Opioid Response Network
We help you help others.
The OPIOID RESPONSE NETWORK (ORN) is your best resource for taking fast action to address the current opioid and stimulant crisis. ORN provides training and education that is evidence-based and designed to meet the needs of your community or organization, all at no cost to you.

Our audience includes states, cities, organizations, health professionals, the justice system, law enforcement and even individuals.

Our goal is your goal.

Opioid and stimulant use disorders are preventable and treatable medical disorders.

We aim to put an end to this healthcare crisis that has impacted too many lives and communities for far too long.

And together, we can.
Established in 2018, the Opioid Response Network is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). ORN partners, representing over 2 million constituents, have already made a significant difference and our impact continues to grow every day.

Impact as a result of training and education as of April 2021:

3 million+ people helped
31,000+ participants
3,500+ activities

40+ ORN partner organizations—across prevention, treatment, recovery and other stakeholders—have provided training and education to some 1.5 million people

800+ consultants engaged with ORN teams in every state and territory in the U.S. with hundreds more available as needed.
How We Got Here and Why It Matters.

WE ARE IN THE MIDST OF A CRISIS, BUT IT DOESN’T HAVE TO BE THIS WAY.

• More than 130 people a day in the U.S. die from opioid-related drug overdoses.¹
• Since 2000, drug overdose deaths have quadrupled.²
• Overdose deaths involving stimulants like methamphetamine increased by almost 35% from 2019 to 2020.²

In 2021, the Biden-Harris Administration made it clear that addressing the overdose epidemic is an urgent priority and laid out steps to address it.² These priorities included:

1. Expanding access to evidence-based treatment
2. Enhancing evidence-based harm reduction efforts
3. Supporting evidence-based prevention efforts to reduce youth substance use
4. Advancing recovery-ready workplaces and expanding the addiction workforce
5. Expanding access to recovery support services

From judgment to compassion, from isolation to community.

The facts

Substance use disorders are treatable illnesses, not a moral failing. In fact, nearly a century ago, the American Medical Association acknowledged that alcohol and other substance use disorders are diseases. Yet change in attitude is hard and related behavior even harder.

Substance use disorders are complex and recovery usually takes more than good intentions or a strong will and time. Substances can change the brain in ways that make quitting difficult to achieve, even for those who want to. Fortunately, research has shown how substances affect the brain and researchers have developed treatments that can help people recover. If individuals with substance use disorders get the help they need to achieve their recovery goals, they can lead healthier and more productive lives.
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To address this crisis, we must combat the stigma related to all substance use disorders. A large body of research indicates that stigma is persistent, pervasive and rooted in the belief that having a substance use disorder is a personal choice reflecting a lack of willpower or character flaw.

Substance use disorder stigma impacts everyone. It can reinforce negative stereotypes and create barriers to seeking and accessing treatment, receiving quality care, and seeking/maintaining employment and personal relationships.

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Treatment of substance use disorders has better outcomes than for other chronic relapsing disorders such as diabetes, asthma or heart disease, if treated with evidence-based practices. For example, medications for opioid use disorder (MOUD) is the gold standard of care and shown to decrease overdose and death by 59% for those receiving methadone and 38% for those receiving buprenorphine over a 12-month assessment period, according to the National Institutes of Health.

Medications for treating opioid use disorders—how do they work?

Medications for opioid use disorder help to normalize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and help with withdrawal symptoms. The goal is for an individual to regain stability and re-engage with meaningful life activities.


WHILE COMMUNITIES ACROSS THE NATION are mobilizing to address the opioid crisis and stimulant use, ORN serves as your launching off point. Established in 2018, ORN is funded through a Substance Abuse and Mental Health Services Administration grant awarded to the American Academy of Addiction Psychiatry in collaboration with the Addiction Technology Transfer Center Network, at the University of Missouri—Kansas City, Columbia University Division on Substance Use Disorders and a large coalition of over 40 national professional organizations. ORN has already had an impact on more than three million people and climbing.

Through training and education via local consultants with expertise and experience in all states and territories, ORN focuses on applying evidence-based practices in prevention, treatment and recovery to meet locally identified needs—all provided at no cost.

Our mission? To help reduce overdoses and address opioid and stimulant use disorders, and play a key role in tackling the current epidemic.

Activities include but are not limited to:

1. **PREVENTION**
ORN helps you help others in educating communities on areas such as: how to make better decisions around pain management choices, training on ways to increase community awareness of substance use disorders, training and educational resources on how to create anti-stigma campaigns, and training on the use of naloxone, a medication used to counter (or reverse) the effects of an opioid overdose.

2. **TREATMENT**
ORN offers training and support on delivering evidence-based treatments, including three FDA-approved medications for treating opioid use disorder (methadone, extended-release naltrexone and sublocade), psychosocial interventions, guidance on working in rural areas and with Tribal communities, and the use of telehealth services to increase access to services.

3. **RECOVERY**
ORN offers training on recovery coaching models and on how to create peer-to-peer recovery services in communities, healthcare settings and correctional facilities.

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What are your needs and how can we help?
See the Possibilities. Empower Action.

We leverage support from our diverse network. We help you address your needs in rural, underserved communities and beyond. All education and training is locally relevant, culturally responsive and tailored to your individual, community’s or organization’s specific need.

Our work is grounded in science and designed specifically for you.

Simply put, it works.

While ORN provides training and educational services we cannot:

• write grants, provide funds or promote individuals’ or organizations’ direct services.
• write or create policies and procedures.
• provide direct treatment or clinical care.

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The overdose crisis affects us all. No one is immune. In rural communities and urban centers, opioid and stimulant use disorders happen to people of all racial, ethnic, socioeconomic and educational backgrounds. ORN is designed to confront this public health crisis. Through our vast national network, we’re promoting the use of evidence-based practices to meet locally identified needs such as in these examples:

**Maryland**
ORN provided training for a recovery community organization to create a step-down and halfway house for LGBTQ+ individuals with opioid use disorder.

**Tennessee**
Provided support for a judge in a rural community to develop an implementation plan to start providing all three FDA approved medications for treating opioid use disorder in a community jail.

**Alaska**
Convened virtual trainings on prevention programming for tribal leaders from 42 villages in interior Alaska.

**West Virginia**
Provided training and educational resources to a clinic on how to incorporate substance use disorder services into their practice, serving a faith-based community.

**Ohio**
Provided a certified recovery housing organization with best practices to help them implement peer support services.

Positive change is happening throughout the country.
Using data to save lives

The lives behind data and the impact of information.

Identified need: A county in Arizona enlisted ORN to educate them on how to identify the critical data needed to create a plan to reduce overdose deaths.

What was done: This request resulted in a review of overdose deaths, overdose survivors and those revived by naloxone. This data helped Arizona identify when and how often individuals reached out to various touchpoints such as treatment clinics and law enforcement. What was discovered? Individuals tended to have more touchpoints with healthcare and law enforcement at the same time each year. These increased touchpoints often related to some traumatic past event in that person’s life. In one example, it was clear something was triggering a woman each April, escalating in 2013. Her touchpoints increased consistently yearly until she disappeared from the system. And then the next touchpoint was death by overdose.

Outcomes: The Arizona county is building a model that can be replicated by other counties and states across the country to help them collect useful data to guide them as to how to prevent overdose deaths.

Developing innovative approaches, together

Outside the box thinking achieves results.

Identified need: A pain clinic in Florida came to ORN seeking help on how to integrate opioid use disorder treatment into their practice so they didn’t have to send patients to an outside treatment clinic.

What was done: ORN worked with the clinic to train their administrative and clinical staff, including senior leadership, on how to think of their patients with an opioid use disorder as any other patient with a medical disorder and not as a liability. ORN provided educational resources and expertise to the clinic to develop a presentation addressing bias and stigmas as well.

Outcomes: Today, the Florida-based clinic is embracing and treating patients with opioid use disorder.

Offering guidance on custom solutions for particular groups

There is no one-size-fits-all approach with ORN.

Identified need: The deaf and hard of hearing community face unique challenges and barriers to substance use disorder treatment and recovery services. In Kentucky, more than 700,000 people identify as deaf or hard of hearing, representing 16% of the state’s population. While some of these individuals struggle with substance use disorders, the state sought help modifying its training for these individuals to improve retention in programs.

What was done: ORN joined efforts with the state to develop a learning collaborative for health providers on how to address these barriers and improve services for the deaf and hard of hearing in Kentucky.

Outcomes: Webinars from the learning collaborative were recorded and are available for anyone across the country to use to support their local needs.

ORN in action.

Number of requests May 5, 2018 — June 30, 2021

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Teaming up with diverse stakeholders

Having a loved one with opioid use disorder can forever change the family structure—where do family members turn?

Identified need: A Rhode Island grandmother faced a heartbreaking situation: Her daughter had an opioid use disorder and couldn’t care for her child. How could the grandmother navigate state agencies and the legal aspects of caring for a grandchild? Importantly—how can she help other families confronting the same situation?

What was done: This grandmother reached out to ORN to help identify the appropriate educational resources in Rhode Island.

Outcomes: Through these efforts the grandmother was able to start a non-profit called Grands Flourish to help other families confronting the same situation.

What was done: ORN provided a series of motivational interviewing trainings and collaborated with state, county and local agencies to build a program that helps individuals at risk.

Outcomes: So far, ORN has trained over 600 of CCHCS’s clinical staff—83% of the total clinical staff.

COMMUNITY COLLABORATIONS

Part of ORN’s goal is to build capacity within communities to address the opioid and stimulant epidemic and all substance use disorders. ORN conducts community collaborations to expand and disseminate evidence-based approaches and to engage the community in what’s working, where they see gaps, and the resources they need to better address the epidemic in a particular region. In addition to a live session, participants in the learning community collaborations also view recorded modules on a range of topics from expanding evidence-based approaches to prevention, treatment and recovery, and participate in discussions around topics such as youth and adolescents and stigma reduction approaches. This approach serves community members, state representatives and providers with an increase in the awareness of education and training opportunities while building collaborative efforts across the community.

Making real change happen outside of traditional settings

Correctional facilities need access to evidence-based treatments.

Identified need: California Correctional Health Care Services (CCHCS) reached out to ORN for help training their primary care providers and other healthcare staff in medications for an opioid use disorder. An estimated 100,000 inmates across 35 correctional sites have a substance use disorder and when they leave prison or jail, they are at an increased risk of death from drug overdose.

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Providing assistance to underserved, rural communities

Substance use disorder is not just an urban issue.

Identified need: Rural communities across the nation struggle to gain access to the same resources or healthcare networks as urban areas, and while substance use disorders have often been perceived as a major problem in inner cities, it can be even worse in the rural communities.

What was done: ORN teamed up with the state of Texas to take charge by creating a bi-weekly “Texas ORN Grand Rounds” series to help health providers through the use of evidence-based practices that address their local needs around the prevention, treatment and recovery of opioid use disorder.

Outcomes: An online discussion forum held bi-weekly, led by addiction specialists, for clinical staff in Texas working at federally qualified health centers (FQHCs) and primary care providers to discuss clinical challenges.

Training and education with partner organizations

ORN is a coalition of over 40 national organizations. Partnership examples include:

• Three-day training for 45 champion state judges at the National Judicial College in collaboration with the American Academy of Addiction Psychiatry working in partnership with leadership from the National Judicial Opioid Task Force, a working committee of key judicial leaders as well as addiction psychiatrists, the Conference of Chief Justices and the Conference of State Court Administrators. This training launched ORN’s Law and Medicine Initiative designed to help cultivate judicial champions at the state level and build law and medicine partnerships.

• Rhode Island Department of Corrections (RIDOC) held a three-day seminar for over 35 corrections departments and justice staff across the country facilitated by the Addiction Technology Transfer Center Network, at the University of Missouri - Kansas City, the National Council for Mental Wellbeing and the American Academy of Addiction Psychiatry. This event showcased RIDOC’s model of providing all three FDA approved medications in prison and following release to all with an opioid use disorder. Research demonstrates that RIDOC reduced post-incarceration drug overdoses by 60%.

• Recognizing the critical importance of opioid training and education, the American Heart Association (AHA) offers training in opioid education for non-clinical staff, lay responders and healthcare providers to learn about opioid use disorder and how to use naloxone to reverse overdose. AHA and ORN collaborated to provide trainings for ministers and volunteers within 10 African American and Hispanic churches focusing on health literacy and eliminating health disparities.

• In partnership with the ORN, the Northwest Portland Area Indian Health Board developed a ‘one-of-a-kind’ educational training series to provide guidance to integrate evidence-based treatment with holistic, trauma informed and culturally appropriate care.

ORN provides culturally appropriate, state-of-the-art evidence-based training.

ORN is committed to providing culturally appropriate, evidence-based training and education ensuring health disparities in underserved populations are recognized. To this end, ORN has established several workgroups advising all ORN training and educational resources addressing opioid and stimulant use disorders within these populations. Current workgroups focus on the following populations:

• Black/African American
• American Indian/Alaska Native
• LGBTQ+
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We Are the Network to Make Change Happen.

Together we can work to overcome this crisis. You have the Opioid Response Network on your side.

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HOW ORN WORKS—SUBMITTING REQUESTS

OUR WORK FOCUSES on providing education and training.

Think of us as your temporary agency for education and training. That’s how we help, and it’s all at no cost to you. We help you help others.

- Those seeking education and training should submit a request form on our website by visiting OpioidResponseNetwork.org.

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- American Association for the Treatment of Opioid Dependence
- American College of Emergency Physicians
- American College of Medical Toxicology
- American Heart Association
- American Medical Association
- American Osteopathic Academy of Addiction Medicine
- American Pharmacists Association
- American Psychiatric Association
- American Psychiatric Nurses Association
- Association of American Indian Physicians
- Association for Multidisciplinary Education and Research in Substance Use and Addiction
- Boston Medical Center
- Boston Children’s Hospital
- Cicatelli Associates Inc.
- Community Anti-Drug Coalitions of America
- C4 Innovations
- Coalition of Physician Education
- Council on Social Work Education
- Faces and Voices of Recovery
- Major County Sheriffs of America
- National Alliance for HIV Education and Workforce Development
- National Association of Community Health Centers
- National Association of State Alcohol and Drug Abuse Directors
- National Association of Social Workers
- National Council of Juvenile and Family Court Judges
- National Center for State Courts
- National Sheriff’s Association
- National Council for Mental Wellbeing
- Northwest Portland Area Indian Health Board
- Partnership to End Addiction
- Physician Assistant Education Association
- Police Assisted Addiction and Recovery Initiative
- Recovery Research Institute
- RTI International
- The National Judicial College
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• Northwest Portland Area Indian Health Board
• Partnership to End Addiction
• Physician Assistant Education Association
• Police Assisted Addiction and Recovery Initiative
• Recovery Research Institute
• RTI International
• The National Judicial College
Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.