

NC Substance Abuse Epidemiology: From Data to Action

(aka North Carolina – State Surveillance System and/or Overdose Surveillance)

CSTE Annual Meeting
June 6, 2010



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Agenda

- Overview of NC SEW
- Intersection between Poisonings and SA
- 3 poisoning projects: Drug Death Reviews; PMP/linkage project and NC DETECT
- Questions and Answers



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From Data to Action



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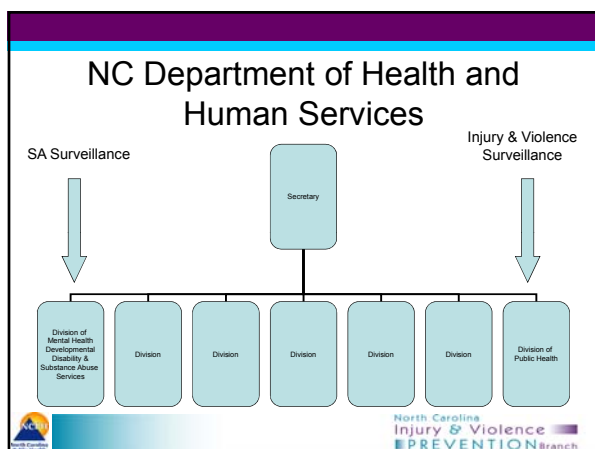


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- Sharon Schiro, NC DPH
- Tammy Norwood, NC DPH
- Dee Dee Downie, formerly DPH
- Kay Sanford, formerly DPH



Silo Effect






State Epidemiological Workgroup (SEW) on Substance Abuse



What is the SPF State Incentive Grant (SIG)?

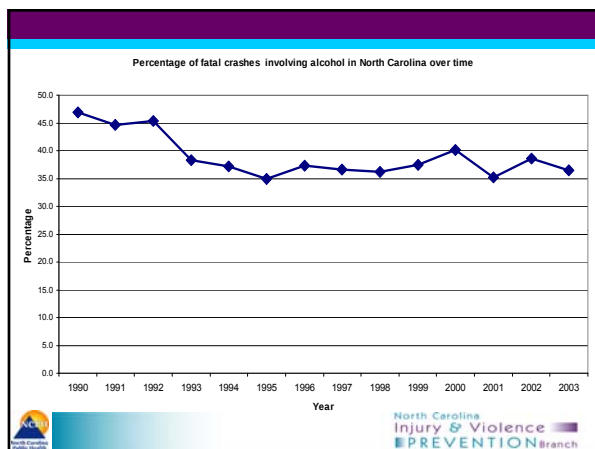
- SAMHSA's major SPF demonstration
- CSAP's flagship initiative- 5year cooperative agreement
- Up to \$2.35 million per year for five years
- Fund Distribution:
 - 85% of funds to Communities
 - 15% of funds for State administration (including needs assessment and evaluation)
- Key components
 - State epi workgroup
 - State advisory board
 - Data driven planning to set state/local priorities
 - Funding mechanism for targeting communities
 - Must address underage drinking
 - Outcome-based prevention

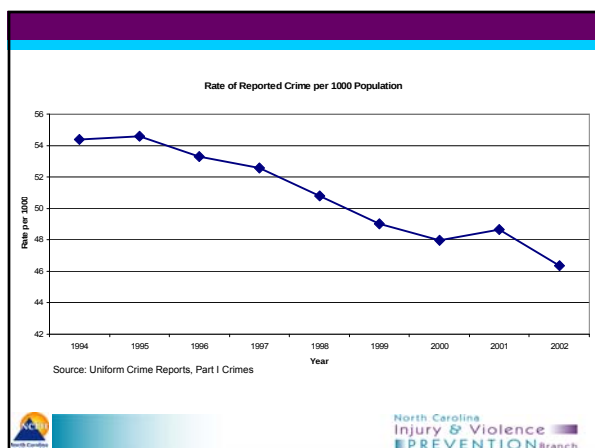
NC State Epidemiological Workgroup (SEW)

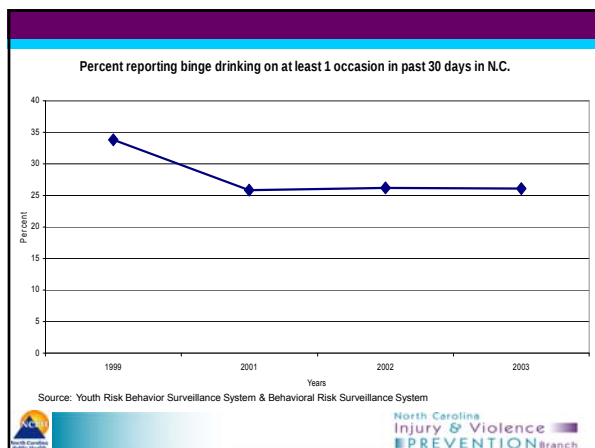
- Participate in needs assessment process.
- Based on knowledge & ability to work with substance-related data.
- Experts—from research institutions, government agencies, and private organizations.
- SEW membership brings systematic, analytic thinking to the causes and consequences of substance use
- SEW informs problem identification and goal-setting processes, helps drive prevention planning and funding decisions at the state and community levels.

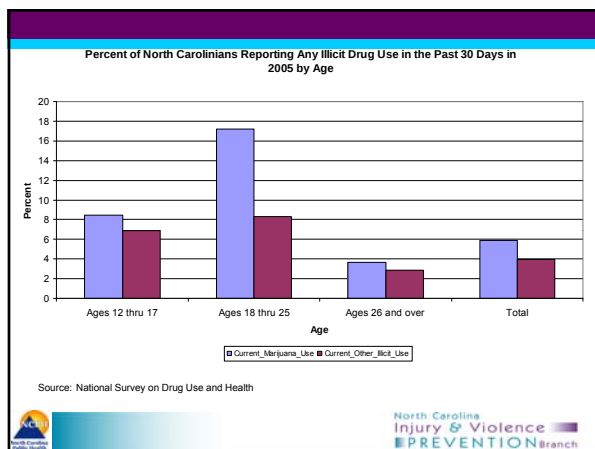


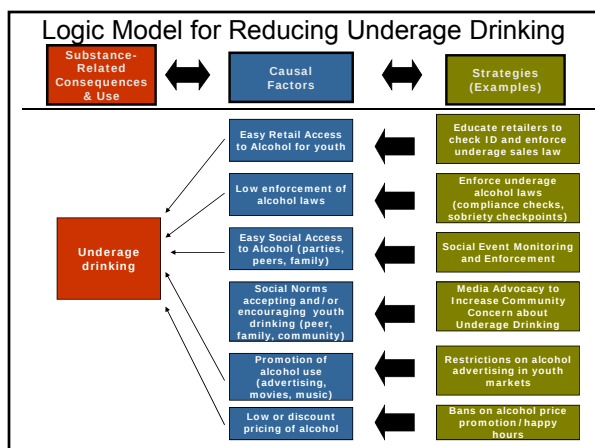
North Carolina's Epi Profile for Substance Abuse and Alcohol. (2006) plus updates







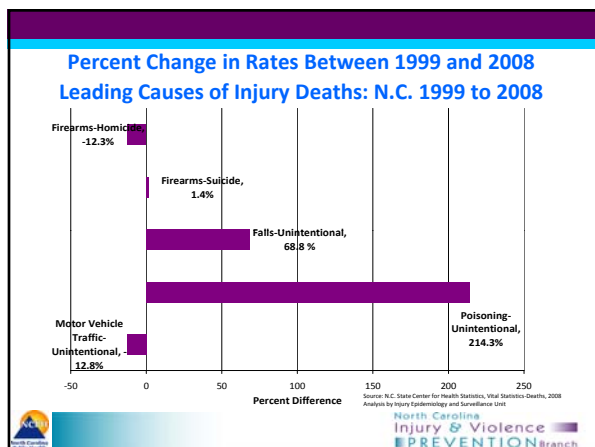


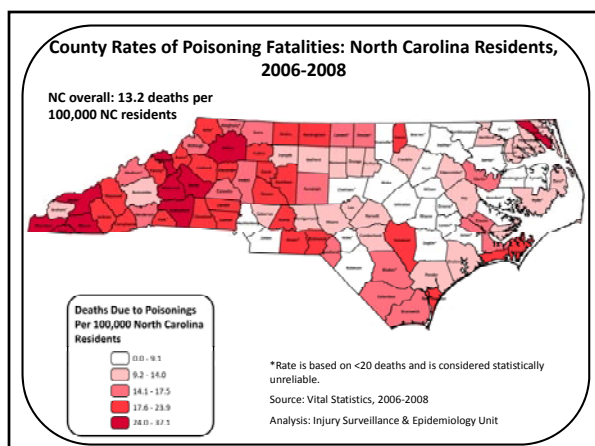


NC's Unintentional Poisoning Problem

Misuse, Abuse and/or Diversion



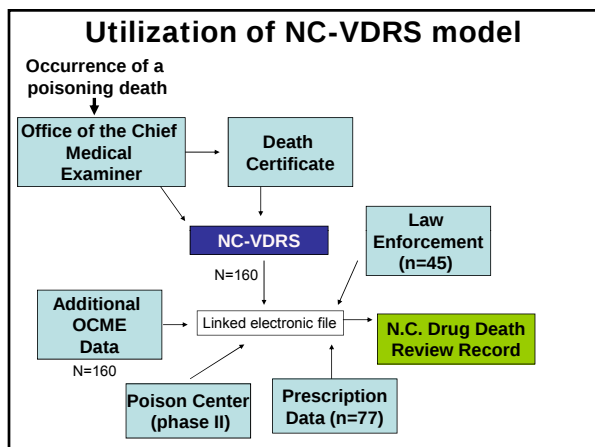


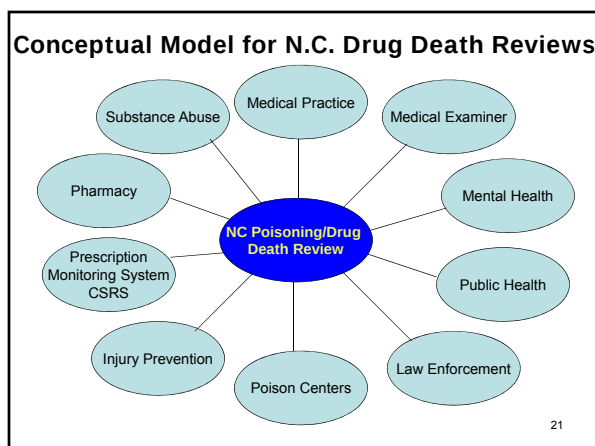
Drug Death Reviews

Would creating/convening impact mortality?



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Lessons Learned

- A state-wide Drug Death Review Program (DDRP) is feasible.
- Some linkages already exist (NC VDRS) that can be utilized.
- Patterns might vary tremendously within single state.
- Multiple agencies are needed to address the issue in prevention (akin to Child Fatality Prevention Team).
- Developing and maintaining working relationships critical to poisoning surveillance.
- Drug Death Review Program should have access to critical information needed to assess overdose from ME, law enforcement and prescription records.
- Every state should have Prescription Monitoring Program (PMP)--public health and ME should have access to it written into the law.

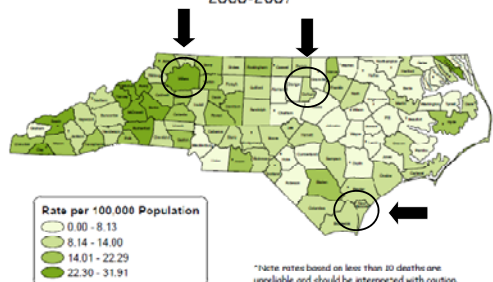
NC Three County Study

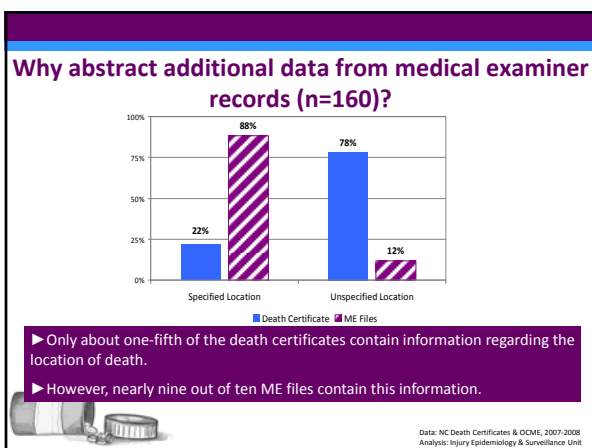
Enhanced Surveillance for Poisonings

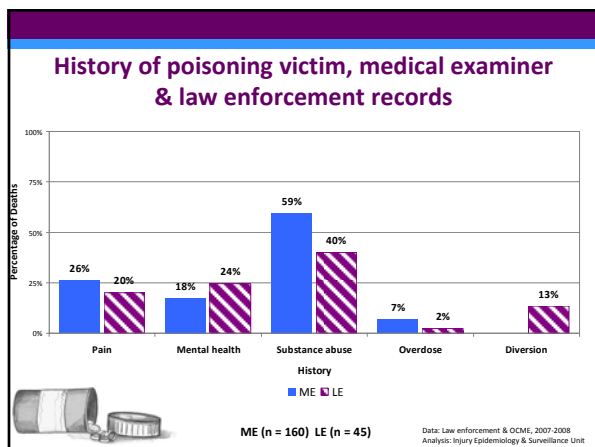


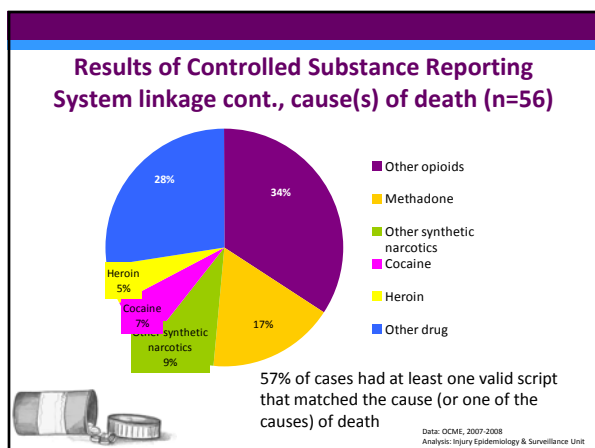
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North Carolina
Resident Unintentional and Undetermined Poisoning Death Rates
2006-2007









NC DETECT

Using ED data for poisoning surveillance



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Conclusions

- A critical data gap exists in unintentional drug-related deaths in NC and many other states in the U.S.
- To adequately address this gap, existing tools used to determine if additional data can be readily and easily accessed to help provide the requisite epidemiologic data to more effectively reduce fatal and non-fatal overdoses from prescribed opioids in NC and the nation.
- This model could be used by others interested in addressing overdose issues in their jurisdictions.



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Preguntas?

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