

Optional Share Your Story Component



SHARE YOUR STORY



The best way to understand how you can help end the opioid epidemic is to learn from colleagues.

By sharing your story, you are contributing insights and experiences that can help improve clinical practice, inform policy, and educate the public. If we choose your story for our [Consult](#) page, we'll contact you via email and get your permission first.

Paperwork Reduction Act Notice

How has the prescription opioid crisis impacted you and your patients? What strategies have you used to address it?


Please do not include any confidential or privileged information.

What do clinicians need to do in order to improve prescribing practices, recognize opioid use disorder, and connect patients with opioid addiction to treatment? What would help you turn the tide on the opioid crisis?

Please do not include any confidential or privileged information.

Email:

share


TURN THE TIDE 



BE THE SOLUTION. JOIN THE MOVEMENT.

join now

STAND WITH:

U.S. Department of Health & Human Services
Association of State & Territorial Health Officials
Federation of State Medical Boards
National Safety Council
Shatterproof

AN INITIATIVE OF  **Surgeon General of the United States**

WEBSITE CREATED IN PARTNERSHIP WITH  **Public Health Foundation Enterprises** +  **100 Million Healthier Lives**

Privacy Statement & Disclaimer

Optional Pledge Component

- 2 Screen our patients for opioid use disorder and provide or connect them with evidence-based treatment.
- 3 Talk about and treat addiction as a chronic illness, not a moral failing.

FIRST	LAST
Choose a Profession	Choose a Specialty
PROFESSION	SPECIALTY (optional)
ZIP CODE	EMAIL

By signing the pledge, you'll also be joining our contact list to stay connected as we #TurnTheTide.

count me in

Paperwork Reduction Act Notice

Paperwork Reduction Act Notice (Appears on the forms)

HOME CONSULT TREATMENT OPTIONS FOR YOUR PATIENT

Paperwork Reduction Act Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for the information collection on this is {INSERT NUMBER}. The time required to complete this information collection is estimated to average {INSERT TIME FROM ICR} per response, including the time to review instructions, gather the data needed, and complete and review the information collection.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

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