

Deadly Opioid Crisis Needs Strong Local, State and Federal Response

By Leslie Mazingo | Strategics Consulting

The opioid epidemic has seemingly impacted every county in North Carolina and the nation. *The Washington Post* reported the following in an article published on July 6, 2017: *Anne Schuchat, the CDC's acting director, said the prescription rate is still triple the level it was in 1999 . . . enough opioids were ordered in 2015 to keep every American medicated round-the-clock for three weeks.*

This drug crisis has no gender, race, income or political boundaries. Justifiably, it has the attention of Congress and the Trump Administration, with bipartisan efforts joined together to find solutions. In May of this year it was announced that President Donald Trump named North Carolina Governor Roy Cooper to be among five people appointed to the President's Commission on Combating Drug Addiction and the Opioid Crisis. North Carolina has experienced a 73% spike in opioid-related deaths between 2005 and 2015. Opioid overdose also claimed the lives of more than 13,000 North Carolinians between 1999 and 2015, and four North Carolina cities rank among the nation's worst for opioid abuse.

Governor Cooper accepted the appointment and traveled to Washington, DC, for the panel's first meeting on June 16th at the executive office building next door to the White House.

Federal Funding

Congress has also recognized the importance of addressing the opioid epidemic with the passage of two important bills. On July 22, 2016,

President Obama signed into law (P.L. 114-198) the Comprehensive Addiction and Recovery Act (CARA), which provided a large number of treatment and prevention measures intended to reduce prescription opioid and heroin misuse, including evidence-based interventions for the treatment of opioid and heroin addiction and prevention of overdose deaths. In December 2016, Congress enacted the 21st Century Cures Act (P.L. 114-255), a bill that, among other things, included several provisions to treat and prevent substance use disorder (SUD) and opioid use disorder (OUD), and which authorized significant funding to address both.

The State Targeted Response to the Opioid Crisis Grants under the Cures Act provides up to \$1 billion in grants spread among states and territories over the next two years, beginning in fiscal year 2017. Eighty percent of those funds must target outreach, engagement, treatment and recovery services. A breakdown of the programs and funding levels can be found in this issue brief written by the National Health Law Program: <http://www.napsw.org/assets/docs/Advocacy/caracuresact%202.22.17%201.pdf>. There are several grants available to local governments on a competitive basis. For more information on when these grants are available and how to apply, a county may track them on grants.gov.

North Carolina will receive more than \$31 million from the Cures Act's State Targeted Response to the Opioid Crisis Grant, with \$15,586,724 coming to the state in the first year. The grant



will be used to increase access to prevention, treatment and recovery supports, reducing unmet treatment need, and reducing opioid-related overdoses and deaths. The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the grant to the N.C. Department of Health and Human Services (DHHS). Individuals can get help by contacting their Local Management Entities – Managed Care Organization (LME/MCO) for assistance with treatment or recovery. To find out which LME/MCO serves your county, visit: www.ncdhhs.gov/providers/lme-mco-directory.

Gray Death

Counties should be aware, too, that the dangers of the opioid drug are reaching new heights. According to recent NACO news, there is a new extremely dangerous and potent, synthetic opioid drug on the market. "Gray Death," named for its resemblance to cement, is a combination of heroin, fentanyl and carfentanil, each more potent than the last, and can be fatal in tiny amounts. Fentanyl's lethal dose is the size of two grains of table salt and the overdose potential of carfentanil is the size of one grain of salt.

Not only dangerously strong, Gray Death can be absorbed through the skin or inhaled and when ingested will kill the person. Therefore, it is also potentially life-threatening to healthcare workers, first responders, or any innocent bystander.

In that same well-written article by

Charlie Ban of the National Association of Counties, Clay Hammac is quoted. A drug task force commander for the Shelby County, Alabama Sheriff's Office, he explains how critical education is, "These are street level dealers, not pharmacists. They're not interested in the health and safety of the public, they're mixing this stuff up in their kitchen sinks."

NCACC Resources

In collaboration with several organizations, the NCACC has developed all the materials counties need to hold a forum in their area on the opioid crisis. The materials are available on the organization's website at www.ncacc.org/opioidforum. On that page there is a link for State Area Health Education Centers Opioid Contacts under "NC AHEC Opioid Contacts."

There are many resources available to North Carolina counties at the federal, state, and association levels to help combat this crisis, so take advantage of these services and funding opportunities. Also, when talking to federal representatives, explain how federal resources help make a difference in your community and encourage them to continue backing grants and programs with federal funding going forward so that the federal-local partnership remains strong.

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