

Rationale: Post-overdose outreach programs engage overdose survivors and/or their social networks (family, friends, and close acquaintances) in the days following an overdose to connect survivors with a variety of services and strategies, to reduce their risk for future overdose.

Aim: To create evidence-informed best practice guidance for post-overdose outreach programs useful to agencies that create, lead, manage, or fund post-overdose outreach programs

Program Goals: The primary goals of post-overdose outreach programs should be to:

1. Prevent fatal overdose
 2. Connect survivors with harm reduction resources, evidence-based treatment for substance use disorder, and recovery supports
 3. Engage people at high risk for overdose who are not otherwise receiving services or practicing overdose prevention
- In order to optimize engagement, minimize criminal-legal consequences for the overdose survivor or others present.*

Program Staffing: Post overdose programs and staff should:

- Be familiar with local resources
- Value lived experience as a strength
- Provide trauma-informed support for overdose survivors, families, and themselves
- Prioritize evidence-based care
- Seek overdose survivors' advice on program staffing and team composition

Training and Supervision: Post-overdose outreach teams should receive training and supervision focused on:

- Local harm reduction, evidence-based treatment, and recovery support service options in the community, including the availability and accessibility of those services
- Person-centered, survivor-directed, and trauma-informed care and community engagement
- Topics: overdose prevention, substance use disorders, treatment systems, harm reduction, trauma-informed care, bias and stigma, data safety, self-care

Data Collection, Use and Sharing: When collecting outreach-related data, storing data, and sharing data, programs should:

- Focus on protecting the privacy of overdose survivors
- Treat overdose survivor information as protected health information
- Collect minimal amount of data needed
- Consent survivors for data sharing
- Develop explicit data sharing guidelines

Visit Procedures:

- Services and material should include naloxone, safer drug use supplies, linkage to treatment, harm reduction, recovery and social support services, linkage to medical and mental health services
- Contact survivors before in-person visit, ask for permission to visit
- Debrief after in-person visits
- Minimize coercion or perception of coercion: Warrants and involuntary civil commitment should be avoided

Methods: A panel of 13 national policy and program experts to develop recommended guidance for post-overdose outreach programs, informed by current literature and new research findings. The multi-round modified Delphi Process included 4 rounds of review by the expert panel.

