

# AT-A-GLANCE 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**

**Strategy 2: Support use of medications to treat opioid use disorder<sup>2</sup>**

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

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

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

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

**Strategy 7: Expand harm reduction services**

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

**Strategy 9: Increase access to safe and effective therapies for pain**

**Strategy 10: Reduce misuse of opioids**

**Strategy 11: Support First Responders**

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

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<sup>1</sup> As outlined in the [Johns Hopkins Primer on Spending Funds from the Opioid Litigation](#) and **Exhibit E: List of Opioid Remediation Uses from the Distributor Settlement Agreements**

<sup>2</sup> 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.

<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](#)