

Lessons from a Large Overdose Prevention Trial

Implications for jurisdictions responding to a rapidly evolving overdose crisis

The HEALing (Helping to End Addiction Long-term®) Communities Study (HCS) was one of the largest overdose prevention trials ever conducted. It cost \$350 million USD and involved 67 communities across the United States.¹ The trial tested widely accepted strategies, including naloxone distribution, safer opioid prescribing, overdose education, stigma reduction campaigns, and efforts to increase access to opioid agonist treatment (OAT).² These approaches have been generally seen as effective in Canada and other jurisdictions.

Despite strong community engagement and use of best-supported strategies, the trial did not meet its

primary goal of reducing overdose deaths by 40%. It showed no statistically significant reduction in overall overdose mortality and no improvement in OAT initiation or retention during the study period, even though community attitudes toward opioid use disorder improved.¹⁻³

Jurisdictions should continue to evaluate outcomes to guide improved interventions. This important field of study serves communities with real and unmet needs. Addiction policy must adapt when well-designed study results do not align with expectations.

Increasing knowledge and reducing stigma did not substantially increase OAT use when services remained difficult to access or sustain. Improving reach requires:

- 1. Designing for real-world reach:** OAT is known to be effective when people can access it. Program designers should prioritize convenient and accessible treatment options, including virtual options, that are safe for patients and communities.
- 2. Removing economic and frequency barriers:** Even the most convenient treatment portals fail if patients cannot afford medications. Jurisdictions should prioritize programs that ensure rapid, low-cost access to medications and evaluate long-acting options that remove the burden and costs associated with daily or weekly clinic visits.
- 3. Building systems that are stable in crisis:** Prioritize evidence-based adaptable delivery systems using *timely* real-world data that captures outcomes that matter (e.g., emergency visits, overdose rates, and mortality) to evaluate progress and ensure interventions remain effective.

RECOMMENDATIONS

- **Prioritize the last mile.⁵ Shift investment toward testing how evidence-based strategies reach people in high-barrier environments.**
- **Invest in real-time tracking data systems to support continuous evaluation of outcomes and adaptive program decisions like where and how strategies would be implemented.**

References:

1. HEALing Communities Study Consortium. Community-based cluster-randomized trial to reduce opioid overdose deaths. *New England Journal of Medicine*, 391, no. 11 (2024): 989-1001.
2. Brown JL, Laroche MR, Fanucchi LC, Calvert DC, Campbell AN, Chandler RK, Feaster DJ, Glasgow LM, Gibson EB, Holloway J, Lofwall MR. Effects of the Communities That HEAL intervention on initiation, retention, and linkage to medications for opioid use disorder (MOUD): A cluster randomized wait-list controlled trial. *Drug and alcohol dependence*. 2025 Jul 9; 112785.
3. Freisthler B, Chahine RA, Villani J, Chandler R, Feaster DJ, Slavova S, Defiore-Hyrmer J, Wailey AY, Kosakowski S, Aldridge A, Barbosa C. Communities that HEAL intervention and mortality in opioid polysubstance overdose deaths: a randomized clinical trial. *JAMA network open*. 2024 Oct 1; 7(10): e2440006.
4. Caulkins JP. HEALing communities study results, questions and implications. *Addiction*. 2025 Dec 4.
5. Walters ST, Drainoni ML, Oga EA, Byard J, Chandler RK. Solving the "last mile" problem in overdose prevention: Lessons from the HEALing Communities Study. *Drug and alcohol dependence*. 2024 Nov 1; 264: 112453.