

# Wake County Post-Overdose Response Team Program Profile

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Wake County Health and Human Services  
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## Background

Drug overdose deaths in the United States have quintupled from 1999 to 2020, and in 2020 nearly 75% of overdose deaths involved an opioid.<sup>1</sup> In Wake County, North Carolina, more than 1,800 individuals lost their lives to overdose between 2000 to 2021, with overdose deaths increasing by more than 80% between 2019 (130 deaths) and 2021 (240 deaths).<sup>2</sup>

Synthetic opioids, such as fentanyl, are responsible for the majority of drug overdose deaths in Wake County. Fentanyl was originally created to legally manage pain from cancer. Now, illicitly manufactured fentanyl is mixed with drugs such as heroin, cocaine, and methamphetamine or molded into pills that are made to resemble other prescription opioids.<sup>3</sup> The U.S. Drug Enforcement Administration (DEA) found that approximately 7 out of 10 fake pills that were laced with fentanyl contained a potentially fatal dose.<sup>4</sup>

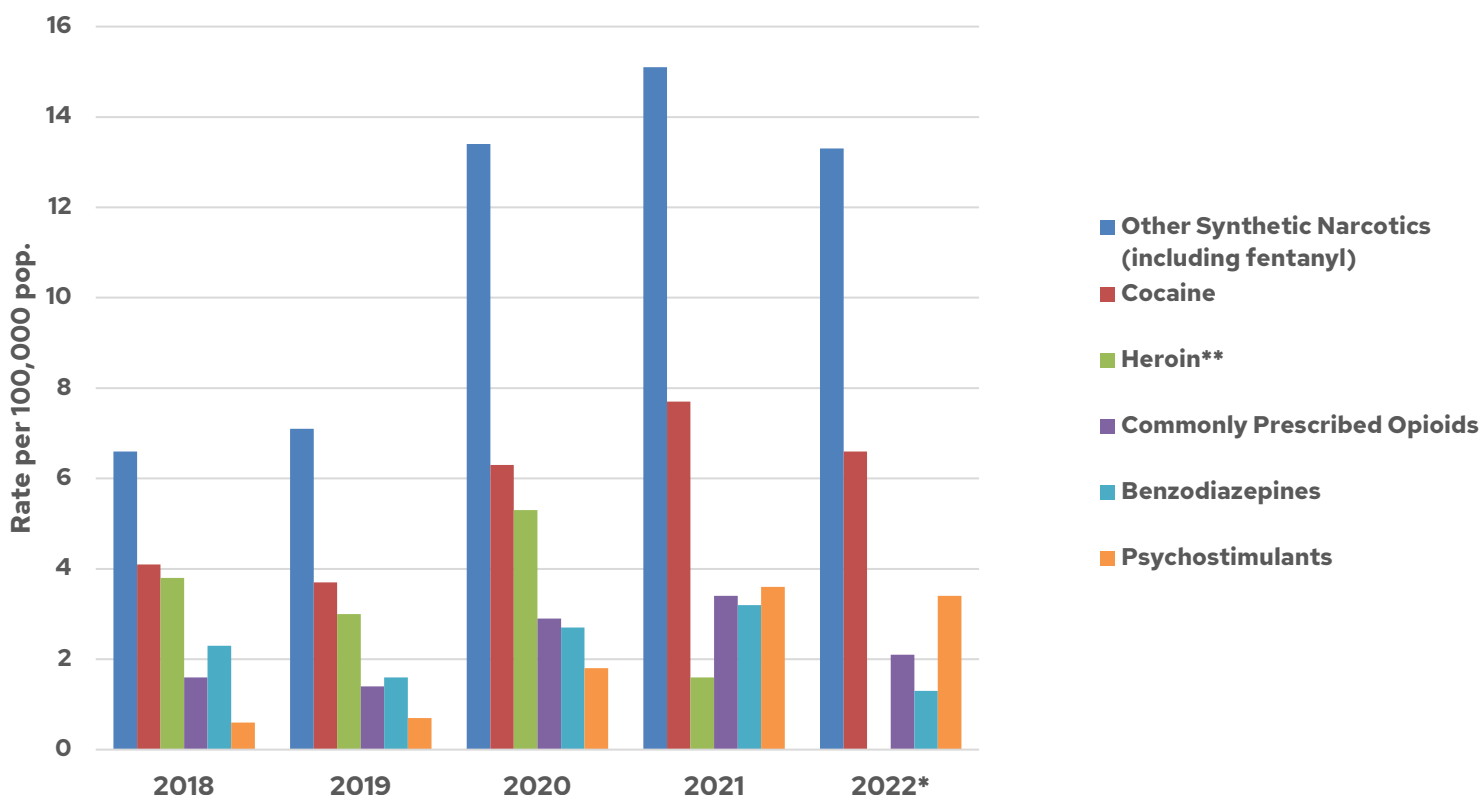
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*Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.*

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Unintentional overdose deaths of Wake County residents that involved “Other Synthetic Narcotics” (which includes fentanyl) had a rate of 15.1 deaths per 100,000 population in 2021, which was more than double the rate of 7.1 per 100,000 only two years prior in 2019. This rise through 2021 can be seen in Figure 1, as well as a small decrease in unintentional overdose deaths involving “Other Synthetic Narcotics” in 2022. The rates of unintentional overdose deaths involving heroin, commonly prescribed opioids, cocaine, benzodiazepines, and psychostimulants also decreased in 2022.

**Figure 1. Unintentional Drug Overdose Death Rates by Drug Type, Wake County, 2018-2022**



\*2022 data are provisional; data as of 8/1/2023.

\*\* The unintentional drug overdose rate for heroin is not included for 2022 due to the count being low (between 1 and 4).

## Wake County Post-Overdose Prevention Initiative and Post-Overdose Response Team (PORT)

Substance use disorder is a chronic illness that affects the brain and changes behavior.<sup>5</sup> Substance use disorder involves a pattern of regular or compulsive substance use, and addiction is the result of psychological or physiological dependence on that use. There is not one single driving factor that leads to addiction; it is a confluence of many factors, and anyone can have substance use disorder.<sup>2</sup> Substance use disorder requires continuing care throughout an individual's life, and approximately 1 in 7 Americans has experienced a substance use disorder.<sup>6</sup>

The Wake County Drug Overdose Prevention Initiative is designed to prevent and reduce substance use disorders in at-risk populations. The initiative is informed by current best practices research and aligns with the [NC Opioid and Substance Use Action Plan \(OSUAP\) 3.0](#). The initiative is structured around three key priorities: Prevention, Reducing Harm, and Connection to Care, addressing not only substance use but also broader factors like housing, transportation, and health inequities. The initiative places a special emphasis on individuals who have recently experienced an overdose, individuals in crisis who are using drugs with overdose potential, and individuals involved with the justice system or experiencing homelessness. The initiative incorporates staff and volunteers with firsthand experience in program development, performance assessment, and service delivery. Through the initiative, Wake County partners with Healing Transitions, The Alice Aycock Poe Center for Health Education, and Recovery Communities of North Carolina.

The Post-Overdose Response Team (PORT) was created through a partnership with Wake County Public Health, Wake County EMS, and Healing Transitions, whose employees are Certified Peer Support Specialists. The Peer Support Specialists are persons in recovery, many of whom have graduated from the Healing Transitions recovery program. PORT clients include people who have recently experienced overdose, individuals who have not overdosed but are in crisis, and individuals who are actively using drugs of overdose potential. New clients are referred to the PORT program by EMS, law enforcement, hospitals, healthcare providers, or self-referral.

The PORT program meets each person suffering with substance use disorders where they are in the course of their illness, treating everyone as a respected “whole person” and surrounding them with support services. Treatment pathways are available for individuals in recovery and individuals who are actively using drugs. Figure 2 shows the comprehensive peer support pathways the PORT program uses to support those in recovery and to reduce harm for those actively using.

**Figure 2. Wake County PORT Program Peer Support Client Pathways**



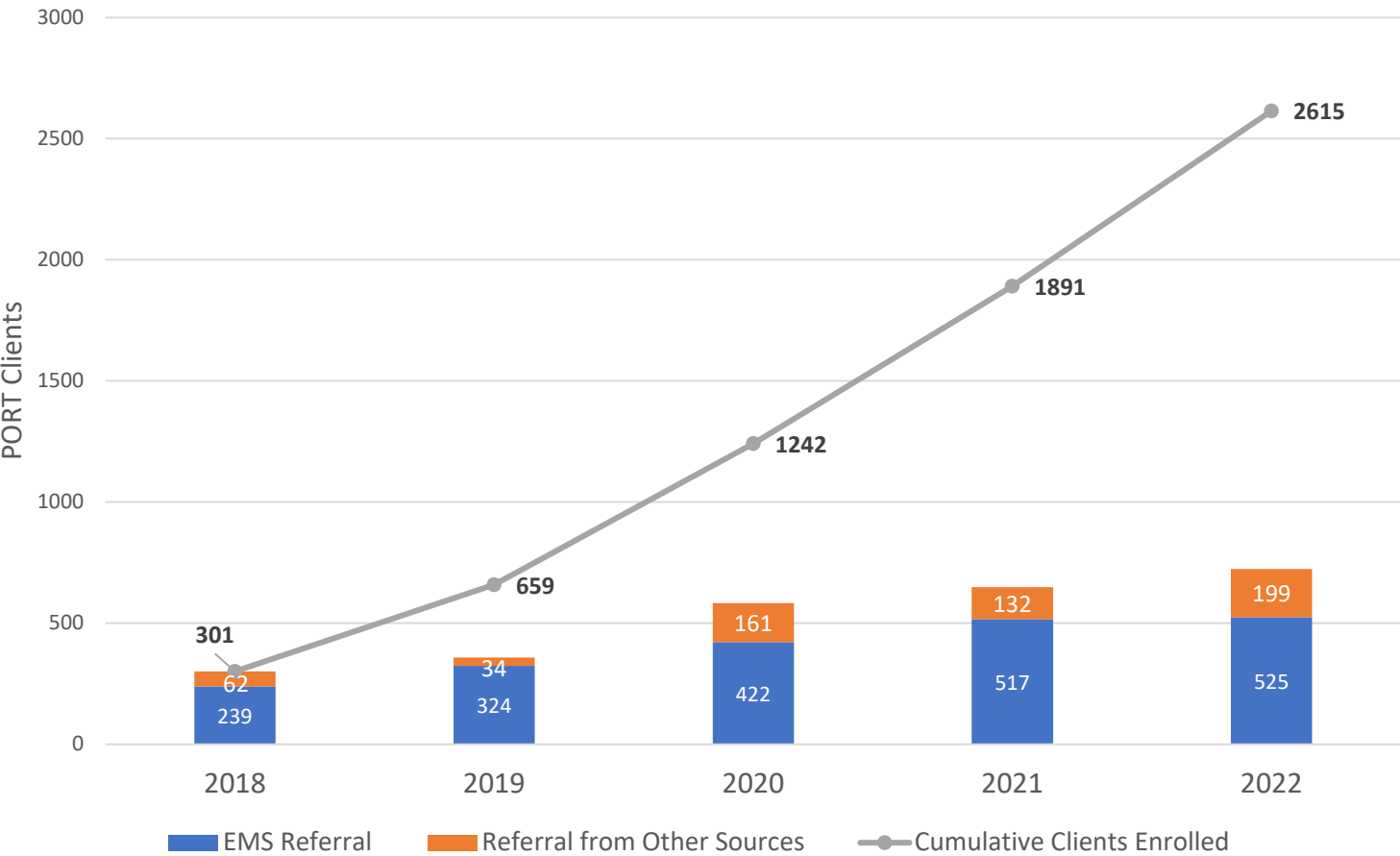
The PORT program peer support plan takes into account each client’s prior experience, history of trauma and exposure to violence, coexisting chronic disease, social limitations, mental health needs, and barriers to wellbeing. Client support is built on the principle that substance use disorder is a chronic condition that requires a long-term treatment and management strategy.<sup>7,8,9</sup> A relapse, or return to use, does not mean that the patient or treatment failed but that the care plan needs to be adjusted to better align with the patient’s needs.<sup>10</sup>

Peer support staff indicate that return to use and repeat overdose events are the largest concerns for PORT program participants. Among clients who have experienced multiple overdoses between 2018 and 2022, 66% experienced two overdoses while 34% experienced three or more overdoses. Repeat overdose events trigger a step up in what the PORT program considers “intensity of need,” and clients are placed in a high priority work queue after an overdose occurs.

**PORT Program Data**

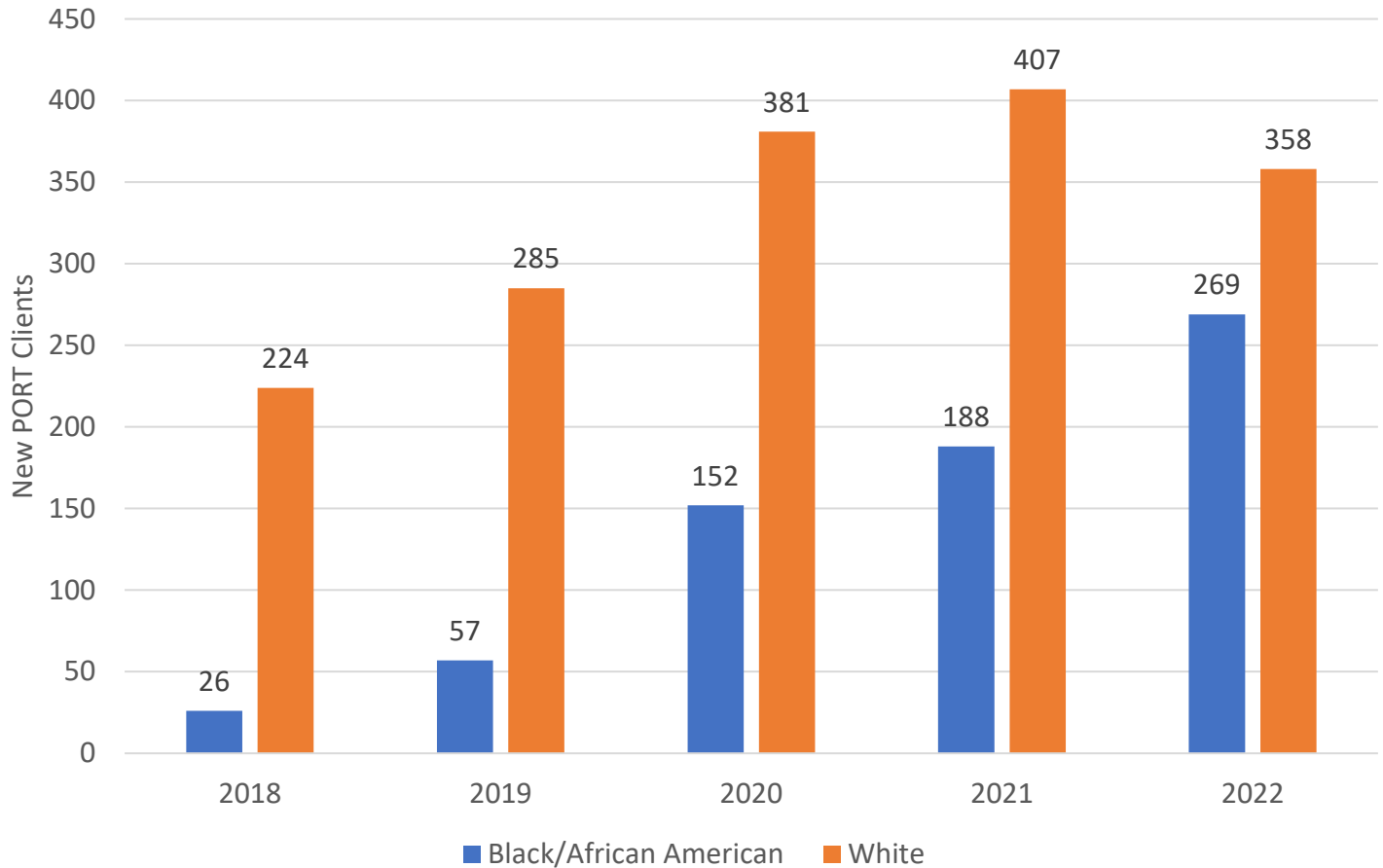
More than 2,500 Wake County residents have been served by the Post-Overdose Response Team (PORT) since the program’s inception in 2018. At any single point in time, between 300 and 450 individuals are receiving individualized care through ongoing engagement with peer support. Figure 3 shows the increase in PORT program client enrollment from 2018 to 2022.

**Figure 3. PORT Program Client Enrollment 2018-2022**



PORT program clients are largely between the ages of 19 to 50 (80.9%), male (66.0%), and White non-Hispanic (63.3%). In recent years, the PORT program has seen an increase in Black/African American clients (Figure 4).

**Figure 4. Wake County PORT Program Black/African American and White New Clients by Year, 2018-2022**



The cumulative number of clients in the PORT program has grown from 301 in 2018 to 2,615 in 2022. Each year, the PORT program has more clients who are actively engaged and receiving services. Since the PORT program's inception, cumulative client mortality has decreased, dropping from 7% in 2018 to 4% in 2022. As more clients are enrolled in the program, PORT staff are supporting them with recovery support, harm reduction services, transportation, and other resources (Table 1).

**Table 1. PORT Program Outcome and Service Metrics, 2018 – 2022**

Metric	2018	2019	2020	2021	2022
Cumulative Client Enrollment	301	659	1,242	1,891	2,615
Count of Engaged Clients	209	320	558	757	1,039
Cumulative Clients Deceased	20	39	70	88	102
Cumulative Client Mortality Percentage	7%	6%	6%	5%	4%
Clients Referred to Recovery and Harm Reduction Services	118	142	264	391	535
Clients Receiving Referrals to Professional Services	95	98	140	164	174
Clients Receiving Harm Reduction Services and Supplies	28	55	91	193	334
Cumulative Clients Referred to Transportation Services	0	1	68	82	129
Clients Provided Supplies or Referrals to Non-Professional Services	28	23	36	33	79

Notes: Professional Services includes professional recovery and medical services. Non-Professional Services includes STI prevention, mutual aid groups, family support, housing assistance eligibility verification, and more.

## Naloxone Distribution

Naloxone is a life-saving medication that, when given in time, can quickly reverse an opioid overdose and restore normal breathing. After gathering input from an advisory group of individuals recovering and actively using, PORT program staff initiated a naloxone supply program in Wake County. The program provides naloxone to community members through regular drop-offs and placement in vending machines at local night clubs. The program puts naloxone in the hands of family, friends, and community members that can administer it in the event of an opioid overdose.

In 2022, a survey was conducted among individuals who were actively using drugs to measure the impact of the naloxone supply program on reversing overdoses in the community. The survey found that approximately 25% of the surveyed population reported using naloxone to successfully reverse another person's overdose within the prior 30 days.

## Future Initiatives

As of July 2023, there are now four Certified Peer Support Specialists (CPSS) at Healing Transitions that are permanently funded by Wake County as part of the PORT program. The PORT program will continue to engage individuals with substance use disorder, supporting their efforts to recover and reduce risk of overdose. In addition to assisting clients, the PORT program will maintain relationships with naloxone manufacturers and collect data to inform program initiatives. The PORT program plans to continue to expand so all Wake County residents with substance use disorder, whether they are in active use or recovery, may receive the support services they need.

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*"All this started from the simple seed of hope that was planted by Dane almost two years ago... If it weren't for them working with me for almost two years, I don't believe I'd be living today! These seeds they planted finally grew into a belief that I may be able to change, that led me to get help and now I'm sober and happier than I ever have been in my adult life. They loved and cared about me when I didn't love myself!"*

-Jason, PORT program participant

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### **Suggested Citation**

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### **References**

1. "Understanding the opioid overdose epidemic". cdc.gov. Centers for Disease Control and Prevention. June 1, 2022. Web. 11/09/2023. <https://www.cdc.gov/opioids/basics/epidemic.html#:~:text=The%20third%20wave%20began%20in,%2C%20counterfeit%20pills%2C%20and%20cocaine>
2. "Opioid and Substance Use Action Plan Data Dashboard". ncdhhs.gov North Carolina Department of Health and Human Services. n.d. Web. 11/09/2023. <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>
3. "Fentanyl facts". cdc.gov. Centers for Disease Control and Prevention. February 23, 2022. Web. 11/09/2023. <https://www.cdc.gov/stopoverdose/fentanyl/index.html>
4. "One pill can kill". dea.gov. United States Drug Enforcement Administration. n.d. Web. 11/09/2023. <https://www.dea.gov/onepill>
5. "Stigma Reduction". cdc.gov. Centers for Disease Control and Prevention. April 10, 2023. Web. 02/03/2023. <https://www.cdc.gov/stopoverdose/stigma/index.html#:~:text=Addiction%20can%20happen%20to%20anyone&text=There%20is%20not%20one%20single,they%20are%20prescribed%20by%20doctors>
6. "Overdose Epidemic". ncdhhs.gov North Carolina Department of Health and Human Services.(n.d.). Web. Retrieved 11/09/2023. <https://www.ncdhhs.gov/about/departments-initiatives/overdose-epidemic#:~:text=From%202000%2D2020%20more%20than,striaining%20prevention%20and%20treatment%20efforts>
7. Seitz, R., Larson, M. J., Labelle, C., Richardson, J., & Same, J. H. (2008). The case for chronic disease management for addiction. Journal of addiction medicine, 2(2), 55–65. DOI:10.1097/ADM.0b013e318166af74
8. McLellan A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. JAMA. 2000;284(13):1689–1695. DOI:10.1001/jama.284.13.1689
9. National Institute on Drug Abuse. (2018). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Treatment. Retrieved from [www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface)
10. Addiction Policy Forum (2023). Chronic disease management for SUD. APF. <https://www.addictionpolicy.org/post/chronic-disease-management-for-sud>