The Dos and Don'ts of Implementing a Medication Assisted Treatment (MAT) Program using Vivitrol in the Criminal Justice System

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Objectives

- Creating buy-in
- Obtaining funding
- Implementation
- Ways to sustain services after grant funding ends
- Lessons learned over the past six years
- Washington County's Program Outcomes

Create Buy

- Host educational session for:
  - Criminal Justice System
  - Judicial System
- Initiating media releases for:
  - Community
  - Family Members
- Prepare Clinician
  - Patient

Funding

- Second Chance Grant – Family Based Prisoner Substance Abuse Treatment
- State of Maryland, Department Health and Mental Hygiene, Alcohol and Drug Abuse Administration

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Program Goals

- Decrease recidivism
- Increase engagement and retention in community based behavioral health treatment
- Reduce opioid overdoses

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Program Partners

- Local Health Department
- Washington County Detention Center
- Conmed Healthcare Management, Inc.
- Alcohol and Drug Abuse Administration

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Existing Program Components

- Established jail based treatment for substance use disorders
- Established outpatient treatment for substance use disorders
- Established outpatient medication assisted treatment

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Program Components

- Behavioral Health Services
- Telemedicine
- Criminogenic Assessment
- Trauma-Informed Parenting
- Structured Video Family Visitation
- Family Needs Assessment
- Parenting Services
- Participation Incentives
- Care Coordination

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Program Uniqueness

- Structured Video Family Visitation
- Telemedicine
- Medication Assisted Treatment

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Components of MAT using Vivitrol

- Assessment
- Referral
- Medical Evaluation
- Blood Work
- Prescribe the Medication
- Drug Test
- Administer Injection

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Services Sustained

- Behavioral Health Services
- Telemedicine
- Medication Assisted Treatment using Vivitrol
- Care Coordination
- Recovery Services

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Sustaining Services

- Block Grant funding
- Fee for Service Model
- Agreement with Alkermes

Program Challenges

- Obtaining a fully executed Memorandum of Understanding
- Resistance to prescribing of the medication on the part of the detention center medical provider
- Coordinating injection prior to release from the detention center
- Coordinating services once the individual is released from the detention center
- Enrolling the individual for affordable health care benefits

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Lessons Learned

- Access your Vivitrol representative
- Think out of box and do not be overwhelm by the barriers
- Keep your Vivitrol representative
- Don't be afraid to ask for change

Over the past six years

- Barnstable Massachusetts
- Massachusetts Statewide
- Maryland Expansion

Results After One Year

- 21 individuals participated in medication assisted treatment
- 92% receiving medication continued in treatment upon release, prior to program implementation, 50% would continue in treatment upon release
- 80% of those individuals remained in treatment 90 days or longer
- 85% reported a reduction in substance use

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Results After Two Years

- 44 individuals participated in medication assisted treatment
- 75% receiving medication continued in treatment upon release
- 82% remained in treatment 90 days or longer
- 8% tested positive for substances while in treatment
- 4% received legal charges while in treatment

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Recidivism Outcomes

As of December 2015

- 92 % participating inmates have not returned to the detention center one year after release.

Science to Service Award

May 20, 2013 the Washington County's medication assisted program was awarded the Substance Abuse & Mental Health Services Administration Science to Service Award for Office-based Opioid Treatment

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Day Reporting Center

- Intensive Community Supervision
- Intensive Case Management
- Intensive Treatment for Substance Use Disorders and medication assisted treatment

Thank You

Contact Information

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MEMORANDUM OF UNDERSTANDING

This Agreement ("Agreement") is entered into between _____, (hereinafter "Treatment Provider"), Washington County Sheriff's Office, Detention Center (hereinafter "Detention Center"), and Correct Care Solutions, (hereinafter "CCS") to support the efforts of the Treatment Provider in conjunction with the Medication Assisted Treatment/Re-Entry grant the Washington County Detention Center was awarded.

This Agreement shall become effective on the 1 day of May, 2016 and shall terminate on December 31, 2016.

I. Definitions

CCS, is a correctional healthcare provider, contracted to provide medical / mental health services at the Washington County Detention Center in Hagerstown, Maryland. CCS is headquartered at 7250 Parkway Drive, Suite 400, Hanover, MD 21076

II. Program Description

Detention Center received a grant under the Byrne Justice Assistance Grant Program to enhance the existing medication assisted treatment services for offender re-entering the community, where by increasing engagement and retention in community based treatment, decrease recidivism and reduce opioid overdose deaths following incarceration. As a part of that grant, the Detention Center seeks to offer naltrexone for extended-release injectable suspensions (Vivitrol®) as a means of suppressing alcohol and opiate urges within an identified subset of the offenders served under this grant. CCS agrees to provide limited services prior to the release of the inmate as more fully described herein.

II. Reimbursement

The Detention Center agrees to reimburse the following parties from the grant for services rendered.

CCS:

- Registered Nurse - $475.00 a month for eight months
- Prescribing Physician - $500.00 a month for eight months

Treatment Provider:

- Certified Clinician - $416.00 a month for eight months
- System Navigator - $304.00 a month for eight months
- Drug Test - $150.00 a month for eight months

III. General

Any party may cancel, by providing fourteen (14) days notice in writing to the other parties, its participation in the program for any or no reason, except that upon documented concern over the safety of the use of Vivitrol® or potential liability, the cancellation may be immediate.

This Agreement does not create any third-party beneficiaries.
The parties agree that each party is and shall be solely responsible for any claim or damage resulting from its own negligence, acts, or omissions. This Agreement shall not be construed to require a party to indemnify any other party from its own negligence, acts, or omissions.

IV. Responsibilities of the Treatment Provider

Adhere to the agreed upon Standard Operating Procedure that is outlined in Appendix A and which is incorporated herein by reference (see attached).

The Treatment Provider will screen and assess participants referred by the CCS to determine appropriateness for medication assisted treatment using Vivitrol®.

The Treatment Provider will obtain a signed consent for release of confidential information for CCS.

The Treatment Provider shall provide verbal counseling and written explanation to the inmate regarding the risks and benefits of Vivitrol®. The Health Department will obtain a signed contract and consent to treatment

The Treatment Provider shall make available to CCS, at no cost to CCS, Vivitrol® and all supplies necessary for its administration, as well as copies of the written acknowledgment and consent.

The Treatment Provider shall provide any psychosocial counseling relating to substance related disorders required in conjunction with Vivitrol® administration.

Following release to the community, the Health Department shall be responsible for all Vivitrol® injections provided subsequent to release and all counseling associated with the program.

The Treatment Provider will collect, record and track information related to the administration of Vivitrol.

The Treatment Provider will collect data related to the grant and provide data to the Washington County Detention Center.

V. Responsibilities of Correct Care Solutions

In all cases, CCS shall retain ultimate responsibility for the care of the patients or clients during the period of incarceration.

CCS shall make the inmate's medical record available to Health Department upon presentation of an executed signed consent for release of confidential information.

CCS physician will issue an order for appropriate laboratory analysis of the potential inmate participant's blood.

CCS shall assume responsibility for the drawing of a blood sample for this purpose.

Following receipt of signed contract and consent to treat confirming that the inmate has been adequately informed of the risks and benefits associated with the use of Vivitrol®, and the inmate is consenting to the administration of Vivitrol®; and upon receipt of the medications and supplies necessary for the administration; if CCS physician concurs with the diagnosis and treatment plan, CCS physician shall issue an order for a single dose of Vivitrol® by injection.

CCS shall administer a single dose of Vivitrol® by deep injection prior to release from the facility (preferably during the week immediately prior thereto).

CCS shall confirm to the Health Department any injection(s) that were administered, or withheld/refused, the date on which any injection(s) were administered, medication Lot Number and expiration date.

VI. Responsibilities of the Washington County Detention Center

Washington County Detention Center will reimburse the parties and the amount identified in Section II.

Washington County Detention Center will enter data provided by the Washington County Health Department into Grants.gov, PMS.

VII. Notices

Any notice required or permitted by this Agreement must be in writing and be delivered personally or sent by first class United States mail, postage prepaid, to the following at the addresses indicated (unless otherwise specified):

IF TO SHERIFF:
Washington County Detention Center
500 Western Maryland Parkway
Hagerstown, MD 21740
Attn: Warden Craig Rowe

IF TO CORRECT CARE SOLUTIONS:
Correct Care Solutions:
7250 Parkway Drive, Suite 400
Hanover, MD 21076
Attn: Dr. Morgan

IF TO TREATMENT PROVIDER:

_____
_____
_____
Attn: _____

VII. Amendment

The parties to this Agreement agree to revise or modify it only by written amendment signed by both parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement

For CORRECT CARE SOLUTIONS:

_____
Signature

Name (print): _____

Title: _____

Date: _____

For WASHINGTON COUNTY SHERIFF'S OFFICE, DETENTION CENTER:

_____
Signature

Name (print): _____

Title: _____

Date: _____

For TREATMENT PROVIDER

_____
Signature

Name (print): _____

Title: _____

Date: _____

Referrals for and Administration of
Naltrexone Extended Release Injectable Suspension (Vivitrol®)
to the Jail Program Expansion
Standard Operating Procedures

1. Correct Care Solutions medical staff (the "Medical Provider" for the Washington County Detention Center) will conduct a medical assessment on the inmate at the time of incarceration, assessing the appropriateness for medication assisted treatment.

2. If medically appropriate, for medication assisted treatment, the Medical Provider will refer the inmate to the designated Washington County Detention Center (the "Center") staff for suitability as it relates to sentencing criteria.

3. If sentencing criteria is appropriate, the Center staff will refer the inmate to the Treatment Provider (the "Provider").

4. The Treatment Provider will conduct a substance use disorder screening.

5. Based on the results of the screening, if appropriate, the Treatment Provider's treatment coordinator will recommend the inmate for medication assisted treatment.

6. The Treatment Provider will provide the inmate with patient information on medication assisted treatment using Vivitrol®.

7. If the inmate agrees to participate in medication assisted treatment, the Treatment Provider will review the Treatment Provider's contract and consent to treatment and contract to participate in medication assisted treatment using Vivitrol® and will obtain inmate's signature on consent/contract.

8. The Treatment Provider's treatment coordinator will conduct a full biopsychosocial assessment and a buccal swab drug test to ensure that the patient is drug free. The Treatment Provider's treatment coordinator will complete the following Treatment Provider forms, i.e., all assessment tools (SASSI, Gambling, Family Trauma, Mental Health) pertinent consents, problems needs list and staffing form.

9. The Treatment Provider's treatment coordinator will obtain a signed consent for release of confidential information from the patient for the "Correct Care Solutions, Inc." in order to release the biopsychosocial assessment and the signed consent to treat and contract.

10. The Treatment Provider will provide the Medical Provider with a copy of the biopsychosocial assessment and signed consent to treat and contract and recommendation that the inmate participate in medication assisted treatment using Vivitrol®.

11. One month prior to the inmate's release the Medical Provider's physician will order the inmate to receive a Hepatic Function Panel (HFP) blood test if current Comprehensive Metabolic Panel (CMP) or HFP is not available.

Referrals for and Administration Of
Naltrexone Extended Release Injectable Suspension (Vivitrol®)
to the Jail Program Expansion
Standard Operating Procedures (cont.)

12. The Medical Provider will obtain the blood specimen and forward it to the medical provider's laboratory vendor.

13. The Center's staff will notify the Medical Provider of the inmate's scheduled release date.

14. Upon review of HFP results, if medically indicated, the Medical Provider's physician will write the order for the administration of Vivitrol® to be given one week prior to the inmate's release.

15. The Medical Provider will notify the Treatment Provider of the inmate's scheduled injection.

16. The Treatment Provider will deliver the medication to the Medical Provider. The Treatment Provider is responsible for requesting sample doses from Alkermes and tracking the dose administration, including lot number and expiration, using an excel spreadsheet. All Vivitrol is stored in a temperature monitored refrigerator at the Health Treatment Provider, 1302 Pennsylvania Avenue.

17. The Medical Provider will conduct a rapid drug test for opiates, buprenorphine, and oxycodone. If the test is negative for opiates, the Medical Provider shall administer the Vivitrol® injection.

18. The Center will provide the medication at no cost to the medical provider and the Treatment Provider will provide the rapid drug test at no cost to the Detention Center or its medical provider.

19. Immediately following the injection, the Treatment Provider will instruct the inmate to report to the Treatment Provider's outpatient clinic within 48 hours of release.

20. At release, the Medical Provider will contact the Treatment Provider and schedule the follow-up with the Treatment Provider's medication clinic using the Treatment Provider's referral form. The Medical Provider will provide the inmate with the date of next injection appointment.

21. If the patient fails to report to the outpatient clinic within one week of release, the Treatment Provider will contact the patient to re-engage in the treatment process.

22. The patient will report as scheduled to the Department's medical clinic for a follow-up evaluation and continued medical assisted treatment using Vivitrol®.

Referrals for and Administration Of
Naltrexone Extended Release Injectable Suspension (Vivitrol®)
to the Jail Program Expansion
Standard Operating Procedures (cont.)

23. The Department's medical staff will administer the Vivitrol® as long as the patient remains in treatment/continuing care for substances related disorders with the Department's outpatient clinic.

24. If the patient is discharged from treatment or reenters the Center the administration of the Vivitrol® shall discontinue.

The main goal of this exercise is to learn about Vivitrol so that you convey confidence when discussing the medication with perspective patients. Helping the patient understand that addiction is a brain disease and the best chance at recovery is the combination of psychosocial therapy and medication assistance.

If I get pregnant can I still receive Vivitrol?

I was diagnosed with Hepatitis C can I receive Vivitrol?

What happens if I need pain medication for an emergency medical procedure or condition?

If I'm taking Lyrica can I receive Vivitrol?

What about mixing other medications?

How long has Vivitrol been approved by the FDA?

What happens if I drink while I am on the medication?

Will I still have a positive breathalyzer or drug screen while I am on Vivitrol?

What happens if I use heroin while I am on the medication?

I understand that Vivitrol blocks the pleasure receptor sites, will I still enjoy sex or food?

How often do I need to have the injection?

How long will I need to stay on the medication?

I heard Vivitrol causes Hepatitis and hurts the liver?

It's against my belief system. I don't want Vivitrol to be what protects me from Heroin?

Urge to Use Scale

Name: _____ Date: _____

Instructions: **The following questions are designed to help you assess an important aspect of your recovery status: the urge to drink.**

Complete this form by thinking about the past week and placing a check mark nest to the response that is most true for you.

1. **How often have you thought about drinking or about how good a drink would make you feel during the period?**
   ___ Never, that is, 0 times during this period of time.
   ___ Rarely, that is 1 to 2 times during this period of time.
   ___ Occasionally, that is, 3 to 4 times during this period of time.
   ___ Sometimes, that is, 5 to 10 times during this period or 1 to 2 times a day.
   ___ Often, that is, 11 to 20 times during this period or 2 to 3 times a day.
   ___ Most of the time, that is, 20 to 40 times during the period this period or 3 to 6 times a day.

2. **At its most severe point, how strong was your urge to drink during this period?**
   ___ None at all.
   ___ Slight, that is, a very mild urge.
   ___ Mild urge.
   ___ Moderate urge.
   ___ Strong urge but easily controlled.
   ___ Strong urge and difficult to control.
   ___ Strong urge and would have drunk alcohol if it were available.

3. **How much time have you spent thinking about drinking or about how good a drink would make you feel during this period?**
   ___ None at all.
   ___ Less than 20 minutes.
   ___ 21 to 45 minutes.
   ___ 46 to 90 minutes.
   ___ 90 minutes to 3 hours.
   ___ Between 3 to 6 hours.
   ___ More than 6 hours.

4. **How difficult would it have been to resist taking a drink during this period of time if you had known a bottle was in your house.**
   ___ Not difficult at all.
   ___ Very mildly difficult.
   ___ Mildly difficult.
   ___ Moderately difficult.
   ___ Very difficult.
   ___ Extremely difficult.
   ___ Would not be able to resist.

5. **Keeping in mind you responses to the previous questions, please rate your overall average urge to drink alcohol for the stated period of time.**
   ___ Never thought about drinking and never had the urge to drink.
   ___ Rarely thought about drinking and rarely had the urge to drink.
   ___ Occasionally thought about drinking and occasionally had the urge to drink.
   ___ Sometimes thought about drinking and sometimes had the urge to drink.
   ___ Often thought about drinking and often had the urge to drink.
   ___ Thought about drinking most of the time and had the urge to drink most of the time.
   ___ Thought about drinking nearly all of the time and had the urge to drink nearly all of the time.

Source: Flannery. *Alcohol Clin Exp Res.* 1999; 23(8):1294. With permission

Medical Evaluation for Naltrexone Extended Release Injection (Vivitrol®)

	Yes	No
1. Indications:		
A. Is patient diagnosed with alcohol dependence and currently abstaining from alcohol.	_____	_____
OR		
B. Is patient diagnosed with opioid dependence and detoxed from opioids.	_____	_____
2. Contraindications:		
A. Does patient have acute hepatitis or liver failure?	_____	_____
B. Is patient receiving opioid analgesics?	_____	_____
C. Does patient have current physiologic opioid dependence?	_____	_____
D. Is patient in acute opioid withdrawal?	_____	_____
E. Has patient failed a naloxone challenge or have a positive urine screen for urine opioids?	_____	_____
F. Has patient previously exhibited hypersensitivity to:		
Naltrexone	_____	_____
Polylactide-co-glycolide (PLG)	_____	_____
Carboxymethylcellulose	_____	_____
Polysorbate 20	_____	_____
Sodium Chloride	_____	_____
3. Warnings and Precautions:		
A. Does patient have active liver disease?	_____	_____
B. Does the patient have an injection site reaction?	_____	_____
C. Does the patient have eosinophilic pneumonia?	_____	_____

	Yes	No
D. Is the patient opioid free for 7 – 10 days?	_____	_____
E. Is a naloxone challenge test indicated?	_____	_____
F. Has patient been informed of serious risk of opioid overdose if trying to overcome the opioid blockade with exogenous opioids?	_____	_____
G. Does patient have depression or suicidal thinking?	_____	_____
H. Does patient have thrombocytopenia or any coagulation disorder?	_____	_____
4. Is patient pregnant? (caution, Category C)	_____	_____
5. Is patient breastfeeding? (not recommended)	_____	_____
6. Is patient under age 18 years or over age 65 years?	_____	_____
7. Does patient have moderate to severe renal impairment? (caution)	_____	_____
8. Has the patient received Vivitrol® patient information?	_____	_____

Assessment: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Physician Date

Reference: FDA Package Insert
Developed: 1/11

Contract and Consent to Treatment for Vivitrol® (naltrexone extended release injection)

Patient Name: _____ PRF: _____

I_____ do hereby voluntarily apply and consent to participate in Vivitrol® (naltrexone extended release injection) Therapy, treatment for alcohol and opioid dependence. I understand that, as far as possible, precautions will be taken to prevent any complications or ill effects on my health. I further understand that it is my responsibility to tell the Physician/Nurse in the program as much as I can about my health. It is my responsibility to seek medical attention immediately if any reaction occurs to Vivitrol® or if any changes occur in my health status. As a participant, I freely and voluntarily agree to adhere to the treatment protocol as follows:

1. I understand that medication alone is not sufficient treatment for managing my disease. I agree to participate in the outpatient treatment program as determined by my treatment coordinator. I understand that the medication clinic is only available to patients receiving treatment services through the Washington County Health Department, Division of Behavioral Health Services.

2. I have received a copy of the schedule of charges for Vivitrol® therapy and understand my financial responsibility, even if insurance does not cover the cost of services.

3. I agree to keep, and be on time, for all my scheduled appointments in the clinic. If I cannot keep an appointment, I will call to cancel and reschedule.

4. I understand that if I fail to keep an appointment and do not call in advance to reschedule, I must wait until the next available appointment to receive my injection.

5. I agree not to arrive at my appointment intoxicated or under the influence of drugs. If I do, my appointment will be cancelled and rescheduled or another time.

6. I will participate in a physical examination by the medication clinic's physician, including a confidential medical history.

7. I agree to have a blood specimen taken for assessment of liver function.

8. I will provide urine specimens to be tested for drugs, protein, sugar and other abnormalities.

9. For women, I will provide a current menstrual history and a urine specimen for pregnancy testing.

10. I understand that Vivitrol® (naltrexone extended release injection) has been prescribed as part of the comprehensive treatment of my alcohol and/or opiate dependence.

11. I understand that Vivitrol® is well-tolerated in the recommended doses. If I experience excessive tiredness, unusual bleeding or bruising, pain in upper right part of your stomach that last more than a few days, light-colored bowel movements, dark urine, or yellowing of the skin or eyes, I will stop taking Vivitrol® immediately and see my doctor as soon as possible.

12. I will carry identification to alert medical personnel that I am taking Vivitrol®, helping to ensure that I obtain adequate treatment in an emergency. If I require medical treatment I will tell the treating physician that I am receiving Vivitrol® therapy.

13. I attest that I have not used opiates within the past 7 to 10 days and agree to provide a urine specimen for an opiates test prior to Vivitrol® treatment.

14. I understand that I should not take Vivitrol® if I am pregnant or if I am contemplating pregnancy.

15. I understand that if I have either three undocumented absences while in Intensive Outpatient, or two undocumented absences while in Outpatient, within 30 days, I will be discharged from the medication clinic. A documented absence is defined by presenting written documentation forma medical professional or employer indicating reason for absence from a treatment service.

16. I understand upon completing outpatient treatment, I will transfer into Continuing Care Services in order to continue receiving Vivitrol therapy or transition to a community primary care provider. If I decline to transfer to Continuing Care Services I will be discharged from the medication clinic. Continuing Care Services will require a minimum of weekly telephone contacts and two face to face contacts per month with the Continuing Care Treatment Coordinator. Failure to comply with Continuing Care contract will result in discharge from the medication clinic.

17. I understand if I am discharged from the treatment for any reason, I will be discharged from the medication clinic. Upon discharge from the clinic, I will be responsible for finding a community physician to continue Vivitrol®.therapy. I am fully aware that community physicians may not participate with my insurance and I may be financially responsible for the physician's fees. I also acknowledge that community physicians may not be accepting new patients. Additionally, I understand that my insurance may not cover the cost of Vivitrol®.

18. I agree to have urine drug screens done at any time. A positive urine drug screen for alcohol and/or opiates, such as Heroin, Methadone, Suboxone®, may result in discontinuation of Vivitrol® Therapy, because these drugs may be lethal if taken while on Vivitrol®.

19. I agree that violating any of these conditions is grounds for dismissal from the Medication Clinic.

WARNING: IF I ATTEMPT TO SELF-ADMINISTER LARGE DOSES OF ALCOHOL, HEROIN OR ANY OTHER NARCOTIC WHILE ON VIVITROL®, I MAY DIE OR SUSTAIN SERIOUS INJURY, INCLUDING COMA.

_____ _____
Patient's Signature Date

I, the undersigned, have defined and fully explained the above information to this individual.

_____ _____
Staff Member's Signature Date

Dev: 1/11; Rev. 3/12, 11/12

Urge to Use Scale

Name: _____ Date: _____

Instructions: **The following questions are designed to help you assess an important aspect of your recovery status: the urge to use opiates.**

Complete this form by thinking about the past week and placing a check mark next to the response that is most true for you.

1. **How often have you thought about using opiates or about how good using opiates would make you feel during the period?**
   ___ Never, that is, 0 times during this period of time.
   ___ Rarely, that is 1 to 2 times during this period of time.
   ___ Occasionally, that is, 3 to 4 times during this period of time.
   ___ Sometimes, that is, 5 to 10 times during this period or 1 to 2 times a day.
   ___ Often, that is, 11 to 20 times during this period or 2 to3 times a day.
   ___ Most of the time, that is, 20 to 40 times during the period this period or 3 to 6 times a day.

2. **At its most severe point, how strong was your urge to use opiates during this period?**
   ___ None at all.
   ___ Slight, that is, a very mild urge.
   ___ Mild urge.
   ___ Moderate urge.
   ___ Strong urge but easily controlled.
   ___ Strong urge and difficult to control.
   ___ Strong urge and would have used opiates if it were available.

3. **How much time have you spent thinking about using opiates or about how good using opiates would make you feel during this period?**
   ___ None at all.
   ___ Less than 20 minutes.
   ___ 21 to 45 minutes.
   ___ 46 to 90 minutes.
   ___ 90 minutes to 3 hours.
   ___ Between 3 to 6 hours.
   ___ More than 6 hours.

4. **How difficult would it have been to resist using opiates drink during this period of time if you had known opiates were in your house.**
   ___ Not difficult at all.
   ___ Very mildly difficult.
   ___ Mildly difficult.
   ___ Moderately difficult.
   ___ Very difficult.
   ___ Extremely difficult.
   ___ Would not be able to resist.

5. **Keeping in mind you responses to the previous questions, please rate your overall average urge to use opiates for the stated period of time.**
   ___ Never thought about using opiates and never had the urge to use opiates.
   ___ Rarely thought about using opiates and rarely had the urge to use opiates.
   ___ Occasionally thought about using opiates and occasionally had the urge to use opiates.
   ___ Sometimes thought about using opiates and sometimes had the urge to use opiates.
   ___ Often thought about using opiates and often had the urge to use opiates.
   ___ Thought about using opiates most of the time and had the urge to use opiates most of the time.
   ___ Thought about using opiates nearly all of the time and had the urge to use opiates nearly all of the time.