EVIDENCE-BASED ADDICTION TREATMENT

Opioid Settlements Case Study

OPIOID SETTLEMENTS IN NORTH CAROLINA

North Carolina is using $1.4 billion in funding from the national opioid settlements to address the overdose crisis that continues to impact the state, where an estimated nine people die each day from overdose.[1] The North Carolina Memorandum of Agreement (NC MOA) governs the allocation, use, and reporting related to the opioid settlements and reflects a strong, shared commitment to transparency and accountability regarding the use and impact of funds. Based on the principle that those closest to the problem are closest to the solution, the NC MOA allocates 85% of funds to local governments and 15% to the state.

While local governments must spend the opioid settlement funds on abatement activities, they can choose which NC MOA strategies will best address their own community's needs. By investing opioid settlement funds in high-impact strategies listed in Exhibit A, local governments are helping to ensure that all people in North Carolina are healthy and have connections to supportive systems and services within a culture of care.

EVIDENCE-BASED ADDICTION TREATMENT IN THE NC MOA

The second strategy in Exhibit A is **Evidence-Based Addiction Treatment**, "consistent with the American Society of Addiction Medicine's National Practice Guideline[2] for the Treatment of Opioid Use Disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration." At present, these medications are methadone, buprenorphine (both oral and injectable), and naltrexone. Medications may be provided in a variety of locations, from opioid treatment programs to outpatient clinics to detention centers. This strategy requires that all FDA-approved medications for the treatment of opioid use disorder should be available to all patients. Detox or therapy alone, without access to medications, does not qualify under this strategy.

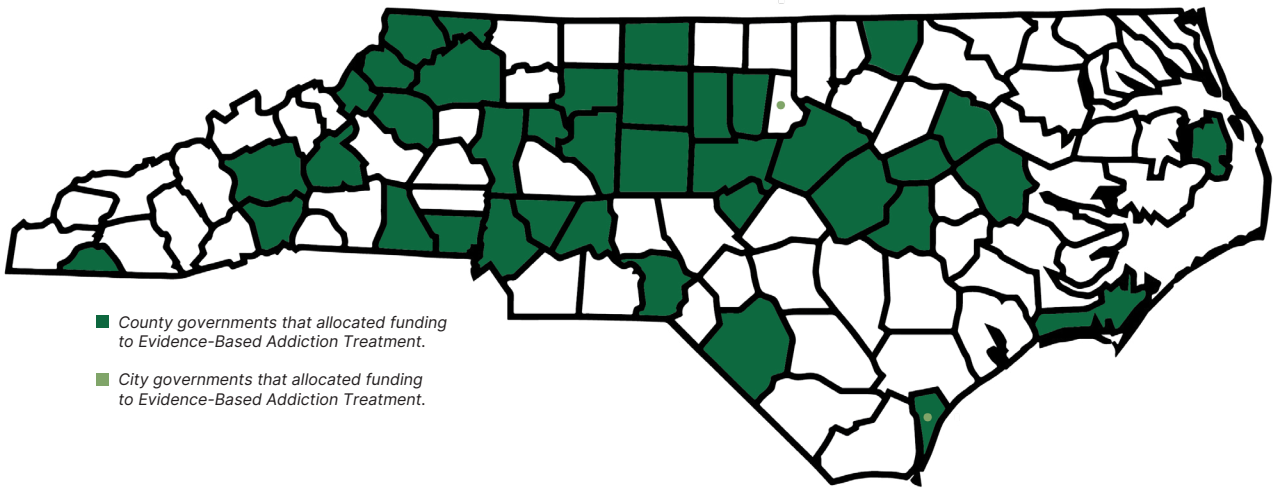
As of January 2025, 41 local governments had reported plans to spend funds on Evidence-Based Addiction Treatment.

IMPLEMENTING EVIDENCE-BASED ADDICTION TREATMENT

The North Carolina Association of County Commissioners (NCACC) Opioid Settlements Technical Assistance Team (OSTAT) interviewed local governments across the state that had successfully planned for and implemented high-impact strategies funded by opioid settlements. Local government employees, key community partners, people with lived experience, and local elected officials spoke about successes, challenges, and lessons learned. Key findings from these interviews are outlined below.

Building the Groundwork

During one community's Collaborative Strategic Planning process, expanding the provision of medication for opioid use disorder (MOUD) through the local clinic was



1 Cox MB. Current Data and Future Directions. Presented as part of NCDHHS Opioid Prescription Drug Abuse Advisory Committee (OPDAAC) Meeting; September 20, 2024; Raleigh, NC. View link.

2 American Society of Addiction Medicine (ASAM). National Practice Guideline. 2020. View link.

seen as a natural next step in improving services for people with opioid use disorder. This was especially true because of the longstanding relationships between the major local healthcare provider, the county, community organizations, and other service providers. Another rural community had previously brought in outside providers to offer MOUD at the health department under a federal grant. When settlement funds were received, a well-regarded community group advocated for resources to sustain this program and build on the progress made with prior federal funding.

When starting a new evidence-based addiction treatment program, partners found that educating local governing bodies and key stakeholders about the role of medication in treatment was key to obtaining buy-in. Clinical partners also took the time to educate staff on ways to integrate behavioral health and peer support into new workflows, while training them in trauma-informed approaches and harm reduction. In addition, building new relationships with people seeking treatment was necessary in some locations where "people really didn't have a lot of trust in the big-name folks" that provided treatment, because "they felt like they didn't have the right kind of staff to treat them the way that they felt they should be treated." Treatment providers carefully and intentionally trained and supported their staff while rebuilding relationships with patients who may have had previous negative experiences. Interviewees highlighted that trust-building and gaining buy-in take time.

Key Implementation Partners

Local governments worked closely with harm reduction organizations and local recovery groups aligned in their work to support community members with needs related to opioid use. In one community, peer support specialists from a neighboring county were vital in helping identify potential MOUD providers who could co-locate with the local health department to offer services. Community paramedics developed relationships with the local hospital, and local syringe services programs (SSP) and emergency medical services (EMS) provided warm hand-offs and referrals to local providers. In one community, an EMS bridge program, which provides medication until an individual can get to a treatment provider, has been essential in engaging survivors of a non-fatal overdose in care.

"It takes an entire team … We had a great champion, but he can't do the work by himself … he's going to have to have help."

Peer support specialists have been central to implementation by supporting both planning and service delivery. As one treatment provider said, "Peer support is really the glue that keeps everything together." Peer supports sometimes represented the perspectives of people with lived/living experience during planning activities based on their own experiences and their direct, trusted relationships with people who use drugs. Interviewees reported that hiring peers to support patients required agencies and clinical partners to make policy, supervision, and organizational culture changes to most effectively support this key role. Policy changes may be necessary to allow agencies to hire individuals who have prior legal system involvement, an experience that patients with similar histories may identify with and connect to more easily. One interviewee noted a positive shift in organizational culture to more consistently "making sure people are checking in, ensuring that individuals have time to breathe," and providing supervision for staff as "whole people."

Being Responsive to Patient and Community Needs

Interviewees highlighted the importance of understanding patient needs to tailor services appropriately. One clinical partner has conducted quarterly focus groups with patients to get feedback on services. They also include peer support specialists in case conferences at which patient care is discussed, since peers can offer insights that help medical providers more effectively provide treatment. Clinical partners made efforts to hire staff who lived locally and reflected the diversity of the community. They also encouraged peer supports to show up in local communities, where historically marginalized community members live, to start building trust – with the goal of engaging these communities more in both receiving and designing services.

By investing time and resources to provide evidence-based addiction treatment in their communities, local governments greatly contribute to the betterment of individual lives. Interviewees reported that success is when patients say they feel cared for, not judged, and that the clinic is a safe space. Success in treatment is when an individual experiences positive changes in their life, such as no longer using drugs chaotically, obtaining stable housing and employment, or "parenting the way they want to parent." Local governments also described success as improving general acceptance regarding the use of MOUD.

PATHWAYS TO PROGRESS

Addressing **stigma** has been a high priority for local governments working to obtain and sustain support for evidence-based addiction treatment. Local governments implementing these strategies reported stigma both against people with opioid or substance use disorders

and against the use of medications to treat opioid or substance use disorders. They found that storytelling has been a particularly impactful method of education and stigma reduction, especially when paired with state resources that provide guidance for educating the community and key stakeholders on the evidence supporting MOUD. Having individual meetings with key stakeholders early in the process, ideally by getting on the agenda of the stakeholder's regular meetings, was a successful approach. Having clinicians who championed providing MOUD and harm reduction approaches within the clinic also helped shift the organizational culture to providing needed services with an approach that better supports patients to stay engaged in care.

ADDITIONAL RECOMMENDATIONS FOR IMPLEMENTATION

1. **Leverage existing collaborations and partnerships within the community to provide wraparound services** that many individuals in treatment need. Memorandums of Understanding (MOUs) that permit the sharing of protected health information among local service providers allow for more streamlined care for patients.
2. **Hire peer support specialists** and provide them with respect and sufficient support. Peers are effective at and essential to improving patient care. To ensure their success, local governments should offer supervisory support and may have to engage in policy change.
3. **Train and support clinic staff.** Offering evidence-based addiction treatment may require new workflows and ways of thinking about how to provide services to people who use drugs (e.g., providing flexibility with appointment times). Training in trauma-informed care and harm reduction principles and practices is important, as is giving staff sufficient time to adapt to new workflows.

RESOURCES

Technical Assistance

NCACC strives to support local governments in utilizing opioid settlement funds to maximize resources and impact through technical assistance, outreach and training, and collaboration. Visit the NCACC OSTAT webpage at www.ncacc.org/opioidsettlement or contact opioidsettlement@ncacc.org.

CORE-NC

The Community Opioid Resources Engine for North Carolina (CORE-NC) website contains a wealth of information about the utilization of settlement funds in North Carolina. Dashboards display data and visuals on local spending plans, past spending, impact reporting, and state trends. Visit the CORE-NC website at www.ncopioidsettlement.org.

NC Treatment Connection

The North Carolina Treatment Connection provides a list of reputable resources for substance use disorder treatment in North Carolina. To learn more, visit www.nctreatmentconnection.com.

Trauma-Informed Counties Training

NCACC offers recorded training on the widespread impacts of trauma, principles of trauma-informed care, pathways to healing, and creating trauma-informed workplaces and communities. To learn more, visit www.ncacc.org/events-training/trauma-informed-counties-in-practice and scroll to "TIC Trainings (Online Version)."