



# THE OVERDOSE RESPONSE STRATEGY

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

# 2020 ANNUAL REPORT



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# Executive Summary

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

The ORS supports collaboration between public safety and public health agencies at the federal, state and local levels, adopting a four-pronged approach for addressing overdose: law enforcement; response; treatment and recovery; and prevention. This report describes the current state of the overdose epidemic and outlines key strategies employed by the ORS in 2020 to combat this epidemic. The report also demonstrates the ORS' readiness to address other emerging drug threats, such as stimulants and benzodiazepines, as well as new risks and challenges posed by the COVID-19 pandemic.

In 2020, the ORS expanded its partnerships for the sixth consecutive year. By the end of the year, there were 60 Drug Intelligence Officer (DIO) positions in all 50 States, Puerto Rico and the Virgin Islands and 34 Public Health Analyst (PHA) positions. Together, DIOs and PHAs address drug overdose issues within and across sectors and states by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions. They also support the development and implementation of promising, innovative projects at the intersection of public health and safety.

To cultivate and maintain strategic partnerships within the ORS, the program developed and piloted a strategic planning process, in 2020, to allow ORS partners an opportunity to identify shared purpose and goals, and subsequently, develop an action plan to guide the work of partners and ORS Teams. Throughout 2020, the ORS also offered several trainings and opportunities for cross-state collaboration among the Teams and their partners to increase knowledge of various emerging topics and promote awareness of projects and activities across the program.

To build the evidence base for promising practices in opioid overdose prevention, CDC and the National Association of City and County Health Officials (NACCHO) have been working with several ORS states to develop and implement local projects designed to reduce overdoses. CDC provides technical support to these high need areas and works with HIDTAs and ORS Teams to ensure that the pilot projects are smoothly implemented and that their progress and impact are monitored effectively. In 2020, CDC increased its investment in the ORS by awarding funding to eight ORS states for the planning, implementation or continuation of the selected pilot projects.

Much of the ORS' work is conducted at the state and local level, and that work varies broadly among jurisdictions. This report is not an exhaustive catalog of every ORS effort or success, but instead illustrates, through selected examples, the scope of the work undertaken by the ORS.



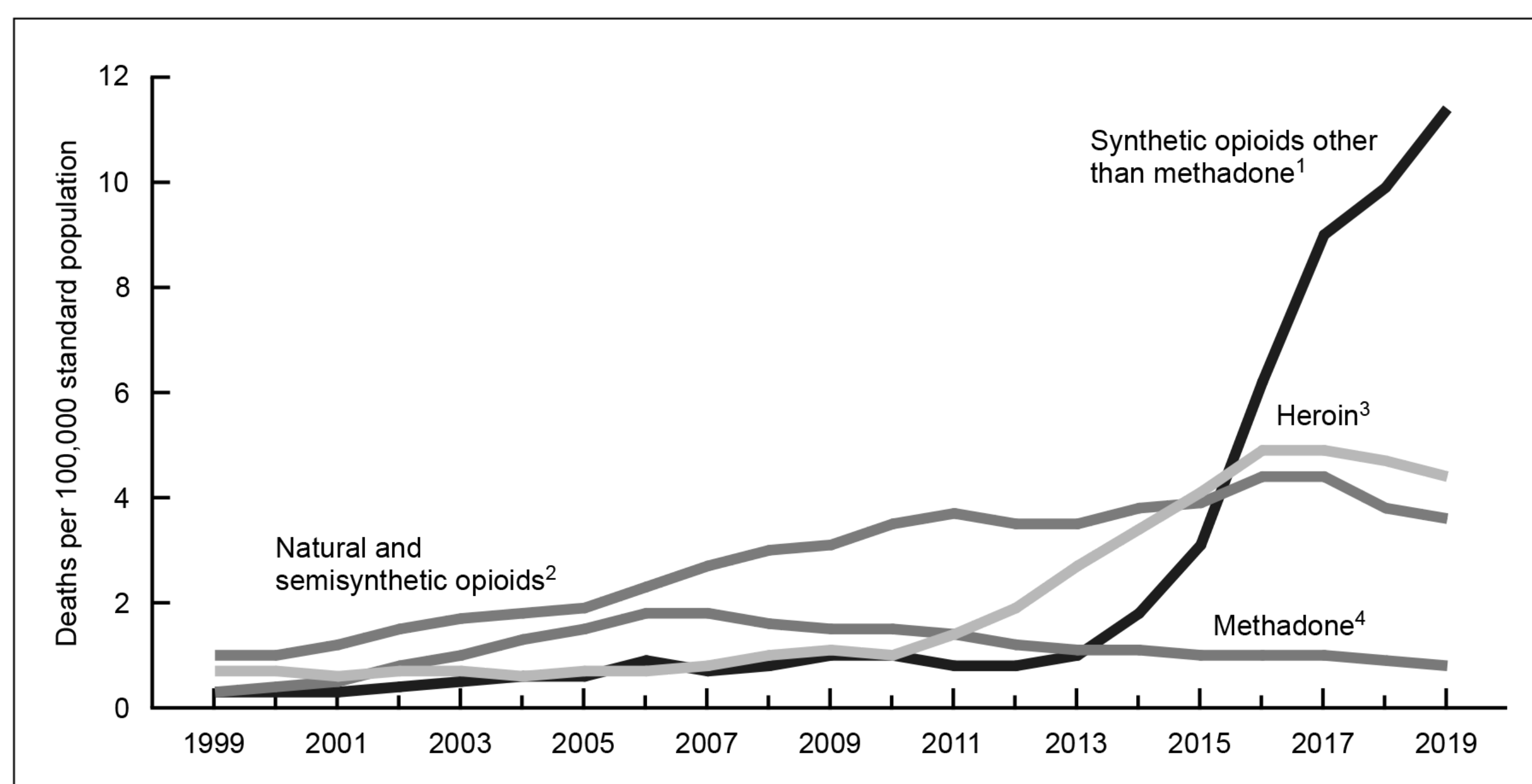
# OVERVIEW OF THE OVERDOSE EPIDEMIC

**In the United States, the drug overdose crisis has worsened and grown into a much more complex and deadly epidemic, devastating the lives of many Americans and their families.**

In 2019, nearly 71,000 drug overdose deaths occurred in the United States, and recent numbers indicate a rapid increase of overdose deaths during the COVID-19 pandemic in 2020 [1,2]. Provisional fatal overdose data from the Centers for Disease Control and Prevention (CDC) predicts that there were almost 92,000 drug overdose deaths that occurred in the U.S. from October 2019 to October 2020 [3]. Opioids, particularly synthetic opioids like illicitly manufactured fentanyl and fentanyl analogs, are largely responsible for the significant increases in overdose deaths. Opioids account for about 71% of all drug overdose deaths in 2019, and synthetic opioids account for about 73% of opioid-involved overdose deaths [1]. From 2018-2019, rates of overdose deaths involving heroin decreased by over 6%; however, the number of heroin-involved overdose deaths were still more than seven times higher in 2019 than in 1999, demonstrating that heroin is still a significant contributor to overdose deaths observed across the country [1].

**The COVID-19 pandemic in the U.S. has presented new risks and challenges to individuals affected by substance use disorder, emphasizing the increased need for more overdose prevention and response strategies, as well as expanded access to treatment and recovery services.**

**Figure 1: Age-adjusted rates of drug overdose deaths involving opioids, by type of opioid: United States, 1999-2019 [6]**



<sup>1</sup>Significant increasing trend from 1999 through 2006 and 2013 through 2019, with different rates of change over time,  $p < 0.05$ .

<sup>2</sup>Significant increasing trend from 1999 through 2017, with different rates of change over time,  $p < 0.05$ .

<sup>3</sup>Significant increasing trend from 2005 to 2016, with different rates of change over time, then significant decreasing trend from 2016 through 2019,  $p < 0.05$ .

<sup>4</sup>Significant increasing trend from 1999 to 2006, with different rates of change over time, then significant decreasing trend from 2006 through 2019,  $p < 0.05$ .

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. Natural and semisynthetic opioids include drugs such as morphine, oxycodone, and hydrocodone; and synthetic opioids other than methadone include drugs such as fentanyl, fentanyl analogs, and tramadol. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75%–79% from 1999 through 2013 and increasing from 81% in 2014 to 94% in 2019. Access data table for Figure 3 at: <https://www.cdc.gov/nchs/data/databriefs/db394-tables-508.pdf#3>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

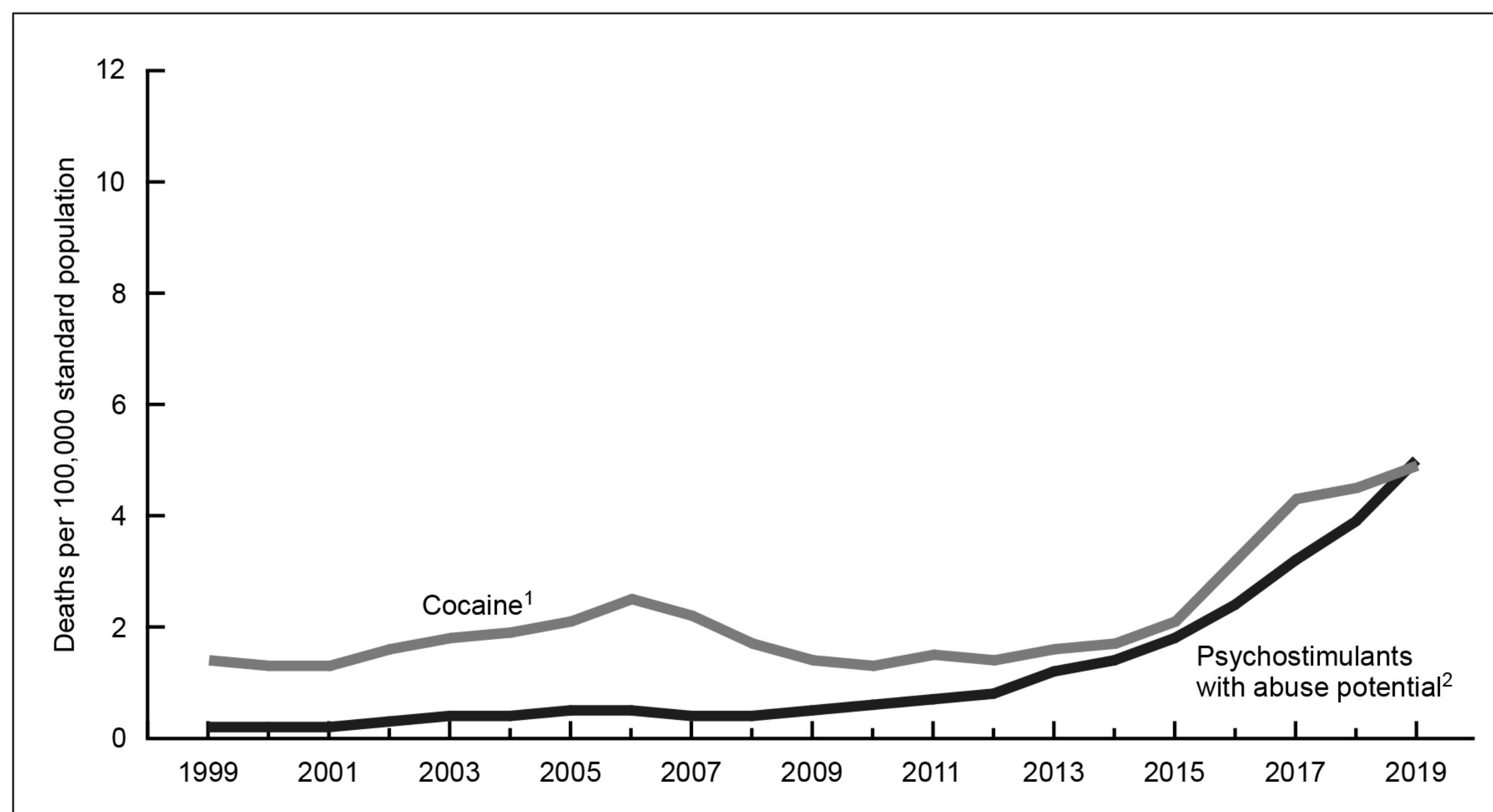


## OVERVIEW OF THE OVERDOSE EPIDEMIC

**Overdose deaths involving psychostimulants, such as methamphetamine, continue to increase, possibly due to low costs and increases in drug availability, purity and potency in U.S. drug markets.**<sup>4,5</sup>

When comparing data from June 2018–June 2019 to data from May 2019–May 2020, psychostimulant-involved overdose deaths increased by about 35%, surpassing the number of cocaine-involved deaths, which increased by about 27%. It is likely that cocaine-involved deaths are associated with co-use or contamination of cocaine with illicit fentanyl or heroin [2]. The U.S. has also experienced geographic shifts in synthetic opioid- and psychostimulant-involved overdose deaths from 2018-2019, indicating more widespread use of these types of drugs. Though the Northeast had previously experienced the largest increases in synthetic opioid-involved deaths from 2015-2016 and the Midwest had the largest increases in psychostimulant-involved deaths from 2016-2017, the largest relative increase in synthetic opioid-involved and psychostimulant-involved death rates from 2018-2019 occurred in the West (67.9%) and in the Northeast (43.8%), respectively [4].

**Figure 2: Age-adjusted rates of drug overdose deaths involving stimulants, by type of stimulant: United States, 1999–2019 [6]**



<sup>1</sup>Significant increasing trend from 1999 to 2006, decreasing trend from 2006 to 2012, and increasing trend from 2012 through 2019, with different rates of change over time,  $p < 0.05$

<sup>2</sup>Significant increasing trend from 1999 through 2005 and 2008 through 2019, with different rates of change over time,  $p < 0.05$ .

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: cocaine, T40.5; and psychostimulants, T43.6. Psychostimulants with abuse potential include drugs such as methamphetamine, amphetamine, and methylphenidate. Deaths may involve more than one drug. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75%–79% from 1999 through 2013 and increasing from 81% in 2014 to 94% in 2019. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db394-tables-508.pdf#4>.

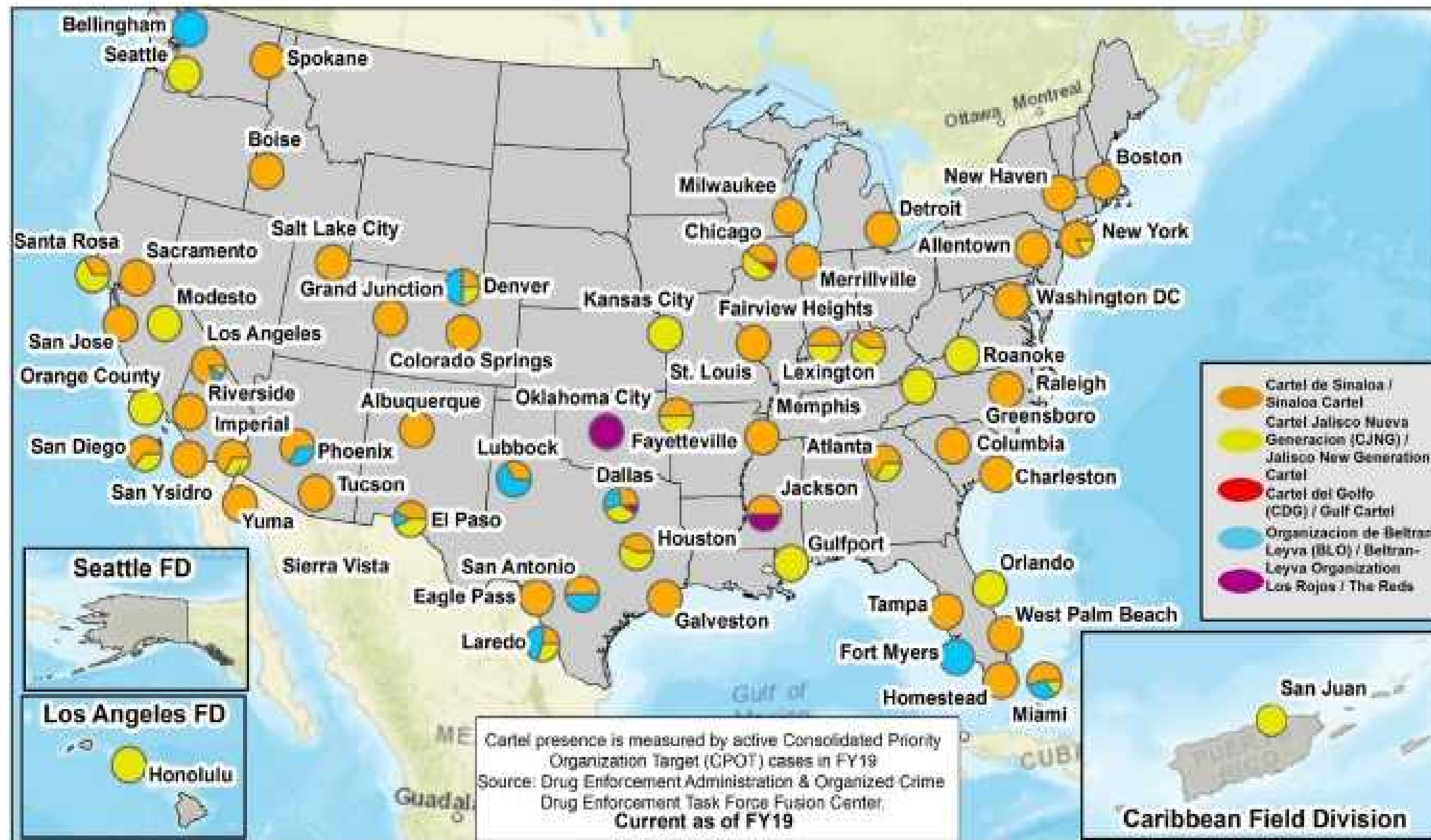
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

While law enforcement across the country works tirelessly to reduce the supply of drugs in our communities, drug trafficking organizations (DTOs) continue to pose significant threats to public health, public safety, and national security. Mexican transnational criminal organizations (TCOs), in particular, are the greatest threat to the U.S., dominating most of the domestic drug market and smuggling illicit drugs primarily across the Southwest Border [5]. They are affiliated with other criminal organizations, including independent DTOs, gangs, and money laundering organizations. Mexican TCOs are responsible for exporting and distributing significant amounts of fentanyl, heroin, methamphetamine, cocaine, and marijuana in the U.S. using varied transportation routes and sophisticated communication methods [5].



# OVERVIEW OF THE OVERDOSE EPIDEMIC

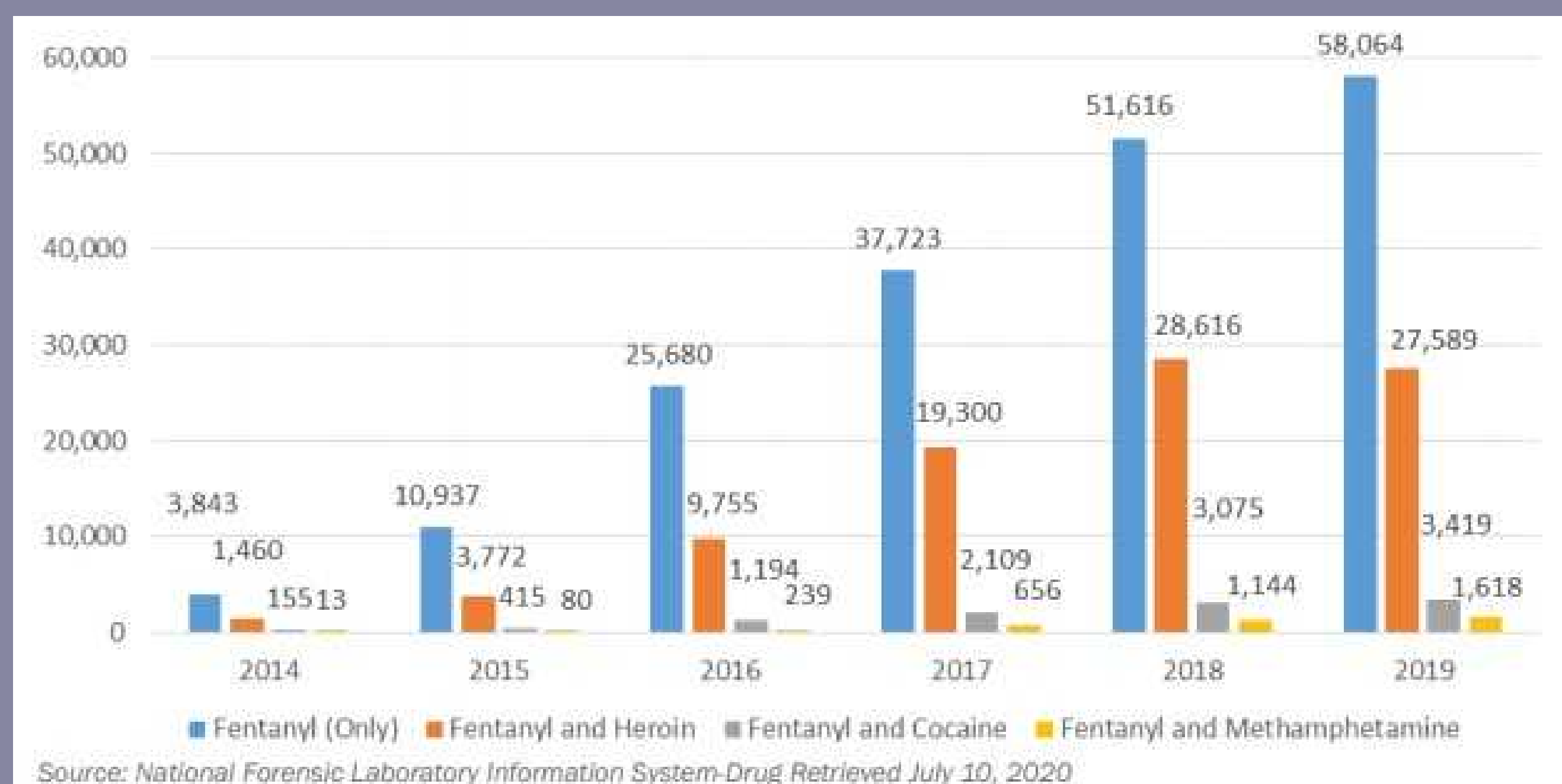
**Figure 3: Areas of Influence of Major Mexican Transnational Criminal Organizations by Individual Cartel, United States [5]**



Fentanyl continues to have a significant impact on the illicit drug market, with the Drug Enforcement Administration (DEA) reporting high availability of the inexpensive, highly potent drug in 2019 [5]. Though heroin seizures declined in 2019, heroin is still readily accessible across the country, particularly in the Great Lakes, Midwest, and Northeast regions [5]. According to National Forensic Laboratory Information System (NFLIS) crime laboratory data (NFLIS-Drug), there was a 12% increase in fentanyl reports from 2018-2019. During that same time period, there was a 13% decrease in heroin reports; however, heroin continues to be the most frequently reported opioid in NFLIS-Drug. NFLIS-Drug data for 2019 shows that New Jersey, New York, Ohio and Pennsylvania had the most fentanyl reports, as well as the most heroin reports [5]. Heroin laced with fentanyl continues to have an increased presence across the U.S., allowing distributors to stretch their heroin supplies, maximize profits, and maintain product quality. Fentanyl continues to be mixed with other drugs like cocaine and methamphetamine, further exacerbating the threats posed by these drugs [5].

Throughout 2019 and 2020, DTOs continued to flood the domestic drug market with counterfeit prescription pills containing fentanyl, which significantly contribute to the high numbers of overdose deaths in the U.S. As of January 2020, 49 states reported the presence of fentanyl-laced counterfeit pills and 38 states reported deaths attributed to the fake pills [5]. Mexican TCOs have replaced China as the primary source of fentanyl supply, both in powder and pill forms, trafficked into the U.S. [5].

**Figure 4: Fentanyl Combination Reports to NFLIS-Drug, 2014 – 2019 [5]**





## OVERVIEW OF THE OVERDOSE EPIDEMIC



Though illicitly manufactured fentanyl and synthetic opioids other than methadone have been at the forefront of national and state priorities, overdose deaths involving cocaine and psychostimulants are receiving more focus and attention. Mexican TCOs continue to increase the production and trafficking of methamphetamine, lowering its domestic price point while increasing its purity, potency and presence throughout the U.S., primarily in the West and Midwest regions of the country. The drug is also prevalent in the Southeast and is expanding into new markets in the Northeast that are not traditionally associated with methamphetamine use [5]. Unlike other drugs, the COVID-19 pandemic reportedly had limited impact on the overall supply of methamphetamine, and TCOs likely took advantage of the pandemic to drive up methamphetamine pricing to increase their profits [5].

Throughout 2019 and 2020, domestic cocaine availability remained steady, despite the pandemic. This is likely due to the record high levels of coca cultivation and cocaine production in Colombia, the primary source of cocaine in the U.S., as well as TCOs' abilities to quickly adapt to COVID-19-related travel restrictions [5]. COVID-19 did not have a significant impact on TCO's ability to produce and smuggle large quantities of cocaine into the U.S., although some price fluctuations were reported during the early stages of the pandemic [5].

### The Federal Response to the Overdose Epidemic

Given the enormity and growing complexity of this national crisis, collaboration across agencies and disciplines is essential. Each sector of government has a role to play—whether implementing prevention activities, providing treatment to individuals with substance use disorder, identifying and disrupting the flow of illicit opioids and other drugs into and across the country, or advancing research to increase our knowledge on best and promising practices.

In March 2021, President Biden signed into law the American Rescue Plan, which allocated nearly \$4 billion to allow the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) to expand access to essential mental health and substance use disorder services. This funding marks the beginning of the Biden-Harris Administration's strong commitment to supporting evidence-based public health and public safety strategies [7]. On April 1, 2021, the Administration released its drug policy priorities for its first year, further highlighting the urgency to address the nation's overdose and addiction epidemic. The priorities support the use of evidence-based harm reduction efforts and primary prevention efforts to reduce substance use among youth, as well as the reduction of illicit drug supply. Additionally, the priorities focus on advancing recovery-ready workplaces, expanding the addiction workforce, expanding access to treatment and recovery services, and ensuring racial equity in drug policy [7].

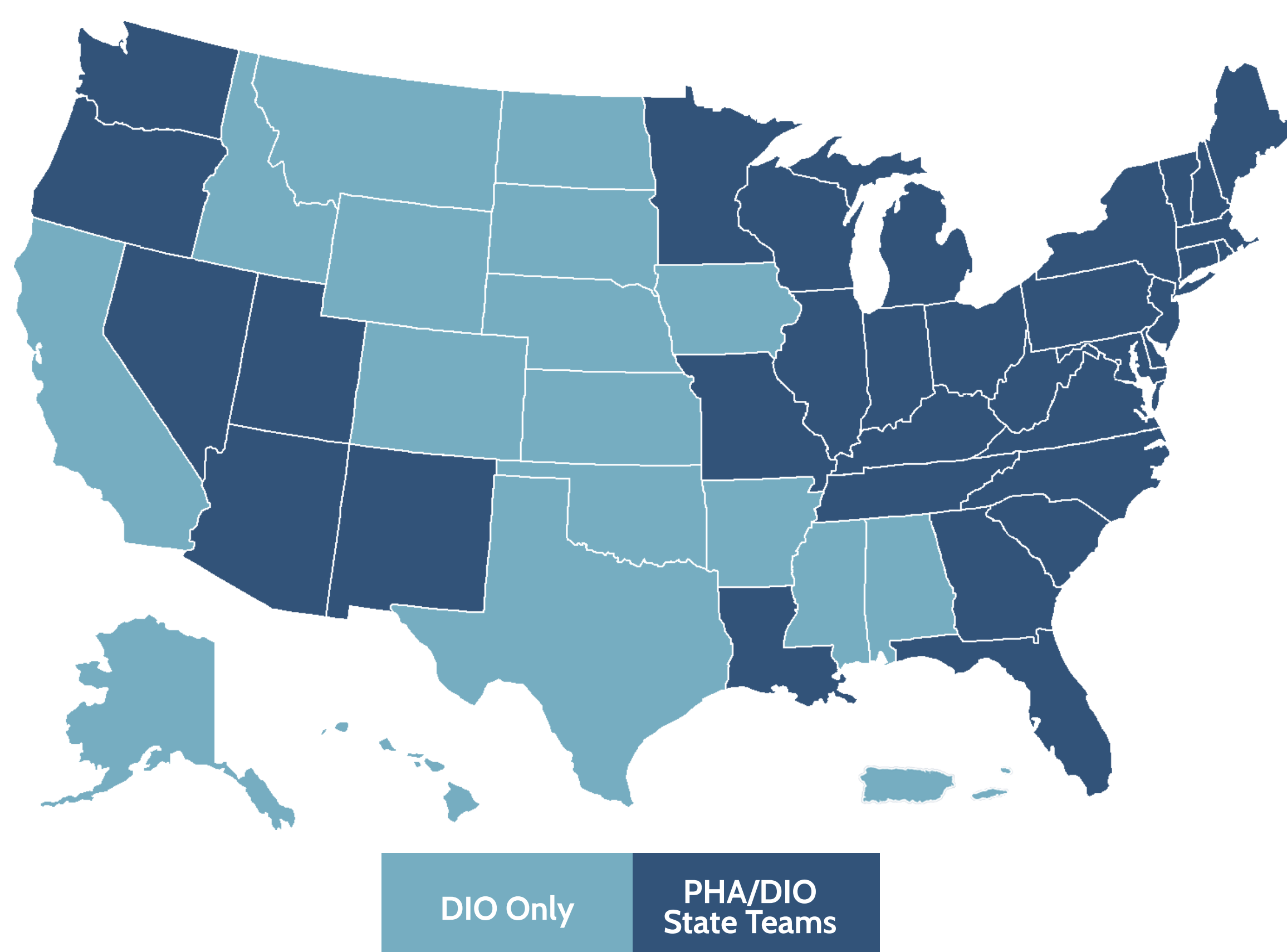




# OVERVIEW OF THE OVERDOSE RESPONSE STRATEGY (ORS)

**The Overdose Response Strategy (ORS) is, at its core, an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives.**

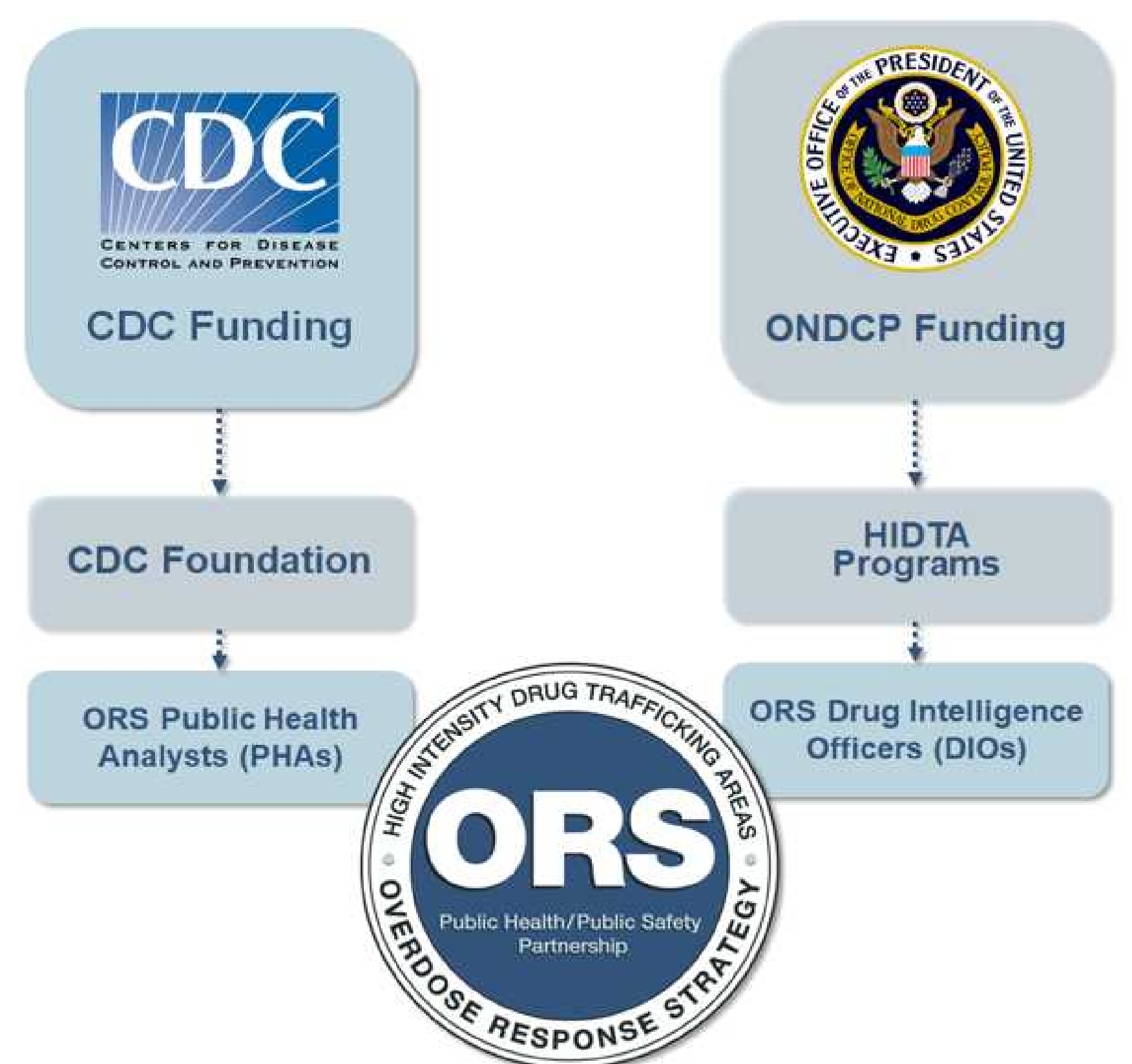
Figure 5: The Overdose Response Strategy Map, 2020



The ORS has evolved since its inception in 2015 from five High-Intensity Drug Trafficking Areas (HIDTAs) covering 15 states, to all 33 HIDTAs covering 50 states, Puerto Rico and the U.S. Virgin Islands. In 2017, the ORS developed a robust and dynamic partnership with the Centers for Disease Control and Prevention (CDC), truly embodying its goal of a public health and public safety partnership at the federal, state, and local levels. The ORS is implemented by Teams consisting of a Public Health Analyst (PHA) and a Drug Intelligence Officer (DIO).

The ORS is funded by CDC and the Office of National Drug Control Policy (ONDCP). In 2019, CDC invested \$1.7 million in the ORS through a cooperative agreement with the CDC Foundation, an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support CDC's critical health protections work. The funding from CDC allowed the CDC Foundation to hire 11 PHAs to support the work of the ORS. In 2020, CDC increased its investment in the program to over \$3M to fund the PHA positions that were previously funded through ONDCP in 19 existing ORS states. Additionally, ONDCP has invested \$5M into the ORS, through baseline funding, to hire DIOs in every state. These investments are creating a structure and governance to achieve long-term sustainability of this program.

Figure 6: The Overdose Response Strategy Funding



*By the end of 2020, there were 60 DIO positions in all 50 States, Puerto Rico and the Virgin Islands and 34 PHA positions; however, efforts are currently underway to expand to 60 PHA positions in all 50 states and territories by 2022.*



## THE OVERDOSE RESPONSE STRATEGY

# 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 supporting evidence-based interventions.

# Program Goals

- 1 Share **DATA SYSTEMS** to inform rapid and effective community overdose prevention efforts.
- 2 Support immediate, **EVIDENCE-BASED RESPONSE** efforts that can directly reduce overdose deaths.
- 3 Design and use **PROMISING STRATEGIES** at the intersection of public health and public safety.
- 4 Use effective and efficient **PRIMARY PREVENTION STRATEGIES** that can reduce substance use and overdose long term.





## ORS Teams

PHAs and DIOs serve as the foundation of the ORS, creating opportunities across public health and public safety sectors to share data, insights, and trends related to drug overdose in communities. By doing so, the ORS is growing the body of evidence related to early warning signs and prevention strategies. With the information shared, and programs inspired by the ORS, the program is helping communities develop solutions to reduce overdoses and encouraging individuals to make healthier, safer choices.



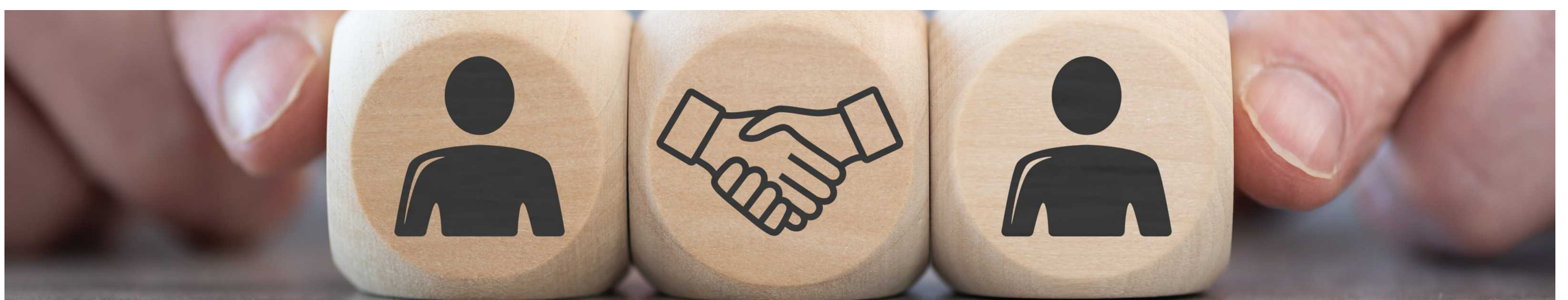
### Public Health Analysts (PHAs)

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

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

#### Examples of PHA Activities:

- Developing reports to highlight trends in substance use and fatal/non-fatal overdoses for rapid action by local partners
- Integrating independent databases from law enforcement, prevention, treatment, and public health agencies
- Developing sustainable data sharing procedures for ongoing situational awareness and crisis response
- Supporting local partners in the adoption of evidence-based practices for preventing substance use, misuse, and overdose
- Creating more efficient and effective systems for responding to overdose events and connecting overdose survivors to care





## OVERVIEW OF THE OVERDOSE RESPONSE STRATEGY (ORS)

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

### *Supporting Overdose Prevention Efforts During the COVID-19 Pandemic*

*The New York PHA collaborated closely with partners within the New York State Department of Health, as well as public safety and harm reduction partners across the state. As the number of cases of COVID-19 climbed in New York, the PHA worked quickly to collect and share relevant public health guidance with partners across sectors in order to help equip them with the information needed to safely and effectively continue their essential work. In partnership with the New York State Intelligence Center (NYSIC), the PHA assisted with content and language for a Narcotics Intelligence Bulletin that provided a summary of harm reduction and public health activities to support people who use drugs during the pandemic. This bulletin also described factors that may heighten the risk of overdose during the COVID-19 crisis and provided information about emergency expanded access to treatment and recovery services. The bulletin was distributed to over 5,200 law enforcement personnel across New York, and was highlighted by Domestic Highway Enforcement, and the Drug Enforcement Administration on their nationwide calls. Recognizing that this information was important to disseminate, the bulletin was also shared to law enforcement partners in New Jersey, Massachusetts, Michigan, and Virginia. In addition, the NY PHA has helped to monitor the incidence of overdose across the state, keeping Department of Health leadership aware of the situation and highlighting local response efforts to mitigate the crisis.*



## Drug Intelligence Officers (DIOs)

Many DIOs are retired law enforcement officers with extensive experience investigating drug trafficking organizations (DTOs) in their assigned state. DIOs support statewide and local overdose prevention and response efforts at the intersection of health and safety, as well as mobilize public safety partnerships in conjunction with the state PHA to facilitate cross-sector work. They also serve to fill a critical gap in intelligence sharing by reporting cross-jurisdictional links, communicating interstate intelligence, relaying case referrals between agencies, and developing timely intelligence reports for law enforcement audiences. Through their network of law enforcement and forensic laboratory contacts, DIOs are key sources of information about newly emerging drug trends, narcotic analogs, and compounds for the HIDTAs, public safety, and public health. Each DIO is assigned to the HIDTA or fusion center in their state, and many spend a significant amount of time meeting with local law enforcement agencies, public health partners, and community groups in order to build relationships and increase awareness of the resources that HIDTAs and the ORS can offer.





# OVERVIEW OF THE OVERDOSE RESPONSE STRATEGY (ORS)

## Facilitating Connections to State and Local Law Enforcement

DIOs are responsible for transmitting **Felony Arrest Notifications (FANs)**. DIOs track and relay drug-related felony arrests of out-of-state and out-of-area residents and report this information to the individual's home law enforcement agency. DIOs receive information about felony drug arrests from multiple sources, including a central state repository, law enforcement agencies throughout the state, intelligence bulletins, and open-source information (e.g., news articles). This information is used to connect the arresting agency to the appropriate out-of-state and in-state entities to facilitate information and intelligence sharing that otherwise would not happen, and to facilitate law enforcement responses. By connecting agencies that may have disparate information about an individual or group, individual arrests can lead to more significant drug trafficking and criminal cases, thus reducing exposure of vulnerable individuals to potent substances.

In 2020, the ORS DIOs transmitted **9,659** notifications to police departments that an individual who lives in their jurisdiction was arrested elsewhere on felony drug charges.

A survey of FANs transmitted in 2020 found that 50% of respondents used the information provided in the FAN to open or support an existing investigation. Additionally, 97% of respondents reported that the FAN provided them with new information and 95% of respondents reported that the FAN had added intelligence value for their agency.



*On June 9, 2020, an Illinois State Police Special Agent requested assistance from the Illinois DIO to locate a fugitive in the Columbus, Ohio area who was wanted for possession with intent to deliver 15 kilograms of methamphetamine within Illinois. The Illinois DIO reached out to Ohio DIO, who used his extensive network of law enforcement contacts within the Columbus area to disseminate the information. On July 1, the Ohio DIO advised that the fugitive was apprehended in Ohio and was awaiting extradition to Illinois.*

In addition to transmitting FANs and targeting DTOs, DIOs offer critical support to a range of criminal investigations. Across law enforcement networks, DIOs can share information and intelligence gathered from investigative tools such as license plate readers, facial recognition programs, phone record databases, or Division of Motor Vehicle photo programs. DIOs often find that the information they pass along is connected to a larger case and helps to further enhance it.

*“On numerous occasions, your bulletins 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 Vermont’s efforts to fight drug trafficking.”*

- U.S. Attorney’s Office in the District of Vermont



# The Role of the ORS in Combatting the Overdose Epidemic

*The work of the ORS builds upon existing public health and public safety infrastructures to create stronger, long-lasting information sharing systems, response initiatives, and other innovations to combat the overdose epidemic. The following sections describe key accomplishments of the ORS Teams throughout 2020 across the program's four overarching goals.*



# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

## Goal 1: Sharing data systems to inform rapid and effective community overdose prevention efforts

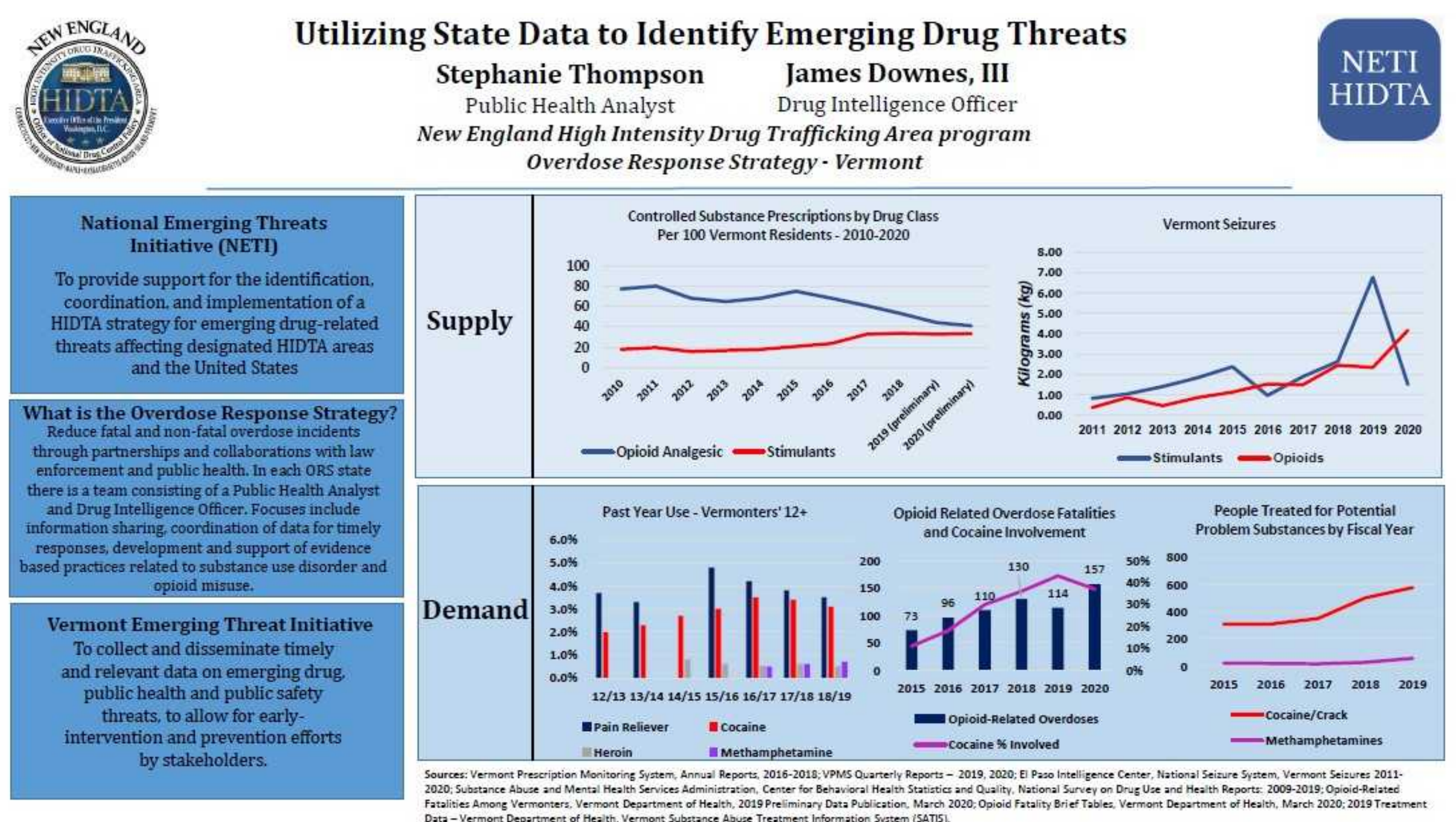


The overdose epidemic in the U.S. crosscuts many sectors, and information about the burden of overdose is often housed within many agencies and organizations that do not traditionally engage in regular data sharing. For this reason, ORS Teams often focus on strategies to improve data-sharing and increase collaboration across state and local agencies. ORS teams support the utilization and integration of data and evidence for strategic planning at the state and local level. 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.

## Utilizing Data to Identify Emerging Drug Threats and Trends

In partnership with the Public Health & Prescription Drug Monitoring Program Project Coordinator for the National Emerging Threat Initiative (NETI), the Vermont PHA and DIO developed the Vermont Emerging Threat Initiative. The project involves collecting and analyzing a variety of data sources to identify changes in supplies of illicit drugs and prescription-controlled substances, changes in demand for these same drugs, and changes in non-fatal and fatal overdoses.. When this initiative first started, the data sources included drug seizures, prescription drug monitoring data, overdose fatalities, past year drug use, and treatment data. In 2020, the team expanded their data analyses to include Felony Arrest Notifications (FANS) gathered by the VT DIO, Youth Risk Behavior Survey results and Young Adult Survey results for the state. Additionally, the team worked to analyze these data sets, where available, at the county level, to provide a micro level review for regional partners. Data across these various sources were analyzed for 2011-2020 and presented at the 2020 National Rx Drug Abuse & Heroin Summit, the 2020 Cocaine, Meth and Stimulants Summit, the 2021 National Rx Drug Abuse & Heroin Summit and the 2020 ORS Annual Conference, in addition to state and regional presentations within Vermont. The team continues to examine additional data sets such as forensic lab testing data, emergency room visit data, and urinalysis testing data and regional data trends. With their regional partners, the VT ORS Team is developing a strategy for regular data dissemination and utilization for prevention and intervention efforts by stakeholders in a response team initiative. Further, awareness of this model has initiated a potential partnership with Pennsylvania State University, for an evaluation through a pending grant application, to assist with developing an Early Warning System based on this Vermont model.

Figure 7: 2020 Rx Summit Poster – Vermont Emerging Threats Initiative





# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

In Wisconsin, public health and public safety are building bridges by pursuing aggregate data sharing opportunities. The Wisconsin Department of Health Services (DHS) holds a regular opioid/overdose data sprint team, where members across divisions examine overdose surveillance data and emerging drug trends to inform state overdose decisions and services. The WI PHA identified that the North Central HIDTA was willing to share de-identified drug seizure data from international mail monitoring for destinations across Wisconsin. The PHA presented the drug seizure data to the WI DHS opioid/overdose data sprint team, who recognized that access to drug seizure data helps fill a critical gap in knowledge as most DHS overdose data sources

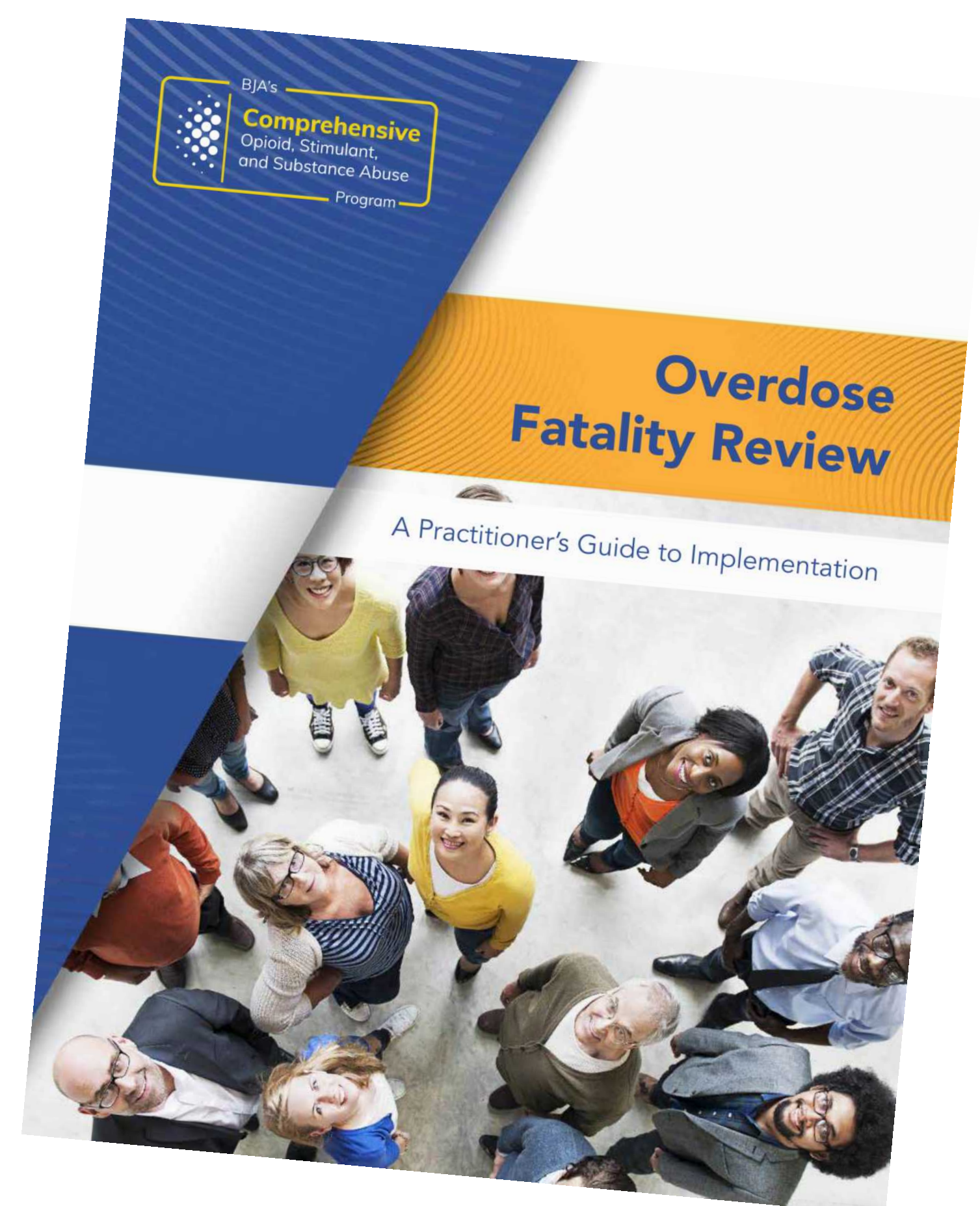
result, and to continue building a trusting relationship between public health and public safety, the PHA produces quarterly summaries of seized substances by region for the DHS overdose indicator report. In addition, the presentation of this data generated interest in the relationship between seizure data and overdoses. Mirroring an analysis conducted by the Ohio ORS Team, the WI PHA is working with the Minnesota ORS Team, as MN and WI share a HIDTA jurisdiction, to determine the correlation between seizure events and overdoses across substances for the states. These concurrent analyses aim to provide further context around substances in WI and how this information may inform overdose prevention activities.

## Expanding Overdose Fatality Reviews (OFRs)

In 2016, the DEA New Jersey Division, the New York/New Jersey HIDTA and the New Jersey Department of Health (NJDOH), Office of Local Public Health (OLPH) established Overdose Fatality Review Teams (OFRTs). Under this initiative, multi-agency and multi-disciplinary teams are assembled at the local level to conduct confidential reviews of individual overdose death cases. The New Jersey PHA is embedded within the OLPH and has been serving as a subject matter expert for overdose fatality reviews (OFRs), coordinating the statewide expansion of OFRTs and providing technical assistance to local, state and federal partners across the country. The PHA establishes connections between local public health, behavioral/mental health, law enforcement, and other key stakeholders across her state, and supports the development of data-sharing agreements between agencies. The NJ DIO also attends several fatality review team meetings in the state, providing subject matter expertise and overall insight on county-level and statewide drug overdose trends. The DIO also helps establish public health and public safety connections between local, state, and federal partners.

In June 2020, the NJDOH received funding from CDC's Overdose Data to Action (OD2A) cooperative agreement to expand OFRTs to 17 new counties, allowing local health departments to analyze data, identify regional trends and evaluate strategies to decrease opioids deaths. This funding

**Figure 8: National Overdose Fatality Review Toolkit**



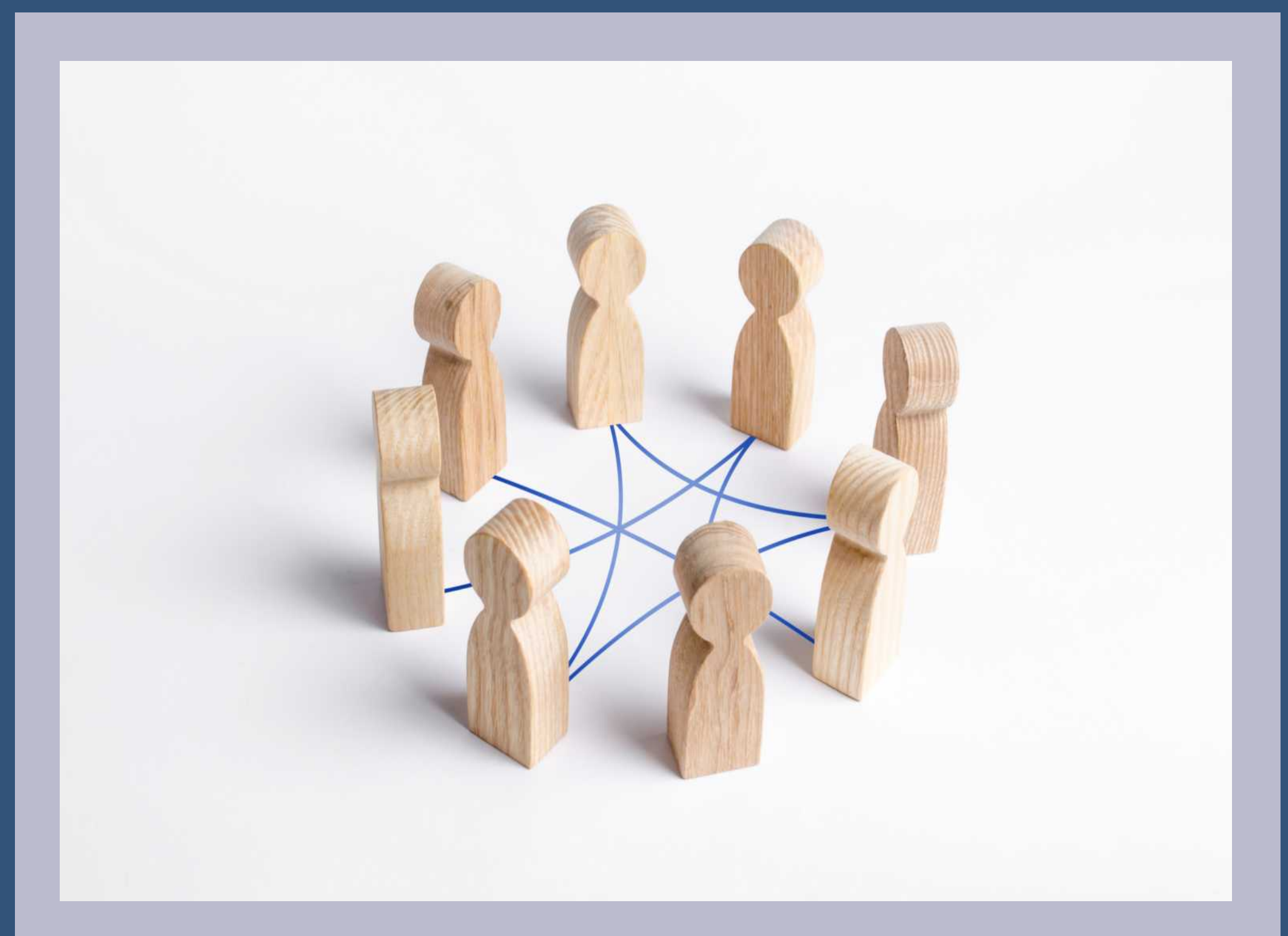
will also be used to enhance the operations of two existing countywide OFRTs that the PHA helped to establish. In the first year of the program the NJDOH was able to support 19 local OFRTs and to disseminate best practices from existing OFRTs and the U.S. Early lessons underscore that scaling OFRTs require leveraging existing resources, adopting established best practices, and partnering with local and national experts. By collecting multiple types of data using a



## THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

centralized, standardized system, OFRTs can provide data that can help to uncover what the decedent underwent within and without systems of intervention. These data in turn, can be used to make systematic improvements, promoting innovative programs that may prevent future fatalities. In partnership with the Bureau of Justice Assistance (BJA), CDC, and the Institute for Intergovernmental Research (IIR), the PHA supported the development of the national OFR toolkit and standardized OFR data instrument, and trained NJ grantees using train-the-trainer toolkit, which are readily available for partners to use throughout the country. The PHA also presented this work at the 2020 Rx Drug Abuse and Heroin Summit.

In South Carolina, child and domestic violence fatality reviews have legislative mandates and are familiar to coroners and law enforcement, but OFR is a relatively new concept for partners at the state and local level. A few counties facilitate overdose case reviews, primarily from a law enforcement perspective, with data and/or participation limited to public safety partners. However, these reviews generally have limited connections with broader overdose prevention and response objectives. To increase awareness and successful implementation of OFRs in South Carolina, the SC PHA and DIO participated in the OFR Train-the-Trainer series offered through the ORS in the fall of 2020 and shared key resources with county coroner's offices. Using the Bureau of Justice Assistance (BJA) OFR Practitioner's Guide to Implementation, the PHA created a project management tool to help interested partners develop a Gantt chart to visualize and track implementation of an OFR. It allows stakeholders to outline a realistic time frame for implementing an OFR and assists them with ensuring timely completion of assigned tasks. The PHA also developed a step-by-step guide for using the tool and recorded a demonstration



video, which are all posted on the BJA Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) OFR website as national resources for other jurisdictions. The PHA is applying these tools to implement an OFR through an ORS pilot project grant awarded by CDC/National Association of County and City Health Officials (NACCHO) in November 2020. The SC PHA and DIO also presented on death scene investigations and overdose fatality review at the SC Coroners Association annual conference in June 2021.

### Supporting the Overdose Detection Mapping Application Program (ODMAP) Implementation for Strategic Planning at the Local Level



*In the absence of real-time data, many communities struggle to effectively respond to the worsening drug crisis. ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events.*

To improve timeliness and accessibility of fatal and nonfatal overdose reporting, the Arizona PHA and DIO supported efforts to adopt ODMAP throughout their state. In Mohave County, the PHA and DIO coordinated with stakeholders from Mohave County Fire and EMS, Dispatch, Police, and the Mohave Substance-abuse Treatment Education and Prevention Partnership (MSTEPP) in the planning and implementation of the data collection tool. On November 1, 2020, Mohave County successfully launched ODMAP as the pilot county in the state and are entering suspected overdoses within 24 hours of the event. Since then, two agencies and one coalition have been trained on the data entry for overdoses and have been entering near-real-time data into the system. Protocols for data entry have been developed and updated as needed, and planning for the community-specific response is underway.



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

**Figure 9: Evidence-Based Strategies for Prevention and Opioid Overdose [8]**



Through the ORS' partnership with CDC, ORS Teams are able to share important information with their community partners about evidence-based approaches for preventing overdose, particularly those identified in CDC's Evidence Based Strategies for Preventing Opioid Overdose: What's Working in the United States [8]. This is especially important as the nation's overdose epidemic continues to evolve and new research is released about the effectiveness of various interventions. While ORS Teams draw on the expertise and scientific knowledge of CDC, they play an essential role in adapting evidence-based interventions to fit their communities and are well-positioned to think strategically about the feasibility and appropriateness of these interventions.

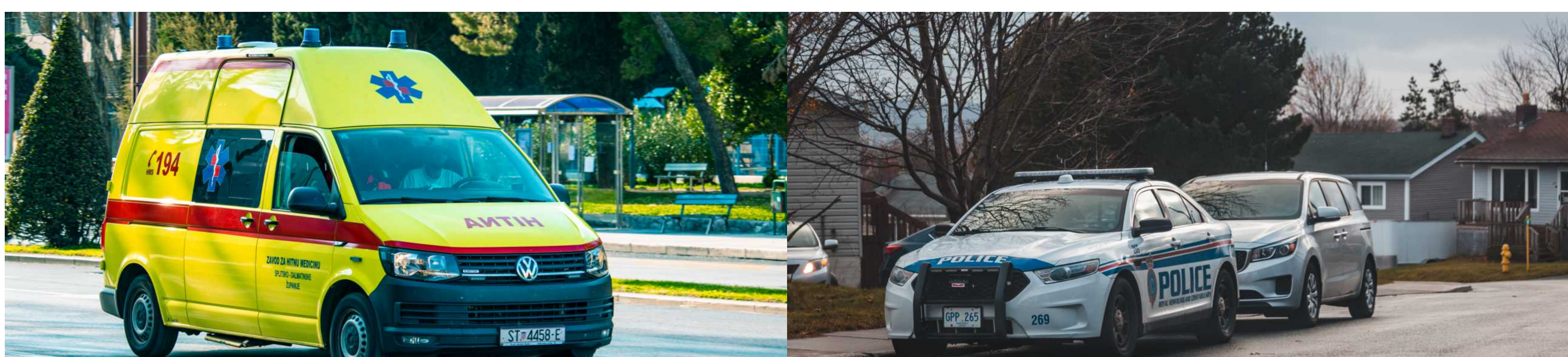
### Increasing Naloxone Access and Use Among First Responders and Community Organizations

*Though law enforcement officers are often the first to respond to an overdose, many departments, particularly smaller and rural departments, still lack access to naloxone.*

To address the need for naloxone in West Virginia, the ORS Team worked in partnership with the WV Office of Drug Control Policy (ODCP), the University of Charleston (UC) Department of Pharmacy, the Department of Health & Human Resources (DHHR), and Appalachia HIDTA to provide naloxone to local law enforcement agencies through the SAMHSA First Responder-Comprehensive Addiction and Recovery Act Grant (FR-CARA). The PHA and DIO assisted the partners in developing and implementing a process for resources to transfer smoothly from UC to local law enforcement and for data to be shared back to UC for their records and reporting requirements. By December 2020, the PHA and DIO successfully facilitated the distribution of 500 naloxone kits, which include two doses each, in collaboration with the above agencies. The ORS Team continues to investigate other high-priority needs and identify strategies to provide law enforcement with additional support in their efforts to combat the overdose epidemic in West Virginia.

#### CDC's Evidence-Based Practices for Preventing Opioid Overdose:

- Targeted naloxone distribution
- Increased access to medication for opioid use disorder (MOUD)
- 911 Good Samaritan Laws
- Naloxone distribution in treatment centers and the criminal justice system
- MAT in the criminal justice system and upon release
- Initiation of buprenorphine-based MAT in emergency departments
- Syringe services programs





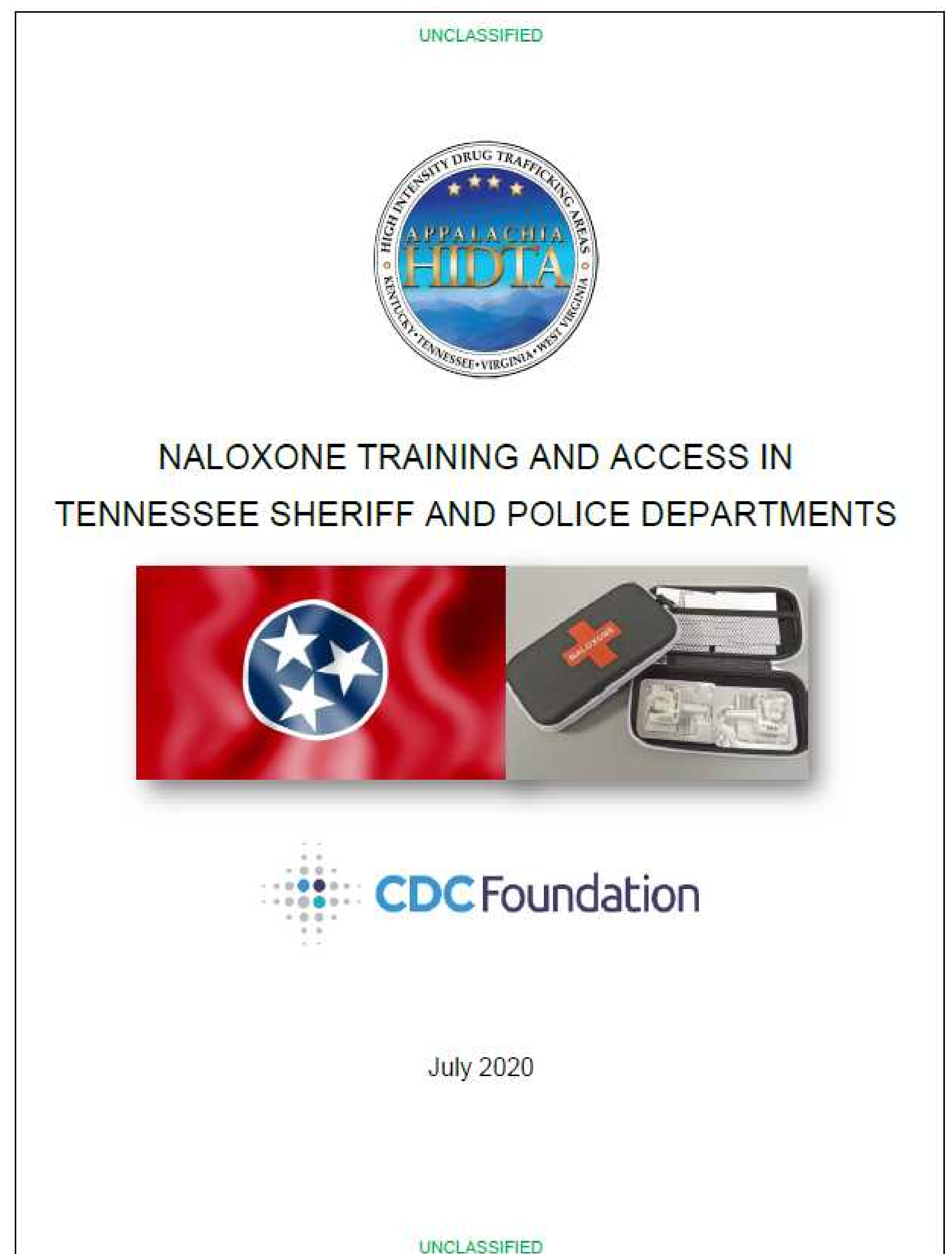
# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

When local harm reduction organizations faced a shortage of naloxone in Minnesota, the MN ORS Team used their established network of public safety partners to help fill their urgent need. The PHA and DIO worked together to identify and contact police departments regarding naloxone that was about to expire and could be donated to harm reduction clinics for immediate dissemination. Subsequently, the PHA helped facilitate an emergency transfer of 102 naloxone kits total from police departments to the health department, and ultimately, to harm reduction programs facing a shortage. The PHA also developed and disseminated a survey to assess ongoing naloxone inventory needs among the local partners.



**Figure 10: Naloxone Training and Access in Tennessee Sheriff and Police Departments Report**

To gain a better understanding about the level of training and use of naloxone among police departments and sheriff's offices in Tennessee, the TN PHA and DIO co-created a telephone survey that was conducted among 278 law enforcement agencies across the state. The PHA compiled and analyzed the data and summarized the findings in a report that was shared with key stakeholders. Overall, 92.2% of Tennessee Sheriff and Police Departments who responded to the survey have received overdose response and naloxone training and reported that officers carry naloxone on patrol. About 55% of respondents reported that they have a written policy regarding the carrying and use of naloxone, while about 36% of respondents reported no existence of such policy. This revealed an opportunity for the Appalachia HIDTA and TN ORS Team to provide a template or recommendations of best practices for departments considering implementing a naloxone use policy in the future. Additionally, information gathered from the survey is being used to provide free training and/or free naloxone to departments, and to connect them to the Regional Overdose Prevention Specialist assigned to their area of responsibility. This project assisted in building trust among public health and public safety partners and providing valuable information that could be shared across the state.





# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

## Supporting Overdose Education and Naloxone Distribution (OEND) Programs



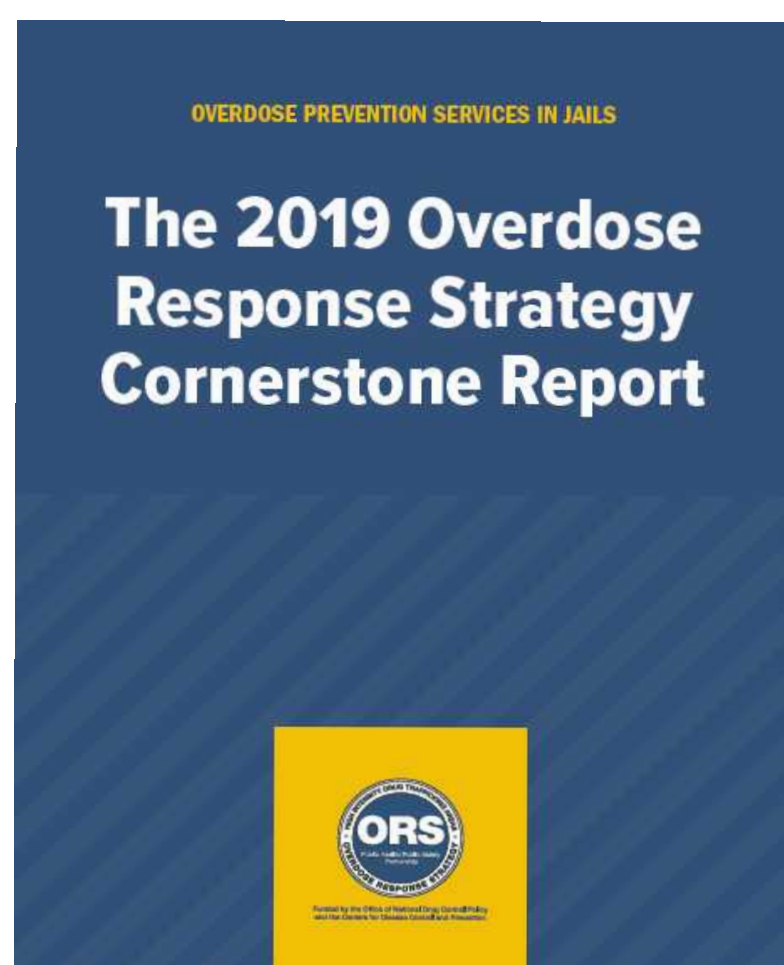
As Missouri began experiencing a sharp increase in opioid overdoses and deaths across the state, there was a need to expand overdose education and naloxone distribution efforts. To address this, the Missouri Department of Health and Senior Services (DHSS), in partnership with the Missouri Opioid Heroin Overdose Prevention and Education (MO-HOPE) Project, the Missouri State Department of Mental Health (DMH), and the Missouri Institute of Mental Health (MIMH), obtained funding to develop and implement the Missouri Overdose Rescue and Education (MORE) project. Throughout 2020, the Missouri ORS team worked collaboratively with the MORE project leads to identify rural counties of high need, increase awareness of the project, and recruit agencies to implement OEND. The ORS Team provided outreach, education, and technical assistance to agencies, connecting them to these existing resources for training and naloxone. As a direct result of the team's outreach efforts, 45 agencies have implemented community OEND projects distributing over 4,500 units of naloxone in high burden communities across the state. Additionally, two EMS agencies have implemented Naloxone Leave Behind Projects allowing first responders to leave behind naloxone and educational materials to overdose survivors, family members, or friends at the scene of an overdose incident.

Additionally, an online overdose education and naloxone administration curriculum for first responders was previously developed in Missouri, but not approved for the Peace Officer Standards and Training (POST) certification for law enforcement. Law enforcement officers must receive a certain amount of POST-certified training hours per year; therefore, offering POST credit for the online training curriculum would incentivize law enforcement to take the training. The Missouri PHA and DIO worked together to modify the data required to identify those individuals who could receive the POST credit hours. Following this, the online course was submitted and accepted for POST training credit. More law enforcement officers are expected to participate in the training now that it qualifies for this credit.



## Goal 3: Designing and using promising strategies at the intersection of public health and public safety

**Figure 11: 2019 ORS Cornerstone Report**

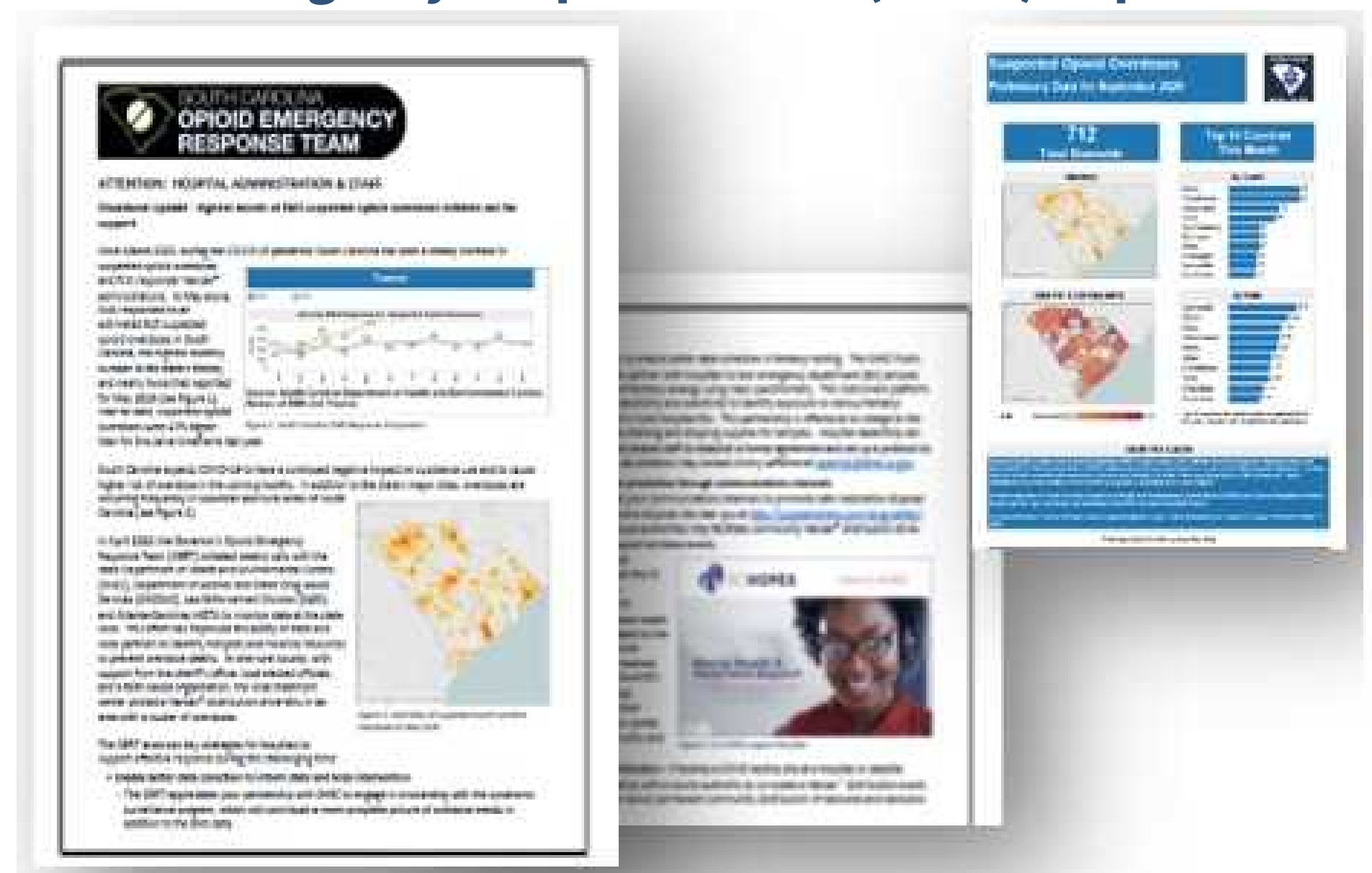


Through ODMAP or other data collection platforms, many communities are better equipped to identify and respond to suspected overdose spikes in near real-time. PHAs and DIOs bring public health and public safety partners to the table to develop coordinated responses for appropriate deployment of resources and timely communication across both sectors. As part of their role in helping communities respond to overdose, PHAs and DIOs also assist in the development of programs that link at-risk populations to care and treatment services for opioid use disorder or find novel ways to support first responders in communities hardest hit by the opioid epidemic.

### Developing Coordinated Rapid Response Strategies

The South Carolina Governor's Opioid Emergency Response Team (OERT) maintains a public-facing website that provides comprehensive opioid-related data and annual reports (<https://justplainkillers.com/>); however, this resource does not support real-time identification of emerging trends and rapid response to mitigate health and safety impacts. To address this gap, the OERT established a rapid response team, in April 2020, comprised of state-level public health, public safety, and treatment partners. The primary goals of this team are to identify high burden areas to target strategies, synchronize response efforts across state agencies, and mobilize local partners. Using statewide EMS data, the South Carolina PHA developed a data dashboard and began conducting weekly data analyses, which include information on the location and time of suspected opioid overdoses, as well as aggregate information on age, sex, and gender. The PHA presents this data during weekly calls with the rapid response team to identify hotspots and initiate outreach to local counterparts. Since beginning this work, the team has seen important results at a state and local level. This collaborative effort was well-timed to create the capacity to monitor increased opioid overdoses during the COVID-19 pandemic. With its state-level surveillance, the team has successfully identified emerging trends in overdose activity across jurisdictions connected to potent substances like counterfeit pills and alerted public safety and treatment communities about these dangers. In addition to the detailed data that is reviewed by the core rapid response team, the PHA publishes monthly situational

**Figure 12: South Carolina Governor's Opioid Emergency Response Team (OERT) Reports**



awareness reports for other external audiences and issues bulletins highlighting increased overdose activity with tailored response and prevention strategies for key stakeholder groups. At the local level, outreach from the state rapid response team to its local counterparts provided the impetus for meetings between public safety and treatment partners to address periods of higher activity. Empowered with information, county authorities have been able to respond with more targeted interventions like drive-thru naloxone and Detera bag distribution to areas experiencing overdose clusters. Outreach from the rapid response team also motivated more public safety agencies to register for ODMAP for near real-time data collection and coordinated response at the local level. The PHA continues to explore ways to include other data sources like provisional mortality, hospital substance use screening, and drug seizure information into the weekly analyses to provide additional context and validate trends. The team also plans to expand the review to include data related to stimulants and other drugs.



# THE ROLE OF THE ORS IN COMBATting THE OVERDOSE EPIDEMIC

To combat the changing and complex overdose epidemic in the state, the Tennessee Department of Health (TDH) established the Opioid Response Coordination Office (ORCO) to lead their surveillance and prevention efforts. As part of their funding from CDC's OD2A cooperative agreement, ORCO identified areas within TN that have been the most highly impacted by overdose and provided them with funding to enhance their local capacity for prevention and response. Knox County Health Department received a High Impact Area (HIA) grant, which required the department to develop and implement an acute response plan for their region. The TN PHA was instrumental in creating this plan, leveraging the ORS network to gather information from other states, convening key agencies and stakeholders in TN, and serving as a principal author of the final document. Of all the High Impact Areas, Knox County was the first to complete their plan and received high praises from TDH leadership. Given the PHA's significant contributions to the response plan for Knox County, she served as the principal author for the East Tennessee Regional Health Department overdose response plan and provided technical assistance to two other regions, Mid-Cumberland and Nashville Metro, as they developed their plans.

“So far, this is the most comprehensive acute response plan I have seen in the state of Tennessee. We are looking forward to seeing this plan save lives.”

- Tennessee Department of Health Leadership

## Supporting First Responders: Overdose Response and Behavioral Health Needs



In many communities, there is a critical need for more education on methamphetamine use, overdose, psychosis, treatment, and de-escalation. After receiving multiple questions and reports from local law enforcement agencies on the increasing use of methamphetamine in their region, the Massachusetts ORS Team partnered with Boston Medical Center Office Based Addiction Treatment Training and Technical Assistance (BMC OBAT TTA) team to host two separate virtual training events for public health and public safety partners. The trainings were held in September 2020 and led by Justin Alves, a Clinical Nurse Educator, AIDS

Certified Registered Nurse and Certified Addictions Registered Nurse at BMC. Leveraging the broad network that the PHA and DIO have built, this effort reached almost 400 community partners, primarily in Massachusetts, but also across the New England region.

The training covered the effects of methamphetamine use and risks for overdose, current evidence-based treatment strategies, subpopulations of patients at heightened risk, as well as strategies for de-escalation of patients experiencing methamphetamine psychosis. Of those who completed the evaluation survey, 95% of attendees said that the event changed their understanding of the effects of methamphetamine use and the risks for methamphetamine overdose. Most importantly, 100% of attendees said they now recognize the role of methamphetamines in the current drug overdose epidemic. Additionally, the PHA and DIO worked with OBAT TTA to develop a one-page document and HIDTA bulletin for public safety that includes information on methamphetamine and recommendations on how to respond to a methamphetamine overdose. Given the success of this work, the New Hampshire ORS Team is planning to implement this training across their state, with the support of the Massachusetts ORS Team. The BMC OBAT TTA Team were also invited to present at the 2020 ORS Virtual Conference and a Domestic Highway Enforcement (DHE) special meeting on methamphetamine.

Figure 13: Methamphetamine One-Pager for Public Safety





## THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

First responders, including fire/EMS and law enforcement, play a critical role in addressing the overdose epidemic in their communities. In partnership with Rutgers School of Public Health and the New Jersey State Department of Health, Office of Emergency Medical Services, the New Jersey PHA assisted with the development of 'Five Minutes to Help', a train-the-trainer program that educates first responders on proper communication with individuals following an overdose event and provides them with recovery resources that are available locally, regionally, and statewide. The program also helps first responders identify and manage provider compassion fatigue and understand the stigma associated with substance use disorders (SUD). The New Jersey PHA is embedded within the OLPH and has been supporting this initiative through promotion and organization of the instructor courses, communication with

the EMS community, and distribution of opioid recovery materials.

In 2020, five instructor-level courses were held through March, training approximately one hundred new instructors throughout the state. Feedback provided by attendees helped to identify the need for greater focus on resources, which will be addressed by increasing the number of EMS Opioid Recovery kits and materials included and the integration of their Opioid Overdose Recovery Program (OORP), which connects first responders to the recovery coaches in ORRP.

**Figure 14: New Jersey's Five Minutes to Help Program**



*In the photo, the NJ PHA, is joined by partners from the New Jersey Department of Health, Office of Emergency Medical Services.*

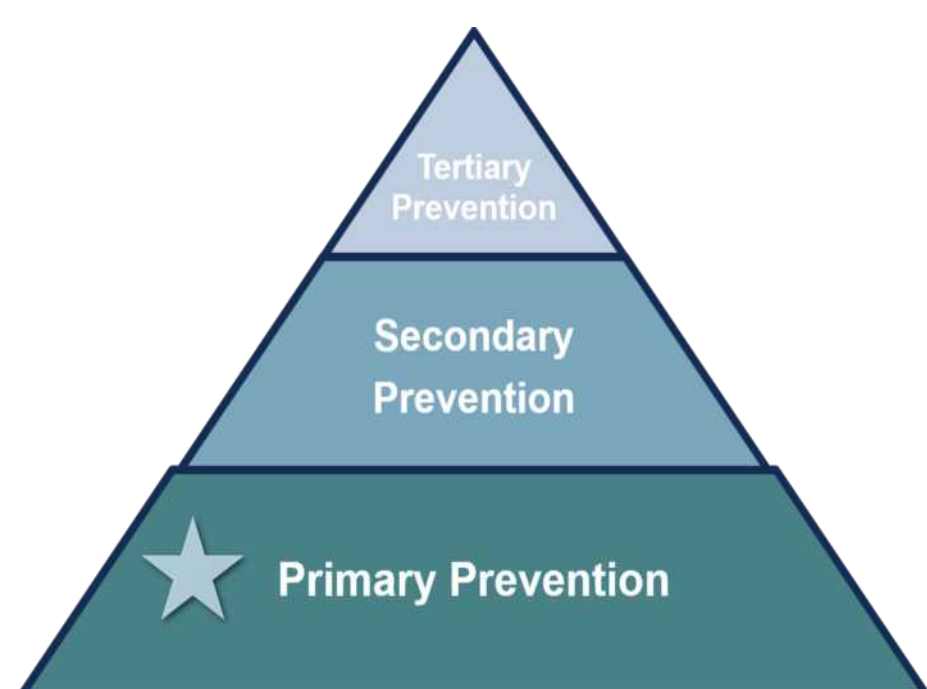


***Although first responders are highly trained to handle stressful incidents, repeated exposure to the effects of the opioid epidemic may lead to compassion fatigue, which may contribute to burnout, avoidance behavior and mental health problems [9].***

After researching best practices, the Indiana PHA developed and facilitated a 45-minute workshop for first responders in Morgan County, IN to address compassion fatigue, acknowledge and discuss barriers to self-care, and provide them with practical tips to increase their emotional and physical wellness and sleep hygiene. Twelve first responders with over 15 years of experience attended the training, which lasted for over two hours due to their high level of engagement and enthusiasm about the topics covered. Based on feedback that the PHA received, attendees found the workshop to be very helpful and expressed great interest in learning how to incorporate the various wellness strategies presented into their lives. Given the success of the event, the PHA was invited to work with first responders at a local fire house, on a quarterly basis, to support them in developing and implementing meaningful self-care strategies.



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



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

## Disseminating Information on Overdose Prevention and Current Drug Threats

After joining the ORS in early 2020, the Arizona DIO and PHA immediately began learning about the interconnected variables at play in mitigating drug overdoses through a public health-public safety partnership. They conducted stakeholder interviews with representatives from state and local public health, federal, state, and municipal law enforcement and first responder entities, harm reduction and behavioral health coalitions, medical examiners, and poison centers. This wide array of varying perspectives helped to create an informed understanding of the current state of affairs in Arizona drug overdoses. In March 2020, at the invitation of the Winslow Police Chief, the Arizona ORS team served as panelists at a town hall meeting in Winslow, AZ. The town hall was organized in response to a cluster of five overdoses spanning only a few days. Four of the five individuals were under the age of 20 and one 18-year-old died as a result of the overdose. Each of the five overdoses was suspected to contain illicitly manufactured fentanyl, and naloxone was administered to the surviving victims. To mitigate future overdoses, the police chief brought together a panel of experts to answer community questions and provide information about opioid misuse. Panel members included representatives from public health, law enforcement, and treatment facilities, and provided education about the effects of opioids on the body and the symptoms of an opioid overdose. The town of Winslow has a population of less than 10,000, yet over 300 people attended the town hall meeting, and over 3,000 more were reached via live streaming. The PHA and DIO shared information on the purpose of the Overdose Response Strategy, as well as information on opioids, the presence and lowered price of recently seized counterfeit Oxycodone pills containing fentanyl, and harm reduction tips for parents and community members. The PHA also delivered 100 kits of naloxone to the Winslow Police Department to assist them in their efforts to combat overdoses.

Figure 15: Town Hall Meeting, Winslow, AZ



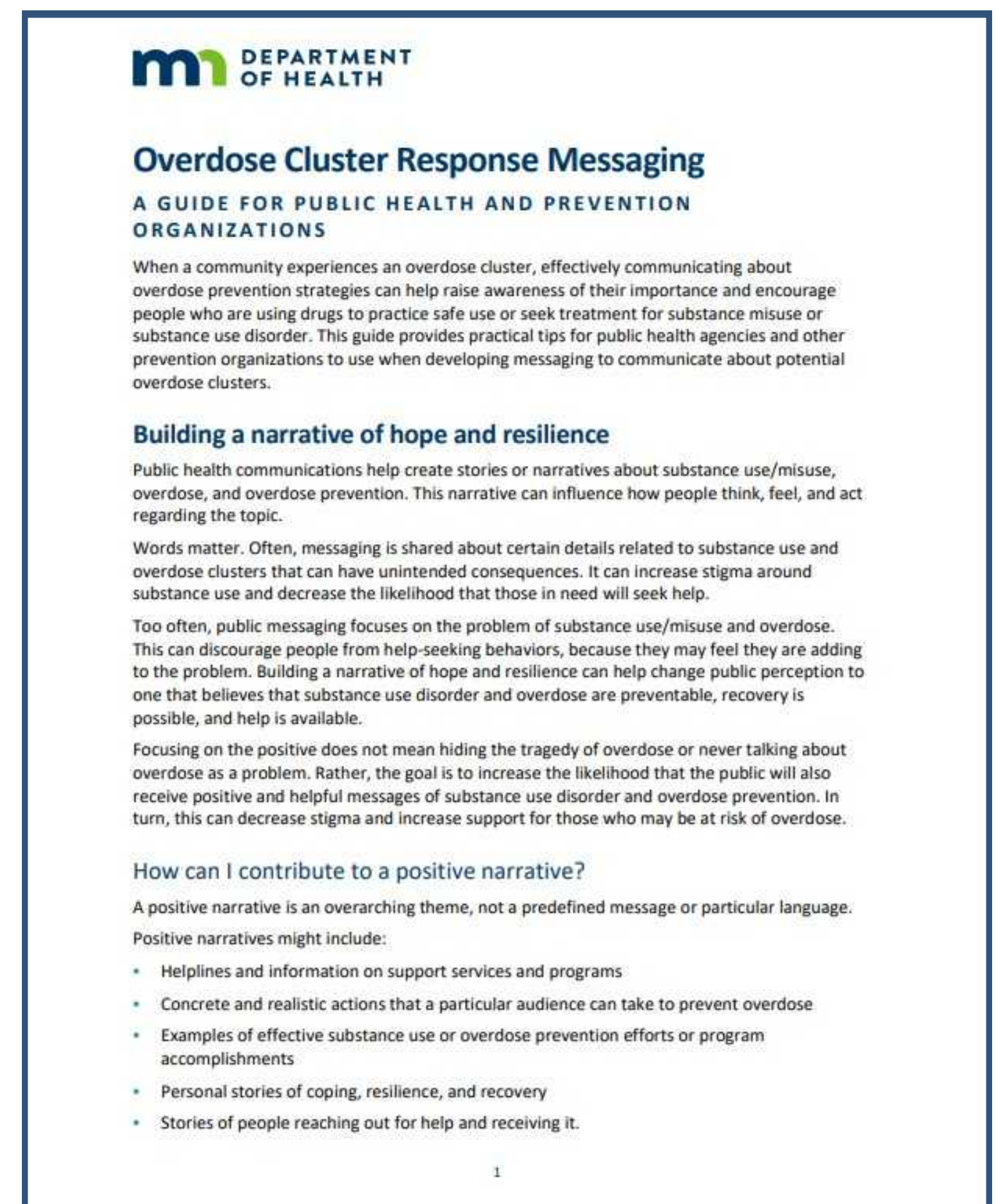
In the photo, the AZ DIO and PHA are participating in a panel at a town hall meeting in Winslow, AZ to provide information on opioid misuse and drug trends.



# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

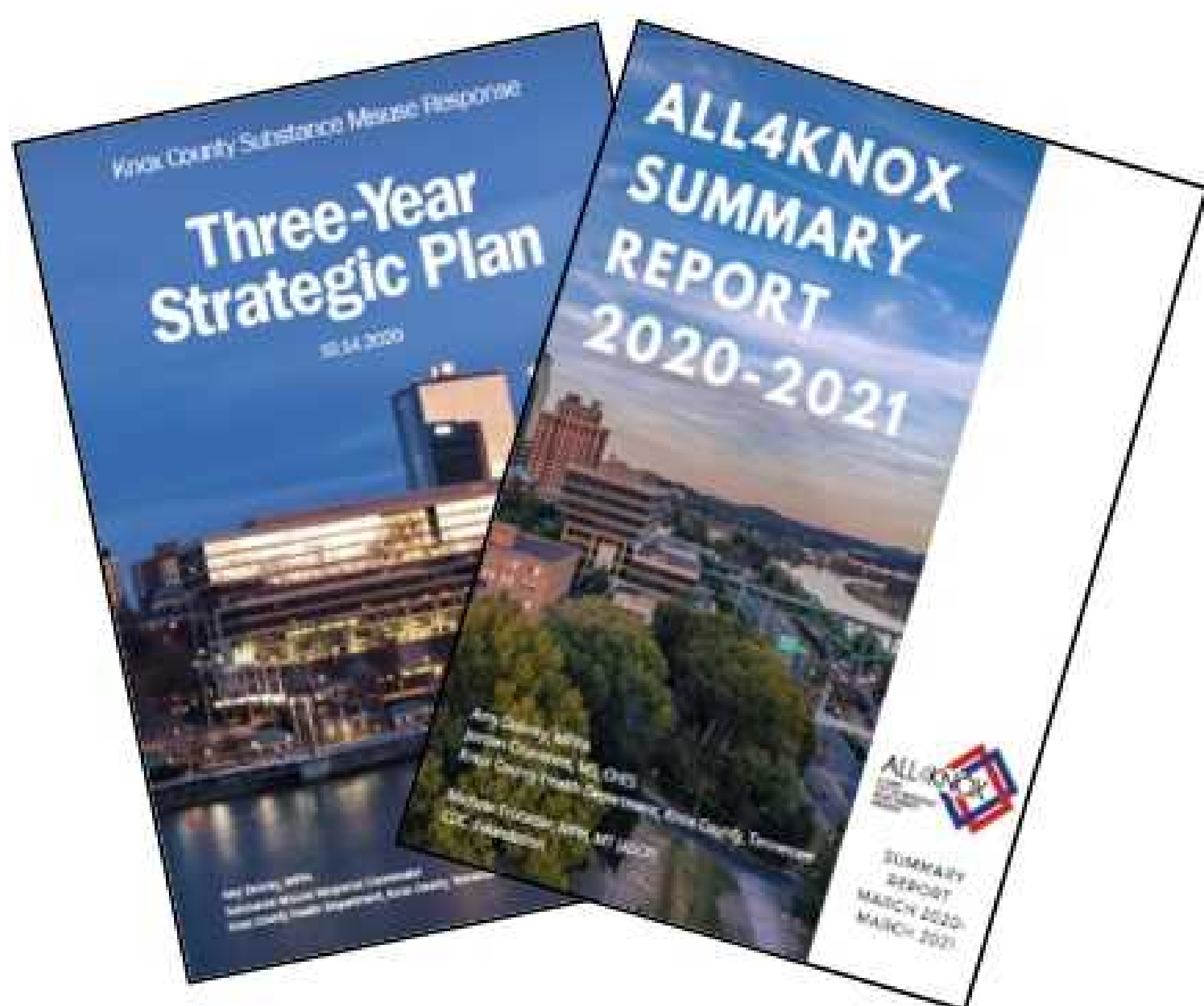
Effective communication during an overdose cluster is important for raising community awareness about overdose prevention strategies and encouraging individuals to seek treatment for substance use disorder. However, public messaging about substance use, misuse, and overdose is often stigmatizing and can decrease the likelihood that those in need will seek help. To help organizations build a more positive narrative around these topics, the Minnesota PHA supported the development of the Minnesota Department of Health's Overdose Cluster Response Messaging Guide. The document explains the importance of choosing language carefully and provides practical tips for agencies to use when developing messaging to communicate about potential overdose clusters. It also includes a list of suggested terms that could be used to reduce stigma around substance use, misuse and overdose. This useful resource is being shared widely with local public health, law enforcement, and other community organizations, and it can also be found on the Minnesota Department of Health website: [Overdose Cluster Response Messaging: A Guide for Public Health and Prevention Organizations](#).

**Figure 16: Minnesota Department of Health's Overdose Cluster Response Messaging Guide**



## Supporting Cross-Sector Collaboration and Coordination of Substance Use and Overdose Response Efforts

**Figure 17: All4Knox Strategic Plan**



Over the past year, the Tennessee PHA has been integrally involved in All4Knox, an initiative developed to create and implement a three-year, community-wide strategic plan aimed at reducing substance misuse and its impact on individuals, families, and local communities in Knox County, Tennessee. This effort brings together stakeholders representing nine community sectors, including business, education, government, health care, faith-based organizations, justice systems, treatment, recovery, and harm reduction. Due to the COVID-19 pandemic, All4Knox experienced interruptions of in-person meetings, which caused some delays in the strategic planning process. However, to allow stakeholders to continue working on the strategic plan in the absence of facilitated meetings, the TN PHA created a modified version of the Public Health and Safety Team (PHAST) toolkit, a resource developed to help local jurisdictions reduce opioid overdose deaths by increasing collaboration and coordination among all sectors.

This adapted toolkit, called the "Next Steps Action Planning Tool", was approved by the Knox County Director of Emergency Preparedness for use during the strategic planning process and included worksheets for planning members to complete independently or in small groups for their respective sectors. The completed worksheets were compiled and used to develop the final strategic plan. Despite the challenges of the pandemic, the initiative was able to meet their original deadline for finalizing the document, which was released on October 15, 2020. Additionally, the PHA developed a crosswalk and matrix tool to assess and monitor the implementation of the strategic plan and collection of shared metrics from stakeholders. The PHA continues to support the implementation of the All4Knox strategic plan, serving as a subject matter expert and ensuring collaboration across the different sectors represented in the plan.



## THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

In collaboration with the Kentucky Injury Prevention Research Center and Kentucky Department for Public Health, the Kentucky PHA supported the Center for Substance Abuse Research at the University of Maryland in developing recommendations for clear and concrete actions that can be taken during the new Biden administration's first 100 days. Together, they provided guidance on five essential priorities for the new administration, which included encouraging the use of evidence-based practices that address the social determinants of substance use disorder, supporting the development of data systems that offer new opportunities for rapid and timely dissemination of criminal justice and public health information, and expanding support for community-based organizations that can inform and lead outreach and education efforts for both the drug crisis and the COVID-19 pandemic. The PHA and her state partners also provided information on the need for harm reduction programs, such as syringe exchange and naloxone administration programs, policies that impede the implementation of these programs, and solutions to consider. The final list of recommendations and evidential research was submitted to the presidential transition team and focused on seven topic areas: treatment, prevention, harm reduction, recovery, education and dissemination, research, and epidemiology. The published document can be found at this link: [CESA Research Network Recommendations for ONDCP and Transition Team.](#)





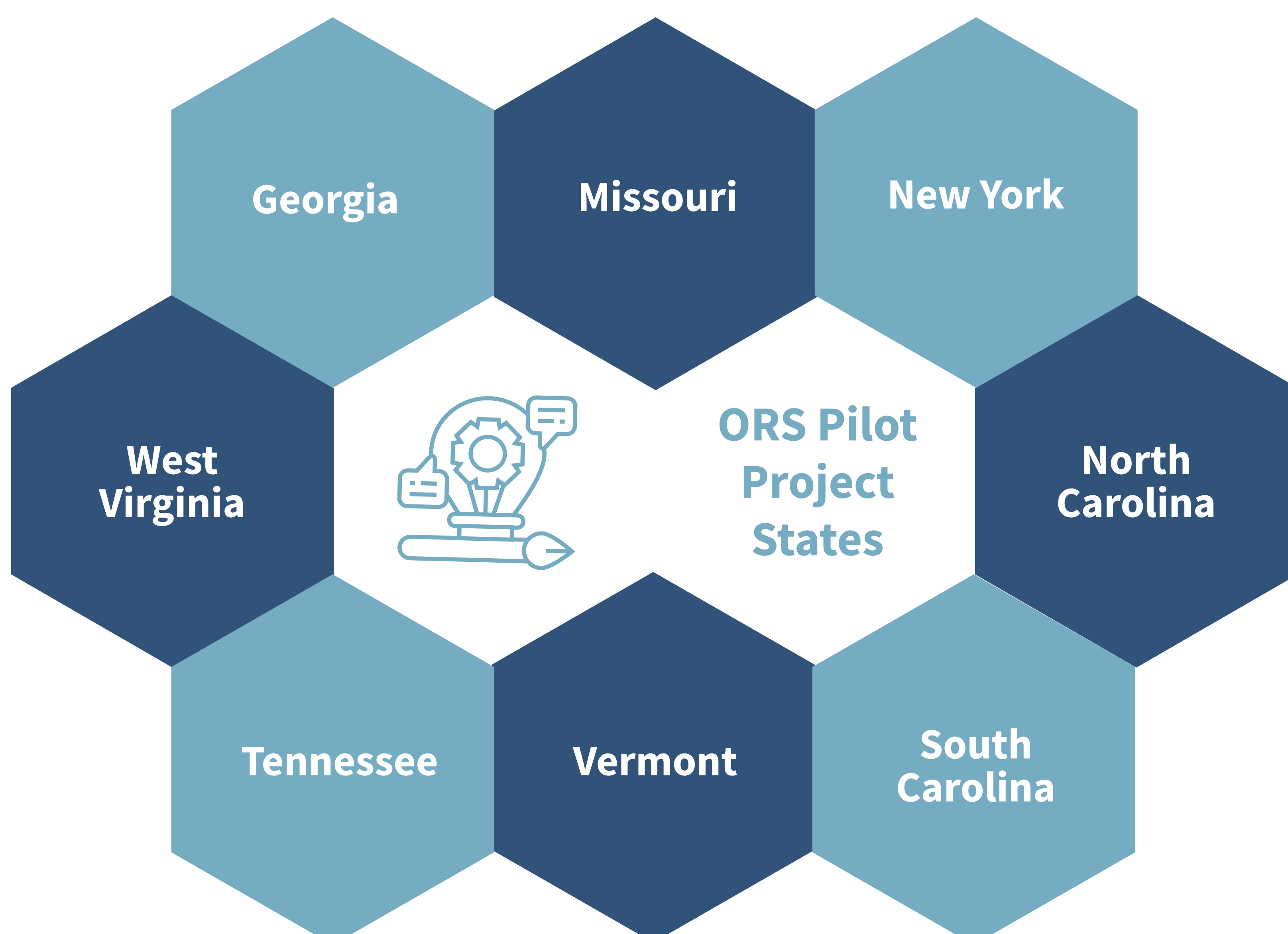
## Supporting Local Innovation and Capacity Building

While the overdose epidemic is of national scope and importance, local agencies and organizations are at the forefront of the fight to prevent and control its consequences. Due to the ways in which emergency services, health care, policing, and treatment services for substance use disorder are often “silos” from one another, building partnerships between public health and public safety also requires localized problem-solving. The projects described below are examples of how the ORS program is enhancing support to local communities.

*In the last 4 years, CDC has contributed over \$12 million in grant funding to support HIDTA partnerships and public health/public safety initiatives at the local level.*

## ORS Pilot Projects

To build the evidence base for promising practices in opioid overdose prevention, CDC and the National Association of City and County Health Officials (NACCHO) are working with several ORS states to develop and implement local projects designed to reduce overdoses. CDC provides technical support to these high need areas and works with HIDTAs and ORS PHAS and DIOs to ensure that the pilot projects are smoothly implemented and that their progress and impact are monitored effectively. To date, there have been three pilot project funding cycles, 14 projects funded in 13 states, with continuation funding awarded to four projects to expand on successful program activities. Awards are provided in three categories: planning grants, implementation grants, and continuation grants, each of which is associated with a different funding amount. In 2020, CDC awarded funding to eight ORS states for the planning, implementation or continuation of the pilot projects described below.





# ORS Pilot Projects



## Planning Awards

### *Metro Drug Coalition - Tennessee*

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

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## Implementation Awards

### *Community Network of Behavioral Healthcare, Inc – Missouri*

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

### *The Courage Center – South Carolina*

The Courage Center (TCC) provides traditional and virtual recovery support services for people with substance use disorder and their family members. This implementation grant built off the established Community Outreach Paramedic Education (COPE) program that engages a multidisciplinary team of a paramedic, peer support specialist, and law enforcement officer to conduct outreach visits and enroll individuals in treatment who have been administered Naloxone. The Coordinated Overdose Response and Engagement (CORE) pilot project will expand the COPE program through two main strategies: post-overdose outreach with innovative technology enhancements, and improved data-sharing, primarily with Overdose Fatality Review (OFR) and the Overdose Detection Mapping Application Program (ODMAP). In its first strategy, Lexington's innovative model bridges gaps in existing statewide post-overdose outreach models with connection to a recovery community organization, mobile outreach, and broader access to treatment services. During transport following Naloxone administration from a first responder or layperson, EMS gives an opioid overdose survivor a pouch with a resource card and pre-paid cell phone programmed with TCC's phone number. Within 24 hours post-overdose, a TCC peer recovery coach calls the phone to offer survivors assistance in navigating local services like MOUD and treatment services, recovery coaching, and wrap-around services like employment, food, and housing. As part of the second data-sharing strategy, the Coroner's Office will implement the first Overdose Fatality Review in the state aligned end-to-end with Bureau of Justice Assistance best practices and will prioritize cases representing opioids and stimulants, as well as rural and urban areas.



## ***Turning Point Recovery Center – Vermont***

After a successful planning grant cycle developing the Supportive Outreach Project (SOP) in Springfield, Vermont, the project partners received an implementation grant this past year to expand to Bellows Falls, VT. The SOP engages individuals who have experienced an overdose and had contact with law enforcement or fire/EMS. The recovery team, made up of a social worker/police liaison and trained recovery coach developed an online system to receive referrals from various agencies including first responders when someone experiences an overdose. The team follows up with those individuals to offer linkage to treatment, harm reduction services, ongoing coaching, housing assistance, and other social services. In the event of a fatal overdose, the outreach team works to provide support and bereavement services to loved ones. The SOP has been expanding to include additional local organizations to provide support and referrals, such as the Department of Corrections and the Department for Children and Families, to provide support and services to family members and children of individuals impacted by SUD. The SOP is expanding its services with additional partners in Bellows Falls, Windsor, Chester, and Ludlow, as well as providing support to similar initiatives in Hartford and Bennington, VT.

## ***Monongalia County Health Department – West Virginia***

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

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## **Continuation Awards**

### ***Grady Health Systems – Georgia***

In the first year of the ORS pilot project funding, Grady Hospital's Mobile Integrated Health (MIH) Program established a Post-overdose Outreach Program (POP). Clients were identified for referral to POP after being treated either in the Emergency Department or through Emergency Medical Services. Two Peer Support Specialists (PSS) were employed to contact patients post-overdose, to assess their stage of change and develop rapport. After establishing a relationship, the PSS provides harm-reduction education, connects them to community resources, and links them to treatment when appropriate. During the second year of funding, the continuation project adapted to COVID-19 restrictions and PSSs now interact with referred clients mainly through telephone calls and online meetings. If in-person meetings are necessary, program staff and clients adhere to social distancing and mask guidelines. The program was renewed for the 2020-2021 funding cycle and plans are underway to partner with the Atlanta Police Department's (APD) Training Academy and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) State Opioid Response Program. Through DBHDD's State Opioid Adapted Response (SOAR) training, they will educate a select group of police officers on crisis intervention, de-escalation techniques, identification of symptoms of opioid use and mental health crisis, the proper use of naloxone, and working within the community to build substance abuse prevention relationships. The POP will continue to receive referrals made from the ED and EMS, but the partnership with APD will allow for additional recruitment of clients to the program, while building the capacity of the department to respond to drug overdoses and expanding the reach of DBHDD's training. In order to meet potential participants "where they are", POP partnered with Atlanta Harm Reduction and other community-based organizations to host two community outreach events during the summer of 2021. During the events, the POP team provided individuals with overdose education and naloxone, enrolled participants into the program, and had other services available including COVID-19 vaccinations, HIV testing, and housing.

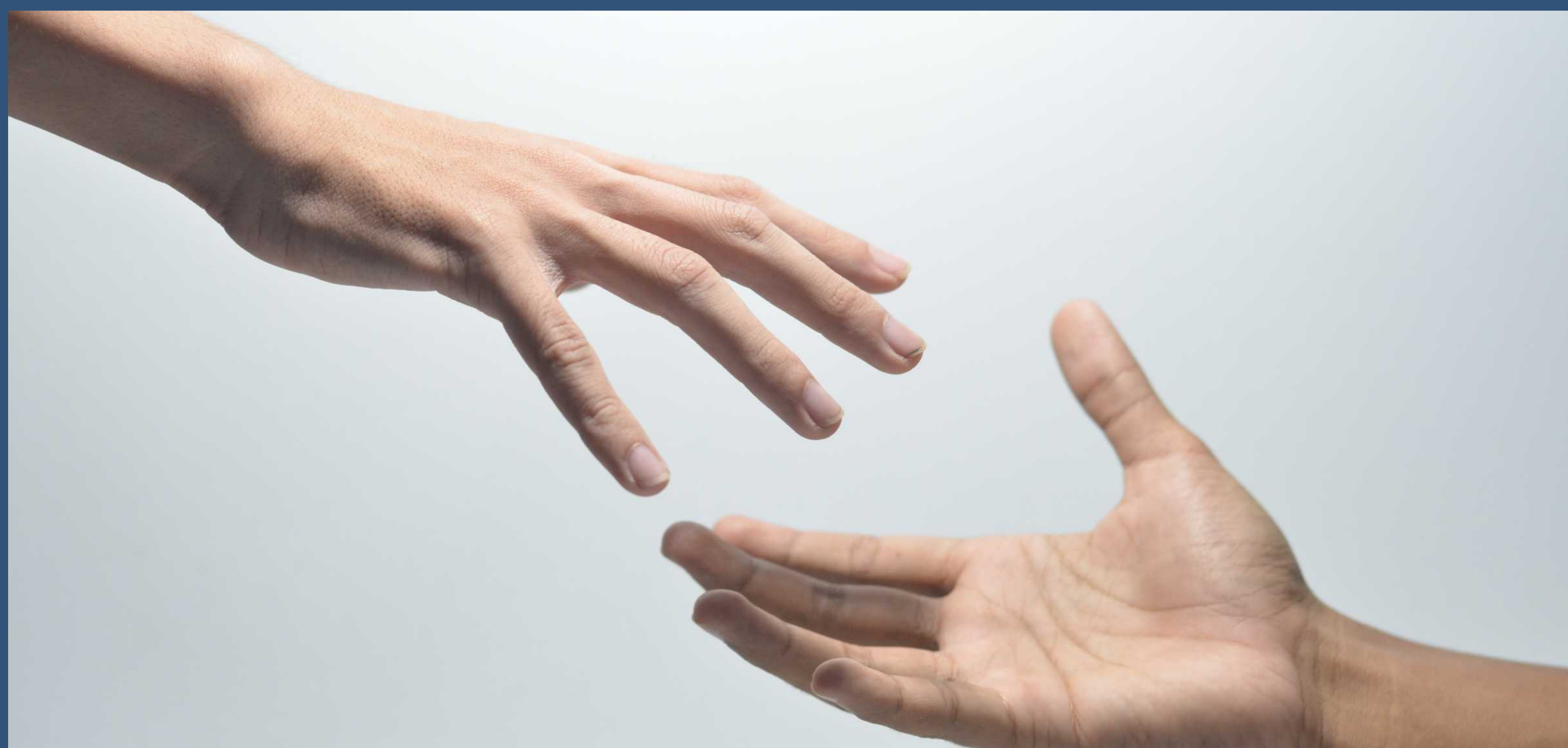


## ***Catholic Charities Care Coordination Services – New York***

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

## ***North Carolina Harm Reduction Coalition – North Carolina***

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





## ORS-Wide Efforts to Understand and Address the Epidemic

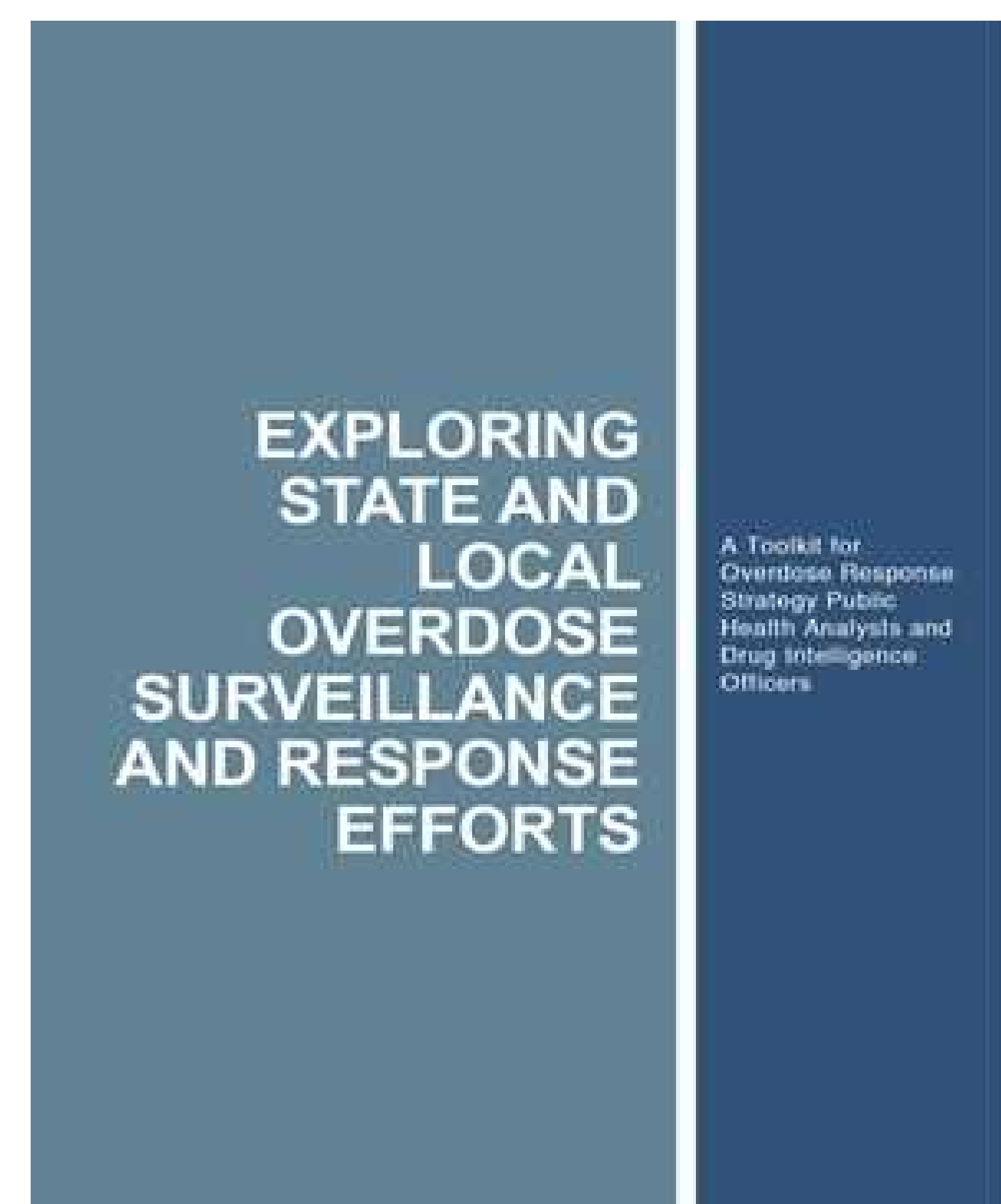
While opioid overdose prevention interventions are often implemented at the local level, sharing innovative ideas across jurisdictions and looking for regional trends remains essential for understanding the scope and trajectory of the epidemic as a whole. In keeping with this philosophy, the ORS undertook several activities in 2020 to enhance its understanding of the overdose epidemic and strategies for combating it across the entire ORS region.



## Conducting Environmental Scans Using the ORS State Scan Toolkit

The ORS seeks to build on and support existing efforts and strategies, and to work collaboratively with a broad range of stakeholders. To ensure that goal is met, PHAs and DIOs are expected to develop a thorough understanding of their state's overdose surveillance and response landscape. The ORS Scan Toolkit is a framework for ORS Teams designed to help them collect and synthesize information about drug overdose surveillance and response efforts across their states and develop a strategy for how the ORS can most effectively increase collaboration and prevent overdoses. The resources and guidance provided in this toolkit help PHAs and DIOs gain insight into existing resources, programs, and policies, and sets the expectation that PHAs and DIOs are to draw upon expertise at federal, state and local agencies as they engage in public health and public safety efforts. The information gathered from the activities in the toolkit create a strong foundation for identifying high impact projects in each state.

Figure 18: ORS State Scan Toolkit



## ORS Strategic Planning

Effectively responding to the overdose crisis requires collaboration among key partners across multiple sectors. The ORS is particularly interested in building strong, long-lasting partnerships with federal, state and local public health and public safety organizations, as the impact of overdose is significant on both fronts. By bringing these partners together to work toward the common goal of reducing overdose deaths, we hope to increase communication and information-sharing, break down barriers and misconceptions, and build trust, in turn, creating more sustainable partnerships and long-term change.

In order to cultivate and maintain strategic partnerships within the ORS, the program developed and piloted a planning process to allow partners an opportunity to identify shared purpose and goals and subsequently, develop an action plan to guide the work of partners and ORS Teams. The ORS staff works with each agency to identify all the partners needed and determine the best way to complete the strategic planning process in a timeframe that works for all partners. Ultimately, the plan creates consensus for effective and efficient solutions to reduce overdose deaths without duplicating efforts. The strategic planning process includes organization introductions to understand each partner's vision and priorities, current strategies, funding, existing partnerships, and current gaps and needs. Then, partners are guided through an exercise to identify strengths, weaknesses, opportunities, and threats for collaborative work, identify gaps and priority areas to address them, and develop an agreed upon action plan, which is then reviewed by the group on an ongoing basis.



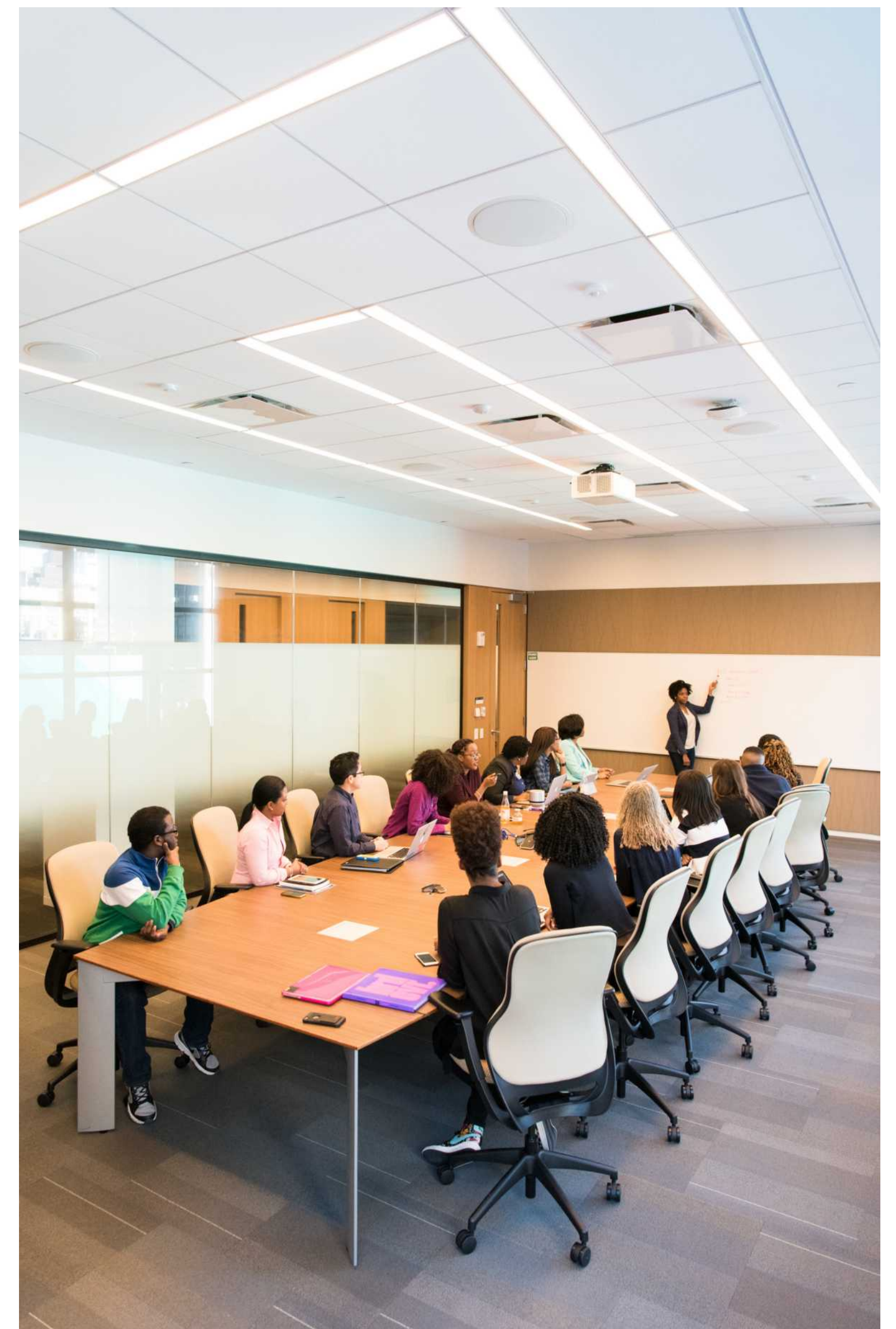
# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

## ORS Training

### *Onboarding Sessions*

In 2020, the ORS Management Team launched a new 6-part onboarding series to better integrate new PHAs and DIOs into the program and provide them with the fundamental knowledge and resources they need to be successful in their roles. Sessions provided:

- An overview of the need for increased collaboration, the structure and mission of the ORS, and the partnership between CDC and HIDTA
- Descriptions of how the PHA role fits into the ORS mission, the key strategies of the PHA program, and the expectations around reporting and communication
- A brief overview of opioids and stimulants, what defines an overdose, and recommendations for non-stigmatizing language for substance use.
- Insight into the role of the DIO, including goals and activities, expectations for DIO and PHA collaboration, and general recommendations for working with public safety partners.
- An overview of the State Scan project and toolkit, covering the goals and expectations, deliverables, and activities associated with the project.
- An in-depth look at the PHA and DIO work plan templates, guidelines, timelines and expectations for completing work plans.
- A review of ORS communication methods and best practices, technology considerations, and other general resources for PHAs and DIOs.



### *Monthly ORS Team Calls*

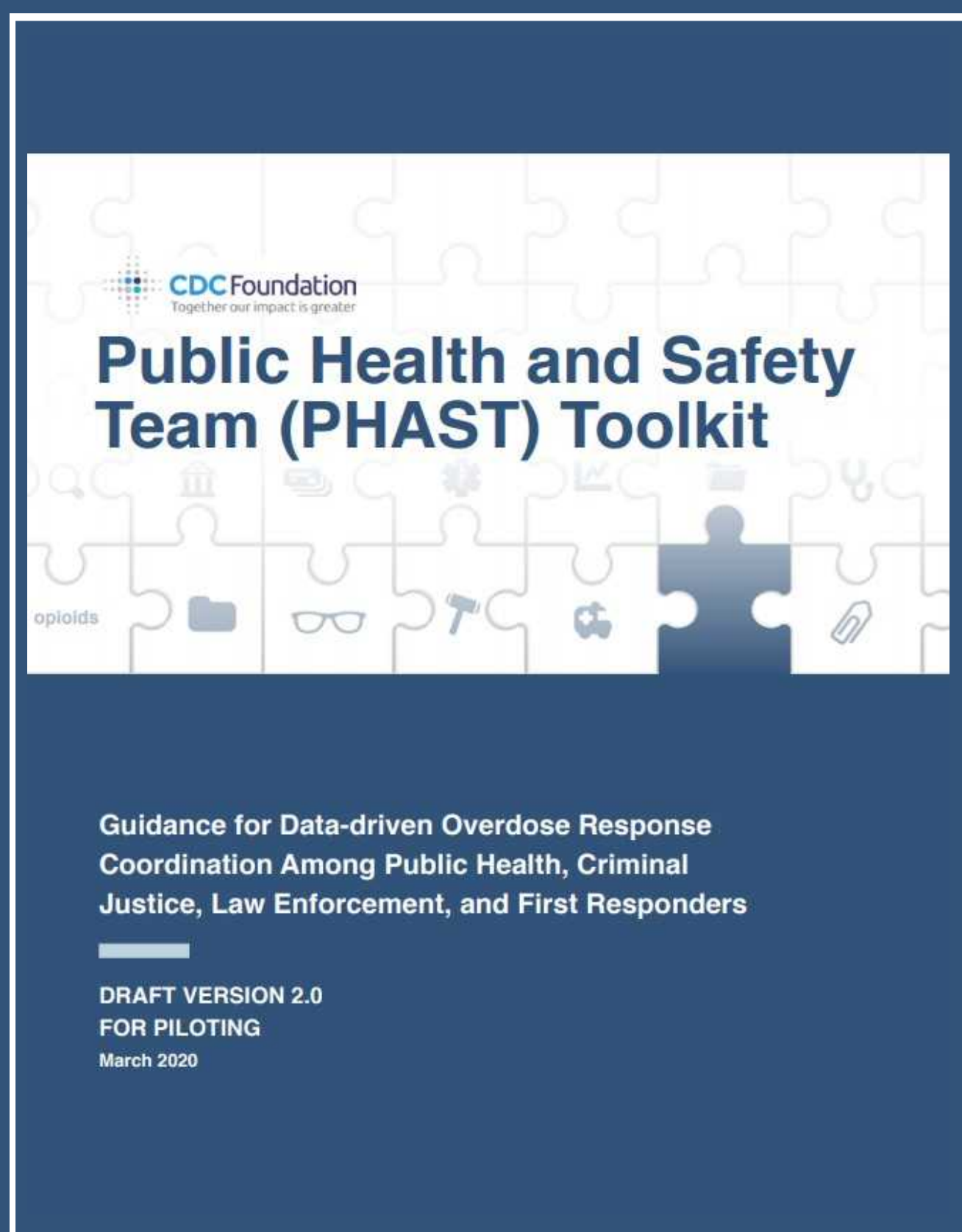
To promote cross-state collaboration amongst the ORS teams and increase awareness of activities and progress across the program, the ORS began implementing Monthly ORS Team Calls in early 2020. Each month, a subset of ORS Teams present on major projects and state priorities to their colleagues across the country. Presentations will typically include: background information about each state, current projects and collaborative work, key partners, successes, challenges, and lessons learned. In 2020, we held a total of 7 Monthly ORS Team Calls with an average of 84 participants, including representation from state and local public health and safety partners, Drug-Free Communities, CDC, ONDCP, and other key stakeholders.

### *Webinar Training Series*

The ORS Webinar Training Series typically includes outside speakers and subject matter experts (SMEs) from an area of ORS interest. We continually work to gather topic suggestions and identify training needs from our ORS teams. In 2020, the ORS held 21 webinar trainings on various emerging topics, such as the impacts of COVID-19 on the overdose epidemic and response efforts, overdose fatality reviews (OFRs), Drug-Free Communities, and adverse childhood experiences (ACEs). An average of 60 participants from the ORS and other key stakeholder organizations attended the training sessions.



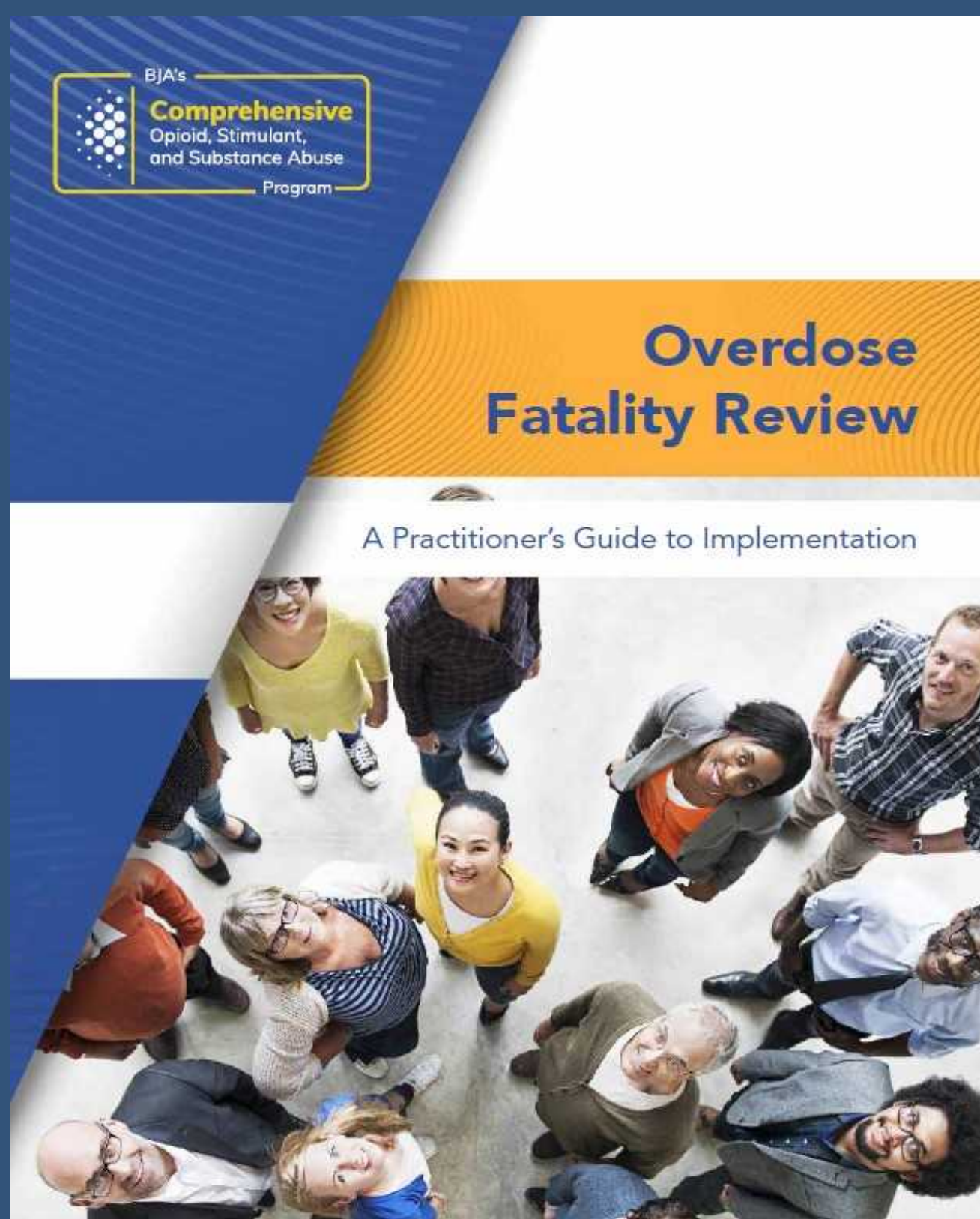
# ORS Training Series Highlights



## **Public Health and Safety Team (PHAST) Toolkit: Guidance for Data-driven Overdose Response Coordination Among Public Health, Criminal Justice, Law Enforcement, and First Responders**

*Stephanie Rubel, MPH, Health Scientist and Opioid Rapid Response Program Coordinator, CDC Division of Overdose Prevention*

Presentation and discussion regarding a partnership and coordination toolkit for law enforcement and public health. The Public Health and Safety Team (PHAST) Toolkit is a resource developed to help local jurisdictions reduce opioid overdose deaths by increasing collaboration and coordination among all sectors, with a particular focus on public health and public safety agencies. The PHAST framework is modeled after New York City's RxStat initiative. Stephanie Rubel, part of the CDC Public Health & Public Safety Team, provided an overview of the toolkit, examples of tools and templates included, how it aligns with the ORS, and how PHAs and DIOs can use this tool in their communities.

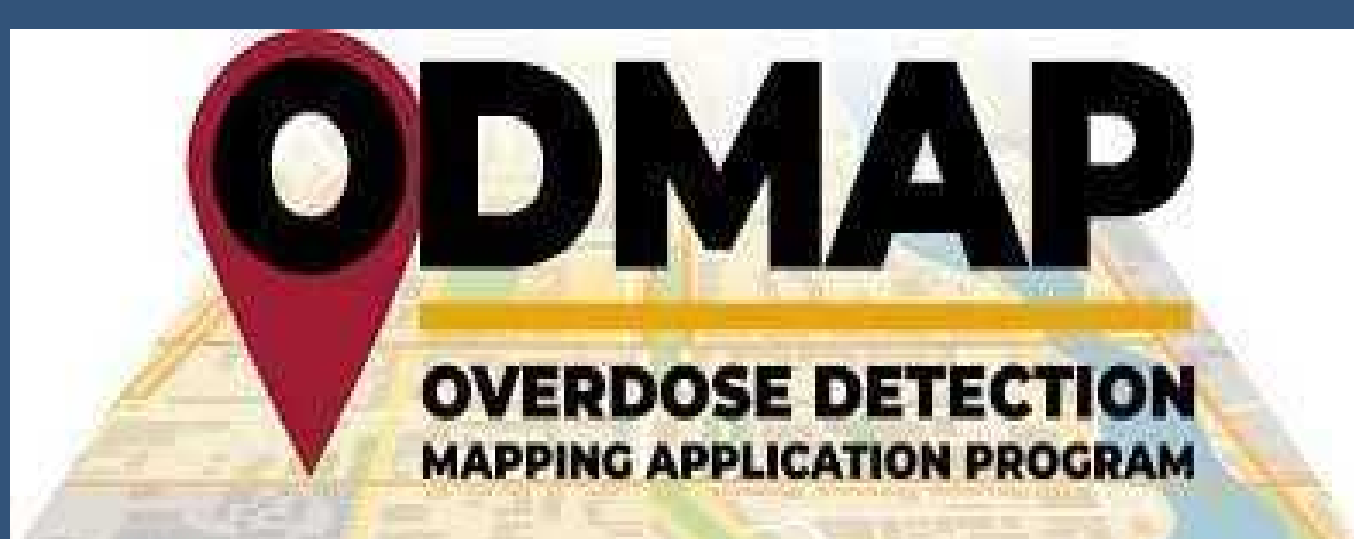


## **Overdose Fatality Reviews (OFRs)**

The ORS piloted a new train-the-trainer series focused on developing effective overdose fatality review teams (OFRs). This training series was developed in coordination with the Institute for Intergovernmental Research (IIR) and Dr. Mallory O'Brien. The series consists of SIX 90-minute modules that were staggered over an eight-week period. This training series was optional, but all PHAs and DIOs interested in supporting OFRs were encouraged to participate.

## **ODMAP 101: Harnessing Data to Develop Data-Driven Strategies**

*Marquis Johnson, ODMAP Coordinator, Washington/Baltimore HIDTA*



This presentation was an introductory overview on the Overdose Detection Mapping Application Program (ODMAP). The program provides near real-time suspected overdose surveillance data to support public safety and public health efforts in mobilizing an immediate response to a sudden increase or spike in overdose events. It links first responders and records management systems to a mapping tool to track overdoses and stimulate real-time response and strategic analysis across jurisdictions.



# THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

## 2020 ORS Annual Conference

The ORS Annual Conference provides an opportunity for education and discussion on topics and programs relevant across ORS teams and creates space for teams to present their work and learn from colleagues. In 2020, the ORS Annual Conference was held virtually on Monday, November 16 through Thursday, November 19 from 1:00PM – 4:30PM EST. Sessions focused on the work that the ORS had done in the past year to build partnerships, increase information sharing, and prevent overdoses. Speakers included ORS PHAs and DIOs, as well as experts in substance use disorder treatment, criminal justice, and public health.



The main topics of the 2020 conference were stimulants and criminal justice and corrections. Other topics included community/state program evaluation, engaging with national HIDTA initiatives, overdose response strategies and building meaningful partnerships. In total, 23 PHAs and DIOs across 15 states presented on their current efforts and successes. In the past, the conference has been limited in the number of people allowed to attend; because of the virtual nature of this year's conference, ORS teams were encouraged to invite site-leads and outside partners to attend.

**379**

unique active participants  
attended the conference

**86%**

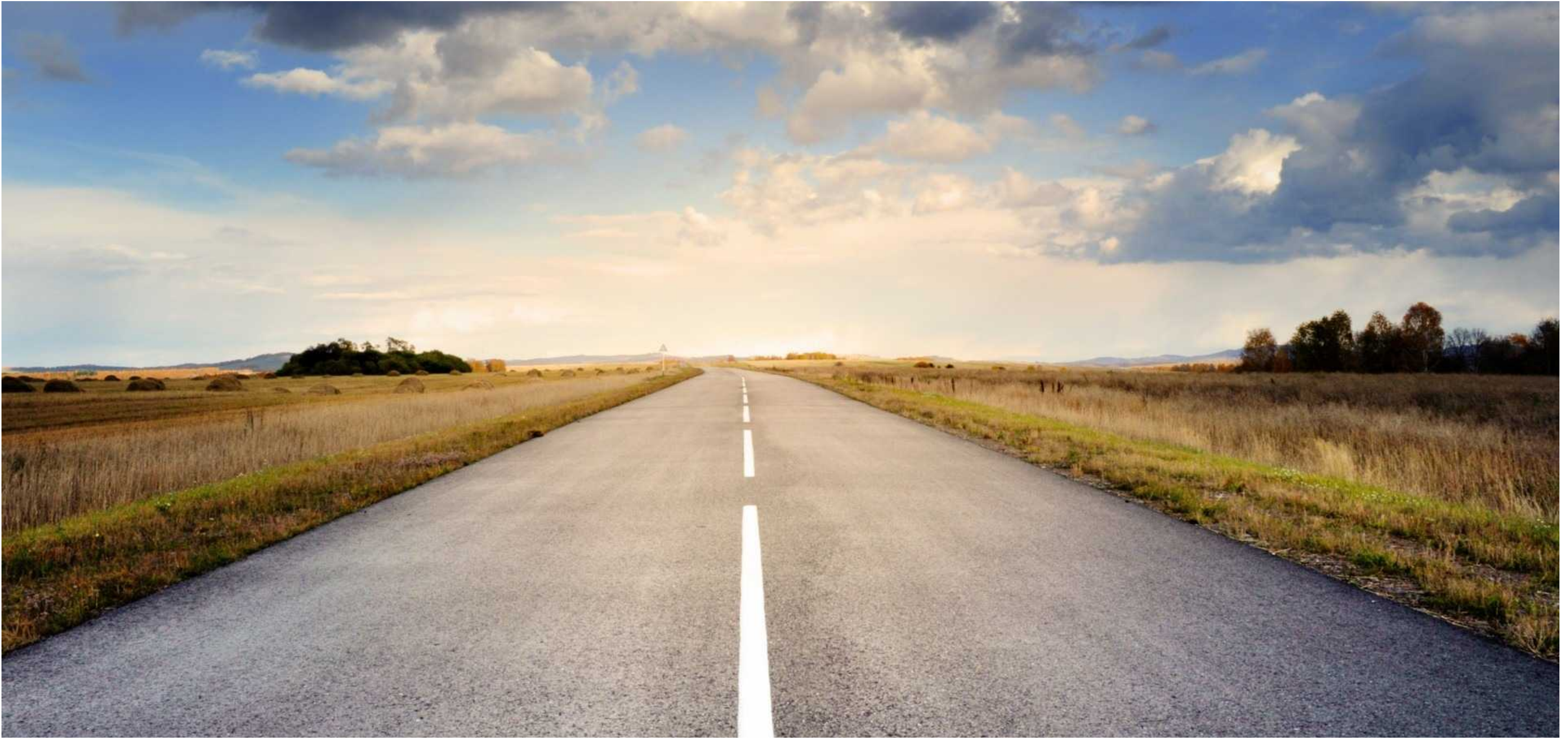
of participants stated they were  
satisfied or very satisfied with their  
overall conference experience and  
with the quality of the conference

**85%**

of participants reported that they  
were satisfied or very satisfied  
with the overall organization of  
the conference



# LOOKING AHEAD: ORS EXPANSION AND SUSTAINABILITY



With increased investments from CDC and ONDCP, the ORS will continue to expand its footprint in 2021, making great strides toward becoming a national program. The DIO positions have moved to ONDCP baseline funding and efforts to fill these positions in the remaining states, Puerto Rico, and the US Virgin Islands are currently underway. Similarly, with an increase in funding of \$7.2M from CDC, the CDC Foundation will begin expanding the PHA network, which will result in the program having a CDC-funded PHA and ONDCP-funded DIO in every state, Puerto Rico and the US Virgin Islands in 2022. Additionally, CDC has provided funding to the CDC Foundation for additional coordinators and core staff to support the program's expansion and provide technical assistance to all PHAs and their state partners.

As the ORS continues to grow and build partnerships across the nation, program leadership is actively engaging in activities to ensure sustainability and ongoing improvement of the program. The ORS will continue to create relevant training opportunities for PHAs, DIOs, and key stakeholders, enhance the state-level strategic planning process to improve collaboration between ORS teams and their state public health and public safety partners, and develop a program monitoring plan to more effectively measure the program's impact and identify areas of improvement. The ORS is poised to become a national model for public health and public safety partnerships at the federal, state, and local levels. Focus on long-term sustainability and well-managed growth will continue to allow the ORS to expand its scope and footprint, while remaining nimble enough to respond to new, emerging drug threats and reach the goal of reducing overdoses in communities.



## References

1. Centers for Disease Control and Prevention. (2021). Drug Overdose Deaths. CDC, National Center for Injury Prevention and Control. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
2. Centers for Disease Control and Prevention. (2020). Overdose Deaths Accelerating During COVID-19. Retrieved from <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>
3. Ahmad FB, Rossen LM, Sutton P. (2021) Provisional drug overdose death counts. CDC, National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#source>
4. Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. *MMWR Morb Mortal Wkly Rep* 2021;70:202–207. DOI: <http://dx.doi.org/10.15585/mmwr.mm7006a4>
5. United States Department of Justice, Drug Enforcement Administration (DEA). (2021). 2020 National Drug Threat Assessment. DEA. Retrieved from [https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment\\_WEB.pdf](https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf)
6. Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2019. NCHS Data Brief, no 394. Hyattsville, MD: National Center for Health Statistics. 2020. Retrieved from: <https://www.cdc.gov/nchs/products/databriefs/db394.htm>
7. Office of National Drug Control Policy. (2021). The Biden-Harris Administration’s Statement of Drug Policy Priorities for Year One. Retrieved from: [https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf?fbclid=IwAR2TBk34U\\_XRqIqK\\_pAYnUd\\_9f7zY3IbCQI9KxI6S5eYeRJdFzI9B09hZ84](https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf?fbclid=IwAR2TBk34U_XRqIqK_pAYnUd_9f7zY3IbCQI9KxI6S5eYeRJdFzI9B09hZ84)
8. Centers for Disease Control and Prevention. (2018). Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States. Retrieved from: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>
9. Burnett H, Wahl K. 2015. The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *International Journal of Emergency Mental Health and Human Resilience* 17;1: 318-326. Retrieved from <https://digitalcommons.andrews.edu/cgi/viewcontent.cgi?referer=https://scholar.google.com/&httpsredir=1&article=1004&context=pubs>.





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<https://www.hidtaprogram.org/ors.php>