



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 8, 2020

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, 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

Dear Chairmen:

Session Law 2017-57, Section 11F.10 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 Kody Kinsley, Deputy Secretary for Behavioral Health and Intellectual/Developmental Disabilities, at 984-236-5000.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

DocuSigned by:

A handwritten signature in blue ink, appearing to read "Kody H. Kinsley".

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Kody H. Kinsley
Deputy Secretary for Behavioral Health & IDD
North Carolina Department of Health and Human Services

cc:	Matt Gross	Hattie Gawande	Dave Richard	Susan G. Perry	Kody Kinsley
	Joyce Jones	Rob Kindsvatter	Lisa Wilks	Theresa Matula	Jared Simmons
	Erin Matteson	Marjorie Donaldson	Mark Collins	Jessica Meed	Luke MacDonald
	Jane Chiulli	Katherine Restrepo	Tara Myers	reports@ncleg.net	

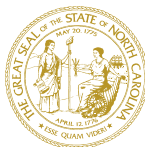
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TEL 919-855-4800 • FAX 919-715-4645

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
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MANDY COHEN, MD, MPH
SECRETARY

December 8, 2020

SENT VIA ELECTRONIC MAIL

The Honorable James L. Boles, Chair
Joint Legislative Oversight Committee on
Justice and Public Safety
North Carolina General Assembly
Room 528, 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 Warren Daniel, Chair
Joint Legislative Oversight Committee on
Justice and Public Safety
North Carolina General Assembly
Room 627, Legislative Office Building
Raleigh, NC 27603

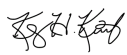
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SECRETARY

December 8, 2020

SENT VIA ELECTRONIC MAIL

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

Dear Director Trogdon:

Session Law 2017-57, Section 11F.10 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.

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**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

December 8, 2020

INTRODUCTION

Session Law (S.L.) 2015-241, Section 12F.16(q), updated in S.L. 2017-57, Section 11F.10, 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 epidemic, both in North Carolina and nationally. Through August 2020, NC saw a 24% increase in opioid overdose emergency departments compared to the same time in 2019. This follows a 10% decrease in opioid overdose emergency visits the prior year. This increase is similar to the increase in opioid overdoses seen nationally during the COVID19 pandemic.

The epidemic of medication and drug overdose is mostly driven by opiates; historically, prescription opioids (drugs like hydrocodone, oxycodone, and morphine) contributed to an increasing number of medication/drug overdose deaths, but more recently, other synthetic narcotics (heroin, fentanyl, and fentanyl analogues) are resulting in increased deaths. The percent of opioid overdose deaths involving illicit opioids, such as heroin and fentanyl, grew from 18% in 2010 to 84% by the end of 2018. Unintentional opioid deaths have increased from just over 100 deaths in 1999 to 1,718 deaths in 2018. However, from 2017 to 2018, there was a 9% decrease from 1,884 in 2017, the first decrease in five years.

Though largely driven by opioids, the overdose epidemic extends to other substances. The number of deaths involving stimulants, like cocaine and methamphetamine, is also increasing. Additionally, the use of multiple substances concurrently, known as polysubstance use, is also a growing problem as the majority of overdoses now involve multiple substances in combination.

BACKGROUND

Session Law 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 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*.

Session Law 2017-57 renamed the group 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 Session Law 2015-241, Section 12F.16. (m), the OPDAAC was established in early 2016, and has met in Raleigh quarterly since then. In 2019, meetings were held on March 7, September 20 and December 13. The June 2019 meeting was replaced by the 2019 Opioid Misuse and Overdose Prevention Summit. The Summit brought together over eight hundred stakeholders from 12 states and Washington, D.C., and featured speakers such as Governor Roy Cooper, Secretary Mandy Cohen, Attorney General Josh Stein, Monique Tula and others. OPDAAC membership has grown significantly since its start and now includes over 1,000 members from diverse disciplines, including representatives from: DHHS's Division of Medical Assistance (DMA), 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; and the Department of Insurance's drug take-back program, Operation Medicine Drop.

NC OPIOID ACTION PLAN

Work of OPDAAC in 2018 continued to focus on implementing strategies in *NC's Opioid Action Plan (2017-2021)*. The intent of the [*NC Opioid Action Plan*](#) is to identify specific and achievable steps that will have the greatest impact on reducing the burden of death from the opioid 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 will be updated as NC makes progress on the epidemic and is faced with new issues and innovative solutions in a fast-changing environment. The full *NC Opioid Action Plan* can be found here <https://www.ncdhhs.gov/opioids>.

Given the complexity of the epidemic, numerous strategies are outlined in the *Action Plan*, all of which will assist in reducing the impact of the opioid crisis. The *Action Plan* focus areas include: creating a coordinated infrastructure; reducing the oversupply of prescription drugs; reducing diversion and flow of illicit drugs; increasing community awareness and prevention; increasing naloxone availability and linkages to care; expanding access to treatment and recovery; and, measuring impact.

Opioid Action Plan Highlights

Select 2019 highlights for each of the *NC Opioid Action Plan 2.0* focus areas are below.

Strategy 1 – Prevention: Reduce the supply of inappropriate prescription 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 27% from the June 2017 (when the OAP launched) to August 2020 (the most recent month of data available).

Operation and utilization of the Controlled Substances Reporting System (CSRS) continues to grow. As of December 2019, 97% of prescribers who wrote at least one prescription for a controlled substance were registered to use the CSRS system. Between December 2018 and December 19, the number of pharmacists registered with the CSRS doubled.

DHHS continues to increase the number of health entities searching the system through an integrated function with electronic health records (EHRs). By December 2019, 89 counties had health entities with integrated workflows. In addition, 40 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. DHHS' 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 3,300 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 AHEC to healthcare professionals on safer opioid prescribing and the prevention, identification, and treatment of opioid use disorder. A total of 373 participants attended the Addiction Medicine Essentials (October 2019) and Addiction Medicine Conferences (May 2020), which provided a greater emphasis on stimulant use and treatment in the time of crisis. Given the virtual environment of COVID-19, GI has increased dissemination of online training videos (9,719 views collectively) and resource materials via their opioid website (average of 600 views/month) and social media outlets. Additionally, over 300 medical practitioners and licensed clinical staff participated in ASAM (American Society of Addiction Medicine) level of care and medication-assisted treatment training through funding from the Opioid State Targeted Response (STR) grant in 2018.

NC Medicaid 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.

NC Medicaid also implemented a pharmacy edit which stops a 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. NC Medicaid 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. The initiative includes 21 HIDTA programs spanning 34 states and the District of Columbia.

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 stakeholders 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.

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 (NC HRC) was one of the seven ORS states to receive funding. The PHA has been supporting NC HRC with their pilot project of implementing an Overdose Education and Naloxone Distribution (OEND) program in 3 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. Approximately 10 events were held during Fall 2019 and had an approximate reach of 24,700. Unfortunately, due to COVID-19, all spring and summer events were cancelled. Over 70 take-back events were held across the state in October 2019, but the 55 planned events for Spring 2020 were cancelled due to COVID-19.

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 21 pharmacies across the state and created county-specific overdose prevention resources for 21 counties. Additionally, three pharmacies have been selected to pilot a pharmacist-centered medication-assisted treatment program in collaboration with local providers.

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 box 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).

DHHS launched the Over the Dose NC Campaign from July 10- August 30, 2019. Focusing on digital ads, the campaign aimed to reduce prescription opioid misuse by increasing knowledge of what prescriptions opioids are, how they work and the risks of using prescription opioids other than prescribed. The campaign focused on North Carolinians ages 18-30 who are were at risk of using prescription opioids not as prescribed. The campaign successfully delivered message awareness with over thirty-two million impressions delivered over the 8-week period.

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 service, address social determinants of health and eliminate stigma

Since the legalization of syringe exchange programs in 2016 and by the end of the fourth implementation year, there are 38 active registered syringe exchange programs directly covering more than 55 counties and one tribe (with 24 additional counties covered reached by services). In the past year, syringe services programs (SSPs) in North Carolina made over 62,031 contacts with more than 15,339 people. The programs referred 2,641 individuals to substance use treatment, distributed 53,097 naloxone kits, collected over 1.9 million used syringes, and conducted more than 2,778 HIV and Hep C tests. Over 8,600 reversals were reported back to SSPs in 2019-2020, an 80% increase from 2018-2019. 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.

In addition to convening the OPDAAC to implement the *NC Opioid Action Plan* 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) released RFA #371 Community Linkages to Care for Overdose Prevention and Response on September 24, 2019 as a result of CDC funding to NC. All local health departments/districts (LHDs) in NC were eligible to apply for 33 months of funding for core strategies to develop or expand syringe exchange programs, connect justice-involved persons to care, and/or establish post-overdose response teams. In addition, LHDs were able to apply for another component to propose innovative projects to prevent fatal and non-fatal opioid overdoses, increase access and linkages to care services, and build local capacity to respond to the overdose crisis in North Carolina. In December 2019, DHHS awarded 23 LHDs up to \$275,000 each, which will be disbursed over December 1, 2019 through August 31, 2022, resulting in an annual total of approximately \$2.1 million, contingent upon future CDC funding.

Under the NC Good Samaritan/Naloxone Access Laws (S.L. 2013-23, S.L. 2015-94, and S.L. 2017-74),

the NC Harm Reduction Coalition has distributed over 101,000 naloxone rescue kits as of January 2019 and has recorded 13,394,394 community reversals. In addition, more than 134,881,881 units of naloxone have been purchased with federal funds as of July 2020 and distributed through opioid treatment programs, Oxford Houses, other treatment programs, law enforcement and recovery organizations.

As of September 1, 2020, 312 known law enforcement agencies in 91 different counties carry naloxone. Records to date indicate law enforcement agencies have reported 1,943 reversals since their programs started. 30 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 Action Plan 2.0 local actions, Local Health Directors are encouraged to share programs active in their districts via an annual survey.

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 (83% of retail pharmacies in the state).

In addition, 45 local health departments in NC have adopted standing orders for naloxone dispensing by public health nurses.

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, also funded through the Opioid STR grant, 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 also awarded the State Opioid Response (SOR) prime and Supplement grants for the period of September 30, 2018 through September 29, 2020, 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 and contracts with the Eastern Band of the Cherokee Indians to provide training in culturally-appropriate approaches to care, pain management alternatives and various harm reduction and prevention strategies. Other initiatives included targeted funding with three 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.

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 November 2019 and August 2020, 879 total providers were trained and of those, 540 completed the MAT waiver training. 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 31 individuals were engaged in this pilot and linked to appropriate care.

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.

There are currently 12 identified, jail-based medication assisted treatment (MAT) programs, in various stages of implementation, throughout the state. Representatives from nine of these programs regularly join and participate in monthly, “MAT in Jails” Calls that are co-facilitated by DMH/DD/SAS 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.

The December 2019 quarterly OPDAAC meeting had over 350 registrants and 243 in attendance, with approximately half being first-time attendees. Many attendees from various stakeholder groups, including jail-administrators, local health department program managers, have contacted IVPB for more information on how to implement MAT in jails and a few programs are in the planning stages of establishing jail-based MAT programs in their counties, citing the meeting as a catalyst to this change.

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

The [Opioid Action Plan Dashboard](#) was launched in June 2018 and provides county level data on the key Opioid Action Plan metrics. This dashboard enables local, county, and state partners to directly access the data to monitor the opioid epidemic in their counties. The dashboard has been presented at numerous stakeholder meetings to educate partners on its availability and application. The table below presents the final 2018 numbers for each of the Opioid Action Plan metrics. The most recent 2019 and 2020 year-to-date data can be viewed on the dashboard online. A new data dashboard tracking the metrics outlined in OAP 2.0 is set to launch in late 2020.

Metrics	2018 Data
OVERALL	
Number of unintentional opioid-related deaths to NC Residents (ICD10)	1,718
Number of ED visits that received an opioid overdose diagnosis (all intents)	6,743
Reduce oversupply of prescription opioids	
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six-month period), per 100,000 residents	24.5 per 100,000 residents
Total number of opioid pills dispensed	43,348,100
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	5.2%
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	21.0%
Reduce Diversion/Flow of Illicit Drugs	
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	80%
Number of acute Hepatitis C cases	1925
Increase Access to Naloxone	
Number of EMS naloxone administrations	12,237
Number of community naloxone reversals	3,372
Treatment and Recovery	
Number of buprenorphine prescriptions dispensed	637,840
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	34,310
Number of certified peer support specialists (CPSS) across NC	3,350

SUMMARY

OPDAAC, led by the NC DHHS DPH and DMHDDSAS and guided by the *NC Opioid 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. However, current data shows a steep rise in illicit drug use.

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. Only 20% of uninsured people with opioid use disorders have received outpatient treatment for their addiction in the past year. This is nearly half the rate of people with insurance that receive addiction 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.

NC will need to continue to ramp up efforts to increase access to and availability of the life-saving opioid overdose reversal medication naloxone and sustainably fund opioid use disorder treatment and recovery supports.