

Description: Support collaborative strategic planning to address substance use, overdose, and related issues and ensure that diverse partners, including people with lived experience, are engaged in the process.

### Expected Outcome(s):

- Increased number of strategic plans developed that address substance use, overdose and improve the health and wellness of people who use drugs.

Potential annual activities include:

- Working with community partners, including those with lived experience, to plan how to use the Opioid Settlement funds to address community needs.
- Designing and implementing a stakeholder survey to identify community assets and needs for addressing substance use and overdose prevention.
- Hosting events (town halls, focus groups) to gather community input on concerns about the overdose crisis and to identify ways to address current needs.
- Creating an advisory group of people with lived experience to inform the process and ensure that resources created using Opioid Settlement funds are culturally responsive. Funds can be used to pay participants honorarium for their time.
- Evaluate the planning process to identify challenges and barriers to involvement of diverse partners. Data collected during the evaluation will inform the planning process moving forward.
- Provide training to county leadership, partner organizations, and community partners
- Develop educational materials on evidence-based overdose prevention training to help inform the planning process.

### 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 designing programs to ensure historically marginalized populations can access them in the collaborative strategic planning phase helps to ensure 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 during the collaborative strategic planning process. Involving people that will ultimately benefit from the services at the beginning is one way to ensure that the programs will meet the needs of the population. Consider providing opportunities for people using overdose prevention, substance use disorder treatment, and harm reduction programs in your county to provide regular feedback about the strategic plans being developed.

Collaborative strategic planning 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.

The most effective substance use, overdose prevention, and harm reduction programs provide a safe, nonjudgmental, inviting space where they work *with*, not *for*, people who use drugs, people who engage in sex work, and other marginalized people. It is imperative to learn from people's current and past experiences of drug use and care navigation to best serve communities. Further, involving people with lived experience in organizational development and decision-making will challenge individual and institutional stigma, and will allow people with lived experience to use that experience to support and inform others.

### **Recommended Partners:**

- people with lived experience (people who use drugs; sex workers; legal system involvement and incarceration, etc. )
- harm reduction organizations
- existing syringe services programs (SSPs)
- local health departments
- community-based organizations
- faith communities
- health systems
- substance use disorder treatment providers (including medically assisted treatment)
- AIDS service organizations
- first responders
- jail/detention centers
- other individuals and organizations with experience working with underserved and vulnerable populations

### **Intervention Examples:**

1. A local health department worked with their county coalition to provide initial feedback on how to use the Settlement Funds and identified ways to incorporate feedback from community members throughout the planning process. They decided on having one-on-one and group meetings with key partners, four community meetings, and sent out a community survey for input. Key partners included in the process were the board of health, re-entry council, individuals with lived experience, the county sheriff, behavioral health providers, and so many more. Partners recommended designating funds through a Request for Proposal (RFP) process to support multi-year projects.
2. A local substance use coalition formed an ad hoc committee to develop recommendations for how to use the Opioid Settlement funds and presented the plan to county government. The ad hoc committee included behavioral health,



community members, a community health center, county jail, the county police department, the local harm reduction agency, prevention agency, and treatment providers. The recommendations included addressing stigma related to substance use. The county affirmed their intent to use the report to inform their process.

3. Local health departments have been meeting regionally to identify opportunities for collaboration and coordination. Regional coordination is an opportunity to leverage funds to extend the work and expand access to overdose prevention strategies.
4. One local health department hosted forums to receive input from community members on how to best use the funds. Participants were encouraged to select their top three priorities with the funds.
5. One local coalition used a results-based accountability framework to identify barriers and facilitators to the work as well as key partners. They used this information to select the strategies that would make the biggest impact in addressing the overdose crisis in their community.

### **Related Programs:**

The NC Division of Public Health's Injury and Violence Prevention Branch (IVPB), a leader in the state's response to the overdose crisis, supports local health departments and community partners on a range of topics related to overdose prevention and harm reduction.

1. Providing technical assistance and training to individuals and agencies on evidence-based overdose prevention and collaborative strategic planning. You can read more about available technical assistance here: [https://www.ncalhd.org/wp-content/uploads/2021/08/NC-IVP\\_Overdose-Prevention-and-Harm-Reduction\\_TA\\_Guide\\_8.23.21.pdf](https://www.ncalhd.org/wp-content/uploads/2021/08/NC-IVP_Overdose-Prevention-and-Harm-Reduction_TA_Guide_8.23.21.pdf).
2. Encouraging collaboration and education, through events like the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) and the [Injury-Free NC SSP Academy](#) (now the Harm Reduction Academy). You can find the recordings for the SSP Virtual Series here: <https://injuryfreenc.org/injury-free-nc-focus-areas/establishing-syringe-services-programs-in-north-carolina-a-virtual-series/>.
3. Presenting harm reduction and drug user health services as vital aspects of a broad, multidisciplinary response to the overdose crisis, in resources such as the [Opioid and Substance Use Action Plan](#) and the [Menu of Local Actions to Prevent Opioid Overdose in NC](#).
4. Partnering with the North Carolina Association of County Commissioners to host webinars on the strategies of the Opioid Settlement including Collaborative Strategic Planning. You can find the webinar recording here: <https://ncacc.sharefile.com/share/view/sed7180d74426449c97de72cd8600eb52>

### **North Carolina Resources:**

- A. North Carolina Opioid Settlement Dashboard: <https://ncopioidsettlement.org/data-dashboards/>



- B. North Carolina Association of County Commissioners <https://www.ncacc.org/>
- C. North Carolina Harm Reduction Coalition  
<http://www.nchrc.org/>
- D. Mountain Area Health Education Center (MAHEC) <https://mahec.net/substance-use/opioid-settlement-funding>
- E. More Powerful NC <https://www.morepowerfulnc.org/>

### **Recommended Tools/Resources:**

- A. Principles for the Use of Funds from the Opioid Litigation  
<https://opioidprinciples.jhsph.edu/>
- B. Meaningful Involvement of People Who Use Drugs  
<https://aidsunited.org/meaningful-involvement-of-people-who-use-drugs/>
- C. Harm Reduction Coalition  
<https://harmreduction.org/>
- D. The National Harm Reduction Technical Assistance Center (NASTAD)  
<https://www.nastad.org/domestic/hepatitis/drug-user-health>

### **Data Sources**

- A. NC Opioid and Substance Use Action Plan Data Dashboard  
<https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>
- B. NC Communicable Disease Statistics Disease Data Dashboard  
<https://public.tableau.com/en-us/search/all/NCD3NorthCarolinaDiseaseData>

