

NORTH  
CAROLINA'S  
OPIOID &  
SUBSTANCE USE  
ACTION PLAN  
Menu of Local Actions

The purpose of this document is to provide tangible suggestions to local partners of actions to take to address the overdose epidemic. The listed actions are not exhaustive but rather should be utilized as a starting point for taking steps.

Local partners should adapt and plan with their specific locality in mind. Addressing this epidemic will take all of us working together in innovative and place-specific ways.

Regardless of location, your local actions should be informed, led, and constantly evaluated by people with lived experience of substance use.

# Priorities for the Opioid and Substance Use Action Plan

**Equity and Lived Experiences at the Center**

**Prevent:**

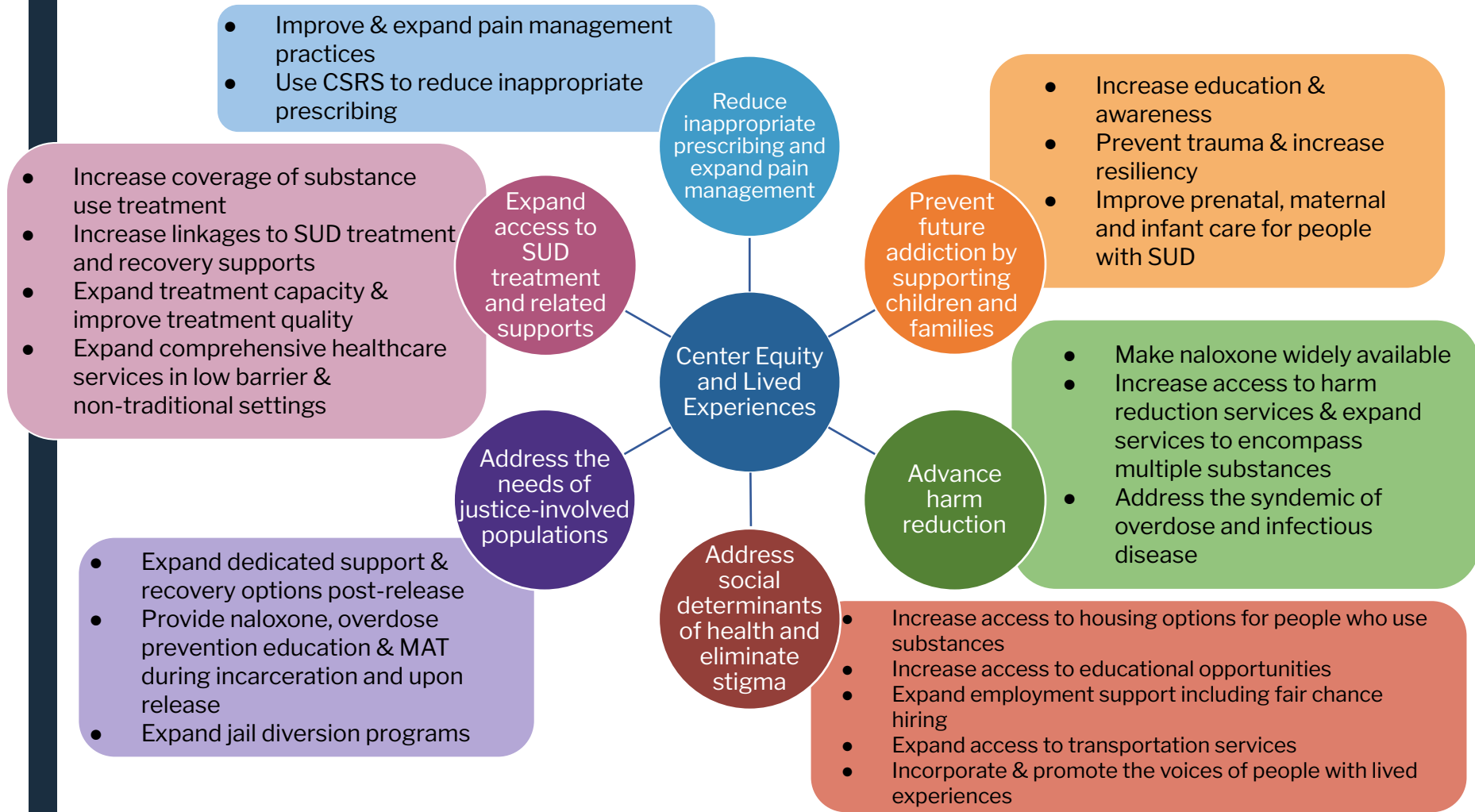
**Prevent future addiction and address trauma by supporting children and families**

**Reduce Harm:**

**Move Beyond Just Opioids to address Polysubstance Use**

**Connect to Care:**

**Increase Treatment Access for Justice-Involved People & Expand access to housing and employment supports, and recover from the pandemic together**



### Create Building Blocks for Sustained Change

#### Center Equity & Lived Experiences

- Hire, contract and collaborate with HMPs in all phases of development
- Analyze data to identify disparities and implement changes
- Expand culturally-specific services and resources for HMPs

#### Track Progress & Measure Impact

- Improve data infrastructure & monitor emerging trends
- Track outcome data
- Improve research and evaluation

# Reduce inappropriate prescribing and expand pain management

## **Improve and expand pain management practices:**

- Engage your local health systems and hospitals in conversations about increasing the adoption of models of [safe opioid prescribing](#) policies, including standardization of electronic order sets.
- Improve access to multi-modal, evidence-based pain management across all medical professions.
- Expand utilization of chronic pain self-management programs, such as those offered through [Healthy Aging NC](#).
- Provide training to healthcare providers to reduce stigma of treating chronic pain with cultural competency across different populations, but particularly for [HMPs](#), including people with substance use disorder, communities of color, military veterans, and the elderly.

# Reduce inappropriate prescribing and expand pain management

## Use CSRS to reduce inappropriate prescribing

- Check the CSRS before prescribing a targeted controlled substance.
- Report data to NC professional boards, including the NC Board of Dentistry, so they can investigate aberrant prescribing or dispensing behaviors.
- Reduce the supply of excessive medications by increasing knowledge and practices of safe storage and [disposal of unused medications](#).

# Prevent future opioid addiction by supporting children and families

## Increase education and awareness

- Partner with local school systems to implement culturally appropriate evidence-based curricula, and skills building trainings on emotional modulation and resiliency to address mental health needs in youth such from a curriculum included in [Blueprints](#) or other harm reduction programs such as [Safety First](#).
- Identify your local [substance use/behavioral health prevention coalition](#). Support the work of the coalition and consider engaging youth the planning and implementation of coalition initiatives.
  - *Contact Nidal Kram at the NC Division of Public Health's Injury and Violence Prevention Branch ([beinjuryfreenc@dhhs.nc.gov](mailto:beinjuryfreenc@dhhs.nc.gov)) for more information on prevention strategies that may be supported by your community coalition.*

## Improve prenatal, maternal and infant care for pregnant people with SUD

- Train healthcare workers who work with pregnant people about substance use disorder treatment during pregnancy, [eliminating stigma](#), and implementing [plans of safe care](#).
- Increase access to culturally appropriate birth and postpartum support for pregnant and parenting people. Increase awareness of available social services such as [START](#) or [Community Response Programs](#).
- Create mechanisms for input from pregnant and parenting people about your program planning, implementation, and evaluation.

# Prevent future opioid addiction by supporting children and families

## Prevent trauma, including ACEs, and increase community resilience to trauma with a particular focus on youth from HMPs

- Develop [trauma-informed schools and community systems](#) including healthcare providers, social service providers, and court system to respond to adverse childhood experiences and promote resilience among children and within the community.
- Develop strategies and implement practices and policies to prevent youth and young adult initiation of drug use and overdose prevention (e.g., primary prevention education in schools, colleges, and the community). Contact Jessica Dicken at [jessica.dicken@dhhs.nc.gov](mailto:jessica.dicken@dhhs.nc.gov) for more information.
- Increase publicly funded behavioral healthcare integration, increasing early identification, and screening and referral for determinant of health needs.
- Reduce trauma such as ACEs, and increase resiliency by supporting the [NC Perinatal Strategic Health Plan](#) and the [NC Early Childhood Action Plan](#).
- Address the impact of family substance use by working with families with children in foster care or at risk of having children placed out of the home to connect parents to evidence-based substance use disorder treatment, recovery support services, peer support, and other services such as transportation and housing.



# Advance Harm Reduction

## Increase access to harm reduction services, including expanding services to encompass polysubstance use and a range of consumption modalities

- Create, support or expand syringe services programs (SSPs). SSPs can be run independently by or through partnership between local health departments, public agencies, faith communities, non-profits, pharmacies, clinics, treatment centers, and community organizations.
  - *Work to build a referral network with SSPs, including naloxone access, low-barrier primary healthcare, and treatment services. Find program information and resources at the [NC Safer Syringe Initiative website](#), or contact [SyringeExchangeNC@dhhs.nc.gov](mailto:SyringeExchangeNC@dhhs.nc.gov).*
  - *Coordinate services between SSPs, local health departments, and other medical providers. Offer flu vaccines, wound care, and other visiting health services at the SSP.*
  - *Hold supply drives for local SSPs. In addition to syringes and injection supplies, SSPs distribute wound care kits, hygiene supplies, clothing, food, and other goods. SSPs also provide a lot of printed information—offering to print educational materials can be an enormous help to programs.*
  - *Fund SSPs and other harm reduction programs to ensure long term sustainability of these programs.*
- Encourage pharmacies to sell syringes universally without judgment. Share [NC Board of Pharmacy guidance](#) on over-the-counter syringe sales. If there is a program in your community, [provide SSP contact information](#) to local pharmacies for referrals to syringe access and secure syringe disposal.

# Advance Harm Reduction

## Increase access to harm reduction services, cont.

- Install biohazard collection receptacles in community and the local health department. Educate the public on safe ways to dispose of syringes, lancets, and other medical supplies. Partner with local SSPs for community clean-up and syringe disposal events. For questions or support, contact [syringeexchangenc@dhhs.nc.gov](mailto:syringeexchangenc@dhhs.nc.gov)
- Expand access to tools to [check the drug supply](#) such as [fentanyl test strips](#), infrared spectrometry, and confirmatory testing; and increase dissemination of the results of checked drugs to promote overdose prevention and harm reduction practices.
- Collaborate with higher education institutions to ensure they are providing education around substance use that is grounded in harm reduction principles, as well as increasing access to overdose prevention resources including naloxone.

# Advance Harm Reduction

## Make naloxone widely available

- Increase the number of naloxone kits distributed to communities with high overdose rates, particularly to people who have been recently released from carceral settings and to people who use drugs and their friends and family, such as through SSPs.
- Conduct an inventory of who is distributing naloxone and how much; and match this information with data regarding need for naloxone; e.g., where overdoses are occurring.
- Implement [distribution standing orders](#) in the local health department and in community-based organizations to distribute naloxone to persons at risk of overdose.
- Check that local pharmacies are stocking [naloxone](#) to distribute under the statewide standing order and that pharmacists are prepared to provide overdose prevention education to patients in a supportive and non-judgemental manner.
- Promote the [Naloxone Saves Website](#) and materials provided. Direct the public to get naloxone from pharmacies in NC, especially if they have insurance. Organizations can request naloxone [here](#) on the Naloxone Saves website.
- Educate providers on the importance of [co-prescribing naloxone](#) for people who may be at risk of overdose.
- Report distribution of naloxone kits from your organization and any overdose reversal reports on the [Naloxone Saves website](#).
- Send any questions to [naloxonesaves@gmail.com](mailto:naloxonesaves@gmail.com)

# Advance Harm Reduction

## Address the syndemic of overdose and infectious disease

- Provide education to patients and community members about how to prevent infectious diseases related to substance use.
- Expand HIV, hepatitis B and C, and other infectious disease prevention, testing, vaccination, and linkage to care within substance use treatment programs, SSPs and local detention centers.
  - *Contact Christina Caputo ([christina.caputo@dhhs.nc.gov](mailto:christina.caputo@dhhs.nc.gov)) at the NC Division of Public Health's Communicable Disease Branch for more information on expanding infectious disease services within your program.*
- Provide wound care and prevention of skin and soft tissue infections in substance use treatment, SSPs, and other community-based healthcare settings.
- Provide training to healthcare partners on culturally competent and non-judgmental ways to provide care to people who use drugs.
  - *Identify drug user health services in your community using the [North Carolina Drug User Health Resource Guide by Region](#).*

# Address social determinants of health and eliminate stigma

## Increase access to housing options for people who use substances

- Train housing providers, including homeless shelters and emergency housing, and domestic violence shelters [how to identify and respond to overdoses](#) with naloxone. Make naloxone available at local shelters.
- Increase the adoption of [Housing First](#) principles, including the removal of sobriety requirements, to provide low-barrier, affordable housing options for people who have been recently released from incarceration and/or people with substance use disorders.
- Educate emergency shelter staff on providing [low-barrier, housing-focused services in the shelter](#).
- Connect with any local [Continuums of Care](#) (CoCs) or [Balance of State](#) CoC regional committees to identify housing opportunities and support networks for people experiencing homelessness with a particular focus on housing access for marginalized populations of people who use drugs, such as people who are LGBTQ+ or engage in sex work.

# Address social determinants of health and eliminate stigma

## **Expand access to transportation services for people who use substances**

- Partner with local partners to expand public transportation to reach marginalized populations and the services they need to access.
  - *Provide bus vouchers for free or reduced cost*
- Hire peer support staff to provide transportation to people who need rides to harm reduction, treatment, or other recovery resources.

## **Promote fair chance hiring and other policies that increase access to employment opportunities for people who have a history of justice-involvement or people with SUD**

- Provide trainings for employers to develop workplace policies and employment assistance programs that support people with SUD.
- Advocate for the adoption of [Fair Chance Hiring](#) policies in counties and municipalities as well as among private employers to increase access to employment and lower the recidivism rate.
- Host job fairs with public and private employers that have adopted Fair Chance Hiring policies and conduct employment readiness activities for people with a history of justice-involvement.

# Address social determinants of health and eliminate stigma

## **Increase access to educational opportunities for people who use substances**

- Educate licensure agencies about the importance of comprehensive inclusion of people with SUD or history of incarceration in the licensing criteria and provide examples of policies adopted by other states, jurisdictions or municipalities.
- Partner with local community colleges, trade schools, and other educational institutions to ensure they are providing adequate support and outreach to people with SUD and people who were formerly incarcerated.
- Strengthen and enhance peer support training programs and opportunities in local health departments and community-based organizations that include harm reduction-based peer support specialists.

## **Incorporate and promote the voices of people with lived experience of substance use in program planning, implementation, and evaluation**

- Regularly convene an advisory council of current and former substance users to guide planning and implementation of projects.
- Run a stigma reduction campaign, such as the [Know Overdose Campaign](#) or the [I Saved a Life Campaign](#), on substance use disorders that centers the voices of people who use drugs and includes significant input and guidance from people with lived experience and community partners.

# Address the needs of justice-involved populations

## **Increase pre-arrest, jail-based, and court/pre-trial diversion of low-level offenders**

- Adopt pre-arrest and post-arrest diversion programs, from the many examples such as [LEAD](#) or [Recovery Courts](#), to divert low-level offenders to community-based programs and services; and ensure these diversion programs have overrepresentation from HMPs.
- Ensure that therapeutic (mental health, recovery and veteran) courts promote evidence-based treatment including opioid agonists. Provide education for judges and court personnel on evidence-based treatment options that will be determined with the participant and healthcare providers.
- Regularly track and review sentencing data to ensure drug courts are effectively reducing the length of incarceration compared to traditionally sentenced defendants and are addressing disparities among these populations to prevent unintended consequences of diversion programs.



# Address the needs of justice-involved populations

## **Provide naloxone, overdose prevention education, and medication-assisted treatment (MAT) during incarceration and upon release**

- Screen for substance use disorders and connect to overdose prevention education and treatment during incarceration or upon release.
- Establish and expand jail-based and post-release provision of all evidence-based medications for opioid use disorder treatment.
- Establish and expand naloxone availability and overdose prevention health education for justice involved persons.
- Establish and expand comprehensive re-entry and jail discharge programs designed to connect returning citizens to appropriate behavioral health and substance use treatments, harm reduction, and supportive services upon release.
- Expand the continuum of care of the justice-involved population by including MAT beyond jails to state adult corrections.

# Address the needs of justice-involved populations

## Expand dedicated support and recovery options for people after release

- Provide education to law enforcement, TASC offices, local reentry councils, jails, prisons, community corrections, and courts on effective strategies for overdose prevention, harm reduction, connections to care, and related supports, such as naloxone and MAT access to prevent overdose deaths.
- Work with community colleges and other public institutions of higher education to not screen out people based on criminal records alone.
- Promote the adoption of fair chance hiring policies, and provide information about education options, career paths and licensures that are available to people with different classes of convictions.
- Ensure substance use treatment services are prioritizing justice-involved individuals, keeping wait times low and providing flexible services that meet the high needs of this population group.
- Develop case management care options for justice-involved people with a focus on SUD and other health needs.
- Identify and advance recommendations from the [North Carolina Task Force for Racial Equity in Criminal Justice](#) that can be implemented on a local level.

# Expand access to SUD treatment and related supports

## **Increase coverage of substance use treatment**

- Expand use of evidence-based and emerging treatment methods for the full range of SUD, including stimulant use disorder.
- Promote resources for accessing support for substance use and mental health needs such as increased utilization of the [Hope4NC hotline](#).

# Expand access to SUD treatment and related supports

## Increase linkages to SUD treatment and recovery supports

- Develop and promote model inpatient, emergency department, and discharge policies including to provide access to both naloxone and medication-assisted treatment for people with substance use. Check out [North Carolina Healthcare Association Emergency Department Pathway](#) for information about implementing interventions in an ED setting.
- Increase the number of [post-overdose response teams](#) to link overdose survivors to naloxone, harm reduction, treatment, and a wide range of social support options; ensure teams include staff from HMPs that align with community needs.
  - Check out the [Post-Overdose Response Team Toolkit](#) for information about how to set up these teams. For additional guidance on developing a post-overdose response team, contact the Injury and Violence Prevention Branch at [beinjuryfreenc@dhhs.nc.gov](mailto:beinjuryfreenc@dhhs.nc.gov).
- Increase the number of community-based recovery supports, including recovery housing programs that are inclusive of multiple forms of medications for opioid use disorder and other substance use treatments (e.g., stimulants). Check out this list of [Recovery Communities](#).

## Expand comprehensive drug user health services by increasing accessibility and availability of healthcare services in non-traditional settings, including telehealth

- Increase access to peer navigation, linkages to care, and a range of support services.
- Remove barriers to care by strengthening models of low-barrier, community-based healthcare for people who use drugs, such as mobile buprenorphine or HCV treatment offered on site at syringe services programs.
- Expand provision of pre-exposure prophylaxis (PrEP) in low-barrier, accessible settings.
  - Contact [Christina Caputo](#) at the NC Division of Public Health's Communicable Disease Branch for more information on expanding infectious disease services within your program.

# Expand access to SUD treatment and related supports

## Expand treatment capacity and improve treatment quality in North Carolina

- Set up advisory groups of people who currently or formerly use drugs to improve treatment quality, address common barriers, share community-based best practices and drug trends, and reduce stigma.
- Expand access to low or no-cost [medication-assisted treatment](#) for individuals with opioid use disorder. For more information about low-barrier buprenorphine, see our [guidance document](#).
- Explore opportunities to utilize telehealth, telemedicine, and mobile services to increase rural access to treatment.
- Ensure sufficient access to office-based opioid treatment for uninsured patients, including ready access to medications.
- Ensure that substance use treatment utilizes evidence-based principles following the [ASAM model](#) and [ASAM guidelines](#), including access to medications for opioid use disorder (MOUD), not requiring failure at abstinence before receiving MOUD, and preventing people from being discharged from treatment for continued substance use.

# Center Equity & Lived Experiences

**Hire, contract and collaborate with HMPs and people with lived experience of substance use in all phases of program development, implementation and evaluation**

- Center lived experiences of individuals who use drugs and HMPs by hiring, contracting, and collaborating with HMPs in all phases of organizational development.
- Work with and support providers and HMPs to effectively address service disparities. Ensure they are leading implementation of these programs.

**Expand culturally specific services and resources for HMPs**

- Increase access to comprehensive, culturally competent, and linguistically appropriate outreach, overdose prevention, harm reduction, and connections to care for Historically Marginalized Populations (HMPs)
- Improve access to outreach, overdose prevention, harm reduction and connections to care services for HMPs by implementing culturally competent and linguistically appropriate programming.

# Center Equity & Lived Experiences

## **Analyze data to identify disparities and create data-informed resources to implement changes**

- Analyze local [data to identify disparities](#) in HMPs accessing services and programs.
- Create a local resource hub for service providers to provide culturally competent and linguistically appropriate services, centering and hiring individuals with lived experiences, and health equity for substance use.
- Expand prevention, harm reduction, and treatment services to include consumption modalities and substances most commonly used by HMPs.

# Track Progress & Measure Impact

## Improve data infrastructure and monitor emerging trends

- Use data at the county and local level to understand the burden, evaluate ongoing programs, and inform future decision-making. Please contact us at [SubstanceUseData@dhhs.nc.gov](mailto:SubstanceUseData@dhhs.nc.gov) with any questions. Helpful links to data resources include:
  - The [NC Opioid Data Dashboard](#) displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.
  - The [IVPB Poisoning Data](#) page for monthly surveillance reports, county-level overdose slide sets, as well as data tables on overdose deaths, hospitalizations, and emergency department visits.
  - Use the [North Carolina Communicable Disease Data Dashboard](#) to track infections such as hepatitis C that can spread through unsafe drug use practices. Consider local disease burden, trends, and prevention when planning programs and events.
  - Additional data can be found on the [NC DHHS Opioid Data webpage](#).
- Partner with your Local Health Department or healthcare system that can access [NC DETECT](#). NC DETECT tracks statewide Emergency Department (ED) and Emergency Medical Services (EMS) data and is used primarily by public health. County level data are made available through partners with authorized access.
- Report any distribution of naloxone kits and any overdose reversals performed with naloxone on the [NC Naloxone Distribution and Reversal Survey](#). This data will be included on the NC Opioid and Substance Use Data Dashboard.



# Track Progress & Measure Impact

## **Improve data infrastructure and monitor emerging trends, cont.**

- Partner with other local agencies (law enforcement, EMS, social services, etc.) that may be able to share additional data that would better enable local partners to take more timely action.
- Identify opportunities to pair local stories and highlight qualitative data.
- Consider implementing a local spike alert system to include drug contaminant trends in addition to drug overdose cluster information to identify increases in overdoses.

## **Research and evaluation**

- Partner with research institutions and use research agenda to maintain a timely understanding of the evolving syndemic, inform future work, and evaluate existing work.

## **Track outcome data**

- Track key local metrics and expand to include other substances and demographic information including race/ethnicity, gender, age, and additional information to highlight disparities for focused program development with HMPs.

# Track progress and measure our impact: OSUAP Dashboard

Metrics*	2017	2018	2019	2020
<b>Track progress and measure our impact</b>				
Medication/drug overdose deaths (all intents)	2,474	2,301	2,352	2,975
ED visits for medication/drug with dependency potential overdose (all intents)	13,063	12,012	12,163	14,959
<b>Reduce the supply of inappropriate and contaminated drugs</b>				
NC residents dispensed opioid pills	1,953,196	1,722,281	1,609,091	1,432,749
Overdose deaths involving fentanyl/fentanyl analogues	53%	56%	61%	76%
<b>Prevent future addiction by supporting children and families</b>				
Children in foster care due to parental substance use disorder	6,827	6,761	6,724	6,746
Newborns affected by substance use with a Plan of Safe Care referral to CC4C	Unavailable	Unavailable	4,919	4,471
<b>Advance harm reduction</b>				
Community naloxone reversals	4,176	3,372	2,960	3,237
Newly diagnosed acute Hepatitis C cases	189	194	183	Unavailable
<b>Address social determinants of health and eliminate stigma</b>				
211 housing-related services calls	42,666	53,052	58,255	98,737
Unemployed individuals of working age	201,285	194,226	163,544	307,133
<b>Address the needs of justice-involved populations</b>				
Incarcerated individuals	37,263	35,752	35,010	30,058
Naloxone reversals reported by Law Enforcement Agencies	811	910	176	49
<b>Expand access to SUD treatment and related supports</b>				
Buprenorphine prescriptions dispensed	564,067	669,308	Unavailable	Unavailable
Uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	32,072	35,262	38,010	39,281

\*Data are continually updated as additional cases, visits, claims, and other data points are finalized in each system  
Detailed technical notes on all metrics available from NC DHHS

# Track progress and measure our impact: OSUAP Dashboard

Local Action	Statewide Status*
<b>Track progress and measure our impact</b>	
Dedicated point person to coordinate overdose response and prevention programs	50%
Use NC DHHS resources (i.e., data, publications, grant funds, technical assistance) to inform/support overdose programs	71%
<b>Reduce the supply of inappropriate and contaminated drugs</b>	
Prescription drug disposal permanent dropbox in more than one setting	68%
Organization distributing fentanyl test strips	16%
<b>Prevent future addiction by supporting children and families</b>	
START (Sobriety Treatment and Recovery Teams) or another similar program for families with a parental substance use disorder	6%
Department of Social Services has a Community Response Program	17%
<b>Advance harm reduction</b>	
Access to low/no-cost sterile syringes	35%
At least one pharmacy, EMS agency, health department, or other organization dispenses or distributes naloxone	43%
<b>Address social determinants of health and eliminate stigma</b>	
Housing First or related program to connect people who use drugs to housing services	11%
Fair Chance Hiring policies in place	9%
<b>Address the needs of justice-involved populations</b>	
Pre-arrest diversion program	21%
MAT in the county jail/detention center	8%
<b>Expand access to SUD treatment and related supports</b>	
Programs where peer support specialists refer people who are at risk of overdose to social and medical services (e.g., harm reduction, treatment, recovery supports)	48%
At least one provider offers low or no-cost MAT	44%

Source: Qualtrics survey to all Local Health Directors – January 2020  
 Analysis by Injury Epidemiology and Surveillance Unit



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