June 2017

Governor Roy Cooper launched the NC Opioid Action Plan.

Since the launch of the Opioid Action Plan, we've advanced many strategies:

✓ Received over **$54 million in federal funding** which provided **treatment for over 12,000 people.**

✓ Increased the number of **Syringe Exchange Programs,** and served over 5,000 people annually through them.

✓ **Trained over 3,000 providers** on clinical issues related to the epidemic, include safe prescribing of opioids and pain treatment.

✓ Funded **peer support specialists** with lived experience in emergency departments to connect people with substance use disorders (SUDs) to ongoing services and supports.

✓ Launched **a medical residency training** project that will give over 400 prescribers their DATA 2000 waiver to prescribe buprenorphine, and work with over 20 residency programs to incorporate the DATA 2000 waiver into their curriculum ongoing.

- ✓ **Funded 34 local organizations** to implement action plan strategies in their communities.

- ✓ **Enhanced the Controlled Substances Reporting System (CSRS)** to provide data visualizations so providers can make informed decisions at the point of care.

- ✓ **Integrated CSRS with electronic health records** and established data exchange with 29 states.

- ✓ **Convened a Payers Council** which made recommendations for insurance payers to respond to the opioid epidemic.

- ✓ **Raised awareness of safe drug storage**, disposal and drug take backs.

- ✓ Developed **model healthcare worker diversion prevention** protocols.

- ✓ Collected and incinerated over 100,000 pounds of medications through **Operation Medicine Drop.**

- ✓ Created a publicly accessible **data dashboard** to monitor progress.

- ✓ Established an opioid research consortium and created a **NC Opioid Research Agenda.**

- ✓ Launched multiple **public education campaigns.**

THE RESULT

Since the launch of the Plan:

Opioid dispensing has **decreased by 24%**

Buprenorphine dispensing has **increased 15%**

Uninsured and Medicaid beneficiaries who have received opioid use disorder treatment has **increased by 20%**

Buprenorphine is an FDA-approved medication for the treatment of opioid use disorder.

Opioid overdose emergency department visits have declined for the first time in over a decade.
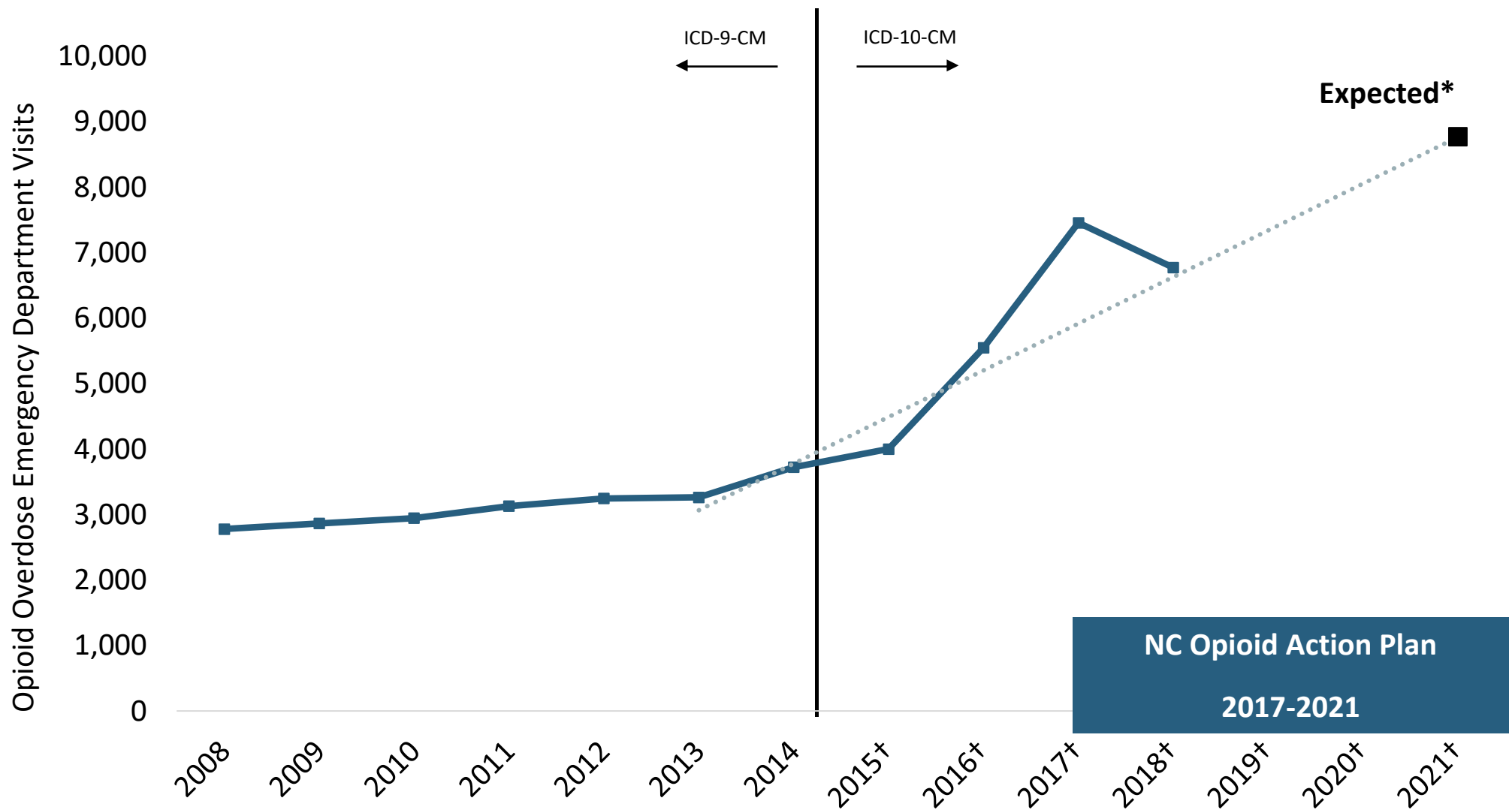
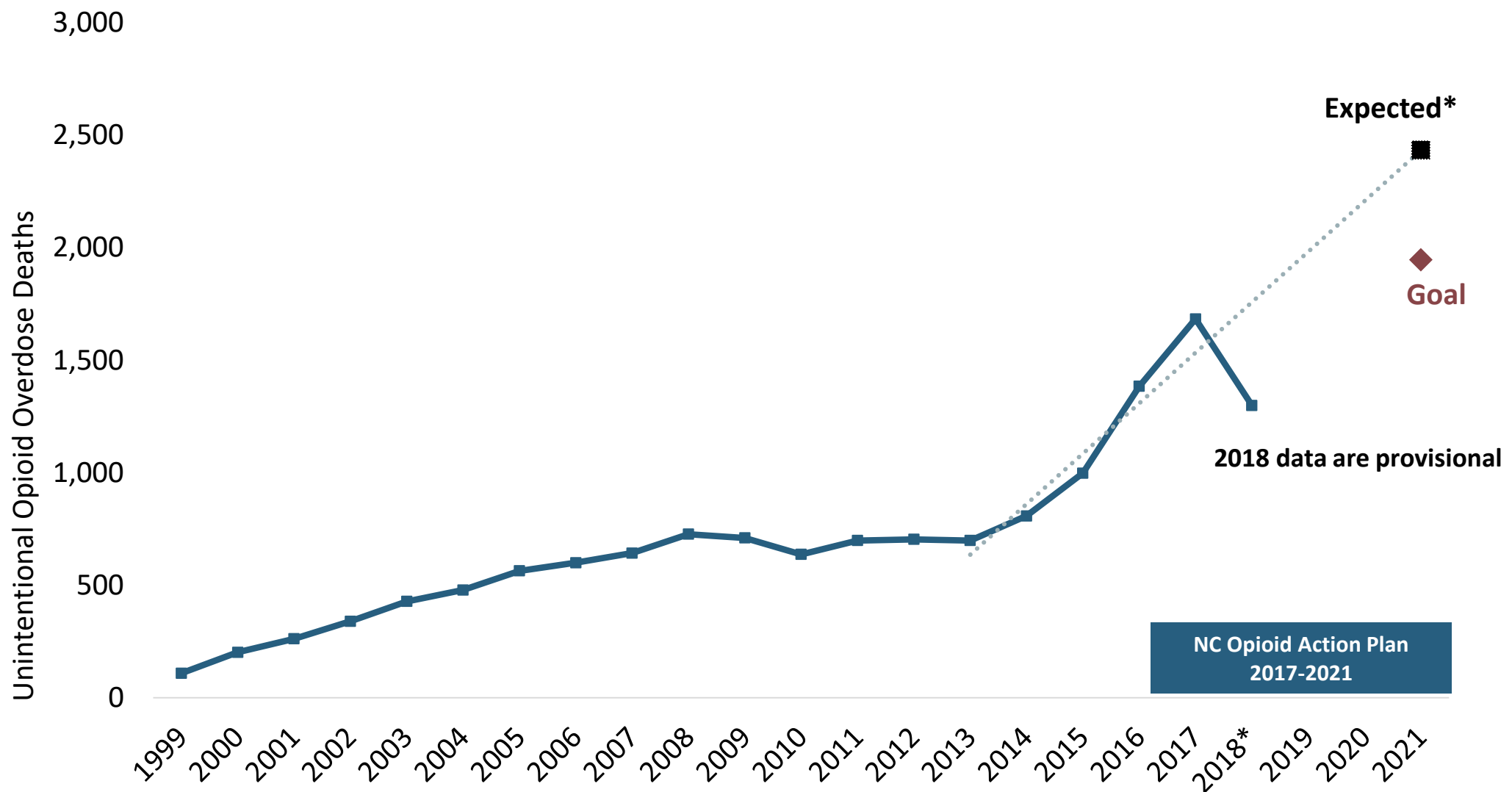# BUT THERE IS STILL MUCH MORE WORK TO DO ...

NORTH CAROLINA'S OPIOID ACTION PLAN

Updates and Opportunities

Version 2.0

The Opioid Action Plan continues the goal to reduce expected opioid overdose deaths by 20% by 2021.

Expected*

Goal

2018 data are provisional

NC Opioid Action Plan 2017-2021

Unintentional Opioid Overdose Deaths

3,000
2,500
2,000
1,500
1,000
500
0

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018* 2019 2020 2021

The Opioid Action Plan 2.0 aims to identify impactful, feasible strategies to **reduce opioid overdoses** in North Carolina and **prevent the next wave** of the epidemic.

Opioid Action Plan Version 2.0

Prevent

Prenatal (Mother's experiences)

Infant (Neonatal Abstinence Syndrome)

Childhood (Adverse Childhood Experiences)

Adolescence (Experiences with drugs)

Adulthood (Addiction)
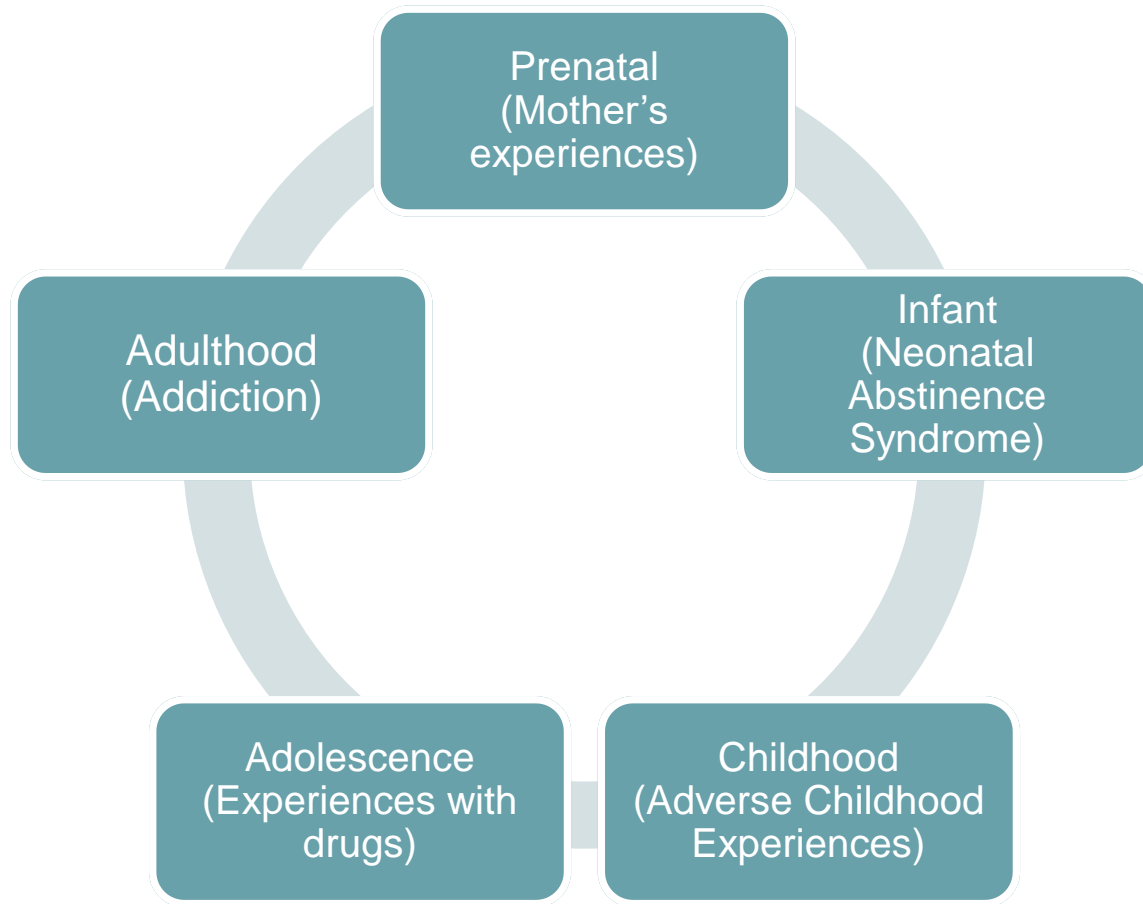
The epidemic is part of an intergenerational cycle of trauma and harm.

Prevent: Plan Priorities

- Increase judicious opioid prescribing and the use of **non-opioid pain treatments.**

- Prevent youth misuse by **addressing the upstream causes** of substance use disorders, including trauma and adverse childhood experiences (ACEs).

Reduce Harm

Over 80% of unintentional opioid overdose deaths now involve illicit opioids.
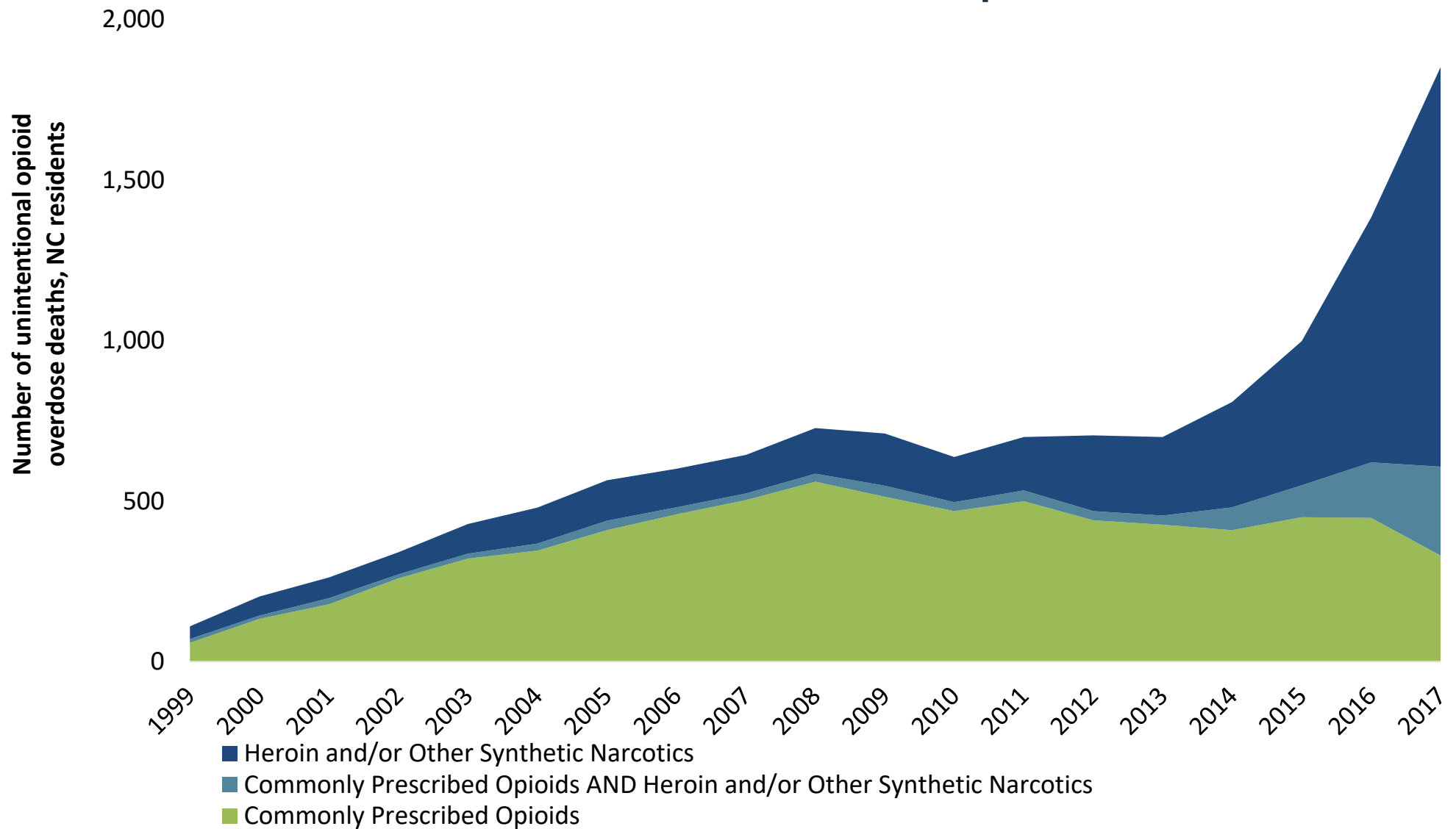
Most overdose deaths now involve multiple substances.
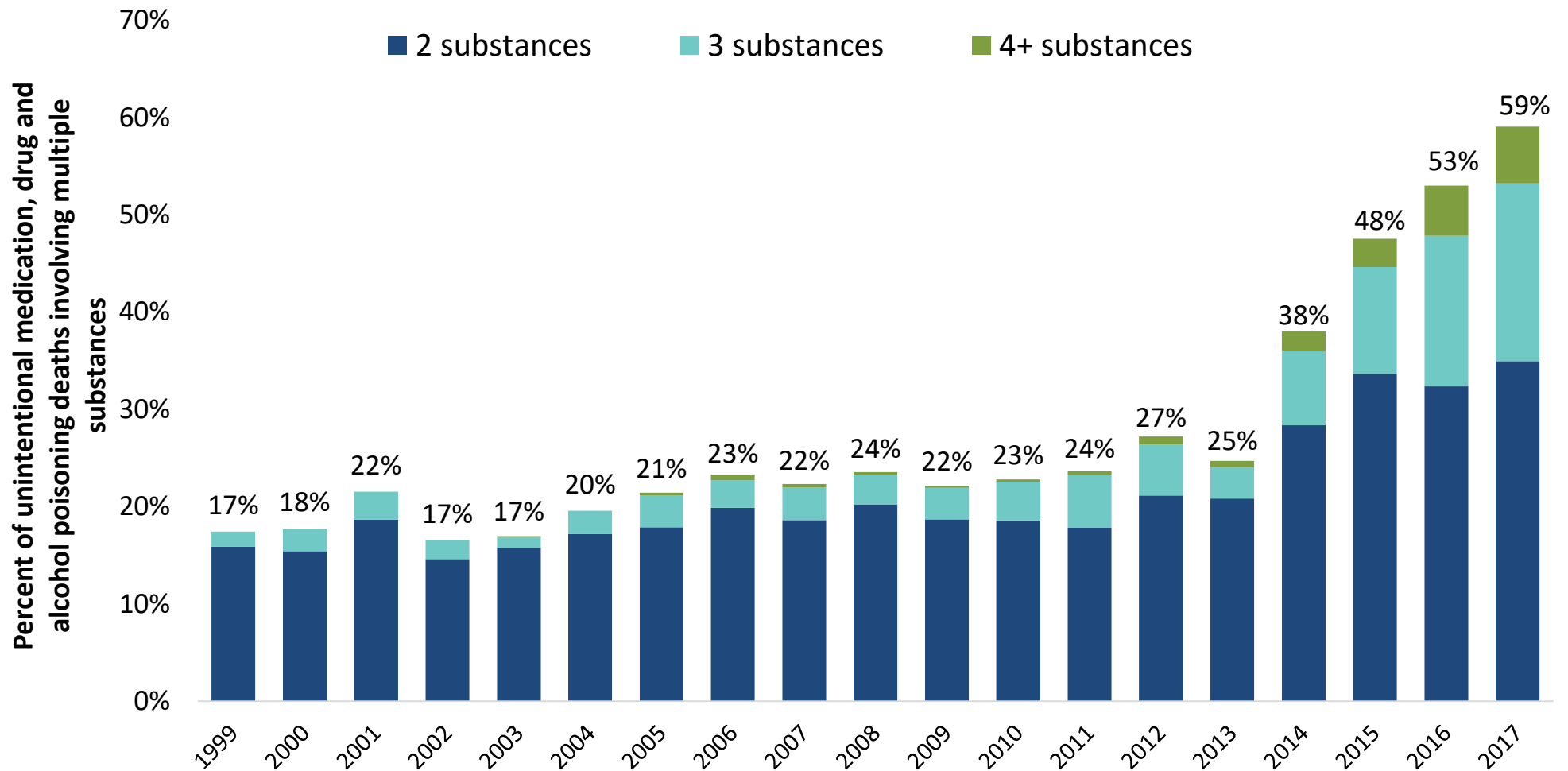
STIGMA KILLS PEOPLE

Reduce Harm: Plan Priorities

- Prevent overdoses by reducing the harms associated with drug use through **expansion of syringe exchange programs and naloxone access.**

- Focus on **non-medical drivers of health** for people with substance use disorders and **eliminate stigma.**

Connect to Care

AN ESTIMATED **89% OF PEOPLE DON'T RECEIVE** THE SUBSTANCE USE DISORDER TREATMENT THEY NEED.

PEOPLE ARE **40 TIMES MORE LIKELY TO DIE OF AN OVERDOSE** IN THE TWO WEEKS POST INCARCERATION THAN THE GENERAL POPULATION.

Connect to Care: Plan Priorities

- Expand **access to treatment and recovery supports** by piloting an alternative payment model, developing low-threshold buprenorphine guidelines, and training the next generation of doctors to provide substance use disorder treatment.

- Address the needs of high-risk populations including **justice-involved persons.**

Prevent: Reduce the supply of prescription and illicit opioids

Increase the use of opioid-sparing pain treatment

- Increase adoption of model safe opioid prescribing policies in hospitals and health systems.

- Identify and educate high opioid prescribers on safe opioid prescribing practices.

- Develop provider trainings on multi-modal evidence-based pain treatment for different populations including the elderly and people with substance use disorders.

Use the Controlled Substances Reporting System (CSRS) to reduce opioid overprescribing

- Register 100% of eligible prescribers and dispensers in the CSRS.

- Report data to NC professional boards so they can investigate aberrant prescribing or dispensing of opioids.

Reduce the supply of diverted and illicit opioids

- Provide tools to community coalitions about safe storage and disposal of opioids.

- Conduct trafficking investigation and enforcement to curb the flow of diverted prescription drugs and illicit drugs.

Prevent: Avert future opioid addiction by supporting youth and families

Reduce youth misuse of drugs

- Launch a youth-oriented campaign to reduce drug and medication misuse.

- Identify and disseminate evidence-based curriculum to address mental health needs in youth, including emotional modulation and resiliency.

Prevent trauma, including ACEs, and increase resiliency to trauma

- Increase publicly-funded behavioral healthcare integration, and early identification, screening and referral for social resource needs.

- Prevent Adverse Childhood Experiences (ACEs) and increase resiliency by supporting the NC Perinatal Strategic Health Plan and the NC Early Childhood Action Plan.

- Pilot a new program to address the impact of family substance use on children by working with families with children in foster care or at risk of having children placed out of the home. This program would connect parents to evidence-based substance use disorder treatment, recovery support services, peer support, and other services such as transportation and housing.

Improve prenatal, maternal and infant care for women with substance use disorders

- Train providers who work with pregnant women on substance use disorder treatment, eliminating stigma, and implementing plans of safe care.

Reduce Harm: Advance harm reduction

Increase access to harm reduction services

■ Support the creation or expansion of 30 syringe exchange programs, and build the capacity of syringe exchange programs to provide education, testing and referral to care.

■ Train health systems and pharmacists to provide and refer people to harm reduction services.

Make naloxone widely available

■ Increase the number of naloxone kits distributed to communities with high overdose rates.

■ Increase naloxone co-prescribing and dispensing to people who are at risk of an overdose.

Reduce Harm: Address social determinants of health and eliminate stigma

Address determinants of health and eliminate stigma for people who use drugs

- Create a training program on Housing First principles and harm reduction for housing providers, including homeless shelters and emergency housing.

- Convene an advisory council of current and former opioid users and others in recovery to guide Opioid Action Plan components and implementation.

- Expand employment support services for people with substance use disorders, and increase workplace policies and employment assistance programs that support people with substance use disorders.

- Run a stigma reduction education campaign about substance use disorders and people who use drugs.

Connect to Care: Expand access to treatment and recovery supports

Increase coverage of treatment

- Close the Medicaid coverage gap.
- Increase the number of people who receive substance use disorder treatment and recovery supports.
- Pilot alternative payment models that support improved care coordination for patients.

Increase linkages to treatment and recovery supports

- Develop model inpatient, emergency department and discharge policies for people with substance use disorder.
- Support 10 counties in creating post overdose response teams that link overdose victims to treatment and support.
- Increase the number of community-based recovery supports, including community-based recovery supports that are inclusive of medication-assisted treatment (MAT).

Expand treatment capacity and improve treatment quality

- Ensure every medical school in North Carolina provides addiction training to students.
- Incorporate waiver trainings into 25 residencies, nurse practitioners, or physicians assistant training programs, and increase opportunities to work with patients with substance use disorders during training.
- Develop a best practices guide for low-barrier buprenorphine treatment in different healthcare settings.
- Increase buprenorphine dispensing by 20%.
- Explore opportunities to utilizing telehealth and telemedicine to increase rural access to treatment.

Connect to Care: Address the needs of justice-involved populations

Increase pre-arrest diversion of low-level offenders

■ Support counties in adopting pre-arrest diversion programs to divert low-level offenders to community-based programs and services.

■ Maintain and enhance therapeutic (mental health, recovery and veteran) courts.

Provide overdose prevention education and medication-assisted treatment (MAT) during incarceration and upon release.

■ Identify model policies to screen for substance use disorders and connect to overdose prevention education and treatment during incarceration or upon release

■ Work with at least six jails to screen for substance use disorders, use FDA-approved medications for treatment, and provide overdose prevention education and connections to care upon release.

Expand supports for people after release

■ Train community corrections and Treatment Accountability for Safer Communities (TASC) offices on substance use disorders and connecting to naloxone, harm reduction resources and treatment.

■ Increase education opportunities for those with criminal history by working with institutions of higher education to not screen people out based on criminal records alone.

■ Reduce barriers to employment for those with a criminal history, and provide information on education options, career paths and licensures that are available to people with different classes of convictions.

Track and Measure: Track progress and measure our impact

Improve data infrastructure

- Improve publicly accessible data dashboard of key metrics for data dissemination to monitor impact of this plan based on stakeholder feedback.

- Create data warehouse of aggregate opioid data to facilitate data collaborations and external sharing with data partners.

- Create a case definition for overdose clusters to alert EMS, law enforcement, health care providers and others.

- Establish a standardized data collection system to track law enforcement, EMS, and community administered naloxone reversal attempts.

Research and evaluation

- Continue the opioid research consortium of state agencies and research institutions, and use the research agenda to inform future work and evaluate existing work.

Track outcome data

- Continue to track key metrics.

Track progress and measure our impact

To track our progress in combatting the epidemic, North Carolina will monitor these 12 metrics as part of the North Carolina's Opioid Action Plan 2.0.

Metrics*	2016	2017	2018
Track progress and measure our impact			
Number of unintentional opioid-related deaths of NC Residents (ICD-10)	1,407	1,884	Data pending^
Number of ED visits that received an opioid overdose diagnosis (all intents)	5,546	7,455	6,772
Reduce the supply of prescription and illicit opioids			
Total number of opioid pills dispensed	580,144,900	530,604,800	453,977,900
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	59%	75%	80%
Prevent overdoses by advancing harm reduction, reducing stigma, and addressing non-medical drivers of health			
Number of community naloxone reversals	3,684	4,176	3,943
Number of newly-diagnosed acute hepatitis C cases	203	188	185
Raise community awareness and increase community prevention and response efforts			
Percent of children in foster care due to parental substance use disorder	37%	39%	42%
Number of hospitalizations associated with drug withdrawal in newborns	1,278	1,392	Data pending
Expand access to treatment and recovery supports			
Number of buprenorphine prescriptions dispensed	478,744	568,233	637,840
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	28,968	31,758	34,310
Address the needs of justice-involved populations			
Number of law enforcement agencies carrying naloxone	136	193	252
Number of opioid overdoses deaths among recently released population	Data Pending	Data Pending	Data Pending

*Data are continually updated as additional cases, visits, claims, and other data points are finalized in each system.
^1,619 deaths as of August 1, 2019 ; final number for 2018 not available until the fall of 2019.

Getting It Done

Legislatively mandated by SL-2015-241.

The **Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)** serves as the primary convening group to advance this work.

OPDAAC members represent a wide variety of agencies and fields including but not limited to: local health departments, healthcare organizations, law enforcement, substance abuse prevention, the recovery community, mental health treatment, harm reduction, emergency medicine, regulatory boards.

All are welcome to join the OPDAAC.

For more information, visit our website.

Getting It Done

To respond to this epidemic, it is critical that we support local stakeholders in responding to the epidemic in their communities.

The **Menu of Local Actions** identifies impactful strategies that can be implemented at the local level and provides information and resources on each strategy.

Local stakeholders can select strategies from the menu based on the needs and resources of their community.

The menu will continue to be updated with information and resources as more become available.