NC’s Statewide Standing Order for Naloxone: Working with Partners to Lead Change
The Problem: Opioid Overdose

Deaths per 100,000 population

Year

Motor Vehicle Traffic (Unintentional)
Drug Poisoning (All Intents)
Firearm (All Intents)


1989 – Pain added as 5th Vital Sign

*Per 100,000, age-adjusted to the 2000 U.S. Standard Population
α - Transition from ICD-8 to ICD-9
β – Transition from ICD-9 to ICD-10

Source:
Death files, 1968-2014, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
Substances Contributing to Medication or Drug Overdose Deaths
North Carolina Residents, 1999-2015

Number of deaths

- Prescription Opioid
- Cocaine
- Heroin

884% increase in Heroin deaths since 2010

Don’t forget about cocaine

Analysis by Injury Epidemiology and Surveillance Unit
Prescription Opioid Analgesic Sales vs. Deaths
North Carolina, 2000 - 2015

Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.

http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html

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
Heroin Deaths
North Carolina Residents, 2008-2015

Analysis by Injury Epidemiology and Surveillance Unit

884% increase from 2010 to 2015

565% increase from 2010 to 2014

Number of deaths

61 72 37 76 147 179 246 364

Analysis by Injury Epidemiology and Surveillance Unit
Drug Poisoning Deaths Involving Heroin by County, 2009-2013

U.S. National Age Adjusted Rate: 1.6 Deaths per 100,000 Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death Data on CDC WONDER Online Database, extracted February 6, 2015.
Demographics of Medication or Drug Overdose Deaths
North Carolina Residents, 2015

Analysis by Injury Epidemiology and Surveillance Unit
One Response: Naloxone Access
Responding to the Heroin Epidemic

**PREVENT**
People From Starting Heroin
- Reduce prescription opioid painkiller abuse.
- Improve opioid painkiller prescribing practices and identify high-risk individuals early.

**REDUCE**
Heroin Addiction
- Ensure access to Medication-Assisted Treatment (MAT).
  Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**REVERSE**
Heroin Overdose
- Expand the use of naloxone.
  Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vital Signs, July 2015

http://www.cdc.gov/vitalsigns/heroin/index.html
Naloxone

- Naloxone (Narcan®, Evzio®)
  - A prescription medication used to treat an opioid overdose
  - Works by reversing the effects of opioids by temporarily binding to the same brain receptors as opioids
  - Safe medication; few side effects other than putting people into immediate withdrawal from opioids
  - Can be administered intra-nasally or intra-muscularly
Death
Respiratory depression
Diminishing cognition/ Motor control
Nodding, unresponsive
Euphoria; Relief from dope sickness
Pain relief
Pain, withdrawal, craving, dope sickness, boredom

Opioid Overdose = 1-3 hours
Opioid Antidote, Reversals = 1-3 minutes
2013 Good Samaritan Law

• In 2013, legislature passed the Good Samaritan law
  – Provided immunity for possession of small amount of drugs for people seeking help for an overdose
  – Provided civil and criminal immunity for persons who administer naloxone to someone experiencing an overdose
  – Allowed health care practitioners to prescribe naloxone by standing order and allowed 3rd party prescribing (to friends and relatives of people at risk of an overdose)

“A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an 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.”
Number of Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition by County
8/1/2013 – 12/31/2016 (39,451 total kits distributed)

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

2 kits distributed in an unknown location in North Carolina.
Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by Date

8/1/2013 - 12/31/2016

5,456 reported reversals

Source: North Carolina Harm Reduction Coalition, January 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by the North Carolina Harm Reduction Coalition by County
8/1/2013 - 12/31/2016 (5,456 total reversals reported)

17 reversals in an unknown location in North Carolina and 81 reversals using NCHRC kits in other states reported to NCHRC.

No reversals reported
1-9
10-99
100-499
500-1360

Source: North Carolina Harm Reduction Coalition, January 2017
Analysis: Injury Epidemiology and Surveillance Unit
Counties with Law Enforcement Carrying Naloxone
As of December 31, 2016 (60 Counties, 136 Agencies)

Source: North Carolina Harm Reduction Coalition, January 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement by Date
1/1/2015 - 12/31/2016

373 reported reversals

20 reported reversals with unknown date

Source: North Carolina Harm Reduction Coalition, January 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement by Date
1/1/2015 - 12/31/2016 (373 total reversals reported)

Number of opioid reversals with naloxone

- No reversals reported
- 1-9
- 10-24
- 25-49
- 50-98

Source: North Carolina Harm Reduction Coalition, January 2017
Analysis: Injury Epidemiology and Surveillance Unit
Statewide Standing Order Initiative

• Fall 2015: NC Injury and Violence Prevention Branch (IVBP) received Prevention for States grant from CDC
  – A 4-year grant to work on prescription drug overdose prevention

• IVBP had been investigating possibility of statewide standing order for naloxone by State Health Director under the Good Samaritan law

• October 2015: Pennsylvania’s Physician General signed statewide standing order

• December 2015: Maryland’s Deputy Secretary for state health department signed statewide standing order
What about North Carolina?

• Injury and Violence Prevention Branch approached State Health Director Dr. Randall Williams about creating a Statewide Standing Order for Naloxone

• Dr. Williams indicated need to consult partners
  – NC Medical Board
  – NC Medical Society
  – NC Pharmacy Board

• After talking with partners, decided to seek legislative change to specifically allow State Health Director to issue a statewide standing order
Legislative Maneuvering

- Working with DHHS legislative liaisons
- Trying to find way to introduce legislation in the short session
- Dealing with concerns regarding cost neutrality from Medicaid
  - Decision to exclude Evzio (auto-injector version) from standing order
- Committee hearings in House and Senate
  - Dr. Williams served as effective champion of the bill
  - Legislators very receptive to bill on a bi-partisan basis
Advanced Preparation for the Passage of the Bill

• Wrote draft standing order and shared with multiple partners to get feedback
  – NC Medical Board
  – NC Medical Society
  – NC Pharmacy Board
  – NC Retail Merchants Association
    • All major pharmacy chains
  – Community pharmacies representatives
  – NC Division of Medical Assistance
  – Community Care of NC

• Pharmacies praised simplicity of standing order compared to those in other states; greatly appreciated ability to give input
Creation of NaloxoneSaves.org Website

• Working on very tight deadline (one month); needed to have website up and running as soon as law effective

• NC Injury Prevention Research Center helped design website

• Created FAQs document

• Created searchable map with plan to populate with pharmacies dispensing under the standing order

• Had a call organized by NC Retail Merchants Association with pharmacy chains and community pharmacy representatives to explain website and the process of “signing up” to dispense under the standing order, and to get feedback before website was “official”

NaloxoneSaves.Org
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
Spreading the Word to Pharmacies in Advance of the Law’s Passage

• Urgent messages to pharmacies and pharmacists to be prepared for the statewide standing order
  – Determine whether they intended to dispense under the standing order
  – Put in place any internal protocols they desired for standing order
  – Order naloxone and have it in stock

• Worked NC Pharmacy Board and NC Retail Merchants Association to get the word out quickly

• Gave DPH attorney email to all NC pharmacists for help with questions
June 20, 2016: Gov. McCrory signed legislation authorizing State Health Director to issue statewide standing order for naloxone and standing order signed by Dr. Randall Williams immediately afterward.

Authorizes any pharmacist practicing in the state and licensed by the N.C. Board of Pharmacy to dispense naloxone to:

- A person at risk of experiencing an opiate-related overdose
- A family member or friend of a person at risk of experiencing an opiate-related overdose.
- A person in the position to assist a person at risk of experiencing an opiate-related overdose.
1,300+ NC Pharmacies operating under standing order listed on the website. More added each week.
1,330 Pharmacies in the state selling naloxone

About 60% of retail pharmacies in NC
Most of the large chains
Post Script

• Multiple chains and independent pharmacies dispensing by standing order
  – CVS, Rite-Aid, Harris Teeter, Walgreen’s, Kroger, Ingles, others

• Have not run into implementation hurdles

• Standing order being used by law enforcement in some locations to obtain naloxone

• Need for evaluation of law
  – UNC Injury Prevention Research Center working with UNC School of Pharmacy to conduct a survey of NC pharmacies about the standing order
  – Need to determine how much naloxone has been dispensed under the standing order
NC Counties with Local Health Department Standing Order/Protocol for Naloxone

- Alexander
- Cabarrus
- Davidson
- Duplin
- Durham
- Forsyth
- Hoke
- Johnston
- Lenoir
- Madison
- Orange
- Pender
- Pitt
- Union
- Wake
- Wilkes
- Others?
NC Syringe Exchange Programs (SEP)

- Bill passed July 11, 2016 to legalize syringe exchanges (Three weeks after standing order bill signed)
- Any governmental or nongovernmental organization can start a SEP
- Legal protections: No employee, volunteer or participant of the syringe exchange can be charged with possession of syringes or other injection supplies, or with residual amounts of controlled substances in them, obtained from or returned to a syringe exchange
- NC Safer Syringe Initiative of the Division of Public Health

https://www.ncdhhs.gov/north-carolina-safer-syringe-initiative
Counties with Syringe Exchange Programs
As of December 31, 2016 (16 SEPs covering 20 counties)

Source: North Carolina Division of Public Health, January 2017
Analysis: Injury Epidemiology and Surveillance Unit