

Surry county statistics

part 1

Dear Denise:

The Surry County Board of Commissioners felt it was necessary to hire an Opioid Response Director. I see you are working with him now so already expanding the department. Can you give us some facts and statistics so we can better understand why this was necessary, please?

Thanks,

Jim

Dear Jim:

Sure. I have spent some time this week with Mark Willis the Opioid Response Director for Surry County to talk about what facts might help the community to understand just where Surry County stands within the overall Opioid epidemic in the US and more importantly to us, North Carolina.

The population of Surry County is approximately 72,000. Most of our statistics for the State are numbers per 100,000. Most of our statistics are from reported EMS calls and visits to the ER. Last year nation wide overdose number is 72,000, the same as the population of Surry County. (Be advised that there are many more unreported overdoses not resulting in death and those that do result in death are often attributed to other causes.)

Surry County specifics:

In 2017 there were 237 reported ODs. In 2018 there were 372 reported ODs. Of these in 2017 there were 55 deaths. In 2018 there were 31 deaths.

From the North Carolina Division of Public Health we have these statistics. In 2018 in the entire state, the 2nd highest rates of opioid overdose ER visits (per 100,000) were in Surry County at 159. According to DHHS Surry County was ranked #2 in February of 2019, #5 in March of 2019, #1 in April of 2019, and #3 in June for “all opioid overdose ER visits” per capita in NC.

Average rate of opioid overdose ER visits for the entire state is 65 per 100,000 residents. From 2010 to 2018 there was a 130% increase in opioid overdose ER visits. One statistic I left out involves Narcan. In 2017 Narcan was administered 131 time by Surry County EMS and Law Enforcement during the 237 overdoses. As stated above, deaths were at 55. In 2018 Narcan was administered 204 times by Surry County EMS and Law Enforcement during the 372 overdoses. Narcan is a drug that is administered in the event of an overdose or possible overdose that reverses the overdose by blocking the brain’s opioid receptors. It is interesting to note that although overdose deaths decreased from 2017 to 2018 overdoses increased by 32%. We believe that much of this has to do with the administering of Narcan at overdose events.

So, why has this epidemic come to NC and Surry County? We can not always know the exact reasons people take drugs, but with opioids we know a little more than about other drugs. How Surry County became such a big part of this Opioid epidemic is a bit complicated and a topic for another letter. I promise to follow up on this in the next few weeks. Let’s just say here it is related to opportunity and accessibility, the prescription drugs “culture,” and the mindset of “instant gratification”. There are many socio-economic statistics also that come into play in Surry County which will give you a better picture as well as historic data.

In this article I have not even touched on the statistics about drug related crimes as well as the many ways substance use impacts the community.

Jim, thank you for your question. This letter will be the beginning of a series of articles to answer your overall question, "Why did Surry County need to develop an Opioid Response Effort?"

Regards,
Denise Krochta
Surry County Opioid Response

Surry county statistics part 2

This week I am continuing my answer (Part 2) to Jim from last week. The question was "Why did Surry County need to hire an Opioid Response Director and staff?"

Last week I wrote about some basic statistics about use and availability of pills and just how many overdoses and overdose deaths we've seen in Surry County for the past 2 years.

This week I'd like to get into some of the population statistics to give you a picture of the Surry County population. This might help to explain some of the "whys" of using and misusing drugs and self-medication.

Here is an overall view of the population. This is not the 1950s nor is it the 1960s, 70s, or even 80s. Since the decline and exit of the tobacco industry and textile industry things have really changed, not necessarily for the better. Jobs are no longer abundant. Addiction is sometimes called a disease of despair and I think there is some of that here in Surry County.

Working population : 18-55 years of age

Labor force participation rate: 54%

17% of workforce is on disability

22.7% eligible for medicaid (only about half use it)

Suicide rate is 4%

Deaths of despair 14%

15% uninsured

17.9% at poverty level

31% suffer from obesity

10.8% suffer from diabetes

98% of overdoses in Surry County are ages 18-54 (our working age population)

So, looking at some of these statistics it is possible to see that there is a lot of work to be done here. I have been out speaking to the different populations and there is a lot of hopelessness regarding positive futures and despair. 18% of the population has no high school diploma and jobs are not always available for everyone. The median pay for Surry County is \$36,000 a year. The national average is \$55,713

With these statistics in mind and the fact that environment, opportunity, and availability are big factors in drug activity and use/misuse, there was some new important information released to the public this week that might clear up for all of us just why there is an opioid epidemic in general and more importantly for us, in Surry County.

According to newly released data from a database maintained from DEA (Drug Enforcement Administration) that tracks the path of every pain pill sold in the United States, from 2006-2012

the country was saturated with 76 billion oxycodone and hydrocodone pills. These opioids resulted in nearly 100,000 deaths during that period. The data base allows us to track our own counties and compare to other surrounding counties as well as the State and the US. As I stated, in the entire US there were 76 billion pills distributed (worth repeating). In North Carolina there were 2,552,612,498 pills distributed. In Surry County there were 41,227,030 distributed, enough for 80 pills per person per year. (Remember that opportunity and availability are big factors in maintaining addiction). In our surrounding counties, the numbers of pills per person were all significantly lower than in Surry. (Stokes 41 per person, Wilkes 55 per person, Yadkin 35 per person).

So, over a six year period (2006-2012) the County was saturated with these prescription pills. This established a solid basis for this pervasive epidemic. Many people believe that people who misuse and abuse drugs made bad choices. Many of these pills were originally legally prescribed by doctors but subsequently led to addiction. People generally trust their doctors and follow doctor's orders. Opioids are highly addictive drugs. Many of these addictions did not start out by choice. The highly addictive nature of these opioids and how uniquely they work on a person's brain, is part of the reason that it is not reasonable to believe that everyone who has a Substance Use Disorder related to opioids made bad choices.

This week's letter adds other elements to answer our question. Surry County has a major drug problem and at least 60% of it is related to opioids. These pills were big drivers of the epidemic and now, for reasons we'll discuss in next week's letter (part 3), other opioids that are even more addictive and dangerous are flooding the market here and elsewhere in the US. We'll talk about what they are, where they are coming from, and why they have replaced some, not all, of the abused prescription pills.

Denise Krochta
Surry County Opioid Response Effort

Surry county statistics

part 3

Part 3 (from Jim: Why did Surry County need to appoint an Opioid Response Director?)

Dear Jim:

In the first two parts of this question I tried to cover statistics for Surry County with regards to population, relationships, jobs, health and wellness, abilities and disabilities. I also shared some statistics related to how the opiates began to flood the market, where they came from, and why we are in the middle of an epidemic instead of healing. I didn't talk too much about greed and its impact on all of this. Feel free to look up articles about Opioids and the Pharmaceutical companies, how doctor's were educated about pain as a vital sign and using opioids to treat chronic pain, and also look up pharmacies and opioids. All I can tell you is my opinion on this. Greed played a huge part driving this crisis and disregard of people went hand in hand with that greed.

Back about 7 years ago, maybe even earlier, a trend started to happen. So many families were losing their loved ones to opioids that they began to mobilize. There were rallies and marches, both locally and in Washington, DC to the White House. People were demanding more responsible prescribing practices and more oversight over these drugs. After a few years prescribing guidelines and some laws were changed to make these prescription pills more

difficult to get. This had an effect on the use and abuse of these drugs. What no one expected to happen was that the more difficult it was to get these prescription pills prescribed or on the streets illegally, the more the drug dealers needed to adjust and the drug users looked for alternatives. Dealers began to sell and users began to turn to heroin. Basically the same high, much easier to get, and much cheaper than the pills had become. Supply and demand. Heroin became the new "go to". Heroin is also an opioid. For a few years this illegal drug was the main source for opioid addiction (with pills still a part of the story). Recently, synthetic fentanyl has come onto the picture. This opioid is stronger than heroin and is difficult to detect as mixed into the basic heroin. The high is higher and many people look for fentanyl. They buy it with full knowledge. Others, because it is difficult to detect a difference when heroin is "laced" with fentanyl, think they are just buying heroin only finding out from an overdose or bad reaction it was "laced". Those who know what it is take the chance of overdose for the bigger high. You might wonder why dealers would sell this stuff knowing the odds of it killing a user, their livelihood. It goes back to supply and demand.

We need to step back and remember here how opioids, especially with chronic abuse, affect the brain. Along with the pleasure making part of the brain, they also affect the decision making part. After sustained misuse and abuse, people often feel invincible. They just can't think clearly or reason like someone with a clear mind.

Recently another drug even more deadly than fentanyl has been introduced into the illegal market. It is a drug that is many times more potent than fentanyl, called carfentanyl. It is an opioid pain medication usually used on elephants. This is not meant for any human in any shape or form.

These are the opioids now saturating the market in Surry County. Opioid misuse and abuse makes up about 60% of the drug problem in this county. Methamphetamine is making a resurgence as well as cocaine and benzodiazepines.

We are educating ourselves, the community, and everyone we can find to educate with things like this weekly letter, news reports, seminars, and will soon be producing a podcast and a blog accessible on the Surry County website. This is a part of Surry County life that everyone should be aware of.

I believe that in order to make good decisions in relationship to fiscal responsibility vs human cost, we all need to know the facts and how they relate to our families, towns, and communities. This is not an easy task. That is why we all must play a part.

Regards,
Denise Kroccta