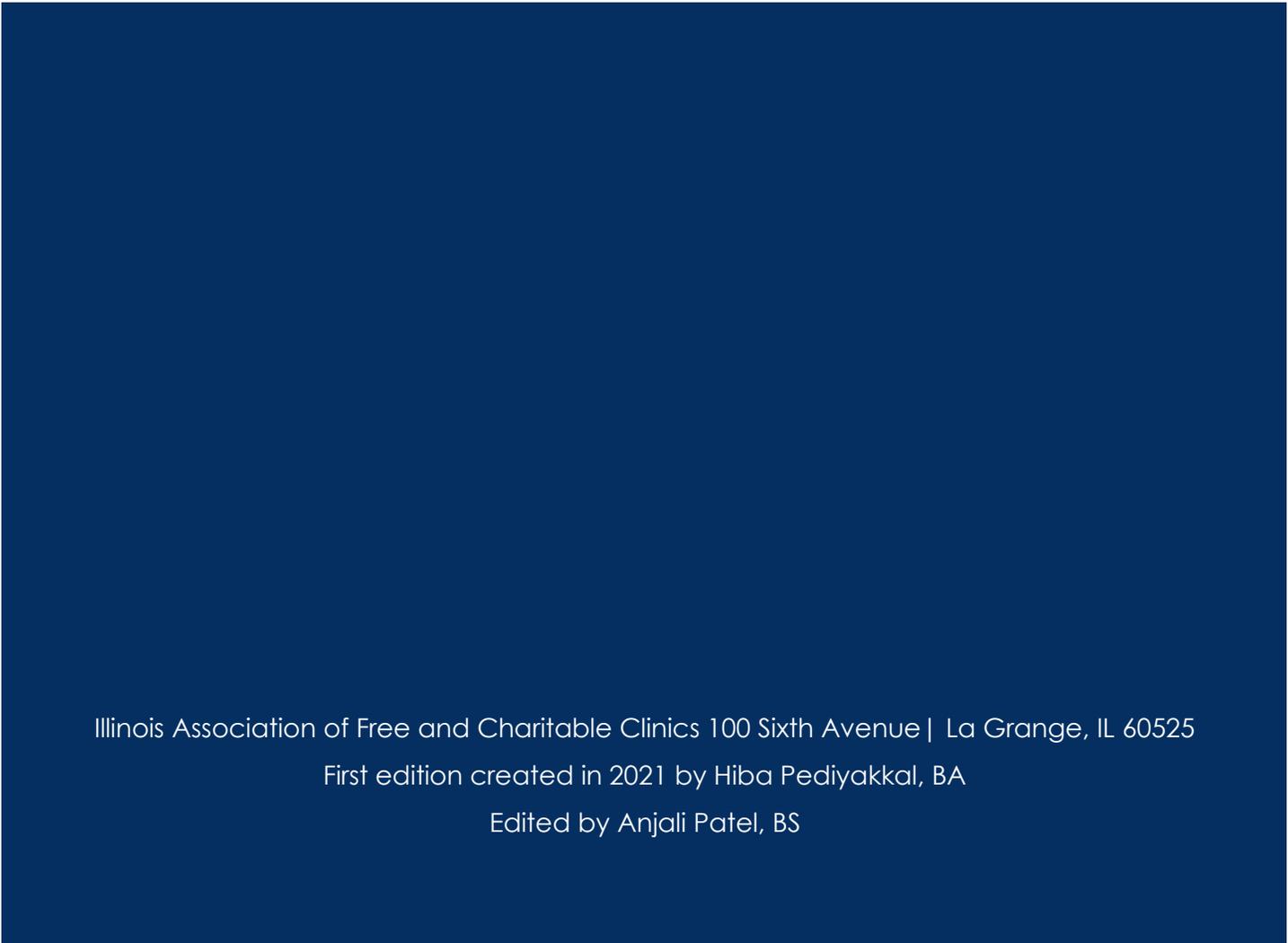




IAFCC OPIOID RESOURCE TOOLKIT



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Table of Contents

Introduction.....	2
Strategies to Prevent Opioid Overdoses [3]	3
Medications for Opioid Use Disorder [3]	4
Information about Naloxone	5
Resources for Finding Treatment Centers.....	6
Information for Prescribers.....	6
Screening Materials.....	7
Opioid Stewardship	8
Non-Opioid Pain Management Resources	11
Addressing Stigma.....	11
Resources for Prescribers.....	12
Prescribing Medications for Opioid Use Disorder	12
Referral Resources	13
Medicaid Information	13
Housing.....	13
Medication-Assisted Treatment Centers	14
Harm Reduction Organizations	14
Addiction Treatment Facilities	15
Community Education Resources.....	15
Bibliography	17
Acknowledgements.....	17

Introduction

The Opioid epidemic is defined by the presence of widespread misuse and addiction to prescription, street, or synthetic opioids. This problem has been steadily increasing since the late 1990s when pharmaceutical companies assured the medical community that opioid painkillers would not be addictive. Because of this misinformation, providers prescribed opioids more frequently and overdose deaths and rates of opioid misuse began to increase. Between 1999 and 2016 there have been over 630,000 overdose deaths involving Opioids. In 2017, the department of health and human services declared the Opioid crisis a public health emergency. According to the Center for Disease Control (CDC), each day 91 Americans die from opioid overdoses. [1] The opioid epidemic affects not only the nation's public health, but also economic and social welfare. It is important to work to decrease the number of people who die from overdose and help those that have opioid use disorder (OUD) access much needed resources.

What are Opioids

Opioids are prescription medications such as morphine and oxycodone, as well as illicit street drugs like heroin, and synthetic opioids like fentanyl which do not show up in a standard drug screen and must be screened for separately. [1]

How do they work?

Opioids work by binding to specific receptors in the central nervous system and GI tract and reduce the perception of pain. Binding to these receptors also affects different body functions and can alter mood and slow down breathing. Opioid receptor binding can also cause a euphoric "high" that comes with opioid use. It has been showed that long-term use of opioids, often used to manage pain, can alter brain function which is part of what makes them so highly addictive.

Who is at risk for Opioid overdose? [2]

Those who:

- Are on opioids for long-term pain management
- Use street drugs or misuse prescription Opioids
- Receive rotating Opioid regimens (at risk for incomplete cross-tolerance)
- Were recently discharged from an emergency setting for opioid overdose
- Need opioids for pain management and has suspected/confirmed history of substance use disorder
- Have been abstinent from opioid use (and now has a decreased tolerance to opioids)
 - The individual has been in recovery and has not been using Opioids
 - Patients that have been incarcerated often have a reduced tolerance for Opioids upon release

Strategies to Prevent Opioid Overdoses [3]

How overdoses can occur

There are a few different ways one can overdose on opioids. It can be due to intentional or unintentional misuse of prescription opioids, use of illicit street drugs, or use of opioids that are contaminated with something more potent (such as fentanyl). Unintentional misuse of prescription opioids can also be due to misunderstanding instructions for use, or even a calculation error by the prescriber or dispensing pharmacists. Overdose can also occur when opioids are taken with other medications or alcohol. [2]

Symptoms of Opioid overdose

- Dizziness and/or confusion
- Blue lips and/or nails
- Cannot be woken up
- Choking, gurgling, or snoring sounds
- Slow, weak, or lack of breathing
- Drowsiness or difficulty staying awake

#1 Educate individuals at high risk, family members, and others to learn how to spot and prevent opioid overdoses

Provide educational materials to patients or community members who may be at high risk for opioid overdose as well as their families/close ones. To understand who is at risk, refer [here](#) in the toolkit. It is important to understand the signs and symptoms of opioid use disorder and know how to help those affected. [Here](#) are educational materials that you can distribute.

#2 Ensure access to treatment

Treatment for substance use disorder can prevent overdoses from happening and help patients lead a healthier life. A combination of counseling and medication has proven to be the most effective treatment for OUD. Medication for opioid use can be obtained at Drug Enforcement Administration-registered opioid treatment centers and in specialized substance use treatment programs. Physicians, nurse practitioners, and physicians who have been certified can also dispense medications for opioid use disorder (MOUD). Learn more about MOUD [here](#). To find the nearest SAMHSA Behavioral Health Treatment Center-look here. [Home - SAMHSA Behavioral Health Treatment Services Locator](#)

#3 Targeted distribution and access to naloxone and training on how to administer naloxone

Naloxone is an opioid antagonist that can quickly reverse opioid overdoses and is simple to administer. Read more about naloxone (Narcan®) and its effectiveness [here](#).

Targeted naloxone distribution hopes to equip and train those who are most at risk for experiencing and/or witnessing an opioid overdose with naloxone. Outreach workers and clinicians should be properly educated and able to distribute naloxone to those who may be using prescription opioids or illicit street drugs.

#4 Encourage providers to remain up to date with best practices related to opioids

Physicians are encouraged to remain up to date about evidence-based practices for taking care of patients that are using opioids and about new methods for pain management. SAMHSA funds continuing medical education courses free of charge here. [Home - Providers Clinical Support System: Resources for PCPs \(pcssnow.org\)](https://www.pcssnow.org)

#5 Encourage public to call 911

The best way to prevent death is to get access to fast medical treatment. There are many reasons why someone could be hesitant to call 911 (distrust of the police, immigration/documentation status, possession of illicit drugs and/or paraphernalia), but it is important to encourage the public to call in case of an emergency. Individuals can simply state that "someone is unresponsive and not breathing" and provide the location.

Medications for Opioid Use Disorder [3]

What are MOUD? How does it work?

MOUD are proven pharmacological treatments for opioid use disorders. Extensive research has been done on the efficacy of these medications. These treatments include several different FDA approved medications. The World Health Organization has said that MOUD is the most effective pharmacological therapy for treatment for opioid dependence. Decades of research has shown that medications in conjunction with counseling and social support significantly reduces opioid use, overdoses, and criminal activity.

Methadone and Buprenorphine

Methadone and buprenorphine are both opioid *agonists* and activate opioid receptors in the brain. This helps prevent painful withdrawal symptoms without causing euphoria. Buprenorphine is a class of drugs labeled as "partial opioid agonists" while methadone is a full agonist. This means that buprenorphine activates the opioid receptors in the brain to a lesser degree.

Suboxone

Suboxone is a medication that is a combination of buprenorphine and naloxone. Naloxone (or Narcan®) is most commonly used to reverse opioid overdoses. Read more about naloxone [here](#). The buprenorphine helps mitigate withdrawal symptoms while the naloxone discourages misuse of the medication. The naloxone has *no effect* unless the medication is misused.

Naltrexone

Naltrexone is an opioid antagonist and prevents the “high” that individuals can feel when taking opioids. Methadone, buprenorphine, and naltrexone are all FDA approved medications; however, naltrexone is a relatively new medication so there is not the same amount of research to prove that it is effective in preventing overdoses as there is with methadone and buprenorphine. Early research has shown that naltrexone may also share the efficacy in preventing overdose but has also shown that naltrexone is sometimes harder to initiate in patients and is not as effective in mitigating withdrawal symptoms.

Important things to note

- It may take time to find the right medication for your patient! Treatment is individualized and different patients fare better on different medications
- Public awareness of MOUD is effective and is encouraged by experts. This can help reduce stigma surrounding treatment that can discourage people from seeking treatment. Click [here](#) for educational materials that can be distributed.
- Treatment works best when it is voluntary. Mandatory treatment through social welfare programs or legal intervention has been less effective.
- Providers should understand the challenges that a patient can face when trying to access MOUD. Many methadone clinics require patients to come in every day which is difficult. Patients who live in rural areas may have to travel far to receive treatment. Work with patients to help mitigate these barriers.

Information about Naloxone

What is naloxone?

Naloxone is an opioid antagonist that can quickly reverse a possibly fatal opioid overdose. Naloxone carries no risk of abuse as it does not affect people who do not have any opioids in their system and does not cause physical dependence. Naloxone also has no neurological or psychological effects and poses negligible risk if misused. Naloxone can be given as an intranasal spray, intramuscular injection (injection into muscle), or intravenous injection (injection into vein, not administered by lay persons). [4]

Naloxone is effective in reversing any type of opioid overdose, but overdoses involving more potent opioids (i.e. fentanyl/fentanyl analogs) may require more doses of naloxone.

The goal of naloxone administration is to restore spontaneous breathing but may not result in complete arousal. It may take multiple doses of naloxone and/or intravenous injection of naloxone to arouse the individual who overdosed.

Why is it effective?

The US Department of Health and Human Services identifies naloxone distribution as one of the top 3 strategies to prevent opioid overdose deaths. Targeted naloxone distribution is effective as it equips those most likely to witness opioid overdoses with this lifesaving drug even before first responders are able to reach the patient. This is especially important in rural areas where EMS response time can be much longer.

A nation-wide study found that 80% of opioid overdose reversals were done by those who also use drugs. [5] Another study done in British Columbia observing a naloxone kit distribution program showed that 1 in every 10 kits distributed resulted in a life saved.

Naloxone distribution is a tried-and-true method of preventing overdose deaths. There are countless studies detailing the effectiveness of such programs.

How should you store naloxone?

Store naloxone in safe, room temperature location and protect it from light.

Resources for Finding Treatment Centers

Substance Abuse and Mental Health Services Administration (SAMHSA)

- National Helpline: **1-800-HELP (4357)** or **1-800-487-4889** for the hearing impaired.
 - This is a free, confidential 24/7, 365 days a year treatment referral and information service for individuals or families seeking help for mental health and/or substance use disorders. This service is available in both English and Spanish and can be a valuable tool to give patients if they show signs of SUD and/or other mental health problems.
- [Home - SAMHSA Behavioral Health Treatment Services Locator](#) (search by address, city, or ZIP code)
- [Buprenorphine Treatment Practitioner Locator | SAMHSA](#) (search by address, city, or ZIP code)
- 24-hour helpline from Illinois Department of Public Health devoted to connecting individuals to treatment of OUD or SUD: **1-833-2FINDHELP**

Information for Prescribers

Substance misuse is very common among patients in primary care settings, but physicians have reported low levels of preparedness to identify and help those with SUD. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to identifying patients that may be using drugs at dangerous levels. SBIRT can be done in many different settings and screening does not have to be performed by a physician. This section will provide screening materials, resources, and

other information that will help practitioners better help their patients that may be struggling with SUD.

Screening Materials

A brief and validated screening tool will allow rapid identification of a possible substance use problem including misuse of prescription medication.

Pre Screens

A pre -screen or a brief screen is defined by SAMHSA as “a rapid, proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestation occurs.” This must be administered before beginning a full screen. Below are some commonly used and evidence-based screening tools.

[Alcohol Use Disorder Identification Test \(AUDIT\)](#): 3 item alcohol screen that can identify patients who are hazardous drinkers or have active alcohol use disorder.

NIDA ([PDF, electronic](#)): Prescreen created by the National Institute on Drug Abuse that assess the lifetime usage of various substances.

[Four Ps](#): Four question clinical tool for prenatal substance use and abuse.

Full Screen

Full screens are administered after a patient has screened positive on a pre-screen. Full screens ask a validated set of questions to assess the level of an individual's substance use. Full screens can and should be tailored to the individual.

Adult Screens

[Alcohol Use Disorder Identification Test \(AUDIT\)](#): Developed by the World Health Organization (WHO) and evaluated over a period of two decades. It has been found to provide an accurate measure of risk across gender, age, and cultures.

AUDIT Manual ([English, Spanish](#)): This manual introduces the questionnaire and details how to use it to identify people who may have dangerous patterns of alcohol consumption.

AUDIT Questionnaire ([English, Spanish](#)): Questions to ask patients that screened positive for possible alcohol misuse in the pre-screen.

[Alcohol, Smoking, and Substance Abuse Involvement Screen Test \(ASSIST\)](#): Developed by the World Health Organization (WHO) and an international team of substance use researchers as a simple method of screening for hazardous, harmful and dependent use of alcohol, tobacco and other psychoactive substances.

ASSIST Manual (English, Spanish): A manual outlining use of the ASSIST questionnaire.

[ASSIST Questionnaire](#): This link includes the questionnaire in multiple languages.

[Drug Abuse Screening Test \(DAST-10\)](#): Includes questions about involvement with drugs, not including alcoholic beverages, during the past 12 months. "Drug use" refers to the use of prescribed or over the counter drugs in excess of what is directed and any non-medical and/or illegal use of drugs.

Adolescent Screenings

[Car, Relax, Alone, Forget, Family or Friends, Trouble \(CRAFFT\)](#): An alcohol and drug behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.

[CRAFFT Manual](#): Provider guide for using the CRAFFT Screening tool

[CRAFFT Questionnaire](#): Interview questions to ask adolescents to screen for alcohol or drug related behavioral health issues.

[Screening to Brief Intervention \(S2BI\)](#): A seven-item tool is used to assess the frequency of alcohol and substance use (e.g., tobacco, marijuana, prescription drugs, illegal drugs, inhalants, herbs or synthetic drugs) among youth and adolescents from 12 to 17 years of age.

[S2BI Toolkit.pdf \(mcpap.com\)](#): Adolescent SBIRT Toolkit for providers. Provides extensive background information about the scope of the problem, the role of primary care providers, and use of the S2BI tool.

[Quick Guide](#): A two-page provider guide on adolescent SBIRT and how to use the screening questionnaire to best help your patients.

[Questionnaire](#): List of questions to ask patients to screen for substance and use.

Pregnant Women Screenings

[Tolerance, Annoyance, Cut Down, Eye-opener \(T-ACE\)](#): A four-item questionnaire developed to assess alcohol use in pregnant women. It provides obstetricians and gynecologists with a brief and useful way to identify patients at risk for drinking amounts which may be dangerous to the fetus.

[Tolerance, Worried, Eye-opener, Amnesia, K/Cut Down \(TWEAK\)](#): A five-item scale which was developed originally to screen for risky drinking during pregnancy.

Opioid Stewardship

Opioid Stewardship initiatives aim to promote appropriate use of opioid treatments, improve patient outcomes, and prevent opioid misuse. This approach acknowledges that while opioids can be effective for pain management, they pose potential adverse effects and providers should, as always, act in the patient's best interest.

In order to improve communication between prescribers and patients about the risks associated with Opioids, the CDC developed guidelines to improve the safety and effectiveness of pain treatment and reduce risks associated with long-term opioid

therapy. [2] These recommendations are for prescribing opioids for adults targeted towards a primary care setting and fall under the following three categories:

Determining When to Initiate or Continue Opioids for Pain, Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation, and Assessing Risk and Addressing Harm of Opioid Use.

Determining When to Initiate or Continue Opioids for Pain

- Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate. For non-opioid pain management resources click [here](#).
- Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy

Important Takeaways and Reminders:

- Opioids are NOT first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of non-opioid therapies with patient

Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

- When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day
- Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to

require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

- Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

Important Takeaways and Reminders:

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

Assessing Risk and Addressing Harm of Opioid Use

- Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use, are present.
- Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.
- When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
- Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- Clinicians should offer or arrange evidence-based treatment (usually medication assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Important Takeaways and Reminders

- Evaluate risk factors for opioid-related harm
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug test to identify prescribed substances and undisclosed use (if possible)
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if necessary

Non-Opioid Pain Management Resources

As mentioned in the previous section, opioids should not be the first line of treatment when a patient presents with pain. According to the CDC, the number of opioid prescriptions has quadrupled from 1999 to 2014, but there was no overall change in the amount of pain Americans reported. The following tools provide resources and guidelines for evaluating, assessing, and treating patients that present with chronic pain.

[An Integrated Non-Opioid Pain Management Program in a Free Clinic Setting \(nafcclinics.org\)](http://nafcclinics.org): This presentation from the National Association of Free and Charitable Clinics outlines a free clinic centered approach to managing chronic pain in patients. The presentation discusses a multidisciplinary approach to pain management and provides the framework this specific clinic uses.

[Treating Chronic Pain without Opioids | Drug Overdose | CDC Injury Center](#): (2017) This CDC interactive training module focuses on treating pain while not prescribing opioids.

[Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States \(mayoclinicproceedings.org\)](http://mayoclinicproceedings.org): This article evaluates clinical trial evidence surrounding the efficacy and safety surrounding various pain management techniques (ex. Acupuncture, massage therapy, yoga, meditation).

Addressing Stigma

The American Psychiatric Association has shown that a fear of stigma prevents patients with OUD from seeking treatment and results in poor health outcomes. These resources help in addressing this stigma so that patients can feel they are supported.

[Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse \(NIDA\)](#): This resource provides important information about language. The language we use can drastically impact patients and those that have substance use disorder. Making some simple changes can help patients feel more accepted and ensure that they feel comfortable asking for help.

[PCSS Learning: Module 2: Changing Language to Change Care: Stigma and Substance Use Disorder \(pcssnow.org\)](http://pcssnow.org): This learning module addresses how improving language can improve care. CME credit available upon completion

[Follow-up Q and A Webinar: The Role of Shame in Opioid Use Disorders - PCSS \(pcssnow.org\)](#): This webinar helps answer questions about the role shame plays in OUD. The webinar goes over how to recognize indicators of shame in patients, the

relationship between shame and OUD, how to differentiate between shame and guilt, and more.

[Module 4: Special Aspects of the Treatment of Substance Use Disorders \(pcssnow.org\)](#): This presentation outlines the history of methadone maintenance, the effectiveness of opioid agonist treatment, the key myths of opioid agonist therapy, and more

Resources for Prescribers

[Home - Providers Clinical Support System: Resources for PCPs \(pcssnow.org\)](#): Sponsored by the American Academy of Addiction Psychiatry in collaboration with other specialty organizations and support from SAMHSA. The Providers Clinical Support System provides different resources related to diagnosis and management of OUD and opioid prescribing.

[CME/CE Activities | National Institute on Drug Abuse \(NIDA\)](#): Provides science-based resources related to the causes and consequences of drug use and addiction, as well as advances in pain management. Providers can get medical education credits free of charge.

[Opioid Analgesic Risk Evaluation and Mitigation Strategy \(REMS\) | FDA](#): The Risk Evaluation and Mitigation Strategy website provides physician training and patient education on OUD treatment medications as required by the FDA for extended-release and long-acting opioid analgesics.

[PrescribeToPrevent – Prescribe Naloxone, Save a Life](#): This resource was compiled by physicians, pharmacists, public health experts, lawyers, and researchers who work on overdose prevention and naloxone access. This site provides health care workers with resources on how to educate patients on how to reduce overdose risk and provide naloxone kits to patients.

[TIP 63: Medications for Opioid Use Disorder - Full Document | SAMHSA Publications and Digital Products](#): SAMHSA's treatment improvement protocol 63: *Medications for Opioid Use Disorder* provides in-depth information for health care professionals, patients, and families.

Prescribing Medications for Opioid Use Disorder

Beginning January of 2021, the Department of Health and Human Services (HHS) has made a large move in expanding access to medication assisted treatment. Physicians are now exempt from additional certifications previously required to prescribe buprenorphine. Physicians in office-based settings can now prescribe

buprenorphine treatment for patients with opioid use disorder without additional training. The HHS has published [Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](#).

Some notes about the change:

- This exemption only applies to *physicians* who may only treat patients located in the states in which they are authorized to practice medicine.
- Physicians that use this exemption are limited to treating no more than 30 patients with opioid use disorder at one given time.
- This exemption only applies to prescriptions covered under the X-waiver of the controlled substances act (CSA), such as buprenorphine, and does not include dispensation on methadone for OUD.
- Physicians using this exemption should place an "X" on the prescription and clearly identify that the prescription is being used for treatment of OUD.

To read the official announcement: click [here](#).

Referral Resources

Medicaid Information

This section contains resources to help patients determine if they are eligible and apply for Medicaid.

[Will you save? Do a quick check | HealthCare.gov](#): Enter state, income, household size to determine if you are eligible for Medicaid coverage.

[Illinois.gov - IL Application for Benefits Eligibility \(ABE\) ABE Home Page](#): Application for benefits and resources to determine eligibility. Benefits include food assistance, cash assistance, and healthcare.

[IDHS: Frequently Asked Questions Medical Assistance \(state.il.us\)](#): Answers to frequently asked questions about Medicaid in Illinois and additional resources.

Housing

This section includes resources to help patients that may be experiencing unstable housing conditions.

[Homeless Shelters | Find Homeless Shelters | Homeless Shelter Search \(homelessshelterdirectory.org\)](#): Directory of homeless shelters based on location

Medication-Assisted Treatment Centers

This section contains referral resources for medication-assisted treatment centers specifically for those who are uninsured/underinsured.

FQHC

[Crossing Healthcare](#) : In Decatur, IL. Phone number: 217-877-9117

[Virtual Visits Now Available – Greater Elgin Family Care Center \(gefcc.org\)](#): In Elgin, IL. Phone number: [\(847\) 608-1344](#)

[Heartland Health Centers - About Us](#): 17 locations in Chicago area

[Lawndale Christian Health Center – Quality, Affordable Healthcare](#): In Chicago, IL. Phone number: 872-588-3000

[SIHF Healthcare](#): Southern Illinois Health Foundation, Sauget IL. Phone Number: 618-332-0694

Other

[About Haymarket Center \(hcenter.org\)](#): Provides behavioral health, substance abuse treatment, detox, and MAT. Takes insurance and self-pay, but if you are uninsured, they have health navigators on staff to help patients get access to benefits.

[Opiate treatment center in Chicago | Drug Treatment Programs Chicago | ACCESS Community Health \(achn.net\)](#): Provides MAT at various locations in the greater Chicago area. Patients will not be turned away due to insurance status/inability to pay.

[Gateway Foundation | Drug & Alcohol Addiction Treatment Centers](#): Provides a range of high quality, cost-effective treatment options including MAT. Includes programming for adolescents

Harm Reduction Organizations

[CRA Services – Chicago Recovery Alliance \(anypositivechange.org\)](#): The Chicago Recovery Alliance provides a range of services including safe injection equipment, harm reduction services, and referrals into treatment. The Van locations can be found on the website

[Live4Lali](#): Liv4Lali offers a range of programs and has a team of healthcare providers working with them. They are working to reduce the stigma associated with SUD and helping the patients and family members affected. They offer harm reduction resources, peer support and meetings, education and prevention resources, and more. Check out their website for more resources. During the COVID-19 pandemic, they have shifted to virtual peer support meetings and offer naloxone and safe injection equipment by mail.

[Harm Reduction Resources Near You | National Harm Reduction Coalition](#): Provides maps of where to find local naloxone distribution programs and syringe exchanges.

Addiction Treatment Facilities

[WHO WE ARE - Above & Beyond \(anb.today\)](#): Above and Beyond is a Level I and Level II outpatient addiction facility on the **west side of Chicago**. They are a non-profit organization with private funding so that they do not turn away anyone due to an inability to pay. They have counselors on staff and groups to help aid in recovery. For individuals looking to help call: 773-940-2960

[Illinois Free Rehab Centers](#): Search by zip code for free rehab centers for low-income patients.

[Find A Meeting – Chicagoland Region Narcotics Anonymous \(chicagona.org\)](#): This website will help patients find the closest Narcotics Anonymous meeting.

[IDHS: Peer Recovery Support Services \(state.il.us\)](#): A list of peer recovery community organizations in Illinois. Peer recovery is an evidence-based practice where people who have undergone their own recovery are trained to support those who are currently pursuing recovery.

Community Education Resources

Flyers and Brochures

[AHA Patient Opioid Factsheet](#)

[Alcohol and Prescription Drug Misuse Among Older Adults-English](#)

[Alcohol and Prescription Drug Misuse Among Older Adults-Spanish](#)

[Take Action to Prevent Addiction-Learn how to Reduce Risk](#)

[Take Action to Prevent Addiction: Learn how to Reduce Risk-Spanish](#)

[CDC Fentanyl Overdose Infographic](#)

[Facts and Recommendations for Individuals and Families](#)

[Group Home Supportive Living Initiative-English](#)

[Group Home Supportive Living Initiative-Spanish](#)

[Hopeful Stories of Recovery](#)

[Narcan Quick Start Guide-How to Administer](#)

[Opioid Safety Pamphlet](#)

[Pregnancy and Opioid Pain Medications-English](#)

[Pregnancy and Opioid Pain Medications-Spanish](#)

[Preventing and Opioid Overdose: Tip Card](#)

[Recognizing and Responding to an Opioid Overdose Brochure](#)

[Supporting LGBTQ youth](#)

[The Facts about Buprenorphine Booklet-English](#)

[The Facts about Buprenorphine Booklet-Spanish](#)

[What you need to know about Treatment and Recovery-English](#)

[What you need to know about Treatment and Recovery-Spanish](#)

Social Media

[CDC_RxAwareness_SocialMediaKit_Final.pdf](#): Includes graphics, text, and hashtags to include. These posts aim to increase awareness about addiction to prescription Opioids

[Social Media Tips | SAMHSA](#): Social media tips including what/how to post and free resources in making graphics.

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Acknowledgements

Thank you to the following people and organizations for supporting the creation of the IAFCC Opioid Resource Toolkit

Ryan Dillon, Treatment Alternatives for Safe Communities (TASC)

Alicia Osborne, TASC

Dan Hostetler, Above and Beyond Family Recovery Center

Nancy Romanchek, Islamic Foundation North Health Clinic

Kara Murphy, DuPage Health Coalition

Levi Moore, Hekteon Institute of Medicine

Bill Vatterott, RxOutreach