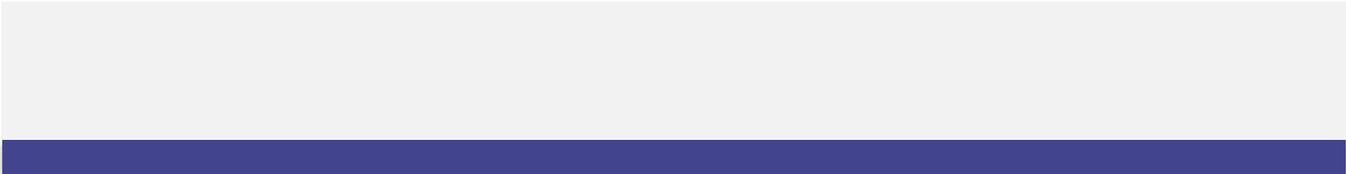


NORTH CAROLINA ESSENTIAL ACTIONS TO ADDRESS THE OPIOID EPIDEMIC:

A Local Health Department's Guide



Developed in partnership with the North Carolina Department of Health and Human Services, Injury and Violence Prevention Branch for the North Carolina Association of Local Health Directors.



Acknowledgments

North Carolina Essential Actions to Address the Opioid Epidemic: A Local Health Department's Guide was inspired by Essential Measures: A Local Public Health Toolkit for Addressing the Opioid Epidemic, created by the Massachusetts Health Officers Association and the Education Development Center.

The authors would like to acknowledge the individuals at North Carolina Association of Local Health Directors, NC Department of Health and Human Services, and North Carolina Harm Reduction Coalition and the local health directors, local health department staff, and community partners who contributed to the production of this toolkit. The authors would also like to thank the many partners and people who work hard every day to improve health and support for individuals in communities across North Carolina.

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Introduction

Purpose

In an effort to reduce negative health outcomes related to opioid use in North Carolina (NC), the North Carolina Association of Local Health Directors' Opioid Work Group has teamed up with the NC Division of Public Health's Injury and Violence Prevention Branch (IVPB) to create North Carolina Essential Actions to Address the Opioid Epidemic: A Local Health Department's Guide. This toolkit was inspired by the Massachusetts Health Officers Association's Essential Measures: Opioid and Substance Use Disorder Toolkit and structured around the 10 Essential Public Health Services framework. This online resource/website provides information, tools, and best practices for health directors, health department staff, and their partners to reference when planning efforts to reduce opioid-related harms in NC communities.

The Essential Services Framework

In 1994, the Core Public Health Functions Steering Committee, comprised of representatives from US and other major public health service agencies developed the 10 Essential Public Health Services Framework with the goal of creating a foundational tool for any public health activity.¹ The Essential Services Framework is supported by The National Public Health Performance Standards (NPHPS), a program that provides tools to identify areas of improvement in public health systems and public health governing bodies and to strengthen the ability of those systems to provide the Essential Services (ES).³

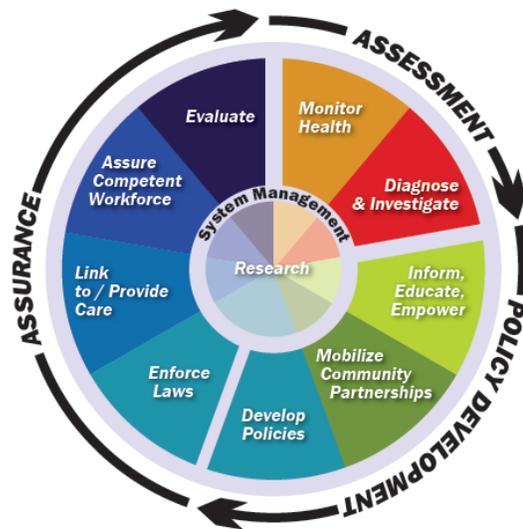


Figure 1. The 10 Essential Public Health Services²

10 Essential Services

- ES 1: Monitor health status to identify and solve community health problems
- ES 2: Diagnose and investigate health problems and health hazards in the community
- ES 3: Inform, educate, and empower people about health issues
- ES 4: Mobilize community partnerships to identify and solve health problems
- ES 5: Develop policies and plans that support individual and community health efforts
- ES 6: Enforce laws and regulations that protect health and ensure safety
- ES 7: Link people to needed personal health services, and assure the provision of health care when otherwise unavailable
- ES 8: Assure a competent public and personal health care workforce
- ES 9: Evaluate the effectiveness, accessibility, and quality of personal and population-based health services
- ES 10: Research for new insights and innovative solutions to health problems¹

Centered around the 10 Essential Services framework, this toolkit presents “10 Essential Actions.” Each section shares relevant information, resources, and best practices to help guide local health directors,

local health department staff, and partners in their efforts to address the opioid epidemic in North Carolina.

Overview of Opioid Epidemic in North Carolina

Opioid overdose deaths have increased steadily in the United States and in North Carolina since 1999.⁴ From 1999 to 2016, the number of overdoses involving opioids increased 500%.⁵ Factors that have contributed to the rise in deaths include: an oversupply of prescription opioids dispensed since 1999; an increase in the availability of heroin; and more widespread availability of fentanyl and its analogues, a potent opiate commonly sold with or as a substitute for heroin or mixed with other drugs.⁶ The number of opioid pills dispensed in North Carolina increased steadily from 2000 to 2015, however, the number of pills dispensed in the state began to drop beginning in 2015.⁷

In addition to overdose, injection drug use can lead to the transmission of bloodborne infections such as Human Immunodeficiency Virus (HIV), Hepatitis B or C, skin and blood infections, and heart infections, such as endocarditis.^{8,9} In North Carolina, reported cases of acute Hepatitis C increased more than 900% between 2007 and 2016.^{8,9} Additionally, cases of endocarditis and sepsis related to drug-use have also been increasing dramatically since 2013.¹⁰

Due to the co-occurrence of opioid use and other conditions like infectious disease, mental illness, and social limitations (often induced by stigma); responses to the opioid epidemic require comprehensive plans that can address the varying needs of individuals affected.¹¹

North Carolina's Opioid Action Plan

North Carolina's Opioid Action Plan was developed by the NC Department of Health and Human Services (NC DHHS) with community partners to combat the opioid crisis. It is a living document that will be updated as we make progress on the epidemic and are faced with new issues and solutions. It is a useful reference document to guide local health department action and priorities. Many of the strategies discussed in this toolkit are part of the NC Opioid Action Plan.

The NC DHHS Opioid Crisis Page

The NC DHHS Opioid Crisis page provides information about the opioid epidemic and response efforts in NC. Visit the webpage to learn more about what opioids are, related laws in NC, available data sources, information related to first responders and providers, how to get involved in the response, and more.

ES1: Monitor Health Status to Identify and Solve Community Health Problems



Core values of ES 1 include:

- *Accurate, periodic assessment of the community's health status*
- *Use of methods and technology to interpret and communicate data*
- *Maintenance of population health registries²*

Overview

Assessing a community's health status requires the identification of health risks, with attention to critical statistics and disparities, and the identification of assets and available resources.

Although collecting local data can provide an individualized view into the opioid epidemic in a specific community, health departments often lack the necessary resources or capacity to conduct in-depth, comprehensive community assessments. Health Departments can utilize existing community, state, and national-level data on opioid use, substance use, and related behavioral or physical health behaviors and outcomes.

North Carolina Data Sources

The following is a list of recommended data sources available to communities in North Carolina.

- The [NC Opioid Data Dashboard](#), created by the Injury and Violence Prevention Branch (IVPB) of the NC Division of Public Health, provides integration and visualization of state- and county-level metrics from multiple sources to track progress towards North Carolina's Opioid Action Plan (NC OAP) goals. The data dashboard also provides links to additional data sources and partner websites such as the North Carolina Opioid and Prescription Drug Abuse Advisory Committee (NC OPDAAC) and North Carolina Harm Reduction Coalition (NCHRC).
 - [IVPB Poisoning Data](#) provides county, regional, and state level data comparisons on opioid-related metrics such as poisonings, emergency department visits, prescribing rates and more.
 - [The Core Overdose Data Slides](#) provide basic data trends and public health surveillance around the drug overdose epidemic. Click [here](#) for a recorded presentation of these slides.
 - **County Level Overdose Slide Decks** available via [IVPB Poisoning Data](#) provide county level opioid-related statistics in an easily digestible format for the general public and can be customized for various audiences and presentations.

- [NC Harm Reduction Slides](#) provide details about the implementation of opioid-related policies across the state, including community naloxone reversals, counties served by SEPs, law enforcement reversals, etc. These slides are updated monthly by IVPB.
- [The North Carolina Disease Event Tracking and Epidemiologic Collection Tool \(NC DETECT\)](#) is NC's statewide syndromic surveillance system. Authorized users are able to view data, including overdose and behavioral health data (e.g. suicidal thoughts), from emergency departments, the Carolinas Poison Center, and emergency medical services (EMS). Data are updated at least once daily.
 - Users affiliated with health departments may be authorized by the NC Division of Public Health to have access to NC DETECT data.
 - To request access to NC DETECT, please read the Terms of Use and complete the online [Account Request form](#).
 - Health departments can request training for NC DETECT by emailing ncdetect@listserv.med.unc.edu. NC DETECT data [can be shared with non-public health affiliated response teams](#) when responding to overdose events by following specific protocols. Contact ncdetect@listserv.med.unc.edu for more information.
- [ODMAP](#) is an application-based mapping system in which first responders (EMS, law enforcement, and fire) can track overdoses along with other relevant descriptors like fatal vs. non-fatal or the number of naloxone administrations per event. ODMAPS is free and displays overdose activity across multiple jurisdictions. Health departments may request access to this database.
- [NC Social Determinants of Health](#) maps are interactive, online maps showing social determinants of health indicators in NC, including the economic, social, housing, and transportation status of residents across the state. A cumulative index is calculated from the metrics to provide an overall measure of social determinants of health indicators.
- [North Carolina Health Data Query System](#) is an interactive database system that provides customized reports of health data based on user-specified selection of variables (e.g. age, race, county) and is maintained by the [State Center for Health Statistics](#).
- [Centers for Disease Control and Prevention \(CDC\) Web-based Injury Statistics Query and Reporting System \(WISQARS™\)](#) is an interactive, online database that provides fatal and non-fatal injury (including drug poisonings), violent death, and cost of injury data from a variety of trusted sources. Researchers, the media, public health professionals, and the public can use WISQARS™ data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the United States.

Other possible data sources:

- Electronic health records
- Community health assessments and State of the County Health Reports
- The Behavioral Risk Factor Surveillance System ([BRFSS](#))
- Youth Risk Behavior Survey ([YRBS](#))
- Local Management Entity-Managed Care Organization or treatment facilities
- Local EMS response and 911 call data
- School district/student surveys

- Social services records
- Homeless population counts

The above list is not comprehensive of all possible sources of data or insight related to the opioid epidemic in communities across NC. Health departments are encouraged to seek additional data sources specific to their community that may be available through local organizations and coalitions with interests in health, substance use prevention, behavioral health, and related areas.

Please contact SubstanceUseData@dhhs.nc.gov with any questions about overdose-related data in North Carolina.

Community Examples

Iredell County: Data Driven Action Planning

On a monthly basis, an Iredell County Health Department staff member will search the NC DETECT Database for overdose deaths related to unintentional overdoses, heroin, opioids, cocaine, and alcohol. This data is compiled onto a data sheet that is presented at each Drug-Alcohol Coalition meeting and subcommittee meeting. Health Department staff also access data from the NC State Center for Health Statistics related to overdose deaths and the YRBS to assess the status of youth substance abuse. All data collected is used for action planning purposes to ensure that all programs and plans related to substance use prevention are data-driven.

For more information, please contact:

*Norma Rife, M.S.S.P.
Director of Public Health Development & Promotion
Iredell County Health Department
(704) 453-7906*

Brunswick County: Substance Use Data Sharing

In Brunswick County, we strive to keep our leaders and community members updated on substance use topics so they can make better decisions and become better advocates for solving the many social ills caused by addiction. As new statistical information is released by our federal, state, and local partners, it is shared on our website and directly to our Substance Use and Addiction Commission, Health and Human Services Advisory Board, and Board of County Commissioners through their monthly meeting materials.

Mental health and substance abuse issues were identified as priority health concerns in 2015 by our most recent Community Health Assessment. Since then, action plans were developed to address the core underlying causes and progress towards remedying the problems are monitored at least quarterly. Brunswick County's next Community Health Assessment is due in 2019 and mental health and substance abuse issues will be studied closely for changes since 2015.

If you have questions or would like more information, please contact:

*Cris Harrelson, Director
Brunswick County Health Services
(910) 253-2298
Cris.harrelson@brunswickcountync.gov*

ES 2: Diagnose and Investigate Health Problems and Health Hazards



The core values of ES 2 include:

- *Timely identification and investigation of health threats*
- *Availability of diagnostic services, including laboratory capacity*
- *Response plans to address major health threats²*

Overview

The Centers for Disease Control and Prevention (CDC) defines a community health assessment (CHA) as a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. A CHA collects information about health status and needs, community assets and gaps, and other determinants of health. Although health departments have access to much of the data necessary, organizations like hospitals, academic organizations, local coalitions, and non-profit organizations are often partners when conducting CHAs, as they may have access to additional data needed to best assess the health of the community.¹² The CHA should be used to guide decisions in regard to developing priorities, allocating and garnering resources, and planning actions to improve the public's health.¹²

According to the Public Health Accreditation Board (PHAB), a CHA should be part of a long-term Community Health Improvement Plan (CHIP) that addresses the issues identified by the CHA¹². Although health departments are instrumental in creating CHIPs, a broader network of partners should be included in the creation and implementation of the plan.¹²

The following are guiding frameworks and tools for conducting a community health assessment:

- [A Resource for Community Health Assessment in North Carolina](#) North Carolina State Center for Health Statistics
- [Community Health Assessment Toolkit](#) – Association for Community Health Improvement
- [Strategic Planning Framework](#) – Substance Abuse and Mental Health Services Administration (SAMHSA)

Example Assessment Tool/Questions

The following is an example of a CHA, used by AppHealthCare, to identify community health status and opinions in the Appalachian region.

[AppHealthCare CHA \(English\)](#)

[AppHealthCare CHA \(Spanish\)](#)

Questions 8 and 16 from the AppHealthCare CHA are examples of items used to gather knowledge to inform the development of opioid-related policy.

8. Would you support a program that would give clean needles to drug users so they don't spread disease?

- Yes
- No
- Other (please specify): _____

16. If you partake in drug use (including both illegal drugs and non-medical use of prescription drugs), where are you more likely to engage in this behavior?

- At home
- At parties
- At work
- I do not participate in illegal drug use
- Other (please specify): _____

The following questions are not specific to overdose, but are relevant to overdose prevention:

6. What do you think are the 3 most important "risky behaviors" in our community? (Those behaviors that have the greatest impact on overall community health.) Choose only 3.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol and/or drug use | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Not getting "shots" to prevent disease
(ex: vaccines) | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Not using seat belts/child safety seats | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Unsafe sex |

10. If you could make one thing happen to improve health in the county, what would it be?

12. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- 0 days
- 1-5 days
- 6-10 days
- 11-15 days
- 16 days or more

15. Have you or someone you know needed specialty care that is not offered in the County?

- Yes
- No
- If yes, what kind of specialty was it? _____

Community Examples

Iredell County: Strategic Planning Process and Community Engagement

The Iredell County Health Department led the Drug-Alcohol Coalition of Iredell through a 4-month strategic planning process. The Iredell County Health Department presented current substance-use data and each participant shared what they felt were related strengths, weaknesses, opportunities, and threats in Iredell County. As a product of this planning process, Action Plans were implemented to address prevention and education, law enforcement assisted diversion, treatment and recovery, naloxone awareness, and provider education.

For more information, please contact:

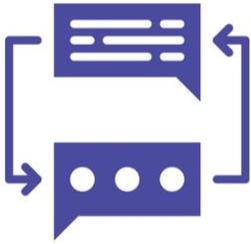
Norma Rife, M.S.S.P.

Director of Public Health Development & Promotion

Iredell County Health Department

(704) 453-7906

ES 3: Inform, Educate, and Empower People about Health Issues



The core values of ES 3 include

- *Health education, promotion, and communication initiatives to*
 - *Build knowledge and shape attitudes*
 - *Inform decision-making*
 - *Develop skills and support behaviors for healthy living²*

Overview

Health communication activities are used to educate and communicate health information to the public to empower people to make health behavior changes and ultimately reduce their health risks. Communication activities come in many forms: written, verbal, or demonstrative. Examples of communication activities include media advocacy and social marketing, health education materials, or targeted conversations between individuals (i.e. healthcare providers and patients) that promote health and well-being.

Creating a Communication Plan

Local health departments and partners should use background information gained from community health assessments and other insights to inform communication strategies. Communication plans will often include the use of multiple channels to appeal to more individuals and increase overall reach in the community. In order to improve health outcomes, communication strategies must change -- positively impact-- individual or societal factors (values/behaviors/norms/stigma/etc.) that contribute to the health outcome.

For information and guidance on developing a communication plan, check out the following links.

[CDC Health Communication Strategies](#)

[CDC Communication Planning Tool Guidance Document \(download\)](#)

[NC DHHS Communication Campaign Guide 2014](#)

Media Literacy and Health Literacy

An important part of a communication plan is ensuring the focus population is able to receive the message. The degree to which individuals are able to understand health information communicated to them is health literacy.¹⁰ Thus, in creating communication materials, it is important to consider the literacy level, language, and appropriateness of content in messaging materials. To ensure the efficiency and effectiveness of communication materials, consider how language, imaging, audio, etc. can be adjusted to fit the context of, and be most easily received by, the focus population (e.g. people who use drugs [PWUD], Medical Providers, etc.).

The following resources share insight about media literacy and creating materials that are easily understood:

CDC [Simply Put: A guide for creating easy-to-understand materials](#)

NC Institute of Medicine [Just What Did the Doctor Order? Addressing Low Health Literacy in North Carolina](#)

CDC [Resource: Health Literacy Initiatives and Programing](#)

Stigma

Addressing stigma around substance use disorder (SUD) is an important part in addressing the opioid epidemic. Changing negative attitudes about substance use and people who use drugs (PWUD) can increase support for PWUD and improve relationships between PWUD and the medical, legal, political, and social systems they interact with.

The following are examples of resources that can be used to decrease stigma:

Recovery Communities of NC: [Message and Stigma Training](#)

- Free training designed for those in recovery, recovery allies, professionals working in the recovery field and community members wishing to learn about the language of recovery

SAMHSA: [Words Matter: How Language Choice Can Reduce Stigma](#)

Considerations

Creating a communication plan is a process. Figure 2 describes some of the questions and concepts that will need to be addressed in order to create an effective communication campaign.

What is the problem?	Information gathering
What needs to be done?	Objective setting
Who is the target audience?	Target audience identification
What is the message?	Message development
Through what outlets will the message be best received?	Communication channel selection
How can we ensure adoption of behavior/policy?	Promotion plan development
Carry out communication plan.	Implementation and process evaluation
How did it go?	Outcome and impact evaluation

Figure 2: Description of Communication Planning Process

Other topics for consideration:

- *What are the current attitudes surrounding the health problem?*
- *What resources and infrastructure are available to disseminate communication materials?*
- *What are the most effective platforms to reach the intended audience? (provider to patient education, social media, public forum/demonstration, news coverage, etc.)*
- *How time-sensitive is this topic?*
- *What is our timeline?*

Expedited Communication Plans

Local health departments can efficiently create communication plans by building upon and adapting existing opioid prevention and health promotion communication strategies to fit the context of their community. The following communication strategies have been used by national, state, and local agencies to combat the opioid epidemic by using messages to increase knowledge, shape attitudes, and inform decision-making in regard to opioid use.

Existing Communication Materials and Resources

National Educational and Promotion Materials:

- CDC R_x Awareness Website
- SAMHSA National opioid prevention promotion materials publications ordering website
 - “RX Pain Medications -- Know the Options. Get the Facts”
 - “Tips for Teens, Heroin – The Truth about Heroin”
 - NC Lock Your Meds Campaign website

North Carolina Communication Resources

For community:

- NC Department of Health and Human Services (NCDHHS) Naloxone administration education information
- NC Harm Reduction Coalition (NCHRC) Good Samaritan Flyer
- NC Harm Reduction Coalition (NCHRC) “Naloxone 101” information

For providers:

- NC Department of Health and Human Services (NCDHHS) Naloxone dispenser FAQ
- NC Department of Health and Human Services (NCDHHS) North Carolina Naloxone Standing Order information
- Substance Abuse and Mental Health Services Administration (SAMHSA) “Preparing for Naloxone Distribution: Resources for First Responders and Others”
- NC Department of Health and Human Services (NCDHHS) NC Controlled Substance Reporting System (CSRS) information
- NC Department of Health and Human Services (NCDHHS) “Fentanyl Safety for First Responders” poster

Health Department PDO Patient Education Toolkit

This online repository hosts a wealth of national and local communication materials that target providers, patients, community members, etc.

As an example, the following communication posters/handouts can be found within the folder by first clicking the link for "Health Department PDO Patient Education Toolkit," then double-clicking "Materials for Local Health Departments," then double-clicking "Posters and Flyers."

- "Can you Recognize an Overdose?"
- "Do You Know How to Respond to an Overdose?"
- "When to Recommend Naloxone"
- "What is your Overdose Risk?"
- "Naloxone Available Here"
- "Managing and Treating Chronic Pain"
- "Are You Prepared for Every Emergency?"
- "Managing and Treating Chronic Pain_2"
- "What is Chronic Pain?"

Community Examples

AppHealthCare: Marketing Campaign

AppHealthCare launched a marketing campaign in May 2018 to educate the community about the opioid epidemic. They created TV, radio, newspaper and social media ads to refer individuals to SaveALifeNC.com, a website that connects visitors to key resources and shares critical knowledge. The website included a video demonstrating how to use naloxone, the lifesaving opioid overdose reversal medication. The purpose of the website and broader campaign is to increase awareness of the risks of opioid poisoning, signs and symptoms of an opioid overdose, and where to access and how to administer naloxone in the event of an overdose. This campaign intends to reach individuals with opioid use disorder and their networks to share resources and to foster connections to treatment.

Please contact Elizabeth Kerley, Health Promotion Program Manager, if you have any questions about the collaborative partnerships or projects happening across the AppHealthCare district.

*Elizabeth Kerley
Health Promotion Program Manager
AppHealthCare
(828) 264-4995 Ext. 3114
Elizabeth.Kerley@apphealth.com*

Iredell County: Medical Community Trainings

To engage and educate medical providers, the Iredell County Health Department, Drug-Alcohol Coalition of Iredell County, the Governors Institute, and Partners Behavioral Health Management partnered to host an event in February 2017 that was geared toward the medical community and focused on safe prescribing practices, the statewide standing order for naloxone, and the Controlled Substances Reporting System (CSRS). Dr. Manajwala, nationally known addiction psychiatrist and

author, was the keynote speaker. Other presenters included local medical providers, local treatment providers, and representatives from NC Division of Public Health who touched on the current substance use climate in NC and educated providers on how to best utilize the CSRS. Over 100 representatives from the medical community received CME's or CEU's for attending this event

For more information, please contact:

Megan Redford

Health Promotion Manager

Iredell County Health Department

(704) 924-4089

ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems



The core values of ES 4 include:

- *Identification of system partners and stakeholders*
- *Coalition development*
- *Formal and informal partnerships to promote health improvement²*

Overview

A comprehensive approach to addressing the opioid epidemic requires the help of many agencies and partners. Local health departments and staff, with the health of the public as their primary goal, are often important driving forces in gathering resources and funding, engaging stakeholders, creating partnerships, and mobilizing opioid prevention, intervention, and treatment activities to ensure the most comprehensive response possible.

Partnerships

Fostering partnerships and forming coalitions with public safety agencies and local substance-use prevention and support organizations creates a stronger and more comprehensive response to addressing the opioid epidemic. LHDs are well positioned to bring together community leaders, including local hospitals, the medical community, government, law enforcement, social services, and schools to address individual and community health concerns.

To encourage and assist counties in bringing local leaders together to discuss the opioid epidemic and develop strategies, the [North Carolina Association of County Commissioners \(NCACC\)](#) website has created and posted materials that streamline the process for creating a community forum.

The [NC DHHS Prescription Drug Abuse Advisory Committee \(PDAAC\)](#), was created in 2016 to implement activities guided by strategies in the North Carolina Strategic Plan to Reduce Prescription Drug Abuse developed by the Division of Mental health, Developmental Disabilities and Substance Abuse Services and partners across NC. PDAAC is a statewide coalition that coordinates the response to the opioid epidemic. For information on how to join PDAAC, click [here](#).

A map and listing of existing NC [substance-use coalitions](#) is available via the NC Parent Resource Center. Please email Anna Godwin at anna@ncparentresourcecenter.org to be added to the coalition distribution list.

Resources/Funding

Local health departments should seek funding sources to support opioid-epidemic related activities. Grant funds are available through various local, state, and federal foundations and programs. Local health departments and partners should consider joining email and contact lists of potential funders to receive notification of requests or proposals.

Potential Funding Sources

In addition to connecting with the organizations listed below, local health departments are encouraged to seek out funding opportunities from their LME/MCO and from local community foundations.

- When possible, the **NC DHHS Division of Public Health Injury and Violence Prevention Branch** distributes Centers for Disease Prevention funds to local health departments and districts through the Agreement Addendum process.
 - Also visit **NCDHHS: Funding Syringe Exchange Programs** for additional information about organizations funding harm reduction and opioid related activities.
- **NC DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services** distributed state funds through the *Opioid Action Plan Implementation Initiative* in fiscal year 2018-19. A number of local health departments were successful in securing these funds.
- **The Duke Endowment** offers grants to Select 501(c)(3) organizations in North and South Carolina in 4 program areas: Child Care, Health Care, Rural Church, and Higher Education. Health Care grant application deadlines are June 15 and December 15 each year.
 - For more information about eligibility, application process, and application click [here](#).
- **NC DHHS Office of Rural Health (ORH)** focuses on improving access, quality, and efficiency of health care in rural and underserved communities. Applications for ORH grants are typically due in the first part of the year (Jan-March). For information about grant opportunities click [here](#).
- **Blue Cross Blue Shield of NC Foundation** is dedicated to improving the health and well-being of all North Carolinians. It offers grants with focuses on increasing access to health services and expanding access to healthy foods, local foods, and places to be active. For more information about the application process, deadlines, and setting up email alerts click [here](#).
- **North Carolina Alcohol Beverage Control Commission (ABC)** is required by law to distribute a percentage of revenue back into the community through grant programs. Check with your local ABC board for information about grants and how to apply.
- **The National Information Center on Health Services Research and Health Care Technology (NICHSR)** provides a listing of grants, funding, and fellowship opportunities offered by organizations with varying interests around the United States. To view the listing click [here](#).
- The **Robert Wood Johnson Foundation** offers funding for program and policy initiatives, critical to health equity, and in the following areas: Health Systems; Healthy Children, Healthy Weight; Healthy Communities; and Health Leadership. Amounts awarded in the past 5 years range from \$3,000 to \$23 million based on time period and scope. For more information about current and upcoming grant applications click [here](#).
- **Walmart Foundation** offers grants to organizations whose interests align with their key areas of focus: Opportunity, Sustainability, and Community. In 2017, Walmart Foundation gave \$1.4 billion in award money. For information about current funding opportunities, click [here](#).

- **Various federal agencies** often post grant opportunities related to opioids. Check out the [Health Resources and Services Administration](#), [Department of Justice](#), and [SAMHSA's Drug-Free Communities Support Program](#).

If you come across other potential funding sources in NC or nationally to add to this list, please email beinjuryfreenc@dhhs.nc.gov.

Mobilization (Prevention, Intervention, and Treatment Programs)

Across North Carolina, health departments, EMS agencies, law enforcement agencies, harm reduction coalitions, and other partnering organizations are mobilizing programs to prevent unhealthy substance use, intervene and provide support for PWUD, and increase access to treatment and care services.

The CDC's [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) can be a helpful place to start navigating effective evidence-based strategies for your community.

The following are examples of evidence-based and practice-informed strategies:

Syringe Exchange Programs (SEP)

SEPs distribute unused sterile syringes and provide safe disposal methods for used syringes. SEPs also provide connections to substance use disorder and mental health treatment programs, Medication-Assisted Treatment (MAT), and other medical and social services, including HIV and hepatitis prevention; opioid overdose prevention resources, including naloxone; and educational materials. In addition, SEPs provide social support and a supportive network for people who use drugs that other agencies may not be able to give, thus improving their health outcomes.

For more information about SEPs and how to start one in your county, visit the NC Safer Syringe Initiative's website: www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

Post-Overdose Response Programs (or Rapid Response Teams)

Post Overdose Response Teams offer support, recovery resources and links to substance use disorder treatment options, overdose prevention education, naloxone, case management, and referrals to syringe exchange programs.

For more information about Post-Overdose Response Teams, including how to get started, please visit NCHRC's website: <http://www.nchrc.org/programs-and-services/post-overdose-follow-up>

Pre-Arrest Diversion Programs

Pre-arrest diversion programs like the Law Enforcement Assisted Diversion (LEAD) are pre-booking diversion programs that allow law enforcement officers to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution.

Learn more about LEAD in North Carolina by visiting:

- NC League of Municipalities [Opioid Solutions Toolbox](#)

The Opioid Solutions Toolbox provides information about the development and implementation of the LEAD program in Waynesville, NC. The website hosts a series of videos in which law enforcement personnel describe the process of adopting, adapting, and implementing LEAD in Waynesville.

- NCHRC's website: <http://www.nchrc.org/lead/law-enforcement-assisted-diversion/>

Learn more about national support for lead by visiting the LEAD National Support Bureau website: <https://www.leadbureau.org/>.

Prescribing Medication-Assisted Treatment (MAT) from Health Department

Local health departments are uniquely positioned to provide their patients medication-assisted treatment from primary care clinics.

- The Granville Vance Public Health (GVPH) medical director recently began providing MAT through the GVPH primary care clinic and is participating in the University of North Carolina's ECHO project, which provides weekly access to physical and behavioral health specialists with experience providing MAT, case presentations, and teaching sessions via live video. The clinic team conducts behavioral health assessments and connects patients to a range of behavioral health services and support.

Naloxone Take-Home Programs

Naloxone Take-Home programs provide naloxone to those who are at greatest risk or in a position to assist in case of an opioid overdose.

- As of the end of June 2018, 25 counties in NC have EMS participating in naloxone take-home programs for injection drug users (IDUs). EMS personnel will supply naloxone to those who refuse transport to the hospital after an overdose. For more information contact McKenzie Beamer, Mckenzie.Beamer@dhhs.nc.gov at the NC Office of Emergency Medical Services.
- A recent study in North Carolina found that, in the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population. Thus, distributing naloxone to people being released from incarceration or from long-term-abstinence-based treatment centers is an important step to saving the lives of those most vulnerable to overdose.

Recovery or Drug Treatment Courts

Recovery or Drug Treatment Courts are programs that help to ensure that justice-involved persons with substance use disorder receive the proper treatment needed to become healthy, law-abiding, and productive community members.

For more information about drug treatment courts and other types of recovery courts, visit the North Carolina Judicial Branch website: <https://www.nccourts.gov/courts/recovery-courts>

Fair Chance Hiring Policies

Individuals with any type of criminal offense on their record face significant barriers to finding meaningful employment. Fair chance hiring policies aim to remove some of these barriers, increasing the individual's ability to obtain employment and decreasing their likelihood of recidivism. Fair chance hiring policies can come in many forms.

For more information about fair chance hiring policies in North Carolina, visit NCHRC's website: <http://www.nchrc.org/fair-chance-hiring/>.

Other helpful resources:

- [The National Employment Law Project](#)
- [The National Association for the Advancement of Colored People \(NAACP\) Fair Chance Hiring Fact Sheet](#)

Housing First Model

The Housing First Model, also referred to as Permanent Supportive Housing (PSH), aims to end homelessness and increase autonomy by prioritizing providing permanent housing, and thus a more stable environment, to people experiencing homelessness or to those at risk for homelessness.¹² There are two common program models:

- Permanent Supportive Housing: provides long-term rental assistance and supportive services
- Rapid Re-housing: provides short-term rental assistance and services

Learn more about the Housing First Model at the National Alliance to End Homelessness website: <https://endhomelessness.org/resource/housing-first/>. For information about supportive housing in North Carolina, click [here](#).

Community Examples

AppHealthCare: Partnerships and Funding

AppHealthCare and the Watauga County Sheriff's Office are among twelve statewide recipients to receive the DHHS Opioid Action Plan Implementation Initiative grant to combat opioid use in Alleghany, Ashe, and Watauga Counties. This grant opportunity will help build capacity for greater prevention efforts and support individuals post-overdose. High Country Community Health, a Federally Qualified Health Center (FQHC) in Watauga County, has agreed to partner by hosting the community's first Safer Syringe Program. According to Jennifer Greene, Health Director for AppHealthCare, "effective community-based actions are critical to combatting the ongoing opioid epidemic. This grant will help build capacity to respond effectively to the epidemic in Alleghany, Ashe, and Watauga counties, increasing the number of people we can connect to services."

Please contact Elizabeth Kerley, Health Promotion Program Manager, if you have any questions about the collaborative partnerships or projects happening across the AppHealthCare district.

Elizabeth Kerley

Health Promotion Program Manager

AppHealthCare

828-264-4995 Ext. 3114

Elizabeth.Kerley@apphealth.com

Brunswick County: Brunswick County Opioid Addiction Task Force

Bolstered by the success of her Drug Court in February 2017, Brunswick County Superior Court Judge, Ola Lewis, organized an open meeting to discuss the opioid epidemic in Brunswick County and develop strategies to address it locally. Participants with backgrounds in public health, medicine, judiciary, law enforcement, and treatment and recovery were invited to collaborate. In addition, members of the faith community, impacted parents, elected officials and the media were also engaged. This community effort became the Brunswick County Opioid Addiction Task Force with a specific goal to develop an integrated set of solutions to address the local opioid crisis. After months of meetings and strategy sessions, the Task Force released a report to the Brunswick County Board of Commissioners detailing specific strategies for tackling the growing problem of opioid addiction and overdoses.

The Task Force transitioned to the Brunswick County Substance Use and Addiction Commission in August 2018. The nine members of the Commission are appointed by the Brunswick County Board of Commissioners and represent the 5 county districts, the Brunswick County Sheriff's Office, the Brunswick County Court System, and the Brunswick County Board of Education. The Commission is tasked with making advisory recommendations to the Board of Commissioners on substance use and addiction issues as well as:

- *increasing public awareness about substance use and addiction;*
- *engaging community members on a large scale;*
- *reducing the stigma around addiction and mental health;*
- *Assess the availability and accessibility of mental health, drug addiction treatment services, and overdose reversal throughout the county, and identify areas that may be underserved;*
- *Support efforts to expand access to new, evidence-based treatment to underserved areas;*
- *Support efforts to divert non-violent drug offenders to recovery and treatment in lieu of incarceration.*

Their first meeting was held November 8, 2018.

For more information, please contact:

*Cris Harrelson, Director
Brunswick County Health Services
(910) 253-2298
Cris.harrelson@brunswickcountync.gov*

Durham County: Jail/Prison-Based Opioid Overdose Education and Naloxone Distribution

Several studies have shown an increased risk of overdose following release from prison and jail. Durham hosts an opioid overdose education and naloxone distribution (OOEND) program that aims to reduce the number of overdose deaths among those exiting incarceration. The program is two-pronged. In the first part, the NCHRC provides a two-hour course to 40 volunteer inmates in the Durham county jail each month (the STARR program). This course includes components on preventing HIV/AIDS and hepatitis A, B, and C; abstinence; harm reduction strategies on safer use of opioids after release; recognition of and training on the reversal of opioid overdose; OOEND services available within the community; locations of syringe exchange programs; and distribution of naloxone reversal kits to everyone enrolled in STARR at release. The second part provides to self-selected incoming inmates a 10-minute presentation (four times per week) on the heightened dangers of post-release opioid use, how

to recognize and reverse opioid overdose, and how to obtain a naloxone reversal kit prior to release (via county jail nurse) and after release.

Catawba County: Medication-Assisted Therapy for Maternity Clients

Catawba County Public Health has worked in partnership with Gaston Family Health Services (GFHS) and Catawba Valley Maternity Services staff to bring evidence-based Medication-Assisted Treatment (MAT) to Catawba Valley Medical Center - Maternity Services clients. Located inside the Public Health building, the practice provides comprehensive prenatal care to women, including pregnant women with high risk medical conditions like substance use disorders. The Gaston Family Health Services Medication Assisted Treatment program provides services for pregnant women ages 18 or older who are dependent on opioids, are not currently in treatment, and who are receiving prenatal care at Catawba Valley Medical Center — Maternity Services. MAT combines behavioral therapy and medications to treat substance use disorders and is the best evidence-supported treatment for these conditions. Developing babies are at an increased risk of still-birth and meconium aspiration during gestation if the mother goes into sudden opioid withdrawal. MAT prevents this. After birth, babies who are born to mothers in treatment experience fewer problems associated with Neonatal Abstinence Syndrome, have healthier birth outcomes, and spend less time in the Neonatal Intensive Care Unit (NICU).

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts



The core values of ES 5 include:

- *Policy development to protect health and guide public health practice*
- *Community and state improvement planning*
- *Emergency response planning*
- *Alignment of resources to assure successful planning²*

Overview

Public health plays a crucial role in developing and promoting policies that protect the public's health and ensure equitable opportunity to access and achieve health. Stigma and institutional biases can lead to discriminatory policies that inhibit the ability of people who use drugs to achieve better health or improve their quality of life. Locally, public health departments can advance policies that support increased health and autonomy of people who use drugs and decrease discrimination.

Examples of Policies/Programs

The following are examples of strategies that local health departments and partners can implement or advocate for in their communities (some strategies are also discussed in *Essential Action 4*):

Naloxone Distribution

Creating a naloxone standing order is a straightforward process that can be adopted in any county. Many tools and resources already exist from LHDs that have adopted naloxone standing orders, and have been highly effective in helping other counties easily adopt and implement standing orders. Click [here](#) to see examples of local level standing orders. See the [Adopting Naloxone Standing Orders](#) toolkit for a detailed explanation of naloxone standing order processes.

Syringe Exchange Programs (SEP)

SEPs distribute unused sterile syringes and provide safe disposal methods for used syringes. SEPs also provide connections to substance use disorder and mental health treatment programs, MAT, and other medical and social services, including HIV and hepatitis prevention; opioid overdose prevention resources, including naloxone; and educational materials. In addition, SEPs provide social support and a supportive network for people who use drugs that other agencies may not be able to give, thus improving their health outcomes.

For more information about SEPs and how to start one in your county, visit the NC Safer Syringe Initiative's website: www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

Fair Chance Hiring Policies

Individuals with any type of criminal offense on their record face significant barriers to finding meaningful employment. Fair chance hiring policies aim to remove some of these barriers, increasing the individual's ability to obtain employment and decreasing their likelihood of recidivism. Fair chance hiring policies can come in many forms.

For more information about fair chance hiring policies in North Carolina, visit NCHRC's website:

<http://www.nchrc.org/fair-chance-hiring/>.

Other helpful resources:

- [The National Employment Law Project](#)
- [The National Association for the Advancement of Colored People \(NAACP\) Fair Chance Hiring Fact Sheet](#).

Housing First Model

The Housing First Model, also referred to as Permanent Supportive Housing (PSH), aims to end homelessness and increase autonomy by prioritizing providing permanent housing, and thus a more stable environment, to people experiencing homelessness or to those at risk for homelessness.¹² There are two common program models:

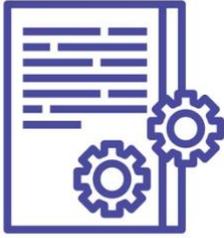
- Permanent Supportive Housing: provides long-term rental assistance and supportive services
- Rapid Re-housing: provides short-term rental assistance and services

Learn more about the Housing First Model at the National Alliance to End Homelessness website:

<https://endhomelessness.org/resource/housing-first/>.

For information about supportive housing in North Carolina, click [here](#).

ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety



The core values of ES 6 include:

- *Review, evaluation, and revision of legal authority, laws, and regulations*
- *Education about laws and regulations*
- *Advocating for regulations needed to protect and promote health*
- *Support of compliance efforts and enforcement is needed²*

Overview

Local health departments play a large role in promoting and ensuring adoption and widespread implementation of state policies.

Opioid-related Policies in North Carolina

Strengthening Opioid Misuse Prevention (STOP) Act H.B. 243

The STOP Act was passed in June 2017 and primarily addresses the prescribing of Schedule II and III opioids. It limits healthcare providers to prescribing no more than a five-day supply of opioids for a first prescription for acute pain (seven-day supply after surgery). Doctors are able to prescribe more medication (a longer supply) if needed during follow-up. The intention of this act is to reduce the likelihood of short-term pain patients developing dependence on prescription opioids and to reduce the supply of leftover pain medications in people's homes. The STOP Act also requires prescribers to check the Controlled Substances Reporting System (CSRS) database before prescribing opioids to reduce adverse drug interactions or duplicative prescriptions; and requires electronic prescribing of opioids to cut down on prescription fraud.

Good Samaritan Law G.S. 90-96.2

This law states that people who witness an overdose and seek help for the victim cannot be prosecuted for possession of small amounts of drugs, paraphernalia, or underage drinking. The individual who experiences the overdose for whom help was sought is also given protection. The purpose of the law is to remove the fear of criminal repercussions for calling 911 to report an overdose and to instead focus efforts on getting help to the victim. This law has been in effect since April 2013.

G.S.90-96.2 was amended in 2015 to clarify that a person who seeks medical assistance for someone experiencing a drug overdose cannot be considered in violation of a condition of parole, probation, or post-release, even if that person was arrested. The victim for whom help is sought is also protected in this way. The caller must provide their name to 911 for law enforcement to qualify for the immunity.

Naloxone Access G.S. 90-12.7

A standing order is a medical order that authorizes the dispensing of a medication, like naloxone or the flu vaccine, to any person who meets criteria designated by the prescriber. Under G.S. 90-12.7, a health care provider may write a standing order to allow the dispensing of naloxone to persons at risk for an overdose and to those in a position to help others at risk of an overdose (3rd-party prescribing). The statute provides criminal and civil liability protection to health care providers who prescribe naloxone and to those who administer naloxone to persons experiencing an overdose. G.S. 90—12.7 also establishes the authority of the State Health Director to issue a statewide standing order for naloxone to allow pharmacists to dispense naloxone to persons without a separate prescription from a health care provider. A statewide standing order has been in effect in North Carolina since June 2016. In 2017, the legislature added a provision allowing health care providers to write standing orders to allow organizations, specifically local health departments, to distribute naloxone in the community. Thus, typically two different standing orders are required to allow a local health department to distribute naloxone—one to provide for the dispensing of the naloxone to the organization itself and one to allow for the distribution of the naloxone by the organization to the community. The chart below summarizes North Carolina law controlling the dispensing and distribution of naloxone.

	DISPENSING to INDIVIDUALS	DISPENSING to ORGANIZATIONS	DISTRIBUTION
Who can perform:	-Pharmacists -Local Health Department nurses trained to dispense--- -Dispensing Physicians	Pharmacists	Anyone trained in naloxone administration and distribution
Where it takes place:	-Pharmacies -Local health department clinics -Dispensing Physician offices	Pharmacies	Anywhere
What order is needed:	Statewide standing order OR Individual prescription OR Local standing order	Statewide standing order OR Local standing order for subsequent distribution	Distribution standing order signed by physician

For more information on how local health departments can adopt naloxone standing orders, see [“Adopting Naloxone Standing Orders”](#)

Please contact NC Division of Public Health pharmacist Amanda Moore at amanda.fullermoore@dhhs.nc.gov if you have questions about dispensing and distribution standing orders.

Syringe Exchange Law G.S. 90-113.27

This statute legalized syringe exchange in North Carolina in July 2016. Syringe exchange programs collect used syringes, provide unused syringes and injection supplies, and connect participants to social and medical services, including treatment for substance use disorders and mental health conditions.

The law includes a provision that protects syringe exchange employees, volunteers and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of controlled substances present, if obtained from or returned to a syringe exchange. Exchange employees, volunteers and participants must provide written verification (such as a participant card or other documentation) to be granted this limited immunity. A law enforcement officer acting on good faith who arrests or charges a person who is thereafter determined to be entitled to immunity from prosecution under this section shall not be subject to civil liability for the arrest or filing of charges.

Possession of Syringes/Tell Law Officer Law G.S. 90-113.22

The relevant immunity provision in this statute went into effect December 1, 2013. It states that if a person alerts an officer that they have a syringe or other sharp object on their person, premises or vehicle prior to a search, they cannot be charged or prosecuted with possession of drug paraphernalia for that object. The purpose of this law is to protect officers from wounds from sharp objects, including objects potentially contaminated with bloodborne diseases like HIV and hepatitis C, and to encourage people to be forthcoming with officers about paraphernalia they may have in possession.

Strategies for Policy Promotion

Health departments can work to promote the adoption of evidence-based state policies by partnering with organizations that advocate for policies related to opioid overdose prevention, substance use, and the safety, security, and rights of people who use drugs.

Legal Aide of North Carolina

In an effort to ensure equal access to justice and remove legal barriers to opportunity, Legal Aide of North Carolina, a statewide, non-profit law firm, provides law services to low-income North Carolinians free of cost. Their services include activities to ensure economic equality and enhance economic opportunity, prevent homelessness, and protect the safety of North Carolinians.

Community Examples

Iredell County Health Department: Naloxone Awareness and Prescriber Education Work Group

The Naloxone Awareness and Prescriber Education work-group has been working diligently with local pharmacies to develop plans and processes for ensuring all members of the community have access to naloxone and the proper educational materials to use the medication most effectively. The workgroup

has reached out to each pharmacy in the county to assess their current naloxone status. Many Iredell pharmacies do not carry naloxone, but order it upon request. The workgroup is working with those that are not currently stocking naloxone to ensure they are aware of how to affordably gain access to the life-saving medication. EMS is also working with participating local pharmacies to exchange out naloxone that is nearing expiration so that these pharmacies don't have to dispose of unused naloxone.

Please contact Jill St. Clair with questions.

Jill St. Clair, QP

Drug-Alcohol Abuse Free Iredell Coalition Coordinator

Iredell County Health Department

(704) 871-3450

ES 7: Link People to Needed Personal Health Services and Ensure the Provision of Health Care when Otherwise Unavailable



The core values of ES 7 include:

- *Identification of populations with barriers to care*
- *Effective entry into a coordinated system of clinical care*
- *Ongoing care management*
- *Culturally appropriate and targeted health information for at-risk population groups*
- *Transportation and other enabling services²*

Overview

Local health departments play a key role in linking people to needed health services. Identifying particularly vulnerable populations and reducing barriers to accessing health services is an important part of the response to the opioid epidemic. Health departments should focus on increasing access to healthcare, health information, addiction treatment and recovery supports, harm reduction programs, and other related health programs. Possible activities to address barriers include facilitating transportation, ensuring availability of linguistically and culturally appropriate care, and coordinating provider information.

Examples of Treatment Programs and Harm Reduction Strategies

Addiction Treatment and Recovery Resources

MAT is a substance use treatment program that combines the use of FDA-approved medications with counseling and behavioral therapy.¹³ Methadone, buprenorphine, and naltrexone are the three types of drugs utilized by MAT programs to treat opioid addiction.

Harm Reduction Programs

Harm reduction is an approach to addressing substance use that focuses on limiting the risks and adverse effects of substance use. Harm reduction strategies respect the autonomy of individuals who use drugs and aim to provide non-judgmental support, treatment, and additional care for people who use drugs without discriminating against or criminalizing the people served. By meeting people “where they are,” harm reduction strategies are able to reduce the negative effects of drug use by more effectively encouraging safe use, managed use, or abstinence.¹⁴ Harm reduction programs can also act as linkages to additional sources of health information or medical testing and treatment.

The following are examples of harm reduction strategies happening in communities around North Carolina:

- Syringe exchange programs
- Naloxone distribution
- Outreach programs

- a. NCHRC Overdose Prevention Project: Program that aims to prevent overdose fatalities by educating people who use drugs about risk factors for overdose, signs and symptoms of overdose, and how to respond when in the presence of someone who has overdosed.
- NC Hepatitis C: TLC (Test, Link, Cure): A Public Health Program to Address Hepatitis C in North Carolina

Other Services Important to the Health of People Who Use Drugs

To protect the health of people who use drugs and prevent additional health risks, it is important to promote and ensure access to additional medical services.

The following are some examples of medical services (though not exhaustive) relevant to the health of people who use drugs:

- Primary care services
- Counseling
- STI testing
- Hepatitis and HIV testing
- Prenatal and pregnancy care
- Wound care

Behavioral Health Treatment Services

To streamline information, health departments may want to create a resource guide with information about available health services in the community.

The following links provide information that may be helpful for health department staff or community members when seeking treatment or support services:

- NC Parent Resource Center: [North Carolina Substance Use Coalitions](#)
- NCDHHS: [North Carolina LME MCO Directory](#)
- SAMHSA: [Treatment Services Locator](#)
- SAMHSA: [Buprenorphine Treatment Practitioner Locator](#)
- SAMHSA: [Opioid Treatment Program Directory](#)

Community Examples

Catawba County: HEP C Bridge Counselor

In response to a growing number of Hepatitis C cases and community health assessment results, Catawba County Public Health convened key stakeholders to establish a Hepatitis C Coalition in 2017 to address community and individual impacts of Hepatitis C on our population. The coalition has worked to streamline systems and enhance testing and linkage to care for patients.

In response to Hepatitis C Coalition discussions, Gaston Family Health Services applied for funding with Gilead Sciences' FOCUS Program. That funding provides the county with a Hepatitis C Bridge Counselor,

who is responsible for providing patient navigation and care coordination to increase Hepatitis C testing and linkages to care. The Bridge Counselor supports patients newly diagnosed with Hepatitis C or those needing to reestablish care and assists patients with navigating the health care system by providing individualized education, resources, referrals, and advocacy for clients and their families. They are also responsible for assisting patients with barriers to care, such as transportation, insurance status, stigma, and other concerns about the diagnosis while collaborating with the community to build partnerships and resource networks. The Hepatitis C Bridge Counselor was hired in December 2017 by Gaston Family Health Services and is housed at Catawba County Public Health.

The coalition is currently working on provider outreach to train medical professionals on the emerging threat of Hepatitis C and encourage providers to perform testing and refer patients to treatment through the Hepatitis C Bridge Counselor, who links identified patients to care.

Iredell County: Online Resource Guide

As part of the Drug-Alcohol Coalition of Iredell Action Plan, the Treatment and Recovery subcommittee worked over the course of one year to compile a community-wide resource guide to showcase available substance use-related resources and give those seeking assistance a place to access information all in one place. This resource guide is updated on an annual basis and housed on the Iredell County Health Department webpage (<http://www.co.iredell.nc.us/1227/Substance-Misuse>).

ES 8: Assure a Competent Public and Personal Health Care Workforce



The core values of ES 8 include:

- *Assessing the public health and personal health workforce*
- *Maintaining public health workforce standards*
- *Utilizing continuing education and life-long learning to remain informed and advance competencies²*

Overview

Generally, public health departments should consider the diversity of their staff, their skill sets, and resources available to deliver adequate and appropriate public health services. In addition to hiring based on technical ability, health departments should consider the benefits that employing staff with varying life experiences, competencies, and socioeconomic and cultural backgrounds can bring to public health efforts.¹⁵ As leaders in social justice, health departments are encouraged to hire a wide range of employees, including staff with lived substance use experience and those in recovery.

Substance use prevention also requires a competent workforce. As partners in responding to the opioid epidemic, preventing overdose, and improving health opportunities and quality of life for people who use drugs, public health departments, substance-use organizations, and coalitions should work together to form a comprehensive network of services. Public health departments and partnering organizations should consider utilizing continuing education, trainings, resources, and policies to advance the capabilities of their organization and become better informed about the intricacies of the opioid epidemic and the population they are serving.

Strategies and Resources for Fostering a High-Quality Public Health and Opioid Response Workforce

- Peer Support Specialist
- NC Injury Free NC Academy to Prevent Overdose--Syringe Exchange and Naloxone Distribution Programs
- NCHRC Overdose Prevention Program
- Naloxone Education for Prescribers, Pharmacists, and Patients
- Crisis Intervention Teams
- Mental Health First-Aid Training
- Suicide Prevention Training
 - a. QPR (Question, Persuade, and Refer) Suicide Prevention Training
 - b. ASIST (Applied Suicide Intervention Skills Training)
- Counseling on Access to Lethal Means (CALM) and free online training
- Trauma-Informed Care
 - a. National Center for Trauma-Informed Care

- “When a human services program takes the step to become trauma-informed, its entire organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.” –National Center for Trauma-Informed Care, 2018¹⁶

b. The National Child Traumatic Stress Network

- The Association for Addiction Professionals
- NC Substance Abuse Professional Practice Board
 - a. Related Trainings
 - Trauma-Informed Care in Substance Use & Mental Health
 - Untwisting Trauma: An Experiential Training to Master Trauma Treatment Tools
 - Ethical Considerations in the Face of an Opioid Crisis
 - Motivational Interviewing
- American Society of Addiction Medicine
 - a. Advocacy toolkits, education, and other resources
- Facing Addiction in America: The Surgeon General’s Report on Facing Alcohol, Drugs, and Health

Community Examples

Wake County: Injury and Drug Prevention Community Nurse

The Injury & Drug Prevention Community Nurse (IDPCN), employed by Wake County Human Services, provides direct care to those in the community with substance use disorders who are at high risk for overdose, hepatitis, HIV, and other health problems. As part of the 3-year Wake County Drug Overdose Prevention and Tobacco Use Initiative, this nurse also works collaboratively with NC Harm Reduction Coalition outreach workers and certified peer support specialists to identify and connect those in need with medical care and community-based resources.

For more information, please contact Dr. Sue Ledford or Nicole Singletary

Dr. Sue Ledford

WCHS Public Health Division Director

Wake County Government

Wake County Human Services/ Public Health

sue.ledford@wakegov.com

(919) 250-4643

Nicole Singletary

Injury and Drug Prevention Consultant

Wake County Government

Public Health/ Health Promotion Chronic Disease Prevention Section

nicole.singletary@wakegov.com

(919) 250-1187

ES 9: Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services



The Core Values of ES 9 include:

- *Ongoing evaluation of personal health services, population-based services, and the public health system*
- *Quality Improvement*
- *Performance management²*

Overview

Program evaluation is the systematic collection of a program's activities, characteristics, and results that help to determine the efficiency and effectiveness of that program in changing intended outcomes and overall impact.¹⁷ Two common forms of program evaluation are *process evaluation* and *outcome evaluation*. Generally, process evaluation determines if the program has been implemented as intended, and outcome evaluation determines whether the program was successful in achieving the desired outcome.¹⁸ Evaluating the process or implementation of a program is important because--in some cases--a program's failure to achieve desired outcomes can be attributed to improper implementation. Implementing a program without evidence of its success may result in unintended consequences and wasted resources.

Evidence-Based Strategies

Local health departments and partners are encouraged to utilize programs that have proven success in changing opioid-related health outcomes. Evidence-based public health practice combines knowledge of effective programs and practices, professional decision-making, and recurring, systematic consideration of the appropriateness and effectiveness of programs.¹⁹ The success of a program can vary among differing populations and environments. Thus, as it is recommended that local health departments adapt evidence-based or informed programs to best fit the community's context, it is also recommended that health departments assess the effectiveness of the program following implementation.

The CDC's [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) can be a helpful place to start navigating effective evidence-based strategies for your community.

The following article provides an example of a statewide evaluation of strategies to reduce opioid overdose in North Carolina. The evaluation of Project Lazarus, implemented in 74 of the 100 counties in North Carolina, provides evidence to determine whether strategies are successful at improving overdose-related outcomes.

<https://injuryprevention.bmj.com/content/early/2017/08/23/injuryprev-2017-042396>

Program Evaluation Resources

The online digital version of Essential Measures: A Local Public Health Toolkit for Addressing the Opioid Epidemic produced by the Massachusetts Health Officers Association provides recommendations for evaluation of opioid-related interventions, policy and practice changes, and recovery and treatment linkage activities.

The following links provide more information and resources in regard to conducting evaluations:

Kansas University: [“Community Toolbox” for conducting evaluations](#)

American Evaluation Association: [Online Resources](#)

CDC: [Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation](#)

CDC: [Evaluation, Performance Management, and Quality Improvement: Understanding the Role They Play to Improve Public Health](#)

Community Examples

Iredell County Health Department: Project ALERT

In 2016, the Iredell County Health Department brought Project ALERT -- an evidence-based curriculum tailored to best meet the needs of the youth population -- to Iredell. Since April 2017, nearly 425 youth have been reached by evidence-based programming provided by the Iredell County Health Department through partnerships with both local school systems in Iredell County, the local Boys and Girls Club, PrimeTime (after-school care), local law enforcement’s PALS program, and faith-based partners. Project ALERT programming was also brought to all Iredell-Statesville School System middle school health and P.E. teachers through a train-the-trainer program.

Please contact Carolina Hager with questions.

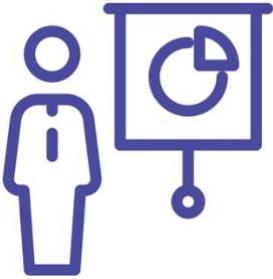
Carolina Hager, MHS

Youth-Based Education Strategist

Iredell County Health Department

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ES 10: Research for New Insights and Innovative Solutions to Health Problems



The core values of ES10 include:

- *Identification and monitoring of innovative solutions and cutting-edge research to advance public health*
- *Linkages between public health practice academic/research settings*
- *Epidemiological studies, health policy analyses and public health systems research²*

Overview

Across North Carolina and the United States, communities are doing their part to respond to the opioid epidemic. Due to new challenges particular to this epidemic (e.g. fentanyl) and the many complexities that coincide with substance use and addiction, there is no one “Gold Standard” for conducting an effective response. Further research is needed to identify best practices and ultimately increase the efficiency and effectiveness of the public health response. As innovators and experts in our own communities, health departments and health department staff play a vital role in contributing to the base of knowledge through which public health can build its response to this epidemic and others to come.

Communities can contribute to ongoing research and strategy development by:

- Participating in community health assessments
- Notifying DPH of new programs and services (email beinjuryfreenc@dhhs.nc.gov)

Similarly, when developing response strategies, communities should utilize existing knowledge from research studies, academic institutions, hospitals, and other partners to help identify local priorities, assess capacity, and identify applicable techniques. Knowledge gained from community health assessments can also inform planning and decision-making.

Current Research Efforts and Opportunities

The following are displays of opioid-related research efforts happening throughout North Carolina:

The Opioid Action Plan Research Agenda Group

North Carolina uses the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) to coordinate a state response to the opioid epidemic based on NC’s Opioid Action Plan. One of the strategies listed in the Opioid Action Plan is to establish an opioid research consortium and agenda through partnerships among state agencies and research institutions. The goal of this strategy is to identify key information needed to improve NC’s response to the opioid epidemic, while also creating a more coordinated opioid research infrastructure.

The research agenda is in development and will strengthen the state's response to the opioid epidemic and promote cross-sector collaborations. The research agenda prioritized questions that could be answered with feasible projects that would result in immediate, actionable information gains.

Local health departments and other organizations conducting research related to overdose can refer to the priorities set by the Research Agenda Group and contribute to immediately relevant, applicable, and actionable results.

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