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

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

Report to the

Joint Legislative Oversight Committee on Health and Human Services

Joint Legislative Oversight Committee on Justice and Public Safety

And

Fiscal Research Division

By

North Carolina Department of Health and Human Services

January 22, 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

Since the launch of the NC Opioid Action Plan in 2017, opioid dispensing decreased by 24%; prescriptions for drugs used to treat opioid use disorders increased by 15% percent; and opioid use disorder treatment for uninsured and Medicaid beneficiaries increased by 20%. Additionally, emergency department visits for opioid-related overdoses declined nearly 10% from 2017 to 2018 and unintentional opioid-related overdose deaths decreased by almost 9% from 2017 to 2018, the first decline in five years.

However, much work has to be done to return to pre-epidemic levels. In NC, as in the United States as a whole, the vast majority (~90%) of deaths due to medication and drug overdoses are unintentional. Despite the encouraging trends in 2018, an average of five people a day died from opioid overdose in North Carolina. Unintentional opioid deaths have increased from just over 100 deaths in 1999 to 1,718 deaths in 2018. Historically, prescription opioids (drugs like hydrocodone, oxycodone, and morphine) contributed to an increasing number of medication/drug overdose deaths. More recently, illicit opioids like heroin and other synthetic narcotics (fentanyl and fentanyl analogues) are resulting in increased deaths. The percent of opioid overdose deaths involving illicit opioids grew from 18% in 2010 to over 80% by the end of 2018.

Use of multiple substances concurrently, known as polysubstance use, is also a growing problem. Over half of unintentional medication and drug overdose deaths involve two or more types of substances. The number of deaths involving stimulants like cocaine and psychostimulants is also on the rise.

BACKGROUND

Session Law 2015-241 mandated the development of a strategic plan and creation of the Prescription Drug Abuse Advisory Committee (PDAAC), Session Law 2017-57 renamed the group the ***Opioid and Prescription Drug Abuse Advisory Committee*** (OPDAAC). The OPDAAC is tasked with implementing the strategic plan. OPDAAC and the NC Department of Health and Human Services (NCDHHS) have accomplished a number of actions to turn the tide on 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 with the Opioid Misuse and Overdose Prevention Summit. The Summit was held on June 11-12, 2019 at the McKimmon Center in Raleigh, NC. Over 800 stakeholders attended from 12 states and Washington, D.C. OPDAAC membership has grown significantly since its start and now includes over 700 members from diverse disciplines, including representatives from: DHHS's Division of Medical Assistance (DMA), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), Division of Public Health (DPH), and the Office of Rural Health; Department of Public Safety, Division of Adult Correction and Juvenile Justice; the State Bureau of Investigation (SBI); 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

The North Carolina Opioid Action Plan 2.0 was launched at the June 2019 Opioid Misuse and Overdose Prevention Summit. The North Carolina Opioid Action Plan serves as the statewide strategic plan to respond to the opioid epidemic. The NC Opioid Action Plan 2.0 updated the original plan, launched in 2017, to reflect the work that had been done and to strategically respond to the ways the epidemic had changed. The NC Opioid Action Plan 2.0 can be found here https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan It sets out two goals: 1) to reduce opioid overdose 20% from expected by 2021; and 2) to build a more resilient infrastructure to prevent the net wave of the epidemic. The strategies in the Plan are organized under the three pillars of opioid epidemic response: Prevent, Reduce Harm, Connect to Care. Select 2019 highlights for each of the *NC Opioid Action Plan 2.0* focus areas are below.

STRATEGY 1: PREVENT

Prevent: Reduce the supple of inappropriate prescription and illicit opioids

Since the launch of the NC Opioid Action Plan, there has been a decrease in the supply of opioid pills dispensed statewide. The number of opioid pills dispensed has decreased 23% from the beginning of 2017 to the beginning of 2019.

Operation and utilization of the Controlled Substances Reporting System (CSRS) continues. As of August 31, 2019, 64% of prescribers and dispensers were registered with CSRS, down from 71% in September 2018. The decrease is a result of a combination of factors. The new system that went live in September 2018, removed duplicates and accounts not used for more than 12 months. The number of prescribers registered with the Drug Enforcement Administration (DEA) has increased at a slightly greater rate than the number subsequently registering for access to the CSRS.

DHHS initiated roll out of integration of CSRS with electronic health records (EHRs) and pharmacy management systems (PMS) to improve ease of access and use of CSRS in October 2018. To date, 129 entities have completed integration and 62 additional entities have been approved and are progressing through the integration process. To date, 17,406 gateways users have been approved across 89 counties.

CSRS is also connected through Prescription Monitoring Programs Interconnect (PMPi Interconnect) to 31 states, as well as, District of Colombia, Puerto Rico, and the Military Health System.

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.

Since June 2019, 726 Veterinarians who dispense controlled substances have registered and submitted dispensation data to the CSRS. Since August 2019, prescribing veterinarians can register for access to the CSRS to search their prescribing histories.

DHHS supported the Governors Institute in training over 3,300 participants covering best practices for prescribing, managing chronic pain, and recognizing signs of misuse and abuse in FY 2017. To date, it has trained nearly 2,800 participants since FY 2017. The Governor's Institute has additionally worked with NCMB and the Area Health Education Centers (AHEC) to implement a series of opioid prescribing trainings across the state, including in person events (reached nearly 2,200 prescribers in 20 counties), webinars (>5,000 views by prescribers), and recorded videos. Additionally, over 300 medical practitioners and licensed clinical staff participated in American Society of Addiction Medicine (ASAM) 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 Session Law 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 2017-2018, gross program savings from both outpatient pharmacy and medical services for all beneficiaries newly locked in and all carry over beneficiaries were $55,333,365 (State share $18,027,610). The gross program savings are comprised of $6,375,951 (State share $2,077,285) attributable to outpatient pharmacy and $48,957,414 (State share $15,950,325) resulting from medical services.

In October 2018, NC Medicaid implemented a pharmacy point of sale claim 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 U.S. Food and Drug Administration (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 Session Law 2018-44, the Heroin & Opioid Prevention and Enforcement (HOPE) Act, which strengthens laws related to drug diversion and trafficking, clarifies drug trafficking statues to cover fentanyl trafficking, improves local law enforcements authorities' ability to better investigate diversion cases, and enhances penalties for diversion by health care workers.

Since its establishment in 2010, Operation Medicine Drop (OMD) has held more than 3,500 Take-Back events across the state. Additionally, 465 Permanent Drop-Box sites have opened and more than 178 million prescription and over-the-counter pills have been safely disposed of. The NC Department of Insurance (NCDOI), Safe Kids NC, created multiple marketing and media campaigns to increase awareness of the OMD website. NCDOI reached over 2 million households through a Spectrum media buy, an estimated 13 million impressions with billboards throughout I-40 and I-85, and about 24,000 people through a public service announcement on the Safe Kids NC Facebook page. The Governor continued the tradition of proclaiming March 17-24 as OMD week and March 24th as "Take-Back" Saturday.

DHHS also aired the *Lock Your Meds* campaign from October 2017 through April 2018 and June - August 2018, 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. Other outreach resources through the campaign include billboards, newspaper ads, rack cards, posters and lockboxes. *Lock Your Meds* has established multiple community partnerships including, but not limited to: Department of Social Services, colleges, schools, law enforcement, State AHECs, hospice, media, medical community, senior centers, medication assisted treatment providers, movie theaters, faith-based organizations, shelters, and food banks.

There are currently 29 High Intensity Drug Trafficking Areas Programs (HIDTA) funded by the Office of National Drug Control and Policy, covering all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. North Carolina is part of the Atlanta-Carolinas HIDTA program which has partnered with over 60 North Carolina federal, state and local agencies to conduct investigations targeting drug trafficking and money laundering criminal syndicates. These task forces utilize all means of investigations that are worked in conjunction with the NC Attorney General's Office and the NC State Bureau of Investigation. These task forces have initiated investigations resulting in seizures and arrests, which would not have been possible without the cooperation of all agencies involved. In North Carolina, the program also supports 15 counties and the Eastern Band of Cherokee Indian Reservation to investigate drug trafficking and production. These counties are grouped into four regional initiatives that work collaboratively on investigations.

As of 2017, North Carolina has joined one of 24 states participating in HIDTA's Overdose Response Strategy (ORS) program. ORS state teams are comprised of one Drug Intelligence Officer (DIO) and one Public Health Analyst (PHA). DIOs and PHAs are responsible for helping to increase communication, data flow, and intelligence sharing between public safety and public health sectors within and across ORS states. The North Carolina PHA provides overdose surveillance efforts within the Injury and Violence Branch, including developing and disseminating monthly opioid-related emergency department visits to state stakeholders including law enforcement and local public health partners. The DIO shares felony arrest data occurring outside a person's jurisdiction of residency to respective law enforcement agencies, both within North Carolina and out of state.

Prevent: Avert future opioid addiction by supporting children and families

In December 2019, DHHS- in partnership with UNC and Duke- was awarded a federal grant from theCenters for Medicare and Medicaid Innovation (CMMI) called the Integrated Care for Kids (InCK) model. The InCK model is part of a multi-pronged strategy to combat the nation's opioid crisis. This

model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid and the Children's Health Insurance Program (CHIP) through prevention, early identification, and treatment of behavioral and physical health needs. The model will empower states and local providers to better address these needs and the impact of opioid addiction through care integration across all types of healthcare providers.

The InCK model aims to achieve these goals through:

1) **Early identification and treatment** of children with multiple physical, behavioral, or other health-related needs and risk factors through population-level engagement in assessment and risk stratification.

2) **Integrated care coordination and case management** across physical health, behavioral health, and other local service providers for children with health needs impacting their functioning in their schools, communities, and homes. 3)

3) **Development of state-specific Alternative Payment Models (APMs)** to align payment with care quality and supporting accountability for improved child health outcomes and long-term health system sustainability.

Over the next seven years, Duke, UNC, and NC Medicaid will collaborate to implement the InCK model in five counties (Alamance, Durham, Granville, Orange, and Vance).

Funding has been provided to identify families impacted by opioid use and to provide medication assisted treatment and other clinical best practices in two counties with high rates of child and parent separation. The pilots will serve no less than 75 families who are at risk of separation or working towards reunification.

DHHS ran the Over the Dose NC Campaign from July 10 to August 30, 2019. The Over the Dose NC campaign focused on individuals 18-30 years of age at risk for using prescription opioids not-as-prescribed, using social and paid digital media. The campaign successfully delivered message awareness with over thirty-million impressions (# of times post was displayed/seen).

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. The Opioid Prevention Network (OPN) is a prevention strategy that was recently launched in Western North Carolina by the Mitchell-Yancey Substance Abuse Task Force as a community wide effort provided by medical doctors, prevention scientists, behavioral specialists, and members of the recovery community. The Network serves to prevent initial opioid substance use by promoting alternative pain management approaches, such as acupuncture, chiropractic treatment, massage, mindful movement, resiliency tools, and yoga through weekly classes. The Saving Lives Taskforce, assembled by the Dare County Health Department, continues to strengthen collaboration through increase awareness, education, and communication between agencies and community members regarding substance use disorders,

prevention, treatment, access and recovery.

Fourteen counties in North Carolina (Haywood, Transylvania, Mitchell, Avery, Ashe, Surry, Yadkin, Columbus, Bladen, Scotland, Richmond, Stokes, Carteret and New Hanover) were selected to receive funding from the State Targeted Response (STR/CURES) grant due to high prescribing and high overdose rates. These counties worked in collaboration with six experienced counties, known as mentors, 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 the Substance Abuse and Mental Services Administration (SAMHSA)), and continue to update needs assessments to reflect the most current local data around prescription drugs to tailor strategies for their communities. Funding also allowed for collaboration efforts with recovery partners to strengthen existing or to form new partnerships in the 14 counties to prevent opioid over prescribing and to decrease overdose rates. Collaborations have included: school systems, Juvenile Crime Prevention Councils, Lion's Clubs, YMCAs, police departments, churches, behavioral health and health departments, senior centers, assisted living facilities, hospices and pharmacies.

Five counties in North Carolina (Columbus, Dare, Mitchell, Nash and Stokes) have received funding through the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) due to high prescribing and dispensing rates and high overdose deaths. These counties have been working on prevention efforts around prescription drug misuse and abuse through safer prescriber and alternative pain management trainings, dispenser education, the Lock Your Meds campaign, take back events and prevention education within the public schools. Also, through SPF-Rx funding, it has allowed these counties to receive county level data from the CSRS, which has been a valuable tool in sharing with stakeholders, coalitions, and community members to build capacity around the opioid epidemic within the communities.

STRATEGY 2: REDUCE HARM

Reduce Harm: Advance harm reduction service, address social determinants of health and eliminate stigma

At the time of 2018-2019 annual reporting (July 31, 2019) period, 30 syringe exchange programs (SEP) were operating in North Carolina. These programs provide services in 42 counties; overall, residents of at least 71 NC counties received SEP services. In the past year, syringe exchange programs in North Carolina made over 42,000 contacts with more than 9,600 people, distributing more than 3.2 million sterile syringes to prevent sharing and reuse. The programs made over 4,000 referrals to treatment, distributed over 35,000 naloxone kits, collected more than 1.1 million used syringes, and conducted more than 4,000 HIV and Hepatitis C tests (combined). This demonstrates a 130% increase in total contacts with program participants over the previous annual reporting period.

In collaboration with the Governor's Institute, the NC Association of Pharmacists (NCAP) hosted eight advanced opioid workshop trainings to equip pharmacists with tools and resources to implement harm

reduction strategies in their practice as well as to collaborate with other healthcare professionals to appropriately manage both the treatments of chronic pain and opioid use disorder. Additionally, NCAP led a one-year Prescription Drug Overdose Project in which pharmacies from nearly every high-burden county in NC received training on harm reduction strategies such as syringe sales and naloxone dispensing. As a result of this project, naloxone dispensing increased 361% among participating pharmacies.

In July of 2019, the Opioid Epidemic Response Act was signed into law. This bipartisan effort removed the ban on utilizing state funds for syringe exchange program supplies, decriminalized drug checking equipment to allow people to test for deadly contaminants like fentanyl, and removed duplicative state registration requirements for office-based opioid treatment (OBOT) providers. This law provides additional critical tools in preventing opioid overdoses and responding to emerging threats that are driving overdose deaths. Fentanyl contamination drives over 80% of opioid overdose deaths, and is also driving the increase in deaths seen with stimulants like methamphetamines.

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 community capacity for substance use prevention and response. For November 1, 2018 to October 31, 2019, NC Division of Public Health (DPH) funded 22 local health departments/divisions (LHDs) to implement community-based strategies from the NC Opioid Action Plan. Specifically, the purpose of the community funding was to prevent fatal and non-fatal opioid overdoses, increase access and linkages to care services for the most vulnerable populations, and build local capacity to respond to the opioid epidemic in North Carolina. These competitively selected LHDs were awarded up to $100,000 for a collective total of over $1.8 million in awards for local communities. There were 15 of these LHDs who implemented or expanded syringe exchange programs, 10 of these LHDs implemented programs to support justice-involved populations, and 12 of these LHDs implemented peer- or EMS-led post-overdose response teams (PORTs). Many of these LHDs and community partners implemented a combination of these strategies. The next round of community funding request for applications (RFA) has been released on September 24, 2019. This new RFA will fund LHDs for the same core strategies from the NC Opioid Action Plan with an optional component for innovative projects. The new RFA will fund programs from December 1, 2019 to August 31, 2022, contingent upon renewed CDC funding.

Over the last year, DPH partnered with the Office of Emergency Medical Services (OEMS) to develop one-day, regional trainings across the state that support the development of community post-overdose response teams (PORTs). The regional training curriculum includes coverage of the following topics: addiction science, stigma reduction, substance use disorder recovery supports, referrals to harm reduction and treatment services, community impact of opioid overuse, motivational interviewing, and related topics. To date, all nine regional trainings have been completed, reaching a total of 148 participants. Of the 148 participants who completed the training, 125 submitted an evaluation of the training. These 125 participants represented 68 counties, including EMS personnel, peer support specialists, public health workers, law enforcement personnel, clinical service providers, and mental or behavioral health service providers, among other roles. Evaluation results showed that 96% either agreed or strongly agreed that they had a better understanding of the behavior and choices of people who use drugs, including why they may not seek treatment. They remarked that they planned to bring their increased knowledge, awareness of resources, and ideas for partnership back to their communities.

Under the NC Good Samaritan/Naloxone Access Laws (Session Law 2013-23, Session Law 2015-94, and Session Law 2017-74), the NC Harm Reduction Coalition has distributed 94,000 naloxone rescue kits as of

September 30, 2018 and has recorded 11,925 community reversals. In addition, during the period of June 2017 through September 2019, nearly 89,000 kits of naloxone have been purchased and distributed through opioid treatment programs, Oxford Houses, other treatment programs and recovery organizations.

As of August 31, 2019, 258 law enforcement agencies in 90 different counties carry naloxone. Records to date indicate law enforcement agencies have reported 1,885 reversals since their programs started. 26 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.

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 1,700 pharmacies (85% of retail pharmacies in the state). In addition, the NC Naloxone Distribution Toolkit was released and disseminated to various stakeholders. This resource provides a comprehensive guide for health departments, community organizations, and coalitions on implementing and sustaining a successful naloxone distribution program. Currently, 40 local health departments in NC have adopted standing orders for naloxone, with several more in the process.

STRATEGY 3: CONNECT TO CARE

Connect to Care: Expand access to treatment and recovery supports

Funding from the Opioid State Targeted Response (STR) Grant, also known as the Cures grant, has provided treatment and recovery supports to more than 10,000 individuals over the course of the grant. This included medication-assisted treatment to over 5,000 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.
DMHDDSAS was also awarded the State Opioid Response (SOR) grant, which will continue and expand treatment for uninsured individuals, in addition to launching innovative pilot programs to improve access to care for vulnerable populations. Initiatives will focus on people recently released from incarceration or in re-entry programs and parents with an opioid use disorder involved with the Division of Social Services (DSS). During the first year of the SOR grant (September 30, 2018 through September 29, 2019) approximately 4,700 individuals have accessed medication-assisted treatment.

DHHS continues to work toward implementation of its approved 1115 Medicaid Waiver, under which standard plans will be required to have a Chronic Pain/Opioid Care Management Program and network adequacy standards related to chronic pain providers. DHHS began payments for substance use disorder services in the Institution for Medical Disease (IMD) on July 1, 2019, and continue to work on updating service definition, rates and scheduling providers for current ASAM training.

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 provide buprenorphine waiver training to residency programs and advanced practice provider programs across the state. To date, over 1300 providers from 38 unique programs have been trained on medication-assisted treatment (MAT) and receive technical assistance through this project. Additionally, several residency programs have begun implementation of MAT waiver training as an ongoing part of their curriculum. These complimentary initiatives aim to expand access to treatment by training the next generation of physicians to provide evidence-based treatment for opioid use disorder in their respective practice settings.

The North Carolina Healthcare Association released the Emergency Department (ED) Opioid Treatment Pathway: https://www.ncha.org/ncha-emergency-department-opioid-treatment-pathway/. This resource provides a comprehensive set of best practices for EDs to respond to the opioid crisis through safe prescribing of opioids, screening and treatment of opioid use disorder, and ongoing coordination of care.

Connect to Care: Address the needs of justice involved populations

A recent study found that people exiting North Carolina prisons are 40 times more likely to die of an opioid overdose in the first two weeks after incarceration. This represents a critical opportunity to prevent overdose deaths. NC DHHS, through the State Opioid Response Grant, is funding the implementation of jail-based MAT programs in four pilot counties, as well as a MAT induction pilot in three re-entry facilities in collaboration with the Department of Public Safety. This represents the only current provision of MAT in carceral settings in North Carolina. MAT is the gold standard for opioid use disorder treatment and is proven to reduce the risk of opioid overdose deaths. North Carolina additionally funded ten local health departments (LHDs) to connect justice-involved persons to harm reduction, treatment, and recovery services to improve linkages to care and reduce the high risk of opioid overdoses among people in carceral settings. From February 1, 2019 to May 31, 2019, 75 naloxone kits were distributed and 52 referrals for naloxone were made by program staff, 9 overdose reversals were reported, 326 unique individuals were served, and a total of 754 contacts were made with program participants.

Another strategy for addressing the needs of the justice involved population include recovery courts. These courts aim to support the recovery of persons with behavioral health disorders whose criminal behavior is related to their substance use or mental illness. In North Carolina, adult drug treatment courts exist in fourteen (14) of our counties, family drug treatment courts exist in nine counties, six counties have mental health courts, and three counties have youth drug treatment courts.

NC DPH, Injury and Violence Prevention Branch (IVPB), has worked to identify and closely monitor jails who have implemented and/or planning to implement medication assisted treatment (MAT) access programs in their facilities. This information is updated and shared publicly each month. IVPB hired staff to focus on justice-involved overdose prevention. The staff and consultant provide technical assistance to

local health departments and jails who have developed or are developing programs that address the needs of incarcerated and recently released individuals. A component of this technical assistance includes a training presentation offered to detention center staff titled, "Working with Justice-Involved Individuals: A Public Health Approach." Staff, along with other collaborators, presented at the annual North Carolina Jail Administrators Conference. During this presentation, NC DHHS was able to connect with close stakeholders who are appropriate personnel to implement or scale up health related-services in jails.

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 year-to-date data can be viewed on the dashboard online.

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)	6,772
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	24.7 per 100,000 residents
Total number of opioid pills dispensed	453,977,900
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	5.5%
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	24.4%
Reduce Diversion/Flow of Illicit Drugs	
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	80%
Number of acute Hepatitis C cases	185
Increase Access to Naloxone	
Number of EMS naloxone administrations	12,237
Number of community naloxone reversals	3,943
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 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. After dedicated work across the state, North Carolina is starting to see the tide turn on opioid overdose deaths. However, much work is still needed to be done to return to pre-epidemic levels.

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.