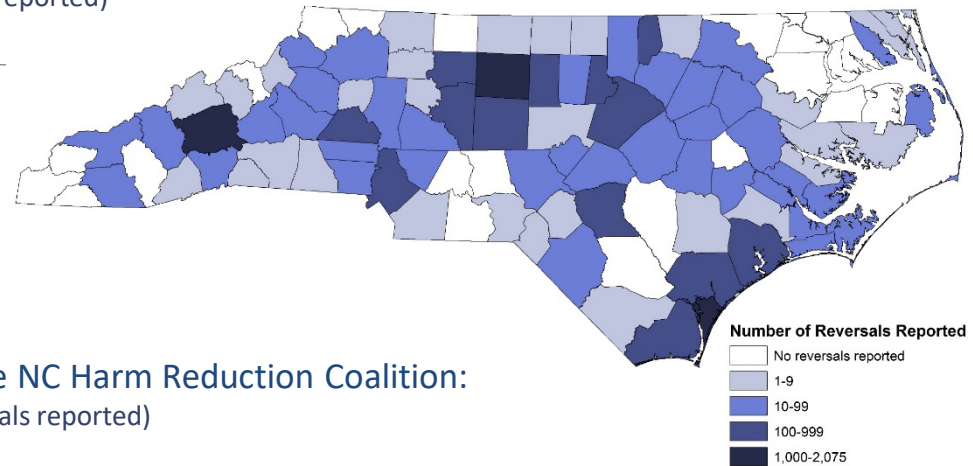
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Unintentional medication and drug overdose: X40-X44/Population-National Center for Health Statistics, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

Opioid Overdose Reversals with Naloxone

Community naloxone reversals reported to the NC Harm Reduction Coalition:

8/1/2013 - 9/30/2017 (8,181 total reversals reported)

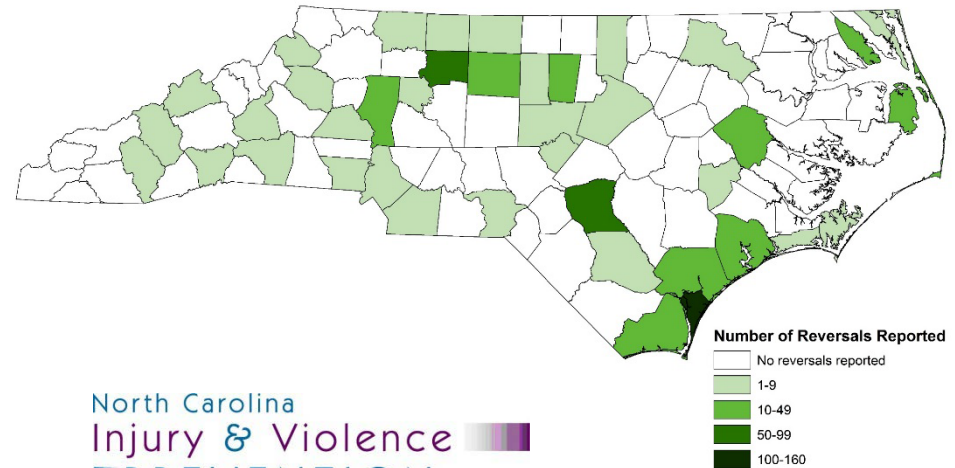
Community Reversals in Durham County, as of 09/30/2017	257
Community Reversals in Local Health Director Region 5, as of 09/30/2017	1936



Law Enforcement naloxone reversals reported to the NC Harm Reduction Coalition:

1/1/2015 - 9/30/2017 (677 total reversals reported)

Law Enforcement Reversals in Durham County, as of 09/30/2017	0
Law Enforcement Agencies in Durham County carrying naloxone, as of 09/30/2017	2
Law Enforcement Reversals in Local Health Director Region 5 as of 09/30/2017	55
Law Enforcement Agencies in Local Health Director Region 5 carrying naloxone, as of 09/30/2017	22



Source: North Carolina Harm Reduction Coalition, September 2017
 Analysis: Injury Epidemiology and Surveillance Unit

DCoDPH Naloxone Policy

- The Strengthen Opioid Misuse Prevention (STOP) Act of 2017 (Session Law 2017-74/H243):
 - A practitioner acting in good faith and exercising reasonable care may **directly or by standing order prescribe an opioid antagonist** to any governmental or nongovernmental organization, including a local health department, a law enforcement agency, or **an organization** that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors, for the purpose of distributing, through its agents, the opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or **other person in a position to assist a person at risk of experiencing an opiate-related overdose**.
 - (c) **A pharmacist** may dispense an opioid antagonist to a person described in subdivision (b)(1) of this section or **organization** pursuant to a prescription issued pursuant to in accordance with subsection (b) of this section. For purposes of this section, the term "pharmacist" is as defined in G.S. 90-85.3

ALLOWABLE FUNDS FOR SYRINGE EXCHANGE PROGRAMS

SECTION 8. G.S. 90-113.27(b)(2) reads as rewritten: "(2) Needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused. No **State funds may be used to purchase needles, hypodermic syringes, or other injection supplies.**

DCoDPH Safe Syringe Program (SSP)

- **Target start date: January 2018**
- **Distribute “packets” through Pharmacy, Health Education outreach and Bull City United**
- **Provide anonymously with no limit on amount per person**
(“one-for-one” exchange prohibited under NC law)
- **Promote HIV and hepatitis C testing**
- **Refer as needed for mental health and substance abuse counseling/treatment**