

National Substance Use Disorder Strategic Advisory Panel (NSUDSAP)

OPIOID & SUBSTANCE USE  
DISORDER (SUD) ABATEMENT:  
GUIDING PRINCIPLES, PRIORITIES &  
RECOMMENDATIONS AT A GLANCE

*Excerpts drawn from expert reports and publications*

**UPDATED MARCH 2023**



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## **ABOUT ADDICTION ABATEMENT, INC.**

Addiction Abatement, Inc. is a 501(c)(3) nonprofit organization committed to providing ongoing critical guidance, first-hand lived experience, and timely resources to help inform and support opioid and other substance use abatement efforts led by federal agencies, state, local and tribal governments, community stakeholders, and those impacted by opioid settlements.

This collaborative initiative is guided by an independent expert task force, the National Substance Use Disorder Strategic Advisory Panel (NSUDSAP). The voluntary task force and its workgroups are comprised of leading national experts, individuals with lived experience, and community change agents who are all focused on key priority areas essential to combating the opioid and substance use addiction crisis. These priorities include: prevention, treatment, harm reduction, racial and ethnic diversity, equity and inclusion (DEI), the justice system, workplace/employment, the addiction workforce, and recovery.

Addiction Abatement, Inc. is continuously identifying innovative programs and best practices that align with the goals of the NSUDSAP and support communities in their efforts to end the opioid and substance use addiction crisis. Please visit, <https://addictionabatement.org>, to access essential resources and tools to assist in your abatement planning.

## **ACKNOWLEDGEMENTS**

This guide (Rev. ed., March 2023) is a product of Addiction Abatement, Inc. and could not have been developed without the critical collaboration of the National Substance Use Disorder Strategic Advisory Panel (NSUDSAP). The principles, priorities and recommendations highlighted within this guide were identified and reviewed through the work of the NSUDSAP and its workgroups. Addiction Abatement, Inc. acknowledges and appreciates each member for their generous time, invaluable expertise, and ongoing contributions to this issue. A full list of our distinguished NSUDSAP members can be found at the end of this guide.

I

**TELEHEALTH AND SUBSTANCE USE DISORDER SERVICES IN THE ERA OF COVID-19: REVIEW AND RECOMMENDATIONS, June 22, 2022**

The report by the Legislative Analysis and Public Policy Association (LAPPA) found telehealth services can provide increased access to vulnerable individuals with substance use disorder, decrease costs, and reduce spread of communicable diseases. It recommended expanding and making consistent current state and federal telehealth policies.

The report outlines several recommendations to improve access to telehealth, including making permanent the regulatory relief granted during the COVID-19 Public Health Emergency which made it easier to access medications for Opioid Use Disorders.

**Source:** The White House Office of National Drug Control Policy (ONDCP) and the Legislative Analysis and Public Policy Association (LAPPA), “Telehealth and Substance Use Disorder in the Era of COVID-19: Review and Recommendations,” June 22, 2022. Available from: <https://www.whitehouse.gov/wp-content/uploads/2022/06/Telehealth-and-Substance-Use-Disorder-Services-in-the-Era-of-COVID-19-FINAL.pdf> [Press Release](#)

II

**ONDCP PLAN TO ADDRESS METHAMPHETAMINE SUPPLY, USE, AND CONSEQUENCES, May 2022**

Stimulant Facts and Trajectories

Methamphetamine Supply

Health and Treatment Interventions

Proposed Metrics

**Source:** The White House Executive Office of the President, Office of National Drug Control Policy (ONDCP), “ONDCP Plan to Address Methamphetamine Supply, Use, and Consequences,” May 7, 2022. Available from: <https://www.whitehouse.gov/wp-content/uploads/2022/05/ONDCP-Plan-to-Address-Methamphetamine-Supply-Use-and-Consequences.pdf> [Press Release](#)

III

**THE WHITE HOUSE EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) – 2022 NATIONAL DRUG CONTROL STRATEGY, April 21, 2022**

• **Prevention and Early Intervention**

**Principle 1:** Preventing Substance Use Among School-Aged Children is Effective.

**Principle 2:** Preventing Substance Use Among Young Adults Promotes Overall Health.

**Principle 3:** Preventing Youth Substance Use Requires Community-Level Interventions.

• **Harm Reduction**

**Principle 1:** Integrating Harm Reduction into the U.S. Substance Use Disorder System of Care Is Necessary to Save Lives and Increase Access to Treatment.

**Principle 2:** Collaboration on Harm Reduction with Public Safety Agencies

**Principle 3:** Foster Changes in State Laws and Policies to Support Harm Reduction

**Principle 4:** Support Partnerships on Harm Reduction

• **Substance Use Disorder Treatment**

**Principle 1:** Improve Treatment Engagement by Meeting People Where They Are

**Principle 2:** Improving Treatment Quality Including Payment Reform.

**Principle 3:** Supporting At-Risk Populations

**Principle 4:** Build the Treatment Workforce and Infrastructure

• **Building a Recovery-Ready Nation**

**Principle 1:** Expand the Science of Recovery

**Principle 2:** Make Recovery Possible for More Americans

**Principle 3:** Eliminate Barriers and Increase Opportunities

• **Reduce the Supply of Illicit Substances through Domestic Collaboration**

**Principle 1:** Improve information sharing and cooperation across all levels of government to strengthen the domestic response to drug trafficking.

**Principle 2:** Deny and disrupt domestic production, trafficking, and distribution of illicit substances.

**Principle 3:** Improve assessments of supply reduction initiative effectiveness and efficiency and allocate resources accordingly.

**Principle 4:** Protect individuals and the environment at home from criminal exploitation by those associated with drug production and trafficking.

• **Reduce the Supply of Illicit Substances through International Engagement**

**Principle 1:** Strengthen foreign partnerships to address drug production and trafficking as a common and shared responsibility.

**Principle 2:** Obstruct and disrupt financial activities of transnational criminal organizations that manufacture illicit drugs and traffic them into the United States.

**Principle 3:** Leverage the influence of multilateral organizations to tackle shared challenges from synthetic drugs.

**Principle 4:** Protect individuals and the environment abroad from criminal exploitation by those associated with drug production and trafficking.

• **Criminal Justice and Public Safety**

**Principle 1:** Improve access to MOUD for incarcerated and reentry populations

**Principle 2:** Advance racial equity in investigation, arrest, and sentencing for drug related offenses.

**Principle 3:** Promote Alternatives to Incarceration

**Principle 4:** Improve reentry – Expand and remove barriers to support services

- Data Systems and Research

**Principle 1:** Strengthen existing data systems

**Principle 2:** Establish new data systems and analytical methods

**Principle 3:** Enhance the utility of drug data for practitioners, researchers, and policy-makers.

**Source:** The White House Executive Office of the President, Office of National Drug Control Policy (ONDCP), “2022 Biden-Harris Administration’s Inaugural National Drug Control Strategy,” April 21, 2022. Available from: <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf> [WH Fact Sheet](#)

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## IV

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### THE AMERICANS WITH DISABILITIES ACT AND THE OPIOID CRISIS: COMBATING DISCRIMINATION AGAINST PEOPLE IN TREATMENT OR RECOVERY, April 5, 2022

The Department of Justice has published guidance on how the Americans with Disabilities Act (ADA) protects people with opioid use disorder (OUD) who are in treatment or recovery, including those who take medication to treat their OUD. The publication, “The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery,” is intended to help people with OUD who are in treatment or recovery understand their rights under federal law and to provide guidance to entities covered by the ADA about how to comply with the law.

The guidance document explains how the ADA protects people with OUD who are in treatment or recovery from discrimination in a number of settings, including employment, health-care and participation in state or local government services and programs. The publication is part of the department’s comprehensive response to the opioid crisis, which promotes prevention, enforcement and treatment.

**Source:** U.S. Department of Justice, Civil Rights Division, “The Americans with Disabilities Act (ADA) and the Opioid Crisis: Combating Discrimination Against People in Treatment and Recovery,” April 5, 2022. Available from: [https://www.ada.gov/opioid\\_guidance.pdf](https://www.ada.gov/opioid_guidance.pdf) [Press Release](#)

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## V

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### PRIMER ON SPENDING FUNDS FROM THE OPIOID LITIGATION: A GUIDE FOR STATES AND LOCAL DECISION MAKERS, April 2022

This document is intended to help jurisdictions identify evidence-based programs to fund with the money. It provides background information on each of the nine core abatement strategies described in the settlement agreements with opioid distributors and the opioid manufacturer Johnson & Johnson.

These nine core abatement strategies are:

Broaden access to naloxone

Increase use of medications to treat opioid use disorder

Provide treatment and supports during pregnancy and the postpartum period

Expand services for neonatal opioid withdrawal syndrome

Fund warm hand-off programs and recovery services

Improve treatment in jails and prisons

Enrich prevention strategies

Expand harm reduction programs

Support data collection and research

**Source:** Johns Hopkins Bloomberg School of Public Health. (April 2022). *Primer on Spending Funds from Opioid Litigation: A Guide for States and Local Decision Makers*. Available from: <https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/04/Primer-on-Spending-Funds.pdf>

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## VI

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### DISTRIBUTOR MASTER SETTLEMENT AGREEMENT (EXHIBIT E) – List of Opioid Remediation Uses, March 25, 2022

“Opioid Remediation” is defined within Section I.SS of the Distributor Settlement Agreement as: Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures<sup>1</sup> except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic. Exhibit E provides a non-exhaustive list of expenditures that qualify as being paid for Opioid Remediation. Qualifying expenditures may include reasonable related administrative expenses.

**Source:** National Association of Attorneys General, “Distributor Master Settlement Agreement, Exhibit E,” March 25, 2022. Available from: <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

<sup>1</sup> Reimbursement includes amounts paid to any governmental entities for past expenditures or programs.

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## VII

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### MODEL LAW ENFORCEMENT AND OTHER FIRST RESPONDER DEFLECTION ACT, March 3, 2022

This model law provides a template of suggested legislative provisions for states that encourage the use and establishment of deflection programs. Specifically, the model law, if fully implemented, would:

Authorize law enforcement and other first responders to develop and implement collaborative deflection programs that provide proactive policing to assist individuals who are at risk for future calls for service as well as alternatives for eligible individuals to traditional case processing, involvement in the justice system, and unnecessary admission to emergency departments due to non-life threatening drug use;



Offer immediate pathways to treatment, recovery services, housing, medication for addiction treatment, whole family services, and other needed supports, via peer support and case management, for individuals at risk of future law enforcement contact and/or living with substance use disorder, mental health disorder, or co-occurring disorders;

Require deflection programs to have certain threshold elements to be eligible to receive grant funding from the state administering agency on criminal justice and;

Require agencies establishing deflection programs to develop comprehensive memoranda of understanding in conjunction with, and agreed to by, all deflection program partners.

**Source:** The White House Office of National Drug Control Policy (ONDCP), Legislative Analysis and Public Policy Association (LAPPA), and the Police, Treatment, and Community Collaborative (PTACC), "Model Law Enforcement and Other First Responder Deflection Act," November 2021. Available from: <https://legislativeanalysis.org/wp-content/uploads/2022/03/Model-Law-Enforcement-and-Other-First-Responder-Deflection-Act-FINAL.pdf> [Webpage](#) [Press Release](#)

## VIII

### COMMISSION ON COMBATING SYNTHETIC OPIOID TRAFFICKING – Final Report, February 8, 2022

Congress established the *Commission on Combating Synthetic Opioid Trafficking* in 2020 to examine the causes of the influx of synthetic opioids, to understand how to reduce the trafficking of these drugs, and to identify solutions to mitigate a worsening overdose death crisis. The Commission, supported by the RAND Corporation, was composed of representatives of seven executive branch departments and agencies, four sitting members of both the Senate and the House of Representatives, and four subject-matter experts from the private sector chosen for their deep experience and expertise on this topic. In its final report, the Commission provides 78 action items directed to appropriate executive branch agencies and Congress. The magnitude of this fast-moving problem and the unique challenges it presents will require a new and different national response across all levels of government and policy domains. The Commission recommends action across the following five pillars.

#### Five Pillars of a U.S. Response to Illegally Manufactured Synthetic Opioids:

The United States must develop a more unified, central body to coordinate planning, implementation, and evaluation of all U.S. drug policies.

The United States must disrupt drug supply through targeted oversight and enforcement.

The United States must make public health demand-reduction approaches central in the fight against opioid trafficking to reduce the number of potential buyers.

The United States must collaborate with other countries involved in the production and distribution of synthetic opioids and precursors.

The United States must improve surveillance and data analysis to allow for more-timely and -effective interventions.

**Source:** Commission on Combating Synthetic Opioid Trafficking. (February 8, 2022). *Commission on Combating Synthetic Opioid Trafficking, Final Report*. Available from: [https://www.rand.org/pubs/external\\_publications/EP68838.html](https://www.rand.org/pubs/external_publications/EP68838.html) [Recommendations Video](#)

## IX

### RESPONDING TO THE OPIOID CRISIS IN NORTH AMERICA AND BEYOND: RECOMMENDATIONS OF THE STANFORD-LANCET COMMISSION

The *Stanford-Lancet Commission* on the North American Opioid Crisis analyzed the state of the opioid crisis and proposed solutions to it domestically while attempting to stop its spread internationally. The Commission identifies where renewed commitment to reform and progress must be made, including regulation, healthcare and treatment, the criminal justice system, prevention, innovation to the opioid response, and curtailing the global spread of the epidemic.

#### Abbreviated List of Commission Recommendations

**Domain 1:** The US and Canadian opioid crisis as a case study in multi-system regulatory failure

- Curbing industry influence on prescribers

- Curbing industry influence on regulators

- Curbing industry influence on the political process

**Domain 2:** Opioids' dual nature as both a benefit and a risk to health

- Recognition of the risks and benefits of opioids in the drug-approval process

- Care of chronic pain during an opioid crisis

- Promote opioid stewardship in medicine

**Domain 3:** Build integrated, well supported, and enduring systems for the care of substance use disorders

- Permanently mainstream addiction care within health and social care systems

- Expand public and private insurance to adequately finance care of substance use disorder

- Curtail provision of harmful treatments

- Invest in addiction training for both specialists and generalists

**Domain 4:** Maximize the benefit and minimize the adverse effects of the criminal justice system's involvement with people addicted to opioids

- Offer addiction-related health services during and after incarceration

- Do not incarcerate people for simple possession or use of illicit opioids

- End collateral penalties for drug-related crimes

- End penalties for substance use during pregnancy

**Domain 5:** Create healthy environments that yield long-term declines in incidence of addiction

Raise the quality of disposal programs for excess opioids in the USA

Integrate substance use prevention programs with other prevention programs targeting children (such as those aimed at depression, anxiety, obesity, and school dropout)

Expand early childhood enrichment programs for low-income families

**Domain 6:** Stimulate innovation in the response to addiction

Implement public policies that correct for failures in patent law and market incentives

Prioritize redesign of opioid molecules and development of non-opioid medications for pain and addiction

Weigh international data more heavily in medication-approval decisions

Deploy innovative strategies to disrupt fentanyl transactions

Task a federal agency with conducting innovative demonstration projects of new approaches to the opioid crisis

**Domain 7:** Prevent opioid crises beyond the USA and Canada

Prevent pharmaceutical companies in the USA from exporting fraudulent and corrupting opioid promotion practices

Distribute free, generic morphine for analgesia to hospitals and hospices in low-income nations

**Source:** Humphreys, K., Shover, C.L., Andrews, C.M., Bohnert, A.S.B., Brandeau, M.L., Caulkins, J.P., et al, "Responding to the Opioid Crisis in North America and beyond: recommendations of the Stanford-Lancet Commission," *The Lancet*, February 2022; Vol. 399: No 10324. Available from: <https://www.thelancet.com/commissions/opioid-crisis> [Webinar](#)

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X

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**AMA STATE TOOLKIT TO END THE NATION'S DRUG OVERDOSE EPIDEMIC: LEADING-EDGE ACTIONS AND STRATEGIES TO REMOVE BARRIERS TO EVIDENCE-BASED PATIENT CARE, January 2022**

Increase access to evidence-based treatments to help patients with a substance use disorder.

Ensure access to addiction medicine, psychiatry, and other trained physicians.

Enforce mental health and substance use disorder parity laws.

Improve access to multidisciplinary, multimodal care for patients with pain.

Expand harm reduction efforts to reduce death and disease.

Monitor and evaluate programs.

**Source:** American Medical Association (AMA) and Manatt Health, "AMA State Toolkit to End the Nation's Drug Overdose Epidemic: Leading Edge Actions and Strategies to Remove Barriers to Evidence-Based Patient Care," January 2022. Available from: <https://end-overdose-epidemic.org/>

[wp-content/uploads/2022/02/AMA-Manatt-Health-Toolkit-Resources-January-2022\\_f\\_FOR-WEB-FINAL.pdf](wp-content/uploads/2022/02/AMA-Manatt-Health-Toolkit-Resources-January-2022_f_FOR-WEB-FINAL.pdf)

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XI

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**MODEL SYRINGE SERVICES PROGRAM ACT, December 7, 2021**

This model law provides a template of suggested legislative provisions that can be enacted in states across country so that they can expand access to syringe services programs. Specifically, the model law, if fully implemented, would:

Authorize the establishment of comprehensive syringe services programs within states;

Delineate the required components for syringe services programs operating within states, including that such programs directly provide, or offer referrals to, expanded services including substance use disorder treatment;

Reduce needlestick injuries to law enforcement, emergency services personnel, sanitation workers, and members of the community;

Provide data collection and reporting requirements for syringe services programs;

Provide immunity from criminal arrest, charge, and prosecution for the possession, distribution, or furnishing of hypodermic needles and syringes and other supplies;

Provide education and training materials for members of the community, including law enforcement and other first responders;

Provide a mechanism for funding of syringe services programs.

**Source:** The White House Office of National Drug Control Policy (ONDCP) and the Legislative Analysis and Public Policy Association (LAPPA), "Model Syringe Services Program Act," December 7, 2021. Available from: <https://legislativeanalysis.org/wp-content/uploads/2022/02/Model-Syringe-Services-Program-Act.pdf> [Webpage](#) [Press Release](#)

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XII

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**SUPPORTING TELEHEALTH AND TECHNOLOGY-ASSISTED SERVICES FOR PEOPLE WHO USE DRUGS: A RESOURCE GUIDE, November 2021**

To support organizations that provide care to people who use drugs (PWUD), the National Council for Mental Wellbeing (National Council), with support from the Centers for Disease Control and Prevention (CDC), developed this resource guide organized by five strategies and related key considerations for implementing telehealth and technology-assisted services:

**Strategy 1.** Improve Participant Access to Technology

**Strategy 2.** Increase Participant Knowledge of and Comfort with Telehealth and Technology-assisted Supports

**Strategy 3.** Increase Staff Knowledge and Comfort using Telehealth and Technology-assisted Services



**Strategy 4.** Develop Partnerships to Strengthen Care Coordination and Team-based Care

**Strategy 5.** Finance and Sustain Telehealth and Technology-assisted Services

This resource guide aims to help harm reduction organizations, SUD treatment providers and other organizations that serve PWUD overcome challenges associated with implementing telehealth and technology-assisted services and leverage these advances to help improve the health and wellness of PWUD.

**Source:** National Council for Mental Wellbeing, "Supporting Telehealth and Technology-assisted services for People Who Use Drugs: A Resource Guide," November 2021. Available from: <https://www.thenationalcouncil.org/wp-content/uploads/2022/02/Telehealth-and-Technology-assisted-Services-Resource-Guide-3-November-2021.pdf>

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### XIII

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#### MODEL EXPANDED ACCESS TO EMERGENCY OPIOID ANTAGONISTS ACT, November 2021

LAPPA's Model Expanded Access to Emergency Opioid Antagonists Act provides state officials with the means to increase the ability of their citizens to access and use life-saving emergency opioid antagonists.

This model law provides a template of suggested legislative provisions that can be enacted in states across the country so that they can offer access to life-saving naloxone. Specifically, the model law would:

Provide states a roadmap to expand access to, and the availability of, emergency opioid antagonists such as naloxone;

Address the critical need to provide uniformity in the ability of citizens in states to access opioid antagonists such as naloxone;

Encourage citizens to obtain emergency opioid antagonists such as naloxone;

Protect individuals administering opioid antagonists such as naloxone from unjust prosecution;

Require health insurance coverage of opioid antagonists like naloxone and prohibit discriminatory life and health insurance practices related to the possession of naloxone;

Provide increased access to opioid antagonists in educational institutions and correctional settings;

Establish a pilot program for bystander access; and

Promote initiatives that educate citizens on the life-saving potential of emergency opioid antagonists.

**Source:** The White House Office of National Drug Control Policy (ONDCP) and the Legislative Analysis and Public Policy Association (LAPPA), "Model Expanded Access to Emergency Opioid Antagonists Act," November 2021. Available from: <http://legislativeanalysis.org/wp-content/uploads/2021/12/Model-Expanded-Access-to-Emergency-Opioid-Antagonists-Act-FINAL.pdf> [Webpage](#) [Press Release](#)

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### XIV

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#### OVERDOSE RESPONSE AND LINKAGE TO CARE: A ROADMAP FOR HEALTH DEPARTMENTS, November 2021

This roadmap provides local and state health departments with information, resources and tools to implement effective strategies to support linking people who are at risk of opioid overdose to care. Organized by seven strategies aligned with health department essential functions, each strategy offers actionable steps, real-world examples, checklists, tools and resources informed by the latest research, subject matter experts and experiences from diverse settings across the U.S.

**Strategy 1:** Collect data and conduct surveillance

**Strategy 2:** Develop a public health workforce that supports linkage to care

**Strategy 3:** Increase overdose awareness among providers and community members

**Strategy 4:** Support cross-sector collaboration and partnerships

**Strategy 5:** Provide linkage to care services directly or by funding community partnerships

**Strategy 6:** Promote policy that enhances linkage to care

**Strategy 7:** Evaluate linkage to care initiatives

**Source:** Mace, S., Siegler, A., Wu, K. C. National Council for Mental Wellbeing, "Overdose Response and Linkage to Care: A Roadmap for Health Departments," November 2021. <https://www.thenationalcouncil.org/wp-content/uploads/2022/02/Overdose-Response-and-Linkage-to-Care-Roadmap-1-November-2021-1.pdf>

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### XV

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#### A NEW APPROACH: A PROSECUTOR'S GUIDE TO ADVANCING A PUBLIC HEALTH RESPONSE TO DRUG USE, November 2021

The Institute for Innovation in Prosecution at John Jay College (IIP) launched a Public Health Initiative with prosecutors, defense attorneys, people who have personally experienced incarceration for drug-related crimes and public health experts to determine alternative ways elected prosecutors can tackle drug crimes. The IIP published, A New Approach: A Prosecutor's Guide to Advancing a Public Health Response to Drug Use, to provide prosecutors with strategies for advancing drug policy grounded in principles of harm reduction, public health, and racial justice.

The work culminated in a wide range of recommendations presented in a written toolkit and short video series featuring directly impacted people, health experts and prosecutors. These firsthand accounts show the disruptive and traumatic effects of incarceration on those arrested for drug-related crimes. The goal is to inspire prosecutors to reframe the way they consider charging, diverting and pleading drug-related crimes with a focus on harm reduction rather than exclusively on punishment.

**Source:** Cloud, D., Heydari, A. M., Paul, R. Institute for Innovation in Prosecution at John Jay College of Criminal Justice, and Vital Strate-

gies, “A New Approach: A Prosecutor’s Guide to Advancing a Public Health Response to Drug Use,” November 2021. Available from: <https://static1.squarespace.com/static/5c4fbee5697a9849dae88a23/t/621e5f614147fe47af8face5/1646157665665/FINAL+A+New+Approach.pdf> **Videos**

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## XVI

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### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) OVERDOSE PREVENTION STRATEGY, October 27, 2021

#### GUIDING PRINCIPLES

##### Equity

The overdose crisis is characterized by stark disparities, in which rural populations, racial/ethnic minorities, pregnant people and mothers, and other historically underserved groups face heightened overdose-related harms and barriers to accessing treatment, services, and supports.

##### Data and Evidence

Research, data, evaluation, and translation are critical components to each priority area in the Strategy. To be effective, policies must be informed by strong evidence and revised in response to new evidence, and data must be available to measure, monitor, and track patterns, trends, and progress.

##### Coordination, Collaboration, and Integration

Lack of coordination among programs and activities, lack of collaboration across practice areas, and disconnected care and services systems all serve as barriers to implementing and sustaining effective policies, programs, and practices to address overdose.

##### Reducing Stigma

Stigma surrounding substance use discourages people with SUDs from seeking and accessing the services they need, contributes to inadequate investment in and quality of care for people with SUDs, and fuels negative attitudes towards people who use substances resulting in discrimination.

#### PRIORITY AREAS

##### Primary Prevention

Support research and surveillance to develop and improve delivery of prevention interventions.

Facilitate the implementation of evidence-based primary prevention across the lifespan.

Support development of and promote evidence-based treatments to effectively manage pain.

Reduce clinically inappropriate prescribing of medications with misuse potential.

##### Harm Reduction

Advance research and demonstrations on innovative harm reduction approaches.

Promote evidence-based harm reduction services, including those that are integrated with healthcare.

Expand sustainable funding strategies for harm reduction services.

Develop educational materials and programs to reduce stigma.

##### Evidence-based Treatment

Support research on and development of new treatments and strategies to improve engagement and retention in care.

Broaden access to evidence-based care that increases willingness to engage in treatment.

Increase the uptake of evidence-based treatment delivery that improves engagement and retention in care.

Promote evidence-based integrated care for people with co-occurring conditions across lines of service and care settings.

##### Recovery Support

Enable access to and encourage use of integrated recovery support services.

Improve the quality of coordinated recovery support services.

Strengthen the recovery support services workforce.

Research and identify best practices for recovery support services and strategies to sustain these services.

**Source:** U.S. Department of Health and Human Services (HHS), “U.S. Department of Health and Human Services Overdose Prevention Strategy,” October 27, 2021. Available from: <https://aspe.hhs.gov/sites/default/files/documents/101936da95b69acb8446a4bad9179cc0/overdose-prevention-strategy.pdf> **Webpage**

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## XVII

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### MODEL OPIOID LITIGATION PROCEEDS ACT, October 21, 2021

The Model Opioid Litigation Proceeds Act was developed as a model law to assist states in their efforts to maximize funds available to address the overdose crisis.

Through the model law’s provisions, states would:

Establish a dedicated Fund separate from the state’s general treasury fund that is designated for targeted purposes;

Ensure that proceeds deposited into the Fund remain separate from the state treasury’s general fund; do not lapse or revert to the general fund; and are not subject to fiscal year limitations; and are used only as intended for infrastructure, programs, services, supports, and resources for substance use disorder prevention, treatment, recovery, and harm reduction;

Ensure distributions from the Fund supplement, and not supplant or replace, any existing or future local, state, or federal government funding for such infrastructure, programs, services, supports, and resources, including, but not limited to, insurance benefits, federal grant funding, and Medicaid and Medicare funds;

Ensure that a council of diverse stakeholders be established to ensure robust and informed public involvement, accountability, and transparency in allocating and accounting for the monies in the Fund.

**Source:** The White House Office of National Drug Control Policy (ONDCP), Legislative Analysis and Public Policy Association (LAPPA), O’Neill Institute for National & Global Health Law at Georgetown University Law Center, the Center for U.S. Policy, and Brown & Weinraub, PLLC, “Model Opioid Litigation Proceeds Act,” Washington, D.C., October 21, 2021. Available from: <https://legislativeanalysis.org/wp-content/uploads/2021/11/Model-Opioid-Litigation-Proceeds-Act-FINAL.pdf> **Webpage** **Press Release**

XVIII

**MODEL WITHDRAWAL MANAGEMENT PROTOCOL IN  
CORRECTIONAL SETTINGS ACT, June 2021**

Newly incarcerated individuals who use substances require medical intervention to mitigate the effects of withdrawal symptoms and prevent death, suicide, and injury while in custody. Recent data show that nearly two thirds of sentenced individuals in jails meet the criteria for drug dependence or abuse. LAPPA’s Model Withdrawal Management Protocol in Correctional Settings Act requires evidence-based treatment of substance use disorders, including the use of FDA-approved medications; requires correctional settings to establish and implement administrative and clinical protocols when detaining individuals at risk of withdrawal; and provides state legislators, policymakers, and those in the correctional and health care professions with a comprehensive framework to better respond to withdrawal symptoms and related mental health crises of individuals in custody to decrease their mortality while in correctional settings.

**Source:** The White House Office of National Drug Control Policy (ONDCP), the Legislative Analysis and Public Policy Association (LAPPA) and the O’Neill Institute for National and Global Health Law, Georgetown University Law Center, “Model Withdrawal Management Protocol in Correctional Settings Act,” July 7, 2021. Available from: <http://legislativeanalysis.org/wp-content/uploads/2021/07/Model-Withdrawal-Management-Protocol-in-Correctional-Settings-Act-FINAL-1.pdf>

XIX

**THE BIDEN-HARRIS ADMINISTRATION’S STATEMENT OF DRUG  
POLICY PRIORITIES FOR YEAR ONE, April 1, 2021 (Abbreviated  
Priorities)**

**Priority 1: Expanding access to evidence-based treatment**

Evaluate progress made since the 2016 Mental Health and Substance Use Parity Task Force issued its recommendations<sup>26</sup> and identify additional steps that need to be taken to complete these recommendations;

Review policies relating to methadone treatment and develop recommendations to modernize them;

Remove unnecessary barriers to prescribing buprenorphine and identify opportunities to expand low-barrier treatment services;

Develop and establish a working group with health care insurers and employers to promote full implementation of the MHPAEA<sup>27</sup> to eliminate discriminatory barriers to mental health and substance use disorder services;

Urge extension of the Opioid Public Health Emergency declaration and identify actions that can be taken under public health authorities to expand access to care;

Evaluate and explore making permanent the emergency provisions implemented during the COVID-19 pandemic concerning MOUD authorizations, including allowing providers to begin treating patients with MOUD by telehealth without first requiring an in-person evaluation, as well as evaluating and ensuring the continuation of Medicaid and Medicare reimbursements for these telehealth services;

Identify and address policy barriers related to contingency management interventions (motivational incentives) for stimulant use disorder;

Explore reimbursement for motivational incentives and digital treatment for addiction, especially stimulant use disorder;

Expand access to evidence-based treatment for incarcerated individuals by working with Congress and appropriate Departments and agencies;

Publish final rules this year regarding telemedicine special registration and methadone treatment vans; and

Explore, identify barriers, and establish policy to help pregnant women with substance use disorder obtain prenatal care and addiction treatment without fear of child removal.

**Priority 2: Advancing racial equity in our approach to drug policy**

Identify data gaps related to drug policy to target unmet needs in diverse communities, in collaboration with the Equitable Data Working Group established by Executive Order 13985;

Establish a research agenda to meet the needs of historically underserved communities;

Establish an interagency working group to agree on specific policy priorities for criminal justice reform;

Develop a drug budget that includes an accounting and analysis of how federal dollars meet the needs of diverse populations and shape drug budget recommendations to target resources to address equity issues;

Direct agencies to begin collecting budget data that is thoroughly disaggregated by demographic category where this information is not available;

Identify culturally competent and evidence-based practices for BIPOC across the continuum of care that includes prevention, harm reduction, treatment, and recovery services; and

Promote integration of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care for providers of SUD prevention, treatment, and recovery support services, starting with a review of CLAS standards by executive departments and agencies with health care roles.

**Priority 3: Enhancing evidence-based harm reduction efforts**

Integrate and build linkages between funding streams to support SSPs;

Explore opportunities to lift barriers to federal funding for SSPs;

Identify state laws that limit access to SSPs, naloxone, and other services;

Develop and evaluate the impact of educational materials featuring evidence-based harm reduction approaches that link PWUD with harm reduction, treatment, recovery support, health and social services through a diverse range of community members, including first responders, and train law enforcement officials in evidence-based approaches that address overdose and provide police-assisted recovery;

Examine naloxone availability in counties with high rates of overdose and identify opportunities to expand access in targeted areas among pharmacies, clinicians, peer support workers, family and community members, and PWUD;

Amplify best practices for FTS services, standards for FTS



kits, and use of FTS as a means of engagement in health care systems; and

Support research on the clinical effectiveness of emerging harm reduction practices in real world settings and test strategies to best implement these evidence-based practices.

**Priority 4. Supporting evidence-based prevention efforts to reduce youth substance use**

Use its budget authorities to ensure that prevention programs that receive federal support are using evidence-based approaches to deliver services and monitor the fidelity and outcomes of those approaches through continuous quality improvement;

Conduct an inventory of prevention programs developed with federal government funding and identify evaluations and assessments of their outcomes and effectiveness;

Identify opportunities for ONDCP's Drug-Free Communities (DFC) Support Program and CDC to enhance culturally competent prevention programming;

Work to identify opportunities for prevention programming in communities with high rates of adverse childhood experiences;

Update evidence-based prevention curricula for families of school-aged children, including options that can be administered at home;

Identify grants or other opportunities to increase substance use disorder/mental health screenings through school nurses, school-based health centers, and back-to-school physicals; brief interventions and referral to care and treatment, as clinically appropriate; and

Promote service delivery models for care with strong evidence of effectiveness to address the needs of adolescents in juvenile justice programs.

**Priority 5. Reducing the supply of illicit substances**

Work with key partners in the Western Hemisphere, like Mexico and Colombia, to shape a collective and comprehensive response to illicit drug production and use by deepening bilateral collaboration on public health approaches, expanding effective state presence, and developing infrastructure. This ensures that activities to curb the production and trafficking of illicit drugs adhere to the rule of law and respect human rights;

Exercise leadership in regional and multilateral forums, such as the North American Drug Dialogue, to advance evidence-based public health responses to substance use and prevent the proliferation of falsified medicines and the diversion of illicitly produced substances;

Use established multilateral and bilateral forums to engage with China, India, and other source countries to disrupt the global flow of synthetic drugs and their precursor chemicals;

Strengthen the U.S. government's capacity to disrupt the manufacture, marketing, sale, and shipment of synthetic drugs by addressing illicit Internet drug sales and the continually evolving techniques in illicit financial transactions. This includes engaging commercial carriers to disrupt the movement of synthetic drugs through postal and parcel systems;

Support law enforcement efforts through the High Intensity Drug Trafficking Areas (HIDTA) program to disrupt and dismantle domestic drug trafficking networks and support initiatives to advance coordinated responses; and

Support multi-jurisdictional task forces and other law enforcement efforts to disrupt and dismantle transnational drug trafficking and money laundering organizations that provide the funding for the drug trafficking organizations through the use of the U.S. financial system.

**Priority 6: Advancing recovery-ready workplaces and expanding the addiction workforce**

Identify ways in which the federal government can remove barriers to employment and create employment programs for people in recovery from addiction;

Conduct a landscape review of existing programs, and subsequently conduct outreach to State and local governments, employers, and members of the workforce. This outreach could include offering grant opportunities that support recovery in the workplace and remove hiring and employment barriers, and providing recommendations to ensure all communities (including rural and underserved areas) have access to the programs;

Identify a research agenda to examine existing recovery-ready workplaces;

Request agencies to support training for clinicians in addiction with special emphasis on: community-based services in underserved areas, such as federally qualified health centers (FQHCs); the Veterans Health Administration; and the Indian Health Service;

Produce guidelines for federal managers on hiring and working with people in recovery from a substance use disorder;

Seek opportunities to expand the workforce of bilingual prevention professionals and peer specialists by offering incentives to train in the SUD field; and

Identify barriers to treatment and prevention for populations with limited English proficiency.

**Priority 7: Expand Access to Recovery Support Services**

Work with federal partners, State and local governments, and recovery housing stakeholders to begin developing sustainability protocols for recovery housing, including certification, payment models, evidence-based practices, and technical assistance;

Develop interagency support for Recovery Month activities in September; and Engage persons with "lived experience" in the development of drug policy.

**Source:** White House Executive Office of the President, Office of National Drug Control Policy (ONDCP), "The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One," Washington, D.C., April 1, 2021. Available from: [https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf?fbclid=IwAR2TBk34U\\_XRqIqK\\_pAYnUd\\_9f7zY3IbCQI9KxI6S5eYeRjDF-zl9B09hZ84](https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf?fbclid=IwAR2TBk34U_XRqIqK_pAYnUd_9f7zY3IbCQI9KxI6S5eYeRjDF-zl9B09hZ84)

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**MODEL OVERDOSE FATALITY REVIEW TEAMS ACT, February 2021**

Overdose fatality review (OFR) is a powerful tool that can be used to identify and respond to community-specific patterns related to drug overdose deaths. LAPP's Model Overdose Fatality Review Teams Act was written in consultation with a host of subject matter experts and creates a legislative

framework for establishing county-level, multidisciplinary OFR teams in individual states. While overdose deaths occur nationally, OFRs established at the local level allow for the identification of challenges unique to a local area. This Model Act addresses the duties, responsibilities, and composition of OFR teams in order for them to properly examine and understand the circumstances leading up to a fatal overdose.

**Source:** The White House Office of National Drug Control Policy (ONDCP) and the Legislative Analysis and Public Policy Association (LAPPA), "Model Overdose Fatality Review Teams Act," February 2021. Available from: <https://legislativeanalysis.org/wp-content/uploads/2021/03/LAP-PA-Model-Overdose-Fatality-Review-Teams-Act.pdf> **Webpage**

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## XXI

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### MODEL RECOVERY RESIDENCE CERTIFICATION ACT, February 2021

The Model Recovery Residence Certification Act is designed to implement a voluntary certification process for recovery residences in a state. The purpose of certification is to allow for greater oversight of recovery residences and greater protection of recovery home residents. As currently drafted, the Model Act allows either a state agency designated by the state or an approved certifying organization under contract with the state agency to certify recovery residences under the program outlined in the Act. The Act also addresses the zoning issues that have arisen in local jurisdictions around the country.

**Source:** The White House Office of National Drug Control Policy (ONDCP), and the Legislative Analysis and Public Policy Association (LAPPA), "Model Recovery Residence Certification Act," February 2021. Available from: <https://legislativeanalysis.org/model-recovery-residence-certification-act/>

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## XXII

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### EXPANDING ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER IN CORRECTIONS AND COMMUNITY SETTINGS, January 2021

#### Gather the Key Players

Many entities, including state and local agencies and external stakeholder groups, play a role in the justice and health systems and are critical to ensuring access to treatment.

#### Develop an Action Plan for Integrating MOUD into Correctional Policies and Procedures

State officials can develop a comprehensive and evidence-informed approach to reduce overdose deaths and improve outcomes for justice-involved people with OUD by writing policies, employing resources and modifying workflows to implement evidence-based interventions at each stage of the justice system.

#### Build Capacity

Raising awareness, dispelling myths, and facilitating a culture change about OUD among justice-involved populations is a key challenge for correctional leaders in implementing MOUD

programs.

#### Implement and Evaluate

State leaders can require, establish or authorize treatment programs for incarcerated persons, and engage and support local jurisdictions to develop programs. States can use a monitoring and evaluating process to assess success and effectiveness of MOUD programs.

#### KEY CONSIDERATIONS: (Abbreviated list)

Access to evidence-based medications is a priority.

Offering a choice among all forms of the U.S. Food and Drug Administration (FDA) approved medications for OUD treatment and providing behavioral health services and supports whenever possible represents the best practice for OUD treatment persons inside and outside correctional settings.

Fully implementing evidence-based MOUD requires making multiple forms of medication available for shared decision-making between the physician and patient, and relies on thoughtful coordination among the justice system and health and behavioral health systems.

Collaboration among the justice system and health, behavioral health and Medicaid systems at every touch point of the justice system ensures access and continuity of treatment.

Needs, gaps and strengths assessments of policies and practices across agencies help state leaders identify a plan of action. Undertaking a justice system mapping exercises specific to OUD interventions across touch points, such as the sequential intercept model, can assist with these efforts.

Treatment plans tailored to each individual prepare people and systems for continuity of treatment upon release.

Addressing possible barriers to success in supervision systems, such as revocation policies that penalize or fail to support participation in MOUD, can improve outcomes and reduce recidivism upon release.

Training on diversion of medications in corrections settings should be complemented with education and training aimed to reduce stigma and discrimination so that both are addressed equally.

Strategic use, alignment and braiding of state and federal funds is key to ongoing stability and success of programs and initiatives.

Develop a robust evaluation approach at the outset with clearly defined outcome metrics, data collection and analysis processes to inform implementation.

**Source:** National Governors Association and American Correctional Association, "Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings: A Roadmap for States to Reduce Opioid Use Disorder for People in the Justice System," Washington, D.C., January 2021. Available from: [https://www.nga.org/wp-content/uploads/2021/02/NGA-Roadmap-on-MOUD-for-People-in-the-Justice-System\\_layout\\_final.pdf](https://www.nga.org/wp-content/uploads/2021/02/NGA-Roadmap-on-MOUD-for-People-in-the-Justice-System_layout_final.pdf) **Webpage**

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## XXIII

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### PRINCIPLES FOR THE USE OF FUNDS FROM THE OPIOID LITIGATION, January 27, 2021

Spend money to save lives.

Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

**Use evidence to guide spending.**

At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

**Invest in youth prevention.**

States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change.

**Focus on racial equity.**

States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

**Develop a fair and transparent process for deciding where to spend the funding.**

This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

*SUPPLEMENTAL PUBLICATION: [Ten Indicators to Assess the Readiness of State and Local Governments to Receive the Opioid Settlement Funds](#), December 2021.*

**Source:** Johns Hopkins, Bloomberg School of Public Health. (January 2021). *Principles for the Use of Funds from the Opioid Litigation*. <https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/02/Opioid-Principles-Doc.pdf> [Webpage](#)

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XXIV

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**FROM THE WAR ON DRUGS TO HARM REDUCTION: IMAGINING A JUST OVERDOSE CRISIS RESPONSE — Expert Recommendations for the Use of Opioid Settlement Funds for Policy Makers and Advocates, December 2020**

Prioritizing the health and well-being of people who use drugs and people with opioid dependence.

Policymakers should prioritize the health and well-being of people who use drugs and people with opioid dependence, particularly those who are most at risk of overdose.

Preventing opioid use and addressing structural drivers of opioid use and dependence.

Prevention strategies for the overdose crisis should address the structural determinants that lead individuals to use and the inequities that worsen the consequences of use.

**Source:** FXB Center for Health and Human Rights at Harvard University. (December 2020). *From the War on Drugs to Harm Reduction: Imagining a Just Overdose Crisis Response*. Available from: <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2464/2020/12/Opioid-Whitepaper-Final-12-2020.pdf>

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XXV

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**EVIDENCE BASED STRATEGIES FOR ABATEMENT OF HARMS FROM THE OPIOID EPIDEMIC, November 2020**

**Evidence-Based Components of Addiction Care in All Treatment Settings**

Regardless of the setting, level, or approach to addiction care, all addiction treatments should offer a personalized set of evidence-based clinical practices shown by research to be effective in promoting recovery. These practices fall into three categories: 1) Medications for opioid use disorder; 2) Behavioral therapies; and 3) Recovery support service.

**Harm Reduction**

Harm reduction approaches enable people who do not wish to, or are unable to stop using opioids to make positive changes in behavior that can improve their health and minimize the risks of opioid use. Harm reduction is increasingly recognized as an essential part of a comprehensive strategy to combat the opioid epidemic.

**Care for Opioid Use Disorder in the Criminal Justice System**

The phrase “criminal justice system” refers to the full continuum of programming provided in the community by law enforcement at four distinct intercepts: law enforcement; courts and probation, including drug and other specialty courts; jails, prisons, and re-entry from incarceration; and community supervision including parole and probation.

**Prevention of Opioid Misuse and its Harmful Effects on Children and Families**

Decreasing the incidence of opioid misuse is essential to preventing the development of opioid use disorder (OUD) and its associated harms.

**Data Infrastructure**

Existing systems for monitoring state-level data have inconsistent coverage, quality, and utility. Better systems would use a range of data-collection methods, including biological and administrative measures like wastewater analysis, urine screens of individuals entering jails, and medical diagnostic data from hospitals and clinics

**Policy Infrastructure**

States can use several approaches to facilitate the implementation and scaling of evidence-based policies to limit the supply and improve the safety of opioid analgesics prescribed by Health Care Providers. States should use mechanisms at their disposal to facilitate the implementation and scaling of evidence-based policies to mitigate harms to children in families affected by opioid misuse.

**Source:** Coordinated by Richard Frank, Harvard University, Arnold Ventures. (November 2020). *Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic*. Available from: <https://www.lac.org/assets/files/TheOpioidEbatement-v3.pdf>



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XXVI

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**MODEL EXPANDING ACCESS TO PEER RECOVERY SUPPORT SERVICES ACT, October 2020**

LAPPA's Model Expanding Access to Peer Recovery Support Services Act was written in consultation with a host of subject matter experts including peer support workers and credentialing professionals. The model provides a legislative framework for implementing a responsive and cohesive peer support worker credentialing program and offers policymakers in jurisdictions with established peer support programs dynamic strategies to improve their existing peer support credentialing process.

**Source:** The White House Office of National Drug Control Policy (ONDCP), and the Legislative Analysis and Public Policy Association (LAPPA), "Model Expanding Access to Peer Recovery Support Services Act," October 2020. Available from: <http://legislativeanalysis.org/wp-content/uploads/2021/03/Model-Expanding-Access-to-Peer-Recovery-Support-Services-Act.pdf>

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**MODEL ACCESS TO MEDICATION FOR ADDICTION TREATMENT IN CORRECTIONAL SETTINGS ACT (LAPPA), October 2020**

LAPPA's Model Access to Medication for Addiction Treatment in Correctional Settings Act, written in collaboration with the O'Neill Institute for National and Global Health Law at the Georgetown University Law Center and a cadre of subject matter experts, sets forth a comprehensive, evidence-based framework for ensuring that all incarcerated individuals with a substance use disorder be provided access to FDA-approved medication for addiction treatment in state and local correctional settings.

**Source:** The White House Office of National Drug Control Policy (ONDCP), the Legislative Analysis and Public Policy Association (LAPPA), and the O'Neill Institute for National and Global Health Law, Georgetown University Law Center, "Model Access to Medication for Addiction Treatment in Correctional Settings Act," October 2020. Available here: <http://legislativeanalysis.org/wp-content/uploads/2021/03/Model-Access-to-Medication-for-Addiction-Treatment-in-Correctional-Settings-Act-1.pdf>

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XXVIII

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**ADDRESSING ACCESS TO CARE IN THE OPIOID EPIDEMIC AND PREVENTING FUTURE RECURRENCE, April 2020**

**EXPANSION OF THE ADDICTION WORKFORCE**

There is a dire need to expand the addiction specialist and psychiatry workforce as well as train primary care clinicians to diagnose and treat addiction. There are insufficient numbers of addiction specialist physicians, addiction psychiatrists, general psychiatrists, nurses, physician assistants, and other skilled clinicians to meet the current need for substance use and mental health disorder treatment. Further, most healthcare professionals do not receive basic instruction or

gain experience in addiction prevention and treatment during their training.

**INCREASED ADOPTION OF CLINICAL BEST PRACTICES**

Treatment programs and clinicians must be trained in and required to practice according to evidence-based practices, including training in FDA-approved medications for OUD treatment. Treatment programs and clinicians need access to and training in nationally recognized guidelines and standards for the treatment of addiction and mental illness to increase the effectiveness of available treatment services in the community and criminal justice system – the de facto treatment provider for millions of people with addiction and mental illness.

**ENFORCEMENT OF MENTAL HEALTH AND ADDICTION PARITY AND CONSUMER PROTECTION LAWS**

Access to addiction treatment and mental health care is frequently hindered by insurance company policies that discriminate against patients with addiction and/or mental illness. Resources are needed to fund state and local enforcement of existing laws that require insurers to provide the services that are owed to their beneficiaries and to provide those health care services in a non-discriminatory manner.

**Source:** American Psychiatric Association, American Society for Addiction Medicine, and other groups. (April 27, 2020). *Addressing Access to Care in the Opioid Epidemic and Preventing a Future Recurrence*. Available from: <https://amersa.org/wp-content/uploads/WhitePaper.pdf>

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XXIX

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**MODEL OVERDOSE MAPPING AND RESPONSE ACT, March 25, 2020**

LAPPA's Model Overdose Mapping and Response Act is a model law designed for policymakers to use in developing statewide legislation addressing overdose incident reporting. The Model Act requires a state (or other jurisdiction) to create an overdose mapping and response system using ODMAP where all law enforcement officers, other first responders, medical examiners, and coroners must report certain information about a confirmed or suspected overdose incident within 24 hours.

**Source:** The White House Office of National Drug Control Policy (ONDCP) and the Legislative Analysis and Public Policy Association (LAPPA), "Model Overdose Mapping and Response Act," March 25, 2020. Available from: <https://legislativeanalysis.org/wp-content/uploads/2021/03/Model-Overdose-Mapping-and-Response-Act.pdf> [Webpage](#)

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**MAXIMIZING PUBLIC BENEFIT FROM OPIOID SETTLEMENT RESOURCES, March 2020**

Resources obtained from a potential settlement should be used exclusively for proven public health approaches that directly address the crisis. The key questions to ask at this point are: what should be done (ie, what programs, systems, policies, and infrastructure should be put in place or bolstered); to what extent should each be done; and how should

the resources be allocated to execute such a plan?

**Source:** Pack, R., Heaton, C., Galea, S. "Maximizing public benefit from opioid settlement resources," Feb 8, 2020, Milbank Quarterly. DOI: 10.1111/1468-0009.12450. Available from: <https://www.milbank.org/quarterly/articles/maximizing-public-benefit-from-opioid-settlement-resources/>

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### XXXI

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#### **ONDCP NATIONAL DRUG CONTROL STRATEGY: ONDCP National Treatment Plan for Substance Use Disorder, February 2020 (Refer to full report for 22 areas of focus)**

**Pillar 1:** Improve Efforts to Expand Early Intervention, Treatment and Recovery Support Services Infrastructure (pre-natal through adult)

**Pillar 2:** Improve Delivery Systems, Provider Efforts, and Services for People with SUD, Including Special Populations

**Pillar 3:** Improve the Quality of Treatment

**Source:** The White House Office of National Drug Control Policy. (February 2020). *National Drug Control Strategy: National Treatment Plan for Substance Use Disorder*. Available from: [https://www.issup.net/files/2020-02/US%20National%20Treatment%20Plan%20for%20Substance%20Use%20Disorder%202020\\_0.pdf](https://www.issup.net/files/2020-02/US%20National%20Treatment%20Plan%20for%20Substance%20Use%20Disorder%202020_0.pdf)

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### XXXII

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#### **A NATIONAL PLAN TO ADDRESS OPIOID MISUSE – National Safety Council, February 2020 (Abbreviated recommendations)**

##### **Prevention Efforts**

Expand and enhance research and development of evidence-based prevention programs.

Reduce the availability and supply of illicit drugs in the U.S.

Public Education and Stigma Reduction Efforts

Enhance understanding of how community, environmental and individual factors as well as other social determinants of health increase the risk of developing a substance use disorder and impact its treatment.

Increase accessibility of evidence-based, youth- and teen-focused education initiatives and interventions.

Initiate actions to reduce stigma, including increasing education and altering language to remove derogatory, stigmatizing and judgmental words and phrases.

Increase research on stigma.

##### **Prescriber and Medical Community Efforts**

Address the role prescribers and prescribing play in the opioid crisis.

Increase research on pain and addiction.

Improve training and education of the non-addiction specialist medical workforce – including but not limited to primary care, emergency department, acute care and mental health professionals – on addiction science and assessing for substance use disorders.

##### **Harm Reduction Efforts**

Expand and enhance research and development of evidence-based harm reduction services and programs.

##### **Naloxone Efforts**

Expand and enhance research and development of evidence-based naloxone education and distribution programs, prioritizing people at highest risk of experiencing or witnessing an opioid overdose.

Support education campaigns for the general public to recognize signs and symptoms of an opioid overdose, "and understand how to access and use naloxone.

##### **Employer Efforts**

Urge employers to enhance existing drug-free workplace policies to include policies for employees with opioid use and other substance use disorders

Urge employers to educate supervisors and managers about the signs of opioid misuse so employers can spot early symptoms

Ensure all workplaces have naloxone on-site and that emergency response staff members are trained on how to administer it

Support a stigma-free, recovery-friendly workplace culture

##### **Data Collection Efforts**

Require states to screen for and identify all drugs present in overdose fatalities

Require hospitals, EMTs, law enforcement, coroners and medical examiners to promptly report drug overdoses to the appropriate jurisdictional authority or authorities

Expand and enhance reporting on non-fatal opioid overdoses

##### **Insurance Provider Efforts**

Increase coverage of non-opioid pain management methods.

Increase coverage of medications for addiction treatment and other therapies – including but not limited to behavioral health and other cognitive therapies – that support people seeking recovery, including in government-sponsored insurance plans.

Enforce and prioritize the Mental Health Parity Act.

##### **Law Enforcement, First Responders and Criminal Justice System Efforts**

Require all first responders, including law enforcement, to carry naloxone and be trained on how to administer it.

Encourage law enforcement agencies to allow local residents to turn in illicit substances without fear of legal retribution.

Expand the use of specialty courts – including but not limited to drug courts and mental health courts – and other interventions to prioritize treatment over incarceration for individuals involved in the criminal justice system.

Ensure individuals in correctional facilities have access to evidence-based treatment methods.

##### **Treatment Efforts**

Expand and enhance research and development of specialized evidence-based treatment programs for vulnerable populations.

Support community-based programs – such as housing ser-

VICES, job training and other initiatives – that assist individuals in treatment.

Expand the SUD workforce, especially professionals credentialed in the diagnosis of substance use disorders.

Expand treatment capacity by removing barriers to telemedicine for addiction treatment.

#### Recovery Efforts

Expand and enhance research and development of evidence-based and promising recovery services and programs, such as peer-to-peer support programming and others.

Expand access to transitional housing, job training, employment and social services for people in recovery.

#### Use of Pharmaceutical Company Settlement Funds

Ensure pharmaceutical company settlement funds are used to support all efforts and stakeholders listed above, and that amounts are driven by local injury and fatality data trends.

Proceeds from the lawsuits against opioid manufacturers must be directed toward hospitals and other entities, including but not limited to health and safety organizations, as well as community-based organizations and non-profits, with the ability to address patient needs, the needs of other persons with an opioid use disorder, and the needs of others impacted – rather than allowing political entities to make funding decisions.

**Source:** National Safety Council. (February 2020). *A National Plan to Address Opioid Misuse*. Available from: <https://nsc-org-storage.azureedge.net/cms/nsc.org/media/site-media/docs/impairment/national-plan-opioid-misuse.pdf> **Webpage**

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### XXXIII

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#### BRINGING SCIENCE TO BEAR ON OPIOIDS – ASPPH Task Force Recommendations, November 2019

##### Evidence and Epidemiology

The public health community and its partners must be equipped with the necessary data to understand the size, scope, and location of need of the opioid epidemic. The recommendations in this area will help us improve metrics, standardize systems, leverage technology and tools, and share and analyze data to combat the epidemic.

##### Anti-Stigma and Harm Reduction

The Task Force feels strongly that OUD is not widely understood as a medical illness; reducing stigma around OUD can improve access to treatment and harm reduction programs. These recommendations are directed at educating healthcare professionals and the public, reducing barriers to medications for OUD, promoting recovery, and spreading evidence-based harm reduction programming.

##### Primary Prevention

Primary prevention strategies for preventing opioid misuse are critical to stopping the epidemic and should be focused on youth and the public at large. Establish and support an independent entity to develop targeted programs and initiatives to increase public awareness of the risks of opioid

misuse and opioid use disorder and to promote primary prevention at the population level.

##### Access to Medications for Opioid Use Disorder

Improved access is urgently needed for all medications used to treat opioid use disorder, including methadone, buprenorphine, and naltrexone. The ASPPH Task Force believes that funds should facilitate local access to MOUD. This access should be ensured in every county in the United States and can be facilitated by deregulating buprenorphine prescribing, maximizing the use of telemedicine, and suspending the need for X waivers.

##### Research and Evaluation

ASPPH Task Force recommends that a significant portion of funds be devoted to research activities that could play a key role in understanding the biological and other roots of addiction, more effective ways to treat addiction and overdose, and nonaddictive alternatives to opioids for the treatment of chronic pain. Prevention, treatment, education, and other harm mitigation initiatives resulting from a potential master settlement agreement will require evaluation, both to demonstrate the effectiveness of the investments and to substantiate their benefits to people and society.

##### Regulatory & Legislative Reforms

Congress, the Administration, and various federal and state regulatory agencies have essential roles to play in addressing the opioid crisis. The Task Force urges Congress to consider new and more comprehensive legislation to address the opioid epidemic in a more systematic and comprehensive fashion and to ensure that those with OUD receive a full range of services that will improve their chances of managing the chronic disease of drug addiction.

##### Adapt the Ryan White Model

The Task Force recommends a comprehensive program for OUD treatment and SUD prevention similar to the Ryan White Comprehensive AIDS Resources Emergency Act.

##### Voluntary Industry Changes

Voluntarily end all lobbying and marketing activities related to opioids and other drugs of potential abuse, and fund (but NOT manage or control) one or more independent campaigns aimed at educating the public about the risk of opioids and the availability of treatment options.

**Source:** ASPPH Task Force on Public Health Initiatives to Address Opioid Crisis. *Bringing Science to Bear on Opioids, ASPPH Task Force Recommendations, November 2019*. Available from: [https://aspph-wp-production.s3.us-east-1.amazonaws.com/wp-content/uploads/2019/09/ASPPH\\_Opioids.FINAL\\_11.01.20191.pdf](https://aspph-wp-production.s3.us-east-1.amazonaws.com/wp-content/uploads/2019/09/ASPPH_Opioids.FINAL_11.01.20191.pdf) **Executive Summary Slides**

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### XXXIV

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#### STRENGTHENING THE ROLE OF CIVIL LEGAL AID IN RESPONDING TO THE OPIOID EPIDEMIC – REPORT OF THE LSC OPIOID TASK FORCE, June 2019

Recommendations for the Judiciary and Law Enforcement



The Judiciary Should Learn About the Science of Opioid Use Disorder and Recovery to Better Assist Court-Involved Individuals with Opioid Use Disorder.

Courts Should Learn About Unique Challenges Faced by Specific Populations and Consider Expanding Alternate Court Options to Assist People with Opioid Use Disorder.

Correctional Facilities Should Collaborate with Civil Legal Aid Attorneys to Decrease Barriers to Reentry for People Leaving Incarceration

#### Recommendations for Treatment Providers and Public Health Officials

Treatment Providers and Public Health Officials Should Collaborate with States' Health and Behavioral and Mental Health Agencies to Promote the Inclusion of Civil Legal Aid Organizations in State Opioid Response Frameworks.

Treatment Providers Should Collaborate with Legal Aid Providers to Learn How to Identify Points in the Continuum of Care Where Patients Are Likely to Face Legal Barriers to Care.

Treatment Providers Should Consider Forming Medical-Legal Partnerships or Other Collaborations to Comprehensively Address Social Determinants of Health with Legal Solutions.

**Source:** Legal Services Corporation. (June 2019). *Strengthening the Role of Civil Legal Aid in Responding to the Opioid Epidemic: Report of the LSC Opioid Task Force*. Available from: <https://lsc-live.app.box.com/s/7f9qgh-5hjpdq4z0ldt00ozlexwk9sqhd> **Fact Sheet**

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### XXXV

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#### OPIOIDS IN APPALACHIA – The Role of Counties in Reversing a Regional Epidemic, May 2019

County leaders in Appalachia and across the country, who are on the frontlines of this epidemic, have often struggled to find effective approaches to addressing rising rates of addiction and overdose in their communities. This report aims to strengthen the local response to the opioid epidemic in Appalachia by presenting an analysis of its impacts on the region, followed by recommendations for local action. These recommendations are discussed in five sections: (1) leadership, (2) prevention, (3) recovery, (4) rehabilitation for justice-involved individuals and (5) economic development.

#### Recommendations to County Leaders:

##### Exercise Strategic Local leadership

##### Key Actions:

- Set a tone of compassion in local conversations on opioids
- Convene diverse stakeholders and faith-based organizations to form Opioid Task Forces
- Foster regional and intergovernmental cooperation

##### Create and Strengthen Preventive and Educational Initiatives

##### Key Actions:

- Increase public awareness and facilitate safe disposal sites for opioids

- Conduct community outreach to children and families, particularly within the education system
- Leverage data and technology to target services

##### Expand Access to Addiction Treatments

##### Key Actions:

- Increase the availability of and access to naloxone and medication-assisted treatments (MAT)
- Employ telemedicine solutions
- Encourage mental health treatment and counseling alongside addiction treatments

##### Implement a Criminal Justice Response to Illegal Opioid Sales and Provide Treatment and Services to Justice-Involved Individuals with Opioid Use Disorders

##### Key Actions:

- Reduce the illicit supply of opioids
- Facilitate treatment and workforce training in jails and upon reentry to reduce recidivism
- Connect people in recovery, including those involved in the criminal justice system, to housing and employment opportunities

##### Mitigate Local Economic Impacts and Consider New Economic Development Strategies

##### Key Actions:

- Collaborate with high schools, educational institutions and businesses to align education and workforce training with shifting industry needs
- Leverage each county's strengths to attract and retain high-quality businesses, and help them learn to work with individuals in recovery
- Reinforce safety net services and expand education and employment opportunities for families experiencing cyclical poverty
- Expand entrepreneurial opportunities for county governments to make opioid recovery initiatives sustainable

**Source:** National Association of Counties (NACo) and Appalachian Regional Commission (ARC), "Opioids in Appalachia, The Role of Counties in Reversing a Regional Epidemic," May 2019. Available from: <https://www.naco.org/sites/default/files/documents/Opioids-Full.pdf>

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### XXXVI

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#### FACING ADDICTION IN AMERICA: THE SURGEON GENERAL'S SPOTLIGHT ON OPIOIDS, September 2018

The Office of the Surgeon General and the Substance Abuse and Mental Health Services Administration (SAMHSA) developed this Spotlight on Opioids from the Surgeon General's

Report, in order to provide opioid-related information in one, easy-to-read document. Although Spotlight on Opioids does not include new scientific information, it provides the latest data on prevalence of substance use, opioid misuse, opioid use disorders, opioid overdoses, and related harms.

The report discusses the neurobiology of substance misuse and substance use disorders as well as the importance of the continuum of care approach for substance misuse and substance use disorders. Effective identification, intervention, and integration of prevention, treatment, and recovery services across health care systems is key to addressing substance misuse and its consequences, and it represents the most promising way to improve access to and quality of treatment.

**Source:** U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, "Facing Addiction in America: The Surgeon General's Spotlight on Opioids," Washington, DC: HHS, September 2018. Available from: [https://addiction.surgeongeneral.gov/sites/default/files/OC\\_SpotlightOnOpioids.pdf](https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf)

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## XXXVII

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### OPIOID SETTLEMENT PRIORITIES – Recommendations from the Addiction Solutions Campaign, May 2018

**IMPACT AREA 1** – Enhance public education to correct long-held misconceptions, and to create informed demand for more effective policies and interventions. Stigma and misunderstanding perpetuate bad policies and ineffective solutions.

**IMPACT AREA 2** – Implement evidence-based, Community-wide prevention and early intervention strategies to reduce substance misuse and related harms.

**IMPACT AREA 3** – Modernize addiction treatment by integrating it with mainstream healthcare and increase access to evidence-based addiction support and treatment services.

The best use of the Opioid Settlement funds in the area of addiction treatment would be to promote and financially incentivize true integration of addiction care with the rest of healthcare – including training healthcare professionals.

**Source:** The Addiction Solutions Campaign. (May 2018). *Opioid Settlement Priorities: Recommendations from the Addiction Solutions Campaign*. Available from: <https://www.lac.org/resource/opioid-settlement-recommendations-from-the-addiction-solutions-campaign>

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The principles, priorities and recommendations found herein are all drawn directly from original sources and are publicly available to view and share. Direct links to the full reports are cited after each section.

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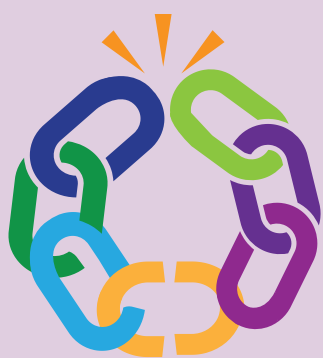
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