

# Igniting a Regional Response to Overdose

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OENDP Central Hub



**MONTANA**  
PUBLIC HEALTH INSTITUTE



# Opioid Crisis in Montana

<https://nbcmontana.com/news/local/fentanyl-surges-through-montana-reservations>

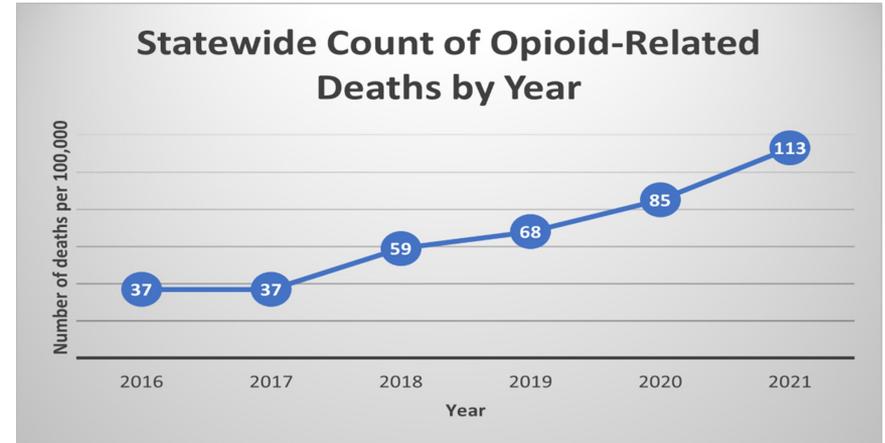
# Facts & Data

In 2021, there were 113 opioid overdose deaths in Montana.

From 2017 to 2021 there has been 200% increase in overdose deaths.

Adults aged 25-44 had the highest rate (58% of deaths) followed by adults aged 45-64 (38% of deaths).

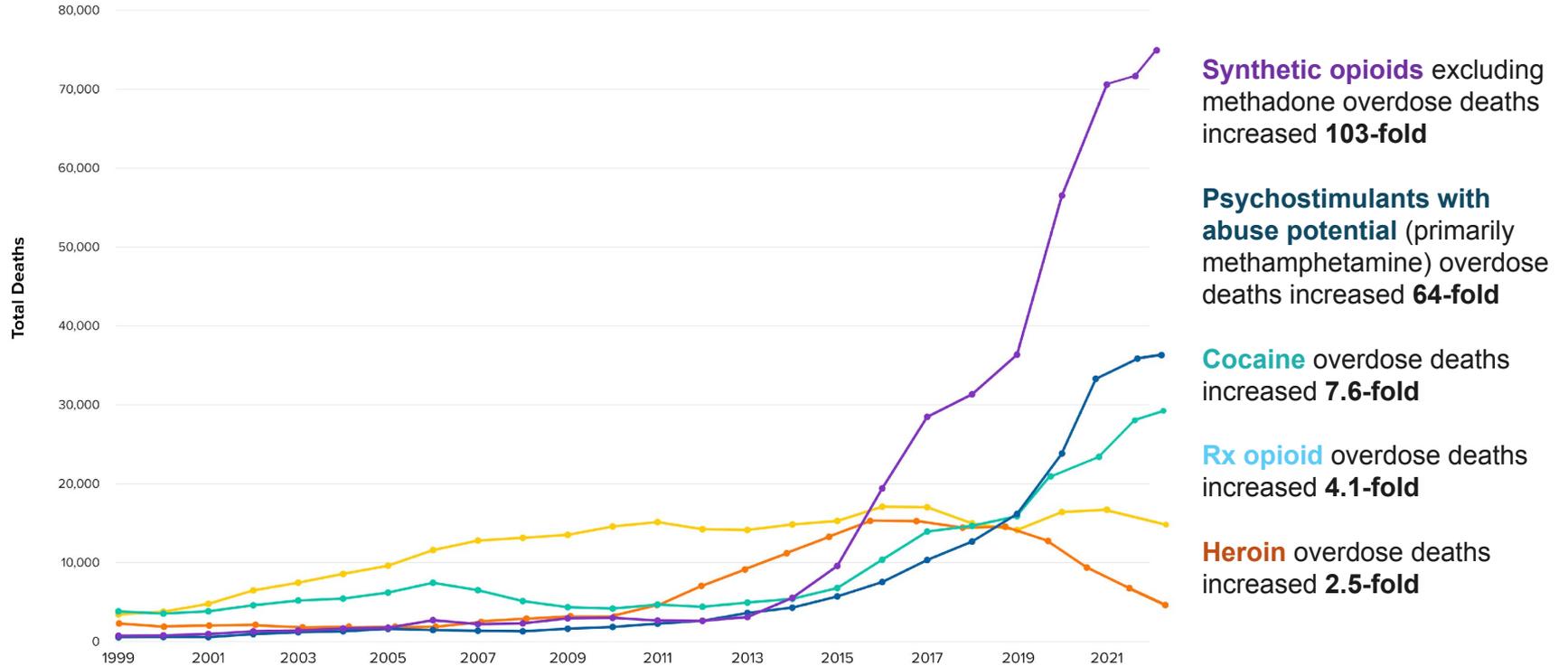
Males accounted for 66% of these deaths.



Source:

<https://dphhs.mt.gov/publichealth/EMSTS/InjuryandOverdoseIndicators-Fatal>

## Trends in U.S. Drug Overdose Deaths (December 1999–June 2023), by Drug Type



Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# Opioids & Fentanyl

- Opioids are a class of drug that include prescription opioids such as codeine, hydrocodone, morphine, methadone, oxycontin, fentanyl, etc.
- Illegal opioids include drugs such as heroine and illicit synthetic fentanyl.
- Fentanyl-laced drugs are extremely dangerous, and many people may be unaware that their drugs contain fentanyl.



**Fentanyl is a synthetic opioid that is up to**

**50x**

stronger than  
heroin

**100x**

stronger than  
morphine

## Impacts of Opioid/Fentanyl Use

### Individuals

- Targets vulnerable populations
- Short & long-term health effects
- Individual changes (behavior & physical)
- Relationships
- Family and children

### Communities

- Strains resources
- Exposure to trauma
- Economic
- Environmental

To address the opioid crisis in Montana, a **regional approach** has been taken to deliver evidence-based practices and interventions through the **Opioid Education and Naloxone Distribution Program (OENDP)**. The goal of this project is to reduce opioid overdoses.

This pilot project has funded six regional hubs across the state



NALOXONE TRAINING  
& DISTRIBUTION



HARM REDUCTION



PREVENTION &  
AWARENESS



LINKAGE TO  
TREATMENT AND  
RECOVERY

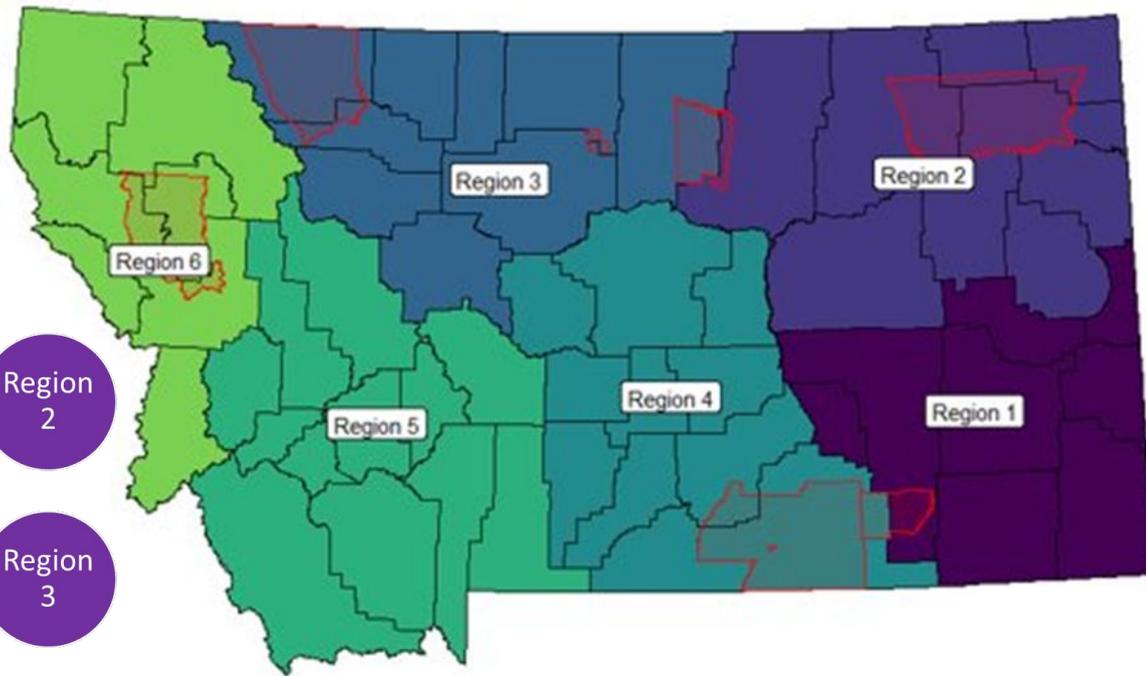
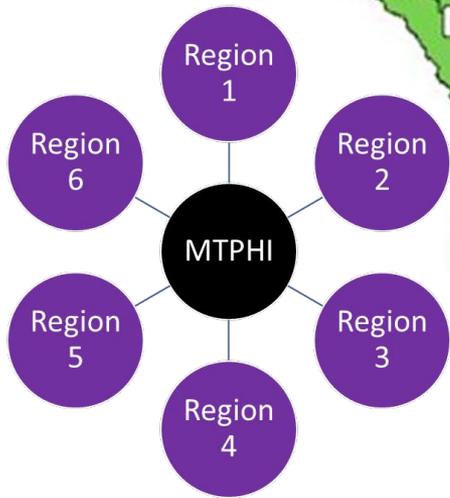
# Guiding Principles

- Collaboration
- Knowing the problem
- Meeting people where they are at

## Evidence-based Strategies

- Naloxone training & distribution
- Implementing harm reduction approaches
- Opioid prevention and education
- Peer support engagement
- Providing linkages to treatment
- Targeting at-risk individuals and populations
- Monitoring opioid trends





# Meet the Regional Experts



Region 1 – Micah Scott  
Regional Opioid Project Manager  
Eastern Montana Community Mental  
Health Center  
Forsyth

Counties:

Carter

Custer

Fallon

Powder River

Prairie

Rosebud

Treasure

Wibaux

Reservations:

Northern Cheyenne



In Region 1 we provide hands on approach to educating our stakeholders on prevention, harm reduction and with naloxone training. We currently have 2 free naloxone station and have provided 18+ naloxone wall mounts that are sponsored by our stakeholders.

Region 2 – Kris FourStar  
Fort Peck Tribal Health Department  
Poplar



Counties:

Daniels  
Dawson  
Garfield  
McCone  
Phillips  
Richland  
Roosevelt  
Sheridan  
Valley

Reservations:

Fort Peck  
Fort Belknap

Region 2 has focused on stakeholder engagement starting with buy-in and support from the law enforcement community. Region 2 has also increased naloxone training and distribution while pursuing additional funding opportunities to support establishing syringe service programs.

LaVonne Grosser Region 3  
Chronic Disease Prevention Specialist  
Little Shell Tribe  
Great Falls



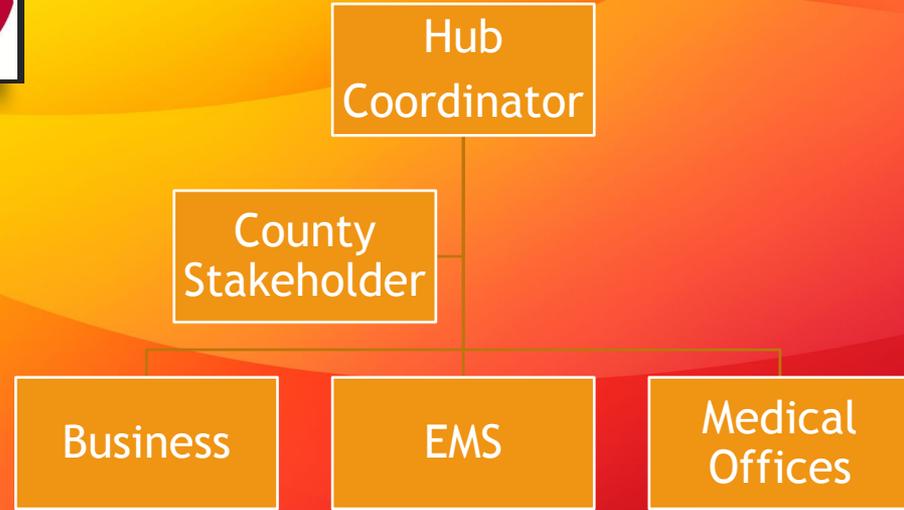
### Counties:

Blaine  
Cascade  
Choteau  
Glacier  
Hill  
Liberty  
Pondera  
Teton  
Toole

### Reservations:

Browning  
Fort Belknap  
Rocky Boy/Box Elder

The Region 3 Model is education based. We provide hands on education to our stakeholders in each county prior to the distribution of Naloxone and Harm Reduction Supplies



ANYONE WHO REQUESTS SUPPLIES



# REGION 4 OENDP

## Goldstein Little Eagle

-Yellowstone -Wheatland -Carbon  
-Big Horn -Petroleum -Stillwater -Fergus  
-Judith Basin -Golden Valley -Sweet Grass

- 👉 Naloxone Training
- 👉 Emergency Naloxone Cabinets
- 👉 Healthy Choices Kiosk
- 👉 Harm Reduction Outreach



Ali Mullen - Region 5  
Opioid Misuse and  
Safer Communities MT Coordinator  
Lewis and Clark County Public Health  
Helena

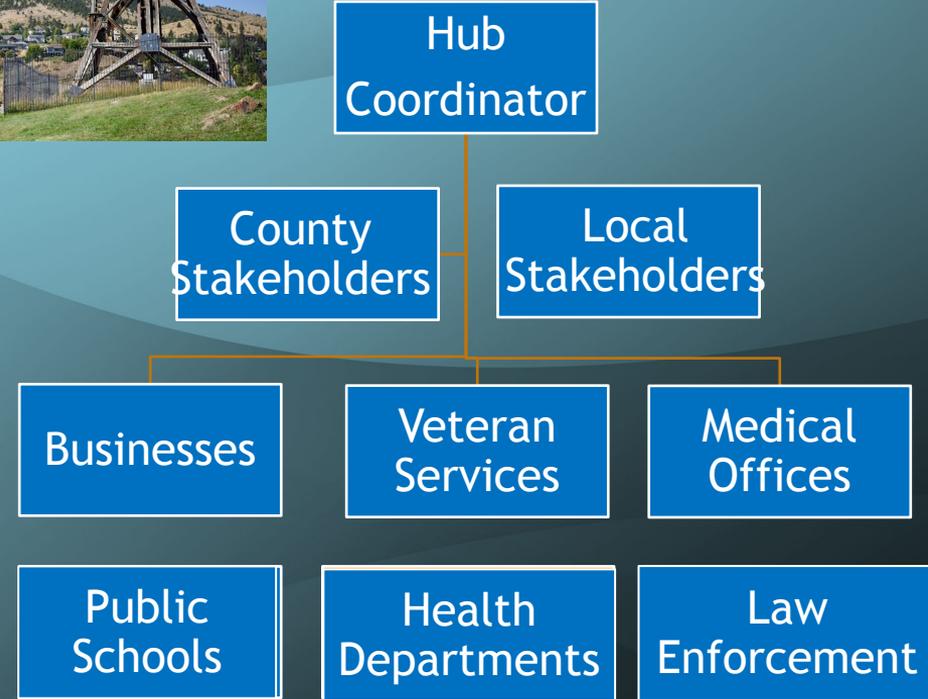


- Counties:
- Lewis and Clark
  - Meagher
  - Broadwater
  - Park
  - Gallatin
  - Jefferson
  - Madison
  - Powell
  - Granite
  - Deerlodge
  - Silver Bow
  - Beaverhead

Reservations:

None

Region 5 is primarily focused on general education around stigma, engaging stakeholders both locally and regionally and the distribution of supplies.



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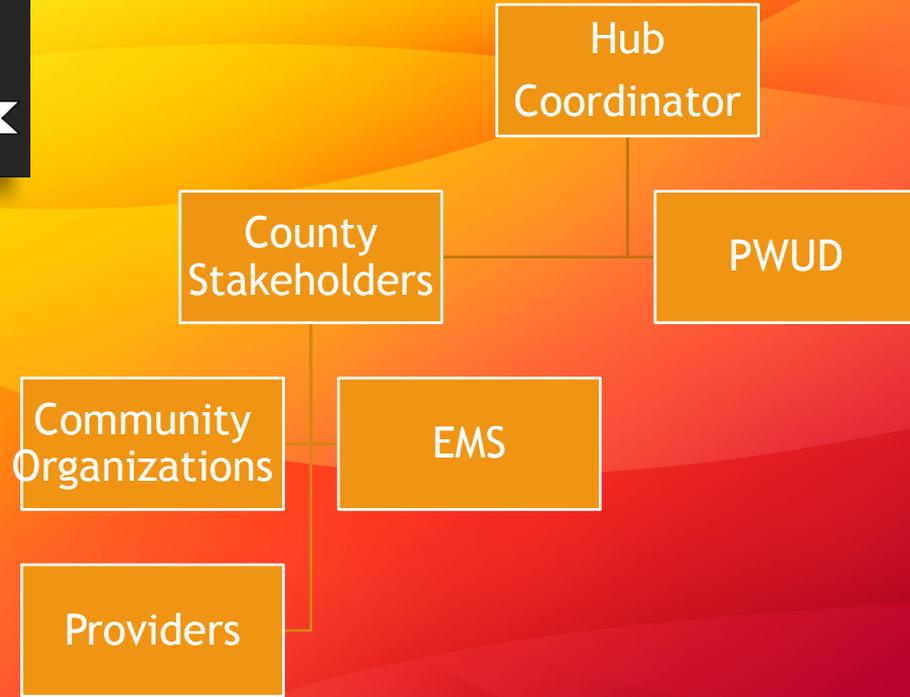
Rachel Just – Region 6  
Harm Reduction Specialist  
Flathead City-County Health Dept.  
Kalispell



Counties: Reservation:

- Lincoln
- Flathead
- Mineral
- Lake
- Sanders
- Missoula
- Ravalli

The Region 6 Model is community based. We partner with community organizations to determine how harm reduction strategies can be employed in their programs. We also provide direct service to people who use drugs (PWUD) through our SSP and community outreach.



# Panel Discussion

1. How does stigma impact your work?
2. What harm reduction strategies do you employ to counteract the stigma in your community?
3. What outcomes from your work have surprised you the most?
4. What is your favorite part about the regional and collaborative nature of OENDP?



# Fueling sparks of harm reduction across Montana

**Christa Weathers**



# Harm Reduction

Is a proven public health strategy concerned with reducing the harm associated with drug use. It is based on meeting people where they are at, harm reduction does not coerce or demand abstinence but supports recovery and values increased feelings of ***safety, dignity, and quality of life*** for people who use drugs.



# Examples of harm reduction in action

Condoms

Sunscreen

Seatbelts

Bike helmets

Designated driver programs

Covid face masks

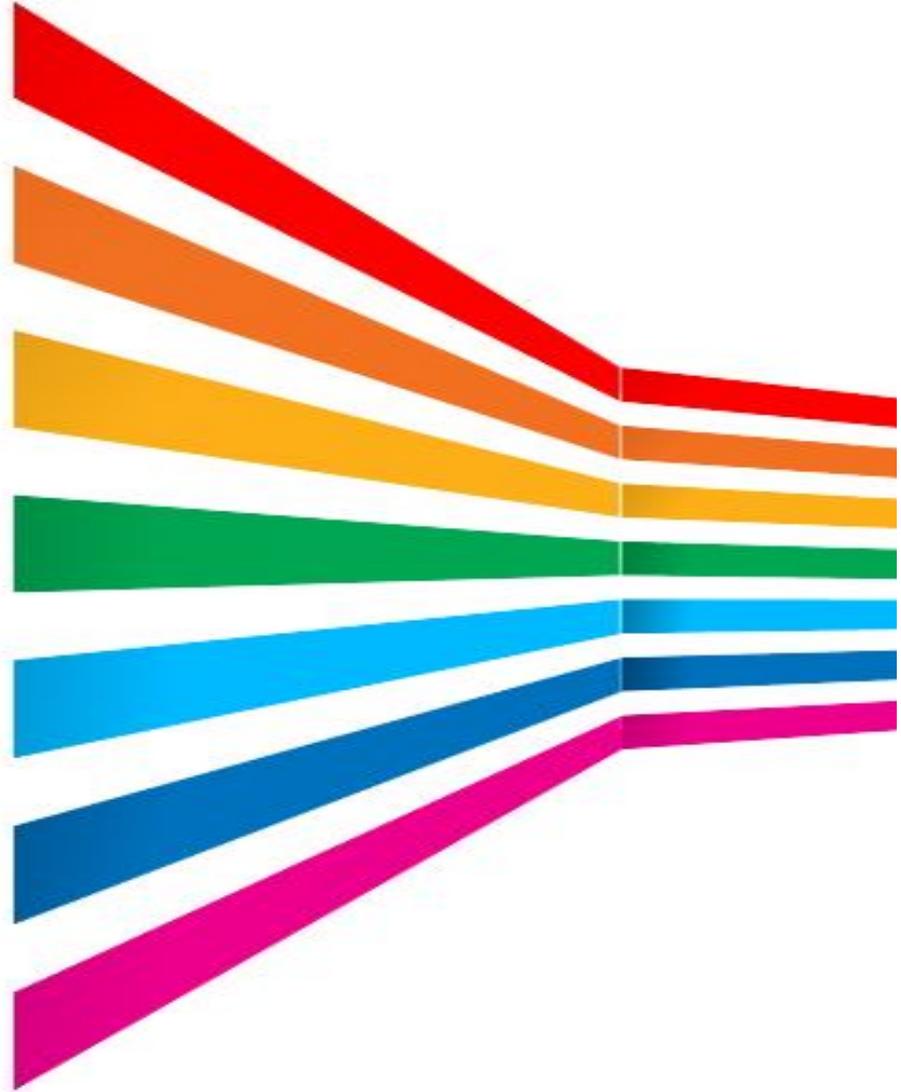
# Guiding Principles



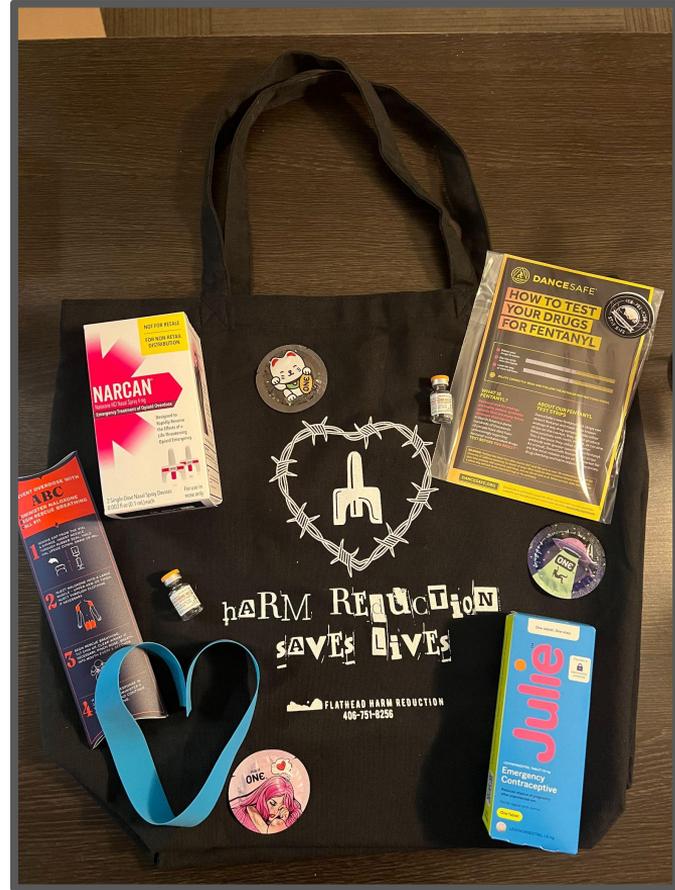
1. Acceptance of drug use, works to minimize risks.
2. Acknowledges that drug use occurs on a continuum and some ways of using are safer than others.
3. Defines success through quality of life and well being over cessation of use.
4. Non-judgemental, non-coercive
5. People who use drugs (PWUD) have meaningful voice in programs and policies.
6. Establishes PWUD as the primary agents of change and mutual aid.
7. Recognizes social inequalities impact drug use and outcomes.
8. Does not attempt to minimize the harm associated.

# Spectrum of Programming

- Overdose prevention centers
- Syringe service programs
- Medication for Opioid Use Disorder (MOUD)
- HR vending machine
- Fentanyl test strips/drug testing
- Wound care
- Stigma reduction
- HIV, HCV, Syphilis testing
- Outreach/linkage to care



# Rachel Syringe Service Program



# Goldstein

## Harm reduction vending machine



# Lavonne Naloxone distribution in tribal communities



# Community and Organizational Readiness

## For Harm Reduction

- Community supported programs are worth the wait
- Identify shared values
- Stakeholder engagement and champions
- Co creation of programs with people who use drugs
- Funding and sustainability
- Expect and plan for challenges
- Harm reduction is a practice not a destination

# Creating safety in harm reduction programs

- Confidentiality
- Minimal data collection
- De Identified data
- Cultural humility & body autonomy
- Engagement of PWUD in meaningful ways
- Organizational alignment & education
- Not coercive or judgmental
- **Trust & Connection First**

# Why is harm reduction important in Montana?

## It saves lives

**Creates a critical connection and linkage to care for people in active drug use outside of the criminal justice system**

**Reduces risk taking by restoring dignity and reducing stigma**

**People who access harm reduction programs are 5 times more likely to seek recovery services**