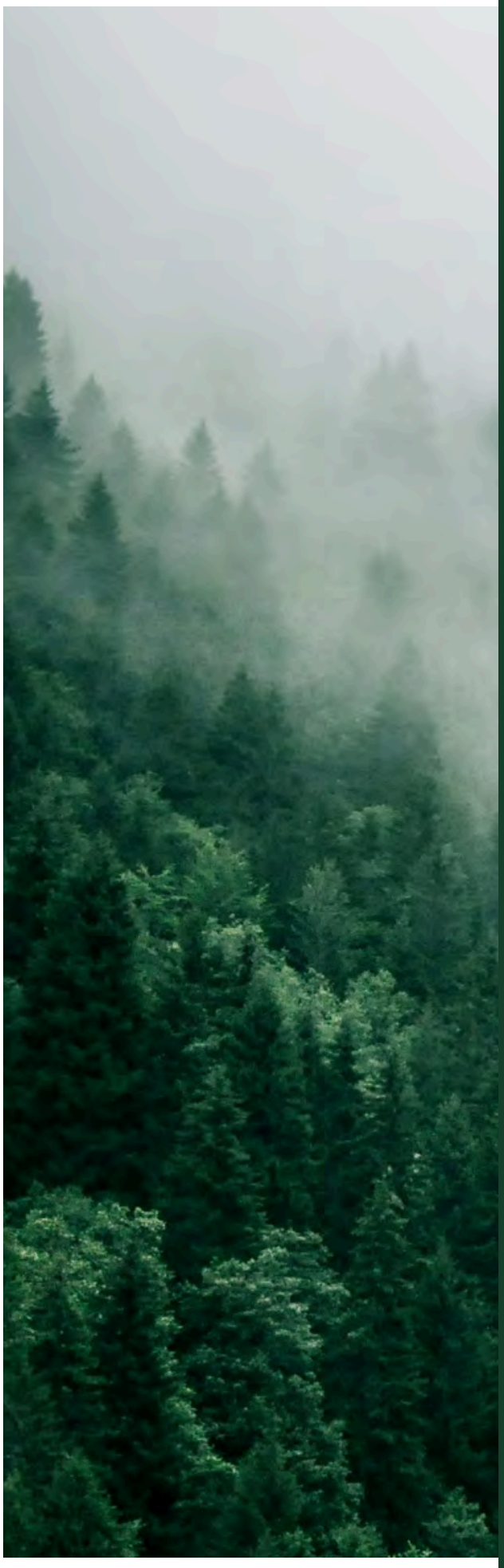


King County, Washington

Overdose Fatality Review Report

2025

King County Overdose Fatality Review 2025 Report

Contents

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 26 agencies and programs. The committee and invited guests convene monthly. A list of participating agencies is available on page 4.

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

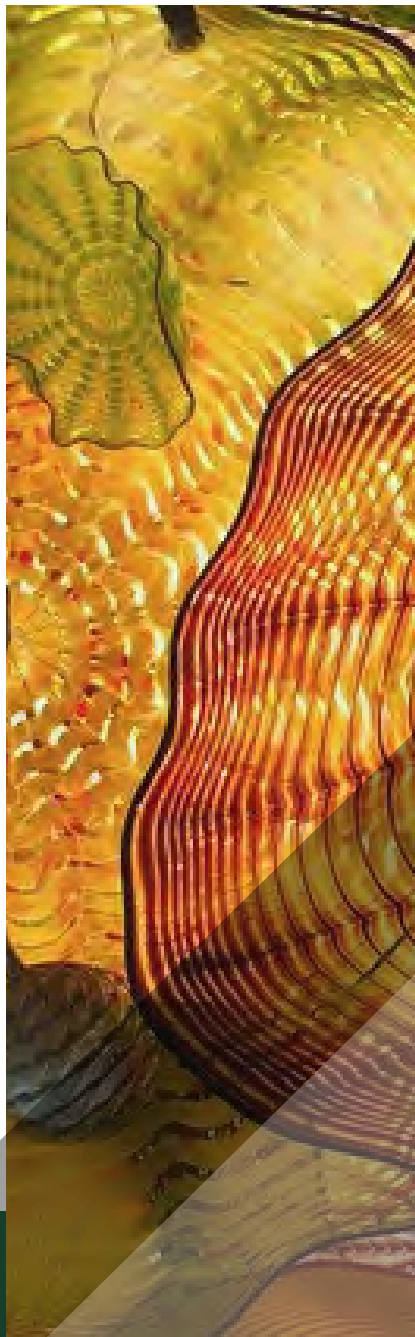
The following report contains descriptions of King County's Overdose Fatality Reviews in 2025. For additional information, please contact OFR Coordinator Emily Dalgo at **emily.dalgo@kingcounty.gov**

2025 Member Agencies/Programs

- Chief Seattle Club
- City of Seattle Human Services Department
- Downtown Emergency Services Center
- Evergreen Treatment Services
  - ETS REACH program
- Harborview Medical Center - UW Medicine
  - Department of Emergency Medicine
  - Emergency Department Medical Social Work 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 Community
- Public Health – Seattle & King County
  - Jail Health Services
  - Medical Examiner's Office
  - Overdose Prevention and Response
- Plymouth Housing
- Rhyther
- Seattle City Attorney's Office
- Seattle Fire Department Post-Overdose Response Team
- Seattle Police Department
- Valley Cities Behavioral Health Care

2025 Guest Agencies/Programs

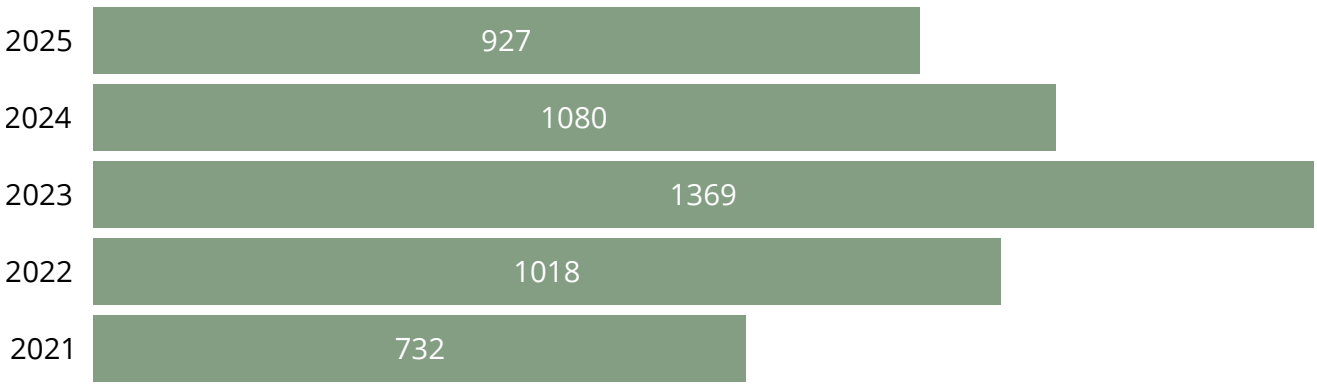
- City of Seattle Office of City Auditor
- DESC
  - Mobile Response Team
  - Opioid Treatment Network
- Harborview Medical Center Community Heart Failure Program
- King County Veterans Program
- Neighborcare Health
- Snohomish County Health Department
- Tacoma–Pierce County Health Department
- VA Puget Sound Health Care System



Fatal Overdose Trends in King County 2025

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: 2021-2025



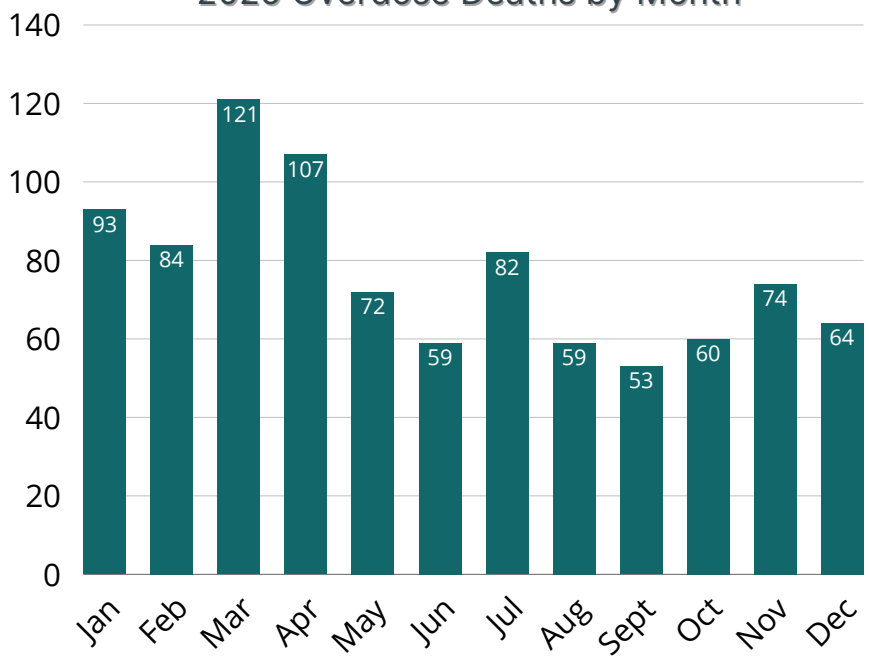
Overdose Deaths by City (Top 5)[1]

Seattle – 55.7%
Kent – 6.4%
Renton – 6.1%
Auburn – 5.2%
Federal Way - 5.1%

78%

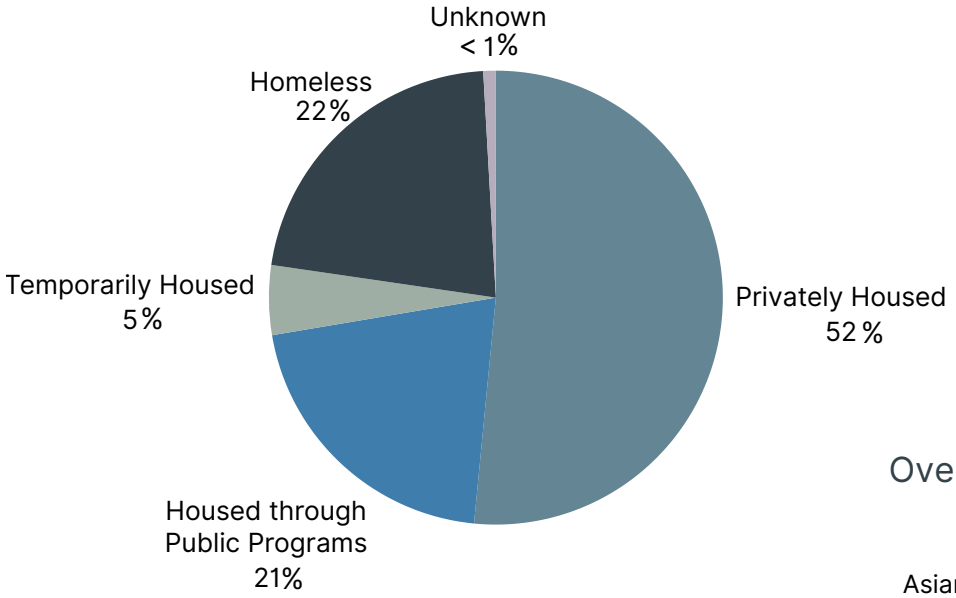
of fatal overdoses in King County occurred in these five cities in 2025

2025 Overdose Deaths by Month

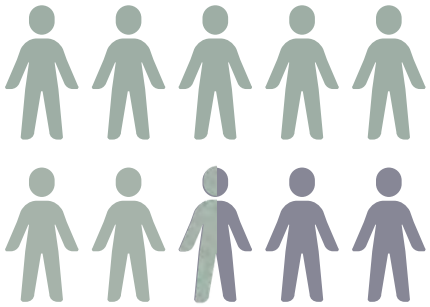


Fatal Overdose Trends in King County 2025

Overdose Deaths by Housing Status[2]

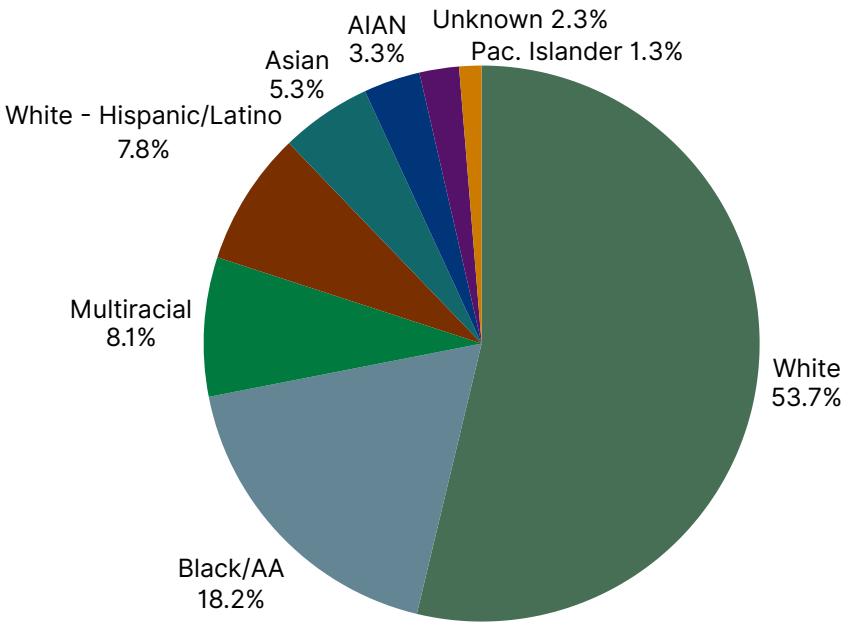


Overdose Deaths by Sex[3]



75% male; 25% female

Overdose Deaths by Race[3]



Most Common Drugs Involved

If you are interested in receiving weekly bulletins from the Real-Time 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 2025, the OFR Committee convened 11 times, conducting six Fatality Reviews and five Recommendation Work Group meetings. A total of 12 fatal overdose cases were reviewed in 2025. Nine decedents were men and three were women, ranging in age from 24 to 64 years old. Six individuals were homeless, four lived in supportive housing, and two were privately housed. Seven were White, four were Black, 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 2025 OFR themes were:

- ***January***: *Fatal overdoses after residential treatment*
- ***March***: *Fatal fentanyl overdoses among cocaine users*
- ***May***: *Fatal overdoses at hotels and motels*
- ***July***: *Fatal overdoses among veterans*
- ***October***: *Fatal overdoses in permanent supportive housing*
- ***December***: *Fatal overdoses involving methamphetamine*

KCMEO data served as the foundation for each review, enabling the identification of trends and gaps to inform targeted prevention strategies. The six 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.

2025 OFR Highlights

Distributing 1,000 Cocaine Test Kits to Address Emerging Overdose Trends

In response to a growing overdose trend identified through the OFR — "powder confusion" and "rock confusion," in which people unintentionally consume fentanyl after misidentifying it as cocaine due to their visual similarity — the OFR partnered with King County's **Public Health Reserve Corps** and OFR member agencies to pack 1,000 "cocaine test kits" for countywide distribution. Kits were then distributed to healthcare and community-based organizations serving high-risk populations. To support broader implementation, the OFR also developed and distributed a step-by-step "how to create a cocaine test kit" guide, enabling overdose prevention partners across King County and Washington state to replicate and expand this harm reduction strategy within their own communities.

Identifying a New Overdose Risk Pathway Through Powder Confusion Research

Following the cocaine-focused OFR, the **King County Medical Examiner's Office** Real-Time Fatal Overdose Surveillance team conducted an in-depth study of "powder confusion" and "rock confusion," identifying that 8.5% of fatal fentanyl overdoses in 2025 involved possible accidental fentanyl use due to visual misidentification as cocaine. This research identified a previously underrecognized overdose risk pathway among stimulant users who may not consider themselves at risk for fentanyl overdose. Findings were accepted for presentation at the **2026 Rx and Illicit Drug Summit** and presented at the **American Academy of Forensic Sciences** Annual Conference, with manuscript submission forthcoming.

2025 OFR Highlights

Strengthening VA Overdose Surveillance Through Data Collaboration

Following the veteran-focused OFR, the King County Medical Examiner's Office Real-Time Fatal Overdose Surveillance team established a first-of-its-kind data-sharing collaboration with **VA Puget Sound**. The team presented county overdose and drug trend data to VA behavioral health and addiction treatment staff and now provides monthly fatal overdose data involving veterans in King County to support internal fatality reviews, deepen understanding of overdose trends among local veterans, and inform clinical conversations with veterans at elevated risk.

Advancing Clinical Guidance on Methamphetamine-Associated Health Risks

After the methamphetamine-focused OFR, with critical partnership from **Harborview's Community Heart Failure Program**, a multidisciplinary team of OFR members and guests — including cardiology, primary care, street medicine, harm reduction, and case management partners — developed targeted clinical guidance in response to growing methamphetamine-involved deaths and underrecognized stimulant-associated health risks. The resource supports cardiologists and primary care providers in recognizing meth-associated health conditions and engaging patients in clinically effective, nonjudgmental conversations about methamphetamine use.

Catalyzing Cross-System Partnerships Through the OFR

The OFR continues to serve as a critical connector across King County's overdose prevention system, creating opportunities for partners to build new referral pathways, strengthen care coordination, and increase awareness of existing recovery resources. In 2025, the OFR helped connect **Recovery Café** and county behavioral health leadership, elevated awareness of **Seattle Public Schools' Interagency Recovery Campus** and linked the program with youth-serving partners, supported collaborations between **Jail Health Services** and **DESC's ORCA Center** to improve post-release care pathways, and introduced members to **Hobson Clinic's Stimulant Health Incentive Program**, increasing awareness of this novel contingency management model among agencies serving people who use stimulants. These cross-sector connections reflect one of the OFR's most impactful functions: convening partners who may not otherwise intersect to spark collaboration that advances overdose prevention across the county.

FATAL OVERDOSES AFTER RESIDENTIAL TREATMENT

January 2025

Fatal overdoses following residential substance use disorder (SUD) treatment remain poorly understood in Washington State due to significant gaps in available data. Existing systems, including the Extended Client Lookup System (ECLS), do not capture privately insured individuals or King County residents who receive treatment outside of King County, limiting knowledge of both treatment utilization and outcomes following residential care. For this OFR, 765 overdose fatalities with finalized toxicology results from January through November 2024 were analyzed. Of these individuals, seven were identified as having engaged in residential SUD treatment within the six months preceding death. Two additional individuals had engaged in residential treatment just outside of the six-month review window, both experiencing fatal overdose 183 days following discharge. These findings likely underestimate the true number of overdose deaths among individuals recently engaged in residential SUD treatment.

Trends, Gaps, Barriers, & Missed Opportunities

Youth SUD Education and Recovery Resources

Early intervention was a key missed opportunity; both decedents discussed during the OFR began self-medicating with alcohol at a young age before later transitioning to fentanyl use. Stronger youth substance use education, prevention efforts in schools, and greater awareness of recovery resources available to young people are needed.

Mental Health Support and Medication Management

Complex mental health needs and medication adherence challenges are barriers to recovery following residential treatment. Substance use often functions as a coping mechanism for co-occurring mental health conditions, while inconsistent engagement with medications creates additional instability. High-touch engagement and frequent follow-up by trusted providers were discussed as important for supporting adherence and identifying missed intervention opportunities after residential treatment.

Data Gaps

Significant data gaps related to residential SUD treatment emerged throughout the review, including limited access to patient care information due to misinterpretations of confidentiality laws. Although fatality reviews are authorized to receive detailed treatment information, most residential care teams declined to share patient notes documenting the services that were provided to the decedents. There are also substantial data gaps in the ECLS, creating knowledge gaps related to residential treatment utilization and outcomes.

Building Community Support in Recovery

A lack of belonging and connection to supportive communities can be detrimental to recovery following residential treatment. Limited social support and community engagement appeared to negatively affect the mental health and wellbeing of both individuals reviewed. Peer-based recovery programs, such as Recovery Café, were discussed as valuable sources of inclusion and ongoing social support for individuals transitioning from inpatient or residential treatment settings. Transportation barriers and perceived or actual sobriety requirements were also noted as obstacles to accessing peer support services.

Recommendations

Youth SUD Education and Recovery Resources

Build a shared understanding of the existing youth substance use education and recovery programming within Seattle and King County public schools. This could involve gathering input from students, educators, and school-based prevention specialists to determine what is working, what challenges exist, and where additional support is needed.

See pg. 9 for details

Increase awareness of Interagency High School's Recovery Campus amongst health care providers working with youth – particularly in residential treatment centers, detox facilities, and behavioral health programs.

Data Gaps

Build a shared understanding of data related to SUD residential treatment in King County, including an updated, comprehensive list of treatment locations, utilization rates, services offered, and patient outcomes.

Establish a data linkage between the Medical Examiner's Office and SUD residential treatment facilities to allow for real-time internal reviews of missed opportunities and barriers to care during and after patients' residential treatment.

Building Community Support in Recovery

Facilitate partnerships between residential treatment facilities and peer-based recovery programs to connect individuals with a community upon discharge.

Expand access to peer-based recovery spaces and programs by addressing transportation barriers. Partner with supportive housing providers to facilitate transportation to Recovery Café and similar community support spaces.

Enhance individualized recovery support by encouraging recovery organizations, care managers, and SUD treatment providers to incorporate tools like the Recovery Capital Worksheet to help individuals develop coping skills and build a supportive network.

Mental Health Support and Medication Management

Collaborate with King County PACT Teams to assess OFR committee member areas of overlap related to client service delivery, client engagement, and continuity of care for individuals transitioning out of residential treatment.

Invite PACT Team leadership to upcoming OFR meetings to discuss challenges, best practices, and opportunities for collaboration in improving service coordination.

Not Yet Started
In Development
Completed/Ongoing

FATAL FENTANYL OVERDOSES AMONG COCAINE USERS

March 2025

While most fentanyl-related overdose deaths in King County appear to involve intentional fentanyl use, this OFR focused on a growing subset of decedents whose toxicology, history, and death scene evidence suggest they may have been unaware they were consuming fentanyl. Cocaine users appear particularly vulnerable due to the visual similarity between fentanyl and cocaine in both powder and rock/base ("crack") forms, increasing the likelihood of drug misidentification—a phenomenon we refer to as "powder confusion" or "rock confusion." These cases have increased in recent years alongside the growing prevalence of powder fentanyl in the local drug supply.

Trends, Gaps, Barriers, & Missed Opportunities

Targeted Education and Messaging for Cocaine Users

As cocaine use and "powder confusion" deaths have increased in recent years, participants emphasized the need for expanded harm reduction messaging and culturally responsive education efforts targeting people who do not identify as fentanyl users, particularly Black, Hispanic, and Native communities disproportionately impacted by these deaths.

Availability and Ease of Use of Fentanyl Test Strips

Ongoing barriers to fentanyl test strip (FTS) use among cocaine users were discussed, including perceptions that the strips are difficult to use, unclear instructions, and concerns about false positives. There is a need to make testing easier and more accessible by distributing complete, user-friendly testing kits with clear instructions and widely normalizing their use.

Powder confusion cases accounted for

8.5%

of fatal overdoses in King County in 2025

Targeted Education and Messaging for Primary Care Providers

Limited engagement with behavioral health and emergency services, alongside frequent contact with primary care providers for other health concerns, highlighted missed opportunities for harm reduction outreach in non-behavioral health settings. Participants discussed the need for targeted education and resource access for primary care providers, cardiology teams, nurses, and physician assistants who regularly interact with people who use stimulants.

Gaps in Residential Treatment Data and Dual Diagnosis Facilities

OFR discussions continued to highlight major gaps in understanding residential SUD treatment, as no centralized state or countywide data on services provided or patient outcomes has been identified. Limited availability of facilities offering integrated dual diagnosis treatment for co-occurring mental health and substance use needs also remained a critical concern.

Pre-Use Naloxone as a Harm Reduction Strategy for Stimulant Users

The committee discussed pre-use naloxone as a potential harm reduction strategy for stimulant users, particularly when sourcing drugs from a new supplier. This approach was discussed as a possible way to reduce fatal overdose risk in "powder confusion" cases. Although not widely studied or adopted, participants noted its potential relevance amid rising fentanyl-related overdose deaths among cocaine users.

Recommendations

Targeted Education and Messaging for Cocaine Users

- Build upon lessons learned from the "Before the Bump" campaign to expand outreach to people who use cocaine. This could involve tailored messaging via postering and flyer distribution; culturally specific outreach strategies; and partnerships with trusted community organizations.
- Raise public awareness about powder confusion as a key harm reduction strategy. When more people understand the risks of fentanyl confusion amongst people who use drugs in powder/rock form, they can warn and protect others in their networks— particularly in communities where word-of-mouth is a powerful tool for sharing information and resources.
- Leverage King County Public Health's Drug Alerts text service to issue a public alert about "powder confusion" overdose risk to educate residents that fentanyl and cocaine can look identical in powder and rock form, increasing the risk of accidental fentanyl exposure, while sharing harm reduction guidance and local overdose prevention resources.

Availability and Ease of Use of Fentanyl Test Strips

See pg. 8 for details

- Develop and distribute comprehensive FTS kits that include all necessary components for testing—such as a mixing container filled with water, a scooper, and clear instructions. These kits should be made widely available in locations frequented by stimulant users, including nightlife venues, music events, and night-shift workplaces (e.g., warehouses, marinas, food service, delivery, and security), along with information on safer use practices.
- Explore updated FTS options that offer improved accuracy and reduce the likelihood of false positives to increase trust and usefulness among people who use drugs.

Targeted Education and Messaging for Primary Care Providers

- Identify champions in primary care and/or cardiology who can help distribute harm reduction posters and FTS kits in medical offices.
- Provide support to these providers by sharing MEO data on stimulant-related overdoses and suspected powder confusion cases, along with suggested language for initiating harm reduction conversations with patients.

Gaps in Residential Treatment Data and Dual Diagnosis Facilities

- Identify a new residential treatment facility that can join the OFR Committee as a permanent member to better understand current practices and opportunities for collaboration.
- Advocate for the development of statewide or countywide data collection systems to track services delivered and outcomes for individuals receiving residential treatment for substance use disorder.
- Encourage efforts to prioritize and expand support for dual diagnosis residential treatment programs.

Pre-Use Naloxone as a Harm Reduction Strategy for Stimulant Users

- Discuss the feasibility and benefits of promoting this novel idea, including through conversations with naloxone manufacturers and people who use cocaine

Not Yet Started
In Development
Completed/Ongoing

FATAL OVERDOSES AT HOTELS AND MOTELS

May 2025

This review examined fatal overdoses occurring in hotels and motels across King County, an increasingly common setting for overdose deaths. In 2024, 38 overdose deaths occurred across 31 hotels and motels, with fentanyl involved in 71% of cases.

Trends, Gaps, Barriers, & Missed Opportunities

Overdose Response Capacity in Motels and Hotels

Naloxone is often unavailable in hotel and motel settings for both staff and guests, and overdose response training for staff remains rare despite occasional willingness to intervene. Many overdoses occur behind closed doors with individuals using alone, reducing the likelihood that someone will be present to call for help. While some motels now employ security staff who may assist during emergencies, access to Narcan remains inconsistent.

Leveraging Housing Vouchers to Expand Harm Reduction Reach

Organizations that distribute hotel/motel vouchers are important touchpoints for individuals at risk of overdose in these settings. Embedding harm reduction education, naloxone, fentanyl test kits, and information on services such as the "Never Use Alone" hotline into voucher programs may improve safety. Collaboration with these orgs may also help identify frequently used motels for targeted outreach.

Enhancing Motel/Hotel Staff and EMS Coordination

Fatal overdoses in motels often occurred after individuals had contact with EMS earlier the same day for a drug-related incident but later returned to their room alone. Limited communication between EMS and hotel/motel staff following on-site emergency responses was discussed as a missed opportunity for follow-up support, safety checks, or timely intervention that could potentially prevent a fatal outcome.

Barriers to Accessing and Initiating Buprenorphine

Challenges with initiating and maintaining buprenorphine treatment emerged as an important theme, including unmanaged withdrawal symptoms, lack of a safe or stable place to detox, and barriers to accessing medication. Structural and financial obstacles related to long-acting injectable formulations were discussed, including limited access and utilization.

Many fatal motel overdoses occurred after EMS contact earlier the same day

Contingency Management Models

Many individuals experiencing overdose in hotel/motel settings face ongoing challenges with treatment engagement and medication adherence, highlighting the need for more flexible and motivating approaches to care. Contingency Management (CM), an evidence-based behavioral intervention that provides tangible rewards for meeting treatment goals, has been shown to effectively reduce stimulant use, particularly methamphetamine, but remains underutilized due to policy, ethical, and logistical concerns. Participants discussed the potential for adapting CM models to support retention in care and improve engagement with MOUDs during critical periods such as treatment initiation and stabilization.

Recommendations

Overdose Response Capacity in Motels and Hotels

- Install NaloxBoxes in hallways, lobbies, and near common areas like ice machines to ensure naloxone is easily accessible in the event of an overdose.
- Post clear signage in guest rooms highlighting on-site naloxone availability and signs of an overdose.
- Post the "Never Use Alone" hotline information in guest rooms, empowering guests who are alone in their rooms with a life-saving resource. Since many overdoses occur in isolation, the hotline may be the most effective harm reduction tool available when no one is present to administer naloxone.
- Collaborate with the Seattle Hotel Association to promote voluntary participation in overdose response efforts, such as staff training on identifying and responding to overdoses and the Good Samaritan Law.
- Explore requiring overdose response training as part of licensing for hotels and motels.

Leveraging Housing Vouchers to Expand Harm Reduction Reach

- Create centralized lists of hotels/motels that accept housing vouchers and the organizations that provide them to identify priority sites and partners for outreach and collaboration.
- Partner with referring organizations to distribute Narcan, fentanyl test kits, Never Use Alone materials, and other overdose prevention information during voucher disbursement.
- Engage voucher-granting organizations to identify champions within motels who can support on-site harm reduction initiatives.

Enhancing Motel/Hotel Staff and EMS Coordination

- Explore the feasibility of enhanced communication between EMS and hotel/motel staff following emergency calls potentially related to drug use, including a HIPAA review to determine what information can be shared in the context of public safety and harm reduction. Consider developing protocols for general alerts (e.g., notifying staff that a medical incident occurred in a specific room or area) to support safety planning and potential follow-up.
- Engage with Seattle Fire Department's Health 99 team to assess opportunities for post-overdose follow-up at motels and hotels.

Barriers to Accessing and Initiating Buprenorphine

- Support pharmacy co-location at clinics prescribing medications for opioid use disorder (MOUD) to enable same-day initiation.
- Following the example of Plymouth Housing's efforts to bring on-site MOUDs to residents, evaluate the feasibility of expanding these models to shelter systems like the Compass Center or PorchLight.

Contingency Management Models

- Continue discussions on the feasibility and effectiveness of using CM to improve MOUD adherence and retention, especially during the early phases of treatment.
- Leverage Medical Examiner's Office data to identify trends and outcomes among individuals who have participated in CM programs.

Not Yet Started
In Development
Completed/Ongoing

FATAL OVERDOSES AMONG VETERANS

July 2025

Veterans in King County are disproportionately represented in fatal overdoses relative to their share of the county population. Since 2022, fentanyl has been involved in the majority of veteran overdose deaths, frequently alongside methamphetamine. The review highlighted the intersection of overdose risk with prior jail involvement, housing instability, and complex behavioral health needs among veterans.

Trends, Gaps, Barriers, & Missed Opportunities

Fatality Trends and Drug Supply Awareness

A communication gap exists between VA clinicians and county drug and overdose surveillance teams. Regular information sharing on the local drug supply, emerging overdose trends, and related risks could better equip clinicians to provide timely education and support to patients. A previous Medical Examiner's Office briefing at the VA was well received, highlighting the value of continued collaboration.

Awareness of Veteran Services and Eligibility

Military service history is not consistently identified or discussed by clinical providers or within criminal/legal settings, creating missed opportunities to connect individuals with veterans' services. Bias and stigma, particularly around psychosis or acute mania, may also contribute to service disconnects. Participants noted the need for greater awareness of the VA's low-barrier SUD services among systems.

Harm Reduction and Education Gaps in Veteran Care Settings

While naloxone is routinely distributed within the VA system to patients with a history of drug use, overdose prevention education and risk reduction counseling do not always accompany distribution. Individuals who primarily identify as stimulant users may not disclose opioid use, creating missed opportunities for conversations about fentanyl exposure risk and harm reduction strategies. Stigma, limited provider training, and lack of time or confidence to engage in these discussions were also noted as barriers to overdose prevention among high-risk veterans.

Veterans accounted for

5%

of fatal overdoses in King County in 2025

Recommendations

Fatality Trends and Drug Supply Awareness

- Begin quarterly briefings from the MEO Real-Time Fatal Overdose Surveillance team to clinicians within the VA Puget Sound Health Care System and Jail Health Services.
- Explore creating digestible drug trends and fatal overdose trends update sheets that can be shared with harm reduction and street-based providers.
- Share MEO fatal overdose data involving veterans with VA behavioral health leadership to support internal fatality reviews.

See pg. 9 for details

- Provide overdose surveillance briefings to City of Seattle Human Services Department staff and partner agencies through the King County MEO Real-Time Fatal Overdose Surveillance team to increase awareness of emerging local drug trends and strengthen data-informed overdose prevention strategies for populations at elevated risk.

Awareness of Veteran Services and Eligibility

- Advocate for and normalize the intake question: “Have you ever served in the U.S. military?” instead of “Are you a veteran?” to capture more eligible individuals. Ensure service eligibility is still assessed even when clients are acutely symptomatic.
- Share information about the King County Veterans Program and the SUD services available through the VA Puget Sound Health Care System widely among street outreach teams, peer navigators, law enforcement, and mental and behavioral health providers.
- Strengthen Recovery Place Kent’s/Valley Cities’ discharge planning by increasing staff awareness of available veteran-specific resources through connections with the VA’s Veterans Justice Outreach team, King County Veterans Program, and VA Puget Sound’s Addiction Treatment Center to improve referral pathways for veterans leaving treatment.

Harm Reduction and Education Gaps in Veteran Care Settings

- Develop and distribute passive patient education materials (flyers, one-pagers) to be provided alongside the VA’s existing naloxone kits that explain risks of low tolerance, polysubstance use, and safer use practices like “Never Use Alone.”
- Create a toolkit for providers on best practices when talking about fentanyl and overdose risks with individuals who use stimulants.
- Explore developing a training for non-behavioral health VA providers on how to incorporate basic substance use conversations into their patient care model.

FATAL OVERDOSES IN PERMANENT SUPPORTIVE HOUSING

October 2025

From January 2024 through September 2025, an average of 16 fatal overdoses occurred each month among individuals living in permanent supportive housing (PSH) in King County. PSH is a long-term housing model designed to support individuals with chronic health, behavioral health, and housing instability needs through affordable housing paired with wraparound supportive services.

Trends, Gaps, Barriers, & Missed Opportunities

Supporting Safe Reentry into Housing

Transitions from incarceration or hospitalization back into supportive housing were discussed as high-risk periods for fatal overdose due to reduced tolerance. Because jail and hospital staff do not routinely collect or share housing information, supportive housing case managers may be unaware when residents are returning home, creating gaps in engagement and follow-up care. Participants also noted that jail releases often occur after hours when supportive housing staff are unavailable to receive or check on residents.

Methamphetamine involvement in overdose deaths is

1.3x

higher among individuals living in PSH than in the overall overdose population

Women's Health Settings as Opportunities for Engagement

Women's health clinics and gender-specific service sites were discussed as important opportunities for screening, education, and linkage to recovery resources for women with complex medical and behavioral health needs. These settings may be particularly valuable for individuals who do not disclose substance use or overdose risk in other environments. Limited partnerships between supportive housing programs, women's health providers, and domestic violence organizations were also identified as a gap.

15.4%

of fatal overdoses occurred in PSH sites in 2025

Systemic Resource Gaps, Staffing Capacity, and Individualized Care

High caseloads, funding limitations, and insufficient clinical staffing were discussed as barriers to providing individualized, relationship-based care in supportive housing settings. Participants noted that "Housing First" models require adequate clinical and peer support to effectively promote resident safety and stability. Expanding the peer workforce, reducing case management ratios, and increasing wraparound services within supportive housing were identified as important strategies for improving outcomes.

Recommendations

Supporting Safe Reentry into Housing

- Encourage correctional and hospital settings to routinely ask about housing status/location to facilitate coordination with supportive housing programs.
- Explore the feasibility of a notification process between jails, hospitals, and supportive housing providers to alert staff when residents are released or discharged.
- Expand collaboration between Jail Health Services and permanent supportive housing providers to improve communication and care coordination when residents are released from custody and returning to housing sites.
- Establish higher-frequency welfare checks (e.g., daily for the first 72 hours) after residents return to supportive housing from these settings.

Women's Health Settings as Opportunities for Engagement

- Build partnerships between permanent supportive housing sites and women's health and DV organizations (e.g., SHE Clinic).
- Ensure women's health and reproductive care settings integrate MOUD access, harm reduction education, and overdose prevention resources. Where on-site MOUD is not available, develop formal partnerships with MOUD providers to support referrals and continuity of care.

Systemic Resource Gaps, Staffing Capacity, and Individualized Care

- Sustain and strengthen what works: Permanent supportive housing remains a necessary model for the community. To succeed, these programs need sustainable funding and staffing levels that reflect the complexity of residents' needs — including realistic caseloads, peer navigation, and integration of behavioral health services.
- Resource the model to reach its potential: Current supportive housing and outreach teams are tasked with achieving transformative outcomes without the resources to match. Investing in wraparound care, peer support, and long-term relationship-based engagement would allow existing programs to fully realize their impact on recovery and overdose prevention.
- Expand voluntary peer support programming within permanent supportive housing through partnerships with community and recovery organizations, including both harm reduction and recovery-focused support options. Utilize Peer Community's peer support training model for this purpose.

Additional Recommendations

- Utilize MEO data to evaluate the impact of Housing Health Outreach Team (HHOT) presence at permanent supportive housing sites on fatal overdose outcomes to inform potential expansion of this on-site behavioral health and clinical care model.
- Encourage staff to promote the Never Use Alone hotline and practice calling it with residents to build familiarity and increase use during periods of solitary substance use.

FATAL OVERDOSES INVOLVING METHAMPHETAMINE

December 2025

Since 2023, 52% of fatal overdoses in the county have involved methamphetamine, and most of these deaths (82%) also involved fentanyl, highlighting the prevalence of polysubstance use. Seven percent of fatal overdoses in 2025 involved methamphetamine alone. The review explored the complex challenges associated with methamphetamine use and meth-fentanyl co-use.

Trends, Gaps, Barriers, & Missed Opportunities

Methamphetamine Use Is Under-Recognized and Under-Addressed Compared to Opioids

As attention and resources have shifted toward opioid overdose, conversations about meth risk have declined. This has contributed to a misconception that meth is less dangerous, despite the high proportion of meth-involved deaths and widespread co-use with fentanyl. Meth use can also be more difficult to address clinically due to the lack of pharmacologic treatment options comparable to MOUDs, creating gaps in engagement and care.

Reliance on Disclosure Creates Gaps in Treatment Access

Non-disclosure of meth use during jail booking and clinical encounters can be a major barrier to treatment access and intervention. In custody settings, access to MOUD often depends on disclosure and withdrawal severity thresholds that many individuals do not meet before release, limiting care for co-occurring opioid and stimulant use disorders. Stigma, fear of information sharing, and paranoia about punishment or other consequences may further discourage disclosure, reducing opportunities for engagement.

Meth-Associated Cardiac and Mental Health Conditions Require Integrated Care

Increasing stimulant-related cardiomyopathy among younger individuals, alongside complex psychiatric presentations including psychosis and behavioral instability, can be significant barriers to care. Meth-induced paranoia and instability can make sustained treatment difficult, and uncertainty around how to treat overlapping medical, psychiatric, and SUD symptoms contributes to gaps in care.

82%

of fatal meth overdoses in King Co. also involve fentanyl

Insufficient Support in Temporary Housing Increases Risk

Meth use is a common street survival strategy during homelessness that can persist after housing placement. Unlike PSH, transitional and temporary housing settings often lack the staffing, flexibility, and clinical support needed to respond to meth-related behaviors. Behavioral issues linked to meth use may lead to shelter removal without additional support, increasing instability and overdose risk. These behaviors were discussed as reflecting unmet clinical and functional needs rather than willful noncompliance.

Limited Evidence-Based Treatment Options for Meth Require Broader System Support

Limited Evidence-Based Treatment Options for Methamphetamine Require Broader System Support Participants noted that contingency management remains the only evidence-based treatment for stimulant use disorder, yet funding and implementation are limited. In the absence of medication-based treatments, engagement, patient-provider trust, and supportive environments are even more critical.

Recommendations

Methamphetamine Use Is Under-Recognized and Under-Addressed Compared to Opioids

- Re-establish meth as a core focus of overdose prevention, education, and clinical conversations.
- Develop standardized guidance for providers on how to discuss stimulant use, including risk education, motivation for use, and harm reduction strategies.
- Ensure overdose prevention messaging clearly communicates that meth use increases overdose risk, particularly when combined with opioids/fentanyl.

Reliance on Disclosure Creates Gaps in Treatment Access

- Reduce reliance on self-disclosure as the sole gateway to substance use education, assessment, and treatment in jail and healthcare settings. Encourage routine integration of substance use conversations into medical encounters, especially where comorbid conditions are present.
- Expand screening markers beyond withdrawal severity scores to identify stimulant use and overdose risk.
- Pair policy changes (e.g., earlier MOUD induction under the Section 1115 waiver) with visible follow-through so individuals see that disclosure leads to help.
- Increase use of peer navigation model in jail, emergency department (ED), and clinic settings to support disclosure and engagement.

Meth-Associated Cardiac and Mental Health Conditions Require Integrated Care

See pg. 9 for details

- Develop targeted training for ED, cardiology, and primary care providers on recognizing and addressing stimulant-associated health conditions.
- Support care models that integrate cardiac care, mental health treatment, and SUD services.
- Continue research and surveillance on stimulant-related cardiac outcomes.

Insufficient Support in Temporary Housing Increases Risk

- Support the expansion of PSH, which provides behavioral health and daily living assistance for residents.
- Increase access to behavioral health, peer support, and case management within transitional housing and shelter settings for individuals with active stimulant use or stimulant-related behavioral symptoms.
- Provide training and resources for shelter and transitional housing staff to recognize meth-related behaviors (e.g., agitation, hoarding, hypervigilance, paranoia) and respond with supportive, de-escalation–focused approaches rather than eviction.
- Strengthen pathways between shelters, transitional housing, and healthcare providers to connect residents with higher levels of care when needs exceed program capacity.

Limited Evidence-Based Treatment Options for Meth Require Broader System Support

- Expand access to contingency management programs and identify sustainable funding mechanisms.
- Encourage the investment in peer-led, harm reduction–focused interventions for stimulant use.

Data Notes

1. Percentages represent the proportion of all King County fatal overdose cases occurring in each city and are not adjusted for population size. This measure is intended to describe the geographic distribution of overdose deaths across the county rather than compare overdose mortality rates between cities.
2. Housing status was determined using information available during death investigations. The classifications used may not align with housing categories commonly used by state, federal, or local agencies. Percentages represent the characteristics of overdose decedents and are not population-adjusted rates.
3. Sex, race, and ethnicity were assigned using information from next of kin, and when unavailable, physical examination. These data may not align with the decedent's identity. Percentages represent the characteristics of overdose decedents and are not population-adjusted rates.