



# Block by Block: A Fatality Prevention Initiative

*Project Manual*

**SUDORS**

STATEWIDE UNINTENTIONAL  
DRUG OVERDOSE  
REPORTING SYSTEM



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# THE ISSUE

Opioids are a class of natural and synthetic compounds that bind to the body's opioid receptors and cause feelings of pain relief and euphoria, the reasons for their prescription or off-label usage. Side effects of respiratory depression and physical dependence can lead to dependence and physical harm if overused.

Opioids have a long history of use, but prescriptions skyrocketed with the introduction of OxyContin by Purdue Pharm in 1996. Sales rose rapidly to over \$1B annually in the early 2000s despite its lack of advantages over existing opioid drugs, becoming the leading drug of abuse by 2004. Some attribute its success to an aggressive marketing campaign, spending hundreds of millions annually. The rise of OxyContin was accompanied by a broader liberalization of opioid prescribing, including fentanyl, a synthetic opioid up to 100 times stronger than morphine.

There have been widespread efforts to curb prescription opioid abuse, including abuse deterrent formulations (ADF) and stricter prescription guidelines and enforcement. While efforts have reduced the number of those dependent on prescription opioids, there has been a concurrent rise in illicit use of opioids including black market pills, heroin, fentanyl, and fentanyl laced products. It is for this reason that a systems level understanding of the overdose crisis is essential for the design and implementation of public health interventions and the best way to avoid unintended negative consequences.

Fentanyl and similar compounds are commonly mixed with heroin, methamphetamine, and cocaine resulting in a nationwide increase in fatal overdoses. CDC (Centers for Disease Control) is currently reporting over 109,000 overdose deaths in the United States over the previous 12-month period ending in March 2022. Illinois reported 4,061 overdose deaths, an increase of 13.9% from the previous year.

## PROJECT PHILOSOPHY

With the prevalence and potency of fentanyl and its analogues on the rise along with risk factors of opioid use disorder (OUD) such as homelessness, unemployment, underemployment, cooccurring substance use disorders (SUD) and mental illness, there is an immediate need for rapid expansion of evidence-based intervention.



# PROJECT STRUCTURE

## MODELING

The structure and goals of this project are informed by and modeled after the CDC's 6 Principles.

### **Promote Health Equity**

Block by Block promotes equity by going directly to areas hit the hardest and providing services free of charge.

### **Address Underlying Factors**

The overdose crisis is perpetuated by systemic inequities. We seek to address the intersectional nature of the opiate crisis by providing linkage to services such as food, housing, and social services as we know them to be available in the areas we will be serving.

### **Partner Broadly**

In the interest of a broad foundation, we seek to partner with a variety of services to reach the widest audience.

### **Advance Science**

In this first stage, we will be evaluating the feasibility of the program paving the way for more in depth future evaluation of its effect on overdose deaths.

### **Take Evidence-based Action**

Naloxone and drug testing are evidence-based approaches to the prevention of overdose death and are the backbone of our program. We will also strive to raise awareness of and connect the communities most affected with other evidence-based resources, such as syringe exchange, overdose prevention sites, and medication for opioid use disorder (MOUD), etc.

### **Drive Innovation**

This project is innovative in its approach to overdose-prevention supplies distribution. We are still in the initial stages of wider public acceptance of these supplies and this pilot will help gauge the feasibility of taking them directly to those in areas most effective, even if they are not directly personally affected, and encouraging a broader community prevention approach.

# Project Goal & Summary

## Summary

Project team members identify blocks with a high number of overdose deaths and recruit residents and organizations living or working in those areas to participate in naloxone training to identify signs of overdose, administer naloxone, and provide resources to support services as well as how to use fentanyl test strips. Participants who complete the training are given naloxone and fentanyl test strip kits, resource material handouts, and window and yard signs alerting passersby that someone with naloxone administration lives or works in the building.

## Goal

This initiative aims to utilize high resolution data from the Statewide Unintentional Drug Overdose Reporting System (SUDORS) to assist community partners in the targeted distribution of the overdose reversal drug, naloxone, fentanyl test strips, and community resource materials more directly to the communities most affected by the overdose crisis. The goal is to engage and train residents on each designated block as well as all identifiable stakeholders including staff of local businesses, religious institutions, schools, libraries, parks, and public transit entities with high frequencies of overdose deaths. If successful, the project will have immediate impact in reducing drug overdose fatalities in these areas by increasing community knowledge, access to resources, and interconnectedness.

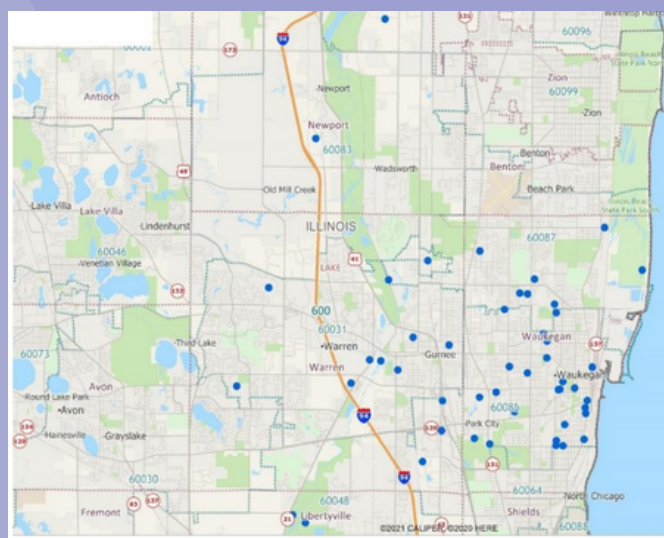


# Planning

Planning Building the team – The first step is to build the Block-by-Block team. This begins with the identification of community partners, preferably those already doing the work who have firsthand knowledge and a positive presence in the community. With initial pilots we have found success with a staffing model that includes an administrator/supervisor responsible for human resources tasks, data management and, grant reporting and at least two Peer Support Specialists who will be doing the actual door-knocking, outreach, and supply distribution. Training includes:

- Introduction to the project
- Harm reduction and stigma training
- Safety training for outreach workers
- Naloxone and FTS Train-the-trainer sessions
- Orientation of the scheduling and recruitment plan

Identifying target areas – In collaboration with the Statewide Unintentional Drug Overdose Reporting System (SUDORS) at Northwestern University, identify hotspots in the target area with high concentrations of opioid overdose deaths. Reach out to other community organizations located or working in those areas to work together to plan for successful outreach strategies.



If not already, register as an Overdose Education and Naloxone Distribution (OEND) program through IDHS Division of Substance Use Prevention and Recovery (SUPR) Drug Overdose Prevention Program (DOPP) at <http://www.dhs.state.il.us/page.aspx?item=58142>

More information can be found on the DOPP Portal  
<https://www.ilsavesod.org/default>

Obtain resources – Order Naloxone kits and fentanyl test strips. Nasal naloxone can be obtained through IDPH at  
<https://idph.illinois.gov/Naloxone/>

The DOPP naloxone training presentation along with CDPH flyers for fentanyl test strip training are included in the Block x Block Resource Binder.

Creating the training and project materials – Before project activities can begin the project training must be created. The training should include:

- How to display the yard sign and talk to neighbors about being a resource for the community
- How to track use of naloxone and test strips and how to request more naloxone kits and fentanyl test strips and report use information to the Block by Block team

Work with Northwestern and community organizations to curate a folio of leave-behind materials and resources. Examples include informational brochures on emergency housing, domestic violence shelters, mental health services, harm reduction services, substance use disorder treatment and medication assisted recovery (MAR) services, food pantries, etc



# Recruitment

Go door to door in identified target areas to invite residents to participate in the training and project. Tips for successful recruitment:

- Have a short (10 second) “project pitch” prepared to give the most crucial information to the individual quickly. For example: “Hi, my name is [Clara], and I am from [name of community organization]. We have a program where we train residents of this area on how to stop opioid overdoses using naloxone, and then we give out free naloxone and fentanyl test strips to the person so they can help prevent overdose deaths in their neighborhood. Would you be interested in participating or learning more?”
- Develop protocol for the order of door knocking to distribute participants evenly across the block. For example, pick a corner at which to start and go house by house until identifying a potential participant for recruitment. Knocking on every door on a block can reduce suspicion or the perception of being targeted for one reason or another and reduce stigma which has the potential to negatively affect a person’s self-esteem, damage relationships with loved ones, and prevent those suffering from addiction from accessing treatment.
- Go at various times of day and days of the week to increase the chances of catching people while they are home and allows for schedule flexibility for project staff.
- Keep track of the addresses visited and their responses.
- Ask if the person has been personally affected by the overdose epidemic, themselves or loved ones, but keep it casual and move on if you feel the person doesn’t want to disclose/ incriminate themselves or others.
- Even if residents aren’t interested in participation, offer them resources that could help them or their neighbors.



- Materials to bring
  - Pen and notepad to collect interested participant names and track addresses visited and responses.
  - Various leave-behind materials and community resources
  - Flyers with information on naloxone administration and test strip use
  - ID from both the provider agency and city or village municipality if applicable.
  - Water and snacks, self-care is important
- Learn from residents. They know their community better than we do. Even if they are not interested, they may have suggestions for interested neighbors or businesses, or be aware of hotspots. They may have suggestions for resources and programs for future leave behind materials.

Training – Prepare a brief training for naloxone and FTS use that can be conducted on site. For more complex training such as intramuscular injection, the participant may feel more comfortable with a more in-depth training. If time does not permit, schedule the training for a later time.

## Maintenance and Evaluation

Monitoring/Maintenance – Check in with participants to ensure they are comfortable with the training. Ask if they have any questions, provide a brief refresher if necessary. Check on supplies and replenish as necessary. Update lists of community resources monthly if hours change, or services come and go.

Update other partners as appropriate.

## Evaluation -

This pilot project will serve as a “proof-of concept” effort to learn if project activities are an effective and acceptable way to get harm reduction materials into communities and the hands of individuals most at risk from opioid overdose.

### Evaluation questions:

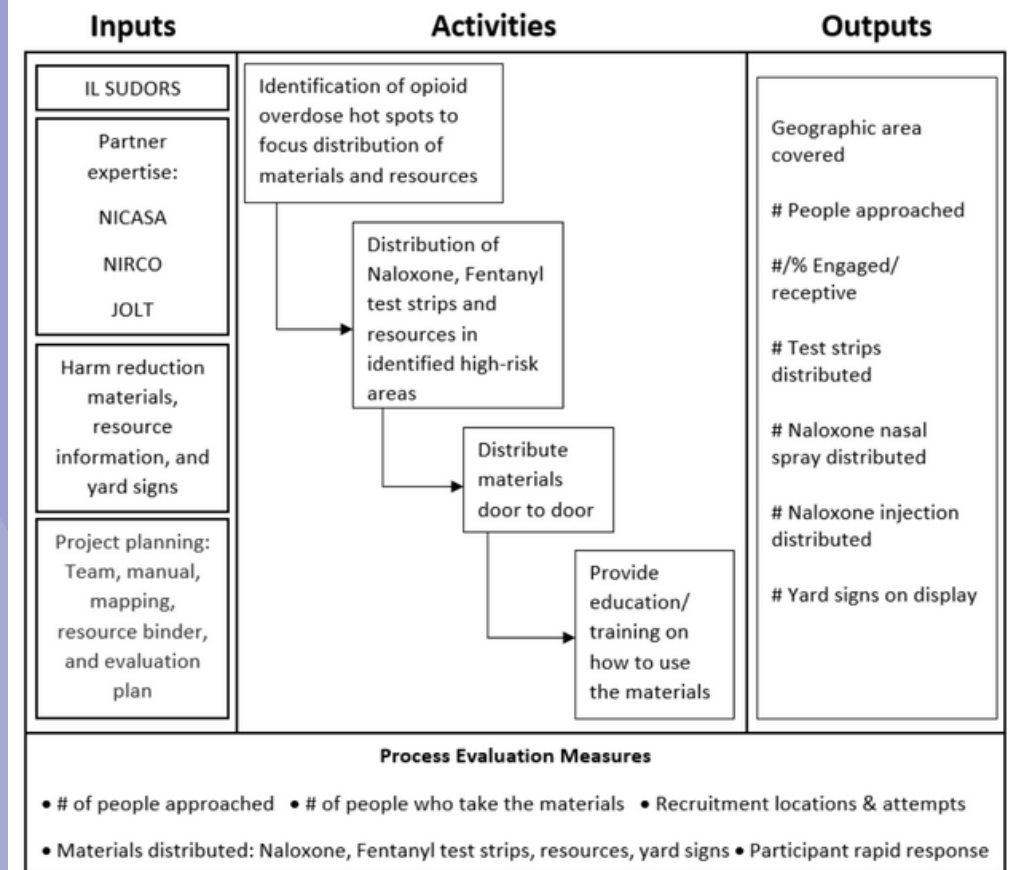
1. Does organized and targeted distribution of materials in this way aid in their dissemination? To answer this question we will track naloxone and fentanyl test strips given out.

Tracking will be done through a log noting the date, zip code, and type of harm reduction material.

2. Is this an acceptable way to distribute naloxone and fentanyl test strips to communities at risk from opioid overdose?

To answer this question we will track the response rate of individuals approached at their homes. Those not interested will be noted and percent uptake will be logged to inform community response. An example of the tracking sheet can be found below.

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Address visited	Zip code	Attempt 1		Attempt 2		Attempt 3		Interested	Flyer	Narcan	Referral Sheet	Test strips
1			Date	Response	Date	Response	Date	Response					
2													
3													
4													
5													
6													
7													
8													
9													
10													



# References

Van Zee A. The promotion and marketing of oxycontin: commercial triumph, public health tragedy. *Am J Public Health*. 2009 Feb;99(2):221-7.

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Phillips JK, Ford MA, Bonnie RJ, editors. *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use*. Washington (DC): National Academies Press (US); 2017 Jul 13. 5, Evidence on Strategies for Addressing the Opioid Epidemic.

Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. *National Center for Health Statistics*. 2022.

St Marie B. Assessing Patients' Risk for Opioid Use Disorder. *AACN Adv Crit Care*. 2019 Dec 15;30(4):343-352.

CDC's Efforts to Prevent Overdoses and Substance Use-Related Harms – 2022-2024

Peiper NC, et al. Fentanyl test strips as an opioid overdose prevention strategy. *International Journal of Drug Policy*. 2019 Jan