

OPIOIDS IN JACKSON COUNTY– A PUBLIC HEALTH PERSPECTIVE

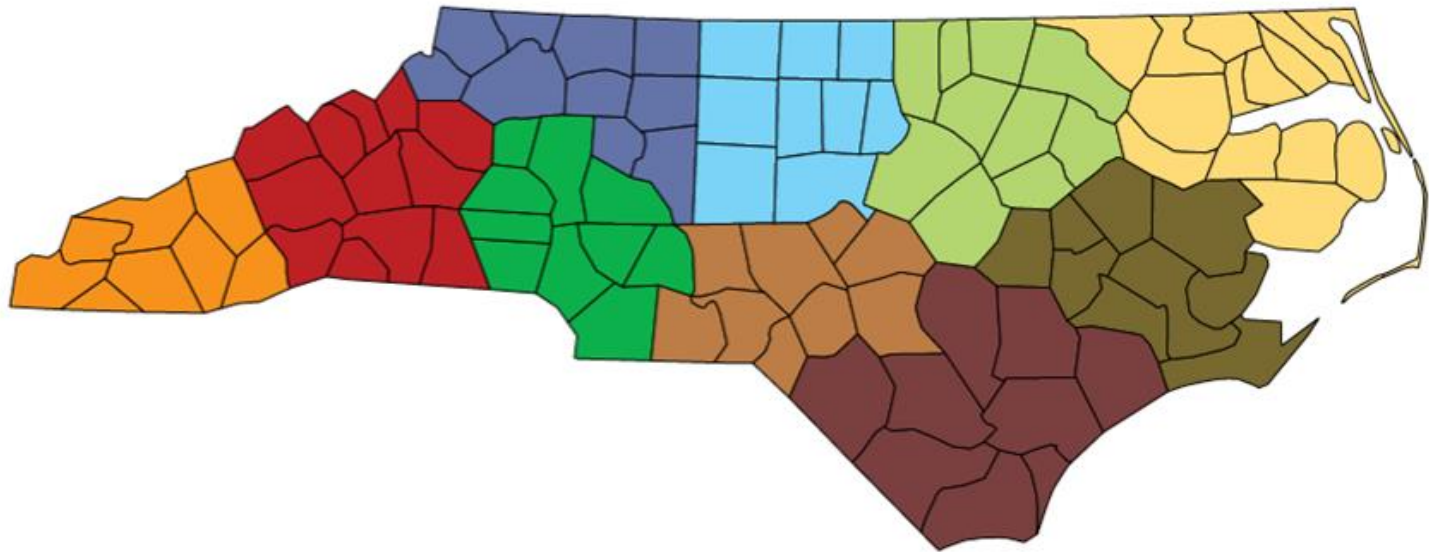
OPIOID AWARENESS COUNTY LEADERSHIP FORUM

SHELLEY CARRAWAY, HEALTH DIRECTOR

DATE



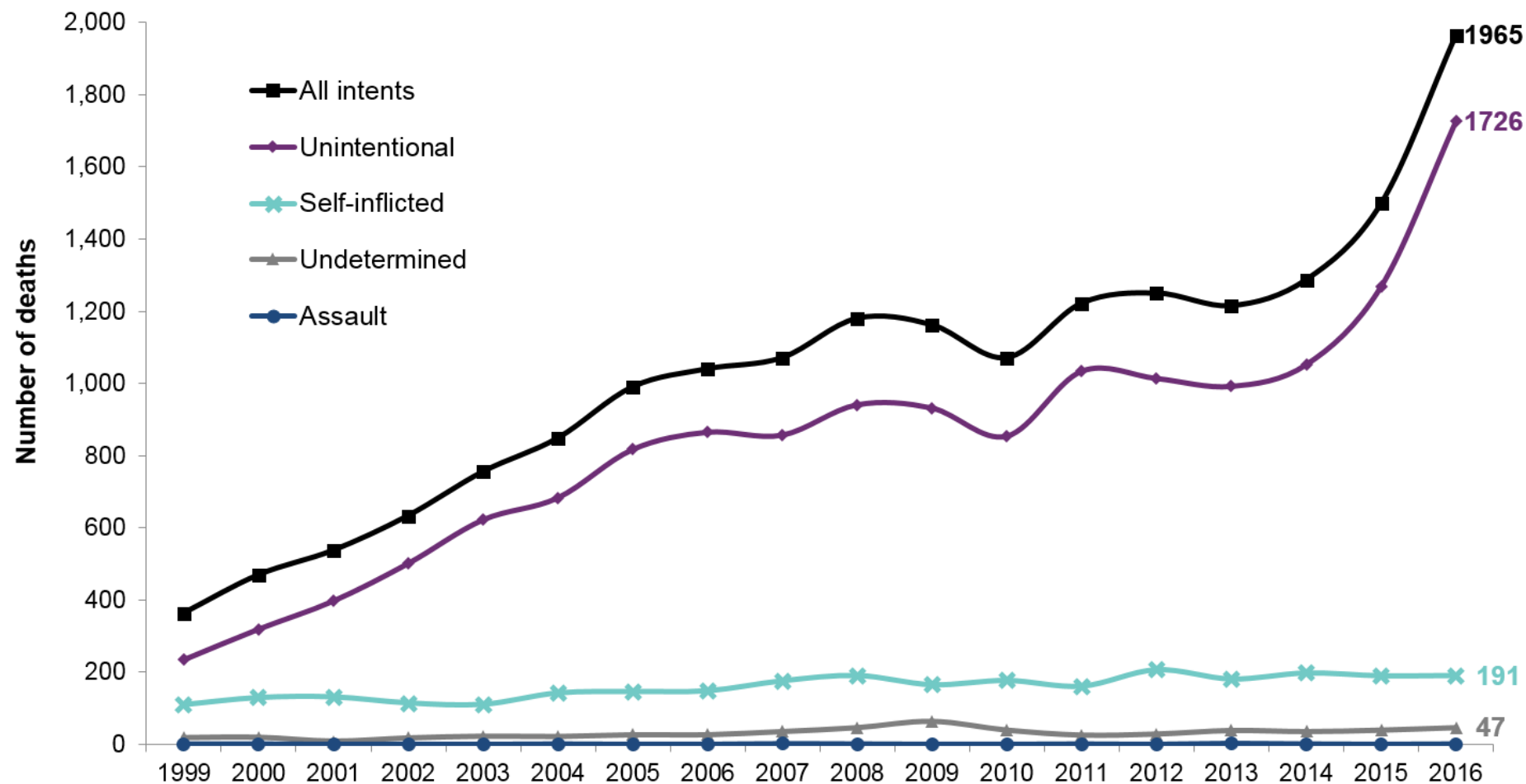
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Cherokee	Buncombe	Davidson	Alexander	Alamance	Anson	Edgecombe	Bladen	Bertie	Beaufort
Clay	Burke	Davie	Cabarrus	Caswell	Cumberland	Franklin	Brunswick	Cumtuck	Carteret
Graham	Caldwell	Forsyth	Catawba	Chatham	Harnett	Granville-	Columbus	Dare	Craven
Haywood	Cleveland	Stokes	Gaston	Durham	Hoke	Vance	Duplin	Hertford-	Greene
Jackson	Henderson	Surry	Iredell	Guilford	Lee	Halifax	New	Gates	Jones
Macon	Madison	Watauga-	Lincoln	Orange	Montgomery	Johnston	Hanover	Hyde	Lenoir
Swain	Rutherford-	Ashe-	Mecklenburg	Person	Moore	Nash	Onslow	Martin-	Pamlico
Transylvania	Polk-	Alleghany	Rowan	Randolph	Richmond	Wake	Pender	Tyrrell-	Pitt
	McDowell	Wilkes	Stanly	Rockingham	Scotland	Warren	Robeson	Washington	Wayne
	Yancey-	Yadkin	Union			Wilson	Sampson	Northampton	
	Mitchell-							Pasquotank-	
	Avery							Perquimans-	
								Camden-	
								Chowan	



For counties with low counts, regional data is provided to allow more reliable analyses.

Statewide Medication & Drug Overdose Deaths by Intent

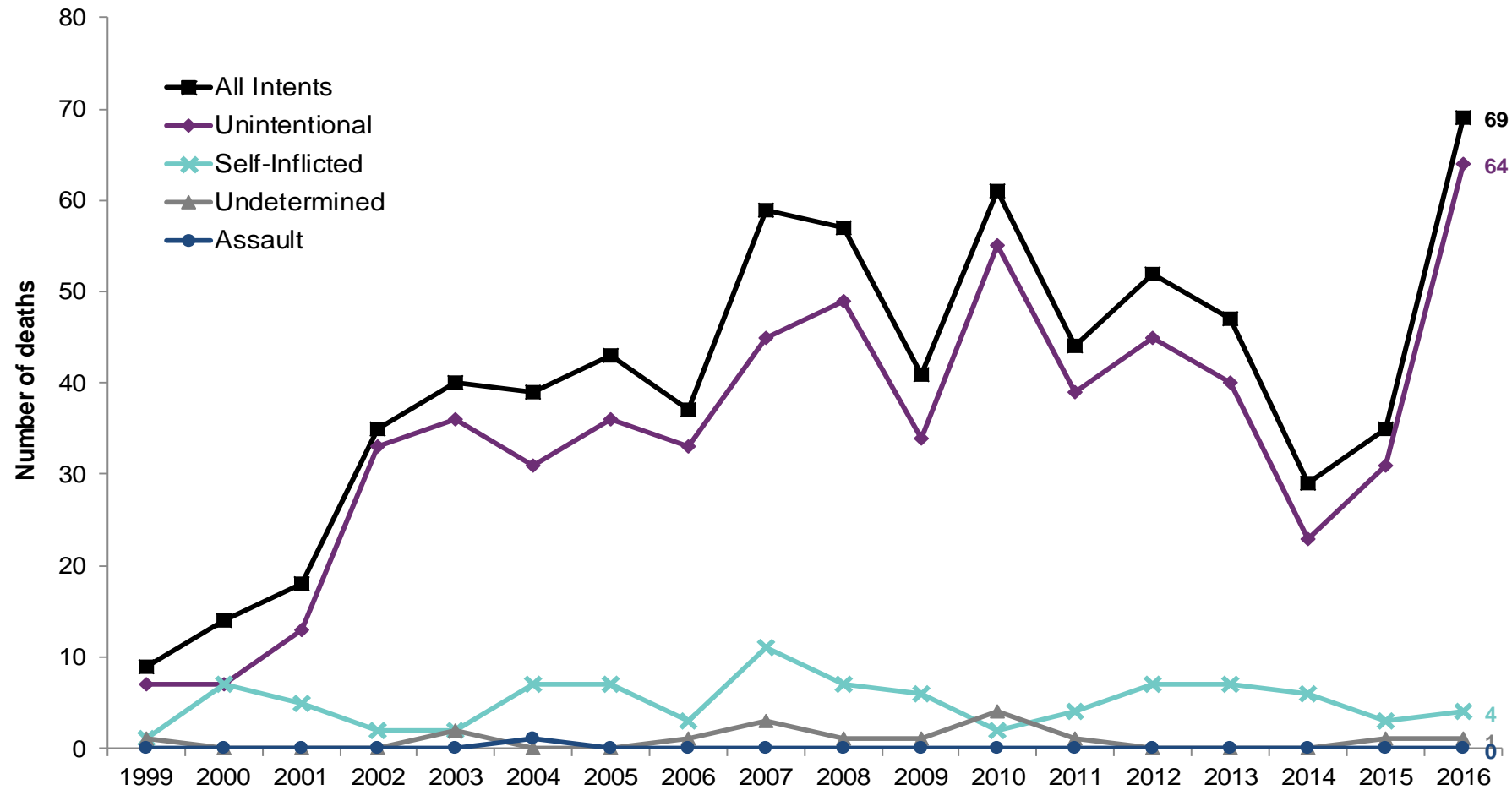
North Carolina Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85.
Analysis by Injury Epidemiology and Surveillance Unit

Regional Medication & Drug Overdose Deaths by Intent

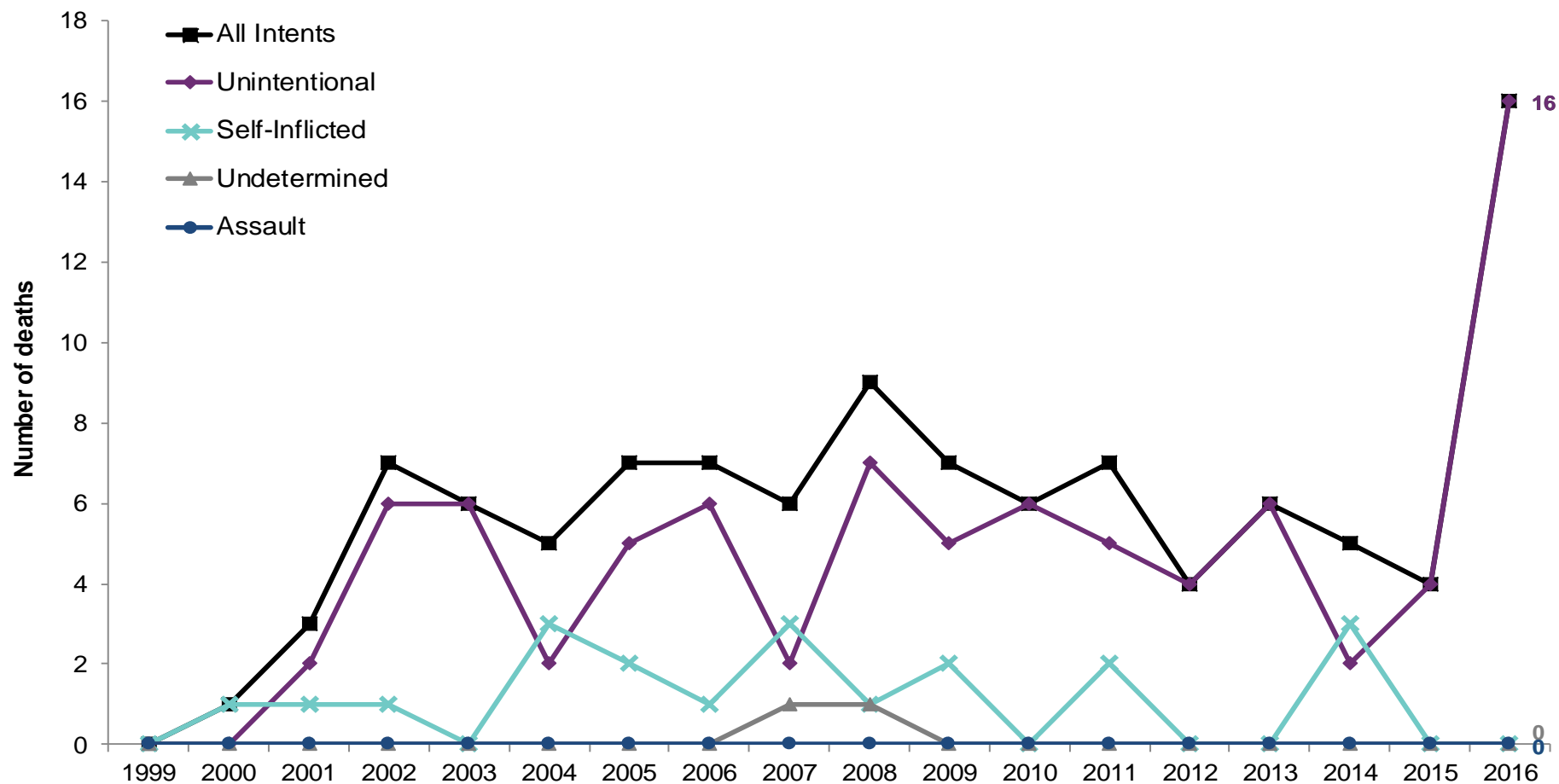
Local Health Director Region 1 Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
 Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85.
 Analysis by Injury Epidemiology and Surveillance Unit

County Medication & Drug Overdose Deaths by Intent

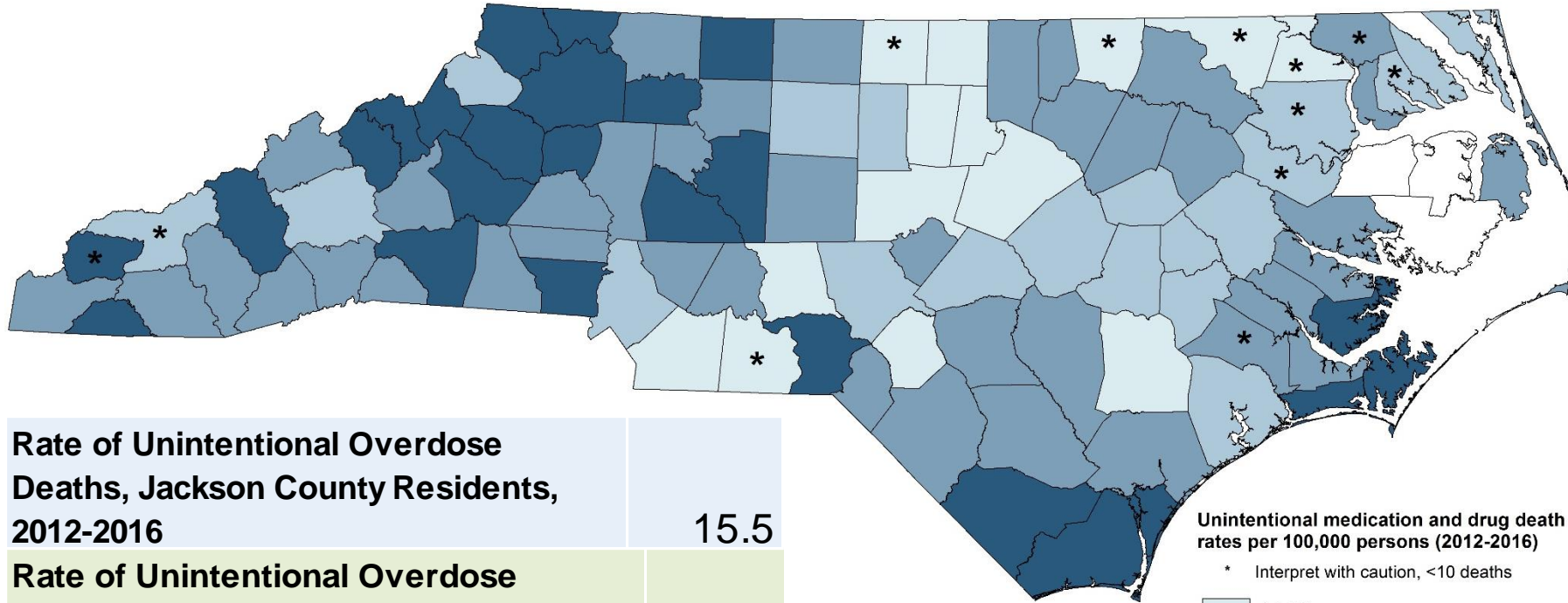
Jackson County Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85.
Analysis by Injury Epidemiology and Surveillance Unit

Rate of Unintentional Medication & Drug Deaths by County

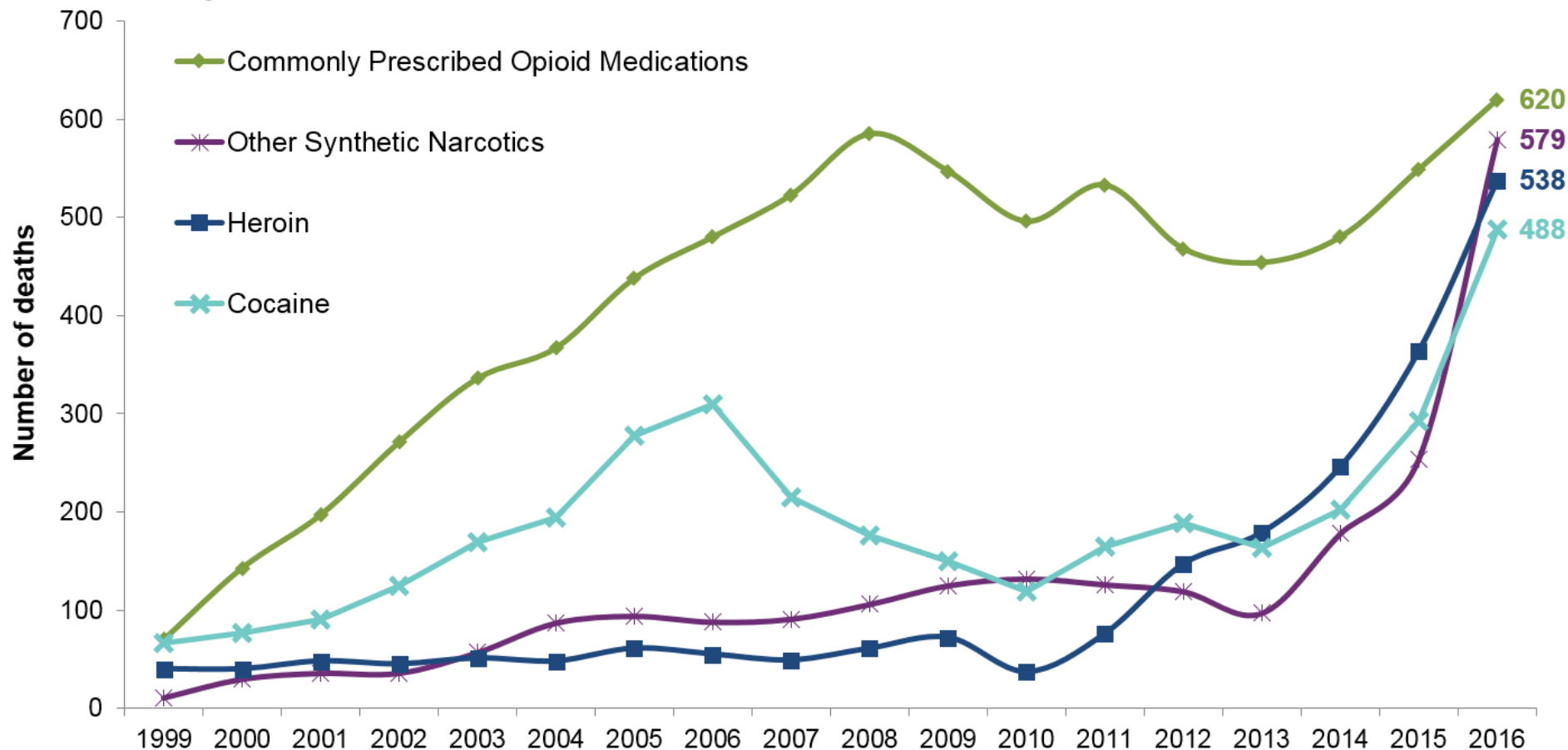
per 100,000 North Carolina Residents, 2012-2016



Rate of Unintentional Overdose Deaths, Jackson County Residents, 2012-2016	15.5
Rate of Unintentional Overdose Deaths, Local Health Director Region 1 Residents, 2012-2016	17.7
Rate of Unintentional Overdose Deaths, North Carolina Residents, 2012-2016	12.2

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Unintentional medication and drug overdose: X40-X44/Population-National Center for Health Statistics, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

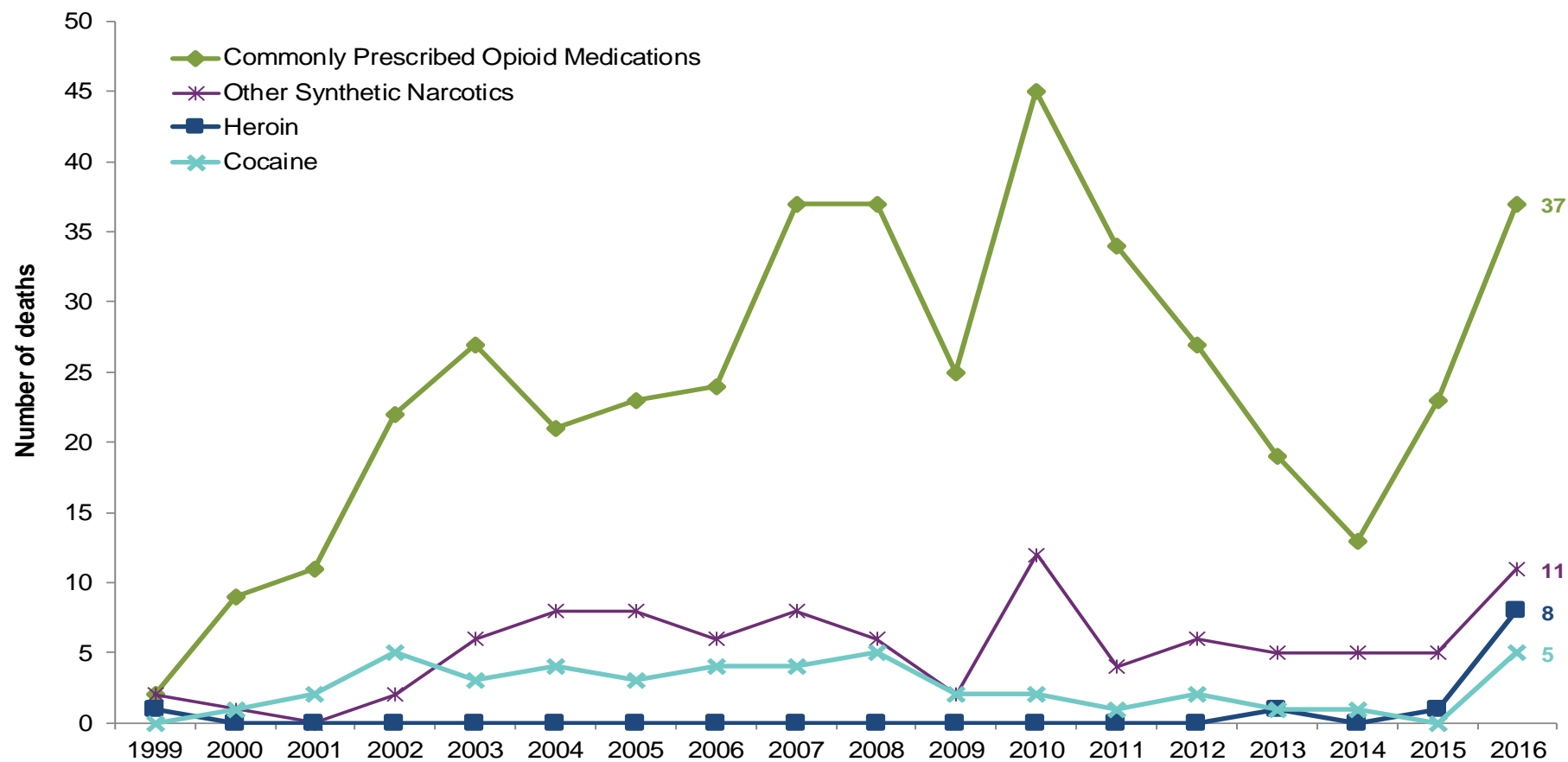
Substances* Contributing to Unintentional Medication and Drug Overdose Deaths, North Carolina Residents, 1999-2016



*These counts are not mutually exclusive. If the death involved multiple drugs it can be counted on multiple lines.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016,
Unintentional medication and drug overdose: X40-X44 with any mention of specific T-codes by drug type.
Analysis by Injury Epidemiology and Surveillance Unit

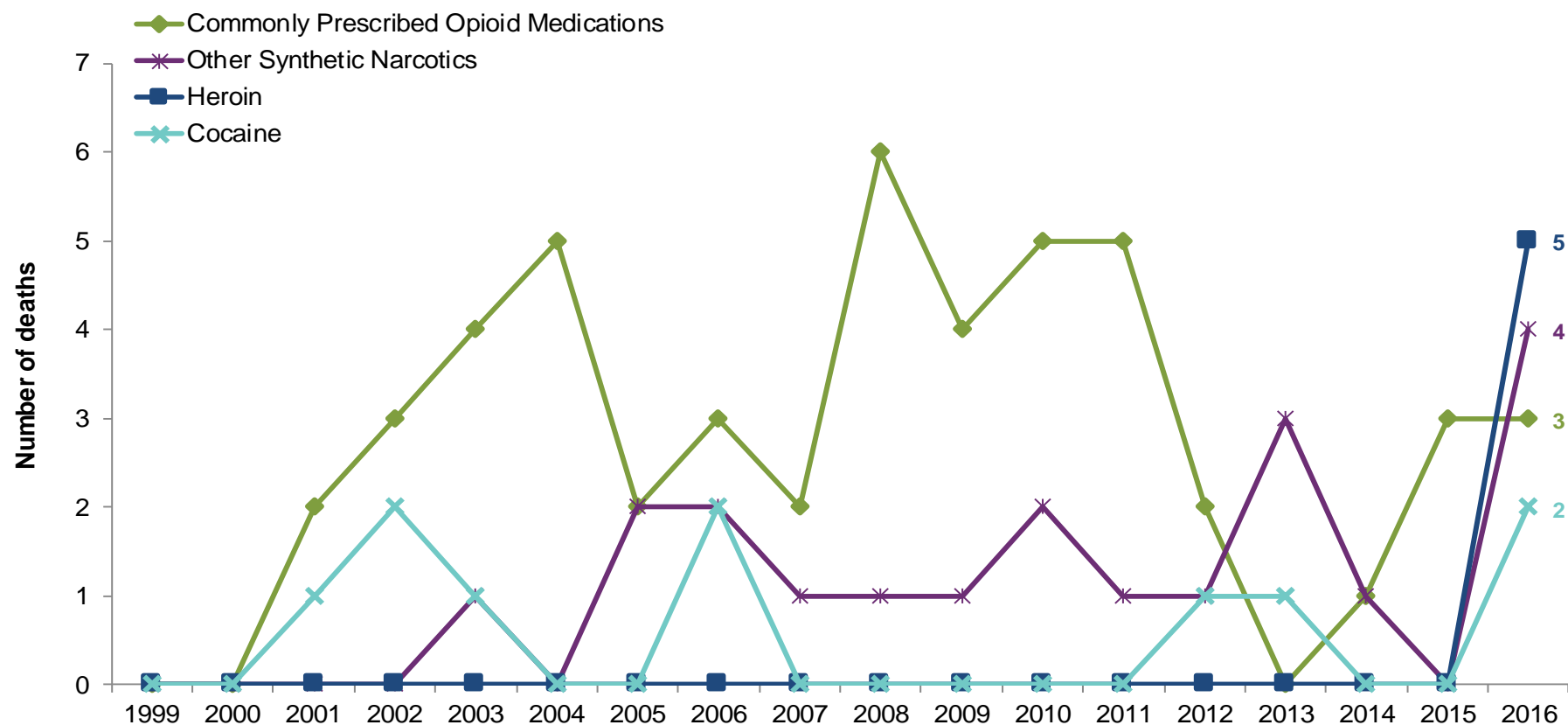
Substances* Contributing to Unintentional Medication and Drug Overdose Deaths, Local Health Director Region 1 Residents, 1999-2016



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Substances* Contributing to Unintentional Medication and Drug Overdose Deaths, Jackson County Residents, 1999-2016

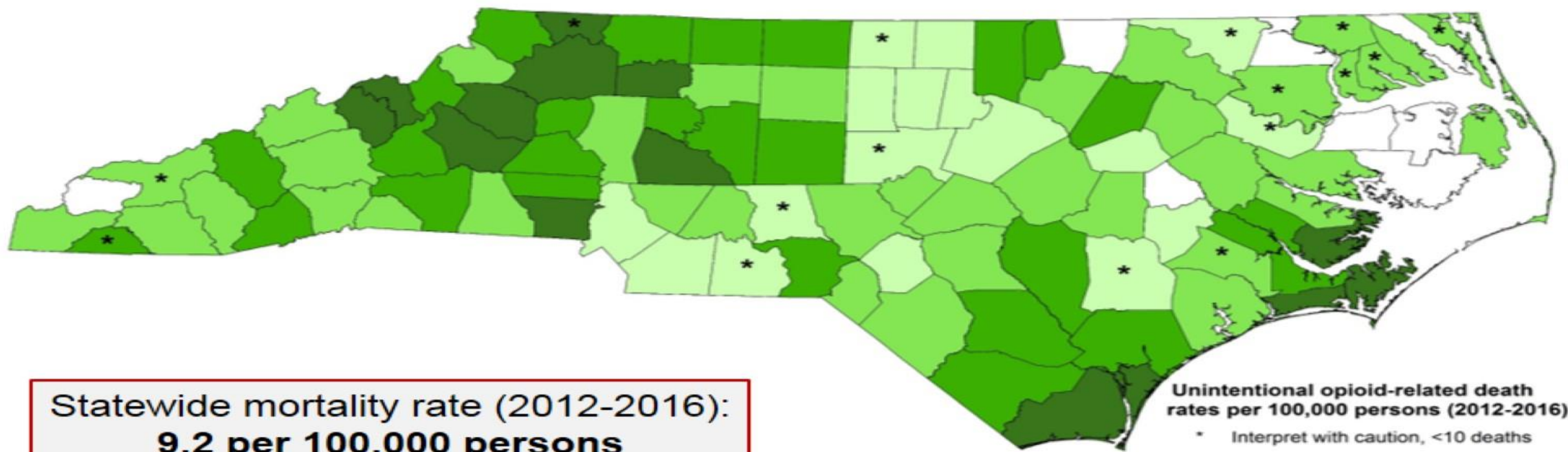


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Unintentional medication and drug overdose: X40-X44 with any mention of specific T-codes by drug type.
Analysis by Injury Epidemiology and Surveillance Unit

Unintentional Opioid-related Death Rates by County

per 100,000 North Carolina Residents, 2012-2016

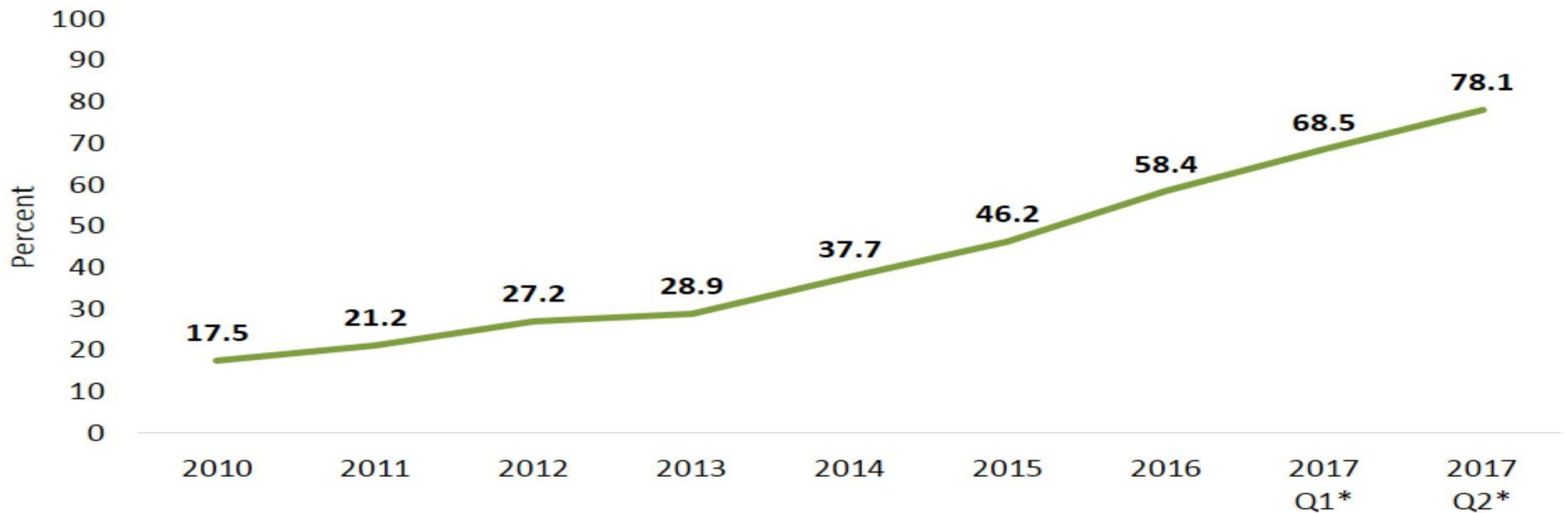


Statewide mortality rate (2012-2016):
9.2 per 100,000 persons

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016,
Any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and
unintentional intent (X40-X44)/Population-National Center for Health Statistics, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

Percent of Opioid Overdoses Positive for Heroin, Fentanyl, and/or Fentanyl Analogues**

Office of Chief Medical Examiner Investigated Deaths, 2010-2017*



*2017 data are preliminary and subject to change

Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q2

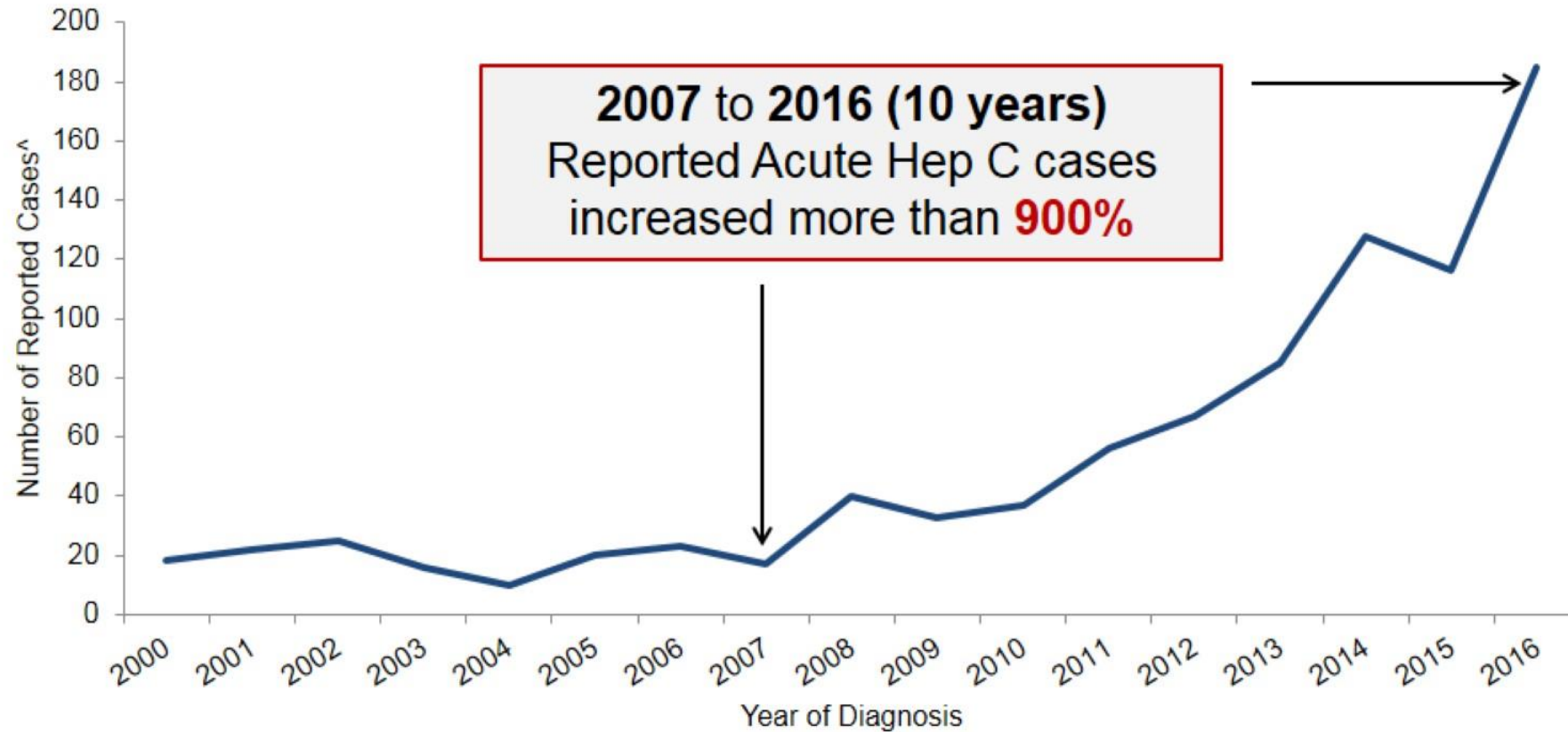
**Fentanyl analogues include: Acetyl fentanyl, Butyrylfentanyl, Furanylfentanyl, Fluorofentanyl, Acrylfentanyl, Fluoroisobutyrylfentanyl, Beta-Hydroxythiofentanyl, Carfentanil. The presence of a drug does not necessarily indicate that it was attributed to the cause of death.

North Carolina
Injury & Violence
PREVENTION Branch



Increase in Acute Hepatitis C Cases[^]

North Carolina, 2000–2016



2007 to 2016 (10 years)
Reported Acute Hep C cases
increased more than **900%**

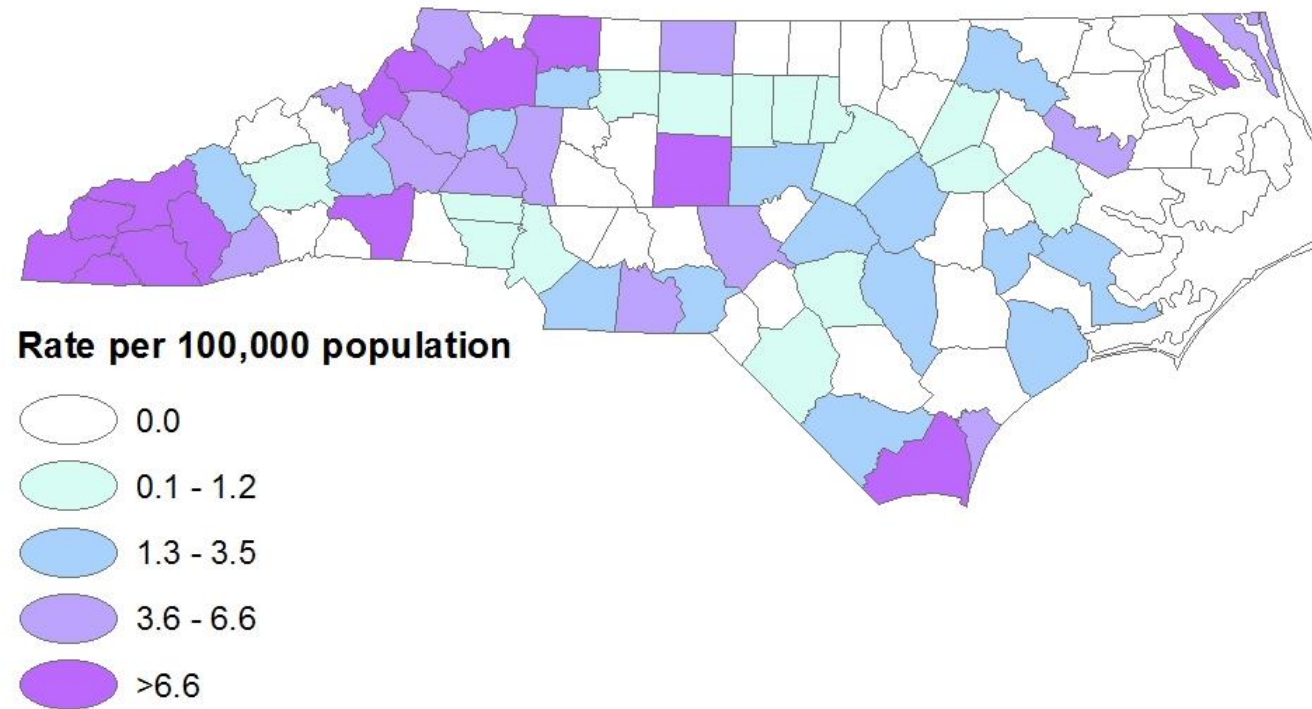
Note: Case definition for acute Hepatitis C changed in 2016.

[^] Estimated true number 10–15x higher than number of reported cases

Source: NC Electronic Disease Surveillance System, 2000–2016

Analysis by NC DPH Epidemiology Section, Communicable Disease Branch

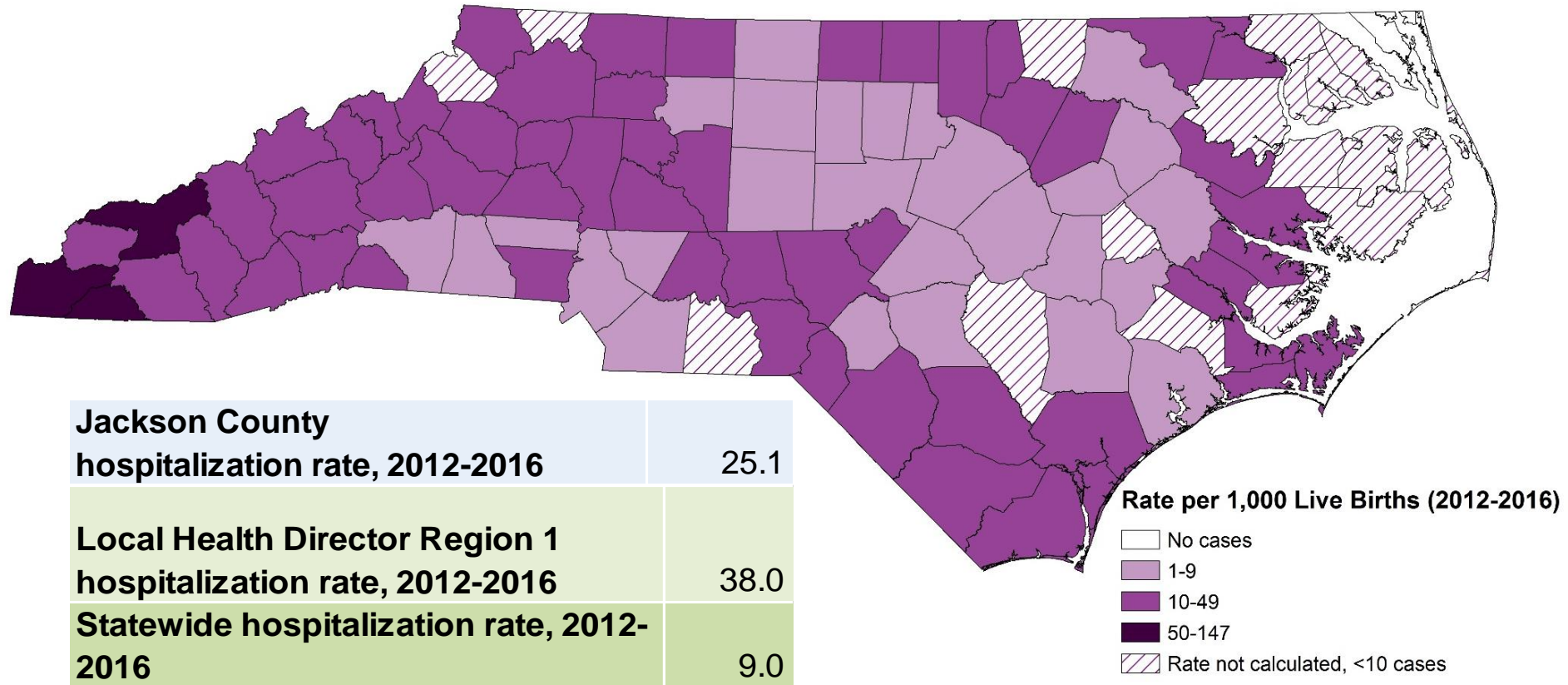
Acute HCV County Rates in North Carolina, 2016*



*Case definition for acute HCV changed in 2016.

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 1, 2017).

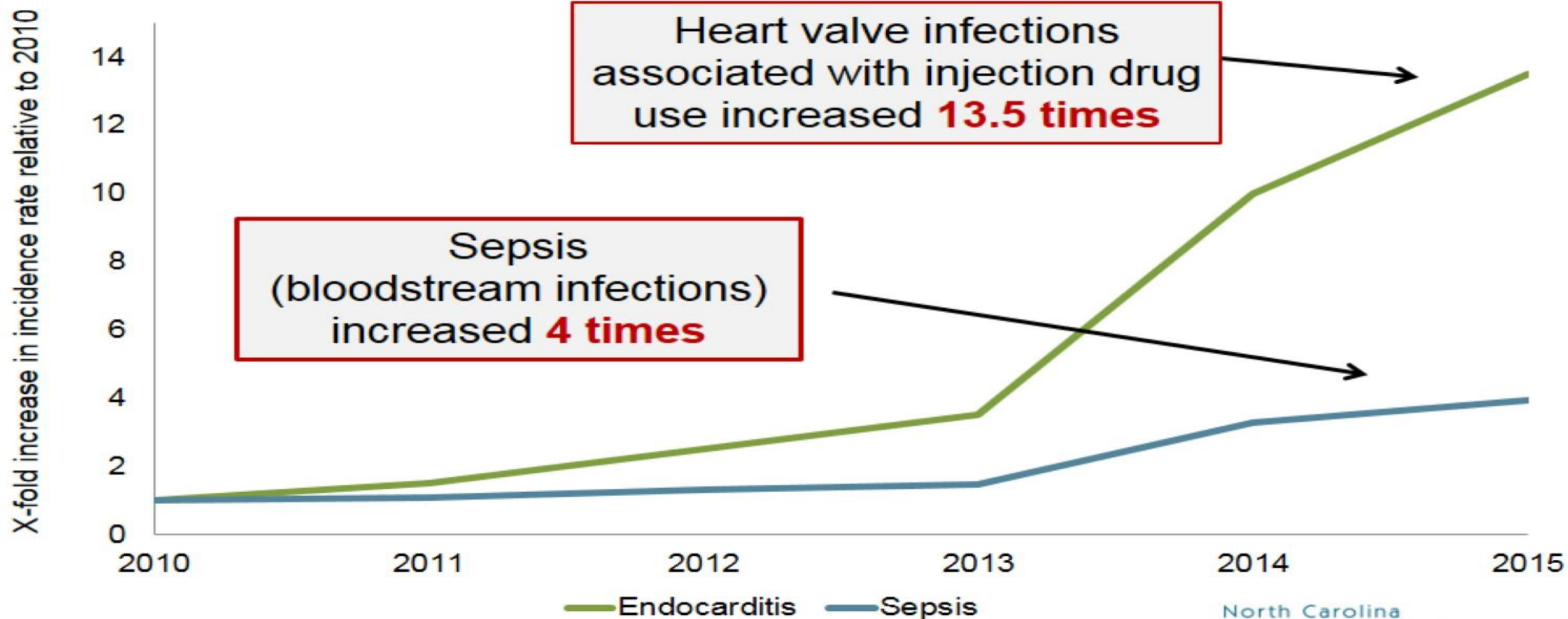
Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 1,000 Live Births, North Carolina Residents, 2012-2016



NOTE: 2014 data structure changed to include up to 95 diagnosis codes. 2015 ICD 9 CM coding system transitioned to ICD10 CM. The impact of these changes on surveillance is unclear.

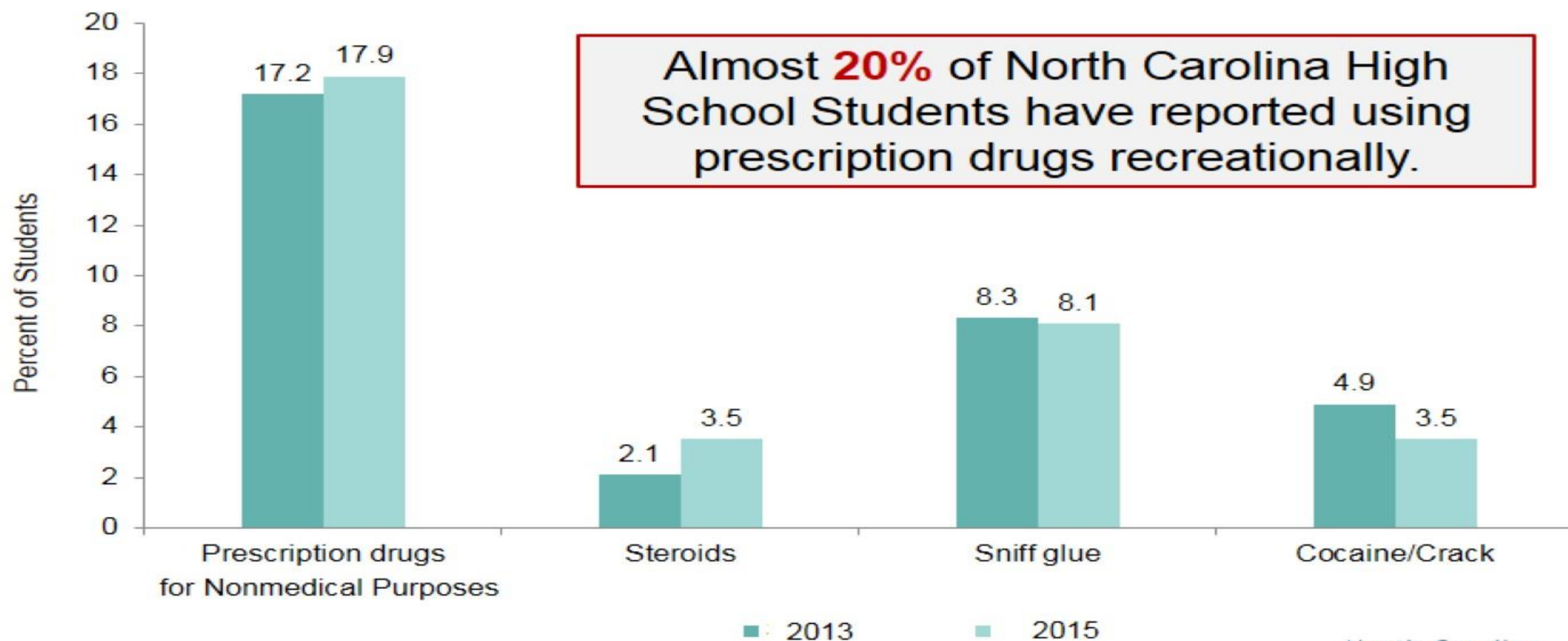
Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

Endocarditis & Sepsis Among People Likely Using Drugs, North Carolina, 2010–2015



Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2010-2015
Analysis by NC DPH Epidemiology Section

Self-reported Lifetime Use of Drugs among North Carolina High School Students

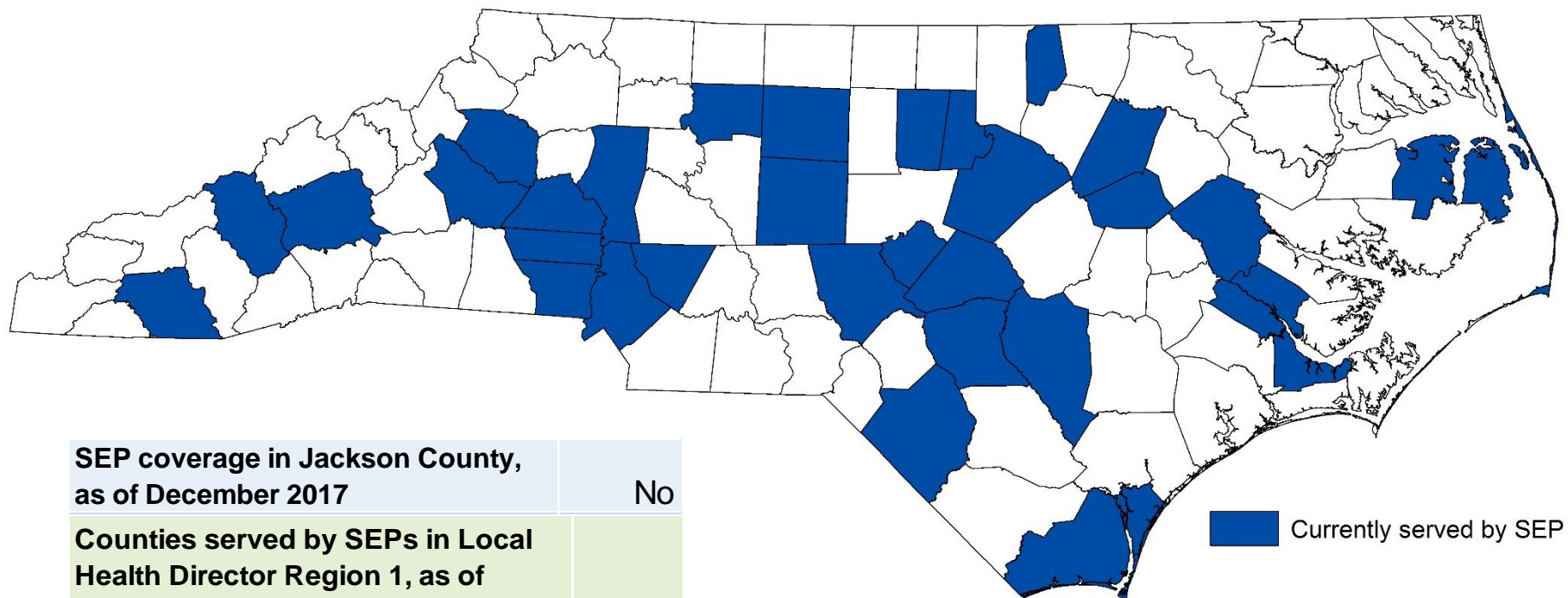


STATE LEGISLATION

- 2013 Good Samaritan Law
- 2016 Statewide Standing Order for Naloxone
- 2016 Legalization for Syringe Exchange Programs (SEPs)
- 2017 Strengthen Opioid Misuse Prevention (STOP) Act

Counties currently served by Syringe Exchange Programs (SEPs)

December 2017 (26 active* SEPs)



SEP coverage in Jackson County, as of December 2017	No
Counties served by SEPs in Local Health Director Region 1, as of December 2017	2
Counties served by SEPs statewide, as of December 2017	32

*There may be SEPs operating that are not represented on this map; in order to be counted as an active SEP, paperwork must be submitted to the NC Division of Public Health.

Source: North Carolina Division of Public Health, January 2018
Analysis: Injury Epidemiology and Surveillance Unit

NC OPIOID ACTION PLAN (2017-2021)

- Living document developed through collaboration of multiple invested agencies
- Goal of **reducing the number of expected opioid-related deaths by 20 percent by the year 2021**
- Strategies:
 - Create a coordinated infrastructure
 - Reduce the oversupply of prescription opioids
 - Reduce diversion of prescription drugs and flow of illicit drugs
 - Increase community awareness and prevention
 - Make naloxone widely available and link overdose survivors to care
 - Expand treatment and recovery oriented systems of care
 - Measure our impact and revise strategies based on results

INJURY & SUBSTANCE ABUSE PREVENTION (ISAP) ACTION TEAM

- Community action team of the Healthy Carolinians of Jackson County
- Developed based on health priority selected during the 2015 Community Health Assessment



LOCK YOUR MEDS CAMPAIGN



TAKE BACK EVENTS



PRESCRIPTION DROP BOX



QUESTIONS?

Contact:

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