# **Opioid Abatement Strategies**<sup>1</sup>

The below strategies are called out specifically in the opioid settlement agreements as particularly relevant to addressing the unique circumstances associated with use of opioids.

These strategies are in alignment with 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 opioid settlement agreements (see Exhibit E for further description).

These strategies can be used to:

- 1. help inform the Commission's funding decisions for SFY'25 & SFY'26
- 2. organize current investments for grant reporting purposes
- 3. build understanding among community partners, municipalities and other stakeholders about how NH's Opioid Settlement funds are being disbursed (shared language, common goals)

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

#### Strategy 1: Broaden access to Naloxone

- Expand training;
- Increase distribution

# Strategy 2: Support use of medications to treat Opioid Use Disorder<sup>2</sup>

- Expand education and training for providers and first responders
- Increase treatment options such as residential or inpatient treatment, outpatient treatment, therapy, counseling, and recovery housing

# Strategy 3: Provide treatment and supports during pregnancy and the postpartum period

- Expand programs and services available for birthing parents and young families impacted by OUD
- Expand services for neonatal opioid withdrawal syndrome

#### Strategy 4: Support warm hand-off programs and recovery services

Increase access to warm hand-off or "wrap-around" programs and services

<sup>&</sup>lt;sup>1</sup> As outlined in the <u>Johns Hopkins Primer on Spending Funds from the Opioid Litigation</u> and **Exhibit E:** List of Opioid Remediation Uses from the Distributor Settlement Agreements

<sup>&</sup>lt;sup>2</sup> There are <u>effective medications</u> to treat OUD, but in 2020, <u>only about 11%</u> of people with opioid use disorder received one of them. In addition, there are significant <u>racial disparities</u> 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.

 Expand access to services that provide treatment and holistic recovery supports such as housing, case management, childcare, employment assistance, support groups, peer counselors, and recovery coaches.

### Strategy 5: Improve treatment and recovery supports in jails and prisons<sup>3</sup>

- 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 and supports as an alternative to incarceration.

### Strategy 6: Expand prevention strategies across the lifespan

- Expand access to evidence-informed school- and community-based primary, secondary and tertiary youth prevention programs;
- Support programs for parents and other caregivers, such as kinship caregivers and foster parents.

# **Strategy 7: Expand harm reduction services**

- Support programs and services that may be limited by other funding regulations. These include syringe service programs and other overdose prevention efforts;
- Support programs that reduce harms associated with injection drug use such as HIV and hepatitis C education and linkages to other medical supports.

# **Strategy 8: Support data collection and research**

- 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 longterm monitoring;
- 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 9: Increase access to safe and effective therapies for Pain

- Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids;
- 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, dosing, and tapering patients off opioids.
- Expand approaches 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

<sup>&</sup>lt;sup>3</sup> (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 10: Reduce misuse of opioids**

- Support public education efforts
- Support access to and implementation of drug take-back and disposal programs
- Support multi-sector, multi-stakeholder community coalitions (including public health advisory councils)

### **Strategy 11: Support first responders**

- Expand 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 12: Support consistent system improvements and quality oversight** (Leadership, Planning, Coordination, Training, Research)

- 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.