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5 things Michigan's substance use recovery community needs to combat the opioid epidemic.

Recovery support providers suggest ways state and local leaders could invest opioid settlement funds to address gaps in the state's substance use disorder recovery care system.

Ann Arbor, MI., March 13, 2024. A new report from the Center for Health and Research Transformation at the University of Michigan shares suggestions—provided by members of the substance use disorder (SUD) recovery support community—for the investment of Michigan's state and local opioid settlement funds.

Michigan is expected to receive just over \$1.5 billion in opioid litigation settlement funds over the next 18 years with 50 percent going to the state and 50 percent to local and county jurisdictions. State and local leaders will need to decide how to invest those resources to best combat the opioid epidemic.

The report, [Gaps and opportunities for substance use disorder recovery: Considerations for the investment of opioid settlement funds](#), includes important lessons both from recovery support experts and from experiences investing resources from the nation's tobacco master settlement—which provided considerable funding but little structure regarding how those funds were to be invested.

According to the substance use recovery support community, there are five major things that state and local leaders should consider:

1. **Opioid recovery service and support providers struggle to fund vital aspects of the work.** While some recovery services are reimbursable through Medicaid or other insurance plans, reimbursements often don't cover key aspects of the work like physical improvements to recovery housing, adequate compensation for peer support workers, transportation to and from services, job and career training, help locating stable housing, and social services that help people get and stay healthy. Medicaid reimbursement doesn't fall under things the state can do with opioid settlement funds, but these gaps will continue to be a critical issue for recovery providers. One thing the state *can* do is to develop more grant opportunities for local communities to address critical social needs, like transportation to and from treatment, for those in substance use recovery. Funding could also be provided communities for planning and capacity-building around fiscal sustainability. At the local level, planning efforts need to identify key gaps and the best opportunities to address these gaps, looking for state-funded solutions before using their share of the settlement dollars to do so.
2. **There are simply not enough SUD therapists, counselors, and peer support workers to meet the need.** Across the U.S. and here in Michigan there is a severe shortage of behavioral health care workers, making it difficult to recruit, train, and retain SUD staff. There is a need to improve compensation for SUD staff, to address staff burnout, and to develop and promote job training and certification programs. At the state level, a substance use disorder workforce strategic plan would help address and overcome workforce shortages and barriers to recruiting and retaining substance use disorder staff. In the meantime, local communities can develop their own strategies for addressing the short-term workforce needs by working with community partners—local health departments, community mental health agencies, and educational institutions—to identify ways to develop training, recruitment, retention strategies.

3. **Harm reduction strategies work but aren't as widely used as they could and should be.** While the evidence for harm reduction programs, like syringe exchange programs, has been mounting for decades, not all communities offer them. The U.S. Substance Abuse and Mental Health Services Administration describes harm reduction as “a spectrum of strategies that meet people where they are — on their own terms – and serve as a pathway to additional health and social services, including prevention, treatment, and recovery services.” While Michigan permits communities to provide harm reduction supplies like syringes and fentanyl test kits, local communities may need to update their own statutes to pave the way for these life-saving activities. Promoting harm reduction as a vital, evidence-based strategy to combat the opioid epidemic could encourage communities to do so.
4. **Substance use disorder is a misunderstood and stigmatized health condition.** Recovery care providers describe addiction as a chronic condition—like diabetes or heart disease—that requires ongoing maintenance and support. To provide that support, however, communities need to address stigma. Recovery care providers advocate for putting a human face to addiction and investing in community education. The state has developed anti-stigma materials to help with this. To further the impact, local communities and the state can work together on education campaigns and other strategies to reduce stigma, stereotyping, and misunderstanding about addiction and recovery.
5. **Individuals involved with the criminal justice system are at higher risk,** especially for those with co-occurring mental health diagnoses and poly-substance use. Additionally, individuals transitioning back to the community from incarceration are at a greater risk of overdose or death. Strengthening treatment and recovery options both in jails and prisons as well as in the communities individuals are returning to is key to supporting continuing recovery and avoiding overdose and death. Recovery and harm reduction strategies can prevent this. The state has invested a lot of effort and resources in expanded access to the needed services and supports, most notably expanding access to Naloxone. Local communities can explore gaps and leverage these state efforts to improve outcomes for this population.

“While much of what these providers had to say revolved around state-level action, there are many things that local communities can do to leverage their opioid settlement dollars,” notes Melissa Riba, CHRT’s research and evaluation director and lead author of the study. “There is no one-size-fits all way to use opioid settlement funds, but including recovery care support providers at the table will ensure that their firsthand knowledge informs needs assessments and investment decisions.”

This study was conducted from October 2022 to December 2023 with funding from the Michigan Opioid Partnership, supported by the Blue Cross Blue Shield of Michigan Foundation and the Ethel and James Flinn Foundation.

CHRT conducted the mixed methods study, which included a review of opioid use disorder resources, services, and supports across Michigan; a review of the priorities for spending as defined by the Michigan Department of Health and Human Services prioritization survey; qualitative interviews with community-based recovery organizations and providers; and an open-ended survey of peer-based recovery organizations.

For additional information about ongoing efforts within the state of Michigan, please refer to the [MDHHS opioids website](#), the [Opioid Advisory Commission](#), or the [Michigan Association of Counties opioid settlement resource center](#).