

Post-Overdose Response Teams

A NACo Opioid Solutions Strategy Brief

“Our agenda is to provide care and support to those who need it, that’s it.”

—Claire Hubbard,
Buncombe County, N.C.
Post-Overdose
Response Team

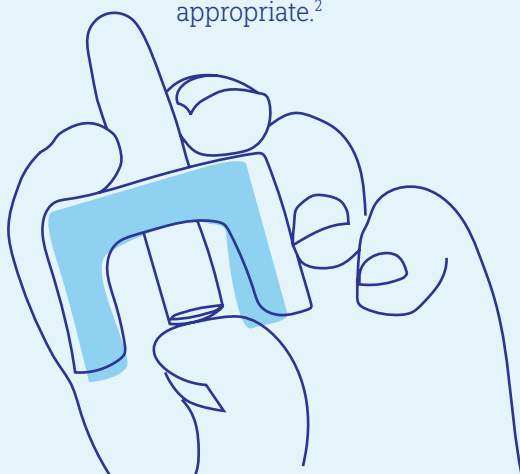
What are post-overdose response teams?

Post-overdose response teams (also called quick response teams or post-overdose outreach programs) conduct outreach and offer services to people who have experienced an overdose within about 72 hours of the overdose event.¹ Teams consist of two or three health-related professionals, such as harm reduction professionals, outreach specialists, peer recovery specialists, healthcare professionals or emergency medical services (EMS) personnel. Teams can be coordinated by county agencies (e.g., health departments) or by community-based organizations (e.g., harm reduction organizations) operating in partnership with county agencies.

The goal of post-overdose response teams is to prevent future overdose events by connecting the person who overdosed and their immediate friends and family with:

- Evidence-based overdose prevention tools, such as naloxone, fentanyl test strips and harm reduction services;
- Information about and warm handoffs to social services, such as housing, food and nutritional assistance and employment support; and
- Evidence-based treatment and recovery services.

If EMS and other advanced practice providers join the team, they can administer buprenorphine, a medication for opioid use disorder (MOUD), during the outreach visit as appropriate.²



See how peer recovery coaches effectively initiate recovery services in emergency departments.



What evidence supports post-overdose response teams as an effective opioid response strategy?

Post-overdose response teams are proven to link people with social services and evidence-based treatment better than point-of-service referrals (e.g., providing a person in need with the number of a hotline to call on their own) or warm hand-offs alone if the outreach participants meet the following criteria:

- Were previously screened for substance use disorder (SUD) or initiated onto treatment with buprenorphine in an emergency room;
- Expressed interest in substance use treatment; and
- Consented to a follow-up visit by a post-overdose response team.³⁻⁶

As of February 2023, only post-overdose response programs that connect overdose survivors to social services have been associated with community-level reductions in overdose.⁷

The cities of Houston, Texas and Greenville, S.C. have implemented similar post-overdose response programs. Teams in both cities conduct outreach to patients who were previously screened for SUD or received substance use counseling at the emergency department after presenting with a substance use-related concern.^{4,5} This type of follow up increases the likelihood that patients will engage in treatment after receiving a referral in the emergency department.^{4,5}

If post-overdose response teams aim to connect people with treatment, screening possible outreach candidates for indicators of SUD is an important step. As many as half of all people treated for accidental overdose do not have a SUD⁴ and will not be helped by substance use treatment. However, post-overdose response teams can decrease the risk of subsequent overdose for all outreach participants by providing naloxone and other harm reduction services.⁸

Are there risks to my community if we don't implement post-overdose response teams?

Potentially.

Most post-overdose response programs have not been rigorously evaluated, so it is not entirely clear what benefits may be gained or lost through post-overdose response teams. Some programs have demonstrated effectiveness at connecting people to — and keeping them engaged in — treatment, but only if candidates for post-overdose response are first engaged in an emergency department or carefully screened for SUD and treatment readiness.³⁻⁵

Evidence is clear, however, that improperly implemented post-overdose response teams can cause harm by:

- Subjecting people who have experienced an overdose and their family members to additional trauma by sending non-health-related personnel or inadequately trained team members to their homes;⁹
- Placing people with SUD at increased risk of arrest and incarceration,^{10,11} which increases overdose risk;¹²
- Using coercive strategies to mandate entry into treatment;^{9,10} or
- Directing people to treatment options that are not evidence-based and/or are known to increase overdose risks.¹¹

What are best practices for post-overdose response teams?

BUILDING THE TEAM

- Build an outreach team with professionals who have appropriate training and experience. This may include harm reduction professionals, outreach professionals, certified peer recovery specialists, community healthcare workers and EMS.¹
- Ensure that all post-overdose outreach staff and support network members have adequate training in harm reduction, trauma-informed care, data management, patient confidentiality and evidence-based strategies for overdose prevention.¹
- Include people with lived and living experience of substance use and of SUD in the planning, implementation and evaluation of the program.^{1,8,13}

INTRODUCING THE TEAM

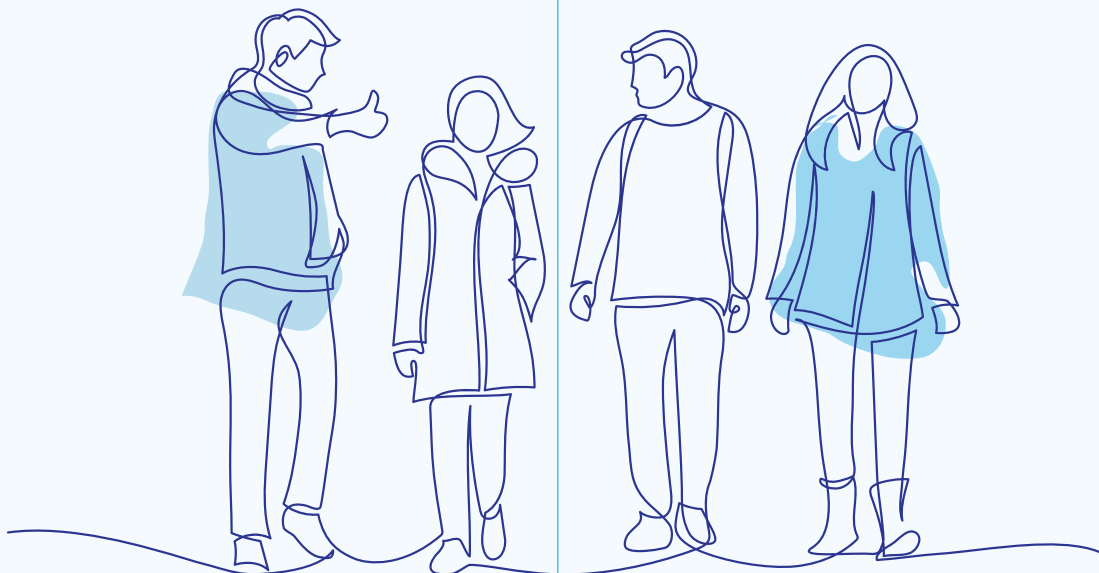
- Connect outreach activities with other post-overdose interventions, such as emergency department-based peer recovery coaching or buprenorphine initiation.^{4,5,14}
- Introduce response team staff while the person is still with EMS or in the emergency department being treated for overdose.⁵

SENDING THE TEAM

- Use a clinical screening tool to identify people who have a SUD and are ready for treatment⁴ and focus outreach services on these individuals.
- Call ahead. Gaining consent to conduct outreach is associated with better treatment engagement.⁶ Unannounced home visits can cause unnecessary stress and worry.^{1,9}

EQUIPPING THE TEAM

- Provide linkage to evidence-based treatment (especially MOUD) when treatment is indicated and desired by the person who experienced an overdose.¹⁵
- Begin medication during the outreach visit.^{2,4} Include EMS or other personnel on the team who can administer buprenorphine on site.
- Offer harm reduction services and supplies, like overdose education, naloxone, safer use equipment and fentanyl test strips.^{8,16,17}
- Facilitate connections with social services such as shelters, food banks and nutritional assistance. Emerging evidence suggests that these are the most impactful things post-overdose response teams can do.^{18,19}



What are some examples of successfully implemented post-overdose response teams?

These and many other model programs are described online at the Brandeis Opioid Resource Connector.



BUNCOMBE COUNTY, N.C. established a post-overdose response team in early 2021. The team follows a community paramedicine model, with teams composed of a community paramedic and a peer support specialist. A core tenant of the program is that team members let people choose the level of help they receive. Since 2022, the team has been authorized to administer buprenorphine immediately following an overdose. If the person is not ready to start receiving MOUD, they can also call the team the next day if they change their mind. The team can continue administering buprenorphine for up to five days, after which they connect the person to local outpatient treatment and resources to address social determinants of health.^{20,21}

THE HOUSTON EMERGENCY OPIOID ENGAGEMENT SYSTEM (HEROES), based at the University of Texas Health Science Center, conducts outreach to persons who have experienced an overdose. Eligible participants are identified through the emergency department (where they are screened for SUD and invited to voice their readiness for treatment) or through the local EMS system after naloxone administration for a suspected opioid overdose. Outreach teams consist of a licensed peer recovery coach and a paramedic, who can provide buprenorphine during the visit.⁴

THE KNOX COUNTY HEALTH DEPARTMENT IN TENNESSEE is currently planning its own post-overdose response program designed to provide harm reduction education and increase outreach services to minority populations. In addition to providing healthcare and harm reduction navigation services, Knox County also aims to link survivors with housing in order to support people who use drugs in the early stages of recovery.²²

ADDITIONAL RESOURCES:

Please visit the Opioid Solutions Center for a curated list of resources, technical assistance opportunities and the sources referenced in this brief.

