**Menu[[1]](#footnote-1) of Local Actions to Prevent Opioid Overdose in NC**

<https://www.ncdhhs.gov/opioid-epidemic>

1. **Create a coordinated infrastructure**
   1. Build and sustain local coalitions to convene stakeholders and facilitate activities to increase naloxone access, establish syringe exchange programs (SEPs), increase linkages to substance use disorder and pain treatment support, establish peer recovery support services, organize drug take back programs and events to encourage safe disposal and storage of medication, promote the adoption of fair chance hiring policies, promote education to prevent youth substance use initiation, and identify and advocate for local funding.
   2. NC Opioid and Prescription Drug Abuse Advisory Committee: <https://sites.google.com/view/ncpdaac>

1. **Reduce oversupply of prescription opioids**
   1. Promote safe prescribing policies among health care sites
   2. Partner with Governor’s Institute on Substance Abuse (GI), Area Heath Education Centers (AHECs), Medical Board and Pharmacy/NC Association of Pharmacists (NCAP) , North Carolina Healthcare Association (NCHA) and other relevant stakeholders to organize and host continuing education (CE) opportunities and resources for prescribers to manage pain. These organizations can provide trainers, expertise, curriculum, technical assistance, CEs, and promotional support. <http://governorsinstitute.org/opioid>
2. **Reduce diversion of prescription drugs and flow of illicit drugs**
   1. Expand drug takebacks events (e.g. [Operation Medicine Drop](http://www.ncdoi.com/osfm/safekids/Operation%20Medicine%20Drop.aspx?sec=omd)), disposal, and safe storage
   2. Increase the number of drug disposal drop boxes in NC (including in pharmacies), secure funding for incineration, and promote safe storage
   3. Be familiar with HIDTA’s [ODMAPs](http://www.hidta.org/odmap/), which provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts
3. **Increase community awareness and prevention**
   1. Public education campaign. Ideally local partners could amplify the state selected campaign.
   2. Youth primary prevention. Build on community-based prevention activities to prevent youth and young adult initiation of drug use (e.g. primary prevention education in schools, colleges, and universities)
4. **Make naloxone widely available** 
   1. Increase the number of law enforcement agencies that carry naloxone to reverse overdose among the public. 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. Build data sharing relationship to collect law enforcement reversals. <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>
   2. Increase the number of naloxone overdose rescue kits distributed through communities to lay people. Establish [LHD standing order](http://www.injuryfreenc.ncdhhs.gov/preventionResources/docs/NaloxoneToolkit-FINAL-Updated-08-12-2016-Approved.pdf) for public health nurses and an active/proactive distribution program; establish an EMS naloxone distribution program for patients who refuse transport to the emergency department or bystanders at the scene of the overdose; and distribute naloxone through other community organizations. <https://tinyurl.com/NaloxoneToolkit>
   3. Increase pharmacist naloxone dispensing under the statewide standing order for naloxone or collaborative agreements with prescribers. Encourage pharmacies to stock naloxone. [NaloxoneSaves.org](http://www.naloxonesaves.org), [North Carolina Association of Pharmacists](https://www.ncpharmacists.org/content.asp?contentid=268), [NC Board of Pharmacy](http://www.ncbop.org/)
   4. Train pharmacists to nonjudgmentally and compassionately provide overdose prevention education to patients receiving opioids and increase pharmacist dispensing of naloxone under the statewide standing order and reduce stigma
   5. Create or expand syringe exchange programs (SEPs). Consider SEPs through local health departments, department of social services, faith communities, non-profits, pharmacies, clinics, treatment centers, community organizations, and other potential host organizations. Work to build a referral network with SEPs for all required services, including naloxone access and treatment services. <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>
      1. Encourage pharmacies to sell syringes universally without judgment or questions.
      2. Install biohazard collection receptacles in community
   6. Promote the Good Samaritan Naloxone Access law to encourage/educate people to call 911 for an overdose.
   7. Promote [NaloxoneSaves.org](http://www.naloxonesaves.org) and materials provided. Direct public to get naloxone from pharmacies in NC, especially if they have insurance.

1. **Link overdose survivors to care**
   1. 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.

<http://www.nchrc.org/programs-and-services/post-overdose-follow-up>

1. **Expand treatment and recovery oriented systems of care**
   1. Link patients receiving office-based opioid treatment to counseling services for substance use disorder (SUD) using case management or peer support specialists. Establish and support case management within DSS, local health departments (LHDs), non-profits who work with directly impacted focus populations. Support SEPs by having a referral mechanism to case workers to help link SEP participants to services and care (e.g. housing, transportation, job training, medical appointments, etc.).
   2. Increase access to integrated physical and behavioral healthcare for people with opioid use disorder
2. Co-locate behavioral health and primary care providers. Incentivize new practices to hire other specialties (e.g. social workers in primary care clinics).
3. Train primary care providers on mental health issues and mental health providers in basic primary care and chronic pain management
   1. Explore options to provide transportation assistance to individuals seeking treatment
   2. Establish or expand existing pre-arrest diversion programs (e.g., Law Enforcement Assisted Diversion [LEAD]) <http://www.nchrc.org/lead/law-enforcement-assisted-diversion/>
   3. Establish or expand existing or post-arrest diversion programs (e.g., recovery courts)
   4. Connect justice-involved persons to harm reduction, treatment, and recovery supports.
      1. Establish pre-release harm reduction health education programs in county jails/prisons
      2. Help individuals establish a medical care relationship for continued primary and mental health care once released
   5. Employment
      1. Advocate for the adoption of Fair Chance Hiring Policies in counties and municipalities to increase access to employment, boost income and sales tax revenue and reduce court costs due to a lower recidivism rate. <http://www.nchrc.org/fair-chance-hiring/>
         1. Delay employment application questions regarding person’s criminal record until after applicant has had a chance to demonstrate skills, qualifications, and rehabilitation
4. **Measure our impact and revise strategies based on results**
   1. Help populate data fields for a soon to be publicly accessible data dashboard of key metrics to monitor impact of this plan. Communicate with DPH IVPB to inform them of new programs and services in the county/community and update local inventory.
   2. Support data usage at the county and local level to evaluate ongoing programs, and inform future decision-making. <https://www.ncdhhs.gov/opioid-data>, [NC Opioid Action Plan Data Dashboard](https://injuryfreenc.shinyapps.io/OpioidActionPlan/)

1. Additional resources available to support each activity. If interested or have questions, contact [Nidhi.Sachdeva@dhhs.nc.gov](mailto:Nidhi.Sachdeva@dhhs.nc.gov). [↑](#footnote-ref-1)