



Funded by the Office of National Drug Control Policy
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2024

ANNUAL REPORT

**DRIVING SUCCESS
THROUGH COLLABORATION**

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EXECUTIVE SUMMARY

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

The nationwide program consists of ORS teams made up of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs), whose shared mission is to help communities reduce fatal and non-fatal drug overdoses by connecting public health (e.g., health departments and other community organizations) and public safety agencies (e.g., law enforcement agencies, first responders and the criminal justice system), sharing information and supporting evidence-based overdose prevention interventions. The ORS National Coordination team supports the ORS network with partnership building, strategic planning, technical assistance and administrative support. The ORS supports collaboration at federal, regional, state, local, territorial and tribal levels.

For the first time since 2018, CDC data has shown that drug overdose deaths have decreased.^{1,2} However, despite this positive development, the number of overdose deaths is significantly higher than it was in the past, highlighting the ongoing challenges faced nationwide.³ To address the complexities of the overdose epidemic, the ORS continues to adapt its strategy, as demonstrated in the revamp of the program's logic model. The **ORS logic model**, as described on page 22, is a framework to guide the evaluation and implementation of the program's activities.

In 2024, the ORS expanded its partnerships for the 10th consecutive year supporting 61 ORS teams made up of a DIO and a PHA in all 50 states, the District of Columbia (D.C.), Puerto Rico and the U.S. Virgin Islands. ORS teams support developing and implementing projects at the intersection of public health and public safety that align with the **ORS program goals**. Between January and September of 2024, ORS teams carried out more than 545* projects across various roles and capacities including targeted naloxone distribution, post-overdose outreach, rapid response and capacity building among partners to implement evidence-informed prevention strategies. To stay abreast of the evolving drug overdose crisis, ORS teams had access to more than 35 hours of training with topics ranging from human and drug trafficking to drug policy and overdose prevention in correctional settings.

The ORS held its largest-ever conference in Dallas, Texas, bringing together more than 300 attendees from various organizations across public health and public safety sectors. The conference served as a vital platform to share knowledge, successes and best practices in overdose prevention and response.

The program's ongoing success is attributed to strong partnerships between public health and public safety agencies to create a unified, coordinated response through supply reduction, overdose education and prevention and substance use disorder treatment.

Looking to the future, the ORS remains committed to adapting its strategies to meet the evolving challenges of the overdose epidemic. The ongoing collaboration between public health and public safety is essential in driving long-term change. The ORS will continue to lead the effort in developing novel solutions to combat this epidemic with a clear focus on sustaining progress and ensuring more lives are saved from drug overdose deaths.

*Data collected between January and September 2024.

The Overdose Epidemic: Key Milestones and Data (2008-2024)

| 2008 | 2009 | 2010 | 2011 | 2012 |
|---------------------|---------------------|---------------------|---------------------|---------------------|
| 36,450 ⁴ | 37,004 ⁴ | 38,329 ⁴ | 41,340 ⁴ | 41,502 ⁴ |

Four states have a naloxone access law (CA, CT, NM, NY).⁵

Second wave of the overdose crisis begins, indicated by a rise in heroin overdose deaths.⁶

FDA approves new abuse-deterrent formulations of opioids, such as the reformulation of OxyContin to deter misuse.⁷

| 2018 | 2019 | 2020 | 2021 |
|---------------------|---------------------|---------------------|----------------------|
| 67,367 ⁴ | 70,630 ⁴ | 91,799 ⁴ | 106,699 ⁴ |

Fourth wave of the overdose crisis begins indicated by increasing involvement of stimulants like cocaine and methamphetamine in overdose deaths, often in combination with synthetic opioids like fentanyl.⁸

Onset of the COVID-19 pandemic.¹⁰

Peak of the COVID-19 pandemic.¹²

DEA initiates the "One Pill Can Kill" campaign to raise awareness about the dangers of counterfeit pills laced with fentanyl.¹³

"From 2019 to 2020, the drug overdose death rate increased 31.0% from 21.6 to 28.3, which was the largest annual increase over the period 2002–2022."¹¹

In 2019, 46.8 opioid prescriptions were dispensed for every 100 people nationwide.¹

In 2019, retail pharmacies in the United States dispensed naloxone at a rate of 0.3 per 100 people.⁹



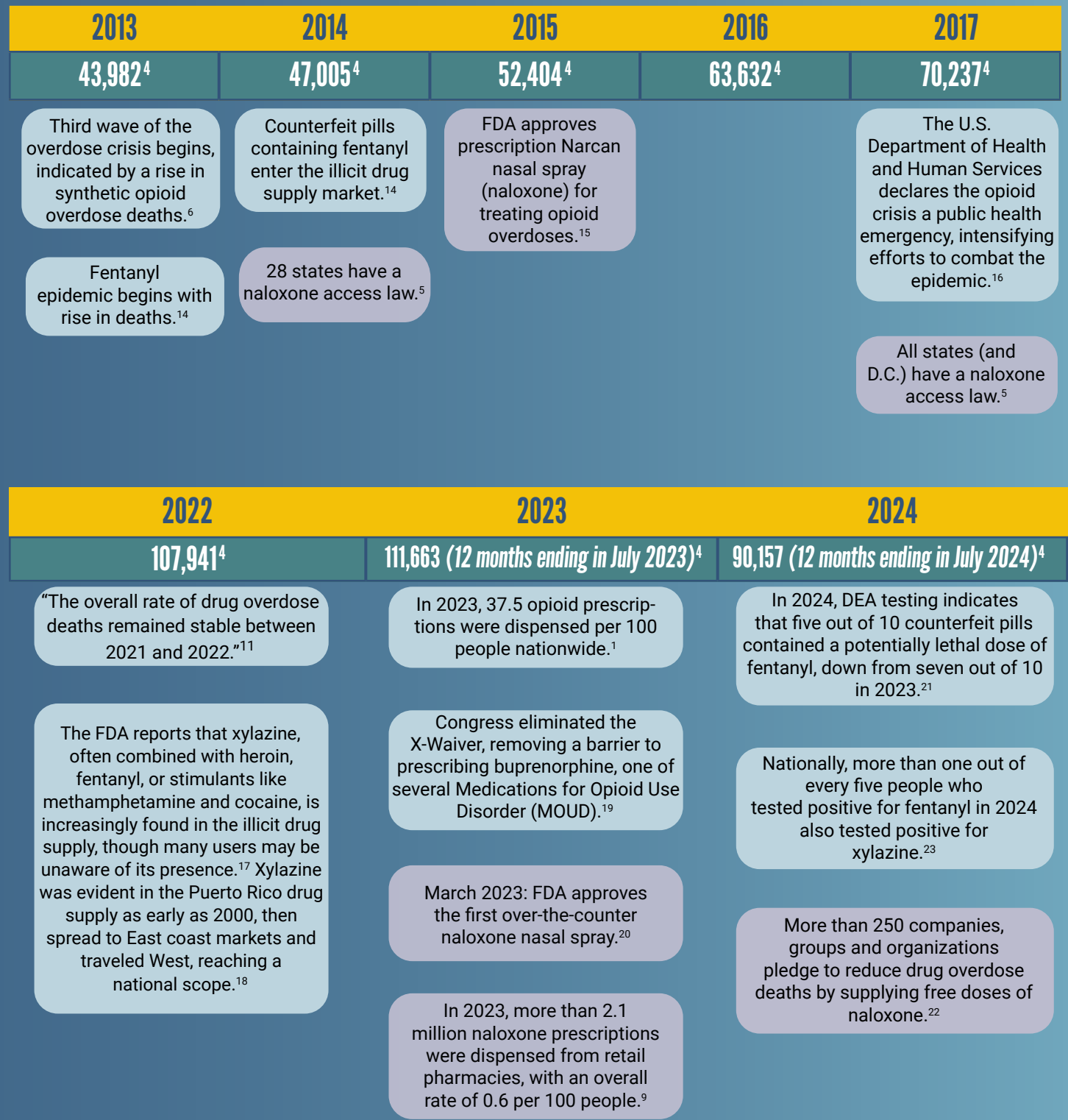
This timeline highlights fatality data, naloxone-related markers and other milestones related to the overdose epidemic from 2008 to 2024.

LEGEND:

Fatal Overdose Counts

Naloxone-Related Markers

Other Milestones



OVERVIEW OF THE OVERDOSE EPIDEMIC

CURRENT AND EMERGING CONCERNS



The evolving landscape of the illicit drug supply presents new challenges for overdose prevention and response efforts. While fentanyl remains a primary driver of overdose fatalities, changes in its potency and the emergence of novel substances introduce additional complexity to the overdose epidemic.

Fentanyl Availability and Potency

In 2023, the Drug Enforcement Administration (DEA) found that approximately 70 percent of tested fentanyl pills contained a potentially lethal dose.²⁴ In 2024, this percentage decreased to 50 percent.²⁴ However, in 2022 and 2023, federal agencies, including U.S. Customs and Border Protection and Homeland Security Investigations, seized more illicit fentanyl than in the preceding five years combined.²⁵ Between October 2023 and June 2024, over 27,000 pounds of illicit fentanyl were seized by enforcement entities.²⁵ Despite seizure efforts and declining potency, fentanyl was linked to nearly seven in 10 drug overdose fatalities in 2023²⁶ and no DEA field office has reported reduced availability of fentanyl, highlighting the need for continued efforts to combat the supply of this deadly substance.²⁷

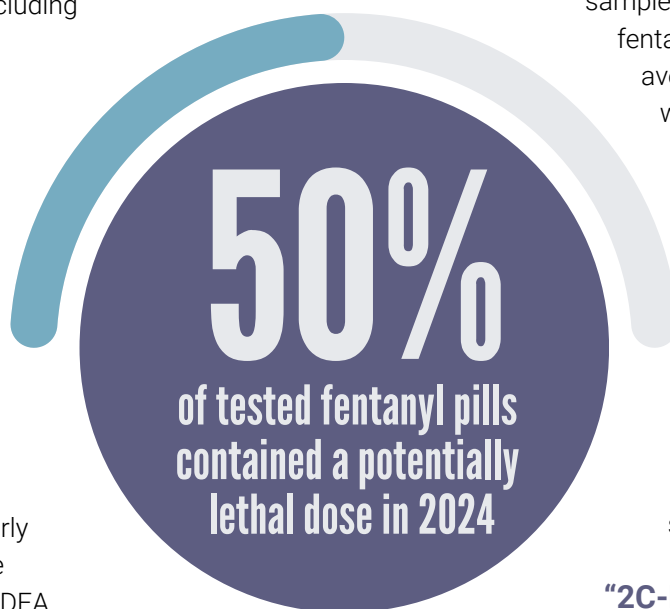
BTMPS

Bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate, commonly referred to as BTMPS or Tinuvin 770, is a novel substance in the illicit drug supply and has emerged as a new adulterant in fentanyl.²⁸ BTMPS is used in industrial applications as a light stabilizer in plastics²⁸ and first emerged in the illicit drug supply in June 2024, primarily in substances sold as fentanyl.²⁹ Since then, its use

has spread rapidly across various regions in the United States.³⁰ Analysis of drug samples collected between June and August 2024 by community-based drug-checking programs in Los Angeles and Philadelphia, as well as in other U.S. jurisdictions, revealed a presence of BTMPS in tested fentanyl samples.²⁸ These samples, marketed as fentanyl, were found to have lower average fentanyl purity when BTMPS was present.²⁸ The emergence and increasing distribution of BTMPS as an adulterant reflect ongoing shifts in drug manufacturing practices, raise concerns about the potential implications of this industrial chemical for public health and reflect the need for continued testing and monitoring of this substance in the illicit drug supply.³⁰

"2C-B", "Tusi" or "Pink Cocaine"

A growing concern in 2024 was the synthetic stimulant "2C-B," also referred to as "tusi" or "tusibi" as well as "pink cocaine".³¹ The polydrug mixture, a dyed pink powder, typically does not contain 2C-B nor does it consistently contain cocaine.³¹ Instead, testing reveals that "tusi" more often contains ketamine in combination with MDMA, methamphetamine, cocaine, opioids and other novel psychoactive substances.³¹ In 2024, both DEA and America's Poison Centers issued warnings regarding these dangerous polydrug mixtures being referred to as "pink cocaine" or "2C-B" which may mislead people who use drugs and those working in overdose response and prevention efforts.^{27, 32}





Medetomidine

Medetomidine, a veterinary anesthetic, has become a significant adulterant in the illicit drug supply, particularly in opioids.³³ First detected in 2021 by the DEA's National Forensic Laboratory Information System, medetomidine has increasingly appeared in the United States with its presence becoming more common in street-level drugs starting in 2022.^{33,34} The substance has often been found in combination with fentanyl and other adulterants like xylazine—exposure patterns have also seemed to align in areas where xylazine is also prevalent.³⁴ Medetomidine is concerning because it is more potent than xylazine and complicates overdose reversal efforts.³⁴ Often referred to as “rhino tranquilizer” or “mede,” medetomidine also adds another layer of complexity as individuals who use illicit fentanyl may be unknowingly exposed to it.³⁴ While naloxone* is effective at reversing fentanyl overdoses, it is not fully effective when non-opioids like xylazine or medetomidine are involved.³⁴ Between April and May 2024, medetomidine was linked to overdoses in Philadelphia, Pittsburgh and Chicago, and by July 2024, it had been detected in drug samples and biospecimens from at least 18 states and the District of Columbia.^{33,34} Despite its growing presence, the sources of medetomidine in illicit drugs remain unclear.³⁴

Re-emergence of Carfentanil

Carfentanil is a fentanyl analogue one hundred times more potent than fentanyl.²⁶ Carfentanil emerged in 2016 and 2017 as a prevalent fentanyl analogue and major contributor to overdose deaths.²⁶ Following this surge, there was an observed decline in carfentanil among other illicitly manufactured fentanyls (IMFs)

involved in overdoses and overdose deaths.²⁶ In mid-2023, CDC detected a rise in the number of overdose deaths involving carfentanil, marking a sudden increase in its prevalence.²⁶ From January 2023 to June 2024, 37 states reported carfentanil present in at least one overdose death, primarily impacting states east of the Mississippi River.²⁶

Counterfeit Pharmacies

In September 2024, the U.S. Department of Justice announced an indictment against operators of illegal online pharmacies responsible for distributing millions of counterfeit prescription pills across the United States.³⁵ These pills, often adulterated with substances like fentanyl and methamphetamine, significantly increased the risk of overdose for thousands of individuals.³⁵ In October 2024, the DEA issued a Public Safety Alert detailing findings from Operation Press Your Luck, an initiative aimed at dismantling similar illicit operations.³⁶ The investigation uncovered a rising trend of counterfeit pills falsely marketed as legitimate medications like oxycodone, Adderall® and Xanax®.³⁶ The DEA notes that numerous foreign-based websites are designed to resemble legitimate online pharmacies, using U.S. domain names, polished layouts and fraudulent claims of Food and Drug Administration (FDA) approval to mislead consumers.³⁶ In one case revealed during the operation, a U.S. victim who believed they were purchasing oxycodone instead received counterfeit pills laced with fentanyl, leading to a fatal overdose.³⁶ This incident highlights the severe health risks associated with counterfeit medications and the growing threat posed by illegal online drug sales.³⁶

REFLECTING ON THE MILESTONES SINCE 2008

The latest data from CDC and other federal agencies offer hope in the fight against the overdose epidemic, reporting a 25.2 percent decrease in drug overdose deaths over the 12 months ending in October 2024, translating to more than 27,000 lives saved.^{3,24} For the first time in over five years, drug overdose deaths have fallen, and opioid dispensing rates have also steadily declined.^{1,2} These milestones reflect the collective impact of targeted overdose interventions and community-driven efforts. Despite these gains, overdose deaths still represent an approximate 125 percent increase compared to 2008, with 80,020 deaths recorded in the 12-month period ending in October 2024.^{3,37} The ever-changing drug supply, emerging challenges and ongoing struggles of the overdose epidemic call for unwavering commitment to proven strategies and action to further reduce overdose deaths and save lives.

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

OVERVIEW OF THE OVERDOSE RESPONSE STRATEGY

The ORS began in 2015 with five HIDTAs, covering 15 states. Today, the program includes **more than 60 health partners and 33 HIDTAs, covering 50 states**, the District of Columbia (D.C.), Puerto Rico and the U.S. Virgin Islands.

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



ORS GOAL 1

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

ORS GOAL 2

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



ORS GOAL 3

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

ORS GOAL 4

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



Click to watch video: Learn more about the Overdose Response Strategy.

OVERVIEW OF ORS PARTNERSHIPS

THE CDC AND ONDCP PARTNERSHIP

The collaboration between CDC and ONDCP was initiated in 2017 to respond to the drug overdose epidemic. CDC's National Center for Injury Prevention and Control and its Division of Overdose Prevention (DOP) implement and support activities designed to reduce opioid and stimulant-involved overdoses, identify and address emerging drug trends and prevent drug use initiation.

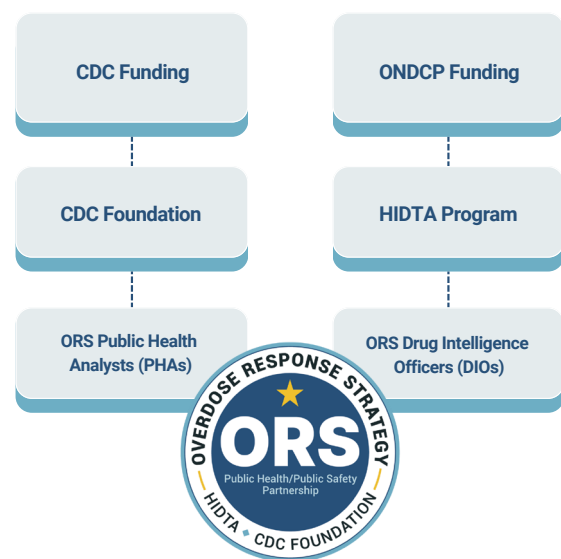
To augment these efforts, the CDC Foundation, an independent nonprofit established by Congress, collaborates through a cooperative agreement with CDC and plays a crucial role in building partnerships and building capacity to implement the program to save and improve lives.

Simultaneously, ONDCP, operating within the Executive Office of the President, manages the HIDTA program by fostering partnerships throughout the law enforcement community to reduce the drug supply and dismantle drug trafficking organizations. This collaborative approach between CDC and ONDCP, and their continued support of the CDC Foundation and HIDTA program (Figure 1), bring together public health and public safety perspectives, through the ORS, to address the complex challenges posed by the current overdose epidemic.

JURISDICTIONAL PARTNERSHIPS

The ORS is intentional about building strong, long-lasting partnerships among key public health and public safety organizations within each jurisdiction. The ORS and its partners leverage each other's knowledge, skills, resources and assets to develop innovative solutions that may be difficult to develop and implement alone. Understanding local priorities allows the program to be responsive to the drug trends and cultural context unique to each jurisdiction.

FIGURE 1: ORS FUNDING MODEL



ORS NATIONAL PARTNERSHIPS

The ORS has partnerships at a national level to advance the mission of saving lives from drug overdose through education, treatment and prevention.

- **Association of State and Territorial Health Officials** (ASTHO)
- **Bureau of Justice Assistance** (BJA) and **Institute of Intergovernmental Research** (IIR)
- **National Association of County and City Health Officials** (NACCHO)
- **Substance Abuse and Mental Health Services Administration** (SAMHSA)
- **Police Assisted Addiction and Recovery Initiative** (PAARI)

ADDITIONAL PROGRAMS AND INITIATIVES

The ORS collaborates with other programs and initiatives to achieve shared goals.

- **A Division for Advancing Prevention and Treatment** (ADAPT)
- **CDC's Overdose Data to Action** (OD2A)
- **Comprehensive Opioid, Stimulant and Substance Use Program** (COSSUP)
- **Drug-Free Communities Support Program** (DFC)
- **National Guard Drug Demand Reduction Outreach** (DDRO)
- **The Public Health and Safety Team** (PHAST)

NATIONAL HIDTA INITIATIVE PARTNERSHIPS

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

- **Domestic Highway Enforcement** (DHE)
- **Drug Threat Analysis Group** (DTAG)
- **Marijuana Impact Group** (MIG)

Collaboration Spotlight: The Police Assisted Addiction and Recovery Initiative

The Police Assisted Addiction and Recovery Initiative (PAARI) partnered with the ORS to expand collaboration between local public health and public safety partners and promote the use of deflection and diversion programs in reducing overdoses and saving lives. PAARI, a national nonprofit focused on non-arrest pathways to treatment and recovery for people with opioid use disorder, shared insights and expertise at the 2024 ORS Annual Conference. During the conference, PAARI met with ORS teams and partners to understand their local contexts and share insights on practical, solution-oriented strategies. By providing tailored training, strategic guidance and resources, PAARI continues to support law enforcement agencies and partners like ORS nationwide in developing and implementing strategies that redirect individuals toward treatment rather than incarceration, an essential step in addressing the opioid epidemic.

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

ORS Teams: Bridging Gaps, Empowering Change and Leading the Effort Against the Overdose Epidemic

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



*Click to watch video: Hear from **PHAs** and **DIOs** as they share insights on their roles as public health and public safety leaders.*

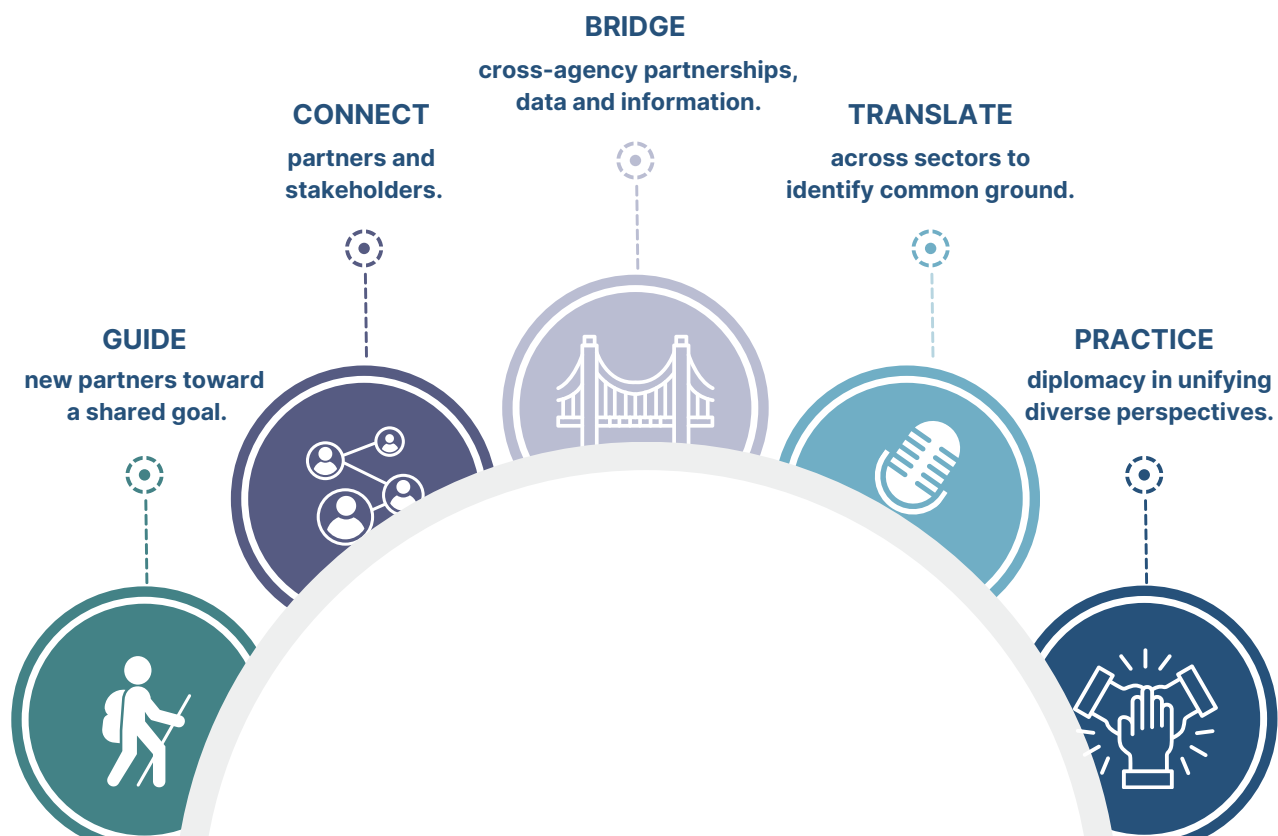
PUBLIC HEALTH ANALYSTS (PHAs)

- Strategically embedded with a public health partner (health departments, universities, coalitions and other key agencies) and a public safety partner (HIDTA offices and HIDTA Investigative Support Centers and other key agencies) in their respective state or jurisdiction
- Analyze, translate and disseminate overdose and other drug-related data to inform meaningful community action through reports, presentations and other products
- Help state and local partners navigate and adapt evidence-based practices to prevent substance use and drug overdose in their communities
- Support the evaluation of promising and innovative overdose prevention and response strategies at the intersection of public health and public safety
- Funded by CDC and employed by the CDC Foundation

DRUG INTELLIGENCE OFFICERS (DIOs)

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

ORS TEAMS SERVE AS “FORCE MULTIPLIERS” THAT CAN:



ORS PROJECTS: BY THE NUMBERS

Data collected between January and September 2024

| Total Number of ORS Projects in 2024 | 545* | |
|--|------------|--------------|
| Goal 1: Data Sharing | 381 | 97%** |
| Projects involving the Overdose Detection Mapping Application Program (ODMAP) | 52 | 85% |
| Projects involving Overdose Fatality Reviews (OFRs) | 62 | 69% |
| Projects involving the Public Health and Safety Team (PHAST) Toolkit | 51 | 49% |
| Goal 2: Evidence-Based Strategies | 143 | 85% |
| Projects involving targeted naloxone distribution and/or naloxone distribution in treatment centers and the criminal justice system | 118 | 84% |
| Projects involving increased access to Medication-Assisted Treatment (MAT) and/or MAT in the criminal justice system and upon release | 39 | 34% |
| Goal 3: Novel and Promising Strategies | 153 | 92% |
| Projects involving post-overdose outreach programs | 54 | 56% |
| Projects involving rapid response strategies (e.g., response protocols for overdose cluster or pain clinic closure) | 60 | 52% |
| Goal 4: Prevention Strategies | 182 | 82% |
| Projects involving supporting the development and dissemination of overdose prevention communications campaigns | 57 | 41% |
| Projects involving building capacity among partners to identify, select and/or implement appropriate evidence-informed prevention strategies | 117 | 74% |

*Total number of unique projects entered during the time frame. Projects may be aligned with multiple ORS goals and/or ORS strategies.

**Percentage of ORS teams (out of 61) that worked within the specified ORS strategy.

ORS TEAMS IN ACTION

The following sections highlight stories of impact from ORS teams across the program's four overarching goals. Please note data collection efforts include January through September 2024.



> GOAL 1:

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

With an evolving overdose epidemic and a dynamic and unpredictable drug supply, cross-sector information and data sharing are critical to maintaining situational awareness. Shared data systems allow for earlier detection of suspected overdose spikes and anomalies and inform overdose prevention interventions and response efforts. PHAs and public health agencies can obtain, analyze and act on data more quickly as DIOs and public safety partners provide timely information about emerging drug trends and threats in their jurisdictions.

Felony Arrest Notification Assists DEA Investigation



In June 2024, the West Virginia DIO shared a Felony Arrest Notification (FAN) with the Michigan DIO regarding a Michigan resident arrested in the same month during a search warrant in West Virginia. The investigation had previously identified the individual as an out-of-state source of supply.

At the time of the arrest, the suspect was found in possession of bulk quantities of fentanyl, a shotgun and U.S. currency. The FAN information was subsequently forwarded to the Detroit, Michigan DEA, which revealed a significant connection to an ongoing investigation in Michigan. The arrested individual's phone number was linked to numerous contacts with targets in the Michigan case, as well as financial transactions made under an alias. While the DEA was aware of the suspect's name, his identity as a target had not been confirmed due to the cryptic nature of his communications. The detailed information

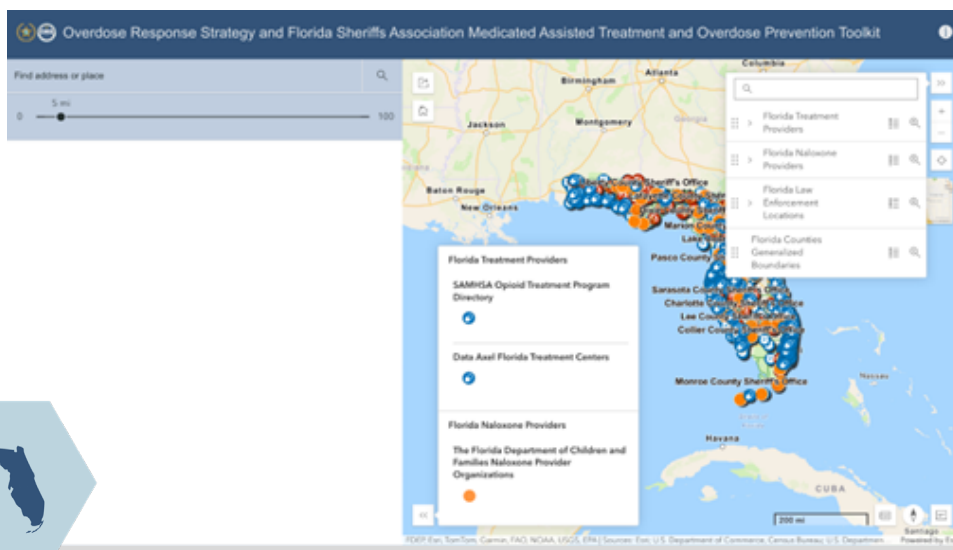
provided in the FAN, directly tying the suspect to drug trafficking activities between Michigan and West Virginia, advanced the Detroit DEA's investigation and clarified the suspect's role in the case.

This success highlights the power of the ORS network in bridging critical intelligence gaps across jurisdictions, enabling law enforcement to identify key actors and strengthen ongoing investigations.



Florida ORS Teams Partner with the Florida Sheriff's Association to Launch a Medication-Assisted Treatment and Overdose Prevention Toolkit

The ORS PHAs in South Florida, Central Florida and North Florida, in collaboration with the Florida Sheriffs Association (FSA), developed the ORS and FSA Medication-Assisted Treatment and Overdose Prevention (MATOP) Toolkit. This innovative resource plays a crucial role in advancing efforts to support medication-assisted treatment (MAT) and overdose prevention in Florida communities.



The MATOP Toolkit displays naloxone distribution partner locations across Florida, mapped using ArcGIS tools to support statewide public health and safety efforts.

The South Florida PHA initiated the project and invited both North and Central Florida PHAs to collaborate and cohesively bring forth a statewide toolkit. Together, the team conducted data analysis and entered GPS coordinates for naloxone distribution partners within their respective HIDTA. The Florida Department of Children and Families provided public health data, including contact information for organizations that distribute naloxone. Leveraging professional networks, the South Florida PHA connected with the FSA Jail Administrator Coordinator, a key public safety partner. This collaboration involved sharing public health and public safety data, data cleaning and utilizing Esri ArcGIS (a web-based mapping software) for project design, theme and icon selection and map configuration. The South Florida PHA led the development of an ArcGIS Instant App, ensuring the toolkit had a user-friendly interface. The South Florida DIO provided ongoing support by participating in virtual meetings with the FSA Jail Administrator Coordinator throughout the project. The toolkit remains free and accessible statewide for FSA users.

The Kansas PHA contributed to the project's success by leveraging his strong ArcGIS skills to support fellow PHAs in Florida, including sharing contact information for MAT provider organizations in the state. This collaborative effort across ORS jurisdictions, combined with support from state partners, highlights the power of ORS building strong, effective statewide partnerships that advance public health and safety initiatives.

STORIES OF IMPACT

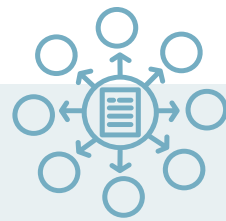


Supporting Rural Communities: New York ORS Team Assists in Developing an Overdose Fatality Review

[Read More](#)



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



GOAL 2:

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

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

Empowering Communities through Opioid Education and Naloxone Administration Training



The Texas (Houston) ORS team has achieved significant successes in collaboration with one of their public health partners, the Texas A&M Opioid Task Force. The Texas (Houston) PHA and DIO are certified trainers for the Texas A&M Opioid Task Force's Opioid Education and Naloxone Administration (OENA) program, which has trained over 40,000 individuals around the Greater Houston area. As a result of the 'Train the Trainer' program, a partner from the Texas A&M Opioid Task Force shared the ORS team's tremendous impact on schools and communities in the Houston area. **Click to watch video: Hear ORS partners discuss the impact of the work being done in Houston, Texas and in other jurisdictions.**

Additionally, the ORS team collaborates with the Texas A&M Opioid Task Force in other capacities, including a multi-partner project with the DEA, Houston HIDTA, a local school district and Bay Area Council on Drugs and Alcohol. This initiative resulted in two Community Care meetings at the start of the 2024–2025 school year, offering education on overdose prevention

and the dangers of opioids, particularly fentanyl, alongside abbreviated OENA trainings for the Texas City community. This collaborative project also yielded a panel presentation at the American Public Health Association Annual Meeting in October 2024, titled "Harmonizing Law Enforcement, Public Health and Community Efforts: How Data Collaboration and Co-Designing Are Driving Strategic, Operational and Community Outcomes," with the PHA serving as a featured participant. Through these collaborative efforts, the ORS team has played a pivotal role in advancing public health education and fostering community engagement around overdose prevention.



STORIES OF IMPACT



Leveraging Collaboration to Enhance Naloxone Training and Distribution

Read More



Overdose Detection Mapping Application Program (ODMAP), developed and managed by the Washington/Baltimore HIDTA (W/B HIDTA), is a free, web-based tool that provides near real-time suspected overdose data across jurisdictions to support public health and public safety efforts to mobilize an immediate response to a sudden increase, or spike in overdose events.

Innovative Approaches to Enhancing Overdose Prevention in Jail Settings

The period immediately following incarceration presents a critical high-risk time for a drug overdose, particularly within the first two weeks. Research shows that formerly incarcerated individuals are 10 times more likely to experience an opioid overdose during this period compared to the general population, in part due to decreased tolerance.³⁸ To address this, the Louisiana ORS team's pilot project, funded by NACCHO, focused on individuals leaving Calcasieu Correctional Center in Calcasieu Parish, Louisiana. The team working on this project included the LA PHA, Southwest Louisiana (SWLA) Do No Harm (a local community-based organization) and the Imperial Calcasieu Human Services Authority. The team implemented a multi-faceted approach both within the jail and immediately following release.



Within the jail, SWLA Do No Harm established a space for screening and counseling on HIV, Hepatitis C and syphilis.

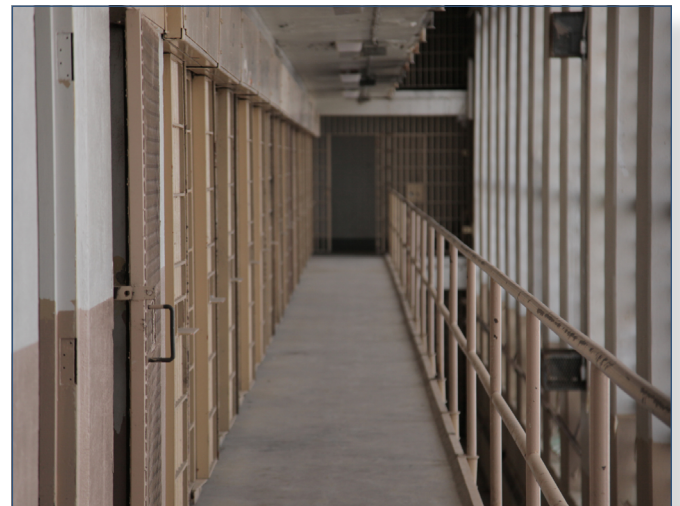
The pilot project team provided free testing, treatment and education. To improve access to behavioral health support, the team added service-request options to electronic kiosks used for commissary orders, enabling incarcerated individuals to request support anytime. The LA ORS team and their partners also created and administered a survey to 18 participants to better understand their needs. The survey revealed that 78 percent of respondents used the kiosks to request services, with 67 percent finding the kiosks useful. Survey participants also requested additional information on overdose prevention and support services. To maximize naloxone access, every person leaving the jail received a kit with nasal spray naloxone, a local resource guide and overdose reversal information. The pilot project team also deployed a mobile health unit to connect individuals to additional services post-release.

Following the implementation of in-jail and post-release offerings, the pilot project team offered HIV, Hepatitis C and syphilis testing to 116 individuals and distributed approximately 450 naloxone resource

packets. By moving the mobile unit from outside the jail to the Probation and Parole Office, visits successfully increased from one in four months to five in one day. The project team plans to continue to evaluate where the mobile unit could best be utilized.

This project highlighted the importance of adapting strategies to individuals' behaviors and needs. By shifting the mobile unit's location and improving service tracking, the LA pilot project team enhanced their ability to reach and support individuals during their high-risk period following incarceration.

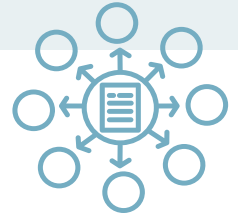
The work of the LA ORS team, along with the SWLA Do No Harm's efforts, demonstrates a successful model for addressing overdose prevention and support for formerly incarcerated individuals, and the team is committed to refining and expanding these initiatives to further reduce overdose risk and improve outcomes. Since the pilot project ended, two neighboring/nearby parishes have expressed interest in doing similar work in their jails.



GOAL 3:

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

As part of their role in helping communities respond to overdoses, PHAs and DIOs assist in developing and implementing promising strategies. Promising strategies are characterized by measurable, quantifiable approaches showing favorable outcomes—linking individuals to care and treatment services for opioid use disorder and finding novel ways to support first responders working in communities with a high burden of overdoses.



Community Outreach Post-Drug Supply Disruption



In March 2024, following the publication of a study highlighting the link between drug supply disruptions and increased overdoses, the Indiana ORS team met with the LaPorte County Drug Task

Force (LCDTF) to discuss innovative strategies for reducing overdose risk after drug seizures.³⁹ Before the meeting, the IN ORS team gathered insights from both state and national experts in overdose prevention and response, ensuring they brought a well-informed perspective to the conversation. During the meeting, the IN ORS team shared a detailed one-pager outlining a comprehensive post-seizure response plan. One key strategy in the plan involved placing signage at the locations where the drugs were seized. The signage alerts residents to the increased overdose risk following disruptions in the drug supply and provides information about accessing treatment and overdose prevention services. The plan also recommended mobilizing a response team, deploying volunteers and leaving behind handouts when contact with residents was not possible.

In July 2024, the IN ORS team received promising updates from the LCDTF. The task force implemented the post-search warrant response plan, with social workers conducting outreach in the surrounding

area. The task force also left signage at the scene and issued press releases to further inform the community. To date, at least two individuals have been successfully linked to care through this initiative. The collaboration between the IN ORS team and the LCDTF highlights their proactive efforts in addressing the heightened overdose risk following drug seizures. By recognizing drug seizures as a critical moment to direct individuals to available support, public health and public safety work together to enhance community health and safety.



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GOAL 4:

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

PHAs and DIOs often work with local partners to understand the needs of populations at greater risk, educate communities about the risks associated with drug use and ensure the adoption of evidence-based prevention practices.

Promoting Fentanyl Awareness in Kentucky

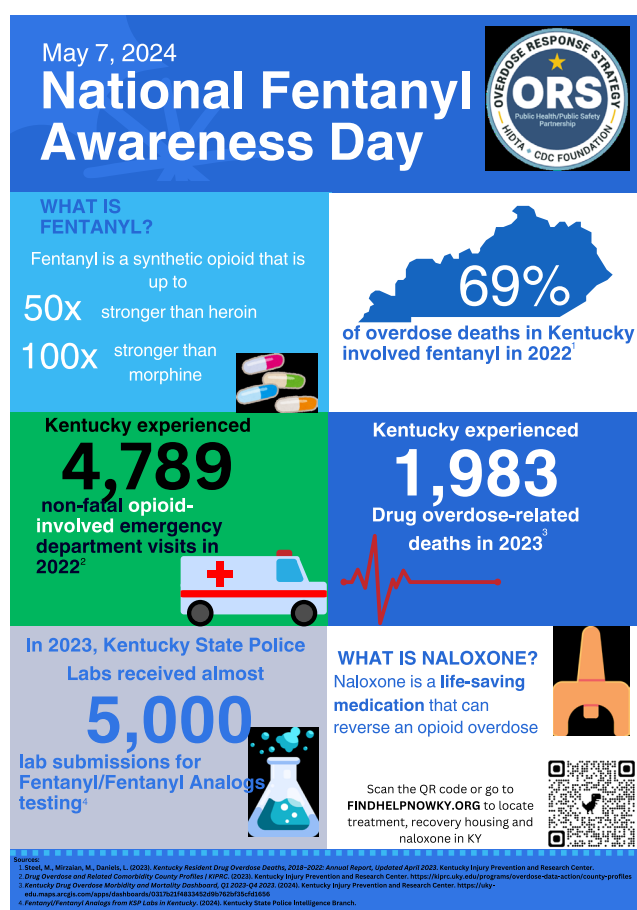


May 7, 2024 was established as National Fentanyl Awareness Day, a day to raise awareness about fentanyl, drug overdose and prevention resources.

To mark the occasion, the Kentucky

ORS team created a fentanyl awareness infographic tailored to the state's specific needs. The KY ORS team combined the latest lab submission data from Kentucky State Police labs and drug overdose data from the Kentucky Injury Prevention and Research Center (KIPRC) to develop the infographic. This infographic was distributed to over 300 public health and public safety professionals across Kentucky, highlighting fentanyl and fentanyl analog lab submissions received by state police, along with drug overdose data from KIPRC.

To further engage the community, the infographic included a QR code that directed people to resources on treatment, recovery housing and naloxone availability in Kentucky. The infographic was also shared widely on social media, including a Facebook post. The KY ORS team's resource person helped spread critical information and promote awareness within communities, contributing to the overall effort to raise awareness of the fentanyl crisis.



Fentanyl awareness infographic created by the KY ORS team, showcasing state-specific data and resources.

STORIES OF IMPACT



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ORS TRAINING HIGHLIGHTS

In 2024, the ORS program continued training and education efforts, keeping ORS teams and their partners informed on the latest overdose trends, prevention strategies and targeted approaches to address the ongoing epidemic.

Virtual Trainings

In 2024, the ORS Training Team hosted 24 virtual trainings totaling more than 35 hours of content, with a combined attendance of more than 2,100 participants. For a fifth year, the ORS program hosted National ORS Highlights calls where ORS teams presented successes, shared challenges and brainstormed solutions to an audience of their peers as one of many opportunities to collaborate and innovate.

2024 ORS Annual Conference

The ORS Annual Conference, held in Dallas, Texas from May 14-16, was the program's largest conference to date, with nearly 300 attendees. Participants included staff from the ORS, local and national partners, local and state public health and public safety agencies, community organizations and other affiliated groups. Each year, the conference provides a chance to boost momentum in the midst of this challenging work, engage with high level leaders in the field of overdose prevention and learn about successful new and emerging practices.

| Conference Feedback By Sector | | |
|-----------------------------------|--|--|
| What were your biggest takeaways? | Public Health | Public Safety |
| | "Partnerships with other sectors take a lot of time and effort, but they can lead to impactful interventions and initiatives." | "Collaboration is the future and the way to maximize resources." |
| | "Hearing about the diverse work that is going on around the country really gave me some good ideas for starting points in some of the areas in our state." | "I learned of emerging threats in different parts of the country and this will help keep me better informed and prepared." |
| | "[I took away] new knowledge on how to collaborate with public safety officials more effectively." | "This work is not easy, it is not simple; however, most ORS teams are working on the same issues across the country. On almost every problem, there is someone to reach out to for direction..." |

ORS Learning Communities

ORS Learning Communities provide PHAs and DIOs with an opportunity to develop targeted and effective strategies to address fatal and non-fatal drug overdoses. Through these communities, PHAs and DIOs actively participate in a shared learning environment, enabling them to be better equipped to support partners and programs in their respective jurisdictions.

Overdose Prevention in Jails Learning Community

This year, the learning community covered topics on partnership building, overcoming stigma, withdrawal management, data collection and re-entry planning. With the help of Health Management Associates (HMA), the community covered topics such as overdose prevention for justice-involved individuals for ORS teams and partners. Participants have been able to workshop challenges, learn new strategies and connect with others doing similar work.

Data Learning Community

In 2024, attendees learned practical skills for transforming data into actionable insights, such as creating graphs, maps and conducting analyses. They gained knowledge in data visualization, storytelling and learned how to use tools like ArcGIS, National Emergency Medical Services Information System (NEM-SIS), CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) and Zotero. Attendees also developed practical skills in collecting data through surveys, reviewing scientific literature and comparing state-level trends over time to drive action.

Overdose Response Learning Community

In 2024, the ODMAP Learning Community evolved into the Overdose Response Learning Community, focusing on promoting and supporting overdose spike response planning. This group worked with the Association of State and Territorial Health Officials (ASTHO) to launch a four-part series on developing, exercising, crafting messaging and evaluating an overdose spike response plan. To support the planning efforts of our teams and partners, the learning community partnered with ASTHO to develop the "Spike Exercise-in-a-Box Toolkit," a customizable resource for states to use in preparing and facilitating overdose spike response exercises.

"I actually really appreciate the dialogue around getting buy-in from our jail partners by pivoting the conversation to lowering risk liability rather than focusing the conversation on ideology which sometimes feels like an insurmountable challenge."

-ORS Team Member

"Having the opportunity to converse with both the ORS and IIR OFR subject matter experts gave me the confidence and support I needed to engage partners and create the first OFR in Missouri."

-ORS Team Member

Overdose Fatality Review/Public Health and Safety Team Learning Community

In 2024, this group saw significant engagement with nearly 40 ORS teams actively implementing OFRs. ORS teams participated in one-on-one support, action plan reviews, collaborative calls and ongoing training and technical assistance from national subject matter experts at the Institute for Intergovernmental Research, the Bureau of Justice Assistance, CDC and an in-house OFR specialist.

Prevention and Education Learning Community

This learning community built capacity among ORS teams by creating and building on best practices and sharing an understanding of what works in preventing substance use and overdose, with support from A Division for Advancing Prevention and Treatment (ADAPT). Topics covered include selecting evidence-based programming, funding prevention work, trauma and prevention, building a comprehensive community-based prevention strategy and program evaluation. Several ORS teams were able to take these lessons learned and apply them to their specific communities to build better prevention solutions at the local level.

Collaboration Spotlight: Health Management Associates

Health Management Associates (HMA), a leading independent national research and consulting firm in the healthcare industry, specializes in justice-involved services with a team of seasoned correctional healthcare experts, clinicians, mental health professionals and former correctional leaders. The ORS partners with HMA to promote and support overdose prevention services in jails, with a focus on reducing both fatal and non-fatal overdoses among justice-involved populations (individuals who have had contact with the criminal justice system, including being incarcerated, on probation or on parole) and ensuring access to care.

ORS PILOT PROJECTS: BUILDING THE EVIDENCE BASE FOR OVERDOSE PREVENTION AND RESPONSE



CDC and NACCHO worked with several ORS jurisdictions to develop and implement local projects designed to reduce overdoses.

Pilot projects address drug overdose prevention strategies that engage both local public health and public safety. Goals of pilot projects include building the evidence base for effective overdose prevention and response interventions, providing services and improving the response to the overdose epidemic and leveraging the ORS structure to enhance community-level public health and public safety collaborations. A full description of the seven pilot projects for 2024 is available on the [ORS website](#).

ORS Pilot Project Highlight: End Overdose (California)

End Overdose is a non-profit organization based in Los Angeles, California, working to end drug-related overdose deaths through education, medical intervention and public awareness. As part of their second year of funding, End Overdose expanded upon their previous work and provided Overdose Prevention and Response Training to student populations.

MONITORING AND EVALUATING THE IMPACT OF THE ORS

As the ORS program continues to evolve, it is critical to ensure the framework guiding its implementation and evaluation remains aligned with current evidence and best practices. A key element of the program's strategic framework is the logic model, a visual representation of resources, activities and intended outcomes of this unique collaboration between public health and public safety.

The **ORS logic model** is the foundational roadmap that demonstrates how different program elements aim to help local communities reduce overdoses and save lives. The first iteration of the ORS logic model was developed in 2021 as part of a formal and comprehensive strategic plan facilitated by HMA in collaboration with ORS leadership. In 2024, program staff updated the logic model to be inclusive of the program's evolution and the ever-changing drug overdose epidemic.

The updated logic model provides greater clarity on the critical role PHAs and DIOs play in modeling effective public health-public safety collaboration. It explicitly details efforts to establish and maintain jurisdictional public health-public safety partnerships, develop state and local collaborations and provide technical assistance. It also highlights outputs such as jurisdictional action plans that align multi-sector priorities, innovative pilot projects and documented success stories of public health and public safety collaboration.

The updated ORS logic model emphasizes structured collaboration, tangible outputs and community-focused strategies, ensuring the program is better equipped to address the overdose crisis. This evolution reflects the program's commitment to making a measurable difference in communities through innovative, evidence-based and inclusive approaches.

CONCLUSION

The drug overdose epidemic has had a devastating impact on individuals and communities nationwide. Although data shows a decline in overdose deaths for the first time in recent years, significant work remains. Collaboration between public health and public safety is essential to addressing this ongoing crisis. The ORS leverages the resources, intelligence and expertise of public health and public safety sectors, fostering a comprehensive approach to developing and implementing effective intervention strategies. ORS teams continue to break down barriers across the nation, connect public health and public safety partners, and share and disseminate evidence-based strategies, data and information to save more lives from drug overdose. The ORS serves as a proven model that could be replicated across other critical public health and public safety challenges, such as the mental health crisis and gun violence. To effectively address the drug overdose crisis, public health and public safety agencies, as demonstrated by examples illustrated in this report, must continue to pursue collaborative opportunities, drive innovation and evaluate the impact made through their partnership.

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