



NC Department of Health and Human
Services

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

October 29, 2021

Welcome to OPDAAC!

- We will start promptly at 10:00AM!
- For questions during the meeting:
 - Please put your questions in the chat box, which will be monitored for the duration of the meeting. **Note:** you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
 - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.
- The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page
 - <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory>
 - Please note, it can take up to 7 days for materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

Opioid Settlement Briefing

Attorney General Josh Stein & Steve Mange

Opening Remarks from Attorney General Josh Stein



Which Companies are Involved?

	Manufacturers	Distributors	Pharmacy Chains
Filed for Bankruptcy	Purdue Pharma Mallinckrodt Insys		
Parties to National Settlement Framework	Johnson & Johnson	Cardinal McKesson AmerisourceBergen	
<u>Not</u> in Bankruptcy & <u>Not</u> Parties to National Settlement Framework	Allergan Endo Teva		CVS Rite Aid Walgreens Walmart



Potential Funding

- National = \$30B over 18 years
- North Carolina = \$850M over 18 years
- Front loaded in first three years



Allocation of Funds

- Overall
 - 15% state
 - 85% local governments
- Among local governments
 - 100 counties
 - 17 municipalities



Local Use of Settlement Funds

- **Option A = Pick from shorter list**

- Collaborative strategic planning
- Evidence-based addiction treatment
- Recovery support services
- Recovery housing support
- Employment-related services
- Early intervention programs
- Naloxone distribution
- Post-overdose response teams
- Syringe service programs
- Criminal justice diversion programs
- Addiction treatment for incarcerated persons
- Reentry programs for recently incarcerated persons



Local Use of Settlement Funds

- **Option B = Collaborative strategic planning**
 - Engage diverse stakeholders
 - Build upon other planning efforts
 - Identify and explore root causes
 - Identify and evaluate potential strategies
 - Identify goals, measures, and evaluation plan
 - Consider ways to align strategies
 - Develop budgets and timelines
 - Offer recommendations to governing body



Transparency & Accountability

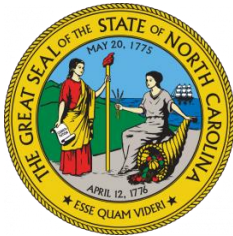
Locals report to statewide opioid dashboard

- “Before the fact”
 - Report & recommendations
 - Resolution or budget item
- “After the fact”
 - Annual financial report
 - Annual impact report



Rules & Resources

- Rules = The MOA
- Resources = How can we help?



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Opioid Strategies: What's Working in NC?

- Spotlight evidenced-based local programs
- Focus on core “Option A” strategies
 - January: Planning
 - February: Treatment
 - March: Recovery
 - April: Harm Reduction
 - May: ?
 - June: ?
 - July: ?



NC DOJ Info & Updates

www.MorePowerfulNC.org

OPIOID SETTLEMENTS

The below links provide more information about lawsuits to hold accountable companies that helped create and fuel the opioid crisis, and how funds from the resolution of these lawsuits will be disbursed.



Opioid Settlement Website & Resources

Natalie Blackburn
Amy Patel

NC Opioid Settlements Dashboard

NCOpioidSettlement.org



Background

- The UNC Injury Prevention Research Center (IPRC) develops, tests, and implements prevention solutions that reduce the impact of injury and violence in North Carolina and worldwide.
- 26 Staff, 19 Principal Investigators, 20 Graduate Students
- Strong links to practitioner and harm reduction communities, including the NC Injury and Violence Prevention Branch
- Three “Cores”
 - Research
 - Outreach
 - Training/Education

Purpose

- Support the information and reporting needs of local counties and cities
- Help inform selection of **local strategies to mitigate opioid harms in their counties and cities**, to be supported by settlement funds
- **Monitor** expenditures and **document** impacts statewide
- Promote **transparency** and **accountability** in how settlement funds are expended
- Assist in disseminating best practices from one county/city to another

Audience

People engaged in the planning process, designated leaders in counties/cities and community-based/grassroots groups

Current Functions of the Website

Resources

- Resources (links) for best practices, aligning with existing state initiatives
- Repository for webinars and “how to” trainings, sharing resources between counties/cities

Facilitate Planning

- Curated data feeds from existing resources
- Guidance on selecting impact measures for each strategy

Collaborate in Planning

- Help counties/cities understand and evaluate strategy options in their local context

Future Functions (**proposed**)

Data Integration

- Dashboard uses data from existing databases to provide a snapshot of opioids and social determinants of health by county (similar to Opioid Action Plan site, but more targeted)

Warehouse

- Reports from local planning process
- Resolution of governing body – how funds will be spent in the county/city

Annual Reporting

- Resolution/ budget information and strategy selection
- Annual financial report from each county/city
- Annual impact information for each strategy

NCOpioidSettlement.org

North Carolina Opioid Settlements

Funding local programs and services to address the harms of opioids

[Home](#) [About the Opioid Settlements](#) [Resources](#) [Data Dashboards](#) [Partners](#)

Home



NCOpioidSettlement.org

North Carolina Opioid Settlements

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Resources

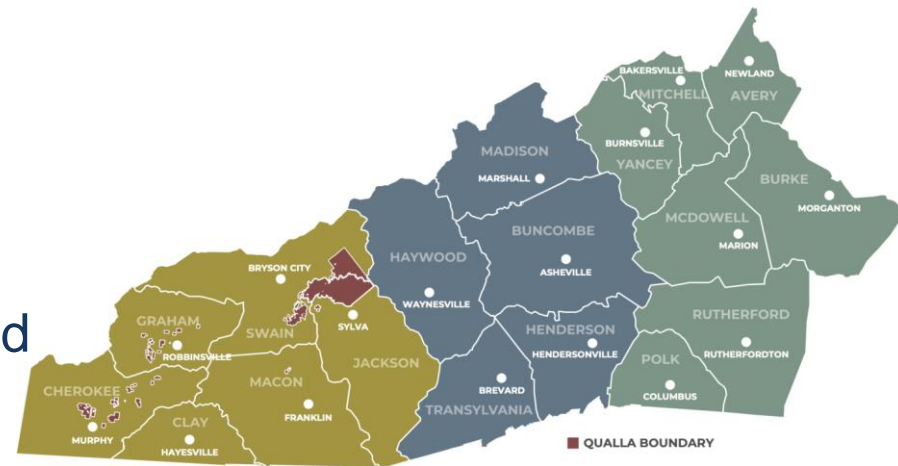


Regional and Local Planning Efforts

April Bragg

Overview of Dogwood

- Created from sale of Mission Health System
- Private foundation
 - Resource for the region in perpetuity
 - Completely independent, governed by a volunteer board of directors and regulated by the IRS
 - Make investments in community – \$66M+ in 2021
- Serve WNC 18-county region and Qualla Boundary



Dedicated to
dramatically
improving the **health**
& **well-being**
of *all people* and communities
of Western North Carolina.



Social Determinants of Health

“Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.”

- CDC.gov



Strategic Priorities



Housing



Education



Economic
Opportunity



Health &
Wellness

CREATE A WNC WHERE **EVERY GENERATION** CAN

Live, Learn, Earn and Thrive

With Dignity & Opportunity for all.

(NO EXCEPTIONS)



Thrive:

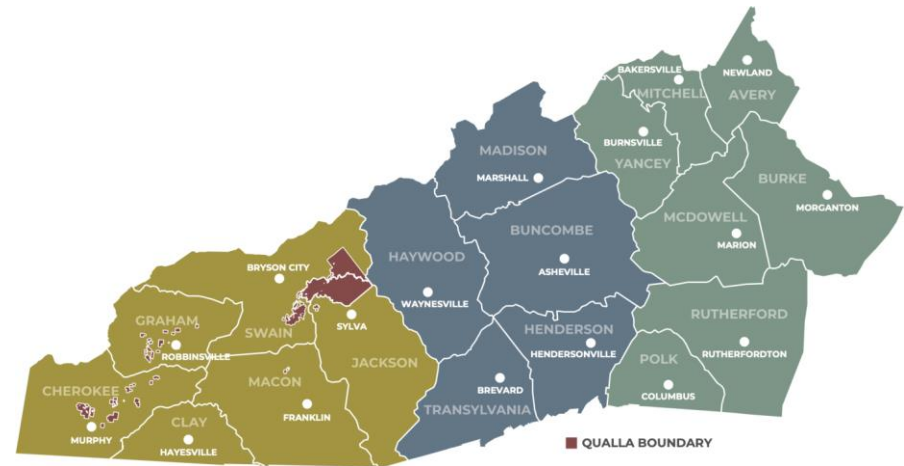
Health & Wellness – Healthy and supportive environments and relationships, combined with access to quality health care, are cornerstones for health and wellbeing.

- Healthy, Engaged Communities
- Integrated, Whole-Person Care
- Health Disparities
- Behavioral Health and SUD



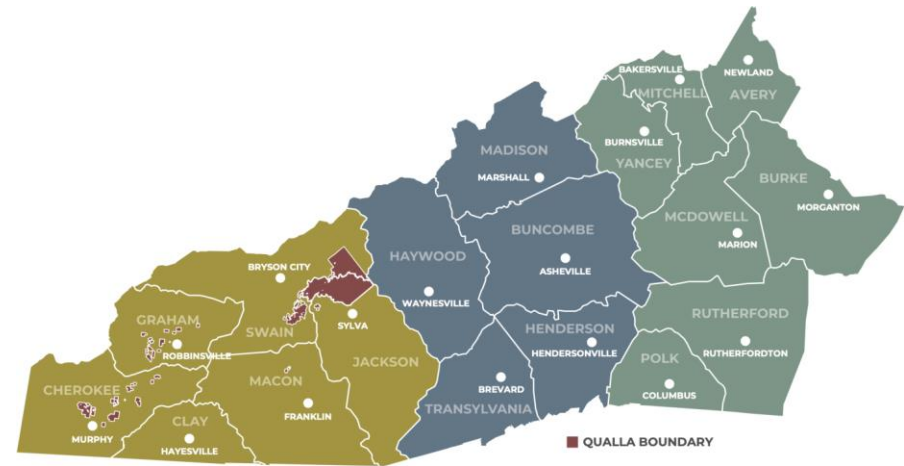
Substance Use Disorder

- \$5M annual commitment through 2024, at minimum
- Collaboration with NC DHHS
- The opioid settlement is a unique opportunity
 - 18 years of funding; top health priority for western NC counties
 - Provide support to counties and municipalities for planning
 - Thoughtful and intentional preparation is more likely to maximize impact of settlement in terms of lives saved



Opioid Planning Grants

- First RFP issued in July 2021
- \$3.7M currently in award process for first round of planning grants
- Second RFP planned within next 2-3 months
- Planning activities are in alignment with NC MOA and can include needs assessment, strategic planning, implementation planning, partnership building etc.



Opioid Settlement Planning - McDowell County, NC

Danny Hampton

Panel: Connecting Institutional & Grassroots Partners to Promote Effective Strategies

Kathy Colville (moderator)

Participants

Jasmine Beach-Ferrara

Buncombe County Commissioner



Raymond Velazquez

Western NC AIDS Project



Louise Vincent

NC Survivors Union

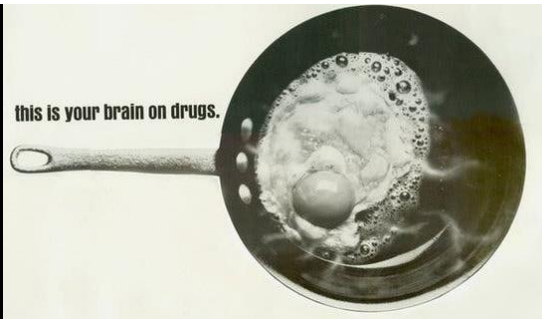


Alison Miller

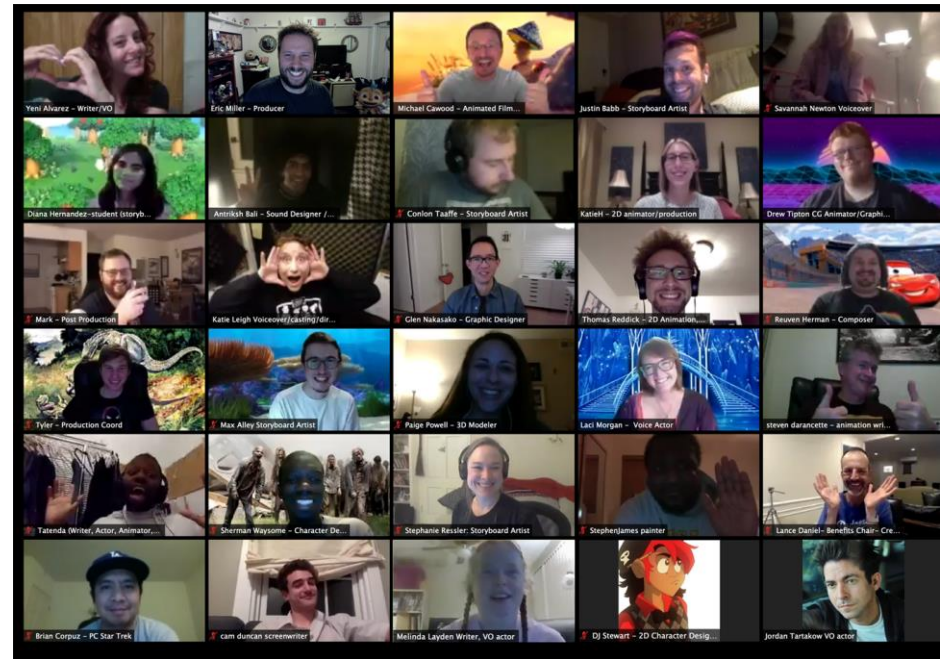
North Carolina Institute of Medicine



From *Just Say No* to *Nothing About Us Without Us*









A-8	Community groups	Community groups, such as faith communities, community coalitions that address drug misuse, groups supporting people in recovery, youth leadership organizations, and grassroots community organizations
A-9	Stakeholders with "lived experience"	Stakeholders with "lived experience," such as people with addiction, people who use drugs, people in medication-assisted or other treatment, people in recovery, people with criminal justice involvement, and family members or loved ones of the individuals just listed
A-10	Stakeholders reflecting diversity of community	Stakeholders who represent the racial, ethnic, economic, and cultural diversity of the community, such as people of color, Native Americans, members of the LGBTQ community, and members of traditionally unrepresented or underrepresented groups

Why Are We Talking About this Today?

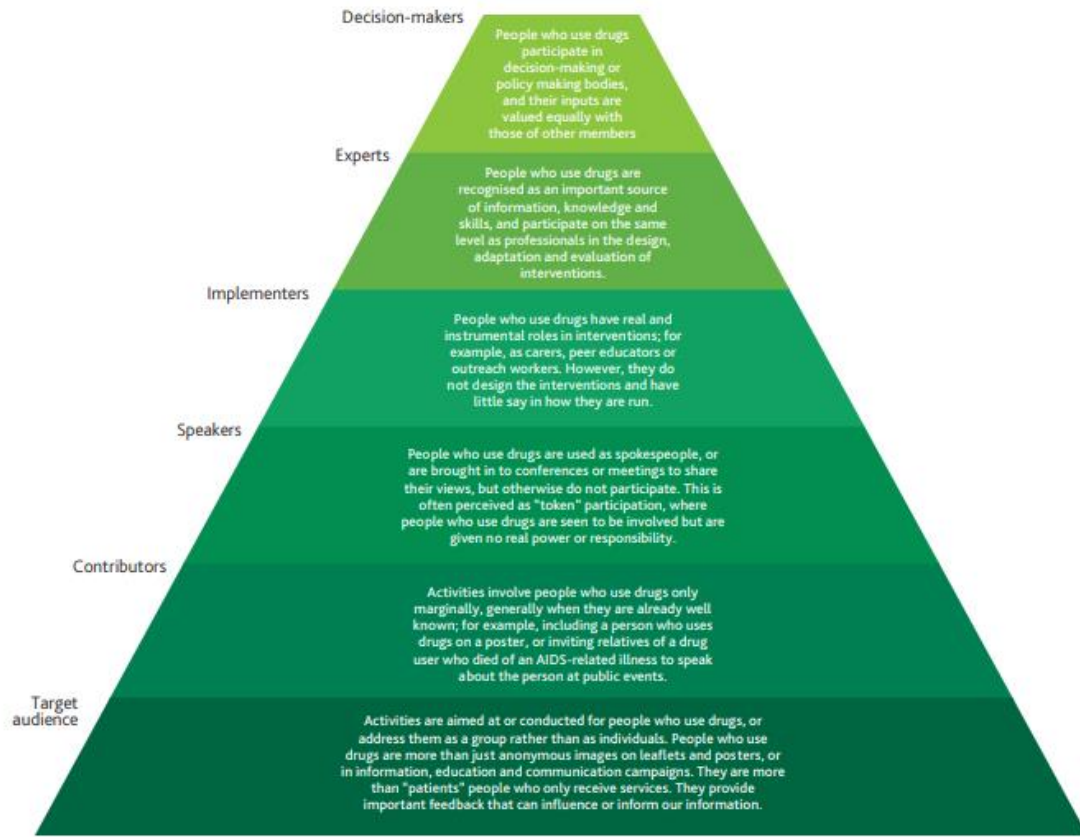


Assuring that *People Who Use Drugs* help to design the services intended to save the lives and improve the health of *People Who Use Drugs*

- Has a strong **scientific evidence base**.
- Can be **life-changing** for all involved.
- Can be **challenging** – it requires changes to “how we’ve always done it.”
- Is **worth** the hard work.
- Begins and ends with **relationships**.

A pyramid of involvement*

This pyramid models increasing levels of drug user involvement, with the highest level representing complete application of the greater involvement principle.



International Alliance
Together to end AIDS

COMMUNITY ACTION ON HARM REDUCTION

coAct

АнбЯНС

Good practice guide for employing people who use drugs

Photo © Steve Kaufman

Source linked [here](#)

Engaging Directly-Impacted People in Strategic Planning and Program Development

Alison Miller

Why is it important to **meaningfully** engage people who use drugs and people with lived experience?

- Increase understanding of what people who use drugs need in terms of services and supports – and the barriers they might face
- Build trust with the people and communities served by strategies and programs to address addiction and overdose
- Support the development and implementation of effective strategies – identify and minimize barriers, increase connections to services, and improve outcomes



Overview of the Evidence

Nothing about us without us – “public policies should not be written or put into place (officially or unofficially) without the direction and input of people who will be affected by that policy” (CDC, 2018)

Community-based participatory research is the “systematic investigation with the participation of those affected by an issue for purposes of education and action or affecting social change” (Minkler, 2005)

Directly impacted people have been included in strategic planning processes in other contexts – chronic and infectious diseases in particular



Source linked [here](#)

Examples of Successful Partnerships

Success in programs and interventions involving PWUD

Booth et al.	2009	Intervention study	Ukraine	To investigate changes in needle-related risks among IDU following peer leader interventions	Peer leaders significantly reduced needle risk behaviors at 6 months follow-up compared to baseline; findings suggest that peer leader intervention approach may be effective in reducing HIV risk behaviors among IDU in Ukraine
Broadhead et al.	1998	Intervention study	USA	To compare the TOI with a PDI in the context of HIV prevention efforts	Both interventions significantly reduced HIV risk behaviors; PDI reached a larger and more ethnically/geographically diverse population of IDU at a lower expense than TOI
Garfein et al.	2007	Randomized control trial	USA	To investigate whether a peer-education intervention can reduce injection and sexual risk behaviors associated with HIV and Hepatitis C in young IDU	The peer intervention reduced injection risk behaviors among young IDU by 29% overall at 6 months postintervention compared to control and 76% reduction compared to baseline; Sexual risk behaviors were also decreased postintervention
Hayashi et al.	2010	Cohort study	Canada	To evaluate a peer-run outreach-based syringe exchange program by VANDU called the Alley Patrol	The Alley Patrol was successful in reaching a higher risk group of IDU and was significantly associated with lower levels of needle reuse (AOR=0.65)

Reduction in risk behaviors related to injection and needle use, HIV, and sexual activity

Improved outreach to more diverse communities and success in reaching higher risk groups

What's Next for Your Planning Team?

- How can you increase your self-awareness of biases and assumptions that may stand in the way of meaningful inclusion of people who use drugs?
- How can you improve your understanding of the history, research, and evidence regarding meaningful inclusion of people who use drugs in community planning?
- How can you take a step towards developing authentic relationships with people who use drugs?

References

1. Duke University School of Medicine Opioid Collaboratory and NC DHHS: [Qualitative Study of Local Health Departments to Prevent Opioid Overdose in North Carolina](#)
2. Damon, W., Callon, C., Wiebe, L., Small, W., Kerr, T., & McNeil, R. (2017). Community-based participatory research in a heavily researched inner-city neighbourhood: perspectives of people who use drugs on their experiences as peer researchers. *Social science & medicine*, 176, 85-92.
3. Jürgens, R. (2005). "Nothing about us without us" - greater, meaningful involvement of people who use illegal drugs: a public health, ethical, and human rights imperative. Canadian HIV/AIDS Legal Network.
4. Minkler, M. (2005). Community-based research partnerships: challenges and opportunities. *Journal of urban health*, 82(2), ii3-ii12.
5. Ti, L., Tzemis, D., & Buxton, J. A. (2012). Engaging people who use drugs in policy and program development: a review of the literature. *Substance abuse treatment, prevention, and policy*, 7(1), 1-9.

Q & A

Wrap up and THANK YOU!

Amy Patel, Overdose Prevention Team Lead, Injury and Violence Prevention Branch, Division of Public Health

The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page within 7 days

– [https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory](https://www.ncdhhs.gov/about/departments/initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory)

Next OPDAAC Meeting: Friday, December 10, 2021, from 10:00 AM until 12:00 PM

- Focus will be on justice-involved populations