



Nash County, NC Community Conversations

Opioid Settlement & Substance Use Action Planning

Context

What is the Opioid Settlement?

Since 2021, over 3,000 state and local governments have sued opioid manufacturers and distributors – and won. **North Carolina will receive a transformational \$1.5 billion settlement**, meaning that Nash County will receive almost \$10 million earmarked for programming that will reduce the impact of the opioid epidemic in the local community.

How does the opioid epidemic impact our community?

In 2022, **41 overdose deaths** were reported in Nash County, with **more than 150 visits to local emergency departments** related to overdose. The rates of overdose and death **continue to rise**. NC reported a **22% increase in overdose deaths** in 2023 over 2022.

Why is Nash County hosting community conversations?

The opioid epidemic and substance use in general are complicated topics, and the Nash County community is **unique** in its needs and strengths. Nash County hosted community conversations because **it's important to hear first-hand about challenges from the people who experience them every day**.

What are Nash County's next steps?

Nash County government will use the information and recommendations from these sessions to ultimately help **direct funding decisions**.

Tia Foula serves as Nash County's Assistant County Manager and Opioid Settlement Manager. Following these community conversations, Tia will lead the county's efforts to use funding from both the Opioid Settlement and other sources to expand, implement, and develop a comprehensive range of strategies to address the important issues at hand with sustainability and efficacy in mind.

Tia will partner with the Nash County Coalition for Addiction Recovery and Education, their partners, and other local organizations, leaders, and groups to plan strategically, communicate effectively, and make meaningful progress toward reducing the impact of opioids in Nash County.

To stay engaged with the County's planning and action, stay tuned to our Opioid Settlement webpage at: <https://nashcountync.gov/788/Opioid-Settlement-Funds-Resources>

May 16, 2024 | Red Oak Community Building

What We Heard From You:

Challenges

1. Lack of beds available for inpatient treatment, particularly detox opportunities
2. Lack of insurance coverage – including both uninsured and underinsured individuals
3. Lack of transportation to and from community resources, employment opportunities, basic necessities, etc.
4. Lack of collaboration among substance use supports – community organizations, providers, etc. do not always know about one another's services and, more frequently, even when they do know about other services may have a lack of relationship with the organization
5. Lack of access to technology and communication (e.g. impacts ability for community paramedics to follow up if an individual does not have a working cell phone)
6. Lack of access to long-term supports that aid in addressing root causes of substance use issues, like trauma
7. Stigma within the community, even from professionals like first responders and providers
8. Trauma and burnout concerns with first responders and other service providers
9. Lack of messaging around autonomy and empowerment – individuals should lead their own recovery journeys and be supported in the ways they have identified they need most readily

Recommendations

Education, Stigma-Reduction, and Community Support

1. Education for teachers and parents that is up-to-date, accurate, accessible, and functional
2. Increased visibility of real stories from individuals with lived experience – this combats stigma and supports community-building
3. Recognition, celebration, and support for outstanding helpers, individuals in community, organizations offering vital services, etc. Lifting up recovery as more common than addiction
4. Share and elevate free trainings to reduce stigma, increase knowledge in the community as a whole, and to build networks and community among stakeholders
5. Prevention education that is relevant and engaging to kids in places where children already are – schools (public + private), daycares, after-school programs, sports and recreation, etc.

6. Faith-based engagement, offerings, and community conversations

Treatment

1. More access to peer support services. This includes formal peer support specialists, but also opportunities to build community
2. Increase in number and accessibility of Peer Support Specialists
 - a. The expense of the certification is prohibitive, so scholarships, reduced cost training, etc.
 - b. Networks or lists of Peer Support Specialists in the area, with information about how to reach out to get the needed support – and encouraging collaboration among Peer Support Specialists
3. Provide kid-friendly treatment and support opportunities, either by providing childcare or having supports available in kid-friendly locations
4. A greater variety of different forms of treatment and support, to cater to vastly different needs among individuals

Navigation, Collaboration, & Access to Care

1. Navigators to support Medicaid/Medicare applications, health insurance through Healthcare.gov, etc. These supports should not only be more numerous, but also should be located in easily accessible community locations where those in need may already be
2. Case managers and systems navigation supports
3. Increase in number and accessibility of Peer Support Specialists
 - a. The expense of the certification is prohibitive, so scholarships, reduced cost training, etc.
 - b. Networks or lists of Peer Support Specialists in the area, with information about how to reach out to get the needed support – and encouraging collaboration among Peer Support Specialists
4. Infrastructure and process to facilitate warm hands offs when individuals are referred to other organizations, or following an overdose
5. “One-stop” resource hubs or locations to access drop-in services, with support

Overdose and Justice-Involvement

1. Co-responder models, or additional education and resources for mobile crisis responders and first responders in general
2. Drug courts/diversion programming to reduce convictions
3. Re-entry programming to support individuals who are coming out of the criminal justice system to re-integrate into their communities

June 27, 2024 | Drake Community Center

What We Heard From You:

Challenges

1. Navigating the system of treatment and recovery options is complex, and often requires navigating other complex systems (like Medicaid applications, etc.)
2. Differences in insurance coverage and networks means that it can be difficult to know for which programs you are covered, and which you aren't. Not having insurance can make the cost of certain treatments unattainable.
3. Resources within the community do not all collaborate with one another, or even all know about each others services for referral purposes
4. Funding sources for programming is sparse, and competition is high
5. Lack of transportation can often make the availability of programming moot, if it can't be accessed
6. Stigma impacts all areas of life and treatment, even from providers and professionals

Recommendations

Education, Stigma-Reduction, and Community Support

1. Increase local business' commitments to substance use awareness and internal policies, including stigma-reduction and understanding
2. Provide education on how to recognize substance use issues, and how to respond/help others as well as themselves
3. Provide education on how to advocate for loved ones in need
4. Increase parental awareness and involvement
5. Discuss substance use early and educate youth/young people
6. Address education around "gateway substances" and high risk environments/conditions
7. Supporters try to sustain belief in recovery and be patient
8. Build community with one another, promote access to hobbies and recreational opportunities, and other healthy ways to feel engaged with others
9. Provide safe spaces for community members to connect
10. Shift the narrative around substance use to acknowledge that this is a disease that is treatable

Treatment

1. Target "vulnerable moments" as sensitive and important intervention opportunities – be there when people are ready, and make it easy to choose recovery/treatment

2. Providers should work to connect to the right supports, even if those supports are not their own
3. Providers should be patient and empathetic, rather than pushing too hard
4. Social supports with variety, including both faith-based and secular options

Navigation, Collaboration, & Access to Care

1. Make resources highly visible – bring them to the people, rather than hoping that people come to them
 - a. Places to consider partnerships to share information included: doctors offices/primary care providers, senior centers, churches, veterans services, the Impact Center, Word Tabernacle, housing services, food banks/food services, social services locations
2. Centralized resource hubs to reduce confusion. Out-of-community resources that are accessible to members of this community should be included also.
3. Support for finding the right option for each individual – what can they afford, access easily, and is the right method for them?

Overdose and Justice-Involvement

1. Additional training for law enforcement and first responders
2. Re-entry supports are needed
3. Pathways to reduce long-term harm to individuals
4. Ways to avoid criminal convictions or incarceration through recovery

July 11, 2024 | Nash County Agricultural Center

What We Heard From You:

Challenges

1. Resources, even if available, are often not situated within this community
2. Re-entry following justice involvement, or even just re-integration following residential treatment, can be a challenging and vulnerable time

Recommendations

Education, Stigma-Reduction, and Community Support

1. Prevention and early intervention for children and youth should start early, and should include tobacco/vape use prevention
2. Support options/community options for those who have loved ones with substance use issues, whether they are dealing with this themselves or not
3. Education opportunities that are available for the whole community
4. Build community empathy
5. Additional community supports/programs for recovery maintenance
6. Normalize the reality that recovery often include relapse and other difficulties – this is not something we should stigmatize
7. Offer in-school opportunities for youth to hear from those with lived experience

Treatment

1. Peer support services are needed
2. Transportation to/from treatment for those in more rural areas
3. Mobile option for those in more rural areas
4. Services specifically for expecting mothers
5. Build empathy among providers and professionals
6. Youth/young adult-specific resources, especially treatment options that would not interrupt school attendance for young people
7. Provide treatment not just for substance dependence, but the underlying trauma and mental health concerns
8. Provide structure for a continuum of care, including robust follow ups, referrals, warm hand-offs, etc.

Navigation, Collaboration, & Access to Care

1. Life skills training such as job skills, career supports, art/hobbies, etc. for those in recovery
2. Advertising/public awareness of resources

3. Support for access to health insurance, many potential patients are un-insured or under-insured
4. Approach our community continuum with a “no wrong door” approach, that helps to provide access to treatment and recovery from many entry points
5. Transportation to additional supports or basic needs beyond just treatment
6. Additional social supports for basic needs like housing, food access, etc.
7. Make resources available in safe community spaces – meet people where they are

Overdose and Justice-Involvement

1. Make overdose reversal drugs highly available in jails, libraries, health department, schools, businesses, and everywhere
2. Ways to avoid incarceration will result in better outcomes long-term, so options like drug/recovery courts should be considered

July 25, 2024 | Bailey Town Hall

What We Heard From You:

Challenges

1. Navigating resources is incredibly difficult, and there is no one place that individuals can turn to identify which resources would be right for them
2. The lack of certain types of resources within this community is a challenge.

Recommendations

Education, Stigma-Reduction, and Community Support

1. Educate first responders to reduce stigma
2. Reduce stigma among other types of professionals, also
3. Education and prevention should be community-wide, among all types of people
4. Prevention for youth should not just be within the schools, but other places where they are – home, private schools, community centers, clubs, sports teams, etc.
5. School-based interventions should include peer support, parent education and engagement, and maybe even parent-specific programming. The earlier, the better, to teach kids

Treatment

1. Treatment and other resources should be offered for the Latinx/Spanish-speaking community
2. Detox options available within the community
3. Train providers to provide treatment within the community, to encourage them to stay within the community and see ourselves reflected in treatment programs
4. Transitional supports help to make the integration back into community more effective
5. Offer information about
6. Peer support services are needed
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August 22, 2024 | South Rocky Mount Community Center

What We Heard From You:

Challenges

1. Funding for programming in this community is often limited
2. Even when programs exist, transportation to and from those resources is still a challenge
3. There is often a hesitation to offer help, or a tendency to make judgments, caused by stigma
4. There were some effective programs in the past that have since been eliminated, like the HOPE Initiative
5. The non-English speaking population has even less access to resources.

Recommendations

Education, Stigma-Reduction, and Community Support

1. The street-drug testing in Edgecombe has been useful, and this program could be expanded here to raise awareness
2. Preventative education in schools
 - a. In particular, 7th, 9th, and 11th grade students could have an opioid lesson plan including community groups, school resource officers, and nonprofits
3. Public education campaigns, including PSAs, social media, etc.
4. Training for medical professionals, teachers, dentists, vets, etc. just to name a few – but offer training and connections even in unlikely places
5. Housing in general, but particularly recovery and emergency housing
6. Stigma reduction in housing initiatives
7. Continuing community conversations and activities

Treatment

1. Additional resources for those leaving in-patient care, and wrap-around services for all in treatment

Navigation, Collaboration, & Access to Care

1. Working across counties for regional solutions that will benefit citizens of all counties – ideas include long-term treatment facilities, housing, etc.
2. Connect individuals to outpatient care, not just emergency care
3. The non-English speaking population still needs services – Narcan accessibility is one place to start
4. Collaborative strategic planning and community engaged planning practices

Overdose and Justice-Involvement

1. Offering MAT for detained individuals – this is in progress
2. During intake, initiate treatment for substance users
3. Post-release resources like mental health/addiction treatment resources and transportation vouchers
4. Supply all first responders with Narcan and train all in how to use Narcan
5. Expand Health Dept. or other programs to distribute Narcan to more rural areas of the county
6. Offer mobile or accessible syringe exchange options for more rural areas