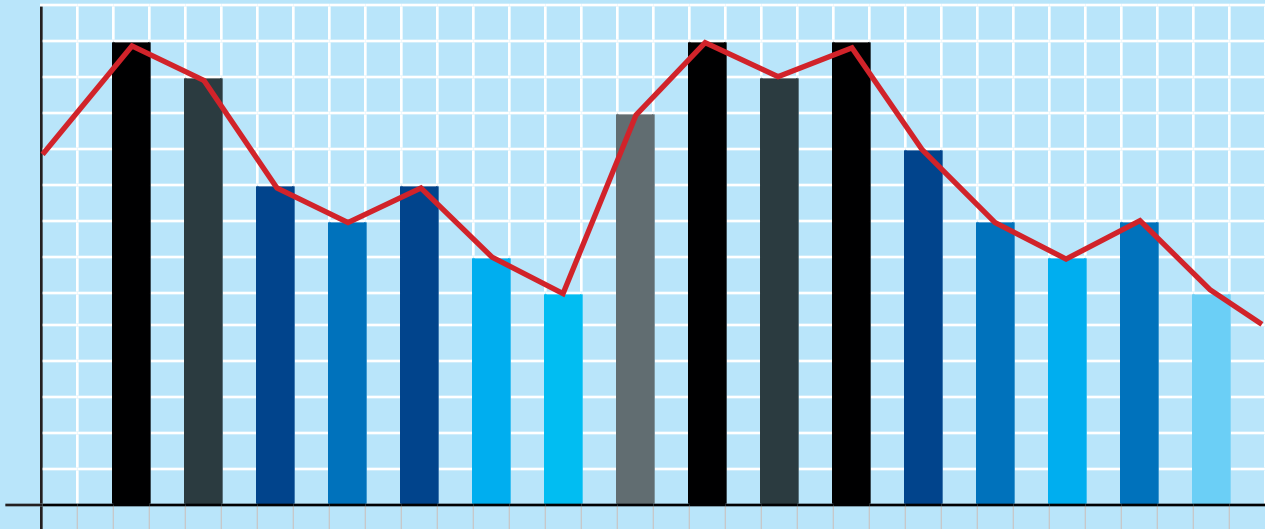# ODMAP

### OVERDOSE DETECTION
### MAPPING APPLICATION PROGRAM

# OVERDOSE SPIKE RESPONSE FRAMEWORK

## A companion guide for ODMAP stakeholders

**WASHINGTON/BALTIMORE**
**HIDTA**
HIGH INTENSITY DRUG TRAFFICKING AREAS

## JANUARY 2018

# OVERDOSE SPIKE RESPONSE FRAMEWORK

## A companion guide for ODMAP stakeholders

This guide brings together recommended steps for stakeholders that use ODMAP, examples from the field, and promising practices for reducing injury or death from opioid overdoses during spike events.

# CONTENTS

## Purpose of this Framework

With the creation of the Overdose Detection Mapping Application Program (ODMAP), a real-time suspected overdose monitoring system, jurisdictions have a unique and unprecedented opportunity to respond to suspected overdose spikes in real-time, and in some, cases pre-emptively. For the purposes of this document, a spike is when the total number of suspected overdoses for a jurisdiction exceeds a pre-determined threshold for a specified time period. Being able to act in real-time to prevent over-doses presents a distinct challenge. How do you prevent or temper a suspected overdose spike?

This framework is a compilation of recommendations for coordinated responses to overdose spikes identified by ODMAP. During the preparation of this Framework, the authors conducted informational interviews and meetings with stakeholders identified herein. Stakeholders are professionals who play a role in overdose response, which include, but are not limited to, public health, public safety, emergency management, first responders, community organizations, healthcare systems, and the media. Where available, promising practices and examples from the field are provided within this document. The examples are designed to provide ideas as to how existing resources can be customized during overdose spikes.

PROMISING PRACTICES are recently piloted and/or introduced innovative programs or solutions. Due to their infancy, evaluations were not available at the time this document was prepared. The goal of sharing Promising Practices is to share ideas and promote adaptable solutions.

*TIPS FOR STRATEGIC PLANNING include information provided by stakeholders during the development of this document. This information includes lessons learned and recommendations that may be useful to other stakeholders.*

EXAMPLES FROM THE FIELD are examples of existing practices and accompanying materials that were consulted during the development of this document.

While similar to an emergency response plan, the Framework is not intended to be a comprehensive strategy to address the opioid epidemic. The goal of this framework is to reduce injury or death from opioid overdoses during spike events. The recommendations are intended to facilitate the development and implementation of coordinated response strategies that leverage existing resources. Included are recommended actions for stakeholders that should be considered when developing an Overdose Spike Response Plan. The assignment of roles and responsibilities of agencies and stakeholders outlined in this document may vary by locality, therefore, this framework is meant to be a guide. Items included in this framework must be tailored to local communities based on their unique resources and needs.

## Getting Started

The following is a list of initial steps to maximize the use of this framework.

1. **Determine Stakeholders**: First determine the list of stakeholders or groups and their roles to include in an Overdose Spike Response Team. Recommended roles for stakeholders are provided in this document. The list of stakeholders outlined is a starting point. Each jurisdiction should broadly consider the available local stakeholders who can benefit from using ODMAP and a corresponding Overdose Spike Response Plan.

   This document provides recommended actions for each stakeholder.

2. **Select Team Lead:** This Framework outlines multiple stakeholders and recommended actions. To adapt these recommendations to a jurisdiction, a team lead is needed to kickoff and coordinate the planning. Because each jurisdiction's needs and available resources may vary, some recommended actions could be assigned

to different stakeholders. Therefore, some recommended actions in this document appear in multiple sections. During the development of your Overdose Spike Response Plan, the selected team lead(s) should determine which stakeholder group will be responsible for each item pursuant to the strengths and available resources of each stakeholder.

3. **Define Spikes**: A spike is the number of suspected overdoses in a certain timeframe that triggers the Overdose Spike Response Plan in a specific jurisdiction. Therefore the Overdose Spike Response Team must examine historical data to develop an understanding of what constitutes a spike. This number will activate the plan your team develops.

4. **Interview Target Audience(s)**: Ensure that your team lead understands the local culture, drug market structures, public infrastructure, history and other factors that, contribute locally, to overdose risk. Team lead should designate appropriate team member(s) to engage individuals at risk for overdose within the community. Recommended questions or talking points include:

   ■ Local information channels or touch-points in which people at risk of overdose interact with stakeholders

   ■ Local drug trends, i.e. frequency of fentanyl laced heroin

   ■ Local drug use trends and behaviors

   ■ Commonly practiced harm reduction strategies

   ■ Availability and access to treatment

   ■ Evaluation of current outreach strategies or materials

EXAMPLE FROM THE FIELD: In Carroll County Maryland, the public health department met with persons at risk for overdose to gain input on a rack card developed to promote awareness of the Good Samaritan Law. The persons at risk for overdose were the target audience of the rack card and they provided feedback, including

the need for clarity of the rack card's purpose, the need to use succinct, easy to understand language, and suggestions to include a picture and more vibrant colors. By engaging the target community, the Carroll County Health Department identified how to make the rack card more amenable to their target audience. The figures below are images of the rack card before and after incorporating input from the target audience.
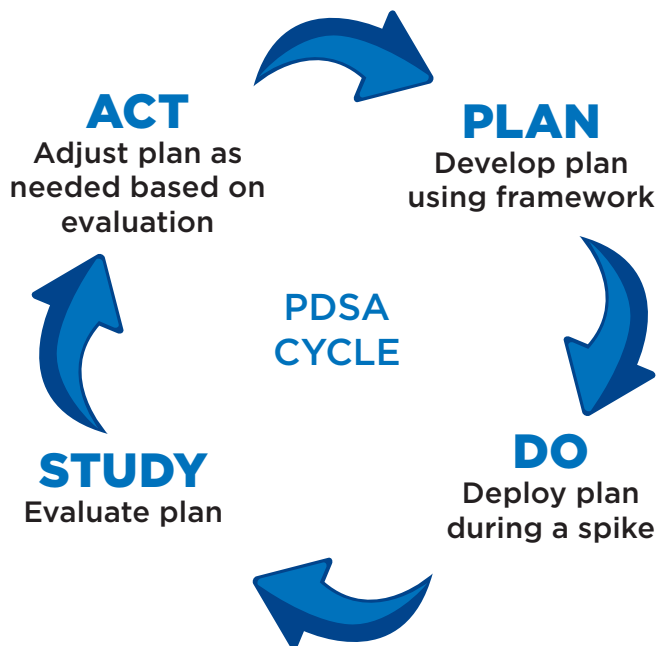
**Carroll County Rack Card**

**BEFORE**



**AFTER**

5. **Understand Local Resources:** During strategic planning, stakeholders should individually inventory resources and identify needs to pool resources when appropriate.

6. **Evaluate:** The plan developed from this framework is a living document that must be continuously evaluated and adjusted. The Quality Improvement model, Plan-Do-Study-Act, is an example of an evaluation methodology. When designing an evaluation plan, it is essential to utilize both qualitative and quantitative methodologies to provide a comprehensive understanding of the Overdose Spike Response Plan in action.

**ACT**
Adjust plan as needed based on evaluation

**PLAN**
Develop plan using framework

**PDSA CYCLE**

**STUDY**
Evaluate plan

**DO**
Deploy plan during a spike

https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle

## Communities to Engage

In order for the recommended actions in this document to achieve their stated goal of "reducing injury and death from overdoses," the recipient of the action must be identified. During the development of this Framework two distinct communities were frequently identified by interviewees: (1) persons at risk of overdose and (2) family and friends of persons at risk for overdose. To ensure the Overdose Spike Response Plan reaches these communities and effectively delivers the messages to achieve its goals, the communities should be engaged during the planning process. The subsections below further describe the need and benefit of engaging these two communities.

## Persons at Risk for Overdose

The Overdose Spike Response Plan must recognize that persons at risk for overdose may be at different stages of readiness with regard to receiving treatment. To address the different stages, include strategies for sharing harm reduction techniques with those not ready for treatment, and strategies for effectively linking those ready for treatment to available resources. An Overdose Spike Response Plan must include means and methods to communicate with the at risk population. The Team Lead should identify stakeholders best suited for this task based on available resources, access, and mission.

EXAMPLE FROM THE FIELD: Engaging the intended audience of your message ensures it is being received and understood in the way it was intended. Members of a treatment cohort at the Berkeley Day Report Center in West Virginia were engaged in a group discussion to elicit feedback regarding messaging. The following topics were discussed: the needs of individuals in recovery during overdose spikes, potential needs of active drug users, means for accessing information, stigma, and ideas for how to best share information with individuals in recovery and user populations. Information gathered during the group discussion was reviewed by the director of the treatment program. Upon review of the information, the director of the treatment programs was able to identify a social media

platform that could be used during overdose spikes to communicate critical information. The Berkeley Day Report Center now intends to create a closed Facebook group to share information about overdose spikes and provide encouraging messages promoting recovery activities. Additionally, the Berkeley Day Report Center will start a group text message alert. Now, when the Berkeley Day Report Center learns of an overdose spike through ODMAP, they will send out a text message to all participants of the group text. Additional considerations from the cohort, such as ensuring the messaging was provided in a professional and positive tone (to help reduce stigma) were incorporated into the response plan.

## Family and Friends of Persons at Risk for Overdose

Developing a plan for messaging and engaging families and friends of individuals at risk is one key component to reducing injury and death from overdose. Family and friends of individuals at risk for an overdose will approach and manage their loved one's risk, based on their own stage of readiness for change, as well as the stage of readiness of their loved one. Therefore family and friends require information on a variety of topics including: where to get naloxone, how to administer naloxone, and/or how to encourage their loved one(s) to seek treatment.

During an overdose spike, family and friends of individuals at risk for overdose may be under additional stress. Raising awareness of support group resources such as Nar-Anon and Al-Anon in messaging provides information to help them manage their stress. The Overdose Spike Response Team should reinforce the message that addiction is a disease, and that families and friends cannot control the disease, nor are they to blame for their loved one's disease. Identify stakeholders responsible for messaging and meeting the needs of family and friends of individuals at risk for an overdose in the Overdose Spike Response Plan.

## Recommended Messages

The following is a list of topics to include in targeted messaging geared toward individuals at risk for overdose and/or families and friends of individuals at risk for overdose.

- There is an increased risk of an overdose during spike events
- Recognize signs of an overdose
- Naloxone can prevent opioid-related overdoses
  - What is naloxone
  - Where to get naloxone
  - Where to get naloxone training
- Treatment resources are available
- Unused prescription medication disposal locations are available
- Support meetings are available for loved ones (i.e. Al-Anon, Nar-Anon) and for those at risk for overdose (i.e. NA, AA)
- Harm reduction strategies can help prevent overdoses
  - Use in groups
  - Use slowly
  - Test a small amount first
- Good Samaritan Law protections are in place
- Overdose spike alert notifications are available

ODMAP is a tool designed to facilitate real-time identification of suspected drug overdose spikes. The Health Insurance Portability and Accountability Act (HIPAA) is a federal statute that governs how covered entities share and safeguard medical records and protected health information (PHI). This section provides a general overview of ODMAP data, its compliance with HIPAA, and how the data can be used.

## General ODMAP Information

ODMAP is a tool designed to facilitate real-time identification of suspected drug overdose spikes. Decisionmakers can use ODMAP data to deploy response plans to confirm and address increases in overdose incidents reported by first responders. ODMAP has two main components, a data collection platform and a data dashboard.

The ODMAP data collection platform allows first responders to submit information from suspected overdose incidents. ODMAP data is limited to the following three data fields: 1) Fatal or nonfatal overdose, 2) Naloxone administra-tion, and 3) General location of incident. Data points in ODMAP are merely suspected overdose incidents and may or may not correspond to confirmed overdoses. Location data in ODMAP is limited by technology and generalized. Users cannot assume exact addresses or intersections.

ODMAP data is controlled unclassified informa-tion (CUI) and may only be released to autho-rized personnel. Recipients of this information must have a need and right to know the informa-tion in the performance of their criminal justice and public health functions. Only a select group of authorized decisionmakers have access to the dashboard. The ODMAP dashboard is designed as a tool for decisionmakers, with a need and right to know, to be able to view and analyze the data. Per the ODMAP User's Agreement, ODMAP shall only be used for its intended purposes.

## How can Emergency Medical Services (EMS) providers contribute data to ODMAP and remain in compliance with HIPAA and other confidentiality of medical records acts?

The HIPAA Privacy Rule has at least three excep-tions that establish ODMAP's compliance with the law. Only covered entities are subject to HIPAA, and certain users are covered entities – specifi-cally Fire/EMS, hospitals, and certain other first responders and their business associates. Police departments and other law enforcement agen-cies are not covered entities and are not subject to HIPAA. With regard to the covered entities, three exceptions allow for sharing PHI to:

1  Prevent a serious threat to health and safety of a person or the public

2  Assist a public health authority with averting a serious threat to health, and

3  Assist law enforcement officials with preventing a serious threat to the public

A good rule of thumb to determine when some-thing is a covered entity is whether or not they bill for medical services. For example, EMS bills for an ambulance ride, but police do not bill for the medical services they provide (e.g. CPR or Naloxone). ODMAP data is used to monitor pat-terns and trends.

## What are the allowable uses?

ODMAP data allows participants to:

- Track overdoses, specifically to identify trends and spikes and alert public health agencies so they can best deploy their resources and limit damaging effects of suspected narcotics.

- Enable participating agencies to develop effective strategies for addressing overdose and suspected overdoses incidents occurring in their jurisdictions.

- Develop regional strategies to prevent the spread of substance use disorders resulting in overdose and suspected overdose incidents.

## Recommended Role

Health Departments need to coordinate with the Overdose Spike Response Plan Team Lead and local stakeholders to implement the Overdose Spike Response Plan. Health Departments also have a role in evaluating the local plan after the spike and providing feedback to the Overdose Spike Response Team.

*TIP FOR STRATEGIC PLANNING: A common theme discussed with interviewees during the development of this Framework was striking a balance between providing necessary information for alerting the public versus driving persons at risk for overdose to bad batches of drugs. Persons with substance use disorders may be prone to seek out "bad batches" because they are perceived as more potent, hence, desirable. Therefore, a balance must be struck by providing less detailed information in public alerts and more detailed information in alerts to the Overdose Spike Response Team.*

PROMISING PRACTICES   Gaining an understanding of available resources is a necessary component of directing individuals to treatment resources during an overdose spike. Baltimore City launched a pilot program in which a twice daily survey of participating treatment facilities provides a near real-time picture of available treatment resources. Using a free survey tool, outpatient providers indicate their capacity for assessment (same day, next day, or later), and residential providers indicate the number of available slots for each level of service, by population (e.g. men, women and children, etc.). The survey takes approximately 1 minute for the facility to complete. This information is provided to the City's 24/7 behavioral health crisis and referral line so that callers interested in treatment are quickly connected to available resources by the referral line. Collection of this information is also useful for quantifying full or missing levels of services, which is important for long-term planning

## Recommended Actions

### PRE-OVERDOSE SPIKE

☐ **Develop a local Overdose Spike Response Plan**

  ☐ Coordinate with State Health Department to reduce duplicate efforts

  ☐ Meet with stakeholders to gain input

  ☐ Incorporate an after-hours response plan for the local Public Health Department

☐ **If appropriate, develop a public service announcement (PSA) template**

☐ **Review historical data to appropriately define a spike at the local level**

  *(Note: The definition of a spike at the state level may be different than the definition of a spike at the local level).*

☐ **Develop a "bad batch" community alert system and template message Identify and/or secure funding**

  ☐ Coordinate the development of the Overdose Spike Response Plan

  ☐ Prepare template message(s) for alert system to target audiences

  ☐ Establish a means of contact or communication system with media groups and develop a plan to distribute PSAs in the event of a spike

## DURING A SPIKE

- ☐ Confirm ODMAP spike alert with additional syndromic surveillance systems (assess the threat)

- ☐ Implement local Overdose Spike Response Plan

- ☐ Coordinate among local stakeholders

- ☐ If appropriate (i.e. Health Department's responsibility and spike is verified), issue PSA

## POST-SPIKE

- ☐ Evaluate data on a local scale and distribute findings to stakeholders to improve response strategies

*TIP FOR STRATEGIC PLANNING: Consolidating mental health and addiction hotlines may improve the effectiveness of a coordinated response in a given community. Having a single hotline for a local jurisdiction may make it easier to provide consistent messaging in alerts detailing where users can call in a specific community to get help. Additionally, the consolidation process may identify duplicate efforts that can be minimized and resources that can be maximized*

EXAMPLE FROM THE FIELD — **Baltimore City Bad Batch Alert** The Baltimore City Health Department solicited technical assistance to develop a free anonymous text messaging service, called "Bad Batch Alert." The alert system allows active users, or their loved ones to register with the service and receive text alerts when there is a spike in overdoses. The Bad Batch Alert service also has a built in suite of commands aimed at providing support and recovery tools. Examples of these are quick access to a 24 hour crisis line, real time notification of a needle exchange van's current location, and access to a Naloxone training schedule. The Bad Batch Alert service uses data from

EMS that is analyzed for overdose spikes by an epidemiologist from Behavioral Health Systems Baltimore. Spike alerts identified from the ODMAP system could be used to trigger multijurisdictional alerts.
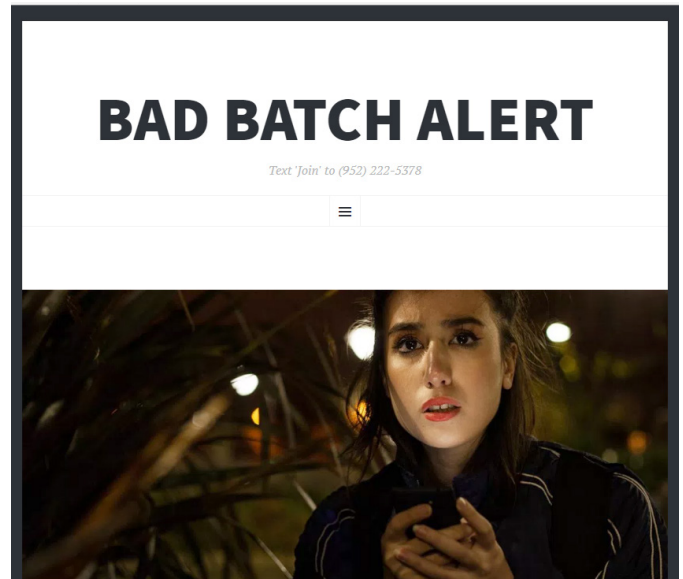


**www.badbatchalert.com**

On the following pages are examples of spike alerts from three jurisdictions in the Washington/Baltimore HIDTA region. Time is of the essence during a spike. Templates reduce lag time because it is a uniform way to disseminate information to/among stakeholders/users.

## Anne Arundel County Department of Health Alert: Drug Overdoses

Annapolis, MD (April 13, 2017)–The Anne Arundel County Department of Health is aware of six drug overdoses that occurred in the County within the past 24 hours.

So many overdoses in a short period of time often indicate that the illegal or prescription drugs currently being sold are very potent and are more likely to cause an overdose.

If you are with someone who overdoses, call 911. Administer naloxone.

**Signs of OVERDOSE:**
- Person is not responsive
- Fingertips or lips turn blue or grey
- Breathing is slow, shallow or has stopped
- Person is gurgling or making snoring noises

**What can you do if you see an opioid overdose?**
- Call 911
- If you have naloxone, give the person naloxone and perform rescue breathing
- If no response after 2- 3 minutes, give a second dose of naloxone
- Do not leave the person alone. Help will arrive.
- If the person starts to breathe or becomes more alert, lay the person in the recovery position: put the person slightly on the left side so that their body is supported by a bent knee with their face turned to the side and bottom arm reaching out to stabilize the position.

**Remember the Good Samaritan Law – Save a life!**

- If you provide help or assist a person experiencing a medical emergency due to alcohol or drugs, you are criminally IMMUNE from being charged, arrested and prosecuted from certain crimes.  (Ann. Code Md. CR §1-210)
- The police and the courts believe that saving a life is more important than a charge or an arrest.

**Where can I get free naloxone?**
On http://www.aahealth.org/programs/heroin/naloxone-training, there is a calendar listing all public naloxone training. Naloxone is available from your doctor, nurse practitioner or pharmacy if you have received the training.

**Where to get treatment?**
Call the Anne Arundel Substance Use Treatment and Referral Line: 410-222-0117

**If you have any questions, call Sandy O'Neill at Anne Arundel County Department of Health: 410-222-7165**

If you would like to join our mailing list for these alerts, please email: hdmcna22@aacounty.org

Northern Shenandoah Valley **Substance Abuse Coalition**

301 North Cameron Street
Winchester, Virginia 22601
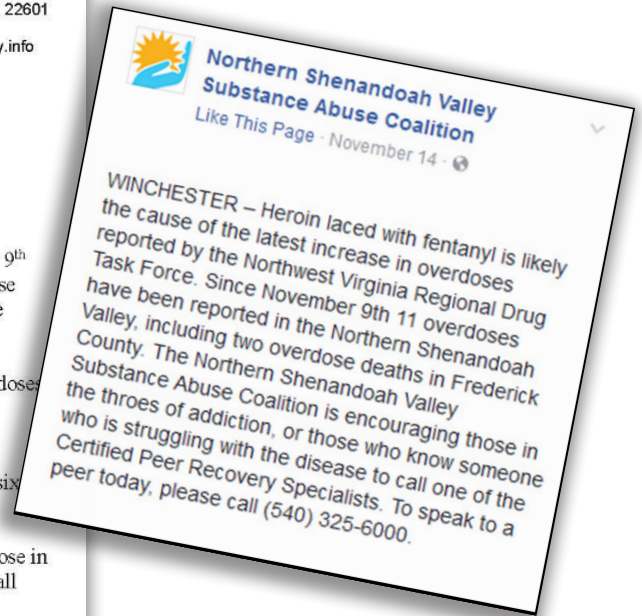(540) 536-5000
www.roadtorecovery.info

November 14, 2017

**Increase in Opioid Overdoses Reported in the Northern Shenandoah Valley**
*Peer Recovery Specialists are on hand to provide support*

**WINCHESTER –** Heroin laced with fentanyl is likely the cause of the latest increase in overdoses reported by the Northwest Virginia Regional Drug Task Force. Since November 9th 11 overdoses have been reported in the Northern Shenandoah Valley, including two overdose deaths in Frederick County. The total number of lives lost this year is 38. In addition to the number of overdose deaths this year there have been 166 reported first responder Narcan administrations. Lab results, which may return in four to six months, will determine the narcotics present in the overdoses. Fentanyl has been present in lab results from other overdoses this year.

In some previous years the area has seen an increase in overdoses during the last couple of months of the year. In 2015 nine lives were lost to heroin/opioid overdoses during the last six months of the year.

The Northern Shenandoah Valley Substance Abuse Coalition (NSVSAC) is encouraging those in the throes of addiction, or those who know someone who is struggling with the disease to call one of the Certified Peer Recovery Specialists. Thanks to the United Way of the Northern Shenandoah Valley, the NSVSAC is able to offer the peer services free of charge to individuals in the community. If you or someone you know would like to speak to a peer today, please call (540) 325-6000. With a powerful message of hope combined with the experience of their own recovery, peer recovery specialists serve as life coaches, extending beyond treatment and going directly into the lives of people who need them most.

**For a comprehensive listing of addiction resources in the Northern Shenandoah Valley visit www.roadtorecovery.info.**



Northern Shenandoah Valley Substance Abuse Coalition
Like This Page · November 14 ·

WINCHESTER – Heroin laced with fentanyl is likely the cause of the latest increase in overdoses reported by the Northwest Virginia Regional Drug Task Force. Since November 9th 11 overdoses have been reported in the Northern Shenandoah Valley, including two overdose deaths in Frederick County. The Northern Shenandoah Valley Substance Abuse Coalition is encouraging those in the throes of addiction, or those who know someone who is struggling with the disease to call one of the Certified Peer Recovery Specialists. To speak to a peer today, please call (540) 325-6000.

**EXAMPLE** Facebook Spike Alert from Northern Shenandoah Valley Substance Abuse Coalition

**EXAMPLE** Email Spike Alert from Baltimore City Health Department



# Baltimore City Overdose Alert

**YOU CAN STOP OVERDOSE DEATH**

On Thursday, September 28th, 2017 there was a spike in overdoses in the *Southwest Baltimore* area of the city.

**WHAT YOU CAN DO:**

? **Share this information** with your colleagues, friends, family and community.

? **Get naloxone!** This medication reverses the symptoms of an overdose and saves lives. You can get naloxone at your local pharmacy.

**WHAT EVERYONE NEEDS TO KNOW:**

? Heroin laced with fentanyl is common and can be the reason for these overdoses.

? You will **NOT** know if heroin is laced with fentanyl by looking, smelling or touching. Be cautious! Do tester shots.

? **Naloxone DOES WORK on fentanyl-related overdoses**, but it may require more than one dose. Be prepared and carry more than one dose.

? Call 911 if someone is overdosing, the Good Samaritan law protects you from arrest or prosecution of specific drug related activities. Click here for more information or call BHSB at 410-637-1900.

? **You cannot overdose from fentanyl by touching it.** Mere skin exposure to fentanyl does not have dangerous side effects, or cause death.

For treatment and recovery services information call the 24/7 Crisis, Information and Referral line at **410-433-5175.**

You can find a schedule of street outreach naloxone trainings at **www.dontdie.org.** If your program is interested in prescribing and/or dispensing naloxone, please contact Miriam Alvarez at **Miriam.Alvarez@bhsbaltimore.org**.

# STATE HEALTH DEPARTMENTS

## Recommended Role

State Health Departments serve as a resource for Local Health Departments and other entities that are involved in overdose spike response strategies. State Health Departments support the implementation of response plans by determining the level of severity of the spike, facilitating communication, and leveraging necessary resources to assist Local Health Departments and entities with "boots on the ground."

*TIP FOR STRATEGIC PLANNING: State health departments have the ability to provide a global public health view of available resources, including: treatment, crisis, and emergency response. Leveraging existing resources to identify, understand, and reduce gaps in the spectrum of care can improve the efficiency of coordinated responses.*

**PROMISING PRACTICE** Providing resources to facilitate the integration of buprenorphine treatment into primary care practices is an example of state-level support that can reduce gaps in the continuum of care. In October 2017, the Maryland Department of Health launched the Maryland Addiction Consultation Service. The benefit of this service is that it provides expertise and support to providers who are less experienced with buprenorphine treatment. This service includes phone consultations, training, education, resources, and referral information. In addition to support over the phone the consultation provides a written summary of the recommendations for the provider's records

## Recommended Actions

### PRE-OVERDOSE SPIKE

☐ Develop an action plan for regional-level response

☐ Analyze historical data to determine baseline averages for fatal and nonfatal overdoses

☐ Coordinate a state-level surveillance team (with the Emergency Management Department; Establish "go-no-go" criteria for action)

☐ Develop a communication plan for notifying local leaders and stakeholders

☐ Identify a strategy for identifying spikes that occur across or along local jurisdictional boundaries

☐ Provide resources to support the development of local overdose response plans

### DURING A SPIKE

☐ Confirm ODMAP spike alert with additional syndromic surveillance systems (assess the threat)

☐ Check ODMAP dashboard to identify potential cross jurisdictional impact of the spike and notify the local public health leaders in those jurisdictions

☐ Implement communication plan

☐ Facilitate data sharing across jurisdictions and disciplines

### POST-SPIKE

☐ Evaluate data on a regional scale, and distribute findings to stakeholders to improve and adapt response strategies

## Example from the Field

Rhode Island implemented a collaborative approach to identify and respond to communities in the state that experience higher than average overdose rates. The approach is comprised of three components: (1) a Surveillance, Response, Intervention (SRI) workgroup, (2) Regional Overdose Action Area Response (ROAR) notifications, and (3) Community Outreach Dialog Engagement (CODE) meetings. The Rhode Island approach ensures that overdose trends are monitored, uses a review process to determine when to notify local stakeholders of the elevated overdose levels, and includes a process to identify specific issues in the communities and corresponding responses that can be facilitated by state-level support. As a result of the Overdose Spike Response Plan, in 2017, Providence Fire teamed with certain treatment groups to provide clinicians available 24/7 to all Providence Fire stations. The Providence Fire Department is also receiving assistance from the Rhode Island Departments of Health and Behavioral Health. Additionally, law enforcement is installing and maintaining a drug and sharps drop box. Below is a description of each of the components of the Rhode Island approach.

**SRI SURVEILLANCE, RESPONSE, INTERVENTION** The New England HIDTA Public Health Analyst and Drug Intelligence Officer participate in a weekly conference call with members of health, behavioral health, outreach, and the governor's office, which is called the Surveillance, Response, Intervention (SRI) workgroup. The group reviews and discusses overdoses, intelligence, and information including recent law enforcement intelligence, National Forensic Laboratory Information System (NFLIS) information, outreach and overdose surveillance information, emergency room numbers, and more. The participants also discuss when to notify communities of above average overdose activity. The notification is called a Regional Overdose Action Area Response (ROAR) notice. The SRI Workgroup also decides when to initiate a higher response for repeated ROAR notices in a specific community. The response is in the form of a face-to-face meeting referred to as a Community Outreach Dialog Engagement (CODE) meeting.

**ROAR REGIONAL OVERDOSE ACTION AREA RESPONSE** The ROAR notification is a warning, sent via email, to city/town leaders and stakeholders. The SRI group divided the state in to regions, and identified the historical average overdose (fatal and nonfatal) rate for each region. When weekly reporting indicates above average overdose rates, the data is reviewed to identify whether the increase is specific to cities and towns or the region as a whole. Once the geographic extent of the spike is identified, the notification is released.

**CODE COMMUNITY OUTREACH DIALOG ENGAGEMENT** After repeated ROARs are sent to the same region the SRI group starts to dig deeper to identify a city or town that might benefit from the direct interaction of a CODE meeting. Next, notices are sent to invited guests from the targeted community. Guests includes the mayor, chief of police, chief of fire and their staff. Members of local health and outreach, prevention and coalition groups are also invited.

The CODE meeting is held at the Rhode Island Department of Health (DOH) and is coordinated and presented by the SRI workgroup. The meetings start with a Power Point presentation. Each of the SRI group members contribute slides and take turns presenting and fielding questions during this portion of the engagement. After the presentation, there is a period of discussion about specific issues in the community, possible responses, and how the DOH might help provide support. The discussions clarify the issues and gaps for both groups. The discussions also shine light on the critical issues in the community and spark ideas and approaches that the DOH may play a role in or help fund.

## Recommended Role

First responders are a critical component of reducing overdose fatalities during overdose spikes. During an overdose spike, first responders should be prepared to treat a higher than average volume of opioid-related overdoses. Therefore, coordinating and communicating with first responders during an overdose spike event is important for ensuring there are adequate supplies to respond to this increased volume. Stakeholders responsible for coordinating with first responders and meeting their needs must be identified in your community Overdose Spike Response Plan.

*TIP FOR STRATEGIC PLANNING: During overdose spikes, first responders may experience emotional fatigue or "burnout". Supervisors and management should be aware of the signs of burnout. Development and implementation of strategies to reduce burnout may help first responders more effectively perform their duties and prevent overdose fatalities. Examples of proven ways to reduce burnout are providing more frequent or longer breaks and rotating shifts.*

PROMISING PRACTICE   To ensure first responders are prepared for an overdose spike, it is key that they be aware of patterns within their own jurisdictions, as well as neighboring jurisdictions. ODMAP has the capability to send spike alerts to key personnel on the front lines. The spike alerts are generated when the number of overdoses in a given 24-hour period exceed a pre-determined amount. Establish a plan to share spike alerts with the "boots on the ground." Being aware of current spikes may impact patient triage and transport.

## Recommended Actions

### PRE-OVERDOSE SPIKE

☐ Identify information to be disseminated during a spike

☐ (First responder supervisors) Develop a plan to reduce the likelihood of first responder burnout. (i.e. If possible provide access to employee assistance programs or critical incident stress management to support staff following a spike)

### DURING A SPIKE

☐ Operate under standard protocols to prevent overdose fatalities (first responders are the experts in overdose reversals)

☐ Ensure first responders use local safe handling guidelines

☐ Carry additional naloxone

☐ Carry resource cards

☐ Inform supervisors of low stock of naloxone and resource cards

☐ Coordinate with local emergency departments to ensure patients are transported to the appropriate emergency department

☐ (First responder supervisors) Have a plan in place to reduce the likelihood of first responder burnout (i.e. If possible provide access to employee assistance programs or critical incident stress management to support staff following a spike)

### POST-SPIKE

☐ Implement employee assistance/critical incident stress management plan, as needed

# LAW ENFORCEMENT LEADERSHIP

## Recommended Role

At the time of an overdose, it is the responsibility of law enforcement leadership to ensure that officers have the requisite supplies and knowledge to respond to a spike. Law enforcement has three priorities when responding to a spike: (1) saving lives, (2) identifying the source(s) of drug supply, and (3) eliminating the threat to the community, once the source is identified.

*TIP FOR STRATEGIC PLANNING: Community engagement is an important element of developing an effective response. Local community groups can improve information on the resource cards by facilitating discussions with the target audience(s), soliciting their input, and relaying this information to the stakeholders.*

## Recommended Actions

### PRE-OVERDOSE SPIKE

- ☐ Plan and host engagement activities to improve community view of law enforcement
- ☐ Identify a centralized data repository for investigative data sharing by law enforcement agencies
- ☐ Establish an investigative plan to execute immediately upon spike notification
- ☐ Ensure officers are trained on the signs of an overdose
- ☐ Ensure officers have access to naloxone and resource cards
- ☐ Promote designated prescription medication drop-off areas
- ☐ Establish a process with coroner/medical examiners and local forensic labs to expedite analysis in the event of a spike
- ☐ Establish information sharing policies

### DURING A SPIKE

- ☐ Assess the threat/ check ODMAP dashboard to identify potential cross jurisdictional impact of the spike and notify the law enforcement leaders in those jurisdictions
- ☐ Contact the Overdose Spike Response Plan Team Lead
- ☐ Increase law enforcement presence in known hotspots to increase naloxone availability
- ☐ Ensure officers are aware of the overdose spike
- ☐ Report suspect packaging to other law enforcement agencies
- ☐ Report unusual symptoms to the health department
- ☐ Deploy investigative plan
- ☐ Ensure information is entered into event and subject deconfliction databases
- ☐ Contact HIDTA and/or regional Fusion Center to promote information sharing across jurisdictions
- ☐ Request state and/or federal agency support for additional investigative resources, if needed

### POST-SPIKE

- ☐ Utilize analytical resources at local HIDTA or Fusion Center to identify connections to criminal networks contributing to the spike

## EXAMPLE FROM THE FIELD —

**Manchester Hope Initiative** The Manchester, Connecticut HOPE Initiative is a law enforcement community diversion program for people with Opioid Use Disorder. The Manchester Police Department distributes resource cards to provide information to overdose victims to link them to treatment. The program aims to humanely treat, combat, and diminish the opioid crisis from the ground up. Individuals can approach officers for assistance with finding treatment options. In addition, the program offers a monthly drop-in resource center called "HOPE for Loved Ones" for anyone needing guidance, resources, connections, and/or support for a loved one suffering from substance use and misuse issues.
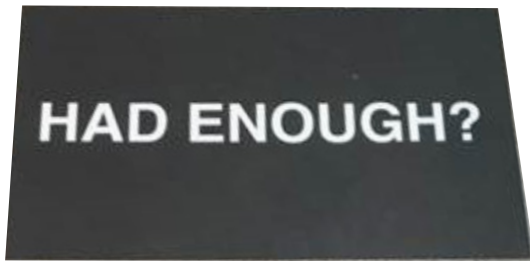


**PROMISING PRACTICES** In Maryland, the Heroin Coordinator Grant Program funded by the Governor's Office of Crime Control & Prevention was established based on recommendations from the Heroin & Opioid Emergency Task Force Final Report. One recommendation is designating HIDTA as the central repository for all Maryland drug intelligence. This recommendation promotes a coordinated law enforcement and investigative strategy to address the heroin epidemic.

Maryland provided grants to each jurisdiction to hire Heroin Coordinators, who are responsible for sharing overdose and case data, as well as referring overdose victims to the local health department. During an overdose spike, Heroin Coordinators check the ODMAP dashboard and complete additional steps outside of ODMAP, to assess the threat, such as:

- Submitting law enforcement data to central law enforcement databases
- Coordinating with local HIDTA or Fusion Centers to support analysis and information sharing among local agencies
- Expediting health department notifications of repeat overdose victims, enabling outreach to those individuals

# FORENSIC LABORATORY/CORONER'S OFFICES/ MEDICAL EXAMINER'S OFFICES

## Recommended Role

Forensics assist law enforcement agencies in investigating overdose spikes through the analysis of evidence. This helps to identify substances contributing to an elevated threat, such as an increase in overdoses in the community.

*TIP FOR STRATEGIC PLANNING: The initial step in planning with forensics is to gain an understanding of operations, caseload, and backlog. Understanding operations, caseload and backlog helps for expedited analysis during times of spike.*

**PROMISING PRACTICE** To avoid overburdening forensics departments, it is necessary to appoint a single entity who will determine what meets the criteria for expedited analysis. The designated agency must have a big picture view of current overdose patterns and drug traffic activity so that they can set the objective criteria that will expedite analysis and not add to the forensic backlog. HIDTAs or Fusion Centers typically have this ability.

## Recommended Actions

### PRE-SPIKE

☐ Develop a coordinated plan for expediting evidence during spikes

☐ Ensure that necessary evidence is collected to be admissible in court

☐ Ensure that the necessary evidence is collected to understand and address the public health threat

☐ Develop a communication plan with drug task force point of contact

### DURING A SPIKE

☐ Prioritize the evidence analysis, per the developed plan

☐ Implement the communication plan with the drug task force to identify important evidence to collect and test

## Recommended Role

Emergency Management Departments have the infrastructure to facilitate the creation and deployment of an Overdose Spike Response Plan. Emergency Management can serve as a coordination hub, and may assist with communication and management of various stakeholders.

*TIP FOR STRATEGIC PLANNING: Localities may have existing emergency management systems, such as those used for adverse weather event. These existing systems may be adapted to incorporate alerts and other information regarding overdose spikes.*

## Recommended Actions

### PRE-SPIKE

☐ Develop communication plan

☐ Develop plan to use existing emergency alert systems for spike notifications, if available

☐ Develop community PSA templates

### DURING A SPIKE

☐ Confirm ODMAP spike alert with additional public health monitoring systems (assess the threat)

☐ Check ODMAP dashboard to identify potential cross jurisdictional impact of the spike and notify the local emergency management leaders in those jurisdictions

☐ Increase access to naloxone (If appropriate, distribute or assist local jurisdictions with accessing naloxone)

☐ Implement communication plan

# HOSPITAL EMERGENCY DEPARTMENTS

## Recommended Role

During an overdose spike, hospital emergency departments will see an increased number of overdose victims. This creates an opportunity to educate individuals who have overdosed and connect those who are interested in treatment to available resources.

> *TIP FOR STRATEGIC PLANNING: Visits to the emergency department provide a window of opportunity for brief intervention. A plan should be developed to bridge individuals interested in treatment from the emergency department to treatment.*

PROMISING PRACTICE   Maryland recently initiated a pilot program to begin buprenorphine treatment in the Hospital Emergency Department. Having buprenorphine treatment in the Hospital Emergency Department provides the opportunity for patients that are ready to seek treatment to have an expedited path to medication assisted treatment. This allows providers to capitalize on a window of opportunity in which people with Substance Use Disorder are willing to seek treatment. The protocol for the program is to:

1 Screen patients for an opioid use disorder

2 Determine if the patient is clinically eligible for buprenorphine

3 If patient receives buprenorphine, they receive a next-day appointment with a community provider.

## Recommended Actions

### PRE-SPIKE

☐ Establish discharge protocols

☐ Establish a follow up process

☐ Develop a peer recovery specialist contact list and contact plan in the event of a spike

☐ Identifying availability of detox resources

☐ Ensure naloxone is available in all Pyxis™ machines

☐ Identify staff for each shift that are responsible for educating patients at discharge and providing take home education

☐ Identify point of contact for follow-up of individuals whoexpress an interest in treatment

☐ Prepare HIPAA compliant release of information paperwork for any 3rd party follow-up or referrals

### DURING A SPIKE

☐ Contact Overdose Spike Response Plan Team Lead

☐ Restock naloxone

☐ When appropriate, make peer recovery specialists available

☐ Identify places for linkage to longer-term care/Look for available treatment facilities so that they can link incoming patients to places that have the resources to help

☐ Report increased trend to local health department (as appropriate)

☐ Deploy discharge protocols to expedite connections to treatment services

## Recommended Role

Overdose spikes can be catalysts for Peer Recovery Specialists to engage at risk individuals and lead them to treatment and recovery. Peer Recovery Specialists are individuals in recovery from substance use disorder, who assist others by serving as bridges to treatment and recovery communities. Peer Recovery Specialists are trained to relay their lived experience and demonstrate the resilience and hope possible through recovery.

*TIP FOR STRATEGIC PLANNING: Peer Recovery Specialists with a formal certification are effective in guiding individuals to treatment and recovery resources. Certification provides Peer Recovery Specialists with: a formal understanding of guidelines, ethics and boundaries; proven communication and motivational techniques; and understanding of trauma-informed care.*

**PROMISING PRACTICE** Peer Recovery Specialists can help connect patients to treatment and navigate the healthcare system. In Virginia, the Northwestern Community Services Board received a grant to dispatch Peer Recovery Specialists to the Emergency Department (ED). The future strategy is to:

- Evaluate patients using the evidence-based approach Screening, Brief Intervention and Referral to Treatment (SBIRT)

- Have eligible patients provide consent to be connected to a Peer Recovery Specialist

- Contact on-call Peer Recovery Specialist supervisor

- Dispatch Peer Recovery Specialist to the ED within 20 minutes.

- Contact patients over the next 3 days to facilitate the connection to treatment or recovery resources

## Recommended Actions

### PRE-SPIKE

☐ Develop a peer recovery referral system

☐ Identify appropriate referral channels (i.e. who can refer to Peer Recovery Specialists)

☐ Identify appropriate referral criteria (i.e. when to refer to a Peer Recovery Specialists)

☐ Establish a referral process

☐ Establish process for contacting Peer Recovery Specialists in the event of an overdose spike

### DURING A SPIKE

☐ Implement a peer recovery referral system

EXAMPLE FROM THE FIELD — In Broome County, New York, use of ODMAP has led to the development and rapid evolvement of a Peer Response Team. The Peer Response Team meets with each local law enforcement jurisdiction to determine how to tailor their approach to the community. In some jurisdictions, this has led to "wellness checks," a post overdose follow-up home visit. The visits are a combined effort with law enforcement and the peer recovery team. The officer attends to ensure the peer specialists safety, but otherwise allows the peer specialist to engage independently with the client. Recently, the peer support teams have begun attending arraignments to try and engage individuals at a time that they may be open to treatment. The Broome County Peer Response Team is ever – growing and seeking new partnerships and ways to engage the community.

## Peer Response Team Formed to Tackle Opioid Epidemic

*Posted: Aug 10, 2017 1:26 PM EDT*
*Updated: Aug 10, 2017 2:20 PM EDT*

BINGHAMTON, N.Y. - Several agencies of the Broome Opioid Abuse Council (BOAC) have formed a new Peer Response Team to help tackle the opioid crisis. The program is working to link at-risk individuals to treatment and support services in Broome County.

> *"Today we are putting boots on the ground," said Broome County Executive, Jason Garnar. "Right now we can pull up a map and see where all the overdoses have occurred in the county. That's important to deliver public health warnings if we see any spikes."*

The program works in conjunction with the Overdose Detection Mapping Application (ODMAP), a program that provides real-time overdose data. The Broome County Intelligence Center can identify people they feel are at risk for an opioid overdose through the ODMAP, and then can notify the Addiction Center of Broome County (ACBC). After the Peer Recovery Advocates from ACBC are notified, they would then work directly with law enforcement to establish contact with at-risk individuals and provide wellness checks.

"We will be taking peers that are going to ride along with either myself or local municipalities to go talk to these people and see if they are willing to accept the help that is going to be provided to them," said Jeffrey Wagner, Investigator for Broome County District Attorney's Office.

Wagner says they have already started the ride along's. Just yesterday, the investigator had a peer for ACBC with him out on interviews. Executive Director of the Addiction Center of Broome County, Carmela Pirich, says at-risk individuals may feel more comfortable talking to a peer than law enforcement, which makes the collaborated effort among the BOAC so important.

The peer advocates will also work directly with at-risk individuals to make sure their basic needs are met, such as housing, social services, transportation or other needs the person could be struggling with.

UHS is also working within the group. The hospital recently launched an emergency department navigator program in Binghamton General Hospital. The program targets individuals who are present in the emergency room from an overdose, and provides people the link to treatment, recovery resources and support groups.

"When people overdose they ultimately end up in the hospital. So right now what the hospitals are doing is after the overdose and after they have been cared for, we're going to go another level and they will be connected to the peers for the next level of treatment, and that's something completely new," said Garnar.

The groups involved in the initiative include law enforcement, the Broome County's District Attorney's Office, Broome County Health Department, Broome County Office of Emergency Services, Broome County Mental Health, The Addiction Center of Broome County, UHS. Fairview Recovery Services and Lourdes Hospital. Fairview Recovery Services will also be training additional peers to be available to help support the effort.

## Recommended Role

Community groups often represent organized stakeholders equipped to identify and respond to local drug problems in a comprehensive and coordinated manner. Community-wide involvement encourages the implementation of targeted and effective strategies. Community groups include a variety of formal organizations (such as faith-based groups, harm reduction coalitions, or community outreach organizations) or informal organizations (such as barbershops or beauty salons), that have a variety of established information sharing channels. They know where high risk populations are and often have an established rapport with those individuals. During an overdose spike, coalitions should use their existing relationships to encourage the implementation of targeted and effective strategies.

*TIP FOR STRATEGIC PLANNING: Establish relationships with community organizations prior to an overdose spike. Furthermore, do not focus solely on community organizations who seek to serve individuals with substance abuse disorders, but to also engage groups that foster community buy-in.*

## Recommended Actions

### PRE-SPIKE

☐ Identify and share information with the Overdose Response Plan Team that is specific to overdose prevention (i.e. naloxone access, Good Samaritan Law promotions, Public Service Announcements, harm reduction tips)

☐ Identify information sharing channels that can be used to share information during a spike

☐ Coordinate with Overdose Spike Response Plan Team Lead to develop an Overdose Spike Response Plan

### DURING A SPIKE

☐ Implement Overdose Spike Response Plan

## Recommended Role

During an overdose spike, treatment facilities may see an increase in referrals and should ensure that referrers are aware of their current capacity. It is also an opportunity to provide educational materials and outreach to the community, and remind existing clients of available resources.

*TIP FOR STRATEGIC PLANNING: Since treatment facilities interact with individuals with substance use disorder, they can provide insight and information on local drug culture trends. In the event of spikes, they may be able to provide insight into the cause of the spike.*

## Recommended Actions

### PRE-SPIKE

☐ Coordinate with Overdose Spike Response Plan Team Lead to develop an Overdose Spike Response Plan

☐ Establish a process for communicating treatment resource availability to the appropriate members of the Overdose Spike Response Team

☐ Identify information sharing channels that can be used to share information during a spike

☐ Identify information to be shared with members of the Overdose Spike Response Team during a spike

☐ Identify information to be shared with existing clients during a spike (i.e., information that there is an increased risk for overdose during a spike; information/resource cards; 12-step meeting schedules, etc.)

### DURING A SPIKE

☐ Implement Overdose Spike Response Plan

## Recommended Role

Parole and Probation Officers are regular points of contact with individuals following incarcerations. The regular contact provides windows of opportunity for brief intervention to reinforce harm reduction messages and encourage evidenced-based treatment for those ready to seek help. Individuals on parole or probation are likely to be at risk for an overdose themselves, and may have friends or family members at risk for overdose. Therefore, education and messages from parole and probation officers may decrease risk for an overdose or help their clients respond appropriately when they observe an overdose.

*TIP FOR STRATEGIC PLANNING: Parole/ probation officers regularly use multiple methods of contact, including email, Face-Time, phone, text messaging, and in-person visits with supervisees and community members. Existing methods of contact can be leveraged during spikes to alert and inform their existing networks.*

PROMISING PRACTICE Parole/probation officers come into contact with a wide array of community members in the day-to-day functions of their job. Often individuals on parole or probation live in areas where many residents may be at risk for overdose. Therefore, a generic spike alert flyer could be developed to distribute when parole/probation officers are conducting home visits and are visible in the community. Key points to include in the flyer may be:

- There is currently a spike in overdoses
- Individuals recently released from prison are at increased risk for overdose
- Locations of local treatment centers
- Where to obtain and be trained on naloxone
- A list of local Nar-Anon or Al-Anon meetings for friends and family
- A list of local AA or NA meetings for those at risk for overdose

## Recommended Actions

### PRE-SPIKE

☐ Identify educational materials to provide in the parole/probation office waiting room, including: Naloxone training, Good Samaritan Law awareness, treatment resources

☐ Coordinate with Overdose Spike Response Plan Team Lead to develop an Overdose Spike Response Plan

☐ Identify information sharing channels that can be used to disseminate information to parolees/probationers, and their families during a spike

☐ Identify information to be shared during a spike, and develop templates, as appropriate

### DURING A SPIKE

☐ Deploy Overdose Spike Response Plan

☐ Reinforce best practices for reducing overdoses, if meeting with parolees/ probationers

☐ Inform friends and families of parolees/ probationers of spikes and ensure they are aware of available evidence-based practices

## Recommended Role

Individuals with a history of opioid use are at an increased risk for fatal overdose following a period of incarceration. Prior to and at the time of release, correctional facilities have an opportunity to reinforce harm reduction messages. Facilities must educate inmates that tolerance decreases after a period of abstinence, and if individuals are going to use, they should start with a small amount. Additionally, providing naloxone or information on where to obtain naloxone, a schedule of local 12-step meetings, and local treatment facilities, are important actions correctional facilities should take to reduce overdose fatalities.

*TIP FOR STRATEGIC PLANNING: For a holistic approach, family and friends of individuals being released from correctional facilities should be educated about increased overdose risk following incarceration.*

PROMISING PRACTICE In Maryland, the Howard County Department of Corrections Detention Center started an initiative to address substance use disorder needs specifically of very short term offenders in jails through the implementation of an SBIRT (Screening, Brief Intervention and Referral to Treatment) protocol. The majority of individuals arrested stay less than 45 days and may not receive access to the same substance use disorder services as those confined for lengthier stays. Implementing an SBIRT protocol allows jail staff, partnering with the local health department, to identify individuals with a substance use disorder and quickly connect them to services. Currently, Howard County has two Health Department peer recovery workers who meet with identified individuals and work to ensure they are connected to services when they are released. For more information on SBIRT see: http://www.marylandsbirt.org/

## Recommended Actions

### PRE-SPIKE

- ☐ Coordinate with Overdose Spike Response Plan Team Lead to develop an Overdose Spike Response Plan
- ☐ Identify information to be shared with inmates upon release , including: information about increased risk/reduced tolerance after a period of abstinence
- ☐ Determine the resource availability to provide naloxone kits to inmates upon release
- ☐ Identify list of resources on where to obtain treatment
- ☐ Identify support group resources (i.e. 12-step meetings, peer support groups)

### DURING A SPIKE

- ☐ Implement Overdose Spike Response Plan

## Recommended Role

During an overdose spike, social services and schools should be a part of an Overdose Spike Response Team. Their roles differ but both have the goal of protecting children.

*TIP FOR STRATEGIC PLANNING: Education and training geared toward first responders can improve reporting of overdose incidents that involve children, and ultimately connect children to available resources.*

**PROMISING PRACTICE** In West Virginia, the "Handle with Care" model promotes a strategy to ensure trauma-exposed children receive appropriate interventions to help them achieve at their highest levels academically. Exposure to a family member's overdose can be a traumatic experience, and the "Handle with Care" model is a promising practice for mitigating adverse childhood experiences by ensuring students and families receive necessary trauma-focused therapy.

In West Virginia, the "Handle with Care" model is initiated when a law enforcement officer encounters a child during an overdose call. The officer forwards the child's name and the words "handle with care" to the appropriate school or child care agency before the next school day. The school implements individual, class, and whole school trauma-sensitive curriculum. Teachers are trained on the impact of trauma on learning so that they can incorporate interventions to mitigate the negative impact of trauma for identified students. The school provides additional intervention or on-site trauma-focused mental healthcare.

Source: www.handlewithcarewv.org/handle-with-care.php

## Recommended Actions

### PRE-SPIKE

☐ Coordinate with Overdose Spike Response Plan Team Lead to develop an Overdose Spike Response Plan

☐ Ensure first responders are trained and aware of protocols for overdose incidents that involve a child

☐ Identify information to be shared from first responders to Child Protective Services (determine the protocols and reporting requirements)

☐ Identify process for notifying school resource officer, counselors, or appropriate staff during overdose spike

### DURING A SPIKE

☐ Deploy Overdose Spike Response Plan

☐ Notify school resource officer, counselors, or appropriate staff of overdose spike

☐ Alert school administration of overdose spike

☐ Implement handle with care approach, school-wide

## Recommended Role

Identify designated Public Information Officer within the Overdose Spike Response Team to coordinate with media outlets. The team can use the media as a resource during the planning and implementation periods to leverage various media outlets and effectively communicate messages to prevent overdoses.

*TIP FOR STRATEGIC PLANNING: Discussing media policies and concerns among stakeholders during the response strategy development phase can help identify how, what, and when media should be used to communicate messages to the public. Understanding differences in stakeholder policies and coming to a consensus on when and how to use the media can result in the implementation of a plan that demonstrates a coordinated response in the eyes of the public*

**PROMISING PRACTICE** In Chester County Pennsylvania, the Department of Drug and Alcohol services used mobile phone advertisements to provide information to residents about the PA Stop Campaign. They partnered with a media company to ensure advertisements would run on phones located in zip codes within the county's boundaries.

This methodology could be adapted during a spike event. Persons in zip codes in which the spike is occurring could receive advertisements which provide information on harm reduction and outreach efforts, such as naloxone availability and the Good Samaritan Law.

## Recommended Actions

*The below actions are recommended for the Overdose Spike Response Team.*

### PRE-SPIKE

☐ Stakeholders develop a consensus of how and when to use the media to disseminate messages to the public regarding overdose spikes

☐ Develop a plan for using media outlets to communicate messages to the public

☐ Identify media outlets to be used and corresponding points of contact, as necessary

☐ Consult a media training specialist to determine how to best portray messages using the selected media outlets

☐ Prepare templates or scripts that can be swiftly tailored in the event of an overdose spike warranting messaging to the public

### DURING SPIKE

☐ Release messages via media outlets as outlined in the developed plan

**EXAMPLE FROM THE FIELD — Chester County, Pennsylvania** Lessons learned from the PA Stop Campaign show that the use of mobile advertisements may not only be effective in reaching desired target audiences, but also provide a way to evaluate the extent of which the advertisements were engaged. The Chester County Department of Drug and Alcohol Services implemented the PA Stop awareness campaign from December 2016 through June 2017 to generate community awareness of the opioid epidemic. Chester County used posters, billboards, bus shelter advertisements, and mobile advertisements. Evaluation of the campaign was measured using website views, survey monkey, and advertisement impressions. A specific measure related to website views, called the "click-through rate", a ratio showing how often people who see an ad end up clicking it or engaging with it, is considered an indicator of whether ads are helpful or relevant to consumers. The department website was monitored throughout the duration of the campaign, and the largest increase in website hits was identified when mobile advertise-ments were deployed on apps and websites. This demonstrates that the mobile advertise-ments had the largest impact. Additionally, upon review of the analytical reports from the mobile advertising company, the data confirmed that the demographics of the average user engaged were consistent with the demographics of the desired target audience. This suggests that mobile adver-tising is a promising method for spreading awareness. Likewise, the deployment of mobile advertising during overdose spikes may be effective in reaching target audiences.

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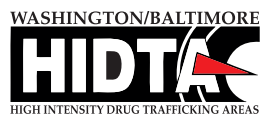Westminster, MD

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