

North Carolina Region A Opioid Abatement Planning: Summary of Preliminary Findings from Community Engagement Efforts

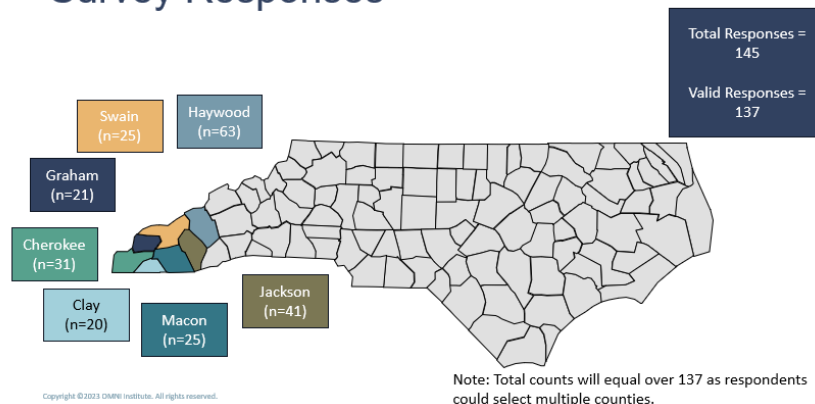
February 2024

The data included in this summary were collected by OMNI Institute (OMNI), a nonprofit social science research consultancy, that has been contracted by the Southwestern Commission for Region A to assist in strategic planning efforts for use of local opioid abatement funds. To understand current community needs and perspectives, OMNI gathered existing state- and county-level data, held focus groups and one-on-one interviews with 47 county representatives, and conducted an online survey of 137 Region A residents. These preliminary data are presented at the region level, with county-specific analyses currently underway. Strategic planning efforts have begun and are ongoing.

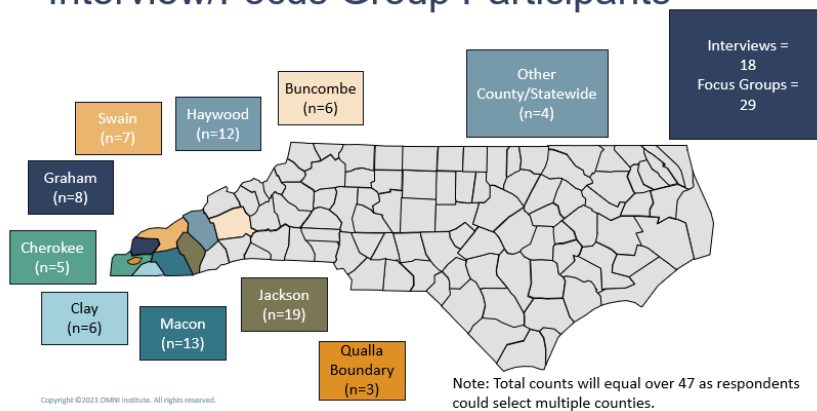


Data Collection Recruitment

Survey Responses



Interview/Focus Group Participants



Overarching Themes Related to Service Access



Collaboration:

Focus group participants and interviewees described strong, collaborative relationships between community partners. Peer support providers were seen as particularly crucial in fostering these connections.

“...There is great collaboration/great collaborative partners, and it’s the reason why we live in Region A. We all really do collaborate well with one another.”
- Focus Group Participant

Combating Stigma:

Focus group participants, interviewees, and survey respondents all shared strong beliefs about the negative impacts of stigma.

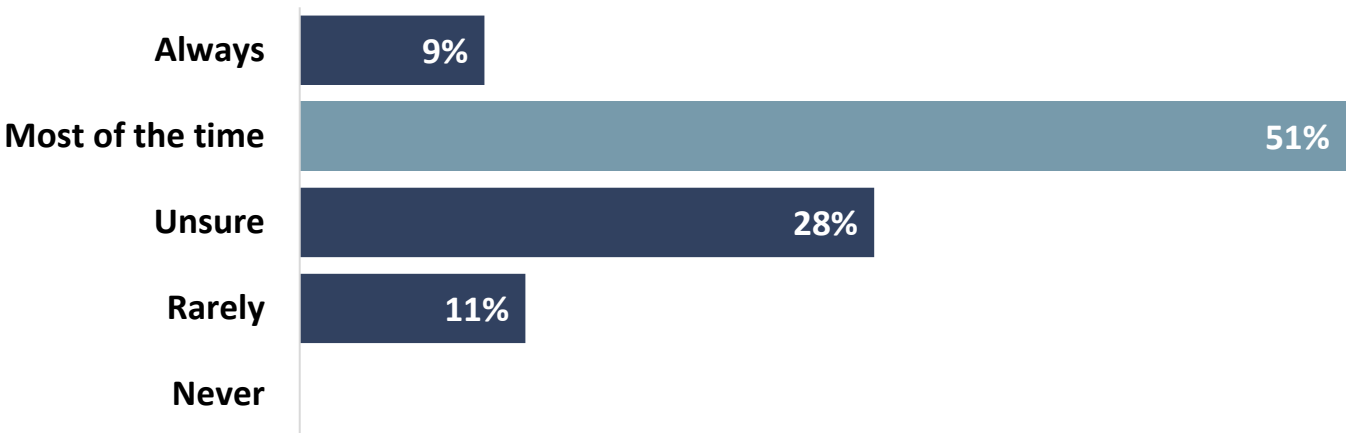
Negative Impacts of Stigma

- Reaching out for help
- Accessing treatment
- Remaining in treatment
- Recovery support
- Securing employment, housing, etc. to address needs

Regional Needs

- Increased understanding and education regarding:
- History of opioid use
 - Impact of opioids on the body and brain
 - Evidence-based intervention, prevention, and harm reduction strategies

The majority of survey respondents believed that stigma impacted willingness to seek treatment most of the time (n=55).














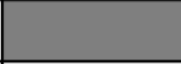































Treatment Findings

The majority of survey respondents (53%, n=56) ranked treatment as the number one funding priority. The below chart identifies current treatment efforts that survey participants were aware of within counties.

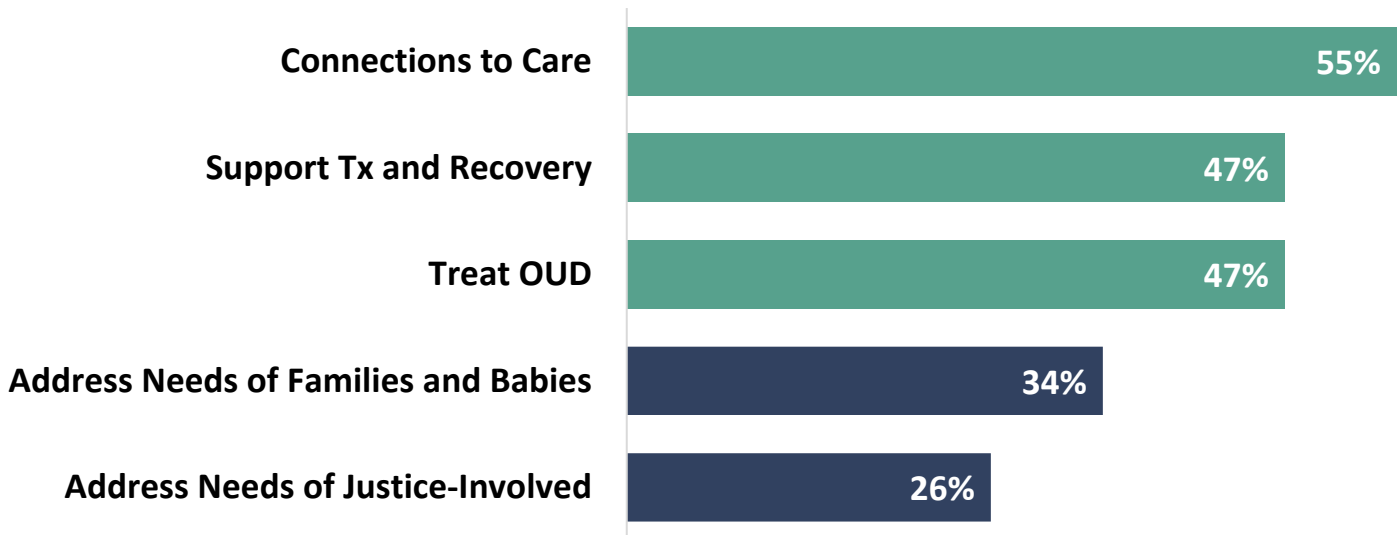
Current Treatment Efforts Identified by Survey Respondents

Symbol Key

-  = >50% report "yes"
-  = 50 – 25% report "yes"
-  = <25% report "yes"

	 Treat Opioid Use Disorder	 Support Treatment and Recovery	 Connections to Care	 Address the Needs of the Justice-Involved	 Address the Needs of Families and Babies
Cherokee					
Clay					
Graham					
Haywood					
Jackson					
Macon					
Swain					

Treating opioid use disorder (n=64), supporting treatment and recovery (n=65), and connections to care (n=75) were seen as the three most important treatment priorities.





Participants identified a wide range of treatment needs across Region A.

- Increase access to treatment through region-wide mobile crisis services
- Resources to understand availability of services
- Transportation to access existing detox and treatment facilities
- Increased support to access services for:
 - Residents of Western counties
 - Justice-involved individuals
 - Families and babies
 - Youth
- Enhanced treatment in jail/detention (e.g., detox and ongoing treatment, reentry support, etc.)
- Wraparound services and infrastructure
- Transitional/recovery housing
- Treatment workforce recruitment and retention



Prevention Findings

Prevention was ranked as the second highest funding priority (38%, n=40). The below chart identifies current prevention efforts that survey participants were aware of within counties.

Current Prevention Efforts Identified by Survey Respondents

Symbol Key

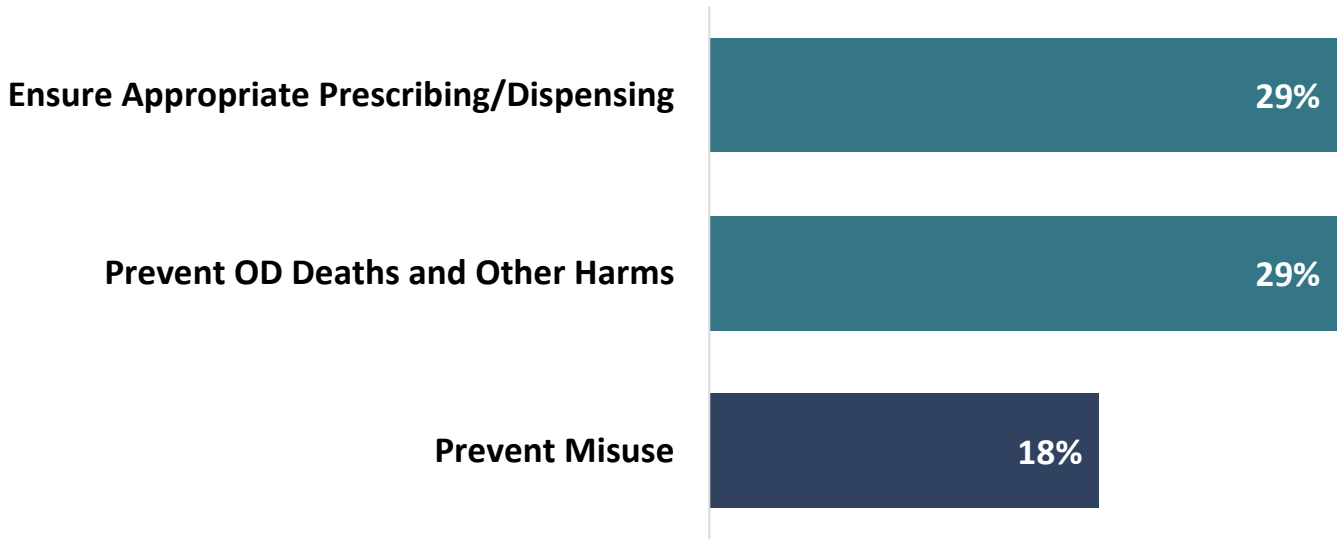
= >50% report "yes"

= 50 – 25% report "yes"

= <25% report "yes"

	Ensure Appropriate Prescribing and Dispensing	Prevent Misuse	Prevent Overdose Deaths
Cherokee			
Clay			
Graham			
Haywood			
Jackson			
Macon			
Swain			

Ensuring appropriate prescribing and dispensing (n=40) and preventing overdose deaths and other harms (n=39) were seen as the two most important prevention priorities.





Participants identified several prevention needs for Region A

- **Narcan/Naloxone education, acceptance and use**
 - Increase availability overall (first responders, individuals, etc.)
 - Increase acceptance as an effective harm reduction strategy
- **Use of evidence-based programs for prevention**
- **Stigma reduction efforts**

“Educate the people who are condemning the sick.”
-Focus Group Participant





Other Strategy Findings

Other strategies were ranked as the third most important funding priority (9%, n=9). The below chart identifies the other strategies currently occurring within counties.

Other Strategies as Identified by Survey Respondents

Symbol Key

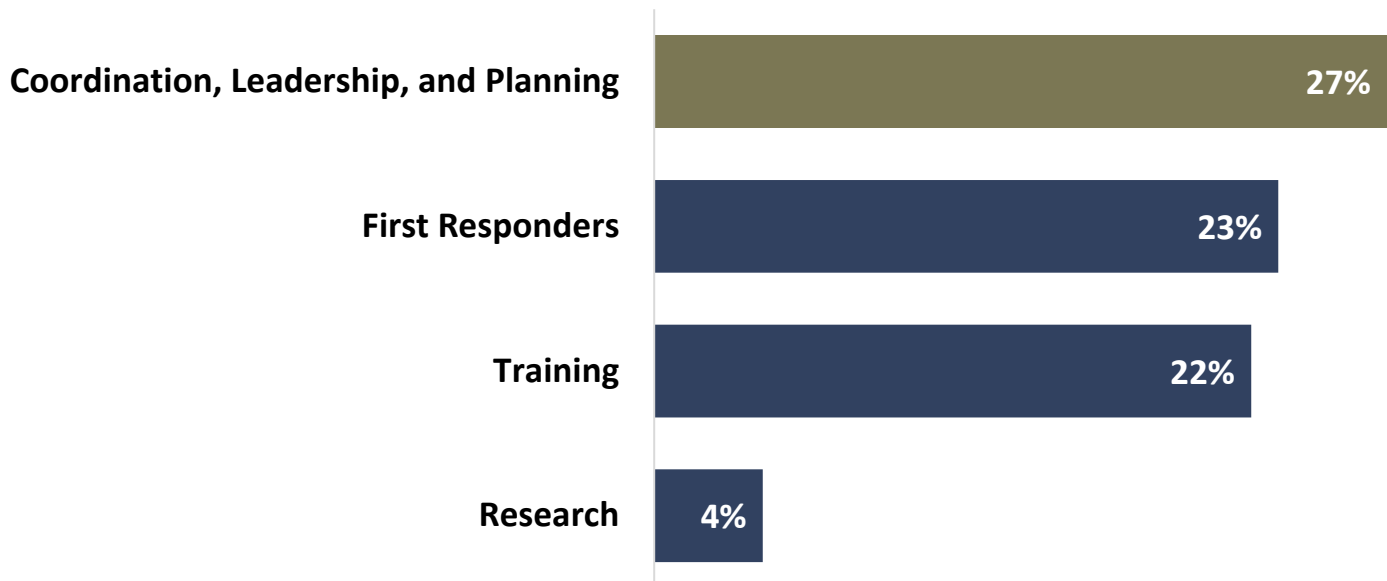
= >50% report "yes"

= 50 – 25% report "yes"

= <25% report "yes"

	First Responders	Leadership, Planning, and Coordination	Training	Research
Cherokee				
Clay				
Graham				
Haywood				
Jackson				
Macon				
Swain				

Coordination, Leadership, and Planning (n=37) was seen as the most important other strategy.





Other Strategy Findings

Respondents noted several needs related to other strategies in Region A

- Collaboration highlighted as a regional strength but also highest priority
- Leadership needs to lead culture change efforts
- First responder training (e.g., capacity to administer Nalaxone and connect to care, best practices when dealing with fentanyl, etc.) is necessary

“As a not so rich area, this money needs to go to the people struggling and help them get better and to the EMS and law enforcement folks having to deal with the results.”

-Study Participant





Key Takeaways

Across all data collection efforts, participants identified key strengths and challenges associated with responding to the opioid epidemic in Region A

Strengths to Build On

There are existing treatment and recovery efforts to build upon

Collaborative partnerships exist and include first responders

Efforts to reduce and prevent overdose deaths are underway

Opportunities for Growth

Reducing stigma

Connections to care and increased treatment access for Western counties, justice-involved persons, pregnant and parenting persons, and youth

Efforts to prevent misuse and reduce harm (e.g., overdose)

OMNI continues to partner with the Southwestern Commission for Region A to develop strategic plans at the region and county levels. These strategic plans will inform future usage of the opioid abatement funds as a means of strengthening the opioid and substance use systems of care across Region A.

For more information opioid abatement efforts, see: [Background information on substance use in Region A](#)

If you would like more information about the data collection efforts, please feel free to reach out to the OMNI Project Team at NCOpoid@omni.org