

Overdose Response Strategy (ORS)

A Public Health & Safety Initiative Funded by the Office of National Drug Control & Policy and the Centers for Disease Control & Prevention



Today's Speakers



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Webinar Agenda

1. The Overdose Response Strategy (ORS)
2. Engaging with ORS State Teams and Resources
3. ORS State Teams in Action
4. Questions/Discussion

Introduction

OVERDOSE RESPONSE STRATEGY | PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

Need for Increased Collaboration



**Rapid increases
in overdose
mortality**



**Increased
potency of the
drugs being sold
illicitly in the U.S.**



**Many at risk of
overdose have contact
with the criminal
justice system**

What is the Overdose Response Strategy?

The Overdose Response Strategy is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and innovative strategies.

ORS Mission Statement

The mission of the Overdose Response Strategy is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



COLLABORATE across public health and public safety sectors



SHARE data, insights, and trends related to drug overdose in communities



INFORM AND HELP local communities develop local solutions to reduce overdoses and save lives

CDC & CDC Foundation



The **CDC Foundation** is an independent non-profit created by Congress to mobilize resources to support CDC's critical health protection work.

The CDC Foundation helps CDC do more, faster, by forging partnerships between CDC and others to fight threats to health and safety.

CDC supports the ORS by providing CDC Foundation with funding for PHA positions and other key program activities.

ONDCP & HIDTA



ONDCP administers two grant programs:

1. *High Intensity Drug Trafficking Areas (HIDTA)*
2. *Drug Free Communities (DFC)*

HIDTA funding supports Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States.

ONDCP supports the ORS by providing HIDTAs with funding for DIO positions and other key program activities.

HIDTA Program Purpose

- Facilitating cooperation among Federal, State, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities
- Enhancing law enforcement intelligence sharing among Federal, State, local, and tribal law enforcement agencies
- Providing reliable law enforcement intelligence to law enforcement agencies to facilitate the design of effective enforcement strategies and operations
- Supporting coordinated law enforcement strategies that make the most of available resources to reduce the supply of illegal drugs in designated areas of the United States and in the nation as a whole

ORS State Teams

WHO ARE THEY AND WHAT DO THEY DO?

OVERDOSE RESPONSE STRATEGY | PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

ORS Program Strategies

- 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.

Utilizing Your ORS Team

- Data analysis/dissemination
- Rapid response support
- ODMAP implementation/usage
- Post-OD outreach programs
- Training/education
- Stigma reduction
- Criminal justice diversion
- Targeted naloxone distribution
- Harm reduction and syringe services programs (SSPs)
- Linkages to care
- Overdose prevention in jails/prisons
- Prevention programs
- Public awareness

Contacting Your Team

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

Feel free to contact them directly!

Webinars & Training Opportunities

Monthly ORS Webinars

SECOND Friday of the month @ 1:00 p.m. – 2:30 p.m. EST

Monthly All-State Team Calls

FOURTH Friday of the month @ 1:00 p.m. – 2:30 p.m. EST

[Sign Up for the ORS Newsletter!](#)

Formal Training

- Public Health and Safety Toolkit (PHAST)
- Overdose Detection and Mapping Program (ODMAP)
- Overdose Rapid Response Program (ORRP)
- Overdose Fatality Reviews (OFRs)

Training (Continued)

- COVID-19 Impacts on Drug Trafficking and Law Enforcement
- Adapting MAT Services in Response to COVID-19
- Development and Implementation of Student Athlete Opioid Awareness
- Overdose Education and Naloxone Distribution for Rural Communities
- Connecticut's Statewide Opioid Reporting Directive (SWORD)
- COVID-19 Impacts – Essex County Jail-Based MAT Program
- Introduction to OFRs and OFRs in Action
- COVID-19 Impacts and the Role of Syringe Service Programs (SSPs) in Overdose
- Introduction to Grant Writing
- Introduction to Drug Free Communities (DFC)
- ACEs, Overdose and COVID-19

Examples of ORS Teams Moving Data to Action

Counterfeit Pills in Georgia

Drug Overdose Notification (DON) System – Georgia

- **Background:** *Counterfeit Percocet Overdose Cluster in Macon, GA*
 - In June 2017, more than 25 people overdosed from counterfeit Percocet pills that contained cyclopropyl fentanyl and U-47700.
 - Key lesson learned in response efforts →
Communication and collaboration is key!
 - *Needed to develop protocols to improve communications and increase information-sharing, especially between public health and law enforcement*



DON System Overview

- **The GA PHA and DIO partnered with GDPH and GBI-GISAC to develop the Drug Overdose Notification (DON) System –**
 - *Directly alerts local LE and public safety agencies when DPH identifies a drug overdose cluster in their area of responsibility.*
 - *Notifications are sent via secure law enforcement channels to affected sheriff's offices, police departments, 9-1-1 centers, and EMS agencies.*
 - *Includes situational awareness and recommendations from GDPH and GBI*

Simple and Straightforward:

- AM message to LE agency/911 center to notify of an OD spike in their area of responsibility (AOR)
- Then a follow up AM with an attachment that includes recommendations from GDPH and GBI

AM - Nlets Administrative Message

AM - Nlets Administrative Message With Attachments

Originating Agency Identifier (ORI) *

Destination (DST) *

Text `***DRUG OVERDOSE NOTIFICATION SYSTEM ALERT***
SEE ATTACHED DRUG OVERDOSE NOTIFICATION FROM THE GA PUBLIC HEALTH, THE GBI, AND
THE AC HIDTA
FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE`

Attachment *

Outreach Activities



LE/PH Presentations



GBI/GISAC Bulletins



GEORGIA BUREAU OF INVESTIGATION
**GEORGIA INFORMATION SHARING
 & ANALYSIS CENTER**

1 October 2018

INFORMATION BULLETIN #FY19-0014

(U//FOUO) Drug Overdose Notification System – DPH’s ‘Confirmed Cluster’ Response Scope

(U//FOUO) The Georgia Bureau of Investigation-Georgia Information Sharing and Analysis Center (GBI-GISAC) in partnership with the Georgia Department of Public Health (DPH) and the Atlanta Carolinas High Intensity Drug Trafficking Area Program (AC HIDTA) created the Drug Overdose Notification (DON) System to alert law enforcement and public safety personnel when a drug overdose cluster or spike is noted in their respective area of responsibility. DPH uses a variety of sources to determine the presence of a drug overdose spike, including information from first responders, the Georgia Poison Center, and the DPH Syndromic Surveillance system. The DON system is intended to provide more timely detection of overdose clusters/spikes, so relevant partners can be prepared to prevent more overdoses, protect first responders and lead to better patient outcomes.

Key Takeaways

- (U//FOUO) Local law enforcement and 911 centers will receive a DON message via an Nlets Administrative Message (AM) which will include an attachment containing additional information about the overdose spike.
- (U//FOUO) The AM attachment will contain two parts – one from DPH and the other from GBI-GISAC.
- (U//FOUO) The DPH part of the attachment will include information about the approximate numbers of overdoses, type of drug (if known), general area of occurrences, information about any identifying marks (if known), signs of an overdose, recommendations on personal protective equipment (PPE) and handling the drug, and where to report any additional cases.
- (U//FOUO) DPH has provided an additional First Responder One Pager (attached) that has additional resources for LE and public safety personnel.

Background

(U//FOUO) In June of 2017, Georgia Poison Center was notified by a local health center of six opioid overdoses with one fatality in a 24-hour period. Subsequent investigation by DPH determined there were 27 overdose cases during that short period of June 1-6 that met the case definition for an overdose outbreak (overdose symptoms requiring resuscitation, ventilation and/or naloxone for reversal of symptoms; exposure history related to acquiring the opioid and to the amount ingested (a small quantity resulting in the extreme symptoms.)) During this spike, DPH reached out to all their health and public safety partners to inform them of the situation so that they could in turn inform their partners and move forward on media notifications.

(U//FOUO) This incident, as well as the continuing crisis in opioid overdoses in Georgia and a national scale, highlights the need for quick identification of clusters and messaging to affected public safety and law enforcement personnel. To that end, DPH, AC HIDTA and GBI-GISAC have established an “early warning



Opioid Overdose Surveillance and Response: Information for First Responders

Opioid Overdoses in Georgia

Opioid-involved overdose deaths have been rapidly increasing in Georgia since 2010, driven initially by increased use and misuse of prescription opioids (e.g., Oxycodone and Hydrocodone). However, in recent years there have been substantial increases in the number of heroin- and fentanyl-involved overdose deaths. From 2010 to 2017, the number of opioid-involved overdose deaths increased by 245% in Georgia.

DPH Surveillance and Response Efforts

DPH uses a variety of data sources to track drug overdose trends across Georgia. Our most timely data source is Syndromic Surveillance, which is a near-real time method of categorizing visits from emergency departments (ED) across Georgia into disease or illness syndromes, based on the patient chief complaint upon admission. These data can be used as an early detection method for drug overdose outbreaks. DPH also relies on external partners to report overdose clusters/increases or unusual situations. Notifications from first responders are particularly important because they may be aware of overdose events which are not captured in our Syndromic Surveillance data.

Once DPH is notified of an overdose cluster/increase, we alert relevant partners (including healthcare personnel, coroners/medical examiners, first responders, and community partners). Timely detection of overdose clusters/spikes may prevent overdoses, protect first responders, and lead to a better understanding of patient outcomes.

How to Report

To report an increase in overdoses, a potential overdose cluster, or any other unusual drug-related event, call the Georgia Poison Center at 1-800-222-1222.

Resources

Personal Protective Equipment

Opioids may come in several forms, including powder. Some opioids can be absorbed through the skin, or through accidental inhalation of airborne powder. First responders should take precautions when responding to a call where unknown substances may be present. For more information, see <https://www.cdc.gov/niosh/topics/fentanyl/workerrisk.html>.

Naloxone Standing Order

Georgia has a standing order which allows anyone to purchase Naloxone at a pharmacy without a prescription. For more information on the standing order, please see <https://dph.georgia.gov/naloxone>.

Naloxone Administration

For information on how to administer Naloxone to someone who may be overdosing, please see <https://dph.georgia.gov/approved-training>.

Georgia 911 Medical Amnesty Law

The GA 911 Medical Amnesty law provides immunity to those seeking medical attention for themselves or someone else due to an overdose. This immunity includes possession of certain drugs or drug paraphernalia, and civil and criminal immunity for administration of Naloxone. For more information, see <http://www.georgiaoverdoseprevention.org/about>.

Georgia Prescription Drug Monitoring Program (PDMP)

The PDMP is an electronic database used to monitor the prescribing and dispensing of controlled substances. Law Enforcement may access PDMP data through a search warrant or subpoena. For more information, see <https://gdna.georgia.gov/georgia-prescription-drug-monitoring-program-sa-odms>.

Georgia Overdose Statistics

For more information about drug overdose surveillance and statistics in Georgia, please see <https://dph.georgia.gov/drug-overdose-surveillance-unit>.

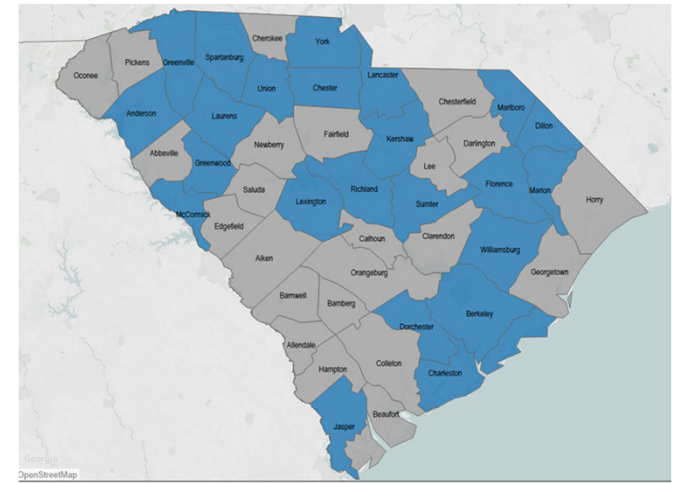
Examples of ORS Teams Moving Data to Action

South Carolina Rapid Response Teams

OERT Rapid Response Team – South Carolina

Background –

- SC stakeholders wanted to implement routine overdose monitoring and rapid response across agencies
- Formed in April 2020, the rapid response team is comprised of state-level health, public safety, and treatment partners
- Goal is to identify high burden areas to target strategies, synchronize response efforts across state agencies, and mobilize local partners



Rapid Response Team: *Implementation*



Rapid Response Team – *Ongoing Process*



Results: State Level

- Increased state capacity to monitor opioid overdoses during COVID-19
- Enabled partners to identify emerging trends in potent substances across jurisdictions, particularly counterfeit pills
- Led to distribution of monthly situational updates to other audiences outside the rapid response team
- Issued about 30 instances of targeted outreach or supplemental data analysis in 23 different counties over six months
- Rapid response team issued bulletins in July 2020 tailored to key audiences (coroners, hospital association, PDMP prescribers and dispensers, state HIDTA contact list) to raise awareness about alarming trends
- Weekly calls created a forum for sharing other information (e.g. drug seizures, mortality) and helped identify process/policy/program improvements across agencies

Results: Local Level

- Outreach from state agencies encouraged meetings between local public safety and prevention/treatment partners
- Local partners responded to hotspots identified with targeted interventions like drive-thru Naloxone and Deterra bag distribution
- Increased registrations by public safety agencies for ODMAP to increase real-time data collection at the local level
- Six-month reflection session with response team membership identified continued areas for improvement in 2021 to enable local partners to act

Questions and Discussion

<https://cossapresources.org/Program/TTA>

The screenshot displays the website's navigation bar with the following elements:

- Logo: BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program
- Search: A search bar with the text "SEARCH".
- Menu Items: COSSAP GRANT PROGRAM, LEARNING OPPORTUNITIES, AREAS OF FOCUS, PUBLICATIONS & DIGITAL MEDIA, and a highlighted button for PDMPTTAC.

The main content area is titled "TRAINING AND TECHNICAL ASSISTANCE".

The introductory text states: "The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse." A "REQUEST TTA" button is positioned to the right of this text.

A secondary paragraph notes: "Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources."

The section titled "The COSSAP TTA Program supports communities by:" includes the following bullet points:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

BJA's



Comprehensive

Opioid, Stimulant,
and Substance Abuse

Program