

Thematic priorities	Primary prevention	Secondary prevention strategies	Tertiary prevention strategies
#1 Address stigma and misconceptions surrounding substance use, risk, and the daily struggles and lived experiences of individuals from all backgrounds	Prioritize initiatives that increase dissemination of accurate, evidence-based, non-stigmatizing information on social determinants of OUD to clinical and non-clinical audiences as well as youth via in-school programs.	Initiate treatment and support compliance through peer recovery support services.	Support the development of transitional and long-term housing first options for people in recovery from OUD.
#2 Strengthen workforce synergies between public health and safety in both clinical and community settings	Prioritize initiatives that increase information on mental health disorders that commonly co-occur with opioid misuse and addiction to clinical and non-clinical audiences.	Strengthen community-based crisis response and jail diversion programs.	Expand Medication Assisted Treatment (MAT) in Correctional Facilities, support the development of a recovery coaching/peer support training to facilitate linkage to and increase retention/treatment compliance with medications for opioid use disorder (MOUD) and support patients treated for opioid overdose in the Emergency Room (ER).
#3 Expand access to comprehensive detox, treatment, and long-term recovery services	Support initiatives to expand the health workforce with knowledge about addiction and addiction pathways and provide interprofessional training opportunities to nurses, social workers, advanced practice providers, pharmacists, psychologists, harm reduction specialists, peer recovery specialists and physicians to ensure widespread adoption of screening/identification, brief intervention and referral to treatment (SBIRT) and other validated screening tools.	Consider evidence-based treatments for OUD that combine pharmacological treatments with behavioral therapies and consider treatment options and implications for polysubstance use.	Consider monitoring and reporting/sharing requirements and data management systems (e.g. dashboards) for EMS and clinical responses focused on screening/identification, initiation of MOUD, referral to continuing treatment, overdose education, and provision of naloxone – also consider monitoring programs for quality measures.