



**NC Department of Health and Human
Services
Division of Public Health**

**Opioid Action Plan 2.0: NCIOM
Workgroup on ACEs and**

January 22, 2019

Introduction

- **Goal** of these meetings is to identify strategies that will address risk and protective factors for prevention opioid overdoses and its relationship to adverse childhood experiences (ACEs)
 - Provide overview and context for the Opioid Action Plan
 - Explain update process, and goals for Version 2.0

Opioid Action Plan

The image shows the cover of a document titled "NORTH CAROLINA'S OPIOID ACTION PLAN 2017-2021". The text is centered within a white rectangular box with a thin black border, set against a light blue background.

NORTH CAROLINA'S OPIOID ACTION PLAN 2017-2021

- **Create a framework to capture statewide priorities to combat the epidemic and who was doing what**
- **Establish collective metrics and targets to measure progress toward goals**

Opioid Action Plan

FOCUS AREAS

Given that the opioid epidemic is complex, we plan to implement comprehensive strategies in the following focus areas to reduce opioid addiction and overdose death:

1. **Create a coordinated infrastructure**
2. **Reduce oversupply of prescription opioids**
3. **Reduce diversion of prescription drugs and flow of illicit drugs**
4. **Increase community awareness and prevention**
5. **Make naloxone widely available and link overdose survivors to care**
6. **Expand treatment and recovery oriented systems of care**
7. **Measure our impact and revise strategies based on results**



Ways Opioid Action Plan has been used

- **Determine where to put new funding, e.g.,**
 - Opioid Action Plan RFA to communities
 - Local Health Department RFA
 - Contract with NCHA for ED Peer Support funding to promote Care Linkages
 - Contract with MAHEC for Data Waiver Training for residency programs
- **Determine where to devote time and leadership effort, e.g.,**
 - Payers Council



Ways Opioid Action Plan has been used

- **Used by existing and new partners to see the body of work and who is doing what and where to plug in**
- **Used by local coalitions to identify strategies**
- **Create collective understanding of progress through common metrics**

Opioid Action Plan 2.0

- **The Opioid Action Plan was launched as a living document**
- **Chance to reflect on progress made, and areas for growth**
- **Opportunity to determine:**
 - **Areas that are ongoing priorities**
 - **Areas that are new priorities**
 - **Areas that are no longer priorities**
- **To determine priorities, consider:**
 - **Impact: How does this impact our 2021 goal to reduce opioid overdose deaths?**
 - **Measurable: How will we define success/completion?**
 - **Feasible: Can we realistically achieve by 2021?**
 - **Owner: Who is the lead for priority?**

I. COORDINATED INFRASTRUCTURE

Strategy	Action	Leads
PDAAC leadership	Designate an Opioid Action Plan Executive Chair for the PDAAC to lead NC Opioid Action Plan 	DHHS
Advisory council	Convene a group of current and former opioid users and others in recovery to guide Plan components and implementation of strategic actions 	DHHS, NCHRC, RCOs, DPS
Build and sustain local coalitions	Convene local stakeholders and facilitate activities to: 1) Increase naloxone access; 2) Establish syringe exchange programs; 3) Increase linkages to SUD and pain treatment support; 4) Establish peer recovery support services; 5) Organize drug takeback programs and events/encourage safe storage of medications; 6) Promote the adoption of fair chance hiring practices; 7) Promote education to prevent youth substance use initiation in schools and other venues; and, 8) Identify and advocate for local funding 	NCACC, LHDs, Local coalitions, DPH, DMH, AHEC, LME/MCOs

3. REDUCE DIVERSION AND FLOW OF ILLICIT DRUGS

Strategy	Action	Leads
Trafficking investigation and response	Establish a trafficking investigation and enforcement workgroup to identify actions required to curb the flow of diverted prescription drugs (e.g. CSRS access for case investigation) and illicit drugs like heroin, fentanyl, and fentanyl analogues	AG, HIDTA, SBI, DEA, Local law enforcement
Diversion prevention and response	Develop model healthcare worker diversion prevention protocols and work with health systems, long-term care facilities, nursing homes, and hospice providers to adopt them	NCHA, AG, DMH, Licensing boards and professional societies
Drug takeback, disposal, and safe storage	Increase the number of drug disposal drop boxes in NC – including in pharmacies, secure funding for incineration and promote safe storage	DOI Safe Kids NC, SBI, Local law enforcement, AG, NCAP, NCRMA, CCNC, LHDs
Law enforcement and public employee protection	Train law enforcement and public sector employees in recognizing presence of opioids, opioid processing operations, and personal protection against exposure to opioids	DPH, Local law enforcement

Ongoing



Ongoing

Ongoing

2. REDUCE OVERSUPPLY OF PRESCRIPTION DRUGS

Strategy	Action	Leads
Safe prescribing policies	Develop and adopt model health system policies on safe prescribing (e.g. ED and surgical prescribing policies, co-prescribing of naloxone, checking the CSRS)	NCHA, DMA, Licensing boards and professional societies
	Create and maintain continuing education opportunities and resources for prescribers to manage chronic pain	GI, AHEC, CCNC, DMA, Licensing boards and professional societies
CSRS utilization	Register 100% of eligible prescribers and dispensers in CSRS	DMH, Licensing boards and professional societies
	Provide better visualization of the data (easy to read charts and graphs) to enable providers to make informed decisions at the point of care	DMH, IPRC, CHS, GDAC, DIT
	Develop connections that would enable providers to make CSRS queries from the electronic health record	DMH, GDAC, NCHA, DIT
	Report data to all NC professional boards so they can investigate aberrant prescribing or dispensing behaviors	Licensing boards and professional societies
Medicaid and commercial payer policies	Convene a Payers Council to identify and implement policies that reduce oversupply of prescription opioids (e.g. lock-in programs) and improve access to SUD treatment and recovery supports	DHHS, DMA, BCBSNC, SHP and other payers, CCNC, LME/MCOs
Workers' compensation policies	Identify and implement policies to promote safer prescribing of opioids to workers' compensation claimants	Industrial Commission, workers' compensation carriers

In Progress

Ongoing

In Progress

In Progress

In Progress



4. INCREASE COMMUNITY AWARENESS AND PREVENTION

Strategy	Action	Leads
Public education campaign	<p>Identify funding to launch a large-scale public education campaign to be developed by content experts using evidence-based messaging and communication strategies</p> <p>Potential messages could include:</p> <ul style="list-style-type: none"> ▪ Naloxone access and use ▪ Patient education regarding expectations around pain management/opioid alternatives ▪ Patient education to be safe users of controlled substances ▪ Linkage to care, how to navigate treatment ▪ Safe drug disposal and storage ▪ Stigma reduction ▪ Addiction as a disease: recovery is possible 	<p>DHHS, Advisory Council, PDAAC, Partners</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">Ongoing</p>
Youth primary prevention	<p>Build on community-based prevention activities to prevent youth and young adult initiation of drug use (e.g. primary prevention education in schools, colleges, and universities)</p>	<p>DMH, LME/MCOs, Local coalitions</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">Ongoing</p>

6. EXPAND TREATMENT ACCESS

Strategy	Action	Leads
Care linkages	Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care In Progress	NCHA, LME/MCOs
	Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists In Progress	DMH, RCOs, APNC, CCNC, LME/MCOs, NCATOD
Treatment access	Increase state and federal funding to serve greater numbers of North Carolinians who need treatment Ongoing	All
MAT access: Office-based opioid treatment	Offer DATA waiver training in all primary care residency programs and NP/PA training programs in NC In Progress	DHHS, NCHA, AHEC, NCAFP, Medical Schools
	Increase providers' ability to prescribe MAT through ECHO spokes and other training opportunities In Progress	DMH, UNC, ORH, AHEC, FQHCs
	Increase opportunities for pharmacists to collaborate with PCPs and specialty SUD providers to coordinate MAT Ongoing	NCAP, NCBP, AHEC, UNC
Integrated care	Increase access to integrated physical and behavioral healthcare for people with opioid use disorder In Progress	DHHS, Health systems, LHDs

5. INCREASE NALOXONE AVAILABILITY

Strategy	Action	Leads
Law enforcement naloxone administration	Increase the number of law enforcement agencies that carry naloxone to reverse overdose among the public In Progress	NCHRC, DPS, OEMS, Local law enforcement, AG
Community naloxone distribution	Increase the number of naloxone overdose rescue kits distributed through communities to lay people Ongoing	NCHRC, DPH, LHDs, LME/MCOs, OTPs, CCNC
Naloxone co-prescribing	Create and adopt strategies to increase naloxone co-prescribing within health systems, PCPs In Progress	NCHA, NCAP, CCNC, Licensing boards and professional societies
Pharmacist naloxone dispensing	Train pharmacists to provide overdose prevention education to patients receiving opioids and increase pharmacist dispensing of naloxone under the statewide standing order In Progress	NCAP, NCBP, CCNC
Safer Syringe Initiative	Increase the number of SEP programs and distribute naloxone through them Ongoing	NCHRC, DPH, LHDs

6. EXPAND TREATMENT ACCESS, Cont'd

Strategy	Action	Leads
Transportation	Explore options to provide transportation assistance to individuals seeking treatment	DMH, LME/MCOs, DSS, Local government
Law Enforcement Assisted Diversion	Implement additional Law Enforcement Assisted Diversion (LEAD) programs to divert low level offenders to community-based programs and services	NCHRC, AG, DAs, DMH
Special Populations: Pregnant women	Increase number of OB/GYN and prenatal prescribers with DATA waivers to prescribe MAT	NCOGS, Professional societies
	Support pregnant women with opioid addiction in receiving prenatal care, SUD treatment, and promoting healthy birth outcomes	DMA, CCNC, DPH, DMH, LME/MCOs, DSS
Special populations: Justice-involved persons	Provide education on opioid use disorders and overdose risk and response at reentry facilities, local community corrections, and TASC offices	DPS, DMH, NCHRC
	Expand in-prison/jail and post-release MAT and on-release naloxone for justice involved persons with opioid use disorder	DPS, DMH, Local government

Ongoing

In Progress

Ongoing

Ongoing

Ongoing

Ongoing

6. EXPAND RECOVERY SUPPORT

Strategy	Action	Leads
Community paramedicine	Increase the number of community paramedicine programs whereby EMS links overdose victims to treatment and support	OEMS, DMH, LMEs/MCOs
Post-reversal response	Increase the number of post-reversal response programs coordinated between law enforcement, EMS, and/or peer support/case workers	NCHRC, Local LE, OEMS, RCOs, AG, LME/MCOs
Community-based support	Increase the number of community-based recovery supports (e.g. support groups, recovery centers, peer recovery coaches)	DMH, RCOs, ORH, LME/MCOs
Housing	Increase recovery-supported transitional housing options to provide a supportive living environment and improve the chance of a successful recovery	DMH, LME/MCOs, Local government and coalitions
Employment	Reduce barriers to employment for those with criminal history	Local government and coalitions
Recovery Courts	Maintain and enhance therapeutic (mental health, recovery and veteran) courts	Local government, Judges and DAs

Ongoing

Ongoing

In Progress

Ongoing

In Progress

In Progress

7. MEASURE IMPACT

Strategy	Action	Leads
Metrics/Data	Create publicly accessible data dashboard of key metrics to monitor impact of this plan	DPH, DMH
Surveillance	Establish a standardized data collection system to track law enforcement and lay person administered naloxone reversal attempts	OEMS, Law Enforcement, CPC, NCHRC
	Create a multi-directional notification protocol to provide close to real-time information on overdose clusters (i.e. EMS calls, hospitalizations, arrests, drug seizures) to alert EMS, law enforcement, healthcare providers	HIDTA, SBI, DEA, DPH, OEMS, CPC, LHDs, Local law enforcement
Research/Evaluation	Establish an opioid research consortium and a research agenda among state agencies and research institutions to inform future work and evaluate existing work	UNC, Duke, RTI, other Universities/colleges, DPH, DMH, AHEC/Academic Research Centers

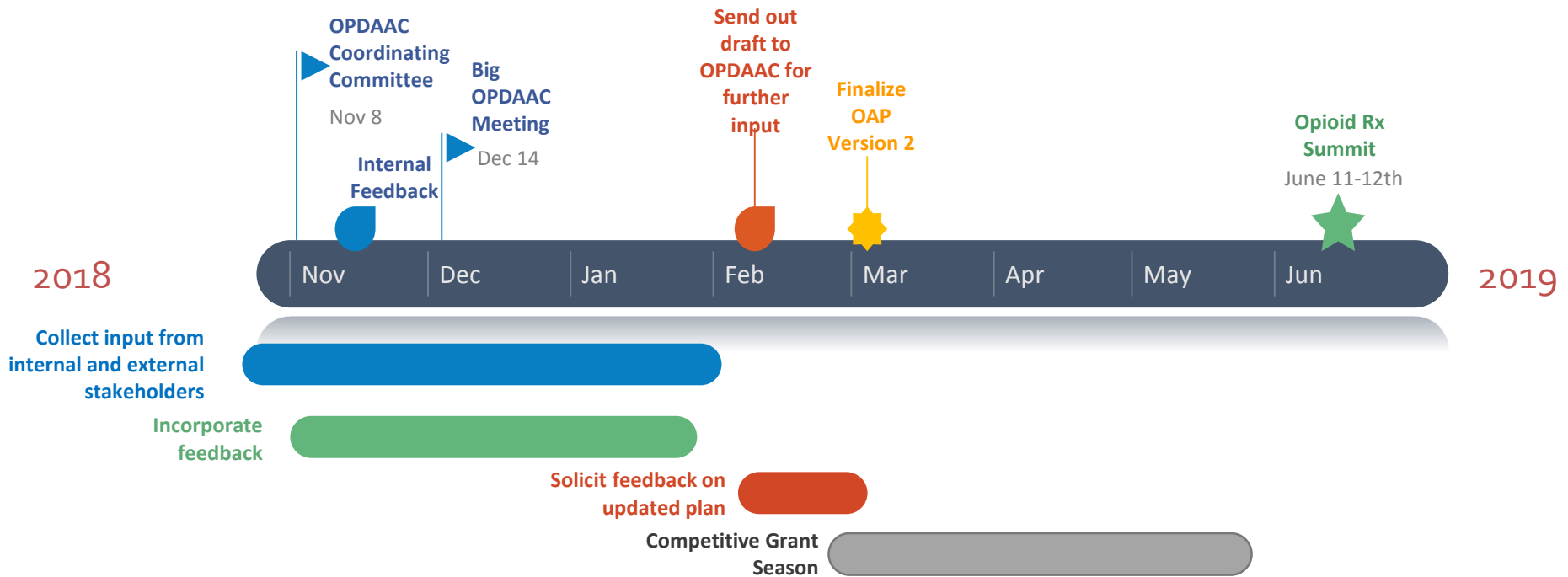


Ongoing

Ongoing

In Progress

Update Timeline

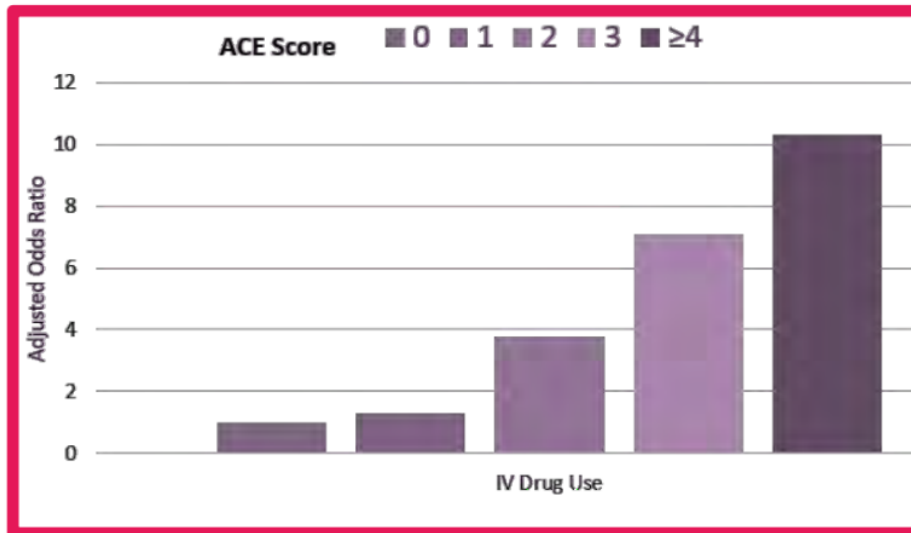


ACEs and Opioid Overdose Prevention

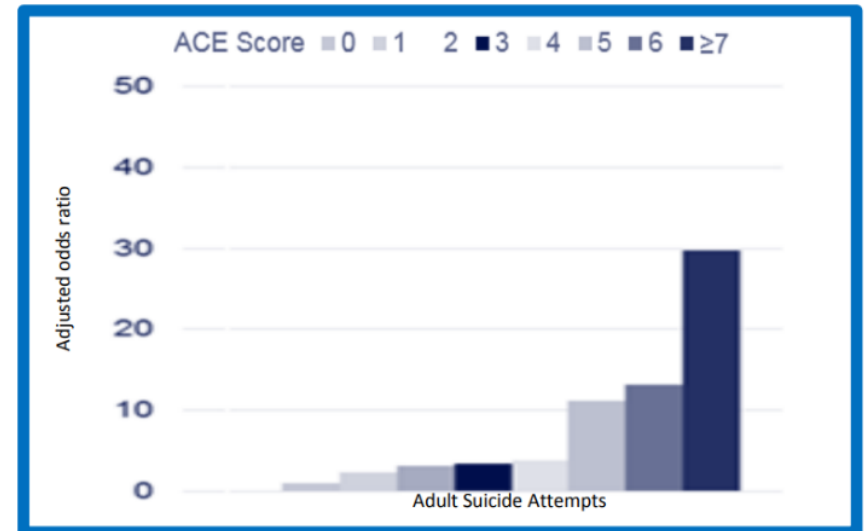
- **One of the areas that has been repeatedly identified as an area for growth in the Action Plan**
- **Strengthen the Opioid Action Plan's prevention strategies**
- **The shifting opioid epidemic (including polysubstance use) has built support for further upstream prevention strategies**
- **The evidence base linking ACEs and opioid misuse continues to grow**

ACEs and Opioid Overdose Prevention

ACEs and IV Drug Use



ACEs and Adult Suicide Attempts

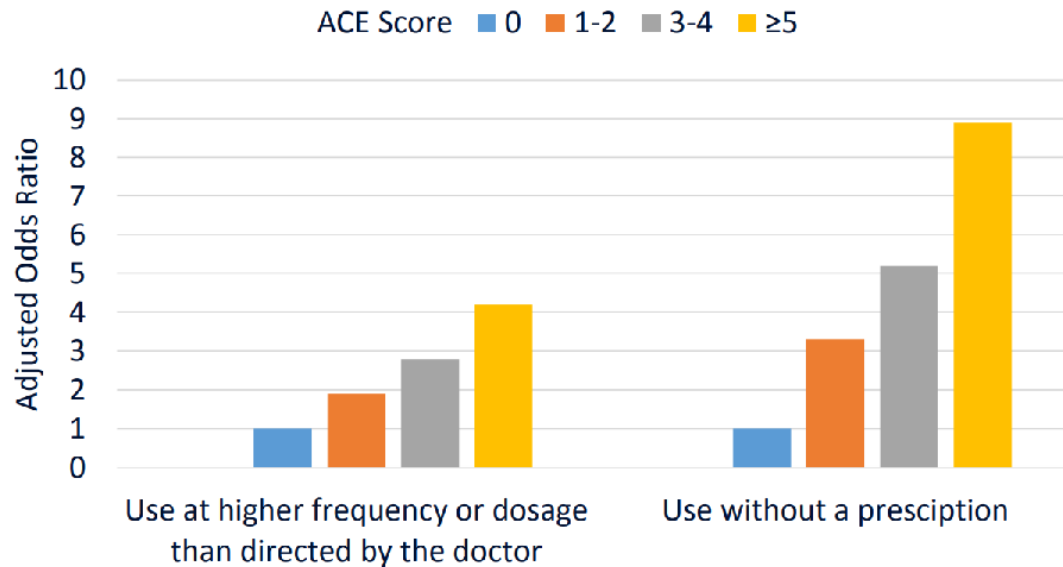


Source: Source: Dube, Shanta R., et al. "Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study." *Jama* 286.24 (2001): 3089-3096.

Felitti, Vincent J., et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14.4 (1998): 245-258.

ACEs and Opioid Overdose Prevention

Misuse of \mathbb{R} pain medication



Source: Montana Behavioral Risk Factor Surveillance System, 2011. Behavioral Risk Factor Surveillance System Office, Montana Department of Public Health and Human Services. The contents are the sole responsibility of the authors. DRAFT – DO NOT DISTRIBUTE