

Harm Reduction in the Field: Improving Opioid Overdose Response in King County, Washington

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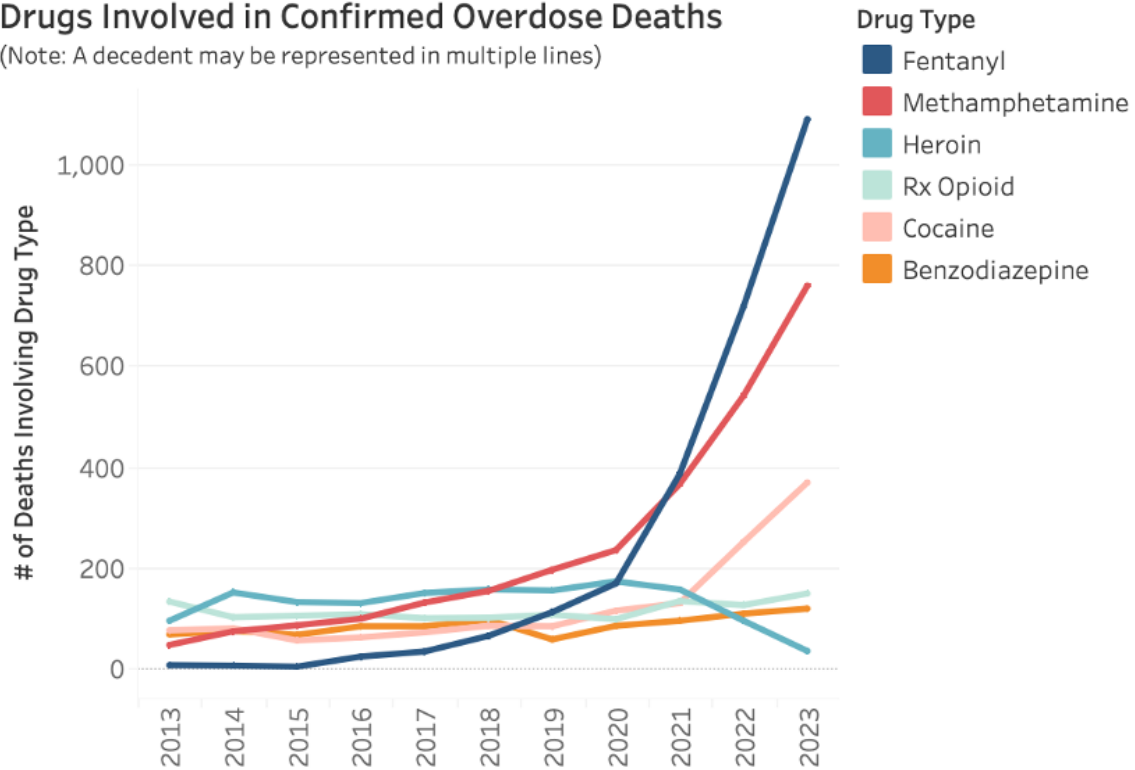
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KING COUNTY OPIOID CRISIS

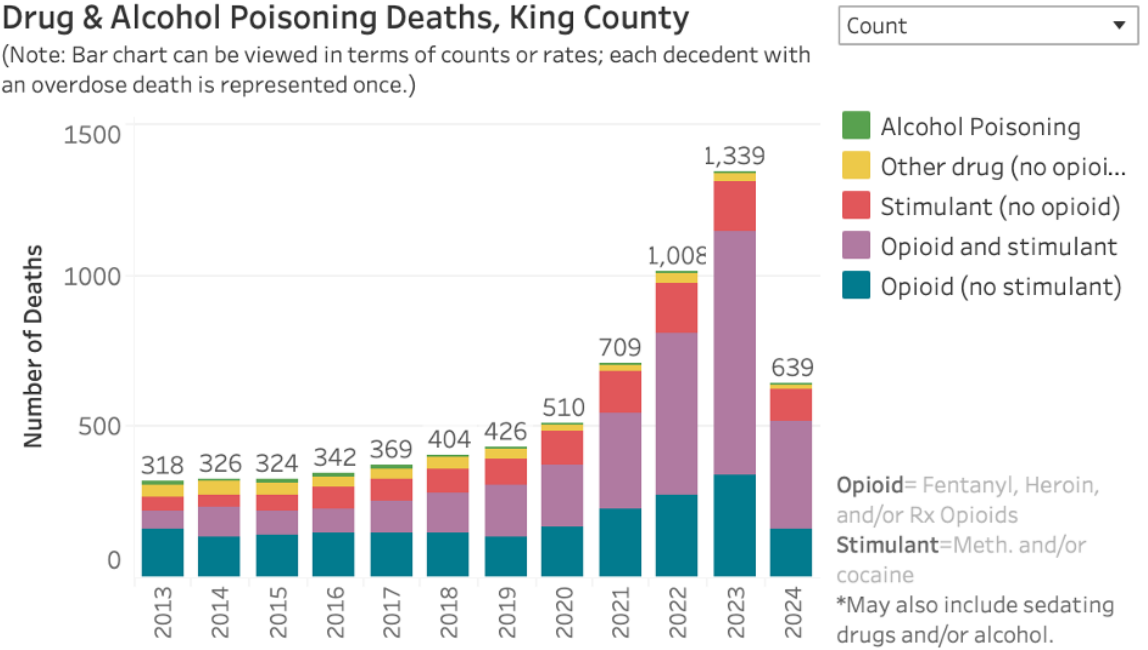
Drugs Involved in Confirmed Overdose Deaths

(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.)



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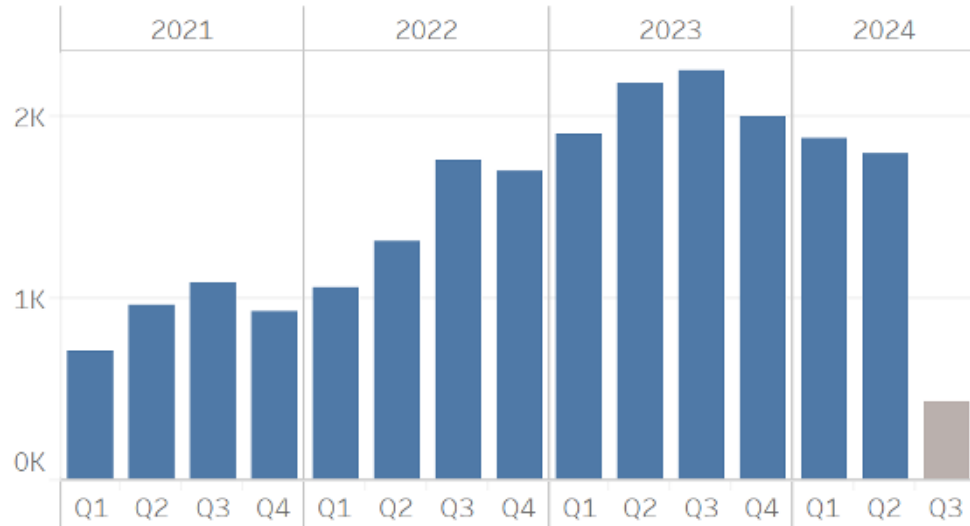
Opioid Overdoses Treated by King County Emergency Medical Services

(As of 7/28/2024)

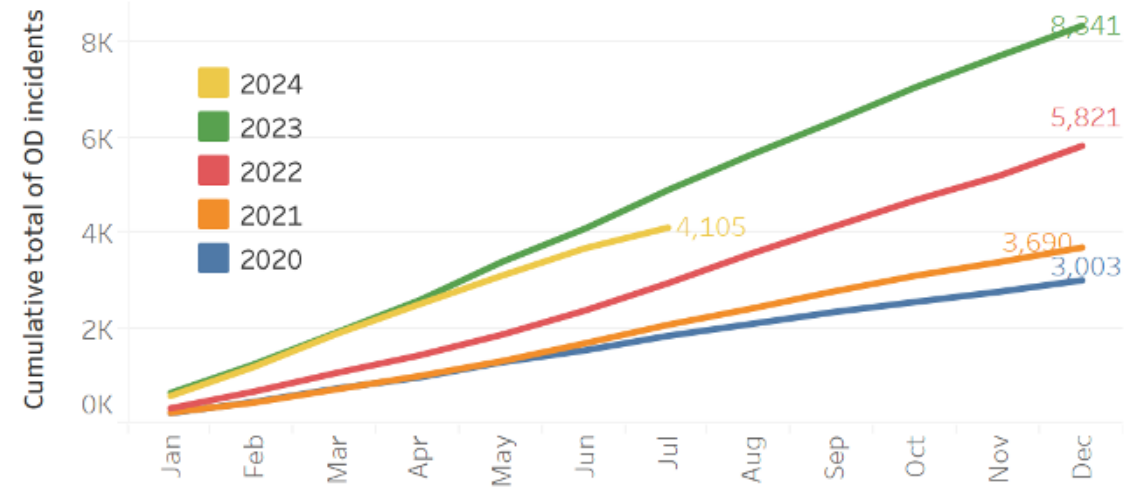
This dashboard summarizes opioid overdoses in King County treated by Emergency Medical Services (KC EMS) personnel. Nearly all overdoses treated by EMS personnel are non-fatal.

Trends in Opioid Overdoses treated by KC EMS

Select graph view: Trends by Quarter



Cumulative total # of Opioid Overdoses treated by KC EMS



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Encounters with EMS Prior to Fatal Overdose: An Opportunity to Intervene?

Allison Rollins¹, Leslie Barnard², Mauricio Sadinle³, Richard Harruff², Catherine Counts¹, Thomas Rea^{1,4}, Julia Hood^{2,3}

¹University of Washington School of Medicine

³University of Washington School of Public Health

²Public Health: Seattle & King County

⁴King County Emergency Medical Services

40% had at least 1 EMS encounter in the year prior to overdose

Nearly **90%** of all encounters received basic life support care only, and **19%** were not transported

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EMS Responses for Suspected Opioid Overdose

A Report from the King County EMS Regional QI Section

Prepared by Amy Poel, Jamie Emert, Tom Rea

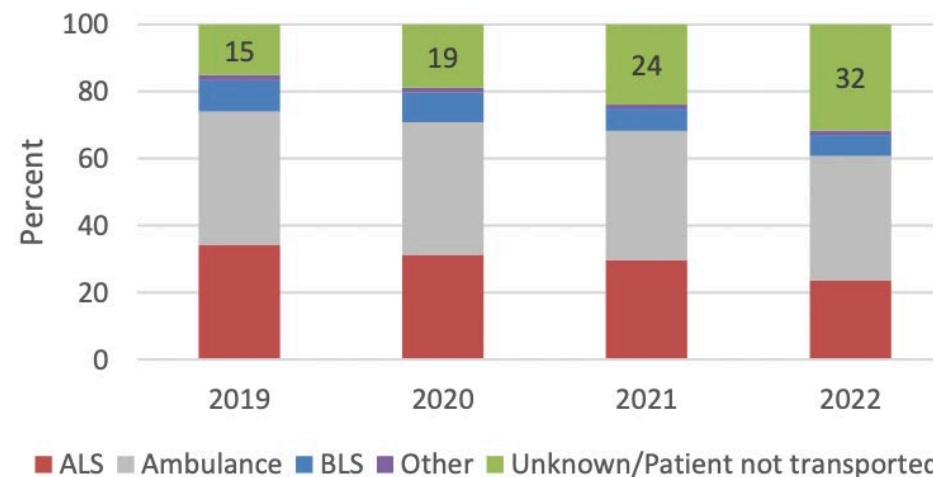
January 2023



King County
Emergency Medical Services

The proportion transported by ALS, BLS, and private ambulance has declined steadily over the past 4 years such that now **nearly a third of all patients** with suspected opioid overdose are no longer transferred to the ED.

Figure 3. Annual Percent of Person-Incident EMS Responses to Suspect Opioid Overdoses by Method of Transport



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We think this is > 50% in
Seattle

EMS INNOVATION



State v. Blake



SB 5476: Addressing the State v. Blake decision



Diversion in lieu of jail booking for drug possession



Adapting **evidence-based interventions** from clinical medicine to the **first responder system**



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

ELSEVIER

Research Paper

“Another tool in the toolkit”—Perceptions, suggestions, and concerns of emergency service providers about the implementation of a supervised consumption site

David Perlmutter^a, Courteney Wettemann^b, Callan Elswick Fockele^c, Tessa Frohe^d, Will Williams^b, Nathan Holland^b, Thea Oliphant-Wells^e, Hendrika Meischke^a, Jenna van Draanen^{a,f,*}

Check for updates

Harm Reduction in the Field: First Responders' Perceptions of Opioid Overdose Interventions

Callan Elswick Fockele, MD, MS; Tessa Frohe, PhD; Owen McBride, MD; David Perlmutter, MPH, MSW; Brenda Goh, MPH; Will Williams; Courteney Wettemann; Nathan Holland; Brad Finegood, MA, LMHC; Thea Oliphant-Wells, MSW; Emily C. Williams, PhD, MPH; Jenna van Draanen, PhD, MPH

Expanding Harm Reduction: People Who Use Drugs' Perceptions of Drug Checking Services

Brenda Goh, Callan Fockele, Tessa Frohe, Courteney Wettemann, Owen McBride, Grover Will Williams, Nathan Holland, Robert Pitcher, Germaine Billingsley, Rachel Rourke, Thea Oliphant-Wells, Emily Williams, and Jenna van Draanen

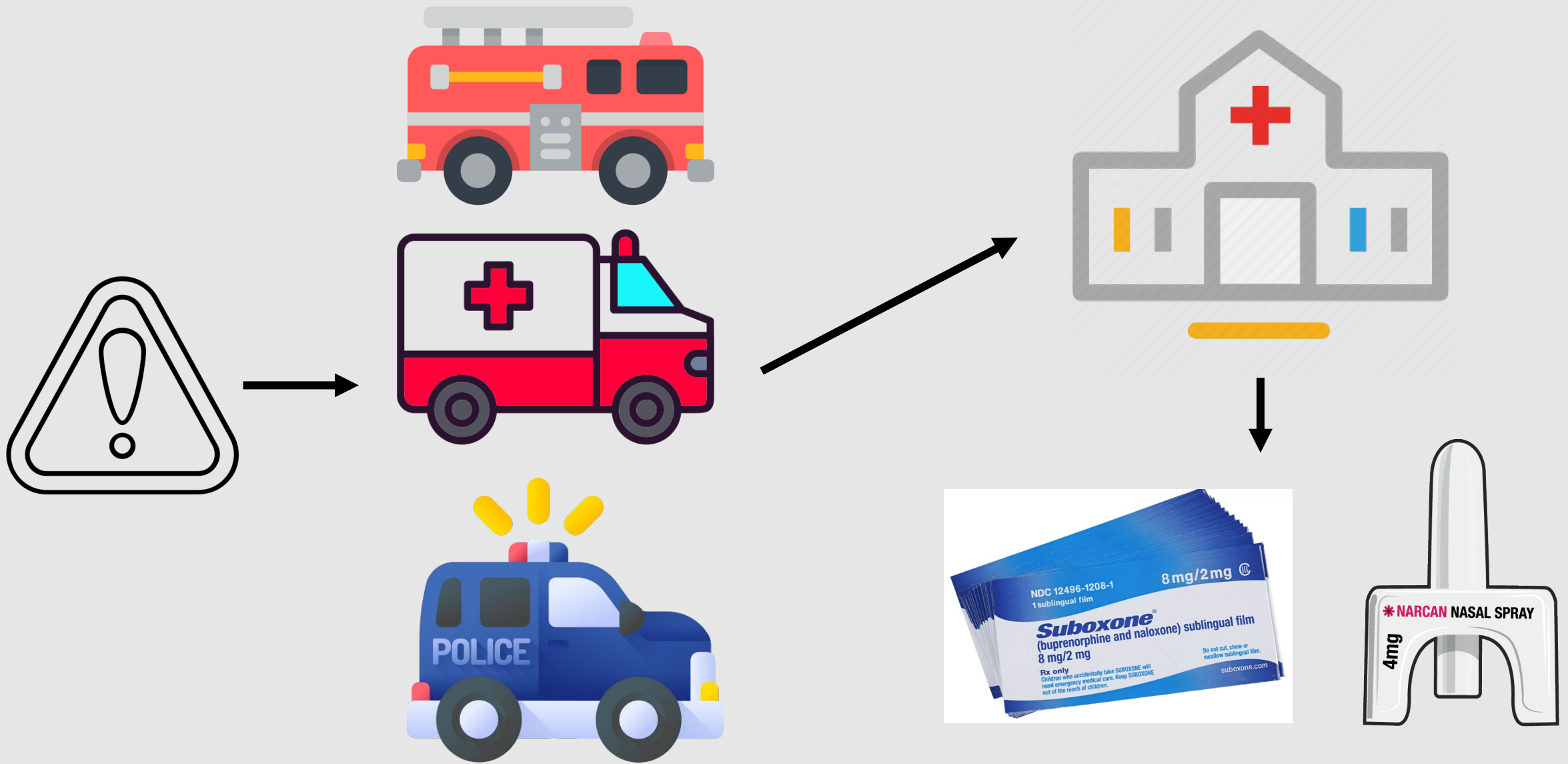
New services, old systems: Findings from the changing overdose response with emergency services (CORES) study

Jenna van Draanen, Callan Fockele, Tessa Frohe, Owen McBride, David Perlmutter, Grover Williams, Courteney Wettemann, Nathan Holland, & Thea Oliphant-Wells



Title: “I’m not a graduate or doctor, yet we are all together:” Articulating a partnership model for community-engaged research.

Author names and affiliations: Jenna van Draanen, PhD, MPH^{a,b}; David L. Perlmutter, MPH, MSW^a; Jazmin Higuera Banos, BSN^b; Brenda Goh, MPH^a; Courteney Wettemann^{b,c}; Grover Will Williams^c; Nathan Holland^c; Rachel Rourke^c; Rob Pitcher^c; Callan Elswick Fockele, MD, MS^e; Avery Park, MA MSN^b; Sierra Teadt, MPH^a; Thea Oliphant-Wells, MSW^e; Tessa Frohe, PhD^d;





SCHOOL OF NURSING

UNIVERSITY of WASHINGTON

Department of Child, Family, and Population Health Nursing

Emergency Medical Services & Overdose Care

Strategic Recommendations

December 2022



Public Health 
Seattle & King County

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EMS Overdose Prevention Project (EMS-OPP)

\$2 million dollars of SAMHSA grant funding over 4 years for:

1. **Training** for all EMS providers on stigma reduction and trauma-informed care
2. EMS **naloxone** leave-behind program
3. Connect overdose survivors to telehealth field-based initiation of **buprenorphine** and Public Health's post-overdose follow-up program

Goals of EMS Buprenorphine

- Reaching patients not seen elsewhere in system
- Treat withdrawal in field post-overdose people's withdrawal in field = compassionate care
- Started on treatment that they could continue
- Harm reduction over next ~48 hours = decreased risk of fatal overdose at highest risk time for re-overdose

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POST-OVERDOSE RESPONSE TEAM (PORT)

A division of Mobile Integrated Health



WHAT IS PORT?

The Post-Overdose Response Team is a specialized unit within the Health One program. Our Health One crews are generalists, responding to a wide variety of needs: behavioral crisis, minor medical concerns, issues around homelessness and substance abuse, falls, self-neglect, and much more. In contrast, the PORT team (which goes by H99 within the department), focuses narrowly on individuals who have experienced opioid overdoses. Modeled after several similar fire department-based programs, the team aims to connect overdose survivors with medications for opioid use disorder, primary care, and other supportive services.

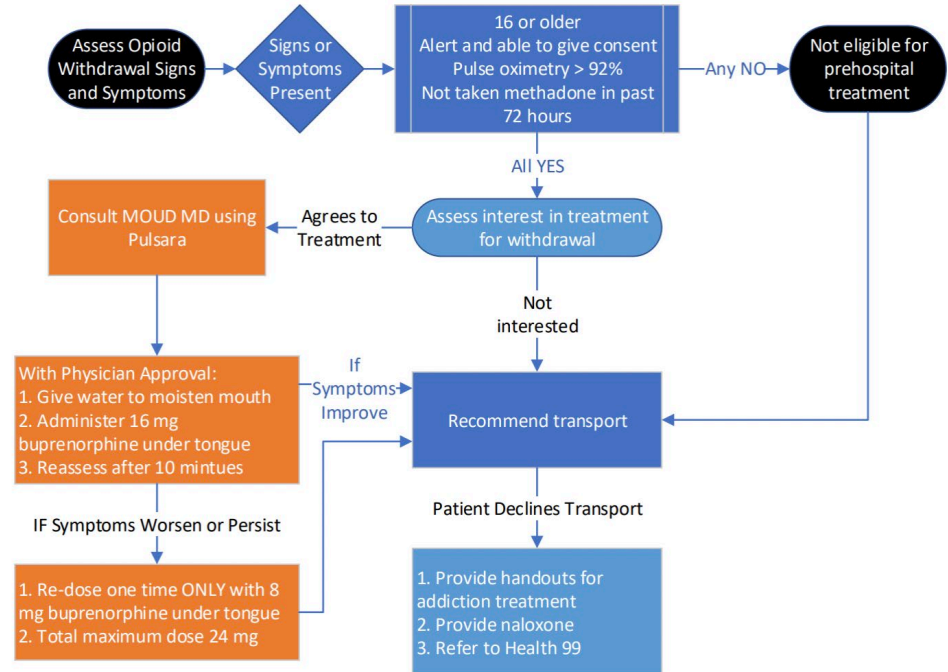


WHO IS ON THE TEAM?

The PORT team is drawn from staff already serving the Health One program. Several case managers and firefighters are receiving additional training on opioid use disorders, treatment medications, city services, medical connections, and more.



BUPRENORPHINE ADMINISTRATION



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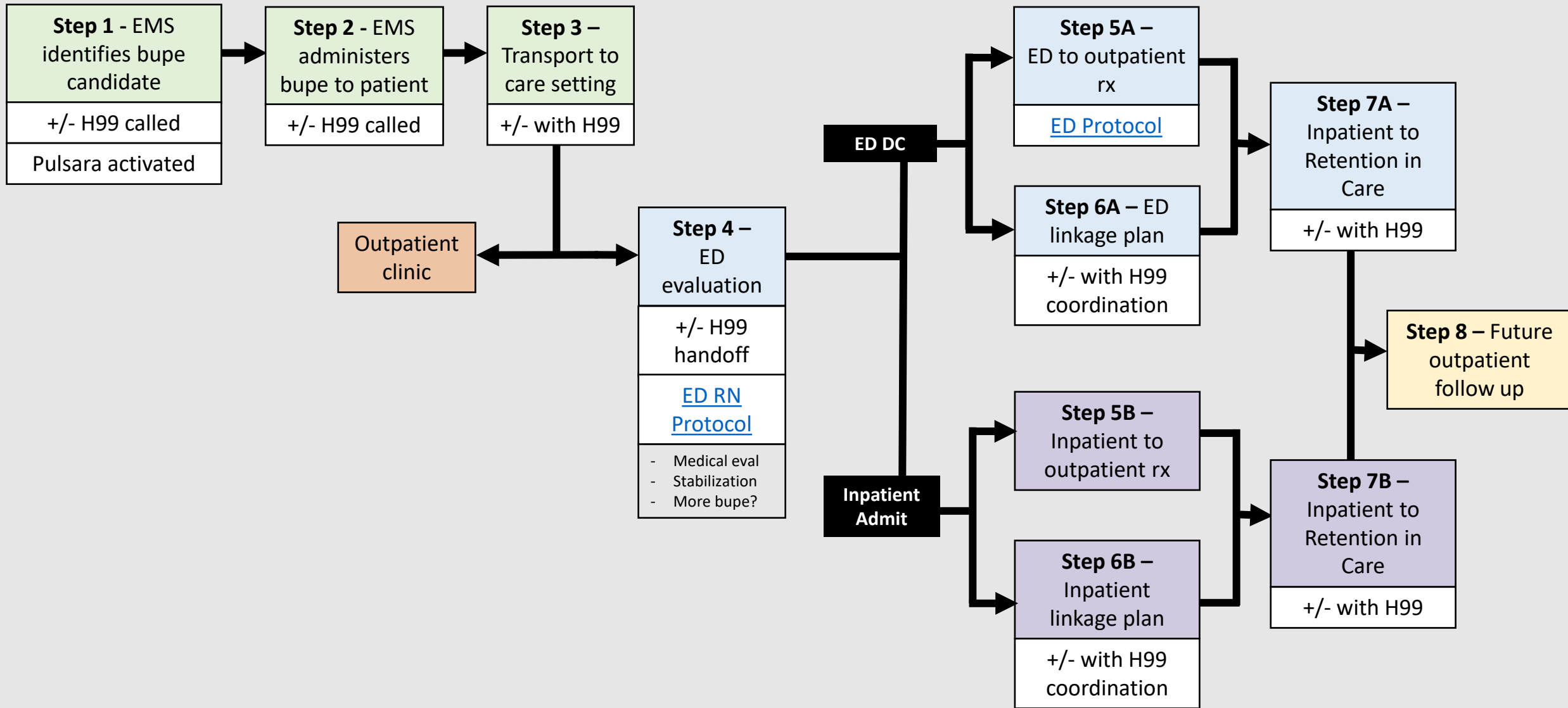
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Seattle EMS Buprenorphine Pilot Initial Cases

36 pilot cases

- >50% unhoused, 91% stimulant co-use
- PORT (H99) involvement
- Drop off points:
 - Identifying candidates
 - ED discharge with rx
 - Getting to 1st appt post-ED discharge





Seattle EMS Buprenorphine Pilot - Challenges

Step 1-3 – EMS

1. EMS hesitation
2. Difficult to ID OWS (critical illness, stimulant use)
3. Medic availability
4. Dosing

Step 4 – 6 – ED

1. Education
2. PORT coordination
3. ED variability
4. OWS in triage
5. DC without rx or appt

Step 7- 8 – Outpt Linkage & Follow up

1. **PORT needs more staff for follow up**
2. **Need more linkage to care resources**
3. Unhoused, no contact - need location to wait
4. Barriers to LAI

Result: 4 of 36 had active MOUD prescription at 30 days



2120 South Plum Street, Seattle, WA 98144
HARBORVIEW HOBSON PLACE CLINIC
 (206) 744-2001 (Press 0 to speak with a staff member)



Primary Care Clinic
 Wound Care
 Mental Health
 Medication Management
 Medicaid and Medicare
 Financial Assistance
 Social Workers
 Harm Reduction Services
 Integrated with DESC

An integrated primary care and behavioral health clinic run by Downtown Emergency Services Center and Harborview Medical Center.

- Hours: Monday, Tuesday, Thursday, Friday 8:15-4pm; Wednesday 9am-4pm
- Walk-in appointments available every day – first come-first serve.


OFFICE BASED OPIOID TREATMENT PROGRAM
MEDICATION AND SUPPORT FOR OPIOID USE DISORDER
INTAKE LINE 206-744-2332

Buprenorphine (suboxone) Naltrexone (vivitrol), long-acting buprenorphine (sublocade monthly injections)

WALK IN'S AND APPOINTMENTS AVAILABLE TUESDAYS AND FRIDAYS 8:30-3:30
 (Better availability Fridays)

- Same day prescriptions
- No requirement of abstinence
- Help with harm reduction
- Connection to primary care providers
- Connection to mental healthcare
- Meet with a nurse to discuss goals and treatment



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Please feel free to email Callan and Kira with any other questions, thoughts or recommendations!

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