



NC Department of Health and Human Services
NC Opioid and Prescription Drug Abuse
Advisory Committee (OPDAAC)

Coordinating Workgroup Meeting

April 12, 2018

Welcome! and Introductions of Attendees

- Welcome!
 - Susan Kansagra
 - Steve Mange
- Introductions of Attendees
 - Your name
 - Your organization/affiliation

Harm Reduction Response to Fentanyl Including Fentanyl Test Strips

Robert Childs and Jennifer Vanderminden

North Carolina Harm Reduction Coalition (NCHRC) is North Carolina's only comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis.

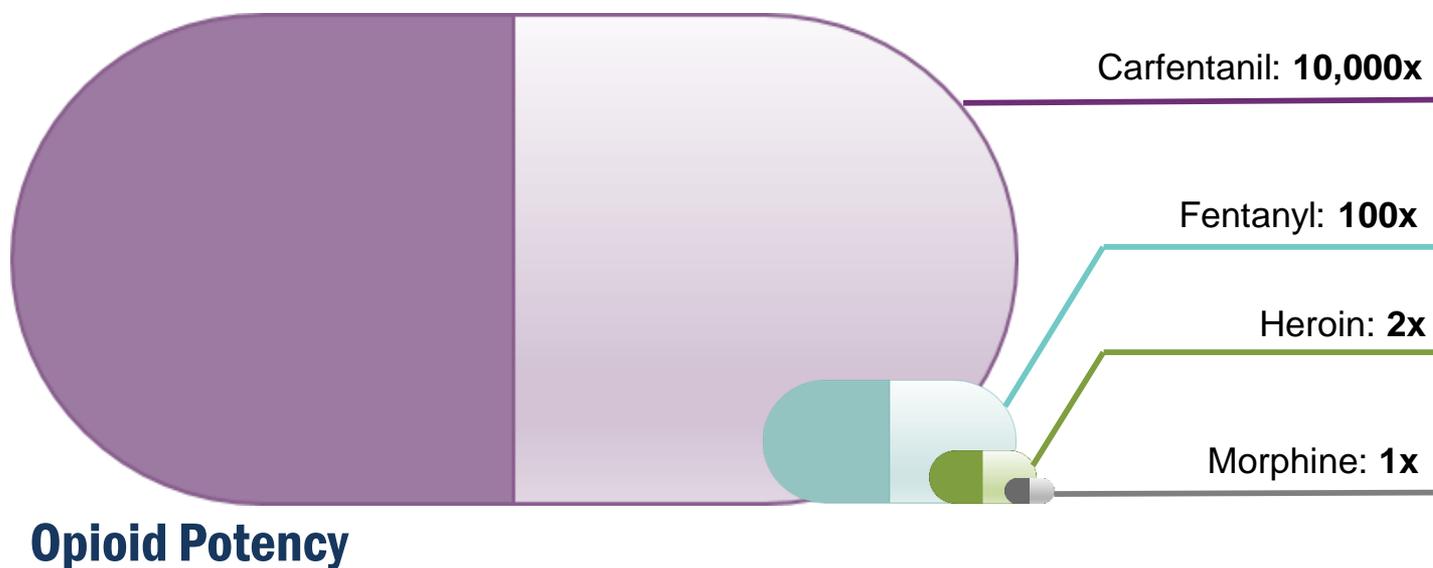
What Is Fentanyl?

- Most powerful opioid routinely used in human medicine
 - 50 – 100x painkilling power of morphine
 - Often used to treat post-surgical and cancer pain
- Rapid onset, short duration
- Before 2013 was a recreational drug, was mostly from diversion of legal manufacture.
- Large quantities of illegally manufactured fentanyl (IMF) began appearing about 2013
- Often mixed with heroin and counterfeit pills
- Very large increases in overdose deaths in last 2 years appear to be driven by it

Source: National Harm Reduction Coalition

With unprecedented availability of cheap heroin and fentanyl...

MORE PEOPLE ARE DYING



Fentanyl Analogues

- Very similar chemical structures to fentanyl
- Most were developed during 1960 – 80s when researchers explored the fentanyl family of medications

Medication	Year Developed
Fentanyl	1960
Acetylfentanyl	1964
Furanylfentanyl	1986
Carfentanil	1974 (legal use as large animal analgesic)

- Analogue manufacture introduced to evade changing laws

Fentanyl Analogues

Analogue	Potency (compared to morphine in MEQs)
Fentanyl	50 – 100 MEQs
Acetyl fentanyl	15
Furanyl fentanyl	20
Acrylfentanyl	50 – 100 (maybe more)
Carfentanil	10,000 – 100,000

- Analogues may not be detected in standard tests, even in tests for fentanyl
- MEQ = Morphine Equivalent Units, measure painkilling efficacy (usually by “tail flick test”), not fatality risk

Fentanyl Pressed into Counterfeit Pills

- Involved in Prince's death, U-47700 also found in his blood
- Pills first appeared in 2014
- Pill presses have been seized by DEA
- Look like Xanax and other legal medications, very good imitations

Figure 2: Pill Presses Used to Manufacture Counterfeit Prescription Pills in Los Angeles.



Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.



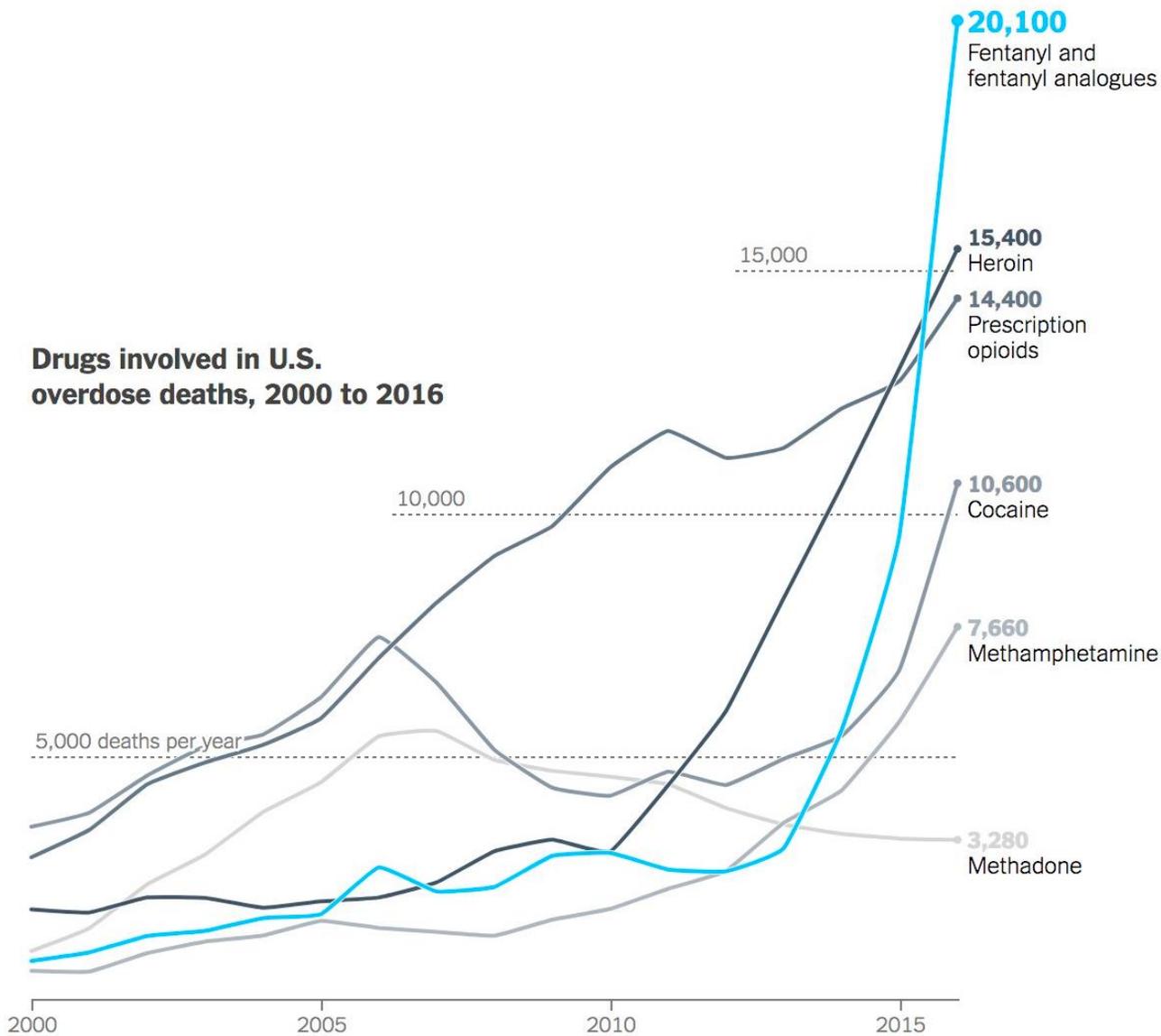
Source: Tennessee Bureau of Investigation

Source: National Harm Reduction Coalition

More About Fentanyl

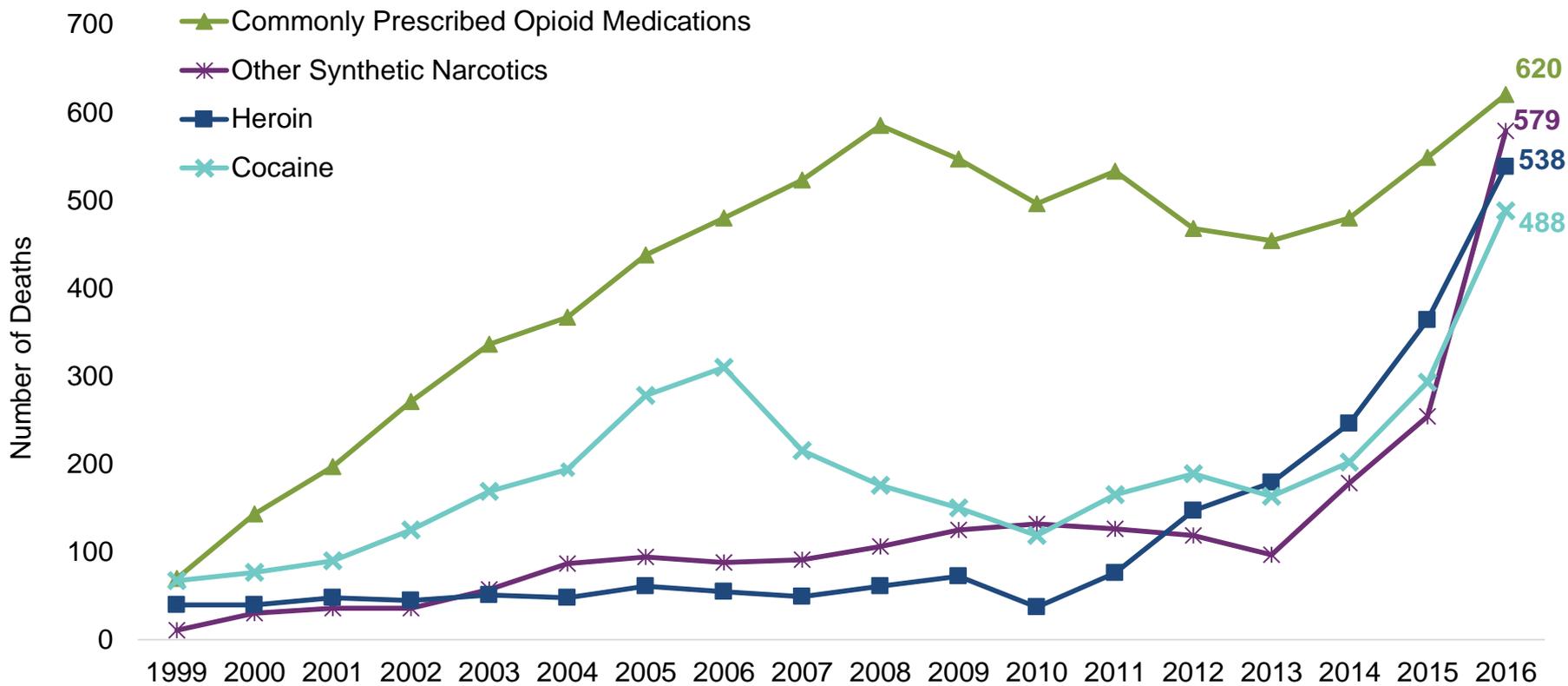
- Not well absorbed through stomach (33%), does not come as a pill
 - IV, lozenges, lollipops, sublingual
 - Transdermal patches
- Diverted patches
 - Various methods of extracting drug from the patch
 - Both new and used patches can be used to get high
- Overdoses can be so rapid that only fentanyl, without the usual breakdown products (metabolites), is found in blood
- Fentanyl is not a routine drug test at treatment centers and primary care
- Fentanyl testing will miss many analogues

Drugs involved in U.S. overdose deaths, 2000 to 2016



<https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html? r=0>

Substances* Contributing to Unintentional Medication and Drug Overdose Deaths, North Carolina Residents, 1999-2016

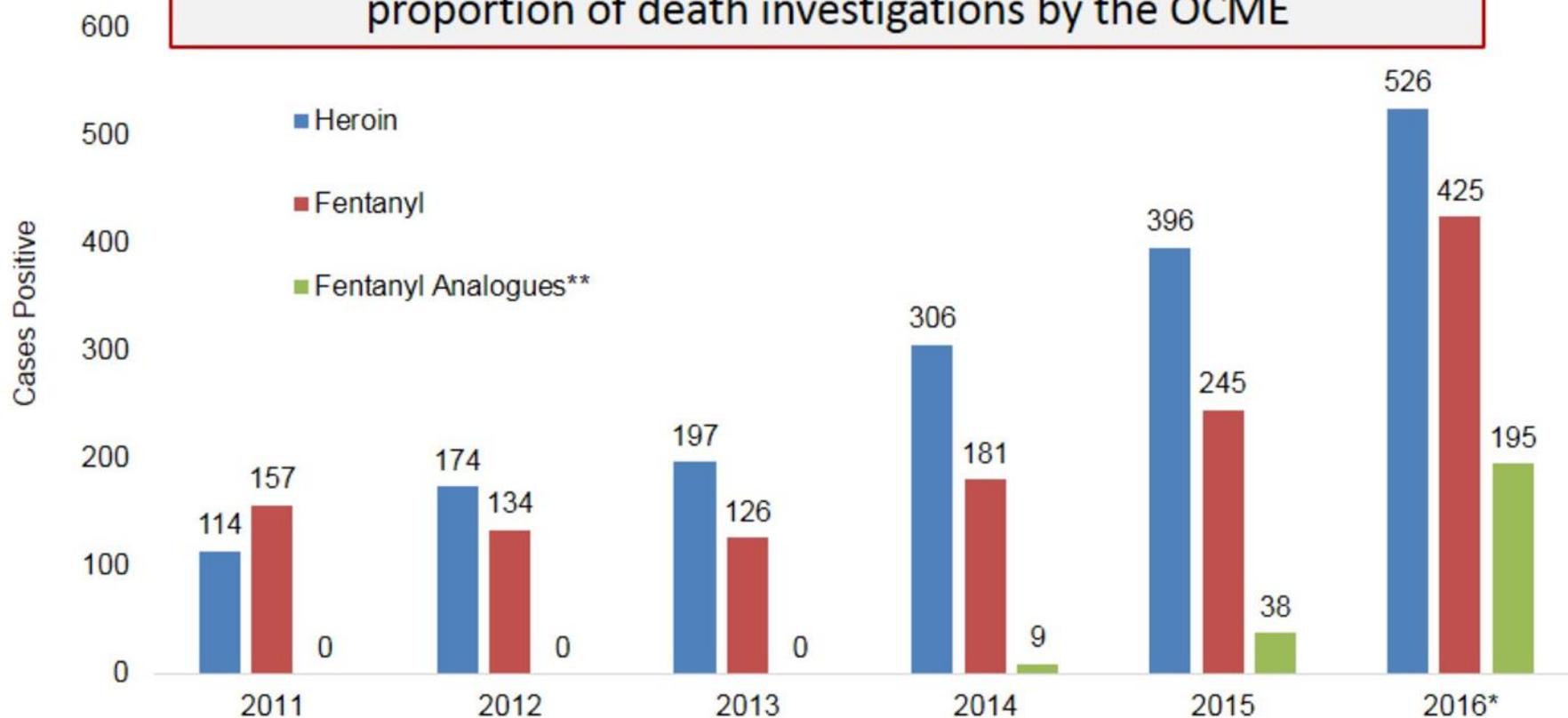


*These counts are not mutually exclusive. If the death involved multiple drugs it can be counted on multiple lines.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016, Unintentional medication or drug overdose: X40-X44 with any mention of specific T-codes by drug type. Analysis by Injury Epidemiology and Surveillance Unit

Heroin, Fentanyl, and Fentanyl Analogues Detected in Toxicology Testing, Office of Chief Medical Examiner Investigated Deaths

2016 – Fentanyl & Fentanyl Analogues detected in a larger proportion of death investigations by the OCME



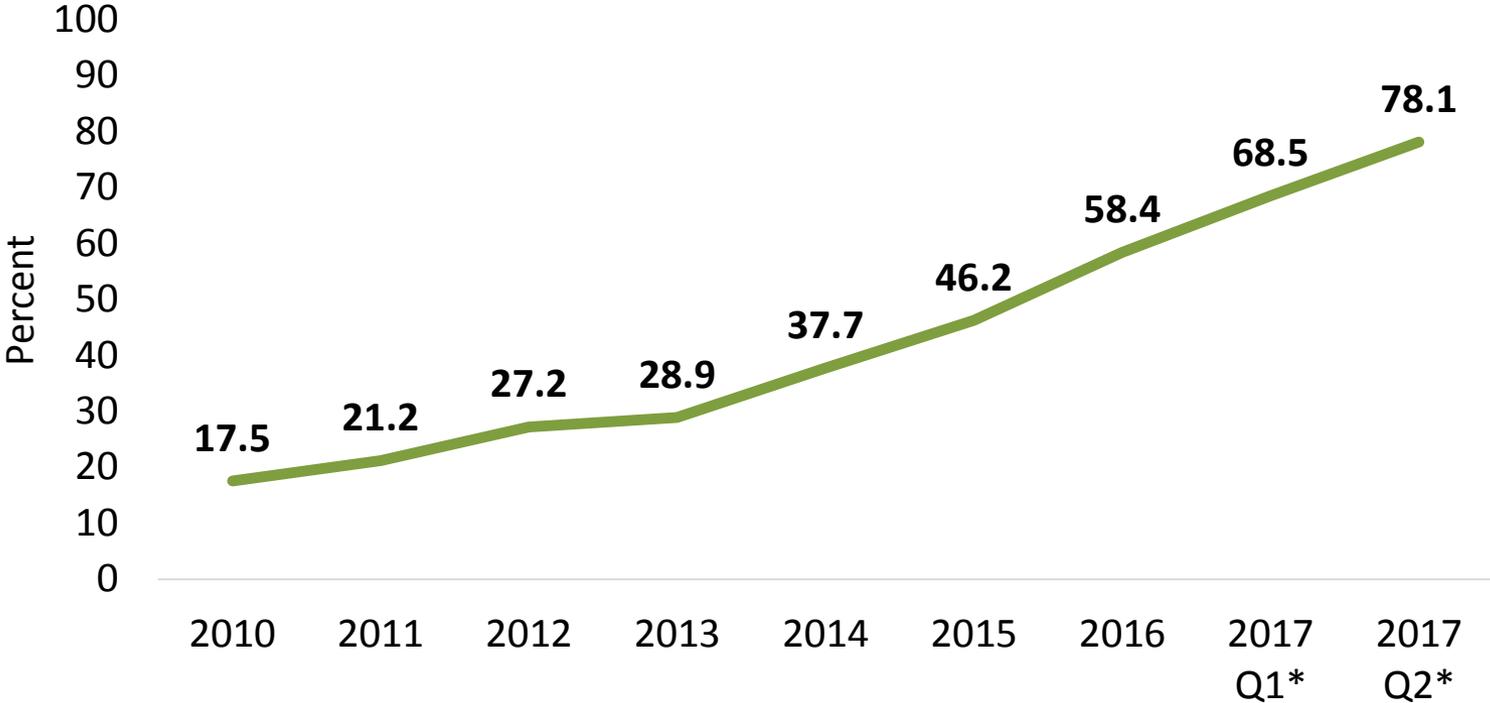
Source: N.C. Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory.

*Data for 2016 is considered provisional and is current as of Feb. 2017.

**Fentanyl analogues include: Acetyl fentanyl, Butyrylfentanyl, Furanylfentanyl, Fluorofentanyl, Acrylfentanyl, Fluoroisobutyrylfentanyl, Beta-Hydroxythiofentanyl, Carfentanil. The presence of a drug does not necessarily indicate that it was attributed to the cause of death

Percent of Opioid Overdoses Positive for Heroin, Fentanyl, and/or Fentanyl Analogues**

Office of Chief Medical Examiner Investigated Deaths, 2010-2017*



*2017 data are preliminary and subject to change

Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q2

**Fentanyl analogues include: Acetyl fentanyl, Butrylfentanyl, Furanylfentanyl, Fluorofentanyl, Acrylfentanyl, Fluoroisobutrylfentanyl, Beta-Hydroxythiofentanyl, Carfentanil. The presence of a drug does not necessarily indicate that it was attributed to the cause of death.



Harm Reduction Responses to Fentanyl

Program Actions

- Naloxone! Naloxone! Naloxone!
- Education about fentanyl along with naloxone
- Fentanyl test strip distribution
- Buprenorphine/Suboxone

Advice to Users

- Tester shots and slow shots
- Take turns
- Don't use alone
- Don't delay calling 911 (Good Samaritan Laws)

HEALTH ALERT:

FENTANYL IS KILLING NEW YORKERS

Fentanyl is a dangerous opioid that's showing up in **heroin, cocaine, street pills marked as Xanax** and other drugs. It's involved in more overdose deaths than ever before.

! ANYONE USING DRUGS, EVEN CASUALLY, IS AT RISK.

SAFETY TIPS:

- USE WITH SOMEONE ELSE:** If you overdose, it's important to have someone around to help.
- TAKE TURNS USING:** Be prepared with naloxone and have a phone on hand in case you need to call 911.
- TEST YOUR DRUGS:** Use a small amount first to see how strong your drugs are.
- CARRY NALOXONE:** Show others where it is and how to use it. More than one dose may be needed.
- AVOID MIXING DRUGS:** Mixing drugs — including alcohol — increases your risk of overdose.

AVOIDING DRUG USE IS THE BEST WAY TO PROTECT YOURSELF AGAINST FENTANYL.
Find out where to get naloxone:
call 311 or visit nyc.gov/health/naloxone.



Source: National Harm Reduction Coalition

The Concept of “Drug Checking”

- “Drug checking” is a service that chemically analyzes drug samples and provides results to people who use drugs so that they can take steps to protect themselves.
 - The results are also available to organizations or agencies to inform understanding of the drug supply. In some cases, the chemical analysis is on-site with immediate results; in other cases, people who use drugs leave a small sample of drugs for testing and retrieve the results online or by phone using a code; other variations provide training to people who use drugs and hand out simple testing materials to use on their own.
 - The use of drug checking in the United States has been limited primarily to event-based field testing for MDMA and other synthetics commonly associated with raves or similar events.
- The inconsistency of the drug supply and the lethality of fentanyl have increased interest in drug checking.
 - Recently, several syringe services programs in the United States, as well as Insite, the supervised injection facility in Vancouver, B.C., have distributed one form of drug checking, fentanyl testing strips, to people who use drugs.
 - This technology was originally developed to test the presence of fentanyl in urine samples; data on the accuracy of testing of drug samples for personal quantities of drugs are lacking, hindering broader scale-up as part of a public health response to the opioid crisis.



When able to test their drugs before use, people who discovered the presence of fentanyl were **10 times more likely to reduce their doses** and **25% less likely to overdose**.

Fentanyl Test Strips

- Urine test strips, very sensitive
- Detects 10 analogues including: carfentanil, acetyl fentanyl, furanyl fentanyl, ocfentanil, sufentanil
- 3.2% false negative rate, but always risk of missing analogues
- Add water to residue in cooker, dip in test strip, wait 30 seconds
- Study at Insite (SEP in Vancouver), if positive test result:
 - 10 times more likely to reduce their doses
 - 25% less likely to overdose
- Made by BTNX in Canada <https://www.btnx.com/Product?id=16940>

<http://www.vch.ca/about-us/news/news-releases/drug-checking-at-insite-shows-potential-for-preventing-fentanyl-related-overdoses>

Source: National Harm Reduction Coalition

Supporting Research

Fentanyl Overdose Reduction Checking Analysis Study (FORECAST) Study

FINDING 1

Fentanyl testing strips had the lowest detection limit and the highest sensitivity and specificity for fentanyl of the technologies assessed.

TECHNOLOGY	DETECTION LIMIT	SENSITIVITY		SPECIFICITY	
		Rhode Island Lab	Baltimore Lab	Rhode Island Lab	Baltimore Lab
BTNX Fentanyl Testing Strips (immunoassay)	0.13 micrograms/ml	96%	100%	90%	98%
TruNarc (Raman Spectroscopy)	25 micrograms/ml	4% (61% with SERS kit)	4% (39% with SERS kit)	100% (92% with SERS kit)	98% (92% with SERS kit)
Bruker Alpha (FTIR Spectroscopy)	3-4% weight, which is comparable to TruNarc	83%		90%	

Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health.

Supporting Research FORECAST Study

FINDING 2

The vast majority of people who use drugs have a high degree of concern about fentanyl in the drug supply.

84% of respondents were concerned about the drugs they use having fentanyl in them. Of 256 respondents who thought they had consumed fentanyl, 85% said they wished they had known beforehand. Contradicting the idea that people who use drugs are actively looking for fentanyl, only about one in four (26%) stated a preference for drugs with fentanyl.

Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health.

Supporting Research

FORECAST Study

Of all respondents, 85% desired to know about the presence of fentanyl before using drugs, with 73% expressing moderate to high interest. Drug checking was viewed as an important means of overdose prevention, with 89% agreeing that it would make them feel better about protecting themselves from overdose. Interest in drug checking was associated with having witnessed an overdose and recently using a drug thought to contain fentanyl. In addition to the presence or absence of fentanyl, a large majority of respondents were interested in knowing the amount of fentanyl (86%) and the presence of other substances (87%).

FINDING 3

The vast majority of people who use drugs are interested in fentanyl checking as a product safety measure.

Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health.

Supporting Research

FORECAST Study

FINDING 4

The majority of people who use drugs would modify their drug use behaviors if their drugs tested positive for fentanyl.

Across all sites, 70% of respondents reported that knowing that their drugs contained fentanyl would lead them to modify their behavior. This could include not using the drugs, using the drugs more slowly, or using the drugs with others who have naloxone. It could also include changing their purchasing behaviors.

Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health.

Supporting Research

FORECAST Study

FINDING 5

Key informants support the concept of drug checking with the goals of providing needed information to people who use drugs and serving as a point for greater engagement in services, including syringe services programs and treatment for substance use disorder.

Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health.

Supporting Research FORECAST Study

FINDING 6

Key informants have questions about the legality and logistics of drug checking.

Key informants identified additional issues about the implementation of drug checking services, including the potential legal liability and possible security risks of performing the drug checking (such as attracting law enforcement), especially at the point of service.

FORECAST Study

Recommendations

1. Public health and harm reduction agencies should address logistical questions and implement anonymous drug checking
2. Harm reduction counseling, health education, and connection to services including SUD treatment should be part of any drug checking program
3. Research, philanthropic, syringe service programs, and overdose prevention agencies should support pilot programs seeking to test, evaluate, and scale-up drug checking services as part of a comprehensive approach
4. Entities in the private sector should continue to develop mobile technologies for effective drug checking
5. Public health surveillance efforts should include information about local trends in the drug supply, such as those available through drug checking, to inform timely and accurate responses

Supporting Research

Fentanyl Test Strip Pilot

DOPE Project and Syringe Access Collaborative, August - December 2017, San Francisco

- Variety of testing scenarios: often residue in cookers or empty bags
- Variety of drugs tested:
 - crystal meth/speed (32.2%)
 - black tar heroin (37.2%) other types of heroin (14.1)
 - other drugs included crack cocaine, powdered cocaine, Xanax, ecstasy, unmarked pills, and meth/heroin mixes.
- 68.2% of all tests were positive
- 51.8% tested before using, 48.2% after using
- 58.8% shared results of the test with their community, regardless of whether the result was positive or negative.
- User responses: using less, test shots, friend monitoring while using, smoking instead of injecting.

Source: National Harm Reduction Coalition

Awareness and Education Insite, Vancouver

NOTICE

Fentanyl Drug Checking available at Powell Street Getaway

- 80% of drugs checked at Insite since July 2016 were positive for fentanyl.
- Checking your drugs before you use can prevent an overdose.
- Ask a PSG staff about how to check your drugs.



Awareness and Education

Washington Heights Corner Project, New York



DANGEROUS HEROIN BATCH ALERT

Washington Heights, NY -- Friday September 15th

Be extra cautious of the baggie/brand shown below. It has tested positive for **fentanyl**:

COCA-COLA BRAND



OD PREVENTION ADVICE

DO NOT USE ALONE

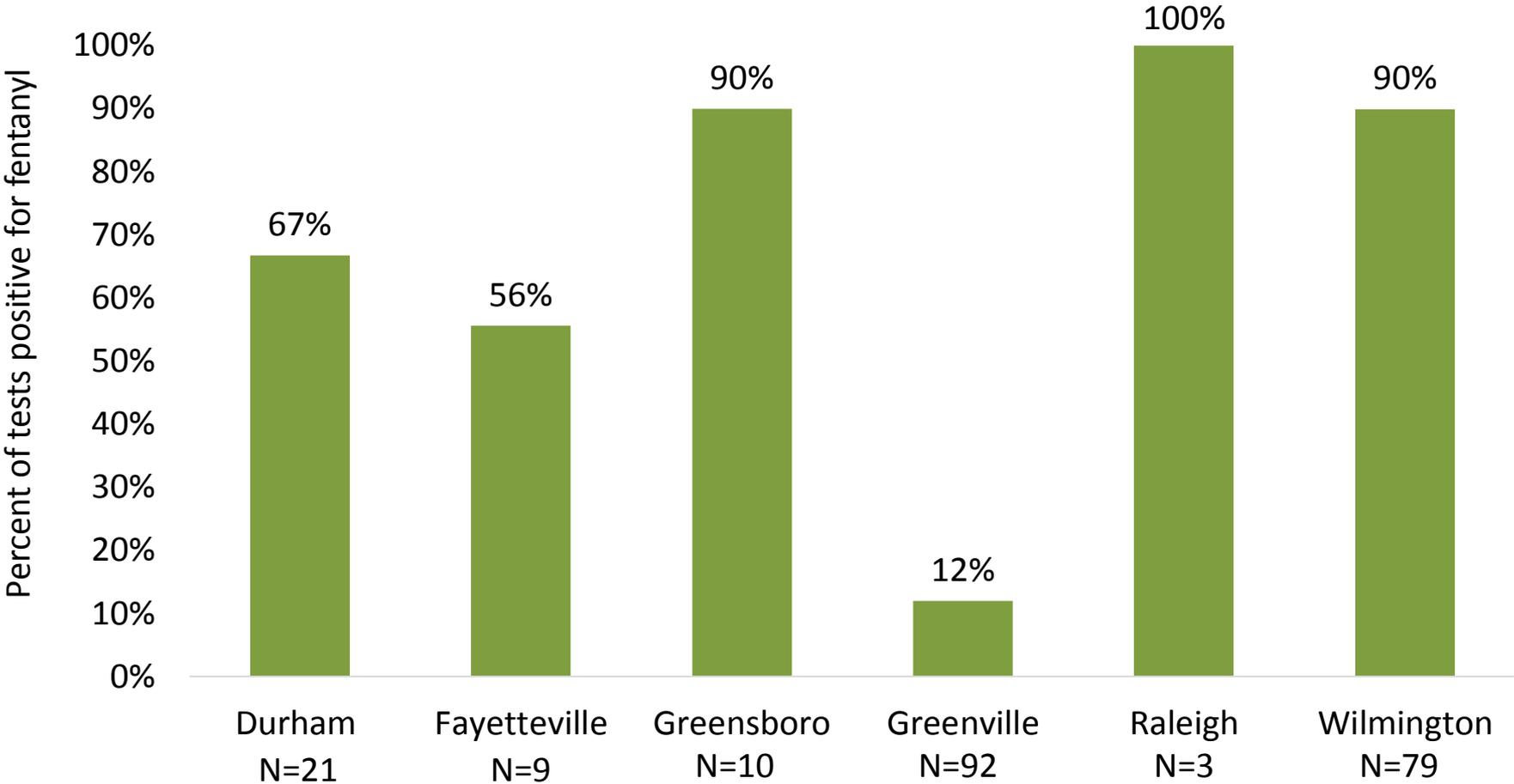
ALWAYS HAVE NARCAN WITH YOU WHEN YOU USE

TEST YOUR DOSE, and PRACTICE STAGGERED USE

and remember to look up your local harm reduction agency for resources!

(WHCP provides these services in Washington Hts, NY. Call us: 212.923.7600)

Fentanyl Positive Test Strips by Test Site, 9/1/2017-2/28/2018

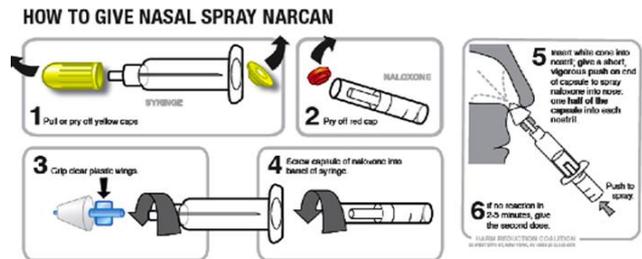
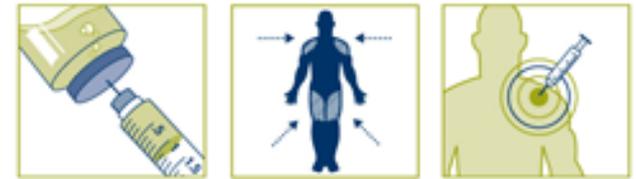


Source: North Carolina Harm Reduction Coalition, March 2018
Analysis: Injury Epidemiology and Surveillance Unit

Naloxone

- Non-addictive prescription medication reverses opiate overdose
- Distribution is associated with up to a 50% drop in OD fatalities
- Administer via intramuscular injection or nasal spray
- Cannot be abused nor cause overdose
- Restores breathing and consciousness
- Onset: One to three minutes

Duration: 30 to 90 minutes



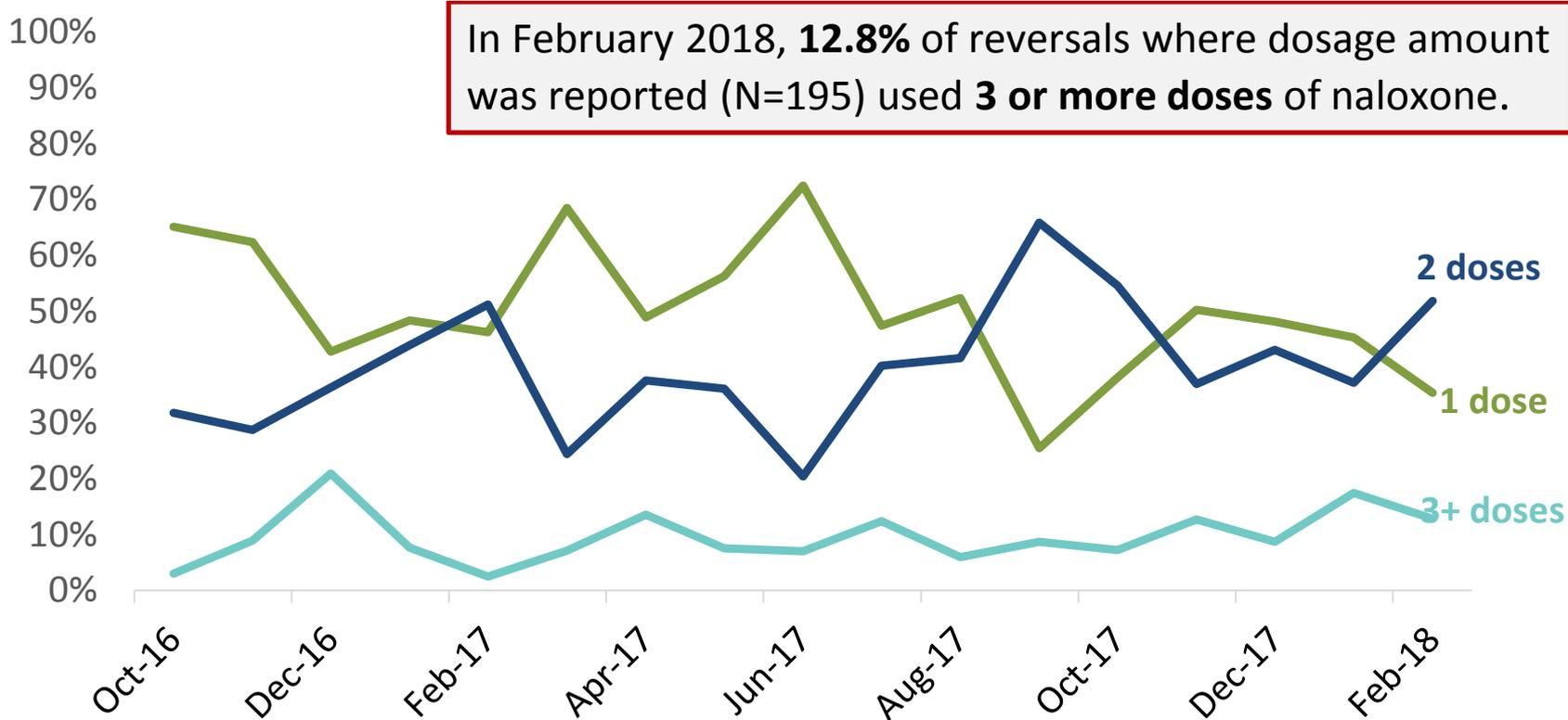
Are Two Doses Enough?

- Governmental alerts for fentanyl and analogues often advise that extra doses of naloxone may be necessary.

But

- Many anecdotal reports of extra doses turn out to have 3-6 doses administered in first few minutes
- Many reports that media involve naloxone given in lower doses than the Narcan® 4 mg nasal spray supplied by NYSDOH, which produces blood levels 5 x as high as 'standard' (0.4 mg/mL IM) doses
- DOPE project did not find more than 2 doses necessary in 2015 ('standard' 0.4 mg/mL IM doses)
- About ¼ of reversal took more than 5 minutes.
- Study of paramedics using Amphistar intranasal vs. Adapt intranasal
- Early trends show same number of doses given despite very different blood levels of each type. Adapt much higher.

Percent of Overdose Reversals* with 1, 2, or 3+ doses of Naloxone Administered, 10/1/2016-2/28/2018



*Percentage based on reversals with known dosage amount. Use caution when interpreting this data as a large percentage of each month's reversals had unknown dosage amounts.

Source: North Carolina Harm Reduction Coalition (NCHRC), March 2018
 Analysis by Injury Epidemiology and Surveillance Unit

Fentanyl and Naloxone Case Study

- DOPE Project distributes naloxone in San Francisco, directed by Eliza Wheeler, Harm Reduction Coalition
- 2015: fentanyl in both powder and pill form, pressed to mimic Xanax and sold as such
- Over 300 reported overdose reversals with naloxone in 3 months by trained participants
- 11 confirmed fentanyl-related deaths in 2015
 - More fatalities among opioid naive pill users (hard to contact)
 - Fewer fatalities among heroin users who were injecting the powder fentanyl (reached through SEPs)
- Mostly used injectable naloxone (.4mg/1ml) for reversals
- This case is being prepared for publication.

Eliza Wheeler, DOPE Project

Syringe Exchange/Drug User Health Services Strategies and Recommendations

- Routine conversations with SEP participants about fentanyl
- Do not use alone
- Use fentanyl test strips—you deserve to know what you're injecting!
- Do a tester shot (or snort) when you use drugs. This will help you measure the strength.
- Slow your shots. Try not to inject all at once.
- Don't lock yourself in somewhere that makes it hard for people to find you
- Let people know where you are so they can come check on you after a certain time
- Try and stay in contact with a buddy by text. If they can't reach you after a certain time, plan for them to come check on you

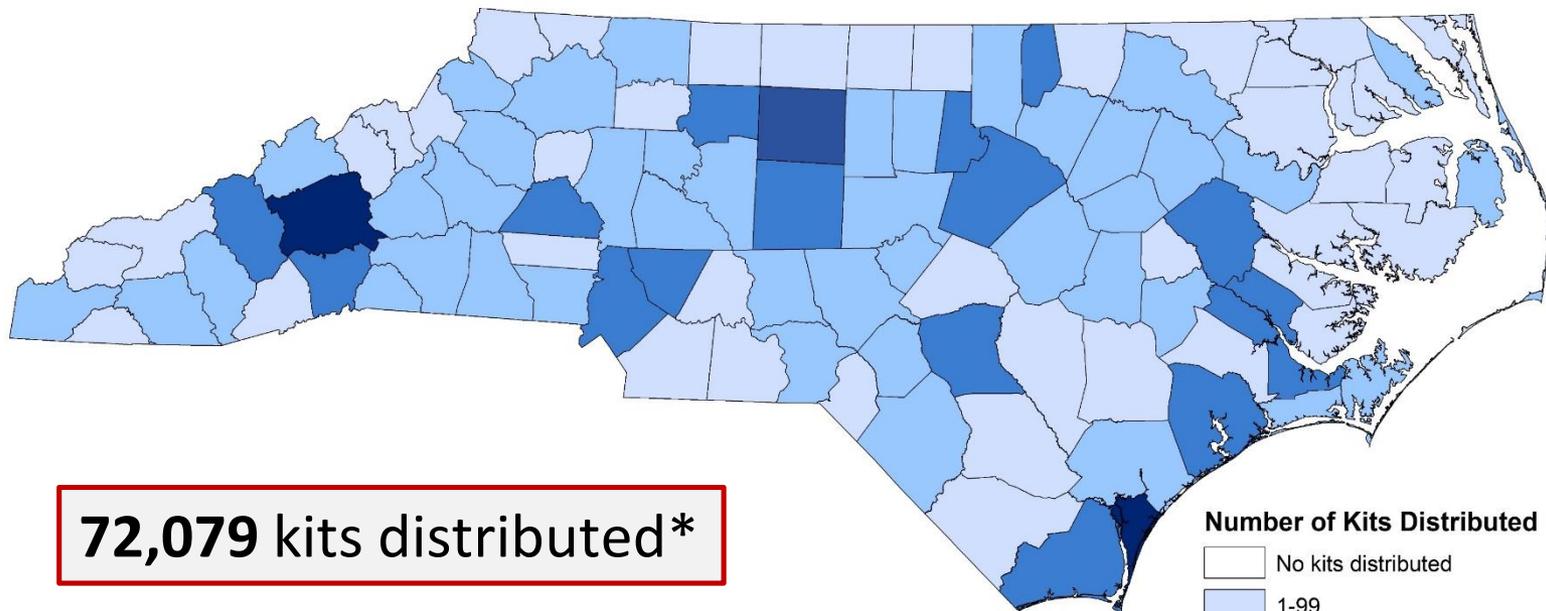


Syringe Exchange/Drug User Health Services Strategies and Recommendations

- *We recommend not using alone: This includes alone in your own room... Fentanyl can cause people to fall out really fast. Make sure people know where you are using so they can take care of you in case you fall out.
- Take turns. There are too many stories of folks going out at the same time. Watch out for your loved ones.
- Use fentanyl test strips, do tester shots/snorts and slow your shots.
- Know where to access buprenorphine (suboxone/subutex) and methadone. Ask a NCHRC employee for local options. Using methadone and bupe over street drugs can help you lower your overdose risk.
- Know where to access detox and drug treatment. Ask a NCHRC employee for local options.



Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition, 8/1/2013- 2/28/2018

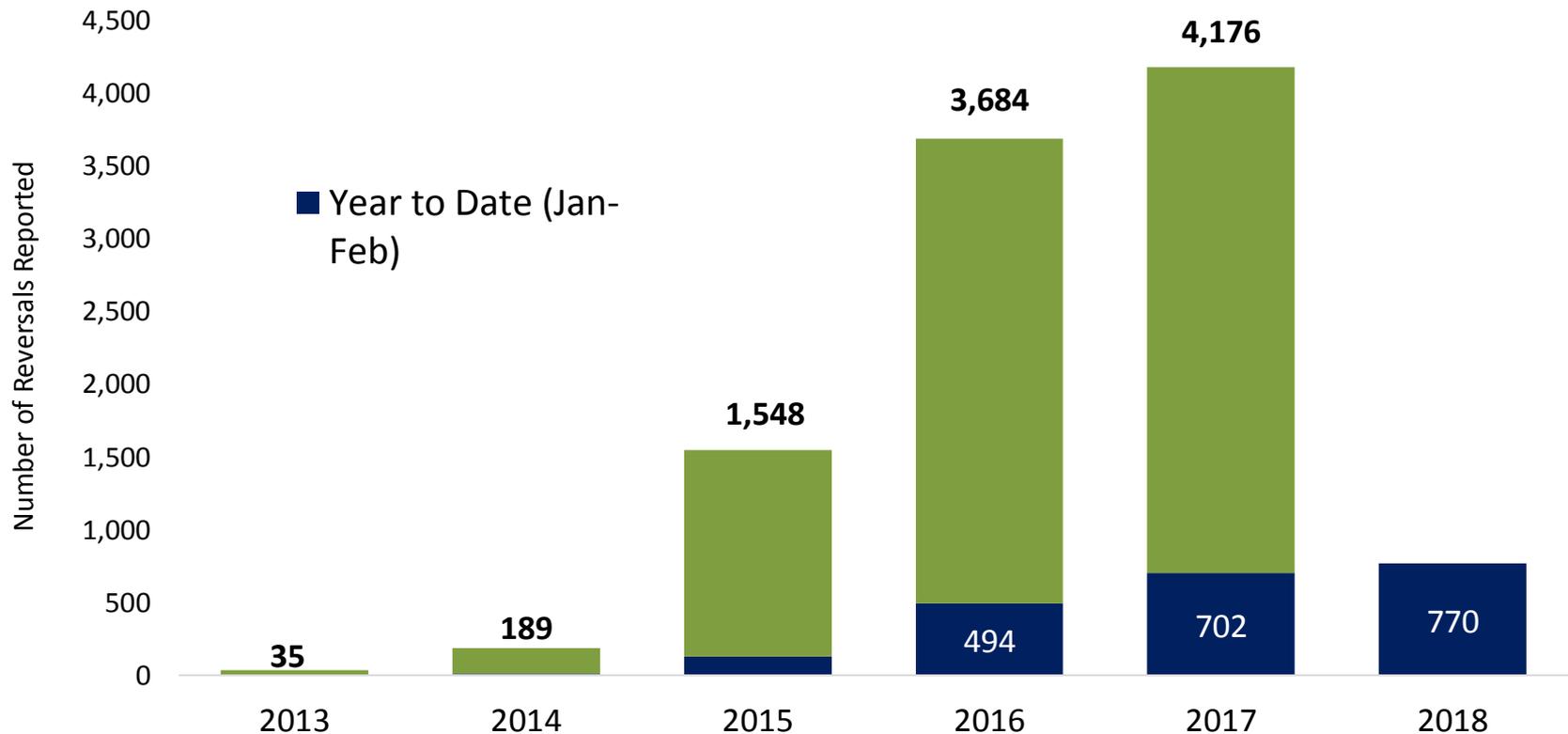


*87 kits distributed in an unknown location in North Carolina and 18 kits distributed to individuals living in states outside of North Carolina; includes 7,377 kits distributed to Law Enforcement Agencies

Source: North Carolina Harm Reduction Coalition (NCHRC), March 2018
Analysis by Injury Epidemiology and Surveillance Unit

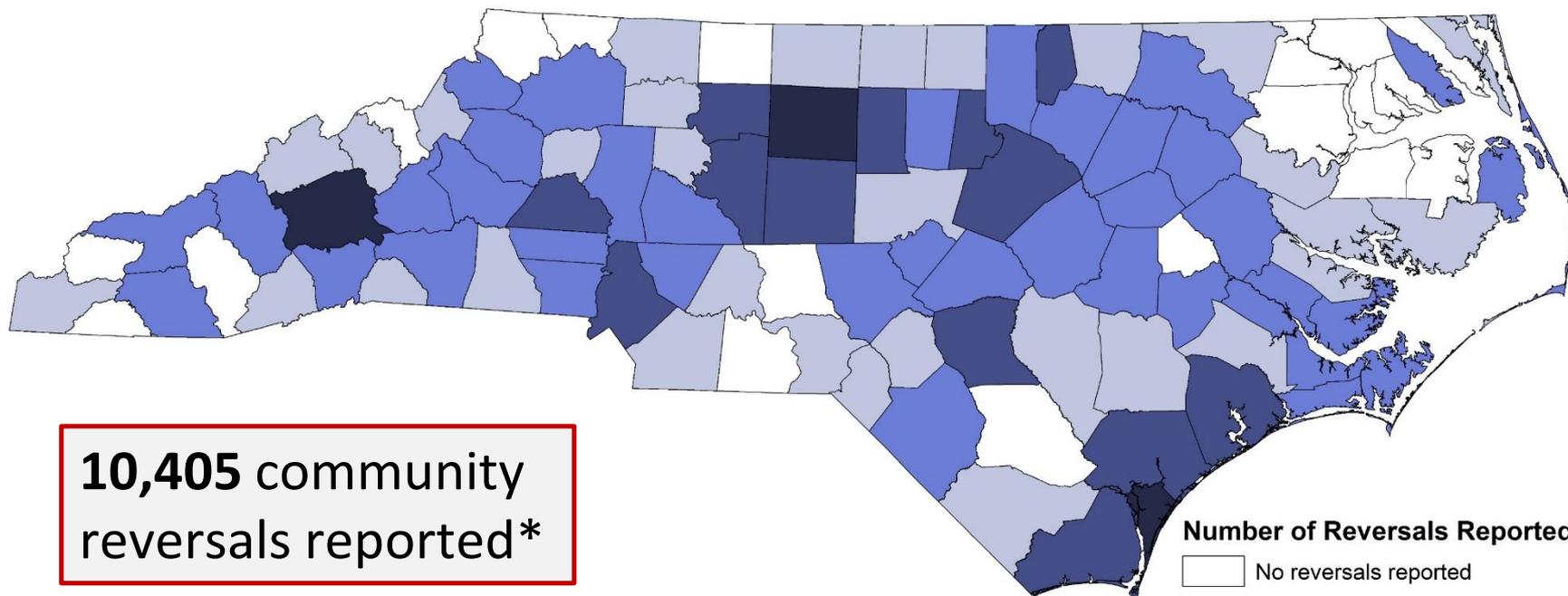
Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-2/28/2018

10,405 community reversals reported



Source: North Carolina Harm Reduction Coalition (NCHRC), March 2018
Analysis by Injury Epidemiology and Surveillance Unit

Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-2/28/2018



*32 reversals in an unknown location in North Carolina and 142 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC), March 2018
Analysis by Injury Epidemiology and Surveillance Unit



Robert Childs, MPH

Executive Director

(336)-543-8050

Robert.BB.Childs@gmail.com

Federal Update

Susan Kansagra

Omnibus Bill

- \$1.4 billion will go to the Substance Abuse and Mental Health Services Administration, including \$1 billion for a new State Opioid Response Grant program and a \$160 million increase in the Mental Health Block Grant
- \$500 million for the National Institutes of Health for more opioid addiction research
- \$350 million to the Centers for Disease Control and Prevention (CDC) for opioid overdose prevention, surveillance, and improving state prescription drug monitoring programs
- \$415 million for the Health Resources and Services Administration to, among other efforts, improve access to addiction treatment in rural and other underserved areas
- \$100 million to the Administration for Children and Families to help children whose parents misuse drugs
- An additional \$299.5 million to the Department of Justice's anti-opioid grant funding
- An additional \$500 million to the Department of Veterans Affairs for mental health programs
- An additional \$94 million to Food and Drug Administration efforts to inspect mail for illicit drugs

Federal E&C Cmte Legislation

- Jessie's Law
- Indexing Narcotics, Fentanyl and Opioids
- FDA Packaging and Disposal
- Prevention Overdoses While in Emergency Rooms (POWER Act)
- Overdose Prevention and Patient Safety Act (AINS)
- Elimination Opioid-Related Infectious Diseases Act
- Treatment, Education, and Community Help (TEACH) to Combat Addiction Act
- Comprehensive Opioid Recovery Centers Act
- Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse (RESULTS) Act
- Poison Control Network Enhancement Act
- Tribal Addiction and Recovery Act of 2018 (TARA)
- FDA Accelerated Approval and Breakthrough Therapy Status
- FDA and International Mail
- FDA Opioid Sparing
- Ensuring Access to Quality Sober Living Act
- Advancing Cutting Edge Research Act (ACE)

Cures Act, Opioid STR Grant Year 1 Review

DeDe Severino

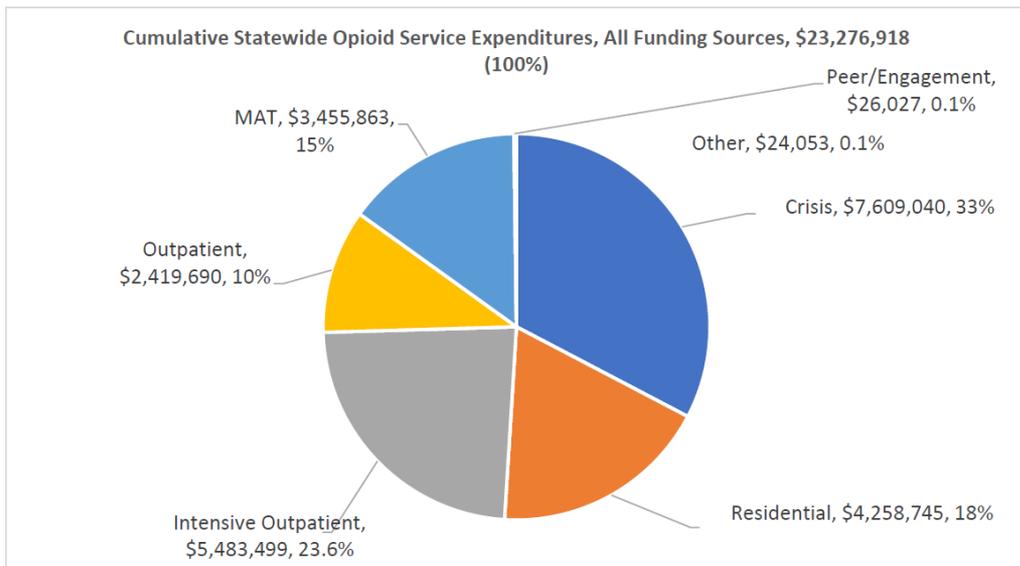
Opioid STR Grant and Other SUD Funding Quality Report

Dates of Service: 05.01.17 – 01.31.18

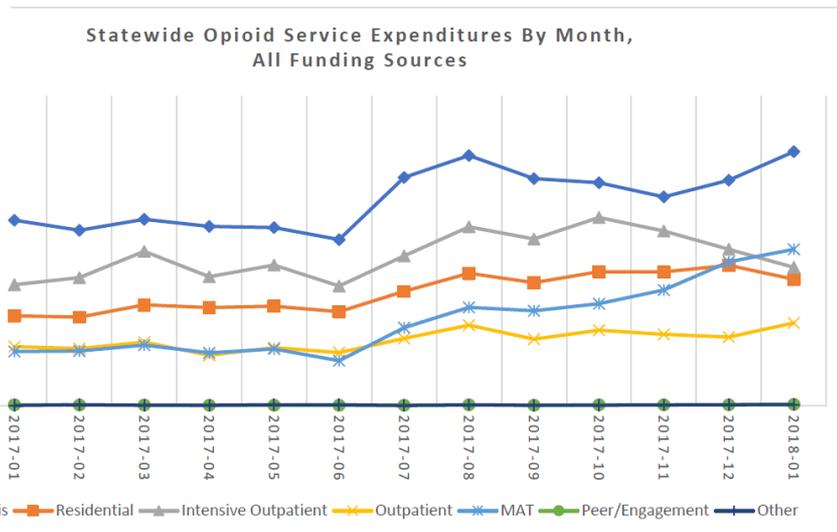
Paid through March 13, 2018

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Opioid STR funding is increasing utilization of Crisis/Detox and MAT services



Note: Chart percentages are computed from total Opioid STR Grant, State-funded and SAPTBG expenditures.

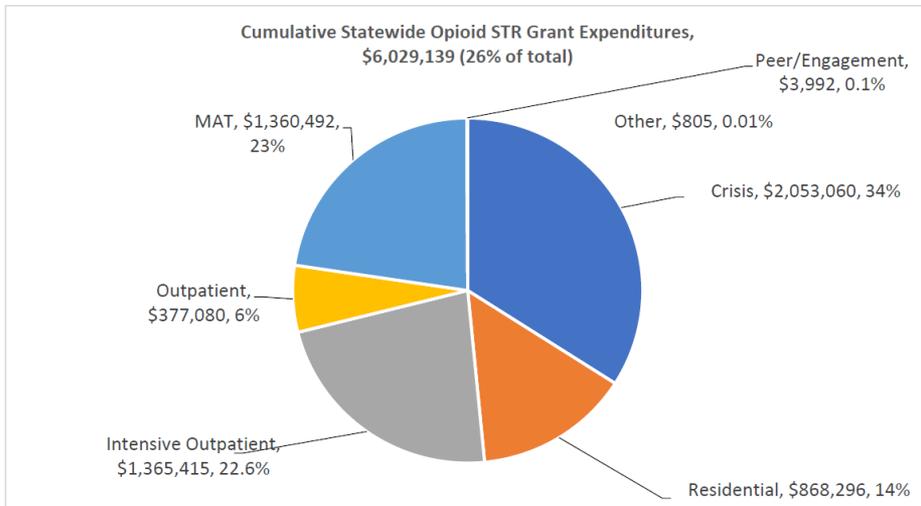


Note: Chart values include combined monthly Opioid STR Grant, State-funded and SAPTBG expenditures.

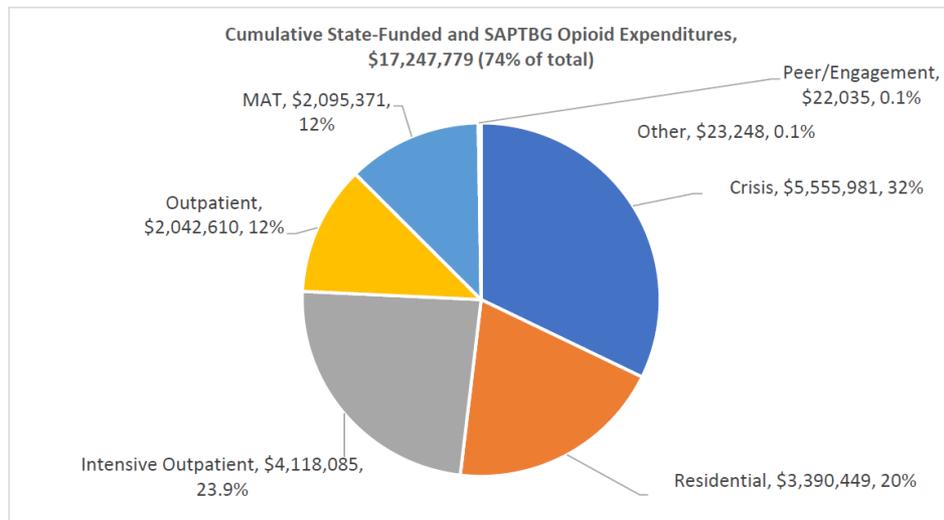
Crisis = Detox Crisis, Inpatient; **Residential** = SA Halfway House, Group Living;
Intensive Outpatient = CST, SA COT, SA IOP; **Outpatient** = Assess/Eval, Basic Outpatient, E&M CPT

Source: DMHDDSAS Paid Claims in NCTracks

While Opioid STR funds have supported nearly all service types, there has been a focus on providing MAT



Note: Chart percentages are computed from total Opioid STR Grant expenditures.



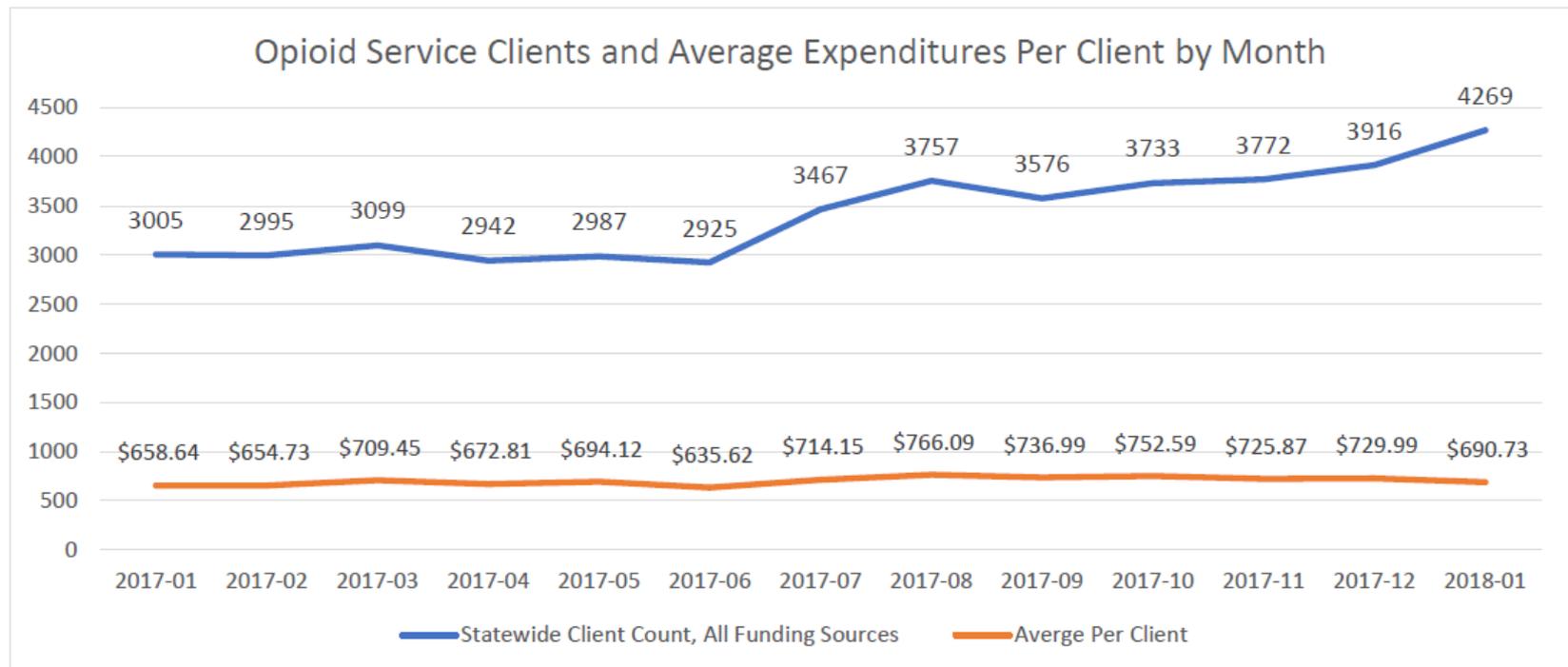
Note: Chart percentages are computed from total of State-funded and SAPTBG expenditures.

Crisis = Detox Crisis, Inpatient; **Residential** = SA Halfway House, Group Living;

Intensive Outpatient = CST, SA COT, SA IOP; **Outpatient** = Assess/Eval, Basic Outpatient, E&M CPT

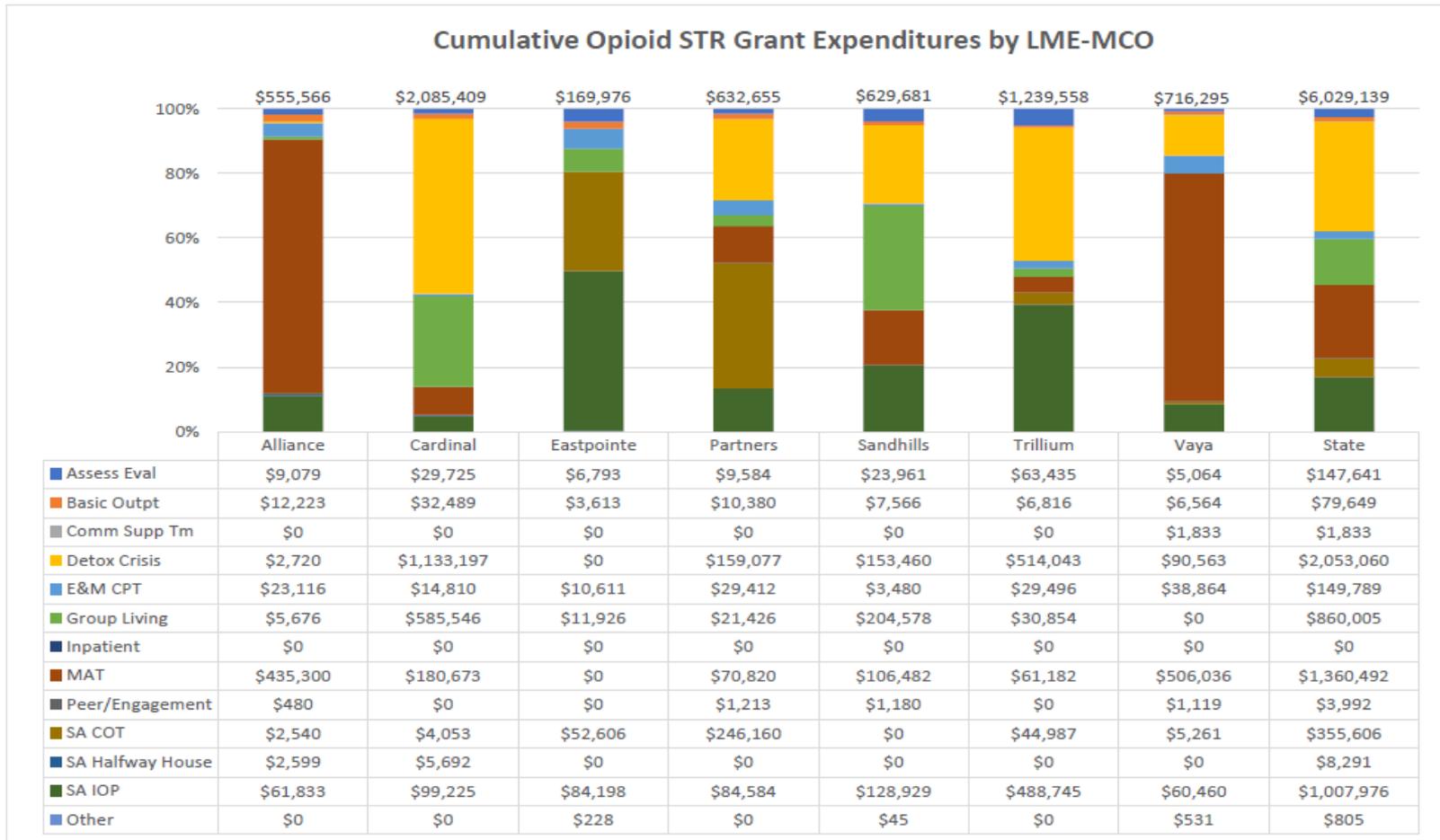
Source: DMHDDSAS Paid Claims in NCTracks

With the addition of STR Funding SUD client counts have increased by roughly 45%, while maintaining service levels



Source: DMHDDSAS Paid Claims in NCTracks

LME/MCOs show variability in utilization and types of services



Note: Dollar values above each bar are column totals.

Source: DMHDDSAS Paid Claims in NCTracks

CDC Rx Awareness Campaign

Sara Smith

Background

- Developed and tested by CDC
 - Launched in 2017
 - First large-scale prescription opioid overdose prevention campaign
- Evidence-driven
- Launched small-scale pilot campaign in December 2016
 - Ran for 14 weeks in 9 high-burdened counties in 4 states
 - Conducted research to assess the pilot campaign messages and materials

Campaign Goals

- *Increase awareness and knowledge about the risk of opioids and discourage inappropriate use.*
- *Increase the number of individuals who avoid using opioids nonmedically (recreationally) or choose options other than opioids for safe and effective pain management.*

NC Campaign Overview

- \$400,000 budget
- June 11 – August 19, 2018
- Digital and TV
 - Placed by market/region to ensure complete coverage
- Focus audience: Adults 25-54 years of age

Key Messaging

- Tagline: “It only takes a little to lose a lot.”
- Prescription opioids can be addictive and dangerous.
- Prescription opioid overdose can be prevented.

Digital

- Mobile, desktop and video
 - 15-second videos
 - Facebook Advertising
- 10 week run-time

An advertisement featuring a red pill bottle with a white cap and a white label on the left. The label has some text, including 'John' and 'Diphen'. The background is dark blue. To the right of the bottle, the text reads: 'Prescription opioids can be **addictive** and **dangerous**.' Below this, it says 'It only takes a little to lose a lot.' At the bottom right, there is a blue button with the text 'Learn More' and a white button with the text 'www.cdc.gov'.

Prescription opioids
can be **addictive** and
dangerous.

It only takes a little
to lose a lot.

[Learn More](#)

www.cdc.gov

Network and Cable TV

- 6 week run-time
 - June 11 – July 29
 - Hiatus week of 7/2-8
- Focus on running during peak times (i.e. AM/PM news)
- Goals
 - 70-80% Reach
 - 6-7 Frequency
- Investigate potential partnerships with media vendors

Network & Cable TV Example



Questions?

Sara J. Smith, MA, CHES
Communication Consultant
(Office) 919-707-5431
Sara.J.Smith@dhhs.nc.gov

Injury and Violence Prevention Branch
North Carolina Division of Public Health

Request for Applications: NC Opioid Action Plan Implementation Initiative

Smith Worth

NC Opioid Action Plan Implementation Initiative Request for Applications (RFA)

- Grant application instructions & budget template
<https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities>
- Due Tuesday, May 4, 2018 by 5:00pm
- Submit only by email to Opioidinitiative@dhhs.nc.gov

NC Opioid Action Plan Implementation Initiative Request for Applications (RFA)

- Maximum amount per grant: \$150,000
- Anticipated notification of awards: June 15, 2018
- Anticipated: 10 and 20 funded awards
- Contract period: July 1, 2018 – June 30, 2019
 - One year, non-renewable
- One grant application per organization will be reviewed
- All contingent upon funding availability (state funds)

Eligible Applicants

- Local government agencies
 - e.g., public health departments, departments of social services, county corrections, EMS agencies
- Community organizations
- Hospitals, health centers, clinics, pharmacies
- Other organizations that have a history of work in population health, substance use disorder prevention or treatment, harm reduction, and/or mental health services
- Non-profit organizations that have a history of work with people directly impacted by drug use

RFA Funding Restrictions

- Initiative funded through the NCGA
 - At this time, SFY 2019 appropriations have not yet been finalized
 - Notification is contingent upon funding availability
- All grant funded projects must consist of activities included in the approved list
 - Applicants may propose one or a combination of these activities
- Proposals that include at least one activity from Category A will be considered first, before proposals that only include activities from Category B

Category A: Supported Activities

1. Fund **certified peer-support specialists** or NC certified peer-support training to improve linkage to or retention in recovery and treatment
2. **Connect justice-involved persons** to harm reduction, treatment, and recovery services. This may include establishing or expand existing **pre-arrest diversion programs** (e.g., Law Enforcement Assisted Diversion [LEAD], Hope Projects) or **post-arrest diversion programs** (e.g. recovery courts)
3. Establish **post-overdose reversal response teams** to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, and treatment and recovery supports

Category B: Supported Activities

1. Create or expand **syringe exchange programs**
 - Work to build a referral network with SEPs for all required services, including naloxone access and treatment services
 - Funding cannot support the cost of syringes
2. **Train first responders, community members, or others** on naloxone administration
3. **Train pharmacists** to provide overdose prevention education to patients receiving opioids, increase pharmacist dispensing of naloxone, and link patients to treatment/recovery providers

Category B: Supported Activities

4. Conduct training on substance use disorder and Medication Assisted Treatment (MAT) for audiences who interact with populations on MAT – e.g., local DSS agencies, court officials, law enforcement, etc.
5. Support training and technical assistance for sites to deliver office-based opioid agonist treatment (OBOT) services

Required Performance Measures

Universal

- **Grantees must report** (baseline, target)
 - Number of unintentional and intentional opioid overdose deaths in the geographic region among the population of focus
 - E.g. All opiate deaths for all residents of X, Y, and Z counties
 - Number of unduplicated people served
- **Narrative should include** how you
 - define your geographic area/population of focus
 - collect these required data

More Questions?

- Questions regarding the grant application may be directed to Smith Worth by email at Opioidinitiative@dhhs.nc.gov
 - Emailed questions accepted through April 16, 2018
- Frequently Asked Questions will be posted on the DMHDDSAS website: www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities

Opioid Action Plan Data Dashboard Demo

Scott Proescholdbell

Wrap up, THANK YOU!, and What's next

- Next OPDAAC Coordinating Meetings
 - May 10 at NC Healthcare Association
 - August 9
 - October 9
 - November 8
- Next Full OPDAAC Meeting
 - June 22, 2018 at NC State McKimmon's Center