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

**Public Health Strategies**
- Community Education, Naloxone, Syringe Exchange & Safe Disposal

**Detention Facility Strategies**
- Medication Assisted Treatment in the Jail

Rachael Nygaard, Strategic Partnerships Director
Amy Upham, Project Coordinator for Overdose Reduction
Sarah Gayton, Detention Programs Director, Sheriff’s Office
Strategic Priorities

- Affordable Housing
- Clean & Renewable Energy
- Diverse Community Workforce
- Early Childhood Education
- Justice Resource Support
- Opioid Awareness
“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

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

**Opioid Potency**

- Heroin: 2x
- Morphine: 1x
- Fentanyl: 100x
- Carfentanil: 10,000x
Unintentional overdose deaths involving illicit opioids* have drastically increased since 2013

A growing number of deaths involve multiple substances in combination (i.e., polysubstance use)

*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


Analysis by Injury Epidemiology and Surveillance Unit
Poisoning death rates are higher than traffic crash death rates in N.C.

1989 – Pain added as 5th Vital Sign

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

341 Heroin and other synthetic narcotic overdose ED visits: March 2019
Compared to 440 March 2018

Data Source: NCDETECT. ED: Custom Event: Overdose:
Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1 & T40.4

Infections associated with Injection Drug Use (IDU)

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

![Graph showing Invasive Group A Streptococcal Infections](image-url)
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
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:
  o Staff at 40 Coxe
  o BCHHS social workers
  o 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)

- Free sterile needles and syringes
- Safe disposal of needles and syringes
- Overdose treatment and education
- Hepatitis A and B vaccination
- Referral to mental health services
- Referral to substance use disorder treatment, including medication-assisted treatment
- Referral to substance use disorder treatment and linkage to treatment
- Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)

From CDC, Vital Signs, December 2016
SAFETY IS THE POINT
Help is closer than you think!

Call VAYA HEALTH 1-800-849-6127.
(Toll free 24/7)

buncombecounty.org/closer
BUNCOMBE COUNTY DETENTION FACILITY
Medical Assisted Treatment Program (MAT)

20 Davidson Drive, Asheville NC
"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
**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 – 1
st 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