

Overdose Trends and Community Based Overdose Prevention Program

Seattle Public Safety and Human Services Committee
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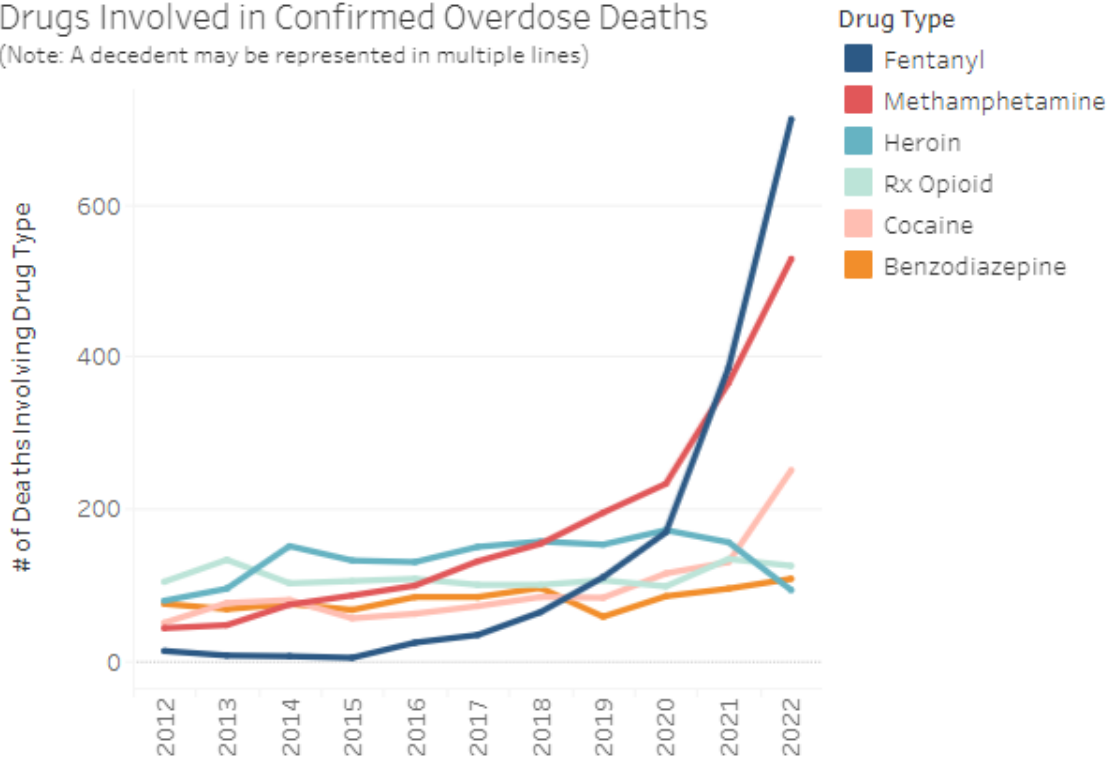
The landscape is changing..... fast

"All of a sudden you can synthesize hundreds of compounds and kind of mix them together and see what does the best in the market." Joseph Friedman, UCLA

A look at the data

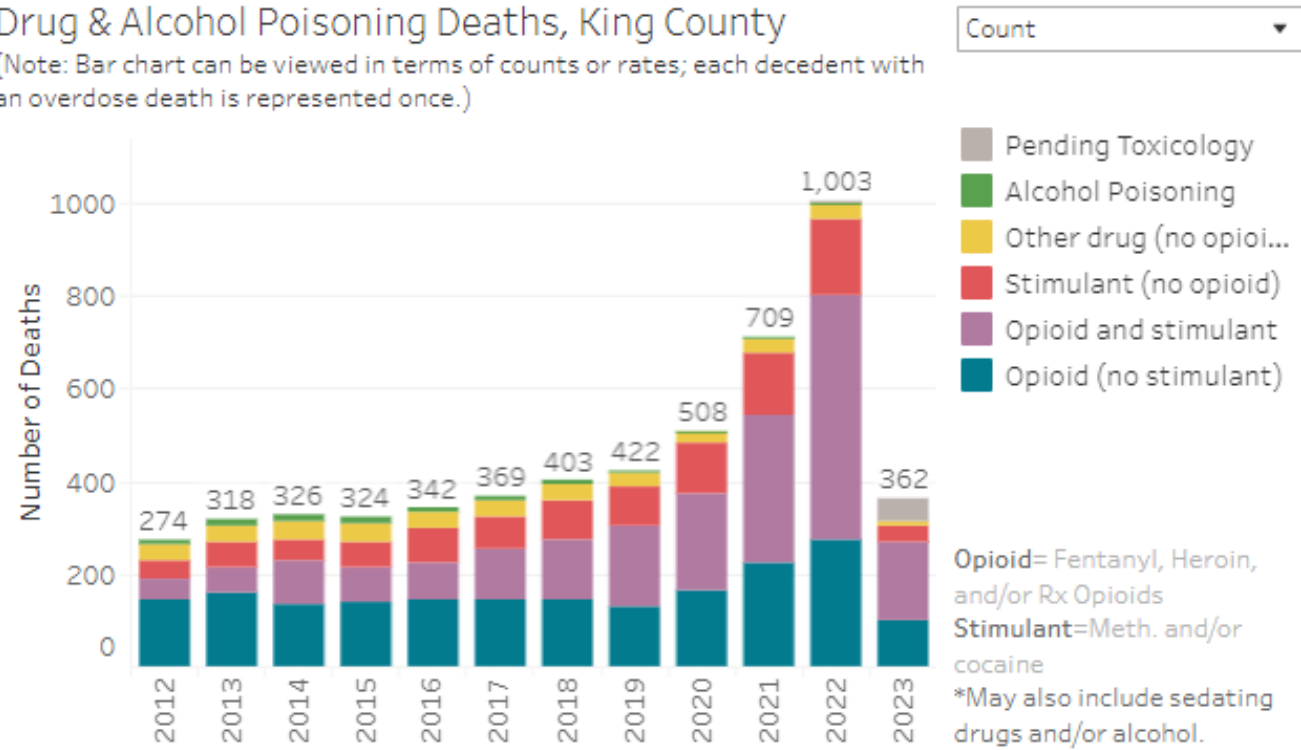
Drugs Involved in Confirmed Overdose Deaths

(Note: A decedent may be represented in multiple lines)



Drug & Alcohol Poisoning Deaths, King County

(Note: Bar chart can be viewed in terms of counts or rates; each decedent with an overdose death is represented once.)

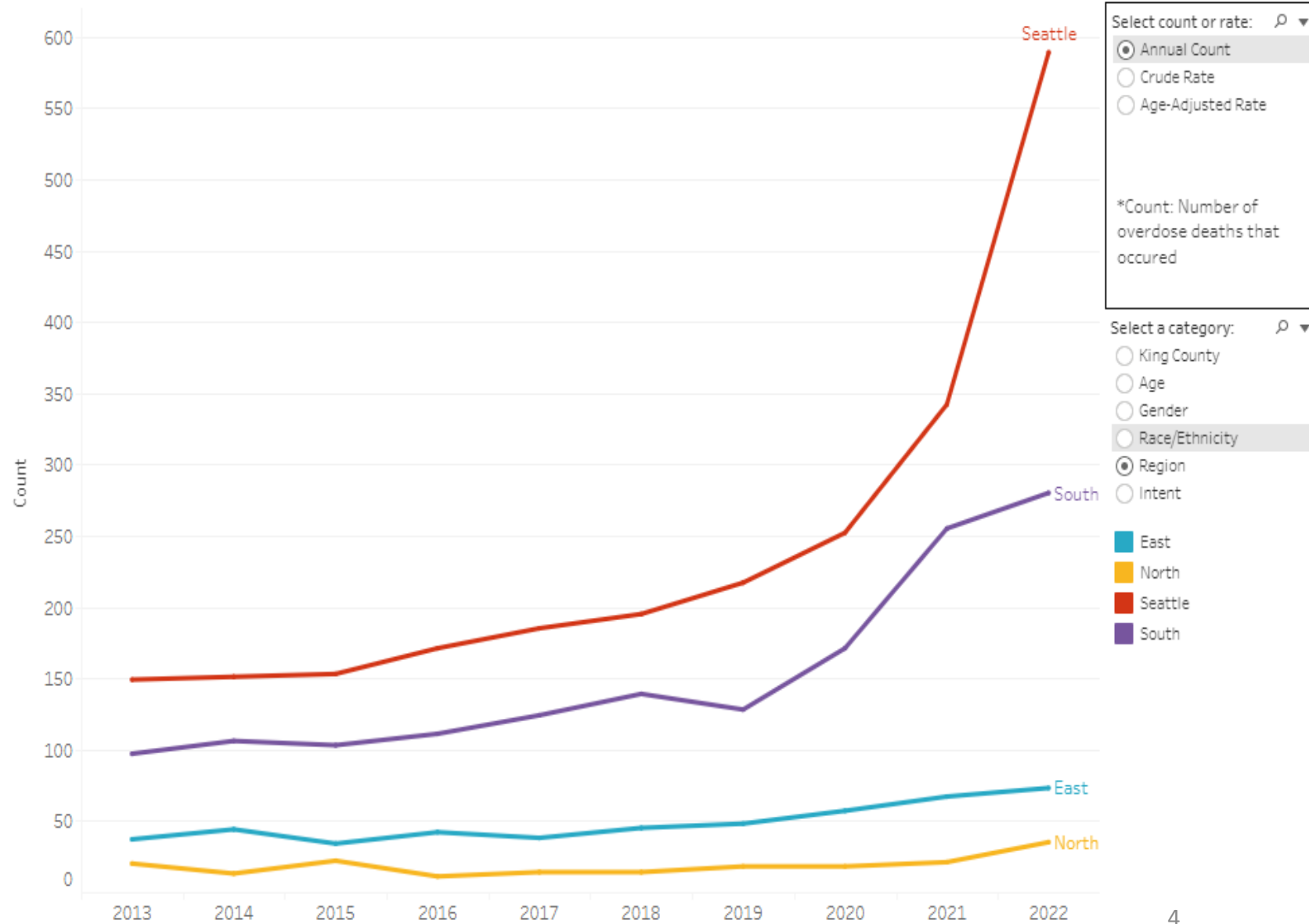


Geographic Disparities

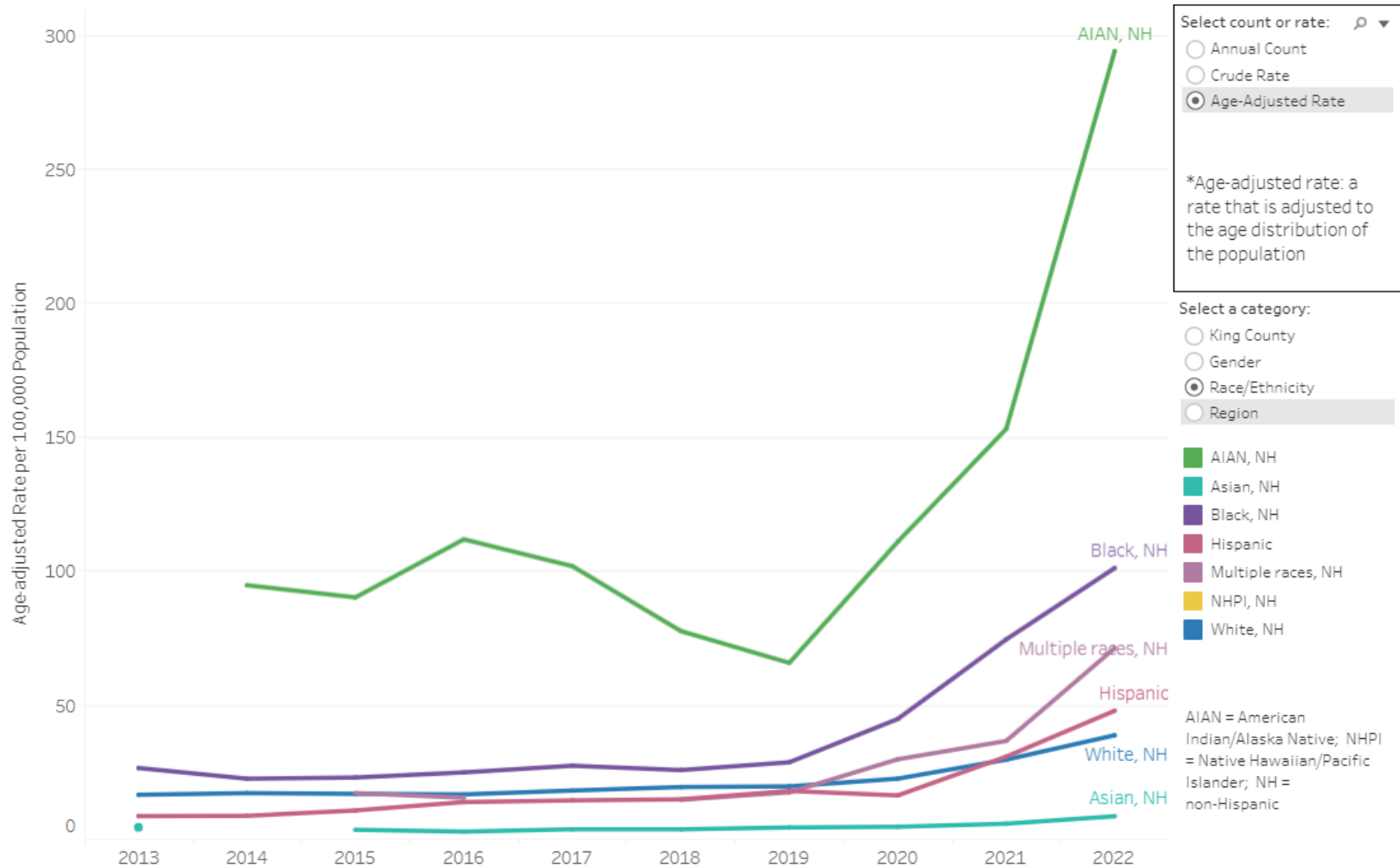
Trends in overdose deaths that occurred in King County in 2013 - 2022

Data source: Medical Examiner's Office data

Note: Decedent characteristics for housing status are under year-end quality review. Updated data will be made available as soon as possible



Racial / Ethnic Disparities in King Co.



Community Based Overdose Prevention Program

REACH created a drug user health team to outreach people who use drugs living in camps and RVs, distribute harm reduction supplies, provide care and connection to other clinical services.

Hepatitis Education Project (HEP) hired an Overdose Prevention Coordinator, expanded their harm reduction supplies and services, and grew their mutual aid program to serve new communities and underserved populations.

People's Harm Reduction Alliance increased supplies and outreach in the community, provided doula services for pregnant people who use drugs, and took a leading role in our community drug checking initiatives.

City Investments: Collective Impact

Distributed more than 20,000 harm-reduction kits.

Increased reach to marginalized communities through aid to smaller Community-Based Orgs.
-Equity-focused.

Built a community drug checking community of practice and have trained technicians who can analyze substances.

Increased low-barrier access to buprenorphine and methadone for individuals with high barriers to care.

Hepatitis Education Project



Community Based Overdose Prevention

*Drug
Checking*

*Dedicated FTE to
drug checking
services*

*Overdose
Prevention
Coordinator*

*Hired new staff to
fulfill mutual aid
orders, do naloxone
training and
distribution tracking,
staff our syringe
service program, and
drug checking*

*Medical
Director*

*Medical Director
hired. Created wound
care protocol and
SOPs for participant
care*

*Post
Consumption
Supervision**

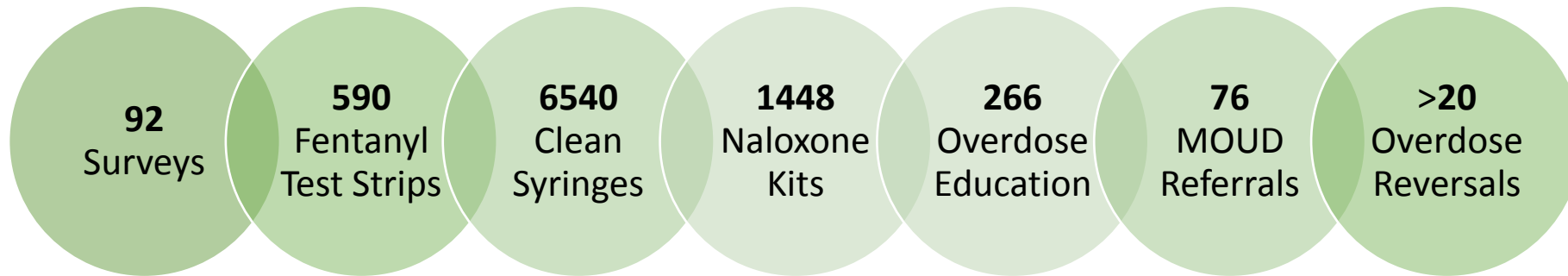
*Conducted feasibility
assessment for post
consumption
monitoring at HEP.
Staff was ultimately
not ready to
undertake this level of
service*

*Community
Partnerships*

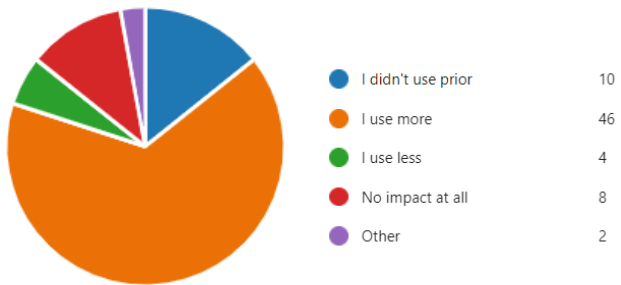
*Worked with and
provided subaward to
a local mutual aid
group serving a
diverse population of
drug users*

Drug User Health Team

Three Person, Field-Based Team: DUH Coordinator & Two Medical Providers

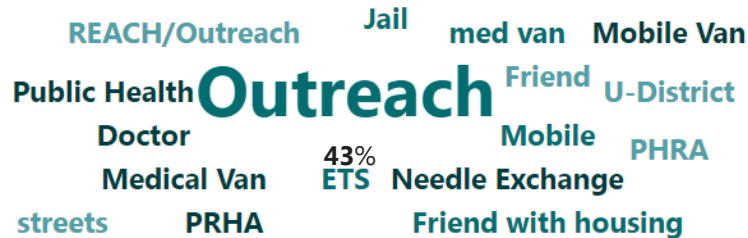


○ Impact of Housing Instability on Drug Use



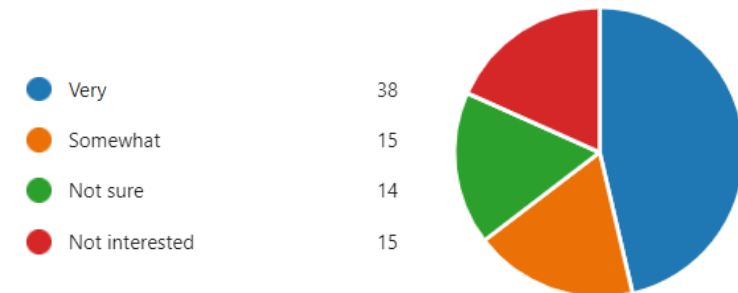
- **66%** reported increased use due to homelessness, **14%** reported no use prior to homelessness

○ Where do you get your naloxone?



- **882 total** overdoses observed, average of 10 witnessed per person per year

○ Interest in reducing/stopping your use?



- **65%** expressed desire to reduce use

The People's Harm Reduction Alliance - Community Based Overdose Prevention

