



ADDICTION  
POLICY FORUM

# RESPONDING TO ADDICTION AND OVERDOSE

## PUBLIC POLICY DO'S AND DON'TS

**According to the National Institute on Drug Abuse, addiction, the severe form of a substance use disorder, is “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.”**

It is considered a brain disease because in some people substance use changes how the brain functions. These changes make it progressively more difficult to stop the unhealthy behaviors that are common among people with an active addiction.

Substance use disorders are diagnosed by assessing cognitive, behavioral, and psychological symptoms. They range from mild to severe, and from temporary to chronic. Addictions typically develop gradually over time with repeated substance use, leading to impairments in the functioning of brain circuits that control reward, stress, decision-making, memory, and impulse-control.

## INTRODUCTION

The United States is in the midst of a public health crisis of substance misuse, addiction, and overdose. According to data from the Centers for Disease Control, 63,600 people died from a drug overdose in 2016.<sup>1</sup> This means that every day in the United States, 174 families have a newly empty seat at the dinner table.

Communities are demanding action, and policymakers are seeking solutions. The opioid epidemic is a crisis driving significant interest in improving the way state and local governments respond to substance use disorder and addiction. It is critical that the systems established for addressing opioid misuse, addiction, and overdose support improved health for all individuals suffering from SUD and improved quality of life for patients, family members, and the community.

*Responding to Addiction: Public Policy Do's and Don'ts* provides a menu of options for policymakers to implement a comprehensive response to addiction. It identifies policies that work (Do's) and policies that can be harmful (Don'ts), including public policies in the following areas:

- Prevention
- Early Intervention
- Public Education and Awareness
- Treatment Services
- Recovery Support Services
- Protecting Children Impacted by Addiction
- Public Health and Overdose Reversal
- Criminal Justice

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1. <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>

# PREVENTION

The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. Evidence-based prevention programs prevent or delay the onset of substance use and build resilience and attachment to family, friends, and the community. Prevention efforts should address individual and environmental factors that contribute to substance misuse and addiction.

## DO'S

- ✓ **DO** promote evidence-based prevention programs in schools and other community settings for youth and families.
  - Evaluate current prevention programs to ensure that they follow evidence-based principles. **Drug education is not the same as prevention.**
  - Support local community coalitions to implement evidenced-based prevention programs that address the most urgent needs and target at-risk populations in your community.
- ✓ **DO** promote environmental prevention strategies.
  - Environmental strategies change the conditions within a community, including physical, social, or cultural factors that may lead to substance use.
  - Seek to influence community norms by raising awareness and creating community support for prevention activities and programs.
  - Support the use of compliance checks and other efforts to determine if people are complying with existing laws around legal substances.
- ✓ **DO** screen for trauma and adverse childhood experiences and provide needed programming for those whose histories increase their risk of developing a substance use disorder.
- ✓ **DO** adopt statewide policies on preventing prescription drug misuse including education, tracking and monitoring, and proper medication disposal.
  - Education can increase public awareness of the risks of prescription drug misuse. Provider education is critical for reducing the overprescribing of addictive prescription medications. However, it is important to ensure access to these medications for patients with legitimate medical need.
  - Use of Prescription Drug Monitoring Programs (PDMP) can improve patient safety by allowing prescribers to see a patient's complete history of prescriptions for controlled medications to guide their prescribing decisions.
  - Disposing of medications properly ensures that controlled substances in the home are not intentionally or accidentally misused and reduces the risks of addiction.

## DON'T

- ✗ **DON'T** use school assemblies to approach students about substance misuse.
- ✗ **DON'T** use scare tactics, especially with adolescents.
- ✗ **DON'T** implement programs without empirical support.

## THE MOYER FOUNDATION'S CAMP MARIPOSA

The Camp Mariposa Program focuses on helping children living with family members who struggle with a substance use disorder. Camp Mariposa is a national addiction prevention and monitoring program, in which participants and their families attend multiple free weekend sessions and engage in both traditional, fun camp activities, and support exercises led by mental health professionals.

### How It Works

Camp Mariposa creates a support community, connecting campers to both other youth facing similar challenges and caring adult mentors. Additional educational, social and mentoring activities are offered for campers, program alumni, and their families throughout the year. The Moyer Foundation partners with accredited mental health and youth serving organizations to deliver the Camp Mariposa program in communities across the nation.

### Demonstrating Success

Some recent findings from surveys:

- 97% of participants say they have made friends at Camp Mariposa.
- 100% of participants say there are adults they trust and listen to at camp.
- 79% of participants in a recent survey said that mindfulness helps them feel better about themselves.

Learn more at

[www.addictionpolicy.org/spotlightseries](http://www.addictionpolicy.org/spotlightseries).

# EARLY INTERVENTION

It is critical to intervene early when a person is misusing substances so that risky use does not progress into a substance use disorder. Research shows that there are ways to decrease risky substance use and prevent use from progressing to a substance use disorder.

## DO'S



**DO** promote statewide Screening, Brief Intervention, and Referral to Treatment (SBIRT).

- Effective implementation of SBIRT includes educating, training, and incentivizing healthcare professionals to screen patients for substance use disorder and intervene with patients who use alcohol or drugs in risky ways or might have a substance use disorder.
- Support implementation across a variety of settings including emergency departments, primary care providers, pediatricians, HIV clinics, and schools (primary and higher education institutions).



**DO** implement Student Assistance Programs to intervene with students at risk of developing a substance use disorder.

- Ensure that the program offers universal, selected, and indicated prevention approaches as well as early interventions for substance misuse.
- Engage families of students by providing parental education programs.
- Organize prevention and early intervention education events both in the school and in the communities where students live.

## SPOTLIGHT: PROJECT SUCCESS

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is a school-based model to prevent and reduce substance use and misuse among adolescents. The program places trained counselors in public and alternative high schools to provide a full range of services, including prevention education, awareness, individual assessments, and specialized counseling groups.

### How It Works

Project SUCCESS works with high-risk students attending traditional secondary schools as well as alternative schools. The program begins with an eight-session Prevention Education Series that develops a relationship between students and a trained counselor. Upon completing the education series, the counselor works with students identified to perform an assessment and devise a course of action that best suits their needs.

### Demonstrating Success

A grant from the U.S. Department of Education from 2002-2006 studied the effectiveness of Project SUCCESS in public schools. Students involved in the Project SUCCESS group were four times less likely than those in the control group to report use of alcohol, tobacco and cannabis and five times less likely to report illicit substance use. Students who used alcohol, tobacco and cannabis were more than four times less likely to report continued use after twenty-one months and seven times less likely to report illicit substance use.

Learn more at

[www.addictionpolicy.org/spotlightseries](http://www.addictionpolicy.org/spotlightseries).

## DON'T



**DON'T** address only students and ignore parents and caregivers.



**DON'T** wait for people to progress in their addiction or “hit rock bottom” before responding.

# PUBLIC EDUCATION AND AWARENESS

Public education and awareness inform the community about the risks of substance use and misuse, the signs of substance use disorder, and the availability of treatment, recovery support, and public health resources. These efforts also increase community engagement and build support for new policies and programs.

## DO'S

-  **DO** launch a social marketing campaign to improve the public's understanding of addiction and combat stigma surrounding substance use disorders and those affected by substance use disorders.
  - Social marketing campaigns can be designed to improve public health and influence specific behaviors.
  - These campaigns should be based on the latest research and must address the science of addiction and treatment.
-  **DO** launch campaigns as new programs are implemented to address substance use disorders in the community.
  - Use campaigns to make consumers aware of changes in programs and policies that will affect them.
  - Use campaigns to educate consumers about available resources to prevent and/or address substance use disorders.

## DON'T

-  **DON'T** use scare tactics, especially with adolescents.
-  **DON'T** talk down to the audience in your message.
-  **DON'T** make your message negative or hopeless.

# TREATMENT SERVICES

Finding and accessing effective treatments and services for substance use disorder is often difficult. While effective treatments exist, far too few people with behavioral health conditions receive the help they need.

## DO'S



**DO** improve statewide insurance coverage of substance use disorder treatment.

- Require adequate coverage for behavioral health treatment in health benefits packages and benchmark plans.
- Adopt state requirements for parity in insurance coverage of substance use disorder and aggressively enforce state and federal insurance parity requirements.
- Promote provider network adequacy through incentives and other means.
- Ensure Medicaid plans cover all evidence-based substance use disorder treatment options without fail first requirements or limitations on medication dose or duration.
- Apply to the Centers for Medicare and Medicaid Services (CMS) for 1115 waivers to cover additional substance use disorder services like residential treatment. New York State offers an example of an effective Medicaid waiver.



**DO** increase capacity for high quality, evidence-based substance use disorder treatment services and improve access to them.

- Reduce state regulations that limit access to Opioid Treatment Programs where patients can receive methadone for opioid use disorders.
- Ensure adequate capacity and access to all three FDA-approved medications for opioid use disorder- methadone, buprenorphine, and injectable naltrexone.
- Ensure adequate Medicaid reimbursement levels for substance use disorder services.
- Develop a referral network of substance use disorder treatment providers, including opioid treatment providers and buprenorphine waived physicians. One good model is the **Vermont Hub and Spokes system**.
- Develop incentives to increase the number of clinicians who offer MAT in your community.
- Support primary care, OB-Gyn, pain management and other providers treating patients with opioid use disorders by offering free buprenorphine waiver training, training on treating patients with naltrexone, and mentoring from experienced providers.
- Implement programs to make state and local government locations like police and fire stations, child welfare, and social services offices entry points to **treatment**.
- Encourage emergency departments and hospitals to develop comprehensive post-overdose interventions and offer training and technical assistance to:

## SPOTLIGHT: HUB AND SPOKE

In 2012, the State of Vermont created the Hub and Spoke model for opioid addiction. The “hub and spoke” weaves together existing infrastructure already dispensing substance use disorder medication including Federally Qualified Health Centers, methadone clinics, office-based opioid treatment, and more.

### How It Works

The Hubs located throughout the state are specialized addiction treatment centers that prescribe medication assisted treatment (MAT), like methadone, naltrexone or buprenorphine, and connect patients directly with their “spoke”. The “spokes” include multipronged services to address opioid addiction, bringing in general medicine along with a continuum of care for recovery support.

### Demonstrating Success

The State has continued to see a decline in all age groups reporting misuse of a prescription pain relievers. At the same time, the number of Vermonters receiving treatment for opioid use and dependence has significantly increased, a direct result of the expansion of care through the Hub and Spoke Model. Since 2012, fatalities from prescription opioid overdose have remained stable, after having risen in the years prior.

### Learn more at

[www.addictionpolicy.org/spotlightseries](http://www.addictionpolicy.org/spotlightseries).

## DO'S

- Screen for opioid use disorder (OUD);
- Provide naloxone upon discharge;
- Offer referrals to substance use disorder treatment and warm hand-offs to providers;
- Initiate OUD treatment if appropriate, including induction on MAT;
- Coordinate with the patient's primary care provider or other relevant clinicians (e.g. pain specialist) as appropriate.

### SPOTLIGHT: MANCHESTER, NH FIRE DEPARTMENT SAFE STATIONS PROGRAM

The Safe Stations Program ensures that every fire station in Manchester, NH is a designated safe haven for people struggling with addiction who want to enter treatment and begin their path to recovery. Any person can go to any fire station in the city, speak with the firefighters, and immediately get connected to treatment, support and services.

#### How It Works

Anyone interested in seeking treatment for drug or alcohol use can simply show up to any one of Manchester Fire Department's (MFD) ten stations and ask for help. Unless the participant requires immediate medical attention, this introduction begins the process of placement into a treatment facility. If the participant arrives between 9:00 AM and 8:00 PM, he or she is transferred directly to a treatment center for intake; a van from a local treatment center typically responds to the fire station within 15 minutes of being called. If the participant arrives after 8:00PM, a Certified Recovery Support Worker (case workers and social workers) or a Licensed Alcohol and Drug Counselor counsels the participant and provides him or her with a place to stay for the night. The following morning, the participant is transferred to a treatment facility.

#### Demonstrating Success

Safe Stations has connected more than a thousand people to treatment services since its inception. The program has proven successful not only in terms of the number of people who have started treatment, but also the high rate of treatment completion. According to the affiliated treatment facilities, approximately 70% of 1,326 Safe Station participants have finished the treatment program.

Safe Stations may also reduce the number of people who overdose. In fact, when compared to the same timeframe in 2015 -2016, 2016 -2017 has seen a significant reduction in overdoses and in overdose deaths. City officials attribute this to the success of Safe Stations.

#### Learn more at

[www.addictionpolicy.org/spotlightseries](http://www.addictionpolicy.org/spotlightseries).

## DON'T

-  **DON'T** assume treatment is "one size fits all."
-  **DON'T** implement policies that discriminate against proven treatments like medication assisted treatment (MAT).
-  **DON'T** permit detoxification without ongoing treatment.
-  **DON'T** make it hard for substance use treatment providers to locate services where they are needed.

# RECOVERY SUPPORT SERVICES

According to the U.S. Substance Abuse and Mental Health Services Administration, Recovery is “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.”<sup>2</sup>

## RECOVERY READY COMMUNITY

Key components of a recovery ready community include:

- Family Peer Support Specialists
- Alternative Peer Groups;
- Collegiate Recovery Community;
- Jail and Prison-Based Recovery Support;
- Peer Recovery Coaching;
- Medication Assisted Recovery Support;
- Recovery Community Center;
- Recovery High School;
- Recovery Community Organization;
- Recovery Residence;
- Telephone Recovery Support.<sup>2</sup>

## DO'S

- ✓ **DO** Provide Medicaid reimbursement for recovery support services, including peer recovery support services for individuals and families
- ✓ **DO** make your communities recovery ready, ensuring they are inclusive, holistic, and provide a long term continuum of supports.
  - Expand access to a broad array of recovery support services across diverse settings.
  - Support recovery in high schools and colleges through collegiate recovery programs/centers and recovery high schools and colleges.
- ✓ **DO** implement and enforce quality requirements for recovery services.
  - Adopt and enforce quality requirements for recovery housing.
  - Develop certification or licensure requirements for peer recovery support specialists.

## DON'T

- ✗ **DON'T** allow non-licensed individuals to participate in the workforce for recovery support services.

## SPOTLIGHT: ANCHOR ED

The AnchorED program connects people who have been admitted to emergency rooms for opioid-related overdoses with trained peer recovery coaches. Prior to the individual's release from the hospital, the recovery coach meets with the patient to discuss available recovery supports and resources, provide education on overdose prevention, including how to obtain and use Naloxone. Upon the individual's release from the hospital, the AnchorED staff follows-up with the individual for the next 10 days, encouraging him or her to engage in recovery support services or treatment.

### How It Works

When a person is brought to a hospital emergency department with an opioid overdose, a member of the hospital staff calls the AnchorED hotline, which is available 24 hours a day, 7 days a week. The hotline connects the caller with a peer recovery coach, who is then dispatched to the hospital. Prior to the patient's release from the hospital, the recovery coach meets with the patient to discuss available recovery supports and resources in the community.

### Demonstrating Success

In the first 29 months of the program, over 1,400 people have met with a peer recovery coach in the emergency department through AnchorED, and of those, more than 80 percent engaged in recovery support services upon discharge.

Learn more at [www.addictionpolicy.org/spotlightseries](http://www.addictionpolicy.org/spotlightseries).

2. <https://www.samhsa.gov/recovery>

# PROTECTING CHILDREN IMPACTED BY ADDICTION

According to the National Alliance for Drug Endangered Children, over nine million children in the U.S. live in a home with at least one parent who uses illicit drugs. These children are at an increased risk for depressions, suicide, poverty, delinquency, anxiety, homelessness, and substance misuse. Many children who have a family in active addiction live in kinship or foster care.

## DO'S

-  **DO** expand evidence-based interventions in **child welfare agencies**.
  - Beginning in October of 2019, the Family First Prevention Services Act will allow states to access evidence-based prevention services for children at imminent risk of removal and their families.
-  **DO** expand access to family-based substance use disorder treatment.
  - Family-based treatment allows children to remain safely with their parents and parents to access the intensive substance use disorder treatment services they need.
  - Parents receive wraparound services including child care, tutoring, parenting classes, housing support, job training, and individualized therapy.
-  **DO** provide necessary support services for caregivers.
  - More relatives are raising children because of parental substance use disorder or fatal overdose.
  - Mental health services for individuals and the family, kinship navigators, respite care, and financial assistance can all help support the family unit.
-  **DO** ensure that parents who have preventative cases or whose children have been removed to out-of-home placement have access to evidence-based SUD treatment.

## SPOTLIGHT: KENTUCKY START

Sobriety Treatment and Recovery Teams (START) is a Child Protective Services program for families with parental substance misuse and child abuse or neglect that helps parents achieve sobriety and keeps children with their parents when it is possible and safe.

### How It Works

Each START team is made up of a dedicated supervisor and up to four "dyads," each of which is composed of a specially trained caseworker from Child Protective Services (CPS) and a family mentor. The dyad also engages the family through a non-judgmental, strengths-based approach, using Motivational Interviewing and shared decision making. Each dyad works closely with START program partners to provide comprehensive services to families.

### Demonstrating Success

START has proven to be effective at improving outcomes for mothers. Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START. Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (twenty-one percent and forty-two percent, respectively).

### Learn more at

[www.addictionpolicy.org/spotlightseries](http://www.addictionpolicy.org/spotlightseries).

## DON'T

-  **DON'T** let substance use disorder stand in the way of child safety.
-  **DON'T** let stigma prevent support for parents who can safely care for their children.

# PUBLIC HEALTH AND OVERDOSE REVERSAL

Substance use and substance use disorders directly affect the health of millions of Americans every year, contributing to the spread of infectious diseases, neonatal abstinence syndrome, fetal alcohol spectrum disorders, drug overdoses, alcohol poisonings, liver disease, heart disease, and myriad other health consequences. Given the scope of the health effects, substance use and substance use disorders require a public health approach to effectively address the problem.

## DO'S

- ✓ **DO** implement evidence-based Syringe Services Programs to reduce the spread of infections and promote health.
  - These programs have been shown to decrease drug use and increase participant engagement in substance use disorder treatment.
  - Offer additional services such as wound care, infectious disease screening, and linkage to treatment.
- ✓ **DO** pass **Good Samaritan Laws** to encourage people to call 911 and administer naloxone during a suspected opioid overdose.
  - Offer legal protections that eliminate liability for healthcare providers and others who administer naloxone.
  - Offer legal protections from arrest and prosecution for drug-related crimes to witnesses at suspected overdose scenes when 911 is called.
  - Implement protocols for screening overdose survivors revived by first responders or emergency departments for substance use disorder and engaging them in treatment and other support services.
- ✓ **DO** train and equip all first responders to recognize and respond to an opioid overdose.
  - Require that all first responders receive training in opioid overdose recognition and response.
  - Equip all first responders with naloxone to reverse an opioid overdose.
- ✓ **DO** increase public access to naloxone and educate the public to recognize and respond to opioid overdoses.
  - Make naloxone available without an individual prescription, including to third parties who are likely to witness and respond to an opioid overdose.
  - Authorize public overdose response training and naloxone distribution to individuals at risk of experiencing or witnessing an opioid overdose.
  - Use public funds to purchase and distribute naloxone to residents to address barriers to obtaining naloxone.

## GOOD SAMARITAN LEGISLATION

Maryland has a Good Samaritan Law that protects people assisting in an emergency overdose situation and the person who is overdosing from arrest and prosecution for crimes such as a misdemeanor possession of a controlled substance, possession or use of drug paraphernalia, underage drinking, or violation of a condition of pretrial release, probation, or parole. The law also protects health care providers from liability if they administer naloxone.

## DON'T

- ✗ **DON'T** limit the number of times first responders can save a person's life with naloxone.
- ✗ **DON'T** arrest patients or overdose witnesses or treat them like suspects in a crime.
- ✗ **DON'T** allow misconceptions about Syringe Services Programs to prevent the use of evidence-based infection control programs.

# CRIMINAL JUSTICE

Nearly half of all people incarcerated in prison and jail meet criteria for both mental health and substance use disorders. The criminal justice system offers unique opportunities to provide interventions for individuals suffering with a wide range of behavioral health issues including substance use disorders.

## DO'S



**DO** use the criminal justice system to promote substance use disorder prevention, treatment and recovery.

- Use the **Sequential Intercept Model** to divert people with substance use disorder from criminal justice into treatment and support services at every point in the criminal justice process from pre-arrest through court, corrections, and community supervision.

**The Sequential Intercept Model** identifies a series of points at which an intervention can be made to divert individuals with substance use disorders to treatment, preventing them from entering or progressing further in the criminal justice system. Diversion can occur before arrest or booking, during initial detention hearings, in court, jail, or prison, or during reentry.

- Provide access to all evidence-based treatment options, including all FDA-approved medications for treating substance use disorder, to people in prisons and jails.
- Screen every person entering the juvenile justice system for substance use disorder and provide preventive interventions for those at-risk and initiate treatment for those with a substance use disorder.
- Coordinate reentry and engagement in community treatment for individuals with substance use disorder to decrease the risk of overdose (overdose death is 12 times more likely within one week after incarceration when compared to the general public).

## SPOTLIGHT: MONTGOMERY COUNTY STEER

Stop, Triage, Engage, Educate and Rehabilitate (STEER) is a pre-booking law enforcement and drug treatment linkage program operating in Montgomery County, Maryland. Like many police deflection programs, STEER developed in response to the prevalence of individuals with substance use disorders cycling through the criminal justice system.

### How It Works

The STEER program provides rapid identification, deflection, and access to treatment for drug-involved individuals encountered by law enforcement as an alternative to conventional arrest and booking. STEER uses risk-need screening to assist in making the decisions about individuals who are best suited for the program. After the initial engagement and screening process, the care coordinator—an employee of Maryland Treatment Centers—focuses on rapid treatment access, retention, motivation, engagement and completion, as well as a full clinical assessment and referral to treatment resources to address their underlying substance use disorder and mental health challenges.

### Demonstrating Success

STEER launched in early 2016 and had its first referral in mid-April. As of November 2016, STEER deflected 133 individuals and created a broad, collaborative entry portal for treatment delivery.

Of the 157 people referred to STEER as of February 5, 2017, sixty-six (forty-two percent) were assessed and thirty-seven of those assessed (fifty-six percent) agreed to participate in treatment. At least fifty-one percent of those who started treatment were still active in treatment after thirty days.

## DON'T



**DON'T** require people to stop using the addiction treatment medications they are currently using upon incarceration.



**DON'T** override the treatment recommendations of health care providers prior to entrance into the criminal justice system.



**DON'T** terminate Medicaid for patients who are incarcerated.

- Federal regulations permit states to suspend Medicaid for incarcerated people which expedites the process of restoring benefits when a person is released.



### **Our Vision**

We envision a world where fewer lives are lost and help exists for the millions of Americans affected by addiction every day.

### **Our Mission**

We are a diverse partnership of organizations, policymakers and stakeholders. Our mission is to work together to elevate awareness around addiction and to reshape national policies to implement a comprehensive response to addiction that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

### **Our Role**

We support, promote and work with others in the addiction community to advance knowledge and translate discoveries about substance use disorder and its consequences into practical solutions that make everyday life better for people living with, in recovery from, or at risk of addiction.





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