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

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**Introduction**: Recent policy changes in Washington State present a unique opportunity to pair evidence-based interventions with first responder services to combat increasing opioid overdoses. However, little is known about how these interventions should be implemented. In partnership with the Research with Expert Advisors on Drug Use (READU) team, a group of academically trained and community-trained researchers with lived and living experience of substance use, this study examined facilitators and barriers to adopting leave-behind naloxone, field-based buprenorphine initiation, and human immunodeficiency virus (HIV) and hepatitis C virus (HCV) testing for first responder programs.

**Methods:** Our team completed semi-structured qualitative interviews with 32 first responders, mobile integrated health staff, and emergency medical services (EMS) leaders in King County, Washington, from February to May 2022. Semi-structured interviews were recorded, transcribed, and coded using an integrated deductive and inductive thematic analysis approach grounded in community engaged research principles. Data were collected until saturation was achieved. Data collection and analysis were informed by the Consolidated Framework for Implementation Research. Two investigators coded independently until 100% consensus was reached.

**Results:** Our thematic analysis revealed several perceived facilitators (i.e., tension for change, relative advantage, and compatibility) and barriers (i.e., limited adaptability, lack of evidence strength and quality, and prohibitive cost) to the adoption of these evidence-based clinical interventions for first responder systems. There was widespread support for the distribution of leave-behind naloxone, although funding was identified as a barrier. Many believed field-based initiation of buprenorphine treatment could provide a more effective response to overdose management, but there were significant concerns that this intervention may run counter to the rapid care model. Lastly, participants worried that HIV and HCV testing was inappropriate for first responders to conduct but recommended that this service be provided by mobile integrated health staff.

**Conclusion:** These results have informed local EMS strategic planning, which will inform roll out of process improvements in King County. Future work should evaluate the impact of these interventions on the health of overdose survivors.