



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

December 1, 2022

**SENT VIA ELECTRONIC MAIL**

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

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

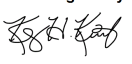
The Honorable Larry Potts, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 307B1, Legislative Office Building  
Raleigh, NC 27603

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 for 2022.

Should you have any questions regarding this report, please contact John Furnari, Program/Policy Analyst, at [John.Furnari@dhhs.nc.gov](mailto:John.Furnari@dhhs.nc.gov).

Sincerely,

DocuSigned by:  
  
Kody H. Kinsley  
Secretary

cc: Mark Collins    Joyce Jones    Katherine Restrepo    Nathan Babcock    Amy Jo Johnson  
Jessica Meed    Theresa Matula    Luke MacDonald    Lisa Wilks    Francisco Celis Villagrana

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**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

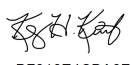
The Honorable Danny Britt, Chair  
Joint Legislative Oversight Committee on  
Justice and Public Safety  
North Carolina General Assembly  
Room 525, Legislative Office Building  
Raleigh, NC 27603

Dear Chairmen:

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Secretary

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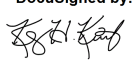
Mr. Mark Trogdon, Director  
Fiscal Research Division  
Suite 619, Legislative Office Building  
Raleigh, NC 27603-5925

Dear Director Trogdon:

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

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



**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 1, 2022**

## INTRODUCTION

S.L. 2015-241, Section 12F.16(q), amended by 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, 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

- In 2020, NC saw a 23% increase in overdose emergency department visits and a 40% increase in overdose deaths compared to 2019. While 2021 data are not yet finalized, provisional data show that fatal and non-fatal overdoses continued to increase in 2021. This increase is similar to trends seen nationally during the COVID-19 pandemic.
- The overdose epidemic continues to be largely driven by illicit opioids with over 75% 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.
- The burden of overdose has disproportionately worsened in some historically marginalized communities with overdose rates increasing faster among American Indians and non-Hispanic Blacks statewide. Additionally, while the overall number of overdose deaths is still highest among non-Hispanic White people, when measured as a portion of population, American Indian have the highest rate.

## OPIOID AND PRESCRIPTION DRUG ABUSE ADVISORY COMMITTEE

- OPDAAC meetings were held on 1/22/2021, 4/1/2021, 10/29/2021 and 12/10/2021.
- Topics discussed included the following: racial equity; pregnancy and substance use disorders; opioid settlement funding; justice-involved populations.
- Meetings were held virtually and averaged 150 attendees at each meeting.

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

- There continues to be a decrease in the supply of opioid pills dispensed statewide; from 2020 to 2021 the number of North Carolinians receiving outpatient dispensed opioid pills decreased 5%, and from 2017 (when the OAP launched) to 2021 NC has seen a 31% decrease.
- In 2021, the Controlled Substances Reporting System was accessed by 52,824 prescribers and pharmacists searching patient prescribing histories, an increase from 46,000 the previous year. Quarterly prescriber reports were made interactive in 2021, enabling prescribers to drill down to patient level information using their log in credentials.
- DHHS provided technical assistance and formal training on how to maximize the use of the Controlled Substances Reporting System (CSRS) to 1,000 practitioners through the CSRS Utilization scheme.
- Under the Overdose Response Strategy, the North Carolina Public Health Analyst (PHA) continues to support the North Carolina Harm Reduction Coalition (NCHRC) in its fourth year of

continued pilot project funding. Through the current Expansion Grant, NCHRC will support the expansion of overdose education and naloxone distribution through the development and deployment of a digital training course for use on jail tablets. Additionally, NCHRC will continue its use of outreach specialists in several jails and evaluation efforts to identify program successes and barriers.

- The “Overdose Prevention in Jails” project led by NCHRC and the PHA published a Jail-based [\*Overdose Prevention Education and Naloxone Distribution Toolkit\*](#) in December 2021.
- DHHS has continued to work with partners including the Mountain Area Health Education Center and Governor’s Institute to offer training and technical assistance to healthcare professionals on topics including safe opioid prescribing, evidence-based treatment of opioid use disorder, stimulant use disorder and contingency management and polysubstance use. In partnership with the Governor’s Institute and North Carolina Association of Pharmacists, training has been provided to nearly 1,000 pharmacists and pharmacy technicians on harm reduction strategies.
- DHHS has awarded six communities (within Burke, Cabarrus, Carteret, Robeson, Stanly and Surry counties) with the Preventing Prescription Drug (PDO) grant to provide naloxone trainings to first responders and community members as well as secure storage and monitoring of prescription drugs. Four more communities will be awarded in November 2022.
- NCDHHS worked with Clean, Inc. to develop a media campaign to increase website visits to two key websites: [Naloxone Saves](#) and [NC DHHS Syringe and Naloxone Access](#) 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 campaign launched in June 2022 and will run through early fall 2022. Final metrics will be shared during the next reporting period.

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

- The statewide Lock Your Meds media campaign, utilizing funding from the Statewide Opioid Response 2 (SOR 2) grant has reached 5,101,941 North Carolinians about the importance of securely storing and disposing of unused medication. 1015 pounds of unused medication was collected and 14,146 medication disposal kits distributed across several NC communities.
- With upcoming funding from the State Opioid Response 3 (SOR 3) funding, it’s proposed to fund 10 communities beginning October 1, 2022, to conduct opioid primary prevention education with youth in areas that are historically underrepresented and represent areas that have the greatest need regarding opioid overprescribing and overdose deaths.
- DHHS has awarded four communities (within Robeson, Scotland, Mitchell and Columbus counties) with the Strategic Prevention Framework-Prescription Drugs (SPF-Rx) grant to conduct assessment, planning and delivery of evidence-based opioid primary prevention activities and encouraging the medical community to utilize the CSRS. Three more communities will be awarded in Fall 2022.
- Identification and provision of services to families at risk of disruption due to parental opioid use through a pilot at a local DSS agency.

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

- During the period April 2021 through March 2022, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) purchased over 335,000 doses of naloxone on behalf of harm reduction programs, local health departments, opioid treatment programs, emergency disaster shelters, law enforcement agencies, first responders (for “leave-behind” purposes after responding to an overdose), and other community-based organizations serving at-risk individuals.
- The Community Linkages to Care for Overdose Prevention and Response grant funding supports local health departments in developing or expanding syringe service programs, connecting justice-involved persons to care, establishing post-overdose response teams (PORTs) and/or implementing innovative projects to prevent fatal and non-fatal overdose and increase access and linkages to care.
  - Of the 12 local health departments (LHDs) working on developing or expanding syringe services programs (SSP), 11 are in the implementation and/or evaluation stages. Six of the 12 LHDs engaging in this strategy reported that they have added new services to the list of those they provide program participants.
  - Of the 11 LHDs engaging in work related to Connecting Justice-Involved Persons to Care, all have program components focused on educating incarcerated people and their families or loved ones on harm reduction strategies before release. Nine of the 11 LHDs are engaged in providing take-home naloxone distribution for people upon release. Ten of the 11 LHDs are focused on establishing reentry programs to link or refer people to care services once released from incarceration and provide care service referrals to those individuals identified with substance use disorder upon their release. Five of the 11 LHDs are focused on developing a comprehensive medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) program in the jail/detention center setting, with a sixth LHD in a discussion phase about this possibility.
  - Of the 14 LHDs funded to work on developing, expanding or supporting a Post-Overdose Response Team, 11 are in some stage of implementing or evaluating their program. LHDs are asked to describe the referrals they provide for other services, and these include providing food, clothing, and other living supplies, as well as providing COVID-19 vaccinations to clients. Referrals are also made to detoxification services, residential treatment services, emergency housing, and transportation services.
- The Syringe Services Program (SSP) Advisory Group convened monthly to discuss the current needs of people who use drugs in North Carolina, priorities of SSPs in the state, and the work of the Injury and Violence Prevention Branch (IVPB). Some of the topics discussed included the housing needs of people who use drugs, adulterants in the drug supply, equity in overdose prevention, MOUD in pregnancy, and the opioid settlement.
- Two new SSPs registered, bringing the total number of programs operating in NC to 46 with 57 counties being served.
- IVPB partnered with the Communicable Disease Branch to put on the Drug User Health Summit where over 100 partners working in overdose prevention were able to meet in Winston Salem for a one-day session focused on peer learning.

- IVPB hosted its Harm Reduction Academy in April 2022 in Wilmington. The 2022 Harm Reduction Academy followed a hybrid format, with two days taking place virtually and one day being in person. Topics of the academy included harm reduction history and philosophy, history of the drug war, the importance of centering lived experience, trauma informed care, burnout prevention, sex work centered harm reduction, and how to communicate about harm reduction while also providing opportunities for networking, discussion, and practicing what is learned through role playing.

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

- DHHS has continued to partner with the UNC School of Medicine to expand an inpatient peer counseling program for individuals hospitalized with infections related to injection drug use. This program has demonstrated a significant reduction in hospital readmissions, in addition to over 70% of all patients engaged being discharged on medications for opioid disorder.
- Between October 1, 2021 to July 31, 2022, MAT was provided to 28,687 (unique, unduplicated) patients at one of 84 North Carolina Opioid Treatment Programs (OTPs).
  - Patients admitted into treatment at an OTP traveled on average 14 miles to receive services.
  - While North Carolina saw an overall increase in overdose emergency department visits, those enrolled in OTPs had overall decreases in self-reported ED visits. After six months of treatment, new OTP patients reported a 38% reduction in ED visits, from an average of 12.1% reporting having visited a hospital emergency department during the three months prior to treatment to 7.1% reporting having visited a hospital ED during treatment.
  - The percentage of OTP patients who are in the labor force who reported full or part time employment increased by 29% during treatment, from 51.6% reporting employment during the 3 months prior to treatment, and 66.7% reporting employment after six months of treatment. This difference was more significant among consumers receiving treatment through either Medicaid or a state-funded Benefit Plan through an LME-MCO. Among Medicaid/state-funded consumers, there was a 45% increase in employment, from 43.4% reporting employment during the three months prior to treatment and 63.1% reporting employment at six months.
- NC DHHS participates in the State Opioid Response (SOR) federal grant (\$35 million per year) that aims to address the opioid crisis by increasing access to MAT using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs). Over 16,000 uninsured/under-insured individuals have accessed clinical treatment services, medications and recovery services and supports through this funding over the course of this grant.
- Allowing billing for take home medications was an excellent regulatory flexibility approved at both the state and federal levels that greatly supported the system to continue to serve those in need during the COVID-19 pandemic. Other significant implemented flexibilities that continued during this reporting timeframe included:



- Allowing for flexibility in hours/structure of programming to accommodate the needs of providers and clients in a pandemic setting;
- Allowing for flexibility in staffing and training to ensure programming did not shut down if some staff were unavailable during the pandemic;
- 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;
- Waiving prior and concurrent authorizations for some services to lessen the strain on providers;
- Increasing take home allowances and payments for OTP services;
- Allowing/providing for take home medication for those medically appropriate; and
- Allowing for telephonic/telehealth services to be reimbursed.

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

- Between July 2021 and June 2022, seventeen (17) diversion and re-entry sites used DHHS grant funding to provide direct services to 4,104 justice involved individuals with substance use disorder and distributed 11,484 naloxone kits. The sites reported 93 known overdose events, 89 of those were reversed, and 33 were linked to MAT services.
- In October 2021, NCDHHS released a funding opportunity, the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP) grant. This grant supplied 3.5 million dollars in funding to seven local governments and community-based organizations to increase access to high-quality opioid use disorder treatment, overdose prevention training, and linkages to services for people in the criminal justice system.
- There are 18 jail-based MAT programs throughout the state.
- SOR-funded justice Involved programming at detention centers in Haywood, Buncombe, Pitt, and Durham counties utilize a mix of approaches including initiation or continuation of MAT/MOUD for individuals while incarcerated, and the use of peer supports to link individuals to treatment upon release.
- Substance Use Disorder has disproportionately impacted the Eastern Band of the Cherokee Indians (ECBI).
  - The Eastern Band of the Cherokee Indians' Tribal Detention Center and the Hospital Authority are partnering to ensure incarcerated individuals have access to MAT/MOUD, groups and individual therapy.
  - As part of the services funded under the SOR grant, their initiatives are reflective of the ECBI desire to address the issue from both a harm reduction and a culturally appropriate trauma informed approach, as well as increasing access to MAT during non-traditional and weekend hours.

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

- The [NC Opioid and Substance Use Action Plan Data Dashboard](#) continues to track state-wide, regional, and county-level metrics and local actions, enabling partners to directly access the data to monitor the overdose epidemic and prevention and response activities in their jurisdictions.
- In May 2022, the dashboard was updated to feature a key focus of the OSUAP to center equity and lived experience to ensure the strategies to address the overdose epidemic are equitable and led by those closest to the issue. The new “Local Equity” page describes the burden of overdose on historically marginalized populations and displays five-year counts and rates of death data by racial and ethnic groups for each county.

## CONCLUSION

As reflected herein, North Carolina’s system for monitoring opioid and prescription drug use is multi-faceted. It continues to involve multiple partners including but not limited to state agencies, local health departments, and advisory groups working collaboratively to identify and respond to the ongoing opioid crisis. The increase in the number of pharmacists and prescribers accessing the CSRS as well as the targeted use of available funding has similarly informed our combined efforts to positively impact this crisis. Intervention aimed at multiple levels (supporting children and families, addressing social determinants of health, working to eliminate stigma, improved outreach to traditionally marginalized populations, and the availability of treatment and recovery supports) has been a critical component of our monitoring system. However, despite the success of efforts implemented thus far, preliminary data for the 2021 calendar year reflects a continuing increase in fatal and non-fatal overdoses, a trend observed nationally during the COVID-19 pandemic, standing as a stark reminder of the ongoing importance of this work.