



NCALHD

North Carolina Association
of Local Health Directors

NCALHD Opioid Misuse Work Group

Position Statement on Opioid Misuse

The North Carolina Association of Local Health Directors (NCALHD) recognizes the crucial role of local health departments in response to a public health crisis—the national epidemic of prescription and illicit opioid misuse. Local health directors and local Boards of Health have a responsibility to implement evidence-based strategies pertaining to prevention, harm reduction, and treatment, with special emphasis on high-risk populations, including infants, adolescents, women of child-bearing age, and pregnant women.

NCALHD encourages the use of community-based coalitions to spur coordinated, data-driven, and evidence-based responses to opioid-based drug overdoses. These grass-roots teams should include stakeholders from public health, mental health, drug treatment, social work, law enforcement, the judicial system, and community-minded individuals seeking to make a difference in the opioid misuse epidemic.

NCALHD supports the efforts of local, state, and federal agencies in the surveillance and monitoring of opioid-related data, including the number of overdoses (both accidental and intentional), the number of opioid pills dispensed, and the number of naloxone administrations. Local health departments may take an active role in collecting and disseminating local data to county officials, leaders, decision-makers, community coalition partners, and the public. The use of GIS software to produce opioid overdose maps, track naloxone deployments, report drug activity, and measure the effectiveness of drug drop-off locations can prove to be an effective tool in recognizing and predicting trends.

NCALHD promotes the use of naloxone to reverse opioid drug overdoses. Local health departments promote training and access to naloxone for first responders and for addicted individuals and their families/caregivers. Local health departments support the use of the statewide standing order for naloxone for anyone at risk for an opioid/opiate overdose, anyone who may be in a position to assist someone experiencing an overdose, or anyone who requests naloxone (with justification for needing the medication).

NCALHD supports the safe storage and/or disposal of medications. Local health departments work with local, state and federal partners to educate the public on the dangers of medication diversion and to purchase and install drop boxes, cover disposal costs, and promote safe storage and disposal of unwanted, unused, or expired medication.

NCALHD encourages the establishment and use of syringe exchange programs as established by G.S. 90-113.27. Improperly discarded used needles present a health hazard for law enforcement personnel, children, and other citizens as they act as unique avenues of bloodborne pathogen exposure. The sharing of used needles by IV drug users has resulted in a marked increase in the number of acute Hepatitis C cases in North Carolina. By ensuring used syringes are properly disposed in biohazard collection receptacles and exchanged for clean, unused syringes, IV drug users are less apt to share bodily fluids through used needles, thus reducing the spread of acute Hepatitis C. Local health departments may have or support at least one syringe exchange program in every county and encourage pharmacies to sell syringes universally without judgment or questions.

NCALHD supports efforts to reduce the oversupply of prescription opioids. Local health departments should encourage and promote registration and use of the NC Controlled Substances Reporting System (CSRS) and organize and host continuing education opportunities and resources for prescribers of pain medication.

NCALHD supports the role of local health departments in promoting treatment and recovery. Local health departments play a crucial role in supporting pregnant women with opioid addiction in receiving prenatal care, Substance Use Disorder (SUD) treatment (that may include Medication Assisted Treatment), and promoting healthy birth outcomes. Local health departments may provide case management services for pregnant women with SUD and infants diagnosed with neonatal abstinence syndrome. Local health departments often link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists, explore options to provide transportation assistance to individuals seeking treatment, and promote the adoption of fair chance hiring practices.

NCALHD supports a collaborative approach to addressing the many aspects of opioid use disorder and its consequences on people, families, and communities. Local, state, and federal partners as well as the medical community should work together to fund and support policies and programs targeting stigma, prevention, screenings, support, harm reduction, and treatment. Local health departments support the development of new and innovative solutions to opioid abuse that will prevent and/or decrease the negative impacts on society.