



FLYWHEEL

Weekly Online Newsletter of The Rotary Club of Franklin, N.C.

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October 10, 2018

Chartered 10 November 1927 District 7670 Club 6013 Meet Wednesdays at Noon-First Presbyterian Church

Stephanie Almeida: Full Circle Recovery **Syndemic Substance Abuse Crisis in WNC**

This week we heard from Stephanie Almeida with Full Circle Recover and WNCAP (Western North Carolina AIDS Project). The next few pages are the informational handouts detailing the SYNDemic substance abuse and health crisis our area is facing in WNC and what WNCAP, Full Circle Recover and a NEW GROUP that is forming to address the issue in the 7 Westernmost Regions...





BE THE INSPIRATION

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North Carolina
Injury & Violence
PREVENTION Branch

Prescription & Drug Overdoses

An epidemic of unintentional poisoning deaths continues to affect North Carolina. Since 1999, the number of these deaths has increased by more than 391 percent, from 279 to 1,370 in 2015 (Fig. 1). The vast majority of unintentional deaths are drug or medication-related, occurring when people misuse or abuse these drugs (Fig. 2). In particular, opioid analgesic deaths involving medications such as methadone, oxycodone, and hydrocodone have increased significantly in North Carolina. Opioid analgesics are involved in more drug deaths than cocaine and heroin combined but that seems to be changing rapidly (Fig. 3).

Figure 1: Poisoning Deaths by Intent: N.C. Residents, 1999-2015

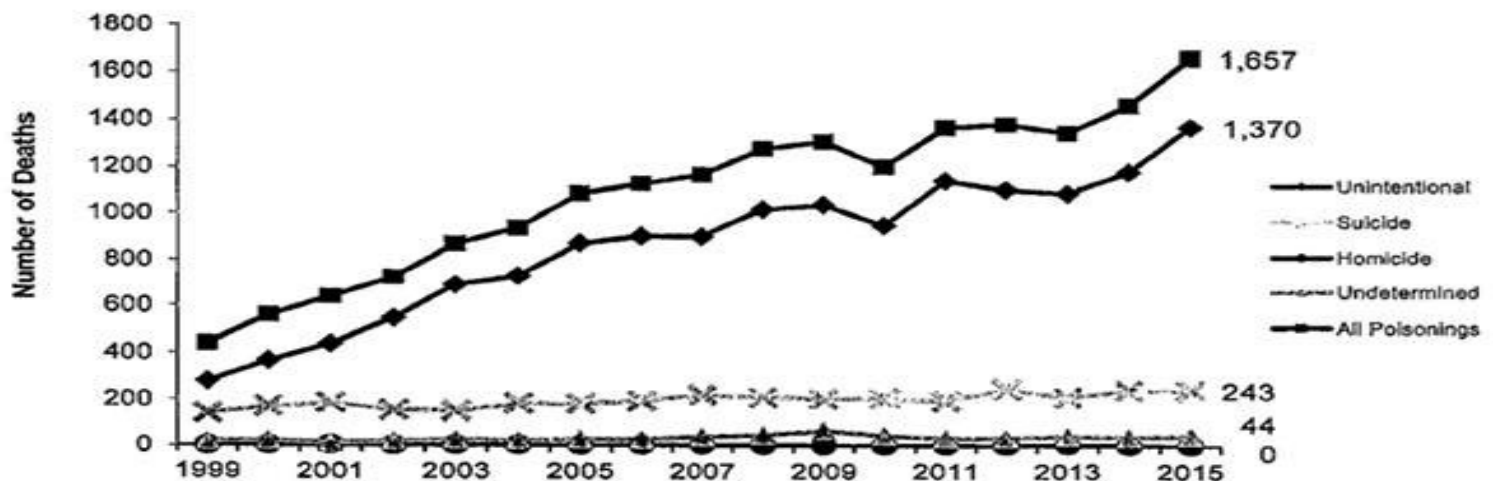
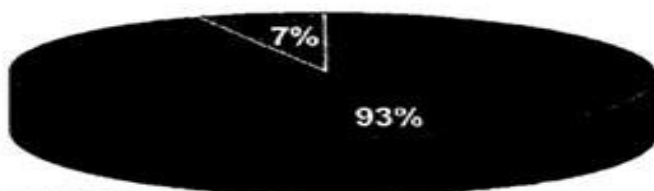


Figure 2: Medication/Drug vs Non-Medication Types of Unintentional Poisonings: N.C. Residents, 2015

Of these unintentional poisoning deaths, 92.6 percent are caused by drugs and medications (over-the-counter, prescription and illicit) (Fig. 2). Seven percent are toxins or chemicals (non-medication/non-drug).



Medication/Drug	93%
Opioids/Cocaine	47%
Other/Unspecified drugs	43%
Anti-epileptic and sedative-hypnotic drugs	2%
Non-opioid	1%

Prescription opioid analgesics, heroin and cocaine are the cause of death in nearly half (47 percent) of these poisoning deaths (Fig. 2).



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Table 1: N.C. Unintentional Poisoning Death Demographics, 2015

	Number	Percent	Rate
Sex			
Female	500	36.5%	9.7
Male	870	63.5%	17.8
Race			
American Indian	20	1.5%	12.0
Asian	2	0.1%	**
Black	175	12.8%	7.6
White	1146	83.6%	15.8
Other/Unknown	27	2.0%	NA
Age Group			
0-14	2	0.1%	**
15-24	118	8.6%	8.5
25-34	311	22.7%	23.8
35-44	317	23.1%	24.5
45-54	378	27.6%	27.5
55-64	185	13.5%	14.6
65-84	54	3.9%	4.0
>84	5	0.4%	2.9

Males are dying in greater numbers than females (870 versus 500) (Table 1).

Whites and American Indians have the highest rates of unintentional poisoning deaths (15.8 and 12.0 per 100,000 persons) among state residents (Table 1).

Unintentional poison death rates increase with age, peaking between the ages of 45-54 (27.5 per 100,000 persons), and then decreasing after age 55 (Table 1).

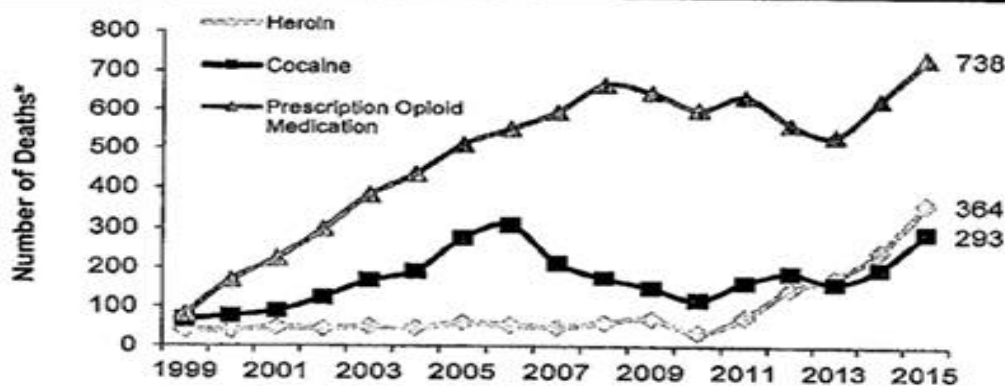
**Indicates <5 deaths; rates are not reported

Figure 3: Unintentional Prescription Opioid and Drug Overdose Deaths by Year: N.C. Residents, 1999-2015

Prescription opioid pain medications include such drugs as oxycodone, hydrocodone and methadone.

Prescription opioid pain medications are responsible for more deaths than heroin and cocaine combined (Fig. 3).

If current trends continue, unintentional poisoning deaths will surpass motor vehicle deaths as the leading cause of injury death in North Carolina by 2017.



* Number of times mentioned- Cases are not mutually exclusive- Deaths can have more than one drug

Key Organizations Working to Reduce Prescription and Drug Overdose in North Carolina

Organization

N.C. Medical Board (NCMB)
N.C. Board of Pharmacy
Controlled Substance Reporting System (CSRS)
Project Lazarus, Inc. Wilkes County
Operation Medicine Drop
Carolinas Poison Center
Injury Prevention Research Center (IPRC), UNC-CH
N.C. Injury & Violence Prevention Branch
Governor's Institute
North Carolina Harm Reduction Coalition
Office of the Chief Medical Examiner (OCME)

Contact Information

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Meg Langston (meg.langston@ncdoi.gov)
Dr. Anna Dulaney (anna.dulaney@carolinashealthcare.org)
Agnieszka McCort (magnes@email.unc.edu)
Scott Proescholdbell (scott.proescholdbell@dhhs.nc.gov)
Dr. Sara McEwen (sara.mcewen@governorsinstitute.org)
Robert Childs (robert.bb.childs@gmail.com)
Alison Miller (alison.miller@dhhs.nc.gov)

Injury Epidemiology & Surveillance Unit 919-707-5425 / www.injuryfreenc.ncdhhs.gov
State of North Carolina / Department of Health and Human Services / www.ncdhhs.gov

N.C. DHHS is an equal opportunity employer and provider. FINAL 8/16

N.C. Division of Public Health / www.ncpublichealth.com

The N.C. Injury and Violence Prevention Branch is supported by Cooperative Agreement NU17CE002728-02-00 from the Centers for Disease Control and Prevention (CDC).



Public Health
HEALTHY AND THRIVING SERVICES



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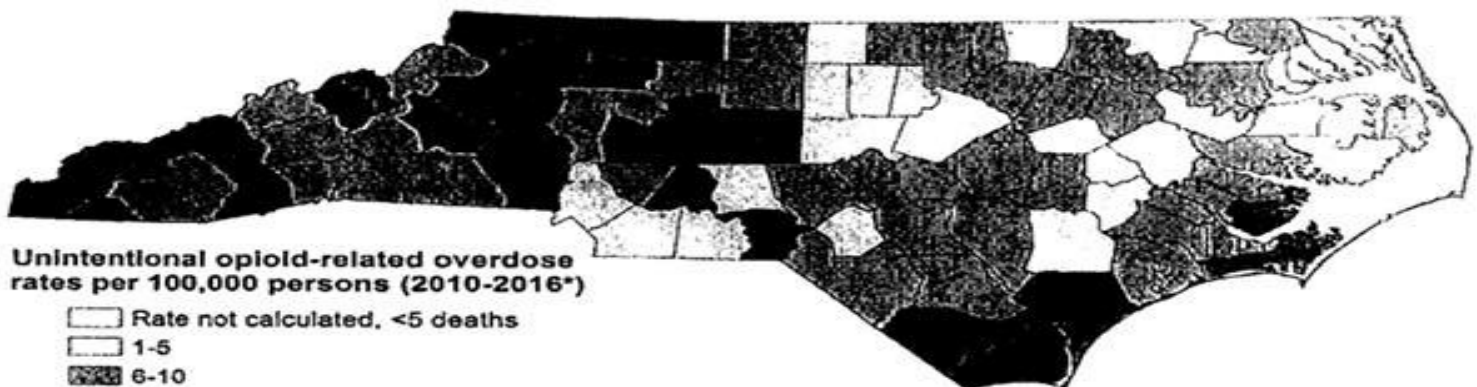
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Opioid-related Overdoses

- From 1999 to 2016, more than 12,000 North Carolinians died from opioid-related overdoses, the majority of which were unintentional overdoses.
- According to CDC estimates, the cost of unintentional opioid-related overdose deaths in N.C. totaled \$1.3 billion in 2015.
- Opioid-related deaths involving pain medications (e.g. oxycodone and hydrocodone) have historically been the leading cause of overdose deaths.
- More recently heroin, fentanyl, and fentanyl analogues* are resulting in increased deaths.
- Overdose death rates are higher among men, whites and those between the ages of 25-54.
- Nonfatal overdoses and administration of naloxone by Emergency Medical Services (EMS) are increasing.
- Health and societal risks of drug use include HIV, hepatitis C, dependence and addiction, crime, violence, employment instability, and family disruption.

*Fentanyl analogues are drugs that are similar to fentanyl but have been chemically modified in order to bypass current drug laws.

Unintentional Opioid-related Drug Overdose Death Rates by County, N.C. Residents, 2010-2016*

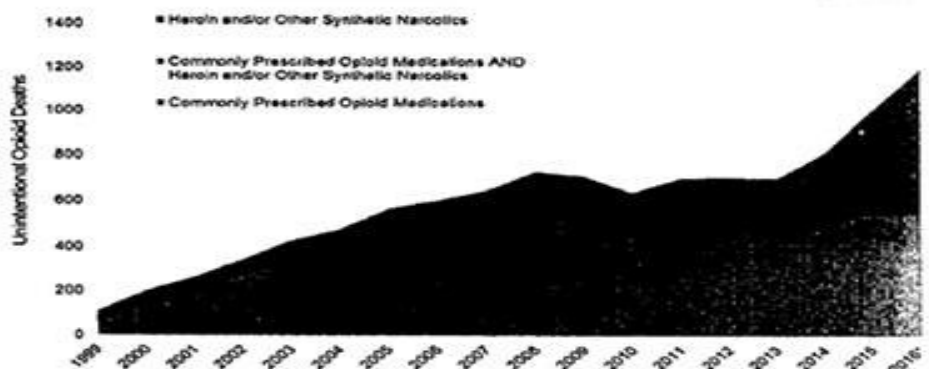


\$1.3 BILLION
total combined costs
for 2015 alone

*2016 data are provisional
Data Source: N.C. State Center for Health Statistics, Death Certificate Data
Any mention of T40.0 (opioid), T40.1 (Heroin), T40.2 (Other Opioid), T40.3 (Morphine) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44). Does not include non-resident or out of state resident deaths.
Economic Impact: CDC WISQARS for opioid-related drug deaths (unintentional).
Cost of Injury Reports, National Center for Injury Prevention and Control, CDC. Base year (2010) costs indexed to state 2015 prices for poisoning deaths.

Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016*

- Commonly prescribed opioid medications include drugs like oxycodone and hydrocodone.
- Heroin deaths have been rapidly increasing since 2010.
- More recently, use of other synthetic narcotics (like fentanyl) are escalating. Deaths are increasingly the result of fentanyl analogues* that are illicitly manufactured.



*2016 data are provisional
Source: N.C. State Center for Health Statistics, Death Certificate Data
Unintentional medication/drug (X40-X44) with specific T-codes by drug type. Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4. Numbers of deaths from other synthetic narcotics may represent both prescription synthetic opioid deaths and non-pharmaceutical synthetic opioids because synthetic opioids produced illicitly (e.g., non-pharmaceutical fentanyl) are not identified separately from prescription (pharmaceutical) synthetic opioids in ICD-10 codes.





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Unintentional Opioid-related Overdose Deaths by Sex, Race and Age Group, N.C. Residents, 2010-2016*

	Percent	Rate†
Sex		
Female	36.6%	6.0
Male	63.4%	10.8
Race		
American Indian*	1.5%	10.5
Asian*	0.2%	0.7
Black*	6.9%	2.6
Hispanic	1.2%	1.2
White*	89.6%	11.5
Other*/Unknown	0.5%	NA
Age Group		
0-14	0.2%	0.1
15-24	10.2%	6.1
25-34	25.6%	16.4
35-44	25.4%	15.9
45-54	26.5%	15.8
55-64	10.6%	7.1
65-84	1.5%	1.0
>84	0.1%	0.5

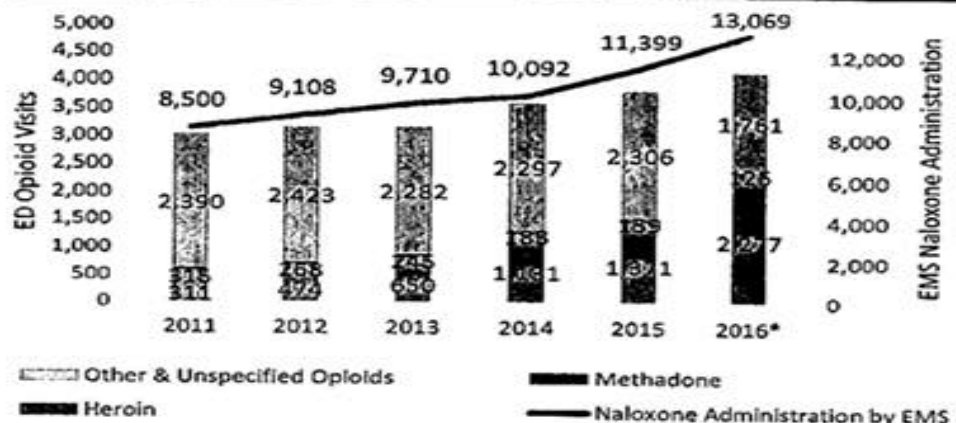
† Per 100,000 persons
*Non Hispanic

- Males had higher opioid-related overdose death rates than females (10.8 vs. 6.0).
- Whites and American Indians had the highest death rates for opioid-related overdose (11.5 and 10.5).
- Opioid-related overdose death rates are highest among ages 25-34 (16.4), 35-44 (15.9), and 45-54 (15.8).

*2016 data are provisional
Data Source: N.C. State Center for Health Statistics, Death Certificate Data
Any mention of T40.0 (opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44).

Emergency Department Opioid Visits and EMS Naloxone Administration by Year, 2011-2016*

- Emergency Department (ED) visits for opioid overdoses are increasing.
- Heroin overdose ED visits have significantly increased since 2011.
- Use of naloxone (opioid overdose antidote) by Emergency Medical Services (EMS) has increased dramatically during this time.



*2016 data are provisional
Data Sources: N.C. DETECT (statewide ED data), N.C. Division of Public Health & Carolina Center for Health Informatics, UNC Department of Emergency Medicine (UNC DEM); EMS Performance Improvement Center (EMSPIC); UNC DEM & N.C. Office of Emergency Medical Services (OEMS)
**ICD-9-CM transitioned to ICD-10-CM on October 1, 2015. Impact on surveillance and case definitions is to be determined; some overdose ED visits may be coded as substance abuse and not included in the counts shown above. Naloxone administration alone by EMS does not necessarily equate to an opioid overdose.

North Carolina Opioid Action Plan (2017-2021)

- North Carolina's Opioid Action Plan 2017-2021 is a living document, developed through a collaborative process. It does not capture all work and all partners and will need to be revised as the epidemic evolves.
- The Opioid Action Plan sets a goal of reducing the number of expected opioid-related deaths by 20 percent by the year 2021.
- N.C. Department of Health and Human Services (DHHS) and its partners on the Prescription Drug Abuse Advisory Council (PDAAC) believe it is critical to turn the tide on this epidemic.

Given that the opioid epidemic is complex, we are implementing comprehensive strategies in the following focus areas to reduce opioid addiction and overdose death:

1. Create a coordinated infrastructure.
2. Reduce the oversupply of prescription opioids.
3. Reduce diversion of prescription drugs and flow of illicit drugs.
4. Increase community awareness and prevention.
5. Make naloxone widely available and link overdose survivors to care.
6. Expand treatment and recovery oriented systems of care.
7. Measure our impact and revise strategies based on results.





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Project Abstract

1. **Project Title:** Western North Carolina Harm Reduction Alliance (WNC HRA)
2. **Project Focus Areas:** Prevention, Treatment and Recovery
3. **Applicant Organizational Name:** Western NC AIDS Project (WNCAP)
4. **Address:** 554 Fairview Rd, Asheville, NC 28803
5. **Facility Type:** non-profit AIDS service organization
6. **Website:** www.wncap.org
7. **Project Director Name:** Stephanie Almeida, HIV/HCV Outreach Specialist
8. **Phone:** 617-828-9184 **Fax:** 888-315-0191 **Email:** stephanie@wncap.org
9. **How we learned about this funding opportunity:** HRSA news release, email
10. **Table of cities, states, zip codes and counties served by the project:**

State:	County:	Towns:	Zip Codes:	Rural:
NC-CDC	Clay	Brasstown, Hayesville, Warne	28902, 28904, 28909	Yes
NC-CDC	Cherokee	Andrews, Culberson, Marble, Murphy-Qualla Boundary, Topton	28781, 28901, 28903, 28905, 28906	Yes
NC	Jackson	Balsam, Cashiers, Cherokee-Qualla Boundary, Cullowhee, Dillsboro, Glenville, Sylva, Tuckasegee, Webster, Whittier	28707, 28717, 28723, 28725, 28736, 28779, 28783, 28788, 28789	Yes
NC-CDC	Graham	Fontana Dam, Robbinsville, Snowbird-Qualla Boundary	28733, 28771	Yes
NC	Haywood	Cataloochee Valley-Tract # 37087980100	28785	Census Tract
NC	Macon	Franklin, Highlands, Nantahala, Otto, Scaly Mountain	28734, 28741, 28744, 28763, 28775	Yes
NC	Swain	Almond, Bryson City, Cherokee-Qualla Boundary	28702, 28713, 28719	Yes

The WNC HRA formed in 2015 with the HRSA Rural Opioid OD Reversal grant under the name Macon OD Prevention Coalition. The proposal's purpose is to expand and strengthen WNC HRA's capacity to meet planning and capacity building goals and objectives in the grant around substance use prevention, harm reduction, treatment and recovery options as well as expand harm reduction and other services across the Qualla Boundary and the high risk, 7-county rural service area. The region includes the CDC identified counties of Clay, Cherokee and Graham as well as Jackson, Macon, Swain, the Qualla Boundary and a rural census tract of Haywood, NC. The populations served are people who use drugs, their families, and the WNC HRA community partners. The proposed expansion of services will include syringe exchange services, opioid overdose education and naloxone distribution; HIV/HCV testing and referral to treatment; STI prevention and condom distribution; and referral to substance use treatment.



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Volunteer Opportunities

It's Time to Pack Those Backpacks!!!

Franklin Rotary will pack backpacks for CareNET the last Monday of every month from 4-6pm.

- October 22, 2018
- November 26, 2018
- December 17, 2018 (third Monday)

Four-Way Test at MMS

Inspire MMS students in the things they think say and do and how to apply the Four-Way Test to every day situations they may encounter

- October 19, 2018
- October 26, 2018
- November 9, 2018
- November 16, 2018

Ashlie's Announcements

October 19th—Four-Way Test at MMS: PLEASE VOLUNTEER

October 22th—BackPack Packing at CareNet—4PM

October 24th—World Polio Day

October 31st—Careers Building at FHS

November 3rd—Rise Against Hunger — 11:45-2:45

Rotary Foundation

EREY Goal is still set—
Please contribute TO-
DAY :) - Goal is Every Ro-
tarian in our Club give
by **End of November!**

EVERY

ROTARIAN

EVERY

YEAR



New Member Introduction

Today we welcomed new member: Don Harrel! Welcome Don, we look forward to having you join our club!



Rotary



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Fred's Funnies



Words of Advice

I TRY TO TAKE
ONE DAY AT A TIME ...

BUT SOMETIMES
SEVERAL DAYS
ATTACK ME
AT ONCE.



Best friends make the good times better



and the hard times easier

www.facebook.com/yourdailybulldog

I'm not fat ...
It's just my
awesomeness
swelling up
inside of me



I'M NOT
SHY ...

... I'M JUST
REALLY GOOD AT
FIGURING OUT
WHO'S WORTH
TALKING TO



Don't be so serious

if you can't laugh at yourself - call me
I'll laugh at you



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Rotary Board of Directors for 2018-2019

President – Janet Greene

President Elect – Rich Peoples

President Nominee – Patrick Betancourt

Immediate Past President – Judy Chapman

Secretary – Patsy Parker

Treasurer – Jim Garner

Club Administration – Rich Peoples

Public Image Committee Chair – Jimmy Villiard

Membership Committee Chair – Paul Garner

Foundation Chair – Mike Norris

New Generation Services – Robin Jenkins

Vocational – John Hubsch

International – Tom Coley

Community Service – Lee Berger

Thanks for all you do in service!

Upcoming Events

October 19th—Four-Way Test
at MMS: PLEASE VOLUNTEER

October 22th—BackPack Packing
at CareNet—4PM

October 24th—World Polio Day

October 31st—Careers Building
at FHS

November 3rd—Rise Against
Hunger — 11:45-2:45



ROTARY:
MAKING A
DIFFERENCE

50 50 Drawing

1 Ticket —\$1.00

3 Tickets —\$2.00

5 Tickets —\$3.00

10 Tickets—\$5.00

25 Tickets—\$10.00



Program Next

Meeting

*MAMA Program with
Johnny Grindstaff*



No-One
won
50/50!!!