



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

2023

ANNUAL REPORT

**MOVING FORWARD WITH PURPOSE:
COLLABORATIVE APPROACHES TO
ADDRESSING THE OVERDOSE EPIDEMIC**

COLLABORATE • SHARE • INFORM & HELP



TABLE OF CONTENTS

i. Executive Summary	3
ii. Overview of the Overdose Epidemic	4
iii. Overview of the Overdose Response Strategy (ORS)	8
ORS Teams:	10
a. Public Health Analysts (PHAs)	10
b. Drug Intelligence Officers (DIOs)	10
iv. Overview of ORS Partnerships	11
1. The CDC and ONDCP Partnership	11
2. Jurisdictional Partnerships	11
3. Additional ORS National Partnerships	12
4. National HIDTA Initiatives Partnerships	12
5. Collaboration Spotlight: The National Council for Mental Wellbeing	12
v. ORS Teams in Action	14
Goal 1: Share data systems to inform rapid and effective community overdose prevention efforts.	14
Goal 2: Support immediate, evidence-based response efforts that can directly reduce overdose deaths.	17
Goal 3: Design and use promising strategies at the intersection of public health and public safety.	18
Goal 4: Disseminate information to support the implementation of evidence-informed overdose prevention strategies.	20
vi. ORS Pilot Projects	21
vii. ORS Training Highlights	23
viii. 2023 Annual Evaluation Survey Report	24
ix. Conclusion	25
x. References	26

EXECUTIVE SUMMARY

The **Overdose Response Strategy** (ORS) is an unprecedented public health-public safety partnership between the **Office of National Drug Control Policy** (ONDCP) and the **Centers for Disease Control and Prevention** (CDC) through their support of the **High Intensity Drug Trafficking Areas** (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 across the nation.

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 and overdose prevention strategies. The ORS supports collaboration at federal, regional, state, local, territorial and tribal levels.

The ORS expanded its partnerships for the eighth consecutive year, supporting 61 ORS teams, made up of a Drug Intelligence Officer (DIO) and a Public Health Analyst (PHA), serving in all 50 states, the District of Columbia (D.C.), 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' **program goals**.

Drug overdoses have claimed 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 new strategies and programs. Although this report is not an exhaustive catalog of every ORS effort or success, it illustrates, through selected examples, the scope of work undertaken by the ORS that could be adapted and implemented across the country.



OVERVIEW OF THE OVERDOSE EPIDEMIC

From October 2022 to October 2023, an estimated 112,000 lives in the United States were lost to fatal drug overdoses, representing more than 300 individuals per day.¹ Though there is considerable variation across jurisdictions, with some experiencing significant declines in overdose rates and others facing substantial increases in overdose-related deaths, data indicates the nation's overdose death rate declined one percent over the course of the year.¹



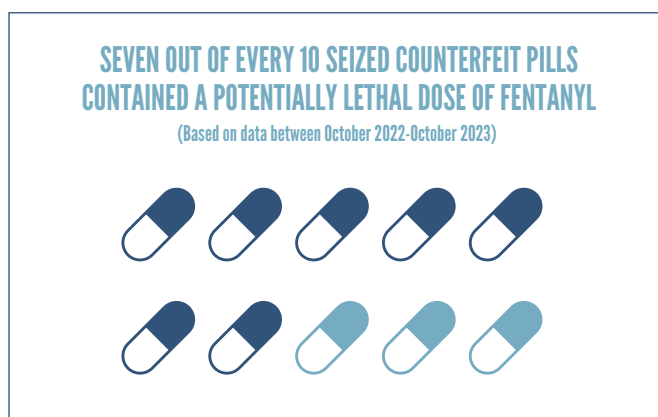
In 2023, Drug Enforcement Administration (DEA) testing revealed that seven out of every 10 seized counterfeit pills (Figure 1) contained a potentially lethal dose of fentanyl,² an increase from four out of 10 reported in 2021.³

U.S. Customs and Border Protection (CBP) drug seizure statistics show a decrease in the number of fentanyl seizure events, while the quantity seized has nearly tripled since 2021.⁴ The potency of illicitly manufactured fentanyl (IMF) has increased, as well as the diversity of combination with other compounds. Large volumes of substances, clandestine lab manufacturing and smuggling tactics are a challenge for law enforcement (LE) in curbing the supply side of the overdose crisis.

For example, several recent drug seizures in the United States indicate a growing trend of injectable liquid fentanyl.⁵

In addition to the fentanyl threat, the overdose epidemic in the United States is increasingly complicated by intentional and unintentional polysubstance use. A study of nonfatal overdoses represented in emergency department visits identified polysubstance use in 39.7 percent of cases.⁶

FIGURE 1: DEA Testing of Counterfeit Pills⁴



Source: United States Drug Enforcement Administration. (2024, January 18). Year in Review: DEA Innovates to Fight Fentanyl. <https://www.dea.gov/press-releases/2024/01/18/year-review-dea-innovates-fight-fentanyl-0>

As polysubstance use continues to rise, responding to overdoses becomes increasingly complex. Addressing the evolution of the drug supply requires public health and public safety to adapt to these challenges.

Emerging Concerns

In the last several years, a growing number of synthetic opioids and designer drugs have been mixed with fentanyl and other substances, continuing to complicate public health and public safety responses.

Nitazenes

As fentanyl receives widespread attention and targeted pressure to combat the drug threat, drug trafficking organizations continue to turn to other synthetic opioids like nitazenes. In August 2022, isonitazenes were classified under the Controlled Substances Act.⁷ Drug trafficking organizations manufacture new variations of nitazenes, developing a growing number of analogs and complicating detection efforts.⁸ The effectiveness of antagonist drugs in reversing nitazene-induced effects remains uncertain.^{9*}

Benzodiazepines

Benzodiazepines, commonly known as “Benzos” or “Downers”, were identified in approximately 9.8 percent of overdose deaths in 2022.^{10,11,12} According to a Novel Psychoactive Substances (NPS) Discovery Trend Report in 2023, benzodiazepines made up 58 percent of novel psychoactive substance identifications, which are representative of a diverse group of substances.^{11,13} A growing number of people are consuming opioids in combination with benzodiazepines, sometimes referred to as “benzo-dope”.¹⁴

Tianeptine

Tianeptine, also known as “ZaZa”, is not approved for prescription use in the United States; however, the drug has become easily accessible online and, in some states, is sold as an over-the-counter supplement.¹⁵ In 2022, the U.S. Food and Drug Administration (FDA) shared warnings of the dangerous side effects and potential fatality associated with tianeptine and concerns continued into 2023.¹⁶ Notably, misuse of the drug could result in an opioid-like high, dependence and increased tolerance.¹⁷

Drug overdoses and drug overdose deaths are often significantly undercounted and often classified in different ways depending on the nuances in jurisdictional reporting and the circumstances surrounding an overdose.^{18,19,20,21} Without a singular method for monitoring overdoses and widespread testing of illicit substances to determine their composition, overdose response must catch up to an ever-changing landscape. When a novel substance emerges, testing to verify its presence throughout the country poses challenges. The overdose epidemic requires a comprehensive, collaborative response that pools all available resources and information.

*As a best practice, naloxone should be administered when a suspected or a known drug overdose has occurred.



DISPARITIES IN OVERDOSE RATES

The overdose epidemic affects everyone; however, specific groups, including but not limited to, those based on gender, sexual orientation, educational attainment, type of substance use and history of incarceration, experience a disproportionate impact:

- Previously incarcerated individuals face a heightened risk of fatal and non-fatal drug overdose compared to non-incarcerated individuals.²²
- A concerning surge in drug overdose deaths involving stimulants such as cocaine and psychostimulants, notably methamphetamine, has demonstrated a disproportionate impact on racial and ethnic minority populations.²³
- From 2004 to 2019, overdose death rates were consistently higher among Black individuals for cocaine-related overdoses and among American Indian/Alaska Native (AI/AIN) individuals for psychostimulants.²³
- LGBTQ+ populations face elevated risks of opioid-related challenges, including overdose, due to increased substance use and poly-substance use patterns.^{24,25}
- Of 912,057 overdose deaths in the U.S. from 2000 to 2021, 68.6 percent occurred among individuals with no college education, emphasizing potential links between educational barriers and a rise in drug overdose deaths.²⁶

Legislation Trends



Marking a tremendous positive shift in the availability of buprenorphine, a life-saving medication for opioid use disorder (MOUD), Congress eliminated the “DATA-Waiver Program” or the “X-waiver” in 2023. Following this legislative change, any practitioner registered with the DEA may prescribe buprenorphine without limits or patient caps.²⁷ The removal of the X-waiver is an important step toward more widespread access to treatment. Although MOUD is safe, effective and proven to reduce the risk of overdose, access remains limited. Only about one out of every five individuals experiencing opioid use disorder are receiving medication,²⁸ and research indicates that treatment without MOUD may increase the risk of fatal drug overdose compared with no treatment at all.²⁹

In April 2023, the Biden-Harris Administration declared fentanyl combined with xylazine as an emerging threat in the United States.³⁰ In July, the White House released its response plan, which highlighted the need for a national effort to develop standardized testing for xylazine, coordinate data collection efforts, identify and enact best practices regarding treatment for people using both fentanyl and xylazine and locate and dismantle the illicit supply chain including enhanced regulation and interdiction tactics.³¹ ONDCP Director Dr. Rahul Gupta remarked, “There is an urgent need to determine the source of xylazine and how to reduce the illicit supply; to develop evidence-based testing and overdose response protocols; and to determine how to treat those who have become dependent on the dangerous fentanyl and xylazine combination.”³¹

At a time when drug overdose deaths are at a record high, the nation has also seen record-high litigation proceeds to abate the harms caused by opioid manufacturers, distributors and pharmaceutical companies.³² In July 2021, manufacturer Johnson & Johnson and three distributors, McKesson, AmerisourceBergen and Cardinal Health, settled a \$26 billion deal.³² Funds began to reach states, counties and municipalities in 2022.³³ Since then, additional settlements have been reached with pharmacy chains CVS, Walgreens and Walmart, and manufacturers Allergan and Teva that bring additional billions in abatement funds.³⁴ In mid-2023, the first payments from the pharmacy chains and manufacturers began to reach eligible states.³⁴

Each state has unique approaches and considerations for use and oversight of unprecedented settlement funds, and best practices regarding use of funds are emerging. The opioid settlement funds provide much-needed support to address the overdose epidemic and require careful attention toward evidence-based strategies to prevent overdose and save lives.



“The ORS started with a blank sheet of paper and an idea: to build a public health and public safety partnership to reduce overdoses and save lives. That simple yet powerful idea—thanks to ONDCP, CDC, the HIDTA program and the CDC Foundation—has developed into an unprecedented multi-agency partnership and a cornerstone of the national drug strategy. The ORS is a remarkable partnership which is strong—and continues to grow stronger.”



Chauncey Parker

Director, New York/New Jersey HIDTA

OVERVIEW OF THE OVERDOSE RESPONSE STRATEGY (ORS)

The ORS is a unique 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, the District of Columbia (D.C.), Puerto Rico and the U.S. Virgin Islands. This robust and dynamic partnership between CDC and ONDCP, through their continued investment and support of HIDTA and the CDC Foundation, truly embodies the program's goal of a public health and public safety partnership at federal, regional, state, local, territorial 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 the 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 drug overdose deaths.

02



Goal 3

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

03



Goal 4

Disseminate information to support the implementation of evidence-informed prevention strategies that can reduce substance use and drug overdose.

04



“Effectively responding to the increasingly complex drug overdose crisis requires intentional multi-sector collaboration and systems thinking. Approaching the drug overdose crisis in siloes is not an option, and there is tremendous value in public health and public safety working together to reduce fatal and non-fatal overdoses. The CDC Foundation is committed to working collaboratively and is proud to partner with the Overdose Response Strategy program.”

Judy Monroe, MD

President and Chief Executive Officer, CDC Foundation



OVERVIEW OF ORS TEAMS

ORS TEAMS: BRIDGING THE GAP

The ORS is implemented by teams of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs), who work together on drug overdose issues within and across public health and public safety sectors and jurisdictions. The ORS website features an **interactive map** with ORS team member contacts for each jurisdiction. These teams form the foundation of the ORS and establish common ground between public health and public safety. Each team member contributes knowledge and skill sets that equip their partners and jurisdictions with the best available information and strategies to help communities develop local solutions to reduce overdoses and save lives.

DIO:

- Funded by ONDCP and assigned to the respective HIDTA in their state or jurisdiction
- Leverages their extensive public safety network and knowledge of law enforcement to build partnerships, implement supply reduction strategies and develop overdose response programs
- Provides intelligence and stays abreast of emerging drug trends and threats, de-identifying law enforcement sensitive content to share with public health whenever possible
- Transmits Felony Arrest Notifications (FANs) and Parcel Interdiction Notifications (PINs) to inform law enforcement agencies about the arrests of residents and illegal operations nationwide
- Promotes the continuation of ongoing investigations or the initiation of new ones targeting individuals or larger drug trafficking organizations

PHA:

- Funded by CDC and hired through the CDC Foundation
- Strategically embedded within health departments, universities, HIDTA offices and Investigative Support Centers and other key agencies in their respective state or territory
- Analyzes, translates and disseminates overdose and other drug-related data to inform meaningful community action through reports, presentations and other products
- Helps state and local partners navigate and adapt evidence-based practices to prevent substance use, misuse and drug overdose in their communities
- Supports the evaluation of promising and innovative overdose prevention and response strategies at the intersection of public health and public safety

ORS TEAMS

TOGETHER, ORS TEAMS SERVE AS “FORCE MULTIPLIERS” THAT CAN:



Guide

new partners towards a shared goal.



Connect

partners and stakeholders.



Bridge

cross-agency partnerships, data and information.



Translate

across sectors to identify common ground.



Practice

diplomacy in unifying diverse perspectives.

OVERVIEW OF ORS PARTNERSHIPS

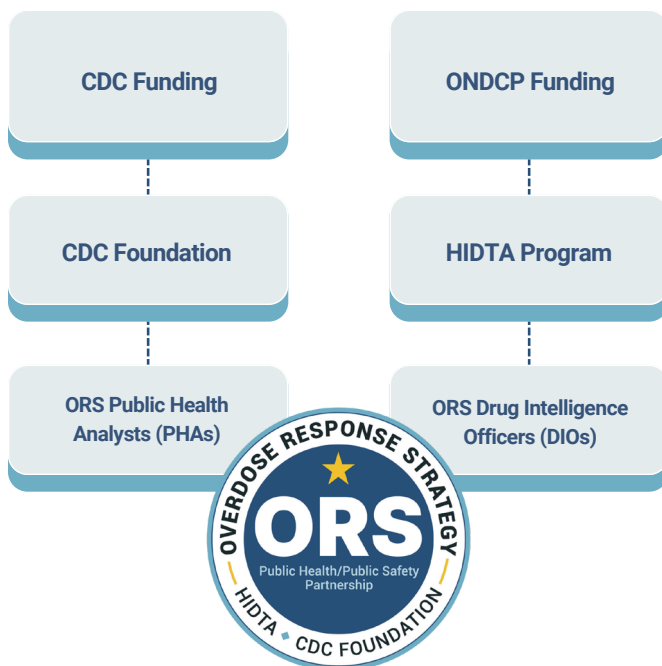
THE CDC AND ONDCP PARTNERSHIP

In 2015, a collaboration between the Centers for Disease Control and Prevention (CDC) and the Office of National Drug Control Policy (ONDCP) was initiated to respond to the drug overdose epidemic.

As a federal agency under the Department of Health and Human Services, CDC and its Division of Overdose Prevention implements public health interventions to reduce drug overdoses and associated harms. To augment these efforts, the CDC Foundation, an independent nonprofit established by Congress, collaborates through a cooperative agreement with CDC. The CDC Foundation plays a crucial role in building partnerships to combat health and safety threats, working alongside CDC to save and improve lives. Simultaneously, ONDCP, operating within the Executive Office of the President, manages the High Intensity Drug Trafficking Areas (HIDTA) Program by fostering partnerships throughout the law enforcement community to reduce the drug supply and dismantle drug trafficking organizations. This collaborative approach between CDC and ONDCP, and their continued support of the CDC Foundation and HIDTA program, brings together public health and public safety perspectives, through the ORS, to address the complex challenges posed by the current overdose epidemic.

CDC's financial support increased significantly, from \$1.7 million in FY2019 to \$11.6 million in FY2023, funding 61 PHA positions across the country, including D.C., Puerto Rico and the U.S. Virgin Islands. Simultaneously, ONDCP provided substantial baseline funding for HIDTAs, exceeding \$5.6 million in FY2023, supporting 61 DIOs to work in partnership with each ORS PHA (Figure 2).

FIGURE 2: The ORS Funding Model



JURISDICTIONAL PARTNERSHIPS

The ORS is intentional about building strong, long-lasting partnerships with key public health and public safety organizations within each jurisdiction. The ORS leverages each partner's respective knowledge, skills, resources and assets, allowing for the development of innovative solutions which may be difficult for partners to develop and implement on their own. Understanding local priorities allows the program to be responsive to the drug trends and cultural context unique to each jurisdiction.

ADDITIONAL ORS NATIONAL PARTNERSHIPS

The ORS partners with additional organizations at a national level. These organizations work together to advance the mission of saving lives from drug overdose through education, treatment and prevention. Click on the partner's name below to visit their respective website:

- A Division for Advancing Prevention and Treatment (ADAPT)
- Association of State and Territorial Health Officials (ASTHO)
- Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) and Institute of Intergovernmental Research (IIR)
- Drug-Free Communities (DFC) Support Program
- National Association of County and City Health Officials (NACCHO)
- National Guard Drug Demand Reduction Outreach (DDRO)
- Substance Abuse Mental Health Services Administration (SAMHSA)

NATIONAL HIDTA INITIATIVES PARTNERSHIPS

The ORS works alongside three other national HIDTA initiatives that support 33 HIDTAs throughout the United States. Close collaboration with these initiatives furthers the ORS' efforts on intelligence sharing, identification of new trends and extensive networking opportunities with public health and public safety partners.

- Domestic Highway Enforcement (DHE)
- National Emerging Threat Initiative (NETI)
- National Marijuana Initiative (NMI)

Collaboration Spotlight: National Council for Mental Wellbeing

The **National Council for Mental Wellbeing (NCMW)** is a 501(c)3 organization that serves as the unifying voice of organizations that deliver mental health and substance use recovery services in the United States. NCMW, in partnership with CDC and the ORS, created a subject matter expert (SME) workgroup comprised of people with lived experience of drug use and/or criminal justice involvement. The workgroup partnered with the ORS to inform the design and implementation of public health and public safety projects to reduce overdose and other drug-related harms. NCMW recruited 18 workgroup members, representing 15 states. The workgroup members reviewed and provided feedback on nearly 20 different ORS deliverables, gave three presentations at different ORS events and hosted bi-weekly office hours where ORS teams had the opportunity to meet and ask questions of the workgroup members.

Visit orsprogram.org/partnerships to learn how the ORS partners with various organizations.

“

“To witness and help grow the ground-breaking Overdose Response Strategy over the last 8 years has been extraordinary. From its modest beginnings in 15 states to becoming a national program, public health and public safety partnerships are the foundation of the ORS. These partnerships work where it matters most – helping local communities identify, support and disseminate evidence-based overdose prevention strategies that reduce overdoses and save lives. It is a privilege to work alongside our partners at ONDCP, the HIDTA Program and the CDC Foundation in this remarkable endeavor and to see the impact the program is making.”

”

Grant Baldwin, PhD

Director, Division of Overdose Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

ORS TEAMS IN ACTION

To illustrate how the ORS is implemented, the following sections highlight stories of impact from ORS teams across the program's four overarching goals.



GOAL 1:

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

Information and data sharing are key to collaborating across state and local agencies, allowing for earlier warnings and informed decision-making. 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. ORS teams in all 61 jurisdictions worked on projects involving information and data sharing strategies aligned with ORS goal 1 in 2023.

Kansas ORS Team Creates 17 GIS Layers for ODMAP

ODMAP agencies can benefit from additional tools to enhance their understanding and use of the data in the system and apply a health equity lens to decision making. The Kansas ORS team created a new demographics layer in ArcGIS Online, Esri's web-based mapping software, that could be added directly into ODMAP using the "Add Your Own Data" tool. The KS ORS team updated the pre-built infographic dashboard from ArcGIS to include additional data, including socioeconomic and other key data sets that help inform outreach, education and spike response plans. This first layer, the demographics

layer, was recreated by the ODMAP team and integrated directly into the system nationally for everyone to use. Using the information included in the demographics layer, organizations can identify the types of language resources needed in specific areas, the communities that may be more prone to overdose risk and indicate the types of trauma that may be more prevalent in communities.

For example, if a community has a high drug overdose rate and a high proportion of children, this could indicate a high probability of children exposed to adverse childhood experiences (ACEs). Seeing the need to include additional resources for their stakeholders, the KS ORS team developed 16 additional layers including lodging facilities, apartment complexes, gas stations, schools, libraries, correctional facilities, pharmacies, shelters and more.

The Overdose Detection Mapping Application Program (ODMAP), developed and managed by the Washington/Baltimore HIDTA (W/B HIDTA), is a free, web-based tool that provides near real-time suspected overdose data across jurisdictions to support public health and public safety efforts to mobilize an immediate response to a sudden increase, or spike in overdose events. Activities using ODMAP as a data sharing system align with ORS goal 1. ORS teams reported 153 projects that involved ODMAP in 2023.

Altogether, these data points can help users identify overdose spike locations and target naloxone distribution more efficiently. Once completed, the ORS team

provided the local ODMAP agency administrators with the 17 layers and instructions for their use. Partners have noted that the availability and use of these layers has been beneficial in reducing the time spent analyzing data point-by-point as they can obtain a full range of data points instantaneously.

Gap in Key Members of Kent County OFR Team

In Michigan, during a Kent County Overdose Fatality Review (OFR), the Michigan ORS team and the rest of the OFR members reviewed a case that involved an individual from a Michigan Native American Tribe. Unfortunately, without any tribal affiliations at the time, the OFR team had very limited information to follow up on and provide a complete case review. This limited the group from making holistic recommendations to prevent further overdoses. The MI PHA shared a recommendation with the OFR team to collaborate with someone affiliated with the local Tribe and requested a presentation from the tribal health center in Kent County.

Following this recommendation, the OFR facilitator in Kent County worked with two Tribal representatives to schedule a presentation on tribal health centers in the area, including context on the unique considerations for cases involving Indigenous people. During this meeting, the Tribal representatives expressed an interest in starting their own OFR, so the MI ORS team, working alongside the Michigan Public Health Institute (MPHI),

connected with the Tribal representatives to provide technical assistance on starting an OFR. What started as a simple recommendation to fill a gap in the Kent County OFR led to increased knowledge about Tribal health centers, possible new members on the Kent County OFR and the potential of starting a new tribe specific OFR with the MI ORS team and MPHI.

Overdose Fatality Reviews (OFRs) involve a series of confidential individual death reviews by a multidisciplinary team to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies. ORS teams support and promote OFRs in their jurisdictions as a component of ORS goal 1. ORS teams reported 66 projects related to OFR activities in 2023.

Information Sharing Spotlight: Felony Arrest Notifications

Within the ORS, DIOs relay vital information about felony arrests to provide law enforcement with better awareness of their residents' arrests across the country. Law enforcement navigates complex criminal investigations across a labyrinth of jurisdictional lines, as drug trafficking operations often span wide geographic distances. The information shared among DIOs within the ORS network can prompt new investigations or support existing investigations into inter-state drug trafficking operations and help reduce the supply of illicit substances in our communities.

**ORS STORIES OF IMPACT:
PARTNERSHIPS WITH CORONERS FOR
IMPROVEMENTS IN POSTMORTEM
TOXICOLOGY TESTING AND MORTALITY
DATA IN IDAHO AND LOUISIANA**

[Read More](#)

**ORS STORIES OF IMPACT:
OUT-OF-STATE FELONY ARREST
INFORMATION ENHANCES ONGOING
INVESTIGATION**

[Read More](#)



“ONDCP and the National HIDTA Program support the ORS’ continual efforts to leverage its strategic partnerships to target those trafficking deadly drugs so that overdoses decrease and lives are saved. ORS is achieving this goal by creating a human network that spans law enforcement and public health communities and shares actionable information. We are proud of the ORS, particularly the daily investigative work the DIOs perform to track and relay drug-related felony arrests of out-of-state residents and report this information to home law enforcement agencies.”



Shannon L. Kelly

National HIDTA Program Director,
Office of National Drug Control Policy

ORS TEAMS IN ACTION

Using the approaches in **CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States**, ORS teams play an essential role in adapting evidence-based interventions to fit their communities.



GOAL 2:

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

50 out of 61 ORS teams worked on projects involving evidence-based activities aligned with ORS goal 2 across 2023. Teams reported 147 projects linked to targeted naloxone distribution and/or naloxone distribution in treatment centers and the criminal justice system.

ORS Team Facilitates Access to No Cost Naloxone for Minnesota's Largest Jail to Distribute at Release

It is estimated that about 90 percent of people who are incarcerated in Minnesota have a substance use disorder.³⁵ The Hennepin County jail, the largest in the state of Minnesota, was among the first in the state to distribute naloxone to people with a substance use disorder at the time of release from jail; however, the funding for the program was limited.

Due to new state legislation mandating law enforcement to carry naloxone, the Minnesota Department of Health (MDH) established a naloxone portal for law enforcement agencies to order the medicine at no extra expense and collaborated with the MN PHA to create a flyer detailing the process for obtaining free naloxone. The portal empowered personnel in the jails to order naloxone and distribute it to individuals immediately upon release from their facility.

The MN DIO shared information on the naloxone portal with local and state law enforcement professionals, including the leadership of the Hennepin County Sheriff's Office, for their consideration and implementation. The Hennepin County Sheriff's Office ordered 167 cases of nasal naloxone (4,008 doses) for their jail.

The MN ORS team's effort to inform law enforcement about the naloxone portal not only fills an accessibility gap but also offers a major cost-saving opportunity, considering the jail's prior expenditure on naloxone at a higher rate than that provided by the state. Ordering through the state portal resulted in a savings of \$6.50 per nasal naloxone kit (or a net savings of \$13,026 on their latest order).

ORS STORIES OF IMPACT: DELAWARE FIRST RESPONDER NALOXONE LEAVE-BEHIND PROGRAM

The Delaware Division of Public Health recognized the need for police participation in naloxone leave-behind programs and engaged the DE ORS team to encourage law enforcement involvement in the program. Since 2021, the DE DIO and PHA have been soliciting participation from the state's 48 police departments. In early 2022, a total of 18 police departments, representing just over one-third of Delaware law enforcement agencies, completed the necessary requirements to participate in the program...

[Read More](#)

ORS TEAMS IN ACTION

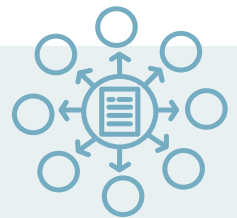
As part of their role in helping communities respond to overdoses, PHAs and DIOs assist in developing and implementing promising strategies. Promising strategies are characterized by measurable, quantifiable approaches showing favorable outcomes at the intersection of public health and public safety that link at-risk populations to care and treatment services for opioid use disorder and find novel ways to support first responders working in communities with a high burden of overdoses.

52 out of 61 ORS teams reported activity on projects involving novel or promising strategies aligned with ORS goal 3 during 2023. Across teams, 64 projects were linked to post-overdose outreach programs and 76 projects were linked to rapid response strategies in 2023.

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 ORS Pilot Projects section on page 21.



I-91 Multi-State Drug Checking Project Checks Over 700 Samples

Insufficient information regarding the drug supply and its variations along trafficking routes like Interstate 91 (I-91), in the New England region of the United States, can create a significant knowledge gap concerning the drug overdose epidemic. As part of the I-91 Corridor Drug Checking Project, ORS teams in Connecticut, Massachusetts and Vermont implemented community drug checking programs. These ORS teams also conducted outreach to community-based harm reduction organizations, law enforcement and other community stakeholders to build partnerships in cities with high overdose rates and drug trafficking hubs along the I-91 corridor, including Bridgeport and New Haven, CT, Holyoke, MA and Brattleboro, VT.

Overseen by the ORS teams and the Massachusetts Drug Supply Data Stream (MADDS) program out of Brandeis University, the I-91 project partners with local harm reduction programs to utilize Fourier Transform Infrared Spectroscopy (FTIR) machines for timely data collection about the drug supply. Drug remnants, known

as “samples,” are collected by public health and harm reduction programs from people who use substances. These drug remnant samples are then tested using FTIR machines. After testing, the samples are sent to accredited labs for confirmatory testing.

Results from both the FTIR and lab tests are uploaded into STREETCHECK, a project at Brandeis University’s Opioid Policy Research Collaborative, which standardizes sample collection and reporting from community drug-checking programs. Data are then shared with public health and public safety stakeholders and the general public in the form of informational bulletins. Across all the sites along the I-91 corridor, more than 700 samples were tested and 350 of those samples were quantified by chromatography-mass spectrometry testing. The following examples highlight key impacts of the I-91 Corridor Drug Checking Project.

(Story continued on the next page)

I-91 Multi-State Drug Checking Project Checks Over 700 Samples (cont.)

Impact in Connecticut—The New Haven Syringe Services Program (NHSSP) in New Haven, CT has collected hundreds of samples, due in large part to the longstanding relationship between NHSSP and their clients. Each client receives a unique identifier for their submitted drug remnants, allowing NHSSP staff to discuss sample-specific results in a confidential manner. Additionally, NHSSP sends email blasts to clients and stakeholders, including city officials, health departments and treatment programs, to enhance understanding, trust and community awareness of substances in their area.

Impact in Massachusetts—During the latter half of 2023, Tapestry Health in Holyoke, MA analyzed drug checking data and discovered that 59 percent of fentanyl samples tested positive for xylazine. Recognizing the significance of this information for drug users, the facility utilized their whiteboard to prominently display harm reduction messaging, raising awareness about adulterants and effective safety measures for both individuals and their communities.

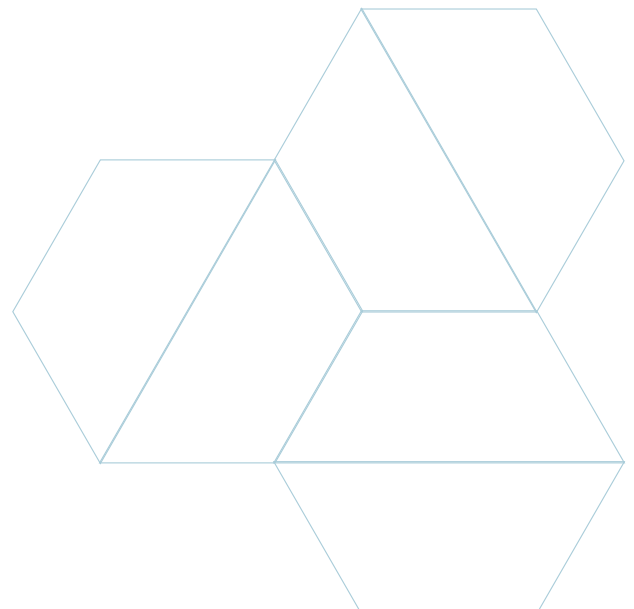
Impact in Vermont—The AIDS Project of Southern Vermont (APSVT) utilizes testing and data tracking to alert public health and public safety partners of uncommon substances in the drug supply, such as various nitazenes, fostering awareness and proactive education among community members, state partners and clients. APSVT also identified elements like differently colored drug samples with a higher prevalence of xylazine.

In the latter half of 2023, drug testing revealed that 54.5 percent of samples tested positive for xylazine, while 92.8 percent tested positive for fentanyl. Furthermore, APSVT's efforts have supported the VT ORS team in sharing successes and practices with the Vermont Department of Health, aiding in the development of policies and procedures for statewide drug checking implementation.

ORS STORIES OF IMPACT: ENGAGING HARD-TO-REACH CLIENTS AT HIGH RISK OF FATAL OVERDOSE

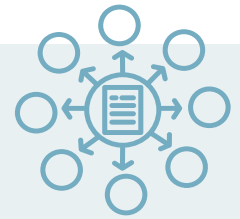
A post-overdose response team (PORT) pilot in Hawaii, an extension of an existing social work team and patient navigators, engages unintentional overdose survivors at the Queen's Medical Center emergency department. One of the PORT team's major challenges was reaching patients who might leave before a patient navigator contacts them, particularly those without contact information or addresses...

[Read More](#)



ORS TEAMS IN ACTION

In July 2023, the ORS program revised the ORS goal 4 language and strategies to provide ORS teams with more guidance and specificity in supporting prevention strategies. The ORS renewed its emphasis on partnerships with national programs supporting prevention strategies, including the Drug-Free Communities (DFC) Support Program and the National Guard Drug Demand Reduction Outreach (DDRO). In addition, the ORS launched the Prevention and Education Learning Community to increase knowledge, enhance skills and build confidence within ORS teams to support activities aligned with this goal. 49 out of 61 ORS teams worked on projects involving prevention activities aligned with the updated ORS goal 4 in 2023.



GOAL 4:

Disseminate information to support the implementation of evidence-informed overdose prevention strategies.

Supporting the development and dissemination of overdose prevention communications campaigns and overdose prevention awareness, PHAs and DIOs 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.

Overdose Public Service Announcements in Native American Languages

Public information about overdose is often available in English, but there are many non-English speaking communities in Arizona. In tribal communities, it is common for elderly family members to be the primary caregivers of younger family members, who may potentially be at risk for an overdose. Some of these elders do not speak English and have no access to overdose prevention information that could potentially save their young family member's life.

The AZ DIO identified a need to create overdose prevention public service announcements in Native American languages. The ORS team needed to identify who would translate and fund radio spots that would air during peak times for the intended audience. The AZ DIO reached out to partner with MATFORCE, a primary prevention organization, and the organization's project, Substance Abuse Coalition Leaders of Arizona (SACLaz).

The coalition, which received funding from SAMHSA, decided to support the message and provide funding for the airtime. Together, they created a script for the

public service announcements and arranged for native speakers to record them in both the Apache and Navajo languages. These announcements were run several times a day for one month.

ORS STORIES OF IMPACT: 'SILENCE ON THE STREETS' DOCUMENTARY PRODUCTION AND SCREENING

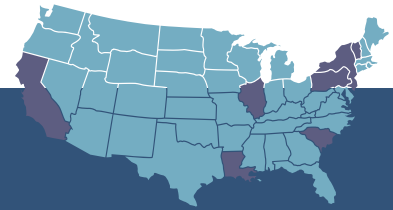


The Connecticut ORS team, with the U.S. Attorney's Office, initiated a project to address the educational gap in substance use awareness. Recognizing the limitations of the outdated resources currently available, the ORS team partnered with Sharece Sellem-Hannah, a Connecticut native and playwright renowned for her work, including "Matthew Rising," a play centered around the opioid crisis in inner cities, and the U.S. Attorney's Office to address this educational gap...

[Read More](#)

ORS PILOT PROJECTS

In 2023, the **National Association of City and County Health Officials (NACCHO)**, through funding from CDC, awarded sub-grants to seven ORS states for the planning, implementation or continuation of ORS 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. Below are descriptions of the pilot projects selected in 2023.



Central Vermont Medical Center—Vermont

As a previous recipient of a NACCHO ORS pilot project planning grant in 2022, the Central Vermont Prevention Coalition developed the “Building Safe Harbor” project with partners from EMS, hospitals, harm reduction and recovery sectors. The project’s goal was to design a post-overdose system of care to enhance access to treatment and recovery services, ultimately reducing fatal overdoses.



The Courage Center—South Carolina

The Courage Center (TCC) was awarded a fourth year of funding to build upon its post-overdose outreach and peer support services project, the Coordinated Overdose Response and Engagement in Lexington, South Carolina. Previously, TCC has focused on building partnerships and to better reach and engage people involved in the criminal legal system and those reentering the community post-incarceration, as well as enhancing partnerships with their EMS and local hospital.



End Overdose—California

End Overdose is a non-profit organization based in Los Angeles, California working to end drug-related overdose deaths through education, medical intervention and public awareness. In their second year of ORS pilot project funding, End Overdose seeks to expand upon their previous work and provide their Overdose Prevention and Response Training to student populations.



Kankakee County State Attorney’s Office—Illinois

Through this ORS pilot project, Kankakee Forgives and the Kankakee County State Attorney’s Office aim to enhance health equity, inclusion and elevate individuals with lived experience by implementing a trauma-informed, recovery-oriented system of care with a train-the-trainer initiative led by people with lived experience. The voices of people with lived experience will be elevated throughout the planning, implementation and expansion while also training them to respond to mental health needs in the community.



Louisiana Office of Public Health—Louisiana

The goal of Louisiana Office of Public Health’s pilot project is to reduce local level overdose mortality by engaging local harm reduction team partners with lived experience in substance use to plan and implement a jail-based, pre-release overdose prevention, harm reduction education and naloxone distribution program. In addition, this program will offer on-site rapid infectious disease testing, substance use and mental health screenings, direct linkage to care and harm reduction services upon discharge.



Prevention Point Philadelphia—Pennsylvania

Prevention Point Philadelphia is using the ORS pilot grant to enhance its substance use treatment program STEP (the Supportive Treatment and Engagement Program), which pairs physician administered medical treatment and Medication for Opioid Use Disorder alongside Complex Case Management and Recovery Support Services.



Zero Overdose—New York

Zero Overdose is a non-profit organization located in Ulster County, New York founded with the mission to develop, validate and share innovative tools and trainings that are best practices in overdose prevention. With this ORS pilot project funding, Zero Overdose will pilot an implementation project to expand the adoption of Overdose Safety Planning, an evidence-informed intervention to reduce overdose deaths and instances of unintentional overdoses in individuals being released from incarceration in Ulster County.



Visit orsprogram.org/pilot-projects to learn more.

ORS TRAINING HIGHLIGHTS



National ORS Webinars

The ORS hosted 20 webinars and training sessions throughout the year with both internal and external subject matter experts providing information, skills building and best practices to ORS teams. Presentations ranged from internal program-wide updates and events to external best practices information from public health and public safety partners, as well as relevant and timely information from national, state and local partners.

Webinar Series: Centering Health Equity

February - March 2023

- A three-part series centered around health equity hosted by subject matter expert Desiree Strickland, PhD
- Served as an opportunity for the program to integrate health equity into ORS work and projects
- The series provided information on what health equity is, what it means and what it looks like in daily work with partners and projects



1

SUBJECT
MATTER EXPERT



3

PART SERIES



113

PARTICIPANTS

Webinar Series: Learning Intensive Series

October - November 2023

- The series, Demystifying Substance Use Disorder and Harm Reduction, was a train-the-trainer style course designed to equip ORS teams with the skills and knowledge to conduct similar trainings in their own state and provide expertise to their partners at the state and local level
- 6 sessions hosted by the Ohio ORS team; first training of this kind facilitated by the ORS Training and Technical Assistance team



1

TOPIC



6

SESSIONS



96

PARTICIPANTS

ORS Spotlight - 2023 ORS Annual Conference, Pittsburgh, Pennsylvania

The ORS hosted its annual in-person conference in Pittsburgh, Pennsylvania in May 2023. This national-level meeting provided ORS teams and partners with important information and resources. The theme, **Moving Forward with Purpose: Collaborative Approaches to Addressing the Overdose Epidemic**, aimed to not only bring together a wide variety of topics and strategies among teams, but also address the ORS' mission of saving lives and preventing overdose in the United States. The conference included sharing information from programs and partners, highlighting those with lived experience and discussing future strategy and work.

2023 ANNUAL EVALUATION SURVEY REPORT

270

SURVEYS DISTRIBUTED



5

KEY ORS
RESPONDENT
GROUPS

*(PHAs, DIOs, public health partners,
public safety partners,
management/coordination team)*



55%

RESPONSE RATE

Purpose of the Survey

It is important for the ORS to understand how program activities lead to effective collaboration to reduce drug overdoses and save lives. In 2023, the ORS disseminated its third program-wide survey to assess the implementation of this unique partnership using feedback from the program's key respondent groups. The survey, conducted in January 2024, asked participants to respond based on how the program operated in 2023.

TOP RESPONSES:

IMPACTFUL ASPECTS OF THE ORS PROGRAM

1. Access to data, resources and support
2. New connections and working relationships
3. Mutual understanding of different perspectives, roles and strategies

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

SURVEY RESULTS

Key Findings

94% of responses across the five groups agreed or strongly agreed that the ORS program and state/local efforts build a common understanding of the problem that needs to be addressed.



93%

of all respondents agreed or strongly agreed that the program provides support toward goals, opportunities, challenges and gaps.



89% of ORS partners agreed or strongly agreed that they had clear approaches/goals for their own contribution to the ORS program. Partners are making improved decisions about policies or programs and resources to reduce fatal and non-fatal overdoses.

82%

of ORS teams and their partners agreed or strongly agreed that state/ jurisdictional efforts can better address overdoses as a result of involvement with the ORS program.



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

CONCLUSION

The drug overdose crisis has had a devastating impact on individuals and communities across the nation. The ORS continues to explore and implement new strategies to address these issues. A strong and collaborative partnership between public health and public safety is critical to address the current drug overdose crisis. Each sector offers unique opportunities and resources for effective intervention strategies. The ORS demonstrates that these partnerships are possible, and worthwhile, at every level of government—federal, regional, state, local, territorial and tribal. The ORS serves as a proven 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. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
2. United States Drug Enforcement Administration. (2024, January 18). Year in Review: DEA Innovates to Fight Fentanyl. <https://www.dea.gov/press-releases/2024/01/18/year-review-dea-innovates-fight-fentanyl-0>
3. Sharp increase in fake prescription pills containing fentanyl and meth | DEA.gov. (n.d.). <https://www.dea.gov/alert/sharp-increase-fake-prescription-pills-containing-fentanyl-and-meth>
4. U.S. Customs and Border Protection. (2023, December 5). Drug seizure statistics. <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>
5. The Center for Forensic Science Research and Education. (2024, January). Colombo Plan Health Alert. Emerging Threat: Injectable Liquid Fentanyl. https://www.cfsre.org/images/content/reports/public_alerts/Jan2024-ColomboPlan-HealthAlert-FINAL.pdf?emci=aad07947-15ac-ee111-bea1-0022482237da&emdi=bf2c860d-19ac-ee11-bea1-0022482237da&ceid=811323
6. SAMHSA. (23 March, 2023). Drug Abuse Warning Network (DAWN): Non-Fatal Overdoses Short Report. <https://www.samhsa.gov/data/report/dawn-non-fatal-overdoses>
7. Schedules of controlled substances: temporary placement of N-Desethyl isotonitazene and N-Piperidinyl etonitazene in Schedule i. (2023, October 25). Federal Register. [https://www.federalregister.gov/documents/2023/10/25/2023-23379/schedules-of-controlled-substances-temporary-placement-of-n-desethyl-isotonitazene-and-n-piperidinyl#:~:text=Since%202019%2C%20there%20has%20been,CSA%20\(85%20FR%2051342\)](https://www.federalregister.gov/documents/2023/10/25/2023-23379/schedules-of-controlled-substances-temporary-placement-of-n-desethyl-isotonitazene-and-n-piperidinyl#:~:text=Since%202019%2C%20there%20has%20been,CSA%20(85%20FR%2051342))
8. NFLIS Snapshots - Publications. (n.d.). https://www.nflis.deadiversion.usdoj.gov/publicationsRedesign.xhtml?jfwid=ROqJz53DiH4_jyizS4jo3Me7_RvdP7QNMeo1vEze:3
9. Pergolizzi, J. V., Raffa, R. B., LeQuang, J. A., Breve, F., & Varrassi, G. (2023). Old Drugs and New Challenges: A Narrative review of Nitazenes. *Cureus*. <https://doi.org/10.7759/cureus.40736>
10. Benzodiazepines. (2020, April). Department of Justice/Drug Enforcement Administration. https://www.dea.gov/sites/default/files/2020-06/Benzodiazepenes-2020_1.pdf
11. Bromazolam Prevalence Surging Across the United States Driven In Part by Increasing Detections Alongside Fentanyl. (2022, June). The Center for Forensic Science Research and Education. <https://www.cfsre.org/nps-discovery/public-alerts/bromazolam-prevalence-surging-across-the-united-states-driven-in-part-by-increasing-detections-alongside-fentanyl>
12. SUDORS Dashboard: Fatal overdose data | Drug overdose | CDC Injury Center. (n.d.). <https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html>
13. Krotulski, AJ; Walton, SE; Mohr, ALA; Logan, BK. (2024) NPS Discovery Q4 2023 Trend Reports, Center for Forensic Science Research and Education, United States. https://www.cfsre.org/images/trendreports/2023_Q4_CFSRE_NPS_Discovery_Trend_Reports.pdf
14. Benzo-Dope: an increasingly prevalent drug combination of significant toxicological relevance. (n.d.). <https://www.cfsre.org/resources/presentations/benzo-dope-an-increasingly-prevalent-drug-combination-of-significant-toxicological-relevance>
15. Seale, J. T., Garden, E. A., French, J. K., & McDougal, O. M. (2023). Analysis of tianeptine in dietary supplements. *Nutraceuticals*, 3(3), 481–488. <https://doi.org/10.3390/nutraceuticals3030034>
16. Wagner, M. L., Pergolizzi, J., Jr, LeQuang, J. A. K., Breve, F., & Varrassi, G. (2023). From Antidepressant Tianeptine to Street Drug ZaZa: A Narrative Review. *Cureus*, 15(6), e40688. <https://doi.org/10.7759/cureus.40688>
17. Edinoff, A. N., Sall, S., Beckman, S. P., Koepnick, A. D., Gold, L., Jackson, E. D., Wenger, D. M., Cornett, E. M., Murnane, K. S., Kaye, A. M., & Kaye, A. D. (2023, July 15). Tianeptine, an Antidepressant with Opioid Agonist Effects: Pharmacology and Abuse Potential, a Narrative Review. *Pain and Therapy*. <https://doi.org/10.1007/s40122-023-00539-5>
18. Slavova, S., O'Brien, D. B., Creppage, K., Dao, D., Fondario, A., Haile, E., Hume, B., Largo, T., Nguyen, C., Sabel, J., Wright, D., & Subcommittee, T. E. O. (2015). Drug overdose deaths: let's get specific. *Public Health Reports*, 130(4), 339–342. <https://doi.org/10.1177/003335491513000411>
19. Ruhm, C. J. (2018). Corrected US opioid-involved drug poisoning deaths and mortality rates, 1999–2015. *Addiction*, 113(7), 1339–1344. <https://doi.org/10.1111/add.14144>

REFERENCES

20. Abasilim, C., Holloway-Beth, A., & Friedman, L. S. (2022). Description of Opioid-involved Hospital Deaths that Do Not Have a Subsequent Autopsy. *Epidemiology*, 34(1), 111–118. <https://doi.org/10.1097/ede.0000000000001543>
21. Quast, T. (2020). Potential undercounting of overdose deaths caused by specific drugs in vital statistics data: An analysis of Florida. *Drug and Alcohol Dependence*, 207, 107807. <https://doi.org/10.1016/j.drugalcdep.2019.107807>
22. Hartung, D., McCracken, C. M., Nguyen, T., Kempny, K., & Waddell, E. N. (2023). Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data. *Journal of Substance Use and Addiction Treatment*, 147, 208971. <https://doi.org/10.1016/j.josat.2023.208971>
23. Centers for Disease Control and Prevention. (2021, October 19). Cocaine and Psychostimulant-involved Overdose Deaths Disproportionately Affect Racial and Ethnic Minority Groups. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/featured-topics/psychostimulant-cocaine-race-ethnic-minorities.html>
24. Paschen-Wolff, M. M., Kidd, J. D., & Paine, E. A. (2023). The State of the Research on Opioid Outcomes Among Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexuality- and Gender-Diverse Populations: A Scoping Review. *LGBT health*, 10(1), 1–17. <https://doi.org/10.1089/lgbt.2022.0036>
25. Cascalheira, C. J., Nelson, J., Flinn, R. E., Zhao, Y., Helminen, E. C., Scheer, J. R., & Stone, A. L. (2023). High-risk polysubstance use among LGBTQ+ people who use drugs in the United States: An application of syndemic theory. *International Journal of Drug Policy*, 118, 104103. <https://doi.org/10.1016/j.drugpo.2023.104103>
26. Powell, D. (2023). Educational attainment and US drug overdose deaths. *JAMA Health Forum*, 4(10), e233274. <https://doi.org/10.1001/jamahealthforum.2023.3274>
27. United States Drug Enforcement Administration. (12 January, 2023). Dear Registrant Letter. <https://www.deadiversion.usdoj.gov/pubs/docs/A-23-0020-Dear-Registrant-Letter-Signed.pdf>
28. Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021. *JAMA Network Open*. 2023;6(8):e2327488. doi:10.1001/jamanetworkopen.2023.27488
29. Heimer, R., Black, A. C., Lin, H., Grau, L. E., Fiellin, D. A., Howell, B. A., Hawk, K., D’Onofrio, G., & Becker, W. C. (2024). Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016-17. *Drug and alcohol dependence*, 254, 111040. <https://doi.org/10.1016/j.drugalcdep.2023.111040>
30. White House Office of National Drug Control Policy. (12 April, 2023). Press Release: Biden-Harris Administration Designates Fentanyl Combined with Xylazine as an Emerging Threat to the United States. <https://www.whitehouse.gov/ondcp/briefing-room/2023/04/12/biden-harris-administration-designates-fentanyl-combined-with-xylazine-as-an-emerging-threat-to-the-united-states/>
31. The White House Executive Office of the President, Office of National Drug Control Policy. (July 2023). Fentanyl Adulterated or Associated with Xylazine Response Plan. <https://www.whitehouse.gov/wp-content/uploads/2023/07/FENTANYL-ADULTERATED-OR-ASSOCIATED-WITH-XYLAZINE-EMERGING-THREAT-RESPONSE-PLAN-Report-July-2023.pdf>
32. Weizman, S., Canzeter, S., Brown, S., & El-Sabawi, T. (March 2022). Issue Brief: Maximizing the Impact of Opioid Litigation to Address the Overdose Epidemic. O’Neill Institute for National & Global Health Law. https://oneill.law.georgetown.edu/wp-content/uploads/2022/03/ONL_Opioid_Summit_5PG_Brief_P6.pdf
33. Mermin, S., Falkner, R., & Greene, K. (8 December, 2022). Understanding Opioid Settlement Spending Plans Across States: Key Components and Approaches. National Academy for State Health Policy (NASHP). <https://nashp.org/understanding-opioid-settlement-spending-plans-across-states-key-components-and-approaches/>
34. Executive Summary – National Opioids Settlement. (n.d.). <https://nationalopioidsettlement.com/executive-summary/>
35. Substance Use Disorder Treatment Services in Prison. (2019b, December). Minnesota Department of Corrections. https://mn.gov/doc/assets/Substance%20Use%20Disorder%20Treatment_tcm1089-413914.pdf



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

WWW.ORSPROGRAM.ORG