THE OVERDOSE RESPONSE STRATEGY

Funded by the Office of National Drug Control Policy and the Centers for Disease Control and Prevention

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A copy of this report is available in Spanish.
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Executive Summary

The Overdose Response Strategy (ORS) is an unprecedented public health-public safety partnership between the High Intensity Drug Trafficking Area (HIDTA) program and the U.S. Centers for Disease Control and Prevention (CDC). The program is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives, and was highlighted as such in the Biden-Harris Administration's 2022 National Drug Control Strategy as a Public Health and Public Safety Collaboration Success.

The ORS supports collaboration between public safety and public health agencies at the regional, federal, state and local levels, adopting a four-pronged approach for addressing overdose: law enforcement, response, treatment and recovery, and prevention. This report describes the current state of the overdose epidemic and outlines key strategies employed by the ORS in 2021 to combat this epidemic. The report also demonstrates the ORS' readiness to address other emerging drug threats, such as stimulants and benzodiazepines, as well as continued risks and challenges posed by the COVID-19 pandemic.

In 2021, the ORS expanded its partnerships for the seventh consecutive year. By the end of the year, there were 60 Drug Intelligence Officer (DIO) positions and 60 Public Health Analyst (PHA) positions in all 50 States, Puerto Rico and the U.S. Virgin Islands, making the ORS a truly national program. Together, DIOs and PHAs address drug overdose issues within and across sectors and states by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions. They also support the development and implementation of promising, innovative projects at the intersection of public health and public safety.

With the program's continued expansion, the ORS leadership team recognized the need for a formal and comprehensive evaluation plan to assess the work of the ORS and thus, contracted with Health Management Associates, Inc. (HMA) in April 2021. This plan assesses the intermediate outcomes of three key strategies employed by the program: connecting public health and public safety, sharing data and information, and supporting evidence-based and promising practices. As a result, the ORS identified training as a crucial component required to support the program's growth over the last two years. In 2021, the ORS offered several training opportunities for cross-state collaboration among ORS Teams and their partners to increase knowledge of various emerging topics, promote awareness of projects and activities across the program, and provide opportunities for professional development.

To build the evidence base for promising practices in opioid overdose prevention, CDC and the National Association of City and County Health Officials (NACCHO) worked with several ORS states to develop and implement local projects designed to reduce overdoses. CDC provides technical support to these high need areas and works with ORS Teams to ensure that the pilot projects are successfully implemented and that their progress and impact are monitored effectively. In 2021, CDC increased its investment in the ORS by awarding funding to six ORS states for the planning, implementation or continuation of the selected pilot projects.

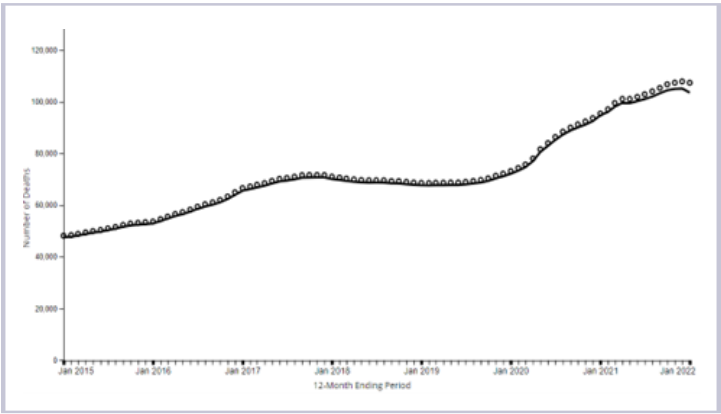
The ORS continues to serve as a model of cross-sector collaboration to prevent fatal overdoses around the United States. This report is not an exhaustive catalog of every ORS effort or success, but instead illustrates, through selected examples, the scope of the work undertaken by the ORS.

There has been a largely consistent trend of increasing drug overdose death rates across the country in the past twenty years. These rapidly rising drug overdose mortality rates illustrate the growing impact of the epidemic and its continued prevalence as a public health emergency.

Since the beginning of 1999, more than 932,000 individuals have lost their lives from a drug overdose.[1] In 2021, an estimated 107,662 people died of drug overdoses in the United States, the most fatal year for reported drug overdoses in U.S. history. As the primary driver of drug overdose deaths, opioids accounted for approximately 75% of all drug overdose deaths in 2020.[1] When examining overdose death rates by opioid type from 2019-2020, synthetic opioids (including fentanyl and tramadol) and commonly prescribed opioids (including natural and semi-synthetic opioids and methadone) also reflect a sharp spike in deaths per 100,000 individuals.[4] However, this data portrays a decrease in heroin-related overdose death rates, which could point towards successes in prevention and treatment strategies.[4]

Recent provisional data from CDC's National Center for Health Statistics reflects an increase in overdose deaths involving opioids, which jumped from an estimated 70,029 deaths in 2020 to 80,816 deaths in 2021.[2] Similarly, from 2020-2021, overdose deaths involving synthetic opioids (primarily fentanyl), psychostimulants (methamphetamine), and cocaine continued to rise; however, overdose deaths associated with natural/semi-synthetic (prescription) drugs slightly decreased during that time period.[2]

Figure 1: 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States[3]



Source: CDC NCHS, National Vital Statistics System, 2022.
Note: Estimates for 2021 are based on provisional data and are subject to change.

Figure 2: Overdose Death Rates Involving Opioids, by Type, United States, 1999-2020[4]

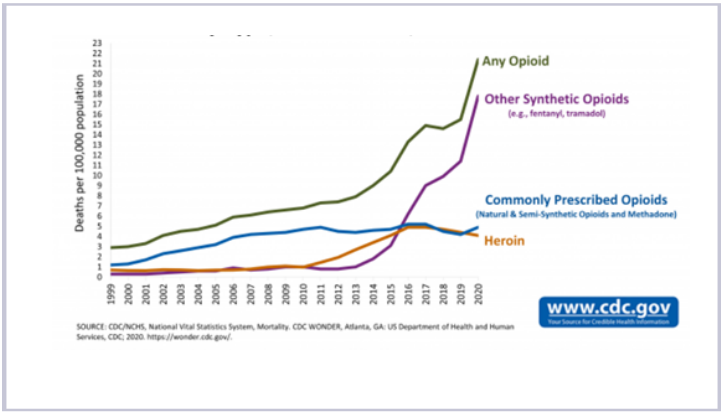


Figure 3: Overdose Deaths by Opioid Drug Type[2]

DRUG TYPE	(DEATHS 2021)	(DEATHS 2020)
Synthetic Opioids (fentanyl)	71,238	57,834
Psychostimulants (meth)	32,856	24,576
Cocaine	24,538	19,927
Natural/semi-synthetic (prescription)	13,503	13,722

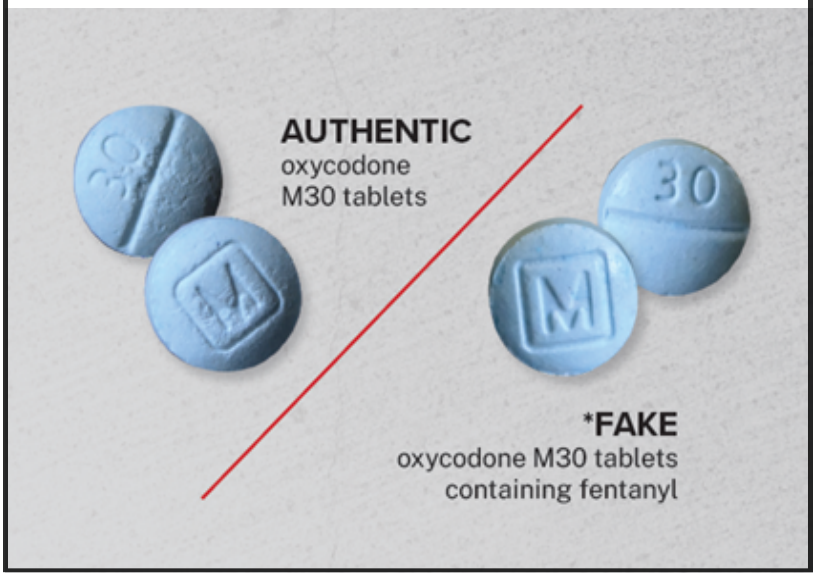
Source: CDC NCHS, National Vital Statistics System, 2022.

According to the Drug Enforcement Administration (DEA), there has been a dramatic increase in the prevalence of counterfeit pills across the United States.[5]

Criminal drug networks are mass-producing counterfeit pills and intentionally advertising them as authentic pills, taking advantage of the American people and exploiting the current opioid and prescription drug crisis. The pills are made to look identical to common prescription drugs, including Oxycontin®, Percocet®, Vicodin®, Xanax®, or stimulants like Adderall®.[5]

As of December 2021, DEA seized 20,000,000 counterfeit pills, which is more than the total number of seized pills during the two previous years combined. Based on DEA lab testing, it is estimated that 4 out of every 10 counterfeit pills contain a lethal dose of fentanyl, the most commonly found drug in fake pills and the main driver of the increase in overdose deaths in the U.S. Counterfeit pills are widely available, easily accessible, and often purchased via social media and e-commerce platforms, allowing them to be easily obtained by anyone with a smartphone, including youth and young adults.[5]

Figure 4: Authentic vs. Counterfeit Pills[5]



Source: Drug Enforcement Administration, 2021

COVID-19 IMPLICATIONS

Although the rate of overdose deaths has steadily increased from 1999 to 2021, a recent study revealed that there were unprecedented increases in monthly drug-related overdose mortality during the COVID-19 pandemic in 2020.[6]Findings from another study that examined drug overdose deaths in the US during that same year strongly suggest that the COVID-19 pandemic was associated with increased overdose mortality, which is consistent with emerging national data.[8] This increase, which could have been the result of interruptions in treatment or increased levels of stress, reflects the urgent need for comprehensive treatment and recovery solutions.[7]

Recognizing the disparities in drug overdose mortality rates by race and ethnicity is important to ensure equitable treatment solutions. Since 2015, overdose deaths among Black and Hispanic/Latino communities have been rising most rapidly compared to other races and ethnicities.[9] The emergence of the COVID-19 pandemic in 2020 disproportionately exacerbated health outcomes among racial and ethnic communities, including drug overdose mortality. For the first time since 1999, the 2020 overdose death rate amongst Black individuals exceeded that of White individuals, increasing from 24.7 deaths per 100,000 people in 2019 to 36.8 in 2020. This rate was 16.3% higher than the overdose death rate for White individuals in 2020. [9] Amongst all demographic groups observed, American Indian or Alaska Native individuals experienced the highest rate of overdose mortality of 41.4 overdose deaths per 100,000.[9]

The lowest overdose mortality rate increase was observed amongst Hispanic/Latino individuals at 17.3 overdose deaths per 100,000; though this group also experienced a 40% increase in overdose rates in 2020.[9] The common theme across all observed demographic groups is that each experienced the highest increase in overdose mortality rates in 2020 than any previous increase between 1999 and 2019. [9]

The Federal Response to the Overdose Epidemic

THE WHITE HOUSE
WASHINGTON

On March 28th, 2022, expanding upon the American Rescue Plan, President Biden shared an increased budget request of $42.5 billion for National Drug Control Program agencies working to implement overdose response strategies.[10] Shortly after sharing this request, President Biden released his inaugural National Drug Control Strategy ("the Strategy"), which aims to reduce the growing number of drug overdoses in the United States.

The Strategy calls for a "whole-of-government" approach to target two key drivers of the opioid epidemic, untreated addiction and drug trafficking, via targeted efforts focused on prevention and early intervention, harm reduction, substance use disorder treatment, recovery, and supply reduction of domestic and international illicit substances.[11,12]

To date, the National Drug Control Strategy has made significant strides toward actualizing each of the aforementioned targeted efforts. On April 28, 2022, Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy (ONDCP), announced the provision of $275 million of funding to the High Intensity Drug Trafficking Area (HIDTA) program aimed at supporting the implementation of resources to reduce drug trafficking and related adverse outcomes.[13]

Part of this funding under the National Drug Control Strategy has also been directly allocated to support the Overdose Response Strategy's public health and public safety partnership efforts to reduce overdoses in the United States.[13]Collaborative efforts, like the ORS, can help strengthen the national response to drug trafficking and supply reduction through information and intelligence-sharing, as well as support prevention, treatment, and recovery efforts. [12]

The Biden-Harris Administration's Drug Policy Priorities for Year One[12]

- ***Expanding access to evidence-based treatment, particularly medication for opioid use disorder.***
- ***Advancing racial equity in our approach to drug policy.***
- ***Enhancing evidence-based harm reduction efforts.***
- ***Supporting evidence-based prevention efforts to reduce youth substance use.***
- ***Reducing the supply of illicit substances.***
- ***Advancing recovery-ready workplaces and expanding the addiction workforce.***
- ***Expanding access to recovery support services***

The first-year policy priorities provided a foundation for the Biden-Harris Administration's inaugural National Drug Control Strategy, which builds upon the significant actions taken by the Administration to address the addiction and the overdose epidemic since the priorities were released on April 1, 2021.[12]

President Biden called on the nation to come together and beat the overdose epidemic. His National Drug Control Strategy prioritizes actions that will expand access to effective prevention, harm reduction, treatment and recovery support services, as well as strengthen our efforts to stop the trafficking of illicit drugs. It also emphasizes the importance of public health and safety partnerships like the Overdose Response Strategy to help us meet people where they are in order to save lives. ONDCP is proud to partner with CDC's Injury Center and work with the CDC Foundation on this initiative that brings public health and public safety agencies together to reduce fatal and non-fatal overdoses and supports evidence-based interventions.

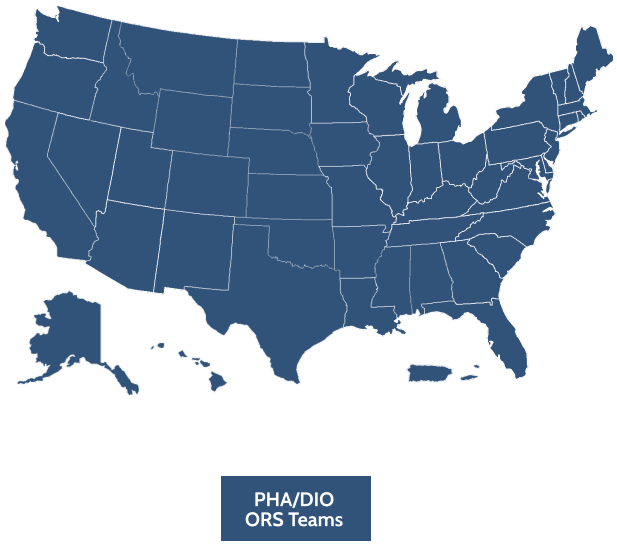
Dr. Rahul Gupta, Director
White House Office of National Drug Control Policy [15]
CDC Foundation Press Release, July 13, 2022

THE OVERDOSE RESPONSE STRATEGY (ORS)

The ORS is a unique, unprecedented collaboration between public health and public safety designed to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and evidence-based and innovative strategies.

The ORS, a partnership between the Centers for Disease Control and Prevention (CDC) and the Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Area (HIDTA) program, has grown tremendously since its inception. The program began in 2015 with only five HIDTAs, covering 15 states. Today, it includes all 33 HIDTAs, covering 50 states, Puerto Rico, and the U.S. Virgin Islands, as well as a robust and dynamic partnership with CDC, truly embodying its goal of a public health and public safety partnership at the federal, state, and local levels.

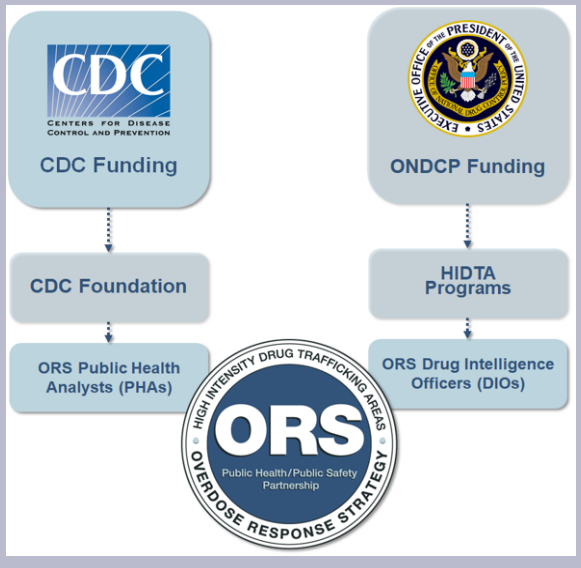
Figure 5: The Overdose Response Strategy Map, 2021



The CDC and HIDTA Partnership

Before the ORS began, CDC and HIDTA were addressing different sides of the same issue – drivers and consequences of drug misuse – and had not formally collaborated. CDC, a federal agency under the aegis of United States Department of Health and Human Services, set out to reduce fatal and non-fatal drug overdose and related harms by focusing on public health interventions. The HIDTA program, a grant program administered by ONDCP and managed by 33 different directors, aimed to disrupt and dismantle drug trafficking organizations by supporting the efforts of law enforcement agencies. Despite these differences, leaders on both sides regularly cited the need for the collaboration and the urgency of our work, and the result was a new shared vision for an unprecedented collaboration that was innovative, urgent, and deeply committed to addressing the drug overdose crisis.

Figure 6: The Overdose Response Strategy Funding



The ORS exemplifies public health and public safety collaboration at the federal level as demonstrated by the continued investments from CDC and ONDCP. In 2019, CDC invested $1.7 million in the ORS to fund 11 Public Health Analyst (PHA) positions through a cooperative agreement with the CDC Foundation (CDCF), an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support CDC's critical health protections work. CDC increased its multi-million-dollar investment in FY21 to fund 19 additional ORS PHA positions, and in FY22, CDC allocated $8.4 million to fund a total of 60 PHAs across the country, as well as additional staffing and resources to support the growth and management of the program. ONDCP's investment in this partnership has been equally generous with total baseline funding requests for the HIDTAs surpassing $5.4 million in FY20 and $5.6 million in FY21, providing funding for 60 Drug Intelligence Officers (DIOs) to work alongside each ORS PHA employed by the CDC Foundation. These investments have been critical in creating the program structure and governance to achieve long-term success and sustainability. As of July 2022, all 33 HIDTAs are participating in the ORS, and there are 60 ORS Teams funded in all 50 states (including four teams in California, four teams in Texas and three teams in Florida), as well as Puerto Rico and the U.S. Virgin Islands, making the ORS a truly national program.

THE OVERDOSE RESPONSE STRATEGY

Mission

The mission of the Overdose Response Strategy is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information and pertinent intelligence, and supporting innovative and evidence-based strategies. To achieve this mission, the ORS has adopted four goals that shape priorities of the ORS Teams within each state and territory:

Program Goals

1 **Share DATA SYSTEMS to inform rapid and effective community overdose prevention efforts.**

2 **Support immediate, EVIDENCE-BASED RESPONSE efforts that can directly reduce overdose deaths.**

3 **Design and use PROMISING STRATEGIES at the intersection of public health and public safety.**

4 **Use effective and efficient PRIMARY PREVENTION STRATEGIES that can reduce substance use and overdose long term.**

Through these goals, the ORS can collaborate across public health and public safety sectors by creating opportunities to share overdose and drug data, insights, and trends in communities, which are used to inform and help communities develop local solutions to reduce overdoses and save lives.

ORS Teams

The ORS is implemented by joint teams made up of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs), who work together to address drug overdose-related issues within and across sectors, states, and territories. These teams serve as the foundation of the ORS, creating opportunities across public health and public safety sectors to share data, insights, and trends related to drug overdose in communities. By sharing information across sectors, the ORS is growing the body of evidence related to early warning signs and prevention strategies, and helping communities develop solutions to reduce overdoses and encourage individuals to make healthier, safer choices.

Drug Intelligence Officers (DIOs)

Funded by and assigned to their respective HIDTAs, DIOs serve a crucial role in the effort to reduce overdoses by leveraging their extensive public safety network to build partnerships with other stakeholders, implement supply reduction strategies, and develop overdose prevention and response programs. The partnership between a DIO and PHA serves as a model for public safety-public health partnership among agencies within their jurisdictions.

Part of the DIO's role includes the provision of **Felony Arrest Notifications (FANs**). A FAN is the transmission of information about an individual charged with a felony drug offense to a law enforcement agency or DIO in the state where the individual permanently reside, providing law enforcement near-real time awareness of their residents' arrests across the country. With this information, law enforcement agencies can open new investigations or support existing investigations into specific individuals or larger Drug Trafficking Organizations.

> ***"I have not ever been contacted about my targets being arrested in other states before. This is great thing."***
>
> ***– Local North Carolina Law Enforcement Lieutenant***

To meet the goals of the ORS, the FAN program helps DIOs build trust with law enforcement agencies around their state, which can then be leveraged to implement evidence-based overdose prevention and response strategies. Examples of this include participating in overdose fatality review (OFR) teams, utilizing the Overdose Data Mapping Application Program (ODMAP), implementing overdose spike response trainings, declassifying drug intelligence for use by public health partners, expanding overdose education and naloxone distribution programs in jails programs, and more.

With their extensive knowledge about law enforcement, DIOs can leverage their HIDTA's resources to support criminal investigations by using state-of-the-art technologies, sharing information and intelligence about substances from other regions of the country, and accessing phone records databases. With this information, local law enforcement are better equipped to complete investigations and disrupt drug trafficking efforts in their jurisdiction.

*In 2021, DIOs transmitted **17,852 notifications** to law enforcement agencies about an individual who lives in their jurisdiction was arrested elsewhere on felony drug charges.*

Public Health Analysts (PHAs)

PHAs work with numerous key public health, law enforcement, policy, prevention, and treatment agencies to increase interagency data sharing and improve coordinated overdose response efforts. PHAs are embedded strategically in each ORS state and territory within health departments, universities, HIDTA Investigative Support Centers, and other key governmental agencies. In collaboration with their DIO counterparts, PHAs are uniquely positioned to serve as liaisons between public health and public safety.

PHAs' connections to public health, behavioral health, and public safety, allow them to obtain access to and integrate independent datasets from these otherwise disconnected agencies, creating a more complete picture of substance use-related trends within their state. The accuracy and availability of overdose data is crucial to understand and address the rapidly evolving drug overdose epidemic. Many federal and state agencies have prioritized investments to improve the collection and analysis of overdose and other drug-related data. PHAs often fill a critical role in analyzing and interpreting data for the development of relevant products, reports and bulletins that inform community action. They develop and disseminate reports about overdose trends, which help state and regional partners understand the threats in their area and implement appropriate evidence-based response strategies. Many PHAs also share data related to overdose spikes with law enforcement and public health officials in affected areas, enabling them to engage resources and alert the public.

PHAs also help their state and local partners understand, navigate, and adapt evidence-based practices to prevent substance use, misuse and overdose in their communities. This is particularly important as the nation's overdose epidemic continues to evolve and new research is released about the effectiveness of various interventions. Drug use patterns, agency capacity, and resource availability can differ widely from jurisdiction to jurisdiction, and PHAs are well-positioned to think strategically about the feasibility and appropriateness of interventions for communities. Additionally, in partnership with their DIO counterparts, PHAs support efforts to develop the evidence for promising strategies at the intersection of public health and public safety, such as post-overdose outreach and diversion programs.

ORS State and Territory Partnerships

As the overdose epidemic continues to impact health and safety systems, the ORS is deliberate about building strong, long-lasting partnerships with public health and public safety organizations at all levels of government. The ORS leverages each sector's respective knowledge, skills, resources, and assets, allowing for the development of innovative solutions which would be difficult for partners to develop and implement on their own. By bringing public health and public safety together to work toward the common goal of reducing overdose deaths, the ORS increases communication and information-sharing, breaks down barriers and misconceptions across sectors, and builds trust, creating more sustainable and effective partnerships for long-term change.

To develop and nurture partnerships amongst public health and public safety agencies participating in the program, the ORS implements a strategic planning process that allows both public health and safety partners to develop shared purpose and goals. The ORS strategic planning process involves gaining a deeper understanding of each partner's vision and priorities, current strategies within the context of the overdose crisis, existing partnerships, and major gaps and needs. Reviewing these areas allows the program to be responsive to the drug trends and cultural context within each jurisdiction. In this process, ORS partners identify a shared purpose and understanding, as well as desired outcomes for the collaboration. Ultimately, partners co-create an action plan that will guide their work with the ORS team in their jurisdiction and demonstrate consensus for effective and efficient solutions to reduce overdose deaths, without duplication of efforts. The plan ensures alignment with the ORS program goals and strategies, creates a system of accountability, and is flexible to the changing needs and priorities of each state and territory. The document also allows partners to progress and demonstrate the success of the partnership. The plan is reviewed regularly to ensure continued alignment across partners and make any necessary changes.

ORS Teams in Action

The work of the ORS builds upon existing public health and public safety infrastructures to create stronger, long-lasting information-sharing systems, response initiatives, and other innovations to combat the overdose epidemic. To illustrate how the ORS is implemented, the following sections describe key accomplishments of the ORS Teams across the program's four overarching goals. This is not inclusive of all the work occurring across the program, but instead serves as an example of the types of activities undertaken by ORS Teams.

Goal 1: Share data systems to inform rapid and effective community overdose prevention efforts.

ORS Teams often focus on strategies to improve data-sharing and increase collaboration across state and local agencies. PHAs can obtain, analyze, and act on data more quickly than in more traditional settings, and DIOs provide timely information about newly emerging drug trends and threats in their states and regions.

Increasing data-sharing amongst local public health and public safety

To support increased collaboration and coordination among local public health and public safety agencies, Milwaukee County created the Overdose Public Health and Public Safety Team (OD-PHAST) Data Strategy Team (DST). This project is funded through the Bureau of Justice Assistance (BJA) and the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), and is administered through the Milwaukee County Medical Examiner's Office. The Wisconsin ORS Team assisted with the successful grant application for this project that was awarded in 2020. The primary objective of OD-PHAST is to prevent fatal overdoses by increasing data-sharing across multiple sectors to inform evidence-based response strategies in Milwaukee County. The Wisconsin PHA and DIO serve as the team leads for the core planning group for the OD-PHAST DST, which manages recruitment of members, planning meeting content, and conducting data analyses to identify trends in overdose-related data from multiple sectors.

The ORS Team also assists with providing support for the development, implementation, and evaluation of recommendations that come out of the OD-PHAST DST. For example, the ORS Team joined the newly formed fentanyl data action team in response to the alarming 42% increase in cocaine and fentanyl-related overdose deaths from 2020 to 2021 in Milwaukee County. A key question that arose from this group was about examining intention and prevalence of co-mixed cocaine and fentanyl in comparison to polysubstance use to help inform targeted education and outreach to at-risk populations. It was determined that existing resources at the state and county level were not adequate to perform the necessary substance testing to address this key question of substance composition, as the only agency that performs such testing, the WI State Crime Lab, only has the capacity to test seized substances associated with prosecutions.

After the WI DIO learned of an initiative in Maryland that partners with the National Institute of Standards and Technology (NIST) to get samples tested by their Direct Analysis in Real Time Mass Spectrometry (DART-MS) instrument, the ORS Team supported coordination between NIST, the Milwaukee County Medical Examiner's Office (MCMEO), and the OD-PHAST DST fentanyl data action group to establish a similar pilot in Milwaukee. The pilot went live as of June 1, 2022. In this pilot, the medical examiner investigators swab paraphernalia and/or suspected surfaces associated with drug use at the scenes of fatal overdoses. Subsequently, the OD-PHAST DST supports postage costs to mail samples to NIST in Gaithersburg, MD, where the substances are analyzed, and results are reported back to the MCMEO within 48 hours. The findings of the analyses are monitored for emerging substance trends, summarized, shared with the OD-PHAST DST fentanyl data action team, and ultimately compared with toxicology results of decedents. The WI PHA and DIO supported the facilitation of the pilot, provided technical assistance for training the medical examiner investigators, and are involved in developing communications for emerging substance trends and summaries of findings.

Supporting the implementation of the Overdose Detection Mapping Application Program (ODMAP)

Another example of an innovative data sharing initiative is the Overdose Detection Mapping Application Program (ODMAP). ODMAP is a platform developed by the Washington/Baltimore HIDTA to collect data on suspected drug overdoses across agency and jurisdictional lines. As one of the key information-sharing strategies within the ORS, ODMAP is a valuable tool for sharing data systems to inform rapid and effective community overdose prevention and response efforts.

ODMAP is used by all types of first responder agencies, including police departments, Emergency Medical Services agencies, and fire departments. In addition to serving as a tool for sharing information, the information within ODMAP can be directly applied to other ORS goals and strategies, using the information contained within the tool to prioritize resource allocation for implementing evidence-based strategies, as well as innovative and promising strategies at the intersection of public health and public safety.

Given the variety of ways in which ORS teams work with ODMAP, an ODMAP Learning Community was launched in 2021. This resource aims to promote learning about best practices to implement ODMAP and utilize ODMAP data, highlight ODMAP-related resources, and foster connections among ORS members involved in ODMAP work.

Utilizing ODMAP to support communication and coordinated responses to overdose spikes

During July of 2021, Cook County, Illinois experienced a major overdose spike detected through ODMAP. In response, the Illinois ORS Team assisted with convening partners from state and local health departments and the Illinois Department of Human Services to provide initial information and updates on the overdose spike as it was happening. Additionally, the team connected with local law enforcement and the Chicago Mayor's office to inform them of the situation.

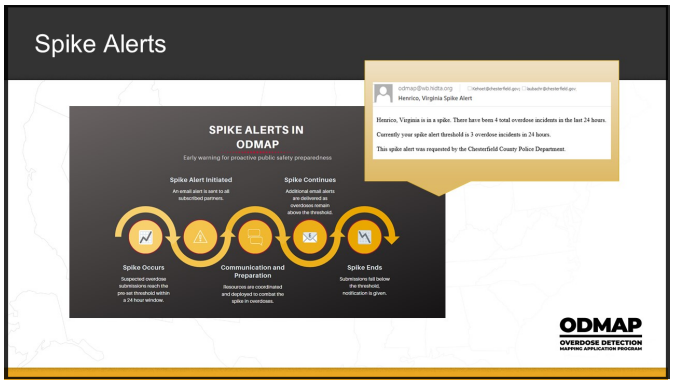


Figure 7: Spike Alerts in ODMAP

The quick communication of information generated from the ODMAP Spike Alert resulted in real-time responses to the ongoing overdose increase in certain areas of Cook County. Once the DIO shared a map and areas with clusters of overdose, the Illinois Department of Public Health (IDPH) was able to pull syndromic surveillance and EMS data that corresponded with those clusters.

This information was shared with local health departments and law enforcement, and the treatment and harm reduction task forces/agencies were deployed to areas that were seeing high rates of overdose. IDPH sent out a health alert message to all health departments and medical providers that participate in their alert notification system to be on the lookout for a potential increase of drug overdose in their area. As a result of this real- time response, partners identified the need for a standard procedure for Overdose Spike communications, which the PHA is now developing with the Illinois Department of Public Health.

Sharing information across HIDTA initiatives

The ORS teams throughout the country leverage the resources and expertise of other HIDTA Initiatives like Domestic Highway Enforcement and the National Emerging Threats Initiative to learn about drug trafficking trends and share information about the value of public health and public safety partnerships.

Domestic Highway Enforcement (DHE)

The Domestic Highway Enforcement (DHE) initiative works to share information with Federal, state, local, and tribal law enforcement agencies throughout the United States about strategies to disrupt and dismantle drug trafficking organizations. As a result, DHE provides nationwide leadership to traffic safety and professional highway interdiction officers resulting in enhanced collaboration and information sharing. Every week, DHE hosts "Corridor Calls" to connect law enforcement agencies along major drug trafficking routes to quickly share trafficking trends, such as the placement of hidden compartments in vehicles, tactics used to circumvent license plate reader programs, the types of weapons carried by people trafficking substances, and much more. In partnership with DHE, Drug Intelligence Officers and Public Health Analysts present at these calls to discuss overdose trends and the opportunities for local law enforcement to engage with public health agencies. As a result, DHE has encouraged evidence-based treatment and prevention opportunities that local law enforcement agencies can elevate in their communities.

National Emerging Threats Initiative (NETI)

The National Emerging Threats Initiative (NETI) is a poly-drug national trends, intelligence, and best practices sharing initiative designated to coordinate HIDTA emerging threats strategies in affected HIDTA areas and the United States. The initiative focuses on systemic approaches to addressing the illegal drug supply, including the diverted use of legal drugs and collateral issues. In 2021, NETI completed their Rural Areas Project, which explored a link between law enforcement drug seizures and overdose deaths in rural areas. Historically, identifying emerging trends in rural areas presents unique challenges due to limited data availability, sparse populations, and small sample sizes. Therefore, this feasibility study focused on two specific questions:

1. ***Is it possible to identify emerging drug threats for rural areas?***

2. ***If it is possible, can NETI develop a methodology to identify emerging threats for rural counties?***

During this study, NETI relied on the networks and expertise of DIOs and PHAs in Arizona, Missouri, New York, Ohio, Oregon, and Washington to collect drug seizure, prescription drug monitoring, and county-level overdose data in 55 rural counties. Through the partnership between NETI and the ORS Teams, the feasibility study found that "When adequate data from law enforcement, state public health agencies, and contiguous rural counties is available and properly collated, it is possible to identify most emerging drug threats."[16] This partnership exemplifies the ORS' unique position as an integrator of data from two historically siloed sectors, public health and public safety.

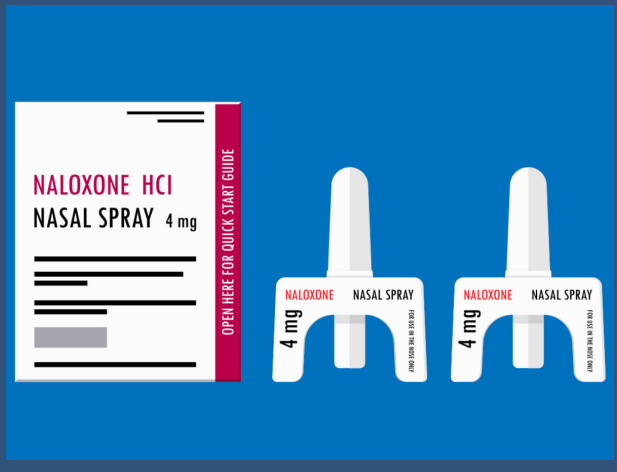
Goal 2: Support immediate, evidence-based response efforts that can directly reduce overdose deaths.

CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States describes 10 evidence-based strategies to guide stakeholders in preventing opioid overdose in their communities.[17] PHAs and DIOs draw on the expertise and scientific knowledge of CDC and play an essential role in adapting evidence-based interventions to fit their communities. ORS Teams are well-positioned to think strategically about the feasibility and appropriateness of these interventions.

Figure 8: CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

Facilitating naloxone distribution among tribal communities

Tribal communities across the country have been hit especially hard by the opioid crisis, and many of them lack access to key services and resources to effectively combat the epidemic. During a discussion with the North Central HIDTA and Minnesota Department of Health (MDH), the Minnesota ORS Team learned that, during a cluster of overdose deaths on tribal reservations, a tribe had experienced a shortage of naloxone. MDH had a surplus of funds for naloxone for first responders, so the ORS Team met with MDH's naloxone coordinator to develop a plan to equip tribal law enforcement and other responders with the life-saving drug. Collectively, they drafted messaging to tribal law enforcement and communicated with all 11 tribal police chiefs informing them of how they could obtain free naloxone. They also worked with the State Fusion Center to notify all first responders across the state. Following their outreach, 14 agencies reached out to the MDH or the DIO for assistance with obtaining naloxone.



Supporting public safety-led naloxone leave-behind programs

Increasing access to naloxone, especially among individuals who are at higher risk of experiencing an overdose, is a critical component of overdose prevention efforts. An increasingly popular model for naloxone distribution is public safety-led naloxone leave-behind programs that allow first responders to provide naloxone to individuals and families following an overdose event.[1] Delaware established their First Responder Naloxone Leave-Behind Program in 2020; however, the large-scale COVID-19 response hampered Public Health's ability to promote and implement it.

As a result, there was no law enforcement engagement or participation in the program. With support from the Delaware Division of Public Health, Office of EMS), the Delaware PHA and DIO engaged leadership from every law enforcement agency across the state to increase and formalize their participation in the program. As a result of their efforts, 15 of the 47 police departments are currently engaged in the program. The ORS Team continues to conduct outreach to increase program participation and assist agencies in obtaining additional naloxone kits and trainings to implement the program in their respective jurisdictions.

Overdose Education and Naloxone Distribution (OEND) in Jails Project

Evidence shows that providing overdose education and naloxone distribution (OEND) to people leaving correctional settings significantly reduces overdose deaths post-release. In January 2021, the Overdose Response Strategy (ORS) launched a 90-day project, culminating in the creation of the ORS OEND in Jails Learning Community, which leverages the connections, resources, and experience of PHAs and DIOs to expand OEND in jails.

PHAs and DIOs who participate in the OEND Learning Community reported a total of 54 contact attempts, targeting 29 jails, six behavioral health organizations, and 19 organizations categorized as "other" (health departments and public safety organizations). Out of the 54 contact attempts, ORS participants successfully engaged 35 organizations in conversations about implementing OEND in jails. To date, a total of 16 jails, 11 of which are located in South Carolina, indicated intentions to implement OEND in the future. Six jails across Missouri, Texas, Illinois, and South Carolina completed additional actions to implement OEND programs.

In addition, a jail in South Carolina and one in Texas established formal partnerships with organizations that support naloxone access and distribution.

The OEND in Jails Learning Community continues to meet monthly to support PHAs and DIOs as they expand jail-based OEND in their states. Through this offering and other training and technical assistance, the ORS hopes to see a continued growth in jails participating in OEND to reduce overdose morbidities and mortalities among justice-involved populations.

[To review the full ORS OEND in Jails Project Report, click here.]

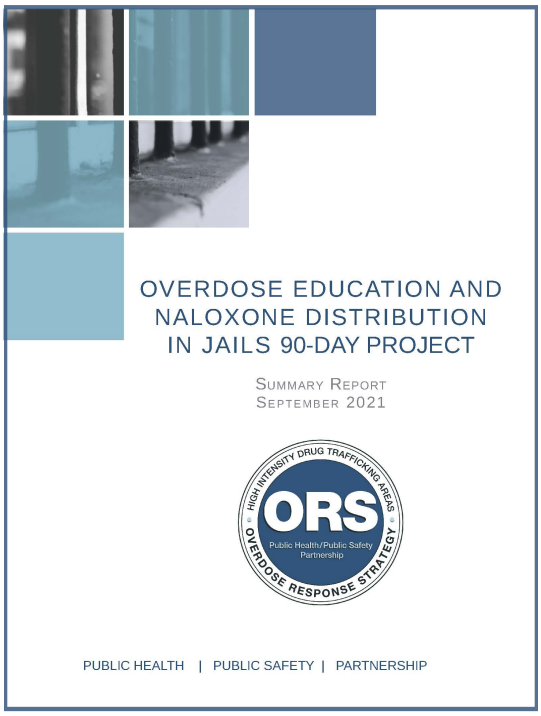


Figure 9: ORS OEND in Jails Project Report

Goal 3: Design and use promising strategies at the intersection of public health and public safety.

PHAs and DIOs bring public health and public safety partners to the table to coordinate responses for novel, emerging drug threats, where evidence-based strategies may not exist. As part of their role in helping communities respond to overdoses, PHAs and DIOs also assist in the development of programs that link at-risk populations to care and treatment services for opioid use disorder or find novel ways to support first responders in communities hardest hit by the overdose epidemic.

Leveraging public health and public safety resources to address the overdose epidemic in underserved communities

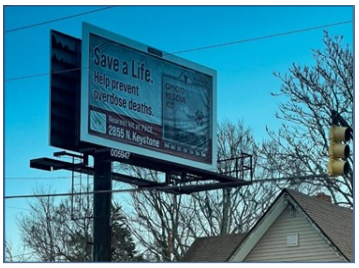


Figure 10: Overdose Prevention Billboard, Indiana

In Indianapolis, the Public Advocates in Community re-Entry (PACE) developed the Overdose Crisis Community Intervention Team (POCCIT) as an innovative effort to address the opioid overdose crisis devastating Black and Brown communities through a coordinated, multi-disciplinary effort. Partners on this team include state and county-level public health departments, public safety agencies, overdose prevention non-profits, the American Red Cross, local businesses, and neighborhood associations. To support the development and implementation of POCCIT, the Indiana ORS Team helped PACE obtain funding through the Indiana HIDTA to pay for product safe boxes, Naloxone boxes, 12-week bus passes, yard signs, posters, decals, and product distribution bags.

The funding also paid for eight, strategically placed billboards that ran for 8 weeks and were responsible for several referrals to PACE for support and resources. Additionally, the ORS Team provided information on drug trafficking trends and intelligence available for public use, technical assistance through partnerships with public health and law enforcement agencies, and expertise to ensure that the program is culturally sensitive and appropriate for the communities served. Additionally, the PHA continues to assist with the development of an evaluation for the program.

Figure 11: Product Distribution Bags

To date, three community gatherings have been held, where product safe boxes (Figure 11), product distribution bags (Figure 12), and naloxone kits were distributed. The product safe boxes contain multiple doses of naloxone and were distributed to businesses. These boxes are stored in areas where only employees can access them, which differs from other types of naloxone boxes that are kept in public spaces where anyone can obtain naloxone as needed. During one of the community gatherings held by PACE, the PHA presented on fentanyl and overdose prevention from an anti-stigma and harm reduction lens. Overall, these community events have been well-attended, featuring subject matter expert speakers from local government, first responder agencies, and nonprofit organizations, and there are plans to continue these events throughout the remainder of 2022.

Figure 12: Product Safe Boxes

Developing strategies for the effective allocation of opioid settlement funds

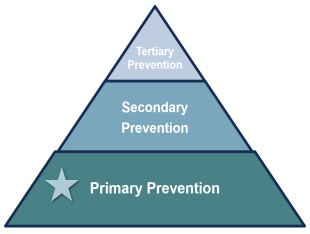
Figure 13: Utah Opioid Settlement Priorities Survey Website

Utah, along with many other states across the country, will soon begin receiving settlement monies from opioid litigations designated to ameliorate the harms of the opioid epidemic. To ensure that funds are spent in a way to maximize benefit to the public, the Opioid Settlement Advisory Committee (OSAC), part of the Attorney General's Utah Opioid Task Force (UTOTF), was formed to provide Utah policymakers and stakeholders (both statewide and local) with reliable guidance and subject matter expertise.

Using the Colorado Opioid Crisis Response Blueprint as a framework, the Utah PHA assisted the OSAC by developing a survey for Utah's subject matter experts (SMEs) to gather their opinions on the best strategies to allocate the funds. In addition to the SME survey, the PHA assisted the OSAC in gathering input from the public, whose voice in this process was critical. The PHA developed an online, public version of the survey, and a website to educate the public on the settlements and their intended use. The Utah DIO was instrumental in assisting the OSAC in engaging and generating support for this effort among key public safety stakeholders, including law enforcement. Over 100 SMEs across public health and public safety responded to the survey.

Overall, the SMEs prioritized using opioid settlement funds to expand treatment and recovery opportunities, with an emphasis in rural areas, followed by expanding needed services. The expanding needed services category was intended to identify and fund programs and services that currently do not exist or receive limited funding. Examples include programs to establish and maintain stable housing, social-legal partnerships that deliver focused legal services, and scholarship programs to help people affected by Opioid Use Disorder obtain higher education. In addition, over 1,000 members of the general public made their voices heard through the public version of the survey which can be accessed using the following link: https://www.utahopioidpriorities.org.

Goal 4: Use effective and efficient primary prevention strategies that can reduce substance use and overdose long term.



ORS Teams often work with local partners to understand the needs of high-risk populations, educate communities about the risks associated with drug use, and ensure the adoption of evidence-based practices.

Educating communities about the growing threat of counterfeit pills

In 2020, New Mexico had the 11th highest rate of drug overdose deaths in the US. Of the 66% of deaths involving opioids, 39% involved fentanyl[1]. To combat the growing threat of fentanyl, the New Mexico PHA piloted alternative response teams in HIDTA-designated counties across New Mexico, along with an illicitly manufactured fentanyl toolkit (IMFT) that was developed using a fentanyl education and awareness toolkit from Arizona. With support from the New Mexico HIDTA and guidance from the NM DIO, the PHA tailored the materials in the Arizona toolkit to include New Mexico-specific information and resources, such as treatment resources, behavioral health hotlines, fentanyl test strips, and OEND programs. The toolkits are also tailored to address the unique needs and greatest challenges of each county.

Thus far, the project has seen great success. In January 2022, a total of 300 toolkits were distributed in Rio Arriba County, and there are plans underway to implement the project in 2 additional counties, San Juan and Eddy Counties. The toolkits are distributed to law enforcement and EMS agencies in each of the HIDTA counties on a 3-month basis for them to disseminate when responding to calls involving suspected drug use or overdose.

The toolkit will soon be expanded in all 17 HIDTA counties in the state. Additionally, the toolkit goes in tandem with a recent billboard project that was implemented across the state on major highways and interstates. The link provided on the billboard directs individuals to the New Mexico HIDTA website for relevant education and resources and is included in the toolkit to improve access and use of the available resources. The PHA is working with the Behavioral Health Services Division, the Mental Health and Substance Abuse State Authority for New Mexico, and the State Opioid Response Grant to secure funding for large quantities of naloxone for the ORS Team to include in the toolkits.

Supporting educational campaigns to raise awareness about counterfeit pills

Connecticut

In this photo, the CT ORS Team presents at the 2021 ORS National Conference

Due to the increase in availability and accessibility of counterfeit prescription drugs, prevention coalitions in Connecticut developed a social marketing campaign to educate communities and encourage conversations about the counterfeit pill crisis, with the ultimate goal of preventing overdose deaths. The campaign, "You Think You Know", was designed to focus on youth, young adults, and parents/caregivers, raising awareness about how teens and young adults are accessing prescription drugs, why they are using them, the lethal risks of obtaining counterfeit pills, and available prevention, treatment, and support resources.

The Connecticut ORS Team played a key role in this initiative, serving on the core committee that developed the content for the campaign and facilitated its implementation and promotion. Using his expertise, the DIO provided accurate information about the concerns and dangers in the illicit drug market in Connecticut and the region. The PHA's expertise in substance use prevention was invaluable in crafting messages that resonated with the target audience – youth and parents. Together, the ORS Team provided useful data and materials that are still utilized in the campaign.

The campaign officially launched in September 2021 and has received a great deal of attention locally, statewide, and nationally. Its work has been promoted through the campaign's website, bus ads, billboards, social media posts, website banner ads, print ads, press releases, as well as state and national conferences. In the second phase of the campaign in early 2022, a toolkit was released, allowing other states and coalitions access to the educational materials for dissemination in their respective communities, along with a monthly newsletter and blog that features local subject matter experts and individuals and families with lived experience. As of June 2022, the campaign has had over 62,000 social media impressions, over 12 million paid promotion impressions (billboards, banner ads, bus and print ads, geofencing, etc.), and over 10,000 website page views. To date, the toolkit has been downloaded by organizations in seven states.

The ORS CT Team played a key role in the launch of the "You Think You Know" campaign.

Furthermore, the campaign won a Gold MarCom Award, an international creative marketing competition that recognizes and honors outstanding achievement by marketing and communication professionals, and it was also featured in the Community Anti-Drug Coalitions of America (CADCA) Coalitions in Action Newsletter.

The Connecticut ORS Team continues to promote the campaign at meetings, webinars, and conferences across the state and country. The campaign is currently approved by the Connecticut Department of Mental Health and Addiction Services for use by the State Opioid Response and Strategic Prevention Framework Rx grantees, and the PHA is exploring opportunities to have this as an approved campaign by the Connecticut Department of Health for CDC Overdose Data to Action (OD2A) grantees in the state.

Minnesota

Minnesotans aged 15-24 experienced a 26% increase in drug overdose deaths in 2020, and those aged 25-34 experienced a 57% increase. This indicates the need to focus on youth and young adults in overdose prevention efforts, warning them of the dangers of opioid misuse, especially counterfeit pills, and connecting them to harm reduction and treatment resources. With the support of the Minnesota ORS Team, the North Central HIDTA is partnering with the Minnesota Department of Health and Russell Herder, an advertising agency, to conduct a digital media campaign among this population using Snapchat, Google ads, and Facebook/Instagram. The ads direct the audience to a website called "Know the Dangers", which is sponsored by the Minnesota Department of Human Services. This website provides extensive resources, including a naloxone finder, treatment finder, overdose data, and testimonials from people who are in recovery.

The ORS Team supported the development of specific campaign strategies and continues to provide feedback on messaging. Planning for this campaign started in 2021, and it officially launched in February 2022. Ads have been viewed more than 12.6 million times in the target geography and more than 61,000 people have been directed to additional resources on the Know the Dangers website. The campaign is scheduled to run for 6 months, with plans to expand it dependent on funding.

ORS PILOT PROJECTS

To build the evidence base for promising practices in opioid overdose prevention, CDC and the National Association of City and County Health Officials (NACCHO) are working with several ORS states to develop and implement local projects designed to reduce overdoses. CDC provides technical support to these high need areas and works with ORS PHAS and DIOs to ensure that the pilot projects are successfully implemented and that their progress and impact are monitored effectively.

ORS PILOT PROJECTS

Grady Health Systems - Georgia

In the first year of the ORS pilot project funding, Grady Hospital's Mobile Integrated Health Program established a Post-overdose Outreach Program (POP). Clients were identified for referral to POP after being treated either in the Emergency Department or through Emergency Medical Services. Two Peer Support Specialists (PSS) were employed to contact patients post-overdose, to assess their stage of change and develop rapport. After establishing a relationship, the PSS provides harm-reduction education, connects patients to community resources, and links them to treatment when appropriate. During the second year of funding, the continuation project adapted to COVID-19 restrictions and PSSs now primarily interact with referred clients through telephone calls and online meetings. If in-person meetings are necessary, program staff and clients adhere to social distancing and mask guidelines. The program was renewed for the 2020-2021 funding cycle and plans are underway to partner with the Atlanta Police Department's (APD) Training Academy and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) State Opioid Response Program. Through DBHDD's State Opioid Adapted Response training, a select group of police officers will be educated on crisis intervention, de-escalation techniques, the identification of symptoms of opioid use and mental health crisis, the proper use of naloxone, and connecting with community partners engaged in substance use prevention.

The POP will continue to receive referrals made from the Emergency Department and Emergency Medical Services, but the partnership with APD will allow for the additional recruitment of clients to the program, while building the APD's capacity to respond to drug overdoses and expanding the reach of DBHDD's training. POP partnered with Atlanta Harm Reduction and other community-based organizations to host two community outreach events during the summer of 2021. During the events, the POP team provided individuals with overdose education and naloxone, enrolled participants into the program, and had other services available including COVID-19 vaccinations, HIV testing, and housing resources.

Community Network of Behavioral Healthcare - Missouri

Missouri's statewide Engaging Patients in Care Coordination (EPICC) Program serves as a bridge to support people as they transition through different stages of substance use disorder treatment. Certified recovery coaches with lived experience provide outreach services to encourage clients to engage with community treatment providers. Recovery coaches are available 24/7 through dedicated hotlines and work with clients to establish immediate linkages to substance use and MOUD services as well as needs associated with housing, transportation, access to technology and more. ORS pilot project funds supported the expansion of the EPPIC model in the Western Region of the state, particularly the Kansas City Metropolitan Area, establishing EPPIC as a referral option for EMS providers, developing a new partnership with an emergency department to increase referrals, and expanding recovery coach services to individuals who use stimulants.

Catholic Charities Care Coordination Services - New York

Catholic Charities Care Coordination Services (CCCCS), in partnership with the Albany County Correctional Facility (ACCF), has been working to expand services and rigorously evaluate the CCCCS Harm Reduction Re-Entry Wrap Around Project. Prior to release from ACCF, a Harm Reduction Re-Entry Specialist from CCCCS works with referred individuals within ACCF to provide support with discharge planning, harm reduction education, and wraparound services designed to support their transition back to the community. If a client wishes to remain on MOUD while at ACCF, the Re-Entry Specialist will help to ensure a connection is made to a community-based MOUD provider. Services also include providing overdose trainings for all interested participants, the provision of naloxone upon discharge, linkage and referral to housing resources and other basic needs, peer recovery services, and linkage to other vital health care services. The Re-Entry Specialist maintains contact with clients who wish to remain engaged with the program post-release. In the first year, the project exceeded the initial objective to connect over 150 returning citizens to Re-Entry services, despite unexpected limitations from COVID-19. This second year of funding has allowed the expansion of evaluation plans, including 3- and 6-month client follow-ups, to capture primary outcome events like relapse, arrest, overdose, and re-incarceration. CCCCS has partnered with the State University of New York at Albany School of Public Health to develop the evaluation design and data collection tools. Program objectives also include community-engagement activities to develop strategies for improved utilization of the CCCCS Harm Reduction Re-Entry Services among racial/ethnic minorities. This continuation project also explores possible data sources to objectively capture the program's long-term impact on overdose mortality and morbidity, as well as recidivism across criminal justice jurisdictions, and administers a program experience survey to improve services for clients.

North Carolina Harm Reduction Coalition - North Carolina

Exit from incarceration is a risky time for those with opioid dependence and puts them at substantially increased risk for overdosing when compared to justice-involved populations with no history of substance use or the general population. In the first year of ORS Pilot Project funding, the North Carolina Harm Reduction Coalition (NCHRC) with the support of the North Carolina PHA, developed and implemented an overdose education and naloxone distribution program to be implemented in three county jails to reduce overdoses upon community reentry, and to provide linkages to community resources. Upon release individuals receive a naloxone kit and information about resources available within the community, such as MOUD providers, syringe exchange programs, and other harm reduction services. As of April 2021, 165 participants completed the training curriculum and 100 of those had never received naloxone training before. Evaluation results are showing increased knowledge on how to administer naloxone, and improved confidence in responding to and administering naloxone. The pilot project was funded for a third year to continue providing jail-based overdose education and linkage to care upon release to follow up with participants post-release to evaluate program successes and gaps, and to develop and implement training for jail staff on the opioid epidemic and overdose risk.

Metro Drug Coalition - Tennessee

The Metro Drug Coalition (MDC) partnered with Knox County public health and public safety to pilot the development and use of a cloud-based telehealth platform to host virtual Overdose Fatality Review (OFR) Team meetings, since in-person meetings were no longer viable due to the COVID-19 pandemic. MCD is a nonprofit organization that aims to increase access to evidence-based prevention education, harm reduction programs, and recovery support services for anyone needing to maintain or seek a life free from substance misuse. The planning grant was used to create an advisory board consisting of experts in OFRs, evaluation, and information technology; work with a telehealth organization to develop the platform; and hold a pilot test meeting, and administer a user experience survey to evaluate and get feedback on the platform. The telehealth platform provides a secure, HIPAA-compliant, virtual meeting space to host OFR meetings and view case information, to store and share documents, and to track regulatory compliance and internal reporting.

The Courage Center - South Carolina

The Courage Center (TCC) provides traditional and virtual recovery support services for people with substance use disorder and their family members. This implementation grant built off the established Community Outreach Paramedic Education (COPE) program that engages a multidisciplinary team of a paramedic, peer support specialist, and law enforcement officer to conduct outreach visits and enroll individuals in treatment who have been administered Naloxone. The Coordinated Overdose Response and Engagement pilot project will expand the COPE program through two main strategies: post-overdose outreach with innovative technology enhancements, and improved data-sharing, primarily with Overdose Fatality Review (OFR) and the Overdose Detection Mapping Application Program (ODMAP). In its first strategy, Lexington's innovative model bridges gaps in existing statewide post-overdose outreach models with connections to a recovery community organization, a mobile outreach program, and broader access to treatment services. During transport following Naloxone administration from a first responder or layperson, EMS gives an opioid overdose survivor a pouch with a resource card and pre-paid cell phone programmed with TCC's phone number.

Within 24 hours post-overdose, a TCC peer recovery coach calls the phone to offer survivors assistance in navigating local services like MOUD and treatment services, recovery coaching, and wraparound services like employment, food, and housing. As part of the second data-sharing strategy, the Coroner's Office will implement the first Overdose Fatality Review in the state aligned end-to-end with Bureau of Justice Assistance best practices and will prioritize cases representing opioids and stimulants, as well as rural and urban areas.

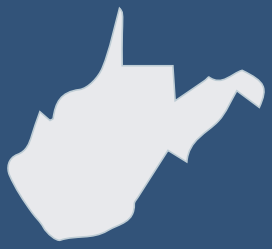
Turning Point Recovery Center - Vermont

After a successful planning grant cycle to develop the Supportive Outreach Project (SOP) in Springfield, VT, the project partners received an implementation grant in 2021 to expand to Bellows Falls, VT. The SOP engages individuals who have experienced an overdose and had contact with law enforcement or fire/EMS. The recovery team, made up of a social worker/police liaison and trained recovery coach, developed an online system to receive referrals from various agencies including first responders when someone experiences an overdose. The team follows up with those individuals to offer linkage to treatment, harm reduction services, ongoing coaching, housing assistance, and other social services.

In the event of a fatal overdose, the outreach team works to provide support and bereavement services to loved ones. The SOP has expanded to include additional local organizations that provide support and referrals, such as Department of Corrections, Department for Children and Families, and organizations that provide support and services to family members and children of individuals impacted by SUD. The SOP is expanding its services with additional partners in Bellows Falls, Windsor, Chester, and Ludlow, as well as providing support to similar initiatives in Hartford and Bennington, VT.

Monongalia County Health Department - West Virginia

The Monongalia County Health Department's Quick Response Team (QRT) has connected over 300 individuals to treatment or services since its initiation in Spring 2019. Partners engaged with the QRT identified the need for a more uniform and data-driven process to evaluate where the program may be missing individuals who could benefit from their services. The objectives for this implementation grant were to enhance and expand QRT services, generate measurable outcomes to determine the success of the program, and continue to engage additional relevant community partners in the QRT mission. Prevention strategies of the QRT include engagement of Peer Recovery Specialists in individual post-overdose follow-up, whenever possible, distribution of naloxone and QRT contact cards in overdose hotspots, training to administer naloxone and CPR, participation of local Trauma Center Emergency Departments in distributing naloxone to patients treated for overdose, as well as supporting patients in entering treatment for substance use. The QRT aims to enhance and expand services by improving data sharing between public health and public safety partners to identify overdoses in a timely manner, using statistical analysis and data visualization to inform the QRT, and enhancing response efforts to spikes in overdoses identified from ODMAP and other systems utilized by Monongalia County partners.



2021 ORS Cornerstone Project

Every year, the ORS undertakes a Cornerstone Project to answer common questions and address shared informational needs to improve understanding of and response to the overdose crisis.

Due to challenges presented by the COVID-19 pandemic, a Cornerstone Project was not completed in 2020. The 2021 Cornerstone Project examined existing resources on stimulants available from public health, public safety, and harm reduction agencies.

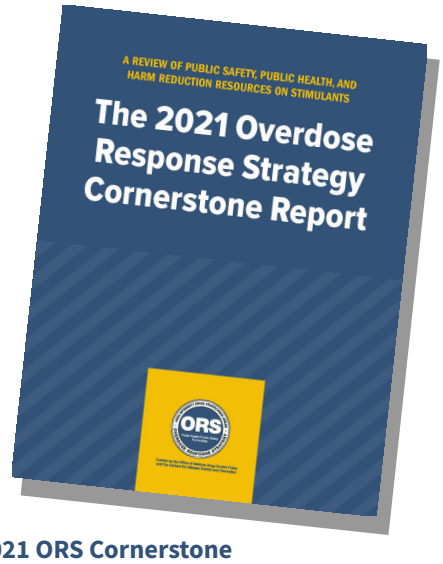
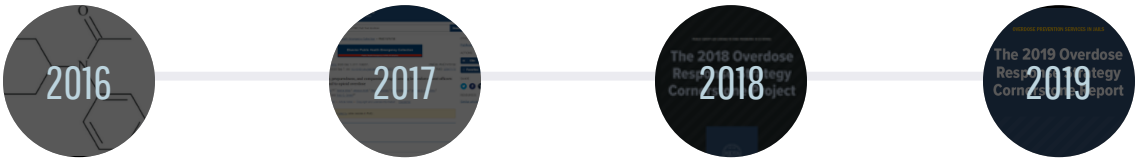


Figure 14: 2021 ORS Cornerstone Project Report

To date, the following Cornerstone Projects have been completed:



2016 — The presence and status of fentanyl analogs

2017 — Law enforcement knowledge, understanding, and experience implementing 911 Good Samaritan laws

2018 — Public safety-led programs that link people with opioid use disorder (OUD) to evidence-based care

2019 — Implementation of evidence-based overdose prevention services in jails

ORS Training and Technical Assistance

National ORS Highlights

As the ORS grows and expands, there has been an increased need for regular collaboration and information sharing amongst our ORS teams. To address this need, the ORS implements monthly National ORS Highlights webinars to increase awareness of activities and successes across the program and to promote cross-state collaboration. Each month, a subset of ORS Teams, in a rotating regional pattern, present information about their state/territory, including drug trends, their current projects and key partner organizations, and any lessons learned. These meetings allow the program to better accommodate the larger audience of the ORS, provide additional opportunities for connection between states in the same region, and provide space for our federal, state, and local partners to connect with the ORS Teams and their work.

ORS Continued Training Efforts

To further support the state and local efforts, the ORS provides regular training opportunities to ensure that ORS teams and partners have access to the latest information and science on drug threats, as well as overdose prevention and response strategies. ORS trainings are often facilitated by external subject matter experts (SMEs) about emerging topics, such as the impacts of COVID-19 on the overdose epidemic and response efforts, overdose fatality reviews (OFRs), and adverse childhood experiences (ACEs).

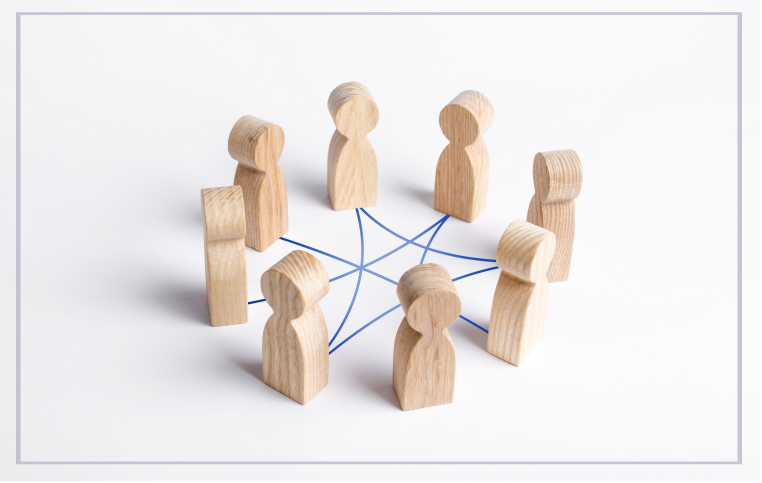
The program continually works to identify and respond to the training needs of ORS teams and partners. In 2021, the ORS hosted 17 webinars, consisting of information and training on relevant strategies and programs, including Overdose Education and Naloxone Distribution (OEND) in Jails, ODMAP, Fentanyl Test Strips, rural response programs, peer recovery support, DEA Toxicology Testing, and more.

ORS Regional Structure and Meetings

As the ORS expanded into a national program, DIOs and PHAs identified the need to share information about drug trafficking trends and innovative overdose prevention and response efforts within their geographic region. As a solution, two states hosted ORS Teams from across their geographic region for an in-person meeting to network, discuss current projects and drug trends, and share strategies and best practices. After witnessing the success of these grassroots meetings in 2021, the ORS Management Team is currently working to expand these meetings to every region of the United States in 2022.

Evaluating the Impact of the ORS

Evaluating the unique contributions of the ORS is important for understanding which partnership components, networking efforts, and mutually reinforcing activities lead to shared, collective efforts to reduce drug overdoses and save lives. Although an evaluation plan was not developed when the ORS began, components were put in place that positioned the ORS to conduct meaningful evaluation. In its infancy, the ORS focused on forming the public health/public safety model, securing funding, and establishing ORS teams. The program also created work plans to track state and local activities, demonstrate alignment with the ORS's goals and identify success stories. With the program's national expansion, the ORS leadership team recognized the need for a formal and comprehensive evaluation plan to assess the work of the ORS and thus, contracted with Health Management Associates, Inc. (HMA) to prepare this plan.



To develop the evaluation plan, HMA conducted interviews and strategy sessions with various ORS stakeholders representing different perspectives of the program, including representatives from national and state public health and public safety partner organizations, select PHAs and DIOs, the ORS Executive Committee, and members from the ORS leadership team. Based on their findings, HMA began creating the ORS evaluation plan, which focuses on assessing the intermediate outcomes of three key strategies employed by the program at the national and state/territorial levels: connecting public health and public safety, sharing data and information, and supporting evidence-based and promising practices. The plan is based on two key frameworks: Collective Impact and Organizational Network Analysis (ONA). These frameworks provide a way to look at the strength of the relationship between public health and public safety, and the way the relationship is leveraged to advance program goals and objectives.

The ORS was not initially designed using the Collective Impact framework; however, the program shares similar elements in its approach. This framework not only encourages collaboration, but it requires an intentional and systemic approach to building relationships between organizations and sectors and measuring progress toward shared goals. Collective Impact has five key components for success: (1) a common agenda, (2) backbone support organizations, (3) mutually reinforcing activities, (4) shared measurement, and (5) continuous communication.[20] The ORS, at the national level, serves as a backbone organization to state and regional level efforts to address overdose in the areas of public health and safety. Given how closely the National ORS Core Team (which refers to the ORS Executive Committee, ORS Management Team, & Coordination Staff) mirrors what a backbone organization looks like in Collective Impact initiatives, it is important to examine the success of this role when evaluating the ORS.

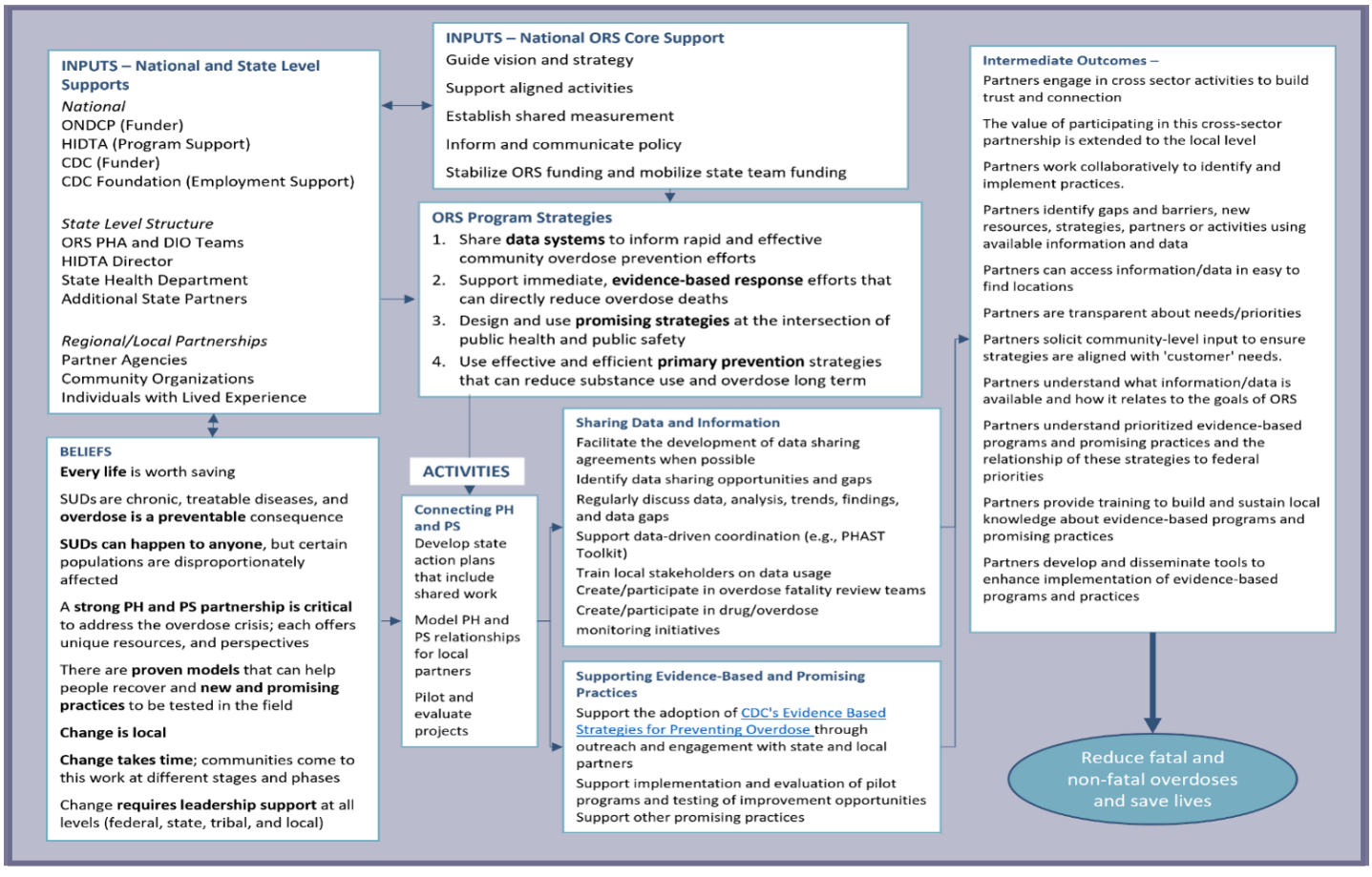
The second framework used for evaluating the ORS is Organizational Network Analysis (ONA), which utilizes social networking theory, empirical research, and measurement approaches to determine, visualize, and describe the relationships between nodes and links in an organization. Nodes are the key actors that hold the critical knowledge, information, or resources in an organization. The links or ties are the relationships that exist or are created between the nodes and others.[21]Coordination across public-sector and government entities, which is a critical component of the ORS, would benefit from a better understanding of how information travels, where resources may be inadequate to support that flow of information, and what or where are the root causes of disruptions in those dynamics.[21,22] In the case of the ORS, elements of ONA are used to assess the quality of relationships, the trust between partners, the value that each partner brings to the larger collaborative, resources shared between partners, and whether process and output measures are achieved as a result of collaboration across the sectors.

ORS Logic Model

The ORS logic model provides the roadmap for where the ORS program is going, including what is needed to get there and the milestones along the way to measure progress.

It is an essential planning and evaluation tool, but also a powerful communication tool to convey the most important and effective components of the program. The ORS logic model serves as the foundation for the program's design, implementation, and measurement. The ORS program represents a unique approach to a complex and evolving public health problem requiring responses that are evolving with it. As such, the ORS logic model should be adapted as the program grows, the partnership between public health and public safety matures and deepens, and activities are refined to best meet the need and what is known about the overdose crisis.

Figure 15: ORS Logic Model



Acronyms: CDC, Centers for Disease Control and Prevention; DIO, Drug Intelligence Officer; HIDTA, High-Intensity Drug Trafficking Areas; ONDCP, Office of National Drug Control Policy; PH, Public health; PHA, Public Health Analyst; PS, Public safety; PHAST, Public Health and Safety Teams Toolkit; SUD, Substance use disorder.

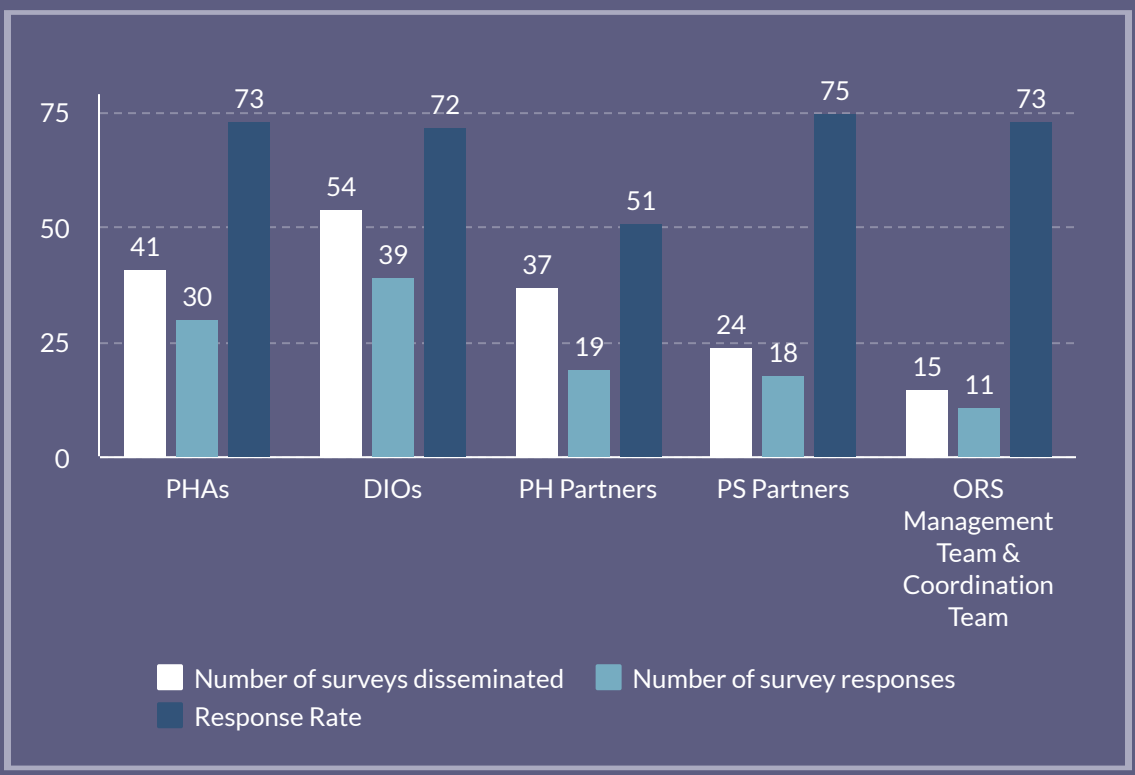
ORS Annual Evaluation Survey

As the ORS expanded into a national program, it became critical to collect feedback from all the program's key stakeholder groups, including the National ORS Core Team, ORS PHAs and DIOs, and ORS Public Health and Public Safety partners, to understand what components of partnership, networking and mutually reinforcing activities have led to shared, collective efforts to reduce drug overdoses and save lives. In 2022, the ORS launched its first program-wide survey to assess the progression and impacts of this unique partnership between public health and public safety. The baseline survey was administered in January 2022, asking participants to respond based on how the program operated in 2021.

Survey Results

A total of 171 surveys were disseminated to the 5 key ORS stakeholder groups. Table 1 below highlights how many of the 171 surveys were disseminated to each stakeholder group, and of those, how many survey responses were received. A total response rate of 68% was achieved across all stakeholder groups which exceeds the average online survey response rate of 30%.

Table 1: Survey Demographics



The results of this baseline survey indicate that ORS public health and public safety partners view the program as a facilitator for learning, coordination, and alignment of overdose prevention and response efforts across states, territories, and local jurisdictions. Data-sharing among both sectors is considered crucial for decision-making and identifying strategies to reduce overdoses and save lives. Continued relationship-building, communication, education, and problem-solving is critical in responding to the needs of the stakeholder groups, overcoming barriers, and continuing the progress the ORS has made.

Key Findings

- **Over 90% of respondents agreed or strongly agreed** that the ORS program and state/local efforts build a common understanding of the problem that needs to be addressed.
- **An average of 92% of all respondents agreed or strongly agreed that their** state/local level efforts can better address overdoses due to their involvement with the ORS program.
- **About 86% of respondents agreed or strongly agreed** that the ORS program has an appreciation for how local context influences implementation of ORS goals.
- **About 72% of respondents agreed or strongly agreed** that their ORS partners were leveraging the strengths of public health to reduce fatal and non-fatal overdoses, while 63% agreed or strongly agreed that the strengths of public safety were leveraged to that same end.
- **Both public health and public safety partners identified** relationship-building and data/information sharing across the two disciplines as the most impactful aspects of the collaboration.
- **The most challenging aspects of this collaboration cited** were challenges related to COVID-19 and working remotely, navigating sensitive relationships, and building trust across partners.

CONCLUSION

Collaboration between public health and public safety is a critical step to saving lives and responding to the drug overdose crisis. There are mutual benefits to coordination across sectors that can help each to fulfill their roles. These partnerships generate challenges and successes; however, the ORS has demonstrated that these partnerships are possible at multiple levels of government—federal, state, and local. The ORS serves as a model that could potentially be replicated across other health and safety issues, such as gun violence, bioterrorism attacks, or other fields. It is beneficial for public health and public safety entities to pursue opportunities for collaboration and to monitor the innovation and impact made possible by their partnership.

References

1. Centers for Disease Control and Prevention. (2022). Death Rate Maps & Graphs. Retrieved from https://www.cdc.gov/drugoverdose/deaths/index.html
2. Centers for Disease Control and Prevention. (2022). *U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%*. Retrieved from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.
3. Ahmad, F. B., Cisewski, J. A., Rossen, L. M., & Sutton, P. (2022). *Provisional Drug Overdose Death Counts*. National Center for Health Statistics- Vital Statistics Rapid Release. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
4. Centers for Disease Control and Prevention. (2021). *Opioid Data Analysis and Resources*. Opioids. Retrieved from https://www.cdc.gov/opioids/data/analysis-resources.html
5. Friedman, J., & Akre, S. (2021). Covid-19 and the Drug Overdose Crisis: Uncovering the Deadliest Months in the United States, January-July 2020. *American Journal of Public Health*, *111*(7), 1284–1291. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2021.306256?journalCode=ajph
6. *Unprecedented increase in overdose deaths during the covid-19 pandemic – with substantial regional variation*. Recovery Research Institute. (2021, September 21). Retrieved from https://www.recoveryanswers.org/research-post/unprecedented-increase-overdose-deaths-covid-19-substantial-regional-variation/
7. Cartus, A. R., Li, Y., Macmadu, A., Goedel, W. C., Allen, B., Cerdá, M., & Marshall, B. D. (2022). Forecasted and observed drug overdose deaths in the US during the COVID-19 pandemic in 2020. *Forecasted and Observed Drug Overdose Deaths in the US During the COVID-19 Pandemic in 2020*, *5*(3).https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790177
8. Friedman, J. R., & Hansen, H. (2022). Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. *JAMA Psychiatry*, *79*(4), 379. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2789697
9. Drug Enforcement Administration. (2021). *Counterfeit Pills Fact Sheet*. Washington D.C. Retrieved from https://www.dea.gov/documents/2021/2021-12/2021-12-16/fake-pills-factsheet.
10. President Biden Calls for Increased Funding to Address Addiction and the Overdose Epidemic. (2022, March 28). *The White House*. Retrieved from https://www.whitehouse.gov/ondcp/briefing-room/2022/03/28/president-biden-calls-for-increased-funding-to-address-addiction-and-the-overdose-epidemic/.
11. President Biden Releases National Drug Control Strategy to Save Lives, Expand Treatment, and Disrupt Trafficking. (2022, April 21). *The White House*. Retrieved from https://www.whitehouse.gov/ondcp/briefing-room/2022/04/21/president-biden-releases-national-drug-control-strategy-to-save-lives-expand-treatment-and-disrupt-trafficking/.
12. Executive Office of the President Office of National Drug Control Policy, National Drug Control Strategy (2022). Retrieved from https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf.
13. To Support New Strategy, ONDCP Announces $275 Million to Disrupt Drug Trafficking, and Illicit Finance. (2022, April 28). *The White House*. Retrieved from https://www.whitehouse.gov/ondcp/briefing-room/2022/04/28/to-support-new-strategy-ondcp-announces-275-million-to-disrupt-drug-trafficking-and-illicit-finance/.
14. White House Releases List of Actions Taken by the Biden-Harris Administration Since January 2021 to Address Addiction and the Overdose Epidemic. (2022, January 18). *The White House* . Retrieved from https://www.whitehouse.gov/ondcp/briefing-room/2022/01/18/white-house-releases-list-of-actions-taken-by-the-biden-harris-administration-since-january-2021-to-address-addiction-and-the-overdose-epidemic/.
15. CDC Foundation Advances Overdose Response Strategy with Nationwide Support. (2022, July 13). *CDC Foundation* . Retrieved from https://www.cdcfoundation.org/pr/2022/overdose-response-strategy-nationwide-support.
16. NETI Rural Areas Project: A Feasibility Study by the National Emerging Threats Initiative Centers for Disease Control and Prevention. (2018).
17. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. Retrieved from: https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
18. Scharf, B., Sabat, D., Brothers, J., Margolis, A., & Levy, M. (2020). Best Practices for a Novel EMS-Based Naloxone Leave behind Program. Prehospital Emergency Care, 25(3), 418-426. doi: 10.1080/10903127.2020.1771490
19. National Council for Mental Wellbeing. (2021). Training and Educating Public Safety to Prevent Overdose Among Black, Indigenous, and People of Color Communities: An Environmental Scan. Washington, D.C. Retrieved from https://www.thenationalcouncil.org/resources/training-and-educating-public-safety-to-prevent-overdose-among-black-indigenous-and-people-of-color-communities-an-environmental-scan/
20. New Mexico Department of Health. (2022). Drug Overdose in New Mexico. Retrieved from https://www.nmhealth.org/publication/view/marketing/2117/
21. Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review, 9(1), 36–41. https://doi.org/10.48558/5900-KN19
22. Merrill J, et al. Description of a Method to Support Public Health Information Management: Organizational Network Analysis. Journal of Biomedical Informatics 40: 422-428. 2007.
23. Dornisch D. Network Analysis of Public Sector Coordination and Collaboration: Conceptual and Methodological Applications. US Government Accountability Office, 1994. Accessed on Feb. 7, 2021 at https://www.aaai.org/Papers/ICCCD/2007/ICCCD07-008.pdf

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