

Substance Use and Mental Health

Substance Use Summary:

Drug use has emerged as an issue of concern in Orange County. The **drug overdose mortality rate has increased** from 5.7 deaths/100K residents in 2014 to 7.1 deaths/100K residents in 2015. **Opioid overdose deaths are concentrated in Hillsborough**, which has a higher opioid overdose mortality rate than the county and the US. **Orange County has the smallest number of opioid prescriptions prescribed per 100 residents** (52, compared to 93 for NC), putting our county on par with the lowest state averages in the US. Opioid and benzodiazepine prescribing rates have been stable over the past 6 years. However, the **stimulant prescribing rate has increased from 24 prescriptions per 100 residents to 30**, placing Orange County 96th out of 100 counties. Stimulant prescribing rates in NC only range from 10 to 40, making this increasing trend significant.

- Performing better than four or more benchmarks
 - ▲ Performing better than two or three benchmarks
 - ◆ Performing better than one or no benchmarks
 - ↕ Positive trend
 - ↕ Negative trend
 - SAME No trend
 - Trend cannot be assessed
 - Significant change from previous that is positive, negative, or indeterminable (grey)
- Benchmarks include Target, Previous, Peer, NC, and US*

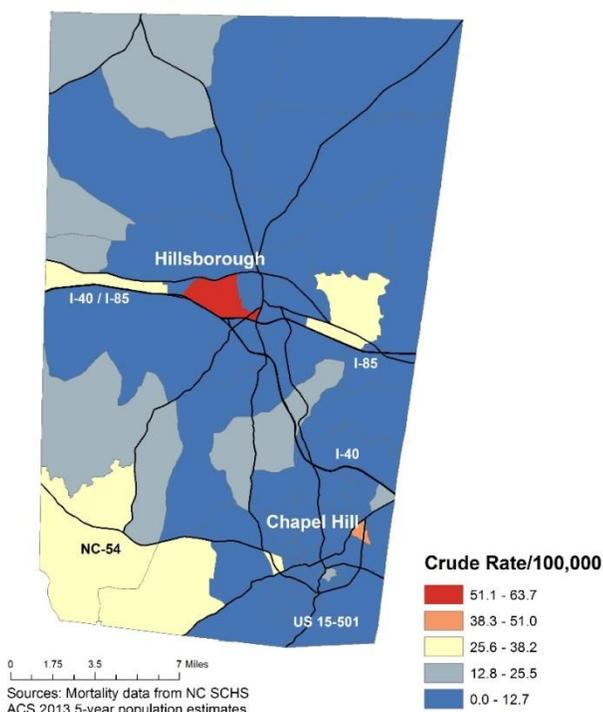
Illicit Drugs	Progress Icon	Orange County		Trend		Compare to		
		Current	Target	Previous	Progress	Peer	NC	US
% Illicit drug use self-report*	▲	9%	7%	9%	-	8%	9%	9%
Drug Overdose Mortality Rate per 100,000	▲	7.1	NA	5.7	↑	15.0	14.9	16.3
Opioid Overdose Mortality Rate per 100,000	▲	4.2	NA	3.6	↑	11.5	11.1	10.4

Drug Prescribing Rates	Progress Icon	Orange County		Trend		Compare to		
		Current	Target	Previous	Progress	Peer	NC	US
Number of Opioid Prescriptions per 100 Residents	▲	52	NA	53	SAME	92	93	NA
Strength of Average Opioid Prescription (MME)	-	54	NA	54	SAME	52	NA	NA
Number of Benzodiazepine Prescriptions per 100 Residents	▲	30	NA	31	SAME	48	42	NA
Number of Stimulant Prescriptions per 100 Residents	▲	31	NA	30	SAME	26	27	NA

Data Notes: *Due to changes in survey methodology and overlapping confidence intervals, BRFSS data cannot be compared to previous years. See the **Public Health Dashboard FAQ Document** for more on data methodology.

Sources: BRFSS (2011), CHCCS YRBS (2013, 2015), SCHS Mortality statistics (2014-15) and records (2009-2013), DHHS/Highway Research Center (2014-15), CSRS via NC DHHS (2015-16)

2009-2013 Unintentional Drug Overdose Crude Mortality Rate / 100,000



Opioid Overdose Deaths, concentrated in Hillsborough

Like many health indicators for Orange County, county-wide measures of opioid overdose mortality can mask the severity and distribution of local level trends. For instance, **Orange County's mortality rate for opioid overdose is 4.2 deaths/ 100,000 residents**, less than the national average. However, if you disaggregate the data by location, you will see that **more than a quarter (26%) of Orange County opioid deaths from 2009-2013 came from the town of Hillsborough**, which makes up only 5% of Orange County's population. This signifies a need for local, targeted interventions to prevent future overdoses and death.

In an effort to address this concern, all four law enforcement as well as paramedics in Orange County have been trained to use and now carry Naloxone, an overdose reversal medication. The Health Department also launched an official safe syringe initiative in 2016 and provides free Naloxone to residents.

Substance Use and Mental Health

Orange County, NC
2017 Population Health Dashboards

Mental Health Summary:

Access to mental health services is reported as a priority concern by residents and subject matter experts alike. In Orange County, hospitalization records from 2009-2015 demonstrate **the percentage of visits due to mental health for youth 0-24 years is increasing as a proportion of all mental health visits** (an increase from around 18% to 24% of all mental health visits, prompting a county-wide analysis into youth mental health services, described below).

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Alcohol	Progress Icon	Orange County		Trend		Compare to		
		Current	Target	Previous	Progress	Peer	NC	US
% Adults who Drink Excessively*	◆	23%	NA	23%	-	18%	15%	27%
% High schoolers using alcohol products (CHCCS)**	◆	32%	26%	32%	SAME	NA	29%	33%
% Crashes that are Alcohol Related	▲	5%	5%	6%	↓	4%	4%	9%

Older Adult Mental Health	Progress Icon	Orange County		Trend		Compare to		
		Current	Target	Previous	Progress	Peer	NC	US
% Older Adults with Depression	●	16%	NA	15%	↑	12%	15%	14%
Alzheimer's Age-Adj Mortality Rate	◆	27.3	NA	26.5	SAME	17.5	30.2	25.4

Mental Health and Suicide	Progress Icon	Orange County		Trend		Compare to		
		Current	Target	Previous	Progress	Peer	NC	US
Avg # Poor Mental Health Days / Month*	●	2.5	2.8	2.5	-	3.3	3.7	NA
Suicide Mortality Rate per 100,000	●	8.8	8.3	10.4	↓	14.7	12.7	13.0

Sources: BRFSS (2011), SCHS mortality statistics (2014-15)

Data points are the most current measures from multiple sources (available on request).

Data Notes: *Due to changes in survey methodology and overlapping confidence intervals, BRFSS data cannot be compared to previous years, **Confidence intervals for YRBS trend data are unavailable to assess significance of trends over time

Rates are per 100,000 unless otherwise noted. See the **Public Health Dashboard FAQ Document** for more on data methodology.

Youth Substance Abuse and Mental Health Services Gap Analysis



In the fall of 2016, the Orange County Health Department undertook an analysis to better understand the need for mental health and substance abuse services for residents, especially those ages 0-25. The primary findings of the assessment showed that the **most common barriers** for people in Orange County aged 0-25 who need mental health and/or substance abuse treatment services were **affordability** and **accessibility**.

Focus groups of providers from across the county identified key areas for action. The majority were in favor of increasing the capacity for **three overarching priorities**:

- Restore funding for early mental health intervention care from birth to 5yo
- Enhance in-school services in K-12th grade
- Community-wide education to help navigate access to care issues