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Statement to the

Presidential Commission on

Combating Drug Addiction and the Opioid Crisis

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Governor Christie and members of the Commission, thank you for having me today to speak to you on the issue of addiction and our path ahead.

My name is Jessica Nickel, President of the Addiction Policy Forum.

The Addiction Policy Forum was started to piece together the key elements of a comprehensive response to addiction -- including prevention, treatment, recovery, overdose reversal and law enforcement. Key partners around one table with one goal: a world where fewer lives are lost and help exists for the millions of Americans impacted by addiction.

We are grateful to be with you today to discuss policy solutions and next steps in this public health crisis.

And it is a crisis.

I know this firsthand as a family member. Addiction shattered my family. Both of my parents struggled with heroin addiction. Homeless or living in cars, hungry, my parents in and out of jail and prison. Their suffering was also mine, my little sister's and our entire family's. Loving someone with a substance use disorder is agonizing as you struggle to find treatment, not knowing where to go, struggling with relapses, while dealing with recovery, and shame. Fortunately, my mom found help and had 19 years in recovery before she passed away. My father, unfortunately, never found his way out of this disease, and it is a disease, and died much too young at 48.

My story is just one of the millions repeated daily around our nation.

Today -- 144 people will die of a drug overdose~~s~~ in our country. 144. That's equivalent to two commuter plane crashes every day for an entire year. The Addiction Policy Forum launched an initiative, the #144aDay campaign, to make sure we remember the real people and families at the

epicenter of this epidemic. It's important to put real faces to this crisis and I'd like to take a moment to share with you letters from some of our families.

Courtney's dad, Doug, lost her at just 20 years old. He writes: "On the advice of our local authorities, we asked her to leave our home and canceled her insurance. By doing this, she would be homeless and then could be eligible to receive treatment. Courtney died alone, away from our home and the day before she was scheduled to enter a treatment facility."

Dillan and Matthew's mom, Denise, describes her boys as "the loves of her life". She lost them both to addiction and writes: "My boys had a bright future ahead of them but, because of their illness and lack of adequate treatment and medical coverage, their lives were cut tragically short. Had they suffered from diabetes or skin cancer, they would have been provided the medical care and attention necessary to live a full life and you wouldn't be reading about them now."

April's mother, Annie, tells us that "The hardest thing I have ever done was to tell this 4-year-old girl that her mommy had died and what that meant. We love and miss my beautiful daughter every day and will for the rest of our lives."

We can do better. We are losing a generation of Americans to an illness we know how to treat if only we harness the will to do so.

We know that of the 21 million people that need treatment, only 10% will receive it. **10%.** Can you imagine a world where only 10% of cancer or Alzheimer's or diabetes patients got the treatment they needed?

144 sisters, sons, husbands, daughters, mothers are lost each day.

But what if…

- We treated addiction across this nation like a disease -- with continuous, individualized treatment and follow up for each patient?

- What if every child in our nation's schools had the adequate dosage of prevention starting early and followed up at home?

- What if we had robust services for those in recovery -- from recovery housing and schools to community services?

- What if every patient who needed it had access to the three medications that have been approved by the FDA for treating opioid addiction?

- What if we treated individuals with substance use disorders through our healthcare system instead of through our jails and prisons -- only to shackle them with criminal histories that make recovery even more difficult?

- What if we use science to inform our response and to measure how successful we are in stopping this deadly disease?

At Addiction Policy Forum, we are working to advance each of these and are grateful for the leadership of this Commission and Administration to further the work.

What follows is an outline of our work to date, and recommendations in each of the key areas: Overdose Interventions; Treatment; Prevention; Protecting Children Impacted by Parental Substance Use Disorder; Expanding Recovery Support and Reframing the Criminal Justice System.

Overdose Interventions

We know that those who have had a non-fatal overdose are at great risk and need treatment for substance use disorder. There remains many challenges and gaps in providing the linkage to service and care needed at that key intervention point nationwide.

In the midst of a worsening epidemic, the Addiction Policy Forum is working to focus immediately on helping states and local jurisdictions create better tools for post-overdose interventions and assessment. We are coordinating with health systems on protocols and assessment tools needed, how to provide naloxone training to reverse overdoses, and the linkage to care and follow up to make an intervening moment for connection with treatment and recovery.

Recommendations:

1. Screen all Emergency Departments patients for substance use disorder. Establish screening and assessment protocols and a cascade of care. Offer MAT treatment to patients who screen positive for Opioid Use Disorder and develop a treatment plan and/or warm handoff to behavioral health for each patient that screens positive.
2. For overdose patients in Emergency Departments, ensure each patient leaves with a treatment plan and a warm handoff to behavioral health. Train clinicians and staff to offer MAT and provide naloxone. Conduct trainings to discuss with patients how to reduce risk for future overdose.
3. Change HIPAA laws to allow for family notification after an overdose reversal. I understand from some press reports that this is something the Commission is considering and we strongly support y our efforts in this area. This is something that the federal government can do.
4. Require insurance companies to cover naloxone for caregivers of those with a substance use disorder so they too can have access in case their loved one overdoses.
5. Provide recovery plan and supports upon discharge, including the use of technology for immediate connection to recovery support and relapse prevention, or work with trained recovery support specialists for follow up with patients.
6. Eliminate prior authorization required for treatment admission, which is often an MCO/insurance requirement, to ensure immediate on-demand access to care.
7. Expand funding in FY2018 to $32 million for the DOJ CARA program, Comprehensive Opioid Abuse Program, which provides resources for overdose projects.

Resources for Families in Crisis

One of the biggest gaps in the substance use disorder community is the lack of resources and

education when an individual or family is in crisis and in need of treatment and proper care. We consistently hear family after family describe their heartbreaking experiences using Google to search for treatment options. They're reaching out to physicians and local contacts that do not have answers or resources, or they do not know who to call or they hit dead ends, the wrong providers, no capacity or disconnected numbers.

Additionally, there is a lack of readily available information regarding what we do know about substance use disorders. Drug addiction shares many features with other chronic illnesses such as diabetes, cancer or heart disease, including a tendency to run in families, an onset and course that is influenced by behavior, and the ability to respond to appropriate treatment, which may include lifestyle modifications. Even relapse rates for substance use disorder are similar to other chronic illnesses. There is a wide gap in understanding these similarities in the public and within the medical community. There is also a lack of understanding with regard to what we know about effective treatment, recovery, prevention, early intervention, overdose reversal and other topics. Many areas have deep resources and research that simply needs to be summarized, packaged and disseminated to regular families; such as severity, treatment options, medication assisted treatment and prevention strategies need translation and dissemination.

To help address this gap, the Addiction Policy Forum is launching a project to produce resources and easy-to-digest packets of information for families, patients and consumers at large to better understand addiction and available resources and information for those in crisis. Across the Addiction Policy Forum's various social media platforms, we will disseminate these materials to our 4 million members with information on addiction, drug overdose, recovery, and various related topics.

Recommendations:

1. Fund the CARA Prevention and Education Initiative. Too often, when families are trying to get help for their child with substance use disorder, they don't know how to intervene or where to turn for help. Create a public awareness campaign and couple it with early intervention resources. This will equip families with tools to prevent substance use and connect them to resources to help their child when there's a problem. Recommend expanding Sec. 102, Awareness Campaigns in the Comprehensive Addiction and Recovery Act of 2016, to $5 million per year. No funding has been provided to date.
2. Establish a national helpline for people seeking treatment.
3. Declare the crisis a Federal Emergency. This declaration would allow governors to act in the same way they do in the event of a natural disaster – frees up funds, cuts red tape, breaks down the silos in the bureaucracy, moves funding more quickly to help communities and families in need.

Advance Treatment

We have an enormous addiction treatment gap in our country. Specifically, the Substance Abuse and Mental Health Services Administration (SAMHSA) reports that in 2015, an estimated 21.7 million people aged 12 or older (8.1% of that population) needed substance use treatment, but only an estimated 2.3 million people aged 12 or older received treatment at a specialty facility.

Stated another way, only 10.8 percent of adolescents and adults who needed treatment received it.

Federal Government Role Specifically:

1. Commission an Institute of Medicine report on how to restructure the SUD treatment system to address pervasive systemic issues (workforce shortages, billing models, lack of training, lack of credentialing, lack of coordination within general healthcare, etc.).
2. Remove addiction from the IMD Exclusion
3. The Department of Health and Human Services (through NIDA, CDC, SAMHSA and ONDCP) can do more to educate providers, patients and their families, health plans, state level law enforcement, and the public on the nature of opioid addiction as a chronic, relapsing brain disorder and to reduce the stigma associated with the use of FDA approved medications for opioid addiction. Reducing the stigma of treatment is critically important to reducing the number of opioid deaths and helping people access evidence-based treatment.
4. Scheduling should be modified to facilitate, not impede, good science and allow for more research, medications and advancements on controlled substances.

Provider Education and Training:

5. Increase access to quality treatment by educating healthcare professionals on treatment options and requiring federally supported medical, nursing and other clinician training programs to incorporate curriculum on the diagnosis and treatment of addiction.
6. Have CMMI (Center for Medicare and Medicaid Innovation) or NIH issue grants to develop and test models to effectively integrate treatment for OUD into general healthcare systems (PC, ED, inpatient, mental health programs, etc.). Ideally substance use disorder would be treated like any other chronic, relapsing disease. Patients wouldn't have to go to a special clinic for treatment, but could get treatment from their doctor just as they do for diabetes and heart disease.
7. Loan repayment specifically for specialty addition physician training.
8. Improve medical education on addiction and allow for graduate medical education reimbursement to teaching hospitals for addiction physician training
9. Expansion of Screening, Brief Intervention and Referral to Treatment (SBIRTs) to be introduced during residency programs to help with earlier and more comprehensive patient identification.
10. Require addiction screening as part of routine health exams by general practitioners.
11. Develop accreditation programs for treatment providers.
12. Loan repayment program for clinicians who work in SUD treatment shortage areas for a certain number of years (at a minimum).
13. Partner with medical schools to train all clinicians to identify and treat substance use disorders
14. Do more to ensure doctor/patient confidentiality so patients can be honest with their providers

Telehealth/Health Information Technology:

15. Allow telehealth across state lines to enable greater access to treatment and address workforce shortages in rural communities.
16. Establish a national telehealth program that can link behavioral health providers to general healthcare settings in any state.
17. Increase for PPP with health information technology companies to develop technologies for overdose prevention and reversal, and for new technologies to detect relapse risk and prevent relapse.
18. Utilize ACHESS, an evidence-based smartphone application for immediate connection to recovery support and relapse prevention.

Advances in Research:

19. Increase funding for research to accelerate development of cures for substance use disorders.
20. Create incentives for biopharmaceutical companies to do more to invest in treatment.
21. Embed jobs training into treatment to ensure the patient can rebuild their life as they recover and become productive members of society (treatment to work programs).
22. Jobs training programs for counselors, health educators, recovery support specialists.

Expanded Role for Pharmacies and Commercial Outlets:

23. Public-Private Partnerships with pharmacies to screen for alcohol and drug use and address drug/drug interactions.
24. Partner with large retail stores (such as Walmart, Home Depot, and even Starbucks) to stock naloxone (for use or sale?)
25. Partner with pharmacies to expand the geographic reach of methadone clinics by embedding them in pharmacies (such as Walmart, CVS, etc.)
26. Allow methadone distribution through an expanded set of providers.

Coverage Recommendations:

27. Maintain/Improve Insurance Coverage for Substance Use Disorder Treatment—Substance use disorder treatments must be integrated broadly into the health care system to strengthen access to life-saving addiction treatments.
28. Substance use disorder and mental health benefits should continue to be provided at parity with medical benefits and plans with improved treatment outcomes should be rewarded.
29. Ensure adequate provider networks and treatment coverage for substance use disorder treatment for all plans purchased by the federal government.
30. Enforce parity laws to discourage violations. Ensure that insurance companies require regular follow-ups for individuals upon completion of insurance covered treatment. Treat addiction the way we treat other diseases, like cancer.

Create Recovery-Ready Communities

While the evidence suggests that effective treatment and recovery plans should cover a span of 3 to 5 years for an individual based on their needs and severity, we have a long way to go to properly prioritize and fund the recovery support programs and resources that individuals need in their communities. Twenty-three million Americans are in recovery today from substance use disorder and as we provide care for more individuals in need of addiction treatment, investing in the necessary recovery framework is critical.

Key components of a recovery-ready communities include:

- Recovery Community Organizations. Organizations that bring together recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support. Many include a physical location where the recovery community can organize and a hub for recovery and family support services. Services may include recovery coaching, life skills groups, employment, education and housing support.
- Alternative Peer Group (APG's). A community-based positive peer support program that offers pro-social activities, counseling, and case-management for youth and young adults who struggle with substance use. The main focus is to offer and shape a new peer group that utilizes positive peer pressure to stay in recovery.
- Collegiate Recovery Community. A supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other.
- Jail and Prison Based Recovery Support. Individuals in recovery bring recovery groups, coaching and other activities and facilities to assist incarcerated individuals with achieving and maintaining recovery and connecting with community based recovery support upon release.
- Peer Recovery Coaching. Non-Clinical, peer-based activities that engage educate and support an individual or family member to make life changes to be successful on their chosen pathway of recovery. Peer recovery coaches appropriately highlight their personal experience of lived experience of recovery while helping others.
- Medication Assisted Recovery Support. Peer-based recovery support groups, recovery coaching, training, education and advocacy activities designed for the unique recovery needs of individuals in medication assisted treatment.
- Recovery High Schools. Secondary school designed specifically for students in recovery from substance use disorder or dependency. Although each school operates differently depending on available community resources and state standards, each recovery high school shares common goals services (P-BRSS).
- Recovery Residences. A sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems. They offer peer-to-peer recovery support with some providing professionally delivered clinical services all aimed at promoting abstinence-based, long-term recovery.

- Telephone recovery support. Calls to people in recovery to "check in" to provide support and encouragement as well as information about community resources, recovery meetings or other supports that may help them maintain their recovery.

***Recommendations*:**

1. Expand funding for Building Communities of Recovery resources through CARA.
2. Require Medicaid reimbursement for all of these services, service locations, and workforce.
3. Make recovery high schools and collegiate recovery programs a priority for the Department of Education to address accreditation, regulations, availability, quality, access and funding.
4. Include a set aside of Block grant dollars for recovery support services.
5. Make recovery housing a priority for HUD to address accreditation, regulations, availability, quality, access and funding.

Prevention

Research over the last two decades has proven that addiction is both preventable and treatable. Accordingly, it is vital that drug prevention is heavily emphasized in any federal response to the opioid crisis. We know that 90% of individuals with a substance use disorder developed the disorder in adolescence. Increasing the age of initiation is the key to ensuring fewer youth ever become addicted. For these reasons, the federal response must include an emphasis on drug prevention programs aimed at our youth.

We know that drug prevention is a sound investment. Each year, drug use and addiction costs our country nearly $700 billion in preventable health care, law enforcement, crime and other costs. Research-based prevention programs can be cost-effective. Recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Aos et al. 2001; Hawkins et al. 1999; Pentz 1998; Spoth et al. 2002a; Jones et al. 2008; Foster et al. 2007; Miller and Hendrie 2009).

Recommendations:

1. Require schools to deliver evidence based prevention approaches (e.g. Strengthening Families Program 10-14 and Life Skills Training). While this would have upfront costs, it would lead to major societal cost savings over time and it would reduce both substance use and mental illness. When looking for powerful solutions, this is one that would have a tremendous impact.
2. Reauthorization of the Drug Free Communities Program
3. Establish pilot programs to implement and test Student Assistance Programs (SAP) in middle and high school settings. With the elimination of the Safe and Drug Free Schools and Communities program by the last Administration, school based drug prevention is severely limited and not specifically funded. There is a great need to implement comprehensive school/community based drug prevention strategies, activities and programs.

4. Advance Primary prevention strategies. Evidence-based interventions designed to prevent the onset of substance use and to identify and address behavioral health disorders early, before they progress, can help prevent crime and criminal justice system involvement that happens when these disorders go untreated.

   One such model is the nationwide drug and alcohol prevention strategy adopted in Iceland ("Youth in Iceland") beginning in 1999, which has resulted in strikingly positive outcomes, including dramatic decreases in drug and alcohol use. The strategy provides funding for after-school programs, organized sports, youth-parent bonding initiatives, and life-skills training. It also incorporates environmental strategies, such as adolescent curfews and alcohol/tobacco minimum-purchase-age laws.

   Architects of the strategy devised it as a means of offering a variety of activities designed to stimulate brain chemistry without the use of drugs or alcohol—both for youth striving to reduce anxiety and those craving a rush. It also offers skills to improve perception of self and interaction with others, while promoting increased quantity of time spent with parents.

   Since it began, the percentage of Icelandic youth aged 15-16 who have been drunk in the past month plummeted from 42 to 5 percent (1998 vs. 2016). Likewise, the percentage of those using marijuana dropped from 17 to 7 percent, and the percent smoking cigarettes daily decreased from 23 to 3 percent. Between 1997 and 2012, the percentage reporting often or almost always spending time with the parents on weekdays doubled, from 23 to 46 percent. Recommend a pilot program nationwide providing the resources to test the Iceland model in 12 communities.

Protecting Children Impacted by Parental Substance Use

Over nine million children in the US live in a home with at least one parent who uses illicit drugs. (National Alliance for Drug Endangered Children) These children are at increased risk for depression, suicide, poverty, delinquency, anxiety, homelessness, and most significantly, substance abuse.

Children living with an addicted family member are four times more likely to become drug or alcohol dependent themselves. (SAMHSA). Addiction prevention and mentoring programs for youth ages 9-17 address the needs of these children by providing them with the tools they need to take care of themselves and cope with their family circumstances, and break the intergenerational cycle of addiction.

Drug overdose is the leading cause of accidental death in the U.S. The significant majority of these deaths are in the 25-54 age range, meaning that children under the age of 17 are often impacted by an overdose death in their family. Research shows that children who lose someone significant in their lives are at a greater risk for depression, anxiety, suicide and a substance abuse issue of their own. Bereavement services help these children cope with their grief and promote positive youth development.

1. Provide grants to support qualified nonprofit organizations or state or local entities to assist such organizations in carrying out programs to support the attendance of children 9 -17 who have a family member living with a substance use disorder at supportive programming, including therapeutic camps, after-school programming, mindfulness programs and other formats aimed at delaying the onset of first use, providing trusted mentors and providing education on coping strategies that these children can use in their daily lives.
2. Provide grants to qualified nonprofits offering bereavement programs aimed at youth 7 – 17 who have lost someone significant in their life to addiction. Provide grants to qualified nonprofit organizations to provide training, communications and support to local and state agencies for addiction prevention support in education, child welfare and health care systems.
3. Provide grants to qualified nonprofit organizations to provide education and assistance to foster parents and parents/guardians caring for children living in families impacted by addiction on coping skills and addiction prevention education.
4. Many children who have a family member living with addiction live in kinship or foster care. Health care and child welfare organizations, as well as foster parents and guardians, need training so they can teach impacted youth positive coping skills and strategies to help them avoid developing an addiction of their own.
    - Recommend the Department of Health and Human Services make grants to a non-profit entity with experience in providing free resources for families, foster parents, and kinship guardians, looking to help their child with substance use disorder.
5. Early intervention resources for families:
    - Equip parents and families with tools needed to help their child with a substance use disorder; such as science-based information in easy-to-understand, actionable language, access to experts or clinicians who can help the family formulate a plan to get help for their child, and access to other families who have been affected by this disease who have been trained to provide support and guidance.
    - Educate parents about the risk factors that can make early use in adolescence particularly problematic.
    - Equip parents and families so that they know the early warning signs of addiction and how to seek help if needed.
    - Prevent diversion of opioids by empowering parents and families with credible information on prescription drug abuse and misuse. Provide families with information on properly securing and disposing of medications.
6. Create a Sobriety Treatment and Recovery Teams (START) national pilot.

    START is a Child Protective Services program for families with parental substance abuse and child abuse/neglect that helps parents achieve sobriety and keeps children with their parents when it is possible and safe. START is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with a small number of families, providing peer support, intensive treatment and child welfare services. The program's goal is to keep children safe and reduce placement of these children in state custody, keeping children with their families when appropriate. Recommend a pilot

programs to implement START in 12 locations around the country to test child welfare interventions with improved outcomes for the entire family.

Reframing the Criminal Justice Response to Addiction

The current landscape provides a unique opportunity to re-envision how the criminal justice system responds to addiction. Within the criminal justice field there is a growing focus on how they can reform their approach to mental illness and addiction. The healthcare system is reforming through increased insurance coverage and expanding access to care for people with mental health and substance use treatment needs. Public opinion overwhelmingly supports diverting people with behavioral health needs to community treatment rather than past practice, which focused on criminal justice responses. And with the passage of CARA there is a sea-change in re-envisioning the criminal justice system and providing additional resources for the work through pre-arrest diversion dollars and MAT for criminal justice systems.

We recommend particular emphasis on early points of intervention to help prevent individuals with substance use disorders from penetrating deeper into the system by "intercepting" them, a model well established in the mental health field that can be easily applied to SUD populations. The Sequential Intercept Model from the mental health field provides a conceptual framework for communities to use when considering the interface between the criminal justice and addiction systems as they address concerns about criminalization of people with substance use disorders. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point.

The interception points are:

1. Law enforcement and emergency services;
2. Initial detention and initial hearings;
3. Jail, courts, forensic evaluations, and forensic commitments;
4. Reentry from jails, state prisons, and forensic hospitalization; and
5. Community corrections and community support.

The model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization. Using the model, a community can develop targeted strategies that evolve over time to increase diversion of people with substance use disorders from the criminal justice system and to link them with community treatment.

We at the Addiction Policy Forum are working with TASC, NCJA, NDAA and BJA, to highlight the innovative work at each intercept point happening nationwide, and provide knowledge dissemination opportunities to each field to expand and build program and practice in each field.

Recommendations:

1. Expand the sequential intercept model, with evidence-based interventions at each point of the criminal justice system to intercept individuals with substance use disorders and place in treatment. Funding is available through CARA, and we recommend an increase in resources for COAP/CARA in FY2018.
2. Expand training for law enforcement interventions in lieu of arrest. Throughout the United States, local law enforcement agencies are seeking new ways to better serve and protect communities confronting the consequences of substance use disorders and drug overdose, especially as police frequently interact with individuals affected by addiction and/or overdose. Pre-booking or pre-arrest diversion strategies can save lives, reduce drug use, and promote public safety (TASC). These interventions fall into the following categories:
    - *Naloxone Plus:* Engagement with treatment occurs following and overdose response and crisis-level treatment is readily available. Examples: opiate response teams, STEER program (MD)
    - *Active Outreach:* Participants are identified by law enforcement, but are engaged primarily by a treatment expert who actively contacts them and motivates them to engage in treatment. Example: Arlington Model (MA)
    - *Self-Referral:* Drug-involved individuals initiate engagement with law enforcement without fear of arrest, and an immediate treatment referral is made. Example: Angel program (MA)
    - *Officer Prevention Referral:* Law enforcement initiates the treatment engagement, but no charges are filed. Examples: Law Enforcement Assisted Diversion (multiple sites), STEER (MD)
    - *Officer Intervention Referral:* Law enforcement initiates the treatment engagement, and charges are held in abeyance or citations issued. Examples: Civil Citation (FL), STEER (MD)
3. Provide training and technical assistance to state and local criminal justice agencies. States and local governments are investing federal grant and state, and local tax dollars in programs that seek to reduce addiction and keep individuals with SUDs out of the criminal justice system. These agencies, including the State Administering Agencies (SAAs), need consistent and ongoing training and technical assistance on promising programs and best practices and program evaluation so these tax dollars are invested wisely and build the base of evidence for promising programs.
4. Expand prosecutorial interventions. Along with the responsibilities to hold individuals accountable for offenses and protect public safety, prosecutors are in a unique position to convene partnerships and build collaborative solutions to local criminal justice problems, including those that divert people with substance use disorders into community-based treatment. In response to the overrepresentation of people with behavioral health conditions in the justice system, and high rates of recidivism, many prosecutors have developed innovative diversion policies and strategies that are responsive to the populations and crime patterns of their jurisdictions.
5. Expand court-based interventions. Sentencing options available to judges often include treatment-based alternatives to incarceration, and sometimes alternatives to conviction, for eligible individuals with underlying substance use disorders. Such options include

problem-solving courts—including those focused on certain populations (e.g., veterans) or disorders (e.g., drug courts, mental health courts).

6. Reentry interventions. Individuals leaving jail or prison and returning to the community are at a disproportionately high risk of overdose, especially in the two weeks immediately following release. To reduce the likelihood of recidivism, overdose, and death, corrections agencies, along with community supervision and treatment partners, must promote safe reentry practices into their pre- and post-release efforts.

About Us

The Addiction Policy Forum is a 501(c)3 nonprofit organization based in Washington, DC. We are a diverse partnership of organizations, policymakers, families and stakeholders committed to working together to elevate awareness around addiction and to improve national policy through a comprehensive response that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

Put simply, we envision a world where fewer lives are lost and help exists for the millions of Americans affected by addiction every day. We invite you to imagine this world with us.