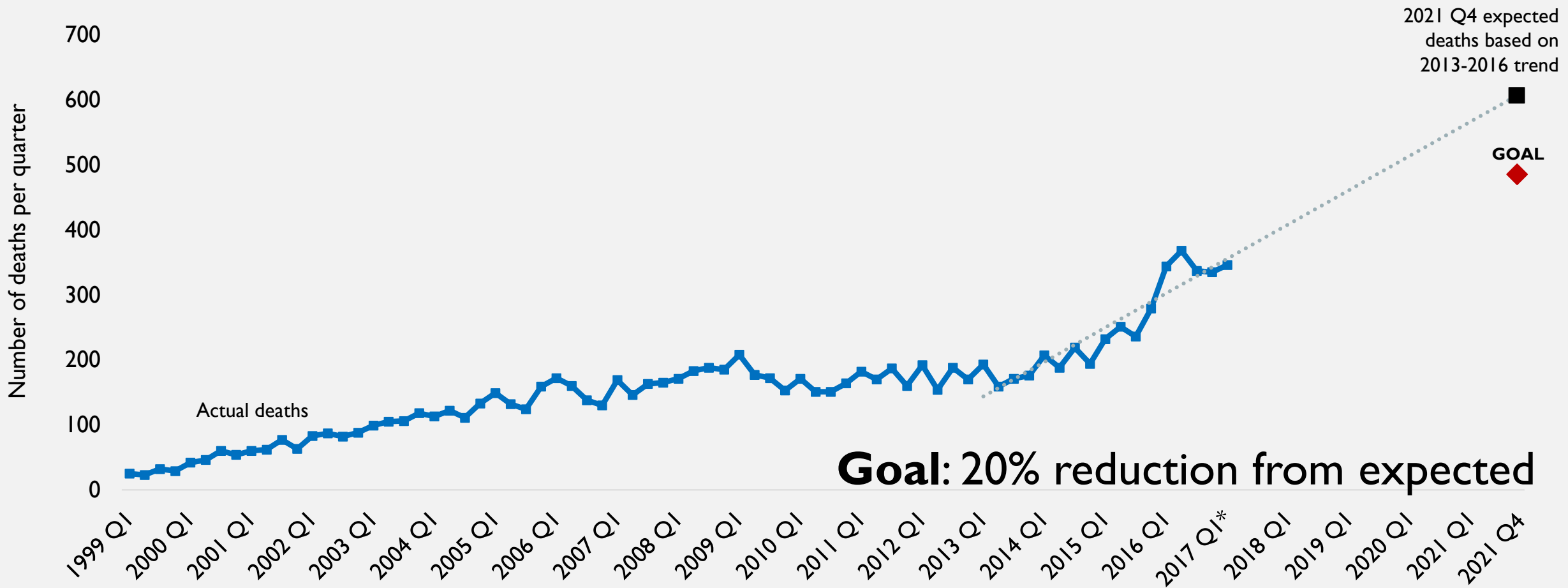


METRICS FOR NC'S OPIOID ACTION PLAN

Metrics	Baseline Data (2016, Q4)	2021 Trend/Goal
OVERALL		
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	335	20% reduction in expected 2021 number
Number of ED visits that received an opioid overdose diagnosis (all intents)	998	20% reduction in expected 2021 number
Reduce oversupply of prescription opioids		
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents	29.9 per 100,000	Decreasing trend
Total number of opioid pills dispensed	145,997,895	Decreasing trend
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.7%	Decreasing trend
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	25.3%	Decreasing trend
Reduce Diversion/Flow of Illicit Drugs		
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	-----
Number of acute Hepatitis C cases	43	Decreasing trend
Increase Access to Naloxone		
Number of EMS naloxone administrations	3,185	-----
Number of community naloxone reversals	817	Increasing trend
Treatment and Recovery		
Number of buprenorphine prescriptions dispensed	133,712	Increasing trend
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	15,187	Increasing trend
Number of certified peer support specialists (CPSS) across NC	2,352	Increasing trend

NUMBER OF UNINTENTIONAL OPIOID-RELATED DEATHS TO NC RESIDENTS



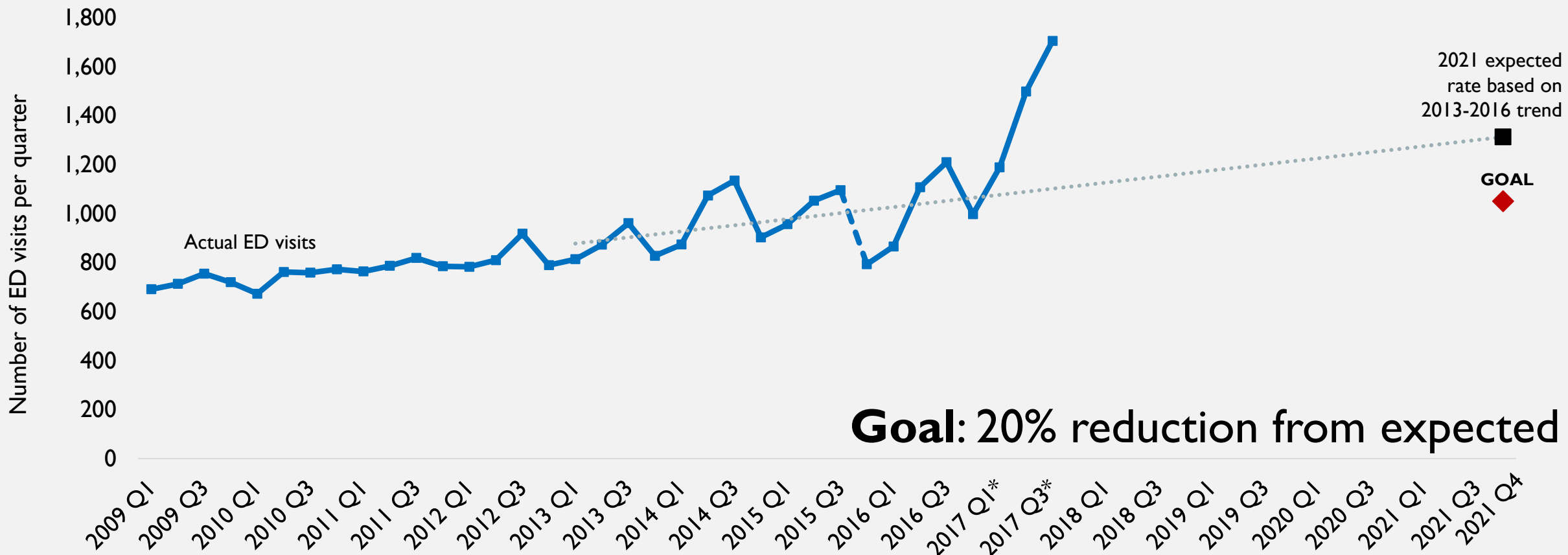
*2017 data are preliminary and subject to change

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data, includes NC Resident deaths occurring out of state, 1999-2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

NUMBER OF OPIOID OVERDOSE ED VISITS



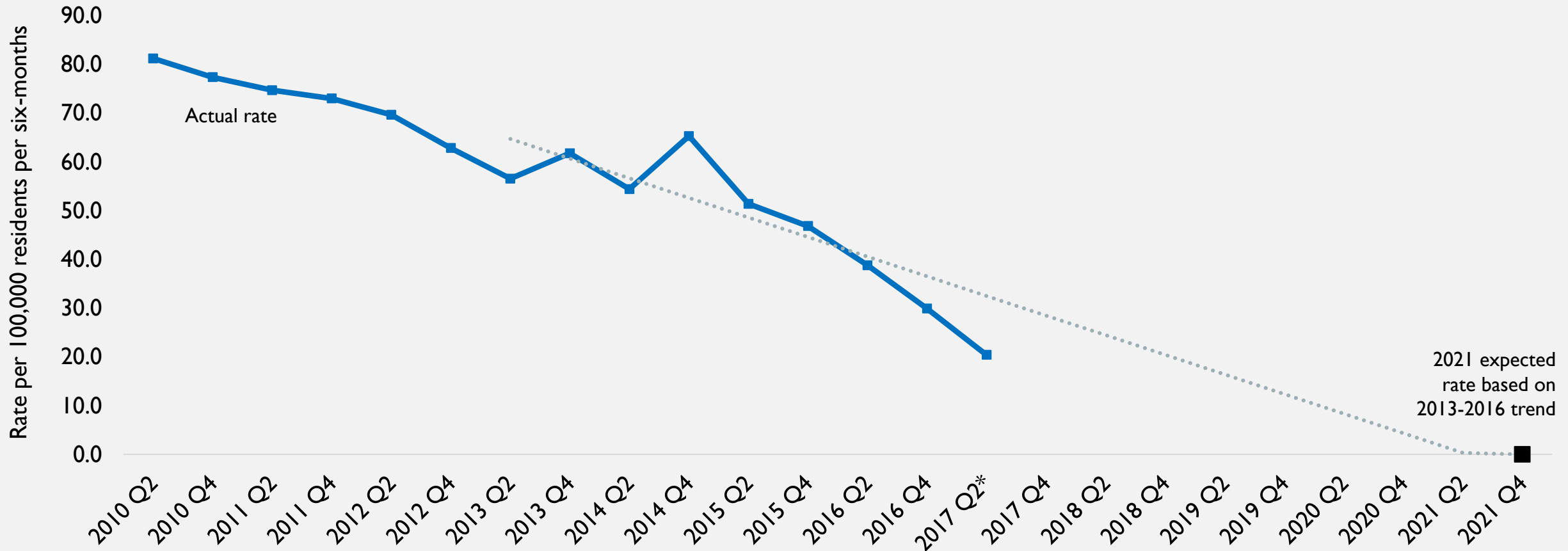
*2017 data are preliminary and subject to change

Source: NC Division of Public Health, Epidemiology Section, NC DETECT, 2009-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

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AVERAGE RATE OF MULTIPLE PROVIDER EPISODES FOR PRESCRIPTION OPIOIDS (TIMES PATIENTS RECEIVED OPIOIDS FROM ≥ 5 PRESCRIBERS DISPENSED AT ≥ 5 PHARMACIES IN A SIX MONTH PERIOD), PER 100,000 RESIDENTS



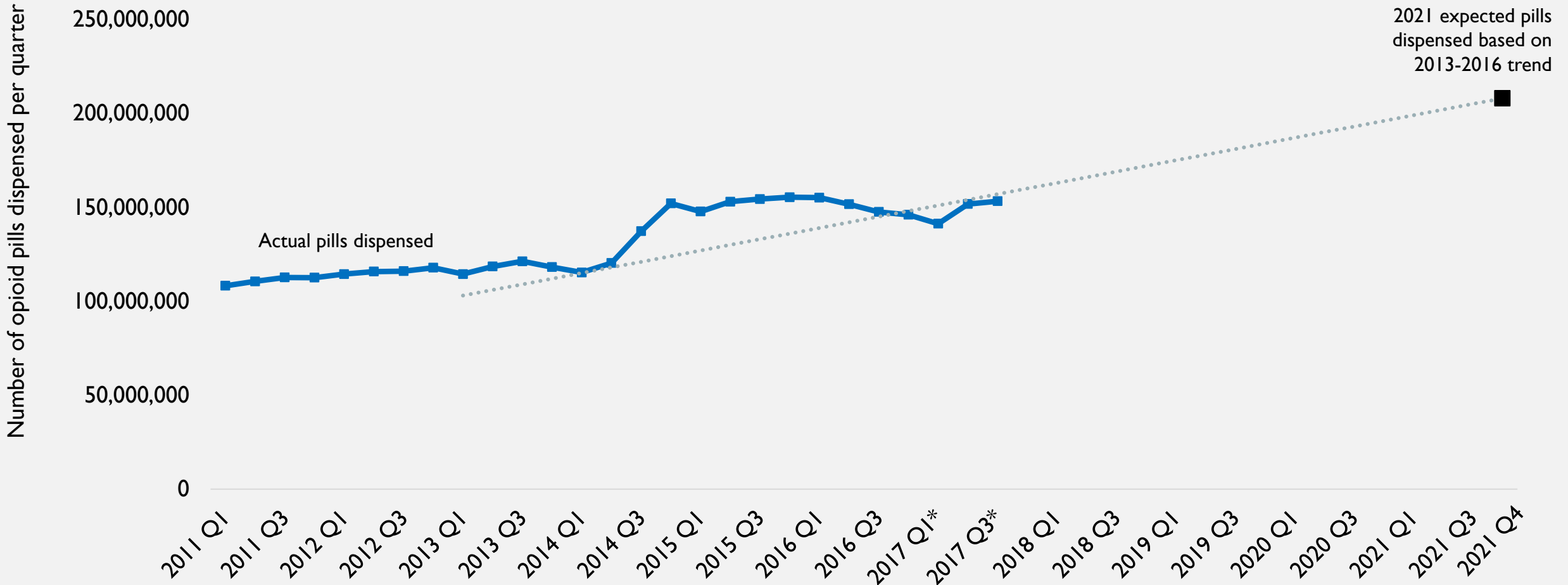
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q2

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

TOTAL NUMBER OF OPIOID PILLS DISPENSED



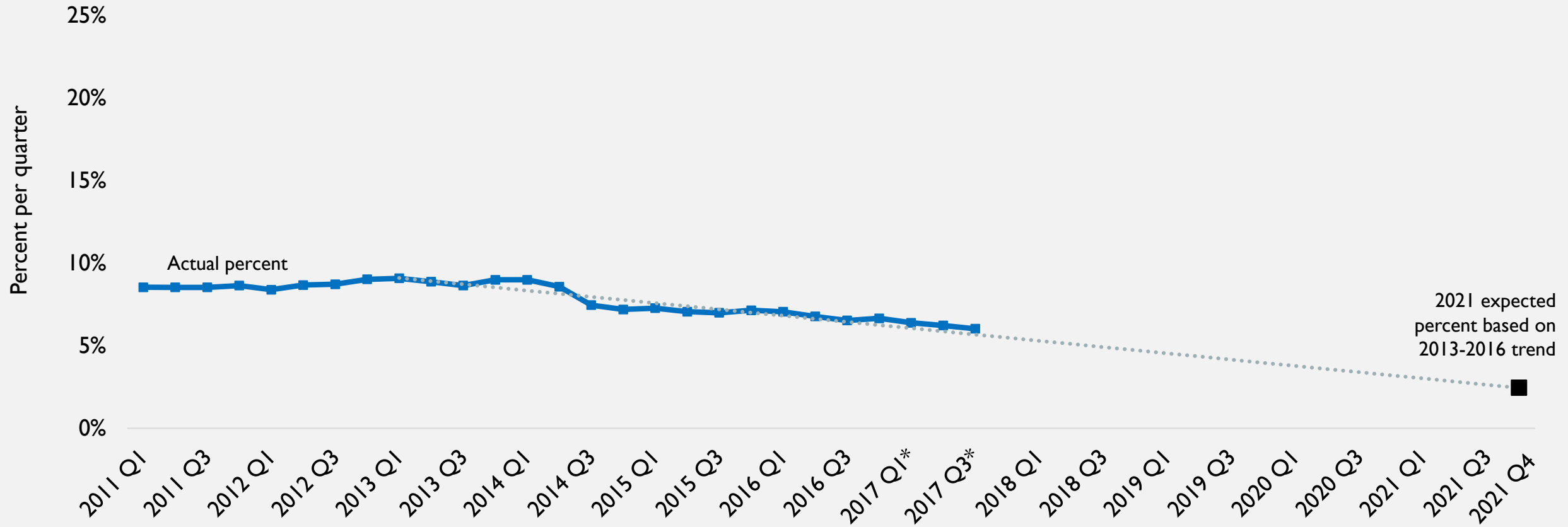
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

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PERCENT OF PATIENTS RECEIVING MORE THAN AN AVERAGE DAILY DOSE OF >90 MME OF OPIOID ANALGESICS



*2017 data are preliminary and subject to change

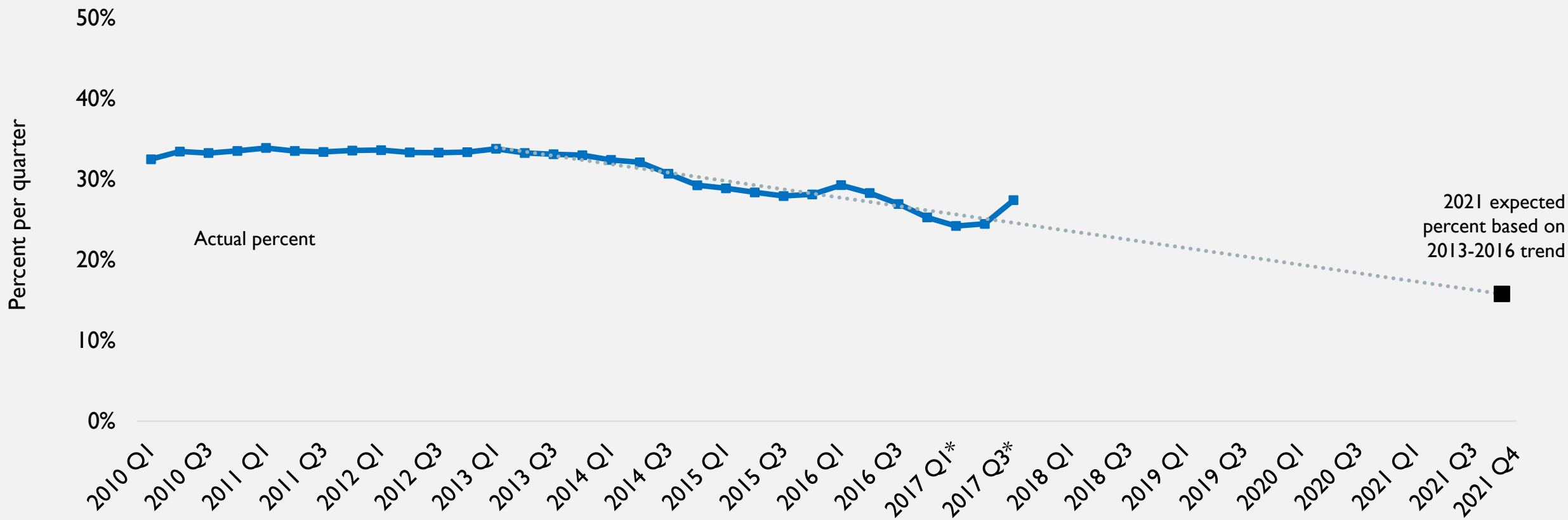
**This update excludes patients receiving Buprenorphine and Methadone; the June 2017 Version 1 metric did not make these exclusions

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011 - 2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Updated December 2017

PERCENT OF PRESCRIPTION DAYS ANY PATIENT HAD AT LEAST ONE OPIOID AND AT LEAST ONE BENZODIAZEPINE PRESCRIPTION ON THE SAME DAY



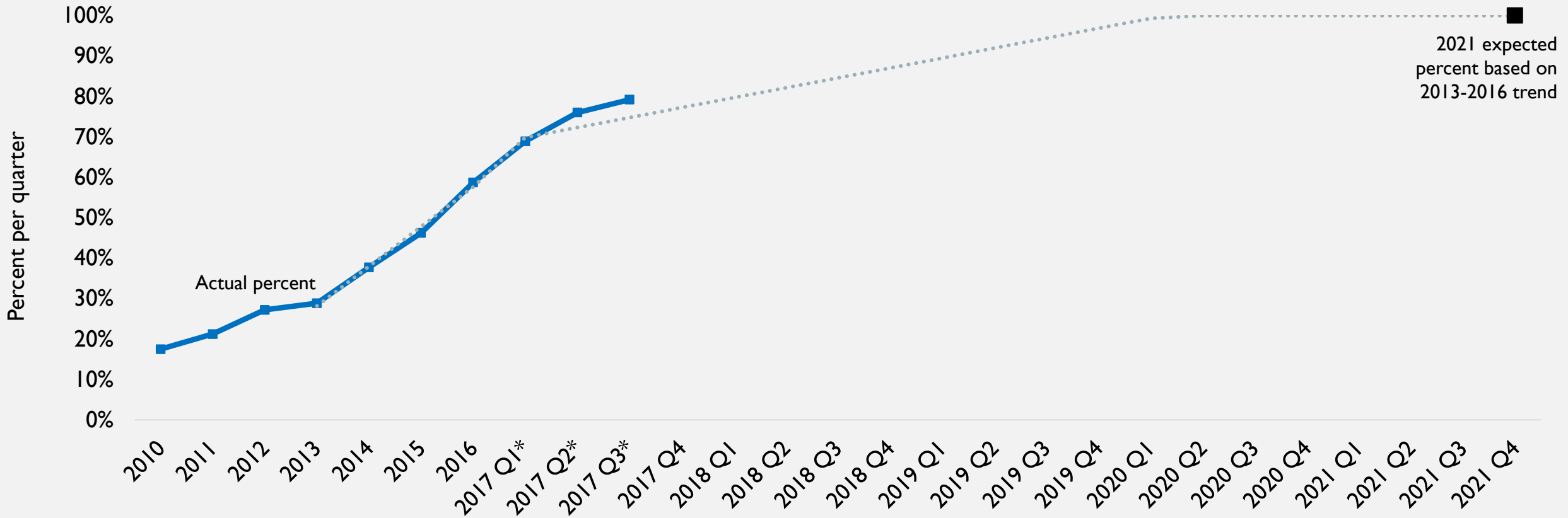
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011 - 2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Updated December 2017

PERCENT OF OPIOID DEATHS INVOLVING HEROIN OR FENTANYL/FENTANYL ANALOGUES



*2017 data are preliminary and subject to change

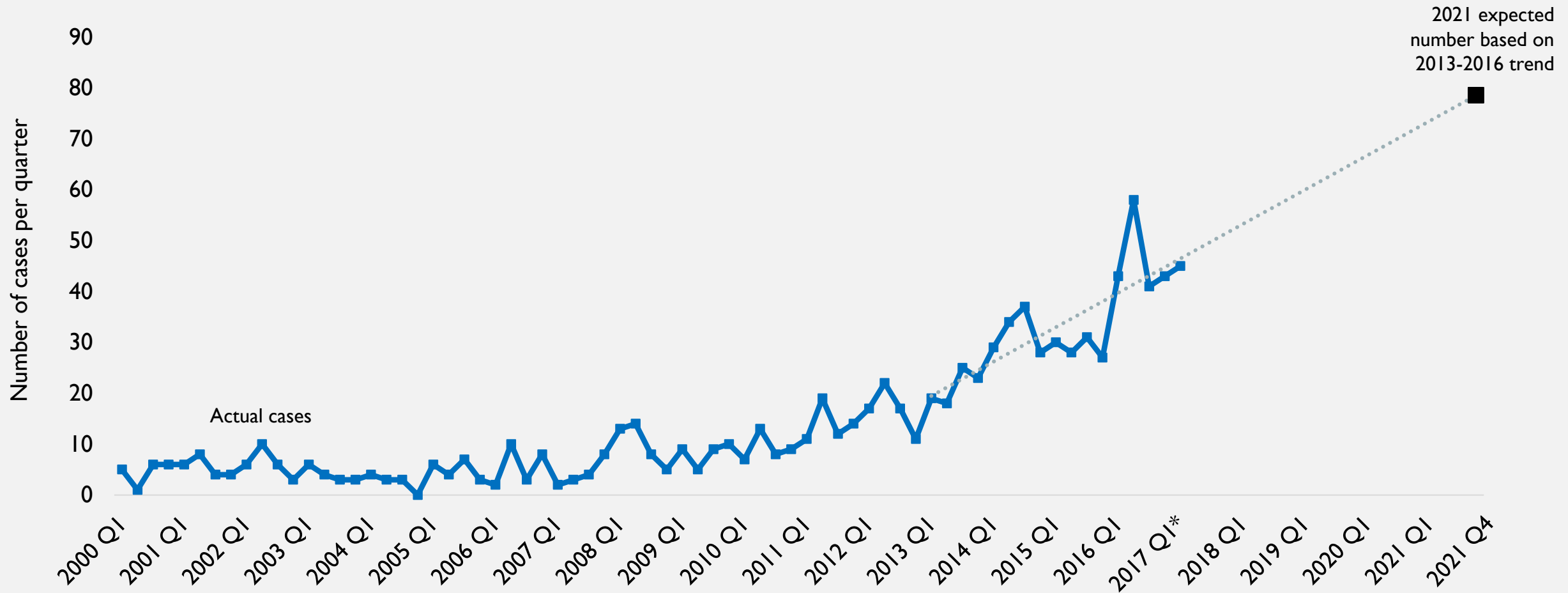
**Increasing numbers of deaths due to other classes of designer opioids are expected

Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

NUMBER OF ACUTE HEPATITIS C CASES



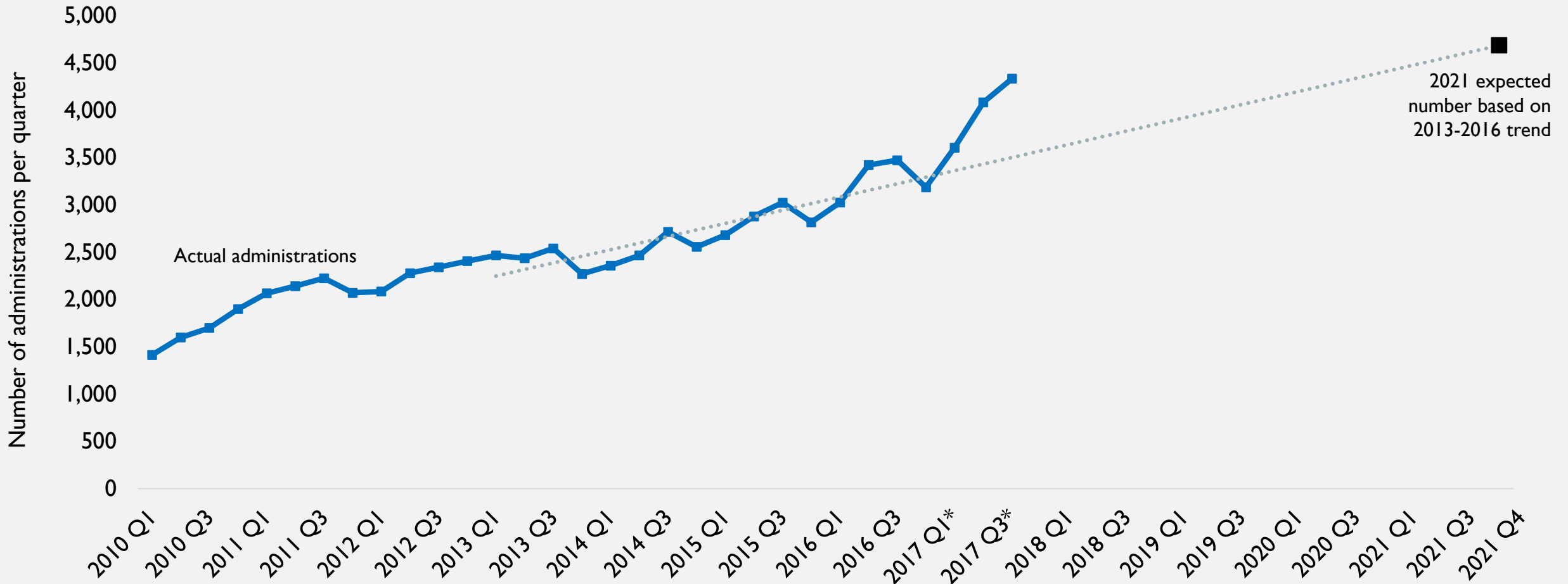
*2017 data are preliminary and subject to change

Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2000-2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

NUMBER OF EMS NALOXONE ADMINISTRATIONS



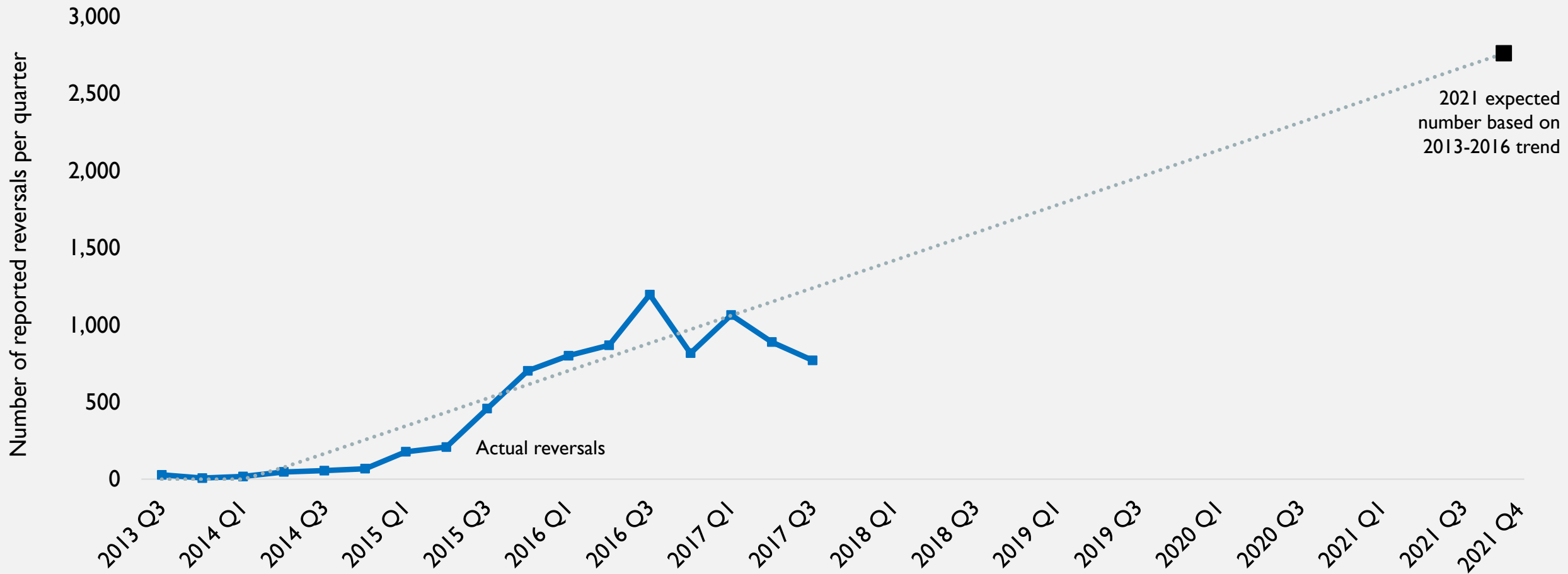
*2017 data are preliminary and subject to change

Source: NC Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2010-2017 Q3

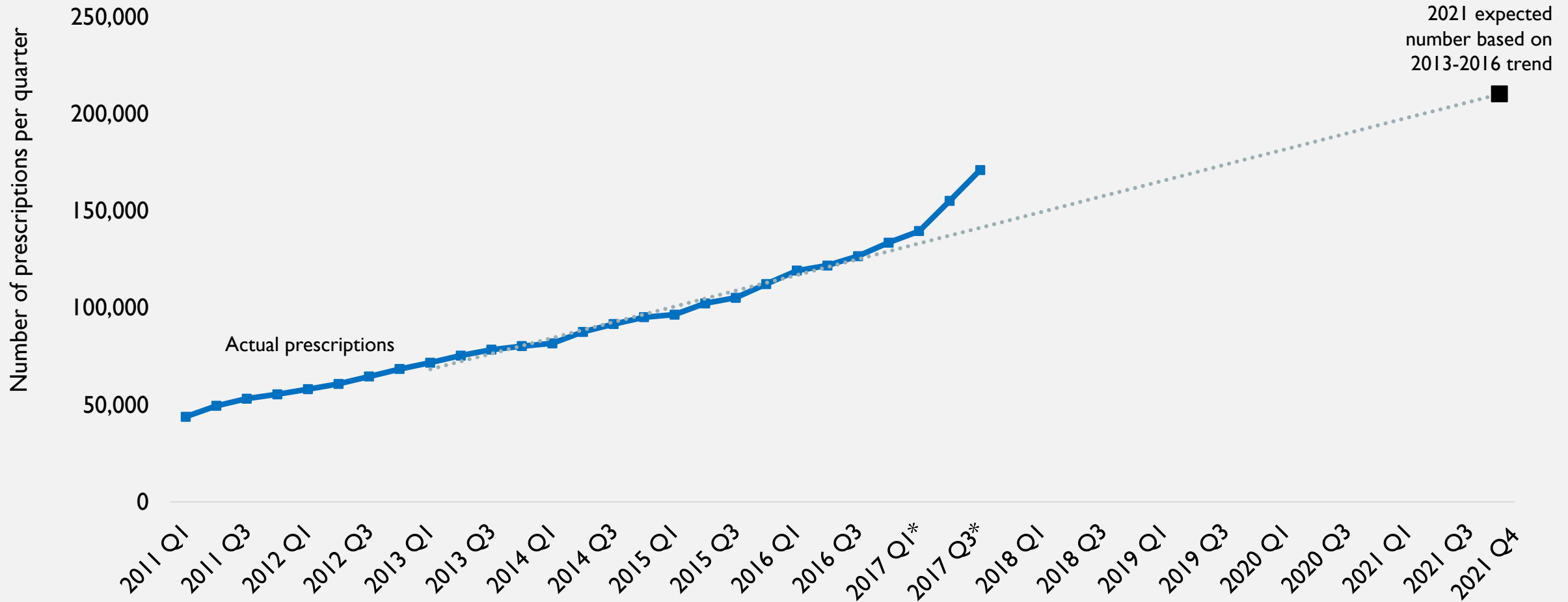
Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

NUMBER OF REPORTED COMMUNITY NALOXONE REVERSALS



NUMBER OF BUPRENORPHINE PRESCRIPTIONS DISPENSED



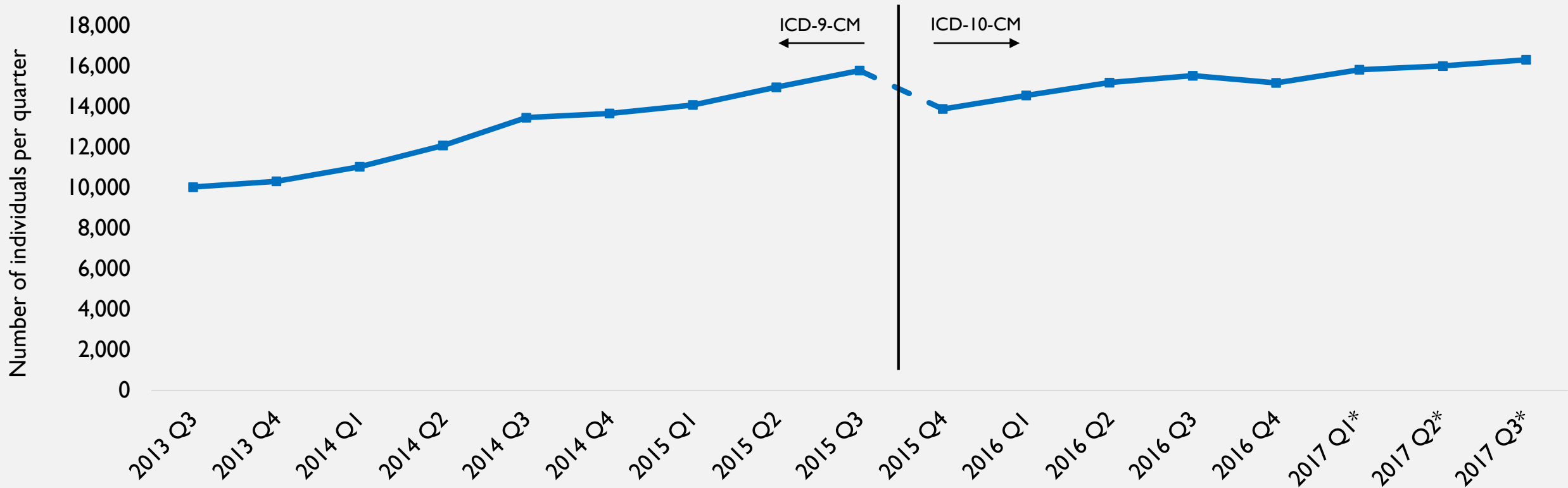
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

NUMBER OF UNINSURED INDIVIDUALS AND MEDICAID BENEFICIARIES WITH AN OPIOID USE DISORDER SERVED BY TREATMENT PROGRAMS



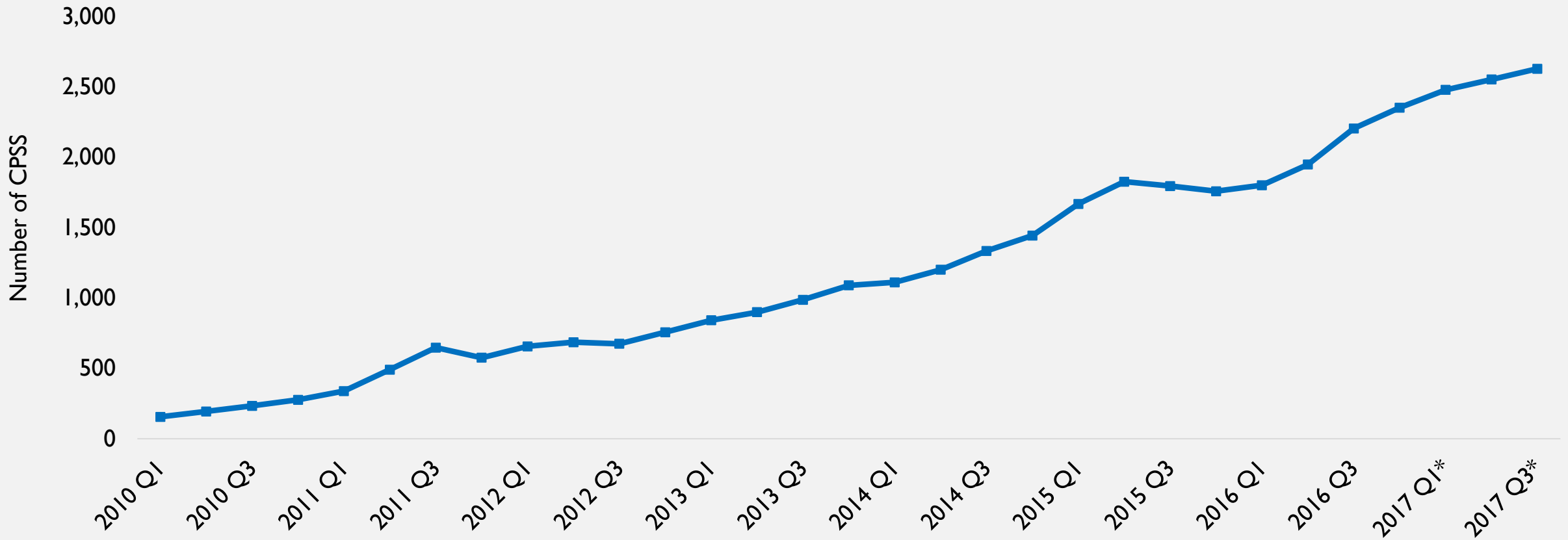
*2017 data are preliminary and subject to change

**This update includes a broader set of claims data than the June 2017, Version 1 metric

Source: NC Division of Mental Health, Claims Data, 2013 Q3- 2017 Q3

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

NUMBER OF CERTIFIED PEER SUPPORT SPECIALISTS (CPSS) ACROSS NC



*2017 data are preliminary and subject to change

Source: UNC-Chapel Hill, School of Social Work, Behavioral Health Springboard, 2010-2017 Q3

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017