A Public Health Approach to Preventing Narcotic Overdose in Orange County

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Agenda

- Preaching to the Choir: Overdose in NC
- Setting the Stage
- The Orange County Experience
- Expanding Access to Naloxone in Communities
- Q & A
184% >> 0.5%
Background

- Epidemic of unintentional poisoning deaths continues to affect North Carolina.
- Death by unintentional poisoning has increased by nearly 300% (297 in 1999 to 1,101 in 2012)
- Poisoning is now the 2nd leading cause of unintentional death in NC
- 92% of unintentional poisoning deaths are drug or medication related

Cause of Death

Opioid analgesics are involved in more drug deaths than HEROIN & COCAINE combined.

Figure 3: Unintentional Prescription Opioid and Drug Overdose Deaths by Year: N.C. Residents, 1999-2012

Harm Reduction: Naloxone
How Does Naloxone Work?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.
Senate Bill 20

- Effective April 9, 2013
- Comprehensive overdose prevention bill

**Good Samaritan**
- Call 9-1-1

**Naloxone Access**
- Get naloxone in the community
This law was supported by the NC Sheriffs’ Association, NC Association of Chiefs of Police, NC Hospital Association, the NC Medical Board, the NC Medical Society, and the NC Child Fatality Task Force.
“...The Board is **encouraged** by programs that are attempting to reduce the number of drug overdoses by **making available or prescribing** an opioid antagonist such as naloxone to someone in a position to assist a person at risk of an opiate-related overdose...

...The Board therefore **encourages its licensees** to cooperate with **programs in their efforts to make opioid antagonists available to persons at risk of suffering an opiate-related overdose.**

NC Medical Board Position Statement
March 2013

The Orange County Experience
- Orange Rx opioid death rate not as high as the state’s and in bottom 50 counties by rate...
- Orange Rx Opioid deaths increased in last 10 years
- Increase in Orange poisoning death rate largely due to increase in Rx opioid deaths
- Rx opioid > heroin
- **Concrete:** of our 10 poisoning deaths a year, 7 are Rx opioids, up from 3.5 of 6 ten years ago. (*three year averages*)
What’s Behind the Numbers...

For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users
Built-in Opportunity for Collaboration

Community Health Assessment

Board of Health Strategic Plan
**Diversion Control: Take Back Events**

**2013 County Take Back Events:**
- March 2013 (Northern Orange)
- April 2013 (Southern Orange)
- September 2013 (Southern Orange)
- October 2013 (Northern Orange)

**2014 County Take Back Events**
- March 18th (Southern Orange)
- March 22nd (Southern Orange)

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**Take Back Events**

<table>
<thead>
<tr>
<th>CHPD:</th>
<th>Total Pounds Collected</th>
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<tbody>
<tr>
<td>March 2013</td>
<td>77.5 lbs. Pills</td>
</tr>
<tr>
<td>March 2014</td>
<td>121.5 lbs. Liquids</td>
</tr>
<tr>
<td></td>
<td><strong>199 Total pounds</strong></td>
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</table>
Community Awareness

Got Expired/Unused Meds?

Take ‘em to THE BOX

Safe Use • Safe Storage • Safe Disposal

Drug Drop Boxes are located in the lobbies of the Chapel Hill, Carrboro, and Hillsborough Police Departments.

For more information visit [www.orangecountync.gov/healthykarolinians](http://www.orangecountync.gov/healthykarolinians)
Board of Health Strategic Plan

- Focus Area #2 - Advocate for and pursue policies/practices/legislation aimed at improving substance abuse and mental health services
  - Research evidence-based practices to reduce accidental drug overdose, misuse and abuse and present their findings with recommendations to the Board of Health by March 2013.

Specific action steps set by Board of Health
Evidence-Based Interventions

RECOMMENDED STRATEGIES
- Key Sanford “Promising, Evidence-Based, Cost-Effective Interventions for Health Departments” to reduce RX drug misuse, abuse, and overdose
- CDC Recommendations

RECOMMENDED BOH STRATEGIES
- Considering current community efforts and legislative opportunities
- Considering what is actionable and related to Policy narrowed to 2

INTERVENTIONS

POLICY
- Establish OCHD standing order for prescription and dispensation of naloxone, an opioid overdose antagonist.
- Promote legislative changes supporting naloxone availability and Good Samaritan laws.
- Targeting high-yield prescribers for training or punitive measures through CSRS and drugstores.
- Advocate for opioid prescription limits at Orange County emergency healthcare facilities.

PROGRAM
- READY NOW!
  - Support prescription drug monitoring programs by promoting provider registration with controlled substance reporting system to all providers.
- EXPLORE!
  - Increased access to substance abuse treatment. Integration of substance abuse, mental health, and primary care services.
- DEFER...
Plan A: Orange County Standing Order

1. Board of Health supports pursuit of standing order
2. Work with medical director and clinical staff to introduce concept and logistics
3. Order kit materials
4. Create educational and training materials
5. Conduct training with clinical staff on documentation, dispensing, and education
Introducing the Concept

- Start early and from the ground up

- Research existing programs
  - nchrc.org
  - prescribetoprevent.org
  - naloxoneinfo.org
  - harmreduction.org

- Focus on harm reduction principal familiar to public health staff

- Summarize research
  - Network for Public Health Law: Legal Interventions to Reduce Overdose Mortality
  - Project Lazarus: Community-Based Overdose Prevention in Rural North Carolina (Albert, S. 2011)
  - Community-Based Opioid Overdose Prevention Programs (CDC MMWR)
Kit

- 2 vials (0.4 mg/mL) naloxone
- 2 1 in IM syringes
- Alcohol swabs
- Gloves
- CPR mask
- Instructions
Education Cards

- Remind users of steps to recognize and respond to an opioid overdose
- Tips to prevent opioid overdoses
- Information on the Good Samaritan legislation
- How to get a refill
- English and Spanish
Staff Training

Type who - family member, friend, or coworker. Could put “works with substance abusers”, etc... whatever applies.

Choose “Yes”

Select “opiate abuse, continuous” under Add Problems in the Family History section.

Free text in Other: Pt wants Narcan. Ed & Kit given 01/01/2014. NP/MD name and credentials.

How to enter Narcan in Patagonia.

Click on History Icon. History Details/Family History section.

See details above.
Plan B: Board of Pharmacy Regulation Proposal

We request that the board of pharmacy adopt two small changes to the rules in NCAC 46 .2400 Medication Dispensing in Health Departments.

21 NCAC 46 .2401 MEDICATION IN HEALTH DEPARTMENTS
A registered nurse employed by a local health department may dispense prescription drugs or devices under the following conditions:
(1) Drugs or devices other than Naloxone may be dispensed only to health department patients;

21 NCAC 46 .2403 DRUGS AND DEVICES TO BE DISPENSED
(a) Pursuant to the provisions of G.S. 90-85.34A(a)(3), prescription drugs and devices included in the following general categories may be dispensed by registered nurses in local health department clinics when prescribed for the indicated conditions:
(1) Anti-tuberculosis drugs, as defined by the latest edition of Drug Facts and Comparisons, as published by Facts and Comparison Div., J.B. Lippincott Co., or as recommended by the Tuberculosis Control Branch of the North Carolina Division of Health Services, when used for the treatment and control of tuberculosis;
(2) Anti-infective agents used in the control of sexually-transmitted diseases as recommended by the United States Centers for Disease Control;
(3) Natural or synthetic hormones and contraceptive devices when used for the prevention of pregnancy;
(4) Topical preparations for the treatment of lice, scabies, impetigo, diaper rash, vaginitis, and related skin conditions; and
(5) Vitamin and mineral supplements, supplements; and
(6) Naloxone used for the reversal of opioid overdose.
### Training for PHN

- **All dispensing PHNs will be trained on patient education before dispensing**
  - Recognizing and responding to overdose
  - Naloxone use
  - Emphasis on summoning emergency services

- **Dispensing will occur under a Standing Order that meets NC Board of Nursing requirements (Orange CHD has model)**

- **Must log all dispensed kits on Pharmacy Log**
Training for PHN

Documents, standing order template, and archived training available at:
http://publichealth.nc.gov/lhd/

Aid to Counties
- Aid-To-County Website Instructions for Districts and Public Health Authorities (PDF, 31 KB)
- Aid-To-County Website Instructions for Single County Health Departments (PDF, 36 KB)

Contacts
- Administrative Consultants Map (PDF, 40 KB)
- Nurse Consultants Map (PDF, 44 KB)
- Local Technical Assistance and Training Branch (XLS, 40 KB)

Dispensing of Drugs by Public Health Nurses
- Pharmacist's Guide to Registered Nurse Dispensing Training (PDF, 51 KB)
- Dispensing of Drugs by Public Health Nurses Training Documents
  - Part I: Background Information (PDF, 350 KB)
  - Part II: Self-Instruction Manual (PDF, 135 KB)
  - Part I Addendum: Naloxone Dispensing (PDF, 760 KB)
  - Presentation: Opioid Medication Safety -- The Role of Naloxone (PDF, 716 KB)
- Agenda for Health Department Dispensing RN Training (PDF, 75 KB)

Documentation and Coding
- Part I: Evaluation and Management Guidance (PDF, 46 KB)
- Part II: Coding and Billing Guidance (PDF, 155 KB)
- Audit Tool - Blank (DOC, 29 KB)
- Example Completed Audit Tool - Completed Audit Tool Using Otitis Media as the Example (DOC, 111 KB)
- Coding and Billing Follow-Up Family Planning Encounters (Memo from Joy Reed, Joe Holliday, and Evelyn Foust; PDF, 46 KB)
- CPT/ICD Audit Findings Log (DOC, 47 KB)
- CPT/ICD Audit Tool Instructions (PDF, 44 KB)
- The Process of Coding and Billing for Health Department Providers (PPT, 40 KB)
Expanding Access through 1st Responders

• Why should LEOs and fire consider?
  o Increasing involvement in medical response
  o LEO and fire often first on the scene
  o Coincides with mission of keeping people safe and alive

• Implementation Examples
  o Lorain County, OH (First reversal 31 Oct 2013)
  o Suffolk County, NY (108 reversals in past year)
  o Quincy, MA (202 reversals since 2010)
Quincy, Massachusetts

Naloxone credited with 220 overdose reversals in Quincy, Weymouth

Quincy police became the first municipal department in the country to outfit officers with the overdose-reversing drug naloxone in 2010. Following the city’s lead, Weymouth firefighters began carrying it in March. They say the easy-to-use nasal spray has been used more than 200 times to reverse overdoses.

- 1st municipal police dept to train & equip all officers
  - 202 reversals

- Adoption by Weymouth Fire Dept
  - 32 reversals
Evaluation

Policy
- Naloxone: Passage of standing orders, organizational naloxone policies
- Naloxone: # of organizations providing naloxone and utilizing naloxone
- HCOC: Media hits on overdose or naloxone

Process
- Drop Boxes: Pounds of drugs collected
- Drop Boxes: # of media impressions
- Naloxone: Reported uses of naloxone kits
- Naloxone: Demographics of kits distributed by different agencies

Short-Term Outcomes
- Changed perception of sharing prescription medications
- Naloxone: Improved perception of health department
- In progress: centralized naloxone tracking system

Long-Term Outcomes
- Reduce overdose morbidity
- Reduce overdose mortality
- Reduce suicide rate
## Data Sources

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<tr>
<th>Indicator</th>
<th>Source</th>
<th>Location</th>
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<tr>
<td>Overdose morbidity</td>
<td>NC DETECT</td>
<td><a href="http://www.ncdetect.org/">http://www.ncdetect.org/</a></td>
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<tr>
<td>Overdose mortality</td>
<td>NC Vital Records/SCHS</td>
<td><a href="http://www.schs.state.nc.us/">http://www.schs.state.nc.us/</a></td>
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<tr>
<td>Naloxone use</td>
<td>NC DETECT</td>
<td><a href="http://www.ncdetect.org/">http://www.ncdetect.org/</a></td>
</tr>
<tr>
<td>EMS specific data and case notes</td>
<td>PreMIS Data (in NC Detect)</td>
<td><a href="https://www.emspic.org/">https://www.emspic.org/</a></td>
</tr>
<tr>
<td>Naloxone distribution</td>
<td>Pharmacy Logs</td>
<td>Organization specific logs</td>
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<tr>
<td>Calls to Poison Control</td>
<td>Center for Poison Control</td>
<td><a href="http://www.ncdetect.org/">http://www.ncdetect.org/</a></td>
</tr>
<tr>
<td>Overdose reversal report</td>
<td>TBD</td>
<td>TBD</td>
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</table>
Evaluation & Going to Scale

- Implementation toolkit for health departments being developed by Injury Prevention Research Center (IPRC)
- Evaluation through labeling and reporting system
Questions?
Thank You

- UNC IPRC
- North Carolina Harm Reduction Coalition
- Project Lazarus
- Clinical staff of Orange County Health Department
- NC Board of Pharmacy
- NC Injury and Violence Prevention Branch
- Orange County EMS
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