

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN
GOVERNOR

DEVPUTTA SANGVAI
SECRETARY

February 20, 2026

SENT VIA ELECTRONIC MAIL

The Honorable Carla Cunningham, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 403, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

The Honorable Larry Potts, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603

The Honorable Jim Burgin, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 620, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

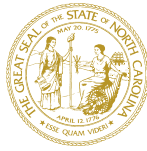
Session Law 2017-57, Section 11F.10.(e) requires the North Carolina Department of Health and Human Services to submit an annual report on the performance of North Carolina's system for monitoring prescription drug abuse to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Justice and Public Safety and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

Signed by:


45507E3ADBA8489...
Devdutta Sangvai
Secretary



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN
GOVERNOR

DEVDUTTA SANGVAI
SECRETARY

February 20, 2026

SENT VIA ELECTRONIC MAIL

The Honorable Danny Britt, Chair
Joint Legislative Oversight Committee on
Justice and Public Safety
North Carolina General Assembly
Room 525, Legislative Office Building
Raleigh, NC 27603

The Honorable Ted Davis, Chair
Joint Legislative Oversight Committee on
Justice and Public Safety
North Carolina General Assembly
Room 417B, Legislative Office Building
Raleigh, NC 27603


The Honorable Carson Smith, Chair
Joint Legislative Oversight Committee on
Justice and Public Safety
North Carolina General Assembly
Room 526, Legislative Office Building
Raleigh, NC 27603

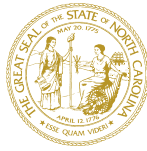
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Secretary



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SECRETARY

February 20, 2026

SENT VIA ELECTRONIC MAIL

Mr. Brian Matteson, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Matteson:

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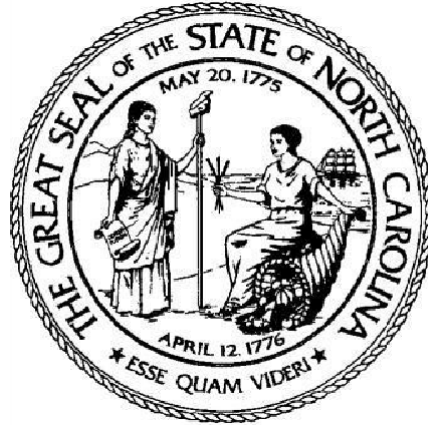
Sincerely,

Signed by:

45507E3ADBA8489...
Devdutta Sangvai
Secretary

**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**

**Joint Legislative Oversight Committee on Justice
and Public Safety**

Fiscal Research Division

by

**North Carolina Department of Health and Human
Services**

February 20, 2026

INTRODUCTION

S.L. 2015-241, Section 12F.16.(q), amended via S.L. 2017-57, Section 11F.10.(e), directs the NC Department of Health and Human Services (NCDHHS) 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.

Convened by NCDHHS since 2017, the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) serves as the primary vehicle through which opioid and prescription drug abuse is monitored. Comprised of representatives from agencies including, but not limited to, local health departments, healthcare organizations, law enforcement agencies, Department of Adult Correction, emergency medicine departments, and regulatory boards, the OPDAAC is also responsible for overseeing the implementation of the North Carolina Opioid and Substance Use Action Plan (OSUAP). Mandated by G.S. 90-113.75E, the OSUAP was developed to monitor opioid and prescription drug use. Version 3.0 of this Plan was issued in May 2021.

This report covers the period August 1, 2024 through July 31, 2025.

OPIOID AND PRESCRIPTION DRUG ABUSE ADVISORY COMMITTEE

The OPDAAC convened quarterly from August 1, 2024, through July 31, 2025. The meetings were hybrid in-person and virtual events, with an average of over 160 attendees per meeting. Topics included Progress & Promise: North Carolina Achievements and Future Plans, North Carolina Safer Syringe Initiative, and Medications for Opioid Use Disorder and Treatment. The March 2025 meeting was replaced with the NC Summit on Reducing Overdose, held from March 18-20. Nearly 700 local government leaders, healthcare experts, service providers, and individuals with lived/living experience came together at the Raleigh Convention Center for the 2025 North Carolina Summit on Reducing Overdose. Hosted by the North Carolina Association of County Commissioners (NCACC), this two-and-a-half-day event marked the second time NCACC hosted the Summit, laying the foundation for a biennial series focused on addressing North Carolina's ongoing opioid overdose crisis. The Summit provided a crucial platform for participants to share insights, develop strategies, and build partnerships necessary to reduce overdose deaths and confront the epidemic nationally.

Ongoing activities from August 2024 through July 2025 include:

- NCDHHS has continued to partner with the University of North Carolina at Chapel Hill (UNC-CH) School of Medicine to expand treatment services through its mobile treatment clinic, ATLAS, in Robeson County. This program has demonstrated significant success since its launch in August 2023 with nearly 50 individuals engaged annually, the majority from Native American populations.
- Since August 2024, the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) purchased over 450,000 doses of naloxone on behalf of organizations who work to mitigate the risks of substance use, local health departments, opioid treatment programs, emergency disaster shelters, law enforcement agencies, corrections, first responders, for "leave-behind" purposes after responding to

- an overdose, and other community-based organizations serving at-risk individuals.
- DMH/DD/SUS supported the expansion of overdose prevention efforts in communities with some of the highest overdose rates in the State.
 - Funded Eastern Band of Cherokee Indians for continued support for their naloxone distribution, overdose prevention, disease prevention, and linkage to care work.
 - Supported the expansion of peer support, recovery, and reentry services for justice involved individuals in western North Carolina.
 - NCDHHS DMH/DD/SUS and NCDHHS Division of Public Health (DPH) coordinated Hurricane Helene recovery efforts with community-based organizations, local health departments, opioid treatment programs, emergency disaster shelters, first responders and others that are serving at-risk individuals by helping with locating resources and ensuring that response efforts met the needs of the local communities. These efforts included:
 - Supply distribution for health care supplies, food and nutrition support, hygiene products as well as other vital resources needed by those impacted by the storm; and
 - Coordination with local pharmacies, emergency shelters and opioid treatment programs to ensure people with opioid use disorder had access to treatment services, including medications for opioid use disorder
 - Since July 2024, NCDHHS DPH Injury and Violence Prevention Branch (IVPB) has been funding 11 programs, including nine non-profit organizations and two local health departments, to boost overdose prevention efforts through an initiative called Partnerships in Overdose Prevention and Harm Reduction (POPHR). Some programs are working across multiple strategies, maximizing local-level linkage to care efforts. The POPHR programs are focusing on:
 - Drug checking for unexpected substances in the drug supply and multi-substance overdose prevention; drug checking is an overdose prevention strategy and most often refers to the testing of drugs for contaminants such as fentanyl and xylazine;
 - Wound care services (i.e., education, detection, prevention, monitoring);
 - Syringe services programs (i.e., supply distribution, naloxone training, disease prevention);
 - Support for justice-involved individuals; and
 - Harm reduction and linkages to care for higher risk populations.
 - Three POPHR grantees are focusing efforts on expanding services to justice-involved populations including jail-based programming like pre- and post-arrest diversion programs, reentry programming to refer individuals to care once released from incarceration, distributing education materials to incarcerated populations, and expansion of treatment and recovery services specific to incarcerated or previously incarcerated individuals.
 - Programs have been able to hire and onboard staff including peer support specialists and case managers to complete the work in both the detention centers and local health department/organization settings.
 - Programs report providing harm reduction education and materials, linking clients to medical care, treatment facilities, and addressing other social determinants of health needs.
 - Programs have assisted clients with connections to drug courts, rehabilitation

services, and detoxification services.

- The POPHR programs made 18,608 total contacts which represent all types of engagement by unique/new participants, and regular visits with returning participants. Of these contacts, there were 377 overdose reversals reported during the grant funding period.
- All syringe services programs (SSPs) in NC are legislatively mandated, pursuant to G.S. § 90-113.27, to report programmatic information to the NCDHHS DPH IVPB prior to starting services as well as, program impact and outcomes on an annual basis. SSPs are also required to submit safety and security plans annually. There are currently 52 programs with 65 counties being served, as well as the federally recognized tribe, the Eastern Band of Cherokee Indians (EBCI). During the reporting period, some service providers have altered or ended programs due to shifts in funding or general organizational capacity. SSPs continue to be an effective access point for low barrier health care, providing a range of services and linkages to treatment, lowering the burden on emergency departments and first responders. NCDHHS DPH IVPB provides technical assistance to SSPs throughout the reporting period to support and enhance innovations in prevention of communicable disease transmission, overdose prevention and other public health activities.
- NCDHHS DPH IVPB collaborated with the North Carolina Harm Reduction Coalition to host two learning collaboratives specifically for SSPs. These collaboratives covered topics that included non-clinical, community-based wound care, building community support, and networking as an overdose prevention organization.
- NCDHHS DPH IVPB also worked closely with SSPs across the state through the SSP Advisory Group. This group of SSP staff, people with lived experience, and others have helped guide the work of the DPH IVPB to ensure it meets the needs of those at highest risk of overdose, participants of SSPs, and the programs that serve them along with everyone else in their community. This group of advisory members met two times throughout the year and also engaged in a bi-monthly community of practice call for all SSPs to receive support and guidance for challenges they may be facing or to share about recent successes.
- The NCDHHS' DPH IVPB hosted two Harm Reduction Academies in 2025: one in Robeson County (May) and one in Forsyth County (July). Each Academy included four days of in-person and four days of virtual training, totaling eight days. These projects are Centers for Disease Control and Prevention-funded through Overdose Data to Action in States and are done in partnership with UNC-CH's Injury Prevention Research Center. Training topics covered include the following:
 - Substance use basics and treatment options
 - Harm reduction philosophy and history
 - Trauma-informed care and lived experience
 - Polysubstance use
 - Overview of the opioid settlements
 - Post-overdose response and syringe services programs
 - Justice-involved populations and communicable diseases
 - Reducing stigma and effective harm reduction communication
 - Networking and hands-on skill building.
- The State Opioid Response (SOR) 4 grant Youth Prevention Education Initiative awarded

grants to ten providers across nine counties to implement evidence-based prevention education curricula with youth under the age of 18 who have a greater potential of engaging in substance misuse and developing Opioid Use Disorder (OUD).

- Through the SOR 4 grant, funding was awarded to five coalitions to work on the following initiatives:
 - Increased proper medication storage/disposal through the Lock Your Meds campaign (estimated reach: 5,348,107 [duplicated] people to date).
 - Increased proper medication storage behaviors through education, resources, and access (7,082 lockboxes, 17,170 disposal kits, 11,305 rack cards disseminated).
 - Partnered with over 10 MAT providers to provide clients with 1,600 disposal kits.
 - 243,998 community members and 555 first responders were trained on overdose recognition and appropriate use of naloxone.
 - Provided 5,140 naloxone kits and 202 naloxone and Lock Your Meds trainings to community partners (EMS, Fire, Faith-Based, Schools, etc.).
 - Supported community partners in the creation of 30 local policies related to local naloxone access.
 - 42% of respondents that recall seeing the Lock Your Meds campaign messages were influenced to lock up their medications. (2024 PIRE survey)
- By reallocating funds from within its own budget to address urgent needs, the Department of Adult Correction has expanded facilities with access to medications for opioid use disorder (MOUD) to Reentry MOUD programs at 22 institutions, including all four women's institutions, and has established maintenance MOUD at the two Confinement in Response to Violations (CRV) facilities for individuals who arrive at those facilities on active MOUD treatment.

NORTH CAROLINA OPIOID AND SUBSTANCE USE ACTION PLAN (OSUAP) 3.0

The OSUAP has four overarching priorities:

- Put equity and lived experiences at the foundation of its work.
- Prevent future addiction and address trauma by supporting children and families.
- Reduce harm by expanding the focus beyond opioids to address polysubstance use.
- Connect people to care by increasing treatment access for justice-involved people, expanding access to housing and employment supports, and recovering from the pandemic together.

Undergirding these four priorities are efforts to track progress, measure impact, and monitor emerging trends to ensure that actions are informed by data. The North Carolina OSUAP 3.0 aims to identify impactful, feasible strategies to reduce overdoses in North Carolina and prevent the next wave of the epidemic.

Track Progress

The OSUAP measures success through several key metrics, five of which are outcome-based measuring progress in reducing harm (i.e., overdose deaths and emergency department visits), reducing supply (i.e., dispensed controlled substance prescriptions), and increasing access to evidence-based substance use treatment. NCDHHS tracks these outcomes and others. These outcomes and information related to key interventions and strategies across the State are displayed through several dashboards that are publicly available to ensure transparency and

communication on current progress. NCDHHS works closely with community partners to inform current focuses and initiatives to maintain alignment with the needs of local communities. NCDHHS utilizes several effective methods for tracking the impact being made statewide and the progress of the OSUAP.

Overdose Deaths

From 2000 to 2023, more than 41,500 North Carolinians died from drug overdose. In 2023, the overdose death rate plateaued, only increasing about 1% over 2022 (40.6 to 41.0 per 100,000). This increase was due in part to the impacts of the COVID-19 pandemic, which exacerbated the overdose crisis resulting in a 41% increase from 2019 to 2020 alone. Death data for 2024 was recently finalized. There were 2,934 deaths among North Carolina residents at a rate of 26.6 per 100,000. This reflects a 35% decrease in the death rate from 2023 to 2024. This decrease comes after years of seeing increase after increase in the number of overdose deaths, as the rate of overdose deaths increased 83% since 2019 (22.4 to 41.0 per 100,000).

Emergency Department Visits

In 2024, nearly 12,500 drug overdose related emergency department (ED) visits were recorded, for a rate of 112.3 visits per 100,000 residents. This rate was a 30% decrease from the 2023 rate of 161.1 visits per 100,000 residents (over 17,500 visits). According to NCTOPPs in 2024, 105 individuals enrolled in OTP treatment reported that they had gone to the ED to receive services within the previous 3 months, compared to 209 individuals who reported they had been to the ED within the previous 3 months prior to starting their treatment episode.

Controlled Substances Prescription

In 2024, 17,007,424 controlled substance prescriptions were dispensed to people residing in North Carolina, and opioids accounted for 29% of those dispensations. This is a decrease of 9% in opioid dispensations compared to 2023. Prescription Drug Monitoring Programs, like the NC Controlled Substances Reporting System (CSRS), were specifically designed to help reduce overprescribing of controlled substances by providing timely information to health practitioners and law enforcement. Increased use of the CSRS system and education have helped decrease the number of controlled substance prescriptions, and the percentage of opioids, dispensed. There has been a 32% decrease in opioid dispensations since 2018 when the number of controlled substance prescriptions dispensed was 18,389,645, of which 40% were opioids.¹

Between August 1, 2024, through July 31, 2025, a total of 72,043 individuals were dispensed a prescription for buprenorphine - a medication approved by the Food and Drug Administration (FDA) to treat both opioid use disorder and chronic pain. This is a decrease from 73,146 individuals the prior year (August to July 2023-2024). This data excludes data from Opioid Treatment Providers and includes dispensations for other FDA approved uses and off-label use. ICD-10 diagnostic codes are not available for this data set.²

Treatment Services

- From August 1, 2023, through July 31, 2024, 48,944 individuals, consisting of Medicaid-enrolled or uninsured individuals, who had an OUD received treatment services from

¹ Controlled Substances Reporting System Annual Legislative Report 2018-2024

² Controlled Substances Reporting System Data Effective 10/16/2025

providers offering varying levels and types of care.

- From August 1, 2024, through July 31, 2025, 32,935 unique patients received treatment services, including medications for OUD, in one of 94 licensed Opioid Treatment Programs. This represented a 7% increase in patients from the previous year. Additionally, the number of licensed Opioid Treatment Program (OTP) providers increased from 87 in the previous year, to 94. The State's first mobile OTP unit was also launched in July 2025.
- NCDHHS also worked closely with both government and non-governmental agencies to implement allowable strategies in their communities with opioid settlement funds. NCDHHS collaborated closely with the Opioid Settlement Technical Assistance Team to provide direct training and technical assistance.
- Currently, 48 counties have submitted spending plans to support "Exhibit A Evidence-Based Treatment Services" in their communities. 24 counties have also submitted plans to expand treatment accessibility to those involved in the criminal legal system.

CONCLUSION

In conclusion, the August 1, 2024 through July 31, 2025, reporting period demonstrates substantial progress in addressing opioid and prescription drug misuse and polysubstance use across North Carolina. The OPDAAC fostered critical discussions and collaborations through quarterly meetings, emphasizing innovative treatments modalities, overdose prevention and disease prevention strategies, and service expansion for justice involved population to address substance use and the overdose crisis in the State.

Key Achievements

As a result of the 2023 Medicaid expansion in North Carolina, communities saw an increased accessibility of health care services across the State. As of December 2025, nearly 700,000 people were enrolled in Medicaid expansion coverage. With an estimated 1 million people or more living with a substance use disorder in North Carolina, increased access to substance use services and treatment is vital. One major accomplishment of Medicaid expansion is seeing copays being eliminated for those receiving treatment for OUD. According to data from the Lighthouse Central Registry, opioid treatment programs reported a 55% increase in the number of Medicaid enrolled participants receiving treatment. Other achievements include the successful continuation of mobile treatment clinics like ATLAS in Robeson County, distribution of over 450,000 doses of naloxone, expansion of treatment services available in North Carolina including 94 OTP's and the implementation of programs that are committed to overdose prevention and disease prevention services across 65 counties. Programs targeting justice-involved individuals have effectively linked participants to healthcare, housing, employment, and education with significant overdose reversals reported. Multiple funding mechanisms from federal, state and local jurisdictions have led to the advancement of education across the State. This has resulted in less stigma, improved services, and increased access to overdose prevention resources and interventions for North Carolinians.

The OSUAP 3.0 prioritized addressing polysubstance use, while still focusing on expanding treatment accessibility and community-based peer support initiatives. Data-driven progress tracking revealed decreases in opioid prescription rates and increases in buprenorphine

dispensations, reflecting improved access to treatment services. Despite ongoing challenges, including the ever-evolving drug supply, these initiatives illustrate a robust, multifaceted approach to reducing the impact of the opioid crisis in NC.

The collective efforts during this period underscore a strong commitment to reducing overdoses, reducing the harms associated with substance use, expanding access to evidence-based treatment for substance use disorder and proven prevention and early intervention services statewide. Continued focus on collaboration and innovation will be essential to address emerging trends and sustain these vital achievements.