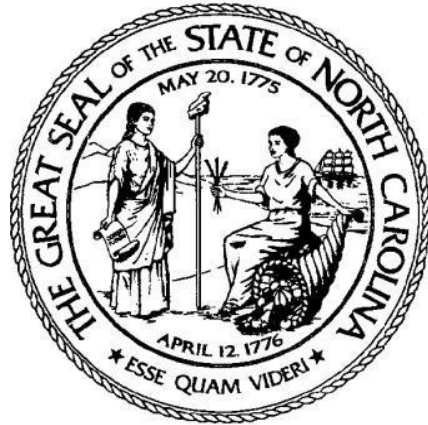


**Performance of North Carolina's System
for Monitoring Opioid and Prescription Drug Abuse**

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



**Report to the
Joint Legislative Oversight Committee on Health and
Human Services
and
Joint Legislative Oversight Committee on Justice and
Public Safety
and
Fiscal Research Division
by
North Carolina Department of Health and Human
Services**

April 11, 2025

INTRODUCTION

S.L. 2015-241, Section 12F.16.(q), amended via S.L. 2017-57, Section 11F.10.(e), 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.

Created by DHHS in 2017, the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) serves as the primary vehicle through which opioid and prescription drug abuse is monitored. Comprised of representatives from agencies including, but not limited to, local health departments, healthcare organizations, law enforcement agencies, emergency medicine departments, and regulatory boards, the OPDAAC is also responsible for overseeing the implementation of the Opioid and Substance Use Action Plan (OSUAP). Mandated by G.S. 90-113.75E, the OSUAP was developed to monitor opioid and prescription drug abuse. Version 3.0 of this Plan was issued in May 2021.

This report covers the period August 1, 2023 through July 31, 2024.

OPIOID AND PRESCRIPTION DRUG ABUSE ADVISORY COMMITTEE

The OPDAAC convened quarterly from August 1, 2023, through July 7, 2024. The meetings were hybrid in-person and virtual events, with an average of 150 attendees per meeting. Topics included innovative models for buprenorphine access, types of medications used for the treatment of Opioid Use Disorders (OUD), service models for justice-involved populations, expansion of services for re-entry, current landscape of housing needs for people who use drugs, people with OUD and other co-occurring disorders, and the importance of organizational collaboration.

Ongoing activities from August 2023 through July 2024 include:

- DHHS has continued to partner with the UNC School of Medicine to expand treatment services through their mobile treatment clinic, ATLAS, in Robeson County. This program has demonstrated a significant success since its launch in August 2023 with over 60 patients engaged, the majority from Native American populations.
- Since July 2023, DMHDDSUS purchased nearly 300,000 doses of naloxone on behalf of harm reduction programs, local health departments, opioid treatment programs, emergency disaster shelters, law enforcement agencies, first responders (for “leave-behind” purposes after responding to an overdose), and other community-based organizations serving at-risk individuals.
- The Partnerships in Overdose Prevention and Harm Reduction (POPHR) Request for Applications (RFA) A409 was released in September 2023. The purpose of this opportunity was to fund community-based organizations and local health departments to expand linkages to care, including providing care for people who use drugs and

historically marginalized populations. This included addressing overdose prevention, substance use disorders, polysubstance use, wound care, and other related issues.

- The 14 Local Health Departments (LHDs) that are working on developing or expanding Syringe Services Programs (SSP) were asked to bi-annually report on their progress of such. Twelve are in the “Implementation and/or Evaluation” stages of programming. These programs made 87,678, unduplicated, total contacts with participants and reported 14,089 overdose reversals during the grant funding period.
- Nine LHDs are engaged in projects and strategies called Connecting Justice-Involved Persons to Care. These LHDs could engage in one or more of the following activities:
 - Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone (all 9 LHDs)
 - Develop a program for take-home naloxone distribution for people upon release (6 of 9 LHDs)
 - Establish reentry programs to link or refer people to care services once released from incarceration and provide care service referrals, focusing on individuals with substance use disorder (7 of 9 LHDs)
 - Develop a comprehensive medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) program in the jail/detention center setting (5 of 9 LHDs)
- These programs made 18,608 total contacts which represent any and all types of engagement by unique/new participants, and regular visits with returning participants. Of these contacts, there were 377 overdose reversals reported during the grant funding period.
- All SSPs are legislatively mandated to register with the NC Division of Public Health's Injury and Violence Prevention Branch. During the reporting period, several new programs registered, bringing the total to 56 SSPs with 66 counties being served, as well as the federally recognized tribe, the Eastern Band of Cherokee Indians (EBCI).
- The Injury and Violence Prevention Branch (IVPB), Division of Public Health, hosted two Harm Reduction Academies. The first was held in May 2024 in Hickory, NC and the second was held in July 2024 in Greeneville, NC. Topics of the academy included harm reduction history and philosophy, history of the drug war, the importance of centering lived experience, trauma informed care, medications for OUD, polysubstance use, the opioid settlement, sex work centered harm reduction, motivational interviewing, wound care, post overdose response teams, syringe service programs, justice-involved programs, and how to communicate about harm reduction while also providing opportunities for networking, discussion, and other practical skill building. These projects are CDC funded through Overdose Data to Action—States and are done in partnership with UNC-CH's Injury Prevention Research Center.
- The State Opioid Response (SOR) 3 grant Youth Prevention Education Initiative awarded grants to ten providers across nine counties to implement evidence-based prevention education curricula with youth under the age of 18 who have a greater potential of engaging in substance misuse and developing OUD.

- Through the SOR 3 grant, funding was awarded to nine coalitions to work on the following initiatives:
 - Increased proper medication storage/disposal through the Lock Your Meds campaign (estimated reach: 11,777 people to date).
 - Increased proper medication storage behaviors through education, resources, and access (4,026 lockboxes, 9,229 disposal kits, 355 rack cards disseminated).
 - Partnered with MAT providers to provide clients with lockboxes.
 - Provided 1,276 naloxone kits and 92 naloxone trainings to community partners (EMS, Fire, Faith-Based, Schools, etc.).
 - Supported community partners in the creation of three local policies in three counties related to local naloxone access.

OPIOID AND SUBSTANCE USE ACTION PLAN (OSUAP) 3.0

The OSUAP has four overarching priorities:

1. Put equity and lived experiences at the foundation of its work.
2. Prevent future addiction and address trauma by supporting children and families.
3. Reduce harm by expanding the focus beyond opioids to address polysubstance use.
4. Connect people to care by increasing treatment access for justice-involved people, expanding access to housing and employment supports, and recovering from the pandemic together.

Undergirding these four priorities are efforts to track progress, measure impact, and monitor emerging trends to ensure that actions are informed by data. The North Carolina OSUAP 3.0 aims to identify impactful, feasible strategies to reduce overdoses in North Carolina and prevent the next wave of the epidemic.

Track Progress

The OSUAP measures success through several key metrics, five of which are outcome-based measuring progress in reducing harm (i.e., overdose deaths and emergency department visits), reducing supply (i.e., dispensed controlled substance prescriptions), and increasing access to treatment.

Overdose Deaths

From 2000 to 2022, more than 37,000 North Carolinians died from drug overdose deaths. The impact of the COVID-19 pandemic exacerbated the overdose crisis, with overdose deaths increasing 85% since 2019. In 2022, overdose deaths increased 7%, with 4,339 North Carolinians losing their lives to overdose. This is the highest number of overdose deaths in a single year on record in the state. Death data for 2023 is not yet final, but an estimated 4,000 North Carolinians (11 per day) are projected to have died from an overdose during that 12-month period.

Emergency Department Visits

In 2023, 17,532 drug-related emergency department visits were recorded. This was an increase from 2022 when 16,981 drug-related ED visits were recorded.

Controlled Substances Prescriptions

In 2023, 15,621,985 controlled substance prescriptions were dispensed to people residing in North Carolina, and opioids accounted for 34% of dispensations. This is a decrease of 3% compared to 2022, when 16,153,455 controlled substance prescriptions were dispensed (35% of which were opioids). Prescription Drug Monitoring Programs, like the NC Controlled Substances Reporting System (CSRS), were specifically designed to help reduce overprescribing of controlled substances by providing timely information to health practitioners and law enforcement. Increased use of the CSRS system and education have helped decrease the number of controlled substance prescriptions (and percentage of opioids) dispensed. There has been a 15% decrease since 2018 when the number of controlled substance prescriptions dispensed was 18,389,645, of which 40% were opioids.

Treatment Services

From August 1, 2023, through July 31, 2024, a total of 73,146 individuals in North Carolina were dispensed a prescription for buprenorphine, a medication approved by the Food and Drug Administration (FDA) to treat OUD. This is an increase from 70,827 individuals the prior year (August to July 2022-2023), and 46,846 individuals during the period of August 2017 to July 2018. This data excludes data from Opioid Treatment Providers and includes dispensations for other FDA-approved uses and off-label use.

- From August 1, 2023, through July 31, 2024, 48,944 individuals, consisting of Medicaid-enrolled or uninsured individuals, who had an OUD received treatment services from providers offering varying levels and types of care.
- Among the 87 NC Opioid Treatment Programs, between August 1, 2023, and July 31, 2024, 30,707 unique patients received treatment services, including medications for OUD, which is an increase of approximately 4% from the previous year.

CONCLUSION

In conclusion, the August 1, 2023, through July 31, 2024, reporting period demonstrates substantial progress in addressing opioid and prescription drug misuse in North Carolina. The Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) fostered critical discussions and collaborations through quarterly meetings, emphasizing innovative treatments, harm reduction strategies, and service expansion for justice-involved populations.

Key achievements include the successful deployment of mobile treatment clinics like ATLAS in Robeson County, distribution of nearly 300,000 doses of naloxone, and the implementation of syringe services programs across 66 counties. Programs targeting justice-involved individuals have effectively linked participants to care, with significant overdose reversals reported. The Harm Reduction Academies and the State Opioid Response (SOR) 3 grant initiatives furthered

community education and preventive efforts, reaching thousands with evidence-based interventions.

The OSUAP 3.0 prioritized trauma-informed care and addressing polysubstance use, while focusing on housing, employment support, and treatment accessibility. Data-driven progress tracking revealed decreases in opioid prescription rates and increases in buprenorphine dispensations, reflecting improved access to treatment services. Despite ongoing challenges, including rising overdose deaths exacerbated by the COVID-19 pandemic, these initiatives illustrate a robust, multifaceted approach to reducing the impact of the opioid crisis.

The collective efforts during this period underscore a strong commitment to reducing overdoses, enhancing harm reduction, and expanding treatment and prevention services statewide. Continued focus on collaboration and innovation will be essential to address emerging trends and sustain these vital achievements.