



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.

NALOXONE DISTRIBUTION IN THE NC MOA

The seventh strategy in Exhibit A is **Naloxone Distribution**. While naloxone distribution can and should be integrated into all opioid abatement programs, this strategy specifically calls out support for "programs or organizations that distribute naloxone to persons at risk of overdose or their social networks." Community



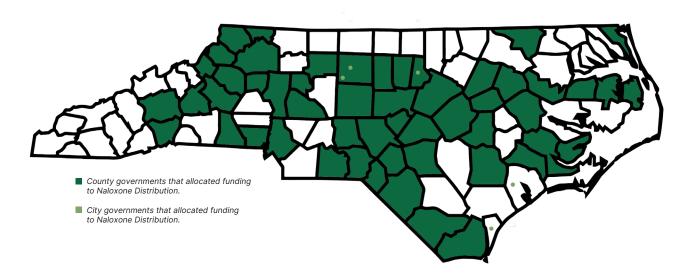
distribution – getting naloxone into the hands of people who use drugs and their closest connections, who are most likely to be present at the time of an overdose – must be the primary focus of this strategy. Only after the prerequisite of community distribution is met can the local government also provide naloxone for first responders.

Opioid overdose deaths can be reduced by increasing the use of naloxone, which "works by binding to opioid receptors in the brain and blocking the effects of the opioid drug for 30-90 minutes, reversing the respiratory depression (slow/shallow breathing) that occurs as a result of overdose." Naloxone is an effective, quick-acting, over-the-counter medication that saves lives without the potential for addiction or misuse.

As of January 2025, 58 local governments had reported plans to spend funds on the Naloxone Distribution strategy, though many more are distributing the lifesaving medication to program participants under other strategies.

IMPLEMENTING NALOXONE DISTRIBUTION

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



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 North Carolina Department of Health and Human Services. North Carolina Naloxone Distribution Toolkit. June 2024. View link.

employees, key community partners, people with lived experience, and local elected officials discussed successes, challenges, and lessons learned. Key findings from these interviews are outlined below.

Understanding Community Priorities and the Importance of Naloxone

To better understand how to prioritize strategies supported with opioid settlement funds, some local governments conducted interviews with people with lived experience and met with recovery groups. Through these conversations, a reduction in the number of fatal overdoses has been identified as an urgent goal. Because elected officials and other community members understand naloxone's effectiveness in saving lives, there has been relatively quick buy-in for and prioritization of Naloxone Distribution for rapid implementation. Peer support specialists who have educated law enforcement, local businesses, and faith community members through anti-stigma training have also noticed increasing support for Naloxone Distribution among these key partners.

"When I first started ... there was a lot of negative response and a lot of stigma. The first year, I could not give away the harm reduction kits. People did not want to talk to me. You know they said, 'I don't know anybody that does drugs. I don't do drugs.' But this past July, when we had [the community event] I ran out. I literally ran out. The public has changed their mind about ... [naloxone] distribution."

Activating Partners to Distribute Naloxone Widely Across Communities

Local governments engaged their local syringe services programs (SSPs) and other harm reduction organizations when planning to implement Naloxone Distribution. One local government involved a municipal police department that agreed to provide naloxone kits to people who experienced an overdose but did not want to go to the hospital. Sheriffs' offices have also served as places where people can access naloxone; one local government reported working with its jail to ensure people are given naloxone kits at release. Other local governments have relied on their local health departments and evidence-based addiction treatment providers to distribute the life-saving drug to patients. Some local health departments began distributing naloxone long before the opioid settlements, with

medication supplied by the North Carolina Department of Health and Human Services. Others noted that their naloxone distribution efforts were supported financially by private organizations (e.g., Vital Strategies) and their Local Management Entities/Managed Care Organizations. One local health department reported that having many substance use disorder programs already in place made Naloxone Distribution an easy strategy to implement across their community. Local governments have worked with primary care practices that provide office-based opioid treatment to ensure that patients receive naloxone and have included naloxone and other harm reduction supplies in vending machines across their communities. Local governments have also partnered with public libraries and schools to distribute naloxone.

PATHWAYS TO PROGRESS

Key Considerations

Peer support specialists are well positioned to assist with Naloxone Distribution given their knowledge, relationships, and networks. Many local governments have worked with peer support specialists who engage community members who use drugs to plan naloxone distribution points. Peer support specialists also build trust with people most at risk for overdose and encourage them to share naloxone with each other to amplify distribution efforts. Other local health department staff also noted that consistently "showing up" for people who use drugs helped build trust first and then a demand for naloxone. Another way local governments are making sure naloxone is getting to the places where it is needed most is by working with organizations that serve marginalized communities by attending community events where they can engage in conversations and develop relationships.

"They're not always willing to come to the health department. They're not always willing to come to an organization. So [it's about] going into the spaces where they are and just being visible. It's like any relationship: trust can be build over time and through interactions."

ADDITIONAL RECOMMENDATIONS FOR IMPLEMENTATION

 Purchase intramuscular (IM) naloxone over nasal whenever possible. IM naloxone is about one-tenth the cost of intranasal naloxone, so opioid settlement funds can be stretched farther and benefit more people when IM naloxone is prioritized. EMS and people who use drugs, the two groups most likely to support someone experiencing an overdose, are also likely to be comfortable using syringes. For these reasons, IM is the most common form of naloxone distributed by harm reduction organizations in the state.

- 2. Pair community naloxone distribution with community education to reduce stigma against people who use drugs and train community members to recognize signs and symptoms of an opioid overdose and act in response.
- 3. Host or sponsor overdose rescue kit-making events with key partners, including syringe service programs. Community service events where people gather to assemble large numbers of rescue kits help local governments reduce the administrative burden of kit assembly and deepen their relationships with naloxone distribution partners. Overdose rescue kits usually contain:
 - a. Naloxone (either IM with syringes or nasal)
 - Instructions on how to recognize and respond to an overdose with naloxone
 - c. Additional first aid supplies, such as alcohol pads, rescue breathing masks, and gloves
 - Information about risk factors for opioid overdose
 - e. Ways to connect with services or resources (syringe service programs, harm reduction or recovery organizations, treatment centers, helplines)

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.

Naloxone to Reverse Opioid Overdose: A NACo Opioid Solutions Strategy Brief

This strategy brief from the National Association of Counties (NACo) offers information about naloxone and best practices for its distribution. To view the strategy brief, visit www.naco.org/resource/osc-naloxone.

North Carolina Naloxone Distribution Toolkit

This resource from the North Carolina Department of Health and Human Services Division of Public Health provides detailed information on designing and implementing naloxone distribution programs. To view this resource, visit www.naloxonesaves.org/community-distribution-of-naloxone.