

VISION

Vision: Resilient Youth in a Healthy Drug Free Community

MISSION

Mission: TRY prevents substance abuse among youth and young adults by reducing community risk factors through advocacy, education, mobilization and action.



TRY Prevention Strategies and the NC Overdose Prevention Plan TOGETHER FOR RESILIENT YOUTH (TRY) coalition was founded in 2003 to prevent substance use (alcohol, tobacco, nicotine delivery, energy drinks, marijuana, prescription drugs, over the counter medications and synthetics, etc.) using environmental strategies and by engaging multiple sectors to educate, advocate, mobilize and act within their spheres of influence.

TRY addresses behavioral health disparities and Adverse Childhood Experiences via Resilience to prevent substance abuse.



TRY Plan 4 Zero uses the public health model to uncover the root cause and eradicate the "contagion."



TRY PARTNERSHIPS

Youth, Young Adults, Businesses, Faith, Law Enforcement, PAC and District Leaders, Health Representatives, Schools, Parents, Local, State and National Government Representatives. Injury Free NC Academy Duke Chronic Pain Coordinator & Project Lazarus - Rx Prevention Governor's Task Force on Education Gangs and Substance Use Office of the Governor – Community Affairs (Prevention) Member Community Anti-Drug Coalitions of America NC Preventing Underage Drinking Initiative Member Durham County Crime Cabinet North Carolina Central University Department of Public Health North Carolina Central University Campus Community Coalition Diversion Program Participant for 16 and 17 year olds 2008 – 2016 Office of the White House Faith and Community Partnerships for NC Office of the Governor – Community Affairs Ten2 Poverty Reduction Initiative – Health Committee Co-Chair 2013-2017 Durham Committee on the Affairs of Black People Health Chair Co-Chair Mental Health Substance Abuse Subcommittee PHD Duke Population Health Improvement Leadership Advisory Board, Advisory Group for Duke Integrated Pediatric Mental Health Collaborative Durham Public Schools Health Advisory Committee Co-Chair Northeast Central Durham Leadership Council Partners Against Crime District 1 former Co-Facilitator Duke Rethinking Pain Initiative



Prevention is the Key





The Message:

Take what you need for as long as you need it Do not take meds not prescribed for you Lock up unused meds in the home Dispose of unused meds

Naloxone saves

Recovery is Possible



North Carolina njury & Violence **PREVENTION** Branch





TRY COALITION STRATEGIC PREVENTION FRAMEWORK and...

SAMHSA

TOOLKIT:

Facts for Community Members

Five Essential Steps for First Responders

Information for Prescribers Safety Advice for Patients & Family Members Recovering From Opioid Overdose

X SAMHSA

1) Engage and partner: including diverse members of the community 2) Foster shared understanding and commitment: cultivate a shared understanding of the determinants of health

3) **Assess:** particular health and safety concerns and inequities

4) Plan and act: clarify vision, goals, and directives implement multifaceted activities to achieve desired outcomes

5) Measure progress: ensure that communities use resources in the most effective, efficient manner and that efforts accomplish the desired outcomes



NORTH CAROLINA'S OPIOID ACTION PLAN 2017-2021

June 2017, Version 1



Many organizations* across NC are addressing the opioid overdose epidemic.



Coalition



North Carolina has achieved some successes ...

AND HAS MORE WORK TO DO.

Overdose death is preventable.



FOCUS AREAS

Given that the opioid epidemic is complex, we plan to implement comprehensive strategies in the following focus areas to reduce opioid addiction and overdose death:

- . Create a coordinated infrastructure
- 2. Reduce oversupply of prescription opioids
- 3. Reduce diversion of prescription drugs and flow of illicit drugs
- 4. Increase community awareness and prevention
- 5. Make naloxone widely available and link overdose survivors to care
- 6. Expand treatment and recovery oriented systems of care
- 7. Measure our impact and revise strategies based on results



ACTION PLAN



I. COORDINATED INFRASTRUCTURE

Strategy	Action	Leads
PDAAC leadership	Designate an Opioid Action Plan Executive Chair for the PDAAC to lead NC Opioid Action Plan	DHHS
Advisory council	Convene a group of current and former opioid users and others in recovery to guide Plan components and implementation of strategic actions	DHHS, NCHRC, RCOs, DPS
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 SUD 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	NCACC, LHDs, Local coalitions, DPH, DMH, AHEC, LME/MCOs



TRY convenes local stakeholders and facilitates activities on a monthly basis to:

- 1) Increase naloxone access by providing information and packaging naloxone kits every other month (400-600 kits)
- 2) Support and advertise syringe exchange programs;
- 3) Publish linkages to Alternative Medicine resources for pain treatment
- 4) Support peer recovery support services;
- 5) Organize drug take back programs in various community settings and provide in home safe storage lock boxes
- 6) Promote the adoption of fair chance hiring practices; N/A
- 7) Conduct educational sessions in schools, faith and other venues to prevent substance use.
- 8) Identify and advocate for funding opportunities



2. REDUCE OVERSUPPLY OF PRESCRIPTION DRUGS

Strategy	Action	Leads
Safe prescribing policies	Develop and adopt model health system policies on safe prescribing (e.g. ED and surgical prescribing policies, co-prescribing of naloxone, checking the CSRS, linking to PCPs)	NCHA, DMA, Licensing boards and professional societies
	Create and maintain continuing education opportunities and resources for prescribers to manage chronic pain	GI, AHEC, CCNC, DMA, Licensing boards and professional societies
	Register 100% of eligible prescribers and dispensers in CSRS	DMH, Licensing boards and professional societies
CSRS utilization	Provide better visualization of the data (easy to read charts and graphs) to enable providers to make informed decisions at the point of care	DMH, IPRC, CHS, GDAC, DIT
	Develop connections that would enable providers to make CSRS queries from the electronic health record	DMH, GDAC, NCHA, DIT
	Report data to all NC professional boards so they can investigate aberrant prescribing or dispensing behaviors	Licensing boards and professional societies
Medicaid and commercial payer policies	Convene a Payers Council to identify and implement policies that reduce oversupply of prescription opioids (e.g. lock-in programs) and improve access to SUD treatment and recovery supports	DHHS, DMA, BCBSNC, SHP and other payers, CCNC, LME/MCOs
Workers' compensation policies	Identify and implement policies to promote safer prescribing of opioids to workers' compensation claimants	Industrial Commission, workers' compensation carriers

TRY participates as a member of the NC Injury Prevention Task Force to reduce oversupply. TRY receives insight from TRY Good Neighbor Business Network Pharmacies.



3. REDUCE DIVERSION AND FLOW OF ILLICIT DRUGS

Strategy	Action	Leads
Trafficking	Establish a trafficking investigation and enforcement	AG, HIDTA, SBI, DEA, Local law
investigation and	workgroup to identify actions required to curb the flow of	enforcement
response	diverted prescription drugs (e.g. CSRS access for case	
	investigation) and illicit drugs like heroin, fentanyl, and fentanyl	
	analogues	
Diversion prevention	Develop model healthcare worker diversion prevention	NCHA, AG, DMH, Licensing
and response	protocols and work with health systems, long-term care	boards and professional societies
	facilities, nursing homes, and hospice providers to adopt them	
Drug takeback,	Increase the number of drug disposal drop boxes in NC -	DOI Safe Kids NC, SBI, Local law
disposal, and safe	including in pharmacies, secure funding for incineration, and	enforcement, AG, NCAP,
storage	promote safe storage	NCRMA, CCNC, LHDs
Law enforcement	Train law enforcement and public sector employees in	DPH, Local law enforcement
and public employee	recognizing presence of opioids, opioid processing operations,	
protection	and personal protection against exposure to opioids	

TRY donated 7 permanent drug disposal drop boxes to Durham County including in pharmacies and at NCCU. TRY plans to place 4 more. TRY promotes and provides home use safe storage boxes to community members that participate in the Lock it Drop it Campaign.

Take back & Disposal

Indirect

TRY law enforcement coalition members provide training on opioid sting results, processing operations, and personal protection against exposure to opioids



	4. INCREASE COMMONITY AWARENESS AND PREVENTION		
	Strategy	Action	Leads
Campaign	Public education	Identify funding to launch a large-scale public education campaign to be	DHHS, Advisory
	campaign	developed by content experts using evidence-based messaging and communication strategies	Council, PDAAC, Partners
		Potential messages could include:	
		 Naloxone access and use 	
		 Patient education regarding expectations around pain management/opioid alternatives 	
		 Patient education to be safe users of controlled substances 	
		 Linkage to care, how to navigate treatment 	
Youth		 Safe drug disposal and storage 	
		 Stigma reduction 	
		Addiction as a disease: recovery is possible	
	Youth primary	Build on community-based prevention activities to prevent youth and	DMH, LME/MCOs,
	prevention	young adult initiation of drug use (e.g. primary prevention education in	Local coalitions
		schools, colleges, and universities)	

TRY's Lock it Drop it (LIDI) campaign began in 2014. LIDI includes information on Naloxone access and use, Patient education regarding pain management/opioid alternatives, Patient education to be safe users of controlled substances, Safe drug disposal and storage, Stigma reduction and Addiction as a disease and Recovery is possible. TRY partners with the National Opioid Overdose Prevention Campaign, NC Opioid Misuse Prevention Campaign and the Drug Free Community Support Program.

TRY conducts prevention activities to prevent youth and young adult initiation of drug use through coalitions in schools and universities



A	Strategy	Action	Leads
Law Enforcement	Law enforcement naloxone administration	Increase the number of law enforcement agencies that carry naloxone to reverse overdose among the public	NCHRC, DPS, OEMS, Local law enforcement, AG
Community	Community naloxone distribution	Increase the number of naloxone overdose rescue kits distributed through communities to lay people	NCHRC, DPH, LHDs, LME/MCOs, OTPs, CCNC
	Naloxone co- prescribing	Create and adopt strategies to increase naloxone co- prescribing within health systems, PCPs	NCHA, NCAP, CCNC, Licensing boards and professional societies
Pharmacies	Pharmacist naloxone dispensing	Train pharmacists to provide overdose prevention education to patients receiving opioids and increase pharmacist dispensing of naloxone under the statewide standing order	NCAP, NCBP, CCNC
Safe Syringe	Safer Syringe Initiative	Increase the number of SEP programs and distribute naloxone through them	NCHRC, DPH, LHDs

INCREASE NALOXONE AVAILABILITY

TRY advocates for law enforcement agencies and schools to carry naloxone to reverse.

TRY advocates for and engaged the community in the Lock it Drop it campaign to act as ambassadors to provide information re: naloxone overdose rescue kit availability in the community

TRY provides posters and educational materials to law enforcement, PACs, schools, faith community, pharmacies, businesses to prevent overdose.

TRY receives information on syringe exchange through its partnership with the Injury Free NC Academy award

6. EXPAND TREATMENT ACCESS

Strategy	Action	Leads
Care linkages	Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care	NCHA, LME/MCOs
	Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists	DMH, RCOs, APNC, CCNC, LME/MCOs, NCATOD
Treatment access	Increase state and federal funding to serve greater numbers of North Carolinians who need treatment	All
MAT access: Office- based opioid treatment	Offer DATA waiver training in all primary care residency programs and NP/PA training programs in NC	DHHS, NCHA, AHEC, NCAFP, Medical Schools
	Increase providers' ability to prescribe MAT through ECHO spokes and other training opportunities	DMH, UNC, ORH, AHEC, FQHCs
	Increase opportunities for pharmacists to collaborate with PCPs and specialty SUD providers to coordinate MAT	NCAP, NCBP, AHEC, UNC
Integrated care	Increase access to integrated physical and behavioral healthcare for people with opioid use disorder	DHHS, Health systems, LHDs

TRY participates as a member of the NC Injury Prevention Task Force and provides information regarding Expanding Treatment Access.

6. EXPAND TREATMENT ACCESS, Cont'd

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Action	Leads
Explore options to provide transportation assistance to individuals seeking	DMH, LME/MCOs, DSS,
treatment	Local government
Implement additional Law Enforcement Assisted Diversion (LEAD) programs to	NCHRC, AG, DAs, DMH
divert low level offenders to community-based programs and services	
Increase number of OB/GYN and prenatal prescribers with DATA waivers to	NCOGS, Professional
prescribe MAT	societies
Support pregnant women with opioid addiction in receiving prenatal care,	DMA, CCNC, DPH,
SUD treatment, and promoting healthy birth outcomes	DMH, LME/MCOs, DSS
Provide education on opioid use disorders and overdose risk and response at	DPS, DMH, NCHRC
reentry facilities, local community corrections, and TASC offices	
Expand in-prison/jail and post-release MAT and on-release naloxone for justice	DPS, DMH, Local
involved persons with opioid use disorder	government
	Explore options to provide transportation assistance to individuals seeking treatment Implement additional Law Enforcement Assisted Diversion (LEAD) programs to divert low level offenders to community-based programs and services Increase number of OB/GYN and prenatal prescribers with DATA waivers to prescribe MAT Support pregnant women with opioid addiction in receiving prenatal care, SUD treatment, and promoting healthy birth outcomes Provide education on opioid use disorders and overdose risk and response at reentry facilities, local community corrections, and TASC offices Expand in-prison/jail and post-release MAT and on-release naloxone for justice

TRY participates as a member of the NC Injury Prevention Task Force and provides information regarding law enforcement activities regarding naloxone and special populations. TRY provides information to Duke OBGYN on opioid use.



6. EXPAND RECOVERY SUPPORT

Strategy	Action	Leads
Community	Increase the number of community paramedicine programs whereby EMS links	OEMS, DMH,
paramedicine	overdose victims to treatment and support	LMEs/MCOs
Post-reversal	Increase the number of post-reversal response programs coordinated between	NCHRC, Local LE,
response	law enforcement, EMS, and/or peer support/case workers	OEMS, RCOs, AG,
		LME/MCOs
Community-	Increase the number of community-based recovery supports (e.g. support	DMH, RCOs, ORH,
based support	groups, recovery centers, peer recovery coaches)	LME/MCOs
Housing	Increase recovery-supported transitional housing options to provide a	DMH, LME/MCOs,
	supportive living environment and improve the chance of a successful recovery	Local government
		and coalitions
Employment	Reduce barriers to employment for those with criminal history	Local government
		and coalitions
Recovery	Maintain and enhance therapeutic (mental health, recovery and veteran) courts	Local government,
Courts		Judges and DAs

TRY provides information regarding Recovery Support, Peer Support and Support to families that have lost loved ones due to overdose.



7. MEASURE IMPACT

Strategy	Action	Leads
Metrics/Data	Create publicly accessible data dashboard of key metrics to monitor impact of this plan	DPH, DMH
Surveillance	Establish a standardized data collection system to track law enforcement and lay person administered naloxone reversal attempts	OEMS, Law Enforcement, CPC, NCHRC
	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	HIDTA, SBI, DEA, DPH, OEMS, CPC, LHDs, Local law enforcement
Research/ Evaluation	Establish an opioid research consortium and a research agenda among state agencies and research institutions to inform future work and evaluate existing work	UNC, Duke, RTI, other Universities/colleges, DPH, DMH, AHEC/Academic Research Centers

TRY activities are evaluated to measure impact through partnership with Duke Center for Child and Family Policy, Duke Community Affairs and North Carolina Central University





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