

COMMUNITY PLAYBOOK

**A Step-by-Step Guide to
Making Your Community a SAFE Community**

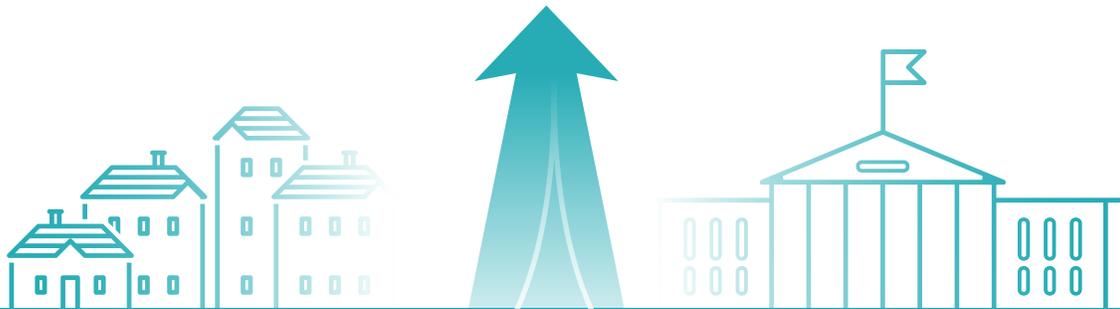


Table of Contents

Welcome.....	1
How to Use This Playbook	2
Step One: Build Your SAFE Community	3
Step Two: Evaluate the State of Your SAFE Community	6
SAFE Community Pulse Survey	6
SAFE Community Resources Exercise.....	9
Step Three: Create Your Unique Set of Tools.....	16

Welcome

Dear Community Leaders,

The human and financial costs of the opioid epidemic are enormous and are tearing at the fabric of communities across our nation. The crisis of addiction, with its many underlying causes and devastating impacts, is one of the most complex problems to which our nation has ever been exposed.

Despite many critical initiatives at the federal and state levels, we know this epidemic will ultimately be resolved at the local level, community by community. While many communities have implemented some effective programs, most would benefit from advice and best practices regarding the comprehensive set of actions that must be taken across multiple lines of effort to make real progress. This playbook is intended to help willing cities and counties bring a “whole-of-community” effort to bear on the problem.

Each community is different, and each rightly bears its own unique pride in the desire to solve its own problems. As a result, this playbook is not prescriptive. Rather, we have organized it into three major sections, each of which describes in sequence how a community can organize to attack addiction and, in particular, the opioid epidemic.

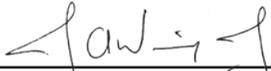
We have aligned the second section of the playbook along six overlapping and deeply interdependent lines of effort that we believe are critical to containing and reversing the epidemic. They include:

- Public Awareness;
- Full-Spectrum Prevention;
- Prescription Medicine;
- Law Enforcement and Medical Response;
- Treatment and Recovery; and
- Family Outreach and Support.

It will not be possible to counter the epidemic unless communities work collaboratively through all six of these lines of effort.

We congratulate you for deciding to stand up as a community and take on this terrible epidemic. Your community can reverse the opioid and addiction epidemic by preventing new entrants into addiction and treating people who have already fallen into the spiral of addiction. We hope you find this playbook useful to your efforts, and we stand ready to assist you in any way we can.

Sandy and Mary Winnefeld



Adm. Sandy Winnefeld
Co-Founder, SAFE Project



Mary Winnefeld
Co-Founder, SAFE Project

How to Use This Playbook

If you are interested in making a difference in your community, this playbook will be your blueprint. It will walk you through finding the right team of community constituents to lead your effort, working together to identify your priorities, and finally, putting your work into action using examples from other communities around the country.

What this Playbook IS: This playbook is a model for overcoming the opioid and addiction crisis using resources from SAFE Project and other communities. At SAFE, we are passionate about the efficient use of existing resources. We know you may not have the time or resources to find promising practices from across the nation, so we have compiled this information for you. By using this playbook to identify your resources and gaps and connect to promising practices from other communities, you can positively impact the crisis in your backyard.

What this Playbook IS NOT: This playbook is not a cure for the opioid and addiction crisis that communities face. Rather, it is a compendium of strategies, projects, and initiatives: things a community can start doing today to help. The approaches described have been used by other communities that face the same issues and challenges your community may face. It will take collaborative work within your community to be successful.

Your first step should be to read through as much of the playbook as possible. We have left plenty of room for you to take notes and to answer guiding questions. If something doesn't make sense, reach out to us at SAFE Project at community@safeproject.us. We are here to help, and we can walk you through any part of the playbook that may be unclear.

Step One: Build Your SAFE Community

Whether the issue is drunken driving, breast cancer awareness, or civil rights, history tells us that large, complex problems require a coordinated community response to be successful. Coalitions are vital! Without a unified strategy and focus on common goals, communities addressing a crisis as large as opioid addiction will not be poised for success. By bringing together and working with a broad range of local stakeholders, communities large or small can develop solutions that work for all those touched by the opioid and addiction crisis.

Creating a community coalition is one of the most effective ways to solve complex problems and is at the core of creating a local movement. A coalition is simply a group of individuals and organizations with a common interest, who agree to see the problem through each other's eyes and to work together toward a common goal. A coalition concentrates a community's focus on a particular problem, creates alliances among those who might not normally work together, and keeps the community's approach consistent.

Consistency is key. Nonprofit organizations, healthcare facilities, government offices, and communities are all working hard to stem the opioid and addiction crisis. If their approaches differ significantly and if they are not collaborating, it can lead to conflicting purposes, with little actually accomplished.

With broad agreement across the country that the opioid crisis is a shared challenge, a well-built local movement can convert a community's focus on the problem into consistent action.

Build the coalition. This SAFE Community Playbook is one way to approach creating your own coalition that is focused on action, one that will build consensus and maximize efficacy in your community. If it feels daunting, remember that these are people who live in your community and have specific expertise.

Review any existing efforts in your community. One of our core values at SAFE is to not duplicate good work already being done. In that spirit, we recommend looking around your community: Are there similar existing efforts in which you could get involved or to which this playbook could add value? Specifically, is there a mechanism or coalition body already taking a comprehensive approach to addiction that can form the nucleus of your movement? If so, you will merely need to ensure that all the right stakeholders are present and that they are exposed to the recommendations in the rest of this playbook. (Note that this is not to be confused with the Community Resource Exercise we recommend as a separate step in another section below — that step is a tool for your coalition once it is built.)

Identify your key community participants. The list below is a good place to start. You don't have to have a representative from each group, but make every effort to be as inclusive as possible and customize a list that best reflects your community's culture.

Government:

- _____ State/local drug prevention office
- _____ Public safety officers/officials
- _____ Health department
- _____ School administration or school board
- _____ Fire chiefs
- _____ Criminal judges and court professionals

Medical Community:

- _____ Physicians in normal practice
- _____ Nurse practitioners and nurses in normal practice
- _____ Emergency room doctors and staff
- _____ Dental professionals
- _____ Community behavioral healthcare providers
- _____ First responders
- _____ Pharmacists
- _____ Hospital administrators

Treatment and Recovery:

- _____ Treatment professionals
- _____ Substance use disorder counselors
- _____ Harm-reduction organizations
- _____ Recovery support organizations

Community Members with Lived Experience:

- _____ Persons in recovery
- _____ Family and friends of those in active use or recovery
- _____ Families of those lost to opioid overdose

Law Enforcement:

- _____ Police and/or sheriff
- _____ High Intensity Drug Trafficking Area (HIDTA) office
- _____ Drug Enforcement Agency agent in charge
- _____ Drug Abuse Resistance Education (D.A.R.E.) program liaison (city or county)
- _____ Corrections officers

Education Leaders:

- _____ School district leadership
- _____ School principals
- _____ Teachers
- _____ Parent Teacher Association (PTA) and other family-based organizations

Community Leaders:

- _____ Lions Club, Rotary, Elks, Masons, veterans groups
- _____ Faith community
- _____ YMCA, 4H, Boys & Girls Clubs
- _____ Youth sports programs

Business Leaders:

- _____ Chamber of Commerce
- _____ Employers
- _____ Union leaders

Make initial contact with the stakeholders. Keep in mind that while there are a number of ways to contact these groups, in-person and direct contact is always best. You should also keep in mind that you may have to overcome resistance of several types.

Some organizations are not naturally inclined to work with others. For example, the harm-reduction and law enforcement communities are not always natural allies. However, we have found that where these two groups come together and see the problem through each other's lenses, some very powerful work can be done.

Some organizations might not want to get involved because of their own perception of capacity (this is more work for me!) or stigma (this is not my group's problem). You may have to expend considerable personal effort to convince these groups that reversing the epidemic is in the entire community's interest, and that everyone has a contribution to make.

Hold your first meeting. Do not worry if you have as few as five community leaders or as many as 20. The important thing is, you have found people who are willing to work together to thoughtfully and comprehensively address the particular problem in your community. Although the topic that brings us all together is difficult, it is the coalition leader's job to bring energy and optimism to the movement. Because solutions might look different to each of your stakeholders, focus on defining the common problem you're looking to solve. A goal of your first meeting should be to establish a meeting rhythm in which the coalition frequently gathers to review progress, update your plans, and share success stories.

Getting support. It can feel like an overwhelming amount of work to organize and make things happen, so consider working with SAFE or other organizations with similar missions. Sometimes, an outside facilitator is the best option to guide a community's discussions toward solutions. SAFE can also share many best practices from across the country. All of our help is available at no cost to you or your community, and the solutions we present are at low to no cost.

Once again, our SAFE Community program is not prescriptive. We will partner with communities across the nation to help get their coalitions started — and to grow them to include more of the community through town hall and forum events. We can help you identify your common issues and potential solutions and help craft a plan of action for moving forward based on the feedback from your local stakeholders.

Step Two: Evaluate the State of Your SAFE Community

For your community coalition to be successful, it will need to understand how the community perceives a number of elements of addiction, as well as what resources are already at work across the many stakeholder sets within your community.

One way to evaluate perception and resources is through the SAFE Community Pulse Survey and SAFE Community Resources Exercise. These tools are designed specifically to provide you with the insight your coalition needs to focus and prioritize your work across SAFE's six lines of operation.

SAFE Community Pulse Survey

The SAFE Community Pulse Survey examines your community's perceptions of the opioid and addiction crisis through a short survey. It is not meant to be a scientific analysis of attitudes and perceptions, but rather to give you snapshot of how the community as a whole perceives the issues your coalition will be tackling.

This is also a great way to let the broader community know about your coalition's focus and to engage with other community members. The survey also will help inform the community regarding the coalition's agenda. Not everyone will agree on the best approaches; the climate survey allows the community to "speak for itself." SAFE can work with you to customize the community survey — just like the coalition you build, the survey should reflect your community's unique attributes and culture.

The survey focuses on several types of questions intended to gauge knowledge/awareness and attitudes among different demographics, including:

- attitudes toward overall drug use;
- attitudes toward use and disposal of opioid prescription medicine;
- awareness of drug availability in the community; and
- awareness of treatment and recovery capability in the community.

The outcome of the survey will go a long way toward informing the types of programs your community adopts and where they are focused.

To be effective, the survey should be distributed widely. To get the broadest sample possible, use your coalition members and their local networks of friends, colleagues, and neighbors to distribute the survey to a large cross-section of the community. Also, reach out to local media and organizations to distribute the survey. You can use this opportunity to communicate the mission and vision of your coalition as well, increasing awareness of your work and broadening your base of support.

Tallying the survey results can be done relatively quickly and will inform your next step – finding solutions that fit your community.

SAFE Community Pulse Survey

1. At what age should we start talking to people about drug and alcohol use?
 - Elementary school aged
 - Middle school aged
 - High school aged
 - College aged and older
 - Other (please specify)

2. Are you aware of a drug take-back program in your community?
 - Yes
 - No

3. If I have leftover medication but no longer need it, I am inclined to:
 - Sell it
 - Save it for future use
 - Take it to a drug take-back location
 - Give it to a friend
 - Throw it in the garbage
 - Dispose of it using a disposal pack
 - Flush it down the toilet

4. If your doctor or dentist has prescribed opioid pain medication to you or a family member, were you provided any warning about the dangers of opioids by that doctor or dentist?
 - Yes
 - No
 - Not Applicable

5. If your doctor or dentist has prescribed opioid pain medication to you or a family member, were you provided any warning about the dangers of opioids by the pharmacist who filled your prescription?
 - Yes
 - No
 - Not Applicable

6. Do you know of a local family who has been negatively impacted by opioid use?
 Yes No
7. Do you think your community has an opioid addiction problem?
 Yes No
8. Illicit opioids, including illicit prescription medication and drugs like heroin, are readily available in my community.
 True False
9. Other drugs, such as cocaine and methamphetamines, are readily available in my community.
 True False
10. Use of other drugs, such as alcohol, marijuana, and benzodiazepines, can lead to misuse of opioids, cocaine, or methamphetamines.
 True False
11. Addiction is:
 A disease A moral failing
12. I believe that law enforcement in my community has enough capacity and that its efforts are effective in limiting substance abuse.
 Strongly agree Neither agree nor disagree Disagree
 Agree Strongly disagree
13. There is an addiction treatment program in my community.
 Strongly agree Neither agree nor disagree Disagree
 Agree Strongly disagree
14. I would know where to turn to for addiction help for myself, a family member, or friend.
 Strongly agree Neither agree nor disagree Disagree
 Agree Strongly disagree
15. My community has effective programs in place, such as counseling and transition living services, to support people in recovery for substance use disorder.
 Strongly agree Neither agree nor disagree Disagree
 Agree Strongly disagree

SAFE Community Resources Exercise

In contrast to the SAFE Community Pulse Survey and its wide distribution, the SAFE Community Resources Exercise is an activity for your coalition to complete to provide an overview of the existing resources in your community and to identify any potential gaps.

Sometimes, when individual community sectors do their work to mitigate the opioid and addiction crisis, they are so busy doing good work that they aren't aware of other services the community offers and how they might interact. They don't have time to survey the landscape and see what else is available. The SAFE Community Resources Exercise seeks to address this issue by helping coalition members understand the resources their fellow members bring to the table as well as educate the coalition about the depth and breadth of other services that are offered in the community.

The completed product will provide your coalition and community with a map of current community resources as well as any gaps. This resource map, together with the SAFE Community Pulse Survey, coordinates directly with the six lines of operation suggested by SAFE as a way to organize your efforts. It will indicate to your coalition the potential areas where the community should focus its work.

Focusing your community's efforts does not mean doing only one thing to combat the opioid and addiction epidemic. By identifying your community's attitudes and perceptions, as well as gaps in services, you will be better able to focus your available time and energy on paths that have the most opportunity for impact.

Note: You may have local organizations that have completed a similar scan of resources. There is no need to duplicate their good work! Incorporate that information into this exercise. To keep things moving, you can either have the coalition members complete the exercise on their own and then compile the results, or you can complete it as a team at one of your meetings.

SAFE Community Resources Exercise

This exercise is intended to identify any existing resources in your community. Please list resources and information in all fields below, wherever possible. Your responses will be compiled with those from others in your coalition to provide a 360-degree view of the landscape of resources in your community, as well as highlight the gaps your coalition will need to work to fill.

Public Awareness Resources

- Public awareness programs such as posters and media messages that stress the risks of legal and illegal opioids.

- Public awareness campaigns that aim to reduce the stigma of substance use disorder.

- Programs for credible speakers to reach into the community.

List any other public awareness activities.

Prevention Resources

- Credible speakers to present in middle schools and high schools.

- Programs to educate parents of elementary students on how to protect their children from falling into drug use.

- Programs to educate students and parents on various forms of mental health challenges.

- Community mental health awareness and treatment programs.

High schools with mental health awareness/substance use prevention clubs and programs.

Law enforcement professionals trained on and engaged in substance use prevention in high schools.

Workplace prevention programs.

List any other prevention resources, including any prevention coalitions:

Closest substance use prevention coalition:

Prescription Medicine Resources

Doctor feedback reports from your state's prescription drug monitoring program (PDMP).

Hospitals with prominently displayed warnings regarding opioid use.

Hospitals that use data science to track opioid prescription rates, use rates, and prescribing goals for doctors.

Tools to evaluate doctor and dentist prescribing habits.

Naloxone availability in the community, including naloxone training and kit distribution program for citizens.

- Continuing education courses and training programs for physicians and dentists on the risks associated with opioid prescribing and on alternative methods for treating pain (both acute and chronic).
-

- Robust and well-publicized drug take-back programs that include year-round take-back opportunities.
-

- Pharmacies that dispense opioid neutralizing packets when dispensing drugs.
-

- Pharmacies that use cipher-lockable bottles when dispensing opioids.
-

- Resources or programs encouraging more physicians to become certified to prescribe medication-assisted treatment options for opioid and other substance use disorders.
-

List any other prescription medicine resources in your community.

Law Enforcement and Medical Response Resources

- A pre-arrest diversion program into a drug court or other mechanism.
-

- A robust harm-reduction program.
-

- Law enforcement personnel who work with the harm-reduction community
-

- A community-based quick-reaction team (social worker or peer support specialists who follow up with someone who was revived by first responders).
-

- Law enforcement personnel and other first responders who carry naloxone for (1) their protection and/or (2) the ability to revive someone undergoing an opioid overdose.

- Naloxone training and kit distribution programs for citizens.

- Naloxone kits in schools, public libraries, community and recreation centers.

- Pharmacies that dispense naloxone without a prescription or under a standing order.

- A medication-assisted treatment program for those in jail and support for incarcerated people in recovery.

- A post-release support program for individuals with substance use disorder being released from incarceration.

- An overdose response plan that introduces overdose patients to peer counseling and craving-reduction drugs in the emergency room and onward into medication-assisted treatment programs.

List any other law enforcement, first responder, or medical response resources or programs:

Treatment and Recovery Resources

List all of your inpatient treatment facilities and their capacity:

List all of your outpatient treatment facilities and their capacity:

Ways for community members to find treatment options.

Facilities that treat individuals with co-occurring mental health and substance use disorders or dependence.

Narcotics Anonymous groups.

Safe recovery houses.

Certified buprenorphine prescribers.

Recovery coaches available to people emerging from treatment for substance use/dependence.

Local higher education institutions with collegiate recovery programs.

Employment programs for people in recovery.

Treatment information available and accessible to those who do not use English as a first language.

List any other treatment and recovery resources:

Family Outreach and Support Resources

Support groups for families who have a loved one who is substance dependent.

List any other family outreach and support resources:

Step Three: Create Your Unique Set of Tools

Now that you have completed your two evaluations, it's time to take a step back and look at what the data and research are telling you. Is there a correlation between what the community survey tells you and the gaps you have identified in your resource exercise?

We know there's no one-size-fits-all strategy. What works for another community may not work for yours. Based on what the evaluations tell you, SAFE will work with you to create a unique set of tools — preferably at low- to no-cost — specifically for your community, ensuring that you have tailored resources ready for implementation. By focusing on tools that are uniquely matched to the needs of your community, you can accelerate your progress toward positively impacting the opioid and addiction crisis.

The tools and best practices we recommend are based on an exhaustive canvassing of communities around the country that are fighting this epidemic. However, we realize it is possible that we have missed a few and that this is an evolving struggle in which creative people are engaging every day and coming up with innovative solutions. For that reason, we urge you to contact us at community@safeproject.us when you become aware of a new tool that is effective in this fight.

The following sections outline the tools we recommend.



Public Awareness

The stigma surrounding addiction creates barriers to community action and prevents people from getting the help they need. Awareness and education are vital to reducing that stigma. As a community broadens its understanding — and acceptance — that addiction is a disease rather than a moral failing, it will be better able to galvanize, empower, and resource its disparate members to attack the problem.

Not every approach to promote public awareness will work for every community. Review the following approaches used by others to educate their communities to see what might resonate best with your community.

Bring Community Education Programs to Raise Awareness

Successful community education programs are a key part of prevention efforts and can begin with just a few committed leaders and members within a community. This can include parents or other concerned adults, law enforcement agencies working to protect and connect with community members, or prevention organizations and treatment providers working to change community attitudes and behaviors around substance use. To implement these programs, communities need to work in collaboration with stakeholders to integrate programming into existing efforts. The Partnership for Drug-Free Kids has a [library of education programming](#) for communities to use as part of these education and prevention efforts. They also created an [easy-to-follow guide](#), *A How-To Guide to Organizing Community Education Programs*, to help communities integrate the Partnership's education programming. The guide walks communities through each step: plan, get partners, train partners, and deliver educational programming. It teaches the reader how to get partners on board, how to train presenters, and even how to best market a community event.

- “Community Education.” Partnership for Drug-Free Kids. Accessed November 2018. drugfree.org/article/community-education/
- “A How-To Guide to Organizing Community Education Programs in Your Community.” Partnership for Drug-Free Kids. Accessed November 2018. drugfree.org/wp-content/uploads/2016/03/HIDTA-Implementation-Guide-3-18-16.pdf

Share Engaging Videos that Describe Addiction, Prevention, and Treatment

When people are educated on the science of addiction and how substance use disorder can hijack our brains, it serves to prevent first-time use of substances and to reduce stigma and myths and misinformation that keep substance use disorders (SUDs) from being treated like any other medical condition. To help educate on this science, the Addiction Policy Forum created a [series of two- to three-minute videos](#) that offer educational episodes meant to be consumed like “snack-packs” of key scientific information. These videos can be used for prevention and public education and are short enough to be used in meetings or shared on social media.

- “The Addiction Series.” Addiction Policy Forum. Accessed November 2018. addictionpolicy.org/addiction-series-main

Hold a Community Screening of NOVA’s “Addiction” Documentary

For communities looking to jumpstart a conversation and a plan, holding a community event around common media broadcasts is a great way to educate, raise awareness, and convene stakeholders. In October 2018, NOVA premiered “Addiction” on PBS. The entire documentary is available for [viewing online](#). The film focuses on the science behind substance use disorder and features families reeling from this epidemic, including SAFE founders Mary and Sandy Winnefeld. The documentary contains first-hand accounts from people who struggle with substance use disorder alongside the doctors and scientists investigating why addiction is a chronic, treatable medical condition and not a moral failing. As part of PBS’s education and outreach plan for “Addiction,” NOVA has created a free community screening toolkit, giving communities the opportunity to host their own screening events. The toolkit includes a screening guide with background science and tips to help plan your event, as well as a free DVD copy of the film. Any interested organization can find more information and [request a free screening kit](#).

- “Addiction.” PBS. Accessed November 2018. pbs.org/video/addiction-afsxne
- “Addiction: Sign Up for a Community Screening.” PBS. Accessed November 2018. pbs.org/addictionfilmscreening

Urge Your State to Create a Statewide Collaborative Awareness Campaign to Stop Opioid Abuse

When looking to communicate the issues, risks, and consequences of the opioid and addiction crisis, communities routinely create awareness campaigns with a distinctive style, look, and feel. These campaigns can be incredibly effective but are difficult to design and plan on a small scale. Creating a consolidated statewide campaign can offer several benefits in economies of scale and collaborative efforts by leveraging the resources and buying power of multiple communities. By working together, communities and states can create a more robust campaign with better results. In Pennsylvania, the Commonwealth Prevention Alliance (CPA) realized statewide action needed to be taken to prevent non-medical opioid use, so they created [PA Stop](#), providing free materials about opioid addiction designed to educate citizens about the risks of prescription-painkiller and heroin use, the relationship between the two, and what to do when you need help. The campaign works to prevent non-medical use of prescription painkillers and, in so doing, helps break the connection between heroin and prescription painkillers. The PA Stop toolkit [materials](#) inform communities on how to approach the opioid epidemic from different angles. Its website offers free information on prevention, parenting, workplace advice, naloxone, medicine disposal, and prescription drugs. It also offers [promotional materials](#) (T-shirts, banners, fliers, stickers, etc.). What’s more, PA Stop offers these materials to Pennsylvania communities for free. For communities outside of Pennsylvania, there is a small fee. The information provided on its website is free of charge.

- “PA Stop.” PA Stop. Accessed November 2018. pastop.org.

Engage with the Arts to Tell the Story of Addiction

Art can bring a message to a community in a different, engaging way. By involving the dramatic or visual arts, a public awareness effort can reach a different audience. [Addicted: The Play](#) is a tool and platform for engaging your community or school in meaningful dialogue about drug

and alcohol use and addiction. The performance brings awareness to the issue of substance use disorder and encourages frank talk about the dangers of substance use disorder among teens and young adults. This play portrays the struggle of three young adults with a variety of addictions and tells the story of the impact of their addictions on their friends, families, and significant others. **WARNING: Take Only as Directed** is a short film musical that follows three teens as they navigate real life situations and the decisions and outcomes related to these situations. The film addresses the misuse of prescription medications and its negative impacts on today's culture. The film is free to use in a classroom setting and comes with tools for teachers, parents, and teens. Feel free to download the short film musical. **Four Legs to Stand On** is another theater piece focused on substance use disorder with the goal of highlighting the importance of support and family in recovery. All resources can be used as an educational tool for high schools, colleges, churches, theaters, recovery centers, or anyone wanting to learn more about drugs, alcohol, and addiction. Use them as a starting point for a community or school conversation.

- “Addicted: The Play.” Harford County (Maryland) Department of Community Services, Office of Drug Control Policy. Accessed November 2018. addictedtheplay.org/hold-a-performance/
- “WARNING: Take Only As Directed.” Glow Media. Accessed March 2019. glowmedia.org/warning-take-only-as-directed.html

Naloxone and Overdose Awareness Education Flier

Making sure community members are educated on how naloxone can save the life of someone suffering from an overdose is key to decreasing rising overdose rates. Communities can create a flier to teach how to recognize the signs of opioid overdose, whom to call for help, and where to get naloxone training, as well as a contact number to call if they know someone who needs help with addiction. This City of Alexandria [flier](#) offers clear instructions on how to recognize an overdose. The reverse side details what Alexandria, Virginia, is doing to respond to the crisis in its community. Communities can easily adapt this flier with their own information or translate it into Spanish or other prominent languages used within their communities.

- “How to Spot an Overdose.” City of Alexandria, Virginia. Accessed November 2018. alexandriava.gov/uploadedFiles/dchs/adultservices/opioids/HowToSpotAnOverdose.pdf

Engage with Local Media to Write Articles

Create a group of community leaders who will partner with local journalists to identify media tie-ins and coordinate your coalition's activity. This group would consist of community leaders, likely coordinated through the Chamber of Commerce, and would serve to identify local media opportunities that coordinate with national objectives. Remember that your local media outlets' publisher, general manager, or director of community engagement may be interested in joining your coalition. Working together, your coalition can build editorial calendars at the community or state level to identify community educational events, rallies or activism events, and community organizations offering programs and services. Ideally, your group would identify a spokesperson with communications, public relations, or marketing experience to pitch stories to local media. SAFE can offer national communication support when media outlets are interested in stories that have local ties along with national perspective and reach.

Bring Existing Media Campaigns to Your Community

Many states, jurisdictions, and national organizations have created successful media campaigns to educate communities on prescription drug abuse, public health, and underage drinking. Most are social marketing campaigns, developed to promote specific prevention or health-promotion messages. Similar media campaigns can help raise awareness of these issues in your community. The Substance Abuse and Mental Health Services Administration catalogues these [Substance Misuse Prevention Media Campaigns](#) for reference.

- “Substance Misuse Prevention Media Campaigns.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. [samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns](https://www.samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns)

Adapt National Campaigns to Your Community

The phrase “A rising tide lifts all boats” certainly applies when working together to change your community. There are many national observations connected to substance use disorder, treatment, and recovery. Most of them provide free resources such as toolkits, banners, fliers and posters. By connecting your coalition or community to these national efforts, you join others to make a difference and leverage national visibility.

January: Every January, [National Drug and Alcohol Facts Week](#) focuses on connecting teens, scientists, and other experts to discuss how drugs affect the brain, body, and behaviors, in community and school events.

May/October: The DEA’s [National Take Back Day](#) happens twice a year — once in May and again in October. Americans can clean out their medicine cabinets and turn in — safely and anonymously — unused prescription drugs. The DEA also offers a year-round [locator](#) for where unused prescriptions can be turned in.

May: [National Prevention Week](#) is an annual health observance in May focused on increasing public awareness of, and action around, mental and/or substance use disorders.

September: Every September is recognized as [National Drug Addiction Recovery Month](#).

October: [Red Ribbon Week](#) is the last week of October and mobilizes communities to educate youth and encourage drug prevention activities.

- “National Drug and Alcohol Facts Week.” National Institute on Drug Abuse. Accessed November 2018. teens.drugabuse.gov/national-drug-alcohol-facts-week
- “DEA National Take Back.” Drug Enforcement Administration. Accessed November 2018. takebackday.dea.gov
- “Diversion Control Division.” Drug Enforcement Administration. Accessed November 2018. apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
- “National Recovery Month.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. recoverymonth.gov
- “Red Ribbon Campaign.” Red Ribbon Campaign. Accessed November 2018. redribbon.org

Build Your Communication or Social Marketing Campaigns and Programs

Changing social norms is a proven method to implement prevention strategies, and social marketing is a useful method to achieve that goal. The Centers for Disease Control and Prevention's [Gateway to Health Communication & Social Marketing Practice](#) provides tools and templates communities can use to develop communication and social marketing campaigns and programs. This resource provides tips on analyzing your audience, choosing appropriate tools, and evaluating the success of your messages and campaigns.

- "Gateway to Health Communication & Social Marketing Practice." Centers for Disease Control and Prevention. Accessed November 2018. cdc.gov/healthcommunication

Educate the Community about the Risk of Opioids

One way to responsibly decrease opioid prescriptions (particularly among non-chronic pain patients), prevent non-medical use, and promote safe disposal of unused medications is to implement a multifaceted campaign about opioid risks in a hospital, clinic, or primary care group facility. Our BE SAFE campaign includes a program which assists hospitals in obtaining graphics to use in clinical settings that educate patients on the risks of sharing prescription medications, the importance of safe storage and disposal, and ultimately encourage dialogue between patients and physicians on the risks of opioids and the alternatives to their use. The graphics target waiting areas, elevators, cafeterias, and other areas where patients and their families are commonly gathered. This technique allows a hospital to increase knowledge in a non-threatening way and encourage inquiry and dialogue. When coupled with reduced prescribing goals, provider education, and access to safe disposal, this campaign can reduce prescriptions susceptible to diversion and incidents of addiction or misuse. Sign up for more information and download a free poster at SAFE Project.

- "BE SAFE Campaign." SAFE Project. Accessed March 2019. safeproject.us/be-safe/



Monitoring the Future Data

The Monitoring the Future Study from the University of Michigan provides communities data necessary to frame the issue related to the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991).

- Monitoring the Future. University of Michigan. Accessed March 2019. monitoringthefuture.org

Provide Tools to the Faith Based Community

The faith-based community is a critical resource in the fight against the addiction epidemic. Leaders are looking for ways to leverage their relationships, outreach, infrastructure and volunteer capacity to make a difference in their communities. Though many are unsure how their leaders, places of worship and faith-based community organizations can best contribute to the fight. The U.S. Department of Health and Human Services has collaborated with faith leaders across the country to develop this resource to help communities leverage their faith-based resources to combat the addiction epidemic.

- “The Opioid Epidemic Practical Toolkit: Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities.” U.S. Department of Health and Human Services. Accessed March 2019. hhs.gov/sites/default/files/hhs-partnership-ctr-opioid-practical-toolkit-unremediated.pdf

Full-Spectrum Prevention

Prevention is about stopping problems before they start. This section highlights key starting points to find programs that are effective in educating populations about the hazards of — and ways to avoid — opioid abuse. SAFE can help your community find targeted prevention solutions for your community, school, or workplace.

Educate Teens about Drugs and Substance Use

We know that if we educate teens about the science of the brain and substance use disorder, we can drive down drug use rates. We also know talking to teens in language that resonates can be difficult. The National Institute on Drug Abuse (NIDA) provides [free educational tools specifically targeted at teens](#) and covering a large range of topics with scientific facts and engaging images. The Drug Enforcement Agency offers “Get Smart About Drugs” and “Just Think Twice” as a clearinghouse of information for kids, parents, educators and caregivers. Get Smart About Drugs is geared towards parents, educators and caregivers, while Just Think Twice is tailored specifically for a teen audience. These websites contains most of the resources DEA and partner agencies have produced to help inform and empower those fighting to keep kids and loved ones drug free. The websites contains factsheets, videos, toolkits and links to outside resources for parents, educators and caregivers. The site also provides updated news, facts and statistics. You can sign up to receive notifications as new resources are added. These tools can be used by educators, faith-based groups, child and youth centers, or any community organization connected with youth.

- “Drugs: SHATTER THE MYTHS.” National Institute on Drug Abuse. Accessed November 2018. drugabuse.gov/publications/drugs-shatter-myths
- “Get Smart About Drugs.” Drug Enforcement Agency. Accessed March 2019. getsmartaboutdrugs.gov
- “Just Think Twice.” Drug Enforcement Agency. Accessed March 2019. justthinktwice.gov

Use School Curriculum to Educate and Prevent Use

School prevention curriculum can be costly but effective in preventing substance use. Discovery Education, in partnership with the Drug Enforcement Agency (DEA), created [Operation Prevention](#), a comprehensive program to combat opioid abuse, available at no cost to schools. The program includes virtual field trips, parent resources, K-12 tools aligned with English & Spanish language standards, and a toolkit for parents.

- “Operation Prevention.” Discovery Education and the Drug Enforcement Agency. Accessed November 2018. operationprevention.com

Engage With Local and State Government Officials on Prevention Efforts

Civic engagement is a necessary component of effective prevention to change attitudes and norms around substance use. Collaboration among local government officials is a key to prevention success. One model for local government leaders looking to establish or enhance their prevention efforts is the joint report from the National Association of Counties and the National League of Cities, [Prescription for Action: Local Leadership in Ending the Opioid Crisis](#), which provides guidance on how cities and counties can strengthen collaboration

with each other and with state, federal, private, and nonprofit partners. The report shows successful practices from cities and counties and provides recommendations your community or organization can use as you work with state and federal officials and nonprofit organizations to expand your prevention efforts.

- “Prescription for Action: Local Leadership in Ending the Opioid Crisis.” National Association of Counties and the National League of Cities. Accessed November 2018. opioidaction.org/report

Prevent Opioid Use Through Focused Education

Focusing on opioid use and its associated dangers is a targeted way to prevent first-time use. Heroin, Fentanyl & Other Opioids: From Understanding to Action is an opioid-focused prevention resource provided by the Partnership for Drug-Free Kids to prevent first-time use through education of children and families. It includes sections on understanding the risks and protecting your family and community from opioids, and it provides access to a variety of presentations that can be used in your community.

- “Heroin, Fentanyl & Other Opioids: From Understanding to Action.” Partnership for Drug-Free Kids. Accessed November 2018. drugfree.org/article/heroin-other-opioids-understanding-to-action/

Provide Culturally Appropriate Prevention Services

Determining how to provide culturally appropriate services is challenging for many communities. Yet services that are not delivered within the context of culture often are not successful. The [Think Cultural Health Guide](#) and implementation [Blueprint](#) from the U.S. Department of Health and Human Services helps communities understand and implement the national standards for culturally and linguistically appropriate services (CLAS). These services are respectful of and responsive to the cultural and linguistic needs of all individuals. In addition to the HHS resource, the University of Kansas includes a good starting point for understanding the way culture and context impact delivery of programs. Communities can use these guides to make sure prevention programs and initiatives are culturally appropriate — which will make them more effective within the community or population being served.

- “Community Toolkit: Understanding and Describing the Community.” University of Kansas. Accessed March 2019. ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/describe-the-community/main
- “Think Cultural Health Guide.” Office of Minority Health, U.S. Department of Health and Human Services. Accessed November 2018. thinkculturalhealth.hhs.gov/clas/standards
- “A Blueprint for Advancing and Sustaining CLAS Policy and Practice.” Office of Minority Health, U.S. Department of Health and Human Services. Accessed November 2018. thinkculturalhealth.hhs.gov/clas/blueprint

Quick Fact Sheets on Preventing Prescription Abuse in the Workplace

According to the CDC Foundation, in 2013, prescription opioid dependence, abuse and overdose cost the United States \$78.5 billion. More than one-third of this amount, \$29 billion, is due to increased healthcare and substance use treatment costs. Employers have a key role in educating their employees and community about the dangers of prescription drug abuse and preventing use. The Substance Abuse and Mental Health Services Administration funded the

creation of a [series of fact sheets](#) that serve this end. Communities and advocates can use these materials to educate themselves and to promote prevention by increasing public awareness of the issue.

- “SAMHSA Fact Sheets on Preventing Prescription Abuse in the Workplace.” RTI International. Accessed November 2018. rti.org/announcements/samhsa-fact-sheets-preventing-prescription-abuse-workplace

Provide Employers Expansive Tools to Develop and Sustain Drug-Free Workspaces

Communities can engage business stakeholders in being part of the solution by using policies and programs to prevent the non-medical use and abuse of opioids and other drugs, address the issues of substance use within the context of workplace health and wellness programs, and provide prevention and intervention services for employees and their families. The Substance Abuse and Mental Health Services Administration provides a [Drug-Free Workplace Toolkit](#) to help employers develop and sustain successful drug-free workplace programs. This kit includes help on how to assess your workforce, implement a drug-free workforce program, and evaluate your program through suggested metrics.

- “Drug-Free Workplace Toolkit.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. samhsa.gov/workplace/toolkit

Customizable Guide to Using Mental Health and Substance Use Disorder Services

The cornerstone of successful prevention efforts addresses the holistic needs of community members. The first step for many families is understanding what resources they have access to. The [Roadmap to Behavioral Health: A Guide to Using Mental Health and Substance Use Disorder Services](#) is a guide from the Substance Abuse and Mental Health Services Administration. It helps individuals understand how to use their health insurance coverage to improve mental and physical health using mental health and substance use disorder services. This resource can help communities and people navigate how to get help and prevent more serious issues from arising. It also serves as a means to decrease the stigma around seeking help for substance use or mental health needs by strengthening awareness of behavioral health as a key part of a person’s overall health.

- “A Roadmap to Behavioral Health: A Guide to Using Mental Health and Substance Use Disorder Services.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care-Behavioral-Roadmap.pdf

Share Engaging Videos that Describe Addiction, Prevention, and Treatment

When people are educated on the science of addiction and how substance use disorder can hijack our brains, it serves to prevent first-time use of substances and to reduce stigma, myths, and misinformation that keep substance use disorders from being treated like any other medical condition. To help educate on this science, the Addiction Policy Forum created a [series of two- to three-minute videos](#) that offer educational episodes meant to be consumed like “snack-packs” of key scientific information. These videos can be used for prevention and public education and are short enough to be used in meetings or shared on social media.

- “The Addiction Series.” Addiction Policy Forum. Accessed November 2018. addictionpolicy.org/addiction-series-main

Identify Evidence-Based Prevention Practices

One of the biggest challenges in prevention is finding and utilizing effective programs that fit the target population and community environment. Finding a program that “fits” the target group, culture of the community, and setting is key to expecting the same success with the program. Evidence-based programs are evaluated to be successful when delivered with the appropriate “fit.” This resource includes several tools to help find programs that work and are appropriate for the setting and demographics where they will be used. The Substance Abuse and Mental Health Services Administration has an online compendium of resources to help identify [evidence-based prevention programs](#), practices, and policies.

- “Evidence Based Practices Web Guide.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. samhsa.gov/ebp-web-guide/substance-abuse-prevention

Ground Prevention Efforts in Research-Based Principles for Effective Prevention

Programs to prevent drug use should be rooted in established principles, supported by research and evidence. These principles are critical to ensuring the prevention effort will have impact on substance use behavior for youths, not just “feel good” to the school or community leading the effort. The National Institute on Drug Abuse has leveraged its decades of experience in prevention programs to create [a list](#) of guiding principles, developed through years of research, to identify elements of effective prevention programs and initiatives. These principles are relevant to child and adolescent programs, parents, educators, and community leaders. These principles should be used to plan, select, and deliver prevention in the community.

- “Lessons from Prevention Research.” National Institute on Drug Abuse. Accessed November 2018. drugabuse.gov/publications/drugfacts/lessons-prevention-research

Encourage Community Coalitions to Link Prevention and Recovery Efforts

There are many common goals in the efforts of prevention and recovery — both aim to create a community environment that supports healthy, drug-free youths. SAFE is working with communities, using a framework and hands-on tools to build a youth-recovery-friendly community. This cultivates protective factors against initiation of substance use and provides a roadmap for communities to stand up youth-focused initiatives, such as Recovery High Schools, that support long-term recovery. To learn more, email us at contact@safeproject.us.

Use Peer-to-Peer Speakers for Communities

The most valuable resource a community has is people with lived experience, those who have been touched by addiction. These community members have incredible stories to tell that educate their neighbors on the far-reaching consequences of the opioid and addiction epidemic. Communities should organize these peer-to-peer presentations, which will have the most powerful impact and can rely upon the individual experience of the peer as well as the best practices we have learned from other thought leaders. SAFE is building a network of speakers in communities, trained and ready to assist with peer-to-peer presentations at no cost to talk about stigma, signs of addiction, and the opioid crisis. For more information, visit safeproject.us/speakers.

Community/Public Restroom Outreach Campaign

Public restrooms are a common place for people to take drugs in private, making them an ideal place to influence an individual's last-minute decision. Messages regarding drug use could serve as the prompt they need to seek help or, at the very least, not to use alone. Place a one-page flier in community restrooms (behind stall doors, above sinks) that reads: "Will you be the next overdose victim of [insert county name] county?" followed by local statistics, emergency phone numbers, and local contacts (treatment facilities, shelters, needle exchange locations, etc.).

Speak at a Local Youth Sports Game

Invite a local community member or subject matter expert to deliver a few short remarks before the National Anthem about the dangers of opioid use, how it affects a young brain, and a call to action. The call to action can be sharing content on social media, encouraging individual outreach and engagement, or promoting an upcoming event. A resource table outside the gymnasium can provide information on the specific dangers of drug use and how to talk to kids about drugs. This is a low- to no-cost engagement with students and families at an event already highly charged with engagement. As part of a larger strategy, this strategy has lingering positive effects.

Hold a Local Prayer Day

Gather local faith-based leaders as a Church Council on Opioids, and choose a Prayer Day, when all denominations pray for those who have died by opioid overdose, as well as those who are in recovery and their families — a community-building and healing event that engages, educates, and lowers stigma. For maximum impact, the announcement should start one month before the date, and the collateral should look the same across all faith-based organizations, with customization of the faith symbol only. The Prayer Day can take the form of one minute of silence or the ringing of bells (as available) and should include a call to action such as sharing content on social media, encouraging individual outreach and engagement, or promoting an upcoming event. Resource tables at the faith facility can provide information on the specific dangers of drug use, how to talk to kids about drugs, local treatment options, and how to dispose of opioids.

National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) provides communities data necessary to frame the issue related to use of illegal drugs, prescription drugs, alcohol, and tobacco at the national, state and sub-state level. The National Survey on Drug Use and Health (NSDUH) measures: use of illegal drugs, prescription drugs, alcohol, and tobacco; and mental disorders, treatment, and co-occurring substance use and mental disorders. The data provides estimates of substance use and mental illness at the national, state, and sub-state levels. NSDUH data also help to identify the extent of substance use and mental illness among different sub-groups, estimate trends over time, and determine the need for treatment services.

- "National Survey on Drug Use and Health." Substance Abuse and Mental Health Services Administration. Accessed March 2019. [samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health](https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health)

Make Your Coalition More Effective By Including Youth Voices

While many communities are bringing together subject matter experts from all areas to address substance use, many find that their messaging falls flat to the adolescent population and that parents are still challenged to find a way to communicate with their teens. Including youth in these coalitions, and on boards addressing the crisis, helps design effective messaging, highlight gaps only seen by youth, and increase the overall effectiveness of prevention efforts and those unique to the teen demographic. Youth bring energy and passion that can help increase action. Models include the Dover's Youth 2 Youth and Manchester's Makin' It Happen.

- "Youth 2 Youth Empowerment Model." Dover Y2Y. Accessed March 2019. dovery2y.org/wp-content/uploads/YEP-model-visual.pdf
- "Makin' It Happen." Making' It Happen. Accessed March 2019. mih4u.org

Design a local Speaker Series for Public Awareness

Communities that are just starting out may have limited awareness about prevention, how to recognize misuse, what resources are available, or how to engage with a loved one who has a substance use disorder. One community (Worthington, Ohio) has created a Worthington Cares Speaker Series. Each month, a guest speaker focuses on mental health, substance abuse, addiction, as well as the latest trends involving the schools and the community. The faith-based organizations provide dinner, and a member of the school district provides childcare activities.

- "Speaker Series." Worthington Cares. Accessed March 2019. drugsafeworthington.org/events/

Partner with Local Law Enforcement to Teach Prevention in Schools

The Drug Abuse Resistance Education (D.A.R.E.) program has been the mostly widely used framework and curriculum for drug abuse and violence prevention education in the United States for the last 30 years. Training is delivered by specifically trained uniformed local law enforcement officers with the mission of "Teaching students good decision-making skills to help them lead safe and healthy lives". School administrators partner with local law enforcement to provide both in class and after school instruction and activities focused on fostering "A world in which students everywhere are empowered to respect others and choose to lead lives free from violence, substance abuse, and other dangerous behaviors." The D.A.R.E. Program had declined over the last decade as research failed to cite effective outcomes from this approach in many populations. With the rise of the opioid epidemic and perceived failures in the "War on Drugs" and "Just Say No" approaches the program has been much maligned as a failed attempt to use scare tactics to prevent teens from getting involved in violence and drugs. New research and updates to the program curriculum and renewed commitment to community policing have solidified the D.A.R.E. program as one approach that when done right, can have positive impacts on the community as a whole. The key is to ensure that school administrators, law enforcement and communities have a coordinated and collaborative prevention and treatment, public health and public safety, strategy for reducing the many factors that contribute to youth substance use. We must educate teens about the dangers of illicit drug and alcohol abuse, without putting all of the burden and blame on their young minds. For a new or returning D.A.R.E. placement, student workbooks and instructors instructional materials are provided free by D.A.R.E. America in the first year.

- D.A.R.E. America. Accessed March 2019. dare.org

Find Local Prevention with National Support

Local communities have untapped resources in their fraternal and social clubs. The Elks National Drug Awareness Program is the largest volunteer drug awareness program in the United States. The Elks are committed to eliminating the use and abuse of illegal drugs by all members of society and believe that in order to ensure a bright future for our country, it is essential that our children be raised in a drug-free environment. Their website [Elks Kid Zone](http://elkskidszone.org) has resources for children as well as parents and teachers. They have partnered with Marvel Comics and the popular digital comedy youth-targeted YouTube program SMOSH to create drug use prevention messages for a youth audience. Every year, the Elks Drug Awareness Program hands out more than seven million pieces of anti-drug literature to parents, teachers and kids primarily through the program's 90 drug education trailers, which travel to community gatherings, such as fairs and sporting events. Partnering with your local lodge could bring the national resources to bear in your community.

- “Elks Kid Zone.” Elks Drug Awareness Program. Accessed March 2019. elkskidszone.org

Prescription Medicine

A community requires a comprehensive effort to educate and monitor healthcare providers regarding opioid prescription practices, to increase access to treatment for substance use disorders, to educate patients on the hazards of opioid use for pain management, and to provide for safe disposal methods. Communities also need a host of other efforts to ensure prescription medicines are solution-oriented and not contributing to the crisis.

The following resources offer collaborative ways to develop practical changes to systems that have failed patients who were prescribed opioids and became dependent or developed substance use disorder, as well as tools for informing or identifying required changes unique to your community.

Create Safe Prescription Storage Fact Sheets

Educating the community on proper prescription drug storage is the number one step community members can take to reduce non-medical use of medications. Most people do not know how to dispose of medication and, more important, do not lock up their medications. This increases the risk of poisoning, diversion, and non-medical use. Develop a fact sheet describing the dangers of storing prescription medications improperly that includes easy-to-understand information about how to safely store and dispose of medications, local resources for acquiring locking medication bottles, disposal pouches, and disposal lock-box locations. Refer to the Centers for Disease Control and Prevention's [guidelines for safe storage](#) or the Food and Drug Administration's [guide to medicine safety](#).

- “Put Your Medicines Up and Away.” Centers for Disease Control and Prevention. Accessed November 2018. [cdc.gov/features/medicationstorage/index.html](https://www.cdc.gov/features/medicationstorage/index.html)
- “Lock it Up: Medicine Safety in Your Home.” U.S. Food and Drug Administration. Accessed November 2018. [fda.gov/ForConsumers/ConsumerUpdates/ucm272905.htm](https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm272905.htm)

Create Customized Medication Fact Sheets

Until prescribing of opioids is reduced and remains low, patients are their own best weapon for preventing opioid dependence. Many patients rely heavily on their doctors to know and inform them of all of the risks, but this epidemic has demonstrated the need for all of us to be armed with information. These fact sheets will help patients understand the risks, how to increase safety for themselves and others, and seek alternative treatments. Customized medication fact sheets can include a variety of information promoting safe handling, use, and disposal of categories of prescription medicine. Include tips such as: don't share your medications, questions to ask your doctor, names of different medications in the category covered, and lower-risk alternatives. Statistics can include a mix of data from sources such as the CDC on risks associated with non-medical use, as well as state or local statistics. Information about disposal is best when customized to the location. [Alaska has a good example](#). SAFE also has fact sheets available on [Opioids, Your Pharmacist and Your Safety, and Benzodiazepines](#). Community pharmacies and clinics are best positioned to share this information in person to answer any questions people may have. Fact sheets can also be offered on local health-focused websites or made available for download.

- “Treating Pain: What Alaskans Should Know.” Alaska Department of Health and Social Services. Accessed November 2018. dhss.alaska.gov/dph/Director/Documents/heroin-opioids/TreatingAcutePain_Statewide_Generic.pdf
- “Prescription Medicine.” SAFE Project. Accessed November 2018. safeproject.us/line-of-operation/prescription-medicine/

Questions to Ask Your Doctor About Opioids Checklist

Doctors are increasingly pressured for time in patient visits and may feel as if they don’t have time to go over the risks involved with taking opioids. For patients with a history of substance use disorder, mental health histories, or even at-risk family members, reviewing concerns with doctors is particularly important. When a patient and their doctor discuss these topics along with possible alternatives, it can save lives, prevent dependence and addiction, and potential non-medical use. The Food and Drug Administration has a [one-page form](#) with questions to ask your doctor and is a great reminder tool for patients. This opioid-focused checklist can be printed and handed out or posted at doctors’ offices, pharmacies, or prevention, treatment, and recovery services to support protective behaviors. The questions are great for preventing opioid use disorder, as well as for initiating conversations between at-risk patients and their providers.

- “What to Ask Your Doctor Before Taking Opioids: A Checklist. U.S. Food and Drug Administration. Accessed November 2018. fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM548116.pdf

Controlled Substance Public Disposal Locations Search Utility

Proper disposal of controlled substances, especially outside of the two national take-back days, reduces non-medical use and abuse. Communities should be aware of local public disposal sites and can use the Drug Enforcement Agency’s [search tool](#) to locate public disposal sites for prescription medicine. Communities can include the link to this resource on their websites, fact sheets, or any outreach materials so their citizens know their options for medication disposal the other 363 days of the year. Community leadership may also use the link in real time to start discussions about local disposal options, facilitating discussion about proximity and practical access.

- “Controlled Substance Public Disposal Locations — Search Utility.” Drug Enforcement Administration. apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1

Mobile App to Support Medication-Assisted Treatment of Opioid Use Disorder

Communities wishing to expand MAT therapy options for those in treatment can encourage healthcare providers to get trained and begin prescribing MAT by expanding knowledge of supporting apps and tools, like [this one](#). MATx empowers healthcare practitioners to provide effective, evidence-based care for opioid use disorders. This free app supports practitioners who provide MAT, as well as those who plan to do so in the future.

- “Mobile Apps.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. store.samhsa.gov/apps/mat/index.html

No-Cost Training for Physicians, Nurse Practitioners, and Physician Assistants for Opioid Use Disorder Treatment

Communities with a gap in treatment options need no-cost ways to equip local healthcare providers to assist in battling opioid use disorder (OUD). The Providers Clinical Support System (PCSS) offers [free Medication-Assisted Therapy waiver training](#) (an 8-hour online training and an additional 16 hours for NPs and PAs) and clinician coaching mentoring. PCSS also offers a chronic pain curriculum to clinicians treating patients with chronic pain, including non-pharmacological treatments, all funded by the Substance Abuse and Mental Health Services Administration. These trainings can help physicians, PAs, and NPs prevent OUD by providing additional knowledge about ways to treat chronic pain and can give them the training required to prescribe evidence-based treatment for those battling opioid use disorder.

- “Education and Training.” Providers Clinical Support System. Accessed November 2018. pcssnow.org/education-training/

Targeted Training for Healthcare Providers for Safer Opioid Use

Healthcare providers are the first line of defense against opioid-related adverse drug events (ADEs). One way to reduce opioid-related ADEs is through targeted training for providers at every level in the healthcare ecosystem. Pathways to Safer Opioid Use is an [interactive training](#) that promotes the appropriate, safe, and effective use of opioids to manage chronic pain. This is a free learning tool to assist healthcare providers in connecting with patients to prevent non-medical opioid use and abuse and is based on the opioid-related recommendations in the [National Action Plan for Adverse Drug Event Prevention \(ADE Action Plan\)](#). This training will help healthcare providers (physicians, pharmacists, and nurses) increase their knowledge of chronic pain management and identify increased risk for non-medical use and abuse of opioids. Understanding risks in advance of prescribing opioids, along with alternative pain-management options can prevent non-medical use, abuse, and fatalities. Healthcare providers and pharmacists can receive CPE and CME credits for the training, with a post-test option after finishing the course (approximately one hour). This no-cost training is especially recommended for areas where training options and funding may be limited.

- “Pathways to Safer Opioid Use.” Office of Disease Prevention and Health Promotion. Accessed November 2018. health.gov/hcq/training-pathways.asp
- “National Access Plan for ADE Prevention.” Office of Disease Prevention and Health Promotion. health.gov/hcq/ade-action-plan.asp

Coordinate a Local Drug Disposal and Take-Back Program

Starting a drug take-back event or program requires coordination across government, private pharmacies, law enforcement, and community members. The [Safe Drug Disposal Guide for Communities](#) from the Drug Enforcement Administration and Partnership for Drug-Free Kids is an introduction to the issue of safe drug disposal programs. It is written to help community officials and organizers design a safe drug disposal program for their community, identifying federal guidelines and processes. Each community will need to adapt for its local needs, regulations, and resources, but this is a solid start with a focus on consumers, pharmacies, and law enforcement.

- “Safe Drug Disposal: A Guide for Communities Seeking Solutions.” Drug Enforcement Administration and Partnership for Drug-Free Kids. Accessed November 2018. drugfree.org/download/safe-drug-disposal/

Adopt New Pain Rating Scale

The medical community has historically used the Baker-Wong Pain Rating Scale to evaluate a patient’s level of pain. However, it can be highly subjective and variable from patient to patient. To more precisely assess the interference of pain with day-to-day activities and quality of life, the Defense & Veterans Center for Integrative Pain Management with the Department of Defense created the [Defense and Veteran Pain Rating Scale](#) (DVPRS). DVPRS is a researched, evidence-based pain rating system ([front](#), [back](#), [both](#)) focused on the functional impacts of pain for measure, rather than the more subjective Baker-Wong Pain Rating Scale. The DVPRS is a graphic tool clinicians can use to facilitate self-reported pain diagnoses from patients and is focused on functionality, rather than pain alone, an important shift for improving outcomes and describing pain. Permission is granted for clinicians and researchers to freely use the DVPRS as is, without alteration. If used in revised or altered form, it should not be referred to as the Defense and Veterans Pain Rating Scale.

- “Defense and Veterans Pain Rating Scale.” Defense & Veterans Center for Integrative Pain Management. Accessed November 2018. dvcipm.org/clinical-resources/defense-veterans-pain-rating-scale-dvprs/

Distribute Drug Disposal Pouches and Labels

Proper disposal of controlled substances is a critical factor in limiting non-medical use and abuse, and more important, can be achieved by anyone with awareness. Labels about disposal offer a segue into conversations with healthcare providers, prescribers, and pharmacists about opioid risk. The National Safety Council offers free [opioid disposal envelopes, warning cards, and labels](#) to increase awareness of the risks of opioid use and to prevent non-medical use and abuse. Free envelopes and warning cards are provided for personal use, but communities can purchase and distribute these envelopes as well. Labels are free and can be distributed at pharmacies and medical offices to assist in starting conversations about the risks involved in opioid use.

- “Order Free Resources to Reduce Opioid Risk.” National Safety Council. Accessed November 2018. safety.nsc.org/stop-everyday-killers-supplies

Coordinate with Local Water Treatment Project on Disposal

While flushing opioids down the toilet does prevent them from being diverted, it creates a new problem for communities when opioids and toxic medications end up in the water system because there are not effective ways to clean or filter them. Communities can mobilize their water treatment programs to increase awareness of proper disposal methods for prescription medicines, which often end up in the water system through flushing or drain dumping. By working with water treatment facilities on education, resources can be aggregated to build awareness that benefits everyone.

Begin an Opioid Risk Campaign in a Clinical Setting

One way to responsibly decrease opioid prescriptions (particularly among non-chronic pain patients), prevent non-medical use, and promote safe disposal of unused medications is to implement a multifaceted campaign about opioid risks in a hospital, clinic, or primary care group facility. Target audiences should include patients and medical professionals. This type of campaign allows a hospital or clinic system to educate providers, prescribers, and patients simultaneously on the real risk of opioids with localized data and evidence. Facilitating increased conversation between patients and healthcare providers and tracking improvements and downturns helps to increase awareness and caution surrounding opioids and other prescription medications. Intermountain Healthcare partnered with government and other organizations to support [UseOnlyAsDirected.org](https://www.useonlyasdirected.org), a public awareness multimedia campaign focused on the proper storage, use, and disposal of prescription medicines. (See samples of the printed campaign materials [here](#).)

- “Resources.” Use Only as Directed. Accessed November 2018. [useonlyasdirected.org/resources/](https://www.useonlyasdirected.org/resources/)

PDMP Prescriber Report Cards

Many prescribers are unaware they are prescribing abnormally high levels of opioids. The use of PDMP Prescriber report cards is an opportunity for self-examination of a prescriber’s practice as it pertains to the prescribing of controlled substances and provides a more efficient review of patient prescription histories and associated risks. It also opens a dialogue with providers about risk and gives them tools and data to support changed practices, and it is a great first step for communities to embrace. The report cards provide a summary of a healthcare provider’s prescribing history, including their ranking compared with the “average” prescriber of the same specialty and a summary or graphical representation of their prescribing history. The report card may also include a condensed description of patient prescription records, risk status, and other clinically relevant information. Depending upon the PDMP, a report card may be a report requested by the prescriber, or it may be sent as an unsolicited report to a prescriber. Communities and stakeholders can engage with their state PDMP to begin offering this service if they do not already. The PDMP Training and Technical Assistance Program [Technical Assistance Guide for Prescriber Report Cards](#), commissioned by the Bureau of Justice Assistance at the Department of Justice, includes case studies of three states (Arizona, Kentucky, and Ohio) that implemented prescriber report cards.

- “Prescriber Report Cards.” Prescription Drug Monitoring Program. Accessed November 2018. pdmpassist.org/pdf/PDMP_admin/Report_Card_TAG_20170217_revised_final.pdf

Increase Awareness and Reduce Stigma for Accessing Naloxone

Forty-eight states have some rules to expand access to naloxone for residents so they do not need a doctor’s prescription to carry it. Communities that have significantly expanded knowledge and access around naloxone, sometimes known as Narcan® have seen reduced numbers of opioid related deaths. The Naloxone Awareness Project is a program designed for volunteers to visit pharmacies and talk to friends to increase awareness about naloxone access in their state and community. SAFE Project can provide free digital training and documents. Communities would only need to print the two-sided document left behind with pharmacy staff. Contact SAFE for more information.

- “Contact Us.” SAFE Project. Accessed March 2019. safeproject.us/contact-us/

Educate Employers to Equip Their Businesses and Employees to Prevent Prescription Drug Abuse and Addiction

Employers can be leaders in their community in attacking the opioid epidemic. When employers asked what they should do about the opioid problem in their own workplaces, the U.S. Chamber of Commerce Foundation created Sharing Solutions to highlight workforce resources and showcase innovative solutions to the opioid crisis. Sharing Solutions includes tools developed by employers around the country, including the Ohio Chamber of Commerce’s toolkit, “Ohio Chamber of Commerce Opioid Toolkit: A Dose of Reality for Employers and Employees.” The Ohio toolkit includes learning modules for employers and employees and is armed with resources to help prevent and respond to the opioid problem. Businesses, employers and community leaders can use these resources to educate their business community.

- “Sharing Solutions.” U.S. Chamber of Commerce Foundation. Accessed March 2019. sharingsolutions.us
- “Opioid Toolkit: A Dose of Reality for Employers and Employees.” Ohio Chamber of Commerce. Accessed March 2019. ohiochamber.com/opioid-toolkit/

Educate Pharmacists to Prevent Opioid Abuse

Allied Against Opioid Abuse (AAOA) worked with its pharmacy partners — the National Community Pharmacists Association (NCPA), National Alliance of State Pharmacy Associations (NASPA) and several state pharmacy associations — to develop a suite of resources specific to the pharmacy community. The toolkit will help pharmacists raise awareness among patients and caregivers and navigate difficult but important conversations to prevent abuse and misuse of prescription opioids. The toolkit includes: Pharmacy Display, Provider Engagement Guide, Patient Handout, Social Graphics, Patient Engagement Guide, Safe Storage and Disposal Training, Tips for Talking with Patients and Caregivers.

- “Pharmacy Toolkit.” Allied Against Opioid Abuse. Accessed March 2019. againstopioidabuse.org/resource/pharmacy-toolkit-overview/

Engage With Leaders in the Medical Community

In the process of coalition building and integrating community stakeholders into efforts to combat the opioid crisis, the medical community will play an important role. The American Medical Association has created a list of ways that healthcare providers can positively impact the opioid crisis through their Task Force to End the Opioid Epidemic. From reducing prescriptions, to identifying patients at risk, and encouraging proper disposal and prescribing naloxone - these tools can be shared with medical community stakeholders so that they can provide a direct assist at whatever resource level possible.

- Task Force to End the Opioid Epidemic.” American Medical Association. Accessed March 2019. end-opioid-epidemic.org

Law Enforcement and Medical Response

This line of effort speaks directly to the front lines of the epidemic. It is designed to empower and focus law enforcement and justice policies and efforts related to users, dealers, and those who have been incarcerated. We also offer examples of successful programs for medical first responders and law enforcement to help transition users into treatment at every opportunity.

Increasingly, first responders recognize that “to protect and serve” and “to do no harm” requires a step beyond arrest or immediate medical attention. Whether in the aftermath of an opioid overdose reversal or while transitioning in and out of incarceration, those battling addiction must be presented with the opportunity for treatment so they can begin their road to recovery. The most common phrase you will hear from law enforcement leadership across the country is, “We recognize we cannot arrest our way out of this problem.”

We must provide our first responders and criminal justice system with the tools, resources, and support to ensure those fighting substance use disorder receive treatment and those profiting from their addiction and tragic deaths face harsh justice.

Expand the Access to Naloxone for Law Enforcement and First Responders

Drug overdoses are now the number one cause of death for Americans under the age of 50. Beat cops, sheriff’s deputies, and state highway patrol officers are often the first on the scene of an emergency response. Communities should work to dispel misconceptions that prevent access to the opioid-overdose-reversing drug naloxone for law enforcement and the broader community. There remains some reluctance among law enforcement and even some emergency medical response departments to carry and administer naloxone; some perceive it as medical care outside of their responsibility. Some fear being sued for giving a prescription drug without the victim’s consent. Others incorrectly believe that naloxone offers a “quick fix” and enables users, leading to more risky behavior. These are unfortunate misconceptions that communities should work together to address. A rapidly growing number of law enforcement agencies are allowing and even requiring officers to carry naloxone, most commonly sold as Narcan. There are no known side effects of naloxone, and with the easy-to-administer auto-injectors and nasal sprays available, there is really no reason that all first responders should not have ready access to the lifesaving drug. Naloxone can save the life of someone experiencing an opioid overdose, regardless of whether those opioids were prescribed or illicit. The idea that naloxone makes illicit drug users more willing to take higher doses or experiment with fentanyl is roundly rejected by former users. There are a number of programs that departments can utilize to obtain naloxone for free or at discounted rates. The Bureau of Justice Assistance created the [Law Enforcement Naloxone Toolkit](#) as a clearinghouse of resources to support law enforcement agencies in establishing a naloxone program.

- “Naloxone Toolkit Content.” Bureau of Justice Assistance. Accessed November 2018. bjatta.bja.ojp.gov/tools/naloxone/Acquiring%2BNaloxone

Train First Responders to De-escalate with Crisis Intervention Teams (CIT)

The lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most crises. Training first responders in how to de-escalate and compassionately respond to citizens experiencing a mental health crisis is critical to

ensuring the safety and health of not only that individual but of our communities as a whole. A Crisis Intervention Team (CIT) program is an innovative, community-based approach to improving the outcomes of these encounters. In more than 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. CIT programs do not just bring community leaders together; they also help keep people with mental illness out of jail and in treatment, on the road to recovery. Diversion programs like CIT [reduce arrests of people with mental illness](#) while simultaneously increasing the likelihood that individuals will [receive mental health services](#). The National Alliance on Mental Illness (NAMI) promotes the expansion of CIT programs nationwide by providing NAMI Affiliates and State Organizations, local law enforcement, mental health providers, and other community leaders with information and support on [CIT implementation](#). NAMI also works with local and national leaders to establish standards and promote innovation in CIT.

- “Crisis Intervention Teams may prevent arrests of people with mental illnesses.” Taylor & Francis Online. Accessed November 2018. tandfonline.com/doi/abs/10.1080/15614263.2010.497664
- “Effects of diversion on adults with co-occurring mental illness and substance use: outcomes from a national multi-site study.” National Center for Biotechnology Information. Accessed November 2018. ncbi.nlm.nih.gov/pubmed/15282838
- “Crisis Intervention Team (CIT) Programs.” National Alliance on Mental Illness. Accessed November 2018. nami.org/Get-Involved/Law-Enforcement-and-Mental-Health

Find Common Ground Between Law Enforcement and Harm-Reduction Programs

In many communities, law enforcement and harm reduction seem to be polar opposites. Law enforcement personnel are perceived as thinking only about arresting and jailing people for the illegal possession of drugs, while harm reduction organizations are perceived as focused on the complete legalization of all drugs. While each group certainly applies a different approach, both of these perceptions are false. Ensuring that law enforcement and harm-reduction organizations (nonprofit groups that advocate for public access to naloxone, Good Samaritan laws protecting users from arrest if they call 911 to save a friend, needle exchanges, and in some cases safe-use zones) in your community are coordinating and collaborating is absolutely essential in the fight to end the opioid fatality epidemic. Harm-reduction coalitions have been essential in convincing law enforcement agencies to enact pre-arrest diversion programs. These programs provide low-level users the opportunity to seek treatment in lieu of facing charges or arrest. Law enforcement also must be at the table when harm-reduction organizations are planning new initiatives or programs. The Law Enforcement Action Partnership has compiled harm-reduction strategies supported by law enforcement professionals; [its list](#) is a great way to start the conversation between these two communities, both focused on saving lives.

- “Harm Reduction.” Law Enforcement Action Partnership. Accessed November 2018. lawenforcementactionpartnership.org/our-issues/harm-reduction/

Implement Pre-arrest Diversion Programs

Law enforcement personnel must be a part of any community response to the opioid crisis. They work every day to try to get drugs and drug users off of the streets. Law enforcement leaders throughout the country have recognized they cannot arrest their way out of this problem, but they still have a critical role to play. We have learned that if a program is in place to get users into treatment instead of jail, law enforcement will embrace and use it. There are a wide variety of ways in which law enforcement can divert users away from the criminal justice system, from Good Samaritan laws to carrying naloxone to following up with overdose victims to directly coordinating with providers to get users into treatment. SAFE has determined that pre-arrest diversion (PAD) programs are one of the most impactful and lifesaving initiatives law enforcement can implement. To facilitate the rapid national expansion of PAD programs, SAFE is working with dozens of partners to develop the first Law Enforcement Pre-Arrest Diversion Resource Guide. This guide outlines and endorses the use of law enforcement PAD programs such as the [Police Assisted Addiction and Recovery Initiative](#), [Law Enforcement Assisted Diversion](#), [Quick Reaction Teams](#), and [Civil Citation Network](#) among innovative programs being developed across the country. Pre-arrest diversion programs are meant to move those struggling with substance use into treatment and recovery services instead of the criminal justice system. SAFE is developing a companion toolkit to this playbook, which will provide law enforcement agencies an overview of the pre-arrest diversion programs being implemented, points of contact for those agencies, and an overview of the funding mechanisms and partnerships agencies have used to get their programs up and running. SAFE has made significant contacts with cities and counties that have implemented many types of these programs and will connect agencies with peers who have successful programs in place.

- The Police Assisted Addiction and Recovery Initiative. Accessed November 2018. paariusa.org
- LEAD National Support Bureau. Accessed November 2018. leadbureau.org
- “FRHE: Requests for Proposals.” Interact for Change. Accessed November 2018. interactforchange.org/frhe-requests-for-proposals
- Civil Citation Network. Accessed November 2018. civilcitationnetwork.com

Adopt a Sequential Intercept Model Approach to Criminal Justice and Behavioral Health in Your Community

Communities should ensure that law enforcement and criminal justice agencies are providing opportunities to those battling substance use and mental health issues to receive treatment and avoid the negative consequences of incarceration and criminal justice involvement. The Sequential Intercept Model provides an [evidence-based](#) framework for ensuring that citizens with mental health conditions, including substance use disorder, are afforded treatment alternatives at every opportunity available. Before entering and throughout involvement (or “zero intercept”) in the criminal justice system, there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system. The Sequential Intercept Model has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pre-trial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many

others. This [summary from the Substance Abuse and Mental Health Services Administration](#) is a first step to understanding and implementing the framework in communities.

- “Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness.” Psychiatric Services. Accessed November 2016. ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544
- “Developing a Comprehensive for Behavioral Criminal Collaboration: Sequential Model.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. prainc.com/wp-content/uploads/2015/10/SIMBrochure.pdf

Warm Handoff from Overdose into Medication-Assisted Treatment

Naloxone immediately saves lives by expelling opioid molecules from the receptors in our brains, causing a near immediate reversal of the primary cause of an opioid overdose. However, there is no miracle drug that clears the body of the urges, the underlying substance use disorder, that typically led the patient to take a dangerous dose of opioids. But there is evidence-based treatment that incorporates behavioral therapy with medication that works very well and should be the next step after administering naloxone — [Medication-Assisted Treatment](#) (MAT). Typically, after receiving a lifesaving dose of naloxone, patients are released with only information and numbers to call if they’re ready to start their recovery. Sometimes they are even introduced to a peer support specialist, a former user who encourages the patient to seek long-term treatment. Too infrequently, physicians also prescribe one of a handful of medications known as MAT. This is commonly referred to as a “[warm handoff](#),” directly transferring overdose survivors from the hospital emergency department to MAT. There is [growing evidence](#) that these drugs can immediately reduce some of the symptoms of opioid withdrawal and the urges that usually lead active users to immediately search out more opioids to combat withdrawal.

- “MAT Overview.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. integration.samhsa.gov/clinical-practice/mat/mat-overview
- “Warm Handoff Program Aims to Get Overdose Survivors Directly Into Treatment.” Partnership for Drug-Free Kids. Accessed November 2018. drugfree.org/learn/drug-and-alcohol-news/warm-handoff-program-aims-get-overdose-survivors-directly-treatment/
- “Methadone and buprenorphine reduce risk of death after opioid overdose.” National Institutes of Health. Accessed November 2018. nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose

Reduce the Number of People with Mental Illness in Jails

Approximately two million times each year, people who have serious mental illnesses are admitted to jails across the nation. Almost three-quarters of these adults also have drug and alcohol use problems. Once incarcerated, individuals with mental illnesses tend to stay in jail longer and upon release are at a higher risk of returning to incarceration than those without these illnesses. The human toll of this problem — and its cost to taxpayers — is staggering. Jails spend two to three times more money on adults with mental illnesses who require intervention than on those without such needs, yet they often do not see improvements to public safety or to these individuals’ health. Although counties have made tremendous efforts to address this problem, they are often thwarted by significant obstacles, including operating with minimal resources and needing better coordination between criminal justice, mental

health, substance use treatment, and other agencies. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, missed opportunities for connections to treatment, inefficient use of funding, and a failure to improve public safety. The [Stepping Up Resources Toolkit](#) provides a list of six key questions county leaders need to ask to evaluate their efforts and lead change to reduce the number of people with mental illnesses in local jails. [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#) serves as a blueprint for counties to assess their efforts to reduce the number of people with mental illnesses in jail by considering specific questions and progress-tracking measures.

- “Resources Toolkit.” The Stepping Up Initiative. Accessed November 2018. stepuptogether.org/toolkit
- “Reducing the Number of People with Mental Illnesses in Jail.” The Stepping Up Initiative. Accessed November 2018. stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf

Create a Drug Court Docket

Drug Court is a docket in a county or district court that allows those charged with non-violent drug crimes to participate in a court-run recovery program in conjunction with treatment providers and peer mentors. Ultimately, if participants remain clean, successfully complete their treatment program, and adhere to the rules of the court, their charges will be dropped. The first Drug Court was created in the 1980s during the scourge of cocaine use in Miami, Florida. Since then, more than 3,000 specialty court programs have been adopted across the country. These programs allow for low-level offenders to be spared the curse of a criminal record and/or incarceration, which we know does not deter future drug use. Drug Courts offer hope and a community-led path to treatment. The [National Association of Drug Court Professionals](#) provides resources and training for communities interested in establishing a drug or specialty court.

- National Association of Drug Court Professionals. Accessed November 2018. nadcp.org

Increase MAT in County Jail and State/Federal Prison

Medication-Assisted Treatment (MAT) is the only evidence-based medical treatment for opioid addiction. Sixty-five percent of all incarcerated individuals are indicated to have substance use disorder. The most dangerous period of time for inmates suffering from substance use disorder, especially when untreated, is the first two weeks upon release — drug overdose is the leading cause of death post-incarceration. The structure and purpose of incarceration offer a productive setting for addressing this serious medical condition. Roughly 400,000 inmates nationwide might benefit from treatment of opioid use disorder while incarcerated; 20 percent of the nation’s 2.3 million inmates are incarcerated on drug offenses, and estimates of regular opioid use or addiction among inmates range from 17 percent a decade ago to 25 percent now.

Starting MAT while incarcerated and continuing after release is a key policy change that will save lives. However, a strong stigma against prescribing MAT to incarcerated individuals persists, leading to unnecessary deaths from this untreated medical condition while inmates are under the care of the federal, state, or county government. Communities looking to impact their opioid overdose rate can have an outsized influence by focusing on expanding treatment, especially MAT, in jail settings. Some states offer inmates Vivitrol, an opioid blocker. But

because methadone and suboxone are also opioids, corrections officials usually ban them as contraband, concerned that inmates might divert to other inmates. Changing this paradigm and linking inmates to community recovery supports will lessen stigma and increase opportunities to save lives in the crucial transition out of incarceration. One study in Washington state showed that inmates diagnosed with substance use disorder were 129 times more likely to overdose in their first two weeks after release than the general population was. In this study, the administration of MAT decreased the chance of death by 75 percent. The Kentucky Department of Corrections has [successfully implemented](#) a program, “Substance Abuse Medication Assisted Treatment,” to provide MAT in jail settings. [Rhode Island is another successful model for this program.](#)

- “Substance Abuse Medication Assisted Treatment (SAMAT).” Kentucky Department of Corrections. Accessed November 2018. rsat-tta.com/Files/MAT-PROTOCOL
- “Opioid addiction treatment behind bars reduced post-incarceration overdose deaths in Rhode Island.” Brown University. Accessed November 2018. news.brown.edu/articles/2018/02/opioids

Harm Reduction Training

The Harm Reduction Coalition has released three online training modules that focus on the core of harm reduction principles, approaches, and strategies. Their team worked with providers and community members to develop the content of the training, including the photos and video vignettes. These videos are intended to build a foundation of understanding for people who are newer to harm reduction work. While the online training modules can be taken in any order, we recommend starting with the Foundations of Harm Reduction to enhance the understanding of Overdose Prevention and Engaging with People Who Use Drugs.

- “Harm Reduction Coalition Online Training.” Harm Reduction Coalition. Accessed March 2019. harmreduction.org/our-resources/online-training-institute/

Utilize “Hidden in Plain Sight” Display to Educate Parents

Hidden in Plain Sight is a display utilized by DEA, local law enforcement and communities across the country to teach parents about the many ways teens conceal their drug use. The concept is interactive. Utilizing a realistic mock up of a teenagers room, the display sprinkles clues and paraphernalia which could indicate that a teenager is engaged in the use of illicit drugs. Trained law enforcement officers or advocates walk parents through each of these signs and answer questions about them. This approach can be used as part of a large presentation or as part of a smaller guided or self-guided interactive display. Contact your DEA field offices, local law enforcement or prevention advocacy organizations to find a display in your area. If one is not available in your area they can easily and relatively cheaply be re-created.

Find and Fund Technical Assistance for Law Enforcement and Community Coalitions

To respond to the abuse of opioids that has devastated many communities, the Bureau of Justice Assistance’s Comprehensive Opioid Abuse Site-based Program (COAP) will assist in leveraging existing resources within a community. COAP provides financial and technical assistance to states, local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts that identify, respond to, treat, and support those impacted

by the opioid epidemic. COAP also promotes cross-system planning and the coordination of delivering services as it seeks to reduce the incidence of fatal overdoses.

- “Comprehensive Opioid Abuse Site-based Program.” U.S. Department of Justice Bureau of Justice Assistance’s. Accessed March 2019. coapresources.org/#Center

Burner Phone Initiative as Part of Overdose Response

More often than not, it’s law enforcement that first comes into contact with people who survived overdose. To help law enforcement divert people struggling with substance use disorders from the criminal justice system and into treatment, the City of Alexandria, VA, provides those who experience a non-fatal overdose with a burner cell phone programed with the numbers of a detective and the City’s treatment program. Previously, detectives were handing out treatment referral cards to overdose survivors, but when they analyzed this approach, they found it was not effective in getting people into treatment. The Burner Phone Initiative makes it easier for patients to find help when they are ready and ensures the person has a phone to make the call. The pre-programmed burner phone makes it simple for someone in crisis to find treatment when they are ready to engage. Within 48 hours of receiving a burner phone, patients get a phone call from a social worker at the treatment center if they have not already reached out for help.

- “City of Alexandria’s Burner Phone Initiative.” Addiction Policy Forum Spotlight. Accessed March 2019. https://www.addictionpolicy.org/hubfs/Spotlight_Burner%20Phone%20Initiative_1.pdf

Treatment and Recovery

Our nation simply does not have enough treatment capacity, and what treatment options there are often are not affordable or available to many people. This line of effort explores how treatment can be an effective component of a community's effort, as well as ways to better connect those who need treatment to a place where they can find the treatment best tailored for their needs.

This section will also contain recovery resources so that people can access support before, during, after, and in lieu of treatment should that be appropriate. Recovery is a lifelong journey, unlike the “event” of a treatment episode. This tool was developed to help individuals, families, and communities succeed as the journey toward wellness begins or continues.

Support and Grow Recovery Housing in Communities

Evidence shows that recovery residences are instrumental in demonstrating recovery outcomes and breaking the cycle of relapse, treatment, and incarceration. Despite this, recovery homes are often under-resourced and excluded from public sector policies and resources. The National Council for Behavioral Health and National Alliance for Recovery Residences released the first policy guide [encouraging states to adopt recovery housing](#) standards, certification processes, and promotion of nationally recognized standards to ensure patient safety and public health are placed at the forefront. Drawing from legislative language from Florida, Indiana, Ohio, Pennsylvania, and Massachusetts, the National Council compiled sample legislation to create the first “model” law on recovery housing.

- “Building Recovery: State Policy Guide for Supporting Recovery Housing.” National Council for Behavioral Health. Accessed November 2018. thenationalcouncil.org/wp-content/uploads/2018/05/18_Recovery-Housing-Toolkit_5.3.2018.pdf

Educate State Lawmakers on Recovery Housing

Research indicates that recovery housing provides individuals with substance use disorders a greater chance of achieving long-term recovery than those who do not live in recovery-oriented environments. Despite this evidence, misconceptions regarding recovery housing and the benefits to communities persist. The National Council for Behavioral Health drafted a [recovery housing issue brief](#) to educate state legislators on the facts about recovery housing. Communities with recovery housing options offer support to those with substance use disorder, which improves outcomes related to addiction. These positive outcomes are sometimes difficult to communicate to legislators due to the stigma around addiction and recovery housing. This issue brief provides the evidence necessary to begin productive conversations about recovery housing with those in government.

- “Recovery Housing Issue Brief: Information for State Policymakers.” National Council for Behavioral Health. Accessed November 2018. thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief_May-2017.pdf

Find Recovery Housing in the Community

Recovery housing offers sober, safe, and healthy living environments that at minimum provide peer-to-peer recovery support, with some providing professionally delivered clinical services aimed at promoting abstinence-based, long-term recovery. Recovery housing is an evidence-based practice that can improve outcomes for those with substance use disorder. Communities with recovery housing options offer support to those with substance use disorder, which improves outcomes related to addiction. However, it can be challenging to find a housing environment supportive of the needs of someone in early recovery. The National Alliance for Recovery Residences provides helpful links to [locate quality recovery residences](#).

- National Alliance for Recovery Residences. Accessed November 2018. narronline.org

Employment Resources for Individuals in Recovery

Many individuals in recovery acquire a criminal record, making it difficult to find employment and provide for themselves. The National H.I.R.E. Network can assist with resources. The agencies and organizations listed in the clearinghouse can be of assistance in providing job-related and legal services, answering questions that arise for those with criminal records, or offering referrals to other useful organizations. The National H.I.R.E. Network (Helping Individuals with criminal records Re-enter through Employment) serves as an information clearinghouse and provides leadership on public policy to promote the employment of people with criminal records. Its [clearinghouse](#) offers resources, information, and assistance to aid people with criminal records, practitioners, researchers, and policymakers. Listings are by state, government agencies, and community-based organizations that assist people with criminal records.

- “Clearinghouse.” National HIRE Network. Accessed November 2018. hirenetwork.org/clearinghouse

Build a Peer Recovery Program to Provide Integrated Care

Peer support programs use the lived experience of those in recovery and professional learning to help others with comparable experiences learn how to manage stress, promote their own resilience, identify prevention strategies to reduce and address life situations that cause difficulties, and live successful lives in the community. These programs leverage lived experience of recovery from addiction, plus skills learned in formal training, to deliver services either in peer support settings or behavioral health settings to promote holistic recovery and resiliency. The Integrated Behavioral Health Services for Peer Recovery Programs in Maryland [toolkit](#) from On Our Own of Maryland is a mechanism for thinking about and implementing integrated services in peer support programs. Its ideas and information are intended to serve as ways to begin (or further) the conversation, to incorporate respect in all discussions, and to provide practical suggestions on ways to get started or move forward. This resource reviews the integration of behavioral health services and peer recovery programs in Maryland. It focuses on creating a foundation of shared values and principles to build a strong peer recovery program. Even though the guide was created for Maryland, the practices apply across communities.

- “Integrated Behavioral Health Services for Peer Recovery Programs in Maryland: A Toolkit.” On Our Own of Maryland. Accessed November 2018. onourownmd.org/wp-content/uploads/2017/07/INTEGRATED-SERVICES-FOR-RECOVERY-TOOLKIT-FINAL.pdf

Focus on Treatment for Co-occurring Mental Health and Substance Use Disorders

Over the past 15 years, there has been an increased awareness of people with co-occurring mental health disorders in routine addiction treatment settings. Research results suggest that sequential treatment (treating one disorder first, then the other) and purely parallel treatment (treatment for both disorders provided by separate clinicians or teams who do not coordinate services) are not as effective as integrated treatment. National and state initiatives related to co-occurring disorders have been significant, stimulating considerable interest in providing better services for people with these challenges. Although clearly interested in improving existing services, addiction treatment providers have lacked pragmatic guidance on how to change. The [Dual Diagnosis Capability in Addiction Treatment Toolkit](#) from the Center for Evidence-Based Practices at Case Western Reserve University is a response to numerous requests by community treatment providers for more specific guidance on how to enhance services based on their current status and guides program and system authorities in assessing and developing the dual diagnosis capacity of addiction treatment services. For a community that has identified a lack of treatment options for co-occurring mental health and substance use disorders, this toolkit offers practical tools and useable materials that will rapidly improve services for programs with patients who have co-occurring disorders entrusted to their care. This resource outlines the capabilities needed to treat dual diagnoses. The motivation among addiction treatment providers to improve the quality of care offered to their patients is impressive, if not inspirational. This toolkit was developed in direct response to addiction treatment programs at the “action” stage of readiness.

- “Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. centerforebp.case.edu/client-files/pdf/ddcattoolkit.pdf

Locate 12-Step Meetings in Your Community

For people in recovery, one option for support is to utilize the 12-step tradition, including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), for support. These tools help those looking for assistance in [finding AA](#) or [NA](#) groups to support their sobriety. If there is no AA or NA meeting nearby, individuals can participate through [online meetings](#).

- “Locate an AA Meeting Near You.” Alcoholics Anonymous. Accessed November 2018. aa-intergroup.org/aboutaa_f2f.php
- “Find NA Meetings.” Narcotics Anonymous. Accessed November 2018. narcotics.com/na-meetings/
- “Online Intergroup.” Alcoholics Anonymous. Accessed November 2018. aa-intergroup.org

Navigating Parity Law to Cover the Cost of Substance Use Disorder Treatment

Most Americans with health insurance face greater barriers in accessing services for mental illness and addiction than they face for accessing care for other medical conditions. The majority of health plans impose higher out-of-pocket spending requirements and more restrictive treatment limitations on addiction and mental health benefits. The Mental Health Parity and Addiction Equity Act (MHPAEA) was passed in 2008 to correct healthcare practices that discriminate against those with a mental illness and/or addiction. It aims to curb the financial and non-financial, or “non-quantitative,” ways that plans limit access to addiction and mental health care. The [Parity Toolkit for Addiction and Mental Health Consumers, Providers, and Advocates](#) provides a blueprint for consumers looking to assert the MHPAEA, including

model appeals and helpful consumer tips for patients and families. This guide helps individuals and families who believe their insurers' practices are violating the parity law. It addresses strategies for navigating the enforcement of parity law with health insurance providers to assist with cost coverage for substance use disorder treatment.

- “Parity Resource Guide for Addiction & Mental Health Consumers, Providers, and Advocates.” Parity Implementation Coalition and The Kennedy Forum. Accessed November 2018. thenationalcouncil.org/capitol-connector/wp-content/blogs.dir/2/files/2015/08/Parity-Appeal-Guide-Winter-2015.pdf

Teach Community How to Find Quality Addiction Treatment

Finding treatment for a drug or alcohol problem is not a quick or easy process and can be overwhelming. This [comprehensive, step-by-step guide](#) will help your community members identify effective addiction treatment options and answers to the questions you may have along this journey. This guide helps assess the need for treatment and considerations for finding a quality treatment provider. The steps and guidance outlined in this guide are applicable to a range of communities, and they help demystify the process of finding treatment options.

- “Guide to Finding Quality Addiction Treatment.” Center on Addiction. Accessed November 2018. centeronaddiction.org/addiction-treatment/patient-guide

Warm Handoff from Overdose into Medication-Assisted Treatment

Naloxone immediately expels opioid molecules from the receptors in our brains, causing a near immediate reversal of the primary cause of an overdose, namely suppressed breathing. However, there is no miracle drug that clears the body of the urges, the underlying substance use disorder, that typically led the patient to take a dangerous dose of opioids — administration of naloxone puts a patient into active withdrawal. But there is a treatment that works very well and should be the next step after administering naloxone — [Medication-Assisted Treatment](#) (MAT). Typically, after receiving a lifesaving dose of naloxone, patients are released with only information and numbers to call if they're ready to start their recovery. Sometimes they are even introduced to a peer support specialist, a former user who encourages the patient to seek long-term treatment. Too infrequently, physicians also prescribe one of a handful of medications known as MAT. This is commonly referred to as a “[warm handoff](#),” directly transferring overdose survivors from the hospital emergency department to MAT. There is [growing evidence](#) that these drugs can immediately reduce some of the symptoms of opioid withdrawal and the urges that usually lead active users to immediately search out more opioids to combat withdrawal.

- “Medication Assisted Treatment.” Substance Abuse and Mental Health Services Administration. Accessed November 2018. integration.samhsa.gov/clinical-practice/mat/mat-overview

Addiction Technology Transfer Center

The Addiction Technology Transfer Center (ATTC) is a resource for professionals in the addiction treatment and recovery services field. The ATTC network aims to accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services; heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and foster regional and national alliances among culturally diverse practitioners, researchers, policy

makers, funders, and the recovery community. The network contains 10 U.S. based regional centers providing training and technical assistance.

- The Addiction Technology Transfer Center Network, attcnetwork.org

Educate Communities about Peer Recovery Support Services

The paper, “What Are Peer Recovery Support Services?” provides an introduction to support services delivered by peers to people in or seeking recovery. Peer recovery support services help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because they are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.

- “What Are Peer Recovery Support Services?” Substance Abuse and Mental Health Services Administration. Accessed March 2019. store.samhsa.gov/system/files/sma09-4454.pdf

Focus on Opioid Overdose Response and Prevention Action

The Opioid Overdose Prevention Toolkit from the Substance Abuse and Mental Health Administration offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. This toolkit helps prevent opioid overdoses using Opioid Use Disorder Facts, Five Essential Steps for First Responders, Information for Prescribers, and Safety Advice for Patients & Family Members Recovering From Opioid Overdose.

- “Opioid Overdose Prevention Toolkit.” Substance Abuse and Mental Health Administration. Accessed March 2019. store.samhsa.gov/system/files/sma18-4742.pdf

Family Outreach and Support

At every step of a person’s life journey — beginning in elementary school and extending through the start of substance use and into recovery — there are valuable lessons learned associated with substance dependence. This line of operation describes how a community can support people along this journey.

The entire family — not just the person with substance use disorder — feels the effects of this epidemic. We recommend the following resources as examples of how your community can provide meaningful support for family members who are coping with a loved one’s substance use disorder, treatment, transition, or recovery.

Ensure College Students in Recovery have Support through Collegiate Recovery Programs

For teens in recovery, the transition to college life may be particularly concerning — perhaps frightening — to them and to their parents. Collegiate Recovery Programs (CRPs) offer a connection to other students in recovery, as well as access to a supportive and confidential community. There are approximately 200 CRPs throughout the country that provide college students with the tools and support they need to succeed in the lifelong journey of recovery. Through our SAFE Campus program, we work to ensure that CRPs or other recovery support services are present on every college campus nationwide. SAFE Campuses promotes healthy living and empowers college students in recovery to be positive leaders on campus and in life. It also provides collegiate institutions with the knowledge and solutions necessary to effectively support students who are in or seeking recovery from substance use disorder. Parents can educate themselves on why having a CRP on their child’s campus is important, even if they are not in recovery, by referencing “[Why You Need to Ask if Your Kid’s College Has a Recovery Program \(Even if They Don’t Use Drugs\)](#).” Communities, college counselors, and high schools can support teens and families by connecting them with [colleges offering CRPs](#). The Association of Recovery in Higher Education (ARHE) prepared a [list of questions parents](#) interested in CRPs should ask. Students in recovery who want to make a difference can apply to be a part of the [Collegiate Recovery Leadership Academy](#), a partnership between SAFE and the ARHE. Selected students strengthen efforts on their campuses, plus develop and implement projects with the guidance of mentors.

- “Why You Need to Ask if Your Kid’s College Has a Recovery Program (Even if They Don’t Use Drugs).” SAFE Project. Accessed November 2018. safeproject.us/article/why-ask-kids-college-recovery-program/
- “Collegiate Recovery Program Members.” Association of Recovery in Higher Education. Accessed November 2018. collegiaterecovery.org/collegiate-recovery-programs/
- “Letter to Parents: What to Ask a CRP.” Association of Recovery in Higher Education. Accessed November 2018. collegiaterecovery.org/parent-portal/
- “Collegiate Recovery Leadership Academy.” Association of Recovery in Higher Education and SAFE Project. collegiaterecovery.org/academy/

Engage Faith-Based Communities to Increase Your Community's Reach

Churches, synagogues, mosques, and other faith groups can be a valuable bridge to the community when discussing the opioid epidemic. Faith-based organizations have a vested interest in their congregations and communities, and they can often reach people who may be reluctant to share information with anyone but their religious leaders. Houses of worship are generally open to sharing their spaces, whether it's hosting a recovery group or a 12-step program. Community leaders may find faith-based communities open to hosting a town hall to help educate their own members on the science of addiction, medication-assisted treatment, or naloxone training. Faith-based leaders also have a weekly audience where they can grow compassion within the community, while also supporting families in recovery. Recognizing the importance of the faith-based community, the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, Ohio, created a Faith-based Outreach Committee. Officials contracted with five faith-based programs to participate in the [Faith-Based Outreach Initiatives Program](#). They also outline how congregations can increase awareness, educate, and incorporate spirituality. The U.S. Department of Health and Human Services has a dedicated [Center for Faith and Opportunity Initiatives](#), with an accessible online toolkit containing ideas to help engage your spiritual community, educate and build community capacity, and respond to the opioid health crisis.

- “Faith-Based Outreach Initiative Program.” Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, Ohio. Accessed November 2018. adamhsc.org/en-US/Faith-basedInitiative.aspx
- “Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities.” U.S. Department of Health and Human Services. Accessed November 2018. hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html

Innovate a Support System for Grandfamilies to Thrive

One tragic consequence of the opioid epidemic is the marked increase in children living with their grandparents. Grandfamilies have unique challenges that may not fit neatly into family programs in a given community. Those who have taken in grandchildren after losing their sons or daughters to overdoses may struggle with shame and grief. Those same grandparents may be retired, on a fixed income, or living below the poverty line. Communities can offer updated parenting skills classes, specialized support groups, help navigating the school system, plus community resources. Generations United is an advocate for intergenerational families and has been at the forefront of the issues facing grandfamilies affected by the opioid epidemic. Its full report, “[Raising the Children of the Opioid Epidemic](#),” outlines key findings, including that children who are removed from their parents’ care by the child welfare system because of substance use and put in foster care are now more likely to be placed with relatives than non-relatives. It also outlines solutions and supports needed for these families. West Virginia State University created an [initiative, Healthy Grandfamilies, to support grandparents now raising a family for the second time](#). The program provides everything a “new” parent needs to learn again: nutrition, social media and teens, stress management, and the new “normal” for their family. After completing the series, a licensed clinical social worker consults with them for three months to navigate community and advocacy services.

- “Raising the Children of the Opioid Epidemic.” Generations United. Accessed November 2018. gu.org/resources/the-state-of-grandfamilies-in-america-2016/

- “Healthy Grandfamilies — a new, free resource for grandparents raising grandchildren.” West Virginia State University. Accessed November 2018. healthygrandfamilies.com/

Develop Parent Coaching Programs

Many parents feel lost when navigating their child’s substance use issues. By speaking with someone who has been there, parents can learn how to stay connected to their loved one and get the support and encouragement they need and deserve. Communities can directly help parents by creating peer-to-peer programs such as the Partnership for Drug-Free Kids [Parent Coaching](#) program. This model pairs parents seeking help and with a specially trained parent volunteer who has traveled the same path, dealing with a child’s substance use. Parent Coaching includes the benefits of shared experience and evidence-based techniques centered on motivating change. Consider building a community parent coaching program for families in crisis. CMC Foundation for Change can [train communities and local governments](#) that provide support to families facing problems associated with substance use.

- “Parent Coaching.” Partnership for Drug-Free Kids. Accessed November 2018. drugfree.org/article/parent-coaching
- “Direct Parent Training.” CMC Foundation for Change. Accessed November 2018. cmcffc.org/direct-parent-training

Create a Family-Friendly Guide from Treatment to Recovery

Families affected by addiction need help navigating the disease and the systems set up to assist those looking for help. Friends of Recovery New York, with support from the New York State Office of Alcoholism and Substance Abuse Services, created the “[Family to Family Recovery Resource Guide](#),” a comprehensive tool to assist and support families as they navigate their way from active addiction to recovery. It is an easy-to-follow guide that provides an extensive array of content, walking families through every step of the recovery process. Its family-friendly format includes a variety of topics, including what substance use disorder looks like in a loved one and where to find support/help for ourselves and for loved ones. In the online version, you can link directly to videos that tie to the content. This is a good foundation for any community or organization wishing to create comprehensive resources for families trying to navigate the system.

- “Family to Family Recovery Resource Guide.” Friends of Recovery New York. Accessed November 2018. for-ny.org/resources/family-resources/family-family-recovery-resource-guide/

Provide Peer Navigators to Connect Families to Resources

Kinship Navigator programs provide critical information and referral services to grandparents and other relatives raising children who are outside the child welfare system. Without these family members, many of the children would likely wind up in the foster care system. This fall, the Administration for Children and Families in the U.S. Department of Health and Human Services announced nearly \$18 million in federal grants to states for Kinship Navigator programs, which will expand the 70 programs already in place. One example is [Arizona Kinship Support Services](#), which provides help in a variety of ways, from completing guardianship packets and benefit applications to assisting families who wish to become guardians or adoptive parents. Family testimonials offer compelling reasons to start a similar program. [New York state funds regional Family Support Navigators](#) to provide help throughout the recovery process and

connect families to vital resources. It is also a model of how other states or communities can directly support families with a loved one with substance use disorder, helping those families navigate their loved one into treatment.

- “Kinship.” Arizona’s Children Association. Accessed November 2018. arizonaschildren.org/kinship
- “NYS OASAS Announces Nearly \$1 Million to Connect Families to Substance Use Disorder Support Services.” New York State Office of Alcoholism and Substance Abuse Services. Accessed November 2018. oasas.ny.gov/pio/press/20179015FamilyNavigator.cfm
- “Family Support Navigators.” Friends of Recovery New York. Accessed November 2018. for-ny.org/family-support-navigators

Educate Your Community about the Impact on Children

The opioid crisis has significant and multifaceted impacts on child and family health and well-being. As families affected by parental substance use around the country face child welfare involvement, it is more important than ever to support family-centered treatment-focused approaches, from supporting children in foster care to aiding children with Neonatal Abstinence Syndrome. Your community can engage clinics, pediatricians, schools, and child care providers with the help of the American Academy of Pediatrics’ [fact sheets on how children are affected by the opioid crisis](#) in each state. These fact sheets synthesize national and state data related to the opioid crisis, child welfare systems, Medicaid, and child health. Each sheet includes a state-by-state breakdown on the opioid epidemic, child welfare systems, and child health. These fact sheets also offer policy solutions that can support vulnerable children and families at the state and federal levels. Use these fact sheets to raise public awareness.

- “America’s Opioid Crisis: The Unseen Impact on Children.” American Academy of Pediatrics. Accessed November 2018. aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Opioid-Factsheets.aspx

Train Your Community on How to Spot an Opioid Overdose

Making sure community members are educated on how naloxone can save the life of someone suffering from an overdose is key to stemming the rise in overdose rates. Communities can create a flier to teach how to recognize the signs of opioid overdose, whom to call for help, and where to get naloxone training, as well as a contact number to call if they know someone who needs help with addiction. Alexandria, Virginia, created this [flier](#) with clear instructions on how to recognize an overdose. The reverse side details what the city is doing to respond to the crisis in its community. Communities can easily adapt this flier with their own information or translate it into Spanish or other prominent languages used within their communities.

- “How to Spot an Overdose.” City of Alexandria, Virginia. Accessed November 2018. alexandriava.gov/uploadedFiles/dchs/adultservices/opioids/HowToSpotAnOverdose.pdf

Teach Your Community How to Find Quality Treatment

Finding treatment for a drug or alcohol problem is not a quick or easy process and can be overwhelming. This [comprehensive, step-by-step guide](#) will help your community members identify effective addiction treatment options and answer questions they may have along the journey. The guide helps assess the need for treatment and offers considerations for finding a quality treatment provider. The steps and guidance outlined in this guide are applicable to a range of communities and help demystify the process of finding treatment options.

- “Guide to Finding Quality Addiction Treatment.” Center on Addiction. Accessed November 2018. centeronaddiction.org/addiction-treatment/patient-guide

Subsidized Housing and Supports for Grandfamilies

The number of grandfamilies — about 2.7 million at last count — is growing due to the opioid crisis coupled with the push by child-welfare agencies to keep families together. Many of those families live on fixed incomes, sacrificing social security or retirement to raise a second family. They also face a lack of affordable housing when their family expands. For communities facing the dilemma of insufficient affordable housing for those families, there are several successful examples of public-private partnerships to create supportive environments where grandfamilies can thrive. Developers partner with local public housing authorities and social service agencies. Washington, DC, is home to one of the newest residential grandfamilies program, the Plaza West-Grandfamily Community Life Program includes activities, on-site resources, and connections to local services for grandparents and their grandchildren. Other examples of grandfamily housing can be found in GrandFamilies House, Dorchester, MA; Pemberton Park for Grandfamilies, Kansas City, MO; and Grandparents House, Baton Rouge, LA .

- “Plaza West-Grandfamily Community Life Program.” Plaza West. Accessed March 2019. plazawestdc.wordpress.com/plaza-west-community-life-program/
- “GrandFamilies House.” Nuestra CDC. Accessed March 2019. nuestracdc.org/portfolio-items/grandfamilies-house/
- “Pemberton Park for GrandFamilies.” The Housing Authority of Kansas City, MO. Accessed March 2019. hkc.org/planning_development/recent_projects/pemberton_park_for_grandfamilies.aspx

Improve How Courts, Child Welfare, and Related Organizations Work Together

Families and communities have seen first hand the devastating impact the opioid epidemic is having on the already overburdened foster care system. While family courts play a role in the judicial system, many communities have discovered the benefit of the Safe Babies Court Team, a remarkable community-based approach that involves the judicial system, child welfare agencies, and other child-serving organizations. Safe Babies Court Team focuses on the well-being of the very youngest of those in foster care, by improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the foster care system. This public-private partnership was created by the national nonprofit ZERO-TO-THREE, and is now part of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT). Instead of feeling shamed or ostracized, parents and families are actively involved in the Safe Babies Court Team and provided the services they need to give their infants and toddlers a healthy start in life. While the program connects babies, toddlers, and their families with the support and services they need to promote healthy child development, the program has made it possible for those children to successfully reunite with their families and ensures speedier exits from the child welfare system.

- “Safe Babies Court Team.” ZERO-TO-THREE. Accessed March 2019. <https://www.zerotothree.org/resources/1655-the-core-components-of-the-safe-babies-court-team-approach>
- Quality Improvement Center for Research-Based Infant-Toddler Court Teams. Accessed March 2019. qicct.org/home

