

Welcome!

The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.

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Building Resilient Communities: Local Strategies to Combat the Opioid Crisis

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Presenter Disclaimer

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Objectives

- *Understand the current landscape of the opioid crisis in communities.*
- *Learn about effective, community-driven strategies and programs.*
- *Discover tools and resources to implement or enhance local initiatives.*

An aerial photograph of a vast mountain range, likely the Rocky Mountains, captured during the golden hour of sunset or sunrise. The peaks are bathed in a warm, orange-gold light, while the valleys and lower slopes are in deep shadow, creating a dramatic play of light and shadow. The sky is filled with soft, wispy clouds, some of which are illuminated from below, adding to the atmospheric quality of the scene. The overall mood is serene yet powerful, suggesting a sense of scale and depth.

Understanding the Opioid Crisis

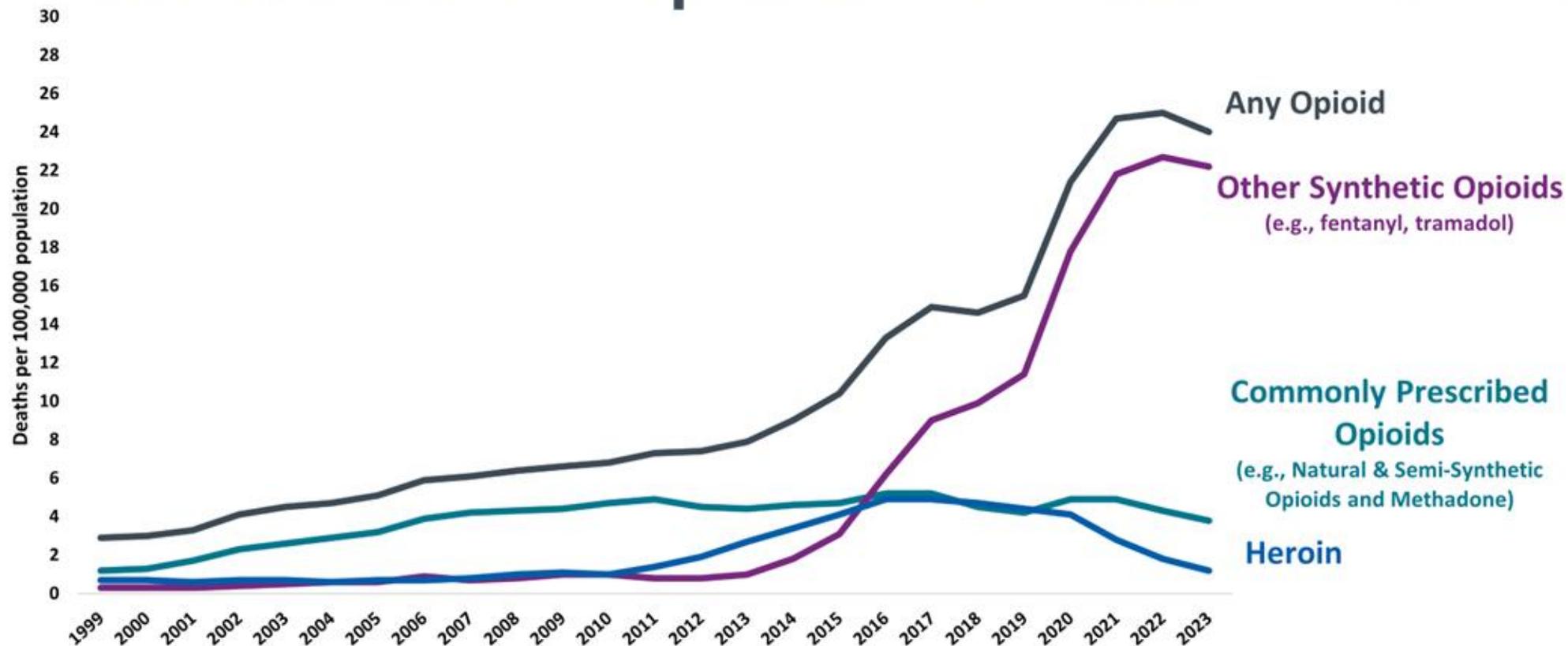
Overall Statistics

- *Annual overdose deaths: ~105,000 total drug overdoses in 2023; ~80,000 involved opioids.*
- *The number of people who died from an opioid overdose in 2023 was nearly 10 times the number in 1999;*
- *Misuse prevalence: Nearly 9 million people misuse opioids annually.*
- *Recent trend: 2025 data shows the most significant decline in overdose deaths in decades, offering cautious optimism.*

Reference:

National Center for Drug Abuse - <https://drugabusestatistics.org/opioid-epidemic/>

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. <https://wonder.cdc.gov/>.



Opioid Crisis Today

Opioid-involved overdose deaths dropped from ~83,140 in 2023 to about 54,743 in 2024.

Despite recent declines, overdose — largely driven by opioids — remains among the leading causes of death for Americans aged 18–44.



**Socioeconomic and
Mental-Health Factors
Driving Vulnerability**

Economic Hardship and Unemployment

- *Job loss, wage stagnation, and unstable employment increase stress, reduce access to healthcare, and erode a sense of purpose.*
- *Communities with declining industries (e.g., manufacturing, mining) often experience chronic stress and social fragmentation, increasing risk for misuse.*
- *Individuals facing financial insecurity may be more likely to seek opioids—prescribed or illicit—as a way to manage physical pain from labor-intensive jobs or mental distress.*

Poverty and Limited Access to Resources

Limited access to quality healthcare, mental-health services, insurance coverage, and transportation leads to untreated pain and untreated mental-health conditions.

Overburdened communities may lack recreational spaces, youth programs, and protective social infrastructure, making substance use more accessible than healthy alternatives.

Food insecurity, housing instability, and chronic stress further erode resilience.



Chronic Pain and Physically Demanding Work

- *Historically, this increased exposure to prescription opioids for pain management.*
- *Without access to physical therapy or specialty care, individuals may rely on opioids longer than intended, raising the risk of dependency.*

Co-Occurring Mental-Health Disorders

Depression, anxiety, PTSD, trauma histories, and unresolved grief often drive individuals toward opioids as a form of self-medication.

People with untreated mental-health conditions are more likely to experience cravings, dependence, and overdose.

Barriers to treatment—cost, stigma, provider shortages—mean many individuals struggle without support.

Trauma and Adverse Childhood Experiences (ACEs)

- *High ACE scores (e.g., abuse, neglect, parental substance use, household instability) strongly correlate with later substance use.*
- *Trauma survivors may use opioids to numb emotional pain or cope with stress, particularly in environments where therapeutic resources are limited.*

Social Isolation and Weak Community Networks

- *Isolation, loneliness, and lack of connectedness increase susceptibility to addiction.*
- *Communities with high rates of migration out, aging populations, or breakdown of traditional support systems are particularly at risk.*
- *Weak community ties can also impede recovery by limiting peer support and accountability.*

Limited Education and Health Literacy

Reduced access to stable employment and insurance.

Lower awareness of opioid risks, safe medication practices, and available treatment options.

More difficulty navigating healthcare systems or advocating for alternative pain treatments.



Stigma and Cultural Barriers

In some communities, addiction is still viewed as a moral failing rather than a medical condition.

This can discourage individuals from seeking early intervention and push substance use into secrecy, increasing overdose risk.



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What Makes a Community Resilient

Strong Social Connections and Support Networks

1

Close-knit neighborhoods, active community groups, and engaged families create a protective buffer against isolation and addiction.

2

Supportive social ties help people recover faster, access resources, and feel a sense of belonging.

3

Communities with strong social capital are better equipped to mobilize quickly in crises.



Access to Comprehensive Health and Behavioral Services

- *Accessible mental-health services, substance-use treatment, and recovery supports are essential.*
- *Integration of care—such as behavioral health embedded in primary care—helps catch issues early.*
- *Telehealth, mobile clinics, and culturally responsive care reduce access barriers, especially in rural or underserved areas.*

Economic Stability and Opportunity

Communities with job opportunities, stable housing, and affordable living conditions experience lower substance-use risk.

Workforce development programs and recovery-friendly workplaces support sustained recovery and reintegration.



Strong Prevention and Education Systems

Schools provide social-emotional learning, trauma-informed practices, and youth mentorship.

Public education campaigns reduce stigma and increase awareness of risks and resources.

Families and community groups receive training on recognizing early signs of substance misuse.

Programs like naloxone distribution and youth education dramatically reduce overdose deaths.

Prevention strategies meet people where they are and create pathways to treatment.

Rapid, Collaborative Response Systems

Health departments, law enforcement, healthcare providers, social services, schools, recovery organizations, and faith groups work as a coordinated network.

Data-sharing and early-warning systems help detect trends and respond quickly.

Quick Response Teams (QRTs) follow up after overdoses to link individuals to care.



Trauma-Informed Community Culture

- *Resilient communities recognize how trauma contributes to substance use and design systems that are nonjudgmental, compassionate, and safe.*
- *This includes training for educators, law enforcement, healthcare providers, and frontline staff.*

Inclusive Leadership and Community Empowerment

Leaders engage residents in planning and decision-making.

Lived experience—people in recovery, families affected by addiction—is valued as a vital source of insight.

Fairness is prioritized so that all populations benefit, including rural residents, communities of color, and low-income families.



Strong Recovery Ecosystems

- *Recovery housing, peer-support networks, recovery community organizations, and supportive workplaces strengthen long-term recovery outcomes.*
- *Communities celebrate recovery as a strength and a shared responsibility.*



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Strategies That Work

“Prevention Initiatives”

Initiative	Key Components	Why It Works
School-Based Prevention Programs.	Social & Emotional Learning (SEL). Evidence-Based Curricula. Trauma-Informed Classrooms.	Students equipped with coping skills are far less likely to misuse substances.
Family Strengthening and Parent-Focused Programs.	Parent training programs. Support networks for families.	Youth feel supported and becomes less likely to turn to substances during difficult times.
Community Awareness and Anti-Stigma Campaigns	Anti-stigma campaigns. Partnership with local media and stakeholders.	Better awareness for community members

Initiative	Key Components	Why It Works
Early Screening and Intervention	Universal screening (SBIRT).	Issues are addressed early.
Safe Prescribing and Pain Management Practices.	Encouraging providers to follow prescription guidelines.	Fewer unnecessary prescriptions.
Youth Engagement and Alternative Pathways	After-school programs, peer mentoring, internships, etc.	Engagement builds identity, belonging, and hope.
Community Environment and Policy Measures	Zoning and policies that supports healthy communities.	Policy-level prevention creates long-term changes that reduce risk.

“Expansion of Treatment Access”

Initiative	Key Components	Why It Works
Increasing Access to Medication for Opioid Use Disorder (MOUD)	Expand number of prescribers. Increase availability of facilities that provide MOUD. Embedding MOUD in Primary Care.	Reduces the risk of fatal overdose, relapse, and infectious disease transmission.
Integrating Behavioral Health (BH) into Primary Care	Co-location of BH services with Primary Care; increase screening; use of peers and care coordinators.	Patients are more likely to engage with treatment when it is offered in a familiar, low-stigma environment.
Expanding Telehealth and Virtual Treatment Options	Virtual MOUD induction and follow-up appointments; use telehealth	Reduces transportation barriers, provide privacy, expands reach.
Mobile Treatment Units and Community-Based Clinics	Mobile units with MOUD, counseling, case management.	Meeting people where they are.

Initiative	Key Components	Why It Works
Low-Barrier, “Same-Day Access” Treatment Models	Walk-in clinics, streamline assessments, flexible scheduling.	People are more likely to accept help in moments of readiness.
Embedding Treatment in Emergency Departments (ED)	Initiating of MOUD in the ED; provide warm handoffs.	ED-initiation of MOUD has shown to increase treatment engagement & reduce mortality in high-risk patients.
Culturally Responsive Treatment	Implementing multi-lingual services; partnering with faith groups; better accessibility to underserved neighborhoods.	Patient trust increases and engagement improves.
Strengthening Peer Recovery Support	Hiring peer recovery coaches; Funding peer-run recovery community organizations.	Peers help reduce stigma, build trust, and provide practical support, increasing treatment adherence

“Cross-Sector Partnerships”



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Health & Behavioral Health Collaboration

- *Embedding behavioral-health staff inside primary-care offices or emergency departments.*
- *Shared care plans and coordinated follow-up for individuals at high risk of overdose.*
- *Cross-training clinicians on addiction medicine, trauma-informed care, and prevention principles.*

Benefits

- *Early detection of substance-use risk.*
- *Streamlined referrals.*
- *Improved continuity of care.*

Public Health & Law Enforcement Partnerships

- *Post-overdose outreach teams (Quick Response Teams).*
- *Data-sharing agreements that track overdose spikes and guide rapid community response.*
- *Training law enforcement in de-escalation, naloxone use, and supportive engagement.*

Benefits

- *Reduced repeat overdoses.*
- *Increased linkage to care instead of incarceration.*
- *Faster identification of dangerous supply trends.*

Education Systems & Youth Services Alignment

- *Schools collaborating with health departments and behavioral-health agencies to provide SEL, screening, and counseling.*
- *Training teachers to spot early behavioral signs of substance misuse or trauma.*
- *Community youth coalitions involving schools, sports programs, and after-school organizations.*

Benefits

- *Early intervention before issues escalate.*
- *Strong protective factors for youth.*
- *Reduced stigma and greater awareness.*

Community-Based Organizations & Faith Communities

- *Partnering with faith leaders for outreach, education, and recovery support.*
- *Using community centers as hubs for naloxone training, support groups, or mobile treatment units.*
- *Collaborating with nonprofits to address social determinants like housing, transportation, and food access.*

Benefits

- *Expanded reach to underserved populations.*
- *Increased community engagement.*
- *Greater cultural responsiveness.*

Housing, Employment & Social-Service Agencies

- *Housing agencies partnering with treatment providers to support people transitioning from detox or incarceration.*
- *Workforce development programs collaborating with recovery organizations to create recovery-friendly workplaces.*
- *Social-service networks connecting clients to wraparound supports—childcare, benefits, transportation, and vocational training.*

Benefits

- *Higher treatment retention.*
- *Improved long-term stability and recovery outcomes.*
- *Reduced cycles of homelessness and incarceration.*

Criminal Justice System & Treatment Providers

- *Providing MOUD in jails and prisons and ensuring continuity after release.*
- *Court-based programs (like drug courts) that offer treatment instead of traditional sentencing.*
- *Reentry coalitions that provide peer support, housing support, and employment assistance.*

Benefits

- *Dramatic reduction in post-release overdoses.*
- *Better treatment engagement.*
- *Lower recidivism.*

Partnerships with People with Lived Experience

- *Hiring peer recovery coaches across healthcare, social services, and law enforcement systems.*
- *Including individuals with lived experience in planning councils, advisory boards, and decision-making.*
- *Using peers to lead community outreach and prevention education.*

Benefits

- *Stronger trust and engagement.*
- *Reduced stigma.*
- *More person-centered service design.*

Data-Sharing & Coordinated Response Networks

- *Shared dashboards on overdoses, naloxone administrations, and treatment availability.*
- *Overdose detection mapping systems that trigger alerts for sudden spikes.*
- *Collaborative evaluation to measure progress and refine strategies.*

Benefits

- *Faster, more informed responses.*
- *Better targeting of resources.*
- *Stronger accountability and impact measurement.*

“Supporting Long-Term Recovery”



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Recovery Housing and Safe Living Environments

Expanding	Expanding access to recovery residences, sober living homes, and transitional housing.
Offering	Offering rent assistance or housing vouchers for people leaving treatment, incarceration, or homelessness.
Ensuring	Ensuring recovery housing follows quality standards (peer support, safety policies, community engagement).

Peer Recovery Support Services

1

Embedding peer recovery coaches in hospitals, treatment centers, courts, and community agencies.

2

Funding peer-run recovery community organizations (RCOs).

3

Offering ongoing coaching, check-ins, crisis support, and navigation through complex systems.



Recovery Community Centers and Support Networks

- *Creating community centers that offer mutual aid meetings, skills training, social activities, and resource navigation.*
- *Supporting groups like NA, SMART Recovery, Celebrate Recovery, and culturally specific peer networks.*
- *Designing events and activities that celebrate recovery and create positive social alternatives.*

Employment and Workforce Development

Partnering with employers to create recovery-friendly workplaces.

Job training programs tailored to people in recovery.

Resume workshops, financial literacy training, and employment coaching.

Removing barriers such as lack of ID, criminal record challenges, and transportation.

Continuing Care and Ongoing Clinical Support

Regular check-ins with counselors and clinicians post-treatment.

Maintenance of MOUD (Medication for Opioid Use Disorder) as needed.

Outpatient therapy, mental-health counseling, and relapse-prevention programs.

Integration of trauma-informed care for long-term healing.



Family Support and Relationship Rebuilding

Family education programs that address addiction, communication, and boundaries.

Family therapy and conflict-resolution support.

Programs for parents reconnecting with children or regaining custody.

Support for caregivers impacted by substance use.



Addressing Social Determinants of Health

- *Connecting individuals to food assistance, childcare, transportation, healthcare, and legal support.*
- *Providing case management that coordinates multiple services.*
- *Ensuring individuals can easily access resources without navigating silos.*

Community Engagement and Leadership Opportunities

Encouraging

Encouraging involvement in community service, advocacy, and peer mentorship.

Creating

Creating leadership roles in advisory boards, coalitions, and program design.

Hosting

Hosting recovery celebrations, annual walks, and storytelling events.



Reducing Stigma and Building a Recovery-Positive Culture

- *Public campaigns highlighting recovery success stories.*
- *Normalizing MOUD and prevention practices as part of recovery.*
- *Training community leaders, employers, and service providers on addiction as a chronic medical condition.*

In Summary: Supporting long-term recovery means building systems that:

- Offer stable housing.
- Provide peer support.
- Create opportunities for meaningful connection.
- Help people find and maintain employment.
- Ensure ongoing clinical care.
- Strengthen families.
- Address basic needs.
- Promote leadership and inclusion.
- Reduce stigma and celebrate recovery.

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Practical, Evidence-Based Steps Communities Can Take To Combat The Opioid Crisis

- Form community coalitions: Bring together local leaders, healthcare providers, educators, law enforcement, and faith groups to coordinate responses.
- Expand prevention education: Implement school-based programs, public awareness campaigns, and safe prescribing practices.
- Implement grassroots education campaigns: schools, faith groups, and nonprofits working to raise awareness.
- Increase naloxone availability: Distribute naloxone widely through first responders, schools, libraries, and community centers to reverse overdoses.
- Improve treatment access: Support Medication-Assisted Treatment (MAT), reduce barriers like prior authorization, and expand telehealth/mobile clinics.

- Reduce stigma: Promote language that emphasizes recovery, train community members to understand addiction as a medical condition.
- Support recovery services: Invest in peer recovery networks, transitional housing, and employment programs that stabilize long-term recovery.
- Track and share data: Use local health data to identify trends, evaluate interventions, and adjust strategies.
- Engage youth and families: Provide mentoring, after-school programs, and family support services to build resilience.

- Leverage faith and civic groups: Encourage grassroots organizations to provide safe spaces, counseling, and community support.
- Improve referral systems: Creating referral programs through health and law enforcement agencies.
- Hosting community mobilization events: help to put tools into the hands of every community sector.
- Leverage settlement funds sustainably: Align opioid settlement resources with long-term community resilience strategies.

Key Grassroots Community Responses

- *Community coalitions.*
- *Legal aid integration.*
- *Grassroots entrepreneurship.*
- *Community-led recovery funds.*
- *Federal support for local action.*

Resources:

- *Community coalitions key to combating the opioid crisis* - <https://management.ssri.psu.edu/news/2025-2025-04/community-coalitions-key-combating-opioid-crisis>
- *How the Opioid Crisis Response Program Is Creating Pathways to Recovery* - <https://www.equaljusticeworks.org/news/how-the-opioid-crisis-response-program-is-creating-paths-to-recovery/>
- *Empowering Communities to Combat the Opioid Epidemic* - <https://donate-ng.com/blog/community-led-opioid-crisis-response-fund-2/>

Why Grassroots Solutions are Important



They address root causes of addiction, not just symptoms.



They empower communities to design solutions that reflect local realities.



They bridge gaps between healthcare, housing, employment, and justice systems.



They complement federal policy, ensuring sustainability while maintaining local autonomy.



Challenges & Considerations

 **Funding sustainability:** Communities must integrate grants and settlement funds into long-term plans.

 **Rural barriers:** Transportation and provider shortages make mobile units and telehealth critical.

 **Community buy-in:** Success depends on reducing stigma and ensuring community voices are included.

 **Stigma reduction is critical:** Without changing perceptions, people may avoid seeking help.

 **Inclusivity strengthens impact:** Ensure community voices (rural, urban, minority groups) are represented in coalitions.

Training and Technical Assistance

- *Opioid Response Network – Locally meaningful Education and Training that is evidence-based, designed to meet your needs and all at no cost - <https://opioidresponsenetwork.org/>*
- *Addiction Technology Transfer Centers - <https://attcnetwork.org/>*
- *Prevention Technology Transfer Centers - <https://pttcnetwork.org/>*
- *Telehealth Resource Center Program - <https://www.hrsa.gov/telehealth/telehealth-resource-centers>*

Thank You



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Questions

What strategies could work best in isolated/small communities?

- **Leverage Trusted Community Institutions** - schools, faith-based organizations, libraries, volunteer fire departments, and local employers - Train community leaders to recognize substance use issues and connect people to help
- **Strengthen Prevention Through Early Intervention** - Implement school-based prevention programs focused on coping skills, trauma, and mental health. Provide parent education on safe medication storage and disposal.
- **Build Peer-Led Recovery Support Networks** - Train peer recovery coaches with lived experience; support local recovery ; create recovery-friendly workplaces and housing.

For isolated and small communities, resilience comes from connection, trust, and adaptability. The most successful strategies include:

- Build on existing relationships.
- Bring services to people rather than expecting people to travel.
- Treat addiction as a shared community challenge.

How can you use a faith-based approach in a setting where religion is not supposed to be discussed?

- A faith-based approach can still be used in settings where religion isn't allowed by focusing on the underlying principles rather than religious content.
- The strengths of faith-based programs—hope, purpose, connection, accountability, and community—can all be expressed in secular language. Focus on:
 - Creating supportive peer networks
 - Offering consistent routines
 - Providing mentorship
 - Encouraging service and responsibility
 - Use the community model without referencing faith:

Personal growth, self compassion, life goals, are universal concepts that don't require religious framing.

- Instead of “**spiritual growth,**” use **personal growth.**
- Instead of “**forgiveness,**” use **self compassion** or **repairing relationships.**
- Instead of “**calling,**” use **life goals** or **sense of purpose.**

Is there a faith-based toolkit available to share with attendees?

- HHS - Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities – <https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html>
- Youth Mental Health and Well-being in Faith and Community Settings: PRACTICING CONNECTEDNESS – <https://www.hhs.gov/sites/default/files/youth-mental-health-and-well-being-in-faith-and-community-settings.pdf>
- APA Foundation- Faith and Mental Health—<https://www.apaf.org/faith>
- American Psychiatric Association Foundation: Mental Health: A Guide for Faith Leaders - <https://www.apaf.org/getmedia/d5cdf69e-e9bb-4090-9b75-1b409c3e2369/APAF-Mental-Health-A-Guide-for-Faith-Leaders.pdf>
- Toolkit for preventing opioid overdoses at your organization - A Practical Guide for Employers, Community Leaders, and Faith Leaders - https://hcs.rti.org/src/docs/HCS_Org_Toolkit_Backgrounders.pdf
- Toolkit for Faith-Based Organizations to Prevent Overdoses and Reduce Harm -University of Pittsburgh - https://www.overdosefreepa.org/wp-content/uploads/2021/11/FCC_Faith-Based-Toolkit_2021.pdf
- Engaging the Faith Community in Substance Use Prevention: The Rationale for Partnering and Resources to Support Your Efforts(PTTC) - https://pttcnetwork.org/wp-content/uploads/2019/11/EngagingtheFaithCommunityinSubstanceUsePreventionRationaleandResources_mmf_0.pdf?utm_source=copilot.com
- Faith Communities’ Improvements in Readiness to Engage in Addictions Resilience and Recovery Support Programming - https://www.faith-partners.org/wp-content/uploads/2021/06/Travis_et_al-2021-Journal_of_Religion_and_Health.pdf?utm_source=copilot.com
- Youth Mental Health and Well-being in Faith and Community Settings: PRACTICING CONNECTEDNESS - <https://www.hhs.gov/sites/default/files/youth-mental-health-and-well-being-in-faith-and-community-settings.pdf>