

# The North Carolina Opioid Crisis

What's the Problem and What's  
the Plan?

# It's Shocking

## In NC:

- **233,000 people use illicit drugs per year**
- **> 13,000 EMS naloxone rescues in 2016**
- **3 people die each day from opioid overdose in North Carolina, ~ 1,100 per year**
- **One out of every three (32%) opioid prescriptions is being abused**

# League of Women Voters of North Carolina

- Non partisan political organization
- Foundational focus on elections and voter education issues
- Significant focus on advocating for healthcare availability and affordability/views opioid use disorder as a **chronic disease**
- Working to get health care coverage for more North Carolinians

# Addiction: A Chronic Disease

Drug addiction is defined as a **chronic, relapsing brain disease** that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works.\*

# Drug Abuse: Definition

People use substances for a variety of reasons. It becomes **drug abuse** when people use illegal drugs or use legal drugs inappropriately. This includes the repeated use of drugs to produce pleasure, alleviate stress, and/or alter or avoid reality. \*

NIH/National Institute on Drug Abuse

# Prescription Drug Abuser: Definition

An individual without cancer and/or receiving palliative care, who received a greater than 90 day cumulative supply of opioids AND received an opioid prescription from 4 or more providers\*

**\*Castlight Health**

# Background of Opioid Crisis

## I: Increase in Narcotic prescribing

During the 1990's—early 2000's:

1. It became widely accepted in the medical world that long-term relief from chronic pain was a paramount therapeutic objective
2. It was widely promoted to and accepted by the medical profession that:
  - chronic narcotic analgesics were the most effective and safest treatment for chronic pain
  - The newer synthetic narcotics, such as Oxycontin, Percodan and Vicodin, were much less addictive than other narcotics, such as heroin
3. Mostly motivated by compassion, and thinking they'd do little or no harm, physicians began to prescribe more and more of these newer narcotics

# Background of Opioid Crisis

## II: Economic and Social Disruption

- During the 2000's, manufacturing and jobs began leaving the US for cheaper labor markets
- Great Recession 2008
  - Many people lost homes and jobs
  - Great financial insecurity, bankruptcies
  - Family, community and societal instability
  - Jobs came back slowly, with lower pay and status
  - Young people faced limited prospects for success
  - Many people gave up and left the workforce



# Background of Opioid Crisis

## III: Behavioral and Mental Health Aftermath

- Marked increase in people permanently not working
- People slowly began to realize that life is not going to keep getting better, in fact, it's getting worse, and kids are not going to do better than parents
- Resentment, anger, hopelessness, despair
- Volatility, anxiety, low self-worth, depression

# Background of Opioid Crisis

## IV: Opportunity

- Prescription narcotics were an easily available way to fill the boredom, ease the physical and emotional pain, and get high
- Obtained from doctors, but often from relatives or friends, bought or stolen
- Once hooked, it was easy to transition to heroin and fentanyl
- As heroin and fentanyl use became more common and also cheaper, many people began using it as their first drug.

# How Bad is the Opioid Problem?

- Nearly **2 million Americans** abuse prescription opioids
- Sales of opioids **quadrupled** from 1999-2010
- 259 million prescriptions written in 2012
- 1 in 3 prescriptions is abused (*Wilmington, NC, has highest opioid Rx abuse rate in the nation*)
- **16–40K die yearly** from opioid overdoses in US



## National Overdose Deaths

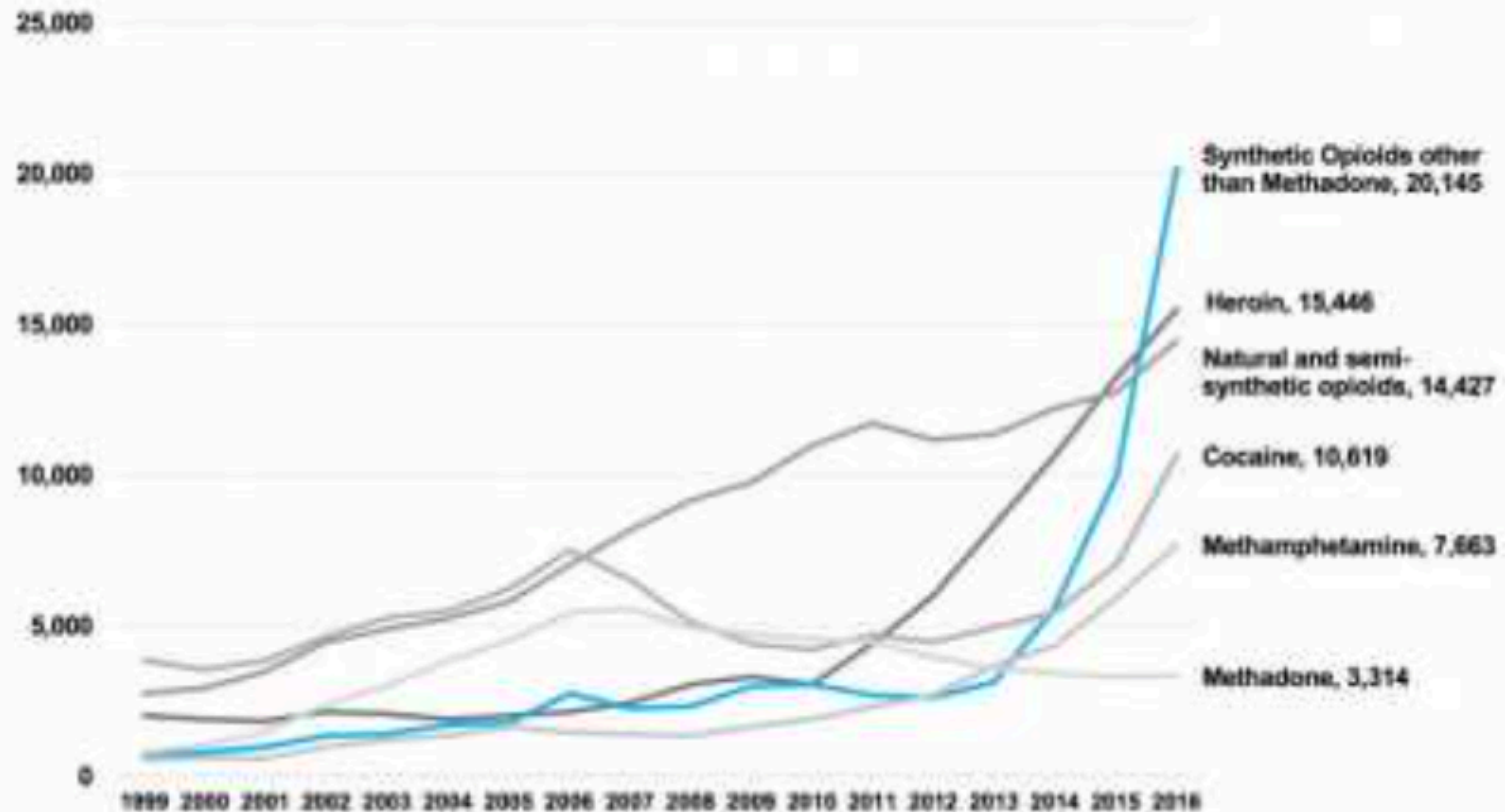
### Number of Deaths Involving Opioid Drugs



Source: National Center for Health Statistics, CDC Wonder

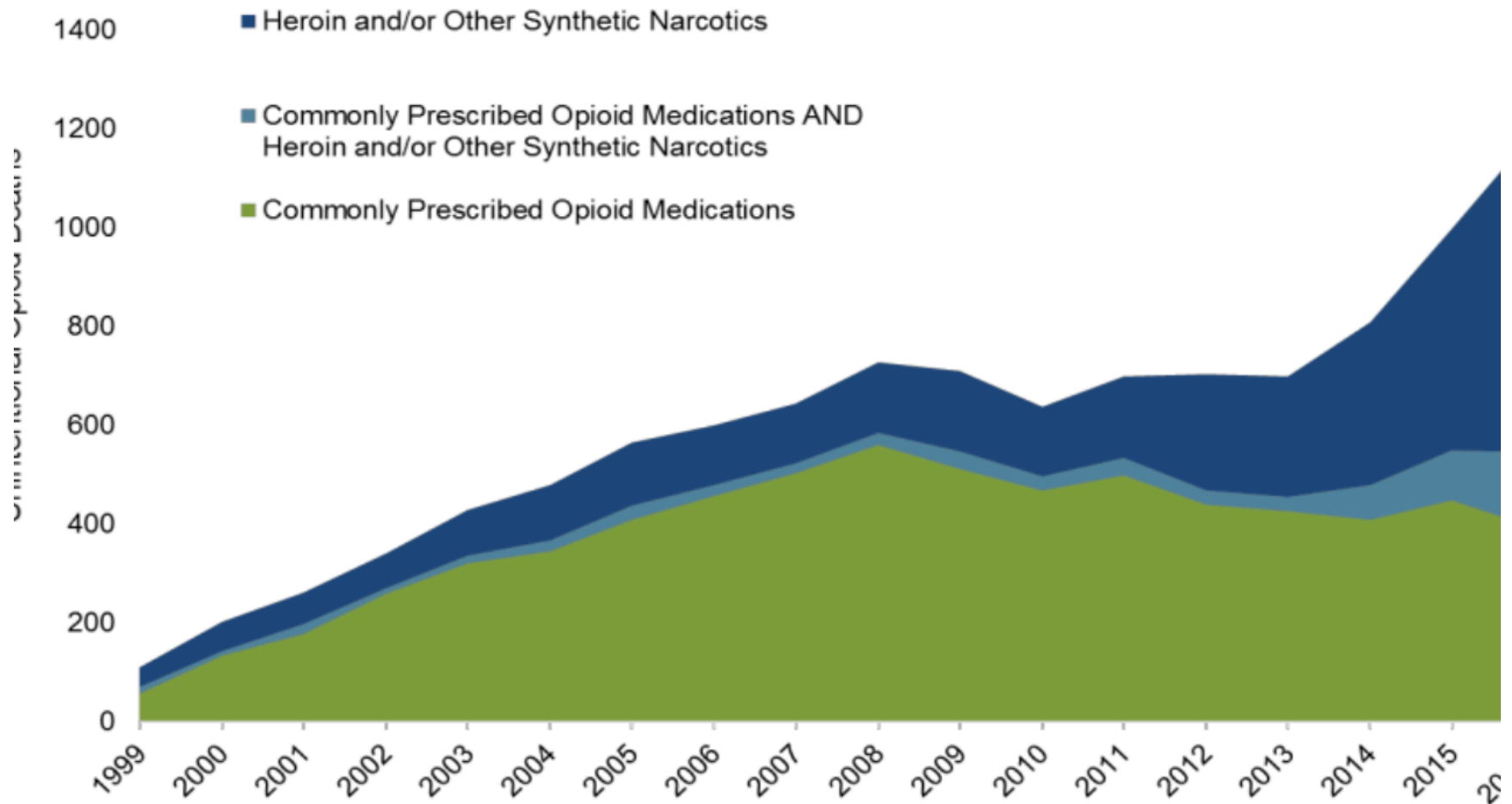
National Overdose Deaths—Number of Deaths Involving Opioid Drugs. The figure above is a bar chart showing the total number of U.S. overdose deaths involving opioid drugs from 2002 to 2015. Included in this number are opioid analgesics, along with heroin and illicit synthetic opioids. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 2.8-fold increase in the total number of deaths.

## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

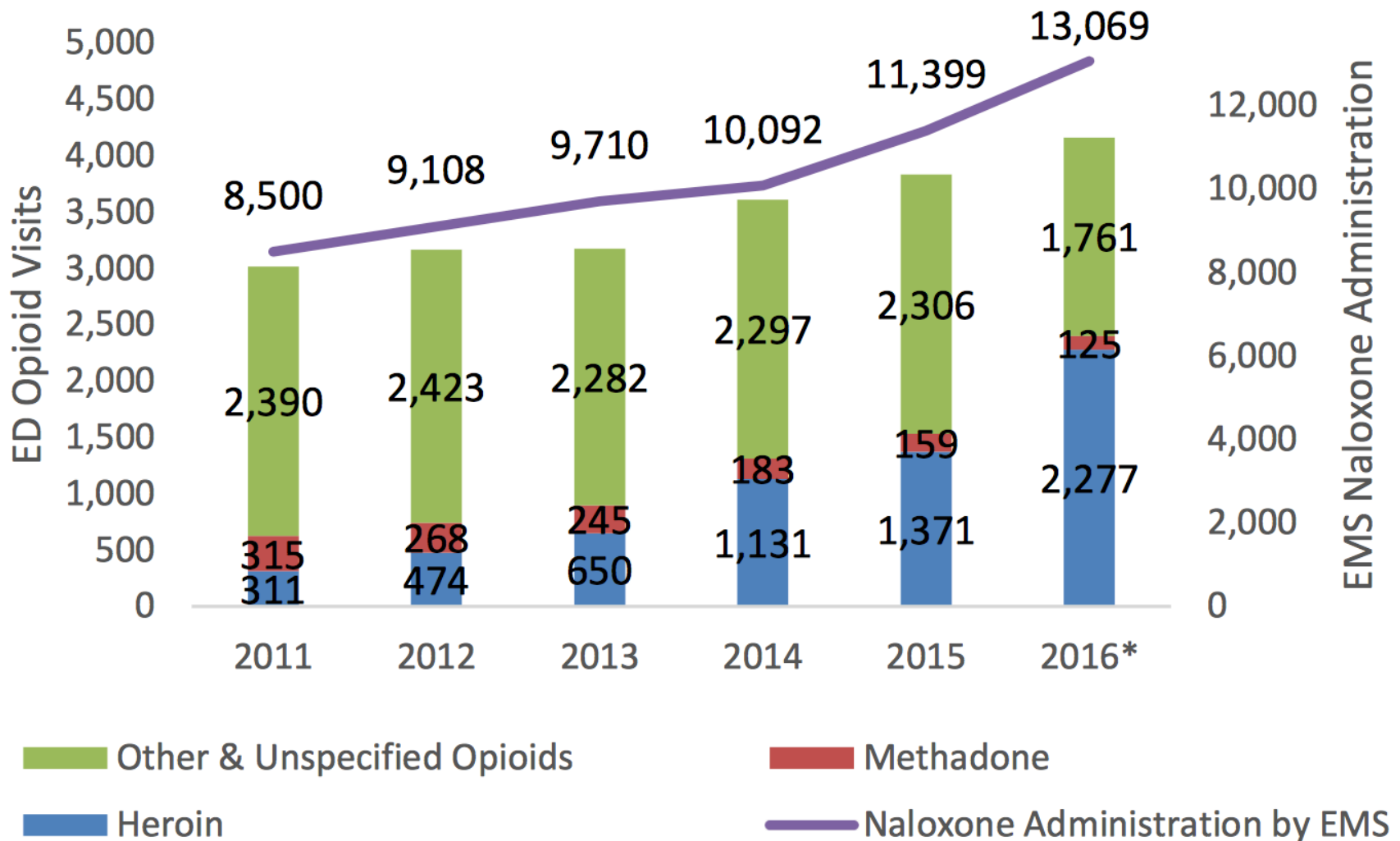


**Drugs Involved in U.S. Overdose Deaths\*** - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

# Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016



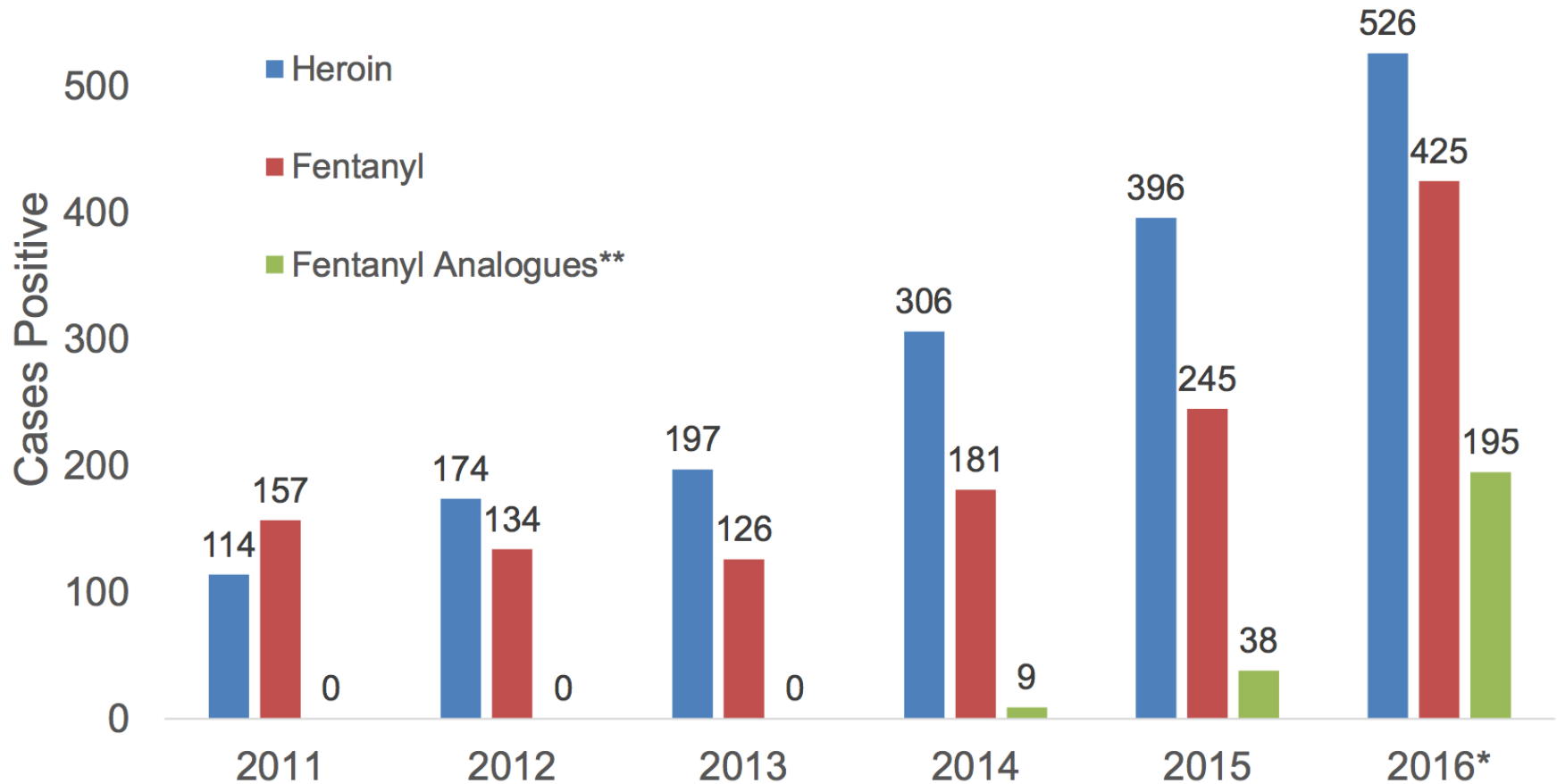
# Emergency Department Opioid Visits and EMS Naloxone Administration by Year, 2011-2016



# Heroin, Fentanyl, Fentanyl Analogues Detected in Toxicology Testing

Office of Chief Medical Examiner (OCME) Investigated Deaths, 2011-2016\*

**2016 – Fentanyl & Fentanyl Analogues detected in a larger proportion of death investigations by the OCME.**



Data Source: N.C. Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory.

\*Data for 2016 is considered provisional and is current as of Feb. 2017.

\*\*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



# Carfentanil

- 100 X more potent than fentanyl
- Dose the size of several grains of salt is lethal
- May require 10-15 injections of naloxone to reverse an overdose
- Called the “elephant sedative”
- Dealers often mix it with fentanyl. Users don’t know, inject their usual amount → OD and death

# Economic Impact of Opioid Crisis

- Cost to US economy in 2015 was \$504 billion, or 2.8% of GDP, mostly due to health care and law enforcement costs, lost productivity and the value of a lost life (*White House Council of Economic Advisors, 11-20-17*)
- Cost to NC \$1.8 billion in health care costs and lost work (*AG Josh Stein, 2-24-17*)

# Economic Impact of Opioid Crisis

- Abuse costs US economy **\$56b**
- Abuse costs employers **\$10b** from absenteeism and presenteeism
- Opioid abusers cost employers nearly twice as much (\$19,450) in healthcare expenses annually as non-abusers (\$10,853).
- Opioid abuse could be costing employers as much as \$8 billion per year.

# Law Enforcement Costs from the Opioid Crisis

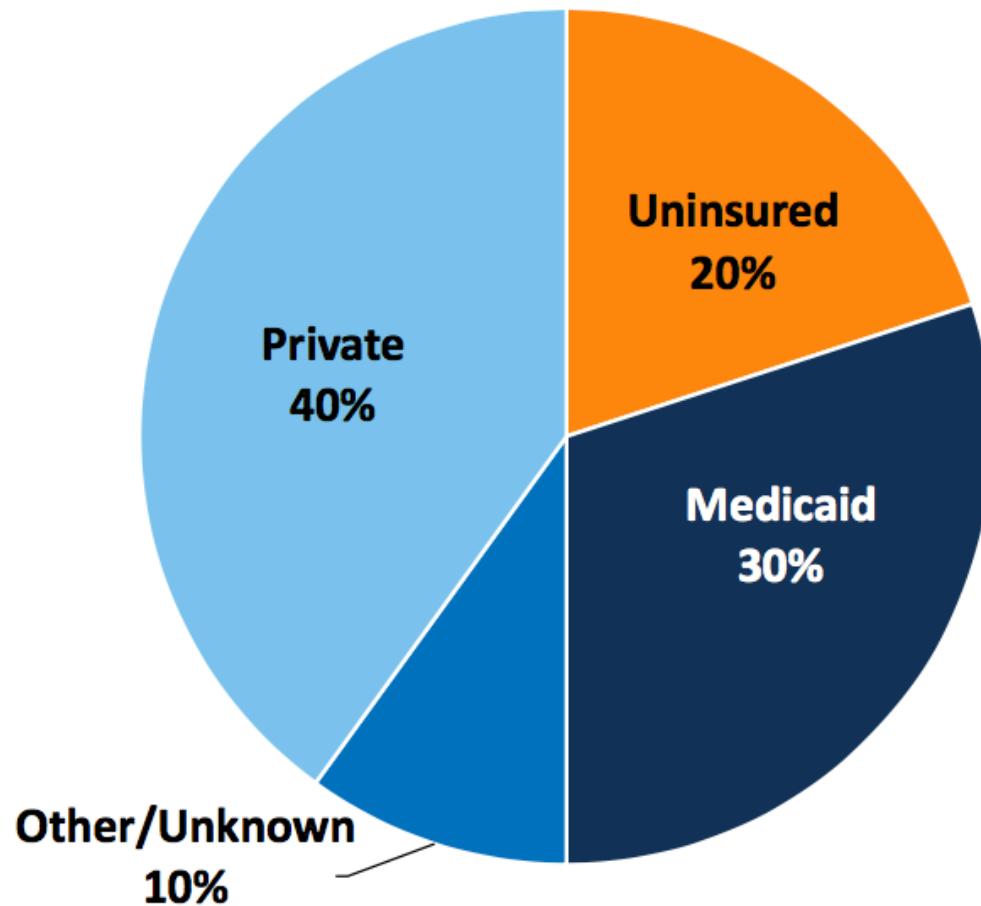
- Naloxone costs
  - \$75-150 per intranasal dose
  - \$2500 per iv dose
  - e.g., Middletown, Ohio, recently spent \$100K
- Labor costs for EMS and police
- Costs of incarceration in NC: average \$90/day, \$32,000/year

# Treatment Costs for Opioid Use Disorder

- In-patient rehab \$14K-\$27K/ month
- Out-patient treatment ~ \$500/month, excl meds
- Suboxone ~\$60 for 14 tabs, ~\$260/month

# Health Care Coverage among People with Substance Use Disorder

# Insurance Status of Adults with Opioid Addiction



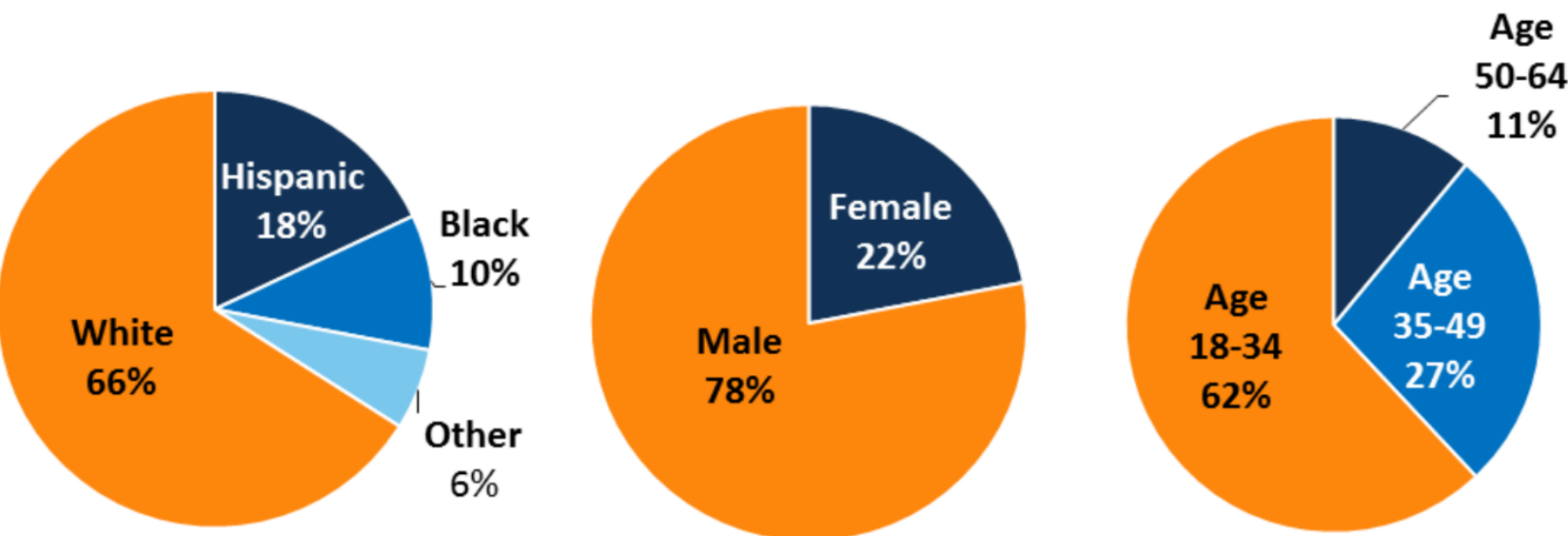
**Total: 2.2 million people**

SOURCE: Kaiser Family Foundation analysis of the 2015 National Survey of Drug Use and Health (NSDUH)

2. Uninsured nonelderly adults with opioid addiction are predominantly white, male, and age 18-34.

Figure 2

Race, Gender, and Age of Uninsured Adults with Opioid Addiction



Total: 441,000 people

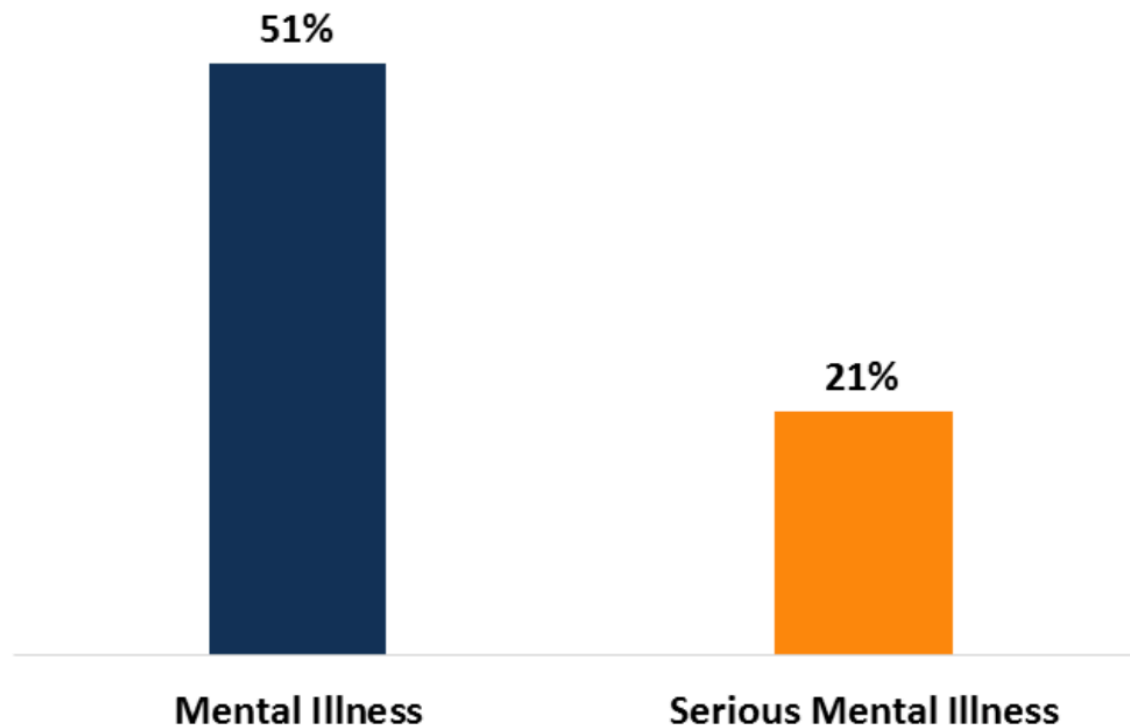
SOURCE: Kaiser Family Foundation analysis of the 2015 National Survey of Drug Use and Health (NSDUH)



5. Over half of uninsured nonelderly adults with opioid addiction had a mental illness in the past year and over 1 in 5 had a serious mental illness, such as depression, bipolar disorder, or schizophrenia.

Figure 5

## Mental Illness Among Uninsured Adults with Opioid Addiction



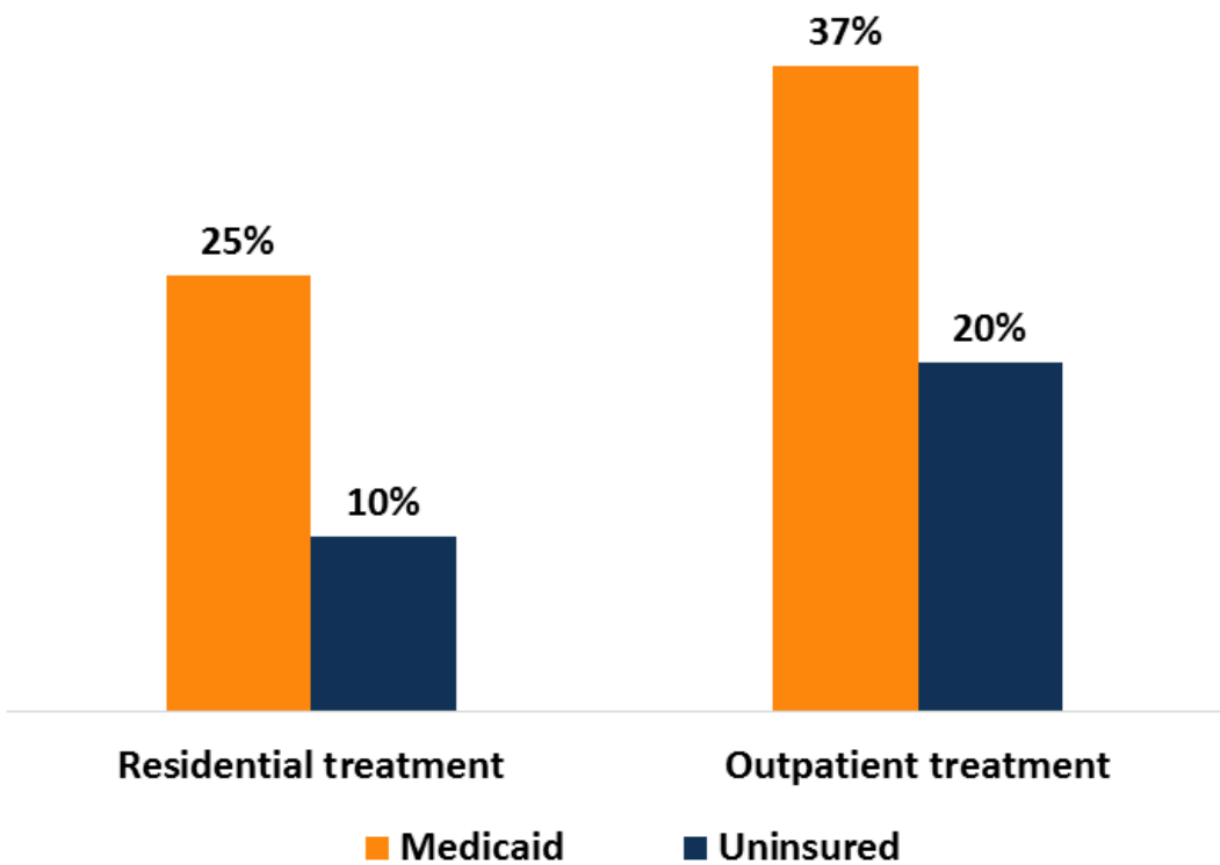
Total: 441,000 people

SOURCE: Kaiser Family Foundation analysis of the 2015 National Survey of Drug Use and Health (NSDUH)

6. Among nonelderly adults with opioid addiction, those who were uninsured were less likely to have received treatment in the past year compared to those covered by Medicaid.

Figure 6

### Treatment Among Adults with Opioid Addiction



■ Medicaid ■ Uninsured

Total: 1.1 million people

SOURCE: Kaiser Family Foundation analysis of the 2015 National Survey of Drug Use and Health (NSDUH)



Surprisingly, Medicaid often offers better access to treatment for mental health and substance use disorder than private insurance, which may limit treatment services.

# Limitations of private insurance for treatment of substance use disorder

- Often exclude high levels of treatment that maybe essential for successful recovery
- High deductibles, co-pays and co-insurance often limit access to treatment
- Though the ACA requires coverage of mental health and substance use disorder (essential benefits), this usually is not enforced so companies deny or limit benefits (e.g., approve 5 days when 30 days are needed for inpatient rehab)

# The IMD Exclusion, a Major Limitation on Medicaid Coverage

- Part of the 1965 Medicaid Law
- Prohibits most substance use and mental health patients from receiving services, including rehab, in residential facilities with >16 beds
- So there is a severe shortage of space for rehab
- 5 states (WV, CA, MD, MA, VA) have IMD waivers, 4 states (NJ, IN, KY, MI) are waiting
- NC is preparing an application for a waiver

# NC Opioid Action Plan

- Reduce the oversupply of prescription opioids
- Reduce the diversion of prescription drugs and the flow of illicit drugs
- Increase community awareness and prevention
- Make naloxone widely available and link overdose survivors to care
- Expand treatment and recovery systems of care
- Measure the effectiveness of these strategies based on results.

# Other Urgent Actions to Resolve the Opioid Crisis

- Promote the ideas that:
  - Addiction is a **chronic disease**, not a life style choice or a moral or degenerate failing
  - **Effective short- and long-term treatment** is much more cost-effective than criminalization and incarceration
- Ensure that private insurance coverage for mental health and substance use disorders are robust, enforced and implemented consistently

# Other Urgent Actions to Resolve the Opioid Crisis

- Support NC's application for a waiver from the Medicaid IMD exclusion to make available more beds for inpatient rehab
- **Advocate with all we've got for the NCGA to pass legislation that provides health care coverage to hundreds of thousands of North Carolina's low income people who now lack coverage**



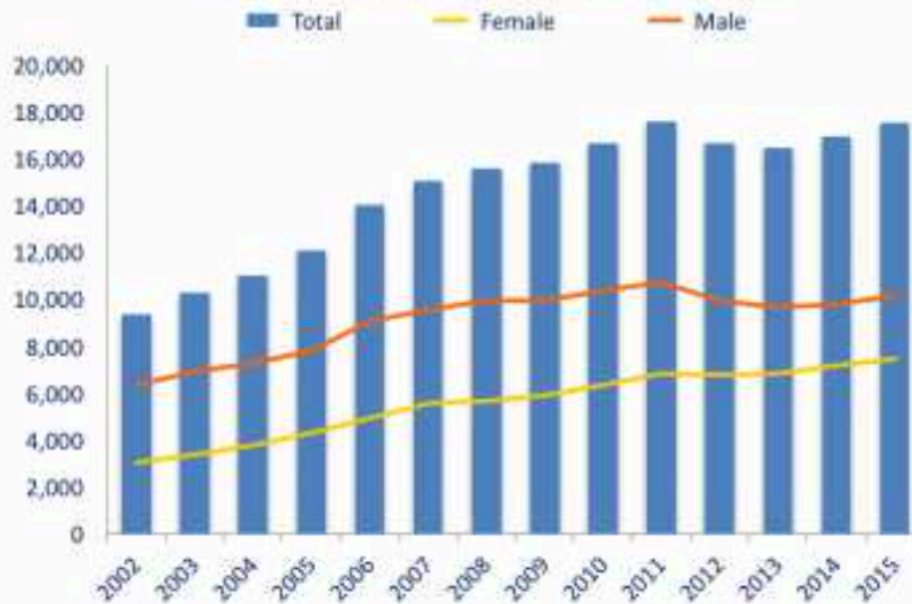






## National Overdose Deaths

Number of Deaths Involving Prescription Opioid Pain Relievers (excluding non-methadone synthetics)



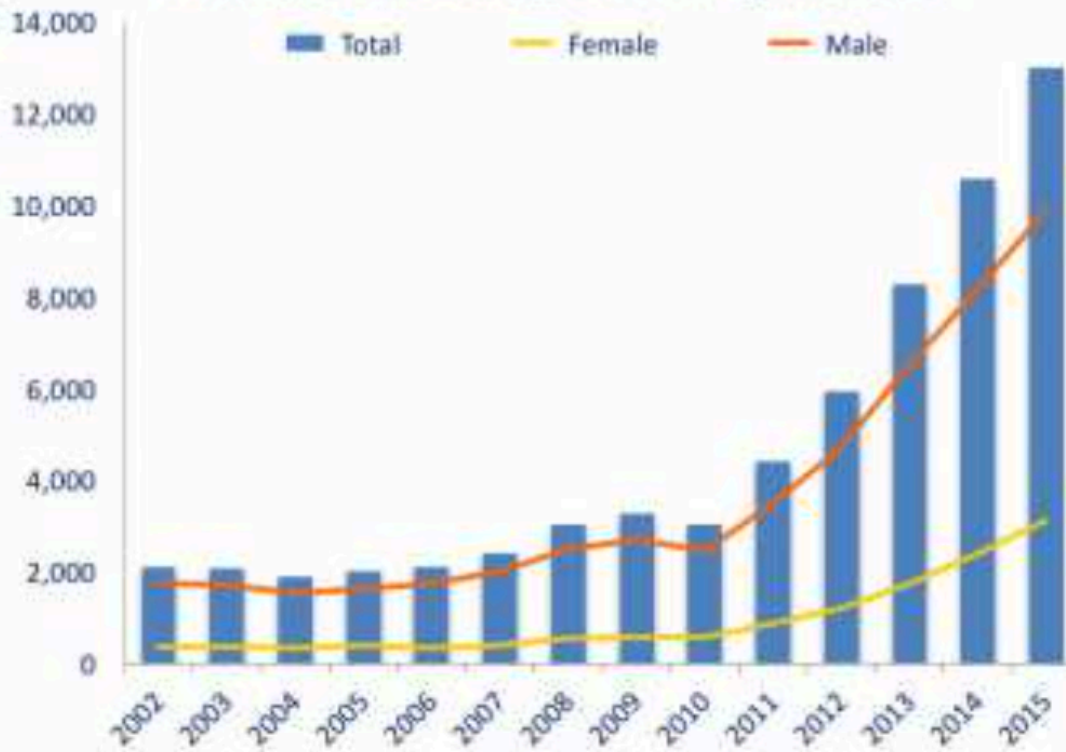
Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths—Number of Deaths Involving Prescription Opioid Pain Relievers (excluding non-methadone synthetics). The figure above is a bar chart showing the total number of U.S. overdose deaths involving opioid pain relievers (excluding non-methadone synthetics) from 2002 to 2015. Non-methadone synthetics is a category dominated by illicit fentanyl, and has been excluded to more accurately reflect deaths from prescription opioids. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2011 there was a 1.9-fold increase in the total number of deaths, but it has remained relatively stable since then.



# National Overdose Deaths

## Number of Deaths Involving Heroin



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths—Number of Deaths Involving Heroin. The figure above is a bar chart showing the total number of U.S. overdose deaths involving heroin from 2002 to 2015. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 6.2-fold increase in the total number of deaths.

# Impact of Opioids in the US Workforce

- Abuse costs US economy **\$56b**
- Abuse costs employers **\$10b** from absenteeism and presenteeism
- Abusers cost employers **twice as much** in HC costs
- Baby boomers 4 x as likely to abuse than Millennials
- States with medical marijuana laws have lower abuse rate
- Those with **behavioral health diagnosis** 3 x more likely to abuse
- Americans living in **lowest income areas** twice as likely

# It's Shocking

- **In NC, over 200K use illicit drugs per year**
- **3 people die every day from opioid overdose in North Carolina**
- **One out of every three (32%) opioid prescriptions is being abused.**
- **Abusers more likely to live in rural South**

# Costs to Employers

- Opioid abusers cost employers nearly twice as much (\$19,450) in healthcare expenses annually as non-abusers (\$10,853).
- Individuals who abused opioids had total 2015 medical costs that were **\$8,597 higher than non abusers**
- Opioid abuse could be costing employers as much as \$8 billion per year.



‘The rising number of opioid overdose deaths has created a public health crisis in **North Carolina.**’

- From 1999-2016, opioid-related overdose deaths increased by over 800% = **12,000 needless deaths.**
- Epidemic has increased in severity with increased availability of **cheap heroin and fentanyl.**
- Even worse with carfentanil, 100 X more potent than fentanyl, dose the size of 3 grains of salt is lethal; called the “elephant sedative”
- According to CDC estimates, the cost of unintentional opioid related overdose deaths in N.C. totaled \$1.3

# Outline

- LWVNC
- Opioid Abuse in the US
- Opioid Abuse in North Carolina
- Impact on healthcare and law enforcement
- What can you do?