OPIOID RAPID RESPONSE PROGRAM



Overview



The **Opioid Rapid Response Program (ORRP)** is a federal effort to reduce opioid overdose deaths and is coordinated by

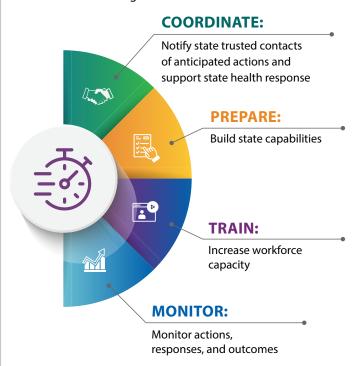
- The Office of the Assistant Secretary for Health (OASH)
- U.S. Centers for Disease Control and Prevention (CDC)
- The Office of the Inspector General within the US Department of Health and Human Services (HHS OIG).

ORRP originally grew out of the Appalachian Region Prescription Opioid Strike Force (ARPO). ARPO began to combat the opioid overdose epidemic in 2018 by identifying, investigating, and effectively and efficiently prosecuting medical professionals involved in the illegal prescription and distribution of opioids in six states: Ohio, West Virginia, Virginia, Kentucky, Tennessee, and Alabama. In coordination with ARPO, ORRP (then known as Opioid Rapid Response Teams) was founded to help state and local authorities ensure that patients, who were dependent on prescription opioids and impacted by ARPO efforts, were directed to reputable professionals and addiction treatment providers.

Today, ORRP supports all 50 US states and the District of Columbia. When federal law enforcement actions result in the sudden loss of a provider's ability to prescribe or dispense controlled substances, including opioids or medication-assisted treatment/ medication for opioid use disorder (MAT/MOUD), ORRP leverages relationships across federal, state, and local agencies. ORRP coordinators within CDC's Division of Overdose Prevention and HHS OIG facilitate timely communication, care coordination, risk reduction, and other overdose prevention interventions. They work closely with law enforcement agents involved in each action to ensure that sensitive information remains confidential and the integrity of an investigation is not compromised.

ORRP Strategic Components

All ORRP efforts align with one of four strategic components to help strengthen care continuity and overdose risk mitigation.





ORRP Strategies



Federal Law Enforcement Coordination with State Health Officials

- Establish and engage state public health and behavioral health agency officials as "trusted contacts" in every state and DC
- Engage with federal law enforcement agents before they take action that could result in a prescription supply disruption
- Assist states in assessing risks to patient populations and determining appropriate mitigation measures
- Follow up with state health and federal law enforcement after an action
- Monitor patient health outcomes



State and Local Preparedness

- Provide technical support and training for state and local jurisdictions preparing for a disruption in prescription opioid or MAT/MOUD supply
- Develop communication materials and templates for state and local health officials to use during clinic closures and overdose spikes (e.g., health alerts, flyers with referral hotlines, information about risks associated with counterfeit pills, and how to access harm reduction resources)
- Conduct tabletop exercises with states in partnership with the <u>Association of State and Territorial Health</u>
 <u>Officials</u> (ASTHO)
- Monitor states' preparedness efforts



Training and Workforce Development

- Develop and disseminate training on opioids, treatment, and overdose prevention for clinicians and non-clinicians
- · Train law enforcement officials on opioid use disorders, treatment, and overdose prevention strategies
- Train healthcare professionals to support jurisdictions' opioid rapid response efforts, including linkages to care, gap care, care coordination, motivational interviewing, and pain management



Outcome Monitoring

Utilize available healthcare data sets to assess patient outcomes following discontinued access to a prescriber
of opioids or MOUD.

ORRP Contact Information

For more information, visit <u>CDC's Opioid Rapid Response Program</u> (https://www.cdc.gov/opioids/opioid-rapid-response-program.html) or email <u>ORRP@cdc.gov</u>.