

Overdose Prevention Across the Continuum of Care: Strategies from the Field

Disclaimer

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Today's Presenters

Shannon Mace, JD, MPH
Senior Advisor, National Council for Mental Wellbeing

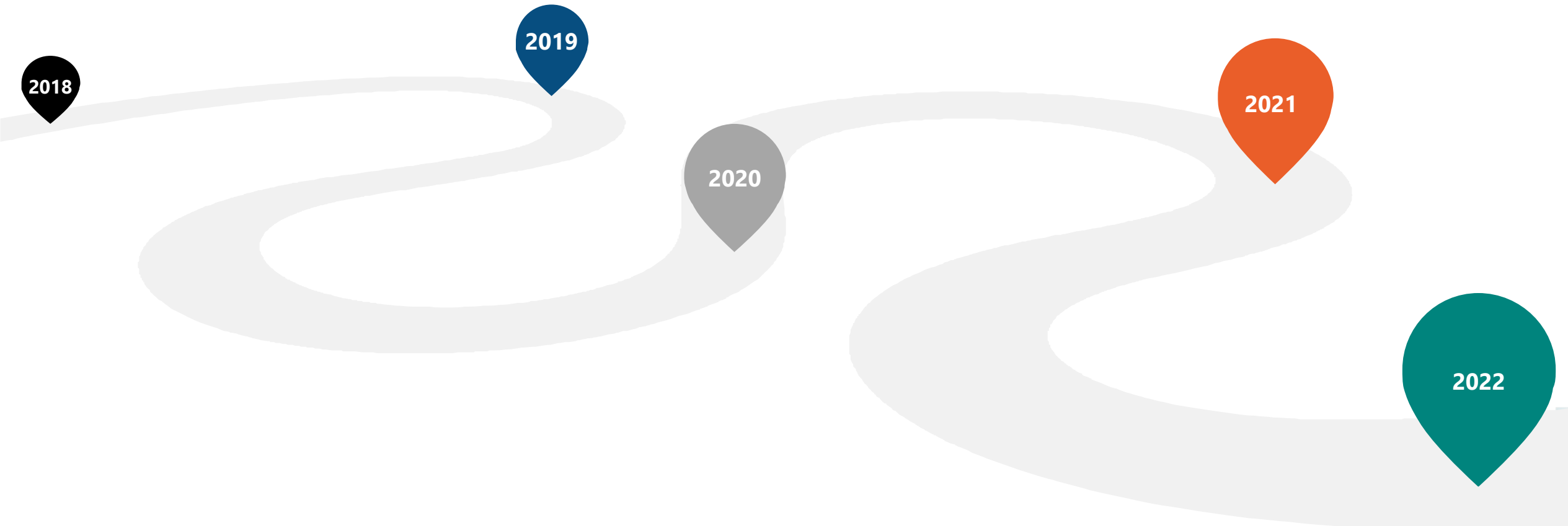
Aaron Williams, MA
Senior Advisor, National Council for Mental Wellbeing

Flannery Peterson, MPH, PMP
Director, National Council for Mental Wellbeing

Agenda

- Current environment
- Preventing overdose across the continuum of care including supporting individuals with serious mental illness
- Supporting people with substance use and co-occurring mental health challenges including individuals with serious mental illness
- Resources and tools
- Discussion

The Current Environment

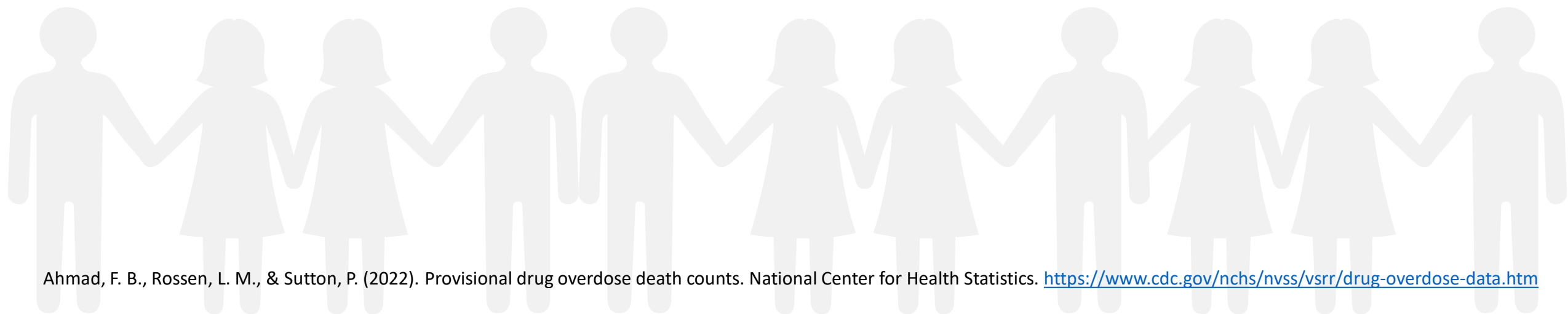


MORE THAN

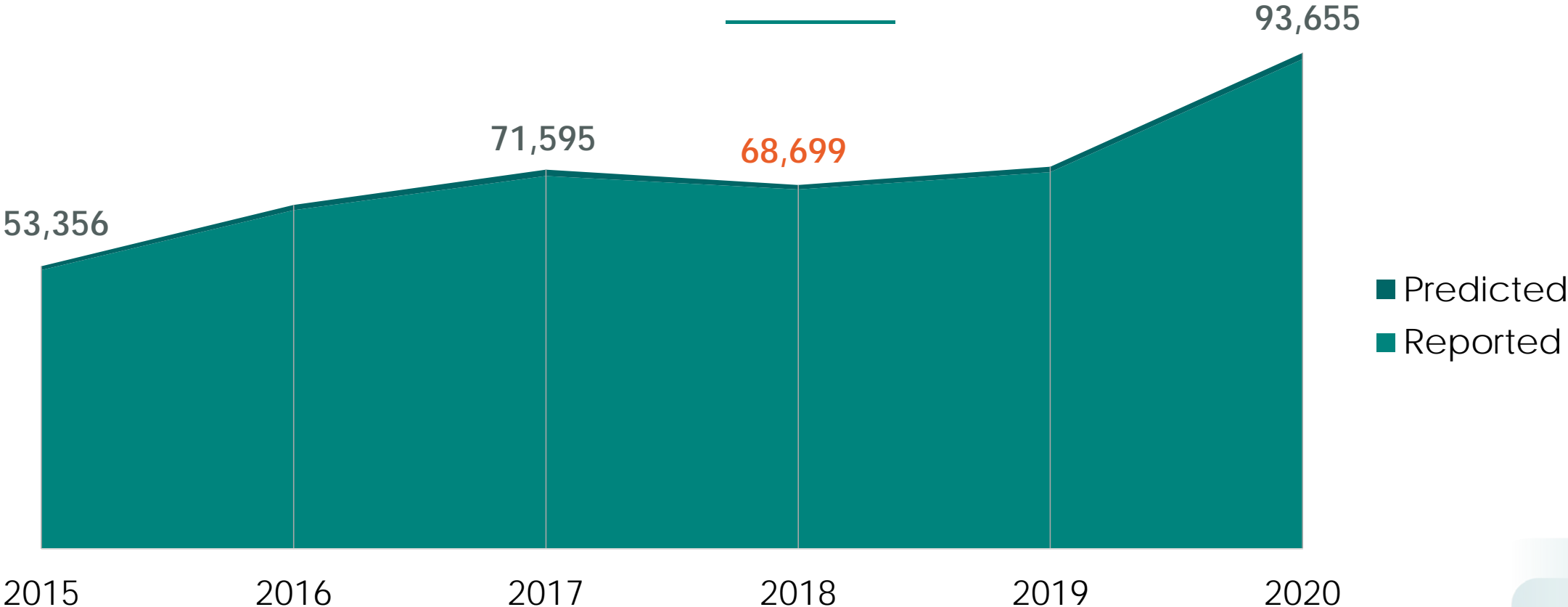
104,000

PEOPLE DIED OF AN OVERDOSE

in the 12-month period ending September 2021



Overdose Death Rates



Ahmad, F. B., Rossen, L. M., & Sutton, P. (2022). Provisional drug overdose death counts. National Center for Health Statistics. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



Current Environment

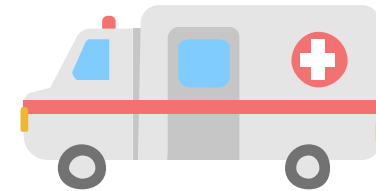
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Impacts of the COVID-19 pandemic have exacerbated risk factors for substance use and mental health.

Illicit fentanyl has adulterated the drug supply.

03



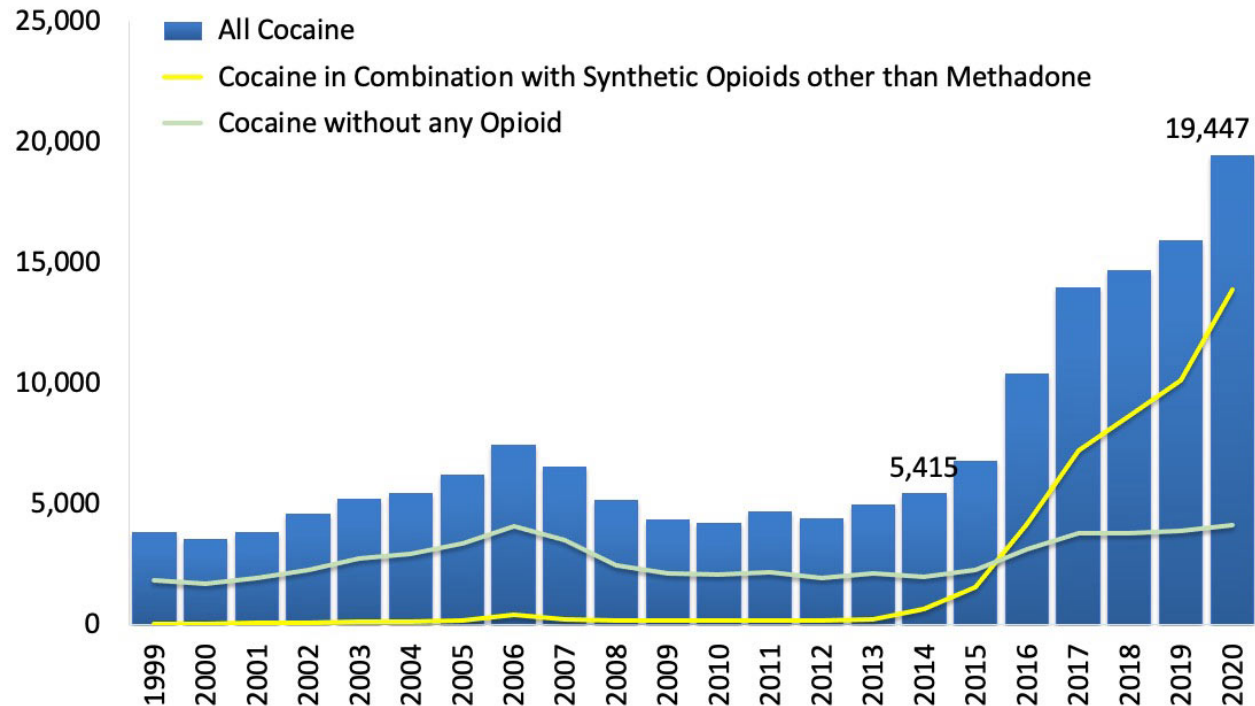
Stimulant-involved overdoses are increasing.

02



Not Just Opioids

Figure 7. National Drug Overdose Deaths Involving Cocaine*, by Opioid Involvement, Number Among All Ages, 1999-2020

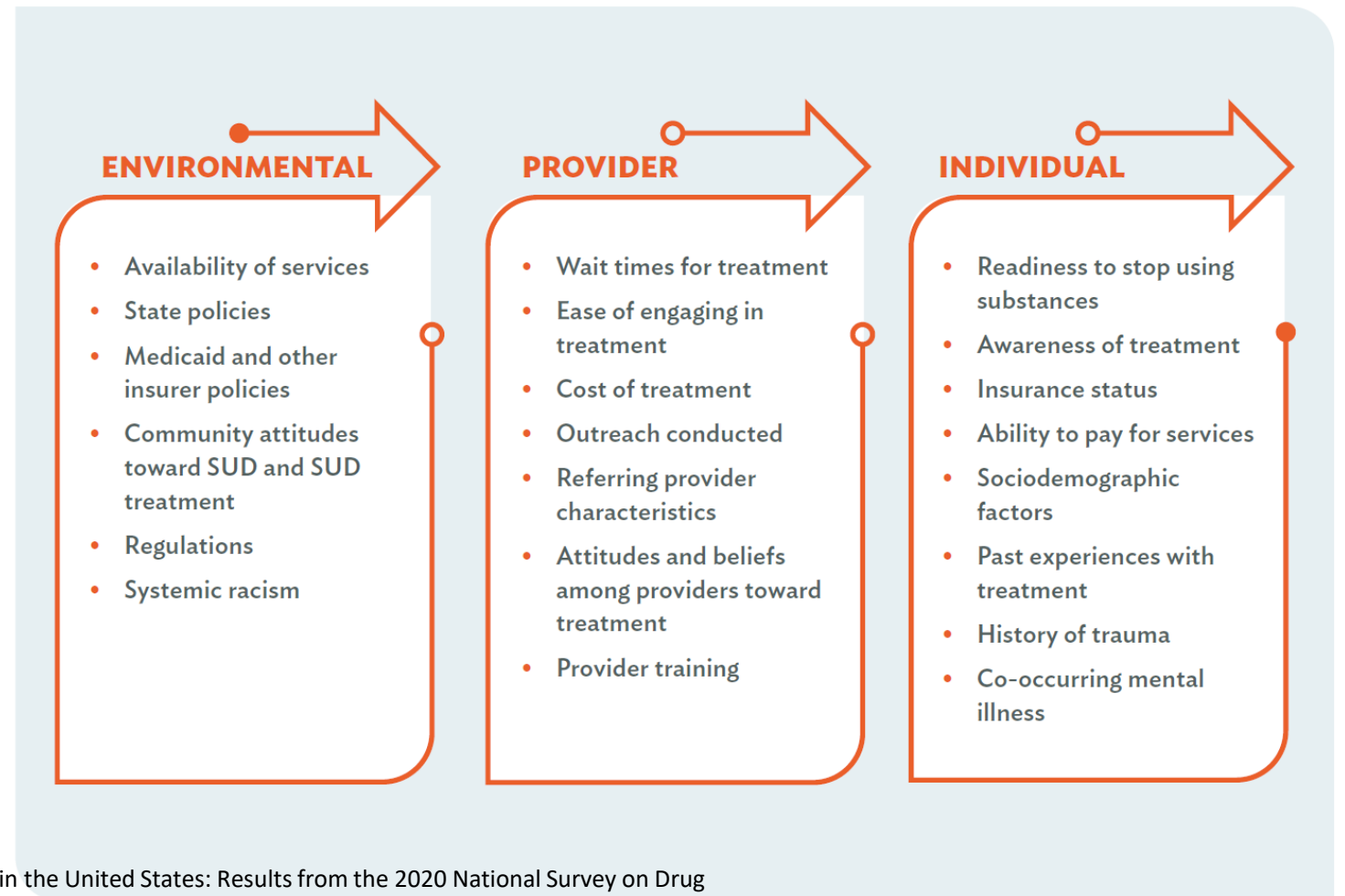


*Among deaths with drug overdose as the underlying cause, the cocaine category was determined by the T40.5 ICD-10 multiple cause-of-death code. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

National Institute on Drug Abuse. (2022). Overdose Death Rates. <https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>

Barriers to Care for People at Risk of Overdose

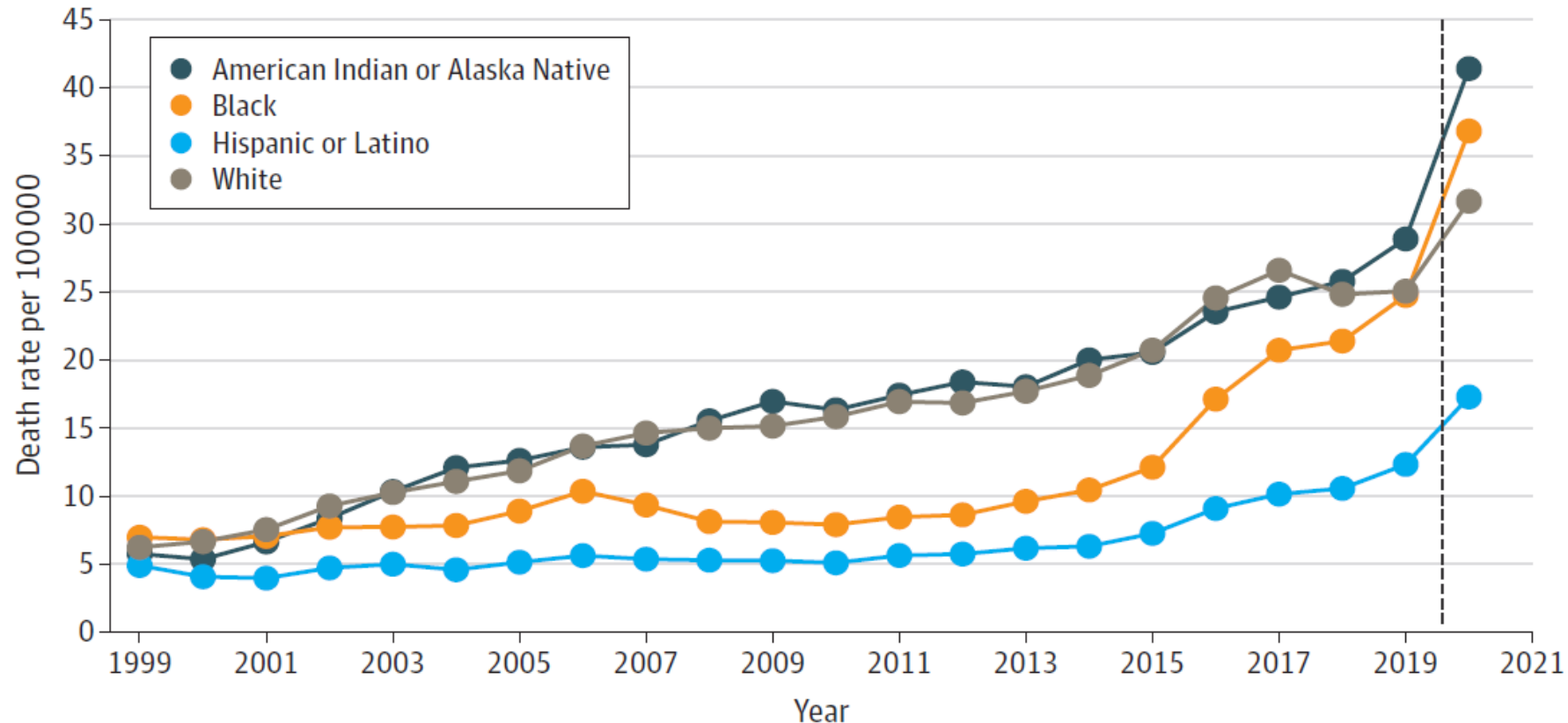
- Only 4 million of the 41.1 million people aged 12 or older who needed substance use disorder (SUD) treatment received it.¹
- Among 2.5 million people with opioid use disorder, only 11.2% received medication for opioid use disorder (MOUD).¹
- Among people who felt they needed SUD treatment but did not receive it, 40% reported they were not ready to stop using substances.²



1. SAMHSA. (2021, October). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-001, NSDUH Series H-55). <https://www.samhsa.gov/data/>
2. Center for Behavioral Health Statistics and Quality. (2016). Results from the 2015 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

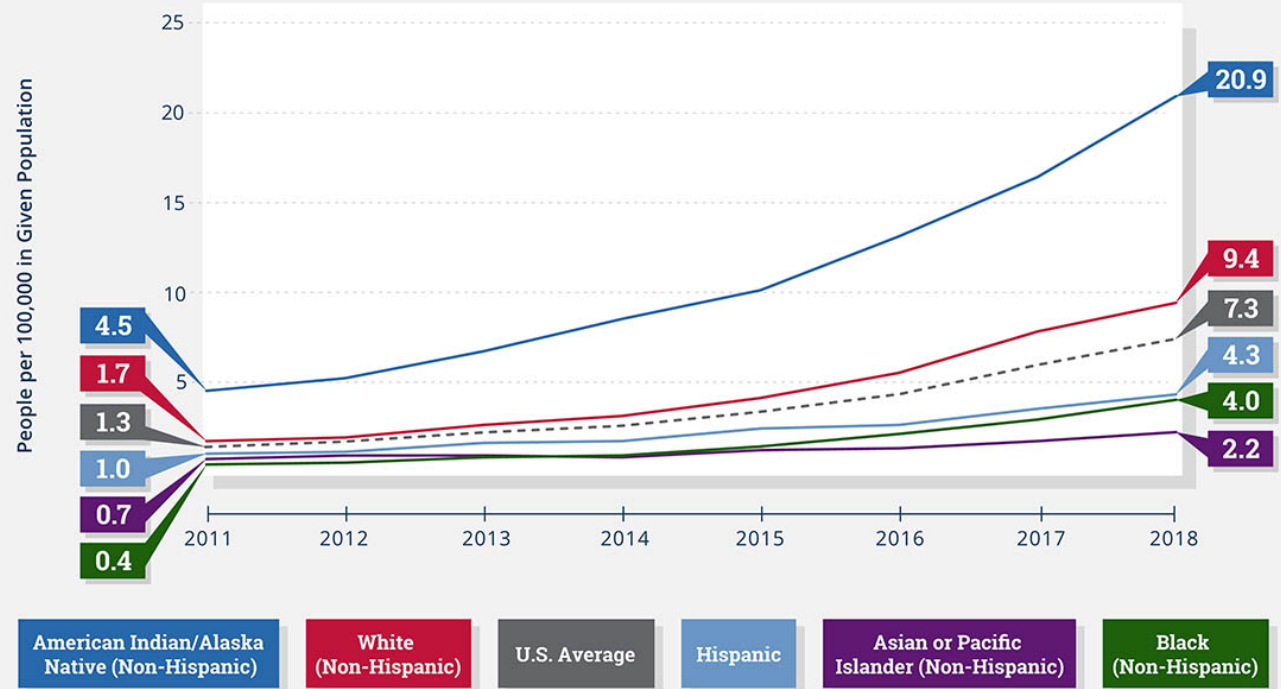
Disproportionate Impacts

Drug overdose mortality rates by race and ethnicity, 1999 to 2020



Friedman, J. R. & Hansen, H. (2022). Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2022.0004

U.S. Overdose Deaths Involving Methamphetamine in People Ages 25 – 54*



*Recent national data show that most people who use methamphetamine are between 25 and 54 years old, so investigators limited analysis to this age group.

Native people are more than twice as likely as white people to experience a methamphetamine-involved overdose death.

Disparities in Access to Care

- Following a nonfatal opioid overdose, Black patients were half as likely to obtain follow up care after ED-discharge compared to White patients.¹
- Black neighborhoods in the U.S. are likely to have more opioid treatment programs (methadone), while White neighborhoods are more likely to have buprenorphine providers.²
- Compared to methadone, buprenorphine is more commonly used by White people, people with higher incomes, and individuals who have private insurance or an ability to self pay.³

1. Kilaru, A. S., Xiong, A., Lowenstein, M., Meisel, Z. F., Perrone, J., Khatri, U....Delgado, M. K. (2020). Incidence of treatment for opioid use disorder following nonfatal overdose in commercially insured patients. *JAMA Network Open*, 3(5).
2. Goedel, W. C., Shapiro, A., Cerda, M., Tsai, J. W., Hadland, S. E., & Marshall, B. D. (2020). Association of Racial/Ethnic Segregation with Treatment Capacity for Opioid Use Disorder in Counties in the United States. *Jama Network Open*, 3(4), e203711.
3. Roberts, A. W., Saloner, B., & Dusetzina, S. B. (2018). Buprenorphine Use and Spending for Opioid Use Disorder Treatment: Trends From 2003 to 2015. *Psychiatric Services*, 69(7), 832–835. <https://doi.org/10.1176/appi.ps.201700315>

Disparities in Criminalization

FIGURE 6A.
Rates of Drug Use and Sales, by Race

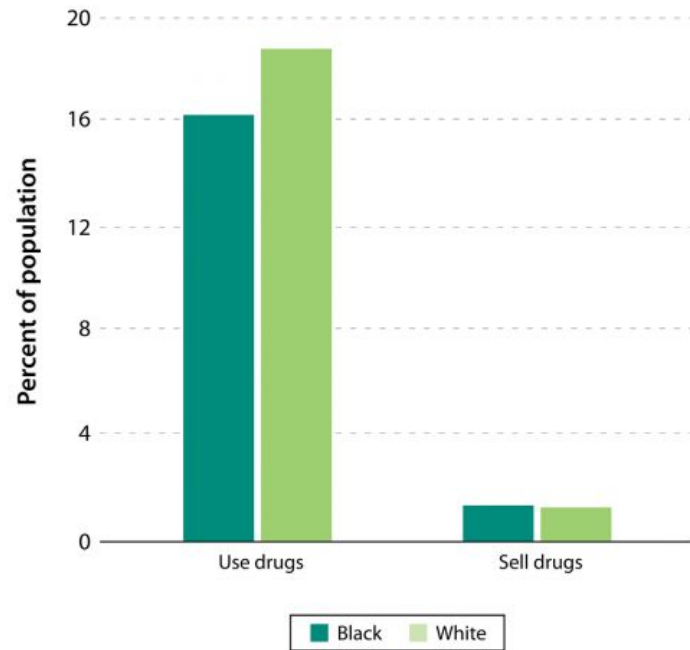
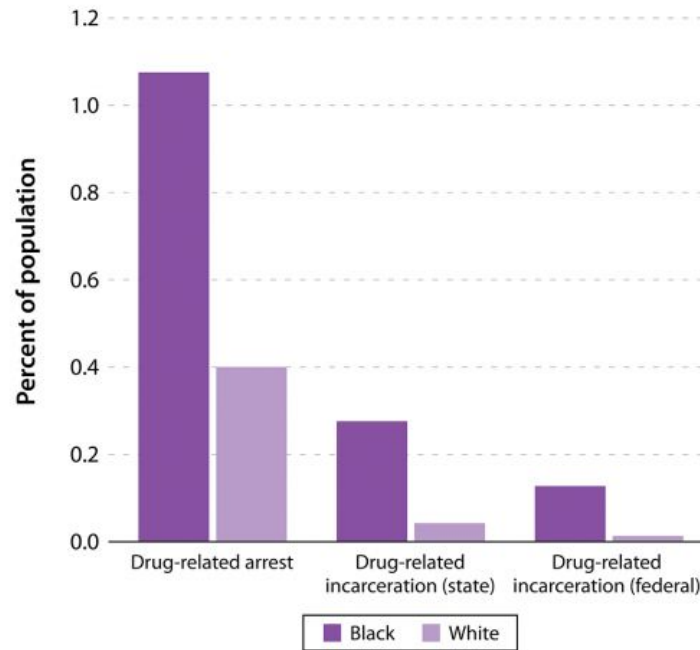


FIGURE 6B.
Rates of Drug-Related Criminal Justice Measures, by Race



At the state level, blacks are about 6.5 times as likely as whites to be incarcerated for drug-related crimes.

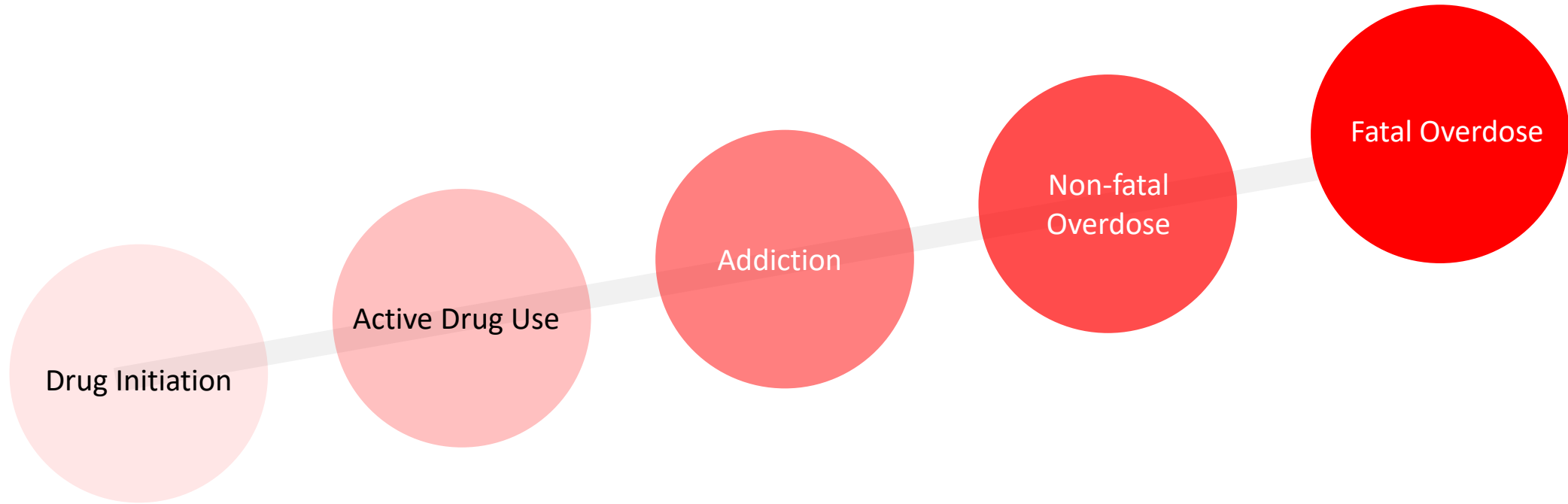
Source: BLS n.d.c.; Carson 2015; Census Bureau n.d.; FBI 2015; authors' calculations.

THE HAMILTON PROJECT
BROOKINGS

Image source: https://www.hamiltonproject.org/charts/rates_of_drug_use_and_sales_by_race_rates_of_drug_related_criminal_justice

Continuum of Overdose Risk

*These stages are not always followed in order by people who experience an overdose.



Park, J. N., Rouhani, S., Beletsky, L., Vincent, L., Saloner, B., & Sherman, S. (2020, September). Situating the Continuum of Overdose Risk in the Social Determinants of Health: A New Conceptual Framework. *Milbank Quarterly*, 98, 1-47.

The good news...

**Overdose is preventable.
There are strategies that can help!**



Evidence-Based Strategies for Preventing Opioid Overdose: *What's Working in the United States*

An introduction for public health, law enforcement,
local organizations, and others striving to serve their community

Authors:

Jennifer J. Carroll, PhD, MPH; Traci C. Green, PhD, MSc;
and Rita K. Noonan, PhD



2018



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Evidence-based Strategies

- Targeted naloxone distribution
- Medications for opioid use disorder (MOUD)
- Academic detailing
- Eliminating prior-authorization requirements for MOUD
- Screening for fentanyl
- 911 Good Samaritan Laws
- Naloxone distribution in treatment centers and criminal justice settings
- MOUD in criminal justice settings and upon release
- Initiating buprenorphine-based MOUD in emergency departments
- Syringe services programs

#NatCon22



Overdose Prevention across the Continuum of Care



Adapted from U.S. Department of Health and Human Services (HHS). (2022). Overdose Prevention Strategy. <https://www.hhs.gov/overdose-prevention/> and U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

Primary Prevention Strategies

- Provide overdose prevention education inclusive of all paths to recovery, including MOUD
- Include harm reduction messaging as part of primary prevention education
- Increase overdose awareness among providers and community members
- Develop multisector coalitions and partnerships
- Collect data and conduct surveillance
- Support initiatives that address social determinants of health, including:
 - Housing
 - Income support
 - Employment
 - Education



Harm Reduction

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

National Harm Reduction Coalition

Harm Reduction Strategies

- Outreach and education
- Overdose education and naloxone distribution
- Syringe services programs
- Fentanyl test strips and other drug checking technology
- Wound care
- Safer use supplies (e.g., hygiene kits, safer smoking supplies)
- Infectious disease testing
- Linkage to MOUD
- Overdose prevention sites
- Peer support services
- Screening for suicidality and mental illness
- Linkage to other health care services
- Social, economic, and housing services

Overdose Education and Naloxone Distribution



WHAT IS NEXT Distro?

An online and mail-based **harm reduction service** designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs.

www.nextdistro.org

- Targeted distribution to:
 - People who have experienced non-fatal overdose
 - Friends and family of people who have experienced a non-fatal overdose
 - People in jails and prisons
 - People returning to the community from jail or prison
 - Emergency departments
 - Public buildings, libraries, transit stations
- Mail-based supply delivery is available for areas without naloxone access

Image source: NEXT Distro. (2022). www.nextdistro.org

Treatment Strategies

- Increase access to medications for opioid use disorder (MOUD)
 - Emergency departments
 - Primary care
 - Community-based mental health services
 - Correctional settings
- Implement strategies to help people remain engaged in care, such as telehealth and take-home doses
- Embrace linkage to care strategies that are participant-driven, provide a range of options and multiple opportunities to engage in care

Linkage to Care

Connecting people at risk of overdose to evidence-based treatment, services and supports using a non-coercive warm hand-off that helps people navigate care systems and ensures people have an opportunity to participate in care when they are ready.

Medications for Opioid Use Disorder

- Methadone
 - Provided by Substance Abuse and Mental Health Services Administration (SAMHSA)-certified and Drug Enforcement Administration (DEA)-regulated opioid treatment programs.
- Buprenorphine
 - Can be prescribed for opioid use disorder by physicians, advanced practice registered nurses and physician assistants without additional training if they are treating up to 30 patients at any one time. Providers who plan to treat more than 30 patients at any one time must obtain a SAMHSA waiver (commonly known as the “x-waiver” or “buprenorphine-waiver”) Qualified providers can offer buprenorphine for OUD in non-specialty settings, including primary care settings, emergency departments (EDs), mobile clinics and correctional settings.
- Extended-release, injectable naltrexone
 - Can be prescribed by any clinician who is licensed to prescribe medication. Unlike methadone and buprenorphine, both opioid agonists, XR-NTX is an opioid antagonist and not a controlled substance.

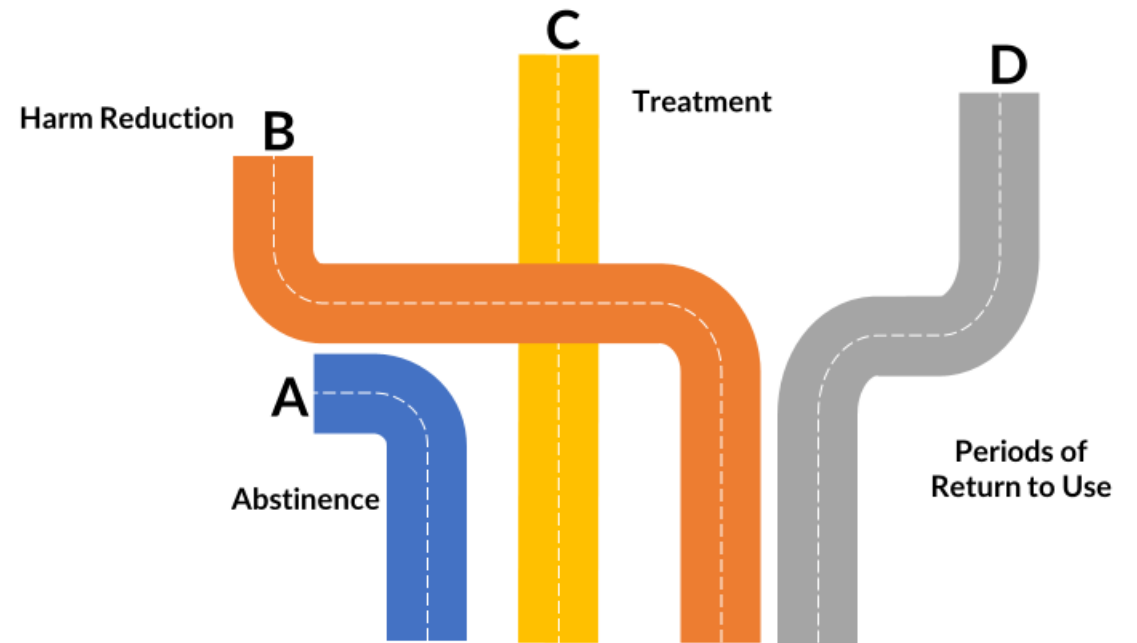
Medications for Opioid Use Disorder

- Effectiveness varies by medication¹
 - Methadone studies show it reduces illicit opioid use, treats opioid use disorder, and retains people in treatment better than placebo or no medication.² Reduces overdose mortality for people with OUD.³
 - Buprenorphine studies show it is effective at reducing illicit opioid use and retaining people in treatment.⁴ Reduces overdose mortality for people with OUD.³
 - Extended-release, injectable naltrexone shows it is effective at reducing return to illicit opioid use and reducing opioid cravings once initiated.³ However, research shows it is easier to initiate people on buprenorphine.⁵
- Effectiveness of MOUD has been shown to be the same without counseling.¹

1. Wakeman, S. E., Larochele, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., Azocar, F., & Sanghavi, D. M. (2020). Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Network Open*, 3(2), e1920622.
2. Larochele, M. R., Bernson, D., Land, T., Stopka, T. J., Wang, N., Xuan, Z., Bagley, S. M., Liebschutz, J. M., & Walley, A. Y. (2018). Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. *Annals of Internal Medicine*, 169(3), 137-145.
3. Pearce L.A., Min J.E., Piske M., Zhou H., Homayra F., Slaunwhite A., Irvine M., McGowan G., Nosyk B. Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study. *BMJ*. 2020;368:m772.
4. Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systemic Reviews*, 2(CD002207).
5. Ajazi, E. M., Dasgupta, N., Marshall, S. W., Monaco, J., Howard, A. G., Preisser, J. S., & Schwartz, T. A. (2021). Revisiting the X BOT Naltrexone Clinical Trial Using a Comprehensive Survival Analysis. *Journal of Addiction Medicine*. doi: 10.1097/ADM.0000000000000931

Recovery Support

- Promote multiple pathways to recovery
- Support community-level initiatives that improve quality of life
- Increase access to peer support services, mutual aid, and social connections
- Increase access to recovery housing and recovery supports
- Implement policies that support recovery
- Implement culturally centered peer and recovery support services
- Hire people with lived experience



Supporting People with Mental Illness and Co-occurring Disorders

Why do People Use Alcohol and Drugs?

To feel good

To have novel:
Feelings
Sensations
Experiences
AND
to share them

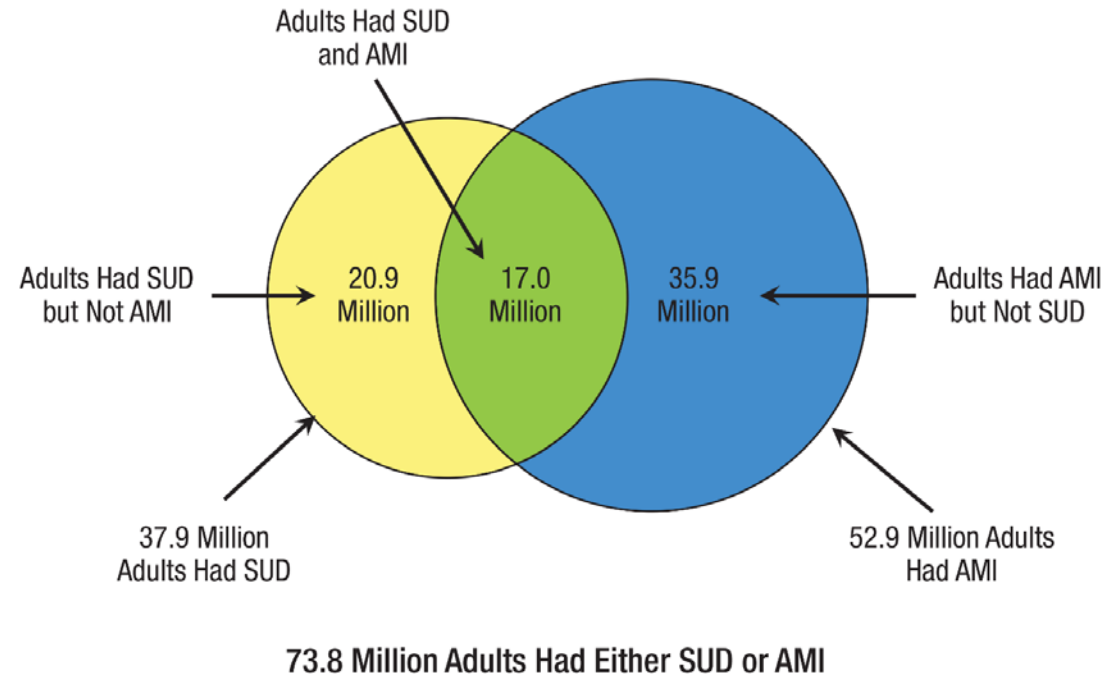


To feel better

To lessen:
Anxiety
Worries
Fears
Depression
Hopelessness
Withdrawal

Slide credit: Thomas E. Freese, Ph.D., Co-Director of the UCLA Integrated Substance Abuse Programs, Director of the Pacific Southwest ATTC

Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2020



SAMHSA. (2021, October). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-001, NSDUH Series H-55). <https://www.samhsa.gov/data/>

Mental Illness and Opioid Use in the US

- Adults with mental health conditions receive 51.4% (60 million of 115 million prescriptions) of the total opioid prescriptions distributed in the United States each year.
- 16% of Americans who have mental health disorders receive over half of all opioids prescribed in the United States.
- Adults with mood disorders are nearly twice as likely to use opioids long-term for pain

Matthew A. Davis, Lewei A. Lin, Haiyin Liu and Brian D. Sites The Journal of the American Board of Family Medicine July 2017, 30 (4) 407-417; DOI: <https://doi.org/10.3122/jabfm.2017.04.170112>

Co-morbid OUD and Psychiatric Disorders

Substance-Induced Psychiatric Disorders

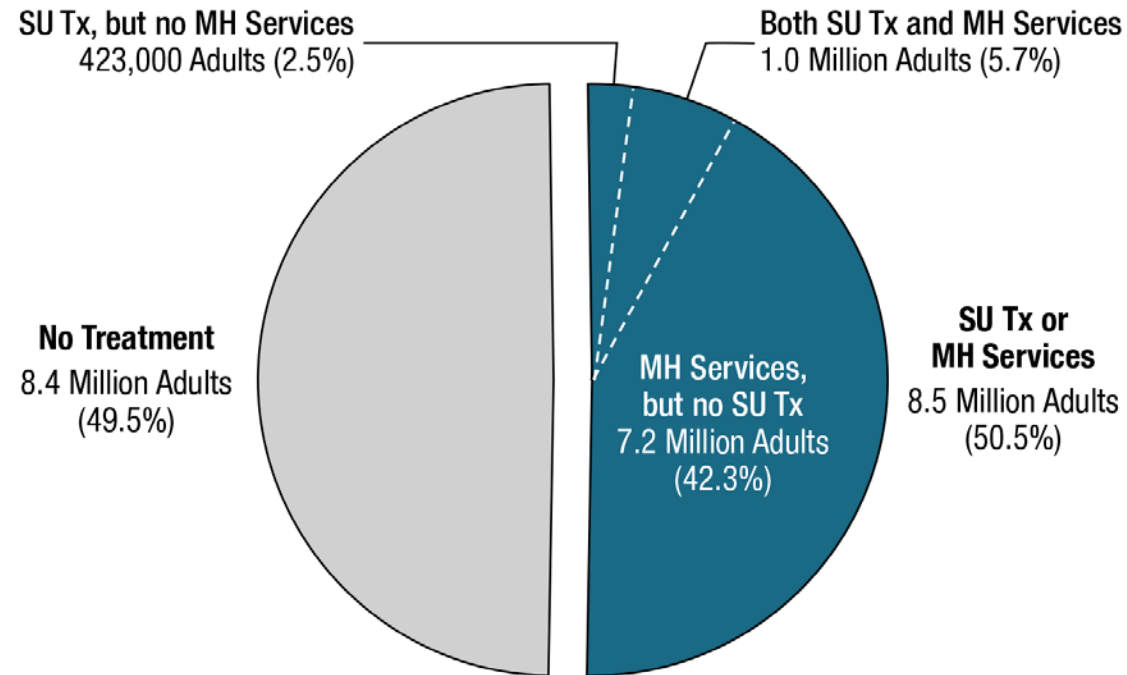
Occur when someone who uses opioids (or other drugs of abuse) experience psychiatric symptoms **only while using** a drug or when in **withdrawal** from a drug. Substance-induced psychiatric disorders fully resolve/recover once the drug use has stopped for a period of time (abstinence)

Co-occurring Psychiatric Disorder

Psychiatric symptoms persist despite abstinence from the drug use. Individual must have symptoms before beginning opioids and/or after cessation of opioids and completing opioid withdrawal

<https://pcssnow.org/resource/opioid-addiction-psychiatric-comorbidities/>

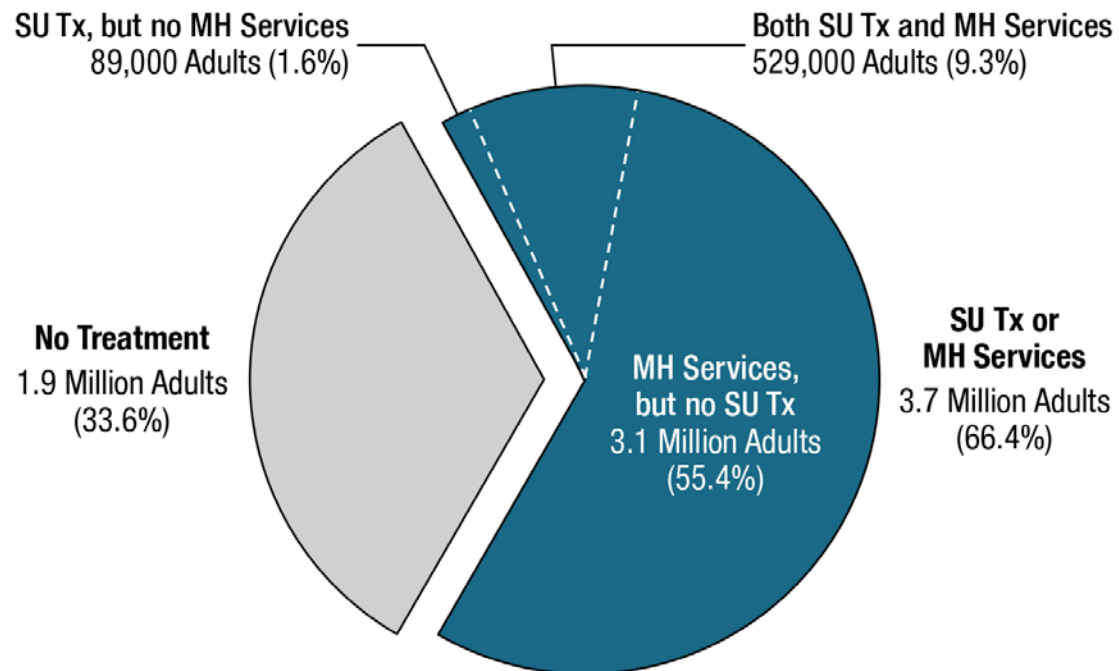
Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2020



17.0 Million Adults with a Substance Use Disorder and Any Mental Illness

- Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.
- MH = mental health; SU Tx = substance use treatment.

Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2020



5.7 Million Adults with a Substance Use Disorder and Serious Mental Illness

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

MH = mental health; SU Tx = substance use treatment. Note: The percentages do not add to 100 percent due to rounding.

Treatment of Co-occurring OUD and Mental Illness

Expanding access to comprehensive care coordination and service delivery models

- Health Homes
- CCBHCs
- Integrated behavioral health and primary care clinics
- Co-occurring disorders programs

Comprehensive Screening and assessment for both SUD and mental health symptoms in various settings

- Primary care clinics
- Pain management programs
- Jails/Prisons

Increased access to harm reduction services in mental health settings

Remove barriers to accessing care

- Financing
- Transportation

Medications/Pharmacotherapy for Opioid Use Disorder

Medication	Frequency of Administration	Route of Administration	Who May Prescribe or Dispense
Methadone	Daily	Orally as liquid concentrate, tablet or oral solution of diskette or powder.	SAMHSA-certified outpatient treatment programs (OTPs) dispense methadone for daily administration either on site or, for stable patients, at home.
Buprenorphine	Daily for table or film (also alternative dosing regimens)	Oral tablet or film is dissolved under the tongue	Physicians, NPs and PAs with a federal waiver. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waived physician.
Probuphine (buprenorphine implant)	Every 6 months	Subdermal	
Sublocade (buprenorphine injection)	Monthly	Injection (for moderate to severe OUD)	
Naltrexone	Monthly	Intramuscular (IM) injection into the gluteal muscle by a physician or other health care professional.	Any individual who is licensed to prescribe medicines (e.g., physician, physician assistant, nurse practitioner) may prescribe and/or order administration by qualified staff.

Adapted from Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide (SMA14-4892R)

Individual Counseling and MAT Research Findings

The only known study to examine the effects of the three most widely used psychosocial intervention modalities in a multisite and diverse sample of individuals receiving medication for OUD:

- Findings suggest that greater levels of individual therapy and 12-step participation may be beneficial for individuals receiving medication treatment for opioid use disorder.
- The current study also found that greater levels of 12-step group participation significantly predicted illicit opioid abstinence.

L. Harvey, W. Fan, M.Á. Cano, et al., Psychosocial intervention

utilization and substance abuse treatment outcomes in a multisite sample of individuals who use opioids, Journal of Substance Abuse Treatment(2018), <https://doi.org/10.1016/j.jsat.2020.01.016>

National Council Resources and Tools

Deflection and Pre-arrest Diversion Tools and Resources

AN OVERVIEW OF DEFLECTION AND PRE-ARREST DIVERSION

To Prevent Opioid Overdose



NATIONAL
COUNCIL
for Mental
Wellbeing

October 2021

DPAD tools and resources:

- Overview of DPAD
- Focus Areas:
 - Applying a Harm Reduction Approach
 - Integrating Peer Support Services
 - Supporting Rural Communities
- Experts' Roundtable Findings
- Sample Job Descriptions
- Tools & Resources

Training and Educating Public Safety to Prevent Overdose Among BIPOC Communities

DRAFT - NOT FOR DISTRIBUTION

How to Use This Toolkit

PURPOSE

This toolkit provides an overview of Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE), a new approach to overdose prevention and response that combines elements of three proven models: trauma-informed care, recovery-oriented systems of care, and procedural justice. Using PS-COPE, public safety agencies can enhance their overdose prevention and response efforts in the Black, Indigenous, and people of color (BIPOC) communities they serve. The purpose of this toolkit is to:

- Define an approach to overdose prevention and response that combines the principles from trauma-informed, recovery-oriented, and procedural justice models.
- Describe how public safety agencies—and the communities they serve—will benefit from adopting this combined approach.
- Explain the principles and core elements of the combined approach.

AUDIENCE

This toolkit is for public safety agency leaders/administrators. Many of the tools are designed to be completed in collaboration with community partners, including persons who use drugs and individuals with lived experience of recovery from substance use challenges.

DIRECTIONS

This toolkit has four main sections:

1. **Introduction**, which provides background on current public safety-led overdose prevention and response initiatives and describe why a trauma-informed, recovery-oriented, and procedurally just approach is needed in BIPOC communities.
2. **Guiding Principles**, which introduces the five principles of the PS-COPE framework, characteristics of programs that use PS-COPE, and examples of programs that embody the principles.
3. **Principles to Practice**, which describes the infrastructure elements, core components, and integration steps for implementing the PS-COPE framework. This section also provides specific tools created or adapted to facilitate the implementation of the framework.
4. **PS-COPE Tools**, which contains worksheets and templates to use as you integrate this approach into your programming.

The toolkit uses icons to help you to navigate the different types of information provided. There are:

- **Tips for approaching the practice**
- **Implementation tools** to use as you integrate the PS-COPE strategies
- **External resources** to supplement the materials provided in the toolkit.

5 Toolkit for Training and Educating Public Safety to Prevent Overdose Among Communities of Color

Developments to date:

- Environmental scan
- Introducing a new approach to public-safety led overdose prevention in BIPOC communities:
 - Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) Toolkit – *coming soon!*
- Toolkit piloting among 5 public safety agency and community-based organization partnerships

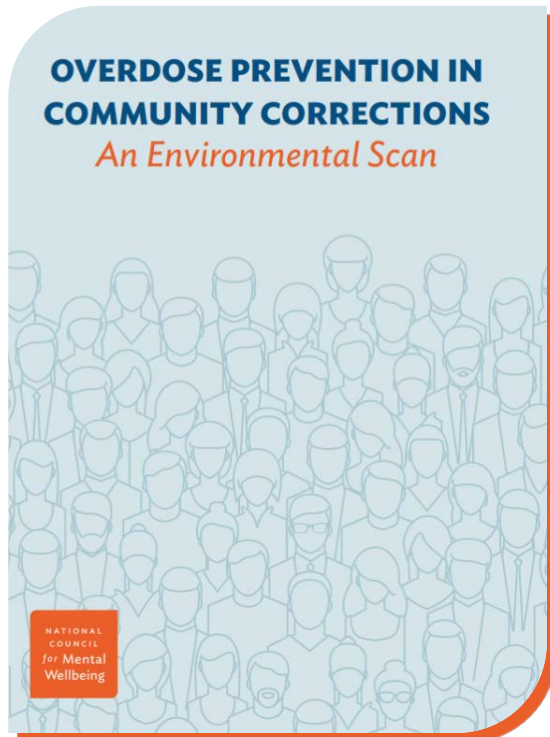
MAT for OUD in Jails and Prisons: A Planning and Implementation Toolkit



Key Components:

1. Preparing for Change
2. Program Planning and Design
3. Workforce Development and Capacity
4. Delivery of Treatment
5. Linkages to Care and Services Upon Release
6. Data Monitoring and Evaluation
7. Funding and Sustainability

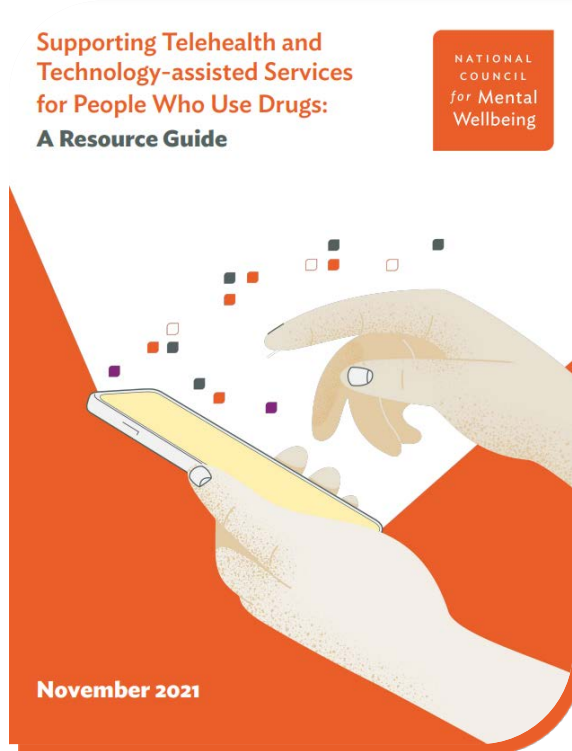
Overdose Prevention and Response in Community Corrections



Developments to date:

- Environmental scan
- *Coming soon:*
 - 4 self-paced courses for community corrections officers
 - 3 self-paced courses for community corrections administrators/leaders

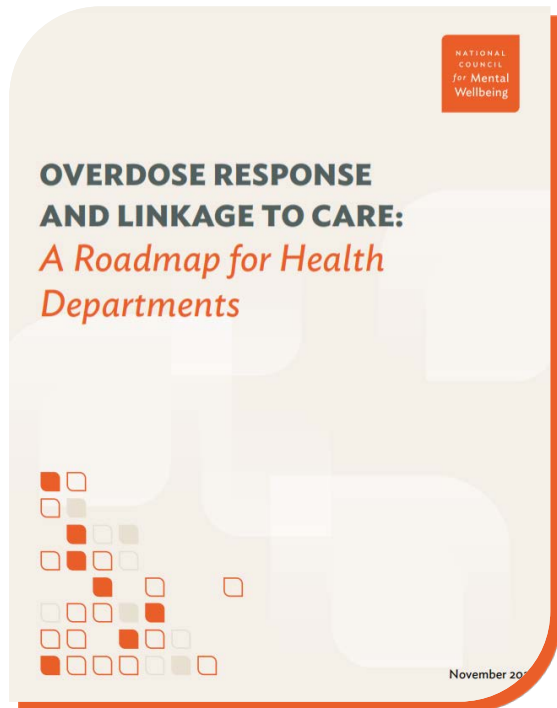
Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide



Planning and Implementation Strategies:

- Improve participant access to technology.
- Increase participant knowledge of and comfort with telehealth and technology-assisted services.
- Increase staff knowledge and comfort using telehealth and technology-assisted services.
- Develop partnerships to strengthen care coordination and team-based care.
- Finance and sustain telehealth and technology-assisted services.

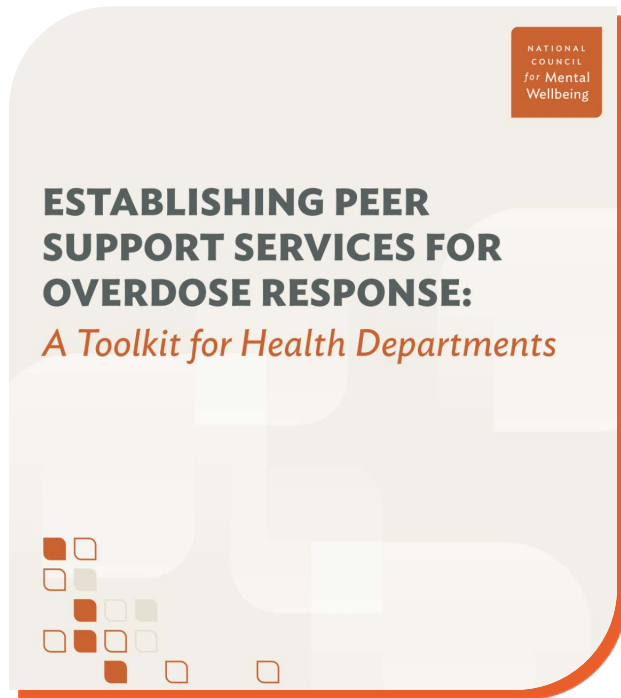
Overdose Response and Linkage to Care: A Roadmap for Health Departments



Seven strategy areas:

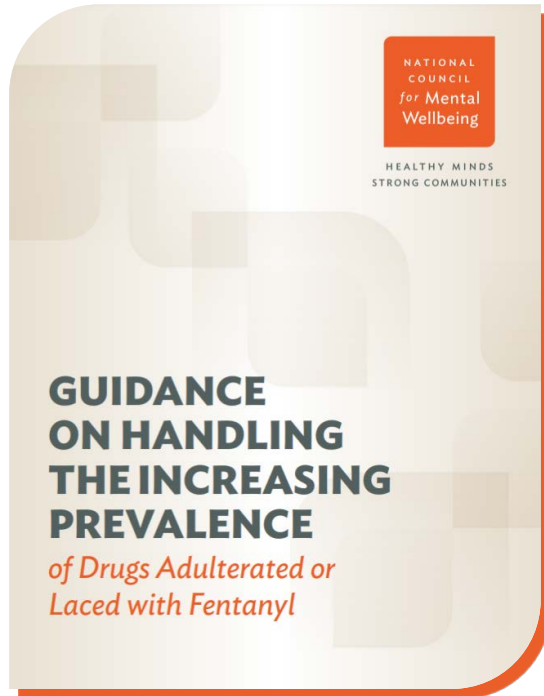
1. Collect data and conduct surveillance.
2. Develop a public health workforce that supports linkage to care.
3. Increase overdose awareness among providers and community members.
4. Support cross-sector collaboration and partnerships.
5. Provide linkage to care services directly or by funding community partnerships.
6. Promote policy that enhances linkage to care.
7. Evaluate linkage to care initiatives.

Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments



- New toolkit to support local and state health departments and community partners.
 - Implement or enhance peer support services within overdose response and linkage to care initiatives.
 - Includes implementation and planning tools and resources, including checklists and examples from the field.

Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl



Four principles:

- Pursue an incremental approach to behavior change (harm reduction).
- Emphasize engagement for persons who use drugs, as a first step.
- Use integrated care to initiate engagement and treatment.
- Be vigilant for fentanyl as the rule rather than the exception.

National Council Resource List

- Deflection and Pre-arrest Diversion Tools and Resources <https://www.thenationalcouncil.org/deflection-and-pre-arrest-diversion-to-prevent-opioid-overdose/>
- Training and Educating Public Safety to Prevent Overdose Among BIPOC Communities <https://www.thenationalcouncil.org/training-public-safety-to-prevent-overdose-in-bipoc-communities/>
- Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>
- Overdose Prevention and Response in Community Corrections <https://www.thenationalcouncil.org/overdose-prevention-and-response-in-community-corrections/>
- Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide <https://www.thenationalcouncil.org/harm-reduction/>
- Overdose Response and Linkage to Care: A Roadmap for Health Departments <https://www.thenationalcouncil.org/tools-for-overdose-prevention/>
- Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl <https://www.thenationalcouncil.org/wp-content/uploads/2021/09/Guidance-of-Fentanyl-Adulteration-9-2021.pdf>
- Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments <https://www.thenationalcouncil.org/tools-for-overdose-prevention/>

Additional Resources

- [Implementing MOUD in Corrections](#) (Opioid Response Network)
- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) (CDC)
- [Treatment for Stimulant Use Disorders – Treatment Improvement Protocol \(TIP\) 33](#) (SAMHSA)
- [Medications for Opioid Use Disorder- TIP 63](#) (SAMHSA)
- [Provider Clinical Support System](#)
- [Opioid Response Network](#)
- [Center of Excellence for Integrated Health Solutions](#)
- [National Council Harm Reduction Resources](#)
- [Harm Reduction Technical Assistance Center](#) (CDC)

Additional Resources

- [National Harm Reduction Coalition](#)
- [NASTAD](#) (National Alliance of State and Territorial AIDS Directors)
- [NEXT Distro](#)
- [Harm Reduction Legal Project](#) (Network for Public Health Law)
- [CCBHC Success Center](#) (National Council for Mental Wellbeing)

Thank you!

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