



2022

ANNUAL REPORT

Making a Difference Through Partnerships

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EXECUTIVE SUMMARY

The Overdose Response Strategy (ORS) program is an unprecedented public health-public safety partnership between the Office of National Drug Control Policy (ONDCP) and the U.S. Centers for Disease Control and Prevention (CDC) through their support of the High Intensity Drug Trafficking Area (HIDTA) program and the CDC Foundation. At its core, the ORS is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing drug overdose deaths and saving lives.

In 2022, the ORS was highlighted in the **Biden-Harris National Drug Control Strategy** as a Public Health and Public Safety Collaboration Success, under Principle 1B, which emphasizes the need to improve information sharing and cooperation across all levels of government between public health and public safety entities to improve health outcomes and build health equity.

The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information and supporting evidence-based interventions. The ORS supports collaboration between public health and public safety agencies at federal, regional, state, local and tribal levels. This report describes the current state of the drug overdose epidemic and outlines key strategies employed by the ORS in 2022 to save lives and protect communities. As demonstrated in this report, the ORS effectively addressed other emerging drug threats, such as synthetic and illicitly manufactured fentanyl (IMFs) and xylazine, as well as lingering risks and challenges posed by the COVID-19 pandemic.

The ORS expanded its partnerships for the seventh consecutive year, resulting in 60 ORS teams of a Drug Intelligence Officer (DIO) and a Public Health Analyst (PHA) in all 50 states, Puerto Rico and the U.S. Virgin Islands. ORS teams supported the development and implementation of projects at the intersection of public health and public safety that aligned with the ORS' four program goals. To learn more about the ORS' program goals, refer to page nine.

To build the evidence base for promising practices in overdose prevention, CDC and the National Association of City and County Health Officials (NACCHO) worked with several ORS states to develop and implement local pilot projects designed to address this issue. CDC provides technical support to these high-need areas and works with HIDTAs and ORS teams to implement the pilot projects and monitor their progress and impact.

Drug overdoses have claimed far too many lives throughout the United States, and the response to protect the health and safety of our communities must include true partnerships between sectors and jurisdictions. The ORS serves as the "north star" for the nation in this effort, modeling an effective and unique partnership between public health and public safety agencies as they share data and develop programs. Through this collaboration, agencies across the country will be better equipped to reduce drug overdoses and save lives. Although this report is not an exhaustive catalog of every ORS effort or success, it illustrates, through selected examples, the scope of work that was undertaken by the ORS, which could be adapted and implemented across the country.



“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.”¹⁹



Dr. Rahul Gupta

Director, White House Office of National Drug Control Policy (ONDCP)



"We are in an overdose epidemic, and to help combat it we need both public health and public safety working together. By sharing data, insights and trends related to drug overdoses in communities, our staff members are working in the ORS network to establish early warning signs and prevention strategies to address the epidemic. The ORS program is helping communities develop local solutions to reduce overdoses and encouraging individuals to make healthier, safer choices."¹⁹



Dr. Judy Monroe

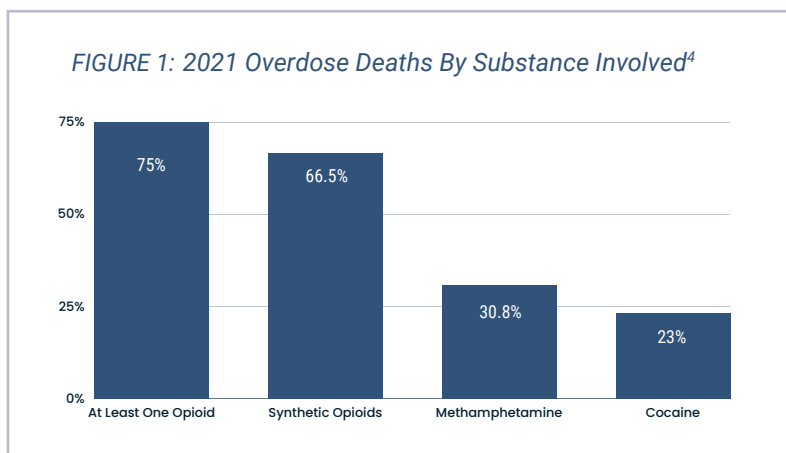
President and CEO, CDC Foundation

OVERVIEW OF THE OVERDOSE EPIDEMIC

Drug overdoses remain the leading cause of injury-related death in the United States.¹ CDC estimates that nearly 110,000 Americans have died from a drug overdose in the 12-month period ending in December 2022. Following a sharp increase in overdose deaths from 2019 to 2021, the rate of increase in overdose deaths slowed in 2022.



Tragically, the number of lives lost to drug overdose continues to be among the highest in our nation's history.² While COVID-19 contributed to factors such as reduced access to healthcare services and increased stress levels due to isolation, the United States also experienced changes in the types and purities of drugs on the market during this time.³ Most recently, the increase in overdose deaths has been linked to the rapid increase in synthetic opioids, including illicitly manufactured fentanyl (IMF), and a resurgence of stimulants, particularly methamphetamine, into the illicit drug supply (see figure 1). The availability and composition of new synthetic opioids, as well as other emerging substances, require new and innovative responses, reliable data collection and continuous monitoring of the shifting factors contributing to drug overdose deaths. With an average of more than 250 lives lost each day in the United States to drug overdose, the epidemic demands a continued sense of urgency in response.⁴



Source: Senate Health, Education, Labor and Pensions Committee

According to overdose data obtained from CDC's State Unintentional Drug Overdose Reporting System (SUDORS), the vast majority of people who died of an overdose in 2020 and 2021 were White (70% and 60%, respectively).⁵ However, drug overdose death rates vary dramatically across racial, ethnic, sex and age classifications. In 2021, the highest drug overdose death rates among racial/ethnic groups were among the American Indian/Alaska Native population (54.8 per 100,000) and the Black population (50.8 per 100,000).⁵

Data also reveals that higher drug overdose death rates exist among communities with higher rates of income inequality.⁶ The underlying causes for these disparities are not inherent attributes of any one group but a multitude of factors, including determinants of health and the different environments where people live, work and socialize.⁶ Notably, communities of color have experienced significant disparities in drug overdose death rates in recent years.

Response efforts must be tailored to underserved populations to achieve equitable reductions in drug overdose deaths, not only in disproportionately affected communities but in all communities.



THE GROWING PREVALENCE OF COUNTERFEIT PILLS

Counterfeit pills continue to pervade the illicit drug market and threaten more lives each year. In 2022, the U.S. Drug Enforcement Administration (DEA) alerted the public that 6 out of 10 fentanyl-laced counterfeit prescription pills contained a potentially deadly dose of fentanyl, up from 4 out of 10 in 2021.⁷

DEA laboratories estimated the seizure of 379 million pills in 2022.⁸ As a result of these growing trends, in September 2021, the DEA launched its “One Pill Can Kill” campaign, which raises awareness of the dangers of fentanyl-laced counterfeit pills.⁹ However, fentanyl is not the only synthetic opioid posing a great risk; fentanyl analogs are also increasingly prevalent in the United States. Analogs are similar in structure to fentanyl with variations in potency, but they are difficult to detect as they require specialized toxicology testing.¹⁰

From 2019 to 2021, overdose deaths amongst adolescents significantly increased, with a growing percentage linked to IMFs and counterfeit pills.¹¹ Simultaneously, illicit drugs have become more accessible on social media platforms including Facebook, Snapchat and Instagram that appeal to larger, younger user bases.¹² Through increased anonymity and ease of connection with millions of users, social media has effectively enabled increased drug sales and the proliferation of fake prescription pills to anyone with access to a smartphone.^{11,12} Ultimately, the rise in drug overdose deaths associated with counterfeit pills emphasizes the need for increased public health and public safety collaboration to reduce the availability of illicit drugs and increase prevention and awareness efforts, especially among youth.

EMERGING CONCERNS

In November 2022, the U.S. Food and Drug Administration (FDA) released a statement alerting healthcare professionals to the risks associated with xylazine exposure.¹³ Xylazine is a non-opiate sedative, analgesic and muscle relaxant only authorized in the U.S. for veterinary use.¹⁴ The illicit drug supply has included xylazine for at least twenty years and was specifically noted in Puerto Rico in the early 2000s and in Philadelphia since at least 2006.^{14,15} Since then, xylazine has been detected in an ever-growing number of drug overdose deaths, especially among polysubstance overdose fatalities.¹⁴ Xylazine is rarely intended for consumption as a standalone drug but is frequently consumed in combination with other illicit substances.^{14,15} Prolonged exposure to xylazine use is associated with delayed wound healing and a high risk of infection.¹⁶ Naloxone, an opioid antagonist medication effective in reversing opioid overdose, may not offer the same effectiveness with xylazine present during an opioid overdose.¹³

Synthetic opioids in the “nitazene” class, including isotonitazene, emerged as a new threat in the illicit drug supply. Isotonitazene, originally developed and synthesized in the 1950s, was never clinically approved for medicinal use and can currently be up to 40 times more potent than fentanyl.^{17,18} Since 2019, nitazenes have emerged along with other synthetic opioids; more frequently, these opioids have been found in combination with substances such as fentanyl.¹⁸

Due to limited routine laboratory testing to identify and confirm these new drug threats, the United States lacks a clear picture of their presence across the country.



The ever-changing nature of drug threats in this third wave of the overdose epidemic requires careful attention to new illicitly manufactured opioids, their prevalence in the illicit drug supply and their unique risks.



"The Overdose Response Strategy is a great experiment in the power of partnerships. The power – and the limitless possibilities – when public health and public safety agencies, each with their own perspectives and experiences, work together to achieve a shared North Star. The ORS began just a few years ago with a blank sheet of paper – and is now a cornerstone of the national strategy to reduce drug overdoses and save lives. The ORS partnership is strong – and continues to get stronger!"



CHAUNCEY PARKER

Director, New York/New Jersey HIDTA (High Intensity Drug Trafficking Area)

OVERVIEW OF THE OVERDOSE RESPONSE STRATEGY (ORS)

The ORS is a unique and unprecedented collaboration between public health and public safety agencies 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 CDC and ONDCP, 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. This robust and dynamic partnership with CDC and the CDC Foundation truly embodies the program's goal of a public health and public safety partnership at the federal, regional, state, local and tribal levels.

PROGRAM GOALS AND MISSION

The mission of the ORS 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.

Four program goals shape the priorities for the ORS and underscore each ORS team's pursuit of our mission.



Goal 1

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

01



Goal 2

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

02



Goal 3

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

03



Goal 4

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

04

THE HISTORY OF THE ORS



AUGUST 2015

ONDCP funded 5 HIDTAs (Appalachia, New England, New York/New Jersey, Liberty Mid-Atlantic and Washington/Baltimore) to create the **Heroin Response Strategy (HRS)**, a cross-disciplinary initiative that brings together Public Health (PH) and Public Safety (PS) partners to reduce drug overdose fatalities.

JUNE 2016

ONDCP and HIDTA hosted the first "State of the Region Public Health/Public Safety Symposium" in Baltimore, MD to bring together HIDTA, CDC and other partners to discuss the need for cross-sector collaboration to address the opioid epidemic.

AUGUST 2016

ONDCP allocated additional funding to **HRS** to include the Ohio, Michigan and Atlanta/Carolinas HIDTAs.

MARCH 2017

CDC joined **HRS** to lead the public health arm of the program.

APRIL 2017

HRS formally established its goals, mission, strategic direction and logic model.

SEPTEMBER 2017

CDC allocated additional funding to start up the first round of **HRS** pilot projects in three states.

OCTOBER 2017

The first Cornerstone Project – "911 Good Samaritan Laws" – was implemented.

NOVEMBER 2017

HRS held the first "HRS Symposium" in Atlanta, GA with approximately 300 attendees.

APRIL 2018

The program changed its name from the **Heroin Response Strategy** to the **Opioid Response Strategy**.

JULY 2018

The program changed its name from the **Opioid Response Strategy** to the **Overdose Response Strategy (ORS)**.

AUGUST 2019

CDC funded 11 PHA positions through a \$1.7 million cooperative agreement with the CDC Foundation to build capacity for the public health arm of the program and to join the **ORS** as a formal partner.

JULY 2020

ORS released its first annual program report, a publication highlighting major activities and accomplishments throughout the preceding year.

AUGUST 2020

CDC increased funding to \$3.7 million to continue funding 11 PHA positions and added 19 PHA positions, for a total of 30.

SEPTEMBER 2020

ONDCP invested \$5 million in baseline funding to hire DIOs in every state.

AUGUST 2021

CDC increased funding to \$7.2 million to continue supporting 30 PHAs and expand the program to add 30 additional PHA positions. The **ORS** is recognized as a national program.

APRIL 2022

The Biden-Harris National Drug Control Strategy highlighted the **ORS** under Principle 1B, which focuses on improving information sharing, vertically and horizontally, between public health and public safety entities to improve health outcomes and build health equity.

AUGUST 2022

CDC increased funding to \$8.4 million to continue funding all 60 PHA positions, as well as additional staffing and resources to support the growth of the program.

OVERVIEW OF ORS PARTNERSHIPS



THE CDC AND ONDCP PARTNERSHIP

Before the ORS began, CDC and ONDCP were addressing different sides of the same issue – drivers and consequences of drug use – and had not formally collaborated.

CDC, a federal agency under the U.S. Department of Health and Human Services, focuses on reducing fatal and non-fatal drug overdoses and related harms through public health interventions. ONDCP, a component of the Executive Office of the President of the United States, administers the HIDTA program, which aims to disrupt and dismantle drug trafficking organizations by supporting the efforts of law enforcement agencies. This grant program is managed by 33 directors in designated regions throughout the United States. The CDC Foundation, an independent, 501(c)(3) nonprofit established by Congress, helps save and improve lives by forging partnerships between CDC and others to fight health and safety threats.

The proven collaboration between CDC and ONDCP continues to focus on the reduction of fatal and non-fatal drug overdoses and related harms through the implementation of evidence-based responses, sharing of data and drug-related intelligence and overall collaboration with both traditional and non-traditional partners.

The ORS exemplifies public health and public safety collaboration at the federal level as demonstrated by continued investment from CDC and ONDCP (see figure 2). In 2019, CDC invested \$1.7 million in the ORS to fund 11 PHA positions through a cooperative agreement with the CDC Foundation. CDC increased its multi-million-dollar investment to \$3.7 million in FY20 to fund 19 additional ORS PHA positions. In FY21, CDC allocated \$7.2 million to fund a total of 60 PHAs across the country.

In FY22, CDC continued its investment with \$8.4 million to support all 60 PHAs 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 HDTAs surpassing \$5.6 million in FY22, providing funding for 60 DIOs to work in partnership with 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. Currently, all 33 HDTAs participate in the ORS, with 60 ORS teams funded in all 50 states (including four teams in California, four teams in Texas and three teams in Florida), Puerto Rico and the U.S. Virgin Islands.

FIGURE 2: The Overdose Response Strategy Funding Model



ADDITIONAL ORS NATIONAL PARTNERSHIPS

Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) and Institute of Intergovernmental Research (IIR)

Through a collaboration with BJA and IIR, the ORS builds capacity for teams to expand Overdose Fatality Reviews (OFRs) in their respective regions. OFRs involve a series of confidential individual death reviews by a multidisciplinary team. OFRs prevent future overdose deaths by identifying system gaps and innovative community-specific overdose prevention and intervention strategies to close those gaps. In 2022, more than 20 ORS teams supported and enhanced the implementation of fatality reviews at local, county and state-wide levels.

Drug-Free Communities (DFC)

ORS teams serve as connectors for sharing information on preventing and reducing youth substance use. In collaboration with DFC, ORS teams facilitate peer-to-peer learning sessions with local coalition partners to share updates, learn what others are doing and explore opportunities to collaborate.

Substance Abuse Mental Health Services Administration (SAMHSA)

With support from the SAMHSA Center for Substance Abuse Prevention, ORS teams coordinate discussions with regional staff administrators to access tailored technical assistance. This component of knowledge gathering has been crucial to building stronger collaborations with other federal partners and staying abreast of currently funded prevention projects in their respective jurisdictions.

National Guard – Drug Demand Reduction Outreach (DDRO)

Numerous ORS teams lead and join efforts with the National Guard's DDRO program through collaboration and information sharing amongst community-based organizations that are promoting drug-free communities. Efforts in educating coalitions and working collaboratively at the community level are a focal point of joint activities between the ORS and DDRO program.

A Division for Advancing Prevention & Treatment (ADAPT)

ADAPT serves as a source for technical assistance in evidence-based primary and secondary prevention (i.e., preventing the initiation or escalation of substance use). ORS teams leverage the insight gained from customized

communities with the assistance needed to address those engaged in the early or problematic stages of substance use.

NATIONAL HIDTA INITIATIVES PARTNERSHIPS

The ORS works alongside national HIDTA initiatives which support the overall strategies and mission of ONDCP by working directly with the 33 HIDTAs throughout the United States. Close collaboration with other initiatives, including **Domestic Highway Enforcement (DHE)**, the **National Emerging Threat Initiative (NETI)** and the **National Marijuana Initiative (NMI)**, furthers the ORS' efforts on intelligence sharing, identification of new trends and extensive networking opportunities with public health and public safety partners. For example, through the NETI partnership, DIOs and PHAs receive intelligence briefings from scientists who present on novelty drugs and their analogs for a clearer understanding of what is prevalent in the drug supply. Through the DHE partnership, ORS teams learn from highway interdiction officers who brief on trends relating to concealment techniques and drug seizures. Likewise, ORS teams share the latest drug trends and overdose data in their areas of responsibility with the national HIDTA initiatives. This bi-directional sharing of information with the other national HIDTA initiatives provides a more holistic understanding of the drug and overdose landscape.

JURISDICTIONAL PARTNERSHIPS

The ORS is intentional about building strong, long-lasting partnerships with key public health and public safety organizations within each state and territory. The ORS leverages each partner'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. To develop and nurture partnerships among public health and public safety agencies participating in the program, the ORS implements an action planning process that allows participating organizations to share their purpose and goals. The ORS' action planning process brings a deeper understanding of each partner's vision and priorities, current strategies within the context of the drug 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 unique to each jurisdiction.



"As the epidemic continues to worsen, we need an 'all hands-on deck' approach. CDC is eager to work side-by-side with public safety partners across the nation to help states and communities apply data, innovation, and evidence-based strategies to solve local problems."¹⁹



RITA NOONAN

*Branch Chief, Prevention Programs and Evaluation,
Division of Overdose Prevention, CDC's Injury Center*

ORS TEAMS

The ORS is implemented by 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 form 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. Each ORS team employs the four, overarching ORS goals in unique ways to address their regional and state-specific needs. 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 live healthier, safer lives.

Drug Intelligence Officers (DIOs)

Funded by and assigned to their respective HIDTAs, DIOs serve a crucial role in the effort to reduce drug overdoses by leveraging their extensive public safety network and knowledge of law enforcement to build partnerships with both traditional and nontraditional stakeholders, implement supply reduction strategies and develop overdose response programs. The partnership between a DIO and PHA serves as a model for public safety-public health partnerships among agencies within their jurisdictions. DIOs contribute their knowledge and skill sets at the intersection of public health and public safety by implementing overdose spike response training, declassifying drug intelligence for use by public health partners, expanding overdose education and naloxone distribution in jail programs and promoting the implementation of the Overdose Detection Mapping Application Program (ODMAP) and OFRs.

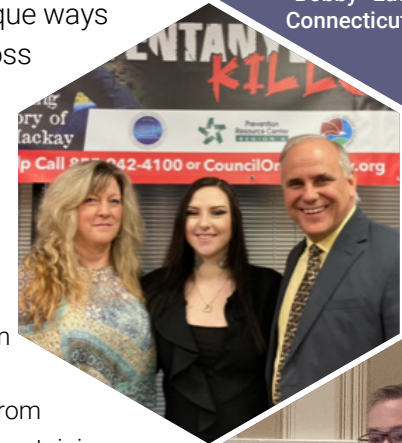
Part of the DIO's role includes the provision of Felony Arrest Notifications (FAN). A FAN is the transmission of information about an individual charged with a felony drug offense to a law enforcement agency in the state where the individual permanently resides, providing law enforcement near real-time 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. DIOs also transmit Parcel Interdiction Notifications (PINs). A PIN contains

information derived from a single seized parcel or information queried from multiple seized parcels containing illegal contraband. DIOs send PINs to law enforcement agencies when a PIN contains information relevant to their area of responsibility, supports new investigations or furthers existing investigations.

FANs and PINs support the goals of the ORS by helping DIOs build trust with law enforcement agencies around their state, which can then be leveraged to implement evidence-based overdose prevention and response strategies like OFR team implementation and the use of ODMAP.



Top: John Saager, South Carolina DIO (r) with former ONDCP Director Gil Kerlikowske
Center: Wendell Campbell, Houston, Texas DIO (r)
Bottom: Robert "Bobby" Lawlor, Connecticut DIO



“On numerous occasions, [FANs] have been the first moment of insight on connections between [drug trafficking organizations] and provided vital intel for our operations. Thank you for all you do in support of [our] efforts to fight drug trafficking.”

— Partner within the U.S. District Attorney's Office

Public Health Analysts (PHAs)

Funded by CDC and hired through the CDC Foundation, PHAs are strategically embedded within health departments, universities, HIDTA Investigative Support Centers and other key agencies that are at the forefront of the drug overdose crisis in their respective state or territory. In collaboration with their DIO counterparts, PHAs work across public health, law enforcement, policy, prevention and health care to increase interagency data-sharing and improve coordinated overdose response efforts for effective deployment of resources and timely communication across sectors. The strong relationships built through the ORS program allow PHAs to access and integrate independent datasets from these otherwise disconnected agencies, creating a more comprehensive view and understanding of substance use and other drug-related trends within their state.

Many federal and state agencies have prioritized investments to improve the collection and analysis of overdose and other drug-related data. PHAs often analyze and translate this data to inform meaningful community action. For example, many PHAs develop reports about overdose and naloxone administration trends, which help state and regional partners understand the threats in their area, effectively mobilize key resources and implement data-driven, evidence-based response strategies such as targeted naloxone distribution and medication for opioid use disorder (MOUD) in criminal justice settings. PHAs are also well-positioned to share data related to drug overdose spikes with law enforcement and public health officials in affected areas, enabling more immediate responses and early communication to the public.

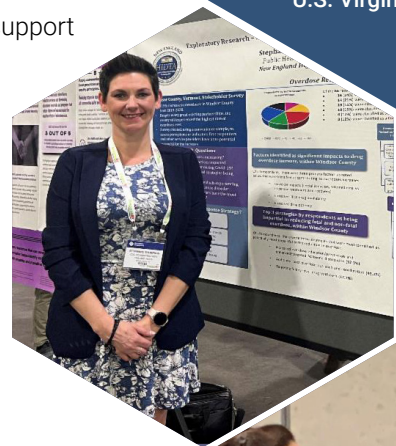
PHAs play a key role in helping their state and local partners understand, navigate and adapt evidence-based practices to prevent substance use, misuse and drug overdose in their communities. This is particularly important as the nation's drug overdose epidemic continues to evolve, and new research is released about the effectiveness of various strategies. Since substance use, overdose patterns, drug supply, agency capacity and resource availability differ between jurisdictions, PHAs

are able to support their partners as they think strategically about the feasibility of overdose prevention and response strategies for their local 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 drug diversion programs.

Top: Stephanie Thompson, Vermont PHA

Center: Katy Freund, Georgia PHA and Armando Roche, Georgia DIO

Bottom: Amulen Wirsiy, U.S. Virgin Islands PHA



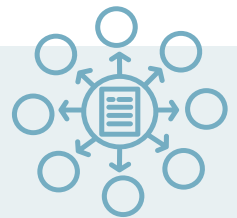
ORS TEAMS IN ACTION

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 drug overdose epidemic. To illustrate how the ORS is implemented, the following sections describe key accomplishments of 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.

Information and data sharing are key strategies of ORS teams in efforts to improve collaboration across state and local agencies and targeted drug overdose prevention. 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.



Legislation Passes to Mandate Reporting of Overdoses - Pennsylvania

In 2018, the Pennsylvania State Police (PSP) created a tool called the Overdose Information Network (ODIN) for law enforcement to report drug overdose and drug evidence information. PSP troopers were required to enter drug overdose data, but overdose reporting by municipal law enforcement was optional and many agencies did not participate, leading to inconsistent and incomplete data. To address this, the Pennsylvania (PA) PHA and DIO served as subject matter experts to share best practices with leaders who drafted and passed legislation in 2022 to mandate the reporting of drug overdoses by all law enforcement officers into ODIN.

The full text of the law can be found here: [PA Act 158 of 2022 – Overdose Mapping Act](#). Following the passing of legislation, the number of monthly submissions from Pennsylvania into ODMAP increased by 85% compared to the prior year. In addition, PSP reports that the average number of monthly ODIN users has increased from around 1,000 over the past 3 years to 1,300 in the

months since the new legislation passed. “The overall value of the tool had been limited due to the lack of data being submitted. The passing of this legislation helps us accomplish our original goal of getting a better picture of overdose in Pennsylvania,” said a PSP spokesperson.

“We wanted to make sure that the legislation was written with the needs of both public health and public safety agencies across the state in mind, that there were processes in place that allowed local agencies to connect their own data systems to the Overdose Information Network, and that required that data be shared in a meaningful way with public health leaders who do not have access to ODIN,” said PA PHA Tamar Wallace. “We also wanted to make sure that the connection between ODIN and ODMAP was part of the mandate so that data from Pennsylvania can contribute to the national narrative around fatal and non-fatal overdoses,” said PA DIO Van Jackson.

ORS TEAMS IN ACTION



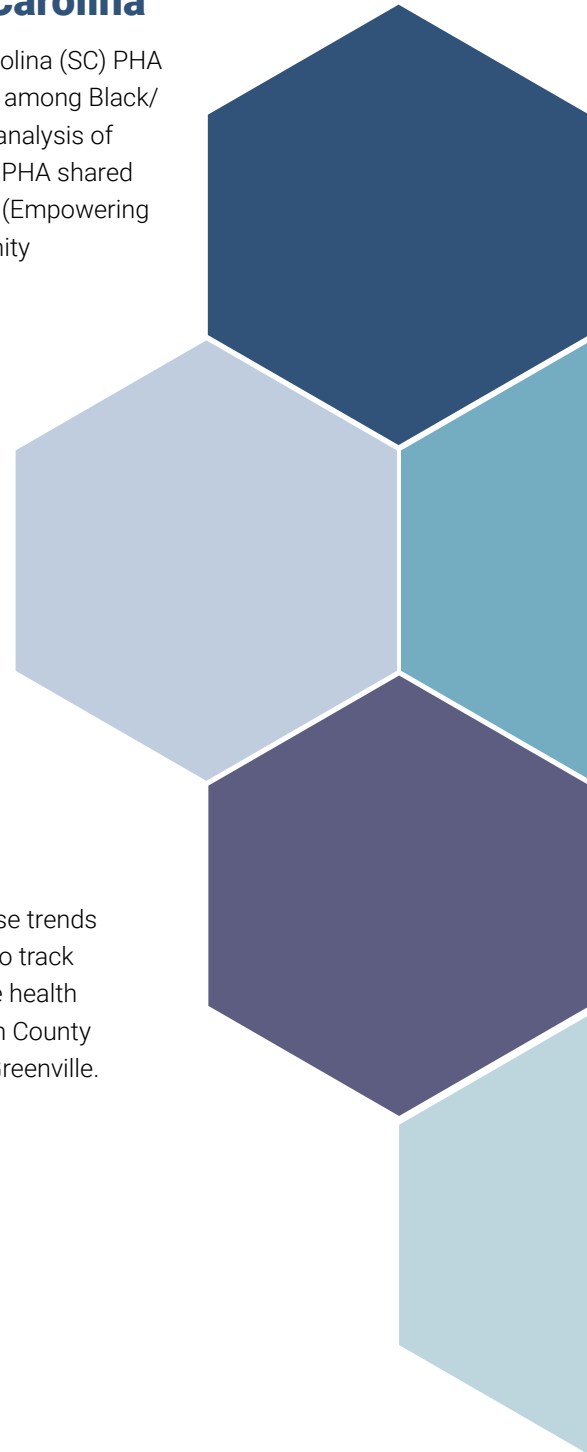
Response to Drug Overdose Surge Disproportionately Affecting Black/African American Community – South Carolina

Through routine EMS data monitoring during the summer of 2022, the South Carolina (SC) PHA observed an increase in the number and percentage of non-fatal drug overdoses among Black/African American individuals, particularly in Greenville County. Following deeper analysis of the age, gender demographics, zip code trends and the substances involved, the PHA shared these findings with the SC Governor's Opioid Emergency Response Team, ECHO (Empowering Communities for Healthy Outcomes Coalition)-Rx Greenville, a recovery community organization, a behavioral health agency and the local sheriff's department.

Simultaneously, the SC DIO, who represents the Atlanta-Carolinas HIDTA in the SC Governor's Opioid Emergency Response Team, received information about these trends and participated in ongoing discussions about response strategies related to this trend.

Aiming to raise awareness among the population affected by the drug overdose surge, the Greenville County Sheriff Office's community outreach sergeant facilitated a connection with a church, whose congregation is composed primarily of Black members of the local community, in the zip code experiencing a high burden of these overdoses. The behavioral health agency also partnered with the sheriff's office to identify outreach opportunities to address the trend. Shortly after these data sharing and outreach efforts were facilitated, the drug overdose rates among this population returned to pre-surge levels in late August 2022.

The Opioid Emergency Response Team continued to monitor and review overdose trends not only across all populations statewide, but also segmented by race/ethnicity to track disproportionate burdens, tailor overdose prevention and resources and promote health equity. The SC DIO and PHA also facilitated a tabletop scenario with a Charleston County task force to help partners prepare a response plan similar to the experience in Greenville.



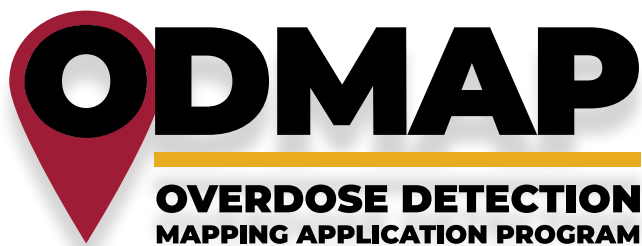
ORS TEAMS IN ACTION

Increased Adoption of ODMAP for Improved Local-Level Responses – Illinois

Statewide adoption of ODMAP by first responders, public health, health care, coroners and other key government stakeholders is a major priority for the Illinois (IL) ORS team. Currently, the Illinois Law Enforcement Alarm System (ILEAS) and the Illinois Department of Public Health (IDPH) are partnering on a grant that allows ILEAS to provide free naloxone, training and resources to the first responder community in Central and Southern Illinois. Agencies receiving naloxone through this grant program are required to complete overdose prevention training and agree to participate in ODMAP.

To further expand this initiative and increase participation in ODMAP, the IL ORS team conducts ongoing ODMAP outreach and training for new and existing partners. They have been engaging state law enforcement and fire departments to develop a deeper understanding of ODMAP utilization, including facilitators, barriers and opportunities for increased participation. Throughout this process, they have met with agencies actively using ODMAP, those registered in ODMAP but not entering data and those not registered in ODMAP. As a result of the team's efforts over the last two years, all major first responder and government agencies in Chicago are currently participating in ODMAP, including the Chicago Fire Department and the Chicago Mayor's Office.

The Chicago HIDTA and IL ORS team successfully advocated for an application programming interface (API) between the Chicago Fire Department and ODMAP, which was put into legislation. Although Chicago covers a large portion of the state's population, the IL ORS team continues to explore opportunities for statewide drug overdose and naloxone administration data to be entered into ODMAP more efficiently and systematically to improve local-level responses to overdose spikes.



The Overdose Detection Mapping Application Program

ODMAP is a tool used for collecting and visualizing suspected drug overdose information, developed and managed by the Washington/Baltimore HIDTA (W/B HIDTA).

The purpose of ODMAP is to provide near real-time surveillance of suspected drug overdose events across jurisdictions in the United States and its territories supporting public health and public safety efforts to mobilize an immediate response to a sudden increase or spike in drug overdose events. Coinciding with the Goal 1 objective to facilitate timely, accurate data-sharing to establish effective overdose prevention strategies, ODMAP serves as a vital tool for accomplishing this purpose.

The ORS has a unique relationship with ODMAP, as one of the earliest supporters of the tool and a provider of feedback on implementation and utilization. ORS teams in 40 states and territories reported activity with ODMAP in Q3 and Q4 of 2022.

ORS TEAMS IN ACTION

Establishment of a Veteran-Focused Overdose Fatality Review – New York

Veterans are a population with specific challenges, needs and unique opportunities for services and engagement. Upon reading next-of-kin interview narratives of several veterans in 2021, the New York (NY) PHA identified and shared the need for a veteran-focused OFR with the New York City OFR planning team. The team, comprised of the Office of the Chief Medical Examiner of New York City, the New York/New Jersey HIDTA and other city, state and federal agencies, successfully held the first veteran-focused OFR shortly after Veterans' Day in November 2022. The PHA connected with ORS representatives and partners of a neighboring state where a NY decedent had also lived to provide insight into that state's veteran services. The OFR included a presentation by researchers with lived experience who

work with veterans on drug overdose prevention, as well as knowledge shared by the Department of Veterans Services on Suicide Prevention Crisis Mapping Teams. Other discussions covered stigma around substance use for veterans and the challenges of veteran treatment courts. The session revealed that both medical providers and veterans are often unaware of the full scope of benefits to which these patients are entitled. The OFR group shared ideas on how providers could ask patients about their service history as a standard practice and other possibilities for increasing competence in treating veterans. The organizations participating in the meeting plan to collaborate on improving veteran services and additional efforts to serve this population.

Overdose Fatality Reviews (OFRs)

Serving as another major component of Goal 1, ORS teams support and promote OFRs in their jurisdictions to inform rapid and effective overdose prevention efforts. OFRs involve a series of confidential individual death reviews by a multidisciplinary team. An OFR (also referred to as a "case review") examines an overdose decedent's life through the frameworks of drug use history, comorbidity, major health events, social-emotional trauma, encounters with law enforcement and the criminal justice system, treatment history and other factors, to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death.

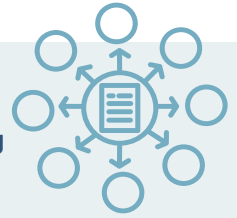
By conducting a consistent series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies but across systems. By blending input from public health, public safety, providers and the community, OFR teams develop program and policy recommendations to improve coordination and collaboration between agencies and community coalitions to prevent future drug overdose deaths. These recommendations are presented to a governing committee that supports and provides resources for implementation and a framework for action and accountability. Examples of successful recommendations include: the integration of peer recovery specialists into new settings, targeted naloxone distribution and improved coordination of public health and public safety.

ORS TEAMS IN ACTION

GOAL 2:

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

Using the approaches detailed in **CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States**, ORS teams can draw on the expertise and scientific knowledge of CDC as they play an essential role in adapting evidence-based interventions to fit their communities.



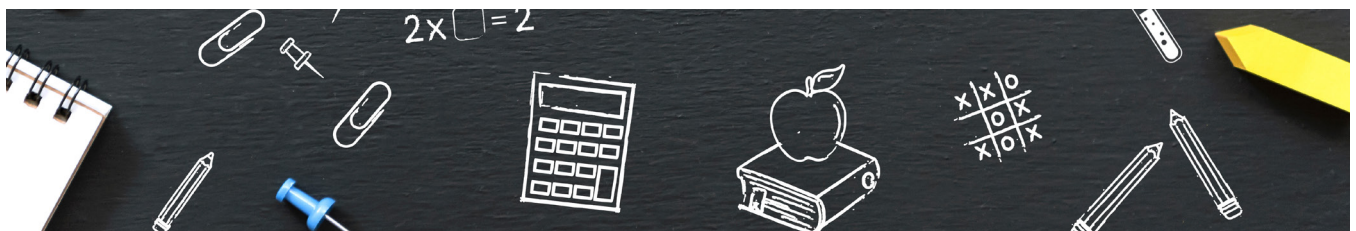
The ORS Team Provides Schools with Resources to Obtain Naloxone – Missouri

The Missouri (MO) ORS team recognizes the value of sharing data, resources and building relationships with partner organizations within their state. Youth are exposed to drugs at a younger age, and school personnel shared that they would like to be adequately prepared to respond to a drug overdose that could occur within their school. Unfortunately, schools often do not have adequate training or financial resources to obtain resources like naloxone. Aiming to increase access to harm reduction and drug overdose prevention resources, the MO PHA reached out to the MO DIO for any contacts that he may have to reach school resource officers. As the DIO and the MO School Safety Director have an established working relationship, the DIO facilitated an introduction between the MO PHA and the Missouri School Safety Director. Following this introduction, the MO PHA proactively reached out to inform school personnel about the Emergent BioSolution Free Goods Program, which offers free naloxone to several schools and universities.

The PHA also contacted the Department of Health and Senior Services (DHSS) State School Nurse Consultant to

share information about the program, which circulated to school nurses statewide. The team also shared program information with the Missouri School Safety Director at the Missouri School Boards' Association Center for Education Safety, who communicates with all school resource officers in the state. Following these actions, the PHA participated in a state call with all MO school nurses to provide them with information on how to obtain naloxone, how to recognize an opioid overdose and how to respond to an overdose event. As a result of building these relationships and providing resources, middle schools and high schools throughout MO were able to successfully request and receive free nasal naloxone through the Emergent Free Goods Program.

The MO ORS team continues to partner and provide resources to schools throughout the state. Serving on the Missouri Coordinated School Health Coalition, the PHA shares resources with statewide members. Furthermore, at the request of the MO School Safety Director, the team also provides drug threat presentations to schools.



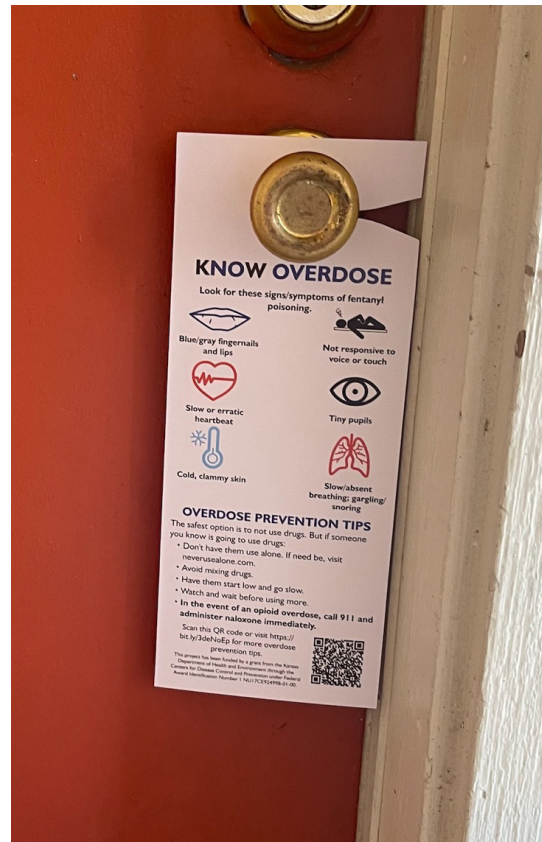
ORS TEAMS IN ACTION

Targeted Naloxone Distribution Through Apartment Door Hanger Outreach – Kansas

In an effort to identify several apartment complexes in overdose hotspot areas with limited access to naloxone, the Kansas PHA and DIO collaborated on information-gathering with Safe Streets Wichita, a substance use prevention and harm reduction coalition. By utilizing ODMAP to analyze geolocation data, the Kansas ORS team identified and shared the locations of apartments in hotspot areas with the organization. Safe Streets Wichita then created a door hanger with a QR code that directed individuals to a website with information on how to obtain free naloxone, which was provided by DCCCA (Developing Caring Communities Committed to Action). As a result of this outreach, DCCCA reported an increase in the number of naloxone orders and Safe Streets Wichita reported an increase in media coverage about the coalition and naloxone availability in Wichita.



Community mobilizer for Safe Streets Wichita, Ngoc Vuong, speaks with the media about their door hanger campaign to improve naloxone access.



Door hangers such as the one shown above were distributed in overdose “hotspot” areas with limited access to naloxone treatment and resources.

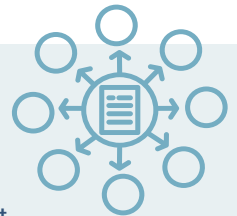
ORS TEAMS IN ACTION

PHAs and DIOs engage with public health and public safety partners to develop coordinated responses for novel, emerging drug threats. As part of their role in helping communities respond to overdoses, PHAs and DIOs assist in the implementation of promising strategies at the intersection of public health and public safety that link at-risk populations to care and treatment services for opioid use disorder and find novel ways to support first responders in communities hardest hit by the overdose epidemic.

GOAL 3:

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

To build the evidence base for promising practices in overdose prevention, CDC and NACCHO are working with several ORS teams to develop and implement local pilot projects designed to prevent overdoses. For more examples of novel and promising strategies, refer to the Overview of ORS Pilot Projects section on page 25.



Rapid Response Strategies to Address a Spike Alert – Montana

The Montana (MT) ORS team has been actively engaged with communities throughout the state to create community-based Overdose Spike Response Plans, improve response times by local agencies and increase public awareness of overdose spikes. An overdose spike occurred in Yellowstone County in August 2022. The Montana ORS team worked with the Montana Department of Public Health and Human Services and local law enforcement to use the team’s overdose spike response tools in implementing an overdose spike response plan and press release template. Once the cause of the spike was identified, local law enforcement released a detailed press release to the general public. The press release caused a media blitz in the area and successfully raised immediate awareness of the issue. Recently, the MT ORS team helped agencies in Yellowstone County develop their own local overdose spike response plan, utilizing the team’s toolkit.

ORS TEAMS IN ACTION

The ORS Team Assists in the Launch of the North Idaho ILED Initiative and Statewide ILED Initiative – Idaho

The Idaho ORS team actively supports the implementation of promising overdose prevention strategies such as pre-arrest diversion programs. Recently, they helped a team of public health, substance use treatment providers and law enforcement officers in North Idaho develop a unique model for diversion called the Idaho Law Enforcement Diversion (ILED) Initiative.

Collectively, the group created goals, eligibility criteria, participation policies and procedures and partnerships with substance use treatment providers tailored to the North Idaho community. While assisting the North Idaho program, the ID ORS team saw an opportunity to bring the other four ID diversion programs into the ILED brand and create a coalition of diversion programs within the state of Idaho. In partnership with Panhandle Health District and the Idaho Department of Health and Welfare Region 1 Division of Behavioral Health, they drafted and formatted all new materials for the North Idaho program and developed participant surveys to help identify the outcomes developed for the ILED model. The ILED North Idaho Initiative, launched in July 2022, serves as a robust pilot of the ILED model for the rest of the state.

The ORS team contributed to the successful launch of the new model in ID by providing the program with key foundational documents, policy recommendations, branding and continued participation in meetings with the other state diversion programs.

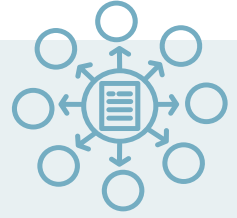


ORS TEAMS IN ACTION

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 prevention practices.



ORS Team Develops Educational Materials on Fentanyl Awareness and Prevention – Alaska

The Alaska (AK) ORS team engages in a diverse array of data-sharing and partnership-building activities that support drug overdose prevention and response. Spurred by intelligence received from law enforcement partners, the AK ORS team co-developed educational materials to build community awareness and provide drug overdose prevention resources. In addition, the team developed a bulletin that identified common forms of substances, outlined the health risks associated with the substance and included education on the signs of drug overdose, as well as a guide to reversing overdose with naloxone. The Alaska Division of Public Health adopted and edited the bulletin with input from the Department of Public Safety and local coalitions. These materials were widely distributed to state and local drug overdose prevention partners and information from the bulletin was shared on social media by the Alaska Division of Public Health. The materials drew the attention of news media which reported on the health risks of fentanyl and the utility of naloxone for overdose rescue. As a result, the media reporting garnered increased fentanyl awareness within the community.

Alaska Health Warning

Illicit fentanyl is added to many substances and comes in a variety of forms, including multi-colored chunks and pills that look like candy.

Fentanyl is 50 times stronger than heroin and 100 times stronger than morphine. Even a tiny amount of fentanyl can kill.

The powerful synthetic opioid fentanyl is responsible for a growing share of overdose deaths. Six out of every 10 overdose deaths nationally and in Alaska involve fentanyl.

Pharmaceutical fentanyl may be prescribed by doctors in medical settings to control pain. If fentanyl is prescribed to you, take this medication ONLY as prescribed. Never share prescription drugs with others.

Illicitly manufactured fentanyl is sold in illegal markets for its potent, heroin-like effects. It is very powerful, addictive and can be deadly. An amount weighing as little as two milligrams (less than the weight of a grain of rice) can cause an overdose, depending on a person's size, tolerance and past usage.

With fentanyl so prevalent in the U.S. drug supply, Alaskans should be aware that any drug not directly prescribed to them could be deadly.

What does fentanyl look like? Illicitly manufactured fentanyl is found in a wide variety of forms, including pills, powder, chunks or rocks, and liquids, and is commonly mixed with other illegal drugs like heroin, cocaine and methamphetamine or counterfeit pills made to look like prescription drugs. It can be smoked, injected, or ingested. In liquid form, it can be found in nasal sprays, eye drops, and dropped onto paper or small candies.

Rainbow fentanyl
A new and particularly troubling form is rainbow-colored fentanyl. It comes in many forms including pills that look like candy and may be attractive to youth.



M-30s
Called "M-30s," "blues," or "dirty 30s," these fake pills are usually blue but can be white, and are usually stamped to look like real oxycodone pills you would get from a pharmacist.



Mixed with stimulants

Fentanyl can be mixed with stimulants including methamphetamine and cocaine. These drugs will look the same, hiding the presence of fentanyl that has been mixed in.

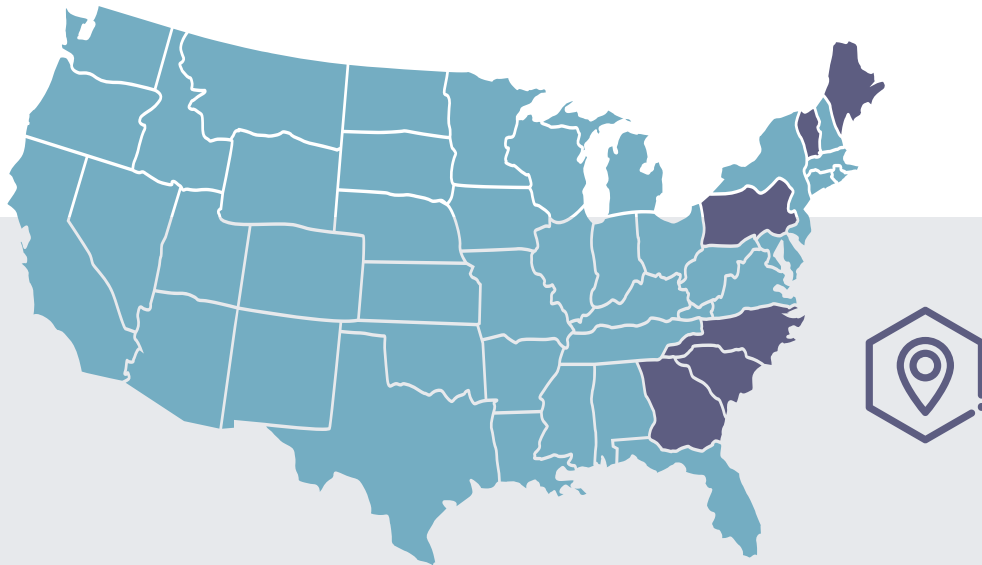


Collaborating with Prevention Plus Wellness – Hawaii

Prioritizing prevention education and the provision of culturally appropriate resources to reduce substance use, the Hawaii (HI) ORS team has been actively engaged with Prevention Plus Wellness (PPW). PPW is an evidence-based primary prevention program, facilitated by the Hawaii HIDTA, that will be implemented for elementary, middle and high school students and families as well as young adults up to age 25. To ensure cultural relevance, the HI ORS team assisted the HIDTA's National Guard DDRO Prevention Specialist and HIDTA staff with tailoring the national program to meet local needs in the state. Under the guidance of HIDTA's DDRO Prevention Specialist and the Hawaii HIDTA Prevention Coordinator, the team supported these public safety partners with a culturally appropriate adaptation of the curriculum and implemented training and coordination with community stakeholders to build prevention models expanding upon the core PPW curriculum. To date, the team has connected PPW leadership with language resources to translate course materials into Chuukese, Marshallese and 'Ōlelo Hawaii. The team also assisted State Health Department Overdose Data to Action (OD2A) partners in introducing the curriculum to several sites serving at-risk youth and developing programs to support youth while addressing social determinants of health. Moving forward, the team will leverage public safety expertise to collaborate with health departments and community partners in planning a youth diversion program.

ORS PILOT PROJECTS

In 2022, NACCHO, through funding from CDC, increased investment in the ORS by awarding funding to six ORS states for the planning, implementation or continuation of the selected pilot projects. CDC and NACCHO provide technical support to these high-need areas and work with ORS teams to ensure the pilot projects' success and the effective monitoring of their progress and impact.



THE COURAGE CENTER – SOUTH CAROLINA



The Courage Center (TCC), a recovery community organization, was awarded a second year of funding after receiving an Implementation Grant in 2020, during which TCC and partners established the Coordinated Overdose Response and Engagement (CORE) program in Lexington, South Carolina. Through the initial year of the post-overdose outreach program, Lexington County EMS provided a pouch with resource cards and a prepaid cell phone to overdose survivors following naloxone administration.

Within 72 hours, a recovery coach called the phone provided in the pouch to offer survivors assistance in accessing services like treatment, recovery, housing and employment. Through the Expansion Grant, TCC extended the reach of the CORE program by transitioning to a text-based recovery support platform, developing partnerships with a local hospital, enhancing their response to stimulant and polysubstance use and focusing on community outreach in high-burden areas to increase successful linkages to treatment and recovery.



NORTH CAROLINA HARM REDUCTION COALITION – NORTH CAROLINA



The North Carolina Harm Reduction Coalition (NCHRC) used the first three years of pilot project funding to develop, implement and evaluate an overdose education and naloxone distribution program for jails in Cumberland, Catawba and Haywood Counties in North Carolina. Through the Expansion Grant, NCHRC supported the expansion of overdose education and naloxone distribution through the development and deployment of a digital training course for use on jail tablets. Additionally, NCHRC continued their use of outreach specialists in several jails and their evaluation efforts to identify program successes and barriers. As part of their pilot project, NCHRC also created a **Jail-based Overdose Prevention Education and Naloxone Distribution Toolkit**.



TURNING POINT RECOVERY CENTER – VERMONT



The Support Outreach Project (SOP) used the Expansion Grant to extend the project to Windsor and Windham Counties, Vermont. The SOP is modeled after the Police Assisted Addiction and Recovery Initiative; it engages people who have experienced an overdose and had contact with law enforcement or emergency medical services agencies within the greater Springfield, Vermont region. Survivors of overdoses are referred to a police social worker and a trained recovery coach from Turning Point Recovery Center who conduct outreach to offer linkage to treatment, harm reduction services, ongoing coaching, housing assistance and other social services.



FAYETTE FACTOR – GEORGIA



Fayette FACTOR (Fayette Alliance Connecting Together our Resources) used their Planning Grant to expand their Opioid Accountability Court Program to provide early intervention for opioid possession through education, assessments for opioid use disorder and mental health and treatment referrals. The project sought to replace the binary legal solution (incarceration or release) with an enhanced assessment, education and referral to the treatment process and build capacity to apply this to a greater portion of the justice-involved community in Fayette County. The team convened multidisciplinary stakeholders, studied best practices, engaged available technical assistance, and charted current legal, evaluation and diversion processes, with the aim of launching and subsequently evaluating a pilot program.



MAINE MEDICAL EDUCATION TRUST – MAINE



Maine Medical Education Trust conducted a readiness assessment and strengths, weaknesses, opportunities and threats (SWOT) analysis with the aim of establishing Public Health and Safety Teams (PHAST) in Maine. The team identified and engaged key public health and public safety leaders to form leadership teams in each county, as well as broader multidisciplinary stakeholders including people from the healthcare, criminal justice, social service and transportation sectors; people in recovery; harm reduction service providers; and tribal communities. This project supported each PHAST team to (1) increase knowledge and improve cross-sector collaboration, coordination and shared accountability; (2) build an evidence-based library that can be used by future PHAST teams in Maine and other states; and (3) identify service gaps and needs and make recommendations to the Governor’s Office of Opioid Response around how to implement and enhance programs and policies.



YORK OPIOID COLLABORATIVE – PENNSYLVANIA



York Opioid Collaborative, in partnership with Liberty Mid-Atlantic HIDTA, received a NACCHO ORS Planning Grant to develop a post-overdose multidisciplinary team to support and engage survivors of non-fatal overdoses, as well as their families, to reduce fatal overdoses. Through this project, York Opioid Collaborative built the capacity for their multidisciplinary post-overdose outreach team by analyzing the barriers and challenges faced by people with substance use disorders and their families to develop a shared understanding around the role of harm reduction.

[Click here](#) to read a full list of ORS pilot projects and accomplishments.

ORS TRAINING HIGHLIGHTS

In 2022, the ORS completed the first round of National ORS Highlights calls. These calls highlight a subset of ORS teams each month to discuss their current work, team information and local and state partners to provide an opportunity for networking and collaboration among all ORS teams. In **2022, 10 National ORS Highlights meetings were hosted, highlighting 59 ORS teams and their work.**

ORS Monthly Webinar Series

To continue to support ORS teams in their work, the ORS hosts regular training opportunities through the ORS Monthly Webinar Series, to provide new and continuing information on evidence-based strategies, as well as novel approaches to reducing drug overdoses. These trainings are usually facilitated by external subject matter experts (SMEs), who provide their unique perspectives and experience to the ORS teams for information and collaboration. The ORS Monthly Webinar Series occurs on the second Friday of each month, providing a set place and time for ORS teams and partners to join and gain training and education on specified topics and programs.

In 2022, the ORS hosted 19 webinars, with topics ranging from internal success stories and updates to presentations from relevant partners, and highlights of novel strategies and programs. A few of the partners highlighted include the National Forensic Laboratory Information System, CDC, National Guard Counterdrug DDRO Program, HIDTA's ADAPT Program and others. Some of the strategies and programs highlighted include the Substance Abuse Coalition Leaders of Arizona (SACLAz) Fentanyl and Methamphetamine Toolkit, rapid analysis of residue and paraphernalia to understand the street-level drug landscape and data integration and advanced analytics for overdose prevention.

ORS Annual Conference

In May 2022, the ORS hosted the ORS Annual Conference in Salt Lake City, Utah. The conference featured a hybrid format with both in-person and virtual attendees from ORS teams and partners, totaling over 180 attendees. With the theme, **Making a Difference Through Partnerships**, sessions highlighted the great progress of ORS teams in the areas of local and federal partnerships, ORS teamwork and the future of ORS work and priorities. The conference also provided space for discussion on current and future initiatives, alignment of new projects and featured speakers with expertise in the topic areas to begin new conversations among teams.



PHAs and DIOs speak on a panel led by Sarah Ali, ORS Senior Program Coordinator, at the 2022 ORS Annual Conference.



The ORS National Coordination Team

ORS TRAINING HIGHLIGHTS

ORS Regional Meetings

After witnessing the grassroots efforts of ORS teams to create regional meetings in 2021, the ORS National Coordination Team saw the impact and value of regional ORS teams in-person meetings and included funds for each region to meet bi-annually. One ORS team from each region (Iowa, New York, South Florida, Arizona and Montana) planned and hosted an in-person regional meeting in the fall of 2022, which was attended by other ORS teams in the region and the ORS National Coordination Team. Each region hosted a multi-day meeting to discuss current work and collaborations, provide training and education on relevant topics and provide space for ORS regions to network and increase collaboration throughout the year. Going forward, these meetings will rotate host teams and locations each year to provide opportunities to explore new states and jurisdictions within each region and share state and local-specific information from each host team.



Region 1: VA, MD, DE, PA, NY, NJ, CT, MA, RI, NH, VT and ME



Region 2: NC, SC, GA, FL, AL, MS, AR, LA, PR and USVI



Region 3: TN, WV, KY, OH, IN, MI, IL, MO, IA, WI, MN, KS, NE, SD and ND



Region 4: OK, TX, NM, CO, UT, WY and MT



Region 5: HI, AK, CA, NV, AZ, ID, OR and WA

2021 ORS CORNERSTONE REPORT

A Review of Public Safety, Public Health and Harm Reduction Resources on Stimulants

Stimulant use, stimulant use disorders and stimulant-related deaths are on the rise in the United States. From 2012 to 2017, cocaine and stimulant-involved overdose deaths increased annually by nearly 30 percent. Public safety personnel (i.e., police, fire and EMS), who increasingly interact with people who use stimulants, need access to high-quality resources that describe the effects of stimulant use and how best to respond to individuals having a negative reaction to stimulants, experiencing a stimulant-involved overdose or in need of services.

To address this need, the 2021 Cornerstone Project collected and reviewed available resources from public safety, public health and harm reduction agencies that guide interactions with and programming for people who use stimulants. The overall goals of this project were to identify useful resources for wider dissemination, identify priorities for the development of new resources and ultimately improve public health and public safety's ability to safely and effectively respond to the needs of people who use stimulants.

Resources that reference any type of stimulant drug, stimulant use, responding to people on stimulants or experiencing a stimulant-involved overdose and/or programs or services for people who use stimulants were collected and cataloged. More than 375 resources were collected from 169 agencies across 41 states and territories. Preliminary findings revealed that most resources (52%) were from public health agencies; many (45%) were in the form of a handout; most (54%) targeted the general public; and most (62%) focused on what stimulants are, how they are used or what effects they can have. The final report, released in 2022, evaluated the utility of the resources and provided recommendations to help guide the re-development and circulation of high-quality resources.

A REVIEW OF PUBLIC SAFETY, PUBLIC HEALTH, AND
HARM REDUCTION RESOURCES ON STIMULANTS

The 2021 Overdose Response Strategy Cornerstone Report



[Click here](#) to read the full report.



2022 ANNUAL EVALUATION SURVEY REPORT



254

SURVEYS DISTRIBUTED



5

KEY ORS
STAKEHOLDER
GROUPS

(PHAs, DIOs, PH partners, PS partners,
management/coordination team)



53%

RESPONSE RATE

Purpose of the Survey

It is important for the ORS to understand the components of partnership, networks and mutually reinforcing activities that lead to effective shared efforts to reduce drug overdoses and save lives. In 2023, the ORS disseminated its second program-wide survey to assess the progression and impact of this unique partnership using feedback from the program's key stakeholder groups. The survey, conducted in February 2023, asked participants to respond based on how the program operated in 2022.

MOST IMPACTFUL ASPECT OF THE ORS FOR PUBLIC HEALTH AND PUBLIC SAFETY PARTNERS

- Information sharing about trends, emerging threats, local insights and ideas
- Serving as a bridge for collaboration between partners and across jurisdictions
- Providing resources, including training, technical assistance, tools, examples, best practices and subject matter expertise for implementing a variety of strategies

SURVEY RESULTS

Key Findings

93%

agreed or strongly agreed that the ORS program and state/local efforts build a **common understanding of the problem that needs to be addressed.**

73%

agreed or strongly agreed that their ORS partners **were leveraging the strengths of public health** to reduce fatal and non-fatal overdoses.



69%

agreed or strongly agreed that the **strengths of public safety were leveraged to reduce fatal and non-fatal overdoses.**



73% of ORS team members and partners agreed or strongly agreed that public health and public safety partners are **making improved decisions about policies or programs and the use of resources** to reduce fatal and non-fatal overdoses since partnering with the ORS program.



Targeted naloxone training and distribution efforts were most commonly identified as an evidence-based response that public health and public safety partners are implementing together that can directly reduce overdose deaths.

[Click here](#) to read the full survey report.

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 concerns, such as firearm violence and bioterrorism attacks. 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 (CDC), National Center for Injury Prevention and Control. (2022, February 14). Understanding Drug Overdoses and Deaths. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>.
2. Office of National Drug Control Policy (ONDCP). (2023, May 18). Dr. Rahul Gupta releases statement on CDC's new overdose death data. Retrieved from <https://www.whitehouse.gov/ondcp/briefing-room/2023/05/18/dr-rahul-gupta-releases-statement-on-cdcs-new-overdose-death-data-3/#:~:text=Rahul%20Gupta%2C%20Director%20of%20the,period%20ending%20in%20December%202022>.
3. Ghose, R., Forati, A.M. & Mantsch, J.R. Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: A Spatiotemporal Analysis. *J Urban Health* 99, 316–327 (2022). <https://doi.org/10.1007/s11524-022-00610-0>.
4. Senate Health, Education, Labor, and Pensions Committee. (2022, July 26). Fighting fentanyl: The federal response to a growing crisis. Centers for Disease Control and Prevention (CDC). Retrieved from <https://www.cdc.gov/washington/testimony/2022/t20220726.htm>.
5. Centers for Disease Control and Prevention (CDC). State Unintentional Drug Overdose Reporting System (SUDORS). Atlanta, GA: US Department of Health and Human Services, CDC. Retrieved from <https://www.cdc.gov/drugoverdose/fatal/dashboard>.
6. Kariisa, M., Seth, P., & Jones, C. M. (2022). Increases in Disparities in US Drug Overdose Deaths by Race and Ethnicity: Opportunities for Clinicians and Health Systems. *JAMA*, 328(5), 421–422. <https://doi.org/10.1001/jama.2022.12240>.
7. U.S. Drug Enforcement Administration. (2022, November 21). DEA Laboratory Testing Reveals that 6 out of 10 Fentanyl-Laced Fake Prescription Pills Now Contain a Potentially Lethal Dose of Fentanyl [Press release]. <https://www.dea.gov/alert/dea-laboratory-testing-reveals-6-out-10-fentanyl-laced-fake-prescription-pills-now-contain>
8. U.S. Drug Enforcement Administration. (2022, December 20). Drug Enforcement Administration Announces the Seizure of Over 379 million Deadly Doses of Fentanyl in 2022 [Press release]. <https://www.dea.gov/press-releases/2022/12/20/drug-enforcement-administration-announces-seizure-over-379-million-deadly>
9. U.S. Drug Enforcement Administration. (2022, December). One Pill Can Kill [Fact sheet]. https://www.dea.gov/sites/default/files/2022-12/DEA-OPCK_FactSheet_December_2022.pdf.
10. Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. (2022, June 6). Synthetic Opioid Overdose Data. Retrieved from <https://www.cdc.gov/drugoverdose/deaths/synthetic/index.html>.
11. Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years – United States, July 2019–December 2021. *MMWR Morb Mortal Wkly Rep* 2022; 71:1576–1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>.
12. U.S. Drug Enforcement Administration. (2022, January). Social Media Drug Trafficking Threat [Fact sheet]. https://www.dea.gov/sites/default/files/2022-03/20220208-DEA_Social%20Media%20Drug%20Trafficking%20Threat%20Overview.pdf.
13. U.S. Food and Drug Administration. (2022, November 8). FDA alerts health care professionals of risks to patients exposed to xylazine in illicit drugs. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-alerts-health-care-professionals-risks-patients-exposed-xylazine-illicit-drugs>.

REFERENCES

14. U.S. Drug Enforcement Administration. (2022, December 21). The Growing Threat of Xylazine and its Mixture with Illicit Drugs: DEA Joint Intelligence Report, October 2022. <https://www.dea.gov/documents/2022/2022-12/2022-12-21/growing-threat-xylazine-and-its-mixture-illicit-drugs>.
15. Friedman, J., Montero, F., Bourgois, P., Wahbi, R., Dye, D., Goodman-Meza, D., & Shover, C. (2022). Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis. *Drug and alcohol dependence*, 233, 109380. <https://doi.org/10.1016/j.drugalcdep.2022.109380>.
16. Malayala, S. V., Papudesi, B. N., Bobb, R., & Wimbush, A. (2022). Xylazine-Induced Skin Ulcers in a Person Who Injects Drugs in Philadelphia, Pennsylvania, USA. *Cureus*, 14(8), e28160. <https://doi.org/10.7759/cureus.28160>.
17. U.S. Drug Enforcement Administration, Diversion Control Division. (2022, December). Isotonitazene. https://www.deadiversion.usdoj.gov/drug_chem_info/isotonitazene.pdf.
18. Vandeputte, M. M., Van Uytfanghe, K., Layle, N. K., St Germaine, D. M., Iula, D. M., & Stove, C. P. (2021). Synthesis, Chemical Characterization, and μ -Opioid Receptor Activity Assessment of the Emerging Group of “Nitazene” 2-Benzylbenzimidazole Synthetic Opioids. *ACS chemical neuroscience*, 12(7), 1241–1251. <https://doi.org/10.1021/acscchemneuro.1c00064>.
19. Tolchinsky, Amy. (2022, July 13). CDC Foundation Advances Overdose Response Strategy with Nationwide Support [Press release]. <https://www.cdcfoundation.org/pr/2022/overdose-response-strategy-nationwide-support>.

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