Legal and Policy Approaches to Overdose Prevention - NC

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Medication and Drug Overdose Prevention Summit
Overview

- Fatal opioid overdose is at epidemic levels

- Opioid overdose death is largely preventable
  - Many overdoses start with misuse of prescription drugs
  - Reversal easily accomplished w/ naloxone

- Law, regulation, policy and administrative inertia contribute to overdose in many ways

- North Carolina has made several changes to improve overdose response
Reducing improper prescribing

- Use of PMPs with best practices
- Non-opioid therapy
- Prescriber and dispenser education
- Modification of insurance incentives (e.g. methadone as pain treatment)
- Care coordination
- Enforcement efforts

Addressing addiction

- Provider education
- Increased access to evidence-based treatment
- Acknowledgement of addiction as a medical condition
- Pharmacy lock-in where appropriate
- Jail diversion programs

Improving access to overdose care

- Increased naloxone access for:
  - community members
  - first responders
- Good Samaritan 911 legislation
- Law enforcement education

Overdose Prevention Continuum
Policy & the Continuum of Risk
Evidence-Based Addiction Treatment, Patient Review & Restriction Programs
Naloxone & Good Samaritan Laws

Risk
Prescription Monitoring Programs

- PMPs are state databases that collect patient-specific controlled substance prescription data.

- Data are generated by dispensers and transmitted to central repository.

- Data can be accessed by authorized users such as medical professionals, pharmacies, and law enforcement.

- NC’s PMP is called CSRS – Controlled Substances Reporting System.
PMP Best practices

- Some disagreement, but most experts agree on the following:
  - Monitoring of all scheduled drugs
  - Proactive provision of data
  - Ensure data timeliness
  - Ensure that data is easily accessible
  - Ensure that data is secure
SB222: CSRS Changes

- Veterinarians become required submitters
- Reporting window reduced to 3 business days ("encouraged" to report w/i 24 hours)
- Method of payment reportable
- Physician-dispensed supply >48 hours reportable
- Proactive reports may be issued to prescribers and licensing agencies
- Delegation permitted
- Law enforcement access increased
- Penalties for improper access increased
Naloxone

- Naloxone reverses opioid-related sedation and respiratory depression
  - Pure opioid antagonist
  - Not psychoactive
  - Not scheduled
  - No abuse potential
  - Extremely good risk profile
  - No effect if opioids not present
  - May cause withdrawal symptoms
Rationale for increased naloxone access

- Most opioid users do not use alone
- Bystanders can recognize and respond to overdoses
- Fear of calling 911
- Lack of first responder naloxone
- Extensive evidence of feasibility & effectiveness
Law as barrier to naloxone access

- Big barrier: Prescription status

- Patients can generally only receive from professional with prescription privileges
  - Prescribers are in short supply
  - Many at high risk of overdose do not visit prescribers
  - Physician visits can be prohibitively expensive, particularly for uninsured/underinsured
Law as barrier to naloxone access

- Prescriber concerns re: civil and professional liability
- Bystanders w/o naloxone may fear calling 911
- Nalaxone not included in scope of practice for police and firefighters
- Naloxone not on public health nurse formulary
Removal of law as barrier

- All of these legal/regulatory barriers are unintended consequences of attempts to address other problems.
- Unfortunately, they have the side effect of preventing access to naloxone, possibly costing lives.
- Luckily, they can be easily modified to remove that side effect while maintaining original intent of laws/regulations.
SB20: Naloxone Access

- Prescribers may prescribe naloxone to a person at risk of overdose or any other person “in a position to assist a person at risk of experiencing an opiate-related overdose.”

- Prescribers may prescribe naloxone via standing order

- Bystanders may administer naloxone

- All parties acting as authorized by law are immune from civil or criminal immunity so long as they act in good faith and exercise reasonable care
SB20: Good Samaritan

- Provides limited criminal immunity to any person who seeks medical assistance in good faith for person experiencing drug overdose
  - Possession of small amounts of drugs
  - Possession of drug paraphernalia

- Same immunity applies to victim

- Provides limited criminal immunity to minors who seek medical assistance for person experiencing alcohol overdose
  - Must remain with victim until help arrives
  - Must give name when seeking help
  - Immunity does NOT extend to victim
Regulatory changes

- Addition of naloxone to public health nurse formulary
- Modification of scope of practice for EMRs and LEOs to permit naloxone administration
Discussion

- Laws and policies that make it easier for lay people to access naloxone, administer naloxone, and summon emergency assistance in the event of overdose can save lives and resources.

- Prescription monitoring programs, *if properly designed and used*, may improve quality of care and reduce overdose deaths.
Discussion

- Changing law is not magic bullet
  - Change requires engagement with and action from public health and elected officials, the medical and treatment communities, law enforcement, clergy, community groups, etc.

- Must address overdose throughout the continuum

- As with all policy interventions, results should be independently and rigorously evaluated
Thanks! Questions?

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Extra Slides
Evaluations are positive

- **Feasibility**
  - Piper et al. Subst Use Misuse 2008: 43; 858-70
  - Walley et al. JSAT 2013; 44:241-7 (Methadone and detox programs)

- **Increased knowledge and skills**
  - Green et al. Addiction 2008: 103;979-89

- **No increase in use, increase in drug treatment**

- **Reduction in overdose in communities**
  - Maxwell et al. J Addict Dis 2006:25; 89-96
  - Walley et al. BMJ 2013; 346: f174

- **Cost-effectiveness**
  - $438-$14,000 (best-worst case scenario) for every quality-adjusted life year gained