King County — 2023

Public Health
Seattle & King County

# Overdose Fatality Review Report 2023

## What is OFR?

Overdose Fatality Review (OFR) is a series of confidential meetings where overdose deaths are examined by a multidisciplinary team from the care and contact continuum of people who use drugs (PWUD).

## What are OFR's objectives?

- *Understand local fatal overdose* ***trends****.*
- *Identify* ***gaps****,* ***barriers*** *&* ***missed opportunities*** *for overdose prevention.*
- ***Recommend*** *innovative, community-specific overdose preventions strategies.*

### King County OFR Timeline

- Fall 2022 — BJA/COSSUP Grant funding for OFR.
- January 2023 - OFR Coordinator hired.
- Spring 2023 - OFR Committee Recruitment.
- August 2023 First meeting
- October 2023 Second meeting
- December 2023 Third meeting

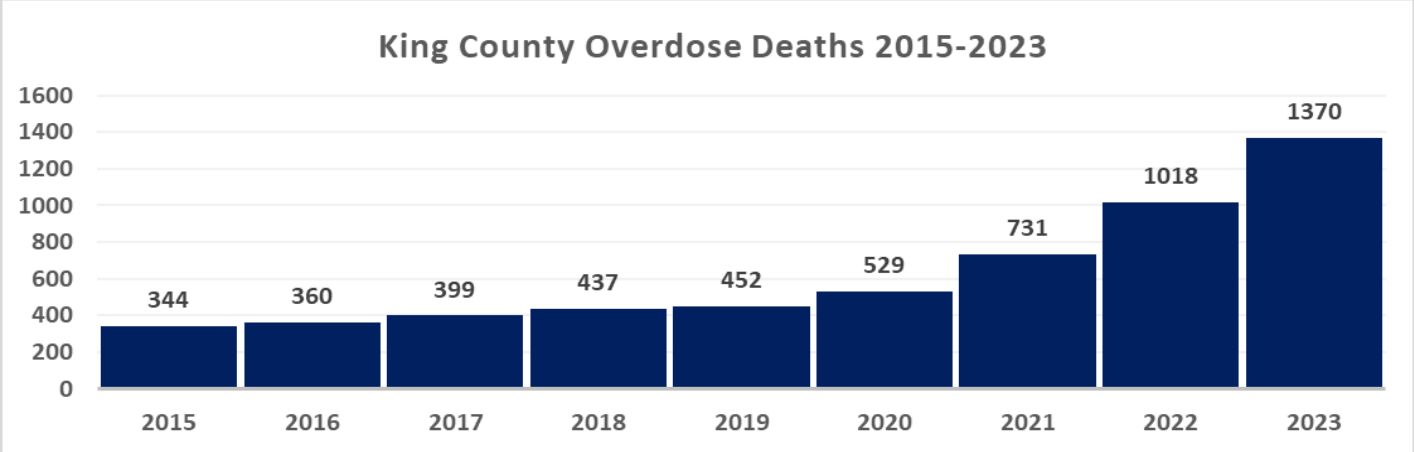
## Why OFR?

Inexpensive and powerful synthetic drugs have led to a dramatic increase in the amount of fatal overdoses in King County. In response, the King County Medical Examiner's Office established an OFR committee to take in-depth looks at the circumstances of overdose deaths and identify ways to prevent future similar deaths.

## Report Contents

The following report contains brief descriptions of King County's first three Overdose Fatality Review meetings. Included are some of the trends, gaps, barriers, missed opportunities and recommendations for overdose prevention that have been identified.

For additional information please contact:
**william.barbour@kingcounty.gov**



## OFR #1 Homelessness

# Recommendations

- Expand outreach to people living in encampments to help facilitate connections to housing, shelter, harm reduction, medications for opioid use disorder (MOUD), and healthcare.
- Provide linkage to housing services at every point of care (treatment, hospitalization, outpatient care, emergency care, incarceration, etc).
- Identify and address gaps within housing services for people who use drugs and people in recovery.

## Summary

The inaugural OFR meeting reviewed the lives and deaths of four individuals who were homeless at the time of their fatal overdose. Areas of discussion were wide-ranging and included topics such as housing instability, medications for opiate use disorders, Indigenous data, involuntary treatment, service connections, common system touchpoints, encampment sweeps, and treatment capacity.

### *Trends*

*There was a 283% increase in overdose deaths among people experiencing homelessness from 2021-2023.*

### *Gaps*

*The absence of a centralized list of individuals impacted by encampment sweeps prohibits monitoring the effects on service connections and outcomes post displacement.*

### *Barriers*

*Not having a stable place to live is a barrier to connection and on-going engagement with services aimed at fatal overdose prevention.*

### *Missed Opportunities*

*Frequent system touchpoints (law enforcement, emergency medical services, etc.) are under-resourced to provide services aimed at overdose prevention among people experiencing homelessness.*

## OFR #2 Emergency Medical Services & Emergency Departments

# Recommendations

- Offer medications for opioid use disorders (buprenorphine, methadone), naloxone kits, and safer use supplies at all emergency department and emergency medical services encounters with people who use drugs (PWUD).
- Increase services available for PWUD at all of King County's emergency departments including: addiction medicine consultations, peer counselors and navigators, housing support, nurse case managers, mental health care, legal assistance and linkage to additional care.

## Summary

The second OFR meeting reviewed the lives and deaths of two individuals who had multiple contacts with emergency medical services (EMS) and emergency departments (ED) in the days preceding their fatal overdose. Areas of discussion included maximizing the intervention and prevention potential of these contacts, anticipating and addressing a diverse array of service needs, 24/7 substance treatment availability, involuntary treatment, peer care navigators, and treatment provider notification for out-of-facility patient deaths.

### *Trends*

*The risk of fatal overdose is highest in the weeks and months following a non-fatal overdose.*

### *Gaps*

*Data gap: How often are fatal overdose victims interacting with EMS & ED's prior to their death?*

### *Barriers*

*Funding limitations are a barrier to expanding intervention and prevention services available during EMS & ED encounters.*

### *Missed Opportunities*

*People willing to engage in treatment following a non-fatal overdose lack immediate access to medications for opiate use disorder and treatment.*

## OFR #3 Opioid Treatment Programs (OTP) — Methadone

# Recommendations

- OTP programs should collaborate with other agencies (dialysis centers, jails, outreach, etc.) to provide on-site medication to avoid disruption in care.
- King County should provide patients in OTP programs with ORCA cards to help address the transportation barrier to treatment retention.
- Government entities should assist OTP providers with funds for mobile medication units, shuttles and drivers.
- Arrange coordinated handoffs to OTP programs for patients starting methadone in ED's, crisis centers or correctional facilities.

## Summary

The third and final OFR meeting of 2023 reviewed the lives and deaths of three individuals who were enrolled in opioid treatment programs using methadone. Areas of discussion included transportation being the most significant barrier to treatment retention, the ability of MOUD treatment to reduce fatal drug overdoses, and the need for greater utilization of this life saving treatment.

### *Trends*

*Active engagement in opioid treatment programs is infrequent among people who experience fatal drug overdose in King County.*

### *Gaps*

*Data about overdose victims interactions with OTP's prior to death is not routinely gathered.*

### *Barriers*

*Transportation: Getting to appointments represents a significant barrier for those engaged in treatment.*

### *Missed Opportunities*

*Discussion between care providers and patients about opioid treatment programs should be happening during every interaction.*

# Additional OFR Recommendations

## OFR #1 Homelessness

- **Promote** the understanding that fatal overdose prevention includes not just responding to acute overdose events but investing in upstream approaches to address the factors that put people at risk of substance use disorders such as trauma, adverse childhood experiences, poverty, lack of social connection, and untreated medical/mental health disorders.
- **Change** chronic homelessness criteria to allow individuals to maintain their housing priority status while receiving inpatient care, living in transitional housing or during periods of incarceration.
- **Build** more permanent supportive housing units and in the meantime, rapidly scale up a spectrum of low– and no-barrier options such as tiny homes, sanctioned encampments, and 24 hour enhanced shelters.
- **Expand** the homeless outreach workforce and increase wages to encourage retention.
- **Direct** funding for new positions to local organizations with experience and longstanding credibility in providing services to those experiencing homelessness.
- **Collect** qualitative and quantitative data exploring the relationships between encampment sweeps and outcomes such as overdose, treatment retention, access to health services and overall health status.
- **Stop** encampment sweeps that disconnect people from ongoing engagement and existing support systems.
- **Expand** programs that provide wrap-around care management services for people at high risk of incarceration such as LEAD and VITAL.

## OFR #2 Emergency Medical Services & Emergency Departments

- **Train** all healthcare workers and ancillary staff in reducing stigmas associated with substance use.
- **Develop** additional data about emergency services accessed by overdose decedents in the months leading up to their death, including purpose, frequency, and outcomes.
- **Link** medical examiner death data with local hospitals and other care agencies when a patient experiences an out-of-facility death.
- **Develop** data about King County involuntary treatment utilization, patient outcomes and incidences of overdose post-treatment.
- **Provide** technical assistance to agencies in support of conducting internal overdose fatality reviews and in implementing quality improvement projects based on OFR recommendations.

## OFR #3 Opioid Treatment Programs (OTP) — Methadone

- **Provide** people who are prescribed MOUD while incarcerated with at least a 1-week supply of medication (not a prescription) and a coordinated handoff to a community OTP upon release.
- **Equip** all King County public transportation vehicles with naloxone and employees trained in its use in conjunction with First-Aid and CPR training.

# Additional OFR Topics of Discussion & Observations

## Housing

- Access to housing is often lost during periods of treatment, incarceration, care transitions, etc.
- Housing instability creates a barrier to engagement, treatment and recovery support.
- Encampment sweeps increase the risk of overdose by disrupting current overdose intervention and prevention efforts such as case management, care coordination, MOUD treatment, healthcare access, and community safety support systems.
- Encampment sweeps create hardships, especially for PWUD's, that often lead toa re-prioritizing of needs above treatment and service engagement, loss of personal belongings, and disconnection from systems of communication and support.
- The majority of King County overdose deaths occur in private residences; however, fatal overdoses disproportionately impacts people living unsheltered and people in permanent supportive housing.
- Supportive housing residents would benefit from the flexibility to transfers between different buildings and programs to accommodated preferences and needs such as proximity to services, supporting social connections, substance use or non-use, and the availability of on-site supports.

## Medications for Opiate Use Disorder (MOUD) - Methadone & Buprenorphine

- MOUDs have been identified as the gold standard for treating those with opioid use disorder.
- MOUDs, specifically methadone and buprenorphine used in opioid agonist treatment (OAT), have been shown to provide a significant protective factor against fatal drug overdoses.
- New regulations allow for prescribing buprenorphine via telehealth, and for expanded use of take-home medications tat reduce the burden of daily clinic visits.
- There is a lack of data about fatal overdose victims and their MOUD use in King County.
- OTP providers are not routinely notified when a patient dies from a drug overdose.
- Long-acting injectable formulations of buprenorphine may be optimal for people who struggles with daily medication adherence and/or with barriers to care; however, this option is difficult to access for those at highest risk because of regulations around dispensing, storage and administration.

## Emergency Departments & Emergency Medical Services

- Emergency medical services and hospital emergency departments are two of the most common system touchpoints among King County fatal overdose victims and provide unique opportunities for intervention and prevention.
- Different emergency departments in King County have vastly different service availabilities for people who use drugs.

## Indigenous Community

- Fatal drug overdose rates among the Indigenous population of King County is significantly higher than any other racial demographic.
- Linkage to culturally competent treatment and tribal community support for Indigenous people who use drugs is crucial to begin to address this communities inequitable fatal overdose rates.
- Historic data collection methods under report the prevalence of indigenous community members in healthcare data.

# Additional OFR Topics of Discussion & Observations

## Harm Reduction

- There is significant data from other cities and countries showing that overdose prevention centers/safe consumption sites reduce fatal overdoses. King County should look to this data for guidance on funding and establishing their own centers dedicated to fatal overdose prevention.
- Narcan/naloxone distribution, safer use education, safer use supplies, and community drug checking all present direct opportunities to decrease fatal overdoses and engage PWUD with prevention and treatment services.
- Opioid supply in King County is highly variable and potent. Alerting PWUD, their community, and care providers when there are changes in local supply can reduce overdose deaths.
- Increased direct and indirect supply of naloxone in areas known for opioid consumption and distribution is needed. Engaging people who use and/or sell drugs in distributing naloxone and harm reduction supplies could extend the reach of these interventions to individuals unlikely to access services elsewhere.
- All King County EMS and law enforcement agencies should carry and distribute naloxone.
- Additional inquiry is needed as to how OD alert technology could be utilized among populations at high risk for overdose.

## Education

- All healthcare providers would benefit from ongoing local guidance on how to talk with patients who use drugs, overdose prevention, available treatment options, and specific drug user health topics such as hepatitis C, sexually transmitted infections and wound care.
- Healthcare providers and patients should receive education about the risks associated with abruptly discontinuing chronic opioid medications including: serious withdrawal symptoms, uncontrolled pain, psychological distress and thoughts of self-harm. Theses risks may lead to patients attempting to treat these symptoms with illicit opioids such as fentanyl and thereby increase the risk of overdose.

## Other

- King County would benefit from greater understanding on how drug seizures impact overdose rates and how coordination with public and private caregivers can mitigate those impacts.
- Voluntary, pre-arrest diversion programs offer an opportunity for treatment and engagement.
- Involuntary treatment following a non-fatal overdose is rare in King County. There is disagreement among OFR participants around involuntary treatment and a diverse array of opinions about limitations, capacity, ethics and scope.
- Inadequate treatment of chronic pain is a frequent experience among people who use drugs and contributes to the use of illicit drugs, especially opioids such as fentanyl.
- Offering only abstinence-based programs can create barriers to engagement for those looking for more cooperative and less-punitive approaches, particularly during periods of active use.
- Drug courts and diversion programs offer an opportunity for treatment and engagement.

## Overdose Fatality Reviews

- Expanding OFR practice to specific communities (Indigenous, supportive housing, jails, veterans, unsheltered, etc.) would provide better understanding to the unique intervention and care options available to these communities and how they can be improved to reduce occurrences of overdose.

# Participating Agencies

- Chief Seattle Club
- Downtown Emergency Services Center
- Evergreen Treatment Services
- Harborview Medical Center - UW Medicine – Emergency Medicine
- Kent Police Department – Valley Narcotics Enforcement Team
- King County Prosecuting Attorney's Office
- King County Sheriff's Office
- King County Behavioral Health and Recovery Division
- Northwest HIDTA
- Office of King County Executive Dow Constantine
- Office of the Mayor, City of Seattle
- Peer - Kent
- Public Health – Seattle & King County - Healthcare For the Homeless Network
- Public Health – Seattle & King County - King County Medical Examiner's Office
- Public Health – Seattle & King County - Overdose Prevention and Response
- Plymouth Housing
- REACH
- Seattle Indian Health Board
- Seattle Police Department
- Seattle Fire Department
- Seattle City Attorney's Office
- Valley Cities Behavioral Health Care

This project was supported by Grant No. **15PBJA-22-GG-04493-COAP** awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse this report.