State Solutions to the OPIOID EPIDEMIC

Tuesday, March 21, 2 p.m. EDT | FREE CSG eCademy Webinar
Yearly Increases

Rate of Drug Poisoning Deaths per 100,000 Population, Utah 2002-2014

Rate of Drug Poisoning Deaths Per 100,000 Population

- 2.1-4.0
- 4.1-6.0
- 6.1-8.0
- 8.1-10.0
- 10.1-12.0
- 12.1-14.0
- 14.1-16.0
- 16.1-18.0
- 18.1-20.0
- >20

2002  2003  2004  2005

2006  2007  2008  2009

2010  2011  2012  2013

2014
Number of opioid deaths by year by type, Utah, 2000-2016

*2016 data is preliminary. Data Source: Utah Department of Health Utah Violent Death Reporting System
Public Awareness Campaign

Stop the Opidemic Media Campaign
- Increase awareness of the risks of opioids
- Increase awareness of the signs of an overdose
- Increase awareness of naloxone

Research Conducted
Message Testing Conducted

Billboards
Posters
Brochures
Testimonial Videos
Website
Social Media
TV / Radio Spots
Talk to Your Pharmacist Month

STOP THE OPIIDEMIC
LEARN HOW AT OPIIDEMIC.ORG
Efforts include:

• Updating the Utah Clinical Guidelines on Prescribing Opioids (comment period closed 3/20/2017)
• Developing a patient dashboard in the controlled substance database
• Implementing patient risk assessments
• Providing academic detailing
• Disseminating patient education materials
Naloxone

Opiate Overdose Response Act

**UDOH Standing Prescription Orders** (Reporting Period 12/8/2016-12/31/2016)
- 87 pharmacies voluntarily enrolled to participate in the statewide standing order
- 140 naloxone kits dispensed under the standing order
  - The most common type dispensed was the Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1mL Nasal Spray at 59%.

**Overdose Outreach Providers** include 17 law enforcement agencies, 6 local health departments, and 9 direct service agencies.
- Within two months, 592 kits were distributed with 18 opioid overdose reversals reported.
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Medication Assisted Treatment for Opioid Use Disorder

State Solutions to the Opioid Epidemic

Council of State Governments

Melinda Campopiano, MD
Chief Medical Officer, CSAT
SAMHSA
March 21, 2017
Naloxone

- Make available to high risk populations.
- Make available to persons likely to be on the scene of an overdose.
- Engage overdose survivors in treatment and recovery support

http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742
Detoxification is not treatment
Benefits of MAT

- Reduces all cause mortality
- Reduces HIV risk
- Improves adherence to medical treatment
- Improves social function
- Decreases criminal behaviors
- Decreases drug use
Medications

- Methadone and buprenorphine are approved by the FDA to treat opioid use disorder
  - *Both are opioid agonists*
- Extended-release injectable naltrexone is approved by the FDA for the prevention of relapse to opioid use after detoxification
  - *An opioid antagonist*

https://www.samhsa.gov/medication-assisted-treatment
Extended Release Injectable Naltrexone

- Monthly injection or daily oral medication
- Patient must be medically detoxed first.
- Optimal approach is for patients to receive first dose prior to leaving detox/rehab
- Cannot be used by patients who require opioids for pain
- Also indicated for alcohol use disorder

http://store.samhsa.gov/shin/content/SMA14-4892/SMA14-4892.pdf
Buprenorphine

Formulated with or without naloxone
buprenorphine monoprod (without naloxone) is only for pregnancy
Few interactions with HIV or HCV meds
Can be used in pregnancy
Does not require detoxification to begin
Generics available

http://store.samhsa.gov/shin/content//SMA16-4938/SMA16-4938.pdf
Methadone

• Requires certification as an opioid treatment program and program DEA registration
  • samhsa.gov/medication-assisted-treatment

• Methadone must be administered and dispensed at the program

PCSSMAT PROVIDERS’ CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

pcssmat.org
Medication Assisted Treatment (MAT)

- MAT is one component of the comprehensive treatment of opioid use.
- To be of maximum benefit, evidence-based behavioral therapy and case management services must also be provided.
- Not all services have to be delivered by the same provider.
melinda.campopiano@samhsa.hhs.gov
OVERVIEW

• NCHRC
• Overdose and hepatitis C in NC
• Legislative efforts to combat prescription drug and heroin abuse, and criminal justice reform as it relates to drug policies
  • Syringe Decriminalization
  • Syringe Exchange
  • 911 Good Samaritan Laws
  • Naloxone
  • Fair Hiring/Ban the Box
  • NC Law Enforcement Assisted Diversion
• Q+A
North Carolina Harm Reduction Coalition (NCHRC) is North Carolina’s only comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis.
HARM REDUCTION

HARM REDUCTION INCORPORATES A SPECTRUM OF STRATEGIES FROM SAFER USE, TO MANAGED USE TO ABSTINENCE TO MEET DRUG USERS “WHERE THEY’RE AT,” ADDRESSING CONDITIONS OF USE ALONG WITH THE USE ITSELF. BECAUSE HARM REDUCTION DEMANDS THAT INTERVENTIONS AND POLICIES DESIGNED TO SERVE DRUG USERS REFLECT SPECIFIC INDIVIDUAL AND COMMUNITY NEEDS, THERE IS NO UNIVERSAL DEFINITION OF OR FORMULA FOR IMPLEMENTING HARM REDUCTION.
Opioid abusers are more likely to live in the rural South.

22 out of the top 25 cities for opioid abuse rate are primarily rural and located in Southern states. Opioid abuse rates range from 11.6% of individuals in Wilmington, NC to 7.5% of individuals in Fort Smith, AR who received an opioid prescription. Alabama, Florida, North Carolina, Oklahoma, North Carolina, Tennessee, and Texas have multiple cities that are in the top 25 for opioid abuse rate. The three non-Southern cities in the top 25 are: Terre Haute, IN; Elmira, NY; and Jackson, MI.

**Based on Abuse Rate**

**Top 25 Cities**

1. Wilmington, NC  >11.6%
2. Anniston, AL  11.6%
3. Panama City, FL  11.5%
4. Enid, OK  10.2%
5. Hickory, NC  9.9%
6. Pensacola, FL  9.8%
7. Gadsden, AL  9.1%
8. Montgomery, AL  8.8%
9. Johnson City-Bristol, TN-VA  8.6%
10. Texarkana, TX-AR  8.5%
11. Tuscaloosa, AL  8.2%
12. Jacksonville, NC  8.1%
13. Amarillo, TX  8.1%
14. Terre Haute, IN  8.1%
15. Odessa, TX  8.0%
16. Oklahoma City, OK  8.0%
17. Longview, TX  8.0%
18. Fayetteville, NC  7.9%
19. Evansville-Henderson, IN-KY  7.8%
20. Chattanooga, TN  7.7%
21. Elmira, NY  7.7%
22. Jackson, TN  7.7%
23. Baton Rouge, LA  7.5%
24. Jackson, MI  7.5%
25. Fort Smith, AR  7.5%

Estimated Age-adjusted Death Rates for Drug Poisoning by County, United States: 2014


*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

1989 – Pain added as 5th Vital Sign

Source: Death files, 1968-2015, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit
Heroin Deaths: 2008-2015*

881% increase from 2010 to 2015*

554% increase from 2010 to 2014

*Provisional 2015 data
Analysis by Injury Epidemiology and Surveillance Unit
Hepatitis C Rate of Infection Up 700% In 10 years

Acute HCV Rates North Carolina Vs. United States 2003 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>North Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>0.1</td>
<td>0.3</td>
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<tr>
<td>2006</td>
<td>0.2</td>
<td>0.3</td>
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<tr>
<td>2007</td>
<td>0.5</td>
<td>0.3</td>
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<tr>
<td>2008</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
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<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>2010</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>2011</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>2012</td>
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<td>0.7</td>
</tr>
<tr>
<td>2013</td>
<td></td>
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</tr>
</tbody>
</table>
### Annual Cost of HCV & HIV Medications to North Carolina Medicaid

#### 2013 & 2014

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis C Medications</th>
<th>HIV/AIDS Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid</strong></td>
<td></td>
<td></td>
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<tr>
<td>2013</td>
<td>2013</td>
<td>2013</td>
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<tr>
<td><strong>Paid Amount</strong></td>
<td>$8,068,113</td>
<td>$50,840,276</td>
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<tr>
<td><strong>ADAP (AIDS Drug Assistance Program)</strong></td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>2013</td>
<td>2013</td>
<td>2013</td>
</tr>
<tr>
<td><strong>Paid Amount</strong></td>
<td>$65,612,098</td>
<td>$70,016,283</td>
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<tr>
<td><strong>Total Paid</strong></td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td><strong>$114,134,528</strong></td>
<td><strong>$167,916,480</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### 530% Increase in the cost of Hepatitis C treatment from 2013-2014
HARM REDUCTION/NALOXONE LEGISLATION IN NORTH CAROLINA

2013
- SB 20: 911 Good Sam/ Naloxone
- HB 850: Syringe/Sharps
Decriminalized if Declared to an Officer

2015
- SB 154: Expansion of 911 Good Sam Immunities/ Naloxone Access
- $50,000 for naloxone in State Budget
- HB 712: Decrim of Residue in Syringes/Sharps if Declared to a Officer
  AND Establishes Biohazard Collection Programs

2016
- HB 972: Amendment on Law Enforcement Body Cams to legalize Syringe Exchange
- SB 734: DHHS Medical Director Can Issue Naloxone Standing Order for Pharmacies
- LEAD Funding in State Budget

2017
All Legislation Pending
- HB 243: STOP ACT, Mandatory Use of Prescription Drug Monitoring System, Decreases CBO Naloxone Distro Liability, Changes SEP Funding Guidelines
- State Budget: Naloxone Funding & Naloxone Coordinator Funding
- Introduced Shortly: Fair Hiring/ Ban the Box
SYRINGE DECRIMINALIZATION

- 2013: HB 850
  - Have Syringes Tell an Officer Law
  - Decriminalizes sharps (syringes, cookers, chipped pipes) if you declare them prior to a search

- 2015: HB 712
  - Have Syringes Tell an Officer Law - Clarification
  - Decriminalizes *residue in* sharps (syringes, cookers, chipped pipes) if you declare them prior to a search
  - Legalizes four pilot biohazard collection programs
SYRINGE EXCHANGE

- HB 972
  - Legalizes syringe exchange in NC
SYRINGE EXCHANGE PROGRAMS

Syringe Exchange Programs offer a range of social services to people who struggle with addiction, including; access to drug treatment, housing, employment opportunities, and sterile syringes. These programs also protect users and the public from the spread of diseases such as HIV and Hepatitis C by collecting used syringes from the community to dispose of them safely.
Syringe Exchange Programs lower the incidence of HIV infection by up to 80% and Hepatitis C infection by up to 50%

Syringe Exchange Programs decrease crime by 11% through programs that connect persons who use drugs to public and private social services.
“When I was a heroin user, I visited the syringe access program every day for clean needles. Every day I saw information about community resources and drug treatment. These programs plant seeds of thinking about health and recovery. They tell you about community resources so that when you are ready to stop using drugs you know exactly where to go.”

Mike Page - Former heroin user who entered drug treatment through a syringe exchange program.

Decreased Drug Use & Recovery Referral

Participants in Syringe Exchange Programs are five times more likely to enter drug treatment than non-participants.
Law Enforcement Benefits

Syringe Exchange Programs decrease Law Enforcement needle-stick injuries by 66%
'I support syringe exchange programs as a common sense tactic to address the issue of drug use in our communities. It's clear to me that these programs do not encourage drug use and that they can work in conjunction with the continuing enforcement of drug laws.'

Chief Harold Medlock, Fayetteville Police Department

'I'm in favor of syringe exchange programs to reduce the number of HIV and Hepatitis C cases in the community. This is a public health issue. These programs would help the citizens of our state [who struggle with addiction] and protect others from injuries with dirty needles.'

Chief Marty Sumner, High Point Police Department

'Law enforcement has been at the forefront of the drug problem and has witnessed the devastating effects of drug use and abuse. We are currently seeing more and more people use heroin, more people inject prescription drugs, and more people get sick from diseases like HIV and Hepatitis C. Although the enforcement of drug laws is and always will be an integral part of police work, we also realize that we will not solely arrest our way out of this problem. I support syringe exchange programs because they are shown to lower the rates of disease and help connect drug users to the treatment that they need to combat this epidemic.'

Chief Bill Hollingsed, Waynesville Police Department

'Over the past few years, we have seen a tragic surge in deaths due to opioid overdose. Along with the escalation of injectable drugs comes the increased opportunity for needle sticks. With preventative measures such as improving syringe access, we are protecting the health and safety of law enforcement officers. Of course, I support any measures to keep our officers safe.'

Sheriff Neil Elks, Pitt County Sheriff’s Office

'I can’t see how anyone could be against syringe exchange programs. Syringes are a public safety issue and exchange programs would cut down on the number of cases of HIV and Hepatitis C. They would also reduce first responder’s exposure to needle-stick injury and connect subjects to treatment resources during contact with the exchange.'

Chief Kevin Brinkley, Nags Head Police Department

'Anyone who supports naloxone as a tool to save lives should support syringe exchange programs as well. They both give people a second chance. I would support having a syringe exchange program in my county, especially if people get treatment information along with clean syringes.'

Sheriff Doug Doughtie, Dare County Sheriff’s Office

'I used to be an officer in a city in Connecticut that ran an active, successful syringe exchange program. I saw first hand that the program reduced the number of dirty syringes in circulation and the number of accidental needle-sticks suffered by first responders. Syringe exchange programs are a good way for those dealing with addiction to avoid diseases and to get information on treatment options.'

Chief John Cueto, Town of Duck Police Department

'I would support syringe exchange programs that provide treatment information to those participating. I can see the advantages of a program that reduces the number of individuals passing from people sharing dirty needles and also cuts down on the number of people and first responders accidentally stuck with infected needles.'

Chief Joseph Barone, Statesville Police Department

'I am all for syringe exchange programs. Anything that would reduce the chance of a person getting HIV or another disease is a win. Law enforcement has tried everything else and we need to look into other options. Being able to provide treatment options to people is a great part of the program and reducing the danger of needle-stick injury to officers is another big plus. We have seen citizens who we know personally suffer from addiction and overdoses, so I would have no problem with syringe exchange programs.'

Chief Vance Haskett, Manteo Police Department

'I fully support the syringe exchange program. The program would improve officer safety and improve safety for our children. This program would eliminate the danger of discarded syringes in our public parks and other places that our citizens frequent.'

Chief Mike James, Leland Police Department

As the opioid problem worsens, we need to start thinking outside the box when it comes to solutions. Syringe exchange programs would not only address the HIV and Hepatitis C epidemic, but also provide wraparound services to address the drug problem at its roots.

Chief Brad Shirley, Boiling Spring Lakes Police Department

'Syringe exchange programs make a lot of sense. I’m especially supportive of connecting people to drug treatment through these programs. I wish we had a syringe exchange here in Lenoir.'

Chief Scott Brown, Lenoir Police Department

'Syringe exchange programs make good sense. I support efforts to prevent young people and children from suffering accidental sticks and developing HIV or Hepatitis C. I also like that these programs would offer access to treatment.'

Chief Chris Hunt, Bladenboro Police Department

'I never envisioned myself supporting a syringe exchange program, but I now understand that ultimately it comes down to public safety and public health. I certainly now have a very different opinion of syringe exchange programs.'

Sheriff John Ingram, Brunswick County Sheriff’s Office

'As an advocate for public safety and rehabilitation, I see syringe exchange programs as an exciting opportunity to reach out to drug users with education that could increase the chances of them getting help, including rehabilitation.'

Sheriff Greg Christopher, Haywood County Sheriff’s Office

'I am in favor of syringe exchange programs and see no downside or negative consequences connected to these programs. By offering clean needles, a syringe exchange program would increase officer safety and benefit communities that have individuals working through problems that pertain to an addiction.'

Chief Barry Rountree, Winston Salem Police Department
A $.07 syringe can prevent a $630,000 HIV infection.
Counties with Syringe Exchange Programs
As of February 6, 2017 (18 active SEPs covering 18 counties)

Source: North Carolina Division of Public Health, February 2017
Analysis: Injury Epidemiology and Surveillance Unit
911 GOOD SAMARITAN LAWS

- **Immunity: Paraphernalia**
  - Arrest, Charge, Prosecution

- **Immunity: Controlled Substance Possession**
  - Arrest, Charge, Prosecution

- **Immunity: Other Violations**
  - Protective/Restraining Order, Pretrial, Probation or Parole Conditions,

- **Other Protections**
  - Reporting, Mitigating Factor, Civil Forfeiture
North Carolina 911 Good Samaritan Laws

• 2013: SB 20
  • Effective April 9, 2013, states that individuals who experience a drug overdose or persons who witness an overdose and seek help for the victim can no longer be prosecuted for possession of small amounts of drugs, paraphernalia, or underage drinking. The purpose of the law is to remove the fear of criminal repercussions for calling 911 to report an overdose, and to instead focus efforts on getting help to the victim.

• 2015: SB154
  • Add protections for people on probation, parole and pre-trial release
● Non-addictive prescription medication reverses opiate overdose
● Naloxone distribution is associated with up to a 50% drop in OD fatalities

● Administer via intramuscular injection or nasal spray
● Cannot be abused nor cause overdose

● Restores breathing and consciousness
● Onset: One to three minutes
● Duration: 30 to 90 minutes
● NCHRC’s program has 6418 saves
NALOXONE LAWS

- **Immunity: Dispensers**
  - Civil, Criminal, Disciplinary

- **Immunity: Lay Administrators**
  - Civil, Criminal

- **Immunity: Prescribers**
  - Civil, Criminal, Disciplinary

- **Prescribing Permitted?**
  - 3rd Party or Standing Order

- **Distribution:**
  - Lay Distribution or Possession with Prescription
NC NALOXONE LAWS

- 2013’s SB20:
  - The Naloxone Access portion of SB20 removes civil liabilities from doctors who prescribe and bystanders who administer naloxone, or Narcan, an opiate antidote which reverses drug overdose from opiates, thereby saving the life of the victim. SB20 also allows community based organizations to dispense Narcan under the guidance of a medical provider. As a result, officers may encounter people who use opiates and their loved ones carrying overdose reversal kits that may include Narcan vials and 3cc syringes.

- 2015’s SB 154:
  - Pharmacists are now immune from civil or criminal liability for dispensing naloxone to people at risk of an opioid overdose.

- 2016’s SB 734:
  - Allows DHHS Medical Director to issue standing orders for naloxone at pharmacies.
Number of Opioid Overdose Reversals with Naloxone Reported by the North Carolina Harm Reduction Coalition by County
8/1/2013 - 2/28/2017 (6,158 total reversals reported)

18 reversals in an unknown location in North Carolina and 88 reversals using NCHRC kits in other states reported to NCHRC.

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by Date
8/1/2013 - 2/28/2017

6,158 reported reversals

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Percent of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by Dosage Amount (Percentage based on reversals with known dosage amount)

10/1/2016 - 2/28/2017

*Percent of reversals with known dosage amount. Unknowns are not included in percent calculations.

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement by Date
1/1/2015 - 2/28/2017

142 LE Agencies Carrying Naloxone, 60 LE Agencies reporting 482 reversals

20 reported reversals with unknown date

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement by Date
1/1/2015 - 2/28/2017 (482 total reversals reported)

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Counties with Law Enforcement Carrying Naloxone
As of February 28, 2017 (63 Counties, 142 Agencies)

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by NC Law Enforcement by Date
1/1/2015 - 2/28/2017

142 LE Agencies Carrying Naloxone,
60 LE Agencies reporting 482 reversals

20 reported reversals with unknown date

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Number of Pharmacies Selling Naloxone Under Standing Order by County, Sept 2016

1,330 Pharmacies in the state selling naloxone

About **50%** of retail pharmacies in NC
Most of the large chains
NC’s Statewide Standing Order for Naloxone

June 20, 2016 – Law authorizes state health director to issue statewide standing order for

1,362 Pharmacies dispensing Naloxone under a standing order

www.NaloxoneSaves.org
FAIR HIRING/BAN THE BOX

18 states & +100 municipalities have implemented fair-chance hiring practices, most recently Georgia and Virginia.

Several large employers have adopted the policy voluntarily:

- KOCH Industries Inc.
- The Home Depot
- Walmart
- Target
- Bed Bath & Beyond
Across the United States a movement has grown to offer people with a criminal history a more equitable chance at finding work. Called fair chance hiring, or often, ‘Ban the Box’, these policies delay questions about criminal history until after the applicant has had the opportunity to demonstrate qualifications, skill and rehabilitation.

Employers still conduct background checks, but typically after the interview or once a conditional offer has been made.
Over 70 million Americans have some form of arrest or conviction that make it difficult, if not impossible to find meaningful work.

50% Applicants with an arrest or conviction history are 50% less likely to be called for a job interview.

68% These barriers, particularly to employment, contribute to the 68% recidivism rate within the first three years of release.
Consistent employment results in 16% recidivism rate

16%

Fair-chance hiring in Atlanta led to people with a record making up 10% of new hires

10%

Only 3% of applicants with criminal records were eventually rejected due to that record in Durham County

3%

Number of people hired with a record increased by 700% in the first four years of Durham County’s Fair Chance Hiring Policy

700%

FAIR CHANCE HIRING POLICY MEANS INCREASED EMPLOYMENT AND HIGHER TAX REVENUES AND LOWER COURT COSTS
What is LEAD?

- LEAD is an innovative arrest diversion program co-designed by police, prosecutors, public defenders, civil rights leaders and public health experts.
- Allows officers to use law enforcement discretion to divert low level drug users or sex workers to social workers who assist with connecting them to housing, drug treatment, mental health services, job training, harm reduction or other referrals.
- Offers an alternative to incarceration for people who would more likely benefit from social services.
- LEAD Programs currently operate in Seattle (WA), Albany (NY), Santa Fe (NM), Fayetteville (NC), Huntington (WV), Baltimore (MD), Portland (OR).
- Wilmington (NC), Atlanta (GA), Statesville (NC) and Waynesville (NC) in the US South plan to launch in 2017.
WRAP AROUND SERVICES FOR LEAD PARTICIPANTS
BASED ON A HARM REDUCTION MODEL

- EDUCATION
- HEALTHCARE
- HOUSING
- JOB TRAINING
- TREATMENT
MAJOR STAKEHOLDERS IN LEAD

LAW ENFORCEMENT
POLICE DEPARTMENT
SHERIFF’S OFFICE

SERVICE PROVIDERS
HARM REDUCTION
HOUSING
HEALTHCARE
TREATMENT
CASE MANAGEMENT

LEGAL SYSTEM
DISTRICT ATTORNEY’S OFFICE
LEAD: Advancing Criminal Justice Reform In 2017
• Seattle program has operated since 2011
• Compared to a control group, participants in the LEAD program:
  • Had a 58% lower recidivism rate
  • Spent 39 fewer days in jail per year
  • Showed significant reductions in felony cases
  • Cost about $5000 less per year in criminal and legal costs
  • Law enforcement report improved relationships with the people they encounter on the streets
Robert Childs, MPH

- Executive Director
- (336)-543-8050
- Robert.BB.Childs@gmail.com
What is a Prescription Drug Monitoring Program?

A prescription drug monitoring program (PDMP) is a state program that collects controlled substance prescription records from dispensers (e.g., pharmacies) state-wide and then provides prescription histories and other compiled and/or analyzed data to authorized end-users for use in clinical care, law enforcement, regulation of professional practice, research and evaluation.
PDMP Operations

State PDMP

- Dispensers
- Other States’ PDMPs
- IHS, VA, & Other Health Care Systems
- Medicaid, Medicare, 3rd Party Payers
- Medical Examiner, Drug Courts
- Law Enforcement & Professional Licensing Agencies
- Pharmacists
- Prescribers

EHR & HIE

2 Hubs
Prescription Information PDMPs Collect

• Patient identification
  ▪ Name & Address
  ▪ DOB & Gender

• Prescriber Information

• Pharmacy Information

• Drug Information, e.g.
  ▪ Name, type, strength

• Quantity & date dispensed

• Days Supply

• Source of payment (most states)
PDMP Data Collection Frequency

Research is current as of October 18, 2016
*Missouri does not have PDMP legislation
Engaged in Sending Solicited and Unsolicited Reports to Prescribers

Research is current as of March 21, 2017

*Missouri does not have PDMP legislation
Engaged in Sending Solicited and Unsolicited Reports to Dispensers

Research is current as of October 18, 2016

*Missouri does not have PDMP legislation
Engaged in Sending Solicited and Unsolicited Reports to Licensing/Regulatory Agencies

Research is current as of March 21, 2017

*Missouri does not have PDMP legislation
Engaged in Sending Solicited and Unsolicited Reports to Law Enforcement Agencies

Research is current as of October 18, 2016

*Missouri does not have PDMP legislation
* Missouri does not have PDMP legislation

States Providing Solicited PDMP Reports to Drug Courts

- **In-State Only (9):** AL, AR, ID, IL, IN, IA, KS, MO, MT, WI
- **In-State and Out-of-State (3):** AK, LA, TN
Research is current as of November 2016

* Missouri does not have PDMP legislation
States Providing Solicited PDMP Reports to Medical Examiners / Coroners

Research is current as of November 2016

* Missouri does not have PDMP legislation
PDMP Mandatory Query by Prescribers and Dispensers

Research is current as of November 14, 2016

*Missouri does not have PDMP legislation
Interstate Data Sharing

Engaged in Interstate Data Sharing (41)
Implementing Interstate Data Sharing (6)

Research is current as of November 21, 2016

*Missouri does not have PDMP legislation
Patrick Knue, Director

Email: info@pdmpassist.org
Telephone: (781) 609-7741
Website: www.pdmpassist.org
Questions?