



Opioid Update

Departmental Presentation
to Board of Commissioners

May 21, 2019



Three areas of focus for this opioid update:

Overview

Background, the
Need & Our
Response

Rachael Nygaard,
Strategic Partnerships Director

Public Health Strategies

Community
Education,
Naloxone, Syringe
Exchange & Safe
Disposal

Amy Upham,
Project Coordinator for
Overdose Reduction

Detention Facility Strategies

Medication
Assisted Treatment
in the Jail

Sarah Gayton,
Detention Programs Director,
Sheriff's Office



Strategic Priorities



“

Our priority is stemming the disease of opioid addiction, which is a crisis threatening the health and safety of a growing number of people in our community and beyond.

”

- Board of Commissioners
Strategic Priority, Dec 2017

What are opioids?



Codeine



Oxycodone



Vicodin



Fentanyl

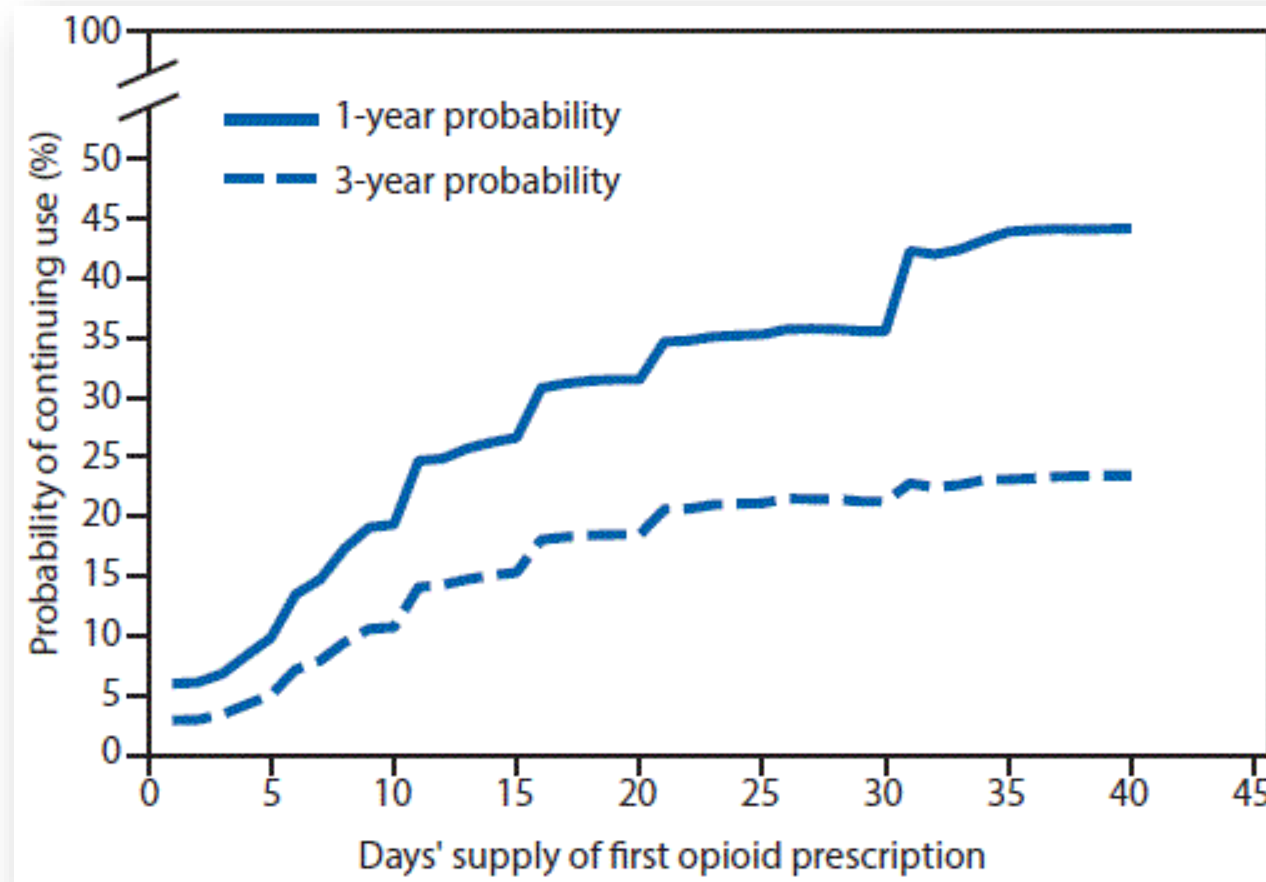


Powder
Heroin



Black Tar
Heroin

Risk for continued use rises quickly



One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015 ¹³

**In 2017, over 6 North
Carolinians died each day
from unintentional
medication or drug overdose.**

Technical Notes: Unintentional medication and drug overdose: X40-X44; Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2017
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

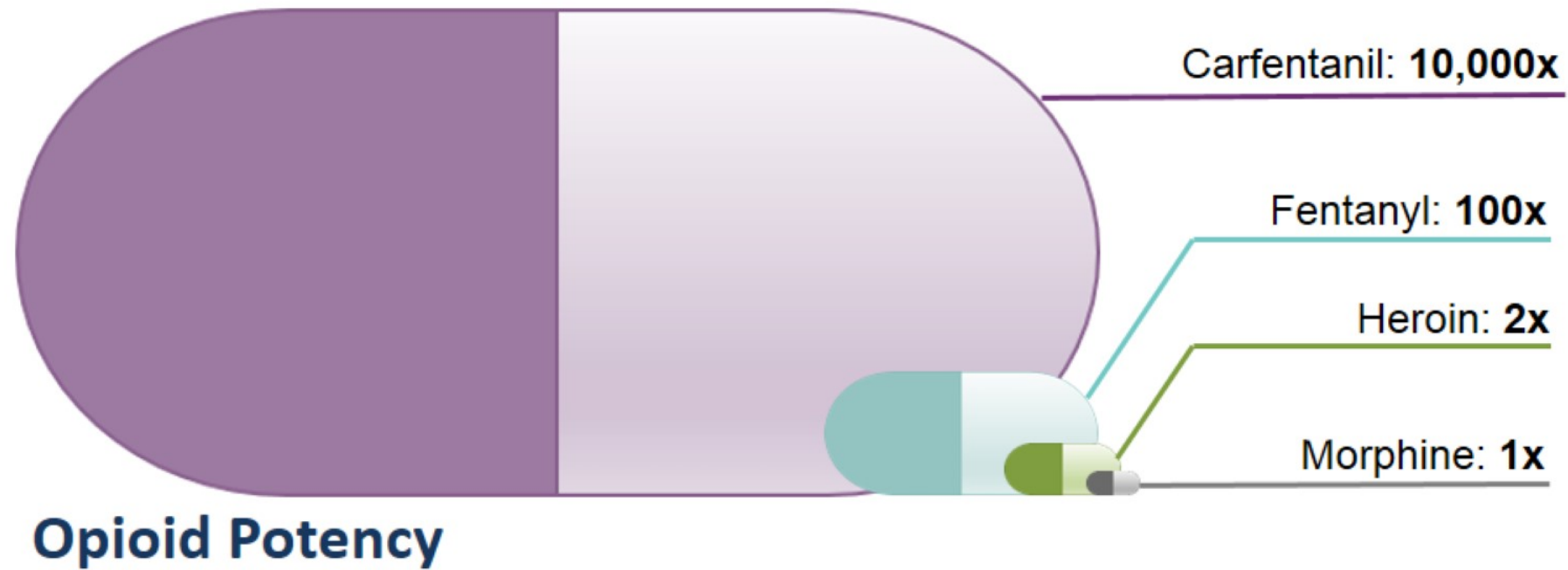
Fewer prescription opioids being prescribed

- **2016: Over 17 million painkillers prescribed in Buncombe County**
 - This equals almost 68 pills for every man, woman, and child in Buncombe County.
- **2017: Less than 14 million painkillers prescribed in Buncombe County**

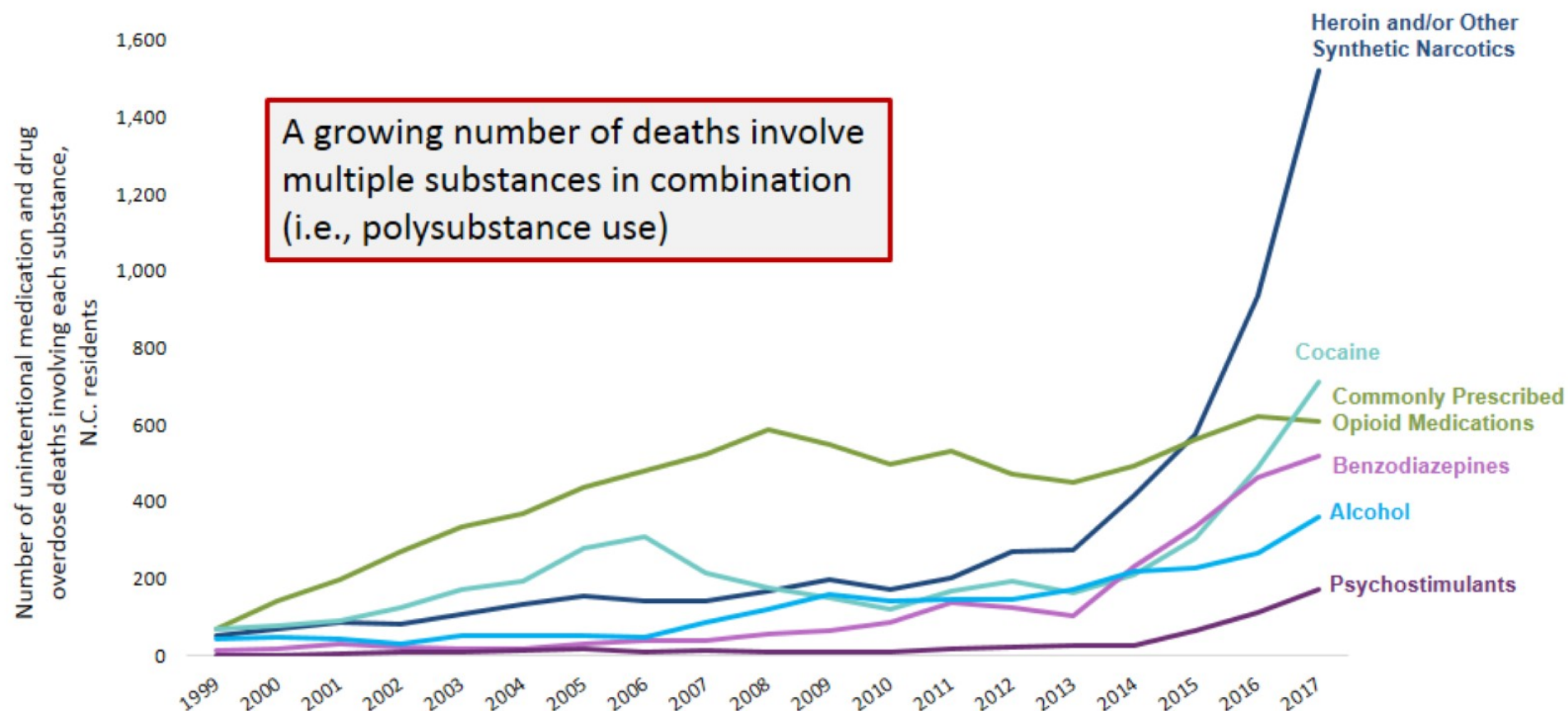
...but overdoses from heroin and other synthetic narcotics are up



With unprecedented availability of cheap heroin and fentanyl... **MORE PEOPLE ARE DYING**



Unintentional overdose deaths involving illicit opioids* have drastically increased since 2013



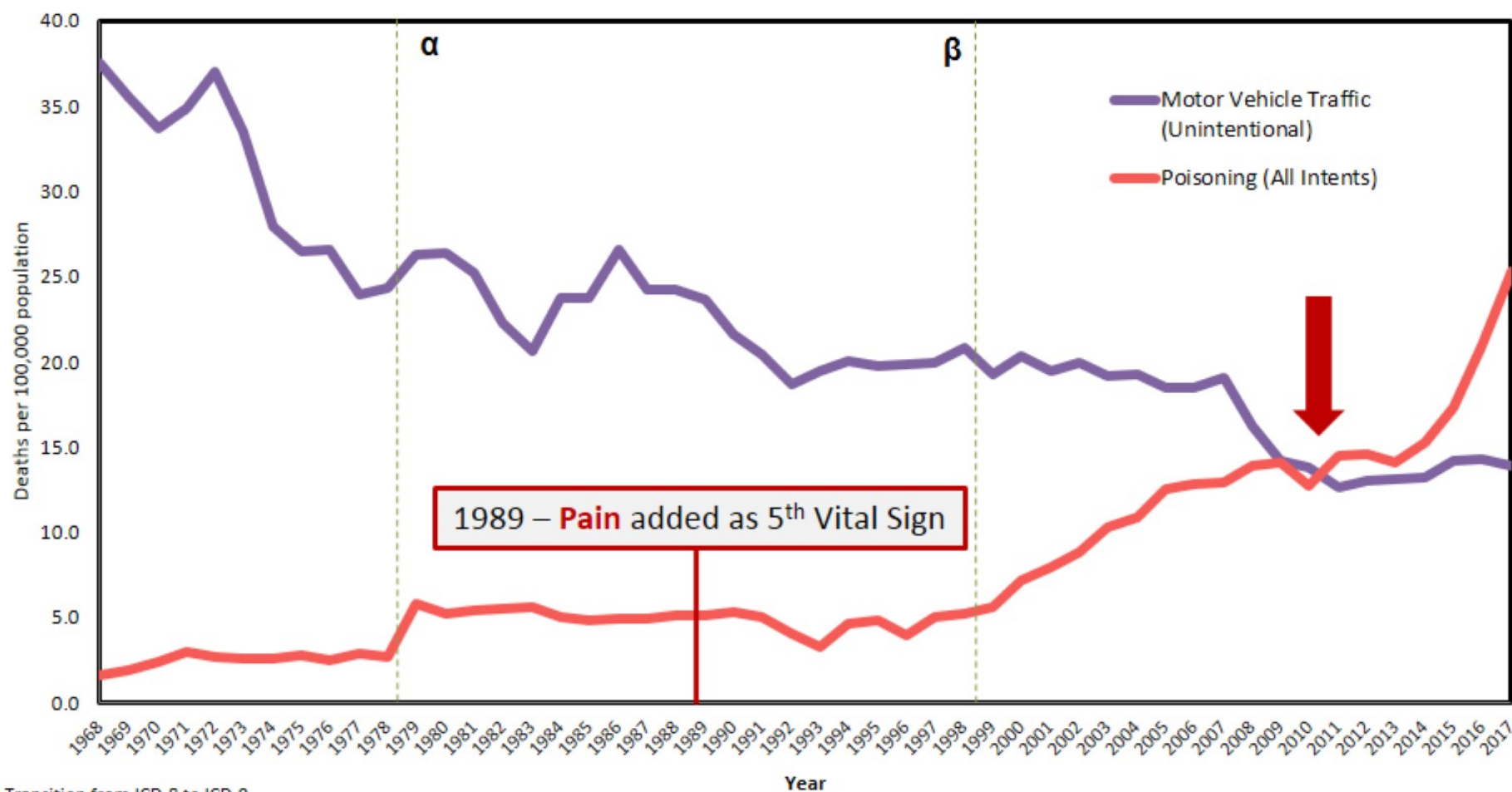
*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

Technical Notes: These counts are not mutually exclusive; if the death involved multiple substances it can be counted on multiple lines; Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type; limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017

Analysis by Injury Epidemiology and Surveillance Unit

Poisoning death rates are higher than traffic crash death rates in N.C.



α - Transition from ICD-8 to ICD-9

β - Transition from ICD-9 to ICD-10

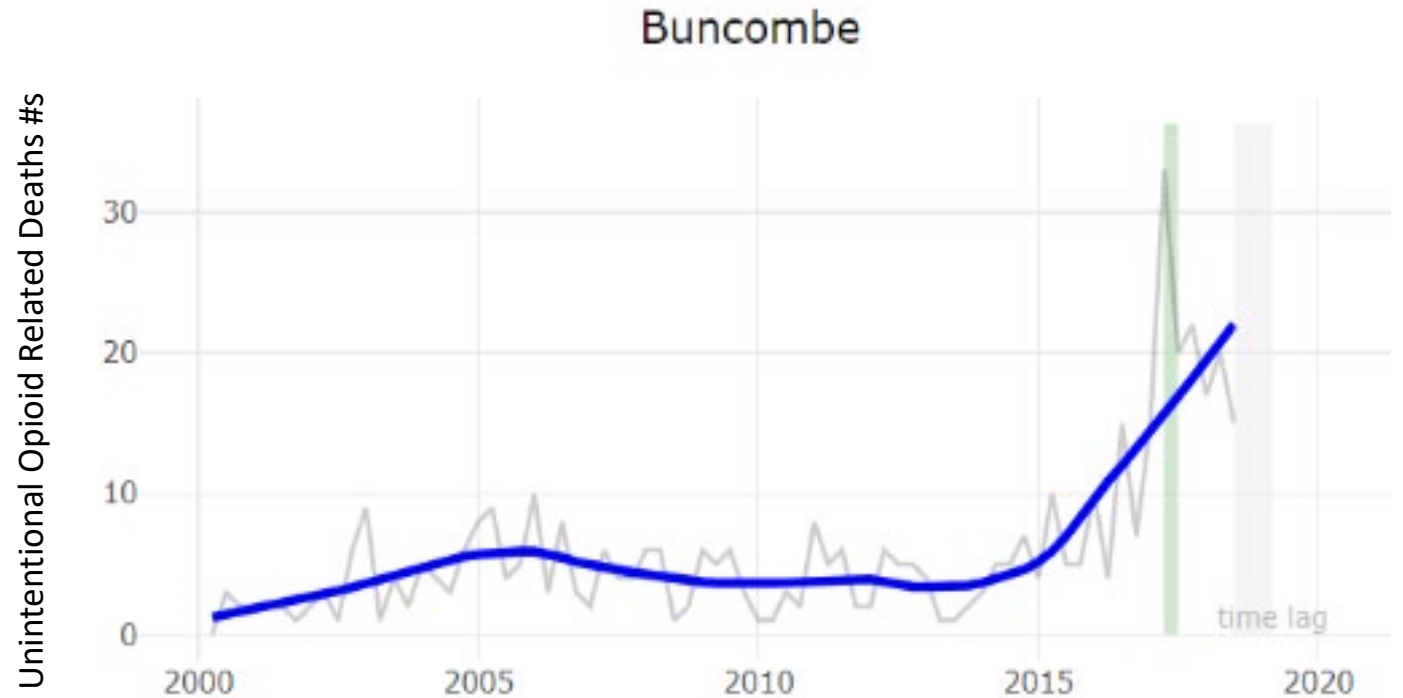
Technical Notes: Rates are per 100,000 residents, age-adjusted to the 2000 U.S. Standard Population

Source: Death files, 1968-2016, CDC WONDER

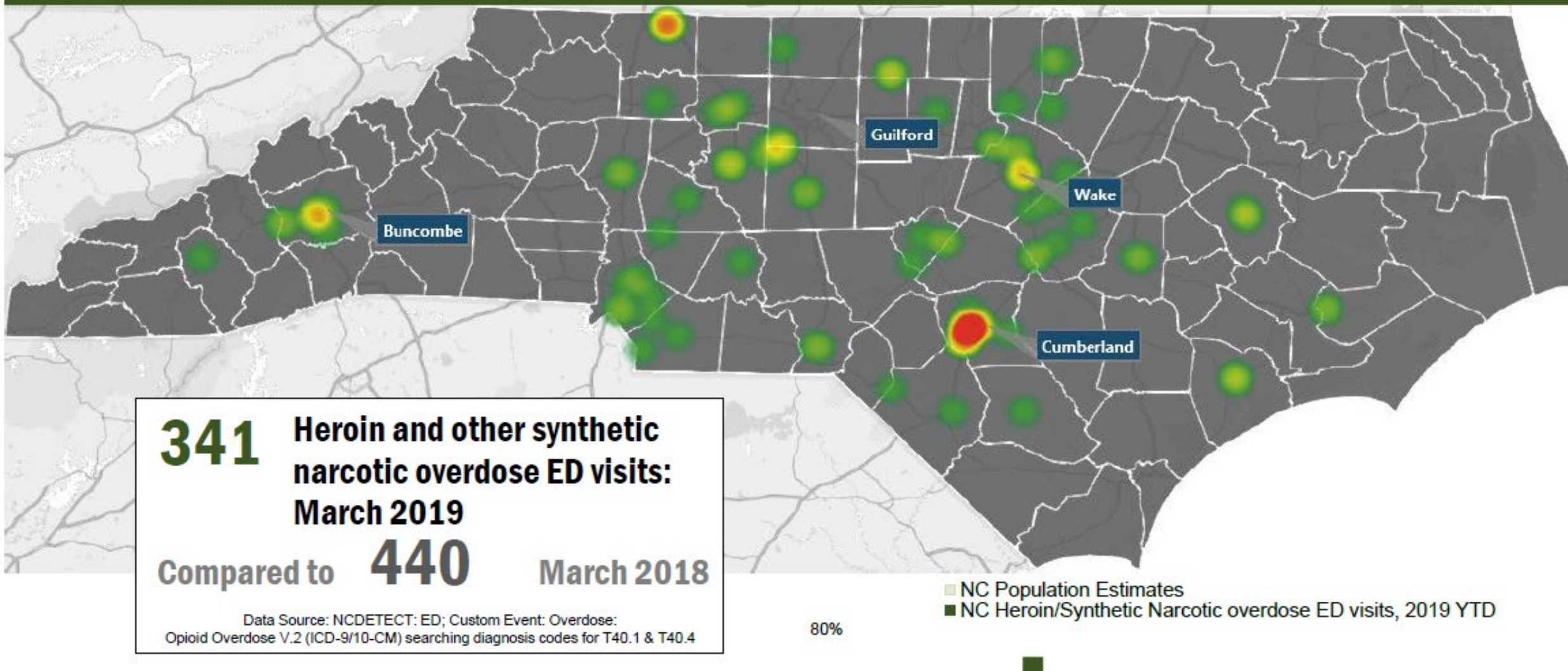
Analysis by Injury Epidemiology and Surveillance Unit

Overdoses still on the rise in Buncombe

- Overdose deaths in Buncombe County nearly tripled between 2015 and 2017 (38 → 92)
- Overdose Emergency Department (ED) visits are still on the rise.
 - Jan – March 2018 = 67
 - Jan – March 2019 = 87



HEROIN AND OTHER SYNTHETIC NARCOTIC OVERDOSE ED VISITS, MARCH 2019

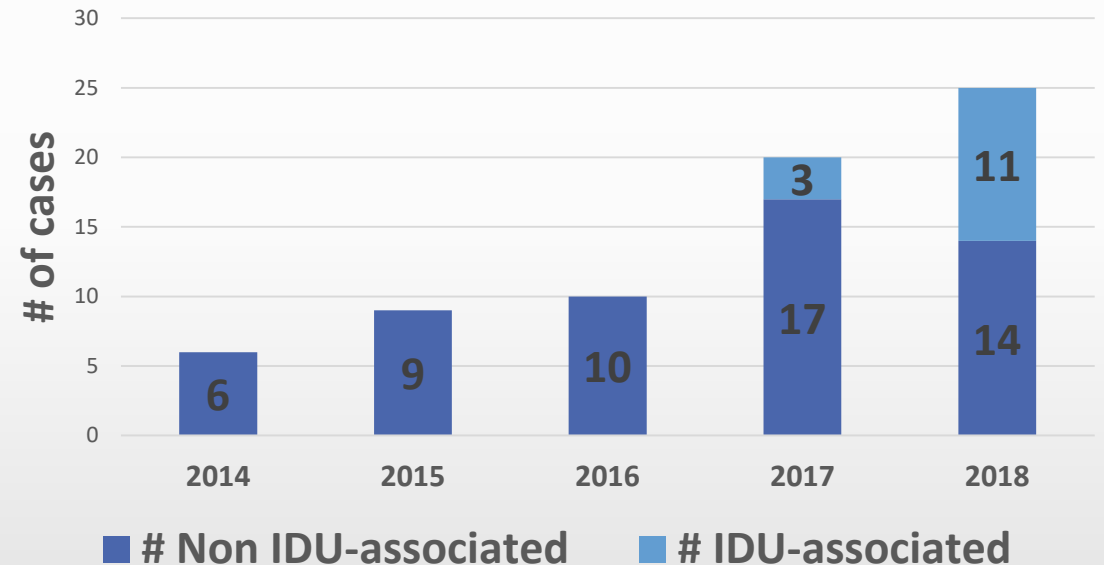


Infections associated with Injection Drug Use (IDU)

Reportable

- Invasive Group A Streptococcus
- HIV
- Hepatitis B & C (acute & chronic)
- Endocarditis
- Sepsis (blood infection)
- Bone/joint infections
- Wound infections

Invasive Group A Streptococcal Infections



Our Response

1) Public Awareness

2) Prevention

3) Treatment & Wellness

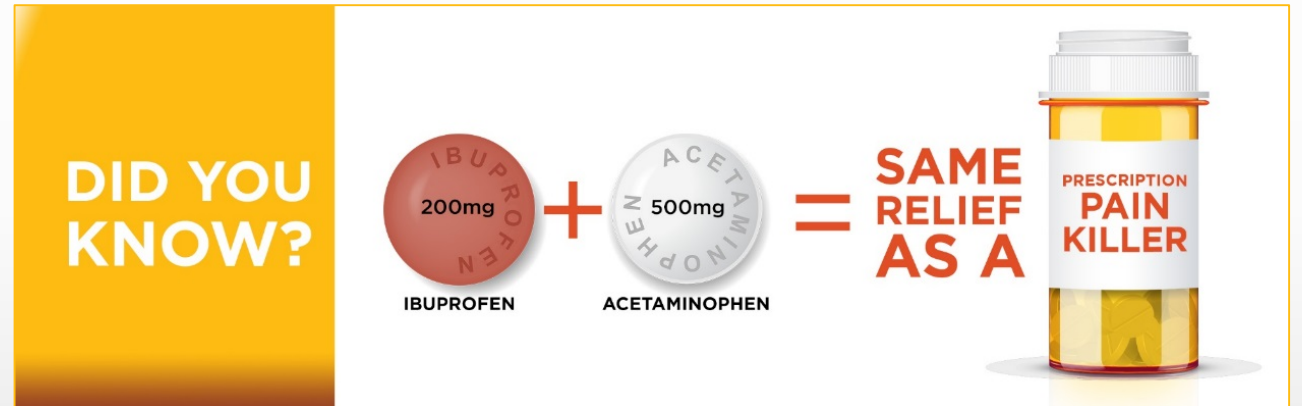
4) Harm Reduction

5) Accountability



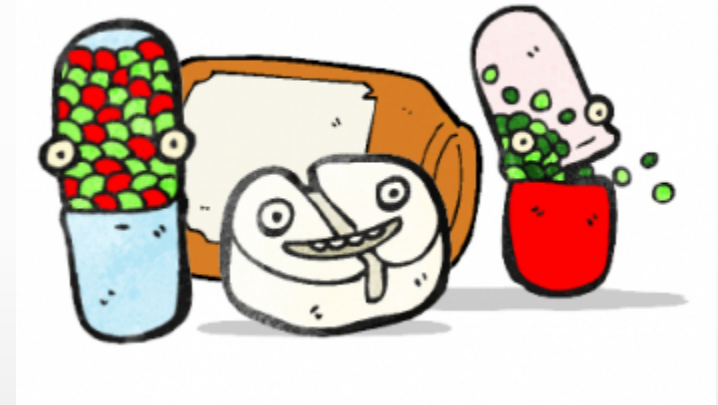
1) Public Awareness

- Speakers bureau
- Community town halls
- Summits with youth, faith communities
- Awareness events
- Education campaigns



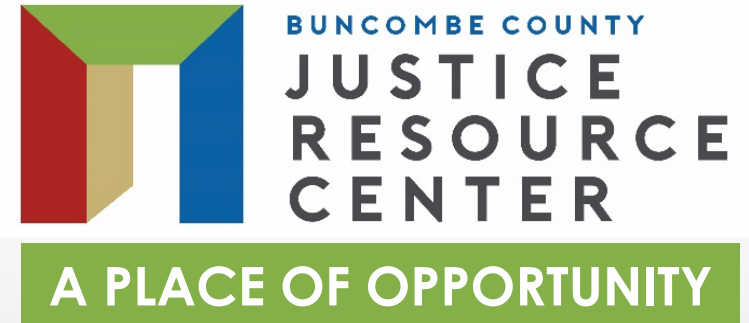
2) Prevention

- Inter-agency planning teams
- Communicable disease outreach & vaccination
- Training for prescribers and medical professionals
- Training for first responders
- School-based and youth outreach



3) Treatment & Wellness

- Justice system diversion
- Sobriety Treatment and Recovery Teams
- Post overdose response
- Peer support specialists
- Medication Assisted Treatment
- Transitional housing



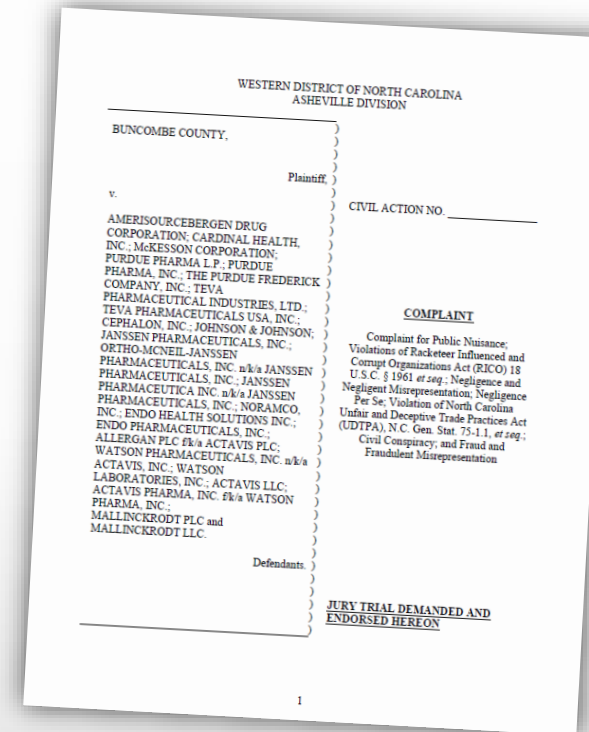
4) Harm Reduction

- Drug take-back events
- Safe disposal for medications and injection supplies
- Overdose reversal medication
- Syringe/injection supply exchange



5) Accountability

- Law enforcement approaches
- Public nuisance lawsuit against pharmaceutical industry



Leveraging outside funding

- Emergency Overdose Grant - Centers for Disease Control, via NC Department of Health and Human Services
 - \$100,000 awarded
- State Opioid Response Funds - Substance Abuse and Mental Health Services Administration (SAMHSA), via NC Department of Health and Human Services and Vaya Health
 - Pending funding to support MAT in jail
- Comprehensive Opioid Abuse Program (COAP) Grant - US Bureau of Justice Assistance
 - Federal grant application due June 5, up to \$900,000



Emergency Overdose Grant

- Time-limited state grant of \$100,000
- Grant awarded from October 2018 - August 2019
- Addresses 4 unmet needs:
 - Community Health Education
 - Naloxone Availability
 - Syringe Disposal
 - Syringe Services



Community Education

- Provide prevention messaging on dangers of prescription painkillers
- Evidence based harm reduction trainings created in collaboration with 9 community organizations
- Safe disposal and syringe service ads in city buses
- Disposal information for community members & businesses
- Website provides information on local response and community resources

SAFETY IS THE POINT

HELP REDUCE NEEDLE LITTER



✓ **YES**

PUT NEEDLES
INTO DISPOSAL
UNITS



✗ **NO**

NEEDLES ON THE
GROUND, IN WATERWAYS
OR IN TRASH CANS

SHARING NEEDLES?

USING A **NEW** NEEDLE EACH TIME
REDUCES RISK OF HEPATITIS, HIV,
& INFECTION



**FOR NEEDLE EXCHANGE,
SERVICES, & DISPOSAL
INFORMATION**

**DIAL
2-1-1**

Naloxone Training and Distribution

- Intranasal Naloxone available for BCHHS social workers to carry as needed
- Intramuscular Naloxone available for clinic staff to distribute to individuals/families
- Naloxone administration training underway for:
 - Staff at 40 Coxe
 - BCHHS social workers
 - Community groups (Helpmate, Our Voice, Asheville Poverty Initiative, RHA, AB-Tech, UNCA, faith groups)

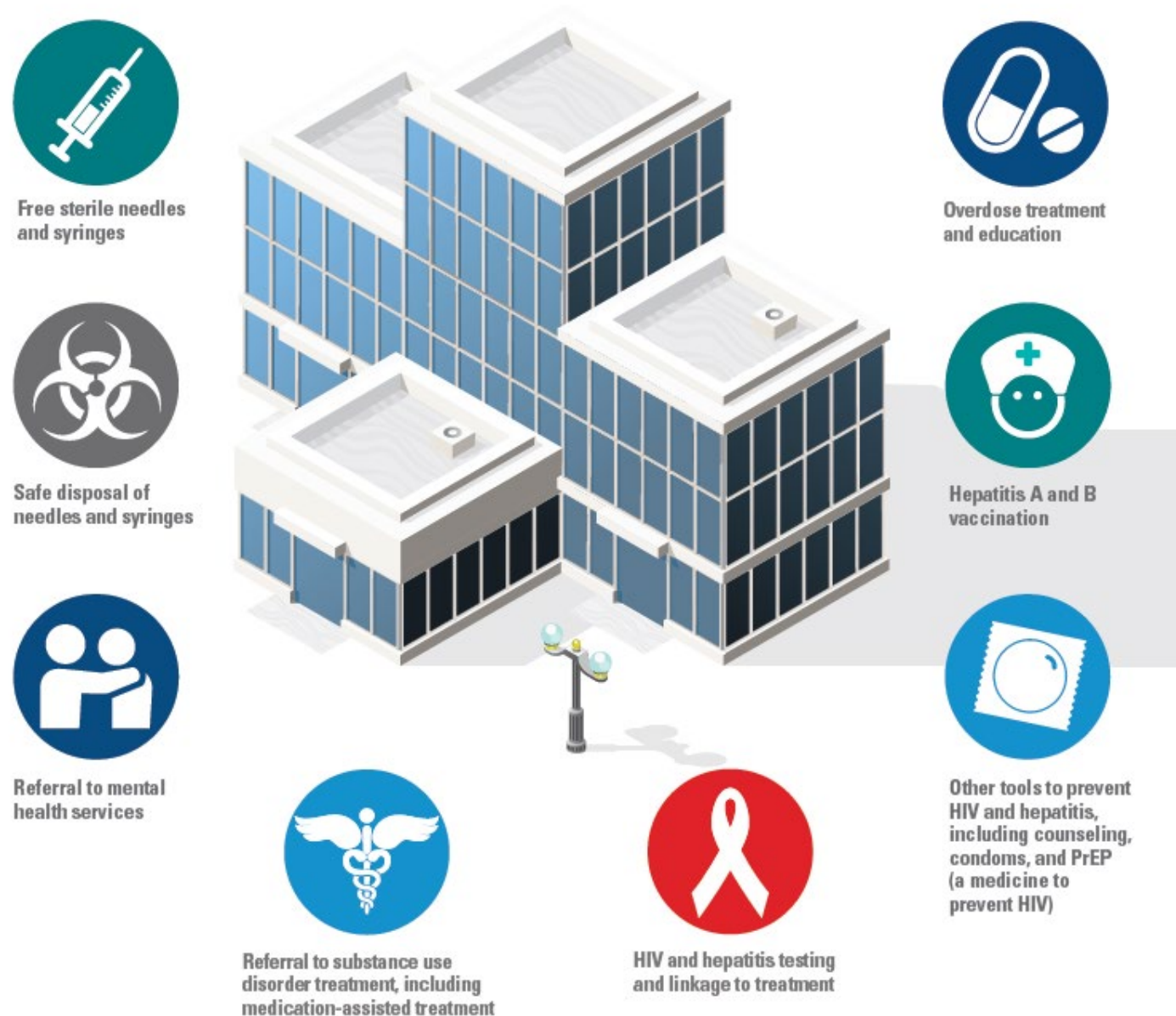


Buncombe County's Proposed Disposal Plan

- 6 large units at heavy needle traffic sites
- 25 smaller units in county/city buildings



Components of Syringe Services Programs (SSPs)





Child Welfare | S.T.A.R.T. Model
Sobriety, Treatment and Recovery Teams

SAFETY  **IS THE POINT**



Help is
closer than you think!

Call  **1-800-849-6127.**
VAYAHEALTH (Toll free 24/7)

buncombecounty.org/closer



BUNCOMBE COUNTY SHERIFF'S OFFICE PRESENTATION TO COMMISSIONERS

May 21, 2019

BUNCOMBE COUNTY DETENTION FACILITY

Medical Assisted Treatment Program (MAT)



20 Davidson Drive, Asheville NC



Buncombe County
Sheriff's Office

National Sheriff's Association

**"Jails are on the front lines of this epidemic,
and they also are in a unique position
to initiate treatment in a controlled, safe environment.**

**Pharmacotherapy—i.e., medication-assisted treatment—is a
cornerstone of best practice for recovery from substance abuse.
Treatment using MAT, particularly when coupled with evidence-
based behavioral therapy, improves medical and mental health
outcomes and reduces relapses and recidivism."**



Context

- 11 of 3,142 counties nationally have detention Medication Assisted Treatment
- 15 of our 50 states have county/prison MAT
- Resources indicate no North Carolina counties have MAT programs

Buncombe County Detention Facility (BCDF) currently has MAT components

Medication-assisted detox

MAT continued and/or initiated for pregnant female opioid addicts

Substance abuse counseling, evidence based programming, reentry support

BCDF MAT Program expansion



Data Report

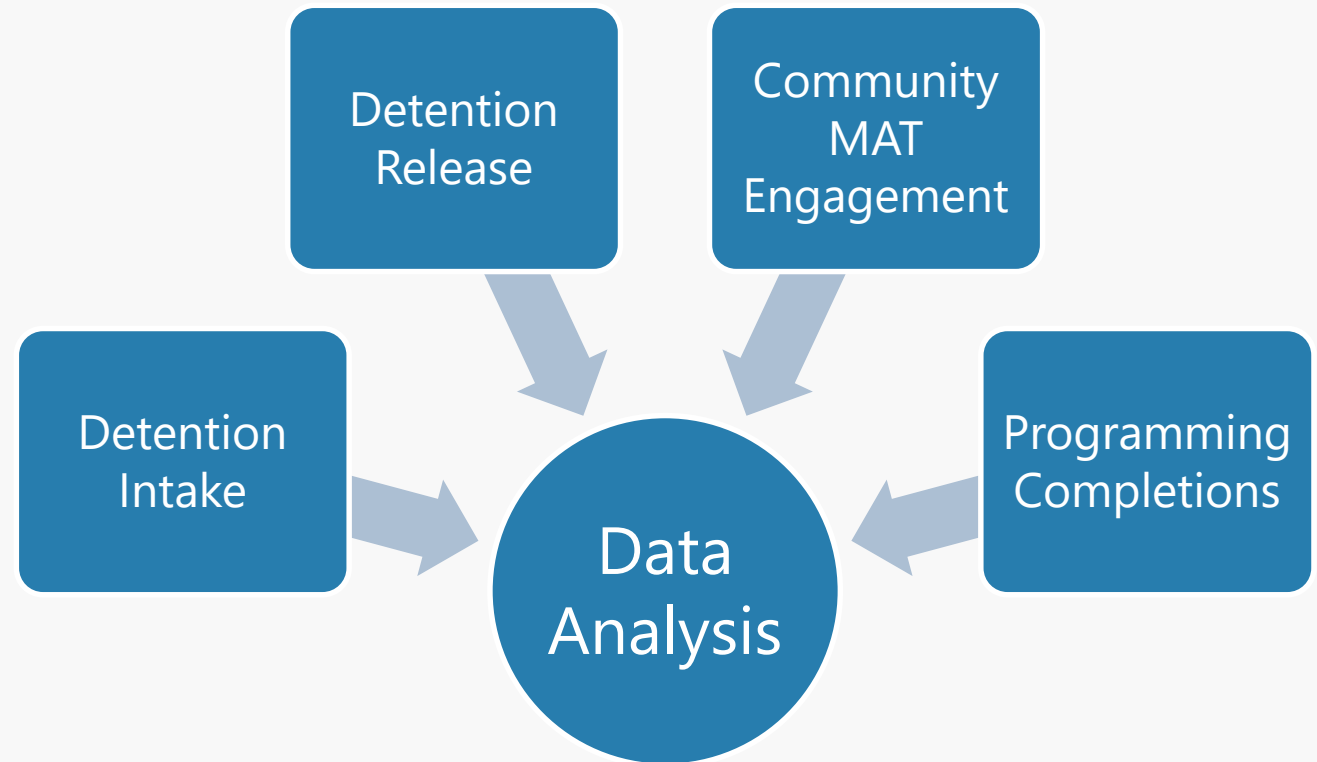
Current data is limited

Empirical evidence from BCDF
80% substance use
60-70% opioid use

Data will be integral to programming

MAT is a best practice standard

Data Scope



Vision

Reduce opioid overdoses linked to detainment

Lower jail population and recidivism linked to
Opioid Use Disorder (OUD)

Support community safety through reduction of OUD
related crimes

Provide life-stabilization and best-practice interventions to
support those diseased with OUD for their successful exit from the
Judicial System



MAT Program Goals

1. Increase Medication Assisted Treatment (MAT) interventions utilized in the detention facility.
2. Identify, diagnose, and link inmates diseased with Opioid Use Disorder (OUD) to treatment services.
3. Provide recovery education and harm reduction strategies to the inmate population with OUD.
4. Provide case management support, pre and post-release, for those receiving MAT services.
5. Establish mechanisms to gather and analyze detention and post-release data for the purposes of informing opioid response programming.



Program Development

Phase I: Prevention

Screening, identification, and diagnosis of OUD in medical intakes; reentry case management with linkage to community providers

Phase II: Continuation

Continuation and/or reentry resumption, for those who enter facility on MAT

Phase III: Expansion

Increase MAT offerings in the facility – 1st year pilot group of 15-30 sentenced



Complexities of Planning and Implementation

Multiple MAT Pathways: 3 Medication Categories

Function/impact/efficacy

Administration and logistics

Cost analysis

Timelines: medical requirements; judicial; bonding variables

Facility logistics and associated risks

Licensure requirements

Medical protocols current for 2 MAT categories

Medication management facilitated by Medical within contract



Complexities of Planning and Implementation

Multi-systemic Collaborations

Judicial System

- Timelines of detainment

- Diversion Plans with MAT treatment integration

- Pretrial/Probation/Parole

Community Partners

- Community Initiatives

- Community Engagement Teams

- Housing



Status Report and Next Steps

Coordination with Health and Human Services state leadership

Research and development

Community and system collaborations

Structuring timeline and implementation of Phase I: Prevention

- Screening and Identification/Diagnosis of Opioid Use Disorder

- Psychoeducation

- Reentry case management with linkage to community MAT providers

Developing strategies for Phase II and III





"MAT Bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and evidence-based therapies can successfully treat substance use disorders and help sustain recovery. "

National Council for Behavioral Health

Program Manager
Sarah Gayton 828.250.4585

