



King County, Washington

Overdose Fatality Review Report

2024

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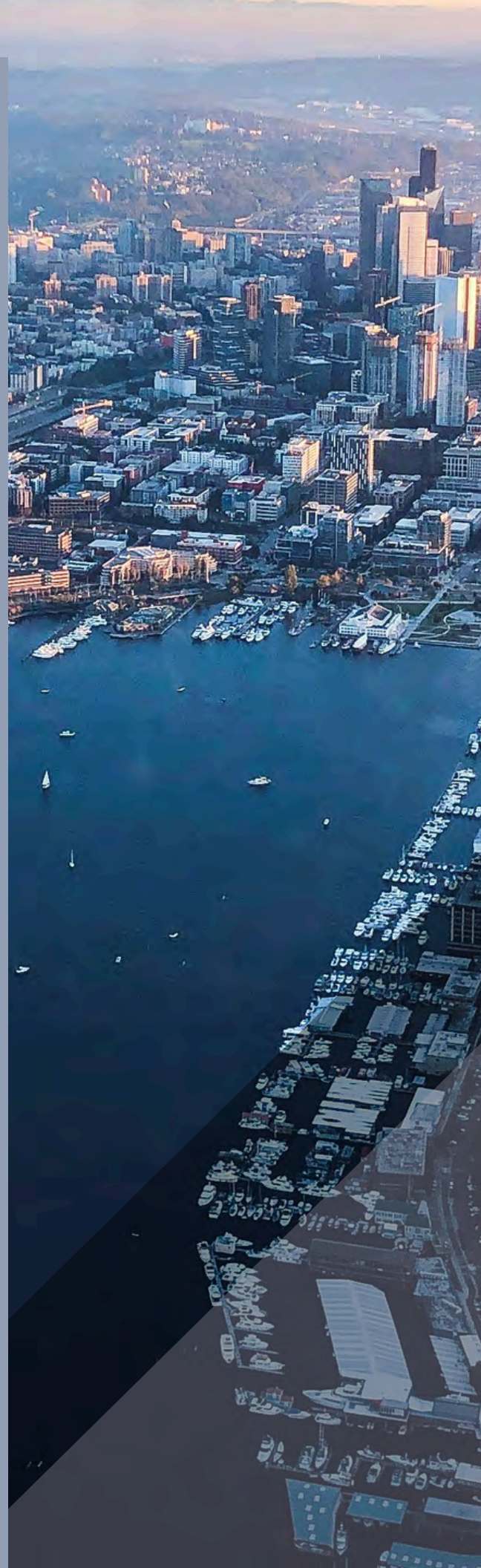
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About

A nationally recognized model, the Overdose Fatality Review (OFR) is being adopted by a growing number of communities to strengthen local responses to the opioid crisis. Through a collaborative, multi-agency approach, OFRs aim to generate actionable recommendations that address system, population, research, and policy needs. The OFR Committee convenes in a confidential setting to conduct in-depth case reviews of individuals who have recently died from an overdose. These reviews explore the circumstances leading up to each fatality—examining contributing risk factors, missed intervention opportunities, and barriers to care. The goal is to identify how systems and services can be improved to prevent future deaths and better support individuals at risk. In 2023, the King County Medical Examiner's Office (KCMEO) established the county's OFR, which is now comprised of 40 committee members representing 22 agencies and programs. The committee and invited guests convene monthly. A list of participating agencies is available on page 3.

Objectives

- Understand local fatal overdose trends
- Identify gaps, barriers, and missed opportunities for overdose prevention
- Recommend and lead the implementation of innovative, community-specific overdose prevention strategies



Report Contents

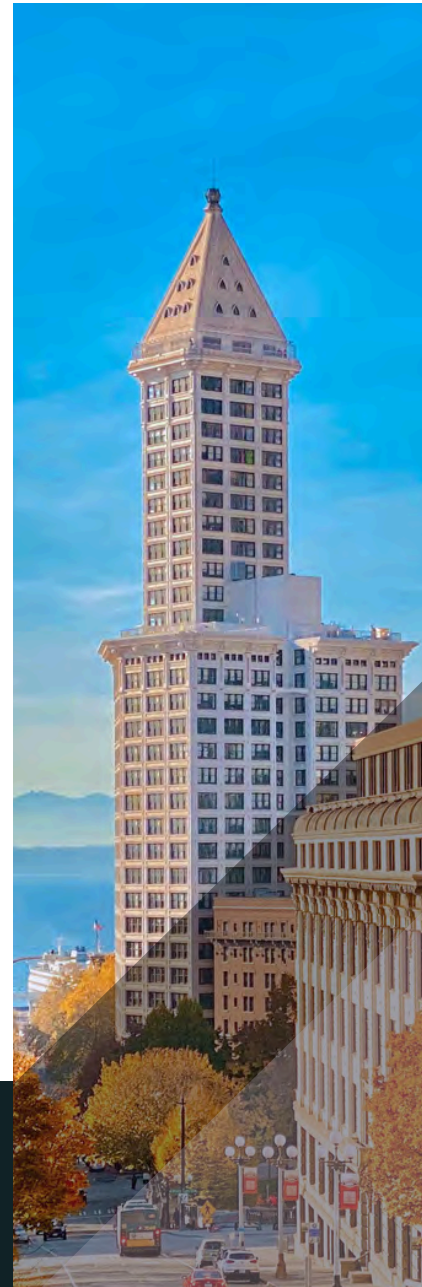
The following report contains descriptions of King County's Overdose Fatality Reviews in 2024. For additional information, please contact OFR Coordinator Emily Dalgo at emily.dalgo@kingcounty.gov

2024 Member Agencies/Programs

- Chief Seattle Club
- Downtown Emergency Services Center
- Evergreen Treatment Services REACH program
- Harborview Medical Center - UW Medicine
 - Department of Emergency Medicine
 - Emergency Department Medical Social Work Team
- 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
 - Medical Examiner’s Office
 - Overdose Prevention and Response
- Plymouth Housing
- Seattle City Attorney’s Office
- Seattle Fire Department Post-Overdose Response Team
- Seattle Indian Health Board
- Seattle Police Department
- Valley Cities Behavioral Health Care

2024 Guest Agencies/Programs

- DESC’s Opioid Treatment Network program
- Harborview Medical Center’s Office-Based Opioid Treatment program
- King County Jail Health Services
- King County Metro
- Sound Transit
- South Correctional Entity

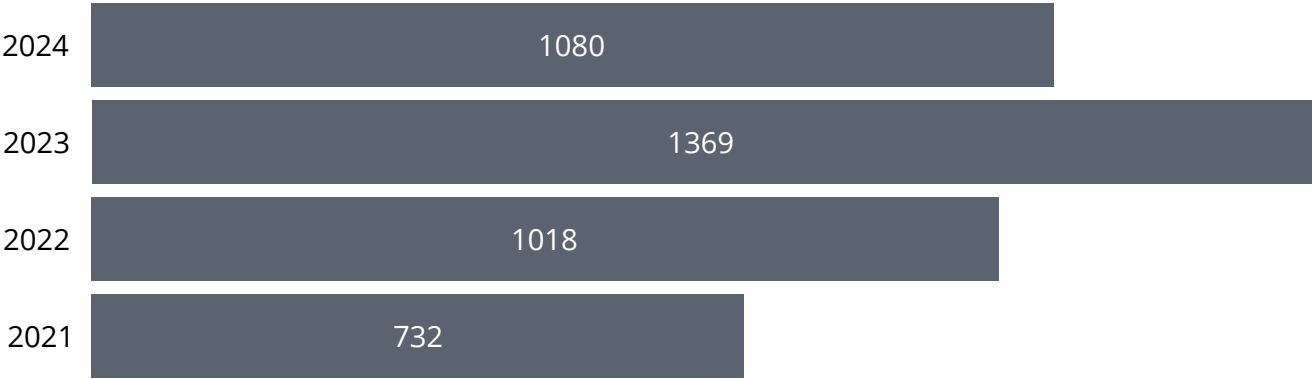




Fatal Overdose Trends in King County 2024

The OFR is grounded in data from the KCMEO Real-Time Fatal Overdose Surveillance Project (RTOS), which was developed to address challenges in tracking the ever-evolving overdose crisis. By using death scene investigations, autopsy findings, and rapid in-house toxicology testing of blood, urine, and drug evidence, the RTOS project provides timely, validated information that keeps families, public health officials, and law enforcement informed. This real-time surveillance ensures that OFR discussions are rooted in current trends, allowing for a more informed approach to mitigating the overdose epidemic.

Confirmed Overdose Deaths: 2021-2024

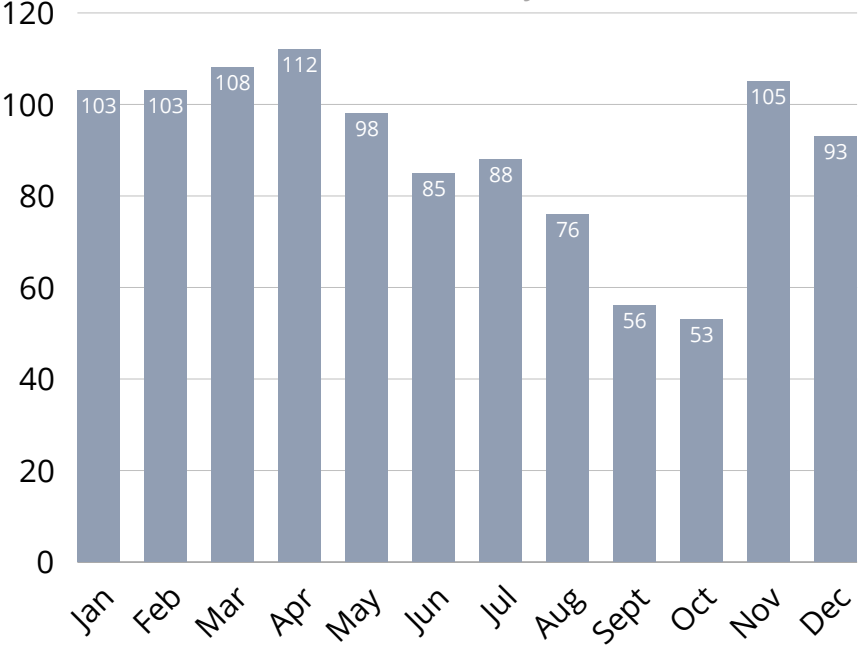


Overdose Deaths by City (Top 5)

- Seattle – 56.4%
- Kent – 6.3%
- Auburn – 5%
- Renton – 4.9%
- Burien – 4.4%

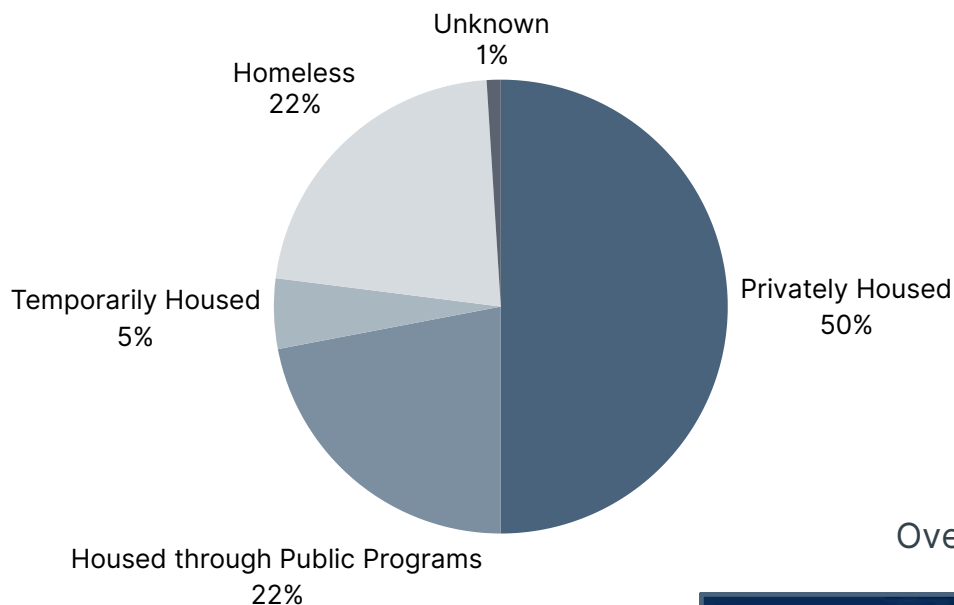
56.4%
of fatal overdoses in King County occurred in Seattle

Overdose Deaths by Month

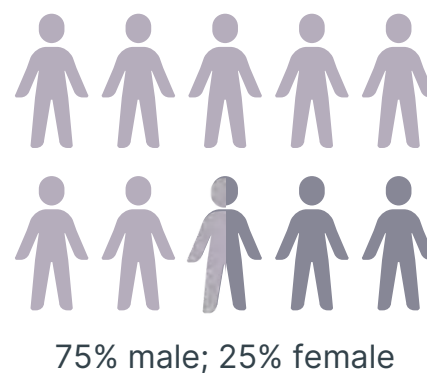


Fatal Overdose Trends in King County 2024

Overdose Deaths by Housing Status



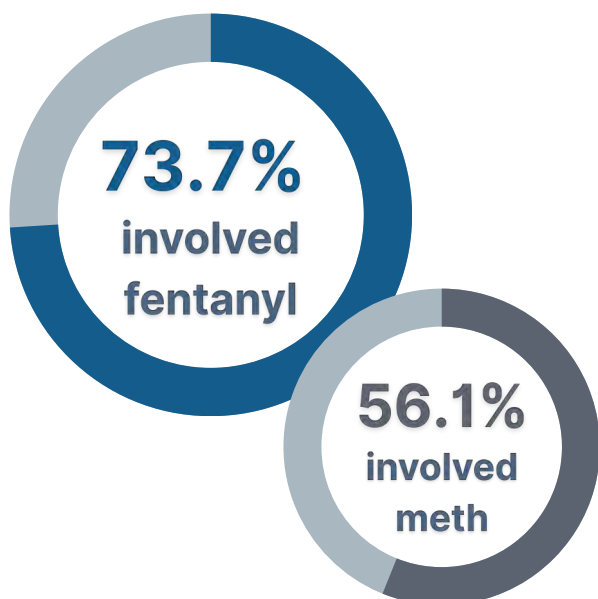
Overdose Deaths by Sex



Overdose Deaths by Race¹

| Race | Percent |
|---|---------|
| White | 62.5 |
| Black | 19.1 |
| Asian | 3.7 |
| American Indian or Alaska Native | 3.8 |
| Native Hawaiian or Other Pacific Islander | 3.5 |
| Two or More Races | 5.4 |
| Unknown / Pending | 2.0 |

Most Common Drugs Involved



If you are interested in receiving weekly bulletins from the Fatal Drug Overdose Surveillance Program at the King County Medical Examiner's Office, which include data updates and information on overdose trends, please contact Maria Esquivel, Disease Research & Intervention Specialist, at mesquivel@kingcounty.gov

Case Selection and Topics Reviewed



In 2024, the OFR Committee convened 10 times, conducting five Fatality Reviews and five Recommendation Work Group meetings. A total of nine fatal overdose cases were reviewed in 2024. Six decedents were men and three were women, ranging in age from 30 to 70 years old. Five individuals lived in supportive housing, two were privately housed, and two were homeless. Five were Black, three were white, and one was Asian.

The individuals were selected for review based on: a.) inclusion criteria aligned with the chosen themes, which were identified to address gaps in knowledge, such as the number of overdose deaths occurring within specific populations or locations; b.) their system touchpoints; and to c.) ensure representation of demographic groups disproportionately impacted within the selected theme. These individuals had significant system interactions with supportive housing, emergency response teams, and/or the criminal legal system, allowing for detailed case histories and providing pathways for direct communication with agencies that can implement policy or practice changes to prevent future overdoses.

Reviews focused on key populations and settings affected by fatal overdoses, ensuring that prevention efforts are informed by empirical findings. The 2024 OFR themes were:

- **February:** *Review of Seattle Fire Department's novel post-overdose program*
- **April:** *Overdoses at permanent supportive housing sites*
- **June:** *Overdoses amongst individuals recently released from jail*
- **August:** *Overdoses amongst people taking buprenorphine for an opioid use disorder*
- **October:** *Overdoses at public transit locations*

KCMEO data served as the foundation for each review, enabling the identification of trends and gaps to inform targeted prevention strategies. The five OFRs generated valuable recommendations to strengthen overdose prevention efforts and enhance support for at-risk populations. The following report summarizes thematic gaps, barriers, and missed opportunities discussed during each review and presents recommendations identified by the committee alongside implementation progress updates.

2024 OFR Highlights

Utilizing Law Enforcement Touchpoints to Connect Individuals to Recovery Resources

The June OFR revealed that 72% of individuals who die from an overdose in King County have a history of incarceration—highlighting law enforcement agencies as a key touchpoint for overdose victims. In response, resource cards promoting the Buprenorphine Hotline and WA Recovery Hotline were created for first responders and law enforcement to hand out to community members. These cards were provided alongside Roll Call trainings delivered by **Seattle-King County Public Health’s Overdose Prevention and Response** team and **KCMEO**. The cards and trainings

were provided to the **Seattle Police Department** (West, North, and South Precincts), **CARE Community Crisis Responder Division**, and **Community Service Officer Unit**, turning routine encounters into opportunities for connection to recovery resources. Over 3,000 resource cards have been distributed.



Data Linkage to Improve Overdose Response

In 2024, the **KCMEO** expanded community partners’ ability to evaluate program impact and client outcomes by sharing real-time fatal overdose data with agencies that often interact with individuals prior to a fatal overdose—but may not otherwise be informed of their death. This gap limits the ability to evaluate client outcomes and improve services. To address this, quarterly reports are now being sent to the **Seattle Fire Department’s Post-Overdose Response Team** (“Health 99”), a Health One unit focused on connecting overdose survivors to treatment, primary care, and support services. Monthly data is now shared with **King County Jail Health Services** and the **South Correctional Entity (SCORE)** to help identify opportunities to improve care for individuals who use drugs during and after incarceration. Quarterly data reporting began with **King County Metro** and **Sound Transit** to better respond to overdose deaths occurring at public transit sites.

Leaving Narcan Behind at Fatal Overdose Scenes

To increase the availability of Narcan in locations where a fatal drug overdose has occurred with the aim to reduce future similar deaths, **KCMEO** medicolegal death investigators began leaving Narcan at the scene of suspected fatal overdoses in 2023. In 2024, the Narcan Leave-Behind Program distributed 226 doses (113 boxes) of Narcan at 66 death scenes where opioid use was suspected. This initiative ensures that individuals who remain on-site—often family, friends, or neighbors—have immediate access to a life-saving tool in case of another overdose.

2024 OFR Highlights

Centering Voices of People in Jail to Improve Treatment Awareness



In collaboration with **Peer Kent**, **UW Emergency Medicine**, the **Recovery Navigator Program**, and **SCORE**, the OFR team facilitated voluntary focus groups with individuals in SCORE custody who were receiving buprenorphine. The objective was to identify effective strategies for increasing awareness about medications for opioid use disorder (MOUDs) like buprenorphine—what it is, its role in treating opioid use disorder (OUD), and how to access it during incarceration. Based on participant input, informational posters were developed and distributed at SCORE to promote engagement with available treatment options.



Expanding Overdose Preparedness on Public Transit

In collaboration with **Sound Transit's Public Safety and Security Division**, the OFR assisted in the development of internal overdose response policies and protocols for contracted security staff. In January 2025, OFR staff provided overdose response training to Sound Transit's security leadership, who then trained more than 520 contracted **Transit Security Officers (TSOs)**. Through a partnership with the **Washington State Department of Health's Overdose Education and Naloxone Distribution (OEND)** program, TSOs were equipped with naloxone, and as of March 2025, all TSOs now carry naloxone while on duty—enhancing the transit system's capacity to respond quickly and effectively to opioid overdoses on public transit.



Building a Network of Volunteer Educators to Reach Supportive Housing Sites



Fifteen **Public Health Reserve Corps (PHRC)** volunteers were trained as Narcan and overdose response trainers, bolstering community education capacity. Through partnerships with **Health Care for the Homeless**, PHRC, and the **DESC Mobile Response Team**, the OFR Outreach Team has conducted training at five supportive housing sites served by the **Health Through Housing** initiative. At each site, residents and staff received overdose prevention training, naloxone, fentanyl test strips, and resource referrals including flyers for the **DESC Opioid Treatment Network** and **Recovery Café**.

Review of a Novel Co-Response Program: Seattle Fire Department's Post-Overdose Response Team

The Post-Overdose Response Team (PORT or "Health 99") is a specialized unit within the Health One program focused on individuals who have experienced opioid overdoses. The team aims to connect overdose survivors with medications for opioid use disorder, primary care, and other supportive services. The OFR Committee used its February meeting to highlight this unique, novel program and discuss its current needs and challenges. Two fatality reviews were conducted on decedents who had recent contact with the team.

● ● ● ● ●
February 2024

Discussion of a novel program focused on post-overdose intervention

A Place to Go Post-Overdose

There is a critical need for alternative, low-barrier spaces where individuals can go after an overdose—especially for those who decline hospital transport, don't feel safe returning home, or have no home to return to. These spaces should offer more than just safety; they should provide access to resources, a supportive environment to reflect on treatment options, and a sense of dignity and community.

Co-Responder Program Needs

The Health 99 program was highlighted for their focused co-response work after an overdose and the unique opportunity the program offers for outreach and engagement with people who use drugs. Limited staffing, the Seattle-centric service area, and limited response hours were identified as current gaps in the availability of this type of engagement.

348

**Unique individuals
were served by the
Health 99 team in 2024**

Supporting Families

This fatality review underscored the powerful role that family and close social relationships play in recognizing and responding to overdose. These connections can also be key in encouraging safer use and supporting treatment engagement. The group discussed the need to better understand and expand services available to the families and social networks of people who use drugs, in order to reach not just those at risk, but the people around them who could intervene or offer support. KCMEO data will be used as a tool to assess the program's reach to individuals at high risk.

Law Enforcement Touchpoints

Police interactions with families were identified as key moments to offer supportive resources, including overdose response education and treatment navigation tools.

In 2024, Health One launched its **prehospital buprenorphine program**, first at the paramedic level in February, then with EMTs on the Health 99 unit in November. Since the program began, **114 people have received EMS buprenorphine in the field**. Patients may then go to the hospital, crisis center, clinic, or remain in the community. Notably, **62 doses were administered by the EMT-level Health 99 team**, which is currently believed to be **the only unit of its kind in the country**. So far, none of the individuals who received buprenorphine through this program appear in the Medical Examiner's list of overdose decedents—a promising early signal of impact.

Fatal Overdoses in Permanent Supportive Housing

Permanent Supportive Housing combines long-term, affordable housing with wraparound support services that promote health and independent living such as case management, and mental and behavioral health care. There are over 6,000 permanent supportive housing units currently operating in King County.² In 2024, there were 225 fatal overdoses in permanent supportive housing settings.

Trends, Gaps, Barriers, & Missed Opportunities

Safe Use Practices

This review identified instances where individuals did not use alone, but used at the same time and experienced fatal outcomes, since both people became unresponsive at the same time. This highlights the need to expand “never use alone” messaging to include taking turns, actively monitoring one another, and ensuring Narcan is present and ready to use. Strengthening education around these specific safe use practices could help reduce overdose deaths.

225

The number of overdose deaths in supportive housing settings in 2024

Safe Supply

The review highlighted concerns about the variability and unpredictability of the local drug supply. In one case, a decedent obtained powder fentanyl from a new source without knowing its potency. This raised discussion around gaps in access to regulated alternatives and interest in decriminalization models like those in British Columbia.

Safe Consumption Sites

The group revisited ongoing discussions about dedicated, monitored drug use sites and their potential application in supportive housing. Programs like New York’s OnPoint NYC have demonstrated success in reducing overdose deaths.

Overdose Detection Technology



The group discussed tools like Lifeguard Lite devices and Brave Buttons as potential aids in early overdose detection, increasing the chances of timely intervention. Supportive housing agencies are currently exploring the use of these technologies.

Care Coordination



Coordinating care across agencies remains a significant barrier for residents who use drugs, particularly those with chronic medical conditions. Ongoing needs like wound care, hemodialysis, and MOUD treatment require consistent, integrated support. Barriers include high turnover among case managers, limited reimbursable funding for care coordination roles, and inconsistent access to electronic medical records systems. These gaps hinder appointment attendance, care engagement, and long-term treatment linkage.

Recommendations



Safe Use Practices

-  Expand harm reduction messaging in supportive housing to emphasize taking turns when using drugs, monitoring one another, and having naloxone readily available.
-  Install NaloxBoxes in common areas of supportive housing buildings, such as lobbies, laundry rooms, and near elevators, to ensure residents and staff can quickly access naloxone in an emergency.


Safe Supply

-  Explore opportunities to engage local and state policymakers in discussions about prescribed alternatives to reduce reliance on the unregulated drug supply.
-  Track and share outcomes from jurisdictions piloting safe supply models (e.g., British Columbia) to inform local planning.



Safe Consumption Sites

-  Continue to monitor and evaluate outcomes from existing overdose prevention centers (e.g., OnPoint NYC) and explore applicability in supportive housing contexts.
-  Facilitate conversations with local housing providers and public health officials about piloting safe use spaces.

Overdose Detection Technology

-  Support pilot testing of overdose detection tools—specifically Lifeguard Lite devices and Brave Buttons—in supportive housing settings. Partner with housing agencies to gather feedback from residents and staff on usability and effectiveness.

Care Coordination

-  Support co-location of daily medical services within supportive housing settings, including the delivery of methadone and buprenorphine, to reduce barriers to care and improve treatment adherence.
 -  Advocate for sustained funding for care coordination roles within supportive housing, with a focus on cross-agency collaboration.
-

Fatal Overdoses Among People Recently Released from Jail

June 2024

The OFR identified that 72% of fatal overdose victims have a history of incarceration, demonstrating that the criminal-legal system is a common touchpoint for people who die of drug overdoses.

Trends, Gaps, Barriers, & Missed Opportunities

Data Sharing & Collection

Jails aren't alerted to deaths among those recently released from incarceration. Being made aware of these deaths would allow for internal reviews to identify missed opportunities and barriers to service during and after periods of incarceration. Data about programmatic interactions following release would allow for a greater understanding of where our current systems of intervention and prevention are failing to connect with this population.

In-Custody Care

Substance use disorder (SUD) services in jails often depend on self-reported needs at intake, with most programs requiring individuals to actively request support. Many people in jail remain unaware of available services. Co-occurring physical and mental health conditions, short and unpredictable lengths of stay, and unplanned "surprise" releases further disrupt care continuity and reduce opportunities for engagement.



Following this OFR, resource cards were created for the Buprenorphine Hotline and WA Recovery Hotline for first responders and law enforcement to hand out to community members. These cards were provided alongside in-person trainings about MOUDs. Over 3,000 cards have been distributed.



OFR members conducted focus groups amongst people taking buprenorphine at SCORE to better understand how to increase service utilization. Posters were made following their recommendations and provided to the jail.



Discharge Planning & Care Coordination

Discharge planning is hindered by inconsistent release timelines across courts and jails, limiting coordination with community providers. Warm hand-offs between custody and services are rare. Follow-up is especially challenging for unhoused individuals, many of whom also lack identification necessary for care access. Brief and variable incarceration periods (average 11 days), coupled with a strong desire for rapid release, complicate engagement. The absence of standardized reentry protocols for people who use drugs further fragments post-release support.





72%
of fatal overdose
victims in King
County have a history
of incarceration

Recommendations




Data Sharing & Collection

- See pg. 7 for progress details
-  Provide jails with KCMEO data on overdose deaths to identify opportunities for improved services to people who use drugs during and after incarceration.
 -  Track utilization of jail MOUD programs to better understand pathways to increase utilization of this service.

In-Custody Care

- See pg. 8 for progress details
-  Provide people in jail with additional education about SUD and associated services available in the jail, not only at points of stress (e.g., intake, during withdrawal, at release) but throughout their time in custody. This can include: education about SUD, withdrawal, and drop in tolerance; education about risk management/harm reduction (e.g., using alone, tolerance reduction after enforced periods of sobriety, fentanyl test strips, Narcan, and MOUDs); education about resources available at the jail. Accomplish this through signage and digital messaging.
 -  Provide a training for all jail staff on SUD and MOUDs to reduce stigma and help better recognize and connect clients who could benefit from available services. Prioritize staff/officer buy-in to available MOUD programs.
 -  Flag those with substance use disorders – either at intake through medical records or during their stay – so they can receive additional service needs assessments and resources prior to release.
 -  Repeat OUD/withdrawal assessments and resource education/offering for clients in the days following intake as symptoms of withdrawal emerge.

Discharge Planning & Care Coordination

-  Facilitate warm handoffs through a coordinated discharge program to improve continuity of care and the chances of service engagement. When this is not possible, provide enough education, instructions, and resources to those recently discharged to make the service connections they need.
 -  Provide ID cards to individuals at/or immediately following release to facilitate access to services and support networks.
 -  Promote awareness of the 24/7 Buprenorphine Hotline among individuals with OUD in the criminal legal system by equipping key system touchpoints with resource cards and education.
- See pg. 7 for progress details

Fatal Overdoses Among Patients Taking Buprenorphine for Opioid Use Disorder

The Opioid and Drug Use Data Dashboard³ shows that in the 3rd quarter of 2024, there were 7,233 patients in King County with a buprenorphine prescription for the treatment of opioid use disorder. KCMEO data show that in 2024, there were 42 fatal overdoses with toxicology positive for buprenorphine and 61 fatal overdoses with toxicology positive for methadone.

August 2024



Trends, Gaps, Barriers, & Missed Opportunities

Challenges Associated with Long-Acting MOUDs

Long-acting MOUDs remain largely inaccessible due to insurance variability and prior authorization delays. These barriers can make it difficult for patients to fully disclose their needs, potentially impacting the integration of long-acting MOUDs into their treatment plans.

Barriers to Public Intervention

Stigma and fear can prevent bystanders from intervening in emergencies involving substance use. Late-night and early-morning businesses and their customers could play a role in intervention when the streets are empty, but a lack of overdose awareness or empathy might hinder timely action.

Engagement Services Within Permanent Supportive Housing

Structured community engagement, including peer SUD support, remains underutilized in supportive housing. Harm reduction distribution cabinets and safer smoking spaces are limited, despite their potential to reduce solitary use. Gaps in staff education on SUD and MOUDs, along with staffing and funding constraints, further hinder effective resident support and service implementation in PSH facilities.

Managing Co-Occurring Mental Health Conditions and SUDs:

Integrated treatment for co-occurring mental health and substance use disorders is critically needed. Barriers include a shortage of residential facilities equipped to manage both conditions simultaneously.

The Role of Employment and Community Engagement

Structured activities, such as job training, job placement, art programs, and other peer activities can play a vital role in recovery but are not currently prioritized.

7,233



The number of people in King County with a buprenorphine prescription for their OUD (2024)

Connection to Care in the Emergency Department



ED Social Workers are crucial in initiating interventions and connecting patients to MOUDs after a nonfatal overdose. However, variability in ED interventions, limited SUD referrals, and inconsistent MOUD prescriptions are common due to staffing challenges and insufficient SUD training, often resulting in missed opportunities before patient self-discharge.

Recommendations




Challenges Associated with Long-Acting MOUDs

-  Assess current prescribing practices to ensure long-acting MOUD treatment is being discussed and encouraged when appropriate.
-  Implement educational initiatives to inform patients and providers about the benefits of long-acting options.

Barriers to Public Intervention


-  Develop targeted public education initiatives that address stigma related to substance use and fear of intervention, aiming to empower bystanders to intervene during drug-related emergencies.
-  Collaborate with late-night and early-morning businesses to provide training and resources for staff on recognizing and responding to substance use emergencies, encouraging timely and supportive interventions.

Engagement Services Within Permanent Supportive Housing



-  Explore partnership opportunities with organizations that can provide additional engagement services within permanent supportive housing related to a.) structured community building for residents with SUD and b.) connection to SUD treatment services and/or on-site MOUD provision.
-  Increase permanent supportive housing staff's knowledge of SUD, MOUDs, and options for connecting residents to low-barrier, stigma-free care.
-  Advocate for the development of practical facility infrastructure improvements that increase safety and the accessibility of harm reduction resources within supportive housing environments.

See pg. 8
for progress
details



The Role of Employment and Community Engagement

-  Expand access and/or connection to job training, job placement programs, and community activities at office-based, outpatient, and inpatient SUD treatment facilities through partnerships with community organizations that provide these services.

Managing Co-Occurring Mental Health Conditions and SUDs

-  Support programs that integrate mental health and SUD services.
-  Increase resource awareness and education for permanent supportive housing staff to better support residents with co-occurring mental health conditions and SUD, and so that the appropriate resources can be recommended.

Connection to Care in the Emergency Department

-  Implement standardized protocols for warm hand-offs from the ED to appropriate MOUD treatment programs to ensure continuity of care.
-  Increase staffing and resources for Social Workers in EDs to enhance their capacity to manage patients with SUD.



Fatal Overdoses at Public Transit Sites

Trends, Gaps, Barriers, & Missed Opportunities

In 2023, there were 44 overdose deaths at public transit sites in King County. At the time of the October OFR, there had been 20 overdose fatalities at transit sites in 2024. From 2019-2024, fentanyl contributed to 87% of fatal overdoses at transit sites, and 62% of public transit overdoses occurred at Metro bus stops. Additionally, the Sound Transit Tukwila and Northgate Link Stations and the Renton Transit Center emerged as hotspots with multiple overdose fatalities.



As a result of OFR recommendations, Sound Transit contracted security management received overdose response training in January 2025. Management then trained all 520+ contracted security personnel and equipped them with naloxone obtained through the Washington State Department of Health.



Overdose fatalities at public transit locations (bus stops, light rail stations, trains, buses) increased by 500% from 2021 to 2022, followed by a 46.6% increase from 2022 to 2023.

Overdose Training and Narcan for Transit Employees

Misconceptions about naloxone have discouraged transit authorities from allowing employees and contractors to carry or administer naloxone. Most teams do not carry naloxone and are not trained on overdose response.

Data Gaps

Transit agencies are not alerted to overdose deaths on their property. While they track EMS calls, they often do not know the diagnosis/cause of the call, or the outcome if someone is transported.

King County Employee Training

King County permits and encourages employees to carry and administer naloxone but does not provide training on overdose recognition and response to staff.

Encouraging Public Action

The public has misconceptions about patient responses to Narcan, difficulty recognizing overdose signs, lack of awareness of the Good Samaritan Law, and hesitancy to disturb individuals assumed to be unhoused and sleeping.

Availability of Naloxone on Transit for Public Use

First aid kits/emergency medical stations on public transit and at bus stops and train stations do not include naloxone.

Understanding State Legal Protections

The Good Samaritan Law reduces any potential legal risks when acting in good faith to help someone overdosing. However, there are misconceptions about the Good Samaritan Law that are acting as barriers to employee and public intervention.

Overdose Training and Narcan for Transit Employees

See pg. 8 for progress details

- Eliminate policies or contractual barriers that prevent public transit employees and contractors from carrying and administering Narcan.
Sound Transit
King County Metro
- Provide overdose response training and naloxone for transit employees and contractors. Implement a “train the trainer” model, enabling trained staff members to continue the program for new hires.
Sound Transit
King County Metro

Data Gaps

See pg. 7 for progress details

- Provide King County Metro and Sound Transit with quarterly, case-specific data on overdose deaths from the KCMEO to improve agency awareness of the issue, identify trends, enhance prevention efforts and strengthen response planning.

King County Employee Training

- Launch a pilot overdose response program with naloxone distribution for King County departments with high levels of contact with people who use drugs (e.g., transit, parks, social services) to assess the impact and feasibility of expanding it to all employees.

Encouraging Public Action

- Provide Sound Transit and Metro with public health posters for trains and buses that educate the public and promote intervention during overdoses.
- Using place-specific overdose fatality data, launch a pilot program at high-fatality bus stops featuring signage that educates and encourages public intervention.

Availability of Naloxone on Transit for Public Use

- Include naloxone in Metro bus first aid kits and install overdose emergency cabinets at bus stops with signage to inform passengers of its availability and how to use it.
- Install overdose emergency cabinets at Sound Transit light rail stations with signage to inform passengers of its availability and how to use it.
- Create a “Your Neighbor Died Here” campaign placing memorial markers in public spaces to humanize the issue and promote overdose prevention resources.

Understanding State Legal Protections

- Advocate for updated language to Good Samaritan Laws (RCW 4.24.300, RCW 69.41.095) that more explicitly provides coverage for employees intervening during an overdose.

Data Notes

1. Race data presented in this report are based on information recorded on death certificates and follow the methodology used by Washington State Vital Statistics. Individuals who identified with more than one race are categorized under "Two or More Races" in accordance with state and federal reporting standards. This approach is consistent with how Washington State Vital Statistics aggregates multiracial data for public reporting, though more detailed race combinations are available in internal datasets.
2. King County Regional Homelessness Authority. Appendix A: Permanent Housing – Inventory and Gaps Analysis. January 2023. https://kcrha.org/wp-content/uploads/2023/01/DRAFT_Appendix-A_Permanent-Housing.pdf
3. The data used on this dashboard comes from Washington State's Prescription Monitoring Program (PMP), which excludes prescriptions dispensed for less than 1 day's supply, hospital-administered drugs, and medications from substance use and mental health facilities, such as opioid treatment programs.

