

RURAL **HEALTH** WORKSHOP

Public and Behavioral Health Strategy in the Opioid Epidemic: Connecting Local Partners to Reduce Overdose Deaths



Speakers

- Melissa Stainback, PhD
 - Regional Opioid Coordinator
 - Imperial Calcasieu Human Service Authority and Office of Public Health



- Traci Hedrick, LAC
 - Community Service Director
 - Imperial Calcasieu Human Service Authority



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Imperial Calcasieu Human Service
Authority and Office of Public Health

Traci Hedrick, LAC
Community Services Director
Imperial Calcasieu Human Service
Authority

Walk away today knowing....

- Overdose mortality trends and data: US and SWLA Louisiana
- Current best practice in overdose prevention and substance use disorder treatment
- Community level Interventions and the role of rural health providers in reducing overdose mortality

We All Know Someone



- In 2021, there were over 100,000 overdose-related deaths in the US
- LA among top ten states with the highest rates of overdose-related deaths in the US

Know The Facts:

What is an Opioid anyway?

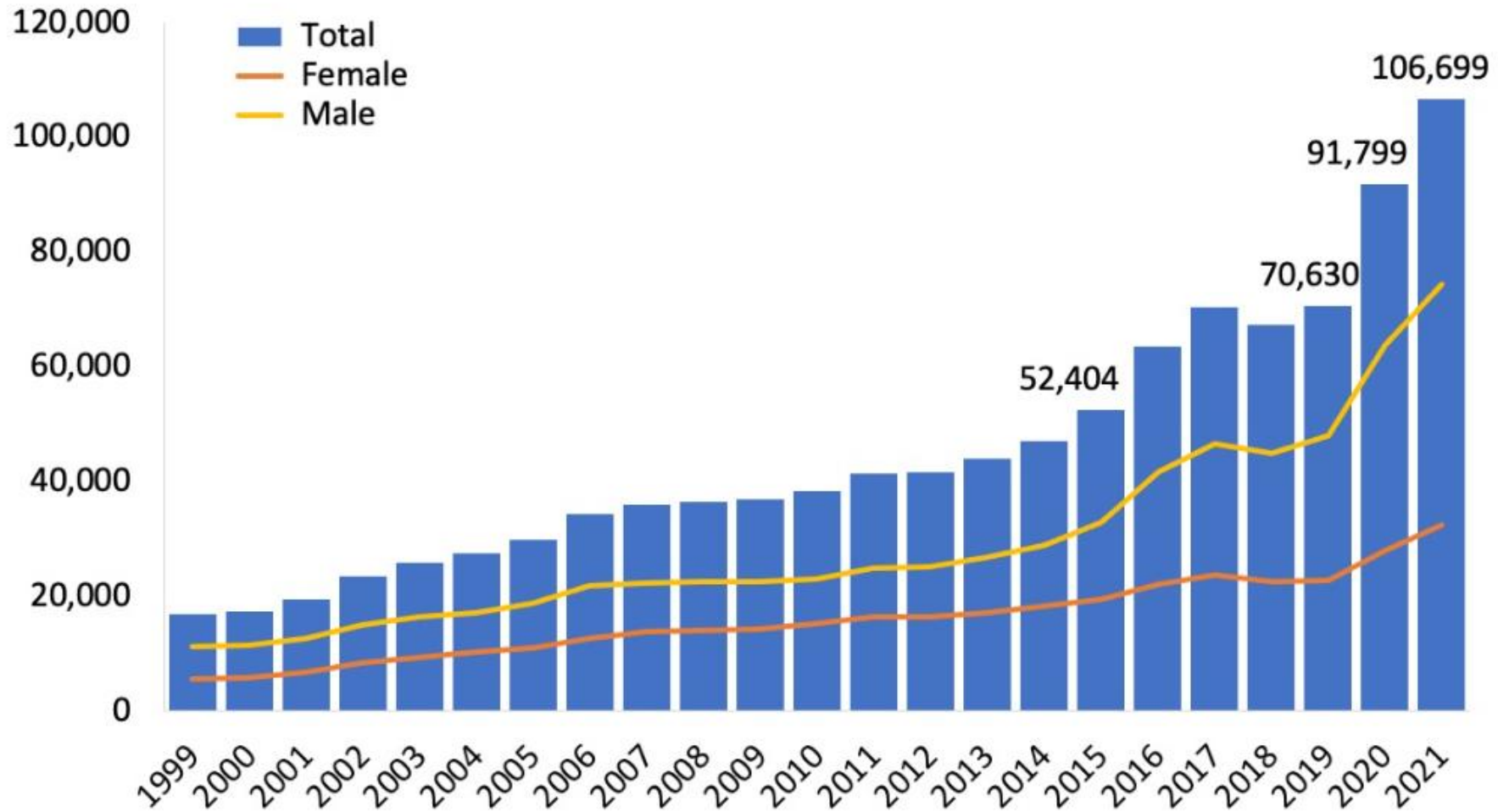
- Codeine
- Morphine
- Oxycodone (OxyContin, Roxicodone, Percocet)
- Hydrocodone (Vicoden, Lortab, Lorcet, Norco)
- **Heroin** (illicit)
- **Fentanyl** (both prescribed and illicit)

➤ YOU MAY NOT EVEN KNOW YOU ARE TAKING AN OPIOID!!

NOT Opioids

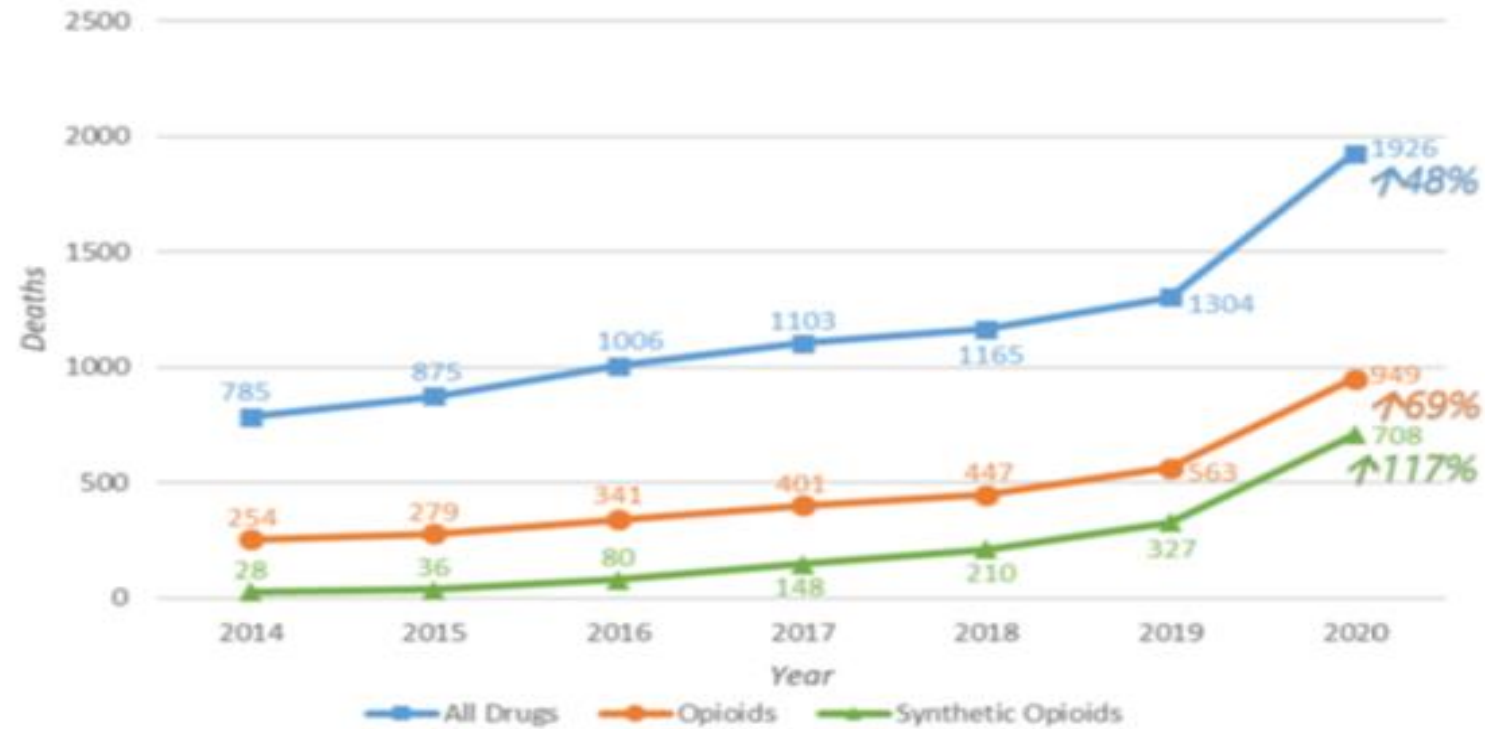
- Cocaine
- Methamphetamine
- Cannabis
- K2 / Spice
- LSD / Acid
- Ketamine

Figure 1. National Drug-Involved Overdose Deaths*,
Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2021 on CDC WONDER Online Database, released 1/2023.

Deaths by Specific Opioid Drugs Used— Louisiana, 2014-2020



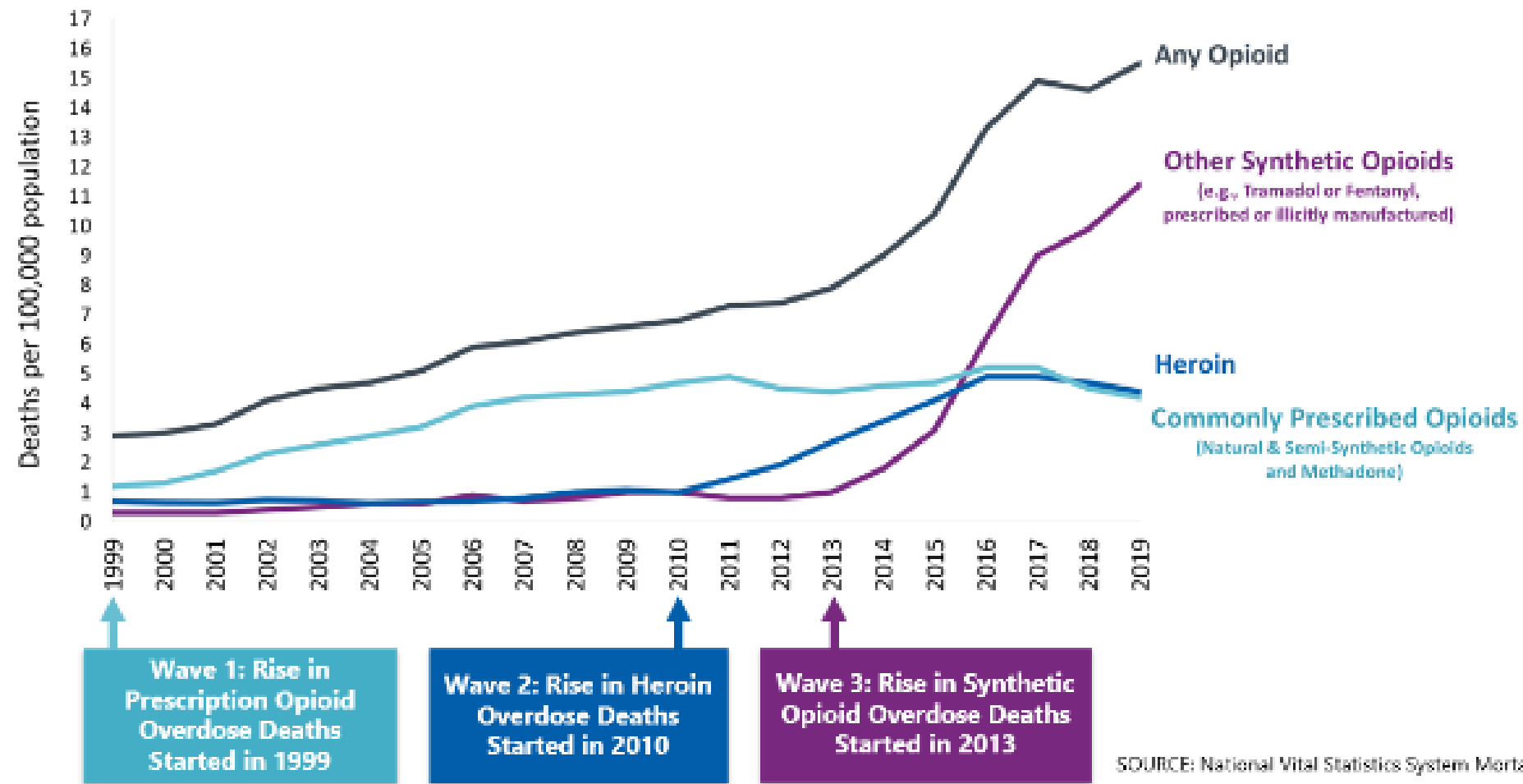
Reported Fatal Overdose Poisonings 5-Year Percentages Changes

Years	Alabama	Arkansas	Louisiana	Mississippi
2016 – 2020	33.65%	33.42%	91.73%	53.61%

Source: Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. Updated September 5, 2021. Accessed: September 5, 2021.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

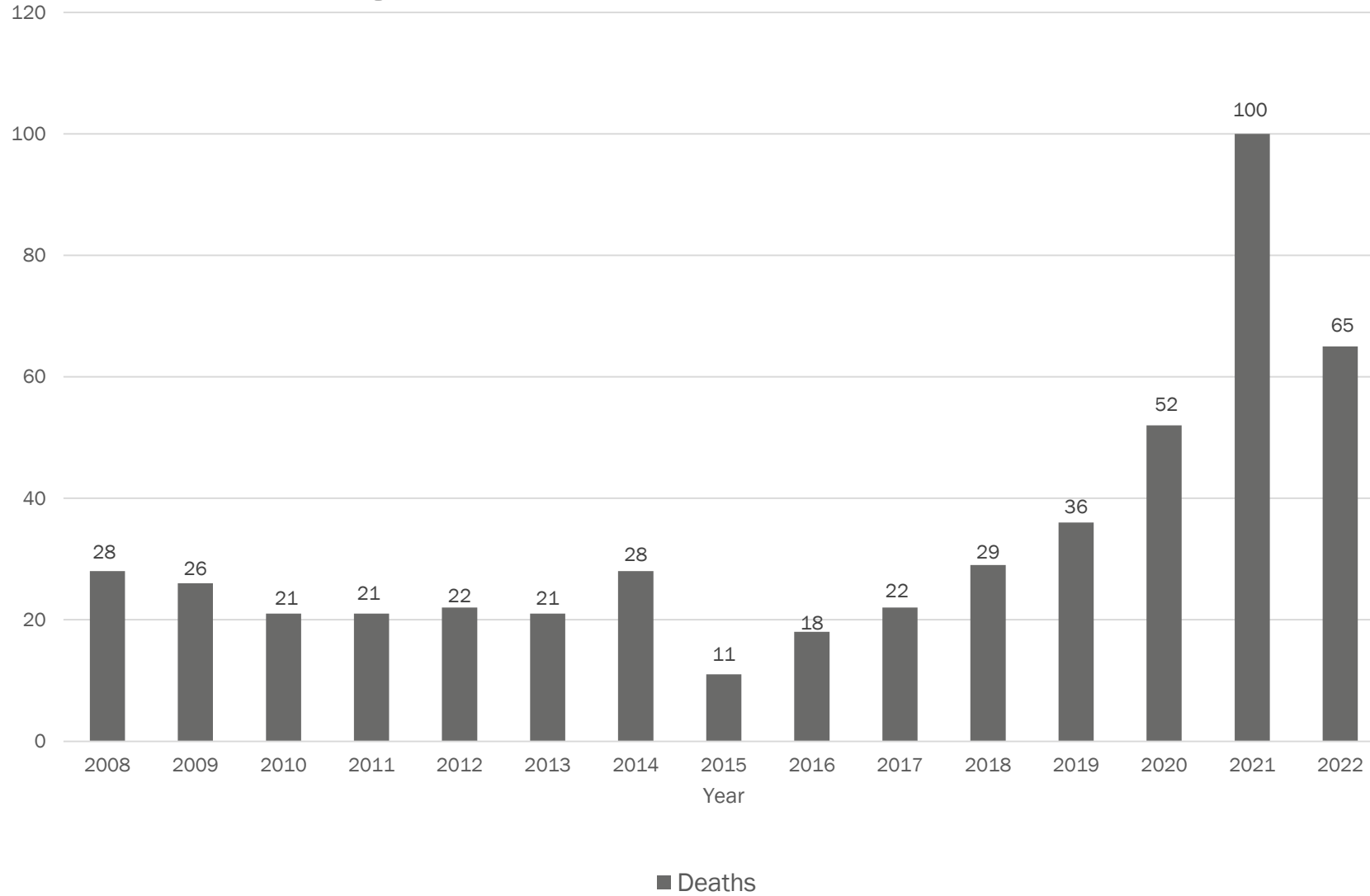
Three Waves of the Rise in Opioid Overdose Deaths



2022 Overdose Deaths – Calcasieu Parish

Data Source: Calcasieu Parish Coroner's Office

Total Drug Overdose Deaths, Calcasieu Parish 2008-2022



Source: Calcasieu Parish Coroner's Office

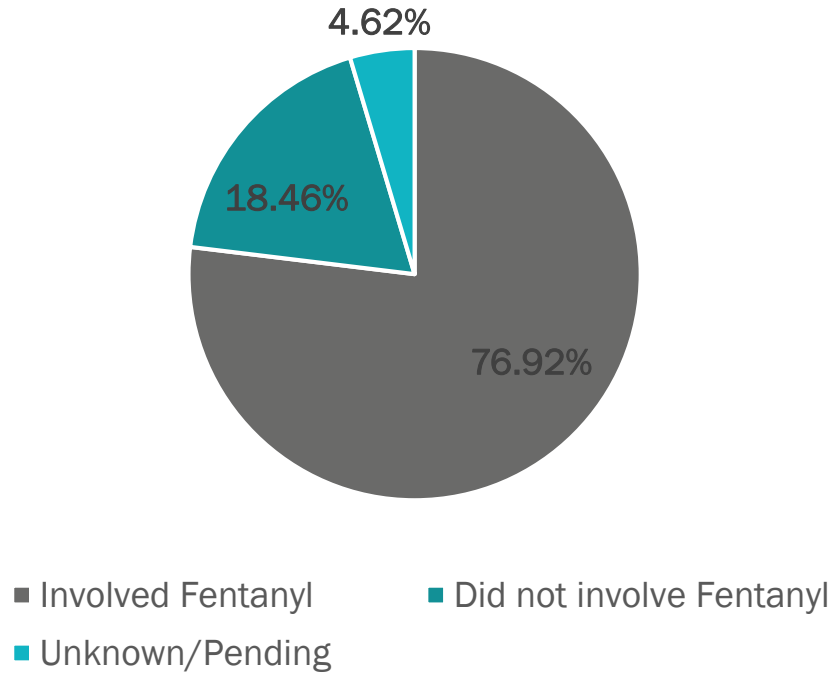


Total Overdose Deaths 2022 – Calcasieu Parish

- 65 total deaths
- Average age of 35 years old – age range from under age 18 – 63 years
- The vast majority (95%) had a previously reported history of prior drug use, but only 19% had a documented history of seeking care.
- Fentanyl is the main driver overdose of mortality.

Toxicology Results

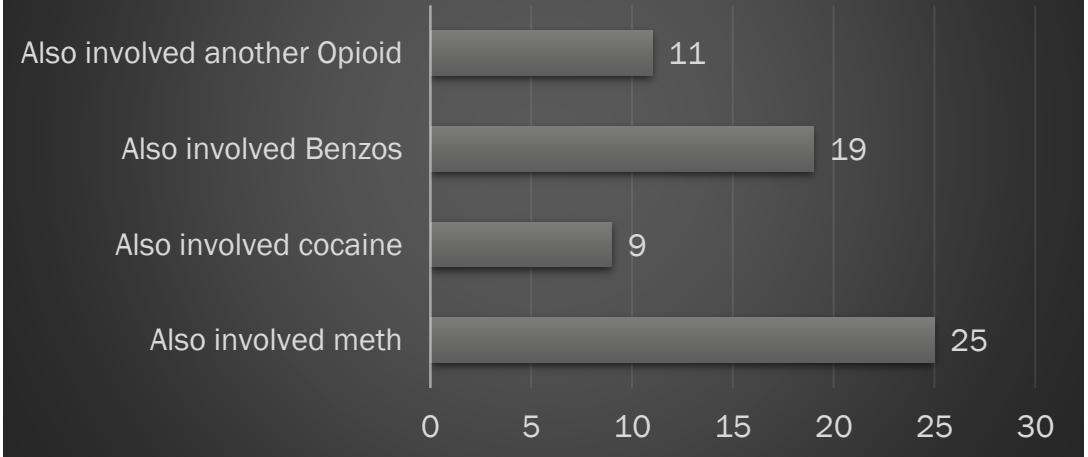
Fentanyl Involvement



Of the 65 deaths reported in 2022, 77% had Fentanyl present on toxicology results and 18% did not.

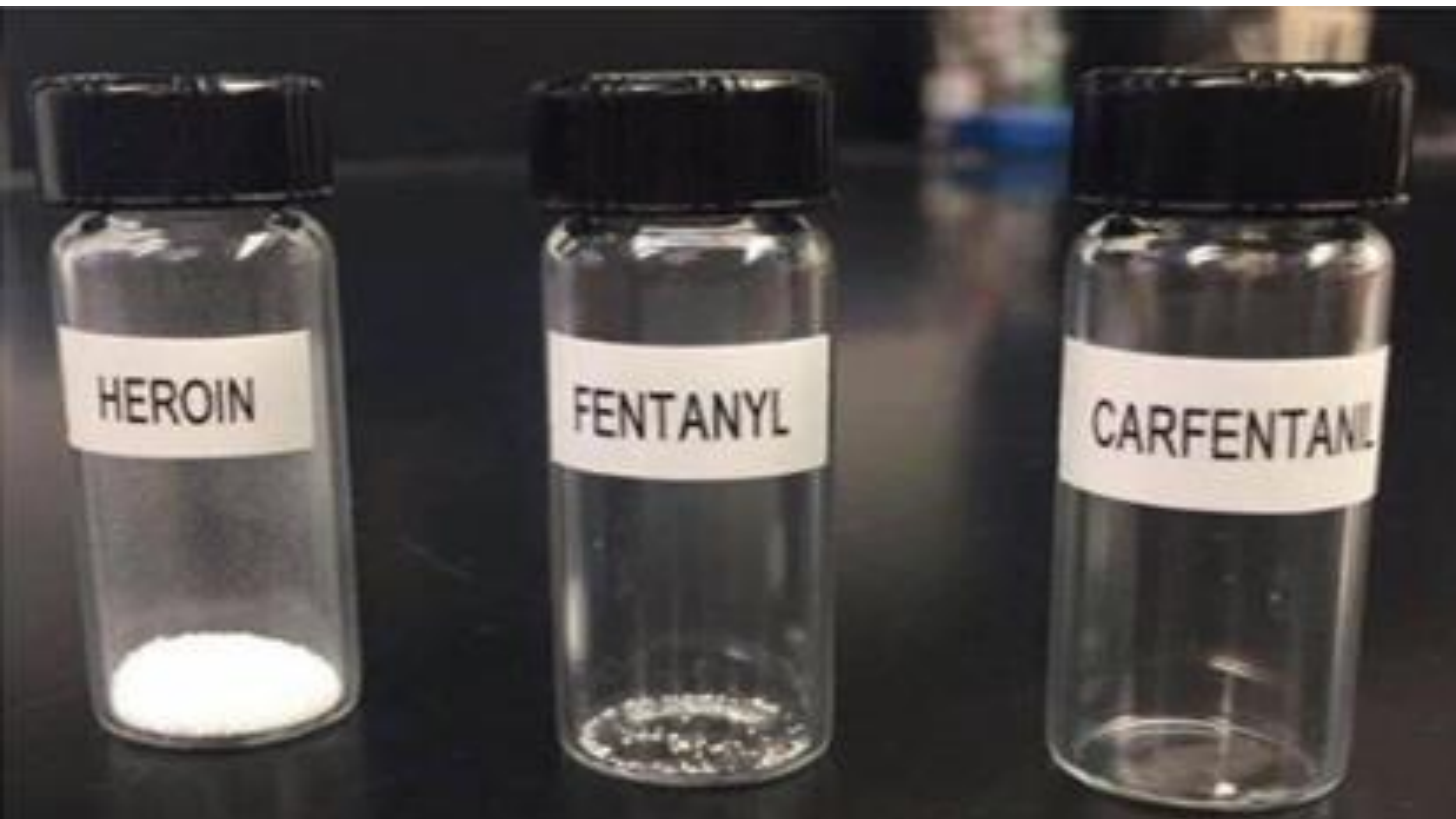
Fentanyl + Other substances

Of the 50 Cases involving Fentanyl,



Note: Most cases involved multiple substances

LETHAL POTENCY: Heroin and Fentanyl



Source: www.dea.gov

HOW CAN YOU TELL THE DIFFERENCE BETWEEN A LETHAL COUNTERFIT PILL AND A LEGIT PRESCRIPTION PILL??

Rx Opioids (Ox, Oxy, Percs, Roxy, Norco)

Xanax (Zannies, Bars, Benzos, Yellow School Bus)

Adderall

Heroin

MDMA (Molly, X,E)

Cocaine

Methamphetamine



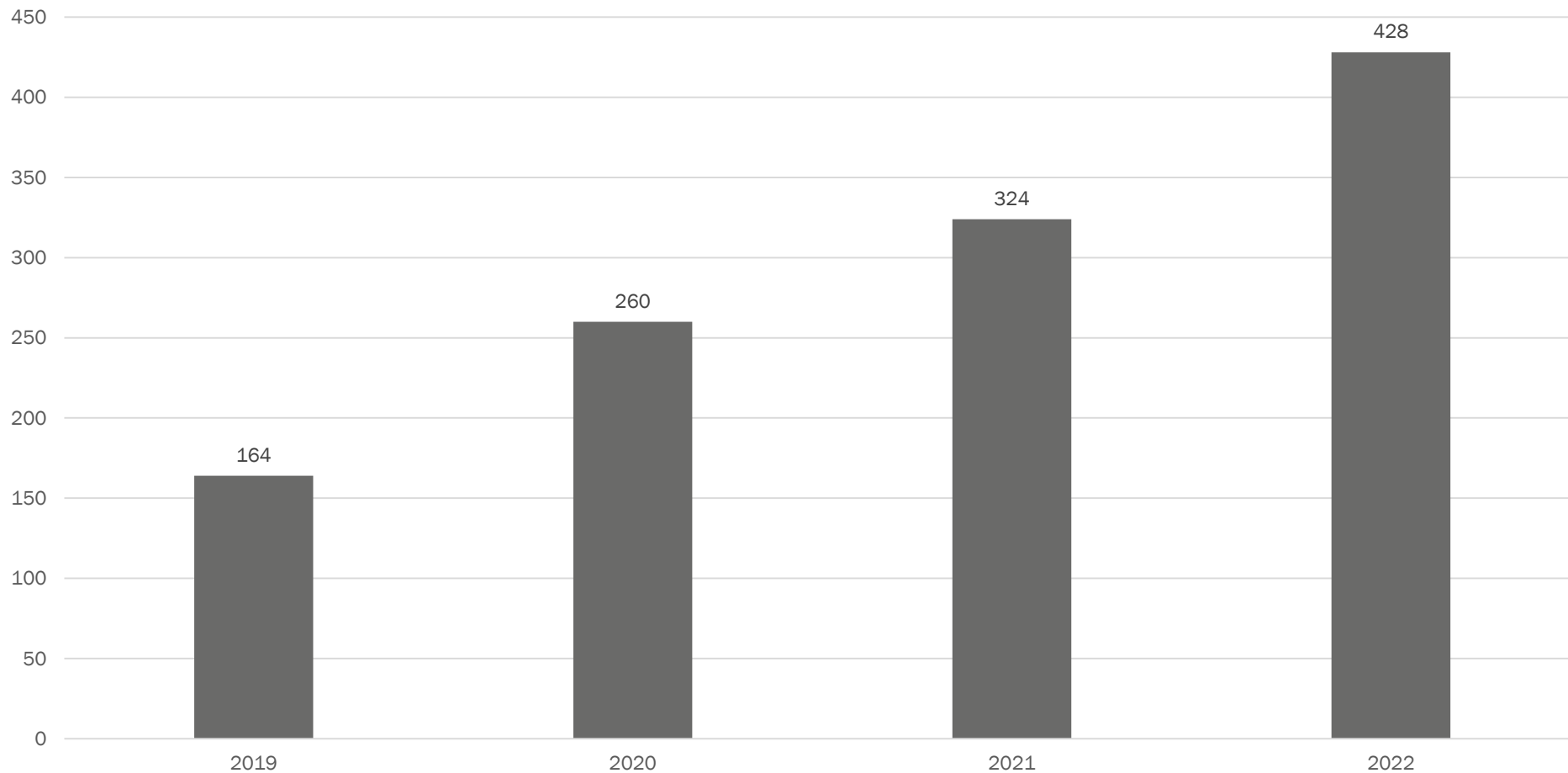
DEA LAB TESTING REVEALS THAT
6 OUT OF EVERY **10** PILLS
WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE



Source: www.dea.gov and www.drugs.com

Overdose Calls with Narcan Deployed, 2019-2022

Acadian Ambulance



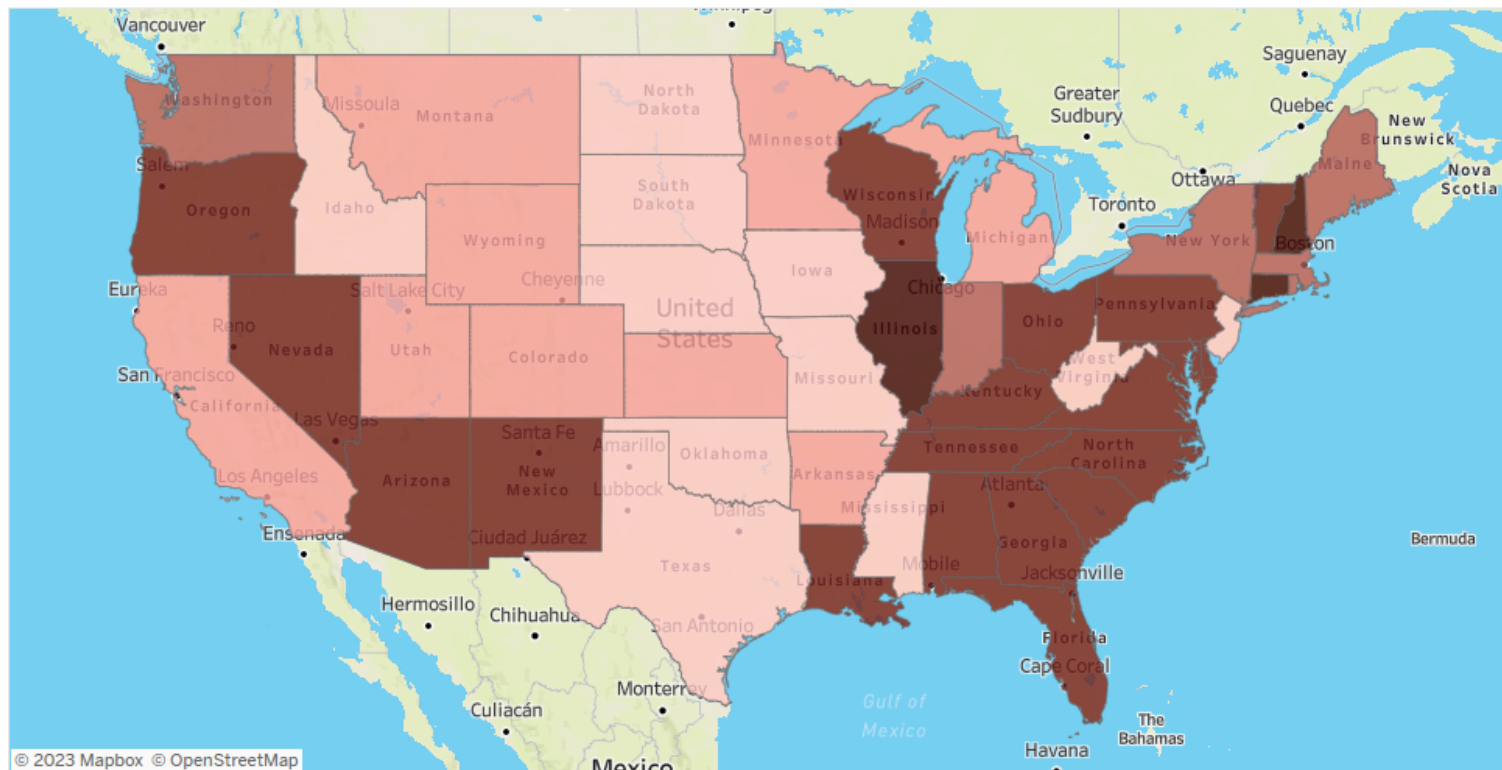
Source: Acadian Ambulance



Non-Fatal Opioid Overdose Surveillance Dashboard

February 6, 2022 – February 5, 2023

EMS Data Updated On: February 22, 2023



Top Counties

Rate of Nonfatal Opioid Overdose

Menominee, Wisconsin

Roanoke (city), Virginia

Mahnomen, Minnesota

Jasper, South Carolina

Walker, Alabama

Orleans, Louisiana

Jefferson Davis, Louisiana

Carroll, Kentucky

Philadelphia, Pennsylvania

Knox, Tennessee

No/Limited Data Available

Zero or Much Lower Than Average

Lower than Average

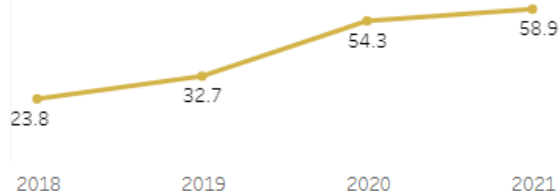
Near National Average

Higher than Average

Much Higher than Average



National Rate of Nonfatal Opioid Overdose



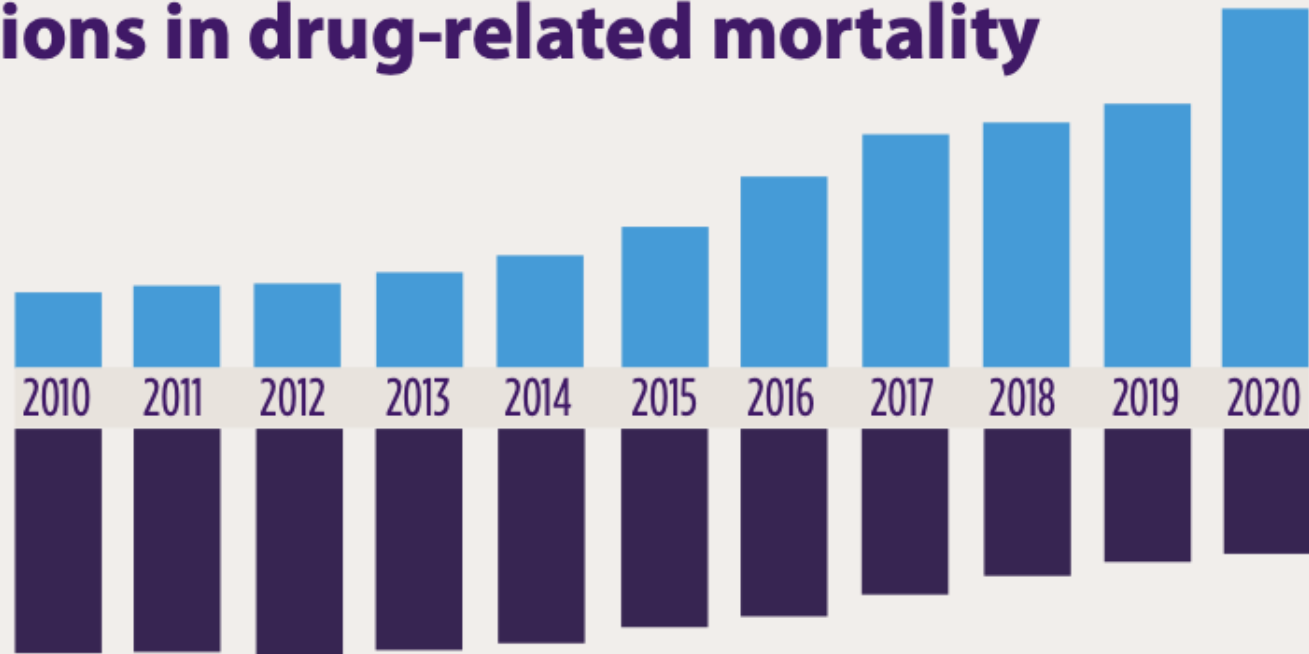
<https://nemsis.org/opioid-overdose-tracker/>

As Opioid Prescribing Decreased, Overdose Deaths Increased

Reductions in opioid prescribing have not led to reductions in drug-related mortality

Overdose deaths:
94,134*

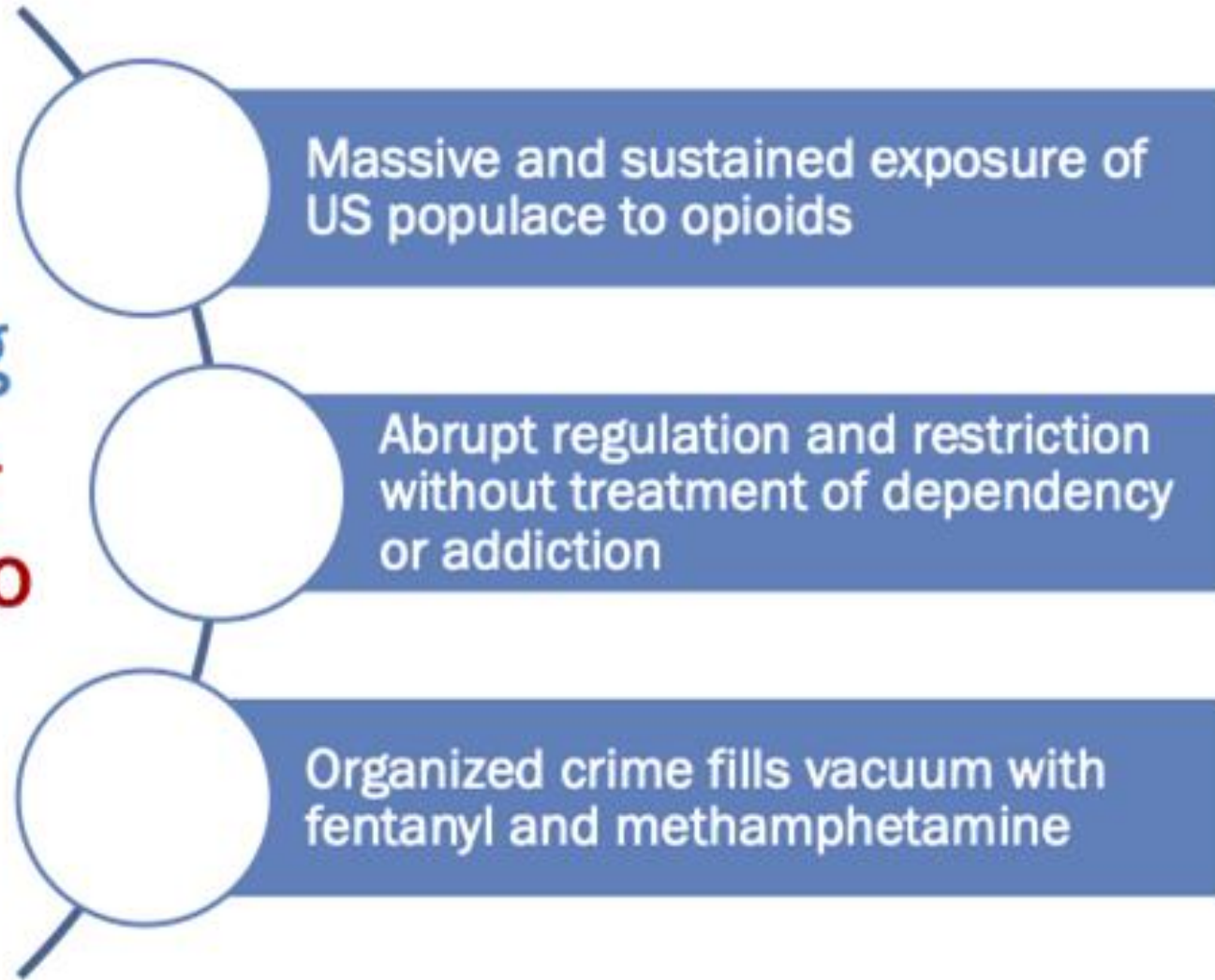
Opioid prescriptions:
143,390,951¹
(44.4% decrease
since 2011)



*Provisional data for the 12-month period Jan. 2020–Jan. 2021

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

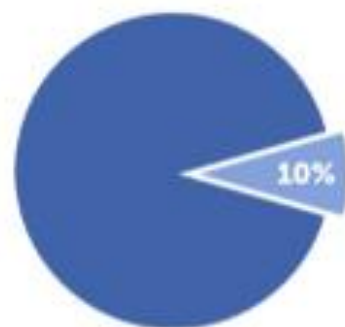
We are living
in the **worst-
case scenario**



Addiction is a public health crisis.



Overdoses kill more of us than breast cancer, guns, and car crashes combined.



Only 1 in 10 who need addiction treatment ever receive it.

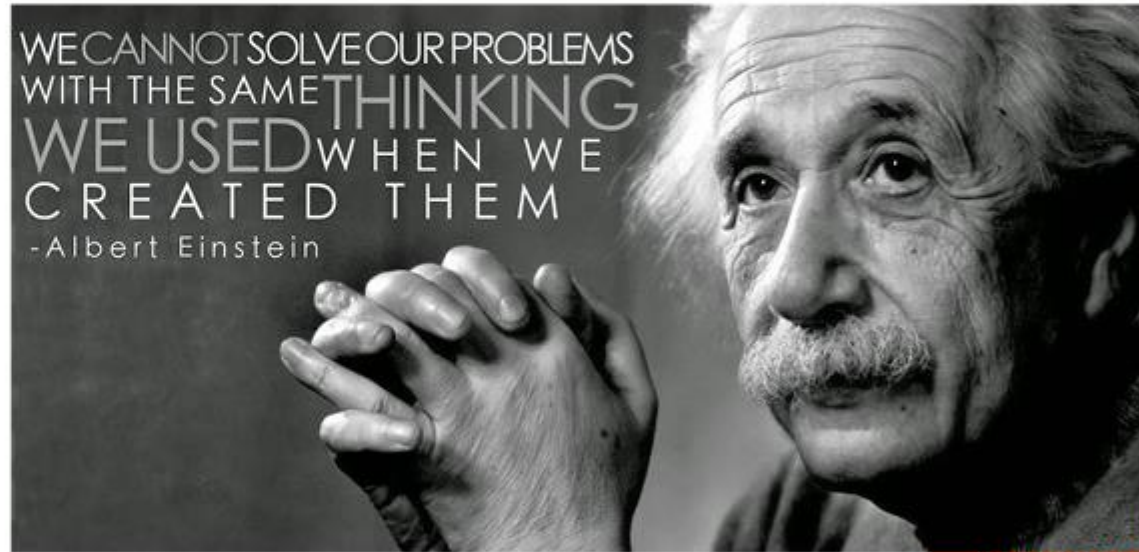


80% of us don't want a friend, colleague or neighbor with addiction.



Each year, addiction costs Americans over \$740 billion.

Changing the ways we think about addiction



NATIONAL
COUNCIL
for Mental
Wellbeing

"Do the best you can until you know better. Then when you know better, do better."

--Maya Angelou

Substance Use Disorder...

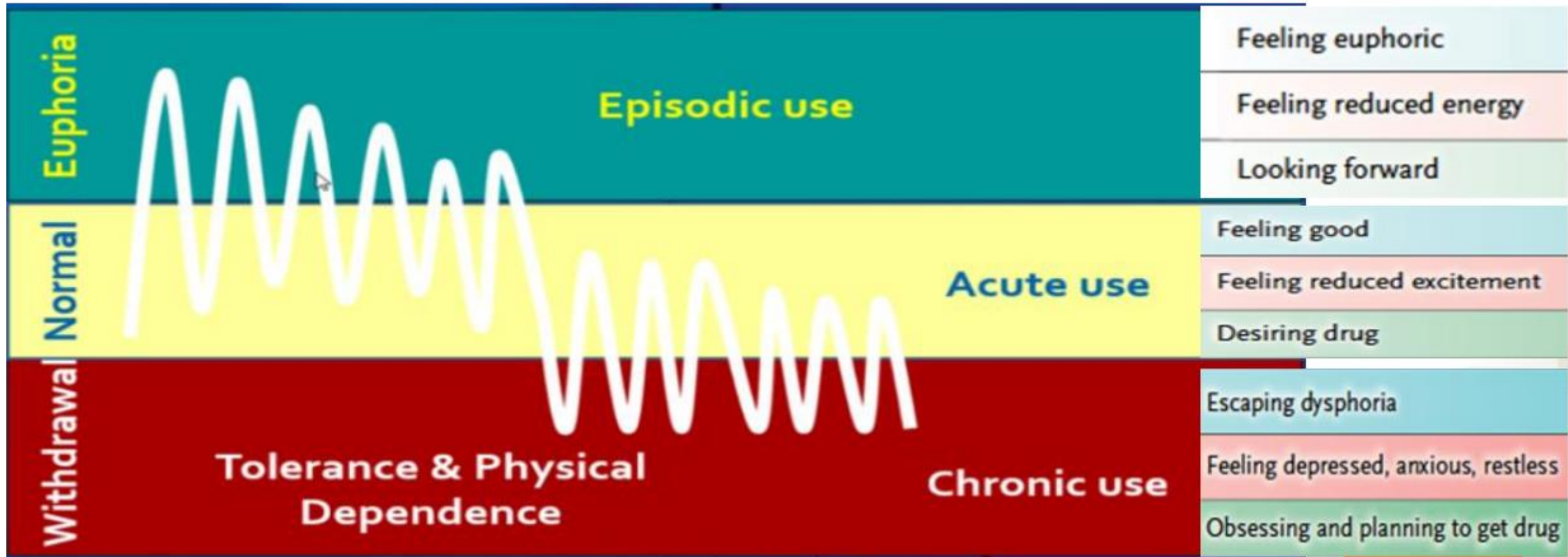
- Is NOT a moral failing
- Is NOT a spiritual failing
- Is NOT a character defect
- Is NOT a lack of will or responsibility
- Is NOT an addictive personality type

- IS a treatable chronic disease that can be managed successfully - usually with medications, behavioral therapy, and recovery support.
- HAS the potential for both recurrence (relapse) and recovery.
- IS highly stigmatized

Substance Use Disorder...

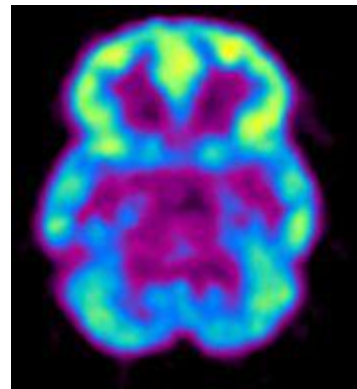
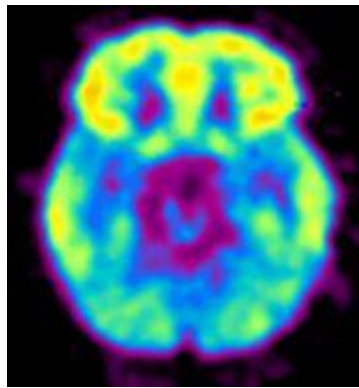
- In fact, approximately **half the risk for addiction is conferred by genetics**.
- Most people do not develop addiction. However, because initial experimentation and use is mostly rewarding with few negative consequences, use continues.
- With repeated exposure, a person with SUD's **ability to self-regulate impulses to use the drug is impaired**. (ie it CHANGES YOUR BRIAN)
- Individuals are often unable to honor their sincere and genuine desire to abstain.
- WHY DON'T "THOSE PEOPLE" STOP? Because – functional and structural changes in the brain affect the circuits of impulse control, judgement, reward, memory, and motivation.

Natural History of Substance Use Disorder

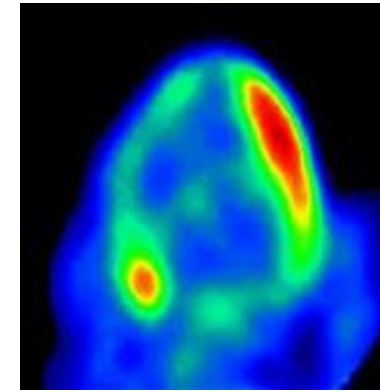
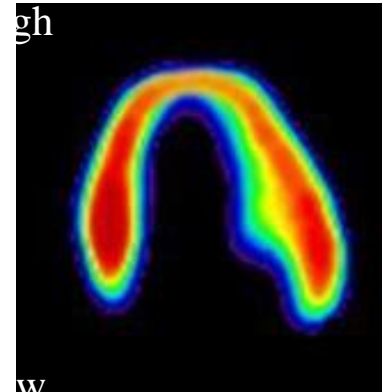


Addiction is Like Other Diseases...

Drug Abuser

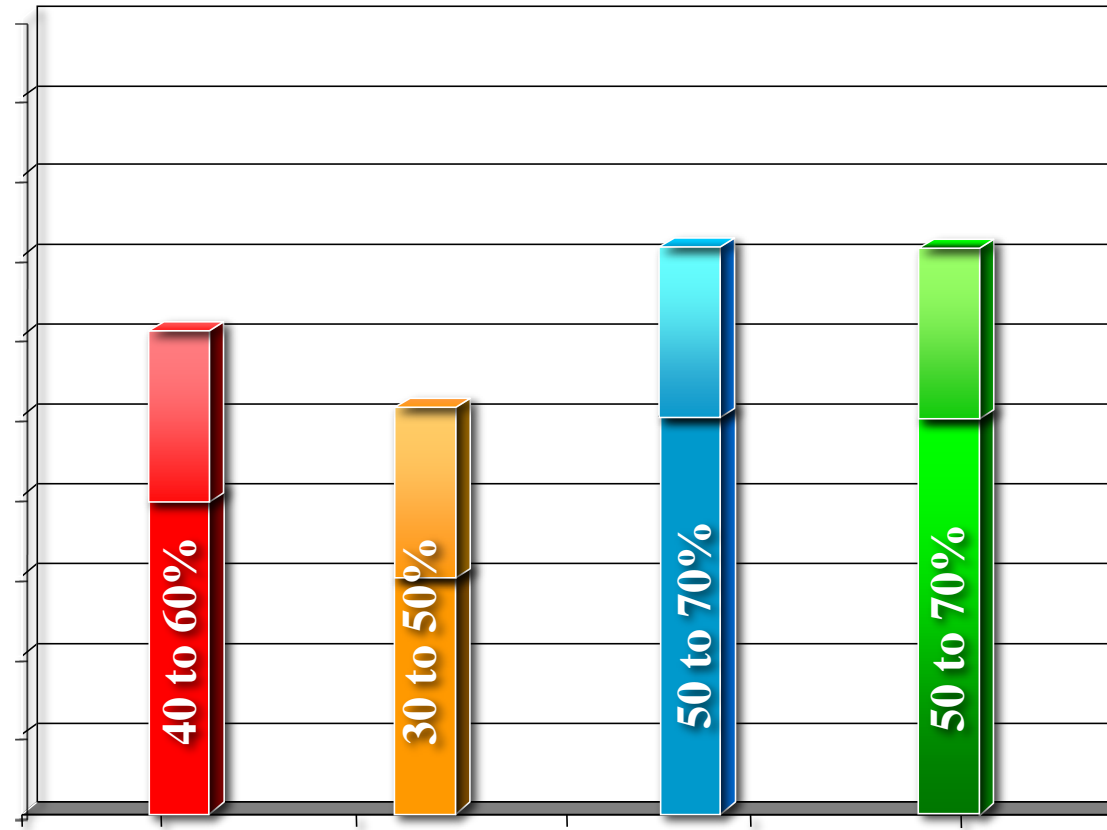


Heart Disease Patient



*Research supported by NIDA addresses all of these
components of addiction.*

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



Goal of Treatment: Recovery

- SAMHSA Working Definition of Recovery: “Recovery is a process of change through which individuals improve their health and well-being, live a self-directed life, and strive to achieve their full potential” (2011)

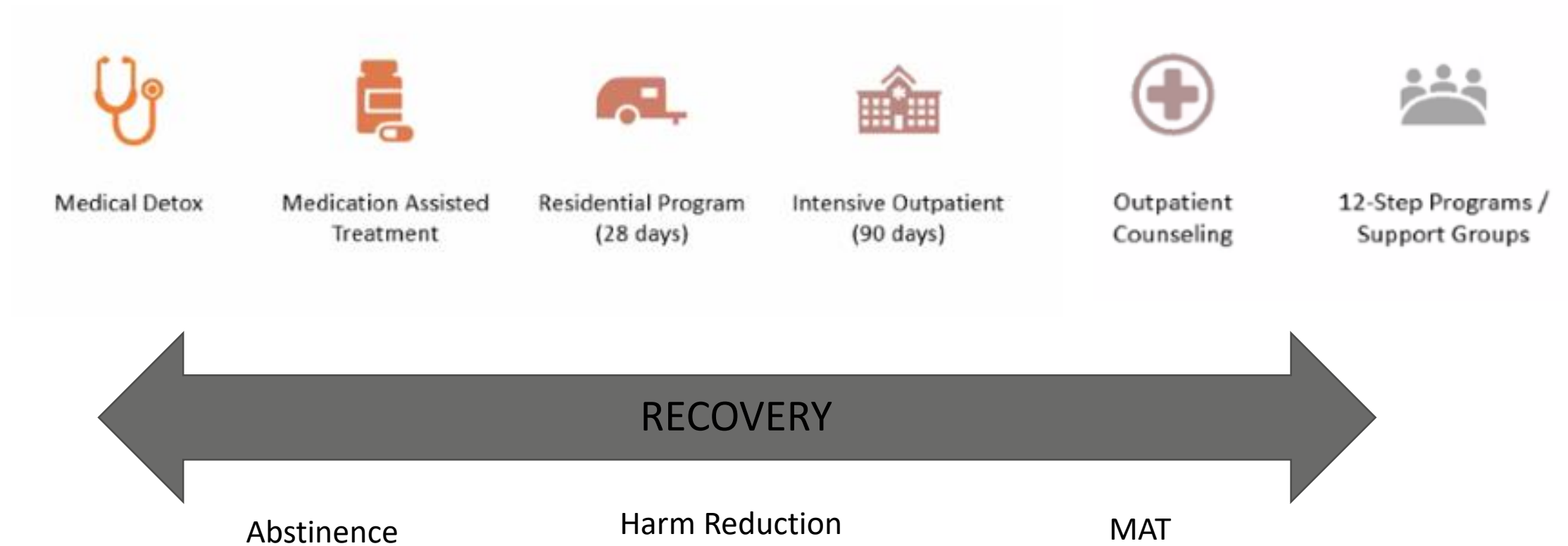
SAMHSA's WORKING DEFINITION OF RECOVERY



10 GUIDING PRINCIPLES OF RECOVERY



Types of Treatment / Recovery Continuum



Treatment for SUDs

- Treatment is better than no treatment
 - Detox alone is not effective
 - Address multiple co-occurring disorders
- Rapid admission improves treatment engagement
- No single approach is most successful for all
 - Should be individualized
 - Falls across a continuum
- Effectiveness varies based on access, readiness to change, retention, and patient satisfaction
- Integration of medications, social support, counseling, behavioral therapies

Barriers to Care for People at Risk of Overdose

- Only 4 million of the 41.1 million people aged 12 or older who needed substance use disorder (SUD) treatment received it.¹
- Among 2.5 million people with opioid use disorder, **only 11.2% received medication for opioid use disorder (MOUD).**¹
- Among people who felt they needed SUD treatment but did not receive it, **40% reported they were not ready to stop using substances.**²



1. SAMHSA. (2021, October). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-001, NSDUH Series H-55). <https://www.samhsa.gov/data/>
2. Center for Behavioral Health Statistics and Quality. (2016). Results from the 2015 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Using Data to Target Evidence-Based Interventions in SWLA

Highest Risk of Death:
People with Long-time Substance Use

Harm Reduction As a Public Health Strategy

PRINCIPLES OF HARM REDUCTION:

- Non-judgmental approach that **meets people where they are at**
- Treating all individuals with dignity, compassion, and respect
- Focus on de-stigmatization of substance use disorder
- Accepting behavior change as an incremental process. People are much more likely to take multiple tiny steps, rather than one or two huge steps
- Include voice of individuals in active addiction, in recovery, and within the community
- Focus on quality life improvements over abstinence
- Individual as the primary agent responsible for reducing the harms related to their substance use

HARM REDUCTION IS ALL AROUND YOU!

HARM REDUCTION IS A SET OF PRACTICAL STRATEGIES AND IDEAS AIMED AT REDUCING NEGATIVE CONSEQUENCES ASSOCIATED WITH RISKY BEHAVIORS



PARACHUTES



BULLET
PROOF VESTS



PERSONAL
PROTECTIVE
EQUIPMENT



NALOXONE
(NARCAN)



SUNSCREEN



CONDOMS



HELMETS



SYRINGE ACCESS
AND DISPOSAL



DESIGNATED
DRIVERS



SEATBELTS



AIRBAGS



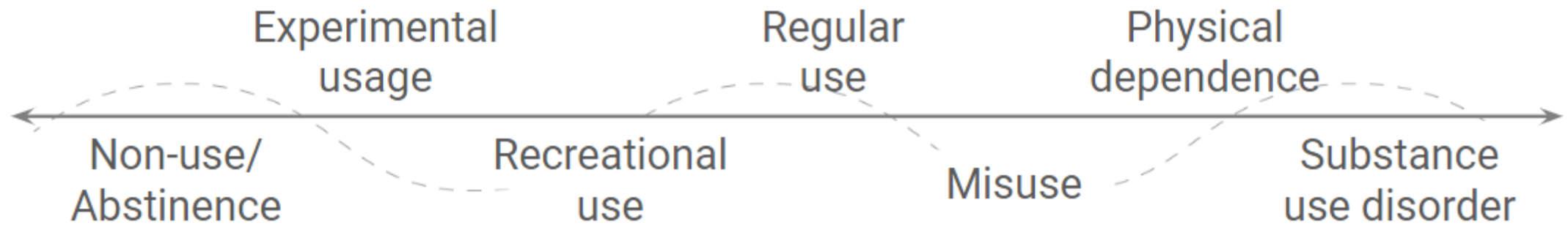
NICOTINE
REPLACEMENT
GUM OR
PATCHES



LIFE JACKETS



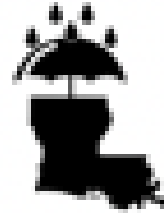
UNDERSTANDING THE CONTINUUM



HARM REDUCTION OUTREACH

SWLA DO NO HARM

HARM
REDUCTION
OUTREACH



FOLLOW US FOR
EDUCATION, INFO
& OUTREACH SCHED
@swla.do.no.harm
f SWLA Do No Harm

CALL OR TEXT

(337)930-2286

- Bringing services to people who use drugs BY people with lived experience
- Meet People Where They Are But Don't Leave Them There
- Promote Narcan and Safe Use Supplies/Education To Reduce Overdose Death and Disease/Fentanyl test strips
- Increase Trust/Awareness and Link to Treatment / Services

FENTANYL TEST STRIP: PUBLIC HEALTH HARM REDUCTION TOOL

Gabby's Law: Fentanyl test strips made legal in effort to help curb deaths from overdose

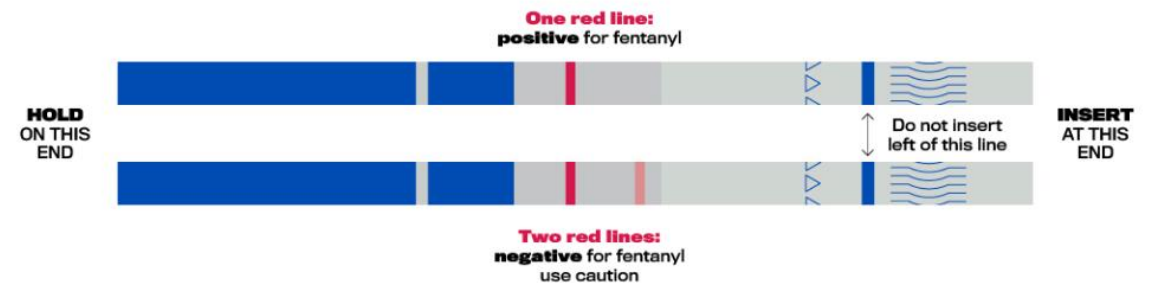
Published 11:12 am Friday, August 26, 2022

By Doris Maricle



Gabby's Law, named after 19-year-old Gabriella "Gabby" Nicole Hebert of Kinder, who died in March after taking a fentanyl-laced pill, legalizes fentanyl test strips. (Special to the American Press)

FENTANYL TEST STRIPS



NEVER USE ALONE: HARM REDUCTION TOOL

NO JUDGEMENT, NO SHAMING, NO
PREACHING, JUST LOVE!

(800) 484-3731

If you are going to use by yourself, call us! You will be asked for your first name, location, and the number you are calling from. An operator will stay on the line with you while you use. If you stop responding after using, the operator will notify emergency services of an "unresponsive person" at your location.

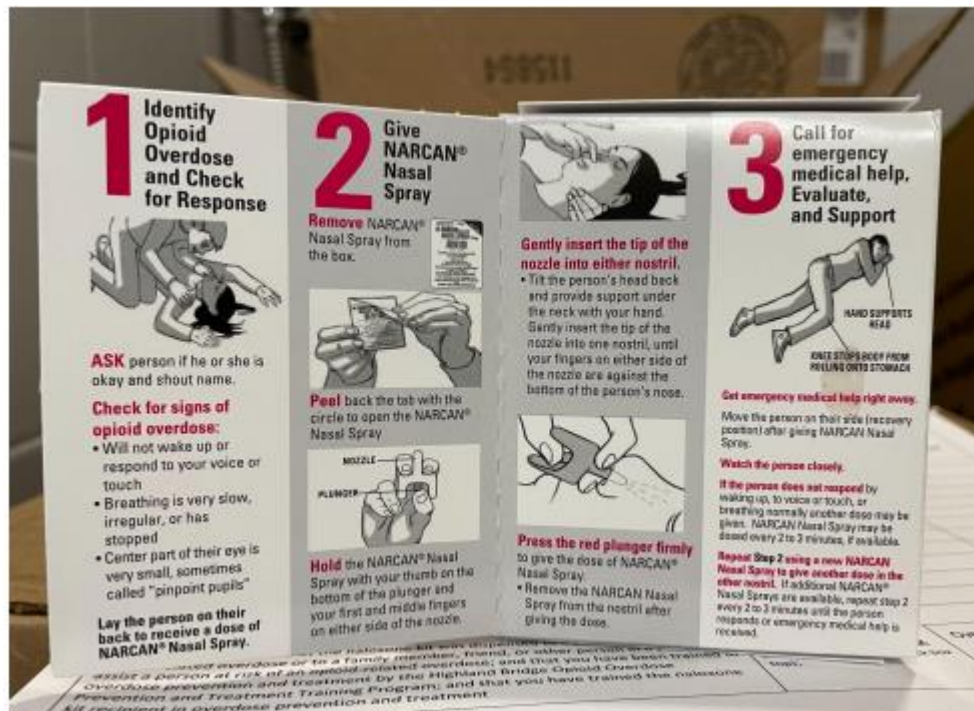
FACEBOOK

CONTACT US



www.neverusealone.com

NALOXONE: HARM REDUCTION TOOL



Opioid-related Deaths are **PREVENTABLE**

YOU
Can SAVE A LIFE
with
NALOXONE!

Naloxone/Narcan can REVERSE an Overdose

NARCAN TRAINING



ACADIAN AMBULANCE
Narcan Training Video

<https://vimeo.com/738604706>



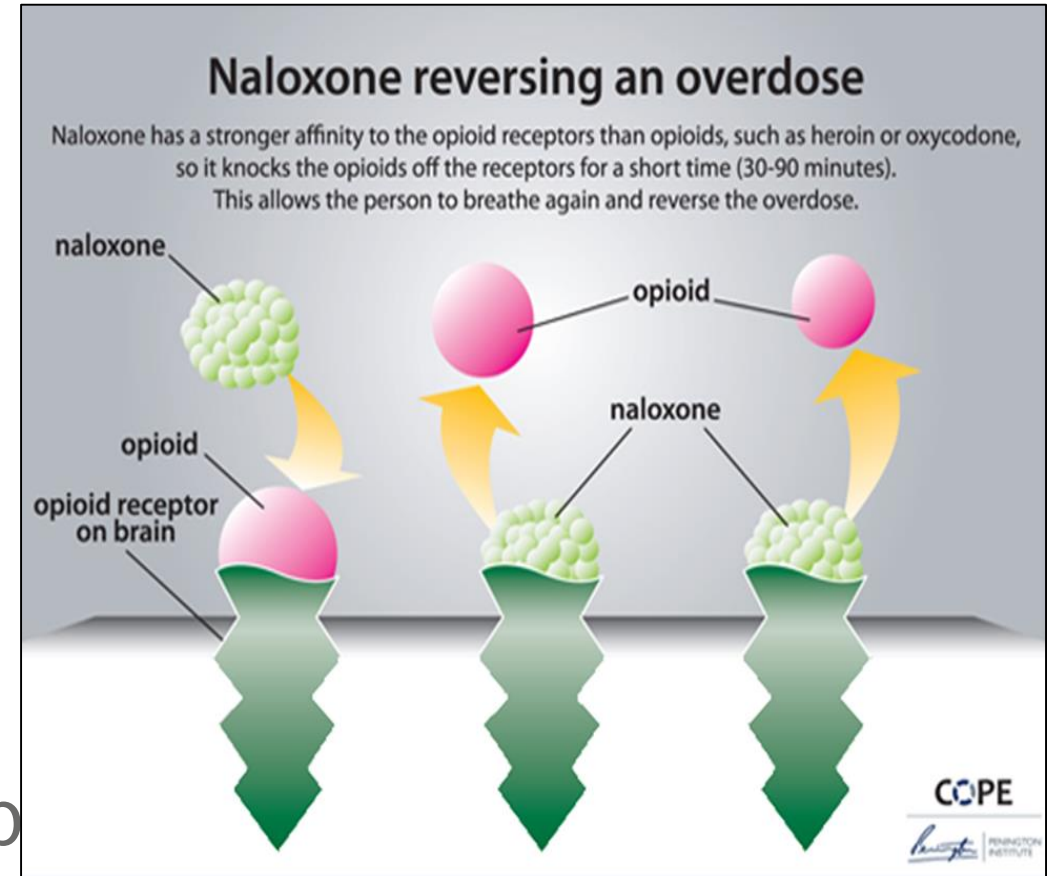
What you need to know about Narcan (Naloxone)

- Opioid Antagonist
 - Reverses Opioid Overdose
- Not addictive
- Safe to use
- No prescription required (See Standing Order,
 - <https://ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf>
- Works in minutes
 - Multiple doses may be required
 - Works for 30 to 90 minutes








Naloxone (continued)

- Strong affinity
- Can cause sudden withdrawal
 - Agitation
 - Hypertension
 - Fever/Sweating
 - Confusion
- Does not prevent death caused by
 - Cocaine, Benzodiazepines or Alcohol



Opioid Overdose: Know the Signs

- Pin point pupils 
- Slowed, shallow breathing 
- Choking, deep snoring, gurgling sounds 
- Limp body, will not wake or respond to stimulation 
- Pale, blue or grey lips and/or cold skin 
- Faint or no pulse

If you believe someone is Overdosing

❶ Call 911 immediately.



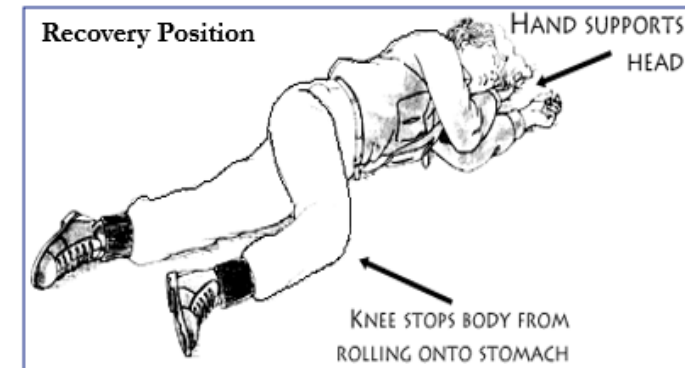
❷ Administer Narcan.



❸ Try to keep the person awake and breathing.
Repeat narcan administration if unresponsive after 2-3 minutes.

❹ Lay the person on their side to prevent choking.

❺ Stay with him or her until emergency workers arrive.



WIDESPREAD NARCAN DISTRIBUTION THROUGH PARTNERSHIPS

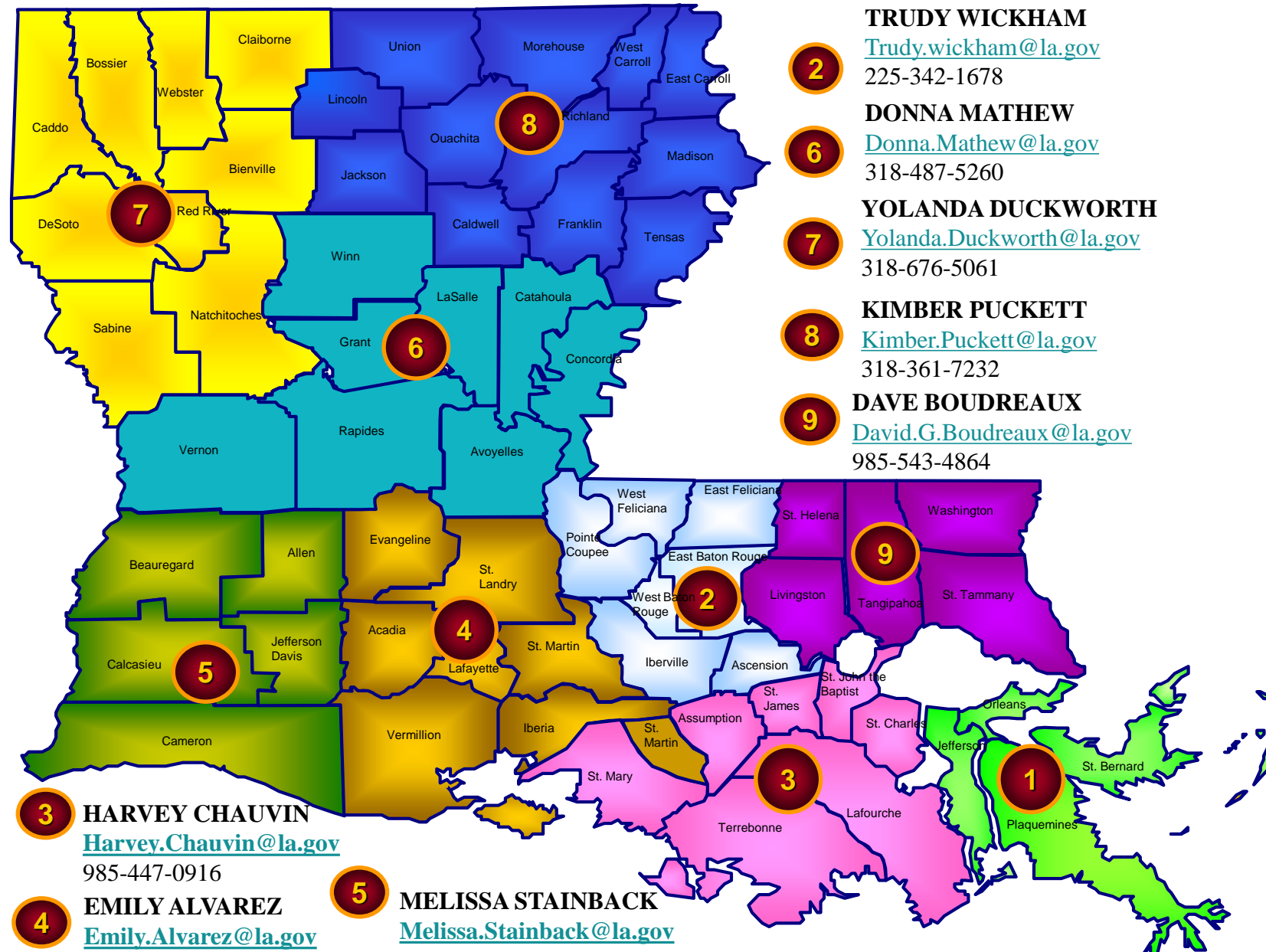
- Public Health Unit
- ImCal Clinics
- Acadian Ambulance Leave Behind Program
- LA Bridge ED Programs
- Recovery Community
- SUD Provider
- Colleges
- Public Safety Collaborative Narcan Training and Distribution (Police, Sherriff, Fire)

WHERE CAN YOU GET NARCAN?

- Local LGEs
- Harm Reduction Organizations
- Public Health Unit
- Any pharmacy without a Rx
- www.louisianahealthhub.org/hrdhub/

Statewide Public Health Opioid Prevention Outreach Coordination

Contacts (Regions 1-9)



Local Government Entities/Districts & Authorities

Acadiana Area Human Services District

302 Dulles Drive, Lafayette LA 70506-3008 | 337.262.4100

Capital Area Human Services District-Administrative Offices

7389 Florida Blvd. Ste 100A , Located in Bon Carre', Baton Rouge LA 70806
| 225.922.2700

Central Louisiana Human Services District

5411 Coliseum Blvd., Alexandria LA 71303 | 318.487.5191

Florida Parishes Human Services Authority (FPHSA)

835 Pride Drive, Suite B, Hammond LA 70401 | 985.543.4333

Imperial Calcasieu Human Services Authority

4105 Kirkman Street Lake Charles LA 70607 | 337.475.3100

Jefferson Parish Human Services Authority

3616 South I-10 Service Road West, Metairie LA 70001 | 504.838.5215

Metropolitan Human Services District

3100 General de Gaulle Drive, New Orleans LA 70114 | 504.568.3130

Northeast Delta Human Services Authority

2513 Ferrand Street, Monroe LA 71201 | 318.362.3270

Northwest Louisiana Human Services District

1310 North Hearne Avenue, Shreveport LA 71107 | 318.676.5111

South Central Louisiana Human Services Authority

158 Regal Row, Houma LA 70360 | 985. 858.2931

The Louisiana Bridge Program:
Rapid, evidenced-based treatment
Why is the ED a critical intervention partner?

Addiction IS an Emergency!

CA Bridge Model



**Rapid, Evidence-based
Treatment**

24/7 access to evidence
based treatment in EDs



Culture of Respect

Treatment with dignity and
authentic human interactions



**Connection to
Community & Care**

Outreach to increase
access to care

The current state of addiction treatment

The current system is designed to fail

Long distance to tx

Long waits for tx

“The list”

Insurance authorization

Behavioral health
requirements

Stigma

Complex assessments
before medications

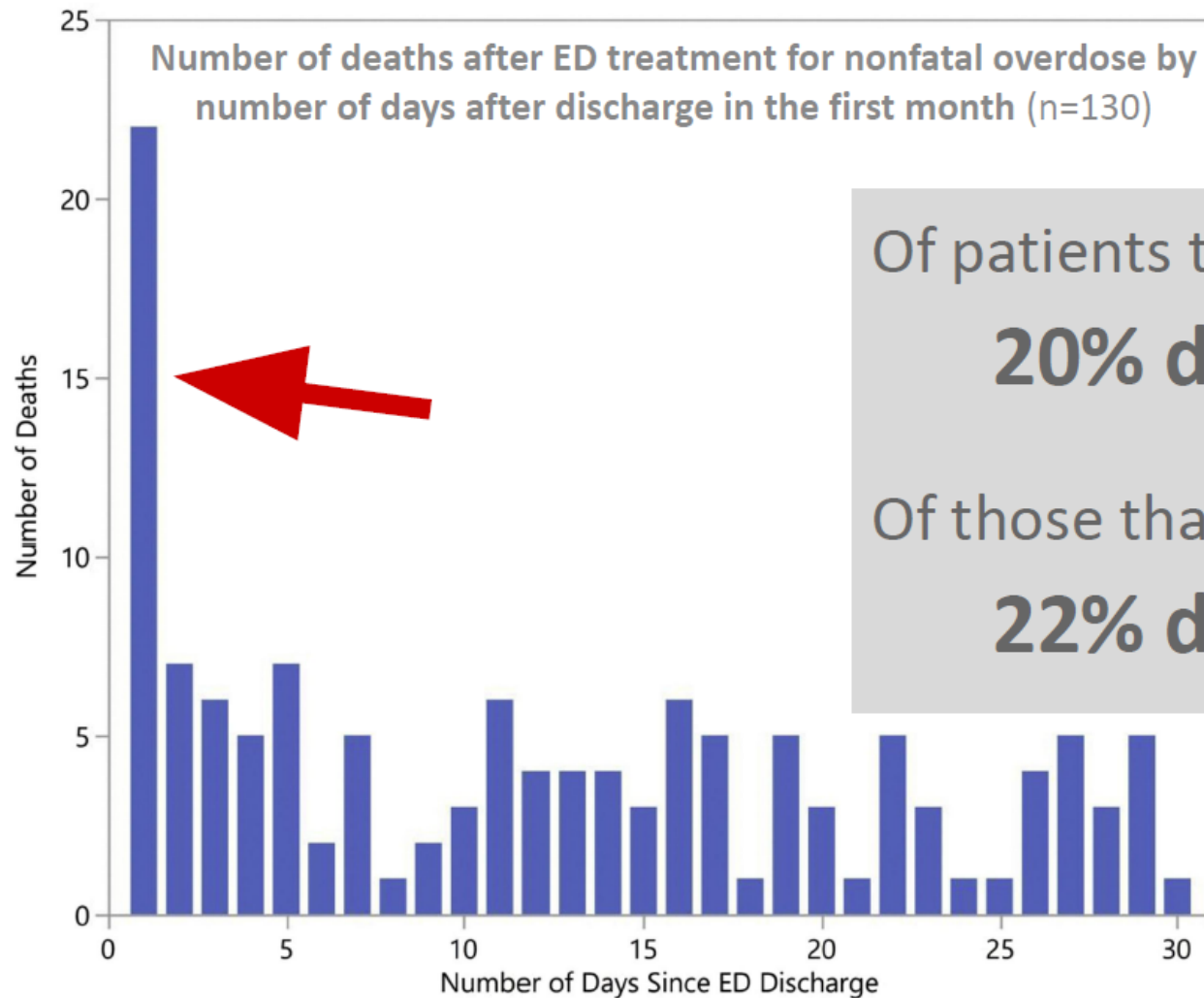
Treatment contingent
on urine drug screen
results or other labs

Barriers to Care for People at Risk of Overdose

Only 10% of Americans with SUD receive any type of substance use disorder treatment.

Only a small fraction receive an FDA-approved medication as part of their treatment.

Increase in mortality risk post-ED discharge



Of patients that died,

20% died *in the first month*

Of those that died in the first month,

22% died *within the first 2 days*

Post overdose

5.5%

die within 1 year
of nonfatal overdose

7.3%

die within 1 year
of STEMI

Medications for Opioid Use Disorder

Methadone

Full mu (opioid) receptor agonist



Oral (often solution)

Buprenorphine ± Naloxone

Partial mu receptor agonist



Sublingual (tab, film),
IV, IM, subcutaneous
injection, transdermal patch

Naltrexone

Mu receptor antagonist (blocker)



Intramuscular injection
(extended release) or oral
Ex: "Vivitrol," "ReVia"

Emergency Department Medication Starts Save Lives

Original Investigation

Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

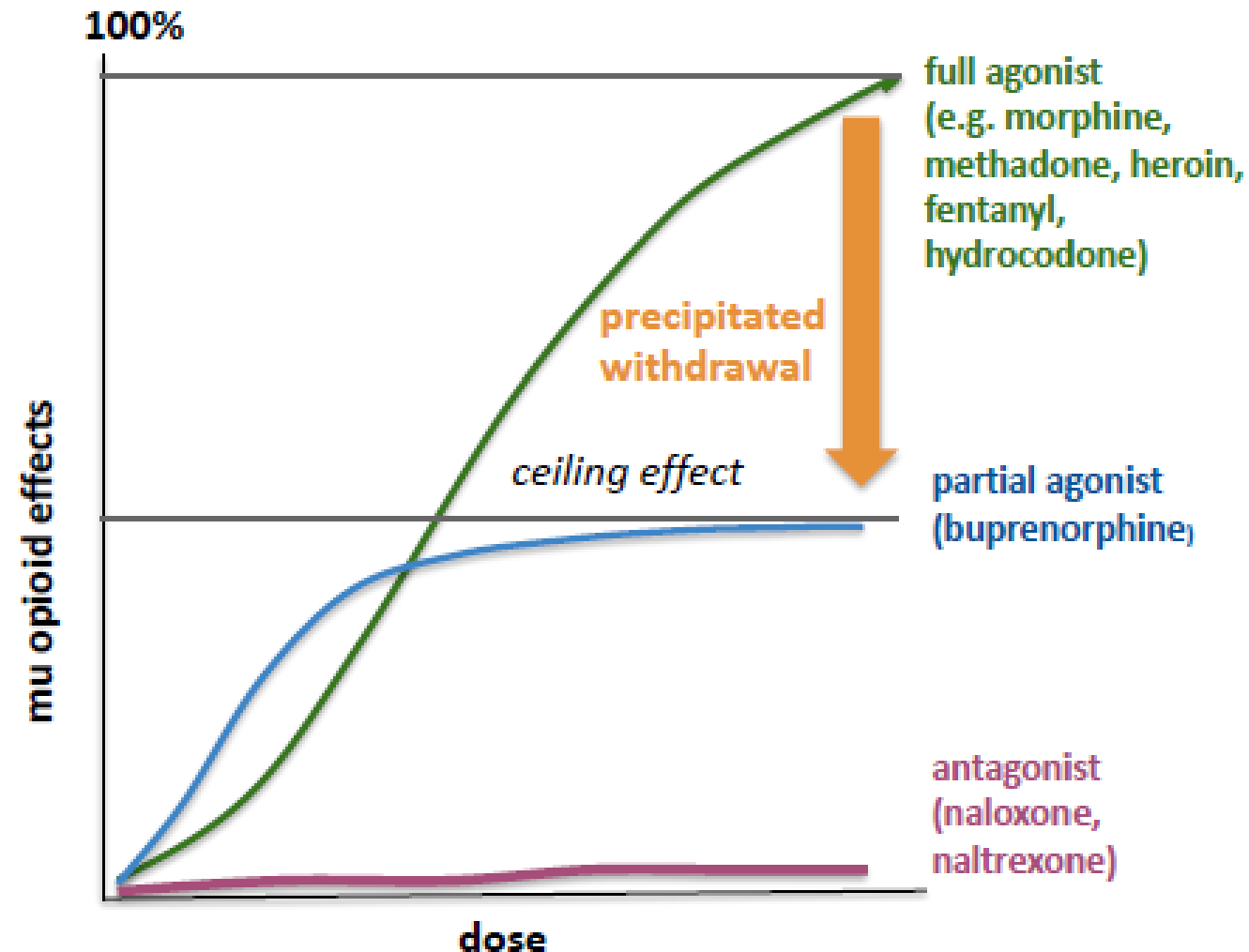
Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

37% vs 78%

JAMA The Journal of the
American Medical Association

What is evidence-based treatment

Major features of buprenorphine



Treats withdrawal, craving, and overdose

Safe and effective for treating OUD

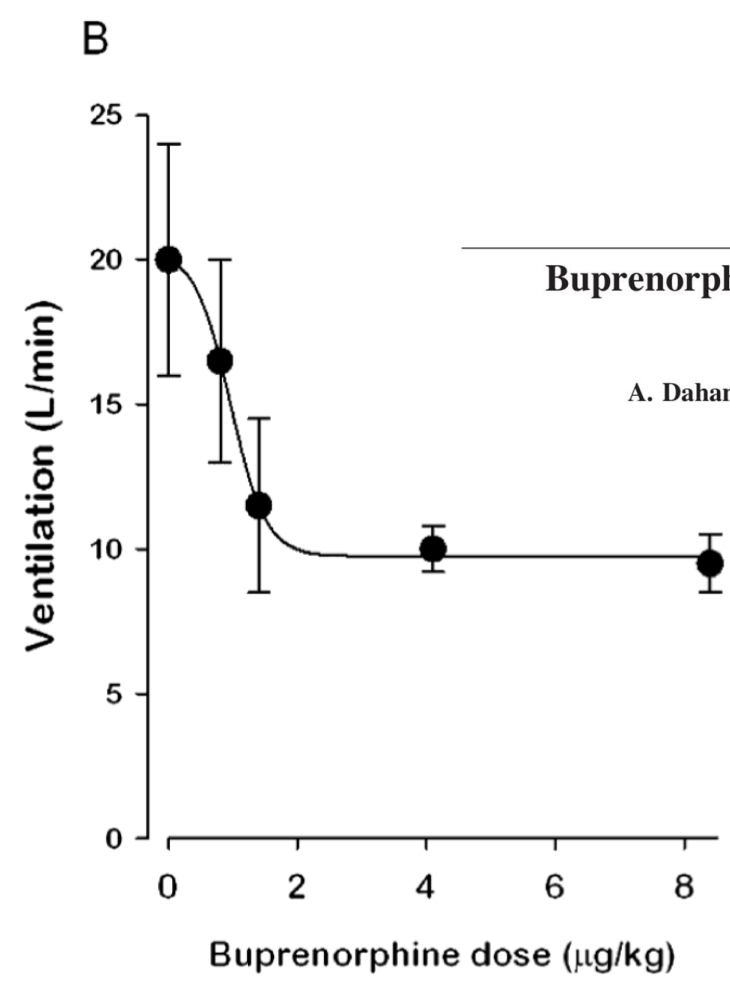
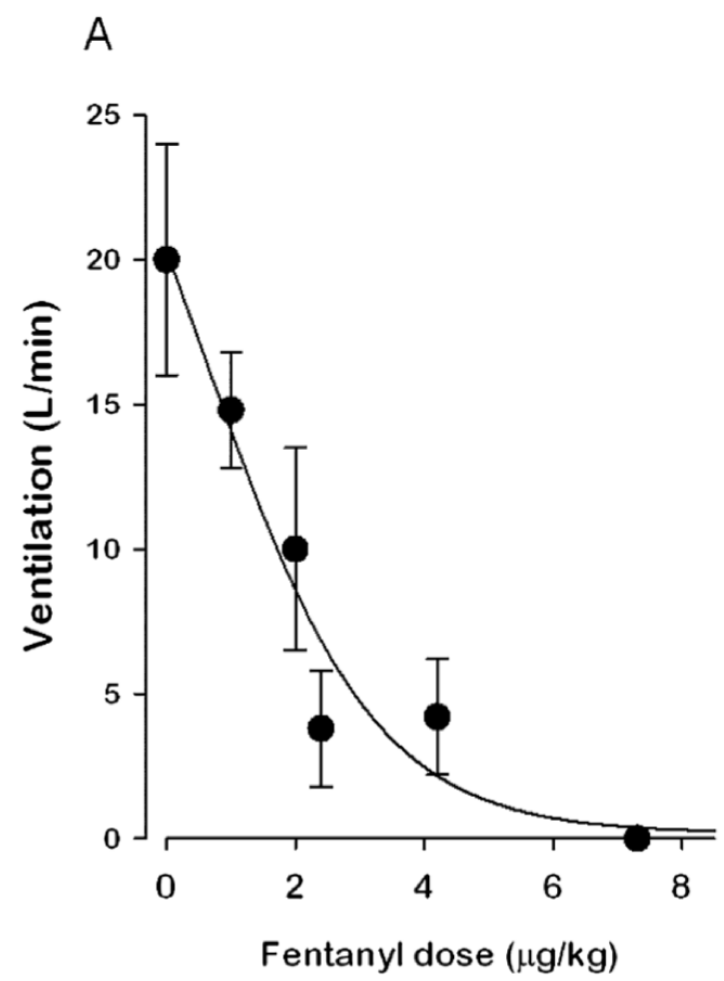
Partial agonist

High affinity to mu receptor

Long acting ~24-36 hours

Any clinician can order bup to be started in the ED

Ceiling on respiratory depression



British Journal of Anaesthesia 96 (5): 627–32 (2006)
doi:10.1093/bja/ael051 Advance Access publication March 17, 2006

BJA

**Buprenorphine induces ceiling in respiratory depression
but not in analgesia**

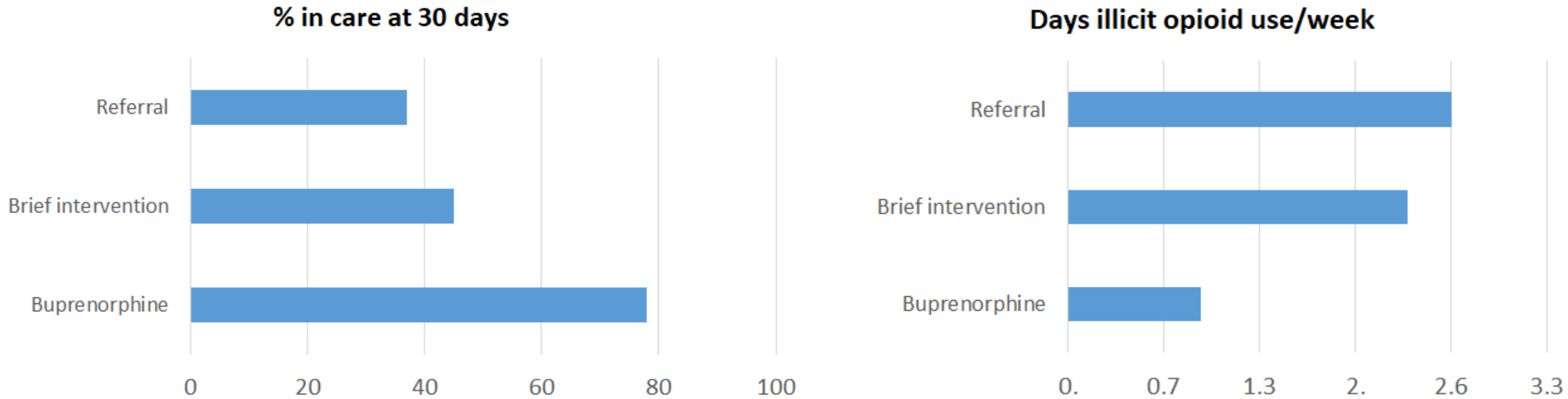
A. Dahan^{1*}, A. Yassen², R. Romberg¹, E. Sarton¹, L. Teppema¹,
E. Olofsen¹ and M. Danhof²

The Numbers for Success

Number Needed to Treat	
Aspirin in ST-elevation myocardial infarction	42 to save a life
Warfarin in atrial fibrillation	25 to prevent a stroke
Steroids in chronic obstructive pulmonary disease (COPD)	10 to prevent treatment failure
Defibrillation in cardiac arrest	2.5 to save a life
Buprenorphine in opioid use disorder	2 to retain in treatment

<https://clincalc.com/Stats/NNT.aspx>

ED Initiation of Buprenorphine



Detox doesn't last

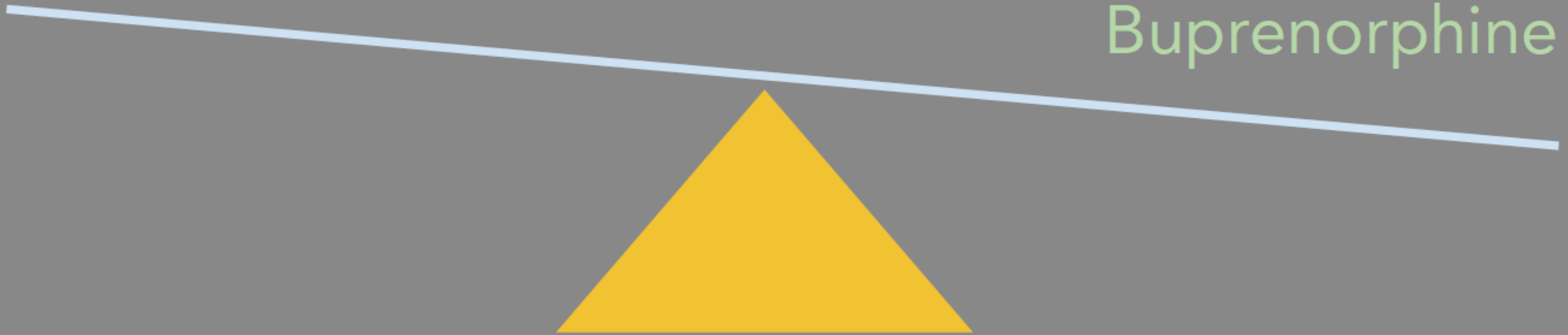


“Discontinuing treatment typically results in relapse and elevated risk of mortality, with the risk of death after discontinuing treatment estimated to be 2.4 x greater than during treatment.”

Reference: Chutuape et al, 2001; Nosyk et al, 2013

Street Access to
Illicit Substances

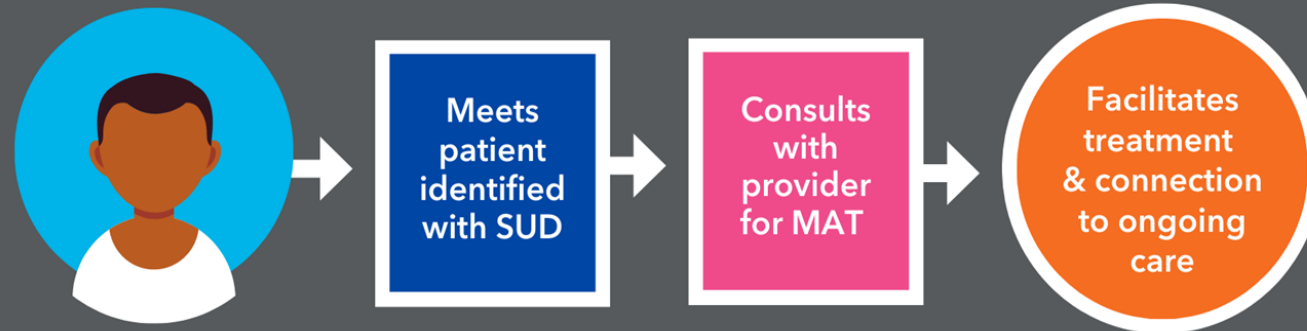
Medical Access to
Buprenorphine



Substance Use Navigators (SUN): What They Do and Why They Matter

The Substance Use Navigator

guides patients with acute substance use disorder (SUD) through the emergency department and beyond.



GOAL: Ensure that all people with substance use disorder receive 24/7 high-quality care in every California health system.

Opening Doors To Treatment

Substance Use Navigators:

- Friendly face
- Similar experience
- Understand treatment resources



Jon Gray, MD, pictured with substance use navigators at Lake Charles Memorial Hospital Emergency Department.



Addicted to pain pills, non-prescribed opioids or other drugs?

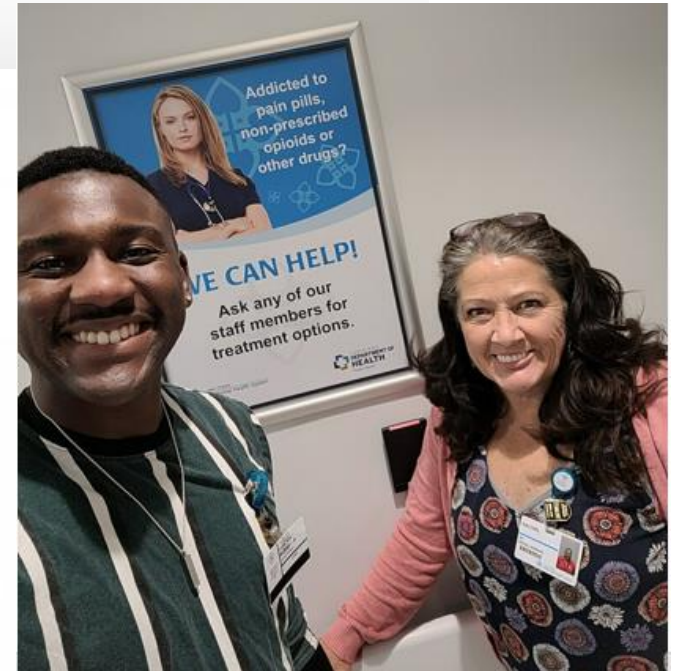
WE CAN HELP!

Ask any of our staff members for treatment options.

Substance Use Navigators (SUNs) are care coordinators embedded within a hospital to assist patients with substance use disorders.

- Role model for change in the ED
- Reduce stigma and biases
- Provide support to the ED team.
- Regular check-ins with champion
- Network with community resources.
- Build trusting relationships with patients and families after discharge.

SUNS connect people who use drugs to treatment.





A note on language

- Substance use disorder (vs abuse)
- People who inject drugs drugs (vs IVDU)
- People with alcohol use disorder (vs alcoholics)
- People with substance use disorders (vs addicts)
- Urine positive for/negative for (vs clean/dirty)
- Return to use/slip (vs relapse)

RESPECT TO CONNECT: UNDOING STIGMA

CA Bridge and Opioid Response Network - Bridge Starts Program Pilot 2022

Language Matters!

The Real Stigma of Substance Use Disorders



In a study by the Recovery Research Institute, participants were asked how they felt about two people
"actively using drugs and alcohol."

One person was referred to as a
"substance abuser"



The other person as
"having a substance use disorder"



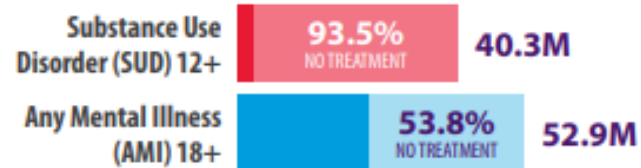
No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE **"SUBSTANCE ABUSER" WAS:**

- less likely to benefit from treatment
 - more likely to benefit from punishment
 - more likely to be socially threatening
 - more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
 - they were more able to control their substance use without help
-

Ending the nation's drug-related overdose and death epidemic means increasing access to medications to treat opioid use disorder and evidence-based harm reduction initiatives.

Did not receive substance use treatment or mental health services in past Year: among people aged 12+¹⁸



Medications to treat opioid use disorder are the gold standard,¹⁷ but too few individuals receive it.



2022
OVERDOSE EPIDEMIC
REPORT

-ing the X-waiver!

Mainstreaming Addiction Treatment (MAT) Act:

- As of Jan 1, 2023, an X-waiver is *no longer required* per federal law. Buprenorphine for medication for opioid use disorder (MOUD) *no longer requires an X-waivered prescriber*.
- Buprenorphine remains a DEA schedule III medication for all indications, including pain management and addiction treatment. It can be prescribed as MOUD by *any clinician* with an active DEA license that includes schedule III medications.

CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)



MAT JUST TRADES ONE ADDICTION FOR ANOTHER:

MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)

$$\ell \leq \frac{1, \ell}{k}; k = \frac{4}{\sqrt{4EJ}};$$

THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE:

MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (8)



MAT IS ONLY FOR THE SHORT TERM:

Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)



MOST INSURANCE PLANS DON'T COVER MAT:

As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs (4). State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states. (5)



MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS:

MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)



PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS:

MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.

Rural Health Partners are Critical!

Interventions to Reduce Overdose Mortality

- Provide a safe space for patients to talk about substance use
 - Non-judgmental approach that **meets people where they are**
- You can screen for SUD and treat with MAT and/or provide linkage to care
- Provide take home narcan for patients/families
- Links to harm reduction resources



Questions?

We want to hear from you!

<https://www.surveymonkey.com/r/BW59S9F>



RURAL **HEALTH** WORKSHOP

Breakout Sessions: 10:45 – 11:45 a.m.

