

ASSESSING PROGRAMS FOR PEOPLE WITH SUBSTANCE USE DISORDERS

Guide to Evidence-Based Programming

Referring participants to programs that are evidence-based sets them up to succeed. Evidence-based programs have been rigorously evaluated and shown to improve outcomes for participants.

Recovery programs are evidence-based if they offer a range of non-stigmatizing services provided by well trained staff.



In addition to using evidence, consider assessing programs by asking participants if they found the services to be supportive and helpful.

No program is perfect. Many may not have all components of an evidence-based program and some participants are better suited to certain types of programs. Use these checklists to assess programs and match participants with programs that best meet their needs. Always make sure that participants feel comfortable with the program you are referring them to and provide options.

DEFINITIONS

RECOVERY - A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. ¹

STIGMA - An attitude, discrimination, or prejudice directed towards an individual or a group and can prevent a person from seeking out proper care, support, and treatment. Stigma affects individual's rights, and it can reduce support for policies that would improve equitable treatment of this population.

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SCHOOL OF
MEDICINE



NC FIT
FORMERLY INCARCERATED
TRANSITION PROGRAM



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1. Substance Abuse and Mental Health Services Authority (SAMHSA). (2012) SAMHSA's Working Definition of Recovery. Retrieved from: <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>
2. Angermeyer, M.C., & Dietrich, S. (2006) Public beliefs about and attitudes towards people with mental illness: A review of population studies. Act Psychiatrica Scandinavica, 113(3), 163-79. doi:10.1111/j.1600-0447.2005.00699.x

CHECKLIST TO EVALUATE PROGRAMS

Non-stigmatizing Principles

✓ Drug use is considered a social/health condition, not an immoral personal failure.

✓ Participants are encouraged to make their own decisions about their health care and what kind of resources they want or need.



✓ When participants return to use, they are eligible to continue receiving services in the present and future.



✓ Staff and providers obtain feedback from participants and try to improve services based on participant preferences and needs.



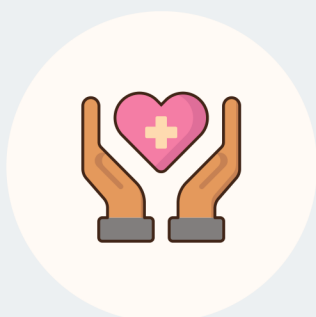
✓ Success is celebrated as any positive change among participants, not necessarily total abstinence from all substances.



RECOVERY SERVICES PROVIDED



Medications for Opioid Use Disorder

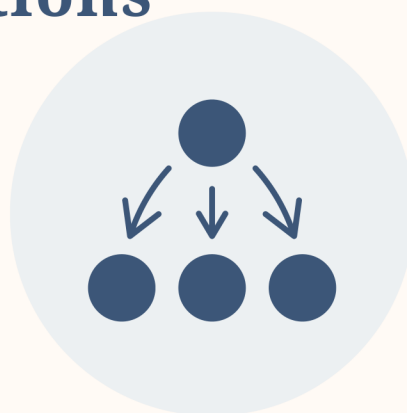


The program supports the use of medication for opioid use disorder, (MOUD), which has been shown to be more effective at reducing future overdose and return to use (“relapse”) than abstinence-based recovery.



Participants have Options

Multiple medications are offered for opioid use disorder (Suboxone, methadone, Subutex, etc.).



Meet People where They are



Participants are still provided medication if their urine drug screens are positive for other drugs.



Naloxone

Naloxone is provided to clients. Ideally it is distributed directly to clients for free but can be provided by prescription.



Mental Health Services



All participants have access to counseling and mental health care.



Flexibility

Participants are not required to participate in behavioral health to access medication or other services.



Staff Capacity & Training



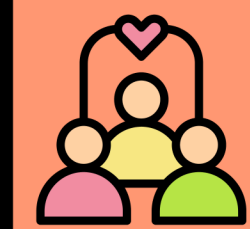
Person-Centered

Staff use person-centered language (example: ‘people who use drugs’).



Harm Reduction

Staff are formally trained on harm reduction and trauma informed care.



M.A.T.

There are providers at the facility who prescribe medications for opioid use disorder.



Peer Support

Peer support is offered to participants. Ideally, peers have a range of experiences including substance use disorder, mental illness, and involvement with the legal system.



Participant Specific Considerations



How will the participant finance their care? Insurance?

Does the program accept payments on a sliding scale based on income?

What is the ratio of staff to participants? Will the participant have the level of individualized support they need?



What is required of the participant (e.g. work requirements, church attendance, etc.)? Are these requirements acceptable to the participant?

Does the program offer telemedicine? Does the participant have everything they need to access telemedicine?



For residential programs:

Does the program allow participants to be on MOUD?

If the participant has a family, does the program allow minors on-site?