Menu of Local Actions to Prevent Opioid Overdose in NC

The following *Menu of Location Actions to Prevent Opioid Overdose in North Carolina* provides an overview of various impactful activities that can be done at the local level by partners like community organizations, government agencies, and others interested in this work. This list of local actions is intended to be dynamic and updated as additional ideas and recommendations arise. Refer to the NC Opioid Action Plan for statewide recommendations for priority strategies to address the opioid crisis.

1. **Build a Strong Local Coalition**
   a. **Build and sustain a local coalition** to convene stakeholders and coordinate activities. Ensure there is a broad group of stakeholders "at the table," such as: affected individuals and families, including people who use drugs; local government; local health department; healthcare providers, e.g., substance use treatment providers, pain treatment providers, pharmacists; healthcare institutions, e.g., hospitals, substance use treatment facilities; law enforcement; first responders; court system, e.g., judges, district attorney; social services; schools; youth-serving organizations; institutions of higher education, e.g., community college, university; religious organizations; civic and volunteer groups; local employers; media.
   b. Connect local efforts to state-level efforts through participation in the NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC).
   c. Create an action plan that is informed by local data, evidence, and the NC Opioid Action Plan.

2. **Use Data to Inform Actions**
   a. Use data at the county and local level to understand the burden, evaluate ongoing programs, and inform future decision-making. Please contact us at SubstanceUseData@dhhs.nc.gov with any questions. Helpful links to data resources include:
      i. The NC Opioid Data Dashboard displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.
      ii. The IVPB Poisoning Data page for monthly surveillance reports, county-level overdose slide sets, as well as data tables on overdose deaths, hospitalizations, and emergency department visits.
      iii. Use the North Carolina Communicable Disease Data Dashboard to track infections such as hepatitis C that can spread through unsafe drug use practices. Consider local disease burden, trends, and prevention when planning programs and events.
      iv. Additional data can be found on the NC DHHS Opioid Data webpage.
   b. Partner with your Local Health Department or healthcare system that can access NC DETECT. NC DETECT tracks statewide Emergency Department (ED) and Emergency Medical Services (EMS) data and is used primarily by public health. County level data are made available through partners with authorized access.
   c. Be familiar with and consider working with local law enforcement agencies to implement HIDTA's ODMAPs, which provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts.
   d. Partner with other local agencies (law enforcement, EMS, social services, etc.) that may be able to share additional data that would better enable local stakeholders to take more timely action.

3. **Map Treatment Resources**
   a. Develop an inventory of treatment and recovery options in the local area to inform referrals and to inform policy work around increasing treatment capacity where needed. Consider working with local social workers or health navigators as they may already have these types of lists available for their own work.

4. **Improve Naloxone Access**
   a. Conduct an inventory of who is distributing naloxone and how much; and match this information with data regarding need for naloxone; e.g., where overdoses are occurring.

b. Implement distribution standing orders in the local health department and community-based organizations and distribute naloxone to persons at risk of overdose. https://tinyurl.com/NaloxoneToolkit
c. Check that local pharmacies are stocking naloxone and are prepared to talk with customers about naloxone in a supportive manner. https://www.safeproject.us/article/saving-lives-learn-about-naloxone/
d. Promote NaloxoneSaves.org and materials provided. Direct public to get naloxone from pharmacies in NC, especially if they have insurance.
e. Educate local communities about the importance of naloxone for people who use opioid medications prescribed by a healthcare provider. Use the Prescription Drug Overdose Prevention Messaging and Marketing Toolkit (www.tinyurl.com/PDOToolkit) to engage acute and chronic pain patients and their support systems in overdose prevention.
f. Send any questions to naloxonesaves@gmail.com.

5. Support Syringe Exchange Programs
a. Create or expand syringe exchange programs (SEPs). SEPs can be run independently by or through partnership between local health departments, public agencies, faith communities, non-profits, pharmacies, clinics, treatment centers, and community organizations.
    i. Work to build a referral network with SEPs, including naloxone access, low-barrier primary healthcare, and treatment services.
    ii. Find program information and resources at the NC Safer Syringe Initiative website, or contact SyringeExchangeNC@dhhs.nc.gov.
b. Encourage pharmacies to sell syringes universally without judgment. Share NC Board of Pharmacy guidance on over-the-county syringe sales. If there is a program in your community, provide SEP contact information to local pharmacies for referrals to syringe access and secure syringe disposal.
c. Install biohazard collection receptacles in community and the local health department. Educate the public on safe ways to dispose of syringes, lancets, and other medical supplies. Partner with local SEPs for community clean-up and syringe disposal events.
d. Coordinate services between SEPs, local health departments, and other medical provides. Offer flu vaccines, wound care, and other visiting health services at the SEP.
e. Connect with healthcare providers, pharmacy staff, social service providers, and others to discuss SEP services and provide referral information. Include harm reduction services in standard referral information on local health services distributed by health systems and healthcare providers.
f. Hold supply drives for local SEPs. In addition to syringes and injection supplies, SEPs distribute wound care kits, hygiene supplies, clothing, food, and other goods. SEPs also provide a lot of printed information—offering to print educational materials can be an enormous help to programs.

6. Develop Post-Overdose Response Teams
a. Establish post-overdose reversal response teams to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, treatment, and recovery supports. Teams should include a medical professional (e.g., EMS) and a person with lived experience (peer support). http://www.nchrc.org/programs-and-services/post-overdose-follow-up. For guidance on developing a post-overdose response team, contact Colin Miller at colin.miller@dhhs.nc.gov.

7. Engage Law Enforcement
a. Work with NC Harm Reduction Coalition (NCHRC) and local EMS to train all law enforcement agencies in the county to carry and administer naloxone in the event of an overdose. http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/
b. Ensure all officers and district attorney offices are aware of Good Samaritan, naloxone access, and syringe exchange laws and associated protections.
c. Facilitate relationships between law enforcement and any syringe exchange programs (SEPs) operating in your community. Agencies can partner with SEPs on community clean-up, identifying locations for program outreach, and ensuring that program participants and staff receive the limited immunity provided by NC's SEP law. Find a list of all active North Carolina SEPs here: https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north.

  d. Establish or expand existing pre-arrest diversion programs (e.g., Law Enforcement Assisted Diversion [LEAD]) http://www.nchrc.org/lead/law-enforcement-assisted-diversion/

  e. Conduct crisis intervention training (CIT) with law enforcement personnel.

8. Support Justice-Involved Populations

  a. Establish or expand existing post-arrest diversion programs (e.g., recovery courts).

  b. Connect justice-involved persons to harm reduction, treatment, and recovery supports.

    i. Establish pre-release harm reduction health education programs in county jails.

    ii. Provide naloxone kits directly to people leaving incarceration, and include referrals for additional kits and services, including SEPs.

    iii. Help individuals establish a medical care relationship for continued primary and mental health care once released.

  c. Engage criminal justice system professionals (prosecutors, defense attorneys, judges, jail and prison staff) in coalition work and public education on identifying and responding to overdose, harm reduction, drug users' experiences accessing and receiving medical and social services, and medication-assisted treatment (MAT).

9. Support Families Impacted

  a. Work with your local DSS field office to establish and support case management and linkages to treatment and other needed services for DSS involved families with SUD. Use evidence-based models, such as the START model implemented in Ohio, Kentucky, and Buncombe County NC.

  b. Improve coordination between your regional LME-MCOs and your local DSS field office to ensure that DSS-involved families have transportation to treatment appointments.

10. Provide Transportation

  a. Explore options to provide transportation assistance to individuals seeking treatment.

  b. Identify which, if any, social and medical service providers are accessible through public transportation. Explore how providers might collaborate to incorporate services at locations accessible through public transportation (e.g., if the local health department is on a bus route, can an SEP provide mobile services at the health department once a week?).

11. Develop Supportive Housing

  a. Identify any emergency placement shelters present in your community. Develop a referral system between shelters and social and medical services, including SEPs and SUD treatment providers.

  b. Train shelter and housing staff on identifying and responding to opioid overdoses with naloxone. Make naloxone available at local shelters.

  c. Train emergency housing providers on how to best work with people who use drugs (PWUD) and align their practices with "housing first" principles.

  d. Connect with any local Continuums of Care (CoCs, https://www.ncceh.org/coc/) or Balance of State CoC regional committees (https://www.ncceh.org/bos/) to identify housing opportunities and support networks for people experiencing homelessness.

12. Expand Employment

  a. Advocate for the adoption of Fair Chance Hiring Policies in counties and municipalities as well as among private employers to increase access to employment and lower the recidivism rate. http://www.nchrc.org/fair-chance-hiring/

  b. Coordinate with local social and medical service providers to hold job fairs with public and private employers that have adopted Fair Chance hiring policies. Provide resume review, interview coaching, professional clothing collection, and other services for people seeking employment.

  c. Work with public and private employers to develop workplace policies that support PWUD (including flexibility for external appointments and leave policies that cover SUD treatment).

13. Expand Drug Takeback Programs

  a. Increase the number of permanent drug disposal drop boxes (including in pharmacies)

  b. Expand drug takebacks events (e.g. Operation Medicine Drop)

14. Promote Public Education Campaigns

    a. Promote state or national public education campaigns on topics such as the risks of opioid misuse, safe storage of medication, disposing of unused medications, where to find substance use disorder treatment, and encouraging bystanders to call 911 in the case of an overdose (the Good Samaritan law). Contact Sara Smith, Communication Consultant at the NC Division of Public Health, at sara.j.smith@dhhs.nc.gov, for information on current campaigns you can help promote.

15. Engage Youth in Primary Prevention Activities

    a. Identify whether your community has a substance use/behavorial health prevention coalition focusing on the prevention of opioid misuse. Support the work of the coalition and consider engaging youth the planning and implementation of coalition initiatives. Contact Jessica Dicken, Interim Section Chief for Community Wellness, Prevention and Health Integration at the DMHDDSAS (Jessica.dicken@dhhs.nc.gov) for more information on prevention strategies that may be supported by your community coalition.

    b. Develop trauma-informed schools and community systems to respond to adverse childhood experiences and promote resilience among children and within the community.

    c. Develop strategies and implement practices and policies to prevent youth and young adult initiation of drug use and misuse (e.g., primary prevention education in schools, colleges, and the community). Contact Jessica Dicken at jessica.dicken@dhhs.nc.gov for more information.

Links Referenced:

1.b. NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC): https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory

1.c. NC Opioid Action Plan: https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan

2.a.i. NC Opioid Data Dashboard: https://injuryfreenc.shinyapps.io/OpioidActionPlan/

2.a.ii. The IVPB Poisoning Data: http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm

2.a.iii. North Carolina Communicable Disease Data Dashboard: https://public.tableau.com/profile/nc.cdb#!/vizhome/NorthCarolinaDiseaseStatistics/DiseaseMapsandTrends

2.a.iv. NC DHHS Opioid Data webpage: https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-data

2.b. NC DETECT: https://ncdetect.org

2.c. ODMAPs: http://www.hidta.org/odmap/

5.a. NC Safer Syringe Initiative webpage: https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative; *additional links:* http://www.ncbop.org/faqs/FAQsNonPrescriptionSyringeSalesNC.pdf and https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north

9.a. START model: http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed

9.a. Kentucky example: https://www.ncsc.org/~/media/81A5C7BAD5B54160886D2ED9D0E5CE63.ashx

13.b. Operation Medicine Drop: http://www.ncdoi.com/osfm/safekids/Operation Medicine Drop.aspx?sec=omd

Additional resources to support each activity are available upon request. Send success stories or guidance you want to share with other local coalitions to us! If you have questions, contact beinjuryfreenc@dhhs.nc.gov.