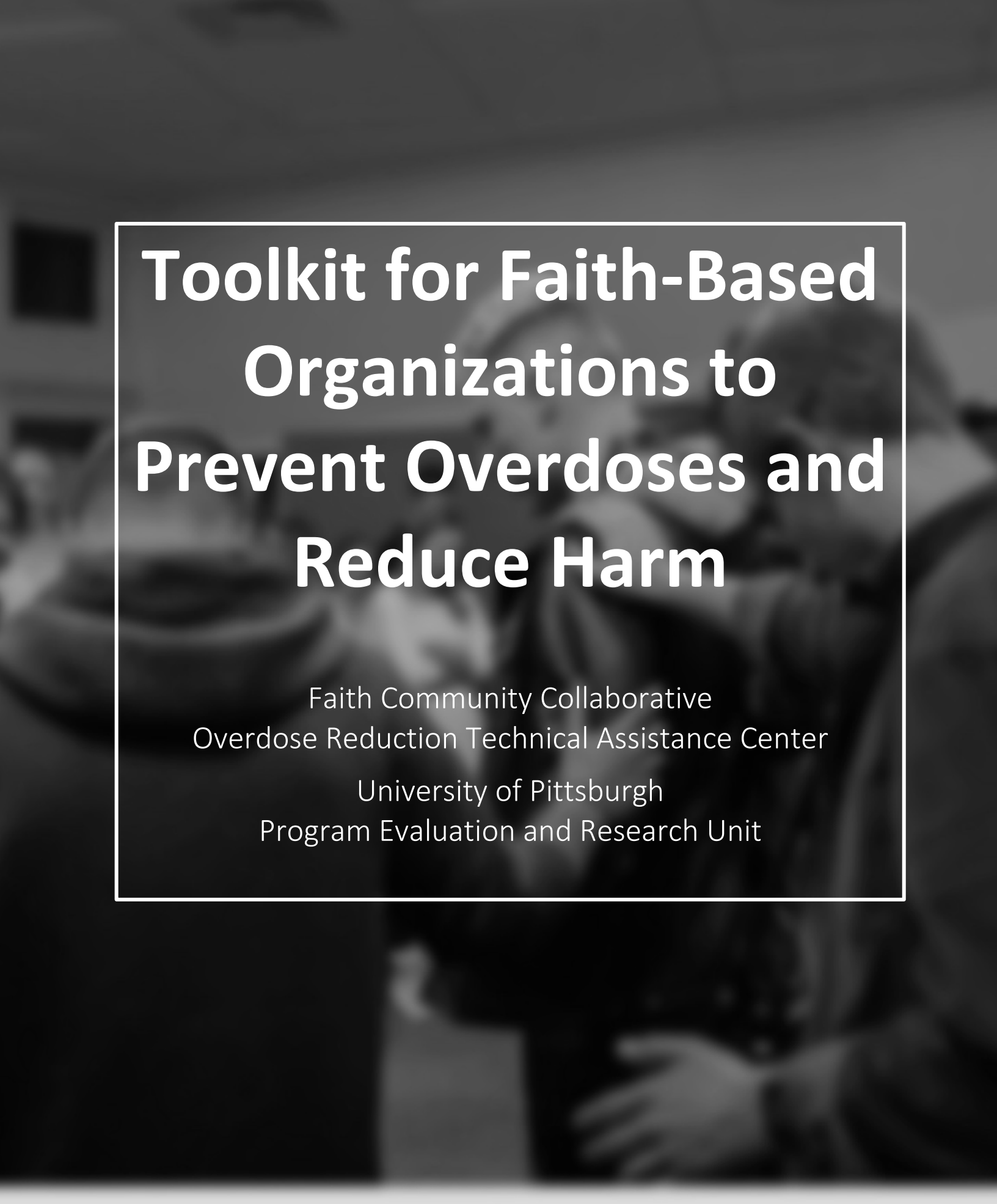

Toolkit for Faith-Based Organizations to Prevent Overdoses and Reduce Harm

Faith Community Collaborative
Overdose Reduction Technical Assistance Center

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Introduction

Opioid overdose and substance use disorder (SUD) are both serious issues in Pennsylvania.[1] To reduce opioid overdoses, deaths, and incidences of SUD, the University of Pittsburgh School of Pharmacy Program Evaluation and Research Unit (PERU) Overdose Reduction Technical Assistance Center (ORTAC) assists with the implementation of community-based overdose prevention and harm reduction programs and initiatives through the creation and support of community coalitions.

This toolkit is intended for faith-based organizations (FBO) and similar places of worship to expand and strengthen their roles within the community to prevent drug overdoses, reduce harm from drug use and SUD, and establish pathways to identify and treat addiction and mental health issues. FBO can help prevent overdoses by educating community members, connecting them with healthcare and treatment providers and community support systems, and providing life-saving tools, such as naloxone (also known as Narcan—see Create a Safer Community for more information). FBO and faith leaders already work to cultivate strong communities, provide spiritual support and guidance for individuals in need, and create space for other community programs aligned with their mission. The programs and strategies described in this toolkit are a natural extension of this important work.

This toolkit is designed to provide an understanding of the following topics:

- How FBO are critical touchpoints in the community.
- Ways that FBO directly address community needs related to SUD.
- Ways that FBO can get involved with coalition work.
- How community coalitions can engage FBO in overdose prevention and harm reduction efforts.
- Additional resources that can aid in implementation and collaboration.

Thank you for taking the time to learn more about how FBO can play an integral role in improving and sustaining the health and wellbeing of communities in Pennsylvania.

The role of Faith-Based Organizations and Places of Worship in Addressing Substance Use Disorder and Drug-Related Overdoses

Opioids are drugs that are prescribed for moderate to severe pain. They block pain signals between the brain and the body and can make people feel relaxed, happy, and even "high."[2] In addition to their use as prescribed medication, some individuals misuse opioids, which may lead to personal, emotional, or financial issues, as well as the possibility of overdose and death. SUD is a mental illness characterized by continued, compulsive use of a mind-altering substance (e.g., opioids or alcohol) despite harmful consequences to one's life and relationships.[3] Reducing the prevalence of SUD and overdose in a community requires cooperation between multiple sectors, organizations, and leaders.[4-7]

FBO and places of worship play an important role in their communities by providing spiritual guidance, connection, and support. More specifically, FBO are in contact with many community members, making them able to identify individuals at earlier stages of problematic substance use and refer them to resources to prevent the development of severe SUD.

Recognizing that religious institutions serve as rallying centers for addressing issues in many communities, PERU ORTAC has created the Faith Community Collaborative (FCC). This group assembles faith and

overdose reduction coalition leaders and members with the vision to strengthen community efforts to eliminate overdoses and deaths. Through collaborative thinking, problem-solving, capacity building, and knowledge sharing, the FCC bolsters and adds value to overdose reduction coalition or task force activities. The organization gathers in virtual meeting spaces bimonthly and brings together FBO, coalition leaders and members, treatment providers, and other community support systems. For more information on the FCC and information on current FCC membership, please visit the FCC website: https://bit.ly/3yOsktC.

Educate Your Community or Congregation

Finding a supportive community is essential to recovery. It is important that SUD is understood as a treatable, chronic, medical condition and not a personal or moral failing. The goal is to replace prejudice, stigma, and shame with hope and compassion through recovery services that encourage healing through fellowship. The information below can prepare any FBO or community to start moving in the right direction.

Reinforce that SUD is a treatable disease and a long-term chronic condition

Your organization can help your community understand the need for long-term support of people in recovery. The National Institute on Drug Abuse (NIDA) provides information about substance misuse and risks that you can bring to your next gathering: https://bit.ly/3xIEKCC.

The Centers for Disease Control and Prevention (CDC) Rx Awareness campaign website features additional resources on the nature and dangers of prescription opioid misuse and features video testimonials, social media graphics, fact sheets, infographics, and more: https://bit.ly/2Zd1jnH.

Use person-first language to reduce stigma in your community toward people with SUD

Using person-first language helps to convey respect and dignity for those with SUD and mental health conditions and helps address the discrimination they may face.[8] An example of person-first language would be to refer to a community member as "a person with SUD" rather than "a substance abuser." This change in language decreases stigma by recognizing the individual and their humanity as a priority and acknowledging their disorder as only one component of their life. Research shows that stigma is one of the three major roadblocks to recovery from severe mental health disorders[9]—but this stigma can be reduced by identifying people as more than the challenges they face. You can find more information on person-first language in the Appendix.

Understand adverse childhood experiences (ACEs) and implement trauma-informed approaches

According to the CDC, ACEs are potentially traumatic events that occur during the 0-17 age range.[10] These traumatic events can include experiencing violence, abuse, or neglect, witnessing violence in the home or community, and/or having a family member attempt or die by suicide.[10] These adverse experiences can negatively affect a child's social and emotional environment and also undermine their sense of safety and stability and their ability to build relationships with others.[10] ACEs can develop into a host of future issues including mental illness, physical, emotional, and sexual abuse, physical and emotional neglect, and SUD.[10]

To ensure your faith group is equipped with the tools it needs to support your community, trauma-informed approaches should be practiced to ensure your community and recovery services are welcoming and engaging for individuals with a history of trauma.

A trauma-informed approach begins with understanding the physical, social, and emotional impact of an ACE or other traumatic experience on an individual.[11,12] This includes realizing the prevalence of trauma and approaching the individual with compassion and understanding.[11,12]

The Trauma-Informed Care Training Center website (https://bit.ly/3ny4q1M) hosts a collection of free training courses to get your group started. Additionally, the Pennsylvania Care Partnership website (https://bit.ly/3jBrxr2) also has several training programs available specifically for trauma-informed approaches.

- SAMHSA addresses these topics further and can assist with developing your faith group's framework: https://bit.ly/3scbdAl.
- The U.S. Department of Justice's Office for Victims of Crime Training and Technical Assistance Center also provides a wealth of information on using trauma-informed approaches and their usage in the recovery space: https://bit.ly/3BfdsG5.

Educate community members on the signs and symptoms of an opioid overdose

Sometimes it may be difficult to tell the difference between someone who is very high and someone who is experiencing an overdose. To ensure their safety, it is best to treat the person as if they are experiencing an overdose.[13] The following are signs of an overdose:[13]

- Loss of consciousness.
- Unresponsive to outside stimulus.
- Awake, but unable to talk.
- Breathing is very slow and shallow, erratic, or has stopped.
- For lighter-skinned people, the skin tone turns bluish purple, for darker-skinned people, it turns grayish or ashen.
- Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle")
- Vomiting.
- Body is very limp.
- Face is very pale or clammy.
- Fingernails and lips turn blue or purplish black.
- Pulse (heartbeat) is slow, erratic, or not there at all.

If you suspect someone is experiencing an overdose, immediately call 911. If you are trained to administer naloxone and have it accessible, administer it immediately to help stabilize the person until medical professionals arrive.

For more information on how to respond to an opioid overdose, see the figure below and the following link: https://bit.ly/2Yaghul.

Source: Department of Public Health, City of Philadelphia

Establish and share the knowledge of safe drug disposal practices in your area

More than half of those who use prescription painkillers obtain them from friends or family members.[14] Safe drug disposal practices are one way to ensure prescription drugs are used only by those prescribed them. Your faith organization or place of worship can promote and even host drug take back days that provide a space for the safe disposal of unused medications. By reducing the supply of unused medications, you can reduce misuse of prescription drugs and assist in decreasing overdoses in your

community. The FDA has a resource that will help you and your group better understand the risks involved with unused medications as well as how and where to dispose of them: https://bit.ly/2XucZ4F.

Educate your group about the importance of medications for opioid use disorder (MOUD) and medication assisted treatment (MAT)

Both MOUD and MAT are treatments that combine the use of U.S. Food and Drug Administration (FDA)-approved drugs with counseling and behavioral therapies for people who are diagnosed with SUD.[15] Examples of treatment these medications include buprenorphine,[16] methadone,[17]and naloxone.[18] Please see the Glossary for additional MAT and MOUD treatment options.

The National Harm Reduction Coalition provides additional information regarding MOUD and MAT programs on their website: https://bit.ly/3G83Osm.

You can find local treatment programs in your state by accessing the Opioid Treatment Program Directory from the Substance Abuse and Mental Health Services Administration (SAMHSA) website. The SAMHSA website also includes a harm reduction toolkit for communities of faith facing overdose: https://bit.ly/3jru8DZ.

Inform your organization on harm reduction and its various approaches

Harm reduction is a set of principles and ideas aimed at reducing the negative consequences of substance use to ensure that an individual using a substance can survive.[19,20] In addition to extending lives, harm reduction is also a strategy for social justice built on the belief in, and respect for, the rights of people who use substances.[19] Buckling your seatbelt is an everyday example of harm reduction because it is a safety measure for a potentially dangerous situation. Seatbelts don't make drivers more likely to get into an accident but instead help to mitigate injury if one does occur. Harm reduction for substance use can be thought of in the same way.

Examples of harm reduction services include, but are not limited to: naloxone, safer substance use, MOUD, safe consumption sites (see below), housing services, referrals, and more.[21-23] Because of the importance of harm reduction in the recovery process, the National Harm Reduction Coalition website hosts information, strategies, and tools for harm reduction that are accessible to everyone regardless of location, creed, and faith: https://bit.ly/3E6tFzc.

Syringe service programs (SSP) or syringe exchange programs (SEP) are examples of community-based harm reduction initiatives and are becoming more accepted, legally permitted, and well-known.[24] SSP can provide a range of services including:[25]

- Access to and disposal of sterile syringes.
- Medical supplies.
- Connection to service to treat or prevent blood-borne infectious diseases (such as HIV/AIDS or hepatitis).
- Connection to SUD treatment and naloxone distribution.
- Basic medical services.
- Referrals to other services such as mental health and social services.

The provision of these services helps to prevent needle sharing and keep used needles out of public spaces which protects community members and first responders from harm. Research by the CDC has shown that SSPs do not increase crime or illegal drug use and are safe, effective, and reduce healthcare costs

overall. Individuals served by SSP are five times more likely to enter treatment and lead healthier lives.

While the discussion over SSP may be a difficult conversation to have given the stigma associated with them, it is important to have these conversations with your faith community.

The legality of these programs varies by state—be sure to research the laws governing these programs in your state before advocating for them. The CDC link below offers a vast collection of articles, additional facts, infographics, and frequently asked questions relating to SSP and more: https://bit.ly/3b1tsAy.

Train Your Community

Train your faith community on how to provide Mental Health First Aid (MHFA)

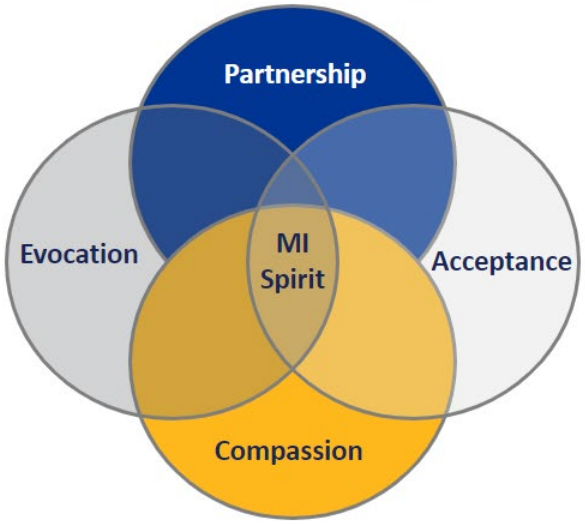
MHFA is a standardized education program developed to empower the public to approach, support, and refer individuals in distress or crisis.[26] The program increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviors toward individuals with mental health problems.[26] Each participant in MHFA training receives an accompanying course manual.[27] The content explains how to help people in mental health crises and/or those in the early stages of mental health problems including SUD. Participants learn the symptoms of these disorders, possible risk factors, and where and how to get effective help. Equipping your faith community with the knowledge and skills to respond to someone in crisis will help to establish your group as an important community resource and ensure that you can help people in all levels of need. Though there is a fee for MHFA trainings via the organization's website, the material covered is valuable and easy to digest and share. The application of MHFA is summarized in the following steps:

1. Assess the risk of suicide or harm.
2. Listen non-judgmentally.
3. Give reassurance and information.
4. Encourage the person to get appropriate professional help.
5. Encourage self-help strategies.

Train your faith community on how to use motivational interviewing (MI)

MI is an evidence-based approach to changing others' behavior, which seeks to strengthen one's motivation to change by exploring their goals and concerns.[28] You can learn MI in three steps: practice a guiding rather than directing style; develop strategies to elicit the person's own motivation to change; and refine your listening skills and respond by encouraging change talk from the person.[29] MI helps foster a constructive relationship between the interviewer and the person considering behavior change, and leads to better outcomes for patients in healthcare and people in other care settings.[30]

Spirit of Motivational Interviewing



Take Action

The road to recovery for individuals with SUD can be a long journey, but that does not mean that they must take the trip alone. Establishing your faith organization or worship group as a community rallying center and a primary source of information regarding opioids and SUD will help you reach community members at risk, enhance community capacity for recovery, and ultimately save lives.

To bring out the best from your community, your faith community can adopt some of the strategies below.

Join a Community Overdose Reduction Coalition

Throughout Pennsylvania there are coalitions (at community, county, regional, and statewide levels) made up of local authorities, health professionals, faith community representatives, people in recovery, concerned citizens, and more who are dedicated to creating an overdose-free state. The Ov*erdoseFreePA* website is an introduction to the activities and resources these PA coalitions have available. The website includes an overdose death data dashboard, webinar recordings, local reports, and other toolkits and resources. With this information readily available, coalitions use this data to make informed strategic plans, coalition goals, and community objectives.

Additional organizations like ORTAC provide technical assistance to coalitions across Pennsylvania. These coalitions, though unique in their own way, all work to eliminate overdoses by recognizing and addressing their community's specific needs. ORTAC helps these coalitions build capacity, collect data, plan action steps, implement projects, evaluate their effectiveness, and sustain programming to eliminate overdoses and ensure the health, safety, and well-being of all within each community.

Offer your space for regular support group meetings

FBO are often community gathering places. To assist the recovery community efforts, places of worship can host and/or promote weekly recovery programs, self-help initiatives, or other support groups for people with SUD. For example, your organization can be a space for community groups and organizations

to provide programs like peer support groups, trauma support, and faith-based SUD recovery programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

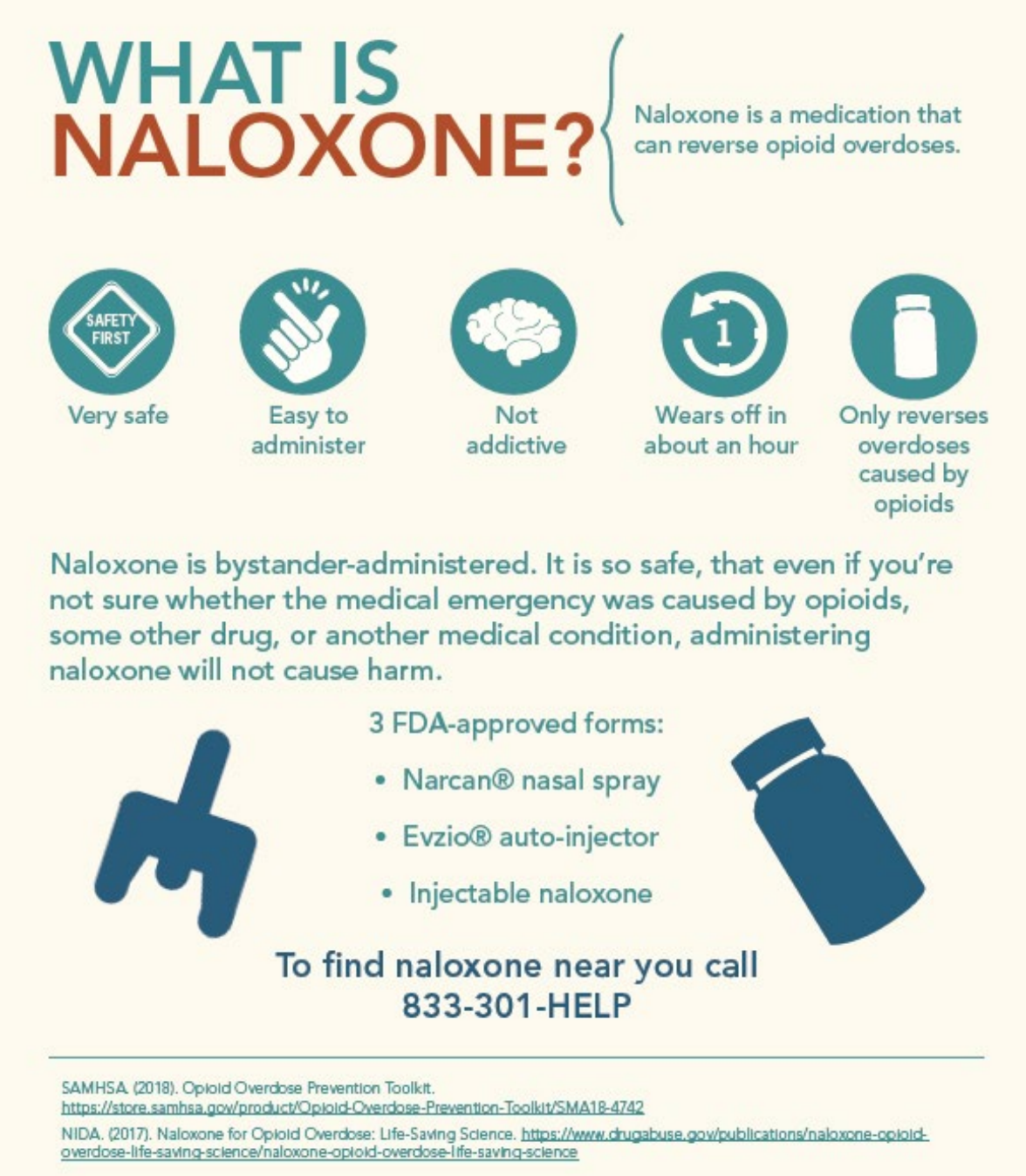
Understand, Distribute, and Use Naloxone

Naloxone is a key tool in the creation of a safer community. Naloxone is an FDA-approved medication that reverses opioid overdoses and can therefore prevent overdose fatalities.[31] Naloxone is available at pharmacies without a prescription and can be administered to any individual who is showing symptoms of an opioid overdose. Naloxone is safe and will not affect a person who does not have opioids in their system. Community members can be trained to use naloxone by learning to identify overdose symptoms, effective ways to respond to overdose, and how to administer naloxone to someone experiencing an overdose.[32] Your faith-based organization or place of worship can help community members access naloxone by partnering with organizations (such as NEXT Distro) to provide training and distribute naloxone kits. Administering naloxone to someone experiencing an overdose can save their life and provide that person a chance to pursue treatment and long-term recovery. Learn more about naloxone in the box below and the following link: https://bit.ly/3jqS8qZ.

What is naloxone?

Approved by the Food and Drug Administration (FDA), **naloxone is a medication used to rapidly reverse an opioid overdose**. Also known by the brand name Narcan, naloxone is available at pharmacies without a prescription and can be administered to any individual who is showing signs of an opioid overdose. Naloxone is safe, has little to no side effects, and will not affect a person who has no opioids in their system. Naloxone can give a person experiencing an overdose the time they need to seek immediate medical care and to find long-term treatment for OUD.

Administering naloxone to someone experiencing an overdose can save their life and does not enable illicit opioid use. Naloxone can give a person the chance to pursue recovery and make positive changes.



Source: *Addiction Policy Forum*, https://www.addictionpolicy.org/naloxone

Use warm handoff practices to connect people with existing treatment programs

A warm handoff is an uninterrupted transfer of care between two healthcare providers or two members of a health care team.[33] One relevant example of a warm handoff practice is where a hospital staff member taking care of someone who overdosed directly connects the patient to an outpatient SUD treatment provider upon discharge. By establishing strong warm handoff practices for community members in need, your group will help increase healthcare access and establish trust between patients and providers. This ultimately results in greater feelings of comfort for those needing help and an increased likelihood that

they will access treatment and other valuable support services offered to them by their provider(s).[34-36] Your group may also consider partnering with local treatment centers to help set up referrals, integrate Certified Recovery Specialist (CRS) staff, and provide additional avenues to acquiring MAT.

Additionally, you can share the resources listed below with your congregation and other faith leaders in whatever ways are most effective (e.g., printed and distributed directly, printed and posted to faith community bulletin boards, emailed, etc.).

- Pennsylvania has directories to several treatment services available on their website https://bit.ly/3m3BwXX.
- Call the national Substance Abuse and Mental Health (SAMHSA) hotline at 1-800-662-HELP (4357) for information about treatment resources. The hotline is staffed by trained professionals 24 hours a day, seven days a week, and is completely confidential. English and Spanish languages options are available.
- Reach out directly to treatment providers near you. These facilities provide various treatment options for those suffering from SUD. The Pennsylvania Department of Drug & Alcohol Programs website features an easy-to-reference care provider directory at https://bit.ly/3jpr6jv.

Single County Authorities

Pennsylvania has programs and services already established to help your organization get connected. Substance use recovery services are available to children and adults through county program offices called Single County Authorities (SCAs). These SCAs determine a person's eligibility for several services and funding, assess the need for treatment, and make referrals to appropriate programs to match service needs.

- Find your county's drug and alcohol Single County Authority for treatment programs here: https://bit.ly/3vxsTYN.
- Locate the Pennsylvania Department of Health Drug and Alcohol Facility here: https://bit.ly/3jpr6jv.
- The Pennsylvania Network of Care is a web resource that provides information and tools such as service directories, research libraries, free training, and other resources: https://bit.ly/3E2PX4B.

Centers of Excellence

As an additional solution to the growing overdose crisis within the state, Governor Tom Wolf introduced the Centers of Excellence (COE) for OUD program in 2016. These facilities are designed to engage with the local community to identify all persons with an OUD and ensure that every person achieves optimal health and all of their needs are addressed holistically. This includes OUD treatment; physical and mental health treatment; and peer recovery support to identify, obtain, and sustain treatment and non-treatment services. For a complete list of all COE locations in PA, click here: https://bit.ly/3jprNcB.

Additional support resources for those struggling or in active recovery:

- Celebrate Recovery is a Christ-centered, 12-step recovery program for anyone struggling with hurt, pain, or addiction of any kind.
  https://bit.ly/3pxrMam.
- The Jewish Alcoholics, Chemically Dependent Persons, and Significant Others (JACS) is a mutual support network to help individuals of the Jewish faith that are struggling with substance abuse to overcome addiction in conjunction with Judaism.
  https://bit.ly/3ni1iqU.
- Millati Islami is a program designed for men and women of the Muslim faith to join on his and her respective "Path of Peace". While like the 12-steps, Millati Islami stands apart with heavier religious context than its counterparts.
  https://bit.ly/3C7CQys.
- Alcoholics Anonymous (AA) is an international fellowship of men and women who have had a drinking problem. The meetings are nonprofessional, self-supporting, multiracial, apolitical, and available in many counties. The AA website provides more information and can aid your faith community in getting your own AA group started.
  https://bit.ly/3jpKvB4.
- Narcotics Anonymous (NA) is a global, community-based organization with a multi-lingual and multicultural membership. NA offers a group atmosphere that provides help from peers and offers an ongoing support network for people with a SUD who wish to pursue and maintain a drug-free lifestyle.
  https://bit.ly/3b0orIw.

Connect to Recovery

If and when a member of your community vocalizes their struggles with substance use, FBO can encourage and assist with the connection to a treatment provider. Whether your faith-based group is new or well-established, it is important to build relationships with local behavioral and physical health providers so you can easily make appropriate referrals. Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) website collects and forwards information on thousands of state-licensed providers who specialize in treating SUD, addiction, and mental illness. You can use the services locator here: https://bit.ly/3jpJNDU.

Establish a recovery church

A "recovery congregation" is based on the idea that religious participation can be a protective factor in recovery and builds on that foundation through understanding, compassion, and care for its community.[37,38] By working with individuals and other organizations to prevent substance use and drug misuse, this network can help provide information about treatment for people with SUD and establish your FBO and network as a recovery "home base" for resources related to harm reduction services, stigma reduction practices, and treatment referrals.

Tennessee's Department of Mental Health and Substance Abuse Services has implemented a recovery congregation initiative, including a complete implementation guide for identifying stakeholders, setting goals, providing services, and partnering with other organizations.[38] The intention behind the initiative is

summarized by the following: "By building a network of certified recovery congregations, we believed we could break down the stigma of addiction to serve our citizens and help them connect to the recovery services they need."[38]

Provide transportation to treatment services and/or recovery support programs

For many people, transportation can be a barrier to treatment. By offering ride services, you can bridge the gap by providing transportation to MAT, doctor's appointments, counseling, and support group meetings. Using your organization's buses/vans or personal vehicles (if available) would allow your faith community members to establish rideshares to and/or from these critical services. Notably, costs for transportation services can sometimes be offset with grant funding. Alternatively, your faith group may even wish to integrate the use of third-party transportation or ride-sharing services into available resources.

Invite your local law enforcement officials to visit your group

Inviting representatives from local law enforcement helps establish trust and cooperation between two important sectors for reducing overdoses and treating SUD. A great topic for law enforcement to review would be the Good Samaritan Laws within your respective county. These laws and others like them are designed to protect those who are providing and/or calling for help when someone has overdosed. The National Conference of State Legislatures features additional information about drug overdose and Good Samaritan laws on their website: https://bit.ly/3jMjBCU.

Remember the power of prayer

Give plenty of opportunities for your members to pray for those that are suffering from SUD. In doing so, remember to acknowledge the humanity of those individuals by using person first language. It is also important to honor those who have died from overdoses through vigils or community gatherings. Organizing these events can help support the friends and family members of individuals who have passed away and cultivate more awareness and unity toward the dangers of substance use and the importance of treatment and prevention.

Events like these also present opportunities to help prevent future overdoses by distributing life-saving naloxone, and to help those with SUD by providing information about treatment and recovery resources. The death of a community member can be a difficult time, so while it's important to improve the community's safety, it's also essential to be sensitive to those affected by the loss and ensure they feel supported.

How Can Community Coalitions Engage Faith Community Leaders in Overdose Reduction Efforts?

By using the additional resources possessed by a coalition, faith organizations can better achieve their own goals and forge a strong fellowship with other sectors of the local community. Notably, many community coalitions already include a faith-based subcommittee with its own respective sub-goals. By joining, faith community leaders and representatives can ensure their voice is heard and that they are informed of upcoming opportunities to support local community action.

Share Resources

Referrals

To engage faith-based leaders in overdose reduction efforts, community coalitions can equip faith members to refer individuals to appropriate local resources. Many of these resources include support groups, physical, mental, and behavioral health treatments, as well as MAT. Coalitions and FBO often have unique knowledge of and access to community resources for individuals with SUD, so sharing information related to these resources can help create a community where someone can find help no matter where they start.

Promoting events

One of the fundamental goals behind FBO and places of worship is to build and sustain strong communities. Coalitions and FBO can leverage this shared interest by working together to promote community events, spread awareness of key resources, and provide opportunities for training related to overdose prevention, harm reduction, and more. Coalitions may also have access to their own group of interested parties and stakeholders, and collaboration with FBO and other organizations can cross-pollinate these communities and help all organizations involved grow while strengthening the community and improving the health and well-being of community members.

Volunteers

Programs and events such as harm reduction training, drug take back days, and support groups often need volunteers to facilitate them with limited financial resources. Coalitions and FBO have relationships with community members that can increase their pool of available volunteers by collaborating for events and programs. Collaboration between these groups can therefore produce a large, motivated, and committed group of volunteers to help implement events and initiatives that contribute to decreased overdoses.

Recovery-Related Observances

Coalitions can engage their entire community, including FBO, by recognizing national observances related to SUD and hosting community events and campaigns that bring help and awareness to individuals in need. Significant observances are described below along with ideas for commemorating each in an appropriate and productive way. Significant observances include the following:

- **World Mental Health Day (October 10th)** is observed to raise awareness of mental health issues around the world and mobilize efforts in support of mental health.[39] The day allows people working to treat mental health issues to talk about their work and what needs to be improved.[39]

  Coalitions and FBO might observe World Mental Health Day by partnering to set up a one-stop-shop where community members can access information and referrals related to

mental health issues along with other related resources.
https://bit.ly/3m2rvKF

- **International Overdose Awareness Day (August 31st)** is observed as part of a campaign "…to end overdose, remember without stigma those who have died, and acknowledge the grief of the family and friends left behind."[40]

  Coalitions and FBO might observe International Overdose Awareness Day by hosting a vigil to allow community members to mourn those who have passed away due to overdose.
  https://bit.ly/3E2Immz

- **National Prevention Week (May 9th-15th)** is "a public education platform that promotes prevention year-round through providing ideas, capacity building, tools, and resources to help individuals and communities make substance use prevention happen every day."[41]

  Coalitions and FBO can observe National Prevention Week by engaging with new community or government partners, launching a new program, or distributing information about substance use and mental health issues throughout the week.
  https://bit.ly/3G2cxfw

- **National Recovery Month (September)** is a national observance intended "to promote and support new evidence-based treatment and recovery practices, the emergence of a strong and proud recovery community, and the dedication of service providers and community members across the nation who make recovery in all its forms possible."[42]

  Coalitions and FBO can observe National Recovery Month by collecting and sharing recovery stories, distributing information about upcoming recovery-focused activities, and hosting events to forge connections between people in recovery and mental health and/or addiction treatment providers.
  https://bit.ly/2ZdQ8e8

Connect with Partners

Community coalitions also have the resources to connect FBO to other local (and remote) organizations. This network between organizations aids in the development of new projects while also streamlining access between communities.

Example partners include:

- **Faith Leaders**: People recognized both formally or informally, who hold authoritative and influential roles within their respective faith institutions to guide, inspire, and lead others.
- **Mental, physical, and behavioral healthcare facilities**: Medical facilities in which people with SUD and mental health challenges can receive evidence-based treatment from licensed professionals.
- **MOUD or MAT providers**: Medical facilities in which people with SUD can access medication to support their recovery from SUD.

- **Addiction and mental health support groups**: Groups where people dealing with SUD and mental health challenges can share their stories, connect with others who face similar challenges, and establish accountability for recovery.
- **Law enforcement**: People misusing substances may interact with law enforcement, which makes this an important touch point for information, harm reduction training, and referral to resources. Engaged law enforcement can direct people exhibiting substance use to treatment and help support safe drug disposal events and programs.
- **Criminal justice resources**: Organizations and individuals who can help with legal representation, establish and improve care for incarcerated people with SUD, and build programs where people convicted of a drug-related crime can access treatment as part of their sentencing.
- **Children and Youth Services & Childcare**: Organizations which can help families manage SUD as well as finding childcare and safe housing for children, when necessary, among other services related to children and families.
- **Transportation**: Organizations which can help people travel to access treatment (including MOUD/MAT), mental and physical healthcare, and other resources essential to recovery.

Educate Your Community

Community coalitions can be a source of education and training on SUD, harm reduction, and overdose symptoms. By providing resources and information, community coalitions will equip your faith organization with the tools needed to recognize a SUD, understand the appropriate responses, compassionately refer individuals to treatment, use person first language that reduces stigma towards individuals with a SUD, and encourage those individuals along their recovery journey. Thankfully, community coalitions exist to help alleviate the work and bolster your efforts to support your community and champion overdose reduction.

Next Steps

Community coalitions play a critical role in ensuring that FBO and places of worship have access to subject matter expertise, connections with local treatment and recovery organizations, and the tools and information to reduce harm from substance use. FBO and coalitions both stand to gain much from collaboration, with the potential to grow within their respective communities and gain access to additional resources like funding and volunteer groups. Ultimately, the goal is to save lives, and strong partnerships between overdose reduction coalitions and FBO is one critical component to accomplish this goal.

1. **Connect with the FCC and join its mailing list to receive new information and updates:** https://bit.ly/3w5ko7G
2. **Locate your county's coalition and represent your faith group at the next meeting**: https://bit.ly/3nFd0fd
3. **Learn more about the current state of SUD in your area:** https://bit.ly/3BrTlig

References

1. Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999-2018. 2020.
2. Zöllner C, Stein C. Opioids. *analgesia.* 2006:31-63.
3. Regier DA, Kuhl EA, Kupfer DJ. The DSM‐5: Classification and criteria changes. *World psychiatry.* 2013;12(2):92-98.
4. Parker EA, Eng E, Laraia B, et al. Coalition building for prevention: lessons learned from the North Carolina community-based public health initiative. *Journal of public health management and practice: JPHMP.* 1998;4(2):25-36.
5. Butterfoss FD, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion. *Health education research.* 1993;8(3):315-330.
6. Paine-Andrews A, Fawcett S, Richter KP, Berkley JY, Williams EL, Lopez CM. Community coalitions to prevent adolescent substance abuse: The case of the" Project Freedom" replication initiative. *Journal of Prevention & Intervention in the Community.* 1997;14(1-2):81-99.
7. Feinberg ME, Greenberg MT, Osgood DW. Readiness, functioning, and perceived effectiveness in community prevention coalitions: A study of communities that care. *American Journal of Community Psychology.* 2004;33(3-4):163-176.
8. Abuse NIoD. Words Matter - Terms to Use and Avoid When Talking About Addiction. National Institutes of Health. https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction. Accessed September 8th, 2021.
9. Perese EF. Stigma, poverty, and victimization: Roadblocks to recovery for individuals with severe mental illness. *Journal of the American Psychiatric Nurses Association.* 2007;13(5):285-295.
10. Preventing Adverse Childhood Experiences. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html. Published 2021. Updated 4/2/2021. Accessed 10/29/2021, 2021.
11. Reeves E. A synthesis of the literature on trauma-informed care. *Issues in mental health nursing.* 2015;36(9):698-709.
12. Bath H. The three pillars of trauma-informed care. *Reclaiming children and youth.* 2008;17(3):17-21.
13. Recognizing Opioid Overdose. National Harm Reduction Coalition. Opioid Overdose Basics Web site. https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/recognizing-opioid-overdose/. Accessed 11/2, 2021.
14. McCabe SE, West BT, Teter CJ, Boyd CJ. Medical and nonmedical use of prescription opioids among high school seniors in the United States. *Archives of pediatrics & adolescent medicine.* 2012;166(9):797-802.
15. Connery HS. Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. *Harvard review of psychiatry.* 2015;23(2):63-75.
16. Fudala PJ, Bridge TP, Herbert S, et al. Office-based treatment of opiate addiction with a sublingual-tablet formulation of buprenorphine and naloxone. *New England Journal of Medicine.* 2003;349(10):949-958.
17. Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane database of systematic reviews.* 2014(2).

18. Weiss RD, Potter JS, Fiellin DA, et al. Adjunctive counseling during brief and extended buprenorphine-naloxone treatment for prescription opioid dependence: a 2-phase randomized controlled trial. *Archives of general psychiatry.* 2011;68(12):1238-1246.
19. Denis-Lalonde D, Lind C, Estefan A. Beyond the Buzzword: A Concept Analysis of Harm Reduction. *Res Theory Nurs Pract.* 2019;33(4):310-323.
20. Marlatt GA, Larimer ME, Witkiewitz K. *Harm reduction: Pragmatic strategies for managing high-risk behaviors.* Guilford Press; 2011.
21. Carey KB. Substance use reduction in the context of outpatient psychiatric treatment: A collaborative, motivational, harm reduction approach. *Community Mental Health Journal.* 1996;32(3):291-306.
22. Taylor JL, Johnson S, Cruz R, Gray JR, Schiff D, Bagley SM. Integrating Harm Reduction into Outpatient Opioid Use Disorder Treatment Settings. *Journal of General Internal Medicine.* 2021:1-10.
23. Toumbourou JW, Stockwell T, Neighbors C, Marlatt G, Sturge J, Rehm J. Interventions to reduce harm associated with adolescent substance use. *The Lancet.* 2007;369(9570):1391-1401.
24. Des Jarlais DC, Feelemyer J, LaKosky P, Szymanowski K, Arasteh K. Expansion of Syringe Service Programs in the United States, 2015–2018. *American journal of public health.* 2020;110(4):517-519.
25. Centers for Disease Control and Prevention. Syringe Services Programs (SSPs). https://www.cdc.gov/ssp/index.html. Accessed September 24th, 2021.
26. Hadlaczky G, Hökby S, Mkrtchian A, Carli V, Wasserman D. Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. *International Review of Psychiatry.* 2014;26(4):467-475.
27. Kitchener BA, Jorm AF. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. *BMC psychiatry.* 2002;2(1):1-6.
28. Carroll KM, Ball SA, Nich C, et al. Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and alcohol dependence.* 2006;81(3):301-312.
29. Rollnick S, Butler CC, Kinnersley P, Gregory J, Mash B. Motivational interviewing. *Bmj.* 2010;340.
30. Suarez M. Motivational interviewing: preparing people for change. In: LWW; 2006.
31. Boyer EW. Management of opioid analgesic overdose. *New England Journal of Medicine.* 2012;367(2):146-155.
32. Clark AK, Wilder CM, Winstanley EL. A Systematic Review of Community Opioid Overdose Prevention and Naloxone Distribution Programs. *Journal of Addiction Medicine.* 2014;8(3):153-163.
33. Principles of Harm Reduction. National Harm Reduction Coalition. https://harmreduction.org/about-us/principles-of-harm-reduction/. Accessed 11/1, 2021.
34. Kelly T, Hoppe JA, Zuckerman M, Khoshnoud A, Sholl B, Heard K. A novel social work approach to emergency department buprenorphine induction and warm hand-off to community providers. *The American journal of emergency medicine.* 2020;38(6):1286-1290.
35. Khan M, Conte J, Njoku-Anokam V, et al. 367 Emergency Department Warm Handoff Program: Using Peers to Improve Emergency Department Patient Engagement and Linkages to Community-Based Substance Use Disorder Services. *Annals of Emergency Medicine.* 2018;72(4):S144.
36. Rusenko L, Major H, Dugosh K. Analyzing the Bucks-County-Connect-Assess-Refer-Engage-Support (BCARES) Program Model for Emergency Room Warm Handoff Success for Opioid Overdose Survivors. Paper presented at: APHA's 2019 Annual Meeting and Expo (Nov. 2-Nov. 6)2019.

37. Recovery Church Movement. https://www.recovery.church/. Accessed September 10th, 2021.
38. Tennessee Recovery Congregations. In: Services TDoMHaSA, ed2019.
39. Organization WH. World Mental Health Day. World Health Organization. https://www.who.int/campaigns/world-mental-health-day. Accessed September 20th, 2021.
40. Day IOA. International Overdose Awareness Day. International Overdose Awareness Day. https://www.overdoseday.com/. Accessed September 20th, 2021.
41. National Prevention Week. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/prevention-week. Accessed.
42. National Recovery Month. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/recovery-month. Accessed September 20th, 2021.
43. Agonist. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
44. Analgesic. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
45. Greenblatt DJ, Shader RI. Benzodiazepines. *New England Journal of Medicine.* 1974;291(23):1239-1243.
46. Buprenorphine. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
47. Administration DE. Title 21 United States Code (USC) Controlled Substances Act. *Office of Diversion Control United States Department of Justice Google Scholar.* 2010.
48. Codeine. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
49. Assocation AP. *Substance-Related and Addictive Disorders.* 5th ed. Washington, DC2013.
50. Haughey CW, Lawson D, Roberts K, Santos M, Spinosa S. Safe medication disposal. *Home healthcare now.* 2019;37(2):106-110.
51. National Institutes of Health NIoDA. Misuse of Prescription Drugs Research Report. https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/overview. Accessed September 24th, 2021.
52. Argoff CE, Silvershein DI. A comparison of long-and short-acting opioids for the treatment of chronic noncancer pain: tailoring therapy to meet patient needs. Paper presented at: Mayo Clinic Proceedings2009.
53. Armenian P, Vo KT, Barr-Walker J, Lynch KL. Fentanyl, fentanyl analogs and novel synthetic opioids: a comprehensive review. *Neuropharmacology.* 2018;134:121-132.
54. Nielsen S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical opioid dependent people. *Cochrane Database of Systematic Reviews.* 2016(5).
55. Gulam H, Devereux J. A brief primer on Good Samaritan law for health care professionals. *Australian Health Review.* 2007;31(3):478-482.
56. Heroin. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
57. National Institute of Diabetes and Digestive and Kidney Diseases. Hydrocodone. LiverTox: Clinical and Research Information on Drug-Induced Liver Injury Web site. https://www.ncbi.nlm.nih.gov/books/NBK548700/. Published 2012. Updated November 24th, 2020. Accessed.
58. Methamphetamine. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
59. Morphine. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
60. Naloxone. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
61. Barker K, Hunjadi D. Meet Narcan. The amazing drug that helps save overdose patients. *JEMS: a journal of emergency medical services.* 2008;33(8):72-76.
62. Narcotic. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
63. Opioid. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
64. KuKanich B, Wiese AJ. Opioids. *Veterinary anesthesia and analgesia: the fifth edition of Lumb and Jones.* 2015:207-226.
65. Overdose. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.

66. Oxycodone. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
67. National Institutes of Health NCI. Physical Dependence. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/physical-dependence. Accessed September 24th, 2021.
68. Finklea KM, Bagalman E, Sacco LN. *Prescription drug monitoring programs.* Congressional Research Service Washington (DC); 2014.
69. Tolerance. In. *Cambridge Dictionary*. Dictionary.Cambridge.org.
70. Dumas EO, Pollack GM. Opioid tolerance development: a pharmacokinetic/pharmacodynamic perspective. *The AAPS journal.* 2008;10(4):537-551.
71. Wikler A. *Opioid dependence: Mechanisms and treatment.* Springer Science & Business Media; 2013.

Appendix

Faith-Based Resources

- PA STOP's Faith-Based Organization Toolkit: https://bit.ly/2Yyxw90
- Harm Reduction Coalition's Sprit of Harm Reduction Toolkit: https://bit.ly/3kldwyg

Local and Statewide Resources in Pennsylvania

- Pennsylvania has directories to several treatment services available on their website https://www.pa.gov/guides/opioid-epidemic/. Additionally, your organization may also wish to utilize the following resources.
    - Call the Hotline – Call 1-800-662-HELP (4357) for information about treatment resources. The hotline is staffed by trained professionals 24hours a day, seven days a week, and is completely confidential. English and Spanish languages options are available.
    - Reach out directly to treatment providers near you. These facilities provide various treatment options for those suffering from SUD. The PA Department of Drug & Alcohol Programs website features an easy to reference care provider directory at https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx
    - Find your county's drug and alcohol Single County Authority for treatment programs here: https://www.ddap.pa.gov/Get%20Help%20Now/Pages/County-Drug-and-Alcohol-Offices.aspx
    - Locate PA Department of Health Drug and Alcohol Facility here: https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx
- Pennsylvania Network of Care is a web resource that provides information and tools like service directories, research libraries, free training, and other resources: https://portal.networkofcare.org/Sites/Pennsylvania?state=pennsylvania
- PA STOP – A website from the Commonwealth Prevention Alliance Campaign of Pennsylvania with the intent to stop opiate misuse through education, messaging tools, media resources, and additional prevention efforts: https://bit.ly/2XPubBW

National Resources

- SAMHSA Faith-Based and Community Initiatives
    - https://www.samhsa.gov/faith-based-initiatives/about
- Tennessee Department of Mental Health and Substance Abuse Faith-Based Organization Toolkit
    - https://www.tn.gov/behavioral-health/substance-abuse-services/faith-based-initiatives/faith-based-organization-toolkit.html
- Engaging the Faith Community in Substance Use Prevention: The Rationale for Partnering and Resources to Support Your Efforts
    - https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj2eXAn47zAhWMMVkFHaGEAhkQFnoECBQQAQ&url=https%3A%2F%2Fpttcnetwork.org%2Fsites%2Fdefault%2Ffiles%2F201911%2FEngaging%252Bthe%252BFaith%252BCommunity%252Bin%252BSubstance%252BUse%252BPrevention%252BRationale%252Band%252BResources_mmf_0.pdf&usg=AOvVaw2BwQhZrtqCs1uSqA6tiE_h
- Rural Faith Leaders Workshop Series: Empowering Faith Leaders to Help Persons with Substance Use Disorder

    - https://www.ruralcommunitytoolbox.org/starting-points/rural-faith-leaders
- Cuyahoga County Faith-Based Outreach Initiative
    - https://www.adamhscc.org/about-us/current-initiatives/faith-based-initiative

Legality of Harm Reduction Initiatives

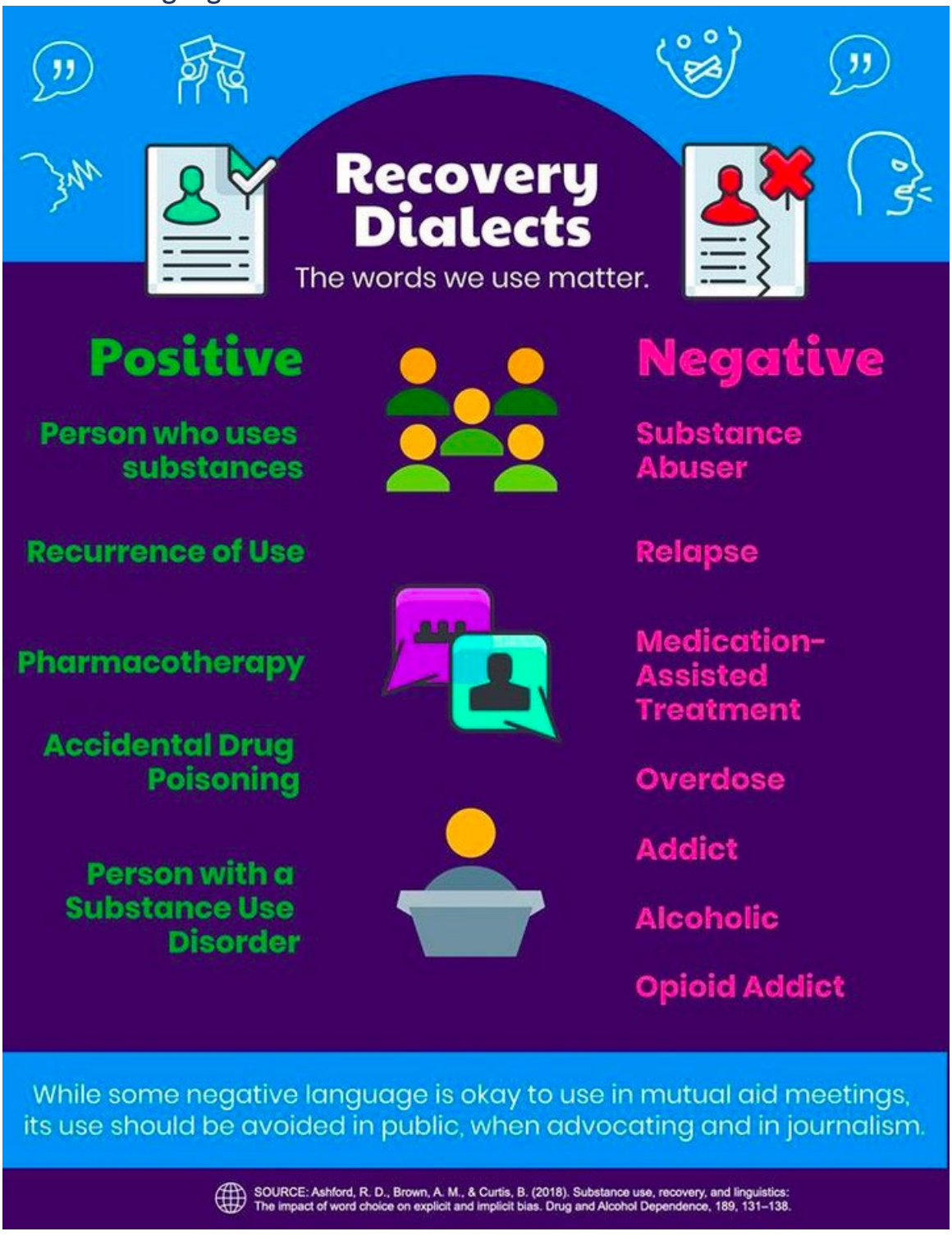
People with SUD do not want to be a detriment to their community, family, and friends – let alone a detriment to themselves. Improving drug laws, polices, and law enforcement practices are important topics of discussion for any FBO in dealing with harm reduction practices.

Your group should be open to talking about "hot-button" subjects like the criminalization of people who use drugs, abusive and corrupt policing practices, restrictions on possession of injecting paraphernalia (such as syringe services programs, SSPs), the denial of life-saving medical care, and discrimination based on drug use, class, race, and gender.

The following resources are provided to get the conversation started:

- **NEXT Harm Reduction: An Online, Mail-Based Naloxone Distribution and Harm-Reduction Program**
  A description of the purpose, implementation, impact, and public health significance of Needle Exchange Technology (NEXT) Harm Reduction and an outline of potential challenges & opportunities to inform other organizations who may be interested in expanding our integrating online, mail-based harm-reduction services in their communities.
  Source: https://issuu.com/nextdistro/docs/next_ajph_02182021
- **Harm Reduction, By Mail: The Next Step in Promoting the Health of People Who Use Drugs**
  Online ordering and mail-delivery are widely used for a range of health services and products. Leveraging these tools for harm reduction services would rapidly expand the reach of sterile injection equipment and naloxone to underserved areas.
  Source:
  https://issuu.com/nextdistro/docs/hayes2021_article_harmreductionbymailthenextstep
- **Treating Heroin and OUD**
  An extensive resource provided by the Commonwealth of Pennsylvania that goes further into detail on how to receive treatment, getting naloxone, how to use the medicine, and other naloxone and drug take-back services.
  Source: https://www.pa.gov/guides/opioid-epidemic/?utm_medium=paid_search&utm_source=google&utm_campaign=ddap_get_help_now&utm_conten=search#GetNaloxone

Person-First Language



Source: Ashford, R. D. Brown, A.M. & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 18, 131-139.

Source: National Council for Behavioral Health

Brief Overviews

Syringe Services Program Brief Overview

A **syringe services program** (SSP) is a community-based prevention initiative that provides a range of health services including:

- Access to and disposal of sterile syringes
- Medical supplies
- Connection to service to treat or prevent blood-borne infectious diseases (such as HIV/AIDS or hepatitis)
- Connection to SUD treatment and naloxone distribution
- Basic medical services
- Referrals to other services such as mental health and social services

Syringe service programs provide a space for the secure disposal of used syringes and can prevent needle sharing. Secure disposal also keeps used needles out of public spaces and protects community members and first responders from harm.

Research by the Centers for Disease Control and Prevention has shown that SSP do not increase crime or illegal drug use and are safe, effective, and reduce healthcare costs overall. Individuals served by SSP are five times more likely to enter treatment and lead healthier lives.

PERU Brief Overview

Visit the following link to learn more about PERU: https://bit.ly/3bvSAzF

Glossary

A reference guide to the terms, definitions, and language used in this toolkit.

Agonist – a drug and or substance which initiates a physiological response when combined with a receptor, i.e. the brain's receptors.[43]

Analgesics – Pain relieving medications including over-the-counter medications like acetaminophen (Tylenol®) or ibuprofen (Advil®) and prescription opioids.[44]

Benzodiazepines – Sometimes called "benzos," these are sedatives often used to treat anxiety, insomnia, and other conditions. Combining benzodiazepines with opioids increases a person's risk of overdose and death.[45]

Buprenorphine – a partial opioid agonist that produces effects such as euphoria or respiratory depression at low to moderate doses. These effects are weaker than full opioid agonists such as methadone and heroin – when taken as prescribed, buprenorphine is safe and effective.[46]

Controlled substance – generally a drug or chemical whose manufacture, possession, or use is regulated by a government, such as illicitly used drugs or prescription medications that are designated by law.[47]

Codeine – an analgesic drug derived from opium.[48]

Drug addiction – The preferred term is substance use disorder. When referring to opioids, see the opioid use disorder (OUD) definition below and text box discussing the difference between "tolerance," "dependence," and "addiction."[49]

Drug disposal pouches – Bags/pouches that contain a water-soluble inner pod containing proprietary active carbons for the proper disposal/deactivation of prescription or over the counter medications – the most common form of Drug Deactivation and Disposal is Deterra.[50]

Drug misuse – The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else's prescription.[51]

Extended-release/long-acting (ER/LA) opioids – Slower-acting medication with a longer duration of pain-relieving action.[52]

Fentanyl – Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illicit drug markets for its heroin-like effect, and it is often mixed with heroin or other drugs, such as cocaine, or pressed in to counterfeit prescription pills.[53]

Full opioid agonist – a drug that activates the opioid receptors in the brain to the fullest opioid effect. Examples of full agonists are heroin, oxycodone, methadone, hydrocodone, morphine, opium, and others. [54]

Good Samaritan Law – A law that provides immunity to someone who calls 911 when someone they are with experiences an overdose (or alcohol poisoning), protecting them from prosecution should they be in possession of drug paraphernalia.[55]

Heroin – An illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants.[56]

Hydrocodone – a drug used to treat moderate to severe pain and cough.[57]

Illicit drugs – The nonmedical use of a variety of drugs that are prohibited by law. These drugs can include amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy.[47]

Immediate-release opioids – Faster-acting medication with a shorter duration of pain-relieving action.[52]

Medication-assisted treatment (MAT) – Treatment for opioid use and other dependency-based disorders that combines the use of medications (i.e., methadone, buprenorphine, and naltrexone, for example) with counseling and behavioral therapies.[15]

Medication for opioid use disorder (MOUD) – Class of drugs that include prescription pain relivers, synthetic opioids, and heroin. Prescription opioids are meant to be used to treat acute pain (such as recovering from injury or post-surgery), chronic pain, active-phase cancer treatment, and end-of-life care.[15]

Methamphetamine – A highly addictive central nervous system stimulant that is also categorized as a psychostimulant. Methamphetamine use has been linked to mental disorders, problems with physical health, violent behavior, and overdose deaths. Methamphetamine is commonly referred to as meth, ice, speed, and crystal, among many other terms.[58]

Morphine – An analgesic and narcotic drug obtained from opium and used medicinally to relieve pain.[59]

Naloxone – A drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.[60]

Narcan – the Nasal formulation of naloxone that has been approved by the U.S. Food and Drug Administration (FDA), for the treatment of known or suspected opioid overdose.[61]

Narcotic drugs – Originally referred to any substance that dulled the senses and relieved pain. Some people use the term to refer to all illegal drugs but technically, it refers only to opioids. Opioid is now the preferred term to avoid confusion.[62]

Opioid – Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.[63]

Opioid analgesics – Commonly referred to as prescription opioids, medications that have been used to treat moderate to severe pain in some patients. Categories of opioids for mortality data include:

- **Natural opioid analgesics,** including morphine and codeine.[64]

- **Semi-synthetic opioid analgesics,** including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone.[64]
- **Methadone,** a synthetic opioid that can be prescribed for pain reduction or for use in MAT for OUD. For MAT, methadone is used under direct supervision of a healthcare provider.[64]
- **Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl.[64]

Opioid use disorder (OUD) – A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. "Opioid use disorder" or "OUD" is preferred over other terms with similar definitions, "**opioid abuse or dependence**" or "**opioid addiction**."[49]

Overdose – Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.[65]

Oxycodone – a synthetic analgesic drug that is like morphine in its effect.[66]

Partial opioid agonist – Drug or substance that actives the opioid receptors in the brain but to a much lesser degree than a full agonist. The most common partial opioid agonist is buprenorphine.[54]

Physical dependence – Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.[67]

Prescription drug monitoring programs (PDMPs) – State or territorial-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, OUD, and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.[68]

Syringe services program (SSP) – Community-based prevention programs that can provide a range of services, including linkage to SUD treatment, access to and disposal of sterile syringes and injection equipment, and vaccination, testing, and linkage to care and treatment for infectious diseases.[25]

Tolerance – Reduced response to a drug with repeated use.[69]

- **Opioid tolerance** occurs when a person using opioids begins to experience a reduced response to medication, requiring more opioids to experience the same effect.[70]
- **Opioid dependence** occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when medication is stopped.[71]
- **Opioid addiction or OUD** occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid addiction often comes after the person has developed opioid tolerance and dependence, making it physically challenging to stop opioid use and increasing the risk of withdrawal.[49]