The following article is the second of a two-part series on North Carolina’s fight against opioid addiction. The spring issue of CountyQuarterly discussed NCACC President Fred McClure’s initiative around the opioid health crisis in North Carolina, the Association’s partnership with the Secretary of the NC Department of Health and Human Services, Dr. Mandy Cohen, and her efforts to address opioid addiction and related health issues. This article will focus on the implementation of President McClure’s County Leadership Forum on Opioid Abuse initiative, North Carolina’s Opioid Action Plan and Attorney General Josh Stein’s commitment to working with counties to fight opioid addiction.

President McClure Launches County Leadership Forum on Opioid Abuse

During the month of June, Fred McClure, President of the North Carolina Association of County Commissioners and Davidson County Commissioner, officially launched the cornerstone of his Presidential Initiative, County Leadership Forum on Opioid Abuse.

President McClure released a video to county boards of commissioners across the state with a personal message to compel them to act. “The personal stories are heart wrenching. You have so many parents talking about so many kids with tears in their eyes...as local leaders we owe it to our citizens to become involved,” said President McClure.

As part of the leadership forum initiative, President McClure called on all county boards of commissioners throughout the state to convene a leadership forum, consisting of local elected officials in the county, local LME/MCO leaders, the county manager, the local public health director, the director of social services, law enforcement officials and other key stakeholders.

The purpose of the County Leadership Forum on Opioid Abuse is to engage local elected leaders in an informed discussion about the opioid epidemic, and develop collaborative strategies that enhance prevention, education, and treatment.

To support these efforts, NCACC prepared and delivered 100 packages containing all the necessary planning materials for counties to hold their own opioid leadership forum. Additional information about the initiative along with forum planning materials for counties are available online at www.ncacc.org/opioidforum.

Several counties have already answered President McClure’s call to action and the Association will remain engaged as more counties plan their opioid leadership forum. As part of the initiative,
counties were also asked to submit a follow-up report to the Association outlining the ideas generated at the forum, including next steps and the challenges and opportunities identified by the group. NCACC will post the reports on its website so counties can benefit from information sharing.

North Carolina Opioid Action Plan Unveiled

Also during June, President McClure joined Governor Roy Cooper, DHHS Secretary Dr. Mandy Cohen, and NC Attorney General Josh Stein in participating in the Opioid Misuse & Overdose Prevention Summit, which was sponsored by NC Department of Health and Human Services’ Divisions of Mental Health, Developmental Disabilities and Substance Abuse Services and Public Health. The Summit brought together nearly 600 attendees including key policy makers, health and law enforcement professionals, advocates, community leaders, emergency medical services, social workers, educators and hospital administrators across North Carolina and 11 other states.

Governor Cooper kicked off the summit by announcing a collaborative, state-wide action plan to reverse the troubling trends in opioid-related overdose deaths in North Carolina. North Carolina’s Opioid Action Plan takes a multi-faceted approach to reducing the number of unintentional opioid-related deaths. It identifies specific strategies to reduce the oversupply and misuse of prescription opioids and the flow of illicit drugs. It also seeks to increase community awareness and prevention, expand the availability of naloxone to improve survival rates during overdoses, and enhance treatment and recovery systems of care for those affected. The plan outlines specific roles for key stakeholders along with metrics and benchmarks to measure success. The action plan is intended to be a living document that can be revised as needed to ensure that results-based strategies are being used.

The ambitious plan calls on local governments, health care and social service providers, law enforcement and other local partners to take the lead on many of the recommended steps. See the end of the article for specific strategies contained in the plan that local entities are called to lead. The action plan is available for review at www.ncdhhs.gov.

Attorney General Josh Stein Tackles the Opioid Crisis, Engaging Local Leaders

Attorney General Josh Stein is a key player in North Carolina’s fight against opioids. During his travels around the state, he consistently hears how the opioid crisis is taking a devastating toll on so many communities. Time and time again he hears from county commissioners, sheriffs, district attorneys, chiefs of police and mayors, who are
overwhelmed by the problem and the burden it’s placing on the criminal justice and healthcare systems in their communities. Stein discussed how the crisis is hitting all demographics throughout the state, “opioids don’t discriminate between urban and rural, between old and young, between male and female, black and white, democrat and republican.” In addition, opioids are taking innocent hostages – newborn babies suffering from withdrawal and young children, who are placed in foster care as a result of a parent’s addiction.

As the son of a prominent civil rights lawyer, Stein views public service as “the family vocation,” and he was compelled at an early age to find ways to make a difference. Public service is his calling in life and he is answering by “putting his shoulder to the wheel” to combat the opioid crisis. The personal stories he hears in all corners of the state serve as a strong source of motivation to tackle this complex problem, which reaches into just about every sector of society in North Carolina. As Stein puts it, “we all have to do our unique part to solve this crisis.”

As soon as Attorney General Stein was elected, he established the opioid crisis as a top priority. Immediately following the election, he travelled to Washington DC to attend a joint public health and attorney general conference on opioids to learn more about strategies that could be deployed here in North Carolina. Since then, he has participated in nearly a dozen meetings throughout the state with county commissioners, mayors, chiefs of police, sheriffs, district attorneys, the healthcare community, the medical community, substance abuse

“You’re usually not going to get to yes the first time, but if you develop that relationship you’re going to get more and more people who recognize that getting healthy is attainable and something that they really want.”
treatment practitioners, and survivors to discuss the problem in the area, potential solutions, gaps that need to be filled and connections that need to be made.

During the 2017 Long Session of the General Assembly, Stein put his experience as a former legislator to work in shepherding through the General Assembly two important opioid-related bills – namely the Strengthen Opioid Misuse Prevention Act of 2017, or STOP Act, which strengthens the requirements and oversight in prescribing opioids to patients; and the Synthetic Opioid Control Act, or SOCA, which adds new derivatives of synthetic fentanyl to the list of controlled substances. The bill outlaws these deadly substances and helps bring traffickers to justice. Last year, 77 people died from synthetic opioid overdoses, but traffickers of fentanyl derivatives were sheltered from prosecution, because these particular substances were not included in North Carolina’s Controlled Substances Act. SOCA closes that loophole.

Stein took immediate action to pass opioid legislation and teamed up with key legislators including Senator Jim Davis, Senator Tom McGinnis, Senator Bill Rabon, Representative Craig Horn, Representative Chris Malone, and Representative Greg Murphy, who is a doctor by trade. The bipartisan group worked collaboratively to develop the two bills along with a successful advocacy strategy that led to their passage. He described the process as inspiring and anticipates working with the group in the future to continue to make progress on this issue.

“It is refreshing when policymakers can set party labels aside and look with cold eyes at the nature of a problem and devise solutions that I think are going to make a real impact. So it was a privilege for me to work with those folks and we took important steps forward with the STOP Act and the Synthetic Opioid Control Act, but those where just steps in a long journey and I very much anticipate working with these legislators and others to institute new policies that will help address the crisis,” said Stein.

The Addicted Brain

When discussing policy options, Stein often invokes the science of addiction to describe how opioids affect the human brain and decision making. “Opioids enter into a human body and take control over it, so that it becomes the driving force for that person, who has addiction.” He said we must “reduce the number of people who become addicted in the first place and we have to help those who suffer from substance use disorder so they become healthy.”

According to the National Institute on Drug Addiction (NIDA), groundbreaking discoveries about the human brain have led to greater understanding about the science behind addiction. While the initial decision to take drugs may be voluntary, repeated use of drugs actually alters the brain, impairing self-control. Brain imaging studies show that drug use causes physical changes in the areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control.

NIDA defines addiction as a chronic, relapsing brain disease and if left untreated, it can persist for a lifetime. This leads Stein to believe counties, states and the federal government need...
to invest more in treatment, noting that only one out of ten people who suffer from substance use disorder got any kind of treatment last year. “We wouldn't accept a healthcare system in which 90% of people with heart disease didn't get healthcare, and yet that is what we have today with substance use disorder,” said Stein.

Attorney General Stein believes the investment in treatment will be well worth it in the long-run. He pointed out that getting treatment for individuals who suffer from addiction will provide a long-term fix for the underlying problem that can cause other issues like crime, homelessness, and unemployment. He also believes investing in treatment will have a positive ripple effect in terms of cost savings for the community by reducing strain on the prison budget, EMS emergency calls, emergency room visits, foster care, and impacts on the morgue. Stein’s vision about the issue is clear, “If we help people become healthy, we’re going to see savings and more people working and paying taxes, and less crime.”

Stein also sees treatment as a more effective approach than prison for individuals who commit non-violent, low-level crimes to feed their addiction. He explained that locking up people with addiction does not address their underlying problem. Without treatment, they are not getting healthy. Although they may go through detox while in prison, “they are still addicted and are at greater risk of dying when they come out because they are using at the same rates they used before, but their body doesn’t have a tolerance built up.” Moreover, when addiction persists, it often leads to the same behavior that got the individual locked up in the first place, continuing a cycle of costly prison time and potentially more foster care if are kids involved.

Addiction, Free Will, and Choosing Recovery

An especially challenging aspect of addiction is that drugs highjack an individual's decision making capacity. So, it can be difficult to intervene in a meaningful way to convince someone to get help. It can be difficult for policy makers to agree on the most effective and fair way to deal with addiction, particularly when crimes are committed. Some favor policies that focus on accountability, while others focus on recovery through various treatment options. As communities learn more about addiction and its effect on the mind, some are trying brand new approaches.
Stein described the insights that sparked creative thinking around new ways to convince an overdose survivor to choose an off-ramp from their addiction. During recent community meetings, Stein learned that usually when EMS personnel, a firefighter or a police officer saves someone from an overdose through the administration of naloxone, the person emerges with a lot of anger. They are angry at the first responder for interfering with the high they physically needed. In that moment, they are not receptive to hearing about treatment options.

That is why a number of communities – Fayetteville, Raleigh and Wilmington – are embarking on a new initiative that pairs first responders with a community volunteer, or peer mentor who has gone through recovery. Together, they follow up with overdose survivors a couple of days after the event to discuss recovery services and treatment options. Stein said the initiative is all about building trust. “You're usually not going to get to yes the first time, but if you develop that relationship you're going to get more and more people who recognize that getting healthy is attainable and something that they really want.”

Effective Solutions Require Local Input

Attorney General Stein is committed to working with counties and collaborating with the Association as more counties convene meetings as part of NCACC’s County Leadership Forum on Opioid Abuse. Stein emphasized the importance of local input, stating “each community does have its own unique twist on the issue. The type of incidence, the severity of it might differ a little bit, the resources and solutions differ and so I learn something new every time I go to one of those community meetings.”

Stein seeks to work with county commissioners and others to create a toolkit for local policy makers that provides a menu of policy options for them to consider. He envisions the toolkit as a repository of information about different approaches that are being tried across the state. For example, if a community is interested in pursuing innovative policing or community paramedics that do follow ups with overdose survivors, they can refer to the toolkit to find out where the initiatives are taking place. They will also be able to identify the appropriate point of contact for an initiative of interest to their community, and connect with thought leaders around the state working on opioid issues.

Stein is eager to partner with county commissioners on the project, which he hopes will encourage localities to experiment with new models. “The crisis is unfolding so quickly that we're all trying to come up with solutions on the fly. We can't wait to have empirically proven solutions, we have to just try out experimenting and taking up different initiatives and seeing what works in real time because too many people, too many young folks are dying.”


“If we help people become healthy, we’re going to see savings and more people working and paying taxes, and less crime.”
Local Leaders Are Called to Action in NC Opioid Action Plan

Coordinated Infrastructure

- **Build and sustain local coalitions:** Convene local stakeholders and facilitate activities to: 1) Increase naloxone access; 2) Establish syringe exchange programs; 3) Increase linkages to substance use disorder and pain treatment support; 4) Establish peer recovery support services; 5) Organize drug takeback programs and events/encourage safe storage of medications; 6) Promote the adoption of fair chance hiring practices; 7) Promote education to prevent youth substance use initiation in schools and other venues; and, 8) Identify and advocate for local funding.

- **Reduce Oversupply of Prescription Drugs:** Convene a Payers Council to identify and implement policies that reduce oversupply of prescription opioids (e.g. lock-in programs) and improve access to substance use disorder treatment and recovery supports. Identify and implement policies to promote safer prescribing of opioids to workers’ compensation claimants.

Reduced Diversion and Flow of Illicit Drugs

- **Trafficking investigation and response:** Establish a trafficking investigation and enforcement workgroup to identify actions required to curb the flow of diverted prescription drugs and illicit drugs like heroin, fentanyl, and fentanyl analogues.

- **Drug takeback, disposal, and safe storage:** Increase the number of drug disposal drop boxes in NC – including in pharmacies, secure funding for incineration, and promote safe storage.

- **Law enforcement and public employee protection:** Train law enforcement and public sector employees in recognizing presence of opioids, opioid processing operations, and personal protection against exposure to opioids.

Increase Community Awareness and Prevention

- **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).

Increasing Naloxone Availability

- **Law enforcement naloxone administration:** Increase the number of law enforcement agencies that carry naloxone to reverse overdose among the public.

- **Community naloxone distribution:** Increase the number of naloxone overdose rescue kits distributed through communities to lay people.

Expand Treatment Access

- **Care linkages:** Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care. Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists.

- **Treatment access:** Increase state and federal funding to serve greater numbers of North Carolinians who need treatment.

- **Transportation:** Explore options to provide transportation assistance to individuals seeking treatment.

- **Special Populations/Pregnant Women:** Support pregnant women with opioid addiction in receiving prenatal care, SUD treatment, and promoting healthy birth outcomes.

- **Special Populations/Justice-involved persons:** Expand in-prison/jail and post-release MAT and on-release naloxone for justice involved persons with opioid use disorder.

Expand Recovery Support

- **Community Paramedicine:** Increase the number of community paramedicine programs whereby EMS links overdose victims to treatment and support.

- **Post-reversal response:** Increase the number of post-reversal response programs coordinated between law enforcement, EMS, and/or peer support/case workers.

- **Community-based support:** Increase the number of community-based recovery supports (e.g. support groups, recovery centers, peer recovery coaches).

- **Housing:** Increase recovery-supported transitional housing options to provide a supportive living environment and improve the chance of a successful recovery.

- **Employment:** Reduce barriers to employment for those with criminal history Local government and coalitions.

- **Recovery Courts:** Maintain and enhance therapeutic (mental health, recovery and veteran) courts.

Measure Impact

- Create a multi-directional notification protocol to provide close to real-time information on overdose clusters (i.e. EMS calls, hospitalizations, arrests, drug seizures) to alert EMS, law enforcement, healthcare providers.

To view the State’s Opioid Action Plan in its entirety, go to www.ncdhhs.gov.