



STAFF REPORT

Report To: Board of Health

Meeting Date: September 21, 2017

Staff Contact: Nicki Aaker, Director, naaker@carson.org; Celeste Pierini, Public Health Nurse, cpierini@carson.org

Agenda Title: For Possible Action: Presentation, discussion and feedback from the Board on the Carson City Health and Human Services (CCHHS) opioid abuse project made possible by a grant received from the State of Nevada; Department of Health and Human Services.

Staff Summary: CCHHS was awarded \$32,900 from the State of Nevada; Department of Health and Human Services to work on a opioid abuse project in our area. Highlights of the project include talking with physicians and pharmacists about the 2016 CDC Prescribing Guidelines, which was recently released from the CDC; the Nevada Good Samaritan Drug Overdose Act addressing the use of Narcan/Naloxone which was passed in 2015; and Senate Bill 59, which was effective July 1, 2017. The campaign, "If You Care, Don't Share", developed by Celeste Perini, is shared with physicians which can be used within their practice.

Agenda Action: Formal Action/Motion

Time Requested: 20 minutes

Proposed Motion

I move to provide _____ feedback, as direction to staff regarding the opioid abuse project.

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

Based on latest statistics from the State of Nevada, in 2015, Carson City's overdose death rates and emergency department encounters related to opioid use have increased.

Applicable Statute, Code, Policy, Rule or Regulation

NRS 453C.100 (Nevada Good Samaritan Drug Overdose Act)
Nevada's Senate Bill 59, effective July 1, 2017

Financial Information

Is there a fiscal impact? Yes No

If yes, account name/number:

Is it currently budgeted? Yes No

Explanation of Fiscal Impact:

Alternatives

Alternatives and recommendations may be presented during the presentation.

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

Opioid Epidemic Prevention

Carson City Health & Human Services



“PARTNERING TO STOP NEVADA’S OPIOID CRISIS”



Carson City Board of Health Opioid Presentation



Board of Health Mission:

“To Protect and Enhance the Public Health and Welfare by Evaluating the Health Needs of the Community, Promoting Health Awareness, and Assessing the Availability of Health-Related Services to Those in Need”.



The Opioid Epidemic by the Numbers



- Overdose deaths involving prescription opioids have quadrupled since 1999.
- The U.S. is approx. 4.4% of world population and we consume 80% of pain pills manufactured.
- From 2000-2015 more than half a million people have died from drug overdoses.
- Everyday, more than 1,000 people are treated in an emergency department for not using prescription opioids as directed.
- Each day, over *140 Americans die from an opioid overdose.
- Nevada is ranked 16th in the U.S. for drug overdoses.
- Nevada has the 4th highest drug overdose death rate in the U.S.
- The number of drug overdose deaths have increased by 80% since 1999. The majority of drugs involved are prescription opioids.
- Nevada ranks 2nd highest in the U.S. for prescriptions for Hydrocodone (Vicodin & Norco) and 2nd highest for Oxycodone (Percocet & Oxycontin).



The Economic Impact of the Opioid Epidemic



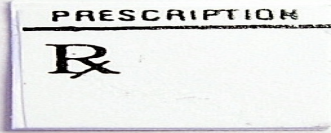

\$55 Billion in health and social costs related to prescription opioid abuse each year

\$120 Billion in emergency department and inpatient care for opioid overdoses



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Prescribing Rates



There were 80.7 Opioid Prescriptions per 100 people written in Nevada in 2016, according to the CDC.

California at 44.8 prescriptions per 100 people


Can you begin to see a serious problem!

**Prescription Drug Overdose Data
-Nevada-**

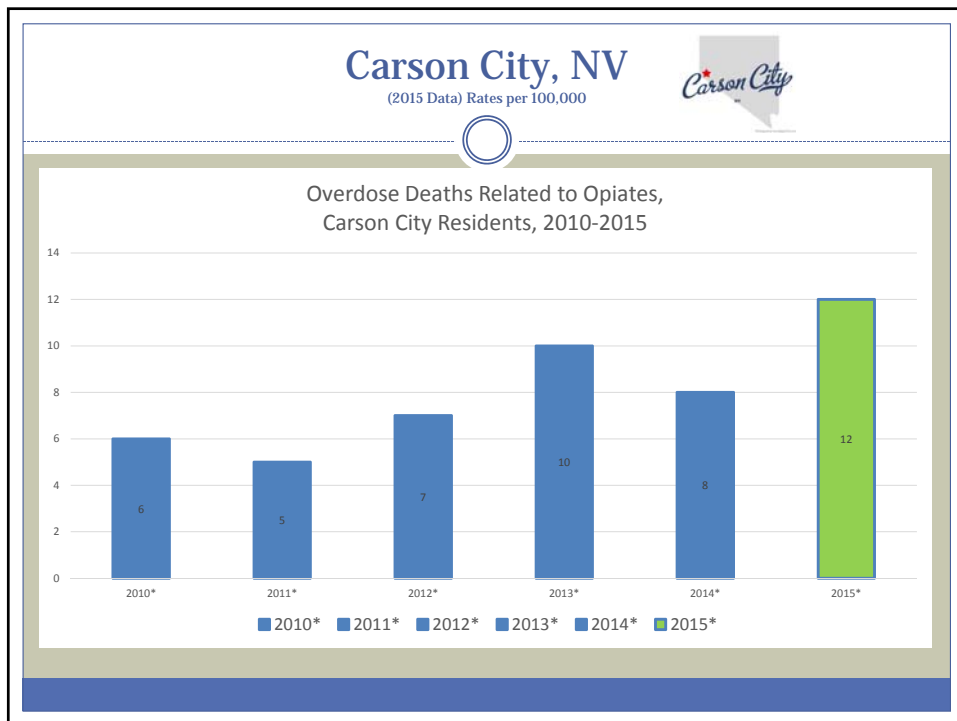
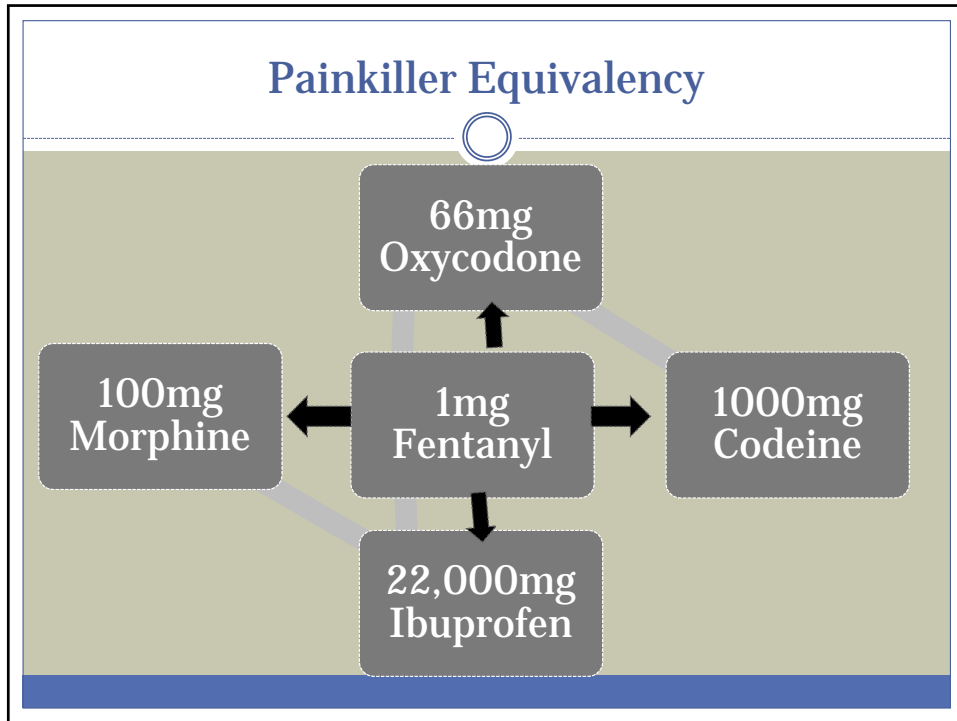
IN 2014, THERE WERE 224 DEATHS CONTRIBUTED TO PRESCRIPTION DRUG OVERDOSES.

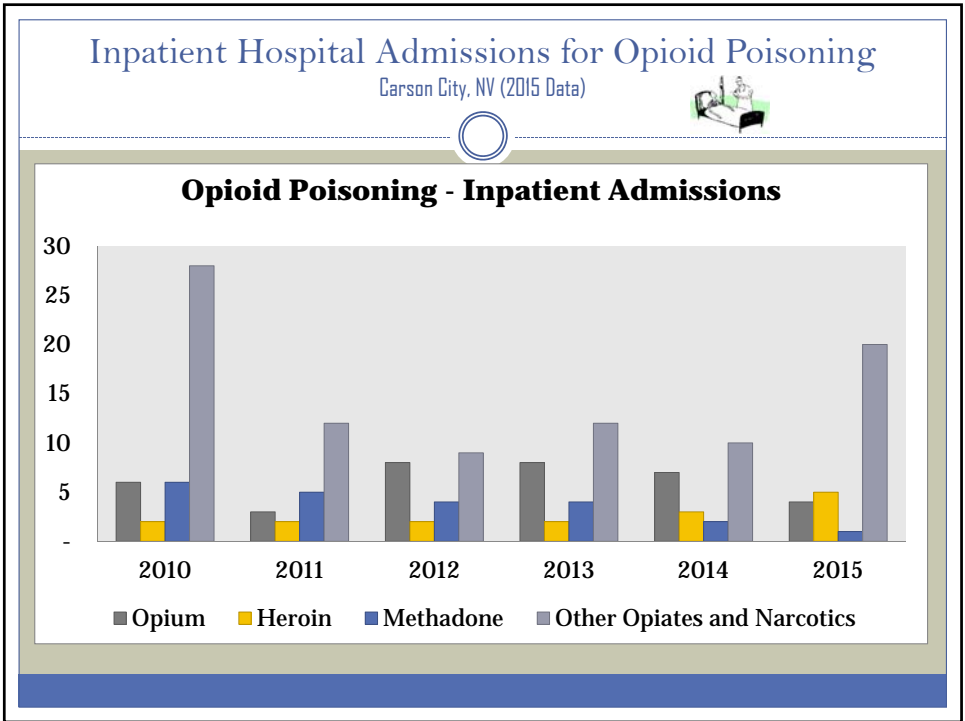
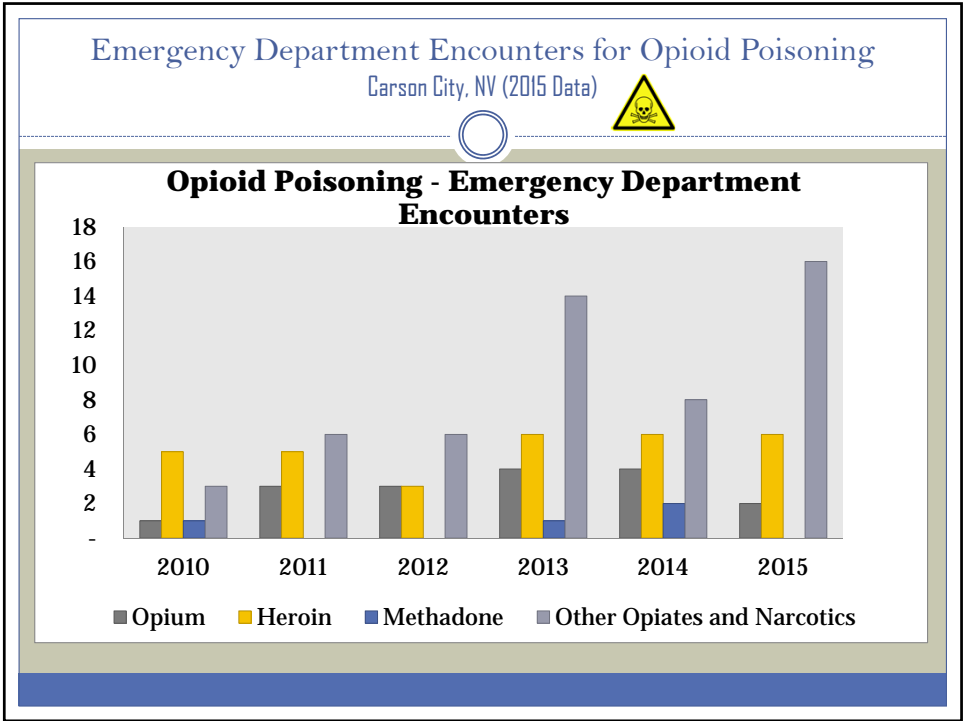
IN 2015, THERE WERE 259.

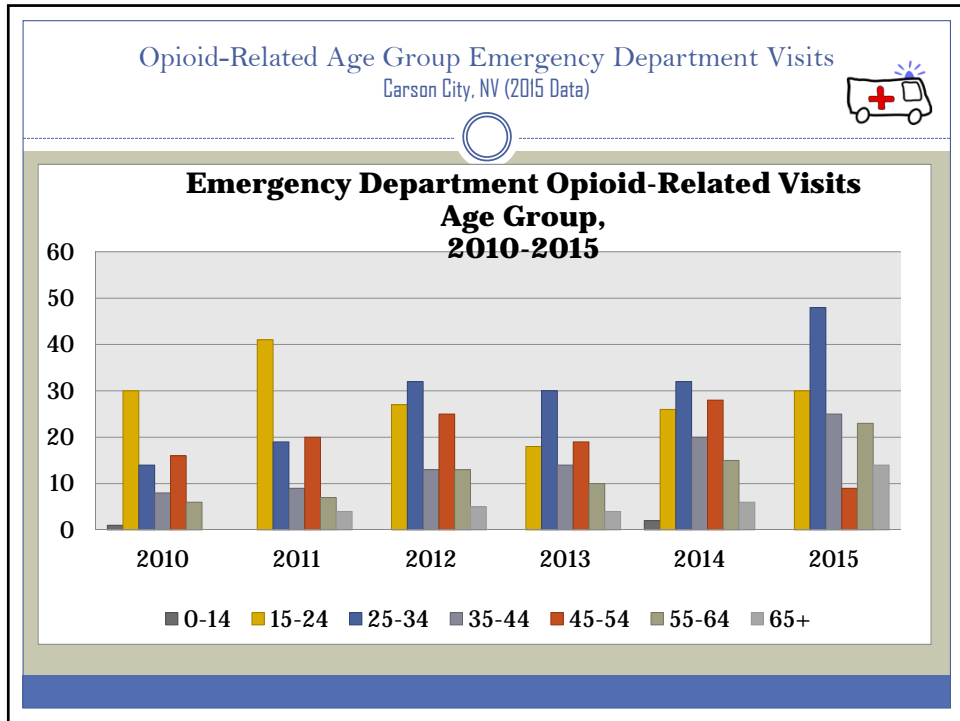
(THE 2016 STATISTICS ARE NOT OUT YET...)



-CENTERS FOR DISEASE CONTROL & PREVENTION







← →

Those are the Stats...

...Here is some Background

What is an Opioid


“Opioid”

Derived from opiate plant or synthetic to act like opiate

True Opiate: **Opium, Codeine, Morphine, Heroin**

Opioid (synthetic): **Fentanyl, Oxycodone, Hydrocodone**

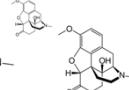
Other examples: *Vicodin, Norco, Percocet, Oxycontin,, Lortab, Hydromorphone, MS Contin, Morphine Sulphate, & Dilaudid.*

Opioids are extremely dangerous & addictive! Why? 



Opioids and the Brain

It's Chemistry!



Opiates affect the brain in the pleasure and reward systems through the release of dopamine. Dopamine signals the neurons of your body in a way that creates a very high level of pleasure or excitement often referred to as a high.

Opiates slow the central nervous system which leads to depressed respiration. This is why people on opiates are at a high likelihood of an overdose. Their breathing slows down significantly, and in some cases, it may stop completely.

There are individual factors that are relevant in how opiates affect the brain including brain chemistry and genetics. These are factors that can determine how fast it would take for an addiction to occur.

“At least one person in Nevada dies every day from an opioid overdose”.

“We can and we must do better.”

- Governor Brian Sandoval



What *is* Being Done?



In 2015, the Nevada State Legislature passed the **Good Samaritan Drug Overdose Act.**

Provides negation of liability for any healthcare professional who prescribes or dispenses **Narcan** to a person who may be at risk of an opioid-induced overdose.

Narcan is a potent opioid-reversal drug that removes opioids from the body immediately.

****Narcan is harmless and will not work if the overdose is not by opioids. But, when used, Emergency help must be sought immediately because Narcan wears off within 20-30 minutes! ****

Is There More Being Done?



In 2016, the Centers for Disease Control and Prevention (CDC) released **Opioid Prescribing Guidelines for Chronic Pain**.

Recommendations for prescribing opioid-based pain medications and assist healthcare providers in choosing the least harmful and least addictive medicines for their patients.

Another important aspect of these Guidelines is the recommendation of prescribing **Narcan**: past history of addiction; takes high doses of prescription opioids; overdosed in the past; or anti-anxiety medications are prescribed along with opioids.



Is Anything Else Being Done? Actually, Yes!



The 2017 Nevada Legislature Session passed Senate Bill 59 which affects NRS 453 and NRS 639

- Law *requires* all prescribing healthcare providers to review the Nevada Prescription Drug Monitoring Program (PDMP) each time an opioid-based medicine is prescribed.
- Law also *requires* pharmacists to input all opioid-based medications that are dispensed into the PDMP computer by the next business day.
- This Law is designed to stop overprescribing or duplicate opioid prescriptions. “Drug Shopping”



How is CCHHS Helping?



- ✓ Opioid Toolkits for providers
- ✓ In person training to healthcare providers on opioid crisis and their role to help
- ✓ Marketing/Media Campaign
- ✓ Pharmacist education and their role
- ✓ Partnership with Law Enforcement

Our work has led to some positive and valuable insight into the Opioid Crisis in our area.



How is CCHHS Helping?



- * We have uncovered some gaps to address in order to prevent overdose deaths. Narcan education and availability.
- * Education pertaining to chronic pain treatment is also warranted.
- * We have created an educational campaign that addresses prevention of addiction and the dangers of sharing opioid-based pain medications.



CCHHS "If You Care, Don't Share!" Educational Campaign

Currently, CCHHS has several physician offices and a Coalition using these flyers in their medical offices, websites, and social media platforms.

We rotate the flyers with new statistics and facts

Our goal is to prevent addiction from occurring in the first place.



HELP PREVENT OPIOID ADDICTION

STOP Stop the Crisis STOP



Nearly 1/2 of young people surveyed who injects heroin state they abused opioids BEFORE starting heroin. Their first opioid pain medication was given to them from a friend or family member! –National Institute on Drug Abuse (2015)

Thank You For Your Valuable Time!

(Brought to you with the assistance of Sapta003. References may be requested by writing to cpierini@carson.org)



“CARSON CITY HEALTH AND HUMAN SERVICES AIMS TO PROTECT AND IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY THROUGH DISEASE PREVENTION, EDUCATION AND SUPPORT SERVICES.”

