

Healthy Communities Strategy E: Implementing Evidence-Based Overdose Prevention

Implement at least one allowable evidence-based overdose prevention strategy from the list of [Option A strategies](#) in the [North Carolina Opioid Settlement](#). Under this Agreement Addendum, allowable Option A strategies include:

- Strategy 3: Recovery support services
- Strategy 5: Employment-related services
- Strategy 6: Early intervention
- Strategy 8: Post-overdose response team
- Strategy 10: Criminal justice diversion programs

From the list of Option A strategies, strategies 1, 9, and 12 are included within this Agreement Addendum under this Paragraph 4 as Subparagraphs b., c., and d., respectively.

From the list of Option A strategies, strategies 2, 4, 7, and 11 are **not** allowable due to this Agreement Addendum's funding restrictions.

Potential annual activities include:

- Strategy 3: Recovery support services
 - Training peer support specialists in evidence-based overdose prevention strategies such as the use and distribution of naloxone. Support them to be placed in key agencies within the community such as the local health department, county jail, community health clinic, and treatment programs
 - Partnering with the local syringe services program (SSP) to connect participants to healthcare, treatment, social services, and other needs
 - Partnering with a community-based organization and hosting SMART recovery meetings.
- Strategy 5: Employment-related services
 - Hosting a workshop on resume writing and/or interview skills
 - Connecting participants to resources for haircuts, professional clothing, and laundry services in preparation for job interviews.
 - Connecting participants to resources that will support individuals to take relevant courses at community colleges or vocational schools
 - Connecting participants to a re-entry program that provides job training for people with a history of incarceration
- Strategy 6: Early intervention
 - Hosting mental health first aid training for youth
 - Training educational partners on evidence-based overdose prevention and support them having naloxone on site at the school
 - Form a youth advisory committee to help inform the local health department on relevant messages and ways to engage youth in overdose prevention work
- Strategy 8: Post-overdose response team



- Partner with the local harm reduction organization to offer training for providers in the referral network on how to provide non-judgmental and culturally competent services to people who use drugs
- Strategy 10: Criminal justice diversion programs
 - Training peer support specialists to support the local diversion program in partnership with the county jail

Expected Outcome:

From the list of allowable strategies listed in Section III.4.e., increase the number of allowable evidence-based programs implemented as part of this Agreement Addendum’s [Option A strategies in the North Carolina Opioid Settlement](#)⁵

Health Equity Planning Principles:

The North Carolina Opioid Settlement with the three largest drug distributors (McKesson, Cardinal Health, and AmerisourceBergen) and manufacturer Johnson & Johnson is a historic \$26 billion agreement that will help bring desperately needed resources to communities harmed by the opioid epidemic. A Memorandum of Agreement (MOA) between the State and local government directs how opioid settlement funds are distributed and used in North Carolina. Due to the high need for additional funding and services along with the high-profile nature of the Opioid Settlement, there are several partners involved in the decision-making process for how to spend the money allocated to each county and municipality. To create high-impact, sustainable programs, equitable planning to implement the allowable strategies in a way that served the most vulnerable populations is paramount.

Regardless of the strategy chosen, people with lived and living experience of substance use should be involved in all phases of the planning, implementation, and evaluation of programming. Special attention to tailoring programming to ensure that historically marginalized populations are able to access recovery support, employment-related, early intervention, post-overdose response, and/or criminal justice diversion services ensures that services are distributed equitably. Strongly consider hiring staff and creating advisory groups of people with lived experiences and people from marginalized populations or those with extensive subject matter expertise. Once programs are operational, provide regular opportunities for program participants to provide anonymous feedback about the services being offered.

It is important to note:

- Black Americans are nearly six times more likely to be incarcerated for drug-related offenses than their white counterparts, despite equal substance usage rates.¹ Some studies, including the Healthy North Carolina 2030 report, cite even higher differences, for example, Travis et. al. found that African Americans are 6.5 times more likely to be incarcerated for drug-related offenses, although drug

¹ <https://naacp.org/resources/criminal-justice-fact-sheet>



use is lower among African Americans and rates of trafficking are not different based on race/ethnicity.^{2,3}

- Overdose rates are increasing faster in Black and American Indian/Indigenous communities than in other racial/ethnic populations.⁴
- 11-20% of all pregnancy associated deaths were due to opioid overdose (note that 100% of overdoses are preventable).⁵
- North Carolina American Indian populations carry the highest risk of fatal overdose in our state.
- 2.3 million people are currently incarcerated in the United States with 20% of those being incarcerated for a drug offense.⁶
- More than 100,000 people in the United States died from an accidental drug overdose in 2021, including nearly 4,000 North Carolinians.⁷

Programming should be available and accessible at all times to anyone seeking these resources and services. Policies should foster a culture of inclusion that celebrates and cultivates diversity along multiple dimensions, including race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture, and experience.

Addressing the needs of this at-risk population will require local health departments to work across sectors and with potentially new or non-traditional partners.

Recommended Partners:

- A. Directly impacted people (people with lived or living experience of substance use or their family members)
- B. Additional units of your health department, such as communicable disease nurses, food stamp administrators, or others
- C. Hospitals and health care providers
- D. Treatment and recovery providers)
- E. Local Management Entity/Managed Care Organizations (LME/MCOs)
- F. Community-based organizations, including harm reduction organizations, civic groups, and community centers
- G. First responders (law enforcement agencies, EMS/community paramedicine, fire personnel)
- H. Local faith community
- I. Local substance use advisory groups and coalitions
- J. Local detention centers and other correctional settings, including juvenile offender sites and programs

² <https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf>

³ https://academicworks.cuny.edu/jj_pubs/27/

⁴ <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6060005/>

⁶ <https://drugpolicy.org/issues/drug-war-statistics>

⁷ <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>



K. Local re-entry organizations

Intervention Examples:

- Strategy 3: Recovery support services
 - A local health department has partnered with a community-based substance use treatment program that employs peer support specialists. The peer support specialists staff the post overdose response team and the syringe services program to ensure participants are able to meet with someone with lived experience at all points along the continuum.
- Strategy 5: Employment-related services
 - A community-based organization provides training on resume writing on resume writing. They also have a small community garden where their participants learn how to garden.
 - A community health clinic partnered with local businesses to offer free haircuts, professional clothing, and laundry services in preparation of job interviews. They also partnered with the NC Department of Transportation to have bikes and helmets donated for participants in need of transportation to job interviews. They also developed a culinary training program for justice-involved individuals.
- Strategy 6: Early intervention
 - A local health department partners with the school system to provide overdose prevention education and make naloxone available at the school.
- Strategy 8: Post-overdose response team
 - A community-based organization partners with the local health department to implement a post-overdose response team. They respond to individuals who experienced an overdose within 72 hours of the overdose to offer support. If the person is interested in services, they provide resources and link them to care. They hired a driver who helps transport individuals to medical visits.
- Strategy 10: Criminal justice diversion programs
 - A community-based organization partners with local law enforcement to offer law enforcement assisted diversion (LEAD), where individuals facing specific lower-level charges related to substance use are connected to a range of services including harm reduction, healthcare, and treatment. The harm reduction organization provides the peer support specialist, who connects with individuals interested in the program to identify needs and works with them to reach their goals.

Related Programs:

Align with goals and recommendations that are supported in the Governor's [Opioid and Substance Use Action Plan](#).

Recommended Tools/Resources:

- A. Principles for the Use of Funds from the Opioid Litigation
<https://opioidprinciples.jhsph.edu/>



- B. Harm Reduction Coalition
<https://harmreduction.org/>
- C. The National Harm Reduction Technical Assistance Center (NASTAD)
<https://www.nastad.org/domestic/hepatitis/drug-user-health>

North Carolina Resources:

- A. IVPB technical assistance on overdose prevention and harm reduction
https://www.injuryfreenc.ncdhhs.gov/resources/docs/IVP_TAGuide_8.23.21_web.pdf
- B. North Carolina Opioid Settlement Dashboard: <https://ncopioidsettlement.org/data-dashboards/>
- C. North Carolina Association of County Commissioners <https://www.ncacc.org/>
- D. Mental Health, Developmental Disabilities, Substance Abuse Services
www.ncdhhs.gov/divisions/mhddsas
- E. Mountain Area Health Education Center (MAHEC) <https://mahec.net/substance-use/opioid-settlement-funding>
- F. More Powerful NC <https://www.morepowerfulnc.org/>

Data Sources:

- A. Opioid and Substance Use Action Plan Data Dashboard
<https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

