NIH HEAL INITIATIVE

HEALing Communities Study

TOOLKIT FOR PREVENTING OPIOID OVERDOSES AT YOUR ORGANIZATION

A Practical Guide for Employers, Community Leaders, and Faith Leaders

The opioid epidemic touches all of us. One in four Americans has been directly affected by the opioid epidemic by either having opioid use disorder themselves, knowing someone who has opioid use disorder, or losing a loved one to an overdose.[1] Every day, 128 people die from opioid overdoses in the United States.[2] About 2 million Americans live with opioid use disorder (see "Signs and Symptoms" box below), and 8 in 10 of them do not receive the treatment they need.[3] Communities across the United States experience the negative effects on people, businesses, neighborhoods, health, and safety caused by opioids.

There are many proven ways to help people who are misusing and addicted to opioids. The purpose of the HEALing Communities Study (HCS) is to work with community members and organizations to put these solutions into action to support people where they live, learn, work, play, and pray.

HCS developed this toolkit to give organizations practical information they can use to turn the tide on the opioid crisis in their communities. Businesses, faith-based organizations, schools and universities, nonprofits, and other community-based organizations can provide valuable support to prevention, treatment, and recovery efforts in their communities.

Organizations can help reduce opioid overdose deaths in their communities and make their communities healthier and stronger in three ways.

1 REDUCE STIGMA

Make your organization a judgment-free zone that supports people with opioid use disorder throughout their recovery.

2 ENCOURAGE TREATMENT

Remove treatment barriers and improve access to care so people can get the help they need to overcome addiction.

3 PROVIDE NALOXONE TO REVERSE OPIOID OVERDOSES

Save lives by stocking naloxone at your organization and training staff to use it in the event of an opioid overdose.

The toolkit also contains **resources** to support your organization as you put these strategies into practice, including:

- **Communication materials:** Information about print and digital materials to help you reduce stigma, encourage treatment, and reverse overdoses with naloxone.
- **Links to additional resources:** A list of more than 25 resources that your organizations can use to learn more about stopping the opioid epidemic.

We hope this toolkit can help you build on your strengths, abilities, and relationships with people you employ or serve so you can help end the opioid crisis and improve the health and well-being of your employees, members, and clients.

ABOUT THE HEALing COMMUNITIES STUDY

The HEALing Communities Study brings together scientists from the nation's leading health agencies, four major academic institutions, and communities in four states to test a set of interventions to combat the opioid crisis. The study is supported by the National Institute on Drug Abuse (NIDA), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), and is part of the Helping to End Addiction Long-term (HEAL) Initiative.

What Is Opioid Use Disorder?

Your organization can help by supporting families of those affected and helping people find, receive, and stick with the care they need to successfully recover.

Here are four things every organization should know about opioid use disorder.

1. Opioid use disorder is a chronic disease that requires treatment.

Drug addiction is a chronic disease that includes drug seeking and use that is compulsive, or difficult to control. Opioids stimulate the brain's reward system to produce an euphoria or "high" that drives people to keep using them despite harmful consequences. As a person continues to use drugs, the reward system does not respond to it in the same way. This reduces the high that the person feels compared to the high they felt when first taking the drug—or what is known as tolerance. They might take more of the drug to try and achieve the same high. Once the brain has been altered by opioid use, it requires more and more opioids just to feel normal and function at a basic level. This produces cravings and physical withdrawal symptoms that last long after opioid use is stopped, which can lead to relapse. Drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. See **Appendix A** for more information on how addiction changes the brain.

2. Common opioids include prescription pain medicines, heroin, and fentanyl.

The opioid epidemic is being driven by three main types of opioids:

- **Prescription pain medicines** (e.g., Vicodin, Percocet, and OxyContin), which can be safe when taken for a short time as prescribed by a doctor but can be misused.
- **Heroin,** a highly addictive illegal drug that is more potent than prescription pain relievers and has no medical use.
- **Fentanyl** is a synthetic opioid sometimes prescribed as a strong pain reliever. It is much more potent than heroin and is often added to common street drugs without the person knowing it, leading to overdoses. Fentanyl accounted for 67% of opioid-involved overdose deaths in 2018.[4]

SIGNS AND SYMPTOMS OF OPIOID USE DISORDER

Neglecting physical health

- Dramatic change in eating habits
- Sleeping at strange hours
- Poor hygiene habits

Social isolation

- Spending more time alone
- Choosing not to spend time with family and friends
- Changing friends often

Trouble meeting responsibilities

- Having problems at work, in school, or in personal or family relationships
- Missing important appointments

Changes in mood/behavior

- Moodiness, irritability, nervousness, giddiness
- Loss of interest in favorite things

Source: NIDA

3. What is an opioid overdose?

When a person overdoses on any opioid (prescription medicine, heroin, or fentanyl), there are three key symptoms to look for:

- Pinpoint pupils
- Slowed or stopped breathing
- Unconsciousness/unresponsiveness

Slow or stopped breathing is the most dangerous symptom, because it can lead to low levels of oxygen in the blood and cause permanent brain damage or death. Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe. Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug. Naloxone (Narcan®) is a medication that can rapidly reverse opioid overdose. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin, fentanyl, or prescription opioid pain medications.

People who take other street drugs mixed with fentanyl may be unaware they have taken an opioid. Although specific symptoms for an opioid overdose can be checked in an emergency setting, many first responders and emergency departments will commonly administer naloxone even if the patient is believed to have taken a drug such as cocaine or methamphetamine, and not an opioid.

4. Most organizations are feeling the impact of opioids.

Most adults with substance use disorder are in the workforce.[5] Seventy-five percent of employers have been directly affected by opioids in the workplace, affecting the productivity and safety of their organizations.[6] Opioid overdose deaths in workplaces are also on the rise.[7] Some industries have been hit particularly hard by the opioid crisis, including construction, transportation, manufacturing, and other sectors that are prone to higher rates of workplace injury.[8]

5. Treatment is effective and recovery is possible.

People can and do recover from opioid addiction with proper treatment. Opioid use disorder can be managed successfully, although it takes time. The use of safe and effective medications that have been approved by the U.S. Food and Drug Administration (FDA), in combination with behavioral therapy or counseling, have been shown to substantially increase the chances of successful, long-term recovery and help prevent relapses and overdoses among people with opioid use disorder.

As with the treatment of any substance use disorder (including alcohol, tobacco, illicit drugs, and prescription medications), relapse may happen, but this does not mean that treatment has failed. The person needs to speak with their doctor to resume treatment, modify it, or try another treatment. Some people believe that using medicine to treat opioid addiction is substituting one drug for another. However, an approved medicine helps bring brain chemistry back to normal, blocks the euphoric effects of taking any opioid, relieves cravings, and helps the body return to normal functioning.

Stopping drug use is just one part of a long and complex recovery process. When people enter treatment, addiction often causes serious consequences in their lives, possibly harming their health and how they function in their family, at work, and in the community. Because addiction can affect so many aspects of a person's life, treatment should address many of a person's needs to be successful.

Strategy 1:
Reduce the Stigma of Opioid Use Disorder

Stigma is a feeling of shame or disgrace that results from negative labels or sterotypes.[10] People who are affected by opioid use disorder often feel ignored or left out by others, feel less valued, and can be seen as threatening or dangerous by others. They are also more likely to experience discrimination when looking for a job, a place to live, or medical care. Many Americans incorrectly view opioid addiction as a moral weakness or a character flaw, rather than a medical condition that deserves medical treatment.[11]

People with opioid use disorder can also experience stigma when an organization's policies or culture negatively affect how they are treated. This includes discrimination in hiring or promotion practices, use of hurtful language, or "zero-tolerance" policies in housing and treatment settings. Some organizations view the use of FDA-approved medications to treat opioid use disorder as something that should be penalized, rather than encouraged and supported.[12]

People with opioid use disorder and their loved ones often feel judged and isolated from others. People who are ashamed of their opioid use are more likely to hide it, which can prevent them from seeking treatment or asking for help.[13] See **Appenix B** for more information about how stigma sabotages treatment.

Opioid use disorder is a chronic disease that affects the brain and behavior. It can be managed effectively with medical treatment and recovery services, and people in recovery can go on to live healthy, successful lives. Community organizations can help people with opioid use disorder by letting them know that they are not defined by their disease and by providing support and encouragement on their journey to recovery.

1. Change the way your organization talks about opioid use disorder

Avoid language that harms others and perpetuates the stigma of opioid use disorder. For instance, use person-first language (e.g., say "someone with opioid use disorder" instead of "addict") when talking with someone about opioid use disorder. This puts the person before their diagnosis and shows that you recognize they are more than their disease.[14]

STIGMA KEEPS PEOPLE FROM GETTING THE CARE THEY NEED

4 in 5

Americans with substance abuse disorders don't seek treatment.[9]

WORDS MATTER

Instead of...	Say...
Abuser, addict, junkie	Person with opioid use disorder
Clean/dirty	Positive/ negative test
Opioid abuse	Opioid misuse
Dependence, problem, inappropriate	In need of support/ treatment

Team up with people at different levels in your organization to create an environment that is free from judgment and stigma. Form a special task force that is charged with organizing stigma trainings and sharing information with your members and staff about how to understand and address opioid-related stigma.

You can also take your efforts a step further by developing an action plan to change negative perceptions of opioid use disorder in your community. This Anti-Stigma Toolkit outlines how community-based organizations can reduce stigma using strategies such as media advocacy, grassroots organizing, and public service campaigns.

2. Update organizational policies to encourage treatment for people with opioid use disorder.

Develop and communicate clear organizational policies for people with opioid use disorder and remove the barriers that prevent them from seeking help and staying in treatment.[15] Replace "zero-tolerance" programs with policies aimed at connecting workers to treatment and supporting them through the recovery process.

Employee assistance programs (EAPs) can provide a safe, confidential way for staff to seek help for opioid use disorder.[16] EAP networks also are available for small businesses that cannot afford to create and host their own EAPs. Create or expand your organization's EAP to ensure your staff can connect to substance use screening, counseling, support, and treatment services. Organizations can also influence the level of health coverage in employer-sponsored plans. Ask your benefits specialist to make sure employee health plans provide comprehensive coverage for substance use disorders as the default option for all staff.[17] Plans should cover multiple forms of treatment, including medicines for opioid use disorder, behavioral health programs, and recovery support activities.[18]

3. Ensure confidentiality and privacy.

People with opioid use disorder typically seek treatment only if they feel safe and supported, without fear of judgment or punishment. Organizational leadership should make sure members and staff know that their privacy will be protected if they come forward to seek help, get services through their EAP or health plan, or are concerned that they may have an opioid use disorder. Always ensure confidential lines of communication when offering services (e.g., an anonymous email account where employees and members can send concerns, private access to opioid trainings and resources).

Sensitive information related to an individual's substance use disorder should be stored in a secure location, only accessible by those who need to know, and made available to anyone else only with the person's written consent. Supervisors should receive training on protecting sensitive information, and employees should be made aware of all organizational policies relating to substance use, as well as their rights. This includes safeguards under the Americans with Disabilities Act and the Family Medical Leave Act, which protect people against job discrimination while in treatment and give workers the right to take medical leave.[19]

4. Share stories about treatment and recovery.

Programs that encourage meaningful discussions between people with substance use disorders and their community can create a sense of empowerment, boost self-esteem, and reduce stigmatizing talk and attitudes.[20] Consider hosting a town hall meeting to counter inaccurate stereotypes. Invite a panel of speakers who have been touched by the opioid epidemic to share their stories. Stress that your organization is moving toward a recovery-friendly culture that treats opioid use disorder as a medical problem rather than a moral failure. Provide a message of hope, making it clear that recovery is possible and that your organization is there to provide support.

Strategy 2:
Encourage Treatment for People with Opioid Use Disorder

People can and do recover from opioid use disorder with proper treatment. FDA-approved medications (e.g., buprenorphine, methadone, naltrexone), combined with counseling and social support, have been shown to be effective at reducing opioid use and helping people recover.[22] This form of treatment is considered the gold standard for reducing relapses and increasing the odds of successful, long-term recovery in people with opioid use disorder.[23] See **Appendix C** for more information on medications for opioid use disorder.

Despite the extensive body of scientific evidence showing the effectiveness of these medications, there is still a stigma or misconception that medical treatment is "replacing one drug for another" and is "not real recovery."[24] These attitudes have prevented medications for opioid use disorder from becoming more widely available, and fewer than one-third of patients receive treatment with medications following an overdose.[25]

Organizations have a key role to play in supporting their members and staff who are seeking help to overcome opioid use disorder. Organizational leaders can take steps to remove treatment barriers, improve access to care, and provide referrals, so individuals can get and stay on the path to recovery

1. Increase awareness about medications for opioid use disorder.

When local leadership supports and provides medications for opioid use disorder, it reduces stigma, promotes the facts about treatment, and encourages people to seek this type of care.[22] It may be helpful to review SAMHSA's educational handbook or attend an online training to familiarize yourself with recovery that includes FDA-approved medications. You can also ask an expert or service provider who prescribes medications for opioid use disorder to hold a seminar with your members and staff who commonly interact with people seeking treatment. Contact your local HCS coalition for assistance.

2. Share confidential educational and screening tools.

Early identification of opioid misuse can reduce treatment time and help maintain safety and productivity at your organization.[17] Update your existing wellness materials to include information about the common signs of opioid use disorder to help your members and staff recognize potential substance use issues that could interfere with their work, health, and home life. Consider including confidential screenings—short questionnaires people can answer by themselves to discover whether they may have a substance use disorder. Make sure to provide information on confidential support that is available if someone believes they may want help (e.g., EAPs, insurance benefits, or lists of local treatment providers).

ENCOURAGING TREATMENT HELPS BOTH EMPLOYERS AND WORKERS

Employers may save up to

$2,607 per worker

annually by getting workers into treatment for opioid use disorder.[21]

3. Provide treatment referrals.

Treatment referrals can start in the emergency department setting. Emergency clinicians can be trained in evidence-based strategies to encourage a transition to medication-based treatment, while the overdose patient is still in the emergency department. Encourage emergency clinicians in your community clinics and hospitals to train staff on how to speak with patients to encourage them to enter treatment without fear or stigma. Training materials, including videos modeling provider-patient conversations, are available on the NIDAMED website.

Expand treatment options by working with health plan providers and pharmacy benefit managers to ensure that medications for opioid use disorder are covered in employee health plans. Make available to all staff SAMHSA's National Helpline at 1-800-662-HELP (4357) or, for TTY, 1-800-487-4889. The helpline is a confidential, free, 24/7 information service, in English and Spanish, for individuals and family members facing substance use disorders.

Identify a range of local service providers that represent the continuum of care (prevention, treatment, and recovery). Start by visiting HEALingCommunitiesStudy.org and navigating to your community's page to find a list of locations where you can find medications for opioid use disorder. If your organization has a web portal or bulletin board, consider including information about local treatment providers. You can also share links to one of the following treatment locators:

- Opioid Treatment Program Directory
- SAMHSA's National Helpline
- SAMHSA's Behavioral Health Treatment Services Locator
- SAMHSA's Buprenorphine Practitioner Locator

4. Offer logistical support.

Organizations can help remove barriers to accessing addiction treatment. For instance, many individuals have difficulty receiving approval from insurance companies for coverage. Ensure you have a program in place that can help workers navigate these situations. Transportation and work hours can also pose a challenge, as methadone clinics often require patients to attend daily treatment, and in rural areas, people may have to drive hours to receive care.[26] You can help reduce this burden by offering free transportation (or a stipend), offering flexible work hours, and assisting families of those in treatment with food, child care, and other essential necessities.

5. Offer emotional support.

Connecting to a supportive community and re-establishing strong relationships is essential to successful long-term recovery. Reach out to individuals with opioid use disorder and ask how you can support them and their families during their recovery. SAMHSA's resources for families website includes tips for starting these conversations. Establish relationships with local recovery organizations and support groups and provide these as a resource. Review strategies outlined in the Health and Human Services (HHS) Opioid Epidemic Practical Toolkit for faith-based and community leaders to learn how you can support people with rebuilding their lives. When they return to your organization, celebrate their recovery as a strength and do not treat them any differently than any other individual recovering from a health condition.

Strategy 3:
Provide Naloxone and Learn How to Use It

Naloxone (also known by the brand names Narcan® and Evzio®) is a safe, effective, FDA-approved medicine that can reverse an opioid overdose in seconds. If you suspect someone has overdosed with an opioid, immediately call 911 and say "Someone is unresponsive and not breathing." Give a specific address, a description of your location, or both. After calling 911, give naloxone. if given quickly, naloxone restores normal breathing and reverses unconsciousness. This allows time for emergency services to arrive and treat an overdose victim who might have otherwise died.

Naloxone is widely used by first responders, but by the time the person having an overdose is reached, it's often too late. That's why it's critical for friends, family, co-workers, and other bystanders to have naloxone on hand and be trained to use it in the event of an opioid overdose, especially in rural areas where residents may experience longer emergency medical service wait times.[28] Naloxone does not work to reverse overdoses from other types of drugs, such as amphetamines, cocaine, methamphetamines, and benzodiazepines (e.g., Ativan, Klonopin, Valium, and Xanax). However, because fentanyl is often added to other street drugs, many first responders and emergency settings still administer naloxone when a person has any overdose symptoms.

Naloxone is an extremely safe medicine, and side effects are very rare. There is no risk of abusing or overdosing on naloxone, and it will not hurt someone if they are not having an opioid overdose. Naloxone can be administered in three ways: through a specialized nasal spray technology (Narcan®); by autoinjection (Evzio®); or through an injection, IV, or improvised nasal spray in an ambulance or emergency setting using generic brands.

Many organizations have various types of safety equipment available for anyone to use in an emergency, such as fire extinguishers, first aid kits, and automated external defibrillators (AED) to use with someone who is having a heart attack. To prevent overdose deaths, naloxone should be on that list as well.

OVERDOSES ARE OCCURRING IN WORKPLACES

Overdose deaths at work increased by at least

25% annually

between 2013 and 2017.[27]

HOW TO STOP AN OPIOID OVERDOSE

1. Recognize signs of an overdose.

2. Call 911 Immediately.

3. Give naloxone. Follow the instructions on the package insert.

4. Monitor breathing until emergency care arrives. If the person is still unresponsive, you may need to give a second dose of naloxone and do CPR.

1. Stock naloxone at your organization.

Anyone in an organization—including employees, members, customers, clients, and visitors—is at risk of an overdose if they use opioids. Consider storing naloxone in the nasal spray version (Narcan®) with your organization's first aid supplies, so that you have it on hand in case of an overdose

- **Purchasing naloxone:** Naloxone is widely available in pharmacies, in some cases without a personal prescription. For example, major pharmacy chains CVS and Walgreens have made naloxone available without a prescription in all stores in the United States. Narcan® is the easiest to administer for bystanders.[29] Narcan® is available online at a discounted price for qualifying public service entities like schools, government agencies, and community-based organizations. Visit HEALingCommunitiesStudy.org and navigate to your community's page to find a list of locations where you can find naloxone, and go to naloxoneforall.org.
- **Storing naloxone:** Stock a minimum of two or more doses of Narcan®, as one dose may not be enough to reverse an overdose in certain cases. Many kits are typically sold with two doses. The size and layout of your physical space may suggest keeping them in more than one location for quick access in an emergency. Follow manufacturer instructions for storing naloxone. Store it the original packaging in a visible area next to other first aid supplies, away from light, and at room temperature. Check the expiration date and replace it when needed. Store personal protective equipment (e.g., breathing masks, gloves) in the same location.

2. Train members on how to administer naloxone.

Naloxone distribution programs work best when individuals are properly educated on how to identify and respond to an overdose, are comfortable administering naloxone, and are well-informed about its potential effects.[30] Update your first aid or emergency response policies to designate appropriate staff members to respond to a suspected overdose. Contact your local HCS coalition to find out where your staff can receive naloxone training. If in-person training is not feasible, online training is also offered through Get Naloxone Now. Schedule a training refresher at least annually to incorporate new medical and emergency response guidelines.

An overdose is a critical opportunity to connect people with an opioid use disorder to treatment. Have a plan in place to provide referrals to treatment and ongoing support to individuals that overdose, as well as support or counseling for the people who responded to the emergency.

3. Learn about Good Samaritan Laws in your state.

Good Samaritan Laws offer legal protection for overdose victims or bystanders who call first responders to the scene. When bystanders are aware of these laws, it increases the likelihood that they will call 911 in the event of an overdose.[31] Every U.S. state and DC have enacted laws that provide protections to laypersons or first responders who administer naloxone. The scope of these laws varies by state, but each is written with the intent of removing barriers to calling 911 in the event of an overdose to save a life. You can look up naloxone overdose prevention laws in your state in the Prescription Drug Abuse Policy System database.

Promote HCS in Your Community: Share Campaign Materials

Thirty-three communities in four states (Kentucky, Massachusetts, New York, and Ohio) are currently participating in HCS to test the effectiveness of implementing evidence-based prevention, treatment, and recovery programs in their communities.

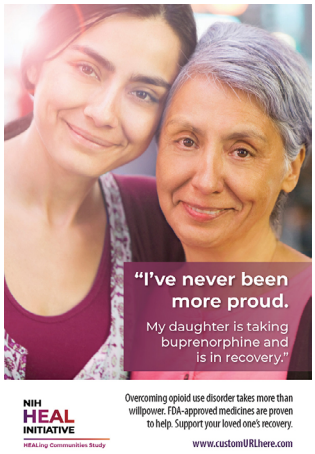
You can make a difference in your hometown. View your community's page at HEALingCommunitiesStudy.org and email the study contact to see how you can get involved in local efforts to reduce overdose deaths.

HCS activities include a community-based communication campaign that complements the strategies listed in this toolkit. The communication campaign's goals are as follows:

- Reducing stigma associated with opioid use disorder
- Increasing the demand for and availability of medications for opioid use disorder
- Increasing the demand for and availability of naloxone

Your organization can support these efforts by sharing HCS communication materials in person and through your usual communication channels (e.g., newsletters, bulletins, websites, and social media pages). Materials are customized for each HCS community and link people directly to community-specific webpages with local resources.

Sample Materials



TYPES OF MATERIALS OFFERED

- **Print**
  - Posters (11 X 17 in.)
  - Palm cards (6 x 4 in.)
- **Digital**
  - Facebook newsfeed images (1,200 x 628 px)
  - Facebook right column images (254 x 133 px)

TOPICS COVERED

- Carrying and prescribing **naloxone** (Narcan®) to prevent overdoses and save lives
- Encouraging treatment with **medicines for opioid use disorder**
- **Reducing stigma** that prevents people from seeking effective treatment for opioid use disorder

INTENDED AUDIENCES

- **People with lived experience** (people with opioid use disorder and their families)
- **Community leaders** (elected officials and opinion leaders)
- **Providers** (physicians, nurses, pharmacists, and first responders)

State and Local Resources

Visit your state and community pages on the HCS website to find free local resources for reducing stigma, encouraging treatment with medications for opioid use disorder, and carrying and prescribing naloxone to reduce overdose deaths. Contact your local HCS coalition to request PDFs of these materials. Share these links with your organization and community to spread the word.

Kentucky (HealTogetherKY.org)

- Boyd (HealTogetherKY.org/Boyd)
- Boyle (HealTogetherKY.org/Boyle)
- Clark (HealTogetherKY.org/Clark)
- Fayette (HealTogetherKY.org/Fayette)
- Floyd (HealTogetherKY.org/Floyd)
- Franklin (HealTogetherKY.org/Franklin)
- Kenton (HealTogetherKY.org/Kenton)
- Madison (HealTogetherKY.org/Madison)

Massachusetts (HealTogetherMA.org)

- Bourne & Sandwich (HealTogetherMA.org/Barnstable)
- Brockton (HealTogetherMA.org/Brockton)
- Gloucester (HealTogetherMA.org/Gloucester)
- Holyoke (HealTogetherMA.org/Holyoke)
- Lowell (HealTogetherMA.org/Lowell)
- Plymouth (HealTogetherMA.org/Plymouth)
- Salem (HealTogetherMA.org/Salem)
- Shirley & Townsend (HealTogetherMA.org/Middlesex)

New York (HealTogetherNY.org)

- Cayuga (HealTogetherNY.org/Cayuga)
- Columbia (HealTogetherNY.org/Columbia)
- Erie (Buffalo) (HealTogetherNY.org/Erie)
- Greene (HealTogetherNY.org/Greene)
- Lewis (HealTogetherNY.org/Lewis)
- Putnam (HealTogetherNY.org/Putnam)
- Suffolk (Brookhaven) (HealTogetherNY.org/Suffolk)
- Ulster (HealTogetherNY.org/Ulster)

Ohio (HealTogetherOH.org)

- Ashtabula (HealTogetherOH.org/Ashtabula)
- Athens (HealTogetherOH.org/Athens)
- Cuyahoga (HealTogetherOH.org/Cuyahoga)
- Darke (HealTogetherOH.org/Darke)
- Greene (HealTogetherOH.org/Greene)
- Guernsey (HealTogetherOH.org/Guernsey)
- Hamilton (HealTogetherOH.org/Hamilton)
- Lucas (HealTogetherOH.org/Lucas)
- Scioto (HealTogetherOH.org/Scioto)

Explore More Resources

Resources for Employers

- Opioid Prevention at Work: Workplace Prevention Basics, SAMHSA
- Drug-Free Workplace Toolkit, SAMHSA
- Opioids at Work Employer Toolkit, National Safety Council
- Opioids & Substance Use: Workplace Prevention & Response, National Institute of Environmental Health Sciences
- Opioid Epidemic Response: Employer Toolkit, Minnesota Department of Health
- Workplace Solutions: Medication-Assisted Treatment for Opioid Use Disorder, National Institute for Occupational Safety and Health (NIOSH)
- Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers, NIOSH
- ADA Protections for Employees: Use of Codeine, Oxycodone, and Other Opioids, U.S. Equal Opportunity Employment Commission (EEOC)

Resources for Substance Use Coalitions, Community Organizations, and Faith-Based Organizations

- Opioid Overdose Prevention Toolkit, SAMHSA
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, Centers for Disease Control and Prevention
- Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma, Addiction Technology Transfer Center Network
- Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities, HHS Center for Faith-Based and Neighborhood Partnerships

Explore More Resources, continued

- Faith & Community Roadmap to Recovery Support: Getting Back to Work, HHS Center for Faith-Based and Neighborhood Partnerships
- One Voice, One Community: Building Strong and Effective Partnerships Among Community and Faith Organizations, SAMHSA
- What's Up with Opioids? Workshop Kit, Anthem and National Urban League
- Beyond Labels: Do Your Part to Reduce Stigma Toolkit, March of Dimes
- Guide to Developing & Managing Overdose Prevention & Take-Home Naloxone Projects, Harm Reduction Coalition
- Words Matter: How Language Choice Can Reduce Stigma, SAMHSA
- Communicating about Opioids in Appalachia: Challenges, Opportunities, and Best Practices, Oak Ridge Associated Universities
- Step by Step Guides to Finding Treatment for Drug Use Disorders, NIDA

Resources for the Criminal Justice System

- Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide, NIDA
- Best Practices for Successful Reentry for People Who Have Opioid Addictions, National Reentry Resource Center
- Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings, SAMHSA
- Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field, National Sherriff's Association and National Commission on Correctional Health Care
- Law Enforcement Naloxone Toolkit, U.S. Department of Justice
- A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons, Harm Reduction Coalition

Resources for Health Care Providers

- Stem the Tide: Addressing the Opioid Epidemic, American Hospital Association
- Information on Prescribing Naloxone, Prescribe to Prevent
- Resources for Screening, Addressing, and Treating Addiction, NIDAMED
- Words Matter: Terms to Use and Avoid When Talking About Addiction, NIDAMED
- Science to Medicine: Medication Treatment for Opioid Use Disorder, NIDAMED
- How Health Care Providers Can Help Current and Former Patients Who Have Used Opioids Stay Employed, EEOC

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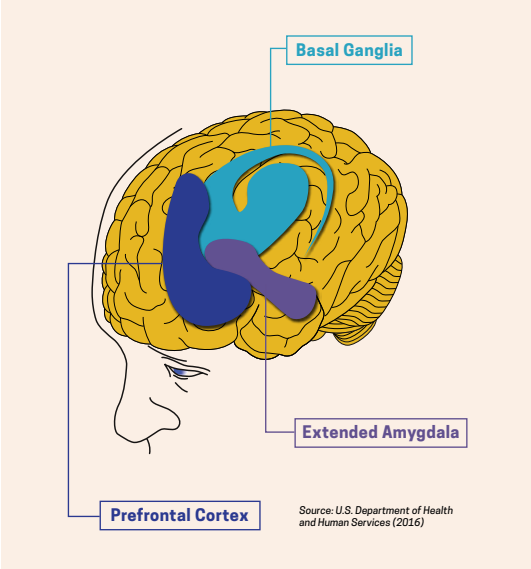
HCS Media Backgrounder: How Addiction Changes the Brain

BACKGROUND: HOW ADDICTION CHANGES THE BRAIN

The brain consists of billions of cells, called neurons, which are organized into circuits and networks. Each neuron acts as a switch controlling the flow of information. Opioids and other drugs interfere with the way neurons send, receive, and process signals via the brain's neurotransmitters, leading to abnormal messages being sent through the network.

How does this happen? Our brains are wired to increase the odds that we will repeat pleasurable activities. The neurotransmitter dopamine is central to this. Whenever the reward circuit is activated by a healthy, pleasurable experience, a burst of dopamine signals that something important is happening that needs to be remembered. This dopamine signal causes changes in neural connectivity that make it easier to repeat the activity again and again without thinking about it, leading to the formation of habits. Once the brain feels the rewarding euphoria from opioids, large surges of dopamine are released—"teaching" the brain to seek drugs at the expense of other healthier goals and activities.

This is why a person who misuses drugs eventually feels flat, without motivation, lifeless, and/or depressed and is unable to enjoy things that were previously pleasurable. Now, the person needs to keep taking drugs to experience even a normal level of reward—which only makes the problem worse, like a vicious cycle. Also, the person will often need to take larger amounts of the drug to produce the familiar high—an effect known as tolerance. This brief video explains why drugs are so hard to quit (the link also offers a readable transcript.)



UNDERSTANDING KEY BRAIN CIRCUITS

Drugs can alter important brain networks that are necessary for life-sustaining functions and can drive the compulsive drug use that marks addiction. There are three parts of the brain that play a special role in this process.

Reward circuit: The **basal ganglia** play an important role in motivation, including the pleasurable effects of healthy activities like eating, socializing, and sex. They are a key part of what we call the brain's "reward circuit." Opioids and other drugs over-activate this circuit, producing the euphoria. With repeated exposure, the circuit adapts to the presence of the drug, making it hard to feel pleasure from anything else.

Stress Circuit: The **extended amygdala** plays a role in stressful feelings like anxiety, irritability, and unease, which characterize withdrawal after the drug high fades. Over time, a person with an opioid use disorder uses drugs primarily to get temporary relief from this discomfort and not necessarily to get high.

Impulse Control Circuit: The **prefrontal cortex** powers the ability to think, plan, solve problems, make decisions, and exert self-control over impulses. Shifting balance between this circuit and the reward and stress circuits make a person with an opioid use disorder seek the drug compulsively with reduced impulse control. This is also the last part of the brain to mature, making teens most vulnerable to addiction.

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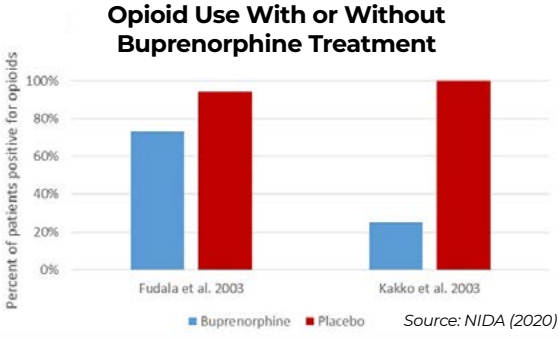
HCS Media Backgrounder: Medications for Opioid Use Disorder

BACKGROUND: MEDICATIONS FOR OPIOID USE DISORDER

Studies show that people with opioid use disorder who stop taking opioids, even under the guidance of a health care provider, are very likely to return to using the drug (relapse). Relapse is common. It is best to consider it as a learning opportunity, rather than focus on relapse as a failure. Relapse can be life threatening due to the elevated/significant risk for fatal overdose. There are three FDA approved medications that can lower the risk of relapse and overdose. These medications improve a person with opioid use disorder's function, productivity, and participation in other treatment. These medications include methadone, buprenorphine, and naltrexone.



Research shows that buprenorphine is more effective than treatment without medication, and that overdose deaths were higher among those who were tapered off buprenorphine despite having access to counseling services.

Evidence shows that these medications:

- reduce opioid use and opioid use disorder-related symptoms;
- in some cases, increase the likelihood they will stay in treatment;
- reduce criminal behavior associated with drug use and reduce criminal justice involvement;
- reduce the risk of infectious disease, including HIV and HCV transmission;
- increase likelihood of employment; and
- block the respiratory depressant effects of other opioids that can cause overdose death.

Methadone is a long-acting opioid agonist, meaning it activates opioid receptors in the brain—the same receptors activated by opioids such as heroin, morphine, and opioid analgesic pain medications. It helps to eliminate withdrawal symptoms and relieves opioid cravings. Methadone has been used successfully for more than 50 years. Federal and state regulations require that patients go in person to a clinic regularly for dosing, although the onset of the COVID-19 pandemic has allowed for some flexibility in how people receive methadone. It can be started before a person completes the opioid withdrawal process, and the treatment doses should not produce euphoria/sedation.

Buprenorphine is a long-acting partial opioid agonist, meaning that it binds to those same opioid receptors but cannot produce as strong a maximal effect as methadone. Buprenorphine also reduces cravings for opioids and withdrawal symptoms without producing euphoria and can be prescribed by certified health care providers in a doctor's office. Research has found buprenorphine to be similarly effective as methadone for treating opioid use disorders and can be started before a person completes withdrawal.

Naltrexone is an opioid antagonist, which means that it works by blocking the activation of opioid receptors and by preventing any opioid drug from producing the "high." Since 2010, naltrexone has been available in an injectable, long-acting form originally approved for alcohol use disorders. It is a good option for patients who do not have ready access to health care or who struggle with taking their medications regularly. However, the patient must fully stop using opioids for 5-7 days (or longer) before treatment can begin, and that can be an obstacle for some people.

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HCS Media Backgrounder: Stigma

BACKGROUND: HOW STIGMA SABOTAGES TREATMENT

Opioid use disorders that are untreated, undertreated, or inappropriately treated contribute to tens of thousands of overdose deaths every year and affect the lives of many more. Healthcare already has effective medications and other tools that could prevent many of these deaths, but they are not being utilized widely enough, and many people who could benefit do not even seek them out. This is due in large part to stigma: The public—and even many in medicine and the justice system—continue to view addiction as a result of moral weakness and flawed character.

This stigma against people who use drugs continues to sabotage access to effective treatment. Decades of research have demonstrated that drug use alters brain circuitry, which over time hijacks a person's ability to stop taking drugs, leading to irrational drug seeking. In addition, behaviors related to the desperate needs of addiction reinforce old, incorrect assumptions about personal responsibility, and the false belief that willpower should be enough to stop drug use. Those who have experienced addiction in their families know that it leads to individual behavioral changes that defy societal norms, making compassion challenging, even for loved ones trying to help.

Research tells us that this external stigma becomes internalized by the patient, and the resulting social isolation can encourage further drug taking. If stigma reduces social connectedness and promotes discrimination toward the person who is addicted, then it will contribute to the cycle of drug taking and interfere with treatment.

EDUCATING THE PUBLIC ABOUT ADDICTION AS A BRAIN DISEASE.

To counter stigma, it is important to promote awareness of addiction as a chronic relapse and treatable brain disease. There are good models for this change of thought. Historically, stigma has been a problem with many chronic health conditions ranging from cancer and HIV to many mental illnesses. Some gains have been made in

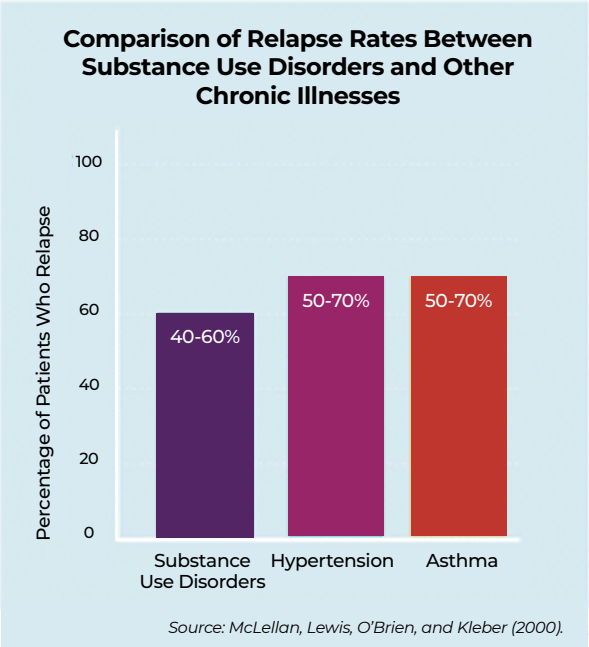
STIGMA AGAINST MEDICATION: A NATIONAL ACADEMIES OF SCIENCES REPORT

A 2019 review by the National Academies of Sciences reports that less than 35% of adults with opioid use disorders had received treatment in the past year, and only 6% of substance use facilities offered all three FDA approved medications. There is some public concern about methadone and buprenorphine in particular—medications that activate the brain's opioid receptors. Attitudinal surveys and information collected from professional groups showed a high level of misinformation and stigma related to these medications, despite their proven effectiveness. There is a perception among many that these medicines simply substitute one drug for another, and potential prescribers worry about misuse (diversion) of these drugs.

However, the treatment dosage of these medications does not produce euphoria; the dosage restores balance to the brain circuits affected by addiction and allows the patient's brain to heal while working toward recovery. The report notes that methadone diversion rates in the United States have been declining by 13% each year since 2011, and the rates of both misuse and diversion decline as buprenorphine availability increases.

Source: National Academies of Sciences, Engineering, and Medicine (2019).

reducing stigma around certain conditions; for example, public education and widespread use of effective medications has demystified depression, making it somewhat less taboo now than it was in past generations. But little progress has been made in removing the stigma around substance use disorders and their FDA-approved medication treatments. People with addiction continue to be blamed for their disease, and the life-saving medication continues to be underutilized. If medication for opioid use disorder is withheld, or arbitrary time limits are set on the medication, patients might not be aware they are not being fully and properly treated.



Some societal criticisms of people who struggle with addiction point to the "revolving door" of inpatient treatment. However, relapse rates for drug use are similar to rates for other chronic medical illnesses, such as asthma or hypertension. Simply put, if people stop following their treatment plan, which often involves taking medication, they are likely to relapse. Treatments for opioid use disorders, including medication, are designed to help with relapse prevention and to prevent death. Treatment of any chronic disease involves changing deeply rooted behaviors, and relapse doesn't mean treatment has failed. When a person who has stopped using opioids or other drugs returns to drug use, it indicates that the person needs to speak with their health provider to resume treatment, modify it, or try another approach.

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