

# New resource: Post-overdose survival toolkit for loved ones

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**What's next?**  
A post-overdose  
survival toolkit for you  
and your loved one

# Toolkit Authors / Presenters

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substance use /  
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Counseling / social  
services background

Supporting loved ones  
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Lived Experience

# Dedication

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- ▶ We recognize that this toolkit is built on the experience of those who have lost loved ones.



# Toolkit Overview

# Toolkit overview

## Objective

- Equip families and friends with knowledge, tools, and resources to support overdose survivors.

## Format

- Digital toolkit, printable guide, and companion materials.

## Target audience

- Family members, friends, and other loved ones of those who have experienced or are at risk of an overdose, particularly those with OUD.

## Overdose Survival Toolkit

A free guide to support friends and loved ones after a non-fatal overdose ►



## Did You Know ?

Medications are the gold standard of treatment for opioid use disorder



## Overdose Survival Toolkit

Learn more about how to support a loved one's recovery ►



# Toolkit sponsor

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HCA is the state Medicaid agency. Medicaid is the single largest payer for opioid use disorder treatment.



HCA, DBHR is single state authority (SSA) on substance use disorders, mental health, and opioid treatment  
[RCW 71.24.035](#)



HCA manages state opioid abatement settlement funds and administers federal opioid grants and programs.

HCA informs policy related to opioid response.

# Toolkit development

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**September 2024**

Inquiry by a loved one for a loved one



**September to October 2024**

Conversation and resource sharing among colleagues



**October 2024 to February 2025**

Identification of need and collaboration



**March to November 2025**

Toolkit development



**November 2025**

Toolkit launch

# Toolkit Branding

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**Every life lost to an opioid overdose is a big deal, especially to the friends and families left behind.**

**But you can take small, everyday steps to protect the people you care about — and that's huge.**

<https://wafriendsforlife.com/>



# How to use the toolkit

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More of a manual than a quick-reference



Goes in-depth on several topics



Access what you need, when you need it



A roadmap, not exact directions to a destination



Redundancy is intentional

# Toolkit Contents

# Content overview

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About overdose

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Overdose response in Native communities

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Support for your loved one after an overdose

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Support for you after a loved one's overdose

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Understanding drug use and treatment options

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Communication after an overdose

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Relevant laws and resources

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# Key messages

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Overdose is a disruptive, painful experience

- Stigma and withdrawal contribute to the trauma of overdose
- Your feelings are valid

Your loved one deserves compassion and respect

- People don't need to hit rock bottom to receive care
- Treatment for withdrawal is available
- Overdose is not your loved one's "fault"

There are tools for you and your loved one to heal in the aftermath of an overdose

- Peer supports
- Healthy boundaries vs. "tough love"
- Medications are effective

There are strategies and tools to mitigate the risk of overdose and reduce harm

# Mitigating risk and reducing harm

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- ▶ Tools to reduce risk of fatal overdose:
  - ▶ Carrying naloxone and knowing how to recognize the signs of an overdose
  - ▶ Checking drugs for fentanyl or other substances
  - ▶ Checking tolerance and going slowly
  - ▶ Avoid using drugs alone
- ▶ Treatment for withdrawal is available, and should be made accessible for your loved one



# Mitigating risk and reducing harm

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- ▶ A nonjudgemental approach:
  - ▶ Communication strategies like asking open-ended questions
  - ▶ Avoid blame or shame
  - ▶ Acceptance: recognizing and acknowledging your loved one's current reality
- ▶ Overdose happens in a unique policy environment
  - ▶ There is historical social/political context that has led us to the fentanyl epidemic, causing overdose to become far more common.
  - ▶ When drugs are made and sold without production standards, they are not predictable in dose, quality, or content. *Overdose is not a personal, moral failing.*

# Acceptance

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Acceptance does not mean you like what your loved one is doing. In practice, it translates to:

*Affirming emotions*

*Welcoming honestly without shame*

*Celebrating any positive change*



*You don't need to wait for someone to hit "rock bottom" to be supportive or offer help.*

Early connection to care is crucial in mitigating harm and reducing risk. Creating a supportive environment can help people feel safe to ask for help to make a healthy change.

**In the context of the current overdose crisis, a crisis point is too often deadly.**

# Medications are effective

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- ▶ There is no “one size fits all” for treatment, everyone’s path looks different, and your loved one has options
- ▶ Buprenorphine and methadone have been proven to improve quality of life and health at a population level. After a non-fatal overdose, buprenorphine treatment has been associated with a 62% reduction in the risk of overdose death.<sup>1</sup>

*Treatment for OUD without medication does not reduce risk of opioid-related death and may be more deadly than no treatment at all.<sup>2</sup>*

<sup>1</sup> Samples, Hillary et al. Buprenorphine After Nonfatal Opioid Overdose: Reduced Mortality Risk in Medicare Disability Beneficiaries. *American Journal of Preventive Medicine*, Volume 65, Issue 1, 19–29.

<sup>2</sup> Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17 ([sciencedirect.com/science/article/pii/S0376871623012784?via%3Dihub](https://sciencedirect.com/science/article/pii/S0376871623012784?via%3Dihub))



## You deserve care, too...

- ▶ Find the right support group and lean on trained professionals
- ▶ Seek out a mental health provider, if you do not have one already
- ▶ Be kind to yourself and explore ways to cope with the pain you may feel. Do things that make you feel comfortable and safe
- ▶ Ask for help when you need it

# Overdose in Native communities

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- ▶ ***"In our journey to wellness, an important reminder – we are told from our people in recovery that We are not bad people trying to be good. We are sick people trying to be well."***
- ▶ - Candice Wilson Quatz'tenaut, member of Lummi Nation, and Executive Director for the Office of Tribal Public Health and Relations, DOH

# Overdose in Native communities

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- ▶ Disproportionate impacts of opioid crisis
- ▶ Tribes are leading powerful efforts to heal their communities, blending traditional medicine with modern care.
- ▶ Several Tribal-run opioid treatment programs
- ▶ Toolkit includes Native-specific resources in WA



# Tips from people who have been through it



*Find a phrase that is helpful to repeat when you feel frustrated and want to talk with your loved one about the next steps. For example, some people may find comfort in repeating, "It is enough to know your person is alive."*



*Instead of forcing conversation, tell them you care and are here to talk when they are ready.*



*Encourage your loved one to speak with another person who has had the same experiences, like a peer support specialist. People are more likely to connect with others who "get it."*



*It is often the safest option to continue drug use until a person is ready to make a change...change takes time, and we are more successful when we feel loved, accepted, and supported.*

# More questions answered in the toolkit:

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- ▶ What helps people make change?
- ▶ How do I encourage changes without confrontation?
- ▶ What can I expect if my loved one is admitted to a hospital after an overdose?
- ▶ Why does opioid overdose happen?
- ▶ What are the options for my loved one?



# Formative Research

# Formative Research Objectives

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## Purpose

We wanted to gather the needs, preferences, gaps, and opportunities to expand support networks for loved ones, *from loved ones*.



## Focus

We made sure the contents and design of the toolkit had strong references.



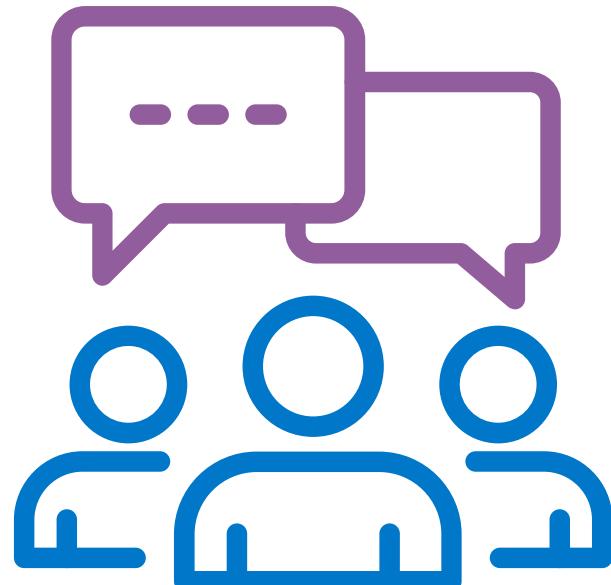
## Application

Develop a relevant and timely post-overdose support guide for loved ones.

# Methodology

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- ▶ Combined quantitative (surveys) and qualitative methods (interviews, focus groups) to explore depth and breadth
- ▶ Iterative learning process:
  - ▶ Literature review shaped interview and focus group guides
  - ▶ Combined data from interviews and focus groups for analysis
  - ▶ Interview results shaped survey questions to fill gaps and validate themes



# Partnership-centered Approach

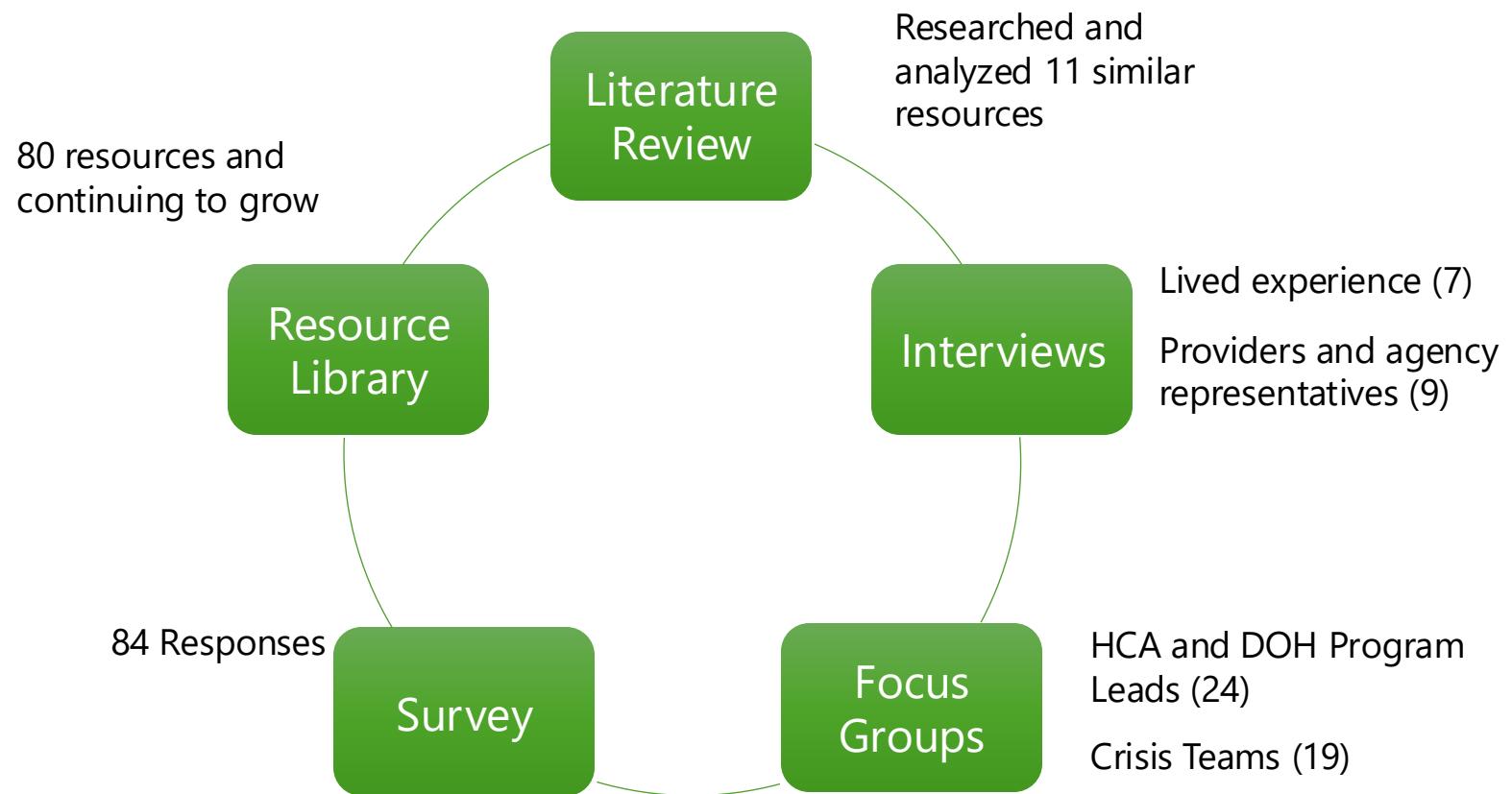
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- ▶ Recruitment informed by people who would be distributing and using the guide
- ▶ Upfront engagement of multiple partners and providers who would be responsible for distributing and using the guide
- ▶ Prioritization of people with lived experience of both overdose and loving someone who has overdosed by centering their perspectives in the guide
- ▶ Inviting key partners to provide chapters or appendices for specific communities

# Data Collection Activities

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# Interview and focus groups results

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The existing network of care for people and family's post-overdose is fragmented and hard to navigate.

A toolkit cannot replace a personal conversation and should effectively link the reader to other resources as much as possible.

Families need to hear about alternatives to the "tough love" approach.

# Intended benefits

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Centralize	Centralize information in a clear, web-based format that supports individuals, caregivers, and the people they love who use drugs.
Emphasize	Emphasize patient autonomy, evidence-based methods like Medications for Opioid Use Disorder (MOUD) and providing effective communication tips, helping families to reconsider harmful tough-love practices.
Foster	Foster open conversations, address grief, provide emotional support, and offer accessible, trauma-informed resources.

# What's next?

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Hot off the press: [One-pager](#) and [Printable version](#)



In development: Resource Library



Happy to consult on opportunities to develop population-specific appendices, etc.



How do you hope to use this toolkit?



# Thank you!

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