

Harm Reduction

The spectrum on which all pathways to recovery exist

Megan Hansen

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Consultant

February 6, 2024



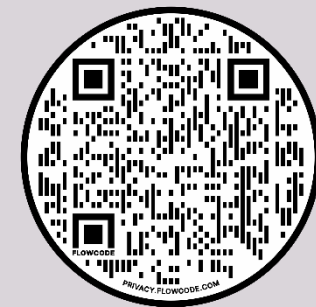
Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Access Native Land website via QR Code





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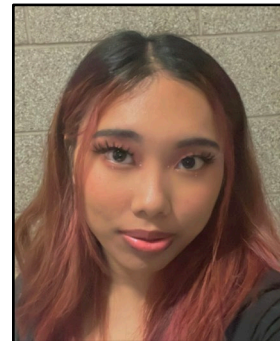
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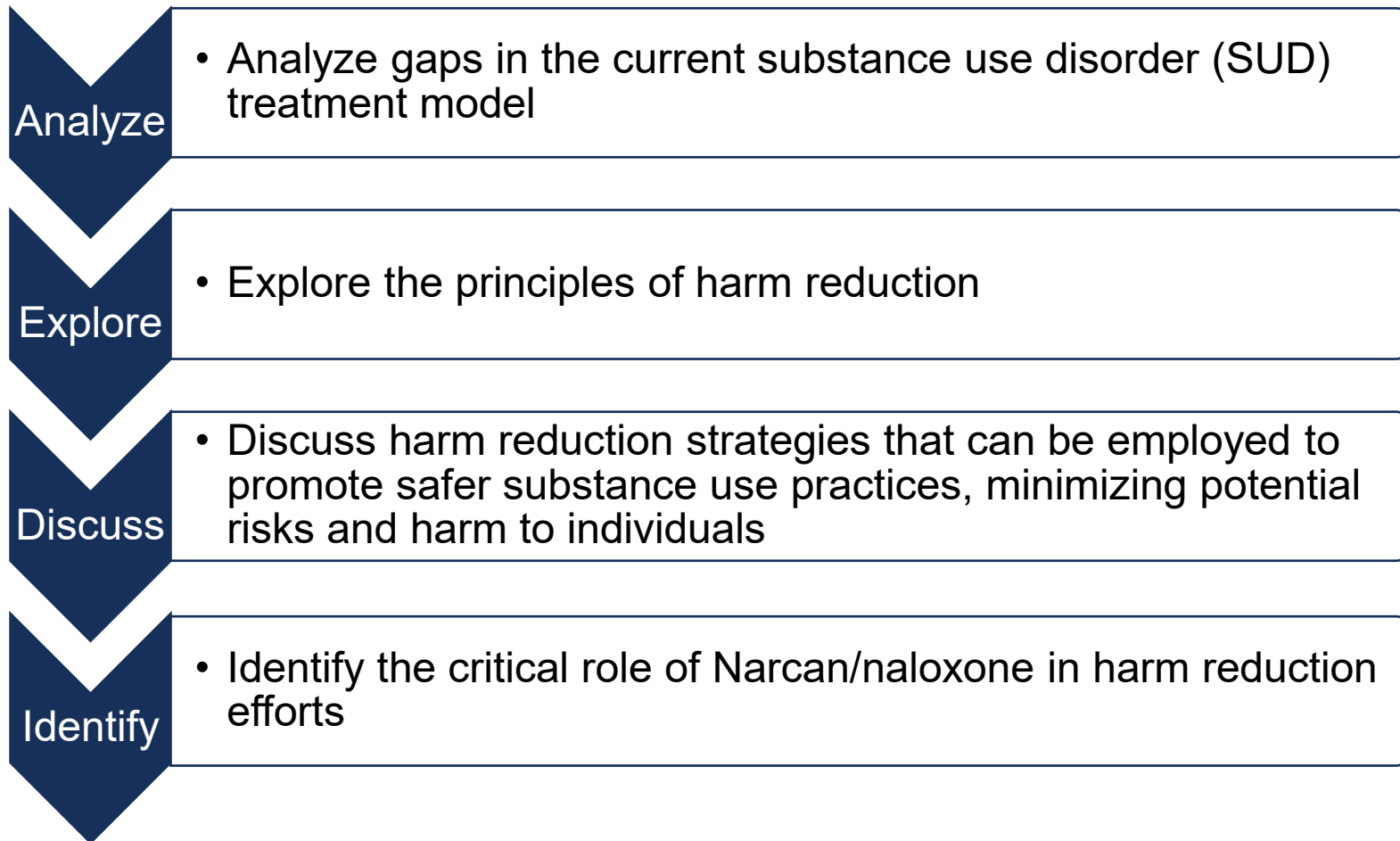
Megan Hansen

Harm Reduction Program Consultant



Learning Objectives

Participants will be able to:



Today's Agenda

01

INTRODUCTION

Understanding the current SUD treatment model and gaps in treatment utilization

02

HARM REDUCTION

Principles of harm reduction and current harm reduction practices, programs, and policies

03

NALOXONE

The critical role of naloxone in harm reduction efforts

01

The Current SUD Treatment Model

Findings

Results from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2021 National Survey on Drug Use and Health:

16.5%

of the U.S. population (age 12+) had an SUD in 2021.

93.7%

of individuals with an SUD did *not* receive any treatment.

6.8%

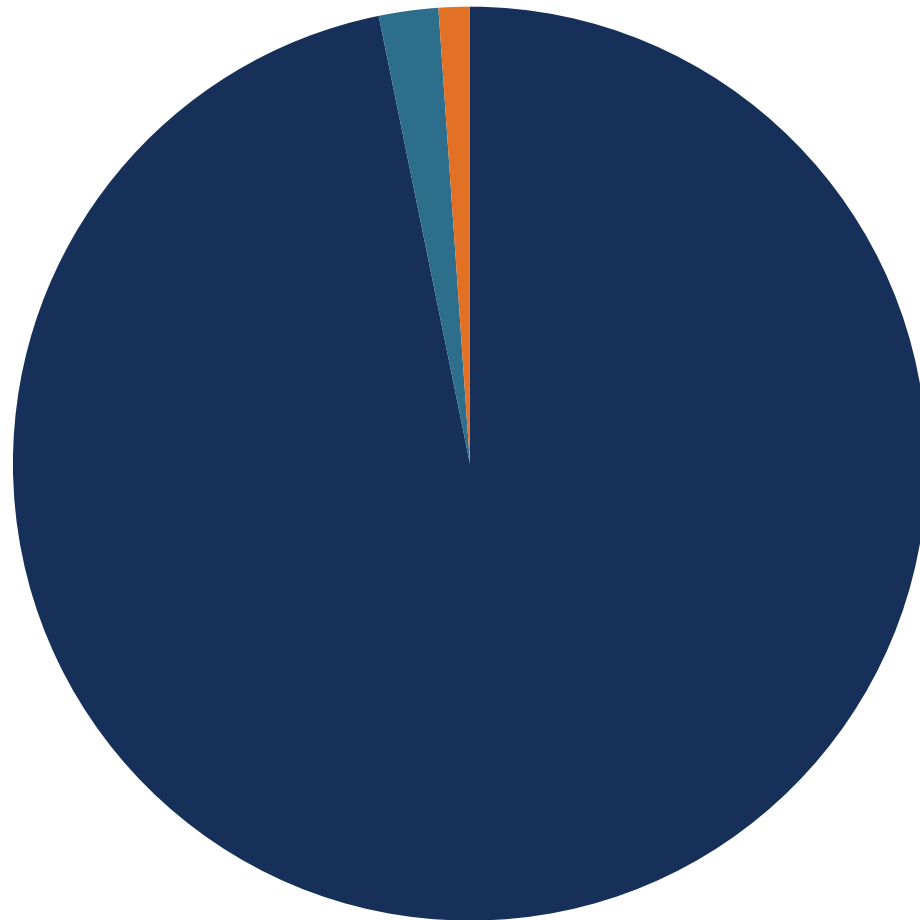
of those who *did* receive treatment received it at a specialty SUD treatment facility.

(SAMHSA, 2022)

Q:

Why aren't individuals with an SUD utilizing treatment services?

Perceived Need for Substance Use Treatment: Among People Aged 12+ with a Past-Year Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at Specialty Facility in the Past Year; 2021



96.8%

did not feel they needed treatment.

2.1%

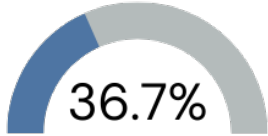
felt they needed treatment and *did not* make an effort to get it.

1.1%

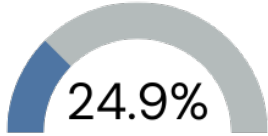
felt they needed treatment and *did* make an effort to get it.

(SAMHSA, 2022)

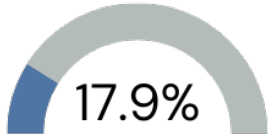
Top reason(s)
individuals who
perceived a need
for treatment did
not receive it:



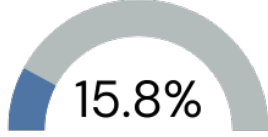
Not ready to stop using



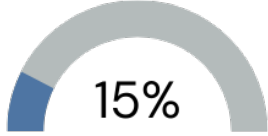
No health coverage/
can't afford the cost of treatment



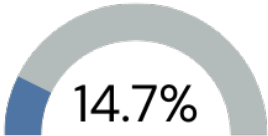
Don't know where to go for treatment



Can't find a program that offers the type of treatment
they want



Think they can handle the problem without treatment



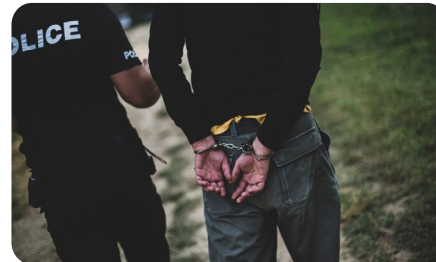
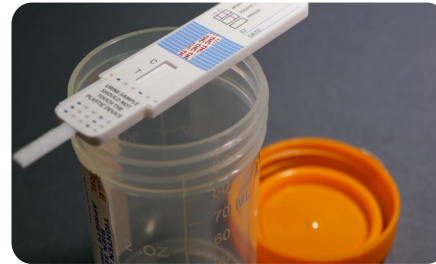
Concerned that getting treatment might have a
negative effect on their job

Problem Statement:

“Most individuals with an SUD do not want or need—or are not ready for— what the current treatment system is offering.”

(Paquette et al., 2022)

Problems with the Current Treatment Model



01

Drug-Free Standard

Being drug-free is the only standard and consequently, individuals who don't meet that standard are regarded as having failed.

02

Monitoring patient compliance and abstinence

Conducting and observing routine and random drug testing, requiring set hours of group attendance

03

Coercion into treatment

“Roughly 25% of clients in publicly funded treatment were referred from the criminal legal system as a condition of their probation, parole, or drug court program.”

Another 25% are referred by sources such as the Department of Children and Family Services (DCFS), social services, schools, and employers.

04

Punitive measures

Involuntary treatment discharge, incarceration, termination of parental rights, loss of public benefits, and loss of the ability to secure certain social services and resources, stay enrolled in school, or remain employed

(Cohen et al., 2022)

Q:

What are the most important treatment outcomes among individuals with an SUD?

Findings

Most important outcomes from treatment and recovery support services among individuals with lived experience of substance use problems:

32% Stay alive

29% Have improved quality of life

23% Reduce harmful substance use

22% Improve mental health

20% Meeting basic needs

02

Harm Reduction

Content Advisory:

Images of paraphernalia will be shown during the presentation and can be triggering.

Harm Reduction Overview

What is Harm Reduction?

A spectrum of strategies that aim to minimize the health, social and economic consequences of drug use without necessarily reducing the drug consumption

Harm Reduction Spectrum

Includes safer use, managed use, abstinence, meeting people who use drugs (PWUD) where they're at, and addressing conditions of use along with the use itself

Harm Reduction and SUD Treatment

An alternative to “zero tolerance” abstinence-only models of SUD treatment, but abstinence and harm reduction are not enemies or mutually exclusive

Harm reduction and addiction treatment are part of the same process. “Making drug use safer can prevent some of the negative consequences that define an addiction” (Coulson & Hartman, 2022).



Courtesy of Daniel Vaillancourt/ DAP Health.
Used with permission.

Principles of Harm Reduction

- 01 “Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them”
- 02 “Understands drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others”
- 03 “Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies”
- 04 “Calls for the nonjudgmental, noncoercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm”
- 05 “Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them”
- 06 “Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use”
- 07 “Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm”
- 08 “Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use”

(National Harm Reduction Coalition, 2020)

Harm Reduction Tools

Content Advisory:

Images of paraphernalia will be shown during the presentation and can be triggering.

TOOL

FUNCTION

BENEFIT

SYRINGES



To inject drugs

Reduces transmission of HIV, viral hepatitis, other bloodborne and sexually transmitted diseases as well as bacterial and fungal infections caused by re-using / sharing syringes

COOKERS



To heat/ mix water and powder or solid forms of drugs to convert into an injectable solution

Reduces transmission of HIV, viral hepatitis, other bloodborne and sexually transmitted diseases as well as bacterial and fungal infections caused sharing cookers

TOURNIQUETS



To help locate the vein prior to injection

Reduces trauma to veins & tissue caused by using items like shoelaces or belts

California Department of Public Health, 2022

TOOL

FUNCTION

BENEFIT

COTTON FILTERS



To filter liquid drug solutions

Reduces impurities that cause bacterial and other infections

ALCOHOL SWABS



To clean skin around the injection site prior to injection

Reduces soft tissue infections (abscesses, ulcers), prevents transmission of blood borne pathogens & bacterial infection caused by unwashed skin around injection site

STERILE WATER



To mix with powder or solid forms of drugs prior to injection

Reduces risk of blood borne bacterial infections, endocarditis and soft tissue infections including abscesses caused when using non-sterile water

California Department of Public Health, 2022

TOOL

FUNCTION

BENEFIT

ASCORBIC ACID



Used as an acidifier to convert drugs into injectable solution

Reduces risk of fungal and bacterial infections, abscesses and vein damage caused by other acidifiers like lemon juice

STRAWS



To snort or inhale vapor

Reduces transmission of HIV,, hepatitis C, bacterial and other infectious disease by reducing nasal tears and scratches associated with snorting drugs

GLASS PIPES



To smoke or vape drugs. Glass is resistant to high temperatures.

Reduces the risk of transmission of infectious diseases cause by sharing pipes

California Department of Public Health, 2022

TOOL

FUNCTION

BENEFIT

METAL SCREENS



For inhaling drug vapor when smoking/ vaping

Reduces risk of burns to the mouth and throat

SHARPS DISPOSAL



To dispose of used needles immediately after use

Reduces risk of injury and can eliminate the spread of bloodborne pathogens

LUER-LOCK SYRINGE



To consume drugs up the rectum

Reduces risk of infection and rectal bleeding caused by tears from “stuffing”

California Department of Public Health, 2022

TOOL

FUNCTION

BENEFIT

CONDOMS



To provide a barrier during sex

Reduces transmission of infectious pathogens and prevents pregnancy

FENTANYL TEST STRIPS



To detect fentanyl contamination in unregulated substances prior to use

Reduces risk of overdose by informing individual of fentanyl contamination

NALOXONE



To reverse the effects of respiratory depression during an opioid overdose

Reduces overdose fatalities and prevents irreversible brain damage caused by oxygen starvation to the brain

California Department of Public Health, 2022

Harm Reduction Programs

In-House Services Provided

- Free syringe distribution
- Other injection equipment distribution
- Safe syringe disposal
- Safer use supply distribution (e.g., naloxone, fentanyl test strips)
- Educational services
- Vaccination
- Testing

Linkage

- Infectious disease care
- SUD treatment

Syringe Service Programs



HIV/Hepatitis Prevention

Syringe Service Programs (SSPs) have been proven to reduce rates of the transmission of HIV, viral hepatitis, and other bloodborne and sexually transmitted diseases as well as bacterial and fungal infections. (CDC, n.d.).

Reduced healthcare costs

Prevents HIV, viral hepatitis, injection-related cellulitis, endocarditis, etc. Hospitalizations in the United States for substance use-related infections cost over \$700 million each year (Marks et al., 2022).

Needle disposal

Safe needle disposal to reduce the presence of needles in the community (they do NOT cause more needles in public places) (CDC, n.d.).

Linkage to treatment

A Seattle study found that new users of SSPs were five times as likely to enter drug treatment as those who did not use the programs (Hagan et al., 2000).

Overdose prevention

SSPs play a key role in preventing overdose deaths by training people who inject drugs how to prevent, rapidly recognize, and reverse opioid overdoses (CDC, n.d.)

Key Benefits



What are Supervised Consumption Sites?

Supervised Consumption Sites (SCSs)/Safe Injection Sites are legally sanctioned and monitored spaces where individuals can use under supervision without the fear of overdose, prosecution, or spreading disease.

There have been NO recorded deaths in supervised injection facilities in countries that permit them (Giglio et al., 2023)

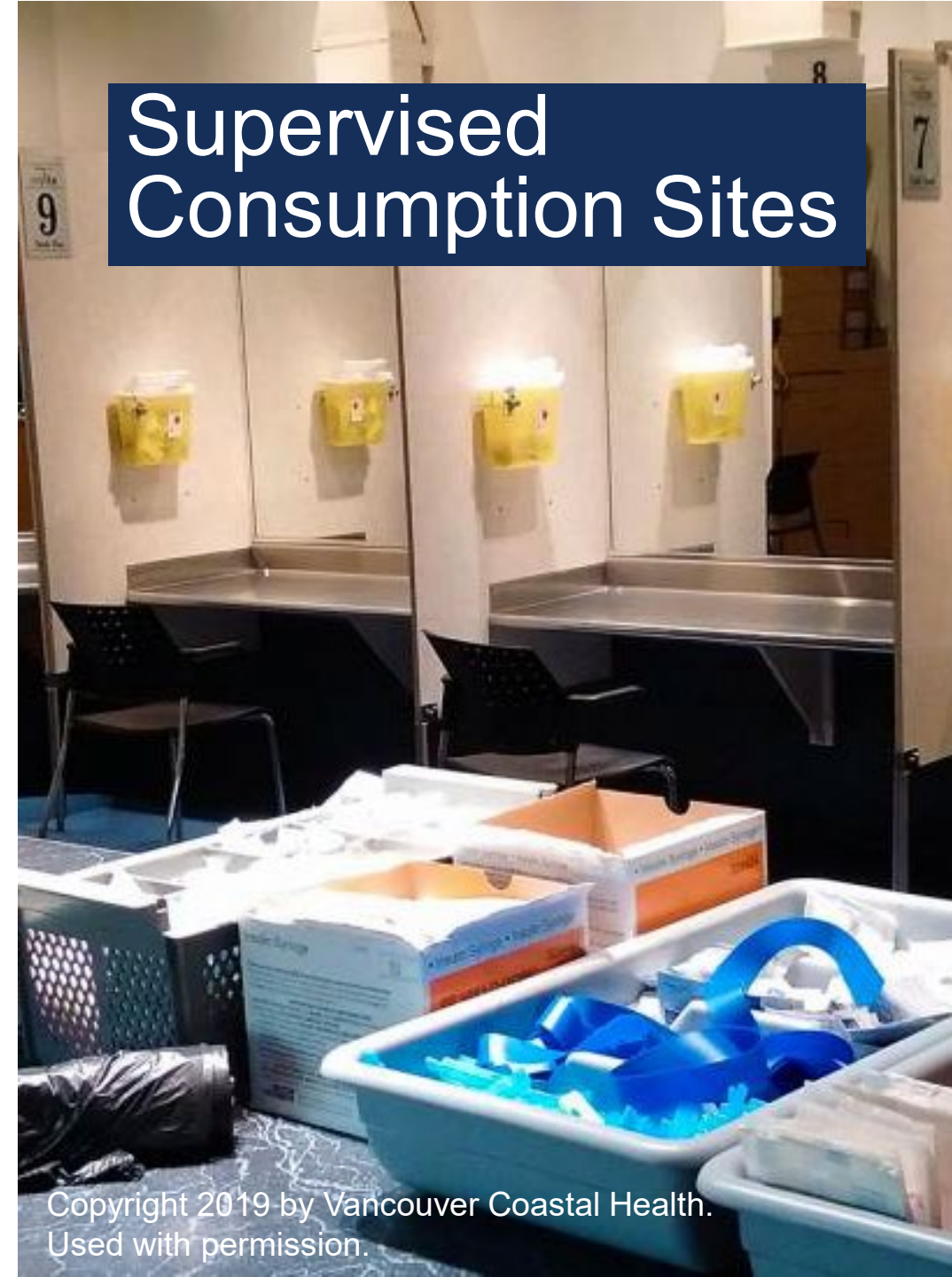
In-House Services Provided

- Immediate naloxone deployment
- Syringe distribution
- Safe syringe disposal
- Educational services
- Vaccination
- Testing

Linkage

- Infectious disease care
- SUD treatment

Supervised Consumption Sites



Improves gaps in service

SCSs are known for reaching the most marginalized persons who inject drugs (PWID) (Potier et al., 2014).

Improved injection practices

Decreased rates of syringe borrowing, public injecting, and daily injections, and increased use of sterile water for injections, swabbing injection sites, filtering drugs, less rushed injections, and safer syringe disposal (Stoltz et al., 2007).

Improved public safety

SCSs were “found to be associated with reduced levels of public drug injection and dropped syringes” (Potier et al., 2014).

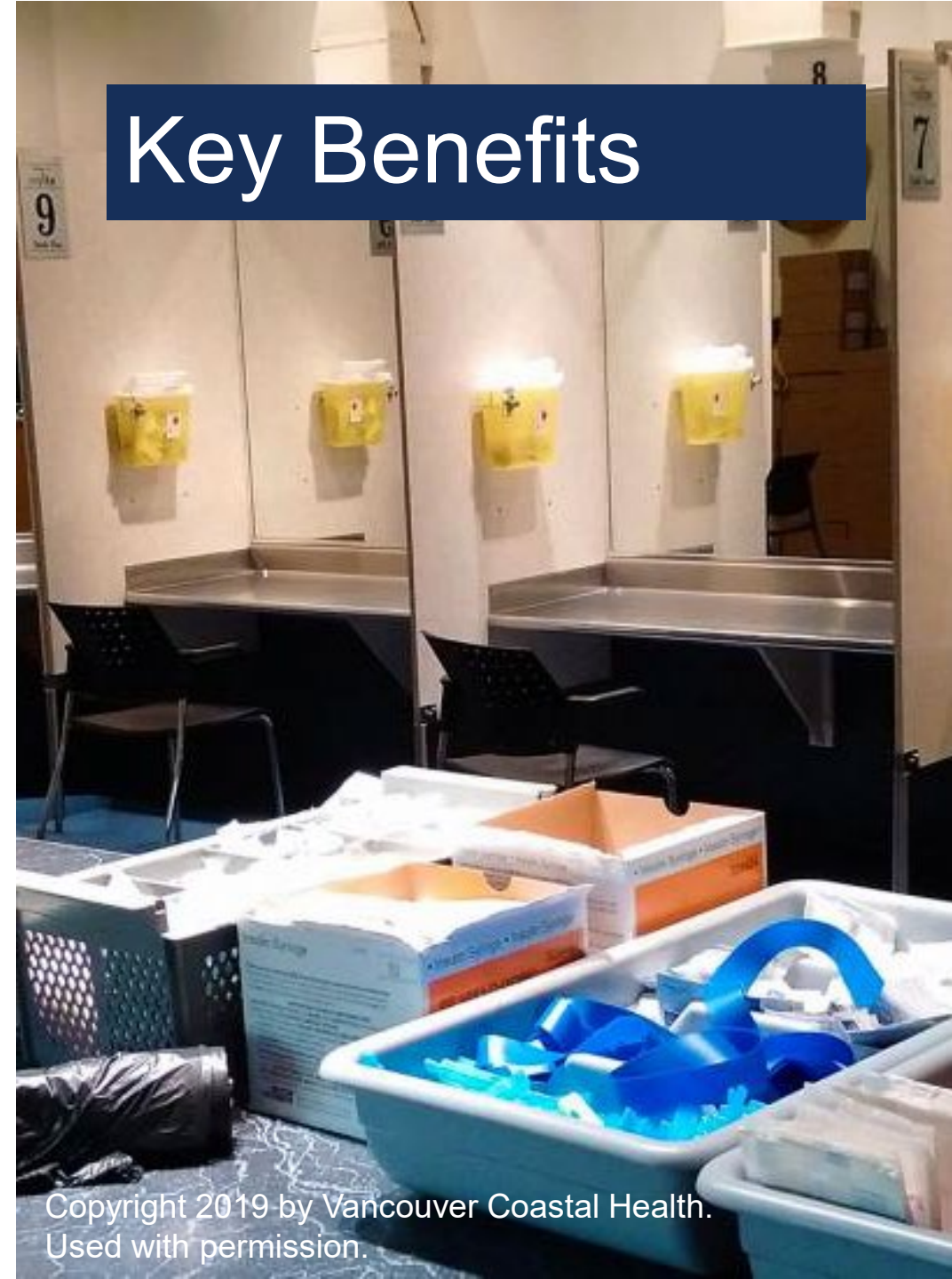
Decreased cost burden

SCS is relatively cheap to implement and are highly effective in reducing HIV and HCV infection rates in comparison to other interventions.

Reduced overdose deaths and overdose injury

In Vancouver, Canada, areas around SCSs found a decrease in overdose mortality of 35% after opening their SCS (Marshall et al., 2011).

Key Benefits



What is Medications for Addiction Treatment?

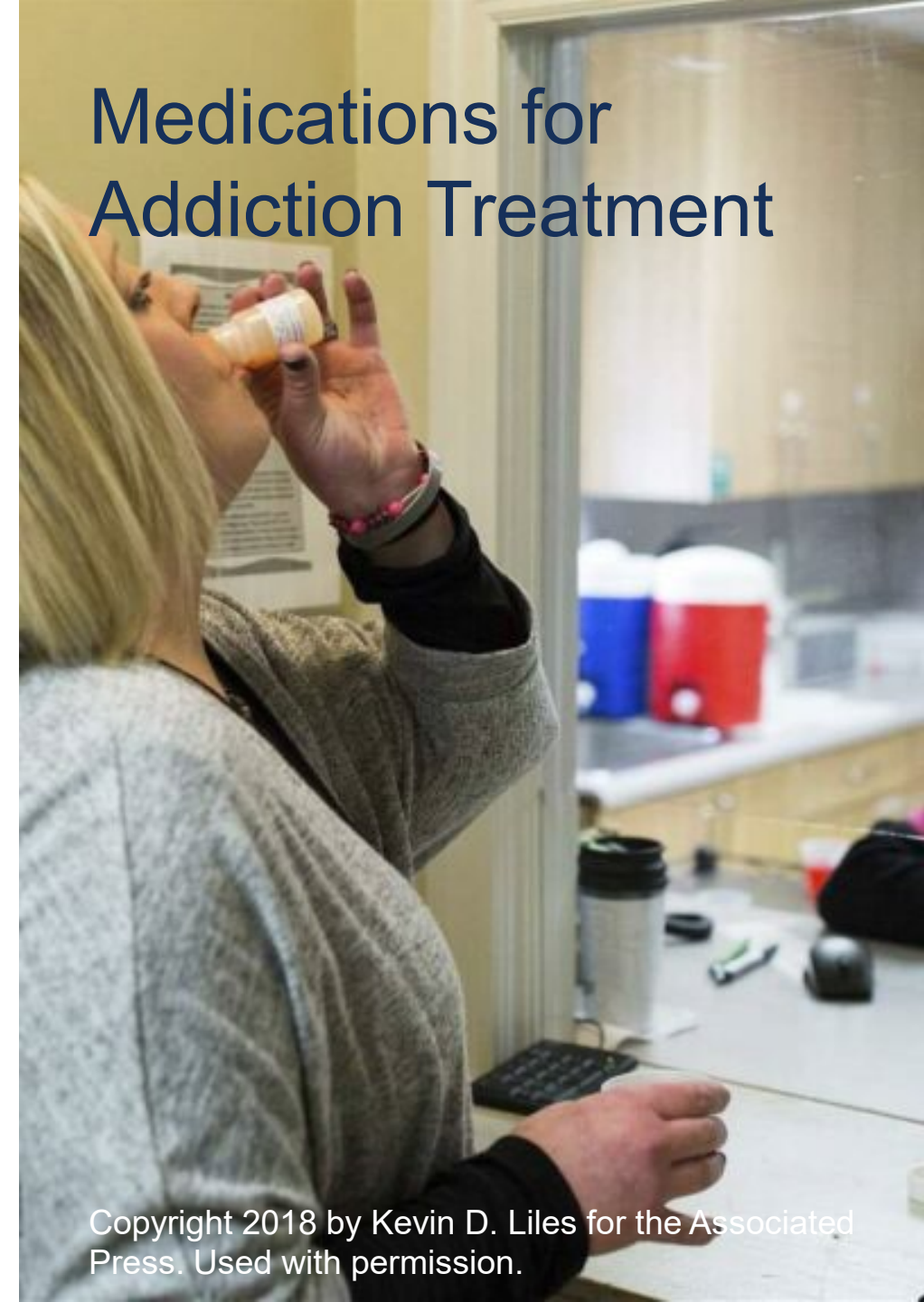
Medications for addiction treatment (MAT), is the gold standard treatment for opioid use disorder (OUD) that uses U.S. Food and Drug Administration (FDA)-approved medications like methadone, buprenorphine products (like Suboxone, Sublocade, or Subutex), or Vivitrol in combination with counseling and other behavioral therapies.

Medications help to address the physiological aspect of addiction to allow patients to focus on other areas of recovery through counseling and behavioral therapies.

In-House Services Provided

- Methadone/ Suboxone dispensing (opioid treatment programs [OTPs] only)
- Buprenorphine product prescription
- Vivitrol injection
- Individual counseling support / case management
- Group therapy
- Primary care
- Recovery support
- Linkage to other support as needed

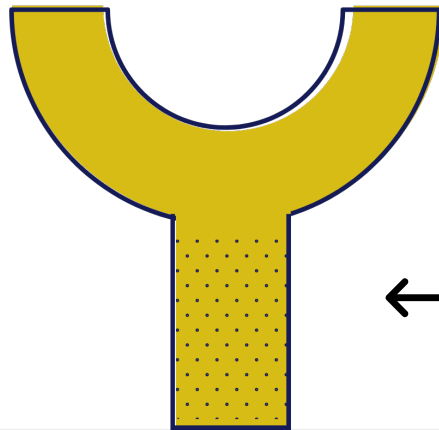
Medications for Addiction Treatment



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Methadone

Full Agonist Therapy



- Generates **full** opioid effect
 - Lessens painful withdrawal symptoms
 - Mitigates cravings

Buprenorphine

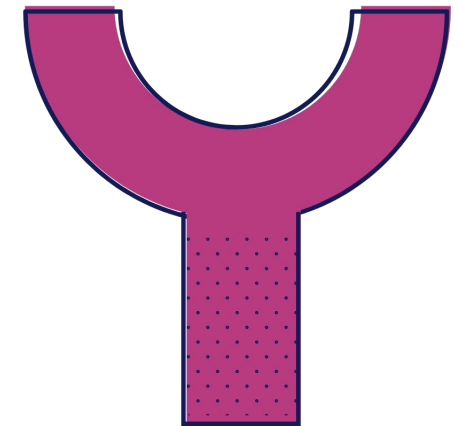
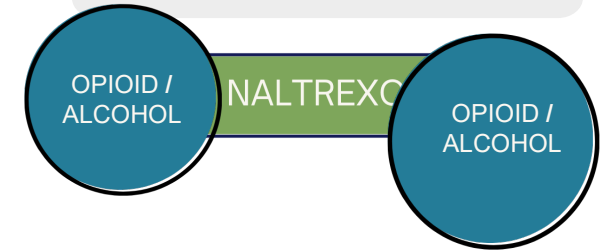
Partial Agonist Therapy



- Generates **partial** opioid effect
 - Lessens painful withdrawal symptoms
 - Mitigates cravings

Naltrexone

Antagonist Therapy



- Generates **no** opioid effect
 - Covers opioid receptor
 - Prevents euphoria if opioids or alcohol are used

Reduces problematic drug use

Medications normalize brain chemistry, block the euphoric effects of opioids, and relieve physical cravings without the negative effects of the problematic opioid.

Increases social functioning and treatment retention

Medications can provide relief from opioid withdrawal symptoms and decrease relapse rates.

Reduces overdose rates and mortality

The likelihood of all-cause mortality is more than double in patients who are not receiving MAT in comparison to patients who are receiving MAT (Santo et al., 2021)

Improves birth outcomes in pregnant and breastfeeding women

ASAM, SAMHSA, & American College of Obstetricians and Gynecologists strongly support the use of MAT during pregnancy as safer for mothers than untreated OUD (Seibert et al., 2019)

Cost-effective

Opioid abuse and misuse, as well as the risk of infection, disease, and overdose that comes with injecting drugs, cost the United States an estimated \$78.5 billion annually, including healthcare costs, lost productivity, addiction treatment, and criminal justice involvement (Florence et al., 2016). MAT is covered by Medi-Cal!

Key Benefits of MAT

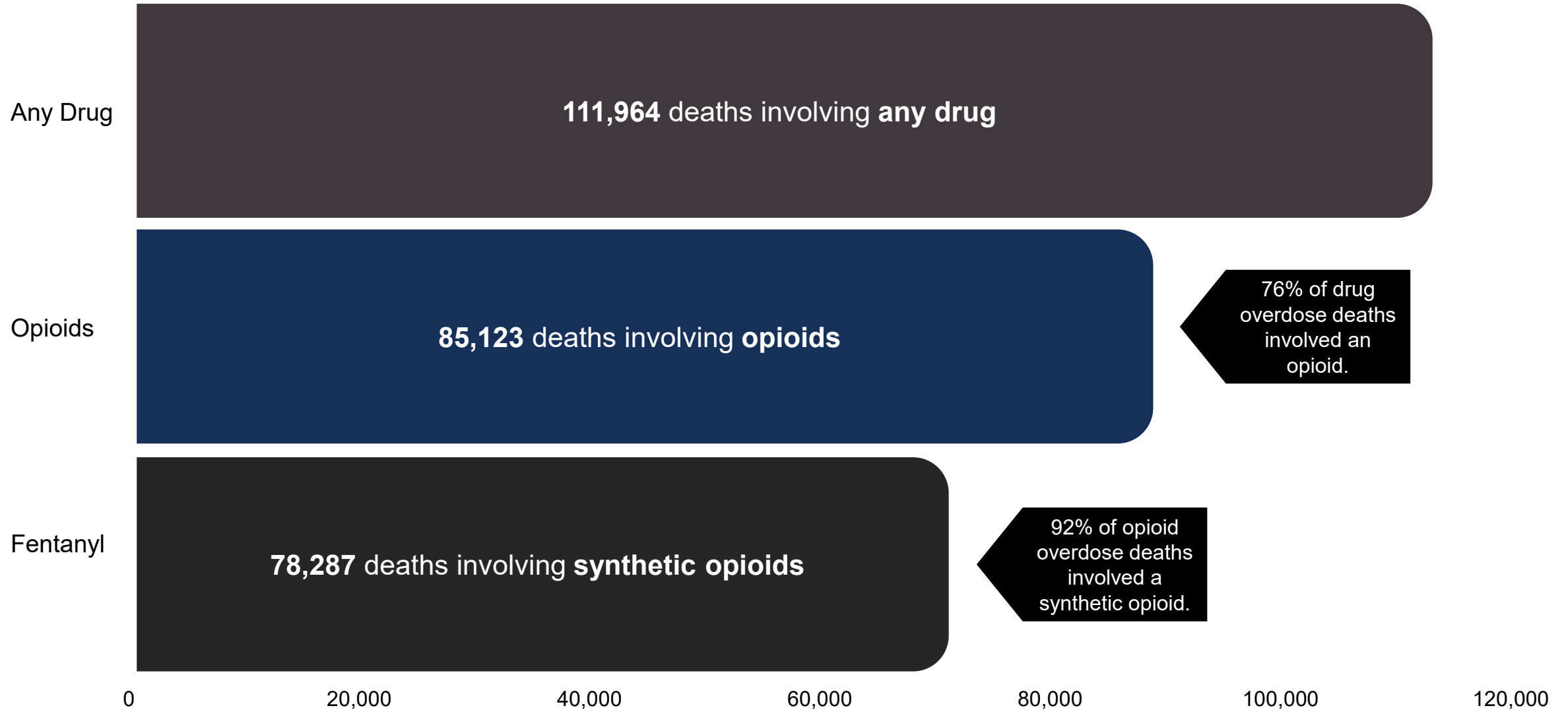


03

The Critical Role of Naloxone in Harm Reduction Efforts

Estimated Drug Overdose Death in the United States

JULY 2022-JULY 2023



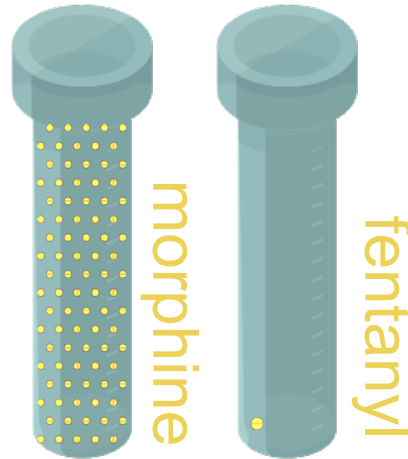
Fentanyl

Fentanyl is a synthetic opioid approved for treating severe pain, typically for advanced cancer patients.

Illicitly manufactured fentanyl (IMF) is the main driver behind drug overdose deaths in the United States.

50-100x  **MORE POTENT**
than heroin and morphine

(Centers for Disease Control and Prevention, 2021)

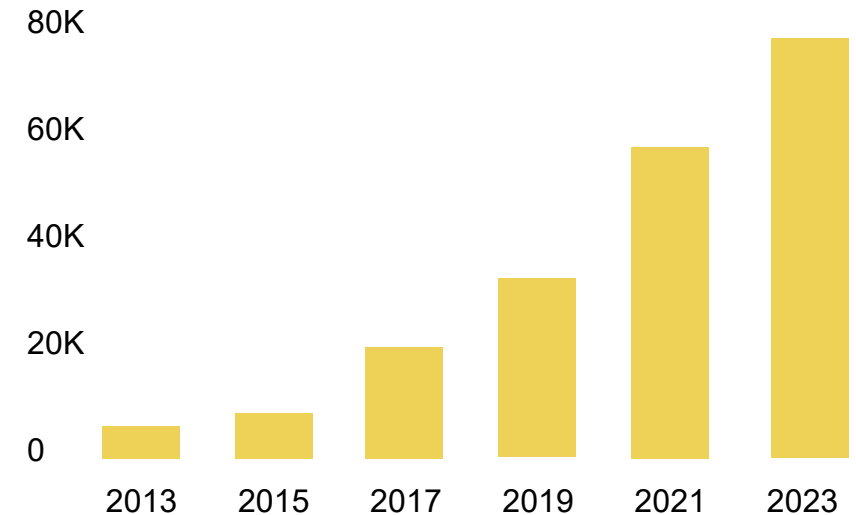


Synthetic opioid deaths
have increased by **2,400%**
since 2013.

(Ahmad et al., 2023)



IMF is often mixed into street drugs
including heroin, meth,
crack/ cocaine, MDMA, and
counterfeit/pressed pills



What is it?

Medication used to rapidly reverse the effects of respiratory depression during an opioid overdose (an opioid overdose antidote)

How does it work?

Binds tightly to the opioid receptor and knocks other opioids off the receptor for a period of time to allow breathing to resume

Negative side effects?

Has few negative side effects and has no effect if opioids are not in the system (i.e., can be administered to any individual who is suspected of overdosing even when the drug category [if any] cannot be determined)

Who can use it?

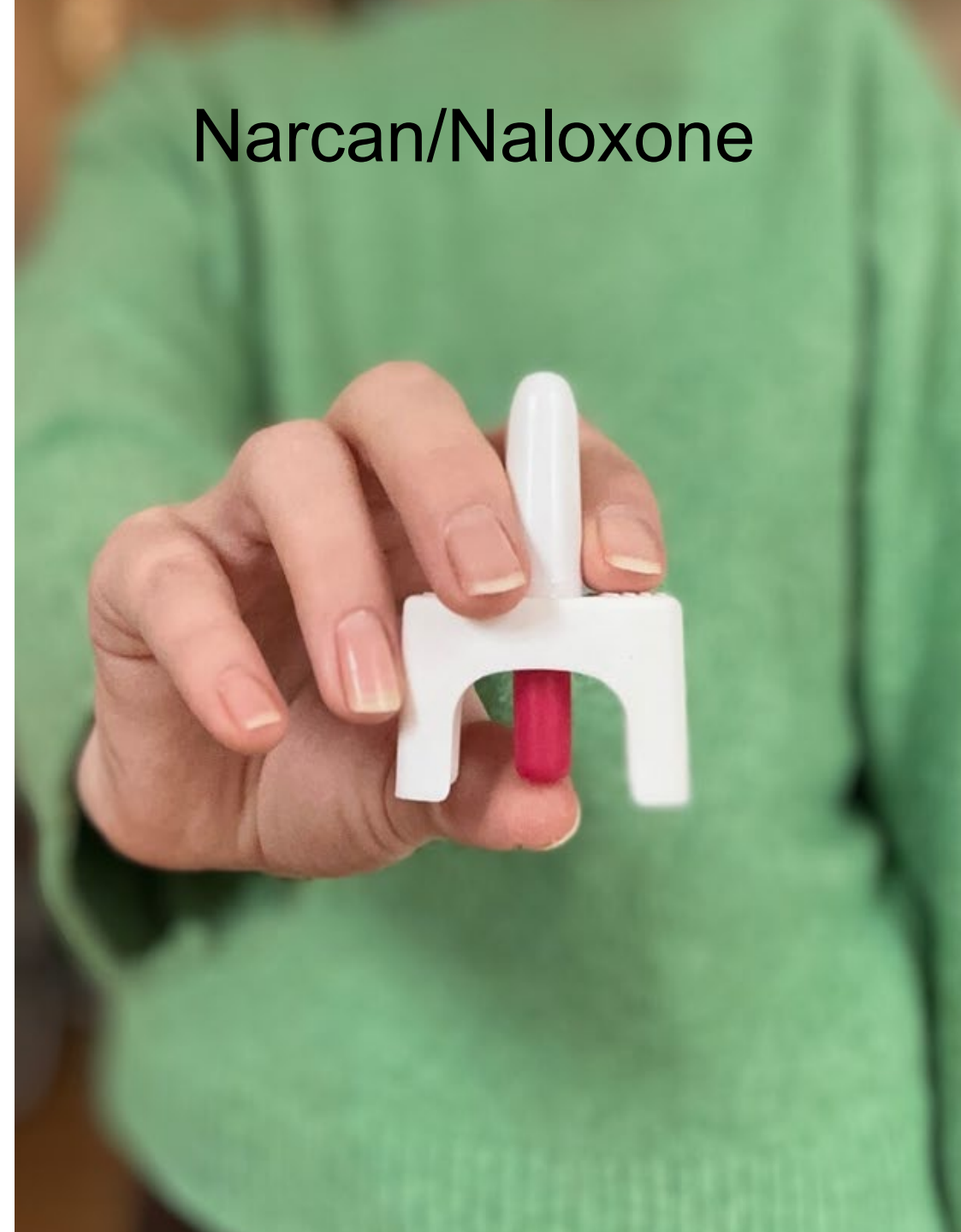
Anybody! Get trained so you can administer it to a friend, family member, or stranger who is suspected of overdosing.

Importance

Opioid overdoses are avoidable, preventable, and survivable given that individuals receive the proper education, tools, and *timely* care.

Naloxone keeps people alive until better things happen!

Narcan/Naloxone



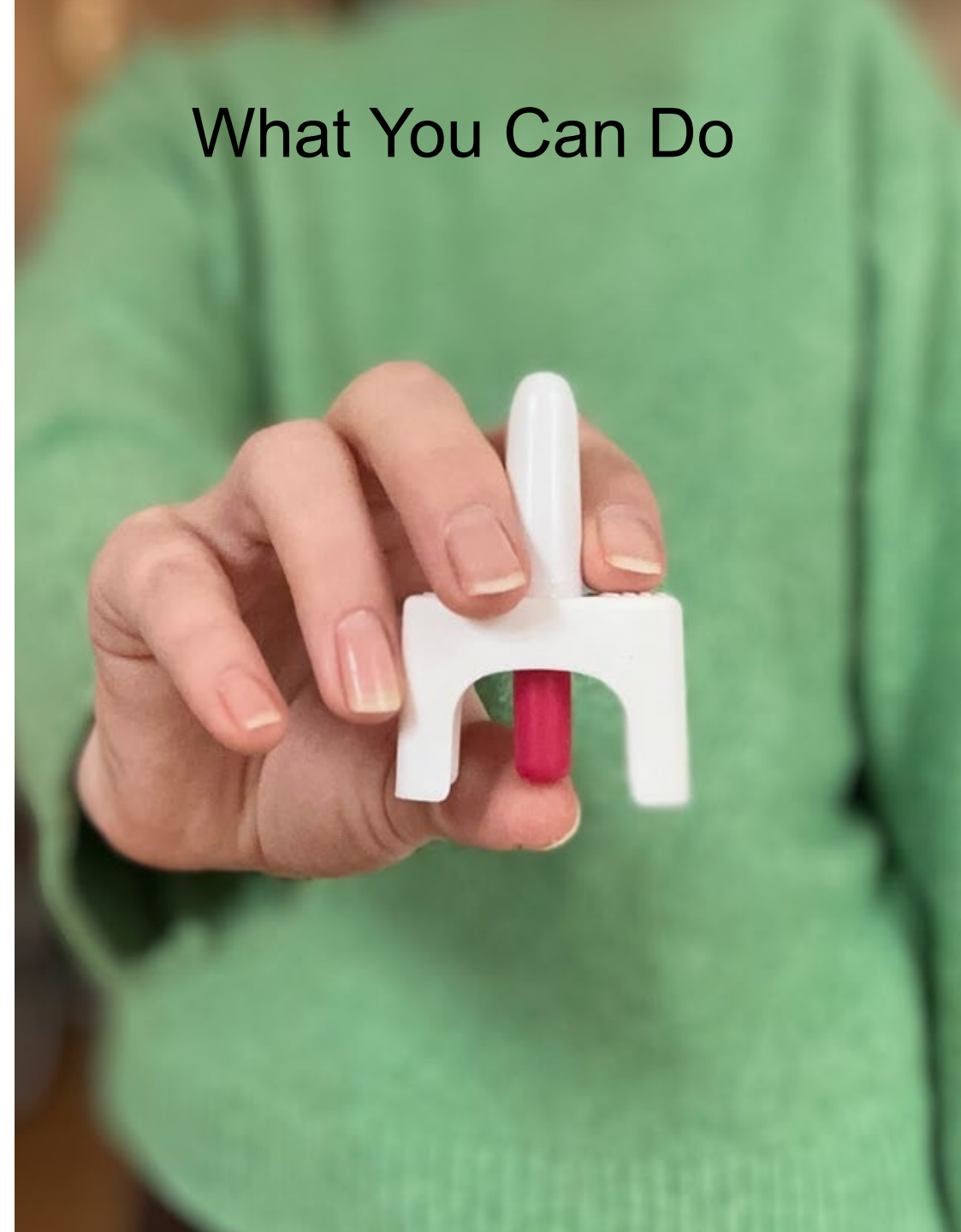
Your Role

Behavioral health providers are in an incredible position to reach disproportionately affected groups and provide lifesaving interventions that increase the likelihood of survival and improved health among individuals at risk of overdose.

Know the Basics & Educate Others

- The causes of an opioid overdose
- Overdose risk factors
- Signs of an opioid overdose
- What naloxone is & how it works
- How to appropriately respond to a suspected opioid overdose
 - Check for responsiveness
 - Call 9-1-1 & administer naloxone
 - Conduct rescue breathing and/or chest compressions
 - Stay & monitor breathing (repeat doses after 2 min. if necessary)
- California's 9-1-1 Good Samaritan Law

What You Can Do



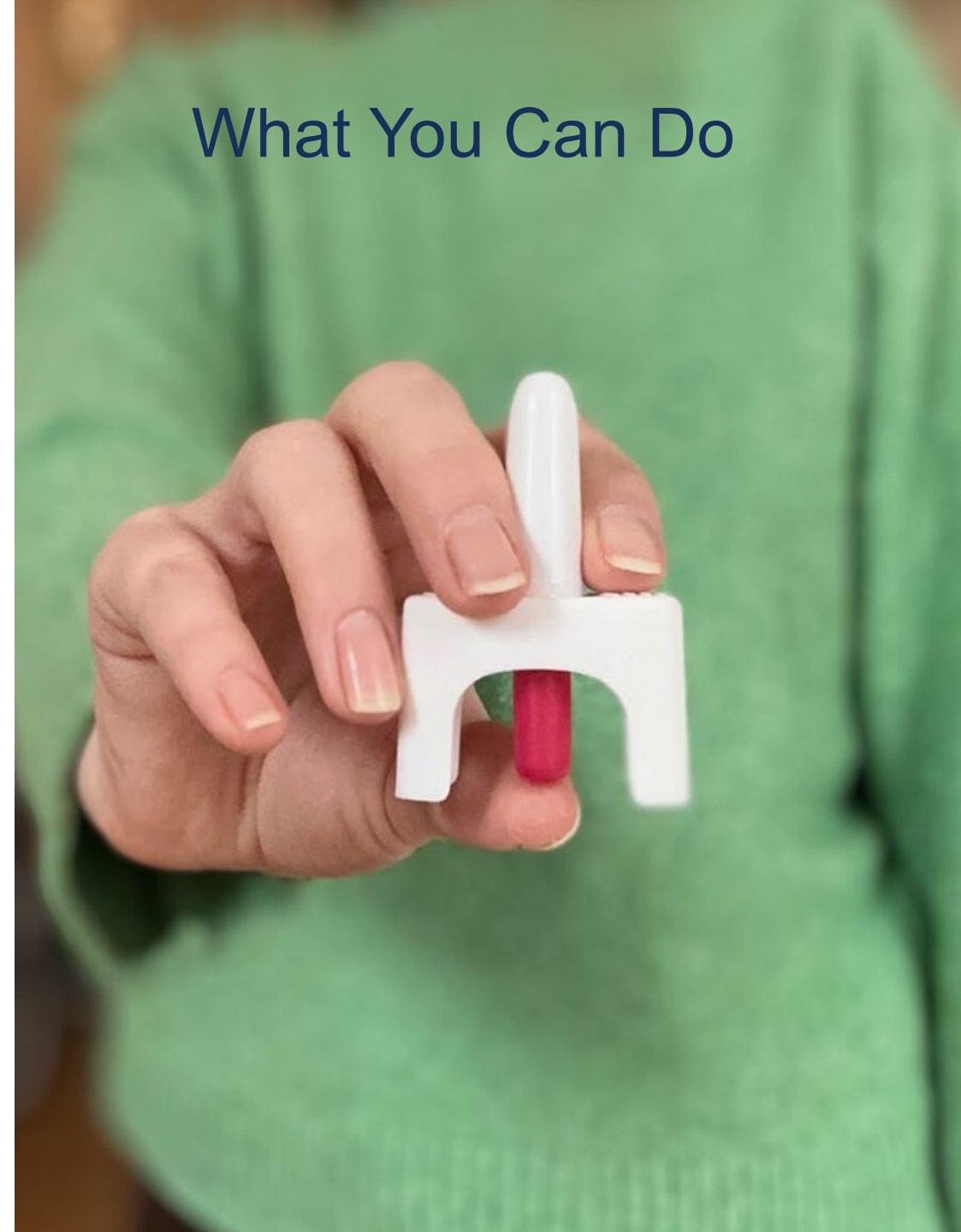
Distribute Narcan/Naloxone

- Promote naloxone distribution within your organization.
- Learn how your organization can apply for free naloxone through the Naloxone Distribution Project (NDP).
 - Free naloxone for eligible entities in California to distribute to individuals who are at a higher risk of SUD, their family, friends, or others who can assist
- Offer naloxone distribution to all patients who are at a higher risk of SUD or who report substance use (regardless of age, drug of choice, or level of care!).
- Consider ways to make naloxone access as low-barrier as possible:
 - Get rid of eligibility requirements for naloxone.
 - Ask about previous overdoses or witnessing an overdose during intake.
 - Allow distribution to be anonymous.
 - Allow overdose reversal reports to be anonymous.
 - Distribute multiple doses if they want them!

Get Trained and Carry Narcan/Naloxone

- [Harm Reduction Near You](#)
- [NEXT Distro Naloxone Finder](#)
- [End Overdose](#) (Complete the training, just pay for shipping.)
- Doctor's prescription (for minimal/no co-pay)
- Over-the-counter (OTC) at major pharmacies (\$45)

What You Can Do



Continuing the Conversation

Date

February 8, 2024

Time

1-2 p.m. PT

Practical Strategies (Rooted in Harm Reduction) to Work More Effectively with PWUD or CODs

- Implementing harm reduction in indirect patient care services
- Implementing harm reduction in direct patient care services
- Understanding:
 - The effects of the drug (and/or mental health condition)
 - The crash/comedown period
 - Barriers to accessing and staying in treatment
 - How we can adapt our service approach to improve engagement, access, and retention

Thank you!

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Q & A

Upcoming Events

February and March Events	Time	Date
Continuing the Conversation	1-2 p.m.	02/08/2024
Learning Collaborative: Intern	TBD	March
Learning Collaborative: Mentor	TBD	March
Learning Collaborative: BH Org/Ed Partner	TBD	March

MIP HUB and Past Events

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References

- Ahmad, F. B., Cisewski, J. A., Rossen, L. M., & Sutton, P. (2023). [Provisional drug overdose death counts](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm). National Center for Health Statistics, Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- Bayoumi, A. M., & Zaric, G. S. (2008). [The cost-effectiveness of Vancouver's supervised injection facility](https://doi.org/10.1503/cmaj.080808). *Canadian Medical Association Journal*, 179(11), 1143–1151. <https://doi.org/10.1503/cmaj.080808>
- California Department of Public Health. (2022, August). [California harm reduction supplies \[PowerPoint slides\]](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA-HarmReductionSupplies_ADA.pdf). https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA-HarmReductionSupplies_ADA.pdf
- CDC. (n.d.). [FAQs. Syringe Services Programs \(SSPs\)](https://www.cdc.gov/ssp/syringe-services-programs-faq.html). Retrieved January 22, 2024, from <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>
- Centers for Disease Control and Prevention. (2021). [Fentanyl | CDC's Response to the Opioid Overdose Epidemic | CDC](https://www.cdc.gov/opioids/basics/fentanyl.html). Wwww.cdc.gov. <https://www.cdc.gov/opioids/basics/fentanyl.html>
- Cohen, A., Vakharia, S. P., Netherland, J., & Frederique, K. (2022). [How the war on drugs impacts social determinants of health beyond the criminal legal system](https://doi.org/10.1080/07853890.2022.2100926). *Annals of Medicine*, 54(1), 2024–2038. <https://doi.org/10.1080/07853890.2022.2100926>
- Community Catalyst, Faces & Voices of Recovery, & American Society of Addiction Medicine (ASAM). (2021, April). [Peers speak out: Priority outcomes for substance use treatment and services](https://communitycatalyst.org/wp-content/uploads/2023/02/Peers-Speak-Out.pdf). <https://communitycatalyst.org/wp-content/uploads/2023/02/Peers-Speak-Out.pdf>
- Coulson, M., & Hartman, M. (2022, February 16). [What is harm reduction? Johns Hopkins Bloomberg School of Public Health](https://publichealth.jhu.edu/2022/what-is-harm-reduction). <https://publichealth.jhu.edu/2022/what-is-harm-reduction>

References (continued)

- Florence, C., Luo, F., & Rice, K. (2021). [The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017](https://doi.org/10.1016/j.drugalcdep.2020.108350). *Drug and Alcohol Dependence*, 218, 108350. <https://doi.org/10.1016/j.drugalcdep.2020.108350>
- Giglio, R. E., Mantha, S., Harocopos, A., Saha, N., Reilly, J., Cipriano, C., Kennelly, M., Landau, L., McRae, M., & Chokshi, D. A. (2023). [The Nation's First Publicly Recognized Overdose Prevention Centers: Lessons Learned in New York City](https://doi.org/10.1007/s11524-023-00717-y). <https://doi.org/10.1007/s11524-023-00717-y>
- Hagan, H., McGough, J. P., Thiede, H., Hopkins, S., Duchin, J., & Alexander, E. R. (2000). [Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors](https://doi.org/10.1016/s0740-5472(00)00104-5). *Journal of Substance Abuse Treatment*, 19(3), 247–252. [https://doi.org/10.1016/s0740-5472\(00\)00104-5](https://doi.org/10.1016/s0740-5472(00)00104-5)
- Marks, L. R., Nolan, N. S., Liang, S. Y., Durkin, M. J., & Weimer, M. B. (2022). [Infectious complications of injection drug use](https://doi.org/10.1016/j.mcna.2021.08.006). *Medical Clinics of North America*, 106(1), 187–200. <https://doi.org/10.1016/j.mcna.2021.08.006>
- Marshall, B. D. L., Milloy, M-J., Wood, E., Montaner, J. S. G., & Kerr, T. (2011). [Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study](https://doi.org/10.1016/s0140-6736(10)62353-7). *The Lancet*, 377(9775), 1429–1437. [https://doi.org/10.1016/s0140-6736\(10\)62353-7](https://doi.org/10.1016/s0140-6736(10)62353-7)
- National Harm Reduction Coalition. (2020). [Principles of harm reduction](https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf). https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf
- Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). [Expanding the continuum of substance use disorder treatment: Nonabstinence approaches](https://doi.org/10.1016/j.cpr.2021.102110). *Clinical Psychology Review*, 91, 102110. <https://doi.org/10.1016/j.cpr.2021.102110>

References (continued)

- Potier, C., Lapr evote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). [Supervised injection services: What has been demonstrated? A systematic literature review](https://doi.org/10.1016/j.drugalcdep.2014.10.012). *Drug and Alcohol Dependence*, 145(1), 48–68. <https://doi.org/10.1016/j.drugalcdep.2014.10.012>
- Santo, T., Clark, B., Hickman, M., Grebely, J., Campbell, G., Sordo, L., Chen, A., Tran, L. T., Bharat, C., Padmanathan, P., Cousins, G., Dupouy, J., Kelty, E., Muga, R., Nosyk, B., Min, J., Pavarin, R., Farrell, M., & Degenhardt, L. (2021). [Association of Opioid Agonist Treatment with All-Cause Mortality and Specific Causes of Death among People with Opioid Dependence](https://doi.org/10.1001/jamapsychiatry.2021.0976). *JAMA Psychiatry*, 78(9). <https://doi.org/10.1001/jamapsychiatry.2021.0976>
- Seibert, J., Stockdale, H., Feinberg, R., & Dobbins, E. (2019, February 21). [State Policy Levers for Expanding Family-Centered Medication-Assisted Treatment](https://aspe.hhs.gov/reports/state-policy-levers-expanding-family-centered-medication-assisted-treatment). ASPE Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/state-policy-levers-expanding-family-centered-medication-assisted-treatment>
- Stoltz, J-A., Wood, E., Small, W., Li, K., Tyndall, M., Montaner, J., & Kerr, T. (2007). [Changes in injecting practices associated with the use of a medically supervised safer injection facility](https://doi.org/10.1093/pubmed/fdl090). *Journal of Public Health*, 29(1), 35–39. <https://doi.org/10.1093/pubmed/fdl090>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). [Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health](https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf) (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf>