

Other Implementation Considerations

Connecting People Who Have Experienced Non-Fatal Overdose, Families, and Loved Ones

People who have experienced a non-fatal overdose are at high risk of overdosing again and often face various challenges that contribute to their drug use, so enhancing the networks and mechanisms to support them is important.²⁸ Consider using peer support workers to connect to people who experience a nonfatal overdose and their families, who may also be at risk of overdose, to offer emotional support and to connect them to needed services.

As an example, the Community-based Post-Overdose Response Teams (PORTs), which often include peer recovery specialists, are successful in engaging individuals who have experienced an overdose and connecting them to treatment and support services. The [Lake Superior Diversion and Substance Use Response Team in Minnesota](#) highlights a successful community-led PORT. This team consists of only non-sworn personnel—four peer recovery specialists and a licensed social worker—who are all embedded in the Duluth Police Department—and provide follow-up services to individuals who have experienced a non-fatal overdose. Their approach has been associated with improved engagement in treatment and support services among individuals who have experienced an overdose. They found that more than 60 percent of referrals resulted in successfully contacting the referred individual in person, and 80 percent of those successfully contacted completed an engagement with a peer specialist, which is the intended goal of the program.²⁹

Additionally, SAMHSA provides [comprehensive resources on overdose and guidance](#) on the importance of support networks and recovery support. These materials emphasize the multifaceted approach for effective recovery, including MOUD, counseling, behavioral therapies, and recovery support services.



Prevention Services

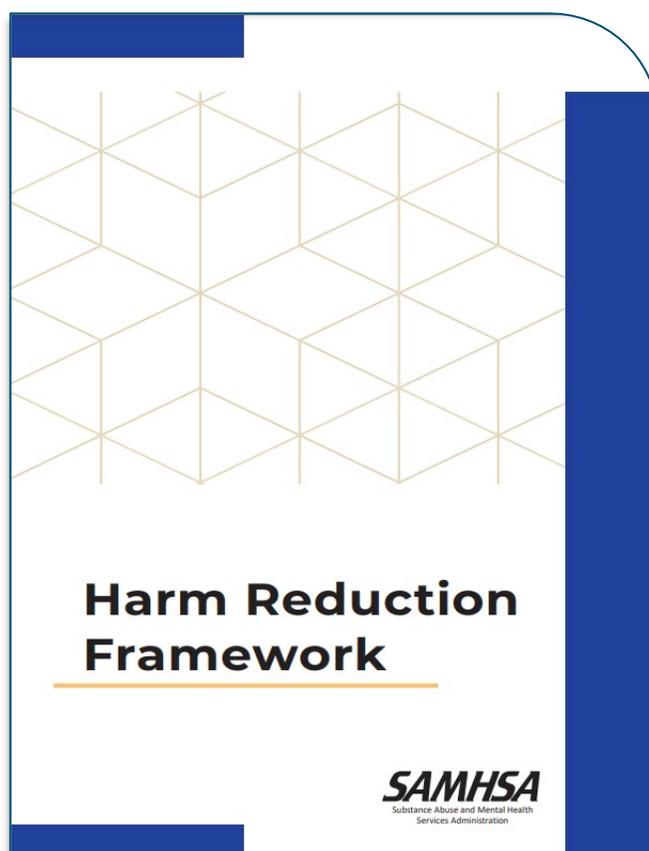
A comprehensive prevention approach reaches the community at large, as well as at-risk populations for substance use, to ensure efforts are inclusive and prioritized. This includes children and families of those who use substances and those who have experienced an overdose. It also provides prevention services to individuals across the lifespan. [South Dakota's prevention initiatives](#) have shown success including their PharmaDrop Program, which has established 93 permanent drug take-back receptacles in retail pharmacies and hospitals statewide. This program facilitates the safe disposal of unused medications, reducing the risk of misuse. Additionally, the state offers free DisposeRx packets for at-home disposal and free medication lock boxes, enhancing safe medication storage and disposal practices. These efforts exemplify a proactive and inclusive strategy in preventing substance misuse across diverse community members.

Harm Reduction Services

Harm reduction approaches engage people who use drugs, many of whom may have previously overdosed, to prevent future overdose and infectious disease transmission, improve physical, mental, and social well-being, and offer low-barrier options for accessing health care services, including substance use disorder and mental health treatment. Collaborating with SSPs, infectious disease screening programs, and housing and food assistance programs provides needed services to populations at high-risk of overdose and other co-morbidities. Establishing these services can also improve access in underserved areas, ensuring that crucial health resources reach those who need them the most and ultimately reducing health disparities.³⁰

The [SAMHSA Harm Reduction Framework](#) is a comprehensive guide outlining harm reduction's role within HHS. Developed in collaboration with experts and individuals with lived experiences, it provides a roadmap of best practices, principles, and pillars for harm reduction activities, programs, and policies. The framework emphasizes community-driven public health strategies aimed at empowering people who use drugs to lead healthier lives.

Recent updates to federal policies, including SAMSHA's [revisions to 42 CFR Part 8](#), the federal rule governing Opioid Treatment Programs (OTPs), further highlight the critical role of harm reduction in addressing the overdose crisis. The updated rule modernizes standards for OTPs, integrating harm reduction approaches such as naloxone distribution and provides take-home medication flexibility to reduce overdose risks. These changes emphasize patient-centered care and align with harm reduction principles by lowering barriers to treatment and promoting accessibility for underserved populations.



The North Carolina Harm Reduction Coalition's (NCHRC) [Overdose Prevention Project \(OPP\)](#) educates individuals about overdose risks and naloxone administration, provides syringe services, testing for HIV, Hepatitis C counseling, and referral to SUD treatment. With over 130 volunteers statewide, NCHRC prioritizes distributing free overdose rescue kits to groups with higher risk, including people who inject drugs, individuals taking MOUD, formerly incarcerated individuals with a history of opioid use, sex workers, and transgender individuals.

Substance Use Disorder (SUD) Treatment

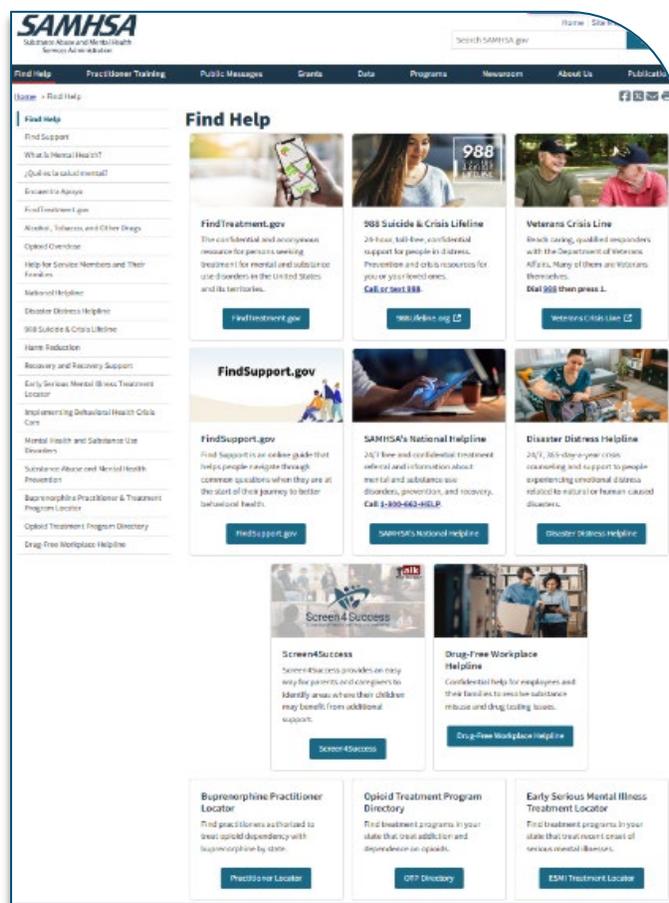
Access to SUD treatment resources is often needed for individuals who have experienced a non-fatal overdose, their families, and allies seeking care. Clarify the locations and process for accessing SUD treatment resources in your community for those who are seeking treatment. You can find national or state treatment locators through resources like [SAMHSA's 'Find Help and Treatment' website](#). These locators provide valuable information about treatment options, including OTPs, buprenorphine practitioners, and other resources to support individuals with OUD.

Providing low-barrier access to treatment, such as mobile care, bridge clinics, and medication-first approaches improves access to needed treatment. SAMHSA's [Advisory on Low Barrier Models of Care for Substance Use Disorders](#) offers strategies to enhance access to treatment by minimizing obstacles that hinder individuals from seeking care. These strategies include same-day treatment availability, integrated services, telehealth options, and peer support. Principles such as person-centered care, harm reduction, flexibility, cultural responsiveness, and trauma-informed approaches guide these models. Evidence suggests that low-barrier care improves treatment engagement, reduces substance use, and decreases hospitalization.

[Arizona's Health Care Cost Containment System \(AHCCCS\)](#) established low-barrier treatment by providing opioid treatment on-demand through access centers in high-overdose areas, offering 24/7 services at four locations. These centers integrate naloxone distribution with community OTPs and office-based practices to streamline access to both prevention and treatment services.

Additionally, consider co-locating MOUD within CHRP, medical, and community-based sites. Co-location is an approach to expand access to MOUD beyond specialty SUD treatment facilities. Research underscores the effectiveness of MOUD in reducing overdose risks. For instance, individuals

Exhibit 13. SAMHSA's Find Help and Treatment Website



receiving buprenorphine or methadone experience a 40-60% reduction in overdose risk, emphasizing the importance of expanding access to these treatments alongside OORMs distribution efforts.³¹ Integrating these services into diverse settings—including harm reduction programs, healthcare clinics, and mobile units—can amplify their impact, ensuring that individuals in high-risk populations receive comprehensive, accessible care.

Recovery Support Services

Recovery support services assist those who have experienced a non-fatal overdose and are seeking or in recovery. To assist individuals with recovery support, identify recovery support organizations and centers in your community. Work closely with these organizations to



provide a diverse array of recovery services (e.g., recovery housing, recovery coaching, and childcare). By building and maintaining a comprehensive network of recovery support services, communities can ensure that individuals have access to the resources they need for sustained recovery and successful reintegration into the community.

Examples of effective recovery support organizations include [Recovery Community Organizations \(RCOs\)](#), which provide peer-based and other recovery support services.

There are also several online and in-person mutual aid/self-help groups in communities across the country ([facesandvoicesofrecovery.org](#)). Digital platforms, such as “[In the Rooms](#),” offer virtual recovery meetings, ensuring support is accessible anytime.

Family and caregiver support programs, such as [Al-Anon](#) and [Nar-Anon](#) offer mutual support and understanding from others with common lived experiences.

Peer-led Recovery Centers, Recovery Housing, and Sober Living Houses, such as [Oxford House](#), provide safe spaces for individuals to support each other through shared experiences and responsibilities. For example, the Anne Arundel County Department of Health’s [Recovery Community Support Services Program \(RCSS\)](#) in Maryland, provides access to services to engage and assist individuals in accessing the services needed to reach their individual recovery goals, such as peer support services, recovery housing for women and children, adolescent clubhouses, and recovery community organizations. Evidence shows that peer recovery support has a positive effect on participants and contributes to SUD health outcomes.³²