



Providers
Clinical Support
System

Clinical and Public Health Approaches to Overdose Prevention and Substance Use Care

Alexander Y. Walley, MD, MSc

President, American College Academic Addiction Medicine
Medical Director, Bureau of Substance Addiction Services
Massachusetts Department of Public Health

Professor of Medicine
Boston University, Chobanian & Avedisian School of Medicine
Grayken Center for Addiction at Boston Medical Center

10/9/24

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- The overarching goal of PCSS-MOUD is to increase healthcare professionals' knowledge, skills, and confidence in providing evidence-based practices in the prevention, treatment, recovery, and harm reduction of OUD.

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Learning Objectives



At the conclusion of this activity participants should be able to:

1. Recognize overdose is the leading cause of accidental death.
2. Reduce overdose death via naloxone distribution and medications for opioid use disorder.
3. Innovate new approaches to address overdose and substance use care.

American College of Academic Addiction Medicine

Mission:

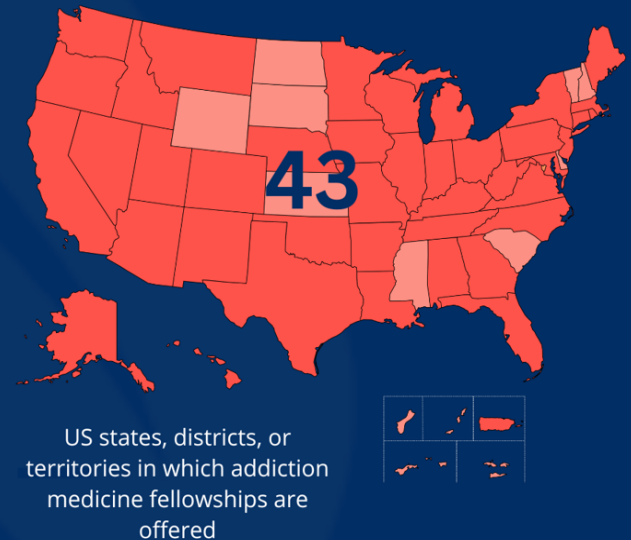
To promote academic excellence and inspire leadership in addiction medicine



To learn more, go to: acaam.org

ADDICTION MEDICINE FELLOWSHIPS BY THE NUMBERS

- 102** ACGME-accredited addiction medicine fellowships across the country
- 12** Duration, in months, of addiction medicine fellowships
- 24** Primary specialties eligible (As a multispecialty subspecialty, addiction medicine is open to physicians who have completed an accredited residency in any of the 24 primary specialties)
- 248** Funded fellowship slots tentatively available for the 2024-2025 training year
- 97%** Share of available addiction medicine positions that were offered through the National Resident Matching Program (NRMP) Medicine & Pediatric Specialties Match for the 2024-2025 training year



Addiction Psychiatry Fellowships

- According to the National Institute on Drug Abuse (NIDA), 37.9% of adults with substance use disorders (SUDs) also have mental illnesses. **This is more than double the rate for the general population and highlights the need for more substance-use care providers.**
- Addiction Psychiatry fellowships are available to provide specialized training and board certification through the American Board of Psychiatry and Neurology. Other complementary specialties in psychiatry include adolescents, geriatrics, consultation-liaison, and forensics with addictions.
- To learn more, go to: www.aaap.org.

The ACGME website lists 54 addiction psychiatry fellowship opportunities. To see available fellowships go to: <https://apps.acgme.org/ads/Public/Programs/Search>



Land Acknowledgement

Massachusetts is the original homeland of the Wampanoag, Nipmuc, and Massachusetts tribal nations. They are the keepers of their tribal histories, as well as the shared history of this country and Massachusetts, despite the oppression of colonization and genocide since the time of European contact. I honor and respect the thousands of diverse Indigenous peoples connected to these lands.

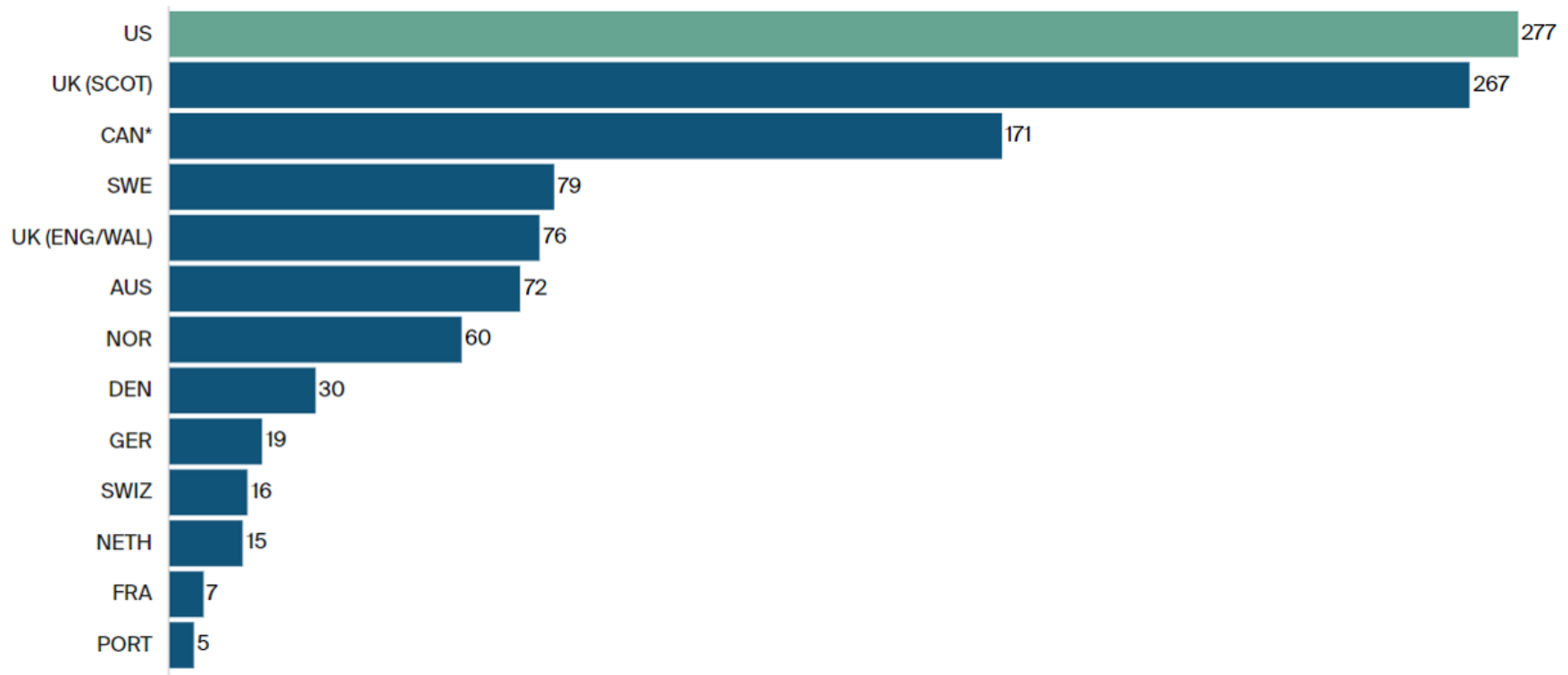
Several distinct Native Peoples inhabited what is now Massachusetts and points south.
Tribal territories of Southern New England. Around 1600.



Author: Nikater, adapted to English by Hydrargyrum.
Retrieved from: https://commons.wikimedia.org/wiki/File:Tribal_Territories_Southern_New_England.png#/media/File:Tribal_Territories_Southern_New_England.png

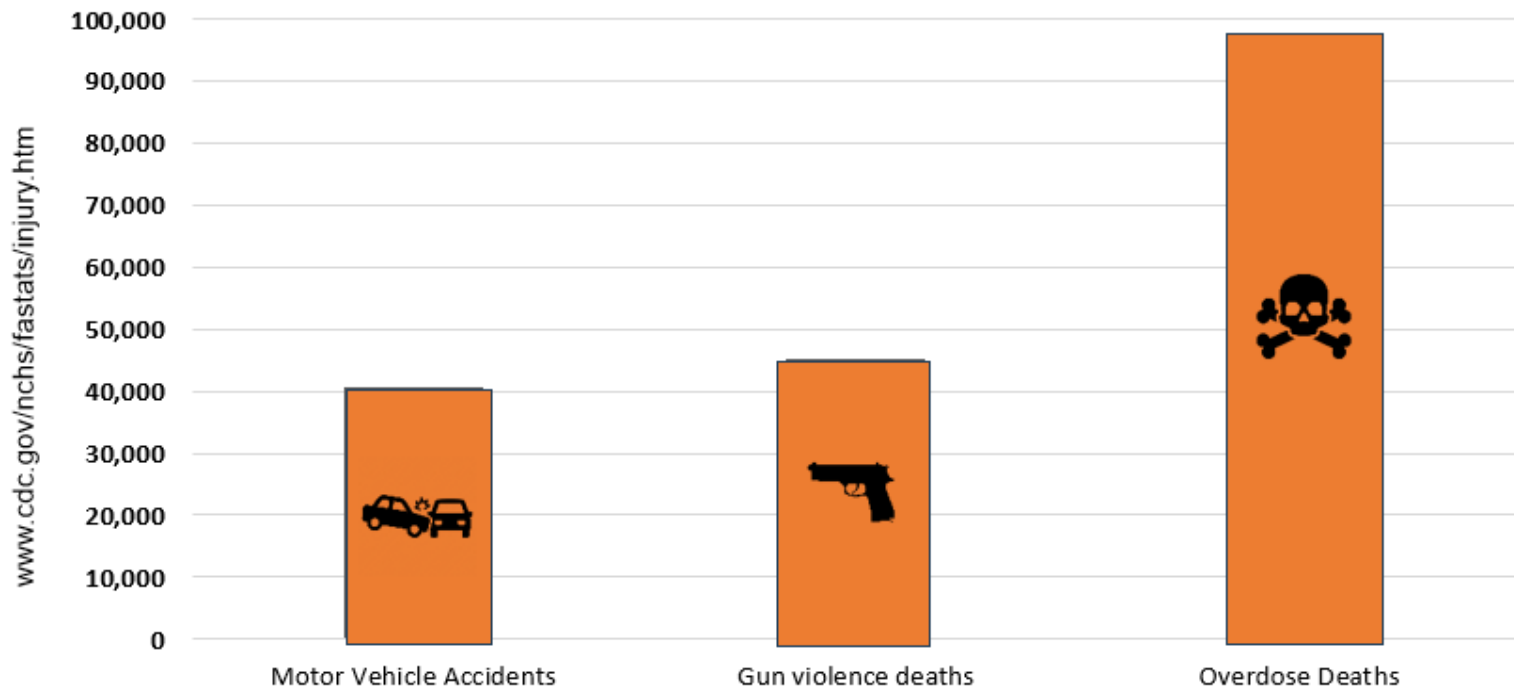
Learning Objective #1: Recognize overdose is the leading cause of accidental death

Drug-related death rate per 1 million population (unadjusted), 2020 or latest year available



Overdose is the leading cause of accidental injury death . . . by far!

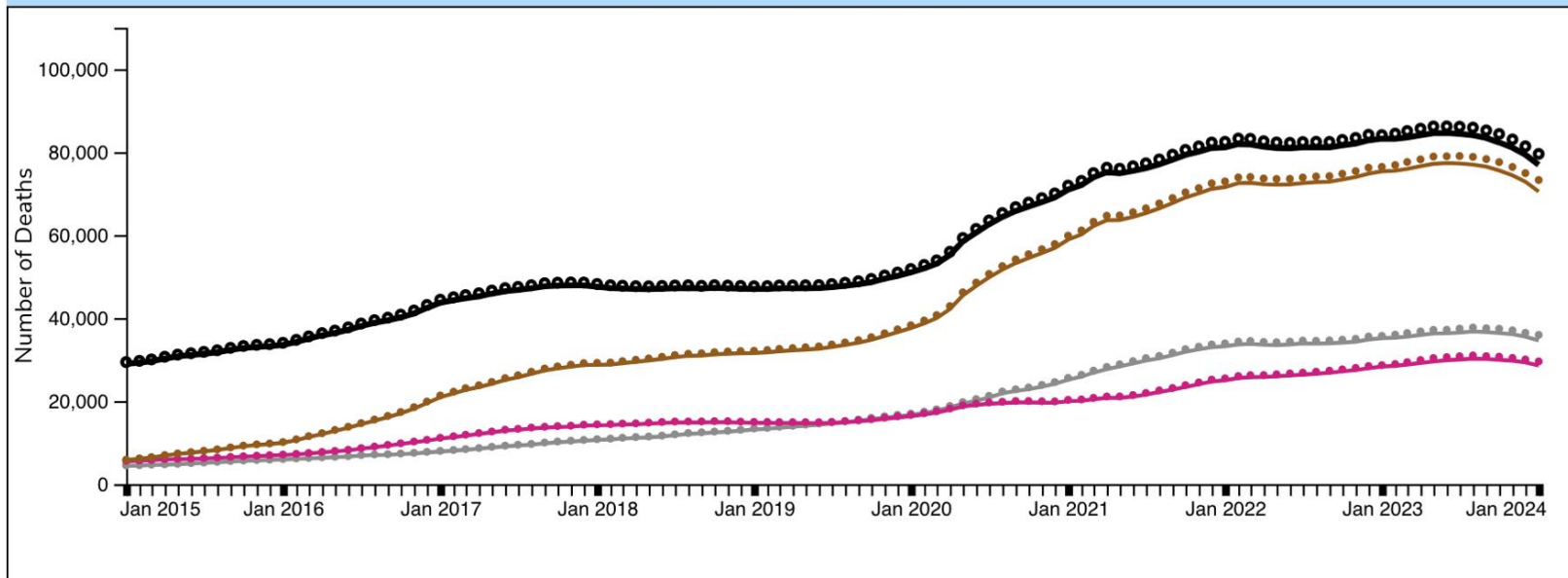
Deaths From Drug Overdose, Motor Vehicle Accidents and Gun Violence from 2020



www.cdc.gov/nchs/fastats/injury.htm

Overlapping Waves of Opioid Overdose Deaths

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



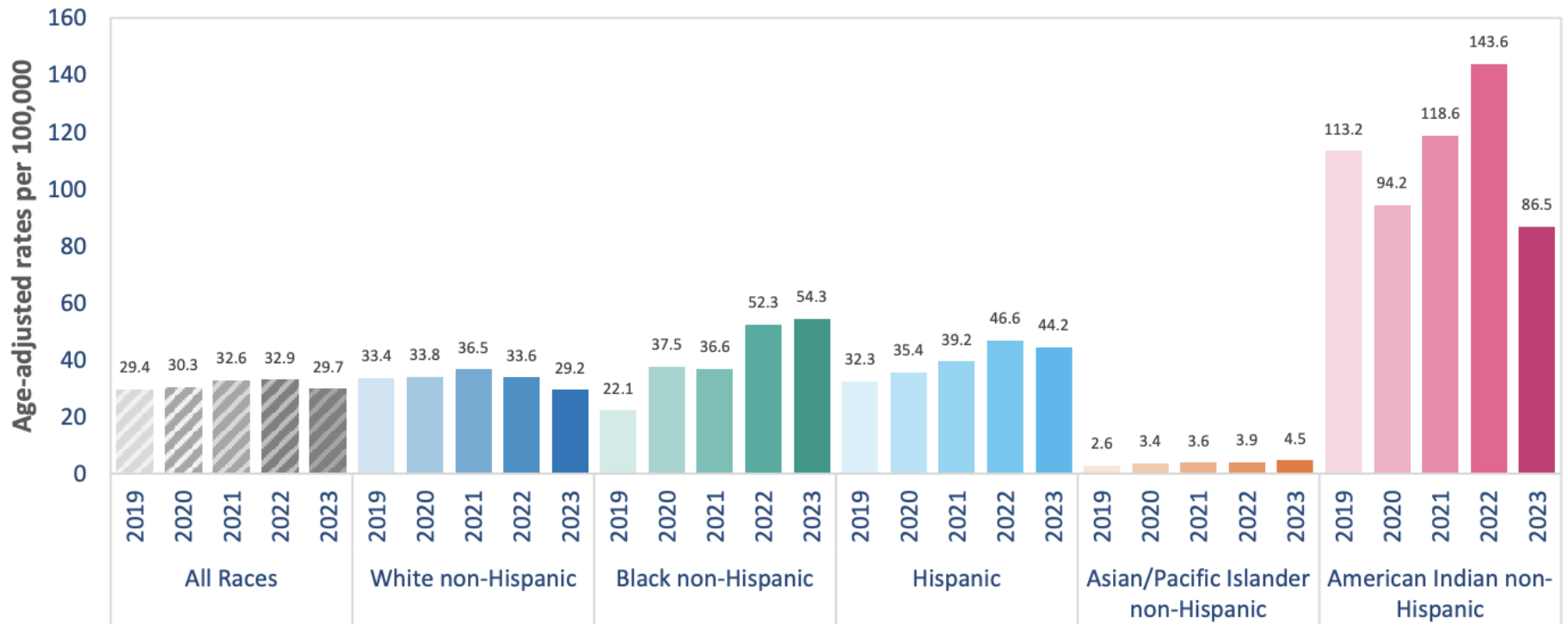
Legend for Drug or Drug Class

- Cocaine (T40.5)
- Opioids (T40.0-T40.4, T40.6)
- Psychostimulants with abuse potential (T43.6)
- Synthetic opioids, excl. methadone (T40.4)

---- Reported Value
 ○ Predicted Value

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

Confirmed Opioid-Related Overdose Rates, All Intent, by Race and Hispanic Ethnicity



An increasing, but unknown, number of people who do not have opioid use disorder are overdosing due to fentanyl contamination of cocaine, methamphetamine, and counterfeit prescription pills

J Urban Health
<https://doi.org/10.1007/s11524-024-00852-0>

ORIGINAL ARTICLE

Overdose from Unintentional Fentanyl Use when Intending to Use a Non-opioid Substance: An Analysis of Medically Attended Opioid Overdose Events

Alexander R. Bazazi · Patrick Low · Bryson O. Gomez · Hannah Snyder · Jeffrey K. Hom · Christine S. Soran · Barry Zevin · Michael Mason · Joseph Graterol · Phillip O. Coffin

- People without opioid tolerance unwittingly exposed to fentanyl via non-opioids
 - *Innovate to focus on engaging people who use stimulants and counterfeit non-opioid prescription pills*

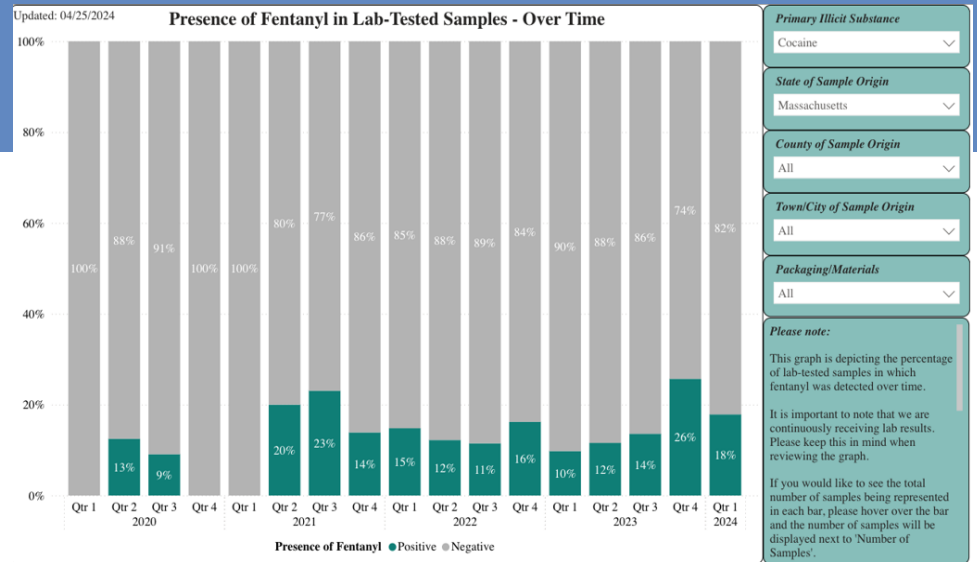
Among 448 opioid overdose survivors in SF 6/2022-9/2022

- 57% intended to use opioids
- 43% intended to use methamphetamine or cocaine
 - ⑩ 58% of Black and 52% of Latinx survivors
 - ⑩ 29% of White Survivors

An increasing, but unknown, number of people who do not have opioid use disorder are overdosing due to fentanyl contamination of cocaine, methamphetamine, and counterfeit prescription pills



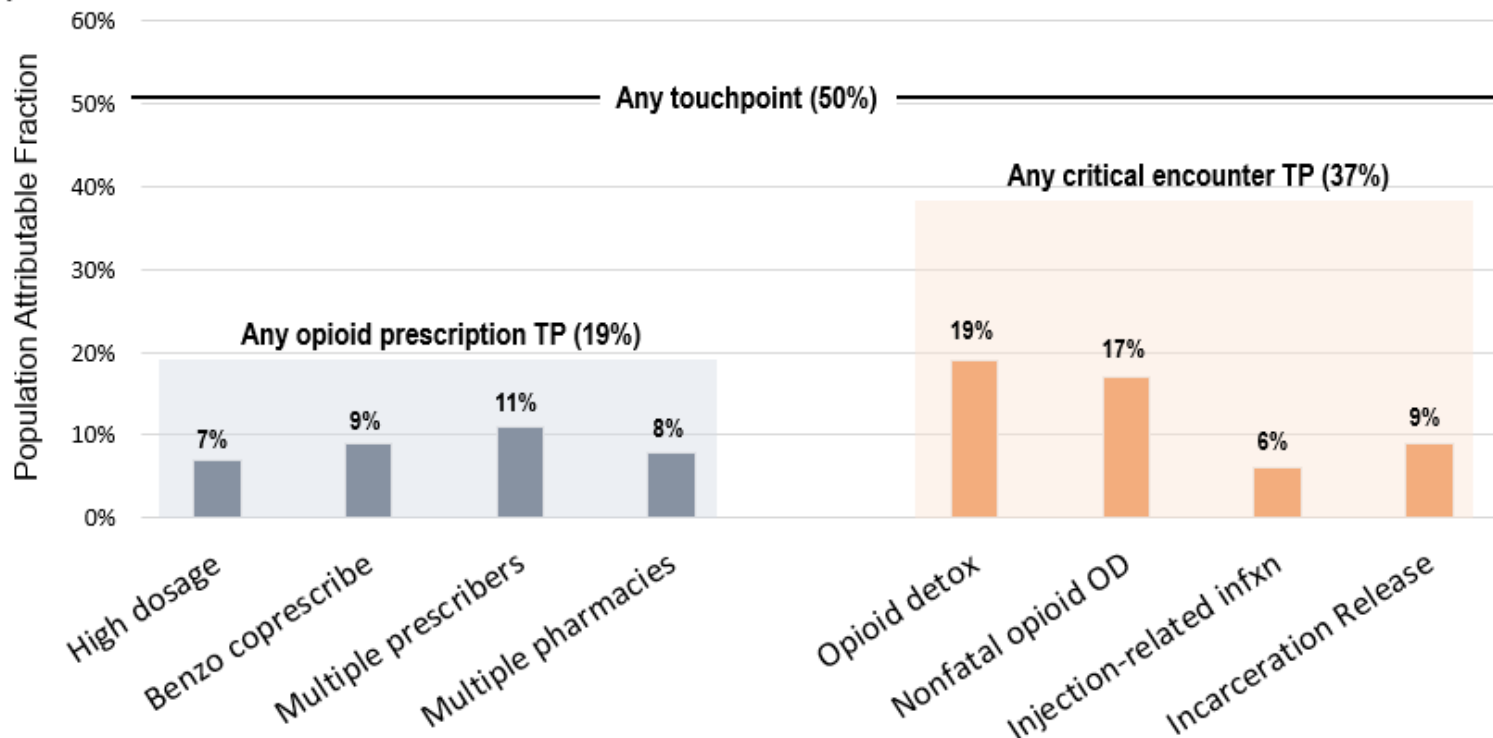
- People without opioid tolerance unwittingly exposed to fentanyl via non-opioids
 - *Innovate to focus on engaging people who use stimulants and counterfeit non-opioid prescription pills*



Learning Objective #2: Reduce overdose death via naloxone and medications for opioid use disorder

Half of overdose decedents had at least one touchpoint in the previous 12 months

Population attributable fractions for pre-OD touchpoints, Massachusetts, 2014, n=1,315 opioid deaths



Case for overdose education and naloxone distribution (OEND)



Most people who use opioids do not use alone

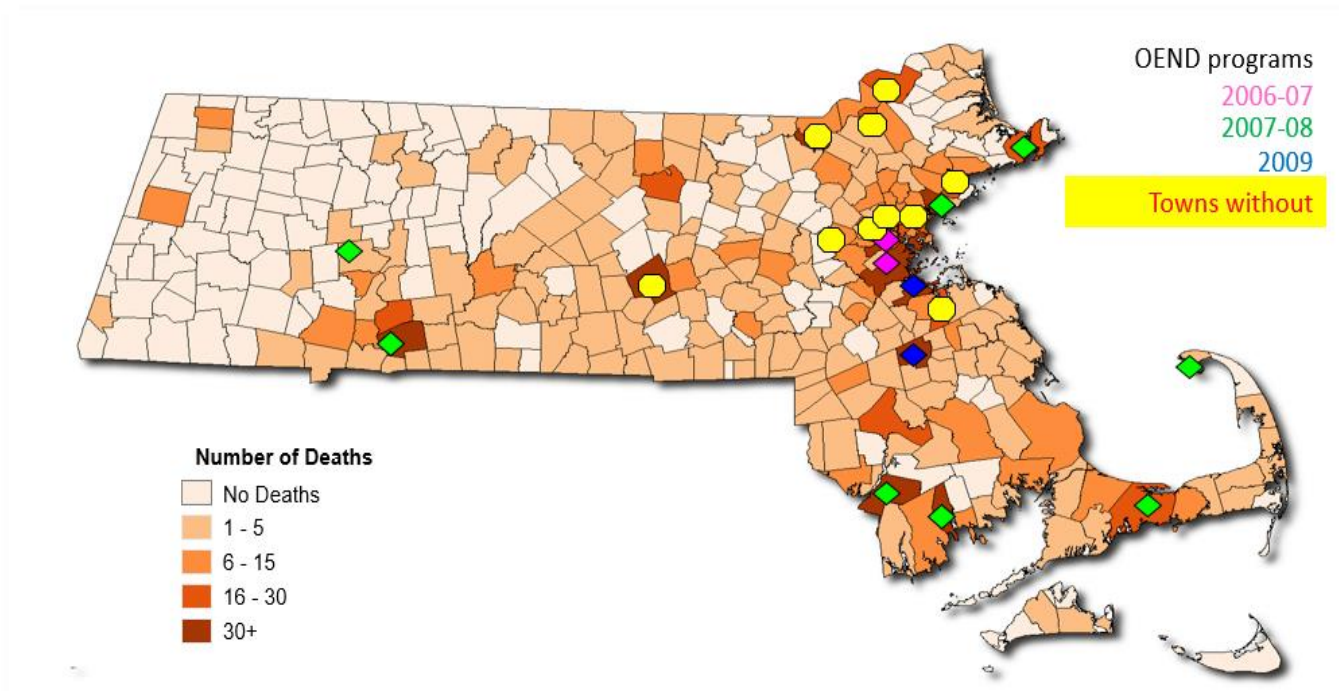
- Known risk factors:
- Mixing substances, abstinence, using alone, unknown source
- Opportunity window:
- Opioid overdoses take minutes to hours and is reversible with naloxone
- For fentanyl, the window is seconds to minutes
- Bystanders are trainable to recognize and respond to overdoses
- Fear of public safety



[Patient education videos and materials at prescribetoprevent.org.](http://prescribetoprevent.org)

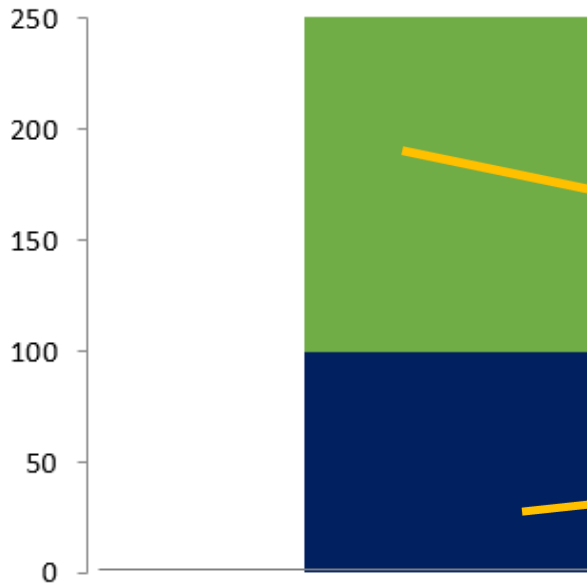
OEND implementation by town

Opioid Overdose Related Deaths: Massachusetts 2004 - 2006

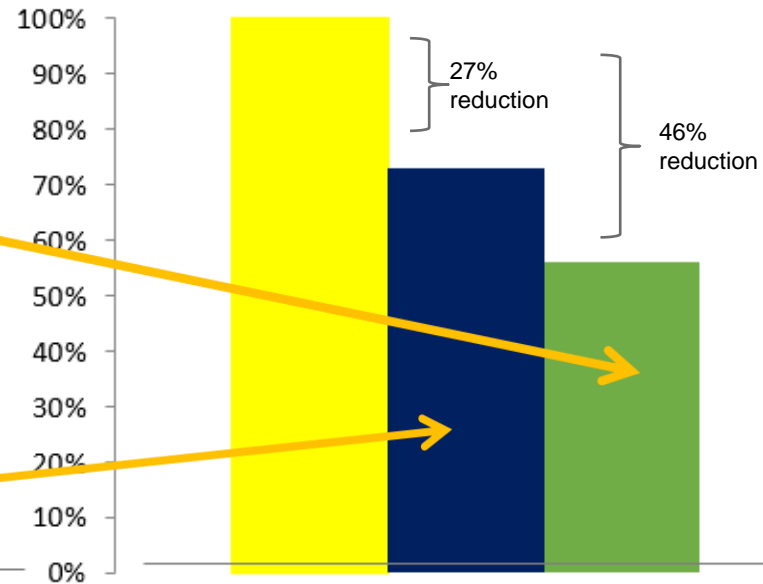


Fatal opioid OD rates by OEND implementation



Naloxone coverage per 100K






Opioid overdose death rate



Broaden naloxone distribution


Walmart  Departments Services Search everything at Walmart online and in store  Reorder My Items

How do you want your items?  |  Dorchester Center, 02124  Quincy Store Deals Grocery & Essentials Halloween Walmart Style Beauty Glow Up Top Toys List Fashion Home Registry




Roll over image to zoom in





In 50+ people's carts 


NARCAN Nasal Spray
NARCAN Opioid Overdose Treatment Nasal Spray, 4 mg, 2 Single-Dose Devices
★★★★★ (5.0) [1 review](#)


\$44.97
Price when purchased online 


[Add to cart](#)


 Free pickup, **today** at [Quincy Store](#)


 Aisle E7

 Delivery from store [Check eligibility](#)

 Free shipping, **arrives by today** to [Dorchester Center, 02124](#)

 Sold and shipped by Walmart.com

 **Free 90-day returns** [Details](#)

 **This item is gift eligible** [Learn more](#)

Broaden naloxone distribution

- Partner with Harm Reduction Providers to get naloxone to those at highest risk for overdose
 - Community Program Standing Order
- Facilitate Pharmacy distribution
 - Over-the-Counter Placement and Cost offset
 - Statewide Standing Order
 - Insurance Coverage
- Engage addiction treatment providers, federally qualified health centers, emergency departments
- First responders – administration and leave behind



Make a risk reduction plan

My Safety Plan

Step One: Things which put me at risk of accidental overdose
(Risks are often use of medications or illicit drugs, methods of use, history, and health factors)

• _____

• _____

• _____

• _____

• _____

Step Two: Actions I can take to reduce my risk of overdose
(Consider steps that address the risks found in step one, example: Changing method of use)

• _____

• _____

• _____

• _____

• _____

Step Three: Things I do regularly (or want to do more) to stay well
(Consider ways you take care of your physical and mental health)

• _____

• _____

• _____

• _____

Step Four: People who support my wellness and I can ask for help

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Step Five: Professionals and agencies I can call in a crisis

Name: _____ Phone: _____

Program: _____ Phone: _____

Urgent Care: _____ Phone: _____

Local Crisis Hotline: _____


SAMHSA's National Helpline: **1-800-662-HELP (4357)** _____

Step Six: The number one reason I want to live today

• _____

Step Seven: The next step I am willing to take to reduce my risk

• _____



Ask your patients:

- **How do you protect yourself against overdose?**
 - Plan A? Plan B? Plan C?
- **How do you keep your medications safe at home?**

Ask their loved ones:

- **What is your plan if you witness an overdose in the future?**
- **Have you received training to prevent, recognize, or respond to an overdose?**

Especially important for people using fentanyl...

Use with a witness

- Partners, overdose prevention sites, virtual spotting
- **Take turns** to prevent simultaneous overdose
- **Have naloxone ready** and an immediate way to call for help

Start low and go slow

- Use a small amount and give slowly to gauge potency

Your health and life matter.

BUILD A SAFETY PLAN

Anyone who uses drugs can overdose. These tips can help you build a safety plan that works for you.

Know the facts.

Fentanyl is in the drug supply.

- Fentanyl is 50-100 times stronger than heroin.
- A small amount of fentanyl can cause an overdose.
- Fentanyl is mixed into heroin and can be added to other drugs such as pills, cocaine, and crystal meth.
- Naloxone DOES reverse the effects of fentanyl.

Tolerance

When a drug is used repeatedly over time, a larger dose of the drug is often needed to reach the same desired effect.

A drug-free period will lower your tolerance.

- Your tolerance can drop in 1-2 days if you stop using opioids for any reason, such as if you take a break for a few days, detox, are in the hospital or put in jail.
- Using the same amount of drug after taking a break puts you at higher risk for an overdose.

Mixing drugs, medications and alcohol increases the risk of overdose.

- Alcohol and benzos (such as: Xanax, Klonopin, Ativan, Valium) mixed with any opioid can be deadly.
- They can change how you think, so you may not remember or care how much you have used.

Carry naloxone (Narcan).

- Naloxone will reverse an opioid overdose. Have it out and ready to use if needed.
- Naloxone can be sprayed into the nose or injected.
- If you are out of naloxone, get a new kit. Go to your local syringe exchange program or find a drug store near you at: www.health.ny.gov/overdose
- Tell those you trust how to use naloxone.
- The 911 Good Samaritan Law protects people against being charged for drug possession if they call 911 or if someone calls 911 for them.

Find a buddy.

- Take turns using so someone is ready to give naloxone if needed.
- If you use alone, let someone you trust know where you are.
- Ask them to text, call or check-in on you 3-5 minutes after you use drugs to make sure you are ok.

I'M ON MAIN STREET.

CALL ME IN 5 MINUTES.

Talk about it.

- An overdose can cause many feelings for the person who overdosed and those around them.
- You are not alone. Talking to someone can help you cope, and get the support you need.
- The National Suicide Prevention Lifeline is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week: 1-800-273-TALK (8255) or text "GOTS" to 741741 to start a conversation.
- Many community programs can help you find services such as food, rides, and health care, etc.

My safety plan.

I keep my naloxone kit:

My Tips (e.g., name of syringe exchange program (SEP) counselor, phone number, and other resources):

SEP hours:

DSM-5 defines a substance use disorder as the presence of at least 2 of 11 criteria

- Impaired control:

1. Taking more or for longer than intended
2. Not being able to cut down or stop (repeated failed attempts)
3. Spending a lot of time obtaining, using, or recovering from use
4. Craving for substance

- Social impairment:

1. Role failure (interference with home, work, or school obligations)
2. Kept using despite relationship problems caused or exacerbated by use
3. important activities given up or reduced because of substance use

- Risky use:

1. Recurrent use in hazardous situations
2. Kept using despite physical or psychological problems

- Pharmacologic dependence:

1. Tolerance to effects of the substance*
2. Withdrawal symptoms when not using or using less*

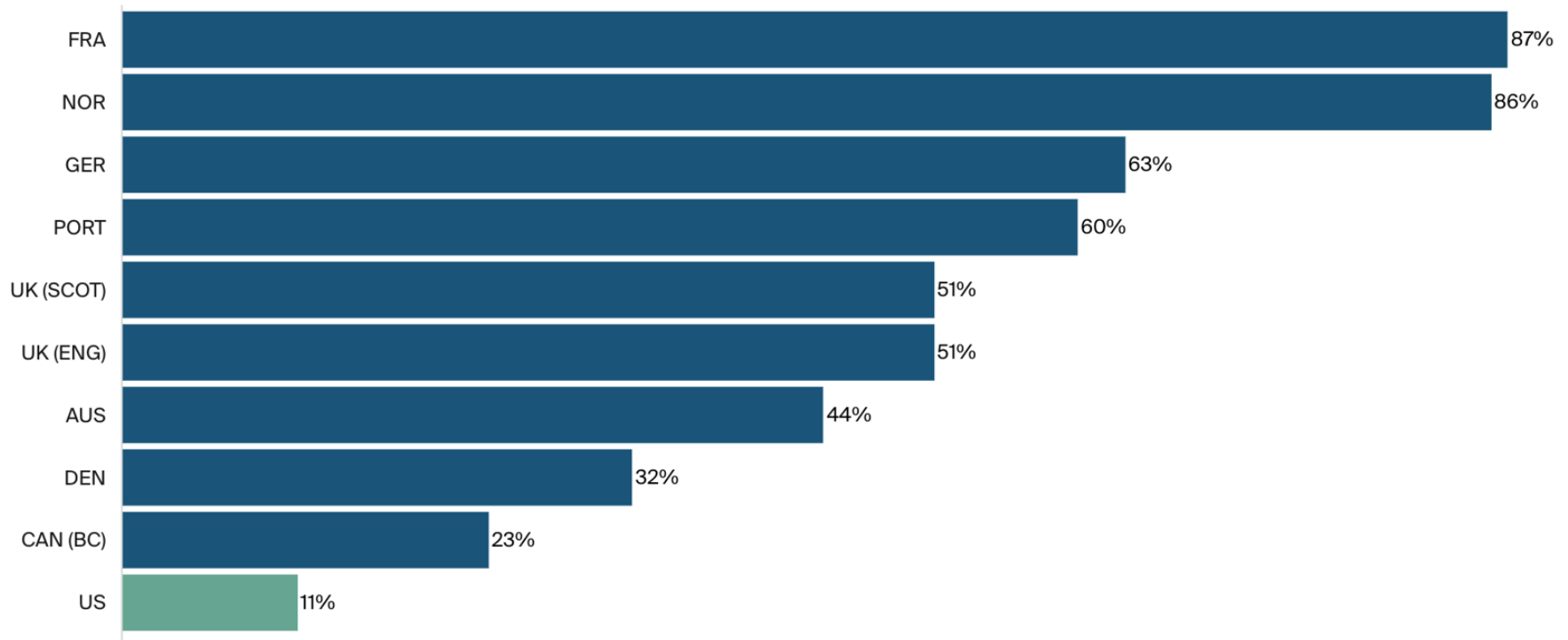
Mild = 2-3 criteria
Moderate = 4-5 criteria
Severe = 6 or more criteria

EPIC Smartphrase -
DSM5AYW

- Persons prescribed medications such as opioids may exhibit these two criteria, but would not necessarily be considered to have a substance use disorder

Percentage of people with high-risk opioid use or opioid use disorder that receive medication for opioid use disorder

Percentage of people with high-risk opioid use or opioid use disorder (OUD) who received opioid-substitution treatment



Goals of medication for opioid use disorder

Relief of withdrawal symptoms

- Low dose methadone (30-40mg), buprenorphine

Opioid blockade

- High dose methadone (>60mg), buprenorphine, naltrexone

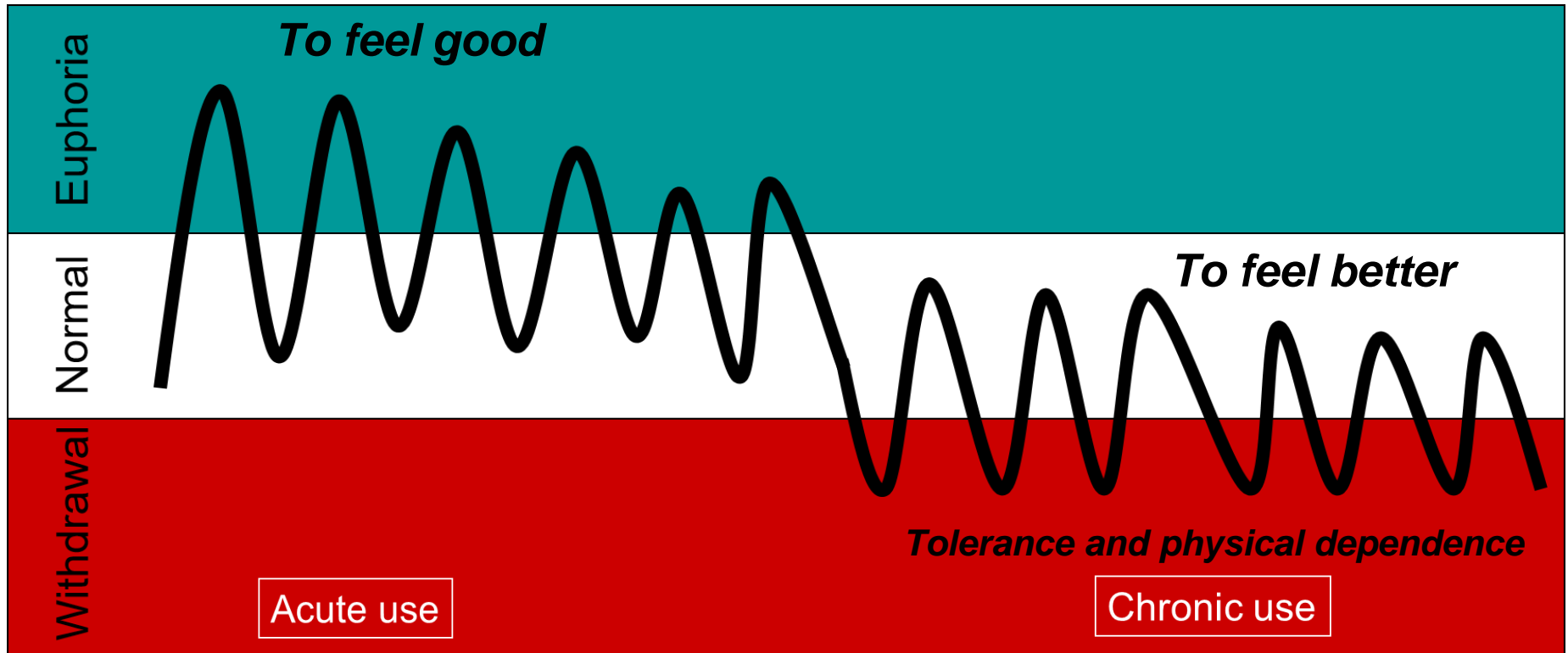
Reduce opioid craving

- High dose methadone (>60mg), buprenorphine, naltrexone

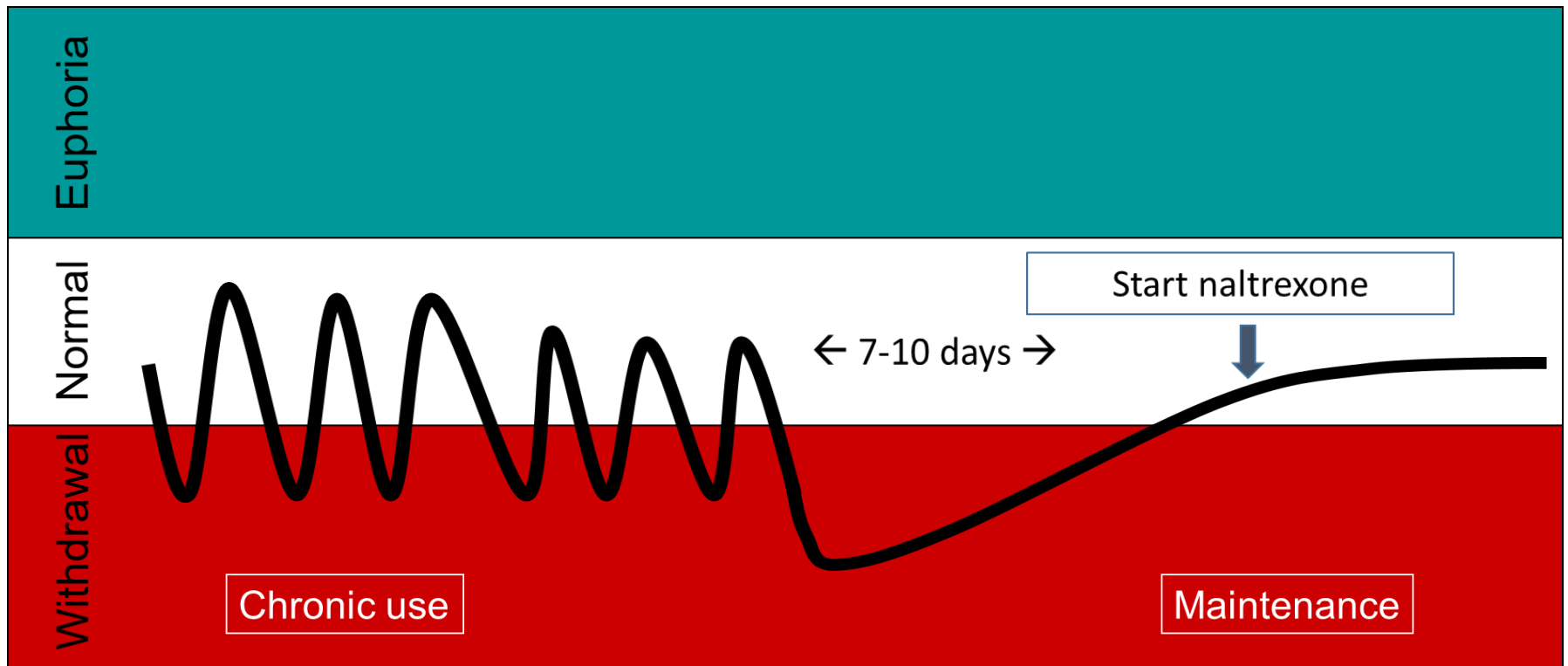
Restoration of reward pathway

- Long term (>6 months)
- methadone, buprenorphine, naltrexone

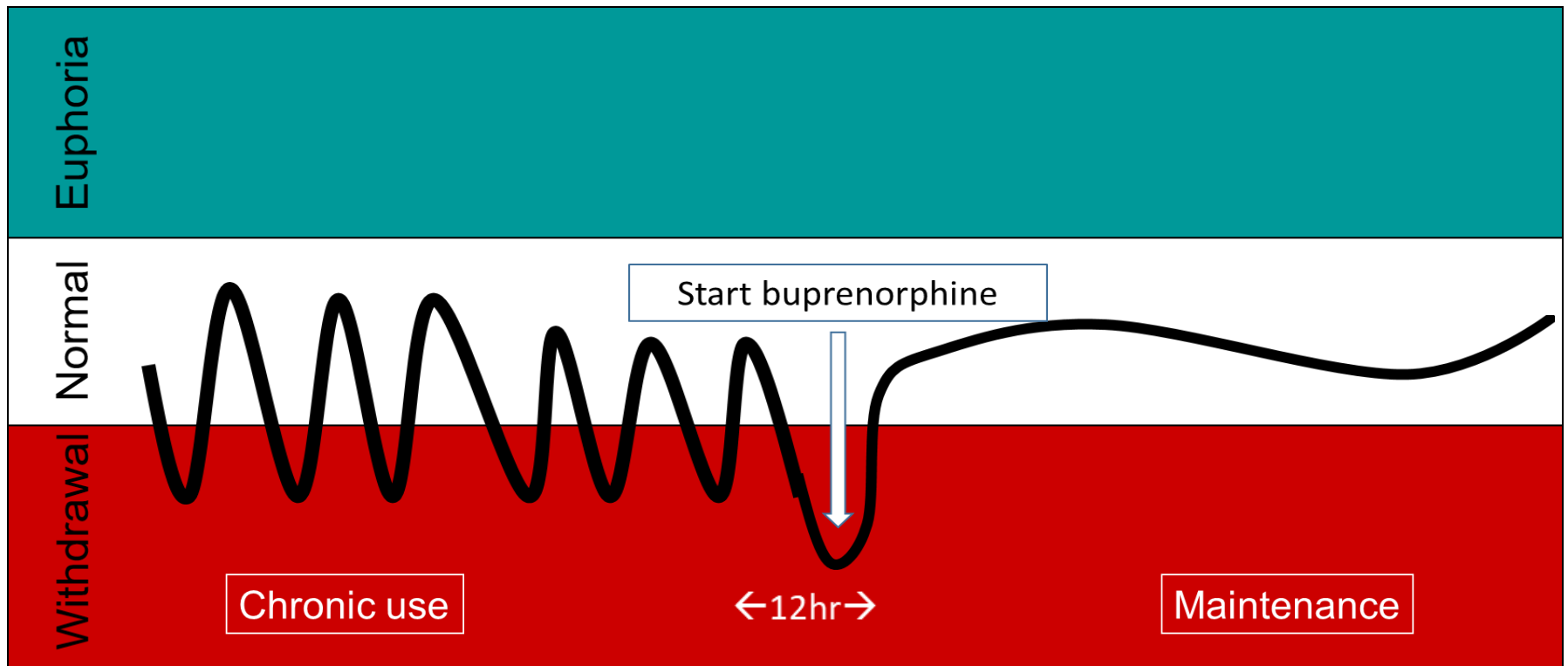
Why do people use opioids?



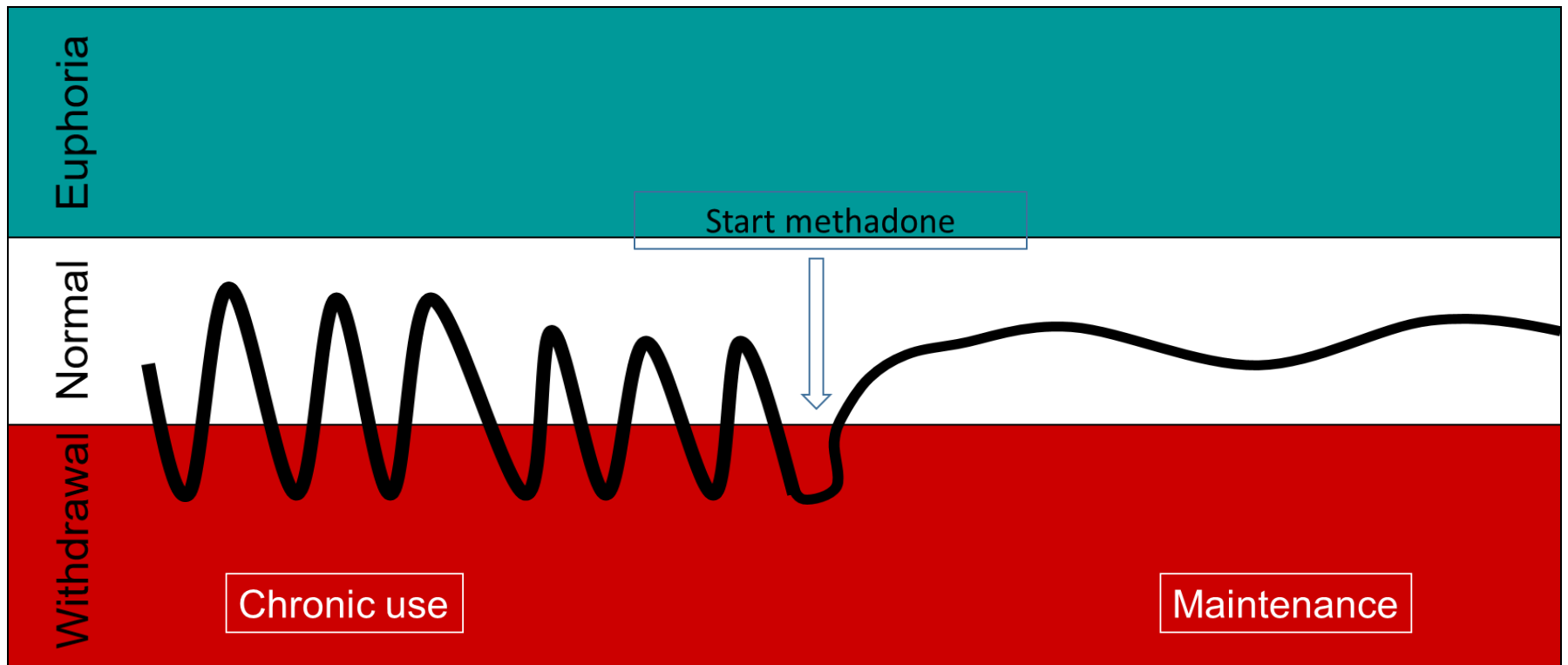
Naltrexone Initiation for Severe Opioid Use Disorder



Buprenorphine Initiation for Severe Opioid Use Disorder

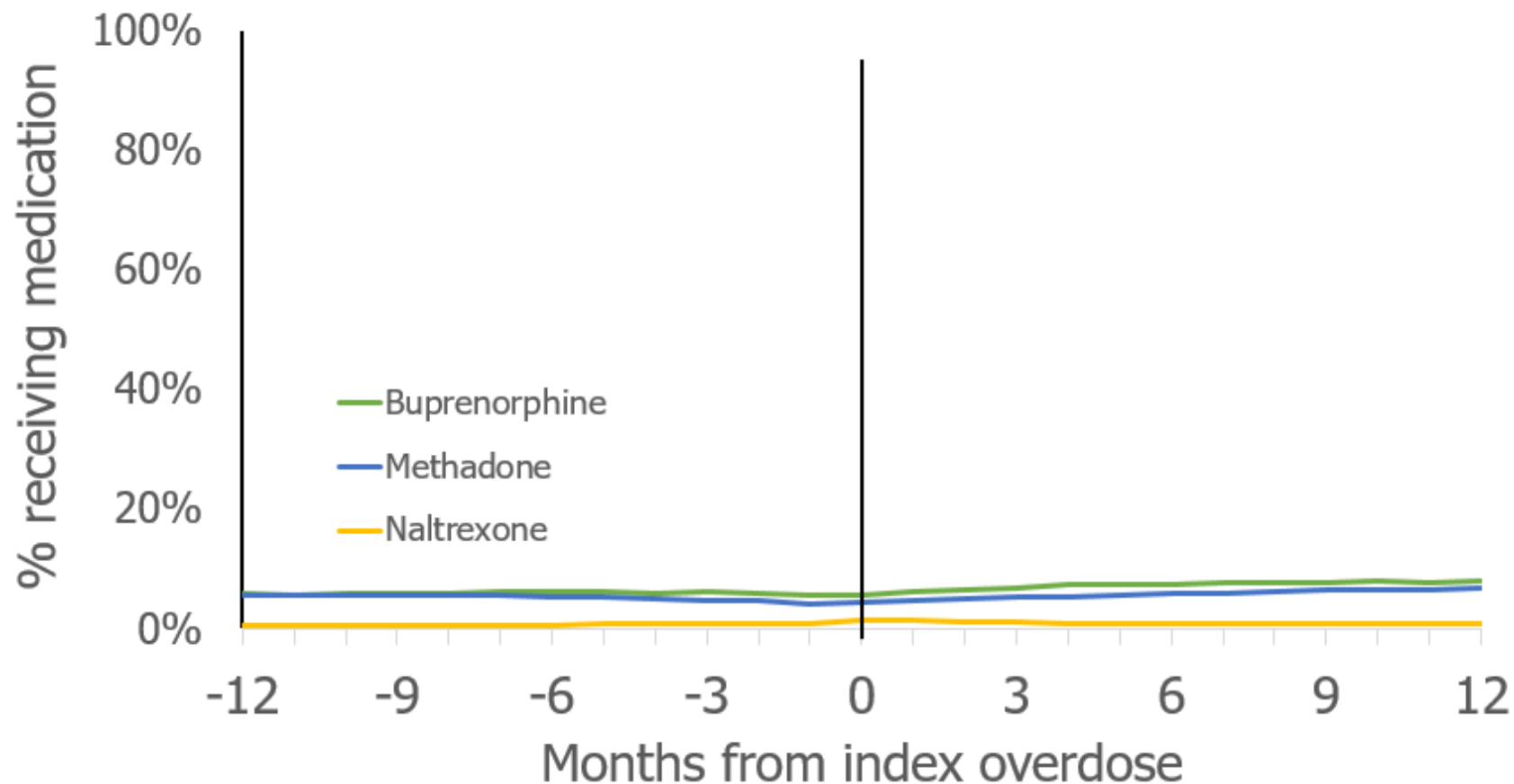


Methadone Initiation for Severe Opioid Use Disorder



After overdose, few survivors receive medications for OUD

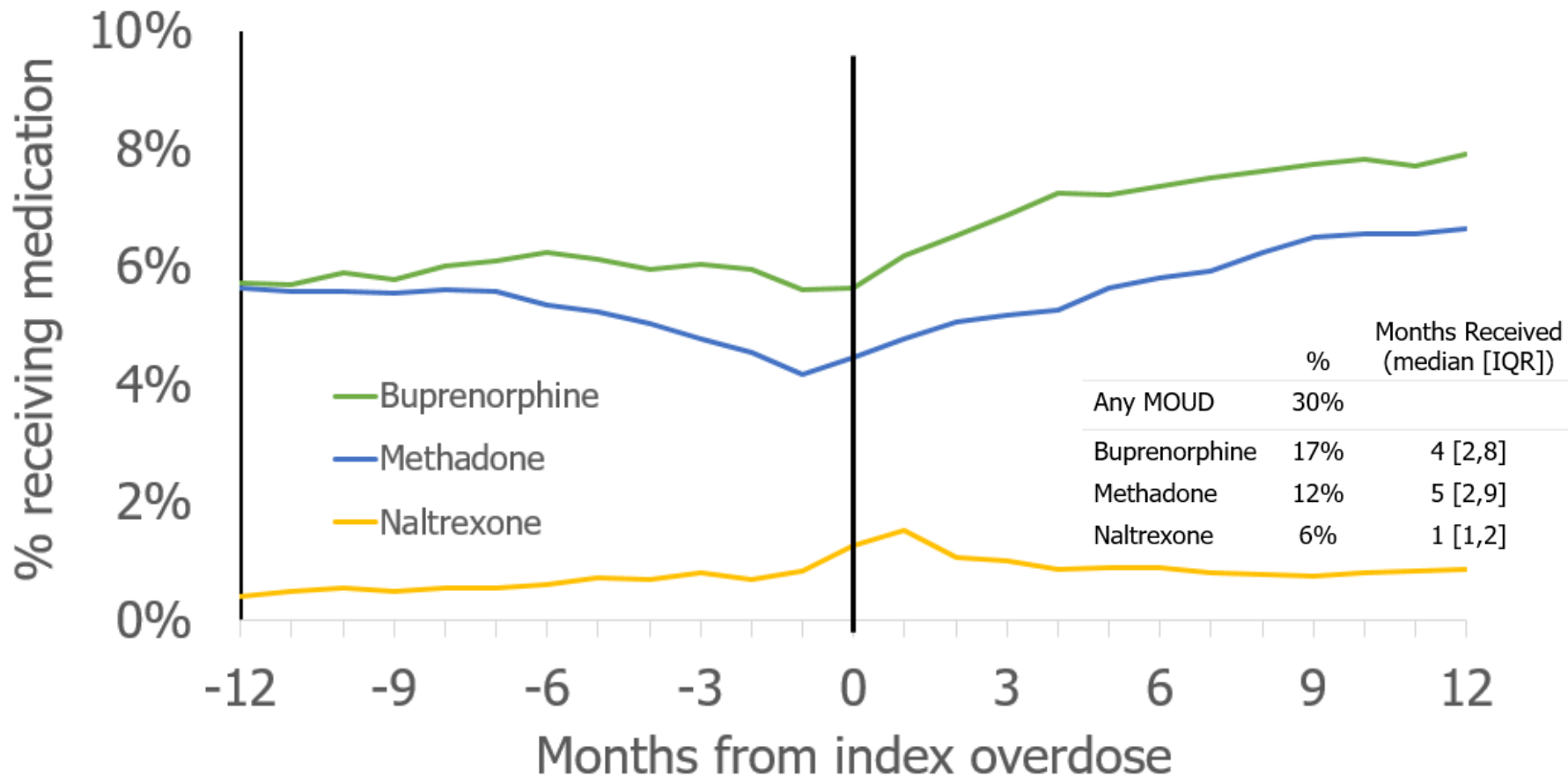
Cohort of 17,755 overdose survivors in MA, 2012-2014



Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, Bagley SM, Liebschutz JM, Walley AY. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of Internal Medicine*. 2018 Aug 7;169(3):137-145.

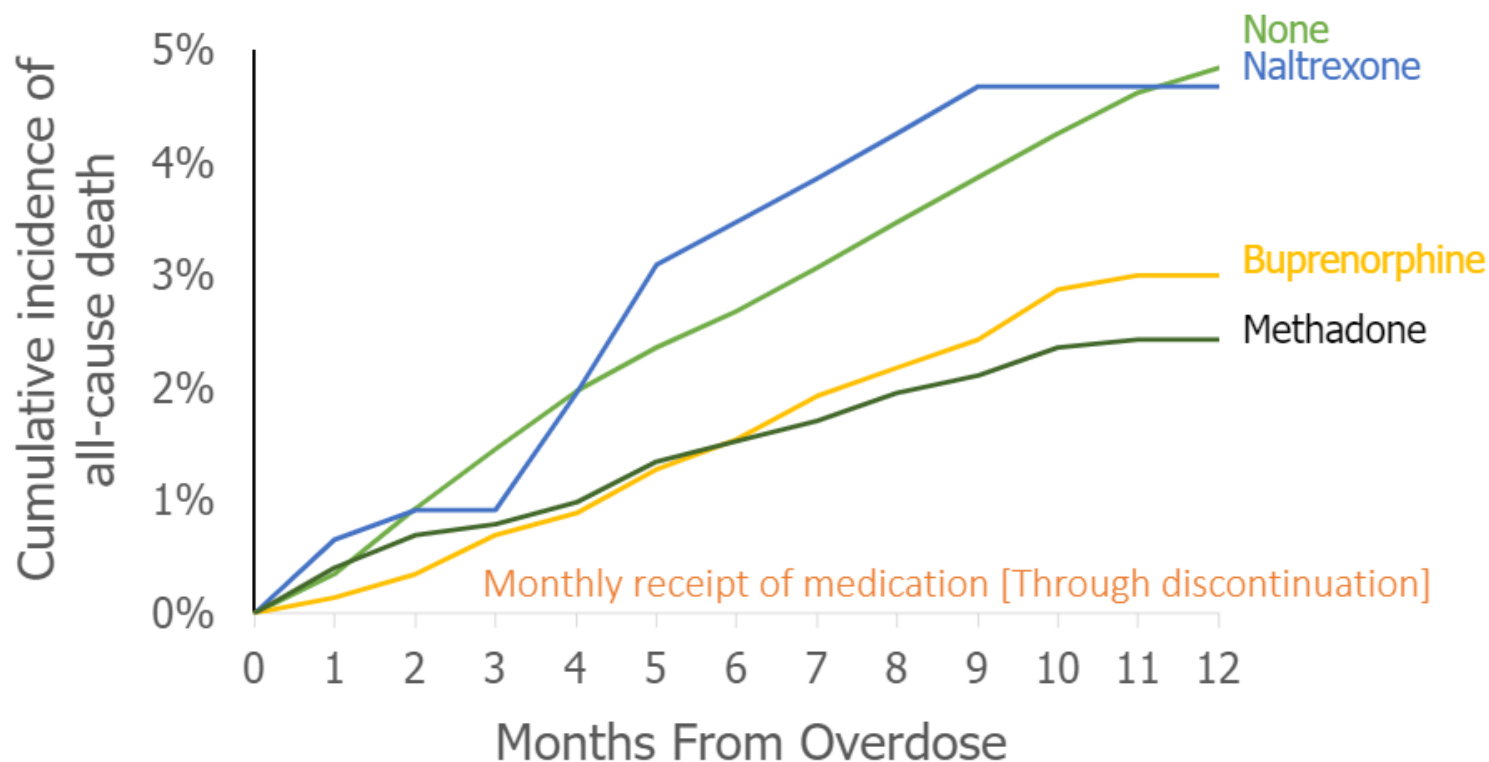
After overdose, few survivors receive medications for OUD

Cohort of 17,755 overdose survivors in MA, 2012-2014

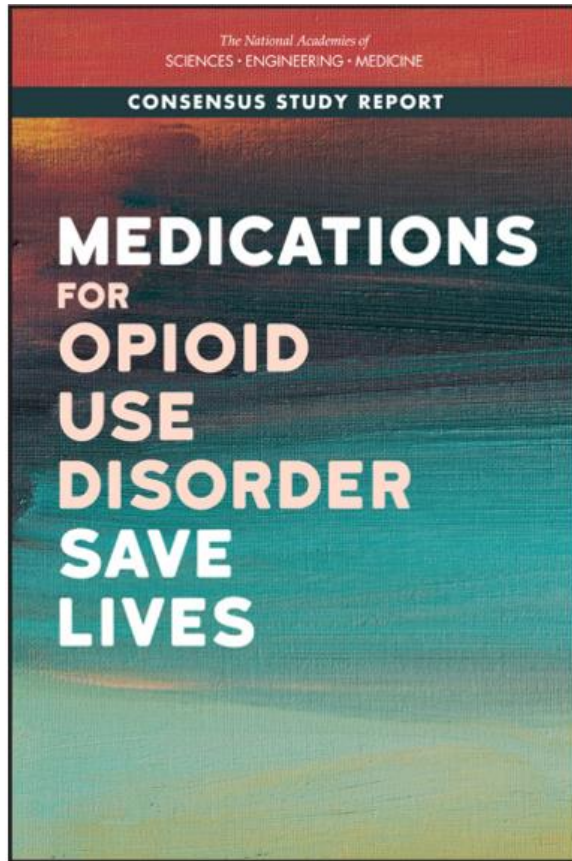


After overdose, few survivors receive medications for OUD

Cohort of 17,755 overdose survivors in MA, 2012-2014



National Academy of Sciences, Engineering, and Medicine 2019



OVERVIEW OF CONCLUSIONS

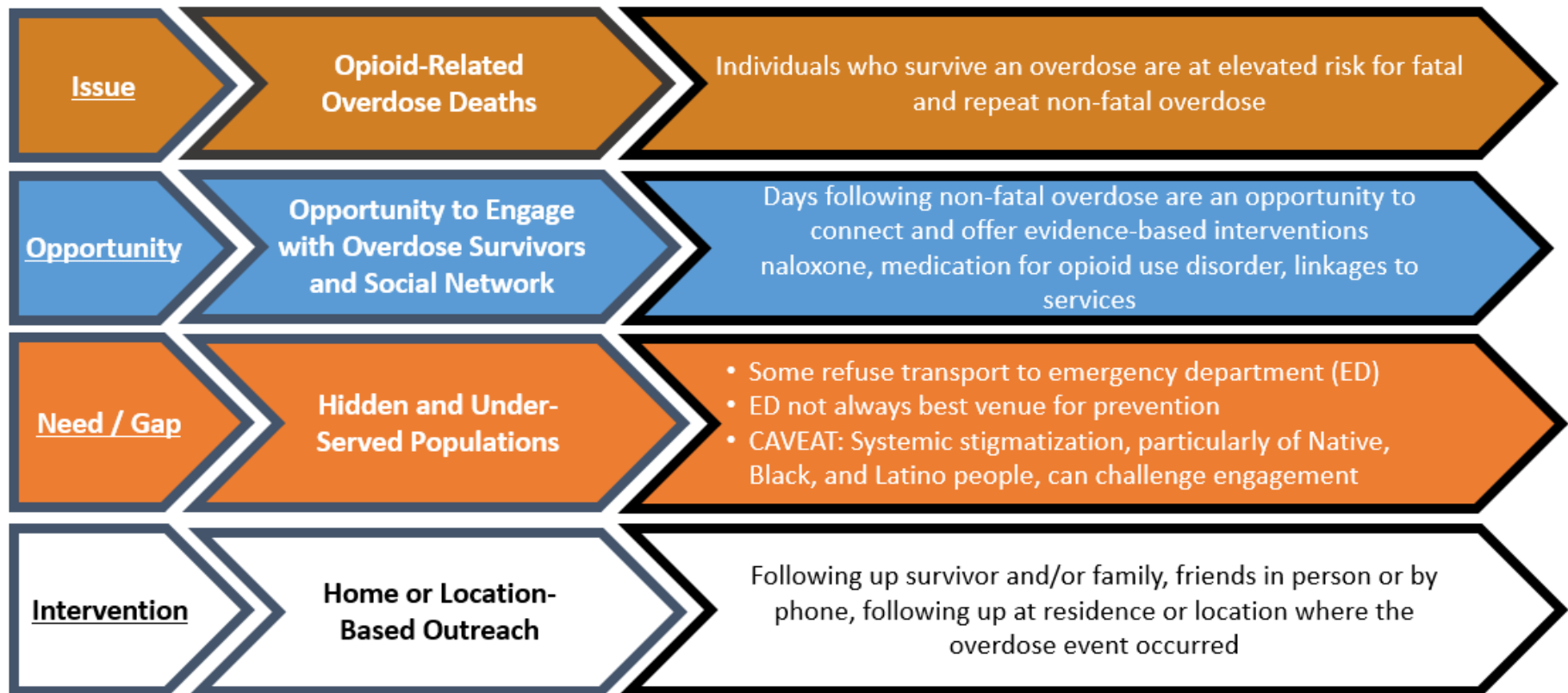
To read the full text of the committee's conclusions, visit nationalacademies.org/OUdtreatment.

1. Opioid use disorder is a treatable chronic brain disease.
2. FDA-approved medications to treat opioid use disorder are effective and save lives.
3. Long-term retention on medications to treat opioid use disorder is associated with improved outcomes.
4. A lack of availability of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder.
5. Most people who could benefit from medication-based treatment for opioid use disorder do not receive it, and access is inequitable across subgroups of the population.
6. Medication-based treatment is effective across all treatment settings studied to date. Withholding or failing to have available all classes of FDA-approved medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment.
7. Confronting the major barriers to the use of medications to treat opioid use disorder is critical to addressing the opioid crisis.

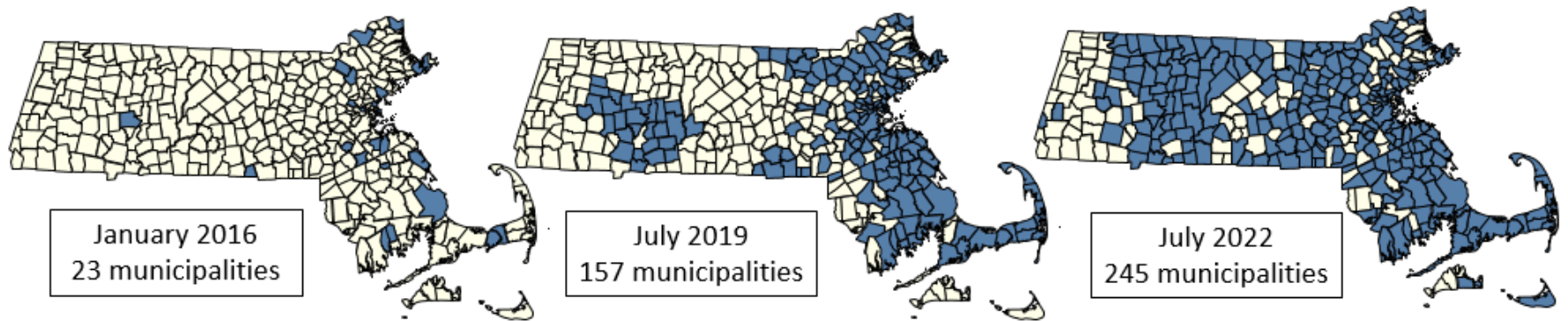
Learning Objective #3: Innovate new approaches to address overdose and substance use care

1. Post-Overdose Outreach
2. Overdose Monitoring Technologies
3. Community Drug Checking

Rationale for Post-Overdose Outreach



Survey: Post-overdose outreach programs are spreading



Multi-site Interrupted Time Series: Implementation associated with 6% lower annual opioid overdose death rates

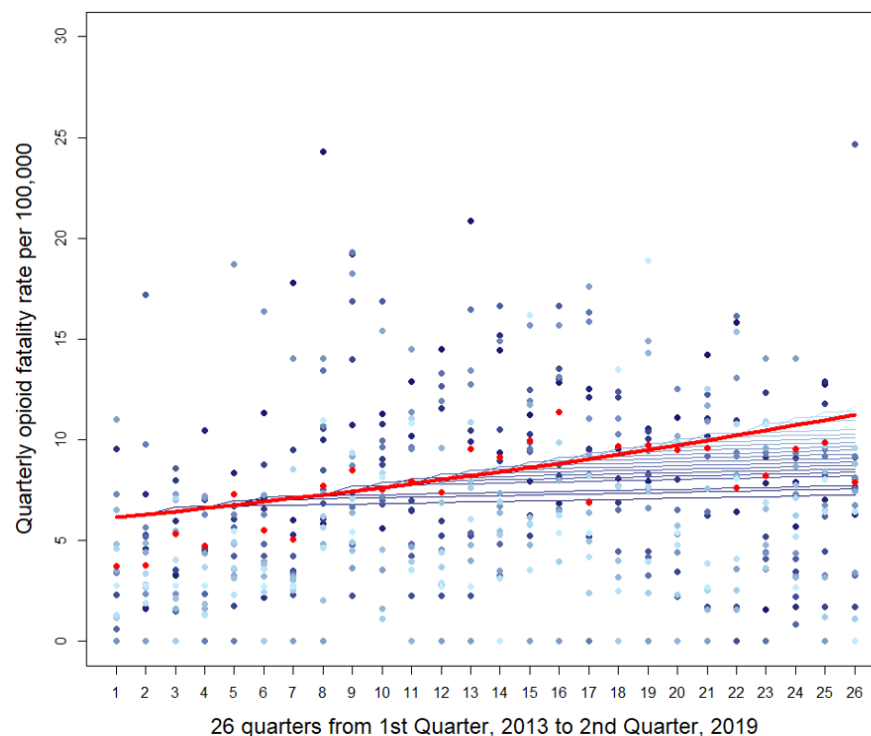
Among 93 municipalities in MA: 2013–2019

- Compared slopes of quarterly opioid fatality rates of implementing to non-implementing municipalities
- Poisson segmented regression of multiple time series with generalized estimating equations
- Adjusted for municipal-level:
 - Population size and demographics
 - Education and housing vacancy
 - Naloxone distributed, MOUD and residential treatment
 - Drug court/jail diversion, corrections release, drug arrests
 - Drug prevention coalitions
 - Fentanyl-involved death rates

JAMA Psychiatry | [Original Investigation](#)

Association of Implementation of Postoverdose Outreach Programs With Subsequent Opioid Overdose Deaths Among Massachusetts Municipalities

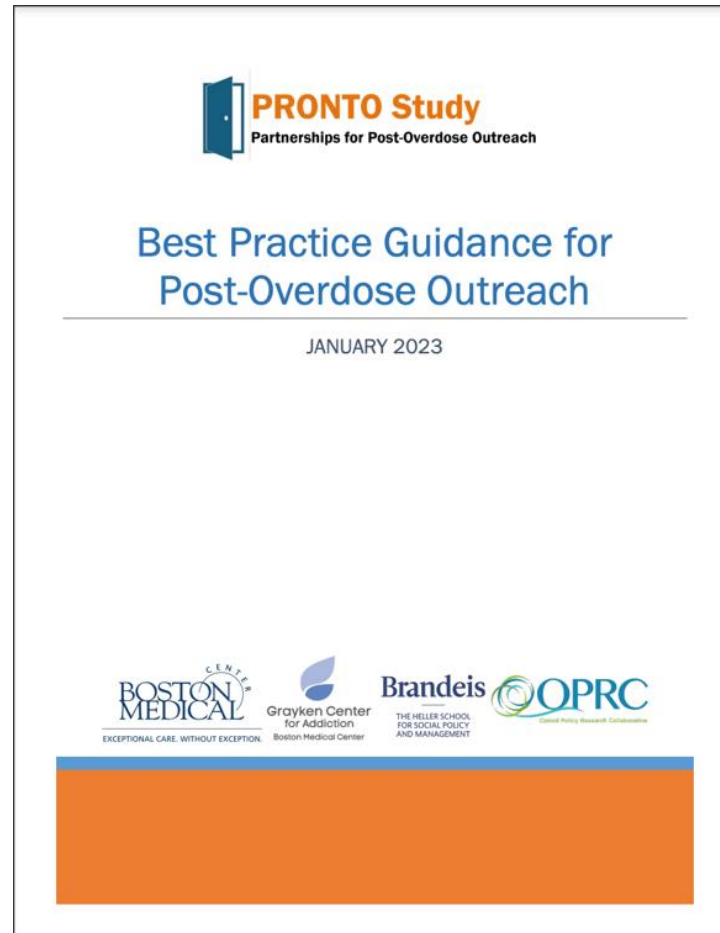
Ziming Xuan, ScD, SM; Shapel Yan, MPH; Scott W. Formica, PhD; Traci C. Green, PhD, MSc; Leo Beletsky, JD, MPH; David Rosenbloom, PhD; Sarah M. Bagley, MD, MSc; Simeon D. Kimmel, MD, MA; Jennifer J. Carroll, PhD, MPH; Audrey M. Lambert, MPH; Alexander Y. Walley, MD, MSc



Role of law enforcement: Police Paradox

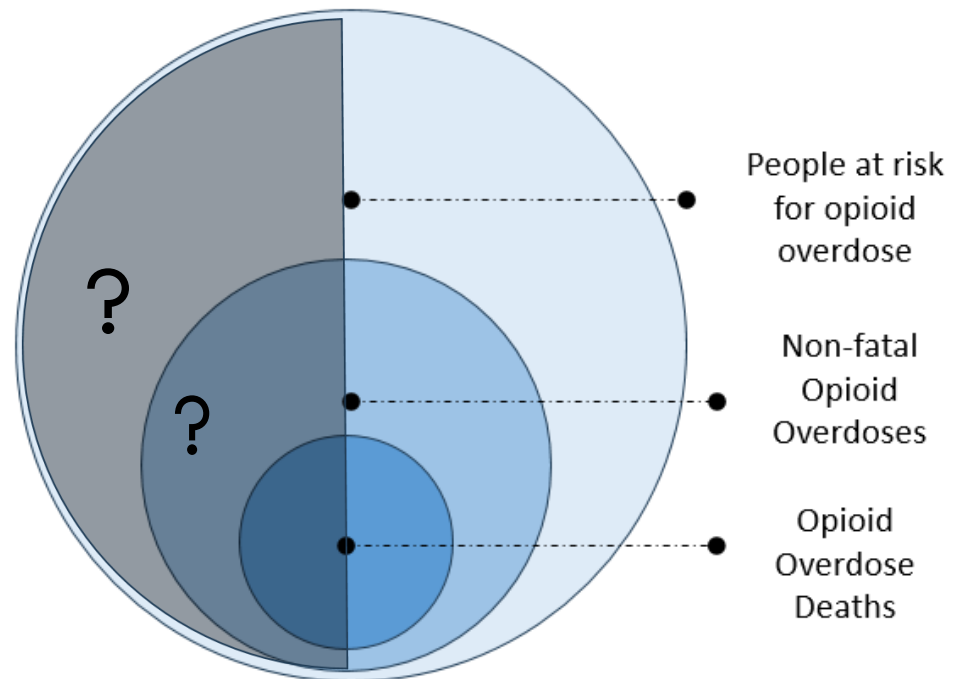
- *On the one hand....*
 - In many communities, law enforcement has taken the lead in developing programs
 - Access to 911 call data
 - Access to federal and state funding
 - Void in public health infrastructure or capacity to respond
 - For many, this is the next step after responding to overdoses with naloxone
- *On the other hand...*
 - Much of law enforcement's work is drug criminalization which systemically stigmatizes drug use and people who use drugs
 - Black, Latino, Hispanic, and Native people have been disproportionately arrested, incarcerated, and killed by law enforcement
 - Thus, law enforcement involvement may limit engagement of people with greatest overdose risk

PRONTO Best Practice Guidance for Post-Overdose Outreach



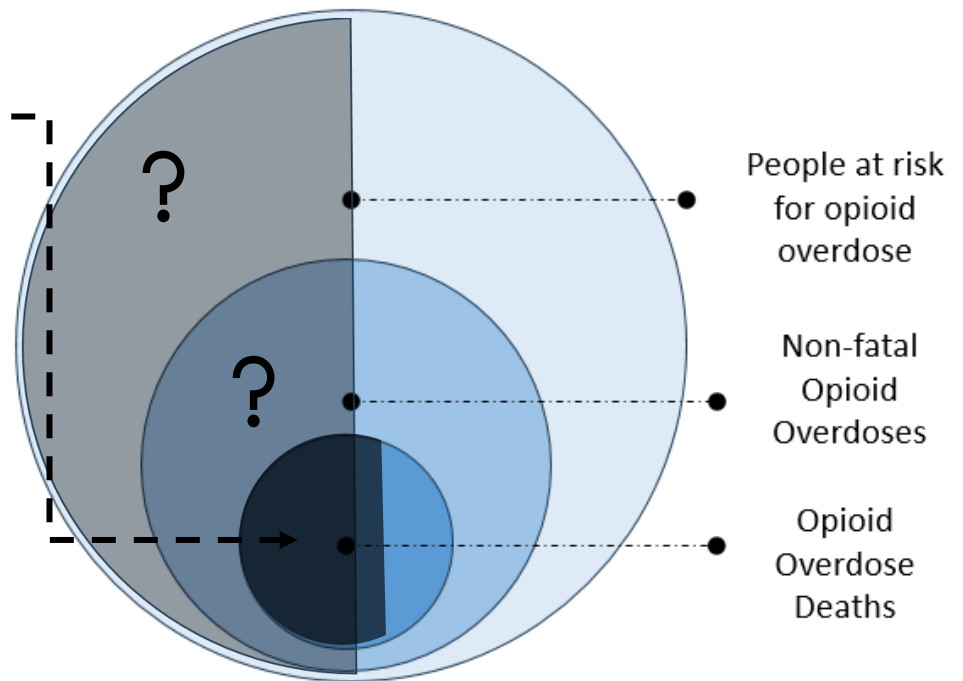
Challenge: What is the rate of unwitnessed drug use? What can we do about it?

- Unwitnessed drug use is common
- *Why do people use alone?*
 - Feel safer and more comfortable, maintain privacy, avoid stigma, convenience, avoid theft/violence
- Survivor and rescuer fentanyl fatigue
- Post-naloxone adverse events
 - Withdrawal due to high doses
 - Anger due to lack of communication



Challenge: What is the rate of unwitnessed drug use? What can we do about it?

- Unwitnessed drug use is common
- >90% of deaths occur during unwitnessed drug use
- Naloxone only works if there is a witness



Opportunity: Compassionate Overdose Response

1. Titratable naloxone + communicative rescuers

- Higher doses, longer acting antagonists -> unintended consequences, unproven benefit
- Experienced rescuers spare naloxone

2. In-person and virtual witnessing

- Overdose Prevention Centers
- Overdose prevention helplines, apps and devices

3. Support practices of safety – “Back to Basics”

- EVERYONE needs an overdose safety and self-care plan and a network they can count on



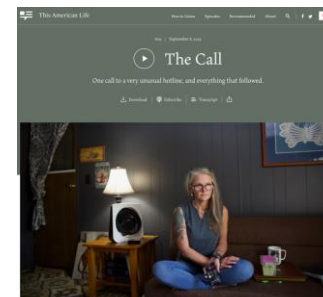
Opportunity: Compassionate Overdose Response

24/7 phone service with trained, peer operators who make a safety plan with people using drugs alone, “spot” them and send help when needed

Rationale: For >90% of overdose deaths, drug use is unwitnessed – *naloxone can not help without someone there*

From October 2022-September 2024

- 5002 drug use events “spotted” -> 16 overdose activations
 - No overdose deaths!
- Call volume increasing monthly
- Operators pick up in < 15 seconds
- Funded by Massachusetts DPH
 - Calls from 32 states and Canada
- For more info, call 800-972-0590 or go to safe-spot.me
- Check out This American Life episode – “The Call”



Scan me!

Opportunity: Compassionate Overdose Response

Carroll et al. *Harm Reduction Journal* (2022) 19:9
<https://doi.org/10.1186/s12954-022-00590-z>

Harm Reduction Journal

RESEARCH

Open Access

The Bronze Age of drug checking: barriers and facilitators to implementing advanced drug checking amidst police violence and COVID-19



Jennifer J. Carroll^{1,2*}, Sarah Mackin³, Clare Schmidt³, Michelle McKenzie^{2,4} and Traci C. Green^{2,5}

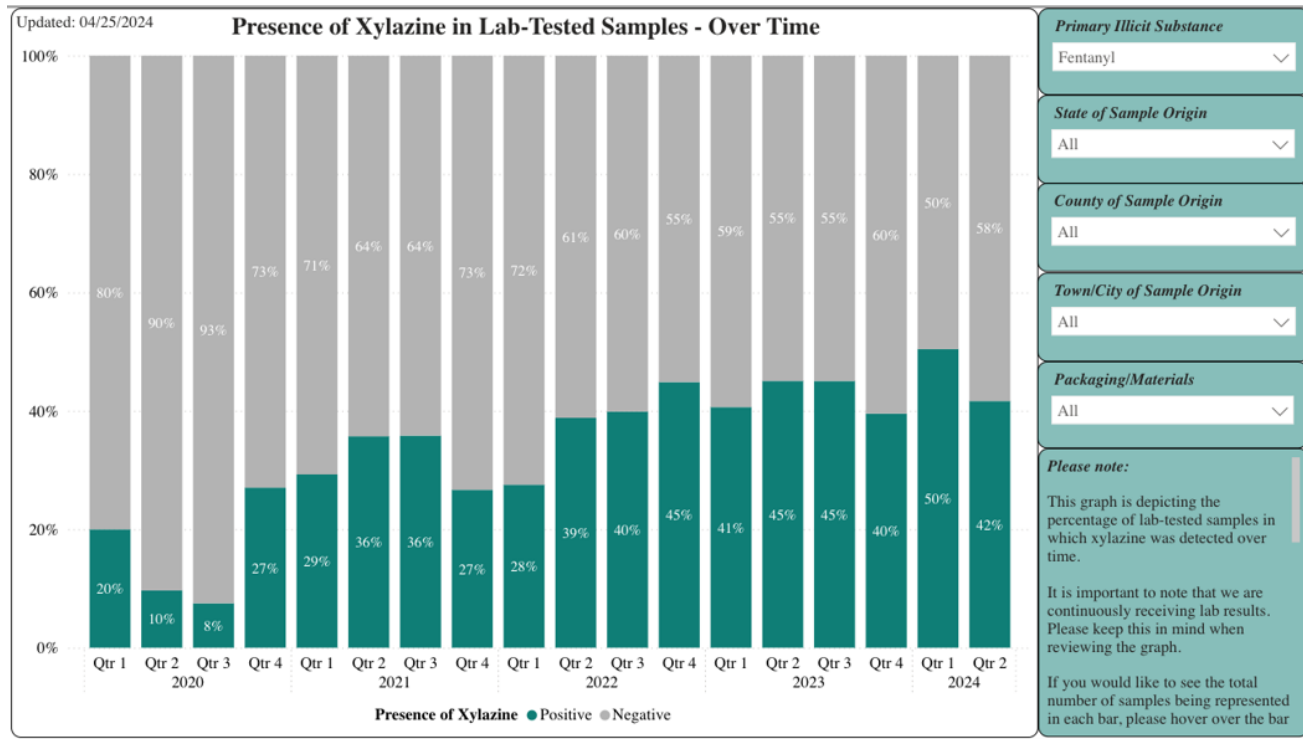


- Barriers to drug checking:
 - technological complexity of the advanced spectroscopy devices
 - spectroscopy devices are powerful but not always well-suited for street-based drug checking efforts
 - legal ambiguity of drug checking
 - disruptive and oppositional police

“The reality is the technology has not caught up...For [mobile outreach], ideally, we would have something that was cheaper. Like a Toughbook. That’s maybe that size or less. And that’s super accurate and can tell you percentages. And what the cut is. And it doesn’t require a lot of kinda like finagling to get a good read on it...We are in, like, the Bronze Age of drug checking.”

Tracking xylazine emerging...

- Adrenergic alpha(2) agonist that is a longer acting sedative and anesthetic
- Synergizes with fentanyl for overdose
- Complicates MOUD initiation
- Wounds at injection sites and elsewhere



Tracking xylazine emerging...

- Adrenergic alpha(2) agonist that is a longer acting sedative and anesthetic
- Synergizes with fentanyl for overdose
- Complicates MOUD initiation
- Wounds at injection sites and elsewhere

PPMC Wound Care Guidelines: **Xylazine-Induced Wounds** January 2024

WHAT ARE XYLAZINE-INDUCED WOUNDS?

Xylazine (tranq) is a veterinary sedative that is increasingly being found in the opioid supply sold on the street. A hallmark of chronic xylazine use is the associated skin ulcerations characterized by non-viable tissue.

Wounds can develop at the site of injection, or away from the injection site (e.g. arms or legs that we never injected), or in a patient who does not inject but consumes this drug through other routes (e.g. smoking).

Pre-medicate! And give time for meds to work!

Soak the dressing with NS to decrease pain when removing

Ask the patient if they would rather remove the dressing themselves

When do you need to place a consult?

Wound care consults:
If there is concern for infection, or if non-viable tissue is present in the wound bed, place a wound care consult.

Consults for surgery:
Optimal treatment for these wounds is debridement. Discuss with the provider if there is need for involvement of additional services.

- Ex: general surgery, plastics, ortho

Step 1: Cleanse the Wound

NS or Sea-clens *Purpose of wound cleansing is to remove surface bacteria and debris from the wound bed. After removing a wound dressing, the wound and surrounding skin should be gently cleansed and dried. Be sure to remove dressing and cleanse wound before assessing the wound for any odor.*

for odor and/or purulent drainage: Dakin's 0.125%

Step 2: Apply dressing

Is there a clean wound bed?

Xeroform *Cut the dressing to the wound size to prevent maceration* + pick 1 Island dressing (scant/small drainage) ABD and kerlix (moderate/large drainage) Mepilex (hard to dress areas) → Δ daily and prn

Is there non-viable tissue in the wound bed? Slough or eschar present (but no s/s infx)

Consult wound care. Discuss with provider if general surgery should be consulted to further evaluate.

Medihoney* *Apply to wound bed* + Xeroform *Cut the dressing to the wound size to prevent maceration* + pick 1 Island dressing (scant/small drainage) ABD and kerlix (moderate/large drainage) Mepilex (hard to dress areas) → Δ daily and prn

**Do not use medihoney if patient has allergy to bees or honey. Skip medihoney, and apply xeroform + secondary dressing.*

Is there concern for infection? S/S to look for: Purulent drainage, odor, surrounding warmth, erythema, or induration

Consult wound care. Discuss with provider if general surgery should be consulted to further evaluate.

Dakin's 0.125% - moistened gauze *Must be ordered from pharmacy* + pick 1 Island dressing (scant/small drainage) ABD and kerlix (moderate/large drainage) Mepilex (hard to dress areas) → Scant/small drainage: Δ daily and prn Mod/large drainage: Δ q12 and prn

Are there multiple small wounds?

Intact scabs: Leave ota
 Superficial wounds, partial scabs: Apply A&D, leave ota
 Small wounds with drainage: Xeroform + foam dressing, change daily
 Small wounds with slough: Medihoney + foam dressing, change daily

Have a "go bag" ready for the patient with 1 week's worth of dressing supplies. Keep in the room in case the patient is discharged or decides to leave.

Collaborate with the provider to obtain wound care orders per these guidelines

Additional Innovations to Optimize Safety

- Culturally responsive care
- Making medication for opioid use disorder work better
 - Liberalized methadone access
 - Buprenorphine induction innovations
 - Long-acting morphine, injectable opioid agonists
- Decriminalization
- Safer Supply
- Safe spaces for oversedation
- Bathroom safety
- Mobile and Post-overdose outreach
- Managed alcohol programs
- Bad date sheets
- Pre and Post Exposure Prophylaxis

I am living proof that methadone treatment works.


I started using heroin when I was 20. I went from once in awhile to every day. When you wake up sick from withdrawal, all other needs and responsibilities are subordinate. It's only through methadone treatment that I was able to stop. Today, life is centered on my kids, my family, and my music. Methadone made it possible.

— Erik

Opioid addiction treatment with methadone and buprenorphine is available in New York City.

If you or someone you know needs help, call 888-NYC-WELL or visit nyc.gov/health/addictiontreatment for more information.

Thrive NYC | NYC



I am living proof that methadone treatment works.


I had a horrible addiction to heroin. I didn't really care if I lived or died. My family wanted me to change, but I didn't know how. I started methadone treatment. It's medicine. It helped me stop craving and taking drugs. Today I have my family. Every Sunday I cook at home. My kids and grandkids come to visit. Thanks to methadone treatment, I'm living life.

— Camille

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If you or someone you know needs help, call 888-NYC-WELL or visit nyc.gov/health/addictiontreatment for more information.

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Thank you!

ANY
POSITIVE
CHANGE

Thank you!

awalley@bu.edu

Alexander.walley@bmc.org

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PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in **addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

<https://pcssNOW.org/mentoring/>

PCSS-MOUD Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>

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American Academy of Family Physicians	American Pharmacists Association*
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National Association of Drug Court Professionals	Society of Teachers of Family Medicine
National Association of Social Workers*	The National Judicial College
National Council for Mental Wellbeing*	Veterans Health Administration
National Council of State Boards of Nursing	Voices Project
National Institute of Drug Abuse Clinical Trials Network	World Psychiatric Association
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