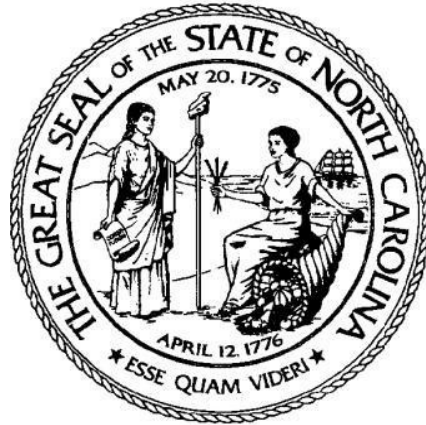


**Performance of North Carolina's System
for Monitoring Opioid and Prescription Drug Abuse**

Session Law 2017-57, Section 11F.10.(e)



Report to the

Joint Legislative Oversight Committee on Health and Human Services

And

Joint Legislative Oversight Committee on Justice and Public Safety

And

Fiscal Research Division

By

North Carolina Department of Health and Human Services

July 20, 2022

INTRODUCTION

Session Law (S.L.) 2015-241, Section 12F.16.(q), updated in S.L. 2017-57, Section 11F.10.(e), directs the NC Department of Health and Human Services (DHHS) to submit an annual report on the performance of North Carolina's system for monitoring opioid and prescription drug abuse to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety, and the Fiscal Research Division beginning on December 1, 2016, and annually thereafter.

BURDEN OF THE OPIOID EPIDEMIC IN NC

The COVID-19 pandemic has introduced a new series of challenges to the opioid and other drug overdose epidemic, both in North Carolina and nationally. In 2020, NC saw a 23% increase in overdose emergency department visits and a 40% increase in overdose deaths compared to 2019. Provisional data indicate a continued increase in 2021, and is similar to the increase in fatal and non-fatal overdoses seen nationally during the COVID-19 pandemic.

Overdose deaths have increased from 363 deaths in 1999 to nearly over 3,300 deaths in 2020. The overdose epidemic is largely driven by illicit opioids with over 70% of all medication and drug overdose deaths likely involving illicit fentanyl. The overdose epidemic extends to other substances as the number of deaths involving stimulants, like cocaine and methamphetamine, are also increasing. Additionally, the knowing or unknowing use of multiple substances concurrently, called polysubstance use, is also a growing problem as the majority of overdoses now involve multiple substances in combination.

BACKGROUND

S.L. 2015-241 mandated the development of a strategic plan and creation of the Prescription Drug Abuse Advisory Committee (PDAAC), which is tasked with implementing activities guided by strategies within the Plan. With the leadership of the NC DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), and support from the National Governors Association (NGA) and the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA), a group of more than 150 stakeholders worked together to develop the *2016 N.C. Strategic Plan to Reduce Prescription Drug Abuse*.

S.L. 2017-57 renamed the PDAAC group to the ***Opioid and Prescription Drug Abuse Advisory Committee*** (OPDAAC), which in the last year has accomplished a number of actions to address the opioid epidemic in NC. These accomplishments are highlighted below.

OPIOID AND PRESCRIPTION DRUG ABUSE ADVISORY COMMITTEE

In accordance with S.L. 2015-241, Section 12F.16. (m), the OPDAAC was established in early 2016, and has met in Raleigh quarterly since then. In 2020, meetings were held on March 6, September 17, October 8, and December 11. The June 2020 meeting was canceled due to the COVID-19 pandemic. NC DPH's Injury and Violence Prevention Branch partnered with the Governor's Institute to hold subsequent meetings virtually. Since September 2020, there were a total of 545 views for the virtual meetings. In addition, OPDAAC meetings in the 4th quarter were held monthly (except November) to give members the opportunity to hear about initiative strategies being implemented to decrease drug overdose in North Carolina. Topics discussed included medical prescribing and chronic pain initiatives, how COVID-19 has changed substance use disorder (SUD) treatment, North Carolina Syringe Services Programs, and justice-involved populations. OPDAAC membership continues to grow and now includes over 1200 members from diverse disciplines, including representatives from: DHHS's Division of Health Benefits (DHB), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), Division of Public Health (DPH), and the Office of Rural Health; Division of Adult Correction and Juvenile Justice of the Department of Public Safety; the State Bureau of Investigation; the Attorney General's Office; health care regulatory boards with oversight of prescribers and dispensers of opioids and other prescription drugs; the University of North Carolina (UNC) Injury Prevention Research Center; the substance use treatment and recovery community; the Governor's Institute; the Department of Insurance's drug take-back program, Operation Medicine Drop; and those with lived experience.

NC OPIOID AND SUBSTANCE USE ACTION PLAN 3.0

North Carolina's Opioid Action Plan was released in June 2017 with community partners to address the opioid crisis. The plan was updated to the Opioid Action Plan 2.0 in June 2019, and again in May 2021 to become the **Opioid and Substance Use Action Plan 3.0** to continue to address the issue.

North Carolina's OSUAP 3.0 updates the 2019 plan to include a broadened focus on **polysubstance use and equity and lived experiences at the center** to ensure that the strategies to address the overdose epidemic are identified by those closest to the issue. The *Action Plan* focuses on four priority areas to address the epidemic: (1) centering equity and lived experiences by acknowledging systems that have disproportionately harmed historically marginalized people (HMP), implementing programs that reorient these systems, and increasing access to comprehensive, culturally competent, and linguistically appropriate drug user health services for HMPs; (2) preventing future addiction and addressing trauma by supporting children and families; (3) reducing harm by moving beyond opioids to address polysubstance use; and (4) connecting to care by increasing treatment access for justice involved people and expanding access to housing and employment supports to recover from the pandemic together.

Work of OPDAAC in 2020 continued to focus on implementing strategies in *NC Opioid and Substance Use Action Plan 3.0*. The intent of the *Action Plan* is to identify specific and achievable steps that will have the greatest impact on reducing the burden of death from the

overdose epidemic. The *Action Plan* is a concise document and thus does not capture all of the work going on in the state around this topic.

The *Action Plan* is a living document that continues to be updated as NC makes progress on the epidemic and is faced with new issues and develops innovative solutions in a fast-changing environment. The full *NC Opioid and Substance Use Action Plan 3.0* can be found here <https://www.ncdhhs.gov/media/12528/download?attachment>.

Opioid and Substance Use Action Plan Highlights

Select 2020 highlights for each of the *NC Opioid and Substance Use Action Plan 3.0* focus areas are below.

Strategy 1 – Prevention: Reduce the supply of inappropriate prescriptions and illicit opioids

Since the launch of the NC Opioid Action Plan, there has been a decrease in supply of opioid pills dispensed statewide. The number of North Carolinians receiving outpatient dispensed opioid pills has decreased 31% from the June 2017 (when the OAP launched) to June 2021 (the most recent month of data available).

Operation and utilization of the Controlled Substances Reporting System (CSRS) continues to grow. In July 2021, legislation was enacted requiring prescribers to review the patient controlled substances prescription history prior to writing a targeted controlled substances prescription. Requests to integrate the CSRS search function into clinical workflows increased significantly.

As of December 2021, 5,942 individual facilities had integrated the CSRS search function in their Electronic Health Record systems, an increase of 20% from December 2020. DHHS continues to increase the number of health entities searching the system through an integrated function with electronic health records (EHRs). By December 2021, 90 counties had health entities with integrated workflows. In addition, 45 states and territories had agreed to share prescription data with North Carolina, including Puerto Rico and the Military Health Service.

DHHS further supported oversight and regulation of prescribers by state health care regulatory boards. DMHDDSAS sends quarterly reports to the NC Medical Board (NCMB) and NC Board of Nursing of prescribers who met reporting criteria pursuant to rules adopted by the boards for further investigation. Additionally, DMHDDSAS sends proactive reports to prescribers whose patients exceed a threshold of a number of physicians and pharmacies visited, indicating potential concerning behavior.

DHHS supported the Governors Institute (GI) in providing training to over 5,000 participants covering best practices for prescribing, managing chronic pain, and recognizing signs of misuse and abuse. The Governor's Institute has additionally worked with the North Carolina Medical Board and Area Health Education Centers to train healthcare professionals on safer opioid prescribing and the prevention, identification, and treatment of opioid use disorder. A total of

293 participants attended the Addiction Medicine Essentials (October 2020) and Addiction Medicine Conferences (April 2021) virtually. Given the virtual environment of COVID-19, GI has increased dissemination of online training videos (38,449 views collectively) and resource materials via their opioid website (average of 1,407 views/month) and social media outlets. DHB continues to operate the State's Beneficiary Management Lock-in Program (MLIP). As required by S.L. 2015-268, Section 4.4, key enhancements were made to the program effective January 2017. The enhancements included program revisions to extend the lock-in duration to two years and to increase MLIP capacity to ensure that all individuals who meet revised program criteria are locked in. Since the MLIP was expanded, there are currently 13,161 beneficiaries in the program. From 2016-2017, gross program savings from both outpatient pharmacy and medical services for all beneficiaries newly locked in and all carry over beneficiaries were \$30,192,507 (State share \$10,048,066). The gross program savings are comprised of \$1,837,875 (State share \$611,645) attributable to outpatient pharmacy and \$28,354,632 (State share \$9,436,422) resulting from medical services.

DHB also implemented a pharmacy edit which stops a Medicaid claim for filling a concurrent opioid and benzodiazepine prescription – a potentially deadly combination. The dispensing pharmacist is allowed to override the claim only after consulting the prescriber(s) for justification for the concurrent use of an opioid with a benzodiazepine. DHB has also implemented FDA recommended dosage limits for all covered buprenorphine/naloxone combination products. The dispensing pharmacist is allowed to override the claim for dosages exceeding the FDA recommended limit and no more than the maximum FDA approved dosage limit only after consulting the prescriber(s) for justification.

In 2018, North Carolina passed S.L. 2018-44, the Heroin & Opioid Prevention and Enforcement (HOPE) Act, which strengthens laws related to drug diversion and trafficking, clarifies drug trafficking statutes to cover fentanyl trafficking, improves local law enforcements authorities' ability to better investigate diversion cases, and enhances penalties for diversion by health care workers.

The Overdose Response Strategy (ORS) is an unprecedented public health-public safety partnership between the High Intensity Drug Trafficking Area (HIDTA) program and the U.S. Centers for Disease Control and Prevention (CDC), with the mission of reducing rates of fatal and non-fatal overdose. The cross-disciplinary ORS initiative supports collaboration between public safety and public health agencies at the federal, state and local levels. The ORS adopts a four-pronged approach for addressing overdose: law enforcement; response; treatment and recovery; and prevention.

North Carolina is part of the Atlanta-Carolinas HIDTA program that has received funding for a team of two dedicated professionals: a Drug Intelligence Officer (DIO) and a Public Health Analyst (PHA). DIOs and PHAs work with state and local agencies to improve data sharing related to drug overdose, as well as criminal intelligence and arrest information. They also support the development and implementation of new, innovative projects that support the ORS' strategic directions. The North Carolina PHA supports the NC Division of Public Health's Injury and Violence Branch in producing monthly overdose surveillance reports that are disseminated to 3,000+ state partners, which include both public safety and public health

partners in leadership positions.

During the second half of 2019, the PHAs, DIOs, and a team overseen by experts at the CDC worked together to conduct the “Overdose Prevention in Jails” Cornerstone project. The project sought to advance the implementation of evidence-based strategies that reduce overdose risk during and upon release from incarceration in jail, including medication-assisted treatment (MAT) or medication for opioid use disorder (MOUD), overdose education and naloxone distribution, and linkage to care upon release. This project will result in a final toolkit that guides the implementation and evaluation of jail-based overdose prevention strategies. This toolkit is on track for publication in February 2022.

In 2019, CDC, in partnership with the National Association of County & City Health Officials (NACCHO), increased its investment in the ORS by providing funding to seven ORS states for pilot projects. These projects are designed to enhance the portfolio of evidence-based approaches that address the overdose epidemic. North Carolina’s Harm Reduction Coalition (NCHRC) was one of the seven ORS states to receive funding. The PHA has been supporting NCHRC with their pilot project of implementing an Overdose Education and Naloxone Distribution (OEND) program in 2 county jails; additionally, this program also promotes linkage to care services upon release via the peer outreach specialist.

Safe Kids NC worked with Consumer Services within the NC Department of Insurance (NCDOI) to help market Operation Medicine Drop (OMD) materials at state festivals and community events. COVID-19 had a negative impact on the number of take-back events and disposal of pills in the OMD drop boxes statewide in 2020. A total of 32 million pills were incinerated as part of the campaign, down by 18 million pills from 2019. Additionally, Safe Kids NC canceled most media events and local events were down by 75%. Safe Kids NC contracted with Spectrum for a five-week media campaign about the OMD website and where to find OMD drop boxes or take back events with an estimated reach of nearly 993,000 impressions.

The NC Association of Pharmacists (NCAP), in partnership with the Governor’s Institute, developed three training videos for pharmacists on the following topics: naloxone, screening for opioid use disorder in the community pharmacy, and utility of the Controlled Substances Reporting System (CSRS). NCAP expanded harm reduction services (e.g., naloxone dispensing, non-discriminatory sale of syringes) and opioid safety strategies (e.g., screening, use of the CSRS, and collaboration with physicians) in pharmacies across the state, created county-specific overdose prevention and harm reduction resources, and conducted regional harm reduction trainings for over 200 attendees. Additionally, three pharmacies have been selected to pilot a pharmacist-centered medication-assisted treatment program in collaboration with local providers. These sites have completed needs assessments, developed policies/procedures, and will begin patient encounters in the upcoming contract year.

DHHS also aired the *Lock Your Meds* campaign to raise awareness of safe medicine storage. The statewide *Lock Your Meds* campaign builds upon community-based prevention to influence parents and adult caregivers of youth with a TV reach of 3.5 million estimated net population reach to adults 35+ and a digital reach of 3,413,288 overall impressions. Lock

boxes were distributed via partnerships, events, and requests including some unconventional points of contact during the pandemic. For example, Iredell's DACI partnered with the Iredell Police Department to hold "drive-thru" medication take backs in various locations. They also partnered with local food banks during quarantine to distribute lockboxes, disposal kits and education in food pickup lines.

Ten County Level Coalitions and Collaboratives in North Carolina, Buncombe; Iredell; Mecklenburg; Chatham; Wilson; Richmond; Edgecombe; Franklin; Robeson and Carteret, were selected based upon their current efforts, a completion of an Action Plan based around the Strategic Prevention Framework, including strategies for Primary Opioid Prevention; Lock Your Meds Campaign; Evaluation and Sustainability, as well as their capacity to implement the Action Plan. These counties have been receiving "Lock Your Meds" print materials, licensing, lockboxes and disposal kits. They have received technical assistance around all aspects of the grant, monthly meetings, SOR specific webinars, access to CINC training events, access to resources from Pacific Institution of Research and Evaluation (PIRE) and The Center for US Policy (CUSP).

The NC Division of Public Health, Injury and Violence Prevention Branch (IVPB) has been working with Clean, Inc. to develop a media campaign that seeks to increase website visits to two key websites: [Naloxone Saves](#) and the [NC DHHS Safer Syringe Initiative](#) in order to enhance awareness of existing resources to access various harm reduction services in the state. Harm reduction-based health services include syringe services programs (SSPs), community naloxone distribution, overdose prevention, safer use education, drug-checking services, and low-barrier access to treatment. The audience for this campaign is North Carolina residents aged 18-54, specifically those who currently use drugs, are in recovery, know someone at risk for an overdose, are in highly impacted communities, and/or provide services to people who use drugs.

The goals of this campaign include:

- Promote access to and raise awareness of evidence-based overdose prevention strategies outlined in the *NC Opioid and Substance Use Action Plan 3.0*, specifically increasing access to harm reduction services, promoting overdose prevention education and naloxone availability, and increasing linkages to care for people who use drugs such as to Medication-Assisted Treatment and SSPs.
- Personalize substance use and work to remove stigma towards people who use drugs and harm reduction strategies such as SSPs.

IVPB and Clean, Inc. worked together to develop a variety of campaign messages and tested them with the Opioid and Substance Use Action Plan SSP Advisory Group to ensure these messages would resonate with participants and partners working in the field. IVPB and Clean Inc. are about to enter the next phase of the campaign, which includes holding focus groups to determine which messages test the best. We hope to launch this campaign before the end of 2021.

Strategy 2 – Prevention: Avert future opioid addiction by supporting children and families

In SFY 2020, 18 training events occurred, reaching over 1,000 professionals statewide. The topics and information addressed in these trainings included: best practices in working with pregnant women in early recovery, stigma awareness against women who are pregnant and substance using or in recovery, pregnancy and substance exposure with a focus on opioid exposure, the purpose of the Plan of Safe Care, reproductive life planning in SUD treatment settings, and accessing gender specific SUD treatment for pregnant women in North Carolina. The audiences have included behavioral health professionals, child welfare professionals, primary care professionals, public health professionals and justice system professionals.

There are over 50 active county coalitions that address substance misuse in their communities, working to advance a variety of prevention and treatment strategies in their area. For example, the Western North Carolina Substance Use Alliance, convened by Vaya Health, is in the process of implementing their strategic plan adopted to expand medication-assisted treatment (MAT), enhance substance use treatment for pregnant women, strengthen the continuum of treatment and crisis services for adults, and strengthen the continuum of treatment and prevention services for children and adolescents.

Fourteen counties in North Carolina (Haywood, Transylvania, Mitchell, Avery, Ashe, Surry, Yadkin, Columbus, Bladen, Scotland, Richmond, Stokes, Carteret and New Hanover) were selected for mentoring due to high prescribing and high overdose rates. These counties have been receiving mentoring from six experienced counties with subject matter expertise and demonstrated success in specific prevention strategies. Mentors are Robeson Health Care Corporation, Burke Recovery, Cleveland County Health Department, Insight Human Services, Coastal Horizons Center and Project Lazarus. Specified areas have included: prescribing policy (Burke County), medication disposal (Cleveland County), communication campaigns (Brunswick County), youth empowerment and advocacy (Rockingham County), community engagement (Robeson County), and partner involvement (Wilkes County). All sites and mentors have been trained on using the Strategic Prevention Framework (required by SAMHSA) and continue to update needs assessments to reflect the most current local data around prescription drugs to tailor strategies for their communities.

Counties that had been receiving opioid prevention funding through the Strategic Prevention Framework- Partnership for Success grant have built upon demonstrated successes and overall have succeeded in sustaining those efforts. Three counties (Cleveland, Transylvania, and Mitchell) received funding from federal Drug Free Communities grants for an additional five years and one county (Burke) is a new recipient of funding.

Strategy 3 – Reduce Harm: Advance harm reduction services, address social determinants of health and eliminate stigma

As of the 2020-2021 annual report, there are 41 active registered syringe services programs (SSPs) directly serving more than 56 counties and one tribe (with 27 additional counties reached by services). In the past year, syringe services programs (SSPs) in North Carolina made over 80,590 contacts with more than 27,867 people. The programs made over 1,900 referrals to substance use

treatment, distributed 89,431 naloxone kits and over 8 million syringes, and conducted more than 3,536 HIV and Hepatitis C tests. Over 12,369 overdose reversals were reported back to SSPs in the 2020-2021 reporting year, a 43% increase from 2019-2020. This is likely an underestimate of the total number of overdose reversals resulting from naloxone distributed at SSPs since not all reversals are reported. NCDPH also provides technical assistance to existing and emerging programs and supports a learning collaborative for registered programs, in partnership with NCHRC, to share best practices across the state.

NC DPH's IVPB maintains the SSP Advisory Group that is made up of individuals with lived experience with substance use and/or from directly affected communities, as well as staff and volunteers from SSPs across North Carolina. The Advisory Group was created as part of the state Opioid Action Plan (now the OSUAP) to help guide the implementation of the plan and inform the priorities and work of NCDHHS. The Advisory Group comes together every month through a conference call and discussions are focused on the current needs of people who use drugs in North Carolina, priorities of SSPs in the state, the work happening in the DPH IVPB and across NCDHHS, and how we can ensure the voices of people with lived experience and communities most impacted by the overdose crisis are centered in the implementation of the OSUAP. Over the past year, topics of the Advisory Group focused on responding to the COVID-19 pandemic, addressing the rise in overdose deaths, and centering equity in our response.

NC DPH's IVPB partnered with UNC's Injury Prevention Research Center (IPRC) to provide training on community-based overdose prevention, harm reduction, and syringe services programs (SSPs) through the Injury-Free NC Academy series. These academies are open to partners working across North Carolina and in neighboring states. In 2020, this academy was titled Establishing Syringe Services Programs in North Carolina and was made available virtually for the first time (to adapt to the COVID-19 pandemic) through a six-part learning series. Approximately 200 individuals participated in this series either through joining the live webinars and/or downloading the recordings that are housed online. In 2021, IVPB and UNC IPRC launched an expanded version of this training titled the Harm Reduction Academy. This seven-month cohort based Academy was open to community-based organizations and local health departments in North Carolina and in neighboring states (45 individuals registered from NC, GA, and AL) working in harm reduction and overdose prevention broadly (SSPs, justice involved programming, naloxone distribution, post overdose response teams, coalitions, collegiate recovery, etc.) This training was an opportunity to dive deeper into what harm reduction is in practice, providing formal training on topics such as harm reduction history and philosophy, the importance of centering lived experience, medication for opioid use disorder, trauma informed care, motivational interviewing, and burnout prevention, while also providing opportunities for reflection, discussion, and practicing what is learned through role playing.

In addition to convening the OPDAAC to implement the *NC Opioid and Substance Use Action Plan 3.0* as described above, DHHS is continuing to work on building and sustaining local overdose prevention programming. The NC Division of Public Health, Injury and Violence Prevention Branch (IVPB) moved into year two of the Local Health Department funding

through RFA #371 Community Linkages to Care for Overdose Prevention and Response. DHHS awarded 23 LHDs up to \$275,000 each, which will be disbursed over December 1, 2019 through August 31, 2022, to develop or expand syringe service programs, connect justice-involved persons to care, establish post-overdose response teams (PORTs) and/or implement innovative projects to prevent fatal and non-fatal overdose and increase access and linkages to care, resulting in an annual total of approximately \$2.1 million, contingent upon future CDC funding. Since December 1, 2019, LHDs funded to implement syringe services programs served 11,350 unique participants and 40,513 total contacts overall. LHDs funded to connect justice-involved persons to care served 865 unique individuals and had 2,298 total contacts with all participants. Local Health Departments funded to support the development and expansion of PORT programs served 2394 unique individuals and had 10,323 total contacts with all participants.

The NC Division of Public Health, Injury and Violence Prevention Branch (IVPB) released a Request for Applications (RFA) #381 Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention on February 1, 2021. All 501(c) (3) nonprofit organizations located and licensed to conduct business in the state of North Carolina were eligible to apply for 12 months of funding to implement either implementation strategies or organizational mentorship programs. Implementation strategies included developing or expanding syringe services programs, connecting justice-involved persons to care, establishing or strengthening post-overdose response teams, advancing access to education and employment opportunities, expanding or establishing housing first or rapid re-housing services, and incorporating overdose prevention and harm reduction into existing services. Organizational mentorship programs involved serving as mentors to smaller, less developed programs or organizations in the field of overdose prevention and harm reduction by providing them with technical assistance and administrative support to either bolster existing services or implement new programs.

IVPB awarded 8 community-based organizations over \$995,000 to conduct implementation strategies or organizational mentorship programs during the period of September 1, 2021 – August 31, 2022.

Current awardees include the following community-based organizations:

- AIDS Leadership Foothills-area Alliance
- Center for Prevention Services
- Healing Transitions
- Jubilee Home
- North Carolina Harm Reduction Coalition
- North Carolina Survivors Union
- Twin City Harm Reduction Collective
- The Free Clinics

Under the NC Good Samaritan/Naloxone Access Laws (S.L. 2013-23, S.L. 2015-94, and S.L. 2017-74), the registered syringe service programs in NC have distributed over distributed over 80,000 naloxone doses between July 1, 2020 and June 30, 2021 and has recorded over 12,369 community reversals. In addition, since 2019, nearly 400,000 doses of naloxone have been

purchased with federal funds and have been distributed through health departments, first responders, opioid treatment programs, law enforcement, recovery organizations, and other community-based organizations.

Records to date indicate law enforcement agencies have reported 1,946 reversals since their programs started. 31 Emergency Medical Services (EMS) agencies have implemented naloxone leave behind programs, where a paramedic who reverses an opioid overdose will leave behind an extra dose of naloxone in case of a subsequent overdose in the home. EMS leave behind programs are tracked as part of the Opioid and Substance Use Action Plan 3.0 local actions, Local Health Directors are encouraged to share programs active in their districts via an annual survey.

DMHDDSAS has utilized over \$8.8 million in federal funds to purchase 314,416 individual units of naloxone, both nasal and intramuscular injectable applications, from June 2017 through September 2020. This naloxone has been distributed to many of the above entities and groups, as well as opioid treatment programs, law enforcement, recovery organizations, emergency disaster shelters, other community organizations, etc.

People who are at risk of experiencing an opioid-related overdose, a family member or friend, or a person in the position to assist a person at risk of experiencing an opioid-related overdose can request naloxone without seeing a doctor first at any pharmacy in NC under the State Health Director's standing order for naloxone. Naloxone is available by statewide standing order from over 1,600 pharmacies (86% of retail pharmacies in the state).

In addition, 60 local health departments in NC have adopted standing orders for naloxone dispensing by public health nurses and other health department staff.

Strategy 4 – Connect to Care: Expand access to treatment and recovery supports

North Carolina was the recipient of slightly over \$31 million in funding from the Opioid State Targeted Response (STR) Grant, also known as the Cures grant, which provided treatment and recovery supports to more than 10,320 individuals during the period of May 2017 through April 2019. This included medication-assisted treatment to over 5400 individuals as well as other types of clinical treatment and recovery services. Opioid STR funds were also used to cover the cost of buprenorphine products, an FDA-approved medication for the treatment of opioid use disorders, for individuals who could not afford this medication.

An Emergency Department Peer Support Program, funded through the Opioid STR grant and the Substance Abuse Prevention and Treatment Block Grant (SABG), began in May 2018. This collaboration with the NC Healthcare Association placed Certified Peer Support Specialists in six hospital emergency departments (Carolina Healthcare System Northeast, Cone Health, Novant Health Presbyterian Medical Center, Southeastern Regional Medical Center, UNC Hospital, Wake Forest Baptist Medical) that applied for the funding through a competitive process. Certified Peer Support Specialists who have been in recovery for at least three years connect patients who have presented in the emergency department due to an opioid overdose incident to treatment, recovery supports, and harm reduction services to better ensure that patients are connected to care after they leave the emergency department. Through this

initiative, over 5200 individuals were connected to treatment, harm reduction and recovery supports. Additionally, the programs reported an overall decrease of 40% in emergency department visits by those individuals served through this program.

DMHDDSAS was awarded the State Opioid Response (SOR) prime and Supplement grants for the period of September 30, 2018 through September 29, 2021, which provided over \$58 million to address prevention, treatment and recovery needs for individuals with or at risk of an opioid use disorder. This allowed for the expansion of treatment for uninsured individuals, in addition to launching innovative pilot programs to improve access to care for vulnerable populations. As of June 2020, more than 14,000 individuals had accessed treatment services through this funding, including more than 12,000 of which engaged in medication assisted treatment. Other initiatives included efforts towards the establishment of medication assisted treatment in selected adult detention facilities, as well as three correctional facilities. Other initiatives included targeted funding with two local DSS agencies to focus on identification and provision of services to families at risk of disruption due to parental opioid use, strategies to engage individuals re-entering communities and in need of recovery supported housing through Oxford House and other recovery supports. Recognizing the extreme impact of the opioid epidemic on the Eastern Band of the Cherokee Indians (EBCI), DMHDDSAS has contracted with and provided funding through the SOR grant to the EBCI to implement training in culturally appropriate approaches to care, pain management alternatives and various harm reduction and prevention strategies.

In September 2020, DMHDDSAS was awarded the State Opioid Response (SOR) 2 grant for the period of September 30, 2020 through September 29, 2022, with an annual award of \$35,149,381. These funds allowed for the continuation and expansion of services and initiatives that began with the original SOR funds.

The Governors Institute received SAMHSA funding to convene area medical schools and representatives from DHHS to incorporate substance use disorder curriculum and buprenorphine waiver training into medical schools. DHHS is funding complementary work with the Mountain Area Health Education Center (MAHEC) to train providers on medication-assisted treatment (MAT), prescribing safety, and incorporate MAT waiver training into residency and advanced practice provider program curriculums.

Between September 2020 and August 2021, over 700 total providers from various specialties were trained on the provision of MAT, tapering opioids for chronic pain, treating pain safely, perioperative pain management, and equity in the treatment of substance use disorder. Various forms of technical assistance were offered including coaching calls, academic detailing, shadowing experiences, and dissemination of an MAT Policies, Procedures & Resources Manual. These complimentary initiatives aim to expand access to treatment by training the next generation of physicians to provide medication-assisted treatment.

NCDPH also funded a peer counseling intervention program to provide addiction treatment and harm reduction services to individuals hospitalized in the UNC Hospital System with infections related to intravenous drug use. A total of 108 individuals from 34 NC counties were engaged in this pilot and linked to appropriate care.

COVID-19 presented the state and nation with unprecedented challenges. Barriers to accessing care were exacerbated during the COVID-19 pandemic and continue to impact the receipt of services and supports for all substance use disorders. While providers were heroic in implementing approved flexibilities in service delivery models, such as increased take homes and curbside dosing for individuals participating in medication assisted treatment. However, patient difficulties with transportation, stable housing, employment, and other recovery supports worsened during the pandemic. The North Carolina Department of Health and Human Services sought and enacted substantial policy changes, including regulatory latitude from federal partners, and expedited flexibilities in state-funded and Medicaid clinical coverage policies. By acting early in the pandemic to develop and implement telehealth policy changes, some barriers were removed which allowed providers maximum flexibility for the continuation of services.

Allowing billing for take home medications (such as methadone and buprenorphine products) was an excellent flexibility approved at both the state and federal levels that greatly supported the system to continue to serve those in need. Other implemented flexibilities included: 1. Allowing for flexibility in hours/structure of programming to accommodate the needs of providers and clients in a pandemic setting; 2. Allowing for flexibility in staffing and training to ensure programming did not shut down if some staff were unavailable during the pandemic; 3. Permitting virtual supervision where onsite supervision was previously required to accommodate for new telehealth modalities and to reduce the need for additional on-site staff; 4. Waiving prior and concurrent authorizations for some services to lessen the strain on providers; 5. Increasing take home allowances and payments for OTP services; 6. Allowing/providing for take home medication for those medically appropriate; and 7. Allowing for telephonic/telehealth services to be reimbursed.

Strategy 5: Connect to Care: Address the needs of justice-involved populations

North Carolina has taken many steps to address the needs of its justice involved populations, including efforts to divert to treatment those individuals with behavioral health disorders who would be better assisted in their recovery through treatment in the community. Individuals who need the continued oversight of the court to achieve recovery may be served by a variety of therapeutic courts. North Carolina has sixteen (16) Drug Treatment Courts for adult non-violent, repeat offenders facing incarceration, three (3) Drug Treatment Courts for Youth, nine (9) Family Drug Treatment Courts who work with parents in danger of losing custody of their children due to substance use, four (4) Veteran Courts who work with veterans with behavioral health issues, and six (6) Mental Health Courts who assist persons with mental illness and criminal justice involvement. In addition, the state's Division of MH/DD/SAS leads the state's Stepping Up Initiative to assist counties in finding local solutions to address problems stemming from the criminal justice involvement of people with behavioral health disorders. Forty-seven (47) North Carolina counties are participating the Stepping Up Initiative. DHHS, in partnership with the Department of Public Safety, the Department of Justice and other agencies, is implementing the State's Reentry Coordinating Council to assist offenders in their re-entry to society.

Through the above-mentioned Community Linkages to Care RFA, the NCDPH funded 11 LHDs to work on connecting justice-involved individuals to care. These programs include but

are not limited to jail-based education about overdose prevention and harm reduction, establishing take-home naloxone programs for people to receive naloxone and naloxone education upon their release from the detention center, establishing reentry or referral programs for people being released from jails to receive linkage to care and service navigation, and developing comprehensive medication-assisted treatment programs in the local detention centers or jails.

In late 2020, the NC Department of Health and Human Services released the Supporting Justice-Involved Families Request for Applications (RFA). This request for applications (RFA) was designed to advance the goals outlined in the North Carolina Opioid Action Plan to prevent future opioid addiction by addressing the needs of justice-involved individuals with substance use disorder and expanding access to treatment and recovery supports. Eighteen sites were awarded in January 2021. Awardees included emergency medical services, Sheriff's Office, local health departments, academia, treatment centers, and other organizations focusing on preventing opioid addiction and increasing access to treatment and recovery supports.

There are currently 15 identified, jail-based medication-assisted (MAT) programs, in various stages of implementation, throughout the state. Representatives of these programs regularly join and participate in monthly, "MAT in Jails" Calls that are co-facilitated by DMHDDSAS and DPH Justice program leaders. During these monthly calls, representatives provide program updates that include number of individuals being served by the program, share resources with other programs such as examples of policies and protocols, troubleshoot and talk through any challenges faced and provide guidance and recommendation to DMH and DPH on what is needed to sustain and support jail-based MAT programs.

While the exact number of incarcerated individuals in North Carolina with SUD or OUD is unknown, it is imperative for jails to implement options available to sustain recovery efforts for those individuals. Partnering with a local Opioid Treatment Program (OTP) ensures incarcerated individuals on methadone can continue their life-saving medication. Examples of these partnerships in practice exist in New Hanover County, where OTP staff bring and administer medication doses directly to those individuals; and in Durham County, where a "chain of custody" process is utilized so that the jail nurses can provide medication from the participating OTP to the individuals. Currently all MAT in Detention programs under the Addictions team are funded through the State Opioid Response grant and include programs in Buncombe, Durham, Haywood, New Hanover and Pitt counties at an annual budget of \$283,000 per program. Five detention centers piloted programs to increase access to MAT services, and 2,029 adults were treated. Programming was developed and nested within the natural workflows of detention operations, creating a sustainable model for security and medical operations.

Strategy 6: Track and measure: Track progress and measure our impact

The Opioid Action Plan Dashboard was launched in June 2018 and provided county level data on the key Opioid Action Plan metrics. In early 2021, the dashboard was updated to include additional functionality, as well as the tracking of additional metrics and new local actions. This

dashboard enables local, county, and state partners to directly access the data to monitor the overdose epidemic and prevention and response activities in their counties. The dashboard has been presented at numerous meetings to educate partners on its availability and application. The table below presents the final 2020 numbers for each of the Opioid and Substance Use Action Plan metrics. The most recent year-to-date data can be found on the opioid action plan data dashboard at <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>.

Metrics*	2020
Track progress and measure our impact	
Medication/drug overdose deaths (all intents)	2,975
ED visits for medication/drug with dependency potential overdose (all intents)	14,959
Reduce the supply of inappropriate and contaminated drugs	
NC residents dispensed opioid pills	1,432,749
Overdose deaths involving fentanyl/fentanyl analogues	76%
Prevent future addiction by supporting children and families	
Children in foster care due to parental substance use disorder	6,746
Newborns affected by substance use with a Plan of Safe Care referral to CC4C	4,471
Advance harm reduction	
Community naloxone reversals	3,237
Newly diagnosed acute Hepatitis C cases	Unavailable
Address social determinants of health and eliminate stigma	
211 housing-related services calls	98,737
Unemployed individuals of working age	307,133
Address the needs of justice-involved populations	
Incarcerated individuals	30,058
Naloxone reversals reported by Law Enforcement Agencies	49
Expand access to SUD treatment and related supports	
Buprenorphine prescriptions dispensed	Unavailable
Uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	39,281

*Data are continually updated as additional cases, visits, claims, and other data points are finalized in each system

SUMMARY

OPDAAC, led by the DPH and DMHDDSAS and guided by the *NC Opioid and Substance Use Action Plan*, is coordinating and implementing strategies to reduce the impact of North Carolina’s deadly opioid crisis. NC has made progress in recent years and has more work to do. Given the complexity of the epidemic, maintaining and strengthening NC’s coordinated infrastructure is vital to NC’s success. With the STOP Act now in effect, NC saw a decrease in overprescribing of opioids and overall reduction in the percent of residents receiving dispensed opioid pills in NC between 2016 and 2020. NC saw decreases in opioid overdose ED

visits and unintentional overdose deaths between 2017 and 2019. However, current data show a recent rise in unintentional overdose deaths and medication and drug overdose ED visits among residents of NC between 2019 and 2021.

One of the most powerful tools for addressing the opioid epidemic is providing access to health care through affordable insurance coverage, not only to individuals who already have substance use disorders but also to those who are at-risk of developing addictions in the future. Nearly 900,000 North Carolinians are currently uninsured. Nationally, fewer than 10% of people with a substance use disorder receive any substance use disorder treatment at all. Of those who perceived a need for treatment but did not receive specialty SUD treatment, nearly 20% said the reason that they did not receive treatment was because they had no health care coverage and were not able to afford the cost of treatment. Ensuring that working-age adults with low incomes have access to health insurance would ensure that up to 150,000 individuals with mental health and/or substance use disorder needs have access to affordable healthcare. Evidence shows that access to coverage is essential to turning the tide against opioid use disorders, overdose and death due to opioids.