

Guiding Strategies for the Use of Opioid Abatement Funds

The below strategies are called out specifically in the opioid distributor settlement agreements as particularly relevant to addressing the unique circumstances associated with use of opioids. These strategies are in alignment with [RSA 126-A:86](#) (NH Opioid Abatement Advisory Commission; Duties) [NH's SUD Action Plan](#) and the [10-Yr Mental Health Plan](#).

Use of these strategies should be determined within the broader context of state plans, community feedback, current efforts in NH, and anticipated funding reductions (State Opioid Response, COVID relief, etc). This is not an exhaustive list of applicable strategies, but rather, a guiding document to help establish a road map for funding, in alignment with NH statute and opioid settlement agreements (see Exhibit E for further description).

These guiding strategies can be used to:

1. help inform and organize the Commission's funding decisions for SFY'25 & SFY'26
2. increase transparency and accountability
3. build understanding among community partners, municipalities and other stakeholders about how NH's Opioid Settlement funds are being disbursed
4. consult with other entities and funding partners for maximum leverage across all funding sources.

All strategies should be implemented in a way that is trauma informed, culturally and linguistically appropriate, and equitable.

Some strategies have examples listed for reference. This list of strategies is not exhaustive and is in no particular order.

Strategy 1: Broaden access to opioid reversal medication

Strategy 2: Expand access to appropriate treatment for opioid use disorder

Priority areas may include:

- a) Support use of medications to treat opioid use disorder¹
 - Expand education and training for providers and first responders
- b) Provide treatment and supports during pregnancy and the postpartum period
 - Expand programs and services available for birthing parents and young families impacted by OUD and any co-occurring SUD/MH issues
 - Expand services for neonatal opioid withdrawal syndrome
- c) Support withdrawal management services *when indicated* for persons with OUD and any co-occurring SUD/MH issues, including medically monitored withdrawal management, referral to treatment or connections to other services;

¹ There are [effective medications](#) to treat OUD, but in 2020, [only about 11%](#) of people with opioid use disorder received one of them. In addition, there are significant [racial disparities](#) with Black patients less likely than white patients to receive medication treatment across multiple settings. The barriers to treatment are high, and they include philosophical, regulatory, administrative, and clinical constraints. In response, stakeholders have looked to a "low threshold" approach that reduces the stigma surrounding effective medications and facilitates their use.

- d) Improve treatment and recovery supports in jails and prisons²
- Expand programs that offer treatment to incarcerated people with all three forms of medication for opioid use disorder (methadone, buprenorphine, and naltrexone) and connect them with community-based treatment and recovery supports upon re-entry;
 - Support evidence-informed programs that connect people to behavioral health services as an alternative to incarceration.

Strategy 3: Support warm hand-off programs and wraparound services

Priority areas may include:

- Expand access to services that provide holistic treatment and recovery supports such as case management, childcare, employment assistance, support groups, peer counselors, and recovery coaches;
- Provide access to housing for people with OUD and any co-occurring SUD/MH issues, including supportive housing, recovery housing, or housing assistance programs;
- Provide employment training or educational services for persons in treatment for or in recovery from OUD and any co-occurring SUD/MH
- Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH issues;
- Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose, including the prevention and/or treatment of secondary physical health conditions associated with, or exacerbated by, OUD;
- Create or support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH issues;

Strategy 4: Expand prevention and family strengthening services

Priority areas may include:

- Support evidence-based and/or evidence-informed primary, secondary, and tertiary prevention programs and services, including efforts to promote healthy lifestyles, reduce isolation, build skills and resilience, and facilitate community-based prevention efforts;
- Support for public and non-public school programs and services for students with OUD and any co-occurring SUD/MH issues or who have been affected by OUD and any co-occurring SUD/MH issues within their family; and
- Support family strengthening programs for children, youth and families impacted by OUD/SUD including kinship caregivers and foster parents

Strategy 5: Expand harm reduction services

Priority areas may include:

- Support secondary and tertiary prevention through harm reduction programs
- Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose, including the prevention and/or treatment of secondary physical health conditions associated with, or exacerbated by, OUD;

² (2022 Guidance) [Office of Public Affairs | Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act | United States Department of Justice](#)

Strategy 6: Support data collection and research

Priority areas may include:

- Support evaluations of abatement programs with metrics that are in line with the overall goals of the jurisdiction, such as nonfatal overdose, infectious disease rates, and naloxone administration; workforce development, data dashboard start-up, and other initiatives that promote sustainable long-term monitoring;
- Support projects designed to collect data in smaller populations. This requires creating equal partnerships with communities to identify appropriate data collection strategies, particularly when working with BIPOC and indigenous communities.

Strategy 7: Prevent over-prescribing, ensure appropriate prescribing and dispensing of opioids, and increase access to safe and effective therapies for pain

Priority areas may include:

- Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based and/or evidence-informed programs or strategies;
- Support use of non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain
- Increase training and education for healthcare providers regarding safe and responsible opioid prescribing, and dosing when opioids are indicated in care, and tapering patients off opioids when they are not.
- Increase awareness of effective and safe strategies to support opioid responsive patients who have been submitted to abandonment or non-consensual dose-reduction
- Training and education for providers caring for complex pain patients

Strategy 8: Support first responders

Priority areas may include:

- Support the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs
- Increase access to wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

Strategy 9: Support consistent system improvements and quality oversight

Priority areas may include:

- Provide scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD and any co-occurring SUD/MH issues, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas of the state
- Improve oversight of opioid treatment programs (OTPs) to assure evidence-based and/or evidence-informed practices;
- Support enhancements or improvements consistent with state law to the prescription drug monitoring program;
- Support training and networking to increase cross-sector, cross-stakeholder approaches;
- Support opioid abatement research, data collection and knowledge transfer;
- Increase efforts that support planning, coordination, facilitation, training and technical assistance to help stakeholders abate the opioid epidemic.