



North Carolina Institute of Medicine



**MAY
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PRACTICAL CONSIDERATIONS FOR NORTH CAROLINA'S COMMUNITY LEADERS:

THE CHALLENGES, OPPORTUNITIES,
AND TRANSFORMATIVE POTENTIAL
OF OPIOID SETTLEMENT FUNDS

EXECUTIVE SUMMARY

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The opioid crisis and its consequences have affected so many of us in North Carolina. Nearly all the people we interviewed for this report have a personal relationship to the opioid crisis. Some people were in recovery, and many others discussed loving someone who struggled with an opioid use disorder or who lost their life due to overdose. If you work in or close to this field, you may have witnessed people in your community experience devastating events associated with substance use disorders: illness, incarceration, unemployment, housing instability, violence, and loss of life.

You may have also experienced recovery and improved quality of life achieved through a variety of means—the use of effective medications for opioid use disorder, the social support of faith communities and other networks of shared values, access to stable housing and employment, and mental health treatment and counseling. All of these experiences, personal and professional, are with us when we convene to discuss strategic planning related to opioid settlement funds.

We can't avoid the reality of the challenges of this work. Many of our most committed leaders find themselves overwhelmed by the scope of opioid-related issues in our communities. Our interviews touched on issues that elicit strong feelings from people with differing perspectives. Depending on the community, these disparate views may result in the avoidance of contentious but necessary topics during the strategic planning process. We hope that by acknowledging these challenges in this report, we can help to spur open, honest communication, learning, and ultimately the progress necessary to effectively serve our communities.

Alongside these challenges, we identified a shared vision among our participants: saving lives, centering people with lived experience, and improving the quality of life for those with opioid use disorder. This shared vision can provide the common ground on which trust and progress are cultivated.

You have already begun the mission to improve the health of your community. We hope to equip you with information on the experiences of leaders across North Carolina that can help inform the discussions you have in your own community. We aspire to communicate a spectrum of perspectives, help you navigate these topics with respect, and encourage you in this life-changing work.

Thank you for all you have done. Thank you for what you will continue to do.



Between December 2021 and October 2022, North Carolina Institute of Medicine (NCIOM) staff spoke with 62 North Carolinians about their perspectives on the current strengths, challenges, and opportunities of substance use education, prevention, and services in communities across our state. **We wanted to understand the current challenges faced by people with substance use disorder and the organizations that serve them. We also wanted to understand how North Carolina communities were preparing for the important work of determining how to effectively use new and potentially transformative funding from the financial settlements relating to national opioid litigation.** This report represents a “snapshot in time” at a critically important moment, when the settlement funding was still very new but the contours of this opportunity were coming into focus, and important decisions and plans were starting to gel.

We chose to ask these North Carolinians some of the toughest questions related to opioid settlement decision-making, and raise important issues that challenge many communities across our state:

- the implementation of **HARM REDUCTION** strategies
- integrating **SOCIAL SUPPORTS** (such as housing assistance) into treatment programs
- achieving **RACIAL EQUITY** in process and outcomes
- the **MEANINGFUL INCLUSION OF PEOPLE WHO USE DRUGS** in the planning of programs designed for their benefit

We chose the topics listed in the box above for three reasons. First, we observed that many communities struggled to do these things well, and we believed that in order to make progress, it would be helpful to learn more about why these issues are so difficult. We also wanted to learn from North Carolinians about what was working well in these areas. Second, each of these topics has a compelling scientific evidence base. **Communities that learn to do these things well can expect to achieve stronger outcomes.** Third, service providers are often understandably overwhelmed with daily tasks of logistics, project management, and personnel. The topics we raise here require deeper levels of reflection and collaboration. When you’re putting out fires all day long, it can feel impossible to make time to reflect on doing this work differently. It is our hope that this report will provide that opportunity for our community members who commit to this work every day. We hope you’ll see yourselves in these pages, and see our respect for your contributions to our communities and state.

So, what did we hear from these 62 thinkers and doers? We sum up their observations and recommendations as follows:

STRATEGIC PLANNING, DECISION-MAKING, AND ACCOUNTABILITY

County leaders should be aware of the contributions and seasoned experience of existing service providers, and integrate them as much as possible into settlement funding plans. This includes many organizations that do not have a “seat at the table” but provide effective services or broker unique relationships and trust. Interviewees recommend that settlement fund decision-makers look with appropriate scrutiny at pet projects, at ideas that may have worked elsewhere but have not been proven in similar communities, and at organizations

with little experience and knowledge of the evidence base that are tempted to expand their missions to make use of this new funding stream.

Settlement fund decision-makers should strive to establish agreed-upon goals and outcome metrics for impact evaluation. These metrics should be transparent and easily accessible to all county residents. Additionally, community partners should decide on when and how often to meet to evaluate progress and adjust strategies to meet community goals.

RECOVERY, ABSTINENCE-BASED TREATMENT, AND HARM REDUCTION

Communities should openly discuss how they measure success, and especially how they define the concept of **recovery**. Some may define recovery as complete sobriety through the treatment of underlying causes of addiction, such as mental illness, trauma, or economic deprivation. Others may encourage people who use drugs to define recovery for themselves and focus on reducing the negative consequences of substance use through strategies like HIV/HCV testing, syringe exchange, and naloxone distribution. Different definitions of recovery and preferred strategies for addressing substance use provide an opportunity for decision-makers to engage people with lived experience in strategic planning.

Settlement fund decision-makers should initiate strategic planning conversations with thoughtful discussion about the role of recovery and its potential measurement. Common ground can be leveraged to forge agreement on consensus- and values-driven goals and evaluation metrics, such as deaths due to opioid overdose, opioid overdose, contact(s) with the criminal justice system, contact(s) with social services, housing and food security, educational and vocational enrollment, and employment.

THE CONSEQUENCES OF STIGMA

Our interviews consistently identified stigma as a persistent barrier for people seeking services and treatment for substance use disorder. People turn stigma on themselves, believing their substance use justifies their experiences of mistreatment or victimization. They experience stigma in interactions with service providers, and often choose to forgo treatment—even in emergencies—because they do not want to be subject to discrimination or because they fear the consequences of mandatory reporting laws, for example.

Settlement fund decision-makers should initiate conversations about stigma during planning meetings, revisiting this issue repeatedly. The experiences and insights of people who use drugs are especially valuable here. They can teach settlement planning teams about when and how they experience stigma and identify the best practices of the organizations that have effectively minimized stigma.

BUILDING CAPACITY FOR EQUITY AND INCLUSION

The experience of being a person who uses drugs is also shaped by an individual's other identities, such as race, ethnicity, gender, sexual orientation, and economic status. Although most of our interviewees believed in the value of racial equity, they expressed frustration in their inability to adequately apply these values to their existing programs and expressed interest in building their capacity to do so. Interviewees also cited the treatment of LGBTQ+ individuals as an important equity concern, especially regarding access to faith-based services and supports that were contingent on adherence to specific rules about sexual activity and expression. Interviewees acknowledged that authentic inclusion and the pursuit of equity require a dedicated commitment to change and ongoing learning. Diversity, equity, and inclusion (DEI) are not a checklist or a set of tasks, but rather require a fundamental mindset shift and ongoing support from seasoned facilitators.

Settlement fund decision-makers should acknowledge the need for education and capacity-building around racial equity and LGBTQ+ equity, as expressed by service providers throughout the state. Additionally, they should identify and provide the facilitated learning processes (training, reflection, and ongoing coaching) needed to develop organizational commitment to diversity, equity, and inclusion. Finally, they can support their members with necessary space and resources to develop equity action plans for their respective organizations and for the settlement fund decision-making coalition itself.

CRITICAL NEEDS FOR HOUSING, TRANSPORTATION, AND EMPLOYMENT SUPPORTS

Our participants overwhelmingly reported the general lack of social supports in their community, including housing, transportation, and employment supports. These needs are especially dire for people who use substances or who are in recovery. For example, past evictions and criminal justice involvement related to substance use may limit affordable housing options as well as the ability to find gainful employment. Additionally, unmet transportation needs can prevent people from engaging with substance use treatment and court re-entry requirements, posing obstacles to employment.

The NC MOA allows the use of funds for recovery housing support (Option A, Strategy 4) and employment-related services (Option A, Strategy 5). Settlement fund decision-makers should build connections with leaders in housing, transportation, and employment supports and include them in strategic planning conversations. These partnerships can lead to shared projects, braided funding, and ultimately enhanced services that benefit people with or in recovery from opioid use disorder and may also be beneficial to the community at large.

MOVING FORWARD: SHARED VISION AND PROGRESS

While our interviews revealed opportunities for thoughtful dialogue around issues that elicit strong feelings from people with divergent perspectives, we identified a shared vision among our participants: saving lives, centering people with lived experience, and improving the quality of life for those with opioid use disorder. This shared vision can provide the common ground on which trust and progress are cultivated.

In support of this vision, the North Carolinians with whom we spoke advised settlement fund decision-makers to include multiple perspectives—especially those from people with opioid use disorder—in their discussions, and to invest in projects that reflect a consensus-driven and evidence-based vision of success. They also emphasized the need for these teams to pursue ongoing and transparent evaluation of selected projects and continuing education related to opioid use disorder, proposed strategies to address substance use, and equity.

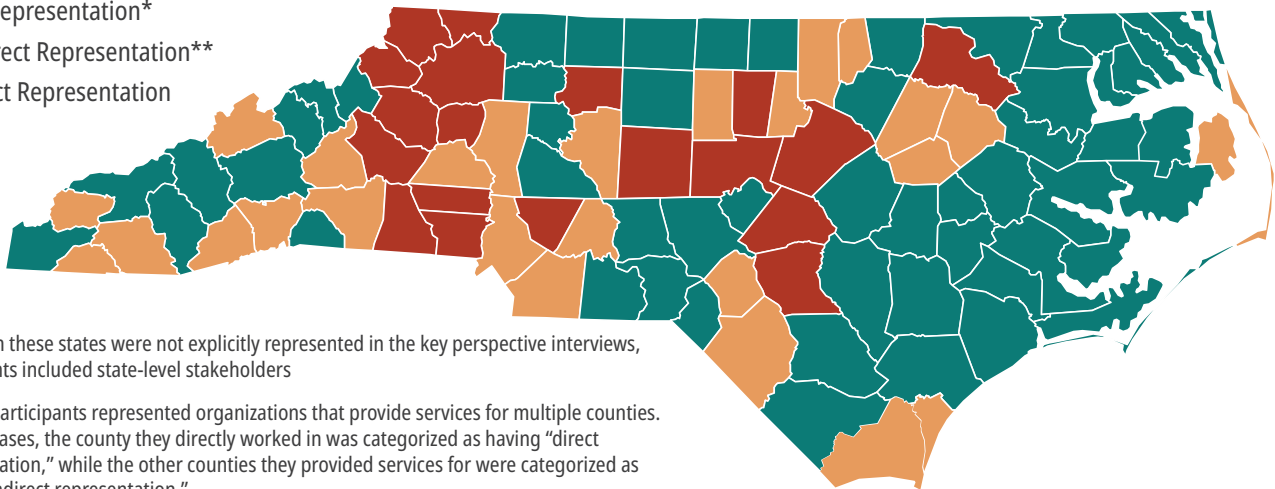
Professionals and community members in our state have worked for decades to identify proven strategies and key opportunities for growth. National, regional, and state resources can support settlement fund decision-makers in their assessment of proposed strategies and continued learning. Community members with lived experience of opioid use disorder and substance use can provide invaluable perspectives to this process. This knowledge and collaboration can lead our efforts during this watershed moment in North Carolina.

As we stand here at the start of opioid settlement fund history, North Carolinians have hopes, dreams, and advice for their communities. Community partners across the state are humbled by the challenges ahead, but also view the opioid settlement as a transformative opportunity to build structures and systems that will assist people with a history of substance use in their pursuit of safety, economic stability, meaningful community, health, and well-being.



Figure 1. NC Counties Represented in NCIOM Key Perspective Interviews

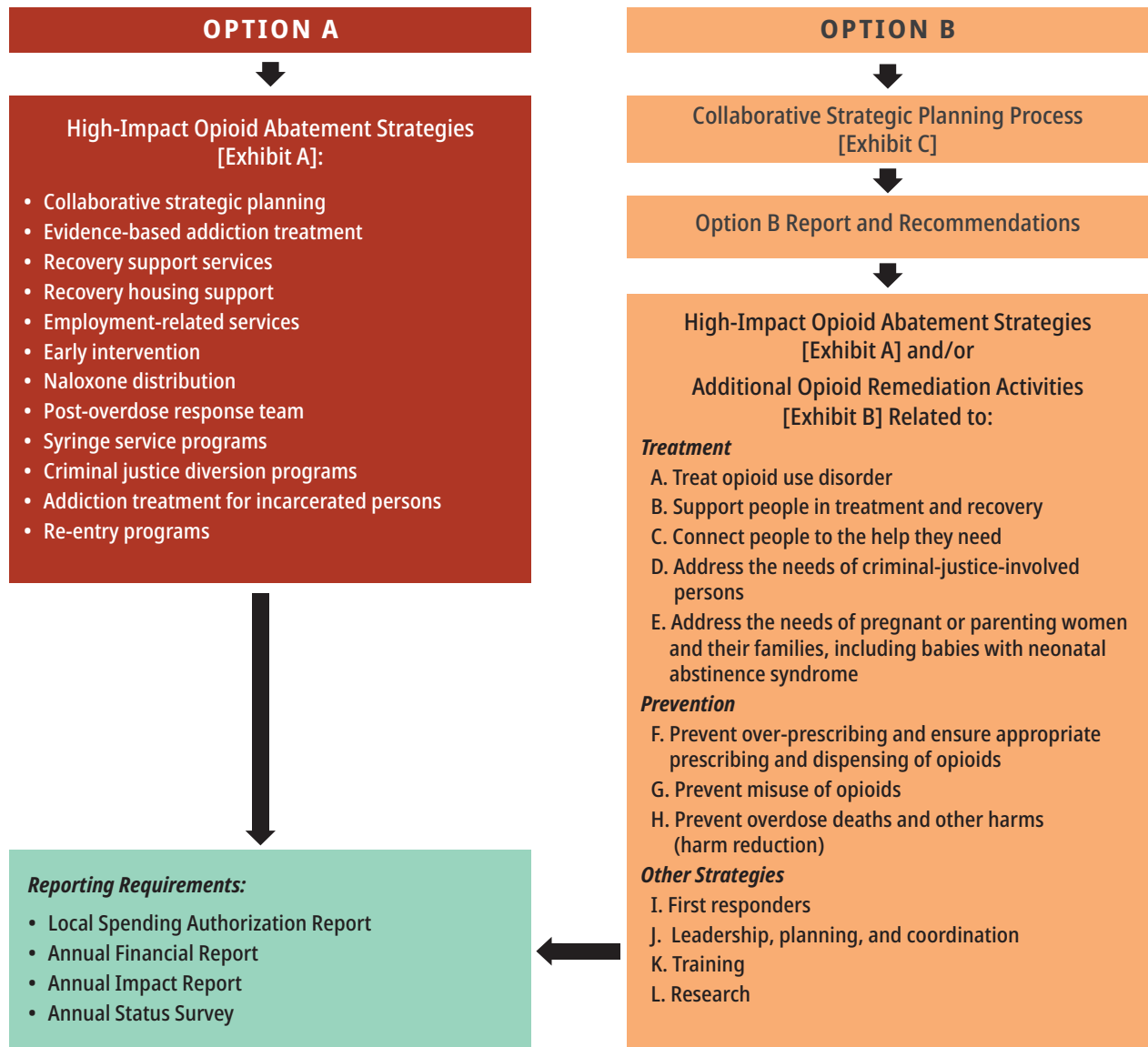
- No Representation*
- Indirect Representation**
- Direct Representation



*Although these states were not explicitly represented in the key perspective interviews, participants included state-level stakeholders

**Some participants represented organizations that provide services for multiple counties. In these cases, the county they directly worked in was categorized as having “direct representation,” while the other counties they provided services for were categorized as having “indirect representation.”

Figure 6. Option A and Option B Strategies Under the NC MOA





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