

Improve Lives, Prevent Deaths

How to Develop a Comprehensive Approach to Prevent Overdose Deaths and Improve the Health of People who Use Opioids



Introduction

Overdose deaths and opioid use disorder continue to affect people in Washington State. Communities have made significant efforts to address this issue, though building a comprehensive and successful approach can be challenging. Fortunately, there is strong evidence about which strategies are most likely to be effective toward these goals. A comprehensive response braids multiple strategies to develop holistic supports for people with different needs.

This guide highlights **actionable strategies that work** and their evidence base. It also describes how to **integrate these strategies within a comprehensive framework** to address the holistic health needs, including overdose care, of people who use drugs.

Specific topics include:

- Evidence-based strategies
- Priority populations and settings
- Creating a holistic Opioid Overdose Response Plan
- Evaluation metrics
- Examples of essential and innovative programs
- Examples of existing opioid/stimulant response plans
- Resources



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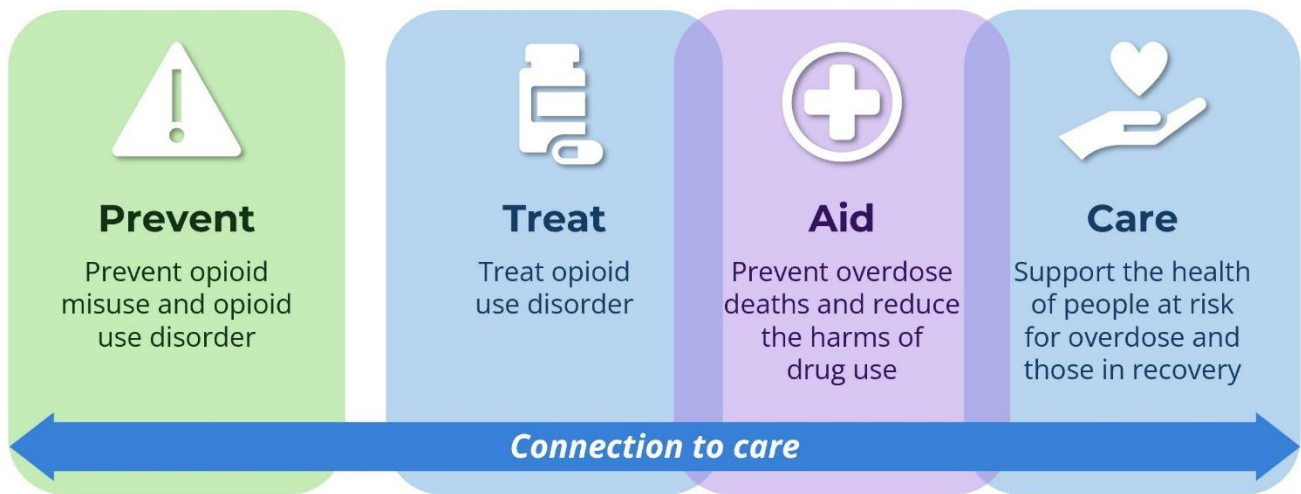
Integrating Overdose Prevention and Health Promotion

Every community will benefit from a coordinated approach that maximizes short, medium, and long-term objectives to reduce the potential harms of opioids. While these strategies may differ across communities, the common goal is to **connect people, organizations, and communities to maximize impact**. This includes efforts to:

- Connect people to the services they need.
- Provide services where people are and make them easy to get.
- Give people information they need to make healthier decisions, while recognizing social and environmental factors that can interfere with the ability to make these decisions.
- Support staff and volunteers doing this work through training, ongoing education, and implementation support.
- Engage communities and people most affected by overdose in planning and implementation.

Evidence-based strategies

A comprehensive opioid response plan should include evidence-based strategies from each of these domains:



Multiple guides for overdose response planning include these strategies, which have been identified through a review of the scientific literature. Review the resources at the end of this document to learn more and to find a planning checklist. Keep in mind that the evidence base has often been developed in particular settings for particular populations, typically in traditional care settings and among dominant culture participants. Evidence-based interventions in one setting may not translate to another setting perfectly.



PREVENT: Prevent misuse of opioids and opioid use disorder

These strategies seek to prevent substance use/misuse, particularly among young people.¹ Examples include:

- Safer opioid prescribing
- Safe storage and disposal of medications
- Health care to treat physical pain and sleep issues
- Targeted youth substance use education
- [Coping skills education](#)
- Mental health supports for youth and young adults

¹ While trauma often plays a central role in substance use disorder, strategies to prevent and treat trauma are beyond the scope of this document.



TREAT: Treat opioid use disorder and stimulant use disorder

The gold standard of opioid use disorder (OUD) treatment is use of the medications buprenorphine and methadone. [These two medications have been shown to reduce deaths from opioid use by 50% among those with opioid use disorder.](#) For some, social supports and counseling are also helpful. Important treatment approaches include:

- Low-barrier access to buprenorphine and methadone
- Continued access to substance use disorder (SUD) treatment, even if a person has not yet stopped *all* substance use
- Evidence-based SUD counseling
- Treatments for stimulant use disorder including related mental health conditions
- [Health care supports for those using stimulants to reduce hazards to oral, physical, and mental health](#)
- Support groups, recovery cafes, and other social supports

Not everyone who uses opioids feels ready for or is interested in these options. Some may also need treatment and/or health care supports for their stimulant use disorder. A range of treatment options should be offered and made available when people feel ready. Ideally, services can be brought to where people live or receive care, as navigating the treatment and health care systems can be a huge barrier.



AID: Prevent overdose deaths and reduce the harms of drug use

Overdose response education and naloxone are essential strategies to help people who use drugs stay alive and reduce negative health risks of using unregulated drugs. Overdose prevention can also catalyze communities to integrate other strategies:

- Naloxone distribution to people who may have or witness an opioid overdose
- Education on opioid overdose and safer use
- Community-based drug checking services
- Post-overdose follow-up care
- Distribution of safer drug use supplies
- HIV and hepatitis C (HCV) testing and treatment
- Education on short- and long-term impacts of stimulant use



CARE: Support the health of people at risk for overdose and/or working on their recovery

People who are actively using substances or in various phases of recovery, some of whom continue to use substances, likely need multiple services to address these needs, including:

- Medical care
- Housing supports

- Employment supports
- Mental health care
- Legal help
- Case management
- Alternatives to incarceration for drug-related crimes



CONNECT: Strategies to improve connections to care and services

Navigating health and treatment systems can be challenging. Easy and continued connections can happen through multiple approaches:

- Care navigation, often staffed by peers
- Community education and stigma reduction
- Education for providers who interact with people at risk of overdose within a range of settings (e.g., healthcare, behavioral health, housing, outreach, emergency services, law enforcement, corrections)
- Support and education for friends and family of people with OUD or at risk of overdose



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Emerging strategies

While not available or even legal in many places in the United States, interventions like these are showing promise in other countries:

- Overdose prevention centers where people can consume drugs under medical supervision
- Safer supply distribution

Practices with limited effectiveness

Some long-standing practices may, in fact, increase a person's risk for overdose. They can also make it harder to start or stay engaged with services:

- [Inpatient/outpatient treatment or detox as standalones without buprenorphine or methadone](#)
These treatments without buprenorphine or methadone can lower someone's tolerance and increase their risk for overdose.
- Lengthy wait times and assessments for SUD treatment
- Limited hours, distant locations, and rigid program rules
- Requiring, rather than offering, counseling as part of treatment for OUD
- Discontinuing SUD treatment or mental health care if someone continues to use drugs or starts again

Priority populations and settings

Specific groups of people are dying from overdose at disproportionate rates in Washington State (or have seen recent increases). **To have the maximum impact on mortality as quickly as possible, these populations need priority attention:**

- People who use non-prescribed/illegal/unregulated substances
- People with OUD and/or stimulant use disorder
- People who recently survived an overdose or emergency related to substance use
- People in jail or prison (or who have left recently)
- People living unhoused
- People in permanent supportive housing
- Pregnant and parenting people with SUD
- Racial/ethnic groups experiencing high rates of overdose deaths (e.g., American Indian/Alaska Native, African American)
- Youth and young adults



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These individuals can be reached through diverse settings such as:

- Health care
 - Hospitals, emergency departments, primary care clinics, pharmacies
- Emergency medical services (EMS)
- Harm reduction programs
- Criminal legal system
 - Jails, prisons, drug courts, juvenile detention, probation, parole programs
- Behavioral health programs
- Public health programs
- Social services
- Schools and organizations that serve youth
- Community organizations
- Housing support programs
- Homeless outreach programs

Creating a holistic Opioid Overdose Response Plan

At the end of this document is a checklist you can use to guide your planning efforts. Follow these steps to create a holistic plan:

- Review your community's data, including overdose deaths, hospitalizations, and treatment.
- Identify the resources and partners in your community.
- Set priorities based on input from people at risk of overdose and other stakeholders.
- Select evidence-based strategies (or promising practices) in each domain of the response continuum.
- Choose evaluation metrics to measure the impact of your strategies.
- Regularly review your evaluation metrics and local data. Revise strategies as needed.



Evaluation metrics

Data can help identify which groups are currently most affected or where interventions are likely to have the highest impact. Common evaluation metrics include:

- Number of people receiving services at harm reduction programs
- Number of EMS calls for overdose
- Overdose deaths and hospitalizations
- Number of providers/clinics prescribing buprenorphine
- Number of people receiving buprenorphine or methadone
- Naloxone kits distributed to specific populations or in specific settings
- Jails and prisons providing medications for opioid use disorder (MOUD)

Survey or interview people who use drugs to obtain their perspective on care needs, the appropriateness and quality of care, and access barriers.

Resource:

[*Most States Already Collect Data That Can Help Improve Opioid Use Disorder Treatment: When used to inform policy, this information can increase access to care, save lives,*](#)
Pew Charitable Trusts

Care Cascade Analysis

Some communities have used data to better understand how people enter and navigate systems such as healthcare or criminal justice. These data can help identify where people who have experienced or died from an overdose may have been served in the prior year. This can help focus interventions or identify dangerous transitions in care. Find helpful tips here: [Cascade of care approach to treatment for OUD](#).

If you don't have these data, bring together diverse stakeholders across the care continuum to review local examples to see where care initiation, referral, and retention went well or did not.

Two examples of a Care Cascade Analysis from King County are:

- [Integrating Data to Better Understand Fatal Overdoses and Service System Engagement: DCHS Data Insights Series](#)
- [Evolution of a Post-Overdose Outreach Program in King County, Washington: Lessons Learned Through Continuous Quality Improvement](#)

Resource:

[*Development of a Cascade of Care for responding to the opioid epidemic,*](#)
American Journal of Drug and Alcohol Abuse

Examples of essential and innovative programs

Essential and innovative programs that blend strategies include:

Syringe services programs: These provide safer injection and smoking supplies, HIV and HCV testing, and referrals to essential services. They are essential partners in distributing naloxone and overdose response education and distribute a large proportion of naloxone in Washington State. Some also provide low-barrier buprenorphine, wound care, and other medical care.

Primary prevention + harm reduction for youth:

Education for high school and college students should include: messaging about the risks of drugs, strategies to avoid using, and ways to use more safely if they do use.

Health engagement hubs: These “serve as an all-in-one location for low-barrier medical, harm reduction, behavioral health, and social services for people who use drugs” as defined by the Washington State Health Care Authority.

Other low barrier health programs: Low-barrier programs offer harm reduction supplies, health care, mental health referrals and care management, and medications for opioid use disorder in one location. These include [low barrier opioid & stimulant use disorder services](#).

Post-overdose response centers: After an overdose, people are taken to an overdose recovery center where they can rest and have access to buprenorphine and methadone if desired.

MOUD and naloxone in jails and prisons: People leaving jail or prison are at very high risk for overdose upon release. Providing buprenorphine in jails and also naloxone upon release can help reduce this risk.

Buprenorphine administered in the field: Buprenorphine delivered to people after an overdose reversal with naloxone by the Seattle Fire Department. Another example is Downtown Emergency Services Center providing long-acting injectable buprenorphine to unhoused people and offering referrals for follow-up.

King County Telebup Hotline: Hotline to connect people to three days of buprenorphine and referrals for longer-term access.

Comprehensive medical care for those using opioids/and or stimulants: [Opioids and Stimulants: A Guide for Healthcare Providers](#) from the University of California San Francisco.



Photo courtesy of [UW ADAI Empathy Lens Collection](#)

RESOURCES

WA State, County, and Tribal Opioid Plans

Many counties and jurisdictions in Washington State have comprehensive plans to address overdose and opioids:

[King County Opioid Settlement Plan](#)

[Lummi Tribe Clinic's Opioid Overdose Prevention Program](#)

[Pierce County Opioid Response Plan](#)

[Snohomish County Multi-Agency Coordination Group](#)

[Spokane Opioid Settlement Funds](#)

[Thurston County Opioid Task Force](#)

Training

[LearnAboutTreatment](#)

Resources for the general public and professionals on treatments for opioid and stimulant use disorders – includes video series for professionals treating patients with opioid use disorder.

[StopOverdose](#)

Overdose prevention and response education, WA State naloxone finder map.

[WA Department of Health Overdose Education and Naloxone Distribution Program](#)

Overdose prevention and response education, resources to obtain naloxone for programs.

[ScalaNW](#)

Program that provides emergency departments, hospitals, and acute care providers with direct links to evidence-based clinical support and scheduling for patients who could benefit from MOUD.

Evidence for overdose prevention strategies

[The Connecticut Opioid REsponse \(CORE\) Initiative: Report on Funding Priorities for the Opioid Settlement Funds in the State of Connecticut](#), Yale University

[Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic](#), RAND

[Preventing Overdose and Reducing Drug-Related Harm: A Policy Guide for State and Local Change](#) and [Implementing State and Local Overdose Prevention Policies: A Resource for Navigating the Policy Process](#), ChangeLab Solutions

[Opioid-Overdose Reduction Continuum of Care Approach: A Guide for Policymakers for Implementing Evidence-Based Strategies that Address Opioid Overdose](#), National Institute on Drug Abuse/HEAL

[Protecting Our Communities: All Neighborhoods Need Health-Centered Approaches to be Safe and Just](#), Drug Policy Alliance

[Health and Human Services Overdose Prevention Plan](#)

[Substance Use Prevention and Treatment Initiative](#), Pew Charitable Trust

Opioid settlement guides

[Opioid Settlement Tracker](#), Legal Action Center

[Guides for Community Advocates on the Opioid Settlements](#), Vital Strategies

[Principles for the Use of Funds From the Opioid Litigation](#), Johns Hopkins University

[Model Opioid Settlement Legislation](#), O'Neill Institute at Georgetown University

[Equity Considerations for Local Health Departments on Opioid Settlement Funds](#), Legal Action Center

Data resources

[WA Dept of Health Overdose Dashboard](#)

[King County Overdose Dashboard](#)

[ADAI WA Data pages](#)

[Syringe Service Programs Surveys and Qualitative Interviews](#)

[WA Drug Checking data pages](#)

Key journal articles

Continuous Process Improvement and Cascade of Care framework:

[Development of a Cascade of Care for responding to the opioid epidemic](#)

[Evolution of a Post-Overdose Outreach Program in King County, Washington: Lessons Learned Through Continuous Quality Improvement](#)

MOUD evidence base:

[Association of Opioid Agonist Treatment with All-Cause Mortality and Specific Causes of Death Among People with Opioid Dependence: A Systematic Review and Meta-analysis](#)

[Impact of Treatment for Opioid Dependence on Fatal Drug-related Poisoning: a National Cohort Study in England](#)

[Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study](#)

[Community-Based Medications First for Opioid Use Disorder-Care Utilization and Mortality Outcomes](#)

Public health program planning

[Creating a logic model](#), Public Health Ontario, Canada

[Strategies for Community Engagement](#), Center for Health Care Strategies

[Strategic Prevention Framework](#), SAMHSA

Community Checklist

Use this checklist to develop or update your own community overdose prevention plan.

Planning Steps	Notes
Assess <ul style="list-style-type: none"> Who is dying from overdose? Who is being hospitalized? Are there groups who need special attention? What other information do we need? What can people with lived experience tell us? 	
Capacity <ul style="list-style-type: none"> Who are our partners? What programs are already working on this issue? Who else should be involved? Who else do we need to hear from? How can we structure community involvement? 	
Plan <ul style="list-style-type: none"> What strategies fit best with our community to reduce overdose deaths? Do we have strategies across the continuum? 	
Implement <ul style="list-style-type: none"> How will the plan be put into action? Who will be responsible for different pieces? 	
Evaluate <ul style="list-style-type: none"> What metrics will we measure? Short, medium, and long-term outcomes? What does success look like? How will we know if we're going in the right direction? 	
Cultural Competence <ul style="list-style-type: none"> How can we ensure that diverse voices are heard? How do we engage and support partners with lived experience of overdose or substance use disorder? 	
Sustain <ul style="list-style-type: none"> How will we ensure that strategies continue and that we achieve long-term results? How can we continue to engage partners? 	
Communicate <ul style="list-style-type: none"> How will we communicate and engage partners and stakeholders? How will we communicate to the public and people with lived experience? 	

Adapted from [SAMHSA's Strategic Prevention Framework](#)