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.
Substances Contributing to Medication or Drug Overdose Deaths
North Carolina Residents, 1999-2014*

- Prescription Opioid
- Cocaine
- Heroin

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2014 (*2014 data is provisional and subject to change)
Analysis by Injury Epidemiology and Surveillance Unit

Legend
Heroin Deaths in North Carolina 2008 - 2014

565% Increase In Heroin Related Deaths From 2010 - 2014
Prescription Opioid & Heroin Deaths: 2008-2014

More than 2x as many Rx Opioid deaths as heroin in 2014
16x as many Rx Opioid deaths as heroin in 2010

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>
</tr>
<tr>
<td>2004</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>2005</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>2006</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>2007</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>2008</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>2009</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>2010</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>2011</td>
<td>0.6</td>
<td>0.4</td>
</tr>
<tr>
<td>2012</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>2013</td>
<td>0.8</td>
<td>0.7</td>
</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>Medicaid</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>Paid Amount</td>
<td>$8,068,113</td>
<td>$50,840,276</td>
</tr>
<tr>
<td>ADAP (AIDS Drug Assistance Program)</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>Paid Amount</td>
<td>$65,612,098</td>
<td>$70,016,283</td>
</tr>
<tr>
<td>Total Paid</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>$114,134,528</td>
<td>$167,916,480</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 a 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
- HB 612: Ban the box...Did not make crossover

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

- 2013: HB 850
  - Have Syringes Tell a Officer Law
  - Decriminalizes sharps (syinges, cookers, chipped pipes) if you declare them prior to a search
- 2015: HB 712
  - Have Syringes Tell a Officer Law - Clarification
  - Decriminalizes residue in sharps (syinges, 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%
A $.07 syringe can prevent a $630,000 HIV infection.
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
NALOXONE

- 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 1053 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 Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition by County
8/1/2013 - 4/30/2016 (27,385 total kits distributed)

Source: North Carolina Harm Reduction Coalition, May 2016
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by the North Carolina Harm Reduction Coalition by County
8/1/2013 - 5/31/2016 (3,191 total reversals reported)

5 reversals in an unknown location in North Carolina and 32 reversals using NCHRC kits in other states reported to NCHRC.

Source: North Carolina Harm Reduction Coalition, June 2016
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 - 5/31/2016

Source: North Carolina Harm Reduction Coalition, June 2016
Analysis: Injury Epidemiology and Surveillance Unit
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
- Target
- Walmart
- 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.

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

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), Canton (OH) and Huntington (WV). Fayetteville (NC) plans to launch by the fall of 2016.
• 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
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
Robert Childs, MPH

- Executive Director
- (336)-543-8050
- Robert.BB.Childs@gmail.com