



The Evolving Opioid Epidemic: Evidence-Based Harm Reduction & Treatment

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Disclosures/Conflict of Interest

- I have no actual or potential conflicts of interest in relation to this program and no disclosures.



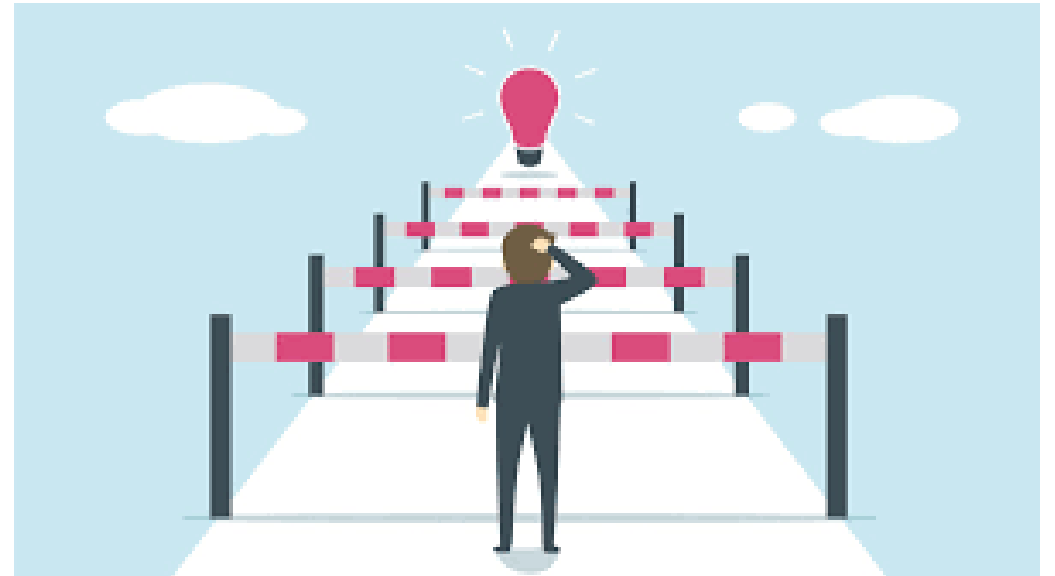
Objectives

- Review history of opioid use in the US and important policies.
- Discuss updated data for opioid use at federal/state level.
- Discuss utilizing a chronic illness framework for SUD.
- Understand what settings patients can access MOUD.
- Discuss three FDA approved treatments for OUD.
- Discuss harm reduction options for working with individuals with OUD.

Participant Outcomes

This talk will have been helpful for me if we covered...

- ?
- ?
- ?
- ?
- ?



Special Populations

- Neonates
- Adolescents
- Pregnant
- Geriatrics
- Incarcerated
- Professionals



The screenshot shows the NCLAP (North Carolina Lawyer Assistance Program) website. At the top left is the NCLAP logo featuring a figure holding a scale. To the right of the logo is the text "NCLAP NORTH CAROLINA LAWYER ASSISTANCE PROGRAM". A navigation menu includes "WHAT WE DO", "WHO WE ARE", "RESOURCES", "EVENTS", "VOLUNTEER", and "CONTACT". Below the navigation is a dark brown sidebar with the heading "We Can Help With..." and a list of services: "Anxiety", "Stress, Burnout & Balance", "Depression & Suicide", "Anger Management", "Compassion Fatigue", "Alcohol or Drug Problems", "Process Addictions", "Grief & Loss", and "Over-Functioning". A red arrow points to the "Alcohol or Drug Problems" item. To the right of the sidebar is a large banner with the text "Help. Hope. Healing. A Program of the NC State Bar." Below the banner are four blue boxes representing target populations: "JUDGES" (Offering private, confidential assistance for state and federal judges and magistrates), "LAWYERS" (Understanding the unique pressures lawyers face and offering reliable, proven solutions and guidance), "STUDENTS" (Providing assistance with character and fitness issues and the stressful demands of law school), and "FAMILY" (Offering assistance for lawyers with impaired family members or family members of impaired lawyers). Each box has a "LEARN MORE" link at the bottom.

Definition

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.



“Use Despite Negative Consequences”

Opioid Terminology

- “Natural”, referred to as “opiates”
 - Derived from opium poppy
 - Morphine, codeine, opium
- **Synthetic** (partly or completely):
 - Semisynthetic: heroin, hydrocodone, oxycodone
 - Fully Synthetic: fentanyl, tramadol, methadone
- “Opioid” refers to:
 - both “natural” and synthetic members of this drug class



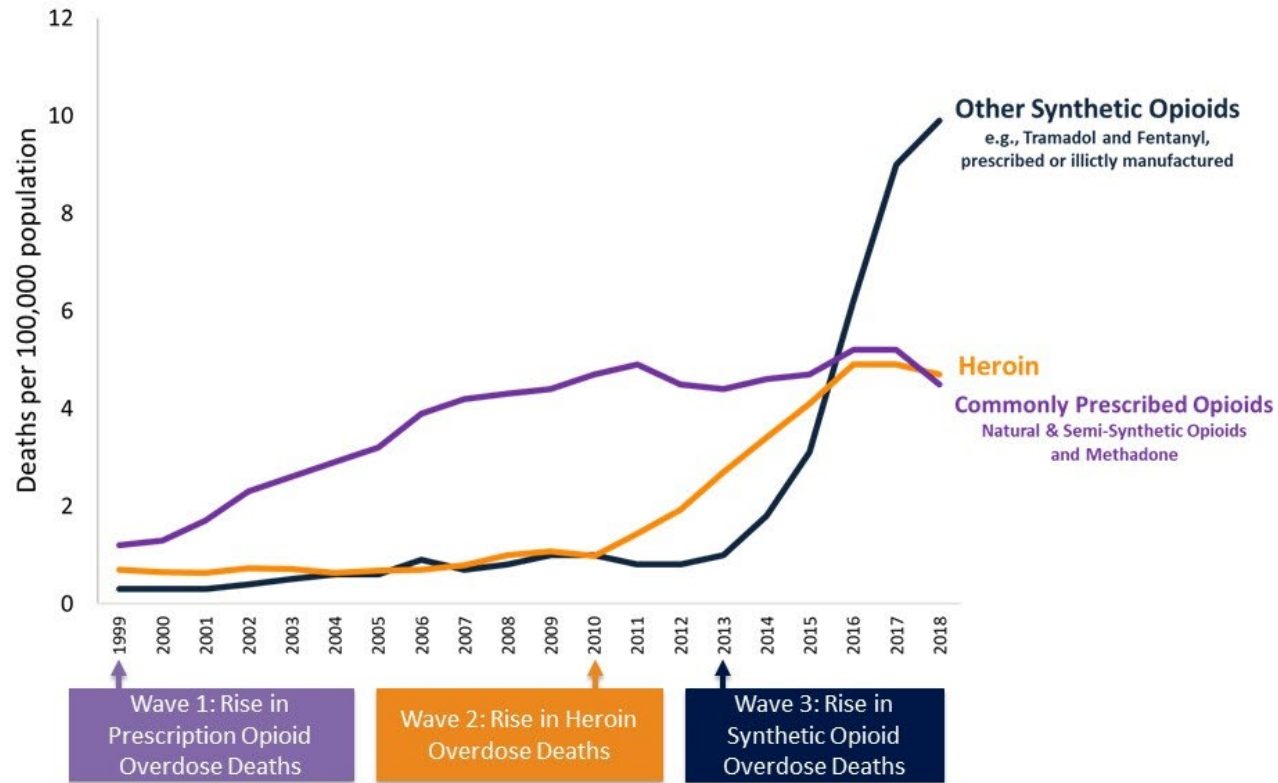
Past >>> Present

- Post Civil War
 - Addiction among Civil War soldiers
 - Isolation of morphine from Opium
 - Introduction of Hypodermic syringe
- Harrison Narcotics Tax Act of 1914
- NIDA created in 1970s
- DATA 2000 Waiver
- X-waiver eliminated 2023 (MAT ACT)



“Triple Wave”

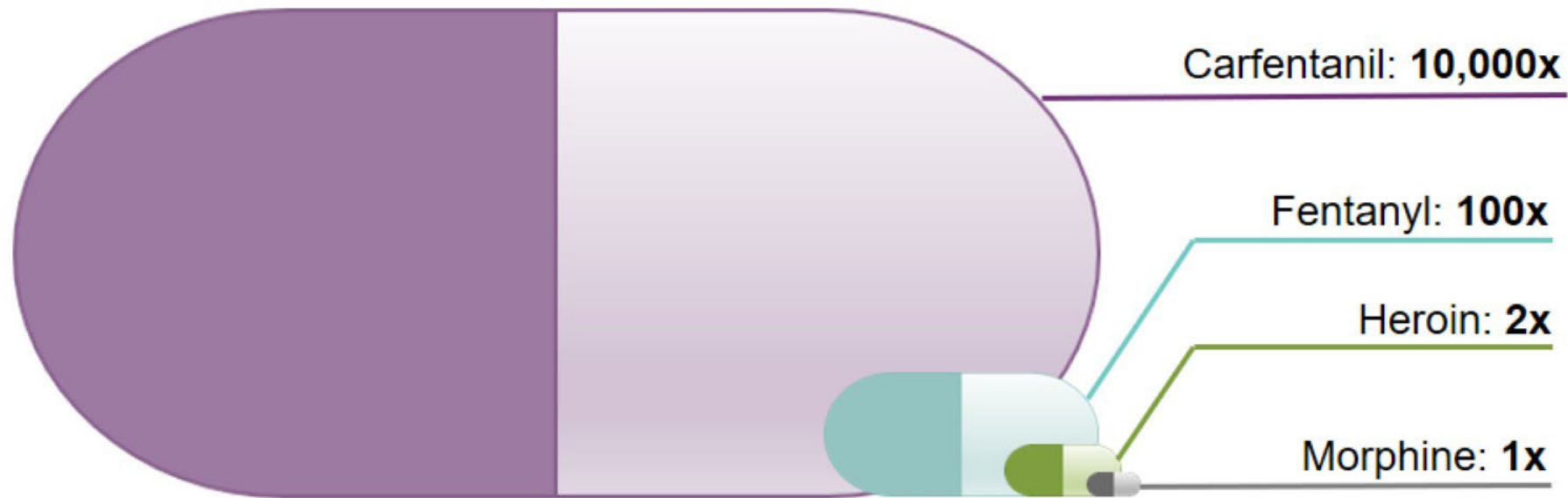
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

“Fourth Wave” -> Methamphetamines

Fentanyl, a synthetic opioid, is **50 times** stronger than heroin and **100 times** stronger than morphine. It was involved in 83% of fatal medication/drug overdoses in North Carolina in 2021.



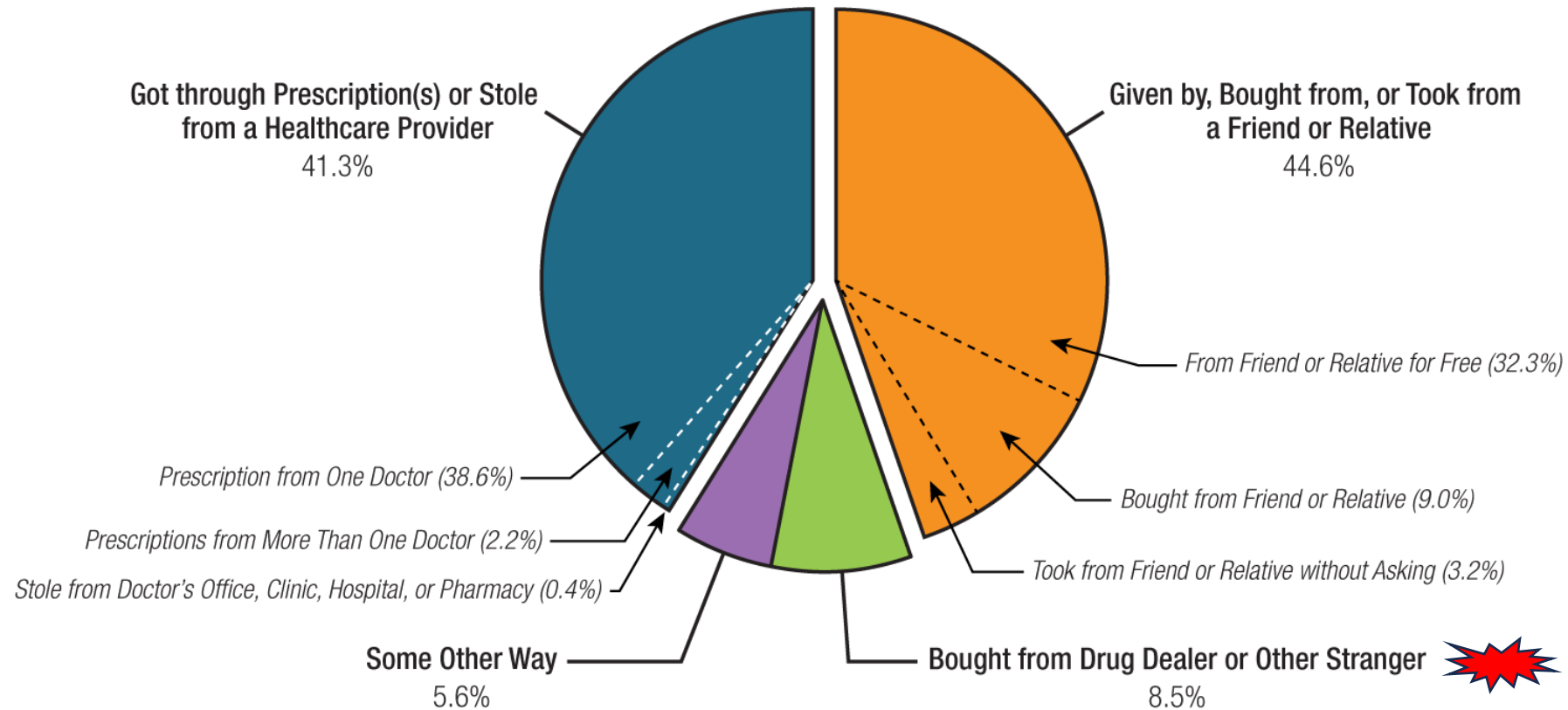
Opioid Potency

Technical Notes: All intent medication/drug poisoning: X40-X44, X60-64, Y10-Y14, X85 with any mention of T40.4; limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2021

Analysis by Injury Epidemiology and Surveillance Unit

Source where Prescription Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2022

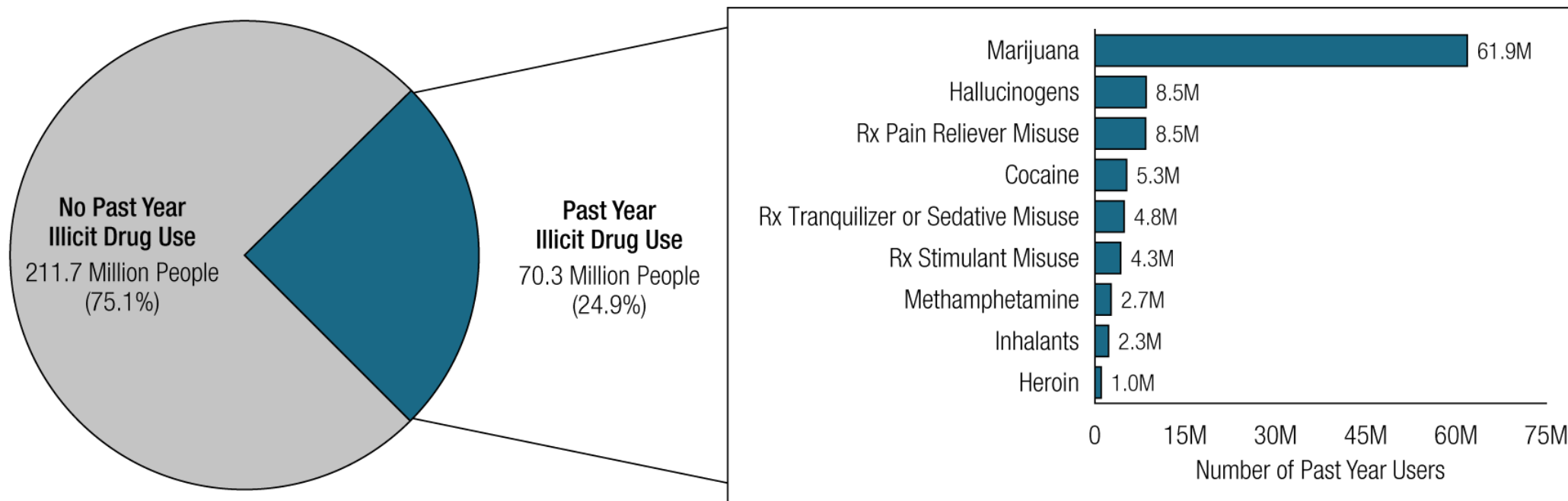


8.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

Note: The percentages may not add to 100 percent due to rounding.

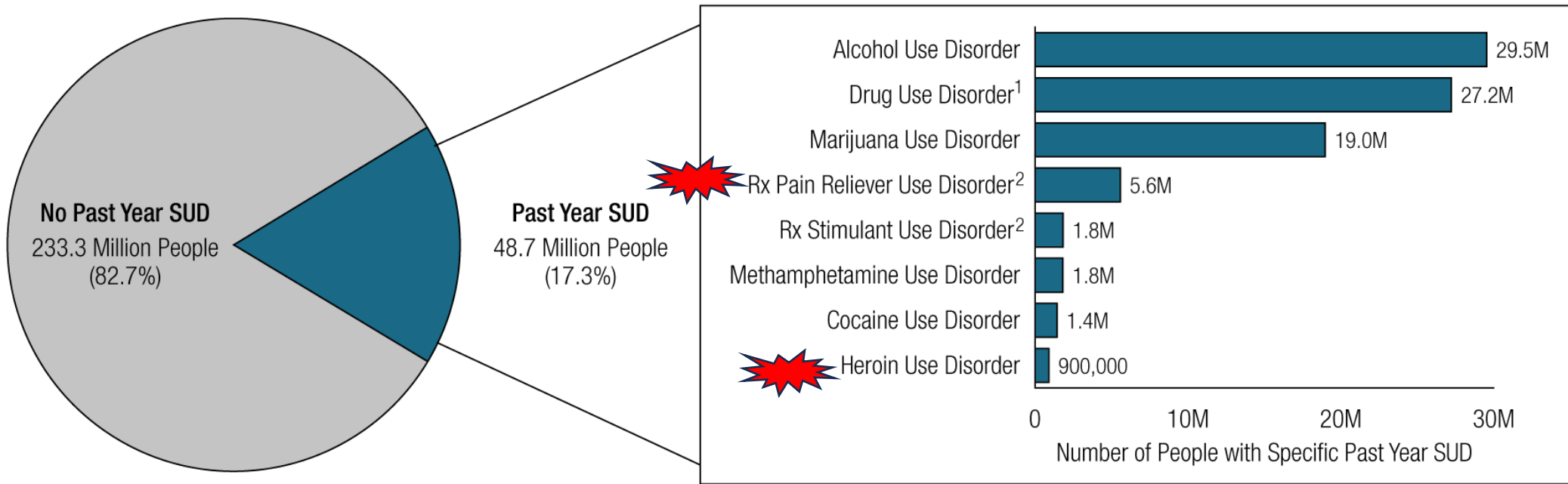
Past Year Illicit Drug Use: Among People Aged 12 or Older; 2022



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2022



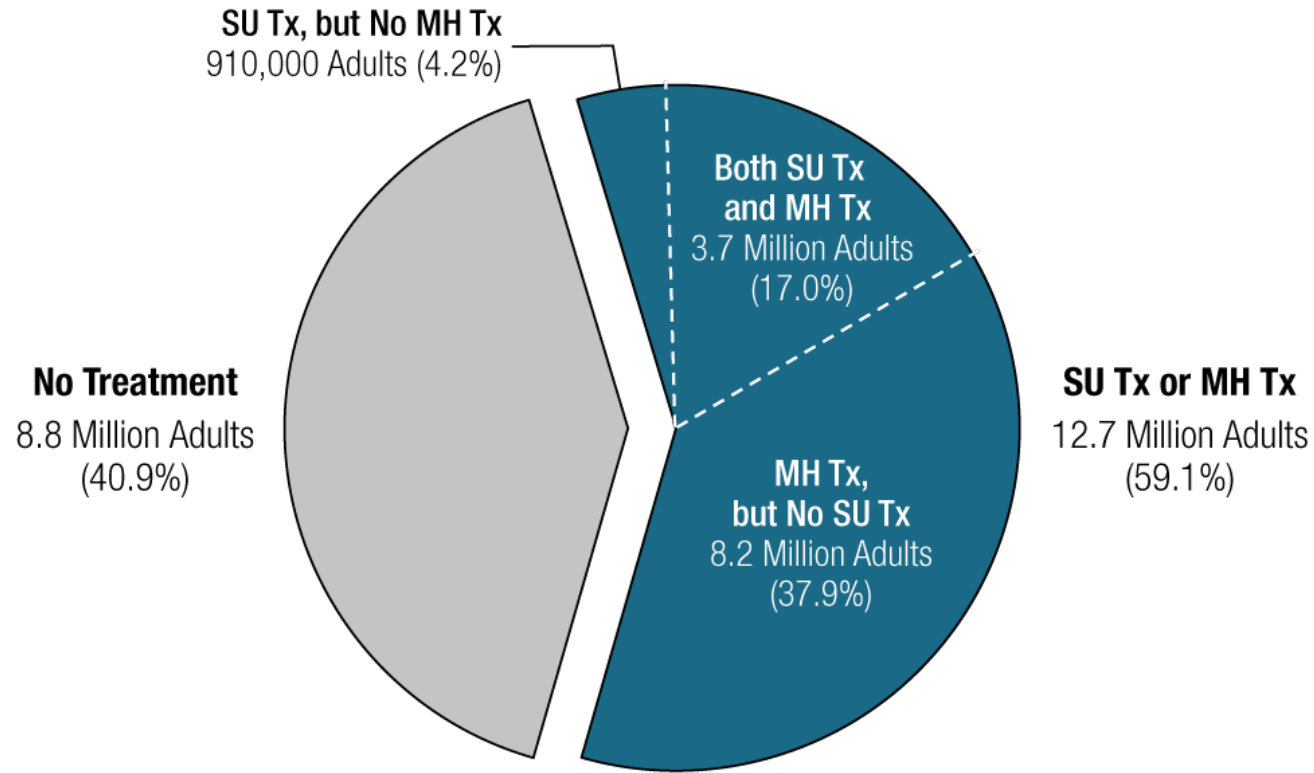
Rx = prescription.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

² Includes data from all past year users of the specific prescription drug.

Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2022



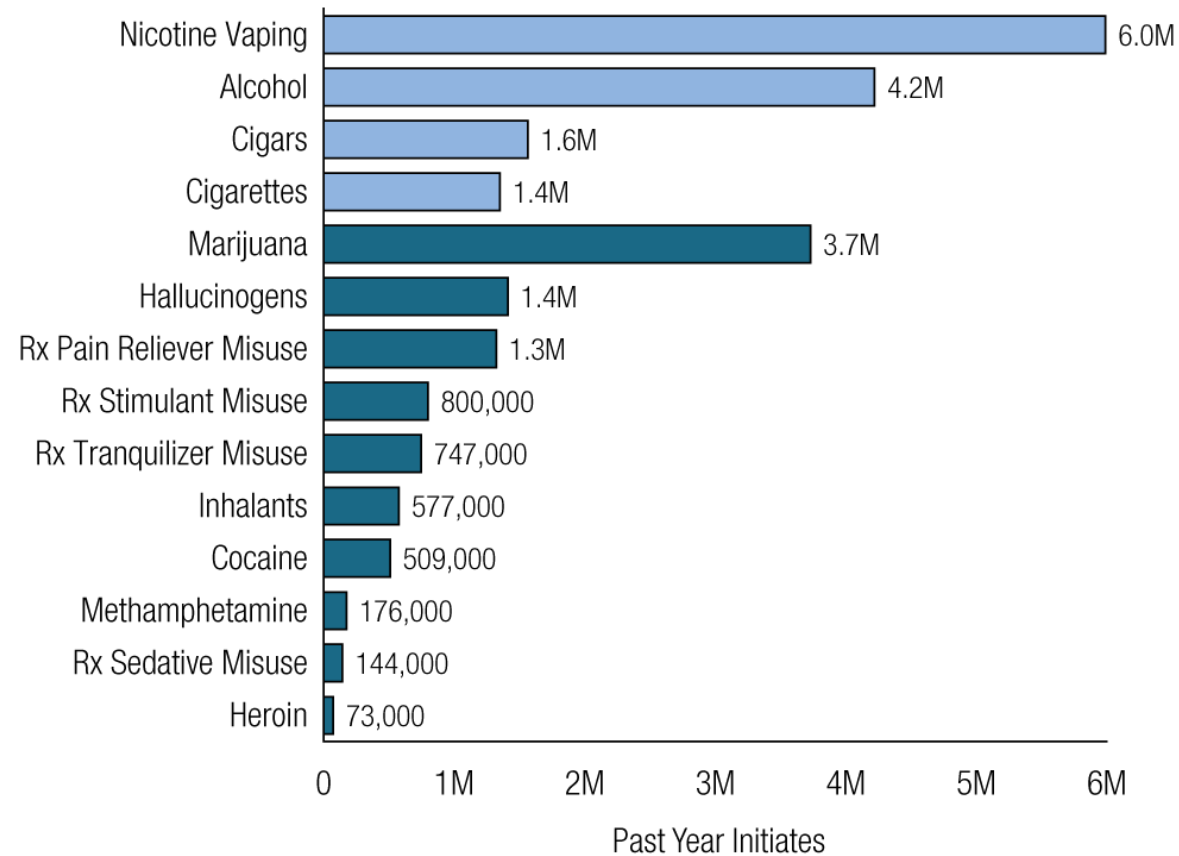
21.5 Million Adults with a Substance Use Disorder and Any Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Past Year Initiates of Substances: Among People Aged 12 or Older; 2022



Rx = prescription.

OUD and Health Inequities

Overdose deaths in North Carolina increased by 40% in 2020 and continue to be on the rise. That's according to a new report from the state Department of Health and Human Services (DHHS) which shows, in 2020, an average of nine North Carolinians died from a drug overdose *every day*.

The startling figures mirror what's happening nationwide. In North Carolina, the number of drug overdose deaths - from illicit substances and/or medications - increased by nearly 1,000. What's more, both overdose deaths and the increases in substance use disproportionately affect historically marginalized populations.

Overdose Death Rates by Year and Race

	2019 rate	2020 rate	Increase
American Indian/Indigenous	43.3	83.6	93%
Black/African American	16.1	26.7	66%
White	27.4	36.1	32%



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Addiction Treatment Medicine Is Vastly Underprescribed, Especially by Race, Study Finds

Black patients with opioid use disorder were far less likely to fill prescriptions for the most effective addiction treatments than white patients. But strikingly few patients of all races got the medicine.

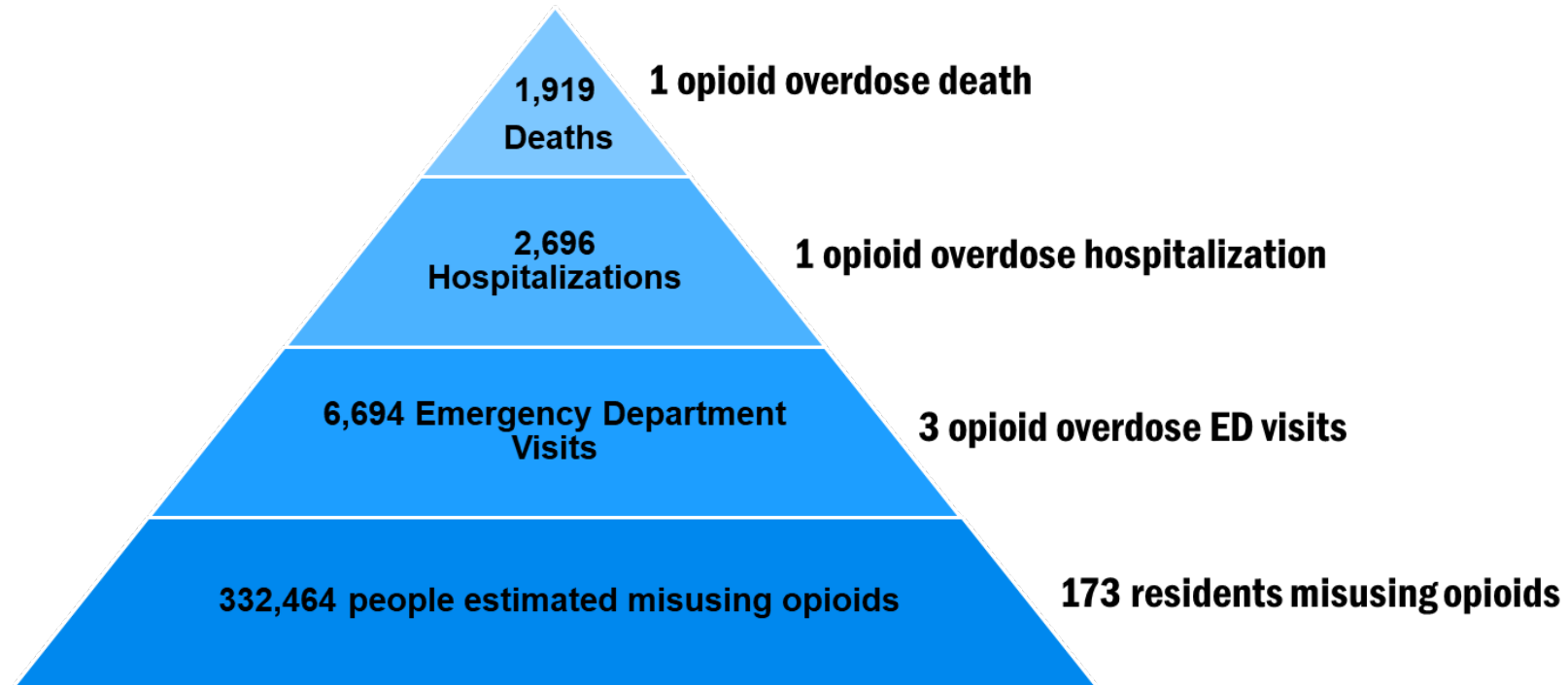
May 10, 2023

<https://www.nytimes.com/2023/05/10/health/addiction-treatment-buprenorphine-suboxone.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8274965/>

NC Overdose Pyramid

For every opioid overdose death, there were over 1 hospitalizations and 3 ED visits due to opioid overdose



N.C. Overdose Pyramid

Technical Notes: Deaths, hospitalizations, and ED data limited to N.C. residents; Includes all intents, not limited to unintentional

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2019 / Hospitalizations- North Carolina Healthcare Association, 2019 / ED-NC DETECT, 2019 / Misuse- National NSDUH, 2019 applied to 2019 NC population data (12 and older)

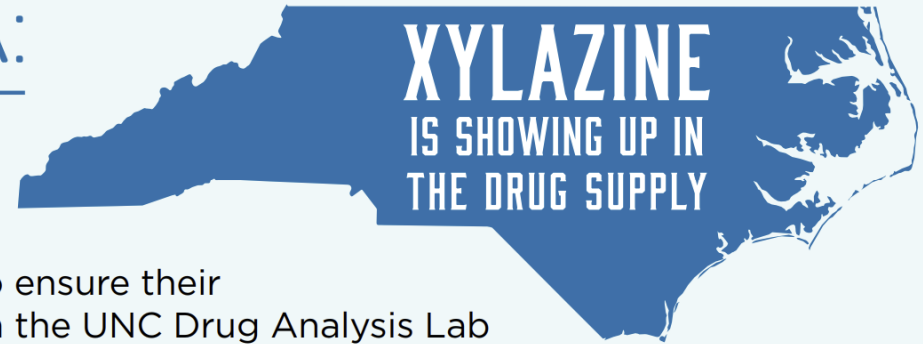
Analysis by Injury Epidemiology and Surveillance Unit



Xylazine is Here...

Xylazine in NORTH CAROLINA:

As seen across many parts of the United States, people in North Carolina are also being affected by a drug supply contaminated with xylazine. People who use drugs, drug researchers, and harm reduction advocates have worked hard to ensure their communities have access to drug checking resources. Data from the UNC Drug Analysis Lab shows that xylazine is showing up in the drug supply in North Carolina.



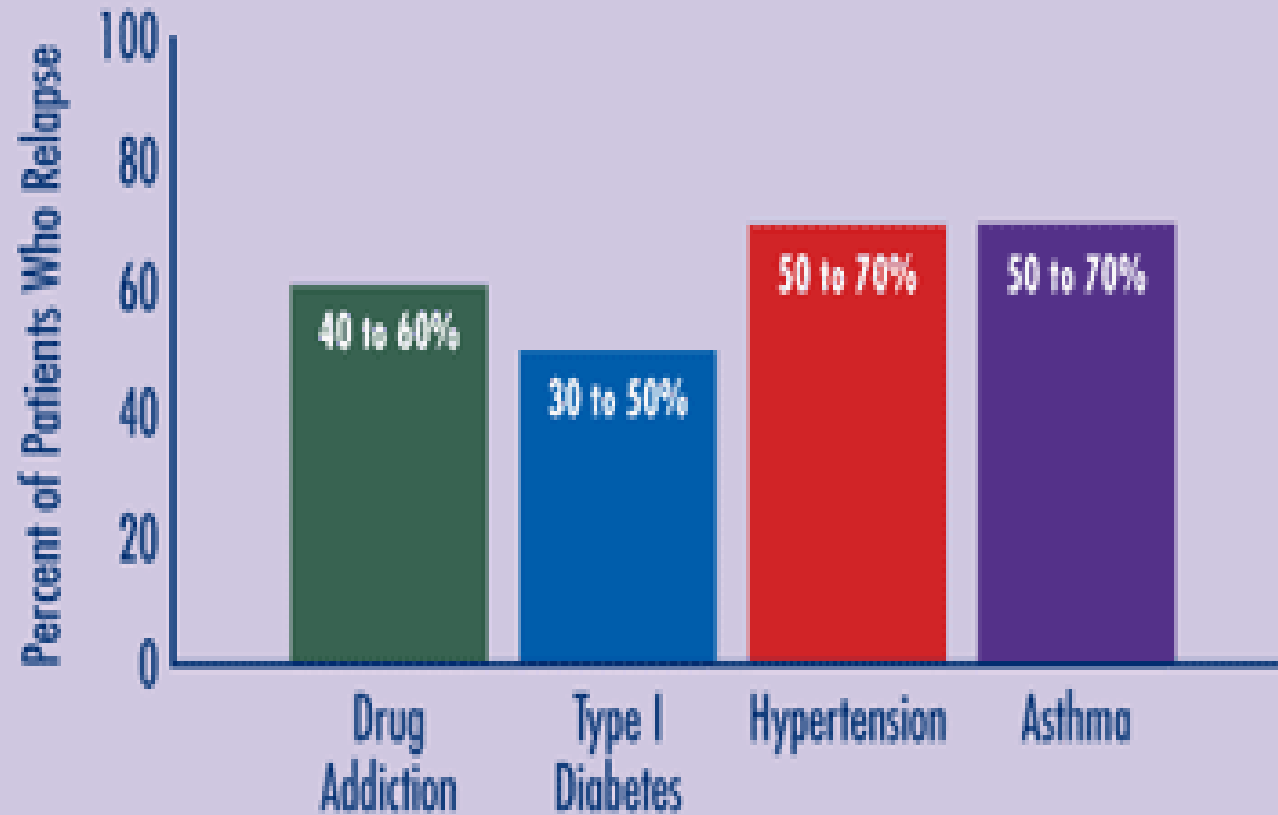
- <https://files.constantcontact.com/023aa8ab001/07dd5a2d-10f3-4dd2-9d76-3faee35a7969.pdf>
- <https://harmreduction.org/wp-content/uploads/2022/11/Xylazine-in-the-Drug-Supply-one-pager.pdf>
- <http://www.ncbop.org/PDF/XylazineExposureGuidanceMay162023.pdf>
- <https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html>
- <https://nida.nih.gov/news-events/news-releases/2023/06/xylazine-appears-to-worsen-the-life-threatening-effects-of-opioids-in-rats>

Most Effective Treatment is....?

Medications for OUD (MOUD)

Why MOUD makes sense for Addiction?

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

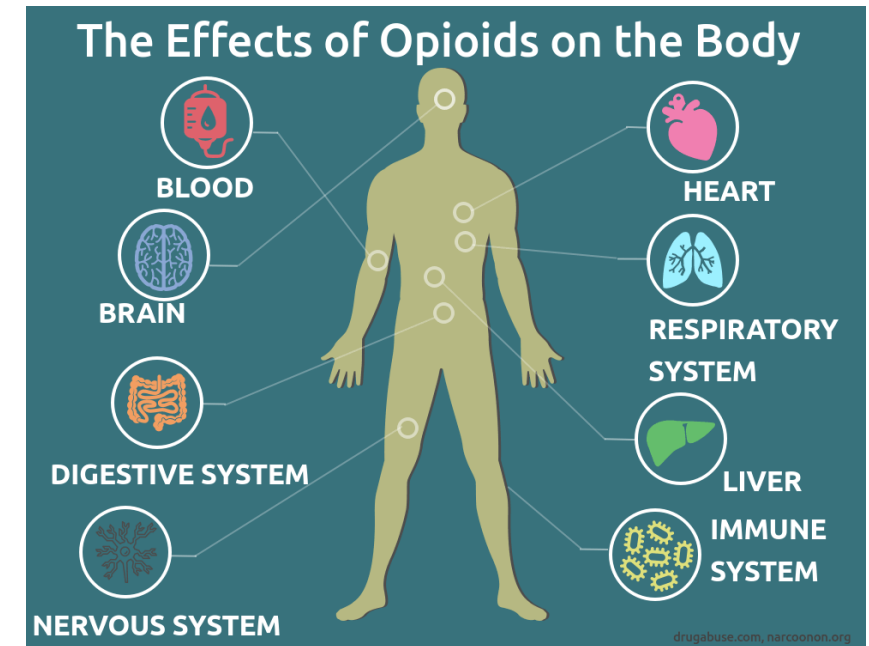


Comparison of Chronic Illnesses

	Diabetes Mellitus	Addiction
Relapse Rates	30-50%	40-60%
Medication Adherence	30-50%	40-60%
Screening/Monitoring	A1C	Urine Drug Screens
Access to Treatment	++++	+
Behavioral Interventions	Nutritionist/DM educator	Individual Counseling/Groups
Pharmacotherapy	Multiple formulations	Multiple Formulations
Refractory to Treatment	Endocrinology	Addiction Medicine/Psychiatry
HealthCare Stigma	+	++++

How Does MOUD Work?

- Provides **physiological** and **psychological** stabilization that can allow recovery to take place
 - **Reduce/prevent withdrawal**
 - **Diminish/eliminate cravings**
 - **Block the euphoric effect**
 - **Restore physiological function**



Evidence for MOUD

Decreases:

- Illicit use, death rate¹
- HIV, Hep C infections²⁻⁴
- Crime⁵

Increases:

- Social functioning and retention in treatment⁶⁻⁷



1. Kreek J, Subst Abuse Treatment 2002

2. MacArthur, BMJ, 2012

3. Metzgar, Public Health Reports 1998

4. K Page, JAMA IM, 2014

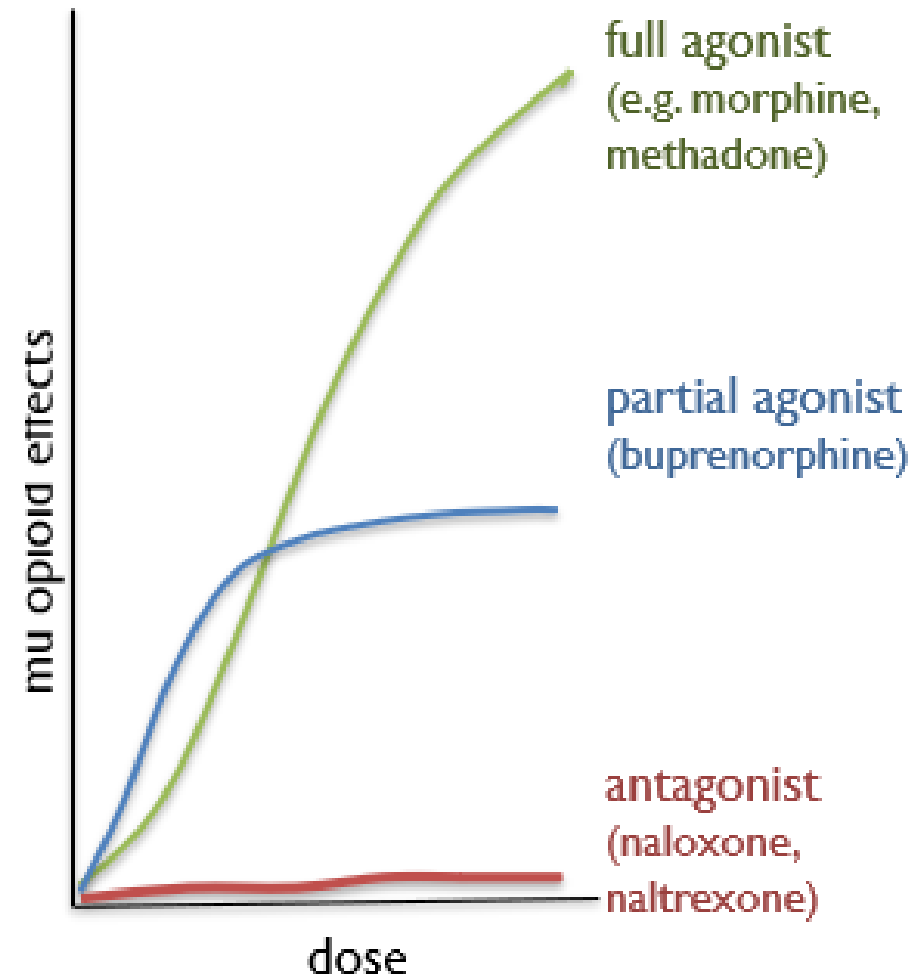
5. Gerstein DR et al, CALDATA General Report, CA Dept of Alcohol and Drug Programs, 1994

6. Mattick RP et al, Cochrane Database of Systematic Reviews, 2009

7. Mattick RP et al, Cochrane Database of Systematic Reviews, 2014

FDA Approved MOUD

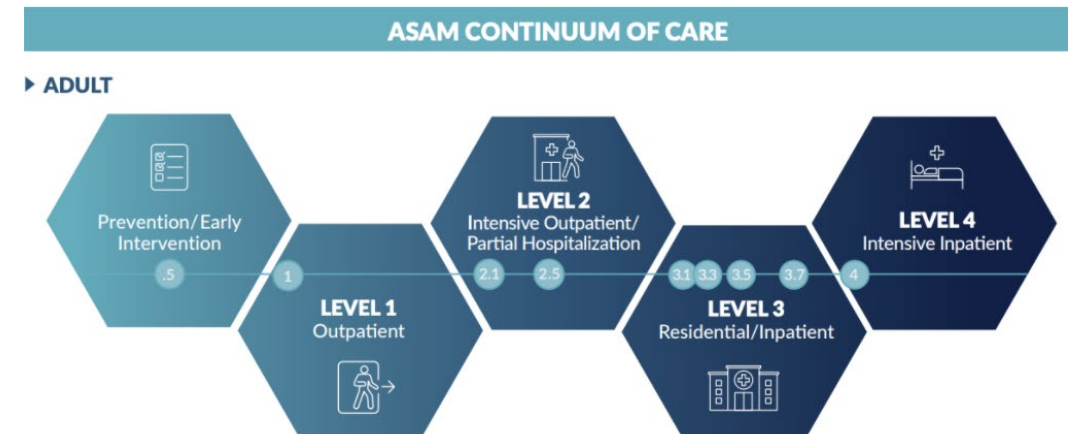
- Methadone
- Buprenorphine*
- Naltrexone (*PO, IM)



Treatment Settings

- OTP vs. OBOT
- Residential detox
- Emergency Room
- Inpatient hospital

got MOUD?



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4527523/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4811188/>

Opioid Treatment Programs (OTPs)

- Methadone can only be prescribed in a federally-regulated OTP when used for treatment of addiction
- Most common approach used worldwide
- Daily, directly observed therapy
 - Can obtain take home doses
- Not (yet) reported in PDMP
- Not referred to as “Methadone clinics”



The image shows a screenshot of the SAMHSA Opioid Treatment Program Directory. At the top is the SAMHSA logo with the text "Substance Abuse and Mental Health Services Administration" and "www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4772)". Below the logo is a blue banner with a key icon. The main heading is "Opioid Treatment Program Directory". Below this is a link "Back to MAT home" and a dropdown menu labeled "Select to view the opioid treatment programs in a State" with "North Carolina" selected.

MOUD Ambivalence/Stigma?

Myths and Realities of Opioid Use Disorder Treatment.

Myth

Reality

Buprenorphine treatment is more dangerous than other chronic disease management.

Buprenorphine treatment is simpler than many other routine treatments in primary care, such as titrating insulin or starting anticoagulation. But physicians receive little training in it.

Use of buprenorphine is simply a “replacement” addiction.

Addiction is defined as compulsively using a drug despite harm. Taking a prescribed medication to manage a chronic illness does not meet that definition.

Detoxification for opioid use disorder is effective.

There are no data showing that detoxification programs are effective at treating opioid use disorder. In fact, these interventions may increase the likelihood of overdose death by eliminating tolerance.

Prescribing buprenorphine is time consuming and burdensome.

Treating patients with buprenorphine can be uniquely rewarding. In-office inductions and intensive behavioral therapy are not required for effective treatment.

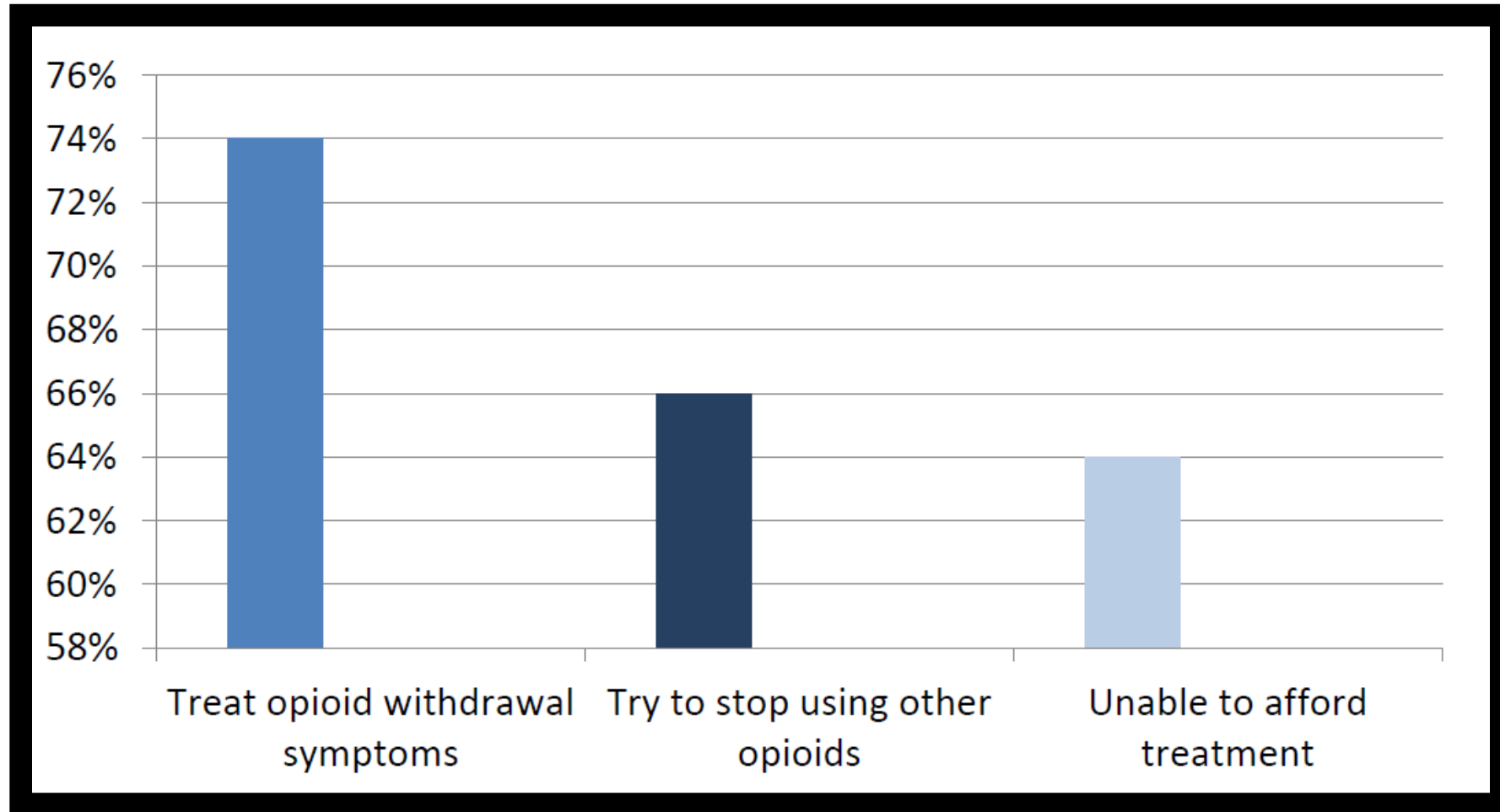
Reducing opioid prescribing alone will reduce overdose deaths.

Despite decreasing opioid prescribing, overdose mortality has increased. Patients with opioid use disorder may shift to the illicit drug market, where the risk of overdose is higher.

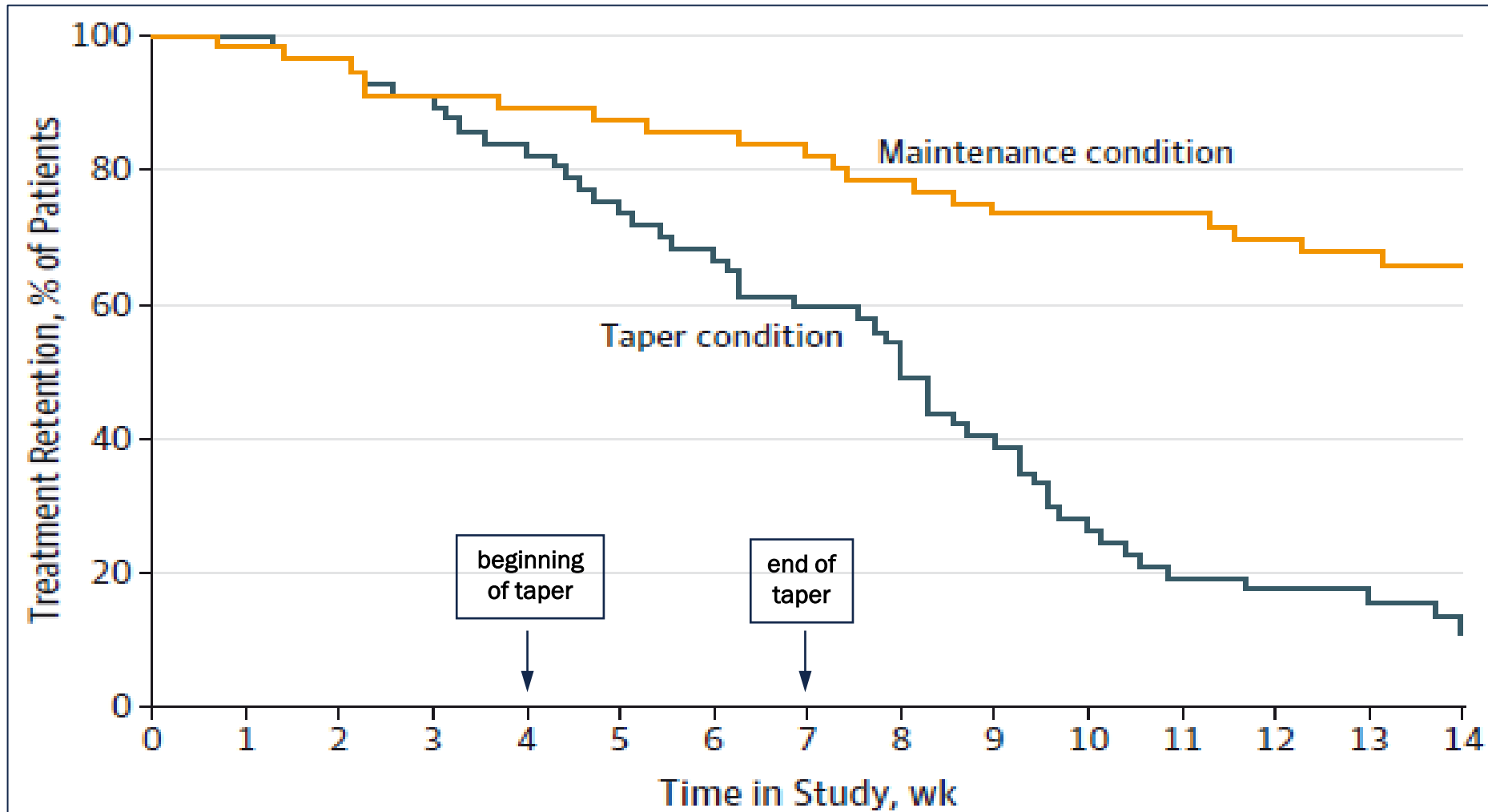
What is the appropriate use for buprenorphine?



Reasons for Illicit Use of Buprenorphine



Buprenorphine: Maintenance vs Taper



Buprenorphine Formulations

	Route	Product Name
Buprenorphine With Naloxone (combo product)	SL	Suboxone [®] (film/tablet)
	SL	Zubsolv [®] (tablet)
	Buccal	Bunavail [®] (film)
Buprenorphine Without Naloxone (mono product)	SL	Subutex [®] (tablet) - generic
	Implant – q6 mo	Probuphine [®]
	SC injection – q 30d	Brixadi [®] , Sublocade [®]
FDA Approved - Pain	IV	Buprenex [®]
	Transdermal – q7 days	BuTrans [®]
	Buccal	Belbuca [®] (film)

How long do individuals remain on MOUD?

What does it mean for a patient to have “completed” treatment?

HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics

This HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics provides advice to clinicians who are contemplating or initiating a reduction in opioid dosage or discontinuation of long-term opioid therapy for chronic pain. In each case the clinician should review the risks and benefits of the current therapy with the patient, and decide if tapering is appropriate based on individual circumstances.

Risks of rapid opioid taper

- Opioids should not be tapered rapidly or discontinued suddenly due to the risks of significant opioid withdrawal.
- Risks of rapid tapering or sudden discontinuation of opioids in physically dependentⁱⁱ patients include acute withdrawal symptoms, exacerbation of pain, serious psychological distress, and thoughts of suicide.¹ Patients may seek other sources of opioids, potentially including illicit opioids, as a way to treat their pain or withdrawal symptoms.¹
- Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, HHS does not recommend abrupt opioid dose reduction or discontinuation.

What are examples of harm reduction for OUD?

- **Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.**

Harm Reduction Principles

<u>Principle</u>	<u>Approaches</u>
1.Humanism	Avoid making moral judgements and holding grudges against patients; Accept patients' choices.
2.Pragmatism	Do not assume abstinence is the goal; Providers may experience moral ambiguity since they may support individuals w/ behaviors that may cause negative health outcomes.
3.Individualism	Assess strengths and needs on an individual basis; Tailor messaging and interventions to specific needs of each patient while maximizing treatment options.
4.Autonomy	Highlights provider-patient partnership; Engage in patient centered care and shared decision making.
5.Incrementalism	Celebrate any positive gains; Appreciate all patients at times have negative courses or periods of stagnation.
6.Accountability without termination	Avoid penalizing backward movement and assist patients with understanding the effect of behaviors and choices on their health.

Street Drug Analysis in NC

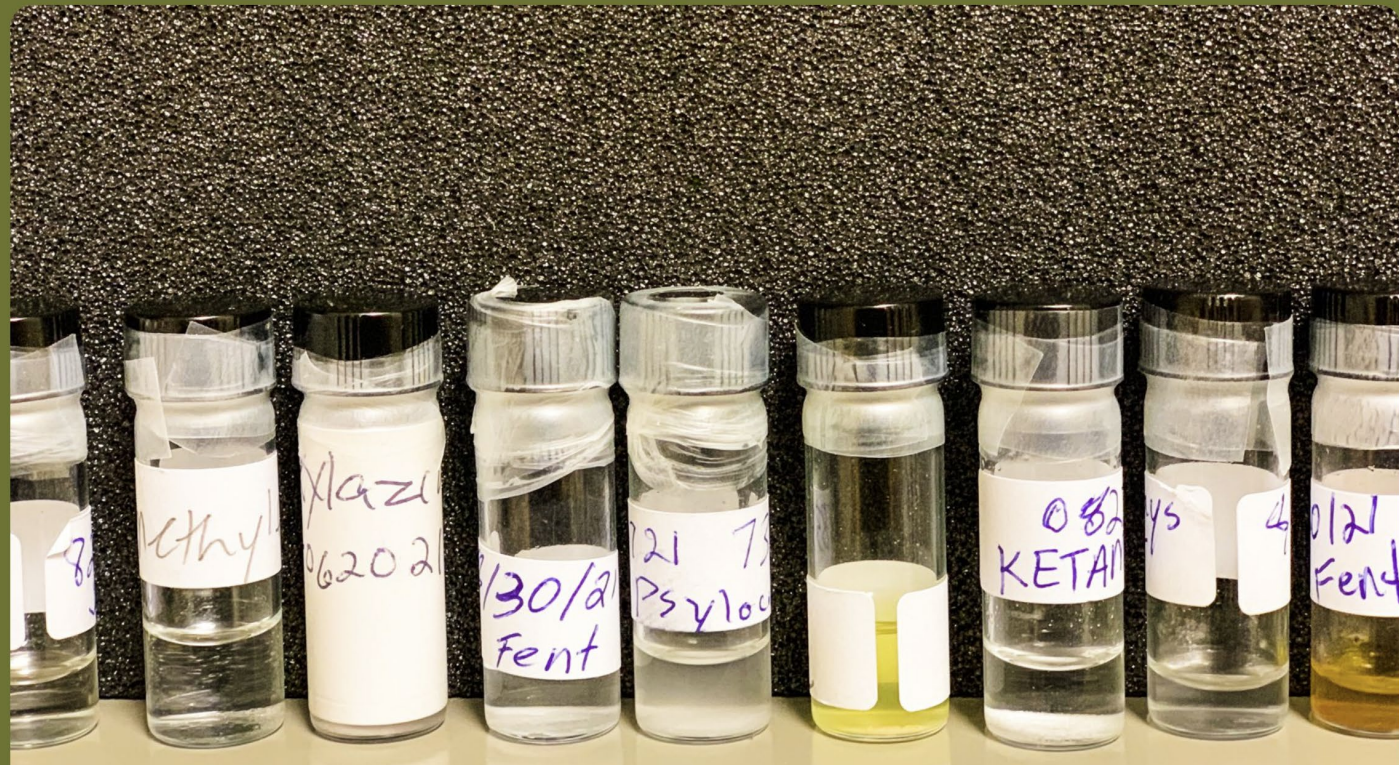
Current Status

Update week of May 1st:

Laboratory is up and running, samples are being analyzed. Please check back daily for uploads of new results.

We are accepting requests, sending kits ([request here](#)).

Here is the list of [pending samples](#) if you're waiting for results.

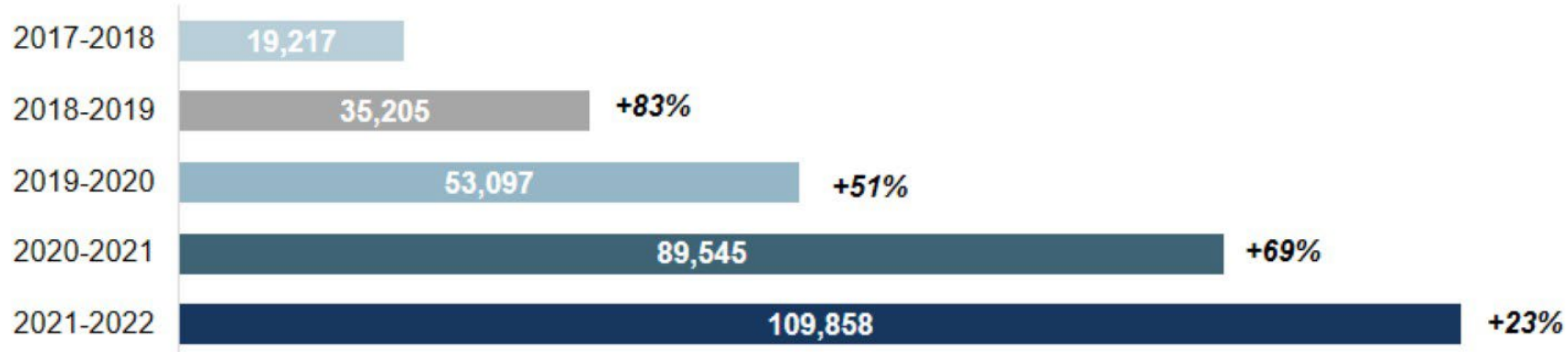


<https://www.streetsafe.supply/>

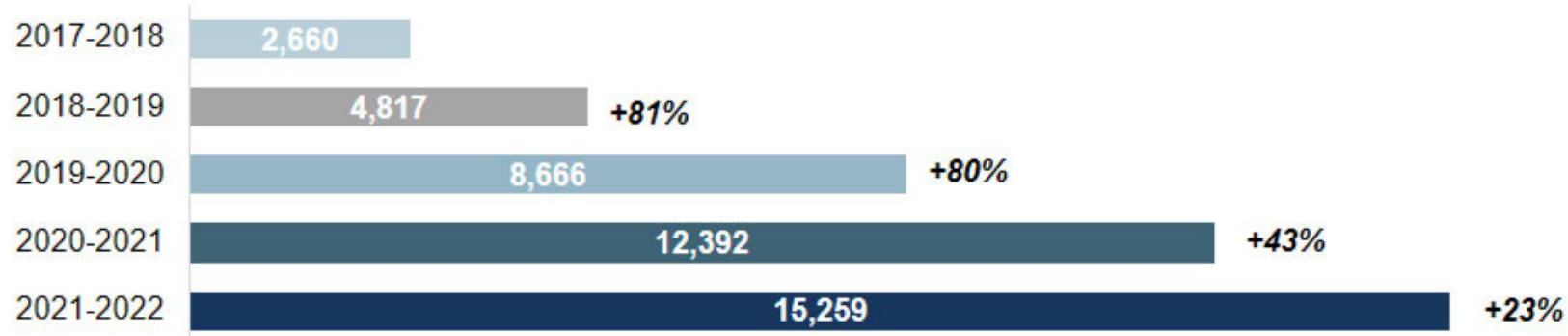
Advance harm reduction:

Syringe Service Program (SSP) Efforts

Over 306,000 naloxone kits distributed by SSPs from 2017 - 2021



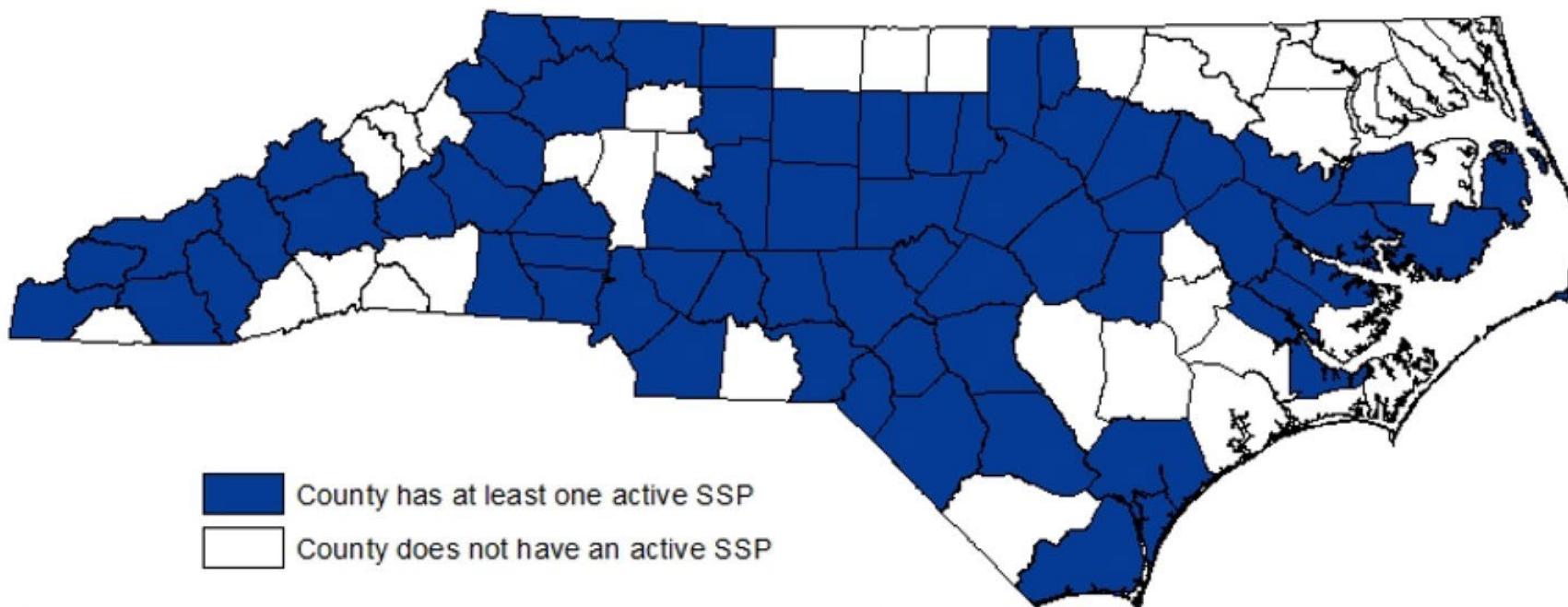
Over 43,000 overdose reversals reported to SSPs from 2017 - 2021



Source: NC Division of Public Health, [Safer Syringe Initiative Annual Reporting](#), 2022
Analysis by Injury Epidemiology and Surveillance Unit

Expand treatment and recovery:

There are currently 47 registered SSPs covering 63 NC counties and 1 Federal Tribe



Syringe Service Programs (SSPs) start a conversation about an individual's health

*Residents from an additional 27 counties (and out of state) traveled to receive services in an SSP target county in NC

Technical Notes: There may be SSPs operating that are not represented on this map; in order to be counted as an active SSP, paperwork must be submitted to the NC Division of Public Health

Source: NC Division of Public Health, [Safer Syringe Initiative Annual Reporting, 2022](#)
Analysis by Injury Epidemiology and Surveillance Unit

- No effect other than blocking opioids
- Naloxone ≠ MOUD!!
- Need for more than 1 dose

FDA Approves First Over-the-Counter Naloxone Nasal Spray

*Agency Continues to Take Critical Steps to Reduce Drug Overdose Deaths Being Driven
Primarily by Illicit Opioids*

 Share

 Tweet

 LinkedIn

 Email

 Print

For Immediate Release: March 29, 2023

Naloxone

SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

To get naloxone, present this card to the pharmacy staff.

<p>A</p>  <p>MULTI-STEP NASAL SPRAY</p> <p>DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril.</p> <p>NO BRAND NAME/GENERIC</p> <p>COST: \$-\$\$</p>	<p>B</p>  <p>SINGLE-STEP NASAL SPRAY</p> <p>DIRECTIONS: Spray full dose into one nostril.</p> <p>BRAND NAME: Narcan</p> <p>COST: \$\$\$</p>	<p>C</p>  <p>INTRAMUSCULAR INJECTION</p> <p>DIRECTIONS: Inject 1 mL in shoulder or thigh.</p> <p>NO BRAND NAME/GENERIC</p> <p>COST: \$-\$\$</p>	<p>D</p>  <p>AUTO-INJECTOR</p> <p>DIRECTIONS: Use as directed by voice-prompt. Press black side firmly on outer thigh.</p> <p>BRAND NAME: Evzio</p> <p>COST: \$\$\$\$*</p>
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*Coupons available, see evzio.com for more info

FOR ALL PRODUCTS, repeat naloxone administration after 2–3 minutes if there is no response.

Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to [PrescribetoPrevent.org](https://www.PrescribetoPrevent.org)

Harm Reduction Strategies

Targeted Naloxone
Distribution

MAT

Academic Detailing

Eliminating Prior-
Authorization
Requirements for
MOUD

Screening for
Fentanyl in routine
Clinical Toxicology
testing

911 Good Samaritan
Laws

Naloxone Distribution
in Treatment Centers
and Criminal Justice
Settings

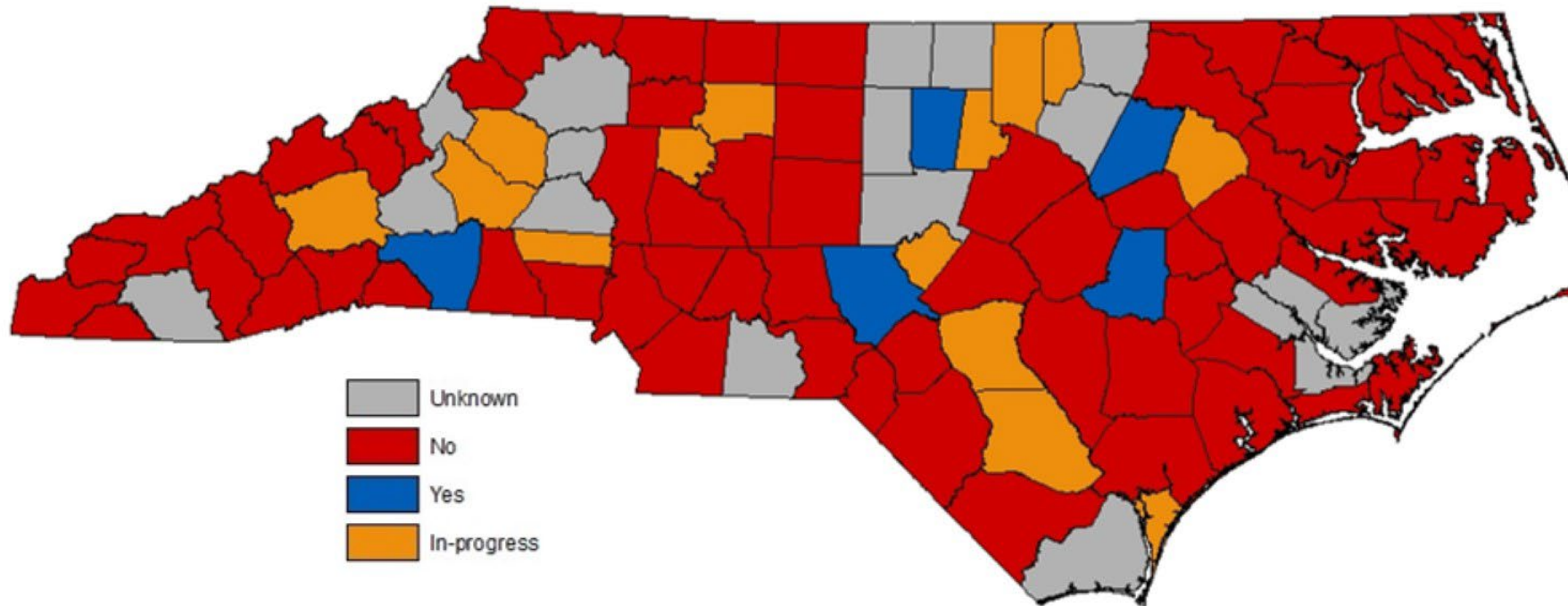
MAT in Criminal
Justice Settings and
Upon Release

Initiating
Buprenorphine-based
MAT in Emergency
Departments

Syringe Services
Programs

Address the needs of justice-involved populations:

Currently, 17 counties provide access to at least one Medication for Opioid Use Disorder (MOUD)* option in Jail Settings



Definitions:

No – No MOUD options are offered

In-progress – At least one of the following is offered: buprenorphine, methadone, or naltrexone

Yes – Multiple options for MOUD are offered, including buprenorphine, methadone, and naltrexone

*Providing access to MOUD (formerly known as MAT) in jail settings can reduce overdose risk, post-incarceration illicit opioid use, criminal behavior, and infectious disease (e.g. HIV, HCV) risk behaviors.

Source: Qualtrics survey to all Local Health Directors – 2022
Analysis by Injury Epidemiology and Surveillance Unit

NC Opioid Epidemic & Criminal Justice Involvement

- From 2000-2015, 1,329 people died of opioid overdose after release from NC State Prisons
- First 2 weeks post release from NC State Prisons Death Rate vs. general population:
 - Heroin Overdose -> 74x greater
 - Any Opioid Overdose -> 40x greater



MOUD Prescribing Scenarios

- Not interested in counseling
- Continues to intermittently use opioids
- Using methamphetamines, alcohol, or benzodiazepines



LOW BARRIER TREATMENT!!

Behavioral Health's Role in Treatment

- Optional psychosocial treatment should be offered in conjunction with pharmacotherapy.
- A decision to decline psychosocial treatment/absence of available treatment should not preclude or delay MOUD.
 - Think Depression treatment
 - Think Weight loss treatment
 - Think Hypertension treatment
- Declining psychosocial services should not generally be used as rationale for discontinuing current MOUD.

Does MOUD provide treatment for stimulant (methamphetamine, cocaine) use disorder?

Are there SUDs that wouldn't be treated with medications?

Other FDA-Approved Treatment for SUD?

Opioids

Alcohol

Tobacco

Methamphetamines

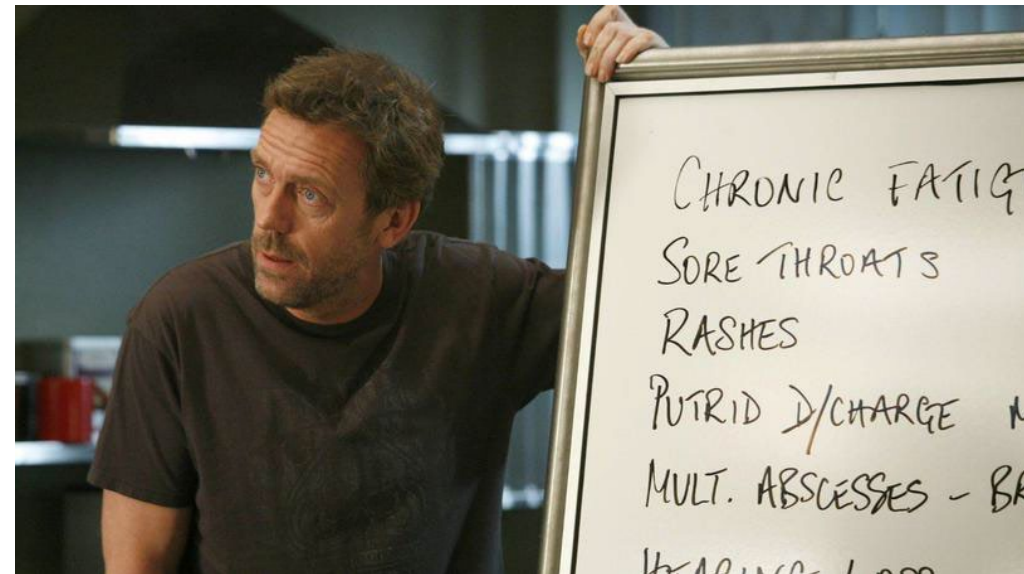
Cocaine

Cannabis

Benzodiazepines

What Else Is Going On?

- Sexual assault
- Intimate partner violence (IPV)
- Child Maltreatment
- Human trafficking
 - Sex
 - Labor
- Undiagnosed Mental Illness:
 - SMI/ADHD/MDD/GAD/PTSD
- Untreated Chronic Pain
- Untreated Medical Ailments
 - Neuropathy (DM), HA (HTN)
- Poverty, food insecurity, housing instability...



Words Matter!

- What we say and how we say it makes a difference to our patients with substance use disorder(s).

Stigmatizing Language	Non- Stigmatizing Language
Addict, drunk, junkie	
Drug habit Abuse Drug problem	
Clean	
Clean or dirty drug screen	

Opioid Settlement Funds - North Carolina

About the Opioid Settlements

North Carolina will receive \$1.5 billion from a series of national opioid settlements totaling \$56 billion – funds that will help bring desperately needed relief to communities impacted by opioids. These funds will be used to support treatment, recovery, harm reduction, and other life-saving programs and services in communities throughout the state. North Carolina's Opioid and Substance Use Action Plan lays out concrete strategies to advance prevention, reduce harm, and connect people to the care that they need.

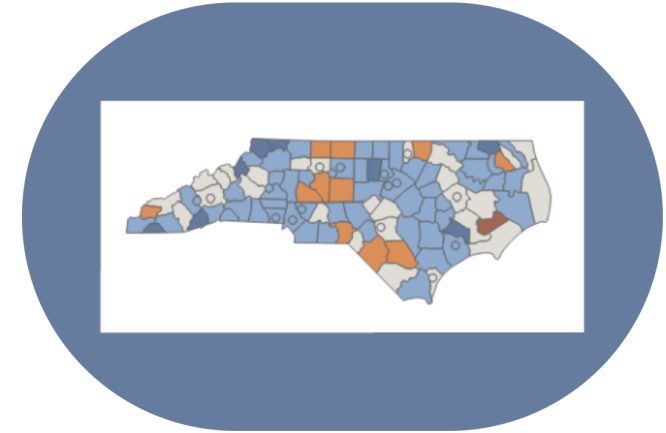


[Read More](#)

[North Carolina's Opioid and Substance Use Action Plan](#)

Data Dashboards

Explore interactive data resources that help NC communities make plans for spending their opioid settlement funds, and to report on the programs that are supported using settlement funding.

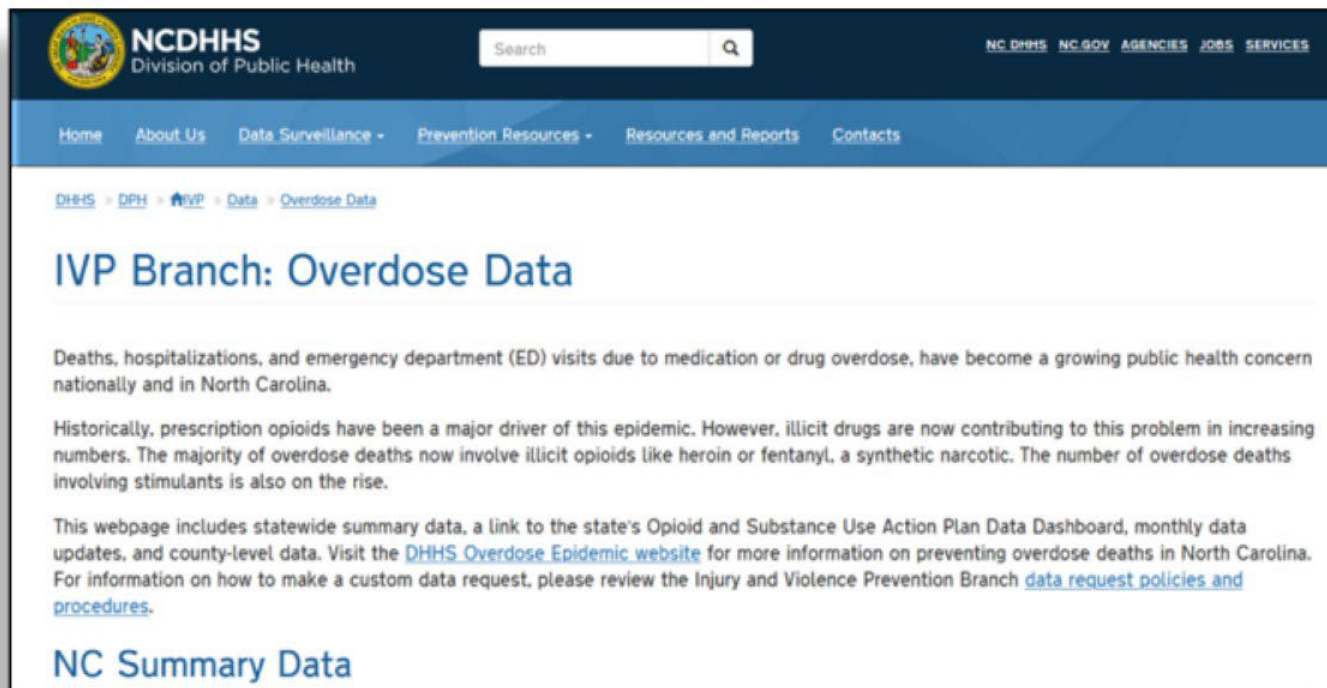


<https://ncopioidsettlement.org/>

Measure our impact: NC's Opioid and Substance Use Action Plan Data Dashboard tracks the Action Plan metrics and actions

Metrics	Local Actions
Equity	
Medication/drug overdose deaths, by race and ethnicity	People with Lived Experience Involvement in Planning and Implementation Partnerships with CBOs serving historically marginalized people
Track progress and measure our impact	
Medication/drug overdose deaths (all intents)	Dedicated point person to coordinate overdose response and prevention programs
ED visits for medication/drug with dependency potential overdose	Use NC DHHS resources to inform/support overdose programs
Reduce the supply of inappropriate prescription and illicit opioids	
NC residents dispensed opioid pills	Prescription drug disposal permanent dropbox in more than one setting
Medication/drug overdose deaths involving illicit opioids	Organizational distributing fentanyl test strips
Prevent future opioid addiction by supporting children and families	
Children in foster care due to parental substance use disorder	START (Sobriety Treatment and Recovery Teams) or another similar program for families with a parental SUD
Newborns affected by substance use with a Plan of Safe Care referral to CC4C	Department of Social Services has a Community Response Program
Advance harm reduction	
Community naloxone reversals	At least one pharmacy, EMS agency, health department, or other organization dispenses or distributes naloxone
Newly diagnosed acute Hepatitis C cases	Access to low/no-cost sterile syringes
Address social determinants of health and eliminate stigma	
211 housing-related services calls	Housing First or related program to connect people who use drugs to housing services
Unemployed individuals of working age	Fair Chance Hiring policies in place
Address the needs of justice-involved populations	
Incarcerated individuals	Pre-arrest diversion program
Naloxone reversals reported by Law Enforcement Agencies	MAT in the county jail/detention center
Expand access to treatment and recovery supports	
North Carolina residents dispensed buprenorphine prescriptions	Programs where peer support specialists refer people who are at risk of overdose to social and medical services (e.g., harm reduction, treatment, recovery supports)
Uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	At least one provider offers low or no-cost MAT

Measure our impact: IVPB Overdose Data Website provides monthly and annual data updates



Core Overdose Slides

County-level Slides

Factsheets

Deaths, ED, and Hosp by county and drug



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Resources



Providers
Clinical Support
System

Additional Resources

N.C. Department of Social Services

www.ncdhhs.gov/divisions/dss

N.C. Governor's Institute

www.governorsinstitute.org

N.C. Women's Health Branch

www.whb.ncpublichealth.com

N.C. Harm Reduction Coalition

www.nchrc.org

**N.C. Department of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

www.ncdhhs.gov/divisions/mhddsas

N.C. Recovery Courts

www.nccourts.gov/courts/recovery-courts

N.C Attorney General's Office

www.ncdoj.gov

N.C. Department of Public Instruction

www.ncpublicschools.org

N.C. Opioid Action Plan (OAP)

Information on the OAP can be found [here](#)

For additional substance use data visit:

www.injuryfreenc.ncdhhs.gov



Conclusions

- Detox alone is seldom the treatment of choice for opioid use disorder but is appropriate in some clinical situations.
- Medication for opioid use disorder (MOUD) has consistently demonstrated better long-term outcomes than no medication.
- Harm reduction strategies such as needle exchanges, naloxone distribution and low barrier access to treatment should be incorporated into treatment plans.
- Continue to address health equities in opioid use disorder treatment.



The Evolving Opioid Epidemic: Evidence-Based Harm Reduction & Treatment

Questions?

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