

Swampscott Health Department



Opioid Settlement Funds: Review of Survey Results

January 17th, 2024

Opioid Settlement Funds - Background



- In 2021 Massachusetts reached settlement agreements with several pharmaceutical companies regarding their role in the overdose epidemic
- The Commonwealth decided to allocate 40% of these settlement funds to communities annually between now and 2038 to strengthen opioid response, recovery, and prevention measures
- Swampscott has received ~\$100,000 to date and anticipates receiving additional funds from the settlement agreement over the next 15 years, pending the outcome of ongoing negotiations

Opioid Settlement Funds - Background (cont)

Funds can only be used in the following areas:

- Opioid use disorder treatment
- Support for people in treatment and recovery
- Connections to care
- Harm reduction
- Address the needs of criminal-justice-involved persons
- Support pregnant or parenting women and their families, including babies with Neonatal Abstinence Syndrome (NAS)
- Prevent misuse of opioids and implement prevention education

Opioid Settlement Funds - Background (cont)

- The Swampscott Health Department has made a commitment to using municipal opioid settlement funds to supplement and strengthen resources available to community members
- To gain insight from community members on how to best distribute these funds, a survey was open from 11/13 to 12/4 via Google Forms to solicit input from the community
 - However, survey responses were collected for one more week after this date had passed to gain more community input

Opioid Settlement Funds - Received and Anticipated Disbursements for Swampscott

- As of 11/14/23, the Town of Swampscott has received \$123,909 of the Opioid Settlement Funds.
- In a total over the 18 disbursement periods and, pending the outcome of ongoing negotiations, it is anticipated that the Town of Swampscott will receive a total of \$1,061,247.

Opioid Settlement Funds - Received and Anticipated Disbursements for Swampscott (cont)

Please note: These payments vary year-to-year in amount and duration by provider.

| Distributor/Provider | # of Annual Payments | Total Amount Allocated |
|-----------------------------|-----------------------------|-------------------------------|
| Walmart | 6 Payments | \$69,251.16 |
| Allergan | 7 payments | \$55,077.51 |
| CVS | 10 payments | \$122,290.41 |
| Walgreens | 15 payments | \$132,978.01 |
| Teva | 13 payments | \$92,450.34 |
| Johnson & Johnson | 18 payments | \$110,117.00 |
| State Distributor Funds | 18 payments | \$479,082.67 |
| Totals | | \$1,061,247.10 |

Survey Results

Disclaimer:

Please note that not all respondents answered every question listed in the Opioid Settlement Fund survey. The total number of responses for each question is represented at the bottom of each slide when applicable.

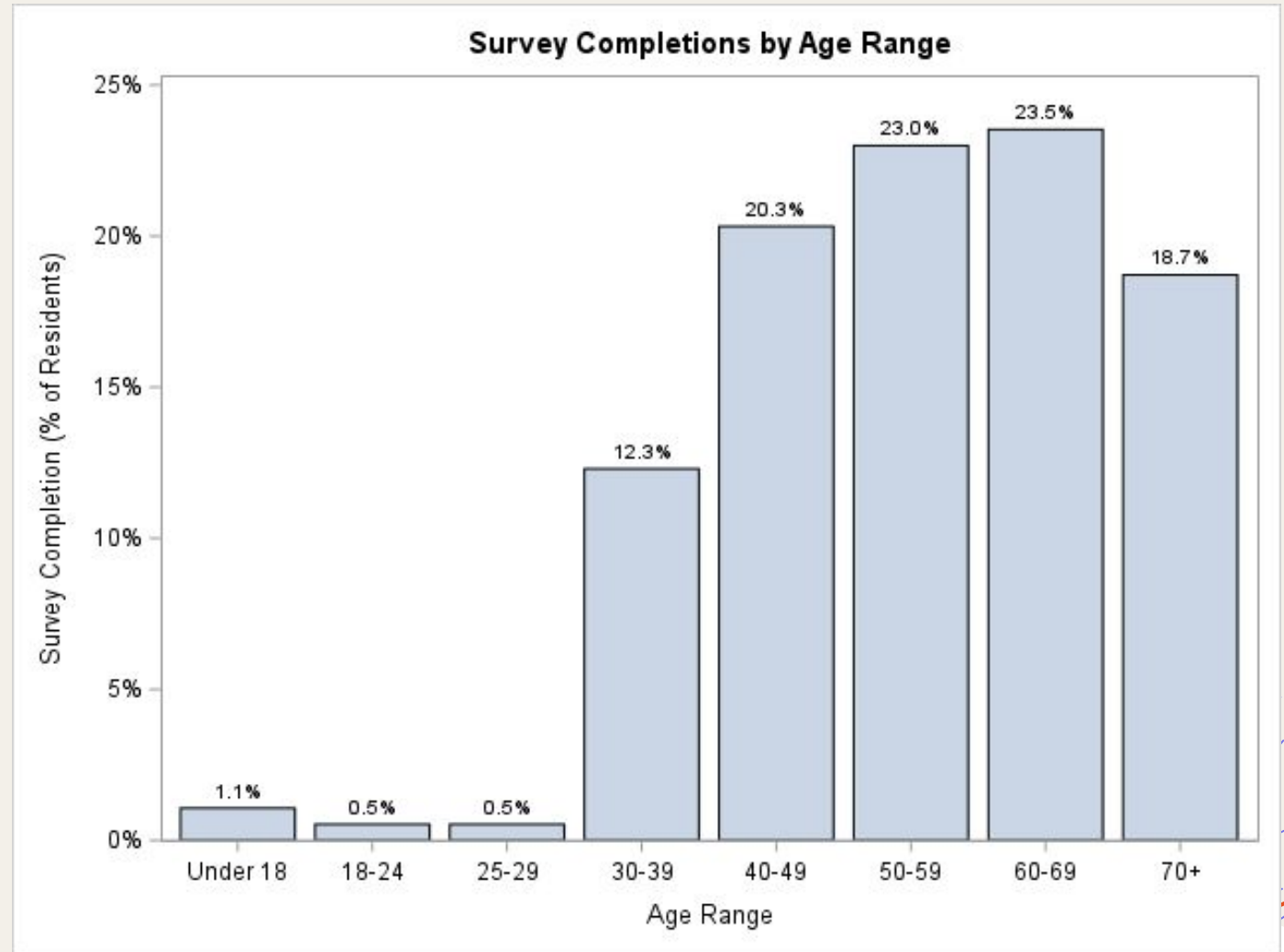
Responses - Overview

- Over the course of the three weeks the survey remained open, the Swampscott Health Department received a total of 195 responses!
- Of the 195 total responses, only 4 respondents did not live in Swampscott

Question: What is your age?

Age Range:

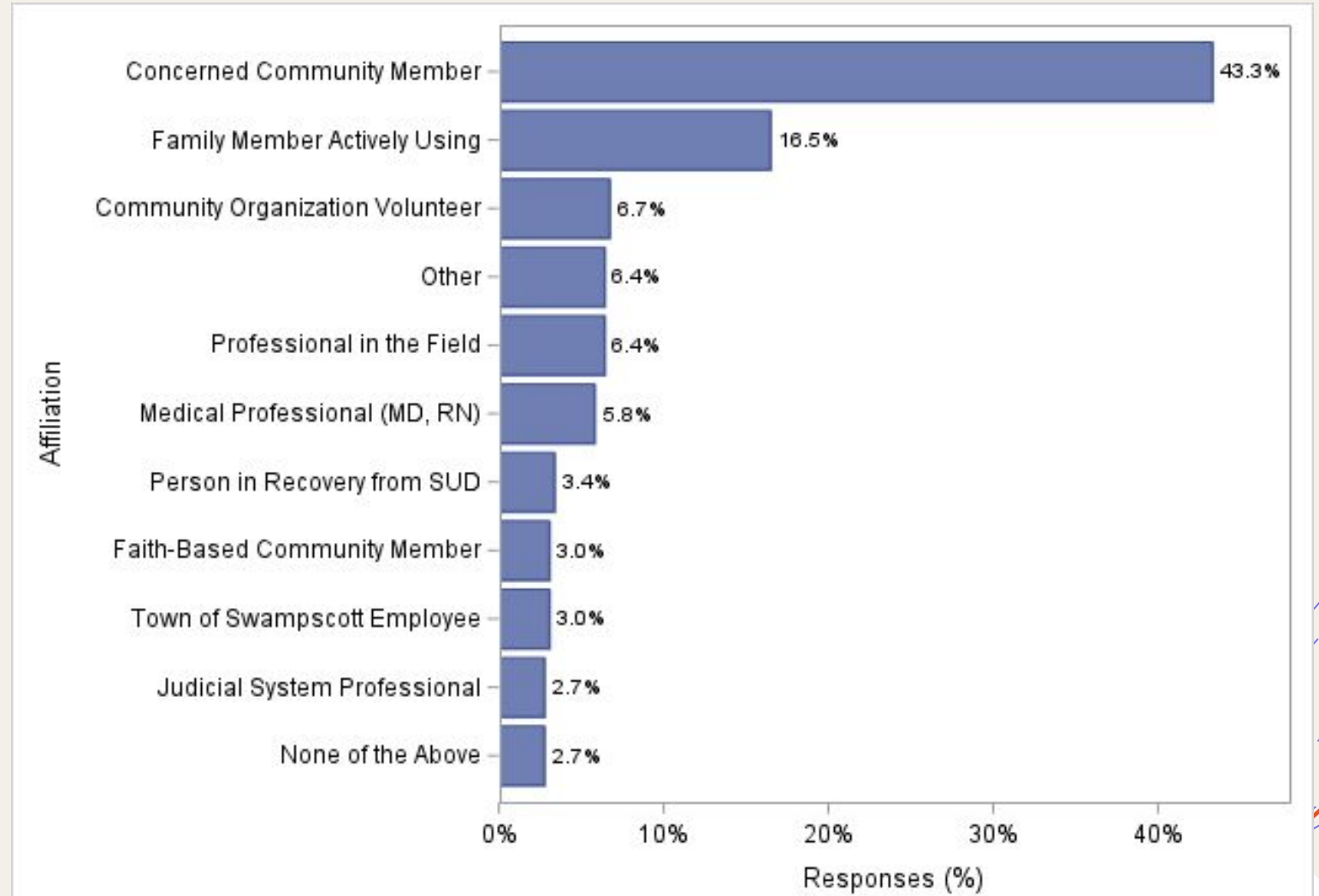
- The majority of respondents were aged 30 and older
- Those <29 years of age comprised of only 2.1% of all respondents



*192 / 195 respondents

Question: Which of the following describes your personal and/or professional involvement in Swampscott?

- Most respondents (43.3%) reported being concerned community members
- Note: For this question, respondents could select all that applied to them



*195 / 195 respondents

Question (cont): Which of the following describes your personal and/or professional involvement in Swampscott?

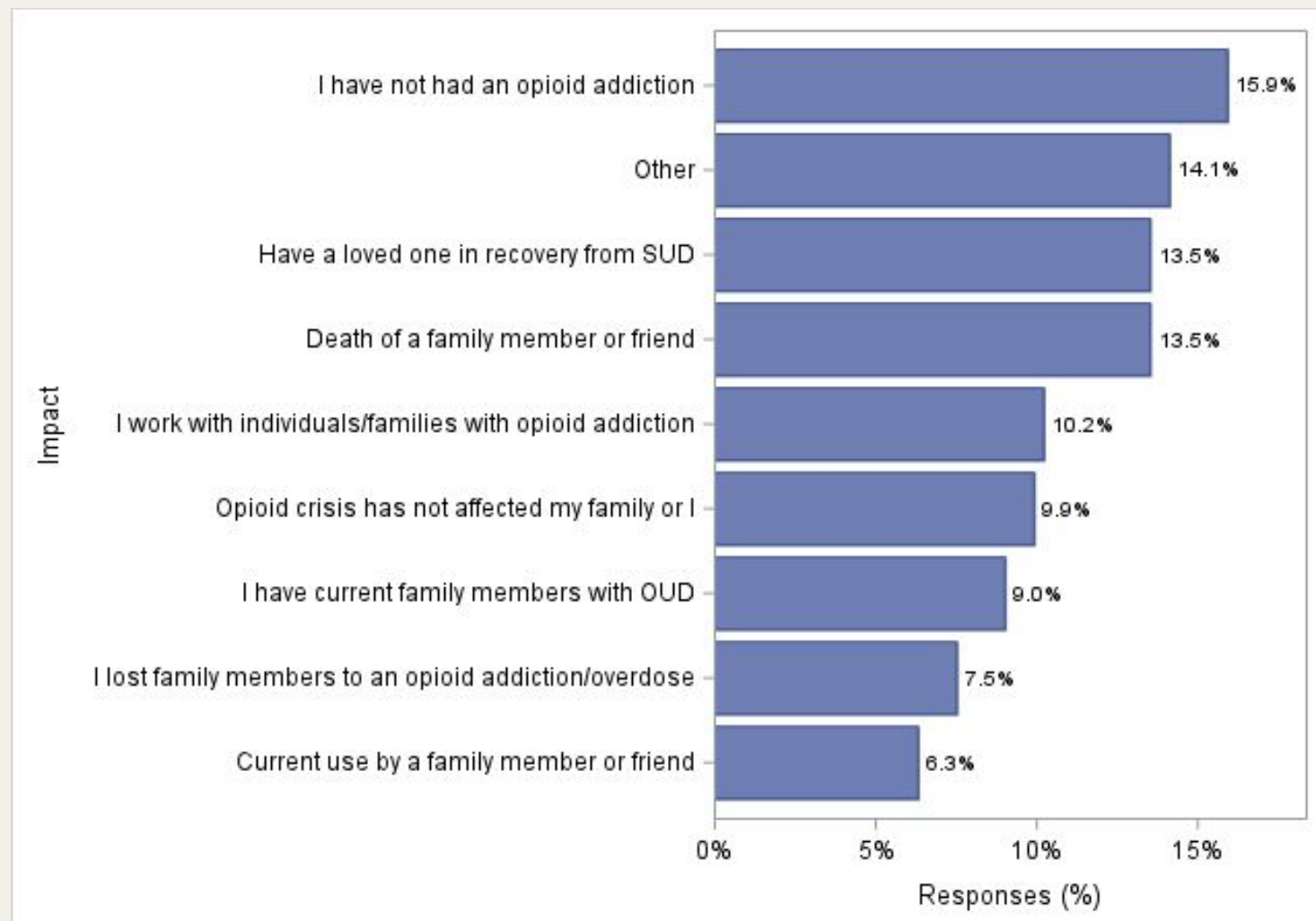
“Other” category breakdown:

- Law Enforcement/Public Safety/EMS Professionals
- SUD Professionals
- Harm Reduction Professionals
- Recovery and Peer Support Specialists
- Left the Answer Blank
- Foster Parents
- Healthcare Consultants
- School Committee Members
- Parents Within the Community
- Social Workers
- College Professors

*195 / 195 respondents

Question: How, if at all, are you impacted by the opioid epidemic?

- Around 15.9% of respondents reported not having an opioid addiction themselves
 - Rather, they knew of a loved one in recovery (13.5%) or had known someone who died due to the use of opioids (13.5%)
- Note: For this question, respondents could *select all* that applied to them



*193 / 195 respondents

Question (cont): How, if at all, are you impacted by the opioid epidemic?

“Other” category breakdown:

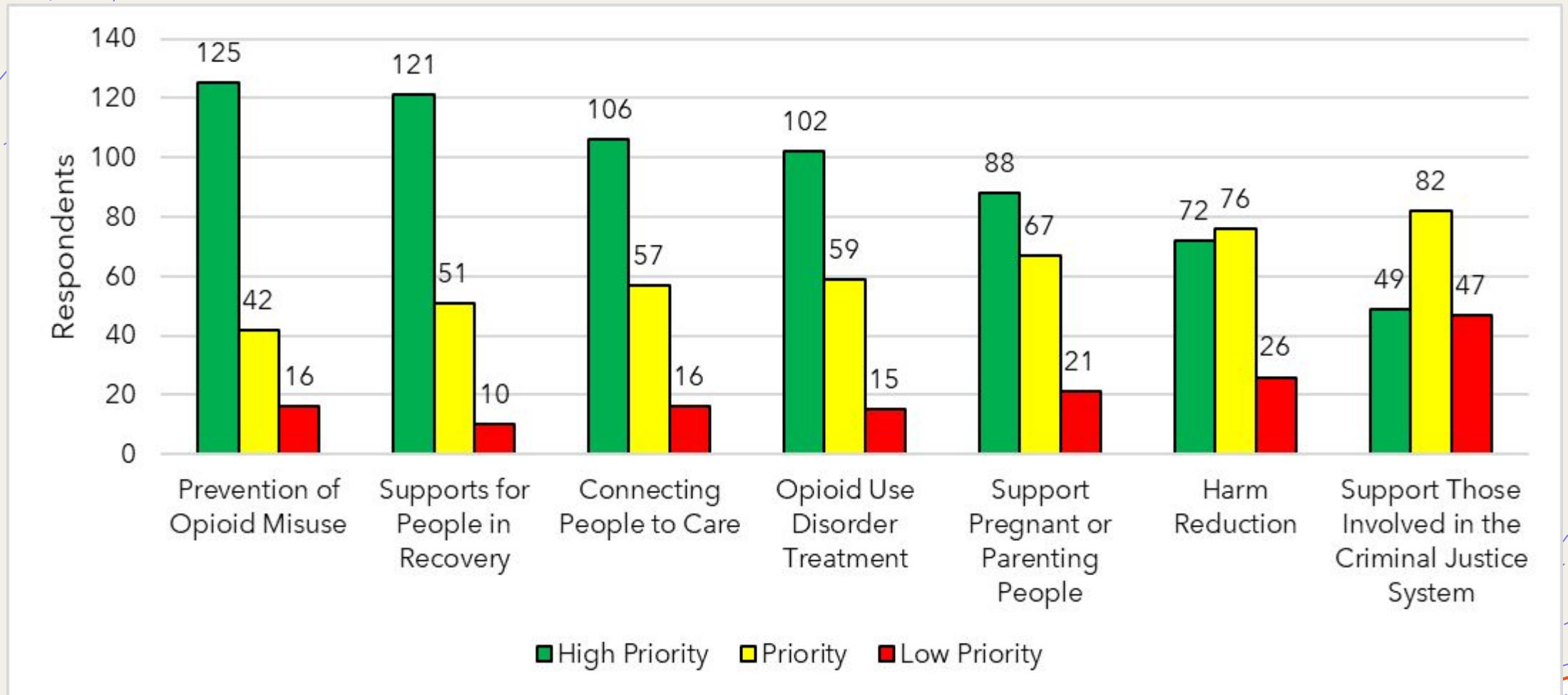
- Unspecified
- Have treatment/recovery costs
- Job loss/employment complications
- Are in recovery from opioid use disorder
- Legal expenses/costs
- Incarceration/criminal records
- Problem accessing opioid treatment
- Medical debt

Question: What are your top priorities for how the Opioid Settlement Funds should be used/spent?

| | <i>High Priority</i> | <i>Priority</i> | <i>Low Priority</i> |
|---|----------------------|-----------------|---------------------|
| Prevention of Opioid Misuse* | 68% | 23% | 9% |
| Supports for People in Recovery* | 67% | 28% | 6% |
| Connecting People to Care | 59% | 32% | 9% |
| Opioid Use Disorder Treatment | 58% | 34% | 9% |
| Support Pregnant or Parenting People | 50% | 38% | 12% |
| Harm Reduction | 41% | 44% | 15% |
| Support Those Involved in the Criminal Justice System | 28% | 46% | 26% |

*193 / 195 respondents

Question (cont): What are your top priorities for how the Opioid Settlement Funds should be used/spent?



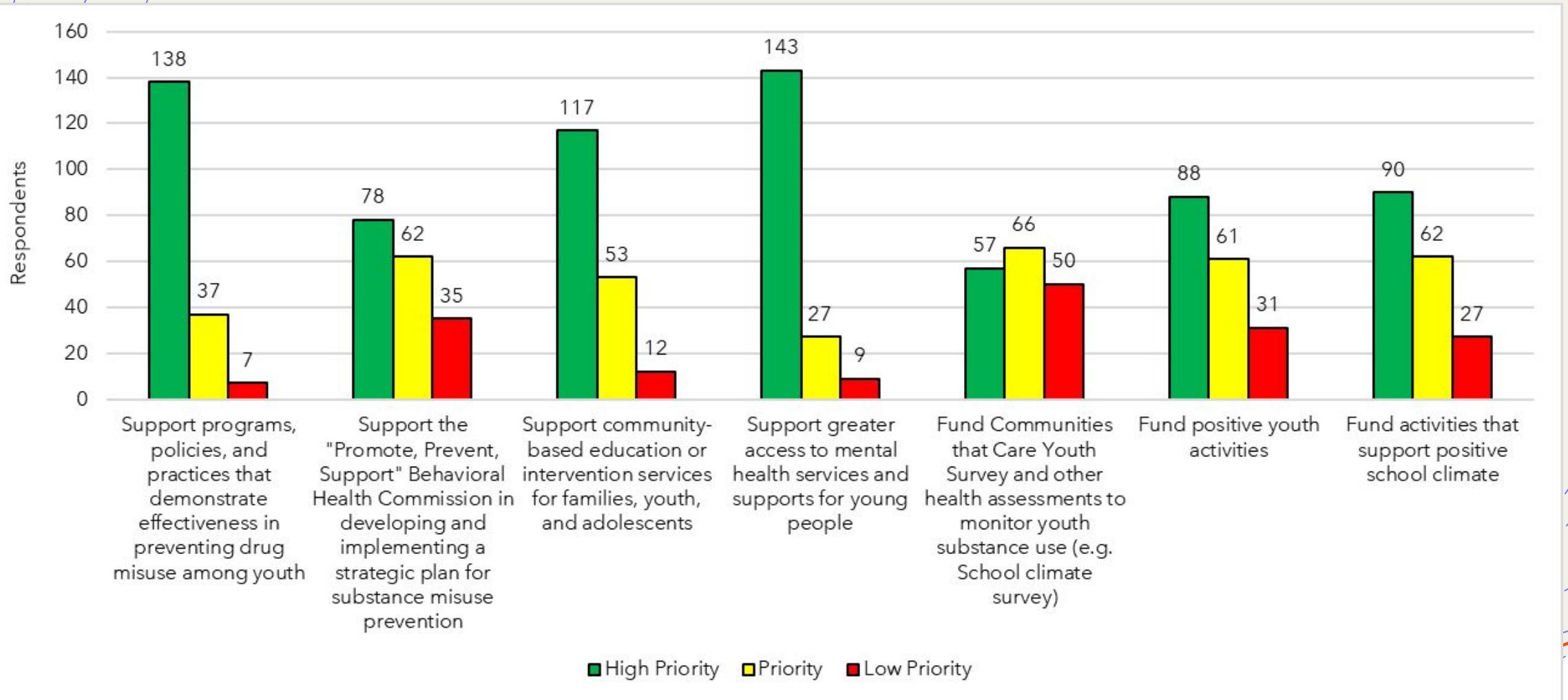
*193 / 195 respondents

Question: Please rank the following list of substance use response strategies, based on the degree to which you believe should be funding priorities in Swampscott.

Options: *High Priority, Priority, Low Priority*

| | <i>High Priority</i> | <i>Priority</i> | <i>Low Priority</i> |
|--|----------------------|-----------------|---------------------|
| Support programs, policies, and practices that demonstrate effectiveness in preventing drug misuse among youth* | 76% | 20% | 4% |
| Support the "Promote, Prevent, Support" Behavioral Health Commission in developing and implementing a strategic plan for substance misuse prevention | 45% | 35% | 20% |
| Support community-based education or intervention services for families, youth, and adolescents | 64% | 29% | 7% |
| Support greater access to mental health services and supports for young people* | 80% | 15% | 5% |
| Fund Communities that Care Youth Survey and other health assessments to monitor youth substance use (e.g., School climate survey) | 33% | 38% | 29% |
| Fund positive youth activities | 49% | 34% | 17% |
| Fund activities that support positive school climate | 50% | 35% | 15% |

Question (cont): Please rank the following list of substance use response strategies, based on the degree to which you believe should be funding priorities in Swampscott.
Options: High Priority, Priority, Low Priority



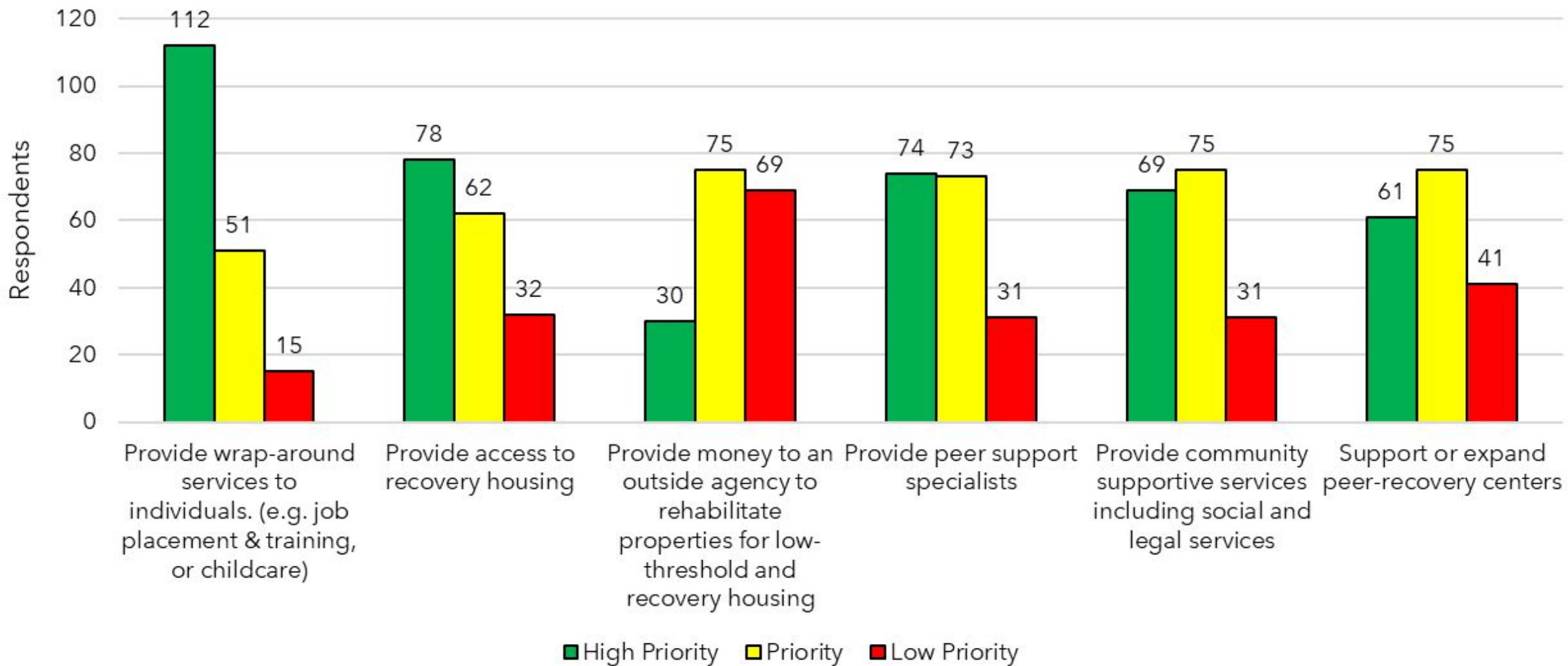
Question: For the category 'Prevent Misuse of Opioids and Implement Prevention Education', and thinking about how settlement funds should be used, please rank how important you feel each of these are.

Options: High Priority, Priority, Low Priority

| | High Priority | Priority | Low Priority |
|--|---------------|----------|--------------|
| Provide wrap-around services to individuals. (e.g., job placement & training, or childcare)* | 63% | 29% | 8% |
| Provide access to recovery housing | 45% | 36% | 19% |
| Provide money to an outside agency to rehabilitate properties for low-threshold and recovery housing | 17% | 43% | 40% |
| Provide peer support specialists* | 42% | 41% | 17% |
| Provide community supportive services including social and legal services | 39% | 43% | 18% |
| Support or expand peer-recovery centers | 34% | 42% | 23% |
| Provide transportation to treatment or recovery services | 34% | 46% | 19% |
| Provide employment training or educational services* | 45% | 40% | 16% |
| Increase the number and capacity of high-quality recovery programs* | 51% | 39% | 11% |
| Increase engagement of non-profits, faith-based communities, and community coalitions | 25% | 43% | 32% |
| Support programs for recovery in schools* | 45% | 38% | 16% |
| Support bereaved families and frontline care providers | 25% | 53% | 22% |

Question (cont): For the category 'Prevent Misuse of Opioids and Implement Prevention Education', and thinking about how settlement funds should be used, please rank how important you feel each of these are.

Options: High Priority, Priority, Low Priority

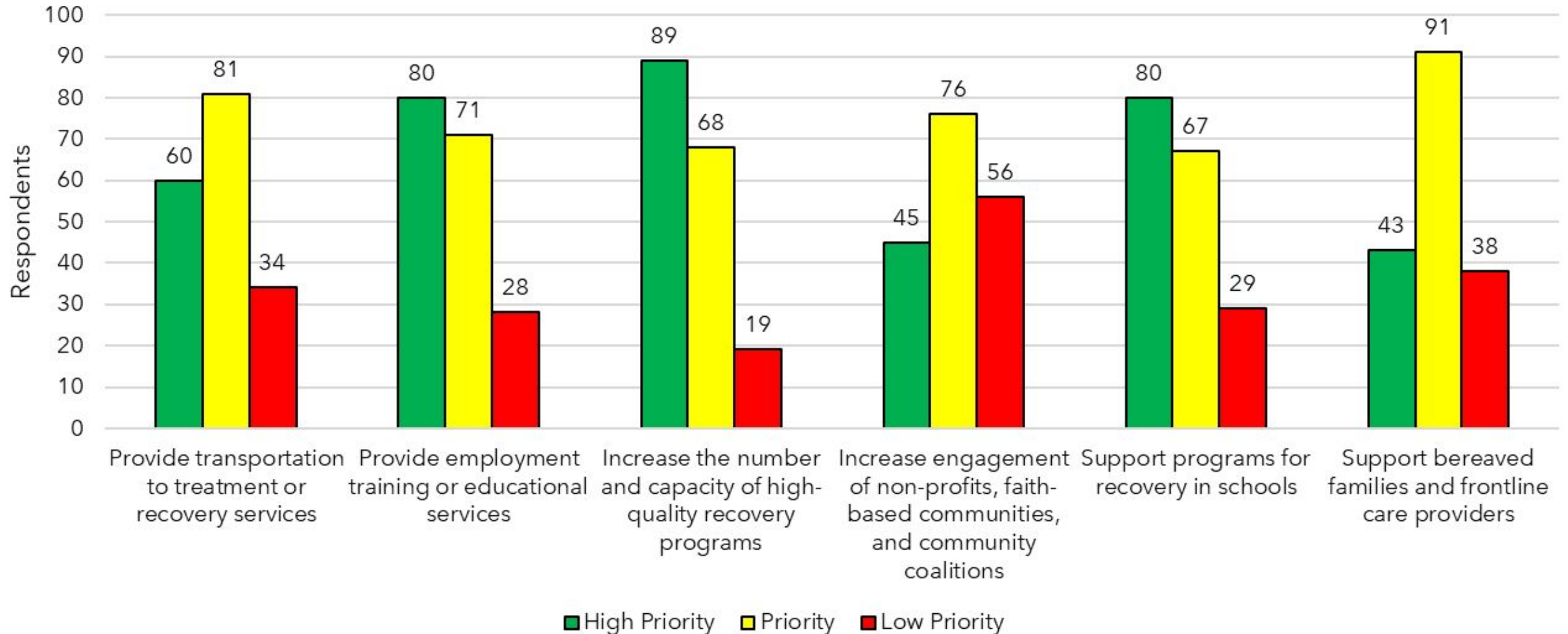


Question (cont): For the category 'Prevent Misuse of Opioids and Implement Prevention Education', and thinking about how settlement funds should be used, please rank how important you feel each of these are.

Options: High Priority, Priority, Low Priority



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Open-Ended Survey Questions

Disclaimer:

Please note that some of the following strategies and suggestions may not be feasible to implement with the current funding, and may be beyond what the Swampscott Health Department can implement. We are committed to partnering with stakeholders, including but not limited to schools, public safety, health care providers, harm reduction specialists, community coalitions, and people with substance use disorders and their loved ones. While we couldn't include all comments here, we are considering all comments. We feel it is important to share a range of suggestions to record the community's input that can inform future funding opportunities and decisions.

Question:

Please explain how we can best address your priority areas with the Opioid Settlement Funds. What have you seen to be effective in helping people reach and/or maintain substance use recovery?

Top 5 Common Themes

1. Education and prevention in schools
2. Offer recovery support services, such as peer coaches who have lived experience with a substance use disorder
3. Provide social services to individuals in recovery (housing, employment, etc.)
4. Expand harm reduction resources and address stigma
5. Expand and improve access to mental health and substance use treatment services

1. Education & Prevention in Schools

- "Education on the dangers of drugs earlier in school."
- "Preventing drug use before it starts with programs for our school children."
- "Education and alternative activities for kids"
- "100 thousand will sadly go quickly and the most [impact] will be to educate students, knowledge is power for themselves and their peers."
- "Using funds for supporting programs within the schools for opioid prevention education and support for children and families impacted by opioid use"
- "[S]tart with early intervention. [L]ook for families in crisis"

2. Recovery Support Services

- "As a person with 22 years in recovery and working in the field of SUD for the past 21. I see the Peer Recovery Support Centers and Recovery Coaching being a strong defense against someone returning to substance use after some time in recovery. Building and surrounding a person with recovery supports helps maintain, sustain and prevent potentially deadly reoccurrence of SUD. These supports are undeniably valuable in order to also make recovery attractive to those still struggling."
- "I watch my daughter formally addicted to heroin/opioids engage with peer recovery supports in a peer recovery support center. This sense of community seems to be very effective."

2. Recovery Support Services (cont)

- “Support of family, peers, educators and employers.”
- “Support, guidance, care from community member/peer or specialist”
- “Lots of personal supports, community involvement, having purpose, intensive psychological and trauma therapy”

3. Social Supports for People in Recovery

- “Improve access to affordable or no-cost treatment and provide wrap-around services (housing, employment, childcare) to facilitate treatment and long-term recovery.”
- “Keep people off the street - help place them into housing.”
- “Residency based programs such as sober houses.”
- “Prioritize social services. Create a “one stop shop” where people can go for help/support with housing, food, employment. Connect people with resources and help them with the process”

3. Social Supports for People in Recovery (cont)

- “Remove financial barriers for individuals seeking recovery to access high level individual and group therapy, recovery based housing options in Swampscott, and job opportunities across all town departments specifically held for individuals in recovery.”
- “Access to housing, therapy and job placement”
- “EDUCATION, JOB TRAINING, HOUSING”
- “Provide wrap-around services to people in treatment and recovery.”
- “Effective recovery coaches, job placement, legal support”

4. Harm Reduction and Stigma Reduction

- “harm reduction has been most successful in destigmatizing opioid use and preventing other negative health outcomes like disease spread or overdose death. Access to safe housing and job training would also be beneficial to folks in recovery.”
- “Every household get Narcan” ... “[Narcan] available everywhere”
- “Honestly - what can we do to get fentanyl out of drugs? I think having a safe place for citizens to test their drugs seems backwards but is actually forward thinking. We want people to come to terms with recovery. We dont [sic] want them dying.”

4. Harm Reduction and Stigma Reduction (cont)

- “Ensuring they have a community around them. Support from family, friends and others services are a top priority as this will allow for them to get the help they need while also understanding how addiction is a disease.”
- “Feeling part of the community and cared for. Not isolated.”
- “I think that treatment of OUD will be far more costly than prevention, but no less critical. I would imagine that many many people who suffer from opioid use never asked for it in the first place, and need the community's support in becoming contributing members of society, though it may not be equal to what they may have been able to do previously. You don't discard people.”

5. Access to mental health and SUD treatment

- “I think it's critical to invest in mental health programs that both address mental health and the impacts mental health has on substance abuse. This includes knowledge, prevention, accessible treatment, appropriate treatment and continued follow-up care.”
- “My personal experience shows that mental health comes first. We do very little to support people having hard times in their lives. We have a "sink or swim" attitude that is deadly. We have to help others, not just throw money at programs and make consultants wealthy.”
- “Bridging the gap between what insurance covers and what is truly effective ie treating the whole person and addressing root cause of substance use.”

5. Access to mental health and SUD treatment (cont)

- “Consistent services over long period if time. More [support] needed following detox.”
- “Easier access to get from inpatient detox to sober living programs without 30 days in holding”
- “high touch systems, [non-judgmental] access to care, easy systems to navigate”
- “Providing counseling and reaching out to the community.”

Question:
What needs do you observe
in Swampscott related to the
opioid epidemic?

*82 / 195 respondents

Top 5 Common Themes

1. Educating youth and providing community support and engagement for youth and families
2. Educate the community and stakeholders about opioid use disorders and available resources
3. Improve treatment access and recovery support services
4. Increase harm reduction resources, especially Narcan access
5. Decrease stigma and increase community engagement

1. Youth Education and Family Engagement

- "Lower grades need to be taught how dangerous drugs can be if misused."
- "School-age population needs support/education. Although both are extremely challenging, it's "easier" to prevent than treat OUD"
- "The school sees families disrupted by addiction issues – students have lost parents, are being raised by relatives, have difficult home circumstances"
- "Better support and understanding of the crisis along with ways families can better support their loved ones and easy access to mental health and substance abuse care."

1. Youth Education and Family Engagement (cont)

- “I think they should start in the middle school of those areas, dispensing information to the kids and making them understand why these problems exist and that will make them more willing to want to take apart in not contributing to the problem”
- “Support for kids who are effected [*sic*] by parental drug abuse. Expanded educational programing.”
- “Activities to keep youngsters busy and involved” ... “youth centers and activites [*sic*]”
- “Working with families” ... “Need for parental support”

2. Education About OUD and Available Resources

- “Education and Peer support services. Addiction Recovery Coach Education for community members, teachers and or students. This can help members of the community especially teachers create champions in town to learn how to have the tough conversations with friends, loved ones and fellow community members about their substance use and know where to find local resources.”
- “[P]olice education to understand needs of people who have addictions, treatment oriented justice system”
- “better support and understanding of the crisis along with ways families can better support their loved ones and easy access to mental health and substance abuse care.”

3. Treatment Access & Recovery Support

- "Recovery Coach on staff"
- "Lack of support services for those addicted, those who were addicted and their family members"
- "Advertising how people can get help and providing... resources to guide people thru the process"
- "Making recovery centers and resources more available. Even though I have not been personally affected there are many who require those services so making them more equitable and affordable is a priority."

3. Treatment Access & Recovery Support (cont)

- “Need for more substance abuse programming, treatment and housing options actually located in our town.”
- “Access to counseling”
- “Limited housing and local treatment centers.”
- “Need for more substance abuse programming, treatment and housing options actually located in our town.”

4. Access to Harm Reduction Services

- "Due to the increase [in] prevalence of fentanyl pills and patches, it would be nice if the community provided Narcan to anybody who wanted it. The recent discovery of heart shaped fentanyl candy, and the increasing prevalence of fentanyl stickers is incredibly concerning to me as a parent, and I would like to have access to Narcan in my home and throughout the community."

*Please note: Narcan is currently available through the Swampscott Health Department's FREE Narcan distribution program where you may learn where and how to use Narcan, recognizing and responding to an overdose, and getting fentanyl test strips and other harm reduction resources.

Learn more at www.swampscottma.gov/health

4. Access to Harm Reduction Services (cont)

- "Narcan should be available in public buildings and trainings should be accessible to the community members and certainly the high school students should all be given access to training."
- "Safe place for testing drugs"
- "Safety for the police/fire/dpw responding to discarded needles or paraphernalia."

*Please note: Narcan is currently available through the Swampscott Health Department's FREE Narcan distribution program where you may learn where and how to use Narcan, recognizing and responding to an overdose, and getting fentanyl test strips and other harm reduction resources.

Learn more at www.swampscottma.gov/health

5. Decrease Stigma and Increase Community Engagement

- "Collaborative efforts between healthcare providers, law enforcement, and community organizations are crucial in addressing the complex challenges of the opioid epidemic."
- "Education to remove stigma. The drug companies actively sold dangerous drugs; they are the villains"
- "Increase engagement of non-profits, faith-based communities, and community coalitions."

5. Decrease Stigma and Increase Community Engagement (cont)

- “I have lived here in Swampscott for nearly 25 years and have noticed a remarkable disappearance of neighborhood identity and connections. We need to promote knowing our neighbors and making local friends.”
- “Recognition that opioid abuse is a problem even here in [Swampscott]”
- “Swampscott residents are in denial that this stuff takes place here and that our communities kids are using too. They think these peoples are only in Salem and Lynn.”

5. Decrease Stigma and Increase Community Engagement (cont)

- "This epidemic has no class affiliation. This is a very real problem. It may just be a matter of time before it affects people you know."
- "It's a 'secret' that it doesn't happen 'here'"... "It's mostly hidden and not spoken of"
- "Residents in this town don't think it is HERE. Of all people the police care. They do a drug take back and have officers that check on people with addiction problems and try to get them help."

Question:

Please add any additional thoughts you would like to share with the Swampscott Health Department. Use this space freely to share your thoughts and ideas about how the opioid settlement funds should be used.

Additional Thoughts

"I feel since Swampscott does not have a huge opioid issue (but does have one) prevention efforts may be the best route"

"When my daughter was struggling it was very difficult to know what was needed to help her or where to go. I think funding something in town with someone with lived experience in addiction recovery could be helpful in guiding parents as well as having a place where someone using drugs would feel comfortable accessing help"

Additional Thoughts (cont)

“Need education for older population for the opioids. How they effect our aging population differently. And changes as they age.”

“For the unhoused community members who are also struggling with substance use, evidence shows that a housing-first approach allows people to better focus on achieving any recovery or health related goals. We should be working towards supporting people who are the most at risk for overdose and empowering them to make the safest choices for themselves. Harm Reduction services have also been proven to dramatically lower the number of overdoses and new Hepatitis C infections. Community members who enter a harm reduction service are also 5 times more likely to enter into treatment. One last mention should be made to working to dismantle the stigma surrounding substance use and substance use treatment.”

Additional Thoughts (cont)

“(The history of opioid use in this town) The town needs to keep in mind just how many young people were lost in the 2000's due to opiate addiction – many deaths and overdoses were never attributed to opioid use/abuse. (Most likely due to shame and stigma). Many of those young people started on [O]xy[C]ontin due to sports injuries – the same athletes were so lauded in this sports-obsessed town became addicted.”

“Spread the funds as much as possible while still making them effective. There are many levels to addiction recovery and treatment, all of which involve a lifelong process. Anyone who is trying to get clean will also require services that are unique to their individual needs. There is no one size fits all when it comes to recovery so having options for people of all ages, from school to work to senior living”

Additional Thoughts (cont)

“The funds are too limited to try to do everything effectively. The Health Department should target a small number of projects and fund them in a meaningful way, rather than provide low dollar contributions to many projects (or only for a short period). Mental health care for juveniles and young adults is a huge concern and access is extremely limited. Similarly, housing is expensive and difficult to obtain in our area. Focusing on - and adequately funding - the expansion of mental health services for young people and housing for lower-income people would create a meaningful impact”

Additional Thoughts (cont)

“I have not seen any statistics about drug use in Swampscott, North Shore, or MA. You need to advertise that it is a very bad habit that kills people. Definitely, we need more awareness and prevention”

“[C]loser monitoring of students. I teach in another town, even wealthier than Swampscott, and many of my students have very serious mental health problems that are completely unknown to the school. The health dept. could help support the guidance dept”

Additional Thoughts (cont)

“Due to the increase prevalence of fentanyl pills and patches, it would be nice if the community provided Narcan to anybody who wanted it... As a parent... I would like to have access to Narcan in my home and throughout the community”

“Narcan boxes in Swampscott would be a good pilot, I think there is a stigma to services in town hall and having folks walk in for potential care, need a lot more education on services and linkages to service that we have in surrounding areas”

Question:

If you would like to be contacted to learn more about the upcoming listening session/idea exchange and/or be a part of the Health Department's 'Lived Experience' working group, please share your email.

*25/195 respondents

- At the conclusion of the survey, 25 respondents out of a total of 195 indicated that they would like to be included in a "Lived Experiences" working group held by the Swampscott Health Department
 - This number also includes those that would like to be notified of a listening session/idea exchange for the survey results

In Summary...

- A majority of respondents have been directly impacted by the opioid epidemic, mainly by **friends** and **loved ones**
- There is a sense of “**it doesn’t happen here**” in Swampscott
- Respondents would like to see funds mainly spent on the **prevention** of opioid misuse and the **support** for those in recovery
- Specifically, most feel as though interventions targeted at the **youth** through **education** and **programming, mental health investment**, and improving **peer support** programs would have the most impactful effects on the community

Resources for Substance Use Services



- MA Substance Use Helpline: Referrals to licensed and approved substance use treatment and recovery services. Call 800-327-5050, text "HOPE" to 800327, or visit [helplinema.org](https://www.helplinema.org)
- Learn to Cope: A peer-led support network offering education and resources for family and friends who have loved ones affected by a substance use disorder. Visit [learn2cope.org](https://www.learn2cope.org).
- Healthy Streets: Drug User Health Services including syringe exchange, Narcan, HIV testing, and treatment placing. Call 399-440-5633
- FREE Narcan and fentanyl test strips are available from the Swampscott Health Department. Call Neia Illingworth, Public Health Nurse, at 781-596-8864 ext. 1280



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Evidence-Based Strategies

Evidence-Based Strategies: Youth & Families

- [Youth Mental Health First Aid](#) teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.
- [Screen for Adverse Childhood Experiences](#) (ACEs). ACEs is the term used to describe traumatic or stressful events experienced by persons under the age of 18. If left unaddressed, these ACEs can increase the likelihood of individuals developing mental illnesses, SUDs, and other mental and physical health conditions that affect the overall quality of life.

Evidence-Based Strategies: Youth & Families (cont)

- Implement Student Assistance Programs (SAPs). Comprehensive school/community-based assessment and early intervention activities and programs in middle and high school settings, have shown to be effective in stopping the cycle of addiction before the disorder becomes more complex and difficult to treat.
- Implement Programs for Children Impacted by Parental Substance Use Disorders. Addiction prevention and mentoring programs for youth ages 9-17 address the needs of these children by providing them with the tools they need to take care of themselves and cope with their family circumstances and break the intergenerational cycle of addiction.

Evidence-Based Strategies: Recovery Support

- Ensure Support Group Access: Recovery support groups are free, peer-led services that create opportunities for people in recovery to share experiences, connect with others with lived experience, and learn skills in a safe and supportive environment.
- Recovery Community Organizations: Recovery Community Organizations (RCOs) offer recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support.

Evidence-Based Strategies: Harm Reduction

- Increase Community Naloxone Distribution: Naloxone (brand name Narcan) is a safe and effective medication that reverses an opioid overdose and saves lives.
- Expand Access to Syringe Service Programs (SSPs): SSPs are an effective public health approach for reducing HIV, hepatitis C, and other infectious disease transmissions.
- Distribute Fentanyl Test Strips (FTS): FTS are an inexpensive and easy to use tool that can prevent overdose fatalities of people who use drugs. FTS are a relatively new technology that works much like a pregnancy test. An individual can mix a small amount of a drug with water, dip the FTS into the water, and within minutes know if fentanyl is present.

Evidence-Based Strategies: Treatment

- Expand Access to Behavioral Therapies: There are several evidence-based behavioral therapies that are effective in treating SUDs, including cognitive behavioral therapy, contingency management, 12-step facilitation therapy, motivational enhancement therapy, therapeutic communities, as well as group and individual counseling.

Evidence-Based Strategies: Prevention and Education

- Develop public awareness campaigns such as [The Truth About Opioids](#) campaign and [Prevent Overdose RI website](#).
- Expand [Community Prevention Coalitions](#): Community coalitions are an effective approach that brings together the key sectors within a community to collaborate, develop, and implement comprehensive strategies that reduce risk factors for substance use and addiction, such as high rates of poverty, social norms, and drug availability, and counterbalance them with protective factors, such as community engagement and healthy activities.

Evidence-Based Strategies: Learn More

- Addiction Policy Forum's [interactive tool](#) for evidence-based interventions to address the overdose epidemic
- Brandeis Opioid Resource Connector's [Community Response Checklist](#)
- CDC's [Evidence-Based Strategies for Preventing Opioid Overdose](#)

Moving Forward...

- Post Powerpoint with survey results on the Health Department's page:
<https://www.swampscottma.gov/health>
- Hold Online Listening Session on January 31st, 2024 from 5:30-7pm:
<http://tinyurl.com/yrdvh6ud>
- Form working groups to help the Swampscott Health Department

Swampscott Health Department



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Opioid Settlement Funds

👂 Listening Session 👂

Please join us online on
Wednesday, January 31st, 2024
from 5:30-7pm

For a brief review of the survey results *and*
so that we can hear from you about how
the Opioid Settlement Funds can best be utilized

To join the listening session, please use this link:
<http://tinyurl.com/yrdvh6ud>

For other ways to join the listening session, please visit:
<https://www.swampscottma.gov/health/pages/listening-session>

Thank you!



The Swampscott Health Department would like to extend our gratitude and thanks to both Laura Nash, MPH, Regional Epidemiologist, and Meg Dlusniewski, MSW, MPH, Regional Public Health Coordinator, from the North Shore Public Health Collaborative for their amazing support and assistance with this survey, analyzing the data, finding evidence-based resources, etc.