DEPARTMENT OF HEALTH

MN-OD-ALERTS
Minnesota Overdose Alerts
Local Engagement, Response, and Tracking System

Minnesota Overdose Spike Alert Community Response Guide

GUIDANCE FOR JURISDICTIONS RESPONDING TO SPIKES IN SUSPECTED DRUG OVERDOSES

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Quick Start

This document provides guidance, model language, and templates for jurisdictions to develop a response plan during a spike in suspected drug overdoses. Ideally, jurisdictions will assemble an Overdose Spike Response Team (OSRT) and develop a response plan in advance of an overdose spike, however this is not always feasible**. If you have received a spike alert and your jurisdiction is just beginning this process, start here.** It is recommended that jurisdictions review and implement the following steps during an overdose spike. The Minnesota Department of Health and Overdose Response Strategy team are available to provide support and technical assistance.

1. **Notify partners:** When your jurisdiction receives a spike alert notification from MDH, Local/Tribal Public Health should notify other partners that could play a role in the response. This could include, but is not limited to, first responders, hospitals and clinics, treatment and recovery services, community-based organizations, and social service agencies. For a more comprehensive list of suggested partners, see here.
2. **Identify the tier level:** Overdose anomaly events will be classified as one of four tiers. Click on the links below for more information and suggested actions according to each tier level.
    - Tier 1: Situational awareness only, no response recommended.
    - Tier 2: Mid-level response or targeted alert. Communication with the general public is not recommended.
    - Tier 3: High-level response, public alert may be recommended.
    - Tier 4: Statewide or multi-state response.
3. **Assess naloxone supply:** Confirm agencies in your community have enough naloxone to accommodate a potential increase in demand.
4. **Develop messaging and share with appropriate audience:** Create communications materials such as a list of local resources for treatment and recovery services, information on the Good Samaritan Law, and information on overdose symptoms and overdose risk reduction strategies.
5. **Activate outreach:** Emergency Medical Services, peer support specialists, community-based overdose prevention organizations, quick response teams, and post-overdose outreach teams may be well-positioned to conduct outreach during an overdose spike. Outreach teams can share the prevention messaging mentioned above and connect people to resources, and treatment and recovery services.
6. **Evaluate:** Consider evaluating your response efforts. See here for evaluation recommendations.

Introduction

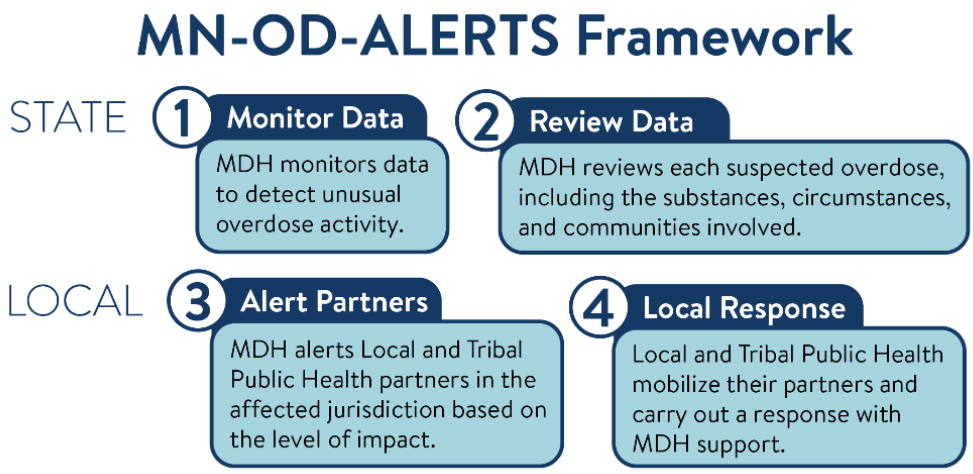
This document provides guidance, model language, and templates for jurisdictions to develop a response plan during a spike in suspected drug overdoses. This guide is not meant to serve as a comprehensive approach for jurisdictions but rather it is meant to provide a guide to assist jurisdictions in developing their own response plans to mitigate the morbidity and mortality of an overdose spike.

This guide also contains information about programs and interventions that are recommended to be implemented before an overdose spike occurs, which will help to prevent a spike in overdoses and aid in your community's response during a spike. This information can be found in the Resources to Prevent and Better Respond to Spikes section.

How to Use This Document

MN-OD-ALERTS aims to address the drug overdose epidemic in Minnesota through a coordinated and systematic approach that enables timely investigations of potential overdose anomalies, including spikes, clusters, novel drugs, and abnormal symptom patterns.

Figure 1. Overview of the MN-OD-ALERTS Framework



As shown in the overview of the MN-OD-ALERTS framework (Figure 1), the system serves as Minnesota's statewide structure for detecting, assessing, and communicating potential overdose anomalies. State-level activities include monitoring data to identify unusual overdose activity, reviewing suspected overdoses, and alerting Local and Tribal Health partners based on the level of impact so communities can mobilize an appropriate response.

This Community Response Guide supports the local portion of the MN-OD-ALERTS framework. The guidance in this document is designed to assist jurisdictions in developing their plan to respond to an overdose anomaly event. Jurisdictions are encouraged to expand or modify the language in the guide to better fit the needs of their local community and to incorporate key stakeholder input during plan development.

This document is intended to serve as a flexible tool that can be adapted according to local needs and available capacity. Jurisdictions can use this guide as a starting point and make it their own by modifying response actions and templates to align with community priorities. Response protocols

should be treated as iterative, living documents that evolve over time based on lessons learned and changes in available resources.

Federal Guidance Note

In this guide, "overdose risk reduction strategies" refer to evidence-based overdose prevention activities aligned with current federal guidance, including naloxone distribution, overdose recognition education, use of authorized drug testing strips, and connection to treatment and recovery supports. These activities are intended to prevent death and serious harm, support engagement with health care, and promote long-term recovery.

Federal funds may be used for allowable overdose prevention materials such as naloxone, wound-care supplies, and sharps containers. Items considered drug paraphernalia, including syringes and safer smoking kits, cannot be purchased with federal funds and may only be supported with non-federal resources where permitted by state and local law.

Definitions and Abbreviations

Abbreviations

ED: Emergency Department

EMS: Emergency Medical Services

FDA: Food and Drug Administration

FQHC: Federally Qualified Health Center

LPH: Local Public Health

MDH: Minnesota Department of Health

MNDOSA: Minnesota Drug Overdose and Substance Use Surveillance Activity

MN-OD-ALERTS: Minnesota Overdose Alert, Local Engagement, Response, and Tracking System

MNTEST: Minnesota Timely Emerging Substance Testing program

MOUD: Medications for Opioid Use Disorder

ODMAP: Overdose Detection Mapping Application Program

OFR-PHAST: Overdose Fatality Review – Public Health and Safety Teams

OSRT: Overdose Spike Response Team

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SUD: Substance Use Disorder

Anomaly Alert Definitions

This section provides a brief description of how MDH defines and categorizes overdose anomalies. This information is included here to provide context; however, jurisdictions are not expected to be

responsible for detecting spikes in their county. For a more detailed description of how MDH identifies anomalies, please reach out to the Substance Use Epidemiology team (health.drugodepi@state.mn.us).

MDH currently uses **Emergency Medical Services** data (i.e., ambulance runs) to detect spikes. Other data sources such as Syndromic Surveillance (i.e., emergency department visits and inpatient hospitalizations), MNDOSA, ODMAP, Poison Center, and medical examiner/coroner data are also considered.

Note: MN-OD-ALERTS currently can detect overdose spikes involving opioids. MDH plans to expand to drug overdoses involving other substances in the future, when case definitions become available.

Types of Anomalies

An anomaly is an increase in the number of overdoses compared to what is typically expected within a specific timeframe and population. Types of anomalies include:

- **Spike:** an unusually high number of overdoses identified within a defined timeframe (e.g., 24 hours) and a specific place (e.g., county).
- **Cluster:** a set of overdoses with a potential epidemiological link. For example, a grouping of overdoses occurring among acquaintances sharing the same drugs.
- **Novel substances and unusual symptom patterns:** a new or unusual substance, drug mixture, or pattern of symptoms that differs from what is typically seen in overdose response.

Spikes detected in EMS data are the primary way MN-OD-ALERTS identifies unusual overdose activity. Information from other sources, including partner reports, can also be evaluated using the same process. Clusters, novel substances or unusual symptom patterns, and fatalities are often identified within a spike rather than separately at this time. Their presence indicates elevated risk and may affect the recommended response.

Types of Activation Thresholds

An alert is initiated when the count of overdoses exceeds the designated threshold. For example, if the activation threshold is set to 10, an alert would be triggered at 11 overdoses.

Static and Dynamic Thresholds

- **Static threshold:** a predefined, fixed value used to detect spikes.
- **Dynamic threshold:** a threshold produced by statistical algorithms that consider observed data trends and compare them with historical data to detect spikes.

Time and Location

Activation thresholds are defined by both a timeframe and a location so that spikes can be monitored with more precision. Detection currently uses EMS incident-level data only, representing where EMS responded to the suspected overdose, and is applied at the county level.

Three timeframes are used:

- **Daily counts (dynamic, algorithm-based):** the EMS data platform applies a threshold that adjusts over time to identify when overdose counts within a calendar day exceed expected

numbers. Alerts are categorized as ***moderate*** or ***severe*** based on the platform-developed algorithm.

- **24-hour rolling counts (static):** a fixed threshold is used to compare the number of overdoses in a 24-hour period to historical data. Because this window does not end at midnight, it can capture a spike that begins late in one day and continues into the next.
- **7-day rolling counts (static):** a fixed threshold is used to compare the number of overdoses in the previous seven days to historical data. This count is evaluated daily rather than at fixed weekly intervals.

Static threshold calculation

Static thresholds for the 24-hour and 7-day timeframes are calculated the same way:

- The ***moderate threshold*** is the average plus two times the standard deviation, rounded to a whole number. If the result is less than three, the threshold is set to three.
- The ***severe threshold*** is the average plus three times the standard deviation, rounded to a whole number. If the result is equal to or lower than the moderate threshold, the severe threshold is set one overdose higher than the moderate threshold.

Static thresholds are recalculated each month using the 12 full months of data ending two months before the threshold month. The most recent complete month is excluded to allow for reporting lag.

A note on terminology: From this point forward, the term "spike" is used in place of "anomaly." Anomalies can include spikes, clusters, novel substances, or unusual symptom patterns. Spikes will be most commonly detected, so "spike" will be used as the default term in this guide. Clusters and novel substances remain within scope, and MDH will provide specific recommendations for those situations as they arise.

State and Local Coordination

Everbridge

Everbridge (also known as PartnerLink) is a statewide platform used to support communication between the State of Minnesota and Local and Tribal Public Health agencies during emergencies. Staff must be invited to Everbridge by their agency's Local Administrator or by MDH. Once invited, staff select the subscriptions they want to receive.

MN-OD-ALERTS uses Everbridge to deliver overdose spike alerts to Local and Tribal Public Health. Because Everbridge is a multi-purpose emergency communication system, the ***Overdose and Substance Use Alerts*** subscription is the specific channel used for MN-OD-ALERTS notifications.

Local and Tribal Public Health agencies determine which staff should receive overdose-related messages. Everbridge allows MDH to send alerts directly to those staff identified by their agency as responsible for overdose prevention, response, and surveillance. Agencies are responsible for ensuring the appropriate staff are subscribed to the ***Overdose and Substance Use Alerts*** subscription, and at least two staff should be enrolled.

Role of Local and Tribal Public Health

When Local and Tribal Public Health receive an anomaly notification through Everbridge, they are responsible for communicating this information with their jurisdiction's response team.

Local and Tribal Public Health may also become aware of a potential spike before MDH's data systems detect it. For example, community-based organizations may report unusual symptoms linked to a specific substance, or the jurisdiction may receive a spike alert from ODMAP indicating an increase in suspected overdoses.

In these situations, Local and Tribal Public Health should gather additional information from partners on their response team and then notify MDH. MDH will conduct an in-depth data review and provide additional context and recommendations.

ODMAP vs. MN-OD-ALERTS

ODMAP is a national platform administered by the Washington/Baltimore High Intensity Drug Trafficking Area. It is not an MDH system, and MDH does not manage its case definition, thresholds, or alerts. Beginning August 1, 2025, EMS data is automatically entered into ODMAP under authority granted in *Minn. Stat. § 144E.123, subd. 3*. Although both ODMAP and MN-OD-ALERTS use EMS data, they are designed for different purposes.

ODMAP identifies EMS incidents that meet a set of criteria (or case definition) suggesting general overdose-related activity. These criteria pull in EMS runs based on provider impressions (e.g., substance use disorders, drug overdose), narrative terms (e.g., overdose, methamphetamine), naloxone use, and other indicators. Law enforcement can enter suspected overdoses into ODMAP in instances where EMS does not also respond, though there is no requirement for them to do so. ODMAP provides limited data on demographics and circumstances of the overdose. ODMAP is best suited for near real-time situational awareness about increases in general overdose-related activity.

MN-OD-ALERTS focuses on suspected opioid overdoses using more targeted criteria. Once a potential spike is detected, MDH staff review patient-level details, including the full narrative report and demographics, and draw on information from multiple data sources (e.g., hospital visits, partner reports, poison control) to assess whether the spike reflects a meaningful change in overdose activity that may warrant a coordinated response.

Because ODMAP uses broader criteria and its alerts are automated, ODMAP spike alerts will occur more frequently. MN-OD-ALERTS is designed to issue alerts less often, so that when an alert is sent, it reflects a meaningful change in opioid overdose activity and supports coordinated response without contributing to alert fatigue. ODMAP and MN-OD-ALERTS are complementary systems: ODMAP provides near real-time situational awareness of general overdose-related activity, while MN-OD-ALERTS provides validated, context-informed alerts when opioid overdoses are truly increasing.

Assemble Overdose Spike Response Team

It is important to identify and engage partner agencies before a spike occurs. Creating a defined network of partners to mobilize during a spike ahead of time will save time when a response is needed and will allow your jurisdiction to respond more effectively. Convene partner agencies in advance to discuss and agree upon roles and responsibilities during an overdose spike.

Creating shared understanding: Overdose Spike Response Team members likely will come to the table with varying levels of knowledge about overdose and substance use disorder. Consider convening members of the team to provide important background information to ensure team members have a shared understanding. Team members should have a shared understanding that 1) the goal of the Overdose Spike Response Team is to reduce overdose deaths 2) substance use disorder (SUD) is a chronic, treatable disease and 3) overdose deaths are preventable.

Consider including representatives from the following agencies and community stakeholders when assembling your team:

- Local/Tribal health department (including emergency response coordinator, if applicable)
- Behavioral health, treatment providers, prescribers of Medications for Opioid Use Disorder (MOUD)
- Community-based organization working with people at increased risk of overdose (list of Syringe Service Programs in Minnesota)
    - Note: syringe service programs and similar partners play an important role in outreach, education, and linking people to evidence-based care; however, jurisdictions should ensure that any materials purchased with federal funds comply with current federal restrictions.
- Law enforcement (e.g., county sheriff's office, Tribal police, jails, transit police, college campus police, local drug task forces)
- Parole/probation officers
- County Attorney
- Local hospitals and emergency departments
- EMS
- Fire departments
- Federally Qualified Healthcare Centers (FQHCs) (find an FQHC near you)
- Medical Examiner / Coroner
- Naloxone Access Points
- Peer recovery/support services providers with lived experience
- Housing services and services for people experiencing homelessness or unstable housing (Housing Continuums of Care Contact List)
- Recovery housing

- Quick response teams/crisis response teams (if applicable)
- Community coalitions
- City Administrators
    - Note: cities with populations over 30,000 receive opioid settlement funds under Minnesota's Memorandum of Agreement. Consider including your city administrator in overdose spike preparedness planning to understand what authorities and resources the city could mobilize during a spike.
- Emergency Management
- Social services providers (e.g., child and family services)
- MDH Field Service Epidemiologists
- Homeland Security and Emergency Management Coordinator

You may want to divide partners into sub-teams and identify leads for each sub-team. Sub-teams may include:

Communications sub-team that coordinates communications with the public and media.

Overdose Prevention Services sub-team that coordinates naloxone and test strip distribution.

Support Services sub-team that coordinates post-overdose outreach and/or peer support services.

Treatment sub-team that coordinates treatment facility information.

Engaging people with increased risk of overdose: Although not a formal member of the overdose spike response team, it is important to engage people at risk of overdose and their friends/family during the planning process as they are the intended audience for much of the public communication during an overdose spike. For example, they could provide feedback on messaging templates to ensure the message will be received as intended and is culturally responsive. They might also provide suggestions on what communication channels are most effective in reaching people at risk of overdose and their friends/family.

Best practices for inviting people at increased risk of overdose to the table:

- Invite several people who are at increased risk of overdose (not just one) to provide input.
- Share who else will be attending meetings, especially when meetings include law enforcement, parole officers, or city officials.
- Let people know how they are expected to contribute.
- Provide financial support for participation in meetings such as stipends, honoraria, and per diems. Provide transportation assistance.
- Be flexible about meetings, times, location, agenda, and level of participation.
- Acknowledge gaps in your own experience and address any discomfort or unfamiliarity openly and respectfully.
- Do not require disclosure of personal information and do not tokenize people who are at increased risk of overdose.

For more best practices, please see AIDS United |Meaningful Involvement of People Who Use Drugs (PDF).

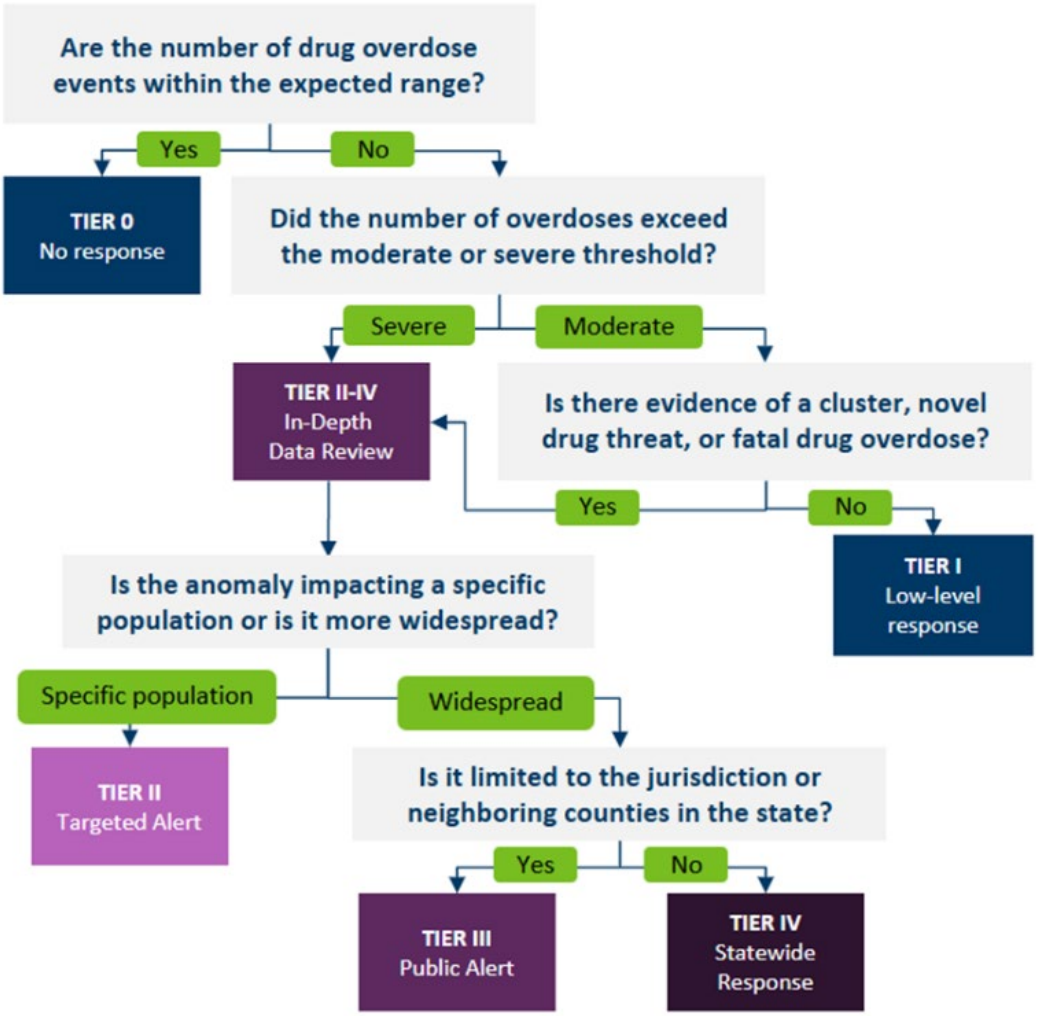
Response Level Tiers and Recommended Actions

Through the MN-OD-ALERTS system, MDH will detect a potential opioid overdose spike and review the person-level data to determine an appropriate response level (Tiers 1-4):

- Tier 1 is assigned when activity meets the moderate threshold with no indication of fatality, suspected cluster, novel substance, or unusual symptom pattern. Tier 1 does not require an in-depth data review.
- Tiers 2-4 are considered when the severe threshold is met or when there is any indication of a fatality, suspected cluster, novel substance, or unusual symptom pattern. In these situations, MDH conducts an in-depth review to determine the final tier.

The process for how the final tier is assigned is illustrated in the MN-OD-ALERTS decision tree (Figure 2), which shows how thresholds and contextual factors lead to different response levels.

Figure 2. MN-OD-ALERTS Tier Assignment Decision Tree



When the triggering event criteria for Tiers 2-4 are met, MDH conducts an in-depth data review that includes patient-level EMS details (including the full narrative), demographics, hospital visits, poison control, partner reports, and any available details related to fatalities. MDH may also consult with

partners to understand unusual symptom patterns or emerging evidence of novel substances, as well as subject matter experts when specific populations are involved.

The triggering event criteria are identical for Tiers 2-4. The contextual review determines whether the spike is assigned as a Tier 2, Tier 3, or Tier 4. Final tier assignment is based on this multi-source evaluation and not on the number of overdoses alone.

In the following sections:

- ***Situation*** summarizes the criteria for each alert level, including thresholds and any evidence of fatal overdoses, suspected clusters, novel substances, or unusual symptom patterns.
- ***Recommended Local Action*** provides a list of recommended actions for local partner agencies may take for each spike response level tier (Tiers 1-4).

The list of recommended actions is not exhaustive but is meant to guide jurisdictions as they determine what is appropriate based on local needs, resources, and capacity. We recognize that not all recommended actions listed are appropriate or feasible in every community. Local Overdose Spike Response Teams should convene before a spike to determine a list of appropriate actions that best fit their community.

Tier 1: No Response

Situation

Tier 1 Triggering Event. The MDH team determines:

- The number of drug overdose events exceeded the moderate threshold but did not exceed the severe threshold; AND
    - There is no evidence of a suspected cluster, novel substance, or unusual symptom pattern; AND
    - There is no evidence of a suspected fatal drug overdose.

Recommended Local Action

Under a Tier 1 alert, no local response action is recommended. MDH will notify Local/Tribal Public Health in the affected jurisdiction for situational awareness only via Everbridge and indicate that MDH is monitoring the potential need for an in-depth data review. MDH may also send out a supplemental summary via email following the initial alert. The MDH team will continue to monitor trends over the next 48 hours and will reach out if an in-depth data review becomes necessary. If a review is not needed after 48 hours, MDH will follow up with jurisdictions to close out the alert and confirm that activity has returned to normal levels.

Local/Tribal Public Health should inform members of their Overdose Spike Response Team (OSRT) that the MDH team is monitoring the need for a potential in-depth data review**. This communication should be marked "For information only" and communicated only to members of the OSRT, and not to anyone in the public.**

OSRT members should communicate any pertinent information they have to Local/Tribal Health who will then communicate this back to the MDH team. For example, the local police department may be

aware of multiple overdose deaths in the community before the deaths are detected in MDH's data systems. This local information will assist MDH in more quickly coordinating an in-depth data review.

Tier 2: Mid-Level Response / Targeted Alert

Situation

Tier 2 Triggering Event. The MDH team determines:

- The number of drug overdose events has exceeded the severe threshold; OR
- The number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
  - There is evidence of a suspected cluster or novel substance, or unusual symptom pattern; OR
  - There is evidence of a suspected fatal drug overdose.

MDH will notify Local/Tribal Public Health in the affected jurisdiction that they are conducting an in-depth data review and MDH will share any actionable information prior to completion of the data review. Local/Tribal Public Health should inform members of their OSRT that the MDH team is conducting an in-depth data review**. This communication should be marked "For information only" and communicated only to members of the OSRT, and not to anyone in the public to avoid panic. OSRT members should communicate any pertinent information they have to Local/Tribal Public Health who will then communicate this back to the MDH team.** The MDH team will update Local/Tribal Public Health via email when the data review is complete and provide the recommended response tier, a summary of findings, and recommended local actions.

Tier 2 Scenario(s): Based on the data review, the MDH team determines that the suspected spike is affecting a specific population and/or local response team mobilization is recommended and issues a Tier 2 alert. The MDH team will continue to examine data regularly to confirm a downward trend. Messaging to the general public about the overdose spike is NOT recommended for a Tier 2 scenario; however, messaging to specific affected groups may be appropriate.

Recommended Local Action

Local/Tribal Public Health

- ☐ Alert partner agencies to the suspected spike and share details as appropriate (see Sample Alert to Overdose Spike Response Team).
  - Information shared with partners should be clearly marked to indicate the appropriate level of dissemination (i.e.: "For Information only," "Targeted Alert," "For public dissemination") (see Table 1).
- ☐ Develop and disseminate coordinated messaging to partner agencies.
  - If the threat is specific, develop public messaging tailored for affected groups.
    - E.g., if there is a suspected increase in overdoses among people experiencing homelessness or with unstable housing, develop messaging to disseminate to that population.

- Develop prevention messaging (see templates).
  - Local resources for treatment and recovery services
    - This can include sharing information about how to access MNsure navigators. Navigators provide free health insurance application and enrollment help at local trusted community organizations.
  - The Good Samaritan Law (Steve's Law)
  - Overdose risk reduction strategies
  - Overdose symptoms and naloxone (e.g., how to use, where to find)

- ☐ Assemble resource bags for law enforcement, EMS, and fire to distribute to individuals in crisis (e.g., naloxone kits, resource cards).
- ☐ Brief appropriate staff on overdose spike. For example, public health nurses who may be interacting with community members and could share overdose prevention resources.
- ☐ Assess naloxone inventory across jurisdiction partners and acquire additional doses as needed.
- ☐ Reach out to local hospitals to ask that they consider preserving clinical samples from potential overdoses and sending them to the Public Health Lab at MDH for testing.
  - Call 651-341-9587 to coordinate with the Public Health Lab.
- ☐ Maintain communication with MDH team, share any relevant information on the suspected spike with MDH team.

Naloxone: The State of Minnesota has a system in place for eligible organizations to acquire naloxone at no cost. Eligible organizations include those required by state law to have naloxone, such as law enforcement, schools, and substance use disorder treatment programs. Other non-mandated groups, such as Local Public Health, Tribal Nations, emergency shelters, and community organizations, are also eligible to use the portal.

Note, the portal should be used to ensure an adequate supply of naloxone ahead of time as orders are not able to be expedited during a spike.

For more information on eligible agencies and ordering naloxone, visit: Minnesota Naloxone Ordering Portal

Local Law Enforcement

**Consider listing each law enforcement agency and its responsibilities separately.*

- Notify officers of a spike during roll call or by other daily communication dissemination protocol.
- Ensure officers are carrying an adequate number of naloxone kits, consider equipping them with additional kits.
  - To learn more about eligible groups and ordering naloxone at no cost, visit: Minnesota Naloxone Ordering Portal
- Carry resource bags to distribute to individuals in crisis (e.g., naloxone kits, resource cards).
- Activate quick response teams or outreach teams (if applicable) and disseminate information in cluster areas.

- Information might include messaging developed by local public health on the Good Samaritan Law, overdose risk reduction strategies, naloxone, local treatment options, and recovery resources.
- Notify Post Overdose Response Team (if applicable) so they are prepared to follow-up in the days following an overdose to connect individuals to resources.
- Ensure ODMAP access and ensure all suspected overdoses the agency responds to where EMS does not respond are being entered into ODMAP in as near-real-time as possible. Note, overdose data from EMS is automatically entered into ODMAP.
- Monitor ODMAP for subsequent increases in overdoses.
- Consider submitting drugs recovered at the scene of an overdose that will not be part of a criminal investigation for testing at the Public Health Laboratory through the MNTEST program.
    - Fill out this form to submit a sample: https://redcap.health.state.mn.us/redcap/surveys/?s=JER8RKMXKXMMT4FM
    - Call 651-341-9587 to coordinate with the Public Health Lab

Corrections

- Ensure staff are properly equipped with an adequate supply of naloxone.
- Distribute naloxone to individuals leaving jail and prison facilities, especially those with a SUD.
    - Correctional facilities are eligible to order naloxone through the Department of Human Services: Minnesota Naloxone Ordering Portal
- Educate individuals leaving jail and prison facilities on their increased risk of overdose because their tolerance has decreased after a period of abstinence from drugs.
- Ensure individuals leaving jail and prison facilities with a SUD are connected to treatment and resources in the community.
- Share messaging developed by local public health on the Good Samaritan Law, overdose risk reduction strategies, naloxone, local treatment and recovery resources with individuals leaving jail and prison facilities.

Parole and Probation

- Share messaging developed by local public health on the Good Samaritan Law, overdose risk reduction strategies, naloxone, and local treatment and recovery resources with clients that have a SUD.

Community Organizations Working with People at Increased Risk of Overdose

- Share messaging on the Good Samaritan Law, overdose risk reduction strategies, naloxone, and local treatment and recovery resources with participants.

- Ensure adequate supply of naloxone and fentanyl test strips.
    - To order nasal naloxone at no cost, visit: Minnesota Naloxone Ordering Portal
- If the threat is specific, share relevant information with participants (e.g., The spike is suspected to be caused by an increase in overdoses among people who use cocaine).
- If feasible, consider conducting outreach in known "hot spots."
- Share any relevant information about the overdose spike, or other relevant trends, with Local/Tribal Public Health contact.

Emergency Department (ED)

- Alert staff to potential increase in drug overdose patients (share pertinent information on suspected substances involved in the spike).
- Consider preserving clinical samples from potential overdose patients and sending to the Public Health Lab at MDH for testing.
    - Call 651-341-9587 to coordinate with the Public Health Lab.
- Ensure protocol is in place for initiating patients with an opioid use disorder on Medications for Opioid Use Disorder (MOUD) in the ED.
    - Buprenorphine Emergency Department Quick Start - Bridge to Treatment
    - MN Bridge Resources
- Ensure a process is in place for connecting patients to treatment and recovery support services in the community and/or connecting patients to peer recovery specialists.
    - Find a Recovery Community Organization in your community
    - Building a Case for Community-Based Peer Support in the Emergent Management of Opioid Overdose
- Distribute naloxone to individuals with SUD upon discharge.
- Share messaging developed by local public health on the Good Samaritan Law, overdose risk reduction strategies, naloxone, and local treatment and recovery resources with individuals with a SUD being discharged.

Clinics and Federally Qualified Health Centers (FQHCs)

- Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Provide buprenorphine to patients with opioid use disorder as appropriate.
- Share messaging developed by local public health on the Good Samaritan Law, overdose risk reduction strategies, naloxone, and local treatment and recovery resources with patients with SUD.
    - FQHCs are healthcare centers that serve an underserved population or area. They offer sliding fee scales and provide comprehensive services, including

preventative health, dental, mental health and substance use care. FQHC locator

Emergency Medical Services (EMS) and Fire Departments

- Alert staff to potential increase in calls.
- Ensure adequate supply of naloxone (sample naloxone lesson plan).
- For ambulance agencies that have implemented an MOUD field administration protocol, review protocol with paramedics and ensure an adequate supply of medication.
    - MN Bridge EMS Implementation Guide
    - MN Bridge EMS Field Initiation Protocol
    - MN Bridge EMS support
- Distribute naloxone on scene to individuals with SUD.
- Develop a process for connecting patients to treatment and recovery support services in the community and/or connecting patients to peer recovery specialists.
    - Find a Recovery Community Organization in your community
    - 211 United Way connects Minnesotans to resources
- Ensure ODMAP access and monitor ODMAP for subsequent increases in overdoses.

Housing and Residential Treatment Services

- Perform intermittent bed checks in all group homes/recovery housing/shelters to check on the safety and well-being of residents.
- Share messaging developed by local public health on the Good Samaritan Law, overdose risk reduction strategies, naloxone, and local treatment and recovery resources with residents.
- Ensure naloxone kits are on-site and accessible to residents.
- Intensive residential treatment services and residential crisis stabilization programs are eligible to order naloxone through the Department of Human Services: Minnesota Naloxone Ordering Portal
- Encourage residents to use overdose risk reduction strategies and to notify staff if there is a suspected overdose.
    - These recommendations are intended to strengthen overdose detection and response in housing and residential settings and are not intended to permit or encourage the use or distribution of illegal drugs on site. All housing and residential programs should enforce their existing substance use policies and comply with applicable federal requirements for accountability, treatment linkage, and safety.
- Consider use of overdose detection and response technology (e.g., Brave Buttons and bathroom sensors).

Dispatch

- Ensure dispatch is trained on signs of an overdose and how to communicate this to emergency responders.
  - American Heart Association training video
  - Steve Rummler Naloxone Training

Peer Recovery Specialists

- Conduct outreach in affected areas and/or locations where people at increased risk of overdose are at.
- Dispatch to ED to connect patients with SUD to treatment and recovery resources as well as naloxone and other allowable overdose prevention materials (e.g., fentanyl/xylazine test strips, wound-care supplies, sharps containers, medication lock boxes), and where supported by non-federal funds, additional overdose risk reduction supplies as permitted by state and local law.
- Alert recovery community organizations.

Schools

- Notify school nurses and school-based health centers.
- Ensure naloxone availability in schools (where permitted).
- Provide age-appropriate education materials.
- Coordinate with school counselors and behavioral health staff.

Tier 3: High-Level Response / Public Alert

Situation

Tier 3 Triggering Event: the MDH team determines:

- The number of drug overdose events has exceeded the severe threshold; OR
- The number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
  - There is evidence of a suspected cluster or novel substance, or unusual symptom pattern; OR
  - There is evidence of a suspected fatal drug overdose.

MDH will notify Local/Tribal Public Health in the affected jurisdiction that they are conducting an in-depth data review and MDH will share any actionable information prior to completion of the data review. Local/Tribal Public Health should inform members of their OSRT that the MDH team is conducting an in-depth data review**. This communication should be marked "For information only" and communicated only to members of the OSRT, and not to anyone in the public to avoid panic. OSRT members should communicate any pertinent information they have to the local points of contact who**

will then communicate this back to the MDH team. The MDH team will update Local/Tribal Public Health via email when the data review is complete and provide the recommended response tier, a summary of findings, and recommended local actions.

Tier 3 Scenarios(s): Based on the data review, the MDH team determines the suspected spike is widespread across the jurisdiction and/or may extend to neighboring jurisdictions and issues a Tier 3 alert. The MDH team will continue to examine data regularly to confirm a downward trend.

Recommended Local Action

- All Tier 2 response items

Local/Tribal Public Health

- Create messaging and coordinate dissemination to the public (e.g., social media messaging, press releases, flyers posted in the community).
    - Provide the public with general information about the spike as appropriate.
        - For guidance on what to share and what not to share publicly, see the Communication Considerations section.
    - Provide the public with resources and action items such as
        - local resources for treatment and recovery services
        - the Good Samaritan Law (i.e., Steve's Law)
        - overdose risk reduction strategies
        - naloxone (e.g., how to use, where to find)
        - reminder to check on friends and loved ones with a SUD
        - Respond to media requests as needed.

Local Law Enforcement

- Disseminate public messaging (e.g., social media messaging, press release, flyers).
- Alert law enforcement agencies from surrounding counties.

Emergency Management Agencies

- Collaborate on the development and dissemination of messaging for the public.
- Use existing emergency management alert system to disseminate spike alert notifications to appropriate partners.

Tier 4: Statewide/Multi-State Response

Situation

Tier 4 Triggering Event: the MDH team determines:

- The number of drug overdose events has exceeded the severe threshold; OR
- The number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
    - There is evidence of a suspected cluster or novel substance, or unusual symptom pattern; OR
    - There is evidence of a suspected fatal drug overdose.

MDH will notify Local/Tribal Public Health in the affected jurisdiction that they are conducting an in-depth data review and MDH will share any actionable information prior to completion of the data review. Local/Tribal Public Health should inform members of their OSRT that the MDH team is conducting an in-depth data review**. This communication should be marked "For information only" and should be communicated only to members of the OSRT, and not to anyone in the public to avoid panic. OSRT members should communicate any pertinent information they have to Local/Tribal Public Health who will then communicate this back to the MDH team.** The MDH team will update Local/Tribal Public Health via email when the data review is complete and provide the recommended response tier, a summary of findings, and recommended local actions.

Tier 4 Scenario(s): Based on the data review, the MDH team determines the suspected spike is widespread and sustained across several jurisdictions, involves a particularly lethal substance, or involves neighboring states and issues a Tier 4 alert. MDH team will continue to examine data regularly to confirm a downward trend.

Recommended Local Action

- All Tier 2 response items.
- All Tier 3 response items.

Minnesota Department of Health

Under a Tier 4 alert, the Minnesota Department of Health will:

- Notify and coordinate with other state agencies as needed.
- Notify and coordinate with involved jurisdictions.
- Lead statewide communications efforts:
    - Social media messaging
    - Press release
    - Text alerts

After an Overdose Spike Has Ended

Debrief

After the alert has been deactivated, it is important to evaluate the response plan, capture lessons learned, and update your protocol accordingly.

- ☐ Convene the response team to debrief regarding the response plan process and outcomes.
    - To what extent did your plan achieve its goal?
    - What worked well?
    - What did not work well?
    - What recommendations do partners have for improving the plan?
    - How could communication between OSRT members be improved?
    - How could communications with the public be improved? (if applicable)
    - Who was not included in the response that should be next time?
    - What recommendations does the local response team have for the MDH team to improve communications/coordination?
- ☐ Evaluation metrics to consider:
    - Number of fatal overdoses
    - Number of non-fatal overdoses
    - Response time (e.g., average time from incident report to response)
    - Number and location of naloxone kits distributed
    - Number of individuals referred to treatment or overdose risk reduction resources
    - Number of individuals receiving follow-up care post-overdose
    - Number of clinical or physical drug samples associated with the spike sent to the public health lab for testing
- ☐ Adjust your plan accordingly and communicate new protocols to necessary partners.

Provide Necessary Training and Support

- ☐ Ensure needs around compassion fatigue, secondary trauma, and mental health support are met for first responders, response team members, and affected community members.
- ☐ Ensure first responders are trained in best practices for responding to an opioid overdose.
    - Should occur before a spike, with any necessary refresher provided following a spike.
    - Sample naloxone lesson plan

Resources to Prevent and Better Respond to Spikes

Implement Overdose Prevention Programs and Interventions

There are several programs and interventions that your community can implement before a spike occurs that can help prevent a spike from occurring in the first place, and help your community more effectively respond when there is a spike. Below is a list of programs and interventions your community could consider implementing, along with a description and key resources for each.

Post Overdose Outreach Teams

Post-overdose outreach teams engage overdose survivors and/or their friends and family in the days following an overdose with the goal of connecting them to services that reduce their risk of future overdose. Post-overdose outreach teams can offer referrals and link people to local SUD treatment and healthcare, provide naloxone and other allowable overdose prevention materials (e.g. fentanyl/xylazine test strips, wound-care supplies, sharps containers, medications lock boxes), and where supported by non-federal funds, additional overdose risk reduction supplies as permitted by state and local law, and connect people to social services resources (e.g., housing, food, employment). If a law enforcement agency employs non-sworn staff that are clinically trained (e.g. social worker) or are certified health professionals (e.g. community health worker, peer support specialist), these staff should be prioritized as part of the outreach rather than sworn personnel. If sworn officers are necessary to ensure staff and scene safety, officers should be trained in behavioral health de-escalation and crisis response.

Key Resources:

- PRONTO: Partnerships for Post Overdose Outreach
- Post Overdose Outreach Guidance Summary
- Post Overdose Outreach Best Practice

Overdose Fatality Review and Public Health and Public Safety Teams (OFR-PHAST)

Overdose Fatality Reviews (OFR) and Public Health and Safety Teams (PHAST) are two separate, companion models used by a growing number of jurisdictions across the country to strengthen their response to the overdose epidemic.

Overdose Fatality Reviews are confidential meetings in which a diverse group of stakeholders collaborate to share data and study the death of a specific individual to identify gaps in the system that could have saved that person's life.

Public Health and Safety Teams are partnerships between public health officials, law enforcement representatives, and other groups dedicated to preventing overdose deaths. PHAST teams are well-positioned to perform OFRs.

OFRs and PHASTs help jurisdictions reduce overdose deaths by increasing collaboration and coordination among all sectors, with a focus on public health and safety agencies. They have three overarching goals: (1) shared understanding of the local overdose crisis, (2) optimized jurisdictional capacity to respond to overdoses, and (3) shared accountability for reducing overdose deaths. Creating an OFR-PHAST is an ideal framework for identifying gaps in your community's response and prevention capabilities; and for identifying solutions and guiding them to implementation.

MDH provides support to jurisdictions interested in implementing OFR-PHAST. If you would like to learn more, please fill out this **OFR TA Request Form**.

Key Resources:

- PHAST Toolkit
- OFR Toolkit
- MDH OFR Webpage

Overdose Detection Mapping Application Program (ODMAP)

ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and health efforts to respond to overdoses and allocate prevention resources. ODMAP is available at no cost to first responders and government (federal, state, local, Tribal) agencies serving the interests of public safety and public health.

Key Resources:

- Learn more about ODMAP
- Register your agency for ODMAP
- ODMAP resources

Peer Recovery Specialists

Peer Recovery Specialists are people who have been successful in the recovery process and trained to support others in their recovery by providing non-clinical, strengths-based support. They offer encouragement, practical assistance, and guidance; link people to tools and resources; and help them navigate barriers to recovery. Peer Recovery Specialists help people build recovery capital- the internal and external resources needed to begin and maintain recovery. They can be embedded in a variety of settings such as emergency departments, police departments, corrections, and syringe services programs.

Key Resources:

- Find a Recovery Community Organization in your community
- Peer Recovery Center of Excellence
- Minnesota Recovery Connection
- Minnesota Substance Use Disorder Support Response Team

Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA)

MNDOSA tracks cases of substance misuse that resulted in hospitalizations at participating facilities in near real-time. In the hospital setting, toxicology testing is not often performed as part of treatment for overdose patients. MNDOSA provides participating hospitals with the opportunity to send biological samples to the MDH Public Health Laboratory for detailed toxicology testing. If you are interested in participating in MNDOSA or learning more, contact health.drugodepi@state.mn.us

Key Resources:

- MNDOSA Fact Sheet
- MNDOSA Overview and Data Dashboard

Initiate Buprenorphine Treatment Pre-Hospital through EMS and in the Emergency Department

MOUD is considered the standard of care for opioid use disorder treatment**.** Emergency medicine represents a key access point for initiating MOUD. Buprenorphine, one of three FDA-approved medications to treat opioid use disorder, can be prescribed by any clinician with a current standard DEA registration with Schedule III authority, in any clinical setting. In addition, EMS is uniquely positioned to administer buprenorphine directly following an overdose. EMS personnel can assess patient eligibility and treat with buprenorphine under a protocol from their medical director. Buprenorphine is a safe and effective medication that reduces withdrawal symptoms, relapse, and future overdose risk.

Research demonstrates that initiating buprenorphine for opioid use disorder in emergency medicine increases long-term engagement in treatment. Buprenorphine can be initiated after naloxone administration or when a patient is in sufficient withdrawal. After buprenorphine administration, patients are linked to ongoing care in the community.

Key Resources:

- MN Bridge EMS Implementation Guide
- MN Bridge EMS Field Initiation Protocol
- MN Bridge EMS support

Medications for Opioid Use Disorder (MOUD) in Jails

Meeting the needs of individuals with a SUD in jails is critical to reducing overdose deaths. The risk of overdose in the first two weeks following release is nearly 40 times higher among formerly incarcerated individuals compared to the general public.[1] In Minnesota between 2010 and 2019, drug overdose deaths were responsible for one in every three deaths occurring in individuals within one year of release from the Department of Corrections, with 20% of those deaths occurring in just the first two weeks of

[1] Ranapurwala SI, Shanahan ME, Alexandridis AA, et al. Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015. *American Journal of Public Health*. DOI: 10.2105/AJPH.2018.304514

release.[2] Providing MOUD in jail is highly effective. Research shows it reduces the risk of death following incarceration by 75% and reduces the risk of death from overdose by 85% in the first month following release. Furthermore, treatment with methadone or buprenorphine is shown to lower rates of re-arrest and reincarceration.[3]

Key Resources:

- Get Hands on Support: MOUD Treatment in JAILS - Stratis Health
- Medications for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit
- Jail-Based Medication for Opioid Use Disorder: Promising Practices, Guidelines, and Resources

Overdose Education and Naloxone Distribution in Jails

The risk of overdose in the first two weeks following release is nearly 40 times higher among formerly incarcerated individuals compared to the general public[1]. In Minnesota between 2010 and 2019, drug overdose deaths were responsible for one in every three deaths occurring in individuals within one year of release from the Department of Corrections, with 20% of those deaths occurring in just the first two weeks of release[3]. Educating individuals with a SUD about overdose and providing them with naloxone upon release is one strategy that jurisdictions can use to decrease overdose deaths. One study showed that among incarcerated individuals who received naloxone, 32% reported reversing an overdose and 44% received refills from community programs after reentry. [4]

Key Resources:

- Primer for implementing Overdose Education and Naloxone Distribution in Jails and Prisons
- Jail-based Overdose Prevention Education and Naloxone Distribution Toolkit
- Instructions for how jails can order naloxone at no-cost from the state

[2] Minnesota Management and Budget. (2021). Treating Opioid Use Disorder for Criminal Justice Involved Individuals. Medication for Opioid Use Disorder for Individuals in the Criminal Justice System (mn.gov)
[3] Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic. TheOpioidEbatement-v3.pdf (lac.org)
[4] Wenger LD, Showalter D, Lambdin B, et al. Overdose Education and Naloxone Distribution in the San Francisco County Jail. *J Correct Health Care*. 2019;25(4):394-404.

Resources and Templates

Communication Considerations

Public spike alerts should be used sparingly to avoid alert fatigue. **Best practice is to use words like "dangerous" rather than "potent," or "strong" to describe suspected substances involved in a spike. Avoid sharing specific drug branding or names unless necessary, as this may unintentionally increase demand. It is recommended that more detailed information be provided to the Overdose Spike Response Team and that only essential information that would facilitate prevention be shared with the public.**

When your community experiences an overdose spike, effectively communicating about overdose prevention strategies can help raise awareness of their importance and encourage people at increased risk of overdose to take precautions to reduce their risk or seek treatment for substance use disorder. On the other hand, language that is shaming or overly negative can discourage people from seeking help. **Messaging should emphasize that SUD is treatable, and overdoses are preventable.** Messaging should also include resources and clear action steps that the public can take to reduce their risk and prevent overdoses in their community.

For more practical tips for communicating during an overdose spike, check out this resource from MDH: Overdose Cluster Response Messaging: A Guide for Public Health and Prevention Organizations (state.mn.us)

Recommendations from Research on Effective Messaging

Use clear, direct, and action oriented language.	Use person-first language.	Imply harm rather than potency or strength.
Include information on how to prevent overdose and how to recognize and respond to an overdose.	Include a date on messaging and remove it in a timely manner to prevent desensitization to message alerts.	Adjust messaging for different demographic groups.

Recommendations from Overdose Response Strategy Learning Community.

Designate Appropriate Level of Dissemination

When sharing information with OSRT members and other partner agencies, information should be clearly marked to designate the appropriate level of dissemination.

Dissemination: Levels of Response

For information only: Information intended for professionals only should be marked 'For information only.' Sending briefings to OSRT members and other professionals keeps them informed and may enable a more effective response.

Targeted alert to specific populations: Targeted alerts directly or indirectly reach specific populations of people at increased risk of overdose, either by setting (e.g., prisons, unsheltered individuals) or by population (e.g., people who use cocaine).

For public dissemination: Public alerts should be sent via communications channels following the protocols agreed upon. Public alerts reach the widest audience and will be posted in public places, and shared through social media, personal networks, and news media if appropriate.

Adapted from Public Health England: Drug Alerts and Local Drug Information Systems.

Considerations for Issuing Public or Targeted Alerts

	Do not consider an alert	Consider if other evidence exists	Consider an alert
Will an alert enable avoidance or risk reduction? *Can the drug be identified and is there something specific to say about the risks of the drug, potency, mixtures, method of use, infections, adulterations or settings that will enable the risk to be reduced or the drug avoided?*	**Do not consider an alert** unless the available information is specific enough to enable the risk to be reduced or avoided. *For instance, the drug is unknown and the risks or risk reduction options cannot be explained.*	An alert is warranted by other criteria and generic risk reduction advice is applicable. *For instance, the drug is unknown but serious harm or death has occurred and generic risk reduction advice would reduce risk.*	**Consider an alert if** it enables the drug to be avoided or the risk reduced. *For instance, the drug can be identified and there are alternatives or risk reduction options.*
Will an alert be counterproductive? Will it encourage the use of a dangerous new and/or novel drug or alert to an extra potent source? *For instance, a warning of potent fentanyl may cause people with OUD to seek it out and increase the incidence of overdose.*	**Do not issue an alert** if thought to be counterproductive. *In most cases, do not alert about potent fentanyl/opioids. However, there may be circumstances when an alert is justified: For instance, there have been a number of deaths or the purity is exceptionally high.*	There is a serious risk and realistic risk-reduction advice is available. *For instance, high potency ecstasy pills may be sought out without the risks being understood. Simple risk-reduction, such as breaking a pill in half, may be effective.* *For instance, if there is cocaine circulating in the community that is suspected to be laced with fentanyl, risk reduction advice such as encouraging people who use cocaine to use fentanyl test strips and carry naloxone may be effective.*	**Consider an alert if** it is unlikely to be counterproductive or the risks of the drug involved outweigh any potential risk from issuing an alert.

Adapted from Public Health England: Drug Alerts and Local Drug Information Systems.

Determining outreach and public communications response

Providing public communications should be considered if: There is an action specific to the drug threat that can be taken to protect the public from a health risk (e.g., discarding or avoiding a potentially contaminated product, being aware of a particularly lethal batch, seeking naloxone).

Or

Communication is necessary to:

- Inform the public and raise awareness of overdose prevention strategies. Assess if there has been prior messaging focused on a particular geographic area or sub-population.
- Aid the public health investigation (e.g., additional epidemiological case finding)
- Ensure appropriate and responsible messaging and transparency (e.g., preempting, clarifying or correcting incomplete or misleading information that has become public through other channels)

Inform healthcare providers for public health or patient care purposes (e.g., raise awareness for case finding and provide information on screening, testing, or care management).

Public Communications Options for Consideration

- Alert via press release (used less often unless widespread potential threat)
- Social media through X (Twitter), Facebook, Instagram
- Targeted outreach to culturally specific media
- Targeted outreach at community-based organizations, Human Services agencies, Behavioral Health agencies
- Community Health Boards and Coalitions
- Phone and email communication to overdose response groups
- Outreach through EMS
- Outreach through fire departments

Adapted from NACCHO Overdose Spike Response Framework for County and Local Health Departments.

Message Templates and Examples

This section contains messaging templates that can be used in your jurisdiction's spike response communications. Overdose Spike Response Teams should plug in community-specific resources and information as applicable and add agency logos and branding as needed.

Sample Alert to Overdose Spike Response Team

[Jurisdiction Name] T[1-4] Alert

[Today's Date]

[*For information only*]- A public health alert based on [emergency medical services data] has been issued for [Jurisdiction Name]. Below is a summary of the alert based on the available information. If you have additional information about the spike, please contact [local point of contact names] at [(xxx)xxx-xxxx or name@email.org]. Overdose Spike Response Team agencies should begin implementing Tier [1-4] response plan actions.

[*For information only*]- Description of the alert:

- Time of spike: [Month, date, year, hours, a.m./p.m.]
- Time detected: [Month, date, year, hours, a.m./p.m.]
- Tier indication: [T1-T4]
- Location: [jurisdiction, city/town, zip codes]
- Results of in-depth data review: [X] suspected non-fatal overdoses and [X] suspected non-fatal overdoses. This exceeds the threshold of [X] number of expected overdoses.
- Suspected substances involved: [insert suspected substances involved if known]
- Specific populations involved: [if applicable, e.g., unstably housed, people who use methamphetamine]

Please share the attached prevention messaging/resources with your clients/patients/those you encounter: local treatment and recovery services card, flyer on Good Samaritan law, flyer on overdose risk reduction strategies, flyer on OD symptoms and naloxone.

[*Targeted alert* (if applicable)] Individuals in [X population] are being disproportionately affected during this spike. Please share the following prevention messaging with this population.

Example: An overdose spike alert has been issued for County A. A number of overdoses have occurred among people who use cocaine. If you are using cocaine, you may be at increased risk of overdose at this time. Please take steps to reduce your risk of overdose such as:

- *Carry naloxone*
- *Use fentanyl test strips*
- *Don't use alone*
- *Check on friends and family who are at increased risk of overdose*

Sample Public / News Media Alert

[Date]

The [Agency Name] is warning residents about an increase in fatal and non-fatal overdoses since [date] in [Jurisdiction Name]. We are issuing a public alert to increase community awareness and advise first responders, healthcare providers, and people who are at increased risk of overdose and their families of the increased risk of overdose in our community. Overdoses are preventable and substance use disorder is treatable. Everyone is encouraged to share this information throughout our community and to take steps to reduce the risk of overdose.

Know the signs of an opioid overdose

- Loss of consciousness
- Unresponsive to outside stimulus
- Fingernails and lips turn blue or purplish-black
- Pulse is slow, erratic or absent
- Breathing is very slow and shallow, erratic, or has stopped
- For lighter-skinned people, skin tone turns bluish-purple; for darker-skinned people, skin tone turns gray or ashen
- Choking sounds or snore-like gurgling noise
- Vomiting
- Body is limp

Call 911 if you suspect an overdose

- The Good Samaritan Law protects you from arrest or prosecution of specific drug-related activities.

Whenever possible, do not use drugs alone.

- It is impossible to administer life-saving naloxone to yourself.
- If someone uses, ensure another person can respond with naloxone and call emergency services.
- Consider connecting with treatment and recovery supports when ready.

Carry naloxone and use fentanyl test strips

- Naloxone (Narcan) will reverse an opioid overdose if administered in time
- Find naloxone near you: Naloxone Finder
- Access naloxone, fentanyl test strips, and other health care services: Syringe Service Program Network Calendar – MN Dept. of Health (state.mn.us)

Recovery is possible

- Learn more about treatment options in Minnesota: Recovery Info and Resources. | Steve Rummler HOPE Network
- Find available treatment options: Fast Tracker – Fast Tracker (fasttrackermn.org)
- Locate opioid-use disorder treatment providers: Buprenorphine Treatment Practitioner Locator - SAMHSA

Get immediate help

- Mental health/emotional support: Call 988

- Crisis text line: Text “MN” to 741741
- For emergencies: Call 911

Digital Media Templates

The images and text below are examples of material that you can use to reach your audiences on social media, websites, or any other digital communication channels you use. You are free to use these templates directly or edit them to suit your needs. **Click this link for editable and downloadable templates and graphics:**

Be sure to add text alongside this image that provides the links it references – and add any other information specific to your area and your available resources.

****Attention****
[Your geographic area] is experiencing an unusually high number of drug overdoses, and health advisors have announced an official spike alert warning. Remember, overdoses are preventable and substance use is treatable. Help is available.

Recommended actions include:
1. Learning the signs of an overdose
2. Obtaining naloxone
3. Promoting treatment and overdose risk reduction resources
4. Checking on friends/family that use drugs

For access to [include names of local resources], go to [add website/phone number].

Other MDH-branded digital images you may use:

DEPARTMENT OF HEALTH

Drug Overdose Prevention

Tools to Use

As the overdose epidemic continues to worsen nationwide, new resources are available to combat it. This page explains the essential tools that all Minnesotans should know how to use to protect themselves and their communities.

Naloxone Saves Lives

Naloxone can reverse an opioid overdose.

Two Forms:

1. Nasal Spray
2. Muscle Injection

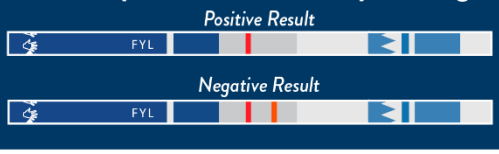
- Purchase online or over-the-counter.
- Get a prescription & buy at pharmacies.
- Get it free from harm reduction groups.

Use the MN Naloxone Finder to locate distributors near you:

Drug Checking Saves Lives

Anyone who uses drugs should always check their supply with **fentanyl test strips** before they use.

Test strips can detect fentanyl in drugs.



Simply dilute a portion of a drug sample in water, then apply the strip. Within minutes, the strip will indicate if it identified fentanyl in the sample.

Carefully follow the instructions specific to each brand of testing strip you use.

- **Purchase fentanyl test strips online.**
- **Get them free from harm reduction groups.**

Syringe Service Programs Save Lives

Syringe Service Programs (SSPs) are frontline harm reduction groups that provide direct support to people who use drugs. They offer a wealth of services and support, such as:

- Free unused syringes, free syringe disposal.
- Free testing for HIV, hepatitis C, and more.
- Free supplies (works, naloxone, test strips).
- Free wound care, hygiene kits.
- Free vaccinations (mpox, COVID-19).
- Linkage to care and other treatment.

Check out the SSP Network Calendar to find harm reduction services near you:

Treatment Saves Lives

When you're ready, find accessible, affordable substance use disorder treatment options near you with the MN Fast Tracker:

Visit FastTrackerMN.org to search for treatment options available near you:

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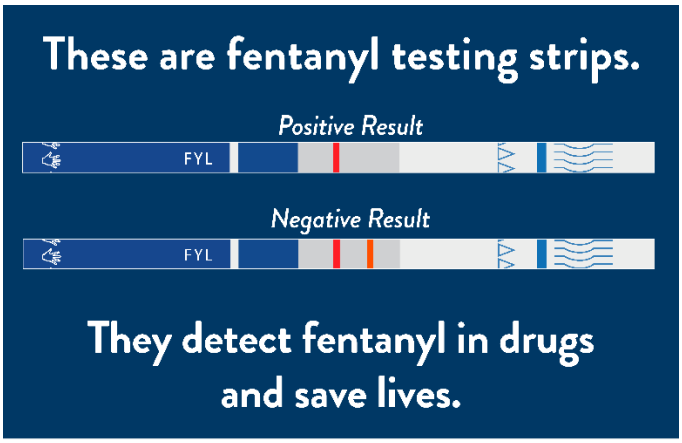

DEPARTMENT OF HEALTH

Resource Card Examples

Chemical Health Resources

Brooklyn Park Police Department
5400 85th Ave N
Brooklyn Park, MN 55443

Rev 09/24

Substance Use Disorder:
The use of alcohol or drugs that is compulsive or dangerous (or both)

First Steps:
A person will want to do a Comprehensive Assessment (previously known as a Rule 25). Most treatment providers complete this assessment.

What if Treatment is Declined?
Once a treatment recommendation is made, it is up to the individual to agree to it. If an individual is unwilling to do a chemical health assessment; there are a couple other options.

- One option is to hold an intervention; but this can be expensive and is not covered by insurance.
- Another option is to consider any leverage you have with an individual. It is important that whenever you address your concerns that you are doing it in a caring way.

Substance Use Disorders can be treated in a range of settings that include outpatient, residential and hospital inpatient based on an individual's assessed need.

How to Pay for Treatment:
Do you have health insurance? Call your insurance provider for benefit eligibility.
No insurance or inadequate insurance? Call your county or get an assessment from a treatment program. Hennepin 612-348-4111; Anoka 763-324-1270; Ramsey 651-266-4008.

Resources for Loved Ones with Substance Use Disorders:

- The Al-Anon Family Groups (AFG) are relatives and friends of alcoholics who share their experience, strength and hope to solve their common problems.
- Al-Anon Meetings can be found at: **https://www.al-anon-alateen-msp.org**
- NAMI MN Support Groups can be found at: **https://namimn.org/support/nami-minnesota-support-groups/**

Detox Services Withdrawal Management	**AICDC Withdrawal Management**	1800 Chicago Ave Minneapolis, MN 612-879-3646
	Fairview Recovery Services	12450 Riverside Ave Minneapolis, MN 612-672-2736
	Judy Retterath Withdrawal Management	3409 E Medicine Lake Blvd Plymouth, MN 763-559-1402
	Gateway Recovery	6840 78th Ave N Brooklyn Park, MN (833) DETOX-80
Narcan Needle Exchange Fentanyl Strips	**Genoa Healthcare**	1930 Coon Rapids Blvd NW Coon Rapids, MN 651-583-7095
	Living Free	9201 75th Ave N Brooklyn Park, MN 763-315-7170
	Nystrom & Associates	13603 80th Cir N Maple Grove, MN 763-274-3120
	Valhalla Place	2807 Brookdale Dr Brooklyn Park, MN 763-237-9898
	Local Pharmacies	CVS, Walgreens, Cub, Hyvee
Walk-In Assessments	**Tubman Chrysalis Center**	4432 Chicago Ave #1, Minneapolis, MN 612-870-2426
	Avivo	1900 Chicago Ave Minneapolis, MN 612-752-8074
	MN Adult & Teen Challenge	1619 Portland Ave S Minneapolis, MN 612-373-3366
	Park Avenue Center	2430 Nicollet Ave S Minneapolis, MN 612-871-7443
	MHR Substance Use Disorder Treatment	7201 University Ave NE Fridley, MN 763-789-4895

Minnesota Recovery Network: https://minnesotarecovery.org/
Naloxone Finder: https://knowthedangers.com/naloxone-finder/
Treatment options can be found on Fast Tracker: https://fasttrackermn.org/

Conclusion

This document provides guidance, model language, and templates that jurisdictions can use to develop a response plan during a spike in suspected drug overdoses. This document is meant to serve as guidance for jurisdictions and should be adapted to meet local needs and in accordance with available resources. Jurisdictions are encouraged to take this guide as a starting point and make it their own by modifying the response actions and templates to fit the needs and resources in the community. Jurisdictions that use this guide to develop their own spike alert response plan will be better prepared to address spike in their communities should the need arise.

Minnesota Department of Health
Injury Prevention and Mental Health Division
Substance Use Epidemiology Unit
Health.DrugODEpi@state.mn.us
www.health.state.mn.us

9/21/2026