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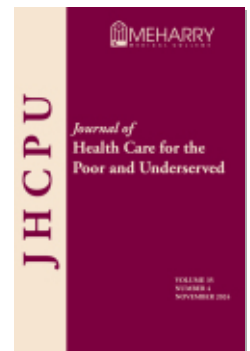
Moving Upstream in Overdose Prevention: Lessons Learned from a Nonprofit's Experience in Overdose Safety Planning

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Moving Upstream in Overdose Prevention: Lessons Learned from a Nonprofit's Experience in Overdose Safety Planning

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Background. Despite ongoing efforts to support overdose prevention and evidence-based drug treatment, the number of fatal overdoses in communities across the country continues to rise. The drug overdose epidemic has taken more than 100,000 lives in the last year, leaving many families and communities devastated.¹ These data are only part of the story: thousands of others have experienced a nonfatal overdose with devastating consequences for their well-being.² Recent trends also speak to the striking disparities in overdose death rates, with communities of color particularly affected by this crisis.³ Clearly, more work needs to be done. While we reflect on current efforts to stem this tide of tragic deaths, we must identify opportunities to do more, to engage marginalized communities, and to take a broader public health approach to the crisis.

Communities have begun some impressive work bringing overdose-reversal medications to the front lines and making them readily accessible to first responders, community providers, and people who use drugs and their families.⁴ We must continue to do this. Access to medications for addiction treatment (MAT) such as buprenorphine, has also increased in many communities across the U.S.⁵ More needs to be done to make sure MAT is widely and equitably accessible. Recent public health and harm-reduction approaches have also helped reduce stigma and prevent complications from ongoing drug use. We need more of this, too. While all this vitally important work has largely focused on preventing deaths and reversing overdoses, a renewed focus must concomitantly be placed on preventing overdose events, including the many nonfatal overdose events that are taxing local first responders and emergency health care resources. Such an approach is only more pressing now that we face dangerously potent synthetic opioids in the drug supply that are often not easily reversed by widely available reversal agents, such as naloxone. The work to prevent an overdose event before it happens is central to a harm-reduction approach, and can help relieve strained resources while connecting people who use drugs with evidence-based resources and engaging them in a patient-centered overdose prevention approach. Now is the time to begin thinking further upstream and work to prevent an overdose event before it happens.

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Overdose rates continue to rise, leaving individuals and communities reeling from the trauma and costs of overdose events. The emotional, physical, social, and financial cost of overdose is hard to holistically capture. However, we do know that the financial toll of fatal opioid overdoses in the United States is estimated by the Centers for Disease Control and Prevention (CDC) to be a staggering \$480.7 billion. This number underscores the urgent need for comprehensive strategies to address the opioid crisis, not only to save lives but also to mitigate the profound cost of overdose events on communities and the healthcare system.⁶ Leading regulatory and policy bodies are increasingly emphasizing the need to focus on overdose event prevention and tackle this crisis with safety planning and more emphasis on harm-reduction education. The Substance Abuse and Mental Health Service Administration (SAMHSA)'s Opioid-Overdose Reduction Continuum of Care Approach (ORCCA) Practice Guide now includes a recommendation for overdose-safety planning while the 988 Crisis Lifeline is presented as a resource to help individuals develop strategies that can prevent future overdoses. The National Council on Mental Wellbeing has taken a similar approach: "Integrating techniques like education on safer drug use, naloxone distribution, and the creation of an emergency contact plan, would foster a more comprehensive and pragmatic approach to relapse prevention."^{7[p.5]} Developing overdose-safety plans can help prevent overdose events before they happen, helping save lives and keeping communities and their critical public health resources less strained by an epidemic that is not letting up.

Overdose-safety planning offers an evidence-informed approach to reducing drug overdose events by mitigating certain risks, drawing inspiration from the success and rich evidence base of suicide-safety planning.⁸ It adheres to harm reduction principles by empowering individuals who use drugs to identify their risks and make informed decisions about ways to mitigate these risks without judgment. The approach is facilitated by motivational interviewing techniques, allowing health care providers to explore a patient's ambivalence about reducing risk and develop a personalized plan together.⁹ Paralleling screening, brief intervention, and referral to treatment (SBIRT), overdose-safety planning is patient-centered, focusing on the individual's goals and comfort while also working towards a tangible action or evidence-based treatment referral step. Providers, peers, and allies can work with a client or patient to complete a plan. This flexibility allows for wide-scale use in both clinical and community settings, making it a valuable tool for health care professionals, community leaders, public health champions, and harm-reduction organizations alike.

We have developed an overdose safety planning tool at Zero Overdose and trained a diversity of clinicians and community members across the country in its use. Zero Overdose is a fast-growing national nonprofit dedicated to the expansion of overdose-safety planning and preventing unintentional overdose deaths. We have worked with a variety of provider organizations and public health institutions, from urban community health centers in New York to first responders in Oklahoma, to bring attention to the need to intervene to stop overdose events before they happen. Through a collaboration with the National Council for Mental Wellbeing, Zero Overdose is training certified community behavioral health centers (CCBHCs) across the country in overdose-safety planning administration. Following training with Zero Overdose, an impressive 92% of

participants have expressed their dedication to incorporating overdose-safety planning into their practice. This signifies a promising move towards proactive involvement in overdose prevention.

Zero Overdose's work in promoting overdose-safety planning through training and technical assistance has yielded some valuable lessons. Data collection and measuring clinical impact have proven particularly challenging, requiring innovative methods to capture population-level outcomes that include overdose events, which are often under-reported and difficult to capture. We are looking forward to close collaborations with county and state agencies that will be able to identify trends in these outcomes across intervention communities. Additionally, balancing a need for high-quality safety plan administration, facilitated by in-depth training and selective participation through a learning community ("gatekeeping"), with a goal for wider dissemination of the tool has presented a dilemma. Our intention is to widely disseminate the tool through capacity-building and partnerships that ensure quality and evidence-informed practice. This includes introduction in settings that have at first been resistant to harm-reduction principles, requiring additional efforts, collaboration with local champions/peers and enhanced education. Gatekeeping has also helped us differentiate overdose-safety planning from other similar though unique interventions, including relapse prevention and suicide-safety planning, while maintaining core safety principles and ensuring fidelity across intervention settings.

Conclusion. Looking ahead, Zero Overdose aims to broaden its impact and collaborate with other harm-reduction leaders and national organizations such as the Association of Clinicians for the Underserved in helping stem the tide of overdose events across the country. Dissemination of overdose-safety planning will expand through partnerships, offering tailored training and technical assistance for a wider range of stakeholders. We also aim to leverage technology to develop more user-friendly interfaces to facilitate safety-planning and deliver training through simulation-based learning environments. Ultimately, Zero Overdose envisions building thriving overdose-free communities, where multidisciplinary teams and comprehensive community-wide interventions collaborate in overdose prevention. This work is complementary to other clinical and public health efforts, including increasing access to MAT and disseminating overdose reversal agents, and can begin to help tackle the overdose epidemic that touches so many communities across the U.S. Much work remains ahead, but building partnerships to address overdose prevention at its root and evaluating programmatic success is a way to begin.

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