



Opioid Response Work Background, Opioid Settlement Funds Plan & Future Strategies Proposal

Background

Fargo Cass Public Health (FCPH) began opioid response work the summer of 2016. FCPH's substance abuse prevention coordinator was assigned to this work 20 hours per week. A city commissioner, the public health director, and health officer were also very involved in leading the response. The City of Fargo provided \$50,000 in general funds to address the opioid crisis locally, and has continued to dedicate \$50,000 annually to FCPH for this purpose. In August 2017, FCPH received an opioid response grant from the North Dakota Department of Human Services, Behavioral Health Division (BHD). FCPH has received varying amounts of opioid response funds from BHD ever since.

In November 2017, FCPH placed Narcan in all Cass county schools and provided training to school staff. In March 2018, FCPH hosted the region's first public opioid overdose response and naloxone administration training. In April 2018, FCPH hosted the region's first peer recovery coach training, and opened the Harm Reduction Center. These are just a few of many early successes in FCPH's opioid response. FCPH has been a leader in opioid response and has provided presentations, training, and technical assistance to programs throughout the country.

During the grant's most recent fiscal year- October 2021 thru September 2022- FCPH promoted prevention and anti-stigma campaigns, reduced access to prescription drugs, provided opioid overdose response and naloxone administration training, distributed naloxone, reduced barriers to treatment, operated a syringe services program, and implemented the Narcan Leave Behind Program and the ONE Program.

FCPH promoted the substance use prevention program ParentsLead.org by creating 121 social media posts reaching 20,525, participating in two booths and one news conference, and distributing 1,079 promotional materials.

An overdose prevention campaign resulted in 130 social media posts reaching 55,635, 13 news stories, production of a video, and numerous International Overdose Awareness Day activities.

A substance use disorder stigma-reduction campaign produced 58 social media posts reaching 13,809.

FCPH reduced access to prescription opioids by creating 67 medication disposal education social media posts reaching 12,520, participating in two booths at community events, and distributing 710 Deterra medication disposal bags.

FCPH conducted 63 opioid overdose response trainings, resulting in 743 individuals trained. A total of 3,797 naloxone kits with 7,594 doses were distributed. There were 1,076 reported doses of naloxone administered resulting in 553 opioid overdose reversals using naloxone from FCPH.

Nasal Narcan, a form of naloxone, is provided by FCPH to first responders including the Fargo, West Fargo, and NDSU Police Departments, the Cass County Sheriff's Office, and the Fargo and West Fargo Fire Departments. Public libraries and municipal buildings in Fargo and West Fargo, and all school

districts in Cass County have Narcan. Hundreds of other organizations have also received training and Narcan, and any organization or individual in Cass County can receive both for free. Naloxone is also distributed at the Harm Reduction Center in downtown Fargo. Most individuals receiving naloxone at the Harm Reduction Center are participants in the Syringe Services Program.

A stigma-reduction campaign for Syringe Services Programs (SSP) yielded 136 social media posts reaching 35,244. Nine presentations reaching 233 individuals educated about SSPs.

FCPH's SSP had 5,798 visits serving 976 individuals, including 368 new enrollees. Program participants received referrals, education, and supplies. Referrals were given for substance use disorder treatment, healthcare, opioid use disorder medication providers, behavioral health services, social services, shelter, food pantries, and more. Onsite testing and education for HIV and hepatitis C were provided, as well as education on harm reduction, safer sex, proper sharps disposal, and opioid overdose response and naloxone administration. The program supplied safer injection and safer sex supplies, naloxone, fentanyl testing strips, sharps disposal containers, and COVID-19 at-home tests. A total of 5,585 doses of naloxone were provided. The past two years (2021-2022), a life was saved 920 times when an opioid overdose was reversed using naloxone provided through this program. June thru September 2022, 770 fentanyl testing strips were provided. This program is only partially funded thru the BHD grant, with the City of Fargo covering the remaining costs.

To reduce barriers to treatment, FCPH provided cab rides to the Opioid Treatment Program for patients unable to afford transportation to onsite daily medication dosing. Hundreds of rides were provided each month; an average of 7 individuals received rides monthly.

FCPH implemented the Opioid & Naloxone Education (ONE) Program in April. Through this program, home health nurses screened patients with a prescription opioid and provide education, resources, and support to ensure safe opioid use. April thru September 2022, 180 clients were screened, and 16 medication lock boxes and 36 Deterra medication disposal bags were provided. Six patients received opioid misuse and overdose prevention education, and Narcan.

In July 2022, FCPH implemented the Narcan Leave Behind Program with the Fargo and West Fargo Fire Departments. At overdose scenes, firefighters leave Narcan with willing individuals, as well as links to resources like Narcan training, treatment options, and requests for additional Narcan.

This current fiscal year- October 2022 thru September 2023- FCPH is continuing activities from the previous fiscal year. There are currently three fulltime positions solely dedicated to opioid response work, with several additional staff providing support ranging from a few hours per month to several hours a week.

Opioid Settlement Funds Plan

FCPH proposes Opioid Settlement funds be used for the following mitigation plan:

1. Sponsor a community opioid response coalition beginning April 2023.
 - a. Provide staff to coordinate a community opioid response coalition.
 - b. Solicit and maintain membership from key community sectors.
 - c. Hold monthly coalition meetings.
 - d. Utilize coalition to advise/plan opioid response activities.

2. Distribute naloxone throughout the community and train on use, with a focus on high-risk groups.

- a. Provide naloxone to first responders including law enforcement agencies and fire departments.
 - b. Leave naloxone behind at scenes of overdose emergency calls.
 - c. Provide naloxone to individuals being released from treatment and incarceration.
 - d. Provide naloxone to persons who use prescription and illicit opioids.
 - e. Work with pharmacies to provide no-cost naloxone to patients who cannot afford it.
 - f. Provide naloxone to organizations that serve high-risk individuals.
 - g. Research the use of vending machines for low-barrier distribution of naloxone.
3. Maintain a comprehensive, needs-based harm reduction program for persons who use drugs.
 - a. Offer harm reduction supplies including syringes, safer use supplies, wound care supplies, naloxone, fentanyl testing strips, sharps containers, and safer sex supplies.
 - b. Provide services, education and training including safer injection education, overdose response training, naloxone training, safer sex education, education on HIV, hepatitis C and STIs, rapid HIV and hepatitis C testing, immunizations, and sharps disposal.
 - c. Provide referrals to treatment, healthcare, behavioral health, housing, employment, and social services.
 - d. Explore and implement new and promising practices for harm reduction programming as funding allows.

Future Strategies Proposal

Dependent on funding and collaboration between FCPH and partnering agencies, two other opioid mitigation strategies could be implemented, including the establishment of an overdose response team, and naloxone distribution to incarcerated individuals upon release.

Drug overdose is the leading cause of death after release from prison. Data show the increased risk of overdose for those newly released from incarceration and the effectiveness of naloxone distribution to prevent it. According to the CDC, a large meta-analysis of data from several different nations found that individuals released from incarceration experience a three to eight-fold increase in the rate of overdose death in the first two weeks after release compared to weeks three through twelve following release. Further, a study conducted by the Massachusetts Department of Public Health found that individuals recently released from incarceration are 56 times more likely to overdose than members of the general public, indicating urgent need to scale up overdose prevention services for this population. Also according to the CDC, an evidence-based strategy for preventing opioid overdose is to distribute naloxone in criminal justice settings upon release.

With Cass County approval, FCPH proposes to provide opioid overdose prevention and Narcan administration training to inmates prior to release, and have jail staff distribute Narcan to inmates upon release. Naloxone distribution to inmates upon release has been successfully implemented by the ND Department of Corrections and Rehabilitation at the State Penitentiary in Bismarck, and at some county jails including in Richland County.

FCPH also proposes implementation of an overdose outreach team to prevent overdose recurrence. Overdoses and deaths from overdose are preventable, there are effective forms of treatment for substance use disorders, and recovery is possible.

This solution is currently being successfully delivered. In response to the opioid crisis, many communities have implemented overdose outreach programs to reduce overdoses and deaths from overdose. Programs like Police Assisted Addiction and Recovery Initiative (PAARI), Drug Abuse Response Teams (DART), and Quick Response Teams (QRT) include timely follow up with overdose survivors to provide resources for overdose prevention, harm reduction, treatment and recovery. Outreach is most effective 24–72 hours post overdose.

This program would greatly enhance the community’s response to drug overdose. Currently, comprehensive and coordinated response to survivors of a non-fatal overdose does not exist in Cass County. Examples of current responses include police officers advising overdose survivors to “get some help” and emergency departments treating, stabilizing and discharging them. As a result, some family and friends of persons who use drugs contact law enforcement begging to have their loved ones arrested and incarcerated so they don’t die of an overdose. The police department does not have the time or resources to provide overdose outreach and gladly welcomes assistance in this area.

This program would establish structure and resources for providing coordinated efforts among all committed stakeholders and agencies in Cass County. This includes staff dedicated to coordinate the program and provide outreach. Coordination with overdose survivors, family members, first responders, law enforcement, emergency department staff, and service providers is essential. Outreach staff will provide a number of services including training on opioid overdose response and Narcan administration; dissemination of Narcan kits for persons who use drugs, family, and friends; instruction on harm reduction practices and distribution of supplies; referral to treatment, offering peer recovery coaching; and linkage to other resources including transportation, housing, and medical care.

This program would be a multi-disciplinary, collaborative approach to addressing the needs of individuals with a history of drug misuse. Partners would include law enforcement, major healthcare systems, the opioid treatment program, treatment providers, behavioral health service providers, recovery services, and others.

FCPH would dedicate staff to coordinate the program and provide outreach. Staff will guide program planning and implementation, and convene regular stakeholder discussions to ensure continued project implementation and redirection if needed.

A trained peer recovery coach would be utilized to connect with survivors of a non-fatal overdose within 72 hours in an effort to engage the survivor in treatment and support services. The recovery coach will also provide survivors of non-fatal overdoses, and their friends and family, Narcan and training on administration, as well as support services. The project will work to provide access to detox, treatment services and medication-assisted treatment.

If feasible, implementation of naloxone distribution upon release from incarceration, and the establishment of an overdose response team would greatly enhance the community’s opioid overdose prevention efforts.