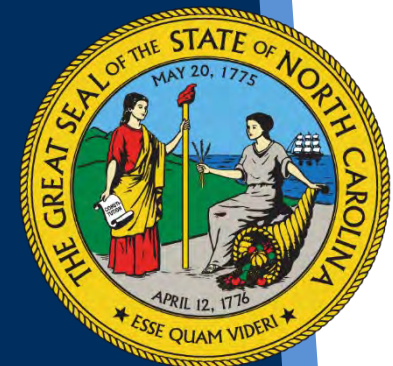


NC Department of Health and Human Services

Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

Topic: Progress and Promise: North
Carolina's Achievements and Future Plans

September 20, 2024



Call to Order and Moment of Silence

- Dr. Tobias LaGrone, Division of Mental Health, Developmental Disabilities and Substance Use Services

Welcome to OPDAAC!

- Dr. Betsey Tilson, State Health Director, Chief Medical Officer, NC Department of Health and Human Services

Housekeeping

- *Take breaks as needed*
- For questions during the meeting:
 - **Virtual attendees:** Please put your questions in the Q&A box, which will be monitored for the duration of the meeting. **Note:** you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
 - **In-person attendees:** Fill out an index card given at registration with your questions and put in box at the back table.
 - **All attendees:** If you would like to ask a question to a specific presenter, please be sure to include their name in your question (either in the Q&A box or on an index card).

Housekeeping, Cont.

Poll Categories

- Substance Use Services Providers
- Public Health
- Health Care Provider
- Harm Reduction
- Recovery Community Organizations
- Law Enforcement Officials
- EMS or Fire
- Re-entry Programs
- Housing Programs
- Others

Opening Remarks

- Secretary Kody Kinsley, Department of Health and Human Services

It Takes a Village: Collaboration Across State Government

- Dr. Betsey Tilson, NC
Department of Health and
Human Services
- Dr. Kelly Kimple, Division of
Public Health
- Kelly Crosbie, Division of
Mental Health,
Developmental Disabilities
and Substance Use Services

Back to the Future: The History and Evolution of NC's Role in Overdose Prevention

- Scott Proescholdbell, Division of Public Health
- Amy Patel, Division of Public Health
- Nidhi Sachdeva, North Carolina Association of County Commissioners

Through Routine Public Health Surveillance

- Increase in 1998
- CDC Epi Aid
-1st in US
- JAMA Alert-2003
- State tracking
- <400 deaths
- Methadone - NC's
1st wave



Michael F. Ballesteros, PhD, MS; Daniel S. Budnitz, MD, MPH; Catherine P. Sanford, MSPH; et al

> Author Affiliations

JAMA. 2003;290(1):40. doi:10.1001/jama.290.1.40

Memorandum

Date: August 30, 2002

From: Michael (Mick) Ballesteros, Ph.D. M.S.
EIS Officer
Home and Recreation Team (HART)
Division of Unintentional Injury Prevention (DUIP)
National Center for Injury Prevention and Control (NCIPC)

Subject: EPI-AID 2002-57 Trip Report:
Increase in Unintentional Poisonings Deaths, North Carolina, 1997-2001

To: Douglas H. Hamilton, M.D. Ph.D.
Director, Epidemic Intelligence Service
Division of Applied Public Health Training, EPO (D18)

LETTERS

increase had been and all cases in postmortem series. The first three unexplained deaths were nonmethadone related (Hart et al, 2002). It was observed that 2 of 3 deaths in Case 94 (methadone) had been in persons hospitalized in the last 300 days (Case 94).

RESEARCH LETTER

Increase in Deaths Due to Methadone in North Carolina

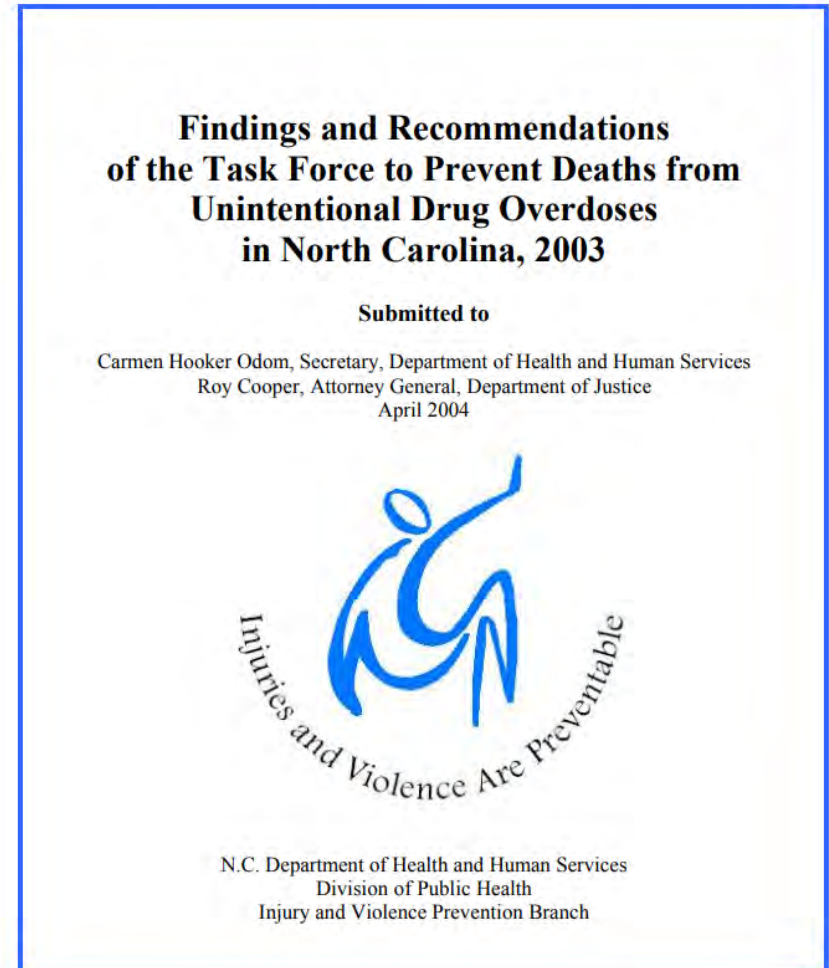
Additional information, although there was a 5-fold increase in methadone resulting overdose during this period, the amount of methadone resulting in OPIs increased only 2-fold (J. Howard, Targeting and Analysis Unit, United States Drug Enforcement Administration, written communication, May 2003). Because only 4% of decedents were receiving methadone maintenance therapy for opiate addiction at the time of their death, it seems unlikely that this inclusion was directly associated with the increase in deaths due to methadone in our study.

Michael F. Ballesteros, PhD, MS
Daniel S. Budnitz, MD, MPH
Epidemic Intelligence Service
Epidemiology Program Office
Centers for Disease Control and Prevention
Atlanta, Ga
Catherine P. Sanford, MSPH
Injury and Violence Prevention Unit
Division of Public Health
North Carolina Department of Health and Human Services
Raleigh
John Calverley, MD
Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Washington, D. C.
Public Health Prevention Service
Epidemiology Program Office
Centers for Disease Control and Prevention
John Ham, MD
Office of the Chief Medical Examiner
Division of Public Health
North Carolina Department of Health and Human Services
Chapel Hill

© Department of Public Health Administration, Administration of the State of North Carolina, Division of Unintentional Injury Prevention, 2002 and 2003. Available at: <http://www.dehhs.state.nc.us/epi/epi.htm>. Reprinted with permission from JAMA. © 2003 American Medical Association. All rights reserved. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

North Carolina - 1st State in Nation

- Joint DOJ & DHHS Task Force
- Outlined 42 recommendations
- Co-chaired by former AG/current Gov. Roy Cooper
- Was an early model for several states



National Warnings - Early 2004 - 11 states



CDC Home

Search

Health Topics A-Z

MMWR™

Weekly

March 26, 2004 / 53(11);233-238

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: mmwrq@cdc.gov. Type 50

Unintentional and Undetermined Poisoning Deaths ---11 States, 1990--2001

- Dr. Len Paulozzi- the only CDC staff
- working on overdose 1997-2008.
- Dr. Chris Jones was EISO in ~2008- 2nd CDC staffer dedicated to overdose.
- Currently, CDC has a Division dedicated to overdose prevention (~200 staff).



2008-2012 - Early Efforts by Partners

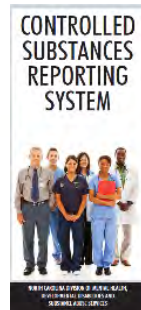
Consensus Recommendations for National and State Poisoning Surveillance (ISW7), 2012



This report provides a new, broader conceptual definition of poisoning, an expanded framework for categorizing poisonings, and standardized operational definitions using ICD-9-CM and ICD-10 codes. The aim is to improve the available poisoning surveillance tools not only for injury prevention research and practice, but also for the control and prevention of substance use disorders. NOTE: a few small errors have been found, please use with caution, specifically with appendixes B2 and C2. For more details, contact Michelle Wynn for more details (Michelle.Wynn@safestates.org).

Additional Resources:

- Appendix B1: Poisoning Matrix for ICD-10 Coded Mortality Data
- Appendix B2: SAS Programs for Poisoning Matrix for ICD-10 Coded Mortality Data
- Appendix C1: Poisoning Matrix for ICD-9-CM Coded Morbidity Data
- Appendix C2: SAS Programs for Poisoning Matrix for ICD-9-CM Coded Morbidity Data



Consensus Recommendations for National and State Poisoning Surveillance



REPORT FROM THE INJURY SURVEILLANCE WORKGROUP (ISW7)
April 2012



NC State Advisory Council (SAC) on Poisoning/Overdose 2010-2015... Precursor to OPDAAC

- Public Health Policy Recommendations
 - CSRS and Good Sam/Naloxone
- Partnership summaries
 - Updated website
- Fact Sheets
- Communications, Research and Policy
- Ad hoc groups around specific issues
- National Governors Association (NGA)

NC's Overdose Milestones Prior to 2016

• 2016 funding

NC Public Health HEALTH AND HUMAN SERVICES

North Carolina's Response to the Medication and Drug Overdose Epidemic: 2000 to 2015
Summary of Key Milestones and Prevention Strategies
Injury and Violence Prevention Branch, Chronic Disease and Injury Section, N.C. Division of Public Health

Since an increase in prescription opioids related deaths was identified in 2000, the NC Division of Public Health has collaborated with a broad network of partners to combat the epidemic with policy, epidemiology, and community-based strategies.

Prescription medications are the leading cause of overdose deaths in NC

Since 1999, the number of medication related overdose deaths have increase over 300%.

OPERATION MEDICINE DROP

The Injury and Violence Prevention State Advisory Council (SAC) on Poisoning/Overdose was established. The workgroup advises and coordinates overdose communications, research, and policy efforts.

Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by County
 8/1/2013 - 2/1/2016 (2,024 total reversals reported)

2000: CDC EPI Aide conduct investigation of increased poisoning deaths. Findings lead to establishment of a Governor's Task Force.

2001: Surveillance identifies an increase in drug poisoning deaths.

2002: Governor's Task Force to Prevent Deaths from Unintentional Drug Overdoses convened. Recommendations include establishment of a controlled substance reporting system.

2003: The North Carolina Controlled Substances Reporting System Act (CSRS) enacted. CSRS is a statewide reporting system and medical tool to improve the ability to identify people who abuse and misuse prescription drugs.

2004: Drug overdose deaths in Wilkes County drop 69%.

2005: Wilkes County, NC has the 3rd highest drug overdose death rate in the nation.

2007: DPH initiates enhanced surveillance of drug overdose deaths.

2008: Project Lazarus established in Wilkes County combat the overdose epidemic.

2009: Collaboration with UNC Injury Prevention Research Center (IPRC) on overdose epidemic begins.

2010: UNC IPRC conducts a CSRS users evaluation.

2011: The Good Samaritan/Naloxone Access Law enacted establishes limited immunity from prosecution for reporting drug and alcohol overdose, and prescribing and administering the opioid antagonist naloxone.

2012: Community Care of North Carolina, supported by a \$2.6 million grant from the Kate B. Reynolds Charitable Trust and matching funds from the Office of Rural Health expands Project Lazarus approach statewide.

2013: NC Harm Reduction Coalition distributes over 20,000 reversal kit and documents over 2,000 overdose reversals with legal use of Naloxone.

2014: NC Pharmacy Board approves changes to naloxone rule, establish standing orders for PAIN distribution of Naloxone by local health departments.

2014: State EMS Medical Director revises policy, establishes protocol for EMS and law enforcement distribution of naloxone.

2014: Program Evaluation Division (PED) of the General Assembly conducts evaluation of CSRS, legislation introduced to further revise CSRS.

2014: A tipping point was reached in October, more naloxone overdose reversals were reported with naloxone than overdose deaths for 2015.

2014: NC was one of 16 states to receive CDC grant funding to support the public health response to medication and drug overdose epidemic.

2014: Further refinements to the Good Samaritan/Naloxone Access Law were enacted \$50,000 was provided in state budget for the NC Harm Reduction Coalition to expand naloxone availability.

2014: Toolkit developed for local health departments to guide the development of their naloxone standing orders and distribution programs.

2014: \$420,000 was provided in state budget for disposal of medication collected through Operation Medicine Drop and other drug take back efforts.

2014: 2014 recommendations for CSRS improvement by the PED of the General Assembly were enacted in legislation, including: development of a state strategic plan for drug overdose and establishing a DHHS advisory committee to implement the plan.

2014: CSRS issued the first automated reports to prescribers alerting them of patients with potentially excessive prescriptions for controlled substances.

2014: Following a cluster of contaminated heroin cases in Durham, an epidemiology response system developed for drug overdose cases.

2014: Legislation was enacted to establish a syringe exchange demonstration project.

2014: A 500% increase in heroin deaths over the past 3 years marked a new phase of the opioid epidemic; prescription drug deaths are 3 times the number of heroin deaths, but the sharp rise in heroin deaths is being monitored closely.

2014: An alarming rise in Medicaid treatment costs for Hepatitis C mobilized a coordinated DHHS response. Intravenous drug use associated with the opioid epidemic is recognized as key contributor to the increase in Hepatitis C cases.

2015: Governor Pat McCrory's Task Force on Mental Health and Substance Use was established.

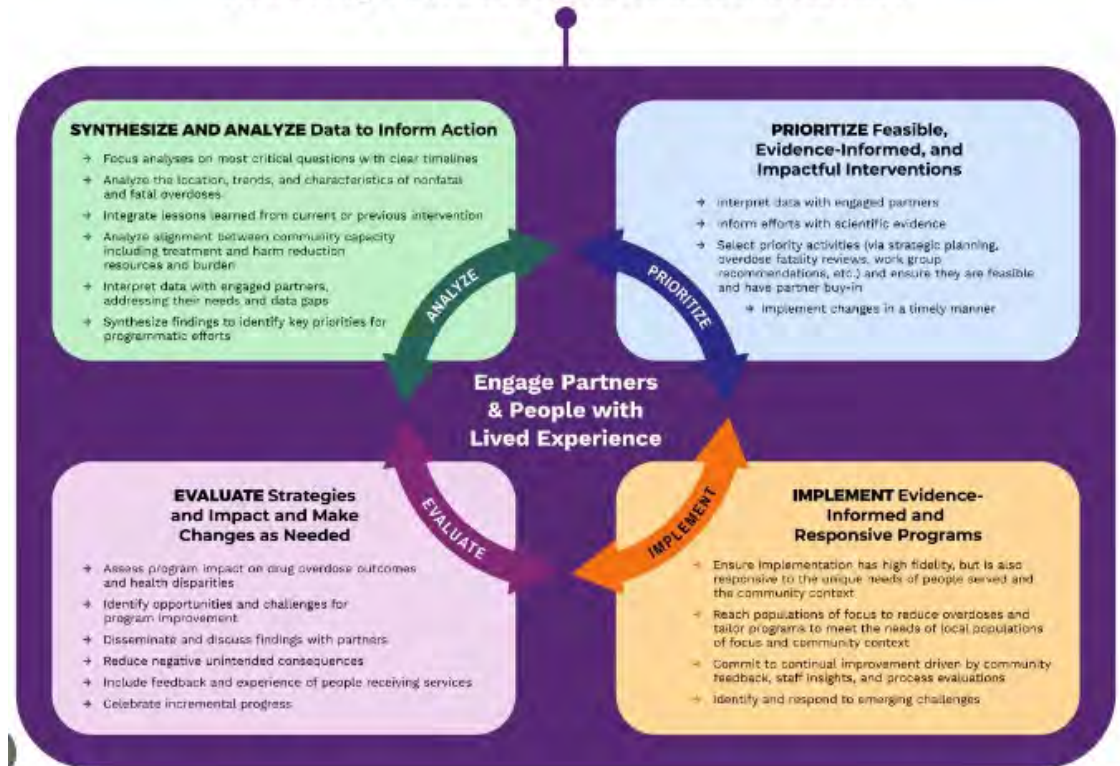
Injury & Violence PREVENTION Branch

Contact: Alan Dellapenna • Injury and Violence Prevention Branch • NC Division of Public Health • alan.dellapenna@dhhs.nc.gov • (919) 707-5441

1st CDC Surveillance & Prevention Funding

- 2016 ESOOS
- 2017 PfS
- 2020 OD2A
- 2023 OD2A-S
- Parallel SAMSHA state funding for treatment and prevention

OD2A Data to Action Framework: Reducing Overdoses and Health Disparities



911 Good Samaritan/Naloxone Access Law(s)



2013, 2015, 2023

- Encourage people to call 911 in case of overdose
- Immunity for caller, then victim
- Allows for statewide standing order for naloxone and pharmacy access

NC Naloxone Toolkits

2015 Version 1
+ Updates

NORTH CAROLINA NALOXONE DISTRIBUTION TOOLKIT

NCDHHS Division of Public Health

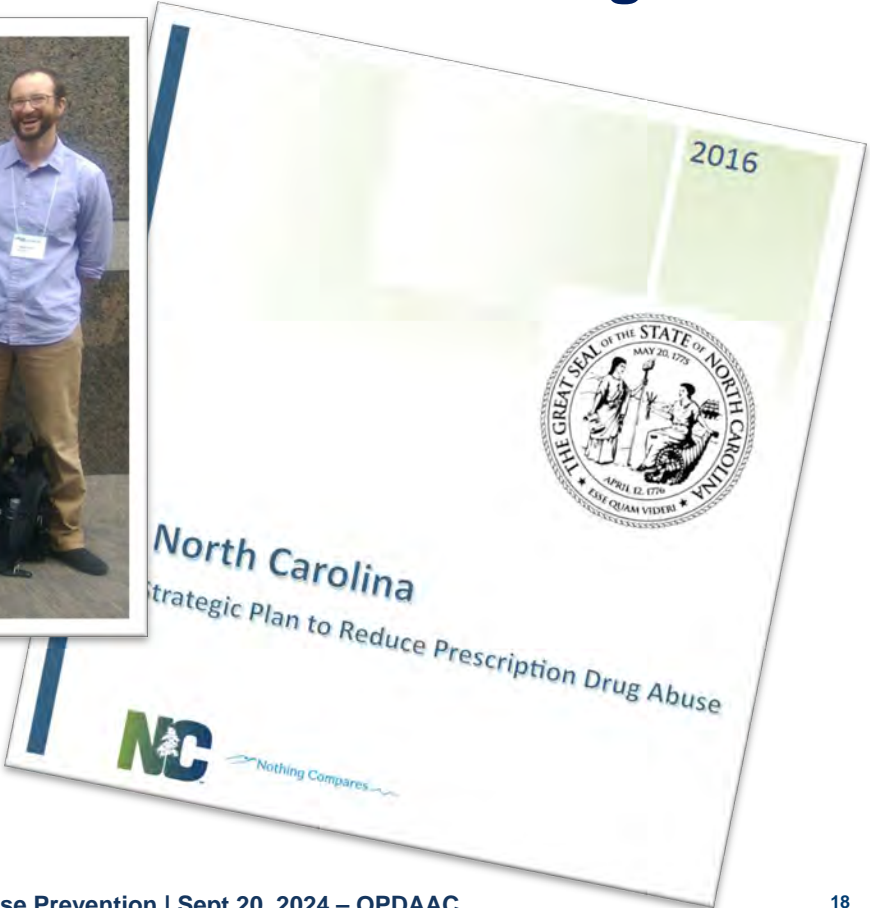
+ **ADOPTING NALOXONE
STANDING ORDERS**
TOOLKIT FOR LOCAL
HEALTH DEPARTMENTS



Last updated: June 2024

2015 Injury-Free NC Overdose Prevention Summit

2016 Strategic Plan



NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) est. 2016



2017 NC Opioid Action Plan: FOCUS AREAS

- Create a coordinated infrastructure
- Reduce oversupply of prescription opioids
- Reduce diversion of prescription drugs and flow of illicit drugs
- Increase community awareness and prevention
- Make naloxone widely available, link overdose survivors to care
- Expand treatment and recovery-oriented systems of care
- Measure our impact and revise strategies based on results



North Carolina Opioid Action Plan

Prescription Drug Abuse Advisory Committee (PDAAC)

Coordinating

Public education

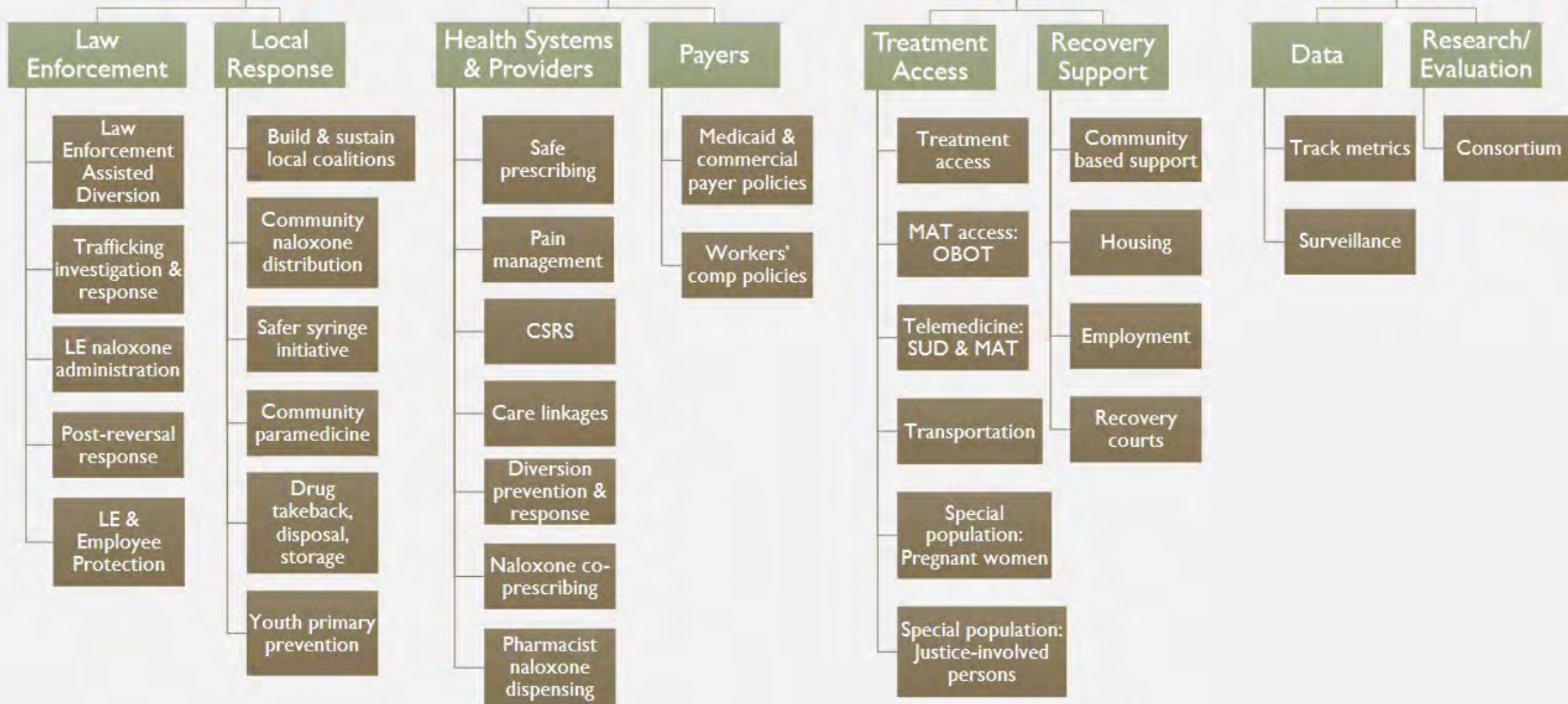
Advisory council

First Responders/ Communities

Health Care

Treatment and Recovery Providers

Data, Surveillance, & Research Teams



NC Safer Syringe Initiative

2013 Possession of Syringes/Tell Law Officer Law

2015 Used Needle Collection and Disposal Pilots (4)

- Brunswick, Guilford, Cumberland and Haywood

2016 Syringe Services Program Law

2017 STOP Act

- Allowing local funds to support SSPs

2018 HOPE Act

- \$10M Tx/Recovery services, \$1M nlx, \$160K OpMedDrop

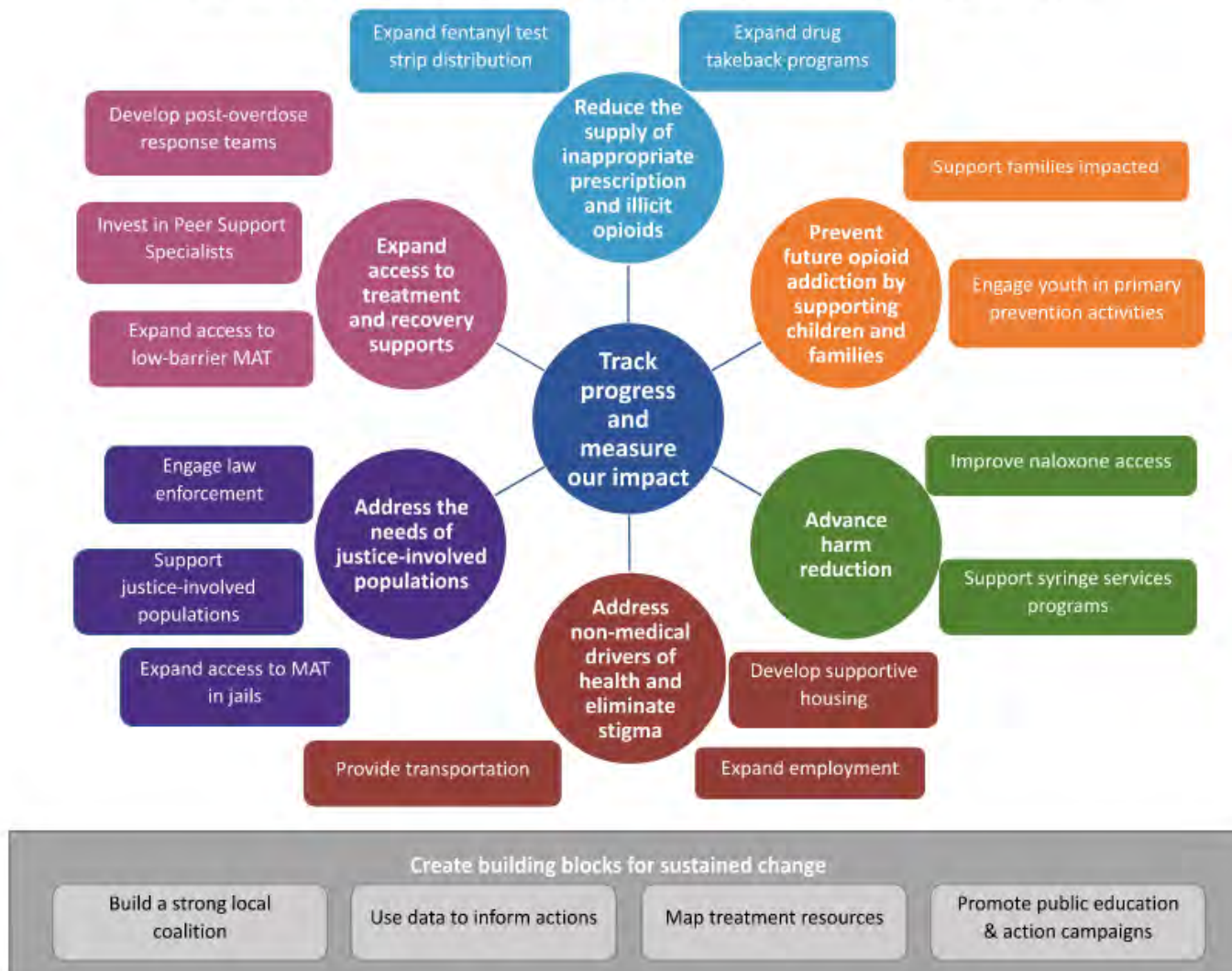
2019 Testing Equipment Exception to Paraphernalia Law

2019 Opioid Action Plan Version 2.0



Menu of Local Actions

Menu of Local Actions to Prevent Opioid Overdose in NC



2020 COVID-19 Pandemic

U.S. Drug Overdose Deaths Spike Amid the Pandemic

Number of drug overdose deaths in the United States*



U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%

For Immediate Release: May 11, 2022

Contact: CDC, Nat
E-mail: paoquery@cdc.gov

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™


Vital Signs

Drug Overdose Deaths Rise, Disparities Widen

Differences Grew by Race, Ethnicity, and Other Factors

CDC Newsroom

CDC > Newsroom Home > CDC Newsroom Releases

 Newsroom Home

CDC Newsroom Releases

2022 News Releases

2021 News Releases

2020 News Releases

Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020

Recent increases in deaths largely driven by illicitly manufactured fentanyl

Media Statement

Embargoed Until: Tuesday, July 19, 2022, 1:00 p.m. ET

2020 COVID-19 Pandemic

- Federal and State Flexibilities to Allow for:
 - Up to either 14 or 28 days of take-home doses of methadone from OTP, depending on patient stability
 - Telephonic buprenorphine inductions
 - Telehealth for the continuation of methadone/buprenorphine treatment and delivery of other enhanced services
- In late 2022, we saw the elimination of the DATA (X) waiver requirement for prescribing buprenorphine

North Carolina Safer Syringe Initiative

COVID-19 Information and Resources

[SSP Essential Services Memo](#): This memo informs interested parties that the NC Division of Public Health considers syringe service programs an “Essential Business and Operation” under Governor Cooper’s Executive Order #121 “Stay at Home Order and Strategic Directions for North Carolina in Response to Increasing COVID-19 Cases.

[SSP COVID-19 Letter Template](#): Local programs can adapt this template for use in their communities. Agents and participants of syringe service programs are not required to carry letters with them to demonstrate that they are engaging in essential services. They are covered whether or not they carry a letter. However, they may carry the letter to communicate with law enforcement.

- [COVID-19: Suggested Health Department Actions to Support Syringe Services Programs \(SSPs\)](#)
- [National Harm Reduction Coalition: COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs](#)
- [NASTAD: COVID-19 Updates and Resources to protect people living with and vulnerable to HIV infection and viral hepatitis](#)
- [CDC Interim Guidance for Syringe Services Programs](#)
- [Vital Strategies: Resources for drug use and COVID-19 risk reduction](#)

Public Health

[Safety Net Dental Clinics](#)

[Benton, Mark](#)

[COVID19](#)

[Child Service Coordination](#)

[Cornell P. Wright](#)

[County Health Departments](#)

[Ebola Information](#)

[Hepatitis C Testing](#)

[Know Your Sickle Cell Trait](#)

[North Carolina Safer Syringe Initiative](#)

[Syringe Exchange Programs in North Carolina](#)

[Syringe Exchange FAQs](#)

[Quick Answers for Law Enforcement Personnel](#)

2021 Opioid and Substance Use Action Plan 3.0



The Opioid and Substance Use Action Plan broadens its focus to include polysubstance use and centers equity and lived experience

<https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic/north-carolinas-opioid-and-substance-use-action-plan>

Evolution of Dashboards



North Carolina Opioid Settlements

Welcome to CORE-NC: Community Opioid Resources Engine for North Carolina

[Home](#) [About the Settlements](#) [Resources](#) [Data Dashboards](#) [Partners](#) [Contact](#)

2021 -
2038

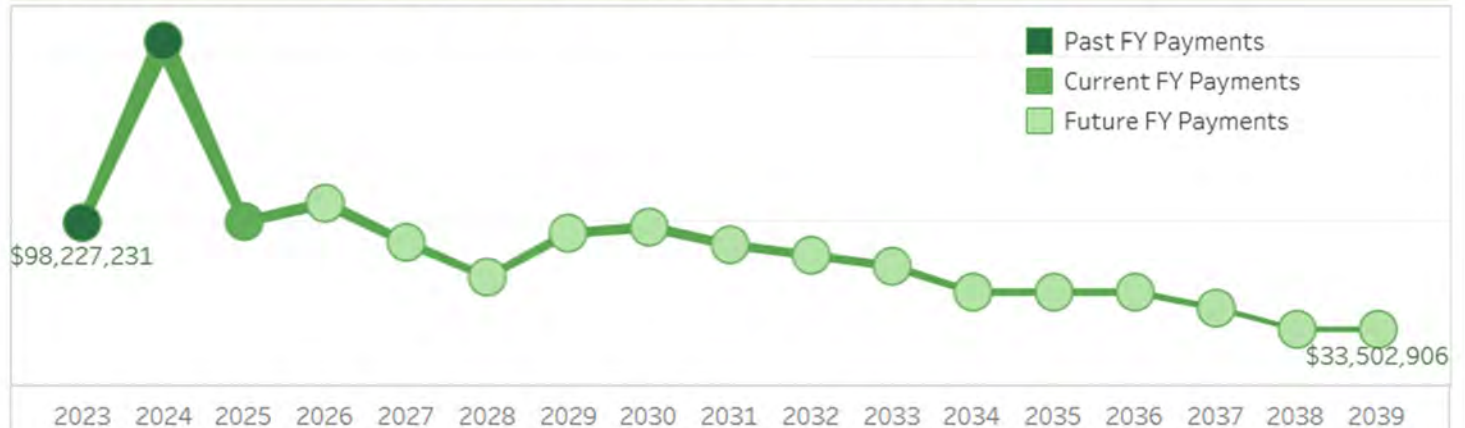
Choose a Place:

NC State & Local Governments (Total)

18 Year Payment to NC State & Local Governments (Total) during 2022-2038:

\$1,370,523,739

Payments Over Time - NC State & Local Governments (Total)



<https://ncopioidsettlement.org>



NC MOA, Exhibit A: High Impact Abatement Strategies

1. Collaborative strategic planning

2. Evidence-based addiction treatment

3. Recovery support

4. Recovery housing

5. Employment services

6. Early intervention

7. Naloxone distribution

8. Post-overdose response

9. Syringe service programs (SSPs)

10. Legal system diversion

11. Addiction treatment for incarcerated persons

12. Reentry programs

2023 Medicaid Expansion



NCDHHS

FRIDAY, JULY 12, 2024

North Carolina Celebrates More Than 500,000 Enrolled in Medicaid Expansion


Carolina del Norte celebra más de 500,000 inscritos en la expansión de Medicaid — Versión en español abajo

Over 1 Million Doses of Naloxone Purchased by NCDHHS



The work to prevent overdose continues...

- Naloxone purchasing and distribution
- Wide range of training and technical assistance offerings
- Various funding opportunities for local communities and agencies
- Convenings like these to collaborate, share resources, and connect!



Save the Date!

NC Summit on Reducing Overdose

**March 18-20, 2025
in Wake County**
www.ncacc.org/ncsoro



North Carolina
Association of
County Commissioners



Showcasing Successes Through Partnerships Across the State

Overdose Prevention and Harm Reduction

- Louise Vincent, North Carolina Survivors Union
- Tony Locklear, Division of Public Health

Justice-Involved Populations Work

- Juan Tuset, NC-FIT Recovery
- Victor Vincent Jr., NC-FIT Recovery

Treatment Access Achievements

- Jason Hines, Acadia
- Louis Leake, Acadia
- Mike Campbell, Stanly County EMS

Remarks

- Attorney General Josh Stein
- Video Keynote: Governor Roy Cooper

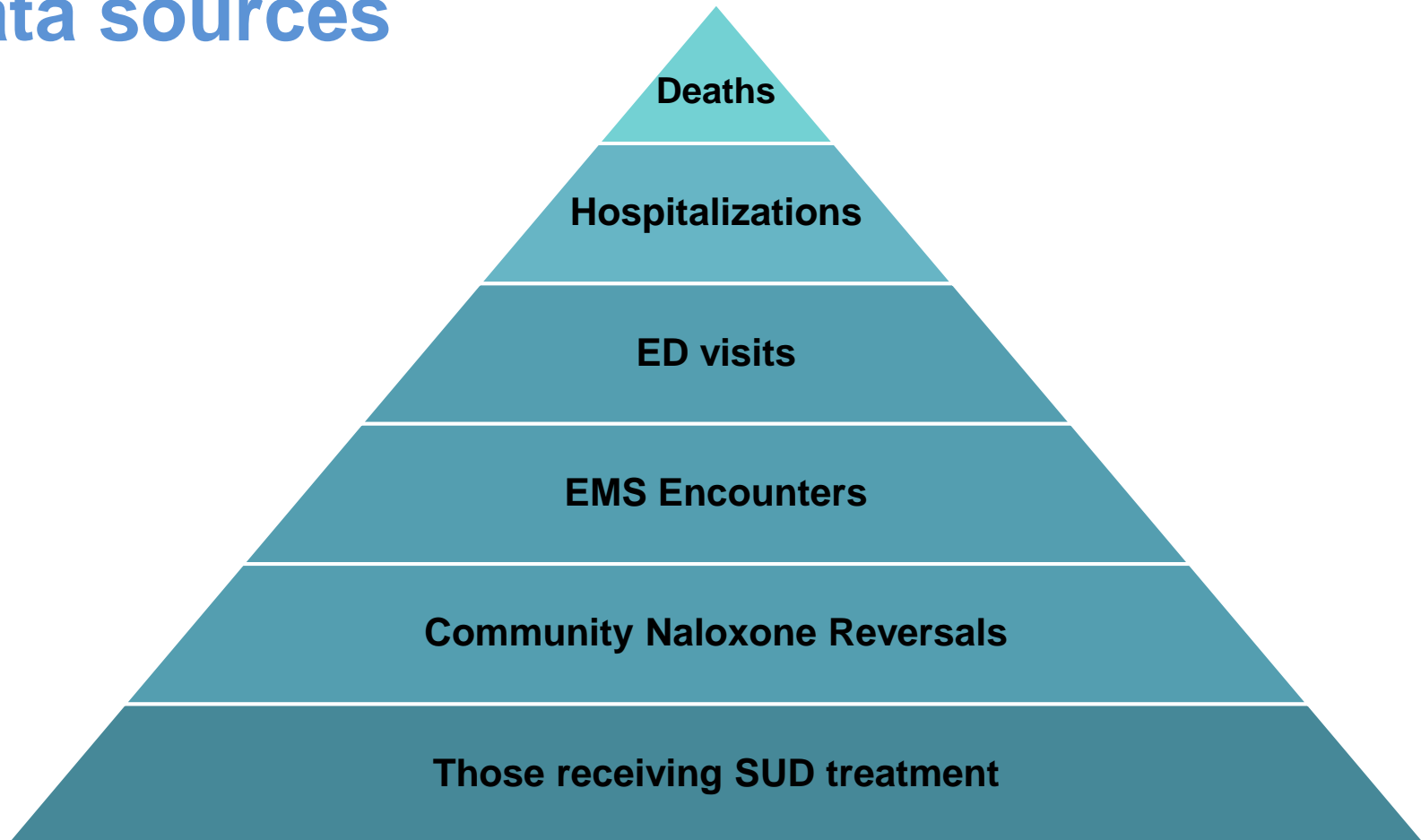
Current Data and Future Directions

- Mary Beth Cox, Division of Public Health
- Adams Sibley, UNC Street Drug Analysis Lab

Track progress, measure our impact, and monitor emerging trends



NCDHHS tracks indicators across many data sources



**NORTH CAROLINA'S
OPIOID ACTION PLAN**
2017-2021

June 2017, Version 1

**NORTH
CAROLINA'S
OPIOID AND
SUBSTANCE USE
ACTION PLAN**

Updates and Opportunities

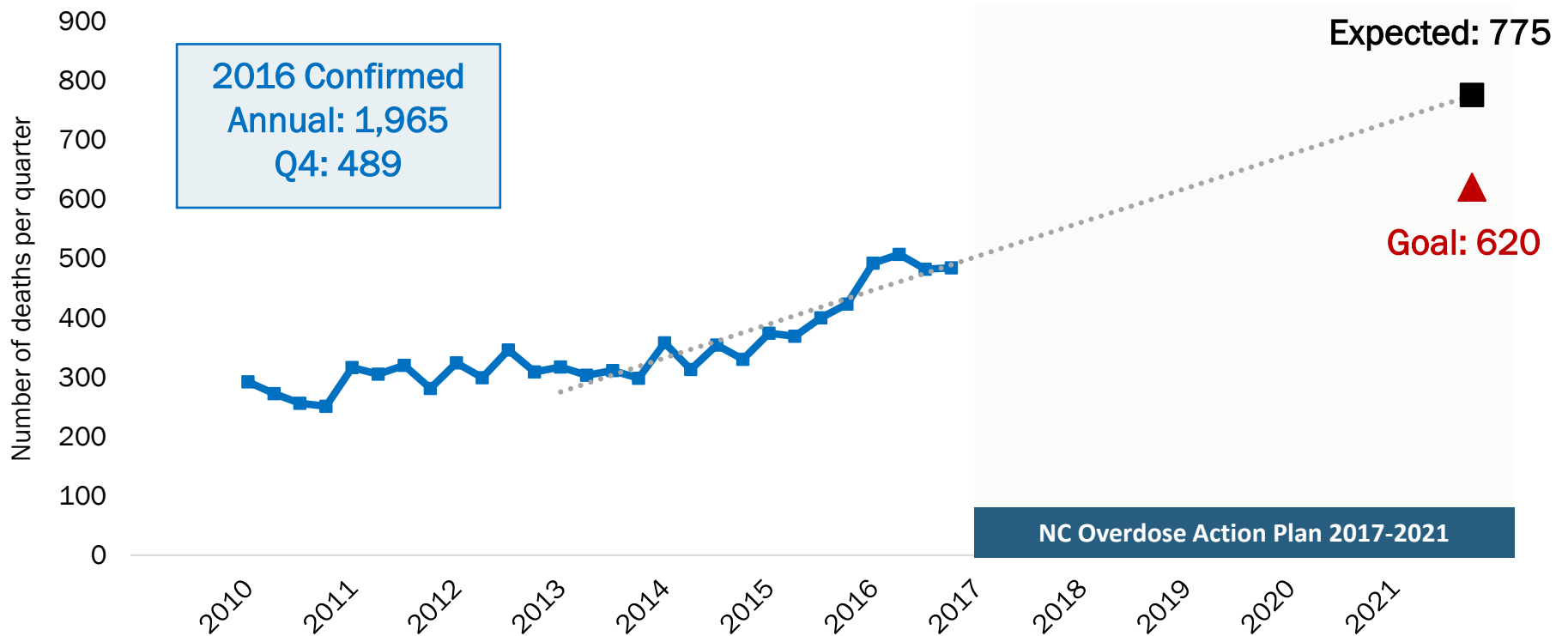
Version 3.0

The Opioid Action plan set the goal to reduce expected opioid overdose deaths **by 20% by 2021.**

Updated Goal:
Reduce all drug overdose deaths **by 20% from expected by 2024.**

Original^ OAP 1.0 Goal: 2016

Expected based on 2013-2016 confirmed overdose deaths

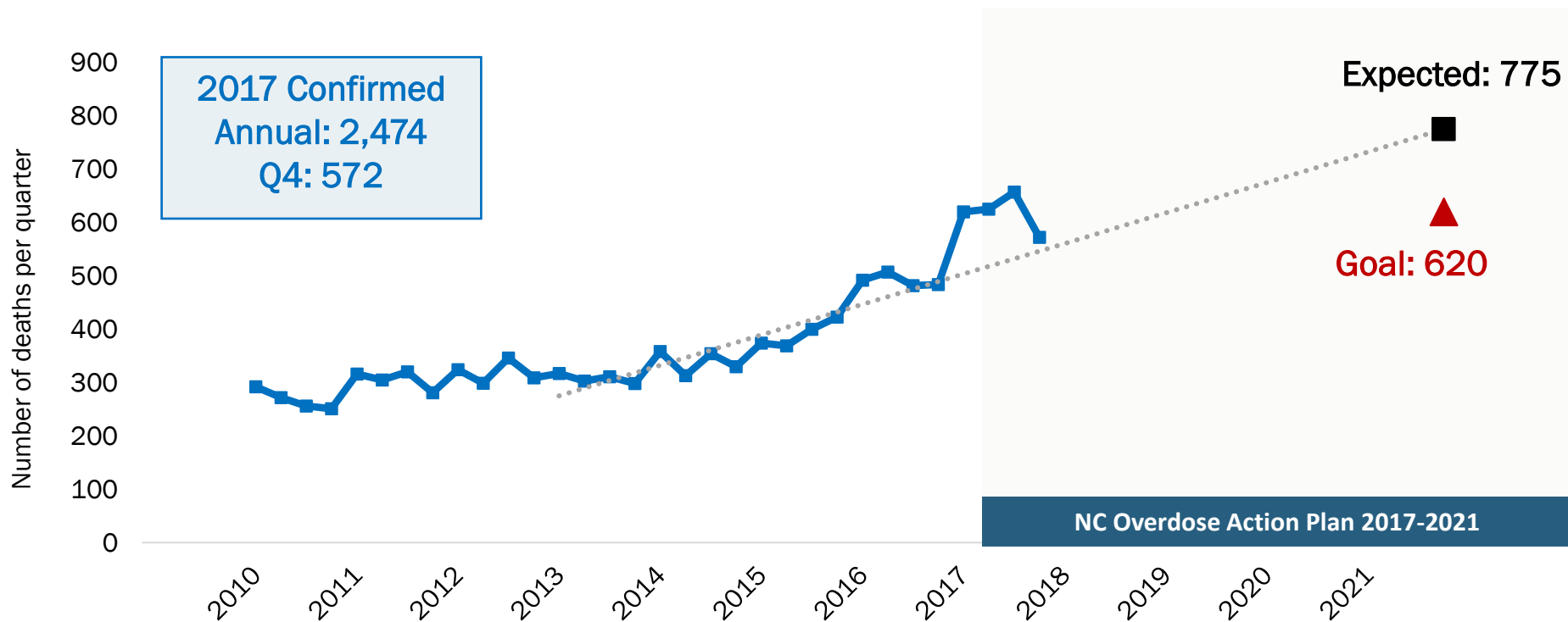


^Original goal updated from unintentional opioid overdose to all intent med/drug overdoses

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2016

Original^ OAP 1.0 Goal: 2017

Expected based on 2013-2016 confirmed overdose deaths

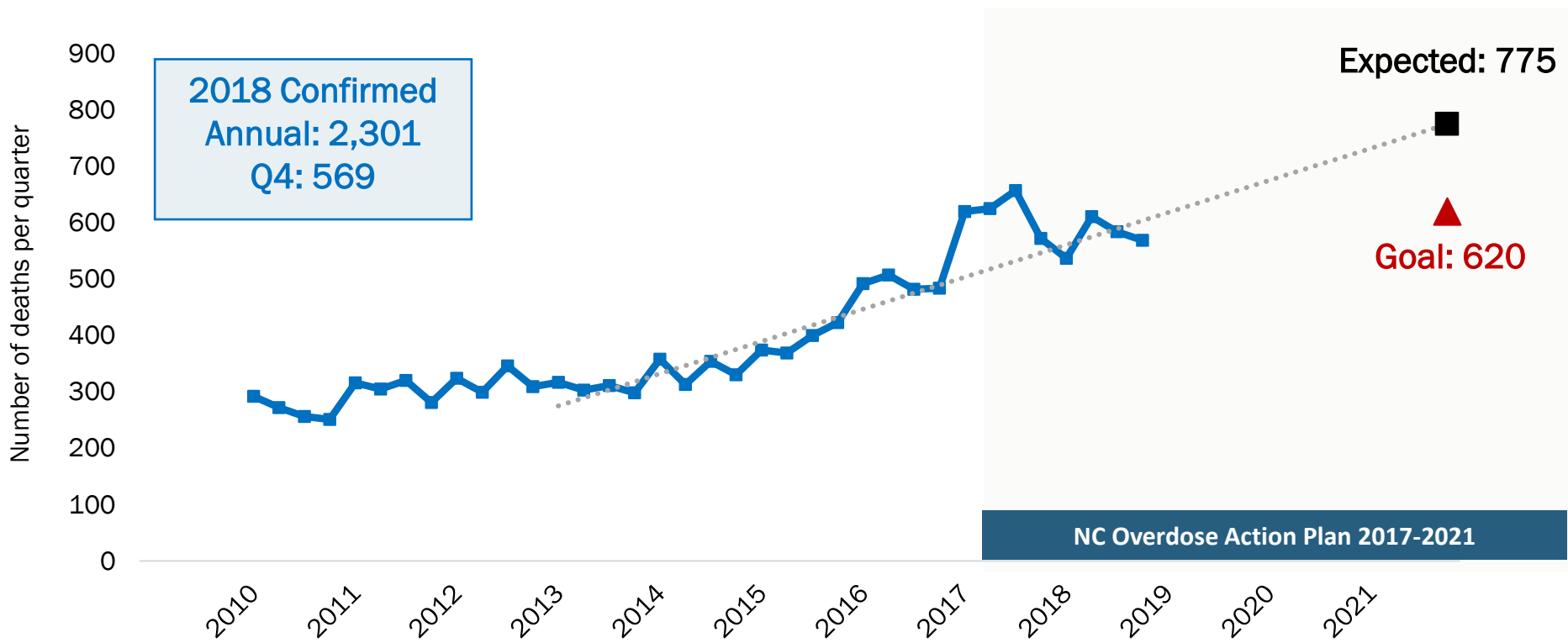


[^]Original goal updated from unintentional opioid overdose to all intent med/drug overdoses

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2017

Original^ OAP 1.0 Goal: 2018

Expected based on 2013-2016 confirmed overdose deaths

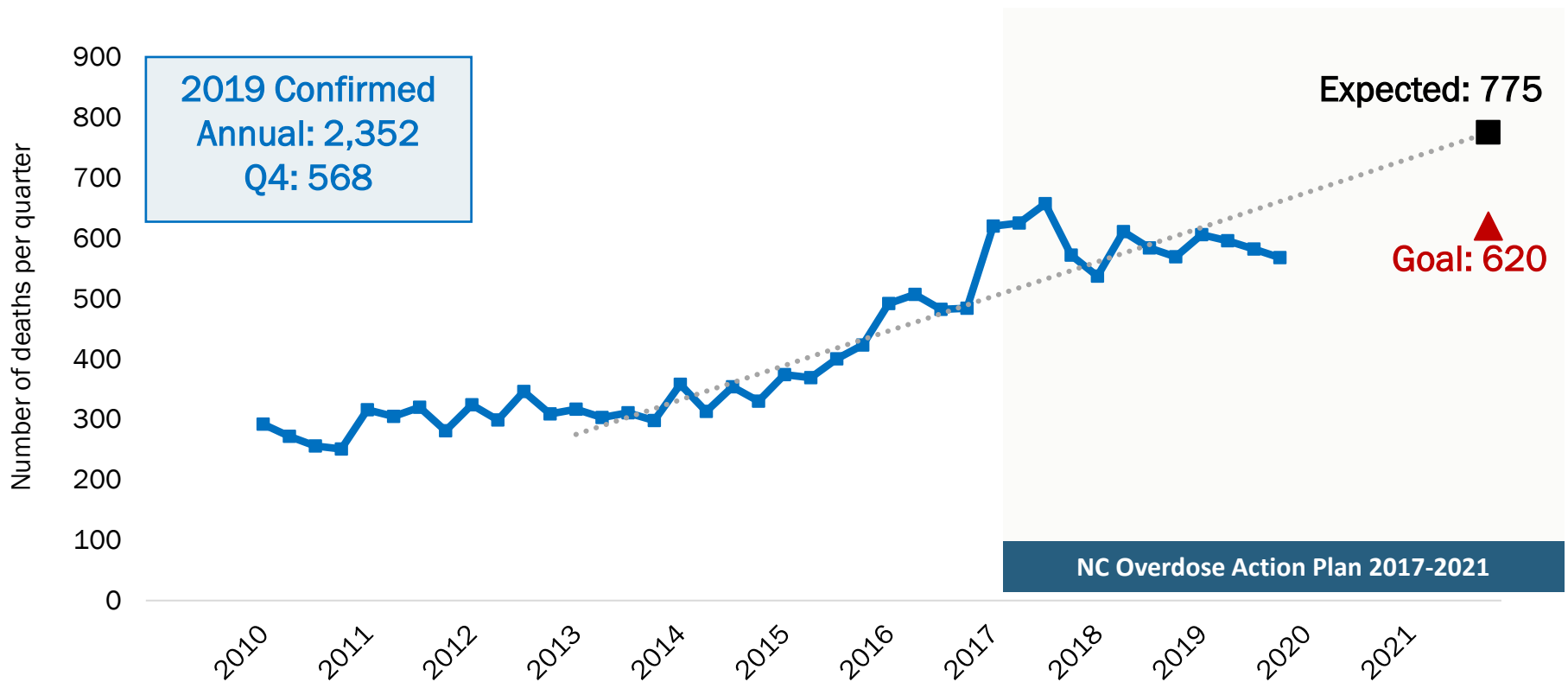


[^]Original goal updated from unintentional opioid overdose to all intent med/drug overdoses

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2018

Original^ OAP 1.0 Goal: 2019

Expected based on 2013-2016 confirmed overdose deaths

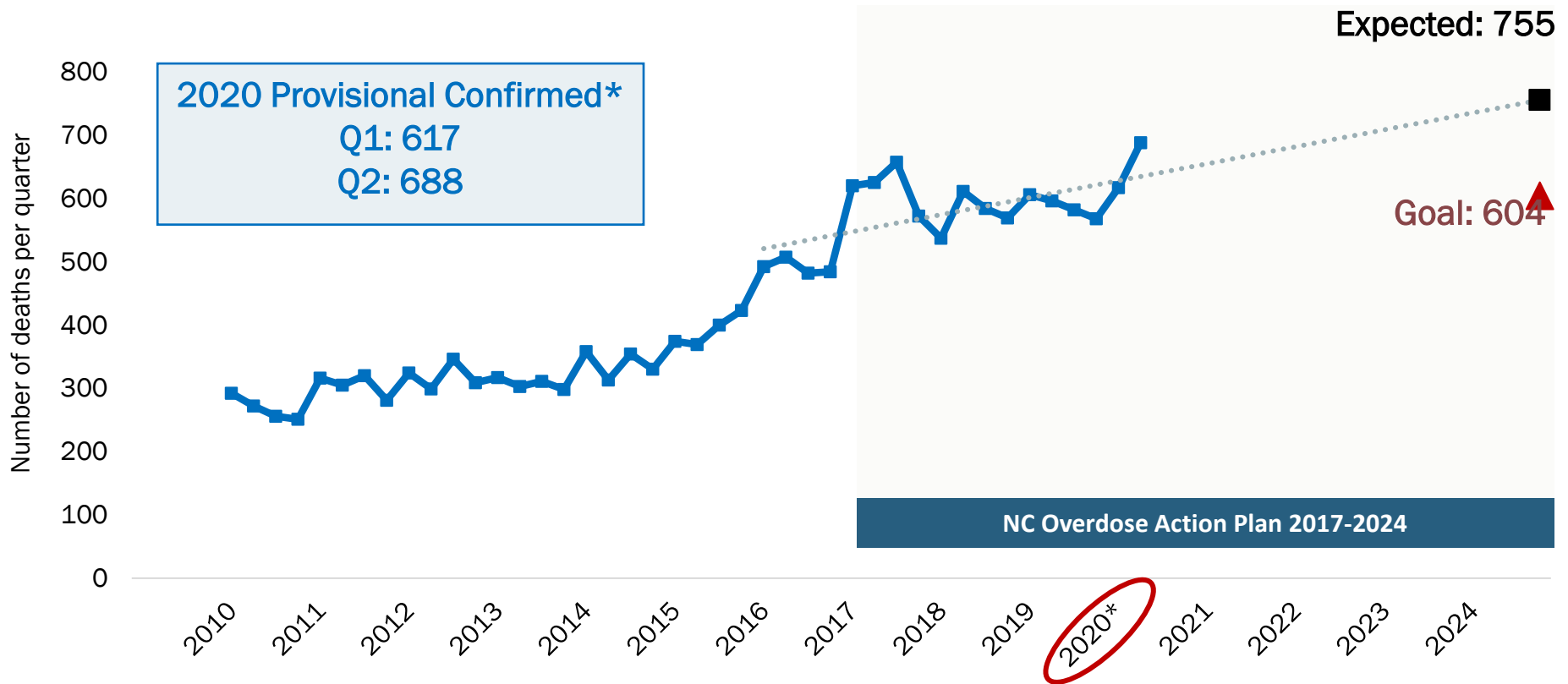


^Original goal updated from unintentional opioid overdose to all intent med/drug overdoses

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2019

Updated OSUAP 3.0 Goal: 2020*

Expected based on 2016-2020 (Q1 & Q2)* confirmed overdose deaths

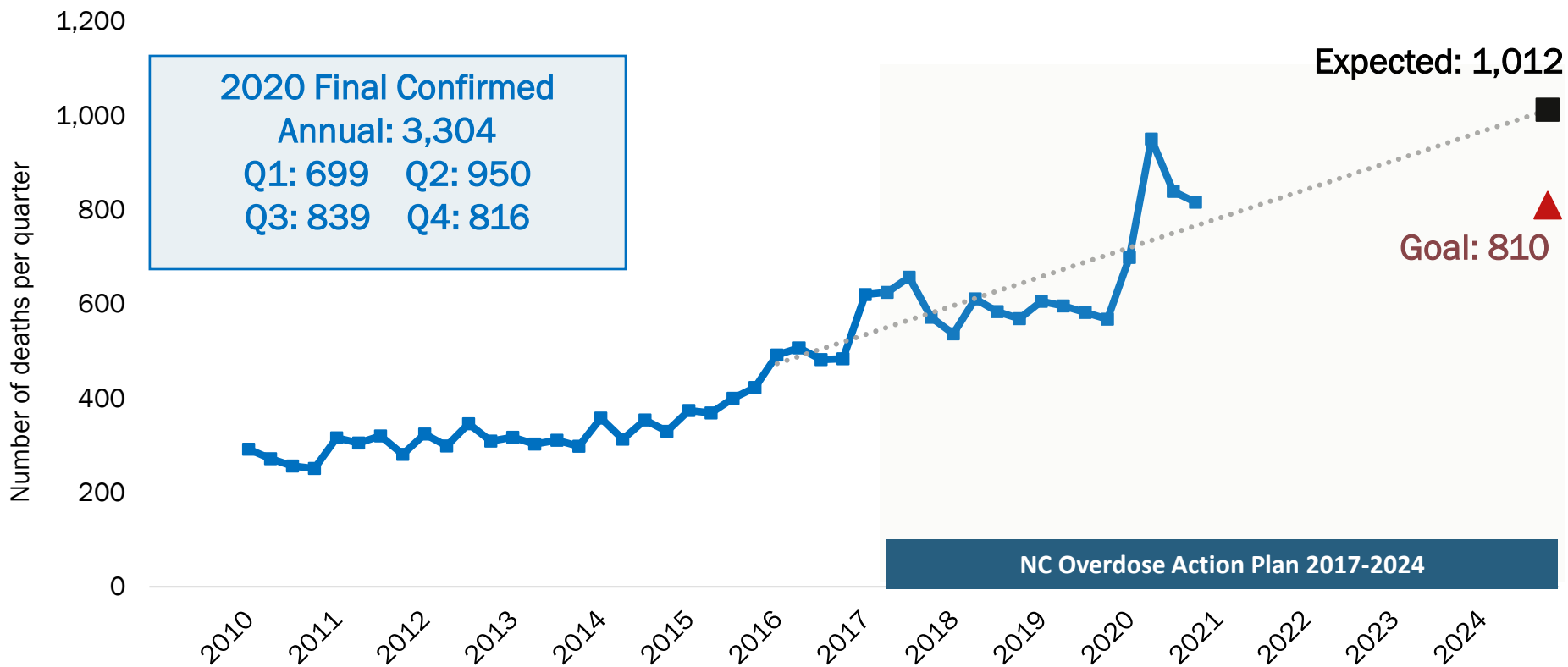


*Data were provisional at the time of the OSUAP 3.0 launch; final data did change

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2020 Q2*

Updated OSUAP 3.0 Goal: 2020

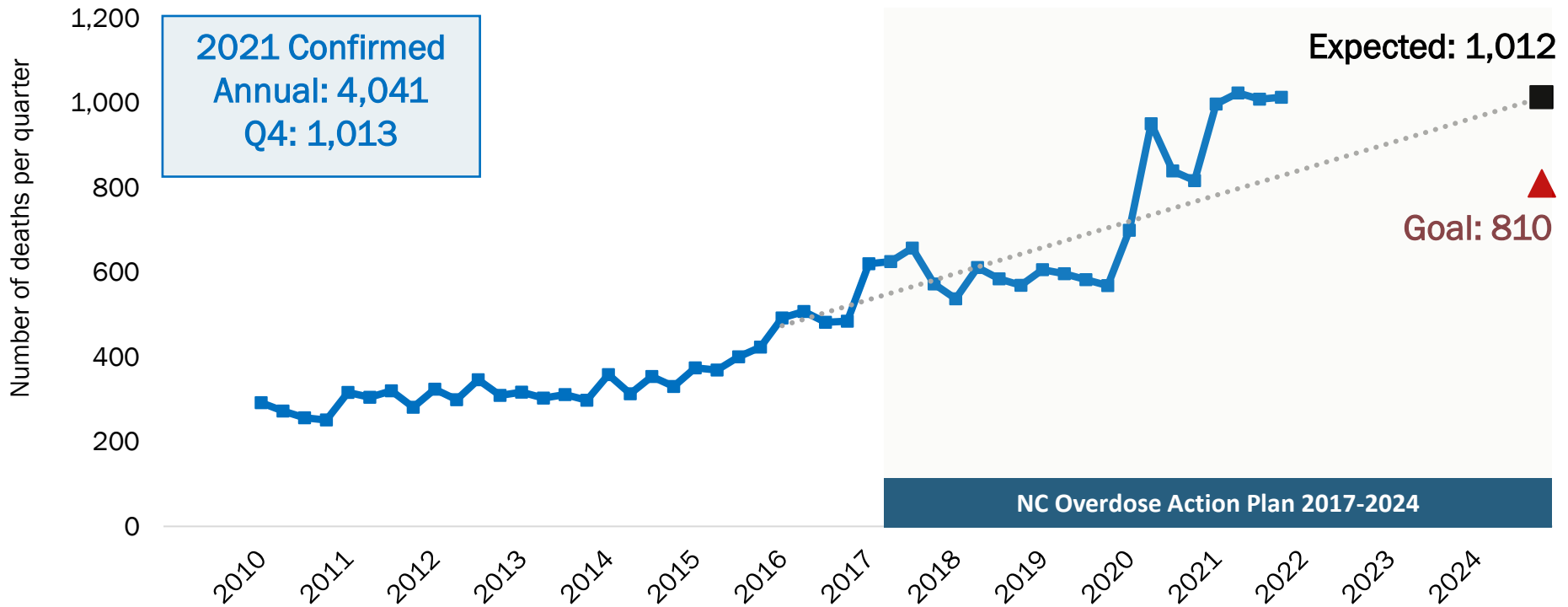
Expected based on 2016-2020 confirmed overdose deaths



Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2020

Updated OSUAP 3.0 Goal: 2021

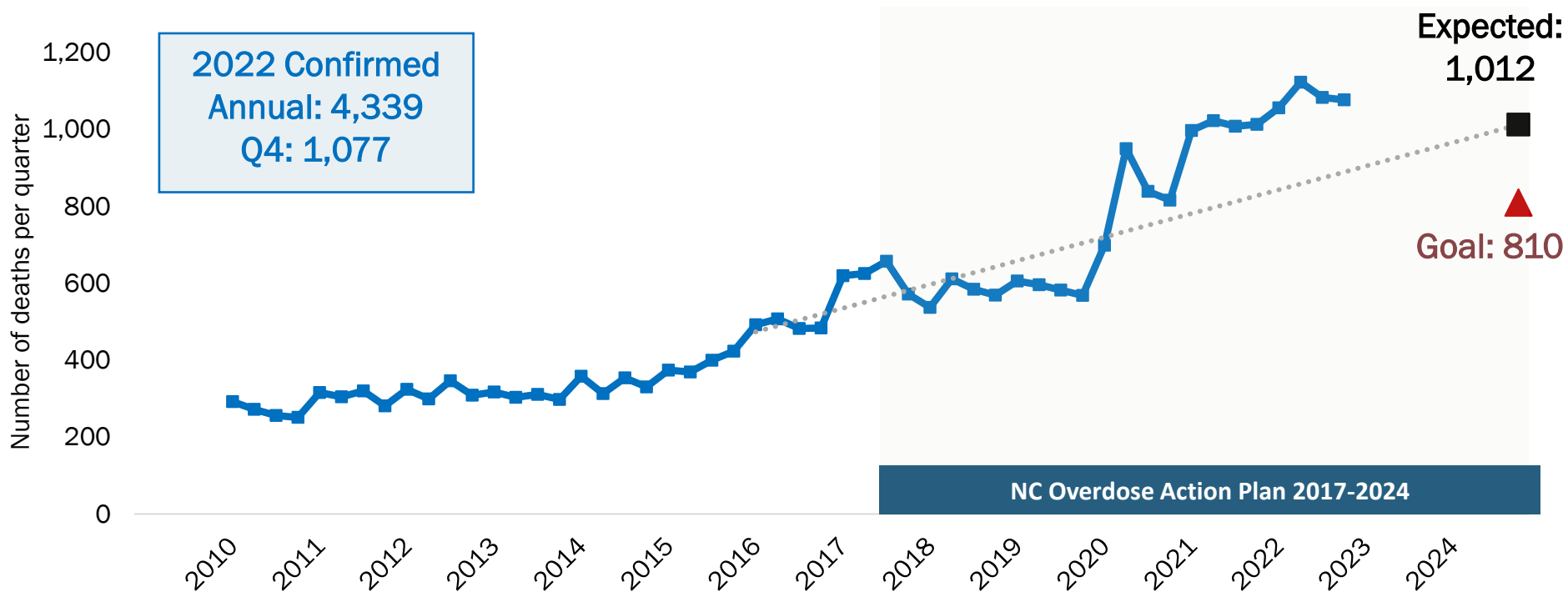
Expected based on 2016-2020 confirmed overdose deaths



Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2021

Updated OSUAP 3.0 Goal: 2022

Expected based on 2016-2020 confirmed overdose deaths



Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2010-2022

Email SubstanceUseData@dhhs.nc.gov to receive monthly updates

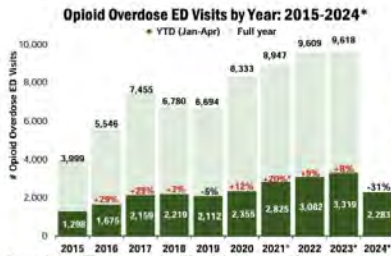
576 NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: APRIL 2024

576 Opioid overdose ED visits April 2024*

Compared to 829 April 2023

Data Source: NC DETECT, ED, Custom Event, Overdose, Opioid Overdose v.2 (ICD-10-CM)

Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opiam), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Morphadone), T40.4 (Other Synthetic Narcotics), and T40.8 (Other and Unspecified Narcotics).



Opioid Overdose ED Visits by Month: 2023-2024*

Opioid Overdose ED Visits

1,081

NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OVERDOSE INVOLVING MEDICATIONS OR DRUGS WITH DEPENDENCY POTENTIAL: APRIL 2024

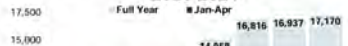
1,081 Overdose ED Visits for Med/Drugs^ with Dependency Potential in April 2024 compared to 1,478 in April 2023

Data Source: NC DETECT, ED, Synthetic Overdose, Unintentional Underdosed Medication or Drug Overdose (S-141-65) (ICD-910-CM)

*Report is based on initial encounter, unintentional and undetermined intent cases only, for ICD10CM overdose codes of drugs and medications with dependency potential within T40, T42, T43, T50.7, and T50.9.

Note: Report is restricted to N.C. residents between the ages 15 to 65 years.

Med/Drug^ Overdose ED visits by Year: 2016-2024*



208 Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: Feb 2024*

208 Fentanyl-Positive Deaths^, February 2024*

Compared to 274 in February 2023

*Deaths included in this report tested positive for fentanyl at the time of the death when toxicology testing was performed. Toxicology results are based on analytical testing of specimens performed by NC OCME Toxicology. The detection of fentanyl only indicates deaths with positive fentanyl toxicology results. The presence of fentanyl at time of death does not necessarily indicate fentanyl as the cause of death.

Fentanyl-Positive Deaths: 2016-2024



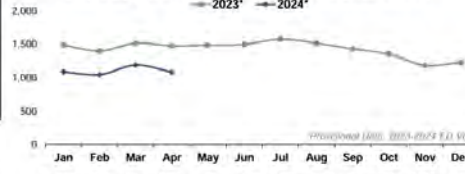
Last 12 Months EMS Suspected Opioid Overdose Encounters by County: Jul'22-Jun'23**



Highest Rates of EMS Suspected Opioid Overdose Encounters among Counties in Last 12 Months: Jul'22-Jun'23**

County	Count	Rate^
Scotland	118	338.9
Robeson	415	317.7
Craven	278	272.2
Rockingham	238	261.5
Graham	22	260.6
Lee	146	236.3
McDowell	104	227.3
New Hanover	524	223.5
Rutherford	147	219.3
Stokes	98	215.0
Statewide	12,785	121.9

Med/Drug^ Overdose ED visits by Month: 2023-2024*



Last 12 Months of ED visits by Med/Drug Class: 2023-2024*



272 Suspected Overdose Deaths*, North Carolina Office of the Chief Medical Examiner (OCME) Data: April 2024

272 Suspected Overdose Deaths*, April 2024

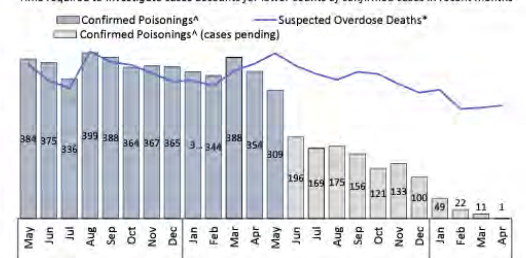
Compared to 373 April 2023

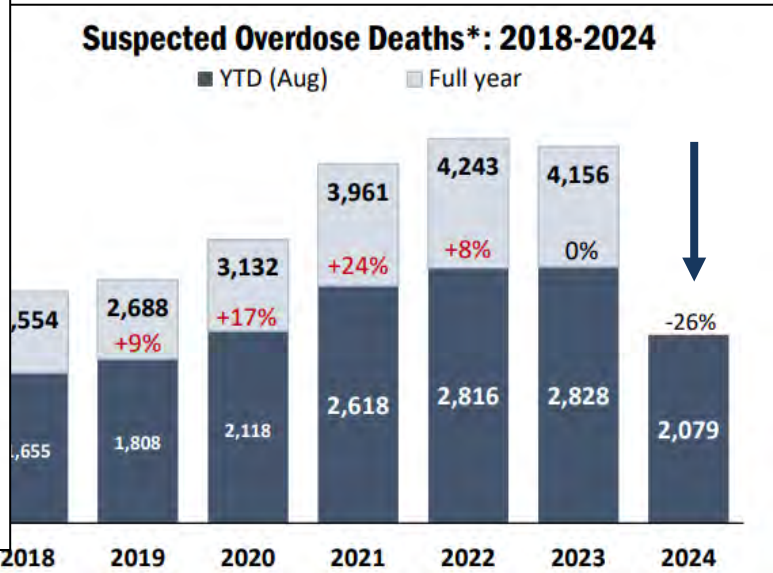
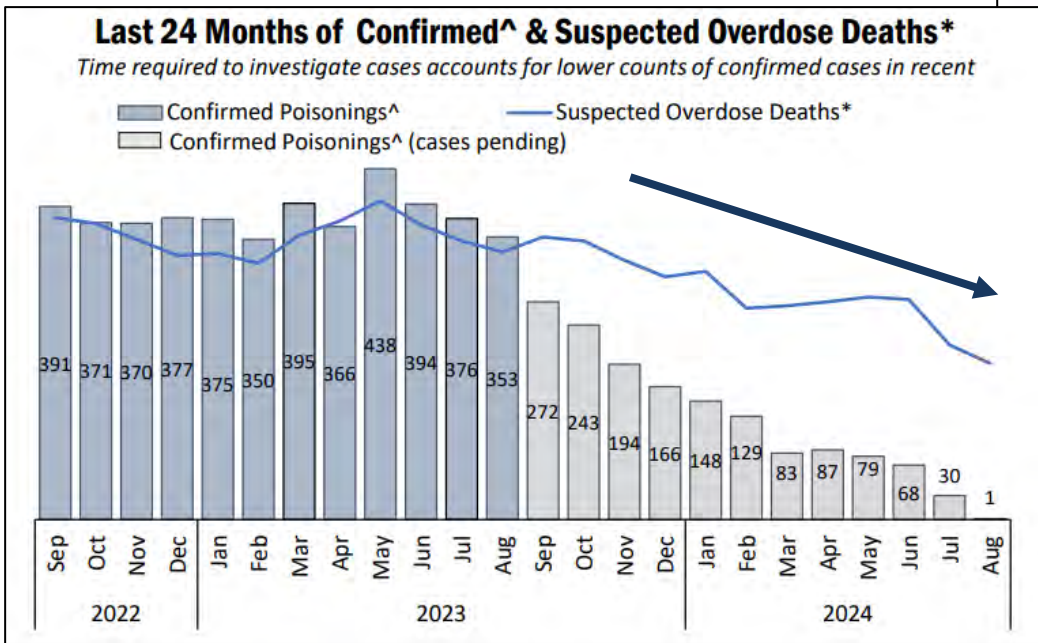
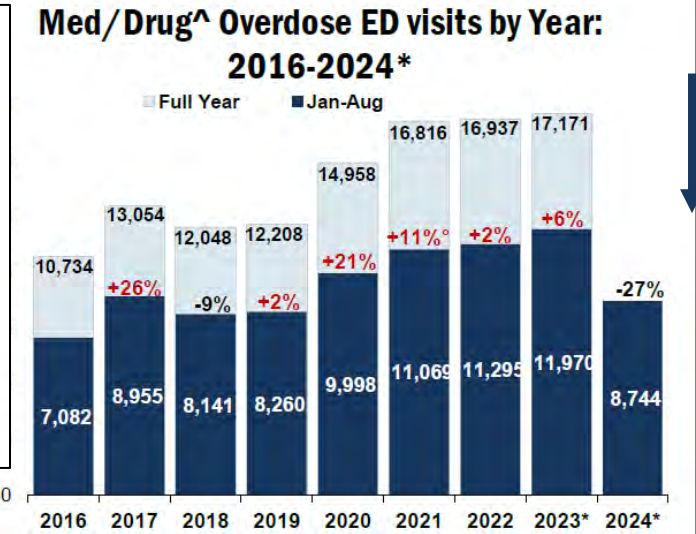
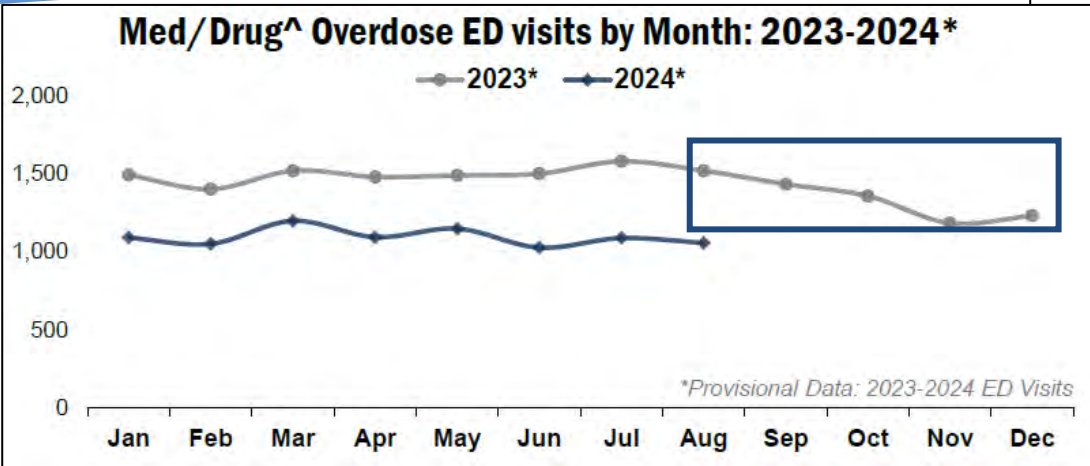
This category reflects an estimate of statewide medical examiner system overdose deaths. Note that some inspected overdoses may ultimately be certified as non-poisoning deaths, but the majority become confirmed as poisoning deaths.

Suspected Overdose Deaths*: 2018-2024

Last 24 Months of Confirmed^ & Suspected Overdose Deaths*

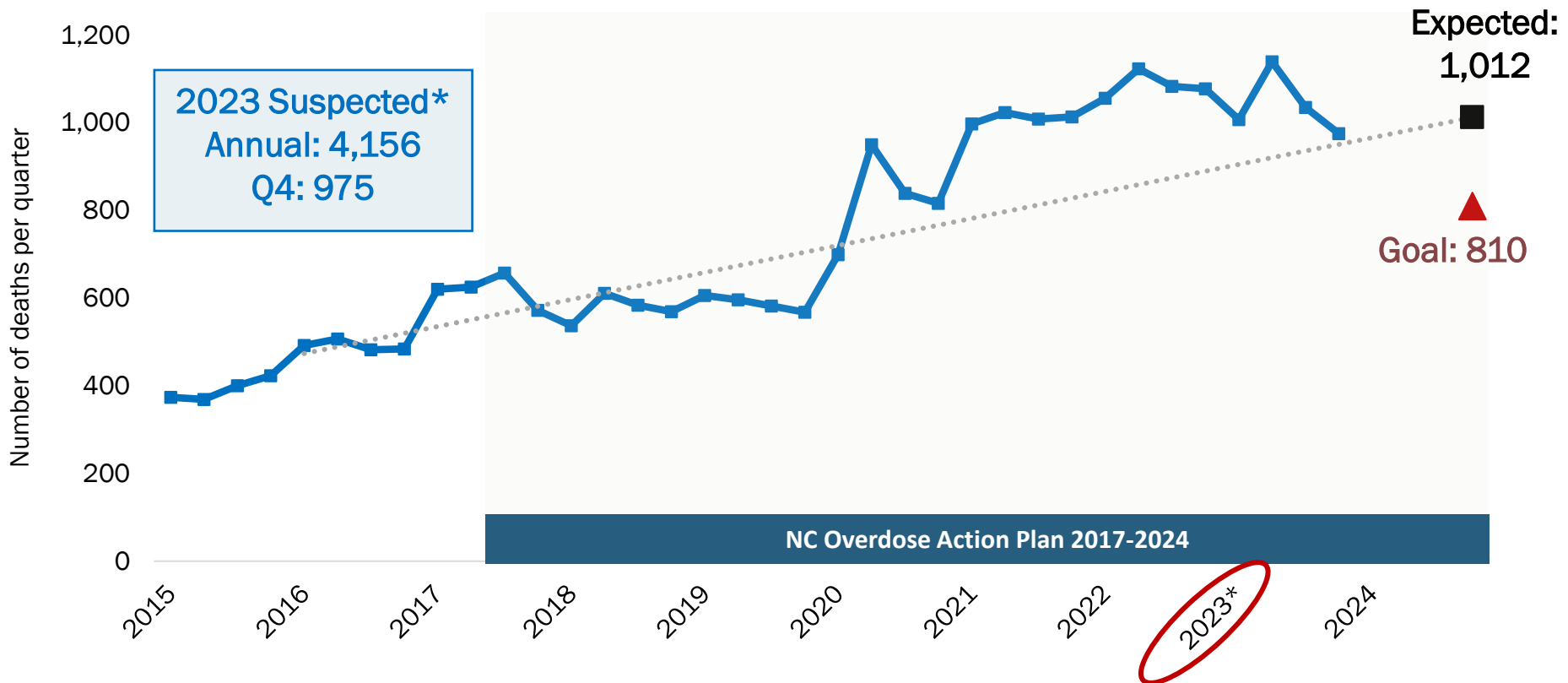
Time required to investigate cases accounts for lower counts of confirmed cases in recent months





Updated OSUAP 3.0 Goal: 2023*

Expected based on 2016-2020 confirmed overdose deaths

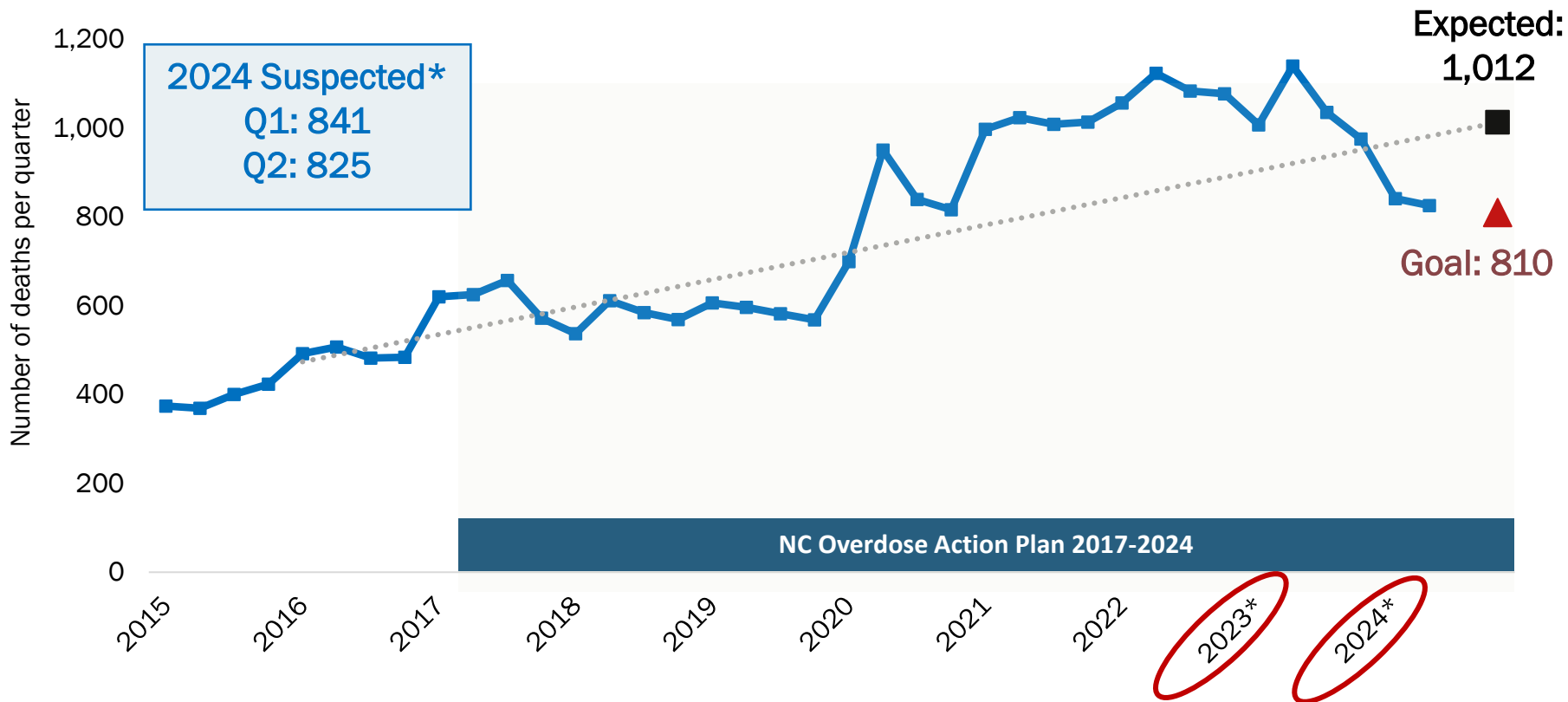


*Finalized overdose death data may differ from counts of suspected overdose deaths

Source: NC Office of the Chief Medical Examiner, Suspected Overdose Deaths, 2023; NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2015-2022

Updated OSUAP 3.0 Goal: 2024*

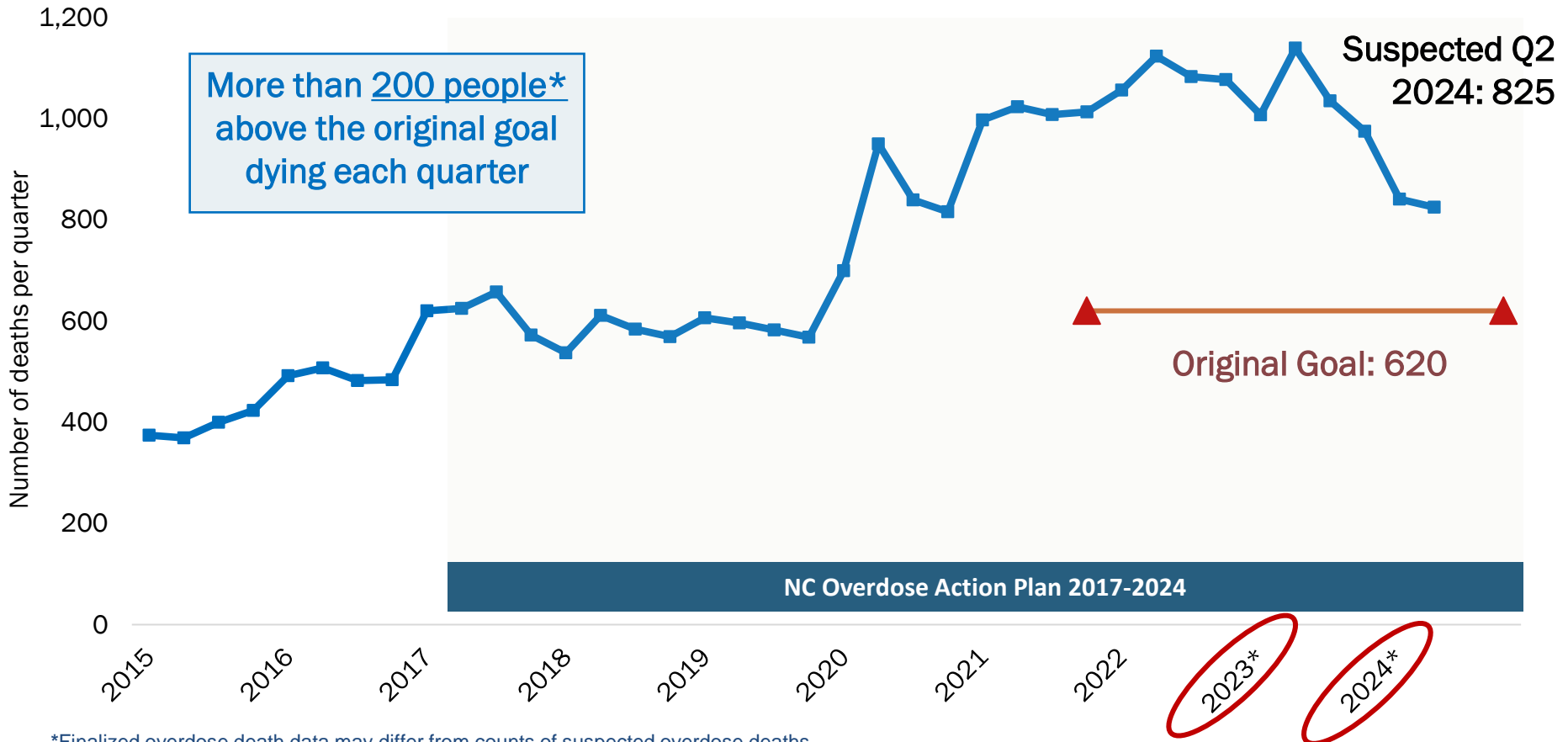
Expected based on 2016-2020 confirmed overdose deaths



*Finalized overdose death data may differ from counts of suspected overdose deaths

Source: NC Office of the Chief Medical Examiner, Suspected Overdose Deaths, 2023-2024 Q2; NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2015-2022

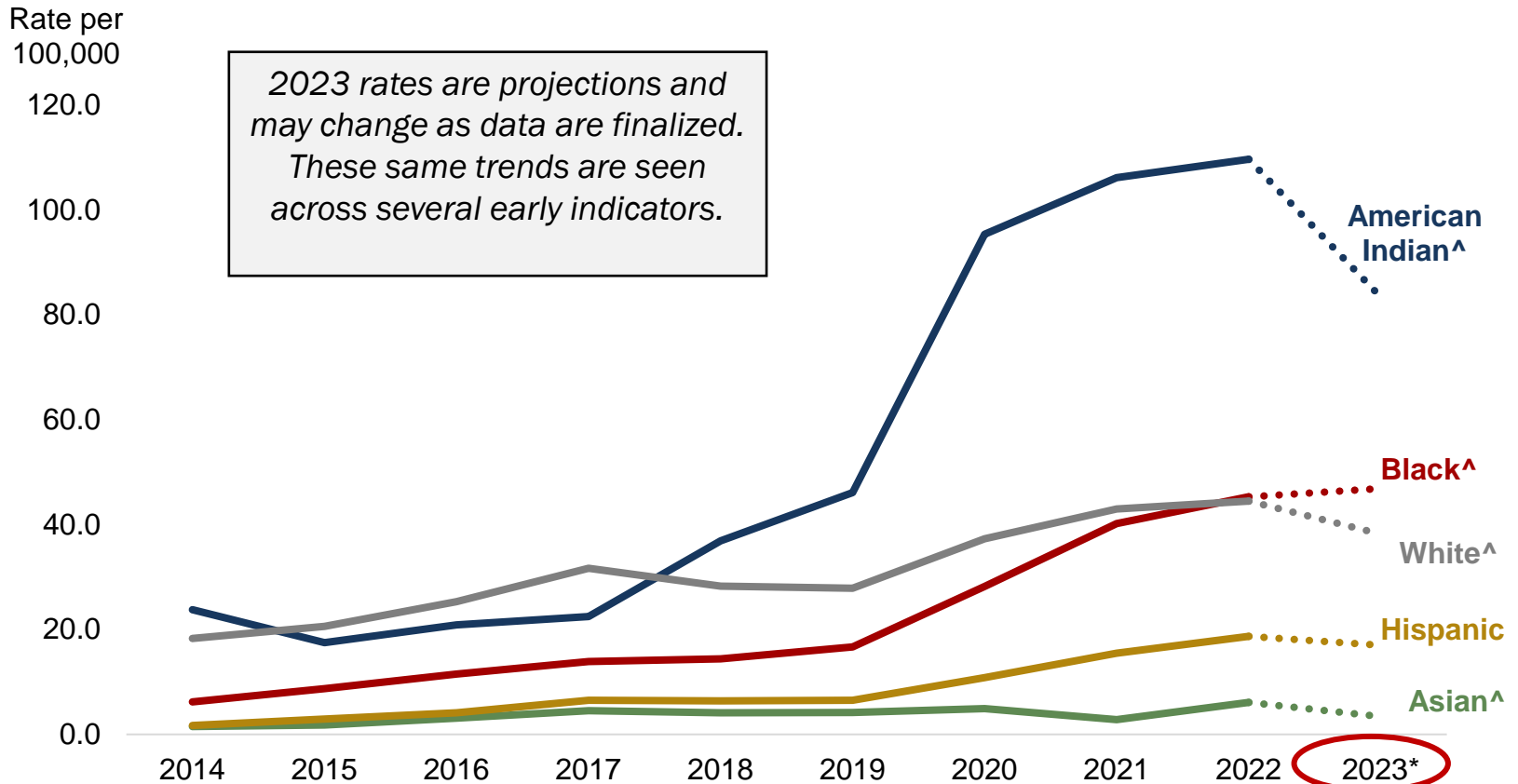
There's more work to do...



*Finalized overdose death data may differ from counts of suspected overdose deaths

Source: NC Office of the Chief Medical Examiner, Suspected Overdose Deaths, 2023-2024 Q2; NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2015-2022

Decreases in fatal overdose rates do not appear to be uniform across all demographics*



[^]Non-Hispanic

*Data are provisional and subject to change; rates based on Jan-Aug 2023 data with population denominators adjusted to calculate a projected annual rate

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data- all intent medication/drug overdoses, NC residents, 2014-2023*; Population-NCHS, 2014-2023 // Analysis by Injury Epidemiology and Surveillance Unit

3 PEOPLE **DIE EACH DAY** FROM
OPIOID OVERDOSE IN NC

OAP 1.0, June 2017

Based on unintentional opioid overdose deaths, 2015

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2015 - Unintentional opioid-involved overdose deaths; NC residents
Analysis by Injury Epidemiology and Surveillance Unit

**In 2022, an average of 12
North Carolinians died each
day from an overdose.**

Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2022

Analysis by Injury Epidemiology and Surveillance Unit

In 2024, an *estimated** 9
North Carolinians die each
day from an overdose.

*Estimation based on Q1 and Q2 suspected overdose deaths; estimate may change when finalized data are available

Source: Suspected Overdose Deaths-NC Office of the Chief Medical Examiner, 2024

Analysis by Injury Epidemiology and Surveillance Unit

North Carolina has
achieved some
successes ...

**AND HAS MORE
WORK TO DO.**

***Overdose
death is
preventable.***





IVPB Data Support

Book time with an IVPB epidemiologist to discuss available data products, to talk through custom data requests, or for general data questions.

Email us at SubstanceUseData@dhhs.nc.gov.

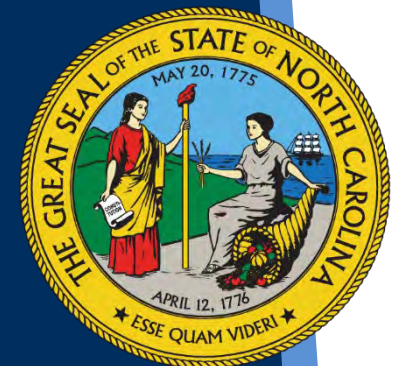
IVPB Data Support

✓ SELECT A SERVICE

<p>Overdose Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss overd... Read more</p> <p>30 minutes </p>	<p>Alcohol Use & Related Harms Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss alcoho... Read more</p> <p>30 minutes </p>
<p>General Injury Data Support <input type="radio"/></p> <p>Book time with Shana to discuss general inj... Read more</p> <p>30 minutes </p>	<p>Suicide and Firearm Data Support <input type="radio"/></p> <p>Book time with Shana to discuss suicide an... Read more</p> <p>30 minutes </p>

[IVPB Data Request Policy](#)

[IVPB Data Support Bookings](#)



Tracking Trends in the Drug Supply: Numbers and Lived Experience

Adams Sibley, PhD, MPH

University of North Carolina-Chapel Hill

Injury Prevention Research Center

@AdamsSibley

Sept. 20, 2024 • OPDAAC • Raleigh, NC

Slides:

go.unc.edu/sibleyppt





Opioid Data Lab

Welcome to the Street Drug Analysis Lab @ UNC, a public service of the University of North Carolina at Chapel Hill. We provide analytical chemistry services and information for public health.



Search



Sign in

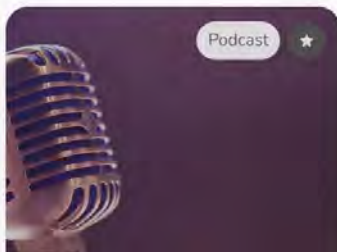


Free

Email address

Sign up for free

Monthly newsletter. We don't share your info.



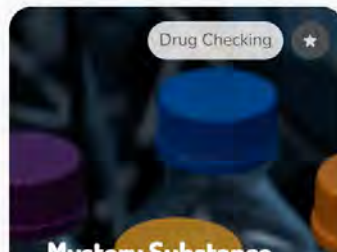
Podcast ★



Drug Checking ★



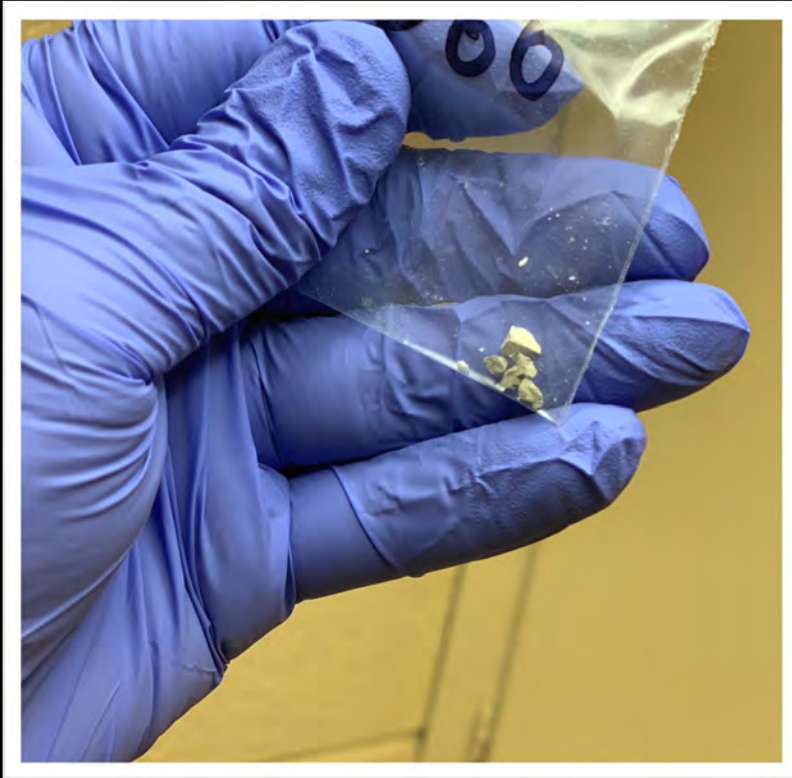
Newsletters ★



Drug Checking ★

Street drugs change constantly.

But we only find out what's in them when it's too late: When people are dead or arrested.



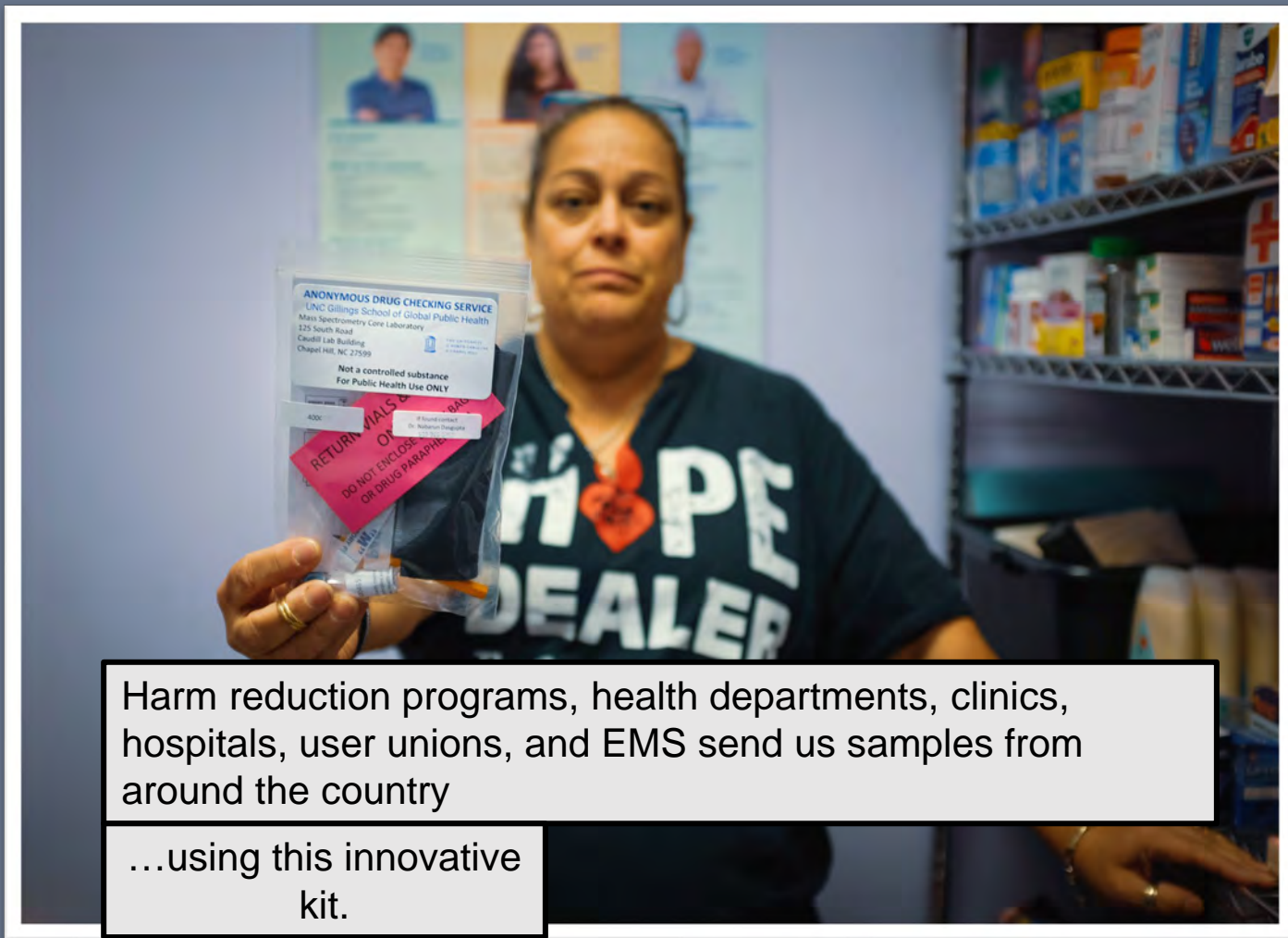
In our lab on campus



we monitor street drugs

as a public service.





Harm reduction programs, health departments, clinics, hospitals, user unions, and EMS send us samples from around the country

...using this innovative kit.

Samples can be collected via scoop, residue swab, pill fragment, or used cotton.

Powder
(best results)

2 scoops



or

Baggie



Wet swab
in vial



Run along
inside 3x

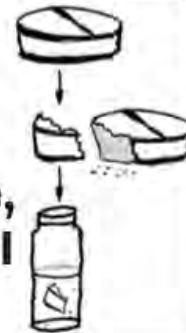


Stir into
vial and
discard
swab

or

Pill

Break off
1/4 with
clean knife,
drop in vial



or

Cotton

Drop in
used cotton



We record the information



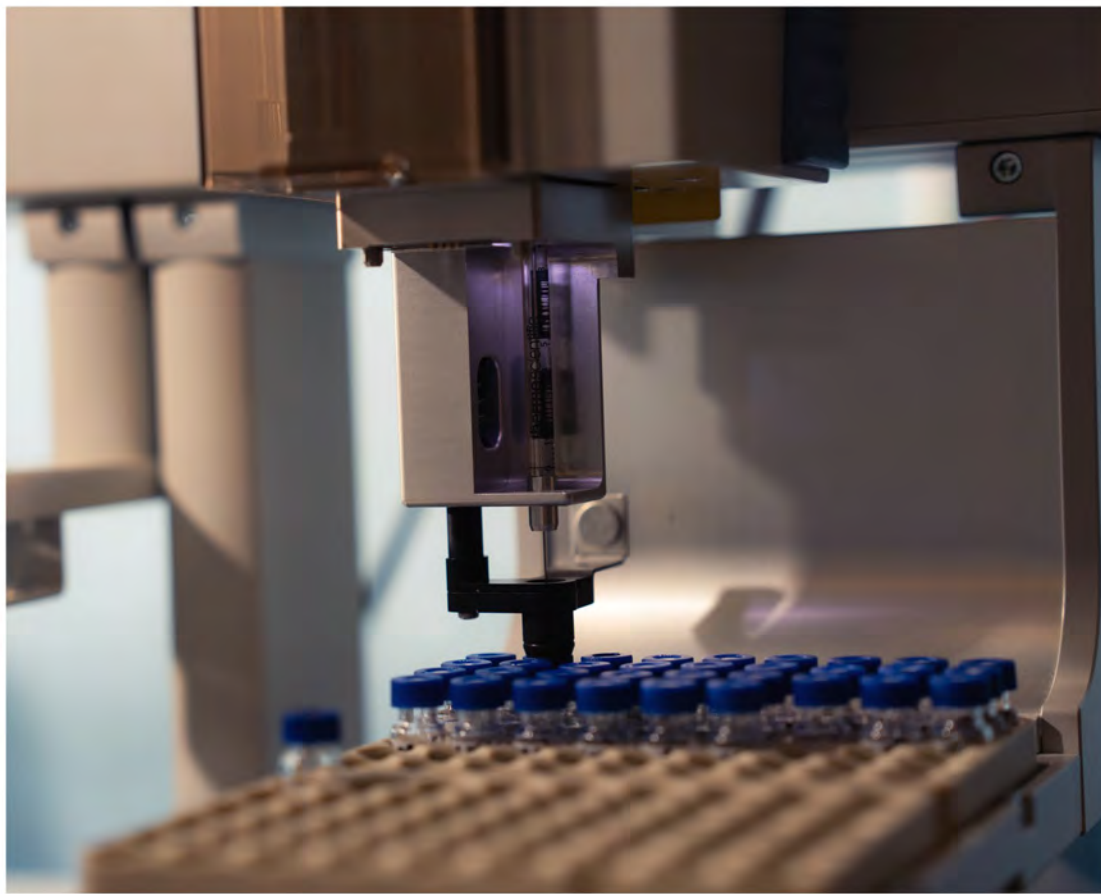
and catalog the samples.



We prep the samples



and load them on a GCMS (mass spec).



We interpret the high-resolution results,



to determine exactly what's in the sample.





March 2022 to September 11, 2024

N = 7,555 samples analyzed

331 unique substances identified

160+ programs

38 US states

What we are keeping an eye on

1. **Smoking** – Most common route of overdose
2. **BTMPS** – Industrial chemical (emerged July 2024)
3. Carfentanil is back.
4. **2-fluoro-2-oxo-PCE** – Eastern NC, ketamine-like
5. **Acetamiprid** – Insecticide (blip?)
6. **(Dex)medetomidine** – Xylazine replacement

In the U.S., the leading route of drug use involved in overdose deaths changed from injection to smoking*



Consider enhancing harm reduction services to reach people who use drugs by smoking

Provide naloxone and fentanyl test strips

Conduct peer outreach

Emphasize risk of overdose when drugs are smoked



*CDC's State Unintentional Drug Overdose Reporting System (SUDORS)

bit.ly/mm7306a4

FEBRUARY 15, 2024

MMWR

Tanz et al., MMWR, Feb 15, 2024



TINUVIN® 770 DF

TINUVIN 770 DF is a solid basic hindered amine light stabilizer (HALS) developed for coating, adhesive and sealant applications. It is designed to meet durability requirements of all exterior solvent-based industrial coatings. It protects coatings against surface defects such as gloss reduction, cracking and chalking and it ensures the retention of mechanical properties. It is broadly compatible and can be easily incorporated to achieve long term light stabilization.

Product highlights

Good long term performance

Good thermal stability

Suggested applications:

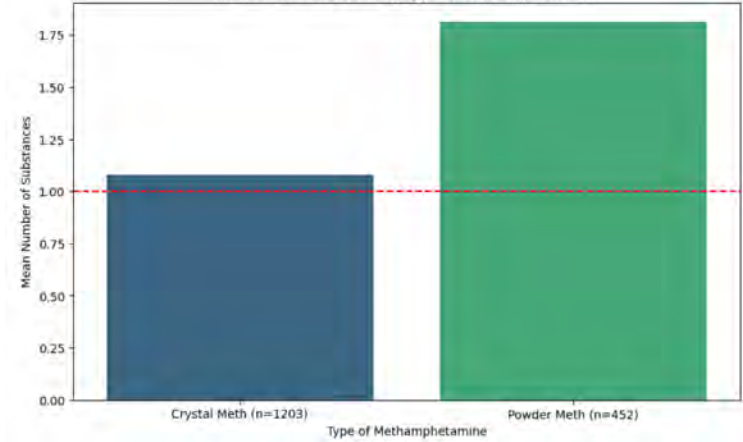
- Industrial coatings
- Marine

Meth Adulteration

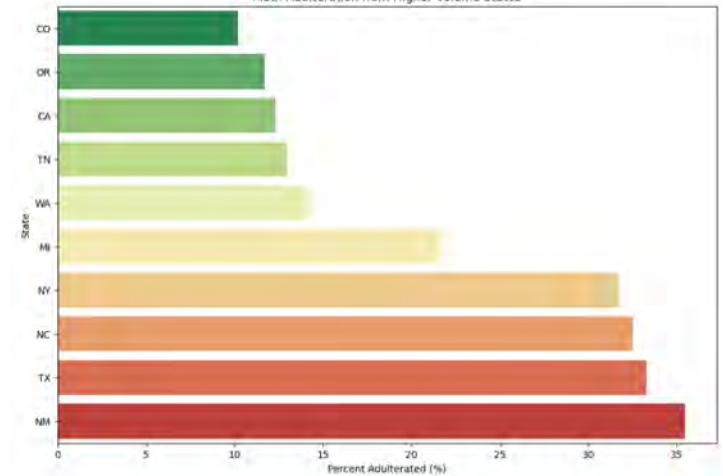
Percent of Methamphetamine Samples Containing Adulterants



Number of Substances by Type of Methamphetamine

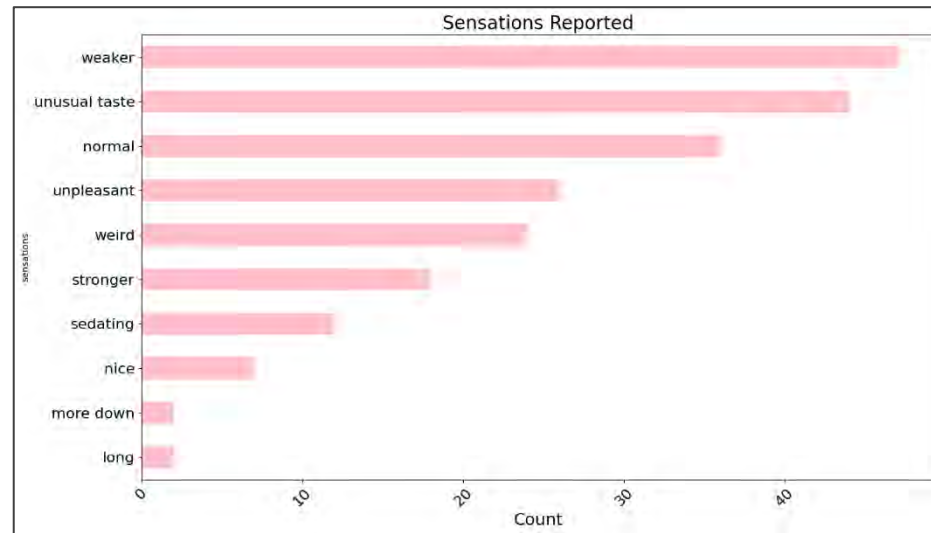
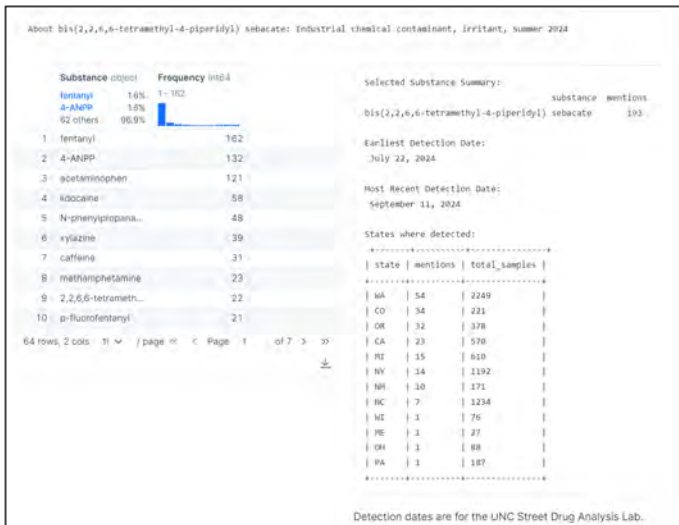
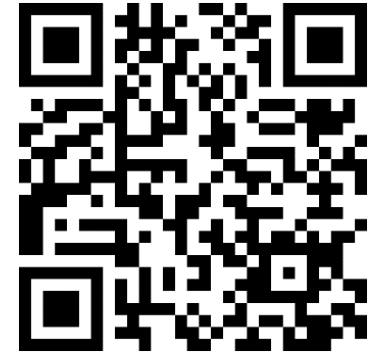


Meth Adulteration from Higher Volume States



go.unc.edu/drugsupply

Two things of Note: We get more more samples from NC, WA, NY, CA, and MI than other states. Geographic data below should not be construed as prevalence. And people may preferentially send us samples because they caused unusual reactions. There is no possible data source on street drugs that is fully generalizable. Got it? Okay!



Free Service!

Any of these entities can request free mail-in drug checking in NC

- Harm reduction program
- Drug user union
- EMS
- Clinic or hospital
- Health department

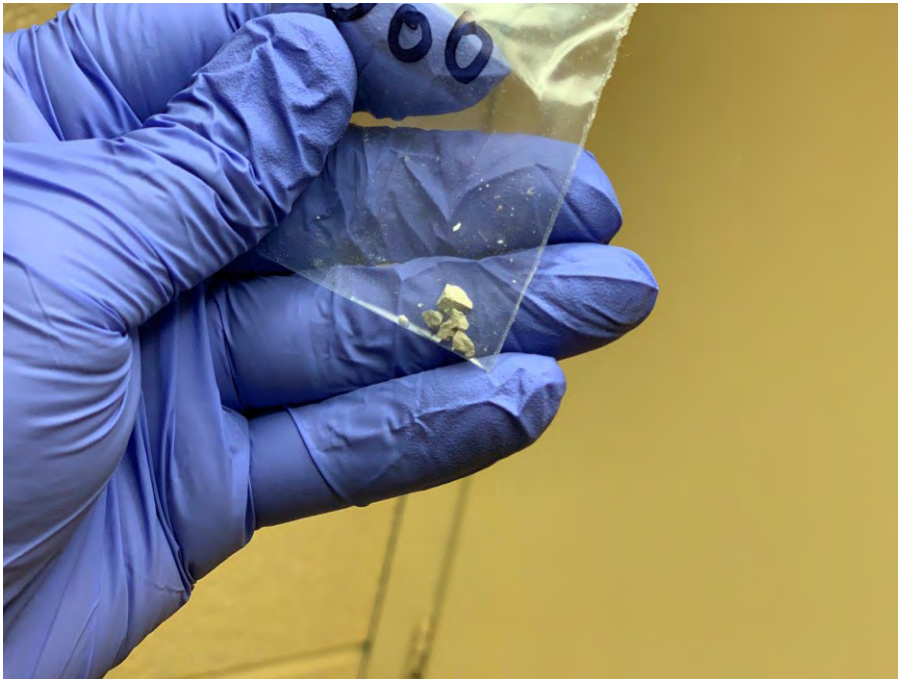
We cannot provide services to *individuals*.

Results must be provided back to donor or community.

Thanks to the NC Collaboratory for supporting this free service.

Request kits at <https://go.unc.edu/news>

Drug alerts are issued every day. But how well do we communicate?



Health departments
Law enforcement
PSA
News media
Schools
Clinics
Harm reduction orgs
Drug checking
programs

British Columbia

Interior Health

DRUG ALERT

Date issued: **February 2, 2021**

Community/Region: **Castlegar**

Description of drug: **Light pink powder**

Sold as: **DOWN**

Tested at: **ANKORS with FTIR**

Result: **CONTAINS A HIGH CONCENTRATION OF FENTANYL + BENZODIAZEPINES**

Risk: High risk of OVERDOSE with PROLONGED SEDATION - MAY NOT RESPOND TO NALOXONE – CONTINUE TO GIVE BREATHS AND SEEK MEDICAL ATTENTION.

In effect until: **February 9, 2021**

Maine

OVERDOSE SPIKE ALERT

→ **CARRY NALOXONE**

→ **DON'T USE ALONE**

→ **KNOW YOUR SUPPLY**

**AND REMEMBER:
WE ARE HERE FOR YOU.**

Please visit us at 304 Hancock Street for supplies!

National Patient Safety Alert

Public Health England

Potent synthetic opioids implicated in increase in drug overdoses

Date of issue:	18/08/2021	Reference no:	NatPSA/2021/007/PHE
----------------	------------	---------------	---------------------

This alert is for action by: Acute, mental health and community trusts, private and voluntary sector treatment services, ambulance and 999/111 service providers, general practice and community pharmacists.

This is a safety critical and complex National Patient Safety Alert. Implementation should be co-ordinated by an executive lead (or equivalent role in organisations without executive boards).

Explanation of identified safety issue:	Actions required:
<p>In the past 10-14 days there have been an unprecedented number of overdoses (with some deaths) in people who use drugs, primarily heroin, in some parts of the country (6 London boroughs, Hampshire, Essex, West Sussex, Dorset, Thames Valley).</p> <p>Opioid drug deaths are, sadly, not uncommon (averaging 24 a week across England and Wales) but what has been seen in these areas is an unusual increase, with some common patterns and some limited evidence of a common cause.</p> <p>Testing in two areas (of 3 cases) so far found isotonitazena, a potent synthetic opioid. Isotonitazena has been identified previously in this country but its use has been more common in the USA. It was notified as a subject of concern in Europe in 2019. Its potency and toxicity are uncertain but perhaps similar to, or more than fentanyl, which is about 100x morphine.</p> <p>The adulterated heroin used may be paler in colour than usual and may become darker than usual when dissolved for injection ("cooked up"). However, reports vary considerably.</p> <p>There is good evidence from reports that naloxone, the 'antidote' to opioid overdoses, works in these cases. The treatment required for an overdose that may be related to isotonitazena is the same as for other opioid overdoses, but delivering it rapidly and completely is even more critical, as progression to respiratory arrest, and recurrence of respiratory arrest, are more likely.</p> <p>Those in contact with heroin users should be alert to the increased possibility of overdose arising from 'heroin' containing synthetic opioids, be able to recognise possible symptoms of overdose and respond appropriately.</p> <p>There is no evidence for absorption of isotonitazena through the skin but usual precautions, including masks, should be taken when handling unknown substances, especially if they have become airborne.</p>	<p>Actions to be completed as soon as possible and no later than 20 August 2021.</p> <ol style="list-style-type: none"> All organisations where staff may encounter people who use drugs should ensure those staff are: <ul style="list-style-type: none"> made aware of the risk of severe toxicity resulting from adulteration of heroin with potent synthetic opioids such as isotonitazena made aware the potency and toxicity of isotonitazena is perhaps similar to, or more than, fentanyl, which is about 100x morphine alert to the symptoms of opioid overdose in known and suspected heroin users communicate these risks to heroin users during any contacts ensure people who use heroin and others who might encounter an opioid overdose have naloxone available (Widening the availability of naloxone) All organisations that provide emergency care for opioid overdose should ensure staff are supported to: <ul style="list-style-type: none"> treat suspected cases as for any opioid overdose, using naloxone and appropriate supportive care recognise the duration of action of naloxone is shorter than that of many opioids and appropriate monitoring and further doses of naloxone may be required <p>In the community this could include injectable or intranasal naloxone, administering a single dose and waiting for no response before administering more.</p> <p>In specialist medical settings only:</p> <ul style="list-style-type: none"> treatment may involve the intravenous naloxone titration regimen recommended by the National Poisons Information Service (overleaf). intramuscular naloxone can be used as an alternative in the event that IV access is not possible or is delayed.

For further detail, resources and supporting materials see: [State \(open in new window\) provided by user@me.com](#)

For any enquiries about this alert contact: natpsa@phe.gov.uk

1/2

Failure to take the actions required under this National Patient Safety Alert may lead to CQC taking regulatory action

Florida

NEW DANGEROUS DRUG ALERT

METONITAZENE/ETONITAZENE, KNOWN COMMONLY AS "ISO", IS A DEADLY DRUG 20 TIMES MORE POTENT THAN FENTANYL.

ISO CAN BE ABSORBED BY THE BODY BY SKIN CONTACT, INGESTION OR INHALATION.

ISO IS NOW TURNING UP IN OVERDOSES AND SUBSTANCE ABUSE CASES.

SIGNS OF AN OVERDOSE:

- BLUE/PURPLE FINGERNAILS
- BLUE/PURPLE LIPS
- DIFFICULTY BREATHING
- UNCONCIOUSNESS
- CLAMMY SKIN
- VOMITING
- PINPOINT PUPILS
- DROWSINESS

ALL OF WHICH CAN OCCUR WITHIN MINUTES OF EXPOSURE.

IF YOU BELIEVE SOMEONE IS OVERDOSING, CALL 911 IMMEDIATELY.



Australia

NSW DRUG ALERT

Heroin mixed with Fentanyl

NSW health has released a warning about fentanyl/acetylfentanyl found in the heroin supply in Sydney (Jan 2021). Fentanyl has been circulating in Sydney & regional NSW since Nov/Dec 2020. It is reported that heroin containing fentanyl/acetylfentanyl sometimes is purple or turns purple when mixed with water.

What is fentanyl?
Fentanyl is a highly potent opioid - up to 100x stronger than morphine - meaning only a very small amount can cause a rapid and unexpected overdose.

Symptoms of overdose

- Drowsiness
- Loss of consciousness
- Face is very pale or clammy
- Slow, shallow, and/or erratic breathing
- Vomiting
- Change in skin tone: bluish/purple for lighter skinned people, and greyish for darker skinned people

What to do
If you or someone you're with experiences these symptoms get medical help ASAP
- Call Triple Zero (000) and ask for an ambulance
- Administer naloxone if you have any

Protect yourself
You can buy fentanyl testing strips and naloxone from NUA's online shop, or call us for more information on 1800 6444 413

NSW Users and AIDS Association Jan 2021

Yemen

NALOXONE

SAVE ME with Naloxone

- Opioid Reversal Agent
- Invented 1961 & in use 1973
- Non-selective & Competitive opioid receptor antagonist
- Works by reversing the depression of the central nervous system and respiratory system caused by opioids
- Multiple doses required as the action of most opioids are greater
- Naloxone's binding Affinity is highest for the μ -opioid receptor then the δ -opioid receptor, and lowest for the κ -opioid receptor
- It is Synthetic congener of Oxycodone
- Nasal Spray was approved in 2015
- Naloxone pre-filled syringes, vials, and auto-injectors are available

Medical Use

Opioid overdose

- Useful in treating both Acute/Chronic opioid overdose and respiratory or mental depression due to opioids
- It is always prescribed when patient is on high dose of opioids
- Initial dose of 0.4mg-2mg administered IV, maximum 10 mg IV
- In people with Shock, including Septic, Cardiogenic, Hemorrhagic, or Spinal shock, those who received naloxone had improved blood flow
- Naloxone also used as an antidote in overdose of Clonidine
- Also used to treat Opioid induced severe Pruritus and constipation

Pharmacokinetics & Pharmacodynamics


- ✓ Routes of Administration : Intranasal, Endotracheal, IV, IM, Intrathecal
- ✓ Bioavailability : 2 % Oral, 50 % Intranasal, 80 % IM, 100 % IV
- ✓ Metabolism : Liver
- ✓ Onset of action: IV-2 m, IM-5 m
- ✓ Elimination half-life : 1-1.5 h
- ✓ Duration of action : 30-60 min
- ✓ Excretion : Urine, bile
- ✓ Storage : At room temperature
- ✓ Molar Mass : 27,380 g·mol⁻¹
- ✓ Formula : C₁₇H₁₇NO₅
- ✓ Safe in Pregnancy & Lactation
- ✓ Available as a sterile solution for IV, IM and S/C administration in three concentrations: 0.02 mg, 0.4 mg and 1 mg per mL
- ✓ It is repeated at two- to three-minute intervals
- ✓ Dose in children & Neonates is 0.01 mg/kg
- ✓ Careful in giving in Geriatric, Renal and Liver failure patients
- ✓ Maximum dose is 24 mg/24 hrs
- ✓ Always protect from light

Side Effects

- Increased sweating, Nausea, Restlessness, Trembling, Vomiting, Flushing, Headache, Hypotension and Fibrillation
- In rare cases it causes Heart Rhythm Changes, Seizures, and Pulmonary Edema with Cardiac Arrest
- Excessive doses of naloxone in postoperative patients may result in significant reversal of analgesia and may cause agitation
- Shelf life is IV 2 years & Intranasal 1.5 years

Extra Shots

- It is available without prescription in most of the countries
- Naloxone kits are available



Randomized Message Trial

Standard

RCT of standard vs. optimized alerts

Adulterant and potency alerts

4 alerts in 10 minutes for \$10 cash incentive

Test saliency based on demographics, drug use, history

N=610

- Sonoran Prevention Works (AZ)
- Maine Access Points (ME)
- Twin Cities Harm Reduction Collective (NC)
- RED Project (MI)
- SANE (CA)
- Connecticut Harm Reduction Alliance (CT)
- Portland People's Outreach Project (OR)



Optimized



Formatted for screens and social media

POTENCY ALERT!

Purple Fentanyl linked to multiple overdoses in [Name] County.

Local relevance

Simple graphics that do not distract



There have been several overdoses in [NAME] COUNTY in the last 48 hours, three of which were fatal, linked to **PURPLE FENTANYL**. This potentially fatal fentanyl is called "purp," "grapes," or "grimace."

Time urgency

Information Hierarchy

Carry **NALOXONE**.

Call to action

Know overdose signs and how to respond to **save lives**.

Motivation



SIGNS OF AN OPIOID OVERDOSE



USING NALOXONE (NARCAN) TO REVERSE AN OPIOID OVERDOSE



More information links

Intervention graphics use the most space

OPTIMIZED DRUG ALERTS

Templates Style and Usage Guide

Adobe Illustrator

Adobe InDesign

Canva

Microsoft PowerPoint



Template Usage

TYPOGRAPHY

Font 1 (Title)
 AaBbCcDdEeFfGgHhIiJjKkLlMmNn
 OoPpQqRrSsTtUuVvWwXxYyZz
 1234567890!@#%

Font 2 (Text)
 AaBbCcDdEeFfGgHhIiJjKkLlMmNn
 OoPpQqRrSsTtUuVvWwXxYyZz
 1234567890!@#%



Four templates with varying layouts and number of text boxes, image placeholder, and links are downloadable to accommodate different communication needs.



Template 1



Template 2



Template 3



Template 4



1080 px

TEMPLATE 1 Example

Visual reference

This alert needs to emphasize the distinct look of the drug. This template offers a subtitle, a description box, and place for an image to elaborate.

Potency

The alert description box offers room to succinctly cover the more important facts relevant to the alert. In this case, the high potency.

Call to action

Aside from the alert title, the call to action should be the most prominent message on the graphic, as the ultimate goal of an alert is for the viewer to take necessary action.

Safety tips

On this template, the visual hierarchy draws the viewer's eyes from the call to action to helpful suggestions.

Link to information

Any information that isn't of immediate importance can be read on an external site.

Templates and Examples (Free!)

<https://go.unc.edu/alerts>



ALERT HERE!

Subtitle here. Can mention relevant DRUG/locale here.

 Alert description here. Keep this text concise and to the point. Capitalize and bold the relevant **DRUG** for emphasis. Relevant issues (i.e. increased hospitalizations/death) can be mentioned here.

Suggestion goes **HERE.**
Elaboration on the suggestion action goes **here.**

FOLLOW THESE TIPS TO STAY SAFE:

- Tip #1 (1-2 lines)
- Tip #2 (1-2 lines)
- Tip #3 (1-2 lines)

  **TITLE OF A LINK THAT OFFERS MORE INFORMATION HERE.** 



Overdose has become routine and may not be the most salient risk to many people.

“After seeing so many people overdose and Narcaning so many people, it just kinda comes, like, with the territory, you know. If you're a firefighter, there's gonna be burning houses, you know? It's not that big a deal for them. For someone like us, you know, a burning house is, you know, 'wow.' Um, but as far as overdoses, it's just—it comes with the industry.”

Polydrug is assumed
to be universal.

“I consider pretty much everyone to be a polysubstance user, unless you specifically say to me, ‘No.’”

“I would say a good percentage of our folks are polysubstance user.... Probably—I would dare say probably 75 percent if not more. Yeah.”

Harm reduction professionals

Selecting drug(s) of
choice is a pragmatic
endeavor.

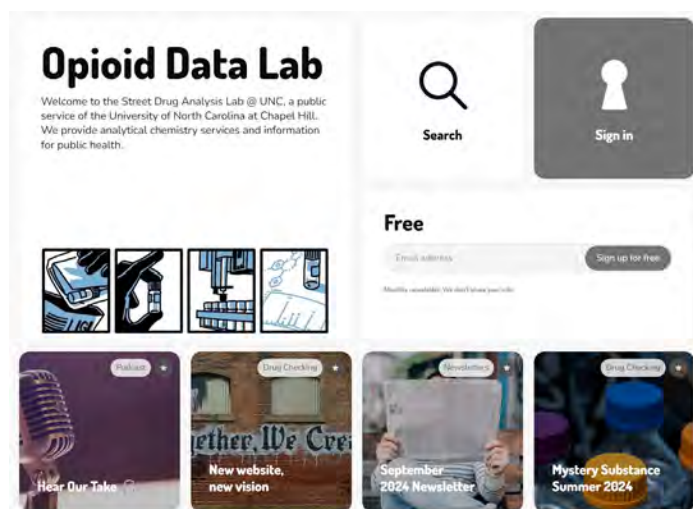
Environment matters.

“You don’t wanna really get something, like, off the wall and when you need something, no one else around you has it. So, you kinda wanna stick with what the majority uses. ‘Cause if you need help, you can always go to friends and get some help.”

Thanks for your attention!

Visit our new website:

go.unc.edu/news



Slides: go.unc.edu/sibleyppt



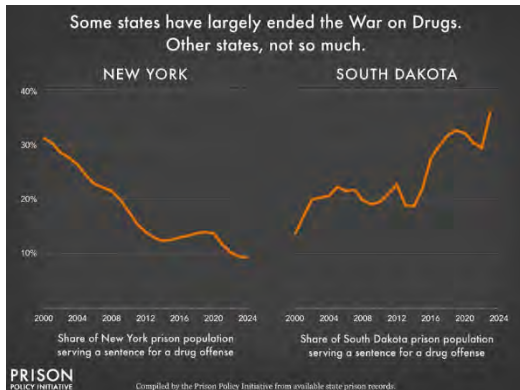
What Lies Ahead: Supporting Children/Adolescents/Families

- Lauren Kestner, Queen City Harm Reduction
- Dr. Blake Fagan, Mountain Area Health Education Center

A Brief History



- Youth Prevention Education launched shortly after Nixon declared a War on Drugs in 1971 – Nixon used a southern strategy that was “Tough on Drugs” / “Tough on Crime”, which meant that America would be tough on people who are Black.
 - **This messaging was insidious in early prevention education and remains in some curricula today.**
- Fear tactics were used by the media and supported by both sides of the aisle; although reasons were different for each
 - Some wanted to criminalize substances to disrupt Black communities and the anti-war left
 - Some complacently used the drug war to show they were concerned about drugs and crime.
 - Both parties leaned into media. Get enough parents and guardians fearing for the lives of their young people – the more leverage the drug war had as it rippled into communities, the more lay people became complacent as well.



Primary Prevention Areas of Improvement



- There is a lot of outdated prevention material that raises ethical concerns as it may not align with current substance use trends, including alcohol, tobacco, and nicotine.
- Parents/guardians, communities, and schools are prohibiting essential prevention support services.
- Funding limitations do not allow for consistent engagements among prevention specialists and targeted youth populations. No matter the strategy, efforts struggle to maintain critical aids needed to foster long-term health outcomes.
- Metrics that would support efficacy via evaluations and other methods are challenging. Once the 8-week course, one-time talk, and/or other activities are completed – there is no short or long term follow up with targeted individuals.
- Curricula and survey efforts that support efficacy occurs in environments where young people may not feel safe and forthcoming with how they engage.
- Most curricula can still be stigmatizing. Messaging should be culturally competent and consider various environmental, developmental, and life stressors that different age groups experience.



Primary Prevention Successes

The logo for SafetyFirst, featuring the word "safety" in red and "first" in black, with a small red dot above the "i" in "first".

safetyfirst

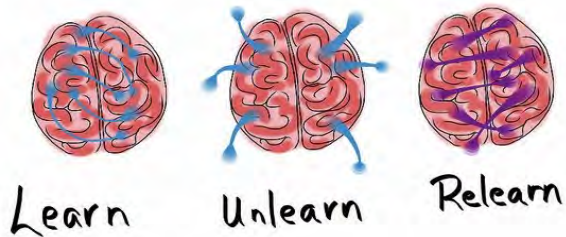
COMPREHENSIVE DRUG EDUCATION AND INTERVENTION LESSONS



- Many prevention programs have helped delay early onsets of substance misuse.
- Mentoring and Out-of-School programs (i.e., Big Brothers Big Sisters of America) and other healthy diversion efforts, including the Arts, have enhanced support among young people by empowering confidence and nurturing adversity.
- Prevention is fiscally responsible and can reduce burdens on the healthcare industry. Specifically, mental/behavioral treatment, substance use treatment, and emergency services.
- Some lobbying on behalf Primary Prevention has enabled legislation that has reduced alcohol –related deaths.
- Some curricula has been developed to be inclusive of different drug policy landscapes and environments across the US.
- Field experts say that programs that educate kids on how to regulate their emotions, communicate, build resilience, and foster healthy relationships can have long-term health benefits, **however this approach is less intuitive than simply saying “no” and where the gaps in prevention are often found.**



Food for Thought... Prevention Pathways Forward



The illiterate of the 21st Century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.

~ Alvin Toffler

- Prevention education is a vital tool for young people, families, educators, and communities everywhere.
- Advocate for legislation that is productive, helpful in the short and long-term, and **is evidence-based.**
- Understanding our history can change our young people's future. Instead of repeating history, we need to learn from past mistakes. This requires us to reflect and take accountability.
- Fear is a human emotion, but it should not govern our communities, education, and healthcare systems.
- Having challenging conversations with your loved ones will save lives.
- **Its ok to not be ok** – young people need to know this and furthermore, need to know they have unconditional/non-judgmental support **no matter what.**
- Motivate parents, guardians, educators, and other leaders to navigate the gray area. Not everything is black and white.
- More lives will be lost to preventable death if people are not willing to get uncomfortable. This work is not meant to be easy. Saving and sustaining peoples lives takes hard work and compassion. **Leave your biases at home and come to the table with an open heart.**



Resources

- <https://www.nytimes.com/1994/05/18/us/haldeman-diary-shows-nixon-was-wary-of-blacks-and-jews.html>
- <https://watson.brown.edu/costsofwar/costs/economic/economy#:~:text=Contrary%20to%20the%20widespread%20belief,health%20care%20or%20green%20energy.>
- <https://www.prisonpolicy.org/reports/pie2024.html#:~:text=It's%20no%20surprise%20that%20people,14%25%20of%20all%20U.S%20residents.>
- [https://nam.edu/primary-secondary-and-tertiary-prevention-of-substance-use-disorders-through-socioecological-strategies/#:~:text=Individual:%20Mentoring%20and%20Out%2Dof,2020;%20CDC%2C%202019\).](https://nam.edu/primary-secondary-and-tertiary-prevention-of-substance-use-disorders-through-socioecological-strategies/#:~:text=Individual:%20Mentoring%20and%20Out%2Dof,2020;%20CDC%2C%202019).)
- <https://nida.nih.gov/about-nida/noras-blog/2022/04/investing-in-prevention-makes-good-financial-sense#:~:text=Prevention%20is%20needed%20now%20more,can%20save%20lives%20and%20dollars.>
- <https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html>



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Treating Opioid Use Disorder in Adolescents

Presented by:

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Disclosures

Content:

To the extent possible, the content creators sought to ensure everything presented is evidence-based (as of 2024).

If the presenter shares an opinion, they will strive to note that it is their opinion based on the evidence reviewed and/or their clinical experience.

Speaker:

No disclosures.

Opioid and Substance Use Action Plan 3.0 (OSUAP)

- **Center Equity and Lived Experiences** by acknowledging systems that have disproportionately harmed historically marginalized people (HMP), implementing programs that reorient those systems, and increasing access to comprehensive, culturally competent, and linguistically appropriate drug user health services for HMPs.
- **Prevent future addiction** and address trauma by supporting children and families.
- **Reduce Harm** by moving beyond just opioids to address polysubstance use.
- **Connect to Care** by increasing treatment access for justice-involved people and expanding access to housing and employment supports to recover from the pandemic together.

***ENCOURAGE CAREGIVERS
to talk to their children.***

**Children who learn about the
dangers of drugs at home are up
to 50 percent less likely to use
drugs.**

Childhood MDD and SUD

- 2.2 times more likely to develop SUD than adolescents without MDD
- Successful CBT for childhood anxiety disorders **reduces the risk of substance use in adolescence.**
- Treating mental health helps SUD
- If adolescent patients have a SUD, buprenorphine is a treatment option

Prescribing Buprenorphine for Adolescents

- **FDA approved for treatment of opioid dependence for ages 16-18** ¹²
 - And recommended for patients with severe OUD without age limitations ¹⁴
- **X-waiver Removal:**
- **NC Medicaid:** Clinical coverage policy for OBOT includes buprenorphine for patients 16-18 ¹⁵
 - As of 2021, no longer a recommendation for failed withdrawal attempts

Society for Adolescent Health & Medicine: ³²

All adolescents with OUD should be offered MOUD as part of an integrated treatment approach.

ASAM Guidelines: ²⁹

The full range of options (including pharmacotherapy) should be considered when treating adolescents with OUD.

American Academy of Pediatrics: ³⁴

Pediatricians should consider offering MAT for adolescent patients with severe OUD or referring to treatment.

8. Journal of Adolescent Health 2021.

9. ASAM 2020.

10. American Academy of Pediatrics 2016.

Consent & Confidentiality in Treatment

- **NC GS § 90-21.5:** Physicians can accept any minor's consent for substance abuse prevention, diagnosis, & treatment ³⁵
 - **Emancipation or parental consent is not required to prescribe buprenorphine for patients < 18**
- Minors possess the power to release confidential information when receiving substance abuse treatment³⁶
 - The parent or guardian does not have access to health information *unless notifying them is essential to life or health of the minor*

MOUD in Pregnancy

- Is Methadone safe in pregnancy? **Yes**
- But which is better: methadone or detox and abstinence during pregnancy? **Methadone**
- If on methadone, then find out pregnant, should the patient taper off the methadone? **No**
- Is Buprenorphine mono-product safe in pregnancy? **Yes**
- Is Buprenorphine/naloxone (Suboxone) safe in pregnancy? **Yes**

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Wrap up and THANK YOU!

- **Dr. Tobias LaGrone**, Division of Mental Health, Developmental Disabilities and Substance Use Services
- The meeting recording, agenda and PowerPoint slides will be added to our NCDHHS Overdose/OPDAAC page within 7 days.
 - [https://www.ncdhhs.gov/about/departments-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee](https://www.ncdhhs.gov/about/departments/initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee)

Next OPDAAC Meetings:

- December 5, 2024 (please note this is a Thursday)
 - Topic: Syringe Service Programs and Harm Reduction